

## Executive Summary

Since the states settled their lawsuits against the major tobacco companies in November 1998, our annual reports have assessed whether the states are keeping their promise to use a significant portion of their settlement funds – estimated at \$246 billion over the first 25 years – to attack the enormous public health problems caused by tobacco use in the United States. In addition to their settlement funds, the states collect billions each year in tobacco taxes.

This year, our report once again finds the states are spending only a miniscule portion of their tobacco revenues to fight tobacco use.

**In the current budget year, Fiscal Year 2016, the states will collect \$25.8 billion in revenue from the tobacco settlement and tobacco taxes. But they will spend only 1.8 percent of it – \$468 million – on programs to prevent kids from smoking and help smokers quit. This means the states are spending less than two cents of every dollar in tobacco revenue to fight tobacco use.** (Two states, Illinois and Pennsylvania, have yet to enact FY2016 budgets, so they have yet to establish funding levels for tobacco prevention and cessation programs.)

The states' inadequate funding of tobacco prevention programs is of particular concern because it pales in comparison to the huge sums tobacco companies spend each year to market their deadly and addictive products. According to the latest data from the Federal Trade Commission (FTC), the major cigarette and smokeless tobacco companies spend \$9.6 billion a year – more than one million dollars *each hour* – on marketing.<sup>1</sup> This means the tobacco companies spend \$20 to market tobacco products for every \$1 the states spend to reduce tobacco use.

This failure by the states to adequately fund tobacco prevention and cessation programs is undermining the nation's efforts to reduce tobacco use – still the No. 1 cause of preventable death in the country. It is also indefensible given the conclusive evidence that such programs work not only to reduce smoking and save lives, but also to reduce tobacco-related health care costs. These costs total about \$170 billion a year in the United States, according to a 2014 study published by the Centers for Disease Control and Prevention (CDC).<sup>2</sup>

Key findings of this year's report include:

- The states are again falling far short of CDC-recommended spending levels for tobacco prevention programs.<sup>3</sup> The \$468 million allocated by the states amounts to a small fraction of the \$3.3 billion the CDC recommends for all states combined. It would take less than 13 percent of total state tobacco revenue to meet the CDC recommendations in every state.

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<sup>1</sup> U.S. Federal Trade Commission (FTC). *Cigarette Report for 2012*, 2015, <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2012/150327-2012cigaretterpt.pdf>; See also, FTC, *Smokeless Tobacco Report for 2012*, 2015, <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-smokeless-tobacco-report-2012/150327-2012smokelesstobaccorpt.pdf> [Data for top 5 manufacturers only.]

<sup>2</sup> Xu, Xin, "Annual Healthcare Spending Attributable to Cigarette Smoking," *Am J Prev Med*, published online: December 09, 2014, <http://www.ajpmonline.org/article/S0749-3797%2814%2900616-3/abstract>

<sup>3</sup> U.S. Centers for Disease Control and Prevention (CDC), *Best Practices for Comprehensive Tobacco Control Programs – 2014*, Atlanta, GA: U.S. Department of Health and Human Services (HHS), January 2014.

- Only one state – **North Dakota** – currently funds tobacco prevention programs at the CDC-recommended level. Only four other states – **Alaska, Maine, Oklahoma** and **Wyoming** – provide even half the recommended funding. Twenty-nine states and the District of Columbia are spending less than 20 percent of what the CDC recommends. **New Jersey**, which ranks last in our report for the second year in a row, has allocated no state funds for tobacco prevention programs.
- States have failed to reverse deep cuts to tobacco prevention and cessation programs that have occurred since 2008. The current funding of \$468 million is more than a third less than the \$717.2 million spent in FY 2008.
- States that have implemented well-funded, sustained tobacco prevention programs continue to report significant progress, adding to the evidence that these programs work. Florida, with one of the longest-running programs, recently reported reducing its high school smoking rate to 6.9 percent in 2015, one of the lowest ever reported by any state.<sup>4</sup> North Dakota reduced smoking among high school students by nearly half from 2009 to 2015, to 11.7 percent.<sup>5</sup>

## **We Need Bold Action to Win the Fight Against Tobacco**

As recommended by the U.S. Surgeon General, the CDC and other public health experts, well-funded state tobacco prevention and cessation programs are essential components of a comprehensive strategy to accelerate progress and win the fight against tobacco use. Through their youth prevention and other community-based activities, public education efforts and programs and services to help smokers quit, state programs play a critical role in helping to drive down tobacco use rates and serve as a counter to the ever-present tobacco industry.

The most recent surveys of adult and youth smoking rates reveal that this battle is entirely winnable if proven strategies are fully implemented, but enormous challenges remain.

In the last 50 years, the adult smoking rate has been cut by 60 percent – from 42.4 percent in 1965 to 16.8 percent in 2014, according to the CDC’s National Health Interview Survey.<sup>6</sup> However, about 40 million U.S. adults still smoke, and there are large disparities in smoking rates, with higher rates among people who live below the poverty level; those with less education; American Indians/Alaska Natives; residents of the Midwest; lesbian, gay and bisexual people; and adults who are uninsured or on Medicaid.

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<sup>4</sup> Florida Department of Health. Bureau of Epidemiology, Division of Disease Control and Health Protection. Florida Youth Tobacco Survey, 2015, [http://www.floridahealth.gov/statistics-and-data/survey-data/fl-youth-tobacco-survey/\\_documents/2015-state/index.html](http://www.floridahealth.gov/statistics-and-data/survey-data/fl-youth-tobacco-survey/_documents/2015-state/index.html)

<sup>5</sup> North Dakota Department of Health, “Youth Risk Behavior Survey Results-Detailed Summary Tables,” 2015, <https://www.nd.gov/dpi/uploads/1298/2015NDHighSchoolSummaryTables.pdf>

<sup>6</sup> U.S. Centers for Disease Control and Prevention (CDC), “Current Cigarette Smoking Among Adults - United States, 2005-2014,” *MMWR* 64(44):1233-1240, November 13, 2015, <http://www.cdc.gov/mmwr/pdf/wk/mm6444.pdf>. National prevalence of daily adult smokers calculated based on percent of smokers reporting daily use.

Since peaking at 36.4 percent in 1997, the high school smoking rate has been cut by 57 percent to 15.7 percent in 2013, according to the CDC's Youth Risk Behavior Survey.<sup>7</sup>

The most recent Surgeon General's report, *The Health Consequences of Smoking – 50 Years of Progress* (January 2014), found that cigarette smoking is even more hazardous and takes an even greater health and financial toll on the nation than previously thought. Each year, smoking kills more than 480,000 Americans – causing about one out of every five deaths in the United States. Without urgent action to reduce tobacco use, 5.6 million children alive today will die prematurely from smoking-caused disease.<sup>8</sup>

The Surgeon General's report confirmed that we have scientifically proven strategies to reduce tobacco use and laid out a detailed road map for implementing these strategies. The report's recommendations include “fully funding comprehensive statewide tobacco control programs at CDC-recommended levels.”

Other key recommendations of the Surgeon General include:

- Conducting national media campaigns “at a high frequency level and exposure for 12 months a year for a decade or more.” Key steps have been taken in recent years to fulfill this recommendation with the CDC's Tips from Former Smokers campaign, the Food and Drug Administration's (FDA) youth prevention campaigns and Truth Initiative's reinvigorated truth® campaign. Such campaigns must be continued and expanded.
- Regularly and significantly increasing tobacco taxes to prevent kids from smoking and encourage smokers to quit.
- Fulfilling the Affordable Care Act's requirement that health plans provide coverage for all proven tobacco cessation treatments, including counseling and medication.
- Effectively implementing the FDA's authority over tobacco products “in order to reduce tobacco product addictiveness and harmfulness.”
- Enacting comprehensive smoke-free laws that protect all Americans from secondhand smoke. Currently, 24 states, Washington, DC, and hundreds of cities have such laws, protecting about half the U.S. population. In 2015, New Orleans became the latest major city in the Deep South to enact a comprehensive smoke-free law.

An emerging strategy for reducing tobacco use is to increase the minimum legal sale age for tobacco products to 21. Hawaii this year became the first state to enact a law increasing the tobacco sales age to 21. More than 100 localities, including New York City and, most recently, both Kansas City, Missouri, and Kansas City, Kansas, have raised the tobacco sales age to 21.

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<sup>7</sup> CDC, “Youth Risk Behavior Surveillance – United States, 2013,” *Morbidity and Mortality Weekly Report*, 63(SS04): 1-168, June 13, 2014. <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

<sup>8</sup> U.S. Department of Health and Human Services, *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*, Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

While most activity has occurred at the state and local level, federal legislation to raise the tobacco sales age to 21 has also been introduced.

A March 2015 report by the prestigious Institute of Medicine (IOM) concluded that raising the tobacco sales age to 21 would significantly reduce smoking among youth and young adults; reduce smoking-caused deaths; and immediately improve the health of youth, young adults and young mothers who would be dissuaded from smoking (as well as the children of these young mothers). Overall, the report predicted that raising the minimum legal sale age for tobacco products to 21 nationwide would, over time, reduce the smoking rate by about 12 percent and smoking-related deaths by 10 percent.<sup>9</sup>

### **Prevention Programs Needed to Counter Billions in Tobacco Marketing**

“[T]he root cause of the smoking epidemic is also evident: the tobacco industry aggressively markets and promotes lethal and addictive products, and continues to recruit youth and young adults as new consumers of these products.”

**The 2014 Surgeon General Report**

As the latest Surgeon General’s report found, tobacco prevention and cessation programs – especially mass media campaigns – are critical to countering the huge sums the tobacco industry spends to market its deadly products.

Despite restrictions placed on their marketing by the 1998 tobacco settlement and a 2009 federal law, the Family Smoking Prevention and Tobacco Control Act, tobacco companies spend \$9.6 billion a year to market cigarettes and smokeless tobacco, according to the latest FTC reports on tobacco marketing. Since 1998, when tobacco marketing totaled \$6.9 billion, these marketing expenditures have increased by 39 percent.<sup>10</sup>

Based on scientific studies and the tobacco industry’s own documents, numerous public health and legal authorities have concluded that tobacco marketing strategies are highly effective at reaching and appealing to kids. The 2012 U.S. Surgeon General’s report, *Preventing Tobacco Use Among Youth and Young Adults*, concluded that scientific evidence “consistently and coherently points to the intentional marketing of tobacco products to youth as being a cause of young people’s tobacco use.”<sup>11</sup> The 2014 Surgeon General’s report reiterated this finding.

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<sup>9</sup> Institute of Medicine, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, Washington, DC: The National Academies Press, 2015,

[http://www.iom.edu/~media/Files/Report%20Files/2015/tobacco\\_minimum\\_age\\_report\\_brief.pdf](http://www.iom.edu/~media/Files/Report%20Files/2015/tobacco_minimum_age_report_brief.pdf).

<sup>10</sup> U.S. Federal Trade Commission (FTC). *Cigarette Report for 2012*, 2015,

<https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2012/150327-2012cigaretterpt.pdf>; FTC, *Smokeless Tobacco Report for 2012*, 2015,

<https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-smokeless-tobacco-report-2012/150327-2012smokelesstobaccorpt.pdf> [Data for top 5 manufacturers only.] See also

<https://www.tobaccofreekids.org/research/factsheets/pdf/0008.pdf>

<sup>11</sup> HHS, *Preventing Tobacco Use Among Youth and Young Adults, A Report of the Surgeon General*, 2012 <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html>.

It is not surprising that tobacco companies target kids because their business model depends on it: They know that 90 percent of adult smokers start at or before age 18.<sup>12</sup>

In August 2006, U.S. District Court Judge Gladys Kessler issued a landmark ruling that the tobacco companies had violated civil racketeering laws and defrauded the American people by lying for decades about the health risks of smoking and their marketing to children. Her final opinion found that, from the 1950s to the present, the tobacco company defendants “have intentionally marketed to young people under the age of twenty-one in order to recruit ‘replacement smokers’ to ensure the economic future of the tobacco industry.”<sup>13</sup>

The industry’s marketing today remains heavily focused on strategies effective at reaching kids:

**Point-of-sale advertising and promotions:** Tobacco companies spend the bulk of their marketing budget in retail stores with price discounts, prime product placement to attract buyers and advertisements. In 2012, of the \$9.6 billion in total tobacco marketing, 95 percent (\$9.2 billion) was spent on point-of-sale advertising and price-related marketing, including price discounts, promotional allowances, coupons and special deals such as buy-one-get-one-free.<sup>14</sup> The pervasiveness of tobacco products and advertising in convenience stores, gas stations and other retail outlets helps create the impression that tobacco use is acceptable and appealing. According to data from the National Youth Tobacco Survey, 81.5 percent of middle school students and 86.9 percent of high school students were exposed to tobacco advertisements in stores in 2011.<sup>15</sup> The 2012 Surgeon General’s report found that tobacco marketing at the point-of-sale is associated with youth tobacco use. Studies have shown that exposure to tobacco marketing in stores and price discounts increase youth smoking.<sup>16</sup>

**Magazine advertising:** Tobacco companies continue to advertise their products – including cigarettes, smokeless tobacco and electronic cigarettes – in magazines with large youth readerships, such as *Sports Illustrated*, *ESPN the Magazine*, *Rolling Stone*, *Glamour* and *People*. In fact, several of the most popular tobacco brands among youth have recently returned to advertising in magazines after several years’ absence, including Camel cigarettes and the Skoal and Copenhagen smokeless tobacco brands.

**Flavored tobacco products:** While candy- and fruit-flavored cigarettes are banned by federal law (the 2009 Tobacco Control Act), this prohibition doesn’t currently apply to other tobacco products, including cigars, smokeless tobacco, e-cigarettes and hookah. Tobacco companies now

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<sup>12</sup> SAMHSA, Calculated based on data in 2013 *National Survey on Drug Use and Health*; See also, HHS, *Preventing Tobacco Use Among Youth and Young Adults, A Report of the Surgeon General*, 2012.

<sup>13</sup> *U.S. v. Philip Morris USA, Inc., et al.*, No. 99-CV-92496GK (U.S. Dist. Ct., D.C.), Final Opinion, August 17, 2006.

<sup>14</sup> U.S. Federal Trade Commission (FTC). *Cigarette Report for 2012*, 2015, <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2012/150327-2012cigaretterpt.pdf>; FTC, *Smokeless Tobacco Report for 2012*, 2015, <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-smokeless-tobacco-report-2012/150327-2012smokelesstobaccorpt.pdf> [Data for top 5 manufacturers only.]

<sup>15</sup> Dube, S., et al. “Pro-Tobacco Influences and Susceptibility to Smoking Cigarettes Among Middle and High School Students—United States, 2011,” *Journal of Adolescent Health*, 52:S45-S51, 2013.

<sup>16</sup> See Campaign for Tobacco-Free Kids fact sheet, *Tobacco Company Marketing that Reaches Kids: Point of Sale Advertising and Promotions*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0075.pdf>.

market an array of cheap, sweet and colorfully packaged cigars, which often look and are smoked just like cigarettes. Market research has found that flavored products also make up more than half of smokeless tobacco sales.<sup>17</sup> And a 2014 study found that e-cigarettes come in over 7,000 flavors, including flavors such as gummy bear and cotton candy that clearly appeal to kids.<sup>18</sup>

Research has shown that flavored products are not only popular among youth, but may play a role in initiation and continued use of tobacco products. An October 2015 study published in the *Journal of the American Medical Association* found that 81 percent of U.S. youth (ages 12-17) who ever used any tobacco product reported their first product was flavored. Youth consistently reported flavors as a reason for tobacco use across all product types, including e-cigarettes, hookah, cigars and smokeless tobacco, with 81.5 percent of current youth e-cigarette users saying they used the products “because they come in flavors I like.”<sup>19</sup>

**E-cigarette marketing:** In recent years, tobacco companies have greatly increased their marketing of e-cigarettes, often employing the same tactics long used to market regular cigarettes to kids. While cigarette ads have been banned on television since 1971, e-cigarette ads began airing in 2011, subjecting American kids to the first TV ads for tobacco products in their lifetimes. Celebrity endorsements, magazine ads, pervasive retail advertising, sponsorships of race cars and concerts, and sweet flavors further promote e-cigarettes.

A November 2015 report by Truth Initiative, *Vaporized: Youth and Young Adult Exposure to E-Cigarette Marketing*, found that e-cigarette advertising expenditures increased by 52 percent from 2013 to 2014, reaching \$115.3 million. The report also found that more than eight in 10 youth and young adults saw e-cigarette advertising in 2015. As the report noted, these figures likely underestimate e-cigarette marketing expenditures and exposure as it does not capture all forms of marketing.<sup>20</sup>

These marketing trends have affected youth use of tobacco products. According to the CDC’s 2014 Youth Tobacco Survey, past-month e-cigarette use among high school students tripled from 2013 to 2014 (from 4.5 percent to 13.4 percent) and surpassed use of regular cigarettes. Hookah use roughly doubled for both middle and high school students, with past-month use among high school students rising from 5.2 percent in 2013 to 9.4 percent in 2014. In addition, high school boys now smoke cigars at about the same rate as cigarettes (10.8 percent for cigars and 10.6 percent for cigarettes).<sup>21</sup>

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<sup>17</sup> Chaloupka, F, et al., Analysis of 2012 Nielsen Store Data, results forthcoming.

<sup>18</sup> Zhu, S-H, et al., “Four Hundred and Sixty Brands of E-cigarettes and Counting: Implications for Product Regulation,” *Tobacco Control*, 23(Suppl 3):iii3-iii9, 2014, [http://tobaccocontrol.bmj.com/content/23/suppl\\_3/iii3.full](http://tobaccocontrol.bmj.com/content/23/suppl_3/iii3.full).

<sup>19</sup> Ambrose, BK, et al., “Flavored Tobacco Product Use Among US Youth Aged 12-17 Years, 2013-2014,” *Journal of the American Medical Association*, published online October 26, 2015.

<sup>20</sup> Truth Initiative, *Vaporized: Youth and Young Adult Exposure to E-Cigarette Marketing*, November 2015, <http://truthinitiative.org/sites/default/files/VAPORIZED%20-%20FINAL%20VERSION.pdf>.

<sup>21</sup> U.S. Centers for Disease Control and Prevention (CDC), “Tobacco Use Among Middle and High School Students — United States, 2011-2014,” *Morbidity and Mortality Weekly Report (MMWR)* 64(14):381-385, April 2015, [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6414a3.htm?s\\_cid=mm6414a3\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6414a3.htm?s_cid=mm6414a3_e).

To address these challenges, health advocates are calling on the FDA and the White House to finalize a proposed rule extending the FDA’s jurisdiction to all currently unregulated tobacco products, including e-cigarettes, cigars and hookah, and to extend to these products the same marketing restrictions that now apply to regular cigarettes. These trends also underscore the need for tobacco prevention and cessation efforts to include all tobacco products.

### **No Excuses: Tobacco Prevention Programs Save Lives and Money**

There is conclusive evidence that tobacco prevention and cessation programs work to reduce smoking, save lives and save money by reducing tobacco-related health care costs, especially when part of a comprehensive strategy to reduce tobacco use. Every scientific authority that has studied the issue – including the Surgeon General, the CDC, the IOM, the President’s Cancer Panel and the National Cancer Institute – has concluded that when properly funded, implemented and sustained, tobacco prevention and cessation programs reduce smoking among both kids and adults. (See Appendix C and Appendix D for a full summary of this evidence).

The 2014 Surgeon General’s report found, “States that have made larger investments in comprehensive tobacco control programs have seen larger declines in cigarettes sales than the nation as a whole, and the prevalence of smoking among adults and youth has declined faster, as spending for tobacco control programs has increased.” The report concluded that long-term investment is critical: “Experience also shows that the longer the states invest in comprehensive tobacco control programs, the greater and faster the impact.”

The CDC reached similar conclusions in January 2014 when it released its updated *Best Practices for Comprehensive Tobacco Control Programs – 2014*. The CDC found, “Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking. The longer states invest in such programs, the great and quicker the impact.”<sup>22</sup>

The strongest evidence that tobacco prevention programs work comes from the states themselves.

Florida recently reported that its high school smoking rate fell to 6.9 percent in 2015, one of the lowest rates ever reported by any state. Florida has cut its high school smoking rate by 75 percent since 1998.<sup>23</sup> Launched in 2007 and based on CDC Best Practices, the Tobacco-Free Florida program is a key contributor to these declines. The program implements community-based efforts including the youth-led Students Working Against Tobacco (SWAT), hard-hitting media campaigns and help for smokers trying to quit. Florida voters approved a constitutional amendment in 2006 requiring the state to spend 15 percent of its tobacco settlement funds on tobacco prevention. This year Florida will again spend more than any other state (\$67.7 million) on such programs – though at 34.9 percent of the CDC-recommended level, there is still room for improvement.

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<sup>22</sup> U.S. Centers for Disease Control and Prevention (CDC), *Best Practices for Comprehensive Tobacco Control Programs – 2014*, Atlanta, GA: U.S. Department of Health and Human Services (HHS), January 2014.

<sup>23</sup> Florida Department of Health, Bureau of Epidemiology, Division of Disease Control and Health Protection. Florida Youth Tobacco Survey, 2015, <http://www.floridahealth.gov/statistics-and-data/survey-data/fl-youth-tobacco-survey/documents/2015-state/index.html>

As noted previously, another state reporting significant progress in reducing youth smoking is North Dakota, which ranks first in this report for the third year in a row and has funded its tobacco prevention program at or near the CDC-recommended level since FY2010 as a result of a voter-approved ballot measure requiring such funding. From 2009 to 2015, smoking among North Dakota's high school students fell by 48 percent, from 22.4 percent to 11.7 percent.<sup>24</sup>

Washington state, which had a well-funded prevention program before funding was virtually eliminated in FY2012, reduced adult smoking by one-third and youth smoking by half from 1999, when it started its program, to 2010.<sup>25</sup> These smoking declines translate into lives and health care dollars saved. A study conducted for the Washington State Department of Health estimated that the state's tobacco prevention and cessation program has prevented 13,000 premature deaths.<sup>26</sup> A December 2011 study in the *American Journal of Public Health* found that from 2000 to 2009, Washington state saved more than \$5 in health care costs for every \$1 spent on its tobacco prevention and cessation program by reducing hospitalizations for heart disease, strokes, respiratory diseases and cancer caused by tobacco use. Over the 10-year period, the program prevented nearly 36,000 hospitalizations, saving \$1.5 billion compared with \$260 million spent on the program.<sup>27</sup>

Studies show that California, which has the nation's longest-running tobacco prevention and cessation program, has saved tens of thousands of lives by reducing smoking-caused birth complications, heart disease, strokes and lung cancer. From 1988 to 2011, California reduced lung and bronchus cancers twice as fast as the rest of the United States.<sup>28</sup> A February 2013 study in the scientific journal *PLOS ONE* found that, from 1989 to 2008, California's tobacco control program reduced health care costs by \$134 billion, far more than the \$2.4 billion spent on the program.<sup>29</sup>

This strong return on investment demonstrates that tobacco prevention is one of the smartest and most fiscally responsible investments states can make.

The enormous progress the United States has made in reducing tobacco use shows that it is within our reach to end the tobacco epidemic and make the next generation tobacco-free. But

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<sup>24</sup> North Dakota Department of Health, "Youth Risk Behavior Survey Results-Detailed Summary Tables," 2015, <https://www.nd.gov/dpi/uploads/1298/2015NDHighSchoolSummaryTables.pdf>

<sup>25</sup> Washington State Department of Health, Tobacco Prevention and Control Program, *Progress Report*, March 2011.

<sup>26</sup> Dilley, Julia A., et al., "Program, Policy and Price Interventions for Tobacco Control: Quantifying the Return on Investment of a State Tobacco Control Program," *American Journal of Public Health*, February 2012.

<sup>27</sup> Dilley, Julia A., et al., "Program, Policy and Price Interventions for Tobacco Control: Quantifying the Return on Investment of a State Tobacco Control Program," *American Journal of Public Health*, Published online ahead of print December 15, 2011. See also, Washington State Department of Health, Tobacco Prevention and Control Program, *Progress Report*, March 2011. Washington State Department of Health, Tobacco Prevention and Control Program, News Release, "Thousands of lives saved due to tobacco prevention and control program," November 17, 2010, [http://www.doh.wa.gov/Publicat/2010\\_news/10-183.htm](http://www.doh.wa.gov/Publicat/2010_news/10-183.htm)

<sup>28</sup> California Department of Public Health, California Tobacco Control Program, California Tobacco Facts and Figures 2015, Sacramento, CA 2015,

<https://www.cdph.ca.gov/programs/tobacco/Documents/Resources/Fact%20Sheets/2015FactsFigures-web2.pdf>

<sup>29</sup> Lightwood, J and Glantz SA, "The Effect of the California Tobacco Control Program on Smoking Prevalence, Cigarette Consumption, and Healthcare Costs: 1989-2008," *PLOS ONE* 8(2), February 2013.



continued progress requires aggressive implementation of proven strategies, including well-funded, sustained tobacco prevention and cessation programs in every state. Our nation cannot let up in the fight against tobacco because the tobacco industry never lets up, as the huge sums the industry spends on marketing make clear. By doing what we know works, we can end this preventable epidemic and create a healthier future for all Americans.