

Broken Promises To Our Children

A State-by-State Look at the
1998 Tobacco Settlement
20 Years Later



American
Heart
Association.



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Executive Summary

This year marks the 20th anniversary of the landmark 1998 legal settlement between 46 states and the major tobacco companies (the Master Settlement Agreement or MSA), which required the companies to compensate the states for tobacco-related health care costs, restricted some forms of tobacco marketing and provided funding for a national public education campaign to prevent youth tobacco use. The MSA, along with earlier settlements with four individual states, requires tobacco companies to make annual payments to the states in perpetuity, with payments estimated at \$246 billion over the first 25 years. The states also collect billions each year in tobacco taxes.

Over the past two decades, our organizations have issued annual reports assessing how well the states have kept their promise to use a significant portion of their settlement funds to combat tobacco use in the United States. This year's report finds that, once again, most states get a failing grade and are spending a small fraction of their tobacco revenues to fight tobacco use and the enormous public health problems it causes.

In the current budget year, Fiscal Year 2019, the states will collect \$27.3 billion in revenue from the tobacco settlement and tobacco taxes. But they will spend only 2.4 percent of it – \$655 million – on programs to prevent kids from smoking and help smokers quit. This means the states are spending less than three cents of every dollar in tobacco revenue to fight tobacco use.

Over the past 20 years, from FY2000 to FY2019, the states have spent just 2.6 percent of their total tobacco-generated revenue on tobacco prevention and cessation programs. During this time, the states have received \$453.4 billion in tobacco revenue – \$156.7 billion from the tobacco settlement and \$296.7 billion from tobacco taxes. They have allocated \$11.8 billion to tobacco prevention and cessation programs.

The states' failure to adequately fund tobacco prevention and cessation programs is hindering the nation's efforts to reduce tobacco use – still the leading preventable cause of death in the country and the killer of more than 480,000 Americans each year. It is also indefensible given the conclusive evidence that such programs work to curtail smoking, save lives and reduce tobacco-related health care costs. These costs total about \$170 billion a year in the United States, according to the Centers for Disease Control and Prevention (CDC).¹

Other key findings of this year's report include:

- The states continue to fall far short of CDC-recommended spending levels for tobacco prevention programs.² The \$655 million allocated by the states amounts to less than 20 percent of the \$3.3 billion the CDC recommends for all states combined. **Not a single state currently funds tobacco prevention programs at the CDC-recommended level.**

¹ 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>

² 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 two states – **Alaska** and **California** – provide even 70 percent of the CDC-recommended funding. Twenty-eight states and the District of Columbia are spending less than 20 percent of what the CDC recommends. **Connecticut** (for the third year in a row), **West Virginia** (for the second year in a row) and **Tennessee** have allocated no state funds for tobacco prevention programs this year.
- The states' funding of tobacco prevention programs is dwarfed by the billions of dollars tobacco companies spend to market their deadly and addictive products. According to the latest Federal Trade Commission (FTC) data, the major cigarette and smokeless tobacco companies spent \$9.5 billion in 2016 – more than \$1 million *every hour* – on marketing.³ This means the tobacco companies spend more than \$14 to market tobacco products for every \$1 the states spend to reduce tobacco use.
- States with well-funded, sustained tobacco prevention programs continue to see significant progress, adding to the evidence that these programs work. Florida, with one of the longest-running programs, reduced its high school smoking rate to 3.6 percent in 2018, one of the lowest ever reported by any state.⁴

As a complement to separate policy actions, including higher tobacco taxes and comprehensive smoke-free laws, the settlement has played an important role in driving down smoking rates to record-lows in the United States – in 2017, just 14 percent of adults and 7.6 percent of high school students still smoked.⁵

This progress shows that the battle against tobacco is entirely winnable if proven strategies are fully implemented. But enormous challenges remain. The latest data show that 34.3 million U.S. adults still smoke and 47 million – about 1 in 5 adults – still use some form of tobacco.⁶ There are large disparities in who still smokes and who suffers from tobacco-related disease, with especially high smoking rates among people with lower income and less education and other specific populations. In addition, the youth e-cigarette epidemic, driven by the skyrocketing popularity of Juul, is an urgent challenge that must be addressed to prevent yet another generation from becoming addicted to nicotine.

On the 20th anniversary of the tobacco settlement, it is time for a renewed national commitment to finish the fight against tobacco and eliminate the death and disease it causes.

³ U.S. Federal Trade Commission (FTC), *Cigarette Report for 2016*, 2018, https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2016-federal-trade-commission-smokeless-tobacco-report/ftc_cigarette_report_for_2016_0.pdf [data for top 5 manufacturers only]; FTC, *Smokeless Tobacco Report for 2016*, 2018, https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2016-federal-trade-commission-smokeless-tobacco-report/ftc_smokeless_tobacco_report_for_2016_0.pdf [Data for top 5 manufacturers only].

⁴ Florida Department of Health. Bureau of Epidemiology, Division of Disease Control and Health Protection. 2018 Florida Youth Tobacco Survey: <http://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/florida-youth-tobacco-survey/FYTSSStateTables2018FINAL.pdf>.

⁵ CDC, “Tobacco Product Use Among Adults—United States, 2017,” MMWR 67(44): 1225-1232, November 9, 2018, <https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6744a2-H.pdf>; CDC, “Tobacco Product Use Among Middle and High School Students—United States, 2011- 2017,” MMWR 67(22): 629-634, June 8, 2018 <https://www.cdc.gov/mmwr/volumes/67/wr/mm6722a3.htm>.

⁶ CDC, “Tobacco Product Use Among Adults—United States, 2017,” MMWR 67(44): 1225-1232, November 9, 2018, <https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6744a2-H.pdf>.

Impact of the Tobacco Settlement

The MSA contributed in significant ways to reducing smoking, but also represents a missed opportunity to achieve even more. The settlement's impact includes:

Cigarette price increases: The settlement, along with subsequent state and federal cigarette tax increases, resulted in significant increases in the price of cigarettes, which is one of [the most effective ways to reduce smoking](#), especially among kids. The settlement itself led the major cigarette companies to increase prices by more than \$1.10 per pack from 1998 to 2000. In addition, the average combined federal-state cigarette tax increased from 63 cents per pack in 1998 to \$2.79 today.

Tobacco marketing restrictions: The settlement curtailed some forms of tobacco marketing. It prohibited tobacco transit ads and billboards, the use of cartoon characters to promote tobacco products, most tobacco brand-name merchandise (such as hats and t-shirts) and most tobacco brand-name sponsorship of concerts, sports and other events (these restrictions were strengthened and expanded by the 2009 federal Family Smoking Prevention and Tobacco Control Act, which authorized the Food and Drug Administration to regulate tobacco products). However, the MSA's restrictions applied only to cigarettes and smokeless tobacco and not to other products popular with kids today – e-cigarettes and cigars.

Despite these restrictions, tobacco companies subsequently increased their marketing expenditures, especially in retail stores. In 1998, tobacco companies spent \$6.9 billion to market cigarettes and smokeless tobacco in the U.S. From 1999 to 2016, they spent an average of \$10.7 billion per year on marketing – more than \$29 million every day – according to annual FTC reports. Most of this spending is on price discounting schemes, which undermine tobacco tax increases and make tobacco products more affordable for price-sensitive kids.

Funding for national public education campaigns: The settlement provided about \$300 million a year for five years to create a national foundation, initially named the American Legacy Foundation and now Truth Initiative, to conduct national public education campaigns to reduce tobacco use. Funding at that level depended on the market share of the major cigarette manufacturers so that it only lasted five years. The foundation used the funds to create the iconic truth® campaign. The latest evidence shows the truth® campaign prevented over 2.5 million youth and young adults from smoking from 2015 to 2018 – and many millions more over the life of the campaign, which began in 2000. The campaign continues today at a still robust level, but below what it would have been had the original funding continued beyond five years.

Funding for state tobacco prevention and cessation programs: While overall funding for such programs did increase, especially in the first few years after the MSA, many states subsequently cut funding and almost every state failed to provide adequate funding, as our reports have shown.

Great Progress and Big Challenges

In addition to the tobacco settlement, other key factors that have driven down smoking rates include [tobacco tax increases](#), public education campaigns and widespread adoption of [state and local smoke-free laws](#). In 1998, only California had a statewide law that prohibited smoking in restaurants and bars; today, 25 states and Washington, D.C., and hundreds of localities have comprehensive smoke-

free laws that apply to all restaurants, bars and other workplaces, protecting nearly 60 percent of the U.S. population.⁷

Other strong measures implemented in recent years include the 2009 law granting the FDA authority over tobacco products, expanded health insurance coverage for smoking cessation treatments, a growing number of state and local laws [raising the tobacco sale age to 21](#), and the strongest and most sustained media campaigns to reduce tobacco use in the nation's history, including campaigns by the CDC, FDA and Truth Initiative.

The result has been large declines in smoking among both youth and adults. From 2000 to 2017, the smoking rate fell by 73 percent among high school students (from 28 percent to 7.6 percent) and by 40 percent among adults (from 23.2 percent to 14 percent).

However, there are large disparities in who still smokes, and smoking rates vary greatly by population groups and region:⁸

- **Income:** 21.4 percent of adults with annual household incomes under \$35,000 smoke.
- **Education:** Among adults 25 and older, 23.1 percent who do not graduate from high school and 36.8 percent with a General Education Development (GED) certificate smoke, compared to 7.1 percent of those with a college education and 4.1 percent of those with a graduate degree.
- **Region:** Smoking rates are highest at 16.9 percent in the Midwest and 15.5 percent in the South, compared to 11.2 percent in the Northeast and 11 percent in the West. A 2017 report by Truth Initiative – [“Tobacco Nation”](#) – identified a group of 12 contiguous states, stretching from the upper Midwest to the South, with high smoking rates similar to those of the most tobacco-dependent countries in the world. In these states – Alabama, Arkansas, Indiana, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Ohio, Oklahoma, Tennessee and West Virginia – high smoking rates contribute to poorer overall health, including lower average life-expectancy and higher death rates from cancer and heart disease.
- **Racial and ethnic disparities:** American Indians and Alaska Natives have the highest smoking rate of any racial/ethnic group at 24 percent. While African-American and white adults smoke at about the same rate (14.9 and 15.2 percent, respectively), African Americans are less likely to quit smoking, and both incidence and death rates for lung cancer are higher among African-American men. African Americans are much more likely to smoke menthol cigarettes, which the FDA has found leads to increased smoking initiation among youth and young adults, greater addiction and decreased success in quitting smoking. The FDA recently proposed prohibiting menthol cigarettes.
- **Health insurance status:** 24.5 percent of Medicaid enrollees and 24.7 percent of uninsured individuals smoke, compared to 10.5 percent with private insurance coverage.

⁷ American Nonsmokers' Rights (ANR) Foundation <https://no-smoke.org/wp-content/uploads/pdf/WRBLawsMap.pdf>.

⁸ CDC, “Tobacco Product Use Among Adults—United States, 2017,” *MMWR*, 67(44): 1226-1232, November 9, 2018, <https://www.cdc.gov/mmwr/volumes/67/wr/mm6744a2.htm>.

- **Sexual orientation:** 20.3 percent of lesbian, gay and bisexual adults smoke, compared to 13.7 percent of heterosexual adults.
- **Mental health:** 35.2 percent of adults with serious psychological distress smoke, compared to 13.2 percent of other adults. Other surveys have found smoking is much more common among adults with mental illness than among the general population.

These disparities underscore that reducing tobacco use among all Americans is a critical element of achieving health equity in the United States.

In another urgent challenge, [new CDC and FDA data](#) show that youth e-cigarette use has reached epidemic levels. From 2017 to 2018, current (past 30 day) e-cigarette use increased by 78 percent among high school students (to 20.8 percent) and by 48 percent among middle school students (to 4.9 percent). In 2018, more than 3.6 million middle and high school students were e-cigarette users – an alarming increase of 1.5 million in just one year.⁹ This increase has been driven by the popularity of Juul, a sleek, high-tech e-cigarette that is small and easy to hide, comes in sweet flavors that appeal to youth and delivers a powerful dose of nicotine.

Winning the Fight Against Tobacco

To win the fight against tobacco use, policymakers at all levels must fully implement the scientifically proven strategies that have driven our progress and ensure they reach all Americans. The 2014 Surgeon General’s report on smoking and health, *The Health Consequences of Smoking – 50 Years of Progress*,¹⁰ and other public health authorities provide a roadmap of these strategies, including:

- State tobacco prevention and cessation programs funded at CDC-recommended levels;
- Significant tobacco tax increases to prevent kids from using tobacco and encourage smokers to quit;
- Comprehensive smoke-free air laws that protect all Americans from secondhand smoke;
- Hard-hitting mass media campaigns;
- Barrier-free insurance coverage for tobacco cessation treatments;
- Tobacco 21 laws raising the age of sale for all tobacco products;
- Prohibition or restrictions on the sale of flavored tobacco products, including menthol cigarettes.

⁹ Centers for Disease Control and Prevention (CDC), “Use of Electronic Cigarettes and Any Tobacco Product Among Middle and High School Students—United States, 2011-2018,” *Morbidity and Mortality Weekly Report (MMWR)*, 67(45): 1276-1277. https://www.cdc.gov/mmwr/volumes/67/wr/mm6745a5.htm?s_cid=mm6745a5_w

¹⁰ 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.

At the federal level, the FDA has an especially critical role to play and should take several powerful actions that can accelerate progress:

- Implement its [plan to limit nicotine in cigarettes](#) to minimally addictive or non-addictive levels, and apply this limit to other combustible tobacco products;
- Prohibit menthol cigarettes and flavored cigars, [as the FDA recently proposed](#), and strengthen its plan to address the youth e-cigarette epidemic by stopping sales of all flavored e-cigarettes that have not been subject to public health review by the agency. Until the FDA stops the sale of all flavored products, states and localities should continue their growing efforts to do so;
- Require [graphic health warnings](#) covering at least half of cigarette packs, as the 2009 Tobacco Control Act mandated and a federal judge recently ordered the FDA to expedite;
- Foster development of innovative new products that can help more smokers quit and increase the effective use of existing smoking cessation products.

No Excuses: Tobacco Prevention Programs Save Lives and Save Money

State tobacco prevention and cessation programs are an essential component of a comprehensive strategy to reduce tobacco use. There is conclusive evidence that these programs work. Every scientific authority that has studied the issue – including the Surgeon General, the CDC, the Institute of Medicine, 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).

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 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.”¹¹

The strongest evidence that tobacco prevention programs work and are a good return on investment comes from the states themselves:

- **Florida’s** high school smoking rate fell to a historically low 3.6 percent in 2018. Florida has cut its high school smoking rate by over 86 percent since 1998.¹² Launched in 2007 and based

¹¹ U.S. DHHS. *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.

¹² Florida Youth Tobacco Survey <http://www.floridahealth.gov/statistics-and-data/survey-data/fl-youth-tobacco-survey/index.html>.

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.

- **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 the initiation of its program in 1999 to 2010.¹³ 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.¹⁴
- **California**, with 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. California has reduced lung and bronchus cancer rates twice as fast as the rest of the United States.¹⁵ By 2013, the lung cancer death rate in California was 28 percent lower than the rest of the country.¹⁶ 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.¹⁷ After sharp declines in tobacco prevention funding in recent years, California is on track to make significant progress again due to a \$2 tobacco tax increase approved by voters in November 2016 (Proposition 56) and the related boost in tobacco prevention and cessation funding.

We have the tools to win the fight against tobacco, but continued progress is not inevitable. With bold action, our nation can finally end this entirely preventable epidemic and make the next generation tobacco-free.

¹³ Washington State Department of Health, Tobacco Prevention and Control Program, *Progress Report*, March 2011

¹⁴ 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.

¹⁵ California Department of Public Health, California Tobacco Control Program, California Tobacco Facts and Figures 2018, Sacramento, CA 2018, https://www.cdph.ca.gov/Programs/CCDCPHP/DCDIC/CTCB/CDPH%20Document%20Library/ResearchandEvaluation/FactsandFigures/CATobaccoFactsFigures2018_Printers.pdf

¹⁶ Pierce, JP, et al., "Trends in lung cancer and cigarette smoking: California compared to the rest of the United States," *Cancer Prevention Research*, October 2018.

¹⁷ 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.



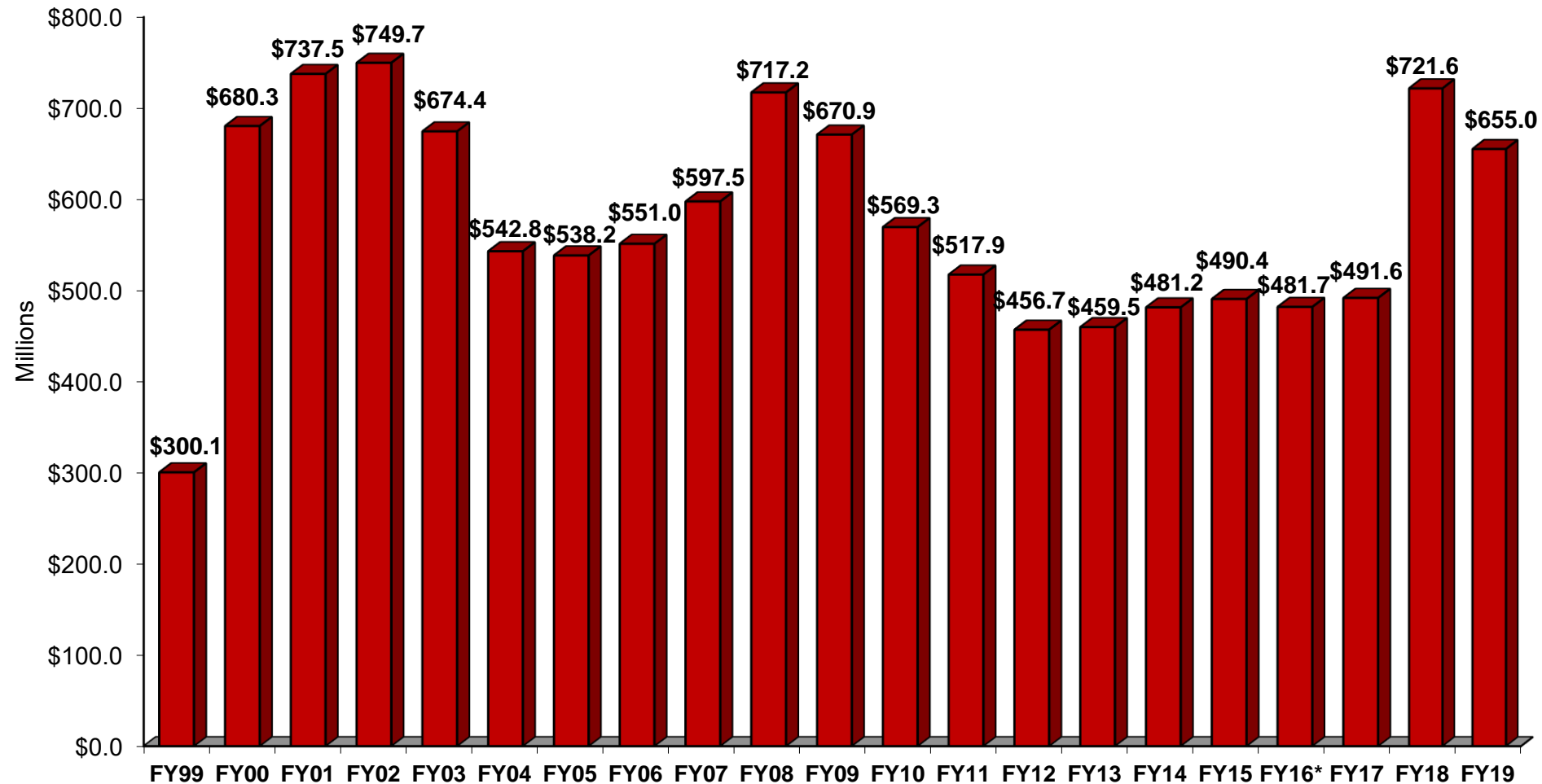
FY2019 State Rankings:
States Ranked by Percent of CDC-Recommended Funding Levels
 (Annual funding amounts only include state funds.)

State	FY2019 Current Annual Funding (millions)	CDC Annual Recommendation (millions) [§]	FY2019 Percent of CDC's Recommendation	Current Rank
Alaska	\$9.1	\$10.2	89.4%	1
California	\$250.4	\$347.9	72.0%	2
North Dakota	\$5.8	\$9.8	59.5%	3
Oklahoma	\$21.3	\$42.3	50.3%	4
Delaware	\$6.3	\$13.0	48.4%	5
Vermont	\$3.8	\$8.4	45.2%	6
Colorado	\$23.6	\$52.9	44.6%	7
South Dakota	\$4.5	\$11.7	38.5%	8
Florida	\$70.4	\$194.2	36.3%	9
Utah	\$7.0	\$19.3	36.3%	9
Wyoming	\$3.0	\$8.5	35.8%	11
Montana	\$5.0	\$14.6	34.0%	12
Hawaii	\$4.5	\$13.7	32.9%	13
Arkansas	\$12.0	\$36.7	32.7%	14
Minnesota	\$17.3	\$52.9	32.7%	14
Maine	\$4.8	\$15.9	30.4%	16
Arizona	\$17.3	\$64.4	26.9%	17
Oregon	\$10.0	\$39.3	25.6%	18
New Mexico	\$5.7	\$22.8	24.9%	19
Idaho	\$3.6	\$15.6	23.3%	20
Mississippi	\$8.4	\$36.5	23.1%	21
Maryland	\$10.5	\$48.0	21.8%	22
New York	\$39.8	\$203.0	19.6%	23
District of Columbia	\$1.9	\$10.7	17.8%	24
Iowa	\$4.0	\$30.1	13.4%	25
Nebraska	\$2.6	\$20.8	12.4%	26
Virginia	\$10.8	\$91.6	11.8%	27
Pennsylvania	\$15.5	\$140.0	11.1%	28
Indiana	\$7.5	\$73.5	10.2%	29
Ohio	\$13.0	\$132.0	9.8%	30
South Carolina	\$5.0	\$51.0	9.8%	30
Wisconsin	\$5.3	\$57.5	9.2%	32
Louisiana	\$5.4	\$59.6	9.0%	33
New Jersey	\$7.2	\$103.3	7.0%	34

State	FY2019 Current Annual Funding (millions)	CDC Annual Recommendation (millions) [§]	FY2019 Percent of CDC's Recommendation	Current Rank
Illinois	\$9.1	\$136.7	6.7%	35
Kentucky	\$3.8	\$56.4	6.7%	35
Massachusetts	\$4.2	\$66.9	6.3%	37
Alabama	\$2.1	\$55.9	3.7%	38
Nevada	\$1.0	\$30.0	3.2%	39
Rhode Island	\$390,926	\$12.8	3.1%	40
Kansas	\$847,041	\$27.9	3.0%	41
North Carolina	\$2.8	\$99.3	2.8%	42
Washington	\$1.5	\$63.6	2.4%	43
Texas	\$4.2	\$264.1	1.6%	44
Michigan	\$1.6	\$110.6	1.5%	45
New Hampshire	\$140,000	\$16.5	0.8%	46
Georgia	\$750,000	\$106.0	0.7%	47
Missouri	\$48,500	\$72.9	0.1%	48
Connecticut	\$0.0	\$32.0	0.0%	49
Tennessee	\$0.0	\$75.6	0.0%	49
West Virginia	\$0.0	\$27.4	0.0%	49

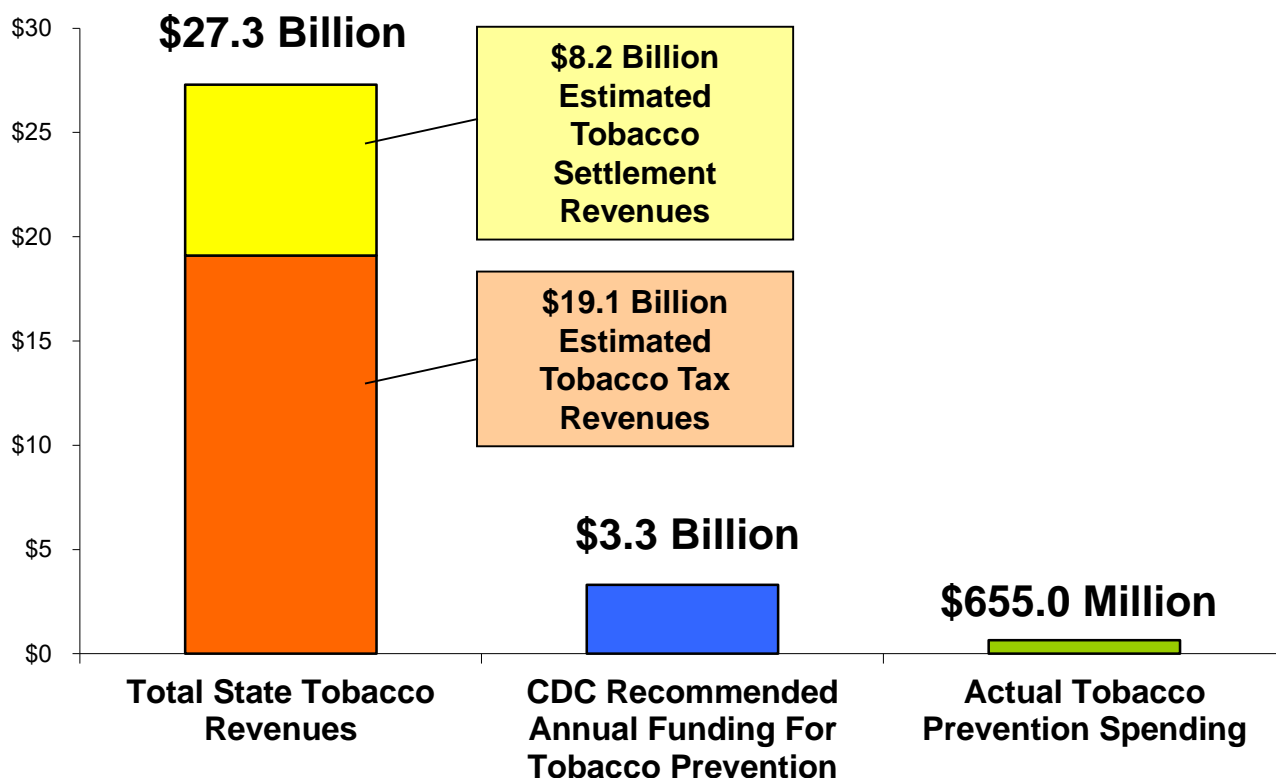
[§] CDC annual recommendations are based on CDC *Best Practices for Comprehensive Tobacco Control Programs*, 2014, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm?s_cid=cs_3281.

Total State Tobacco Prevention Spending FY1999 - FY2019

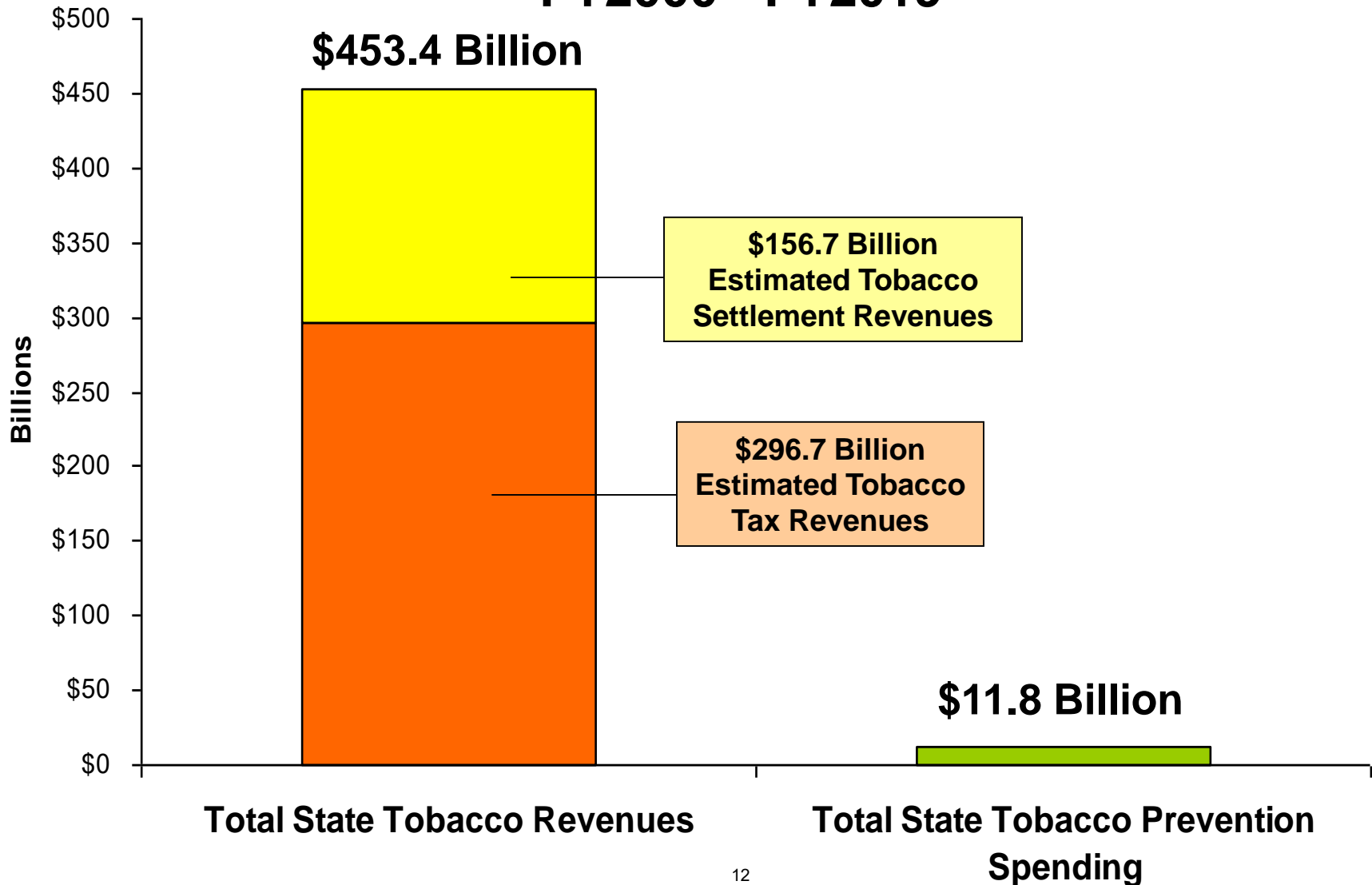


Only 3 states – AZ, CA and MA - spent any money on tobacco prevention prior to 1999. Settlement payments to states began in 1999. All states were receiving payments by 2001. Funding amounts only include state funds.

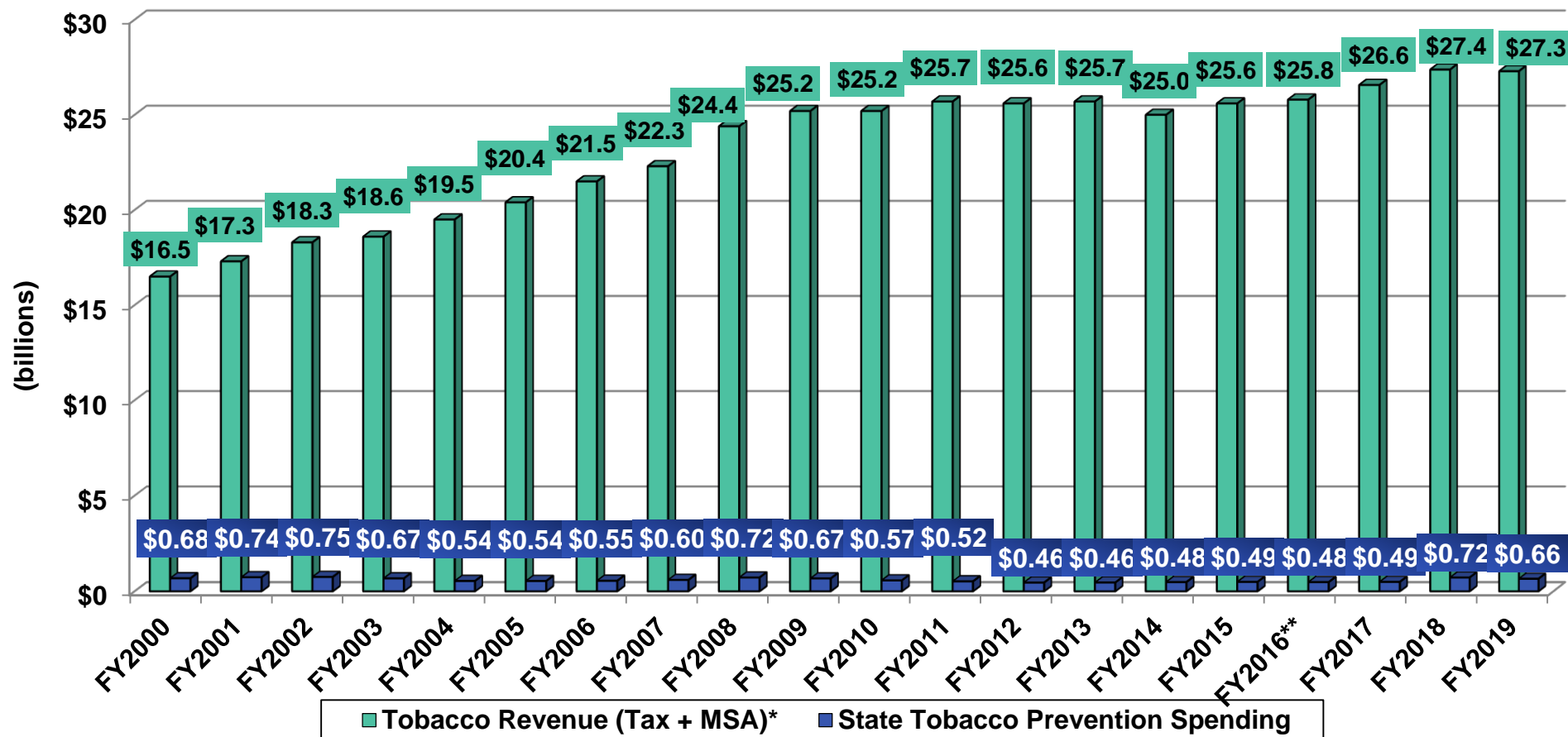
Total FY2019 State Tobacco Prevention Spending vs. State Tobacco Revenue and CDC Recommendations



Total State Tobacco Revenue vs. Total State Spending on Tobacco Prevention FY2000 - FY2019



Annual State Tobacco Prevention Spending vs. Annual Tobacco Revenue, FY2000-FY2019



*Tax and MSA revenue totals based on TFK estimates



STATE TOBACCO PREVENTION SPENDING vs. TOBACCO COMPANY MARKETING

States today are still failing to invest in programs that prevent and reduce tobacco use and its related health care costs at the levels recommend by the U.S. Centers for Disease Control and Prevention (CDC). Moreover, despite evidence showing that cigarettes are more deadly and addictive than ever before, several states have taken a step backward and significantly reduced their tobacco prevention spending. At the same time, the tobacco industry continues to spend overwhelming sums to market its products. As a result, states are being greatly outspent.

States' tobacco prevention investments amount to a small fraction of tobacco industry marketing expenditures. In North Carolina, for example, the tobacco industry spends \$140 to promote its deadly products for every single dollar the state spends to prevent and reduce tobacco use and its harms. To look at it another way, North Carolina's tobacco prevention spending amounts to less than one percent of the tobacco industry's marketing expenditures in the state. Nationwide, the tobacco industry is outspending tobacco prevention funding in the states by 14.5 to 1.*

All amounts are annual and in millions of dollars per year, except where otherwise indicated. Full values are listed for amounts below one million.

State	Annual Smoking Caused Health Costs in State	FY2019 Total Tobacco Prevention Spending	2016 Tobacco Company Marketing in State (estimated)	Percentage of Tobacco Company Marketing that State Spends on Tobacco Prevention	Ratio of Tobacco Company Marketing to State Tobacco Prevention Spending
Total	\$170.0 bill.	\$655.0	\$9.5 bill.	6.9%	14.5 to 1
Alabama	\$1.9 bill.	\$2.1	\$210.0	1.0%	100.6 to 1
Alaska	\$438	\$9.1	\$18.9	48.2%	2.1 to 1
Arizona	\$2.4 bill.	\$17.3	\$113.5	15.3%	6.5 to 1
Arkansas	\$1.2 bill.	\$12.0	\$116.1	10.3%	9.7 to 1
California	\$13.3 bill.	\$250.4	\$618.2	40.5%	2.5 to 1
Colorado	\$1.9 bill.	\$23.6	\$140.3	16.8%	5.9 to 1
Connecticut	\$2.0 bill.	\$0.0	\$73.0	0.0%	--
Delaware	\$532	\$6.3	\$46.3	13.6%	7.4 to 1
DC	\$391	\$1.9	\$7.1	26.8%	3.7 to 1
Florida	\$8.6 bill.	\$70.4	\$605.3	11.6%	8.6 to 1
Georgia	\$3.2 bill.	\$750,000	\$347.5	0.2%	463.4 to 1
Hawaii	\$526	\$4.5	\$26.2	17.2%	5.8 to 1
Idaho	\$508	\$3.6	\$48.5	7.5%	13.4 to 1
Illinois	\$5.5 bill.	\$9.1	\$291.5	3.1%	32 to 1
Indiana	\$2.9 bill.	\$7.5	\$296.8	2.5%	39.6 to 1
Iowa	\$1.3 bill.	\$4.0	\$107.0	3.8%	26.6 to 1
Kansas	\$1.1 bill.	\$847,041	\$76.3	1.1%	90.1 to 1
Kentucky	\$1.9 bill.	\$3.8	\$276.7	1.4%	73.3 to 1
Louisiana	\$1.9 bill.	\$5.4	\$187.8	2.9%	34.9 to 1
Maine	\$811	\$4.8	\$46.7	10.4%	9.6 to 1
Maryland	\$2.7 bill.	\$10.5	\$131.1	8.0%	12.5 to 1
Massachusetts	\$4.1 bill.	\$4.2	\$125.1	3.4%	29.7 to 1
Michigan	\$4.6 bill.	\$1.6	\$320.2	0.5%	196.3 to 1
Minnesota	\$2.5 bill.	\$17.3	\$117.8	14.7%	6.8 to 1

* These ratios are based on state tobacco prevention expenditures in FY2019 versus tobacco industry marketing expenditures in 2016 (the most recent year for which data is available).

State	Annual Smoking Caused Health Costs in State	FY2019 Total Tobacco Prevention Spending	2016 Tobacco Company Marketing in State (estimated)	Percentage of Tobacco Company Marketing that State Spends on Tobacco Prevention	Ratio of Tobacco Company Marketing to State Tobacco Prevention Spending
Mississippi	\$1.2 bill.	\$8.4	\$127.3	6.6%	15.1 to 1
Missouri	\$3.0 bill.	\$48,500	\$364.9	0.0%	7522.8 to 1
Montana	\$440	\$5.0	\$31.3	15.8%	6.3 to 1
Nebraska	\$795	\$2.6	\$63.0	4.1%	24.4 to 1
Nevada	\$1.1 bill.	\$1.0	\$64.2	1.5%	67.6 to 1
New Hampshire	\$729	\$140,000	\$87.6	0.2%	625.5 to 1
New Jersey	\$4.1 bill.	\$7.2	\$180.9	4.0%	25 to 1
New Mexico	\$844	\$5.7	\$36.9	15.4%	6.5 to 1
New York	\$10.4 bill.	\$39.8	\$199.0	20.0%	5.0 to 1
North Carolina	\$3.8 bill.	\$2.8	\$392.6	0.7%	140.2 to 1
North Dakota	\$326	\$5.8	\$38.2	15.3%	6.6 to 1
Ohio	\$5.6 bill.	\$13.0	\$424.4	3.1%	32.6 to 1
Oklahoma	\$1.6 bill.	\$21.3	\$172.0	12.4%	8.1 to 1
Oregon	\$1.5 bill.	\$10.0	\$115.7	8.7%	11.5 to 1
Pennsylvania	\$6.4 bill.	\$15.5	\$443.9	3.5%	28.6 to 1
Rhode Island	\$640	\$390,926	\$26.7	1.5%	68.4 to 1
South Carolina	\$1.9 bill.	\$5.0	\$201.6	2.5%	40.3 to 1
South Dakota	\$373	\$4.5	\$27.5	16.3%	6.1 to 1
Tennessee	\$2.7 bill.	\$0.0	\$292.1	0.0%	--
Texas	\$8.9 bill.	\$4.2	\$646.9	0.7%	152.3 to 1
Utah	\$542	\$7.0	\$39.9	17.6%	5.7 to 1
Vermont	\$348	\$3.8	\$16.8	22.6%	4.4 to 1
Virginia	\$3.1 bill.	\$10.8	\$383.1	2.8%	35.5 to 1
Washington	\$2.8 bill.	\$1.5	\$92.8	1.6%	60.8 to 1
West Virginia	\$1.0 bill.	\$0.0	\$126.6	0.0%	--
Wisconsin	\$2.7 bill.	\$5.3	\$164.7	3.2%	31.1 to 1
Wyoming	\$258	\$3.0	\$23.0	13.2%	7.6 to 1

Campaign for Tobacco-Free Kids, November 29, 2018 / Laura Bach

More information on tobacco company marketing is available at

http://www.tobaccofreekids.org/facts_issues/fact_sheets/toll/tobacco_kids/marketing/.

More state information relating to tobacco use is available at <https://www.tobaccofreekids.org/us-resources>.

Sources:

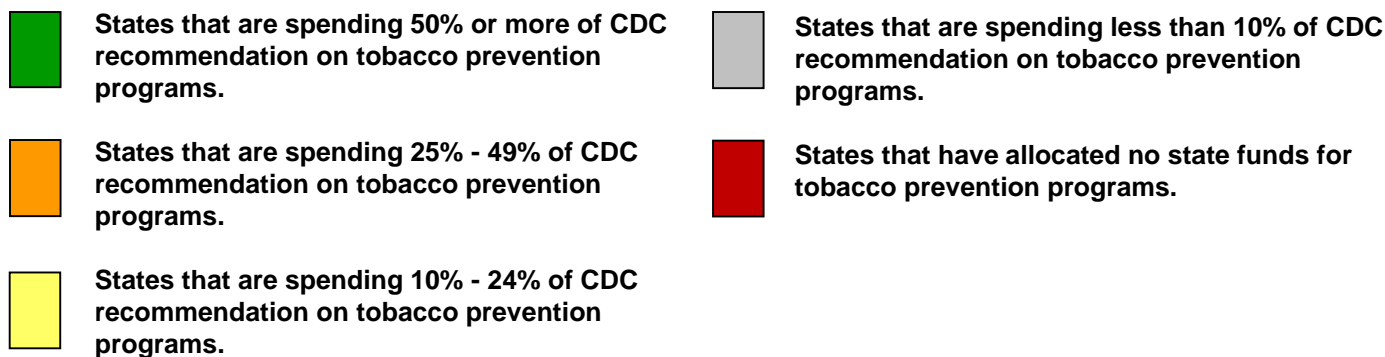
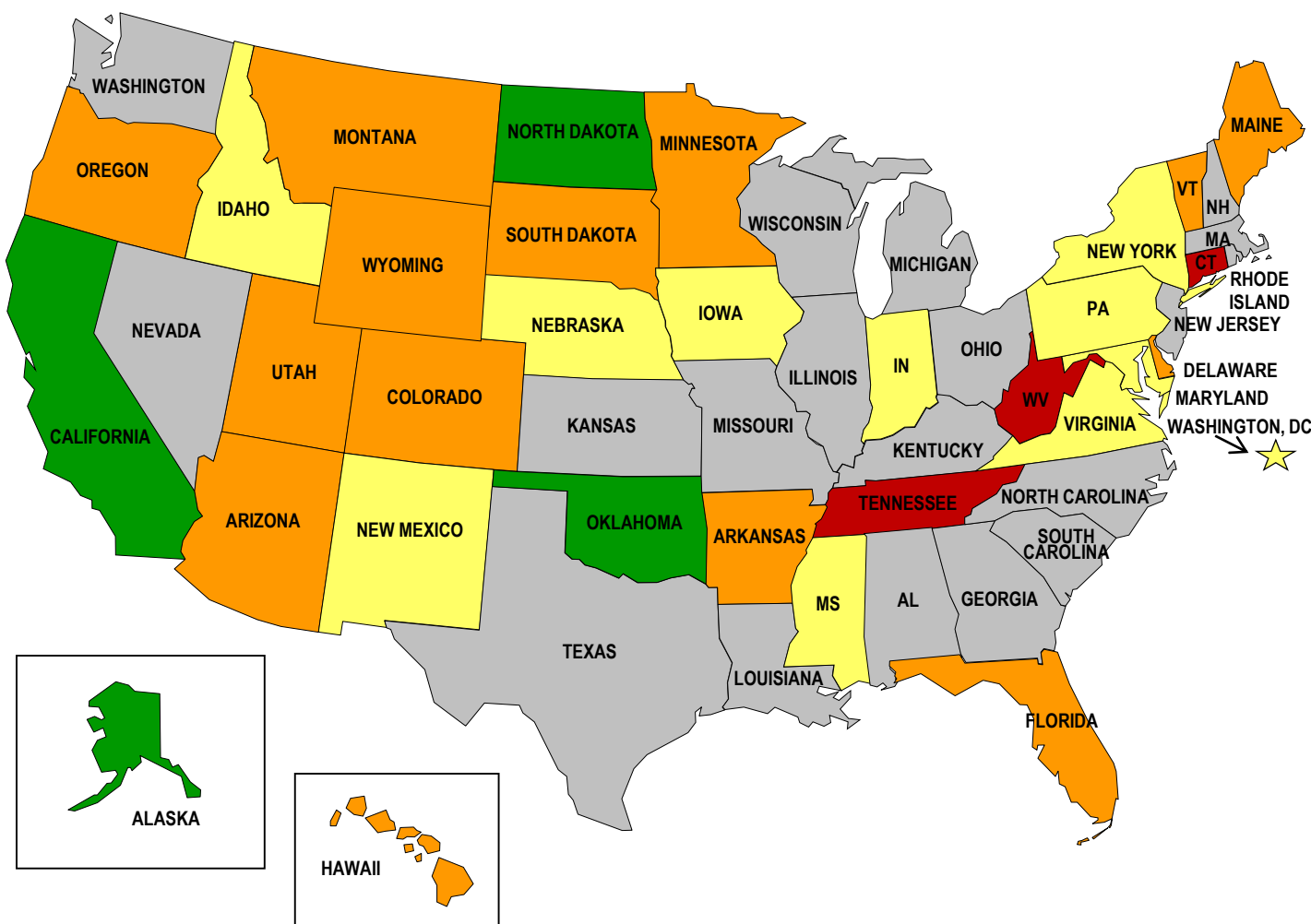
Xu, Xin, "Annual Healthcare Spending Attributable to Cigarette Smoking," *Am J Prev Med*, published online: December 09, 2014, <http://www.ajpmonline.org/article/S0749-3797%2814%2900616-3/abstract>

CDC, *Best Practices for Comprehensive Tobacco Control*, 2014, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf.

Campaign for Tobacco-Free Kids, et al., *Broken Promises to Our Children: A State-by-State Look at the 1998 State Tobacco Settlement 20 Years Later*, 2018, www.tobaccofreekids.org/statereport.

U.S. Federal Trade Commission (FTC), Cigarette Report for 2016, 2018, https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2016-federal-trade-commission-smokeless-tobacco-report/ftc_cigarette_report_for_2016_0.pdf [data for top 5 manufacturers only].; FTC, *Smokeless Tobacco Report for 2016*, 2018, https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2016-federal-trade-commission-smokeless-tobacco-report/ftc_smokeless_tobacco_report_for_2016_0.pdf [Data for top 5 manufacturers only].

FY2019



FY2019 STATE TOBACCO PREVENTION SPENDING **AS A PERCENT OF CDC RECOMMENDATIONS**

States that are spending 50% or more of CDC recommendation on tobacco prevention programs. (4)

Alaska
California

North Dakota
Oklahoma

States that are spending 25%- 49.9% of CDC recommendation on tobacco prevention programs. (14)

Arizona
Arkansas
Colorado
Delaware
Florida
Hawaii
Maine

Minnesota
Montana
Oregon
South Dakota
Utah
Vermont
Wyoming

States that are spending 10%- 24.9% of CDC recommendation on tobacco prevention programs. (10 and the District of Columbia)

District of Columbia
Idaho
Indiana
Iowa
Maryland
Mississippi

Nebraska
New Mexico
New York
Pennsylvania
Virginia

States that are spending less than 10% of CDC recommendation on tobacco prevention programs. (19)

Alabama
Georgia
Illinois
Kansas
Kentucky
Louisiana
Massachusetts
Michigan
Missouri
Nevada

New Hampshire
New Jersey
North Carolina
Ohio
Rhode Island
South Carolina
Texas
Washington
Wisconsin

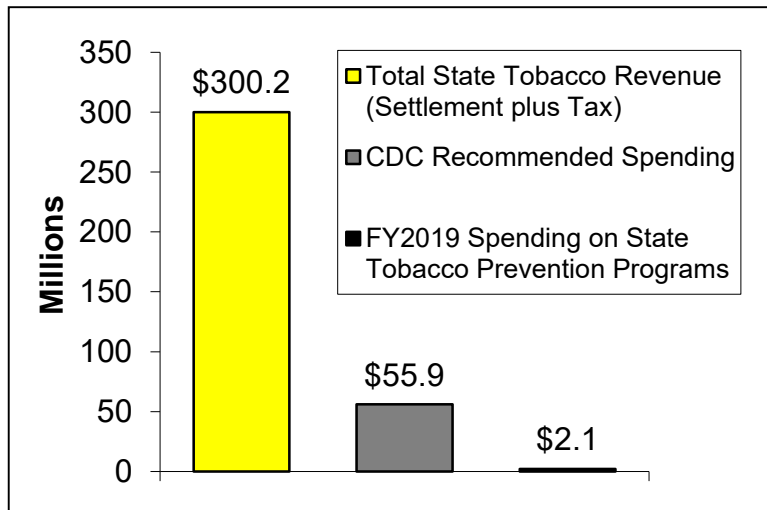
States that have allocated no state funds for tobacco prevention programs. (3)

Connecticut
Tennessee

West Virginia

Alabama

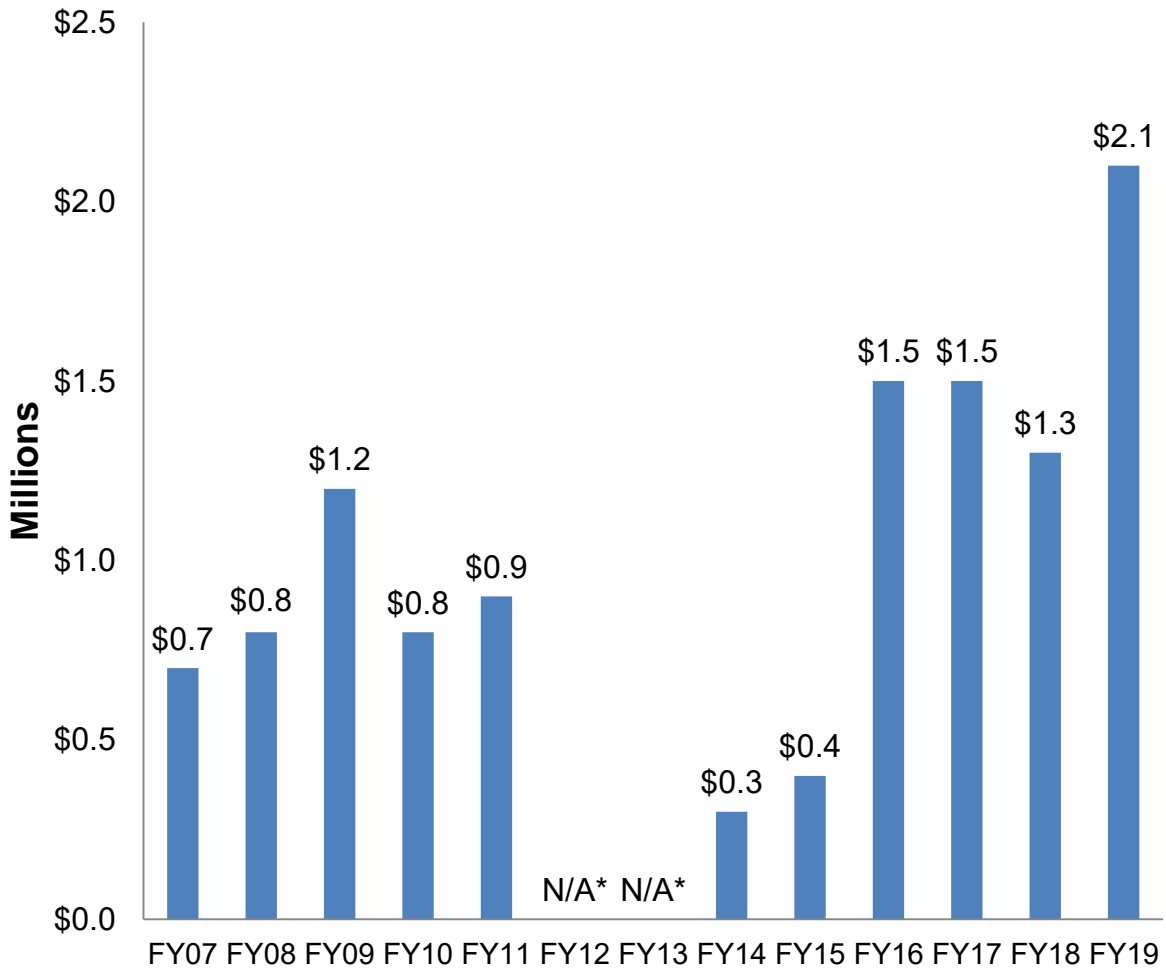
State Spending Summary	FY2019	FY2018
State Ranking	38	41
State Spending On Tobacco Prevention	\$2.1 million	\$1.3 million
% of CDC Recommended Spending (\$55.9 million)	3.7%	2.3%



Tobacco's Toll in Alabama	
Adults who smoke	20.9%
High school students who smoke	14.0%
High school students who use e-cigarettes	24.5%
Deaths caused by smoking each year	8,600
Annual health care costs directly caused by smoking	\$1.88 billion
Proportion of cancer deaths attributable to smoking	31.3%
Residents' state & federal tax burden from smoking-caused government expenditures	\$834 per household
Estimated annual tobacco industry marketing in state	\$210.0 million
Ratio of industry marketing to state tobacco prevention spending	100.6 to 1

Alabama

Total Annual Tobacco Prevention Spending FY2007-FY2019

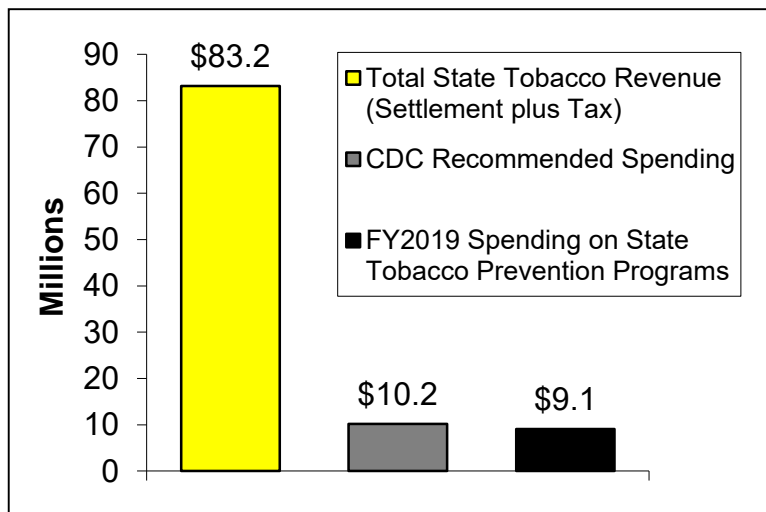


CDC Recommended Spending: \$55.9 million

*Alabama's FY12 and FY13 tobacco prevention program budget was not available at the time this report went to press.

Alaska

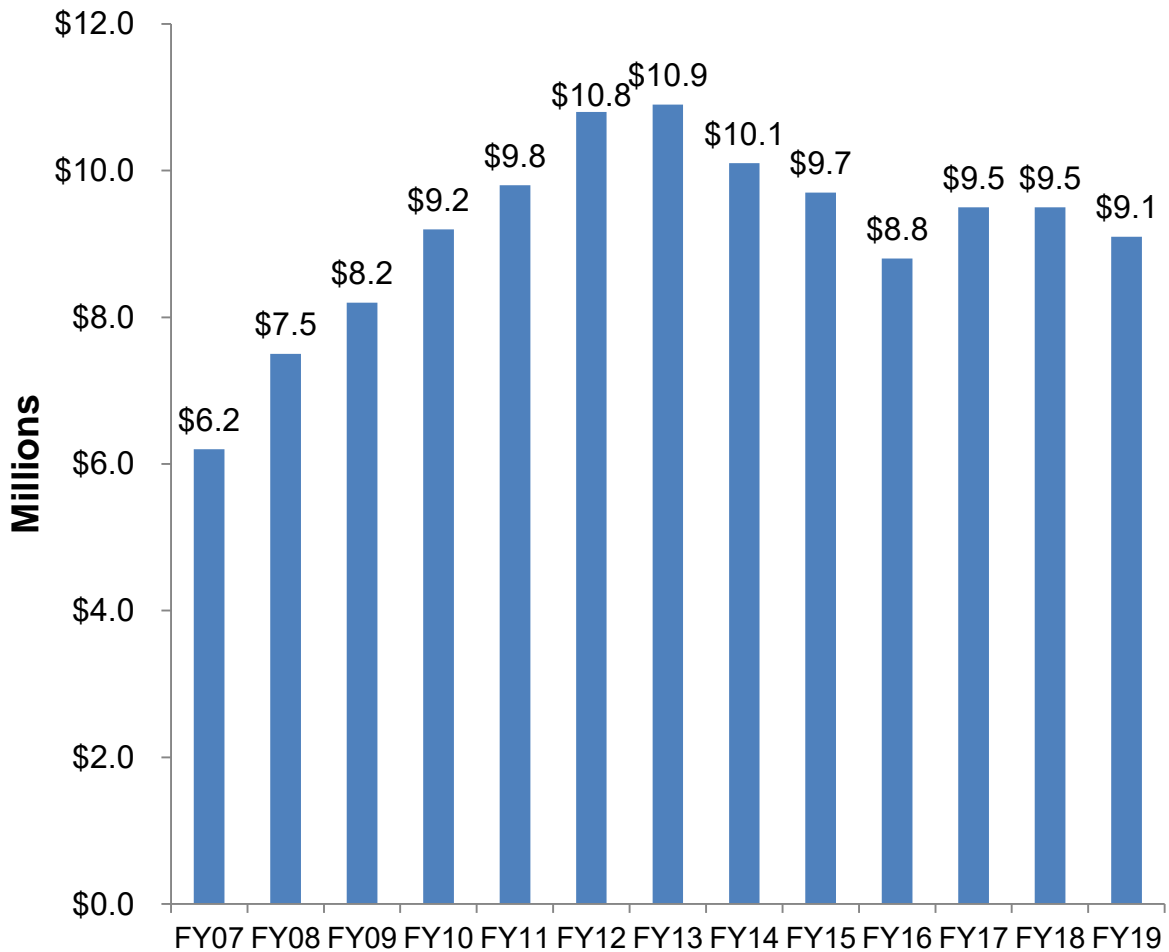
State Spending Summary	FY2019	FY2018
State Ranking	1	2
State Spending On Tobacco Prevention	\$9.1 million	\$9.5 million
% of CDC Recommended Spending (\$10.2 million)	89.4%	93.1%



Tobacco's Toll in Alaska	
Adults who smoke	21.0%
High school students who smoke	10.9%
High school students who use e-cigarettes	15.7%
Deaths caused by smoking each year	600
Annual health care costs directly caused by smoking	\$438 million
Proportion of cancer deaths attributable to smoking	31.4%
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,125 per household
Estimated annual tobacco industry marketing in state	\$18.9 million
Ratio of industry marketing to state tobacco prevention spending	2.1 to 1

Alaska

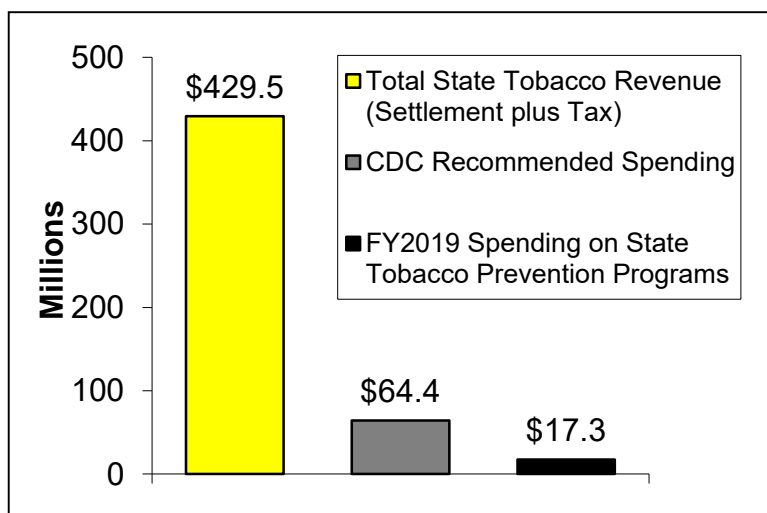
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$10.2 million

Arizona

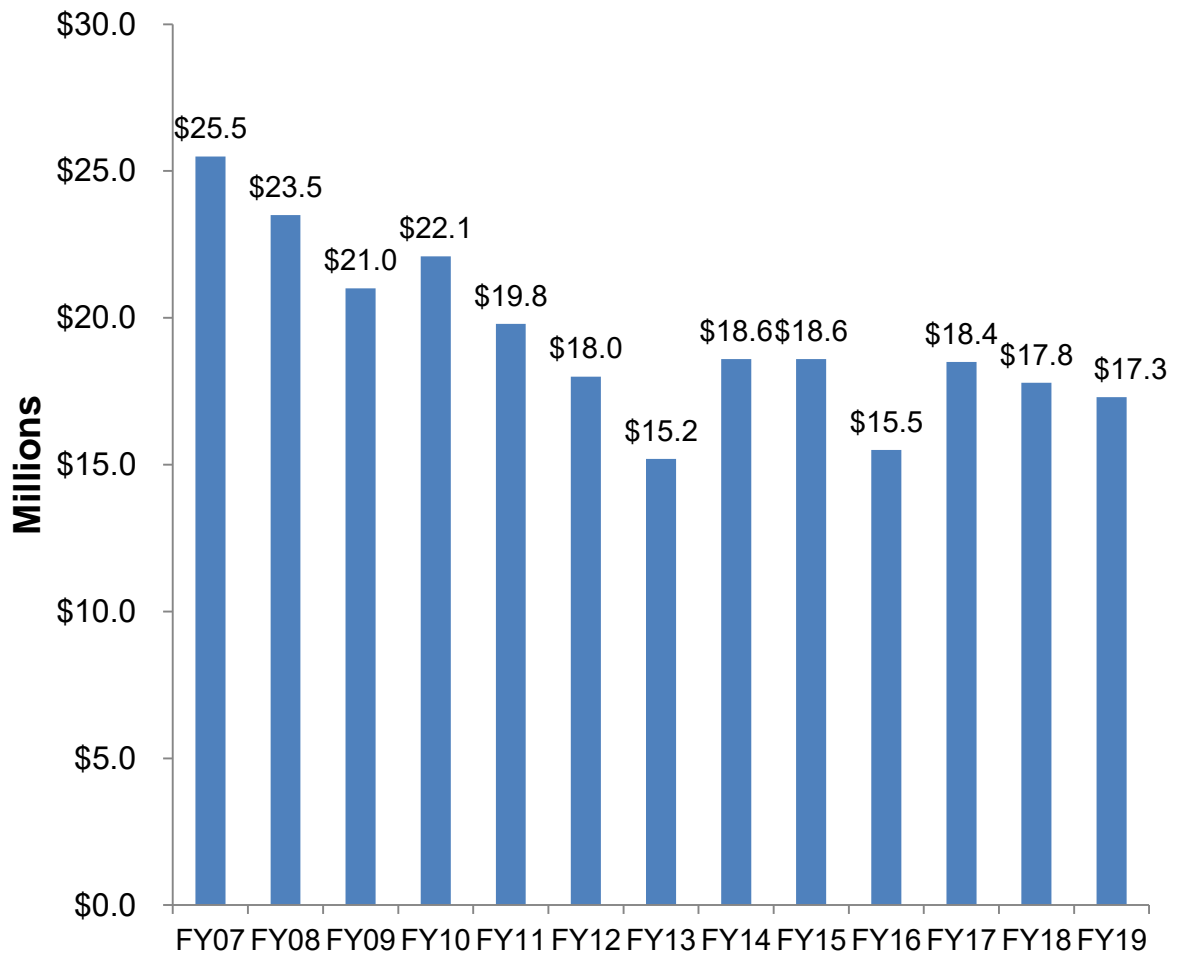
State Spending Summary	FY2019	FY2018
State Ranking	17	16
State Spending On Tobacco Prevention	\$17.3 million	\$17.8 million
% of CDC Recommended Spending (\$64.4 million)	26.9%	27.6%



Tobacco's Toll in Arizona	
Adults who smoke	15.6%
High school students who smoke	7.1%
High school students who use e-cigarettes	16.1%
Deaths caused by smoking each year	8,300
Annual health care costs directly caused by smoking	\$2.38 billion
Proportion of cancer deaths attributable to smoking	28.7%
Residents' state & federal tax burden from smoking-caused government expenditures	\$674 per household
Estimated annual tobacco industry marketing in state	\$113.5 million
Ratio of industry marketing to state tobacco prevention spending	6.5 to 1

Arizona

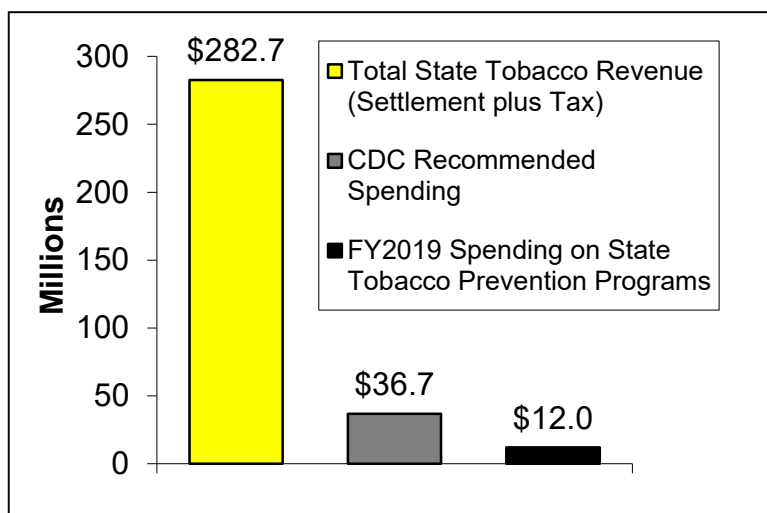
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$64.4 million

Arkansas

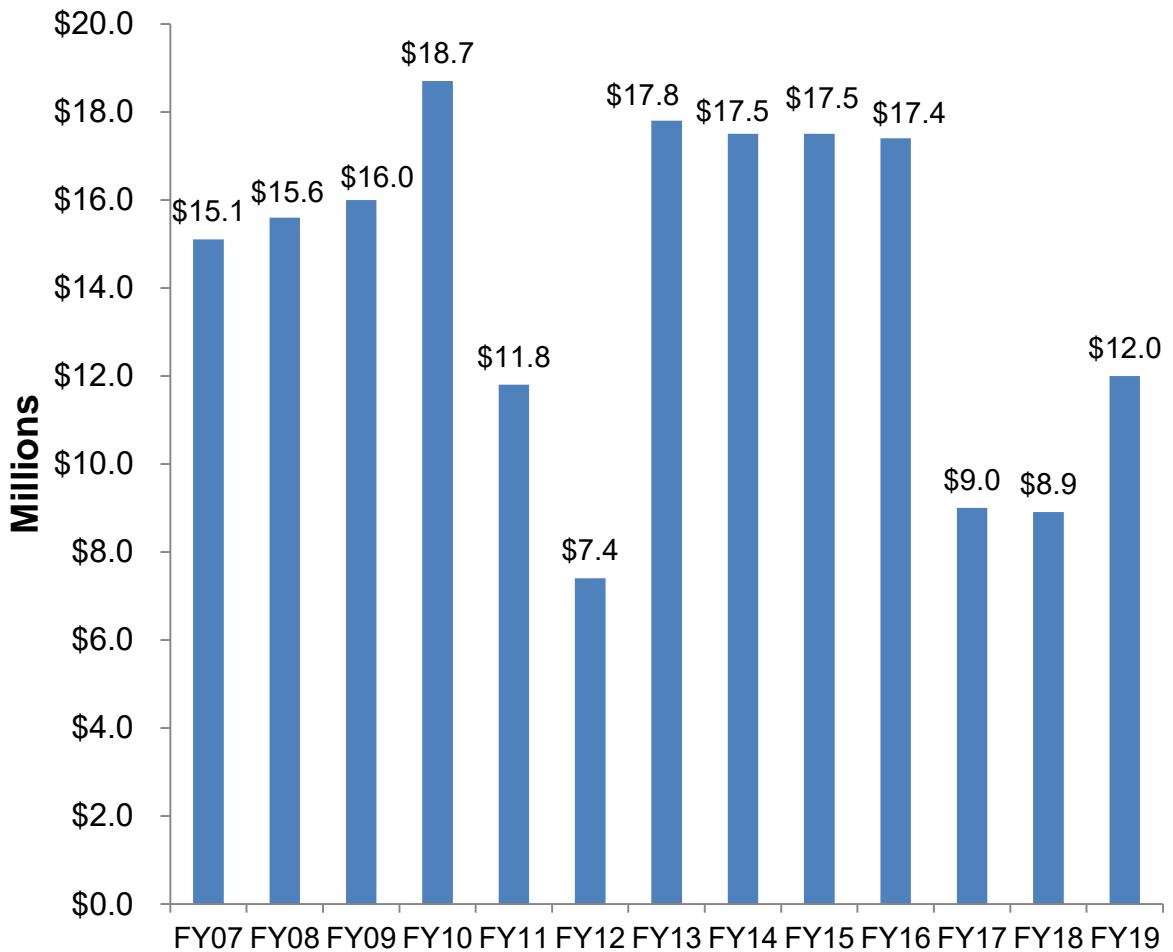
State Spending Summary	FY2019	FY2018
State Ranking	14	18
State Spending On Tobacco Prevention	\$12.0 million	\$8.9 million
% of CDC Recommended Spending (\$36.7 million)	32.7%	24.3%



Tobacco's Toll in Arkansas	
Adults who smoke	22.3%
High school students who smoke	13.7%
High school students who use e-cigarettes	13.9%
Deaths caused by smoking each year	5,800
Annual health care costs directly caused by smoking	\$1.21 billion
Proportion of cancer deaths attributable to smoking	33.5%
Residents' state & federal tax burden from smoking-caused government expenditures	\$956 per household
Estimated annual tobacco industry marketing in state	\$116.1 million
Ratio of industry marketing to state tobacco prevention spending	9.7 to 1

Arkansas

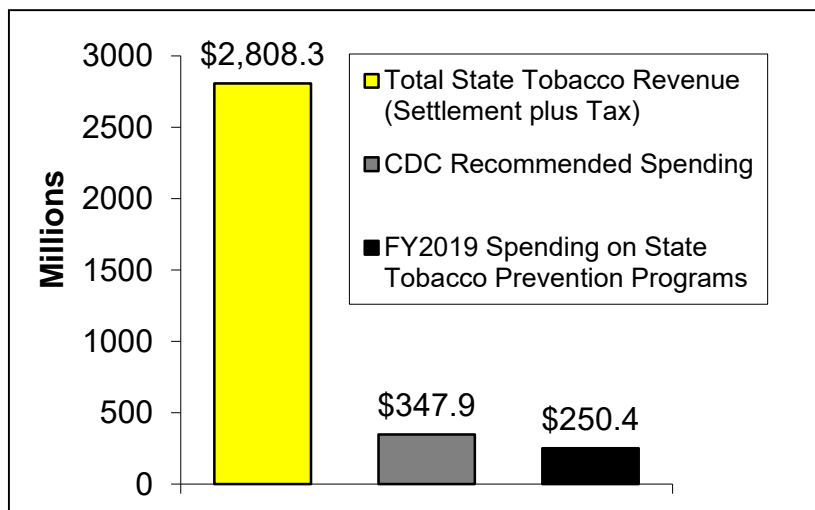
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$36.7 million

California

State Spending Summary	FY2019	FY2018
State Ranking	2	1
State Spending On Tobacco Prevention	\$250.4 million	\$327.8 million*
% of CDC Recommended Spending (\$347.9 million)	72.0%	94.2%

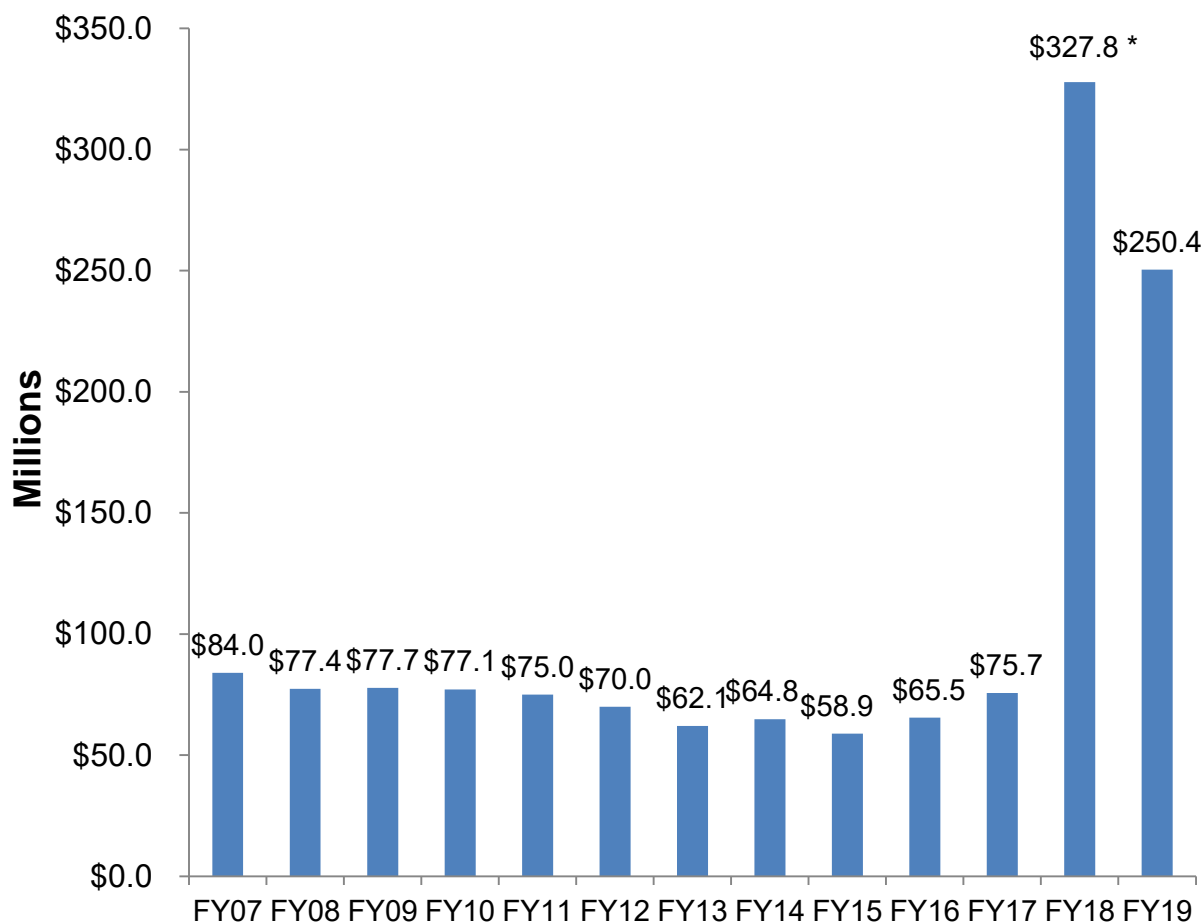


Tobacco's Toll in California	
Adults who smoke	11.3%
High school students who smoke	5.4%
High school students who use e-cigarettes	17.3%
Deaths caused by smoking each year	40,000
Annual health care costs directly caused by smoking	\$13.29 billion
Proportion of cancer deaths attributable to smoking	25.5%
Residents' state & federal tax burden from smoking-caused government expenditures	\$706 per household
Estimated annual tobacco industry marketing in state	\$618.2 million
Ratio of industry marketing to state tobacco prevention spending	2.5 to 1

*FY2018 state spending on tobacco prevention represents five quarters worth of funding.

California

Total Annual Tobacco Prevention Spending FY2007-FY2019

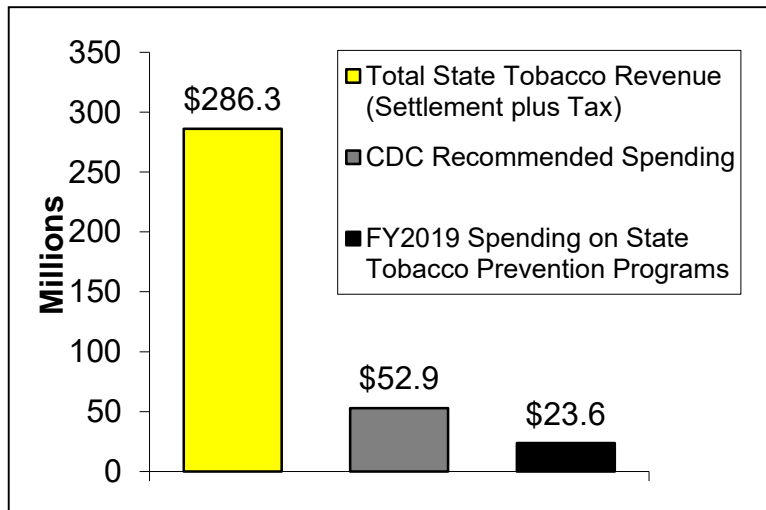


CDC Recommended Spending: \$347.9 million

*FY2018 state spending on tobacco prevention represents five quarters worth of funding.

Colorado

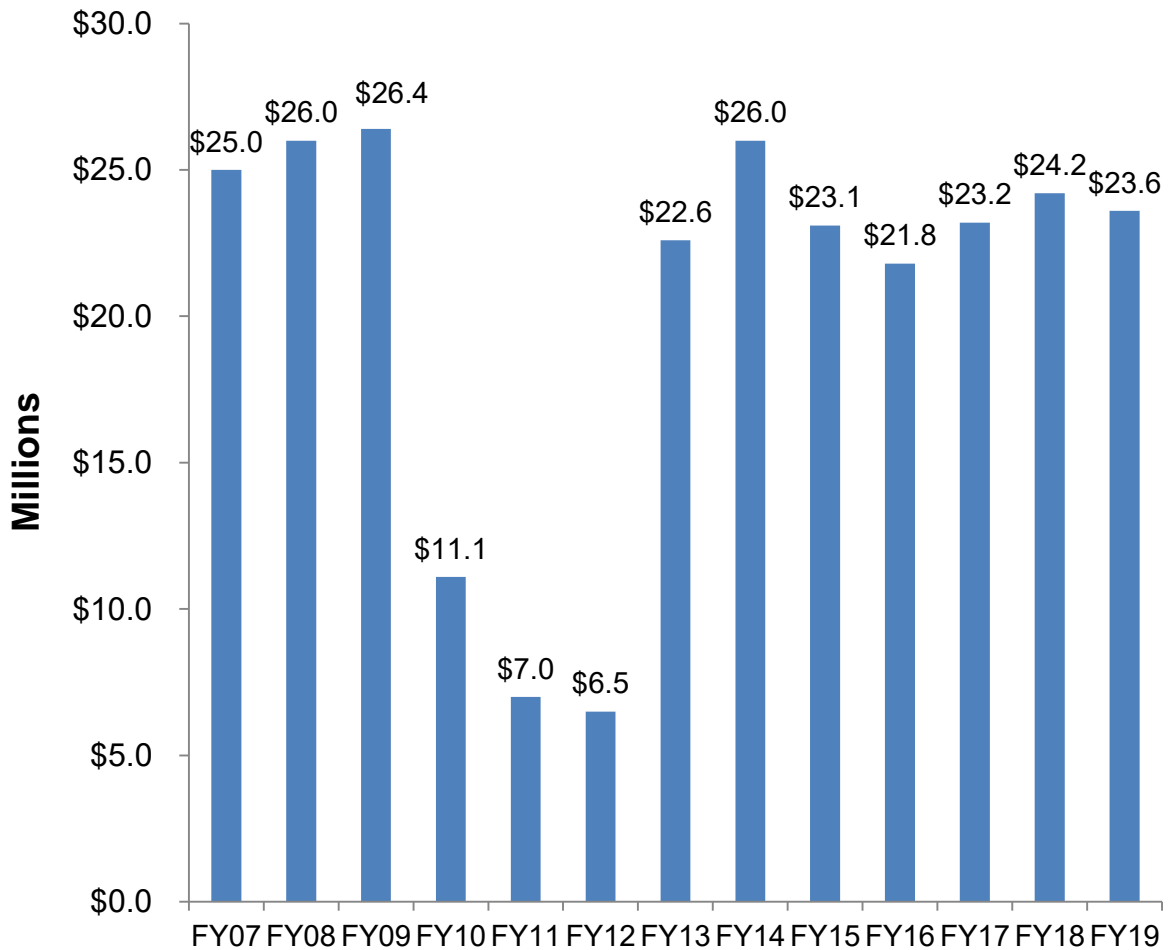
State Spending Summary	FY2019	FY2018
State Ranking	7	6
State Spending On Tobacco Prevention	\$23.6 million	\$24.2 million
% of CDC Recommended Spending (\$52.9 million)	44.6%	45.7%



Tobacco's Toll in Colorado	
Adults who smoke	14.6%
High school students who smoke	7.0%
High school students who use e-cigarettes	26.2%
Deaths caused by smoking each year	5,100
Annual health care costs directly caused by smoking	\$1.89 billion
Proportion of cancer deaths attributable to smoking	25.7%
Residents' state & federal tax burden from smoking-caused government expenditures	\$654 per household
Estimated annual tobacco industry marketing in state	\$140.3 million
Ratio of industry marketing to state tobacco prevention spending	5.9 to 1

Colorado

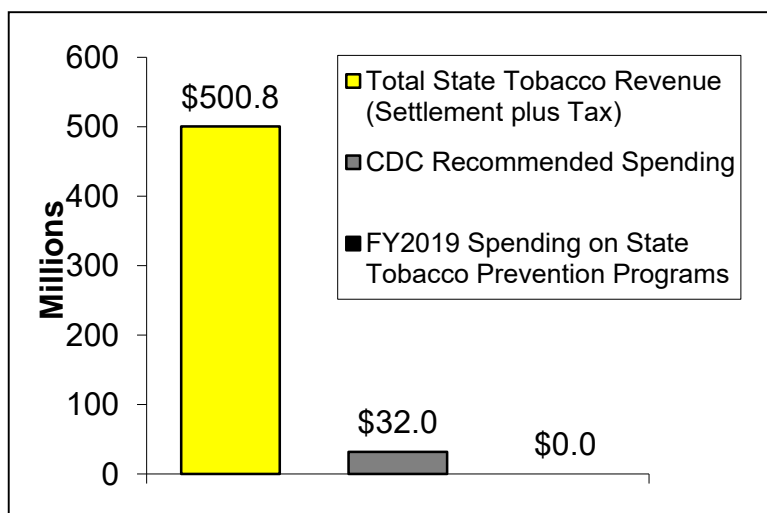
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$52.9 million

Connecticut

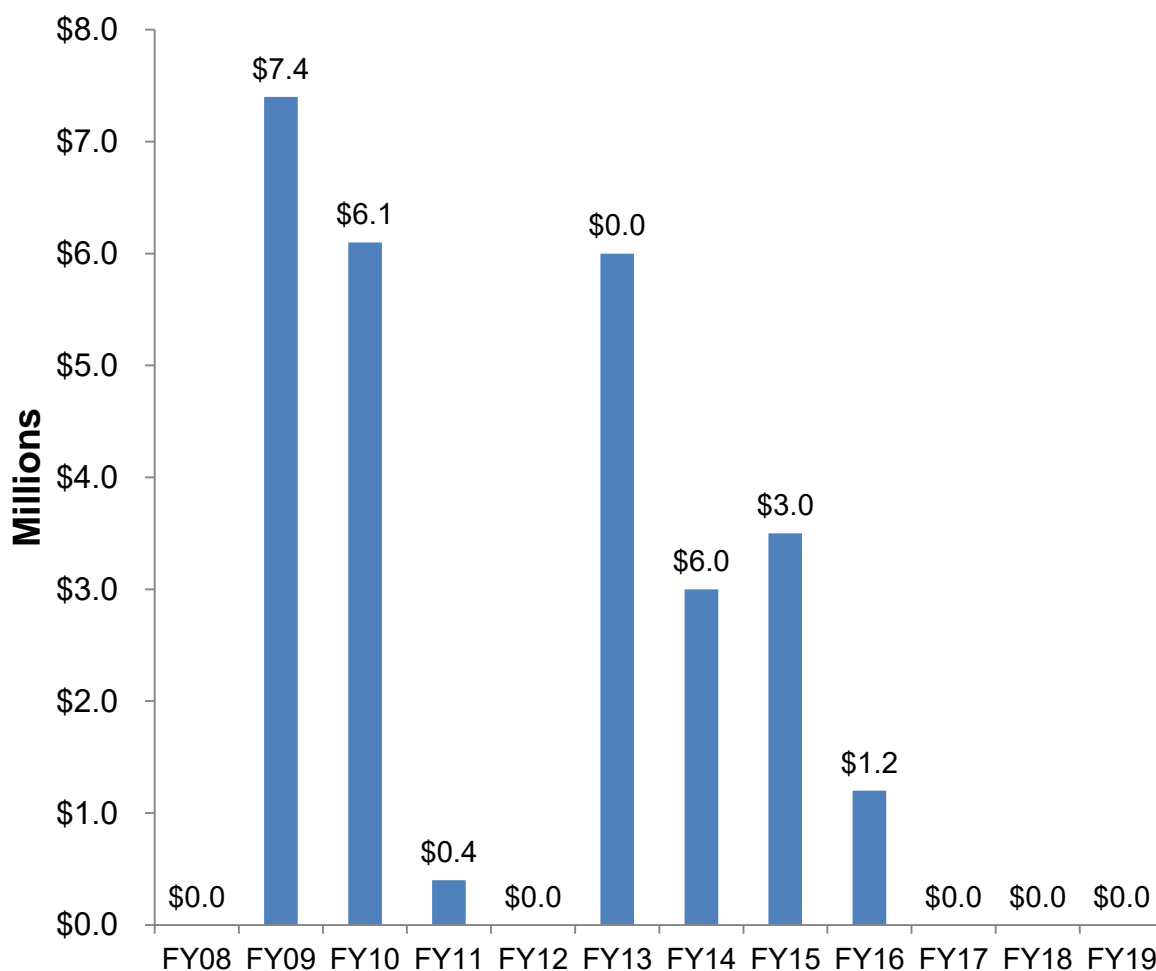
State Spending Summary	FY2019	FY2018
State Ranking	49	50
State Spending On Tobacco Prevention	\$0.0	\$0.0
% of CDC Recommended Spending (\$32.0 million)	0.0%	0.0%



Tobacco's Toll in Connecticut	
Adults who smoke	12.7%
High school students who smoke	3.5%
High school students who use e-cigarettes	14.7%
Deaths caused by smoking each year	4,900
Annual health care costs directly caused by smoking	\$2.03 billion
Proportion of cancer deaths attributable to smoking	27.0%
Residents' state & federal tax burden from smoking-caused government expenditures	\$830 per household
Estimated annual tobacco industry marketing in state	\$73.0 million
Ratio of industry marketing to state tobacco prevention spending	-

Connecticut

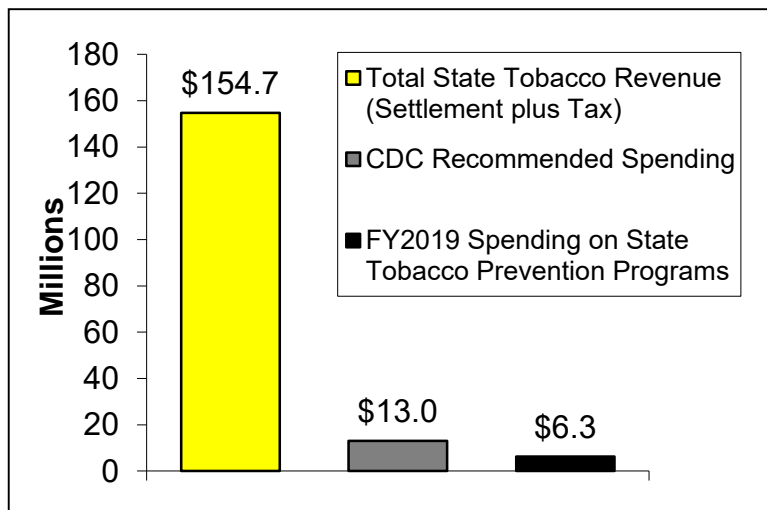
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$32.0 million

Delaware

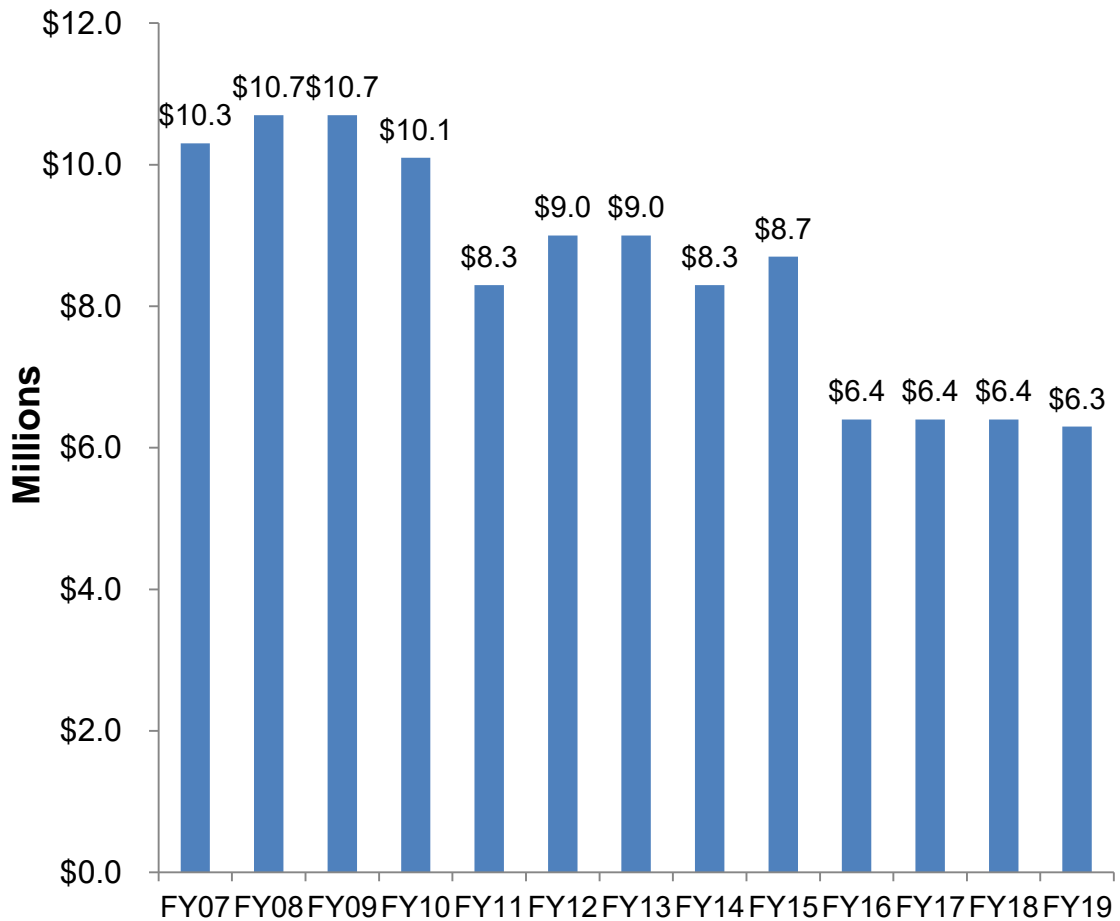
State Spending Summary	FY2019	FY2018
State Ranking	5	4
State Spending On Tobacco Prevention	\$6.3 million	\$6.4 million
% of CDC Recommended Spending (\$13.0 million)	48.4%	48.9%



Tobacco's Toll in Delaware	
Adults who smoke	17.0%
High school students who smoke	6.2%
High school students who use e-cigarettes	13.6%
Deaths caused by smoking each year	1,400
Annual health care costs directly caused by smoking	\$532 million
Proportion of cancer deaths attributable to smoking	30.3%
Residents' state & federal tax burden from smoking-caused government expenditures	\$854 per household
Estimated annual tobacco industry marketing in state	\$46.3 million
Ratio of industry marketing to state tobacco prevention spending	7.4 to 1

Delaware

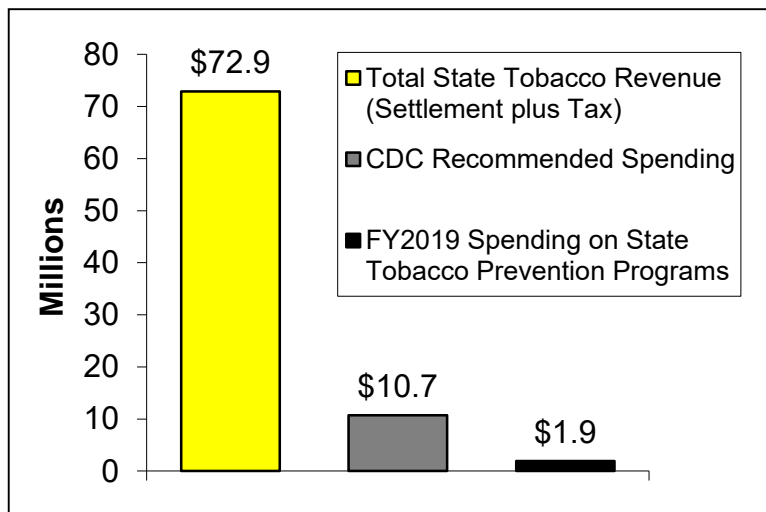
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$13.0 million

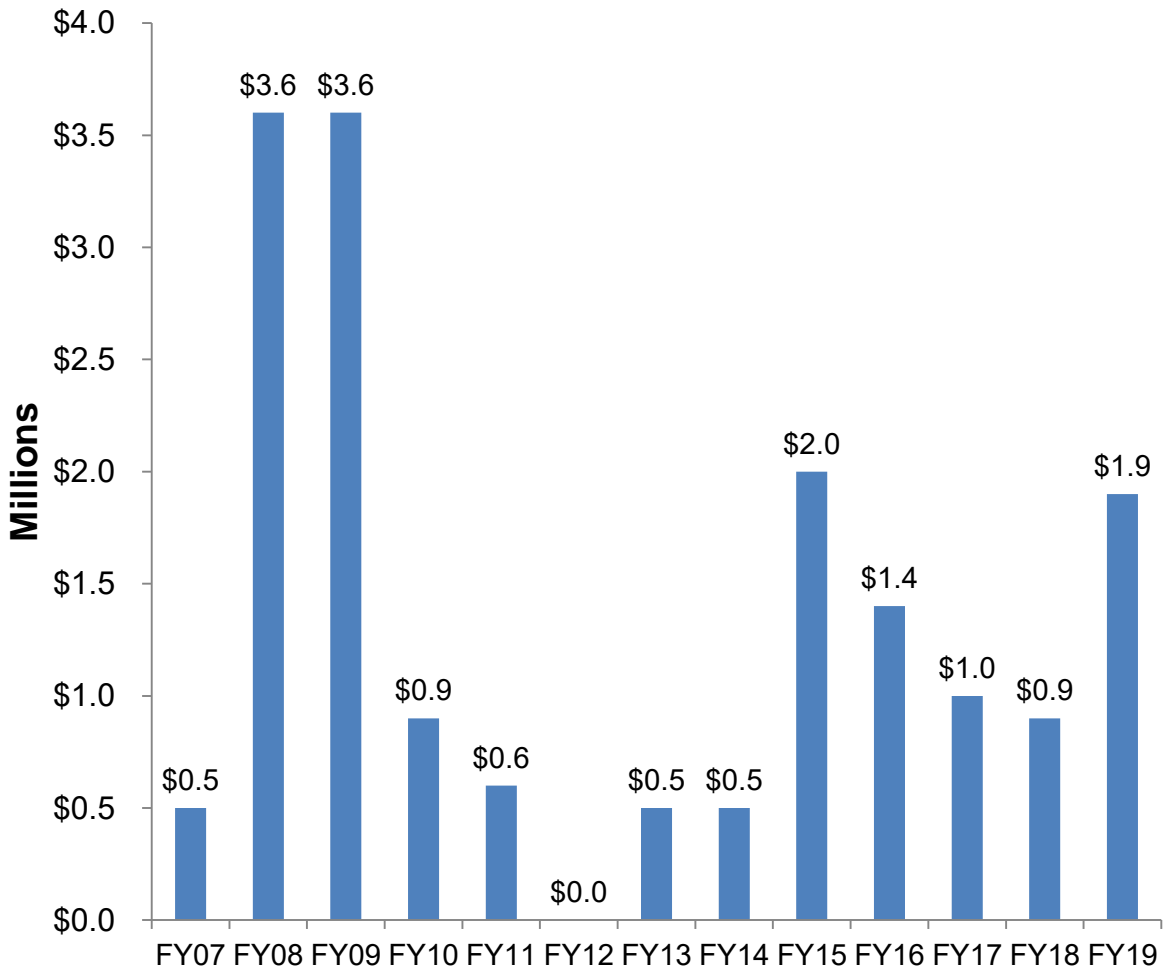
District of Columbia

State Spending Summary	FY2019	FY2018
State Ranking	24	33
State Spending On Tobacco Prevention	\$1.9 million	\$931,585
% of CDC Recommended Spending (\$10.7 million)	17.8%	8.7%



Tobacco's Toll in District of Columbia	
Adults who smoke	14.4%
High school students who smoke	12.5%
High school students who use e-cigarettes	10.9%
Deaths caused by smoking each year	800
Annual health care costs directly caused by smoking	\$391 million
Proportion of cancer deaths attributable to smoking	28.2%
Residents' state & federal tax burden from smoking-caused government expenditures	\$817 per household
Estimated annual tobacco industry marketing in state	\$7.1 million
Ratio of industry marketing to state tobacco prevention spending	3.7 to 1

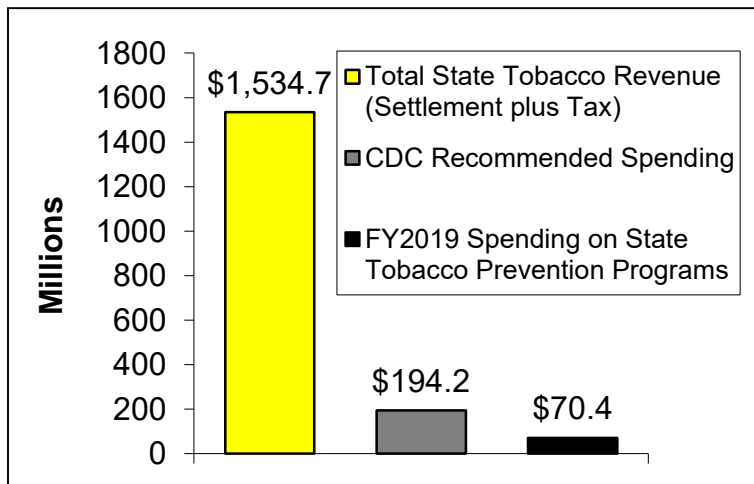
District of Columbia Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$10.7 million

Florida

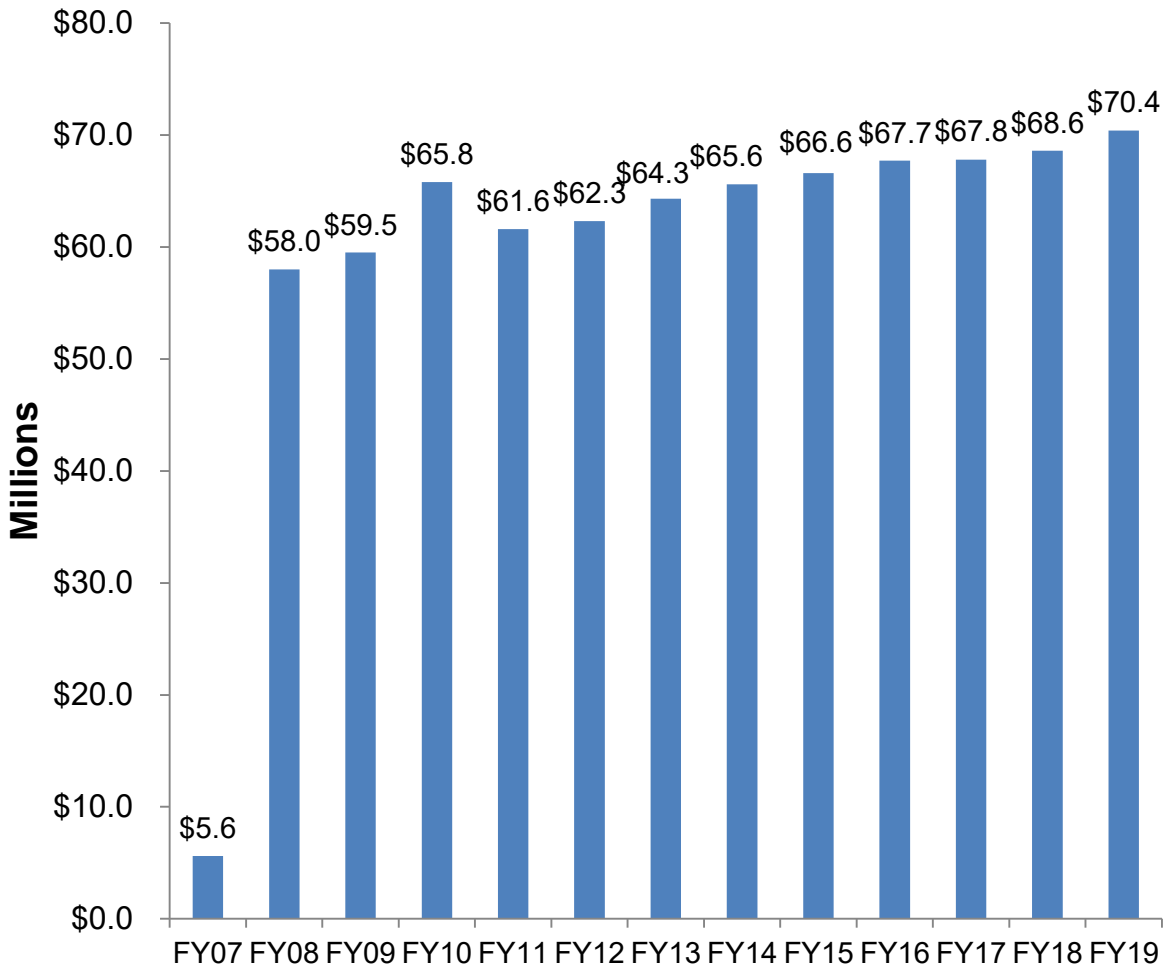
State Spending Summary	FY2019	FY2018
State Ranking	9	14
State Spending On Tobacco Prevention	\$70.4 million	\$68.6 million
% of CDC Recommended Spending (\$194.2 million)	36.3%	35.3%



Tobacco's Toll in Florida	
Adults who smoke	16.1%
High school students who smoke	3.6%
High school students who use e-cigarettes	24.8%
Deaths caused by smoking each year	32,300
Annual health care costs directly caused by smoking	\$8.64 billion
Proportion of cancer deaths attributable to smoking	29.4%
Residents' state & federal tax burden from smoking-caused government expenditures	\$760 per household
Estimated annual tobacco industry marketing in state	\$605.3 million
Ratio of industry marketing to state tobacco prevention spending	8.6 to 1

Florida

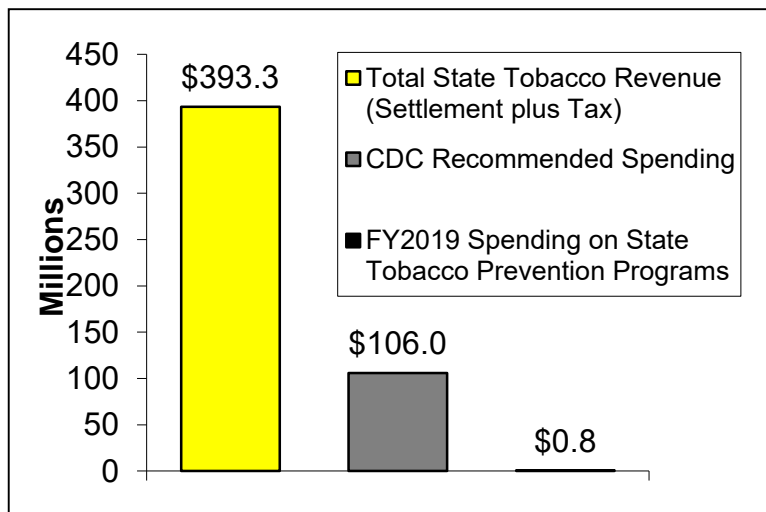
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$194.2 million

Georgia

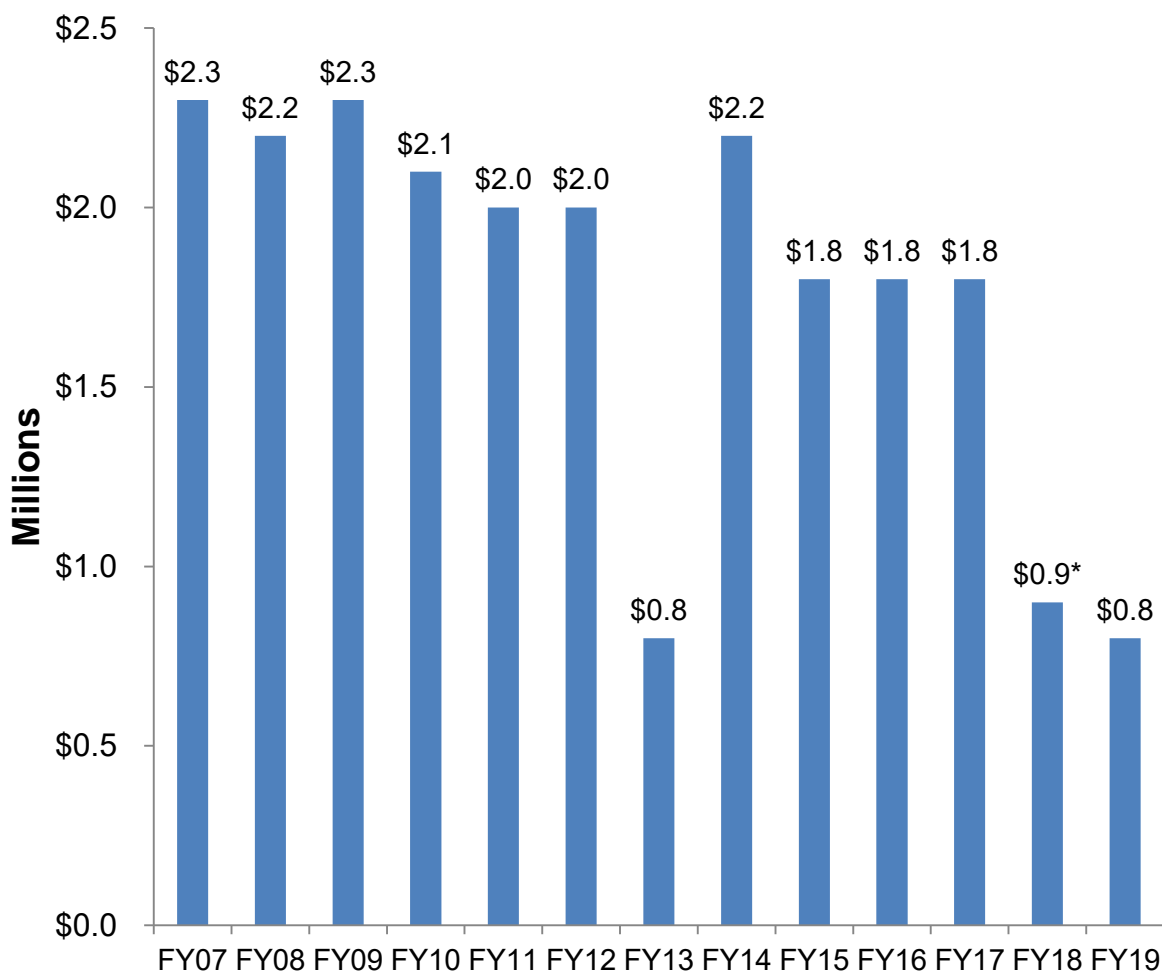
State Spending Summary	FY2019	FY2018
State Ranking	47	46
State Spending On Tobacco Prevention	\$750,000	\$930,159
% of CDC Recommended Spending (\$106.0 million)	0.7%	0.9%



Tobacco's Toll in Georgia	
Adults who smoke	17.5%
High school students who smoke	12.8%
High school students who use e-cigarettes	8.6%
Deaths caused by smoking each year	11,700
Annual health care costs directly caused by smoking	\$3.18 billion
Proportion of cancer deaths attributable to smoking	29.2%
Residents' state & federal tax burden from smoking-caused government expenditures	\$757 per household
Estimated annual tobacco industry marketing in state	\$347.5 million
Ratio of industry marketing to state tobacco prevention spending	463.4 to 1

Georgia

Total Annual Tobacco Prevention Spending FY2007-FY2019

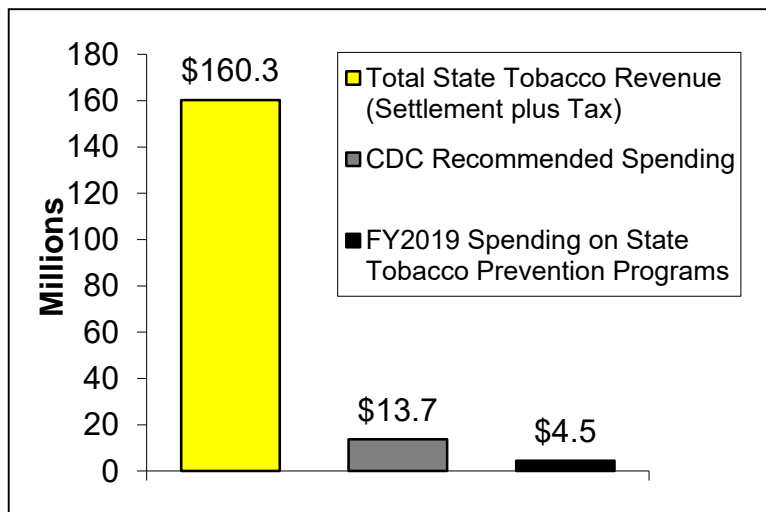


CDC Recommended Spending: \$106.0 million

*Georgia's FY18 state spending number reflects a change in categorization of state spending.

Hawaii

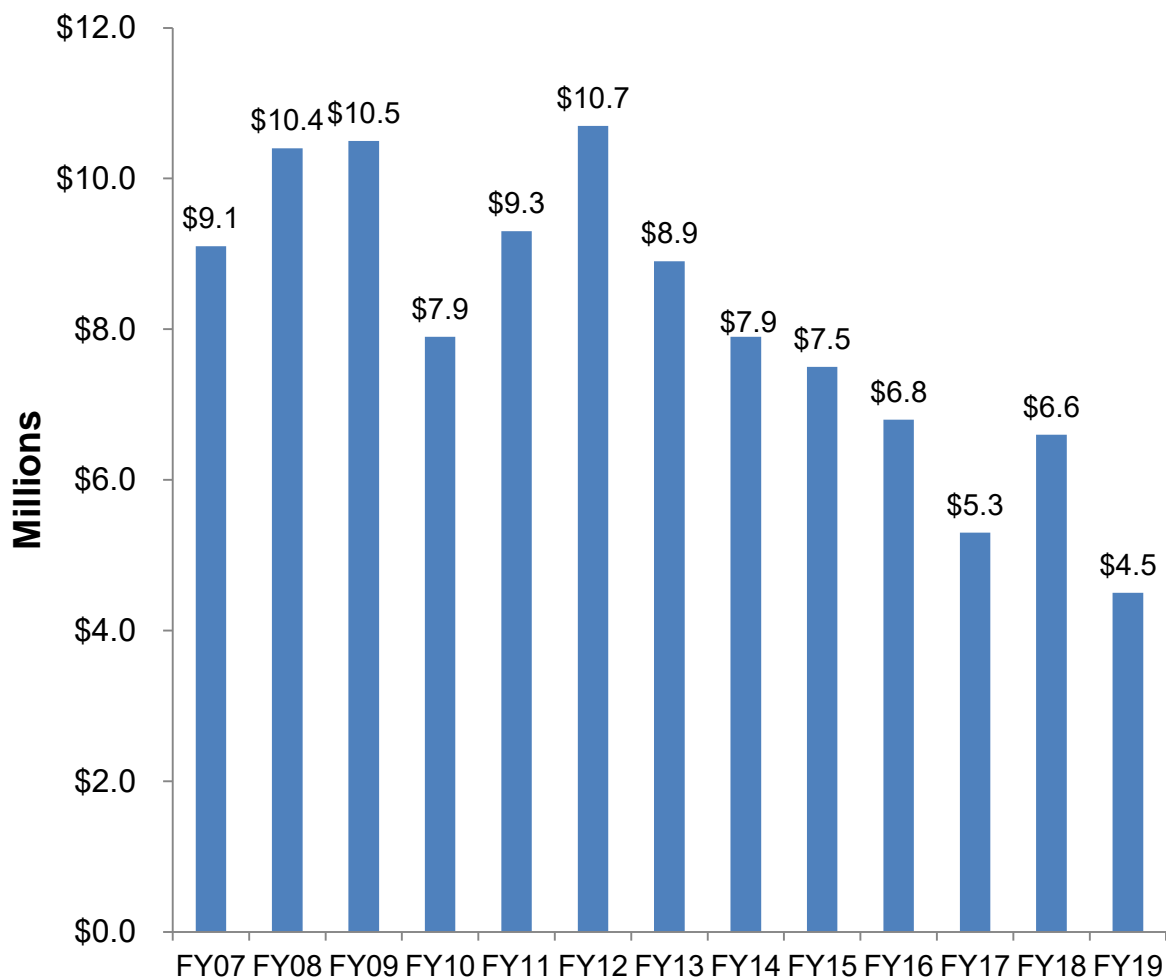
State Spending Summary	FY2019	FY2018
State Ranking	13	5
State Spending On Tobacco Prevention	\$4.5 million	\$6.6 million
% of CDC Recommended Spending (\$13.7 million)	32.9%	48.1%



Tobacco's Toll in Hawaii	
Adults who smoke	12.8%
High school students who smoke	8.1%
High school students who use e-cigarettes	25.5%
Deaths caused by smoking each year	1,400
Annual health care costs directly caused by smoking	\$526 million
Proportion of cancer deaths attributable to smoking	26.0%
Residents' state & federal tax burden from smoking-caused government expenditures	\$817 per household
Estimated annual tobacco industry marketing in state	\$26.2 million
Ratio of industry marketing to state tobacco prevention spending	5.8 to 1

Hawaii

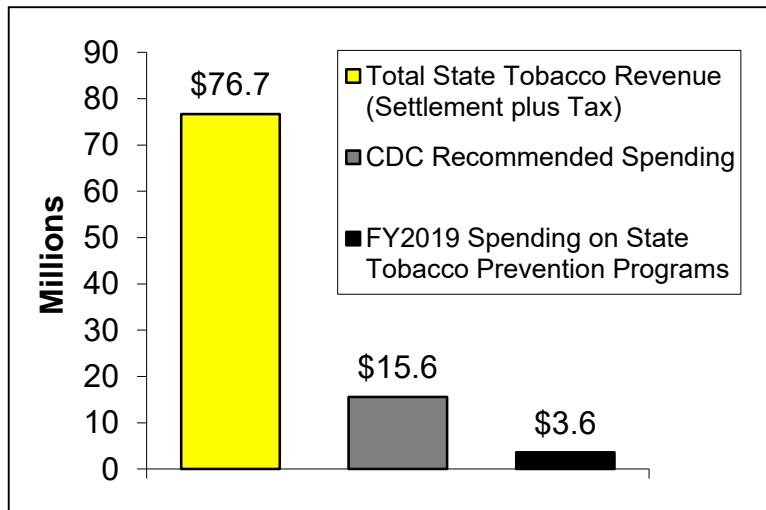
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$13.7 million

Idaho

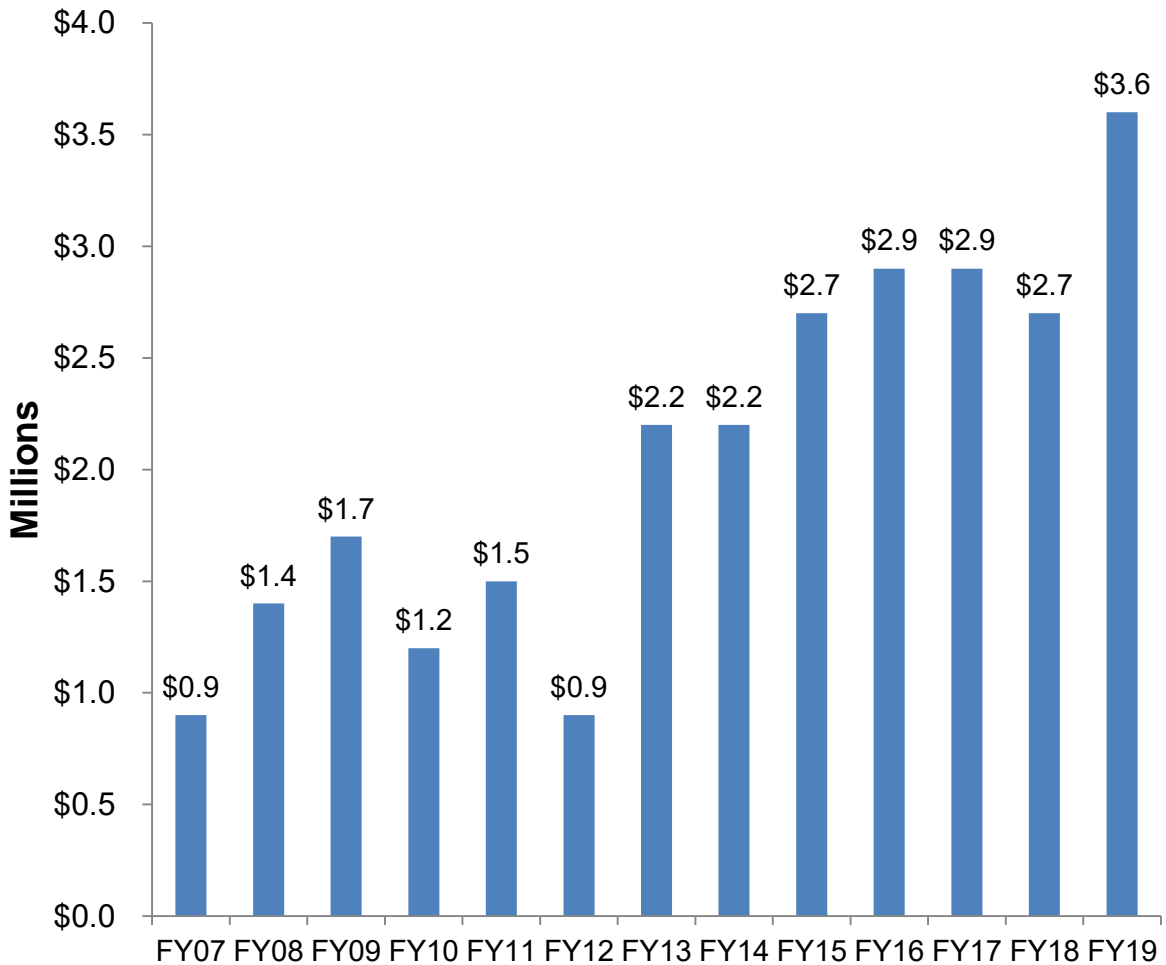
State Spending Summary	FY2019	FY2018
State Ranking	20	23
State Spending On Tobacco Prevention	\$3.6 million	\$2.7 million
% of CDC Recommended Spending (\$15.6 million)	23.3%	17.4%



Tobacco's Toll in Idaho	
Adults who smoke	14.4%
High school students who smoke	9.1%
High school students who use e-cigarettes	14.3%
Deaths caused by smoking each year	1,800
Annual health care costs directly caused by smoking	\$508 million
Proportion of cancer deaths attributable to smoking	26.6%
Residents' state & federal tax burden from smoking-caused government expenditures	\$627 per household
Estimated annual tobacco industry marketing in state	\$48.5 million
Ratio of industry marketing to state tobacco prevention spending	13.4 to 1

Idaho

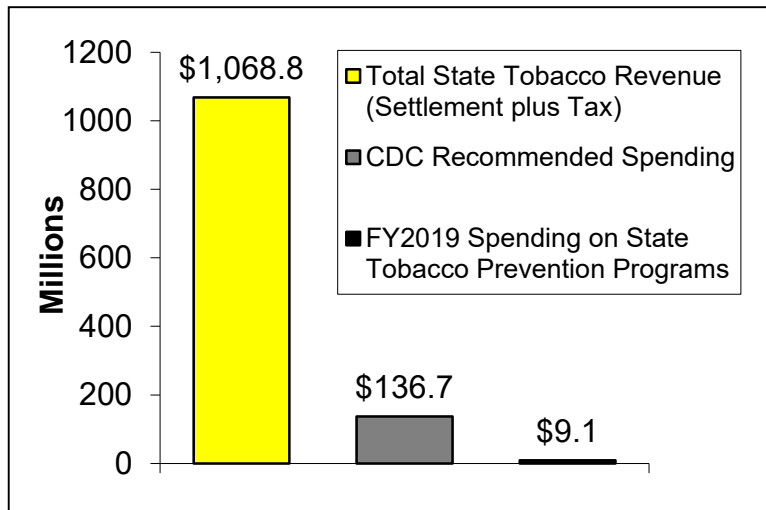
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$15.6 million

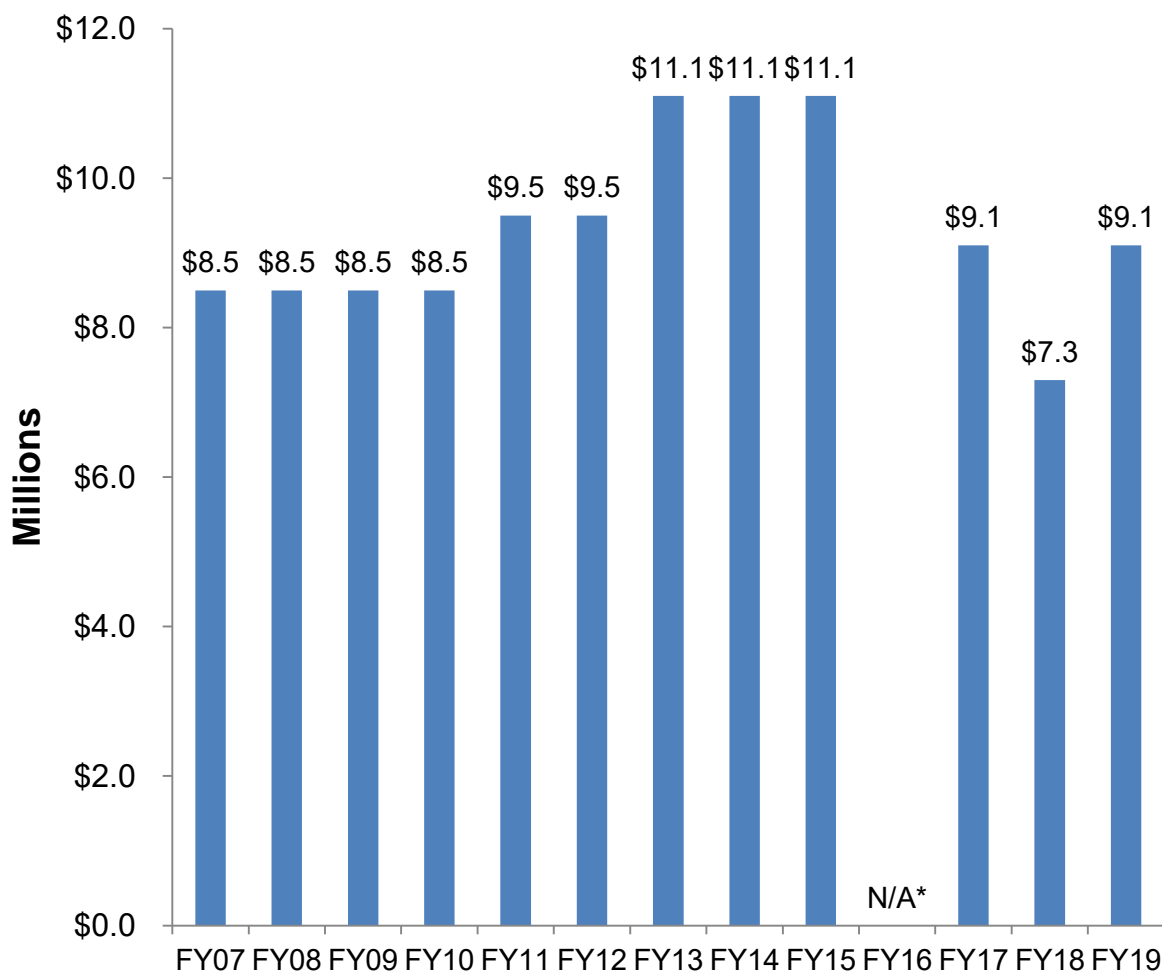
Illinois

State Spending Summary	FY2019	FY2018
State Ranking	35	36
State Spending On Tobacco Prevention	\$9.1 million	\$7.3 million
% of CDC Recommended Spending (\$136.7 million)	6.7%	5.3%



Tobacco's Toll in Illinois	
Adults who smoke	15.5%
High school students who smoke	7.6%
High school students who use e-cigarettes	13.2%
Deaths caused by smoking each year	18,300
Annual health care costs directly caused by smoking	\$5.49 billion
Proportion of cancer deaths attributable to smoking	29.3%
Residents' state & federal tax burden from smoking-caused government expenditures	\$911 per household
Estimated annual tobacco industry marketing in state	\$291.5 million
Ratio of industry marketing to state tobacco prevention spending	32.0 to 1

Illinois **Total Annual Tobacco Prevention Spending** **FY2007-FY2019**

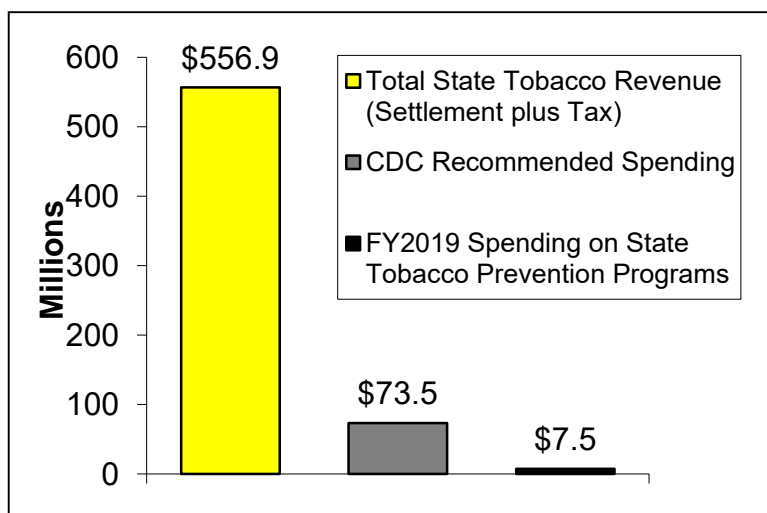


CDC Recommended Spending: \$136.7 million

*Illinois's FY16 tobacco prevention program budget was not available when this report went to press.

Indiana

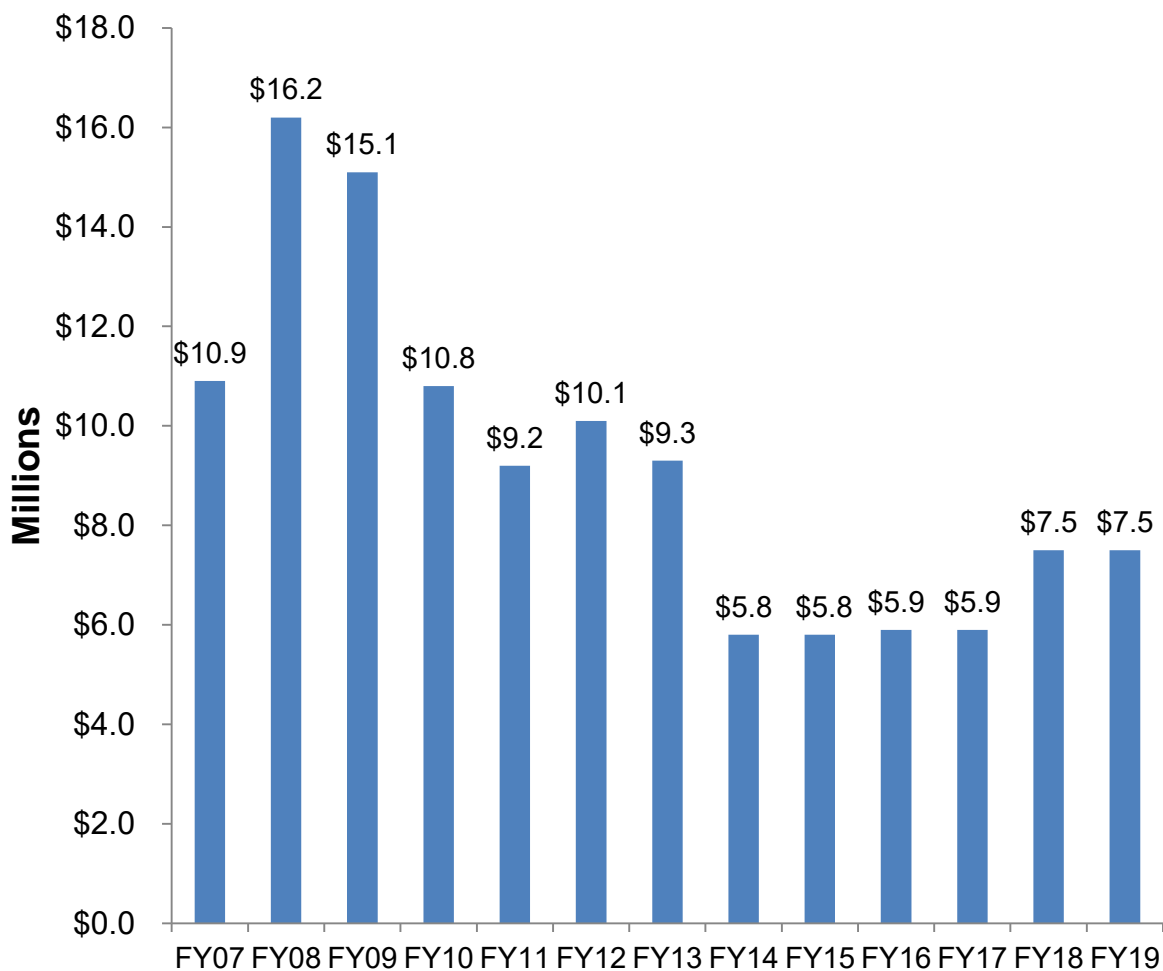
State Spending Summary	FY2019	FY2018
State Ranking	29	27
State Spending On Tobacco Prevention	\$7.5 million	\$7.5 million
% of CDC Recommended Spending (\$73.5 million)	10.2%	10.2%



Tobacco's Toll in Indiana	
Adults who smoke	21.8%
High school students who smoke	8.7%
High school students who use e-cigarettes	10.5%
Deaths caused by smoking each year	11,100
Annual health care costs directly caused by smoking	\$2.93 billion
Proportion of cancer deaths attributable to smoking	30.6%
Residents' state & federal tax burden from smoking-caused government expenditures	\$920 per household
Estimated annual tobacco industry marketing in state	\$296.8 million
Ratio of industry marketing to state tobacco prevention spending	39.6 to 1

Indiana

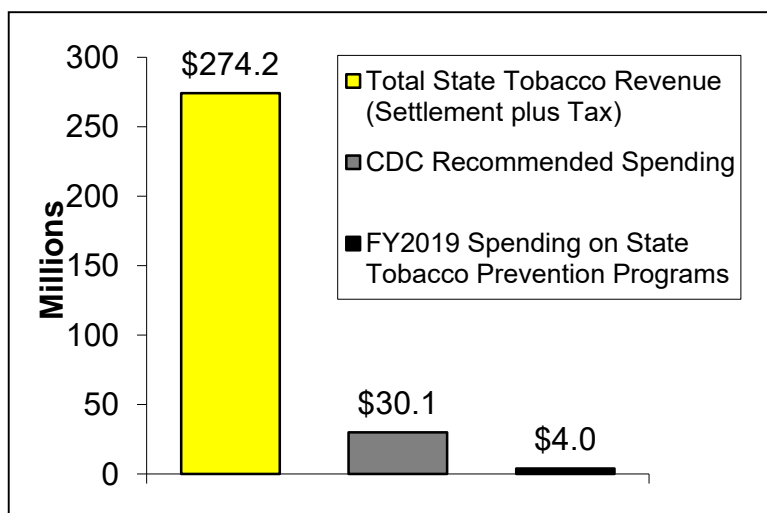
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$73.5 million

Iowa

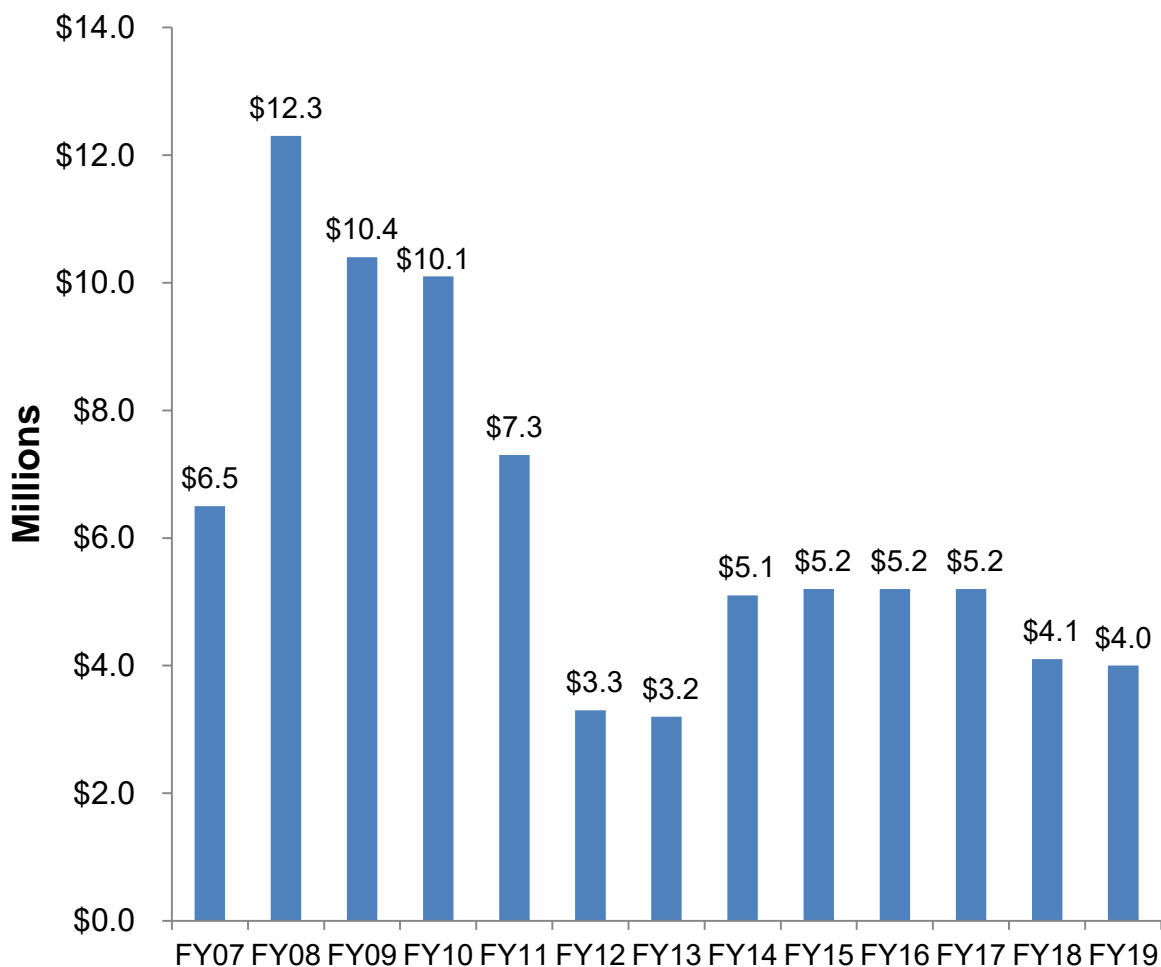
State Spending Summary	FY2019	FY2018
State Ranking	25	24
State Spending On Tobacco Prevention	\$4.0 million	\$4.1 million
% of CDC Recommended Spending (\$30.1 million)	13.4%	13.5%



Tobacco's Toll in Iowa	
Adults who smoke	17.1%
High school students who smoke	9.9%
High school students who use e-cigarettes	9.0%
Deaths caused by smoking each year	5,100
Annual health care costs directly caused by smoking	\$1.28 billion
Proportion of cancer deaths attributable to smoking	27.8%
Residents' state & federal tax burden from smoking-caused government expenditures	\$816 per household
Estimated annual tobacco industry marketing in state	\$107.0 million
Ratio of industry marketing to state tobacco prevention spending	26.6 to 1

Iowa

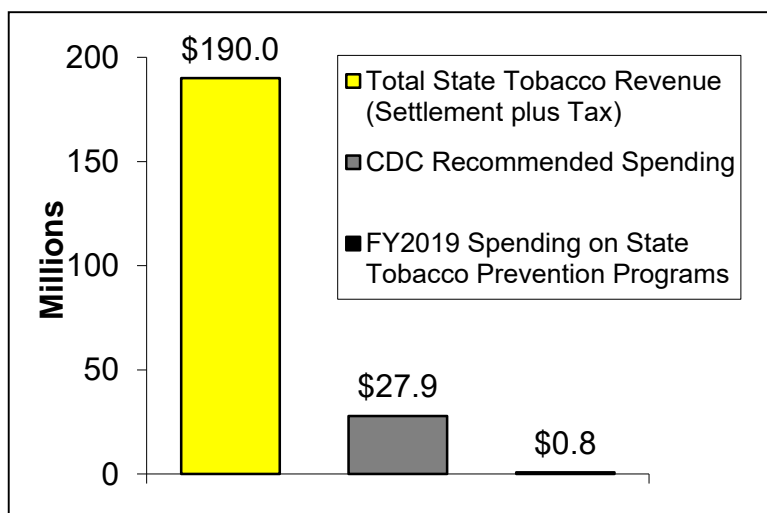
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$30.1 million

Kansas

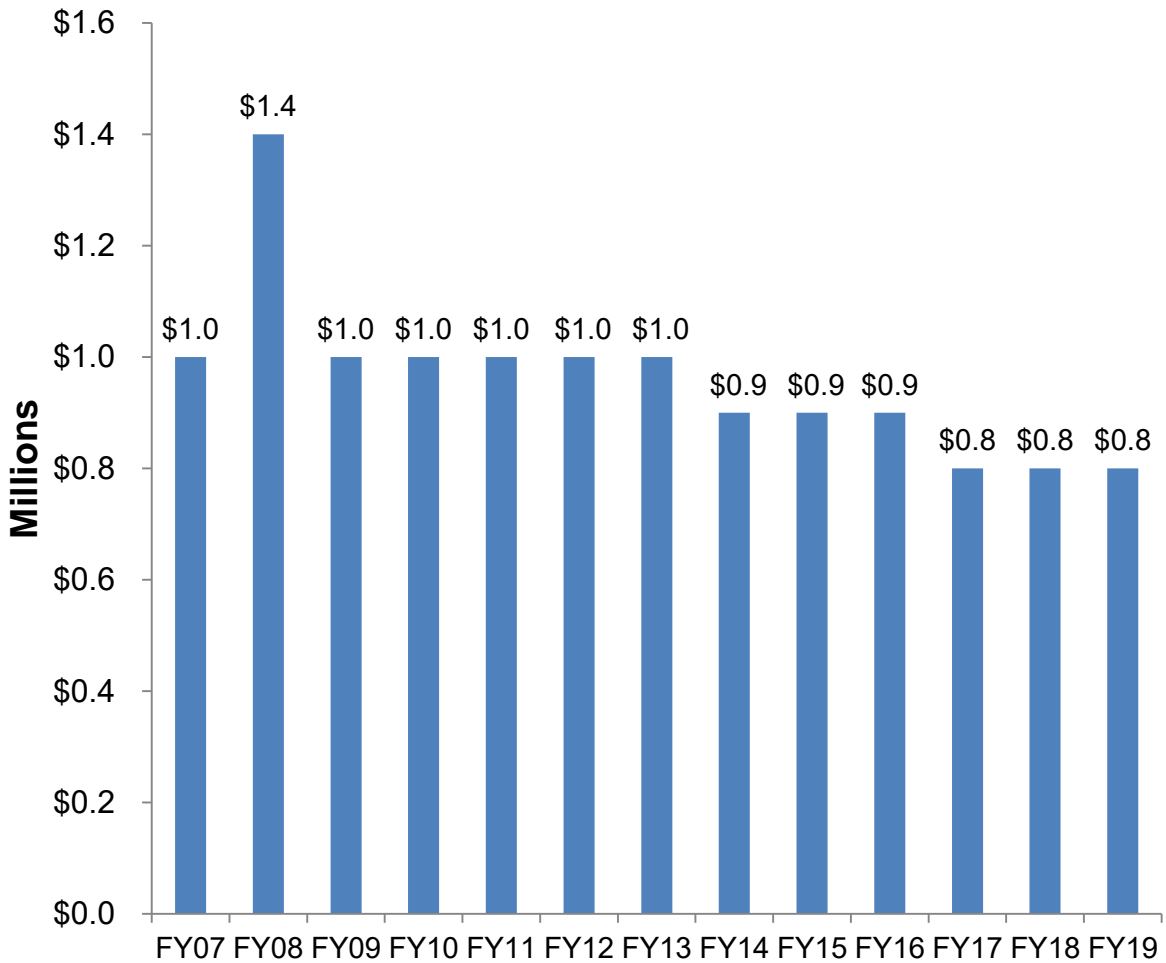
State Spending Summary	FY2019	FY2018
State Ranking	41	39
State Spending On Tobacco Prevention	\$847,041	\$847,041
% of CDC Recommended Spending (\$27.9 million)	3.0%	3.0%



Tobacco's Toll in Kansas	
Adults who smoke	17.4%
High school students who smoke	7.2%
High school students who use e-cigarettes	10.6%
Deaths caused by smoking each year	4,400
Annual health care costs directly caused by smoking	\$1.12 billion
Proportion of cancer deaths attributable to smoking	28.6%
Residents' state & federal tax burden from smoking-caused government expenditures	\$752 per household
Estimated annual tobacco industry marketing in state	\$76.3 million
Ratio of industry marketing to state tobacco prevention spending	90.1 to 1

Kansas

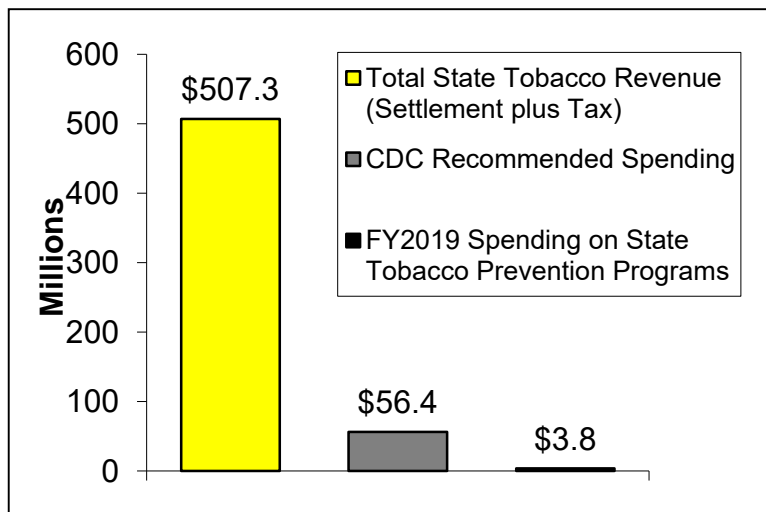
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$27.9 million

Kentucky

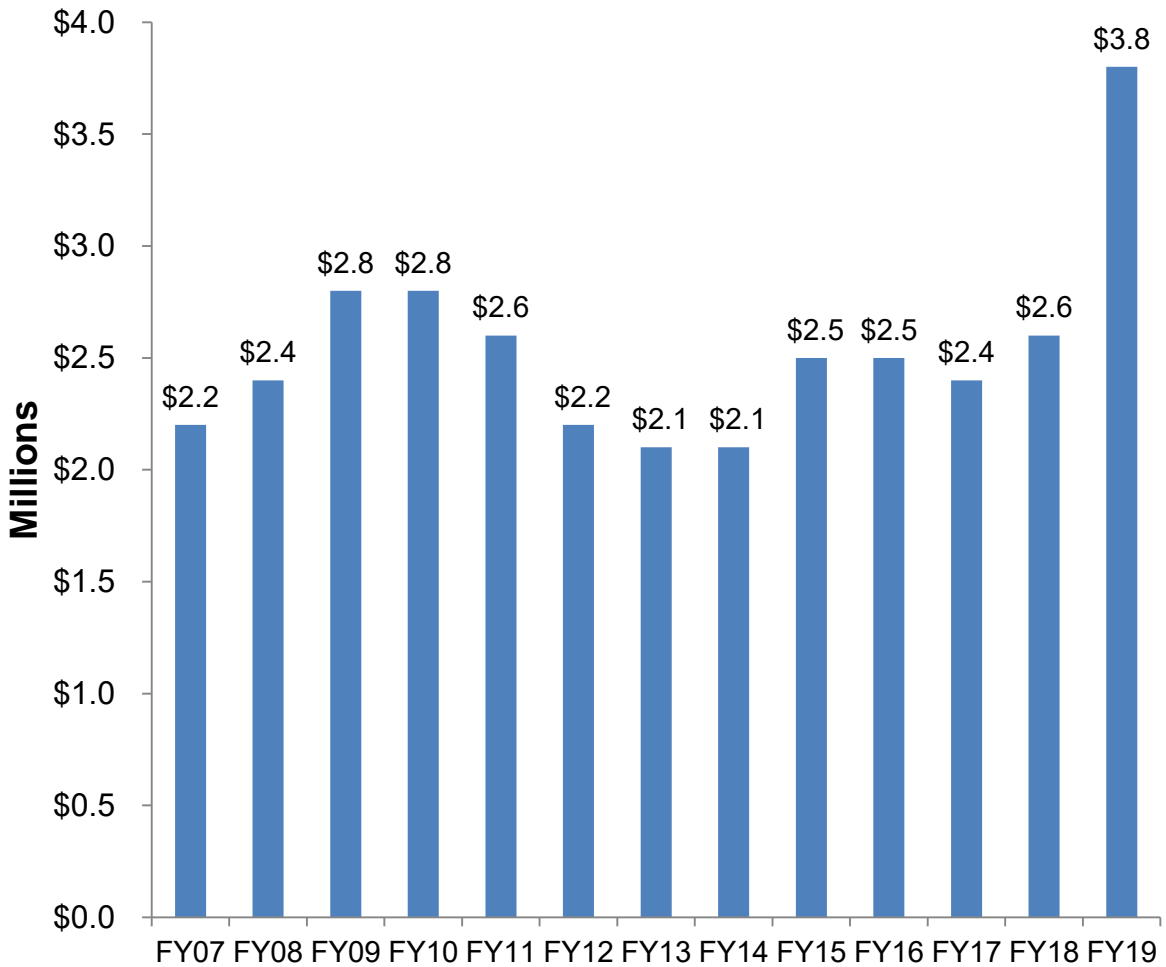
State Spending Summary	FY2019	FY2018
State Ranking	35	37
State Spending On Tobacco Prevention	\$3.8 million	\$2.6 million
% of CDC Recommended Spending (\$56.4 million)	6.7%	4.6%



Tobacco's Toll in Kentucky	
Adults who smoke	24.6%
High school students who smoke	14.3%
High school students who use e-cigarettes	14.1%
Deaths caused by smoking each year	8,900
Annual health care costs directly caused by smoking	\$1.92 billion
Proportion of cancer deaths attributable to smoking	34.0%
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,116 per household
Estimated annual tobacco industry marketing in state	\$276.7 million
Ratio of industry marketing to state tobacco prevention spending	73.3 to 1

Kentucky

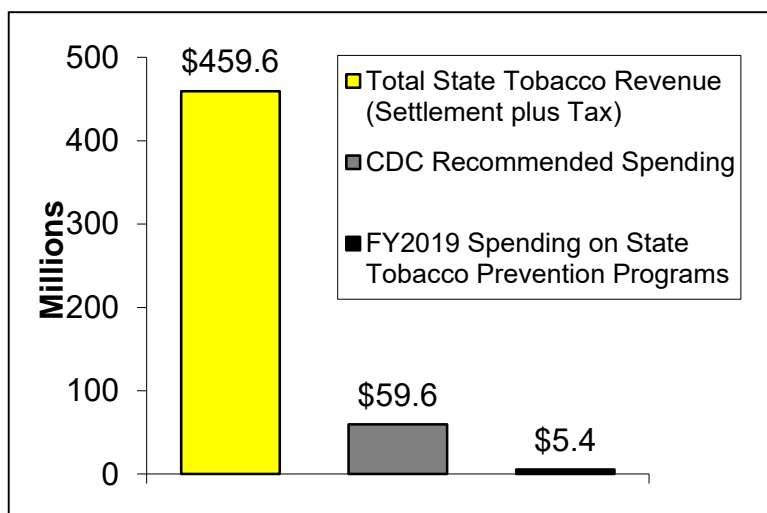
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$56.4 million

Louisiana

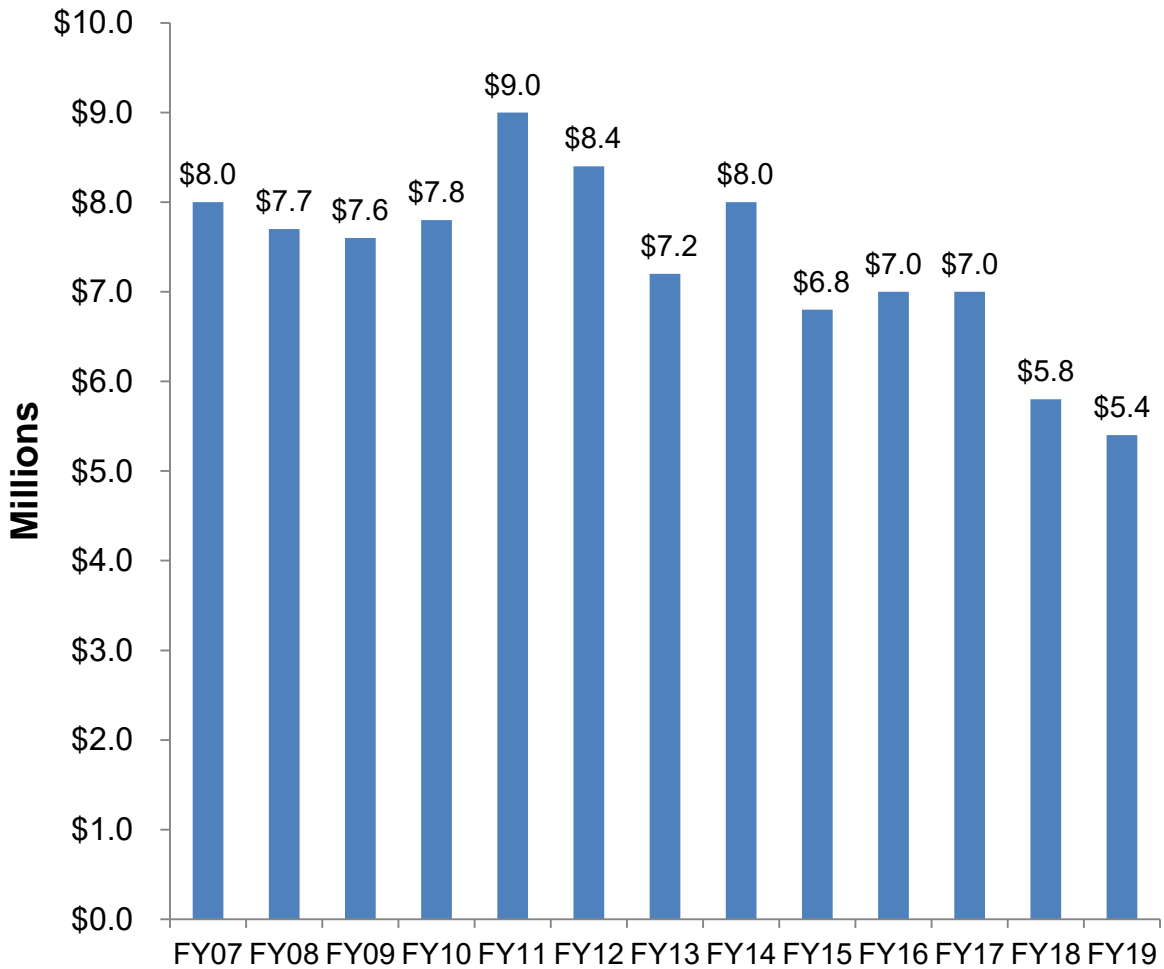
State Spending Summary	FY2019	FY2018
State Ranking	33	29
State Spending On Tobacco Prevention	\$5.4 million	\$5.8 million
% of CDC Recommended Spending (\$59.6 million)	9.0%	9.7%



Tobacco's Toll in Louisiana	
Adults who smoke	23.1%
High school students who smoke	12.3%
High school students who use e-cigarettes	12.2%
Deaths caused by smoking each year	7,200
Annual health care costs directly caused by smoking	\$1.89 billion
Proportion of cancer deaths attributable to smoking	32.6%
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,212 per household
Estimated annual tobacco industry marketing in state	\$187.8 million
Ratio of industry marketing to state tobacco prevention spending	34.9 to 1

Louisiana

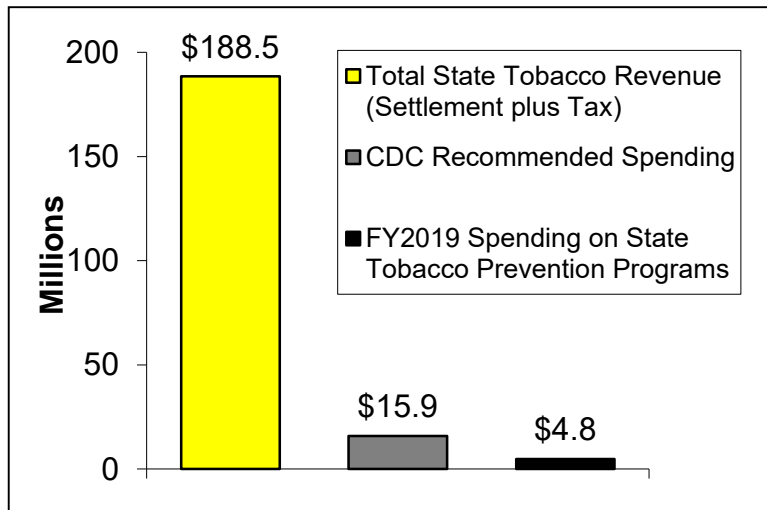
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$59.6 million

Maine

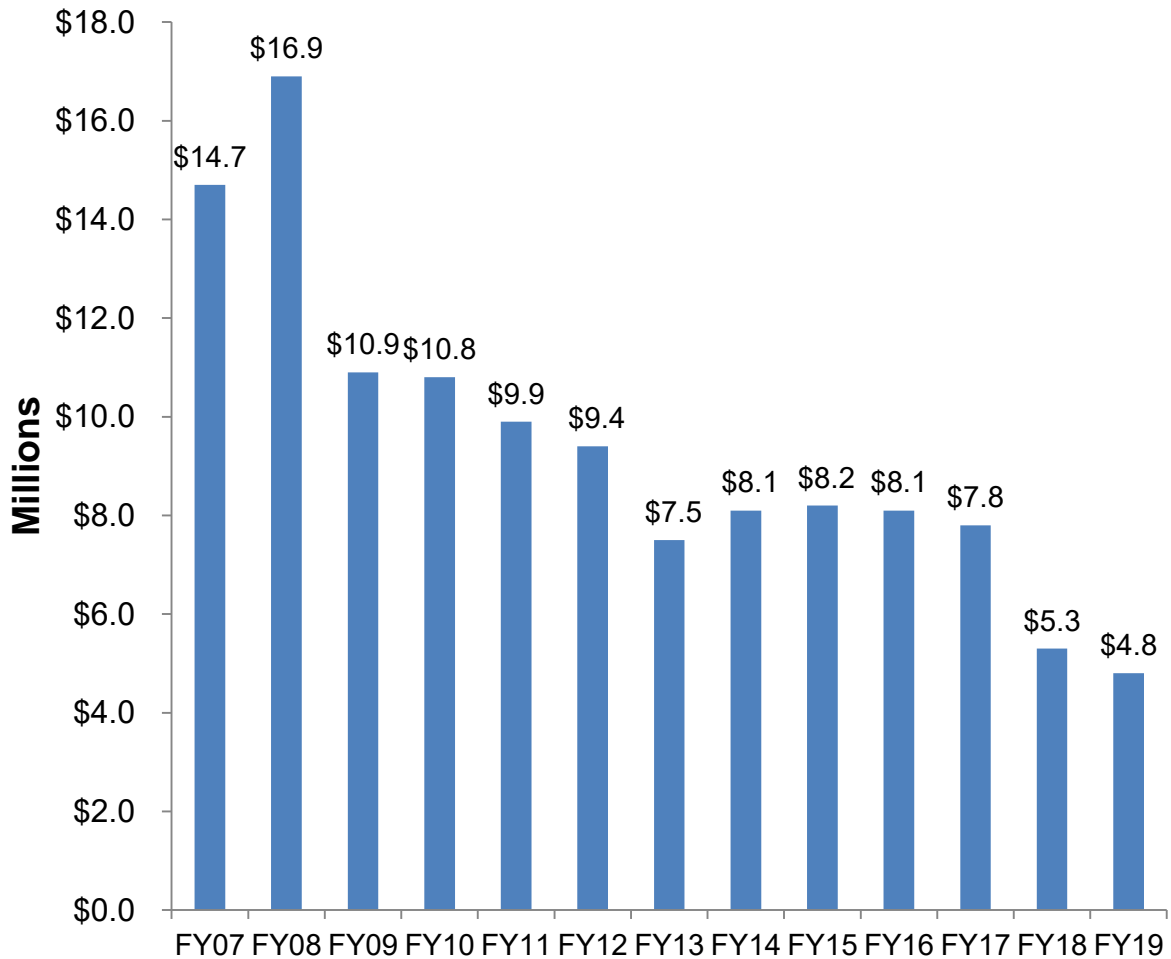
State Spending Summary	FY2019	FY2018
State Ranking	16	15
State Spending On Tobacco Prevention	\$4.8 million	\$5.3 million
% of CDC Recommended Spending (\$15.9 million)	30.4%	33.0%



Tobacco's Toll in Maine	
Adults who smoke	17.3%
High school students who smoke	8.7%
High school students who use e-cigarettes	15.8%
Deaths caused by smoking each year	2,400
Annual health care costs directly caused by smoking	\$811 million
Proportion of cancer deaths attributable to smoking	29.0%
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,051 per household
Estimated annual tobacco industry marketing in state	\$46.7 million
Ratio of industry marketing to state tobacco prevention spending	9.6 to 1

Maine

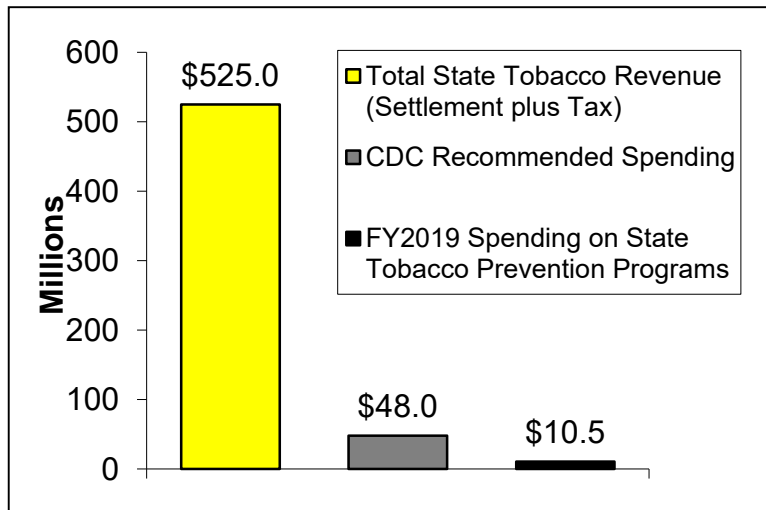
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$15.9 million

Maryland

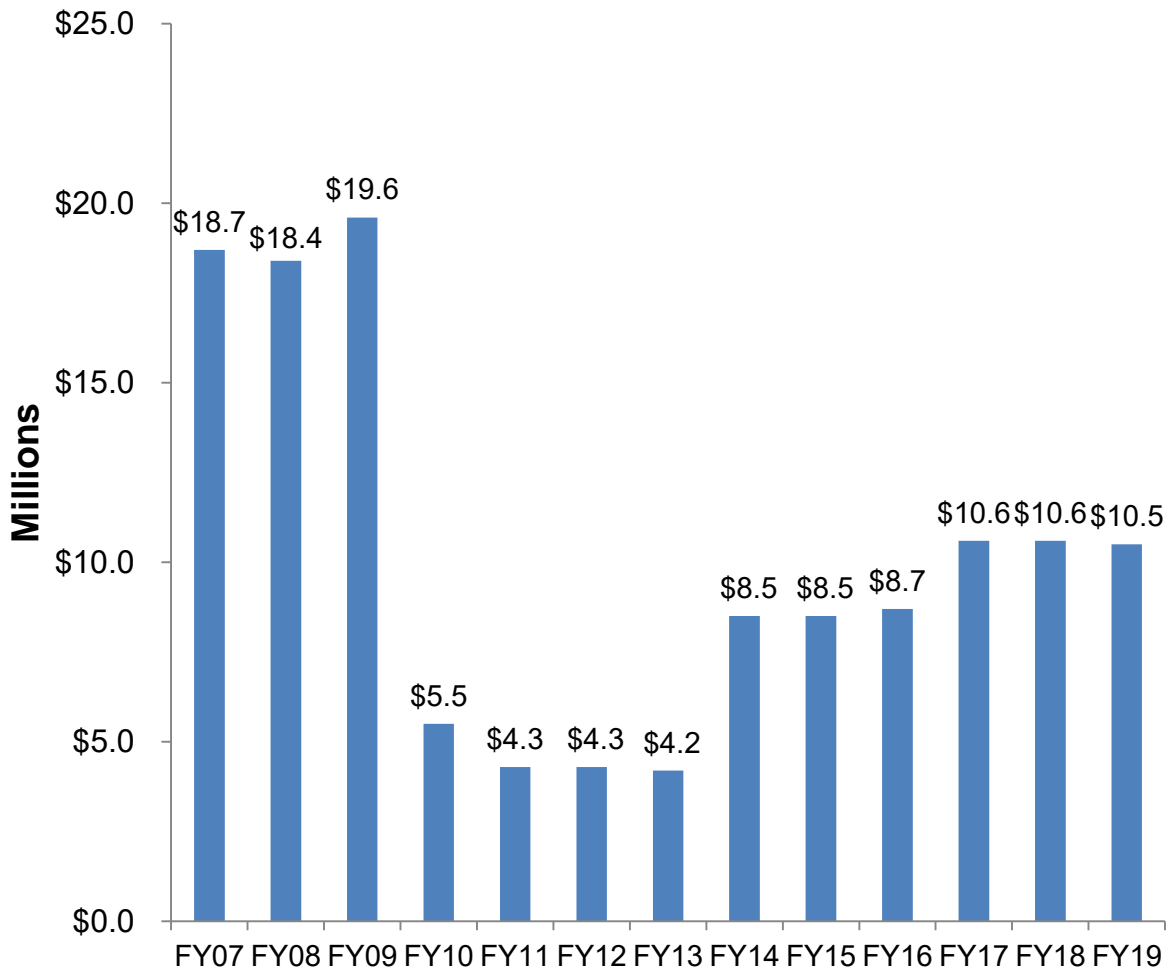
State Spending Summary	FY2019	FY2018
State Ranking	22	20
State Spending On Tobacco Prevention	\$10.5 million	\$10.6 million
% of CDC Recommended Spending (\$48.0 million)	21.8%	22.0%



Tobacco's Toll in Maryland	
Adults who smoke	13.9%
High school students who smoke	8.2%
High school students who use e-cigarettes	13.3%
Deaths caused by smoking each year	7,500
Annual health care costs directly caused by smoking	\$2.71 billion
Proportion of cancer deaths attributable to smoking	27.3%
Residents' state & federal tax burden from smoking-caused government expenditures	\$745 per household
Estimated annual tobacco industry marketing in state	\$131.1 million
Ratio of industry marketing to state tobacco prevention spending	12.5 to 1

Maryland

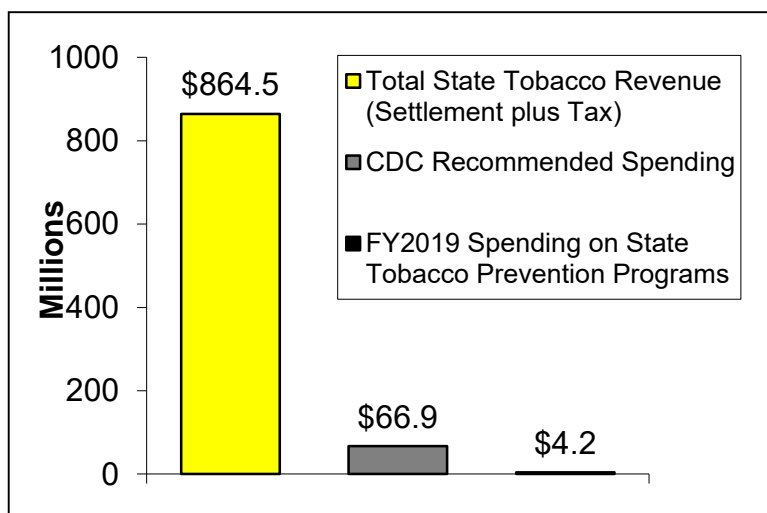
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$48.0 million

Massachusetts

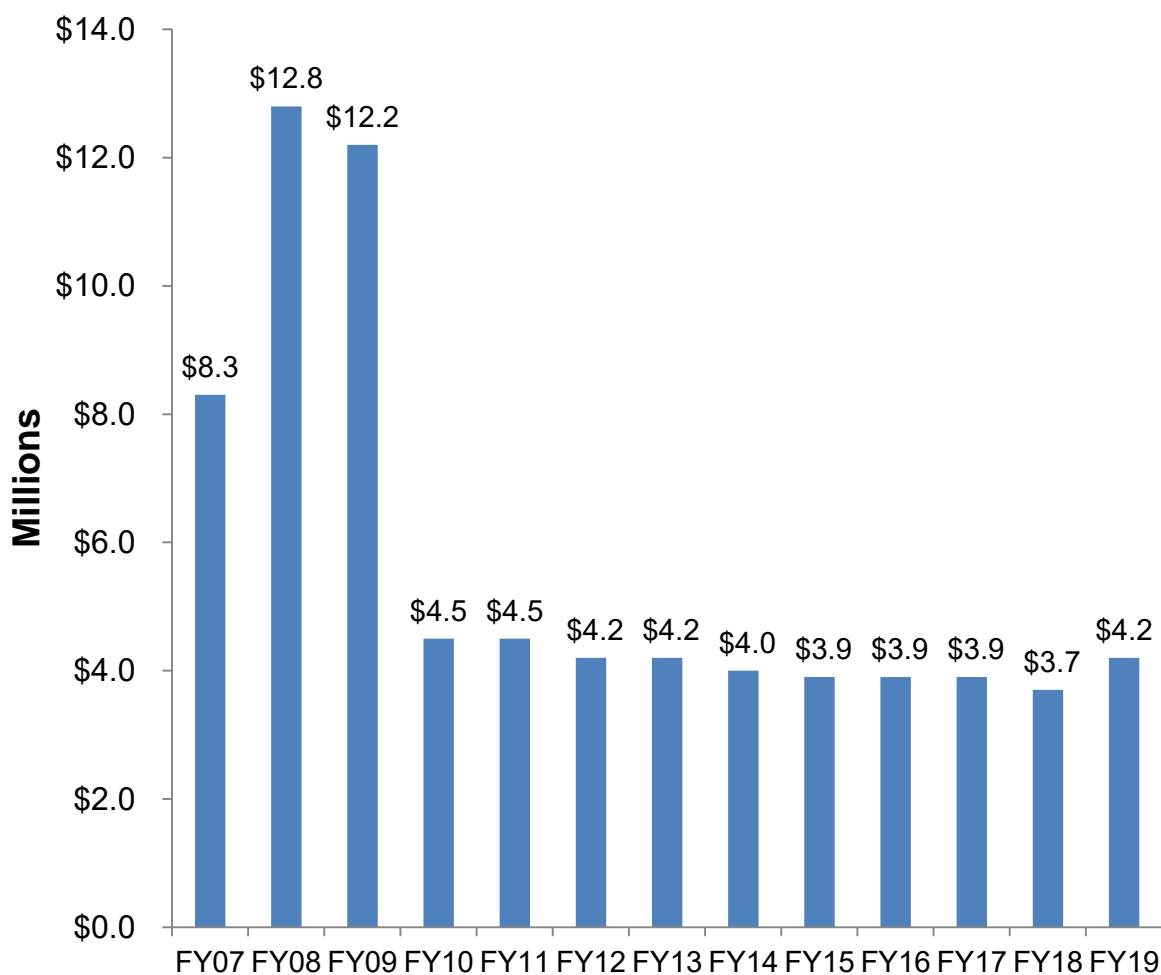
State Spending Summary	FY2019	FY2018
State Ranking	37	35
State Spending On Tobacco Prevention	\$4.2 million	\$3.7 million
% of CDC Recommended Spending (\$66.9 million)	6.3%	5.6%



Tobacco's Toll in Massachusetts	
Adults who smoke	13.7%
High school students who smoke	6.4%
High school students who use e-cigarettes	20.1%
Deaths caused by smoking each year	9,300
Annual health care costs directly caused by smoking	\$4.08 billion
Proportion of cancer deaths attributable to smoking	28.1%
Residents' state & federal tax burden from smoking-caused government expenditures	\$969 per household
Estimated annual tobacco industry marketing in state	\$125.1 million
Ratio of industry marketing to state tobacco prevention spending	29.7 to 1

Massachusetts

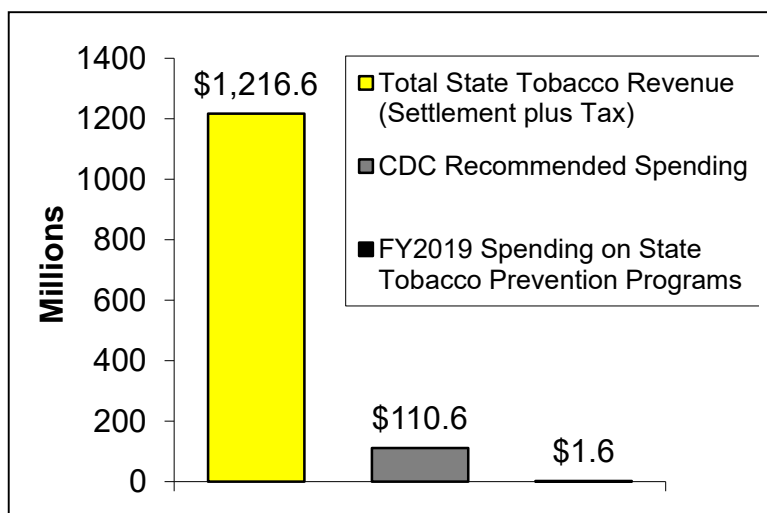
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$66.9 million

Michigan

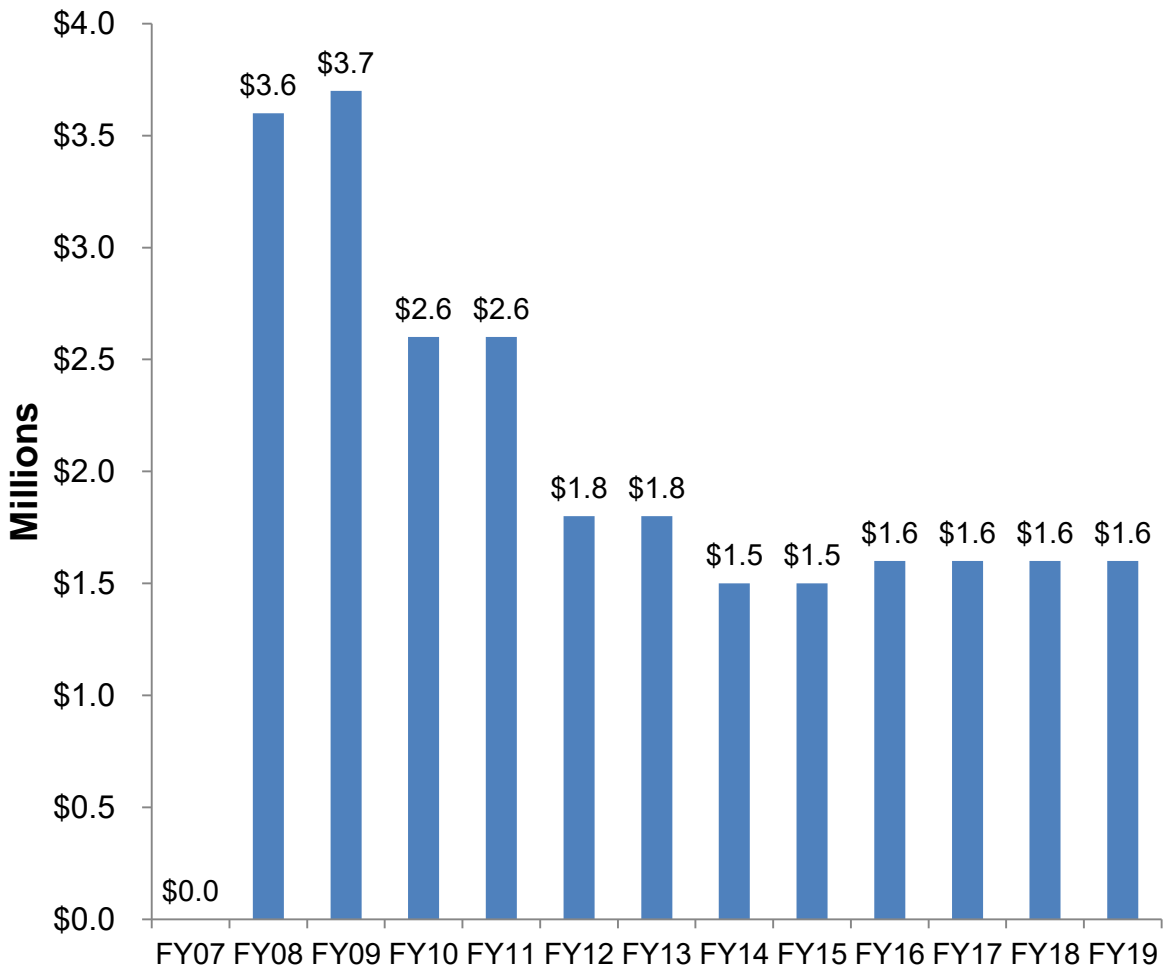
State Spending Summary	FY2019	FY2018
State Ranking	45	45
State Spending On Tobacco Prevention	\$1.6 million	\$1.6 million
% of CDC Recommended Spending (\$110.6 million)	1.5%	1.4%



Tobacco's Toll in Michigan	
Adults who smoke	19.3%
High school students who smoke	10.5%
High school students who use e-cigarettes	14.8%
Deaths caused by smoking each year	16,200
Annual health care costs directly caused by smoking	\$4.59 billion
Proportion of cancer deaths attributable to smoking	29.8%
Residents' state & federal tax burden from smoking-caused government expenditures	\$959 per household
Estimated annual tobacco industry marketing in state	\$320.2 million
Ratio of industry marketing to state tobacco prevention spending	196.3 to 1

Michigan

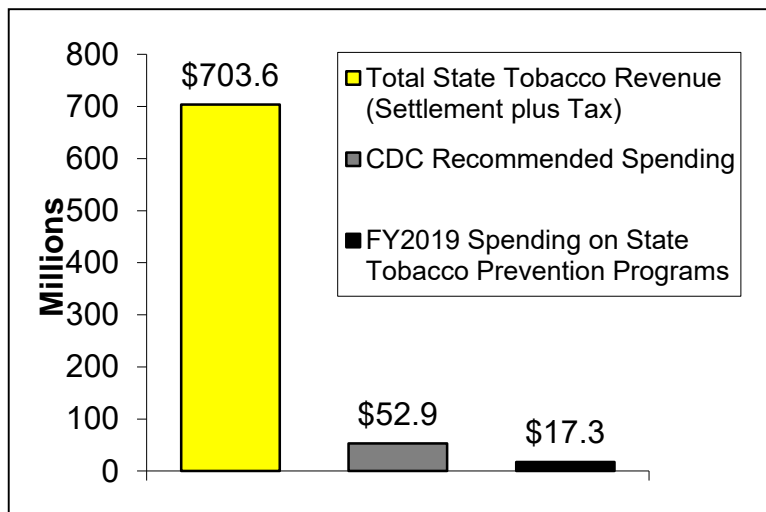
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$110.6 million

Minnesota

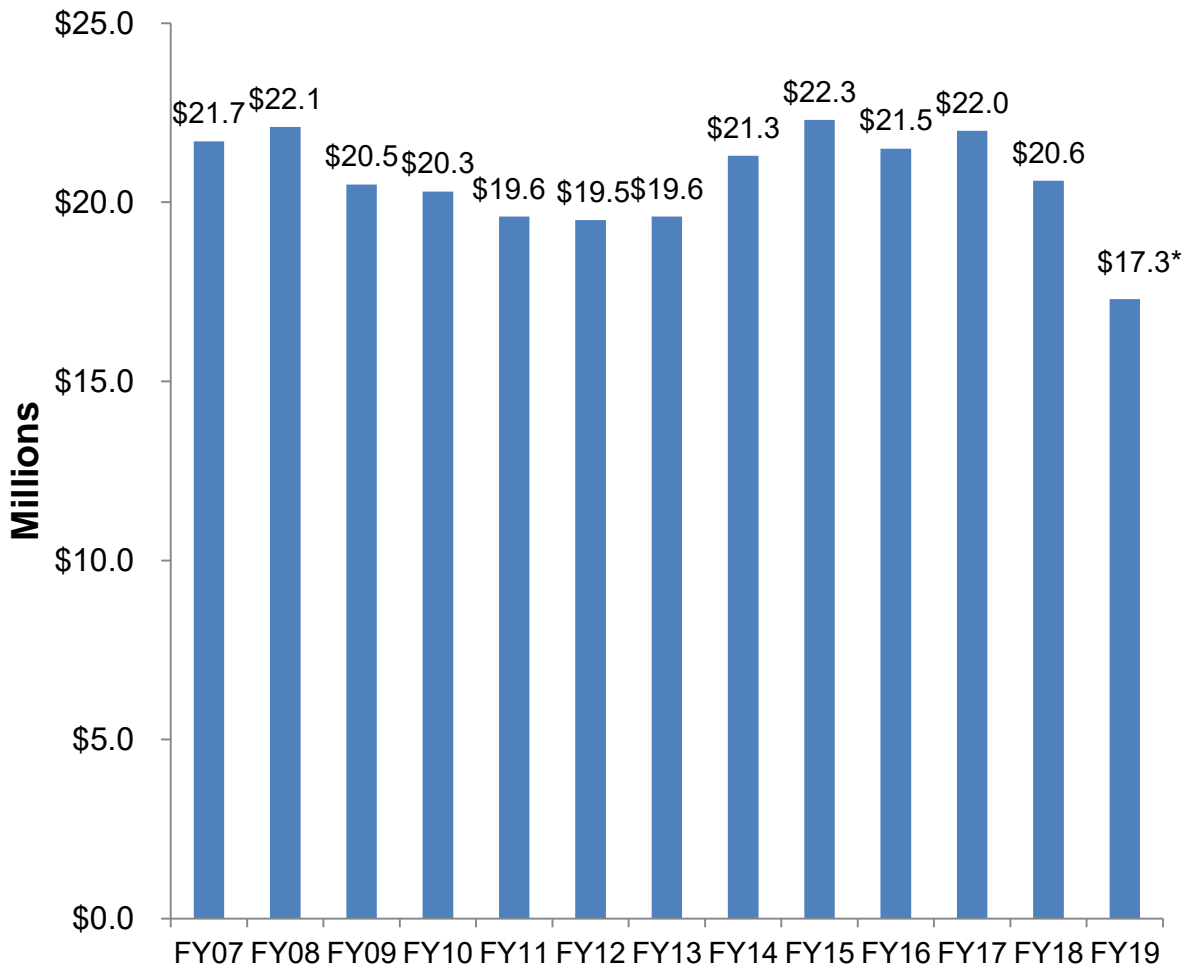
State Spending Summary	FY2019	FY2018
State Ranking	14	10
State Spending On Tobacco Prevention	\$17.3 million	\$20.6 million
% of CDC Recommended Spending (\$52.9 million)	32.7%	38.9%



Tobacco's Toll in Minnesota	
Adults who smoke	14.5%
High school students who smoke	9.6%
High school students who use e-cigarettes	19.2%
Deaths caused by smoking each year	5,900
Annual health care costs directly caused by smoking	\$2.51 billion
Proportion of cancer deaths attributable to smoking	26.7%
Residents' state & federal tax burden from smoking-caused government expenditures	\$728 per household
Estimated annual tobacco industry marketing in state	\$117.8 million
Ratio of industry marketing to state tobacco prevention spending	6.8 to 1

Minnesota

Total Annual Tobacco Prevention Spending FY2007-FY2019

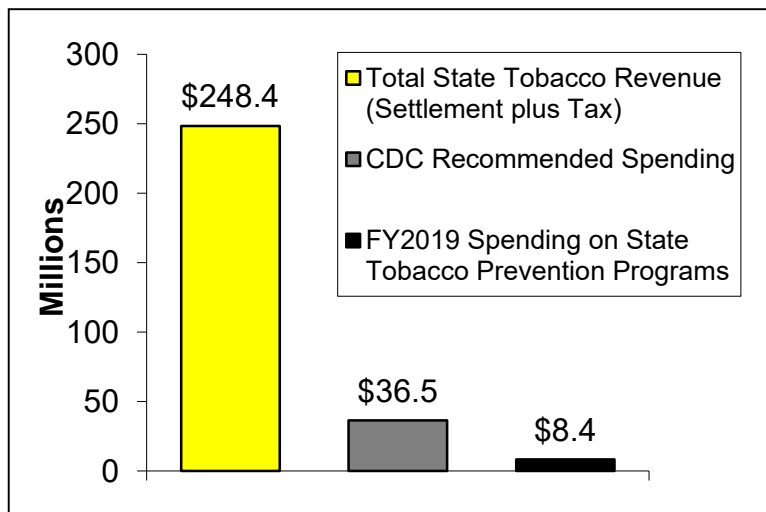


CDC Recommended Spending: \$52.9 million

*FY19 funding includes funding from the Statewide Health Improvement Partnership (SHIP). The SHIP amount reflects the SHIP grantee expenditures for the time period: 7/1/17-6/30/18.

Mississippi

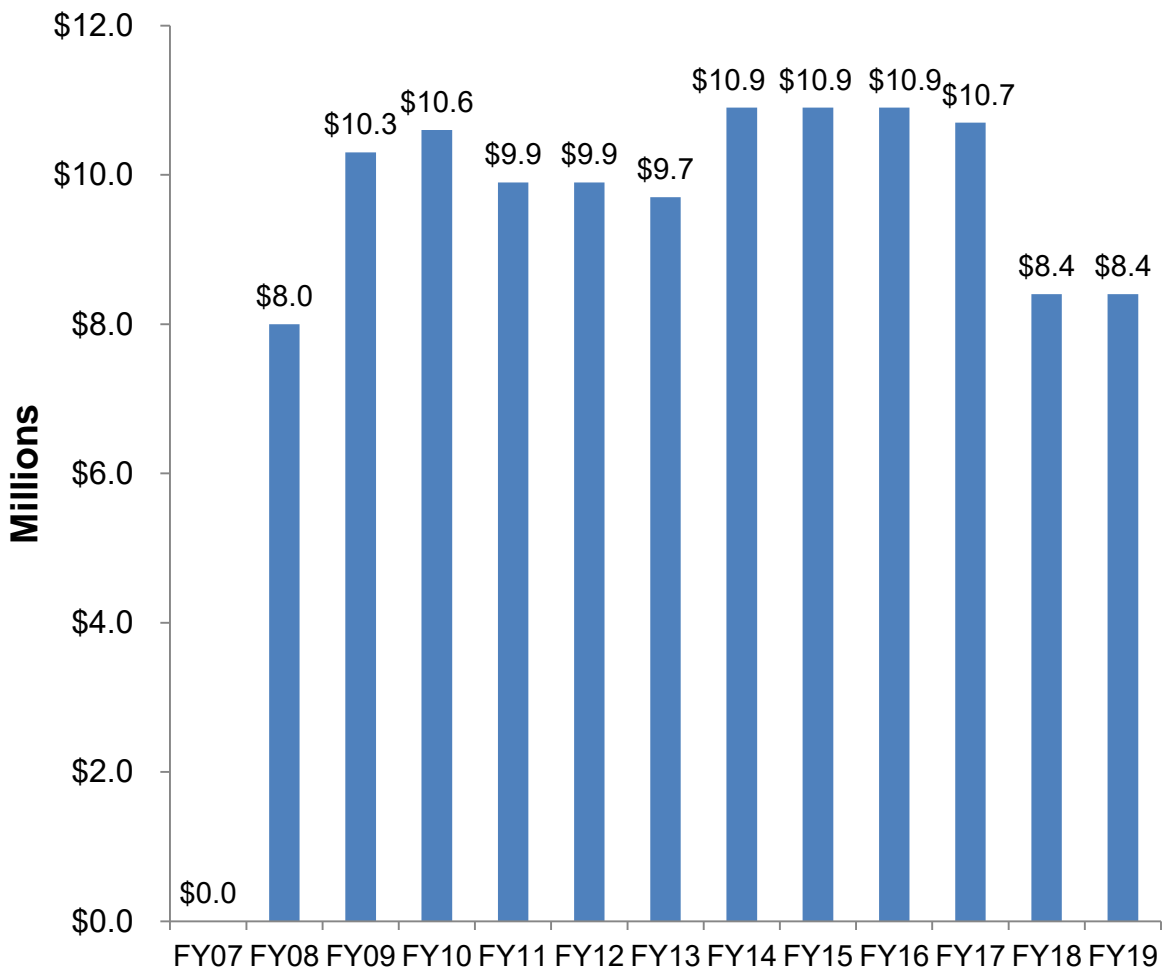
State Spending Summary	FY2019	FY2018
State Ranking	21	19
State Spending On Tobacco Prevention	\$8.4 million	\$8.4 million
% of CDC Recommended Spending (\$36.5 million)	23.1%	23.1%



Tobacco's Toll in Mississippi	
Adults who smoke	22.2%
High school students who smoke	9.4%
High school students who use e-cigarettes	10.3%
Deaths caused by smoking each year	5,400
Annual health care costs directly caused by smoking	\$1.23 billion
Proportion of cancer deaths attributable to smoking	30.8%
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,023 per household
Estimated annual tobacco industry marketing in state	\$127.3 million
Ratio of industry marketing to state tobacco prevention spending	15.1 to 1

Mississippi

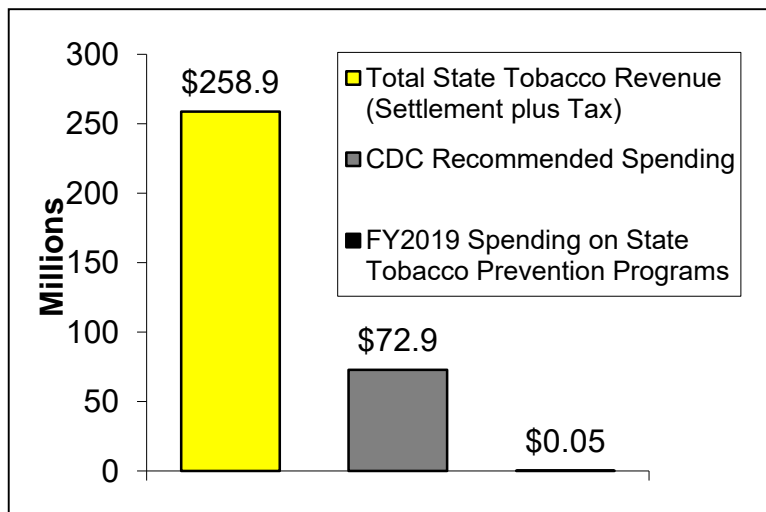
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$36.5 million

Missouri

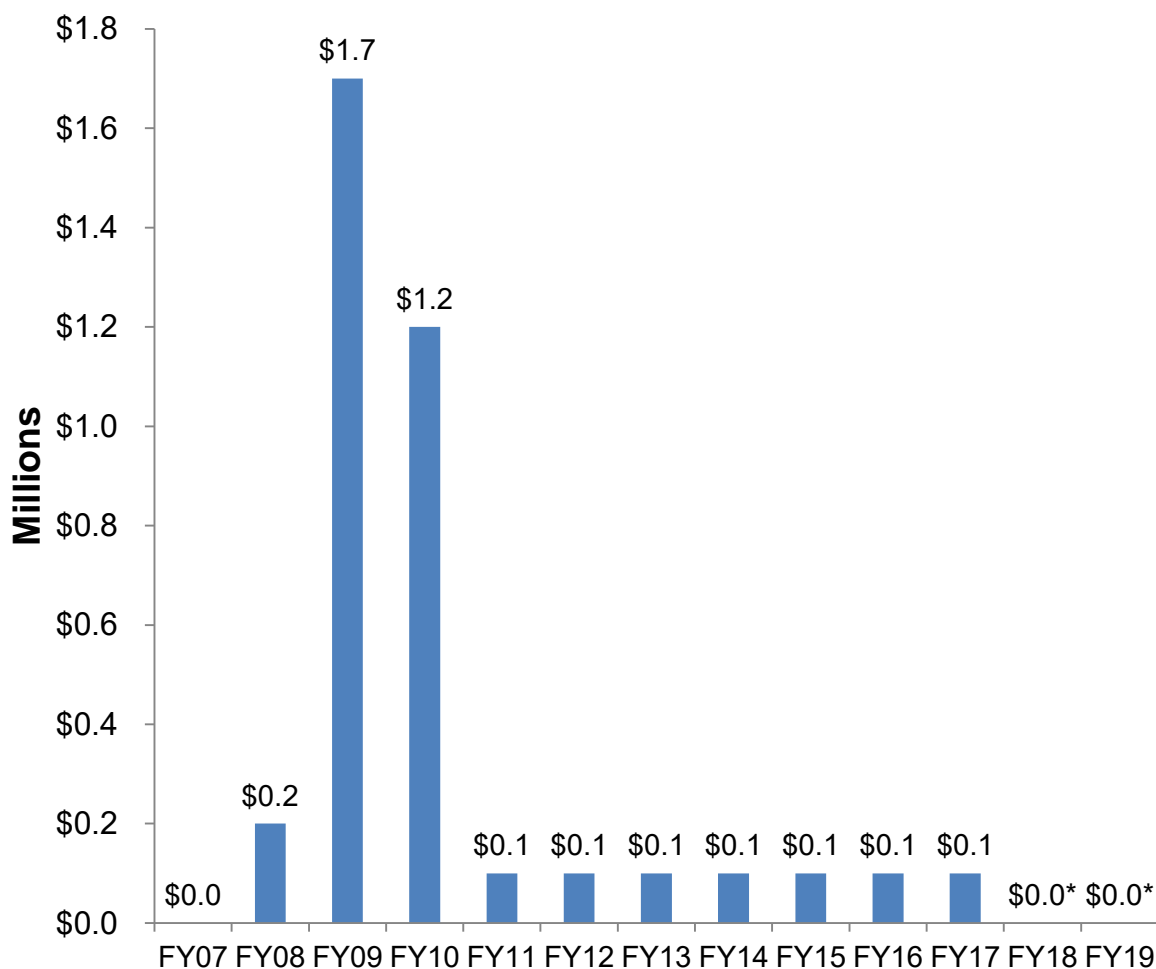
hamState Spending Summary	FY2019	FY2018
State Ranking	48	49
State Spending On Tobacco Prevention	\$48,500	\$48,500
% of CDC Recommended Spending (\$72.9 million)	0.1%	0.1%



Tobacco's Toll in Missouri	
Adults who smoke	20.8%
High school students who smoke	9.2%
High school students who use e-cigarettes	10.9%
Deaths caused by smoking each year	11,000
Annual health care costs directly caused by smoking	\$3.03 billion
Proportion of cancer deaths attributable to smoking	31.3%
Residents' state & federal tax burden from smoking-caused government expenditures	\$930 per household
Estimated annual tobacco industry marketing in state	\$364.9 million
Ratio of industry marketing to state tobacco prevention spending	7,522.8 to 1

Missouri

Total Annual Tobacco Prevention Spending FY2007-FY2019

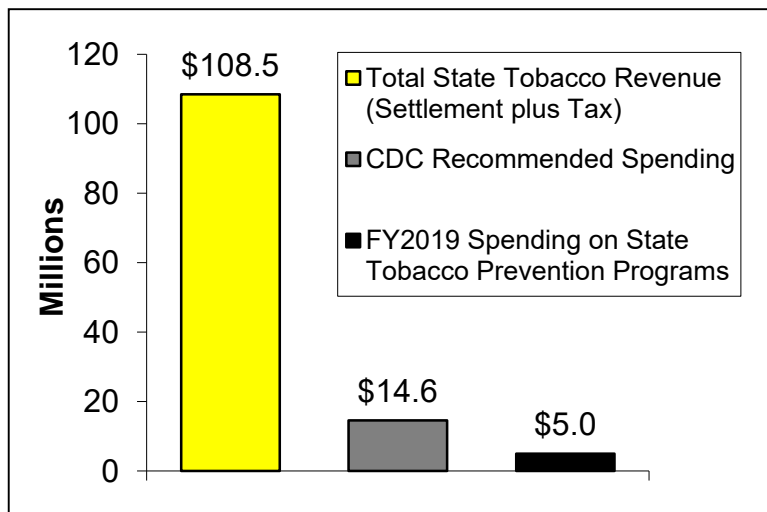


CDC Recommended Spending: \$72.9 million

*In FY2018 and FY2019 Missouri's state spending was \$48,500.

Montana

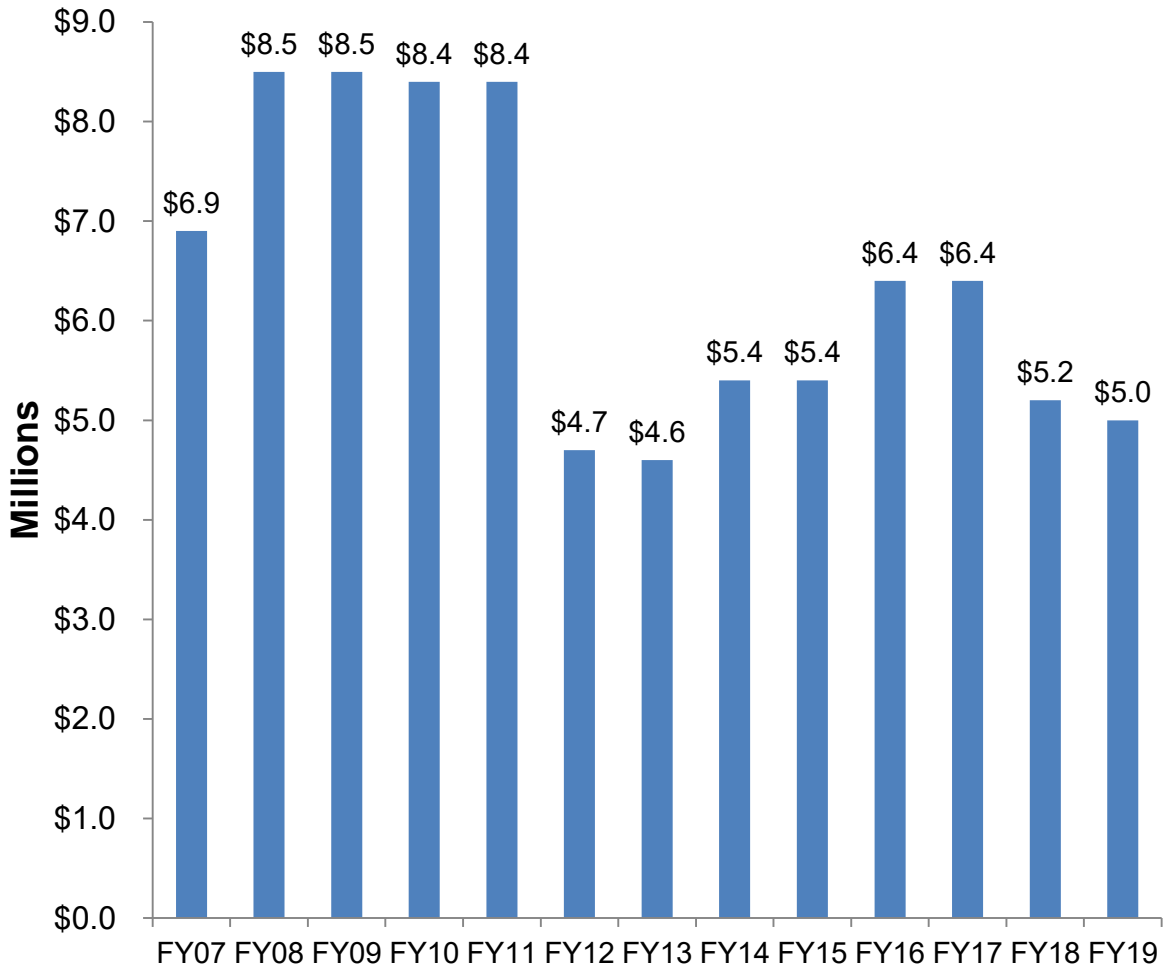
State Spending Summary	FY2019	FY2018
State Ranking	12	13
State Spending On Tobacco Prevention	\$5.0 million	\$5.2 million
% of CDC Recommended Spending (\$14.6 million)	34.0%	35.8%



Tobacco's Toll in Montana	
Adults who smoke	17.2%
High school students who smoke	12.1%
High school students who use e-cigarettes	22.5%
Deaths caused by smoking each year	1,600
Annual health care costs directly caused by smoking	\$440 million
Proportion of cancer deaths attributable to smoking	28.4%
Residents' state & federal tax burden from smoking-caused government expenditures	\$727 per household
Estimated annual tobacco industry marketing in state	\$31.3 million
Ratio of industry marketing to state tobacco prevention spending	6.3 to 1

Montana

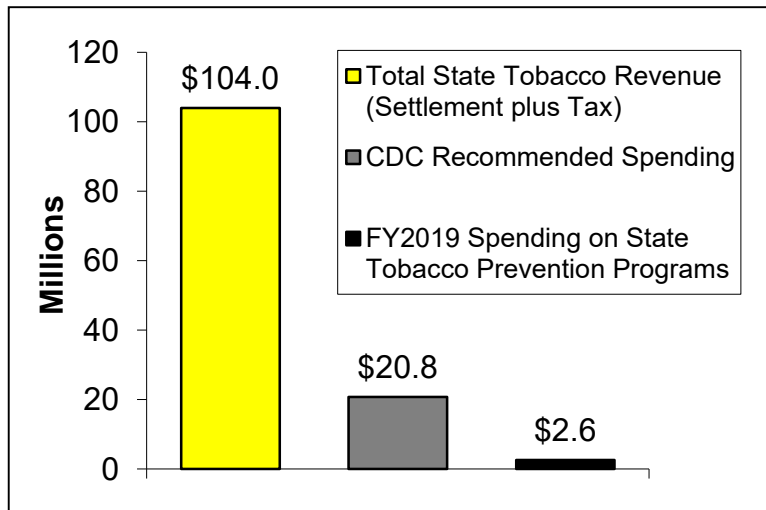
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$14.6 million

Nebraska

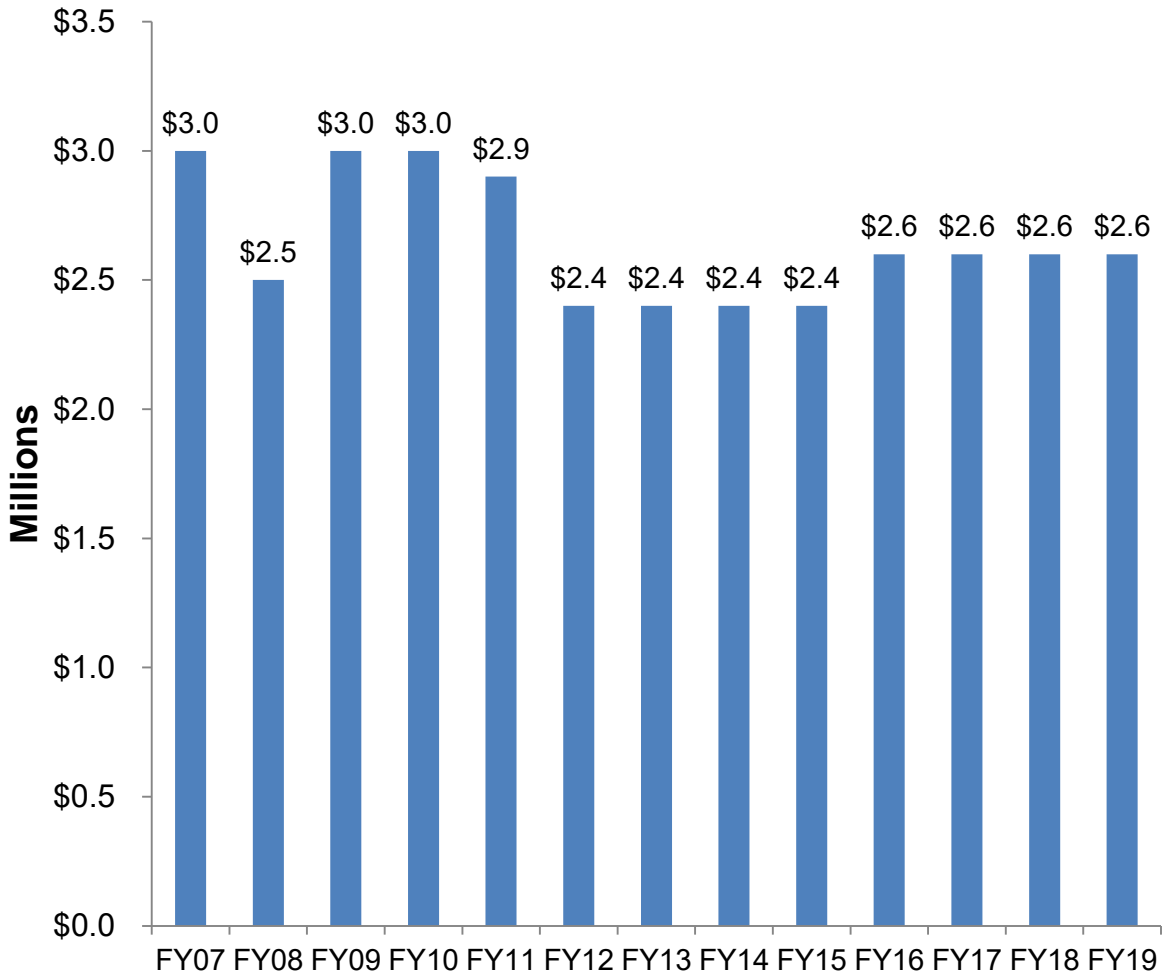
State Spending Summary	FY2019	FY2018
State Ranking	26	25
State Spending On Tobacco Prevention	\$2.6 million	\$2.6 million
% of CDC Recommended Spending (\$20.8 million)	12.4%	12.4%



Tobacco's Toll in Nebraska	
Adults who smoke	15.4%
High school students who smoke	7.4%
High school students who use e-cigarettes	9.4%
Deaths caused by smoking each year	2,500
Annual health care costs directly caused by smoking	\$795 million
Proportion of cancer deaths attributable to smoking	27.1%
Residents' state & federal tax burden from smoking-caused government expenditures	\$691 per household
Estimated annual tobacco industry marketing in state	\$63.0 million
Ratio of industry marketing to state tobacco prevention spending	24.4 to 1

Nebraska

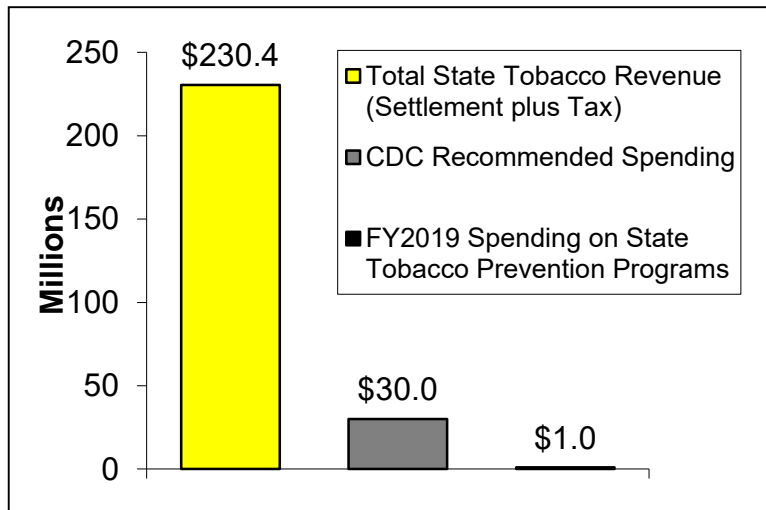
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$20.8 million

Nevada

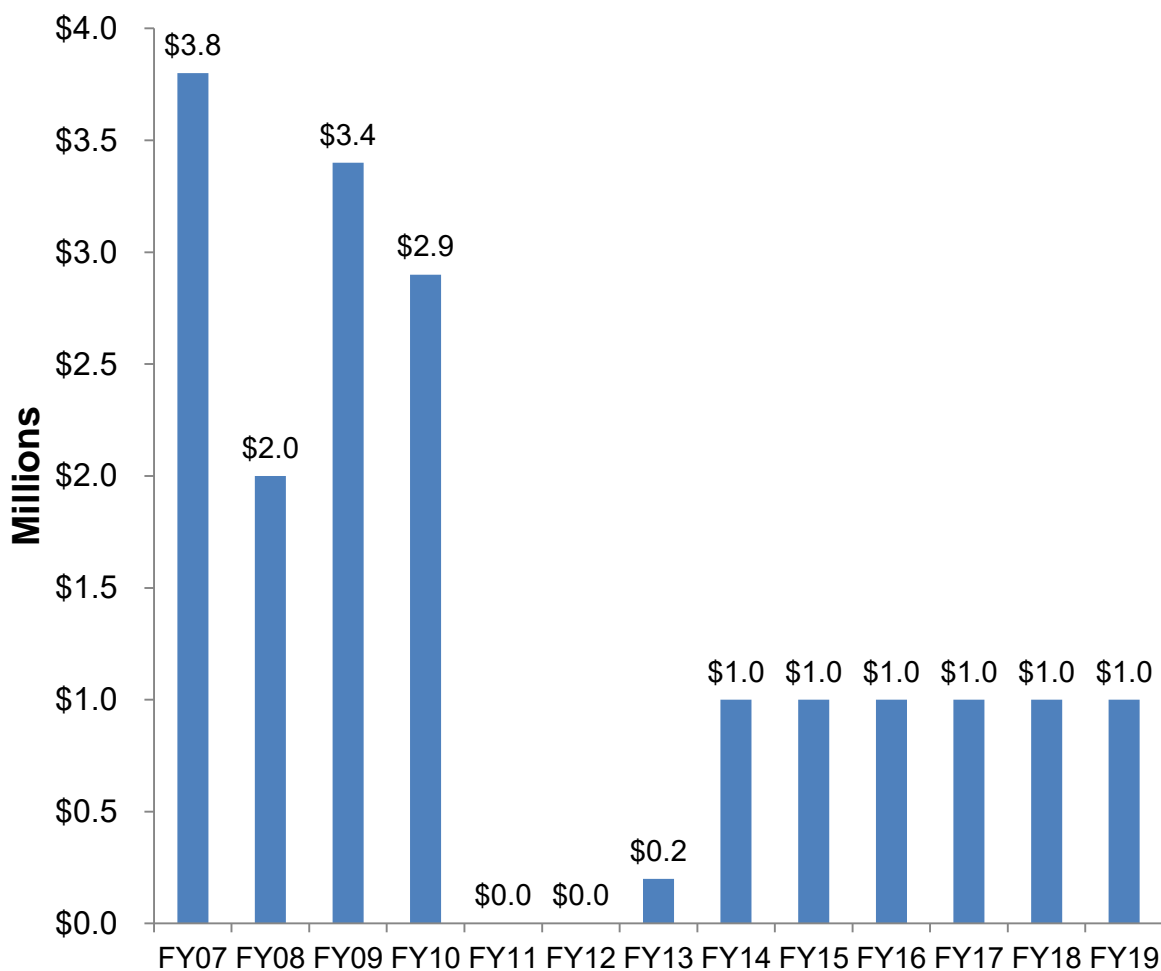
State Spending Summary	FY2019	FY2018
State Ranking	39	38
State Spending On Tobacco Prevention	\$1.0 million	\$1.0 million
% of CDC Recommended Spending (\$30.0 million)	3.2%	3.2%



Tobacco's Toll in Nevada	
Adults who smoke	17.6%
High school students who smoke	6.7%
High school students who use e-cigarettes	15.5%
Deaths caused by smoking each year	4,100
Annual health care costs directly caused by smoking	\$1.08 billion
Proportion of cancer deaths attributable to smoking	30.9%
Residents' state & federal tax burden from smoking-caused government expenditures	\$726 per household
Estimated annual tobacco industry marketing in state	\$64.2 million
Ratio of industry marketing to state tobacco prevention spending	67.6 to 1

Nevada

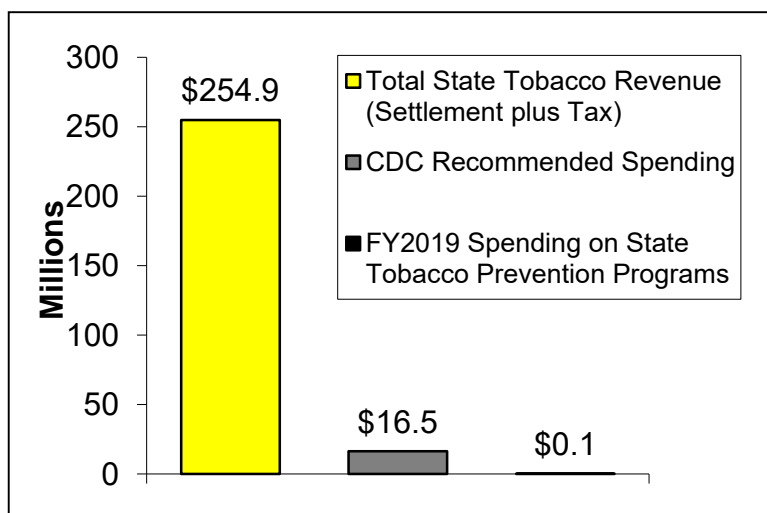
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$30.0 million

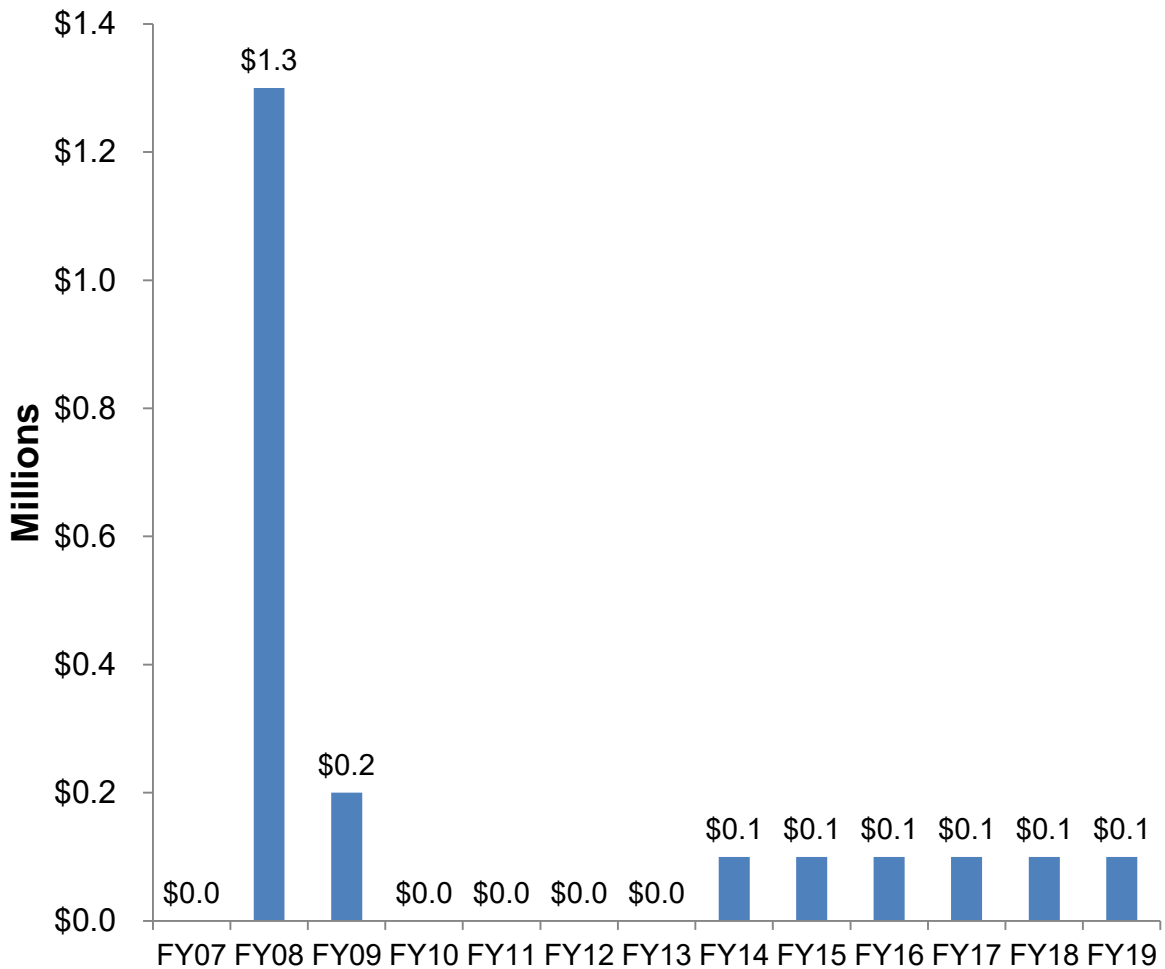
New Hampshire

State Spending Summary	FY2019	FY2018
State Ranking	46	47
State Spending On Tobacco Prevention	\$140,000	\$140,000
% of CDC Recommended Spending (\$16.5 million)	0.8%	0.8%



Tobacco's Toll in New Hampshire	
Adults who smoke	15.7%
High school students who smoke	7.8%
High school students who use e-cigarettes	23.8%
Deaths caused by smoking each year	1,900
Annual health care costs directly caused by smoking	\$790 million
Proportion of cancer deaths attributable to smoking	27.0%
Residents' state & federal tax burden from smoking-caused government expenditures	\$790 per household
Estimated annual tobacco industry marketing in state	\$87.6 million
Ratio of industry marketing to state tobacco prevention spending	625.5 to 1

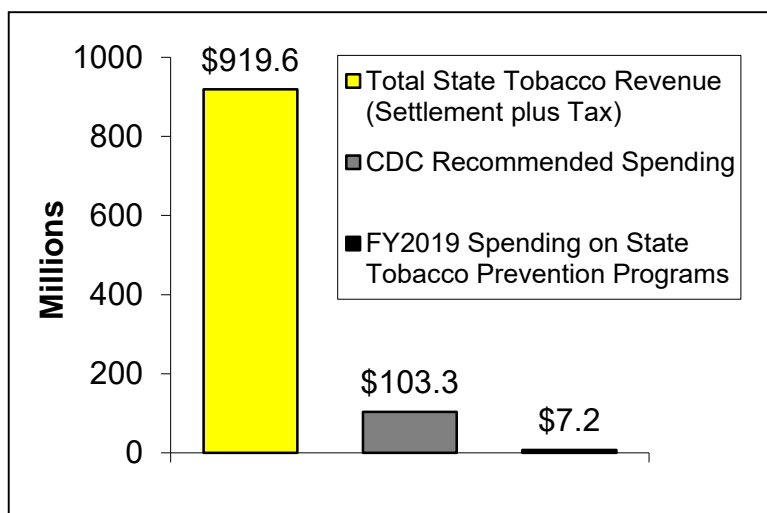
New Hampshire Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$16.5 million

New Jersey

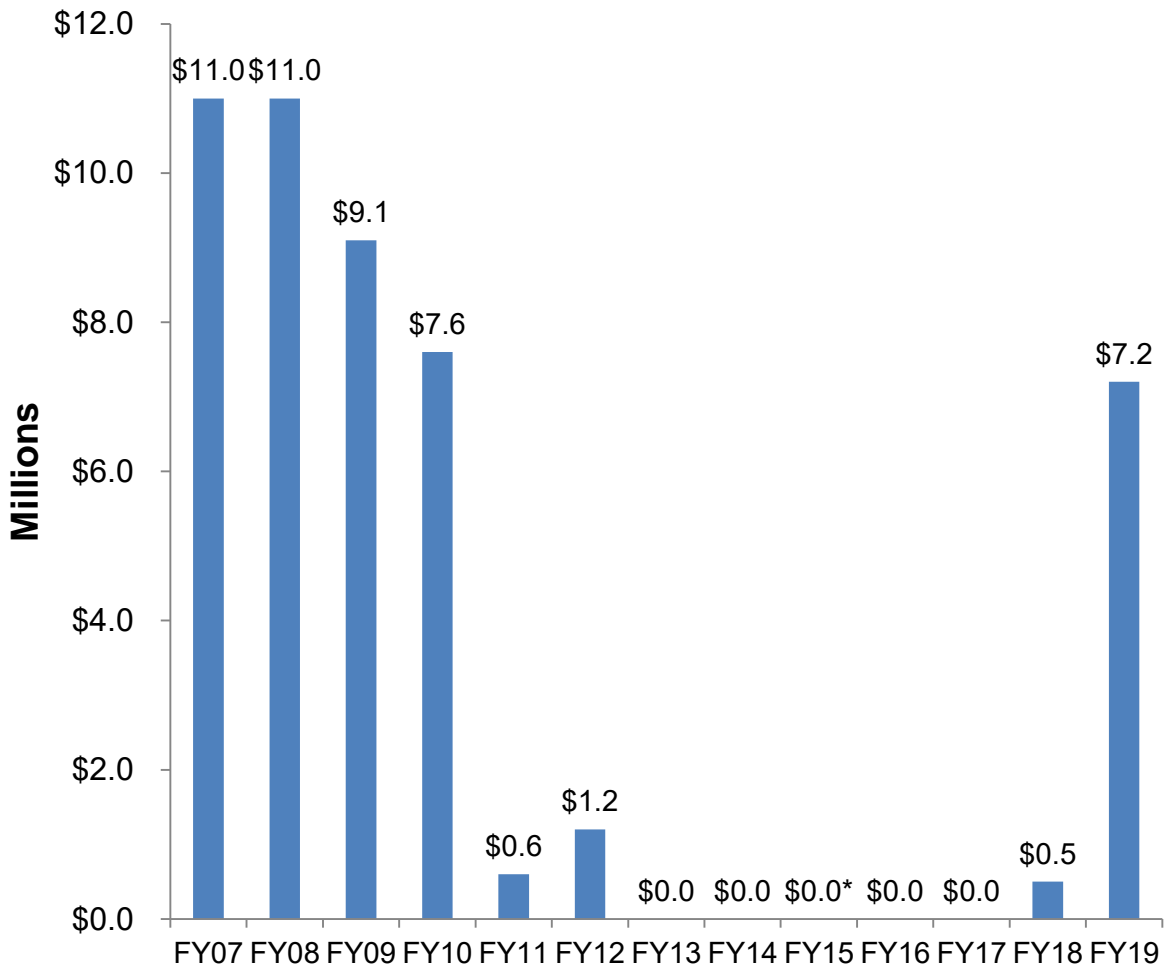
State Spending Summary	FY2019	FY2018
State Ranking	34	48
State Spending On Tobacco Prevention	\$7.2 million	\$500,000
% of CDC Recommended Spending (\$103.3 million)	7.0%	0.5%



Tobacco's Toll in New Jersey	
Adults who smoke	13.7%
High school students who smoke	8.2%
High school students who use e-cigarettes	12.1%
Deaths caused by smoking each year	11,800
Annual health care costs directly caused by smoking	\$4.06 billion
Proportion of cancer deaths attributable to smoking	26.7%
Residents' state & federal tax burden from smoking-caused government expenditures	\$853 per household
Estimated annual tobacco industry marketing in state	\$180.9 million
Ratio of industry marketing to state tobacco prevention spending	25.0 to 1

New Jersey

Total Annual Tobacco Prevention Spending FY2007 - FY2019

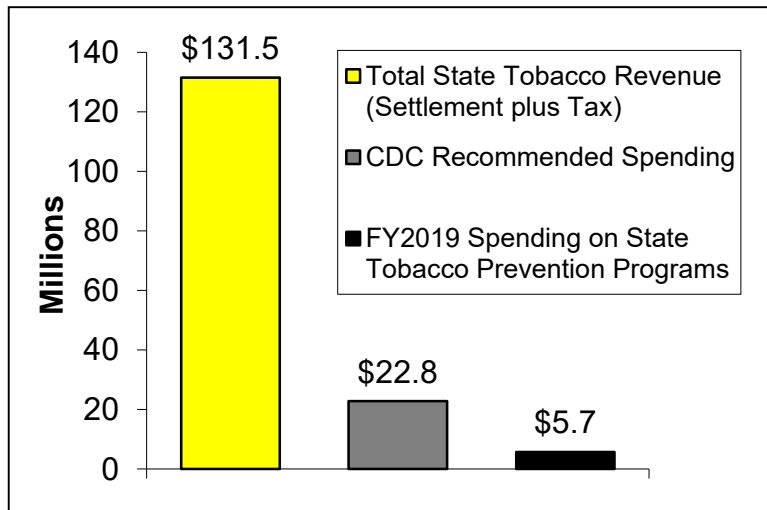


CDC Recommended Spending: \$103.3 million

*FY15 annual spending estimated, not confirmed by state health department.

New Mexico

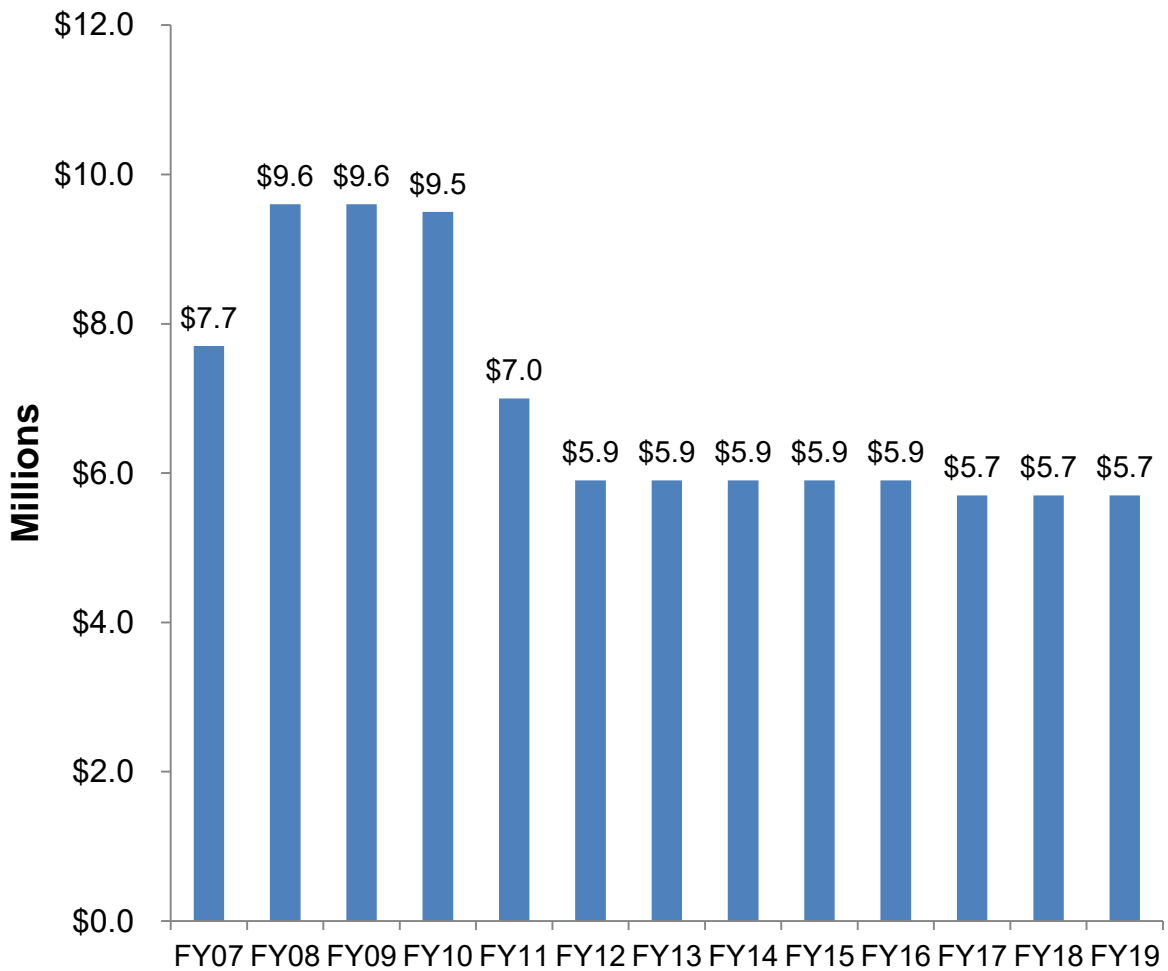
State Spending Summary	FY2019	FY2018
State Ranking	19	17
State Spending On Tobacco Prevention	\$5.7 million	\$5.7 million
% of CDC Recommended Spending (\$22.8 million)	24.9%	24.9%



Tobacco's Toll in New Mexico	
Adults who smoke	17.5%
High school students who smoke	10.6%
High school students who use e-cigarettes	24.7%
Deaths caused by smoking each year	2,600
Annual health care costs directly caused by smoking	\$844 million
Proportion of cancer deaths attributable to smoking	28.2%
Residents' state & federal tax burden from smoking-caused government expenditures	\$873 per household
Estimated annual tobacco industry marketing in state	\$36.9 million
Ratio of industry marketing to state tobacco prevention spending	6.5 to 1

New Mexico

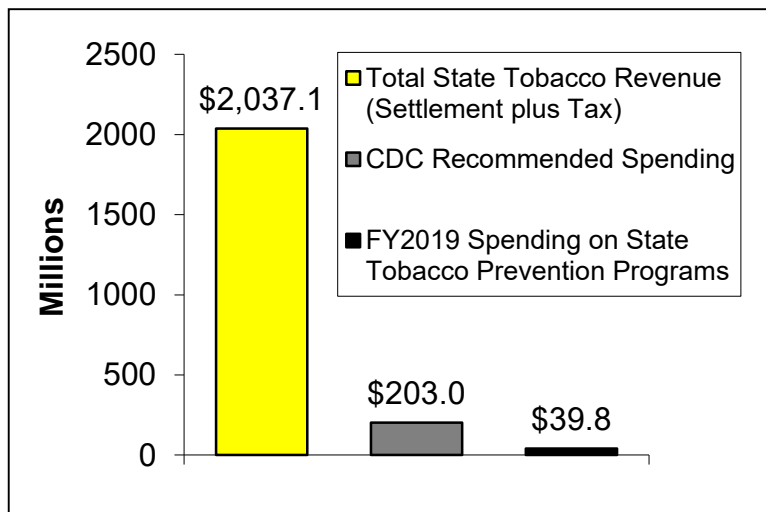
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$22.8 million

New York

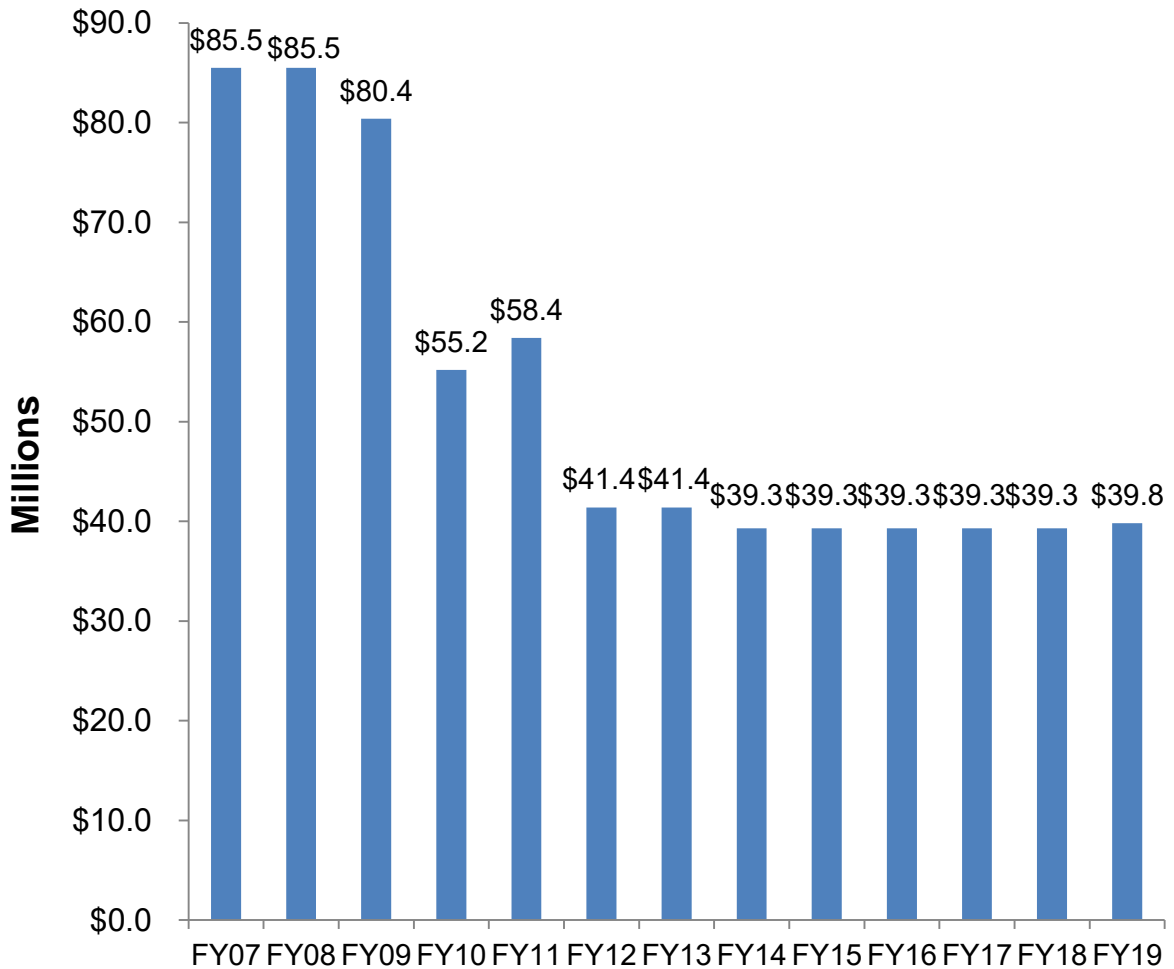
State Spending Summary	FY2019	FY2018
State Ranking	23	22
State Spending On Tobacco Prevention	\$39.8 million	\$39.3 million
% of CDC Recommended Spending (\$203.0 million)	19.6%	19.4%



Tobacco's Toll in New York	
Adults who smoke	14.1%
High school students who smoke	5.5%
High school students who use e-cigarettes	14.5%
Deaths caused by smoking each year	28,200
Annual health care costs directly caused by smoking	\$10.39 billion
Proportion of cancer deaths attributable to smoking	26.5%
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,407 per household
Estimated annual tobacco industry marketing in state	\$199.0 million
Ratio of industry marketing to state tobacco prevention spending	5.0 to 1

New York

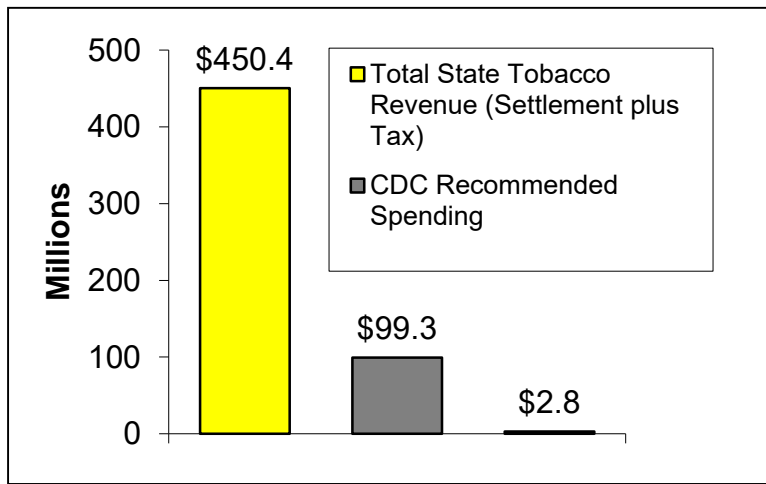
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$203.0 million

North Carolina

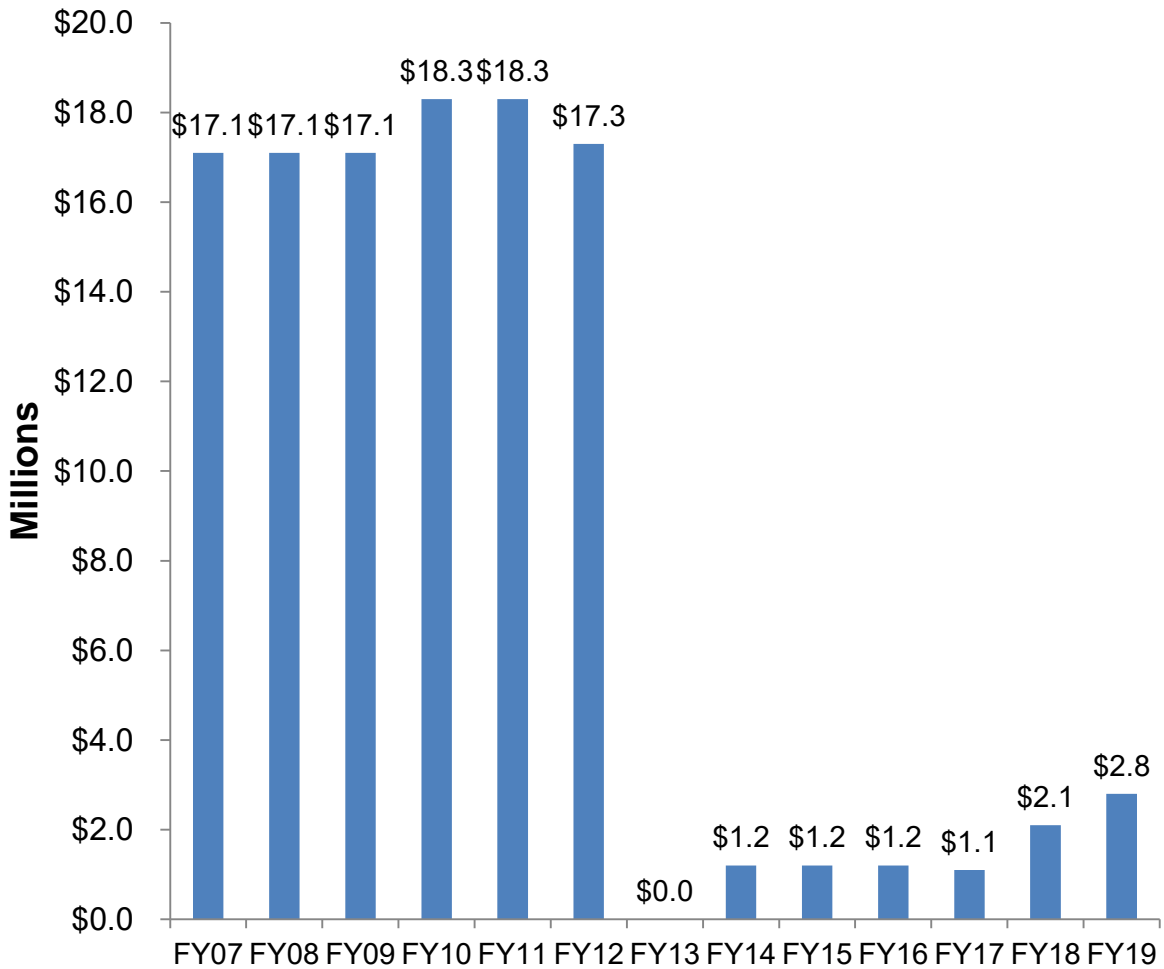
State Spending Summary	FY2019	FY2018
State Ranking	42	43
State Spending On Tobacco Prevention	\$2.8 million	\$2.1 million
% of CDC Recommended Spending (\$99.3 million)	2.8%	2.1%



Tobacco's Toll in North Carolina	
Adults who smoke	17.2%
High school students who smoke	12.1%
High school students who use e-cigarettes	22.1%
Deaths caused by smoking each year	14,200
Annual health care costs directly caused by smoking	\$3.81 billion
Proportion of cancer deaths attributable to smoking	30.5%
Residents' state & federal tax burden from smoking-caused government expenditures	\$787 per household
Estimated annual tobacco industry marketing in state	\$392.6 million
Ratio of industry marketing to state tobacco prevention spending	140.2 to 1

North Carolina

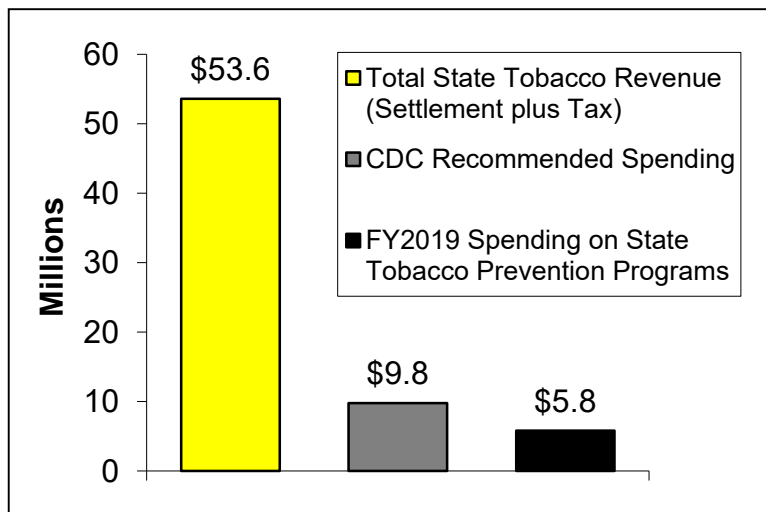
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$99.3 million

North Dakota

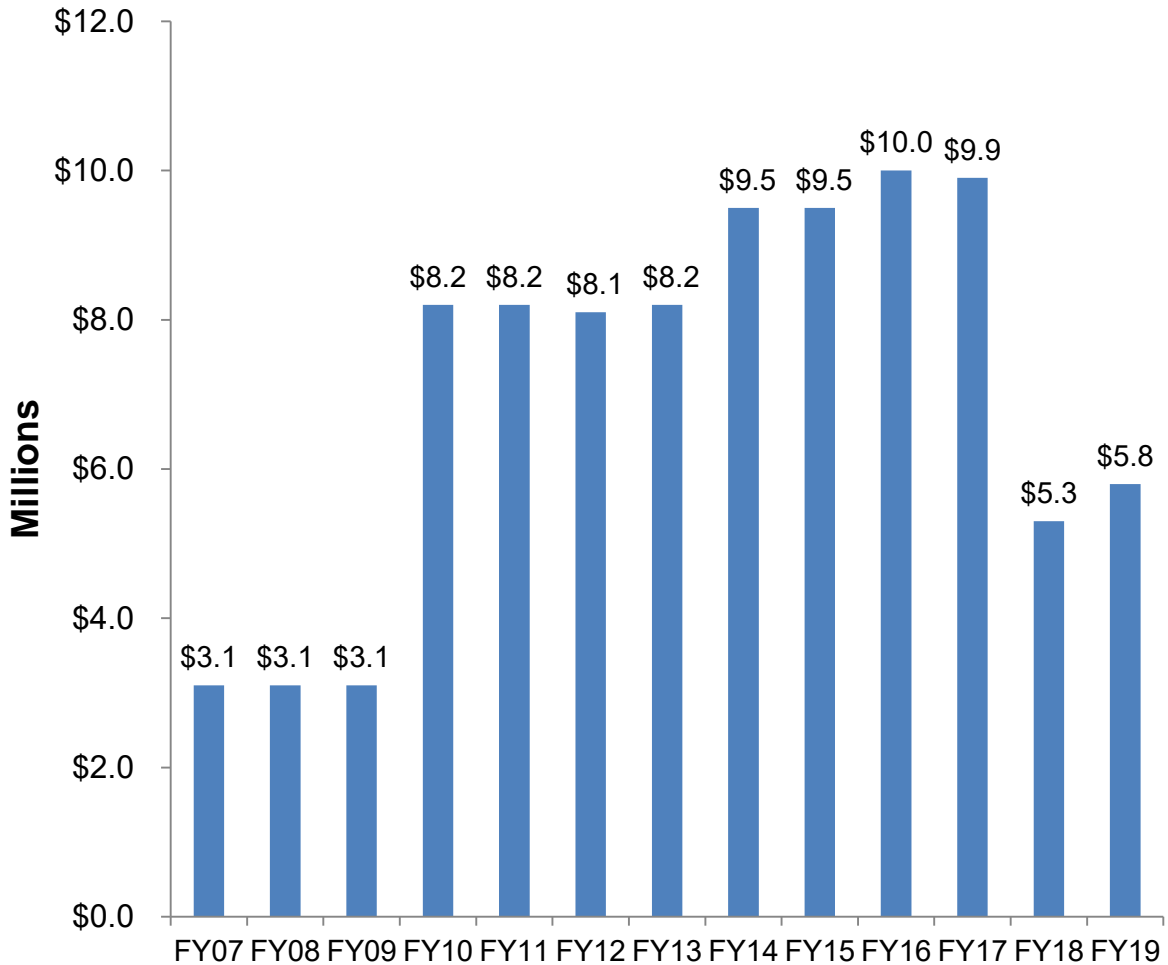
State Spending Summary	FY2019	FY2018
State Ranking	3	3
State Spending On Tobacco Prevention	\$5.8 million	\$5.3 million
% of CDC Recommended Spending (\$9.8 million)	59.5%	53.9%



Tobacco's Toll in North Dakota	
Adults who smoke	18.3%
High school students who smoke	12.6%
High school students who use e-cigarettes	20.6%
Deaths caused by smoking each year	1,000
Annual health care costs directly caused by smoking	\$326 million
Proportion of cancer deaths attributable to smoking	27.0%
Residents' state & federal tax burden from smoking-caused government expenditures	\$717 per household
Estimated annual tobacco industry marketing in state	\$38.2 million
Ratio of industry marketing to state tobacco prevention spending	6.6 to 1

North Dakota

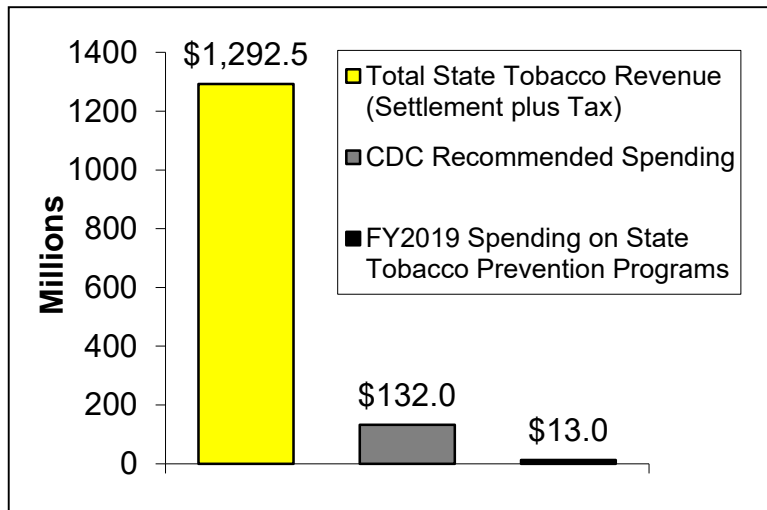
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$9.8 million

Ohio

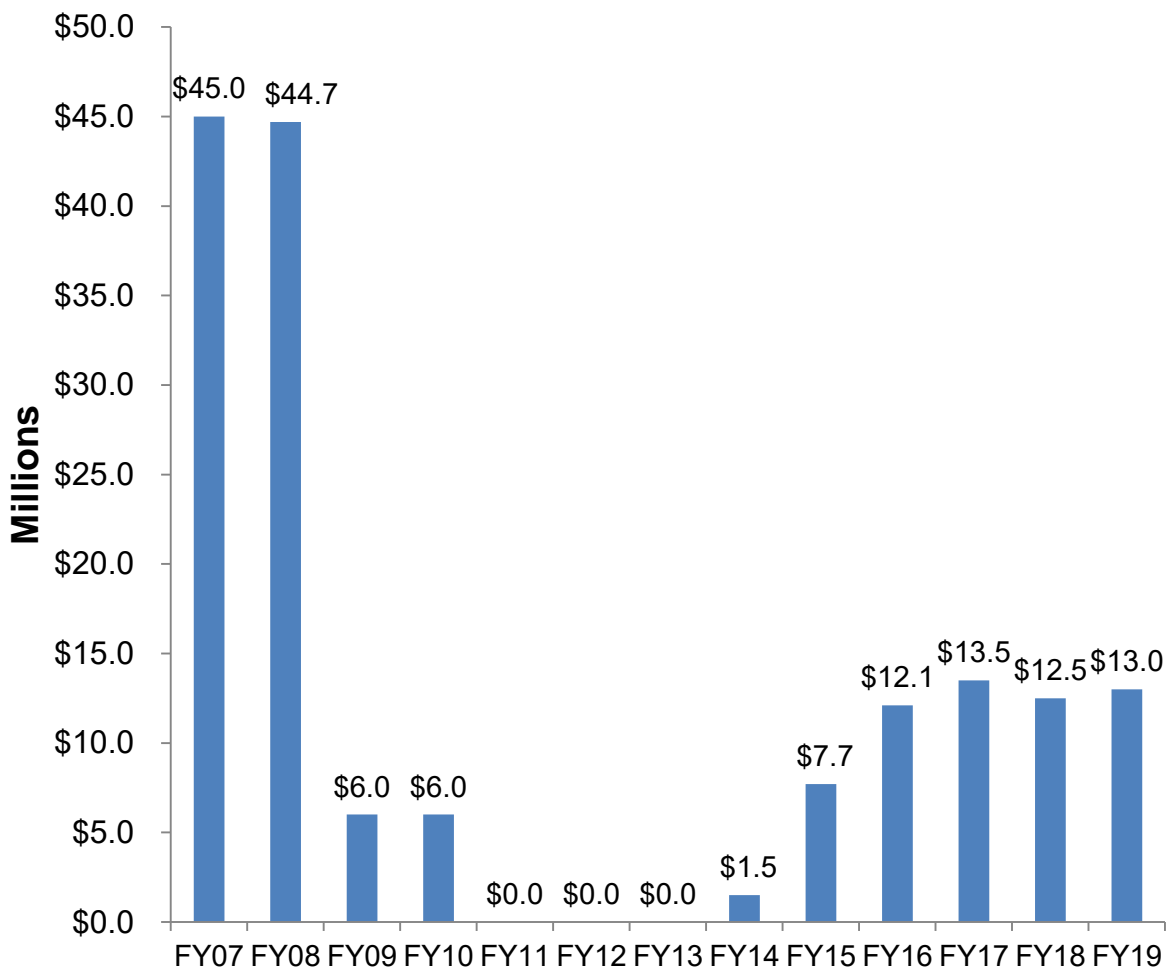
State Spending Summary	FY2019	FY2018
State Ranking	30	30
State Spending On Tobacco Prevention	\$13.0 million	\$12.5 million
% of CDC Recommended Spending (\$132.0 million)	9.8%	9.5%



Tobacco's Toll in Ohio	
Adults who smoke	21.1%
High school students who smoke	15.1%
High school students who use e-cigarettes	N/A
Deaths caused by smoking each year	20,200
Annual health care costs directly caused by smoking	\$5.64 billion
Proportion of cancer deaths attributable to smoking	30.1%
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,024 per household
Estimated annual tobacco industry marketing in state	\$424.4 million
Ratio of industry marketing to state tobacco prevention spending	32.6 to 1

Ohio

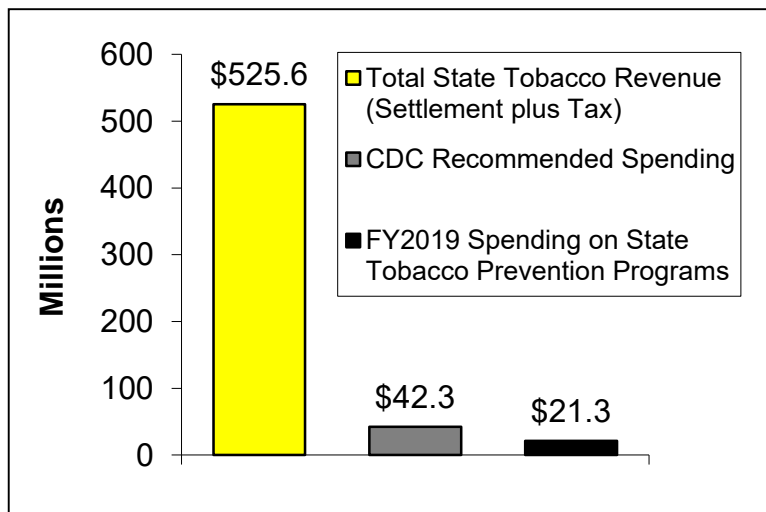
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$132.0 million

Oklahoma

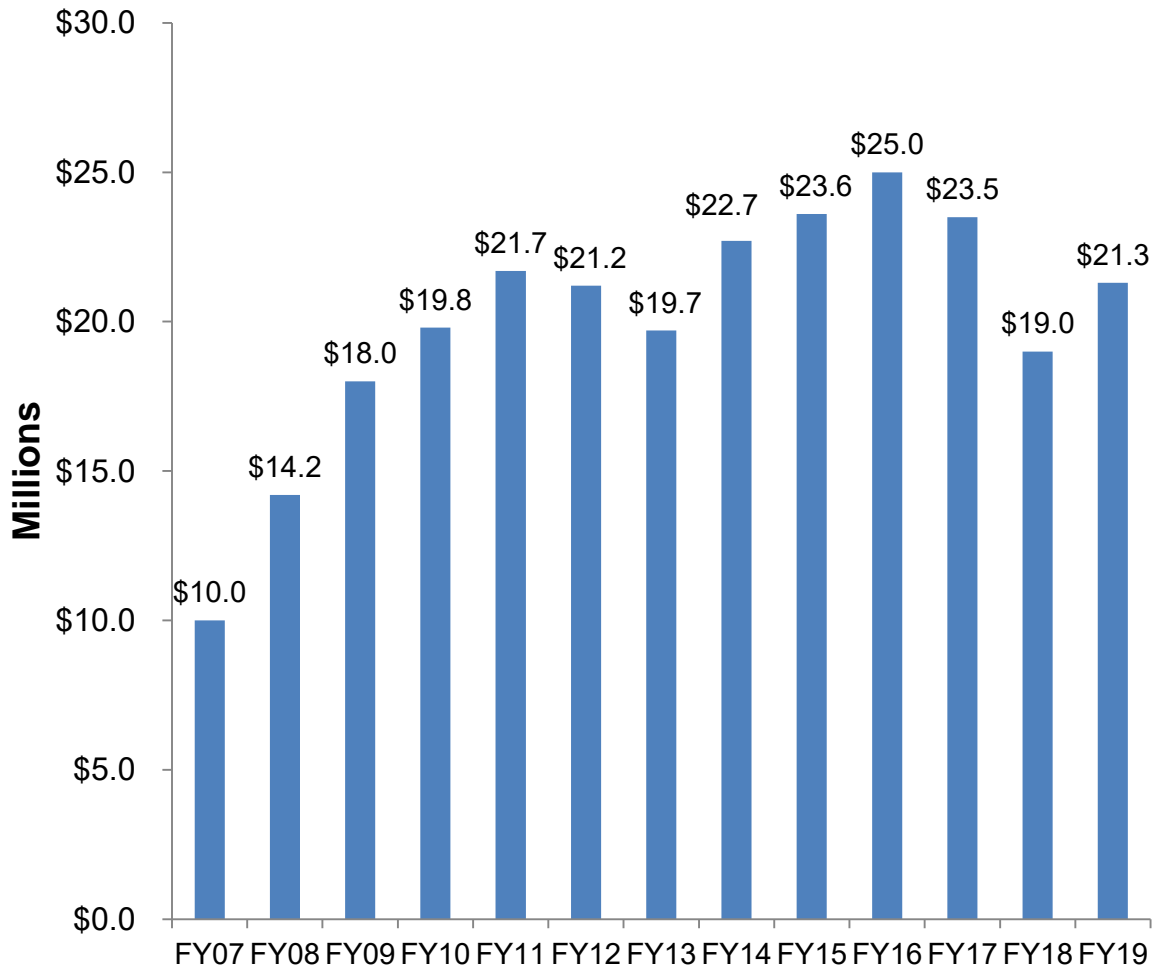
State Spending Summary	FY2019	FY2018
State Ranking	4	7
State Spending On Tobacco Prevention	\$21.3 million	\$19.0 million
% of CDC Recommended Spending (\$42.3 million)	50.3%	45.0%



Tobacco's Toll in Oklahoma	
Adults who smoke	20.2%
High school students who smoke	12.5%
High school students who use e-cigarettes	16.4%
Deaths caused by smoking each year	7,500
Annual health care costs directly caused by smoking	\$1.62 billion
Proportion of cancer deaths attributable to smoking	31.1%
Residents' state & federal tax burden from smoking-caused government expenditures	\$828 per household
Estimated annual tobacco industry marketing in state	\$172.0 million
Ratio of industry marketing to state tobacco prevention spending	8.1 to 1

Oklahoma

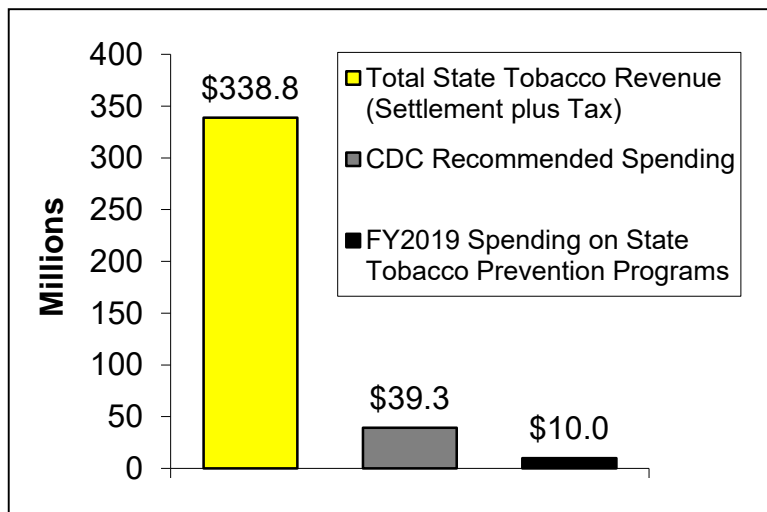
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$42.3 million

Oregon

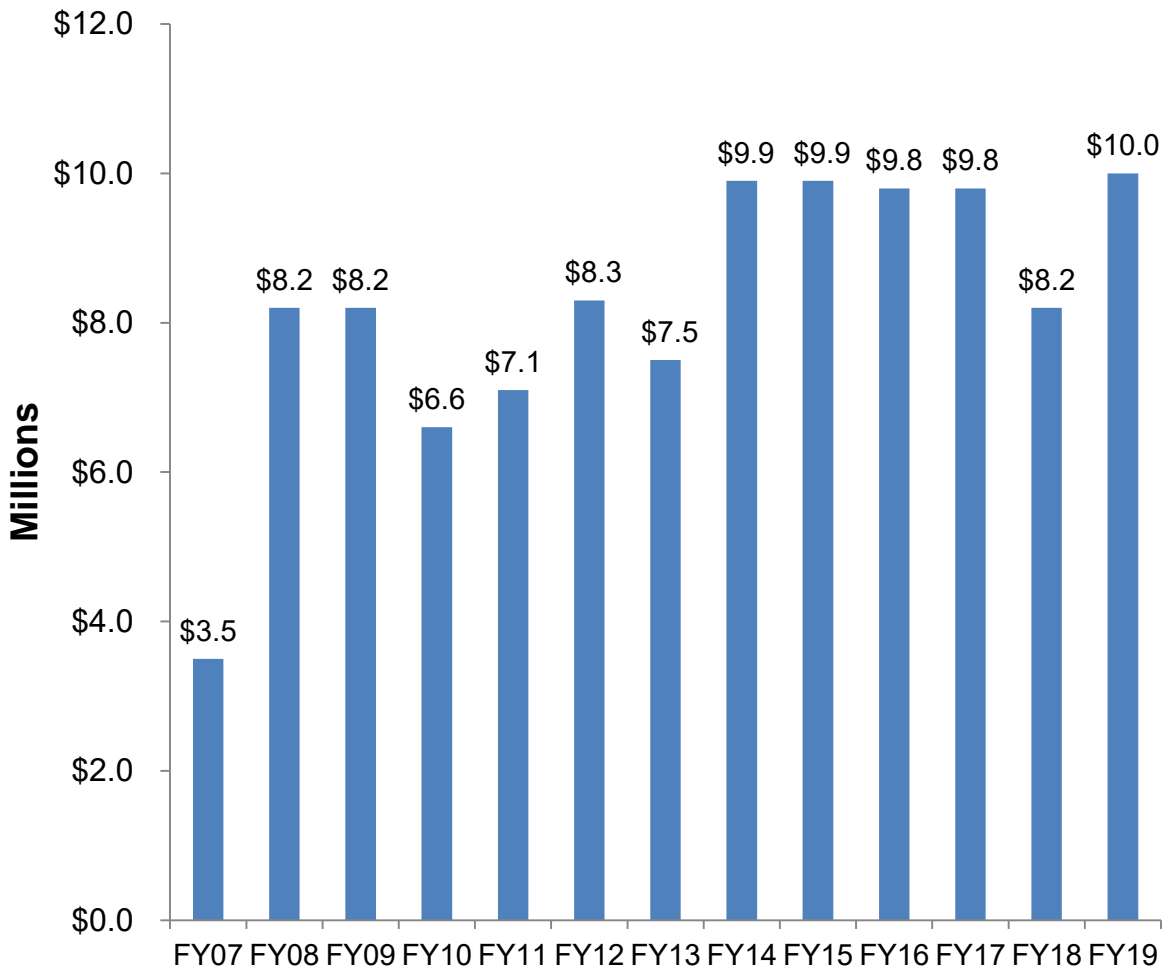
State Spending Summary	FY2019	FY2018
State Ranking	18	21
State Spending On Tobacco Prevention	\$10.0 million	\$8.2 million
% of CDC Recommended Spending (\$39.3 million)	25.6%	20.7%



Tobacco's Toll in Oregon	
Adults who smoke	16.1%
High school students who smoke	7.7%
High school students who use e-cigarettes	12.9%
Deaths caused by smoking each year	5,500
Annual health care costs directly caused by smoking	\$1.54 billion
Proportion of cancer deaths attributable to smoking	27.5%
Residents' state & federal tax burden from smoking-caused government expenditures	\$741 per household
Estimated annual tobacco industry marketing in state	\$115.7 million
Ratio of industry marketing to state tobacco prevention spending	11.5 to 1

Oregon

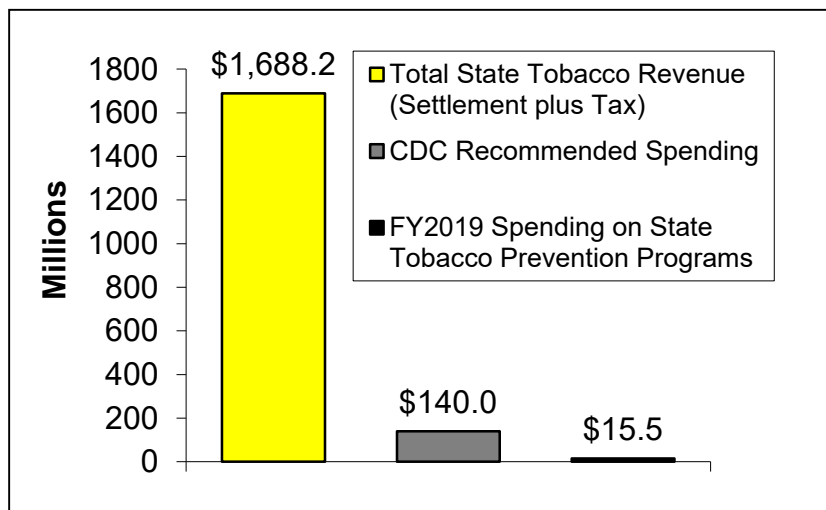
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$39.3 million

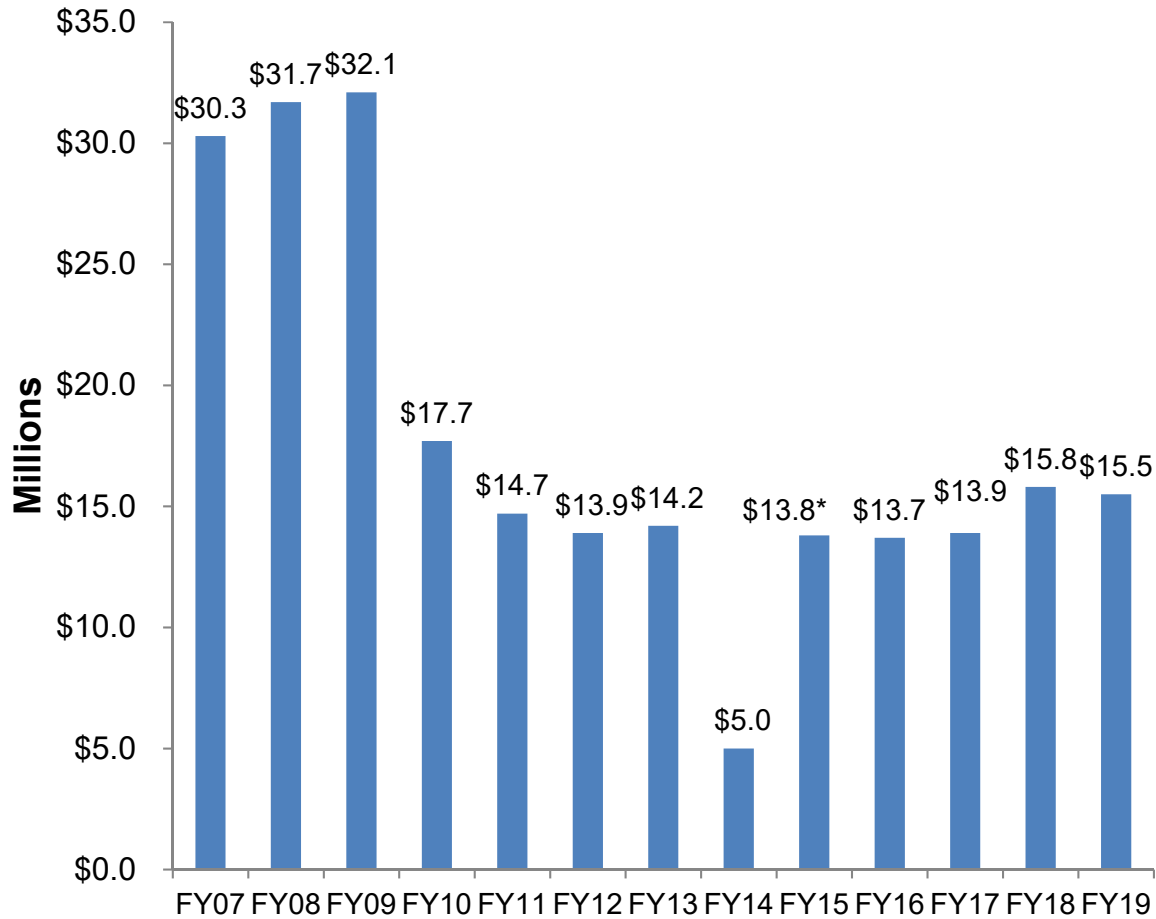
Pennsylvania

State Spending Summary	FY2019	FY2018
State Ranking	28	26
State Spending On Tobacco Prevention	\$15.5 million	\$15.8 million
% of CDC Recommended Spending (\$140.0 million)	11.1%	11.3%



Tobacco's Toll in Pennsylvania	
Adults who smoke	18.8%
High school students who smoke	8.7%
High school students who use e-cigarettes	11.3%
Deaths caused by smoking each year	22,000
Annual health care costs directly caused by smoking	\$6.38 billion
Proportion of cancer deaths attributable to smoking	27.9%
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,026 per household
Estimated annual tobacco industry marketing in state	\$443.9 million
Ratio of industry marketing to state tobacco prevention spending	28.6 to 1

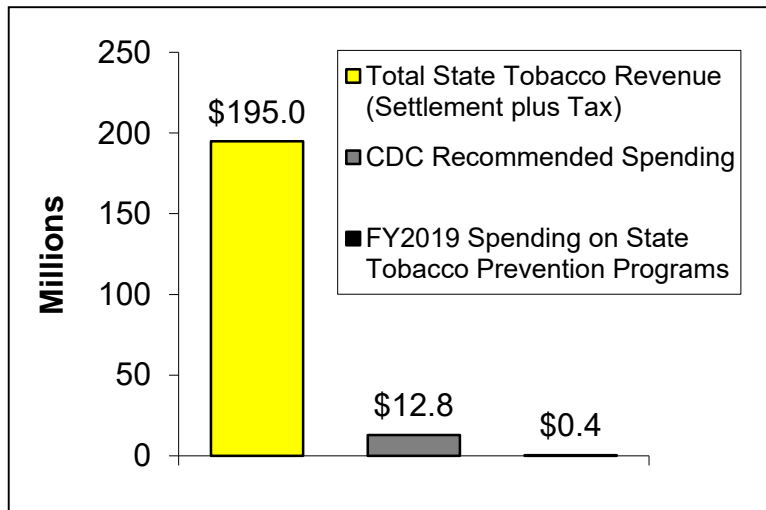
Pennsylvania
Total Annual Tobacco Prevention Spending
FY2007-FY2019



CDC Recommended Spending: \$140.0 million

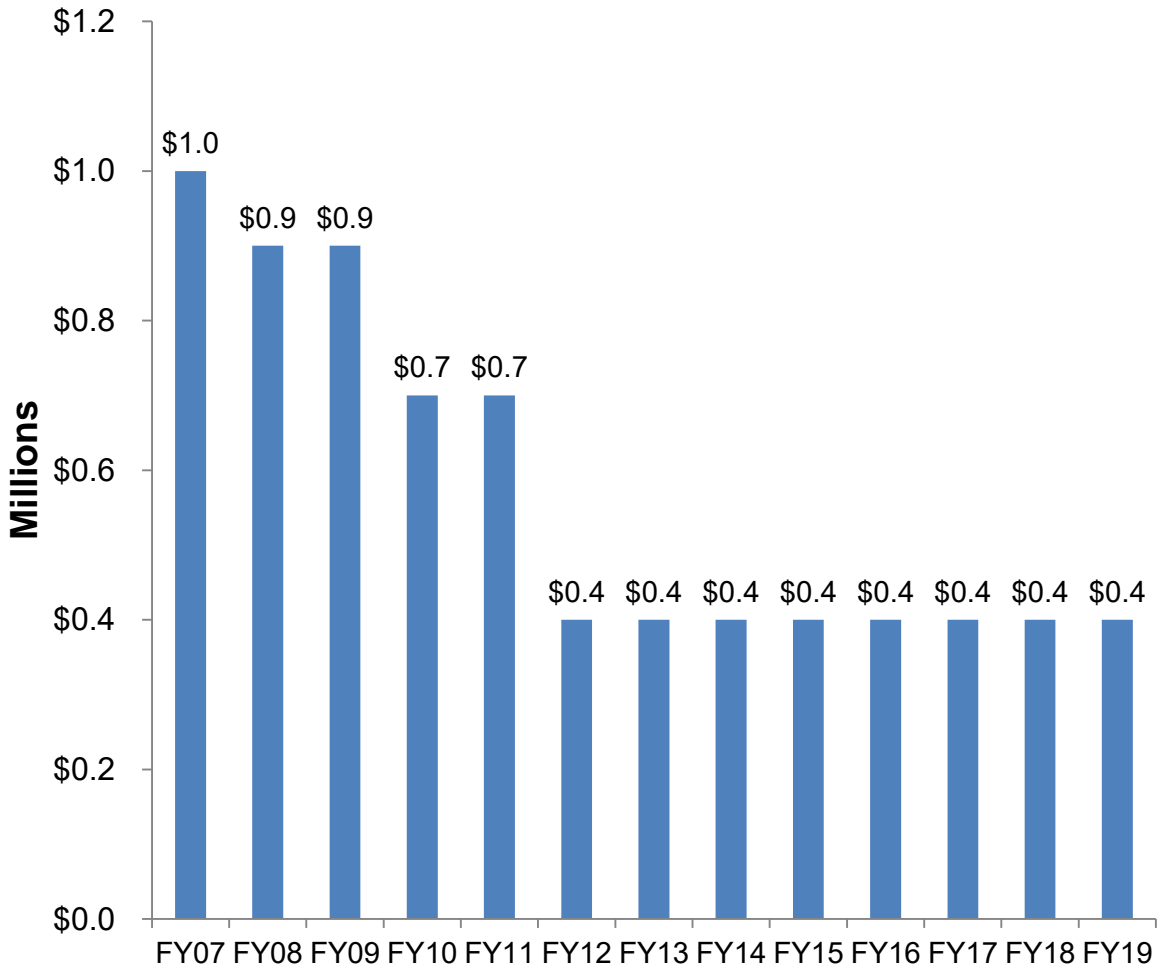
Rhode Island

State Spending Summary	FY2019	FY2018
State Ranking	40	40
State Spending On Tobacco Prevention	\$390,926	\$375,622
% of CDC Recommended Spending (\$12.8 million)	3.1%	2.9%



Tobacco's Toll in Rhode Island	
Adults who smoke	15.0%
High school students who smoke	6.1%
High school students who use e-cigarettes	20.1%
Deaths caused by smoking each year	1,800
Annual health care costs directly caused by smoking	\$640 million
Proportion of cancer deaths attributable to smoking	28.3%
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,049 per household
Estimated annual tobacco industry marketing in state	\$26.7 million
Ratio of industry marketing to state tobacco prevention spending	68.4 to 1

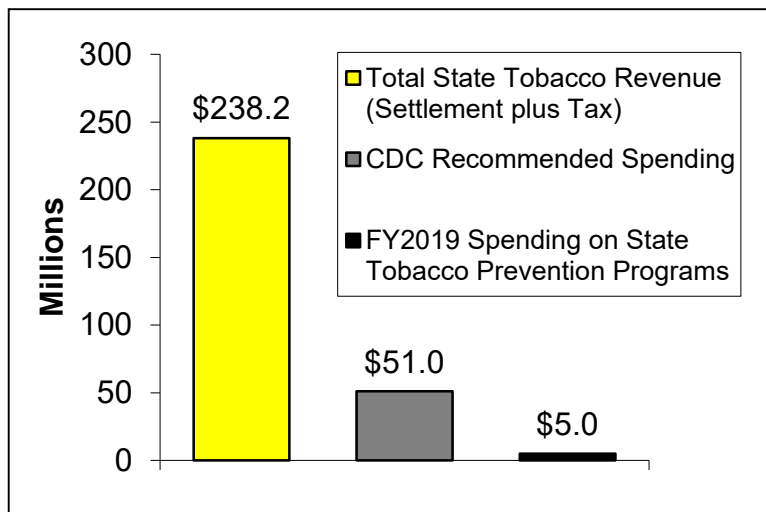
Rhode Island Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$12.8 million

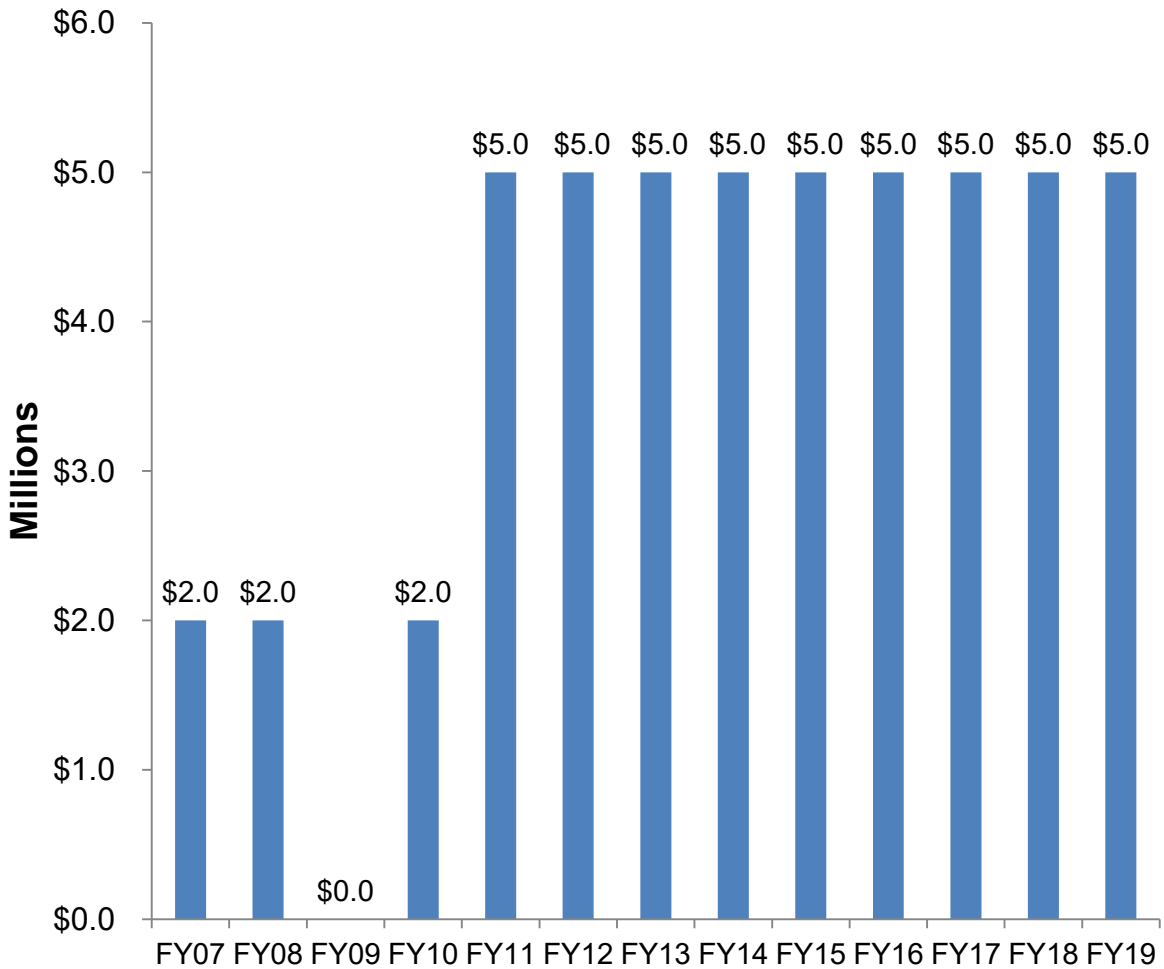
South Carolina

State Spending Summary	FY2019	FY2018
State Ranking	30	28
State Spending On Tobacco Prevention	\$5.0 million	\$5.0 million
% of CDC Recommended Spending (\$51.0 million)	9.8%	9.8%



Tobacco's Toll in South Carolina	
Adults who smoke	18.8%
High school students who smoke	10.0%
High school students who use e-cigarettes	11.9%
Deaths caused by smoking each year	7,200
Annual health care costs directly caused by smoking	\$1.90 billion
Proportion of cancer deaths attributable to smoking	30.1%
Residents' state & federal tax burden from smoking-caused government expenditures	\$863 per household
Estimated annual tobacco industry marketing in state	\$201.6 million
Ratio of industry marketing to state tobacco prevention spending	40.3 to 1

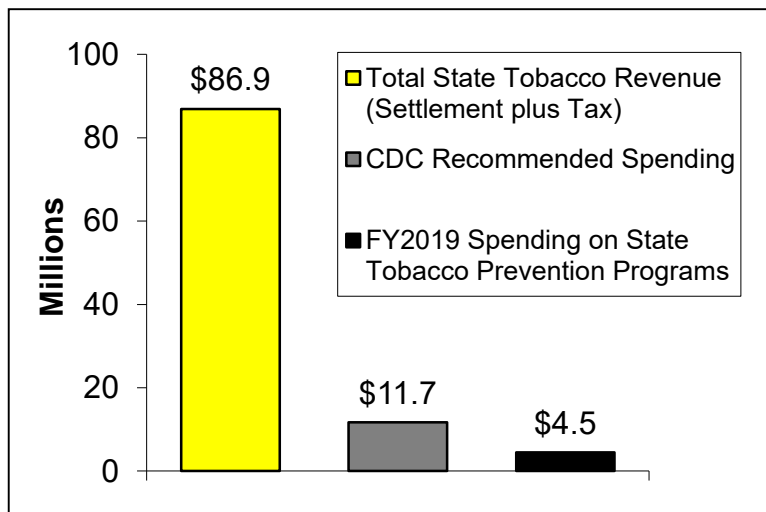
South Carolina Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$51.0 million

South Dakota

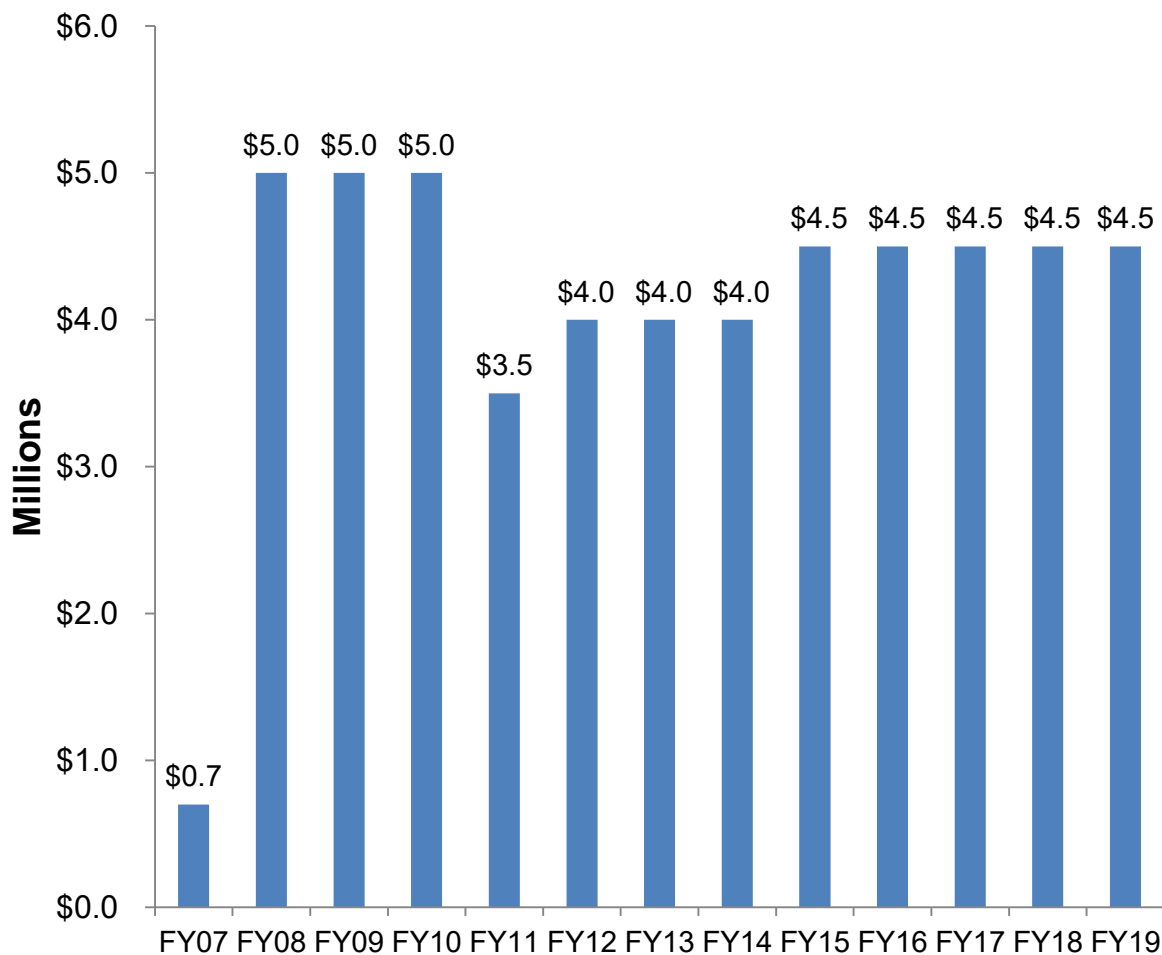
State Spending Summary	FY2019	FY2018
State Ranking	8	11
State Spending On Tobacco Prevention	\$4.5 million	\$4.5 million
% of CDC Recommended Spending (\$11.7 million)	38.5%	38.5%



Tobacco's Toll in South Dakota	
Adults who smoke	19.3%
High school students who smoke	10.1%
High school students who use e-cigarettes	17.3%
Deaths caused by smoking each year	1,300
Annual health care costs directly caused by smoking	\$373 million
Proportion of cancer deaths attributable to smoking	28.2%
Residents' state & federal tax burden from smoking-caused government expenditures	\$790 per household
Estimated annual tobacco industry marketing in state	\$27.5 million
Ratio of industry marketing to state tobacco prevention spending	6.1 to 1

South Dakota

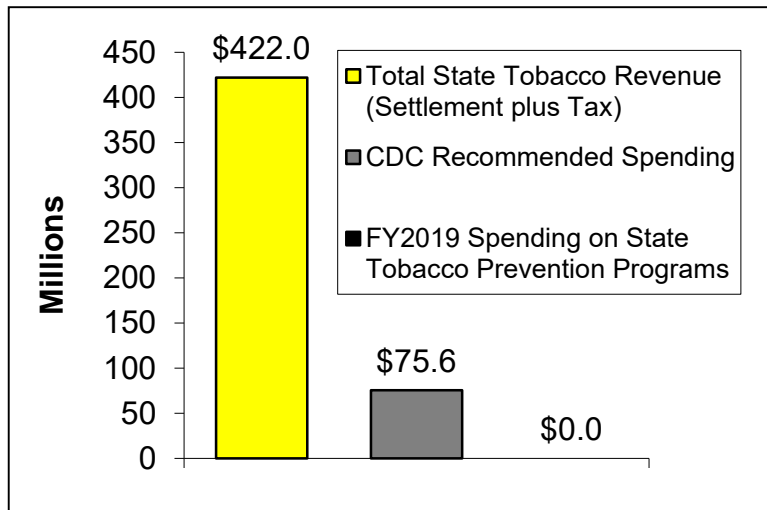
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$11.7 million

Tennessee

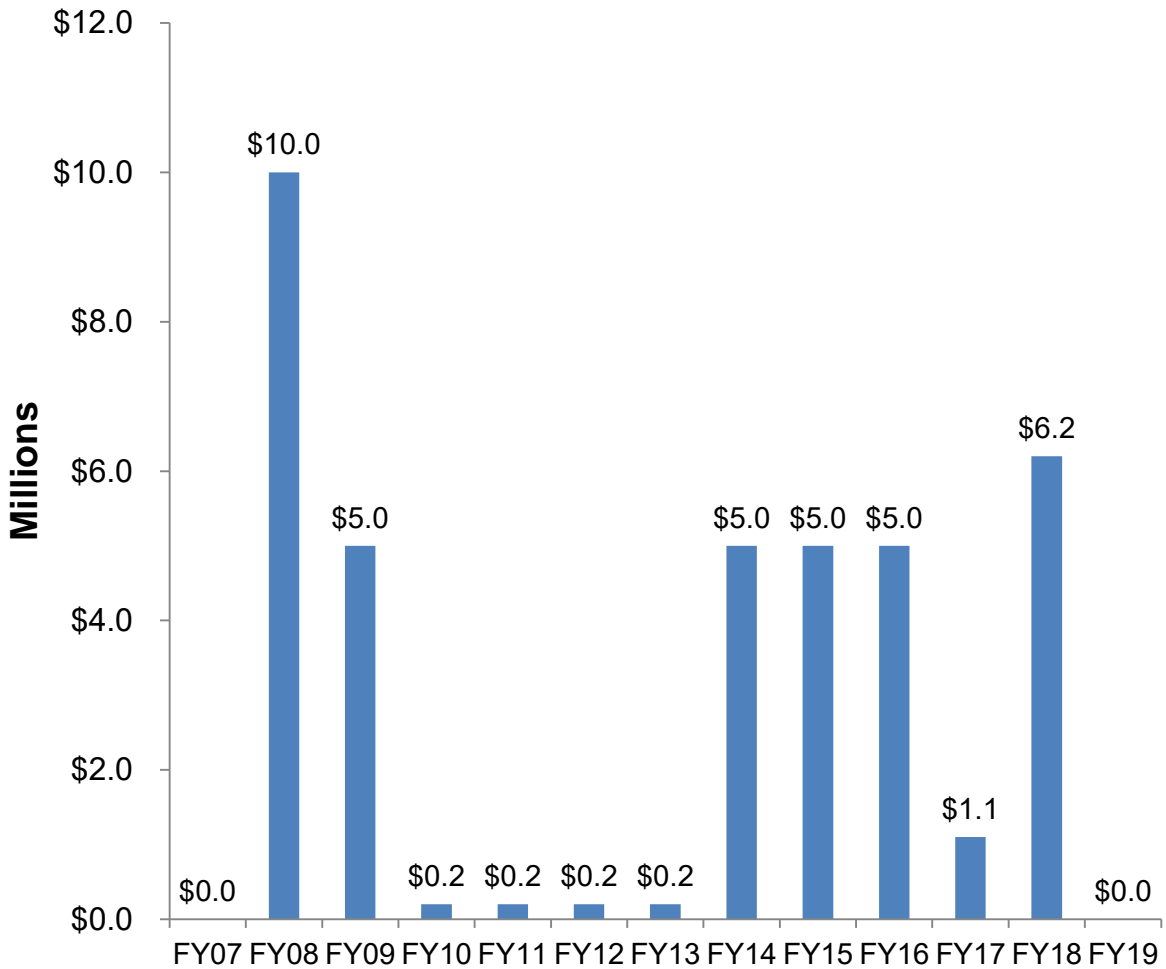
State Spending Summary	FY2019	FY2018
State Ranking	49	34
State Spending On Tobacco Prevention	\$0	\$6.2 million
% of CDC Recommended Spending (\$75.6 million)	0.0%	8.2%



Tobacco's Toll in Tennessee	
Adults who smoke	22.6%
High school students who smoke	9.4%
High school students who use e-cigarettes	11.5%
Deaths caused by smoking each year	11,400
Annual health care costs directly caused by smoking	\$2.67 billion
Proportion of cancer deaths attributable to smoking	32.9%
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,035 per household
Estimated annual tobacco industry marketing in state	\$292.1 million
Ratio of industry marketing to state tobacco prevention spending	-

Tennessee

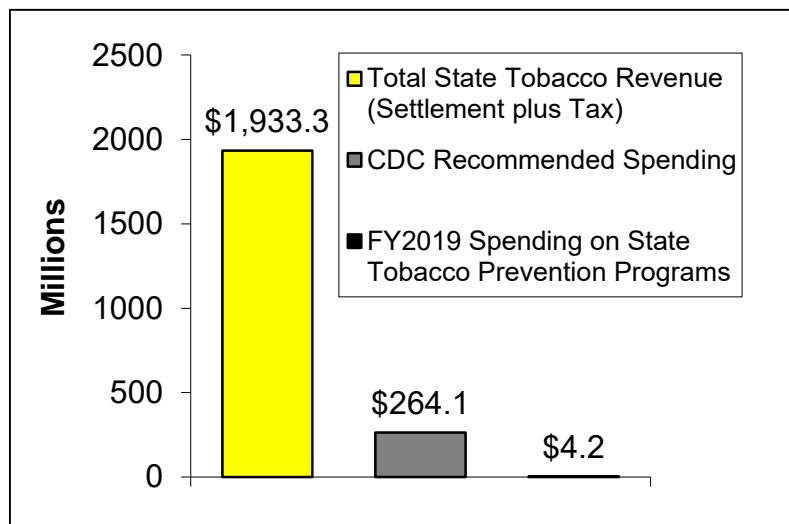
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$75.6 million

Texas

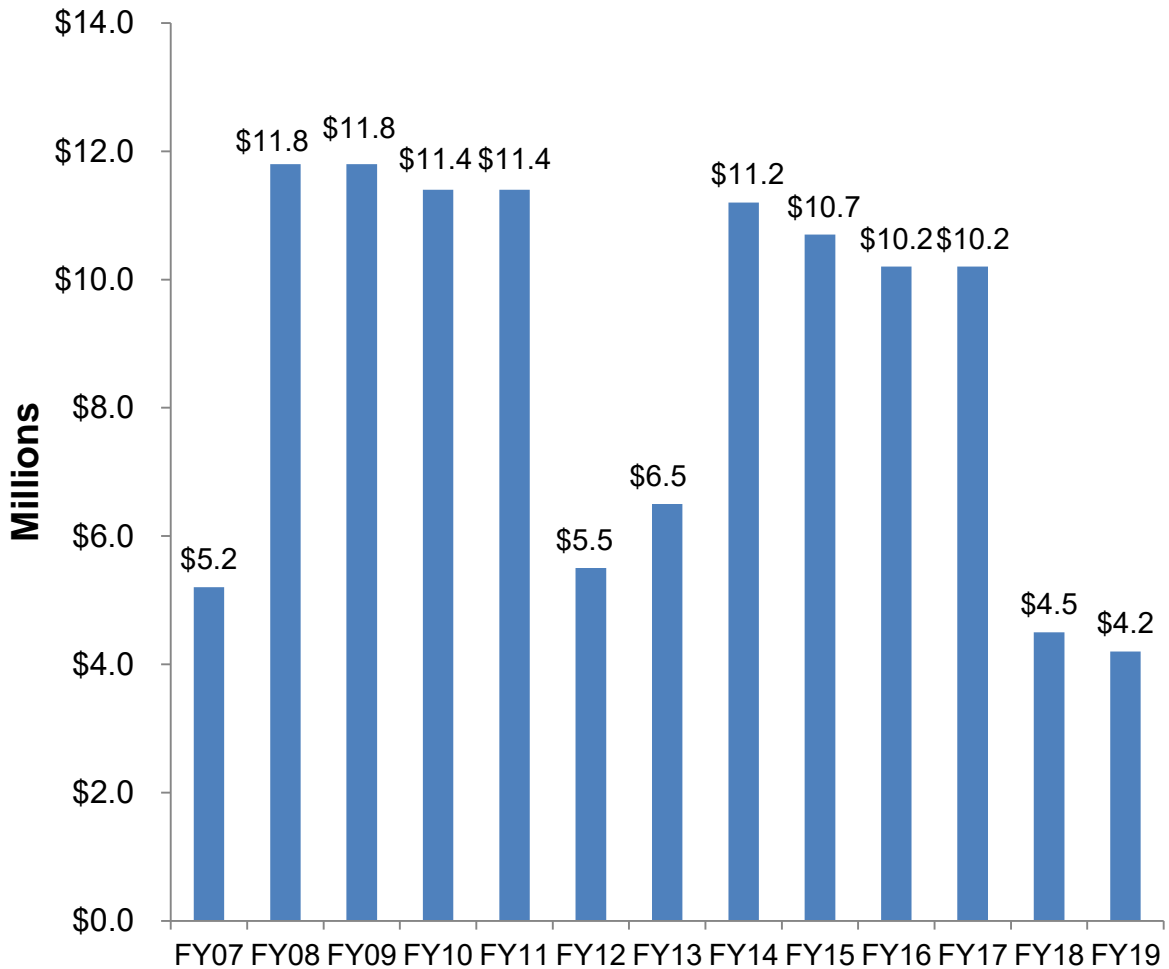
State Spending Summary	FY2019	FY2018
State Ranking	44	44
State Spending On Tobacco Prevention	\$4.2 million	\$4.5 million
% of CDC Recommended Spending (\$264.1 million)	1.6%	1.7%



Tobacco's Toll in Texas	
Adults who smoke	15.7%
High school students who smoke	7.4%
High school students who use e-cigarettes	10.3%
Deaths caused by smoking each year	28,000
Annual health care costs directly caused by smoking	\$8.85 billion
Proportion of cancer deaths attributable to smoking	26.9%
Residents' state & federal tax burden from smoking-caused government expenditures	\$747 per household
Estimated annual tobacco industry marketing in state	\$646.9 million
Ratio of industry marketing to state tobacco prevention spending	152.3 to 1

Texas

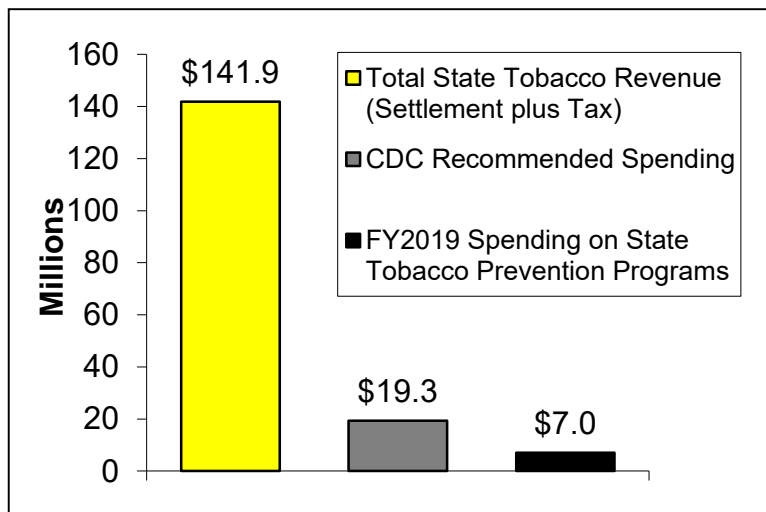
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$264.1 million

Utah

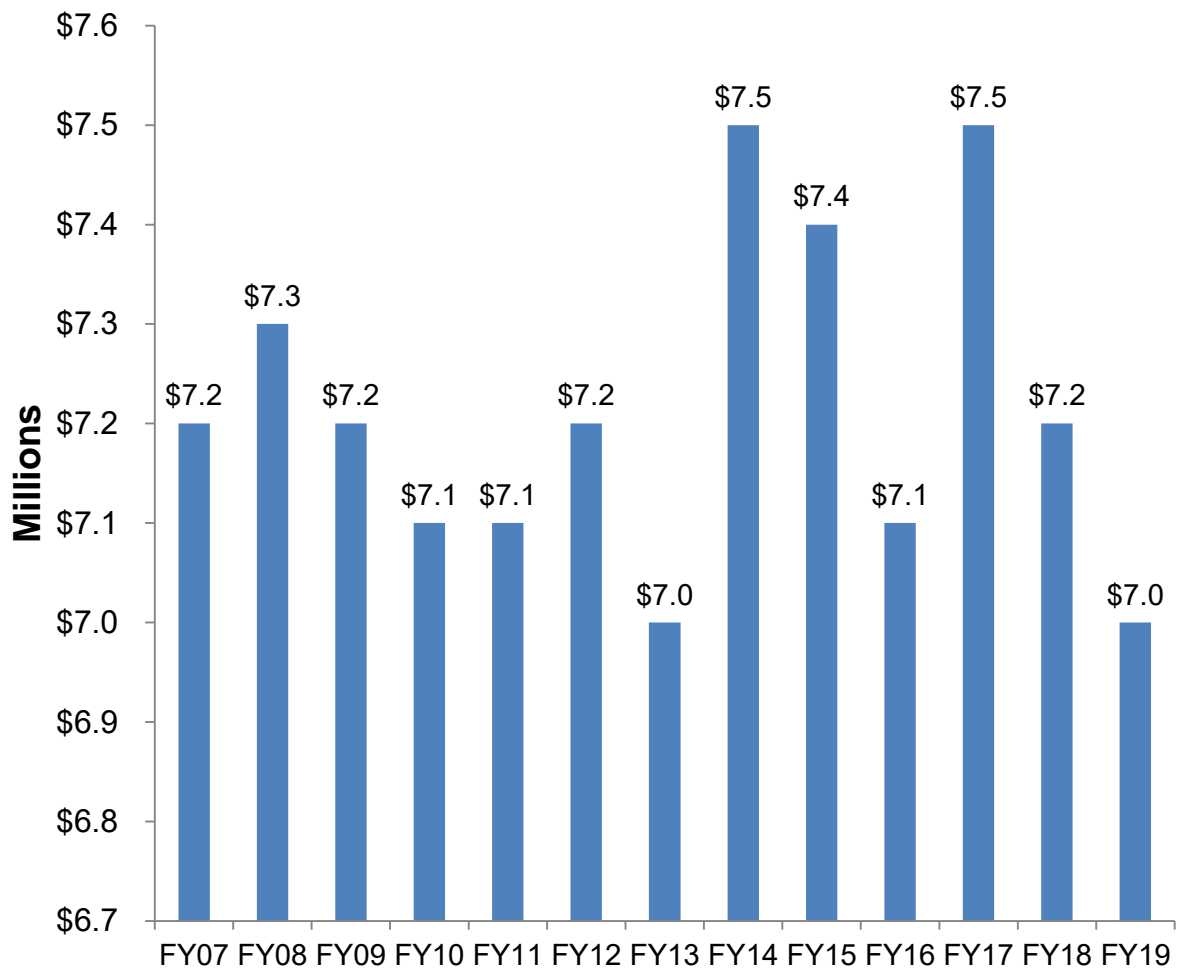
State Spending Summary	FY2019	FY2018
State Ranking	9	12
State Spending On Tobacco Prevention	\$7.0 million	\$7.2 million
% of CDC Recommended Spending (\$19.3 million)	36.3%	37.4%



Tobacco's Toll in Utah	
Adults who smoke	8.9%
High school students who smoke	3.8%
High school students who use e-cigarettes	7.6%
Deaths caused by smoking each year	1,300
Annual health care costs directly caused by smoking	\$542 million
Proportion of cancer deaths attributable to smoking	16.6%
Residents' state & federal tax burden from smoking-caused government expenditures	\$445 per household
Estimated annual tobacco industry marketing in state	\$39.9 million
Ratio of industry marketing to state tobacco prevention spending	5.7 to 1

Utah

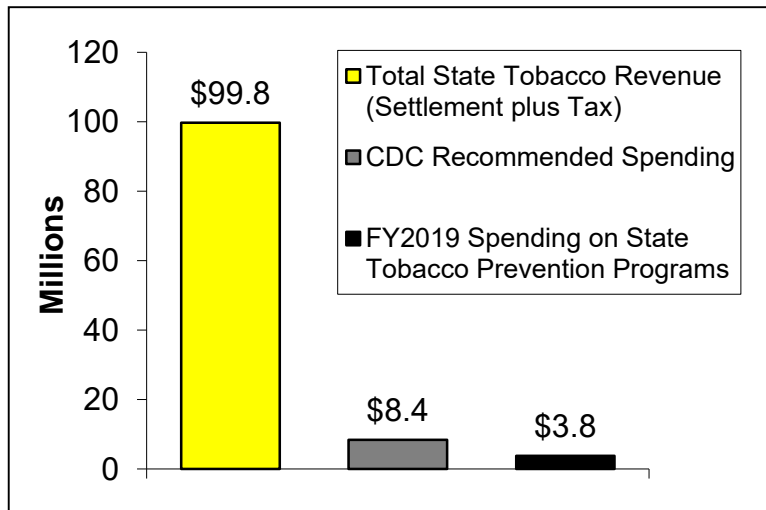
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$19.3 million

Vermont

State Spending Summary	FY2019	FY2018
State Ranking	6	9
State Spending On Tobacco Prevention	\$3.8 million*	\$3.6 million
% of CDC Recommended Spending (\$8.4 million)	45.2%	42.4%

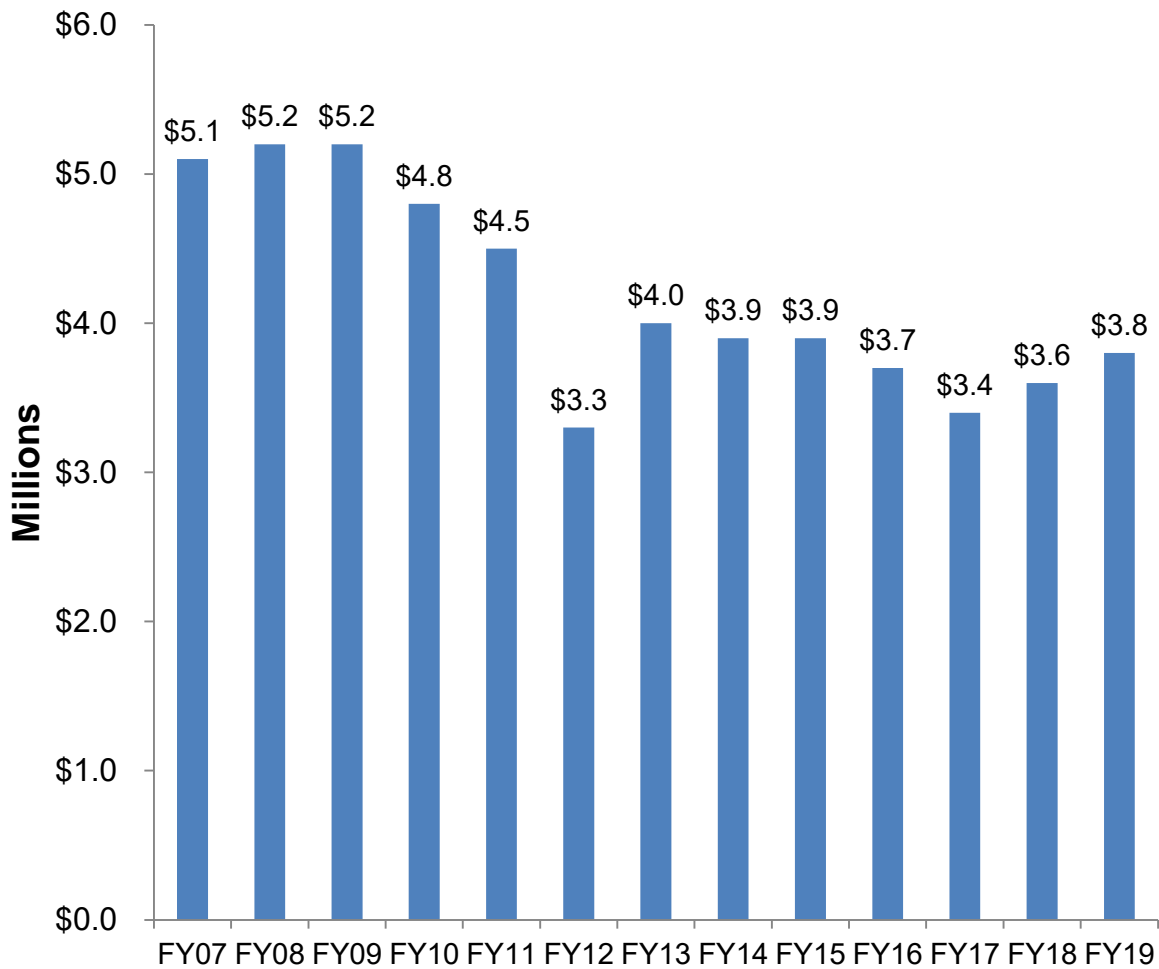


Tobacco's Toll in Vermont	
Adults who smoke	15.8%
High school students who smoke	9.3%
High school students who use e-cigarettes	12.0%
Deaths caused by smoking each year	1,000
Annual health care costs directly caused by smoking	\$348 million
Proportion of cancer deaths attributable to smoking	28.1%
Residents' state & federal tax burden from smoking-caused government expenditures	\$851 per household
Estimated annual tobacco industry marketing in state	\$16.8 million
Ratio of industry marketing to state tobacco prevention spending	4.4 to 1

*Vermont's FY19 state spending number reflects a change in categorization of state spending.

Vermont

Total Annual Tobacco Prevention Spending FY2007-FY2019

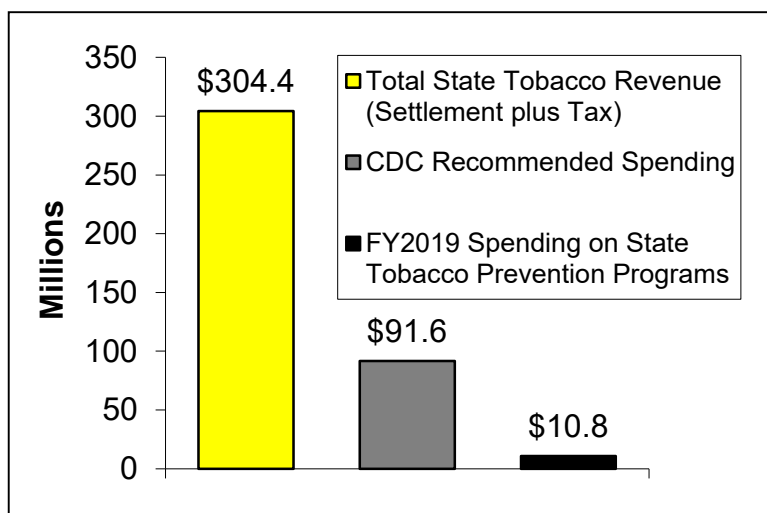


CDC Recommended Spending: \$8.4 million

*Vermont's FY19 state spending number reflects a change in categorization of state spending.

Virginia

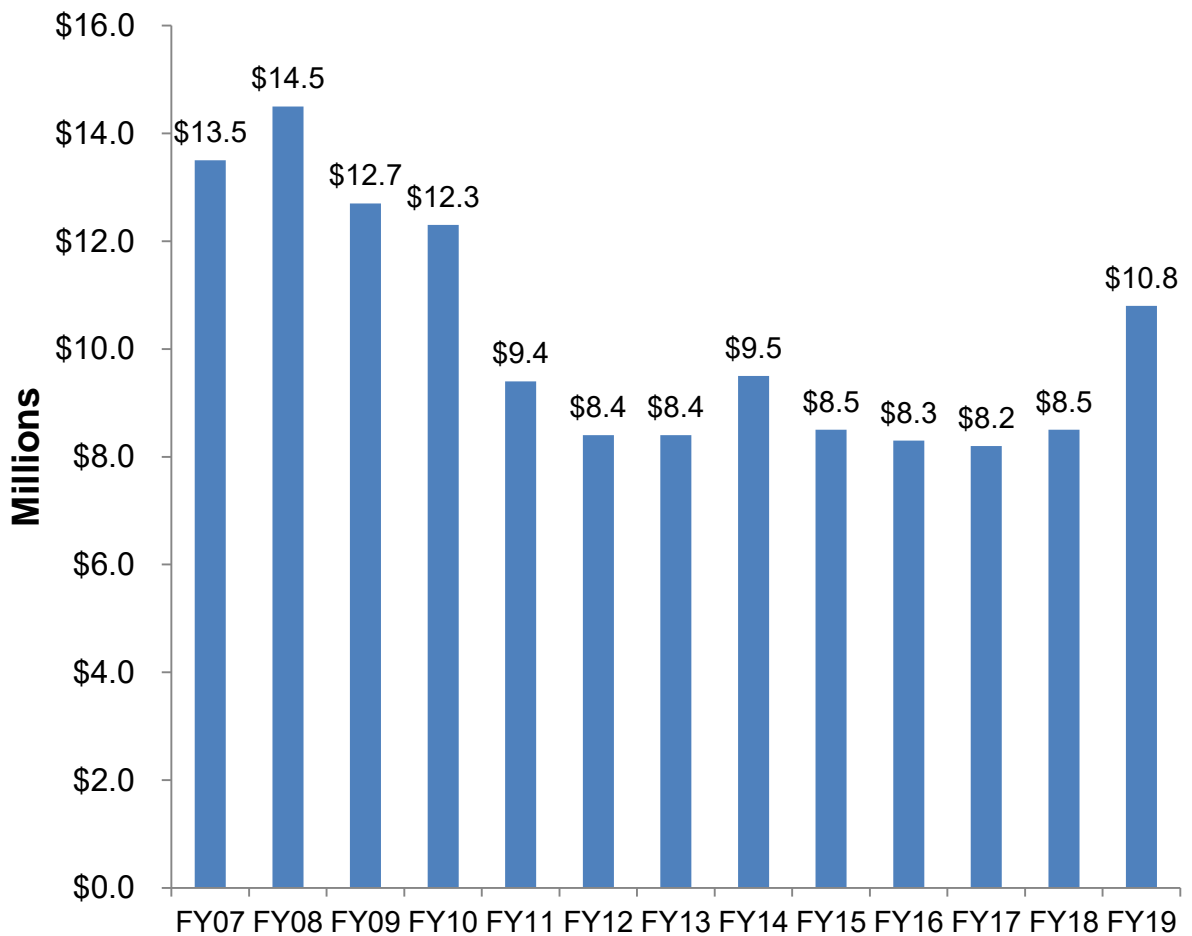
State Spending Summary	FY2019	FY2018
State Ranking	27	31
State Spending On Tobacco Prevention	\$10.8 million	\$8.5 million
% of CDC Recommended Spending (\$91.6 million)	11.8%	9.3%



Tobacco's Toll in Virginia	
Adults who smoke	16.4%
High school students who smoke	6.5%
High school students who use e-cigarettes	11.8%
Deaths caused by smoking each year	10,300
Annual health care costs directly caused by smoking	\$3.11 billion
Proportion of cancer deaths attributable to smoking	28.1%
Residents' state & federal tax burden from smoking-caused government expenditures	\$709 per household
Estimated annual tobacco industry marketing in state	\$383.1 million
Ratio of industry marketing to state tobacco prevention spending	35.5 to 1

Virginia

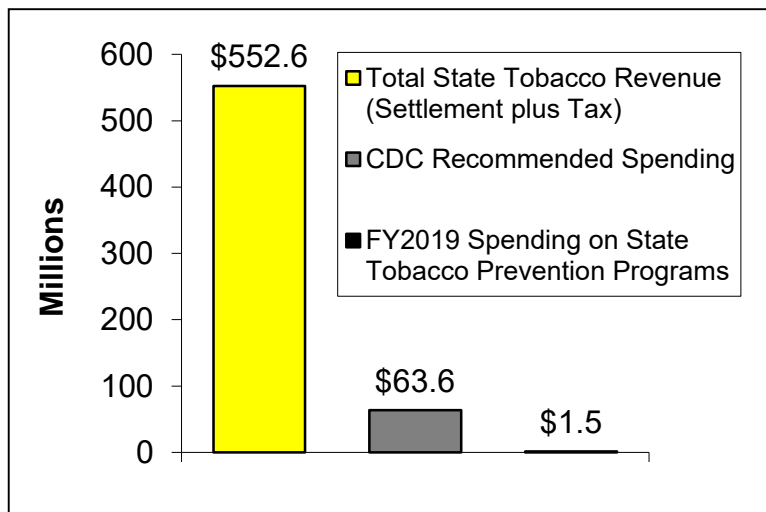
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$91.6 million

Washington

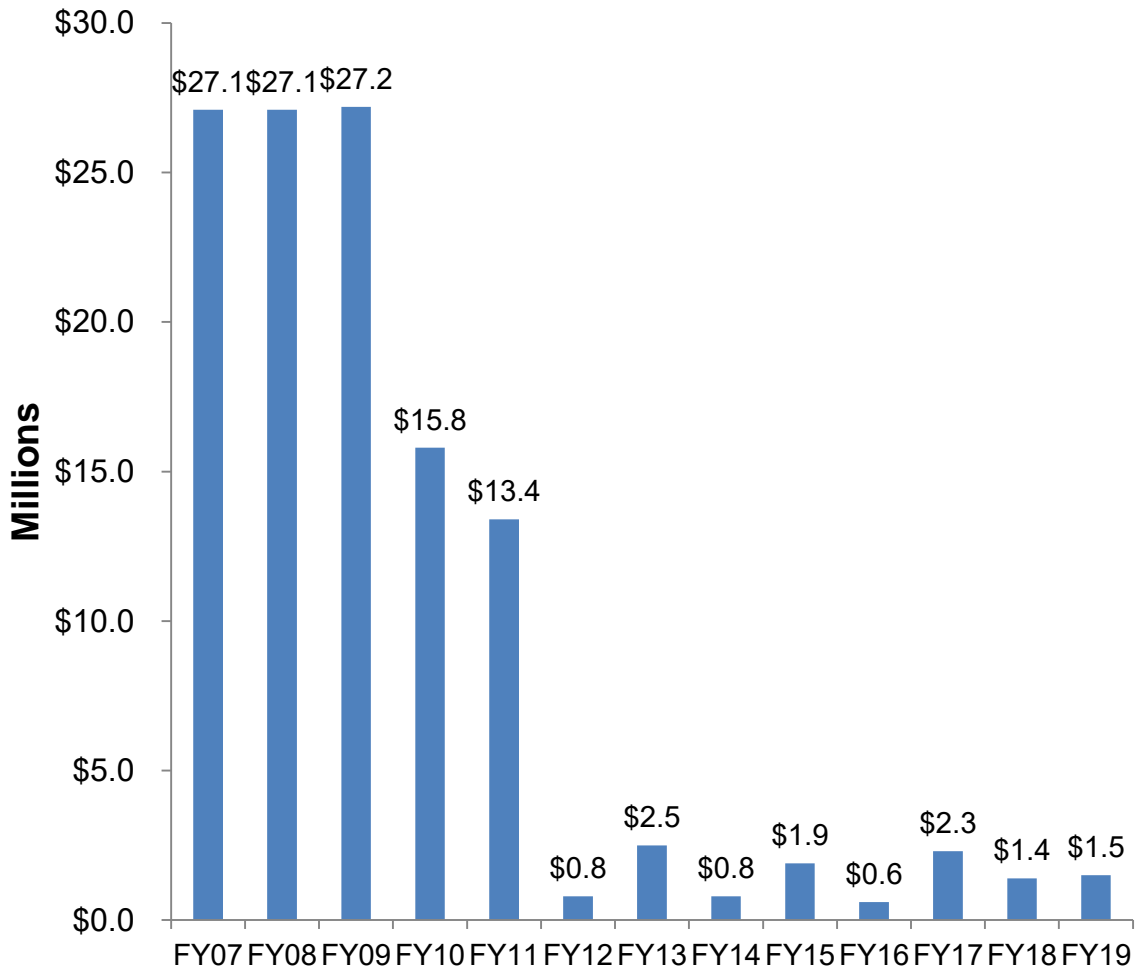
State Spending Summary	FY2019	FY2018
State Ranking	43	42
State Spending On Tobacco Prevention	\$1.5 million	\$1.4 million
% of CDC Recommended Spending (\$63.6 million)	2.4%	2.2%



Tobacco's Toll in Washington	
Adults who smoke	13.5%
High school students who smoke	6.3%
High school students who use e-cigarettes	12.7%
Deaths caused by smoking each year	8,300
Annual health care costs directly caused by smoking	\$2.81 billion
Proportion of cancer deaths attributable to smoking	27.4%
Residents' state & federal tax burden from smoking-caused government expenditures	\$720 per household
Estimated annual tobacco industry marketing in state	\$92.8 million
Ratio of industry marketing to state tobacco prevention spending	60.8 to 1

Washington

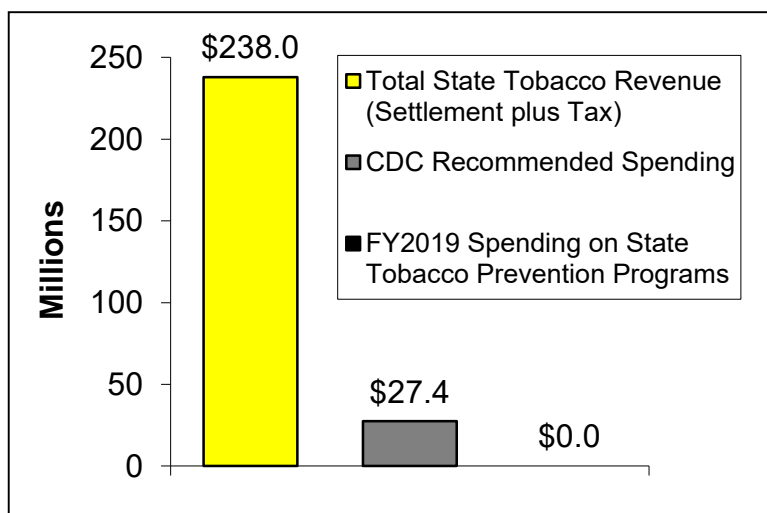
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$63.6 million

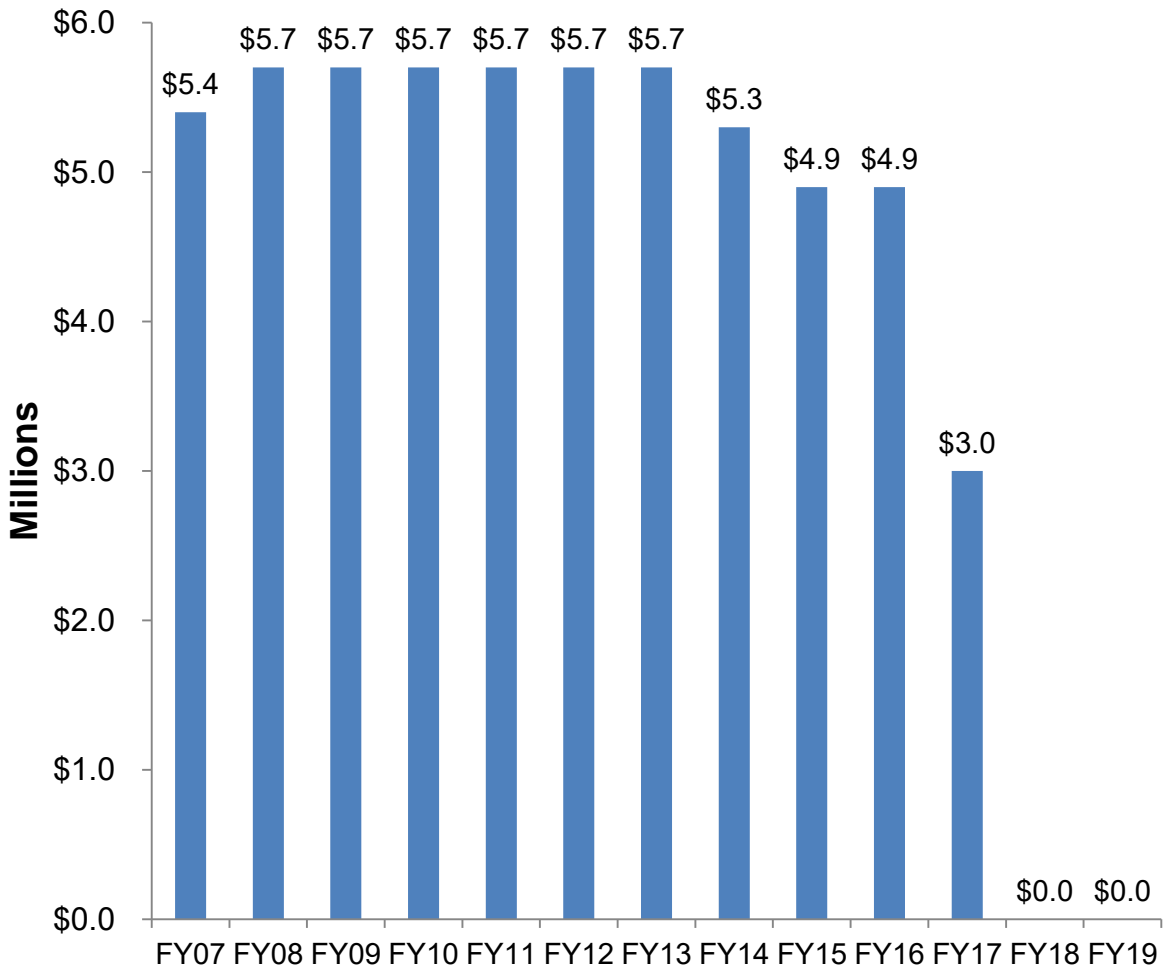
West Virginia

State Spending Summary	FY2019	FY2018
State Ranking	49	50
State Spending On Tobacco Prevention	\$0.0	\$0.0
% of CDC Recommended Spending (\$27.4 million)	0.0%	0.0%



Tobacco's Toll in West Virginia	
Adults who smoke	26.0%
High school students who smoke	14.4%
High school students who use e-cigarettes	14.3%
Deaths caused by smoking each year	4,300
Annual health care costs directly caused by smoking	\$1.00 billion
Proportion of cancer deaths attributable to smoking	32.6%
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,1223 per household
Estimated annual tobacco industry marketing in state	\$126.6 million
Ratio of industry marketing to state tobacco prevention spending	-

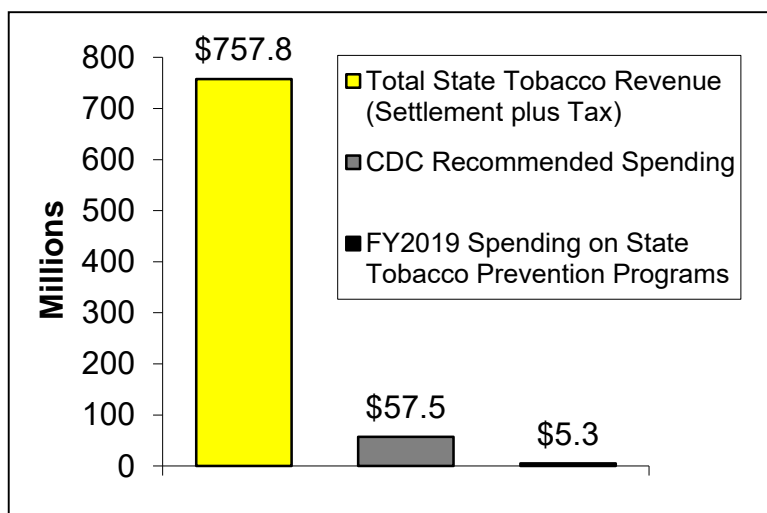
West Virginia Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$27.4 million

Wisconsin

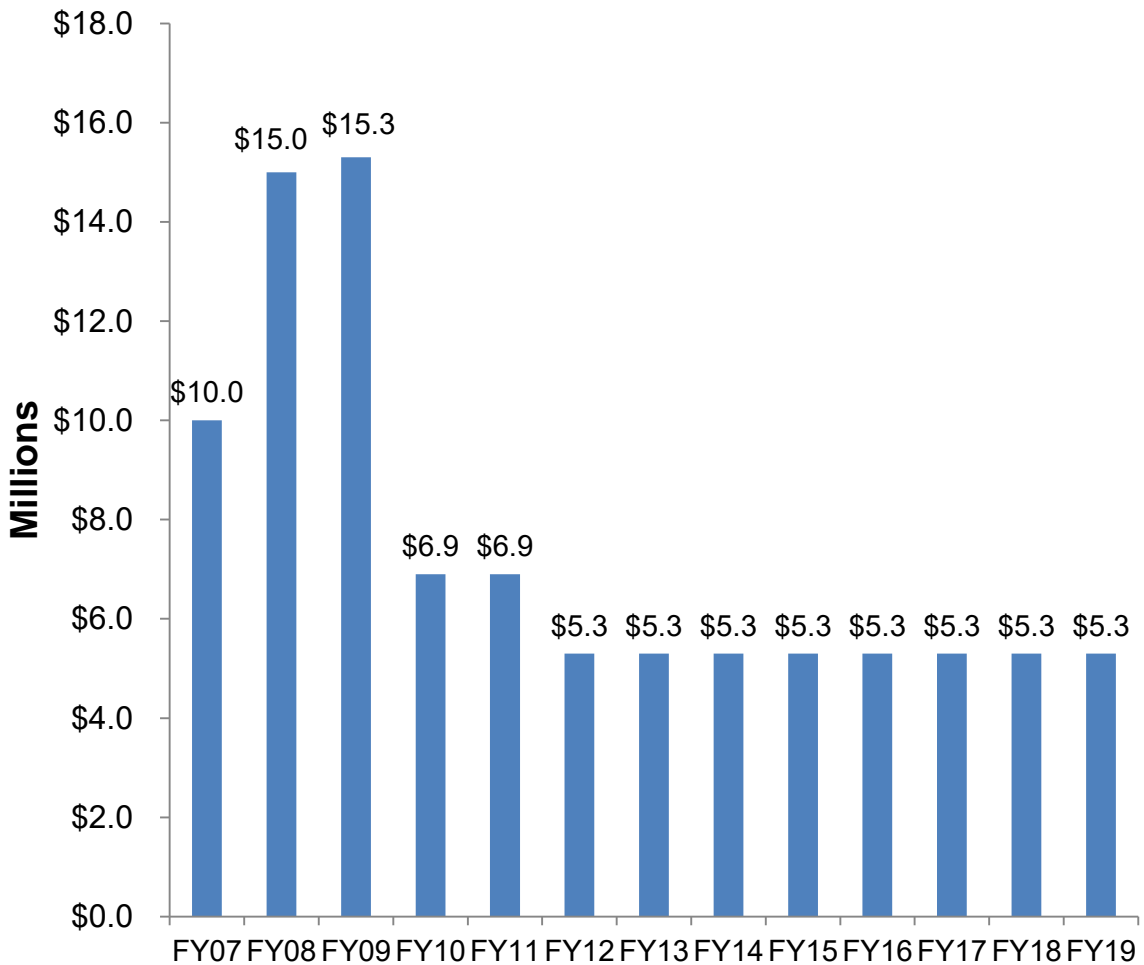
State Spending Summary	FY2019	FY2018
State Ranking	32	32
State Spending On Tobacco Prevention	\$5.3 million	\$5.3 million
% of CDC Recommended Spending (\$57.5 million)	9.2%	9.2%



Tobacco's Toll in Wisconsin	
Adults who smoke	16.0%
High school students who smoke	7.8%
High school students who use e-cigarettes	11.6%
Deaths caused by smoking each year	7,900
Annual health care costs directly caused by smoking	\$2.66 billion
Proportion of cancer deaths attributable to smoking	27.3%
Residents' state & federal tax burden from smoking-caused government expenditures	\$745 per household
Estimated annual tobacco industry marketing in state	\$164.7 million
Ratio of industry marketing to state tobacco prevention spending	31.1 to 1

Wisconsin

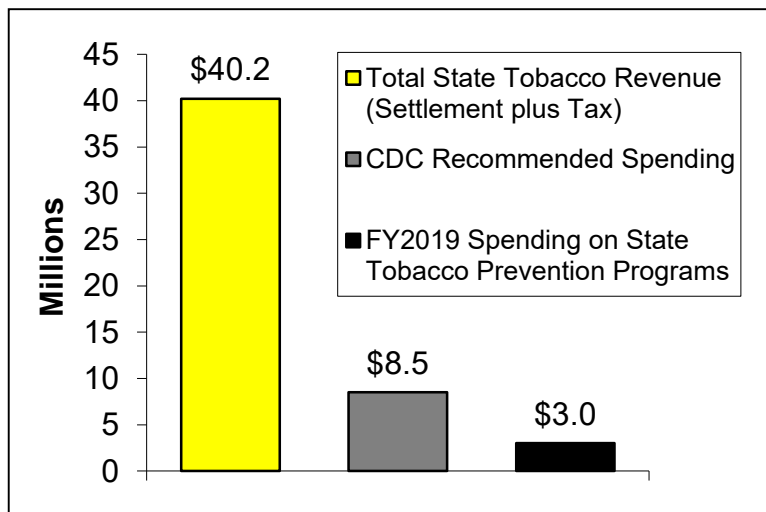
Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$57.5 million

Wyoming

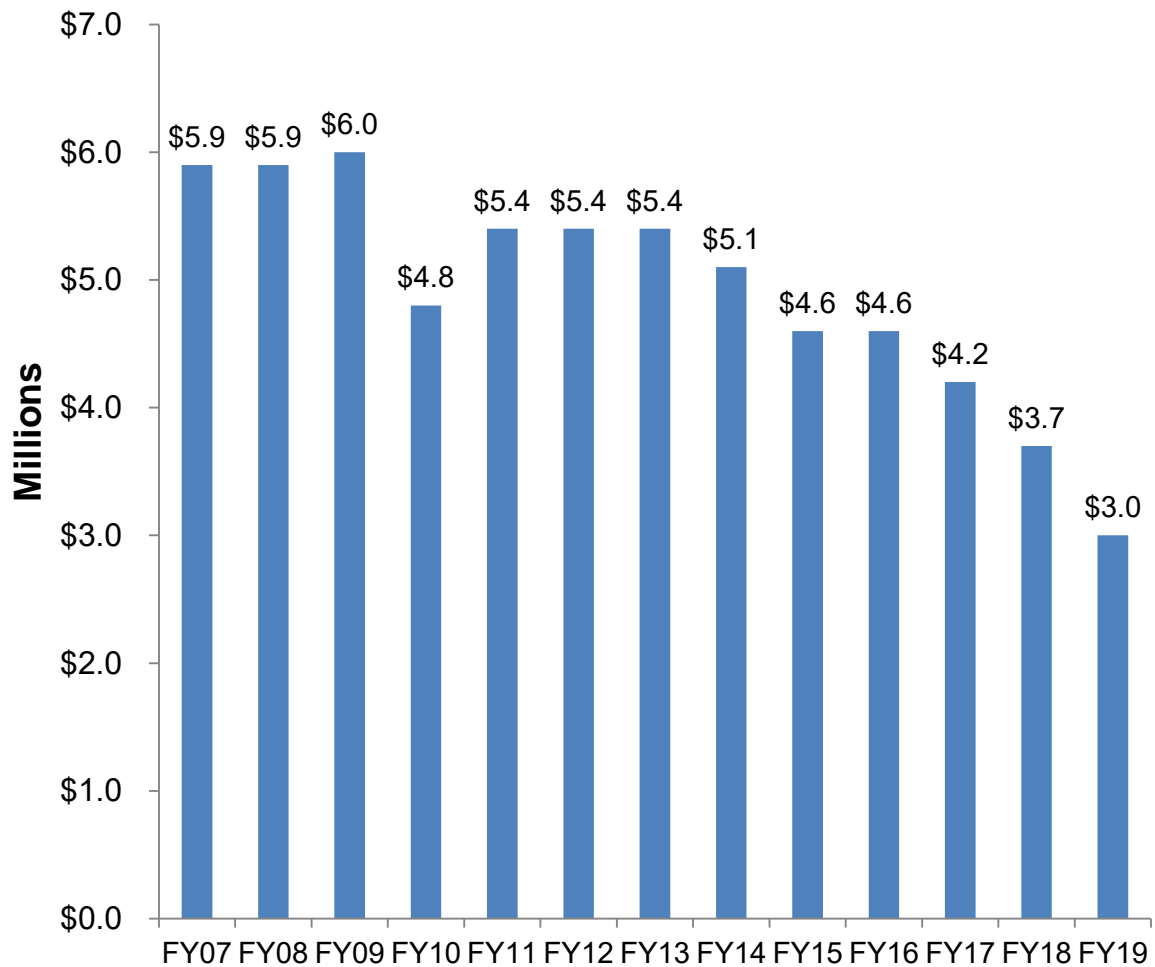
State Spending Summary	FY2019	FY2018
State Ranking	11	8
State Spending On Tobacco Prevention	\$3.0 million	\$3.7 million
% of CDC Recommended Spending (\$8.5 million)	35.8%	43.6%



Tobacco's Toll in Wyoming	
Adults who smoke	18.7%
High school students who smoke	15.7%
High school students who use e-cigarettes	29.6%
Deaths caused by smoking each year	800
Annual health care costs directly caused by smoking	\$258 million
Proportion of cancer deaths attributable to smoking	28.5%
Residents' state & federal tax burden from smoking-caused government expenditures	\$786 per household
Estimated annual tobacco industry marketing in state	\$23.0 million
Ratio of industry marketing to state tobacco prevention spending	7.6 to 1

Wyoming

Total Annual Tobacco Prevention Spending FY2007-FY2019



CDC Recommended Spending: \$8.5 million

Sources: State Data

Recommended Spending Levels

CDC annual spending recommendations. CDC annual spending recommendations are based on CDC's *Best Practices for Comprehensive Tobacco Control Programs—2014*, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm?s_cid=cs_3281

State Tobacco Prevention Spending

State spending on tobacco prevention. State spending amounts are collected from state tobacco control program staff and state based advocates. Spending amounts only include state funds.

Revenue Data

State settlement revenue estimates. State settlement revenue estimates reflect base payments made to the states adjusted for inflation and volume as required by the Master Settlement Agreement.

State tobacco tax revenue estimates. State tobacco tax revenue estimates are based on monthly and annual revenue reports from Orzechowski & Walker's *Tax Burden on Tobacco* [industry-funded reports], and account for on-going background declines in smoking as well as projected new revenues from recent tobacco tax increases.

Marketing Data

Estimated annual tobacco company marketing in state. U.S. Federal Trade Commission (FTC), Cigarette Report for 2016, 2018, https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2016-federal-trade-commission-smokeless-tobacco-report/ftc_cigarette_report_for_2016_0.pdf [data for top 5 manufacturers only].; FTC, *Smokeless Tobacco Report for 2016, 2018*, https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2016-federal-trade-commission-smokeless-tobacco-report/ftc_smokeless_tobacco_report_for_2016_0.pdf [Data for top 5 manufacturers only].

Ratio of tobacco company marketing to spending. Estimated annual tobacco company marketing in state divided by state spending on tobacco prevention as reported in this new report. State marketing estimates are prorated based on cigarette pack sales in state.

Toll Data

Adult smoking rates. State adult smoking rates from 2017 Behavioral Risk Factor Surveillance System (BRFSS).

Youth smoking and e-cigarette rates. State youth smoking rates from most recent year available: Youth Risk Behavioral Surveillance (YRBS); Youth Tobacco Surveillance (YTS); and other state-specific surveys.

Smoking-caused deaths. Includes deaths caused by cigarette smoking but not deaths caused by other forms of combustible tobacco or smokeless tobacco products, which are expected to be in the thousands per year. CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/.

Smoking-caused healthcare costs. CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/, Health costs do not include estimated annual costs from lost productivity due to premature death and exposure to secondhand smoke.

State proportion of cancer deaths attributable to smoking. Lortet-Tieulent, J, et al., "State-Level Cancer Mortality Attributable to Cigarette Smoking in the United States," *JAMA Internal Medicine*, published online October 24, 2016.

Residents' state & federal tax burden from smoking-caused government expenditures. Based on data from: CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*; CDC, Data Highlights 2006; Xu, X et al., "Annual Healthcare Spending Attributable to Cigarette Smoking: An Update," *American Journal of Preventive Medicine*, 48(3): 326-333, 2015; CDC, "Medical Care Expenditures Attributable to Smoking -- United States, 1993," *MMWR* 43(26): 1-4, July 8, 1994.



Appendix A: History of Spending for State Tobacco Prevention Programs

	FY2019		FY2018		FY2017		FY2016		FY2015	
	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.
States Total	\$655.0	19.8%	\$721.6	21.8%	\$491.6	14.9%	\$481.7	14.6%	\$490.4	14.8%
Alabama	\$2.1	3.7%	\$1.3	2.3%	\$1.5	2.7%	\$1.5	2.7%	\$0.4	0.6%
Alaska	\$9.1	89.4%	\$9.5	93.1%	\$9.5	93.0%	\$8.8	86.4%	\$9.7	95.6%
Arizona	\$17.3	26.9%	\$17.8	27.6%	\$18.4	28.6%	\$15.5	24.0%	\$18.6	28.9%
Arkansas	\$12.0	32.7%	\$8.9	24.3%	\$9.0	24.5%	\$17.4	47.4%	\$17.5	47.6%
California	\$250.4	72.0%	\$327.8 [#]	94.2%	\$75.7	21.8%	\$65.5	18.8%	\$58.9	16.9%
Colorado	\$23.6	44.6%	\$24.2	45.7%	\$23.2	43.8%	\$21.8	41.3%	\$23.1	43.7%
Connecticut	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$1.2	3.7%	\$3.5	11.0%
Delaware	\$6.3	48.4%	\$6.4	48.9%	\$6.4	48.9%	\$6.4	49.2%	\$8.7	66.7%
DC	\$1.9	17.8%	\$0.9	8.7%	\$1.0	9.3%	\$1.4	12.7%	\$2.0	18.7%
Florida	\$70.4	36.3%	\$68.6	35.3%	\$67.8	34.9%	\$67.7	34.9%	\$66.6	34.3%
Georgia	\$0.8	0.7%	\$0.9 [§]	0.9%	\$1.8	1.7%	\$1.8	1.7%	\$1.8	1.7%
Hawaii	\$4.5	32.9%	\$6.6	48.1%	\$5.3	38.6%	\$6.8	49.3%	\$7.5	55.0%
Idaho	\$3.6	23.3%	\$2.7	17.4%	\$2.9	18.4%	\$2.9	18.4%	\$2.7	17.1%
Illinois	\$9.1	6.7%	\$7.3	5.3%	\$9.1	6.7%	N/A***	N/A***	\$11.1	8.1%
Indiana	\$7.5	10.2%	\$7.5	10.2%	\$5.9	8.0%	\$5.9	8.0%	\$5.8	7.8%
Iowa	\$4.0	13.4%	\$4.1	13.5%	\$5.2	17.4%	\$5.2	17.4%	\$5.2	17.4%
Kansas	\$0.8	3.0%	\$0.8	3.0%	\$0.8	3.0%	\$0.9	3.4%	\$0.9	3.4%
Kentucky	\$3.8	6.7%	\$2.6	4.6%	\$2.4	4.2%	\$2.5	4.4%	\$2.5	4.4%
Louisiana	\$5.4	9.0%	\$5.8	9.7%	\$7.0	11.7%	\$7.0	11.7%	\$6.8	11.4%
Maine	\$4.8	30.4%	\$5.3	33.0%	\$7.8	49.1%	\$8.1	50.6%	\$8.2	51.4%
Maryland	\$10.5	21.8%	\$10.6	22.0%	\$10.6	22.0%	\$8.7	18.2%	\$8.5	17.7%
Massachusetts	\$4.2	6.3%	\$3.7	5.6%	\$3.9	5.8%	\$3.9	5.8%	\$3.9	5.8%
Michigan	\$1.6	1.5%	\$1.6	1.4%	\$1.6	1.4%	\$1.6	1.5%	\$1.5	1.4%
Minnesota	\$17.3	32.7%	\$20.6	38.9%	\$22.0	41.7%	\$21.5	40.6%	\$22.3	42.2%
Mississippi	\$8.4	23.1%	\$8.4	23.1%	\$10.7	29.4%	\$10.9	29.9%	\$10.9	29.9%
Missouri	\$0.05	0.1%	\$0.05	0.1%	\$0.1	0.1%	\$0.1	0.1%	\$0.1	0.1%

	FY2019		FY2018		FY2017		FY2016		FY2015	
	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.
Montana	\$5.0	34.0%	\$5.2	35.8%	\$6.4	44.1%	\$6.4	44.1%	\$5.4	37.0%
Nebraska	\$2.6	12.4%	\$2.6	12.4%	\$2.6	12.4%	\$2.6	12.4%	\$2.4	11.4%
Nevada	\$1.0	3.2%	\$1.0	3.2%	\$1.0	3.3%	\$1.0	3.3%	\$1.0	3.3%
New Hampshire	\$0.1	0.8%	\$0.1	0.8%	\$0.1	0.8%	\$0.1	0.8%	\$0.1	0.8%
New Jersey	\$7.2	7.0%	\$0.5	0.5%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
New Mexico	\$5.7	24.9%	\$5.7	24.9%	\$5.7	24.9%	\$5.9	26.0%	\$5.9	26.0%
New York	\$39.8	19.6%	\$39.3	19.4%	\$39.3	19.4%	\$39.3	19.4%	\$39.3	19.4%
North Carolina	\$2.8	2.8%	\$2.1	2.1%	\$1.1	1.1%	\$1.2	1.2%	\$1.2	1.2%
North Dakota	\$5.8	59.5%	\$5.3	53.9%	\$9.9	100.9%	\$10.0	102.0%	\$9.5	97.1%
Ohio	\$13.0	9.8%	\$12.5	9.5%	\$13.5	10.3%	\$12.1	9.2%	\$7.7	5.8%
Oklahoma	\$21.3	50.3%	\$19.0 ^{§§}	45.0%	\$23.5	55.6%	\$25.0	59.1%	\$23.6	55.7%
Oregon	\$10.0	25.6%	\$8.2	20.7%	\$9.8	25.0%	\$9.8	25.0%	\$9.9	25.2%
Pennsylvania	\$15.5	11.1%	\$15.8	11.3%	\$13.9	9.9%	\$13.7	9.80%	\$13.8 [§]	9.9%
Rhode Island	\$0.4	3.1%	\$0.4	2.9%	\$0.4	2.9%	\$0.4	3.1%	\$0.4	3.0%
South Carolina	\$5.0	9.8%	\$5.0	9.8%	\$5.0	9.8%	\$5.0	9.8%	\$5.0	9.8%
South Dakota	\$4.5	38.5%	\$4.5	38.5%	\$4.5	38.5%	\$4.5	38.5%	\$4.5	38.5%
Tennessee	\$0.0	0.0%	\$6.2	8.2%	\$1.1	1.5%	\$5.0	6.6%	\$5.0	6.6%
Texas	\$4.2	1.6%	\$4.5	1.7%	\$10.2	3.9%	\$10.2	3.9%	\$10.7	4.1%
Utah	\$7.0	36.3%	\$7.2	37.4%	\$7.5	38.9%	\$7.1	36.8%	\$7.4	38.2%
Vermont	\$3.8 ^{##}	45.2%	\$3.6	42.4%	\$3.4	40.2%	\$3.7	44.0%	\$3.9	46.4%
Virginia	\$10.8	11.8%	\$8.5	9.3%	\$8.2	9.0%	\$8.3	9.1%	\$8.5	9.3%
Washington	\$1.5	2.4%	\$1.4	2.2%	\$2.3	3.6%	\$0.6	1.0%	\$1.9	2.9%
West Virginia	\$0.0	0.0%	\$0.0	0.0%	\$3.0	11.1%	\$4.9	17.8%	\$4.9	17.8%
Wisconsin	\$5.3	9.2%	\$5.3	9.2%	\$5.3	9.2%	\$5.3	9.2%	\$5.3	9.2%
Wyoming	\$3.0	35.8%	\$3.7	43.6%	\$4.2	49.4%	\$4.6	54.1%	\$4.6	54.1%
Total	\$655.0	19.8%	\$721.6	21.8%	\$491.6	14.9%	\$481.7	14.6%	\$490.4	14.8%

Note: Annual funding amounts only include state funds

*In 2007 and again in 2014, the CDC updated its recommendations for the amount each state should spend on tobacco prevention programs, taking into account new science, population changes, inflation and other factors. Starting in FY2014, this report assessed the states based on the new recommendations issued in the 2014 CDC Best Practices for Comprehensive Tobacco Control Programs. Assessments for FY2009 through FY2013 are based on the 2007 CDC Best Practices for Comprehensive Tobacco Control Programs; earlier assessments are based on 1999 recommendations. **In FY2012 and FY2013, Alabama's tobacco prevention program budget was unavailable at the time this report went to press. ***In FY16, Illinois' tobacco prevention program budget FY2016 was unavailable when this report went to press. [§]Georgia's FY18 state spending number reflects a change in categorization of state spending. ^{§§}Oklahoma's FY18 spending number reflects the Tobacco Settlement Endowment Trust amount. At the time of publication, Oklahoma had not passed a budget, which may include additional appropriations. ^{§§}California's FY2018 state spending number represents five quarters worth of funding. ^{##}Vermont's FY19 state spending number reflects a change in categorization of state spending.

History of Spending for State Tobacco Prevention Programs FY2010 – FY2014

	FY2014		FY2013		FY2012		FY2011		FY2010	
	Spending (\$millions)	Percent of CDC Rec.*	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.
States Total	\$481.2	14.6%	\$459.5	12.4%	\$456.7	12.4%	\$517.9	14.0%	\$569.3	15.4%
Alabama	\$0.3	0.5%	NA**	NA**	NA**	NA**	\$0.9	1.5%	\$0.8	1.3%
Alaska	\$10.1	99.4%	\$10.9	101.6%	\$10.8	101.3%	\$9.8	92.0%	\$9.2	86.0%
Arizona	\$18.6	28.9%	\$15.2	22.3%	\$18.0	26.4%	\$19.8	29.1%	\$22.1	32.5%
Arkansas	\$17.5	47.6%	\$17.8	48.9%	\$7.4	20.5%	\$11.8	32.4%	\$18.7	51.4%
California	\$64.8	18.6%	\$62.1	14.1%	\$70.0	15.8%	\$75.0	17.0%	\$77.1	17.4%
Colorado	\$26.0	49.1%	\$22.6	41.5%	\$6.5	11.9%	\$7.0	12.9%	\$11.1	20.4%
Connecticut	\$3.0	9.4%	\$6.0	13.7%	\$0.0	0.0%	\$0.4	0.9%	\$6.1	13.9%
Delaware	\$8.3	64.0%	\$9.0	64.9%	\$9.0	64.9%	\$8.3	59.5%	\$10.1	72.7%
DC	\$0.5	4.6%	\$0.5	4.7%	\$0.0	0.0%	\$0.6	5.4%	\$0.9	8.1%
Florida	\$65.6	33.8%	\$64.3	30.5%	\$62.3	29.5%	\$61.6	29.2%	\$65.8	31.2%
Georgia	\$2.2	2.1%	\$0.8	0.6%	\$2.0	1.7%	\$2.0	1.8%	\$2.1	1.8%
Hawaii	\$7.9	57.3%	\$8.9	58.8%	\$10.7	70.3%	\$9.3	61.1%	\$7.9	52.0%
Idaho	\$2.2	14.1%	\$2.2	13.0%	\$0.9	5.2%	\$1.5	8.9%	\$1.2	7.1%
Illinois	\$11.1	8.1%	\$11.1	7.1%	\$9.5	6.1%	\$9.5	6.1%	\$8.5	5.4%
Indiana	\$5.8	7.8%	\$9.3	11.8%	\$10.1	12.8%	\$9.2	11.7%	\$10.8	13.7%
Iowa	\$5.1	17.1%	\$3.2	8.7%	\$3.3	8.9%	\$7.3	20.0%	\$10.1	27.5%
Kansas	\$0.9	3.4%	\$1.0	3.1%	\$1.0	3.1%	\$1.0	3.1%	\$1.0	3.1%
Kentucky	\$2.1	3.7%	\$2.1	3.7%	\$2.2	3.9%	\$2.6	4.5%	\$2.8	4.9%
Louisiana	\$8.0	13.4%	\$7.2	13.4%	\$8.4	15.8%	\$9.0	16.9%	\$7.8	14.6%
Maine	\$8.1	50.7%	\$7.5	40.7%	\$9.4	50.6%	\$9.9	53.5%	\$10.8	58.4%
Maryland	\$8.5	17.8%	\$4.2	6.6%	\$4.3	6.8%	\$4.3	6.9%	\$5.5	8.7%
Massachusetts	\$4.0	5.9%	\$4.2	4.6%	\$4.2	4.6%	\$4.5	5.0%	\$4.5	5.0%
Michigan	\$1.5	1.4%	\$1.8	1.5%	\$1.8	1.5%	\$2.6	2.1%	\$2.6	2.1%
Minnesota	\$21.3	40.2%	\$19.6	33.6%	\$19.5	33.4%	\$19.6	33.6%	\$20.3	34.8%
Mississippi	\$10.9	29.9%	\$9.7	24.7%	\$9.9	25.3%	\$9.9	25.3%	\$10.6	27.0%
Missouri	\$0.1	0.1%	\$0.1	0.1%	\$0.1	0.1%	\$0.1	0.1%	\$1.2	1.6%

	FY2014		FY2013		FY2012		FY2011		FY2010	
	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.
Montana	\$5.4	37.0%	\$4.6	33.1%	\$4.7	33.8%	\$8.4	60.4%	\$8.4	60.4%
Nebraska	\$2.4	11.4%	\$2.4	11.1%	\$2.4	11.0%	\$2.9	13.3%	\$3.0	14.0%
Nevada	\$1.0	3.3%	\$0.2	0.5%	\$0.0	0.0%	\$0.0	0.0%	\$2.9	8.9%
New Hampshire	\$0.1	0.8%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
New Jersey	\$0.0	0.0%	\$0.0	0.0%	\$1.2	1.0%	\$0.6	0.5%	\$7.6	6.3%
New Mexico	\$5.9	26.0%	\$5.9	25.3%	\$5.9	25.3%	\$7.0	29.8%	\$9.5	40.6%
New York	\$39.3	19.4%	\$41.4	16.3%	\$41.4	16.3%	\$58.4	23.0%	\$55.2	21.7%
North Carolina	\$1.2	1.2%	\$0.0	0.0%	\$17.3	16.2%	\$18.3	17.1%	\$18.3	17.1%
North Dakota	\$9.5	97.1%	\$8.2	88.4%	\$8.1	87.0%	\$8.2	88.1%	\$8.2	88.2%
Ohio	\$1.5	1.1%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$6.0	4.1%
Oklahoma	\$22.7	53.7%	\$19.7	43.8%	\$21.2	47.1%	\$21.7	48.2%	\$19.8	44.0%
Oregon	\$9.9	25.2%	\$7.5	17.5%	\$8.3	19.3%	\$7.1	16.6%	\$6.6	15.3%
Pennsylvania	\$5.0 ^s	3.6%	\$14.2	9.1%	\$13.9	9.0%	\$14.7	9.5%	\$17.7	11.4%
Rhode Island	\$0.4	3.0%	\$0.4	2.5%	\$0.4	2.5%	\$0.7	4.8%	\$0.7	4.6%
South Carolina	\$5.0	9.8%	\$5.0	8.0%	\$5.0	8.0%	\$5.0	8.0%	\$2.0	3.2%
South Dakota	\$4.0	34.2%	\$4.0	35.4%	\$4.0	35.4%	\$3.5	31.0%	\$5.0	44.2%
Tennessee	\$5.0	6.6%	\$0.2	0.3%	\$0.2	0.3%	\$0.2	0.3%	\$0.2	0.3%
Texas	\$11.2	4.2%	\$6.5	2.4%	\$5.5	2.0%	\$11.4	4.3%	\$11.4	4.3%
Utah	\$7.5	39.1%	\$7.0	29.8%	\$7.2	30.4%	\$7.1	30.2%	\$7.1	30.1%
Vermont	\$3.9	46.4%	\$4.0	38.2%	\$3.3	31.8%	\$4.5	43.4%	\$4.8	46.2%
Virginia	\$9.5	10.3%	\$8.4	8.1%	\$8.4	8.1%	\$9.4	9.1%	\$12.3	11.9%
Washington	\$0.8	1.2%	\$2.5	3.7%	\$0.8	1.1%	\$13.4	19.8%	\$15.8	23.5%
West Virginia	\$5.3	19.2%	\$5.7	20.5%	\$5.7	20.3%	\$5.7	20.4%	\$5.7	20.5%
Wisconsin	\$5.3	9.2%	\$5.3	8.2%	\$5.3	8.3%	\$6.9	10.7%	\$6.9	10.7%
Wyoming	\$5.1	60.0%	\$5.4	60.0%	\$5.4	60.0%	\$5.4	60.0%	\$4.8	53.3%
Total	\$481.2	14.6%	\$459.5	12.4%	\$456.7	12.4%	\$517.9	14.0%	\$569.3	15.4%

History of Spending for State Tobacco Prevention Programs FY2005 – FY2009

	FY2009		FY2008		FY2007		FY2006		FY2005	
	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Min.
States Total	\$670.9	18.1%	\$717.2	44.8%	\$597.5	37.2%	\$551.0	34.4%	\$538.2	33.6%
Alabama	\$1.2	2.1%	\$0.8	2.9%	\$0.7	2.6%	\$0.3	1.2%	\$0.4	1.3%
Alaska	\$8.2	76.6%	\$7.5	92.5%	\$6.2	76.6%	\$5.7	70.5%	\$4.2	51.5%
Arizona	\$21.0	30.8%	\$23.5	84.6%	\$25.5	91.8%	\$23.1	83.1%	\$23.1	83.1%
Arkansas	\$16.0	44.0%	\$15.6	87.1%	\$15.1	84.3%	\$17.5	97.7%	\$17.6	98.3%
California	\$77.7	17.6%	\$77.4	46.9%	\$84.0	50.9%	\$79.7	48.3%	\$74.0	44.8%
Colorado	\$26.4	48.5%	\$26.0	105.9%	\$25.0	101.8%	\$27.0	110.0%	\$4.3	17.5%
Connecticut	\$7.4	16.9%	\$0.0	0.0%	\$2.0	9.4%	\$0.0	0.2%	\$0.1	0.3%
Delaware	\$10.7	77.0%	\$10.7	123.8%	\$10.3	119.4%	\$9.2	106.6%	\$9.3	107.8%
DC	\$3.6	34.3%	\$3.6	48.1%	\$0.5	6.7%	\$0.0	0.0%	\$0.0	0.0%
Florida	\$59.5	28.2%	\$58.0	74.0%	\$5.6	7.1%	\$1.0	1.3%	\$1.0	1.3%
Georgia	\$2.3	2.0%	\$2.2	5.3%	\$2.3	5.4%	\$3.1	7.3%	\$11.5	27.0%
Hawaii	\$10.5	69.1%	\$10.4	96.3%	\$9.1	84.0%	\$5.8	53.8%	\$8.9	82.6%
Idaho	\$1.7	10.1%	\$1.4	12.6%	\$0.9	8.2%	\$0.5	4.9%	\$1.9	17.2%
Illinois	\$8.5	5.4%	\$8.5	13.1%	\$8.5	13.1%	\$11.0	16.9%	\$11.0	16.9%
Indiana	\$15.1	19.2%	\$16.2	46.6%	\$10.9	31.3%	\$10.8	31.1%	\$10.8	31.1%
Iowa	\$10.4	28.3%	\$12.3	63.5%	\$6.5	33.6%	\$5.6	28.9%	\$5.1	26.4%
Kansas	\$1.0	3.1%	\$1.4	7.8%	\$1.0	5.5%	\$1.0	5.5%	\$0.8	4.1%
Kentucky	\$2.8	4.9%	\$2.4	9.4%	\$2.2	8.8%	\$2.7	10.8%	\$2.7	10.8%
Louisiana	\$7.6	14.2%	\$7.7	28.3%	\$8.0	29.5%	\$8.0	29.5%	\$11.3	41.7%
Maine	\$10.9	58.9%	\$16.9	151.2%	\$14.7	131.3%	\$14.2	126.9%	\$14.2	126.9%
Maryland	\$19.6	31.0%	\$18.4	60.7%	\$18.7	61.7%	\$9.2	30.4%	\$9.5	31.4%
Massachusetts	\$12.2	13.6%	\$12.8	36.2%	\$8.3	23.4%	\$4.3	12.1%	\$3.8	10.6%
Michigan	\$3.7	3.1%	\$3.6	6.6%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
Minnesota	\$20.5	35.1%	\$22.1	77.2%	\$21.7	75.8%	\$22.1	77.2%	\$18.7	65.3%
Mississippi	\$10.3	26.3%	\$8.0	42.6%	\$0.0	0.0%	\$20.0	106.4%	\$20.0	106.4%
Missouri	\$1.7	2.3%	\$0.2	0.6%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%

	FY2009		FY2008		FY2007		FY2006		FY2005	
	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Min.
Montana	\$8.5	61.2%	\$8.5	90.6%	\$6.9	73.7%	\$6.8	72.6%	\$2.5	26.7%
Nebraska	\$3.0	14.0%	\$2.5	18.8%	\$3.0	22.5%	\$3.0	22.5%	\$2.9	21.8%
Nevada	\$3.4	10.5%	\$2.0	14.8%	\$3.8	28.2%	\$4.2	31.2%	\$4.4	32.6%
New Hampshire	\$0.2	1.0%	\$1.3	12.3%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
New Jersey	\$9.1	7.6%	\$11.0	24.4%	\$11.0	24.4%	\$11.5	25.5%	\$11.0	24.4%
New Mexico	\$9.6	41.0%	\$9.6	70.1%	\$7.7	56.2%	\$6.0	43.8%	\$5.0	36.5%
New York	\$80.4	31.6%	\$85.5	89.2%	\$85.5	89.2%	\$43.4	45.3%	\$39.5	41.2%
North Carolina	\$17.1	16.0%	\$17.1	40.2%	\$17.1	40.2%	\$15.0	35.2%	\$15.0	35.2%
North Dakota	\$3.1	33.3%	\$3.1	38.4%	\$3.1	38.0%	\$3.1	38.0%	\$3.1	38.0%
Ohio	\$6.0	4.1%	\$44.7	72.4%	\$45.0	72.9%	\$47.2	76.4%	\$53.3	86.3%
Oklahoma	\$18.0	40.0%	\$14.2	65.1%	\$10.0	45.8%	\$8.9	40.8%	\$4.8	22.0%
Oregon	\$8.2	19.1%	\$8.2	38.8%	\$3.5	16.3%	\$3.5	16.3%	\$3.5	16.6%
Pennsylvania	\$32.1	20.6%	\$31.7	48.3%	\$30.3	46.2%	\$32.9	50.2%	\$46.1	70.3%
Rhode Island	\$0.9	6.1%	\$0.9	9.5%	\$1.0	9.6%	\$2.1	21.2%	\$2.5	25.3%
South Carolina	\$0.0	0.0%	\$2.0	8.4%	\$2.0	8.4%	\$0.0	0.0%	\$0.0	0.0%
South Dakota	\$5.0	44.2%	\$5.0	57.5%	\$0.7	8.1%	\$0.7	8.1%	\$1.5	17.3%
Tennessee	\$5.0	7.0%	\$10.0	31.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
Texas	\$11.8	4.4%	\$11.8	11.4%	\$5.2	5.0%	\$7.0	6.8%	\$7.4	7.2%
Utah	\$7.2	30.5%	\$7.3	47.7%	\$7.2	47.3%	\$7.2	47.3%	\$7.2	47.2%
Vermont	\$5.2	50.0%	\$5.2	66.0%	\$5.1	64.5%	\$4.9	61.9%	\$4.7	58.9%
Virginia	\$12.7	12.3%	\$14.5	37.3%	\$13.5	34.7%	\$12.8	32.9%	\$13.0	33.5%
Washington	\$27.2	40.4%	\$27.1	81.1%	\$27.1	81.3%	\$27.2	81.6%	\$27.2	81.6%
West Virginia	\$5.7	20.5%	\$5.7	40.0%	\$5.4	38.1%	\$5.9	41.7%	\$5.9	41.3%
Wisconsin	\$15.3	23.8%	\$15.0	48.1%	\$10.0	32.1%	\$10.0	32.1%	\$10.0	32.1%
Wyoming	\$6.0	66.7%	\$5.9	80.1%	\$5.9	79.9%	\$5.9	79.9%	\$3.8	51.5%
Total	\$670.9	18.1%	\$717.2	44.8%	\$597.5	37.2%	\$551.0	34.4%	\$538.2	33.6%

History of Spending for State Tobacco Prevention Programs FY2000 – FY2004

	FY2004		FY2003		FY2002		FY2001		FY2000	
	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.
States Total	\$542.8	33.9%	\$674.4	42.1%	\$749.7	46.9%	\$737.5	46.1%	\$680.3	42.5%
Alabama	\$0.4	1.3%	\$0.4	1.3%	\$0.6	2.2%	\$6.0	22.4%	\$6.0	22.4%
Alaska	\$3.8	47.0%	\$5.0	61.8%	\$3.1	38.3%	\$1.4	17.3%	\$1.4	17.3%
Arizona	\$23.0	82.8%	\$18.3	65.7%	\$36.6	131.6%	\$34.5	124.1%	\$29.3	105.4%
Arkansas	\$18.5	103.3%	\$16.4	91.5%	\$16.4	91.5%	\$16.1	89.9%	\$0.0	0.0%
California	\$90.1	54.6%	\$88.4	53.5%	\$134.5	81.5%	\$114.6	69.4%	\$88.2	53.4%
Colorado	\$3.8	15.5%	\$7.6	31.0%	\$12.7	51.8%	\$12.7	51.7%	\$13.2	53.8%
Connecticut	\$0.5	2.4%	\$0.6	2.7%	\$0.6	2.7%	\$1.0	4.7%	\$4.0	18.8%
Delaware	\$10.1	117.0%	\$5.0	57.9%	\$5.5	63.2%	\$2.8	32.4%	\$0.0	0.0%
DC	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
Florida	\$1.0	1.3%	\$37.5	47.8%	\$29.8	38.0%	\$44.0	56.1%	\$44.0	56.1%
Georgia	\$12.6	29.6%	\$19.1	44.8%	\$20.8	48.8%	\$15.8	37.1%	\$15.8	37.1%
Hawaii	\$8.9	82.6%	\$10.3	95.1%	\$4.2	38.9%	\$9.3	86.3%	\$9.7	89.5%
Idaho	\$1.6	14.5%	\$1.3	11.5%	\$1.1	10.0%	\$1.2	10.9%	\$1.2	10.9%
Illinois	\$12.0	18.5%	\$12.0	18.5%	\$45.9	70.7%	\$28.6	44.1%	\$28.6	44.0%
Indiana	\$10.8	31.1%	\$32.5	93.4%	\$32.5	93.4%	\$35.0	100.6%	\$35.0	100.6%
Iowa	\$5.1	26.4%	\$5.1	26.3%	\$9.4	48.7%	\$9.4	48.6%	\$9.4	48.3%
Kansas	\$0.5	2.8%	\$0.5	2.8%	\$0.5	2.8%	\$0.5	2.8%	\$0.5	2.8%
Kentucky	\$2.6	10.4%	\$3.0	12.0%	\$5.5	21.9%	\$5.8	23.1%	\$5.8	23.1%
Louisiana	\$10.7	39.4%	\$8.0	29.5%	\$0.5	1.8%	\$4.1	15.1%	\$4.1	15.1%
Maine	\$14.5	129.6%	\$15.2	135.6%	\$13.8	122.9%	\$18.8	168.0%	\$18.8	168.0%
Maryland	\$14.8	48.8%	\$30.0	99.0%	\$20.1	66.2%	\$30.0	99.0%	\$30.0	99.0%
Massachusetts	\$2.5	7.1%	\$4.8	13.6%	\$48.0	136.2%	\$43.1	122.3%	\$43.1	122.3%
Michigan	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
Minnesota	\$20.4	71.3%	\$32.3	112.9%	\$28.9	101.0%	\$35.0	122.3%	\$35.0	122.3%
Mississippi	\$20.0	106.4%	\$20.0	106.4%	\$20.0	106.4%	\$31.0	165.0%	\$31.0	165.0%
Missouri	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%

	FY2004		FY2003		FY2002		FY2001		FY2000	
	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.
Montana	\$2.5	26.7%	\$0.4	4.1%	\$0.5	5.3%	\$3.5	37.4%	\$3.5	37.4%
Nebraska	\$0.4	3.1%	\$7.0	52.6%	\$7.0	52.6%	\$7.0	52.6%	\$7.0	52.6%
Nevada	\$4.3	31.9%	\$4.3	31.8%	\$4.3	31.7%	\$3.0	22.3%	\$3.9	29.0%
New Hampshire	\$0.0	0.0%	\$3.0	27.5%	\$3.0	27.5%	\$3.0	27.5%	\$3.0	27.5%
New Jersey	\$10.5	23.3%	\$30.0	66.6%	\$30.0	66.6%	\$30.0	66.6%	\$18.6	41.3%
New Mexico	\$5.0	36.5%	\$5.0	36.5%	\$5.0	36.5%	\$2.3	16.8%	\$2.3	16.4%
New York	\$37.0	38.6%	\$40.0	41.7%	\$40.0	41.7%	\$30.0	31.3%	\$30.0	31.3%
North Carolina	\$10.9	25.6%	\$6.2	14.6%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
North Dakota	\$3.0	36.8%	\$2.5	30.6%	\$2.5	30.9%	\$0.0	0.0%	\$0.0	0.0%
Ohio	\$38.0	61.5%	\$34.0	55.1%	\$21.7	35.1%	\$60.0	97.2%	\$60.0	97.2%
Oklahoma	\$2.5	11.5%	\$2.5	11.2%	\$1.7	7.9%	\$6.3	28.9%	\$6.3	28.9%
Oregon	\$2.9	13.5%	\$11.1	52.5%	\$11.3	53.2%	\$8.5	40.2%	\$8.5	40.2%
Pennsylvania	\$52.6	80.2%	\$52.0	79.3%	\$41.4	63.1%	\$0.0	0.0%	\$0.0	0.0%
Rhode Island	\$2.7	27.3%	\$3.3	33.4%	\$3.3	33.4%	\$2.3	23.3%	\$2.3	23.3%
South Carolina	\$0.0	0.0%	\$2.0	8.4%	\$1.6	6.7%	\$1.8	7.5%	\$1.8	7.3%
South Dakota	\$0.8	8.6%	\$0.8	8.6%	\$2.7	31.1%	\$1.7	19.6%	\$1.7	19.6%
Tennessee	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
Texas	\$7.4	7.2%	\$12.5	12.1%	\$12.5	12.1%	\$9.3	9.0%	\$9.0	8.7%
Utah	\$7.2	47.2%	\$7.0	46.0%	\$6.0	39.4%	\$6.0	39.4%	\$6.0	39.4%
Vermont	\$4.5	56.9%	\$5.2	65.7%	\$5.5	70.0%	\$6.5	82.2%	\$6.5	82.2%
Virginia	\$17.4	44.8%	\$22.2	57.1%	\$19.2	49.3%	\$12.6	32.4%	\$13.1	33.7%
Washington	\$26.2	78.6%	\$26.2	78.7%	\$17.5	52.5%	\$15.0	45.0%	\$15.0	45.0%
West Virginia	\$5.9	41.7%	\$5.9	41.3%	\$5.9	41.3%	\$5.9	41.7%	\$5.9	41.3%
Wisconsin	\$10.0	32.1%	\$15.5	49.7%	\$15.5	49.7%	\$21.2	68.0%	\$21.2	68.0%
Wyoming	\$3.0	40.7%	\$3.0	40.7%	\$0.9	12.2%	\$0.9	12.2%	\$0.9	12.2%
Total	\$542.8	33.9%	\$674.4	42.1%	\$749.7	46.9%	\$737.5	46.1%	\$680.3	42.5%

Appendix B



STATE TOBACCO-PREVENTION SPENDING vs. STATE TOBACCO REVENUES AND ANNUAL SMOKING-CAUSED HEALTH COSTS

[All amounts are in millions of dollars per year, except where otherwise indicated. Full values are listed for amounts below one million.]

Despite receiving massive amounts of annual revenue from tobacco taxes and the state tobacco lawsuit settlements with the cigarette companies, the vast majority of states are still failing to invest the amounts recommended by the U.S. Centers for Disease Control and Prevention (CDC) to prevent and reduce tobacco use and minimize related health harms.

State	Annual Smoking Caused Health Costs	FY2019 State Tobacco Prevention Spending	Total Annual State Revenues From Tobacco (est.)	Tobacco Prevention Spending % of Tobacco Revenue
States Total	\$170.0 bill.	\$655.0	\$27.3 bill.	2.4%
Alabama	\$1.9 bill.	\$2.1	\$300.2	0.7%
Alaska	\$438.0	\$9.1	\$83.2	11.0%
Arizona	\$2.4 bill.	\$17.3	\$429.5	4.0%
Arkansas	\$1.2 bill.	\$12.0	\$282.7	4.2%
California	\$13.3 bill.	\$250.4	\$2.8 bill.	8.9%
Colorado	\$1.9 bill.	\$23.6	\$286.3	8.2%
Connecticut	\$2.0 bill.	\$0.0	\$500.8	0.0%
Delaware	\$532.0	\$6.3	\$154.7	4.1%
DC	\$391.0	\$1.9	\$72.9	2.6%
Florida	\$8.6 bill.	\$70.4	\$1.5 bill.	4.6%
Georgia	\$3.2 bill.	\$750,000	\$393.3	0.2%
Hawaii	\$526.0	\$4.5	\$160.3	2.8%
Idaho	\$508.0	\$3.6	\$76.7	4.7%
Illinois	\$5.5 bill.	\$9.1	\$1.1 bill.	0.9%
Indiana	\$2.9 bill.	\$7.5	\$556.9	1.3%
Iowa	\$1.3 bill.	\$4.0	\$274.2	1.5%
Kansas	\$1.1 bill.	\$847,041	\$190.0	0.4%
Kentucky	\$1.9 bill.	\$3.8	\$507.3	0.7%
Louisiana	\$1.9 bill.	\$5.4	\$459.6	1.2%
Maine	\$811.0	\$4.8	\$188.5	2.6%
Maryland	\$2.7 bill.	\$10.5	\$525.0	2.0%
Massachusetts	\$4.1 bill.	\$4.2	\$864.5	0.5%
Michigan	\$4.6 bill.	\$1.6	\$1.2 bill.	0.1%
Minnesota	\$2.5 bill.	\$17.3	\$703.6	2.5%
Mississippi	\$1.2 bill.	\$8.4	\$248.4	3.4%
Missouri	\$3.0 bill.	\$48,500	\$258.9	0.0%
Montana	\$440.0	\$5.0	\$108.5	4.6%
Nebraska	\$795.0	\$2.6	\$104.0	2.5%
Nevada	\$1.1 bill.	\$1.0	\$230.4	0.4%
New Hampshire	\$729.0	\$140,000	\$254.9	0.1%

State	Annual Smoking Caused Health Costs	FY2019 State Tobacco Prevention Spending	Total Annual State Revenues From Tobacco (est.)	Tobacco Prevention Spending % of Tobacco Revenue
New Jersey	\$4.1 bill.	\$7.2	\$919.6	0.8%
New Mexico	\$844.0	\$5.7	\$131.5	4.3%
New York	\$10.4 bill.	\$39.8	\$2.0 bill.	2.0%
North Carolina	\$3.8 bill.	\$2.8	\$450.4	0.6%
North Dakota	\$326.0	\$5.8	\$53.6	10.9%
Ohio	\$5.6 bill.	\$13.0	\$1.3 bill.	1.0%
Oklahoma	\$1.6 bill.	\$21.3	\$525.6	4.1%
Oregon	\$1.5 bill.	\$10.0	\$338.8	3.0%
Pennsylvania	\$6.4 bill.	\$15.5	\$1.7 bill.	0.9%
Rhode Island	\$640.0	\$390,926	\$195.0	0.2%
South Carolina	\$1.9 bill.	\$5.0	\$238.2	2.1%
South Dakota	\$373.0	\$4.5	\$86.9	5.2%
Tennessee	\$2.7 bill.	\$0.0	\$422.0	0.0%
Texas	\$8.9 bill.	\$4.2	\$1.9 bill.	0.2%
Utah	\$542.0	\$7.0	\$141.9	4.9%
Vermont	\$348.0	\$3.8	\$99.8	3.8%
Virginia	\$3.1 bill.	\$10.8	\$304.4	3.5%
Washington	\$2.8 bill.	\$1.5	\$552.6	0.3%
West Virginia	\$1.0 bill.	\$0.0	\$238.0	0.0%
Wisconsin	\$2.7 bill.	\$5.3	\$757.8	0.7%
Wyoming	\$258.0	\$3.0	\$40.2	7.6%

Notes: Annual funding amounts only include state funds. Annual state health care costs and CDC annual spending targets are from CDC, *Best Practices for Comprehensive Tobacco Control*, January 2014.

National health care costs are from Xu, Xin, "Annual Healthcare Spending Attributable to Cigarette Smoking," *Am J Prev Med*, published online: December 09, 2014.

State settlement revenue estimates reflect base payments made to the states adjusted for inflation and volume as required by the Master Settlement Agreement.

State tobacco tax revenue estimates are based on monthly and annual revenue reports from Orzechowski & Walker's *Tax Burden on Tobacco* [industry-funded reports], and account for on-going background declines in smoking as well as projected new revenues from recent tobacco tax increases.



Appendix C

COMPREHENSIVE TOBACCO PREVENTION AND CESSATION PROGRAMS EFFECTIVELY REDUCE TOBACCO USE

Tobacco control programs play a crucial role in the prevention of many chronic conditions such as cancer, heart disease, and respiratory illness. Comprehensive tobacco prevention and cessation programs prevent kids from starting to smoke, help adult smokers quit, educate the public, the media and policymakers about policies that reduce tobacco use, address disparities, and serve as a counter to the ever-present tobacco industry.

Recommendations for state tobacco prevention and cessation programs are best summarized in the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs*. In this guidance document, CDC recommends that states establish tobacco control programs that are comprehensive, sustainable, and accountable and include state and community interventions, public education interventions, cessation programs, surveillance and evaluation and administration and management.¹

The empirical evidence regarding the effectiveness of comprehensive tobacco prevention and cessation programs is substantial. There is more evidence than ever before that tobacco prevention and cessation programs work to reduce smoking, save lives and save money. The 2014 Surgeon General Report, *The Health Consequences of Smoking – 50 Years of Progress*, calls for a number of specific actions, including: "Fully funding comprehensive statewide tobacco control programs at CDC recommended levels."² The report also notes that, "*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.*" Importantly, the Report finds that long term investment is critical. It states, "*Experience also shows that the longer the states invest in comprehensive tobacco control programs, the greater and faster the impact.*"

In addition, the Community Preventive Services Task Force, an independent expert advisory committee created by CDC, found "strong evidence" that comprehensive tobacco control programs reduce the prevalence of tobacco use among adults and young people, reduce tobacco product consumption, increase quitting, and contribute to reductions in tobacco-related diseases and deaths. The evidence also indicates that comprehensive tobacco control programs are cost-effective, and savings from averted healthcare costs exceed intervention costs.³

In 2007, the Institute of Medicine and the President's Cancer Panel issued landmark reports that concluded there is overwhelming evidence that comprehensive state tobacco control programs substantially reduce tobacco use and recommended that every state fund such programs at CDC-recommended levels.⁴ In addition, the 2012 annual report to the nation on cancer found that death rates from lung cancer have dropped among women and attributed this decline to "strong, long-running, comprehensive tobacco control programs."⁵

Data from numerous states that have implemented programs consistent with CDC guidelines show significant reductions in youth and adult smoking. The most powerful evidence, however, comes from national studies that look across states and control for as many of the relevant confounding factors as possible. These rigorous studies consistently show effects of tobacco prevention and cessation programs.

- A 2018 study that examined the impact of state tobacco control spending on cigarette sales found that state spending on tobacco prevention programs is significantly associated with decreased cigarette sales. The study models predict that if states spend up to 7 times their current levels they could see significant reductions in cigarette sales. The authors concluded, "fully and sustained comprehensive tobacco control programs with sufficient resources could lead to significant reductions death, disease and economic consequences caused by tobacco use."⁶

- A study published in the *American Journal of Public Health (AJPH)*, examined state tobacco prevention and cessation funding levels from 1995 to 2003 and found that the more states spent on these programs, the larger the declines they achieved in adult smoking, even when controlling for other factors such as increased tobacco prices. The researchers also calculated that if every state had funded their programs at the levels recommended by the CDC during that period, there would have been between 2.2 million and 7.1 million fewer smokers in the United States by 2003.⁷ The Campaign for Tobacco-Free Kids estimates that such smoking declines would have saved between 700,000 and 2.2 million lives as well as between \$20 billion and \$67 billion in health care costs.
- The *AJPH* study described above adds to earlier research, using similar methods, which demonstrated the same type of relationship between program spending and youth smoking declines. A 2005 study concluded that if every state had spent the minimum amount recommended by the CDC for tobacco prevention, youth smoking rates nationally would have been between three and 14 percent lower during the study period, from 1991 to 2000. Further, if every state funded tobacco prevention at CDC minimum levels, states would prevent nearly two million kids alive today from becoming smokers, save more than 600,000 of them from premature, smoking-caused deaths, and save \$23.4 billion in long-term, smoking-related health care costs.⁸
- A 2003 study published in the *Journal of Health Economics* found that states with the best funded and most sustained tobacco prevention programs during the 1990s – Arizona, California, Massachusetts and Oregon – reduced cigarette sales more than twice as much as the country as a whole (43 percent compared to 20 percent). This study, the first to compare cigarette sales data from all the states and to isolate the impact of tobacco control program expenditures from other factors that affect cigarette sales, demonstrates that the more states spend on tobacco prevention, the greater the reductions in smoking, and the longer states invest in such programs, the larger the impact. The study concludes that cigarette sales would have declined by 18 percent instead of nine percent between 1994 and 2000 had all states fully funded tobacco prevention programs.⁹
- A 2013 study published in the *American Journal of Public Health*, which examined the impact of well-funded tobacco prevention programs, higher cigarette taxes and smoke-free air laws, found that each of these tobacco control policies contributed to declines in youth smoking between 2002 and 2008. The study also found that states could achieve far greater gains if they more fully implemented these proven strategies. For example, the study found that a doubling of cumulative funding for tobacco prevention programs would reduce current youth smoking by 4 percent.¹⁰

An earlier study, published in the *American Journal of Health Promotion* provides further evidence of the effectiveness of comprehensive tobacco control programs and tobacco control policies. The study's findings suggest that well-funded tobacco control programs combined with strong tobacco control policies increase cessation rates. Quit rates in communities that experienced both policy and programmatic interventions were higher than quit rates in communities that had only experienced policy interventions (excise tax increases or secondhand smoke regulations). This finding supports the claim that state-based tobacco control programs can accelerate adult cessation rates in the population and have an effect beyond that predicted by tobacco-control policies alone.¹¹

Data from numerous states provide additional evidence of the effectiveness of comprehensive tobacco prevention and cessation programs. States that have implemented comprehensive programs have achieved significant reductions in tobacco use among both adults and youth. The experiences in states from around the country who have invested in comprehensive prevention programs establish the following key points:

- When adequately funded, comprehensive state tobacco prevention programs quickly and substantially reduce tobacco use, save lives, and cut smoking-caused costs.
- State tobacco prevention programs must be insulated against the inevitable attempts by the tobacco industry to reduce program funding and otherwise interfere with the programs' successful operation.

- The programs' funding must be sustained over time both to protect initial tobacco use reductions and to achieve further cuts.
- When program funding is cut, progress in reducing tobacco use erodes, and the state suffers from higher levels of smoking and more smoking-caused deaths, disease, and costs.

Unfortunately, many states faced with budget difficulties have recently made the penny-wise but pound-foolish decision to slash the funding of even the most effective tobacco control programs, which will cost lives and money.*

Program Success – California

In 1988, California voters approved Proposition 99, a ballot initiative that increased state cigarette taxes by 25 cents per pack, with 20 percent of the new revenues (over \$100 million per year) earmarked for health education against tobacco use. California launched its new Tobacco Control Program in Spring 1990. Despite increased levels of tobacco marketing and promotion, a major cigarette price cut in 1993, tobacco company interference with the program, and periodic cuts in funding, the program has still reduced tobacco use and its attendant devastation substantially.

- California's comprehensive approach has reduced adult smoking significantly. Adult smoking declined by 49 percent from 1988 to 2011, from 23.7 percent to 12.0 percent.^{12 †}
- Between 2000 and 2016, smoking prevalence among high school students decreased by 80 percent, from 21.6 percent to 4.3 percent.¹³
- A 2013 study published in *PLOS ONE* found that California's program helped reduce the number of cigarette packs sold by approximately 6.8 billion. According to the study's authors, the new research shows that tobacco control program funding is directly tied to reductions in smoking rates and cigarette consumption per smoker, generating significant savings in health care expenditures. In fact, the study found that that between 1989 and 2008 California's tobacco control program reduced health care costs by \$134 billion, far more than the \$2.4 billion spent on the program.¹⁴
- A recent study in the *Journal of the American Medical Association* demonstrates that California reduced overall smoking and high intensity smoking much faster than the rest of the country. Researchers suggest that the Tobacco Control Program's focus on changing social norms has both reduced initiation and increased cessation.¹⁵
- In the 10 years following the passage of Proposition 99, adult smoking in California declined at twice the rate it declined in the previous decade.¹⁶
- California has reduced lung and bronchus cancer rates twice as fast as the rest of the United States.¹⁷ By 2013, lung cancer death rate in California was 28 percent lower than the rest of the country.¹⁸ Researchers have associated the declines in lung cancer rates with the efforts of California's program.¹⁹

The California tobacco control program produced much larger smoking reductions in the early years, when it was funded at its highest levels, than during subsequent years, when the state cut its funding. For example, when California cut the program's funding 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.²⁰ In 2016, California voters approved a \$2.00 per pack cigarette tax increase that allocates 13 percent of tax

* This factsheet focuses on the extensive public health benefits obtained by state tobacco prevention programs. Other Campaign factsheets show that these programs also reduce smoking-caused costs, including those incurred by state Medicaid programs. See, e.g., TFK Factsheet, *Return on Investment from State Tobacco Prevention and Cessation Programs* <http://www.tobaccofreekids.org/research/factsheets/pdf/0370.pdf>.

† California's adult smoking rates are from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS survey methodology changed in 2012 for California, but changed in 2011 for the rest of the US, so data from 2011 and after cannot be compared to data from previous years

revenue, after implementation costs, to comprehensive tobacco prevention and control funds, dramatically increasing tobacco control funds for the state beginning in 2017.

Program Success – New York

New York began implementing a comprehensive state tobacco control program in 2000 with funds from the Master Settlement Agreement and revenue from the state cigarette tax. As the data below demonstrate, New York's comprehensive approach is working. While declines in youth smoking nationally have slowed, New York's rates continue to decline steadily. New York has also seen a decline in adult smoking, some of which is the result of the state's success in preventing youth from starting to smoke.

- Between 2000 and 2016, smoking among high school students declined by 84 percent, (from 27.1% to 4.3%).²¹
- Between 2000 and 2010, adult smoking declined by 28.2 percent among all adults, from 21.6 percent to 15.5 percent. According to the New York State Department of Health, a significant portion of this decline is attributable to youth prevention strategies and their subsequent impact on smoking among young adults. More recent data show that adult smoking continued to decline between 2011 and 2017 and is now down to 14.1 percent.^{22*}

Program Success – Florida

In 2006, Florida voters overwhelmingly approved a Constitutional Amendment to allocate a percentage of funds from the tobacco Master Settlement Agreement to a statewide tobacco prevention and cessation program. Tobacco Free Florida (TFF) is a statewide program that focuses on youth prevention and helping smokers quit. Based on Best Practices from the Centers for Disease Control and Prevention (CDC), TFF combines a public awareness media campaign with community-based interventions and help and encouragement for smokers to quit. Like other states that have implemented programs consistent with CDC Best Practices, Florida has experienced significant reductions in youth and adult smoking. Since TFF began receiving funding in 2007, it has had a dramatic impact on the health of Floridians:

- Adult smoking rates have declined by 16.6 percent, from 19.3 percent in 2011 to 16.1 percent in 2017.^{23*}
- High school smoking rates have declined by three-quarters, from 15.5 percent in 2006 to 3.6 percent in 2018. Middle school smoking rates have declined by eighty percent, from 6.6 percent to 1.3 percent, over this same time period.²⁴

Program Success – Washington

The Washington State Tobacco Prevention and Control program was implemented in 1999 after the state Legislature set aside money from the Master Settlement Agreement to create a Tobacco Prevention and Control Account. Tobacco prevention and control received additional funds in 2001 when the state's voters passed a cigarette tax increase that dedicated a portion of the new revenue to tobacco prevention and cessation.

- Washington reduced the adult smoking rate by about one-third, from 22.4 percent in 1999 to 15.2 percent in 2010.^{25*}
- Washington's tobacco prevention efforts have cut youth smoking rates by well over half, from 19.8 percent of 10th graders in 2000 to just 6.3 percent in 2016.²⁶

According to a study in the *American Journal of Public Health*, Washington's comprehensive program is working and is not only responsible for fewer Washingtonians suffering and dying from tobacco-related

* State adult smoking rates are from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS survey methodology changed in 2011, so data from 2011 and after cannot be compared to data from previous years.

diseases, but also saving money by reducing tobacco-related health care costs. According to the study, the state's comprehensive tobacco prevention and cessation program has prevented 13,000 premature deaths and nearly 36,000 hospitalizations, saving about \$1.5 billion in health care costs. The study found that for every dollar spent by the state on tobacco prevention in the last ten years, the state saved more than \$5 in reduced hospitalization costs.²⁷

An earlier study in CDC's peer-reviewed journal, *Preventing Chronic Disease*, found that although Washington made progress in implementing tobacco control policies between 1990 and 2000, smoking prevalence did not decline significantly until after substantial investment was made in the state's comprehensive tobacco control program.²⁸

Program Success – North Dakota

On November 4, 2008, North Dakota voters approved a ballot measure to allocate some of the state's tobacco settlement to the state's tobacco prevention and cessation program at the CDC-recommended level. Since the program was implemented with higher funding levels, North Dakota has reduced tobacco use among both children and adults. Unfortunately, in 2017, the North Dakota legislature voted to close the state's Center for Tobacco Prevention & Control Policy, the agency formed as a result of the 2008 ballot measure. The program was shifted back under the purview of the Department of Health and funding for tobacco control has been drastically cut.

- From 2009 to 2017, smoking among North Dakota's high school students fell by 43.7 percent, from 22.4 percent to 12.6 percent.²⁹
- Adult smoking declined from 21.9 percent in 2011 to 18.3 percent in 2017.³⁰

Program Success – Massachusetts

In 1992, Massachusetts voters approved a referendum that increased the state cigarette tax by 25 cents per pack. Part of the new tax revenues was used to fund the Massachusetts Tobacco Control Program (MTCP), which began in 1993. As in California, the program achieved considerable success until its funding was cut by more than 90 percent in 2003. Data demonstrate that the program was successful in reducing tobacco use among both children and adults.

- Massachusetts cigarette consumption declined by 36 percent between 1992 and 2000, compared to a decrease of just 16 percent in the rest of the country (excluding California).³¹
- From 1995 to 2001, current smoking among Massachusetts high school students dropped by 27.2 percent (from 35.7% to 26%), while the nationwide rate dropped by 18.1 percent (34.8% to 28.5%).³²
- Between 1993 and 2000, adult smoking prevalence dropped from 22.6 percent to 17.9 percent, resulting in 228,000 fewer smokers.³³ Nationally, smoking prevalence dropped by just seven percent over this same time period.³⁴
- Between 1990 and 1999, smoking among pregnant women in Massachusetts declined by more than 50 percent (from 25% to 11%). Massachusetts had the greatest percentage decrease of any state over the time period (the District of Columbia had a greater percent decline).³⁵

Despite the considerable success achieved in Massachusetts, funding for the state's tobacco prevention and cessation program was cut by 95 percent – from a high of approximately \$54 million per year to just \$2.5 million in FY2004, although funding for the program has increased slightly in recent years. These drastic reductions in the state's investments to prevent and reduce tobacco use will translate directly into higher smoking rates, especially among kids, and more smoking-caused disease, death, and costs. In fact, a study released by the Massachusetts Association of Health Boards shows that the Massachusetts program funding cuts were followed by an alarming increase in illegal sales of tobacco products to children.³⁶

- Between 2002 and 2003, cigarette sales to minors increased by 74 percent, from eight 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.
- Between 1992 and 2003, per capita cigarette consumption declined at a higher rate in Massachusetts as 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). Most recently, 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).³⁷

Program Success – Alaska

Alaska's tobacco control program began in 1994, and the state made its first investment in tobacco prevention with funds from the Master Settlement Agreement in 1999. In the following years, Alaska increased its annual investment, reaching a high of \$10.9 million in state funding in 2013.³⁸ The state's comprehensive tobacco control efforts have led to significant reductions in youth and adult smoking rates.

- Between 2011 and 2017, adult smoking rates declined by 8.3 percent (from 22.9% to 21.0%).^{39*}
- High school youth smoking has declined by 70 percent since 1995 (from 36.5% to 10.9% in 2017).⁴⁰

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* State adult smoking rates are from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS made changes to its methodology in 2011, so data from 2011 and after cannot be compared to data from previous years.

¹ U.S. Centers for Disease Control and Prevention (CDC), *Best Practices for Comprehensive Tobacco Control Programs*, Atlanta, GA: U.S. Department of Health and Human Services (HHS), January 30, 2014.

http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices.

² HHS, *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. <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>

³ The Guide to Community-Preventive Services, "Reducing tobacco use and secondhandsmoke exposure: comprehensive tobacco control programs," <http://www.thecommunityguide.org/tobacco/comprehensive.html>.

⁴ Institute of Medicine, *Ending the Tobacco Problem: A Blueprint for the Nation*, National Academy of Sciences, 2007; President's Cancer Panel, *Promoting Healthy Lifestyles: Policy, Program and Personal Recommendations for Reducing Cancer Risk*, 2006-2007 Annual Report; See also, Institute of Medicine, *State Programs Can Reduce Tobacco Use*, National Academy of Sciences, 2000; HHS, *Reducing Tobacco Use: A Report of the Surgeon General*, 2000.

⁵ Ehemann, C., et al., "Annual Report to the Nation on the Status of Cancer, 1975-2008, Featuring Cancers Associated with Excess Weight and Lack of Sufficient Physical Activity," *Cancer*, March, 2012.

⁶ Taurus, J et al., "State tobacco control expenditures and tax paid cigarette sales," *Plos One*, 13(4) April 13, 2018.

⁷ Farrelly, MC, et al., "The Impact of Tobacco Control Programs on Adult Smoking," *American Journal of Public Health* 98:304-309, February 2008.

⁸ Taurus, JA, et al., "State Tobacco Control Spending and Youth Smoking," *American Journal of Public Health* 95:338-344, February 2005.

⁹ Farrelly, MC, et al., "The Impact of Tobacco Control Program Expenditures on Aggregate Cigarette Sales: 1981-2000," *Journal of Health Economics* 22:843-859, 2003.

¹⁰ Farrelly, Matthew C., et al., "A Comprehensive Examination of the Influence of State Tobacco Control Programs and Policies on Youth Smoking," *American Journal of Public Health*, January, 2012 (Published online ahead of print).

¹¹ Hyland, A, et al., "State and Community Tobacco-Control Programs and Smoking – Cessation Rates Among Adult Smokers: What Can We Learn From the COMMIT Intervention Cohort?" *American Journal of Health Promotion* 20(4):272, April/March 2006.

¹² California Department of Public Health, State Health Officer's Report on Tobacco Use and Promotion in California, December 2012 http://www.cdph.ca.gov/programs/tobacco/Documents/Resources/Publications/CA%20Health%20Officers%20Report%20on%20Tobacco_FIN_AL_revised%2001%2002%2013.pdf; See also, California Tobacco Control Update, 2009. California Department of Public Health, California Tobacco Control Program, <http://www.cdph.ca.gov/programs/tobacco/Documents/CTCUpdate2009.pdf>. State adult smoking rates are from the Behavioral Risk Factor Surveillance System (BRFSS). CA made changes to its methodology in 2012, so data from 2012 and after cannot be compared to data from previous years.

¹³ National Youth Tobacco Survey, 2000 (CA data); California Student Tobacco Survey, 2002–2016.

- ¹⁴ 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.
- ¹⁵ Pierce, JP, et al., "Prevalence of Heavy Smoking in California and the United States, 1965-2007," *Journal of the American Medical Association* 305(11), March 16, 2011.
- ¹⁶ *California's Tobacco Control Program: Preventing Tobacco Related Disease and Death*; Tobacco Control Section, California Department of Health Services, April 3, 1998.
- ¹⁷ California Department of Public Health, California Tobacco Control Program, California Tobacco Facts and Figures 2018, Sacramento, CA 2018, https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/CDPH%20Document%20Library/ResearchandEvaluation/FactsandFigures/CATobaccoFactsFigures2018_Printers.pdf
- ¹⁸ Pierce, JP, et al., "Trends in lung cancer and cigarette smoking: California compared to the rest of the United States," *Cancer Prevention Research*, October 2018.
- ¹⁹ Pierce, J. et al., "Forty Years of Faster Decline in Cigarette Smoking in California Explains Current Lower Lung Cancer Rates," *Cancer Epidemiology, Biomarkers and Prevention*, September 2010. See also, California Department of Health Services, Tobacco Control Section, California Tobacco Control Update, 2009; American Cancer Society, *California Cancer Facts & Figures*, 2014, http://ccrca.org/pdf/Reports/ACS_2014.pdf.
- ²⁰ 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.
- ²¹ NY State Department of Health, "Youth Cigarette Use at All-Time Low, ENDS Use Doubles," StatShot Vol. 10 No. 17/March 2017, https://www.health.ny.gov/prevention/tobacco_control/reports/statshots/volume10/n1_youth_cigarette_and_ends_use.pdf.
- ²² CDC, *Behavioral Risk Factor Surveillance System (BRFSS)*.
- ²³ CDC, *Behavioral Risk Factor Surveillance System (BRFSS)*.
- ²⁴ Florida Youth Tobacco Survey <http://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/florida-youth-tobacco-survey/FYTSSStateTables2018FINAL.pdf>.
Florida Department of Health. Bureau of Epidemiology, Division of Disease Control and Health Protection.
<http://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/florida-youth-tobacco-survey/index.html>
- ²⁵ Washington State Department of Health, Tobacco Prevention and Control Program, <http://www.doh.wa.gov/tobacco/>. Data are from the CDC, *Behavioral Risk Factor Surveillance System (BRFSS)*.
- ²⁶ Washington State Department of Health, Tobacco Prevention and Control Program, 2016 Washington State Healthy Youth Survey Data Brief: Tobacco and Vapor Products. <https://www.doh.wa.gov/Portals/1/Documents/8350/160-NonDOH-DB-TobaccoEcig.pdf>.
- ²⁷ 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.
- ²⁸ Dilley JA, et al., "Effective tobacco control in Washington State: A smart investment for healthy futures," *Preventing Chronic Disease* 4(3), July 3, 2007, http://www.cdc.gov/pcd/issues/2007/jul/06_0109.htm.
- ²⁹ CDC, Youth Risk Behavior Surveillance- United States, 2017.
- ³⁰ Behavioral Risk Factor Surveillance System, BRFSS; ND Department of Health, Tobacco Facts, Trends in Adult Tobacco Use, http://www.ndhealth.gov/tobacco/Facts/Trends_Adult_Tobacco_Use.pdf.
- ³¹ Abt Associates Inc, *Independent Evaluation of the Massachusetts Tobacco Control Program, Seventh Annual Report, January 1994 to June 2000*.
- ³² *Massachusetts Youth Risk Behavior Survey 2001; National Youth Risk Behavior Survey*.
- ³³ Abt Associates Inc, *Seventh Annual Report - January 1994 to June 2000*.
- ³⁴ National Health Interview Survey, 1993 and 2000.
- ³⁵ Abt Associates Inc, *Seventh Annual Report - January 1994 to June 2000*.
- ³⁶ Sbarra, C, Massachusetts Association of Health Boards, Abstract, March 2004.
<http://www.mahb.org/tobacco/sales%20to%20minors%20study%20abstract.pdf>
- ³⁷ 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.
- ³⁸ Alaska Department of Health and Social Services, "Alaska Tobacco Prevention and Control Annual Report, FY2013," <http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/TobaccoARFY13.pdf>. See also, Campaign for Tobacco-Free Kids, *A Decade of Broken Promises: The 1998 Tobacco Settlement 16 Years Later*, 2014, http://www.tobaccofreekids.org/what_we_do/state_local/tobacco_settlement/.
- ³⁹ CDC, *Behavioral Risk Factor Surveillance System (BRFSS)*.
- ⁴⁰ CDC, Youth Risk Behavior Surveillance- United States, 2017.



Appendix D

COMPREHENSIVE STATEWIDE TOBACCO PREVENTION PROGRAMS SAVE MONEY

It is well established that comprehensive statewide tobacco-prevention programs prompt sharp reductions in smoking levels among both adults and kids by both increasing the numbers who quit or cutback and reducing the numbers who start or relapse.* As shown by the experience of those states that already have comprehensive tobacco-prevention programs, these smoking reductions save thousands of people from suffering from the wide range of smoking-caused illnesses and other health problems, thereby producing enormous declines in state health care costs and other smoking-caused expenditures.

Immediate Savings

Substantial cost savings from adult smokers quitting begin to appear as soon as the smoking declines occur. While most of the health care savings from getting kids to quit smoking or never start do not appear until many years later, some savings from reducing youth smoking also appear immediately. Most notably, reducing smoking among pregnant women (including pregnant teens, who have especially high smoking rates) produce immediate reductions in smoking-caused pregnancy and birth complications and related health care costs. Research studies estimate that the direct additional health care costs in the United States associated with just the birth complications caused by pregnant women smoking or being exposed to secondhand smoke could be as high as \$2 billion per year or more, with the costs linked to each smoking-affected birth averaging \$1,142 to \$1,358 (in 1996 dollars).¹ And state Medicaid programs cover well over half of all births in the United States.²

Not surprisingly, program officials announced that the Massachusetts comprehensive tobacco-prevention program, which began in 1993, quickly began paying for itself just through the declines in smoking among pregnant women in the state.³ In addition, research in California shows that its program, which began in 1989, reduced state health care costs by more than \$100 million in its first seven years just by reducing the number of smoking-caused low-birthweight babies, with more than \$11 million of those savings in the first two years.⁴ Subsequent research indicates that California's overall cost savings from reducing all smoking-affected births and birth complications during its first two years totaled roughly \$20 million.⁵

Similarly, smoking declines among parents (including teen parents) rapidly produce health care cost savings by immediately reducing smoking-triggered asthma and respiratory illness and other secondhand-smoke health problems among their children. Parental smoking has been estimated to cause direct medical expenditures of more than \$2.5 billion per year to care for smoking-caused problems of exposed newborns, infants, and children.⁶ And these estimates do not even include the enormous costs associated with the physical, developmental, and behavioral problems of smoking-affected offspring that not only occur during infancy but can extend throughout their entire lives.⁷

By quickly reducing the number of cigarettes smoked by adults and kids in the state each year, statewide tobacco-control programs also reduce other health problems, and related costs, caused by secondhand smoke. Adults and children with emphysema, asthma or other respiratory illnesses, for example, can suffer immediate distress from being exposed to cigarette smoke, which can even lead to hospitalization in some cases.⁸ Reducing the number of cigarettes smoked in a state can also reduce the number of smoking-caused fires and the amount of smoking-caused smoke damage, soiling, and litter. While no good estimates of the related cost savings exist, smoking-caused fires cause more than \$500 million in residential and commercial property losses each year; and business maintenance and cleaning costs caused by smoking annually total roughly \$5 billion nationwide.⁹

* For extensive examples of real-world adult and youth smoking declines in states that have already initiated statewide tobacco-prevention programs, see TFK fact sheet, *Comprehensive Statewide Tobacco Prevention Programs Effectively Reduce Tobacco Use*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0045.pdf>. For information on the structure of effective state programs, see TFK fact sheet, *Essential Elements of a Comprehensive State Tobacco Prevention Program*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0015.pdf>. See other related fact sheets at <https://www.tobaccofreekids.org/fact-sheets/tobacco-control-policies/state-tobacco-prevention-programs-1>.

Sharp drops in the major smoking-caused diseases (such as strokes, heart disease, and lung and other cancers), with large related savings, do not appear for several years after state adult smoking levels decline. But some small declines in these smoking-caused diseases do begin to occur immediately, with significant cost savings. In California, for example, the state tobacco control program's reductions to adult smoking in its first seven years produced health care costs savings of \$390 million just through the related declines in smoking-caused heart attacks and strokes, with more than \$25 million of those savings appearing in the first two years.¹⁰

Annual Cost Savings From Established State Tobacco Prevention and Cessation Programs

As noted, California's tobacco-control program secured substantial savings over the first seven years of its operation just from reducing smoking-affected births and smoking-caused heart attacks and strokes. Taken together, these savings more than covered the entire cost of the state's program over that time period, by themselves, and produced even larger savings in the following years.¹¹ For every single dollar the state has been spending on the California program it has been reducing statewide health care costs by more than \$3.60 -- with reductions in other smoking-caused costs saving another six dollars or more.¹² Between 1990 and 1998 the California Tobacco Control Program saved an estimated \$8.4 billion in overall smoking-caused costs and more than \$3.0 billion in smoking-caused health care costs.¹³ In addition, these savings estimates for California do not even reflect the fact that since 1988 (the year before the California tobacco-prevention began), the rates of lung and bronchus cancer in California have declined more than five times as fast as they have in a sample of other areas of the U.S. (-14.0% vs. -2.7%). This decline is not only saving thousands of lives but also saving the state millions of dollars in medical costs with projected future savings in the billions.¹⁴ Because it started later, and is a smaller state (which faces higher per-capita costs to implement some key tobacco-control elements), the Massachusetts program has not yet enjoyed as large per-capita savings as the California tobacco prevention program. But a report by an economist at the Massachusetts Institute of Technology in 2000 found that the state's program was already reducing statewide health care costs by \$85 million per year -- which means the state was annually reducing smoking-caused health care costs by at least two dollars for every single dollar it invested in its comprehensive tobacco-prevention efforts.¹⁵

A study in the *American Journal of Public Health* found that for every dollar spent by Washington State's tobacco prevention and control program between 2000 and 2009, more than five dollars were saved by reducing hospitalizations for heart disease, stroke, respiratory disease and cancer caused by tobacco use.¹⁶ Over the 10-year period, the program prevented nearly 36,000 hospitalizations, saving \$1.5 billion compared to \$260 million spent on the program. The 5-to-1 return on investment is conservative because the cost savings only reflect the savings from prevented hospitalizations. The researchers indicate that the total cost savings could more than double if factors like physician visits, pharmaceutical costs and rehabilitation costs were included.

Additional research has added to these findings to show that state programs secure even larger returns on investment for sustained funding of tobacco prevention at adequate levels over ten or more years. Most notably, a study of California's tobacco prevention program found that for every dollar the state spent on its tobacco control program from 1989 to 2004, the state received tens of dollars in savings in the form of sharp reductions to total health care costs in the state.¹⁷ Similarly, a study of Arizona's tobacco prevention program found that the cumulative effect of the program was a savings of \$2.3 billion between 1996 and 2004, which amounted to about ten times the cost of the program over the same time period.¹⁸ These studies confirm that the cost-saving benefits from sustained state investments in effective tobacco control programs quickly grow over time to dwarf the state expenditures, producing massive gains for the state not only in terms of both improved public health and increased worker productivity but in reduced government, business, and household costs.

An August 2008 Australian study found that for every dollar spent on a strong tobacco control program there (consisting primarily of aggressive anti-smoking television ads along with telephone quitlines and other support services to help smokers quit) the program reduced future health care costs by \$70 over the lifetimes of the persons the program prompted to quit. This savings estimate was based on the study's finding that for every 10,000 who quit because of the tobacco control program, more than 500 were saved from lung cancer, more than 600 escaped having heart attacks, at least 130 avoided suffering from a stroke, and more than 1,700 were prevented from suffering from chronic obstructive pulmonary disease (COPD).¹⁹

Even Larger Future Savings From Early Tobacco-Program Smoking Declines

While impressive, the estimates of current savings compared to current costs overlook a critically important component of the cost savings from state tobacco control. By prompting current adult and youth smokers to quit, helping former smokers from relapsing, and getting thousands of kids to never start smoking, state tobacco prevention programs lock in enormous savings over the lifetimes of each person stopped from smoking. Put simply, the lifetime health care costs of smokers total at least \$21,000 more than nonsmokers, on average, despite the fact that smokers do not live as long, with a somewhat smaller difference between smokers and former smokers.²⁰ That means that for every thousand kids kept from smoking by a state program, future health care costs in the state decline by roughly \$21 million (in 2009 dollars), and for every thousand adults prompted to quit future health costs drop by roughly \$11 million.

These savings-per-thousand figures are significant, but it is important to note that in an average-sized state a one percentage point decline in adult smoking means that more than 45,000 adults have quit smoking, which translates into savings over their lifetimes of approximately half of a billion dollars in reduced smoking-caused health care costs. And maintaining a one percentage-point reduction in youth smoking in an average-sized state will keep 14,000 kids alive today from ever becoming smokers, producing health care savings over their lifetimes of about \$300 million, as well.²¹ Moreover, an adequately funded, comprehensive statewide tobacco prevention program in any state should be able to reduce adult and youth smoking by much more than a single percentage point over just its first few years of operation. California, for example, reduced adult smoking rates by roughly one percentage point per year, above and beyond national adult smoking declines, during each of its first seven years.²² In the first three years of its youth-directed tobacco control program, Florida reduced high school and middle school smoking by almost three percentage points per year.²³ By reducing adult and youth smoking rates by five percentage points, an average-sized state would reduce future state smoking-caused health care costs by more than \$4 billion.

Along the same lines, the findings of a 2005 study show that if every state funded its tobacco prevention efforts at the minimum amount recommended by the U.S. Centers for Disease Control and Prevention (CDC), just the related declines in youth smoking would lock in future reductions in smoking-caused health care costs of more than \$31 billion.²⁴ The related declines in adult smoking and in secondhand smoke exposure from the states making these CDC investments in tobacco prevention would lock in tens of billions of dollars in additional smoking-caused cost savings. In addition, a 2011 benefit-cost analysis concluded that if states followed CDC's *Best Practices* funding guidelines, the states could save as much as 14-20 times the cost of program implementation through reduced medical and productivity costs as well as reduced Medicaid costs.²⁵

State Tobacco-Prevention Efforts and State Medicaid Program Savings

The long-term savings from state tobacco-prevention programs – as well as the immediate and short-term savings outlined above – also directly reduce state Medicaid program expenditures. For the average state, more than 17 percent of all smoking-caused health care expenditures within its borders are paid for by the state's Medicaid program (with actual state rates ranging from a low of slightly more than 10% for North Dakota and Delaware to more than 27% for Maine, New Hampshire and New York, and a high of 36% for Louisiana).²⁶

A more recent example from Massachusetts demonstrates that Medicaid coverage to help smokers quit is highly cost-effective and saves money. After Massachusetts implemented comprehensive coverage of tobacco cessation services for all Medicaid beneficiaries in 2006, the smoking rate among beneficiaries declined by 26 percent in the first 2.5 years. Among benefit users, there was a 46 percent decrease in hospitalizations for heart attacks and a 49 percent decrease in hospitalizations for cardiovascular disease. Massachusetts estimates that these health gains saved \$10.2 million in health care costs in the first two years – \$2 for every dollar spent on the benefit.²⁷

Other state health care programs and state health insurance programs for government employees also accrue significant cost savings from the smoking declines prompted by state tobacco-prevention programs.

Can Other States Do As Well As California, Massachusetts and Washington?

States that establish comprehensive statewide tobacco-prevention programs should do at least as well, in terms of cost savings, as California and Massachusetts have in the past, and could do even better. By taking

advantage of the knowledge and experience gained from the efforts in California, Massachusetts, and elsewhere, other states can design and initiate programs that are even more effective than those states' efforts and can get up to full speed more quickly. Other states can also simply make larger investments in tobacco prevention.

Campaign for Tobacco-Free Kids, December 7, 2017 / Meg Riordan

More information is available at <https://www.tobaccofreekids.org/fact-sheets/tobacco-control-policies/state-tobacco-prevention-programs-1>.

¹ Miller, DP, et al., "Birth and First-Year Costs for Mothers and Infants Attributable to Maternal Smoking," *Nicotine & Tobacco Research* 3(1):25-35, February 2001. Lightwood, JM, et al., "Short-Term Health and Economic Benefits of Smoking Cessation: Low Birth Weight," *Pediatrics* 104(6):1312-20, December 1999. Adams, EK & Melvin, CL, "Costs of Maternal Conditions Attributable to Smoking During Pregnancy," *American Journal of Preventive Medicine* 15(3):212-19, October 1998. U.S. Centers for Disease Control & Prevention (CDC), "Medical Care Expenditures Attributable to Cigarette Smoking During Pregnancy – United States, 1995," *Morbidity and Mortality Weekly Report (MMWR)* 46(44):1048-1050, November 7, 1997, <http://www.cdc.gov/mmwr/preview/mmwrhtml/00049800.htm>.

² Orleans, CT, et al., "Helping Pregnant Smokers Quit: Meeting The Challenge in the Next Decade," *Tobacco Control* 9(Supplement III):6-11, 2000.

³ Connolly, W, Director, Massachusetts Tobacco Control Program, Joint Hearing of the Pennsylvania House of Representatives Committee on Health and Human Services and the Pennsylvania Senate Committee on Public Health and Welfare, June 22, 1999. Campaign for Tobacco-Free Kids (TFK) Factsheet, *Harm Caused by Pregnant Women Smoking or Being Exposed to Secondhand Smoke*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0007.pdf>.

⁴ Lightwood, JM, et al., "Short-Term Health and Economic Benefits of Smoking Cessation: Low Birth Weight," *Pediatrics* 104(6):1312-1320, December 1999.

⁵ Miller, DP, et al., "Birth and First-Year Costs for Mothers and Infants Attributable to Maternal Smoking," *Nicotine & Tobacco Research* 3(1):25-35, February 2001.

⁶ Aligne, CA & Stoddard, JJ, "Tobacco and Children: An Economic Evaluation of the Medical Effects of Parental Smoking," *Archives of Pediatric and Adolescent Medicine* 151:648-653, July 1997.

⁷ TFK Factsheet, *Harm Caused by Pregnant Women Smoking or Being Exposed to Secondhand Smoke*, <http://tobaccofreekids.org/research/factsheets/pdf/0007.pdf>.

⁸ See, e.g. California Environmental Protection Agency, *Health Effects of Exposure to Environmental Tobacco Smoke*, 1997, http://www.oehha.org/air/environmental_tobacco/finalets.html.

⁹ Hall, JR, Jr., *The U.S. Smoking-Material Fire Problem*, National Fire Protection Association, April 2001; Mudarri, D, *The Costs and Benefits of Smoking Restrictions: An Assessment of the Smoke-Free Environment Act of 1993 (H.R. 3434)*, U.S. Environmental Protection Agency report submitted to the Subcommittee on Health and the Environment, Committee on Energy and Commerce, U.S. House of Representatives, April 1994; CDC, *Making Your Workplace Smokefree: A Decision Maker's Guide*, 1996.

¹⁰ Lightwood, J & Glantz, S, "Short-term Economic and Health Benefits of Smoking Cessation: Myocardial Infarction and Stroke," *Circulation* 96:1089-1096, 1997. Kabir, et al., "Coronary Heart Disease Deaths and Decreased Smoking Prevalence in Massachusetts, 1993-2003," *American Journal of Public Health* 98(8):1468-69, August 2008.

¹¹ Lightwood, J & Glantz, S, "Short-term Economic and Health Benefits of Smoking Cessation: Myocardial Infarction and Stroke," *Circulation* 96:1089-1096, 1997; Lightwood, JM, et al., "Short-Term Health and Economic Benefits of Smoking Cessation: Low Birth Weight," *Pediatrics* 104(6):1312-1320, December 1999; Miller, DP, et al., "Birth and First-Year Costs for Mothers and Infants Attributable to Maternal Smoking," *Nicotine & Tobacco Research* 3(1):25-35, February 2001.

¹² Tobacco Control Section, California Department of Health Services, *California Tobacco Control Update*, August 2000, <http://www.dhs.ca.gov/tobacco> or <http://www.dhs.ca.gov/tobacco/documents/pubs/CTCUpdate.pdf>.

¹³ Tobacco Control Section, California Department of Health Services, *California Tobacco Control Update*, August 2000, <http://www.dhs.ca.gov/tobacco/documents/pubs/CTCUpdate.pdf> or <http://www.dhs.ca.gov/tobacco>.

¹⁴ CDC, "Declines in Lung Cancer Rates – California," *MMWR* 49(47):1066-9, December 2000, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4947a4.htm>.

¹⁵ Harris, J, "Status Report on the Massachusetts Tobacco Control Campaign, with a Preliminary Calculation of the Impact of the Campaign on Total Health Care Spending in Massachusetts," 2000.

¹⁶ Dilley, JJA, 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, 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.

¹⁷ Lightwood, JM et al., "Effect of the California Tobacco Control Program on Personal Health Care Expenditures," *PLOS Medicine* 5(8):1214-22, August 2008, <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371%2Fjournal.pmed.0050178>.

¹⁸ Lightwood, JM et al., "Effect of the Arizona Tobacco Control Program on Cigarette Consumption and Healthcare Expenditures," *Social Science and Medicine* 72(2), January 2011.

¹⁹ Hurley, SF & Matthews, JP, "Cost-Effectiveness of the Australian National Tobacco Campaign," *Tobacco Control*, published online August 21, 2008.

- ²⁰ Hodgson, TA, "Cigarette Smoking and Lifetime Medical Expenditures," *The Milbank Quarterly* 70(1), 1992 [study's results converted to 2009 dollars using Consumer Price Index for medical care prices (following CDC updating formulas and procedures)]; See also, Nusselder, W, et al., "Smoking and the Compression of Morbidity," *Epidemiology and Community Health*, 2000; Warner, KE, et al., "Medical Costs of Smoking in the United States: Estimates, Their Validity, and Their Implications," *Tobacco Control* 8(3):290-300, Autumn 1999.
- ²¹ Calculations based on adult and youth population data from U.S. Bureau of the Census.
- ²² Tobacco Control Section, California Department of Health Services, "Adult Smoking Trends in California," <http://www.dhs.ca.gov/tobacco/documents/FSAdulttrends.pdf>, downloaded February 2002.
- ²³ Florida Department of Health, 2001 Florida YTS, http://www.doh.state.fl.us/disease_ctrl/epi/FYTS.
- ²⁴ Tauras, JA, et al., "State Tobacco Control Spending and Youth Smoking," *American Journal of Public Health* 95(2):338-44, February 2005 [with additional calculations by the primary authors based on the studies findings and methodology].
- ²⁵ Chattopadhyay, S. and Pieper, D., "Does Spending More on Tobacco Control Programs Make Economic Sense? An Incremental Benefit-Cost Analysis Using Panel Data," *Contemporary Economic Policy*, 2011.
- ²⁶ Miller, L, et al., "State Estimates of Medicaid Expenditures Attributable to Cigarette Smoking, Fiscal Year 1993," *Public Health Reports* 113:140-151, March/April 1998. On average, the federal government reimburses the states for roughly 57% of their Medicaid program costs, <http://www.hcfa.gov/medicaid/medicaid.htm>.
- ²⁷ Massachusetts Department of Public Health, Tobacco Control Program, "MassHealth Tobacco Cessation Benefit," December, 2010.



Appendix E

STATE CIGARETTE EXCISE TAX RATES & RANKINGS

Average State Cigarette Tax: \$1.78 per pack

State	Tax	Rank
Alabama	\$0.675	41st
Alaska	\$2.00	16th
Arizona	\$2.00	16th
Arkansas	\$1.15	35th
California	\$2.87	10th
Colorado	\$0.84	39th
Connecticut	\$4.35	2nd
Delaware	\$2.10	14th
DC	\$4.50	1st
Florida	\$1.339	31st
Georgia	\$0.37	49th
Hawaii	\$3.20	6th
Idaho	\$0.57	45th
Illinois	\$1.98	21st
Indiana	\$0.995	38th
Iowa	\$1.36	30th
Kansas	\$1.29	33rd
Kentucky	\$1.10	36th

State	Tax	Rank
Louisiana	\$1.08	37th
Maine	\$2.00	16th
Maryland	\$2.00	16th
Massachusetts	\$3.51	5th
Michigan	\$2.00	16th
Minnesota	\$3.04	8th
Mississippi	\$0.68	40th
Missouri	\$0.17	51st
Montana	\$1.70	24th
Nebraska	\$0.64	42nd
Nevada	\$1.80	22nd
New Hampshire	\$1.78	23rd
New Jersey	\$2.70	11th
New Mexico	\$1.66	26th
New York	\$4.35	2nd
North Carolina	\$0.45	47th
North Dakota	\$0.44	48th
Ohio	\$1.60	27th

State	Tax	Rank
Oklahoma	\$2.03	15th
Oregon	\$1.33	32nd
Pennsylvania	\$2.60	12th
Rhode Island	\$4.25	4th
South Carolina	\$0.57	45th
South Dakota	\$1.53	28th
Tennessee	\$0.62	43rd
Texas	\$1.41	29th
Utah	\$1.70	24th
Vermont	\$3.08	7th
Virginia	\$0.30	50th
Washington	\$3.025	9th
West Virginia	\$1.20	34th
Wisconsin	\$2.52	13th
Wyoming	\$0.60	44th
Puerto Rico	\$5.10	NA
Guam	\$4.00	NA
Northern Mariana Isl.	\$3.75	NA

Table shows all cigarette tax rates in effect as of October 1, 2018 (DC effective 10/1/18). Since 2002, 48 states and the District of Columbia have increased their cigarette tax rates 136 times. The states in bold have not increased their tax for at least 10 years (since 2008 or earlier). Currently, 36 states, DC, Puerto Rico, Northern Mariana Islands, and Guam have cigarette tax rates of \$1.00 per pack or higher; 19 states, DC, Puerto Rico, Northern Mariana Islands, and Guam have cigarette tax rates of \$2.00 per pack or higher; eight states, DC, Puerto Rico, Northern Mariana Islands, and Guam have cigarette tax rates of \$3.00 per pack or higher; three states, DC, Puerto Rico, and Guam have cigarette tax rates of \$4.00 per pack or higher; and Puerto Rico has a cigarette tax rate higher than \$5.00. States' average includes DC, but not Puerto Rico, other U.S. territories, or local cigarette taxes. The median tax rate is \$1.66 per pack. AK, MI, MN, MS, TX, and UT also have special taxes or fees on brands of manufacturers not participating in the state tobacco lawsuit settlements (NPMs).

The highest combined state-local tax rate is \$6.16 in Chicago, IL, with New York City second at \$5.85 per pack.

Other high state-local rates include Evanston, IL at \$5.48 and Juneau, AK at \$5.00 per pack. For more information on local cigarette taxes, see: <http://tobaccofreekids.org/research/factsheets/pdf/0267.pdf>.

Federal cigarette tax is \$1.01 per pack. From the beginning of 1998 through 2002, the major cigarette companies increased the prices they charge by more than \$1.25 per pack (but also instituted aggressive retail-level discounting for competitive purposes and to reduce related consumption declines). In January 2003, Philip Morris instituted a 65-cent per pack price cut for four of its major brands, to replace its retail-level discounting and fight sales losses to discount brands, and R.J. Reynolds followed suit. In the last several years, the major cigarette companies have increased their product prices by almost \$1.00 per pack. **Nationally, estimated smoking-caused health costs and lost productivity totals \$19.16 per pack.**

The weighted average price for a pack of cigarettes nationwide is roughly \$6.36 (including statewide sales taxes but not local cigarette or sales taxes, other than NYC's \$1.50 per pack cigarette tax), with considerable state-to-state differences because of different state tax rates, and different manufacturer, wholesaler, and retailer pricing and discounting practices. AK, DE, MT, NH & OR have no state retail sales tax at all; OK has a state sales tax, but does not apply it to cigarettes; MN & DC apply a per-pack sales tax at the wholesale level; and AL, GA & MO (unlike the rest of the states) do not apply their state sales tax to that portion of retail cigarette prices that represents the state's cigarette excise tax.

Campaign for Tobacco-Free Kids, September 18, 2018 / Ann Boonn

For additional information see the Campaign's website at <https://tobaccofreekids.org/fact-sheets/tobacco-control-policies/tobacco-taxes>. Sources: Orzechowski & Walker, *Tax Burden on Tobacco*, 2016; media reports; state revenue department websites.



Appendix F

STATEWIDE SMOKE-FREE LAWS

State	Smoke-free Restaurants	Smoke-free Freestanding Bars	Smoke-free Workplaces	State	Smoke-free Restaurants	Smoke-free Freestanding Bars	Smoke-free Workplaces
Alabama				Montana	X	X	X
Alaska				Nebraska	X	X	X
Arizona	X	X	X	Nevada	X		X
Arkansas				New Hampshire	X	X	
California	X	X	X	New Jersey	X	X	X
Colorado	X	X		New Mexico	X	X	
Connecticut	X	X		New York	X	X	X
Delaware	X	X	X	North Carolina	X	X	
Dist. of Columbia	X	X	X	North Dakota	X	X	X
Florida	X		X	Ohio	X	X	X
Georgia				Oklahoma			
Hawaii	X	X	X	Oregon	X	X	X
Idaho	X			Pennsylvania			X
Illinois	X	X	X	Rhode Island	X	X	X
Indiana	X		X	South Carolina			
Iowa	X	X	X	South Dakota	X	X	X
Kansas	X	X	X	Tennessee			
Kentucky				Texas			
Louisiana	X		X	Utah	X	X	X
Maine	X	X	X	Vermont	X	X	X
Maryland	X	X	X	Virginia			
Massachusetts	X	X	X	Washington	X	X	X
Michigan	X	X	X	West Virginia			
Minnesota	X	X	X	Wisconsin	X	X	X
Mississippi				Wyoming			
Missouri							

All data courtesy of The American Nonsmokers' Rights Foundation. (<http://www.no-smoke.org/>). This list includes states where the law requires 100% smoke-free places in restaurants, bars or non-hospitality workplaces without exemptions.