Issues in Missouri Health Care 2011

Real Opportunities for Ending the Addiction: Tobacco Use Prevention and Cessation

Acknowledgement

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Issue Statement

Tobacco use is the single most preventable cause of death and disease in the United States. An estimated 45 million American adults currently smoke cigarettes.[1] Smoking harms nearly every organ in the body, and half of all long-term smokers die prematurely from smoking-related disease.[2] All tobacco products, including smokeless tobacco and cigars, cause cancer, and all forms of tobacco are addictive.[3,4] Secondhand smoke causes premature death and disease in children and adults who do not smoke. There is no risk-free level of exposure to secondhand smoke.[5]

Tobacco use is also the leading preventable cause of death in Missouri. More than 400,000[6] persons die annually from tobacco-related causes in the U.S., and 9,362 of them are from Missouri. Tobacco use causes cancer, including 90 percent of lung cancers in men and almost 80 percent in women.[7,8] Cigarette smokers also suffer at much higher rates than the general population from coronary heart disease, stroke, and peripheral vascular disease.[9,10] Cigarette smoking is the major cause of chronic obstructive pulmonary disease (COPD), causing 90 percent of deaths from this disease.[11] Smoking causes infertility problems, early births and

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1 Centers for Disease Control and Prevention. Tobacco use among adults—United States, 2005. *MMWR* 2006;55(42):1145–1148.

2 U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General.* Atlanta: 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; 2004.

3 Institute of Medicine. *Clearing the Smoke: Assessing the Science Base for Tobacco Harm Reduction.* Washington, DC: National Academies Press; 2001.

4 U.S. Department of Health and Human Services. *The Health Consequences of Smoking: Nicotine Addiction. A Report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Health Promotion and Education, Office on Smoking and Health; 1988.

5 U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006.

6 Campaign for Tobacco-free Kids, "Toll of Tobacco in the United States of America", October 2010. http://www.tobaccofreekids.org/research/factsheets/pdf/0072.pdf.

7 Missouri Department of Health and Senior Services, "Tobacco State." http://www.dhss.mo.gov/SmokingAndTobacco/TobaccoState.pdf.

8 U.S. Department of Health and Human Services. The Health Consequences of Smoking: A Report of the Surgeon General. 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, 2004.

9 Ockene IS, Miller NH. Cigarette Smoking, Cardiovascular Disease and Stroke: A Statement for Healthcare Professionals from the American Health Association." Journal of American Health Association. 1997;96;3242-3247.

10 Fielding, JE, Husten CG, Erikson MP. Tobacco: Health Effects and Control. In: Maxcy KF, Rosenau MJ, Last JM, Wallace, RB, Doebbling BN (eds). Public Health and Preventive Medicine. New York:McGraw-Hill;1998;817-845.

11 U.S. Department of Health and Human Services. The Health Consequences of Smoking: A Report of the Surgeon General. 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, 2004.

stillbirths, low-birth-weight babies, and sudden infant death syndrome (SIDS).[12] The death toll does not take into account the suffering caused by tobacco-related diseases and the potentially productive years that afflicted persons would have lived had they not used tobacco.

Given this information on the death, disability, and costs that result from tobacco use, policymakers are faced with the challenge of designing effective tobacco-control policies. Missouri's tobacco-control policies could be strengthened to reduce the incidence and impact of tobacco use, including cessation programs, smoke-free indoor air legislation, tobacco tax, and regulatory policy.

Background

Since the first Report of the Surgeon General on the ill effects of smoking in 1964, federal, state, and local governments have taken action, including requiring health warning labels on tobacco products, banning advertising of tobacco products in broadcast media, banning smoking on airline flights, conducting education campaigns, and sponsoring research on the impacts of tobacco use. As a result of these efforts, smoking rates have declined, but Missouri still ranks in the bottom ten nationally for smoking rates across all age, gender, educational, and racial/ethnic groups.[13,14] By the time Missourians reach adulthood, their smoking rate is 7 percent higher than the national average.[15] An estimated 1 million Missourians smoke; half of these persons will likely die from a smoking-related disease.

Nearly 90,000 of Missouri smokers are youth, and their smoking rate exceeds the national average. Twenty-two percent of Missouri sixth graders have tried smoking, a percentage that rises to 45 percent by high school.[16] In addition, 16.6 percent of youth currently use smokeless tobacco products such as chew or snuff.[17] These youth are susceptible to cigarette advertising. In 2009, 36 percent of middle school tobacco users bought or received items featuring a tobacco brand name or picture.[18] Furthermore, almost half of Missouri children are exposed to secondhand smoke.[19] In 2007, the Surgeon General of the United States stated, "Without equivocation, secondhand smoke causes premature death and disease."[20]

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12 U.S. Department of Health and Human Services. The Health Consequences of Smoking: A Report of the Surgeon General. 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, 2004.

13 http://cpsmaps.americanlegacy.org/pdf_data/Prevcps01.pdf Access September 29, 2010.

14 Missouri Department of Health and Senior Services, "Tobacco State." http://www.dhss.mo.gov/SmokingAndTobacco/TobaccoState.pdf.

15 Ibid.

16 "Reducing Tobacco Use in Missouri: Progress against all odds" Missouri Department of Health and Senior Services. http://www.dhss.mo.gov/YTS/tobacco_use_among_mo_youth.pdf.

17 Ibid.

18 Ibid.

19 Carter, M. Tobacco Use Among Middle School Students, 1999. Missouri Department of Health, Division of Chronic Disease and Health Promotion, p.12.

20 News Release of the Missouri Department of Health and Senior Services, October 10, 2007.

The costs to families, businesses, and the state are substantial. In Missouri, an estimated 144,501 years of potential life are lost annually from smokers' early deaths, and annual lost productivity due to tobacco-related disease is estimated to be $2.6 billion.[21] Health care costs for a smoker over his or her lifetime will be 40 percent higher than for a non-smoker.[22] In fact, in 2007, $532 million in Missouri Medicaid expenditures were attributable to tobacco-related causes.[23]

Missouri is often identified as a tobacco-growing state in national surveys, which raises a question about whether policies that curb smoking threaten the state's economic base. However, according to the state Department of Agriculture, there are only 1,500 acres of tobacco cultivated in the state.[24]

In 1998, state Medicaid programs and the four largest U.S. tobacco companies entered into the Tobacco Master Settlement Agreement (MSA). The states had sued the tobacco companies for recovery of their tobacco-related health care costs. When the MSA was finalized, many states dedicated a large share, if not all, of the proceeds to efforts to reduce the incidence of smoking. Missouri chose to use these funds for other purposes. Missouri receives $283.2 million annually in tobacco-related revenue from the MSA ($173.5 million) and Tobacco Excise Taxes ($109.7 million). For fiscal year 2011, Missouri is scheduled to spend $60,000 in state funds for tobacco prevention programs.[25] These expenditures are from the state general revenue fund. The MSA funds and the cigarette tax revenue are added to the general revenue fund dedicated for other purposes. In 2007, the U.S. Centers for Disease Control and Prevention (CDC) recommended the state annually spend $73.2 million to implement a comprehensive tobacco prevention and cessation program.[26] In 2010, Missouri spent less than 5 percent of the CDC's recommended expenditures for a comprehensive tobacco control program in the state.[27]

In addition, Missouri is receiving $9.9 million in federal funds dedicated to tobacco prevention and control:

- $1.2 million from the CDC in a 12-month grant for the period beginning April 2010 (from annual appropriations).

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21 Missouri Department of Health and Senior Services, "Tobacco State." http://www.dhss.mo.gov/SmokingAndTobacco/TobaccoState.pdf.

22 American Legacy Foundation, Policy Report #4, Nov.2007 Saving Lives, Saving Money II: Tobacco-Free States Spend Less on Medicaid. p 12.

23 "Best Practices for Comprehensive Tobacco Control Programs" Centers for Disease Control and Prevention. 2007 http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/.

24 U.S. Department of Agriculture Press Release January 2007. http://www.nass.usda.gov/Statistics_by_State/Missouri/Publications/Press_Releases/20070112-Annual_Crop_Production.asp.

25 Campaign for Tobacco Free Kids, "A Broken Promise to Our Children: The 1998 State Tobacco Settlement Twelve Years Later" http://www.tobaccofreekids.org/reports/settlements/ .

26 Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2007.* Atlanta: 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; October 2007.

27 Missouri Department of Health and Senior Services, "Tobacco State." http://www.dhss.mo.gov/SmokingAndTobacco/TobaccoState.pdf.

- $8.6 million in dedicated tobacco control funds from the American Recovery and Reinvestment Act (ARRA), including $1 million for telephone quit-lines and $7.6 million from the "Communities Putting Prevention to Work" grant to address tobacco prevention in St. Louis County. These funds were awarded in March 2010 and are to be spent over a 24-month period.
- $80,807 from the Prevention and Public Health Fund in the new health care reform law. These funds are to be used to motivate smokers to quit.[28]

State Initiatives to Reduce Tobacco Use

- The most effective state initiatives for curbing tobacco use include:
- Implementation of comprehensive tobacco control programs;
- Passage of smoke-free indoor air legislation; and
- Increases in excise taxes on cigarettes.

Comprehensive Tobacco Control[29]

Goals of comprehensive tobacco control programs are to:

1. Prevent youth and adults from starting to use tobacco (initiation).
2. Eliminate exposure to secondhand smoke.
3. Promote cessation among youth and adults.
4. Identify and eliminate tobacco-related health disparities.

28 Campaign for Tobacco Free Kids, *A Broken Promise to Our Children: The 1998 State Tobacco Settlement Twelve Years Later*, November 2010. Retrieved from http://www.tobaccofreekids.org/reports/settlements/.

29 Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2007*. Atlanta: 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; October 2007.

Components of an effective tobacco-control program include:

- *State and community interventions:*
  - **Statewide efforts** to develop a state strategic plan, support coalition development, offer training and technical support, monitor tobacco company influences, implement evidence-based interventions, and support demonstration or research projects.
  - **Community programs** that change community knowledge, attitudes, and practices about tobacco use, tobacco promotion, tobacco sales, and exposure to secondhand smoke.
  - **Tobacco-related disparities** efforts to identify and eliminate differences in prevention, use, treatment, risk, illness, death, burden, access to resources, and exposure to secondhand smoke.
  - **Youth programs** that reshape the environment to support tobacco-free living as normal are implemented across community and school environments, along with increasing the price of tobacco products, making environments smoke-free, restricting youth access, enforcing retailer sales laws, and conducting mass media campaigns.
  - **Collaboration with chronic disease programs** for early detection, prevention, and management of chronic diseases related to tobacco use, and for the promotion of tobacco use treatment.
- *Health Communication Interventions:*
  - **Sustained media campaigns** combined with other interventions and strategies that educate about health risks of tobacco use, motivate smokers to quit, and create a supportive climate for community efforts in tobacco control.
- *Cessation Interventions:*
  - **Cessation efforts** include individual, group, and telephone cessation counseling and medications, and eliminate cost and other barriers to tobacco use treatment.
- *Surveillance and Evaluation:*
  - **Surveillance and evaluation systems** that monitor and document implementation, effectiveness and outcomes to inform program and policy direction, and to ensure accountability.
- *Administration and Management:*
  - **Administration and management** with sufficient capacity to plan strategic efforts; provide strong leadership; foster collaboration among partners; provide program oversight, technical assistance, and training; and ensure accountability.

Smoke-Free Indoor Air Legislation

Twenty-three states have enacted comprehensive smoke-free indoor air legislation, creating smoke-free indoor environments that include all workplaces, restaurants, and bars. In addition to state laws, more than 430 municipalities and local jurisdictions have enacted comprehensive smoke-free policies. In Missouri, 18 communities have passed smoke-free legislation including Columbia, Jefferson City, Kansas City, Chillicothe, Fulton, and Clayton. These legislative policies are intended to protect workers and patrons from exposure to secondhand smoke, and have been proven to reduce tobacco use and heart attack rates.

Missouri's Clean Indoor Air Act of 1992 contains a number of exemptions that significantly reduce the intended impact of the law. The consequence of exemptions to the Missouri law is that smoking is permitted in many more workplaces than in other states. A revised Clean Indoor Air Act that expands restricted smoking areas was introduced in the Missouri House and Senate during the 2010 session, but it did not receive a floor vote in either.

Tobacco Excise Taxes

Raising excise taxes on tobacco has a direct effect on tobacco initiation by youth, and adults' continued tobacco use. Every 10 percent increase in the real price of cigarettes reduces overall cigarette consumption by 3 to 5 percent, reduces the number of young adult smokers by 3.5 percent, and reduces the number of kids who smoke by 6 to 7 percent.[30] For example, in Washington state, adult smoking declined from 22.6 percent the year before its 60-cent cigarette tax increase in 2002, to 19.7 percent the year afterward. It reduced the number of adult smokers in the state by more than 100,000, despite overall population increases.[31] Missouri's excise tax, at 17 cents per pack, is the lowest in the country. The average state tax is $1.45 per pack. Because Missouri's tax rate is so low, it does not discourage the purchase of tobacco products or generate much revenue that can be used to fund tobacco-control programs.

30 Chaloupka, F, "Macro-Social Influences: The Effects of Prices and Tobacco Control Policies on the Demand for Tobacco Products," *Nicotine and Tobacco Research*, 1999; other studies at http://tigger.uic.edu/~fjc/.

31 CDC, Current Adult Smokers, Behavioral Risk Factor Surveillance System (BRFSS).

Policy Options for Missouri

There are several key strategies that could substantially reduce tobacco use, tobacco-related health problems and deaths, and the cost associated therewith. Below are options for reducing the toll that tobacco use takes on the lives of Missourians.

Increase State Investment in a Comprehensive Tobacco Control Program

The CDC publishes a "Best Practices Guide" that identifies effective state strategies to reduce tobacco use. This guide has identified the most effective ways to influence tobacco use initiation and cessation. These methods include anti-tobacco media campaigns, negative social acceptability of smoking, and limitations on where tobacco use is permitted and how it is accessed.[32]

States that have made larger investments in comprehensive tobacco control programs have seen cigarette sales drop more than twice as much as in the United States as a whole, and smoking prevalence among adults and youth has declined faster as spending for tobacco control programs increased. In Florida, between 1998 and 2002, a comprehensive prevention program anchored by an aggressive youth-oriented health communications campaign reduced smoking rates among middle school students by 50 percent, and among high school students by 35 percent. Between 2000 and 2006, the New York State Tobacco Control Program reported that the prevalence of both adult and youth smoking declined faster in New York than in the United States as a whole. Adult smoking prevalence declined 16 percent, and smoking among high school students declined by 40 percent, resulting in more than 600,000 fewer smokers in the state over the seven-year intervention period.[33]

To effectively address tobacco use, the Institute of Medicine (IOM) recommends that each state should fund state tobacco control activities at the level recommended by the CDC. If all states were to fully fund their tobacco control programs at the CDC-recommended level of investment, in five years, an estimated 5 million fewer people would smoke, and hundreds of thousands of premature tobacco-related deaths would be prevented each year. Longer investments will have even greater effects. With fully funded and sustained state tobacco control programs and policies (e.g., increases in the unit price of tobacco products), IOM's best-case scenario of reducing tobacco prevalence to 10 percent by 2025 would be attainable.[34]

Missouri would need to increase its total fiscal year 2010 investment ($3.36 million) in tobacco control 22 times to reach the CDC minimum of $73.2 million.[35]

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32 Butterfoss FD, Goodman RM, Wandersman A. Community coalitions for prevention and health promotion. *Health Education Research*. 1993;8(3):315- 330.

33 Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2007*. Atlanta: 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; October 2007.

34 Ibid.

35 "Best Practices for Comprehensive Tobacco Control Programs" Centers for Disease Control and Prevention. 2007 http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/.

Strengthen Missouri's Clean Indoor Air Law

Altogether, more than 12,559 U.S. municipalities representing 62.8 percent of the U.S. population now have smoke-free workplaces, restaurants, and/or bars as a result of either local or statewide laws. However, only 31 percent of Americans are fully protected by a local or state law requiring workplaces, restaurants, and bars to be smoke-free.[36]

The Surgeon General's report, The Health Consequences of Involuntary Exposure to Tobacco Smoke, confirmed that secondhand smoke causes cancer, heart disease, and serious lung ailments. As former Surgeon General Richard Carmona stated when releasing the report, "The debate is over. The science is clear. Secondhand smoke is not a mere annoyance but a serious health hazard."[37]

The Missouri State Clear Indoor Air law could be strengthened to include comprehensive provisions that protect all workers from exposure to secondhand smoke by prohibiting smoking indoors in all workplaces, restaurants, bars, and casinos.

Increase the State Tobacco Taxes

Missouri has not raised its tobacco tax since 1999. If Missouri significantly raised its tobacco tax to the national average, the state would see significant declines in tobacco use, and would generate the necessary resources to implement a statewide comprehensive tobacco control program. While it is true that more people would stop smoking in response to the increased tax, the total revenue would significantly exceed current levels. Missouri's tax is currently 17 cents per pack. Nationally, the state average is $1.45 per pack. Raising the cigarette tax to $1.45 per pack would result in a 28 percent increase in the cost per pack of cigarettes. This would lead to approximately an 11 percent decrease in consumption, resulting in 63 million fewer packs of cigarettes sold. State revenues would total $622 million.

It should be noted that the Hancock amendment limits the state's ability to raise taxes.

> In 1980, a Springfield businessman began an initiative petition drive in support of a constitutional amendment that would limit state and local government taxation and spending. That amendment was adopted by the voters on November 4, 1980. It is generally known as the Hancock amendment, after the principal advocate Mel Hancock, and can be found in Article X, Sections 18-24 of the Missouri Constitution. Section 18(e) prohibits the General Assembly from increasing taxes or fees in any fiscal year that would produce "new annual revenues" in excess of either $50 million or 1% of total state revenue for the second fiscal year before the General Assembly's action, whichever is less.[38]

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36 Americans for Nonsmokers Rights Foundation: http://www.no-smoke.org/getthefacts.php.

37 U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

38 Hembree, R. (2004). *The Hancock Amendment: Missouri's Tax Limitation Measure*, [Report 49-2004]. Retrieved from http://ipp.missouri.edu/uploads/Publications/MLA%2049-2004.pdf.

Given this constitutional amendment, the Missouri legislature is limited to increasing the tobacco tax by no more than 17 cents per pack, which would generate $92 million in revenue.

Other Options

The following options are additional policy considerations that could be implemented in Missouri:

- Restrict advertising and promotion of tobacco products by banning outdoor advertising, prohibiting advertising in publications targeted to youth, and prohibiting point of sale advertising of tobacco products;
- Prohibit tobacco brand name sponsorship of sporting or entertainment events;
- Mandate insurance coverage of tobacco cessation;
- Offer free tobacco cessation and nicotine replacement products through the Missouri Tobacco Quit-Line (i.e., a toll-free telephone line with counseling and nicotine replacement for persons wanting to quit smoking);
- Increase education efforts about the dangers of chewing tobacco, loose leaf, and snuff tobacco; and
- Assist tobacco farmers in their transition to the growth of non-tobacco crops.

Implications

If Missouri were to reduce its smoking rates by 10 percent, there would be fewer deaths and less disability, lower health care costs, and a more productive workforce. Specifically:

- More than 1,000 lives could be saved per year;
- Missouri's Medicaid program would recoup $23 million in five years;[39]
- Private employers would stand to save millions, as 72 percent of Missourians are privately insured through their employers;
- Employers would spend an average of $2,189 less per smoking employee for health-related workers' compensation costs;[40]
- Employers would gain 18 days of productivity per year per employee for persons who no longer take smoking breaks;[41] and
- Absenteeism would also be reduced, as smokers have a 60 percent higher absenteeism rate than non-smokers.[42]

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39 American Legacy Foundation Saving Lives, Saving Money II: Tobacco-free States Spend Less on Medicaid. p 12.

40 Musich, S. Napier, D. Edington, D.W. *The Association of Health Riskswith Workers' Compensation Costs*. Journal of Occupational and Environmental Medicine. 43(6): 534-541, June 2001.

41 Action on Smoking and Health, March 1994.

42 Halpern, MT. Shikar, R Rentz, A.M. : Khan, Z.M., *Impact of Smoking Status on Workplace Absenteeism and Productivity*. Tobacco Control 10 (3) : 233-238, September 2001.