

Preventing Tobacco Use Saves Lives and Money



Tobacco use causes enormous harm to health and imposes substantial costs on society. It is the leading preventable cause of death in the United States, responsible for more than 490,000 deaths each year. Tobacco use causes cancer, heart disease, respiratory diseases, and other diseases. More than 16 million Americans are currently living with a tobacco-caused disease.¹

Treating tobacco-caused disease is expensive. Tobacco use is responsible for \$241 billion in health care costs each year.² These health care costs burden family finances, employers' bottom line, and government budgets. More than 60 percent of these health care costs are paid by government programs such as Medicare and Medicaid.³ Tobacco use is also responsible for approximately \$365 billion in lost productivity annually due to tobacco-related illnesses and premature death.⁴

Investing in tobacco prevention programs is cost-effective and can be cost-saving. Preventing youth from starting tobacco use, and helping adults to quit, can reduce health care spending by reducing the need for hospitalizations and other medical services related to treating tobacco-caused disease. It can also improve productivity by reducing the number of people unable to work and the number of missed workdays due to tobacco-related illness and by increasing employee productivity while at work. Research indicates that tobacco prevention and cessation programs can save lives and money.

State Tobacco Prevention and Cessation Programs

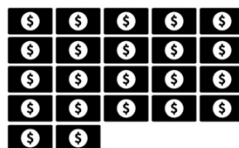
CDC provides grants to all 50 states, the District of Columbia, territories, and tribes to support state and tribal tobacco prevention and cessation programs. Federal funding from CDC is particularly important because these programs are typically underfunded even though they have proven to be effective and cost-effective.⁵

- Minnesota saved an estimated \$5.1 billion as a result of its long-term investment (1998-2017) in tobacco prevention and cessation, avoiding \$2.7 billion in medical care costs and \$2.4 billion in productivity losses. Through its comprehensive program, Minnesota's decline in smoking effectively prevented more than 4,500 cancer cases, more than 44,000 hospitalizations for cardiovascular disease, respiratory disease, and diabetes, and approximately 4,100 smoking-attributable deaths.⁶
- Between 1989 and 2019, California's tobacco control program reduced health care costs by between \$544 billion and \$816 billion, far more than the \$3.5 billion spent on the program over the same time period. Researchers attribute these savings to reductions in adult smoking by 2.7 percentage points and reduced consumption of cigarettes by an average of 119 packs per year.⁷ This study builds on previous research that found that for every \$1 California spent on its tobacco control program from 1989 to 2004, the state received as much as \$50 in health care cost savings.⁸
- For every \$1 spent by Washington State's tobacco prevention and control program between 2000 and 2009, more than \$5 were saved by reducing hospitalizations for heart disease, stroke, respiratory disease,

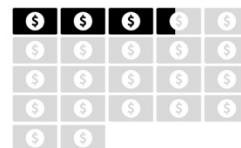
Broken Promises to Our Children

States spend just 3.4 percent of their tobacco revenues on programs to prevent kids from using tobacco and help people quit smoking.

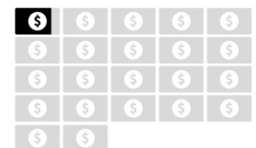
\$21.7 BILLION
What states receive from the 1998 tobacco settlement and tobacco taxes



\$3.3 BILLION
What CDC recommends states spend on tobacco prevention



\$728.6 MILLION
What states actually spend on tobacco prevention



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and cancer caused by tobacco use. 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 it only reflects the savings from prevented hospitalizations, not factors like physician visits, pharmaceutical costs, and rehabilitation costs.⁹

- A 2004 study found that if every state funded its tobacco prevention efforts at the minimum amount recommended by CDC, health care costs would be reduced by more than \$31 billion from declines in youth smoking.¹⁰ Additional cost savings would be expected from related declines in adult smoking and secondhand smoke exposure.
- The Community Preventive Services Task Force, an independent expert advisory committee created by CDC, found, “Evidence indicates that comprehensive tobacco control programs are cost-effective and savings from averted healthcare costs exceed intervention costs.”¹¹

CDC’s Tips from Former Smokers Public Education Campaign



CDC’s national public education campaign, *Tips from Former Smokers (Tips)*, features real people living with a smoking-caused disease and informs viewers where they can receive tobacco cessation services. From its launch in 2012 through 2018, CDC estimates that more than 16.4 million people who smoke attempted to quit and approximately one million smokers quit for good because of the *Tips* campaign.¹² The *Tips* campaign is also cost-effective.

- A 2020 cost-effectiveness analysis found that the *Tips* media campaign helped to prevent 129,100 smoking-related deaths and reduced health care spending by \$7.3 billion from 2012 through 2018.¹³
- Another 2020 study estimated that running a national year-long media campaign like *Tips* would reduce Medicaid spending by \$3.6 billion, Medicare spending by \$1.37 billion, and private insurer spending by \$180 million over 10 years.¹⁴

State Quitlines

State quitlines deliver telephone-based counseling services to help tobacco users to quit and typically provide tobacco cessation medications. Smokers who use quitlines are at least two to three times more likely to succeed in quitting compared to those who try to quit on their own.¹⁵ Funding from CDC helps ensure that state quitlines can meet increased demand for quitline services when *Tips* ads are running.

- According to the CDC’s Best Practices for Comprehensive Tobacco Control Programs, “State quitlines are one of the most accessible cessation resources and can efficiently reach large numbers of smokers. ... Quitlines are highly cost-effective relative to other commonly used disease prevention interventions.”¹⁶
- The Community Preventive Services Task Force found that quitline services “are cost-effective” and “fall well below” the \$50,000 per quality-adjusted life year (QALY) threshold often used to assess whether an intervention is cost-effective.¹⁷

Medicaid Coverage and Promotion of Tobacco Cessation Treatments

All state Medicaid programs provide some level of tobacco cessation coverage, but many do not cover all evidence-based tobacco cessation treatments and include barriers to accessing coverage. Barrier-free Medicaid coverage for cessation, combined with public education about the availability of this coverage, is particularly important because Medicaid enrollees smoke at more than twice the rate of adults with private insurance (18.1% compared to 8.6%).¹⁸

- Massachusetts saved more than \$3 for every \$1 it spent on services to help enrollees in its Medicaid program quit smoking. Reductions in cardiovascular-related hospitalizations translated into net annual savings of about \$14.7 million for the state Medicaid program.¹⁹ These savings are likely conservative because they do not include long-term savings, savings that may occur outside the Medicaid program, or savings beyond hospital admissions.

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