

Issues in Missouri Health Care 2008

Kicking the Habit: Tobacco Use Prevention
and Cessation

Acknowledgement

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Issue Statement

Smoking is the leading preventable cause of death in Missouri. Over 400,000 persons die annually from smoking-related causes in the U.S., and 9,600 of them are from Missouri. Smoking causes cancer, including 90 percent of lung cancers in men and almost 80 percent in women.¹ Cigarette smokers also suffer at much higher rates than the general population from coronary heart disease, stroke, and peripheral vascular disease.^{2,3} Cigarette smoking is the major cause of chronic obstructive pulmonary disease (COPD), causing 90 percent of the deaths from this disease.⁴ Smoking causes infertility problems, early births and stillbirths, low birth weight babies, and sudden infant death syndrome (SIDS).⁵ The death toll does not take into account the suffering caused by smoking-related diseases and the potentially productive years that an afflicted person would have lived had he not smoked.

Given the indisputable information on the death, disability, and costs that result from smoking, state leaders are faced with the challenge of designing effective tobacco-control policies. All aspects of the state's tobacco-control policy could be bolstered, including cessation programs, clean indoor air legislation, and tax and regulatory policy.

Background

Since the Surgeon General released his first report on the ill effects of smoking in 1964, federal, state, and local governments have taken action, including requiring health warning labels on cigarette products, banning advertising for tobacco products in the broadcast media, banning smoking on airline flights and in public places, conducting

¹ 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.

² 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.

³ 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.

⁴U.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.

⁵ 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.

education campaigns, and sponsoring research on the impacts of smoking. As a result of these efforts, smoking rates have declined, but Missouri still ranks in the bottom ten nationally for smoking rates⁶ across all age, gender, educational, and racial groups.⁷ By the time Missourians reach adulthood, their smoking rate is 3 percent higher than the national average.⁸ An estimated 1 million Missourians smoke. Half of these persons will die from a smoking-related disease.

Nearly 90,000 of Missouri smokers are youth, and their smoking rates exceed the national average. Thirty-eight percent of Missouri sixth graders have tried smoking, a percentage that rises to 60 percent by the eighth grade.⁹ These youth are susceptible to cigarette advertising. In 1998, 21 percent of middle school students bought or received items with a tobacco brand name or picture on it.¹⁰ Furthermore, almost half of Missouri children are exposed to second hand smoke.¹¹ The Surgeon General of the United States recently stated, “Without equivocation, secondhand smoke causes premature death and disease.”¹²

The costs to families, businesses, and the state are substantial. In Missouri, estimates are that 132,000 years of potential life were lost from smokers’ early deaths annually, and annual lost productivity due to tobacco-related disease is estimated to be \$2.4 billion.¹³ Health care costs for a smoker over his or her lifetime will be 40 percent higher than for a non-smoker.¹⁴ In fact, in 2005, \$512 million in Missouri Medicaid expenditures were attributable to smoking-related causes.¹⁵

On the other hand, policies that curb smoking would not represent a serious threat to the state’s economic base. While Missouri is often identified as a tobacco-growing state in

⁶ americanlegacy.org/maps

⁷ Missouri Department of Health and Senior Services, Tobacco State, p.1. www.dhhs.mo.gov

⁸ Kayani NA, Yun S, Shu BP, The Health and Economic Burden of Smoking in Missouri, 2000-2004, Missouri Medicine, May/June 2007. p.268.

⁹ Carter, M. . Tobacco Use Among Middle School Students, 1999. Missouri Department of Health, Division of Chronic Disease and Health Promotion. p.....

¹⁰ Carter, M. Tobacco Use Among Middle School Students, 1999. Missouri Department of Health, Division of Chronic Disease and Health Promotion , p. ...

¹¹ Carter, M. Tobacco Use Among Middle School Students, 1999. Missouri Department of Health, Division of Chronic Disease and Health Promotion, p.12.

¹² News Release of the Missouri Department of Health and Senior Services, October 10, 2007.

¹³ Missouri Department of Health and Senior Services, Tobacco State, p.1. www.dhhs.mo.gov

¹⁴ American Legacy Foundation, Policy Report #4, Nov.2007 Saving Lives, Saving Money II: Tobacco-Free States Spend Less on Medicaid . p12.

¹⁵ . Kayani NA, Yun S, Shu BP, “The Health and Economic Burden of Smoking in Missouri, 2000-2004,“ Missouri Medicine, May/June 2007, p.268.

national surveys, according to the state Department of Agriculture, there are only 1,450 acres of tobacco cultivated in the state, the size of one family farm.¹⁶

When the tobacco settlement was finalized, many states dedicated a large share, if not all, of the proceeds of the Master Settlement Agreement to efforts to reduce the incidence of smoking. Missouri chose to use these funds for other purposes. Missouri receives \$228 million in tobacco-related revenue from the Master Settlement and the Tobacco Excise tax. Only \$200,000 in Master Settlement funds are dedicated to tobacco control, and the cigarette tax revenue is used for other purposes, such as aid to local governments. Consequently there has not been a sizeable investment of funds in tobacco control. The Centers for Disease Control (CDC) recommends a minimum of \$43 million dollars for the state of Missouri to implement a comprehensive tobacco-prevention and cessation program.¹⁷ Missouri invests only \$4.3 million in tobacco cessation and control, including \$1.4 million in federal funds.

Policy Options

Major initiatives in the states to curtail smoking include:

- Comprehensive tobacco control programs.
- Clean indoor air legislation.
- Excise taxes on cigarettes.

Comprehensive Tobacco Control

Components of an effective tobacco-control program include:

- Community programs that support local efforts to prevent youth smoking.
- School programs.
- Training programs.
- Counter-marketing programs to educate the public about the risks of smoking and to encourage people to quit.
- Chronic disease programs to detect smoking-related illnesses early and to help people identify health conditions that are exacerbated by smoking.
- Cessation programs that include screening and counseling by physicians, telephone cessation counseling, and increasing access to nicotine replacement products.
- Enforcement programs, to support the law against under-age tobacco purchases.
- Collecting and analyzing data and administration of tobacco programs.

¹⁶ www.nass.usda.gov

¹⁷ Missouri Department of Health and Senior Services, Tobacco State, p.4. www.dhhs.mo.gov

Clean Indoor Air

Many states now have clean indoor air legislation, meant to protect persons in the workplace from smoke; however, clean air legislation varies widely from state to state. Missouri's law contains a number of significant exemptions. By declaring that certain venues are not "public places," the law exempts institution of higher education, theatre lobbies, and an enclosed indoor area, stadium or other facility seating more than 15,000 persons. Taxis or limousines and a room or hall used for private social functions under the control of the sponsor are also not "public places." But the biggest exemption in the law is that some proprietors can post a sign stating that "Nonsmoking Areas are Unavailable." These establishments include bars and taverns, bowling alleys, billiard parlors, and restaurants with fewer than 50 seats. The consequence of exemptions to the Missouri clean indoor air law is that smoking is permitted in many more work places than in other states.

Cigarette Taxes

Raising excise taxes on tobacco has a dampening effect on youth starting to smoke and adults continuing to smoke. When California increased its tax by 25 cents per pack, there was an 18 percent decline in cigarette sales in only 18 months.¹⁸ Missouri's excise tax, at 17 cents per pack, is one of the lowest in the country. The tax yields \$115 million dollars a year, most of which goes to schools and local communities. The average tax nationally is \$1.04 per pack. Because Missouri's tax rate is so low, it does not discourage the purchase of cigarettes or generate much revenue that can be used to fund tobacco-cessation programs.

In summary, if state policy makers want to substantially decrease the number of persons who smoke and the death, suffering, and cost associated therewith, they will need to strengthen state tobacco-control policies.

Policy Options

Included below are options for reducing the toll that smoking takes upon the lives of Missourians.

¹⁸ American Society of Clinical Oncology Policy Statement Update: Tobacco Control- Reducing Cancer Incidence and Saving Lives. The American Society of Clinical Oncology, p. 5.

Comprehensive Tobacco Control

Substantially increase the amount the state invests in tobacco-cessation and control programs.

- The CDC publishes a “Best Practices Guide.” Community tobacco-control programs and counter-marketing are seen as the most useful best practices by the states.¹⁹ Community control programs are in place in only 22 of the state’s 115 counties. In 2005, the state spent only \$82,000 on counter marketing, an amount insufficient to reach even one major media market in the state. This compares to the \$460 million that the tobacco companies spend in Missouri on the marketing of their products.²⁰ A top-ranked state will spend over \$8.00 per capita. Missouri spends about \$0.77 per capita. Missouri could increase its investment in tobacco control tenfold, to the CDC minimum of \$43 million.

Clean Indoor Air

The Missouri State Clear Indoor Air law could be strengthened in the following ways:

- Eliminate the provision that proprietors may designate certain worksites as having no non-smoking areas.
- Do not permit smoking in bars, bowling alleys, billiard parlors, and restaurants with fewer than 50 seats.
- Eliminate the smoking ban exemptions for higher education, limousines, taxicabs, indoor arenas, social halls, and by theatre performers.

Tobacco Taxes and the Master Settlement Agreement

- Raise the excise tax on tobacco and use the proceeds to fund comprehensive tobacco cessation and control programs, and to discourage youth smoking.
- Missouri’s tax is currently 17 cents per pack. The national average is \$1.04 per pack. If Missouri slowly raised its tax to the national average, the state would discourage smoking and generate sufficient resources to mount a statewide tobacco cessation and control effort. While it is true that, as more people stop smoking in response to the increased tax, revenues will decline proportionately, the total revenue still almost certainly would exceed current levels.

¹⁹ Mueller, NB, Luke DA, Herbers SH, Montgomery TP. “The Best Practices, Use of the Guidelines by Ten State Tobacco Control Programs. *American Journal of Preventive Medicine* 2006; 31 (4) 300-306.

²⁰ Missouri Department of Health and Senior Services, Tobacco State website, p.4.

- Designate a larger portion of the Master Settlement Agreement funds for tobacco cessation and control.

Other Options

A number of the following options would be impractical to pursue solely on the state level; however, Missouri could actively support their implementation nationally.

- Restrict advertising and promotion of tobacco products by banning outdoor advertising, prohibiting advertising in publications targeted to youth, and prohibiting the placement of tobacco products in locations attractive to youth.
- Prohibit brand name sponsorship of sporting or entertainment events.
- Mandate insurance coverage of tobacco cessation products, or offer them free through a quit-line (i.e., toll-free telephone lines with counseling for persons on how to quit smoking).
- Increase education efforts among prominent athletes about the dangers of chewing tobacco, loose leaf, and snuff tobacco. Ask them to be spokespersons to youth.
- Assist tobacco farmers in their transition to the growth of non-tobacco crops, including fair compensation for the loss of income.

Implications – Fewer Deaths, Less Serious Illness, Less Cost

At first glance, one might think that because smoking is a personal choice, it would be difficult for states to influence this behavior, but the outcomes in states that have strong tobacco control policies are impressive. California and Massachusetts have lowered their rates more than 10 percent.

Fewer Deaths

- If Missouri were to lower its smoking rates by 10 percent, more than 1,000 lives would be saved per year.

Less Disability

- If Missouri were to lower its smoking rates by 10 percent, tens of thousands of future citizens would be spared disability and suffering from smoking-related causes.

Less Cost—More Productive Workers

- If Missouri were to achieve a 10 percent reduction in smokers, its Medicaid program alone would recoup \$23 million dollars within five years.²¹ Seventy-two percent of Missourians are privately insured, most through employers, so private employers stand to save many millions more.
- If Missouri lowered its smoking rates, employers would spend an average of \$2,189 less per smoking employee, based on a four year study, for health related workers compensation costs.²²
- If Missouri lowered its smoking rates, employers would gain 18 days of productivity per year per employee for persons who no longer take smoking breaks.²³ Absenteeism would also be reduced. Smokers have a 60 percent higher absenteeism rate than non-smokers.²⁴

²¹ American Legacy Foundation Saving Lives, Saving Money II: Tobacco-free States Spend Less on Medicaid. p.12.

²² Musich, S. Napier, D. Edington, D.W. The Association of Health Risks With Workers' Compensation Costs. *Journal of Occupational and Environmental Medicine*. 43(6): 534-541, June 2001.

²³ Action on Smoking and Health, March 1994.

²⁴ 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.