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Appropriations Committee
Health and Hospitals - Department of Public Health
March 1, 2019

H.B. No. 5005 AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021.

Re: Health and Hospitals - Department of Public Health - Tobacco Control and Prevention Funding

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to provide comments on H.B. No. 5005 AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021. ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society that supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. In 2020 it is estimated that approximately 20,300 Connecticut residents will be diagnosed with cancer while 6,390 will die from the disease.[i]

In Connecticut, electronic cigarette use among middle and high school students has now surpassed combustible cigarette use, doing so at an alarming rate. The 2017 Connecticut Youth Risk Behavior Survey points out that, between 2015 and 2017, the rate of current use of electronic cigarettes increased 51% from 7.2% to 14.7%.

In response to a nationwide increase in e-cigarette usage of 135% since 2017, in December, the U.S. Surgeon General labeled youth e-cigarette use an “epidemic” and urged states to act to address the crisis.

With that priority at the forefront, we strongly recommend the committee restore funding for statewide tobacco control programs to help alleviate and reduce the staggering annual economic toll tobacco use costs Connecticut.

The Toll of Tobacco Use in Connecticut
Despite significant progress since the first Surgeon General’s report, issued over 50 years ago, tobacco related diseases are the single most preventable cause of death in

our society, yet according to DPH statistics, ***tobacco use continues to kill more people in Connecticut each year than alcohol, AIDS, car crashes, illegal drugs, accidents, murders and suicides combined.***[ii]

Tragically, 4,900 adults will die in Connecticut from smoking this year—13 per day. Meanwhile, 1300 kids will become new daily smokers—over 3 per day, every day.[iii]

In FY ’20, Connecticut is projected to receive $485 million in combined revenue from tobacco taxes and from the Master Settlement Agreement, which amounts to $55,365 every hour of every day.[iv] However, Connecticut incurs $2.03 billion in annual health care costs related to tobacco use, or $231,000 every hour of every day.[v] ***The cost of tobacco is $175,700 more per hour than we receive in revenue. Every hour, every day.***

Tobacco Control and Prevention Funding

Connecticut is first in taxes, $4.35 per pack cigarette tax, tied with NY for highest in the US, but last in tobacco control and prevention funding.

Over the years just over 1% of the cumulative total deposited into the Tobacco and Health Trust fund has been spent in support of smoking cessation services. In 2013 the state spent $6 million on Tobacco control, for 2014 and 2015 that number was cut in half. However, since FY ’15, that number is zero. *Our children are worth more than zero*.

It gets worse. Since its inception in 2000, the THTF has been raided or had funds redirected 79 times. Of the total deposits into the THTF since 2000, only $29.2 million has been spent on tobacco control while just over $277 million has been redirected to non –tobacco related programs, including $183 million redirected directly into the General Fund.[vi]

The CDC recommends $32 million be spent on tobacco control programs in Connecticut *per year.*[vii] To put it starkly, we have dedicated a cumulative total of $29.2 million for tobacco control during those 20 years-- *$2.8 million less than the CDC recommends we spend annually*.

A 2016 U.S. Surgeon General’s report concluded “e-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, particularly combustible tobacco products.” Unfortunately, last year the CDC confirmed that fact, indicating a spike in combustible cigarette use for the first time in eight years, largely due to the explosion in e cigarette use.

ACS CAN is concerned that e-cigarette use is creating a new generation of Connecticut children who will suffer from a deadly, lifelong addiction to nicotine and tobacco products.

Fully Funding Evidence-Based Tobacco Prevention and Cessation Programs

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."[viii] 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."

States that have funded tobacco control have indeed seen results:

- In Washington State, the state's tobacco control program cut adult smoking by a third and youth smoking in half and prevented an estimated 13,000 premature deaths and nearly 36,000 hospitalizations, saving about $1.5 billion in health care costs. Additionally, the state saw a 5-1 saving with their program between 2000-2009.[ix]
- Florida, which has a constitutional amendment that provides $66 million per year, has seen their adult smoking rate plummet from 21.1% in 2007 to 16.8% in 2014 and their youth smoking rate drop to 6.9% in 2015 from a high of 10.5% in 2006.[x]
- In California, lung cancer rates declined by a third between 1988 and 2011 reducing lung and bronchus cancer rates four times faster than the rest of the United States. In addition, California saw a $55 to $1 return on investment between 1989 and 2008.[xi]
- Alaska, one of only two states to fully fund according to the CDC recommendations, has cut its high school smoking rate by 70% since 1995.[xii]
- Maine reduced its youth smoking rates by two thirds between 1997-2013.[xiii]
- From 2009 to 2015, smoking among North Dakota's high school students fell by 48 percent, from 22.4 percent to 11.7 percent. All of these states have made significant, long-term investments in tobacco control.[xiv]

Many tobacco users fail quit attempts because, in part, of a lack of access to successful cessation programs. Funding tobacco use prevention and cessation programs that alleviate this burden on our citizens and economy as well as preventing future tobacco users from ever starting is not only consistent with our shared goal of ensuring public health, it is also the only fiscally responsible approach we can take.

Continuing on the path we are on now will ultimately do nothing to address an entirely preventable problem. This in turn will only escalate the current fiscal pressures and result in a greater number of lives being affected by cancer at a greater cost to the state. Restoring funding for proven and effective tobacco control programs aimed at educating parents and kids and that reduce tobacco use is critical so our children can grow up not as next generation smokers but as the first tobacco-free generation.

Thank you for your consideration of our comments.

Bryte Johnson
Connecticut Government Relations Director
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[i] https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2020/cancer-facts-and-figures-2020.pdf

[ii] https://authoring.ct.egov.com//DPH/Health-Information-Systems--Reporting/Mortality/Mortality-Tables--2000-to-2014-with-74-Cause-of-Death-Codes

[iii] CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014.*

[iv] Jan 15, 2019 FY 2019 Consensus Revenue
https://portal.ct.gov/-/media/OPM/Bud-Other-Projects/Reports/Consensus_Revenue/FINAL_CONSENSUS_JAN15_2019.pdf

[v] Campaign for Tobacco Free Kids – Tobacco in Connecticut
https://www.tobaccofreekids.org/problem/toll-us/connecticut

[vi] Tobacco and Health Trust Fund 2017 Annual Report
http://www.ct.gov/opm/lib/opm/2017_thtf_board_annual_report.pdf

[vii] CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*

[viii] 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.

[ix] 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.

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

[xi] 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.

[xii] Alaska Tobacco Prevention and Control Program Annual report
http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/TobaccoARFY13.pdf Alaska Department of Health and Social Services, "2015 Youth Risk Behavior Survey Results," November 2015, http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2015AKTradHS_YRBS_SummaryTables.pdf.

[xiii] National Youth Risk Behavior Survey, 1997 and 2013.

[xiv] North Dakota Department of Health, "Youth Risk Behavior Survey ResultsDetailed Summary Tables," 2015, https://www.nd.gov/dpi/uploads/1298/20 15NDHighSchoolSummaryTables.pdf