Lessons Learned from the Tobacco Taxes' Impact on Smoking

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Improving diet and physical activity: 12 lessons from controlling tobacco smoking

Derek Yach, Martin McKee, Alan D Lopez, Tom Novotny for Oxford Vision 2020

BMJ 2005;330;898-900

- Progress in tobacco control required high level,sustained advocacy and political acumen;progress in addressing obesity will require the same

- Tobacco smoking remains a major global threat despite a shift in media attention

- Opportunities for joint approaches to nutrition and tobacco related health problems have been neglected

- The potential for positive interaction with the food industry in finding common solutions remains high provided the industry shows transparency.

"The brakes on the obesity epidemic need to be policy-led and governments need to take centre stage," Swinburn, a researcher at Deakin University in Australia, told Reuters at the 2008 European Congress on Obesity. "Governments have to lead the way they did with the tobacco epidemic. We need hard-hitting messages."

"Commercial drivers around food have been the biggest influence over the past 30 years," he said. "The product, the price, the promotion and the placement has changed dramatically.

Kelly D. Brownell and Kenneth E. Warner. **The Perils of Ignoring History: Big Tobacco Played Dirty and Millions Died. How Similar Is Big Food?**

"The world cannot afford a repeat of the tobacco history, in which industry talks about the moral high ground, but does not occupy it," the authors write. "The question is whether they [the food industry] will behave in honorable, healthpromoting ways or will sink to the depths occupied by tobacco."

In an interview, Brownell said the two industries are different in many ways, but share a number of strategies: "One is heavy-duty lobbying; two is paying scientists to produce results that favor industry positions; three is fighting to frame the issue as a matter of personal rather than corporate responsibility and the fourth is funding front groups to do their dirty work," he said.

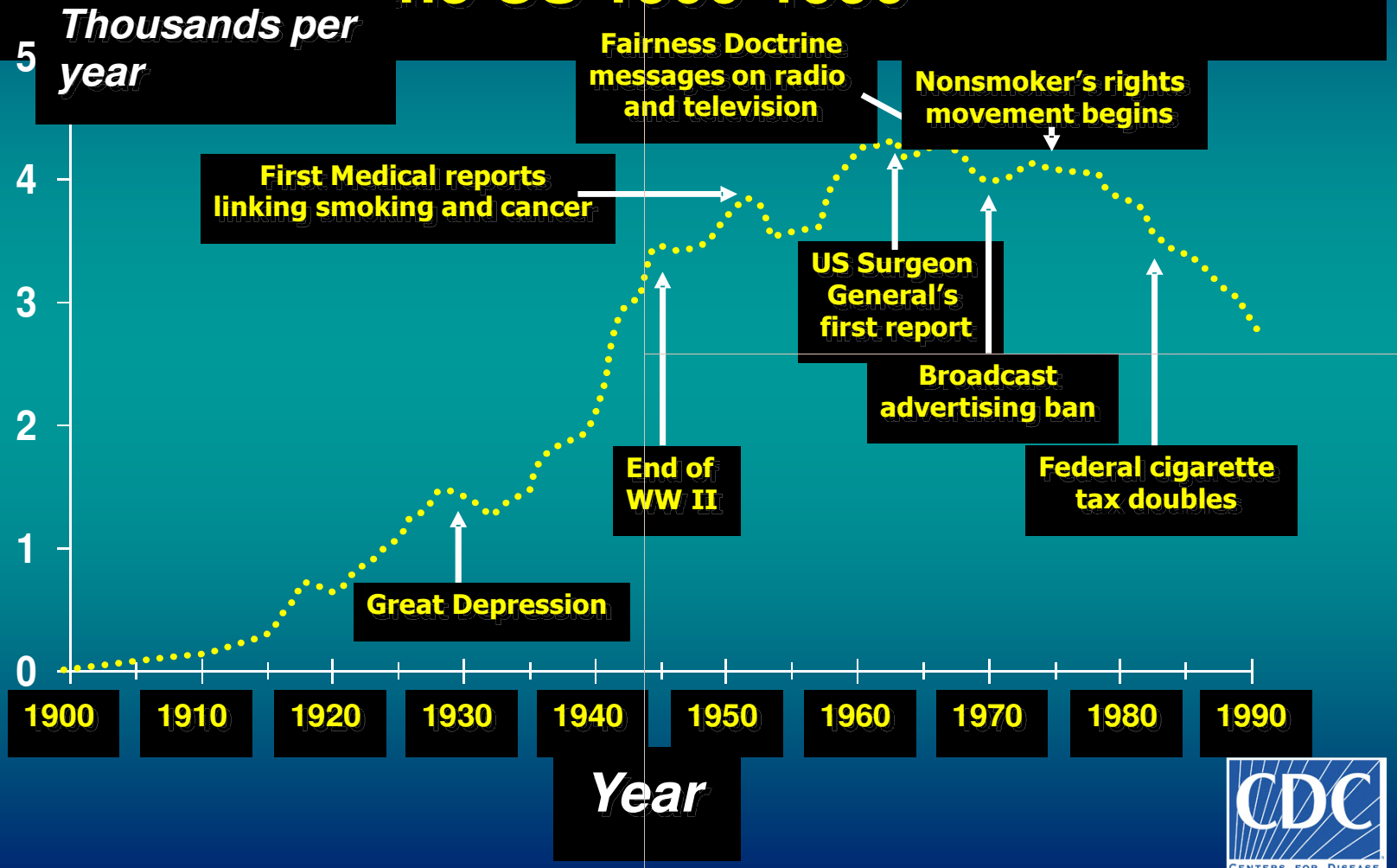
In 1954 the tobacco industry paid to publish the "Frank Statement to Cigarette Smokers" in hundreds of U.S. newspapers. It stated that the public's health was the industry's concern above all others and promised a variety of goodfaith changes. What followed were decades of deceit and actions that cost millions of lives.

Conclusions: Food is obviously different from tobacco, and the food industry differs from tobacco companies in important ways, but there also are significant similarities in the actions that these industries have taken in response to concern that their products cause harm. Because obesity is now a major global problem, the world cannot afford a repeat of the tobacco history, in which industry talks about the moral high ground but does not occupy it.

Kelly D. Brownell and Kenneth E. Warner. **The Perils of Ignoring History: Big Tobacco Played Dirty and Millions Died. How Similar Is Big Food?**

Milbank Quarterly. 87(1):259–294.

Adult per Capita Cigarette Consumption and Major Environmental and Policy Changes in the US 1900-1990



CDC
Centers for Disease Control and Prevention

Lessons from Tobacco Control

- Evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, tobacco related deaths, and diseases caused by smoking.

- Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking—and the longer states invest in such programs, the greater and faster the impact.

State Tobacco Program Components

- ***Statewide programs*** (e.g. technical assist, promote media advocacy, smokefree policies)
- ***Community programs*** to reduce tobacco use
- ***Chronic disease programs*** to reduce burden of tobacco related disease (CVH, asthma, oral, cancer)
- ***School programs*** to prevent tobacco use and addiction in youth
- ***Enforcement*** (restrictions on minors, smoking in public places)

State Tobacco Program Components

- ***Counter-marketing/health communication interventions***
- ***Cessation programs***
- ***Surveillance and evaluation*** (10% program costs)
- ***Administration and management*** (5% program costs)

CDC's Current View, Tobacco

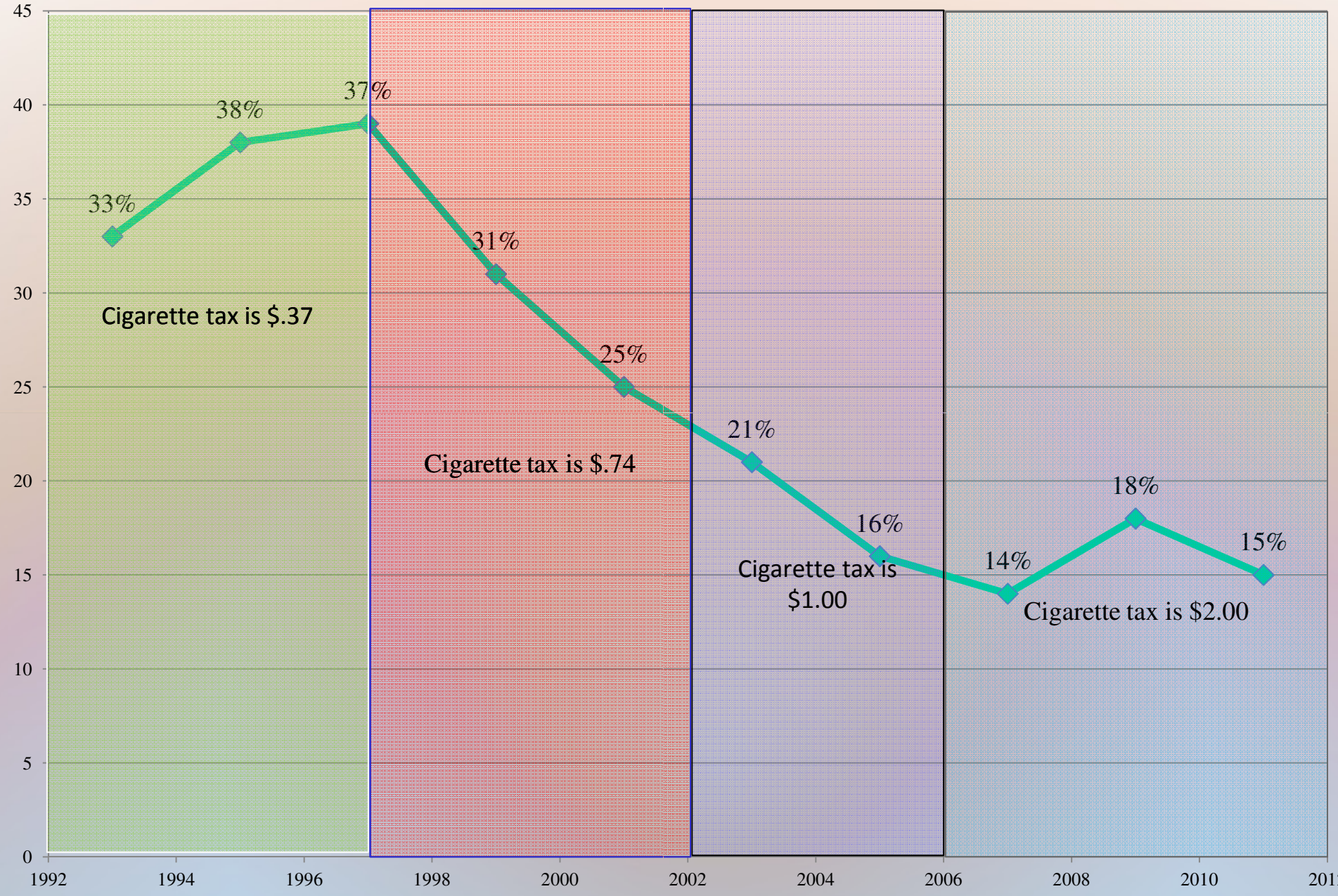
1. State and Community Interventions
2. Health Communications
3. Cessation Interventions
4. Surveillance
5. Administration and management

1. Multiple societal resources working together have the greatest long-term population impact.
2. Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.
3. Tobacco use treatment is highly cost-effective.
4. Publicly financed programs should be accountable and demonstrate effectiveness.
5. Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.

Best Practices for Comprehensive Tobacco Control Programs—2007, CDC

High School Smoking Rates, Maine, 1993-2011

Data Courtesy of the Youth Behavioral Risk Survey



- **Deaths in Maine Caused by Smoking**
  - Annual average smoking-attributable deaths 2,200
  - Youth ages 0 -17 projected to die from smoking 27,000
- **Annual Costs Incurred in Maine from Smoking**
  - Total medical $602 million
  - Medicaid medical $216 million
  - Lost productivity from premature death $494 million
- **State Revenue from Tobacco Excise Taxes and Settlement**
  - FY 2006 tobacco tax revenue $157.0 million
  - FY 2006 tobacco settlement payment $44.9 million
- Total state revenue from tobacco excise taxes and settlement $201.8 million
- **Percent tobacco revenue to fund at CDC recommended level 9%**

- **Deaths in Maine Caused by Obesity**
  - Annual obesity-attributable deaths 485 - 1907
    (ave. is 54% of smoking deaths) (1196)
- **Annual Costs Incurred in Maine from Obesity**
  - Total medical $357 million
  - Medicaid medical $137 million
  - Lost productivity Overweight/Obesity-Inactivity $2 billion
- **State Revenue from Obesity Related Taxes and Settlement**
  - Obesity related taxes $0 million
  - FY 2006 FSNE and CDC funding ~$3 million
  - FY 2006 tobacco settlement (PAN related) ~$2 million
- Total state revenue from federal funding and tobacco settlement ~$5 million

PAN Related Expenditures

- Recommended level of investment for Maine using tobacco model and ratio of attributable deaths = **$10 million**.

When we grow up we want to be like the tobacco program!

- Maine's actual ~ $5 million from
  - CDC $450K
  - FSNE ~ $2.5 million (low SES focus)
  - FHM ~ $2 million (proportion effort on PAN compared to Tobacco)

Thank you.