

Broken Promises to Our Children

A State-by-State Look at the 1998 State Tobacco Settlement 17 Years Later

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Executive Summary

Since the states settled their lawsuits against the major tobacco companies in November 1998, our annual reports have assessed whether the states are keeping their promise to use a significant portion of their settlement funds – estimated at \$246 billion over the first 25 years – to attack the enormous public health problems caused by tobacco use in the United States. In addition to their settlement funds, the states collect billions each year in tobacco taxes.

This year, our report once again finds the states are spending only a miniscule portion of their tobacco revenues to fight tobacco use.

In the current budget year, Fiscal Year 2016, the states will collect \$25.8 billion in revenue from the tobacco settlement and tobacco taxes. But they will spend only 1.8 percent of it – \$468 million – on programs to prevent kids from smoking and help smokers quit. This means the states are spending less than two cents of every dollar in tobacco revenue to fight tobacco use. (Two states, Illinois and Pennsylvania, have yet to enact FY2016 budgets, so they have yet to establish funding levels for tobacco prevention and cessation programs.)

The states' inadequate funding of tobacco prevention programs is of particular concern because it pales in comparison to the huge sums tobacco companies spend each year to market their deadly and addictive products. According to the latest data from the Federal Trade Commission (FTC), the major cigarette and smokeless tobacco companies spend \$9.6 billion a year – more than one million dollars *each hour* – on marketing.¹ This means the tobacco companies spend \$20 to market tobacco products for every \$1 the states spend to reduce tobacco use.

This failure by the states to adequately fund tobacco prevention and cessation programs is undermining the nation's efforts to reduce tobacco use – still the No. 1 cause of preventable death in the country. It is also indefensible given the conclusive evidence that such programs work not only to reduce smoking and save lives, but also to reduce tobacco-related health care costs. These costs total about \$170 billion a year in the United States, according to a 2014 study published by the Centers for Disease Control and Prevention (CDC).²

Key findings of this year's report include:

- The states are again falling far short of CDC-recommended spending levels for tobacco prevention programs.³ The \$468 million allocated by the states amounts to a small fraction of the \$3.3 billion the CDC recommends for all states combined. It would take less than 13 percent of total state tobacco revenue to meet the CDC recommendations in every state.

¹ U.S. Federal Trade Commission (FTC). *Cigarette Report for 2012*, 2015, <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2012/150327-2012cigaretterpt.pdf>; See also, FTC, *Smokeless Tobacco Report for 2012*, 2015, <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-smokeless-tobacco-report-2012/150327-2012smokelesstobaccorpt.pdf> [Data for top 5 manufacturers only.]

² Xu, Xin, "Annual Healthcare Spending Attributable to Cigarette Smoking," *Am J Prev Med*, published online: December 09, 2014, <http://www.ajpmonline.org/article/S0749-3797%2814%2900616-3/abstract>

³ U.S. Centers for Disease Control and Prevention (CDC), *Best Practices for Comprehensive Tobacco Control Programs – 2014*, Atlanta, GA: U.S. Department of Health and Human Services (HHS), January 2014.

- Only one state – **North Dakota** – currently funds tobacco prevention programs at the CDC-recommended level. Only four other states – **Alaska, Maine, Oklahoma** and **Wyoming** – provide even half the recommended funding. Twenty-nine states and the District of Columbia are spending less than 20 percent of what the CDC recommends. **New Jersey**, which ranks last in our report for the second year in a row, has allocated no state funds for tobacco prevention programs.
- States have failed to reverse deep cuts to tobacco prevention and cessation programs that have occurred since 2008. The current funding of \$468 million is more than a third less than the \$717.2 million spent in FY 2008.
- States that have implemented well-funded, sustained tobacco prevention programs continue to report significant progress, adding to the evidence that these programs work. Florida, with one of the longest-running programs, recently reported reducing its high school smoking rate to 6.9 percent in 2015, one of the lowest ever reported by any state.⁴ North Dakota reduced smoking among high school students by nearly half from 2009 to 2015, to 11.7 percent.⁵

We Need Bold Action to Win the Fight Against Tobacco

As recommended by the U.S. Surgeon General, the CDC and other public health experts, well-funded state tobacco prevention and cessation programs are essential components of a comprehensive strategy to accelerate progress and win the fight against tobacco use. Through their youth prevention and other community-based activities, public education efforts and programs and services to help smokers quit, state programs play a critical role in helping to drive down tobacco use rates and serve as a counter to the ever-present tobacco industry.

The most recent surveys of adult and youth smoking rates reveal that this battle is entirely winnable if proven strategies are fully implemented, but enormous challenges remain.

In the last 50 years, the adult smoking rate has been cut by 60 percent – from 42.4 percent in 1965 to 16.8 percent in 2014, according to the CDC’s National Health Interview Survey.⁶ However, about 40 million U.S. adults still smoke, and there are large disparities in smoking rates, with higher rates among people who live below the poverty level; those with less education; American Indians/Alaska Natives; residents of the Midwest; lesbian, gay and bisexual people; and adults who are uninsured or on Medicaid.

⁴ 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>

⁵ North Dakota Department of Health, “Youth Risk Behavior Survey Results-Detailed Summary Tables,” 2015, <https://www.nd.gov/dpi/uploads/1298/2015NDHighSchoolSummaryTables.pdf>

⁶ U.S. Centers for Disease Control and Prevention (CDC), “Current Cigarette Smoking Among Adults - United States, 2005-2014,” *MMWR* 64(44):1233-1240, November 13, 2015, <http://www.cdc.gov/mmwr/pdf/wk/mm6444.pdf>. National prevalence of daily adult smokers calculated based on percent of smokers reporting daily use.

Since peaking at 36.4 percent in 1997, the high school smoking rate has been cut by 57 percent to 15.7 percent in 2013, according to the CDC's Youth Risk Behavior Survey.⁷

The most recent Surgeon General's report, *The Health Consequences of Smoking – 50 Years of Progress* (January 2014), found that cigarette smoking is even more hazardous and takes an even greater health and financial toll on the nation than previously thought. Each year, smoking kills more than 480,000 Americans – causing about one out of every five deaths in the United States. Without urgent action to reduce tobacco use, 5.6 million children alive today will die prematurely from smoking-caused disease.⁸

The Surgeon General's report confirmed that we have scientifically proven strategies to reduce tobacco use and laid out a detailed road map for implementing these strategies. The report's recommendations include “fully funding comprehensive statewide tobacco control programs at CDC-recommended levels.”

Other key recommendations of the Surgeon General include:

- Conducting national media campaigns “at a high frequency level and exposure for 12 months a year for a decade or more.” Key steps have been taken in recent years to fulfill this recommendation with the CDC's Tips from Former Smokers campaign, the Food and Drug Administration's (FDA) youth prevention campaigns and Truth Initiative's reinvigorated truth® campaign. Such campaigns must be continued and expanded.
- Regularly and significantly increasing tobacco taxes to prevent kids from smoking and encourage smokers to quit.
- Fulfilling the Affordable Care Act's requirement that health plans provide coverage for all proven tobacco cessation treatments, including counseling and medication.
- Effectively implementing the FDA's authority over tobacco products “in order to reduce tobacco product addictiveness and harmfulness.”
- Enacting comprehensive smoke-free laws that protect all Americans from secondhand smoke. Currently, 24 states, Washington, DC, and hundreds of cities have such laws, protecting about half the U.S. population. In 2015, New Orleans became the latest major city in the Deep South to enact a comprehensive smoke-free law.

An emerging strategy for reducing tobacco use is to increase the minimum legal sale age for tobacco products to 21. Hawaii this year became the first state to enact a law increasing the tobacco sales age to 21. More than 100 localities, including New York City and, most recently, both Kansas City, Missouri, and Kansas City, Kansas, have raised the tobacco sales age to 21.

⁷ CDC, “Youth Risk Behavior Surveillance – United States, 2013,” *Morbidity and Mortality Weekly Report*, 63(SS04): 1-168, June 13, 2014. <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

⁸ 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.

While most activity has occurred at the state and local level, federal legislation to raise the tobacco sales age to 21 has also been introduced.

A March 2015 report by the prestigious Institute of Medicine (IOM) concluded that raising the tobacco sales age to 21 would significantly reduce smoking among youth and young adults; reduce smoking-caused deaths; and immediately improve the health of youth, young adults and young mothers who would be dissuaded from smoking (as well as the children of these young mothers). Overall, the report predicted that raising the minimum legal sale age for tobacco products to 21 nationwide would, over time, reduce the smoking rate by about 12 percent and smoking-related deaths by 10 percent.⁹

Prevention Programs Needed to Counter Billions in Tobacco Marketing

“[T]he root cause of the smoking epidemic is also evident: the tobacco industry aggressively markets and promotes lethal and addictive products, and continues to recruit youth and young adults as new consumers of these products.”

The 2014 Surgeon General Report

As the latest Surgeon General’s report found, tobacco prevention and cessation programs – especially mass media campaigns – are critical to countering the huge sums the tobacco industry spends to market its deadly products.

Despite restrictions placed on their marketing by the 1998 tobacco settlement and a 2009 federal law, the Family Smoking Prevention and Tobacco Control Act, tobacco companies spend \$9.6 billion a year to market cigarettes and smokeless tobacco, according to the latest FTC reports on tobacco marketing. Since 1998, when tobacco marketing totaled \$6.9 billion, these marketing expenditures have increased by 39 percent.¹⁰

Based on scientific studies and the tobacco industry’s own documents, numerous public health and legal authorities have concluded that tobacco marketing strategies are highly effective at reaching and appealing to kids. The 2012 U.S. Surgeon General’s report, *Preventing Tobacco Use Among Youth and Young Adults*, concluded that scientific evidence “consistently and coherently points to the intentional marketing of tobacco products to youth as being a cause of young people’s tobacco use.”¹¹ The 2014 Surgeon General’s report reiterated this finding.

⁹ Institute of Medicine, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, Washington, DC: The National Academies Press, 2015,

http://www.iom.edu/~media/Files/Report%20Files/2015/tobacco_minimum_age_report_brief.pdf.

¹⁰ U.S. Federal Trade Commission (FTC). *Cigarette Report for 2012*, 2015,

<https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2012/150327-2012cigaretterpt.pdf>; FTC, *Smokeless Tobacco Report for 2012*, 2015,

<https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-smokeless-tobacco-report-2012/150327-2012smokelesstobaccorpt.pdf> [Data for top 5 manufacturers only.] See also

<https://www.tobaccofreekids.org/research/factsheets/pdf/0008.pdf>

¹¹ HHS, *Preventing Tobacco Use Among Youth and Young Adults, A Report of the Surgeon General*, 2012 <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html>.

It is not surprising that tobacco companies target kids because their business model depends on it: They know that 90 percent of adult smokers start at or before age 18.¹²

In August 2006, U.S. District Court Judge Gladys Kessler issued a landmark ruling that the tobacco companies had violated civil racketeering laws and defrauded the American people by lying for decades about the health risks of smoking and their marketing to children. Her final opinion found that, from the 1950s to the present, the tobacco company defendants “have intentionally marketed to young people under the age of twenty-one in order to recruit ‘replacement smokers’ to ensure the economic future of the tobacco industry.”¹³

The industry’s marketing today remains heavily focused on strategies effective at reaching kids:

Point-of-sale advertising and promotions: Tobacco companies spend the bulk of their marketing budget in retail stores with price discounts, prime product placement to attract buyers and advertisements. In 2012, of the \$9.6 billion in total tobacco marketing, 95 percent (\$9.2 billion) was spent on point-of-sale advertising and price-related marketing, including price discounts, promotional allowances, coupons and special deals such as buy-one-get-one-free.¹⁴ The pervasiveness of tobacco products and advertising in convenience stores, gas stations and other retail outlets helps create the impression that tobacco use is acceptable and appealing. According to data from the National Youth Tobacco Survey, 81.5 percent of middle school students and 86.9 percent of high school students were exposed to tobacco advertisements in stores in 2011.¹⁵ The 2012 Surgeon General’s report found that tobacco marketing at the point-of-sale is associated with youth tobacco use. Studies have shown that exposure to tobacco marketing in stores and price discounts increase youth smoking.¹⁶

Magazine advertising: Tobacco companies continue to advertise their products – including cigarettes, smokeless tobacco and electronic cigarettes – in magazines with large youth readerships, such as *Sports Illustrated*, *ESPN the Magazine*, *Rolling Stone*, *Glamour* and *People*. In fact, several of the most popular tobacco brands among youth have recently returned to advertising in magazines after several years’ absence, including Camel cigarettes and the Skoal and Copenhagen smokeless tobacco brands.

Flavored tobacco products: While candy- and fruit-flavored cigarettes are banned by federal law (the 2009 Tobacco Control Act), this prohibition doesn’t currently apply to other tobacco products, including cigars, smokeless tobacco, e-cigarettes and hookah. Tobacco companies now

¹² SAMHSA, Calculated based on data in 2013 *National Survey on Drug Use and Health*; See also, HHS, *Preventing Tobacco Use Among Youth and Young Adults, A Report of the Surgeon General*, 2012.

¹³ *U.S. v. Philip Morris USA, Inc., et al.*, No. 99-CV-92496GK (U.S. Dist. Ct., D.C.), Final Opinion, August 17, 2006.

¹⁴ U.S. Federal Trade Commission (FTC). *Cigarette Report for 2012*, 2015, <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2012/150327-2012cigaretterpt.pdf>; FTC, *Smokeless Tobacco Report for 2012*, 2015, <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-smokeless-tobacco-report-2012/150327-2012smokelesstobaccorpt.pdf> [Data for top 5 manufacturers only.]

¹⁵ Dube, S., et al. “Pro-Tobacco Influences and Susceptibility to Smoking Cigarettes Among Middle and High School Students—United States, 2011,” *Journal of Adolescent Health*, 52:S45-S51, 2013.

¹⁶ See Campaign for Tobacco-Free Kids fact sheet, *Tobacco Company Marketing that Reaches Kids: Point of Sale Advertising and Promotions*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0075.pdf>.

market an array of cheap, sweet and colorfully packaged cigars, which often look and are smoked just like cigarettes. Market research has found that flavored products also make up more than half of smokeless tobacco sales.¹⁷ And a 2014 study found that e-cigarettes come in over 7,000 flavors, including flavors such as gummy bear and cotton candy that clearly appeal to kids.¹⁸

Research has shown that flavored products are not only popular among youth, but may play a role in initiation and continued use of tobacco products. An October 2015 study published in the *Journal of the American Medical Association* found that 81 percent of U.S. youth (ages 12-17) who ever used any tobacco product reported their first product was flavored. Youth consistently reported flavors as a reason for tobacco use across all product types, including e-cigarettes, hookah, cigars and smokeless tobacco, with 81.5 percent of current youth e-cigarette users saying they used the products “because they come in flavors I like.”¹⁹

E-cigarette marketing: In recent years, tobacco companies have greatly increased their marketing of e-cigarettes, often employing the same tactics long used to market regular cigarettes to kids. While cigarette ads have been banned on television since 1971, e-cigarette ads began airing in 2011, subjecting American kids to the first TV ads for tobacco products in their lifetimes. Celebrity endorsements, magazine ads, pervasive retail advertising, sponsorships of race cars and concerts, and sweet flavors further promote e-cigarettes.

A November 2015 report by Truth Initiative, *Vaporized: Youth and Young Adult Exposure to E-Cigarette Marketing*, found that e-cigarette advertising expenditures increased by 52 percent from 2013 to 2014, reaching \$115.3 million. The report also found that more than eight in 10 youth and young adults saw e-cigarette advertising in 2015. As the report noted, these figures likely underestimate e-cigarette marketing expenditures and exposure as it does not capture all forms of marketing.²⁰

These marketing trends have affected youth use of tobacco products. According to the CDC’s 2014 Youth Tobacco Survey, past-month e-cigarette use among high school students tripled from 2013 to 2014 (from 4.5 percent to 13.4 percent) and surpassed use of regular cigarettes. Hookah use roughly doubled for both middle and high school students, with past-month use among high school students rising from 5.2 percent in 2013 to 9.4 percent in 2014. In addition, high school boys now smoke cigars at about the same rate as cigarettes (10.8 percent for cigars and 10.6 percent for cigarettes).²¹

¹⁷ Chaloupka, F, et al., Analysis of 2012 Nielsen Store Data, results forthcoming.

¹⁸ Zhu, S-H, et al., “Four Hundred and Sixty Brands of E-cigarettes and Counting: Implications for Product Regulation,” *Tobacco Control*, 23(Suppl 3):iii3-iii9, 2014, http://tobaccocontrol.bmj.com/content/23/suppl_3/iii3.full.

¹⁹ Ambrose, BK, et al., “Flavored Tobacco Product Use Among US Youth Aged 12-17 Years, 2013-2014,” *Journal of the American Medical Association*, published online October 26, 2015.

²⁰ Truth Initiative, *Vaporized: Youth and Young Adult Exposure to E-Cigarette Marketing*, November 2015, <http://truthinitiative.org/sites/default/files/VAPORIZED%20-%20FINAL%20VERSION.pdf>.

²¹ U.S. Centers for Disease Control and Prevention (CDC), “Tobacco Use Among Middle and High School Students — United States, 2011-2014,” *Morbidity and Mortality Weekly Report (MMWR)* 64(14):381-385, April 2015, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6414a3.htm?s_cid=mm6414a3_e.

To address these challenges, health advocates are calling on the FDA and the White House to finalize a proposed rule extending the FDA’s jurisdiction to all currently unregulated tobacco products, including e-cigarettes, cigars and hookah, and to extend to these products the same marketing restrictions that now apply to regular cigarettes. These trends also underscore the need for tobacco prevention and cessation efforts to include all tobacco products.

No Excuses: Tobacco Prevention Programs Save Lives and Money

There is conclusive evidence that tobacco prevention and cessation programs work to reduce smoking, save lives and save money by reducing tobacco-related health care costs, especially when part of a comprehensive strategy to reduce tobacco use. Every scientific authority that has studied the issue – including the Surgeon General, the CDC, the IOM, the President’s Cancer Panel and the National Cancer Institute – has concluded that when properly funded, implemented and sustained, tobacco prevention and cessation programs reduce smoking among both kids and adults. (See Appendix C and Appendix D for a full summary of this evidence).

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.” 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.”

The CDC reached similar conclusions in January 2014 when it released its updated *Best Practices for Comprehensive Tobacco Control Programs – 2014*. The CDC found, “Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking. The longer states invest in such programs, the great and quicker the impact.”²²

The strongest evidence that tobacco prevention programs work comes from the states themselves.

Florida recently reported that its high school smoking rate fell to 6.9 percent in 2015, one of the lowest rates ever reported by any state. Florida has cut its high school smoking rate by 75 percent since 1998.²³ Launched in 2007 and based on CDC Best Practices, the Tobacco-Free Florida program is a key contributor to these declines. The program implements community-based efforts including the youth-led Students Working Against Tobacco (SWAT), hard-hitting media campaigns and help for smokers trying to quit. Florida voters approved a constitutional amendment in 2006 requiring the state to spend 15 percent of its tobacco settlement funds on tobacco prevention. This year Florida will again spend more than any other state (\$67.7 million) on such programs – though at 34.9 percent of the CDC-recommended level, there is still room for improvement.

²² U.S. Centers for Disease Control and Prevention (CDC), *Best Practices for Comprehensive Tobacco Control Programs – 2014*, Atlanta, GA: U.S. Department of Health and Human Services (HHS), January 2014.

²³ 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>

As noted previously, another state reporting significant progress in reducing youth smoking is North Dakota, which ranks first in this report for the third year in a row and has funded its tobacco prevention program at or near the CDC-recommended level since FY2010 as a result of a voter-approved ballot measure requiring such funding. From 2009 to 2015, smoking among North Dakota's high school students fell by 48 percent, from 22.4 percent to 11.7 percent.²⁴

Washington state, which had a well-funded prevention program before funding was virtually eliminated in FY2012, reduced adult smoking by one-third and youth smoking by half from 1999, when it started its program, to 2010.²⁵ These smoking declines translate into lives and health care dollars saved. A study conducted for the Washington State Department of Health estimated that the state's tobacco prevention and cessation program has prevented 13,000 premature deaths.²⁶ A December 2011 study in the *American Journal of Public Health* found that from 2000 to 2009, Washington state saved more than \$5 in health care costs for every \$1 spent on its tobacco prevention and cessation program by reducing hospitalizations for heart disease, strokes, respiratory diseases and cancer caused by tobacco use. Over the 10-year period, the program prevented nearly 36,000 hospitalizations, saving \$1.5 billion compared with \$260 million spent on the program.²⁷

Studies show that California, which has the nation's longest-running tobacco prevention and cessation program, has saved tens of thousands of lives by reducing smoking-caused birth complications, heart disease, strokes and lung cancer. From 1988 to 2011, California reduced lung and bronchus cancers twice as fast as the rest of the United States.²⁸ A February 2013 study in the scientific journal *PLOS ONE* found that, from 1989 to 2008, California's tobacco control program reduced health care costs by \$134 billion, far more than the \$2.4 billion spent on the program.²⁹

This strong return on investment demonstrates that tobacco prevention is one of the smartest and most fiscally responsible investments states can make.

The enormous progress the United States has made in reducing tobacco use shows that it is within our reach to end the tobacco epidemic and make the next generation tobacco-free. But

²⁴ North Dakota Department of Health, "Youth Risk Behavior Survey Results-Detailed Summary Tables," 2015, <https://www.nd.gov/dpi/uploads/1298/2015NDHighSchoolSummaryTables.pdf>

²⁵ Washington State Department of Health, Tobacco Prevention and Control Program, *Progress Report*, March 2011.

²⁶ 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*, February 2012.

²⁷ 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

²⁸ California Department of Public Health, California Tobacco Control Program, California Tobacco Facts and Figures 2015, Sacramento, CA 2015,

<https://www.cdph.ca.gov/programs/tobacco/Documents/Resources/Fact%20Sheets/2015FactsFigures-web2.pdf>

²⁹ 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.

continued progress requires aggressive implementation of proven strategies, including well-funded, sustained tobacco prevention and cessation programs in every state. Our nation cannot let up in the fight against tobacco because the tobacco industry never lets up, as the huge sums the industry spends on marketing make clear. By doing what we know works, we can end this preventable epidemic and create a healthier future for all Americans.



**FY2016 State Rankings:
States Ranked by Percent of CDC-Recommended Funding Levels**
(Annual funding amounts only include state funds.)

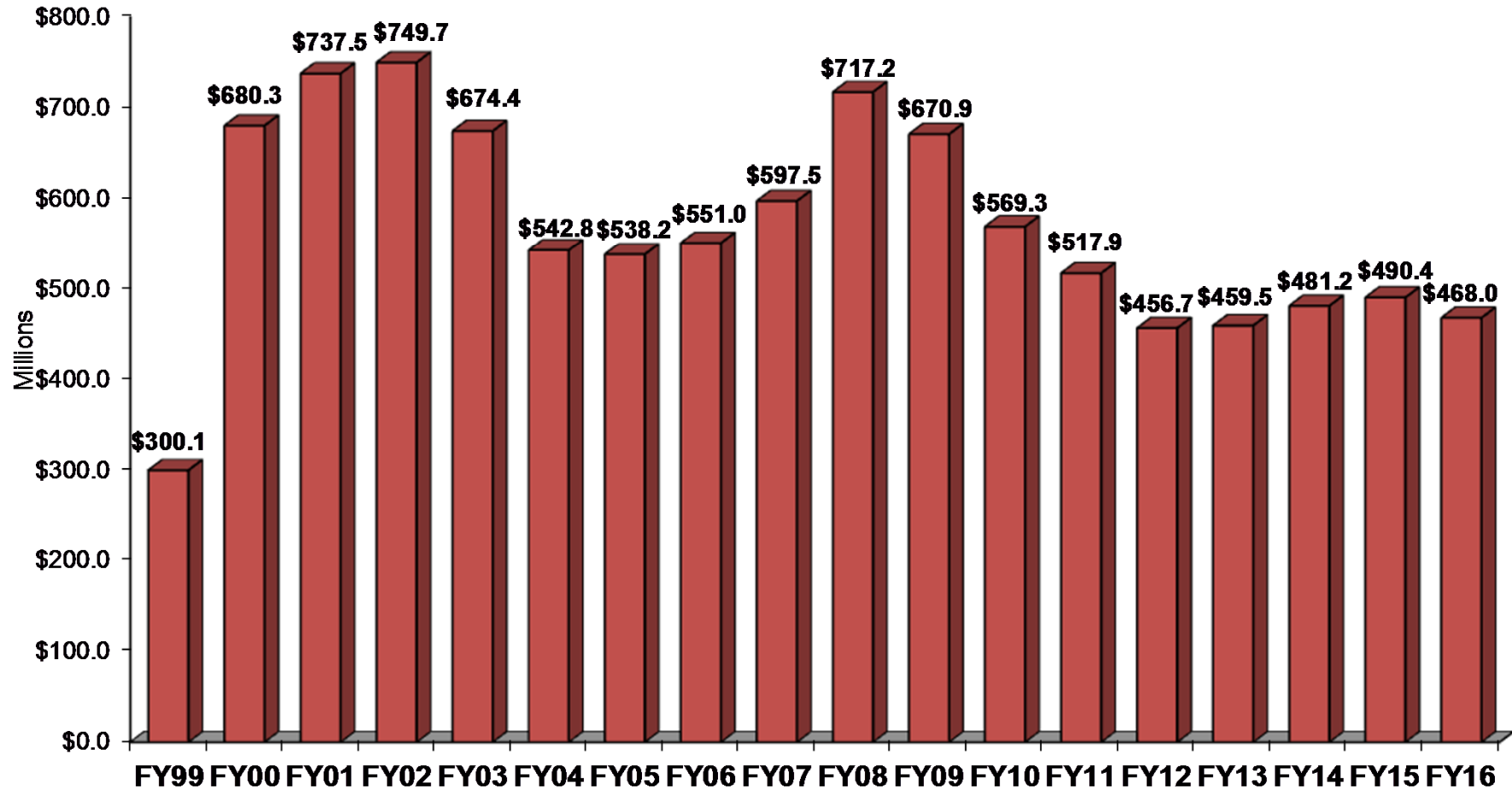
State	FY2016 Current Annual Funding (millions)	CDC Annual Recommendation (millions) [§]	FY2016 Percent of CDC's Recommendation	Current Rank
North Dakota	\$10.0	\$9.8	102.0%	1
Alaska	\$8.8	\$10.2	86.4%	2
Oklahoma	\$25.0	\$42.3	59.1%	3
Wyoming	\$4.6	\$8.5	54.1%	4
Maine	\$8.1	\$15.9	50.6%	5
Hawaii	\$6.8	\$13.7	49.3%	6
Delaware	\$6.4	\$13.0	49.2%	7
Arkansas	\$17.4	\$36.7	47.4%	8
Montana	\$6.4	\$14.6	44.1%	9
Vermont	\$3.7	\$8.4	44.0%	10
Colorado	\$21.8	\$52.9	41.3%	11
Minnesota	\$21.5	\$52.9	40.6%	12
South Dakota	\$4.5	\$11.7	38.5%	13
Utah	\$7.1	\$19.3	36.8%	14
Florida	\$67.7	\$194.2	34.9%	15
Mississippi	\$10.9	\$36.5	29.9%	16
New Mexico	\$5.9	\$22.8	26.0%	17
Oregon	\$9.8	\$39.3	25.0%	18
Arizona	\$15.5	\$64.4	24.0%	19
New York	\$39.3	\$203.0	19.4%	20
California	\$65.5	\$347.9	18.8%	21
Idaho	\$2.9	\$15.6	18.4%	22
Maryland	\$8.7	\$48.0	18.2%	23
West Virginia	\$4.9	\$27.4	17.8%	24
Iowa	\$5.2	\$30.1	17.4%	25
District of Columbia	\$1.4	\$10.7	12.7%	26
Nebraska	\$2.6	\$20.8	12.4%	27
Louisiana	\$7.0	\$59.6	11.7%	28
South Carolina	\$5.0	\$51.0	9.8%	29
Ohio	\$12.1	\$132.0	9.2%	30
Wisconsin	\$5.3	\$57.5	9.2%	30
Virginia	\$8.3	\$91.6	9.1%	32
Indiana	\$5.9	\$73.5	8.0%	33
Tennessee	\$5.0	\$75.6	6.6%	34

State	FY2016 Current Annual Funding (millions)	CDC Annual Recommendation (millions) [§]	FY2016 Percent of CDC's Recommendation	Current Rank
Massachusetts	\$3.9	\$66.9	5.8%	35
Kentucky	\$2.5	\$56.4	4.4%	36
Texas	\$10.2	\$264.1	3.9%	37
Connecticut	\$1.2	\$32.0	3.7%	38
Kansas	\$946,671	\$27.9	3.4%	39
Nevada	\$1.0	\$30.0	3.3%	40
Rhode Island	\$397,908	\$12.8	3.1%	41
Alabama	\$1.5	\$55.9	2.7%	42
Georgia	\$1.8	\$106.0	1.7%	43
Michigan	\$1.6	\$110.6	1.5%	44
North Carolina	\$1.2	\$99.3	1.2%	45
Washington	\$640,500	\$63.6	1.0%	46
New Hampshire	\$125,000	\$16.5	0.8%	47
Missouri	\$107,380	\$72.9	0.1%	48
New Jersey	\$0.0	\$103.3	0.0%	49
Illinois	NA*	\$136.7	NA*	NA*
Pennsylvania	NA*	\$140.0	NA*	NA*

[§] CDC annual recommendations are based on CDC *Best Practices for Comprehensive Tobacco Control Programs*, 2014, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm?s_cid=cs_3281.

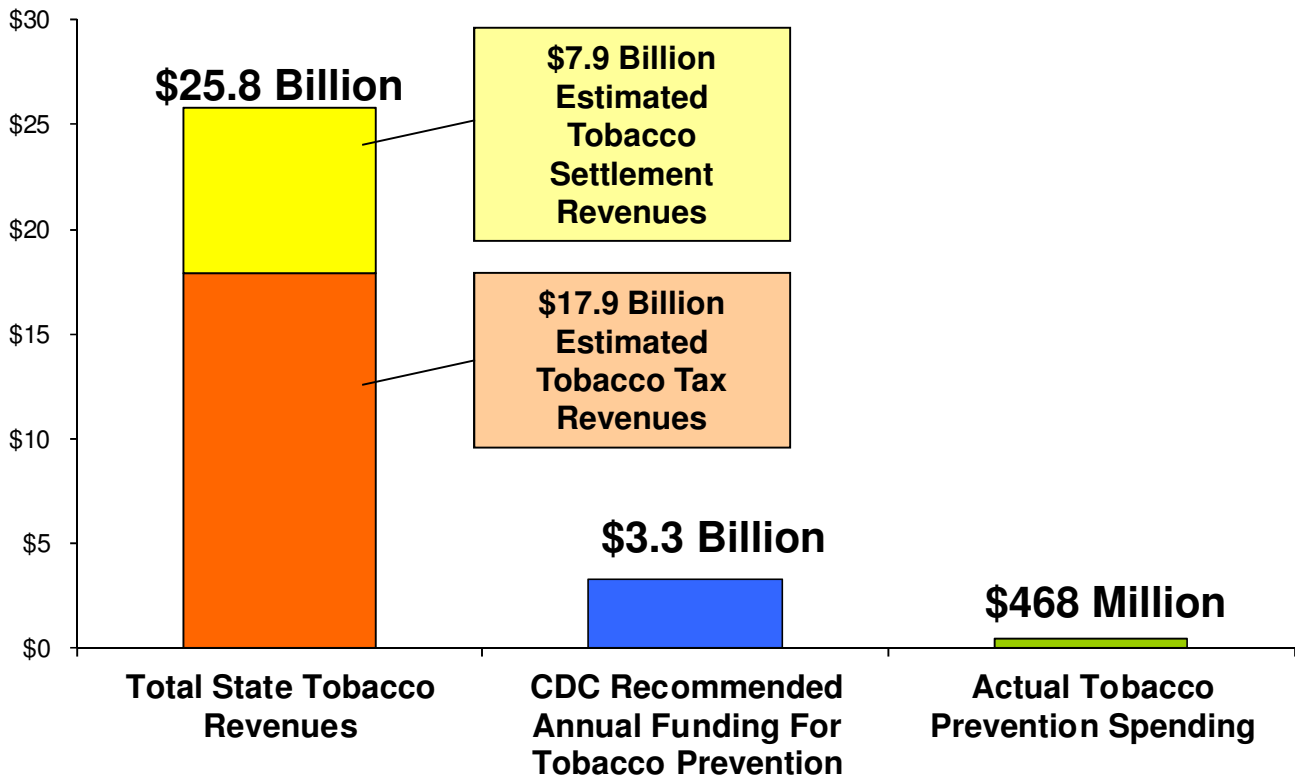
* Illinois and Pennsylvania tobacco prevention program budgets for FY 2016 were not available when this report went to press. In FY2015, Illinois budgeted \$11.1 million, which was 8.1% of CDC's recommendations. Pennsylvania's FY2015 annual spending was estimated at \$13.8 million (not confirmed by health department), which was 9.9% of CDC's recommendations.

Total Annual State Tobacco Prevention Spending FY1999 - FY2016

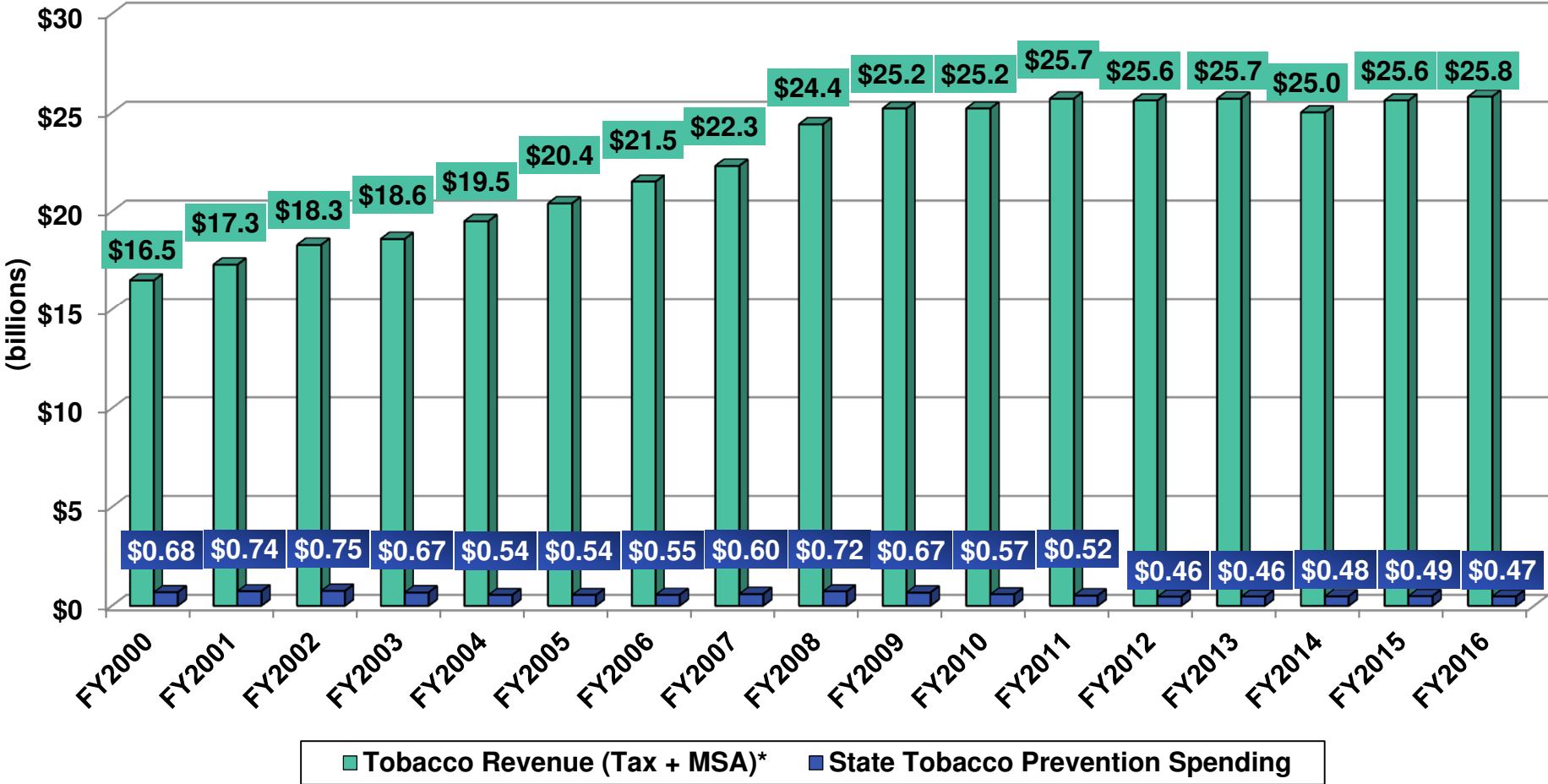


Only 3 states – AZ, CA and MA - spent any money on tobacco prevention prior to 1999. Settlement payments to states began in 1999. All states were receiving payments by 2001. Funding amounts only include state funds.

Total FY2016 State Tobacco Prevention Spending vs. State Tobacco Revenue and CDC Recommendations



Total Annual State Tobacco Prevention Spending vs. State Tobacco Revenue, FY2000-FY2016



*Tax and MSA revenue totals based on TFK estimates



STATE TOBACCO PREVENTION SPENDING vs. TOBACCO COMPANY MARKETING

[All amounts are annual and in millions of dollars per year, except where otherwise indicated]

States today are still failing to invest in programs that prevent and reduce tobacco use and its related health care costs at the levels recommend by the U.S. Centers for Disease Control and Prevention (CDC). Moreover, despite new evidence showing that cigarettes are more deadly and addictive than ever before, several states have taken a step backward and significantly reduced their tobacco prevention spending. At the same time, the tobacco industry continues to spend overwhelming sums to market its products. As a result, states are being greatly outspent.

States' tobacco prevention investments amount to a small fraction of tobacco industry marketing expenditures. In North Carolina, for example, the tobacco industry spends \$326 to promote its deadly products for every single dollar the state spends to prevent and reduce tobacco use and its harms. To look at it another way, North Carolina's tobacco prevention spending amounts to less than one percent of the tobacco industry's marketing expenditures in the state. Nationwide, the tobacco industry is outspending tobacco prevention funding in the states by 20 to 1.^{*}

State	Annual Smoking Caused Health Costs in State	FY2016 Total Tobacco Prevention Spending	2012 Tobacco Company Marketing in State (estimated)	Percentage of Tobacco Company Marketing that State Spends on Tobacco Prevention	Ratio of Tobacco Company Marketing to State Tobacco Prevention Spending
Total	\$170 bill.	\$468.0	\$9.6 bill.	4.9%	20.5 to 1
Alabama	\$1.88 bill.	\$1.5	\$216.1	0.7%	143.3 to 1
Alaska	\$438	\$8.8	\$20.0	44.2%	2.3 to 1
Arizona	\$2.38 bill.	\$15.5	\$108.5	14.3%	7.0 to 1
Arkansas	\$1.21 bill.	\$17.4	\$119.0	14.6%	6.8 to 1
California	\$13.29 bill.	\$65.5	\$636.7	10.3%	9.7 to 1
Colorado	\$1.89 bill.	\$21.8	\$139.1	15.7%	6.4 to 1
Connecticut	\$2.03 bill.	\$1.2	\$80.4	1.5%	67.7 to 1
Delaware	\$532	\$6.4	\$51.6	12.4%	8.1 to 1
DC	\$391	\$1.4	\$8.3	16.4%	6.1 to 1
Florida	\$8.64 bill.	\$67.7	\$585.8	11.6%	8.7 to 1
Georgia	\$3.18 bill.	\$1.8	\$348.7	0.5%	199.3 to 1
Hawaii	\$526	\$6.8	\$27.4	24.7%	4.1 to 1
Idaho	\$508	\$2.9	\$46.2	6.2%	16.1 to 1
Illinois	\$5.49 bill.	NA [§]	\$400.5	0.0%	NA [§]
Indiana	\$2.93 bill.	\$5.9	\$288.0	2.0%	48.8 to 1
Iowa	\$1.28 bill.	\$5.2	\$99.7	5.3%	19.0 to 1
Kansas	\$1.12 bill.	\$946,671	\$82.6	1.1%	87.3 to 1
Kentucky	\$1.92 bill.	\$2.5	\$292.8	0.8%	117.8 to 1
Louisiana	\$1.89 bill.	\$7.0	\$220.5	3.2%	31.5 to 1
Maine	\$811	\$8.1	\$43.5	18.5%	5.4 to 1
Maryland	\$2.71 bill.	\$8.7	\$134.4	6.5%	15.4 to 1
Massachusetts	\$4.08 bill.	\$3.9	\$147.6	2.6%	38.2 to 1
Michigan	\$4.59 bill.	\$1.6	\$308.8	0.5%	189.7 to 1

^{*} These ratios are based on state tobacco prevention expenditures in FY2016 versus tobacco industry marketing expenditures in 2012 (the most recent year for which data is available).

[§] Illinois and Pennsylvania tobacco prevention program budgets for FY 2016 were not available when this report went to press. In FY2015, Illinois budgeted \$11.1 million, which was 8.1% of CDC's recommendations. Pennsylvania's FY2015 annual spending was estimated at \$13.8 million (not confirmed by health department), which was 9.9% of CDC's recommendations.

State	Annual Smoking Caused Health Costs in State	FY2016 Total Tobacco Prevention Spending	2012 Tobacco Company Marketing in State (estimated)	Percentage of Tobacco Company Marketing that State Spends on Tobacco Prevention	Ratio of Tobacco Company Marketing to State Tobacco Prevention Spending
Minnesota	\$2.51 bill.	\$21.5	\$135.5	15.8%	6.3 to 1
Mississippi	\$1.23 bill.	\$10.9	\$132.7	8.2%	12.2 to 1
Missouri	\$3.03 bill.	\$107,380	\$359.8	0.0%	3,350.8 to 1
Montana	\$440	\$6.4	\$30.5	21.2%	4.7 to 1
Nebraska	\$795	\$2.6	\$64.8	4.0%	25.1 to 1
Nevada	\$1.08 bill.	\$1.0	\$78.7	1.3%	78.7 to 1
New Hampshire	\$729	\$125,000	\$82.9	0.2%	663.1 to 1
New Jersey	\$4.06 bill.	\$0.0	\$186.8	0.0%	--
New Mexico	\$844	\$5.9	\$37.2	15.9%	6.3 to 1
New York	\$10.39 bill.	\$39.3	\$235.1	16.7%	6.0 to 1
North Carolina	\$3.81 bill.	\$1.2	\$392.2	0.3%	326.8 to 1
North Dakota	\$326	\$10.0	\$34.1	29.3%	3.4 to 1
Ohio	\$5.64 bill.	\$12.1	\$430.8	2.8%	35.6 to 1
Oklahoma	\$1.62 bill.	\$25.0	\$181.0	13.8%	7.2 to 1
Oregon	\$1.54 bill.	\$9.8	\$115.8	8.5%	11.8 to 1
Pennsylvania	\$6.38 bill.	NA ^s	\$469.5	0.0%	NA ^s
Rhode Island	\$640	\$397,908	\$25.2	1.6%	63.3 to 1
South Carolina	\$1.90 bill.	\$5.0	\$194.0	2.6%	38.8 to 1
South Dakota	\$373	\$4.5	\$23.6	19.0%	5.3 to 1
Tennessee	\$2.67 bill.	\$5.0	\$292.7	1.7%	58.5 to 1
Texas	\$8.85 bill.	\$10.2	\$631.7	1.6%	61.8 to 1
Utah	\$542	\$7.1	\$43.4	16.4%	6.1 to 1
Vermont	\$348	\$3.7	\$19.1	19.3%	5.2 to 1
Virginia	\$3.11 bill.	\$8.3	\$392.3	2.1%	47.1 to 1
Washington	\$2.81 bill.	\$640,500	\$92.9	0.7%	145.0 to 1
West Virginia	\$1.00 bill.	\$4.9	\$130.4	3.7%	26.8 to 1
Wisconsin	\$2.66 bill.	\$5.3	\$157.3	3.4%	29.7 to 1
Wyoming	\$258	\$4.6	\$23.4	19.7%	5.1 to 1

Campaign for Tobacco-Free Kids, December 1, 2015 / Laura Bach

More information on tobacco company marketing is available at

http://www.tobaccofreekids.org/facts_issues/fact_sheets/toll/tobacco_kids/marketing/.

More state information relating to tobacco use is available at

http://www.tobaccofreekids.org/facts_issues/key_issues/.

Sources:

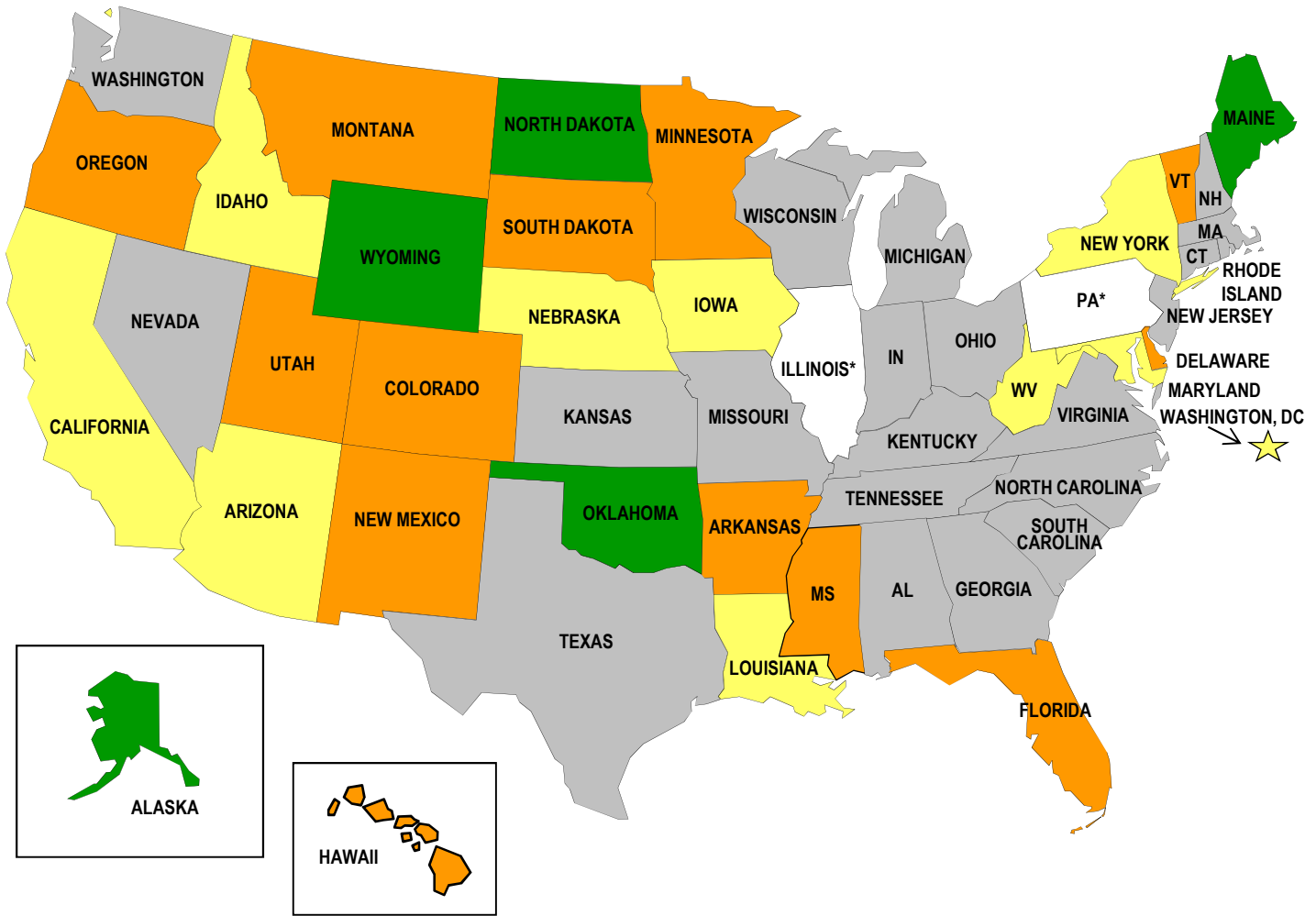
Xu, Xin, "Annual Healthcare Spending Attributable to Cigarette Smoking," *Am J Prev Med*, published online: December 09, 2014, <http://www.ajpmonline.org/article/S0749-3797%2814%2900616-3/abstract>

CDC, *Best Practices for Comprehensive Tobacco Control*, 2014, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf.

Campaign for Tobacco-Free Kids, et al., *Broken Promises to Our Children: A State-by-State Look at the 1998 State Tobacco Settlement 17 Years Later*, 2015, <http://www.tobaccofreekids.org/reports/settlements/>.

U.S. Federal Trade Commission (FTC), *Cigarette Report for 2012*, 2015, <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2012/150327-2012cigaretterpt.pdf>. FTC, *Smokeless Tobacco Report for 2012*, 2015, <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-smokeless-tobacco-report-2012/150327-2012smokelesstobaccorpt.pdf>. Data for top 5 manufacturers only. State total is a prorated estimate based on cigarette pack sales in the state.

FY2016 State Tobacco Prevention Spending as a Percent of CDC Recommendations



- States that are spending 50% or more of CDC recommendation on tobacco prevention programs.
- States that are spending 10% - 24% of CDC recommendation on tobacco prevention programs.
- States that are spending 25% - 49% of CDC recommendation on tobacco prevention programs.
- States that are spending less than 10% of CDC recommendation on tobacco prevention programs.

*Note: Illinois and Pennsylvania tobacco prevention program budgets for FY2016 were not available when this report went to press. In FY2015, Illinois budgeted \$11.1 million, which was 8.1% of CDC's recommendations. Pennsylvania's FY2015 annual spending was estimated at \$13.8 million (not confirmed by health department), which was 9.9% of CDC's recommendations.

FY2016 STATE TOBACCO PREVENTION SPENDING **AS A PERCENT OF CDC RECOMMENDATIONS**

States that are spending 50% or more of CDC recommendation on tobacco prevention programs. (5)

Alaska
Maine
North Dakota

Oklahoma
Wyoming

States that are spending 25%- 49% of CDC recommendation on tobacco prevention programs. (13)

Arkansas
Colorado
Delaware
Florida
Hawaii
Minnesota

Mississippi
Montana
New Mexico
Oregon
South Dakota
Utah
Vermont

States that are spending 10%- 24% of CDC recommendation on tobacco prevention programs. (9 and the District of Columbia)

Arizona
California
District of Columbia
Idaho
Iowa

Louisiana
Maryland
Nebraska
New York
West Virginia

States that are spending less than 10% of CDC recommendation on tobacco prevention programs. (21)

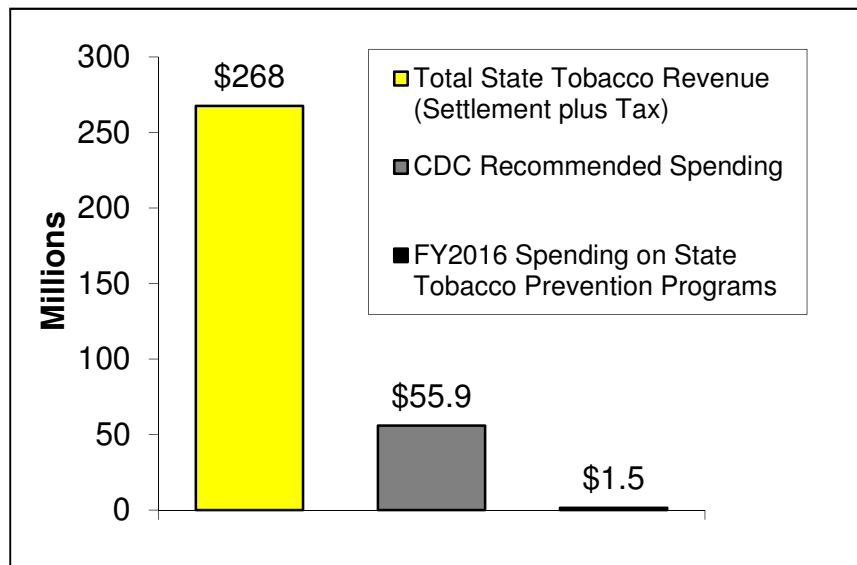
Alabama
Connecticut
Georgia
Indiana
Kansas
Kentucky
Massachusetts
Michigan
Missouri
Nevada

New Hampshire
New Jersey
North Carolina
Ohio
Rhode Island
South Carolina
Tennessee
Texas
Virginia
Washington
Wisconsin

Note: Illinois and Pennsylvania tobacco prevention program budgets for FY 2016 were not available when this report went to press. In FY2015, Illinois budgeted \$11.1 million, which was 8.1% of CDC's recommendations. Pennsylvania's FY2015 annual spending was estimated at \$13.8 million (not confirmed by health department), which was 9.9% of CDC's recommendations.

Alabama

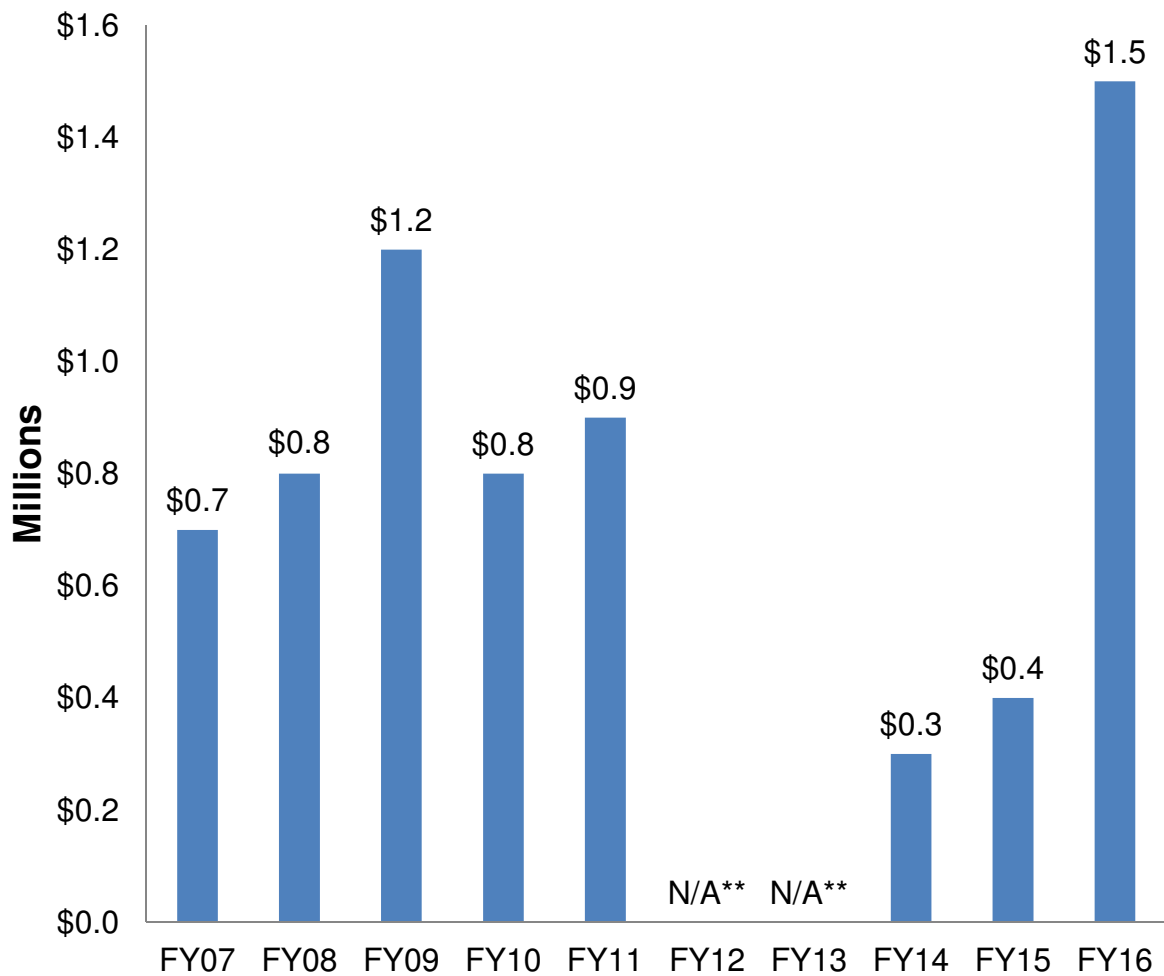
State Spending Summary	FY2016	FY2015
State Ranking	42	49
State Spending On Tobacco Prevention	\$1.5 million	\$362,000
% of CDC Recommended Spending (\$55.9 million)	2.7%	0.6%



Tobacco Industry Marketing in Alabama	
Estimated annual tobacco industry marketing in state	\$216.1 million
Ratio of industry marketing to state tobacco prevention spending	143.3 to 1

Tobacco's Toll in Alabama	
Adults who smoke	21.5%
High school students who smoke	18.0%
Deaths caused by smoking each year	8,600
Annual health care costs directly caused by smoking	\$1.88 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$841 per household

Alabama Total Annual Tobacco Prevention Spending FY2007-FY2016

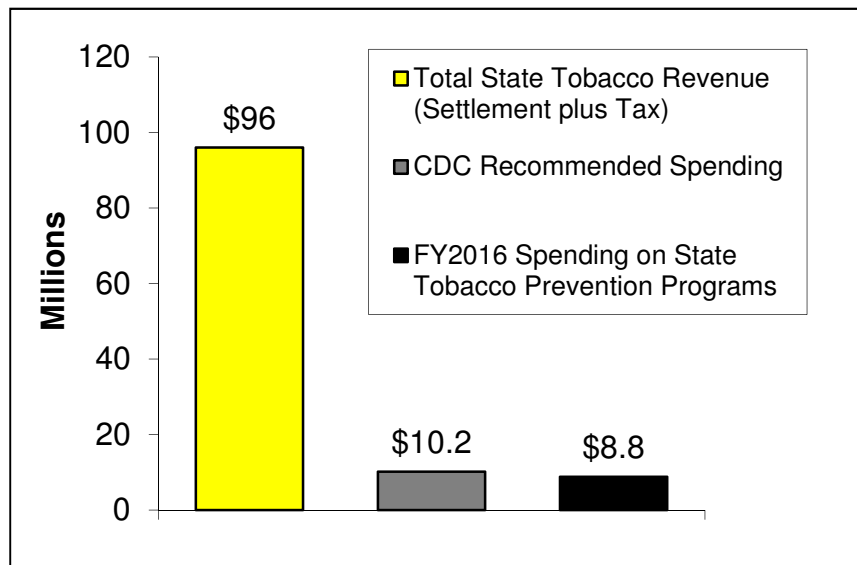


CDC Recommended Spending: \$55.9 million

**In FY2012 and FY2013, Alabama's tobacco prevention program budget was unavailable at the time this report went to press.

Alaska

State Spending Summary	FY2016	FY2015
State Ranking	2	2
State Spending On Tobacco Prevention	\$8.8 million	\$9.7 million
% of CDC Recommended Spending (\$10.2 million)	86.4%	95.6%

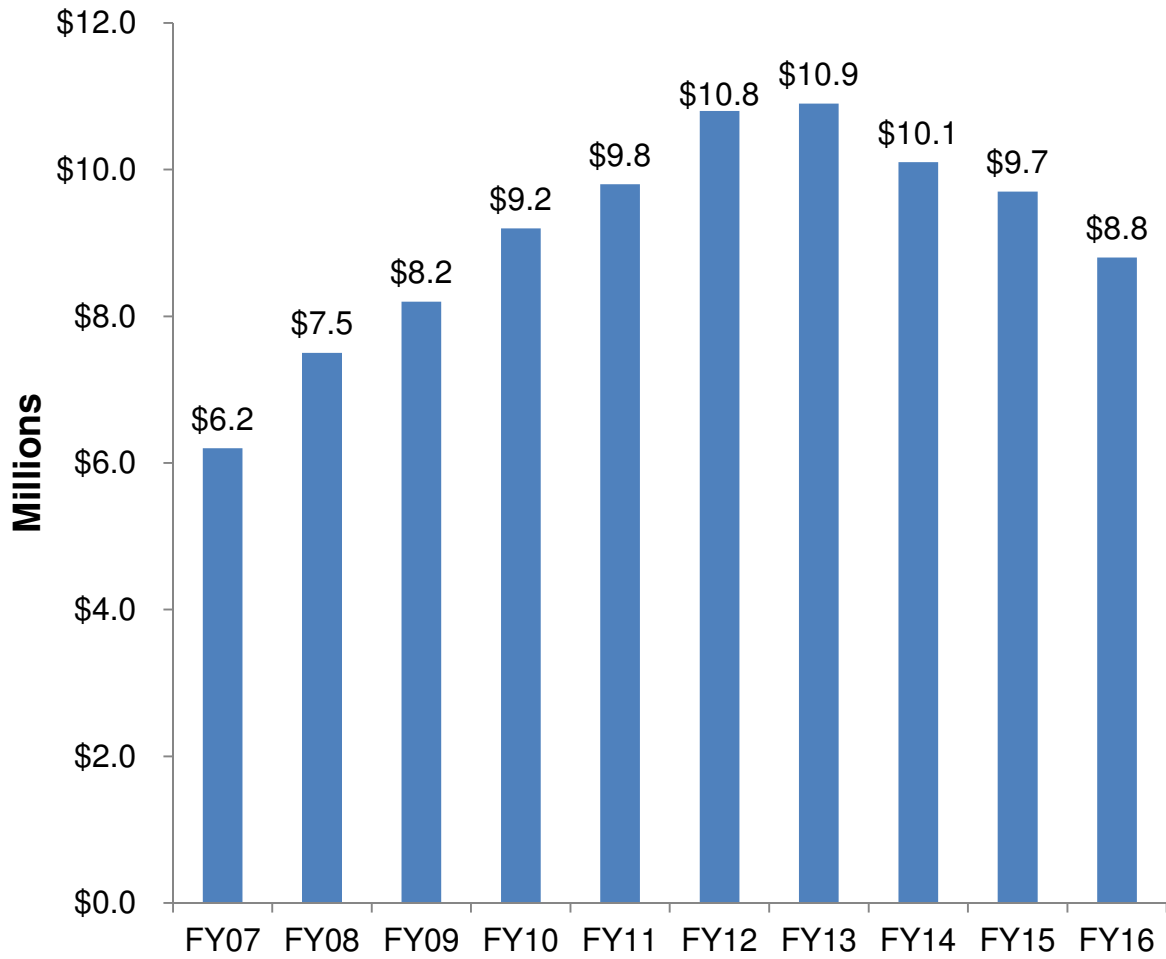


Tobacco Industry Marketing in Alaska	
Estimated annual tobacco industry marketing in state	\$20.0 million
Ratio of industry marketing to state tobacco prevention spending	2.3 to 1

Tobacco's Toll in Alaska	
Adults who smoke	22.6%
High school students who smoke	11.1%
Deaths caused by smoking each year	600
Annual health care costs directly caused by smoking	\$438 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,179 per household

Alaska

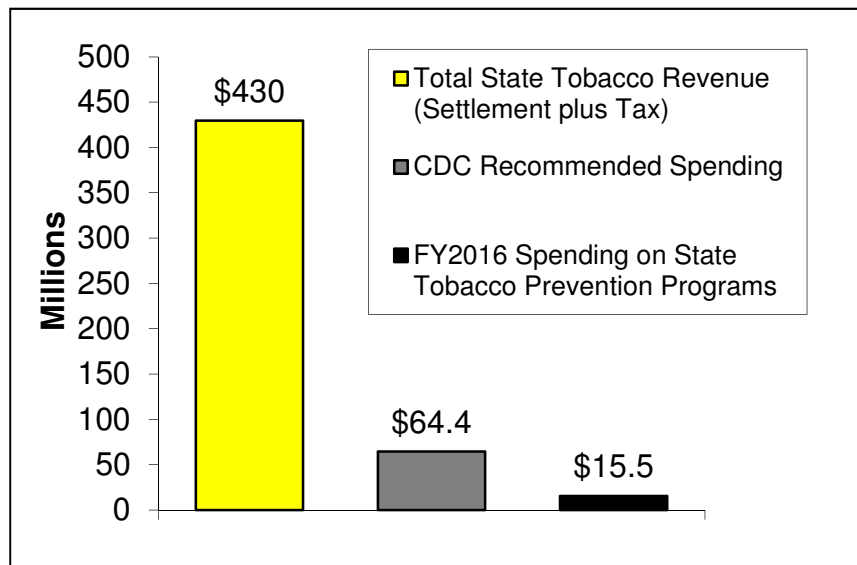
Total Annual Tobacco Prevention Spending FY2000-FY2016



CDC Recommended Spending: \$10.2 million

Arizona

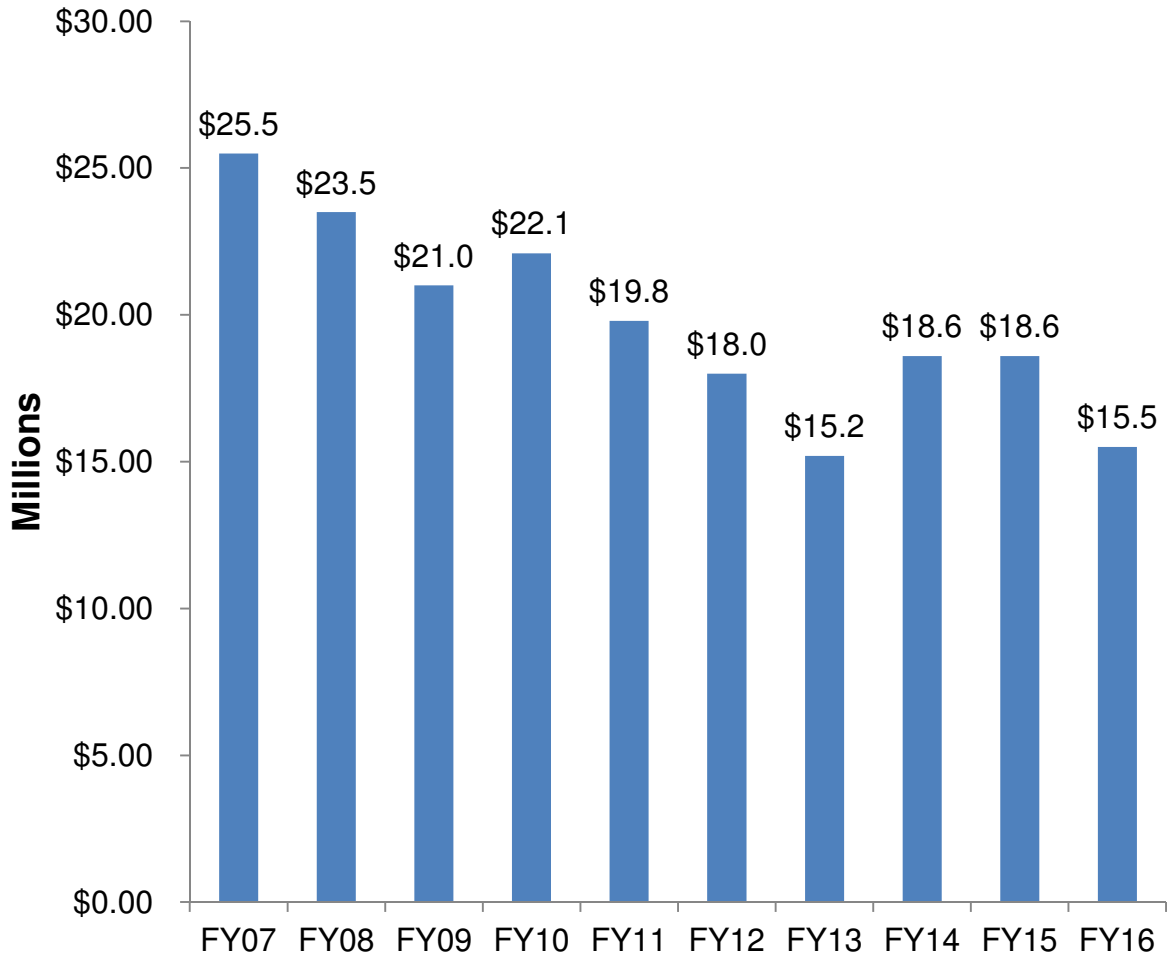
State Spending Summary	FY2016	FY2015
State Ranking	19	17
State Spending On Tobacco Prevention	\$15.5 million	\$18.6 million
% of CDC Recommended Spending (\$64.4 million)	24.0%	28.9%



Tobacco Industry Marketing in Arizona	
Estimated annual tobacco industry marketing in state	\$108.5 million
Ratio of industry marketing to state tobacco prevention spending	7.0 to 1

Tobacco's Toll in Arizona	
Adults who smoke	16.3%
High school students who smoke	14.1%
Deaths caused by smoking each year	8,300
Annual health care costs directly caused by smoking	\$2.38 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$701 per household

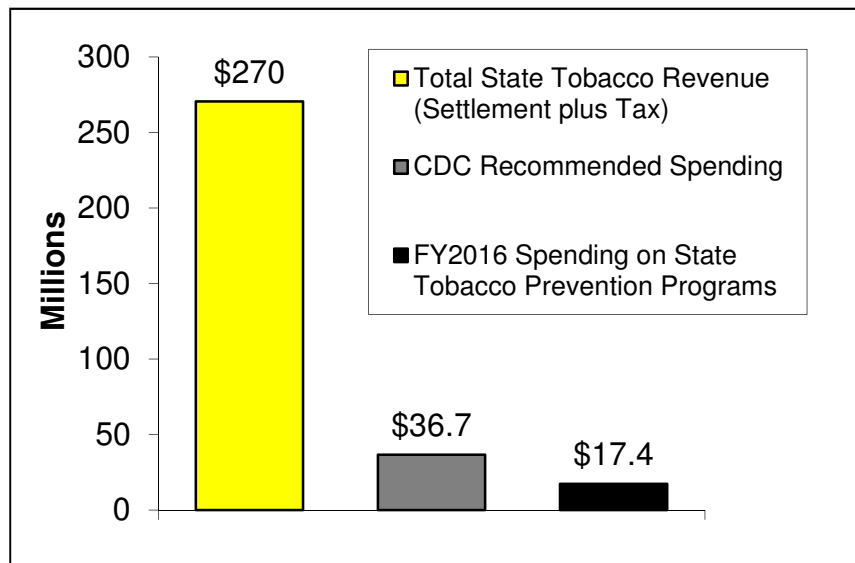
Arizona Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$64.4 million

Arkansas

State Spending Summary	FY2016	FY2015
State Ranking	8	8
State Spending On Tobacco Prevention	\$17.4 million	\$17.5 million
% of CDC Recommended Spending (\$36.7 million)	47.4%	47.6%

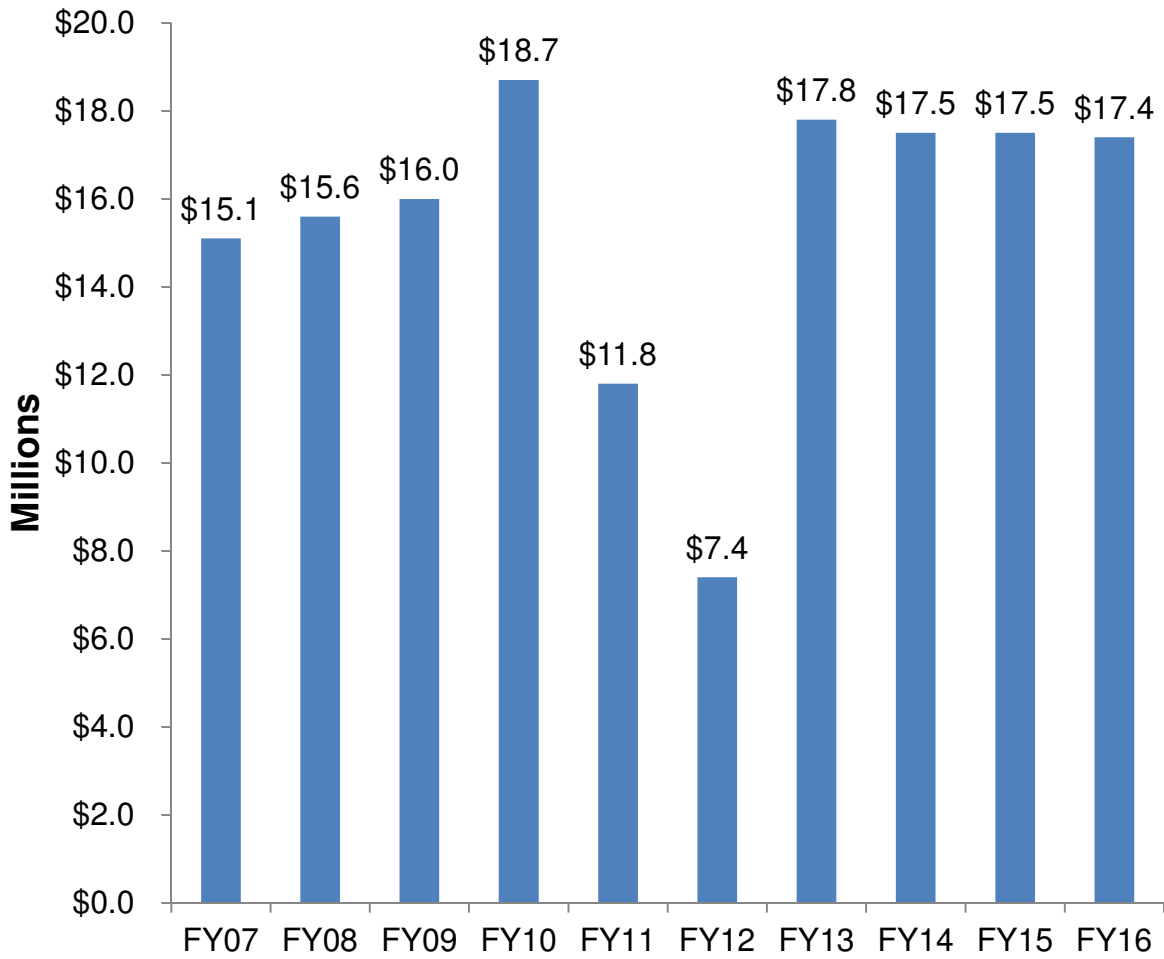


Tobacco Industry Marketing in Arkansas	
Estimated annual tobacco industry marketing in state	\$119.0 million
Ratio of industry marketing to state tobacco prevention spending	6.8 to 1

Tobacco's Toll in Arkansas	
Adults who smoke	25.9%
High school students who smoke	19.1%
Deaths caused by smoking each year	5,800
Annual health care costs directly caused by smoking	\$1.21 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,060 per household

Arkansas

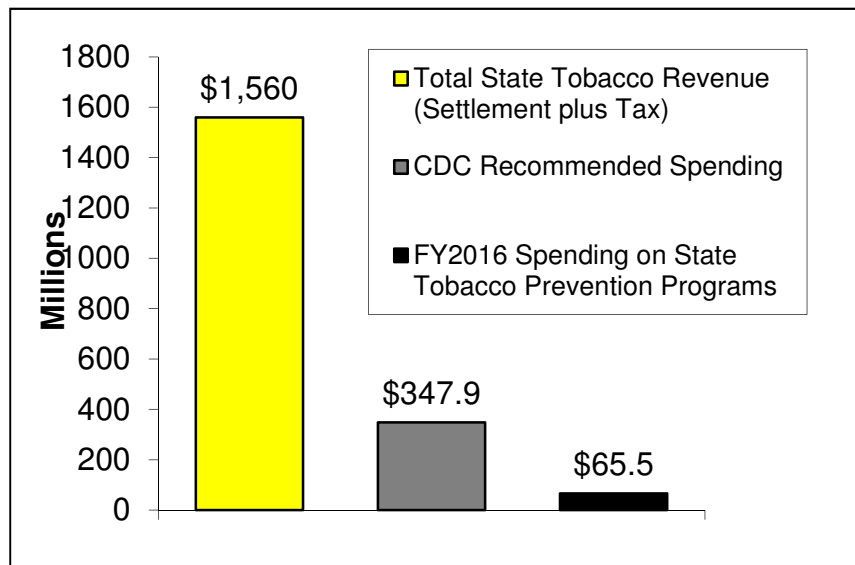
Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$36.7 million

California

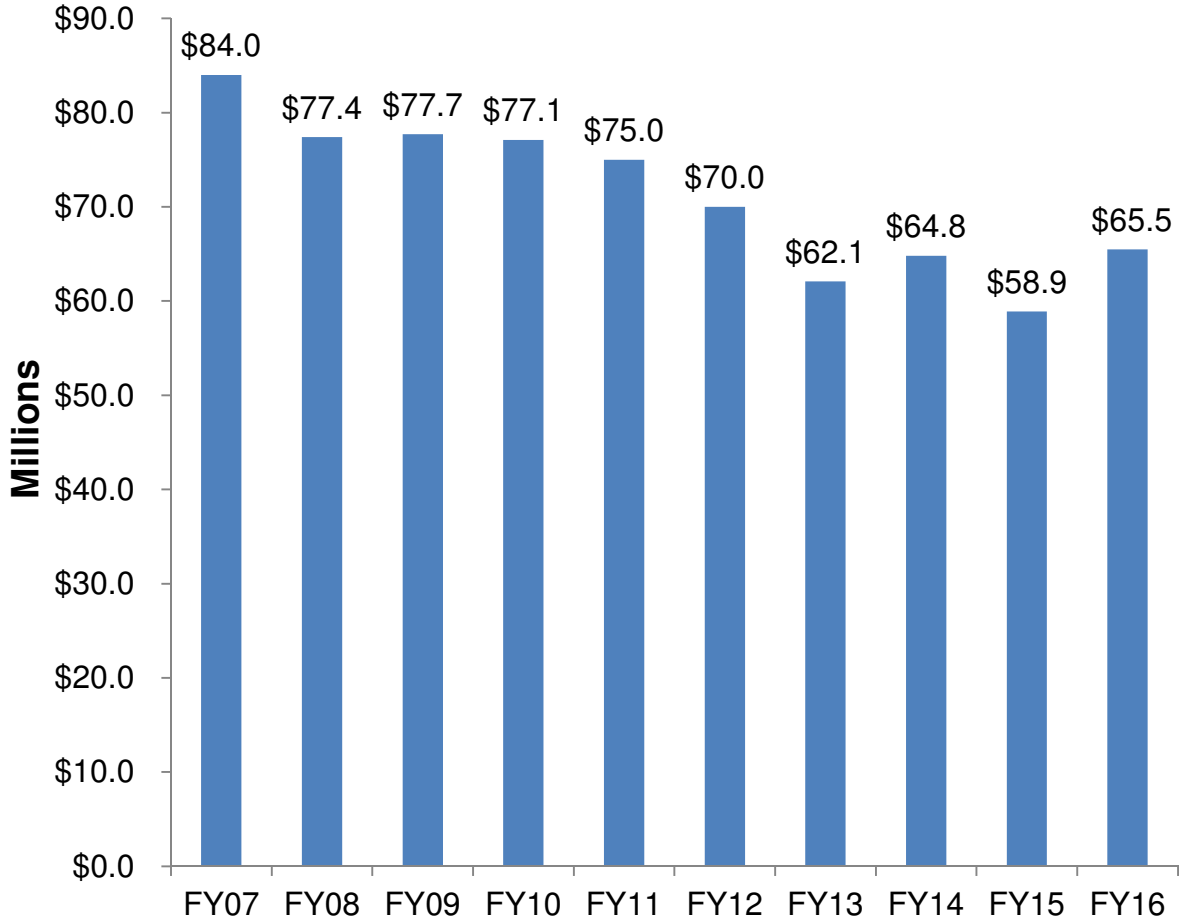
State Spending Summary	FY2016	FY2015
State Ranking	21	26
State Spending On Tobacco Prevention	\$65.5 million	\$58.9 million
% of CDC Recommended Spending (\$347.9 million)	18.8%	16.9%



Tobacco Industry Marketing in California	
Estimated annual tobacco industry marketing in state	\$636.7 million
Ratio of industry marketing to state tobacco prevention spending	9.7 to 1

Tobacco's Toll in California	
Adults who smoke	12.5%
High school students who smoke	10.5%
Deaths caused by smoking each year	40,000
Annual health care costs directly caused by smoking	\$13.29 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$747 per household

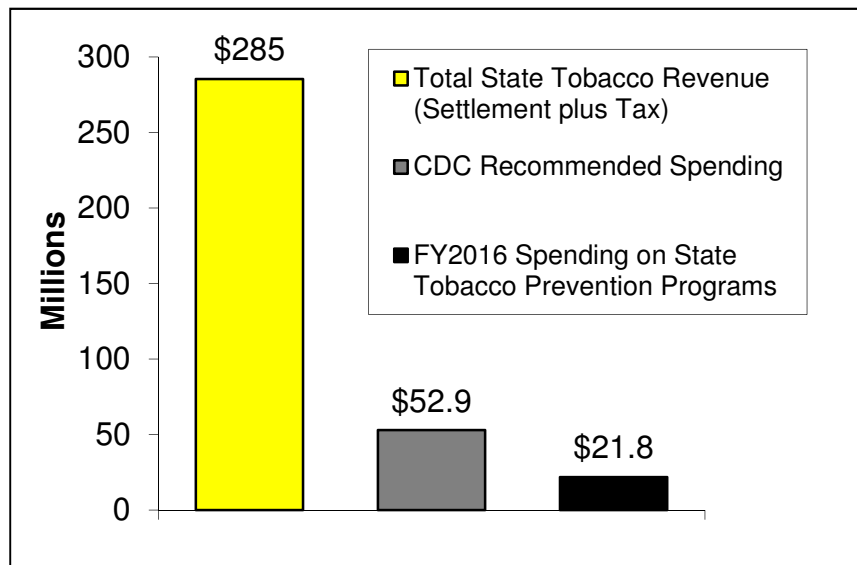
California Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$347.9 million

Colorado

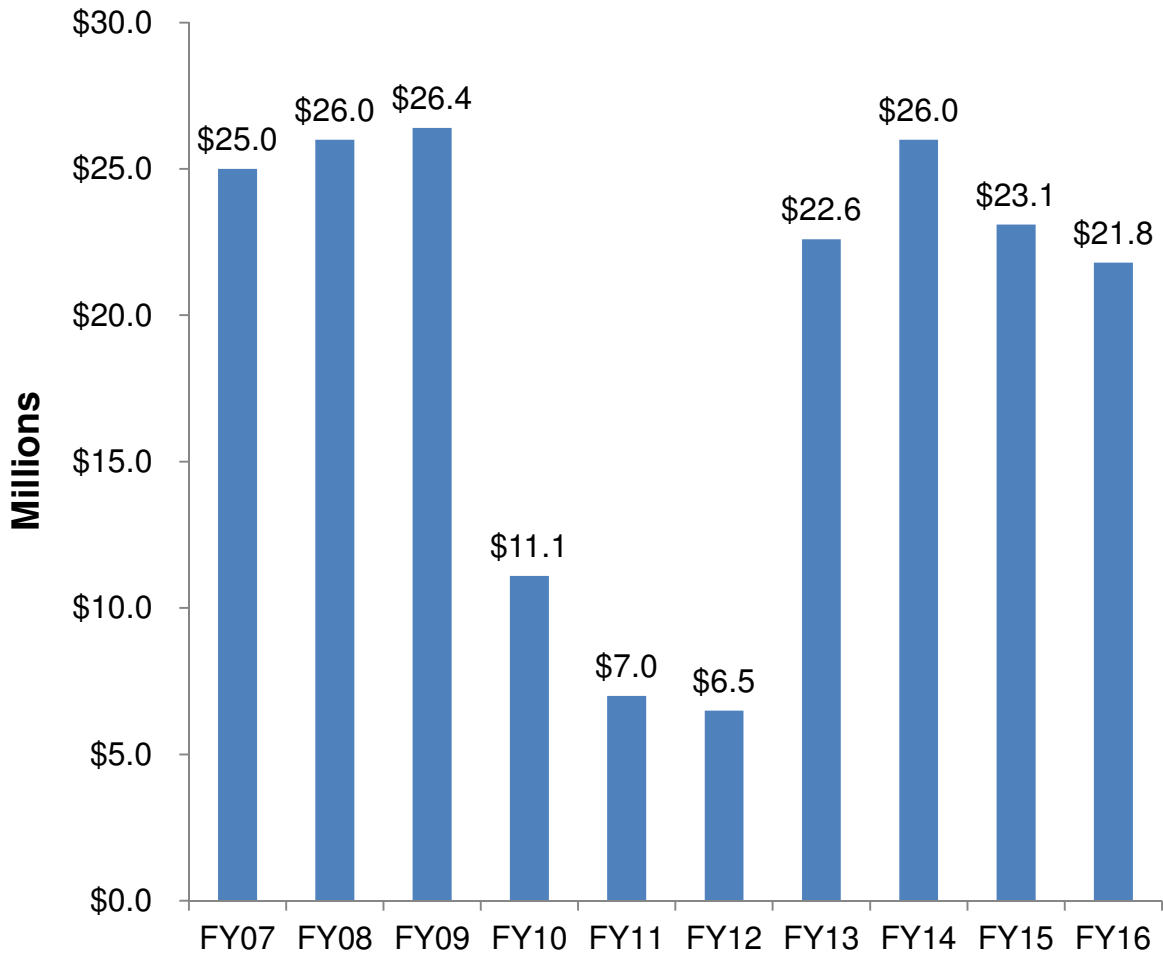
State Spending Summary	FY2016	FY2015
State Ranking	11	10
State Spending On Tobacco Prevention	\$21.8 million	\$23.1 million
% of CDC Recommended Spending (\$52.9 million)	41.3%	43.7%



Tobacco Industry Marketing in Colorado	
Estimated annual tobacco industry marketing in state	\$139.1 million
Ratio of industry marketing to state tobacco prevention spending	6.4 to 1

Tobacco's Toll in Colorado	
Adults who smoke	17.7%
High school students who smoke	10.7%
Deaths caused by smoking each year	5,100
Annual health care costs directly caused by smoking	\$1.89 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$757 per household

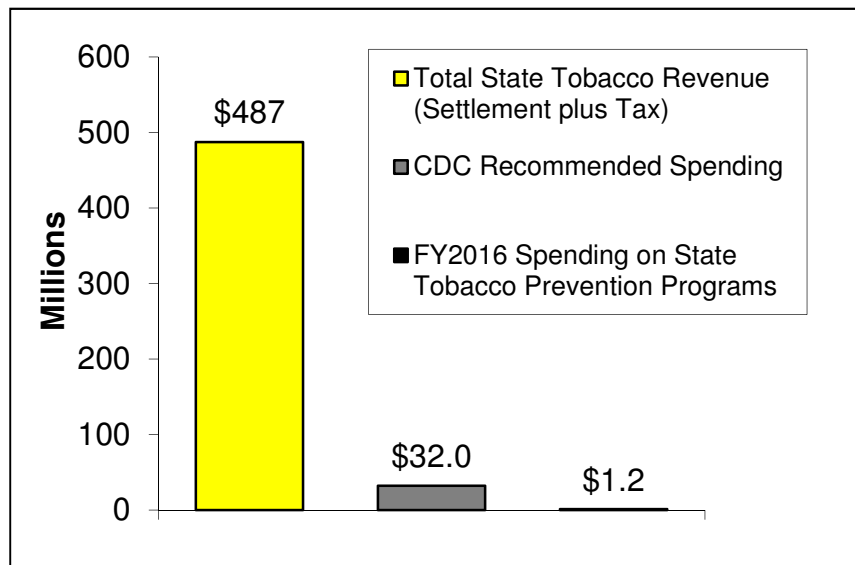
Colorado
Total Annual Tobacco Prevention Spending
FY2007-FY2016



CDC Recommended Spending: \$52.9 million

Connecticut

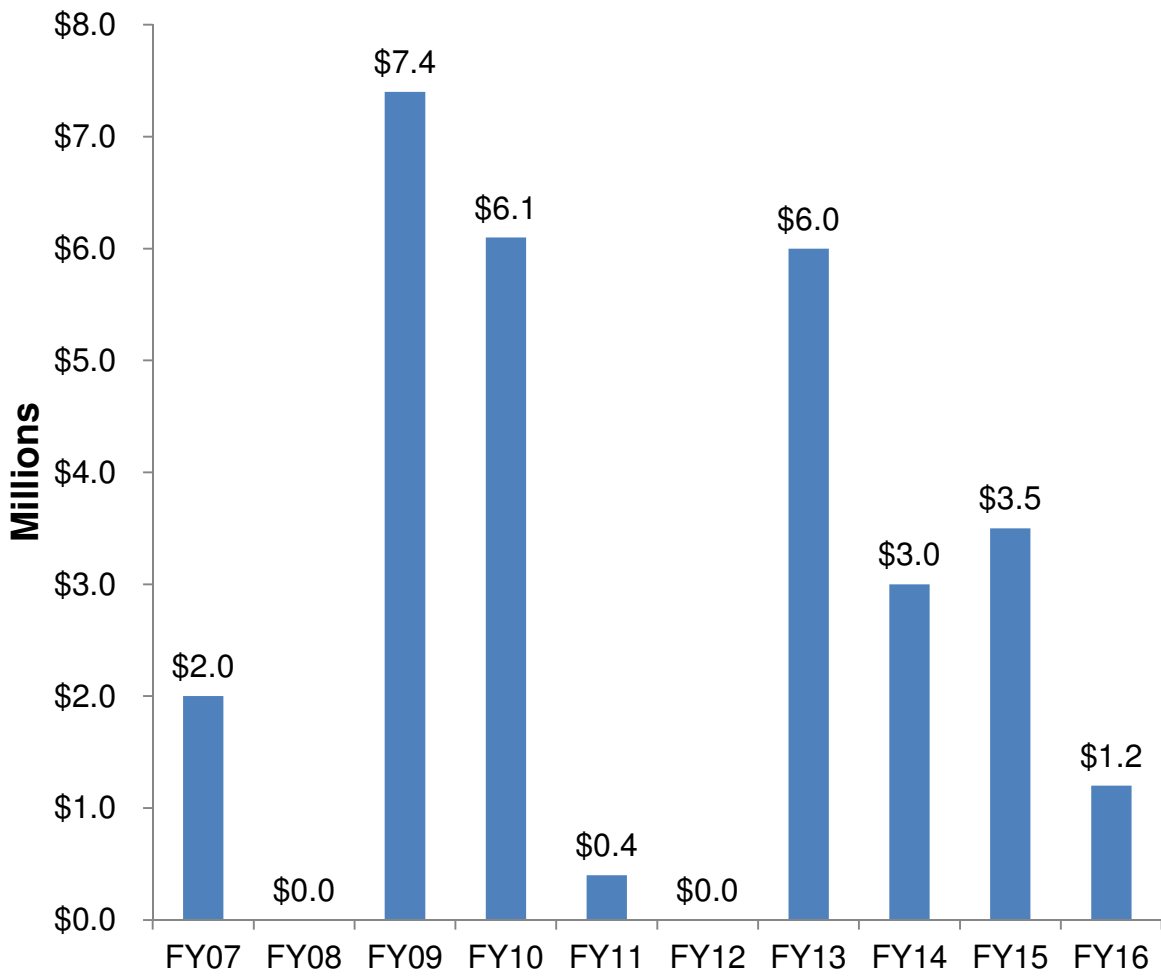
State Spending Summary	FY2016	FY2015
State Ranking	38	29
State Spending On Tobacco Prevention	\$1.2 million	\$3.5 million
% of CDC Recommended Spending (\$32.0 million)	3.7%	11.0%



Tobacco Industry Marketing in Connecticut	
Estimated annual tobacco industry marketing in state	\$80.4 million
Ratio of industry marketing to state tobacco prevention spending	67.7 to 1

Tobacco's Toll in Connecticut	
Adults who smoke	15.5%
High school students who smoke	13.5%
Deaths caused by smoking each year	4,900
Annual health care costs directly caused by smoking	\$2.03 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$916 per household

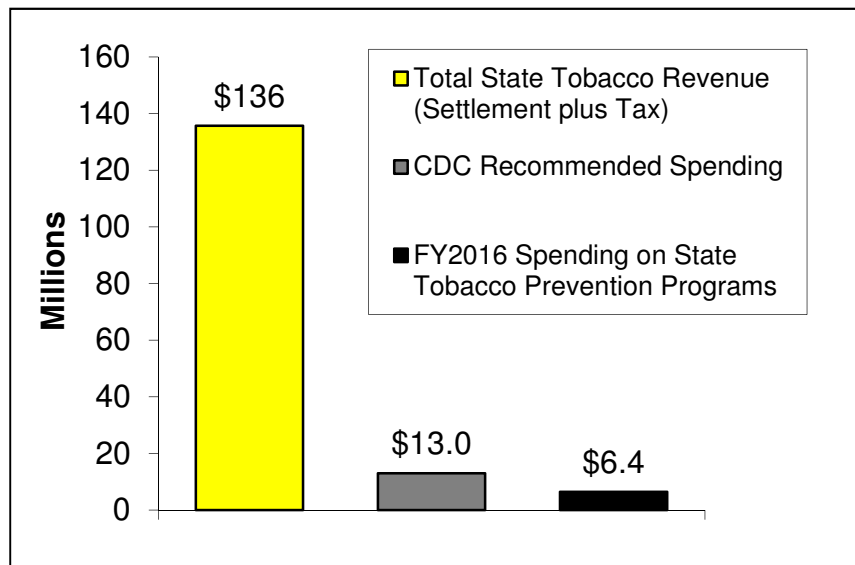
Connecticut Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$32.0 million

Delaware

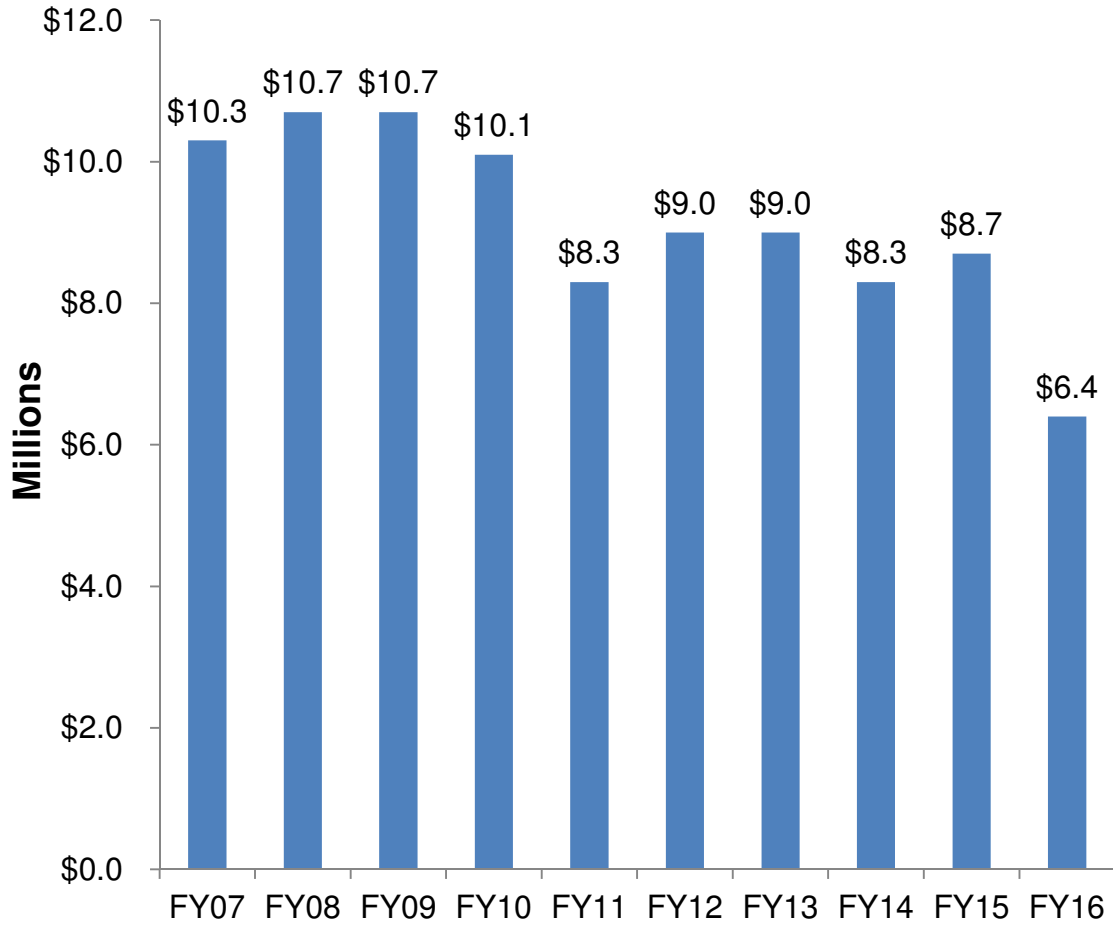
State Spending Summary	FY2016	FY2015
State Ranking	7	3
State Spending On Tobacco Prevention	\$6.4 million	\$8.7 million
% of CDC Recommended Spending (\$13.0 million)	49.2%	66.7%



Tobacco Industry Marketing in Delaware	
Estimated annual tobacco industry marketing in state	\$51.6 million
Ratio of industry marketing to state tobacco prevention spending	8.1 to 1

Tobacco's Toll in Delaware	
Adults who smoke	19.6%
High school students who smoke	14.2%
Deaths caused by smoking each year	1,400
Annual health care costs directly caused by smoking	\$532 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$953 per household

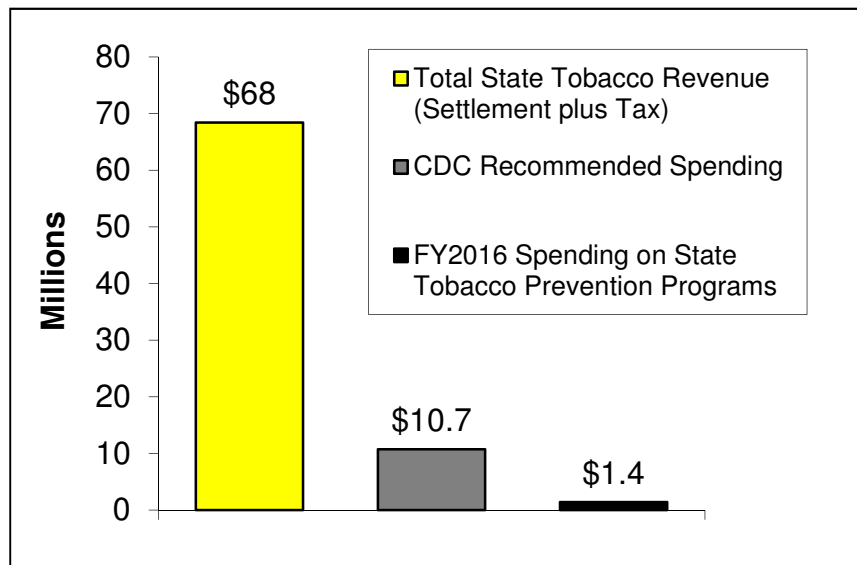
Delaware
Total Annual Tobacco Prevention Spending
FY2007-FY2016



CDC Recommended Spending: \$13.0 million

District of Columbia

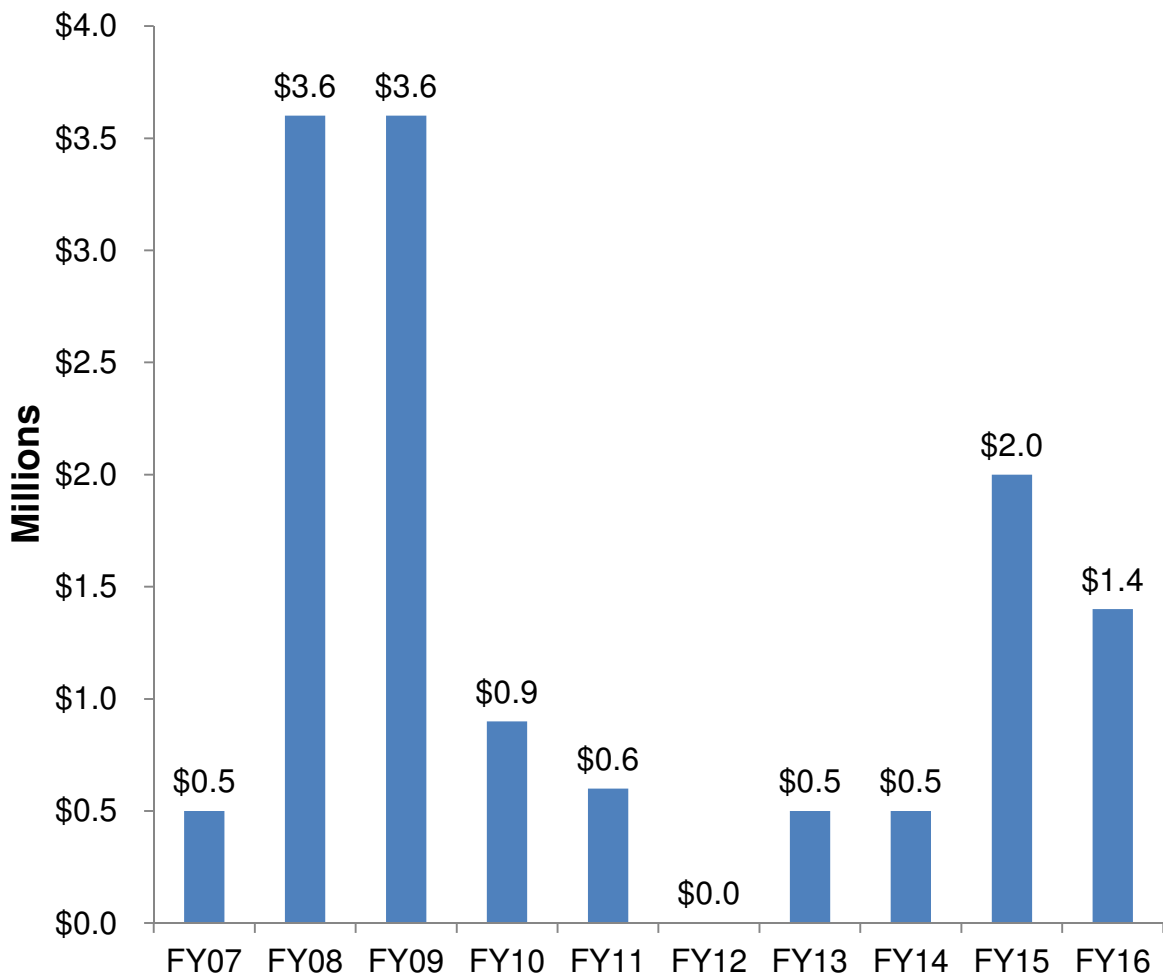
State Spending Summary	FY2016	FY2015
State Ranking	26	21
State Spending On Tobacco Prevention	\$1.4 million	\$2.0 million
% of CDC Recommended Spending (\$10.7 million)	12.7%	18.7%



Tobacco Industry Marketing in District of Columbia	
Estimated annual tobacco industry marketing in state	\$8.3 million
Ratio of industry marketing to state tobacco prevention spending	6.1 to 1

Tobacco's Toll in District of Columbia	
Adults who smoke	18.8%
High school students who smoke	12.5%
Deaths caused by smoking each year	800
Annual health care costs directly caused by smoking	\$391 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$946 per household

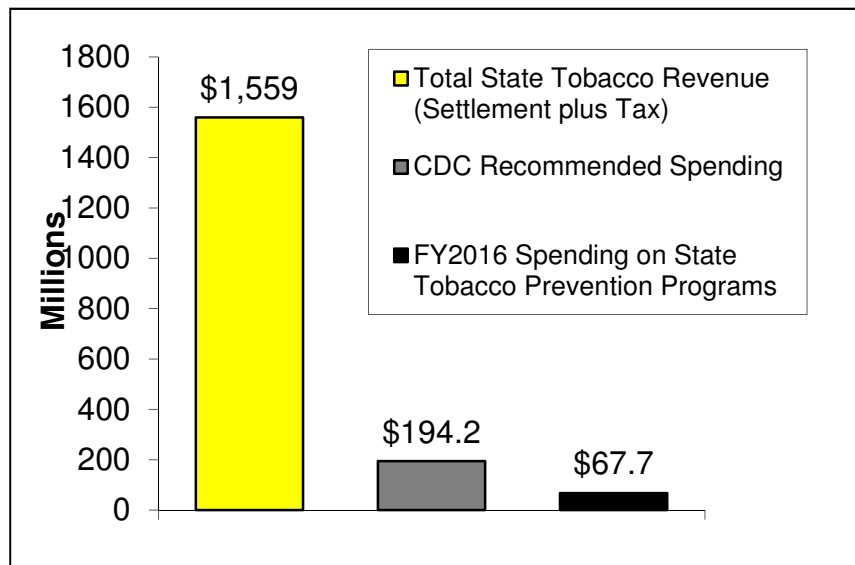
DC
Total Annual Tobacco Prevention Spending
FY2007-FY2016



CDC Recommended Spending: \$10.7 million

Florida

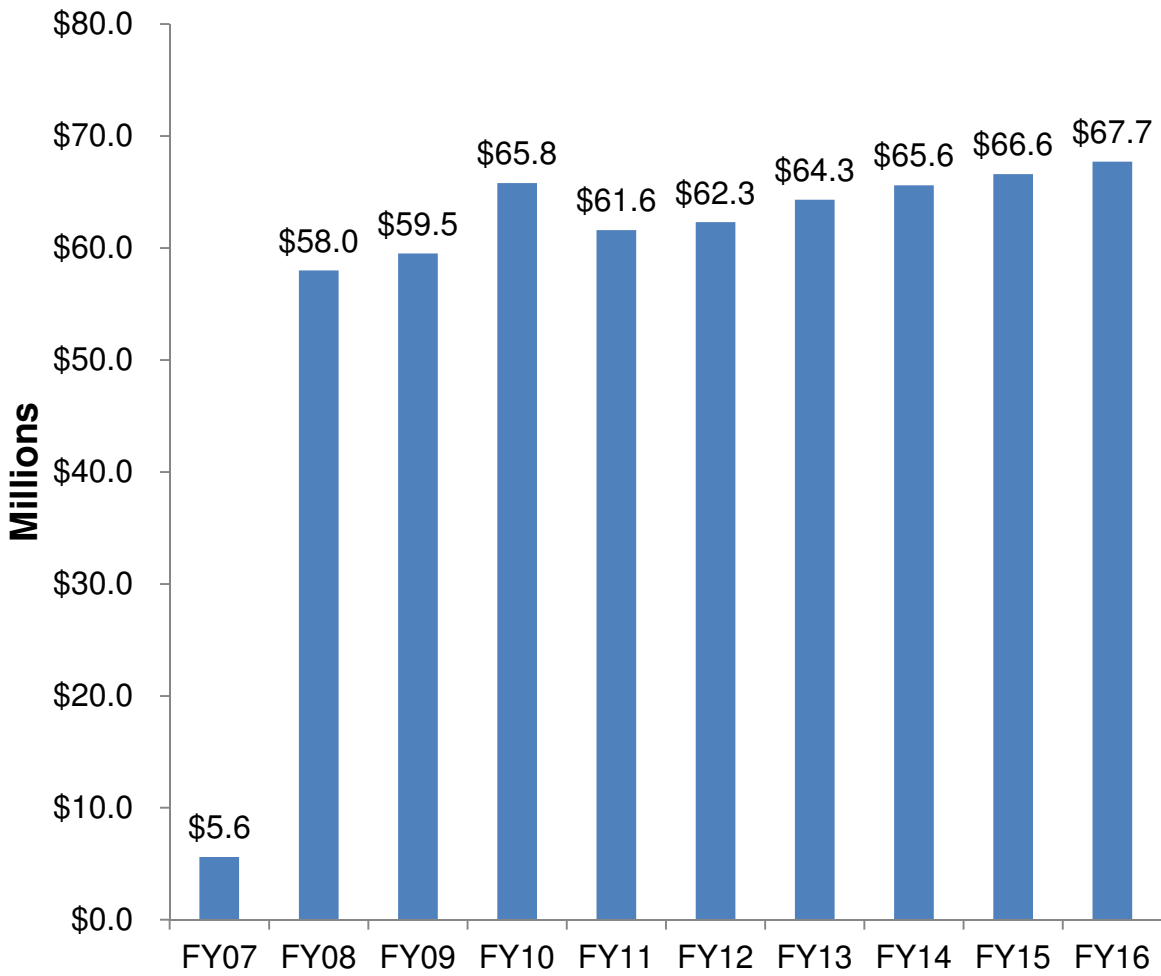
State Spending Summary	FY2016	FY2015
State Ranking	15	15
State Spending On Tobacco Prevention	\$67.7 million	\$66.6 million
% of CDC Recommended Spending (\$194.2 million)	34.9%	34.3%



Tobacco Industry Marketing in Florida	
Estimated annual tobacco industry marketing in state	\$585.8 million
Ratio of industry marketing to state tobacco prevention spending	8.7 to 1

Tobacco's Toll in Florida	
Adults who smoke	16.8%
High school students who smoke	6.9%
Deaths caused by smoking each year	32,300
Annual health care costs directly caused by smoking	\$8.64 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$791 per household

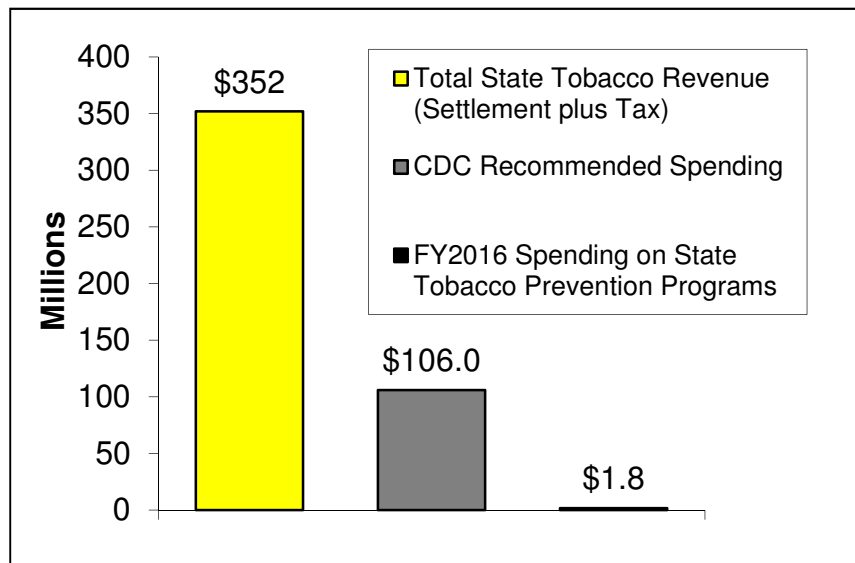
Florida Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$194.2 million

Georgia

State Spending Summary	FY2016	FY2015
State Ranking	43	45
State Spending On Tobacco Prevention	\$1.8 million	\$1.8 million
% of CDC Recommended Spending (\$106.0 million)	1.7%	1.7%



Tobacco Industry Marketing in Georgia	
Estimated annual tobacco industry marketing in state	\$348.7 million
Ratio of industry marketing to state tobacco prevention spending	199.3 to 1

Tobacco's Toll in Georgia	
Adults who smoke	18.8%
High school students who smoke	12.8%
Deaths caused by smoking each year	11,700
Annual health care costs directly caused by smoking	\$3.18 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$805 per household

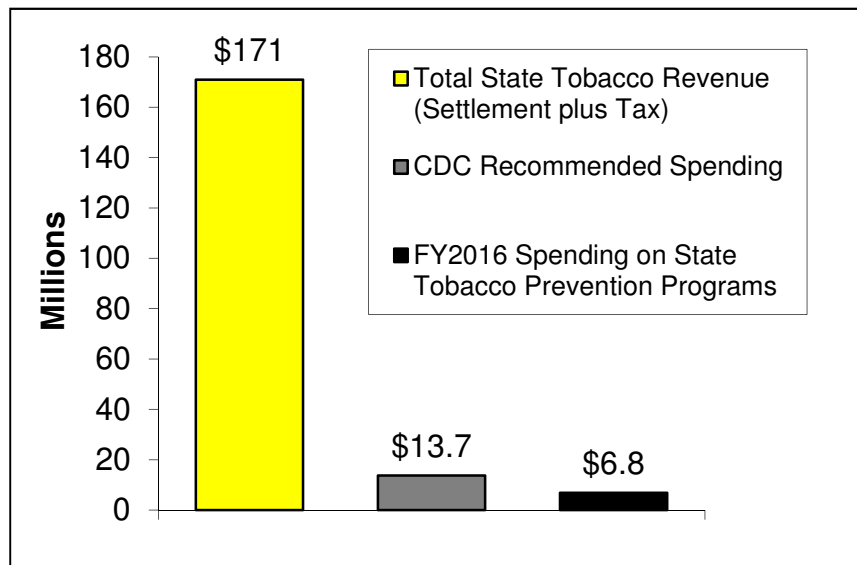
Georgia Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$106.0 million

Hawaii

State Spending Summary	FY2016	FY2015
State Ranking	6	5
State Spending On Tobacco Prevention	\$6.8 million	\$7.5 million
% of CDC Recommended Spending (\$13.7 million)	49.3%	55.0%

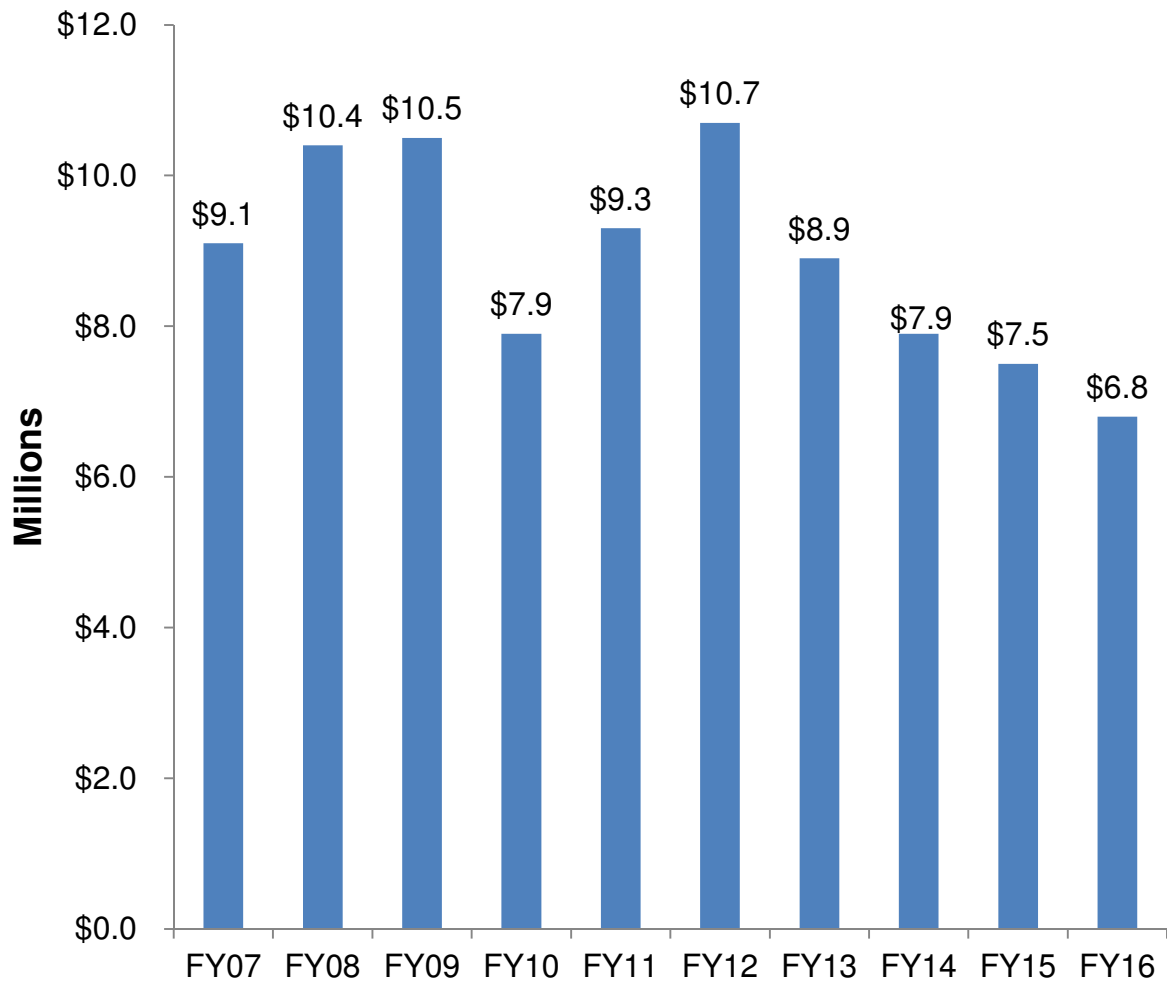


Tobacco Industry Marketing in Hawaii	
Estimated annual tobacco industry marketing in state	\$27.4 million
Ratio of industry marketing to state tobacco prevention spending	4.1 to 1

Tobacco's Toll in Hawaii	
Adults who smoke	13.3%
High school students who smoke	10.4%
Deaths caused by smoking each year	1,400
Annual health care costs directly caused by smoking	\$526 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$835 per household

Hawaii

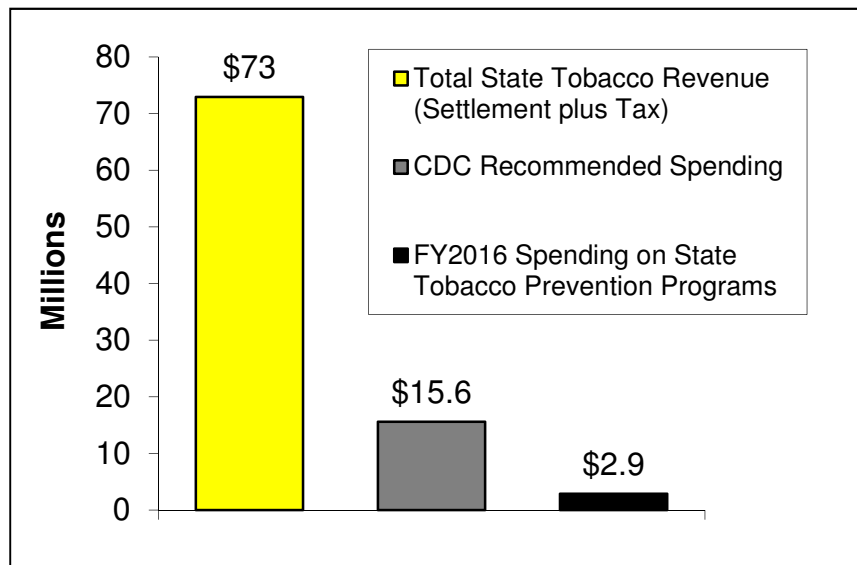
Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$13.7 million

Idaho

State Spending Summary	FY2016	FY2015
State Ranking	22	25
State Spending On Tobacco Prevention	\$2.9 million	\$2.7 million
% of CDC Recommended Spending (\$15.6 million)	18.4%	17.1%

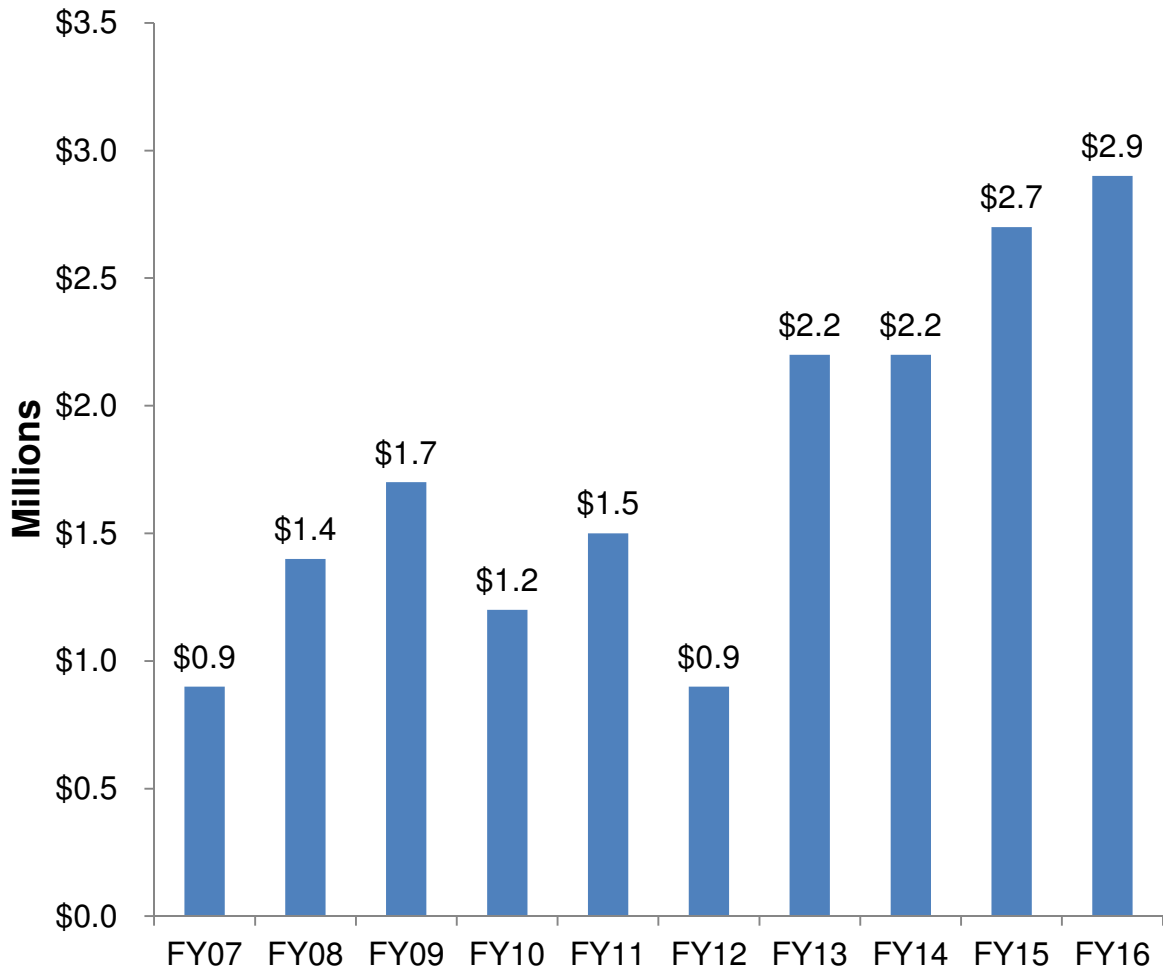


Tobacco Industry Marketing in Idaho	
Estimated annual tobacco industry marketing in state	\$46.2 million
Ratio of industry marketing to state tobacco prevention spending	16.1 to 1

Tobacco's Toll in Idaho	
Adults who smoke	17.2%
High school students who smoke	12.2%
Deaths caused by smoking each year	1,800
Annual health care costs directly caused by smoking	\$508 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$716 per household

Idaho

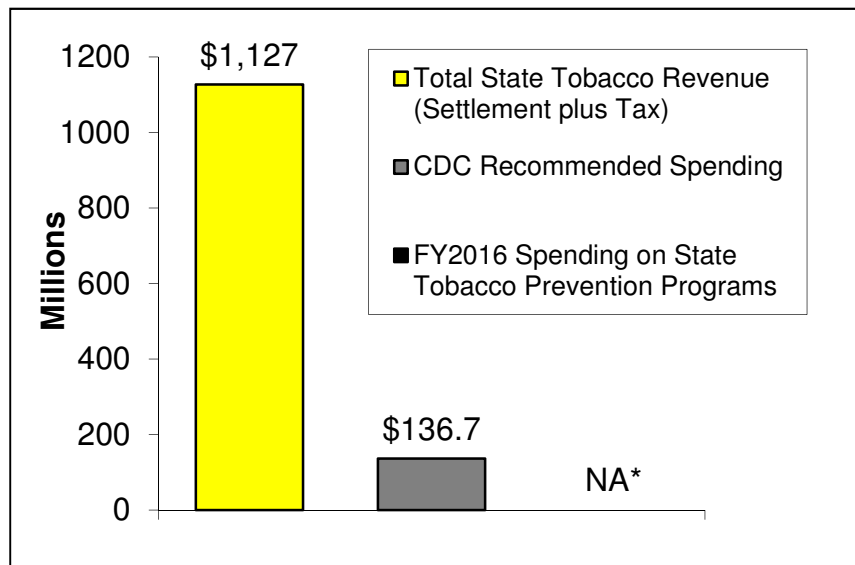
Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$15.6 million

Illinois

State Spending Summary	FY2016	FY2015
State Ranking	NA*	34
State Spending On Tobacco Prevention	NA*	\$11.1 million
% of CDC Recommended Spending (\$136.7 million)	NA*	8.1%

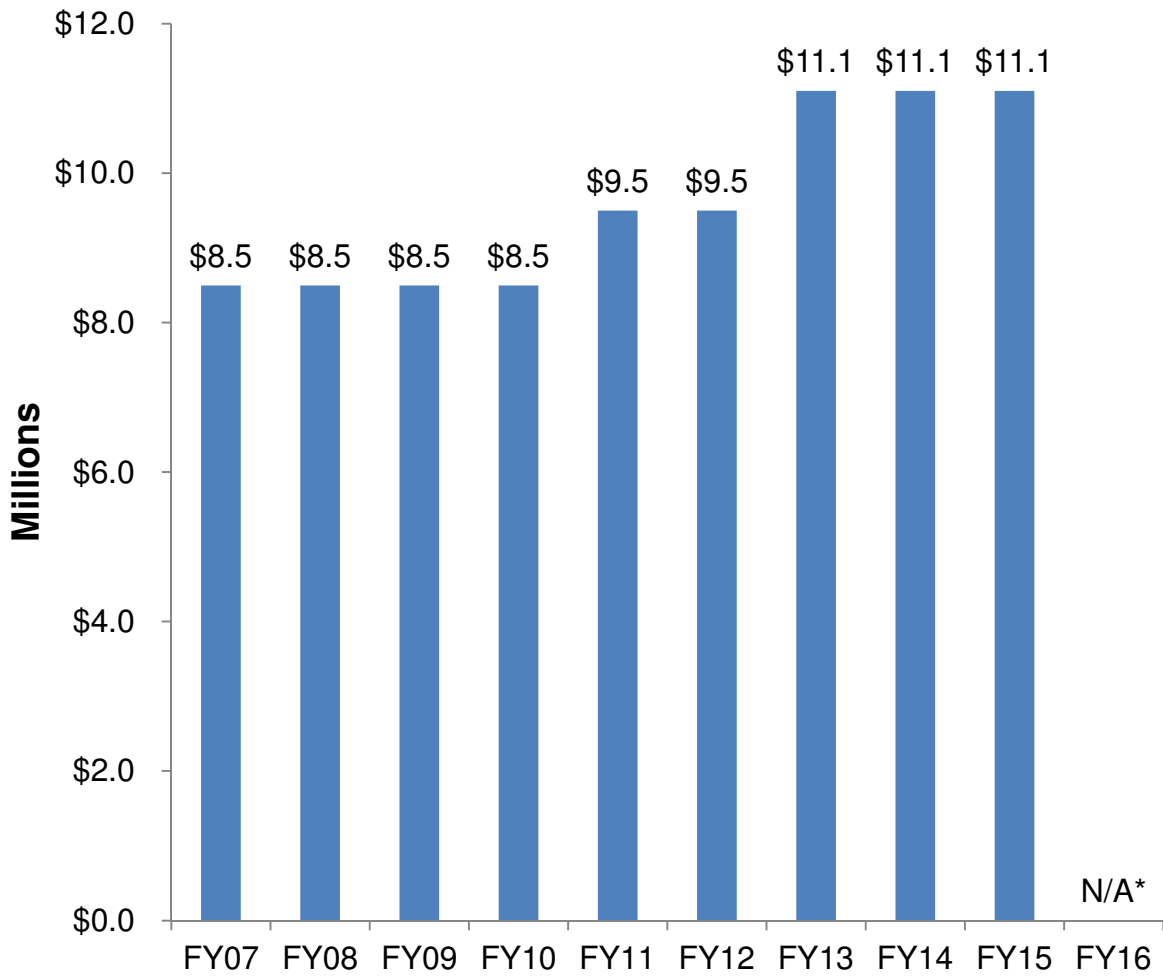


Tobacco Industry Marketing in Illinois	
Estimated annual tobacco industry marketing in state	\$400.5 million
Ratio of industry marketing to state tobacco prevention spending	NA*

Tobacco's Toll in Illinois	
Adults who smoke	18.0%
High school students who smoke	14.1%
Deaths caused by smoking each year	18,300
Annual health care costs directly caused by smoking	\$5.49 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$982 per household

* Illinois's FY2016 tobacco prevention program budget was not available when this report went to press.

Illinois Total Annual Tobacco Prevention Spending FY2007-FY2016

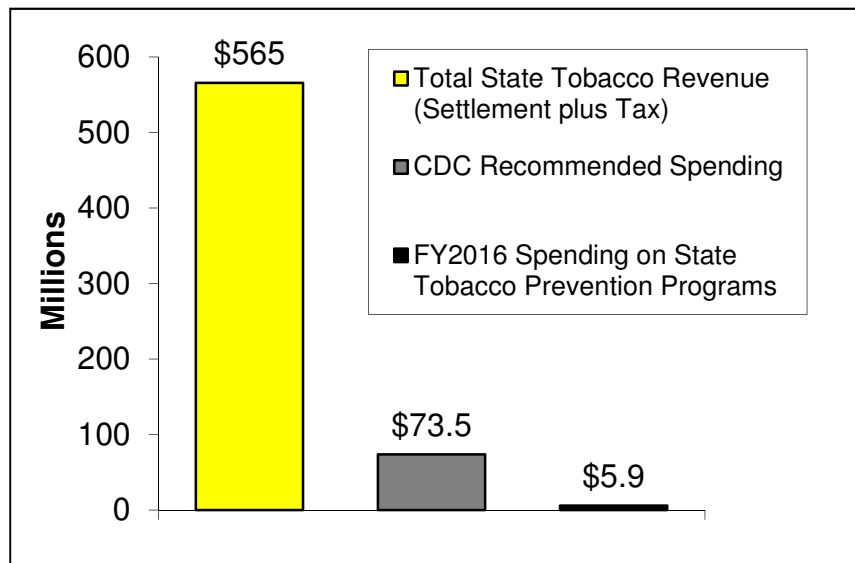


CDC Recommended Spending: \$136.7 million

*Illinois's FY2016 tobacco prevention program budget was not available when this report went to press.

Indiana

State Spending Summary	FY2016	FY2015
State Ranking	33	35
State Spending On Tobacco Prevention	\$5.9 million	\$5.8 million
% of CDC Recommended Spending (\$73.5 million)	8.0%	7.8%

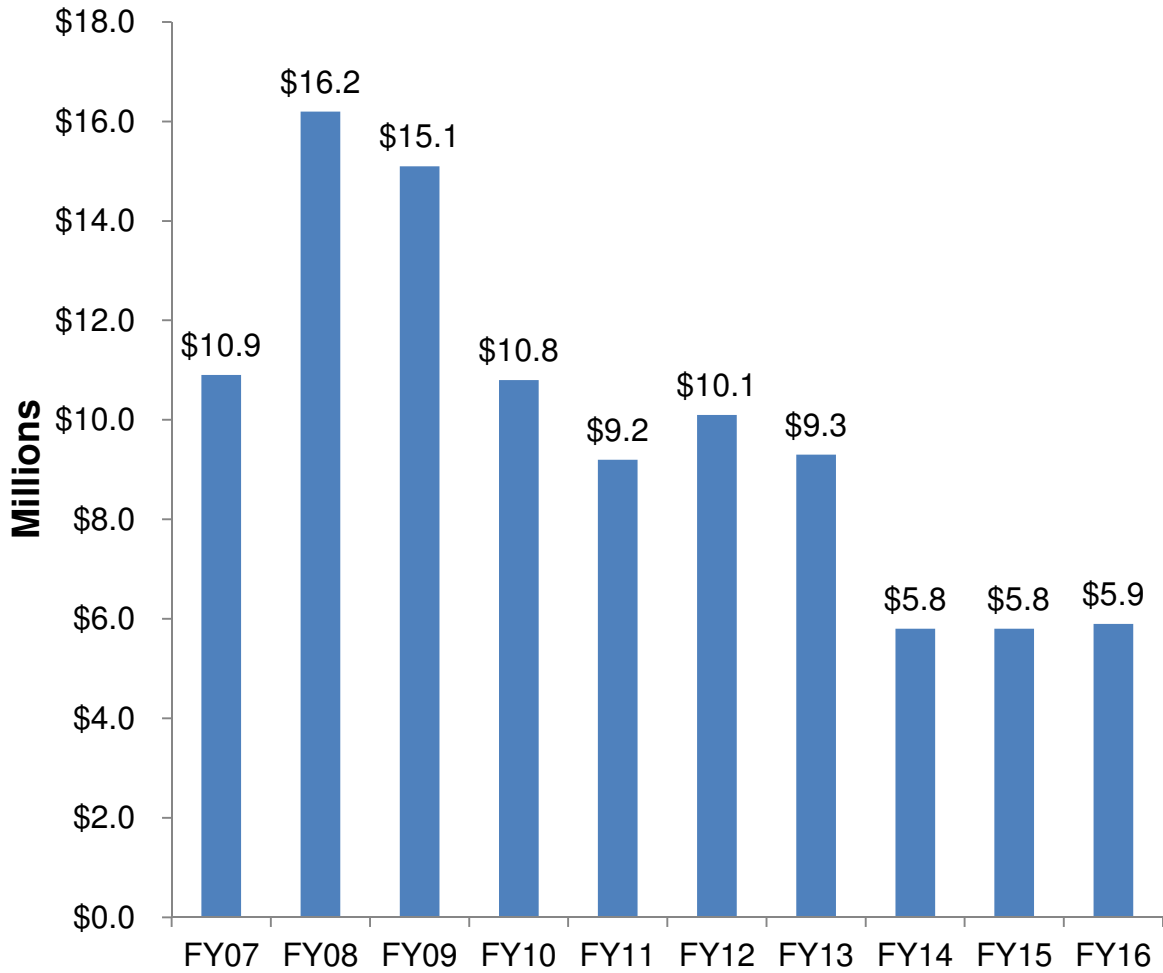


Tobacco Industry Marketing in Indiana	
Estimated annual tobacco industry marketing in state	\$288.0 million
Ratio of industry marketing to state tobacco prevention spending	48.8 to 1

Tobacco's Toll in Indiana	
Adults who smoke	21.9%
High school students who smoke	13.7%
Deaths caused by smoking each year	11,100
Annual health care costs directly caused by smoking	\$2.93 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$920 per household

Indiana

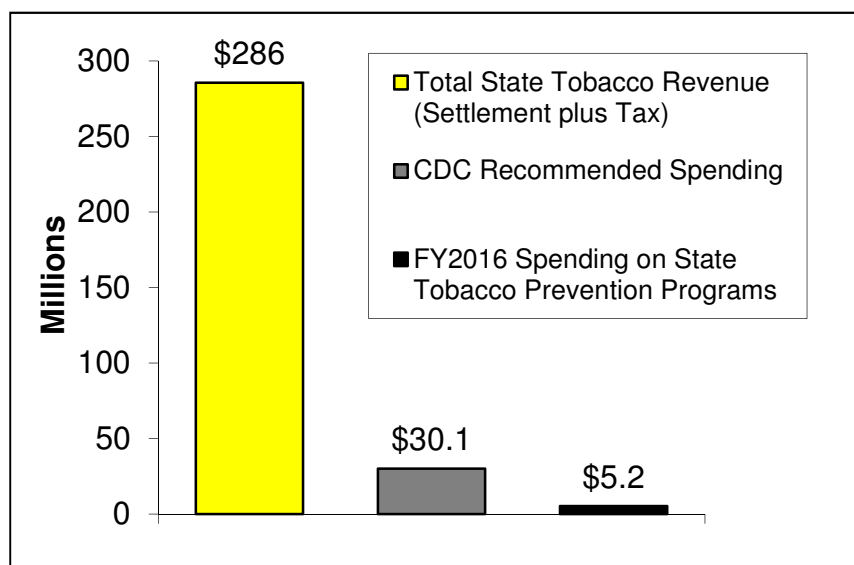
Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$73.5 million

Iowa

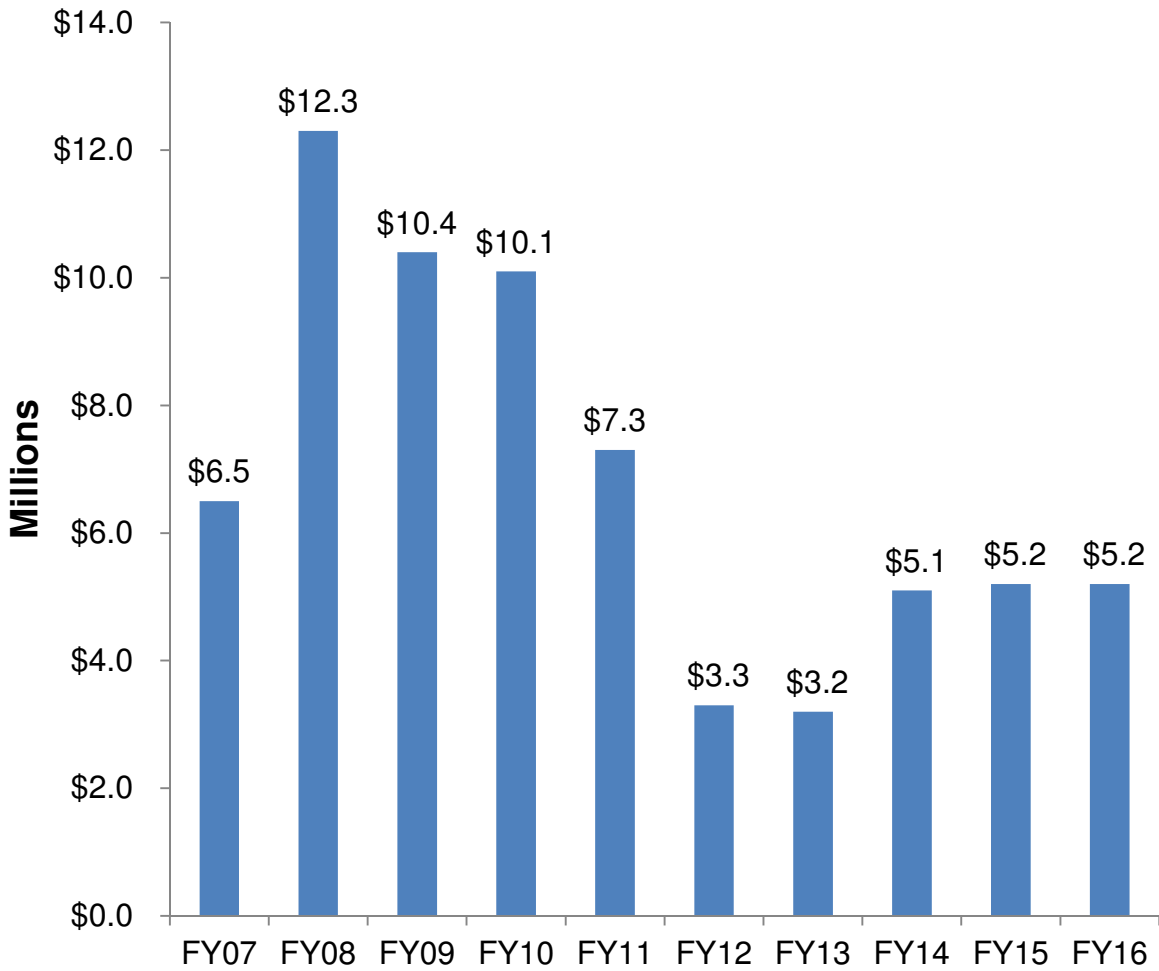
State Spending Summary	FY2016	FY2015
State Ranking	25	24
State Spending On Tobacco Prevention	\$5.2 million	\$5.2 million
% of CDC Recommended Spending (\$30.1 million)	17.4%	17.4%



Tobacco Industry Marketing in Iowa	
Estimated annual tobacco industry marketing in state	\$99.7 million
Ratio of industry marketing to state tobacco prevention spending	19.0 to 1

Tobacco's Toll in Iowa	
Adults who smoke	19.5%
High school students who smoke	18.1%
Deaths caused by smoking each year	5,100
Annual health care costs directly caused by smoking	\$1.28 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$881 per household

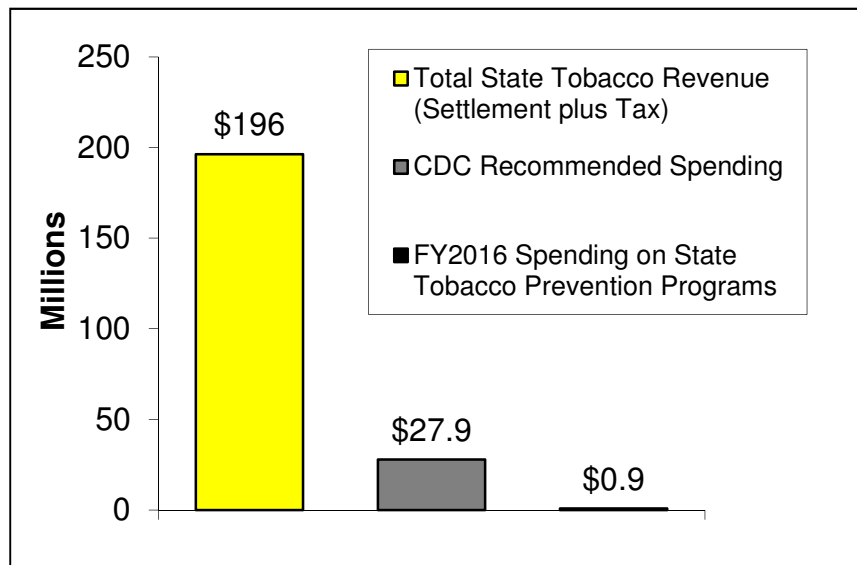
Iowa
Total Annual Tobacco Prevention Spending
FY2007-FY2016



CDC Recommended Spending: \$30.1 million

Kansas

State Spending Summary	FY2016	FY2015
State Ranking	39	41
State Spending On Tobacco Prevention	\$946,671	\$946,671
% of CDC Recommended Spending (\$27.9 million)	3.4%	3.4%

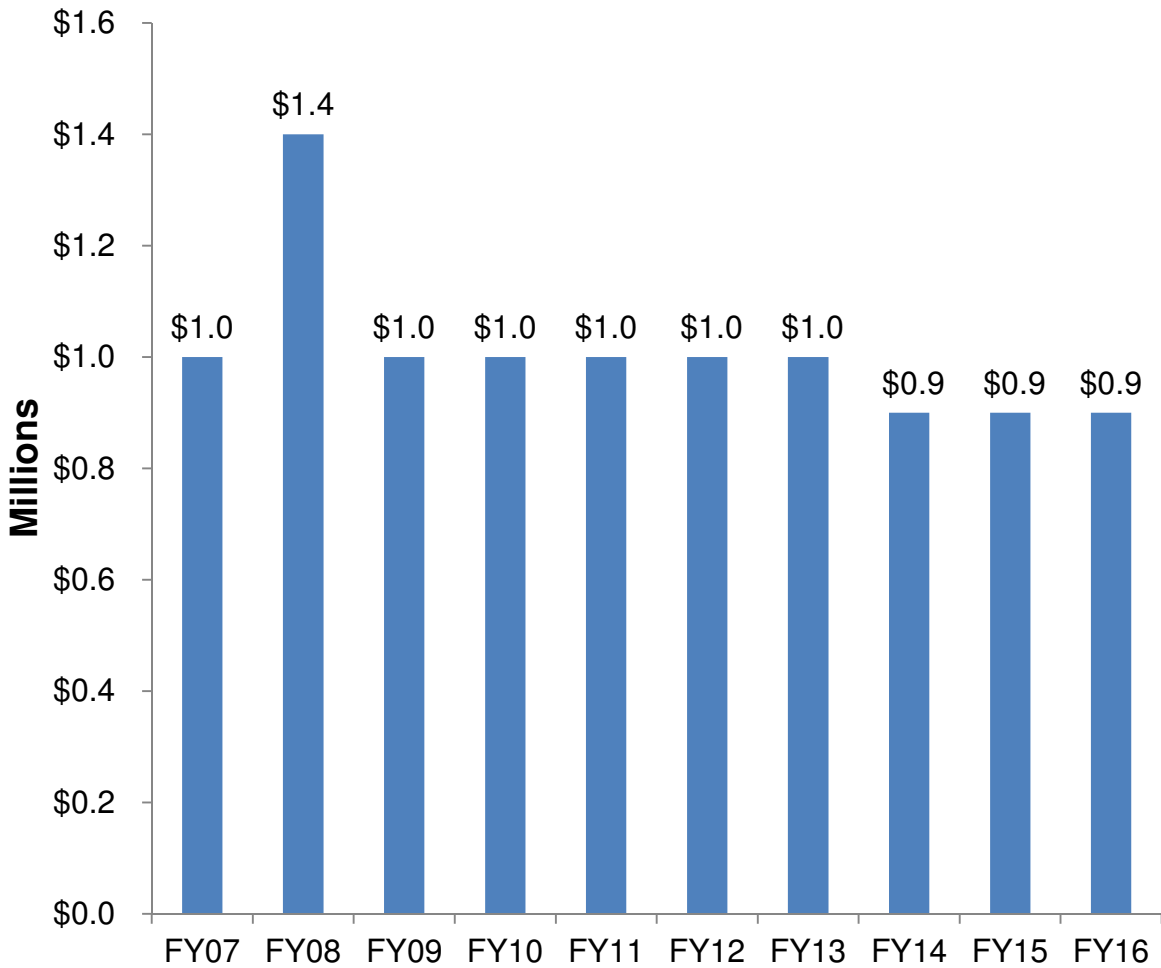


Tobacco Industry Marketing in Kansas	
Estimated annual tobacco industry marketing in state	\$82.6 million
Ratio of industry marketing to state tobacco prevention spending	87.3 to 1

Tobacco's Toll in Kansas	
Adults who smoke	20.0%
High school students who smoke	10.2%
Deaths caused by smoking each year	4,400
Annual health care costs directly caused by smoking	\$1.12 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$822 per household

Kansas

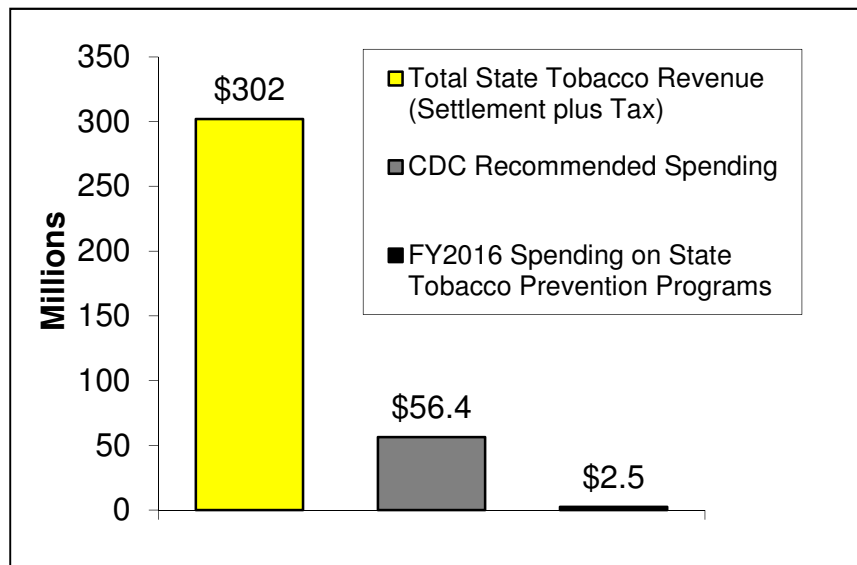
Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$27.9 million

Kentucky

State Spending Summary	FY2016	FY2015
State Ranking	36	39
State Spending On Tobacco Prevention	\$2.5 million	\$2.5 million
% of CDC Recommended Spending (\$56.4 million)	4.4%	4.4%

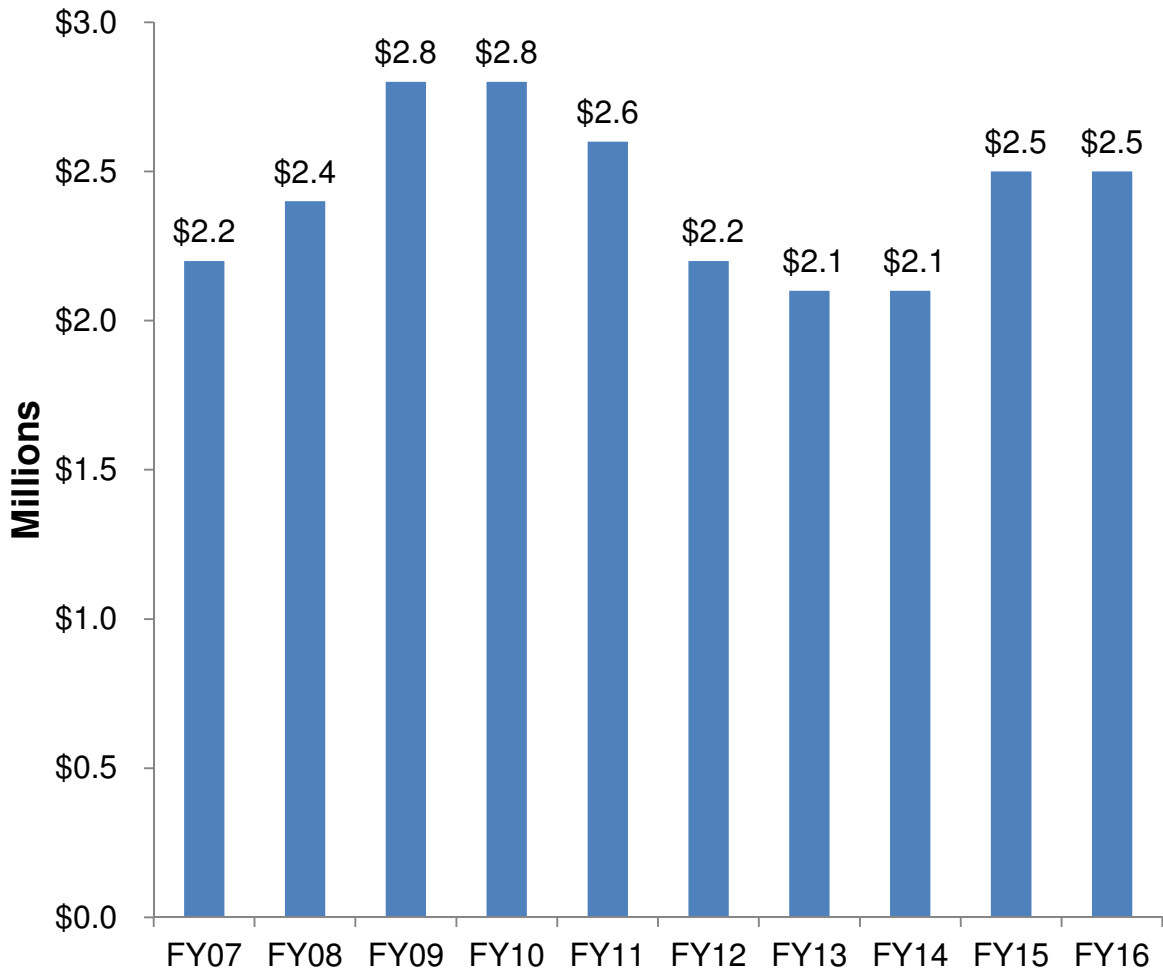


Tobacco Industry Marketing in Kentucky	
Estimated annual tobacco industry marketing in state	\$292.8 million
Ratio of industry marketing to state tobacco prevention spending	117.8 to 1

Tobacco's Toll in Kentucky	
Adults who smoke	26.5%
High school students who smoke	17.9%
Deaths caused by smoking each year	8,900
Annual health care costs directly caused by smoking	\$1.92 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,160 per household

Kentucky

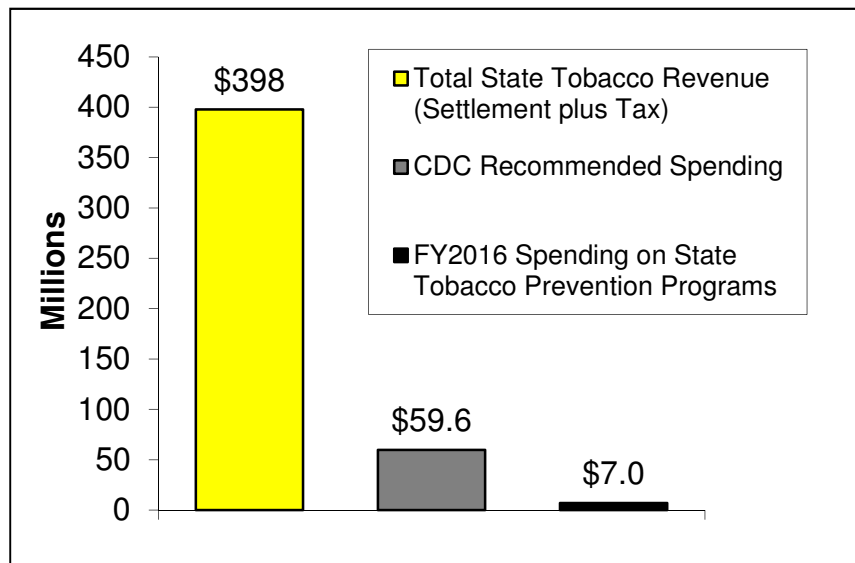
Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$56.4 million

Louisiana

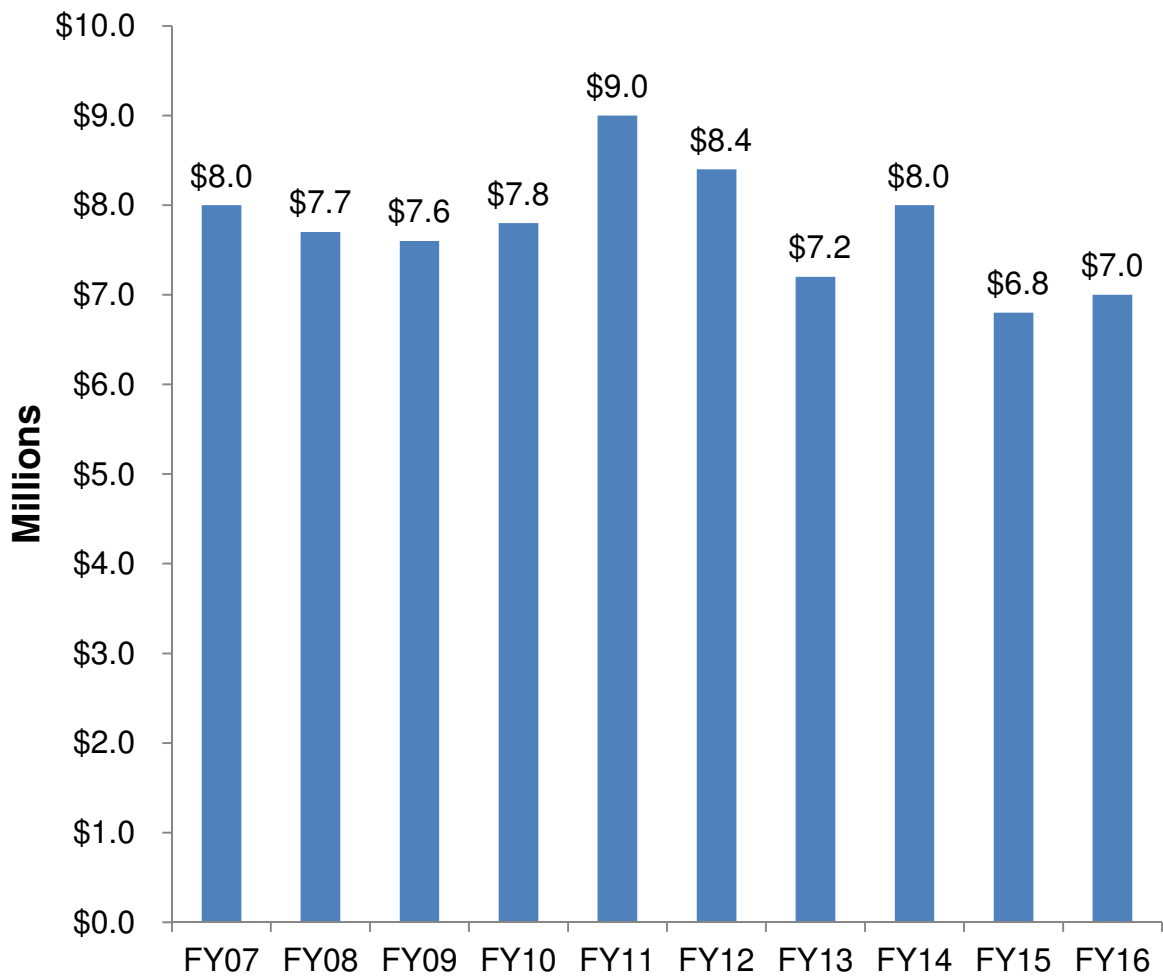
State Spending Summary	FY2016	FY2015
State Ranking	28	27
State Spending On Tobacco Prevention	\$7.0 million	\$6.8 million
% of CDC Recommended Spending (\$59.6 million)	11.7%	11.4%



Tobacco Industry Marketing in Louisiana	
Estimated annual tobacco industry marketing in state	\$220.5 million
Ratio of industry marketing to state tobacco prevention spending	31.5 to 1

Tobacco's Toll in Louisiana	
Adults who smoke	23.5%
High school students who smoke	12.1%
Deaths caused by smoking each year	7,200
Annual health care costs directly caused by smoking	\$1.89 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,207 per household

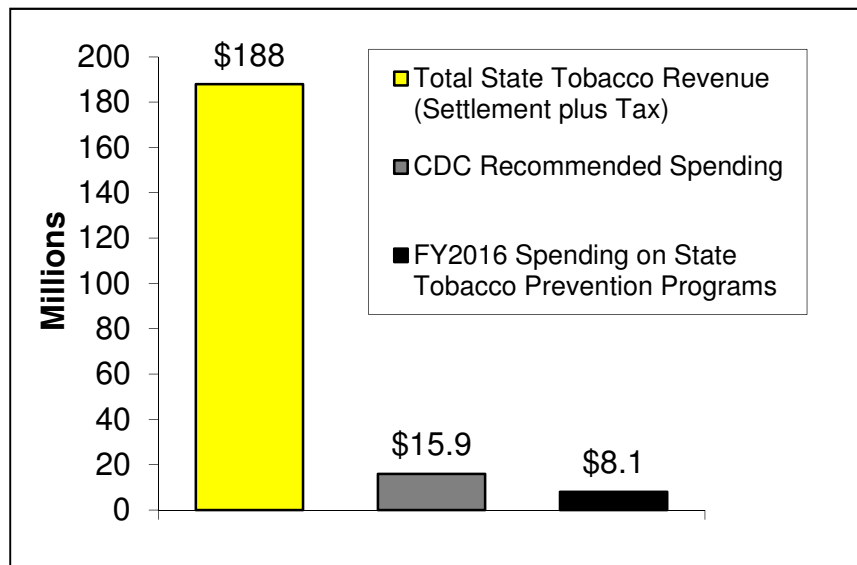
Louisiana Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$59.6 million

Maine

State Spending Summary	FY2016	FY2015
State Ranking	5	7
State Spending On Tobacco Prevention	\$8.1 million	\$8.2 million
% of CDC Recommended Spending (\$15.9 million)	50.6%	51.4%

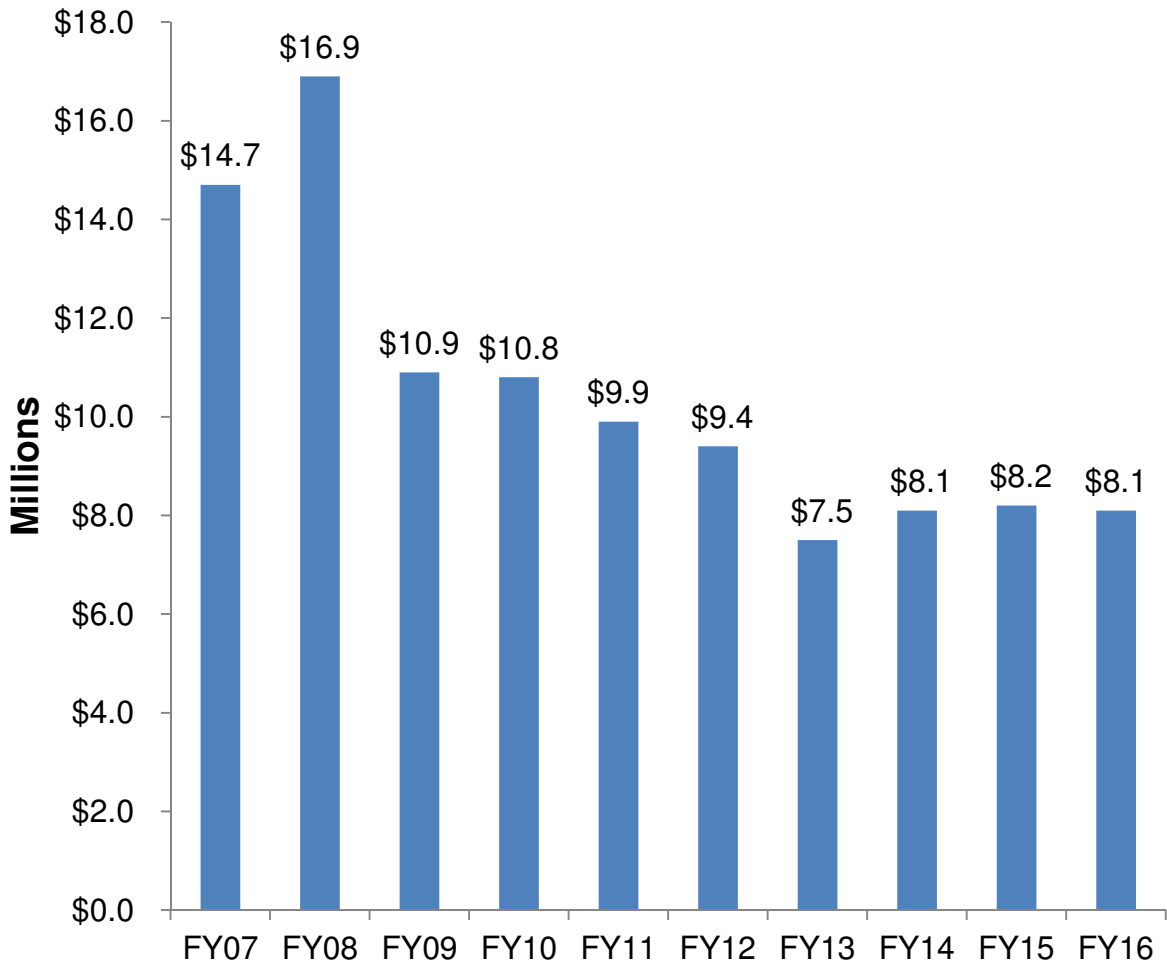


Tobacco Industry Marketing in Maine	
Estimated annual tobacco industry marketing in state	\$43.5 million
Ratio of industry marketing to state tobacco prevention spending	5.4 to 1

Tobacco's Toll in Maine	
Adults who smoke	20.2%
High school students who smoke	12.8%
Deaths caused by smoking each year	2,400
Annual health care costs directly caused by smoking	\$811 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,105 per household

Maine

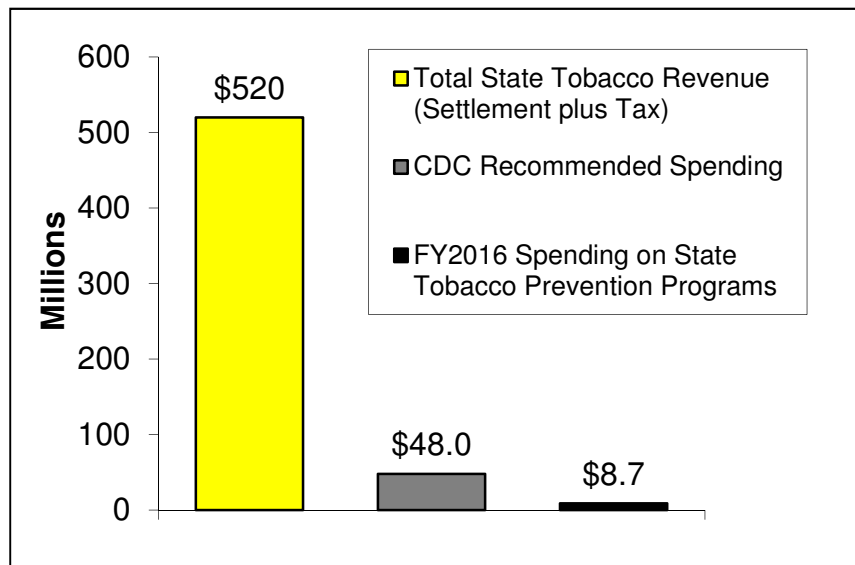
Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$15.9 million

Maryland

State Spending Summary	FY2016	FY2015
State Ranking	23	23
State Spending On Tobacco Prevention	\$8.7 million	\$8.5 million
% of CDC Recommended Spending (\$48.0 million)	18.2%	17.7%

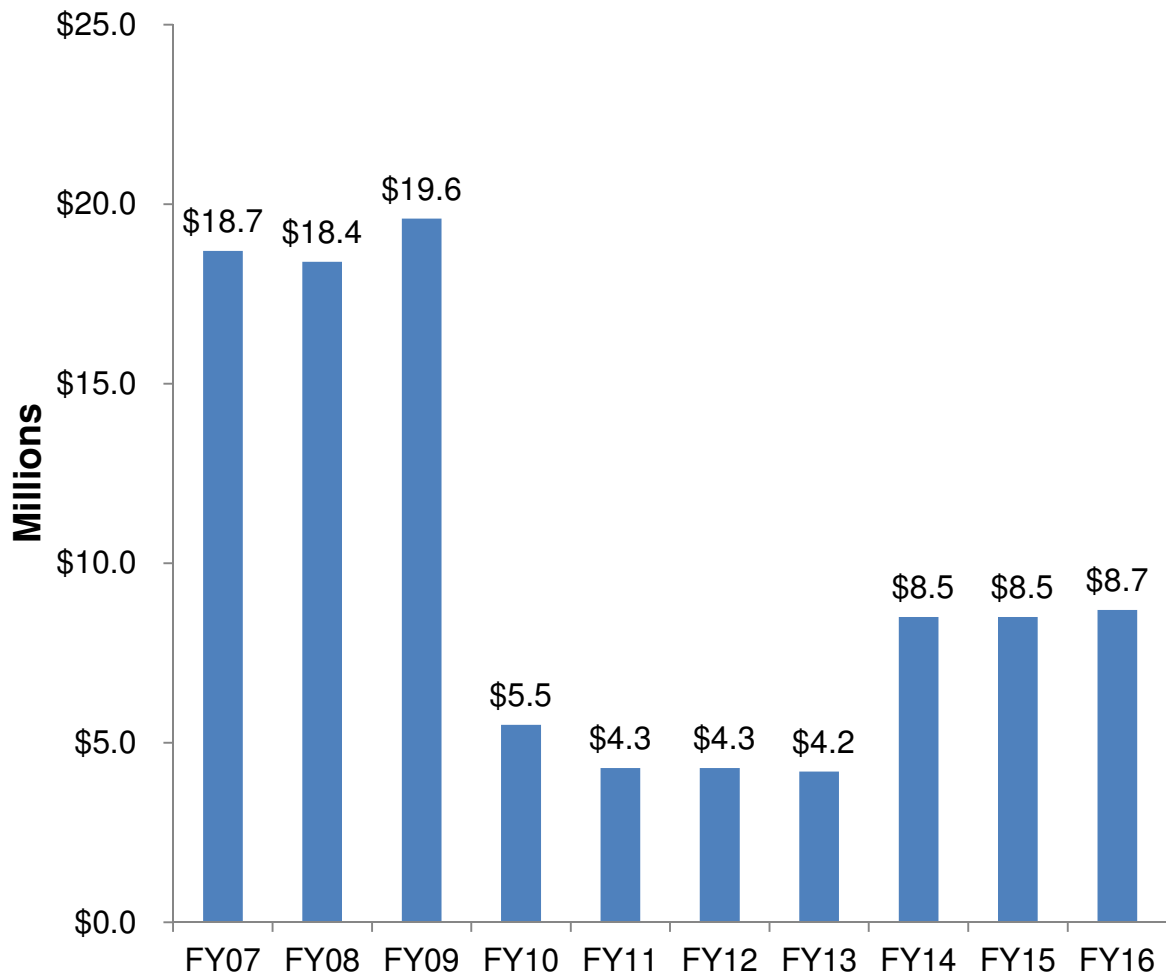


Tobacco Industry Marketing in Maryland	
Estimated annual tobacco industry marketing in state	\$134.4 million
Ratio of industry marketing to state tobacco prevention spending	15.4 to 1

Tobacco's Toll in Maryland	
Adults who smoke	16.4%
High school students who smoke	11.9%
Deaths caused by smoking each year	7,500
Annual health care costs directly caused by smoking	\$2.71 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$822 per household

Maryland

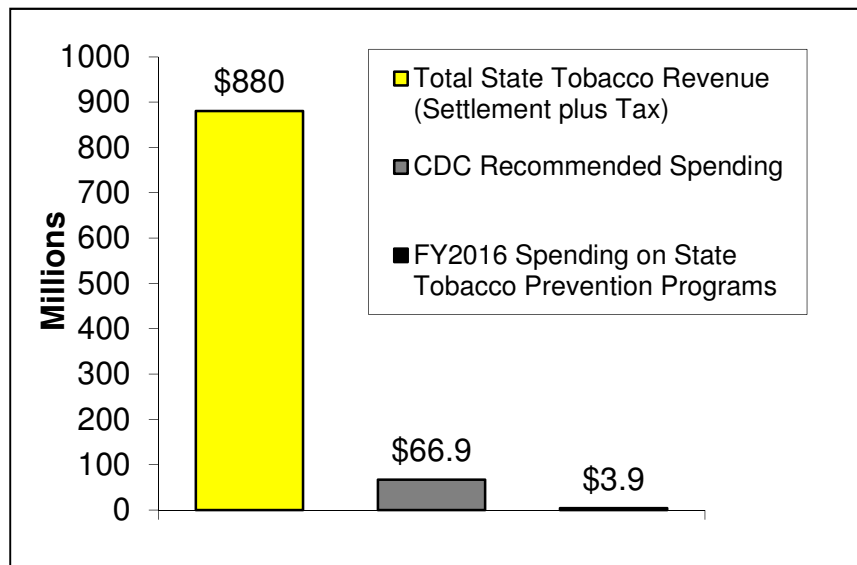
Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$48.0 million

Massachusetts

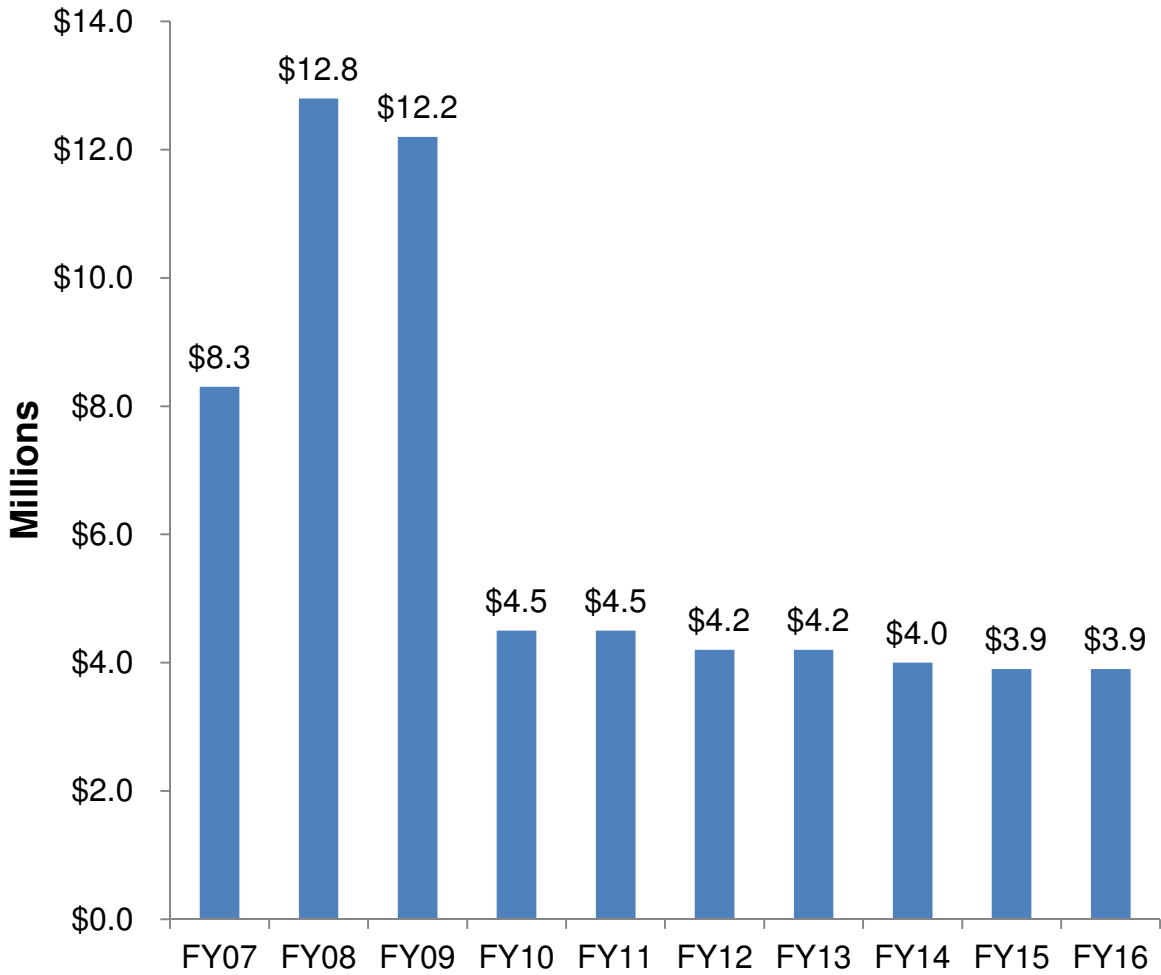
State Spending Summary	FY2016	FY2015
State Ranking	35	37
State Spending On Tobacco Prevention	\$3.9 million	\$3.9 million
% of CDC Recommended Spending (\$66.9 million)	5.8%	5.8%



Tobacco Industry Marketing in Massachusetts	
Estimated annual tobacco industry marketing in state	\$147.6 million
Ratio of industry marketing to state tobacco prevention spending	38.2 to 1

Tobacco's Toll in Massachusetts	
Adults who smoke	16.6%
High school students who smoke	10.7%
Deaths caused by smoking each year	9,300
Annual health care costs directly caused by smoking	\$4.08 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,065 per household

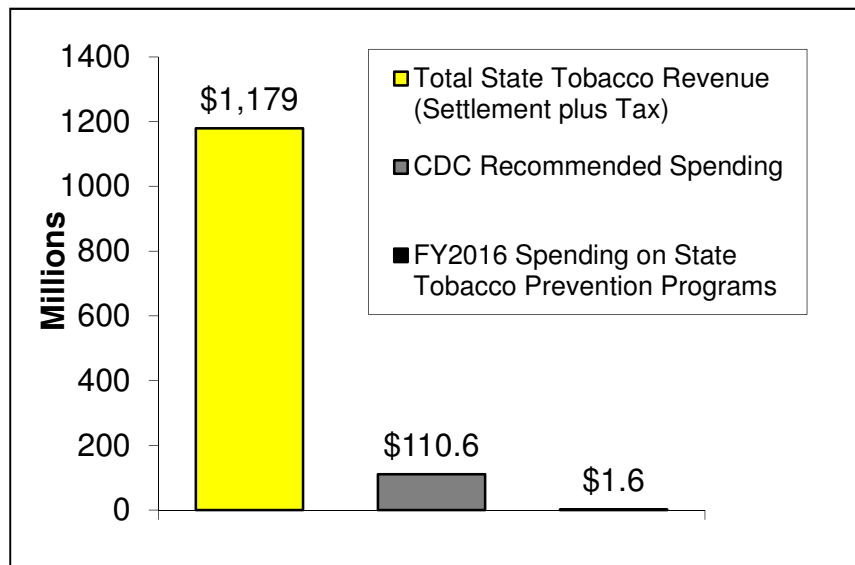
Massachusetts Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$66.9 million

Michigan

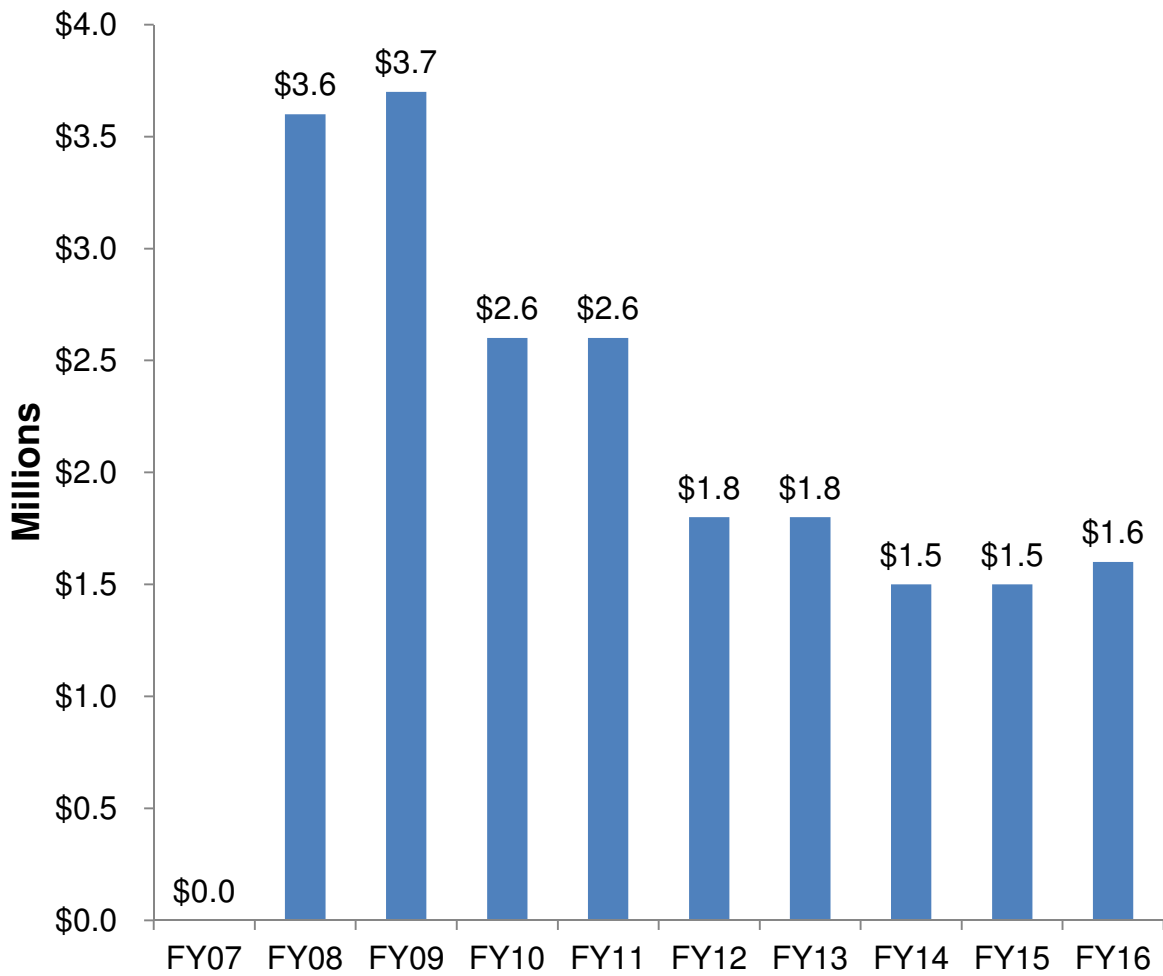
State Spending Summary	FY2016	FY2015
State Ranking	44	46
State Spending On Tobacco Prevention	\$1.6 million	\$1.5 million
% of CDC Recommended Spending (\$110.6 million)	1.5%	1.4%



Tobacco Industry Marketing in Michigan	
Estimated annual tobacco industry marketing in state	\$308.8 million
Ratio of industry marketing to state tobacco prevention spending	189.7 to 1

Tobacco's Toll in Michigan	
Adults who smoke	21.4%
High school students who smoke	11.8%
Deaths caused by smoking each year	16,200
Annual health care costs directly caused by smoking	\$4.59 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,026 per household

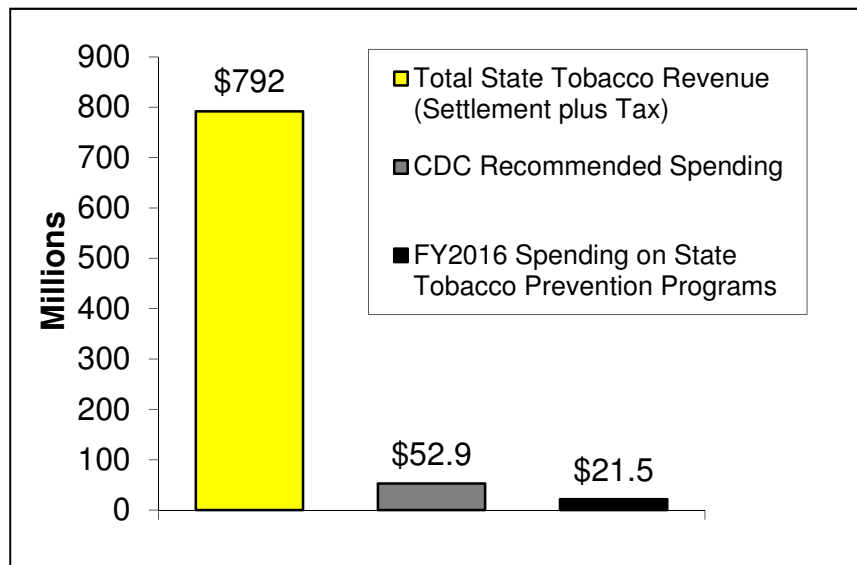
Michigan Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$110.6 million

Minnesota

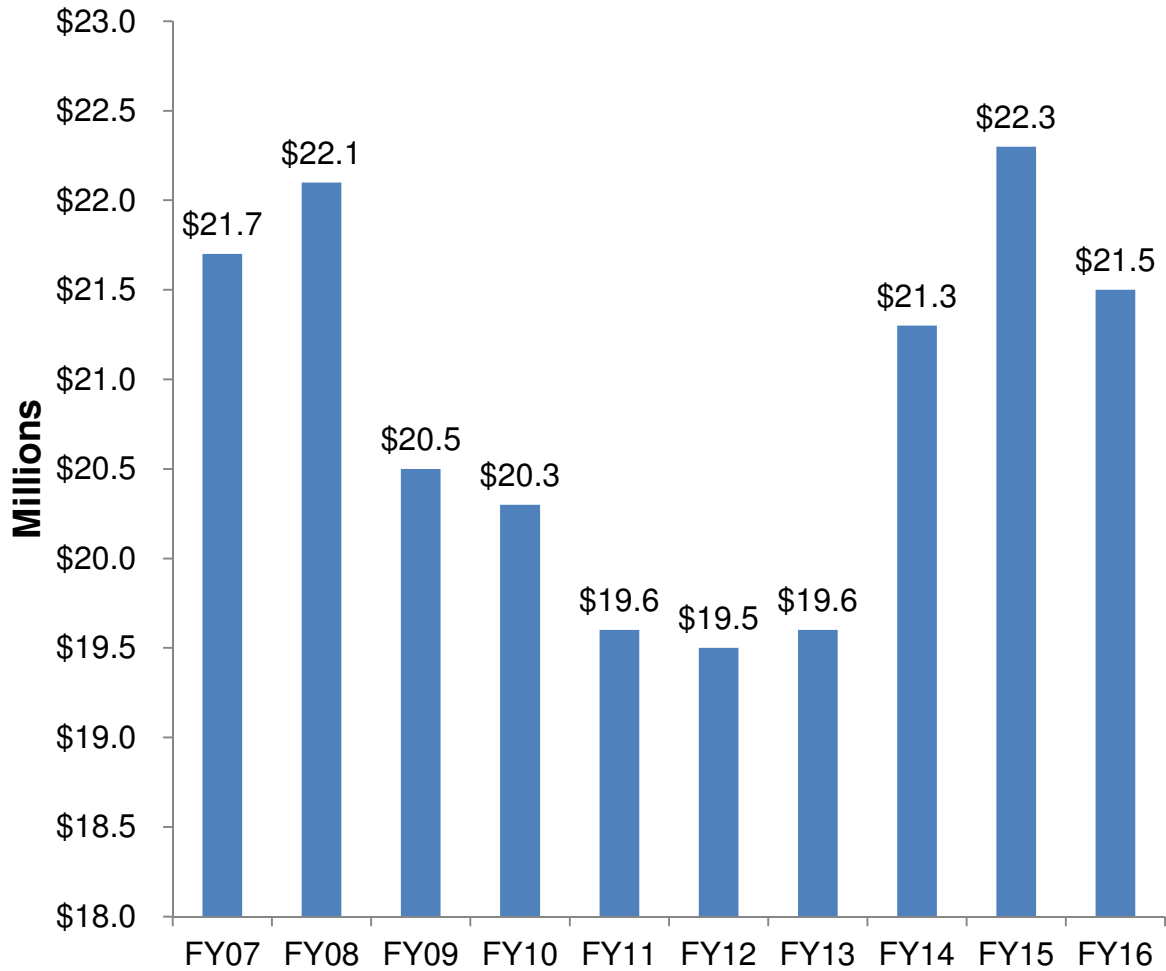
State Spending Summary	FY2016	FY2015
State Ranking	12	11
State Spending On Tobacco Prevention	\$21.5 million	\$22.3 million
% of CDC Recommended Spending (\$52.9 million)	40.6%	42.2%



Tobacco Industry Marketing in Minnesota	
Estimated annual tobacco industry marketing in state	\$135.5 million
Ratio of industry marketing to state tobacco prevention spending	6.3 to 1

Tobacco's Toll in Minnesota	
Adults who smoke	18.0%
High school students who smoke	10.6%
Deaths caused by smoking each year	5,900
Annual health care costs directly caused by smoking	\$2.51 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$825 per household

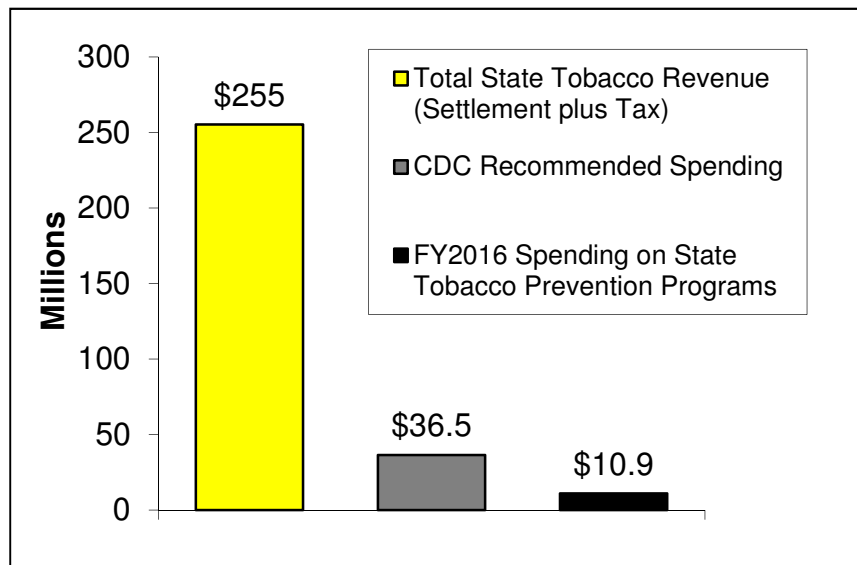
Minnesota Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$52.9 million

Mississippi

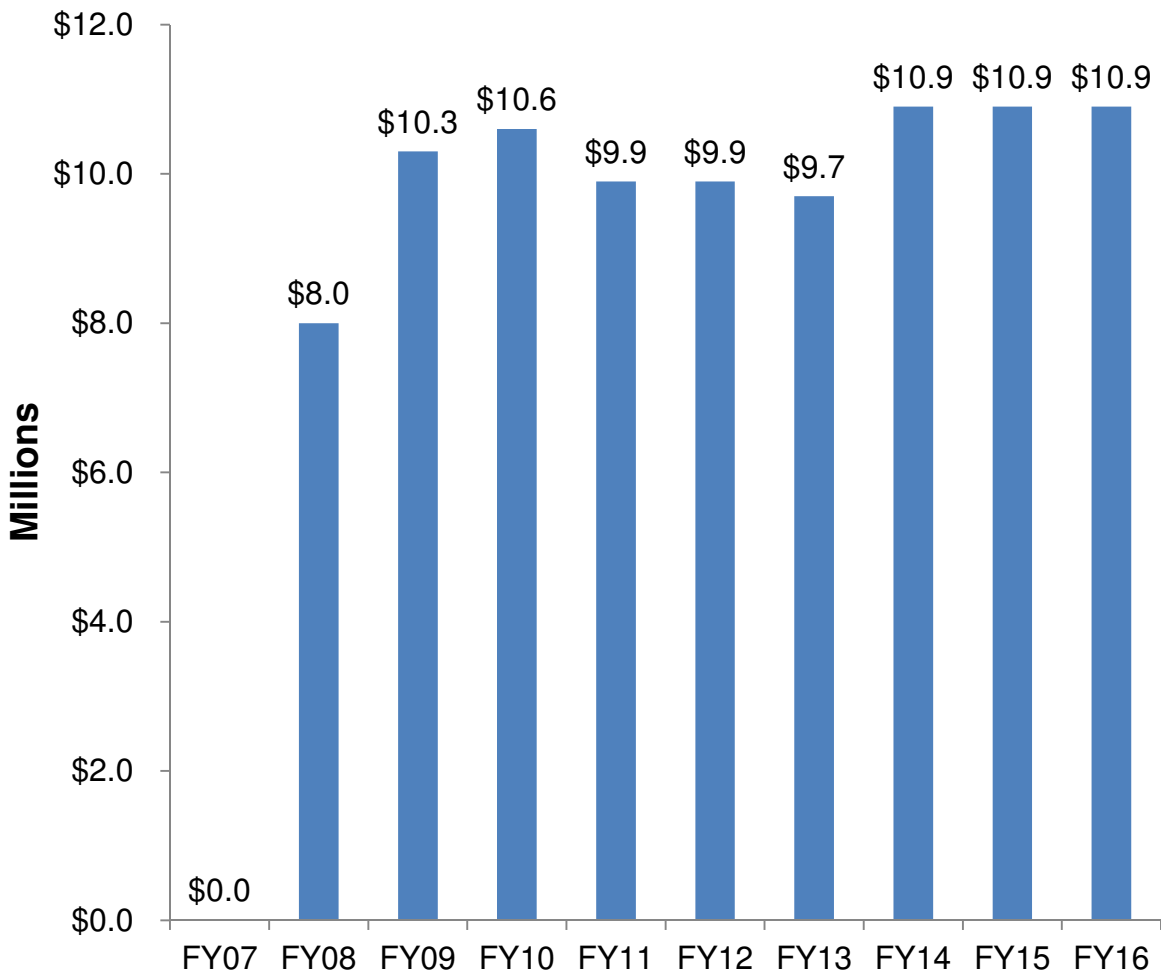
State Spending Summary	FY2016	FY2015
State Ranking	16	16
State Spending On Tobacco Prevention	\$10.9 million	\$10.9 million
% of CDC Recommended Spending (\$36.5 million)	29.9%	29.9%



Tobacco Industry Marketing in Mississippi	
Estimated annual tobacco industry marketing in state	\$132.7 million
Ratio of industry marketing to state tobacco prevention spending	12.2 to 1

Tobacco's Toll in Mississippi	
Adults who smoke	24.8%
High school students who smoke	12.2%
Deaths caused by smoking each year	5,400
Annual health care costs directly caused by smoking	\$1.23 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,086 per household

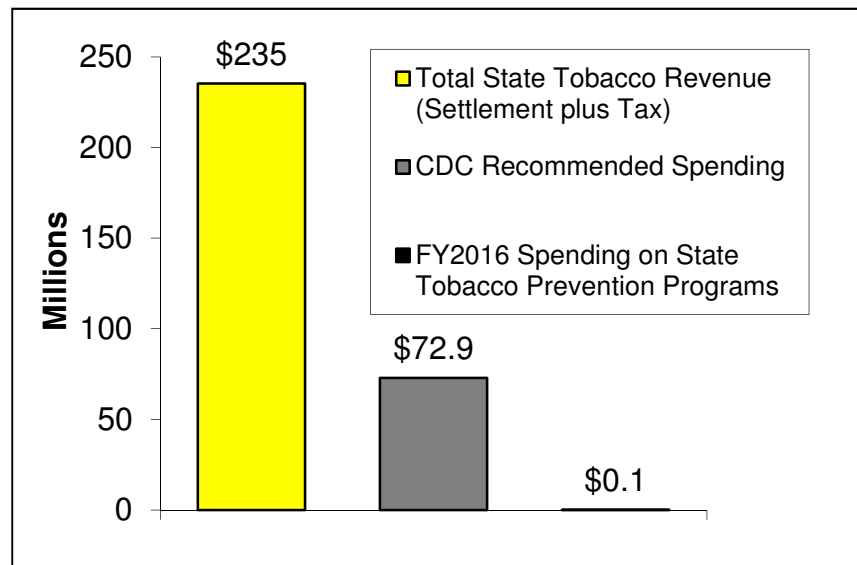
Mississippi Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$36.5 million

Missouri

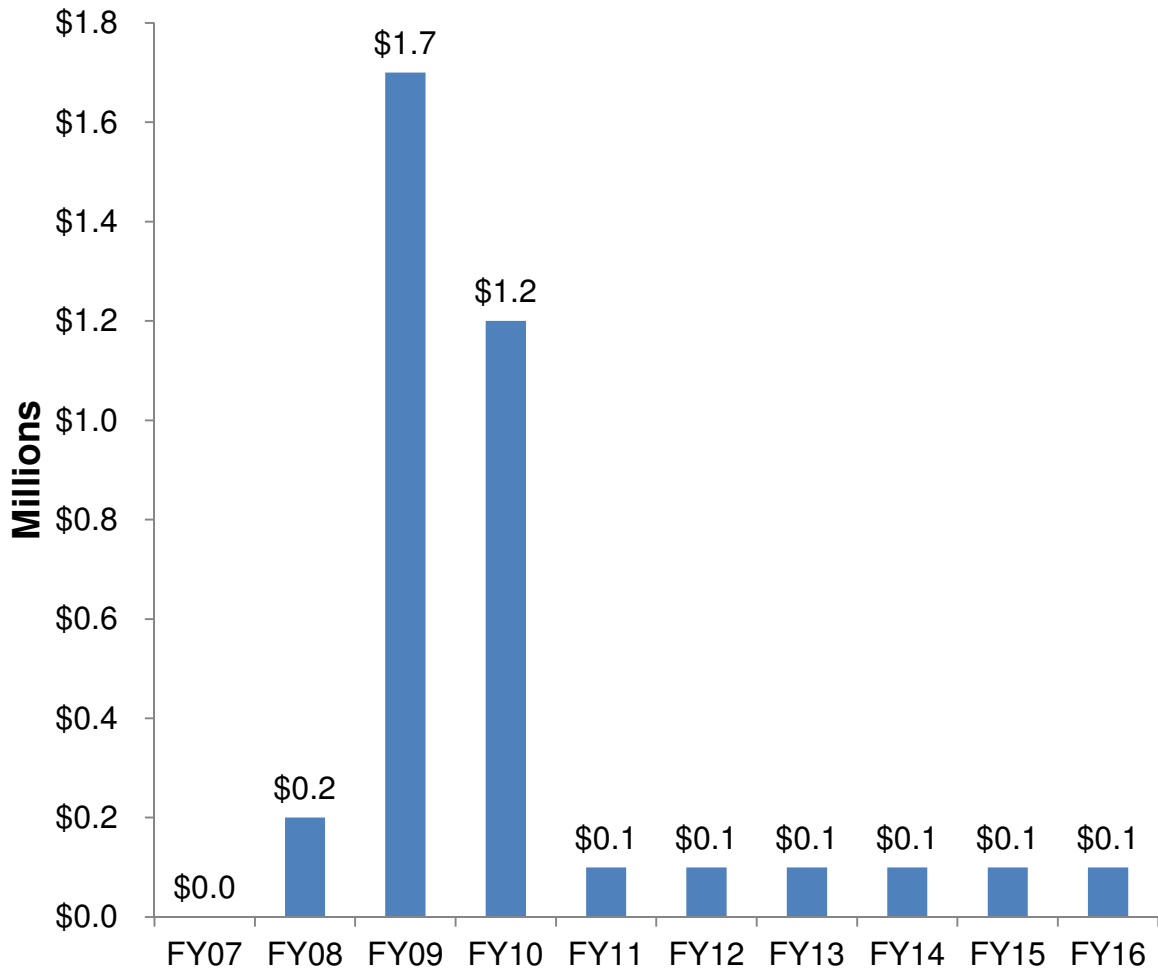
State Spending Summary	FY2016	FY2015
State Ranking	48	50
State Spending On Tobacco Prevention	\$107,380	\$70,788
% of CDC Recommended Spending (\$72.9 million)	0.1%	0.1%



Tobacco Industry Marketing in Missouri	
Estimated annual tobacco industry marketing in state	\$359.8 million
Ratio of industry marketing to state tobacco prevention spending	3,350.8 to 1

Tobacco's Toll in Missouri	
Adults who smoke	22.1%
High school students who smoke	14.9%
Deaths caused by smoking each year	11,000
Annual health care costs directly caused by smoking	\$3.03 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$956 per household

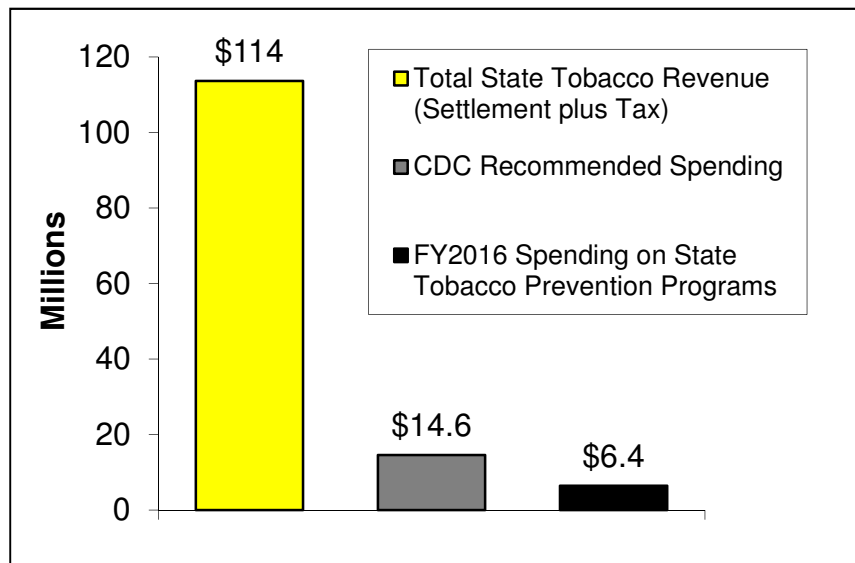
Missouri Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$72.9 million

Montana

State Spending Summary	FY2016	FY2015
State Ranking	9	14
State Spending On Tobacco Prevention	\$6.4 million	\$5.4 million
% of CDC Recommended Spending (\$14.6 million)	44.1%	37.0%

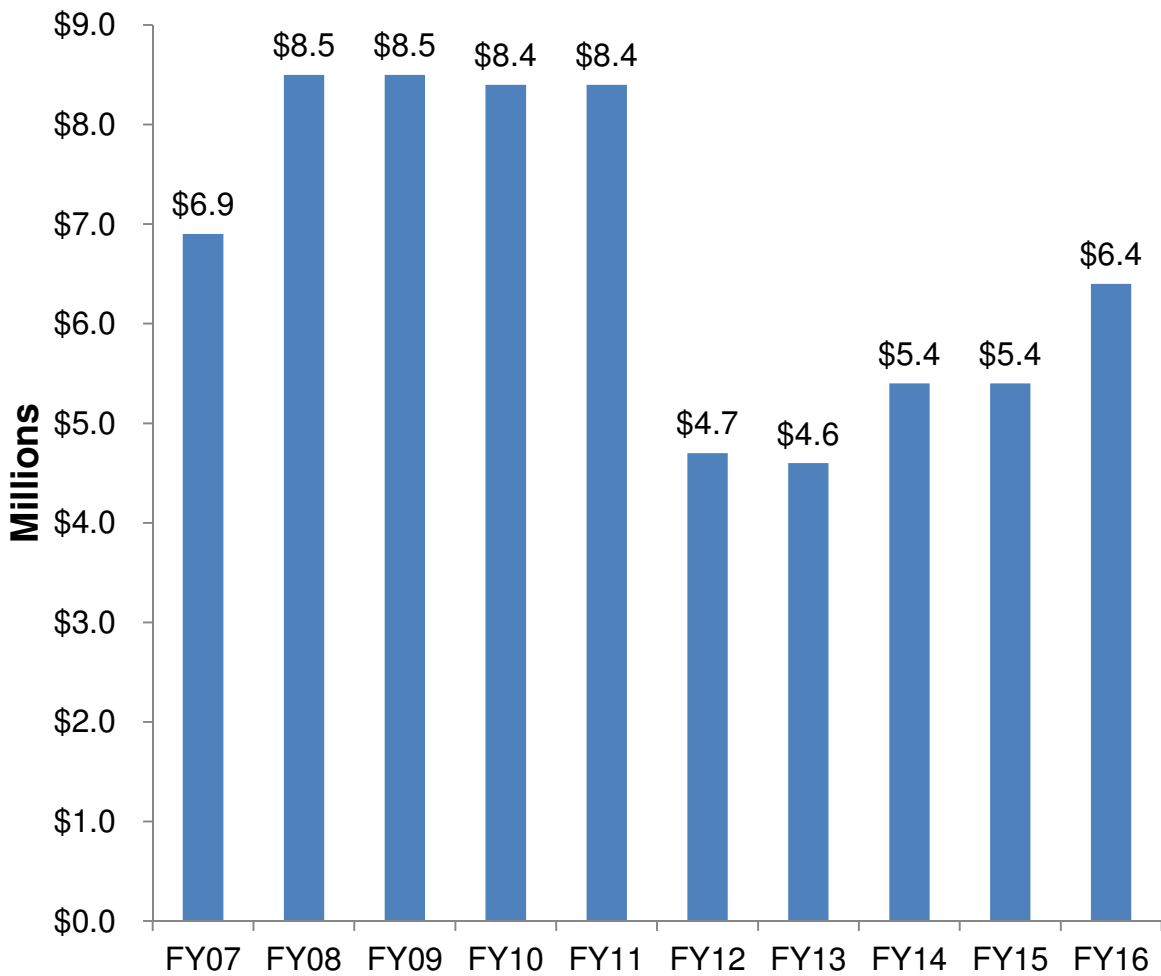


Tobacco Industry Marketing in Montana	
Estimated annual tobacco industry marketing in state	\$30.5 million
Ratio of industry marketing to state tobacco prevention spending	4.7 to 1

Tobacco's Toll in Montana	
Adults who smoke	19.0%
High school students who smoke	13.1%
Deaths caused by smoking each year	1,600
Annual health care costs directly caused by smoking	\$440 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$784 per household

Montana

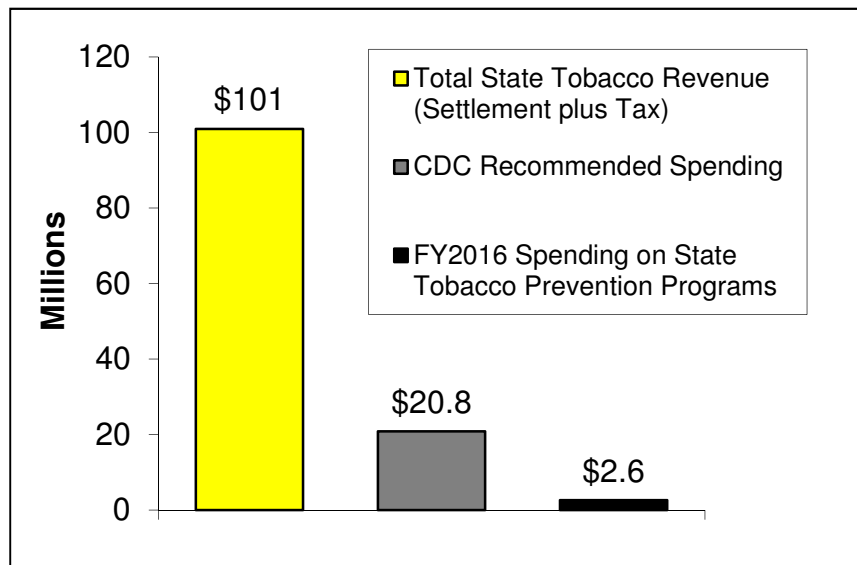
Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$14.6 million

Nebraska

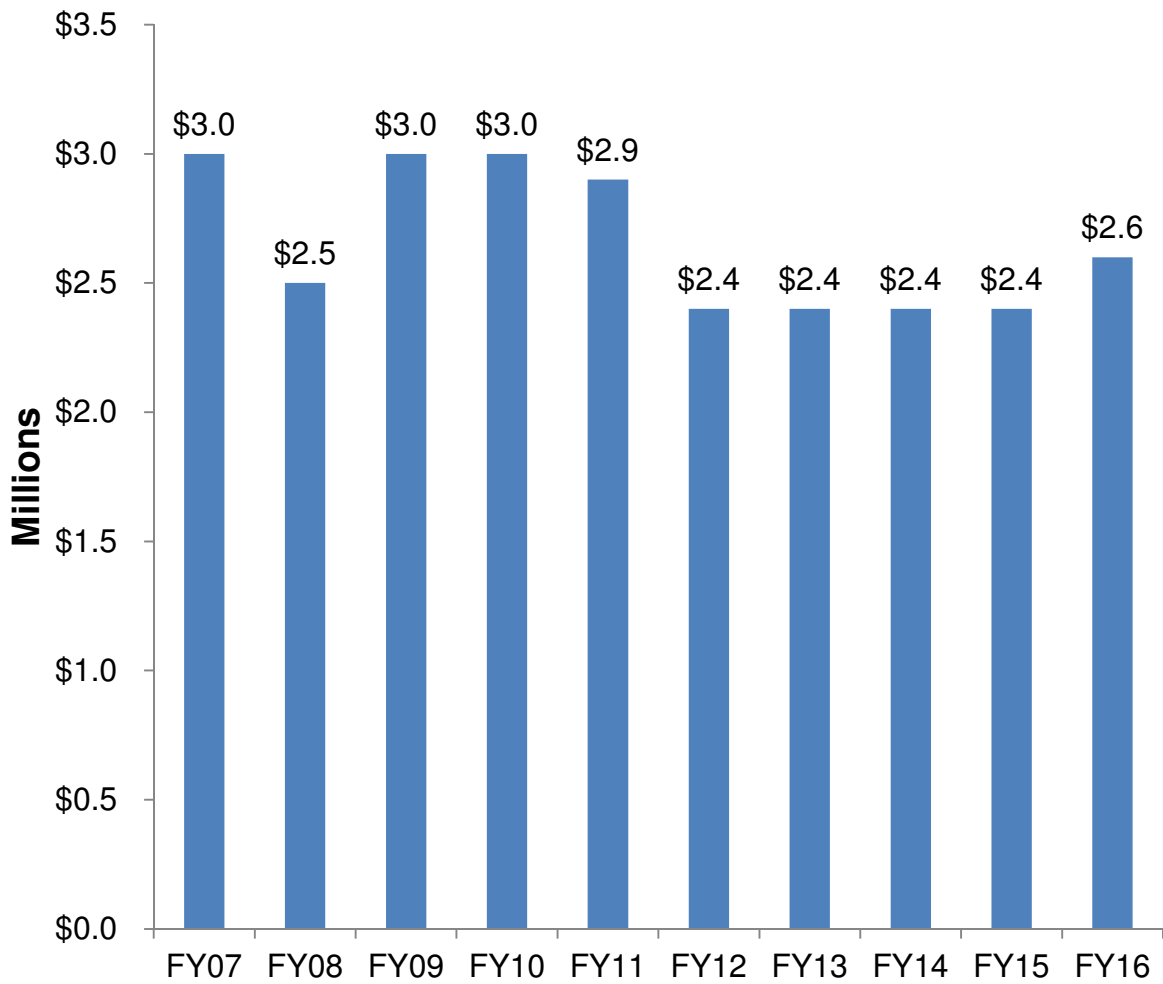
State Spending Summary	FY2016	FY2015
State Ranking	27	27
State Spending On Tobacco Prevention	\$2.6 million	\$2.4 million
% of CDC Recommended Spending (\$20.8 million)	12.4%	11.4%



Tobacco Industry Marketing in Nebraska	
Estimated annual tobacco industry marketing in state	\$64.8 million
Ratio of industry marketing to state tobacco prevention spending	25.1 to 1

Tobacco's Toll in Nebraska	
Adults who smoke	18.5%
High school students who smoke	10.9%
Deaths caused by smoking each year	2,500
Annual health care costs directly caused by smoking	\$795 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$784 per household

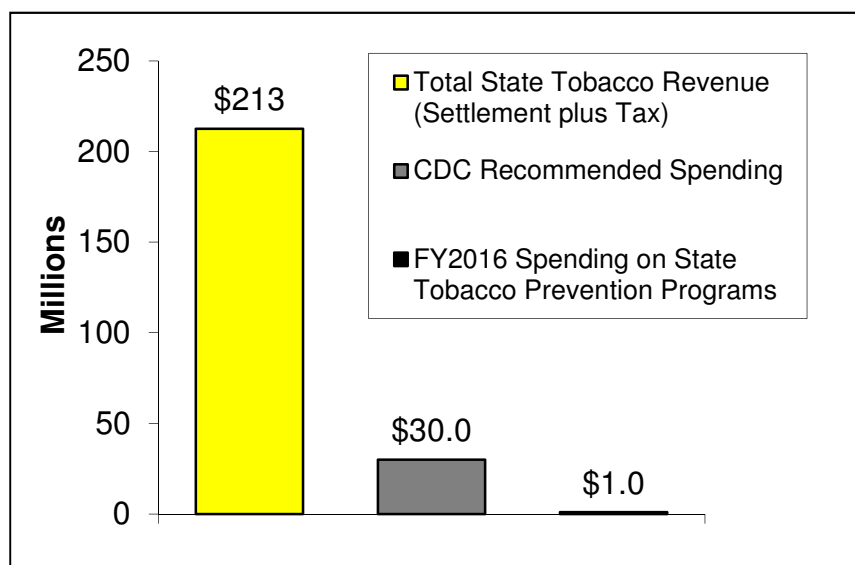
Nebraska Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$20.8 million

Nevada

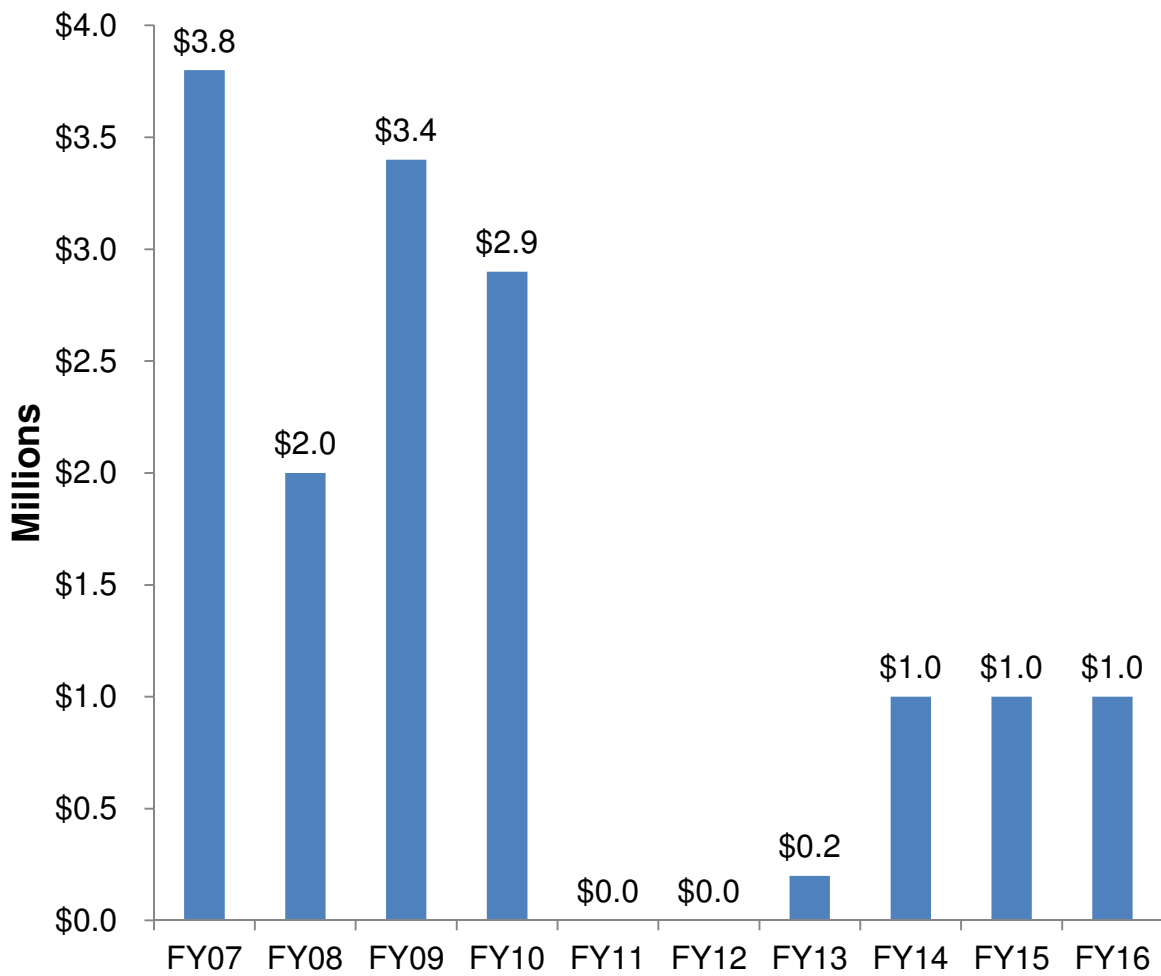
State Spending Summary	FY2016	FY2015
State Ranking	40	42
State Spending On Tobacco Prevention	\$1.0 million	\$1.0 million
% of CDC Recommended Spending (\$30.0 million)	3.3%	3.3%



Tobacco Industry Marketing in Nevada	
Estimated annual tobacco industry marketing in state	\$78.7 million
Ratio of industry marketing to state tobacco prevention spending	78.7 to 1

Tobacco's Toll in Nevada	
Adults who smoke	19.4%
High school students who smoke	10.3%
Deaths caused by smoking each year	4,100
Annual health care costs directly caused by smoking	\$1.08 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$803 per household

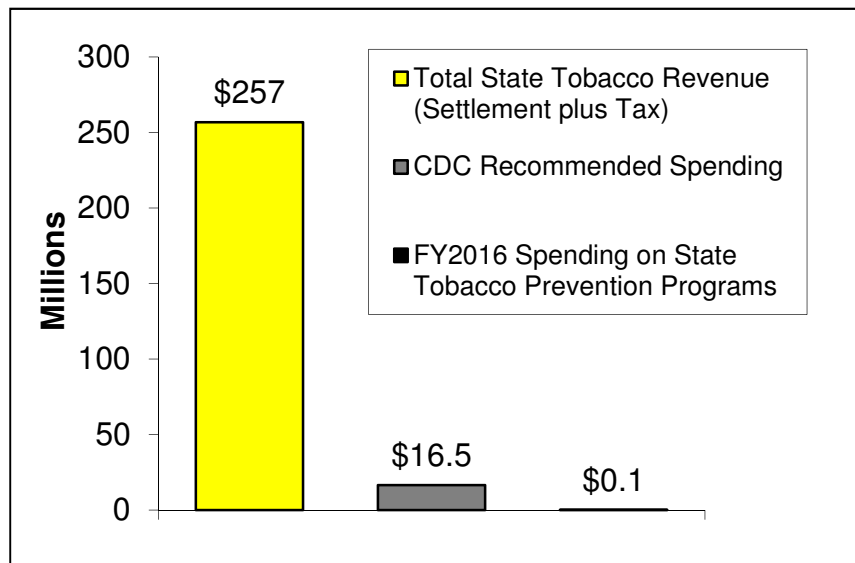
Nevada Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$30.0 million

New Hampshire

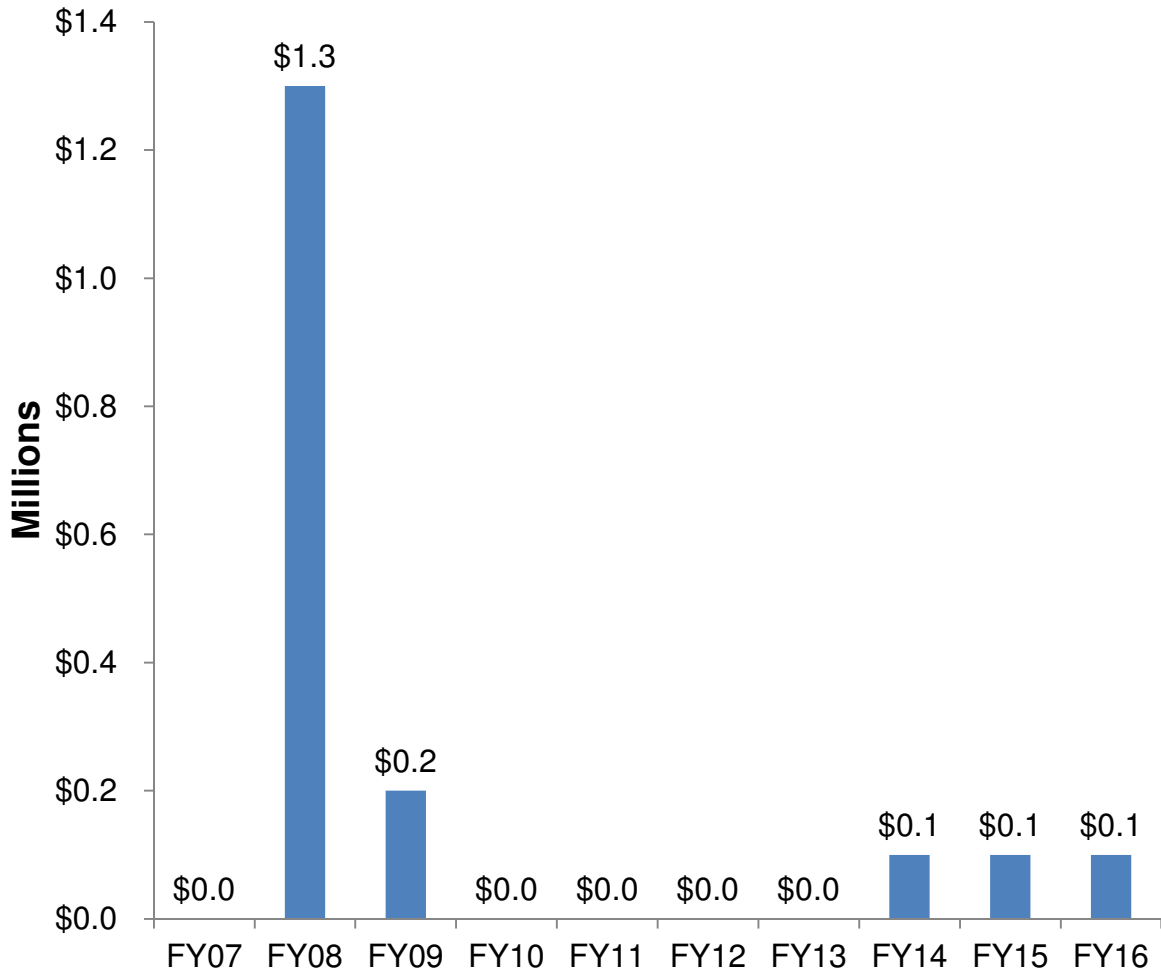
State Spending Summary	FY2016	FY2015
State Ranking	47	48
State Spending On Tobacco Prevention	\$125,000	\$125,000
% of CDC Recommended Spending (\$16.5 million)	0.8%	0.8%



Tobacco Industry Marketing in New Hampshire	
Estimated annual tobacco industry marketing in state	\$82.9 million
Ratio of industry marketing to state tobacco prevention spending	663.1 to 1

Tobacco's Toll in New Hampshire	
Adults who smoke	16.2%
High school students who smoke	13.8%
Deaths caused by smoking each year	1,900
Annual health care costs directly caused by smoking	\$729 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$798 per household

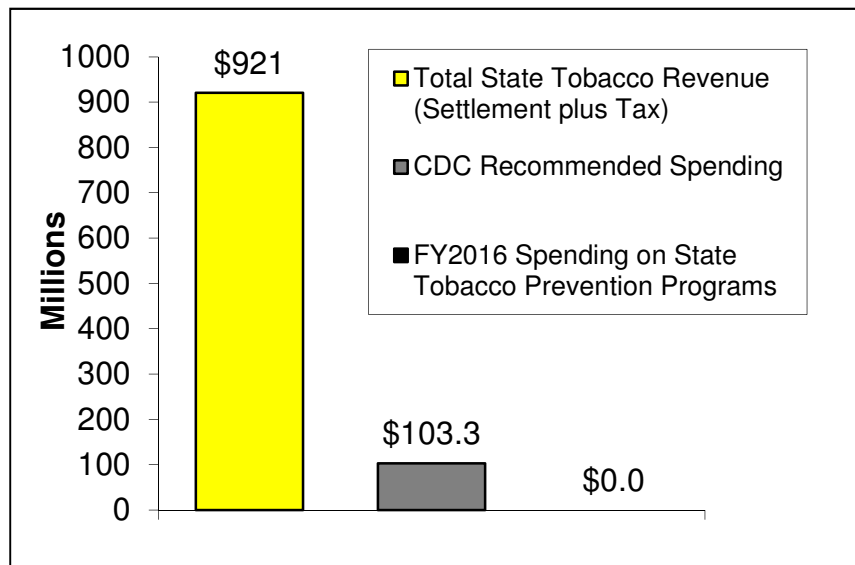
New Hampshire Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$16.5 million

New Jersey

State Spending Summary	FY2016	FY2015
State Ranking	49	51
State Spending On Tobacco Prevention	\$0.0	\$0.0*
% of CDC Recommended Spending (\$103.3 million)	0.0%	0.0%

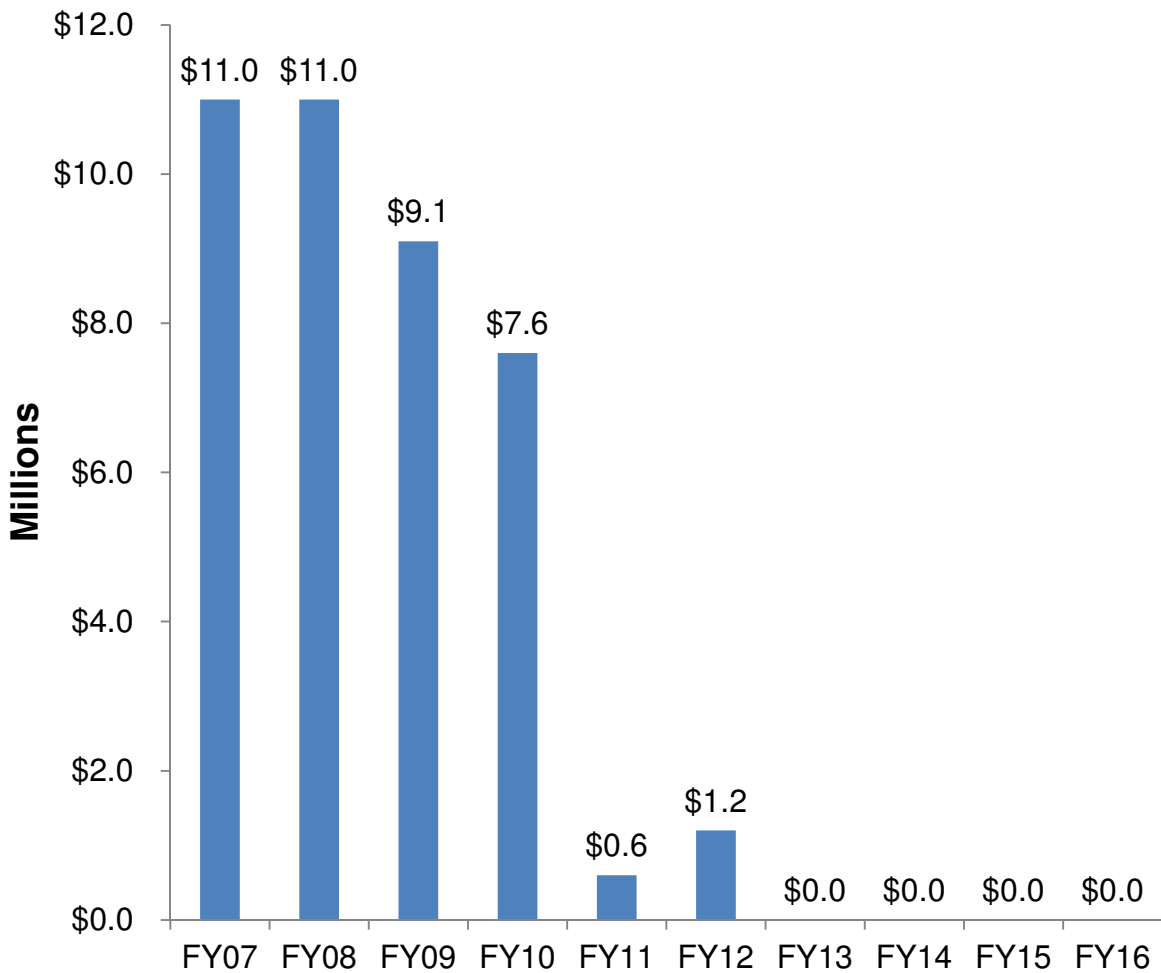


Tobacco Industry Marketing in New Jersey	
Estimated annual tobacco industry marketing in state	\$186.8 million
Ratio of industry marketing to state tobacco prevention spending	--

Tobacco's Toll in New Jersey	
Adults who smoke	15.7%
High school students who smoke	12.9%
Deaths caused by smoking each year	11,800
Annual health care costs directly caused by smoking	\$4.06 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$913 per household

*New Jersey's FY2015 tobacco prevention program budget is estimated, not confirmed by state health department.

New Jersey Total Annual Tobacco Prevention Spending FY2007 - FY2016

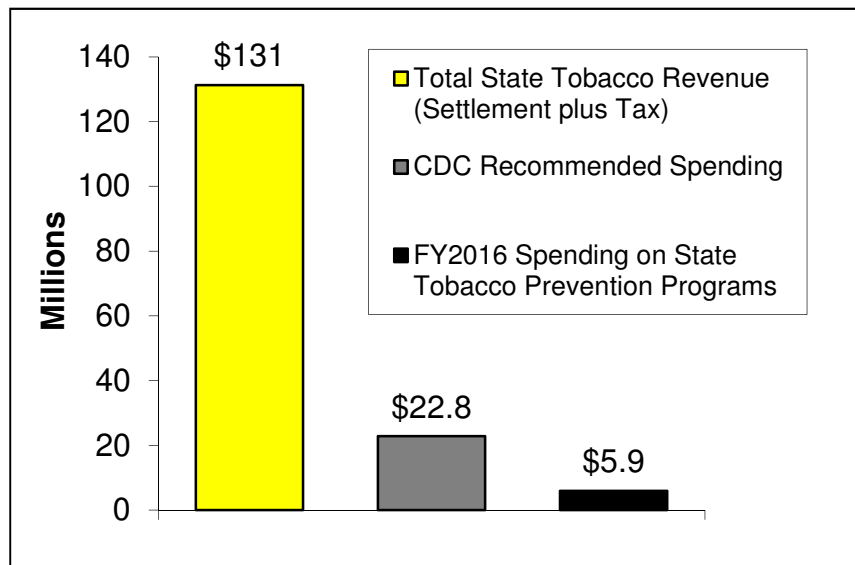


CDC Recommended Spending: \$103.3

FY2015 annual spending estimated, not confirmed by state health department.

New Mexico

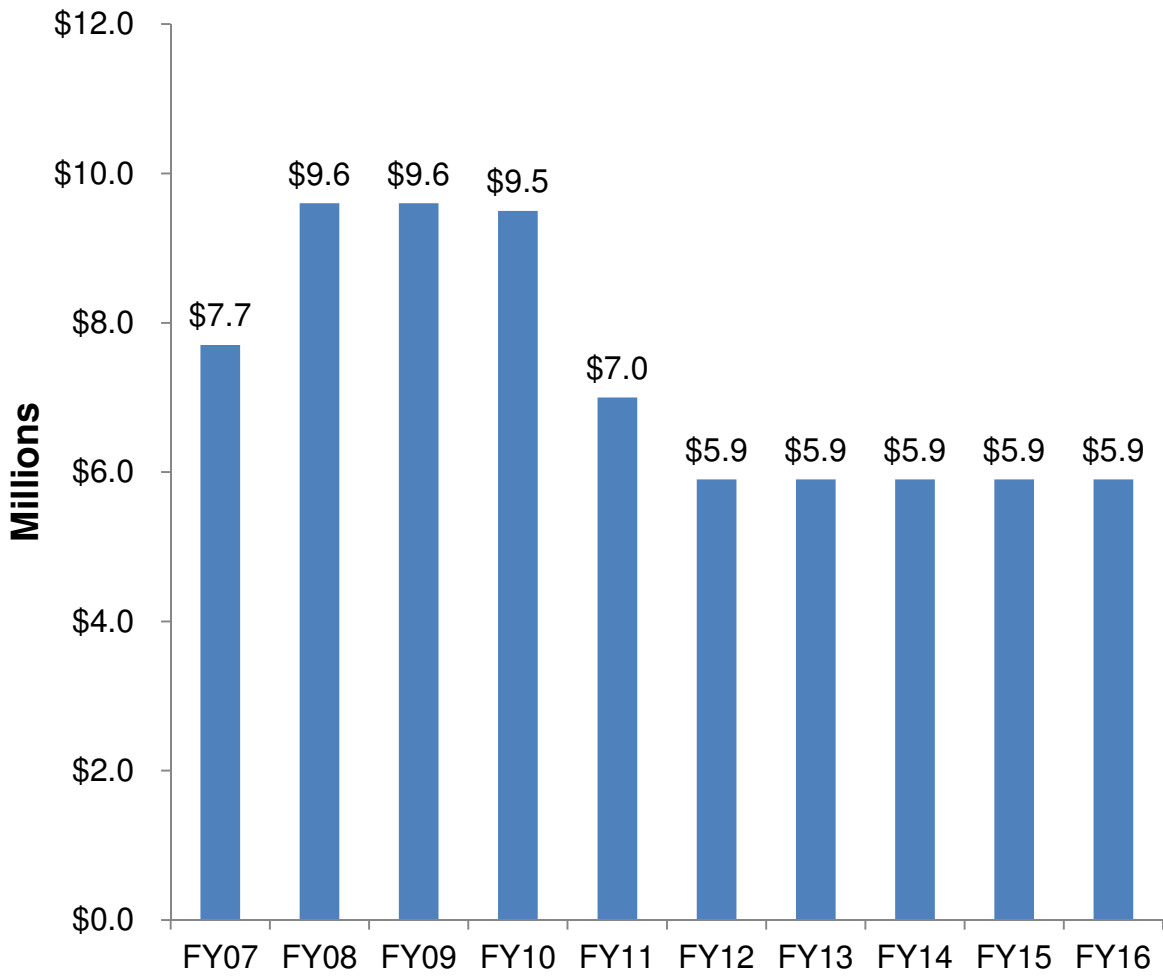
State Spending Summary	FY2016	FY2015
State Ranking	17	18
State Spending On Tobacco Prevention	\$5.9 million	\$5.9 million
% of CDC Recommended Spending (\$22.8 million)	26.0%	26.0%



Tobacco Industry Marketing in New Mexico	
Estimated annual tobacco industry marketing in state	\$37.2 million
Ratio of industry marketing to state tobacco prevention spending	6.3 to 1

Tobacco's Toll in New Mexico	
Adults who smoke	19.1%
High school students who smoke	14.4%
Deaths caused by smoking each year	2,600
Annual health care costs directly caused by smoking	\$844 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$922 per household

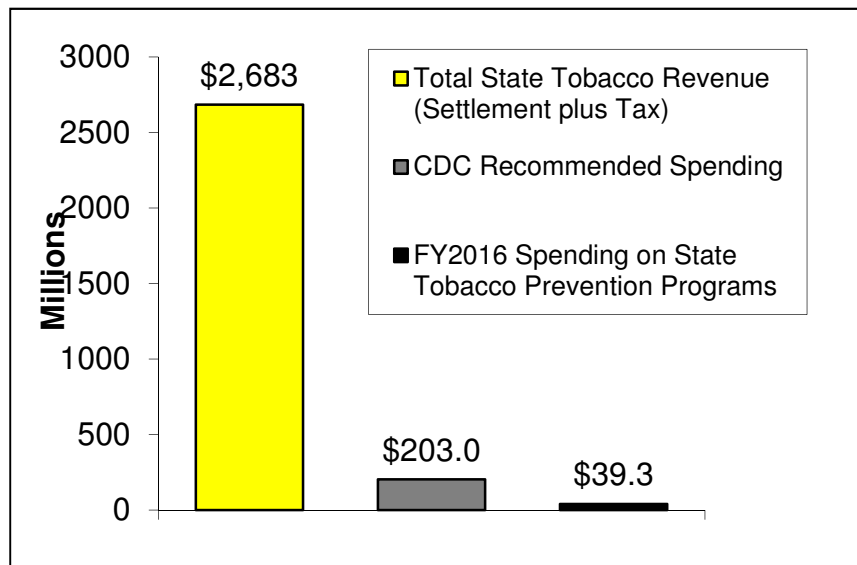
**New Mexico
Total Annual Tobacco Prevention Spending
FY2007-FY2016**



CDC Recommended Spending: \$22.8 million

New York

State Spending Summary	FY2016	FY2015
State Ranking	20	20
State Spending On Tobacco Prevention	\$39.3 million	\$39.3 million
% of CDC Recommended Spending (\$203.0 million)	19.4%	19.4%

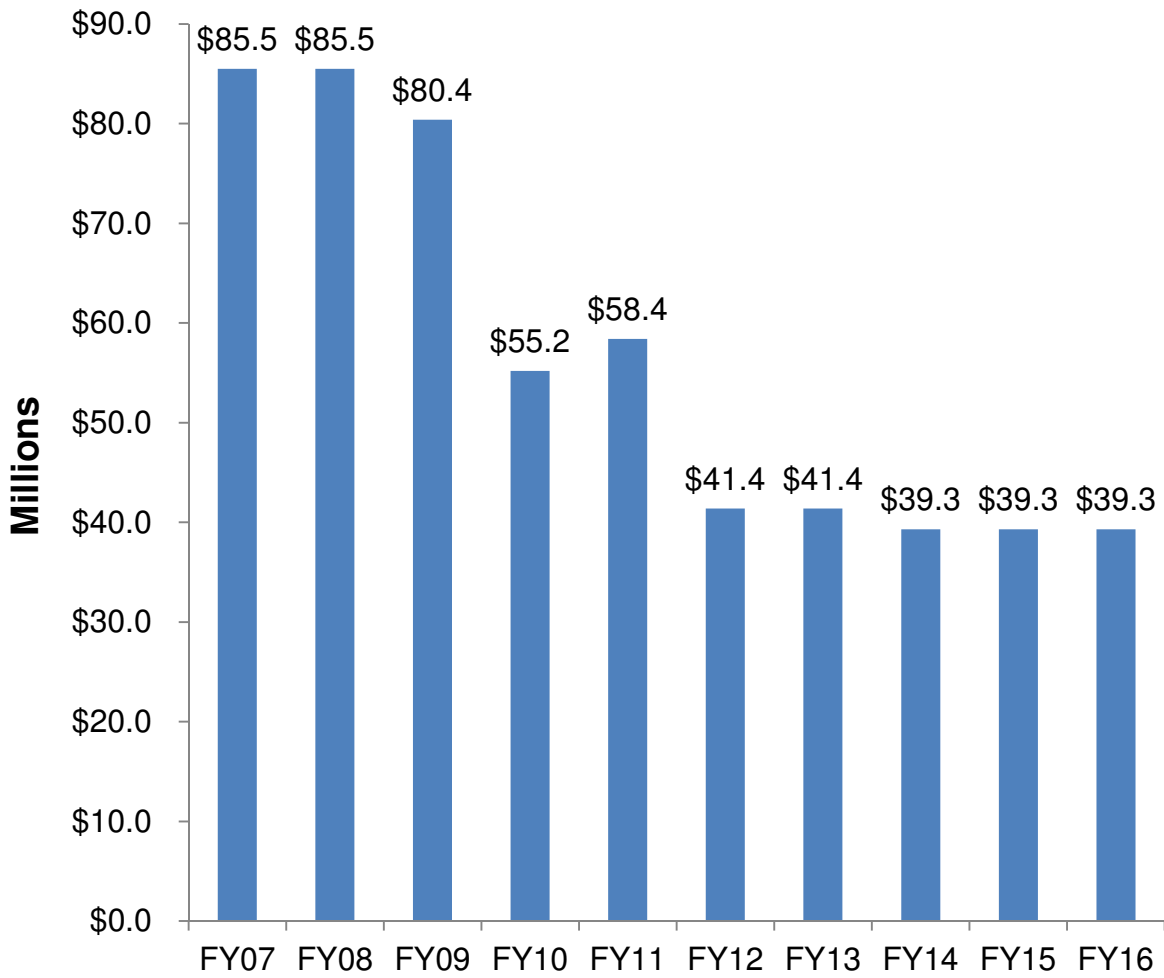


Tobacco Industry Marketing in New York	
Estimated annual tobacco industry marketing in state	\$235.1 million
Ratio of industry marketing to state tobacco prevention spending	6.0 to 1

Tobacco's Toll in New York	
Adults who smoke	16.6%
High school students who smoke	7.3%
Deaths caused by smoking each year	28,200
Annual health care costs directly caused by smoking	\$10.39 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,488 per household

New York

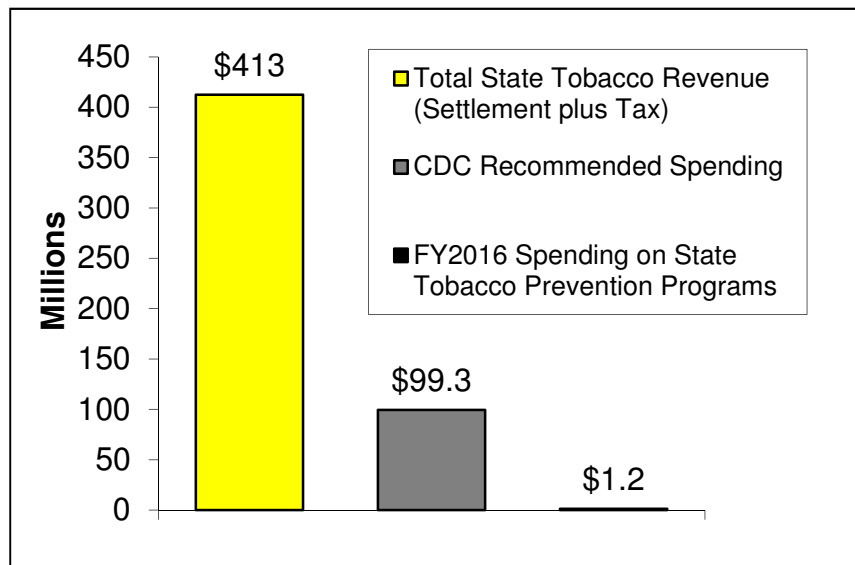
Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$203.0 million

North Carolina

State Spending Summary	FY2016	FY2015
State Ranking	45	47
State Spending On Tobacco Prevention	\$1.2 million	\$1.2 million
% of CDC Recommended Spending (\$99.3 million)	1.2%	1.2%

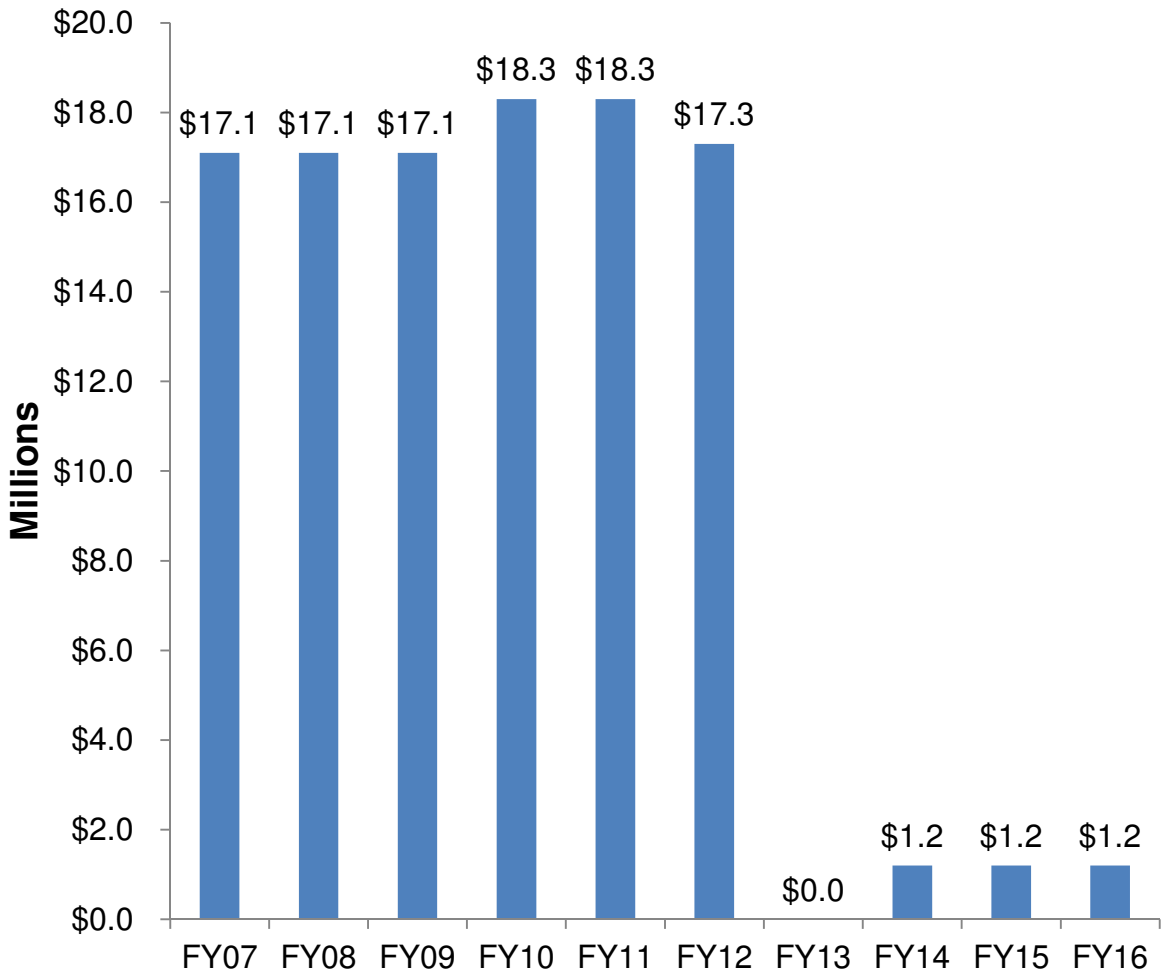


Tobacco Industry Marketing in North Carolina	
Estimated annual tobacco industry marketing in state	\$392.2 million
Ratio of industry marketing to state tobacco prevention spending	326.8 to 1

Tobacco's Toll in North Carolina	
Adults who smoke	20.3%
High school students who smoke	15.0%
Deaths caused by smoking each year	14,200
Annual health care costs directly caused by smoking	\$3.81 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$889 per household

North Carolina

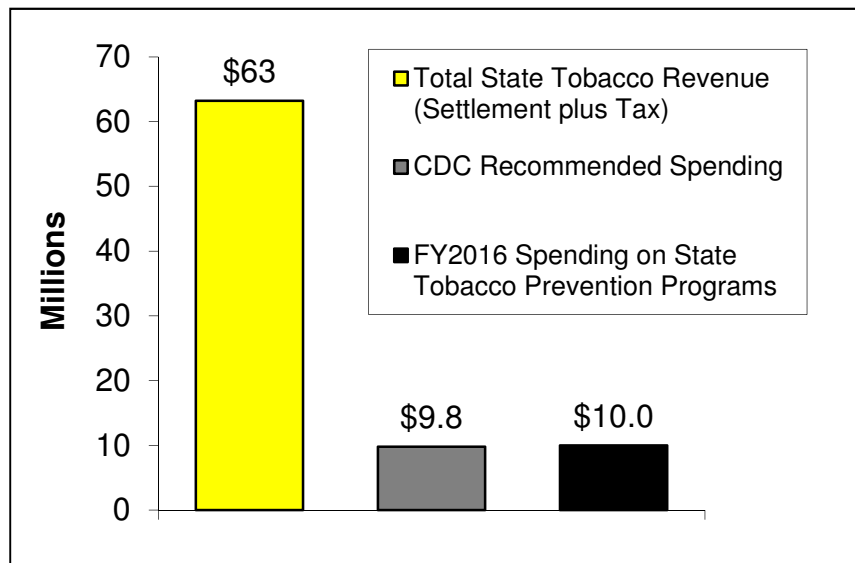
Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$99.3 million

North Dakota

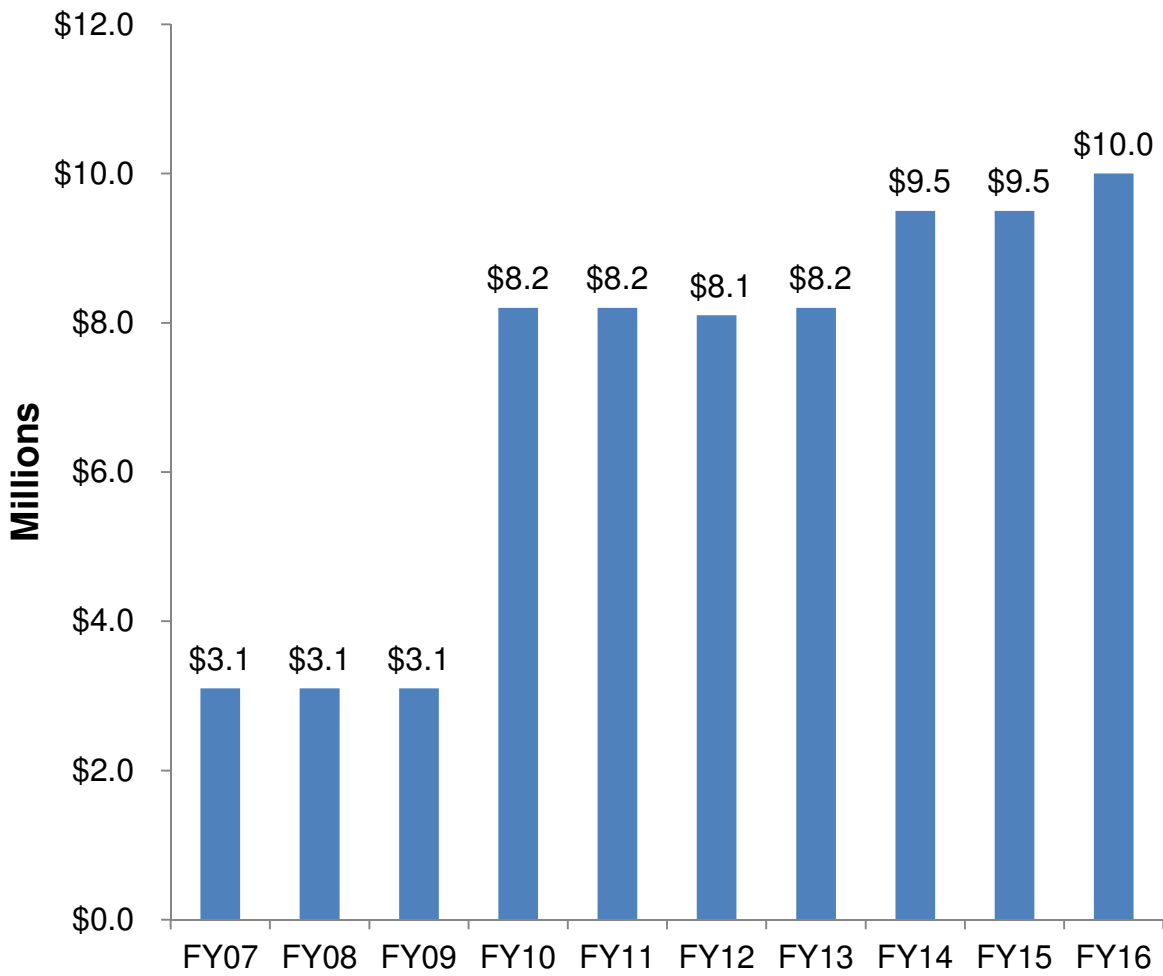
State Spending Summary	FY2016	FY2015
State Ranking	1	1
State Spending On Tobacco Prevention	\$10.0 million	\$9.5 million
% of CDC Recommended Spending (\$9.8 million)	102.0%	97.1%



Tobacco Industry Marketing in North Dakota	
Estimated annual tobacco industry marketing in state	\$34.1 million
Ratio of industry marketing to state tobacco prevention spending	3.4 to 1

Tobacco's Toll in North Dakota	
Adults who smoke	21.2%
High school students who smoke	11.7%
Deaths caused by smoking each year	1,000
Annual health care costs directly caused by smoking	\$326 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$823 per household

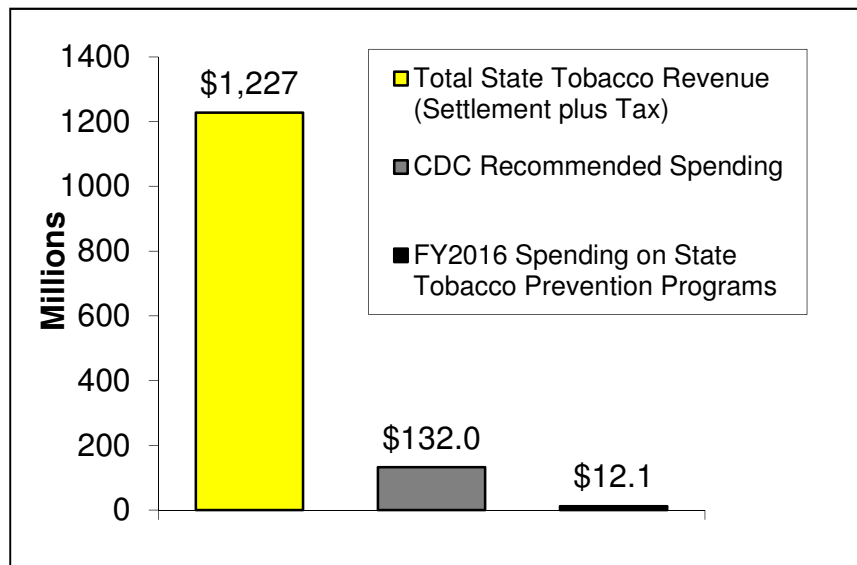
North Dakota Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$9.8 million

Ohio

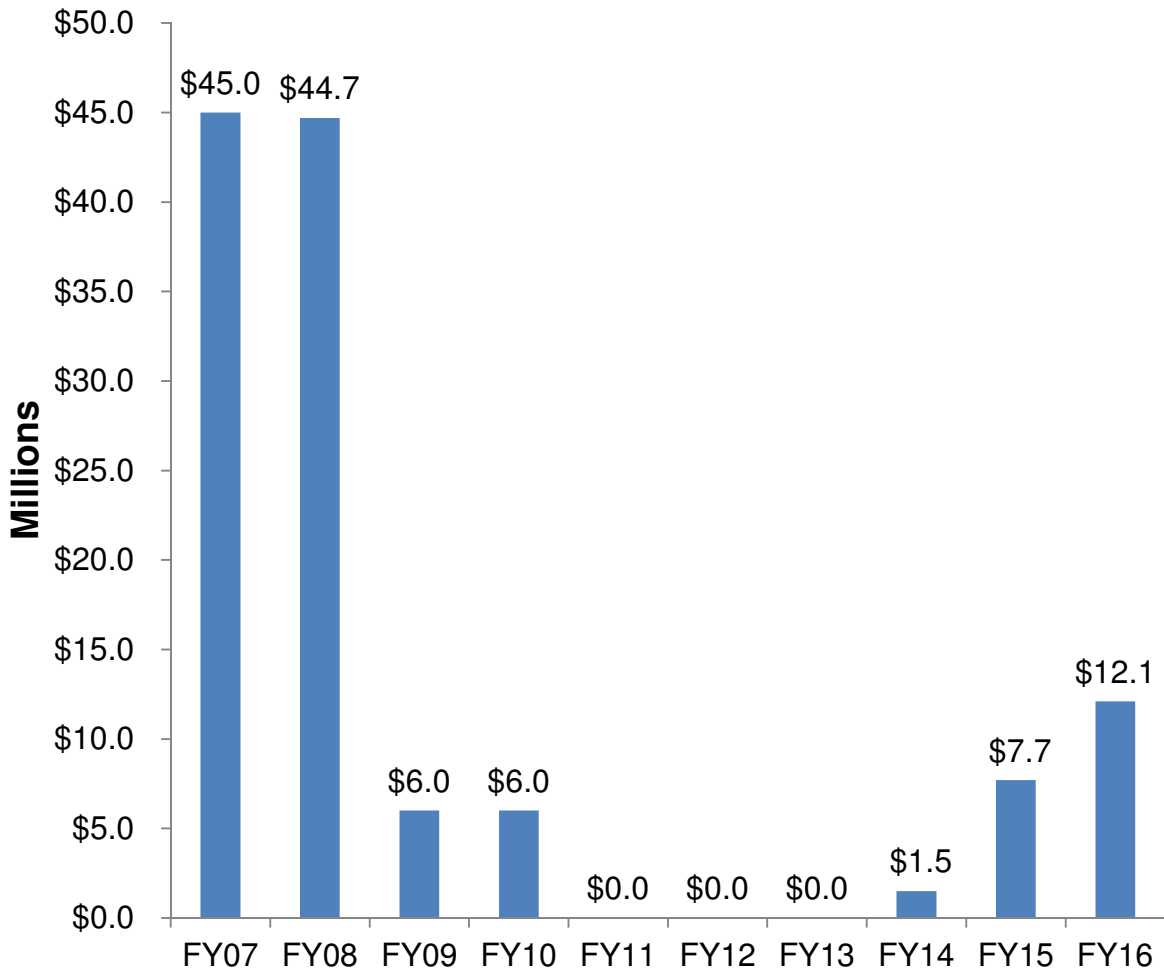
State Spending Summary	FY2016	FY2015
State Ranking	30	37
State Spending On Tobacco Prevention	\$12.1 million	\$7.7 million
% of CDC Recommended Spending (\$132.0 million)	9.2%	5.8%



Tobacco Industry Marketing in Ohio	
Estimated annual tobacco industry marketing in state	\$430.8 million
Ratio of industry marketing to state tobacco prevention spending	35.6 to 1

Tobacco's Toll in Ohio	
Adults who smoke	23.4%
High school students who smoke	15.1%
Deaths caused by smoking each year	20,200
Annual health care costs directly caused by smoking	\$5.64 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,093 per household

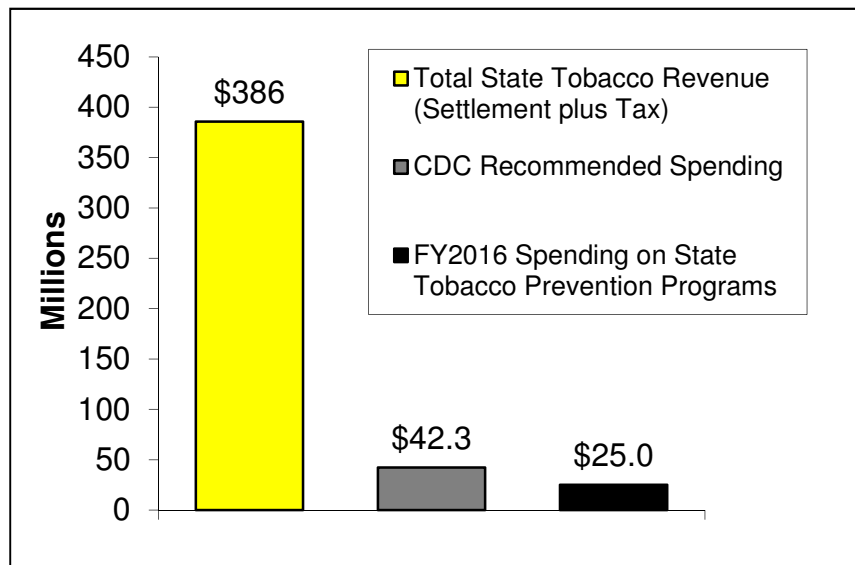
Ohio
Total Annual Tobacco Prevention Spending
FY2007-FY2016



CDC Recommended Spending: \$132.0 million

Oklahoma

State Spending Summary	FY2016	FY2015
State Ranking	3	4
State Spending On Tobacco Prevention	\$25.0 million	\$23.6 million
% of CDC Recommended Spending (\$42.3 million)	59.1%	55.7%

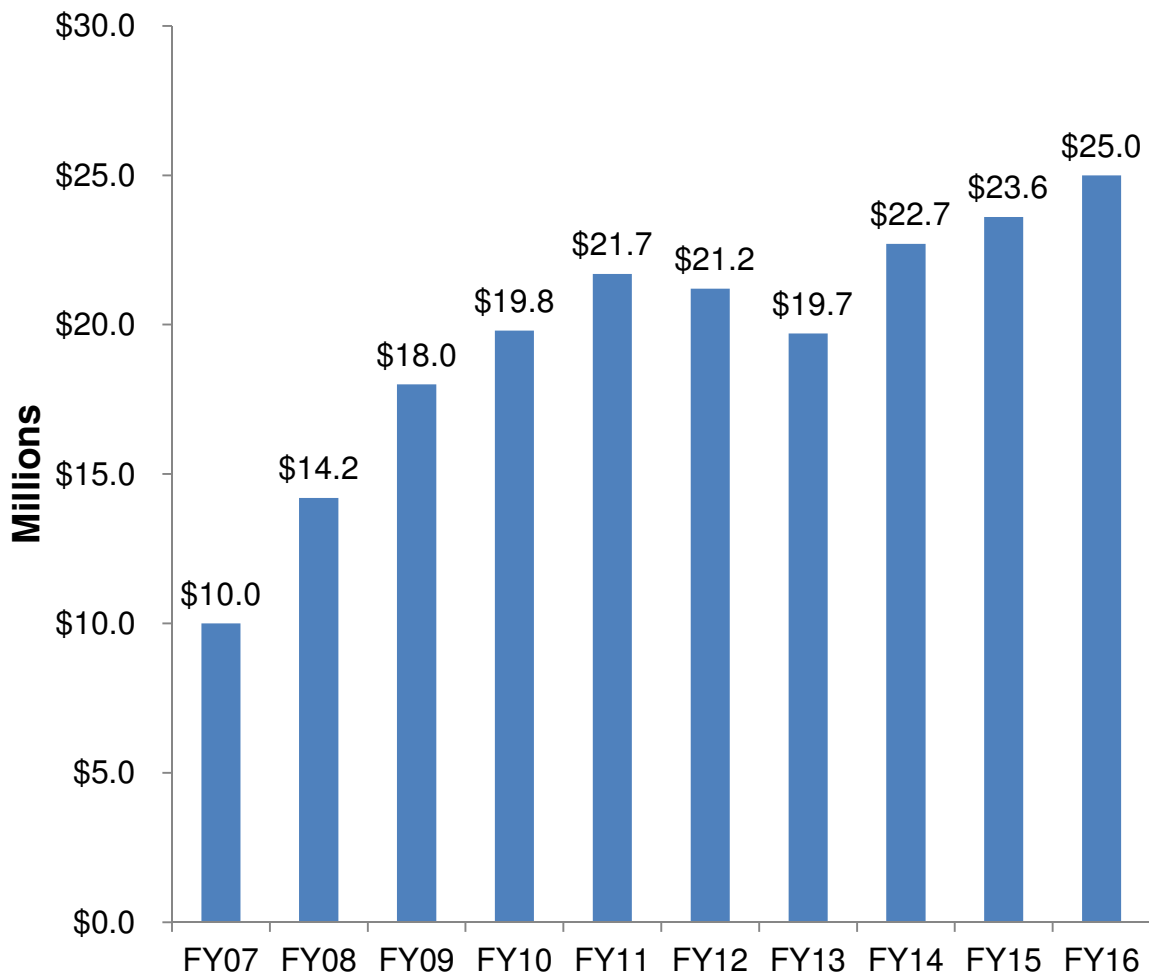


Tobacco Industry Marketing in Oklahoma	
Estimated annual tobacco industry marketing in state	\$181.0 million
Ratio of industry marketing to state tobacco prevention spending	7.2 to 1

Tobacco's Toll in Oklahoma	
Adults who smoke	23.7%
High school students who smoke	18.5%
Deaths caused by smoking each year	7,500
Annual health care costs directly caused by smoking	\$1.62 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$923 per household

Oklahoma

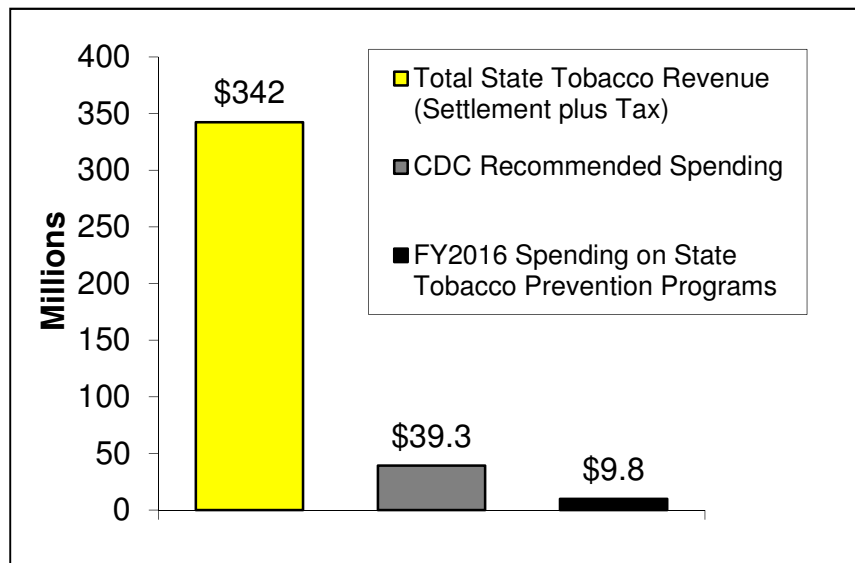
Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$42.3 million

Oregon

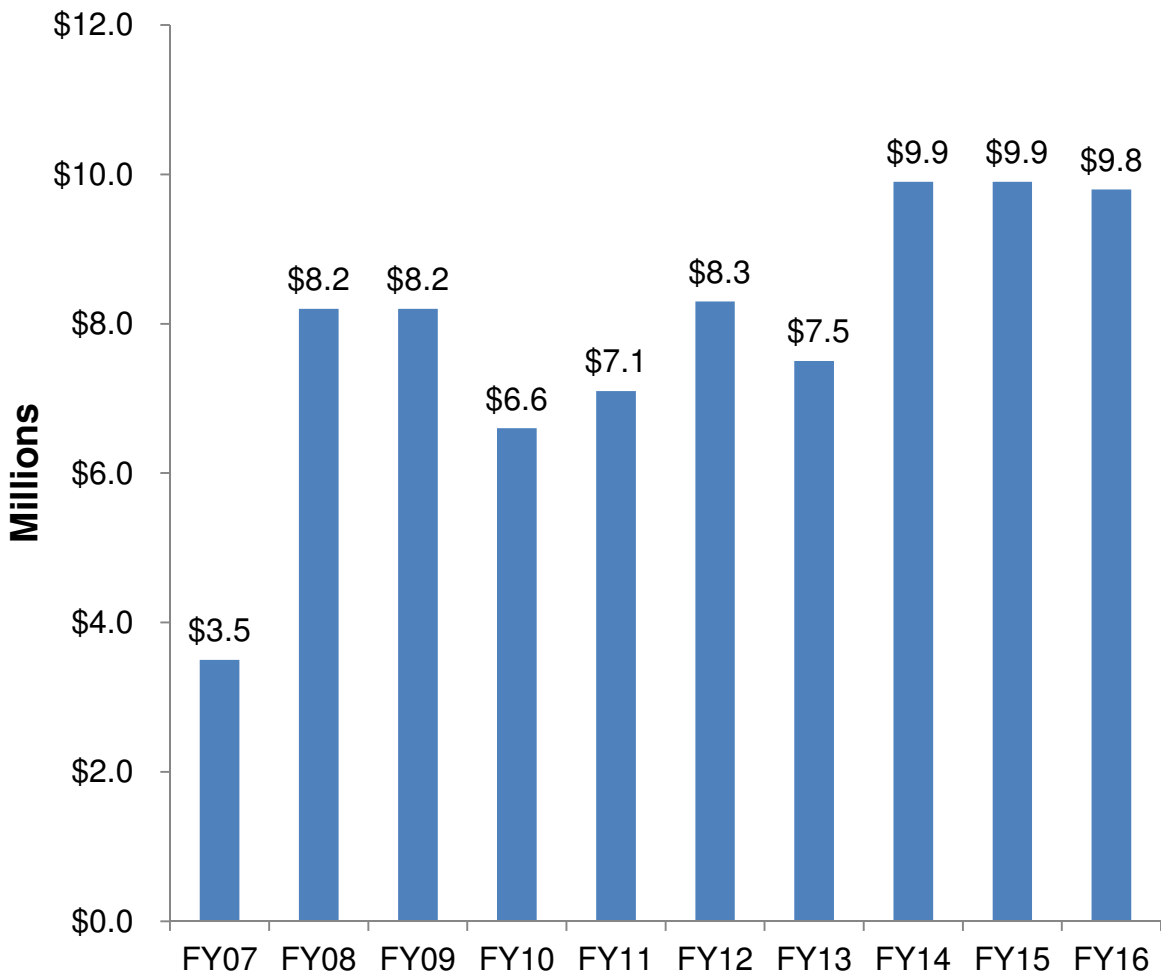
State Spending Summary	FY2016	FY2015
State Ranking	18	19
State Spending On Tobacco Prevention	\$9.8 million	\$9.9 million
% of CDC Recommended Spending (\$39.3 million)	25.0%	25.2%



Tobacco Industry Marketing in Oregon	
Estimated annual tobacco industry marketing in state	\$115.8 million
Ratio of industry marketing to state tobacco prevention spending	11.8 to 1

Tobacco's Toll in Oregon	
Adults who smoke	17.3%
High school students who smoke	8.3%
Deaths caused by smoking each year	5,500
Annual health care costs directly caused by smoking	\$1.54 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$780 per household

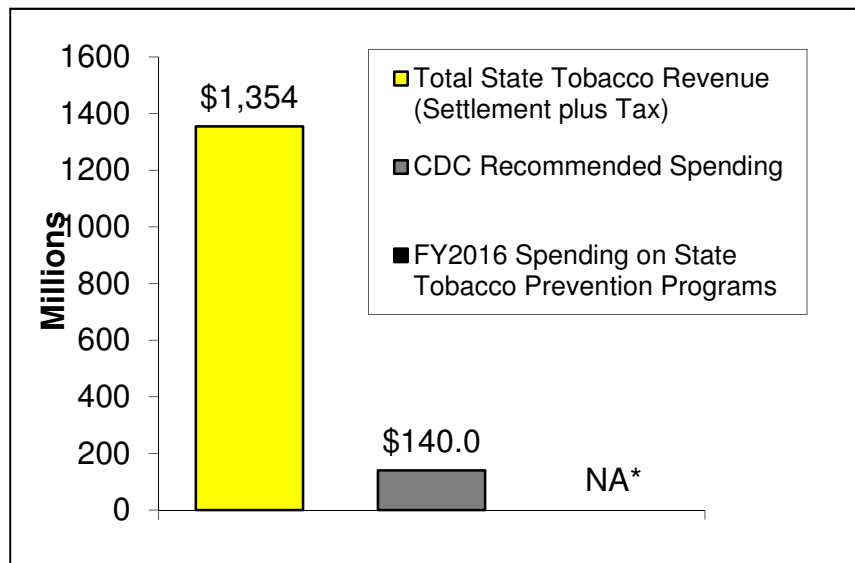
Oregon
Total Annual Tobacco Prevention Spending
FY2007-FY2016



CDC Recommended Spending: \$39.3 million

Pennsylvania

State Spending Summary	FY2016	FY2015
State Ranking	NA*	30
State Spending On Tobacco Prevention	NA*	\$13.8 million**
% of CDC Recommended Spending (\$140.0 million)	NA*	9.9%

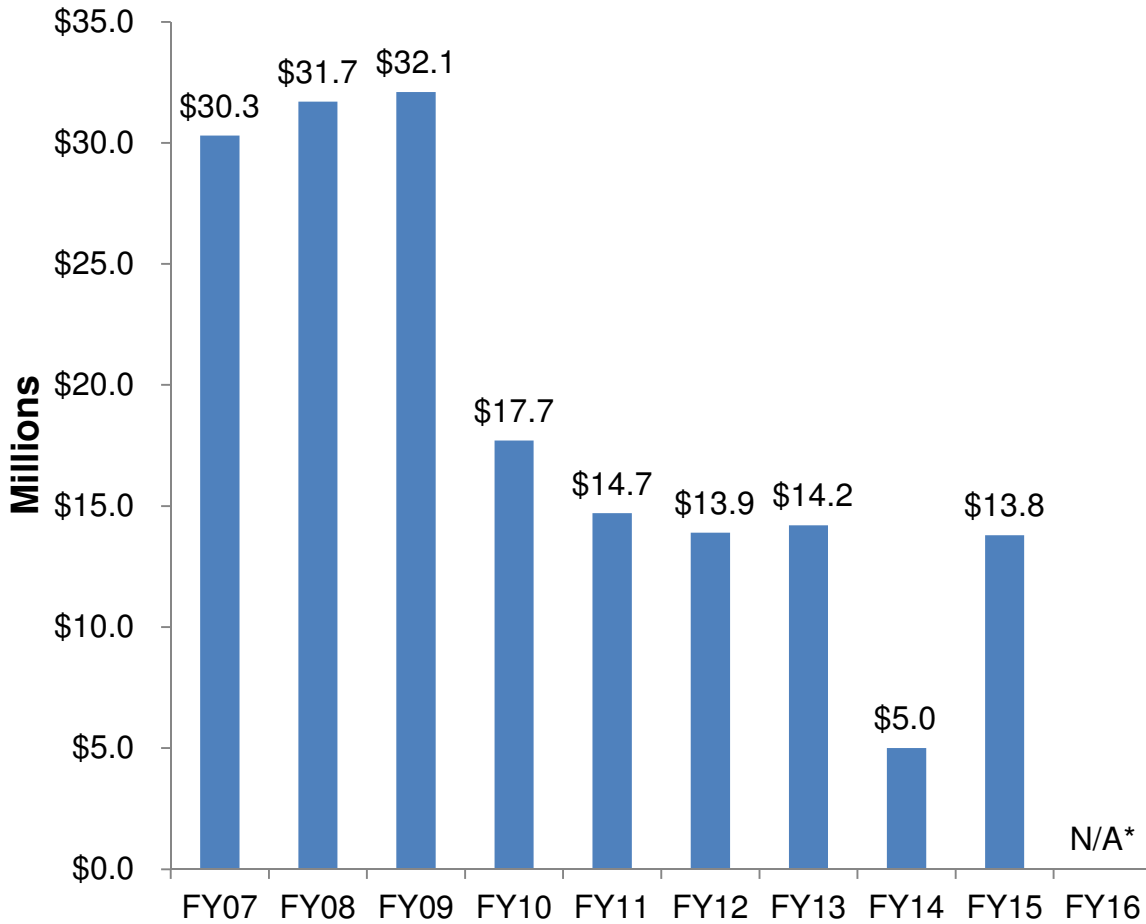


Tobacco Industry Marketing in Pennsylvania	
Estimated annual tobacco industry marketing in state	\$469.5 million
Ratio of industry marketing to state tobacco prevention spending	NA*

Tobacco's Toll in Pennsylvania	
Adults who smoke	21.0%
High school students who smoke	18.4%
Deaths caused by smoking each year	22,000
Annual health care costs directly caused by smoking	\$6.38 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,091 per household

*Pennsylvania's FY2016 tobacco prevention program budget was not available when this report went to press. **Pennsylvania's FY2015 annual spending was estimated at \$13.8 million (not confirmed by health department).

Pennsylvania Total Annual Tobacco Prevention Spending FY2007-FY2016

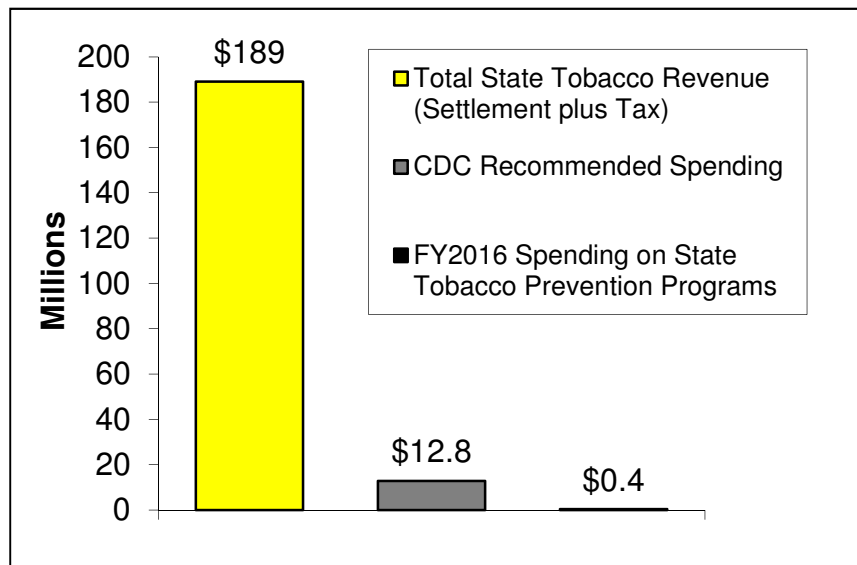


CDC Recommended Spending: \$140.0 million

*Pennsylvania's FY2016 tobacco prevention program budget was not available when this report went to press. FY2015 and FY2014 annual spending estimated, not confirmed by state health department.

Rhode Island

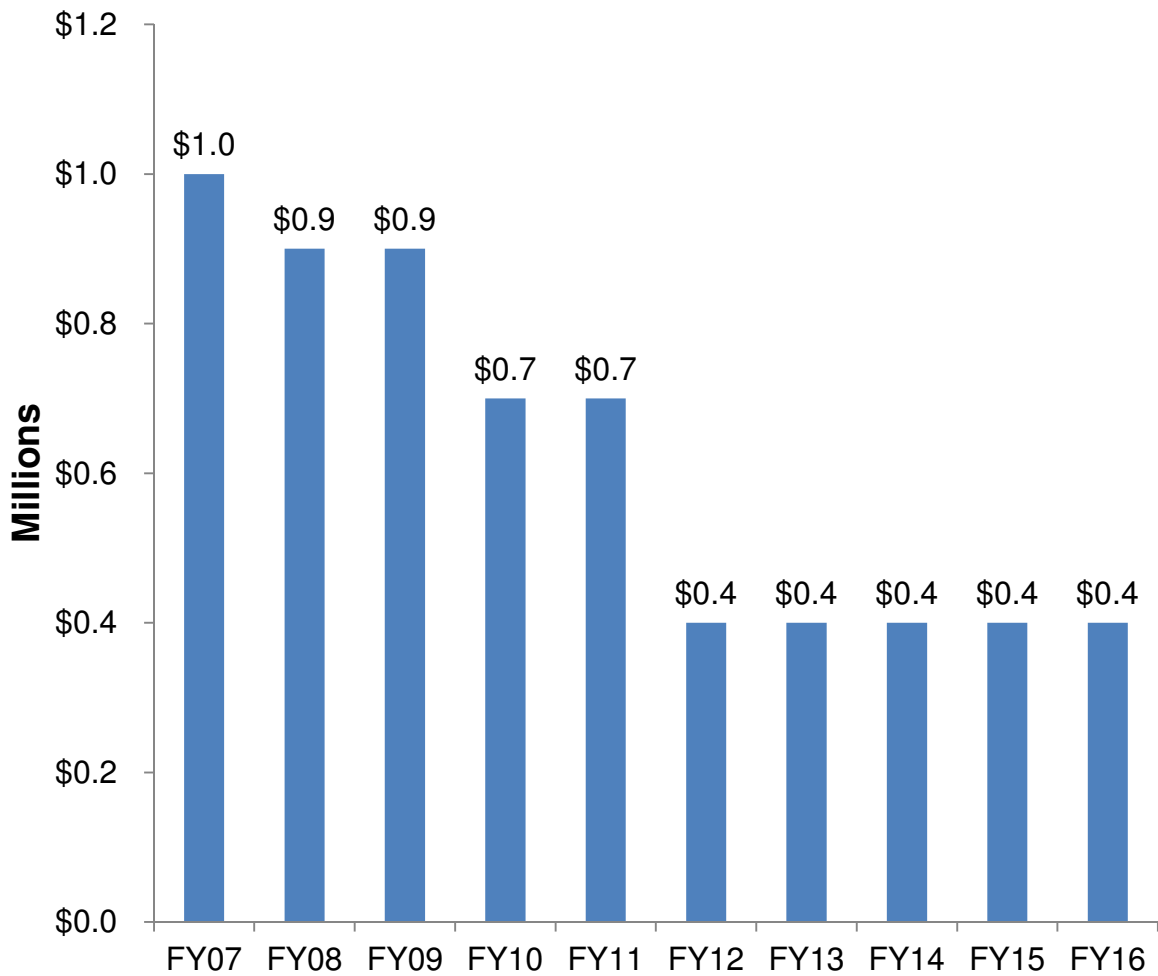
State Spending Summary	FY2016	FY2015
State Ranking	41	43
State Spending On Tobacco Prevention	\$397,908	\$388,027
% of CDC Recommended Spending (\$12.8 million)	3.1%	3.0%



Tobacco Industry Marketing in Rhode Island	
Estimated annual tobacco industry marketing in state	\$25.2 million
Ratio of industry marketing to state tobacco prevention spending	63.3 to 1

Tobacco's Toll in Rhode Island	
Adults who smoke	17.4%
High school students who smoke	8.0%
Deaths caused by smoking each year	1,800
Annual health care costs directly caused by smoking	\$640 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,113 per household

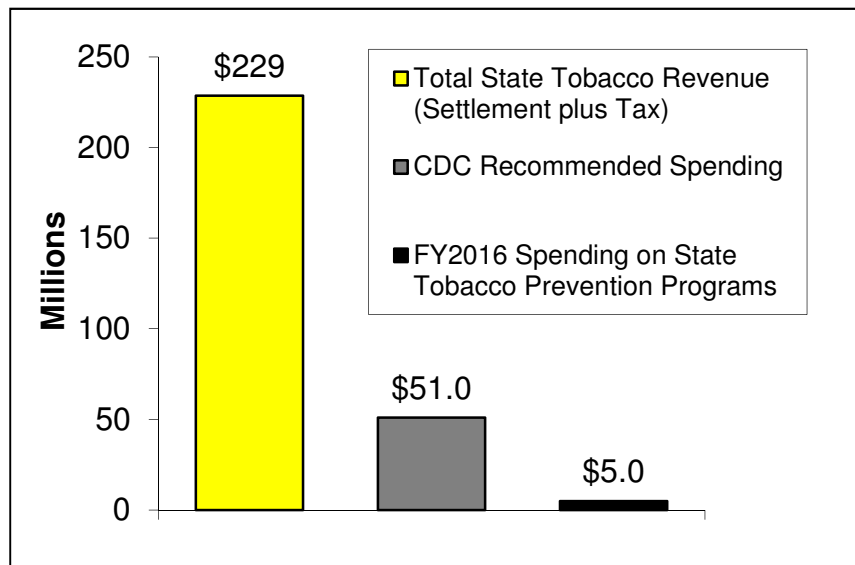
Rhode Island Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$12.8 million

South Carolina

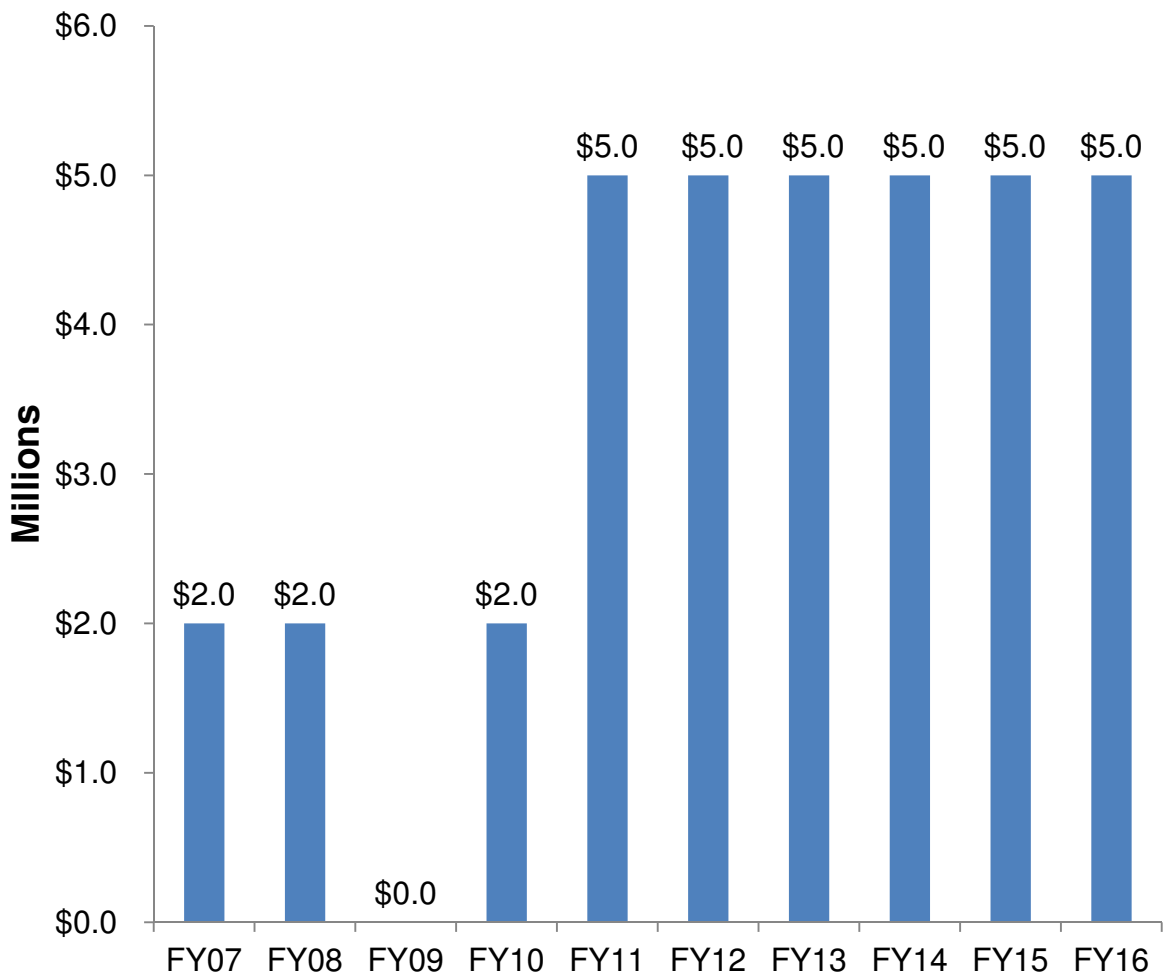
State Spending Summary	FY2016	FY2015
State Ranking	29	31
State Spending On Tobacco Prevention	\$5.0 million	\$5.0 million
% of CDC Recommended Spending (\$51.0 million)	9.8%	9.8%



Tobacco Industry Marketing in South Carolina	
Estimated annual tobacco industry marketing in state	\$194.0 million
Ratio of industry marketing to state tobacco prevention spending	38.8 to 1

Tobacco's Toll in South Carolina	
Adults who smoke	22.0%
High school students who smoke	16.0%
Deaths caused by smoking each year	7,200
Annual health care costs directly caused by smoking	\$1.90 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$975 per household

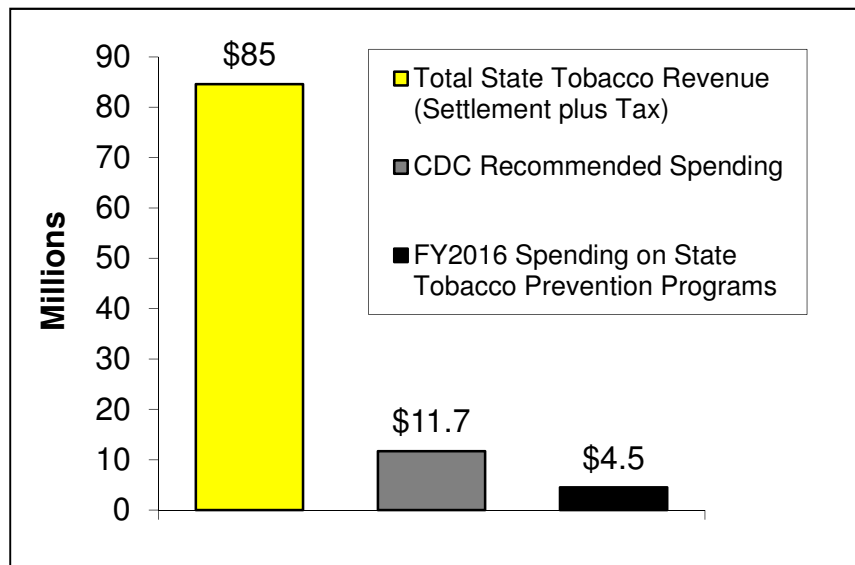
South Carolina Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$51.0 million

South Dakota

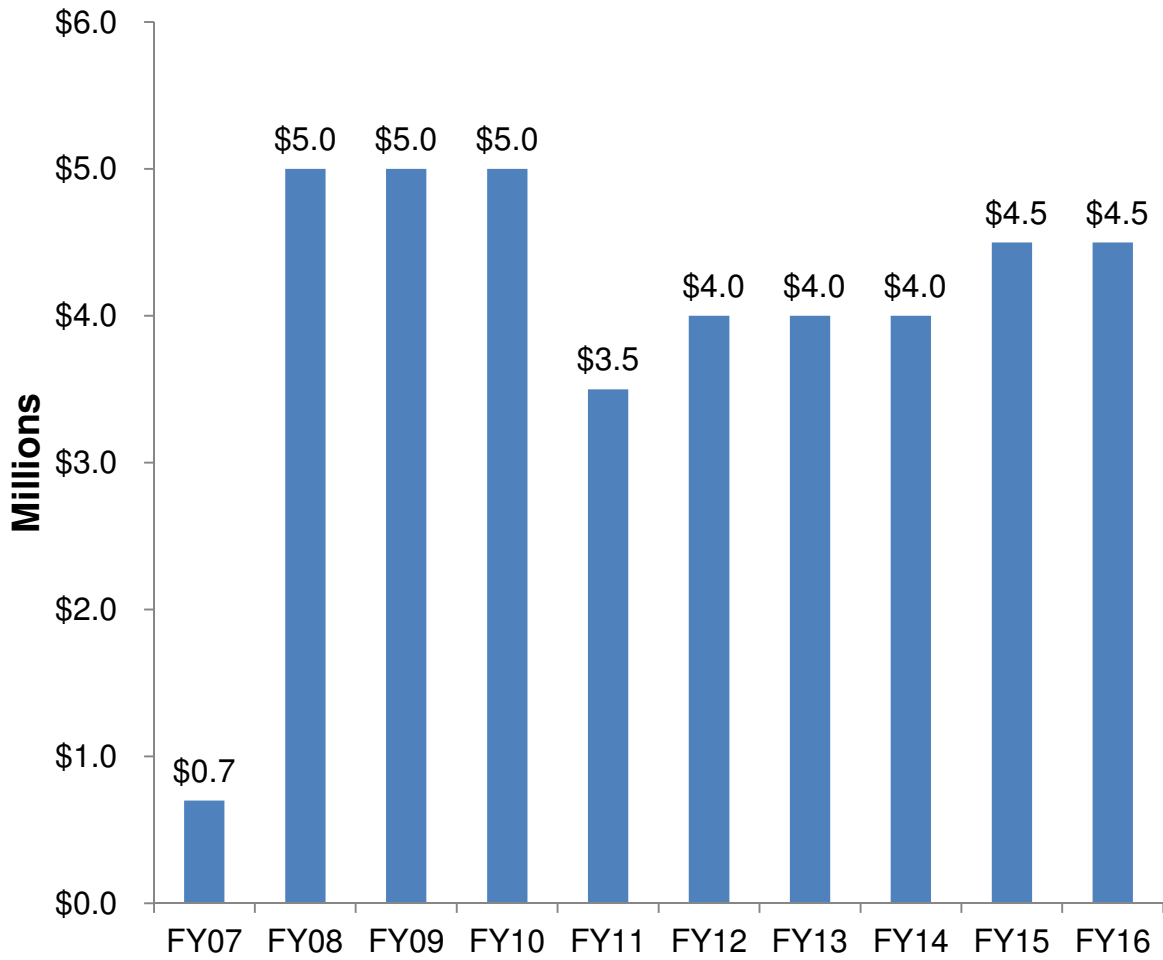
State Spending Summary	FY2016	FY2015
State Ranking	13	12
State Spending On Tobacco Prevention	\$4.5 million	\$4.5 million
% of CDC Recommended Spending (\$11.7 million)	38.5%	38.5%



Tobacco Industry Marketing in South Dakota	
Estimated annual tobacco industry marketing in state	\$23.6 million
Ratio of industry marketing to state tobacco prevention spending	5.3 to 1

Tobacco's Toll in South Dakota	
Adults who smoke	19.6%
High school students who smoke	16.5%
Deaths caused by smoking each year	1,300
Annual health care costs directly caused by smoking	\$373 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$807 per household

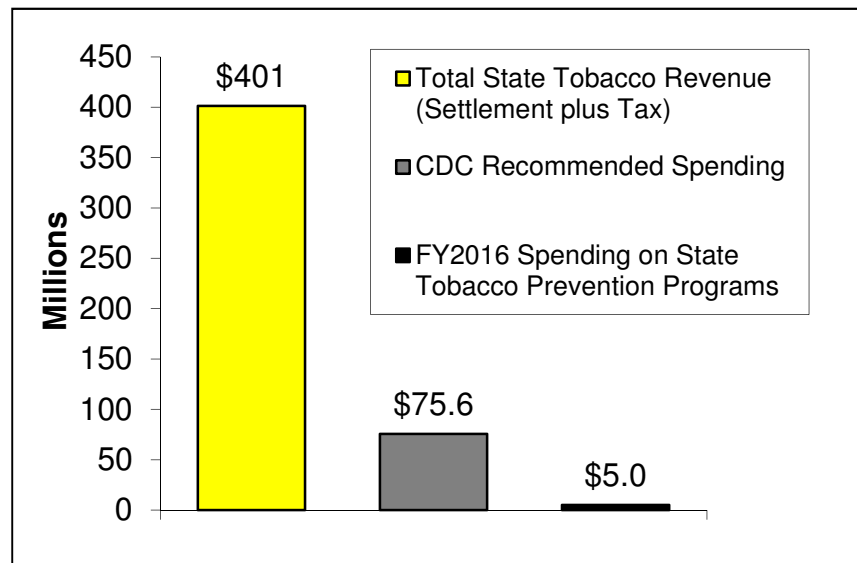
South Dakota Total Annual Tobacco Prevention Spending FY2007-FY 2016



CDC Recommended Spending: \$11.7 million

Tennessee

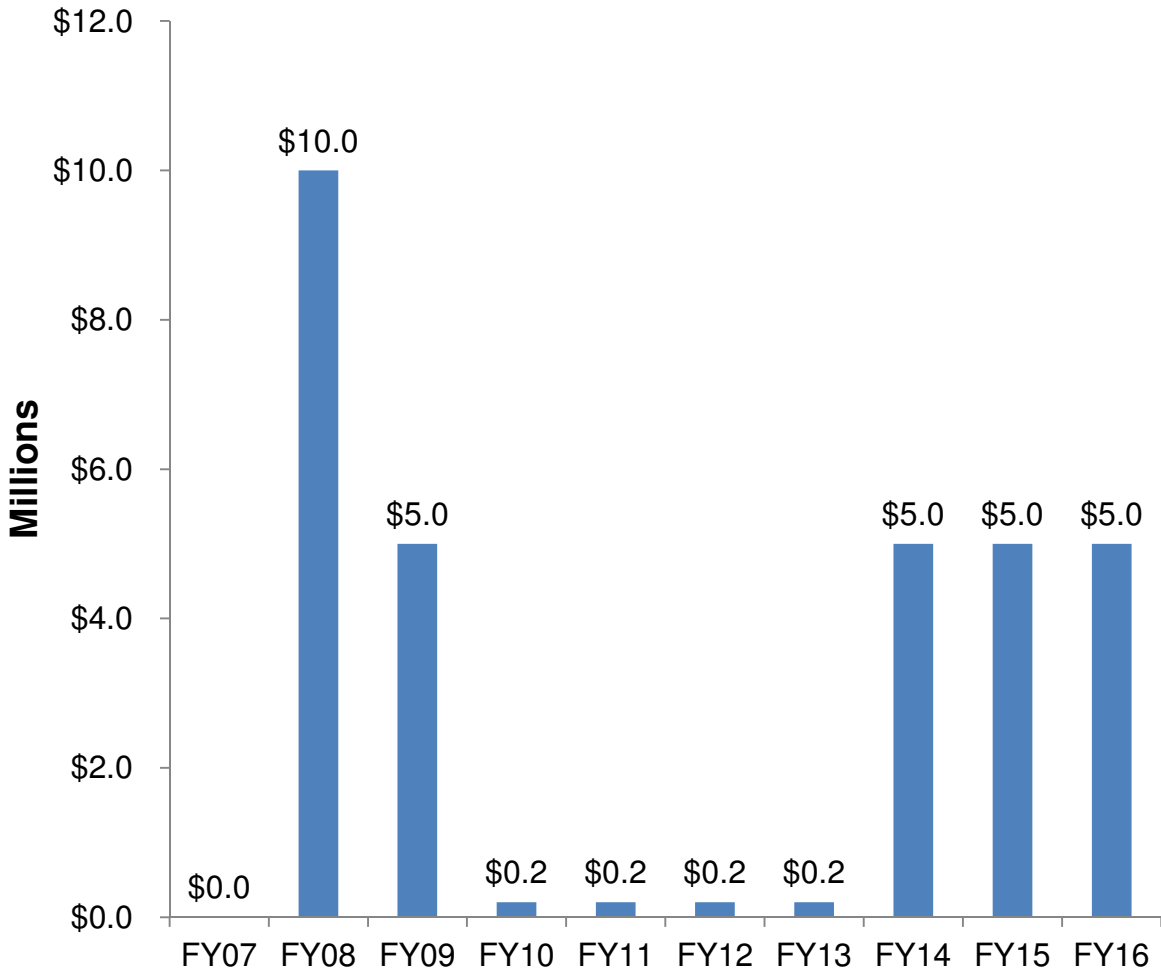
State Spending Summary	FY2016	FY2015
State Ranking	34	36
State Spending On Tobacco Prevention	\$5.0 million	\$5.0 million
% of CDC Recommended Spending (\$75.6 million)	6.6%	6.6%



Tobacco Industry Marketing in Tennessee	
Estimated annual tobacco industry marketing in state	\$292.7 million
Ratio of industry marketing to state tobacco prevention spending	58.5 to 1

Tobacco's Toll in Tennessee	
Adults who smoke	24.3%
High school students who smoke	15.4%
Deaths caused by smoking each year	11,400
Annual health care costs directly caused by smoking	\$2.67 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,091 per household

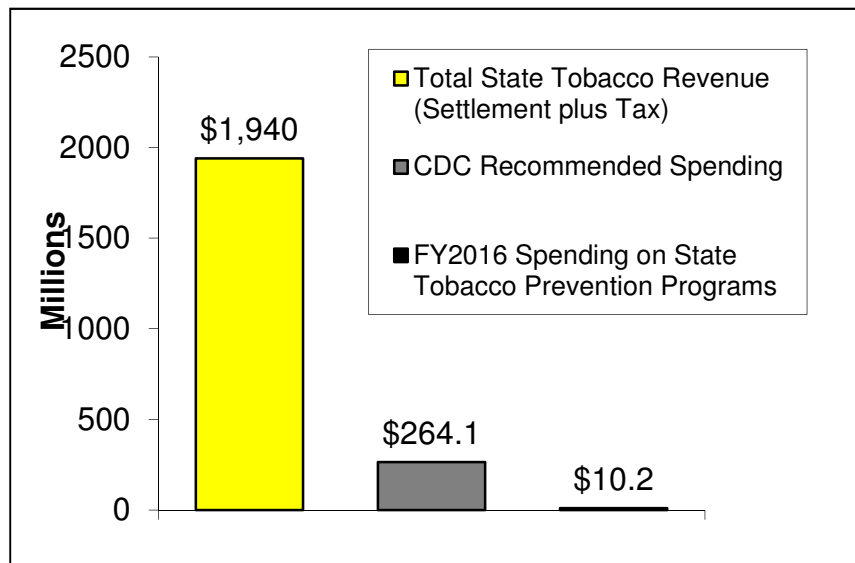
Tennessee Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$75.6 million

Texas

State Spending Summary	FY2016	FY2015
State Ranking	37	40
State Spending On Tobacco Prevention	\$10.2 million	\$10.7 million
% of CDC Recommended Spending (\$264.1 million)	3.9%	4.1%

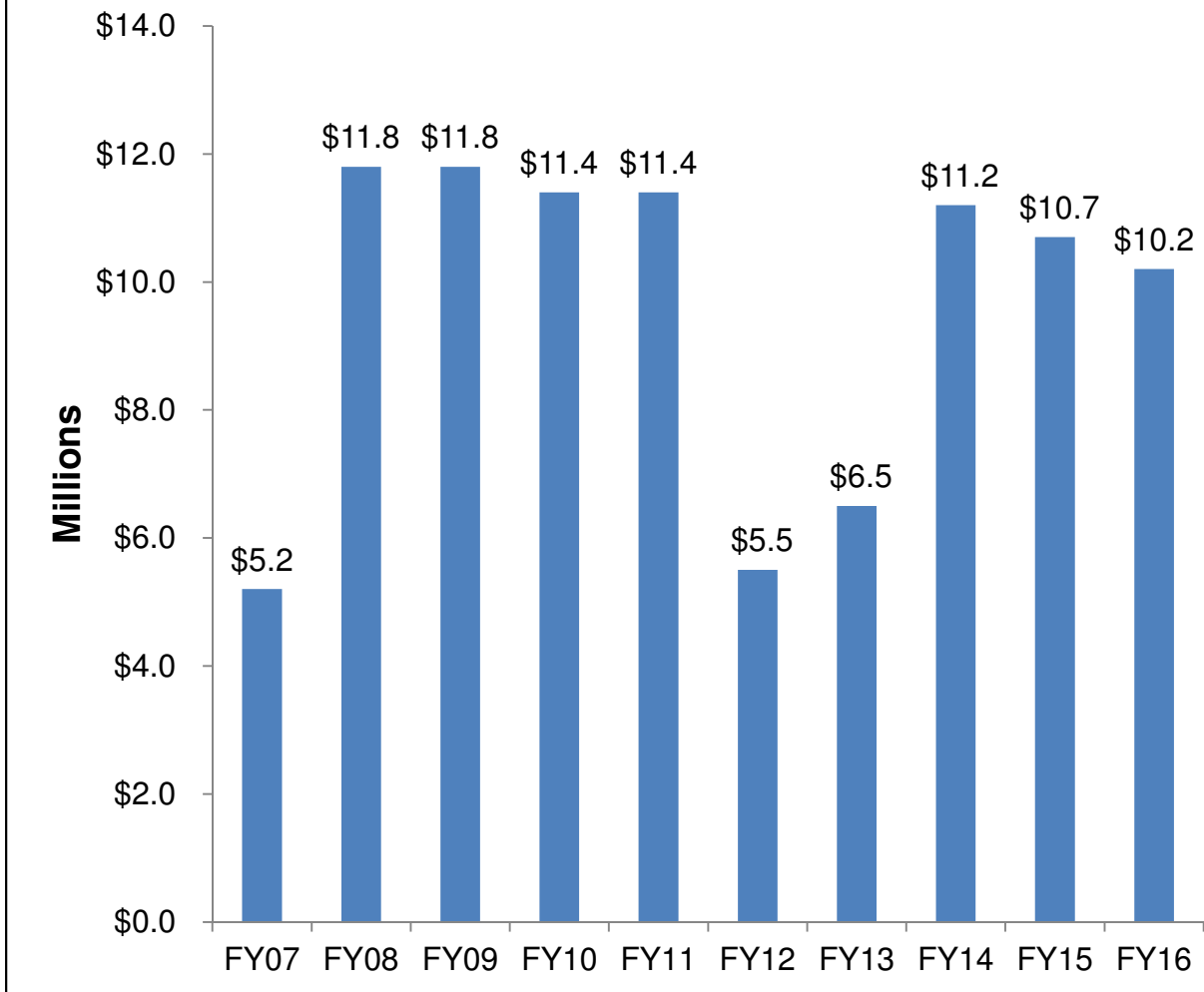


Tobacco Industry Marketing in Texas	
Estimated annual tobacco industry marketing in state	\$631.7 million
Ratio of industry marketing to state tobacco prevention spending	61.8 to 1

Tobacco's Toll in Texas	
Adults who smoke	15.9%
High school students who smoke	14.1%
Deaths caused by smoking each year	28,000
Annual health care costs directly caused by smoking	\$8.85 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$756 per household

Texas

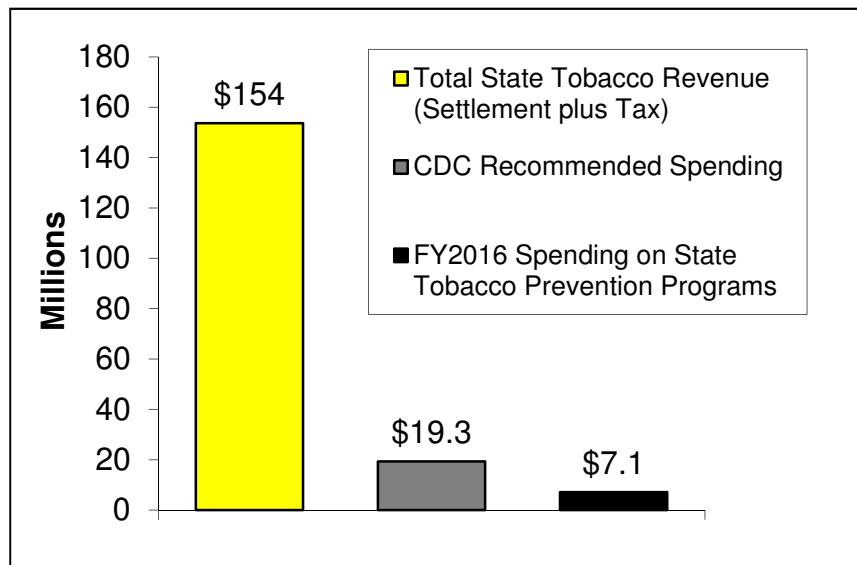
Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$264.1 million

Utah

State Spending Summary	FY2016	FY2015
State Ranking	14	13
State Spending On Tobacco Prevention	\$7.1 million	\$7.4 million
% of CDC Recommended Spending (\$19.3 million)	36.8%	38.2%

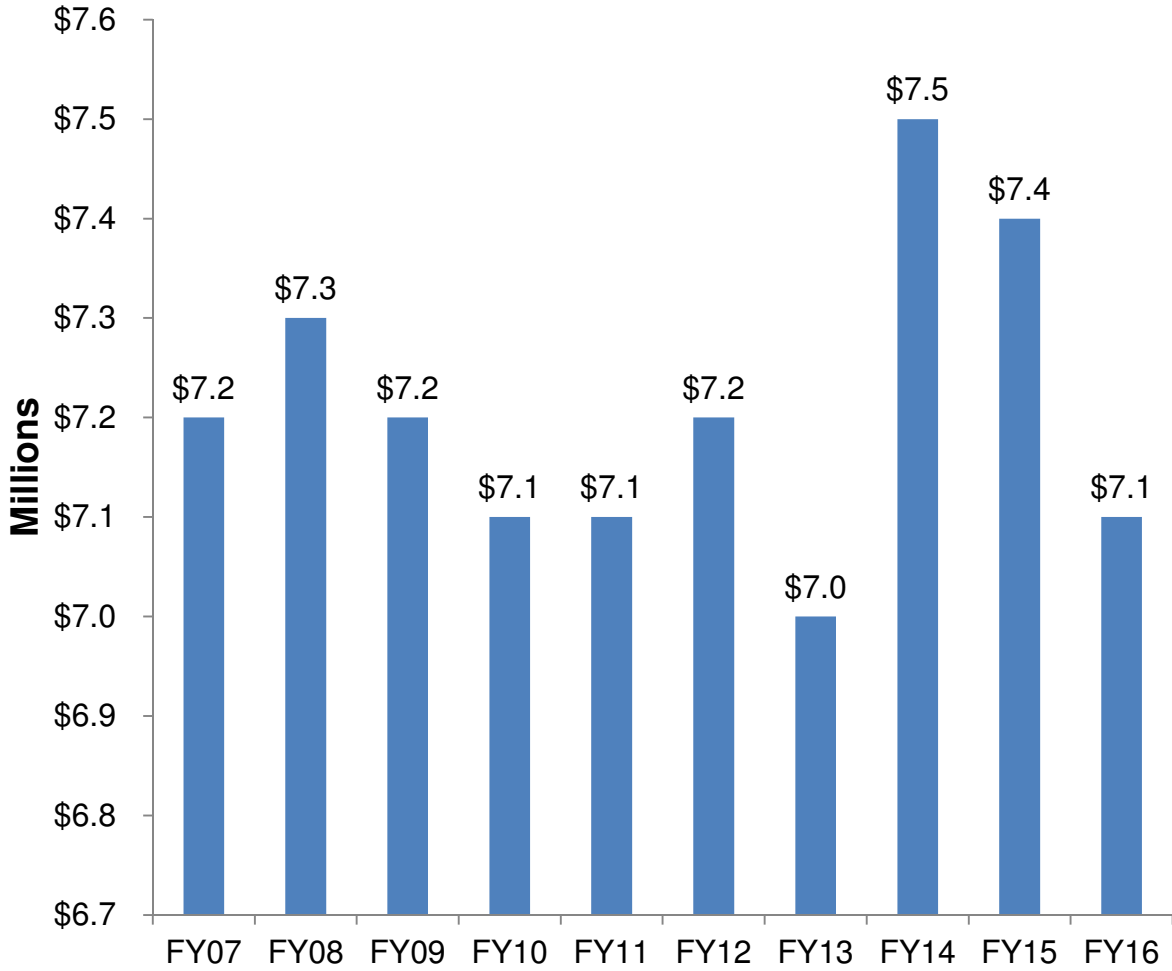


Tobacco Industry Marketing in Utah	
Estimated annual tobacco industry marketing in state	\$43.4 million
Ratio of industry marketing to state tobacco prevention spending	6.1 to 1

Tobacco's Toll in Utah	
Adults who smoke	10.3%
High school students who smoke	4.4%
Deaths caused by smoking each year	1,300
Annual health care costs directly caused by smoking	\$542 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$503 per household

Utah

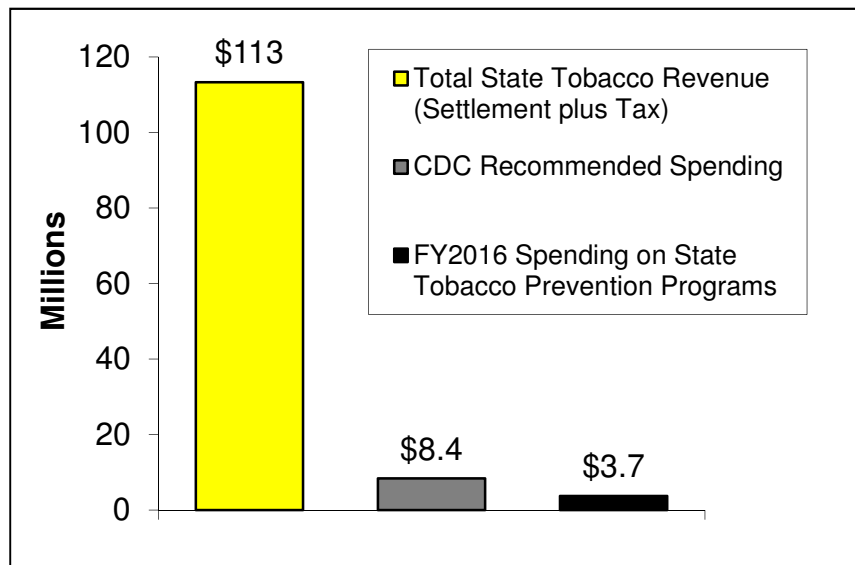
Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$19.3 million

Vermont

State Spending Summary	FY2016	FY2015
State Ranking	10	9
State Spending On Tobacco Prevention	\$3.7 million	\$3.9 million
% of CDC Recommended Spending (\$8.4 million)	44.0%	46.4%

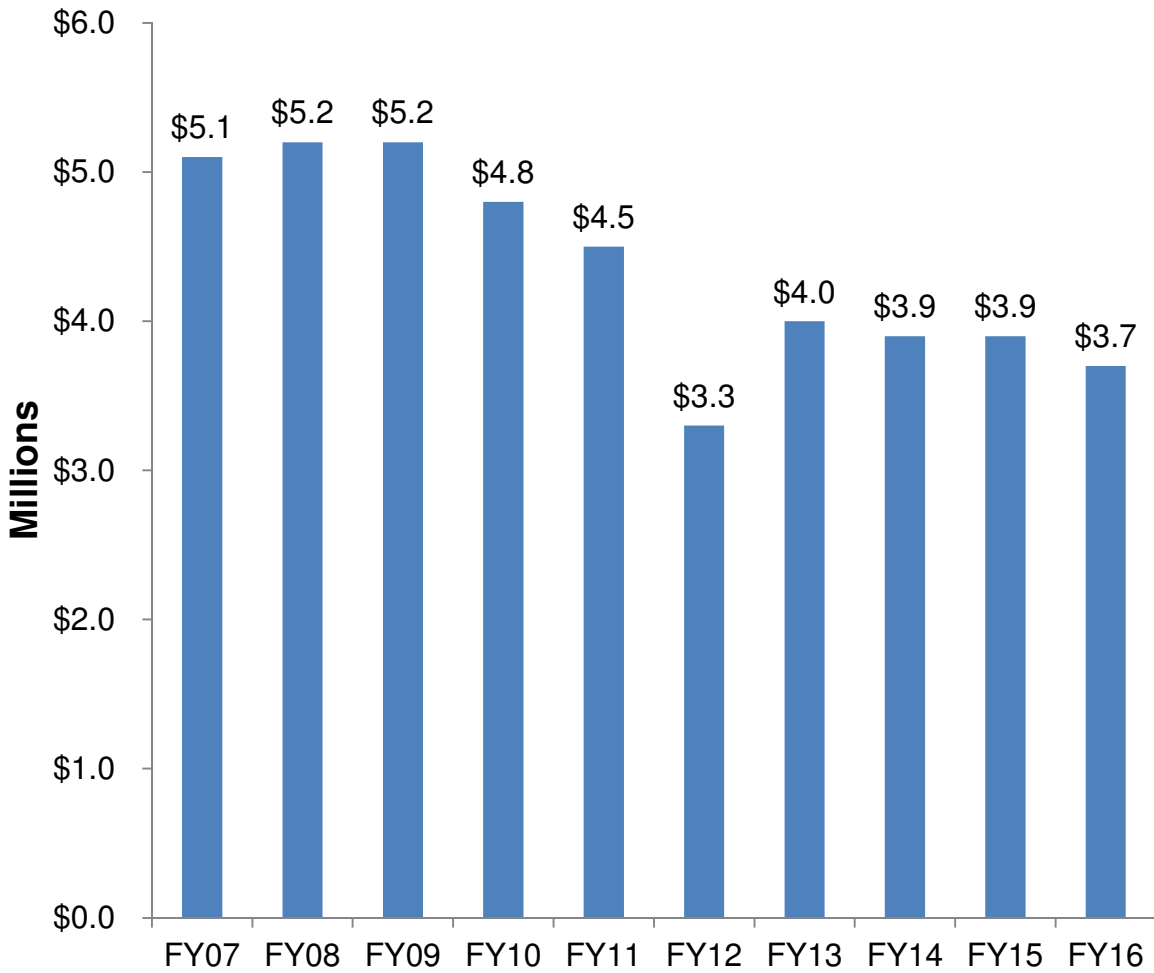


Tobacco Industry Marketing in Vermont	
Estimated annual tobacco industry marketing in state	\$19.1 million
Ratio of industry marketing to state tobacco prevention spending	5.2 to 1

Tobacco's Toll in Vermont	
Adults who smoke	16.6%
High school students who smoke	13.3%
Deaths caused by smoking each year	1,000
Annual health care costs directly caused by smoking	\$348 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$874 per household

Vermont

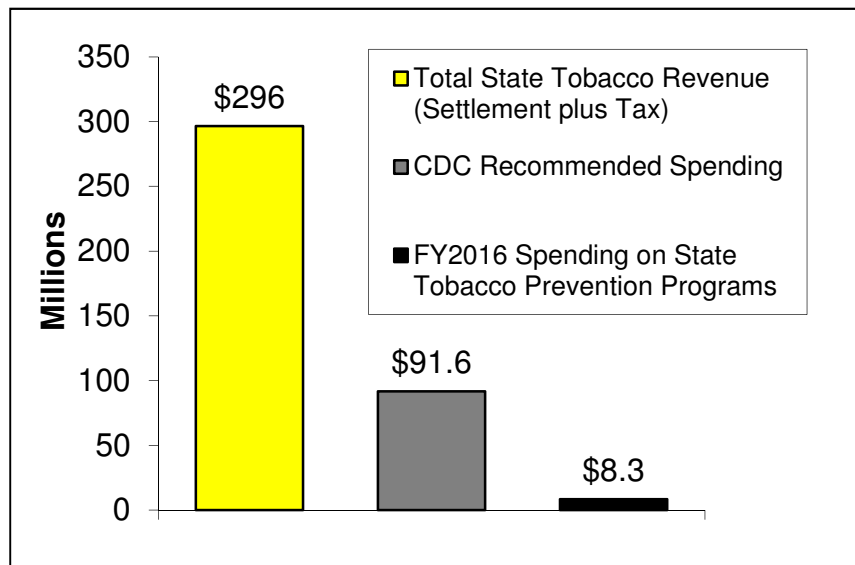
Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$8.4 million

Virginia

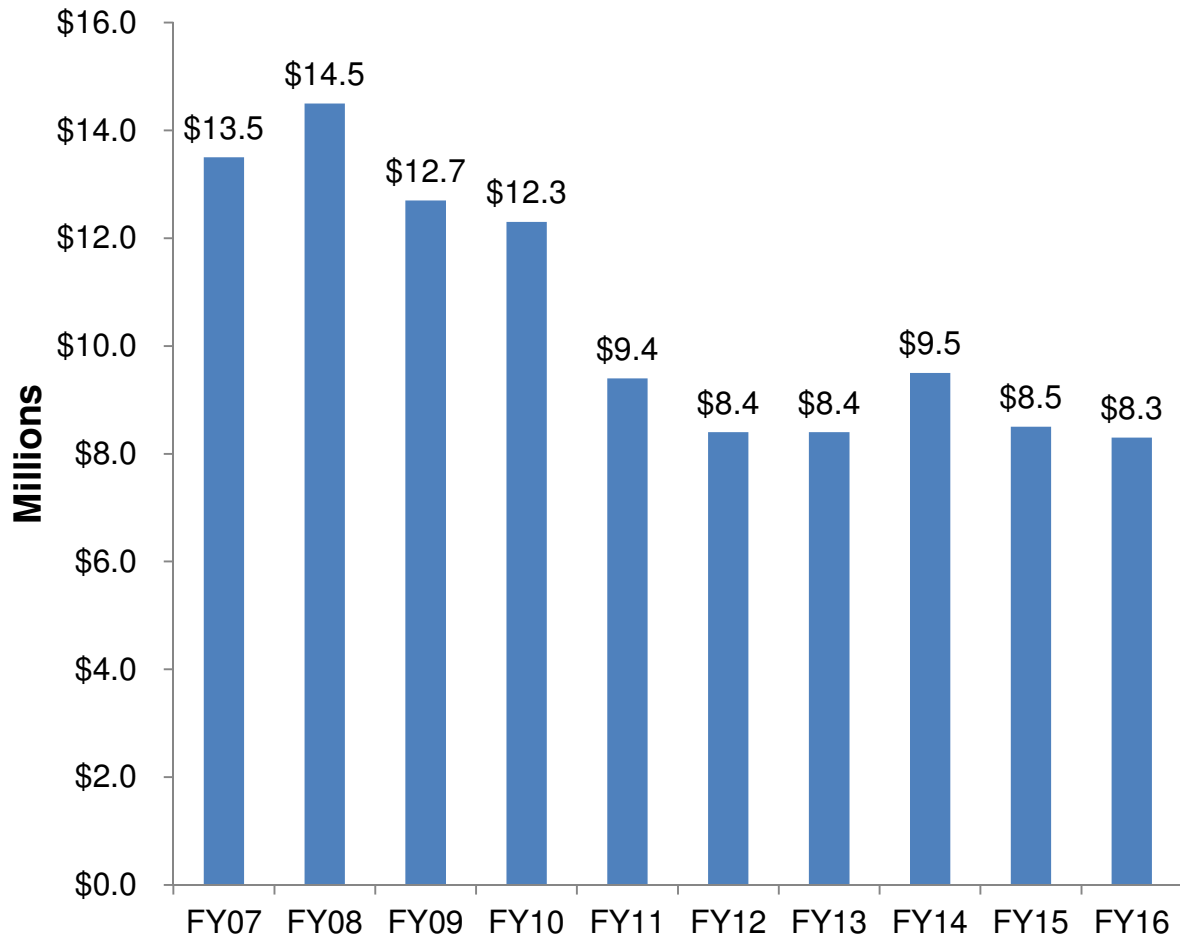
State Spending Summary	FY2016	FY2015
State Ranking	32	32
State Spending On Tobacco Prevention	\$8.3 million	\$8.5 million
% of CDC Recommended Spending (\$91.6 million)	9.1%	9.3%



Tobacco Industry Marketing in Virginia	
Estimated annual tobacco industry marketing in state	\$392.3 million
Ratio of industry marketing to state tobacco prevention spending	47.1 to 1

Tobacco's Toll in Virginia	
Adults who smoke	19.0%
High school students who smoke	11.1%
Deaths caused by smoking each year	10,300
Annual health care costs directly caused by smoking	\$3.11 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$782 per household

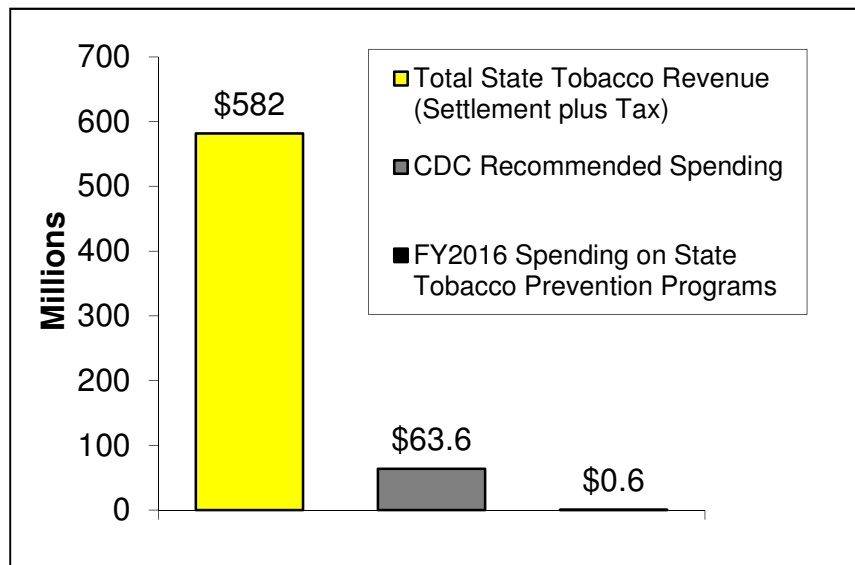
Virginia Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$91.6 million

Washington

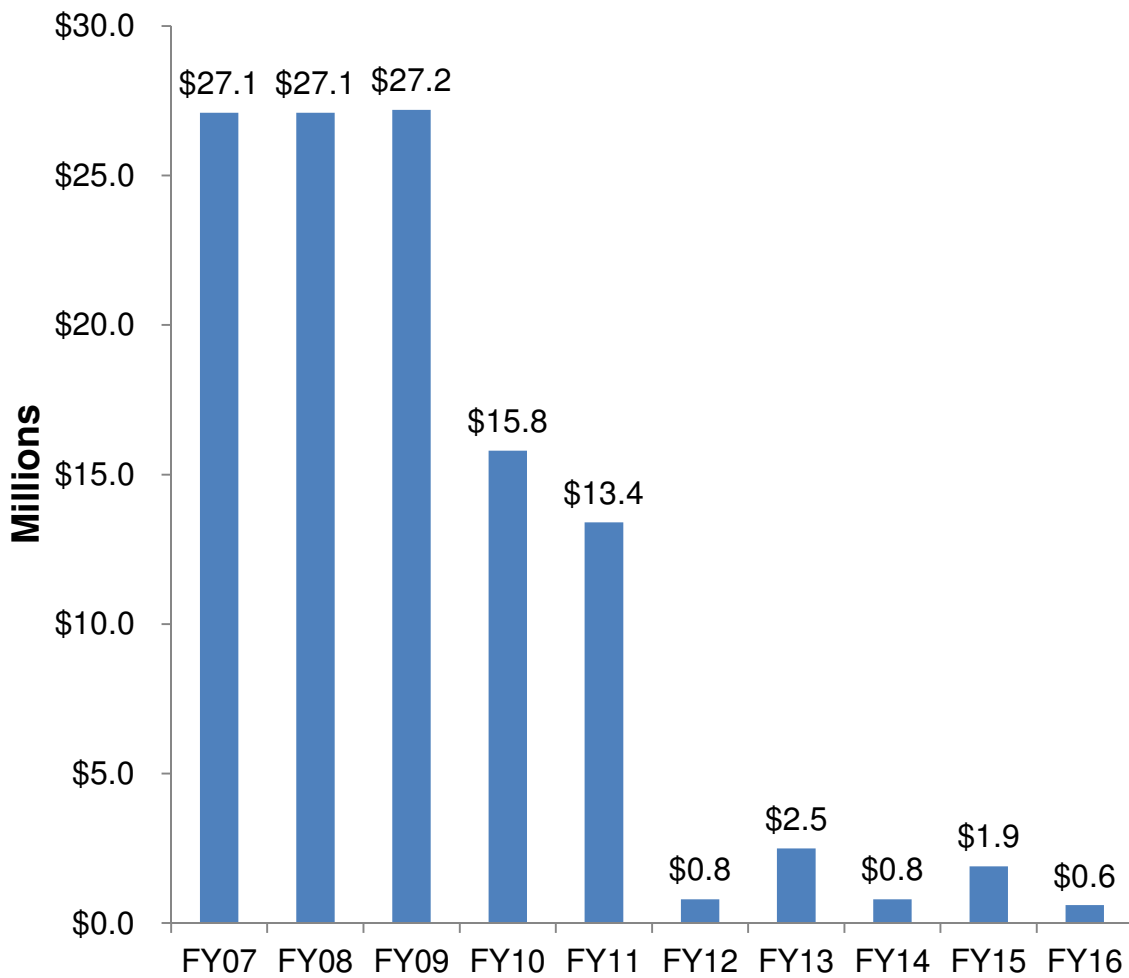
State Spending Summary	FY2016	FY2015
State Ranking	46	44
State Spending On Tobacco Prevention	\$640,500	\$1.9 million
% of CDC Recommended Spending (\$63.6 million)	1.0%	2.9%



Tobacco Industry Marketing in Washington	
Estimated annual tobacco industry marketing in state	\$92.9 million
Ratio of industry marketing to state tobacco prevention spending	145.0 to 1

Tobacco's Toll in Washington	
Adults who smoke	16.1%
High school students who smoke	7.9%
Deaths caused by smoking each year	8,300
Annual health care costs directly caused by smoking	\$2.81 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$821 per household

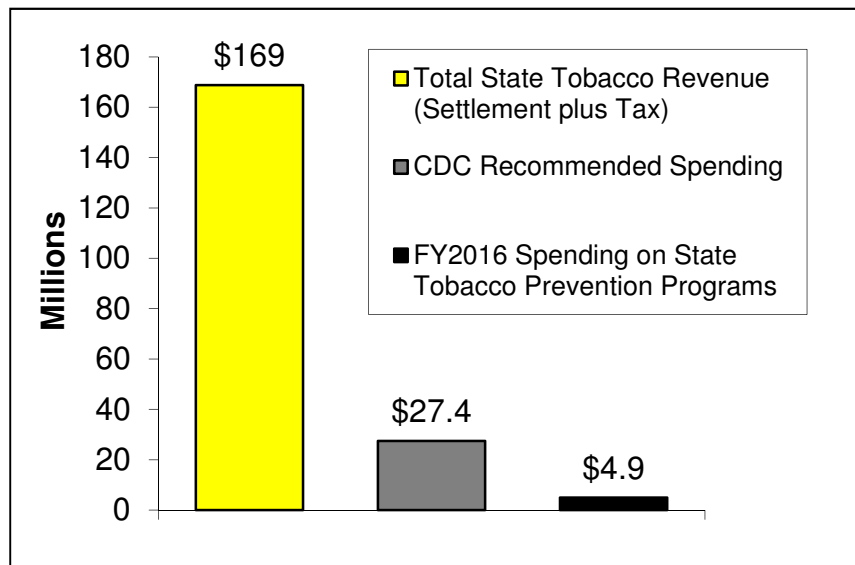
Washington Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$63.6 million

West Virginia

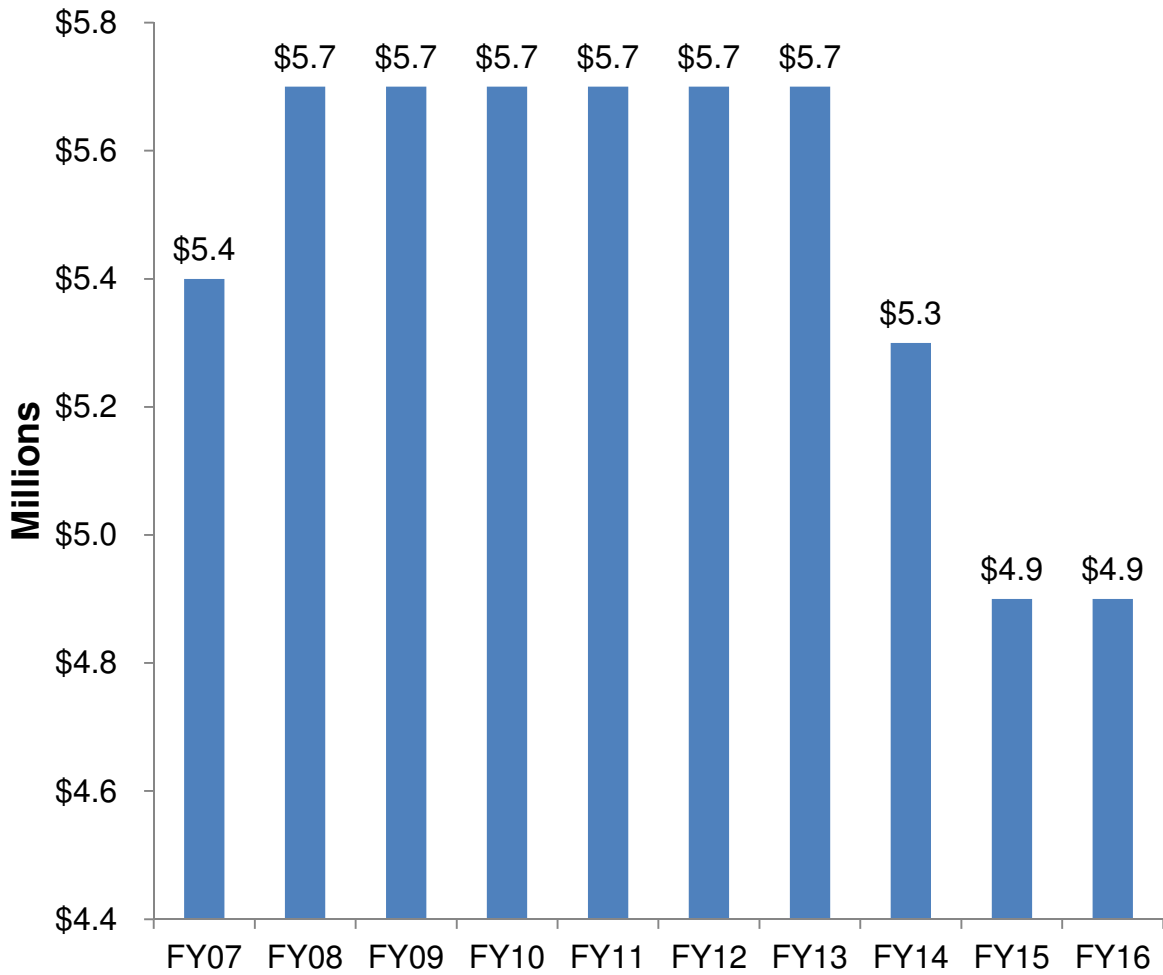
State Spending Summary	FY2016	FY2015
State Ranking	24	22
State Spending On Tobacco Prevention	\$4.9 million	\$4.9 million
% of CDC Recommended Spending (\$27.4 million)	17.8%	17.8%



Tobacco Industry Marketing in West Virginia	
Estimated annual tobacco industry marketing in state	\$130.4 million
Ratio of industry marketing to state tobacco prevention spending	26.8 to 1

Tobacco's Toll in West Virginia	
Adults who smoke	27.3%
High school students who smoke	19.6%
Deaths caused by smoking each year	4,300
Annual health care costs directly caused by smoking	\$1.00 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$1,219 per household

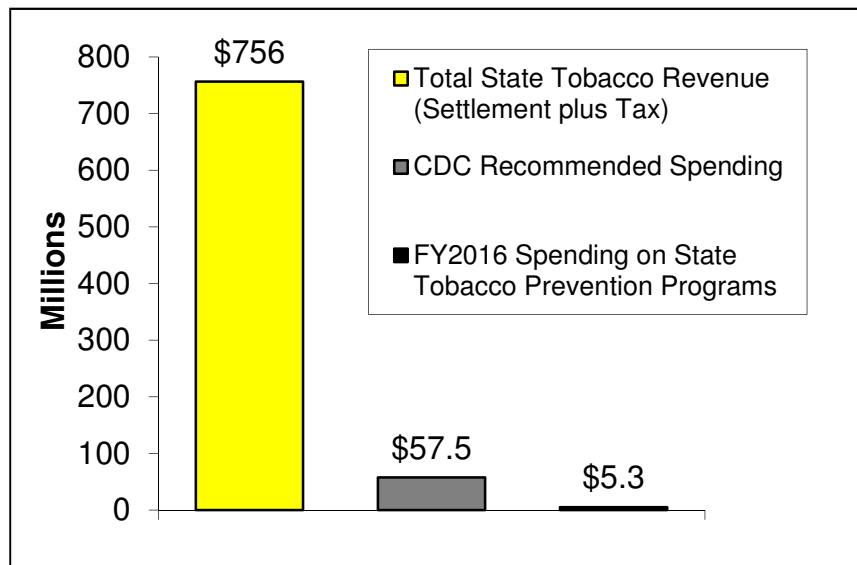
West Virginia Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$27.4 million

Wisconsin

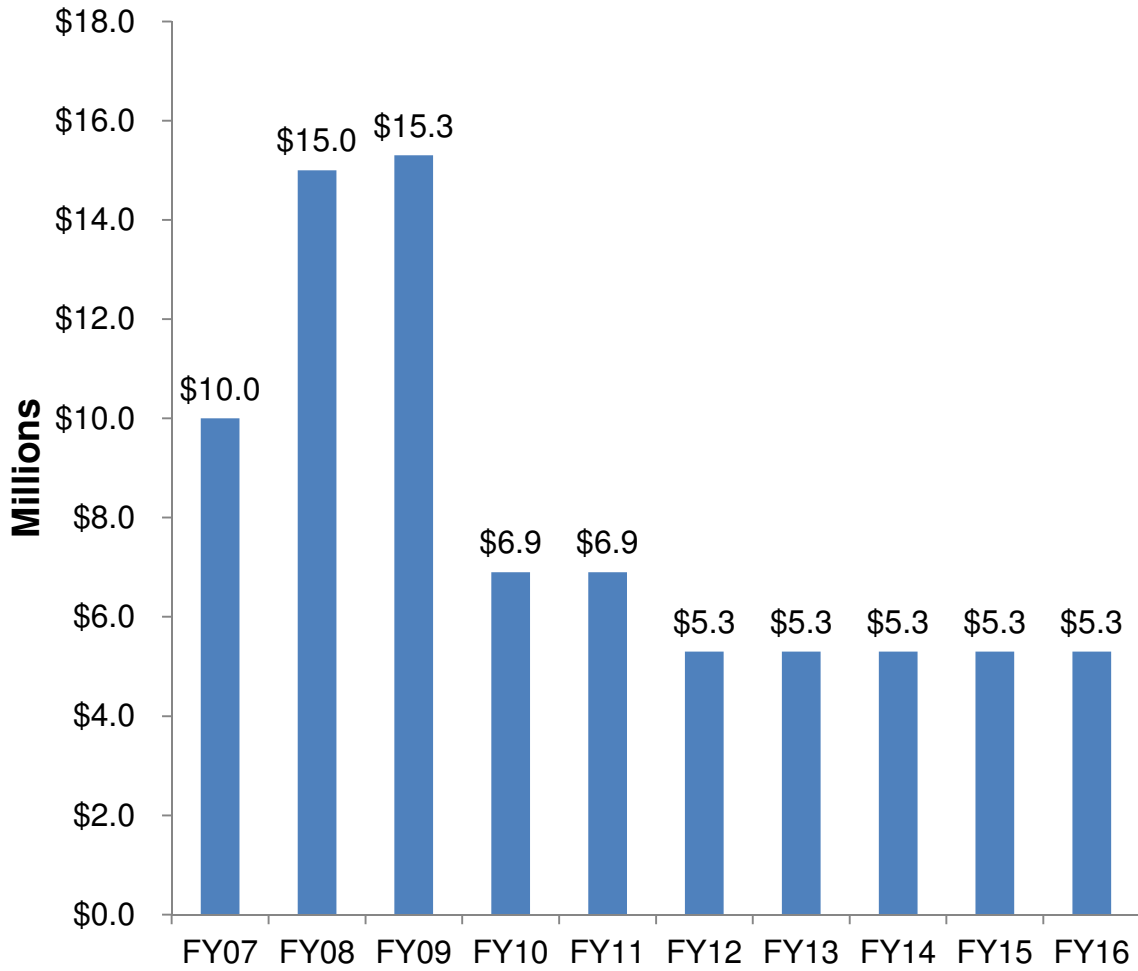
State Spending Summary	FY2016	FY2015
State Ranking	30	33
State Spending On Tobacco Prevention	\$5.3 million	\$5.3 million
% of CDC Recommended Spending (\$57.5 million)	9.2%	9.2%



Tobacco Industry Marketing in Wisconsin	
Estimated annual tobacco industry marketing in state	\$157.3 million
Ratio of industry marketing to state tobacco prevention spending	29.7 to 1

Tobacco's Toll in Wisconsin	
Adults who smoke	18.7%
High school students who smoke	10.7%
Deaths caused by smoking each year	7,900
Annual health care costs directly caused by smoking	\$2.66 billion
Residents' state & federal tax burden from smoking-caused government expenditures	\$826 per household

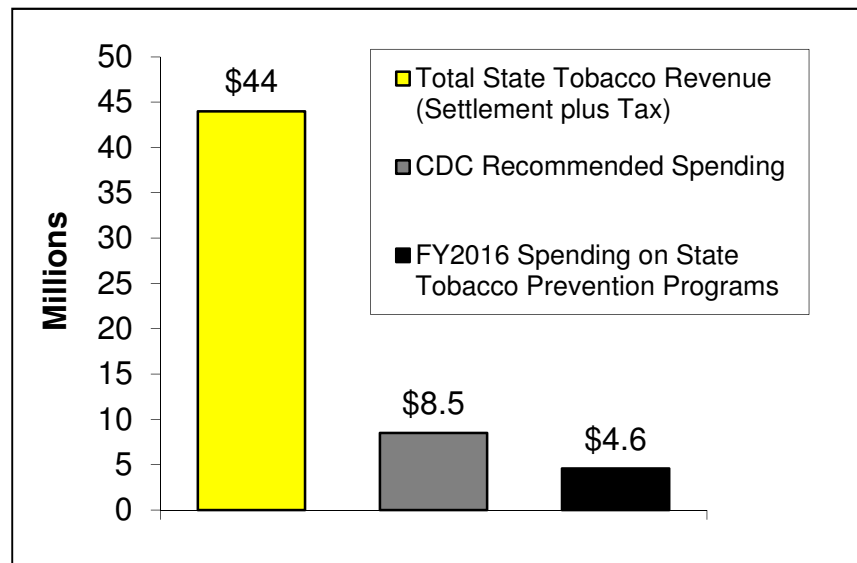
**Wisconsin
Total Annual Tobacco Prevention Spending
FY2007-FY2016**



CDC Recommended Spending: \$57.5 million

Wyoming

State Spending Summary	FY2016	FY2015
State Ranking	4	6
State Spending On Tobacco Prevention	\$4.6 million	\$4.6 million
% of CDC Recommended Spending (\$8.5 million)	54.1%	54.1%

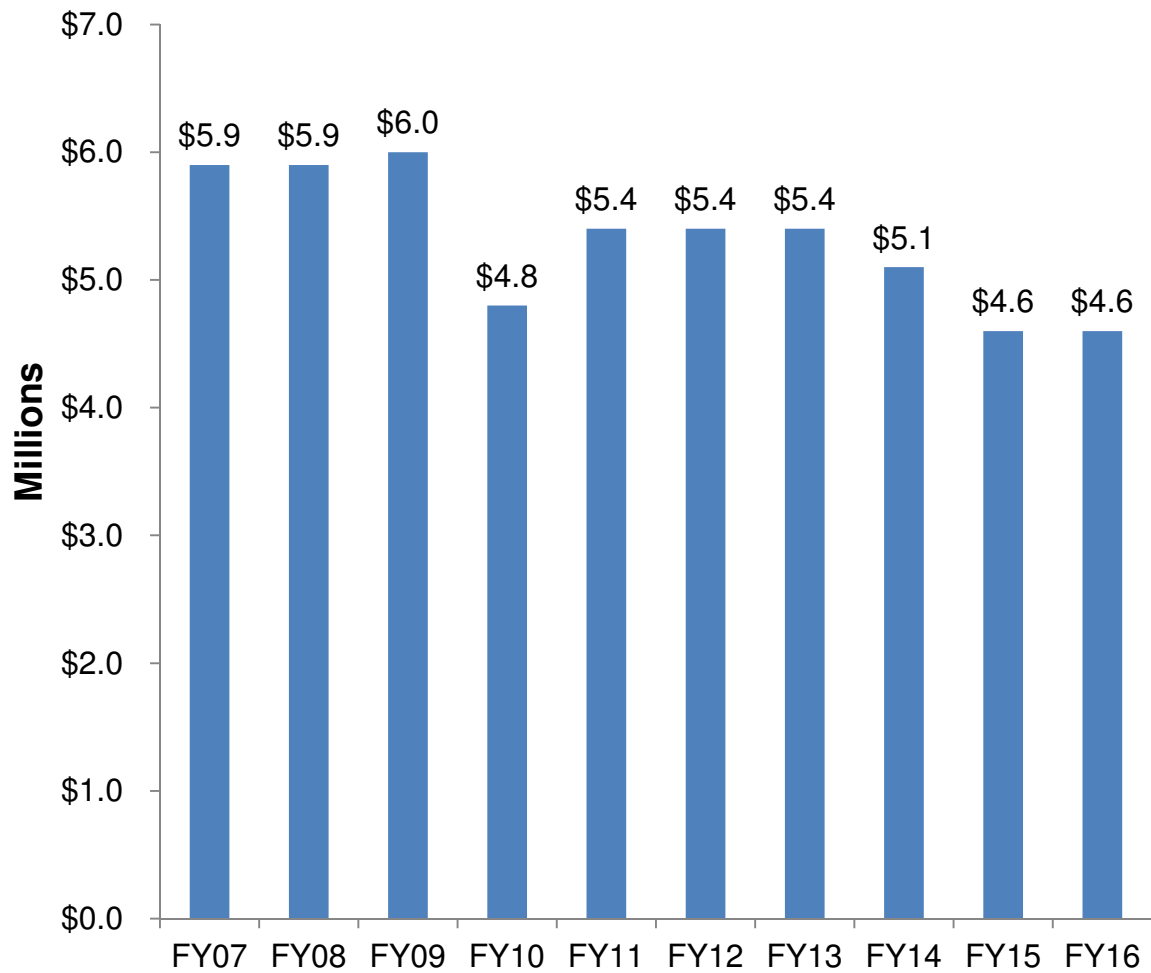


Tobacco Industry Marketing in Wyoming	
Estimated annual tobacco industry marketing in state	\$23.4 million
Ratio of industry marketing to state tobacco prevention spending	5.1 to 1

Tobacco's Toll in Wyoming	
Adults who smoke	20.6%
High school students who smoke	17.4%
Deaths caused by smoking each year	800
Annual health care costs directly caused by smoking	\$258 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$840 per household

Wyoming

Total Annual Tobacco Prevention Spending FY2007-FY2016



CDC Recommended Spending: \$8.5 million

Sources: State Data

Recommended Spending Levels

CDC annual spending recommendations. CDC annual spending recommendations are based on CDC's *Best Practices for Comprehensive Tobacco Control Programs—2014*, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm?s_cid=cs_3281

Revenue Data

State revenue estimates. State revenue estimates reflect our understanding of the consequences of implementing the decisions reached by the arbitration panel in the Non-Participating Manufacturers (NPM) Adjustment arbitrations in 2013, the implementation of the March 2013 settlement between 22 States and the Participating Manufacturers, and the August 2015 settlement between the Participating Manufacturers and the State of New York. As some issues remain the subject of litigation, the actual revenues might differ from these estimates.

Marketing Data

Estimated annual tobacco company marketing in state. U.S. Federal Trade Commission (FTC), *Cigarette Report for 2012*, 2015, <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2012/150327-2012cigaretterpt.pdf>. FTC, *Smokeless Tobacco Report for 2012*, 2015, <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-smokeless-tobacco-report-2012/150327-2012smokelesstobaccorpt.pdf>. Data for top 5 manufacturers only. State total is a prorated estimate based on cigarette pack sales in the state.

Ratio of tobacco company marketing to spending. Estimated annual tobacco company marketing in state divided by state spending on tobacco prevention as reported in this new report.

Toll Data

Adult smoking rates. State adult smoking rates: 2013 BRFSS, *Behavioral Risk Factor Surveillance System*.

Youth smoking rates. State youth smoking rates: Youth Risk Behavioral Surveillance (YRBS); Youth Tobacco Surveillance (YTS); and state-specific surveys.

Smoking-caused deaths. Includes deaths caused by cigarette smoking but not deaths caused by other forms of combustible tobacco or smokeless tobacco products, which are expected to be in the thousands per year. CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/.

Smoking-caused healthcare costs. CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/, Health costs do not include estimated annual costs from lost productivity due to premature death and exposure to secondhand smoke.

Residents' state & federal tax burden from smoking-caused government expenditures. Based on data from: CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*; CDC, Data Highlights 2006; Xu, X et al., "Annual Healthcare Spending Attributable to Cigarette Smoking: An Update," *American Journal of Preventive Medicine*, 48(3): 326-333, 2015; CDC, "Medical Care Expenditures Attributable to Smoking -- United States, 1993," *MMWR* 43(26): 1-4, July 8, 1994.

Appendix A



History of Spending for State Tobacco Prevention Programs FY2011 – FY2016*

	FY2016		FY2015		FY2014		FY2013		FY2012		FY2011	
	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.*	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.
States Total	\$468.0	14.2%	\$490.4	14.8%	\$481.2	14.6%	\$459.5	12.4%	\$456.7	12.4%	\$517.9	14.0%
Alabama	\$1.5	2.7%	\$0.4	0.6%	\$0.3	0.5%	NA**	NA**	NA**	NA**	\$0.9	1.5%
Alaska	\$8.8	86.4%	\$9.7	95.6%	\$10.1	99.4%	\$10.9	101.6%	\$10.8	101.3%	\$9.8	92.0%
Arizona	\$15.5	24.0%	\$18.6	28.9%	\$18.6	28.9%	\$15.2	22.3%	\$18.0	26.4%	\$19.8	29.1%
Arkansas	\$17.4	47.4%	\$17.5	47.6%	\$17.5	47.6%	\$17.8	48.9%	\$7.4	20.5%	\$11.8	32.4%
California	\$65.5	18.8%	\$58.9	16.9%	\$64.8	18.6%	\$62.1	14.1%	\$70.0	15.8%	\$75.0	17.0%
Colorado	\$21.8	41.3%	\$23.1	43.7%	\$26.0	49.1%	\$22.6	41.5%	\$6.5	11.9%	\$7.0	12.9%
Connecticut	\$1.2	3.7%	\$3.5	11.0%	\$3.0	9.4%	\$6.0	13.7%	\$0.0	0.0%	\$0.4	0.9%
Delaware	\$6.4	49.2%	\$8.7	66.7%	\$8.3	64.0%	\$9.0	64.9%	\$9.0	64.9%	\$8.3	59.5%
DC	\$1.4	12.7%	\$2.0	18.7%	\$0.5	4.6%	\$0.5	4.7%	\$0.0	0.0%	\$0.6	5.4%
Florida	\$67.7	34.9%	\$66.6	34.3%	\$65.6	33.8%	\$64.3	30.5%	\$62.3	29.5%	\$61.6	29.2%
Georgia	\$1.8	1.7%	\$1.8	1.7%	\$2.2	2.1%	\$0.8	0.6%	\$2.0	1.7%	\$2.0	1.8%
Hawaii	\$6.8	49.3%	\$7.5	55.0%	\$7.9	57.3%	\$8.9	58.8%	\$10.7	70.3%	\$9.3	61.1%
Idaho	\$2.9	18.4%	\$2.7	17.1%	\$2.2	14.1%	\$2.2	13.0%	\$0.9	5.2%	\$1.5	8.9%
Illinois	N/A***	N/A***	\$11.1	8.1%	\$11.1	8.1%	\$11.1	7.1%	\$9.5	6.1%	\$9.5	6.1%
Indiana	\$5.9	8.0%	\$5.8	7.8%	\$5.8	7.8%	\$9.3	11.8%	\$10.1	12.8%	\$9.2	11.7%
Iowa	\$5.2	17.4%	\$5.2	17.4%	\$5.1	17.1%	\$3.2	8.7%	\$3.3	8.9%	\$7.3	20.0%
Kansas	\$0.9	3.4%	\$0.9	3.4%	\$0.9	3.4%	\$1.0	3.1%	\$1.0	3.1%	\$1.0	3.1%
Kentucky	\$2.5	4.4%	\$2.5	4.4%	\$2.1	3.7%	\$2.1	3.7%	\$2.2	3.9%	\$2.6	4.5%
Louisiana	\$7.0	11.7%	\$6.8	11.4%	\$8.0	13.4%	\$7.2	13.4%	\$8.4	15.8%	\$9.0	16.9%
Maine	\$8.1	50.6%	\$8.2	51.4%	\$8.1	50.7%	\$7.5	40.7%	\$9.4	50.6%	\$9.9	53.5%
Maryland	\$8.7	18.2%	\$8.5	17.7%	\$8.5	17.8%	\$4.2	6.6%	\$4.3	6.8%	\$4.3	6.9%
Massachusetts	\$3.9	5.8%	\$3.9	5.8%	\$4.0	5.9%	\$4.2	4.6%	\$4.2	4.6%	\$4.5	5.0%
Michigan	\$1.6	1.5%	\$1.5	1.4%	\$1.5	1.4%	\$1.8	1.5%	\$1.8	1.5%	\$2.6	2.1%
Minnesota	\$21.5	40.6%	\$22.3	42.2%	\$21.3	40.2%	\$19.6	33.6%	\$19.5	33.4%	\$19.6	33.6%
Mississippi	\$10.9	29.9%	\$10.9	29.9%	\$10.9	29.9%	\$9.7	24.7%	\$9.9	25.3%	\$9.9	25.3%

	FY2016		FY2015		FY2014		FY2013		FY2012		FY2011	
	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.
Missouri	\$0.1	0.1%	\$0.1	0.1%	\$0.1	0.1%	\$0.1	0.1%	\$0.1	0.1%	\$0.1	0.1%
Montana	\$6.4	44.1%	\$5.4	37.0%	\$5.4	37.0%	\$4.6	33.1%	\$4.7	33.8%	\$8.4	60.4%
Nebraska	\$2.6	12.4%	\$2.4	11.4%	\$2.4	11.4%	\$2.4	11.1%	\$2.4	11.0%	\$2.9	13.3%
Nevada	\$1.0	3.3%	\$1.0	3.3%	\$1.0	3.3%	\$0.2	0.5%	\$0.0	0.0%	\$0.0	0.0%
New Hampshire	\$0.1	0.8%	\$0.1	0.8%	\$0.1	0.8%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
New Jersey	\$0.0	0.0%	\$0.0 [§]	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$1.2	1.0%	\$0.6	0.5%
New Mexico	\$5.9	26.0%	\$5.9	26.0%	\$5.9	26.0%	\$5.9	25.3%	\$5.9	25.3%	\$7.0	29.8%
New York	\$39.3	19.4%	\$39.3	19.4%	\$39.3	19.4%	\$41.4	16.3%	\$41.4	16.3%	\$58.4	23.0%
North Carolina	\$1.2	1.2%	\$1.2	1.2%	\$1.2	1.2%	\$0.0	0.0%	\$17.3	16.2%	\$18.3	17.1%
North Dakota	\$10.0	102.0%	\$9.5	97.1%	\$9.5	97.1%	\$8.2	88.4%	\$8.1	87.0%	\$8.2	88.1%
Ohio	\$12.1	9.2%	\$7.7	5.8%	\$1.5	1.1%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
Oklahoma	\$25.0	59.1%	\$23.6	55.7%	\$22.7	53.7%	\$19.7	43.8%	\$21.2	47.1%	\$21.7	48.2%
Oregon	\$9.8	25.0%	\$9.9	25.2%	\$9.9	25.2%	\$7.5	17.5%	\$8.3	19.3%	\$7.1	16.6%
Pennsylvania	N/A***	N/A***	\$13.8 [§]	9.9%	\$5.0 [§]	3.6%	\$14.2	9.1%	\$13.9	9.0%	\$14.7	9.5%
Rhode Island	\$0.4	3.1%	\$0.4	3.0%	\$0.4	3.0%	\$0.4	2.5%	\$0.4	2.5%	\$0.7	4.8%
South Carolina	\$5.0	9.8%	\$5.0	9.8%	\$5.0	9.8%	\$5.0	8.0%	\$5.0	8.0%	\$5.0	8.0%
South Dakota	\$4.5	38.5%	\$4.5	38.5%	\$4.0	34.2%	\$4.0	35.4%	\$4.0	35.4%	\$3.5	31.0%
Tennessee	\$5.0	6.6%	\$5.0	6.6%	\$5.0	6.6%	\$0.2	0.3%	\$0.2	0.3%	\$0.2	0.3%
Texas	\$10.2	3.9%	\$10.7	4.1%	\$11.2	4.2%	\$6.5	2.4%	\$5.5	2.0%	\$11.4	4.3%
Utah	\$7.1	36.8%	\$7.4	38.2%	\$7.5	39.1%	\$7.0	29.8%	\$7.2	30.4%	\$7.1	30.2%
Vermont	\$3.7	44.0%	\$3.9	46.4%	\$3.9	46.4%	\$4.0	38.2%	\$3.3	31.8%	\$4.5	43.4%
Virginia	\$8.3	9.1%	\$8.5	9.3%	\$9.5	10.3%	\$8.4	8.1%	\$8.4	8.1%	\$9.4	9.1%
Washington	\$0.6	1.0%	\$1.9	2.9%	\$0.8	1.2%	\$2.5	3.7%	\$0.8	1.1%	\$13.4	19.8%
West Virginia	\$4.9	17.8%	\$4.9	17.8%	\$5.3	19.2%	\$5.7	20.5%	\$5.7	20.3%	\$5.7	20.4%
Wisconsin	\$5.3	9.2%	\$5.3	9.2%	\$5.3	9.2%	\$5.3	8.2%	\$5.3	8.3%	\$6.9	10.7%
Wyoming	\$4.6	54.1%	\$4.6	54.1%	\$5.1	60.0%	\$5.4	60.0%	\$5.4	60.0%	\$5.4	60.0%
Total	\$468.0	14.2%	\$490.4	14.8%	\$481.2	14.6%	\$459.5	12.4%	\$456.7	12.4%	\$517.9	14.0%

Note: Annual funding amounts only include state funds

*In 2007 and again in 2014, the CDC updated its recommendations for the amount each state should spend on tobacco prevention programs, taking into account new science, population changes, inflation and other factors. Starting in FY2014, this report assessed the states based on the new recommendations issued in the 2014 CDC Best Practices for Comprehensive Tobacco Control Programs. Assessments for FY2009 through FY2013 are based on the 2007 CDC Best Practices for Comprehensive Tobacco Control Programs; earlier assessments are based on 1999 recommendations. **In FY2012 and FY2013, Alabama's tobacco prevention program budget was unavailable at the time this report went to press. ***Illinois and Pennsylvania tobacco prevention program budgets for FY2016 were not available when this report went to press. §Annual spending estimated, not confirmed by state health department.

History of Spending for State Tobacco Prevention Programs FY2005 – FY2010

	FY2010		FY2009		FY2008		FY2007		FY2006		FY2005	
	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.*	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.
States Total	\$569.3	15.4%	\$670.9	18.1%	\$717.2	44.8%	\$597.5	37.2%	\$551.0	34.4%	\$538.2	33.6%
Alabama	\$0.8	1.3%	\$1.2	2.1%	\$0.8	2.9%	\$0.7	2.6%	\$0.3	1.2%	\$0.4	1.3%
Alaska	\$9.2	86.0%	\$8.2	76.6%	\$7.5	92.5%	\$6.2	76.6%	\$5.7	70.5%	\$4.2	51.5%
Arizona	\$22.1	32.5%	\$21.0	30.8%	\$23.5	84.6%	\$25.5	91.8%	\$23.1	83.1%	\$23.1	83.1%
Arkansas	\$18.7	51.4%	\$16.0	44.0%	\$15.6	87.1%	\$15.1	84.3%	\$17.5	97.7%	\$17.6	98.3%
California	\$77.1	17.4%	\$77.7	17.6%	\$77.4	46.9%	\$84.0	50.9%	\$79.7	48.3%	\$74.0	44.8%
Colorado	\$11.1	20.4%	\$26.4	48.5%	\$26.0	105.9%	\$25.0	101.8%	\$27.0	110.0%	\$4.3	17.5%
Connecticut	\$6.1	13.9%	\$7.4	16.9%	\$0.0	0.0%	\$2.0	9.4%	\$0.0	0.2%	\$0.1	0.3%
Delaware	\$10.1	72.7%	\$10.7	77.0%	\$10.7	123.8%	\$10.3	119.4%	\$9.2	106.6%	\$9.3	107.8%
DC	\$0.9	8.1%	\$3.6	34.3%	\$3.6	48.1%	\$0.5	6.7%	\$0.0	0.0%	\$0.0	0.0%
Florida	\$65.8	31.2%	\$59.5	28.2%	\$58.0	74.0%	\$5.6	7.1%	\$1.0	1.3%	\$1.0	1.3%
Georgia	\$2.1	1.8%	\$2.3	2.0%	\$2.2	5.3%	\$2.3	5.4%	\$3.1	7.3%	\$11.5	27.0%
Hawaii	\$7.9	52.0%	\$10.5	69.1%	\$10.4	96.3%	\$9.1	84.0%	\$5.8	53.8%	\$8.9	82.6%
Idaho	\$1.2	7.1%	\$1.7	10.1%	\$1.4	12.6%	\$0.9	8.2%	\$0.5	4.9%	\$1.9	17.2%
Illinois	\$8.5	5.4%	\$8.5	5.4%	\$8.5	13.1%	\$8.5	13.1%	\$11.0	16.9%	\$11.0	16.9%
Indiana	\$10.8	13.7%	\$15.1	19.2%	\$16.2	46.6%	\$10.9	31.3%	\$10.8	31.1%	\$10.8	31.1%
Iowa	\$10.1	27.5%	\$10.4	28.3%	\$12.3	63.5%	\$6.5	33.6%	\$5.6	28.9%	\$5.1	26.4%
Kansas	\$1.0	3.1%	\$1.0	3.1%	\$1.4	7.8%	\$1.0	5.5%	\$1.0	5.5%	\$0.8	4.1%
Kentucky	\$2.8	4.9%	\$2.8	4.9%	\$2.4	9.4%	\$2.2	8.8%	\$2.7	10.8%	\$2.7	10.8%
Louisiana	\$7.8	14.6%	\$7.6	14.2%	\$7.7	28.3%	\$8.0	29.5%	\$8.0	29.5%	\$11.3	41.7%
Maine	\$10.8	58.4%	\$10.9	58.9%	\$16.9	151.2%	\$14.7	131.3%	\$14.2	126.9%	\$14.2	126.9%
Maryland	\$5.5	8.7%	\$19.6	31.0%	\$18.4	60.7%	\$18.7	61.7%	\$9.2	30.4%	\$9.5	31.4%
Massachusetts	\$4.5	5.0%	\$12.2	13.6%	\$12.8	36.2%	\$8.3	23.4%	\$4.3	12.1%	\$3.8	10.6%
Michigan	\$2.6	2.1%	\$3.7	3.1%	\$3.6	6.6%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
Minnesota	\$20.3	34.8%	\$20.5	35.1%	\$22.1	77.2%	\$21.7	75.8%	\$22.1	77.2%	\$18.7	65.3%
Mississippi	\$10.6	27.0%	\$10.3	26.3%	\$8.0	42.6%	\$0.0	0.0%	\$20.0	106.4%	\$20.0	106.4%

	FY2010		FY2009		FY2008		FY2007		FY2006		FY2005	
	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Rec.	Spending (\$millions)	Percent of CDC Min.
Missouri	\$1.2	1.6%	\$1.7	2.3%	\$0.2	0.6%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
Montana	\$8.4	60.4%	\$8.5	61.2%	\$8.5	90.6%	\$6.9	73.7%	\$6.8	72.6%	\$2.5	26.7%
Nebraska	\$3.0	14.0%	\$3.0	14.0%	\$2.5	18.8%	\$3.0	22.5%	\$3.0	22.5%	\$2.9	21.8%
Nevada	\$2.9	8.9%	\$3.4	10.5%	\$2.0	14.8%	\$3.8	28.2%	\$4.2	31.2%	\$4.4	32.6%
New Hampshire	\$0.0	0.0%	\$0.2	1.0%	\$1.3	12.3%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
New Jersey	\$7.6	6.3%	\$9.1	7.6%	\$11.0	24.4%	\$11.0	24.4%	\$11.5	25.5%	\$11.0	24.4%
New Mexico	\$9.5	40.6%	\$9.6	41.0%	\$9.6	70.1%	\$7.7	56.2%	\$6.0	43.8%	\$5.0	36.5%
New York	\$55.2	21.7%	\$80.4	31.6%	\$85.5	89.2%	\$85.5	89.2%	\$43.4	45.3%	\$39.5	41.2%
North Carolina	\$18.3	17.1%	\$17.1	16.0%	\$17.1	40.2%	\$17.1	40.2%	\$15.0	35.2%	\$15.0	35.2%
North Dakota	\$8.2	88.2%	\$3.1	33.3%	\$3.1	38.4%	\$3.1	38.0%	\$3.1	38.0%	\$3.1	38.0%
Ohio	\$6.0	4.1%	\$6.0	4.1%	\$44.7	72.4%	\$45.0	72.9%	\$47.2	76.4%	\$53.3	86.3%
Oklahoma	\$19.8	44.0%	\$18.0	40.0%	\$14.2	65.1%	\$10.0	45.8%	\$8.9	40.8%	\$4.8	22.0%
Oregon	\$6.6	15.3%	\$8.2	19.1%	\$8.2	38.8%	\$3.5	16.3%	\$3.5	16.3%	\$3.5	16.6%
Pennsylvania	\$17.7	11.4%	\$32.1	20.6%	\$31.7	48.3%	\$30.3	46.2%	\$32.9	50.2%	\$46.1	70.3%
Rhode Island	\$0.7	4.6%	\$0.9	6.1%	\$0.9	9.5%	\$1.0	9.6%	\$2.1	21.2%	\$2.5	25.3%
South Carolina	\$2.0	3.2%	\$0.0	0.0%	\$2.0	8.4%	\$2.0	8.4%	\$0.0	0.0%	\$0.0	0.0%
South Dakota	\$5.0	44.2%	\$5.0	44.2%	\$5.0	57.5%	\$0.7	8.1%	\$0.7	8.1%	\$1.5	17.3%
Tennessee	\$0.2	0.3%	\$5.0	7.0%	\$10.0	31.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
Texas	\$11.4	4.3%	\$11.8	4.4%	\$11.8	11.4%	\$5.2	5.0%	\$7.0	6.8%	\$7.4	7.2%
Utah	\$7.1	30.1%	\$7.2	30.5%	\$7.3	47.7%	\$7.2	47.3%	\$7.2	47.3%	\$7.2	47.2%
Vermont	\$4.8	46.2%	\$5.2	50.0%	\$5.2	66.0%	\$5.1	64.5%	\$4.9	61.9%	\$4.7	58.9%
Virginia	\$12.3	11.9%	\$12.7	12.3%	\$14.5	37.3%	\$13.5	34.7%	\$12.8	32.9%	\$13.0	33.5%
Washington	\$15.8	23.5%	\$27.2	40.4%	\$27.1	81.1%	\$27.1	81.3%	\$27.2	81.6%	\$27.2	81.6%
West Virginia	\$5.7	20.5%	\$5.7	20.5%	\$5.7	40.0%	\$5.4	38.1%	\$5.9	41.7%	\$5.9	41.3%
Wisconsin	\$6.9	10.7%	\$15.3	23.8%	\$15.0	48.1%	\$10.0	32.1%	\$10.0	32.1%	\$10.0	32.1%
Wyoming	\$4.8	53.3%	\$6.0	66.7%	\$5.9	80.1%	\$5.9	79.9%	\$5.9	79.9%	\$3.8	51.5%
Total	\$569.3	15.4%	\$670.9	18.1%	\$717.2	44.8%	\$597.5	37.2%	\$551.0	34.4%	\$538.2	33.6%

History of Spending for State Tobacco Prevention Programs FY2000 – FY2004

	FY2004		FY2003		FY2002		FY2001		FY2000	
	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.
States Total	\$542.8	33.9%	\$674.4	42.1%	\$749.7	46.9%	\$737.5	46.1%	\$680.3	42.5%
Alabama	\$0.4	1.3%	\$0.4	1.3%	\$0.6	2.2%	\$6.0	22.4%	\$6.0	22.4%
Alaska	\$3.8	47.0%	\$5.0	61.8%	\$3.1	38.3%	\$1.4	17.3%	\$1.4	17.3%
Arizona	\$23.0	82.8%	\$18.3	65.7%	\$36.6	131.6%	\$34.5	124.1%	\$29.3	105.4%
Arkansas	\$18.5	103.3%	\$16.4	91.5%	\$16.4	91.5%	\$16.1	89.9%	\$0.0	0.0%
California	\$90.1	54.6%	\$88.4	53.5%	\$134.5	81.5%	\$114.6	69.4%	\$88.2	53.4%
Colorado	\$3.8	15.5%	\$7.6	31.0%	\$12.7	51.8%	\$12.7	51.7%	\$13.2	53.8%
Connecticut	\$0.5	2.4%	\$0.6	2.7%	\$0.6	2.7%	\$1.0	4.7%	\$4.0	18.8%
Delaware	\$10.1	117.0%	\$5.0	57.9%	\$5.5	63.2%	\$2.8	32.4%	\$0.0	0.0%
DC	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
Florida	\$1.0	1.3%	\$37.5	47.8%	\$29.8	38.0%	\$44.0	56.1%	\$44.0	56.1%
Georgia	\$12.6	29.6%	\$19.1	44.8%	\$20.8	48.8%	\$15.8	37.1%	\$15.8	37.1%
Hawaii	\$8.9	82.6%	\$10.3	95.1%	\$4.2	38.9%	\$9.3	86.3%	\$9.7	89.5%
Idaho	\$1.6	14.5%	\$1.3	11.5%	\$1.1	10.0%	\$1.2	10.9%	\$1.2	10.9%
Illinois	\$12.0	18.5%	\$12.0	18.5%	\$45.9	70.7%	\$28.6	44.1%	\$28.6	44.0%
Indiana	\$10.8	31.1%	\$32.5	93.4%	\$32.5	93.4%	\$35.0	100.6%	\$35.0	100.6%
Iowa	\$5.1	26.4%	\$5.1	26.3%	\$9.4	48.7%	\$9.4	48.6%	\$9.4	48.3%
Kansas	\$0.5	2.8%	\$0.5	2.8%	\$0.5	2.8%	\$0.5	2.8%	\$0.5	2.8%
Kentucky	\$2.6	10.4%	\$3.0	12.0%	\$5.5	21.9%	\$5.8	23.1%	\$5.8	23.1%
Louisiana	\$10.7	39.4%	\$8.0	29.5%	\$0.5	1.8%	\$4.1	15.1%	\$4.1	15.1%
Maine	\$14.5	129.6%	\$15.2	135.6%	\$13.8	122.9%	\$18.8	168.0%	\$18.8	168.0%
Maryland	\$14.8	48.8%	\$30.0	99.0%	\$20.1	66.2%	\$30.0	99.0%	\$30.0	99.0%
Massachusetts	\$2.5	7.1%	\$4.8	13.6%	\$48.0	136.2%	\$43.1	122.3%	\$43.1	122.3%
Michigan	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
Minnesota	\$20.4	71.3%	\$32.3	112.9%	\$28.9	101.0%	\$35.0	122.3%	\$35.0	122.3%
Mississippi	\$20.0	106.4%	\$20.0	106.4%	\$20.0	106.4%	\$31.0	165.0%	\$31.0	165.0%

	FY2004		FY2003		FY2002		FY2001		FY2000	
	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.	Spending (\$millions)	Percent of CDC Min.
Missouri	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
Montana	\$2.5	26.7%	\$0.4	4.1%	\$0.5	5.3%	\$3.5	37.4%	\$3.5	37.4%
Nebraska	\$0.4	3.1%	\$7.0	52.6%	\$7.0	52.6%	\$7.0	52.6%	\$7.0	52.6%
Nevada	\$4.3	31.9%	\$4.3	31.8%	\$4.3	31.7%	\$3.0	22.3%	\$3.9	29.0%
New Hampshire	\$0.0	0.0%	\$3.0	27.5%	\$3.0	27.5%	\$3.0	27.5%	\$3.0	27.5%
New Jersey	\$10.5	23.3%	\$30.0	66.6%	\$30.0	66.6%	\$30.0	66.6%	\$18.6	41.3%
New Mexico	\$5.0	36.5%	\$5.0	36.5%	\$5.0	36.5%	\$2.3	16.8%	\$2.3	16.4%
New York	\$37.0	38.6%	\$40.0	41.7%	\$40.0	41.7%	\$30.0	31.3%	\$30.0	31.3%
North Carolina	\$10.9	25.6%	\$6.2	14.6%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
North Dakota	\$3.0	36.8%	\$2.5	30.6%	\$2.5	30.9%	\$0.0	0.0%	\$0.0	0.0%
Ohio	\$38.0	61.5%	\$34.0	55.1%	\$21.7	35.1%	\$60.0	97.2%	\$60.0	97.2%
Oklahoma	\$2.5	11.5%	\$2.5	11.2%	\$1.7	7.9%	\$6.3	28.9%	\$6.3	28.9%
Oregon	\$2.9	13.5%	\$11.1	52.5%	\$11.3	53.2%	\$8.5	40.2%	\$8.5	40.2%
Pennsylvania	\$52.6	80.2%	\$52.0	79.3%	\$41.4	63.1%	\$0.0	0.0%	\$0.0	0.0%
Rhode Island	\$2.7	27.3%	\$3.3	33.4%	\$3.3	33.4%	\$2.3	23.3%	\$2.3	23.3%
South Carolina	\$0.0	0.0%	\$2.0	8.4%	\$1.6	6.7%	\$1.8	7.5%	\$1.8	7.3%
South Dakota	\$0.8	8.6%	\$0.8	8.6%	\$2.7	31.1%	\$1.7	19.6%	\$1.7	19.6%
Tennessee	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%	\$0.0	0.0%
Texas	\$7.4	7.2%	\$12.5	12.1%	\$12.5	12.1%	\$9.3	9.0%	\$9.0	8.7%
Utah	\$7.2	47.2%	\$7.0	46.0%	\$6.0	39.4%	\$6.0	39.4%	\$6.0	39.4%
Vermont	\$4.5	56.9%	\$5.2	65.7%	\$5.5	70.0%	\$6.5	82.2%	\$6.5	82.2%
Virginia	\$17.4	44.8%	\$22.2	57.1%	\$19.2	49.3%	\$12.6	32.4%	\$13.1	33.7%
Washington	\$26.2	78.6%	\$26.2	78.7%	\$17.5	52.5%	\$15.0	45.0%	\$15.0	45.0%
West Virginia	\$5.9	41.7%	\$5.9	41.3%	\$5.9	41.3%	\$5.9	41.7%	\$5.9	41.3%
Wisconsin	\$10.0	32.1%	\$15.5	49.7%	\$15.5	49.7%	\$21.2	68.0%	\$21.2	68.0%
Wyoming	\$3.0	40.7%	\$3.0	40.7%	\$0.9	12.2%	\$0.9	12.2%	\$0.9	12.2%
Total	\$542.8	33.9%	\$674.4	42.1%	\$749.7	46.9%	\$737.5	46.1%	\$680.3	42.5%

Appendix B



STATE TOBACCO-PREVENTION SPENDING vs. STATE TOBACCO REVENUES AND ANNUAL SMOKING-CAUSED HEALTH COSTS

[All amounts are in millions of dollars per year, except where otherwise indicated]

Despite receiving massive amounts of annual revenue from tobacco taxes and the state tobacco lawsuit settlements with the cigarette companies, the vast majority of states are still failing to invest the amounts recommended by the U.S. Centers for Disease Control and Prevention (CDC) to prevent and reduce tobacco use and minimize related health harms

State	Annual Smoking Caused Health Costs	FY2016 State Tobacco Prevention Spending	Total Annual State Revenues From Tobacco (est.)	Tobacco Prevention Spending % of Tobacco Revenue
States Total	\$170 bill.	\$468.0	\$25.8 bill.	1.8%
Alabama	\$1.88 bill.	\$1.5	\$267.6	0.6%
Alaska	\$438	\$8.8	\$96.0	9.2%
Arizona	\$2.38 bill.	\$15.5	\$429.6	3.6%
Arkansas	\$1.21 bill.	\$17.4	\$270.4	6.4%
California	\$13.29 bill.	\$65.5	\$1.6 bill.	4.2%
Colorado	\$1.89 bill.	\$21.8	\$285.3	7.7%
Connecticut	\$2.03 bill.	\$1.2	\$487.2	0.2%
Delaware	\$532	\$6.4	\$135.7	4.7%
DC	\$391	\$1.4	\$68.4	2.0%
Florida	\$8.64 bill.	\$67.7	\$1.6 bill.	4.3%
Georgia	\$3.18 bill.	\$1.8	\$351.8	0.5%
Hawaii	\$526	\$6.8	\$170.9	4.0%
Idaho	\$508	\$2.9	\$72.9	3.9%
Illinois	\$5.49 bill.	NA*	\$1.1 bill.	NA*
Indiana	\$2.93 bill.	\$5.9	\$565.3	1.0%
Iowa	\$1.28 bill.	\$5.2	\$285.6	1.8%
Kansas	\$1.12 bill.	\$0.9	\$196.3	0.5%
Kentucky	\$1.92 bill.	\$2.5	\$302.0	0.8%
Louisiana	\$1.89 bill.	\$7.0	\$397.9	1.8%
Maine	\$811	\$8.1	\$187.9	4.3%
Maryland	\$2.71 bill.	\$8.7	\$519.6	1.7%
Massachusetts	\$4.08 bill.	\$3.9	\$880.2	0.4%
Michigan	\$4.59 bill.	\$1.6	\$1.2 bill.	0.1%
Minnesota	\$2.51 bill.	\$21.5	\$791.7	2.7%
Mississippi	\$1.23 bill.	\$10.9	\$255.2	4.3%
Missouri	\$3.03 bill.	\$0.1	\$235.2	0.0%
Montana	\$440	\$6.4	\$113.6	5.7%
Nebraska	\$795	\$2.6	\$100.9	2.6%

State	Annual Smoking Caused Health Costs	FY2016 State Tobacco Prevention Spending	Total Annual State Revenues From Tobacco (est.)	Tobacco Prevention Spending % of Tobacco Revenue
Nevada	\$1.08 bill.	\$1.0	\$212.5	0.5%
New Hampshire	\$729	\$0.1	\$256.7	0.0%
New Jersey	\$4.06 bill.	\$0.0	\$920.7	0.0%
New Mexico	\$844	\$5.9	\$131.3	4.5%
New York	\$10.39 bill.	\$39.3	\$2.7 bill.	1.5%
North Carolina	\$3.81 bill.	\$1.2	\$412.5	0.3%
North Dakota	\$326	\$10.0	\$63.2	15.8%
Ohio	\$5.64 bill.	\$12.1	\$1.2 bill.	1.0%
Oklahoma	\$1.62 bill.	\$25.0	\$385.8	6.5%
Oregon	\$1.54 bill.	\$9.8	\$342.3	2.9%
Pennsylvania	\$6.38 bill.	NA*	\$1.4 bill.	NA*
Rhode Island	\$640	\$0.4	\$189.1	0.2%
South Carolina	\$1.90 bill.	\$5.0	\$228.5	2.2%
South Dakota	\$373	\$4.5	\$84.6	5.3%
Tennessee	\$2.67 bill.	\$5.0	\$401.3	1.2%
Texas	\$8.85 bill.	\$10.2	\$1.9 bill.	0.5%
Utah	\$542	\$7.1	\$153.6	4.6%
Vermont	\$348	\$3.7	\$113.3	3.3%
Virginia	\$3.11 bill.	\$8.3	\$296.4	2.8%
Washington	\$2.81 bill.	\$0.6	\$581.9	0.1%
West Virginia	\$1.00 bill.	\$4.9	\$168.8	2.9%
Wisconsin	\$2.66 bill.	\$5.3	\$756.0	0.7%
Wyoming	\$258	\$4.6	\$44.0	10.4%

*Illinois and Pennsylvania tobacco prevention program budgets for FY 2016 were not available when this report went to press. In FY2015, Illinois budgeted \$11.1 million. Pennsylvania's FY2015 annual spending was estimated at \$13.8 million (not confirmed by health department).

Notes: Annual funding amounts only include state funds. Annual state health care costs and CDC annual spending targets are from CDC, *Best Practices for Comprehensive Tobacco Control*, January 2014. National health care costs are from Xu, Xin, "Annual Healthcare Spending Attributable to Cigarette Smoking," *Am J Prev Med*, published online: December 09, 2014, <http://www.ajpmonline.org/article/S0749-3797%2814%2900616-3/abstract>. State revenue estimates reflect our understanding of the consequences of implementing the decisions reached by the arbitration panel in the Non-Participating Manufacturers (NPM) Adjustment arbitrations in 2013, the implementation of the March 2013 settlement between 22 States and the Participating Manufacturers, and the August 2015 settlement between the Participating Manufacturers and the State of New York. As some issues remain the subject of litigation, the actual revenues might differ from these estimates. Estimated state tobacco tax revenue amounts are based on monthly Tax Burden on Tobacco data, state agencies, and conservative projections using the most recent data available.



Appendix C

COMPREHENSIVE TOBACCO PREVENTION AND CESSATION PROGRAMS EFFECTIVELY REDUCE TOBACCO USE

Tobacco control programs play a crucial role in the prevention of many chronic conditions such as cancer, heart disease, and respiratory illness. Comprehensive tobacco prevention and cessation programs prevent kids from starting to smoke, help adult smokers quit, educate the public, the media and policymakers about policies that reduce tobacco use, address disparities, and serve as a counter to the ever-present tobacco industry.

Recommendations for state tobacco prevention and cessation programs are best summarized in the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs*. In this guidance document, CDC recommends that states establish tobacco control programs that are comprehensive, sustainable, and accountable and include state and community interventions, public education interventions, cessation programs, surveillance and evaluation and administration and management.¹

The empirical evidence regarding the effectiveness of comprehensive tobacco prevention and cessation programs is vast and growing. There is more evidence than ever before that tobacco prevention and cessation programs work to reduce smoking, save lives and save money. The 2014 Surgeon General Report, *"The Health Consequences of Smoking – 50 Years of Progress"*, calls for a number of specific actions, including: "Fully funding comprehensive statewide tobacco control programs at CDC recommended levels."² The report also notes that, "*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.*" Importantly, the Report finds that long term investment is critical. It states, "*Experience also shows that the longer the states invest in comprehensive tobacco control programs, the greater and faster the impact.*"

In addition, the *Community Preventive Services Task Force*, an independent expert advisory committee created by CDC, found "strong evidence" that comprehensive tobacco control programs reduce the prevalence of tobacco use among adults and young people, reduce tobacco product consumption, increase quitting, and contribute to reductions in tobacco-related diseases and deaths. The evidence also indicates that comprehensive tobacco control programs are cost-effective, and savings from averted healthcare costs exceed intervention costs.³

In 2007, the Institute of Medicine and the President's Cancer Panel issued landmark reports that concluded there is overwhelming evidence that comprehensive state tobacco control programs substantially reduce tobacco use and recommended that every state fund such programs at CDC-recommended levels.⁴ In addition, the 2012 annual report to the nation on cancer found that death rates from lung cancer have dropped among women and attributed this decline to "strong, long-running, comprehensive tobacco control programs."⁵

Data from numerous states that have implemented programs consistent with CDC guidelines show significant reductions in youth and adult smoking. The most powerful evidence, however, comes from national studies that look across states and control for as many of the relevant confounding factors as possible. These rigorous studies consistently show effects of tobacco prevention and cessation programs.

A study published in the *American Journal of Public Health*, examined state tobacco prevention and cessation funding levels from 1995 to 2003 and found that the more states spent on these programs, the larger the declines they achieved in adult smoking, even when controlling for other factors such as increased tobacco prices. The researchers also calculated that if every state had funded their programs at the levels recommended by the CDC during that period, there would have been between 2.2 million and 7.1 million fewer smokers in the United States by 2003.⁶ The Campaign for Tobacco-Free Kids estimates that such smoking declines would have saved between 700,000 and 2.2 million lives as well as between \$20 billion and \$67 billion in health care costs.

The study described above adds to earlier research, using similar methods, which demonstrated the same type of relationship between program spending and youth smoking declines. A 2005 study concluded that if every state had spent the minimum amount recommended by the CDC for tobacco prevention, youth smoking rates nationally would have been between three and 14 percent lower during the study period, from 1991 to 2000. Further, if every state funded tobacco prevention at CDC minimum levels, states would prevent nearly two million kids alive today from becoming smokers, save more than 600,000 of them from premature, smoking-caused deaths, and save \$23.4 billion in long-term, smoking-related health care costs.⁷

A 2003 study published in the *Journal of Health Economics* found that states with the best funded and most sustained tobacco prevention programs during the 1990s – Arizona, California, Massachusetts and Oregon – reduced cigarette sales more than twice as much as the country as a whole (43 percent compared to 20 percent). This study, the first to compare cigarette sales data from all the states and to isolate the impact of tobacco control program expenditures from other factors that affect cigarette sales, demonstrates that the more states spend on tobacco prevention, the greater the reductions in smoking, and the longer states invest in such programs, the larger the impact. The study concludes that cigarette sales would have declined by 18 percent instead of nine percent between 1994 and 2000 had all states fully funded tobacco prevention programs.⁸

A 2013 study published in the *American Journal of Public Health*, which examined the impact of well-funded tobacco prevention programs, higher cigarette taxes and smoke-free air laws, found that each of these tobacco control policies contributed to declines in youth smoking between 2002 and 2008. The study also found that states could achieve far greater gains if they more fully implemented these proven strategies. For example, the study found that a doubling of cumulative funding for tobacco prevention programs would reduce current youth smoking by 4 percent.⁹

An earlier study, published in the *American Journal of Health Promotion* provides further evidence of the effectiveness of comprehensive tobacco control programs and tobacco control policies. The study's findings suggest that well-funded tobacco control programs combined with strong tobacco control policies increase cessation rates. Quit rates in communities that experienced both policy and programmatic interventions were higher than quit rates in communities that had only experienced policy interventions (excise tax increases or secondhand smoke regulations). This finding supports the claim that state-based tobacco control programs can accelerate adult cessation rates in the population and have an effect beyond that predicted by tobacco-control policies alone.¹⁰

Data from numerous states provide additional evidence of the effectiveness of comprehensive tobacco prevention and cessation programs. States that have implemented comprehensive programs have achieved significant reductions in tobacco use among both adults and youth. The experiences in states from around the country who have invested in comprehensive prevention programs establish the following key points:

- When adequately funded, comprehensive state tobacco prevention programs quickly and substantially reduce tobacco use, save lives, and cut smoking-caused costs.
- State tobacco prevention programs must be insulated against the inevitable attempts by the tobacco industry to reduce program funding and otherwise interfere with the programs' successful operation.
- The programs' funding must be sustained over time both to protect initial tobacco use reductions and to achieve further cuts.
- When program funding is cut, progress in reducing tobacco use erodes, and the state suffers from higher levels of smoking and more smoking-caused deaths, disease, and costs.

Unfortunately, many states faced with budget difficulties have recently made the penny-wise but pound-foolish decision to slash the funding of even the most effective tobacco control programs, which will cost lives and money.

Program Success – California

In 1988, California voters approved Proposition 99, a ballot initiative that increased state cigarette taxes by 25 cents per pack, with 20 percent of the new revenues (over \$100 million per year) earmarked for health education against tobacco use. California launched its new Tobacco Control Program in Spring 1990. Despite increased levels of tobacco marketing and promotion, a major cigarette price cut in 1993, tobacco company interference with the program, and periodic cuts in funding, the program has still reduced tobacco use and its attendant devastation substantially.

- California's comprehensive approach has reduced adult smoking significantly. Adult smoking declined by 49 percent from 1988 to 2011, from 23.7 percent to 12.0 percent.¹¹
- Between 2000 and 2012, smoking prevalence among high school students decreased by more than 50 percent, from 21.6 percent to 10.5 percent.¹²
- A 2013 study published in *PLOS ONE* found that California's program helped reduce the number of cigarette packs sold by approximately 6.8 billion. According to the study's authors, the new research shows that tobacco control program funding is directly tied to reductions in smoking rates and cigarette consumption per smoker, generating significant savings in health care expenditures. In fact, the study found that that between 1989 and 2008 California's tobacco control program reduced health care costs by \$134 billion, far more than the \$2.4 billion spent on the program.¹³
- A recent study in the *Journal of the American Medical Association* demonstrates that California reduced overall smoking and high intensity smoking much faster than the rest of the country. Researchers suggest that the Tobacco Control Program's focus on changing social norms has both reduced initiation and increased cessation.¹⁴
- In the 10 years following the passage of Proposition 99, adult smoking in California declined at twice the rate it declined in the previous decade.¹⁵
- Lung cancer rates in California decreased by 35 percent from 1988 to 2011, while rates in the rest of the U.S. decreased only 20 percent from 1988 to 2011.¹⁶ Researchers have associated the declines in lung cancer rates with the efforts of California's program.¹⁷
- A study published in the *American Journal of Public Health* found that the California anti-tobacco media campaign reduced sales of cigarettes by 232 million packs between the third quarter of 1990 and the fourth quarter of 1992. This reduction was independent of the decreases in consumption brought about by the tax increase.¹⁸

The California tobacco control program produced much larger smoking reductions in the early years, when it was funded at its highest levels, than during subsequent years, when the state cut its funding. For example, when California cut the program's funding in the mid 1990s, its progress in reducing adult and youth smoking rates stalled, but it got back on track when program funding was partially restored.¹⁹

* This factsheet focuses on the extensive public health benefits obtained by state tobacco prevention programs. Other Campaign factsheets show that these programs also reduce smoking-caused costs, including those incurred by state Medicaid programs. See, e.g., TFK Factsheet, *Return on Investment from State Tobacco Prevention and Cessation Programs* <http://www.tobaccofreekids.org/research/factsheets/pdf/0370.pdf>.

Program Success – New York

New York began implementing a comprehensive state tobacco control program in 2000 with funds from the Master Settlement Agreement and revenue from the state cigarette tax. As the data below demonstrate, New York's comprehensive approach is working. While declines in youth smoking nationally have slowed, New York's rates continue to decline steadily. New York has also seen a decline in adult smoking, some of which is the result of the state's success in preventing youth from starting to smoke.

- Between 2000 and 2014, smoking among middle school students declined a dramatic 88 percent, (from 10.2% to 1.2%), and smoking among high school students declined by 73 percent, (from 27.1% to 7.3%).²⁰
- Between 2000 and 2009, adult smoking declined by 16.7 percent among all adults, from 21.6 percent to 18.0 percent, and by 30 percent among young adults, from 33 percent to 23.1 percent. The New York State Department of Health estimates that approximately 35 percent of the total decline in adult smoking is attributable to youth prevention strategies and that the significant reduction in smoking among young adults will reduce future health care costs by approximately \$5 billion.²¹
- More recent data indicate that New York is continuing to make progress in reducing adult smoking rates. According to the Behavioral Risk Factor Surveillance System, in 2013 adult smoking in New York was down to 16.6 percent.²²

Program Success – Florida

In 2006, Florida voters overwhelmingly approved a Constitutional Amendment to allocate a percentage of funds from the tobacco Master Settlement Agreement to a statewide tobacco prevention and cessation program. Tobacco Free Florida (TFF) is a statewide program that focuses on youth prevention and helping smokers quit. Based on Best Practices from the Centers for Disease Control and Prevention (CDC), TFF combines a public awareness media campaign with community-based interventions and help and encouragement for smokers to quit. Like other states that have implemented programs consistent with CDC Best Practices, Florida has experienced significant reductions in youth and adult smoking. Since TFF began receiving funding in 2007, it has had a dramatic impact on the health of Floridians:

- Adult smoking rates have declined by 18.6 percent, from 21.0 percent in 2006 to 17.1 percent in 2010.²³
- High school smoking rates have declined by more than 50 percent, from 15.5 percent in 2006 to 6.9 percent in 2015. Middle school smoking rates have declined by nearly 70 percent, from 6.6 percent to 2.0 percent.²⁴

Program Success – Washington

The Washington State Tobacco Prevention and Control program was implemented in 1999 after the state Legislature set aside money from the Master Settlement Agreement to create a Tobacco Prevention and Control Account. Tobacco prevention and control received additional funds in 2001 when the state's voters passed a cigarette tax increase that dedicated a portion of the new revenue to tobacco prevention and cessation.

- Since the tobacco control program was implemented, Washington has reduced the adult smoking rate by about one-third, from 22.4 percent in 1999 to 15.2 percent in 2010.²⁵
- Washington's tobacco prevention efforts have also cut youth smoking rates by well over half, from 19.8 percent of 10th graders in 2000 to just 7.9 percent in 2014.²⁶

According to a recent study, Washington's comprehensive program is working and is not only responsible for fewer Washingtonians suffering and dying from tobacco-related diseases, but also saving money by reducing tobacco-related health care costs. According to the new study, the state's comprehensive

tobacco prevention and cessation program has prevented 13,000 premature deaths and nearly 36,000 hospitalizations, saving about \$1.5 billion in health care costs. The study found that for every dollar spent by the state on tobacco prevention in the last ten years, the state saved more than \$5 in reduced hospitalization costs.²⁷

An earlier study in CDC's peer-reviewed journal, *Preventing Chronic Disease*, found that although Washington made progress in implementing tobacco control policies between 1990 and 2000, smoking prevalence did not decline significantly until after substantial investment was made in the state's comprehensive tobacco control program.²⁸

Program Success – Maine

In 1997, Maine increased its cigarette excise tax and used a portion of those funds to establish a comprehensive tobacco prevention program known as the Partnership for a Tobacco-Free Maine. Maine has subsequently augmented its program with proceeds from the 1998 state tobacco settlement, which also resulted in a further increase in cigarette prices (the state also raised cigarette taxes again in 2001, to \$1.00 per pack, and in 2005 to \$2.00 per pack). Prior to launching this effort, Maine had one of the highest youth smoking rates in the country.

- Smoking among Maine's high school students declined a dramatic 67.3 percent between 1997 and 2013, falling from 39.2 percent to 12.8 percent. (Nationally, smoking among high school students declined by 50% over this same time period.)²⁹

Program Success – North Dakota

On November 4, 2008, North Dakota voters approved a ballot measure to allocate some of the state's tobacco settlement to the state's tobacco prevention and cessation program at the CDC-recommended level. Since the program was implemented with higher funding levels, North Dakota has reduced tobacco use among both children and adults.

- From 2009 to 2015, smoking among North Dakota's high school students fell by nearly half, from 22.4 percent to 11.7 percent.³⁰
- Adult smoking declined from 18.6 percent in 2009 to 17.4 percent in 2010.³¹

Program Success – Massachusetts

In 1992, Massachusetts voters approved a referendum that increased the state cigarette tax by 25 cents per pack. Part of the new tax revenues was used to fund the Massachusetts Tobacco Control Program (MTCP), which began in 1993. As in California, the program achieved considerable success until its funding was cut by more than 90 percent in 2003. Data demonstrate that the program was successful in reducing tobacco use among both children and adults.

- Massachusetts cigarette consumption declined by 36 percent between 1992 and 2000, compared to a decrease of just 16 percent in the rest of the country (excluding California).³²
- From 1995 to 2001, current smoking among Massachusetts high school students dropped by 27.2 percent (from 35.7% to 26%), while the nationwide rate dropped by 18.1 percent (34.8% to 28.5%)³³
- Between 1993 and 2000, adult smoking prevalence dropped from 22.6 percent to 17.9 percent, resulting in 228,000 fewer smokers.³⁴ Nationally, smoking prevalence dropped by just seven percent over this same time period.³⁵
- Between 1990 and 1999, smoking among pregnant women in Massachusetts declined by more than 50 percent (from 25% to 11%). Massachusetts had the greatest percentage decrease of any state over the time period (the District of Columbia had a greater percent decline).³⁶

Despite the considerable success achieved in Massachusetts, funding for the state's tobacco prevention and cessation program was cut by 95 percent – from a high of approximately \$54 million per year to just \$2.5 million in FY2004, although funding for the program has increased slightly in recent years. These drastic reductions in the state's investments to prevent and reduce tobacco use will translate directly into higher smoking rates, especially among kids, and more smoking-caused disease, death, and costs. In fact, a study released by the Massachusetts Association of Health Boards shows that the Massachusetts program funding cuts have already been followed by an alarming increase in illegal sales of tobacco products to children.³⁷

- Between 2002 and 2003, cigarette sales to minors increased by 74 percent, from eight percent to 13.9 percent in communities that lost a significant portion of their enforcement funding.
- Over the same time period, cigarette sales to minors increased by 98 percent in communities that lost all of their local enforcement funding.
- Between 1992 and 2003, per capita cigarette consumption declined at a higher rate in Massachusetts as it did in the country as a whole (47%v. 28%). However, from 2003 to 2006, Massachusetts' per capita cigarette consumption declined a mere seven percent (from 47.5 to 44.1 packs per capita), while the U.S. average cigarette consumption declined by ten percent (from 67.9 to 61.1 packs per capita). Most recently, between 2005 and 2006, Massachusetts' per capita cigarette consumption *increased* by 3.2 percent (from 42.7 to 44.1 packs per capita), while nationwide, per capita consumption *declined* by 3.5 percent (from 63.3 to 61.1 packs per capita).³⁸

Program Success – Alaska

Alaska's tobacco control program began in 1994, and the state made its first investment in tobacco prevention with funds from the Master Settlement Agreement in 1999. In the following years, Alaska increased its annual investment, reaching a high of \$10.9 million in state funding in 2013.³⁹ The state's comprehensive tobacco control efforts have led to significant reductions in youth and adult smoking rates.

- From 1998 to 2010, adult smoking rates declined 21.8 percent (from 26.1% to 20.4%).⁴⁰
- High school youth smoking has declined by 70 percent since 1995 (from 36.5% to 11.1% in 2015).⁴¹

Campaign for Tobacco-Free Kids, December 1, 2015 / Meg Riordan

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STATE TOBACCO PREVENTION AND CESSATION PROGRAMS SAVE MONEY

It is well established that comprehensive statewide tobacco-prevention and cessation programs prompt sharp reductions in smoking levels among both adults and kids by both increasing the numbers who quit or cutback and reducing the numbers who start or relapse. As shown by the experience of those states that already have comprehensive tobacco-prevention programs, these smoking reductions save thousands of people from suffering from the wide range of smoking-caused illnesses and other health problems. Recent research indicates that tobacco prevention and cessation programs not only reduce smoking and save lives, but also save money by reducing tobacco-related health care costs.

Cost Savings From Established State Tobacco Prevention and Cessation Programs

- A recent study in the *American Journal of Public Health* found that for every dollar spent by Washington State's tobacco prevention and control program between 2000 and 2009, more than five dollars were saved by reducing hospitalizations for heart disease, stroke, respiratory disease and cancer caused by tobacco use.¹ 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 the cost savings only reflect the savings from prevented hospitalizations. The researchers indicate that the total cost savings could more than double if factors like physician visits, pharmaceutical costs and rehabilitation costs were included.
- A 2013 study published in *PLOS ONE* found that between 1989 and 2008 California's tobacco control program reduced health care costs by \$134 billion, far more than the \$2.4 billion spent on the program. Researchers attribute these savings to reductions in smoking rates and cigarette consumption per smoker, generating significant savings in health care expenditures.² This study builds on previous research which found that for every dollar the state spent on its tobacco control program from 1989 to 2004, the state received as much as fifty dollars in health care cost savings in the form of sharp reductions to total healthcare costs in the state.³
- Earlier research from California suggests that California's tobacco-control program secured substantial savings over the first seven years of its operation just from reducing smoking-affected births and smoking-caused heart attacks and strokes. Taken together, these savings more than covered the entire cost of the state's program over that time period and produced even larger savings in the following years. For every single dollar the state had been spending on the California program, it was reducing statewide healthcare costs by more than \$3.60.⁴
- A study of Arizona's tobacco prevention program found that the cumulative effect of the program was a savings of \$2.3 billion between 1996 and 2004, which amounted to about ten times the cost of the program over the same time period.⁵
- A report on the early investments in Massachusetts' comprehensive tobacco prevention program found that during its early years, the state's program was reducing statewide healthcare costs by \$85 million per year – which means the state was annually reducing smoking-caused health care costs by at least two dollars for every single dollar it invested in its comprehensive tobacco-prevention efforts.⁶
- An August 2008 Australian study found that for every dollar spent on a strong tobacco control program (consisting primarily of aggressive anti-smoking television ads along with telephone quitlines and other support services to help smokers quit), the program reduced future healthcare costs by \$70 over the lifetimes of the persons the program prompted to quit. This savings estimate was based on the study's finding that for every 10,000 smokers who quit because of the tobacco control program, more than 500 were saved from lung cancer, more than 600 escaped having heart attacks, at least 130 avoid suffering

¹ For extensive examples of real-world adult and youth smoking declines in states that have already initiated statewide tobacco-prevention programs, see TFK Factsheet, *Comprehensive Statewide Tobacco Prevention Programs Effectively Reduce Tobacco Use*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0045.pdf>, and other related Factsheets at http://www.tobaccofreekids.org/facts_issues/fact_sheets/policies/prevention_us_state/save_lives_money/.

from a stroke, and more than 1700 were prevented from suffering from chronic obstructive pulmonary disease (COPD).⁷

These studies confirm that the cost-saving benefits from sustained investments in effective tobacco control programs quickly grow over time to dwarf the state expenditures, producing massive gains for the state not only in terms of both improved public health and increased worker productivity but in reduced government, business, and household costs.

State Tobacco-Prevention Efforts and State Medicaid Program Savings

Providing comprehensive tobacco cessation benefits for Medicaid beneficiaries has also proven to be a cost-effective investment. A study published recently in *PLoS One* shows that Massachusetts saved more than \$3 for every \$1 it spent on services to help beneficiaries in the state's Medicaid program quit smoking. The new study, which examined the cost implications from reducing hospital admissions for heart attacks and coronary heart disease, concluded that every \$1 that Massachusetts invested in the program yielded \$3.12 in savings for cardiovascular-related hospital admissions alone. The study estimates that the reductions in cardiovascular-related hospitalizations translated into net annual savings of about \$14.7 million for the state Medicaid program. These are conservative savings as they do not include long-term savings, savings that may occur outside the Medicaid program, or savings beyond hospital admissions.⁸

Earlier studies showed that after Massachusetts implemented comprehensive coverage of tobacco cessation services for all Medicaid beneficiaries, the smoking rate among beneficiaries declined by 26 percent in the first 2.5 years.⁹ Among benefit users, there was a 46 percent decrease in hospitalizations for heart attacks and a 49 percent decrease in hospitalizations for cardiovascular disease.¹⁰

Even Larger Future Savings From Investments in Tobacco Prevention Programs

- The findings of a 2004 study show that if every state funded its tobacco prevention efforts at the minimum amount recommended by the U.S. Centers for Disease Control and Prevention (CDC), just the related declines in *youth* smoking would lock in future reductions in smoking-caused healthcare costs of more than \$31 billion.¹¹ The related declines in adult smoking and in secondhand smoke exposure from the states making these CDC recommended investments in tobacco prevention would lock in tens of billions of dollars in additional smoking-caused cost savings.
- A study published in the journal *Contemporary Economic Policy* found that adequately funded state tobacco-prevention programs could save an astonishing 14 to 20 times the cost of implementing them. These programs save money by reducing tobacco-related Medicaid and other medical costs and productivity costs. Analyzing data from 1991 through 2007, the researchers found that state tobacco control programs have a "sustained and steadily increasing long-run impact" on the demand for cigarettes, which reduces disease and health-care costs.¹²

Campaign for Tobacco-Free Kids, December 2, 2015 / Meg Riordan

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Appendix E

STATE CIGARETTE EXCISE TAX RATES & RANKINGS

Overall All States' Average: \$1.61 per pack
 Major Tobacco States' Average: 48.5 cents per pack
 Other States' Average: \$1.76 per pack

State	Tax	Rank
Alabama	\$0.675	39th
Alaska	\$2.00	12th
Arizona	\$2.00	12th
Arkansas	\$1.15	32nd
California	\$0.87	35th
Colorado	\$0.84	37th
Connecticut	\$3.65	3rd
Delaware	\$1.60	23rd
DC	\$2.50	11th
Florida	\$1.339	29th
Georgia	\$0.37	49th
Hawaii	\$3.20	5th
Idaho	\$0.57	44th
Illinois	\$1.98	17th
Indiana	\$0.995	34th
Iowa	\$1.36	28th
Kansas	\$1.29	31st
Kentucky	\$0.60	42nd

State	Tax	Rank
Louisiana	\$0.86	36th
Maine	\$2.00	12th
Maryland	\$2.00	12th
Massachusetts	\$3.51	4th
Michigan	\$2.00	12th
Minnesota	\$3.00	8th
Mississippi	\$0.68	38th
Missouri	\$0.17	51st
Montana	\$1.70	20th
Nebraska	\$0.64	40th
Nevada	\$1.80	18th
New Hampshire	\$1.78	19th
New Jersey	\$2.70	9th
New Mexico	\$1.66	22nd
New York	\$4.35	1st
North Carolina	\$0.45	47th
North Dakota	\$0.44	48th
Ohio	\$1.60	23rd

State	Tax	Rank
Oklahoma	\$1.03	33rd
Oregon	\$1.32	30th
Pennsylvania	\$1.60	23rd
Rhode Island	\$3.75	2nd
South Carolina	\$0.57	44th
South Dakota	\$1.53	26th
Tennessee	\$0.62	41st
Texas	\$1.41	27th
Utah	\$1.70	20th
Vermont	\$3.08	6th
Virginia	\$0.30	50th
Washington	\$3.025	7th
West Virginia	\$0.55	46th
Wisconsin	\$2.52	10th
Wyoming	\$0.60	42nd
Puerto Rico	\$2.23	NA
Guam	\$3.00	NA
Northern Marianas	\$1.75	NA

Table shows all cigarette tax rates in effect by January 1, 2016 (MN and OR effective 1/1/2016). Since 2002, 47 states, DC, and several U.S. territories have increased their cigarette tax rates more than 120 times. The states in bold last increased their tax in 2005 or earlier. Currently, 32 states, DC, Puerto Rico, the Northern Marianas, and Guam have cigarette tax rates of \$1.00 per pack or higher; 15 states, DC, Puerto Rico, and Guam have cigarette tax rates of \$2.00 per pack or higher; eight states and Guam have cigarette tax rates of \$3.00 per pack or higher; and one state (NY) has a cigarette tax rate more than \$4.00 per pack. Tobacco states are KY, VA, NC, SC, GA, and TN. States' average includes DC, but not Puerto Rico, other U.S. territories, or local cigarette taxes. The median tax rate is \$1.53 per pack. AK, MI, MN, MS, TX, and UT also have special taxes or fees on brands of manufacturers not participating in the state tobacco lawsuit settlements (NPMs).

The highest combined state-local tax rate is \$6.16 in Chicago, IL, with New York City second at \$5.85 per pack. Other high state-local rates include Evanston, IL at \$5.48 and Juneau, AK at \$5.00 per pack. For more on local cigarette taxes, see: <http://tobaccofreekids.org/research/factsheets/pdf/0267.pdf>.

Federal cigarette tax is \$1.01 per pack. From the beginning of 1998 through 2002, the major cigarette companies increased the prices they charge by more than \$1.25 per pack (but also instituted aggressive retail-level discounting for competitive purposes and to reduce related consumption declines). In January 2003, Philip Morris instituted a 65-cent per pack price cut for four of its major brands, to replace its retail-level discounting and fight sales losses to discount brands, and R.J. Reynolds followed suit. In the last several years, the major cigarette companies have increased their product prices by almost \$1.00 per pack. **Nationally, estimated smoking-caused health costs and lost productivity totals \$19.16 per pack.**

The average price for a pack of cigarettes nationwide is roughly \$6.27 (including statewide sales taxes but not local cigarette or sales taxes, other than NYC's \$1.50 per pack cigarette tax), with considerable state-to-state differences because of different state tax rates, and different manufacturer, wholesaler, and retailer pricing and discounting practices. AK, DE, MT, NH & OR have no state retail sales tax at all; OK has a state sales tax, but does not apply it to cigarettes; MN & DC apply a per-pack sales tax at the wholesale level; and AL, GA & MO (unlike the rest of the states) do not apply their state sales tax to that portion of retail cigarette prices that represents the state's cigarette excise tax.

Campaign for Tobacco-Free Kids, November 23, 2015 / Ann Boonn

For additional information see the Campaign's website at http://www.tobaccofreekids.org/what_we_do/state_local/taxes/.

Sources: Orzechowski & Walker, *Tax Burden on Tobacco*, 2013; media reports; state revenue department websites.



Appendix F

STATEWIDE SMOKE-FREE LAWS

State	Smoke-free Restaurants	Smoke-free Freestanding Bars	Smoke-free Workplaces	State	Smoke-free Restaurants	Smoke-free Freestanding Bars	Smoke-free Workplaces
Alabama				Montana	X	X	X
Alaska				Nebraska	X	X	X
Arizona	X	X	X	Nevada	X		X
Arkansas				New Hampshire	X	X	
California	X	X		New Jersey	X	X	X
Colorado	X	X		New Mexico	X	X	
Connecticut	X	X		New York	X	X	X
Delaware	X	X	X	North Carolina	X	X	
Dist. of Columbia	X	X	X	North Dakota	X	X	X
Florida	X		X	Ohio	X	X	X
Georgia				Oklahoma			
Hawaii	X	X	X	Oregon	X	X	X
Idaho	X			Pennsylvania			X
Illinois	X	X	X	Rhode Island	X	X	X
Indiana	X		X	South Carolina			
Iowa	X	X	X	South Dakota	X	X	X
Kansas	X	X	X	Tennessee			
Kentucky				Texas			
Louisiana	X		X	Utah	X	X	X
Maine	X	X	X	Vermont	X	X	X
Maryland	X	X	X	Virginia			
Massachusetts	X	X	X	Washington	X	X	X
Michigan	X	X	X	West Virginia			
Minnesota	X	X	X	Wisconsin	X	X	X
Mississippi				Wyoming			
Missouri							

All data courtesy of The American Nonsmokers' Rights Foundation. (<http://www.no-smoke.org/>). This list includes states where the law requires 100% smoke-free places in restaurants, bars or non-hospitality workplaces without exemptions.