



## Editor's Notes

### A BILLION DEATHS FROM TOBACCO AND CUTS IN TOBACCO PREVENTION FUNDING

The World Health Organization released a report that concludes one billion people will die globally from tobacco use in this century,<sup>1</sup> more than those who will die from any other single cause. Have we seen mobilization of funds to address this scourge? Not in the United States. In fact, funding for community tobacco programs continues to be cut, and the decline in smoking rates in the U.S. has stalled at 20.8% since 2004 after seven straight years of decline.<sup>2</sup>

The most recent casualty is in my home state of Ohio. One of the first actions Governor Strickland made after taking office in January 2007 was to securitize future payments from the 1998 Master Settlement Agreement (MSA) with the tobacco industry. This means he signed over the \$12 to \$20 billion that would be paid to the state from the MSA between 2007 and 2047 in exchange for \$5.05 billion in 2007. He promptly spent that money on property tax cuts for a small segment of the population and construction funds for new schools (much of which would have been paid for by property taxes if he had not cut them). The future payments from MSA are gone, and Ohio is now expecting a state budget deficit in 2008.

The irony in the whole situation is that Ohio has seen a very impressive return on the money spent on its tobacco prevention efforts. The Ohio Tobacco Prevention Foundation (OTPF)<sup>3</sup> was created in 2000 with the expectation of receiving approximately \$900 million from the MSA over the next seven years, and then additional funds from them in 2008 through 2025. This would allow it to spend about \$40 million/year on tobacco prevention and control efforts in Ohio, less than one third of the \$145 million annual budget recommended for Ohio by Centers for Disease Control and Prevention. OTPF has used these funds to launch a state telephone Quitline, expand face-to-face programs to serve low income residents in community clinics, stimulate hospitals to integrate tobacco treatment into medical care, sponsor peer-led programs in schools, and identify effective policy solutions. Smoking rates dropped from 27.6% in 2001 to 22.4% in 2006, outpacing the national decline.<sup>4</sup> My own calculations showed this drop in smoking rates will save 3,219,584 years of life and prevent \$4.8 billion in medical costs between 2000 and 2018, even if smoking rates never drop below 22.4%. The savings to the

Ohio state Medicaid fund are estimated at \$720 million. If anyone can find a better return on any investment the state of Ohio has made in the last decade, I will eat a pack of cigarettes (yuck!).

OTPF received payments totaling \$340 billion in 2000 and 2001, but the Ohio legislature diverted \$568 million in MSA funds from the OTPF to the general state budget in 2002-2006, with the promise of repayment in 2013, 2014, and 2015. Governor Strickland's recent securitization actions eliminated the likelihood of any repayment. The OTPF is now stuck with the very likely prospect of going out of existence by 2016. Will smoking rates increase? Will medical care costs increase in excess of the money that would have been spent on tobacco prevention? Will more people die who could have been saved? Why would we think anything else would occur? Similar funding cuts have occurred in other states. In 2008, only three states are funding tobacco prevention programs at the minimum level recommended by CDC, 17 others are funding at more than half the minimum level, and the rest are funding at less than half the minimum recommended levels. Nationwide, less than 3% of MSA funds will be spent on tobacco prevention in 2008.<sup>5</sup>

Whose fault is this? It is easy to blame the politicians, and we should. They are the ones making the poor decisions. Part of the problem is the short sightedness caused by elected politics. Elected officials want to make a big splash during their current term so they can get re-elected, or move on to something bigger. But the blame really comes down to YOU and ME. We let our leaders make poor decisions by not crafting our messages well and by spending too little time and money influencing policy. Advocates in some states are making great progress. Citizens of Florida were successful in passing a constitutional amendment that requires 15% of MSA funding to be spent on tobacco prevention. This has increased annual funding from \$1 million to \$58 million.

What can you do? Get more involved in advocacy! On the tobacco issue, my recommendation is that you go to the website of the Campaign for Tobacco-Free Kids (<http://www.tobaccofreekids.org>) and sign up to be a grassroots advocate. They will let you know every time there is an important tobacco issue in the nation and even in your state. They will make it very easy for you to take action by telling you exactly what to do. For more broad health promotion issues, I encourage you to go to the website of Health Promotion Advocates (<http://www.HealthPromotionAdvocates.org>) and sign up to be a grassroots advocate. The current issues are passing legislation to provide a planning and research base for health promotion (Health Promotion FIRST) and providing tax credits for comprehensive workplace health promotion programs (Healthy Workforce Act). Working together we can make a huge impact!

*Michael O'Donnell*

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<sup>1</sup> World Health Organization, <http://www.who.int/tobacco/mpower/en/index.html>, Accessed February 24, 2008.

<sup>2</sup> Centers for Disease Control and Prevention, <http://www.cdc.gov/mmwr/PDF/wk/mm5644.pdf>, Accessed February 24, 2008.

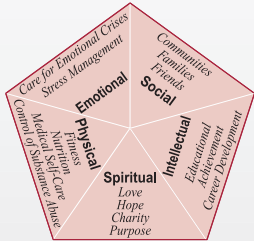
<sup>3</sup> Ohio Tobacco Prevention Foundation, <http://www.otpf.org/>, Accessed February 24, 2008.

<sup>4</sup> Ohio Tobacco Research & Evaluation Center, <http://www.otrec.org>, Accessed February 24, 2008.

<sup>5</sup> Campaign for Tobacco Free Kids, Special Reports State Tobacco Settlement, <http://www.tobaccofreekids.org/reports/settlements>, Accessed February 24, 2008.

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(O'Donnell, *American Journal of Health Promotion*, 1989, 3(3):5.)

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