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President & CEO
American Legacy Foundation

January 13, 2009

Dear Member of the 111th Congress:

On behalf of the Board of Directors and staff of the American Legacy Foundation® (“Legacy”), we look forward to working with you in the 111th Congress.

As a public health foundation, we are encouraged by the current national dialogue on reforming our health care system including basic research, prevention initiatives and treatment modalities. As you and your colleagues begin the critically important task of health care reform, we wanted to provide you with our key considerations regarding tobacco use, one of the most significant public health challenges facing the United States today.

Legacy is a national, independent public health foundation created in 1998 out of the landmark Master Settlement Agreement (“MSA”) between the tobacco industry, 46 state governments and five U.S. territories. Our mission is to build a world where young people reject tobacco and anyone can quit. Legacy does not lobby or take positions on specific legislation. Our programs include:

truth® - A national youth smoking prevention media campaign cited as contributing to significant declines in youth smoking.

EX® - A groundbreaking and innovative smoking cessation public education campaign designed to help smokers “re-learn” life without cigarettes.

Research Initiatives - Examining the various causes and effects of tobacco use in the United States.

Outreach to Priority Populations –Priority Populations Initiatives and grants provide critical interventions using methods that are culturally competent and tailored for the specific needs of communities disproportionately affected by the toll of tobacco.

Legacy believes that any health care reform plan needs to include coverage for smoking cessation and smoking prevention programs. With a relatively modest investment in effective smoking prevention and cessation programs, we can both save lives and achieve significant cost savings.

As we face twin crises related to the economy and health care, it is important to remember how interrelated these two issues are, and we are heartened by the discussions of these linkages by economists.

On June 16, 2008, Chairman of the Federal Reserve, Ben S. Bernanke spoke at the Senate Finance Committee Health Reform Summit about this very issue.¹ His remarks included citations from the Congressional Budget Office about the costs and economics of health care:

*“Spending on health-care services currently exceeds 15 percent of the gross domestic product (GDP). Indeed, health-care spending is the single largest component of personal consumption--larger than spending on either housing or food. ... Over the past four decades, [the health care] sector has grown, on average, at a rate of about 2-1/2 percentage points faster than the GDP. Should this rate of growth continue, health spending would exceed 22 percent of GDP by 2020 and reach almost 30 percent of GDP by 2030.”*²

*Health-related spending is also a large and growing share of government budgets. Last year, health care accounted for about one-quarter of total federal spending.”*²

According to the Centers for Disease Control and Prevention (CDC), chronic diseases account for about 75 percent of the nation's aggregate health care spending.³ Since smoking, secondhand smoke and other tobacco products are significant preventable contributors to our health care costs, it is clear that health care reform policies must address smoking and tobacco use. The facts speak for themselves on this issue:

- *Private and public health care expenditures for smoking related conditions are \$89 billion with joint federal and state Medicaid costs alone amounting to \$28.4 billion per year.*⁴
- *An estimated 8.6 million people in the U.S. have serious illnesses attributed to smoking, including cancers, heart disease, emphysema and stroke.*⁵
- *Recently, the CDC estimated that 443,000 people a year died prematurely from smoking or exposure to secondhand smoke in the years between 2000 and 2004.⁶ An estimated, 49,400 lung cancer and heart disease deaths annually were attributable to secondhand smoke.*⁶

Smoking Cessation: Smoking is highly addictive and quitting successfully often takes multiple attempts. It is critical that those wanting to quit have access to the services and interventions they need to be successful. Consider this:

- *There are an estimated 43 million adult smokers in the US.⁷ In 2000, 70% of smokers said they wanted to quit. Forty-one percent of them actually tried in the preceding year, but **only 4.7 percent of smokers succeeded in quitting.**⁸ Nearly 90% of smokers say they regret having started smoking.⁹*
- *Among adults under 65 years of age, 18% with private health insurance coverage were current smokers compared with 34% who were uninsured and 35% who had Medicaid health care coverage.¹⁰*
- *Only eight states have required that insurance plans provide a certain level of coverage for cessation programs.¹¹ Therefore, an individual's insurance status can have little bearing since access to services is uneven and often insurance only covers the minimum recommended level of programs.*

The good news is that there are more proven interventions and methods available today than ever. However, successfully quitting smoking requires overcoming an addiction and changing behavior. Pharmacotherapy and counseling, particularly for those who are most heavily addicted, can significantly improve the likelihood of a successful quit attempt.

To provide critical cessation-related information, Legacy has created the **National Alliance for Tobacco Cessation** who together launched the EX campaign in Spring of 2008 (www.BecomeAnEX.org). This public private partnership includes seventeen states (AR, AZ, CT, DC, IN, MO, NC, ND, OK, NH, NY, OR, LA, RI, VT, WA and WY) and eight national organizations combining resources aimed to provide smokers with the “how-to” of quitting. Public private partnerships like these should be adequately funded so that smokers who are ready to quit have access to available resources.

Youth Tobacco prevention: The difficulty in quitting is just one reason it is critical to prevent smoking before it starts, especially in young people. **Eighty percent of smokers begin before the age of 18, and 90% before the age of 20.**¹² Tragically, one out of three youth smokers will die prematurely from tobacco-related disease.¹³ While the recently released 2008 Monitoring the Future Study, conducted by the US Department of Health and Human Services, indicated that smoking rates among teens are at the lowest levels in the survey's history,¹⁴ there are still too many teens and young adults who smoke. A recently released National Cancer Institute report sheds some light on why. The report concluded that most tobacco advertising targets the psychological needs of adolescents.¹⁵ That same report indicated that while tobacco advertising is effective, anti-tobacco mass media campaigns are also effective at reducing smoking.¹⁷ Legacy's award-winning **truth**® campaign is one example.



The **truth**® campaign is the only national youth, peer-to-peer smoking prevention campaign in the country. In its first two years, **truth**® was responsible for 22% of the overall decline in youth smoking.¹⁶ That translates to approximately 300,000 fewer youth smokers in 2002 as a result of the **truth**® campaign. Additional ongoing research has validated these results. **However, the annual budget for truth® is less than the daily marketing budget (approximately \$36 million per 24 hours¹⁷) of the tobacco industry.** Ensuring that prevention programs like **truth**® are funded to reach their target populations is a critical investment with substantial returns in preventing health problems associated with smoking.

The need for more research: Considering the toll of tobacco use on the health of Americans, research into tobacco and tobacco-related diseases is underfunded. There is still much we need to learn so that we can prevent youth initiation, help smokers quit, and deliver care to those who suffer from tobacco-related disease.¹⁸ At \$89 billion a year in tobacco-related health care costs, we need to increase our investment in research to improve the efficacy and effectiveness of tobacco control efforts. As a nation, we have chronically under-funded tobacco policy research and need to fill that gap, which is currently not filled by either a public or private source.

We hope that this information is helpful. If your staff needs further information, please ask them to contact Stephanie Foster, Senior Vice President, Government Affairs, 202 454-5559, sfoster@americanlegacy.org.

Sincerely,

Cheryl G. Heaton, Dr. P.H.
President & CEO

Enclosures

¹ Bernanke, Ben S., statement to U.S. Senate Finance Committee, June 16, 2008. (Available at <http://www.federalreserve.gov/newsevents/speech/bernanke20080616a.htm>) Accessed January 5, 2009.

² Congressional Budget Office (2007)

³ National Center for Chronic Disease Prevention and Health Promotion. Chronic Disease Overview. 2008. (Available at <http://www.cdc.gov/nccdphp/overview.htm>) Accessed January 8, 2009

⁴ Ending the Tobacco Problem, A Blueprint for the Nation, Institute of Medicine of the National Academies (2007), p. 30 (available at www.americanlegacy.org).

⁵ CDC. Cigarette Smoking-Attributable Morbidity—United States, 2000. MMWR 2003; 52:842-844

⁶ CDC. Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States 2000-2004. MMWR 2008; 57(45)

⁷ CDC. Cigarette Smoking Among Adults—United States, 2007. MMWR 2008; 57(45)

⁸ CDC. Cigarette Smoking Among Adults—United States 2000. MMWR 2002; 51(29)

⁹ Fong, Geoffrey T., Hammond, David, Laux, Fritz L., Zanna, Mark P., Cummings, K. Michael, Borland, Ron and Ross, Hana (2004) "The near-universal experience of regret among smokers in four countries: Findings from the International Tobacco Control Policy Evaluation Survey", *Nicotine & Tobacco Research*, 6:6, S341 — S351

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¹¹ American Lung Association. Tobacco Policy Trend Report, Helping Smokers Quit: State Cessation Coverage 2008, 2008.

¹² Mowery PD, Brick PD, Farrelly MC. Legacy First Look Report 3. Pathways to Established Smoking: Results from the 1999 National Youth Tobacco Survey. Washington DC: American Legacy Foundation. October 2000.

¹³ CDC. Projected Smoking-Related Deaths Among Youth—United States. MMWR 1996; 45(44)

¹⁴ 2008 Monitoring the Future Survey. U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse and the University of Michigan

¹⁵ National Cancer Institute. *The Role of Media in Promoting and Reducing Tobacco Use*. Smoking and Tobacco Control Monograph No. 19 Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 07-6242, June 2008.

¹⁶ Farrelly MC, Davis KC, Haviland ML, Messeri P, Heaton CG. Evidence of a Dose-Response Relationship Between "truth" Antismoking Ads and Youth Smoking Prevalence. *American Journal of Public Health*, March 2005, Vol 95, No. 3; 425-431.

¹⁷ Federal Trade Commission Cigarette Report for 2004 and 2005, 2007.

¹⁸ Schroeder SA, Hughes DL. The Health Care Delivery System: A Blueprint for Reform, *An Agenda to Improve the Health of the Public*, October 2008, Chapter 6.

