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President & CEO
American Legacy Foundation

November 25, 2008

The Honorable Barack Obama
The President-elect
The Office of the 2008 Presidential Transition
451 6th St NW
Washington, DC 20001

Dear President-elect Obama:

On behalf of the Board of Directors and staff of the American Legacy Foundation®, please accept our congratulations on your historic election to be the 44th President of the United States. As you and your staff begin the critically important task of reforming our health care system, we wanted to provide you our key recommendations regarding tobacco use, one of the most significant public health challenges facing the United States today.

As you may know, the American Legacy Foundation (“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. Legacy is dedicated to helping young people reject tobacco, and providing access to tobacco prevention and cessation services. Our core programs include:

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

EX® - A new innovative smoking cessation public education campaign designed to identify with smokers and change their approaches to quitting by helping them “re-learn” their lives without cigarettes.

Research Initiatives - Examining the causes, consequences and approaches to reducing tobacco use.

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, including African



Americans, Hispanics and American Indians/Alaska Natives, the Lesbian/Gay/Bisexual/Transgender population, and those of lower socioeconomic status. Socio-economic differences, historical factors, and cultural practices as well as aggressive marketing by the tobacco industry targeted at these groups has contributed to higher rates of tobacco use and related disease in these populations.

It is impossible to ignore the impact smoking has on our health care system and the economy. When assessing that impact here are a few points to consider:

- An Institute of Medicine report cited that the combined public and private health care expenditures for smoking-related health conditions total approximately \$89 *billion* with joint federal and state Medicaid costs alone amounting to \$28.4 *billion* per year.¹
- Lost work productivity attributable to death from tobacco use amounts to more than \$96.8 *billion* annually.²
- An estimated 8.6 million people in the U.S. have serious illnesses attributed to smoking, including cancers, heart disease, emphysema and stroke.³
- 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 2004.² In addition, 49,400 of those deaths were attributed to secondhand smoke exposure.²

The cost savings for successfully assisting smokers to quit, let alone preventing people from initially smoking, could have a major fiscal impact on health care and the general economy. Fortunately, there are currently programs and services available to help people quit and prevent people from starting, but not all of those who need them can access those services. With a relatively modest investment in effective smoking prevention and cessation programs, we can both save lives and achieve significant savings.

Tobacco Prevention: Preventing people from starting to smoke is critical, and it is imperative to focus prevention efforts for young people on “inoculating” them from developing an addiction before becoming lifelong smokers. Eighty percent of smokers begin before the age of 18, and 90% before the age of 20.⁴ Tragically, one out of three youth smokers will die prematurely from tobacco-related disease.⁵ Recently the National Cancer Institute released a report that concluded that most tobacco advertising targets the psychological needs of adolescents, and at the same time, that mass media campaigns can reduce smoking.⁶ The American Legacy Foundation’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.⁷ That translates to approximately 300,000 fewer youth smokers in 2002 as a result of the **truth**® campaign. However, the annual budget for **truth**® is less than the daily marketing budget (\$36 million per 24 hours⁸) of the tobacco industry. Ensuring that prevention programs like **truth**®

are funded and reaching their target populations is a critical investment with big returns in preventing health problems associated with smoking.

Tobacco Cessation: There are 43 million adult smokers in the US.⁹ In 2000, 70% of smokers said they wanted to quit¹⁰ and nearly 90% of smokers say they regret having started smoking.¹¹ Forty-one percent of them actually tried to quit, but **only 4.7 percent succeeded.**¹⁰

These statistics take on even more significance when you take into account the smoking rates of the uninsured and Medicaid populations compared to the general public. 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.¹² This disproportionate number of smokers in these populations makes it that much more difficult to help them to quit, since many smoking cessation interventions are either difficult to access or not available to them at all. Even for those who have private health insurance, access to those services is spotty and often the coverage only covers the minimum recommended level of programs. Only eight states have required that insurance plans provide a certain level of coverage for cessation programs.¹³ Furthermore, those with insurance coverage for cessation programs, whether it is private or public coverage, often encounter other barriers to access, such as high co-pays, limits on the length of treatment, or prior authorization requirements. This discourages smokers from taking those crucial steps toward quitting.

Quitting is an uphill battle, but there are interventions that are proven to work. However, the key to quitting often involves employing multiple interventions. Nicotine replacement therapies are helpful, but studies have shown that practical counseling and social support delivered as part of treatment are also especially effective, and the U.S. Department of Health and Human Services recommends that they be used with patients attempting tobacco cessation.¹⁴ It takes more than a pill to quit smoking – it requires a change in behavior, which is not easily done without counseling.

In response to this need Legacy has created the **National Alliance for Tobacco Cessation**. 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 primarily through public education. Public private partnerships like these should be adequately funded so that smokers ready to quit have available resources.

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

Sincerely,



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

- ¹ Ending the Tobacco Problem, A Blueprint for the Nation, Institute of Medicine of the National Academies (2007), p. 30 (available at www.americanlegacy.org).
- ² CDC. Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States 2000-2004. MMWR 2008: 57(45)
- ³ CDC. Cigarette Smoking-Attributable Morbidity—United States, 2000. MMWR 2003; 52:842-844
- ⁴ 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.
- ⁵ CDC. Projected Smoking-Related Deaths Among Youth—United States. MMWR 1996: 45(44)
- ⁶ 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.
- ⁷ Farrelly MC, Davis KC, Haviland ML, Messeri P, Healton 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.
- ⁸ Federal Trade Commission Cigarette Report for 2004 and 2005, 2007.
- ⁹ CDC. Cigarette Smoking Among Adults—United States, 2007. MMWR 2008: 57(45)
- ¹⁰ CDC. Cigarette Smoking Among Adults—United States 2000. MMWR 2002: 51(29)
- ¹¹ 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
- ¹² Pleis JR, Lethbridge-Çejku M. Summary health statistics for U.S. adults: National Health Interview Survey, 2006. National Center for Health Statistics. Vital Health Stat 10(235). 2007.
- ¹³ American Lung Association Tobacco Policy Trend Report, Helping Smokers Quit: State Cessation Coverage 2008, 2008
- ¹⁴ Treating tobacco use and dependence: 2008 update. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service; 2008 May.