



December 9, 2008

## EFFECTS OF FUNDING CUTS TO TOBACCO CONTROL PROGRAMS

### What is the issue?

Long-term comprehensive tobacco control programs are successful in preventing smoking acquisition and helping smokers quit, but there must be ongoing funding for sustained programming to maintain effects. Jurisdictions sometimes reduce funding when faced with competing priorities. Reductions in funding arise in several ways including redirection of program funds—either by outright program cuts or by incorporation of program elements not related to tobacco—or by failure to address inflationary pressures. Reductions in funding lead to slowed reductions in smoking rates and often reversal of progress. The presumed costs saved from program cuts, however, reappear as direct costs of health care and productivity losses from disability and premature death.

Funding for tobacco control programs is directly correlated with reducing smoking rates. Farrelly et al. (2003) showed that increases in funding for state tobacco control programs reduced tobacco use even after taking into account confounding effects such as excise taxes, cross-border cigarette sales and other state-specific factors. Drops in funding have had deleterious effects. Successful tobacco control programs in the United States have suffered from funding cuts to fill short-term budget deficits. Evidence summarized for multiple states (Campaign for Tobacco-Free Kids, 2008) not only indicated that funding for tobacco programs was highly effective in reducing tobacco use, it also showed that reductions in tobacco funding resulted in slowed or reversed progress within months.

### What can we learn from the US experience?

- Cuts in funding to California's tobacco control program in the mid 1990s were associated with a significant reduction in the state's rate of decline in per capita consumption (Pierce et al., 1998)
- An Oregon study of 8th and 11th grade school districts found a significant increase in the rate of uptake of youth smoking when funding for the school component of a comprehensive tobacco control strategy was dropped (Pizacani et al., 2007)
- A study from the District of Columbia showed that lower per capita expenditures on tobacco control had a significant negative impact on prevalence of youth smoking and on the average number of cigarettes smoked by smokers (Tauras et al., 2005)
- Results in Florida showed that reductions in tobacco control funding resulted in declines in recall of the 'Truth' campaign and the non smoking intentions of youth (Niederdeppe et al., 2008)
- In Minnesota, defunding the successful tobacco control program resulted in rapid erosion of program messages, parallel increases in susceptibility, a rapid and sharp re-emergence of pro-tobacco attitudes and a marked rise in intentions to smoke (Sly et al., 2005)

## Ontario

Tobacco use poses a substantial economic burden to the people of Ontario, both in direct costs such as healthcare, and indirect costs related to productivity losses resulting from disability and premature death. In 2002, the total economic cost of tobacco use in Ontario was almost \$6.1 billion (OTRU, 2006).

There have been steady declines in tobacco use in Ontario over the last decade (OTRU, 2008a). Per capita wholesale sales of cigarettes have declined even after accounting for illicit trade.<sup>1</sup> Likewise, based on data from the Canadian Community Health Survey, current smoking prevalence among Ontarians aged 12 years and over has declined (25% in 2000/01 versus 21% in 2007), representing 175,000 fewer smokers in the province.<sup>2</sup> Despite this progress, recent data on youth and adult smoking rates suggest declines have stagnated.

In 2007/08, the Ontario Ministry of Health Promotion committed \$60 million in tobacco control funding under the Smoke-Free Ontario Strategy, corresponding to per capita funding of \$4.69 (OTRU, 2008b). This funding is still substantially lower than recommended investment levels for a comprehensive tobacco control program. The US Academy of Sciences' Institute of Medicine (2007) recommended that funding for a comprehensive tobacco control program should be approximately \$15–20 per capita. In addition, the Centers for Disease Control and Prevention (2007) suggested that a jurisdiction the size of Ontario should invest \$8–18 per capita. In order to reap the benefits from past efforts and investments, it is critical that we sustain, if not increase, effective, comprehensive tobacco control efforts. Without continued investment, prior progress is guaranteed to slow or even reverse.

## References

- Campaign for Tobacco-Free Kids. *The Impact of Reductions to State Tobacco Control Program Funding*. Campaign for Tobacco-Free Kids. March 24, 2008.
- Centers for Disease Control and Prevention (CDC). *Best Practices for Comprehensive Tobacco Control Programs—2007*. Atlanta: 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, October 2007. [[http://www.test.cdc.gov/tobacco/tobacco\\_control\\_programs/stateandcommunity/best\\_practices/00\\_pdfs/2007/BestPractices\\_Complete.pdf](http://www.test.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/00_pdfs/2007/BestPractices_Complete.pdf)]
- Farrelly MC, Pechacek TF, Chaloupka FJ. The impact of tobacco control program expenditure on aggregate cigarette sales: 1981–2000. *Journal of Health Economics* 2003; 22: 843–59.
- Health Canada. *Microdata User Guide: Canadian Tobacco Use Monitoring Survey (CTUMS): Annual: February to December 2005*. Ottawa, ON: Health Canada, 2006.
- Institute of Medicine. *Ending the Tobacco Problem: A Blueprint for the Nation*. Washington DC: National Academy Press, 2007. [Executive summary <http://www.nap.edu/catalog/11795.html>]
- Niederdeppe J, Farrelly MC, Hersey JC, Davis KC. Consequences of dramatic reductions in state tobacco control funds: Florida, 1998–2000. *Tobacco Control* 2008; 17:205–10.
- Ontario Tobacco Research Unit. *Indicators of Smoke-Free Ontario Progress*. [Special Reports: Monitoring and Evaluation Series, 2005–2006 (Vol. 12, No. 2)]. Toronto, ON: Ontario Tobacco Research Unit; 2006.
- Ontario Tobacco Research Unit. *Indicators of Smoke-Free Ontario Progress*. [Special Reports: Monitoring and Evaluation Series, 2006–2007 (Vol. 13, No. 2)]. Toronto, ON: Ontario Tobacco Research Unit; 2008a.
- Ontario Tobacco Research Unit. *The Tobacco Control Environment: Ontario and Beyond*. [Special Reports: Monitoring and Evaluation Series, 2007–2008 (Vol. 14, No. 1)]. Tobacco Control Funding Commitments: Monitoring Update. Toronto, ON: Ontario Tobacco Research Unit; 2008b.
- Pierce JP, Gilpin EA, Emery SL, et al. Has the California Tobacco Control Program reduced smoking? *Journal of the American Medical Association* 1998; 280:893–9.
- Pizacani B, Rohde K, Dent C, Thompson J, Biglan A, Maher J, Stark M. Increase in youth smoking after defunding of a state tobacco prevention program. *Presentation at the National Conference on Tobacco or Health; Minneapolis, MN. 2007*.
- Sly DF, Arheart K, Dietz N, Trapido EJ, Nelson D, Rodriguez R, McKenna J, Lee D. The outcome consequences of defunding the Minnesota youth tobacco-use prevention program. *Preventive Medicine* 2005; 41:503–10.
- Tauras JA, Chaloupka FJ, Farrelly MC, et al. State tobacco control spending and youth smoking. *American Journal of Public Health* 2005; 95:338–44.

<sup>1</sup> Health Canada (sales), Statistics Canada (population), Ontario Tobacco Research Unit (secondary data analysis).

<sup>2</sup> CCHS 2000/01 and 2007 (from the Canadian Socio-economic Information Management System [CANSIM])