

**American Cancer Society
American Heart Association
American Lung Association in New York
Campaign for Tobacco-Free Kids**

Honorable Sheldon Silver, Speaker
New York State Assembly
Albany, New York 12248

March 15, 2011

RE: Funding for Tobacco Prevention and Control Program

Dear Speaker Silver:

Our organizations write to express our deep opposition to cuts proposed by the Assembly to the New York State Tobacco Use Prevention and Control Program (TCP).

The Executive Budget proposes a total of \$58,415,000 for tobacco control activities, the same level as in the final FY 2010 – 11 budget. The Assembly budget (A.4003c) completely eliminates the funding line (\$52,100,000) that supports community- based coalitions, youth groups, the state Quitline and other smoking cessation services including free pharmacotherapy for those who want to quit, health promotion activities and advertising for the Quitline, and surveillance and evaluation activities. The Assembly continues funding for tobacco enforcement activities by the Department of Health and local health units, and, in A.4000c, continues funding for the staff administering the program the Assembly proposes to eliminate. The total appropriated by the Assembly is \$6,315,000, a cut of 89% from last year's level and from the Executive budget.

The TCP has demonstrated its effectiveness. The annual independent program evaluation mandated by law concluded in 2010:

New York State has developed and implemented a multifaceted tobacco control program that has produced a number of notable successes from 2003 to 2009, the time frame for the independent evaluation. New York is a leader in tobacco control with a program built on evidence-based interventions, supported by strong tobacco control policies, and complemented by forward-looking next-generation initiatives that keep the New York Tobacco Control Program at the forefront in tobacco control.

Over the past few years youth and adult smoking rates have fallen at a rate faster than the nation as a whole. In 2008, the adult smoking rate reached an all-

time low in New York of 16.8%, but increased again in 2009 as the State began to cut support for the program. Smoking among high school students was down to 14.8% in 2009, significantly lower than the national rate of 19.5%. Moreover, utilization of TCP services has been greater among New York's most vulnerable populations, and the disproportionately high smoking rate among those populations has been falling rapidly.

For instance, 116,663 unique tobacco users contacted the Quitline in 2010 seeking help in stopping tobacco use. Those who contact the Quitline receive advice on how to quit and, often, free medication such as nicotine patches. Uninsured and Medicaid-insured individuals used the service at a rate twice their proportion in the general population. Between 2003 and 2008, the smoking rate among Medicaid-insured individuals has fallen from 38.6% to 26.1%, and among those without insurance, from 30.7% to 21.5%. For those with private insurance, the rate dropped only from 17.7% to 13.4%.

Of course, calls to the Quitline are only a sentinel measure of the program's overall impact. Public Health experts estimate that for every smoker who makes a call, several are inspired to take action to quit on their own. This is why it is important that smokers and children at risk of becoming smokers receive pro-health messages from many directions.

The federal Centers for Disease Control and Prevention publication, Best Practices for Comprehensive Tobacco Control Programs, identifies five components for an effective tobacco use reduction program:

- **Community-based interventions**, including grassroots coalitions, youth groups, enforcement of tobacco-related laws, and a focus on populations disparately affected by tobacco use;
- **Health communications**, including paid and earned mass-media delivering sustained strategic, culturally appropriate, high-impact messages at a rate adequate to attain penetration in diverse audiences;
- **Cessation Interventions**, including a well-advertised quitline that provides counseling and access to medications, and educates health care providers to increase the effectiveness of the medical community in encouraging smokers to quit;
- **Surveillance and evaluation** that provide program accountability and enable the program to develop optimal strategies for reducing tobacco use;
- **Administration and management** that is skilled and effective.

The Legislature recognized the importance of these elements when it mandated they be included in the Tobacco Use Prevention and Control Program it established in 1999 (Public Health Law, Article 1399-ii). While the funding for New York's program is only 23% of the level recommended by the CDC (\$254.3 million/year), spending is allocated to each element in accordance with CDC Best Practice guidelines.

We recognize that New York faces a difficult fiscal situation. But we also recognize that, despite the progress made, tobacco remains the largest cause of death in New York, killing 25,000 New Yorkers every year and imposing more than \$8 billion in health care costs, more than half paid by Medicaid.

We strongly urge the Assembly to reconsider its action in essentially eliminating this life saving, money saving, evidence-based program and to restore funding for Tobacco Use Prevention and Control in the enacted budget to the level proposed by the Governor.

Sincerely,

Russell Sciandra
American Cancer Society

Michael Seilback
American Lung Association in New York

Julie Hart
American Heart Association

Kevin O'Flaherty
Campaign for Tobacco-Free Kids

cc. Governor Cuomo
Majority Leader Skelos
Senator Hannon
Assembly Member Gottfried