

CANCER BRIEF: Tobacco Control

Brief #1, January 2012



This *Cancer Brief* is one of a series of examinations of cancer in New York State. Each of these *Briefs* offers policymakers and the public information on how best to combat cancer or its impacts on patients through policy changes.

Problem: Smoking causes one-third of all cancers diagnosed and half of all cancer deaths occurring in New York. Despite substantial progress in the population as a whole, smoking rates have not declined among the poor and less educated. Yet, the governor's budget cuts the state's anti-smoking efforts.

Solution: Reject cuts to tobacco control and add resources from enhanced tobacco revenues.

Introduction: Tobacco control is a top policy response to the leading cause of cancer deaths in New York State.

- New York has raised \$10.5 billion in tobacco revenues over the past six years, yet less than four percent was spent on tobacco control programs. Worse, over the past three years funding for the tobacco control program has been cut in *half*. In the current fiscal year, New York will spend on tobacco control a mere two percent of tobacco revenues, and only 16 percent of the amount recommended by the CDC.¹ And now the governor is proposing another \$5 million cut.
- Tobacco takes a terrible toll on New York. In 2011, 14,200 New Yorkers were diagnosed with lung cancer and nearly 9,000 died.² Tobacco costs an estimated \$8.17 billion in health care expenditures, including \$2.7 billion in Medicaid costs.³
- Tobacco control programs have been proven to reduce youth smoking and help current smokers to quit. When more adequately funded, the New York tobacco control programs achieved successes in the effort to curb tobacco use, especially in preventing young people from becoming smokers. Teenage and adult tobacco use rates have fallen faster in New York than in the U.S. as a whole. In 2010, 12.6 percent of teenagers, and 15.5 percent of adults, were smokers.
- Limited funding prevents the Tobacco Use Prevention and Control Program from reaching the most vulnerable populations with the highest rates of smoking – those areas with the lowest incomes. As a result, increasingly the burden of tobacco taxes falls most heavily on those least able to pay.

¹ Information provided by NYS Department of Health, Tobacco Use Prevention and Control Program.

² Information from NYS Department of Health, Tobacco Use Prevention and Control Program.

³ US Centers for Disease Control and Prevention, *State Data Highlights Report, 2006*.

Smoking rates have not declined for the poor and less educated.

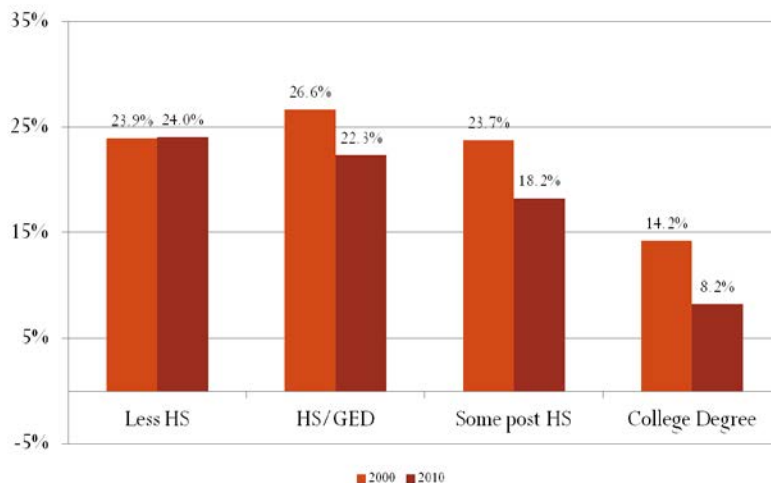
New York's tobacco control program, combined with policy measures including a high tobacco excise tax and public smoking restrictions, has fostered a decline in the rate of tobacco use among both children and adults. Between 2000 and 2010, the prevalence of smoking among high school students fell steadily from 27.1 percent to 12.6 percent, a significantly faster rate than observed in the rest of the country.⁴

Similarly, the adult smoking rate in New York has also fallen faster than in the U.S. as a whole, dropping from 21.6% in 2003 to 15.5% in 2010. The decline in smoking has occurred about equally across all ethnic groups. There is now no significant difference among New York's major racial/ethnic groups in the adult prevalence of smoking.⁵

However, a closer look at the data identifies one disturbing trend: The decline in smoking has not occurred among the poor – those least able to afford the cost of cigarettes and the consequences of addiction.

Smoking rates have not changed for the less educated, poorer segments of society. Smoking among those with less than a high school education was unchanged between 2000 and 2010, a period during which tobacco use significantly declined among all other groups with higher educational attainment. Those with less than a high school education now smoke at a rate three times that of college graduates.

Adult Prevalence of Smoking by Education, 2000 -2010⁶



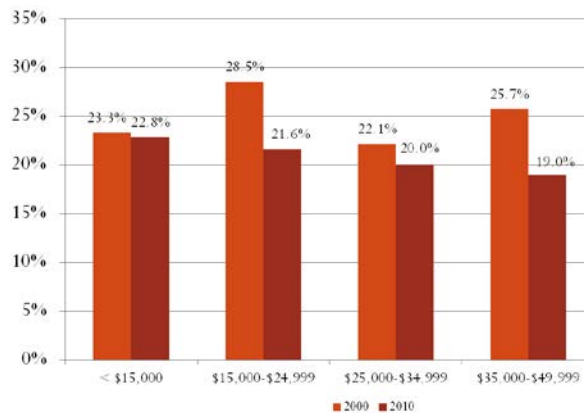
⁴ NYS Department of Health. "Smoking among New York high school students continues to decline". *Stat Shot*, V4, No. 1. January 2011.

⁵ Information from New York Department of Health, Tobacco Use Prevention and Control Program.

⁶ Information from New York Department of Health, Tobacco Use Prevention and Control Program.

Since 2000, smoking cessation rates have been greater, and smoking prevalence is now lowest, among New Yorkers with incomes over \$35,000 a year. Those with incomes below \$25,000 have the highest smoking rates, and smoking prevalence among the very poorest is practically unchanged in ten years.

Adult Prevalence of Smoking by Income, 2000 - 2010⁷



Among those with household incomes less than \$15,000 a year, the smoking rate has not changed in the past 10 years. According to the latest Census, over 13 percent of New York households have incomes below \$15,000.

INCOME AND BENEFITS⁸	Total	Percent
Total households	7,205,740	7,205,740
Less than \$10,000	580,138	8.1%
\$10,000 to \$14,999	384,225	5.3%
\$15,000 to \$24,999	718,995	10.0%
\$25,000 to \$34,999	679,265	9.4%
\$35,000 to \$49,999	906,907	12.6%
\$50,000 to \$74,999	1,250,942	17.4%
\$75,000 to \$99,999	878,506	12.2%
\$100,000 to \$149,999	973,368	13.5%
\$150,000 to \$199,999	394,523	5.5%
\$200,000 or more	438,871	6.1%

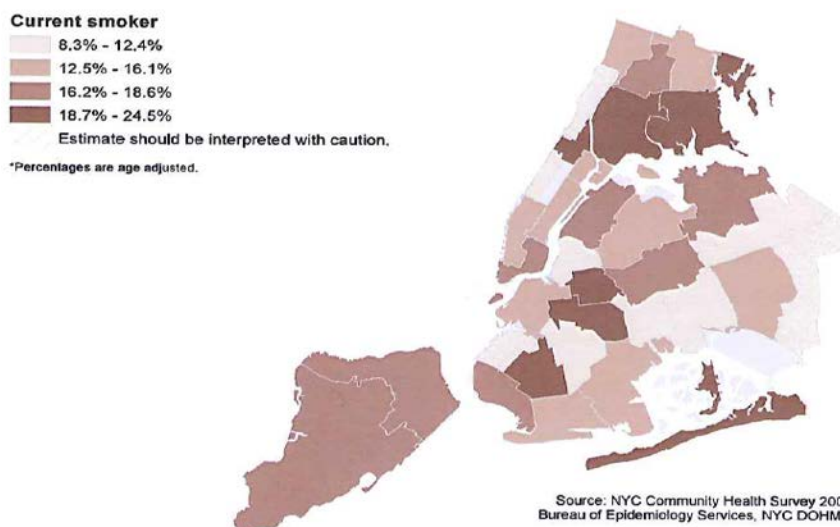
Poorer, less educated individuals live throughout New York. In urban, rural and suburban areas of the state, low income individuals struggle not only with extremely tight finances, but with the financial and health consequences of this powerful addiction as well.

Upstate, rural counties tend to have adult smoking rates higher than the statewide average, especially the Adirondacks and central New York, as well as the Buffalo-

⁷ Information from New York State Department of Health, Tobacco Use Prevention and Control Program.

⁸ U.S. Census Bureau, "Selected Economic Characteristics," New York. Available at: <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkml>. Income in inflation-adjusted dollars.

Niagara Falls region. All these areas exhibit lower household income and higher rates of poverty.



New York City's overall smoking rate is nearly 24 percent lower than upstate regions, (13.2% vs. 17.2%),⁹ yet within New York City, certain areas, including South Bronx, Central Harlem, Morningside Heights, Central Brooklyn and Rockaway, have much higher rates than the rest of the City.¹⁰

Recommendation: New York should spend a dime in every dollar of revenue from tobacco sales on tobacco control. New York must fulfill its promises to use tobacco revenues for programs to help smokers to quit and to keep children from smoking. We recommend incrementally increasing Tobacco Program Funding to the CDC-recommended level of \$254 million per year. The program's annual budget should be increased to \$100 million in 2012-13 and then, as its capacity grows, increased by \$50 million every year until it reaches the target appropriation.

At a minimum, the governor and lawmakers should agree to divert revenues generated by the state's tobacco taxes (further enhanced by the governor's proposal to close the loophole that allowed "loose" tobacco to be taxed at a lower rate than cigarettes) to bolster – not reduce – the state's tobacco control efforts.

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⁹ 2010 Behavioral Risk Factor Surveillance System.

¹⁰ New York City Community Health Survey Atlas, 2009.