

**THE COUNCIL OF STATE GOVERNMENTS
RESOLUTION ON SMOKING CESSATION**

Resolution Summary

Currently there are 45 million adults in the United States, representing over 20 percent of the population who smoke. Among those are more than 3.5 million who are high school students who smoke. It is alarming to note that it has been estimated that 1,000 individuals under the age of 18 begin smoking every day. Nationally, it has been estimated that smoking caused productivity losses of an estimated \$97.6 billion annually.

The U.S. Centers for Disease Control and Prevention (CDC) noted that the nation's leading cause of preventable death is tobacco use. Deaths attributable to cigarette smoking each year have included various conditions, including lung cancer (123,800 deaths), chronic lung disease (90,600 deaths), coronary heart disease (86,800 deaths), other cancers (34,700 deaths), stroke (17,400 deaths) and other diagnoses (84,600 deaths).

In 2004 it was estimated that the annual direct health care costs related to smoking reached approximately \$98.6 billion. This amounted to an estimated average of \$5.31 in direct medical expenses attributable to smoking for each pack of cigarettes sold in the United States. The Medicaid program covered 32 percent of these expenses or \$31 billion in direct medical costs. During the same time period, it is estimated that the cost for treating smoking-related diseases were approximately \$558 per Medicaid beneficiary and \$3,716 per Medicaid smoker. In total, it is estimated that the annual state share of smoking-caused Medicaid payments was approximately \$13.3 billion in 2004. Beyond the cost savings that may be achieved from smoking cessation, one analysis found that the benefits of quitting smoking can result in an average 7.1 years of life per quitter.

The CDC estimates that over 47 percent of smoking adults attempt to quit each year. They have further found that access to effective treatment options double the successful quit rate and has achieved reported quit rates of 25 to 33 percent.

This resolution seeks to encourage states to actively pursue efforts to promote smoking cessation, including the availability of coverage for smoking cessation treatments and programs.

Additional Resources

U.S. Department of Health and Human Services, Center for Disease Control and Prevention. "Sustaining State Programs for Tobacco Control: Data Highlights, 2006." http://www.cdc.gov/tobacco/data_statistics/state_data/data_highlights/2006/2006.htm.

U.S. Department of Health and Human Services, Center for Disease Control and Prevention. "Targeting Tobacco Use: The Nation's Leading Cause of Preventable Death 2007." *At a Glance*. January 2007. http://www.cdc.gov/tobacco/basic_information/00_pdfs/AAGTobacco2007.pdf

Warner KE, Mendez D, Smith DG. The financial implications of coverage of smoking cessation treatment by managed care organizations. *Inquiry*. 2004 (Spring);41:57-69. <http://www.rwjf.org/pr/product.jsp?id=14760&topicid=1167>

Smoking Cessation Management Directives

- **Management Directive #1:** Create a sense of urgency regarding the dangers of tobacco use and smoking.
- **Management Directive #2:** Initiate measures to educate health care practitioners and policymakers about the benefits of smoking cessation initiatives to the health of individuals, the state economy and government funded health care programs.
- **Management Directive #3:** CSG staff will post approved resolution on CSG's Web site and make available through regular communication venues at the state and local level to ensure its distribution to the state government and policy community.

THE COUNCIL OF STATE GOVERNMENTS
Resolution on Smoking Cessation

WHEREAS, the U.S. Center for Disease Control and Prevention (CDC) has determined that tobacco use is the leading cause of preventable death in the United States with over 20 percent of the population considered to be active smokers;

WHEREAS, cigarette smoking related deaths each year have included been the result of various conditions, including lung cancer, chronic lung disease, coronary heart disease, other cancers, stroke and other conditions;

WHEREAS, an estimated 1,000 children under the age of 18 begin smoking every day;

WHEREAS, smoking has been shown to result in lost working productivity in the amount of \$96.7 billion per year;

WHEREAS, related worker productivity losses account for \$97.6 billion as a result of tobacco use account for

WHEREAS, in 2004 it was estimated that the annual direct health care costs related to smoking reached approximately \$98.6 billion, with 32 percent of those expenses covered by the Medicaid program;

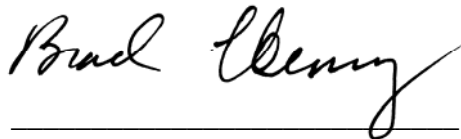
WHEREAS, beyond the cost savings that may be achieved from smoking cessation, it has been determined that the benefits of quitting smoking can result in an average 7.1 years of life per quitter;

WHEREAS, The CDC estimates that over 47 percent of smoking adults attempt to quit each year and that effective treatment options double the successful quit;

THEREFORE BE IT RESOLVED, that the Council of State Governments encourages states and the federal government to support smoking cessation initiatives and the coverage of smoking cessation therapies to assist individuals in their efforts to quit smoking while reducing the cost burden of the complications from tobacco use on the Medicaid program and the economy;

BE IT FURTHER RESOLVED, that the Council of State Governments urges state legislatures and state health officials to include the coverage of smoking cessation programs and treatments in their prevention and wellness initiatives with the goal of decreasing total health costs while improving the productivity of employees.

Adopted this 14th Day of November, 2007 at the
CSG Annual State Trends and Leadership Forum
in Oklahoma City, Oklahoma



Governor Brad Henry
2007 CSG President



Representative Deborah Hudson
2007 CSG Chair