



The Problem

- New York has raised \$10.5 billion in tobacco revenues over the past six years, yet less than four percent has been spent on tobacco control programs. Only about four pennies of every dollar raised by tobacco taxes goes to help people quit smoking.
- 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 Centers for Disease Control and Prevention.
- Tobacco use takes a terrible toll on New York. In 2009, 25,400 lives were prematurely lost due to tobacco use. Tobacco costs New Yorkers an estimated \$8.17 billion in health care costs, including \$2.7 billion in Medicaid costs as a result of tobacco use.
- 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. Increasingly, the burden of tobacco taxes falls most heavily on those least able to pay.

What We Could Do with More Resources

- Target more resources to adult cessation. Achieving near-term reductions in tobacco use rates, and the incidence of tobacco-caused disease, will best be accomplished by encouraging adult smokers to quit and providing resources to help them succeed. Only by motivating smokers to attempt to quit smoking and providing the pressure, resources, and support to make those attempts successful will near-term smoking rates decline, disease rates decline, premature deaths decline, and economic savings accrue. Most smokers want to quit, and encouraging and assisting adult cessation is a cost-effective tobacco control strategy.
- Increase community level interventions, especially in disadvantaged urban neighborhoods and rural areas. To change social norms a program must be well integrated into a community. Program personnel must understand and, preferably, live in, the communities they work in.
- Increase funding for anti-smoking media messages, and target messages to those, such as the poor, those living in rural areas, and non-English speakers, that the program has not been reaching.
- Develop and implement strategies for reaching those with mental illness or addictive disorders: People with mental illness smoke at a rate almost twice that of the general public. Increasingly, tobacco use is concentrated in this population, and if the problem is not addressed now, the burden of tobacco use will increasingly fall on those least able to absorb it.