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THE TOLL OF TOBACCO IN NEVADA

Tobacco Use in Nevada

★ • High school students who smoke: 25.2% [Girls: 25.8% Boys: 24.6%]

High school males who use smokeless tobacco: 11.1%

★● Kids (under 18) who try cigarettes for the first time each year: 14,500

• Additional Kids (under 18) who become new regular, daily smokers each year: 6,600

Packs of cigarettes bought or smoked by kids in Nevada each year: 4.9 million

Kids exposed to second hand smoke at home: 84,000

Percentage of workplaces that have smoke-free policies: 48.7%

Adults in Nevada who smoke: 29.0% [Men: 28.6% Women: 29.4%]

Nationwide, youth smoking has declined since 1997, but remains at historically high levels. The 2001 National Youth Risk Behavioral Surveillance found that 28.5% of U.S. high school kids smoke and 14.8% of high school males use spit tobacco. U.S. adult smoking has decreased gradually since the 1980s, and 23.3% of U.S. adults (44+ million) currently smoke.

Deaths in Nevada From Smoking

- Adults who die each year in Nevada from their own smoking: 3,300
- Annual deaths in state from others' smoking (secondhand smoke & pregnancy smoking): 330 to 580
- Nevada kids who have lost at least one parent to a smoking-caused death: 2,300
- ★ Kids alive in state today who will ultimately die from smoking: 56,000 (given current smoking levels)

Smoking kills more people each year than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides <u>combined</u> — and thousands more die from other tobacco-related causes, such as secondhand smoke or spit-tobacco use. No good state-specific estimates are currently available, however, for the number of Nevada citizens who die from these other tobacco-causes, or for the massive numbers who suffer from tobacco-caused health problems each year without actually dying.

<u>Tobacco-Related Monetary Costs in Nevada</u>

• Annual health care expenditures in the state directly caused by tobacco use: \$440 million

• Total state Medicaid program payments caused by tobacco use: \$96 million

- Citizens' state/federal taxes to cover smoking-caused gov't costs: \$365.0 million (\$486 per household)
- Smoking-caused productivity losses in Nevada: \$762 million
- State smoking-caused health costs and productivity losses per pack sold in Nevada: \$6.64

Other non-health costs caused by tobacco use include direct residential and commercial property losses from smoking-caused fires (more than \$500 million nationwide); the costs of the extra cleaning and maintenance made necessary by tobacco smoke and tobacco-related litter (about \$4+ billion per year for commercial establishments alone); and additional work productivity losses from smoking-caused work absences, on-the-job performance declines, and disability during otherwise productive work lives (in the tens of billions nationwide) [productivity loss amount above is from smoking-death-shortened work lives, alone].

Tobacco Industry Advertising and Other Product Promotion

- Annual tobacco industry marketing expenditures nationwide: \$9.7 billion (\$26+ million per day)
- Estimated portion spent in Nevada each year: \$72.4 million

Published research studies have found that kids are three times more sensitive to tobacco advertising than adults and are more likely to be influenced to smoke by cigarette marketing than by peer pressure, and that one-third of underage experimentation with smoking is attributable to tobacco company marketing.

State Government Policies Affecting The Toll of Tobacco in Nevada

- State 2002/2003 tobacco prevention spending: \$4.3 million (National rank: 31st)
- State cigarette tax per pack: 35¢ (National rank: 35th) [States' average is 62¢ per pack]

ASSEMBLY COMMITTEE ON TAXATION 4 PRASS DATE: 4/0/2 EXHIBIT SUBMITTED BY: Jan. Gilbert

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Sources

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- Toll of Tobacco in the USA
- Comprehensive State Tobacco Prevention Programs Effectively Reduce Tobacco Use; and State Tobacco Prevention Programs Save Money
- Raising State Tobacco Taxes Always Increases State Revenues and Reduces Tobacco Use

National Center for Tobacco-Free Kids, February 5, 2003, www.tobaccofreekids.org/ Eric Lindblom

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CAMPAIGN FOR TOBACCO-FREE KINDS

PROJECTED COST SAVINGS AND HEALTH BENEFITS FROM NEVADA MAKING ADEQUATE INVESTMENTS TO PREVENT AND REDUCE TOBACCO USE

Total health care expenditures in Nevada for health problems caused by smoking and other tobacco use total substantially more than \$440 million per year, including at least \$96 million in total state Medicaid program expenditures. Recent scientific research, along with the experiences of those states that have had comprehensive tobacco prevention programs, show that Nevada could quickly reduce smoking within its borders by making relatively modest investments in new statewide efforts to prevent and reduce tobacco use – thereby also reducing smoking-caused health costs and saving millions of dollars.

Studies in California (the first state with a comprehensive tobacco prevention program) show that over its first seven years the state program saved almost as much as it cost just by reducing smoking-caused heart attacks, strokes, and low birth-weigh babies.² By sharply reducing state smoking rates, the California program has also substantially reduced every other form of smokingcaused disease and health problems within its borders - including lung cancer, lip and oral cancers, bronchitis and other respiratory ailments, and even burns from cigarette-caused fires thereby saving billions of additional dollars.3 Overall, California officials estimate that every dollar spent on the state tobacco prevention program has reduced smoking-caused health costs by more than \$3.50 - while also reducing indirect smoking-caused costs, such as workplace productivity declines, by another six dollars or more.4 A 2000 study of Massachusetts' somewhat younger tobacco prevention program found that it was already annually saving well over two dollars in reduced smoking-caused health care costs for every single dollar it received in state funding.5 Earlier, state officials announced that the program had reaped enormous savings by reducing smoking among pregnant women, which places costly demands on state health care systems by causing low birth-weight babies, other pregnancy complications, and a range of early childhood health and development problems.⁵

Cost-Savings Available to Nevada from Reducing Smoking

Based on the results in Massachusetts, California, and other states making strong investments in tobacco prevention, an adequately funded statewide tobacco-prevention program in Nevada could reduce adult smoking by at least one percentage point per year over its first five years, with similar youth smoking declines. That would shrink the number of adult smokers by about 74,300, and quickly produce a range of related reductions to smoking-caused health costs, including the following, while also locking in even larger future savings.

SOME OF THE SAVINGS FROM REDUCING SMOKING BY ONE-PERCENTAGE-POINT PER YEAR⁷ (in millions of dollars)

Savings From	Year 1	Year 2	Year 3	Year 4	Year 5	5-Year Total
Fewer Heart Attacks & Strokes	\$0.4	\$1.2	\$2.3	\$3.6	\$4.9	\$12.4
Fewer Smoking-Affected Births	\$0.3	\$0.7	\$1.0	\$1.3	\$1.7	\$5.0
Annual Savings Subtotal	\$0.7	\$1.9	\$3.3	\$4.9	\$6.6	\$17.4

Reduction to future health costs from adult smoking declines: \$613.0 million

Reduction to future health costs from parallel youth smoking declines: \$306.0 million

For More State-Specific Data, see the Campaign for Tobacco-Free Kids Website at

http://www.tobaccofreekids.org/reports/settlements and http://tobaccofreekids.org/research/factsheets/index.php?CategoryID=2 And the U.S. Centers for Disease Control and Prevention (CDC) website at http://www.cdc.gov/tobacco/stat-nat-data.htm

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National Center for Tobacco-Free Kids, www.tobaccofreekids.org, April 20, 2002 / Eric Lindblom

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² Adding in nationwide deaths from secondhand smoke (more than 38,000) and deaths to infants from mothers smoking during pregnancy (more than 1,000) brings the nationwide death total to 440,000 per year. CDC, "Annual Smoking-Attributable Mortality, Years of Potential Life Lose, and Economic Costs — United States 1995-1999; MMWR, April 11, 2002, www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm.