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**Appropriations and Public Health Joint Committees  
December 22, 2014  
American Cancer Society Cancer Action Network Testimony**

**RE: Tobacco and Health Trust Fund Board 2014 Report and FY '15  
Recommendations**

The American Cancer Society Cancer Action Network supports the Tobacco and Health Trust Fund Board recommendations for allocations of available funds via the Trust Fund. These recommendations include the following, totaling \$3.5 million:

- Statewide and Community Interventions: \$1.4 million
- Mass – Reach Health Communication Intervention: \$385,650
- Cessation Interventions: \$1.2 million
- Evaluation: \$351,183
- Infrastructure, Administration & Management: \$175,000

While we do support these recommendations, \$3.5 million is woefully inadequate given the significant economic and health toll tobacco and nicotine use causes the state of Connecticut every year. Despite some progress, the fight is not finished--considerable challenges remain while the costs of tobacco and nicotine use both economically and in lives lost continue to increase.

First, some good news to report: smoking rates continue to decline in Connecticut--15.5% for adults and 13.5% for high school aged youth. The state remains committed to funding cessation programs and services through Medicaid, the Quitline remains effective and we have one of the highest cigarette taxes in the country at \$3.40—the single most effective method for reducing smoking rates across the board, but especially among minors.

The good news ends there, however because we are ultimately losing ground where it matters the most.

***Tobacco related diseases are the single most preventable cause of death in our society, yet according to DPH statistics, tobacco use continues to kill more people in Connecticut each year than alcohol, AIDS, car crashes, illegal drugs, accidents, murders and suicides combined.***

New CDC Statistics indicate 4900 people will die in Connecticut this year, which means, statistically speaking, someone in Connecticut will have died from tobacco use during the course of this hearing today. Adding to the tragedy at the same time, someone in Connecticut – with a 90% chance that person is under 18—will have tried smoking for the first time during course of this hearing as well.

Connecticut receives over \$500 million annually between the MSA funds and tobacco tax revenue. Over the years, however, less than 1% of the cumulative total has been spent in support of smoking cessation services. In 2013 we spent \$6 million on TUC, however for 2014 and now 2015, that number has been cut in half.

Furthermore, since it's inception in 2000, the Tobacco and Health Trust fund has been raided or had funds redirected 64 times. Of the total deposits into the THTF since 2000, only \$24.5 million has been spent on tobacco control while \$195.7 million was redirected to non –tobacco related programs, including \$134 million redirected directly into the General Fund. Twice in the last 8 years, the state spent \$0 on tobacco control.

Newly updated recommendations from the CDC call for \$32 million to be spent on tobacco control programs in Connecticut *per year*. To put it starkly, we have dedicated a cumulative total of \$24.5 million for tobacco control during those 14 years-- *\$7.5 million less than the CDC recommends we spend annually*.

While the state continues to underfund programs with proven results, ***Connecticut incurs \$2.03 billion in annual health care costs.***

Shortly after these committees met last January to approve the FY '14 recommendations, the US Surgeon General released a new report, *The Health Consequences of Smoking—50 Years of Progress*, which showed a 58% decrease nationwide in adult smoking rates over the last 50 years—from a high of 42% in 1964 to 17.8% in 2014. The youth smoking rate has also dropped considerably since just 1997—from a high of 36.4% down to 15.7%--a 57% decline.

Tremendous progress, however tobacco use still takes a staggering toll nationwide: One out of every five deaths-- 480,000 Americans-- each year is a result of tobacco use. To put that in local terms, that's the combined populations of Bridgeport, Hartford, New Haven and New Britain.

We can, should and need to do more. The good news is we know what can be done, what has a demonstrably proven level of success, and what we can expect to achieve with only modest increases in tobacco control spending.

The 2014 Surgeon General's report found, "States that have made larger investments in comprehensive tobacco control programs have seen larger declines in cigarettes sales than the nation as a whole, and the prevalence of smoking among

adults and youth has declined faster, as spending for tobacco control programs has increased.” The report concluded that long-term investment is critical: “Experience also shows that the longer the states invest in comprehensive tobacco control programs, the greater and faster the impact.”

States that have funded tobacco control have indeed seen results:

- Washington State saw a 5-1 savings with their program between 2000-2009 and cut adult smoking by a third and youth smoking in half.
- Florida, which has a constitutional amendment that provides \$66 million per year, has seen their adult smoking rate plummet from 21.1% in 2007 to 16.8% in 2014 and their youth smoking rate drop to 7.5% in 2014 from a high of 10.5% in 2006.
- In California, lung cancer rates declined by a third between 1988 and 2011.
- Alaska, one of only two states to fully fund according to the CDC recommendations, has cut its high school smoking rate by 70% since 1995.
- Maine reduced its youth smoking rates by two thirds between 1997-2013.

70% of Connecticut’s smokers indicate they want to quit while 40% attempt to quit each year, however only about 5% are successful. Many fail because, in part, of a lack of access to successful cessation programs. Funding tobacco use prevention and cessation programs that alleviate this burden on our citizens and economy are not only consistent with our shared goal of insuring access to care to those in need, it is also the only fiscally responsible approach we can take.

The American Cancer Society Cancer Action Network strongly urges adoption of these recommendations. More importantly, we urge these committees to make this entirely preventable issue a priority and allocate more appropriate and adequate funding for tobacco control programs in the upcoming biennium budget.

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