Investment in Tobacco Control

State Highlights 2001

U.S. Department of Health and Human Services

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health

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Centers for Disease Control and Prevention	Jeffrey P. Koplan, MD, MPH, Director
National Center for Chronic Disease Prevention and Health Promotion	James S. Marks, MD, MPH, Director
Office on Smoking and Health	Lawrence W. Green, DrPH, Acting Director

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Investment in Tobacco Control State Highlights 2001

The following individuals from the Office on Smoking and Health, National Center for Chronic Diseases Prevention and Health Promotion, Centers for Disease Control and Prevention prepared this publication:

Melissa Albuquerque, Policy Analyst
Terry F. Pechacek, PhD, Associate Director for Science
Alison Kelly, MPIA, Associate Director for Policy, Planning, and Coordination

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health

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Foreword

We are at a paradoxical point in the history of tobacco control. In the 36 years since the release of the initial report of the Surgeon General's Ad Hoc Committee, which first publicized the adverse consequences of tobacco use, significant reductions have been made in the current and future burden of tobacco-related illness. Unfortunately, nearly one-quarter of all Americans still smoke and the percentage of high school youth who smoke steadily increased through most of the 1990s.

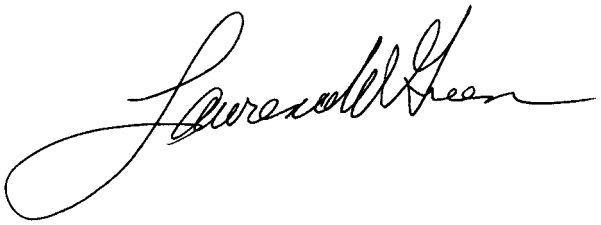
In recent years, however, we have learned a great deal about what it takes to prevent tobacco use among our youth and to assist current smokers who want to quit. Results from community-based interventions and statewide programs have shown that a comprehensive approach to tobacco control is effective in curtailing the epidemic. Data coming out of states that had already implemented comprehensive programs demonstrated that these programs are effective in preventing and reducing tobacco use. This led to the development of CDC's *Best Practices for Comprehensive Tobacco Control Programs*. *Best Practices* provides evidence to support the nine essential elements of a comprehensive program, and includes recommendations regarding the appropriate level of funding for each component based on specific characteristics of each state.

Fortunately, several forces have combined to increase dramatically the funds available for tobacco control at the state level. The states that provided the initial data for the development of *Best Practices* were states that had developed comprehensive programs with funds from dedicated excise tax revenues (California and Massachusetts), and states that individually settled their lawsuits with tobacco companies (Florida, Minnesota, Mississippi and Texas). With the resolution of the remaining 46 states' lawsuits in November 1998 in a $206 billion settlement agreement, states are in a unique position to make an investment in tobacco control programs now that will have a substantial benefit in the future. In addition, more states are choosing to dedicate some portion of their excise tax revenues to tobacco control, and new funding streams for state-based tobacco control efforts have emerged at the national level—including both public and private sources.

However, the state investments alone are unlikely to eliminate the burden of tobacco use in the United States. *Healthy People 2010*, the national action plan for improving the health of all Americans, sets forth 21 ambitious tobacco-related objectives, including cutting in half the rates of tobacco use among young people and adults. Achieving these objectives will require a significant national commitment to implement a variety of strategies, including social, economic, and regulatory approaches—some of which can only be implemented by the federal government or by the private sector. The expansion of CDC's National Tobacco Control

Program to all 50 states and the program's commitment to further developing the science base for action and rigorously evaluating state-based efforts illustrate the essential roles of federal support. The American Legacy Foundation's nationwide media campaign, upon which states can build and tailor messages specific to their populations, is an example of excellent private sector involvement.

Actively involving all sectors of society, using approaches based on high quality science, is the only way in which we will achieve our public health objectives. We hope this publication will assist you as we work together to develop comprehensive, sustained, and effective tobacco control programs.



Lawrence W. Green, DrPH
Acting Director
Office on Smoking and Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention

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Investment in Tobacco Control State Highlights 2001

Executive Summary

Tobacco use is the single most preventable cause of death and disease in the United States. Most people begin using tobacco in early adolescence. Annually, tobacco use causes more than 430,000 deaths in the nation and costs approximately $50–$70 billion in medical expenses alone.

Although scientific knowledge regarding the methods for controlling tobacco use will never be perfect, more than enough is known to act now. In fact, if the strategies shown to be effective were fully implemented, the rates of tobacco use among young people and adults could be cut in half by 2010.[1]

These strategies are described in the Surgeon General's report on *Reducing Tobacco Use,* CDC's *Best Practices for Comprehensive Tobacco Control Programs*, the Task Force on Community Preventive Services' tobacco-related recommendations, and the Public Health Service guidelines on smoking cessation. The proven strategies in these reports provide a strong foundation for action at the state level. Furthermore, the availability of funds from the settlement of the states' lawsuits against the tobacco industry, state excise tax revenues and general funds, and federal and private sources provide the financial means to take action.

The purpose of this report is to

- analyze current investments in tobacco control at the state level,
- place these investments in the context of health and economic consequences of tobacco use specific to the state, and
- compare current investments with the specific funding ranges contained in *Best Practices*.

This information can be used by decision makers who must make tough decisions regarding the allocation of resources for tobacco control programs amid many competing demands.

Data presented in this report demonstrate the significant but widely varied burden of tobacco use at the state level. This dramatic variation will require each state to develop its own unique response to this public health problem. However, certain characteristics of effective tobacco control programs at the state level have been identified. The programs that have been successful have taken a comprehensive approach which combines community intervention, countermarketing, policy and regulation, and evaluation and surveillance. The programs that have been in place the longest have already demonstrated decreases in consumption, decreases in smoking prevalence among both youth and adults, and in one state, a more rapid decline in lung cancer rates than that seen in the nation as a whole. The experiences of these programs have been used to establish programmatic and funding recommendations for consideration by policymakers as they make decisions regarding the allocation of resources for tobacco control in their states.

The state settlement agreements with the tobacco industry provide a major opportunity for funding tobacco control programs, and 36 states have invested $654.9 million from the settlement agreements in fiscal year 2001 for tobacco use prevention and control programs. Excise taxes are also an important source of funds for tobacco control in 8 states, which have appropriated $218.4 million

for this purpose. In addition, 9 states have appropriated $9.9 million from their general revenue to support tobacco use prevention and control programs. In total, state investment for tobacco control activities in fiscal year 2001 is $883.2 million.

Federal and private sources of funds for state-based tobacco control activities (including CDC's National Tobacco Control Program and the American Legacy Foundation) also play an important role in many states. In five states and the District of Columbia, federal and private funds are the only funds being invested in tobacco control. In at least 20 states, they make up 50% or more of the funds being invested.

For the country as a whole, the combined resources available in fiscal year 2001 to fund tobacco use prevention and control programs totals almost $1 billion, representing $3.38 per capita. While this figure is impressive, it is less than one sixth of the amount spent by the tobacco industry on promoting its products each year.

While this report focuses on the allocation of resources to tobacco control, simply investing the funds is not sufficient to achieve the ambitious *Healthy People 2010* tobacco objectives. It is essential to implement comprehensive, sustainable, and accountable tobacco control programs.

Introduction

Although the scientific knowledge regarding the methods for controlling tobacco use will never be perfect, more than enough is known to act now. In fact, if the strategies shown to be effective were fully implemented, the rates of tobacco use among young people and adults could be cut in half by 2010.[1] In the recent Surgeon General's report, *Reducing Tobacco Use*, U.S. Surgeon General David Satcher noted that "Our lack of greater progress in tobacco control is more the result of our failure to implement proven strategies than it is the lack of knowledge about what to do." The report provides a complete analysis of five major approaches to reducing tobacco use: educational, clinical, regulatory, economic, and comprehensive. In reference to comprehensive programs, the report concluded that "the synergy created by the interaction of various program components in a comprehensive approach is believed to be responsible for increased success in reducing tobacco use." Within the framework of comprehensive approaches, the report also found that statewide programs have produced encouraging evidence of effectiveness, especially in reducing per capita consumption of tobacco products. The Institute of Medicine (IOM) conducted its own independent analysis of whether state tobacco control programs can reduce smoking and save lives, and concluded that they can.[2]

The conclusions of both the Surgeon General and the IOM reports are consistent: comprehensive statewide tobacco control programs work. The specific strategies that are recommended are contained in CDC's *Best Practices for Comprehensive Tobacco Control Programs*,[3] the Task Force on Community Preventive Services' tobacco-related recommendations,[4] and the Public Health Service guidelines on smoking cessation.[5] The proven strategies in these reports provide a strong foundation for action at the state level. Furthermore, the availability of funds from the settlement of the states' lawsuits against the tobacco industry, state excise tax revenues and general funds, and federal and private sources provides the financial means to take action.

The purpose of this report is to

- analyze current investments in tobacco control at the state level,
- place these investments in the context of health and economic consequences of tobacco use specific to the state, and
- compare current investments with the specific funding ranges contained in *Best Practice*s.

This information can be used by decision makers who must make tough decisions regarding the allocation of resources for tobacco control programs amid many competing demands.

The core resources listed below, or the contacts to obtain them, are available from CDC's Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. To request copies, call (770) 488-5705 (press 3) or send an e-mail to tobaccoinfo@cdc.gov.

Core Resources for Comprehensive Tobacco Control Program Planning

Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence. Clinical Practice Guideline*. Rockville, Maryland: U.S. Department of Health and Human Services, Public Health Service, June 2000.

Centers for Disease Control and Prevention. Strategies for Reducing Exposure to Environmental Tobacco Smoke, Increasing Tobacco-Use Cessation, and Reducing Initiation in Communities and Health-Care Systems: A Report on Recommendations of the Task Force on Community Preventive Services. *Morbidity and Mortality Weekly Report* 2000;49(RR-12).

Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—August 1999*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, August 1999.

Institute of Medicine and National Research Council. *State Programs Can Reduce Tobacco Use*. Washington, D.C.: National Academy Press, 2000.

U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000.

The Health Consequences of Tobacco Use[6]

Tobacco use is the single most preventable cause of death and disease in our society. Annually, this country's history of tobacco use causes more than 430,000 deaths. Recent and current tobacco use will continue to account for additional hundreds of thousands of deaths in the United States every year for much of the first half of this century. Tobacco use is addictive. More than 47 million adults in the United States smoke cigarettes, and nearly 70% of them want to quit, but only 2.5% are able to quit permanently each year. Most smokers start smoking as adolescents. Each day more than 6,000 U.S. youths under the age of 18 years try their first cigarette, and more than 3,000 become daily smokers. Tobacco use among children and adolescents remains alarmingly high, and if current rates of smoking persist, an estimated five million of today's children in the United States will eventually die from smoking-attributable diseases. Tobacco use among young people remains one of our most critical public health priorities.

Tobacco use is expensive. The direct medical costs associated with tobacco use are $50–$73 billion each year in the United States. These costs will continue at this level or increase into the second quarter of this century if smoking rates are not reduced.

State-Specific Burden of Tobacco Use

This report brings together state-based data on the prevalence of tobacco use among youth and adults and the health impacts and costs of tobacco use. Although much of this information has been published elsewhere, the state-specific two-page format has been developed to facilitate comparisons with relevant budgetary and economic information. In addition to the two-page highlights, the data are summarized in tables and maps to present a national picture.

Although the data presented come from a variety of sources, state-specific data are comparable within each topic area. This allows comparisons among states to be made and highlights the great variations that exist between states for almost every tobacco-related indicator. Smoking prevalence rates in adults for 1999 varied more than twofold, ranging from 13.9% in Utah to 31.5% in Nevada. Utah is the only state that has achieved the *Healthy People 2000* objective of reducing smoking

prevalence to less than 15%. In addition to Nevada, the states with the highest current smoking prevalence among adults were Kentucky (29.7%) and Ohio (27.6%). Along with Utah, the states with the lowest adult prevalence rates were Hawaii (18.6%), California (18.7%), Massachusetts (19.4%), and Minnesota (19.5%).[7]

Rates of tobacco use among youth also vary dramatically between states. Data from the National Youth Tobacco Survey indicate that 28.5% of high school students and 9.2% of middle school students were current smokers in 1999, and 34.8% of high school students and 12.8% of middle school students had used some form of tobacco (cigarettes, smokeless, cigars, pipes, bidis, or kreteks) in the past month.[8] State-specific data came from the state school-based Youth Tobacco Survey[8] and state school-based Youth Risk Behavior Survey[9] and were not available for all states. Among the 30 states with data available for youth in grades 6–8, current smoking rates ranged from 6.7% in California to 21.5% in Kentucky. The rates for any use of tobacco among this age group were also lowest in California (10%) and highest in Kentucky (28.3%). Forty-three states had data available for youth in grades 9–12. Current smoking among these high school students ranged from 11.9% in Utah to 43.6% in South Dakota, more than a threefold difference.

Information on the average annual deaths related to smoking, average annual years of life lost, and medical costs related to smoking have not been updated since the release of *State Tobacco Control Highlights—1999*.[10] However, because recovering Medicaid expenditures resulting from tobacco use was the primary objective of the states' lawsuits against the tobacco industry, information regarding smoking-attributable Medicaid expenditures has been added.

Death rates from lung cancer are among the clearest indicators of the burden of tobacco use and vary significantly among the states. Kentucky has the highest rate at 53.2 per 100,000 population, which is more than three times as high as Utah, at 14.5 per 100,000.[11] Nevada has the highest rate of all smoking-related deaths, at 469 per 100,000 population, which is more than twice as high as its neighbor, Utah, at 188 per 100,000.[10]

As these statistics indicate, the magnitude of the problem is enormous. It is now more urgent than ever to build the capacity to implement evidence-based strategies to prevent and reduce smoking.

The Characteristics of Effective Comprehensive Tobacco Control Programs

The Surgeon General's report *Reducing Tobacco Use* is the first such report to move beyond a discussion of the health consequences and burden of tobacco use to provide an in-depth review of the effectiveness of tobacco intervention strategies. The evidence reviewed in the report shows that comprehensive state tobacco control programs are effective in reducing tobacco use in part because they bring about a shift in social norms and reduce the broad cultural acceptability of tobacco use. Comprehensive approaches combine community interventions, countermarketing, policy and regulation, and evaluation and surveillance activities.

The goal of a comprehensive tobacco control program is to reduce disease, disability, and death related to tobacco use by (1) promoting quitting among adult and youth smokers, (2) preventing young people from ever starting to smoke, (3) implementing public health policies to protect people from secondhand smoke, and (4) identifying and eliminating the disparities related to tobacco use and its effects on different population groups.

To assist states in achieving these goals, CDC recommends that states establish tobacco use prevention and control programs that are comprehensive, sustainable, and accountable. The early models of effective statewide tobacco control programs in California, Massachusetts, Arizona, Oregon, Maine, Mississippi, and Florida demonstrated the level of investments needed to produce statewide changes in tobacco use. Data from the planning and implementation of programs in these states were used to develop the programmatic and funding guidelines in *Best Practices*. The guidelines address nine components of comprehensive tobacco control programs:

- Community programs to reduce tobacco use,
- Chronic disease programs to reduce the burden of tobacco-related diseases,
- School programs,
- Enforcement,
- Statewide programs,
- Countermarketing,
- Cessation programs,
- Surveillance and evaluation, and
- Administration and management.

More information regarding each component, the evidence supporting it, and the optimal funding ranges are included in the Appendix. However, in summary, the approximate annual costs to implement all of the recommended program components have been estimated to range from $7 to $20 per capita in smaller states (population less than 3 million), $6 to $17 per capita in medium-sized states (population 3–7 million), and $5 to $16 per capita in larger states (population more than 7 million).

The evidence supporting *Best Practices* was of two types. The educational and social components were based primarily upon published, evidence-based guidelines. Other program categories relied mainly on evidence from the large-scale and sustained efforts of two states (California and Massachusetts) that have funded comprehensive tobacco control programs using excise tax revenues. The experience of two states demonstrates that while increasing the price of cigarettes by increasing the excise tax does have the effect of reducing cigarette consumption, the effect increases over time when these funds are used to support effective tobacco use prevention programs.

California's tobacco control program began in January 1989, when the excise tax was increased from $0.10 to $0.35 per pack of cigarettes. Initially, consumption decreased rapidly. If price were the only factor contributing to these declines, the initial drop would have been followed by a pattern of slow decline, such as was experienced by the rest of the country. However, as a result of the implementation of a tobacco control program, tobacco use in California declined throughout the 1990s at a rate two or three times faster than that in the rest of the country.[13] Between 1988 and 1999, per capita cigarette use in California declined by almost 50%, while in the rest of the country it declined by only about 20%. Between 1995 and 1999, the prevalence of cigarette use among youth dropped by 43% in California.[12]

By virtue of its duration and intensity, the California program also has the distinction of being the first program to demonstrate a reduction in tobacco-related deaths. From 1988 to 1997, the incidence of lung cancer in California declined significantly compared with the stable rates in other parts of the United States included in the Surveillance, Epidemiology, and End Results cancer registry maintained by the National Cancer Institute.[13] Even more striking is the finding that while

lung cancer rates among women were increasing significantly from 1988 to 1997 in other parts of the United States, they decreased significantly among women in California. Additionally, a recent report in the *New England Journal of Medicine* concluded that the California Tobacco Control Program was associated with 33,000 fewer deaths from heart disease between 1989 and 1997.[14] Consistent with these declines in tobacco-related deaths, the California Department of Health Services has estimated that for every $1 spent on the program between 1990 and 1998, an estimated $3.62 in direct medical costs has been avoided.[12] These examples are the ultimate evidence of success—of what can be accomplished when adequate resources are committed to comprehensive, sustained tobacco control programs.

While California has been in the forefront of tobacco control efforts in the United States, these kinds of promising results are not confined to California. Data from the Massachusetts tobacco control program were also key in developing the recommendations in *Best Practices*. After the implementation of the program in Massachusetts in 1993, per capita cigarette consumption rates through 1999 declined more consistently than the rates in California.[15] Massachusetts has also seen more rapid declines than states without tobacco control programs in the overall prevalence of tobacco use among adults.[15,16] More recently, rates of smoking among Massachusetts youth have declined sharply, with current smoking dropping 70% among 6th graders from 1996 to 1999.[17] According to national vital statistics data, rates of smoking during pregnancy also declined more rapidly during the 1990s in Massachusetts than in any other state.[16] In addition, states such as Arizona, which has had a comprehensive program since 1996, are seeing results. Arizona's comprehensive program, which places an especially heavy emphasis on community-based efforts, produced a decline in adult smoking prevalence of more than one-fifth from 1996 to 1999.[18] Significant reductions were seen in both males and females, in young adults, and in Hispanic populations.

CDC is working closely with a number of additional states to monitor the results of their efforts—some of which are innovations on the model recommended in *Best Practices*. For example, Florida has implemented an intensive program, which incorporates many of the recommended program components, but is focused almost exclusively on youth. In a comprehensive effort of five integrated components—education, countermarketing, community partnerships, enforcement, and evaluation—Florida achieved dramatic reductions in youth smoking rates between the 1998 baseline and the 2000 follow-up. Current cigarette use declined by 40% among middle school students, and by 18% among high school students.[19] Even more impressive, evaluation efforts in Florida suggest that the declines in youth smoking have been largest in those counties in which community partnerships have demonstrated the highest levels of activity. Unfortunately, smoking rates among adults have not been declining. Thus, Florida is not seeing the full population impact that could result from a program that includes efforts to reach all age groups.

Oregon has also initiated a comprehensive program that is showing some promising results. The decline in smoking prevalence among adults in Oregon has been consistent with a 20% decline in per capita consumption from 1996 to 2000.[20] Data from the Behavioral Risk Factor Surveillance System indicate that the prevalence of smoking among adults aged 18 years and older in Oregon declined from 23.4% in 1996 to 20.2% in 2000.[20] Prevalence of smoking among pregnant women dropped 18%, from 17.7% in 1996 to 14.5% in 1999.[20] Smoking among youth has also declined 41% among 8th graders, and 21% among 11th graders.[20] These reductions have been achieved with funding that is less than the *Best Practices* minimum. In the planning of their programs,

Oregon took full advantage of the lessons learned by the California, Massachusetts, and Arizona programs. In several program areas, such as school-based programs and countermarketing, Oregon appears to be operating more efficiently than the earlier programs. Analyses suggest that with a higher level of funding even more impressive declines in tobacco use rates could be achieved (for example, with current resources only 30% of schools are being funded).

Investment in Tobacco Control

Evidence indicates that the rate of progress toward meeting state and national public health objectives for reducing tobacco use will be related to the level of investment in evidence-based strategies implemented in comprehensive tobacco control efforts.[1,2] To assess the current status of this type of investment, this report summarizes fiscal year 2001 state appropriations for tobacco control, including appropriations of settlement funds, cigarette excise tax revenues, and other general revenue funds that specifically support tobacco use prevention and control programs. The report also includes state funding from federal or national grants. Appropriations from tobacco settlement funds for tobacco farmers, tobacco-dependent communities, research, and general health services are not included. The level of these investments is then compared with the funding recommended by *Best Practices* for each state.

State investment in tobacco control

The allocation of funds resulting from the settlement of state lawsuits with the tobacco industry represents the largest share of fiscal year 2001 tobacco control funding. Thirty-six states have invested $654.9 million from the settlement agreement with the tobacco industry specifically for tobacco use prevention and control purposes. This includes tobacco use prevention and control programs in Mississippi and Minnesota, which are funded from tobacco settlement awards but are managed by private, non-profit entities established through court consent decrees.

Among these 36 states, the four states that have their own settlement agreements with the tobacco industry (Florida, Mississippi, Texas, and Minnesota) will spend some portion of their settlement dollars on tobacco control and use prevention. Each of these four has set specific spending levels for fiscal year 2001, ranging from $10 million to $44 million. In all but Texas, these states have invested more than $1 per capita of settlement funds for tobacco control and use prevention (ranging from $2.77 per capita in Florida to $7.73 per capita in Mississippi).

Of the 46 states participating in the Master Settlement Agreement, 32 have appropriated some portion of their settlement dollars for tobacco control and use prevention in fiscal year 2001. The specific appropriations range from $460,000 to $234,000,000, or from $0.10 to $20.69 per capita. Twenty-five of the 32 states have appropriated at least $1 per capita of settlement funds for tobacco control and use prevention, with 20 states appropriating between $1 and $5 per capita, two states appropriating between $5 and $10 per capita, and three states (Maine, Ohio, and Vermont) appropriating more than $10 per capita.

While settlement payments were based in part on state Medicaid expenditures related to smoking, allocation of settlement funds does not appear to be related to the state-specific per capita Medicaid expenditures ($r=0.18$, not significant).

In addition to settlement agreement funds, excise tax revenues are also an important source of funds for tobacco control efforts in eight states. Between them, the states of Alaska, Arizona, California, Maryland, Massachusetts, Michigan, Oregon, and Utah have appropriated $218.4 million from the

states' tobacco excise tax revenue, ranging from $200,000 to $115 million. Of these eight states, three (Alaska, Maryland, and Massachusetts) have also appropriated some portion of the state's settlement dollars for tobacco use prevention and control activities. Because tobacco excise tax revenues have become an important sources of funding for tobacco control, this report provides state-specific information on the cigarette tax per pack, which ranges from 2.5 cents per pack in Virginia to $1.11 in New York. Forty-five states have an excise tax on smokeless tobacco, but most states tax these products at a much lower rate than cigarettes.[21]

Finally, nine states have appropriated $9.9 million from their general revenue to support tobacco use prevention and control programs. To summarize the analysis of state investment in tobacco control for fiscal year 2001, 45 states have invested $883.2 million to support tobacco use prevention and control programs from settlement funds, state excise tax revenues, or general revenues.

Federal and private funding for state-based tobacco control activities

Federal and private sources of funds for state-based tobacco control activities also play an important role in many states. Two of the most significant sources of such funds are CDC's National Tobacco Control Program, which provided $58.1 million to support programs in all 50 states and the District of Columbia, and the American Legacy Foundation, which awarded $9 million to 20 states as part of its youth empowerment initiative. In at least five states (Connecticut, North Carolina, North Dakota, Pennsylvania, and Tennessee) and the District of Columbia, federal and private funds are the only funds being invested in tobacco control, and in at least 20 states, federal and private funding makes up 50% or more of the funds being invested.

Total investment in state tobacco control

Combining resources available from state, federal, and national sources, seven states (Arizona, Indiana, Maine, Massachusetts, Mississippi, Ohio, and Vermont) are meeting or exceeding the *Best Practices* lower bound funding recommendations, and Ohio is exceeding the upper bound funding recommendation. However, Ohio's funds have been appropriated to a trust fund and are not expected to be fully expended in this fiscal year. Additionally, Hawaii (at 98%) virtually met the *Best Practices* lower funding recommendations.

On average, the total investments in states from state, federal, and national sources averages about 59% of the lower bound funding estimate in *Best Practices*. In 22 states, combined funding from state, federal, and national sources provide less than 33% of the lower bound funding estimate and in at least 20 states more than half of the total investment is coming from federal and national sources. For the country as a whole, the combined resources available in fiscal year 2001 to fund tobacco use prevention and control programs in states total almost $1 billion, representing approximately $3.38 per capita. While this figure is very impressive, it is less than one-sixth of the $6.7 billion that the tobacco industry spends annually on promoting and advertising its products. In addition, fiscal year 2001 investments in tobacco control efforts show almost no relationship with smoking-related deaths per 100,000 population ($r=0.008$, not significant) or lung cancer deaths per 100,000 .($r= -0.026$, not significant). Several states with high rates of smoking-related and lung cancer deaths have made very small investments in tobacco use prevention and control programs. This is cause for concern because the costs associated with smoking-related diseases will continue to grow unless evidence-based programs are implemented.

The funding data reported have several limitations. First, only funds appropriated specifically for tobacco prevention and control were included. Therefore, the reported amounts exclude appropria-

tions for multiple purposes that include an unspecified amount of funding for tobacco control. However, when such appropriations were identified through legislative sources, total funding amounts were provided in a footnote. Some or all of these appropriations may be used for tobacco control and prevention purposes. Second, actual program expenditures in fiscal year 2001 in states may differ significantly from the amounts appropriated that year because of carryover funding from previous fiscal years, delays in program implementation, and the establishment of trusts or endowment accounts with the funds for use in future years. Third, some data on funding levels from excise tax revenues, state appropriations from sources other than settlement funds, and funding from private sources for Mississippi and Minnesota were based upon staff reports rather than independent analyses. Fourth, some potential sources of funds such as the Public Health and Preventive Services block grants and Substance Abuse and Mental Health Services Administration's block grants were not included in this analysis. Fifth, California and New York totals for state appropriation—settlement only represent the state's share of the Master Settlement Agreement. Finally, this report does not attempt to evaluate which type of programs will be funded or whether the funded programs are consistent with the evidence-based components of *Best Practices*.

Conclusion

This report provides a snapshot of the investments in and results of state-based tobacco control efforts. On both fronts, the data are promising. States that have made early investments in evidence-based comprehensive programs and have sustained them are seeing positive results through decreases in consumption, decreases in smoking prevalence, and in one state, a more rapid decline in lung cancer rates than that seen in the rest of the nation. In addition, most states have committed some resources to tobacco control efforts, and as a result, are providing a laboratory to explore new models for reducing tobacco use. However, the funding levels still fall short of the recommendations provided in *Best Practices*. Furthermore, this report does not evaluate the types of programs for which funds have been allocated, and the investment of resources is necessary but not sufficient to achieve sustained reductions in tobacco use. *Best Practice*s provides specific evidence-based recommendations to accompany the funding recommendations. While the type of innovation currently occurring within states plays a critical role in continuing to build the science base about effective state-based programs, there are specific strategies and approaches that have been demonstrated to be effective and should be given high priority for implementation.

In addition, tobacco control efforts must be sustained over time to produce results, and these experiments must be rigorously evaluated to continue building the science base for action. Therefore, CDC encourages states to dedicate at least 10% of their tobacco control funding to surveillance and evaluation. Many of the tobacco-use indicators that were included in this report have been identified as key indicators for evaluating the effectiveness of chronic disease programs by the Council of State and Territorial Epidemiologists, the Association of State and Territorial Chronic Disease Program Directors, and CDC's National Center for Chronic Disease Prevention and Health Promotion. These indicators, which monitor the achievement of primary program goals, include lung cancer mortality rates, adult smoking prevalence, youth smoking rates, smokeless tobacco use among youth, and per capita sales of cigarettes. Exposure to environmental tobacco smoke is another key indicator. A wide range of intermediate indicators of program effectiveness should also be monitored, such as policy changes, changes in social norms, and exposure to statewide and local program efforts. In addition, surveillance should monitor the prevalence of pro-tobacco influences, including advertising, promotions, and events that glamorize tobacco use.

Collection of this kind of information documents program-related effects and ensures that programs are accountable. In most cases, decisions regarding the allocation of resources for tobacco control must be made on an annual basis, and the policy makers who make these decisions will expect information regarding the return on their investment. By working to establish tobacco control and prevention programs that are comprehensive, sustained and accountable, the national objectives for reducing tobacco use can be achieved.

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Appendix

CDC Best Practices for Comprehensive Tobacco Control Programs

Executive Summary

Tobacco use is the single most preventable cause of death and disease in our society. Most people begin using tobacco in early adolescence, typically by age 16; almost all first use occurs before high school graduation. Annually, tobacco use causes more than 430,000 deaths and costs the Nation approximately $50–$73 billion in medical expenses alone. Data from California and Massachusetts have shown that implementing comprehensive tobacco control programs produces substantial reductions in tobacco use.

The goal of comprehensive tobacco control programs is to reduce disease, disability, and death related to tobacco use by

- Preventing the initiation of tobacco use among young people.
- Promoting quitting among young people and adults.
- Eliminating nonsmokers' exposure to environmental tobacco smoke (ETS).
- Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

In this guidance document, CDC recommends that States establish tobacco control programs that are comprehensive, sustainable, and accountable. This document draws upon "best practices" determined by evidence-based analyses of comprehensive State tobacco control programs. Evidence supporting the programmatic recommendations in this guidance document are of two types. Recommendations for chronic disease programs to reduce the burden of tobacco-related diseases, school programs, cessation programs, enforcement, and countermarketing program elements are based primarily upon published evidence-based practices. Other program categories rely mainly upon the evidence of the efficacy of the large-scale and sustained efforts of two States (California and Massachusetts) that have been funding comprehensive tobacco prevention and control programs using State tobacco excise taxes.

Based upon this evidence, specific funding ranges and programmatic recommendations are provided. The local analysis of each State's priorities should shape decisions regarding funding allocations for each recommended program component. The funding required for implementing programs will vary depending on state characteristics, such as demographic factors, tobacco use prevalence, and other factors. Although the type of supporting evidence for each of the recommended nine program components differs, evidence supports the implementation of some level of activity in each program area. In general, States typically have selected a funding level around the middle of the recommended ranges. Current allocations range from $2.50 to over $10; however, no State is currently implementing all of the recommended program components fully. Approximate annual costs to implement all of the recommended program components have been estimated to range from $7 to $20 per capita in smaller States (population under 3 million), $6 to $17 per capita in medium-sized States (population 3 to 7 million), and $5 to $16 per capita in larger States (population over 7 million).

The best practices address nine components of comprehensive tobacco control programs:

I. Community Programs to Reduce Tobacco Use (Base funding of $850,000–$1.2 million per year for State personnel and resources; $0.70–$2.00 per capita per year for local governments and organizations).

Local community programs cover a wide range of prevention activities including engaging youth in developing and implementing tobacco control interventions; developing partnerships with local organizations; conducting educational programs for young people, parents, enforcement officials, community and business leaders, health care providers, school personnel, and others; and promoting governmental and voluntary policies to promote clean indoor air, restrict access to tobacco products, pro-vide coverage for treatment, and achieve other policy objectives. In California and Massachusetts, local coalitions and programs have been instrumental in achieving policy and program objectives. Program funding levels range from approximately $1.00 per capita in California to over $2.50 per capita in Massachusetts.

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases ($2.8 million–$4.1 million per year).

Even if current tobacco use stopped, the residual burden of disease among past users would cause disease for decades to come. As part of a comprehensive tobacco control program, communities can focus attention directly on tobacco-related diseases both to prevent them and to detect them early. The following are examples of such disease programs and recommended funding levels:

- Cardiovascular disease prevention ($500,000 for core capacity and $1–$1.5 million for a comprehensive program).
- Asthma prevention (base funding of $200,000–$300,000 and $600,000–$800,000 to support initiatives at the local level).
- Oral health programs ($400,000–$700,000).
- Cancer registries ($75,000–$300,000).

III. School Programs ($500,000–$750,000 per year for personnel and resources to support individual school districts; $4–$6 per student in grades K–12 for annual awards to school districts).

School program activities include implementing CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction,* which call for tobacco-free policies, evidence-based curricula, teacher training, parental involvement, and cessation services; implementing evidence-based curricula identified through CDC's Research to Classroom Project; and linking school-based efforts with local community coalitions and statewide media and educational campaigns. Oregon has developed a new funding model for school programs based upon CDC's guidelines and experience in California and Massachusetts. At an annual funding level of approximately $1.60 per student, Oregon was able to provide grants to approximately 30% of their school districts. Assuming 100% coverage of school districts using a funding model similar to the Oregon model, $4–$6 per student in grades K–12 should be budgeted.

IV. Enforcement ($150,000–$300,000 per year for interagency coordination; $0.43–$0.80 per capita per year for enforcement programs).

Enforcement of tobacco control policies enhances their efficacy by deterring violators and by sending a message to the public that community leaders believe that these policies are important. The two primary policy areas that require enforcement activity are restrictions on minors' access to tobacco and on smoking in public places. State efforts should be coordinated with Food and Drug Administration (FDA) and Substance Abuse and Mental Health Services Administration (SAMHSA) Federal programs. California and Massachusetts have addressed enforcement issues as part of community program grants. Florida has taken a more centralized approach by using State Alcoholic Beverage Control Officers to conduct compliance checks with locally recruited youth in all regions of the State.

V. Statewide Programs (Approximately $0.40–$1 per capita per year).

Statewide projects can increase the capacity of local programs by providing technical assistance on evaluating programs, promoting media advocacy, implementing smokefree policies, and reducing minors' access to tobacco. Supporting organizations that have statewide access to racial, ethnic, and diverse communities can help eliminate the disparities in tobacco use among the State's various population groups. Statewide and regional grants to organizations representing cities, business and professional groups, law enforcement, and youth groups inform their membership about tobacco control issues and encourage their participation in local efforts. Both California and Massachusetts have awarded grants to statewide organizations, businesses, and other partners that total about $0.40 to $1.00 per capita per year.

VI. Countermarketing ($1–$3 per capita per year).

Countermarketing attempts to counter pro-tobacco influences and increase pro-health messages and influences throughout a State, region, or local community. Countermarketing consists of a wide range of efforts, including paid television, radio, billboard, and print counter-advertising at the State and local level; media advocacy and other public relations techniques using such tactics as press releases, local events, and health promotion activities; and efforts to reduce or replace tobacco industry sponsorship and promotions. Countermarketing activities can promote smoking cessation and decrease the likelihood of initiation. They also can have a powerful influence on public support for tobacco control interventions and set a supportive climate for school and community efforts. Countermarketing campaigns are a primary activity in all States with comprehensive tobacco control programs. With funding levels ranging from less than $1.00 per capita up to almost $3.00 per capita, the campaigns in California, Massachusetts, Arizona, and Florida have been trendsetters in content and production quality.

VII. Cessation Programs ($1 per adult to identify and advise smokers about tobacco use; $2 per smoker to provide brief counseling; and the cost of a full range of cessation services including pharmaceutical aids, behavioral counseling, and follow up visits ($137.50 per served smoker covered by private insurance; $275 per served smoker covered by publicly financed insurance).

Strategies to help people quit smoking can yield significant health and economic benefits. Effective cessation strategies include brief advice by medical providers, counseling, and pharmacotherapy. In addition, system changes (e.g., tobacco-use screening systems, clinician training, and insurance coverage for proven treatments) are critical to the success of cessation interventions. State action should include establishing population-based treatment programs such as telephone cessation helplines; covering treatment of tobacco use under both public and private insurance; and eliminating cost barriers to treatment for underserved populations, particularly the uninsured. No State currently is fully implementing the Agency for Health Care Policy and Research smoking cessation guidelines. Massachusetts and California are implementing the basic recommended elements. The complete recommended program is being implemented in several large health maintenance organizations around the country.

VIII. Surveillance and Evaluation (10% of total annual program costs).

A surveillance and evaluation system monitors program accountability for State policymakers and others responsible for fiscal oversight. Surveillance is the monitoring of tobacco-related behaviors, attitudes, and health outcomes at regular intervals of time. Program evaluation efforts build upon surveillance systems by linking statewide and local program efforts to progress in achieving intermediate and primary outcome objectives. Experience in California, Massachusetts, and other States has demonstrated that the standard public health practice guideline of devoting 10% of program resources to surveillance and evaluation is a sound recommendation. State surveillance efforts should be coordinated with Federal tobacco surveillance programs such as SAMHSA's National Household Survey on Drug Abuse.

IX. Administration and Management (5% of total annual program costs).

An effective tobacco control program requires a strong management structure to facilitate coordination of program components, involvement of multiple State agencies (e.g., health, education, and law enforcement) and levels of local government, and partnership with statewide voluntary health organizations and community groups. In addition, administration and management systems are required to prepare and implement contracts and provide fiscal and program monitoring. Experience in California and Massachusetts has demonstrated that at least 5% of program resources is needed for adequate staffing and management structures.

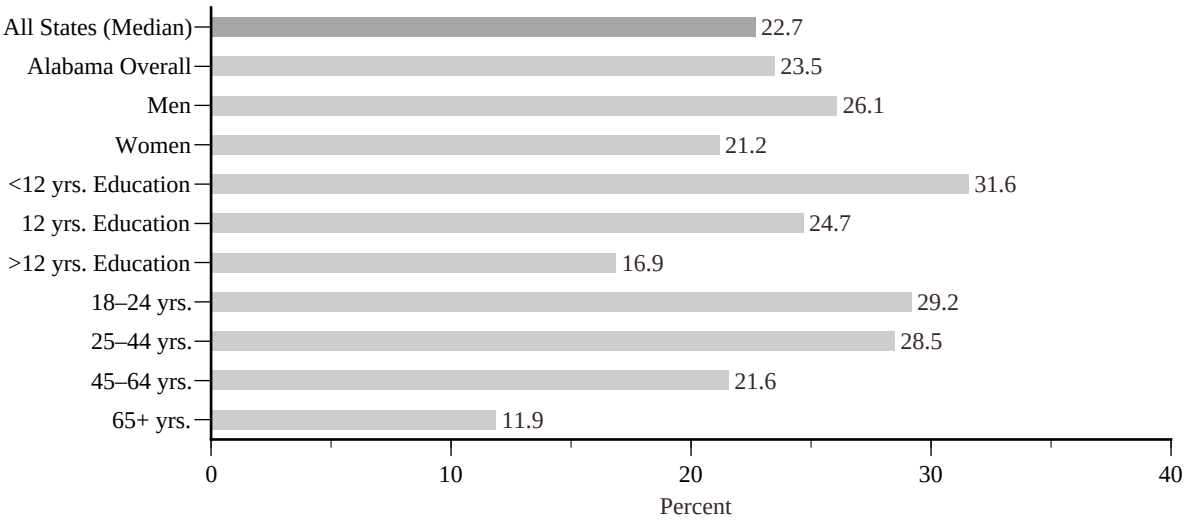
State Highlights 2001

Alabama

Number of Alabama youth projected to die prematurely from their smoking: 83,404

Adult Tobacco Use in Alabama

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
AL†	19.1%	26.5%	30.2%	37.6%
Boys†	22.1%	32.0%	32.5%	44.3%
Girls†	15.7%	20.4%	27.8%	30.7%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Alabama Youth Tobacco Survey, 2000.

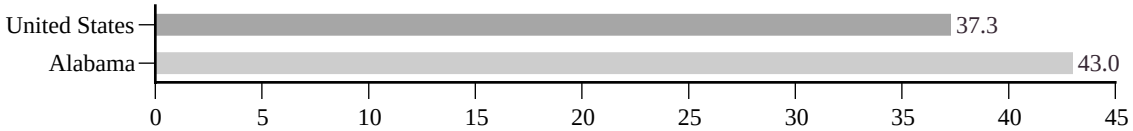
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	7,055	101,953 years or an average of 14.5 years for each death due to smoking.	Ambulatory	$182,440,000
Men	4,924		Hospital	$270,290,000
Women	2,131		Nursing Home†	$159,230,000
Death Rate	353/100,000		Drug	$61,700,000
Rank	29		Other	$138,370,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$812,030,000**

Smoking-attributable Medicaid expenditures, Alabama, fiscal year 1993: $107,304,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Alabama: $111,895,403.67

Tobacco Control Funding, 2001

At 9% of CDC Best Practices recommended lower estimate funding level, Alabama ranks 44th (No. 1 is the highest) for tobacco control funding. Alabama ranks 29th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$1,036,400	10/00–9/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$1,036,400**	
Federal—CDC Office on Smoking and Health	$1,340,047	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,340,047**	
Total	**$2,376,447**	
Per Capita Funding	**$0.53**	

Alabama appropriated an additional $5,925,200 to the Department of Education for drug, alcohol, or tobacco education and prevention programs.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$26,740,000	$6.19	9%
Upper Estimate	$71,235,000	$16.49	3%

Excise Tax

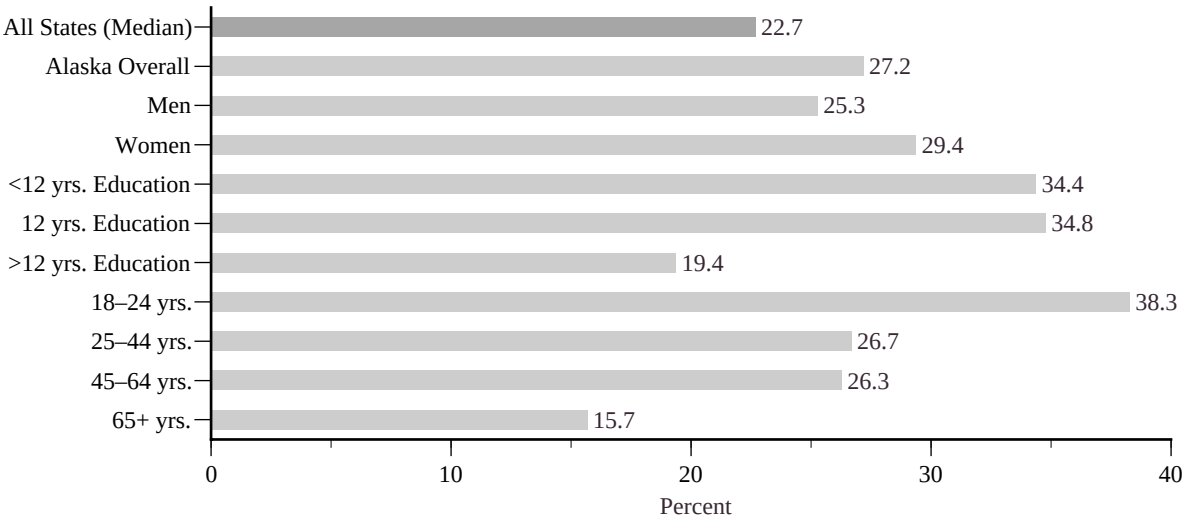
Cigarette tax per pack	16.5¢
Rank = 43 (No. 1 is highest tax)	
Number of packages of cigarettes sold and taxed, per capita, 1999	100.7
Rank = 34 (No. 1 is lowest cigarette sales)	
Federal and state taxes as a percentage of retail price	15.0%
Annual gross tax revenue from cigarettes	$71,844,367
Smokeless tobacco tax:	
Chew	.8 cent/oz.
Snuff	.5 cent/oz.

Number of Alaska youth projected to die prematurely from their smoking: 17,999

Alaska

Adult Tobacco Use in Alaska

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
AK†	Data are not available		36.5%	Data are not available
Boys†			36.4%	
Girls†			36.5%	

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Alaska Youth Risk Behavior Survey, 1995.

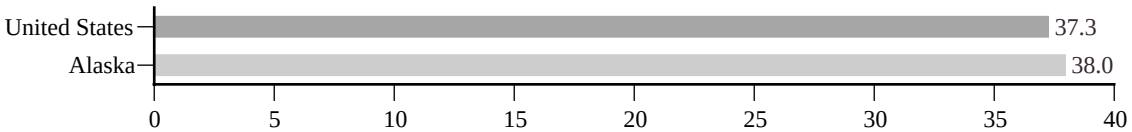
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1991–1994		Average Annual Years of Potential Life Lost,* 1991–1994	Medical Costs Related to Smoking, 1993	
Overall	421	7,228 years or an average of 17.2 years for each death due to smoking.	Ambulatory	$23,720,000
Men	283		Hospital	$32,800,000
Women	138		Nursing Home†	$12,160,000
Death Rate	367/100,000		Drug	$5,410,000
Rank	36		Other	$14,350,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$88,450,000**

Smoking-attributable Medicaid expenditures, Alaska, fiscal year 1993: $23,617,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Alaska: $23,638,672.09

Tobacco Control Funding, 2001

At 33% of the CDC Best Practices recommended lower estimate funding level, Alaska ranks 29th (No. 1 is the highest) for tobacco control funding. Alaska ranks 36th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$1,400,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$200,000	7/00–6/01
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$1,600,000**	
Federal—CDC Office on Smoking and Health	$1,099,712	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,099,712**	
Total	**$2,699,712**	
Per Capita Funding	**$4.31**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$8,088,000	$13.27	33%
Upper Estimate	$16,512,000	$27.10	16%

Excise Tax

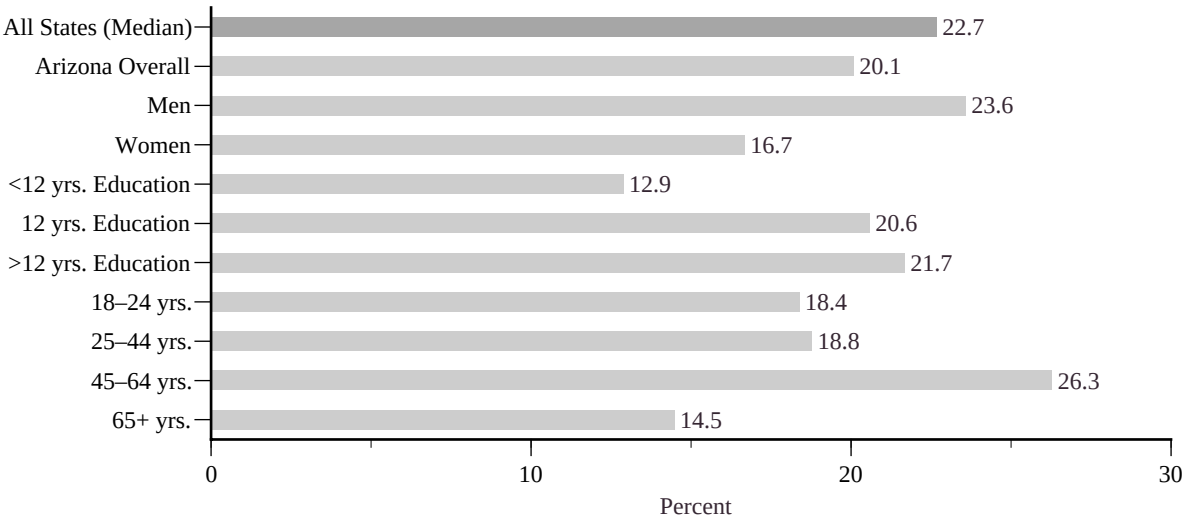
Cigarette tax per pack . . . . . $1.00 Rank = 2 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .70.5 Rank = 12 (No. 1 is lowest cigarette sales tax)
Federal and state taxes as a percentage of retail price . . . . . 30.6% Annual gross tax revenue from cigarettes $42,915,000
Smokeless tobacco tax . . . . . 75% of wholesale sales price

Arizona

Number of Arizona youth projected to die prematurely from their smoking: 98,516

Adult Tobacco Use in Arizona

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

GRADES 6–8			*GRADES 9–12*	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
AZ†	11.4%	17.1%	Data are not available	
Boys†	11.5%	18.0%		
Girls†	11.3%	16.1%		

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Arizona Youth Tobacco Survey, 2000.

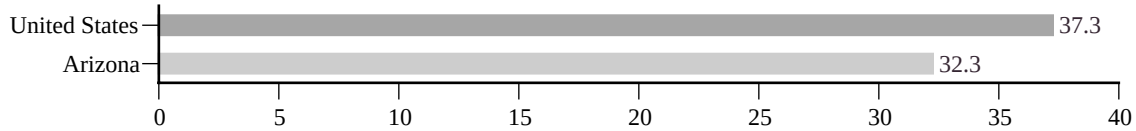
Health Impact and Costs

AVERAGE ANNUAL DEATHS RELATED TO SMOKING, 1990–1994		*AVERAGE ANNUAL YEARS OF POTENTIAL LIFE LOST,* 1990–1994*	*MEDICAL COSTS RELATED TO SMOKING, 1993*	
Overall	5,912	77,939 years or an average of 13.2 years for each death due to smoking.	Ambulatory	$177,650,000
Men	3,856		Hospital	$221,490,000
Women	2,057		Nursing Home†	$118,400,000
Death Rate	325/100,000		Drug	$45,450,000
Rank (No. 1 is lowest death rate)	13	*Calculated to life expectancy	Other	$96,950,000
			Total	**$659,940,000**

Smoking-attributable Medicaid expenditures, Arizona, fiscal year 1993: $121,846,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

CDC SAFER·HEALTHIER·PEOPLE™

Scheduled 2001 settlement payment to Arizona: $102,046,748.46

Tobacco Control Funding, 2001

At 135% of the CDC Best Practices recommended lower estimate funding level, Arizona ranks 4th (No. 1 is the highest) for tobacco control funding. Arizona ranks 13th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$0	
State Appropriation—Excise Tax Revenue	$37,298,535	7/00–6/01
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$37,298,535**	
Federal—CDC Office on Smoking and Health	$256,630	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$256,630**	
Total	**$37,555,165**	
Per Capita Funding	**$7.32**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$27,788,000	$6.10	135%
Upper Estimate	$71,102,000	$15.61	53%

Excise Tax

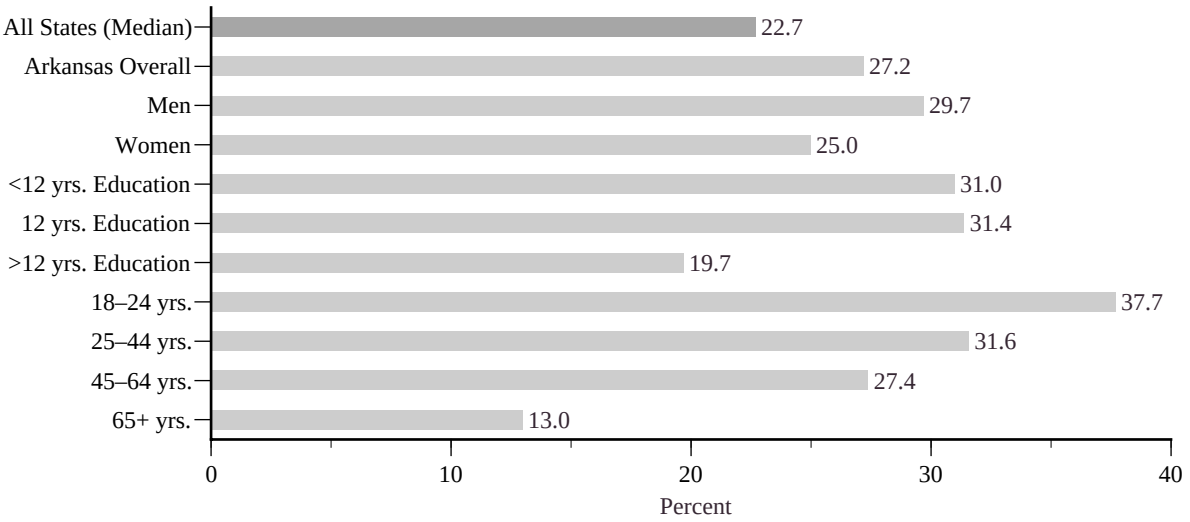
Cigarette tax per pack . . . . . 58¢ Rank = 15 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .61.7 Rank = 8 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 25.8% Annual gross tax revenue from cigarettes $166,481,637
Smokeless tobacco tax: Chew . . . . . 6.5 cent/oz. Snuff . . . . . 6.5 cent/oz.

Arkansas

Number of Arkansas youth projected to die prematurely from their smoking: 49,821

Adult Tobacco Use in Arkansas

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
AR†	15.8%	22.4%	35.8%	43.8%
Boys†	15.7%	25.4%	37.5%	49.9%
Girls†	15.7%	19.1%	33.7%	37.0%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Arkansas Youth Tobacco Survey, 2000.

Health Impact and Costs

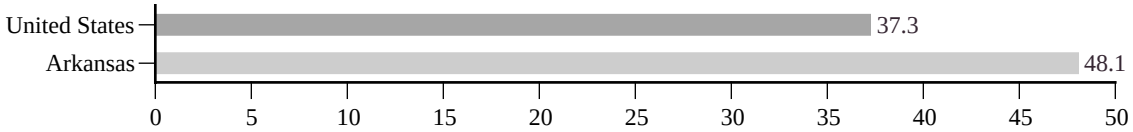
Average Annual Deaths Related to Smoking, 1991–1994†		Average Annual Years of Potential Life Lost,* 1991–1994†	Medical Costs Related to Smoking, 1993	
Overall	5,271	71,690 years or an average of 13.6 years for each death due to smoking.	Ambulatory	$83,790,000
Men	3,652		Hospital	$125,000,000
Women	1,619		Nursing Home**	$120,690,000
Death Rate	405/100,000		Drug	$28,760,000
Rank	48		Other	$54,460,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$412,700,000**

Smoking-attributable Medicaid expenditures, Arkansas, fiscal year 1993: $78,456,000

†Estimates only include data from 1991, 1993, and 1994.

**Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

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Scheduled 2001 settlement payment to Arkansas: $57,332,480.87

Tobacco Control Funding, 2001

At 9% of the CDC Best Practices recommended lower estimate funding level, Arkansas ranks 44th (No. 1 is the highest) for tobacco control funding. Arkansas ranks 48th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$0	
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$372,183	7/00–6/01
Subtotal: State Appropriation	**$372,183**	
Federal—CDC Office on Smoking and Health	$1,175,017	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,175,017**	
Total	**$1,547,200**	
Per Capita Funding	**$0.58**	

Approximately $18,000,000 has been appropriated to the Department of Health for developing, integrating, and monitoring tobacco prevention and control programs beginning in July 2001 (FY02).

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$17,906,000	$7.10	9%
Upper Estimate	$46,445,000	$18.41	3%

Excise Tax

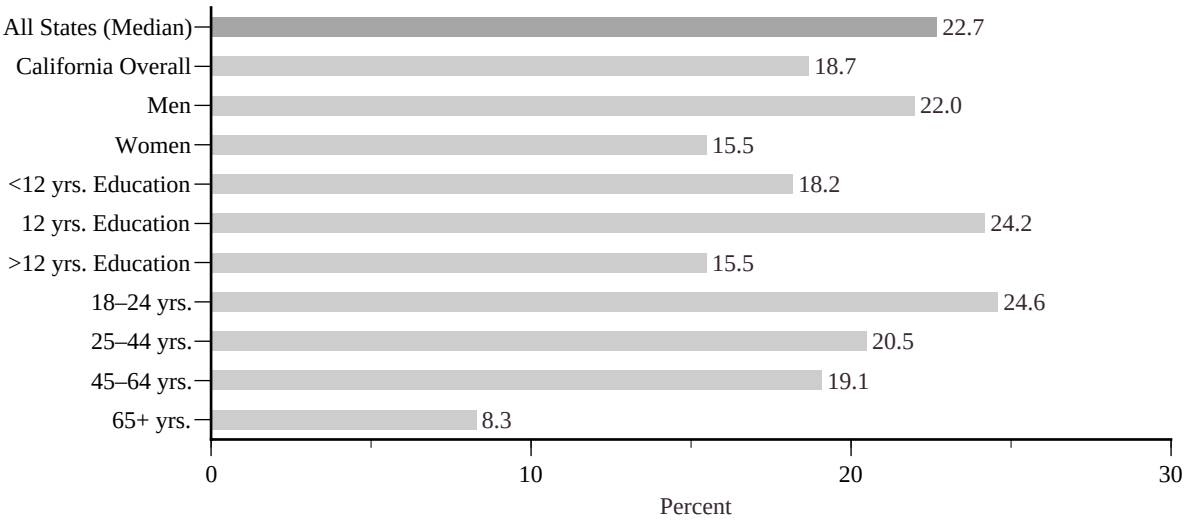
Cigarette tax per pack . . . . . 31.5¢ Rank =28 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .104.8 Rank = 40 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 19.9% Annual gross tax revenue from cigarettes $83,303,347
Smokeless tobacco tax . . . . . .23% of manufacturer's selling price

California

Number of California youth projected to die prematurely from their smoking: 462,896

Adult Tobacco Use in California

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
CA†	6.7%	10.0%	21.6%	27.8%
Boys†	7.0%	10.6%	22.7%	31.0%
Girls†	6.4%	9.4%	20.4%	24.3%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: California Youth Tobacco Survey, 2000.

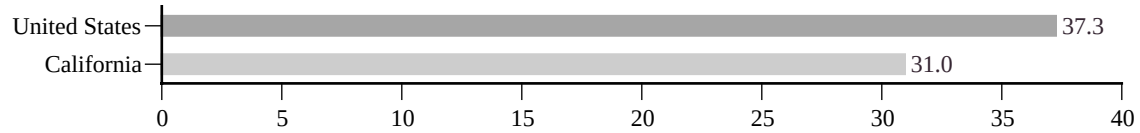
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	41,883	554,042 years or an average of 13.2 years for each death due to smoking.	Ambulatory	$1,748,050,000
Men	25,586		Hospital	$1,734,640,000
Women	16,297		Nursing Home†	$831,230,000
Death Rate	343/100,000		Drug	$347,040,000
Rank	19		Other	$708,250,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$5,369,210,000**

Smoking-attributable Medicaid expenditures, California, fiscal year 1993: $1,732,749,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

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Scheduled 2001 settlement payment to California: $883,732,877.84

Tobacco Control Funding, 2001

At 71% of the CDC Best Practices recommended lower estimate funding level, California ranks 11th (No. 1 is the highest) for tobacco control funding. California ranks 19th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$0	
State Appropriation—Excise Tax Revenue	$115,113,000	7/00–6/01
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$115,113,000**	
Federal—CDC Office on Smoking and Health	$335,610	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$1,000,000	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,335,610**	
Total	**$116,448,610**	
Per Capita Funding	**$3.44**	

The State Appropriation—Settlement figure reflected above represents the amount appropriated from the state share of the settlement agreement.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$165,098,000	$5.12	71%
Upper Estimate	$442,403,000	$13.71	26%

Excise Tax

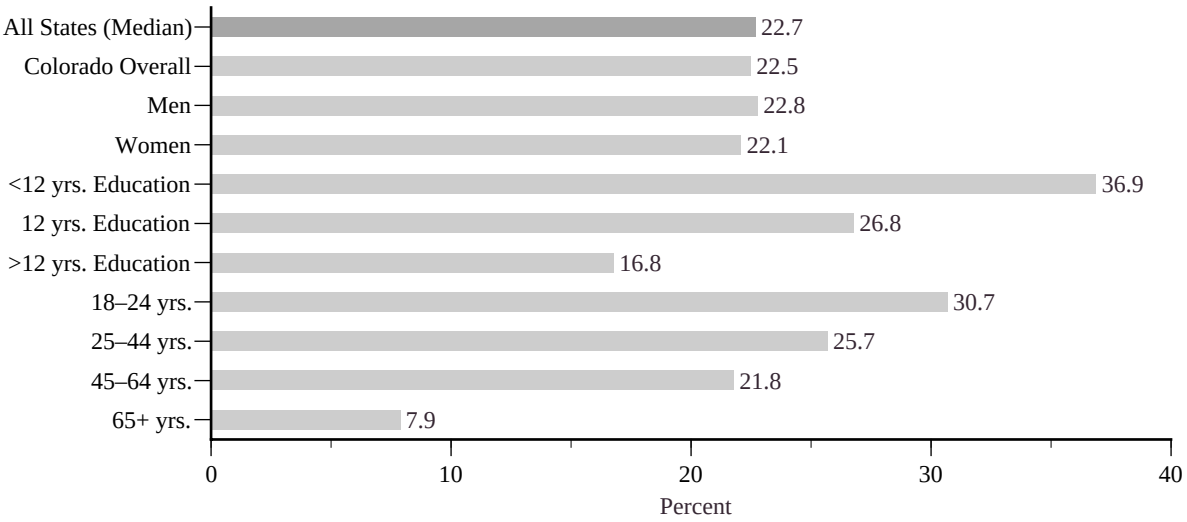
Cigarette tax per pack . . . . . 87¢ Rank = 4 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .47.2 Rank = 3 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 31.6% Annual gross tax revenue from cigarettes $849,117,471
Smokeless tobacco tax . . . . . .61.5% of wholesale sales price

Colorado

Number of Colorado youth projected to die prematurely from their smoking: 86,942

Adult Tobacco Use in Colorado

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	GRADES 6–8		*GRADES 9–12*	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National	9.2%	12.8%	28.5%	34.8%
State-specific data are not available				

Current Cigarette Smoking = smoked cigarettes on >1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
Source: National Youth Tobacco Survey, 1999.

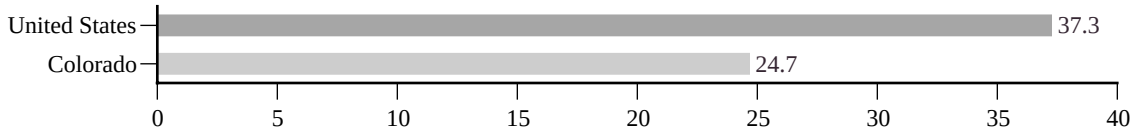
Health Impact and Costs

AVERAGE ANNUAL DEATHS RELATED TO SMOKING, 1990–1994		*AVERAGE ANNUAL YEARS OF POTENTIAL LIFE LOST,* 1990–1994*	*MEDICAL COSTS RELATED TO SMOKING, 1993*	
Overall	4,467	58,838 years or an average of 13.2 years for each death due to smoking.	Ambulatory	$180,290,000
Men	2,766		Hospital	$223,160,000
Women	1,701		Nursing Home†	$155,430,000
Death Rate	331/100,000		Drug	$37,250,000
Rank	16		Other	$97,560,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$693,700,000**

Smoking-attributable Medicaid expenditures, Colorado, fiscal year 1993: $151,500,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

CDC
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Scheduled 2001 settlement payment to Colorado: $94,913,784.01

Tobacco Control Funding, 2001

At 54% of the CDC Best Practices recommended lower estimate funding level, Colorado ranks 17th (No. 1 is the highest) for tobacco control funding. Colorado ranks 16th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$11,878,166	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$11,878,166**	
Federal—CDC Office on Smoking and Health	$1,350,347	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$100,000	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,450,347**	
Total	**$13,328,513**	
Per Capita Funding	**$3.10**	

The appropriation for tobacco education, prevention, and cessation grant program supports 7.2 full-time employees in addition to the $11,878,166 reflected above. Colorado appropriated $6,335,022 to support mental health research, basic scientific, clinical, and evaluative research into tobacco and substance abuse-related disease, illness, evaluation, cessation, and prevention.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$24,546,000	$6.31	54%
Upper Estimate	$63,255,000	$16.25	21%

Excise Tax

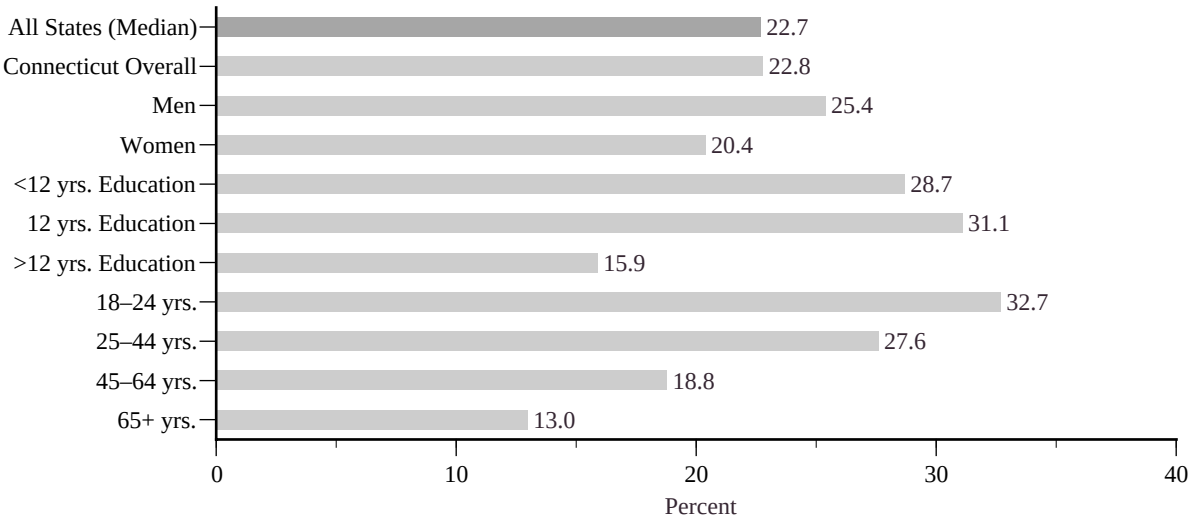
Cigarette tax per pack . . . . . 20¢ Rank = 38 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .79.6 Rank = 18 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 15.6% Annual gross tax revenue from cigarettes $61,882,583
Smokeless tobacco tax . . . . . .20% of manufacturer's list price

Number of Connecticut youth projected to die prematurely from their smoking: 56,160

Connecticut

Adult Tobacco Use in Connecticut

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
CT†	9.8%	13.1%	25.6%	32.4%
Boys†	9.7%	14.1%	24.9%	35.3%
Girls†	9.8%	11.9%	26.0%	29.2%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Connecticut Youth Tobacco Survey, 2000.

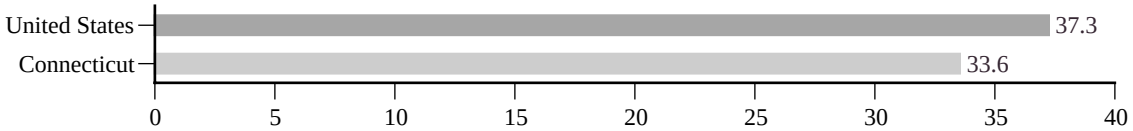
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	5,251	67,551 years or an average of 12.9 years for each death due to smoking.	Ambulatory	$178,610,000
Men	3,194		Hospital	$244,930,000
Women	2,057		Nursing Home†	$382,930,000
Death Rate	310/100,000		Drug	$42,600,000
Rank	10		Other	$114,420,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$963,480,000**

Smoking-attributable Medicaid expenditures, Connecticut, fiscal year 1993: $181,755,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Connecticut: $128,540,333.44

Tobacco Control Funding, 2001

At 5% of the CDC Best Practices recommended lower estimate funding level, Connecticut ranks 49th (No. 1 is the highest) for tobacco control funding. Connecticut ranks 10th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only) State Appropriation—Excise Tax Revenue State Appropriation—Other	$0 $0 $0	
Subtotal: State Appropriation	**$0**	
Federal—CDC Office on Smoking and Health Federal—SAMHSA Non-Government Source—American Legacy Foundation Non-Government Source—RWJF/AMA	$1,010,252 n/a $0 n/a	6/00–5/01
Subtotal: Federal/National Sources	**$1,010,252**	
Total **Per Capita Funding**	**$1,010,252** **$0.30**	

A one time $5,000,000 appropriation was made from the Tobacco Settlement Account to the Tobacco Grant Account in FY2000 with funds not spent in FY2000 being available for expenditure in FY2001. CDC records no money for tobacco control in FY2001 because this would be recorded as an expenditure, not an appropriation. Connecticut appropriated an additional $19,500,000 in FY2000 to a tobacco and health trust fund.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$21,240,000	$6.50	5%
Upper Estimate	$53,895,000	$16.48	2%

Excise Tax

Cigarette tax per pack . . . . . 50¢
Rank = 19 (No. 1 is highest tax)

Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .73.4
Rank = 15 (No. 1 is lowest cigarette sales)

Federal and state taxes as a percentage of retail price 23.7%
Annual gross tax revenue from cigarettes $120,025,312

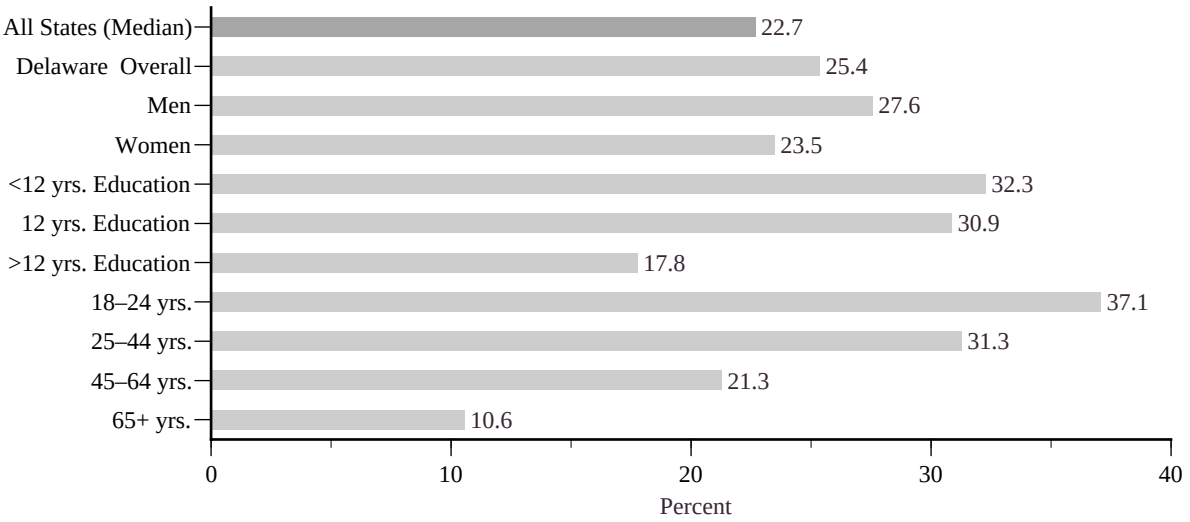
Smokeless tobacco tax
Chew . . . . . 40 cents/oz.
Snuff . . . . . 40 cents/oz.

Delaware

Number of Delaware youth projected to die prematurely from their smoking: 16,578

Adult Tobacco Use in Delaware

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		*Grades 9–12*	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
DE†	15.2%	17.8%	27.1%	31.2%
Boys†	14.8%	18.9%	28.0%	34.6%
Girls†	15.6%	16.6%	26.1%	27.8%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Delaware Youth Tobacco Survey, 2000.

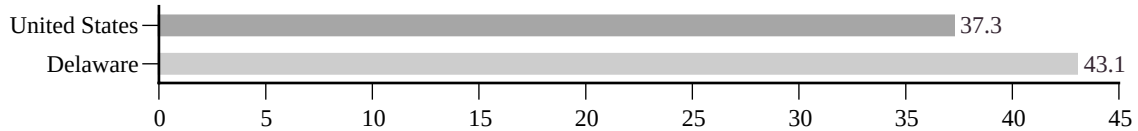
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		*Average Annual Years of Potential Life Lost,* 1990–1994*	*Medical Costs Related to Smoking, 1993*	
Overall	1,248	17,669 years or an average of 14.2 years for each death due to smoking.	Ambulatory	$34,470,000
Men	787		Hospital	$43,210,000
Women	461		Nursing Home†	$46,140,000
Death Rate	400/100,000		Drug	$8,020,000
Rank	47		Other	$20,600,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$152,430,000**

Smoking-attributable Medicaid expenditures, Delaware, fiscal year 1993: $22,845,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Delaware: $27,380,966.02

Tobacco Control Funding, 2001

At 42% of the CDC Best Practices recommended lower estimate funding level, Delaware ranks 24th (No. 1 is the highest) for tobacco control funding. Delaware ranks 47th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$2,833,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$2,833,000**	
Federal—CDC Office on Smoking and Health	$782,761	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$782,761**	
Total	**$3,615,761**	
Per Capita Funding	**$4.61**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$8,631,000	$11.80	42%
Upper Estimate	$18,464,000	$25.24	20%

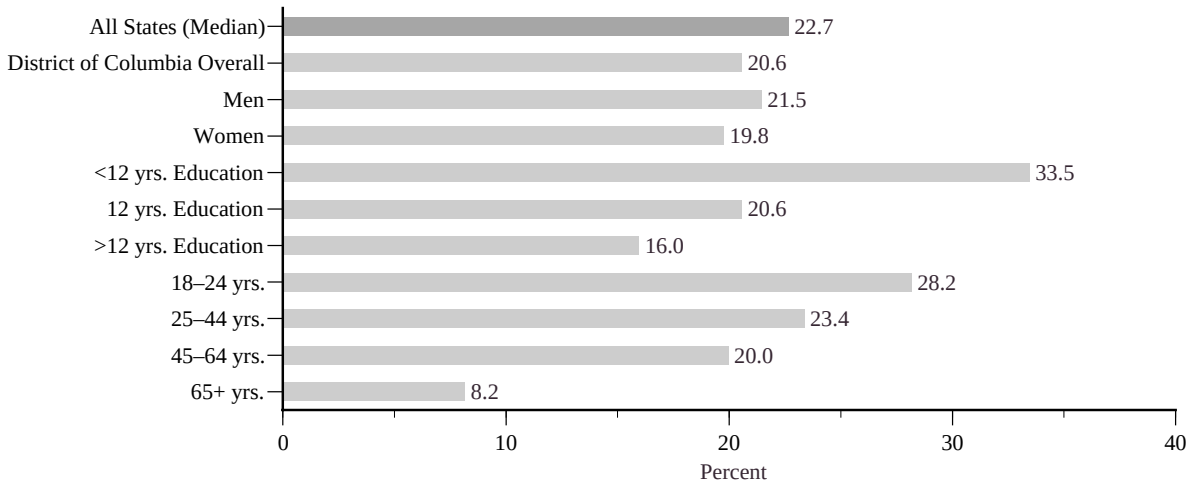
Excise Tax

Cigarette tax per pack	24¢
Rank = 32 (No. 1 is highest tax)	
Number of packages of cigarettes sold and taxed, per capita, 1999	139.5
Rank = 49 (No. 1 is lowest cigarette sales)	
Federal and state taxes as a percentage of retail price	17.4%
Annual gross tax revenue from cigarettes	$24,551,400
Smokeless tobacco tax	15% of wholesale sales price

Number of D.C. youth projected to die prematurely from their smoking: 4,927

Adult Tobacco Use in the District of Columbia

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
DC†	Data are not available		19.9%	23.3%
Boys†			21.0%	25.9%
Girls†			19.0%	21.2%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: District of Columbia Youth Risk Behavior Survey, 1999.

Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	929	15,184 years or an average of 16.3 years for each death due to smoking.	Ambulatory	$41,620,000
Men	591		Hospital	$85,330,000
Women	339		Nursing Home†	$35,160,000
Death Rate	327/100,000		Drug	$4,250,000
Rank	14		Other	$12,120,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$178,490,000**

Smoking-attributable Medicaid expenditures, District of Columbia, fiscal year 1993: $35,830,000

†Preliminary estimates

Lung Cancer Death Rate*

*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to the District of Columbia: $42,034,805.86

Tobacco Control Funding, 2001

At 13% of the CDC Best Practices recommended lower estimate funding level, the District of Columbia ranks 37th (No. 1 is the highest) for tobacco control funding. D.C. ranks 14th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$0	
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$0**	
Federal—CDC Office on Smoking and Health	$448,157	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$504,962	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$953,119**	
Total	**$953,119**	
Per Capita Funding	**$1.67**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$7,479,000	$14.14	13%
Upper Estimate	$14,571,000	$27.55	7%

Excise Tax

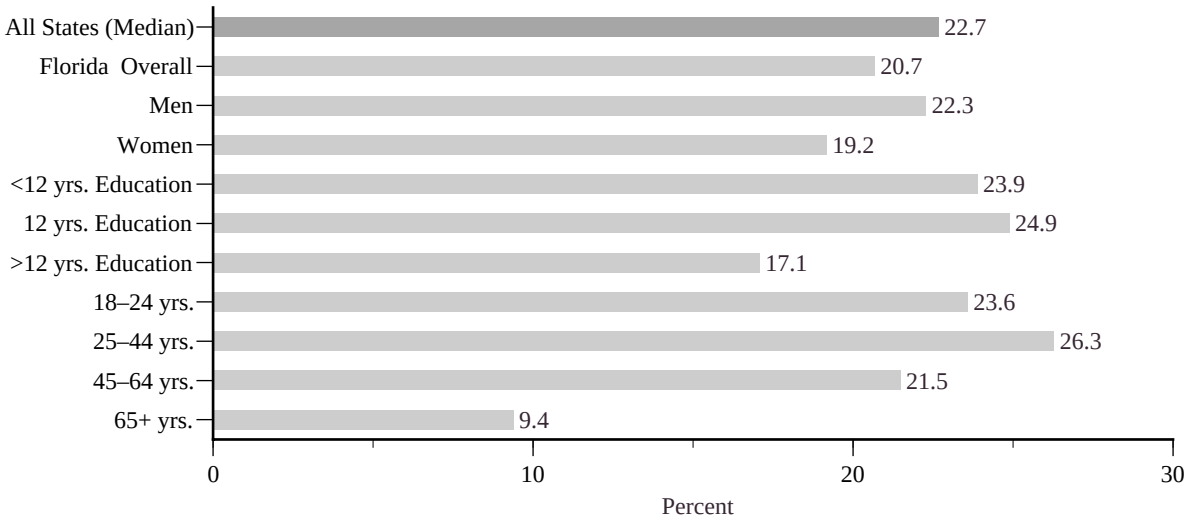
Cigarette tax per pack . . . . . 65¢ Rank = 13 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .50.8 Rank = 4 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 27.5% Annual gross tax revenue from cigarettes $17,420,000
Smokeless tobacco tax . . . . . .None

Florida

Number of Florida youth projected to die prematurely from their smoking: 297,108

Adult Tobacco Use in Florida

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		*Grades 9–12*	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
FL†	11.1%	14.7%	22.6%	29.8%
Boys†	11.2%	16.1%	23.2%	33.9%
Girls†	10.9%	13.2%	22.1%	25.6%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Florida Youth Tobacco Survey, 2000.

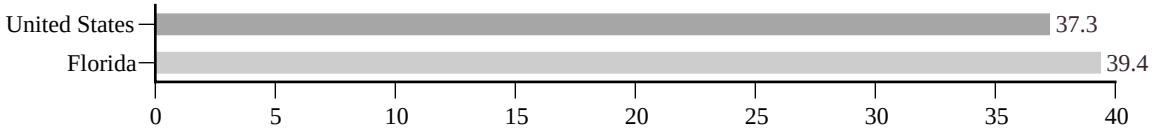
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		*Average Annual Years of Potential Life Lost,* 1990–1994*	*Medical Costs Related to Smoking, 1993*	
Overall	29,060	376,988 years or an average of 13.0 years for each death due to smoking.	Ambulatory	$847,420,000
Men	18,457		Hospital	$1,005,570,000
Women	10,603		Nursing Home†	$755,540,000
Death Rate	344/100,000		Drug	$207,850,000
Rank	25		Other	$545,050,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$3,361,420,000**

Smoking-attributable Medicaid expenditures, Florida, fiscal year 1993: $516,980.000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

CDC
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Tobacco Control Funding, 2001

At 57% of the CDC Best Practices recommended lower estimate funding level, Florida ranks 15th (No. 1 is the highest) for tobacco control funding. Florida ranks 25th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only) State Appropriation—Excise Tax Revenue State Appropriation—Other	$44,215,497 $0 $0	7/00–6/01
Subtotal: State Appropriation	**$44,215,497**	
Federal—CDC Office on Smoking and Health Federal—SAMHSA Non-Government Source—American Legacy Foundation Non-Government Source—RWJF/AMA	$750,000 n/a $0 n/a	6/00–5/01
Subtotal: Federal/National Sources	**$750,000**	
Total **Per Capita Funding**	**$44,965,497** **$2.81**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$78,383,000	$5.35	57%
Upper Estimate	$221,260,000	$15.10	20%

Excise Tax

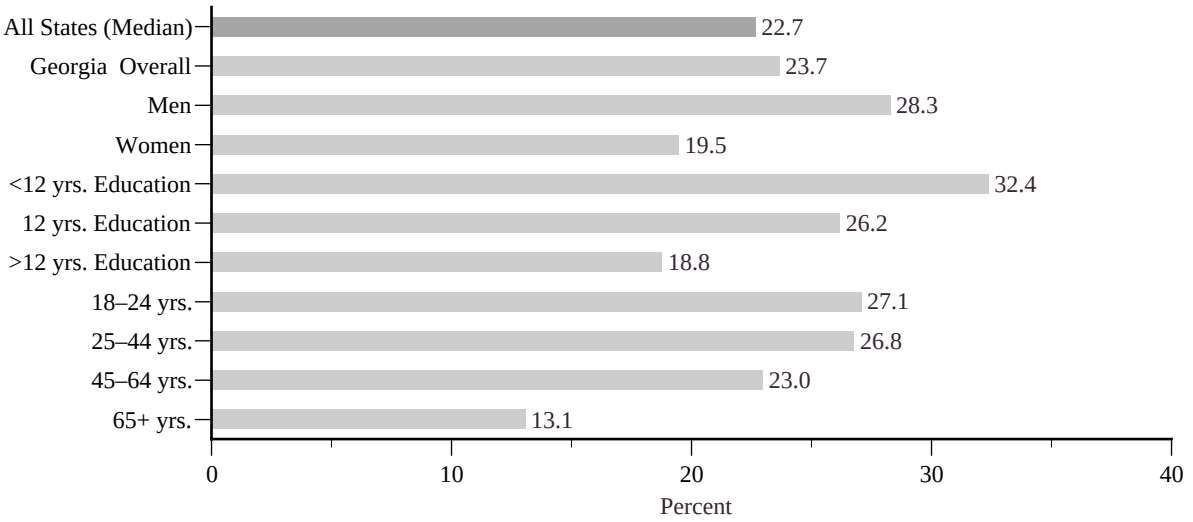
Cigarette tax per pack . . . . . 33.9¢ Rank = 27 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .88.2 Rank = 29 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 20.2% Annual gross tax revenue from cigarettes $438,240,758
Smokeless tobacco tax . . . . . .25% of wholesale sales price

Georgia

Number of Georgia youth projected to die prematurely from their smoking: 131,112

Adult Tobacco Use in Georgia

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

GRADES 6–8			*GRADES 9–12*	
Current Cigarette Smoking		Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National	9.2%*	12.8%*	28.5%*	34.8%*
GA	13.8%†	18.8%†	24.3%**	Data are not available
Boys	13.9%†	20.6%†	24.7%**	
Girls	13.6%†	16.5%†	24.0%**	

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Georgia Youth Tobacco Survey, 1999.
**Source: Georgia Youth Risk Behavior Survey, 1993.

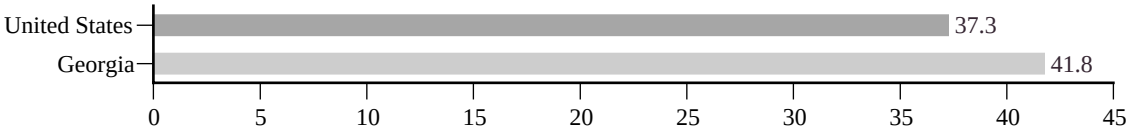
Health Impact and Costs

AVERAGE ANNUAL DEATHS RELATED TO SMOKING, 1990–1994		*AVERAGE ANNUAL YEARS OF POTENTIAL LIFE LOST,* 1990–1994*	*MEDICAL COSTS RELATED TO SMOKING, 1993*	
Overall	9,666	146,318 years or an average of 15.1 years for each death due to smoking.	Ambulatory	$301,610,000
Men	6,624		Hospital	$413,370,000
Women	3,041		Nursing Home†	$208,800,000
Death Rate	364/100,000	*Calculated to life expectancy	Drug	$80,320,000
Rank (No. 1 is lowest death rate)	34		Other	$185,520,000
			Total	**$1,189,630,000**

Smoking-attributable Medicaid expenditures, Georgia, fiscal year 1993: $251,936,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

CDC SAFER·HEALTHIER·PEOPLE™

Scheduled 2001 settlement payment to Georgia: $169,938,293.33

Tobacco Control Funding, 2001

At 42% of the CDC Best Practices recommended lower estimate funding level, Georgia ranks 24th (No. 1 is the highest) for tobacco control funding. Georgia ranks 34th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$15,765,890	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$15,765,890**	
Federal—CDC Office on Smoking and Health	$1,608,025	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$582,619	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$2,190,644**	
Total	**$17,956,534**	
Per Capita Funding	**$2.19**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$42,591,000	$5.69	42%
Upper Estimate	$114,341,000	$15.27	16%

Excise Tax

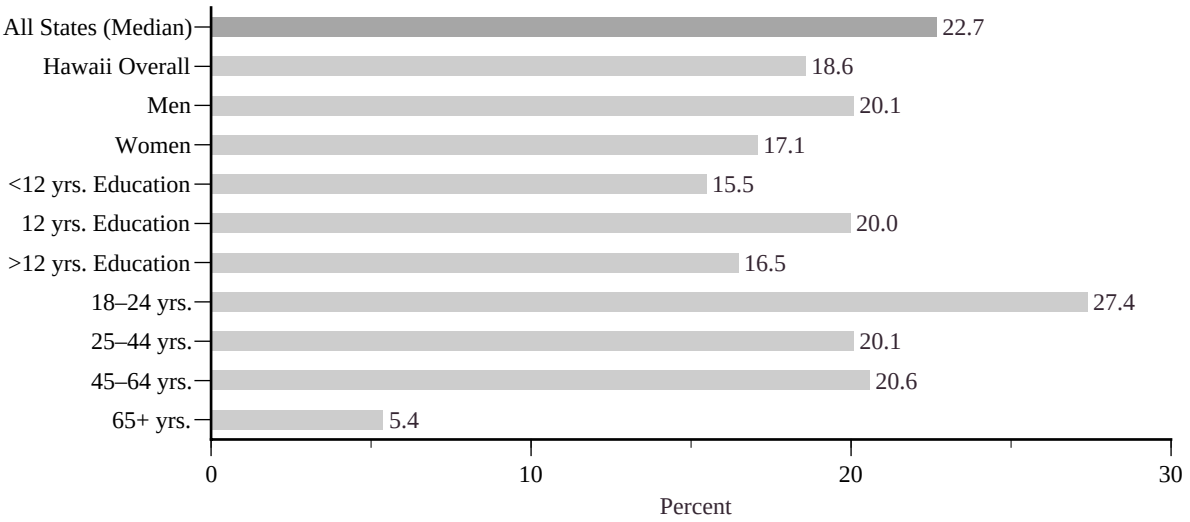
Cigarette tax per pack . . . . . 12¢ Rank = 46 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .97.1 Rank = 33 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 14.0% Annual gross tax revenue from cigarettes $87,120,120
Smokeless tobacco tax . . . . . .None

Number of Hawaii youth projected to die prematurely from their smoking: 20,664

Hawaii

Adult Tobacco Use in Hawaii

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
HI†	Data are not available		27.9%	29.9%
Boys†			26.7%	30.0%
Girls†			28.8%	29.6%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Hawaii Youth Risk Behavior Survey, 1999.

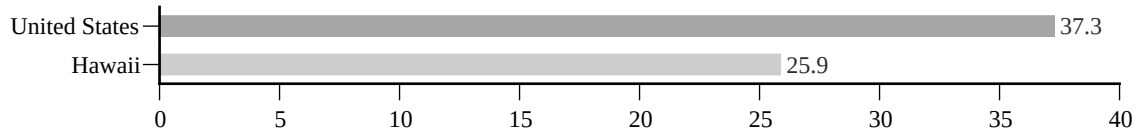
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	1,163	16,545 years or an average of 14.2 years for each death due to smoking.	Ambulatory	$48,080,000
Men	837		Hospital	$52,040,000
Women	326		Nursing Home†	$33,660,000
Death Rate	237/100,000		Drug	$10,920,000
Rank	2		Other	$29,270,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$173,970,000**

Smoking-attributable Medicaid expenditures, Hawaii, fiscal year 1993: $44,059,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Hawaii: $41,671,085.70

Tobacco Control Funding, 2001

At 98% of the CDC Best Practices recommended lower estimate funding level, Hawaii ranks 8th (No. 1 is the highest) for tobacco control funding. Hawaii ranks 2nd (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$9,647,519	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$9,647,519**	
Federal—CDC Office on Smoking and Health	$874,172	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$75,000	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$949,172**	
Total	**$10,596,691**	
Per Capita Funding	**$8.75**	

An additional $12,155,874 was appropriated to the Department of Health for health promotion and disease prevention programs.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$10,778,000	$9.08	98%
Upper Estimate	$23,448,000	$19.76	45%

Excise Tax

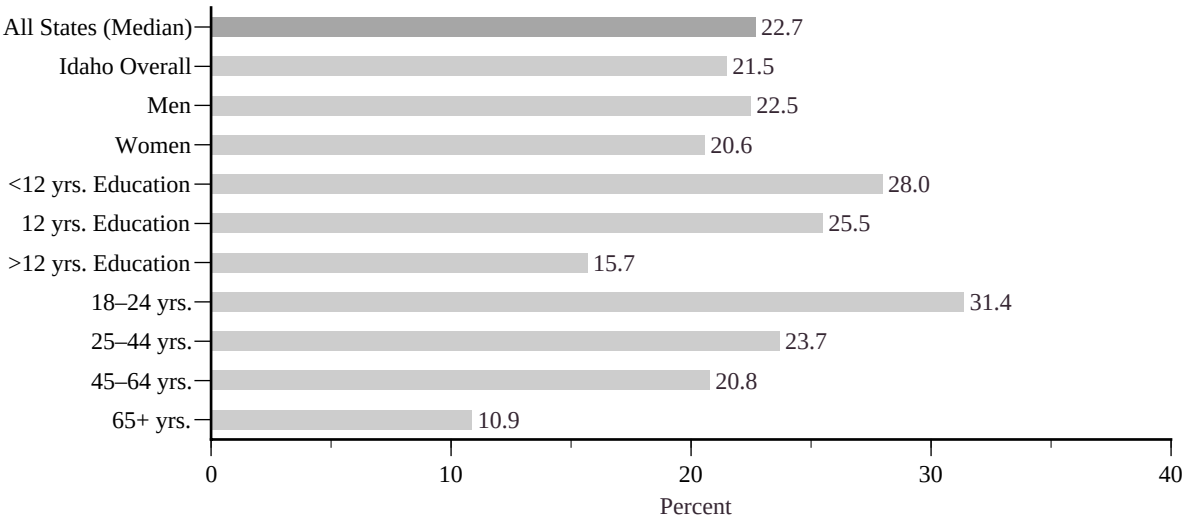
Cigarette tax per pack . . . . . $1.00 Rank = 2 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .32.5 Rank = 1 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 33.2% Annual gross tax revenue from cigarettes $38,864,791
Smokeless tobacco tax . . . . . .40% of wholesale sales price

Idaho

Number of Idaho youth projected to die prematurely from their smoking: 24,394

Adult Tobacco Use in Idaho

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
ID†	Data are not available		27.3%	Data are not available
Boys†			29.3%	
Girls†			25.5%	

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Idaho Youth Risk Behavior Survey, 1993.

Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	1,404	17,993 years or an average of 12.8 years for each death due to smoking.	Ambulatory	$31,760,000
Men	925		Hospital	$45,990,000
Women	479		Nursing Home†	$42,600,000
Death Rate	296/100,000		Drug	$11,360,000
Rank	6		Other	$22,450,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$154,160,000**

Smoking-attributable Medicaid expenditures, Idaho, fiscal year 1993: $25,343,000

†Preliminary estimates

Lung Cancer Death Rate*

*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Idaho: $25,151,109.85

Tobacco Control Funding, 2001

At 19% of the CDC Best Practices recommended lower estimate funding level, Idaho ranks 34th (No. 1 is the highest) for tobacco control funding. Idaho ranks 6th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$1,000,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$1,000,000**	
Federal—CDC Office on Smoking and Health	$1,068,434	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,068,434**	
Total	**$2,068,434**	
Per Capita Funding	**$1.60**	

An additional $735,000 was appropriated to the Catastrophic Health Care Cost Program Board for treatment of tobacco-related cancer and respiratory diseases. $200,000 was appropriated to the Department of Health, Bureau of Health Promotion to collect baseline data for a comprehensive tobacco and substance abuse program. $170,000 was appropriated to the Idaho Supreme Court for youth courts and community-based programs in the judicial districts that address tobacco and/or substance abuse.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$11,044,000	$9.13	19%
Upper Estimate	$24,087,000	$19.90	9%

Excise Tax

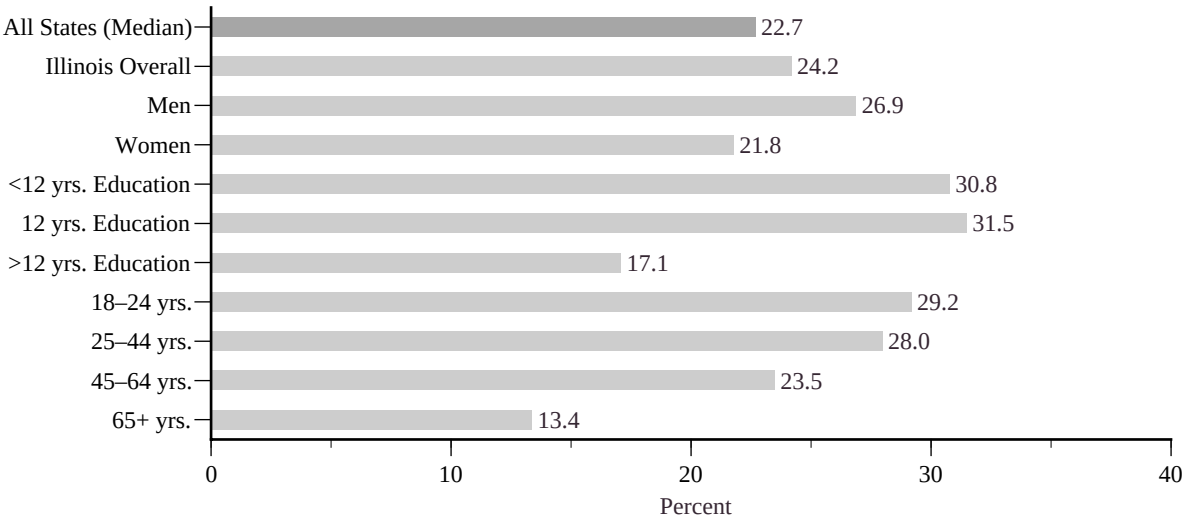
Cigarette tax per pack . . . . . 28¢ Rank = 31 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .75.1 Rank = 17 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 18.8% Annual gross tax revenue from cigarettes $25,459,256
Smokeless tobacco tax . . . . . .40% of wholesale sales price

Illinois

Number of Illinois youth projected to die prematurely from their smoking: 260,374

Adult Tobacco Use in Illinois

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
IL†	Data are not available		35.7%	Data are not available
Boys†			35.8%	
Girls†			35.6%	

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Illinois Youth Risk Behavior Survey, 1995.

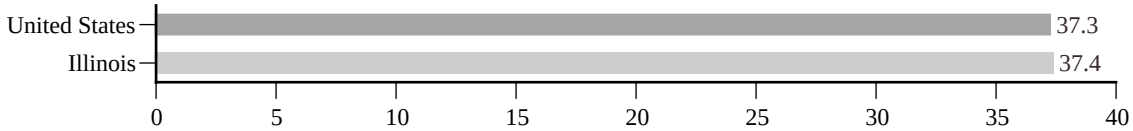
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	19,016	265,561 years or an average of 14.0 years for each death due to smoking.	Ambulatory	$472,720,000
Men	11,962		Hospital	$761,220,000
Women	7,054		Nursing Home†	$678,490,000
Death Rate	347/100,000		Drug	$131,270,000
Rank	22		Other	$284,660,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$2,328,360,000**

Smoking-attributable Medicaid expenditures, Illinois, fiscal year 1993: $560,629,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Illinois: $322,244,254.19

Tobacco Control Funding, 2001

At 45% of the CDC Best Practices recommended lower estimate funding level, Illinois ranks 21st (No. 1 is the highest) for tobacco control funding. Illinois ranks 22nd (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$27,550,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$27,550,000**	
Federal—CDC Office on Smoking and Health	$1,655,389	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,655,389**	
Total	**$29,205,389**	
Per Capita Funding	**$2.35**	

One million dollars was appropriated to the Department of Health for special projects and was spent for tobacco control purposes. $600,000 was spent by the Medicaid program for smoking cessation services.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$64,909,000	$5.46	45%
Upper Estimate	$179,048,000	$15.05	16%

Excise Tax

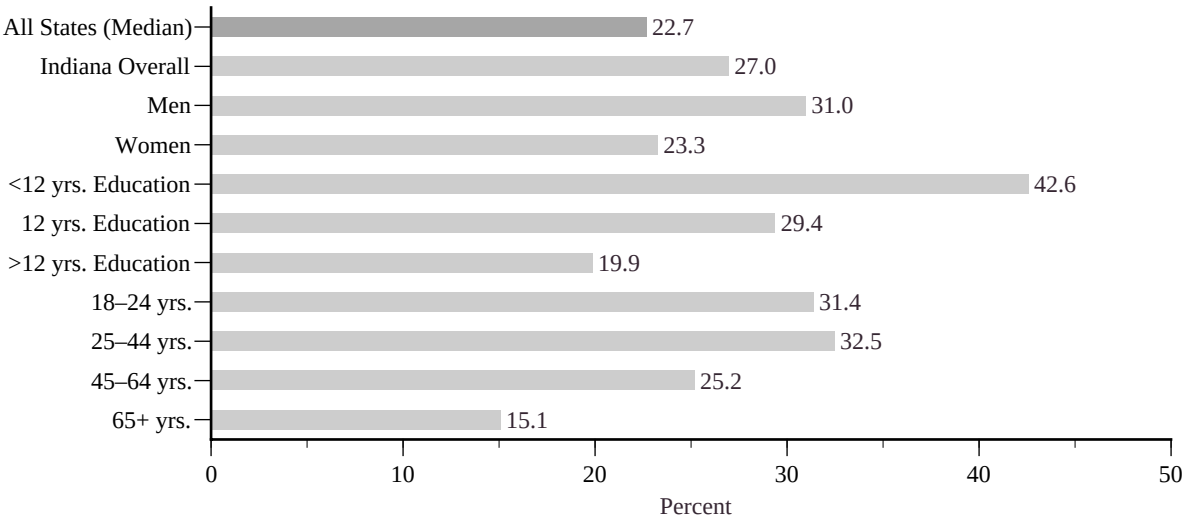
Cigarette tax per pack . . . . . 58¢ Rank = 15 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .72.2 Rank = 14 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 26.2% Annual gross tax revenue from cigarettes $493,297,147
Smokeless tobacco tax . . . . . .20% of wholesale sales price

Indiana

Number of Indiana youth projected to die prematurely from their smoking: 140,645

Adult Tobacco Use in Indiana

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National	9.2%	12.8%	28.5%	34.8%
State-specific data are not available				

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
Source: National Youth Tobacco Survey, 1999.

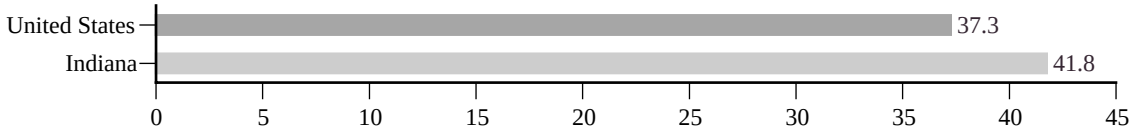
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	10,373	141,056 years or an average of 13.6 years for each death due to smoking.	Ambulatory	$217,180,000
Men	6,717		Hospital	$379,820,000
Women	3,656		Nursing Home†	$431,530,000
Death Rate	387/100,000		Drug	$63,400,000
Rate (No. 1 is lowest death rate)	42	*Calculated to life expectancy	Other	$123,160,000
			Total	**$1,215,090,000**

Smoking-attributable Medicaid expenditures, Indiana, fiscal year 1993: $254,892,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Indiana: $141,229,042.84

Tobacco Control Funding, 2001

At 105% of the CDC Best Practices recommended lower estimate funding level, Indiana ranks 6th (No. 1 is the highest) for tobacco control funding. Indiana ranks 42nd (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$35,000,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$35,000,000**	
Federal—CDC Office on Smoking and Health	$1,399,979	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,399,979**	
Total	**$36,399,979**	
Per Capita Funding	**$5.99**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$34,784,000	$5.93	105%
Upper Estimate	$95,804,000	$16.34	38%

Excise Tax

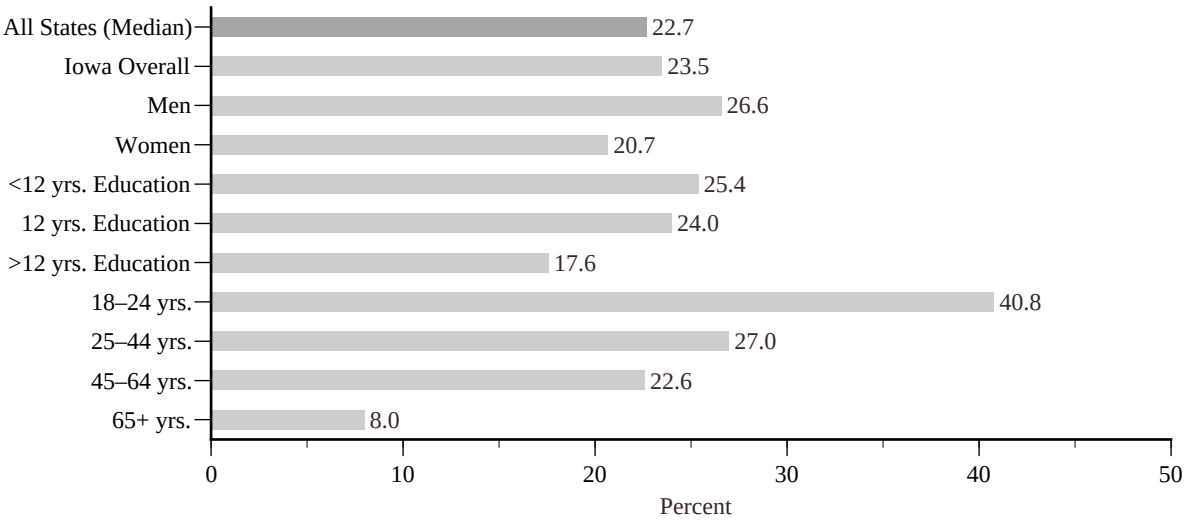
Cigarette tax per pack . . . . . 15.5¢ Rank = 44 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .133.3 Rank = 48 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 15.2% Annual gross tax revenue from cigarettes $120,640,333
Smokeless tobacco tax . . . . . .15% of wholesale sales price

Iowa

Number of Iowa youth projected to die prematurely from their smoking: 53,602

Adult Tobacco Use in Iowa

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
IA†	11.8%	16.4%	32.7%	39.0%
Boys†	11.3%	17.5%	34.2%	45.6%
Girls†	12.3%	15.1%	31.1%	31.9%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Iowa Youth Tobacco Survey, 2000.

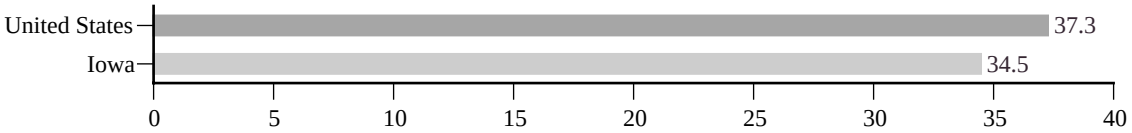
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	4,962	61,275 years or an average of 12.3 years for each death due to smoking.	Ambulatory	$95,600,000
Men	3,416		Hospital	$143,120,000
Women	1,546		Nursing Home†	$206,130,000
Death Rate	308/100,000		Drug	$34,610,000
Rank	7		Other	$64,730,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$544,180,000**

Smoking-attributable Medicaid expenditures, Iowa, fiscal year 1993: $79,384,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Iowa: $60,212,783.18

Tobacco Control Funding, 2001

At 53% of the CDC Best Practices recommended lower estimate funding level, Iowa ranks 19th (No. 1 is the highest) for tobacco control funding. Iowa ranks 7th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$9,345,394	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$9,345,394**	
Federal—CDC Office on Smoking and Health	$943,669	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$943,669**	
Total	**$10,289,063**	
Per Capita Funding	**$3.52**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$19,347,000	$6.78	53%
Upper Estimate	$48,713,000	$17.08	21%

Excise Tax

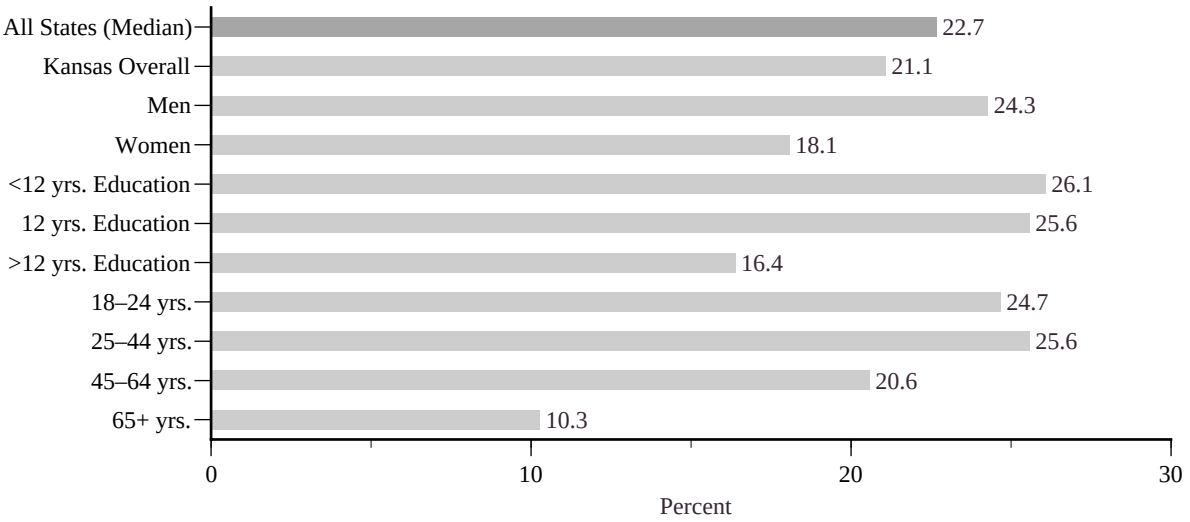
Cigarette tax per pack . . . . . 36¢ Rank = 24 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .91.7 Rank = 31 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 21.0% Annual gross tax revenue from cigarettes $94,166,860
Smokeless tobacco tax . . . . . .22% of wholesale sales price

Kansas

Number of Kansas youth projected to die prematurely from their smoking: 49,236

Adult Tobacco Use in Kansas

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
KS†	16.1%	20.2%	Data are not available	
Boys†	16.6%	24.1%		
Girls†	15.2%	15.7%		

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Kansas Youth Tobacco Survey, 1999.

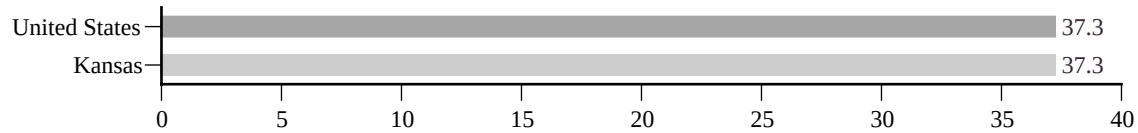
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1992–1994		Average Annual Years of Potential Life Lost,* 1992–1994	Medical Costs Related to Smoking, 1993	
Overall	4,215	52,749 years or an average of 12.5 years for each death due to smoking.	Ambulatory	$103,560,000
Men	2,747		Hospital	$137,700,000
Women	1,468		Nursing Home†	$161,430,000
Death Rate	319/100,000		Drug	$30,300,000
Rank	12		Other	$60,810,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$493,800,000**

Smoking-attributable Medicaid expenditures, Kansas, fiscal year 1993: $72,300,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Kansas: $57,720,561.87

Tobacco Control Funding, 2001

At 12% of the CDC Best Practices recommended lower estimate funding level, Kansas ranks 40th (No. 1 is the highest) for tobacco control funding. Kansas ranks 12th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$500,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$500,000**	
Federal—CDC Office on Smoking and Health	$1,229,700	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$500,000	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,729,700**	
Total	**$2,229,700**	
Per Capita Funding	**$0.83**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$18,052,000	$6.96	12%
Upper Estimate	$44,689,000	$17.22	5%

Excise Tax

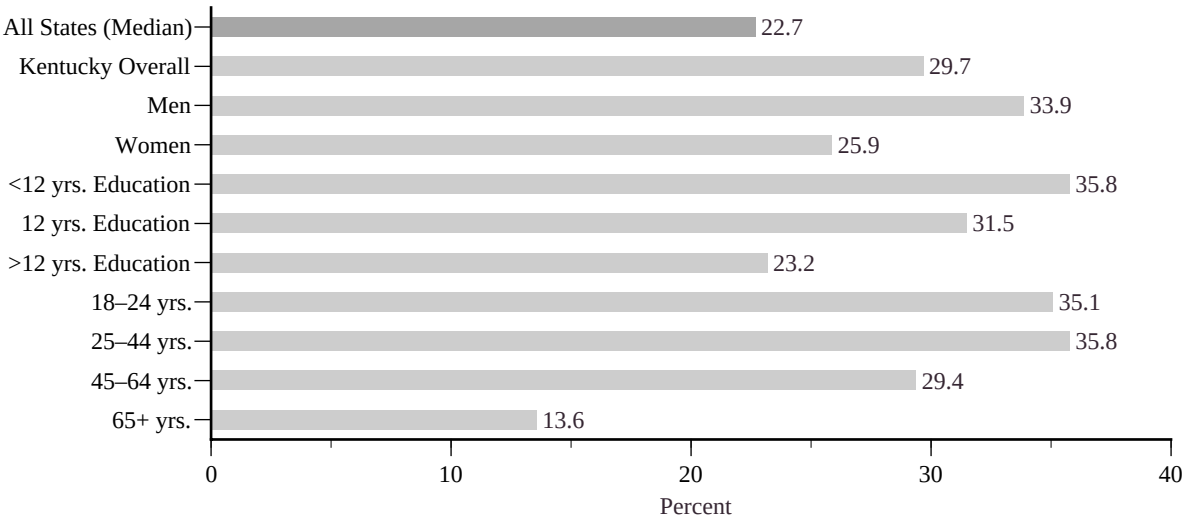
Cigarette tax per pack . . . . . 24¢ Rank = 32 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .83.3 Rank = 23 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 17.7% Annual gross tax revenue from cigarettes $52,382,238
Smokeless tobacco tax . . . . . .10% of wholesale sales price

Kentucky

Number of Kentucky youth projected to die prematurely from their smoking: 87,902

Adult Tobacco Use in Kentucky

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	GRADES 6–8		*GRADES 9–12*	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
KY†	21.5%	28.3%	37.4%	46.2%
Boys†	21.9%	33.0%	35.6%	50.2%
Girls†	21.1%	23.2%	39.0%	41.8%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Kentucky Youth Tobacco Survey, 2000.

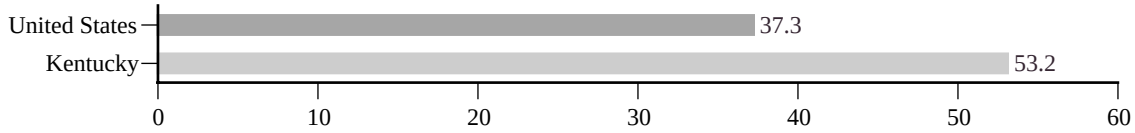
Health Impact and Costs

AVERAGE ANNUAL DEATHS RELATED TO SMOKING, 1990–1994		*AVERAGE ANNUAL YEARS OF POTENTIAL LIFE LOST,* 1990–1994*	*MEDICAL COSTS RELATED TO SMOKING, 1993*	
Overall	7,953	112,695 years or an average of 14.2 years for each death due to smoking.	Ambulatory	$158,450,000
Men	5,357		Hospital	$276,560,000
Women	2,596		Nursing Home†	$197,870,000
Death Rate	444/100,000		Drug	$55,890,000
Rank	50		Other	$109,470,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$798,230,000**

Smoking-attributable Medicaid expenditures, Kentucky, fiscal year 1993: $200,740,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Kentucky: $121,936,632.68

Tobacco Control Funding, 2001

At 15% of the CDC Best Practices recommended lower estimate funding level, Kentucky ranks 36th (No. 1 is the highest) for tobacco control funding. Kentucky ranks 50th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$2,527,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$2,527,000**	
Federal—CDC Office on Smoking and Health	$1,128,413	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,128,413**	
Total	**$3,655,413**	
Per Capita Funding	**$0.90**	

An additional $2,500,000 was appropriated to the Kentucky Agency for Substance Abuse Policy to implement substance abuse treatment services, including smoking cessation.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$25,090,000	$6.42	15%
Upper Estimate	$69,895,000	$17.88	5%

Excise Tax

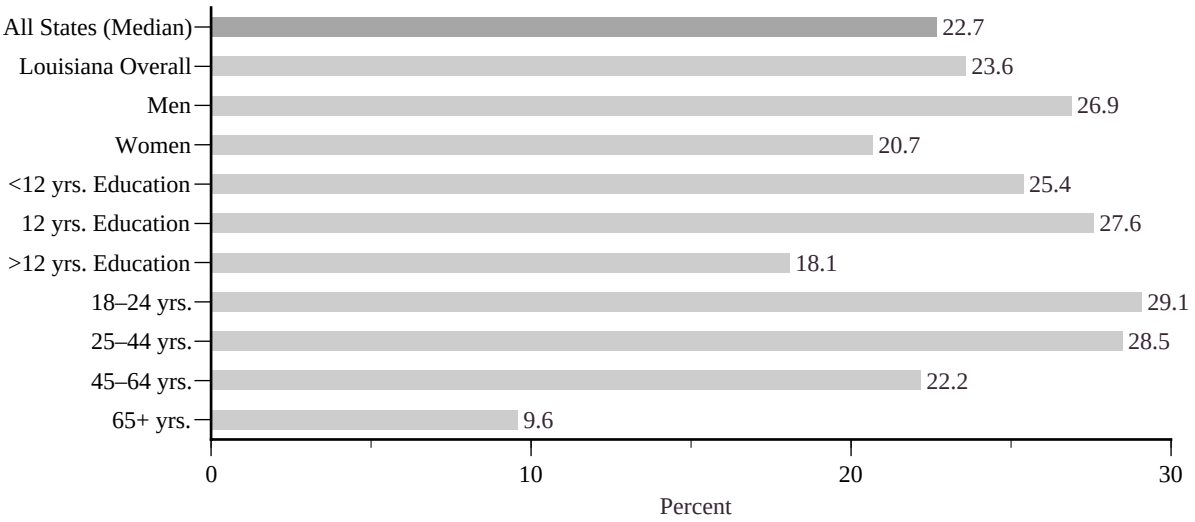
Cigarette tax per pack . . . . . 3¢ Rank = 50 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .165.3 Rank = 50 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 11.1% Annual gross tax revenue from cigarettes $19,384,000
Smokeless tobacco tax . . . . . .None

Number of Louisiana youth projected to die prematurely from their smoking: 106,037

Louisiana

Adult Tobacco Use in Louisiana

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
LA†	Data are not available		36.4%	Data are not available
Boys†			38.2%	
Girls†			34.6%	

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Louisiana Youth Risk Behavior Survey, 1997.

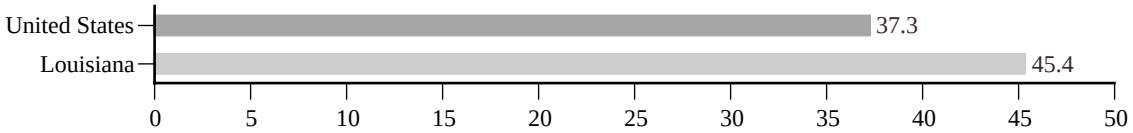
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	7,075	104,813 years or an average of 14.8 years for each death due to smoking.	Ambulatory	$171,810,000
Men	4,837		Hospital	$248,360,000
Women	2,238		Nursing Home†	$254,220,000
Death Rate	388/100,000		Drug	$50,770,000
Rank	44		Other	$118,030,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$843,190,000**

Smoking-attributable Medicaid expenditures, Louisiana, fiscal year 1993: $417,026,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Louisiana: $156,152,979.89

Tobacco Control Funding, 2001

At 6% of the CDC Best Practices recommended lower estimate funding level, Louisiana ranks 47th (No. 1 is the highest) for tobacco control funding. Louisiana ranks 44th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$460,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$460,000**	
Federal—CDC Office on Smoking and Health	$1,140,677	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,140,677**	
Total	**$1,600,677**	
Per Capita Funding	**$0.36**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$27,132,000	$6.23	6%
Upper Estimate	$71,431,000	$16.41	2%

Excise Tax

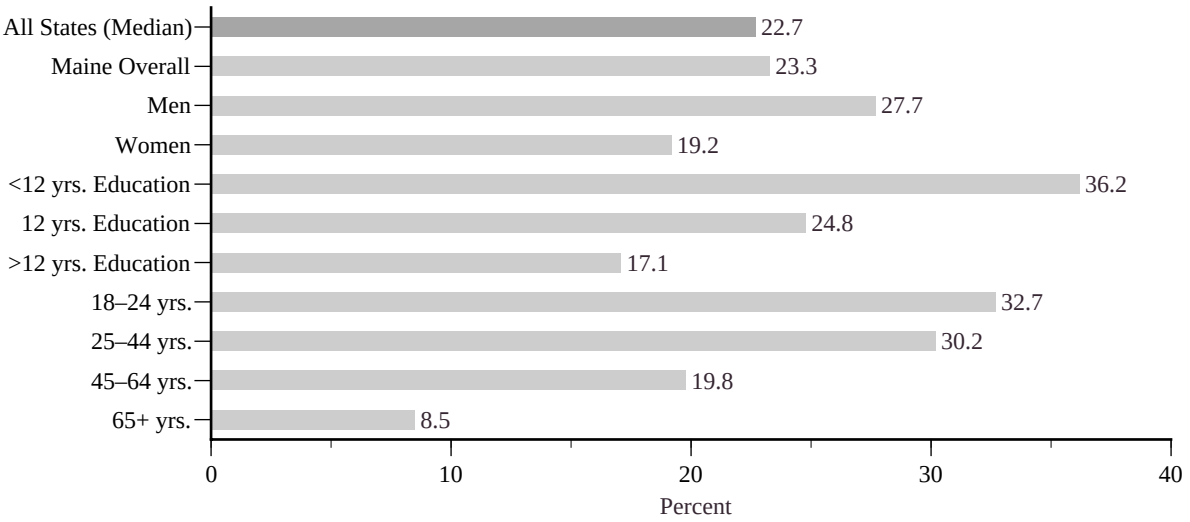
Cigarette tax per pack . . . . . 24¢ Rank = 32 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .101.0 Rank = 35 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 15.6% Annual gross tax revenue from cigarettes $87,825,340
Smokeless tobacco tax . . . . . .20% of invoice price

Maine

Number of Maine youth projected to die prematurely from their smoking: 31,211

Adult Tobacco Use in Maine

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
ME†	11.7%	13.7%	28.6%	32.6%
Boys†	11.3%	14.4%	28.6%	35.2%
Girls†	12.3%	12.9%	28.5%	29.9%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Maine Youth Tobacco Survey, 2000.

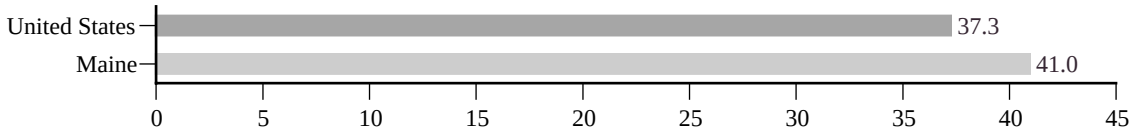
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	2,326	30,556 years or an average of 13.1 years for each death due to smoking.	Ambulatory	$53,100,000
Men	1,464		Hospital	$96,780,000
Women	862		Nursing Home†	$127,610,000
Death Rate	371/100,000		Drug	$18,870,000
Rank	40		Other	$46,710,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$343,070,000**

Smoking-attributable Medicaid expenditures, Maine, fiscal year 1993: $95,862,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Maine: $53,267,211.52

Tobacco Control Funding, 2001

At 172% of the CDC Best Practices recommended lower estimate funding level, Maine ranks 3rd (No. 1 is the highest) for tobacco control funding. Maine ranks 40th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$18,326,011	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$18,326,011**	
Federal—CDC Office on Smoking and Health	$901,691	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$901,691**	
Total	**$19,227,702**	
Per Capita Funding	**$15.08**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$11,189,000	$9.01	172%
Upper Estimate	$25,353,000	$20.41	76%

Excise Tax

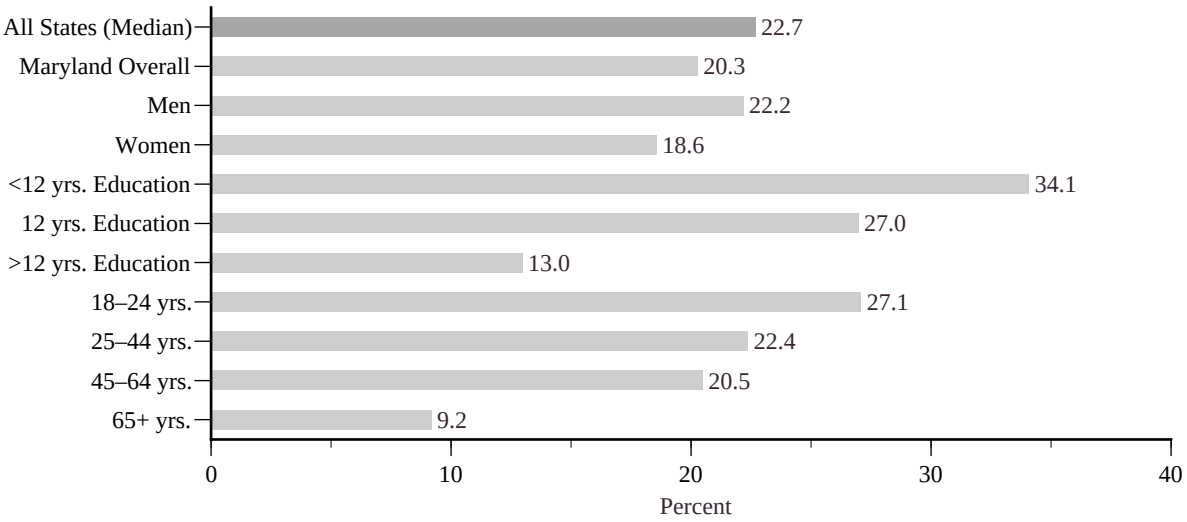
Cigarette tax per pack . . . . . .74¢ Rank = 9 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .85.5 Rank = 26 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 29.7% Annual gross tax revenue from cigarettes $78,584,602
Smokeless tobacco tax . . . . . .62% of wholesale sales price

Number of Maryland youth projected to die prematurely from their smoking: 85,720

Maryland

Adult Tobacco Use in Maryland

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
MD†	7.3%	11.8%	23.7%	29.9%
Boys†	7.3%	12.5%	23.3%	32.1%
Girls†	7.3%	10.8%	23.8%	27.4%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Maryland Youth Tobacco Survey, 2000.

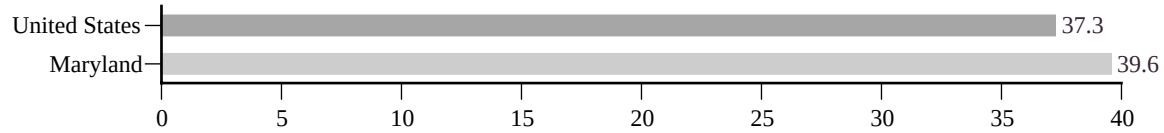
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	7,180	102,119 years or an average of 14.2 years for each death due to smoking.	Ambulatory	$273,890,000
Men	4,480		Hospital	$303,130,000
Women	2,701		Nursing Home†	$279,670,000
Death Rate	351/100,000		Drug	$83,670,000
Rank	26		Other	$162,780,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$1,103,150,000**

Smoking-attributable Medicaid expenditures, Maryland, fiscal year 1993: $212,304,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Maryland: $156,506,355.69

Tobacco Control Funding, 2001

At 71% of the CDC Best Practices recommended lower estimate funding level, Maryland ranks 11th (No. 1 is the highest) for tobacco control funding. Maryland ranks 26th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$18,065,486	7/00–6/01
State Appropriation—Excise Tax Revenue	$1,893,000	7/00–6/01
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$19,958,486**	
Federal—CDC Office on Smoking and Health	$1,370,605	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$99,207	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,469,812**	
Total	**$21,428,298**	
Per Capita Funding	**$4.05**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$30,301,000	$5.95	71%
Upper Estimate	$78,601,000	$15.43	27%

Excise Tax

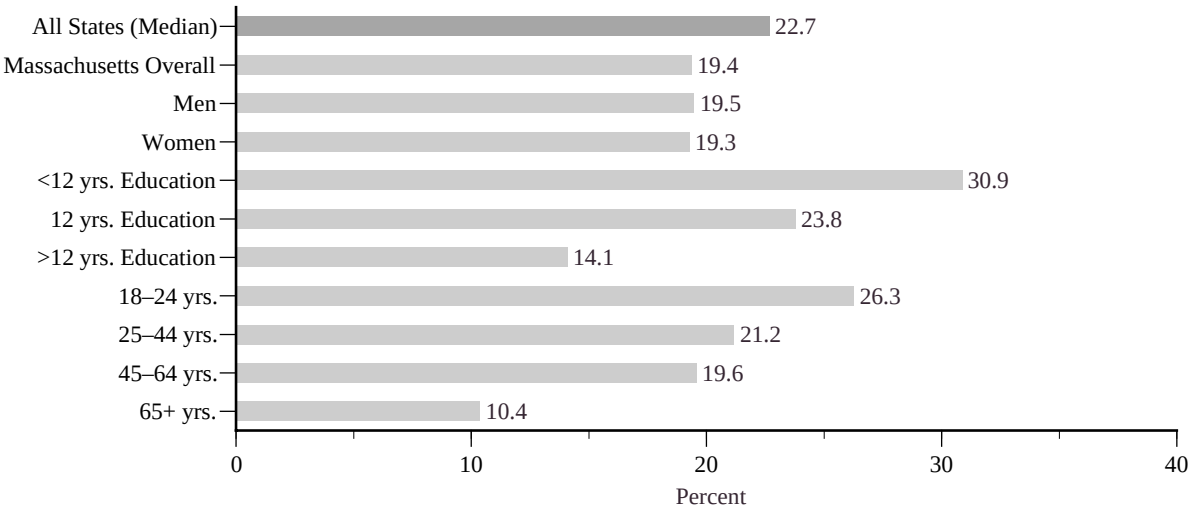
Cigarette tax per pack . . . . . 66¢ Rank = 12 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .71.4 Rank = 13 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 28.6% Annual gross tax revenue from cigarettes $131,338,000
Smokeless tobacco tax . . . . . .15% of wholesale sales price

Number of Massachusetts youth projected to die prematurely from their smoking: 105,659

Massachusetts

Adult Tobacco Use in Massachusetts

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
MA†	Data are not available		30.3%	35.1%
Boys†			29.9%	37.8%
Girls†			30.7%	32.3%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Massachusetts Youth Risk Behavior Survey, 1999.

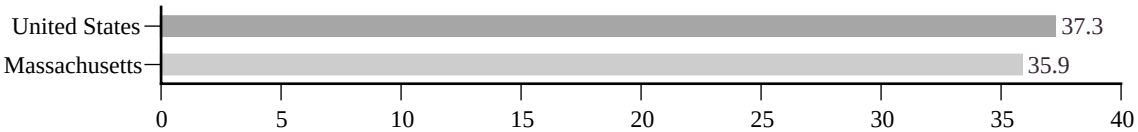
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	10,242	132,751 years or an average of 13.0 years for each death due to smoking.	Ambulatory	$367,750,000
Men	6,145		Hospital	$600,600,000
Women	4,097		Nursing Home†	$716,270,000
Death Rate	331/100,000		Drug	$111,750,000
Rank	16		Other	$252,200,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$2,048,470,000**

Smoking-attributable Medicaid expenditures, Massachusetts, fiscal year 1993: $405,943,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Massachusetts: $279,645,174.68

Tobacco Control Funding, 2001

At 184% of the CDC Best Practices recommended lower estimate funding level, Massachusetts ranks 2nd (No. 1 is the highest) for tobacco control funding. Massachusetts ranks 16th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$12,800,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$50,511,265	7/00–6/01
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$63,311,265**	
Federal—CDC Office on Smoking and Health	$1,571,990	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,571,990**	
Total	**$64,883,255**	
Per Capita Funding	**$10.22**	

Other funds appropriated to the Department of Public Health were $4,500,000 for school-based centers that include educational components on smokeless tobacco and smoking cessation; $16,125,000 for school health services and programs that include tobacco prevention and cessation activities.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$35,244,000	$5.76	184%
Upper Estimate	$92,758,000	$15.16	70%

Excise Tax

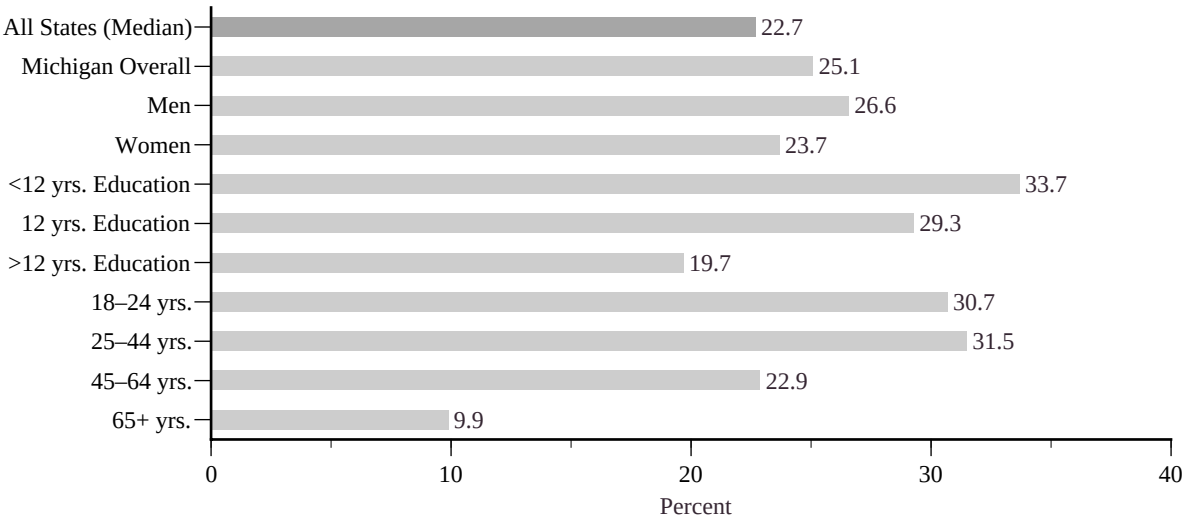
Cigarette tax per pack . . . . . 76¢ Rank = 7 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .60.4 Rank = 7 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 28.4% Annual gross tax revenue from cigarettes $280,663,934
Smokeless tobacco tax . . . . . .50% of wholesale sales price

Number of Michigan youth projected to die prematurely from their smoking: 230,903

Michigan

Adult Tobacco Use in Michigan

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
MI†	Data are not available		34.1%	39.2%
Boys†			34.9%	42.6%
Girls†			33.3%	35.9%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Michigan Youth Risk Behavior Survey, 1999.

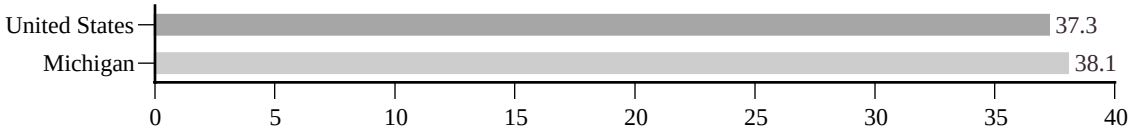
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	15,786	223,229 years or an average of 14.1 years for each death due to smoking.	Ambulatory	$413,350,000
Men	10,170		Hospital	$651,870,000
Women	5,616		Nursing Home†	$432,630,000
Death Rate	368/100,000		Drug	$133,090,000
Rank	38		Other	$268,060,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$1,899,000,000**

Smoking-attributable Medicaid expenditures, Michigan, fiscal year 1993: $532,580,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Michigan: $301,314,052.34

Tobacco Control Funding, 2001

At 12% of the CDC Best Practices recommended lower estimate funding level, Michigan ranks 40th (No. 1 is the highest) for tobacco control funding. Michigan ranks 38th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$0	
State Appropriation—Excise Tax Revenue	$4,895,100	10/00–9/01
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$4,895,100**	
Federal—CDC Office on Smoking and Health	$1,700,000	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,700,000**	
Total	**$6,595,100**	
Per Capita Funding	**$0.66**	

Six million dollars in settlement funds was appropriated to the Council of Michigan Foundations. A portion of these funds will be used for tobacco prevention and control grants. An additional $11,461,200 in excise tax revenue is appropriated for cancer prevention and control, cardiovascular disease control and physical fitness, nutrition, and health projects.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$54,804,000	$5.61	12%
Upper Estimate	$154,558,000	$15.81	4%

Excise Tax

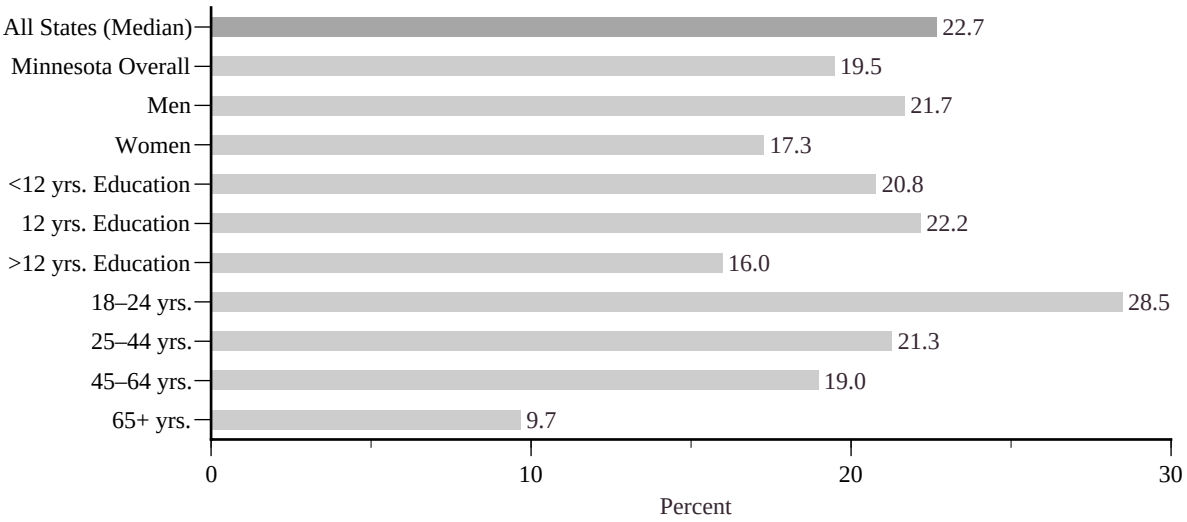
Cigarette tax per pack . . . . . 75¢ Rank = 8 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .81.7 Rank = 21 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 29.7% Annual gross tax revenue from cigarettes $604,717,910
Smokeless tobacco tax . . . . . .16% of wholesale sales price

Minnesota

Number of Minnesota youth projected to die prematurely from their smoking: 97,009

Adult Tobacco Use in Minnesota

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	GRADES 6–8		*GRADES 9–12*	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
MN†	9.1%	12.6%	32.4%	38.7%
Boys†	8.7%	12.9%	32.0%	42.7%
Girls†	9.5%	12.3%	32.6%	34.1%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Minnesota Youth Tobacco Survey, 2000.

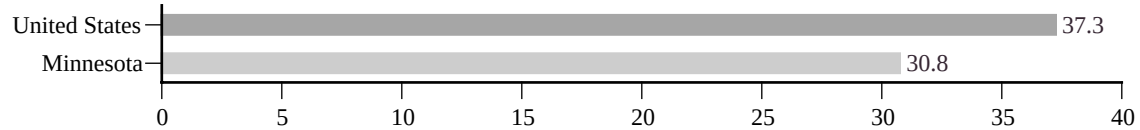
Health Impact and Costs

AVERAGE ANNUAL DEATHS RELATED TO SMOKING, 1990–1994		*AVERAGE ANNUAL YEARS OF POTENTIAL LIFE LOST,* 1990–1994*	*MEDICAL COSTS RELATED TO SMOKING, 1993*	
Overall	6,150	77,654 years or an average of 12.6 years for each death due to smoking.	Ambulatory	$253,960,000
Men	4,185		Hospital	$236,060,000
Women	1,965		Nursing Home†	$415,910,000
Death Rate	287/100,000		Drug	$48,360,000
Rank	4		Other	$116,060,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$1,070,360,000**

Smoking-attributable Medicaid expenditures, Minnesota, fiscal year 1993: $186,846,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

CDC
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Tobacco Control Funding, 2001

At 81% of the CDC Best Practices recommended lower estimate funding level, Minnesota ranks 9th (No. 1 is the highest) for tobacco control funding. Minnesota ranks 4th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$11,784,924	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$1,200,000	7/00–6/01
Subtotal: State Appropriation	**$12,984,924**	
State Funding—MN Partnership for Action Against Tobacco	$8,948,000	1/01–12/01
Subtotal: State Funding	**$21,932,924**	
Federal—CDC Office on Smoking and Health	$1,226,165	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,226,165**	
Total	**$23,159,089**	
Per Capita Funding	**$4.71**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$28,624,000	$6.11	81%
Upper Estimate	$74,013,000	$15.80	31%

Excise Tax

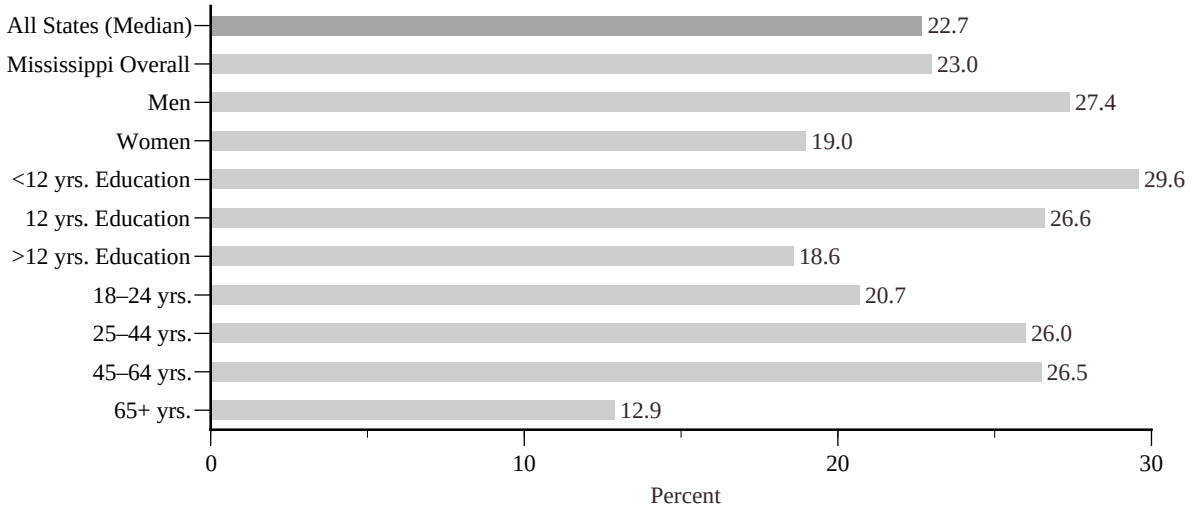
Cigarette tax per pack . . . . . 48¢ Rank = 20 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .80.7 Rank = 20 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 23.7% Annual gross tax revenue from cigarettes $181,654,621
Smokeless tobacco tax . . . . . .35% of wholesale sales price

Mississippi

Number of Mississippi youth projected to die prematurely from their smoking: 48,835

Adult Tobacco Use in Mississippi

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		*Grades 9–12*	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
MS†	17.8%	25.3%	30.5%	40.6%
Boys†	19.2%	29.4%	33.3%	47.8%
Girls†	16.3%	20.8%	27.6%	33.3%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Mississippi Youth Tobacco Survey, 2000.

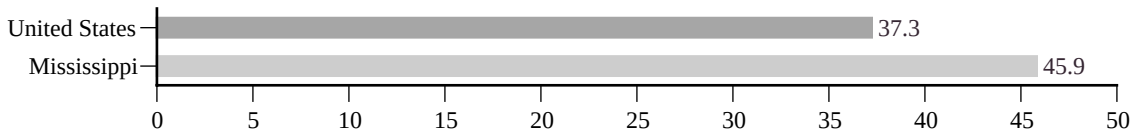
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		*Average Annual Years of Potential Life Lost,* 1990–1994*	*Medical Costs Related to Smoking, 1993*	
Overall	4,762	68,818 years or an average of 14.5 years for each death due to smoking.	Ambulatory	$68,760,000
Men	3,329		Hospital	$125,920,000
Women	1,433		Nursing Home†	$87,340,000
Death Rate	392/100,000		Drug	$27,200,000
Rank	46		Other	$57,790,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$367,020,000**

Smoking-attributable Medicaid expenditures, Mississippi, fiscal year 1993: $111,130,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Tobacco Control Funding, 2001

At 120% of the CDC Best Practices recommended lower estimate funding level, Mississippi ranks 5th (No. 1 is the highest) for tobacco control funding. Mississippi ranks 46th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$0	
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$0**	
State Funding—Partnership for a Healthier MS	$22,000,000	1/01–12/01
Subtotal: State Funding	**$22,000,000**	
Federal—CDC Office on Smoking and Health	$470,796	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$470,796**	
Total	**$22,470,796**	
Per Capita Funding	**$7.90**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$18,788,000	$6.88	120%
Upper Estimate	$46,804,000	$17.14	48%

Excise Tax

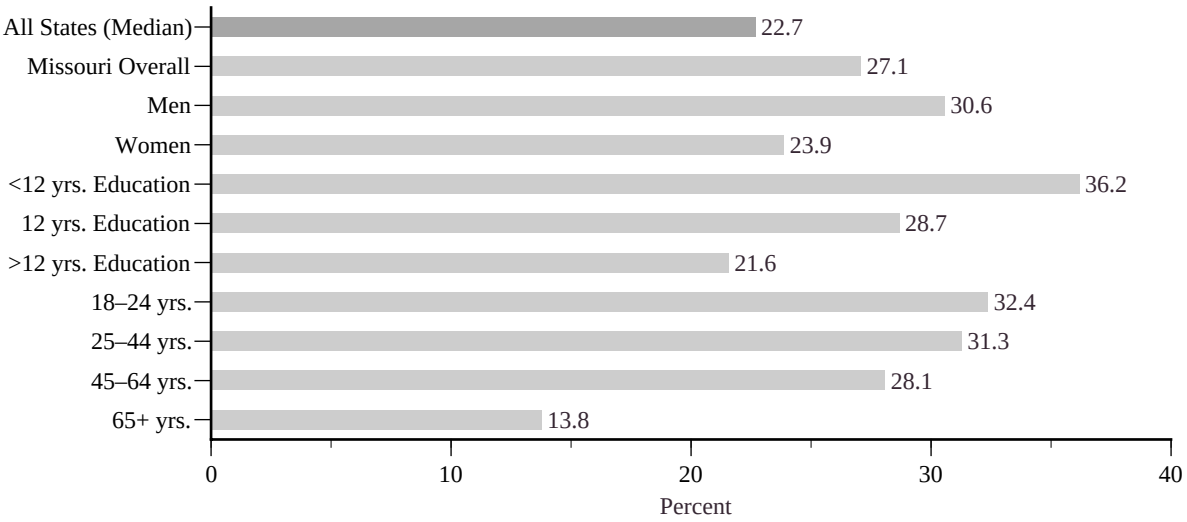
Cigarette tax per pack . . . . . 18¢ Rank = 39 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .103.9 Rank = 37 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 15.4% Annual gross tax revenue from cigarettes $51,089,722
Smokeless tobacco tax . . . . . .15% of manufacturer's list price

Number of Missouri youth projected to die prematurely from their smoking: 119,057

Missouri

Adult Tobacco Use in Missouri

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National	9.2%*	12.8%*	28.5%*	34.8%*
MO	14.9%†	19.5%†	32.8%**	39.0%**
Boys	13.7%†	Data are not available	35.6%**	44.0%**
Girls	16.3%†		30.1%**	33.9%**

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Missouri Youth Tobacco Survey, 1999.
**Source: Missouri Youth Risk Behavior Survey, 1999.

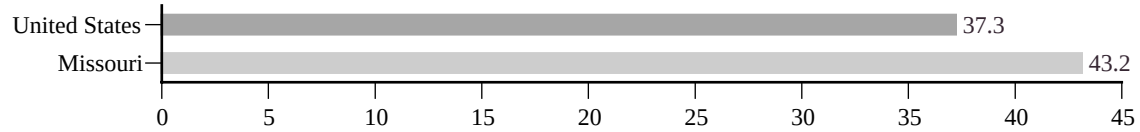
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	9,960	134,994 years or an average of 13.6 years for each death due to smoking.	Ambulatory	$223,900,000
Men	6,682		Hospital	$380,820,000
Women	3,278		Nursing Home†	$318,760,000
Death Rate	367/100,000		Drug	$66,410,000
Rank	36		Other	$134,710,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$1,124,680,000**

Smoking-attributable Medicaid expenditures, Missouri, fiscal year 1993: $206,923,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Missouri: $157,485,644.00

Tobacco Control Funding, 2001

At 7% of the CDC Best Practices recommended lower estimate funding level, Missouri ranks 46th (No. 1 is the highest) for tobacco control funding. Missouri ranks 36th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$0	
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$1,230,173	7/00–6/01
Subtotal: State Appropriation	**$1,230,173**	
Federal—CDC Office on Smoking and Health	$1,166,052	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,166,052**	
Total	**$2,396,225**	
Per Capita Funding	**$0.43**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$32,767,000	$6.07	7%
Upper Estimate	$91,359,000	$16.91	3%

Excise Tax

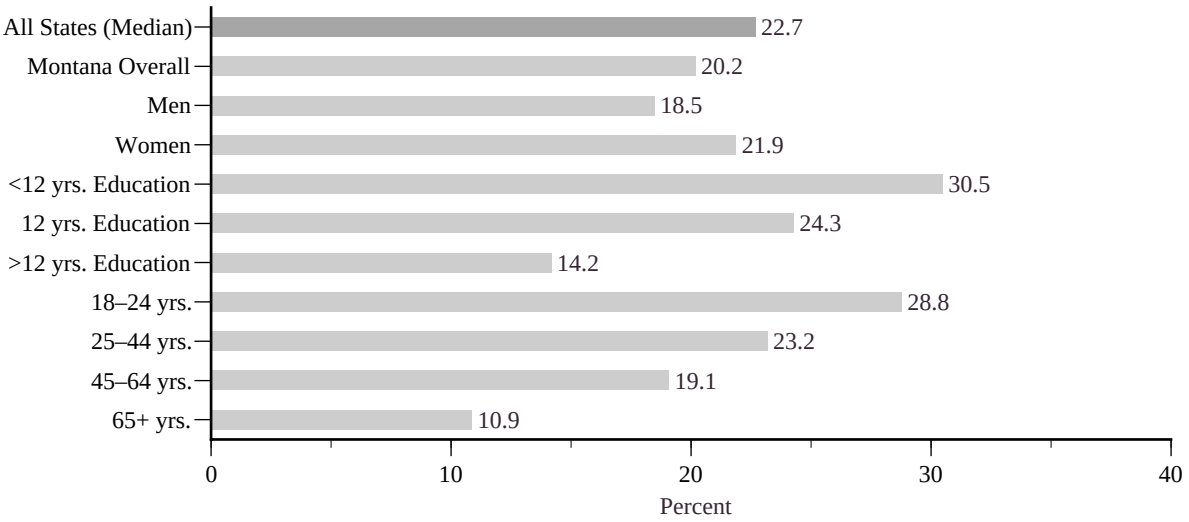
Cigarette tax per pack . . . . . 17¢ Rank = 41 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .118.0 Rank = 47 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 15.8% Annual gross tax revenue from cigarettes $105,596,780
Smokeless tobacco tax . . . . . .10% of manufacturer's invoice price

Number of Montana youth projected to die prematurely from their smoking: 15,045

Montana

Adult Tobacco Use in Montana

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
MT†	Data are not available		35.0%	45.0%
Boys†			35.4%	52.3%
Girls†			34.6%	37.6%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Montana Youth Risk Behavior Survey, 1999.

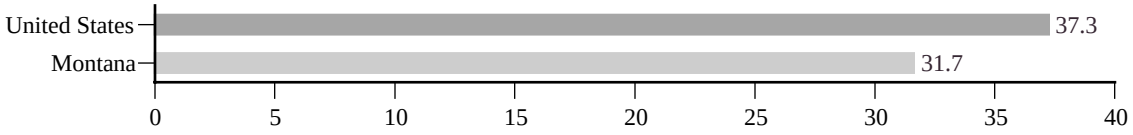
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	1,434	18,025 years or an average of 12.6 years for each death due to smoking.	Ambulatory	$30,940,000
Men	937		Hospital	$49,640,000
Women	497		Nursing Home†	$42,060,000
Death Rate	348/100,000		Drug	$8,480,000
Rank	23		Other	$22,310,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$153,420,000**

Smoking-attributable Medicaid expenditures, Montana, fiscal year 1993: $28,065,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Montana: $29,408,876.82

Tobacco Control Funding, 2001

At 47% of the CDC Best Practices recommended lower estimate funding level, Montana ranks 20th (No. 1 is the highest) for tobacco control funding. Montana ranks 23rd (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$3,500,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$3,500,000**	
Federal—CDC Office on Smoking and Health	$875,000	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$875,000**	
Total	**$4,375,000**	
Per Capita Funding	**$4.85**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$9,355,000	$10.65	47%
Upper Estimate	$19,679,000	$22.39	22%

Excise Tax

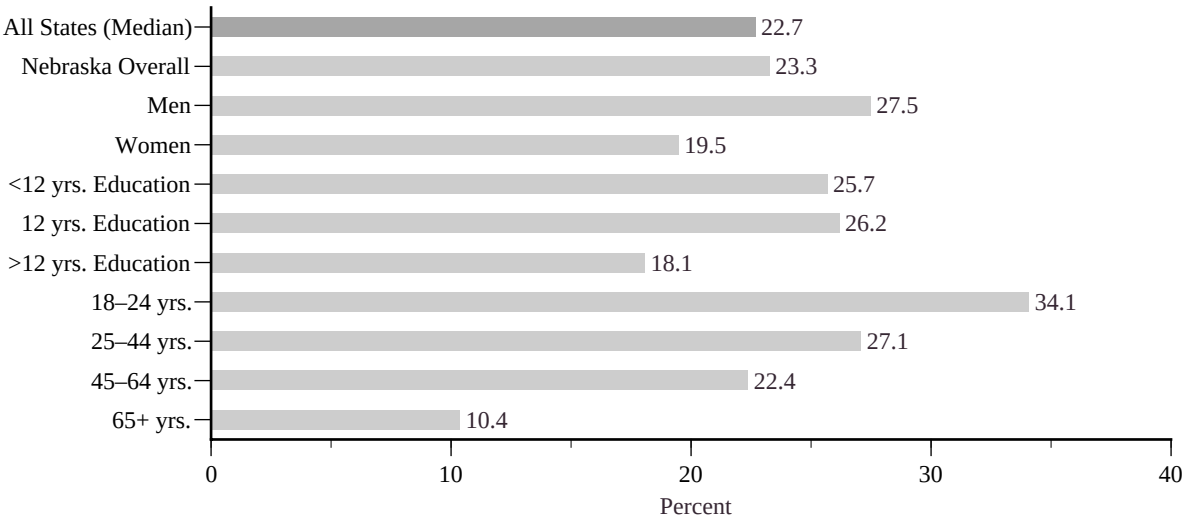
Cigarette tax per pack . . . . . 18¢ Rank = 39 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .82.6 Rank = 22 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 16.1% Annual gross tax revenue from cigarettes $13,131,619
Smokeless tobacco tax . . . . . .12.5% of wholesale sales price

Nebraska

Number of Nebraska youth projected to die prematurely from their smoking: 35,492

Adult Tobacco Use in Nebraska

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	GRADES 6–8		*GRADES 9–12*	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National	9.2%*	12.8%*	28.5%*	34.8%*
NE	10.0%†	13.8%†	33.7%**	Data are not available
Boys	10.2%†	15.6%†	35.2%**	
Girls	9.8%†	11.8%†	32.1%**	

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Nebraska Youth Tobacco Survey, 1999.
**Source: Nebraska Youth Risk Behavior Survey, 1993.

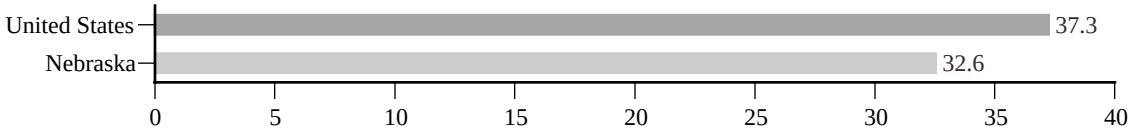
Health Impact and Costs

AVERAGE ANNUAL DEATHS RELATED TO SMOKING, 1990–1994		*AVERAGE ANNUAL YEARS OF POTENTIAL LIFE LOST,* 1990–1994*	*MEDICAL COSTS RELATED TO SMOKING, 1993*	
Overall	2,623	32,866 years or an average of 12.5 years for each death due to smoking.	Ambulatory	$52,730,000
Men	1,889		Hospital	$77,960,000
Women	734		Nursing Home†	$95,860,000
Death Rate	308/100,000		Drug	$17,010,000
Rank	7		Other	$32,650,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$276,210,000**

Smoking-attributable Medicaid expenditures, Nebraska, fiscal year 1993: $43,434,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Nebraska: $41,194,622.66

Tobacco Control Funding, 2001

At 62% of the CDC Best Practices recommended lower estimate funding level, Nebraska ranks 14th (No. 1 is the highest) for tobacco control funding. Nebraska ranks 7th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$7,000,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$7,000,000**	
Federal—CDC Office on Smoking and Health	$1,271,285	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,271,285**	
Total	**$8,271,285**	
Per Capita Funding	**$4.83**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$13,308,000	$8.03	62%
Upper Estimate	$31,041,000	$18.73	27%

Excise Tax

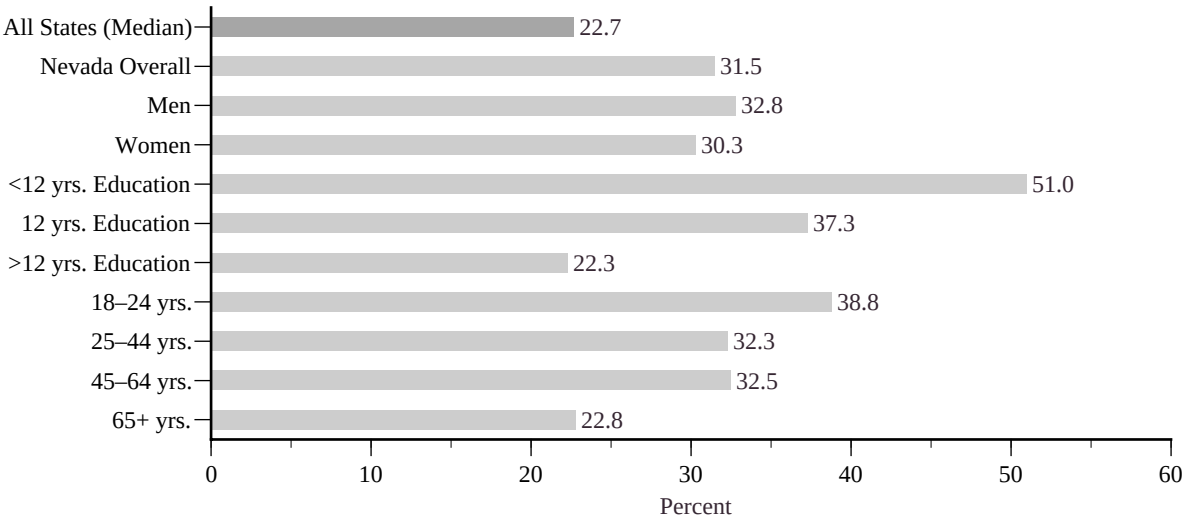
Cigarette tax per pack . . . . . 34¢ Rank = 26 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .86.6 Rank = 27 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 20.1% Annual gross tax revenue from cigarettes $48,966,120
Smokeless tobacco tax . . . . . .15% of purchase price

Nevada

Number of Nevada youth projected to die prematurely from their smoking: 31,606

Adult Tobacco Use in Nevada

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
NV†	Data are not available		32.6%	39.9%
Boys†			32.4%	44.6%
Girls†			32.5%	34.5%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Nevada Youth Risk Behavior Survey, 1999.

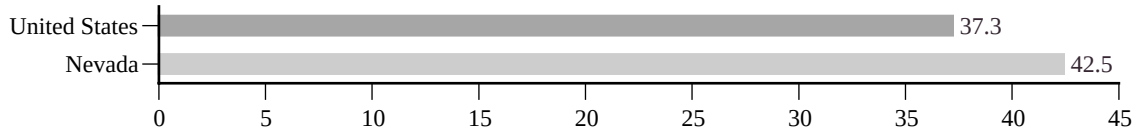
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1992–1994		Average Annual Years of Potential Life Lost,* 1992–1994	Medical Costs Related to Smoking, 1993	
Overall	2,665	38,269 years or an average of 14.4 years for each death due to smoking.	Ambulatory	$80,210,000
Men	1,659		Hospital	$99,040,000
Women	1,006		Nursing Home†	$42,900,000
Death Rate	469/100,000		Drug	$19,350,000
Rank	51		Other	$43,530,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$285,030,000**

Smoking-attributable Medicaid expenditures, Nevada, fiscal year 1993: $50,137,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

CDC SAFER·HEALTHIER·PEOPLE™

Scheduled 2001 settlement payment to Nevada: $42,229,835.47

Tobacco Control Funding, 2001

At 29% of the CDC Best Practices recommended lower estimate funding level, Nevada ranks 31st (No. 1 is the highest) for tobacco control funding. Nevada ranks 51st (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$3,106,243	7/00-6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$3,106,243**	
Federal—CDC Office on Smoking and Health	$748,437	6/00-5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$748,437**	
Total	**$3,854,680**	
Per Capita Funding	**$1.93**	

An additional $2,000,000 was appropriated to public broadcasting stations for conversion to digital television and public service announcements pertaining to the hazards of tobacco use.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$13,477,000	$8.04	29%
Upper Estimate	$32,993,000	$19.68	12%

Excise Tax

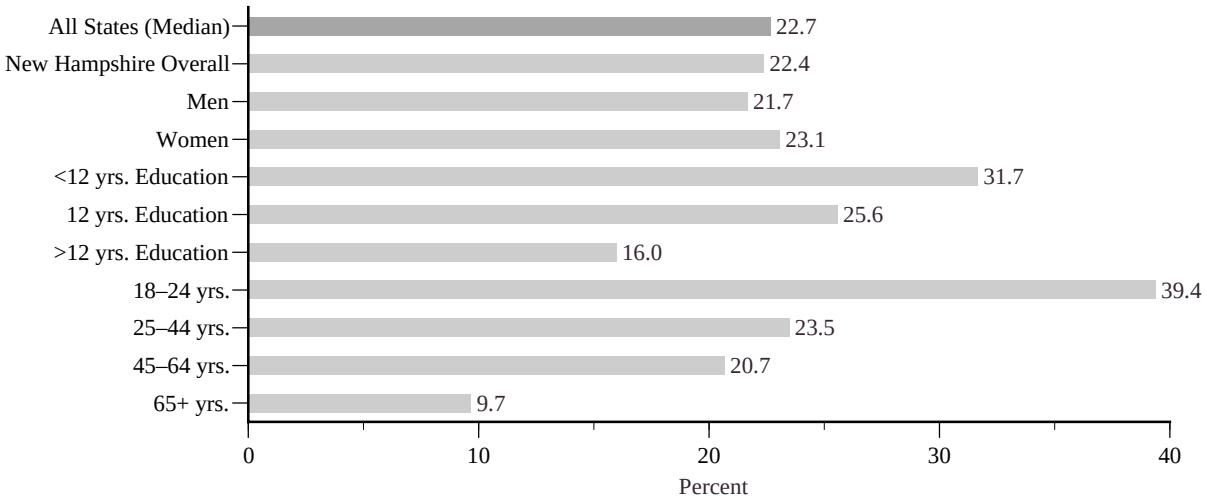
Cigarette tax per pack . . . . . 35¢ Rank = 25 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .103.9 Rank = 37 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 19.4% Annual gross tax revenue from cigarettes $60,977,962
Smokeless tobacco tax . . . . . .30% of wholesale price

Number of New Hampshire youth projected to die prematurely from their smoking: 23,777

New Hampshire

Adult Tobacco Use in New Hampshire

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National	9.2%*	12.8%*	28.5%*	34.8%*
NH	12.0%†	15.2%†	36.0%**	Data are not available
Boys	11.1%†	16.0%†	32.0%**	
Girls	12.8%†	14.2%†	39.9%**	

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: New HampshireYouth Tobacco Survey, 2000.
**Source: New Hampshire Youth Risk Behavior Survey, 1995.

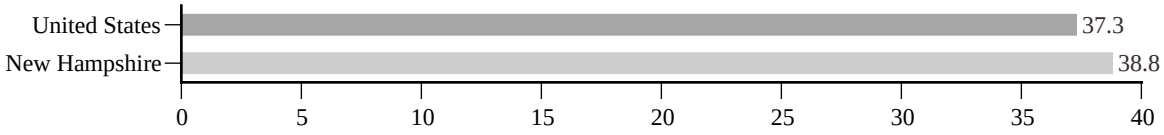
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	1,777	23,416 years or an average of 13.2 years for each death due to smoking.	Ambulatory	$68,000,000
Men	1,113		Hospital	$99,400,000
Women	664		Nursing Home†	$75,210,000
Death Rate	361/100,000		Drug	$17,380,000
Rank	33		Other	$42,460,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$302,450,000**

Smoking-attributable Medicaid expenditures, New Hampshire, fiscal year 1993: $94,531,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to New Hampshire: $46,107,008.63

Tobacco Control Funding, 2001

At 37% of the CDC Best Practices recommended lower estimate funding level, New Hampshire ranks 26th (No. 1 is the highest) for tobacco control funding. New Hampshire ranks 33rd (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$3,000,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$3,000,000**	
Federal—CDC Office on Smoking and Health	$991,588	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$74,657	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,066,245**	
Total	**$4,066,245**	
Per Capita Funding	**$3.29**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$10,888,000	$9.28	37%
Upper Estimate	$24,766,000	$21.12	16%

Excise Tax

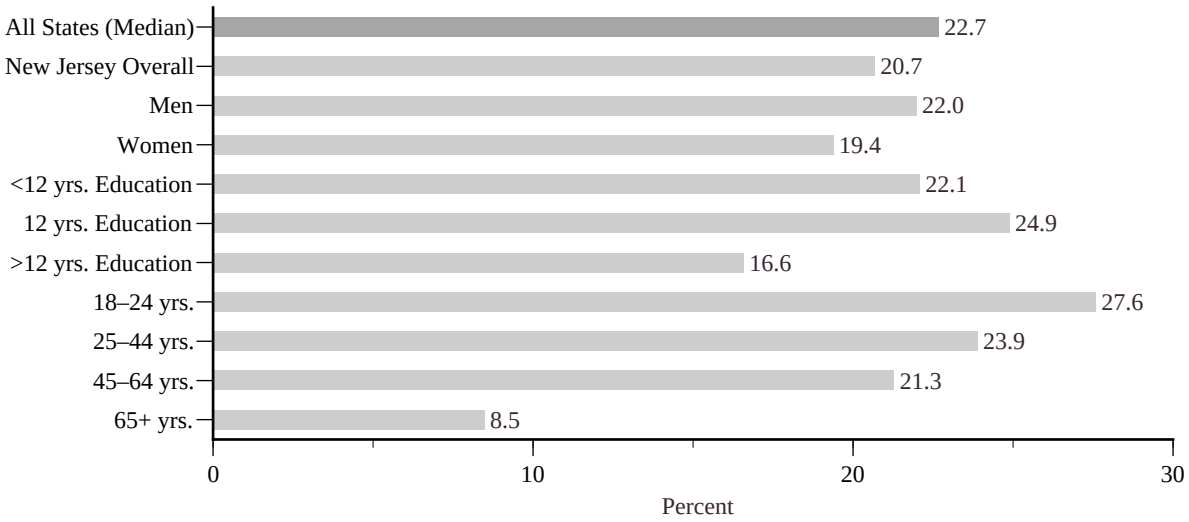
Cigarette tax per pack . . . . . 52¢ Rank = 17 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .171.7 Rank = 51 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 24.2% Annual gross tax revenue from cigarettes $72,034,018
Smokeless tobacco tax . . . . . .21.6% of wholesale sales price

Number of New Jersey youth projected to die prematurely from their smoking: 135,593

New Jersey

Adult Tobacco Use in New Jersey

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
NJ†	10.5%	16.3%	27.6%	35.9%
Boys†	9.9%	17.8%	26.4%	39.3%
Girls†	11.0%	14.7%	28.4%	32.1%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: New Jersey Youth Tobacco Survey, 1999.

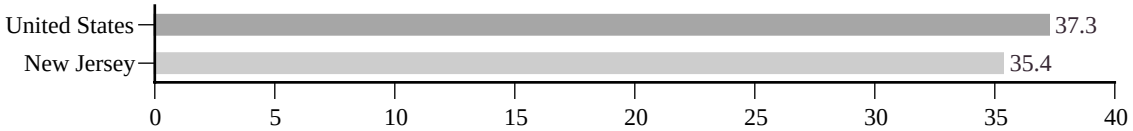
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1991–1994		Average Annual Years of Potential Life Lost,* 1991–1994	Medical Costs Related to Smoking, 1993	
Overall	12,831	172,539 years or an average of 13.4 years for each death due to smoking.	Ambulatory	$402,250,000
Men	7,775		Hospital	$519,960,000
Women	5,056		Nursing Home†	$468,560,000
Death Rate	327/100,000		Drug	$108,440,000
Rank	14		Other	$241,290,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$1,740,510,000**

Smoking-attributable Medicaid expenditures, New Jersey, fiscal year 1993: $544,708,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to New Jersey: $267,737,674.95

Tobacco Control Funding, 2001

At 71% of the CDC Best Practices recommended lower estimate funding level, New Jersey ranks 11th (No. 1 is the highest) for tobacco control funding. New Jersey ranks 14th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$30,000,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$30,000,000**	
Federal—CDC Office on Smoking and Health	$1,257,351	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$703,680	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,961,031**	
Total	**$31,961,031**	
Per Capita Funding	**$3.80**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$45,073,000	$5.60	71%
Upper Estimate	$121,328,000	$15.07	26%

Excise Tax

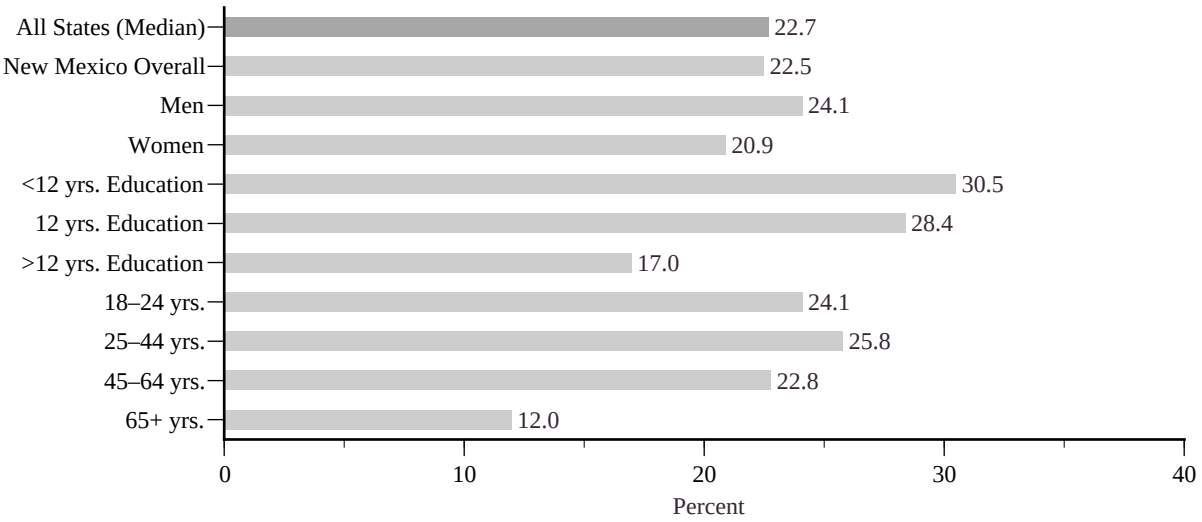
Cigarette tax per pack . . . . . 80¢ Rank = 6 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .63.6 Rank = 10 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 30.6% Annual gross tax revenue from cigarettes $409,427,600
Smokeless tobacco tax . . . . . .48% of wholesale price

Number of New Mexico youth projected to die prematurely from their smoking: 33,367

New Mexico

Adult Tobacco Use in New Mexico

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
NM†	Data are not available		30.1%	
Boys†			Data are not available	Data are not available
Girls†				

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: New Mexico Youth Risk Behavior Survey, 1991.

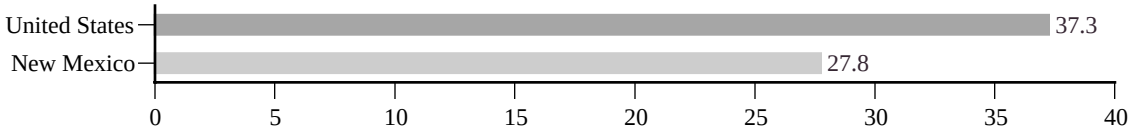
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	1,871	24,569 years or an average of 13.1 years for each death due to smoking.	Ambulatory	$53,580,000
Men	1,198		Hospital	$87,910,000
Women	673		Nursing Home†	$48,410,000
Death Rate	289/100,000		Drug	$17,180,000
Rank	5		Other	$37,790,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$244,890,000**

Smoking-attributable Medicaid expenditures, New Mexico, fiscal year 1993: $48,314,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to New Mexico: $41,291,995.30

Tobacco Control Funding, 2001

At 25% of the CDC Best Practices recommended lower estimate funding level, New Mexico ranks 32nd (No. 1 is the highest) for tobacco control funding. New Mexico ranks 5th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$2,225,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$2,225,000**	
Federal—CDC Office on Smoking and Health	$1,181,300	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$25,000	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,206,300**	
Total	**$3,431,300**	
Per Capita Funding	**$1.89**	

An additional $2,500,000 was appropriated for research and clinical care programs in lung and tobacco related illnesses.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$13,711,000	$7.93	25%
Upper Estimate	$31,947,000	$18.47	11%

Excise Tax

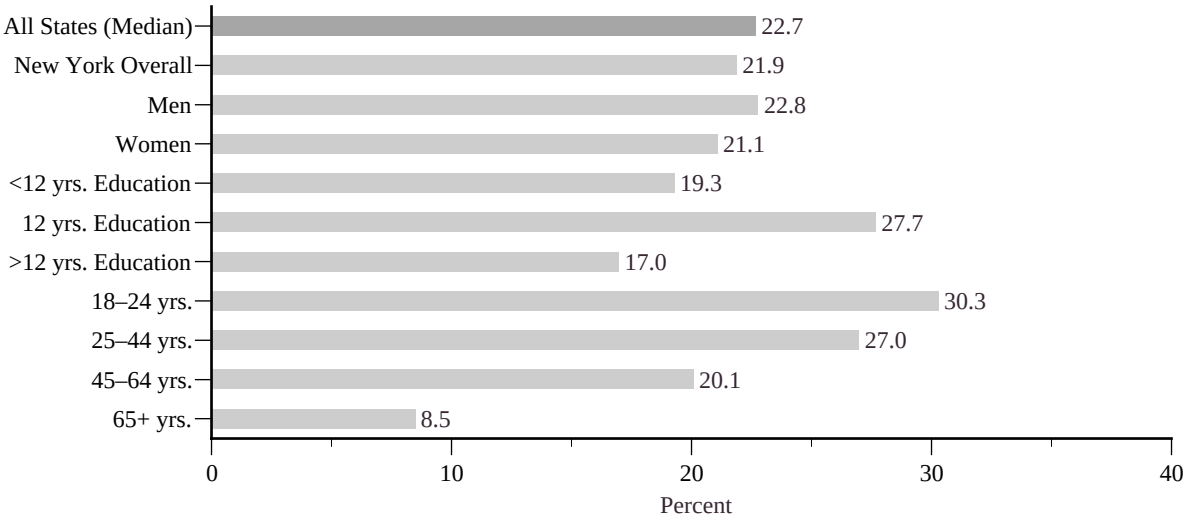
Cigarette tax per pack . . . . . 21¢ Rank = 37 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .59.7 Rank = 6 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 16.1% Annual gross tax revenue from cigarettes $21,688,579
Smokeless tobacco tax . . . . . .25% of product value

Number of New York youth projected to die prematurely from their smoking: 377,467

New York

Adult Tobacco Use in New York

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
NY†	9.3%	11.8%	26.8%	32.8%
Boys†	9.8%	13.5%	24.8%	34.2%
Girls†	8.8%	9.9%	29.2%	30.9%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: New York Youth Tobacco Survey, 2000.

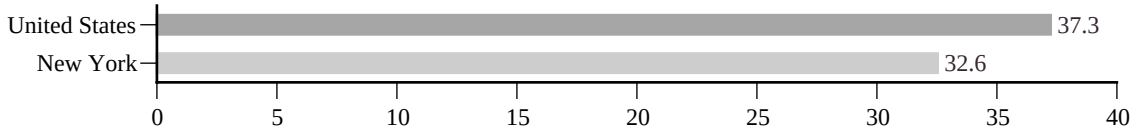
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	30,741	417,206 years or an average of 13.6 years for each death due to smoking.	Ambulatory	$809,730,000
Men	18,454		Hospital	$1,202,530,000
Women	12,287		Nursing Home†	$1,918,450,000
Death Rate	343/100,000		Drug	$211,150,000
Rank	19		Other	$621,640,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$4,763,610,000**

Smoking-attributable Medicaid expenditures, New York, fiscal year 1993: $1,850,692,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to New York: $883,599,638.62

Tobacco Control Funding, 2001

At 45% of the CDC Best Practices recommended lower estimate funding level, New York ranks 21st (No. 1 is the highest) for tobacco control funding. New York ranks 19th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$40,000,000	4/00–3/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$40,000,000**	
Federal—CDC Office on Smoking and Health	$1,999,998	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$1,000,000	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$2,999,998**	
Total	**$42,999,998**	
Per Capita Funding	**$2.27**	

An additional $2,000,000 was appropriated to the Department of Health for administrative costs for cancer and tobacco control programs and another $500,000 was appropriated for school health, prenatal care assistance, breast cancer detection and education programs, and tobacco enforcement education and related activities. The Medicaid program expects to expend $13 million to cover prescription and non-prescription smoking cessation products in FY 2001.

In New York state, approximately half of all Tobacco Settlement funds are shared with counties. These figures represent the New York state share of Tobacco Settlement appropriations and do not include settlement funds appropriated by counties for tobacco prevention and control.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$95,830,000	$5.28	45%
Upper Estimate	$269,296,000	$14.85	16%

Excise Tax

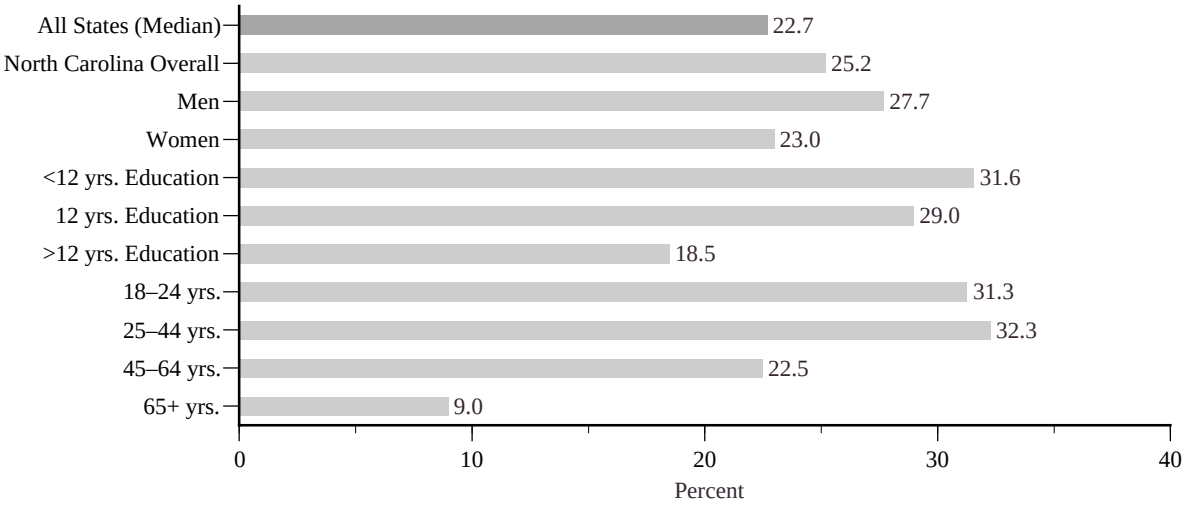
Cigarette tax per pack	$1.11
Rank = 1 (No. 1 is highest tax)	
Number of packages of cigarettes sold and taxed, per capita, 1999	62.9
Rank = 9 (No. 1 is lowest cigarette sales)	
Federal and state taxes as a percentage of retail price	24.5%
Annual gross tax revenue from cigarettes	$642,200,452
Smokeless tobacco tax	20% of wholesale sales price

North Carolina

Number of North Carolina youth projected to die prematurely from their smoking: 165,692

Adult Tobacco Use in North Carolina

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		*Grades 9–12*	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
NC†	15.0%	18.4%	31.6%	38.3%
Boys†	16.0%	21.0%	33.4%	44.0%
Girls†	14.0%	15.7%	29.7%	32.4%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: North Carolina Youth Tobacco Survey, 1999.

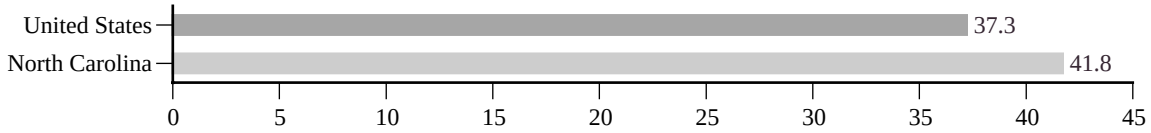
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		*Average Annual Years of Potential Life Lost,* 1990–1994*	*Medical Costs Related to Smoking, 1993*	
Overall	11,642	170,621 years or an average of 14.7 years for each death due to smoking.	Ambulatory	$262,500,000
Men	8,112		Hospital	$392,880,000
Women	3,530		Nursing Home†	$327,040,000
Death Rate	368/100,000		Drug	$83,390,000
Rank	38		Other	$165,830,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$1,231,630,000**

Smoking-attributable Medicaid expenditures, North Carolina, fiscal year 1993: $205,600,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to North Carolina: $161,479,483.90

Tobacco Control Funding, 2001

At 6% of the CDC Best Practices recommended lower estimate funding level, North Carolina ranks 47th (No. 1 is the highest) for tobacco control funding. North Carolina ranks 38th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$0	
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$0**	
Federal—CDC Office on Smoking and Health	$1,798,742	6/00-5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$750,000	10/00-9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$2,548,742**	
Total	**$2,548,742**	
Per Capita Funding	**$0.32**	

Twenty-five percent of the state's annual settlement payment is appropriated to the Health and Wellness Trust Fund, which authorizes grants to address the needs of vulnerable, underserved populations; research, education, prevention and treatment of health problems in the state; and comprehensive, community-based plans to reduce tobacco use.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$42,591,000	$5.74	6%
Upper Estimate	$118,626,000	$15.98	2%

Excise Tax

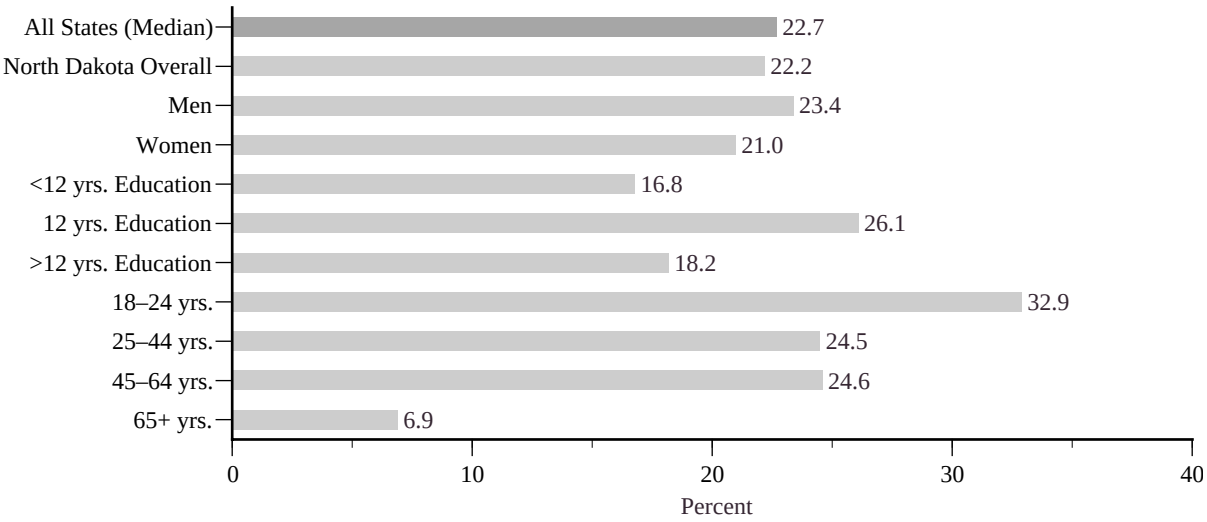
Cigarette tax per pack . . . . . 5¢ Rank = 49 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .113.1 Rank = 45 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 11.3% Annual gross tax revenue from cigarettes $41,991,034
Smokeless tobacco tax . . . . . .2% of cost

North Dakota

Number of North Dakota youth projected to die prematurely from their smoking: 12,272

Adult Tobacco Use in North Dakota

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
ND†	Data are not available		40.6%	Data are not available
Boys†			40.2%	
Girls†			41.0%	

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: North Dakota Youth Risk Behavior Survey, 1999.

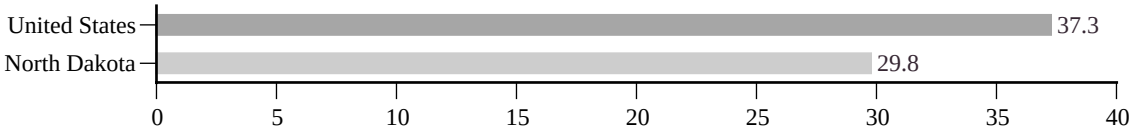
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	968	12,032 years or an average of 12.4 years for each death due to smoking.	Ambulatory	$28,050,000
Men	721		Hospital	$39,360,000
Women	247		Nursing Home†	$52,630,000
Death Rate	280/100,000		Drug	$6,540,000
Rank	3		Other	$13,500,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$140,080,000**

Smoking-attributable Medicaid expenditures, North Dakota, fiscal year 1993: $19,056,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to North Dakota: $25,341,550.32

Tobacco Control Funding, 2001

At 13% of the CDC Best Practices recommended lower estimate funding level, North Dakota ranks 37th (No. 1 is the highest) for tobacco control funding. North Dakota ranks 3rd (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$0	
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$0**	
Federal—CDC Office on Smoking and Health	$1,099,997	6/00-5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,099,997**	
Total	**$1,099,997**	
Per Capita Funding	**$1.71**	

In 1999, the North Dakota legislature established a Community Health Trust Fund, for community-based public health programs and other public health programs, including programs that prevent or reduce tobacco use. The North Dakota legislature has not met since 1999, so no specific appropriations have been made from this trust fund.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$8,161,000	$12.73	13%
Upper Estimate	$16,547,000	$25.82	7%

Excise Tax

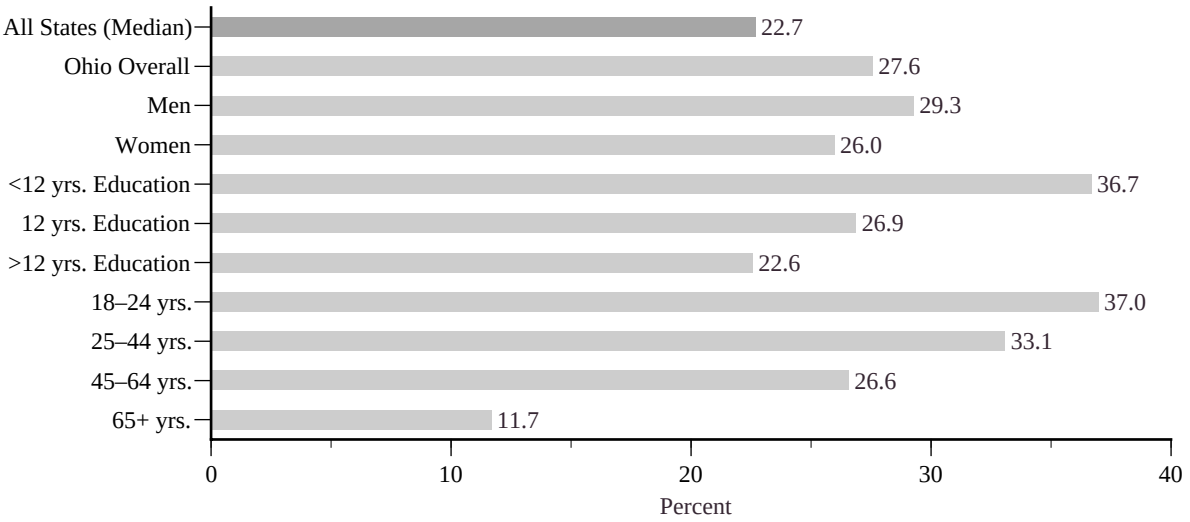
Cigarette tax per pack . . . . . 44¢ Rank = 21 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .74.7 Rank = 16 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 22.9% Annual gross tax revenue from cigarettes $21,059,175
Smokeless tobacco tax . . . . . .28% of wholesale purchase price

Ohio

Number of Ohio youth projected to die prematurely from their smoking: 285,161

Adult Tobacco Use in Ohio

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
OH†	13.7%	18.7%	33.4%	41.1%
Boys†	14.7%	22.0%	33.7%	45.6%
Girls†	12.7%	15.2%	33.0%	35.9%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Ohio Youth Tobacco Survey, 2000.

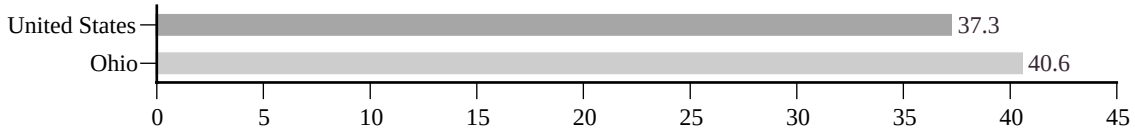
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	19,527	270,475 years or an average of 13.9 years for each death due to smoking.	Ambulatory	$484,900,000
Men	12,400		Hospital	$765,890,000
Women	7,128		Nursing Home†	$840,400,000
Death Rate	364/100,000		Drug	$129,680,000
Rank	34		Other	$273,180,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$2,494,060,000**

Smoking-attributable Medicaid expenditures, Ohio, fiscal year 1993: $597,217,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Ohio: $348,780,049.22

Tobacco Control Funding, 2001

At 383% of the CDC Best Practices recommended lower estimate funding level, Ohio ranks 1st (No. 1 is the highest) for tobacco control funding. Ohio ranks 34th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$234,861,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$234,861,000**	
Federal—CDC Office on Smoking and Health	$1,525,232	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,525,232**	
Total	**$236,386,232**	
Per Capita Funding	**$20.82**	

The $234,861,000 reflected above will be disbursed to an endowment fund where the funds will be used by the Foundation for tobacco use reduction programs. The Foundation may, but is not required to, treat these funds as an endowment. An additional $435,120 is expected to tbe spent by the Department of Health for emergency assistance, including medication and oxygen for seniors whose health has been affected by tobacco use. An additional $669,000 is expected to be spent by the Department of Public Safety to enforce Ohio's under-age tobacco use laws.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$61,735,000	$5.52	383%
Upper Estimate	$173,676,000	$15.53	136%

Excise Tax

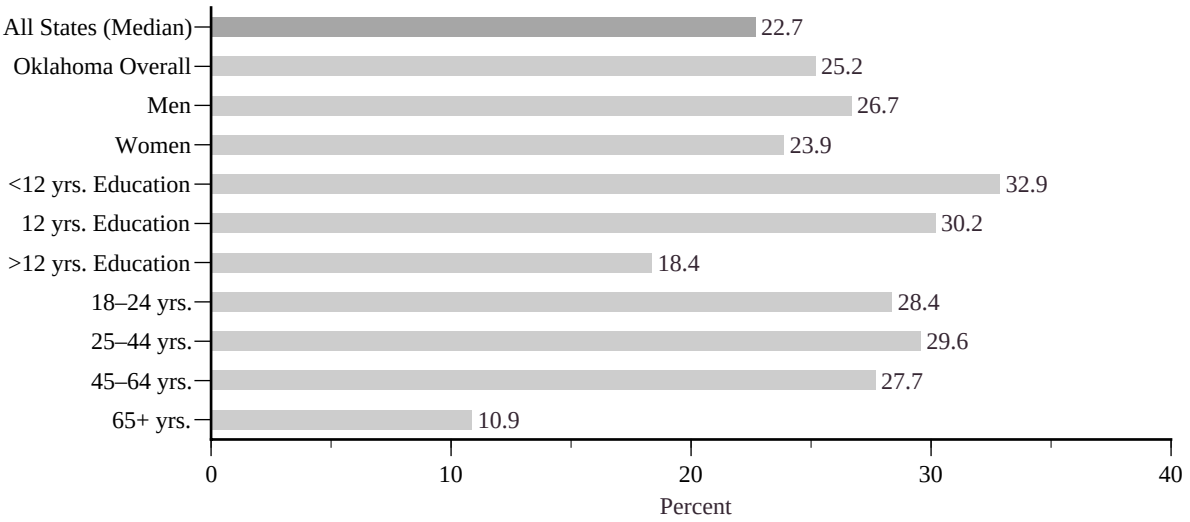
Cigarette tax per pack . . . . . 24¢ Rank = 32 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .104.0 Rank = 39 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 18.1% Annual gross tax revenue from cigarettes $279,313,463
Smokeless tobacco tax . . . . . .17% of wholesale sales price

Oklahoma

Number of Oklahoma youth projected to die prematurely from their smoking: 63,837

Adult Tobacco Use in Oklahoma

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
OK†	16.9%	21.0%	33.0%	42.0%
Boys†	17.9%	23.8%	31.8%	47.3%
Girls†	15.8%	17.8%	34.0%	36.4%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Oklahoma Youth Tobacco Survey, 1999.

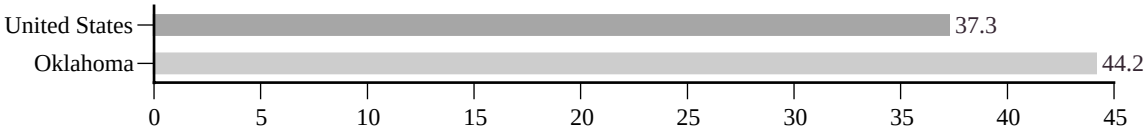
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	6,255	85,650 years or an average of 13.7 years for each death due to smoking.	Ambulatory	$118,780,000
Men	4,150		Hospital	$180,130,000
Women	2,106		Nursing Home†	$181,940,000
Death Rate	387/100,000		Drug	$39,550,000
Rank	42		Other	$93,050,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$613,450,000**

Smoking-attributable Medicaid expenditures, Oklahoma, fiscal year 1993: $80,105,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Oklahoma: $71,738,602.00

Tobacco Control Funding, 2001

At 18% of the CDC Best Practices recommended lower estimate funding level, Oklahoma ranks 35th (No. 1 is the highest) for tobacco control funding. Oklahoma ranks 42nd (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$1,833,333	7/00–6/011
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$1,833,333**	
Federal—CDC Office on Smoking and Health	$1,299,907	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$750,000	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$2,049,907**	
Total	**$3,883,240**	
Per Capita Funding	**$1.13**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$21,825,000	$6.58	18%
Upper Estimate	$56,310,000	$16.98	7%

Excise Tax

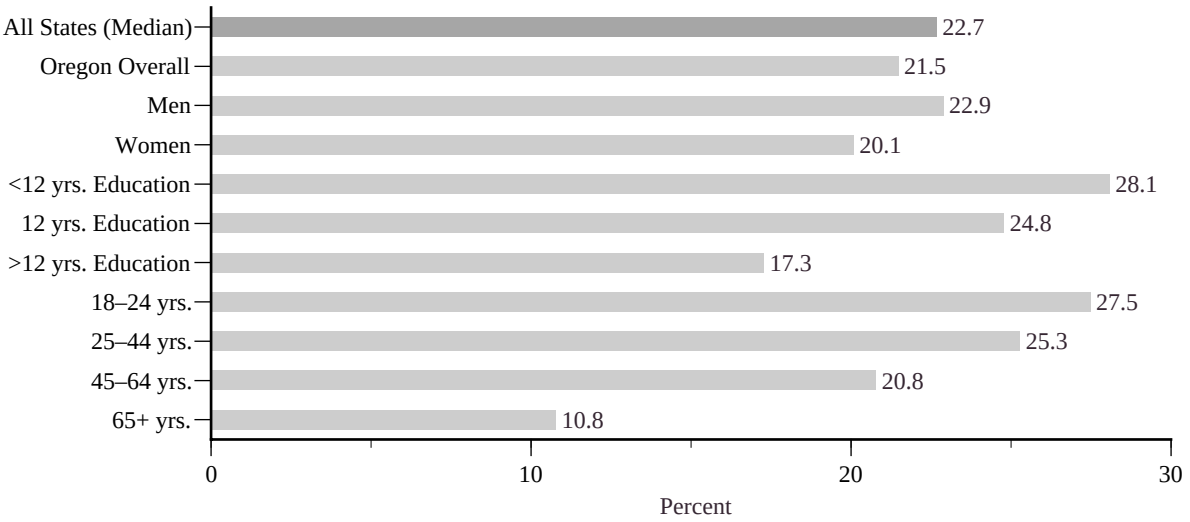
Cigarette tax per pack . . . . . 23¢ Rank = 36 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .111.4 Rank = 43 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 17.2% Annual gross tax revenue from cigarettes $66,796,658
Smokeless tobacco tax . . . . . .30% of factory list price

Oregon

Number of Oregon youth projected to die prematurely from their smoking: 61,340

Adult Tobacco Use in Oregon

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National	9.2%	12.8%	28.5%	34.8%
State-specific data are not available				

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
Source: National Youth Tobacco Survey, 1999.

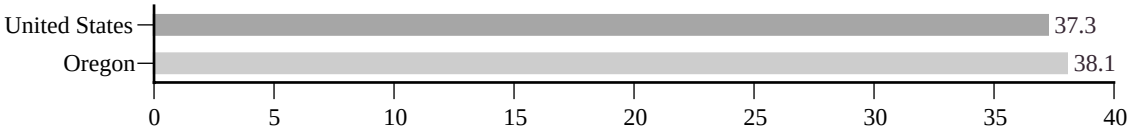
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	5,210	67,351 years or an average of 12.9 years for each death due to smoking.	Ambulatory	$141,660,000
Men	3,286		Hospital	$184,610,000
Women	1,924		Nursing Home†	$162,740,000
Death Rate	348/100,000		Drug	$32,680,000
Rank	23		Other	$89,480,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$611,170,000**

Smoking-attributable Medicaid expenditures, Oregon, fiscal year 1993: $89,231,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Oregon: $79,459,954.68

Tobacco Control Funding, 2001

At 44% of the CDC Best Practices recommended lower estimate funding level, Oregon ranks 23rd (No. 1 is the highest) for tobacco control funding. Oregon ranks 23rd (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$0	7/00–6/01
State Appropriation—Excise Tax Revenue	$8,254,653	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$8,254,653**	
Federal—CDC Office on Smoking and Health	$1,028,105	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,028,105**	
Total	**$9,282,758**	
Per Capita Funding	**$2.71**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$21,131,000	$6.51	44%
Upper Estimate	$52,840,000	$16.29	18%

Excise Tax

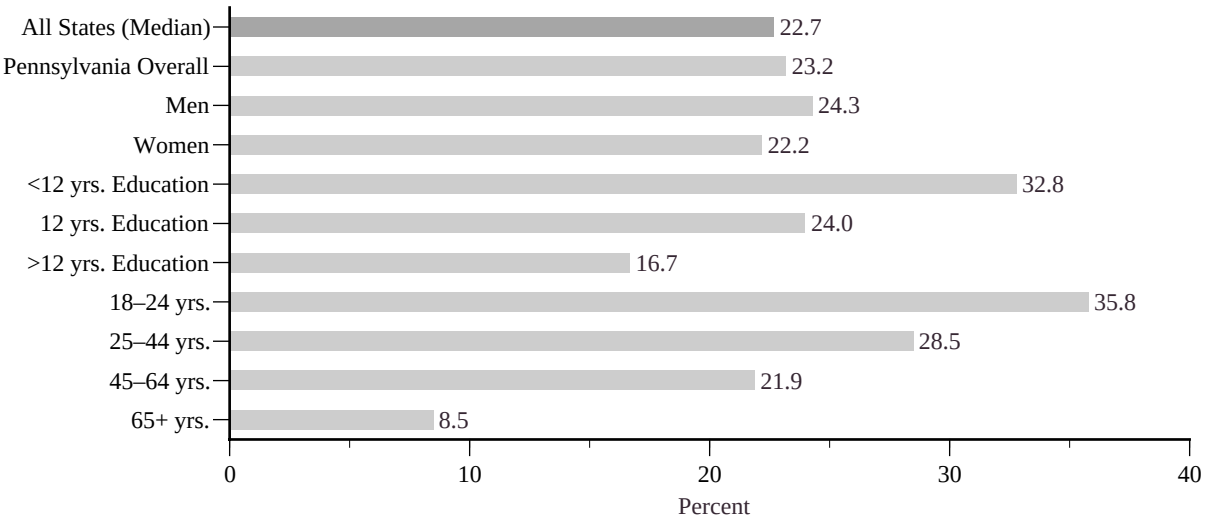
Cigarette tax per pack . . . . . 68¢ Rank = 11 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .79.9 Rank = 19 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 28.4% Annual gross tax revenue from cigarettes $176,065,137
Smokeless tobacco tax . . . . . .35% of wholesale sales price

Number of Pennsylvania youth projected to die prematurely from their smoking: 274,359

Pennsylvania

Adult Tobacco Use in Pennsylvania

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
State-specific data are not available				

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
Source: National Youth Tobacco Survey, 1999.

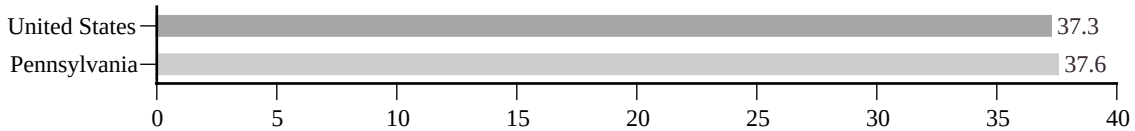
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	23,170	307,829 years or an average of 13.3 years for each death due to smoking.	Ambulatory	$561,860,000
Men	14,497		Hospital	$953,350,000
Women	8,673		Nursing Home†	$925,500,000
Death Rate	346/100,000		Drug	$162,120,000
Rank	21		Other	$336,580,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$2,939,400,000**

Smoking-attributable Medicaid expenditures, Pennsylvania, fiscal year 1993: $605,516,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Pennsylvania: $397,892,961.71

Tobacco Control Funding, 2001

At 2% of the CDC Best Practices recommended lower estimate funding level, Pennsylvania ranks 51st (No. 1 is the highest) for tobacco control funding. Pennsylvania ranks 21st (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$0	
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$0**	
Federal—CDC Office on Smoking and Health	$1,260,000	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,260,000**	
Total	**$1,260,000**	
Per Capita Funding	**$0.10**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$65,568,000	$5.46	2%
Upper Estimate	$184,759,000	$15.37	1%

Excise Tax

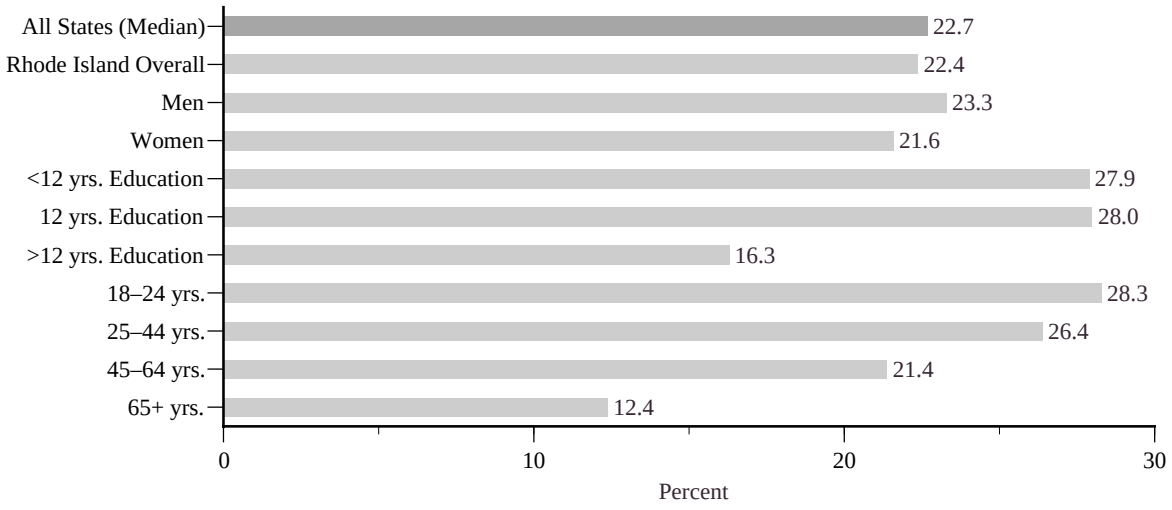
Cigarette tax per pack . . . . . 31¢ Rank = 30 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .91.1 Rank = 30 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 19.6% Annual gross tax revenue from cigarettes $340,942,000
Smokeless tobacco tax . . . . . .None

Number of Rhode Island youth projected to die prematurely from their smoking: 23,503

Rhode Island

Adult Tobacco Use in Rhode Island

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
RI†	Data are not available		35.4%	Data are not available
Boys†			35.3%	
Girls†			35.4%	

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Rhode Island Youth Risk Behavior Survey, 1997.

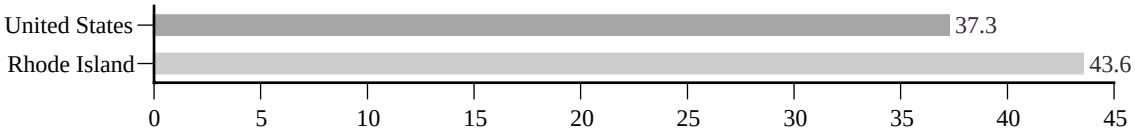
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1991–1993		Average Annual Years of Potential Life Lost,* 1991–1993	Medical Costs Related to Smoking, 1993	
Overall	1,849	24,067 years or an average of 13.0 years for each death due to smoking.	Ambulatory	$49,390,000
Men	1,184		Hospital	$83,300,000
Women	665		Nursing Home†	$123,770,000
Death Rate	340/100,000		Drug	$16,000,000
Rank	18		Other	$44,080,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$316,550,000**

Smoking-attributable Medicaid expenditures, Rhode Island, fiscal year 1993: $96,884,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Rhode Island: $49,774,558.78

Tobacco Control Funding, 2001

At 32% of the CDC Best Practices recommended lower estimate funding level, Rhode Island ranks 30th (No. 1 is the highest) for tobacco control funding. Rhode Island ranks 18th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$0	
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$2,000,000	7/00–6/01
Subtotal: State Appropriation	**$2,000,000**	
Federal—CDC Office on Smoking and Health	$1,100,000	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$75,000	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,175,000**	
Total	**$3,175,000**	
Per Capita Funding	**$3.03**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$9,888,000	$10.01	32%
Upper Estimate	$21,908,000	$22.19	14%

Excise Tax

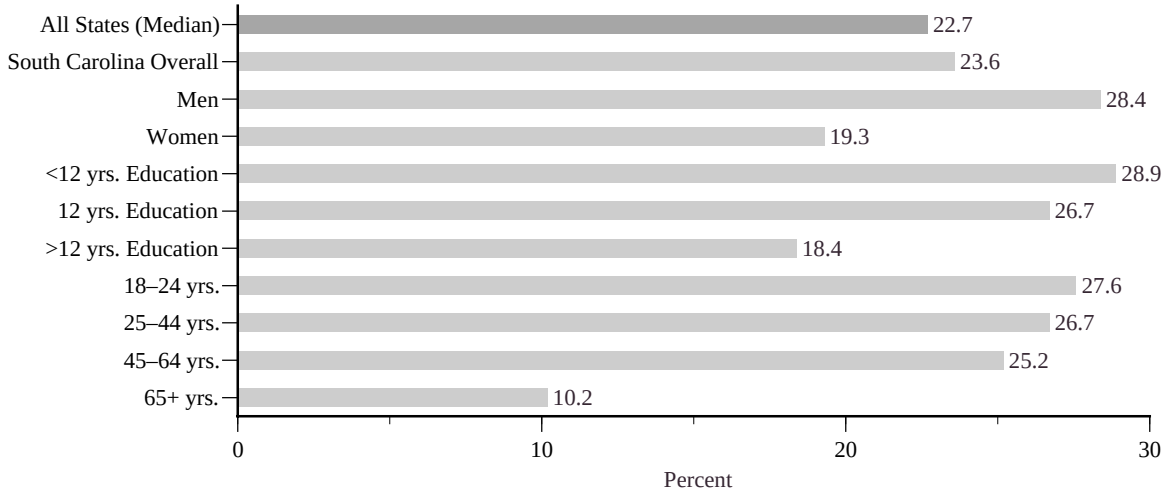
Cigarette tax per pack . . . . . 71¢ Rank = 10 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .86.9 Rank = 28 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 29.4% Annual gross tax revenue from cigarettes $60,925,100
Smokeless tobacco tax . . . . . .20% of wholesale sales price

South Carolina

Number of South Carolina youth projected to die prematurely from their smoking: 66,606

Adult Tobacco Use in South Carolina

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	GRADES 6–8		*GRADES 9–12*	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
SC†	Data are not available		36.0%	41.5%
Boys†			37.7%	46.4%
Girls†			34.2%	36.8%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: South Carolina Youth Risk Behavior Survey, 1999.

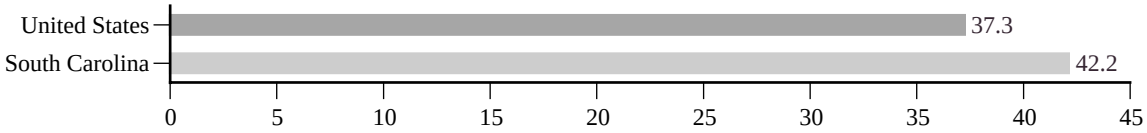
Health Impact and Costs

AVERAGE ANNUAL DEATHS RELATED TO SMOKING, 1990–1994		*AVERAGE ANNUAL YEARS OF POTENTIAL LIFE LOST,* 1990–1994*	*MEDICAL COSTS RELATED TO SMOKING, 1993*	
Overall	5,887	90,122 years or an average of 15.3 years for each death due to smoking.	Ambulatory	$112,370,000
Men	4,105		Hospital	$201,870,000
Women	1,782		Nursing Home†	$127,940,000
Death Rate	340/100,000		Drug	$38,340,000
Rank	41		Other	$78,360,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$558,890,000**

Smoking-attributable Medicaid expenditures, South Carolina, fiscal year 1993: $142,044,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to South Carolina: $81,446,607.84

Tobacco Control Funding, 2001

At 13% of the CDC Best Practices recommended lower estimate funding level, South Carolina ranks 37th (No. 1 is the highest) for tobacco control funding. South Carolina ranks 41st (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$1,750,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$87,505	7/00–6/01
Subtotal: State Appropriation	**$1,837,505**	
Federal—CDC Office on Smoking and Health	$1,200,000	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$100,000	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,300,000**	
Total	**$3,137,505**	
Per Capita Funding	**$0.78**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$23,905,000	$6.36	13%
Upper Estimate	$62,013,000	$16.49	5%

Excise Tax

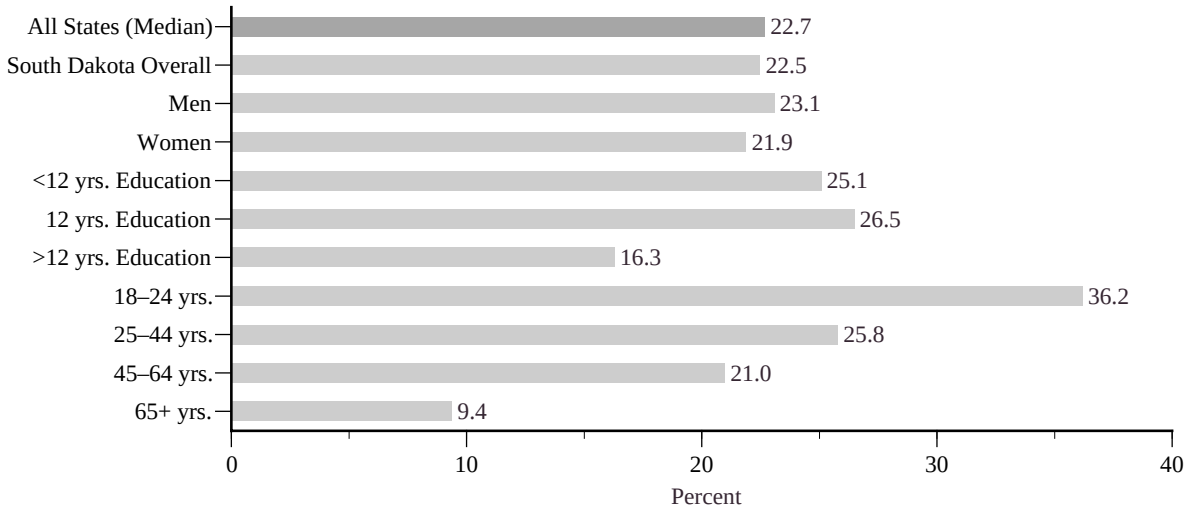
Cigarette tax per pack . . . . . 7¢ Rank = 48 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .109.4 Rank = 42 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 12.1% Annual gross tax revenue from cigarettes $28,554,305
Smokeless tobacco tax . . . . . .5% of manufacturer's list price

South Dakota

Number of South Dakota youth projected to die prematurely from their smoking: 14,626

Adult Tobacco Use in South Dakota

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National	9.2%*	12.8%*	28.5%*	34.8%*
SD	12.4%†	16.3%†	43.6%**	49.4%**
Boys	14.5%†	20.4%†	41.8%**	51.6%**
Girls	10.0%†	11.7%†	45.5%**	47.4%**

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: South Dakota Youth Tobacco Survey, 1999.
**Source: South Dakota Youth Risk Behavior Survey, 1999.

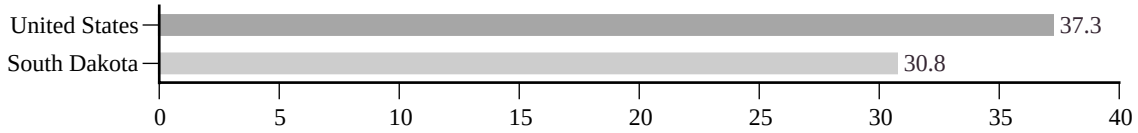
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	1,198	14,705 years or an average of 12.3 years for each death due to smoking.	Ambulatory	$24,760,000
Men	860		Hospital	$40,910,000
Women	338		Nursing Home†	$47,350,000
Death Rate	309/100,000		Drug	$6,700,000
Rank	9		Other	$14,840,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$134,550,000**

Smoking-attributable Medicaid expenditures, South Dakota, fiscal year 1993: $20,740,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

CDC SAFER·HEALTHIER·PEOPLE

Scheduled 2001 settlement payment to South Dakota: $24,159,821.39

Tobacco Control Funding, 2001

At 36% of the CDC Best Practices recommended lower estimate funding level, South Dakota ranks 27th (No. 1 is the highest) for tobacco control funding. South Dakota ranks 9th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$0	
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$1,700,000	7/00–6/01
Subtotal: State Appropriation	**$1,700,000**	
Federal—CDC Office on Smoking and Health	$886,491	6/00–/501
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$500,000	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,386,491**	
Total	**$3,086,491**	
Per Capita Funding	**$4.09**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$8,688,000	$11.77	36%
Upper Estimate	$18,214,000	$24.68	17%

Excise Tax

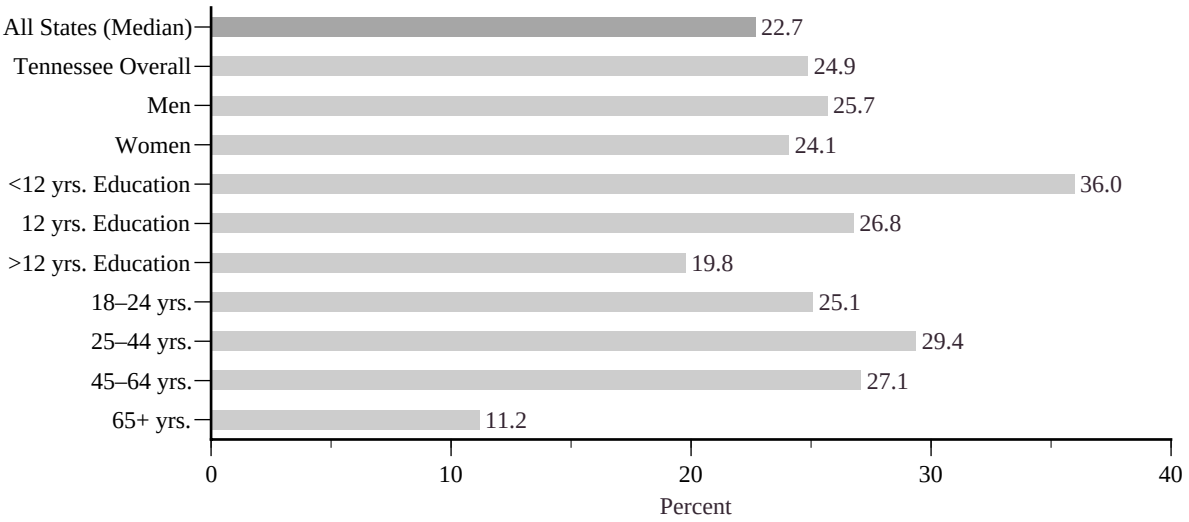
Cigarette tax per pack . . . . . 33¢ Rank = 28 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .83.5 Rank = 24 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 20.9% Annual gross tax revenue from cigarettes $20,327,478
Smokeless tobacco tax . . . . . .10% of wholesale purchase price

Tennessee

Number of Tennesee youth projected to die prematurely from their smoking: 105,327

Adult Tobacco Use in Tennessee

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	GRADES 6–8		*GRADES 9–12*	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
TN†	16.6%	23.2%	32.4%	41.3%
Boys†	17.5%	27.0%	33.4%	47.1%
Girls†	15.6%	19.1%	31.3%	35.1%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Tennessee Youth Tobacco Survey, 2000.

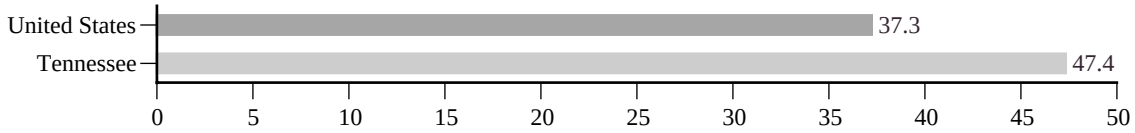
Health Impact and Costs

AVERAGE ANNUAL DEATHS RELATED TO SMOKING, 1990–1994		*AVERAGE ANNUAL YEARS OF POTENTIAL LIFE LOST,* 1990–1994*	*MEDICAL COSTS RELATED TO SMOKING, 1993*	
Overall	9,359	135,175 years or an average of 14.4 years for each death due to smoking.	Ambulatory	$233,940,000
Men	6,453		Hospital	$396,040,000
Women	2,907		Nursing Home†	$235,790,000
Death Rate	390/100,000		Drug	$72,060,000
Rank	45		Other	$159,900,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$1,097,730,000**

Smoking-attributable Medicaid expenditures, Tennessee, fiscal year 1993: $299,880,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Tennessee: $168,999,234.09

Tobacco Control Funding, 2001

At 4% of the CDC Best Practices recommended lower estimate funding level, Tennessee ranks 50th (No. 1 is the highest) for tobacco control funding. Tennessee ranks 45th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$0	
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$0**	
Federal—CDC Office on Smoking and Health	$1,389,207	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,389,207**	
Total	**$1,389,207**	
Per Capita Funding	**$0.24**	

Fifty percent of the Master Settlement Agreement funds received in FY2000-2001 have been placed in a Health Reserve Account. No funds have been appropriated from this account for FY2001.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$32,233,000	$6.00	4%
Upper Estimate	$89,079,000	$16.59	2%

Excise Tax

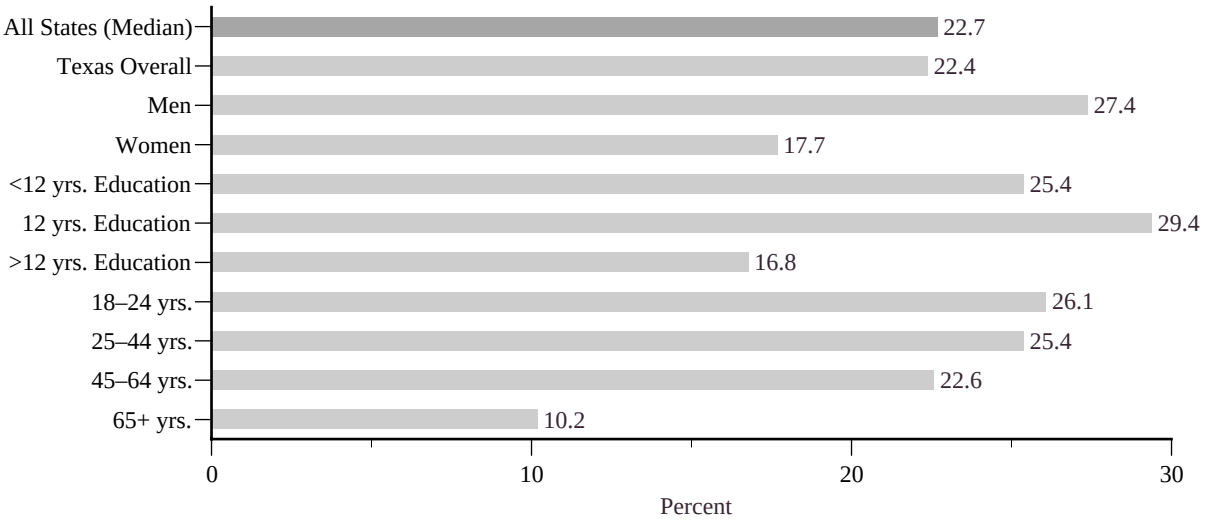
Cigarette tax per pack . . . . . 13¢ Rank = 45 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .115.8 Rank = 46 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 14.2% Annual gross tax revenue from cigarettes $80,688,000
Smokeless tobacco tax . . . . . .6% of wholesale sales price

Texas

Number of Texas youth projected to die prematurely from their smoking: 370,685

Adult Tobacco Use in Texas

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
TX†	13.9%	17.6%	28.1%	34.6%
Boys†	14.6%	19.8%	32.0%	41.8%
Girls†	13.2%	15.6%	23.6%	26.3%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Texas Youth Tobacco Survey, 2000.

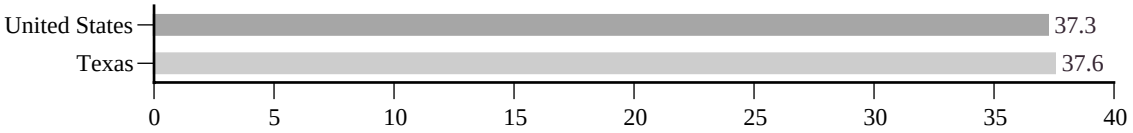
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	24,789	347,215 years or an average of 14.0 years for each death due to smoking.	Ambulatory	$710,620,000
Men	16,245		Hospital	$887,530,000
Women	8,544		Nursing Home†	$649,640,000
Death Rate	358/100,000		Drug	$190,020,000
Rank	31		Other	$476,720,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$2,914,520,000**

Smoking-attributable Medicaid expenditures, Texas, fiscal year 1993: $654,003,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Tobacco Control Funding, 2001

At 12% of the CDC Best Practices recommended lower estimate funding level, Texas ranks 40th (No. 1 is the highest) for tobacco control funding. Texas ranks 31st (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$10,000,000	9/00–8/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$1,393,000	9/00–8/01
Subtotal: State Appropriation	**$11,393,000**	
Federal—CDC Office on Smoking and Health	$969,828	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$969,828**	
Total	**$12,362,828**	
Per Capita Funding	**$0.59**	

$200 million in settlement funds was transferred to the Permanent Fund for Tobacco Education and Enforcement. Appropriations may only be made from the interest on this account. The amount listed is an estimate of the interest.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$103,288,000	$5.31	12%
Upper Estimate	$284,735,000	$14.65	4%

Excise Tax

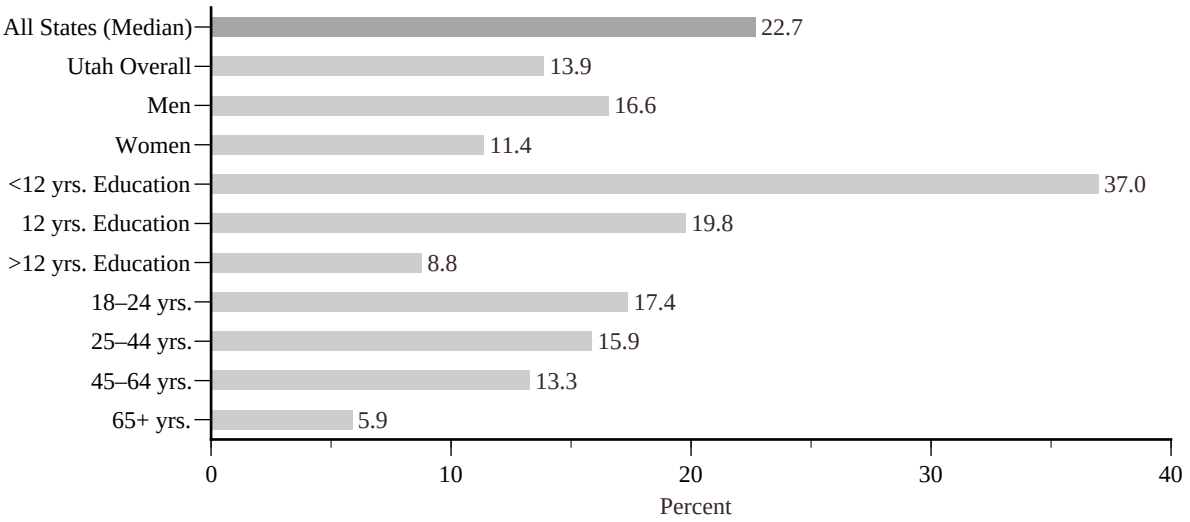
Cigarette tax per pack . . . . . 41¢ Rank = 23 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .67.6 Rank = 11 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 22.2% Annual gross tax revenue from cigarettes $539,935,144
Smokeless tobacco tax . . . . . .35% of manufacturer's list price

Utah

Number of Utah youth projected to die prematurely from their smoking: 34,843

Adult Tobacco Use in Utah

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
UT†	Data are not available		11.9%	14.5%
Boys†			11.7%	16.2%
Girls†			11.8%	12.2%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Utah Youth Risk Behavior Survey, 1999.

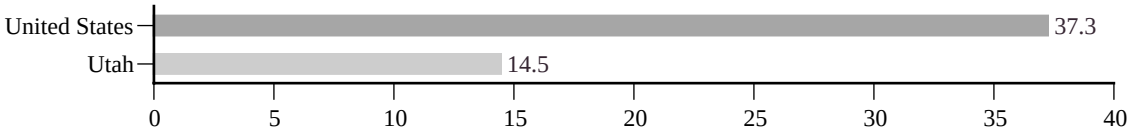
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	1,133	15,158 years or an average of 13.4 years for each death due to smoking.	Ambulatory	$40,590,000
Men	834		Hospital	$59,430,000
Women	298		Nursing Home†	$39,630,000
Death Rate	188/100,000		Drug	$13,660,000
Rank	1		Other	$28,450,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$181,760,000**

Smoking-attributable Medicaid expenditures, Utah, fiscal year 1993: $34,211,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Utah: $30,802,455.97

Tobacco Control Funding, 2001

At 10% of the CDC Best Practices recommended lower estimate funding level, Utah ranks 43rd (No. 1 is the highest) for tobacco control funding. Utah ranks 1st (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$0	
State Appropriation—Excise Tax Revenue	$250,000	7/00–6/01
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$250,000**	
Federal—CDC Office on Smoking and Health	$1,170,949	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$80,555	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,251,504**	
Total	**$1,501,504**	
Per Capita Funding	**$0.67**	

An additional $4,000,000 was appropriated to the Department of Health for alcohol, tobacco, and other drug prevention, reduction, cessation, and control programs that promote a unified message and make use of media outlets, including radio, newspaper, billboards, and television.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$15,230,000	$7.40	10%
Upper Estimate	$33,383,000	$16.21	4%

Excise Tax

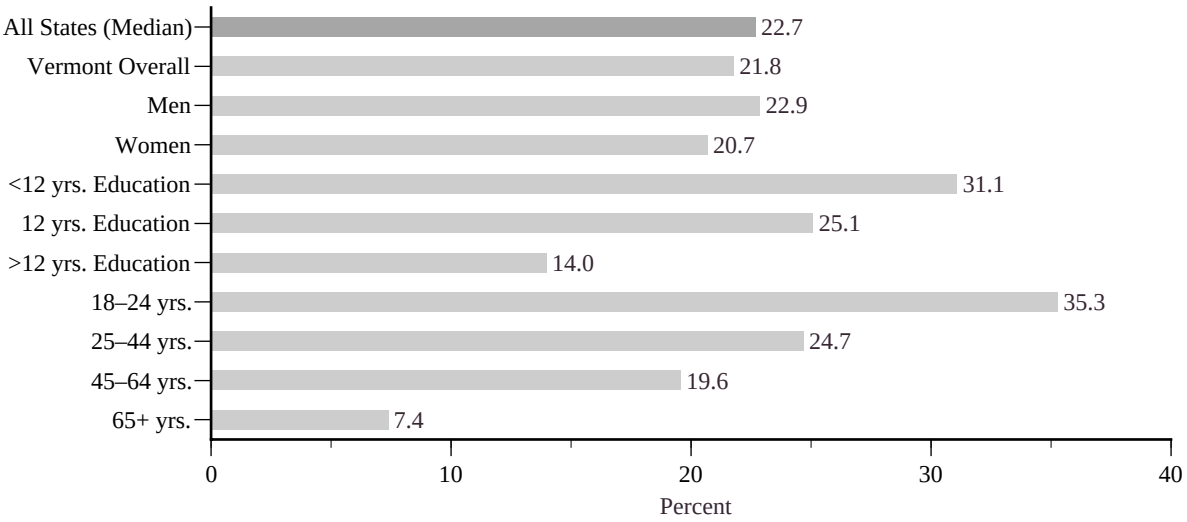
Cigarette tax per pack . . . . . 51.5¢ Rank = 18 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .43.9 Rank = 2 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 24.1% Annual gross tax revenue from cigarettes $47,440,834
Smokeless tobacco tax . . . . . .35% of manufacturer's sales price

Vermont

Number of Vermont youth projected to die prematurely from their smoking: 12,356

Adult Tobacco Use in Vermont

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		*Grades 9–12*	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National	9.2%*	12.8%*	28.5%*	34.8%*
VT	11.9%†	15.3%†	33.4%**	38.6%**
Boys	9.6%†	14.8%†	33.3%**	42.1%**
Girls	14.2%†	15.7%†	33.6%**	34.8%**

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Vermont Youth Tobacco Survey, 2000.
**Source: Vermont Youth Risk Behavior Survey, 1999.

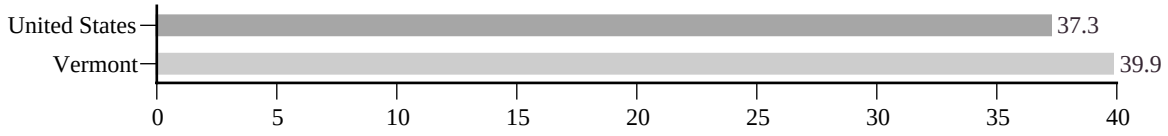
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		*Average Annual Years of Potential Life Lost,* 1990–1994*	*Medical Costs Related to Smoking, 1993*	
Overall	914	12,019 years or an average of 13.2 years for each death due to smoking.	Ambulatory	$24,730,000
Men	579		Hospital	$37,600,000
Women	335		Nursing Home†	$39,500,000
Death Rate	351/100,000		Drug	$8,790,000
Rank	26		Other	$22,090,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$132,710,000**

Smoking-attributable Medicaid expenditures, Vermont, fiscal year 1993: $29,025,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Vermont: $28,469,055.67

Tobacco Control Funding, 2001

At 105% of the CDC Best Practices recommended lower estimate funding level, Vermont ranks 6th (No. 1 is the highest) for tobacco control funding. Vermont ranks 26th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$6,653,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$6,653,000**	
Federal—CDC Office on Smoking and Health	$1,146,500	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$500,000	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,646,500**	
Total	**$8,299,500**	
Per Capita Funding	**$13.63**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$7,905,000	$13.42	105%
Upper Estimate	$15,938,000	$27.06	52%

Excise Tax

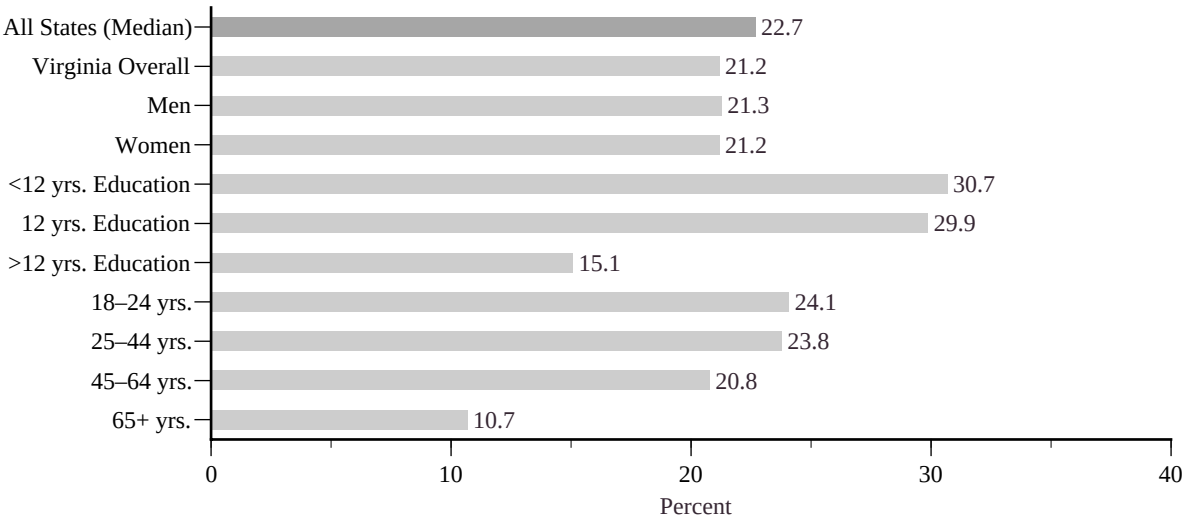
Cigarette tax per pack . . . . . 44¢ Rank = 21 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .94.1 Rank = 32 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 22.6% Annual gross tax revenue from cigarettes $24,376,761
Smokeless tobacco tax . . . . . .41% of wholesale price

Number of Virginia youth projected to die prematurely from their smoking: 135,452

Virginia

Adult Tobacco Use in Virginia

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National	9.2%	12.8%	28.5%	34.8%
State-specific data are not available				

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
Source: National Youth Tobacco Survey, 1999.

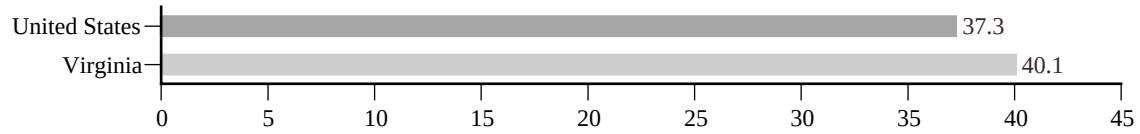
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	9,530	135,385 years or an average of 14.2 years for each death due to smoking.	Ambulatory	$270,840,000
Men	6,147		Hospital	$386,530,000
Women	3,382		Nursing Home†	$222,930,000
Death Rate	360/100,000		Drug	$90,180,000
Rank	32		Other	$177,070,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$1,147,550,000**

Smoking-attributable Medicaid expenditures, Virginia, fiscal year 1993: $162,564,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Virginia: $141,571,199.45

Tobacco Control Funding, 2001

At 36% of the CDC Best Practices recommended lower estimate funding level, Virginia ranks 27th (No. 1 is the highest) for tobacco control funding. Virginia ranks 32nd (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$12,889,328	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$12,889,328**	
Federal—CDC Office on Smoking and Health	$1,131,145	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,131,145**	
Total	**$14,020,473**	
Per Capita Funding	**$1.98**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$38,866,000	$5.77	36%
Upper Estimate	$106,854,000	$15.87	13%

Excise Tax

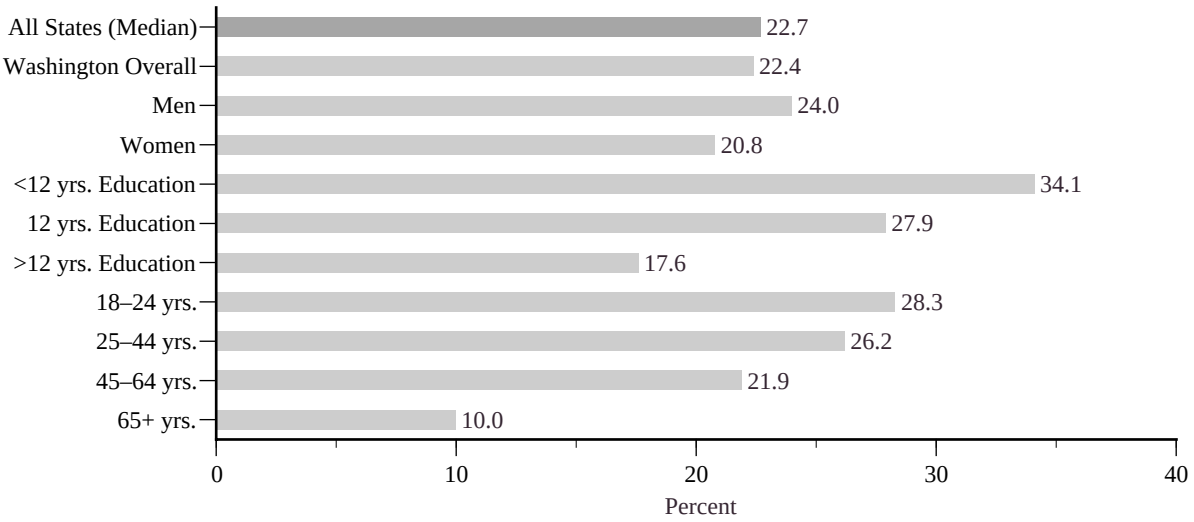
Cigarette tax per pack . . . . . 2.5¢ Rank = 51 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .102.1 Rank = 36 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 10.5% Annual gross tax revenue from cigarettes $17,195,000
Smokeless tobacco tax . . . . . .None

Washington

Number of Washington youth projected to die prematurely from their smoking: 107,799

Adult Tobacco Use in Washington

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National	9.2%	12.8%	28.5%	34.8%
State-specific data are not available				

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
Source: National Youth Tobacco Survey, 1999.

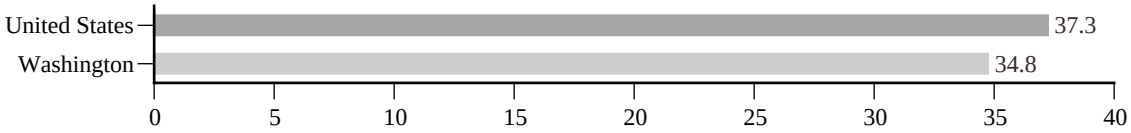
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	7,892	102,769 years or an average of 13.0 years for each death due to smoking.	Ambulatory	$281,590,000
Men	4,939		Hospital	$335,380,000
Women	2,953		Nursing Home†	$316,750,000
Death Rate	351/100,000		Drug	$62,740,000
Rank	26		Other	$158,820,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$1,155,280,000**

Smoking-attributable Medicaid expenditures, Washington, fiscal year 1993: $237,159,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Washington: $142,160,616.27

Tobacco Control Funding, 2001

At 54% of the CDC Best Practices recommended lower estimate funding level, Washington ranks 17th (No. 1 is the highest) for tobacco control funding. Washington ranks 26th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$15,000,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$902,000	
Subtotal: State Appropriation	**$15,902,000**	
Federal—CDC Office on Smoking and Health	$1,424,995	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$801,290	9/00–8/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$2,226,285**	
Total	**$18,128,285**	
Per Capita Funding	**$3.08**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$33,341,000	$5.94	54%
Upper Estimate	$89,381,000	$15.93	20%

Excise Tax

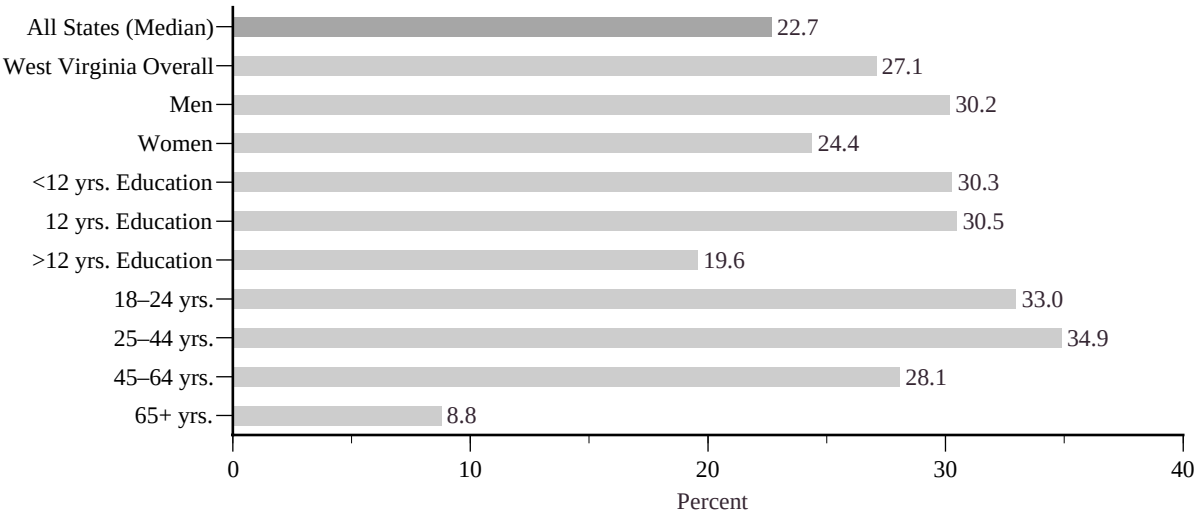
Cigarette tax per pack . . . . . 82.5¢ Rank = 5 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .55.1 Rank = 5 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 29.6% Annual gross tax revenue from cigarettes $253,428,006
Smokeless tobacco tax . . . . . .75% of wholesale sales price

West Virginia

Number of West Virginia youth projected to die prematurely from their smoking: 38,542

Adult Tobacco Use in West Virginia

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		*Grades 9–12*	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
WV†	18.1%	25.3%	38.5%	47.9%
Boys†	17.5%	28.8%	36.0%	52.2%
Girls†	18.8%	21.4%	40.6%	42.5%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: West Virginia Youth Tobacco Survey, 2000.

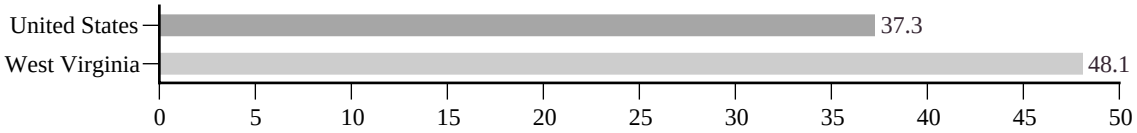
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		*Average Annual Years of Potential Life Lost,* 1990–1994*	*Medical Costs Related to Smoking, 1993*	
Overall	4,229	57,678 years or an average of 13.6 years for each death due to smoking.	Ambulatory	$76,710,000
Men	2,720		Hospital	$137,620,000
Women	1,510		Nursing Home†	$83,740,000
Death Rate	424/100,000		Drug	$26,470,000
Rank	49		Other	$56,020,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$380,560,000**

Smoking-attributable Medicaid expenditures, West Virginia, fiscal year 1993: $119,235,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to West Virginia: $61,375,502.33

Tobacco Control Funding, 2001

At 55% of the CDC Best Practices recommended lower estimate funding level, West Virginia ranks 16th (No. 1 is the highest) for tobacco control funding. West Virginia ranks 49th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$5,850,592	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$5,850,592**	
Federal—CDC Office on Smoking and Health	$1,145,612	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$750,000	10/00–9/01
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,895,612**	
Total	**$7,746,204**	
Per Capita Funding	**$4.28**	

Senate Bill No. 50, the Budget Act, appropriates $500,000 to the Alcohol Beverage Control Administration Fund 7352 to establish the Tobacco/Alcohol Education Program. Of this $500,000, approximately $200,000 will be dedicated to tobacco education.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$14,160,000	$7.80	55%
Upper Estimate	$35,365,000	$19.48	22%

Excise Tax

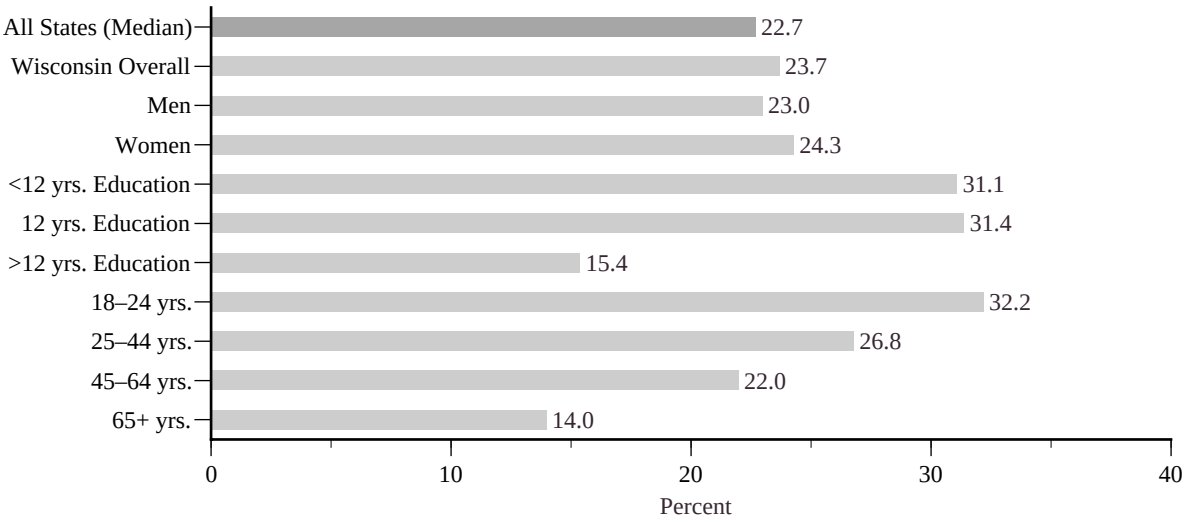
Cigarette tax per pack . . . . . 17¢ Rank = 41 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .112.4 Rank = 44 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 16.2% Annual gross tax revenue from cigarettes $34,713,000
Smokeless tobacco tax . . . . . .None

Wisconsin

Number of Wisconsin youth projected to die prematurely from their smoking: 117,090

Adult Tobacco Use in Wisconsin

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
WI†	12.2%	16.1%	32.9%	39.4%
Boys†	11.9%	17.7%	35.0%	42.1%
Girls†	12.7%	14.4%	31.0%	36.2%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Wisconsin Youth Tobacco Survey, 2000.

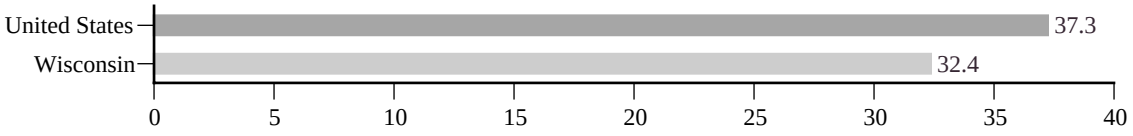
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994		Average Annual Years of Potential Life Lost,* 1990–1994	Medical Costs Related to Smoking, 1993	
Overall	7,853	100,624 years or an average of 12.8 years for each death due to smoking.	Ambulatory	$235,930,000
Men	5,160		Hospital	$282,700,000
Women	2,692		Nursing Home†	$394,110,000
Death Rate	313/100,000		Drug	$55,000,000
Rank	11		Other	$124,390,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$1,092,140,000**

Smoking-attributable Medicaid expenditures, Wisconsin, fiscal year 1993: $197,927,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Wisconsin: $143,460,937.12

Tobacco Control Funding, 2001

At 75% of the CDC Best Practices recommended lower estimate funding level, Wisconsin ranks 10th (No. 1 is the highest) for tobacco control funding. Wisconsin ranks 11th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$21,208,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$1,000,000	7/00–6/01
Subtotal: State Appropriation	**$22,208,000**	
Federal—CDC Office on Smoking and Health	$1,214,455	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$1,214,455**	
Total	**$23,422,455**	
Per Capita Funding	**$4.37**	

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$31,158,000	$6.03	75%
Upper Estimate	$82,381,000	$15.94	28%

Excise Tax

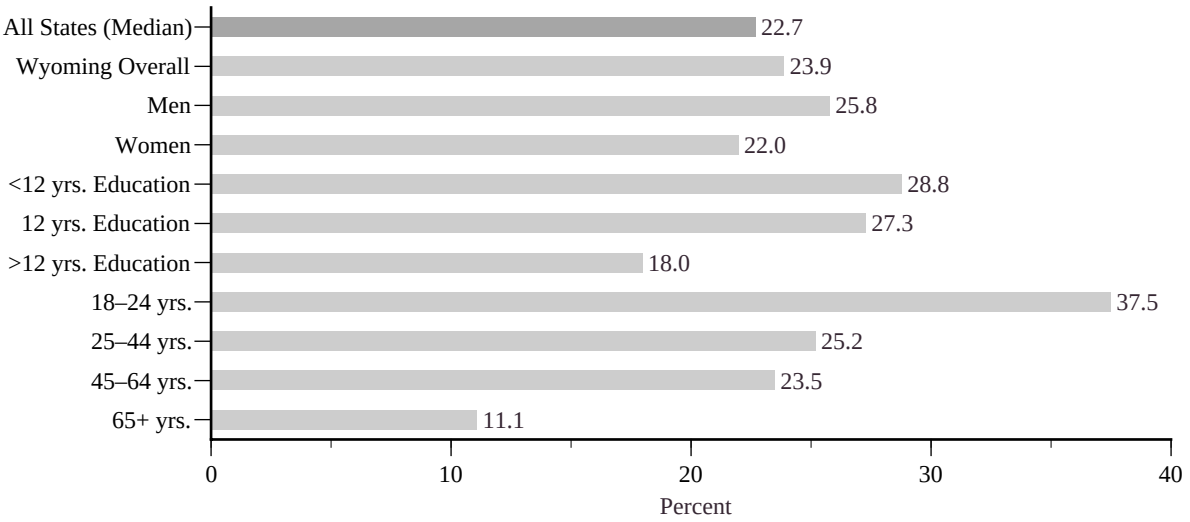
Cigarette tax per pack . . . . . 59¢ Rank = 14 (No. 1 is highest tax)
Number of packages of cigarettes sold and taxed, per capita, 1999 . . . . . .84.4 Rank = 25 (No. 1 is lowest cigarette sales)
Federal and state taxes as a percentage of retail price . . . . . 26.5% Annual gross tax revenue from cigarettes $261,608,153
Smokeless tobacco tax . . . . . .20% of manufacturer's list price

Wyoming

Number of Wyoming youth projected to die prematurely from their smoking: 10,134

Adult Tobacco Use in Wyoming

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	Grades 6–8		Grades 9–12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National	9.2%*	12.8%*	28.5%*	34.8%*
WY	14.8%†	21.7%†	35.2%**	43.9%**
Boys	15.6%†	25.8%†	34.6%**	49.6%**
Girls	13.4%†	16.9%†	35.9%**	38.0%**

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.
Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.
*Source: National Youth Tobacco Survey, 1999.
†Source: Wyoming Youth Tobacco Survey, 2000.
**Source: Wyoming Youth Risk Behavior Survey, 1999.

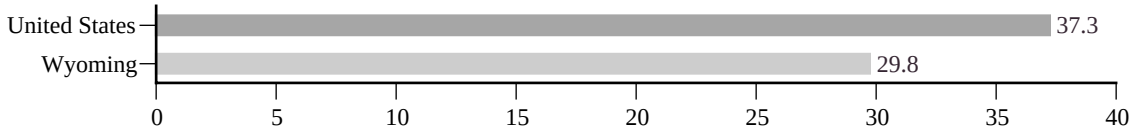
Health Impact and Costs

Average Annual Deaths Related to Smoking, 1994		Average Annual Years of Potential Life Lost,* 1994	Medical Costs Related to Smoking, 1993	
Overall	712	9,271 years or an average of 13.0 years for each death due to smoking.	Ambulatory	$12,600,000
Men	462		Hospital	$22,600,000
Women	250		Nursing Home†	$19,190,000
Death Rate	357/100,000		Drug	$4,270,000
Rank	30		Other	$12,560,000
(No. 1 is lowest death rate)		*Calculated to life expectancy	**Total**	**$71,210,000**

Smoking-attributable Medicaid expenditures, Wyoming, fiscal year 1993: $11,449,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.

Scheduled 2001 settlement payment to Wyoming: $17,194,554.25

Tobacco Control Funding, 2001

At 25% of the CDC Best Practices recommended lower estimate funding level, Wyoming ranks 32nd (No. 1 is the highest) for tobacco control funding. Wyoming ranks 30th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

Funding Source	*FY01 Amount*	*Funding Cycle*
State Appropriation—Settlement (Tobacco Only)	$900,000	7/00–6/01
State Appropriation—Excise Tax Revenue	$0	
State Appropriation—Other	$0	
Subtotal: State Appropriation	**$900,000**	
Federal—CDC Office on Smoking and Health	$973,302	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	**$973,302**	
Total	**$1,873,302**	
Per Capita Funding	**$3.79**	

In FY2000, $1,800,000 was appropriated for the biennial budget cycle for tobacco use prevention and control programs.

Funding as a Percentage of CDC Best Practices Recommendations

	Recommended for Total Program Annual Cost	*Recommended Per Capita Funding Level*	*Percent of CDC Best Practices Recommendations*
Lower Estimate	$7,381,000	$15.39	25%
Upper Estimate	$14,397,000	$30.01	13%

Excise Tax

Cigarette tax per pack	12¢
Rank = 46 (No. 1 is highest tax)	
Number of packages of cigarettes sold and taxed, per capita, 1999	104.8
Rank = 40 (No. 1 is lowest cigarette sales)	
Federal and state taxes as a percentage of retail price	13.5%
Annual gross tax revenue from cigarettes	$6,037,000
Smokeless tobacco tax	20% of wholesale purchase price

Tobacco Use Prevention and Control Summary

Current Cigarette Smoking Among Adults Aged 18 and Older—1999

State	Prevalence (Percentage)
All States (median)	**22.7**
Alabama	23.5
Alaska	27.2
Arizona	20.1
Arkansas	27.2
California	18.7
Colorado	22.5
Connecticut	22.8
Delaware	25.4
District of Columbia	20.6
Florida	20.7
Georgia	23.7
Hawaii	18.6
Idaho	21.5
Illinois	24.2
Indiana	27.0
Iowa	23.5
Kansas	21.1
Kentucky	29.7
Louisiana	23.6
Maine	23.3
Maryland	20.3
Massachusetts	19.4
Michigan	25.1
Minnesota	19.5
Mississippi	23.0
Missouri	27.1
Montana	20.2
Nebraska	23.3
Nevada	31.5
New Hampshire	22.4
New Jersey	20.7
New Mexico	22.5
New York	21.9
North Carolina	25.2
North Dakota	22.2
Ohio	27.6
Oklahoma	25.2
Oregon	21.5
Pennsylvania	23.2
Rhode Island	22.4
South Carolina	23.6
South Dakota	22.5
Tennessee	24.9
Texas	22.4
Utah	13.9
Vermont	21.8
Virginia	21.2
Washington	22.4
West Virginia	27.1
Wisconsin	23.7
Wyoming	23.9

Source: Behavioral Risk Factor Surveillance System (BRFSS), 1999

Current Cigarette Smoking Among Adults Aged 18 and Older, Participating States—1995–1999

	1995		1996*		1997		1998		1999	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Alabama	24.6	±2.3	22.5	±2.1	24.7	±2.0	24.6	±2.1	23.5	±2.1
Alaska	25.2	±3.2	27.7	±3.4	26.7	±3.3	26.0	±2.6	27.2	±2.9
Arizona	22.9	±2.7	23.8	±2.5	21.1	±2.5	21.9	±2.6	20.1	±2.8
Arkansas	25.2	±2.2	25.4	±2.4	28.5	±2.6	26.0	±1.8	27.2	±1.8
California	15.5	±1.6	18.6	±1.4	18.4	±1.4	19.2	±1.4	18.7	±1.3
Colorado	21.9	±2.1	22.8	±2.2	22.6	±2.2	22.8	±2.2	22.5	±2.1
Connecticut	20.9	±2.2	21.9	±2.2	21.8	±2.1	21.1	±2.0	22.8	±2.2
Delaware	25.5	±2.1	24.2	±2.2	26.6	±2.1	24.5	±2.4	25.4	±2.5
D.C.			20.6	±2.6	18.8	±2.4	21.6	±2.6	20.6	±2.6
Florida	23.3	±1.6	21.8	±1.5	23.6	±1.6	22.0	±1.4	20.7	±1.3
Georgia	20.5	±1.9	20.3	±1.9	22.4	±2.1	23.7	±2.0	23.7	±2.1
Hawaii	17.9	±2.1	22.2	±2.1	18.6	±1.9	19.5	±2.3	18.6	±2.2
Idaho	19.8	±1.6	21.2	±1.7	19.9	±1.4	20.3	±1.4	21.5	±1.4
Illinois	23.1	±1.8	24.8	±1.8	23.2	±1.7	23.1	±1.8	24.2	±1.8
Indiana	27.2	±1.9	28.7	±2.1	26.3	±2.1	26.0	±2.0	27.0	±3.0
Iowa	23.2	±1.5	23.6	±1.6	23.1	±1.6	23.4	±1.7	23.5	±1.7
Kansas	22.1	±2.0	22.1	±2.0	22.7	±2.0	21.2	±1.5	21.1	±1.5
Kentucky	27.9	±2.0	31.6	±1.8	30.8	±1.8	30.8	±1.7	29.7	±1.5
Louisiana	25.3	±2.5	25.9	±2.4	24.6	±2.4	25.5	±2.4	23.6	±2.4
Maine	25.0	±2.6	25.3	±2.4	22.7	±2.2	22.4	±2.4	23.3	±2.5
Maryland	21.3	±1.3	21.0	±1.5	20.6	±1.6	22.4	±2.0	20.3	±1.6
Massachusetts	21.8	±2.2	23.4	±2.3	20.4	±2.2	20.9	±1.6	19.4	±1.4
Michigan	25.8	±1.9	25.6	±1.9	26.1	±1.9	27.4	±2.0	25.1	±1.9
Minnesota	20.5	±1.4	20.6	±1.3	21.8	±1.3	18.0	±1.3	19.5	±1.2
Mississippi	24.1	±2.5	23.2	±2.4	23.2	±2.5	24.1	±2.0	23.0	±2.0
Missouri	24.5	±2.5	27.8	±2.5	28.7	±2.5	26.3	±2.0	27.1	±1.9
Montana	21.2	±2.5	21.7	±2.2	20.5	±2.0	21.5	±2.1	20.2	±2.1
Nebraska	22.1	±2.1	22.0	±2.6	22.2	±2.0	22.1	±1.8	23.3	±1.8
Nevada	26.4	±2.4	28.2	±3.0	27.7	±3.4	30.4	±3.2	31.5	±3.0
New Hampshire	21.5	±2.4	24.9	±2.7	24.8	±2.5	23.3	±2.5	22.4	±2.7
New Jersey	19.3	±2.6	22.8	±1.8	21.5	±1.9	19.2	±1.9	20.7	±1.9
New Mexico	21.3	±2.8	22.9	±3.1	22.1	±2.1	22.6	±1.5	22.5	±1.6
New York	21.6	±1.9	23.3	±1.4	23.1	±1.6	24.3	±2.0	21.9	±1.9
North Carolina	26.0	±1.8	25.7	±2.0	25.8	±1.7	24.7	±2.2	25.2	±2.1
North Dakota	22.7	±2.1	23.4	±2.3	22.2	±2.1	20.0	±2.0	22.2	±2.0
Ohio	26.1	±2.9	28.5	±2.6	25.1	±2.0	26.2	±2.3	27.6	±2.6
Oklahoma	21.7	±2.2	24.1	±2.4	24.6	±2.4	23.8	±2.0	25.2	±1.9
Oregon	21.9	±1.8	23.5	±1.7	20.7	±1.7	21.1	±2.2	21.5	±2.1
Pennsylvania	24.2	±1.9	24.5	±1.6	24.3	±1.6	23.8	±1.6	23.2	±1.6
Rhode Island	24.7	±2.3	22.5	±2.2	24.2	±2.4	22.7	±1.6	22.4	±1.5
South Carolina	24.0	±2.1	24.5	±2.5	23.4	±2.1	24.7	±1.8	23.6	±1.7
South Dakota	21.8	±2.1	20.7	±1.9	24.3	±2.1	27.3	±2.3	22.5	±1.5
Tennessee	26.5	±2.1	28.0	±1.8	26.9	±1.9	26.1	±1.9	24.9	±1.8
Texas	23.7	±2.4	22.9	±2.2	22.6	±1.9	22.0	±1.4	22.4	±1.6
Utah	13.2	±1.7	15.9	±1.7	13.7	±1.6	14.2	±1.6	13.9	±1.6
Vermont	22.2	±1.9	24.1	±2.2	23.2	±1.9	22.3	±1.8	21.8	±1.7
Virginia	22.0	±2.3	24.8	±2.3	24.6	±2.1	22.9	±1.9	21.2	±1.8
Washington	20.3	±1.5	23.5	±1.6	23.9	±1.8	21.4	±1.6	22.4	±1.7
West Virginia	25.9	±2.0	26.7	±2.0	27.4	±2.0	27.9	±2.0	27.1	±2.0
Wisconsin	21.9	±2.2	24.9	±2.3	23.2	±2.2	23.4	±2.3	23.7	±2.0
Wyoming	22.0	±1.8	24.6	±1.9	24.0	±2.4	22.8	±1.9	23.9	±2.0

*Prior to 1996, current smokers were persons who reported having smoked ≥100 cigarettes and currently smoked.
Since 1996, current smokers were persons who reported having smoked ≥100 cigarettes and currently smoked every day or some days.

Source: Behavioral Risk Factor Surveillance System (BRFSS), 1995–1999

*Current Cigarette Smoking and Tobacco Use Among Youth—Grades 6–8**

State	Current Cigarette Smoking (%)	Current Any Tobacco Use (%)
National	**9.2**	**12.8**
Alabama	19.1	26.5
Alaska	Data are not available	Data are not available
Arizona	11.4	17.1
Arkansas	15.8	22.4
California	6.7	10.0
Colorado	Data are not available	Data are not available
Connecticut	9.8	13.1
Delaware	15.2	17.8
District of Columbia	Data are not available	Data are not available
Florida	11.1	14.7
Georgia	13.8	18.8
Hawaii	Data are not available	Data are not available
Idaho	Data are not available	Data are not available
Illinois	Data are not available	Data are not available
Indiana	Data are not available	Data are not available
Iowa	11.8	16.4
Kansas	16.1	20.2
Kentucky	21.5	28.3
Louisiana	Data are not available	Data are not available
Maine	11.7	13.7
Maryland	7.3	11.8
Massachusetts	Data are not available	Data are not available
Michigan	Data are not available	Data are not available
Minnesota	9.1	12.6
Mississippi	17.8	25.3
Missouri	14.9	19.5
Montana	Data are not available	Data are not available
Nebraska	10.0	13.8
Nevada	Data are not available	Data are not available
New Hampshire	12.0	15.2
New Jersey	10.5	16.3
New Mexico	Data are not available	Data are not available
New York	9.3	11.8
North Carolina	15.0	18.4
North Dakota	Data are not available	Data are not available
Ohio	13.7	18.7
Oklahoma	16.9	21.0
Oregon	Data are not available	Data are not available
Pennsylvania	Data are not available	Data are not available
Rhode Island	Data are not available	Data are not available
South Carolina	Data are not available	Data are not available
South Dakota	12.4	16.3
Tennessee	16.6	23.2
Texas	13.9	17.6
Utah	Data are not available	Data are not available
Vermont	11.9	15.3
Virginia	Data are not available	Data are not available
Washington	Data are not available	Data are not available
West Virginia	18.1	25.3
Wisconsin	12.2	16.1
Wyoming	14.8	21.7

*For data source and year, refer to the corresponding state page(s).

*Current Cigarette Smoking and Tobacco Use Among Youth—Grades 9–12**

State	Current Cigarette Smoking (%)	Current Any Tobacco Use (%)
National	**28.5**	**34.8**
Alabama	30.2	37.6
Alaska	36.5	Data are not available
Arizona	Data are not available	Data are not available
Arkansas	35.8	43.8
California	21.6	27.8
Colorado	Data are not available	Data are not available
Connecticut	25.6	32.4
Delaware	27.1	31.2
District of Columbia	19.9	23.3
Florida	22.6	29.8
Georgia	24.3	Data are not available
Hawaii	27.9	29.9
Idaho	27.3	Data are not available
Illinois	35.7	Data are not available
Indiana	Data are not available	Data are not available
Iowa	32.7	39.0
Kansas	Data are not available	Data are not available
Kentucky	37.4	46.2
Louisiana	36.4	Data are not available
Maine	28.6	32.6
Maryland	23.7	29.9
Massachusetts	30.3	35.1
Michigan	34.1	39.2
Minnesota	32.4	38.7
Mississippi	30.5	40.6
Missouri	32.8	39.0
Montana	35.0	45.0
Nebraska	33.7	Data are not available
Nevada	32.6	39.9
New Hampshire	36.0	Data are not available
New Jersey	27.6	35.9
New Mexico	30.1	Data are not available
New York	26.8	32.8
North Carolina	31.6	38.3
North Dakota	40.6	Data are not available
Ohio	33.4	41.1
Oklahoma	33.0	42.0
Oregon	Data are not available	Data are not available
Pennsylvania	Data are not available	Data are not available
Rhode Island	35.4	Data are not available
South Carolina	36.0	41.5
South Dakota	43.6	49.4
Tennessee	32.4	41.3
Texas	28.1	34.6
Utah	11.9	14.5
Vermont	33.4	38.6
Virginia	Data are not available	Data are not available
Washington	Data are not available	Data are not available
West Virginia	38.5	47.9
Wisconsin	32.9	39.4
Wyoming	35.2	43.9

*For data source and year, refer to the corresponding state page(s).

Average Annual Deaths Related to Smoking—1990–1994

Rank	State	Deaths per 100,000 Population
1	Utah	188
2	Hawaii	237
3	North Dakota	280
4	Minnesota	287
5	New Mexico	289
6	Idaho	296
7	Nebraska	308
7	Iowa	308
9	South Dakota	309
10	Connecticut	310
11	Wisconsin	313
12	Kansas	319
13	Arizona	325
14	New Jersey	327
14	District of Columbia	327
16	Colorado	331
16	Massachusetts	331
18	Rhode Island	340
19	California	343
19	New York	343
21	Pennsylvania	346
22	Illinois	347
23	Oregon	348
23	Montana	348
25	Florida	350
26	Maryland	351
26	Vermont	351
26	Washington	351
29	Alabama	353
30	Wyoming	357
	All States	**358**
31	Texas	358
32	Virginia	360
33	New Hampshire	361
34	Ohio	364
34	Georgia	364
36	Alaska	367
36	Missouri	367
38	North Carolina	368
38	Michigan	368
40	Maine	371
41	South Carolina	378
42	Indiana	387
42	Oklahoma	387
44	Louisiana	388
45	Tennessee	390
46	Mississippi	392
47	Delaware	400
48	Arkansas	405
49	West Virginia	424
50	Kentucky	444
51	Nevada	469

Source: Smoking Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) version 3.0. CDC, 1996

Smoking Attributable Medicaid Expenditures by State— Fiscal Year 1993

State	Medicaid Expenditures
All States (total)	**$12,892,507,000**
Alabama	$107,304,000
Alaska	$23,617,000
Arizona	$121,846,000
Arkansas	$78,456,000
California	$1,732,749,000
Colorado	$151,500,000
Connecticut	$181,755,000
Delaware	$22,845,000
District of Columbia	$35,830,000
Florida	$516,980,000
Georgia	$251,936,000
Hawaii	$44,059,000
Idaho	$25,343,000
Illinois	$560,629,000
Indiana	$254,892,000
Iowa	$79,384,000
Kansas	$72,300,000
Kentucky	$200,740,000
Louisiana	$417,026,000
Maine	$95,862,000
Maryland	$212,304,000
Massachusetts	$405,943,000
Michigan	$532,580,000
Minnesota	$186,846,000
Mississippi	$111,130,000
Missouri	$206,923,000
Montana	$28,065,000
Nebraska	$43,434,000
Nevada	$50,137,000
New Hampshire	$94,531,000
New Jersey	$544,708,000
New Mexico	$48,314,000
New York	$1,850,692,000
North Carolina	$205,600,000
North Dakota	$19,056,000
Ohio	$597,217,000
Oklahoma	$80,105,000
Oregon	$89,231,000
Pennsylvania	$605,516,000
Rhode Island	$96,884,000
South Carolina	$142,044,000
South Dakota	$20,740,000
Tennessee	$299,880,000
Texas	$654,003,000
Utah	$34,211,000
Vermont	$29,025,000
Virginia	$162,564,000
Washington	$237,159,000
West Virginia	$119,235,000
Wisconsin	$197,927,000
Wyoming	$11,449,000

Source: Public Health Reports, March/April 1998, Volume 113

Lung Cancer Death Rate—1997*

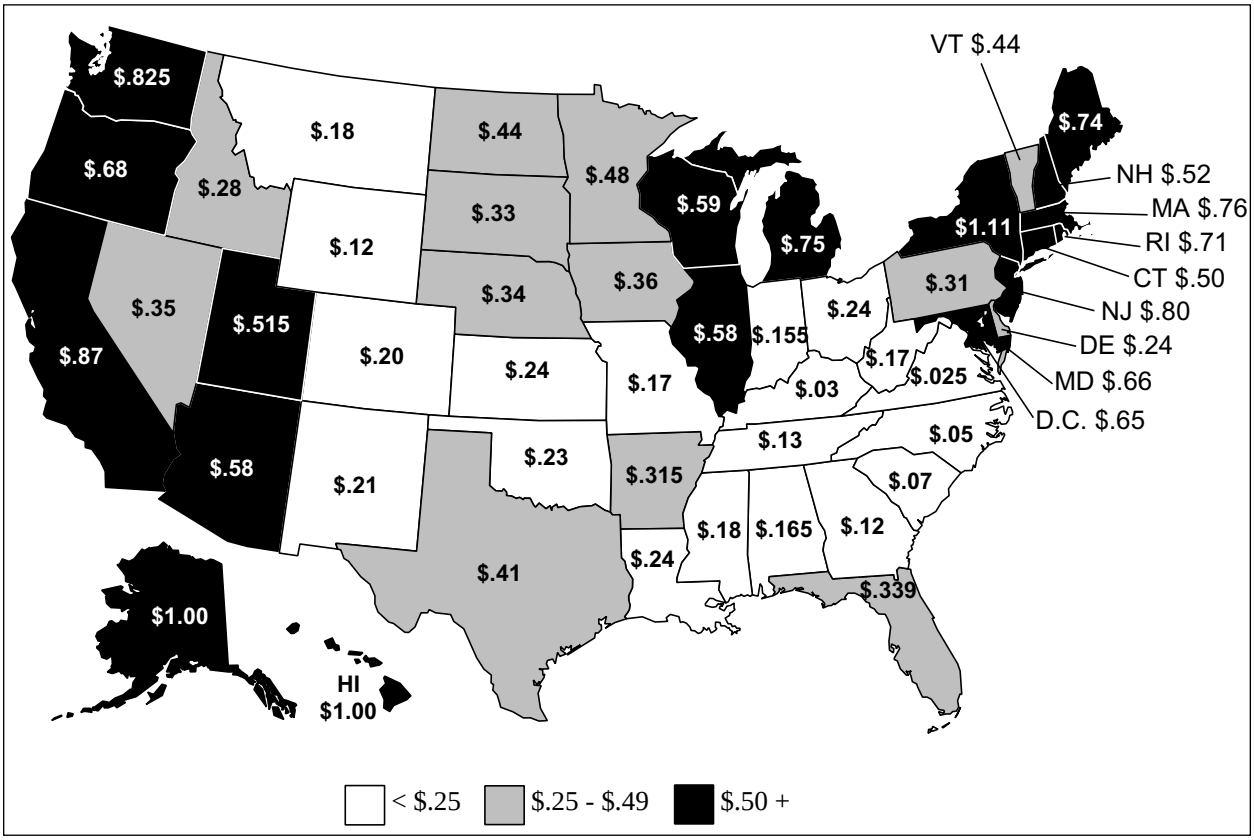
State	Annual Deaths per 100,000
All States	**37.3**
Alabama	43.0
Alaska	38.0
Arizona	32.3
Arkansas	48.1
California	31.0
Colorado	24.7
Connecticut	33.6
Delaware	43.1
District of Columbia	40.8
Florida	39.4
Georgia	41.8
Hawaii	25.9
Idaho	29.8
Illinois	37.4
Indiana	41.8
Iowa	34.5
Kansas	37.3
Kentucky	53.2
Louisiana	45.4
Maine	41.0
Maryland	39.6
Massachusetts	35.9
Michigan	38.1
Minnesota	30.8
Mississippi	45.9
Missouri	43.2
Montana	31.7
Nebraska	32.6
Nevada	42.5
New Hampshire	38.8
New Jersey	35.4
New Mexico	27.8
New York	32.6
North Carolina	41.8
North Dakota	29.8
Ohio	40.6
Oklahoma	44.2
Oregon	38.1
Pennsylvania	37.6
Rhode Island	43.6
South Carolina	42.2
South Dakota	30.8
Tennessee	47.4
Texas	37.6
Utah	14.5
Vermont	39.9
Virginia	40.1
Washington	34.8
West Virginia	48.1
Wisconsin	32.4
Wyoming	29.8

*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.
Source: National Center for Health Statistics, 1997

Summary Tobacco Control Funding—Fiscal Year 2001

State	Total Tobacco Control Funding 2001	Per Capita Funding 2001	CDC Low Estimate for Total Program Cost	Percentage of CDC Low Estimate	Rank
Alabama	$2,376,447	$0.53	$26,740,000	9%	44
Alaska	$2,699,712	$4.31	$8,088,000	33%	29
Arizona	$37,555,165	$7.32	$27,788,000	135%	4
Arkansas	$1,547,200	$0.58	$17,906,000	9%	44
California	$116,448,610	$3.44	$165,098,000	71%	11
Colorado	$13,328,513	$3.10	$24,546,000	54%	17
Connecticut	$1,010,252	$0.30	$21,240,000	5%	49
Delaware	$3,615,761	$4.61	$8,631,000	42%	24
District of Columbia	$953,119	$1.67	$7,479,000	13%	37
Florida	$44,965,497	$2.81	$78,383,000	57%	15
Georgia	$17,956,534	$2.19	$42,591,000	42%	24
Hawaii	$10,596,691	$8.75	$10,778,000	98%	8
Idaho	$2,068,434	$1.60	$11,044,000	19%	34
Illinois	$29,205,389	$2.35	$64,909,000	45%	21
Indiana	$36,399,979	$5.99	$34,784,000	105%	6
Iowa	$10,289,063	$3.52	$19,347,000	53%	19
Kansas	$2,229,700	$0.83	$18,052,000	12%	40
Kentucky	$3,655,413	$0.90	$25,090,000	15%	36
Louisiana	$1,600,677	$0.36	$27,132,000	6%	47
Maine	$19,227,702	$15.08	$11,189,000	172%	3
Maryland	$21,428,298	$4.05	$30,301,000	71%	11
Massachusetts	$64,883,255	$10.22	$35,244,000	184%	2
Michigan	$6,595,100	$0.66	$54,804,000	12%	40
Minnesota	$23,159,089	$4.71	$28,624,000	81%	9
Mississippi	$22,470,796	$7.90	$18,788,000	120%	5
Missouri	$2,396,225	$0.43	$32,767,000	7%	46
Montana	$4,375,000	$4.85	$9,355,000	47%	20
Nebraska	$8,271,285	$4.83	$13,308,000	62%	14
Nevada	$3,854,680	$1.93	$13,477,000	29%	31
New Hampshire	$4,066,245	$3.29	$10,888,000	37%	26
New Jersey	$31,961,031	$3.80	$45,073,000	71%	11
New Mexico	$3,431,300	$1.89	$13,711,000	25%	32
New York	$42,999,998	$2.27	$95,830,000	45%	21
North Carolina	$2,548,742	$0.32	$42,591,000	6%	47
North Dakota	$1,099,997	$1.71	$8,161,000	13%	37
Ohio	$236,386,232	$20.82	$61,735,000	383%	1
Oklahoma	$3,883,240	$1.13	$21,285,000	18%	35
Oregon	$9,282,758	$2.71	$21,131,000	44%	23
Pennsylvania	$1,260,000	$0.10	$65,568,000	2%	51
Rhode Island	$3,175,000	$3.03	$9,888,000	32%	30
South Carolina	$3,137,505	$0.78	$23,905,000	13%	37
South Dakota	$3,086,491	$4.09	$8,688,000	36%	27
Tennessee	$1,389,207	$0.24	$32,233,000	4%	50
Texas	$12,362,828	$0.59	$103,288,000	12%	40
Utah	$1,501,504	$0.67	$15,230,000	10%	43
Vermont	$8,299,500	$13.63	$7,905,000	105%	6
Virginia	$14,020,473	$1.98	$38,866,000	36%	27
Washington	$18,128,285	$3.08	$33,341,000	54%	17
West Virginia	$7,746,204	$4.28	$14,160,000	55%	16
Wisconsin	$23,422,455	$4.37	$31,158,000	75%	10
Wyoming	$1,873,302	$3.79	$7,381,000	25%	32

Cigarette Excise Taxes—July 1, 2000



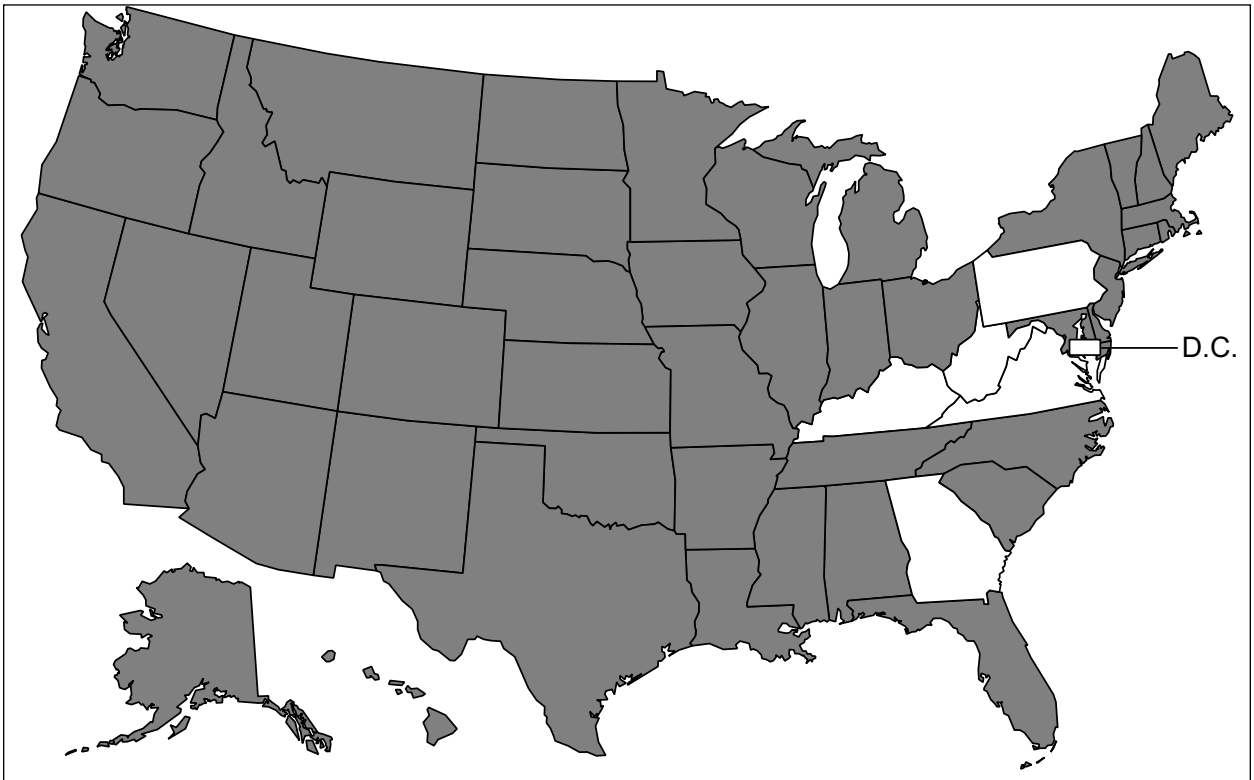
Cigarette Excise Taxes—July 1, 2000

Rank	State	Cents/pack
1	New York	111.0
2	Alaska	100.0
2	Hawaii	100.0
4	California	87.0
5	Washington	82.5
6	New Jersey	80.0
7	Massachusetts	76.0
8	Michigan	75.0
9	Maine	74.0
10	Rhode Island	71.0
11	Oregon	68.0
12	Maryland	66.0
13	District of Columbia	65.0
14	Wisconsin	59.0
15	Arizona	58.0
15	Illinois	58.0
17	New Hampshire	52.0
18	Utah	51.5
19	Connecticut	50.0
20	Minnesota	48.0
21	North Dakota	44.0
21	Vermont	44.0
23	Texas	41.0
24	Iowa	36.0
25	Nevada	35.0
26	Nebraska	34.0

Rank	State	Cents/pack
27	Florida	33.9
28	South Dakota	33.0
29	Arkansas	31.5
30	Pennsylvania	31.0
31	Idaho	28.0
32	Delaware	24.0
32	Kansas	24.0
32	Louisiana	24.0
32	Ohio	24.0
36	Oklahoma	23.0
37	New Mexico	21.0
38	Colorado	20.0
39	Mississippi	18.0
39	Montana	18.0
41	Missouri	17.0
41	West Virginia	17.0
43	Alabama	16.5
44	Indiana	15.5
45	Tennessee	13.0
46	Wyoming	12.0
46	Georgia	12.0
48	South Carolina	7.0
49	North Carolina	5.0
50	Kentucky	3.0
51	Virginia	2.5
	Average State Tax	**41.9**

Source: State Tobacco Activities Tracking and Evaluation System. Office on Smoking and Health. Centers for Disease Control and Prevention, 2000

Smokeless Tobacco Excise Taxes—July 1, 2000



Smokeless Tobacco Excise Taxes—July 1, 2000

State	Smokeless Tobacco Excise Tax
Alabama (chew)	0.8 cent per ounce
Alabama (snuff)	0.5 cent per ounce
Alaska	75% of wholesale sales price
Arizona (chew)	6.5 cents per ounce
Arizona (snuff)	6.5 cents per ounce
Arkansas	23% of manufacturer's sales price
California	61.5% of wholesale sales price
Colorado	20% of manufacturer's list price
Connecticut (chew)	40 cents per ounce
Connecticut (snuff)	40 cents per ounce
Delaware	15% of wholesale sales price
D.C.	none
Florida	25% of wholesale sales price
Georgia	none
Hawaii	40% of wholesale sales price
Idaho	40% of wholesale sales price
Illinois	20% of wholesale sales price
Indiana	15% of wholesale sales price
Iowa	22% of wholesale sales price
Kansas	10% of wholesale sales price
Kentucky	none
Louisiana	20% of invoice price
Maine	62% of wholesale sales price
Maryland	15% of wholesale sales price
Massachusetts	50% of wholesale sales price
Michigan	16% of wholesale sales price
Minnesota	35% of wholesale sales price

State	Smokeless Tobacco Excise Tax
Mississippi	15% of manufacturer's list price
Missouri	10% of manufacturer's invoice price
Montana	12.5% of wholesale sales price
Nebraska	15% of purchase price
Nevada	30% of wholesale price
New Hampshire	21.6% of wholesale sales price
New Jersey	48% of wholesale price
New Mexico	25% of product value
New York	20% of wholesale sales price
North Carolina	2% of cost
North Dakota	28% of wholesale purchase price
Ohio	17% of wholesale sales price
Oklahoma	30% of factory list price
Oregon	35% of wholesale sales price
Pennsylvania	none
Rhode Island	20% of wholesale sales price
South Carolina	5% of manufacturer's list price
South Dakota	10% of wholesale purchase price
Tennessee	6% of wholesale sales price
Texas	35% of manufacturer's list price
Utah	35% of manufacturer's sales price
Vermont	41% of wholesale price
Virginia	none
Washington	75% of wholesale sales price
West Virginia	none
Wisconsin	20% of manufacturer's list price
Wyoming	20% of wholesale purchase price

Source: State Tobacco Activities Tracking and Evaluation System. Office on Smoking and Health. Centers for Disease Control and Prevention, 2000

Cigarette Sales—Fiscal Year 1999
Number of Packages Sold and Taxed, Per Capita

Rank	State	Per Capita Sales
1	Hawaii	32.5
2	Utah	43.9
3	California	47.2
4	District of Columbia	50.8
5	Washington	55.1
6	New Mexico	59.7
7	Massachusetts	60.4
8	Arizona	61.7
9	New York	62.9
10	New Jersey	63.6
11	Texas	67.6
12	Alaska	70.5
13	Maryland	71.4
14	Illinois	72.2
15	Connecticut	73.4
16	North Dakota	74.7
17	Idaho	75.1
18	Colorado	79.6
19	Oregon	79.9
20	Minnesota	80.7
21	Michigan	81.7
22	Montana	82.6
23	Kansas	83.3
24	South Dakota	83.5
25	Wisconsin	84.4
26	Maine	85.5
27	Nebraska	86.6
28	Rhode Island	86.9
29	Florida	88.2
	All States (average)	**89.9**
30	Pennsylvania	91.1
31	Iowa	91.7
32	Vermont	94.1
33	Georgia	97.1
34	Alabama	100.7
35	Louisiana	101.0
36	Virginia	102.1
37	Mississippi	103.9
37	Nevada	103.9
39	Ohio	104.0
40	Arkansas	104.8
40	Wyoming	104.8
42	South Carolina	109.4
43	Oklahoma	111.4
44	West Virginia	112.4
45	North Carolina	113.1
46	Tennessee	115.8
47	Missouri	118.0
48	Indiana	133.3
49	Delaware	139.5
50	Kentucky	165.3
51	New Hampshire	171.7

Source: The Tax Buden on Tobacco, 2000

Healthy People 2010 Objectives—Tobacco Priority Area

27-1 Reduce tobacco use by adults.

- 27-1a Reduce cigarette smoking by adults aged 18 years and older to 12%.
- 27-1b Reduce spit tobacco use by adults aged 18 years and older to 0.4%.
- 27-1c Reduce cigar use by adults aged 18 years and older to 1.2%.
- 27-1d Reduce use of other tobacco products by adults aged 18 years and older (Developmental).

27-2 Reduce tobacco use by adolescents.

- 27-2a Reduce use of tobacco products in past month by students in grades 9 through 12 to 21%.
- 27-2b Reduce use of cigarettes in past month by students in grades 9 through 12 to 16%.
- 27-2c Reduce use of spit tobacco in past month by students in grades 9 through 12 to 1.0%.
- 27-2d Reduce use of cigars in past month by students in grades 9 through 12 to 8%.

27-3 Reduce the initiation of tobacco use among children and adolescents (Developmental).

27-4 Increase the average age of first use of tobacco products by adolescents and young adults.

- 27-4a Increase the average age of first use of tobacco products by adolescents aged 12 to 17 years to 14 years of age.
- 27-4b Increase the average age of first use of tobacco products by young adults aged 18 to 25 years to 17 years of age.

27-5 Increase smoking cessation attempts by adult smokers to 75%.

27-6 Increase smoking cessation during pregnancy to 30%.

27-7 Increase tobacco use cessation attempts by adolescent smokers to 84%.

27-8 Increase insurance coverage of evidence-based treatment for nicotine dependency.

- 27-8a Increase insurance coverage of evidence-based treatment for nicotine dependency by managed care organizations to 100%.
- 27-8b Increase insurance coverage of evidence-based treatment for nicotine dependency by Medicaid programs in States and the District of Columbia to 51%.
- 27-8c Increase insurance coverage of evidence-based treatment for nicotine dependency by all insurance providers. (Developmental).

27-9 Reduce the proportion of children who are regularly exposed to tobacco smoke at home to 10%.

27-10 Reduce the proportion of nonsmokers exposed to environmental tobacco smoke to no more than 45%.

27-11 Increase smoke-free and tobacco free environments in schools, including all school facilities, property, vehicles, and school events to 100%.

27-12 Increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas to 100%.

27-13 Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public places and worksites.

- 27-13a Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in private workplaces to 51%.
- 27-13b Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public workplaces to 51%.
- 27-13c Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in restaurants to 51%.
- 27-13d Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public transportation to 51%.
- 27-13e Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in day care centers to 51%.
- 27-13f Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in retail stores to 51%.
- 27-13g Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas on Tribal properties (Developmental).
- 27-13h Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in U.S. Territories (Developmental).

27-14 Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors.

- 27-14a Increase the number of jurisdictions with a 5% or less illegal sales rate to minors in all 51 States and the District of Columbia.
- 27-14b Increase the number of jurisdictions with a 5% or less illegal sales rate to minors in all U.S. territories.

27-15 Increase to 51the number of States and District of Columbia that suspend or revoke State retail licenses for violations of laws prohibiting the sale of tobacco to minors.

27-16 Eliminate tobacco advertising and promotions that influence adolescents and young adults (Developmental).

27-17 Increase adolescents' disapproval of smoking.

- 27-17a Increase 8th grade adolescents' disapproval of smoking to 95%.
- 27-17b Increase 10th grade adolescents' disapproval of smoking to 95%.
- 27-17c Increase 12th grade adolescents' disapproval of smoking to 95%.

27-18 Increase the number of Tribes, Territories, and States and the District of Columbia with comprehensive, evidence-based tobacco control programs (Developmental).

27-19 Eliminate laws that preempt stronger tobacco control laws in all states.

27-20 Reduce the toxicity of tobacco products by establishing a regulatory structure to monitor toxicity (Developmental).

27-21 Increase the average Federal and State tax on tobacco products.

- 27-21a Increase the average Federal and State tax on cigarettes to $2.00.
- 27-21b Increase the average Federal and State tax on spit tobacco to (Developmental).

Data Sources and Definitions

Future Deaths

The *number of youth projected to die prematurely from their smoking* is based on estimates of young adult smokers who continue to smoke throughout their lifetimes as well as estimates of premature deaths attributable to smoking among continuing smokers and among those who quit after age 35 years.[1]

Adult Tobacco Use

Data for *Current Cigarette Smoking Among Adults Aged 18 and Older* are from the Behavioral Risk Factor Surveillance System (BRFSS).[2] Prevalence data are shown for each state overall and are broken out by demographic groups, including sex, age, and education level. Prevalence estimates for racial/ethnic subgroups are reported for combined years (1998–1999) because of small sample sizes. Data are shown only for demographic groups with at least 50 respondents. Readers should interpret demographic group estimates with caution, because the number of respondents, particularly among racial/ethnic subgroups, may be small. Data on education are presented for persons aged 25 years or older. Estimates are for the civilian noninstitutionalized population. For comparison purposes, each state highlight includes the BRFSS median for all states. The following table of BRFSS estimates can also be used for comparison:

Summary Prevalence Estimates of Adult Cigarette Smoking by Demographic Characteristics
BRFSS 1999

	Participating States*	Median	Minimum	Maximum
Overall	51	22.8	13.9	31.5
Men	51	24.6	16.6	33.9
Women	51	21.0	11.4	30.3
<12 years Education	51	30.8	12.9	51.0
12 years Education	51	26.8	19.8	37.3
>12 years Education	51	17.1	8.8	23.2
White†	51	23.0	13.5	31.1
African American†	40	23.1	14.1	36.7
Hispanic†	51	23.9	15.2	47.9
Asian/Pacific Islander†	27	14.0	7.3	24.2
American Indian/Alaska Native†	22	37.9	14.1	58.1
18–24 years old	51	29.6	17.4	40.8
25–44 years old	51	26.4	15.9	35.8
45–64 years old	51	21.9	13.3	32.5
65+ years old	51	10.4	5.4	22.8

*Includes the District of Columbia.

†Racial/ethnic estimates used BRFSS data for 1998–1999.

Current smokers are defined as persons who reported ever smoking at least 100 cigarettes and who currently smoked every day or some days. Persons for whom smoking status was unknown are excluded from the analysis.

Youth Tobacco Use

National data for *Current Cigarette Smoking Among Youth, Grades 6–8*; *Current Tobacco Use Among Youth, Grades 6–8*; *Current Cigarette Smoking Among Youth, Grades 9–12*; and *Current Tobacco Use Among Youth, Grades 9–12* are from the National Youth Tobacco Survey.

The National Youth Tobacco Survey is representative of students in grades 6–12 in public and private schools in the 50 states and the District of Columbia. Current smokers are defined as those students who reported smoking cigarettes on one or more of the past 30 days preceding the survey. Current tobacco users are defined as those students who reported using cigarettes or cigars or smokeless tobacco or pipes or bidis or kreteks on one or more of the 30 days preceding the survey.

State-specific data for *Current Cigarette Smoking Among Youth, Grades 6–8*; *Current Tobacco Use Among Youth, Grades 6–8*; *Current Cigarette Smoking Among Youth, Grades 9–12*; and *Current Tobacco Use Among Youth, Grades 9–12* are from the state school-based Youth Tobacco Survey,[3] or the state school-based Youth Risk Behavior Survey.[4]

The Youth Tobacco Survey was conducted in a total of 33 states and the District of Columbia from 1998–2000. The Youth Tobacco Survey was designed to produce representative samples of middle school students (grades 6–8) and high school students (grades 9–12) in each state. Data from surveys included in this report had an overall response rate of at least 60%. Thus, the data were weighted and can be generalized to all middle and high school students in the state. Current smokers are defined as those students who reported smoking cigarettes on one or more of the past 30 days preceding the survey. Current tobacco users are defined as those students who reported using cigarettes or cigars or smokeless tobacco or pipes or bidis or kreteks on one or more of the 30 days preceding the survey.

The Youth Risk Behavior Survey was conducted in a total of 36 states and the District of Columbia from 1990–1999. The Youth Risk Behavior Survey was designed to produce representative samples of high school students (grades 9–12) in each state. Data from surveys included in this report had an overall response rate of at least 60%. Thus, the data could be weighted in order to be generalized to all high school students in the state. Current smokers are defined as those students who reported smoking cigarettes on one or more of the past 30 days preceding the survey. Current tobacco users are defined as those students who reported using cigarettes or cigars or using chewing tobacco or snuff on one or more of the 30 days preceding the survey.

Health Impact and Costs

Average Annual Deaths Related to Smoking, 1990–1994 and *Average Annual Years of Potential Life Lost, 1990–1994* were estimated using the Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) software package (version 3.0).[5] SAMMEC estimates the number of smoking-related deaths from neoplastic, cardiovascular, and respiratory conditions and from diseases among infants by using attributable risk formulas based on smoking prevalence and relative risks for certain conditions among current and former smokers (compared with never smokers). Data from the National Fire Protection Association were used to estimate deaths from fires associated with cigarette smoking. Mortality rates from smoking were calculated for persons aged 35 years and older and were age-adjusted to the 1990 U.S. population to provide comparable estimates across states (these rates exclude deaths among infants and fire deaths among person aged 1–34 years).

Medical Costs Related to Smoking, 1993 was obtained from an article in *Social Science and Medicine*, 1999.[6] Medical care costs attributable to cigarette smoking were estimated using an econometric model of annual individual expenditures for four types of medical services: ambulatory, hospital, prescription drug, and other (includes home health and durable medical equipment and excludes dental and mental health). The econometric models calculate the fraction of medical costs in each state that is attributable to smoking using data from the 1987 National Medical Expenditure Survey, the NCI-sponsored Tobacco Use Supplement to the CPS and 1996 Basic CPS, and the 1993 BRFSS. Nursing home smoking-attributable fractions are based on a preliminary nursing home model which indicates the probability of admission. To calculate medical costs, smoking-attributable fractions were applied to total health care expenditures by state for 1993 as obtained from the Health Care Finance Administration. Totals may not add up due to rounding. Costs do not take into account differences in life expectancy between smokers and nonsmokers and therefore do not reflect total lifetime medical care costs.[7]

Smoking-Attributable Medicaid Expenditures, Fiscal Year 1993 is based on a report published in *Public Health Reports*, March/April 1998, Volume 113.[8]

Lung Cancer Death Rate

Lung Cancer Death Rates, 1997 were obtained from the National Vital Statistics System, Centers for Disease Control and Prevention.[9]

Settlement Payments

The *scheduled settlement payment* was obtained at the National Association of Attorneys General website at http://www.naag.org and represents the scheduled annual 2001 payment to the state from the state's settlement with the tobacco industry.[10]

Tobacco Control Funding, 2001

The *State Appropriation—Settlement (Tobacco Only)* amount was gathered through an analysis of state appropriations legislation enacted as of November 30, 2000. These appropriations used funds generated by settlements with the tobacco industry to resolve lawsuits by states to recover Medicaid expenditures incurred as a result of tobacco use. The figure reflects funding specifically appropriated to any governmental agency, foundation, trust fund, board, or university for tobacco control programs for state fiscal year 2001. The footnotes indicate appropriations where tobacco was mentioned, but the amount for tobacco could not be determined. For example, tobacco may be a component of a program that includes alcohol and other drugs. The analysis does not include funds dedicated toward tobacco research activities, health services, or tobacco farmers or tobacco dependant communities.

The *State Appropriation—Excise Tax Revenue* amount represents state appropriations for fiscal year 2001 resulting from an increase in the states' excise tax on tobacco to support statewide tobacco use prevention and control programs. In some cases, states have dedicated a portion of this excise tax revenue to serve as a stable funding stream for state tobacco control programs.

State Appropriation—Other includes any funds appropriated for fiscal year 2001 from state resources outside of the settlement or tobacco excise tax with the specific purpose of supporting tobacco use prevention and control activities and programs.

State Funding—Other includes funding from non-appropriated state sources. The states of Minnesota and Mississippi established a foundation and a partnership respectively to support tobacco prevention and control activities through consent decrees signed as part of individual settlements with the tobacco industry to resolve lawsuits to recover Medicaid expenditures incurred as a result of tobacco use. The budgets of these entities represent a large share of the states' funding for tobacco control programs.

Federal—CDC Office on Smoking and Health includes funding to state health departments from the Centers for Disease Control and Prevention's Office on Smoking and Health, as part of the National Tobacco Control Program. The purpose of the National Tobacco Control Program is to build and maintain tobacco control programs within state and territorial health departments for a coordinated national program to reduce the health and economic burden of tobacco use. The focus of the program is based on the recently published *Best Practices for Comprehensive Tobacco Control Programs*, which places emphasis on population-based community interventions, countermarketing, program policy, and surveillance and evaluation. These efforts are directed at social and environmental changes to reduce the prevalence and consumption of tobacco by adults and young people among all populations, eliminate exposure to secondhand smoke, and identify and eliminate disparities experienced by population groups relative to tobacco use and its effects.

The footnotes provide additional information for the State Appropriation—Settlement category regarding related appropriations, appropriations where the tobacco control amount can not be determined and additional explanatory information.

Federal—SAMHSA is not available. The Substance Abuse Prevention and Treatment (SAPT) Block Grant makes available to the States and U.S. jurisdictions through formula grants $1.6 billion annually to support the development and delivery of substance abuse prevention and treatment services nationwide. State substance abuse agencies utilize the prevention portion of the SAPT Block Grant funding to implement programs that have as their focus preventing the use of alcohol, tobacco, and other drugs. States are not required to report how much of their block grant funding is spent on tobacco use prevention, and therefore specific amounts for tobacco control are not available.

States and U.S. jurisdictions that received SAPT Block Grant funds are required, as a pre-condition of award, to enact and enforce laws making illegal the sale and distribution of tobacco products to individuals under the age of 18 (Synar Amendment). The Synar Amendment and its implementing regulation also require each State to conduct annual, random unannounced surveys of tobacco retailers to measure their compliance with state laws and meet negotiated retailer violation targets and a final goal of 20 percent less retailer noncompliance. Failure to meet the requirements of the Synar Amendment and its implementing regulations subjects a state to a penalty of up to 40 percent of its SAPT Block Grant award, depending on the year of noncompliance. Currently, states and U.S. jurisdictions are subject to a 40 percent penalty. SAMHSA has provided and continues to provide extensive technical assistance and guidance to assist the states and jurisdictions in the development of comprehensive programs that include strong tobacco control policies, ongoing law enforcement, community awareness and media advocacy strategies, and merchant education and training.

Non-Government Source—American Legacy Foundation includes funding from the American Legacy Foundation, an independent, national, public health foundation located in Washington, DC, created by the November 1998 Master Settlement Agreement. The organization's goals are to reduce youth tobacco use, decrease exposure to secondhand smoke, reduce disparities in access to prevention and cessation services, and increase successful quit rates. This line item represents the particular state's fiscal year 2001 portion of a three-year, $35 million, matching grant program to establish and support statewide youth movements against tobacco use. Some of the state amounts are projected. The funding cycles vary with most projects having started in the Fall of 2000.

Non-Government Source—RWJF/AMA is not applicable at this time. The Robert Wood Johnson Foundation/American Medical Association SmokeLess States National Program Office is currently reviewing proposals from each State and the District of Columbia to allocate up to $52 million over three years. Approximately $44 million will be allocated directly to private, non-profit organizations for policy-focused interventions and approaches as part of the SmokeLess States program. All final awards will be announced in May for a June 2001 start date. Funding for Fiscal Year 2001 from the previous SmokeLess States Projects were not included since the projects are coming to completion.

Per Capita Funding was calculated by dividing the state population according to the results of the 2000 Census with the total funding for tobacco control in fiscal year 2001.

Funding as a Percentage of CDC *Best Practices* Recommendations

The *Recommended for Total Program Annual Cost and Recommended Per Capita Funding Level Lower and Upper Estimates* are based upon an evidence-based analysis of comprehensive State tobacco control programs published in CDC's *Best Practices for Comprehensive Tobacco Control Programs*, August 1999.[11]

The *Percentage of CDC Best Practices Recommendations* was calculated by dividing the total funding amount for the state tobacco control program by the CDC *Best Practices* lower and upper estimate recommendations for total program annual cost.

Excise Tax

Data for *Cigarette tax per pack* and *Smokeless tobacco tax* were obtained from the State Tobacco Activities Tracking and Evaluation System (STATE), Office on Smoking and Health, Centers for Disease Control and Prevention.[12]

Data for *Number of packages of cigarettes sold and taxed, per capita* and *Federal and state taxes as a percentage of retail price* were obtained from Orzechowski and Walker.[13]

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