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Despite the fact that the consequences of tobacco use are well-known to West Virginians, residents continue to use tobacco in alarming numbers. Tobacco use is the number one preventable cause of premature death and disease. West Virginia is aggressively addressing this problem by implementing evidence-based comprehensive tobacco control programs through the Bureau for Public Health's Division of Tobacco Prevention. Annual federal and state funding for these efforts totaled just over \$5.8 million dollars in SFY2015 (a 20% decrease in funding levels of the past eight years). This is only 20% of the \$28 million annual funding level as recommended by the Centers for Disease Control and Prevention.

The comprehensive plan focuses on the following main goals:

- Monitor tobacco use and prevention policies.
- Protect people from secondhand tobacco smoke.
- Offer help to quit tobacco use.
- Warn about the dangers of tobacco use.
- Enforce bans on tobacco advertising, promotion, and sponsorship.
- Raise taxes on all tobacco products.

The following programs serve as the framework for our tobacco prevention efforts:

WEST VIRGINIA TOBACCO CESSATION PROGRAM **Cessation Programs:** Guidelines stress that system changes are critical to the broad-based success of cessation interventions. Programs that successfully assist youth and adult smokers in quitting can produce quicker and larger short-term public health benefits than any other component of a comprehensive tobacco control program. Statewide tobacco cessation quit line efforts remain successful in getting residents to quit, and have proven return on investment for saving individual lives but also millions of dollars in future health costs.

West Virginia Clean Indoor Air Program **Clean Indoor Air Programs:** The health of nonsmokers is protected by the enforcement of public and private policies that reduce or eliminate exposure to secondhand smoke. Enforcement of work-site smoking bans protects nonsmokers and decreases the number of cigarettes employees smoke during the workday. Funding local programs produces measurable progress toward statewide tobacco control objectives. Local programs and a statewide regional network of 10 dedicated regional coordinators remains instrumental in the adoption of an increasing number of local ordinances or other provisions restricting smoking in public places, and in maintaining a locally-focused education and prevention effort.

West Virginia YOUTH Tobacco Prevention Program **Youth Programs:** Programs that prevent the onset of smoking during the school years are a vital part of comprehensive tobacco prevention, because most people who begin smoking start before 18 years of age. Youth programs that empower youth and teach skills to resist these influences can greatly reduce or delay adolescent tobacco use.

The youth empowered, nationally respected, teen-lead Raze movement remains a key to the declining youth tobacco use prevalence in WV. Outreach, community engagement, and education of youth must begin in early years and continued through adolescent and early adulthood. There are significantly fewer teens smoking and never initiating, saving the state billions of dollars in future health costs.

Defines the specific annual investment needed for state comprehensive tobacco control programs to implement what we know works to improve health.

Core Comprehensive Tobacco Control Program Components:

1. State and Community Interventions
2. Mass-Reach Health Communication Interventions
3. Cessation Interventions
4. Surveillance and Evaluation
5. Infrastructure, Administration, and Management

What is a Comprehensive Tobacco Control Program?

A comprehensive tobacco control program is a statewide, coordinated effort to establish smoke-free policies and social norms, to promote quitting and help tobacco users quit, and to prevent tobacco use initiation. These programs reduce tobacco-related disease, disability, and death.

Goals:

1. Prevent tobacco use initiation among youth and young adults
2. Promote quitting among adults and youth
3. Eliminate exposure to secondhand smoke
4. Identify and eliminate tobacco-related disparities

Comprehensive tobacco control programs work and are a public health "best buy."

- Investments in comprehensive tobacco control programs have high return on investment.
- Sustained funding for these programs improves health and leads to even greater returns on investment.



FAST FACTS

Tobacco use is the single most preventable cause of death and disease.

1 in 4 adults uses tobacco.

There is no risk-free level of secondhand smoke exposure.

Tobacco use costs the United States \$289–\$332.5 billion in direct health care costs and productivity losses every year.

CDC's Best Practices–2014 Recommended Funding Levels by Program Component

Recommended National Investment	Total	State and Community Interventions	Mass-Reach Health Communication Interventions	Cessation Interventions	Surveillance & Evaluation	Infrastructure, Administration, & Management
Total Level (dollars in millions)	Minimum: \$2,325.3 Recommended: \$3,306.3	Minimum: \$856.7 Recommended: \$1,071.0	Minimum: \$370.1 Recommended: \$532.0	Minimum: \$795.1 Recommended: \$1,271.9	Minimum: \$202.6 Recommended: \$287.7	Minimum: \$100.8 Recommended: \$143.7
Per Person (based on total state population)	Minimum: \$7.41 Recommended: \$10.53	Minimum: \$2.73 Recommended: \$3.41	Minimum: \$1.18 Recommended: \$1.69	Minimum: \$2.53 Recommended: \$4.05	Minimum: \$0.65 Recommended: \$0.92	Minimum: \$0.32 Recommended: \$0.46

West Virginia

Program Intervention Budgets

2014

Recommended Annual Investment

\$27.4 million

Deaths in State Caused by Smoking

Annual average smoking-attributable deaths	3,700
Youth aged 0-17 projected to die from smoking	47,300

Annual Costs Incurred in State from Smoking

Total medical	\$1,008 million
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State Revenue from Tobacco Sales and Settlement

FY 2012 tobacco tax revenue	\$109.6 million
FY 2012 tobacco settlement payment	\$63.7 million
Total state revenue from tobacco sales and settlement	\$173.3 million

Percent Tobacco Revenue to Fund at Recommended Level

16%

	Annual Total (Millions)		Annual Per Capita	
	Minimum	Recommended	Minimum	Recommended
I. State and Community Interventions				
Multiple social resources working together will have the greatest long-term population impact.	\$6.7	\$8.4	\$3.61	\$4.53
II. Mass-Reach Health Communication Interventions				
Media interventions work to prevent smoking initiation, promote cessation, and shape social norms.	\$2.6	\$3.7	\$1.40	\$1.99
III. Cessation Interventions				
Tobacco use treatment is effective and highly cost-effective.	\$7.4	\$11.7	\$3.99	\$6.31
IV. Surveillance and Evaluation				
Publicly funded programs should be accountable and demonstrate effectiveness.	\$1.7	\$2.4	\$0.90	\$1.28
V. Infrastructure, Administration, and Management				
Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	\$0.8	\$1.2	\$0.45	\$0.64
TOTAL	\$19.2	\$27.4	\$10.35	\$14.75

Note: A justification for each program element and the rationale for the budget estimates are provided in Section A. The funding estimates presented are based on adjustments for changes in population and cost-of-living increases since *Best Practices — 2007* was published. The actual funding required for implementing programs will vary depending on state characteristics, such as prevalence of tobacco use, sociodemographic factors, and other factors. See Appendix E for data sources on deaths, costs, revenue, and state-specific factors.

WEST VIRGINIA BUSINESS OWNERS:

EMPLOYEE TOBACCO USE IS HURTING YOUR BOTTOM LINE

In this era of rising health insurance costs, each employee who uses tobacco products directly impacts your business's bottom line. Consider these statistics:

HEALTH CARE RESOURCES

- Smoking-related illnesses annually cost West Virginia \$1,865 per smoker in excess medical expenses.¹
- On average, tobacco users cost company pharmaceutical plans twice as much as non-users.²

ABSENTEEISM AND PRODUCTIVITY

- Absenteeism is 50% higher for smokers than for nonsmokers⁴
- Tobacco use is a leading cause of lost productivity. Employees who smoke have almost twice as much lost production time per week than workers who do not smoke.⁵

MORTALITY

- On average, each WV resident (age 35+) who has a smoking-related death loses 14.6 years of life. This equals an average of \$283,000 in lost wages due to each premature death.³

WORKERS' COMPENSATION

- Businesses pay an average of \$2,189 in workers' compensation costs for smokers, compared with \$176 for nonsmokers. Smokers' bodies cannot heal as quickly.⁶

SMOKING RELATED ECONOMIC COSTS

- The annual economic costs of smoking-related diseases in West Virginia (health care costs plus lost wages due to death) amount to about \$9 per pack of cigarettes.³

HOW CAN YOU REVERSE THIS IMPACT ON YOUR BOTTOM LINE?

- Smoking and tobacco use cessation interventions⁷ are the single most cost-effective health benefit you can provide to your employees.
- Consider a work site tobacco cessation program to help your employees quit.

The WV Tobacco Cessation Quitline connects people who want to quit using tobacco products with an experienced Quit Coach.

THE QUITLINE OFFERS:

- One-on-one proactive coaching for tobacco users who are ready to quit
- Information on tobacco dependence for health care professionals
- Information about local resources to help tobacco users quit
- Free Nicotine Replacement Therapy (NRT) which includes patches, gum and lozenges
- Four free proactive coaching calls
- Unlimited reactive coaching calls
- Free educational materials and personalized quit plan
- Fax to Quit Program – complete the fax to quit form and Quitline personnel will be in contact within 24 hours to complete the intake process

CALL THE DIVISION OF TOBACCO PREVENTION FOR MORE INFORMATION: 866.384.5250



REFERENCE:

1. WV Bureau for Public Health, Health Statistics Center. Tobacco is Killing and Costing Us. From Colorado Department of Public Health and Environment, Tobacco Cessation Sustainability Partnership, 2010.
2. WV Bureau for Public Health, Health Statistics Center. Tobacco is Killing and Costing Us, 2012. <http://www.healthguidance.org/entry/32907/USmoking-and-Health-The-Facts.html>, 2013.
3. University of California, Santa Clara 2013. <http://tobaccoinstitute.ucsc.edu/pdf-only/fact-sheet.pdf>
4. The Association of Health Plans With Workers Compensation Costs. Journal of Occupational and Environmental Medicine. 43(6):534-541, June 2001.
5. Partnership for Prevention, Priorities for America's Health. Capitalizing on Life-Saving, Cost-Effective Preventive Services, 2006.

Comprehensive Tobacco Control Programs

- Administration and Management
- Surveillance and Evaluation

Health Communication Interventions

State and Community Interventions

Cessation Interventions

Development and dissemination of evidence-based information

Community Coalitions and Programs

Implementation and funding of cessation services such as Quitlines

Funding and technical support for community-based coalitions and programs to provide local sources of evidence-based information and activities

Informed attitudes and intentions among people (including people who don't use tobacco, tobacco users, and young people at risk) about tobacco use, tobacco cessation, secondhand tobacco smoke, and tobacco industry practices

Increased local awareness, motivation, and capacity to implement community programs and policies

Increased adoption of policies to support quitting and utilization of cessation services

Increased adoption of policies to raise tobacco product price

Increased adoption of policies to reduce marketing, promotion, and availability of tobacco products

Increased adoption of smoke-free policies in the home and community

Reduced Tobacco Use

Increased Tobacco Cessation

Reduced Initiation of Tobacco Use

Reduced Morbidity and Mortality

Reduced Exposure to Secondhand Smoke

Impact on Tobacco-Related Disparities

Key Potential Effect Modifier
- Level of funding

Diagram Key



Interventions considered in this review



Postulated intermediate outcomes



Key potential effect modifiers



Potential additional benefits



Outcomes considered in the assessment of effectiveness