

Short Communication

Economic Impacts of Tobacco Smoking and Return on Investment

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Abstract: Tobacco smoking is becoming a serious problem among young people and is associated with many health issues in both males and females. Social, cultural and physical factors play an important role in the increasing prevalence of tobacco smoking among youth; however, these factors can be controlled. Introducing a comprehensive health education policy focusing on age appropriate messages beginning at an early age is effective to stop smoking and has proven effective in preventing tobacco smoking among young individuals. Properly implemented, comprehensive anti-smoking education policies provide an excellent return on investment in preventing expensive and debilitating long term smoking-related health problems.

Keywords: Tobacco, Smoking, Nicotine, Passive smoking, Return on investment, Anti-Smoking, Second hand Smoking, Non-smoker.

INTRODUCTION

Tobacco smoking, especially cigarette smoking, is a most common practice, and a very serious health issue in the United States (U.S.). Today, it is the most popular form of tobacco use practiced in all human societies. It is further increased by aggressive advertising campaigns that are carefully tuned to contemporary cultural trends. Smokers burn tobacco and the smoke is tasted or inhaled, often resulting in tobacco dependence or addiction. Dependence on tobacco smoking is a difficult habit to break because tobacco contains nicotine, a highly addictive psychoactive substance [1]. Like heroin or other addictive drugs, the body and mind quickly become so used to the nicotine in cigarettes and other tobacco products that a person needs to have it just to feel normal [2].

The Challenges and Risks

People start smoking at different ages, but the habit generally develops during adolescence and early adulthood. Smoking is most prevalent among the age 25 to 44 year old population group [1]. According to a report of the Surgeon General of the United States, every day over 3,800 individuals under age 18 start smoking. One in four is a high school senior, and one in three is under age 26 [2]. Approximately 44 million people in the U.S. are currently cigarette smokers. Cigarette smoking is more prevalent in males (21.6%) as compared to females (16.5%). Among smokers, nearly 78% smoke every day, while 23% smoke somewhat less frequently [1]. Prevalence of smoking is highest among American Indians and Native Alaskans (31.5%) living below the poverty line [1] and who have often attained achieved lower than average levels of education.

People start smoking for a variety of different reasons. Young people start smoking because their parents, siblings or friends are daily smokers [3]. Some think it looks “cool.” Others recognize cigarette advertisements as a factor in smoking initiation. Certainly, advertisements promote the attractiveness or “coolness” of smoking. Students also report causes that include stress, a lack of confidence, worries and concern about school performance [3]. The influence of culture on smoking initiation is controversial. There is a clear correlation between low education and income levels and high smoking rates. These factors also indicate that a person will be less likely to quit smoking [4].

Passive or second hand smoking is the inhalation of smoke from a burning cigarette, cigar or pipe by a person other than the intended active smoker. Most second hand smoke exposure occurs in public places, and carries a 20-30% risk of developing lung cancer [1]. Approximately 88 million people are exposed to second hand smoke in U.S. Children and infants are at particular risk of passive smoking as evidenced by approximately 7,500-15,000 hospitalization per year [1].

Active tobacco smoking is one of the single largest preventable causes of morbidity and mortality in U.S. and worldwide. Smoking is the leading cause of lung cancer and contributes 87% of total deaths due to lung cancer [1]. The risk of lung cancer is 20-30 times greater in smokers as compared to non-smokers. It also contributes towards increased prevalence of chronic lung diseases, bone diseases and cardiovascular problems. The harmful effects are not limited only to active smokers but equally affect those exposed to

second-hand smoke [5]. Cessation of smoking can reduce significantly the risk of a number of diseases. The U.S. spends more than \$180 billion annually in healthcare expenditures and loss of productivity due to smoking. The lifetime healthcare cost for a smoker is \$17,500 higher than for a non-smoker [6].

Anti-Smoking Efforts

In 1998, the Master Settlement Agreement was signed between 46 states and major tobacco companies to control smoking among youth. Approximately \$200 billion was made available, but only a fraction of these funds was dedicated to tobacco control. Despite spending only a small proportion of the total amount, there has been a significant decline in youth smoking since 1998. The funding for state tobacco control programs was almost doubled between 1998 and 2008 [7]. Cigarette prices have increased significantly from \$2.62 to \$4.35 per pack as a result of cigarette excise tax increases. Finally, state and federal laws encourage states to enforce youth access laws [1, 7]. In recent years, smoke free place policies have been implemented at restaurants, workplaces and even pubs in U.S. Smoke free policies now extend even to outdoor areas and shared multi-unit buildings [8].

In 2009, the Family Smoking Prevention and Tobacco Control Act granted authority to the U.S. Food and Drug Administration (FDA) to regulate tobacco product manufacturing, advertising, distribution and marketing. Coordinated, multi-component interventions that include mass media campaigns, comprehensive community programs, comprehensive statewide tobacco control programs, and school-based policies have proven effective in preventing the onset of tobacco use among youth and young adults [2].

Return on Investment

Not smoking is one of the leading indicators of good health. The Centers for Disease Control (CDC) has made one of its objectives the reduction of tobacco smoking among adults from 20.6% in 2008 to 12% by 2020. Methods to be promoted include increasing tobacco prices, anti-tobacco media campaigns, and laws aimed at reducing smoking [1]. According to the recent data, age adjusted adult cigarette smoking rates among 18+ years old has decreased from a baseline 20.6% in 2008 to 19.0% in 2011. The decrease was most significant among daily smokers, who smoke more than 30 cigarettes per day. This cohort dropped from 12.6% in 2005 to 9.1% in 2011. Smoking rates are decreasing due to a combination of educational, clinical, regulatory, economic and social initiatives [2]. In California, for example, approximately \$1.8 billion has been spent on tobacco control programs since in 1988, resulting in savings of \$86 billion in health care costs alone. Adult smoking rates and the number of cigarettes smoked per person has decreased significantly [1]. Effective community based programs helping people to increase their physical activity, improve nutrition and

quit smoking provide a return on investment within five years of \$5.60 for every \$1 invested [6].

CONCLUSION

Tobacco and nicotine dependence is a chronic condition that often requires repeated interventions, but effective treatments and helpful resources exist. Smoking cessation requires extensive organization of educational campaigns to raise awareness of the dangers which threatens human smokers and non-smokers alike. Full implementation of comprehensive tobacco control programs at CDC-recommended funding levels are projected to result in a substantial reduction in tobacco-related disease and death and billions of dollars in savings from averted medical costs and lost productivity.

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