



THE TOLL OF TOBACCO IN KENTUCKY

Tobacco Use in Kentucky

- High school students who smoke: 14.3% [Girls: 14.0% Boys: 14.3%]
- High school males who smoke cigars: 13.4%
- High school students who use e-cigarettes: 14.1%
- Kids (under 18) who try cigarettes for the first time each year: 15,600
- Additional Kids (under 18) who become new regular, daily smokers each year: 2,500
- Adults in Kentucky who smoke: 24.6% [Men: 27.0% Women: 22.4% Pregnant Females: 18.4%]

Nationwide, youth smoking has declined significantly since the mid-1990s. The 2017 Youth Risk Behavior Survey (YRBS) found that the percentage of high school students reporting that they have smoked cigarettes in the past month decreased to 8.8 percent in 2017, the lowest level since this survey began in 1991. The high school smoking rate has declined by a remarkable 76 percent since peaking at 36.4 percent in 1997. The 2017 National Youth Tobacco Survey, using a different methodology than the YRBS, found that 7.6% of high school students smoke cigarettes. 14.0 percent of U.S. adults currently smoke, significantly less than the 18.9 percent in 2011 and the 15.5 percent in 2016.

Deaths in Kentucky From Smoking

- Adults who die each year in Kentucky from their own smoking: 8,900
- Proportion of cancer deaths in Kentucky attributable to smoking: 34.0%
- Kentucky kids who have lost at least one parent to a smoking-caused death: 4,900
- Kids alive in state today who will ultimately die from smoking: 119,000 (given current smoking levels)

Nationally, smoking alone kills more people each year than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined. For every person who dies from smoking, at least 30 more are suffering from serious smoking-caused disease and disability.

Tobacco-Related Monetary Costs in Kentucky

- Annual health care expenditures in the State directly caused by tobacco use: \$1.92 billion
 - State Medicaid program's total health expenditures caused by tobacco use: \$589.8 million
- Estimated annual health care expenditures in Kentucky from secondhand smoke exposure: \$149.0 million
- Citizens' state/federal taxes to cover smoking-caused gov't costs: \$1,116/household
- Smoking-caused productivity losses in Kentucky: \$2.79 billion

The above productivity loss is from smoking-death-shortened work lives, alone. Even larger productivity losses come from smoking-caused work absences, on-the-job performance declines, and disability-shortened productive work lives. Other non-health costs caused by tobacco use include direct residential and commercial property losses from smoking-caused fires and smoking-caused cleaning and maintenance costs.

Tobacco Industry Advertising and Other Product Promotion

- Estimated portion spent in Kentucky each year: \$276.7 million

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

Kentucky Government Policies Affecting The Toll of Tobacco in Kentucky

- Annual State tobacco prevention spending from tobacco settlement and tax revenues: \$3.8 million [National rank: 35 (with 1 the best), based on percent of CDC recommendation. CDC recommendation: \$56.4 million. Percent of CDC recommendation: 6.7%]
- State cigarette tax per pack: \$1.10 [National rank: 36th (average state tax is \$1.79 per pack)]

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Sources

Youth smoking. 2017 Youth Risk Behavior Survey (YRBS). A 2015 YRBS found that 16.9% of high school students smoked. Current smoking = smoked in past month. The 2017 YRBS found that 8.8% of U.S. high school kids smoke. The 2017 National Youth Tobacco Survey (NYTS), using a different methodology than the YRBS, found that 7.6% of U.S. high school kids smoke. **Male youth cigar smoking.** 2017 YRBS. The 2017 National YRBS found that 10.5% of US high school males smoke cigars. The 2017 NYTS, using a different methodology than the YRBS, found that 9.0% of high school males smoke cigars. **Youth e-cigarette use.** 2017 YRBS. The 2017 National YRBS found that 13.2% of U.S. high school kids use e-cigarettes. The 2018 NYTS, using a different methodology than the YRBS, found that 20.8% of U.S. high school kids use e-cigarettes. **New youth smokers.** Estimate based on U.S. Dept of Health & Human Services (HHS), "Results from the 2017 National Survey on Drug Use and Health: Summary of National Findings and Detailed Tables,"

<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.pdf> with the state share of the national number estimated proportionally based on the projected number of youth smokers ages 0-17 reported in U.S. Department of Health and Human Services (HHS), *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>. **Adult smoking.** State: CDC, BRFSS 2017 online data: <https://www.cdc.gov/brfss/brfssprevalence/index.html>. Because of changes in methodology, state-specific adult smoking rates cannot be compared to data prior to 2011. National: CDC, "Tobacco Product Use Among Adults—United States, 2017," *MMWR* 67(44): 1225-1232, November 9, 2018, <https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6744a2-H.pdf>. **Pregnant Females.** CDC, "Cigarette Smoking During Pregnancy: United States, 2016." NCHS Data Brief, 305, February 2018, <https://www.cdc.gov/nchs/data/databriefs/db305.pdf>. **Adult deaths.** CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/. Smoking-related disease and disability from CDC, *Smoking & Tobacco Use*, http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm#toll. **Smoking-Attributable Cancer Deaths.** Lortet-Tieulent, J, et al., "State-Level Cancer Mortality Attributable to Cigarette Smoking in the United States," *JAMA Internal Medicine*, published online October 24, 2016. Includes 12 smoking-related cancers (acute myeloid leukemia and cancers of the oral cavity and pharynx; esophagus; stomach; colorectum; liver; pancreas; larynx; trachea, lung, and bronchus; cervix uteri; kidney and renal pelvis; and urinary bladder). **Lost Parents.** Leistikow, B, et al., "Estimates of Smoking-Attributable Deaths at Ages 15-54, Motherless or Fatherless Youths, and Resulting Social Security Costs in the United States in 1994," *Preventive Medicine* 30(5):353-360, May 2000, and state-specific data from author. **Projected youth smoking deaths.** HHS, *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>.

Costs caused by tobacco use (NOTE: To make all of the cost data more comparable, some figures have been adjusted for inflation and updated to 2009 dollars, using the same methodology that CDC has used in the past). **Health and productivity costs caused by tobacco use.** CDC, *Best Practices for Comprehensive Tobacco Control Programs 2014*, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm; CDC, *Smoking Attributable Mortality, Morbidity and Economic Costs*, SAMMEC, <http://apps.nccd.cdc.gov/sammecl/>; CDC, *State Data Highlights 2006* [and underlying CDC data/estimates], http://www.cdc.gov/tobacco/data_statistics/state_data/data_highlights/2006/index.htm. State Medicaid program expenditures are before any federal reimbursement. State Medicaid program expenditures may be conservative because they do not reflect the effects of Medicaid expansion under the Affordable Care Act. **SHS Costs.** Behan, DF, et al., *Economic Effects of Environmental Tobacco Smoke*, Society of Actuaries, March 31, 2005, <https://www.soa.org/Research/Research-Projects/Life-Insurance/research-economic-effect.aspx> [nationwide costs allocated to state based on its share of all U.S. smokers]. **State-federal tobacco tax burden.** Equals Kentucky residents' federal & state tax payments necessary to cover all state government tobacco-caused costs plus the residents' pro-rated share, based on state populations, of all federal tobacco-caused costs. See above and Xu, X et al., "Annual Healthcare Spending Attributable to Cigarette Smoking: An Update," *Am J Prev Med*, 2014, with other state government tobacco costs taken to be 3% of all state smoking-caused health costs, as in CDC, "Medical Care Expenditures Attributable to Smoking—United States, 1993," *MMWR* 43(26):1-4, July 8, 1994. **Other tobacco-related costs.** U.S. Treasury Dept., *Economic Costs of Smoking in the U.S. & the Benefits of Comprehensive Tobacco Legislation*, 1998; Chaloupka, F.J. & K.E. Warner, "The Economics of Smoking," in Culyer, A & Newhouse, J (eds), *Handbook of Health Economics*, 2000; CDC, *MMWR* 46(44), November 7, 1997; CDC, *Making Your Workplace Smokefree: A Decision Maker's Guide*, 1996; Mudarri, D, U.S. Environmental Protection Agency, *Costs & Benefits of Smoking Restrictions: An Assessment of the Smoke-Free Environment Act of 1993 (H.R. 3434)*, submitted to Subcommittee on Health & the Environment, Committee on Energy & Commerce, U.S. House of Rep., April 1994; Brigham, P & McGuire, A, "Progress Toward a Fire-Safe Cigarette," *Jnl of Public Health Policy* 16(4):433-439, 1995; Hall, JR, Jr., Nat'l Fire Protection Assoc., *The Smoking-Material Fire Problem*, November 2004. U.S. Fire Admin./Nat'l Fire Data Center, Federal Emergency Management Agency (FEMA), *Residential Smoking Fires & Casualties*, Topical Fire Research Series 5(5), June 2005, <http://www.usfa.fema.gov/downloads/pdf/tfrs/v5i5.pdf>.

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Related Campaign for Tobacco-Free Kids Fact Sheets, available at:

<http://www.tobaccofreekids.org> or <https://www.tobaccofreekids.org/us-resources>.