

BENEFITS AND SAVINGS FROM SMOKING DECLINES IN NEW JERSEY

Since 1999, smoking rates in New Jersey have declined significantly, sharply reducing the harms and costs caused by smoking in the State.

	<u>1999</u>	<u>2006</u>	<u>Fewer Current Smokers</u>
High School Youth Smoking	27.6%	15.8%	55,720

	<u>2000</u>	<u>2008</u>	<u>Fewer Current Smokers</u>
Adult Smoking	21.0%	14.8%	411,370

Because of these declines:

- **62,060** fewer kids alive today in New Jersey will grow up to be addicted adult smokers
- **128,830** fewer of today's residents in New Jersey will ultimately die prematurely from smoking

In addition, by prompting current adult and youth smokers to quit, the state has locked in enormous savings over the lifetimes of each person stopped from future smoking. Put simply, the lifetime health care costs of smokers total at least \$17,500 more than nonsmokers, on average, despite the fact that smokers do not live as long, with a somewhat smaller difference between smokers and former smokers.

In addition to securing reductions to New Jersey government, business, and household healthcare costs, these smoking declines will also directly reduce state Medicaid program expenditures. More than 10 percent of all smoking-caused health care expenditures in New Jersey are paid for by the state's Medicaid program.

The substantial ongoing improvements in public health from the smoking declines detailed above have secured the following reductions in health care costs:

Future Health Cost Savings from Youth & Adult Smoking Declines	\$4.9 billion
Future Medicaid Savings from Youth & Adult Smoking Declines	\$1.0 billion

Tobacco use is the number one cause of preventable death in New Jersey, killing 11,200 people each year, while thousands of others suffer from smoking-caused disease and disability. It is also a substantial drag on the state's economy, costing the state \$3.17 billion in health care costs every year. Providing significant funding to statewide tobacco prevention and cessation programs would provide additional tobacco use declines and produce enormous public health and economic benefits.

For more on state investments in tobacco prevention and related smoking-decline benefits and savings, see:

<http://tobaccofreekids.org/research/factsheets/index.php?CategoryID=6>

Notes and Sources. Future healthcare savings from smoking reductions accrue over the lifetimes of those persons who quit or do not start. *Behavioral Risk Factor Surveillance System. Youth Tobacco Survey, Youth Risk Behavioral Survey* or specific state youth smoking surveys. Hodgson, TA, "Cigarette Smoking and Lifetime Medical Expenditures," *Milbank Quarterly* 70(1), 1992 [average smoker's lifetime health costs \$17,500 more than nonsmoker's despite earlier death (in 2004 dollars); but the average savings per each adult quitter are less than that because adult smokers have already been significantly harmed by their smoking and have already incurred or locked-in extra, smoking-caused health costs]. Campaign for Tobacco-Free Kids factsheet, *Lifetime Healthcare Costs: Smokers v. Non-Smokers v. Former Smokers*. See, also, Warner, KE, et al., "Medical Costs of Smoking in the United States: Estimates, Their Validity, and Their Implications," *Tobacco Control* 8(3):290-300, Autumn 1999. Miller, L, et al., "State Estimates of Medicaid Expenditures Attributable to Cigarette Smoking, Fiscal Year 1993," *Public Health Reports* 113:140-151, March/April 1998; Miller, L, et al., "State Estimates of Medicaid Expenditures Attributable to Cigarette Smoking, Fiscal Year 1993," *Public Health Reports* 113:140-151, March/April 1998. On average, the federal government reimburses the states for roughly 57% of their Medicaid program costs. Orleans, CT, et al., "Helping Pregnant Smokers Quit: Meeting the Challenge in the Next Decade", *Tobacco Control* 9(Supplemental III): 6-11, 2000. Miller, P, et al., "Birth and First-Year Costs for Mothers and Infants Attributable to Maternal Smoking," *Nicotine & Tobacco Research* 3(1): 25-35, February 2001. Lightwood, JM, et al., "Short-Term Health and Economic Benefits of Smoking Cessation: Low Birth Weight," *Pediatrics* 104(6): 1312-1320, December 1999.