

**The New York Tobacco Control Program's high return on investment<sup>2</sup> demonstrates the Program is an efficient use of public funds because it lowers smoking prevalence, which results in lower health care expenditures and fewer deaths.**

The New York State Department of Health's Tobacco Control Program was initially funded in 2000. The Program uses an evidence-based approach towards its core goals of:

- Preventing the initiation of tobacco use by youth and young adults
- Promoting cessation
- Eliminating exposure to secondhand smoke
- Promoting health equity

The New York Tobacco Control Program approach includes:

- Conducting mass-reach media campaigns
- Supporting cessation through health systems change, Quitline access, and low-cost access to Food and Drug Administration-approved quit-smoking medications
- Implementing statewide and community interventions
- Conducting surveillance and evaluation
- Providing infrastructure, administration, and management to guide the Program

**Reductions in adult smoking prevalence associated with the funding of the New York Tobacco Control Program have resulted in substantial cost savings and thousands of lives saved.<sup>3</sup>**

**From 2001 to 2019, New York Tobacco Control Program funding has been associated with:<sup>3,4</sup>**



**\$13.2 billion** cumulative savings (**\$694 million** annual average) in smoking-attributable health care expenditures

**41,700** smoking-attributable deaths averted (an average of **2,198** deaths averted per year)



**672,141** years of life lost averted (**35,376** years annually). The estimated financial savings associated with these fewer years of life lost is **\$127.5 billion** (an annual average of **\$6.7 billion**).

**For every \$1 spent on the New York Tobacco Control Program from 2001 to 2019 (beyond what was spent in a comparison area):<sup>4,5</sup>**



Smoking-attributable health care expenditures were **lower** in New York State by approximately **\$15**



Economic costs of life years lost due to smoking-attributable deaths were **lower** in New York State by approximately **\$146**



**Continued funding is needed to sustain the Program's successes, as New York State still faces considerable health and economic burdens associated with smoking.** In 2019, there were approximately:

- 28,000 smoking-attributable deaths<sup>6</sup>
- \$7.7 billion in smoking-attributable health care expenditures<sup>7</sup>



**New York's available tobacco control funding for fiscal year 2023-2024 represents only 17% of Centers for Disease Control and Prevention's recommended funding level for the state.<sup>8</sup>**



**The New York Tobacco Control Program's fiscal year 2023-2024 funding represents only 3% of the combined revenue that the state receives annually** from Master Settlement Agreement payments (\$741 million in 2023) and tobacco-related taxes (\$881 million from tobacco excise taxes in 2023 and \$24 million from the vapor product sales tax in 2023).



Funding the New York Tobacco Control Program at higher levels has the **potential to generate larger returns on investment**, assuming the additional funding is used as effectively as current funding.



**Cuts in funding could stall progress** or even reverse program success and could lead to more costs, with a dollar value potentially exceeding the amount of the funding cut.

1. Return on Investment is a measure that compares the economic value of the benefits attributable to an intervention or program to the costs of that intervention or program.

2. The median return on investment across all public health interventions included in a systematic review (Masters R, Anwar E, Collins B, Cookson R, Capewell S. Return on investment of public health interventions: a systematic review. *J Epidemiol Community Health*. Aug 2017;71(8):827-834. <https://doi.org/10.1136/jech-2016-208141>) was 14.3. The New York Tobacco Control Program estimated the return on investment for health care expenditures was close to this median value (14), while the estimated return on investment for mortality (economic valuation of years of life lost), was considerably higher (145).

3. RTI International estimated the return on investment of the New York Tobacco Control Program using the following steps: 1) Estimated effectiveness by estimating the difference in adult smoking prevalence between New York and a synthetic control group. 2) Calculated the difference in smoking-attributable health care expenditures between New York and the synthetic control group. 3) Calculated the net savings in smoking-attributable expenditures relative to New York Tobacco Control Program expenditures to determine the return on investment.

4. Monetary value is expressed in real, inflation-adjusted 2019 dollars.

5. RTI International used a synthetic control as a comparison area, which represents what New York smoking prevalence would have been had the state not implemented a tobacco control program.

6. Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2020. Accessed [12/14/23] from: <https://vizhub.healthdata.org/gbd-results/>

7. Estimate updated from: Mann N, Gaber J, Spinks G, Nonnemaker J, Brown B. The health and economic burden of smoking in New York. Topical Report. Prepared for the New York State Department of Health. Accessed [12/01/2023] from: [https://health.ny.gov/prevention/tobacco\\_control/reports/docs/health\\_and\\_economic\\_burden.pdf](https://health.ny.gov/prevention/tobacco_control/reports/docs/health_and_economic_burden.pdf)

8. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta: 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, 2014.