2022 National Conference on Tobacco or Health

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Primary Presenter

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Biography Since founding the first physicians' anti-smoking activist organization Doctors Ought to Care (DOC) in 1977, Dr. Blum has given over 2000 invited presentations on tobacco and has published over 100 peer-reviewed articles. As editor of the Medical Journal of Australia and the New York State Journal of Medicine, he produced the first theme issues on the world tobacco pandemic at any journal. In 1988 he received the Surgeon General's Medallion from Dr. C. Everett Koop, who wrote, "Dr. Blum has done more against smoking than anyone." In 2006 Amherst College awarded him an honorary Doctor of Science for his career-long effort to combat the tobacco industry. Since 1998, he has served as Professor of Family Medicine and Director of the Center for the Study of Tobacco and Society (csts.ua.edu), the most comprehensive archive of original documents and ephemera of the tobacco industry and the anti-smoking movement throughout the past century.
Have you ever been employed by or received any funding from the tobacco industry (including manufacturers of tobacco products, the Tobacco Institute, law firms, or other interests representing tobacco companies to conduct research or provide consultation), the pharmaceutical industry (including producers of smoking cessation products), or another for-profit healthcare company that sells products or conducts research relevant to tobacco control policies (including e-cigarette manufacturers or marketing companies)?:: I have not received any funding from these entities.
Please provide additional detail explaining the funding received and your relationship with the entity. If your abstract is accepted, you will be required to complete and sign a disclosure of conflicts of interest form providing this detail and more of these relationships.:

Co-Presenter 1

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Bio Dr Eke has a background in clinical medicine, epidemiology and biostatistics, and health informatics. He is a graduate of the University of Benin School of Medicine (MD), following which he completed a residency in family medicine and an embedded fellowship program in pediatric gastroenterology and endocrinology. He received an MPH from Tulane University School of Public Health and a PhD in epidemiology from the University of Memphis. At the University of Alabama, Dr Eke conducts research on several chronic diseases, including lung cancer, cardiovascular disease, diabetes, and disorders of the digestive system. He applies epidemiological and statistical concepts and techniques to large datasets to understand how behaviors, socio-demographic, spatial orientation, and health system factors influence health outcomes. Dr Eke's recent co-authored commentary in The Lancet, "Tobacco control: All research, no action," underscores the need for more assertive and innovative approaches to ending the global smoking pandemic.
Have you ever been employed by or received any funding from the tobacco industry (including manufacturers of tobacco products, the Tobacco Institute, law firms, or other interests representing tobacco companies to conduct research or provide consultation), the pharmaceutical industry (including producers of smoking cessation products), or another for-profit healthcare company that sells products or conducts research relevant to tobacco control policies (including e-cigarette manufacturers or marketing companies)?:: I have not received any funding from these entities.
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Session Information

Poster Session:
Panel Presentation (75 minutes): Yes
Individual Presentation (20 minutes):
Session Title: What percentage of states' tobacco excise taxes and MSA payments is dedicated to curbing smoking?
Session Abstract: please provide a brief (500 words or less) description of this proposed session. Please note that if your abstract is accepted this description may be published in meeting materials as is, or may be edited for clarity or brevity.: Background: Tobacco product use has long been implicated in multiple chronic health conditions that contribute significantly to high health care costs and productivity losses. Evidence-based studies show that in addition to other interventions excise taxes on tobacco products reduce tobacco use initiation, promote smoking cessation, and reduce adverse health consequences. However, there is a paucity of public data on tobacco excise tax revenue spending in the US, and the proportion of tobacco excise tax revenue that is dedicated to tobacco use prevention and cessation is unknown. Similarly, the US Tobacco Master Settlement Agreement (MSA) in 1998 between the state attorneys general and the tobacco industry was ostensibly effected to help states pay for tobacco-related health care costs and to fund public education and other tobacco control activities. It was assumed that the annual MSA payments to each state (based on the previous year's tobacco product sales) would fund significant additional efforts by each state to implement policies to discourage tobacco consumption. This presentation reports on the proportion of tobacco excise tax revenue and MSA payments in all US states that is allocated for tobacco use prevention and cessation interventions. Methods: We searched the online database Scopus, which indexes MEDLINE and EMBASE records, from 2000 to 2020 for peer-reviewed journal articles on tobacco excise taxes and smoking prevention and cessation interventions in the United States. We also searched grey literature online and physical documents for reports on excise taxes and smoking cessation in the US. Findings: We found 30 relevant articles published since 2000 on tobacco excise taxes earmarked for smoking cessation and prevention. 15 articles and reports met our inclusion and exclusion criteria. The state excise tax on cigarettes ranged from $0.70 per pack in Missouri to $4.35 in New York. Alaska ranks first among states in revenue spent on smoking prevention and cessation interventions, with an average amount of $8.74 million (8.8% of total revenue). Yet even this expenditure is a tiny fraction of the annual health care costs of $483 million directly caused by smoking in Alaska. Missouri ranks last, with an annual allocation of only 0.2% ($171,885) of total state tobacco excise tax revenue. Nearly $270 billion from the MSA has been received by the states over 22 years, and only 2.4% ($656 million) has been allocated to smoking prevention and cessation interventions. In 85% of states, the MSA funding earmarked for tobacco control has been well below the amounts recommended by the Centers for Disease Control and Prevention. Conclusions: State allocations for tobacco prevention and cessation are miniscule. We conclude that States remain dependent on tobacco excise tax revenue for general use. As a result, there is a disincentive for allocating more funding to tobacco control measures. The passage of new state

laws that dedicate an increasing percentage of tobacco excise taxes each year to tobacco control is a logical solution to reducing the states' addiction to tobacco tax revenue.

Supporting session documentation (OPTIONAL): If you have additional documentation that you believe is critical for reviewers to have in order to evaluate your submission (i.e. journal article, poster design), you may choose to upload that document here. (Word, PDF, .jpeg, or Excel files may be uploaded.: 305425-2-80782-890e066f-0483-4e8d-8c5e-e327ea905c95.docx

Learning Objective #1:: As the result of attending this session, participants will be able to define "dedicated tobacco excise tax" and cite two advantages of dedicated tobacco excise taxes over tobacco excise tax revenue with no preset percentage earmarked for tobacco control.

Learning Objective #2:: Participants will be able to name the two states that have allocated the most per capita funding from tobacco excise tax revenue to tobacco control measures and the two states that have allocated the least funding from tobacco taxes for tobacco control.

Learning Objective #3:: Participants will be able to name the two states that have dedicated the largest percentage of Master Settlement Agreement (MSA) payments to tobacco control, as well as the two states that have allocated the lowest percentage of MSA payments to tobacco control