



the burden of tobacco in georgia

Mission Statement

Tobacco use is the number one preventable cause of death, killing more Americans each year than alcohol, cocaine, crack, heroin, homicide, suicide, car accidents, fires, and AIDS combined.

The mission of the Tobacco Use Prevention Program is to coordinate strategy in tobacco use prevention and control, provide assistance on policy development, and serve as a resource center for tobacco issues.

The Tobacco Use Prevention Program provides project support to the Coalition for a Healthy And Responsible Georgia (CHARGE), the state coalition for tobacco use prevention, and to local coalition programs in Georgia communities served by the public health districts.

Contact Us



404-657-6649

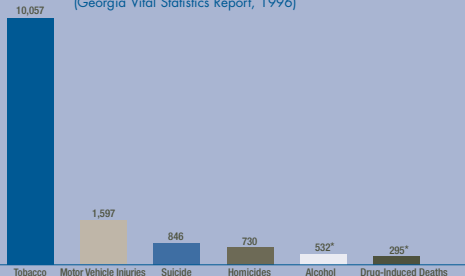


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Georgia Tobacco Use and Prevention Program
and
CHARGE

Tobacco/Other Causes of Death Compared

(Georgia Vital Statistics Report, 1996)



*excludes accidents, homicides, and other indirect causes

The Tobacco Use Prevention Program is located within the Division of Public Health, Georgia Department of Human Resources. The mission of the division is to promote and protect the health of people in Georgia wherever they live, work, and play. We unite with individuals, families, and communities to improve their health and enhance their quality of life.

This booklet was produced collaboratively by the Georgia Department of Human Resources and the Coalition for a Healthy And Responsible Georgia (CHARGE). The vision of CHARGE is to create a healthier tomorrow where fewer children become addicted to tobacco, fewer people are exposed to secondhand smoke, and tobacco users can find the help they need to quit and remain tobacco-free.



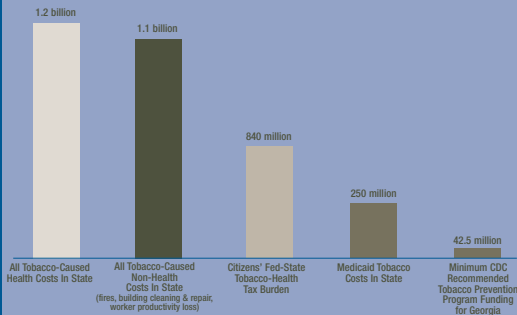
Tobacco use causes an enormous health, financial, and emotional burden in Georgia. It costs billions in health care expenditures and reduces productivity in our businesses and industries. Most importantly, tobacco use robs families of their loved ones and resources at an incalculable cost.

Each year tobacco kills more than 10,000 Georgians and drains \$1.2 billion from our economy in health care expenditures. Of this figure, \$840 million comes directly from residents' tax dollars. Medicaid payments directly related to tobacco use total \$250 million. Babies' health problems caused by mothers smoking or being exposed to secondhand smoke during pregnancy cost an additional \$38 to \$108 million.

As high as these costs are for Georgia today, they will be even greater should the current generation of youth become addicted adults. An estimated 30,000 Georgia children begin smoking every year and another 10,000 start using spit tobacco products.

Projected increases in the population of older adults ensure continued medical costs associated with tobacco use, thus extending the financial burden to Georgia taxpayers.

Economic Cost to Georgians Due to Tobacco Each Year vs. Prevention Costs



An Ounce of Prevention Is Worth a Pound of Cure

Preventing the problem of tobacco use before it starts would save Georgia billions of taxpayer dollars and thousands of lives. Every dollar invested for prevention yields about \$15 in savings to Georgia.

Evidence from other states demonstrates that the most effective way to significantly reduce and prevent tobacco use is through a comprehensive, sustained, multi-year tobacco prevention program. The Centers for Disease Control and Prevention recommend a minimum of \$42.5 million per year to fund such a program in Georgia.

States that have implemented comprehensive tobacco prevention programs—such as Oregon, California, and Massachusetts—have seen a significant reduction in overall smoking levels.

Florida achieved success in significantly reducing its youth smoking rates despite an increase in U.S. high school smoking rates from 27 percent in 1991 to 36 percent in 1997.

Specifically, Florida reduced its youth smoking rates in the span of two years through its well-funded Youth Tobacco Pilot Project. From 1998 to 2000, tobacco use declined by 54 percent among middle school students and by 24 percent among high school students. This represents nearly 80,000 fewer Florida youth smokers.

The Centers for Disease Control and Prevention recommends these key elements for a successful prevention plan:

- community and school-based programs, partnership grants, counter-marketing, cessation, and surveillance and evaluation.**

Youth tobacco use is on the rise...experimentation with it can eventually lead to addiction and death. In fact, an estimated 30,000 youth begin smoking every year in Georgia and an additional 10,000 youth begin using spit tobacco products. Though these statistics are alarming, what is even more disturbing is the fact that 131,000 Georgia children currently under the age of 18 will eventually die prematurely from tobacco use.



Nicotine is frequently the first experimental drug used by youth, producing immediate health problems in smokers such as coughing and shortness of breath. Spit tobacco, also known as smokeless tobacco, snuff, dip, chew, and chewing tobacco, can contain up to five times as much nicotine in one chew as in one cigarette. Tobacco use among children and adolescents progresses in four stages: forming accepting attitudes and beliefs about tobacco, experimenting, regularly using tobacco, and lastly, becoming addicted.

- In Georgia, the average age of initiation for tobacco use is between 10 and 13.
- The 1999 Georgia Youth Tobacco Survey (GYTS), conducted by the Division of Public Health, revealed that 27 percent of eighth grade students are current tobacco users.
- More than half of all middle school students have experimented with some form of tobacco, according to the 1999 GYTS.
- In 1999, 39 percent of Georgia's eighth grade students reported having tried cigars.
- During the 1999 tobacco compliance checks for sales to minors, more than 40 percent of underage youth were able to purchase their own cigarettes through vending machines in Georgia.
- A 1997 national survey indicated that among students under 18 years old who were current smokers, almost 67 percent reported never being asked to show proof of age when buying cigarettes in a store.
- An estimated \$146 million is spent on tobacco advertising in Georgia each year.
- A 1998 national survey showed that, of adolescents who are current smokers, more than 92 percent report using the three most heavily advertised brands of cigarettes.

The impact of smoking on maternal and child health is tremendous. A national study estimates that smoking during pregnancy accounts for 17 to 26 percent of low birth weight babies and up to 14 percent of premature deliveries. Sadly, smoking accounts for 10 percent of all infant deaths.

According to a 1999 study, the total medical cost for each pregnant woman who smokes after her first trimester averages \$511 more than for a non-smoker, adding up to \$263 million per year, nationally; in contrast, smoking cessation programs produce significant short-term health benefits and cost savings. An annual drop of one percent in smoking prevalence among pregnant women before the end of the first trimester would prevent 1,300 low birth weight babies and save \$21 million in direct medical costs in the first year of the program.

"Young girls are the mothers of tomorrow. Tobacco addiction in the teenage years poses a heavy burden as it places both the girls and their future children at risk."

—Honorable Sally Harrell, Ga. House Representative, District 62

The Dangers of Secondhand Smoke

Secondhand smoke is the third leading preventable cause of death in the United States, killing over 53,000 people every year and causing illness in over 300,000 children.



Secondhand smoke contains over 4,000 chemicals—43 of which are classified as Group A Carcinogen (cancer causing)—and is linked to lung and nasal cancer. Its impact on infants and children include:

- Sudden Infant Death Syndrome (SIDS)
- Asthma induction and exacerbation
- Bronchitis and pneumonia
- Middle ear infection
- Chronic respiratory symptoms
- Low birth weight

The Toll on Older Adults

Tobacco-related illnesses are not only extremely expensive to treat, they are also deadly. Tobacco use is responsible for nearly one in six deaths in Georgia. In 1998, 24 percent of Georgia adults were current smokers.

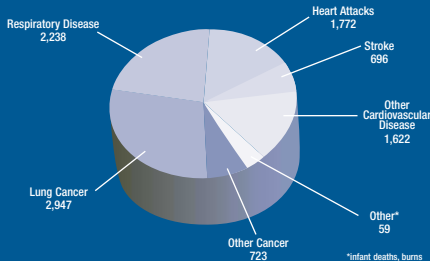
Tobacco use is a major cause of heart disease, bronchitis, emphysema, and stroke, and it contributes to the severity of colds and pneumonia. Cigarette smoking is a major cause of cancers of the lung, larynx, pharynx, and esophagus, and it is a contributing factor to cancers of the bladder, pancreas, cervix and kidney. Spit tobacco products, which are not a safe alternative to cigarettes, are a major cause of cancers of the mouth.

Georgia 1996 data indicate that smokers who die from tobacco-related causes die an average of 15 years prematurely.

"Living to age 64 instead of dying at age 49 could mean being alive to see your children graduate from high school or college."

*—Dr. Kathleen Toomey, Director
Georgia Division of Public Health*

Georgia Deaths Attributed To Smoking (1996 Major Smoking-Related Mortality)



Tobacco use is a complex, far-reaching issue for Georgia, affecting our citizens from newborns to the elderly. The devastation of losing a family member in his or her prime cannot be measured simply as a statistic.

The bottom line is that we all pay for the burden of tobacco. In one form or another, taxpayers — smokers and non-smokers alike — will pay out of their pockets and possibly with their lives. Public health programs designed to take a comprehensive approach to preventing youth initiation and promoting cessation are vital to addressing the economic, medical, and emotional impact of tobacco use in Georgia.

For Georgia data on tobacco-related deaths, see: *Georgia Epidemiology Report*, "Smoking in Georgia: Prevalence and Mortality for 1996," Georgia Division of Public Health, 1998; *Georgia Vital Statistics Report 1996*, Georgia Division of Public Health; National Vital Statistics Reports, 47 (19):11 (June 1999). **For Georgia tobacco-associated costs, see:** Miller LS, Zhang X, Rice DP, Max, W. State Estimates of Total Medical Expenditures Attributable to Cigarette Smoking, 1993. *Public Health Reports*, 113:447-58 (September/October 1998); Miller LS, Zhang X, Novotny T, Rice DP, Max, W. State Estimates of Medicaid Expenditures Attributable to Cigarette Smoking, Fiscal Year 1993. *Public Health Reports*, 113:140-151 (March 1998); U.S. Department of the Treasury, The Economic Costs of Smoking in the U.S. and the Benefits of Comprehensive Tobacco Legislation (1998). **For Georgia trends in tobacco use, see:** Georgia Youth Tobacco Survey 1999, Georgia Division of Public Health; *Georgia Behavioral Risk Factor Surveillance Survey: Six-Year Trend Report, 1993-1998*. **For nationwide data on tobacco-related health consequences and trends, see:** Centers for Disease Control and Prevention (CDC), *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*, Atlanta, Georgia: U.S. Department of Health and Human Services (DHHS), Public Health Service, CDC, Office on Smoking and Health (OSH), 1994; California Environmental Protection Agency, "Health Effects of Exposure to Environmental Tobacco Smoke: Final Report," Sacramento: Office of Environmental Health Hazard Assessment, September 1997; Monitoring the Future Study 1998, University of Michigan, Ann Arbor. **For state-specific success associated with tobacco prevention, see:** CDC, *Best Practices for Comprehensive Tobacco Control Programs*, Atlanta, Georgia: U.S. DHHS, CDC, OSH, August, 1999. **For economic savings associated with tobacco prevention, see:** CDC, "Proceedings of the 1992 International Symposium on Public Health Surveillance," *Morbidity & Mortality Weekly Report*, 41 (Supplement):40-43, 1992; Glantz, S, Lightwood J, Phibbs C. "Short-term Health and Economic Benefits of Smoking Cessation: Low Birth Weight," *Pediatrics*, 104 (6):1312-1320 (December 1992). **For health savings associated with tobacco prevention, see:** Florida Youth Tobacco Survey 2000, Florida Department of Health; *Saving Lives: Tobacco Prevention Works*, National Campaign for Tobacco Free Kids, 1999. **For data on tobacco industry advertising, see:** Federal Trade Commission (FTC), *Report to Congress for 1996 Pursuant to the Federal Cigarette Labeling and Advertising Act (1998)*; FTC, 1997 Smokeless Tobacco Report (1997).

Dr. Louis Sullivan, President, Morehouse School of Medicine: "Preventing the initiation of tobacco use by our young people is crucial to reducing the many health problems associated with it."

Linda Lee, Chair, Coalition for a Healthy And Responsible Georgia (CHARGE): "Preventing our children from ever becoming addicted to tobacco is an investment in the future of Georgia as a whole. The health and welfare of our most precious resource — our youth — is being threatened by the leading preventable cause of death — tobacco use. The choice to save lives is one to which we all must commit."

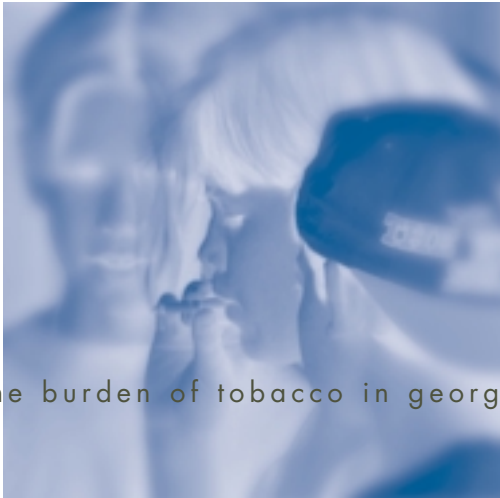
Stephanie Horne, Youth In CHARGE, Dublin: "Parents are always shocked by the number of kids who use tobacco, but I see tobacco-addicted kids every day. It's hard to believe that many of my friends, classmates, and teammates will die early because they started smoking at a young age."

Sarah Doolittle, Youth In CHARGE, Douglasville: "Most kids smoke because either their parents or their friends smoke. Even though it's advertised as socially desirable, sexy, and safe, the reality is that it can kill you."

Honorable Nan Grogan Orrock, Georgia House Representative, District 56: "The prevalence of smoking among today's youth tragically becomes the death toll for tomorrow's adults. Tobacco-related disease is the number one killer in our nation."

Jane Del Vecchio, American Cancer Society Volunteer and cancer survivor: "As a survivor of cancer of the larynx, I am living proof of the burden of tobacco. Our youth are all the proof we need to know that tobacco prevention is worth the investment."

Jack Shipkoski, CEO, American Cancer Society, Southeast Division: "One-third of all cancer deaths are related to tobacco use. The American Cancer Society is committed to reducing this burden. We support public health initiatives designed to educate communities about the consequences of tobacco use and enable them to make healthy choices in the future."



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