

The Nicotine Challenger

Spring 2003

This issue: Reaching Under-Served Populations

Volume 10, Number 3

A View From The Director



New Jersey's Governor recently proposed a state budget for the year starting July 2003. The proposal included selling off ("securitizing") the remaining piece of New Jersey's future Tobacco Master Settlement Agreement revenues to the state, increasing the excise tax per pack of cigarettes by 40 cents (from \$1.50 to \$1.90 tax per pack), and cutting the funding for New Jersey's Comprehensive Tobacco Control Program (CTCP) by 67% (from \$30m to \$10m). This was primarily aimed at addressing a large budget deficit facing the state. In his budget address, the Governor proclaimed, "To those who want to spend more money, I say show me the money." Over the next few weeks and months legislators and advocates will be busy debating the Governor's proposals and ratifying a balanced budget that is in the best interests of New Jersey's citizens. I'd like to take this opportunity to summarize some of the main reasons why the funding for New Jersey's Comprehensive Tobacco Control Program should not be cut, but instead should be maintained at the levels outlined in the 2003 budget legislation:

Tobacco is the single biggest cause of premature death in New Jersey.

Tobacco causes the premature death of 13,000 New Jersey citizens each year. The annual healthcare bill for treating illnesses caused by smoking is over \$1.7 billion in New Jersey. In tough fiscal times, it is important to remember that almost all the immediate health gains and cost savings from tobacco control result from helping existing smokers to quit. The vast majority of the health gain and cost savings from preventing smoking onset in young people will not occur for 30 years.

Comprehensive Tobacco Control Works and Saves More Money than it Costs

New Jersey's Comprehensive Tobacco Control Program represents a cost-effective way of improving health in New Jersey, saving more in health-care spending than it costs. A similar program has been running in California since 1989 which has been able to calculate the health benefits and cost savings due to that program. The overall decline in tobacco consumption in California between 1989 and 1997 translated into 33,300 fewer deaths from coronary heart disease than would have been expected in the absence of the program. During the same time period (1988-97), California also had a 14% decline in lung cancer incidence, compared to an only 3% decline in states not spending on comprehensive tobacco control. Based on the evidence from programs in other states, New Jersey will save around \$3 in healthcare costs for every \$1 it spends on the CTCP.

continued on page 3

CHAMPION VS. TOBACCO REBEL

New Jersey Department of Health and Senior Services staged the first Statewide Youth Anti-Tobacco Summit in November, 2000, to give NJ teens the opportunity to create a youth-led movement against tobacco. More than 340 teen leaders and 43 adult chaperones attended the "Kick Ash Weekend" in McAfee, New Jersey, representing every county and a multiplicity of ethnic and racial backgrounds.

The New Jersey teens picked the name REBEL (Reaching Everyone by Exposing Lies) from a list of possibilities they had created in brainstorming sessions that weekend. Today, REBEL chapters operate in all 21 New Jersey counties.

Membership has swelled to over 5000 advocates from all parts of the state with a commitment to lower the smoking rate among teens in NJ and make a positive difference in the health of their generation. REBEL is a movement by and for NJ teens who want to break free from the influence of Big Tobacco. Their rallying cry is "NOT FOR SALE," an expression of freedom from addiction and the manipulation of the tobacco industry that is heard often (at very high decibel levels) during the statewide events the students plan, attend and facilitate.

Planning is accomplished by the Youth Advisory Board (YAB), a group of excited and motivated REBEL leaders. The YAB consists of two elected REBEL representatives from each county who serve as the voice for teens all around the state. YAB members meet during monthly conference calls, during which decisions are made, suggestions are accepted, future directions and activities are discussed, and both county and statewide recruitment and advocacy ideas are exchanged.

The teens are not completely on their own, however. Each county employs, an adult supervisor—Youth Coordinator—who gives input and helps guide the county chapter. They work out of their local community, and coordinate activities to help make ideas happen.

Then there are the ROCS (REBEL Official College Staff). They are NJ college trainers skilled in group facilitation, action planning, media access, cultural competency, and tobacco industry knowledge. They are key leaders of the summits and bring enormous energy to all the activities.

"The great thing about REBEL," said Sheronda Mike, Coordinator, NJDHSS CTCP Youth & School Programs, "is that it's a program of teens helping teens. Teens leading teens and teens promoting healthy lifestyle choices."



***Never too young!
ROC member, Natalie with
her son, Stefan, at the
Statewide Summit in April.***

New Jersey's Tobacco Control Program is a Success

New Jersey's tobacco control program began in earnest in 2001. Like the successful programs in other states, New Jersey's program took the comprehensive approach recommended by the Centers for Disease Control. This includes community partnerships (e.g. local Coalitions Against Tobacco), youth programs (e.g. REBEL, Not For Sale & Tobacco Age of Sale), treatment services (e.g. NJ Quitline, NJ Quitnet & NJ Quitcenters), initiatives to reduce exposure to environmental tobacco smoke, media campaigns and evaluation. These programs were just set up in 2001 and there is every sign that they are very successful. Some examples are:

- **Over 100,000 New Jersey smokers (almost 10% of all NJ smokers) have used the three New Jersey Quit services (NJ Quitnet, NJ Quitline and NJ Quitcenters) since they started in 2000-2001.**
- **Over 55 new smoking ordinances have been passed providing smoke-free public places in New Jersey.**
- **Over 1,300 more restaurants have gone smoke-free in New Jersey.**
- **New Jersey's anti-smoking media program has received numerous awards**
- **Over 7000 New Jersey school students are participating in the youth network, REBEL (Reaching Everyone By Exposing Lies)**
- **From 1999 to 2001 there was a 38% decline in the proportion of middle school students using tobacco, and a 14% decline in the proportion of high school students using tobacco in New Jersey.**

Cutting Tobacco Control is a Breach of the Spirit of the Master Settlement Agreement

In 1998 New Jersey was one of 46 states to sign a Master Settlement Agreement with the tobacco industry. The agreement was to settle the lawsuits brought by the states and territories to recoup the Medicaid funds spent by the states to treat illnesses caused by tobacco. The New Jersey Attorney General at the time stated, **“the essential goals of our suit were to curb youth smoking by restricting tobacco advertising and teen marketing; to protect all consumers by facilitating public education and smoking cessation programs; and to compensate New Jersey's taxpayers for a reasonable share of the State's costs of treating tobacco related illnesses.”** The deal provided for payments to the State of New Jersey of around \$290 million per year over the next 25 years, adding up to an income of over \$7, 500,000,000 for the state. As of March 2003 the rights to ALL of that future revenue has been sold off for an immediate (smaller) lump sum, less than 1% of which is being used for tobacco control. The Master Settlement Agreement funds were intended for healthcare in gen-

eral and tobacco control in particular. To simultaneously sell off the Settlement money and cut the Tobacco Control Program is a serious breach of the intent of the agreement. Imagine if Alaska sued Exxon for the costs of cleaning up the oil after the 1989 Exxon Valdez oil disaster but then used the money to plug a budget deficit while leaving the oil on the beaches. The main difference is that in New Jersey the effects will be the deaths and disease inflicted on humans rather than seals and seagulls.

New Jersey currently receives around \$942 million per year from tobacco taxes and Tobacco Master Settlement revenue. The US Centers for Disease Control has calculated that an effective tobacco control program for New Jersey would need around 5% of that, and could not survive on the 1.1% being proposed.

New Jersey's Tobacco Control Program Has Already Been Cut

The CDC recommended in 1999 that New Jersey should spend between \$45 million and \$121 million on tobacco control per year. Instead, the state started funding the program at \$30million in 2001. Three years of underfunding with no increase for inflation is a cut in real terms.

Other Revenue Sources are Available

In response to the Governor's request to “show me the money,” New Jersey Breathes (the coalition of NJ health agencies supporting tobacco control) has proposed a number of options to raise the revenue to restore the funding:

- (a) Increase the cigarette tax by an extra dime (to 50c), creating an extra \$32m.
- (b) Restore the tax on cigars and other tobacco products, creating an additional \$7.8m.
- (c) Increase the annual renewal fee for the license to sell tobacco by \$100 (currently \$50 per year) raising an extra \$1.8m.

These proposals not only “show the money”, but also suggest creative ways to produce an extra \$20M to restore funding to other health services in the state.

For the future good health of the state of New Jersey, it is critical that we do not throw away the expertise and momentum that has been built up over the past three years. The funding for the Comprehensive Tobacco Control Program should be restored and kept on the track written in to the 2003 budget. Cutting the program now would directly result in thousands more New Jersey youth becoming addicted to tobacco, and thousands more New Jersey adults being killed by tobacco each year.

Jonathan Foulds PhD

The views expressed in this and other articles in the Challenger are the authors' and do not necessarily represent the views of UMDNJ or NJ Department of Health & Senior Services.