

# An Ongoing Battle: the Devastating Toll of Indiana's Tobacco Addiction

Richard M. Fairbanks Foundation

## Introduction

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The health risks associated with smoking have been well documented, but even as smoking rates for U.S. adults have decreased from 45 percent to 15 percent since 1964, tobacco use remains a concerning and costly challenge to the economic development, health and quality of life of communities across the country. This challenge is particularly acute in Indiana, where the current smoking rate of 22.9 percent—an increase from the previous year—leaves the state ranked a troubling 44th among all states. By comparison, the top ten healthiest states in the U.S. all boast smoking rates of 17.5 percent or less, within reach of the Centers for Disease Control and Prevention's target of 12 percent. The same trend holds true for Indianapolis. As of 2014, the city's adult smoking rate was 22.2 percent, and among the 30 largest cities in the U.S., Indiana's capital was tied with Nashville, Detroit and Louisville for second-to-last place in smoking rates. By contrast, the healthiest cities had smoking rates that fell between 9 and 12 percent.

The physical toll and financial costs associated with such high rates of tobacco use provide a reminder that further reduction in smoking rates must remain an urgent priority in Indiana. To this end, the Richard M. Fairbanks Foundation recently introduced tobacco use, along with opioid addiction, as a new focus area for its grantmaking. Such a commitment reflects our desire to improve the health of Hoosiers and our belief that good health is foundational to strong families and communities.

## Human Cost

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While there are a number of symptoms associated with tobacco use, premature death remains the most extreme consequence of smoking. In Indiana, more than 11,000 citizens still die prematurely each year from cigarette smoking, which also continues to have a negative effect on our children. Roughly 5,700 Indiana children under 18 begin smoking every year, and approximately 15 percent of Hoosier women smoked while pregnant in 2014, ranking Indiana among the 10 worst states in the U.S. in this category. Among the Medicaid population, 30 percent of pregnant women smoke, and Marion County's maternal smoking rate is nearly 40 percent higher than the national rate. Rates of infant mortality are higher among women who smoke, and maternal smoking is associated with low-weight and preterm births, among other health risks.

While tobacco use has the most severe health impact on smokers themselves, secondhand smoke represents a considerable danger, as well. Containing more than 7,000 chemicals, including more than 70 carcinogens and other irritants and toxins, secondhand smoke has been shown to cause heart disease, cancer, respiratory problems and irritation of the eyes and nasal passages. In 2012, more than half of Hoosiers reported being exposed to secondhand smoke within the previous seven days, ranking Indiana 47th out of 50 states with regard to secondhand smoke exposure. In addition, more than 1,400 Hoosiers die prematurely from secondhand smoke exposure each year. Secondhand smoke is also responsible for more than 900 low-weight births annually, and one in five Marion County youth aged 12 to 17 is exposed to tobacco smoke in their home.

## Community Cost

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Tobacco use is not just an issue for smokers and those who are exposed to secondhand smoke; nicotine addiction places a major financial burden on the entire state, often in ways that are not immediately apparent. Tobacco use is a major driver of health care costs in Indiana because of the severe negative effects smoking causes with users, those exposed to secondhand smoke, and newborns whose mothers smoke during pregnancy. The direct health care cost attributable to smoking in Indiana has been estimated to be \$2.9 billion in 2009 dollars, with the state Medicaid

program bearing \$590 million of that cost. These costs amount to an unnecessary combined annual state and federal tax burden of \$982 for each Indiana household. This figure does not even include the health care cost associated with secondhand smoke in Indiana, which is estimated to be \$1.3 billion.

Smoking also poses myriad problems for businesses in our state, including increased absenteeism, greater disability claims, lost work time spent on smoking rituals, and other factors. These all add

up to lost productivity that is estimated to cost Hoosier employers \$2.6 billion annually. In fact, for each pack of cigarettes sold, our state bears \$15.90 in health care and lost productivity costs.

More difficult to assess, but no less concerning, is the effect that Indiana's high smoking rates have on the state's appeal as a location to start and operate a business. Today, health care costs are second only to payroll expenditures for most businesses,

and more companies are looking at health rankings when deciding where to locate. In most of those rankings—from smoking rates to infant mortality—Indiana places near the bottom. Indiana's above-average smoking rates have been a critical factor in the decline of the state's overall health ranking. In 1991, Indiana placed squarely in the middle of states at 26th. In 2015, Indiana ranked 41st, putting it among the bottom 10 states in the U.S. and making it a less attractive location for companies than in the past.

## Recommendations for Action

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To address the smoking epidemic in Indiana, a handful of key actions are needed. First, increasing the price of tobacco products would create a financial incentive for smokers to quit and for nonsmokers, especially teenagers, to avoid consuming tobacco. Numerous economic evaluations in peer-reviewed journals have shown that the demand for cigarettes is comparable to the demand for other consumer products: it declines as the price of cigarettes rises. Research indicates that for every 10-percent increase in the price of cigarettes, overall cigarette consumption declines by 3 to 5 percent and smoking among pregnant women goes down 7 percent. One way to influence the price of cigarettes in Indiana would be to raise the state cigarette tax. Indiana currently levies a \$0.995 tax on each pack of cigarettes sold, placing the state 34th in the nation in terms of cigarette levies. Increasing this tax by at least \$1.50 would help to reduce smoking rates in Indiana and save Hoosiers from tobacco-related diseases.

Another impactful way of addressing teenage smoking – and smoking rates overall – would be to increase the legal age for smoking in Indiana. The Institute of Medicine has found that 90 percent of daily smokers in the U.S. first used cigarettes before the age of 19. Based on this research, experts estimate that smoking rates would fall to 12 percent if the legal age were raised to 21. Because of this, a number of states and cities across the country are considering or have already implemented a higher legal age for smoking.

Finally, there is a need for increased funding for statewide tobacco prevention and control programs in

Indiana. Research has shown that one-third of underage experimentation with smoking is attributable to tobacco-company marketing. Today's average 14-year-old has been exposed to more than \$20 billion in tobacco-related imagery, advertising and promotional messaging since age six. To counteract the impact of tobacco-industry spending on advertising and marketing in Indiana, the state should substantially increase its spending on counter-marketing and mass communications campaigns. Such campaigns are particularly effective when they are implemented with expanded smoking cessation services.

Smoking cessation education and communications activities can be carried out in many ways. These might include, for example, creating incentives for clinical educators to deliver continuing education for health care professionals about best practices for smoking cessation, and offering trainings to health care system leaders to increase awareness among providers and consumers that many insurance plans now cover treatment options to support tobacco users' efforts to quit. Community coalitions can ensure cessation services are available statewide and advocate for local and state policies that support tobacco control, such as smoke-free air laws and ordinances. The CDC recommends funding tobacco prevention and control programs at a minimum level that would translate to less than \$8 per capita in Indiana. By comparison, our state currently pays \$442.60 per capita in health care costs alone for tobacco-related illnesses. Stepping up tobacco control and prevention funding could save both taxpayer money and the lives of thousands of Hoosiers each year.

## Source

Indiana University Richard M. Fairbanks School of Public Health at IUPUI in Indianapolis.  
*Report on the Tobacco Epidemic in Marion County and Indiana.* September 2016.

SVC, Inc. *Tobacco Policy Research. Final Report.* March 2016.