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Report: NJ Must Continue To Work Harder To Prevent Tobacco-Caused Disease And Death

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BRIDGEVILLE – New Jersey remained consistent in some areas, but fell short in others to protect children and adults and curb tobacco-related disease in 2011 according to the American Lung Association's [State of Tobacco Control 2012 report](#). With no change from last year, the Garden State earned an "F" in Tobacco Prevention and Control Spending and Cessation Coverage, an "A" in Smokefree Air and a "B" in Cigarette Tax.

The Lung Association's annual report card on tobacco control monitors progress on key tobacco control policies at the federal and state levels and assigns grades to assess whether laws are protecting citizens from the terrible health burden caused by tobacco use, the leading cause of preventable death in the U.S.

"It is incumbent that New Jersey pursue the smart strategies identified in the report for better protecting its citizens from tobacco's dangers. Lives depend on it," says Deb Brown, president and CEO of the American Lung Association of the Mid-Atlantic.

The American Lung Association in New Jersey labored in 2011 to work toward the restoration of funding recommended by the Centers for Disease Control and Prevention (CDC) for tobacco prevention and cessation programs. However, as a result of the Christie administration and legislature's failure to include any state funding for New Jersey's Comprehensive Tobacco Control Program in the state budget for fiscal year 2012, this life-saving endeavor was sadly unmet. "We'd like to see the commitment in funding tobacco prevention and cessation programs that there was in previous years," said Brown.

New Jersey joins many other states that fell short in its responsibility to enact much-needed laws and policies that save lives and reduce tobacco-related disease.

In 2012, the American Lung Association in New Jersey will continue to take important steps to make tobacco control a public health priority, including advocating for incrementally increasing spending on tobacco prevention and cessation to the CDC-recommended level of \$119 million per year, increasing the cigarette tax by \$1 per pack and raising the tax on other tobacco products (OTP) equal to the cigarette tax.

The Lung Association report congratulates the federal government for taking action to carry out strong tobacco control policies, as it identifies a chasm between the progress achieved by the federal government and weak efforts by most states. Due to states' inaction, the tobacco industry has made inroads to fill the resulting void, attempting to exploit states' failure to act and marketing new products to addict Americans, and in particular, young Americans.

Although youth and adult smoking rates declined slowly over the past decade, the decline has been inconsistent. Tobacco use continues to reap a devastating toll. The New Jersey adult smoking rate is 14.4%, while the high school smoking rate is 14.3%. Annually, there is an estimated 11,201 smoking attributable deaths in the state. In addition to the death toll, it costs the state's economy nearly \$5.6 billion in healthcare costs and lost productivity. Each year, 443,000 people die from tobacco-related illnesses and secondhand smoke exposure in the U.S.

In its tenth annual State of Tobacco Control report, the Lung Association graded all 50 states and the District of Columbia on four proven policies to save lives and cut healthcare costs. These are tobacco prevention and control program funding; smokefree air laws; cigarette tax rates; and coverage of cessation treatments and services, to help smokers quit.

Overall, six states received all “F’s.” They were Alabama, Mississippi, Missouri, South Carolina, Virginia and West Virginia. Only four states, Delaware, Hawaii, Maine and Oklahoma, received all passing grades. No state received straight “A’s.”

Many states regressed in 2011. No state passed a strong smokefree air law, and Nevada weakened its existing law. Washington virtually eliminated a tobacco prevention and quit-smoking program that was previously a national model. For the first year in recent memory, no state increased its tobacco tax significantly, and 13 states and the District of Columbia significantly cut or completely eliminated already meager funding of tobacco control and prevention programs.

“The enormity of the challenge facing us requires combined resources at both the state and federal levels,” said Brown. “We can’t fail the citizens of New Jersey. Our end goal is to remove tobacco’s chokehold on our health. It’s a life-and-death matter.”