

Funding cuts imperil smoking-cessation programs

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John D'Alessandro, 50, recently finished a six-week group-counseling and smoking-cessation course, "Clear the Air," at Crozer-Chester Medical Center. It has helped the two-pack-a-day smoker cut his use in half.

D'Alessandro, of Broomall, began smoking at age 7 and stopped "cold turkey" 35 years later after coughing up a piece of pink flesh in the shower. But six years passed, the fear eased, and his old urges returned.

"It was just the one, and one turned into two the next night, and within a week or two, I bought a pack," he said.

Now he's one of hundreds of thousands of the region's smokers trying to quit, and one of about 6,000 in Pennsylvania using counseling to do it.

Yet, although health experts recommend courses like Crozer's to help smokers quit, former Pennsylvania Gov. Ed Rendell and New Jersey's Gov. Christie slashed funding for such programs to far below federally recommended levels. And they've not risen since.

Smoking rates appear to have fallen in both states - thanks primarily to old funding levels, experts say - but large pockets of smokers remain.

In impoverished Chester city, nearly 37 percent of adults smoke, about double the regional rate, according to the Public Health Management Corp.'s 2012 household survey. More than 35 percent of adults smoke in Pottstown and the upper part of North Philadelphia.

"The funding levels today reflect the 1980s and '90s notion toward smoking - of building a few programs here and there - and don't really reflect what these hardened smokers require in their community," said Frank Leone, a physician who directs the University of Pennsylvania's Comprehensive Smoking Treatment Program.

Smoking remains the world's deadliest habit, accounting for 440,000 premature deaths a year in the United States alone, mostly from cancer, heart disease, and stroke. It harms virtually every organ of the body, and quitting has both immediate and long-term health benefits.

Smoking-related care costs about \$5.2 billion in Pennsylvania and \$3.2 billion in New Jersey. The link to death and higher health costs is so clear that smokers are more often charged higher rates for health insurance.

A decade ago, Pennsylvania spent \$52.6 million to control and prevent tobacco use. This coming fiscal year's budget promises just \$14.21 million, slightly less than last year's, which earned the state an F on funding from the American Lung Association; 41 other states also failed.

"We're doing what can with what we have, and Pennsylvania is making progress," said Holli Senior, deputy press secretary at the Pennsylvania Department of Health.

Senior said the cuts had reduced the availability of community-based services. But she cited the state's doubling of free nicotine-replacement therapy from four to eight weeks and providing patches with lozenges and gum free to people who call the state's Quitline.

In New Jersey, cuts have been particularly steep. The state spent \$30 million in 2001; last year, it

spent nothing.

The federal Centers for Disease Control's "key ways to reduce smoking rates are through enacting an indoor smoking ban and taxing cigarettes - New Jersey does both," said Dawn Thomas, spokeswoman for the New Jersey State Department of Health. She also highlighted the state's four free Quitline sessions and two weeks of nicotine-replacement therapy.

To be sure, New Jersey's smoking rates are lower than the national average, ranking 13th in 2012 at 17.3 percent. But the cuts to programs occurred over 10 years, and the low rates today may be in jeopardy if funding doesn't pick up, experts warn.

"The benefits you are now seeing are not from current efforts, but from the strides made in the mid-2000s," said Michael Steinberg, director of the Tobacco Dependence Program at Rutgers University, one of 17 specialty treatment centers that have since gone unfunded by the state. "I fear we will start to see a rise in smoking prevalence."

Many states have diverted money from tobacco taxes and payments under the 1998 Tobacco Master Settlement Agreement with tobacco companies that guarantees billions to states for tobacco-related costs. In fiscal year 2002, spending on prevention and cessation reached a national high of \$749.7 million. In 2013, that number was down 39 percent to \$459.5 million.

Only two states - Alaska and North Dakota - got close to or met the CDC's recommended funding targets in 2013. Delaware ranked third, at 65 percent of the target.

"We think states are being really penny-wise and pound-foolish in failing to properly fund tobacco-prevention programs," said Vince Willmore, spokesman for the Campaign for Tobacco-Free Kids. "These programs work; they save lives and they save money."

Officials say they are doing more with less. Policies such as Young Lungs at Play, which bans smoking in public parks and recreational areas, are cost-effective and getting "tremendous traction," said Keiren O'Connell, director of tobacco control at Southeastern Pennsylvania's Health Promotion Council.

Since 2011, when the council took over the program, the Young Lungs at Play initiative has led to the passage of more than 100 ordinances, 75 by municipalities, effectively banning smoking in more than 450 locations.

Through most of the decade after 2000, smoking rates hovered above 20 percent in Pennsylvania, federal data showed. In 2010, the number fell, reaching its lowest point at 18.4 percent.

But then, with new survey methodology, the numbers changed. In 2011, the first year with the new methodology, 22.4 percent of Pennsylvania adults were smoking, ranking the state 32d nationwide. The 2012 rate, 21.4, isn't considered a statistically significant drop.

The CDC and state officials caution the current data are not comparable with those of previous years, and that a clear trend picture won't emerge without three-year averages.

If you're looking to quit, you can call the Pennsylvania Free Quitline at 1-800-784-8669 (QUIT-NOW) or New Jersey's at 1-866-657-8677 (NJ-STOPS).

http://articles.philly.com/2013-08-25/news/41446170_1_smokers-comprehensive-smoking-treatment-program-funding