



## Tobacco control programs pay for themselves

June 21, 2010

Tobacco control provides an excellent return on investment. Indeed, the CDC recommends that New Jersey spend \$120 million. Instead, the state budget proposes to eliminate its already small \$7.5 million program.

Given that New Jersey has collected more than \$1 billion annually in tobacco-related revenue since 2004, it is disheartening that we can't allocate even 1 percent to helping smokers quit and keeping our youth from starting.

For those who believe smoking in New Jersey is no longer an issue, consider the 90 million cigarettes smoked each year by New Jersey children and the \$12 million that the state receives in taxes from the illegal sale of tobacco to kids (more than the entire current tobacco control funding).

Ethically speaking, should the state profit from youth smoking or should it reinvest in smoking cessation and prevention?

Since 2000, the UMDNJ-Tobacco Dependence Program (TDP), a nationally recognized New Jersey quit center, has treated nearly 5,000 smokers — primarily disadvantaged groups who are highly addicted to tobacco, have poor access to care, and are at high risk of tobacco-caused disease.

The New Brunswick-based program also includes a training component that has trained more than 1,000 health care professionals to help patients quit smoking. The training is so highly regarded, that health professionals from more than 30 states and 10 countries have traveled to attend. However, funding for this program of excellence is completely removed in the proposed state budget.

Treatment that pays for itself costs \$170 per patient treated or about \$500 per successful quitter. The program is not only cost-effective, but is also cost-saving to the state. Smoking costs New Jersey nearly \$6 billion in health care costs and lost productivity. That translates into a cost of about \$6,000 per

smoker per year. With the rising cost of health care crippling the state's budget, it is fiscally responsible to invest in a program that has a net savings.

Tobacco control can be funded without any impact on the proposed budget. The current license fee for retailers in New Jersey to sell the most deadly legal substance is only \$50 per year and has not increased in 12 years. Bars and restaurants in New Jersey commonly pay more than \$20,000 for a license to sell alcohol.

Cigarettes and other tobacco products alone account for more than 20 percent of profit seen by convenience stores. New York state charges retailers \$1,000 per year. If New Jersey raises this fee even to half of that (\$500), that alone would raise all of the money needed to maintain tobacco funding in the state with no additional burden to the budget.

Lastly, TDP and the other New Jersey quit centers are the only tobacco treatment service of the three offered (NJ Quitline and NJ Quitnet) that are actually based here in New Jersey.

Our citizens are losing their livelihoods, and our state wants to send our tax dollars to Washington State (NJ Quitline) and Massachusetts (NJ Quitnet).

In tough financial times, it is imperative that we spend our limited resources wisely. The question is not whether New Jersey can afford to continue tobacco control, rather it is how can the state not afford to do so?

MICHAEL STEINBERG, MD, MPH  
JONATHAN FOULDS, PhD

Tobacco Dependence Program

University of Medicine and Dentistry of New Jersey