

Tobacco Prevention Affects the Issues that Matter Most to Ohio



The Economy

- **Tobacco hurts Ohio's economy.** Smoking costs Ohio over \$7 billion every year.¹
- **Tobacco costs Ohio's taxpayers hundreds each year.** The average Ohio household pays \$636 in state and federal taxes related to smoking-caused government expenditures annually.²

Stronger Businesses

- **Tobacco use decreases worker productivity.** At the rate of 30 minutes a day, the average smoking employee racks up 18 days a year in timeout for smoking breaks.³ The U.S. Surgeon General estimates that smoking results in more than 81 million lost workdays annually. The absenteeism rate is 57 percent higher for smoking men and 45 percent higher for smoking women than for nonsmokers.⁴
- **Tobacco use increases healthcare costs for employers, decreasing their profitability and ability to employ more Ohioans.** Employees who use tobacco cost their employers more in healthcare costs. An article in the Cincinnati Enquirer said that Cincinnati area businesses faced an increase in healthcare costs that was almost twice the national average. One factor that experts pointed to: higher smoking rates.⁵
- Ohio employer Scotts Miracle-Gro has adopted a policy of not hiring smokers in its Ohio locations in order to reduce healthcare costs. The Cleveland Clinic has adopted a similar policy to set an example for other companies and to promote a healthy lifestyle. Cleveland Clinic President and Chief Executive Dr. Delos M. "Toby" Cosgrove said the policy saved the organization about \$7 million in 2007 in reduced medical costs, less missed time, and increased productivity.⁶ DaimlerChrysler found that their smoking employers have 31% higher claims.⁷

Reducing Medicaid Costs and Insuring More Ohioans

- **Tobacco use greatly increases healthcare costs in Ohio, including Medicaid.** Ohioans pay over \$4 billion in healthcare costs related to tobacco use annually; \$1.4 billion of that amount is the portion covered by the state Medicaid program.⁸
- **Investing in tobacco prevention saves healthcare costs.** California's state tobacco control program saved \$86 billion--in 2004 dollars--in personal healthcare costs in its first 15 years, according to a study by researchers at the University of California, San Francisco. During the same period, the state only spent a total of \$1.8 billion on the program, a 50-to-1 return on investment, according to study findings.⁹

Investing in tobacco prevention and cessation will lower smoking and tobacco use rates which will:

- Improve Ohio's economy;
- Reduce taxes;
- Increase worker productivity;
- Decrease employer healthcare costs;
- Reduce Medicaid costs; and,
- Allow more Ohioans to be insured.

Investing in Tobacco-Free Youth Coalition

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¹ CDC, *Data Highlights 2006* [and underlying CDC data/estimates; CDC's STATE System average annual smoking attributable productivity losses from 1997-2001 (1999 estimates updated to 2004 dollars)]; See also, CDC, "Annual

Smoking-Attributable Mortality, Years of Potential Life Lose, and Economic Costs &8212; United States 1995-1999," MMWR, April 11, 2002; Zhang, X., et al., "Cost of Smoking to the Medicare Program, 1993," Health Care Financing Review 20(4): 1-19, Summer 1999; Office of Management & Budget, The Budget for the United States Government - Fiscal Year 2000, Table S-8, January 1999; Leistikow, B., et al., "Estimates of Smoking-Attributable Deaths at Ages 15-54, Motherless or Fatherless Youths, and Resulting Social Security Costs in the United States in 1994," Preventive Medicine 30(5): 353-360, May 2000. CDC, "Medical Care Expenditures Attributable to Smoking — United States, 1993," MMWR 43(26): 1-4, July 8, 1994.

² Ibid.

³ Conference Board of Canada. (1997). *Smoking and the Bottom Line: The Costs of Smoking in the Workplace*. <http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/bottomline/about.html>.

⁴ Sindelar, J., Duchovny, N., Falba, T., & Busch, S. (2005). If smoking increases absences, does quitting reduce them? *Tobacco Control*, 14, 99-105.

⁵ "Health costs here skyrocketing: Employers' increase almost twice the national average," *Cincinnati Enquirer*, September 24, 2008.

⁶ "[Children's Hospital won't hire smokers](#)," Akron Beacon-Journal, July 29, 2008.

⁷ Zwanziger, J., Davis, C.. Impact of the StayWell Program on Chrysler health care costs. Report prepared for DaimlerChrysler Corporation and the International UAW Union by CORE Analytic, Inc., 1999.

⁸ CDC, *Data Highlights 2006* [and underlying CDC data/estimates; CDC's STATE System average annual smoking attributable productivity losses from 1997-2001 (1999 estimates updated to 2004 dollars); See also, CDC, "Annual Smoking-Attributable Mortality, Years of Potential Life Lose, and Economic Costs &8212; United States 1995-1999," MMWR, April 11, 2002; Zhang, X., et al., "Cost of Smoking to the Medicare Program, 1993," Health Care Financing Review 20(4): 1-19, Summer 1999; Office of Management & Budget, The Budget for the United States Government - Fiscal Year 2000, Table S-8, January 1999; Leistikow, B., et al., "Estimates of Smoking-Attributable Deaths at Ages 15-54, Motherless or Fatherless Youths, and Resulting Social Security Costs in the United States in 1994," Preventive Medicine 30(5): 353-360, May 2000. CDC, "Medical Care Expenditures Attributable to Smoking — United States, 1993," MMWR 43(26): 1-4, July 8, 1994.

⁹ Lightwood JM, Dinno A, Glantz SA (2008) Effect of the California Tobacco Control Program on Personal Health Care Expenditures. *PLoS Med* 5(8): e178 [doi:10.1371/journal.pmed.0050178](https://doi.org/10.1371/journal.pmed.0050178)