

**Testimony of Jodi Kwarciany, Policy Analyst  
At the Public Hearing on Bill 22-460, “Department of Health Smoking Cessation Fund  
Amendment Act of 2017”  
DC Council Committee on Finance & Revenue  
Thursday, February 1, 2018**

Chairperson Evans and members of the Committee, thank you for the opportunity to speak today. My name is Jodi Kwarciany and I am the Health Policy Analyst at the DC Fiscal Policy Institute. DCFPI is a non-profit organization that promotes opportunity and widespread prosperity for all residents of the District of Columbia through independent research and policy recommendations.

I am here today to speak in favor of Bill 22-460, the “Department of Health Smoking Cessation Fund Amendment Act of 2017,” which saves money, saves lives, and gives the District and its residents additional resources to reduce the harmful effects of tobacco.

### **Smoking Costs Us All**

There is a real cost to smoking that we all bear in DC. Active smoking is associated with age-related macular degeneration, diabetes, colorectal and liver cancer, and rheumatoid arthritis, to name a few.<sup>1</sup> Exposure to even secondhand smoke is associated with an increased risk for stroke.<sup>2</sup>

Each year tobacco use costs the District about \$390 million in annual health care costs, and \$94 million in our Medicaid program.<sup>3</sup> Moreover, about 800 adults die each year in the District from smoking.<sup>4</sup> This is not limited to our adult population. Nearly 13 percent of DC high school students smoke, and each year about 1,000 DC children try cigarettes for the first time, setting them up for a potential lifetime of addiction before they even leave high school. At today’s rate, 7,000 DC children alive today will die from smoking.<sup>5</sup>

### **Good Sense for the District**

For these reasons, I’m encouraged by Bill 22-460, which will increase the District’s tobacco tax and provide dedicated funding for smoking cessation efforts, giving residents more resources to help them quit, and reasons to prevent them from starting.

Tobacco taxes work. According to the U.S. Surgeon General, “The evidence is sufficient to conclude that increases in the prices of tobacco products, including those resulting from excise tax increases, prevent tobacco use, promote cessation, and reduce the prevalence and intensity of tobacco use among youth and adults.”<sup>6</sup>

The benefits of this legislation are clear. The estimated savings over the long term in public and private spending caused by declines in smoking include \$148 million in health care costs.<sup>7</sup> In the short term after enacting this legislation, however, we can anticipate fewer smoking-caused heart attacks and strokes, fewer smoking-affected pregnancies and related birth complications, and fewer lung cancer cases.<sup>8 9</sup> We can also anticipate an estimated 5,300 adult smokers quitting, and 2,000 deaths prevented.<sup>10</sup>

This legislation will also benefit our children. Increasing the tobacco tax is an effective way to reduce smoking among youth, as they are more price-sensitive and more incentivized to either quit or simply not start in the first place.<sup>11</sup> For each 10 percent increase in the price of cigarettes, consumption among smokers is reduced by three to five percent. For adolescents, however, this reduction is six to seven percent.<sup>12</sup> For this policy in particular, we can anticipate a 21 percent decline in youth smoking.<sup>13</sup>

Amidst the positive effects that this legislation will bring, I want to acknowledge the very real concerns over the regressive nature of this tax. We should consider additional ways to further target resources to best support communities in DC where we know the tobacco tax will have the largest impact. This includes communities of color and communities where incomes are lower –communities that are often disproportionately targeted by tobacco marketing practices,<sup>14 15</sup> and are disproportionately affected by the health effects of tobacco.<sup>16 17</sup> As many folks in the room know, quitting tobacco can be incredibly difficult, especially without the resources to make it happen. To the degree that we can mitigate this to reduce the District’s health inequities, this is an important use of our public dollars.

## Closing

We know that cigarette taxes, when paired with robust smoking cessation resources, make a real difference. In passing B22-460, DC can reduce costs and save lives. I commend Chairperson Gray for introducing this legislation, and I encourage this committee to move it forward.

Thank you for the opportunity to testify today.

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<sup>1</sup> HHS, *The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General*, Atlanta: HHS, CDC, National Center for Chronic Disease Prevention & Health Promotion, Office on Smoking and Health, 2014, <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>.

<sup>2</sup> HHS, *The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General*, Atlanta: HHS, CDC, National Center for Chronic Disease Prevention & Health Promotion, Office on Smoking and Health, 2014, <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>.

<sup>3</sup> Campaign for Tobacco-Free Kids, “The Toll of Tobacco in Washington, D.C.”, Updated November 17, 2017, <https://www.tobaccofreekids.org/problem/toll-us/dc>

<sup>4</sup> Campaign for Tobacco-Free Kids, “The Toll of Tobacco in Washington, D.C.”, Updated November 17, 2017, <https://www.tobaccofreekids.org/problem/toll-us/dc>

<sup>5</sup> Campaign for Tobacco-Free Kids, “The Toll of Tobacco in Washington, D.C.”, Updated November 17, 2017, <https://www.tobaccofreekids.org/problem/toll-us/dc>

<sup>6</sup> HHS, *The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General*, Atlanta: HHS, CDC, National Center for Chronic Disease Prevention & Health Promotion, Office on Smoking and Health, 2014, <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>.

<sup>7</sup> American Cancer Society – Cancer Action Network, Campaign for Tobacco-Free Kids & Tobacconomics, “New Revenues, Public Health Benefits & Cost Savings From A \$2.00 Cigarette Tax Increase In the District of Columbia,” Updated January 10, 2018.

<sup>8</sup> Chang, S et al., “Estimating the cost of cancer: results on the basis of claims data analyses for cancer patients diagnosed with seven types of cancer during 1999 to 2000,” *Journal of Clinical Oncology* 22(17):3524-30, September 2004.

<sup>9</sup> Khuder, S & Mutgi, A, “Effect of smoking cessation on major histologic types of lung cancer,” *Chest* 120(5):1577-83, November 2001.

<sup>10</sup> American Cancer Society – Cancer Action Network, Campaign for Tobacco-Free Kids & Tobacconomics, “New Revenues, Public Health Benefits & Cost Savings From A \$2.00 Cigarette Tax Increase In the District of Columbia,” Updated January 10, 2018.

<sup>11</sup> Campaign for Tobacco-Free Kids, “Raising Tobacco Taxes: A Win-Win-Win,” Fact Sheet. Updated January 12, 2018, <https://www.tobaccofreekids.org/assets/factsheets/0385.pdf>.

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- <sup>12</sup> U.S. Department of Health and Human Services (HHS), *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, Atlanta: HHS, CDC, National Center for Chronic Disease Prevention & Health Promotion, Office on Smoking and Health, 2012, <https://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf>.
- <sup>13</sup> American Cancer Society – Cancer Action Network, Campaign for Tobacco-Free Kids & Tobacconomics, “New Revenues, Public Health Benefits & Cost Savings From A \$2.00 Cigarette Tax Increase In the District of Columbia,” Updated January 10, 2018.
- <sup>14</sup> Lee, J et al, “A systematic review of neighborhood disparities in point-of-sale tobacco marketing,” *American Journal of Public Health* 105(9): e8-18, September 2015.
- <sup>15</sup> Brown-Johnson C, England L, Glantz S, Ling PM. Tobacco Industry Marketing to Low Socioeconomic Status Women in the USA. *Tobacco Control*. Published online first: 2014 Jan 21, 10.1136/tobaccocontrol-2013-051224.
- <sup>16</sup> HHS, *Tobacco Use Among US Racial/Ethnic Minority Groups – African Americans, American Indians and Alaskan Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*, Atlanta: HHS, CDC, National Center for Chronic Disease Prevention & Health Promotion, Office on Smoking and Health, 1998, [https://www.cdc.gov/tobacco/data\\_statistics/sgr/1998/complete\\_report/pdfs/complete\\_report.pdf](https://www.cdc.gov/tobacco/data_statistics/sgr/1998/complete_report/pdfs/complete_report.pdf).
- <sup>17</sup> Singh G, Williams S, Siahpush M, Mulhollen A. “Socioeconomic, Rural-Urban, and Racial Inequalities In US Cancer Mortality: Part I—All Cancers and Lung Cancer and Part II—Colorectal, Prostate, Breast, and Cervical Cancers,” *Journal of Cancer Epidemiology* (2011): 1-28, 2011, <https://www.hindawi.com/journals/jce/2011/107497/>.