

HEALTH CARE COSTS AND SECONDHAND SMOKE



The Bottom Line

As a society, we all pay the price for exposure to secondhand smoke. We know that secondhand smoke causes death and disease in people who don't smoke. New research now confirms that exposure to secondhand smoke is responsible for substantial excess medical costs in Minnesota—costs that affect each and every resident in our state.

Rising health care costs place a burden on the taxpayer, the employee, and the Minnesota business owner. In this environment, curbing health care costs is a priority among businesses and policymakers. Eliminating major causes of preventable disease—such as exposure to secondhand smoke—provides a clear roadmap for controlling health care costs and, equally, alleviating unnecessary suffering.

This report provides a never-before-seen portrait of the devastating impact of secondhand smoke on Minnesota. Inside are the estimated costs of health care in Minnesota that are directly attributable to secondhand smoke exposure—costs that are completely preventable by eliminating exposure to this toxic substance.

THE COSTS: \$215.7 MILLION ANNUALLY

Each year, secondhand smoke is responsible for \$215.7 million* in excess medical costs in Minnesota—costs borne by individuals, businesses, and government.¹ This estimate is conservative; it does not include costs for long-term care, nor does it consider the significant economic cost of lost productivity due to the more than 66,000 individuals suffering from these diseases caused by secondhand smoke.

While the harm caused by exposure to secondhand smoke cannot be adequately quantified, the chart below reveals the serious economic impact of secondhand smoke on the state of Minnesota, which touches the lives of every resident.

*based on 2003 data, reported in 2006 dollars

Medical Costs of Health Conditions Caused by Secondhand Smoke in Minnesota, 2003²

CONDITIONS BY AGE GROUP [†]	NUMBER OF MINNESOTANS TREATED FOR CONDITIONS CAUSED BY SECONDHAND SMOKE	TOTAL COST (IN 2006 DOLLARS)
Birth to Age 17		
Low Birth Weight (under 5.5 lbs.)	795	\$ 38,051,594
Acute Lower Respiratory Illness (birth to age 3 only)	7,988	\$ 7,758,287
Otitis Media and Middle Ear Effusion	32,947	\$ 19,667,419
Asthma	17,547	\$ 21,129,913
Ages 18+		
Lung Cancer	388	\$ 19,063,956
Heart Attacks and other Heart Diseases	7,034	\$110,041,403
TOTAL	66,699	\$215,712,572

[†] The U.S. Surgeon General determined a causal link between these conditions and secondhand smoke exposure in the 2006 report, *The Health Consequences of Involuntary Exposure to Secondhand Smoke*.

EXPOSURE TO SECONDHAND SMOKE: AN ONGOING THREAT TO MINNESOTANS

Two out of three (65%) adult Minnesotans reported exposure to secondhand smoke in the previous seven days in 2003, the most recent year for which data are available. That means in any given week, an estimated 2.4 million adult Minnesotans were exposed to secondhand smoke.³ Restaurants and bars were among the most commonly reported locations of secondhand smoke exposure.

Today, despite progress, most Minnesotans continue to face the health hazards of secondhand smoke. While Minneapolis, Saint Paul, Mankato, and other communities have passed policies protecting residents from secondhand smoke, these measures protect only a portion of the state. If Minnesota wants to substantially reduce the overall economic and health impact of preventable disease, protecting the entire state from the dangers of secondhand smoke is a logical place to start.

A STATE HEALTH TRAGEDY: HUNDREDS OF LIVES LOST

At least 581 infants and adults in Minnesota succumbed to the deadly effects of secondhand smoke in 2005 alone. These infants and adults died from diseases that the U.S. Surgeon General has definitively tied to secondhand smoke.⁴

Behind each of these numbers lies a human tragedy that was completely preventable. For instance, 14 infants died in 2005 of Sudden Infant Death Syndrome (SIDS) caused by secondhand smoke—more than a third of Minnesota's total number of SIDS deaths that year.⁵

Deaths Caused by Secondhand Smoke in Minnesota, 2005⁶

CAUSE OF DEATH [†]	NUMBER OF DEATHS CAUSED BY SECONDHAND SMOKE
Low Birth Weight (under 5.5 lbs.)	44
Sudden Infant Death Syndrome (SIDS)	14
Lung Cancer	112
Heart Attacks and other Heart Diseases	411
TOTAL	581

[†] The U.S. Surgeon General determined a causal link between these causes of death and secondhand smoke exposure in the 2006 report, *The Health Consequences of Involuntary Exposure to Secondhand Smoke*.

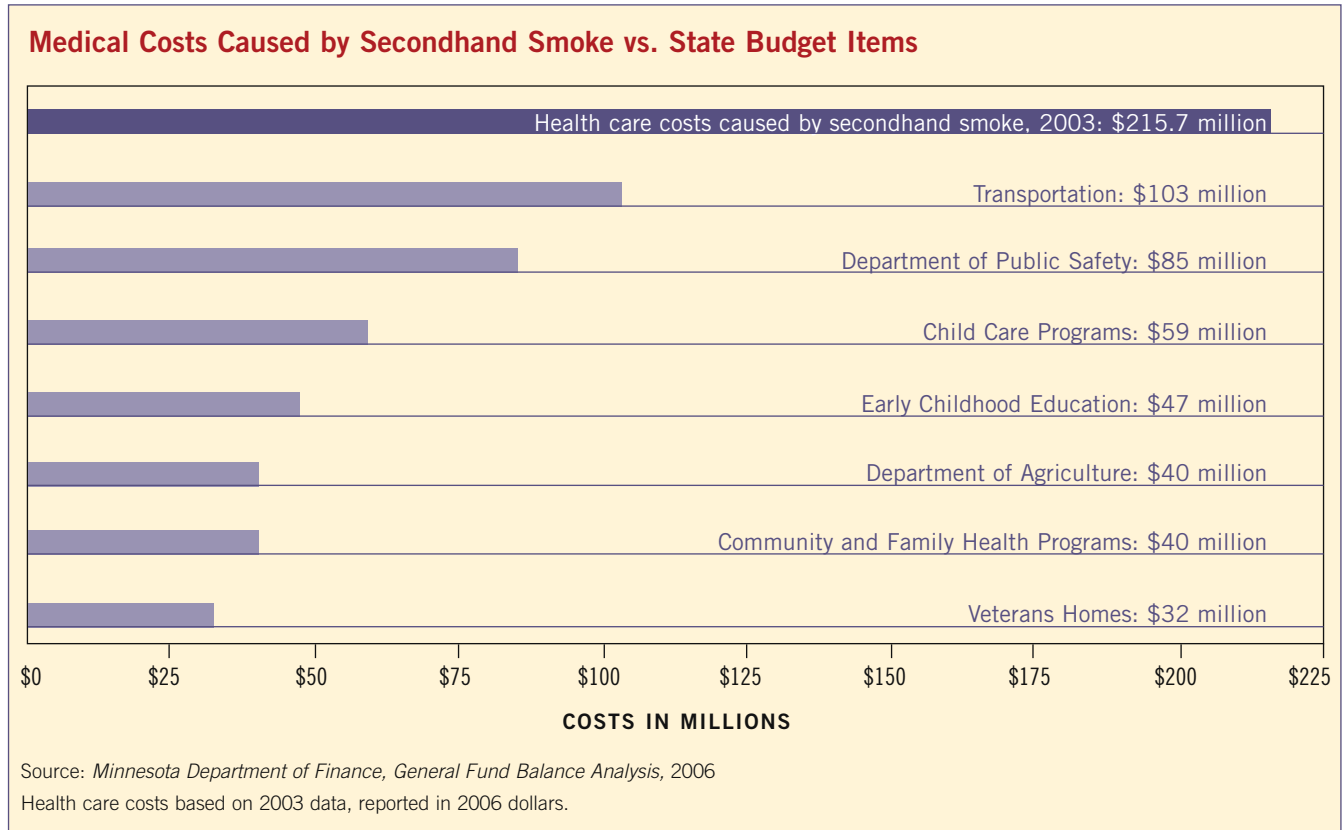
THE U.S. SURGEON GENERAL'S SIX CONCLUSIONS ON SECONDHAND SMOKE

1. Secondhand smoke causes premature death and disease in children and in adults who do not smoke.
2. Children exposed to secondhand smoke are at an increased risk for Sudden Infant Death Syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in children.
3. Exposure of adults to secondhand smoke has *immediate* adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.
4. The scientific evidence confirms there is no risk-free level of exposure to secondhand smoke.
5. Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces.
6. Eliminating smoking in indoor spaces *fully* protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings *cannot* eliminate nonsmokers' exposure to secondhand smoke.⁷

THE PERSPECTIVE: HOW COSTS STACK UP AGAINST THE STATE BUDGET

The chart below compares Minnesota's \$215.7 million in public and private health care expenditures caused by secondhand smoke with items in Minnesota's state budget. To get a sense of the magnitude of these medical costs, note that Minnesota spends more on excess medical costs caused by secondhand smoke than it does on early

childhood education, transportation, and Veterans Homes combined.⁸ For purposes of comparison only, this chart illustrates just how much taxpayers, businesses, and Minnesota's government spend on these preventable costs in contrast to how much the state is able to spend on the well-being of its residents.



ABOUT THIS REPORT

Findings in this report were developed by the Johns Hopkins Bloomberg School of Public Health in collaboration with Blue Cross and Blue Shield of Minnesota. The researchers used Minnesota-specific data sources to examine the state's health care costs and deaths associated with conditions for which the U.S. Surgeon General has determined a causal link to secondhand smoke.

The researchers included Hugh R. Waters, Ph.D., a health economist and Assistant Professor of International Health

at Johns Hopkins University; Steven S. Foldes, Ph.D., the Director of Research and Evaluation at Blue Cross and Blue Shield of Minnesota; Nina L. Alesci, M.P.H., a Senior Research Consultant at Blue Cross and Blue Shield of Minnesota; and Jon Samet, M.D., M.S., the Jacob I. and Irene B. Fabrikant Professor in Health, Risk and Society, and Chair of Epidemiology at Johns Hopkins University. Dr. Samet was the senior scientific editor for the 2004 and 2006 Surgeon General reports on smoking and secondhand smoke, respectively.



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