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# Tobacco Economic Cost Analysis

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# What is TPEP?

Tobacco Prevention and Education Program (TPEP) strategic goals:

- Increase the price of tobacco products
- Promote tobacco-free environments
- Protect youth from exposure to tobacco industry marketing
- Reduce access to tobacco products, and
- Decrease tobacco-related disparities

# Background

Tobacco use is the number-one cause of preventable mortality and morbidity in Oregon.

This burden is not distributed equally. Tobacco industry targets populations facing systemic racism and lower-income populations.

Many of these populations have not received adequate access to protection through public health policy interventions.

# Objectives

The main goal of this project was to develop a framework for generating Oregon tobacco burden estimates that :

1. Are comprehensive with respect to health effects, tobacco products, and economic impacts
2. Are available at community-scale
3. Reflect subpopulation variability in smoking rates and health baseline conditions



# Methods

# Model features

Annual impacts in 2020

Variability by county, age, sex, race/ethnicity

# Literature analysis

33 recent studies containing 554 estimates were curated & synthesized to obtain 201 Relative Risk estimates

Risk factors: current/former cigarette, cigar, non-cigarette combustible, smokeless tobacco, secondhand smoke, prenatal

Outcomes: adult mortality (32), adult morbidity (25), infant mortality (2), infant morbidity (1)

# Economic impact estimates

Updated lost productivity estimates

New nationally representative estimates

Smoker IRR for hospital & ER visit for conditions linked to tobacco use

RR to leave the labor market due to conditions linked to tobacco use

Percent reduction in weekly hours worked due to conditions linked to tobacco use





# Results



7,300

Emergency Room visits for conditions linked to tobacco use

4,800

Hospital visits for conditions related to tobacco use



8,000

Premature tobacco-related deaths in Oregon annually



\$238 Million

Annual hospital and ER expenditures due to tobacco related illness



## Lost Productivity

Life years lost 162,000

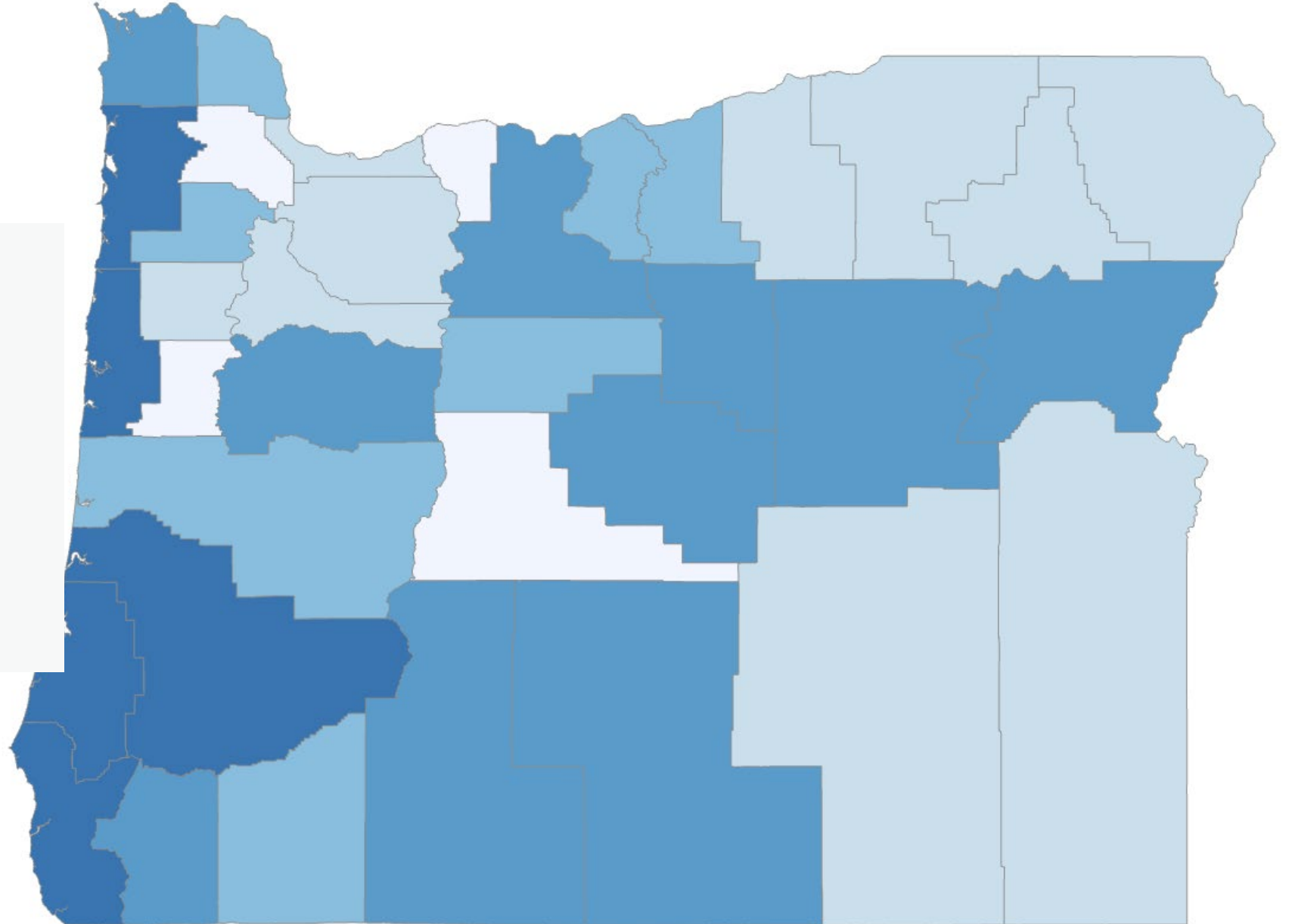
People out of labor market 15,600

Work hours lost 32,700

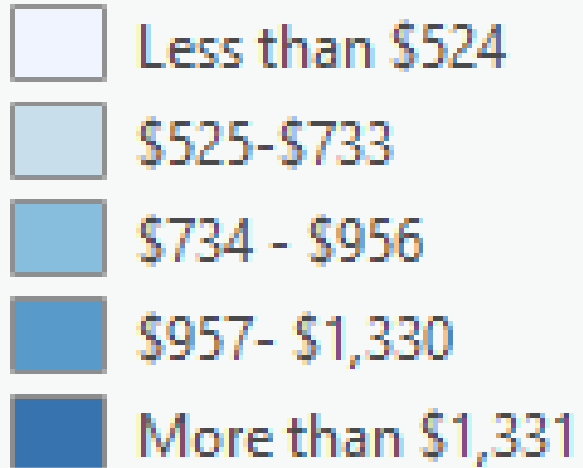
\$5.5 Billion

Annual lost productivity from mortality and morbidity due to tobacco use in Oregon

# The burden of tobacco is not distributed equally.



Per person (\$hundreds)



# Key Findings

Estimated 8,000 tobacco deaths align with 7,500 tobacco deaths estimated from direct Oregon reporting.

Largest per capita burden was observed among Native Americans, followed by non-Hispanic Blacks and non-Hispanic Whites

Tobacco death count per capita is 2x higher in rural counties compared to urban counties

Largest population-attributable fractions observed for respiratory disease and cancers

Maternal smoking contributes 13% of SIDS cases, 4% of preterm-related deaths, and 10% of low birthweight cases



# Policy

# Policy implications

Identifying the impact on communities in Oregon that bear the largest burden of tobacco use:

will help direct communication;

campaigns;

prevention efforts; and

cessation support

# For more information:

For a copy of the full report or for more information contact:

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<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/TOBACCO/REPORTING/PAGES/index.aspx>

