

NLWJC - Kagan

DPC - Box 043 - Folder 009

Tobacco-Settlement: Cessation

Tobacco - Settlement - cessation

From Ottawa

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JAN 30 1998

Dear State Tobacco Control Leader:

The gains we have made in tobacco prevention have been among the most important public health achievements during my tenure as Secretary. As a Nation we have redefined the role of tobacco use in our society and focused our efforts to prevent our youth from becoming addicted to tobacco products.

There are many people who deserve the credit for this achievement, but you have been the backbone of our tobacco control movement. Through your devotion and energy, you have mobilized citizens and communities to care about and to take action on the leading preventable cause of death and disease in America. I deeply appreciate all you have done and pledge my Department's full support to help you continue to make a difference.

To that end, I am pleased to announce an intensified commitment to state-based programs to prevent and reduce tobacco use. We are proposing in the President's FY 1999 budget to expand our support for state and community programs from \$34 million in FY 1998 to \$51 million in FY 1999 -- a full 50-percent increase. The Centers for Disease Control and Prevention (CDC) will fund all states and the District of Columbia to implement innovative tobacco prevention programs as a core component of public health practice. Federal support for state tobacco prevention programs will be maintained or expanded in all 50 states. This is a model of government working at its best: We are moving the proven research findings generated from the National Cancer Institute's (NCI) successful ASSIST program into widespread public health practice.

State-based programs are a critical part of the Administration's overall national effort to prevent tobacco use among our youth. Local input allows programs to be tailored to local needs and benefit from local innovation. Multiple agencies at HHS have a part to play in this effort. CDC, the Food and Drug Administration, the Substance Abuse and Mental Health Services Administration and several of the Institutes at the National Institutes of Health, will continue to work together to ensure that our strategies remain state-of-the-art and responsive to changes in our dynamic environment. The NCI, in particular, will continue to support a broad range of research that will help support these community and state tobacco control programs.

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In the coming months, members of my Department will be in communication with you to ensure successful planning for this proposed program expansion in FY 1999. Thank you again for your commitment to the public's health and for your leadership in helping usher in this historic era. I look forward to our continued productive partnership as we work together to ensure a health future for all Americans, most especially our children.

Sincerely,



Donna E. Shalala

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BUSINESS, CONSUMER, AND REGIONAL ROUNDUP

Study Concludes Smoking Cessation Guideline is Cost-Effective. In 1996, the Department of Health and Human Services' Agency for Health Care Policy and Research published a guideline for smoking cessation that recommended screening all patients for tobacco use and providing assistance to achieve cessation for all willing patients. A recent study in the *Journal of the American Medical Association* finds that full implementation of this guideline would cost \$6.3 billion in the first year and would achieve approximately 1.7 million new quitters over and above a baseline quit rate. The authors estimate that these results translate into an average cost of \$2,587 per life-year saved, or \$1,915 per "quality-adjusted life-year" saved (based on an index that gives greater weight to years of healthy life). These results compare very favorably with the costs of other preventive interventions such as mammography screening (\$50,000 per life-year saved) and the treatment of high cholesterol (more than \$100,000 per life-year saved). The smoking cessation guideline contains a number of different interventions, and the study finds that the more intensive interventions are also the more cost-effective. Group-intensive cessation counseling, for example, was among the most cost-effective—but only about 5 percent of smokers appear willing to undertake this type of intervention.

Higher Air Fares Discourage Business Travel. Rising business air fares are prompting corporations to reduce air travel and pursue alternatives to offset fare increases, according to a recent industry survey of corporate travel managers. Business fares have increased an average of 20 percent this year, and nearly 40 percent of the 400 corporations surveyed reduced their level of corporate air travel; 35 percent have increased their use of low-fare carriers. The survey revealed that many corporations plan to increase the use of alternatives to traditional business trips. Nearly half of those surveyed indicated that they will increase their reliance on videoconferencing, while about 40 percent intend to increase the use of teleconferencing.

Sub-\$1,000 PCs May Generate More Sales But Not More Profits. PC manufacturers are offering consumers a full-featured PC priced under \$1,000 this holiday season. While lower computer prices will entice more buyers, it is unlikely that they will attract enough new customers to compensate for the reduced profit margin of PC manufacturers, according to a recent national survey of over 1,000 households. The survey suggests that a maximum of 1.5 million more PCs will be sold as a result of getting the price below \$1,000. Moreover, respondents indicated that they would prefer to pay more for a PC with the latest technology than spend less on a PC that might not perform as fast or become obsolete sooner. More than two-thirds of those surveyed would rather pay extra for options not included in the sub-\$1,000 models (such as more memory and better multimedia capabilities), while only a fifth favored the lower-cost option.

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