



RESPONDING TO POSSIBLE ATTACKS ON THE TOBACCO'S TOLL NUMBERS AND THEIR SOURCES

The listed sources for each of the tobacco's toll amounts, along with the other provided source information, fully support the numbers presented in the Tobacco's Toll fact sheets and other Campaign fact sheets and should be enough to forestall any attacks on them. Nevertheless, all the source information in the fact sheets should be reviewed carefully in order to prepare for any possible questions about the numbers. Reviewing the cited studies, themselves, can also be useful.

To be safe, people distributing the fact sheets should expect and prepare for attacks that say that the numbers are much too high and then nit pick about the accuracy of the various numbers, the underlying studies, or (when applicable) the formulas used to develop them. The best response to these kinds of attacks is to point out that the numbers are the best available, based on data from solid research studies or other sources. In some cases, it may be constructive to provide copies of the underlying studies to the critics (or to any media reporting on the critics' attacks) -- but that will sometimes only fuel more nitpicking.

For the estimates of the monetary costs caused by tobacco, advocates should also relentlessly point out that the numbers are very conservative because of the major health costs and non-health costs they do not include (as is sometimes described in the fact sheets' text or in their "sources" sections or footnotes). Wherever applicable, it is also helpful to point out that the final figures have been rounded down to avoid overstating the case. More generally, it might be useful to ask critics whether they think the problem is small enough to be ignored, regardless of what the numbers say -- or whether the problem would be small enough to be ignored if the numbers were, say, 25% lower than the ones in the fact sheets.

Other Possible Attacks and Responses

Attack: The main study behind the federal or nationwide cost amounts -- Xiulan Zhang, L. Miller, et al., "Cost of Smoking to the Medicare Program, 1993," Health Care Financing Review 20(4): 1-19 (Summer 1999) -- is based on 1997 estimates extrapolated from 1993 HCFA cost data.

Yes. But more recent HCFA cost data (or other suitable health cost data) is not available; and the methods used for extrapolating the 1993 data to 1997 are conservative and responsible, following standard statistical procedures. In addition, the Zhang study estimates of smoking-caused health costs are actually quite conservative because they do not even include an enormous amount of tobacco-caused costs. Most notably, they do not include such health costs as those associated with 1) harms caused by other forms of tobacco use other than smoking (e.g., spit tobacco use); 2) smoking or other tobacco-caused harms suffered by persons under 19 years of age; 3) harms caused by exposure to secondhand smoke; and 4) harms caused by pregnant women smoking or being exposed to secondhand smoke (e.g., birth complications, fetal harm). Including these harms and costs would make the Zhang study estimates even higher. Also, medical care costs have gone up considerably since 1997, which suggests that the Zhang numbers are lower than current cost amounts. Finally, although U.S. adult smoking levels have been declining the reductions have been too gradual and too recent to substantially reduce the tobacco-caused demand for health care between 1997 and today.

Attack: The Zhang and L. Miller estimates of state-specific tobacco-caused health care costs and tobacco-caused Medicaid costs are based on 1993 HCFA health cost data, and today is quite different from 1993.

Yes, but more up-to-date data is not yet available. More importantly, inflation in general and, especially, inflation in health care costs indicates that the Zhang and L. Miller estimates for 1993 are much lower than the actual expenditures in each state today -- despite general declines in adult smoking since 1993. For example, the Zhang study suggests that state costs have gone up by about 20% from 1993 to 1997, alone. In addition, the Zhang & L. Miller numbers are also considerably lower than actual tobacco-caused health care expenditures because they only cover expenditures to treat the health problems of adults caused by their own smoking, which leaves out many other major costs (e.g., those from secondhand smoke, tobacco use other than smoking cigarettes, harm to newborns and infants from maternal smoking or exposure to second hand smoke during pregnancy, or from injuries caused by cigarette-caused fires -- not to mention all the non-health costs from tobacco use).

*Attack: Other studies provide lower total and state-specific tobacco healthcare cost estimates than the Zhang & L. Miller studies -- such as V. Miller et al., "Smoking-Attributable Medical Care Costs in the USA," *Social Science and Medicine* 48: 375-391 (1999) and The U.S. Centers for Disease Control and Prevention (CDC), "Medical Care Expenditures Attributable to Smoking -- United States, 1993," *Morbidity and Mortality Weekly Report* 43(26): 1-4 (July 8, 1994).*

Yes, but the Zhang & L. Miller studies are refinements to the model used to produce the 1994 CDC estimates, and CDC now endorses the Zhang & L. Miller studies' new estimates. Put simply, the Zhang & L. Miller models include costs associated with smoking exacerbating illnesses that the smoking, itself, did not cause -- which makes the Zhang & L. Miller estimates both larger and more accurate than the V. Miller or other estimates. For an article supporting the L. Miller & Zhang estimates as more accurate than the other, lower estimates, see Warner, K.E., et al., "Medical Costs of Smoking in the United States: Estimates, Their Validity, and Their Implications," *Tobacco Control* 8(3): 290-300 (Autumn 1999).

More specifically, the V. Miller study reaches different, and usually lower cost estimates than Zhang & L. Miller because it uses a different statistical calculation method that does not reach many second-level tobacco health costs caused by tobacco use exacerbating non-tobacco-caused illness and injury. V. Miller's national total of \$53.4 billion for 1993 is considerably lower than Zhang & L. Miller's \$72.7 billion; but some of his state-specific estimates are actually higher. More importantly, even using V. Miller's numbers would still show very high tobacco-caused health costs in each and every state, as well as high tobacco-health tax burdens. And the V. Miller estimates (just like the Zhang & L. Miller estimates) are much lower than reality because they include only those health costs suffered by adults because of their own smoking of cigarettes. Adding health costs to non-adults, from secondhand smoke, from tobacco use other than smoking cigarettes, etc. would make the V. Miller estimates much higher than the Zhang & L. Miller estimates -- as would adding in non-health costs, which are not included by either Miller or Zhang.