

Tobacco tax advocates spar over priorities

By Dorsey Griffith -- Bee Medical Writer
Saturday, December 24, 2005
Story appeared on Page A1 of The Bee

Lung cancer research gets woefully short-changed in a proposed new \$2.60-per-pack tax on cigarettes, even though smoking is the leading cause of lung cancer, a disease that remains highly lethal and poorly understood.

That is the conclusion of advocates for lung cancer victims, frustrated with the enduring stigma of the disease and its effect on funding to foster better survival rates for patients.

"If there is a disease caused by tobacco use, you would think monies raised as a result of that would be used to find cures for the disease itself," said Richard Barg, development director for thoracic oncology at the University of California, San Francisco.

The tobacco tax initiative, proposed for the November ballot, would raise an estimated \$2.1 billion a year. The amount would be allocated to research, prevention and treatment.

The initiative represents the merging of two competing measures - one from the California Hospital Association and the other developed by the American Cancer Society, American Heart Association, American Lung Association and the Children's Partnership.

The lion's share of the tax proceeds - \$902 million - would go to emergency hospital care, an effort backed by the hospital association and the California chapter of the American College of Emergency Physicians. The next largest chunk - \$405 million - would fill the gap in children's health insurance, an effort pushed by the Children's Partnership and the three big disease groups.

Research would receive \$105 million; of that, \$47 million (about 2 percent of the total projected revenues) would be spent on tobacco-related and lung diseases.

"It's a pittance," lamented Dr. David Gandara, a leading lung cancer specialist and researcher at UC Davis. "To me, the lung cancer patient is not being well-served by this tax."

The architects of the initiative staunchly defend the funding formula, pointing to another \$213 million in tobacco tax revenue earmarked for state and local tobacco control programs including anti-smoking campaigns.

"You spend money where it can do the most good," said Jim Knox, vice president of legislative advocacy for the American Cancer Society in California and a lead initiative negotiator. "If you can prevent it, that is always more cost-effective."

Kim Norris, a cancer patient advocate at the University of California, Los Angeles, lost a husband to the disease. She disagrees with Knox, citing the 20 percent of lung cancer victims who are non-smokers or never smoked.

"Even if we eliminated tobacco from the face of the earth today, the disease would still be prevalent for the next 30 to 40 years," she said.

Norris, Gandara and others are upset that cancers with little or no link to tobacco use, some of which already enjoy plentiful public and private financial support, would benefit from the tobacco tax.

A breast cancer research program, for example, would garner \$27 million; a colorectal cancer prevention program, \$38 million; and a prostate cancer treatment program, \$19 million.

Barg, who went to work at UCSF after his partner died of lung cancer in 2003, suspects that the people behind the tobacco tax initiative didn't want the focus to be on a disease that garners little sympathy.

"There is an attitude out there that if you got lung cancer you deserved it because you smoke," he said. In fact, he said, 60 percent of all new cases being diagnosed are in smokers who heeded warnings and quit or in people who never smoked at all.

Knox vehemently rejected that idea, stressing that the funding plan represents a "thoughtful and comprehensive effort to beat back major diseases."

Knox said the initiative will replenish existing tobacco disease research and control programs formed from another tobacco tax passed in 1988. Budgets for those programs have dwindled as fewer people buy cigarettes in the state. The lower smoking and lung cancer rates in California, he said, are directly tied to the tax and the programs it funds.

"We have a pioneering, very successful tobacco control program," Knox said. "... The first priority is to bring the state's tobacco control program back up to the Cadillac level it needs to be."

If the new tax works as intended and reduces tobacco consumption, it, too, will shrink over time. The \$2.60-a-pack tax on cigarettes would raise the average price of a pack - now selling for close to \$4 - to more than \$6.50.

Lung cancer groups applaud the state's anti-tobacco efforts, but argue they don't address the absence of a reliable early detection method or bolster development of lung cancer treatments.

According to the American Cancer Society, 163,500 people in the United States will die this year from lung cancer - about 80 percent of them from tobacco use. That's more deaths than from the next four most lethal cancers - breast, prostate, colon and pancreas - put together.

Yet research funding remains drastically lower for lung cancer than for other diseases. In 2005, the National Cancer Institute, for example, will spend \$1,811 per lung cancer death, compared with \$14,756 for breast cancer and \$11,233 for prostate cancer.

More than \$193 million of the tobacco tax would go to prostate, breast, cervix and colon cancer programs and an asthma program. An obesity prevention program would get \$69 million.

"How the special-interest groups want to use the new revenue stream has very little to do with ... those who smoke, the diseases they get and their suffering," said Dr. Robert Figlin, co-director of lung cancer research at UCLA.

Dr. Don Lyman, chronic disease chief at the state Department of Health Services who sits on the boards of both the American Cancer Society and American Heart Association, acknowledged the funding formula reflects the needs of the groups that drafted it. "Are there holes?" he asked. "Yes, a lot of big holes."

He said the groups used a field test of likely voters to determine what kinds of public health programs they would like to fund with a tobacco tax.

"It's clear the public is not as concerned anymore about tobacco as they are with the obesity epidemic," Lyman said. That helps explain why obesity and obesity-related diseases such as colorectal cancer also would get funded. Programs to combat heart disease and stroke, diseases directly linked to both tobacco use and obesity, also would garner tax revenues.

Finally, he said, finding ways to detect and treat lung and other less well-understood cancers still requires the kind of basic research typically paid for by the federal government. State government does a better job turning promising science into programs that clearly benefit the population, he said.

Paul Knepprath, vice president for government relations at the American Lung Association, added that the coalition drafting the tax proposal focused on proven strategies that center around smoking prevention.

"From what I understand, there is not enough scientific evidence or methods to promote early screening of lung cancer," he said. "So we are not at the place where we can put money into (that)."

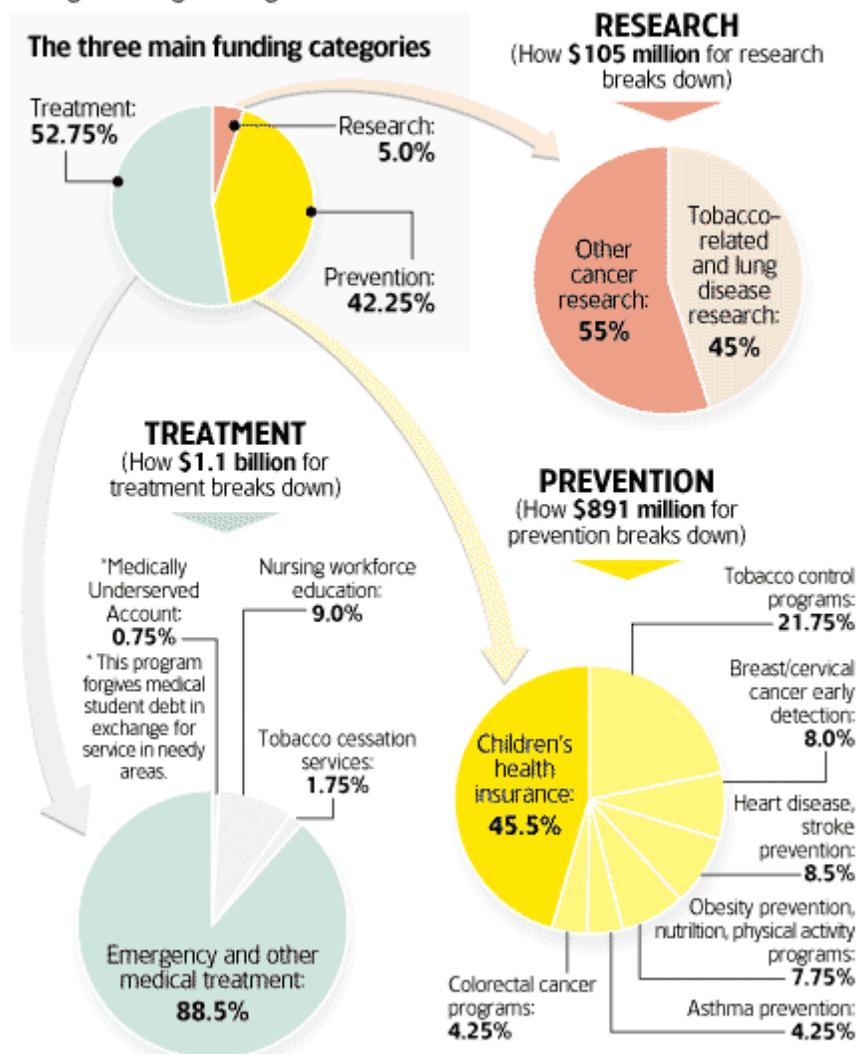
That's little consolation to people like Figlin who want to offer hope to victims of the disease.

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Tobacco tax initiative funding plan

A proposed \$2.1 billion tax on cigarette sales would provide funds for research, treatment and prevention. Advocates for patients say the plan does not provide enough funding for lung cancer research.



Source: American Cancer Society

Sacramento Bee/Robert Dorrell, Dorsey Griffith

