



Iowa Department of Public Health

The Burden of Tobacco Use in Iowa 2016

Youth Tobacco Use in Iowa [1]

- 18.1 percent of 11th grade students use tobacco.
- 21.6 percent of male 11th grade students use tobacco.
- 14.5 percent of female 11th grade students use tobacco.
- 10.9 percent of 11th grade students use e-cigarettes.
- 10 percent of 11th grade students use cigarettes.

Adult Tobacco Use in Iowa

- 18.1 percent of Iowa adults use cigarettes (national median rate is 17.7 percent) [2]
- 21.4 percent of Iowa adults use cigarettes or smokeless tobacco (national mediate rate is 20.7 percent) [2]
- 26.1 percent of Iowa men use cigarettes or smokeless tobacco. [2]
- 145.7 million packs of cigarettes are sold in Iowa each year. [3]

Iowa Deaths from Smoking

- 5,100 adults die each year from their own smoking. [4]
- 55,000 children and youth under age 18 will die prematurely from smoking. [5, 6, 7]

Iowa Smoking-related Economic Costs

- \$1.285 billion – annual health care costs directly caused by smoking. [4, 8]
- Smoking-related illness in the United States costs more than \$300 billion each year. [9,10]

Tobacco Industry Marketing Expenditures in U.S.

- \$9.5 billion – estimated annual tobacco industry marketing expenditures nationally. [11,12]

Iowa Tobacco Tax Revenue

- \$229.7 million – FY2016 Iowa cigarette and tobacco excise tax revenue [13]

Iowa Tobacco Use Prevention and Control Expenditures [14]

- \$5.2 million – FY2015 State of Iowa appropriation for tobacco use prevention and control
- \$5.2 million – FY2016 State of Iowa appropriation for tobacco use prevention and control
- \$5.2 million – FY2017 State of Iowa appropriation for tobacco use prevention and control

Resources

1. As defined by the 2014 Iowa Youth Survey: cigarettes, cigars, smokeless tobacco, dissolvables or e-cigarettes
2. Iowa Behavioral Risk Factor Surveillance System, 2015, age 18 and older
3. The Tax Burden on Tobacco, Orzechowski and Walker, 2014
4. Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC); Accessed: January 27, 2017.
5. Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004. Morbidity and Mortality Weekly Report. 2008;57(45):1226–8.
6. U.S. Census Bureau. Population Estimates; Accessed: January 27, 2017.
7. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System; Accessed: January 27, 2017
8. Centers for Medicaid and Medicare Services. National Health Expenditure Data; accessed: January 27, 2017.
9. U.S. Department of Health and Human Services. [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General](#). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Accessed January 27, 2017.
10. Xu X, Bishop EE, Kennedy SM, Simpson SA, Pechacek TF. [Annual Healthcare Spending Attributable to Cigarette Smoking: An Update \[PDF–157 KB\]](#). American Journal of Preventive Medicine 2014; 48(3):326–33 Accessed January 27, 2017.
11. Federal Trade Commission. [Federal Trade Commission Cigarette Report for 2014\[PDF–508 KB\]](#). Washington: Federal Trade Commission, 2016. Accessed January 27, 2017.
12. Federal Trade Commission. [Federal Trade Commission Smokeless Tobacco Report for 2014\[PDF–563 KB\]](#). Washington: Federal Trade Commission, 2016. Accessed January 27, 2017.
13. Iowa Department of Revenue
14. Iowa Department of Public Health