



Government anti-smoking efforts not as effective as first thought

July 8, 11:50 PM · Cameron English - El Dorado County Conservative Examiner

In 2007, the Centers for Disease Control (CDC) claimed that “Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking—and the longer states invest in such programs, the greater and faster the impact.”

Despite such claims, new economic research indicates that increased funding for state tobacco control programs does not significantly reduce tobacco consumption, and calls into question the methodology of the research the CDC relies on to support their assertion. Michael L. Marlow, professor of economics at California Polytechnic State University, summarized a number of the flaws in the CDC’s research in the latest issue of the Cato Institute’s [Regulation Magazine](#).

According to Marlow:

The CDC recommendations draw heavily on research from just two states: California and Massachusetts. Those two states are considered models of effective programs, in part, because they have the longest funding histories. Even if highly effective, their success may not be easily exported to other states.

The CDC ignores studies that show little to no impact from tobacco control programs.”

There is evidence, again ignored by the CDC, that little to no connection exists between state spending on tobacco control and the degree to which residents smoke.

The CDC offers no empirical verification that implementing recommended spending targets causes significant reductions in tobacco use.

While some research does support the CDC policy recommendations, these studies typically ignore other factors that may influence tobacco consumption. A 2003 *Journal of Health Economics* paper by Matthew Farrelly et al., for example, explained “that most studies simply perform trend analysis on the introduction of new tobacco control programs,” according to Marlow. They don’t actually establish a causal relationship between tobacco control efforts and a reduction in smoking.

Several studies published as late as 2005, however, did control for other factors that influence tobacco consumption and still found that government programs can reduce smoking. Unfortunately, the value of the data these studies analyzed was severely limited. Most states didn’t begin funding their tobacco control programs until the [Master Settlement Agreement](#) was reached in 1998, and, as a result, the CDC only started releasing funding data in 2000. Therefore, the studied data only reflects the results in a handful of states that were funding their programs before 1998. It’s questionable whether such results can be counted as evidence that all states’ tobacco control efforts are successful.

Parenthetically, well-funded tobacco control programs may inversely urge teenagers and young adults to take up smoking as a form of rebellion. The reason being that, pushing a particular behavior beyond the bounds of social acceptability with foolish laws and poorly-produced [media campaigns](#) often results in more of that supposedly illicit behavior.

If given a hearing this evidence could seriously inconvenience the tobacco nannies and complicate their [unrelenting attacks](#) on personal freedom.

We can only hope.

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