

# Study: Tobacco-related annual health care costs of US Minorities who smoke double that of white peers

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The annual tobacco-related health care spend of US Minorities who smoke is double that of white adults who smoke, finds an analysis of

national health and medical spend survey data, published online in the journal *Tobacco Control*.

And the excess risks of three or more long-term health conditions associated with [smoking](#) are more than 40% higher among Minority adults, despite their lower smoking rates and more numerous quit attempts than their White peers, the analysis indicates.

The findings prompt the researchers to conclude that Minority adults who smoke stand to benefit substantially more from [tobacco control policies](#) than do white adults who smoke.

Each year, 480,000 people die before their time from diseases linked to smoking, making tobacco use the leading cause of preventable illness and death in the U.S., note the researchers.

In 2022, the US Food and Drug Administration proposed regulations that would set a maximum nicotine level to help reduce the addictiveness of cigarettes and stop an estimated 33 million people from smoking by 2100.

But this type of far-reaching regulation requires the Office of Management and Budget (OMB)—the office that assists the US President to develop and execute policies—to prove that the benefits would outweigh the costs.

And earlier this year, the President requested that cost-benefit analyses for new tobacco control regulations should account for their impact on different sectors of the population.

For the first time, therefore, the researchers estimated the racial and ethnic disparities in medical spending and [health outcomes](#) associated with smoking in the US.

They linked data from the 2008–19 Medical Expenditure Panel Survey (Household Component) and the National Health Interview Survey for 118, 084 adults to estimate the proportion of the top 10 [health conditions](#) and annual health care spend—adjusted for inflation—attributable to smoking by race and ethnicity.

Between 2008 and 2019, 15% of Minority adults smoked, compared with 17% of white adults, who smoked the most cigarettes every day: 14 vs. 9.

While the proportion of white adults trying to quit smoking fell to 53% in 2019, this increased to 63% for Minorities.

Tobacco-related health issues accounted for just under 12% of the total yearly medical care spend (\$876 out of \$7,208) for white adults who smoked, but were twice as much—25% (\$1,509 of the \$6,253)—for Minority adults who smoked, primarily driven by Hispanic and other [racial groups](#).

Minority adults were also significantly more likely to have three or more of the top 10 conditions associated with smoking in the US: [high cholesterol](#); [high blood pressure](#); diabetes; [joint pain](#); cancer; [heart attack](#); arthritis; asthma; heart disease; and stroke. They were 34% more likely to do so compared with 24% for white adults who smoked.

Between 2008 and 2016, smoking comprised 7.5% of the nation's total health care spending for White adults and nearly 11% for Minority adults.

In 2017–19, this had fallen to 2.5% for white adults but only 9% for Minority adults, indicating that they have not benefited much from the medical cost savings associated with the large reduction in smoking rates over the decades, say the researchers.

Based on these data, the researchers estimated that any new tobacco control regulations would save \$134 million a year for every 100,000 Minority adults who didn't start smoking— 135% more than the \$57 million for the same number of white adults.

This would also save federal health care programs \$83 million a year for every 100,000 adults not taking up smoking—\$60 million from Minority adults and \$23 million from white adults, the researchers add.

They acknowledge various limitations to their findings. These include an exclusive focus on cigarettes rather than other [tobacco products](#) or vapes, and the exclusion of the military and prison populations as well as nursing home spending from their calculations.

But they nevertheless conclude, "Our results indicate that the Minority population will benefit much more than the white population under anti-tobacco regulations that reduce smoking, exemplifying the importance of agencies including such distributional analyses in their regulatory cost benefit analyses."

**More information:** Racial and ethnic disparities in healthcare costs and outcomes of cigarette smoking in USA: 2008–2019, *Tobacco Control* (2023). [DOI: 10.1136/tc-2023-058136](https://doi.org/10.1136/tc-2023-058136)

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