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Cigarette Smoking Prevalence and Policies in the 50 States:
An Era of Change

impacTEEN

Prepared by the Departments of Health Behavior at the University at Buffalo School of Public Health and Health Professions and the Roswell Park Cancer Institute

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Cigarette Smoking Prevalence and Policies in the 50 States: An Era of Change

Gary A. Giovino, Frank J. Chaloupka, Anne M. Hartman, Karen Gerlach Joyce, Jamie Chriqui, C. Tracy Orleans, Karl Wende, Cindy Tworek, Dianne Barker, James Todd Gibson, Jun Yang, Janet Hinkel, K. Michael Cummings, Andrew Hyland, Brian Fix, Marjorie Paloma, Michelle Larkin.

Gary A. Giovino, PhD, MS, Karl Wende, PhD and Janet Hinkel, MPH are with the Department of Health Behavior, School of Public Health and Health Professions, University at Buffalo, State University of New York

Frank Chaloupka, PhD is with the Department of Economics and the Health Policy Center, Institute for Health Research and Policy; University of Illinois at Chicago

Anne Hartman, MA, MS is with the Risk Factor Monitoring and Methods Branch, Applied Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute, National Institutes of Health; Bethesda, Maryland

Karen Gerlach Joyce, PhD, MPH is with Pinney Associates; Pittsburgh, Pennsylvania

Jamie Chriqui, PhD, MHS is with the Health Policy Center, Institute for Health Research and Policy; University of Illinois at Chicago

C. Tracy Orleans, PhD, Marjorie Paloma MPH and Michelle Larkin, JD, MS are with the Robert Wood Johnson Foundation; Princeton, New Jersey

Cindy Tworek, PhD, MPH is with the Department of Pharmaceutical Systems and Policy, School of Pharmacy, Mary Babb Randolph Cancer Center, Translational Tobacco Reduction Program, Robert C. Byrd Health Sciences Center, West Virginia University; Morgantown, West Virginia

Dianne C. Barker MHS is with Barker Bi-Coastal Health Consultants, Inc.; Calabasas, California

James Todd Gibson is with Information Management Services; Rockville, Maryland

Jun Yang, MD, MS, PhD is with the Division of Surveillance and Investigation, Virginia Department of Health; Richmond, Virginia

K. Michael Cummings, PhD, MPH, Andrew Hyland, PhD and Brian Fix, MA are with the Department of Health Behavior, Roswell Park Cancer Institute; Buffalo, New York

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PREFACE

In 1997, the Robert Wood Johnson Foundation created Bridging the Gap (BTG), a collaborative research initiative designed to assess the impact of policies, programs and other environmental influences on adolescents' use of alcohol, tobacco and illicit drugs and on behaviors contributing to the childhood obesity epidemic (1). Directed by Frank Chaloupka at the University of Illinois at Chicago's Health Policy Center and Lloyd Johnston at the University of Michigan's Institute for Social Research, BTG examines factors influencing use at multiple levels of social organization, including schools, communities and states. One component of BTG is project ImpacTeen. Based at the University of Illinois at Chicago, ImpacTeen coordinates data collection on environmental influences on alcohol, tobacco and illicit drug use, as well as data related to physical inactivity and poor diets, at both community and state levels. The tobacco component of ImpacTeen was originally led by K. Michael Cummings and Andrew Hyland at the Roswell Park Cancer Institute and subsequently coordinated by Gary Giovino at Roswell Park and then at the University at Buffalo School of Public Health and Health Professions. This chart book is one of the products of this 12-year collaboration — a compilation of information on tobacco-related prevalence, policies and programs at the state level.

State-level policy decisions influence tobacco use behaviors and nonsmokers' exposure to tobacco smoke pollution. In this chart book we demonstrate variability across states in several key indicators. We report data on cigarette smoking prevalence from four major surveys, with data on adolescents, young adults and adults. The prevalence of smoking among young adults is alarming and likely reflects tobacco industry targeted marketing practices, with ominous future health effects. States can reduce death and disease (e.g., by supporting health-promoting programs and policies) or hinder progress (e.g., by keeping cigarette excise tax rates low, inadequately funding effective programs, or denying local communities the freedom to protect themselves from tobacco smoke pollution). Maine, with a well-funded tobacco prevention program, has reduced youth smoking since 1997 by 71 percent among middle school students and by 64% among high school students. The Maine Department of Health estimates that reductions in smoking will prevent approximately 14,000 premature deaths and save approximately $416 million in future health care costs (2). Although Kentucky has not supported strong tobacco control policies, the state could prevent 1,100 premature deaths from tobacco every year by implementing policies recommended by the nation's Healthy People 2010 objectives. These include raising the cigarette excise tax rate to $2.00 /pack; providing strong protection from tobacco smoke pollution throughout the state; implementing an effective mass-media campaign; and providing all smokers access to barrier-free cessation treatments (3).

We also use survey data to obtain a better understanding of the relationship between smoking prevalence and indicators of "hard core" smoking, defined in terms of a smoker's willingness and ability to quit and remain abstinent. Understanding patterns of "hardening" (i.e., whether the population of remaining smokers is becoming more hard core) could indicate whether today's smokers are less responsive to the impact of evidence-based tobacco use prevention and cessation strategies.

National trends indicate that cigarette smoking prevalence is higher among persons who are socially disadvantaged, indicating that we must address use among these populations to further reduce tobacco-attributable morbidity and mortality (4, 5). Here we study state-specific estimates of smoking prevalence as a function of the median household income in each state and we examine possible income-related disparities in access to evidence-based tobacco control programs and policies.

We also provide state-specific data on the health and economic costs of cigarette smoking. We report survey and legislative data that indicate the level of protection people have from tobacco smoke pollution. Survey data indicate the rates of smokers' receipt of advice to quit from physicians and dentists; other data describe support for quitting from Medicaid and quitlines. We also report the amount of money used to fund tobacco control programs, much of which can be used to run effective counter-advertising campaigns that reduce use. Since price increases can prevent initiation and promote quitting, we document state-specific trends in excise tax rates, per pack cigarette prices, sales, and government revenues from cigarette excise taxes.

All the data points in this chart book are available at http://www.impacteen.org/tobaccodata.htm. The chart book itself is available on-line at: http://www.impacteen.org/chartbooks.htm. With a few exceptions, the data reported here are those that were available as of September 30, 2008.

Since 1991, the Robert Wood Johnson Foundation has contributed enormously to programmatic and research activities to reduce the morbidity and mortality caused by tobacco use (6). Optimal monitoring of the tobacco use epidemic can also facilitate change. We trust and hope that this work will support the enactment of evidence-based programs and policies that will substantially reduce tobacco-attributable morbidity and mortality.

SECTION 1: INTRODUCTION

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The report bore a simple, understated title: "Smoking and Health" (7). But when it was issued in 1964 by the United States Surgeon General, it signaled the beginning of a massive public health campaign to curtail tobacco consumption (Figure 1). Now, more than 40 years later, we recognize that smoking harms nearly every organ in the body, causing multiple forms of cancer, cardiovascular and respiratory diseases, pregnancy complications and other diseases (Figure 2) (8, 9). Tobacco use remains the single largest preventable cause of death in the United States, in part because of the addictiveness of nicotine and in part because of the efforts of the tobacco companies to increase use and weaken public health activities designed to control the epidemic (10-13). A number of effective programs and policies have been enacted in model states (e.g., California, Massachusetts, New York) and communities (e.g., New York City), but coverage is far from complete.

Since 1964, tobacco use, primarily in the form of cigarettes, has caused more than 15 million premature deaths in the United States (8, 14). In addition, the health of non-smokers is harmed by exposure to tobacco smoke pollution (Figure 2) (15). According to the Centers for Disease Control and Prevention, 49,000 nonsmokers die annually from conditions caused by exposure to tobacco smoke pollution (14). Meanwhile, cigarette companies continue to aggressively advertise and promote their products, spending $13 billion in 2005 — $1.5 million every hour of every day (13, 16). Since 1963, the first year the Federal Trade Commission reported data, cigarette companies have spent more than $240 billion (inflation adjusted to April 2008 dollars [17]) marketing cigarettes in the United States (16,18).

About one-fifth of American adults still smoke (Figure 3). Prevalence is especially high among populations with lower levels of education (Figure 4) and income (Figure 5), among Native Americans (Figure 6), and among those with psychiatric and substance abuse problems (21). Future success at reducing the tobacco use epidemic will be facilitated by an understanding of specific needs of these populations. Effective targeting will require understanding how proven tobacco control programs and policies may differentially impact these high-risk populations, understanding how tobacco industry marketing tactics may specifically influence them, and applying this knowledge for maximum benefit to those least well protected or served by current efforts (4, 22, 23).

Given the scope and magnitude of the problem after more than 4 decades of tobacco control efforts, achieving further reductions in tobacco consumption will be facilitated by in-depth knowledge of how various prevention and control strategies have been implemented throughout the country, a keen understanding of current usage patterns, and an understanding of whether the population of smokers is becoming more or less "hard-core." This chart book serves these purposes. It provides a detailed portrait of contemporary use rates by state and age group, along with indicators of hard-core smoking, and carefully chronicles the extent to which individual states have adopted life-saving policies.

Ultimately, this information can provide templates and reference points for policymaking and research priorities — optimizing measurement can facilitate change (24). It reveals geographically and by age group where smoking is most prevalent and where particular tobacco control measures have (or have not) been adopted.

For example, data on smoking cessation reveal sharp differences from state to state in the percentage of smokers who have quit. In 2006/07, in New Hampshire, 66 percent of 30+ year olds who had ever smoked reported that they had quit. In West Virginia, only 45% had done so. What explains the difference and how could a better understanding of such discrepancies lead to greater reductions in smoking? Moreover, data compiled on 8th, 10th and 12th grade students show that smoking rates declined significantly from 1997 to 2003 but leveled off somewhat from 2004-2008, raising concerns that progress in reducing youth smoking has slowed (Figure 7) (25).

Meanwhile, research indicates that the most effective tobacco prevention and control strategies include price increases, hard-hitting media campaigns, smoke-free air laws, community mobilization, advice to quit from a health care provider, and greater coverage for and access to evidence-based cessation treatments (Figure 8) (9, 11, 13, 15, 26-38). And yet the data show most states are not fully implementing these proven approaches to reduce smoking rates and protect nonsmokers.

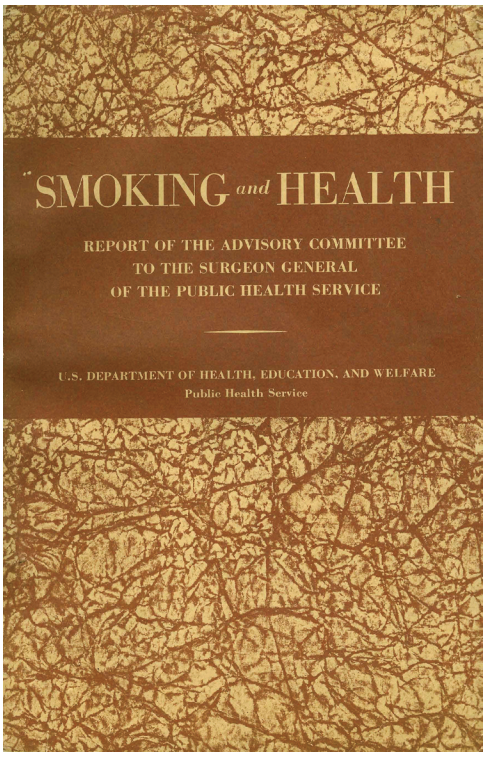
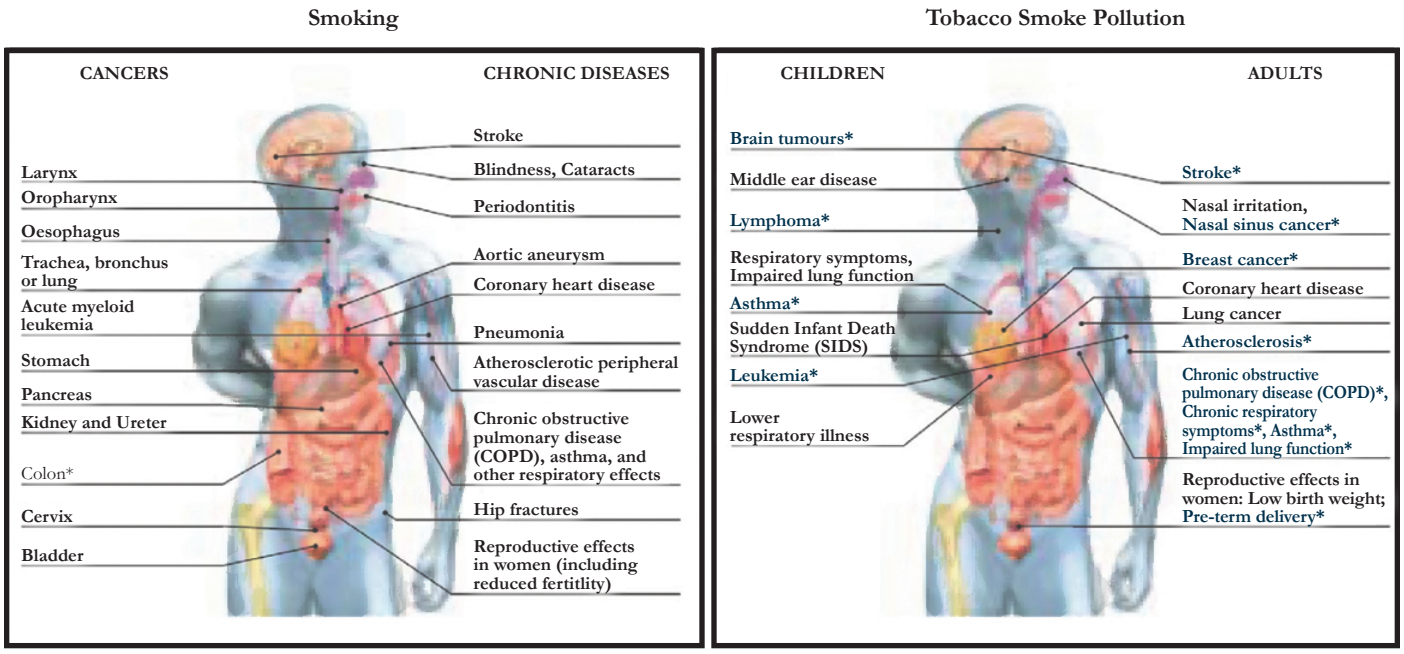


Figure 1. "Cigarette smoking is a health hazard of sufficient importance to warrant remedial action" *— 1964 Report of the Advisory Committee to the U.S. Surgeon General (7)*

Figure 2. Smoking and Tobacco Smoke Pollution Damage Every Part of the Body



Source: Adapted from reference 9.

* Evidence of causation: suggestive
Evidence of causation: sufficient

For example, approximately 27% of adult Medicaid recipients are current cigarette smokers, a rate significantly higher than that among adults with private insurance (17%) (39). But in 2006 there were still 12 states where Medicaid did not provide coverage for any proven tobacco treatment strategy to all clients who smoked (40), despite the abundant evidence linking cessation with lower healthcare costs (23). Data on Medicaid coverage for cessation show which states provide coverage for services that help smokers quit.

We also know that policies eliminating smoking in the workplace limit exposures to the toxic and carcinogenic chemicals found in tobacco smoke pollution and help motivate smokers to quit (15, 41). But while smoke-free workplace policies have increased in all states, Americans are much more likely to work in a smoke-free environment if they live in certain states, such as Delaware, Massachusetts, or New Jersey where strong legislation has been enacted to protect workers, than if they live in states where weaker laws exist. Those with stronger policies at work are less likely to be exposed to tobacco smoke pollution (Figure 9). The widespread adoption of smoke-free homes, in conjunction with more smoke-free workplaces, has contributed to a major reduction of the level of serum cotinine (a biomarker for nicotine) in U.S. nonsmokers (42). Smokers who live in smoke-free homes are more likely to quit (43). Blue collar workers and service workers, particularly food-service workers, are less likely to be protected from tobacco smoke pollution at work than are white collar workers (44, 45).

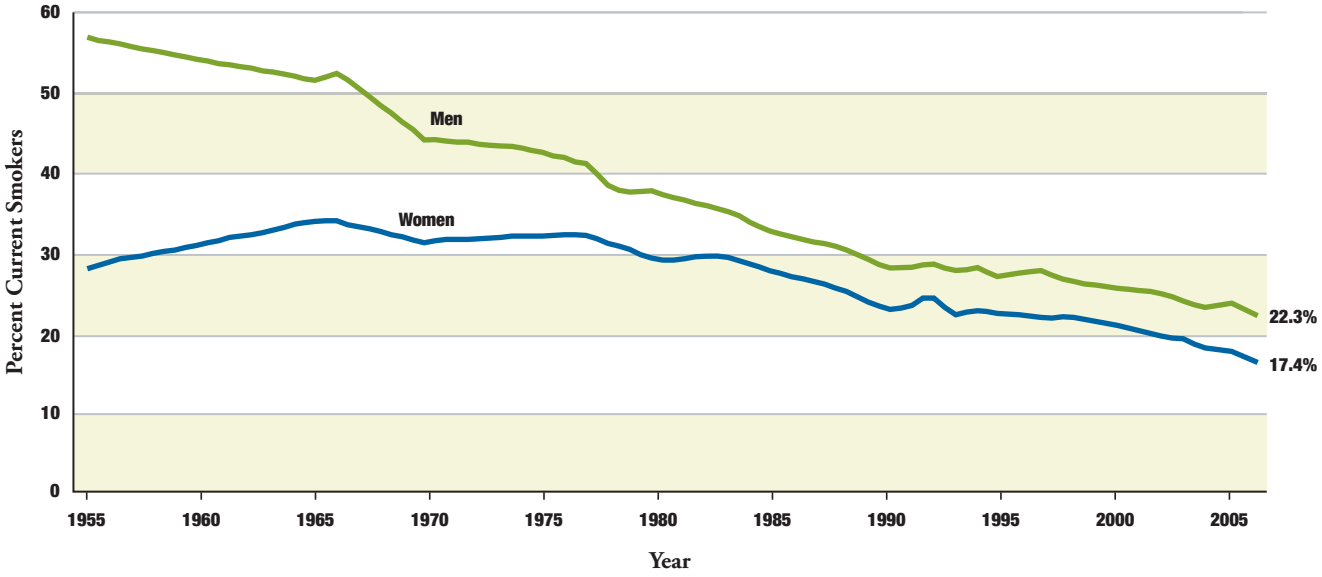
Raising cigarette prices by increasing excise taxes has consistently proven to be an effective way to keep people from starting to smoke while causing those who do to either quit or curtail consumption. Effects are greatest on smokers with the least income (46, 47). Nevertheless, current data on state excise taxes reveal a stark disparity from state to state. They range from a high of $3.46 in Rhode Island to a low of 7 cents in South Carolina (48). In addition, substantial cigarette excise taxes have been levied in cities and counties, such as Cook County, Illinois ($2.00); New York City ($1.50); Anchorage ($1.32); and Chicago ($0.68); and the federal government raised the federal excise tax by 61 cents in April 2009. Despite these gains, state and federal excise taxes accounted for a lower percentage of the retail price for a pack of cigarettes in April 2009 (40.4%) than they did in 1970 (49.1%) (49 and authors' calculations). Excise taxes comprise a smaller percentage of the retail price of cigarettes in the United States than in most countries in the world (50).

As demonstrated in this chart book, state revenues increase when tobacco taxes increase. Some states use a portion of revenues from excise taxes and the settlements from court cases (either individual settlements in 1997 and 1998 for Mississippi, Florida, Texas and Minnesota or from the 1998 Master Settlement Agreement [MSA] for the other 46 states and the District of Columbia [DC]) to fund tobacco control programs. Inflation-adjusted revenues (in April 2008 dollars) from tobacco excise taxes and settlement revenues increased for all states combined from $21.6 billion in 2002 to $22.9 billion in 2007. However, the amount of resources from taxes and settlements that was allocated to tobacco use prevention and control efforts declined from $904.1 million in 2002 (4.2% of revenues) to $626.7 million in 2007 (2.7% of revenues). Presently, no state is fully funding tobacco use prevention and control programs at the level recommended by the Centers for Disease Control and Prevention (CDC) (2, 32).

Overall, this extensive compilation of data on tobacco use and tobacco control efforts tells us that considerable progress has been made in reducing tobacco use, but that this progress has been uneven and more can be done. Smoking rates have fallen among American adults, and more than 47 million Americans who have ever smoked regularly have quit (5). But current prevalence is well above the goal of the national Healthy People 2010 initiative to reduce the prevalence of cigarette smoking among adults to 12 percent by decade's end and profound disparities exist in tobacco use prevalence and access to effective and protective policies and treatments (51). We know much about how to curtail the tobacco use epidemic (9, 11, 13, 15, 26-38), but this chart book shows that many states are not fully implementing the policies and programs known to reduce use.

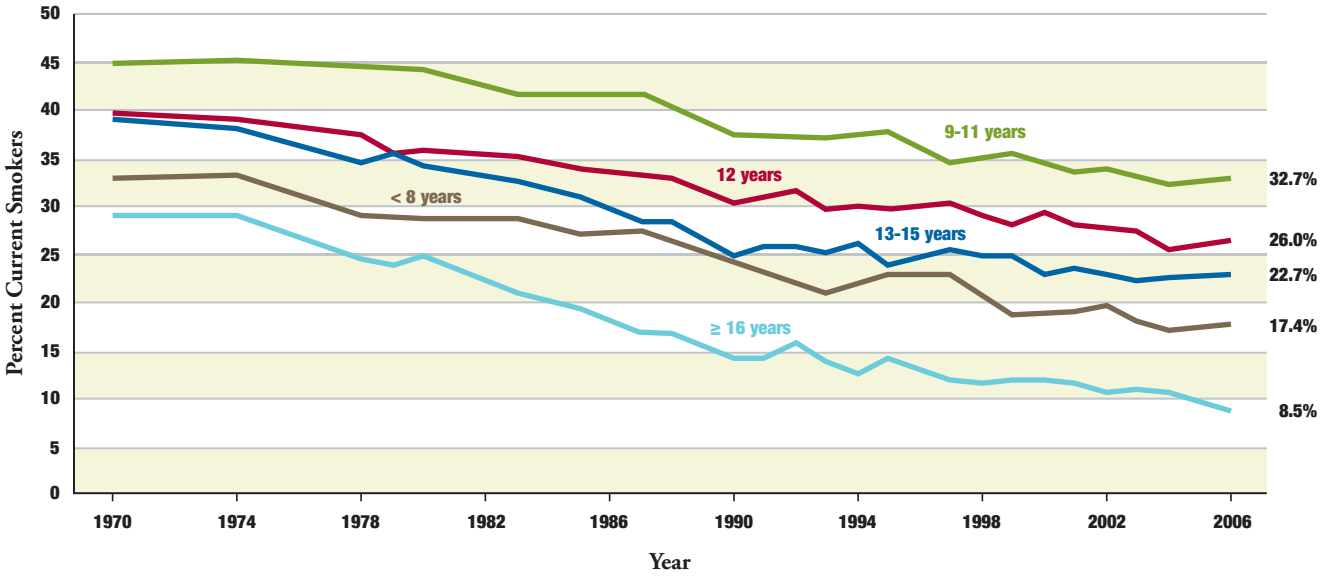
One major impediment to further reductions in tobacco use is an industry fighting for its economic survival. Tobacco companies have used political, economic and mass media influences to promote their products, allay concerns about their health effects and undermine effective tobacco control

Figure 3. Trends in Cigarette Smoking* Among Adults Aged ≥18 Years, by Sex — United States, 1955-2007



* See note 19.
Source: 1955 Current Population Survey; various National Health Interview Surveys from 1965-2007 (5,20).

Figure 4. Trends in Cigarette Smoking* Among Adults Aged ≥25 Years, by Education — United States, 1970-2006



* See note 19.
Source: various National Health Interview Surveys from 1970-2006 (20).

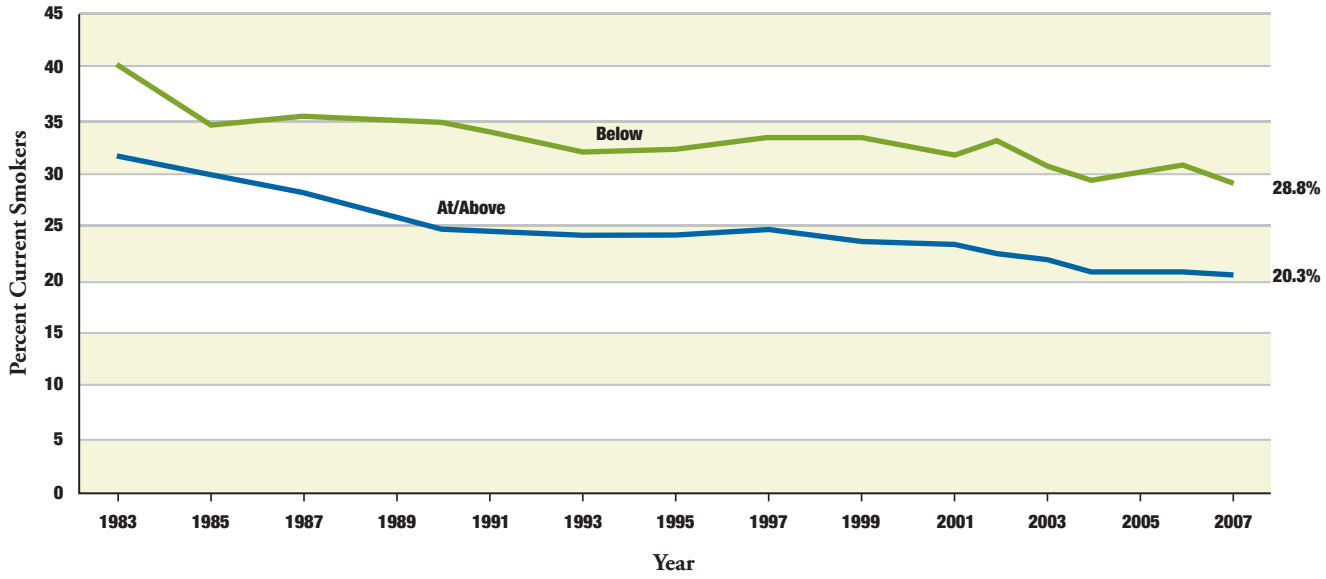
programs (11-13, 34, 52-58). Industry efforts to appear as "part of the solution" have proven to be ineffective and at times iatrogenic (54, 55, 59-70). The argument that tobacco use supports our economy by creating jobs is flawed. In actuality, declining tobacco sales would create jobs in the 8 non-tobacco regions (representing 44 states) and produce overall a net gain in U.S. employment (71). As cigarette consumption declines, the money people used to spend on cigarettes would be spent on other products or services, thus stimulating other sectors of the economy and creating jobs. Furthermore, although many jobs in the United States are dependent on tobacco, far more people die each year because of tobacco use than are employed in tobacco growing, processing and manufacturing.

A second impediment is that some governments lack the political will to disseminate effective tobacco control strategies. This may occur because of political influence of the tobacco industry on lawmakers or because of concern about losing excise tax revenues as sales of various tobacco products decline. This chart book demonstrates that tax increases raise revenues, even as sales decline. In California, where the cigarette excise tax increased by $0.25 in 1989 and some of the revenues were used to fund an effective media campaign, average annual cigarette excise tax revenues increased by more than $700 million after the tax increase. Following declines in tobacco use, lung cancer and heart disease death rates declined sharply in California (Figure 10) (72-75). Indeed, deaths from lung cancer (Figure 11) and coronary heart disease (Figure 12) vary among states in direct proportion to cigarette smoking rates — the higher the smoking rate in a given state, the higher the death rate for these diseases. The lack of political will for access to proven tobacco cessation services may also reflect the lack of direct public advocacy or consumer demand for effective tobacco control (76, 77).

A third potential impediment is the possibility that the population of smokers may be hardening (i.e., comprised increasingly of more "hard-core" smokers — those whose smoking patterns or whose social, biological or related behavioral/psychological risk factors make them less able or less willing to quit, even in the presence of evidence-based tobacco control programs and policies [78]). The hardening hypothesis states that as tobacco control progresses, the remaining population of smokers will be proportionately more dependent on nicotine and less willing to quit because those who were less dependent on nicotine and more willing to quit were more likely to have already done so (79). However, as shown in this chart book, indicators of addiction in smokers are actually less prevalent in states where cigarette smoking prevalence is lowest. Futhermore, smokers living in states with the lowest smoking rates are more interested in quitting and express more confidence in their ability to do so. Both findings are inconsistent with hardening. It is possible that as smoking becomes less normative, more and more smokers will choose to quit (80), perhaps even those with serious psychiatric co-morbidities (81). Policies that reduce prevalence, such as tax increases and strong media campaigns, in fact may have encouraged individuals to reduce cigarette consumption and increased their willingness to quit.

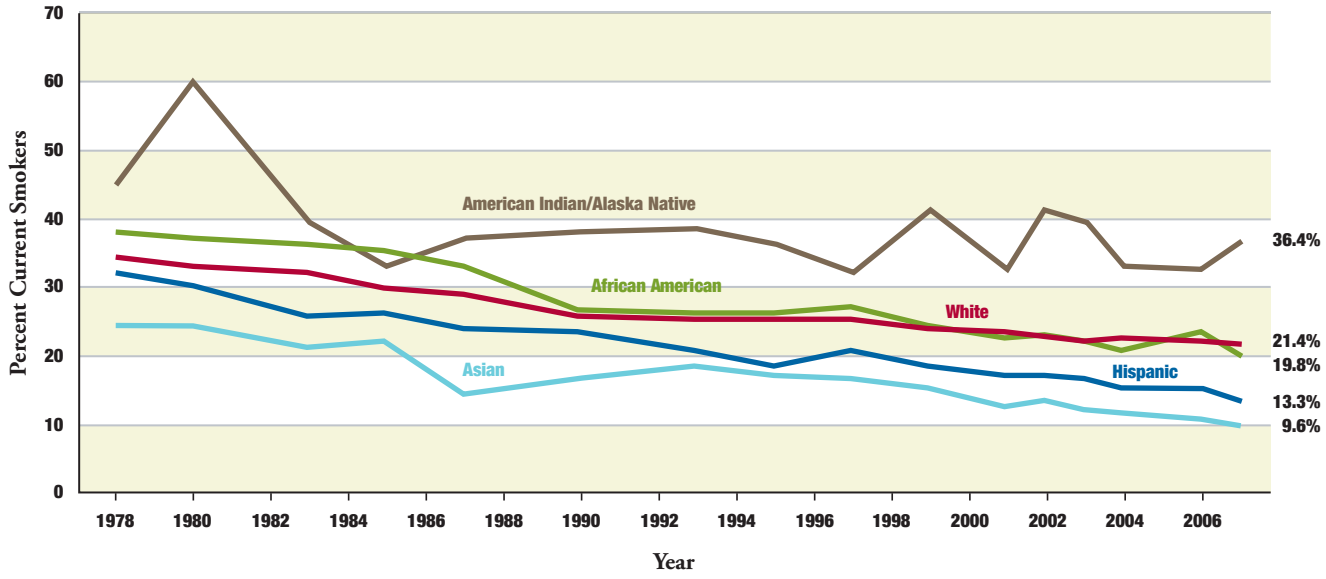
It is possible to end the tobacco epidemic through the adoption and implementation of evidence-based programs and policies and of promising interventions (34). Such efforts would substantially reduce the death and disease caused by tobacco without damaging our national economy.

Figure 5. Trends in Cigarette Smoking* Among Adults Aged ≥18 Years, by Poverty Status — United States, 1983-2007



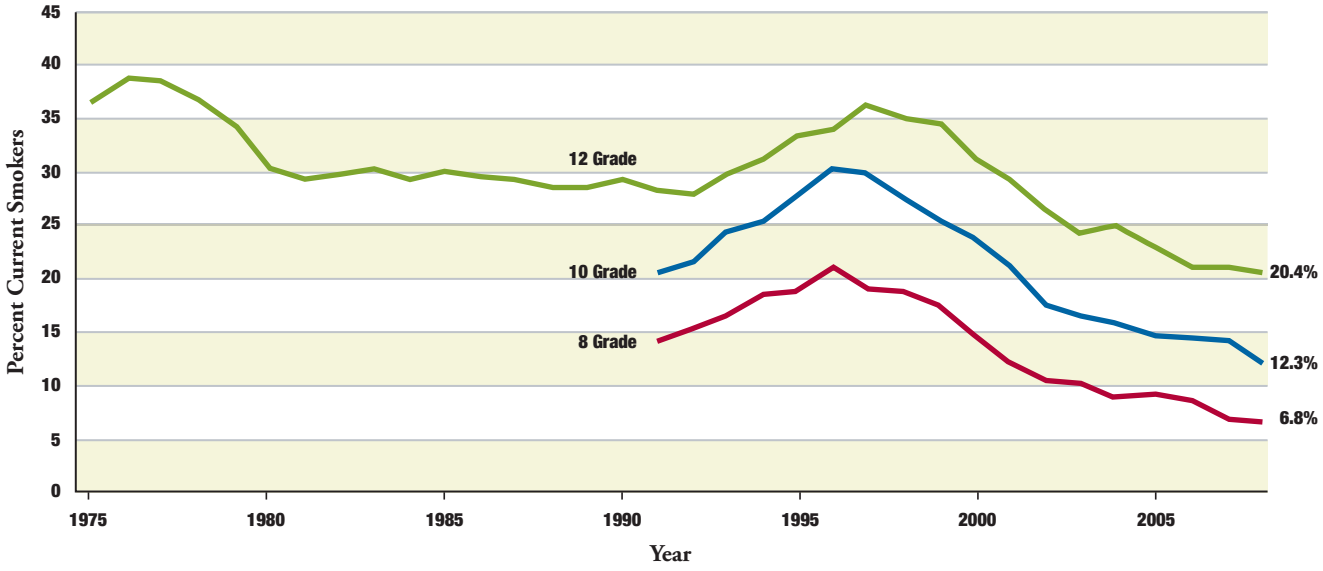
* See note 19.
Source: various National Health Interview Surveys from 1983-2007 (5, 20).

Figure 6. Trends in Cigarette Smoking* Among Adults Aged ≥18 Years, by Race/Ethnicity, 1978-2007



* See note 19.
Source: various National Health Interview Surveys from 1978-2007 (5, 20).

Figure 7. Trends in Cigarette Smoking Anytime in the Past 30 Days by Grade in School — United States, 1975-2008



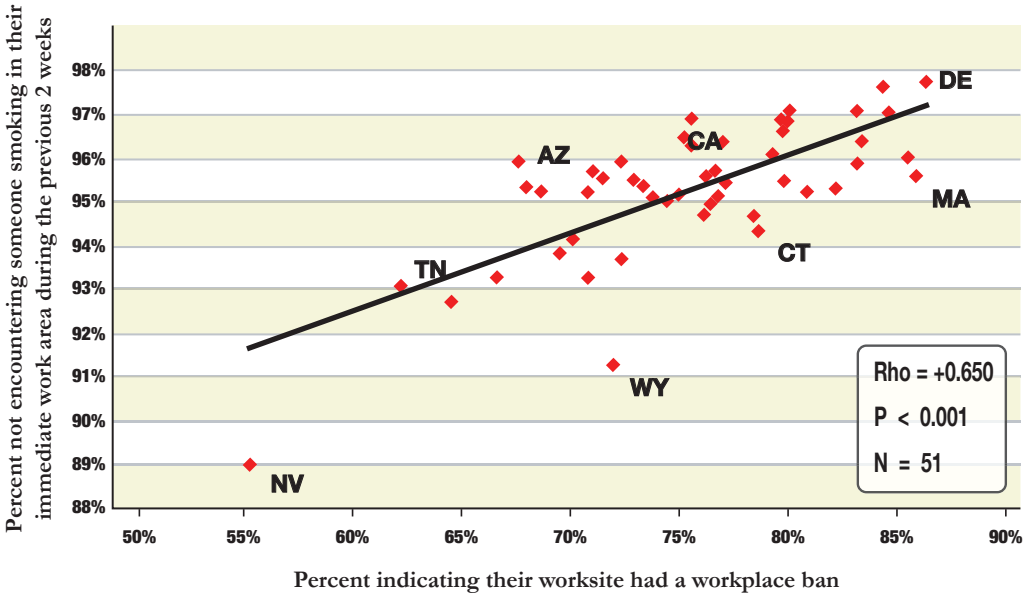
Source: Institute for Social Research, University of Michigan, Monitoring the Future Surveys (25)

Figure 8. After a Systematic Review of the Scientific Literature, the Task Force on Community Preventive Services Recommends the Following Interventions to Reduce Tobacco Use and Protect Nonsmokers

	Prevent Initiation	Promote Cessation	Protect Nonsmokers
Federal, state, and local efforts to increase tobacco product excise taxes to raise tobacco prices	⊘	⊘	
The funding and implementation of long-term, high-intensity mass media campaigns using paid broadcast times and media messages developed through formative research.	⊘	⊘	
Combinations of efforts to mobilize communities to identify and reduce the commercial availability of tobacco products to youth.	⊘		
Proactive telephone cessation support services (quit lines).		⊘	
Reduced or eliminated co-payments for effective cessation therapies.		⊘	
Reminder systems for healthcare providers.		⊘	
Clean indoor air legislation prohibiting tobacco use in indoor public and private workplaces.			⊘

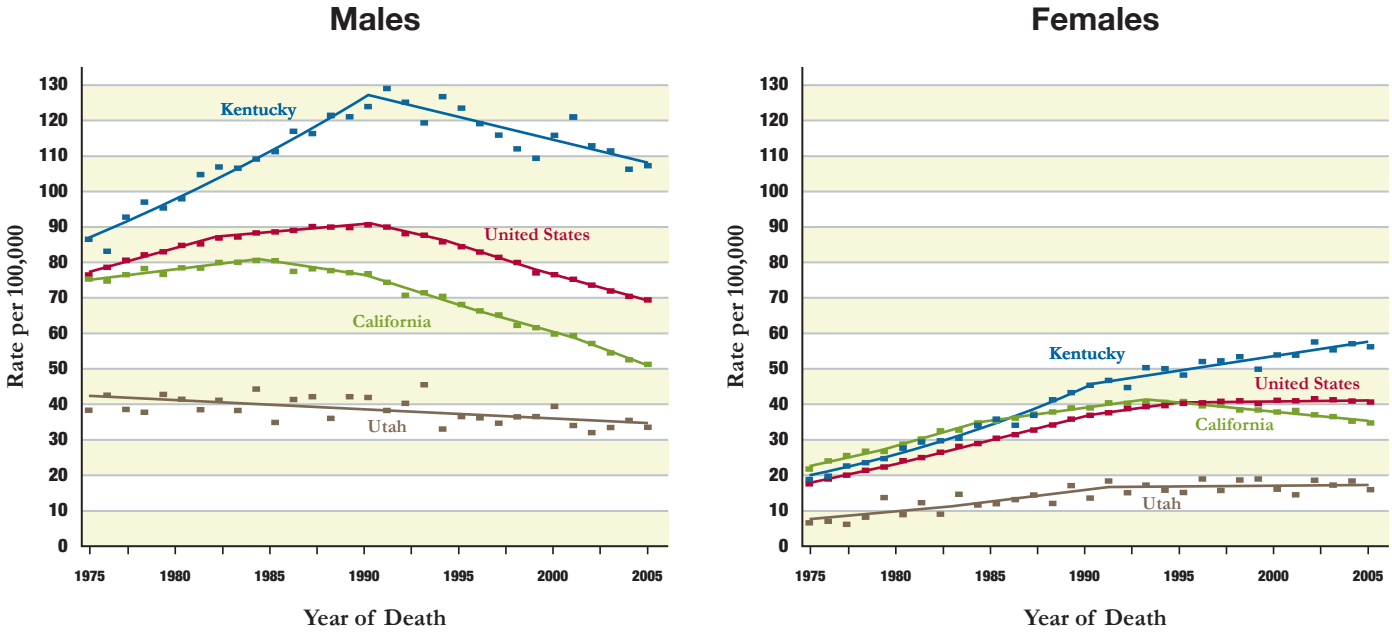
Source: Reference 28.

Figure 9. State-Specific Comparisons of the Percentage of Employed Adults* Who Did Not Encounter Anyone Who Smoked in the Immediate Work Area During the Previous Two Weeks with the Percentage Having a Smoke-Free Policy at Work - United States, 2006/2007



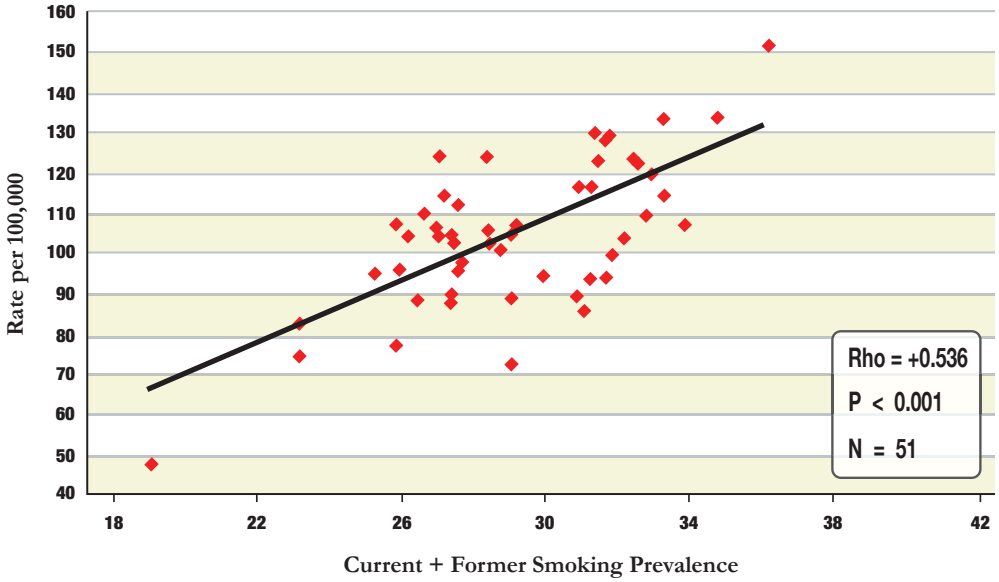
* Ages 18 years and older; includes employees who work mainly indoors.
Source: 2006-2007 Tobacco Use Supplement to the Current Population Survey.

Figure 10. Trends in Age-Standardized Lung Cancer Death Rate for the US and Selected States by Sex, 1975-2005.



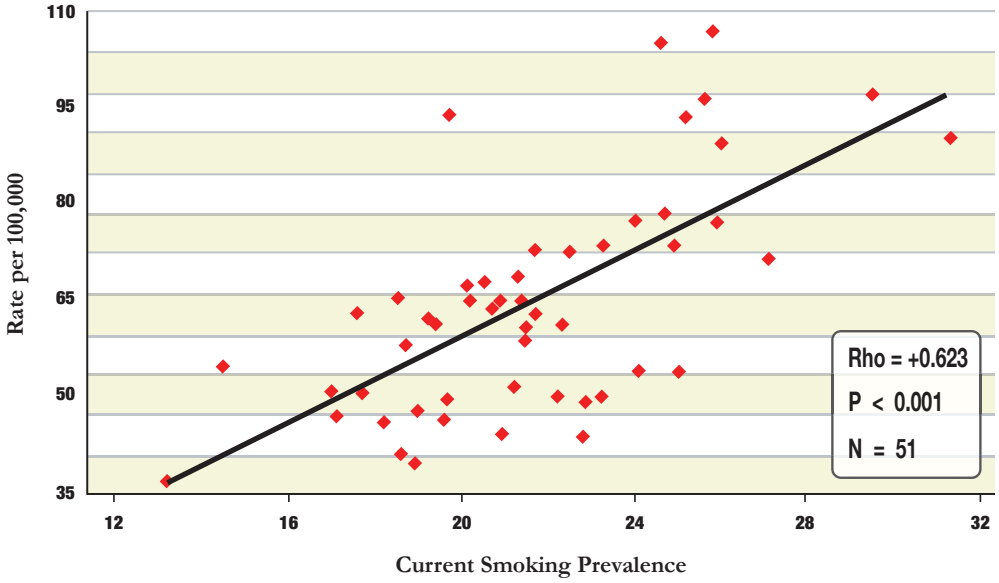
Source: Reference 75. Reprinted with author's permission.
Solid lines represent fitted values based on joinpoint analyses. **Squares** represent observed rates.
Data are from the National Center for Health Statistics, 2005 Mortality Special Research File.

Figure 11. State-Specific Estimates of the Prevalence of Current and Former Smoking (Quit Less Than 15 Years) (1) and Age-Adjusted Lung Cancer Death Rate (2) Among Persons ≥35 Years Old in the United States, 2003-2005



1. **Source:** 2003 Tobacco Use Supplement to the Current Population Survey;
2. **Source:** NCHS mortality data from CDC Wonder System, 2003-2005.

Figure 12. State-Specific Estimates of Current Smoking Prevalence (1) and Age-Adjusted Ischemic Heart Disease Death Rate (2) Among Persons 35 to 64 Years Old in the United States, 2003-2005



1. **Source:** Data from the 2003 Tobacco Use Supplement to the Current Population Survey;
2. **Source:** NCHS mortality data from CDC Wonder System, 2003-2005.

SECTION 2: KEY FINDINGS

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Background:

More than 15 million Americans have died from tobacco use since 1964 (8, 14), the year of the release of the first report of the Surgeon General on smoking and health (7). Currently, approximately 438,000 persons die each year from diseases caused by cigarette smoking, representing about 18% of all deaths (14). More than 5 million years of potential life are lost each year due to cigarette smoking (14). Documenting both the behavior that produces such high rates of preventable death and the programs and policies that reduce use provides a benchmark for assessing progress over time.

1) From 1992/1993 to 2006/07, substantial progress was made in reducing cigarette smoking in the United States:
   a. Prevalence of cigarette smoking among adults declined from 24.5% to 18.5%.
   b. Prevalence declined in 39 states and DC for persons aged 30 years and older, but only in 11 states for 18-29 year olds, reflecting the growth in youth smoking that occurred in the early 1990s and industry marketing to adolescents and young adults (13, 34, 82-84).

2) However, wide variation in smoking prevalence exists by state:
   a. Among 18-29 year olds, prevalence was 2.5 times higher in Kentucky (36.2%) than in California (14.4%).
   b. Among persons aged 30 years and older, prevalence was 2.4 times higher in Kentucky (25.8%) than in Utah (10.8%).

3) In 2006/07, smokers living in states where the prevalence of cigarette smoking was lowest were less likely to exhibit indicators of nicotine dependence than were smokers living in states where smoking was more prevalent. Smokers living in low-prevalence states were more interested in quitting, more motivated to quit and more confident in their ability to quit than were smokers in high-prevalence states. Furthermore, among persons who were daily smokers one year previously, those in low-prevalence states were more likely to have attained abstinence for 3 months or longer. Thus, states making the most progress in reducing smoking appear to have proportionately fewer “hard-core” smokers.

4) By 2006/07, in 33 states and DC, more than 50% of those who had ever smoked cigarettes had quit.

5) In 2005/2006, cigarette smoking prevalence was 3.7 times higher among 18-25 year olds (38.7%) than it was among 12-17 year olds (10.6%).

6) State-specific estimates of cigarette smoking among youth (12-17 years old) were associated with those of young adults (18-25 years old) and adults (aged 26+ years old), likely reflecting the general influence of tobacco control programs and policies, as well as modeling by older siblings, parents and other adults.

7) In states providing sufficient data to assess trends, smoking prevalence among high school students increased in the early- to mid-1990s and subsequently declined. Prevalence leveled off for several states in recent years.

8) Between 1992/93 and 2006/07, the percentage of U.S. adults living in smoke-free homes increased by 84%, from 43.1% in 1992/93 to 79.1% in 2006/07. In 2006/07, 41% of smokers and 88% of nonsmokers lived in smoke-free homes.

9) In 2006/07, 75% of indoor workers had a smoke-free policy in their workplace (65% of smokers and 77% of nonsmokers). In 1992/93 only 46.1% of indoor workers reported having a smoke-free policy at work.

10) As of September 30, 2008 fifteen states (Arizona, Colorado, Delaware, Hawaii, Illinois, Iowa, Maryland, Massachusetts, Minnesota, New Jersey, New Mexico, New York, Ohio, Rhode Island and Washington) and DC had smoke-free air laws providing strong protection in private workplaces, restaurants and bars. By September 2009, Montana, Nebraska, Oregon, South Dakota and Utah will provide strong protection from the toxic and carcinogenic chemicals in tobacco smoke pollution in private worksites, restaurants and bars.

11) Since January 2002, 44 states and DC increased their cigarette excise tax rate at least once, resulting in substantial increases in state tax revenues. As of April 13, 2009, six states — California, Florida, Mississippi, Missouri, North Dakota and South Carolina — had not increased their cigarette excise tax since 1999 or much earlier (48). Cigarette excise tax revenues have decreased in all of those states. By June 30, 2009 the average state cigarette excise tax rate will be $1.34 per pack.

12) Across all states, cigarette excise tax revenues increased from $10.35 billion in fiscal year (FY) 2002 (adjusted to April 2008 dollars) to an estimated $15.25 billion in FY 2007, an increase of 47%.

13) Across all states, inflation-adjusted payments from tobacco settlements decreased from $11.26 billion in FY 2002 to $7.60 billion in FY 2007, a 32% decrease that is largely due to declining cigarette sales as well as some tobacco companies withholding MSA payments they claim are not due because of a non-participating manufacturer adjustment (85).

14) Even though combined inflation-adjusted revenues from settlement payments and cigarette excise taxes increased slightly from FY 2002 ($21.6 billion) to FY 2007 ($22.9 billion), overall inflation-adjusted funding for tobacco control activities taken from these two sources dropped from $904.1 million in FY 2002 to $626.7 million in FY 2007, a decline of 31%.

15) In FY 2007, states allocated on average only 2.7% of revenues from settlement payments and cigarette excise taxes to tobacco control activities; nationally on average, 11.6% of revenues obtained from settlement payments and state cigarette excise taxes need to be allocated to support tobacco control activities at the minimum level recommended by the CDC.

16) Nationally, among adult smokers who visited a physician during the previous year, the percentage who reported receiving advice to quit smoking from a physician increased from 50.1% in 1992/1993 to 65.1% in 2006/07. Trends increased in 43 states and DC.

17) Nationally, among adult smokers who visited a dentist during the previous year, the percentage who reported receiving advice to quit smoking from a dentist increased from 20.7% in 1992/1993 to 34.9% in 2006/07. Trends increased in 40 states.

18) In 1990, one state provided Medicaid coverage for tobacco dependence treatment. In 2006, 38 states and DC provided coverage for at least one form of evidence-based treatment (medication and/or counseling) to all Medicaid smokers (40).

19) The first state quitline was implemented in California in 1992. Today, smokers in every state have free access to telephone quitlines through 1-800-QUIT-NOW. These quitlines provide effective proactive telephone coaching and counseling for adults and youth, and in 32 states and DC, free or discounted nicotine replacement therapy to eligible adults. However, many quitlines are not advertised widely and funding for promotion and staffing is limited. A growing number of state quitlines offer access to on-line counseling and supportive chat rooms in addition to telephone counseling and medications. Such internet quit sites are readily available, especially as the digital divide narrows. But evaluation of internet quit sites is limited.

20) Increasing median household income in the states was associated with decreasing prevalence of smoking, higher cessation rates among ever smokers, higher cigarette excise tax rates, and stronger legal protection from tobacco smoke pollution. Median household income was not related to per capita tobacco control funding, the availability of medication and/or counseling through Medicaid reimbursement, or the availability of free or discounted cessation medications via state quitlines.

SECTION 3: CHARTING THE DATA

SECTION 3: CHARTING THE DATA

Current Cigarette Smoking Prevalence Among Adults

Definition:

The percentage of the population aged 18 years and older that has ever smoked at least 100 cigarettes and that currently smokes either every day or on some days.

Importance:

Predicts risk of contracting a tobacco-related disease and can help to estimate future disease risk and death rates for the overall population. Changes in prevalence are also an indicator of the impact of tobacco control interventions.

In 2006/07:

- Nationally, the prevalence of cigarette smoking among persons aged 18 years and older was 18.5%, ranging from 12.4% in Utah and 12.6% in California to 28.2% in Kentucky and 26.2% in West Virginia (Figure 13; Table 1; Map 1).
- Nationally, the prevalence of cigarette smoking among 18-29 year olds (21.8%) was higher than among persons aged 30 years and older (17.6%); this pattern was observed in 35 states and DC.
- Among 18-29 year olds, the prevalence of cigarette smoking was lowest in California (14.4%), New Jersey (15.5%) and Utah (15.8%) and highest in Kentucky (36.2%), Maine (34.4%) and West Virginia (34.0%) (Figure 14).
- Among 18-29 year olds, cigarette smoking prevalence was 2.5 times higher in Kentucky (36.2%) than in California (14.4%).
- Among those aged 30 years and older, smoking prevalence was lowest in Utah (10.8%) and California (12.1%) and highest in Kentucky (25.8%), Oklahoma (24.7%) and West Virginia (24.5%) (Figure 15).
- Prevalence was 2.4 times higher among those 30 and older in Kentucky (25.8%) than in Utah (10.8%).

From 1992/1993 to 2006/07:

- Nationally, the prevalence of cigarette smoking among those aged 18 years and older declined from 24.5% to 18.5%; declines were observed in 35 states and DC (Table 1).
- Smoking prevalence declined in 39 states and DC for persons aged 30 years and older, but only in 11 states for persons aged 18-29 years, reflecting the growth in youth smoking that occurred in the 1990s and industry marketing to adolescents and young adults.

Figure 13. Trends in Cigarette Smoking Among Persons ≥18 Yrs Old — US, UT, and KY (1992/93 to 2006/07)

See note 86.
Source: Tobacco Use Supplements to the Current Population Survey

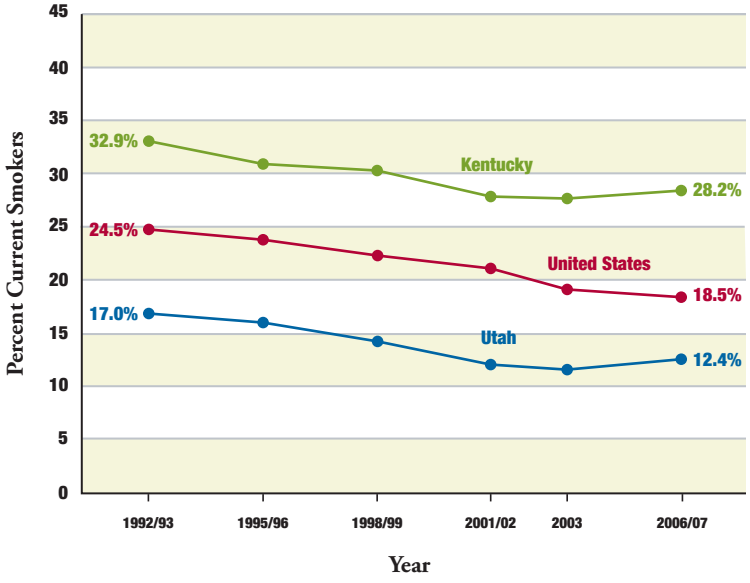


Figure 14. Trends in Cigarette Smoking Among Persons 18-29 Yrs Old — US, CA, and KY (1992/93 to 2006/07)

See note 86.
Source: Tobacco Use Supplements to the Current Population Survey.

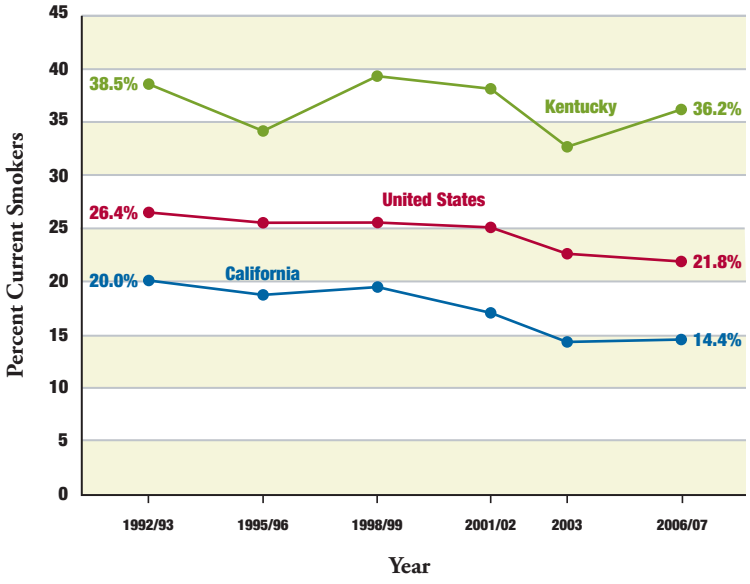


Figure 15. Trends in Cigarette Smoking Among Persons ≥30 Yrs Old — US, UT, and KY (1992/93 to 2006/07)

See note 86.
Source: Tobacco Use Supplements to the Current Population Survey.

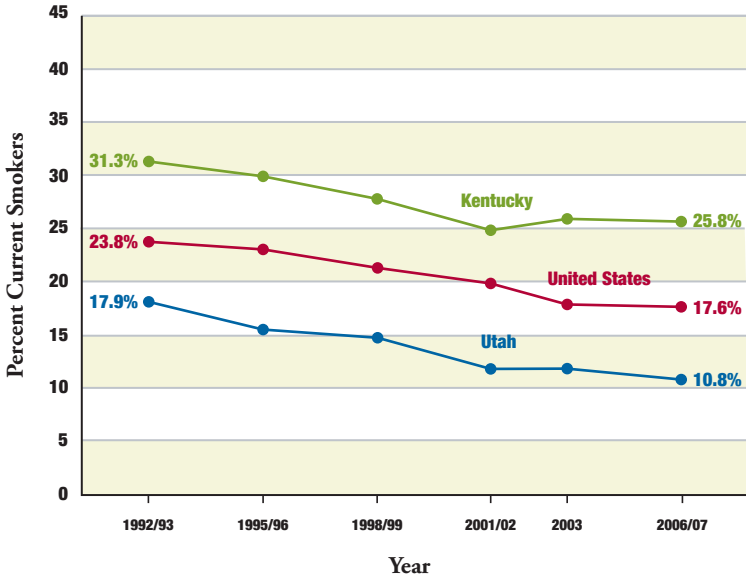


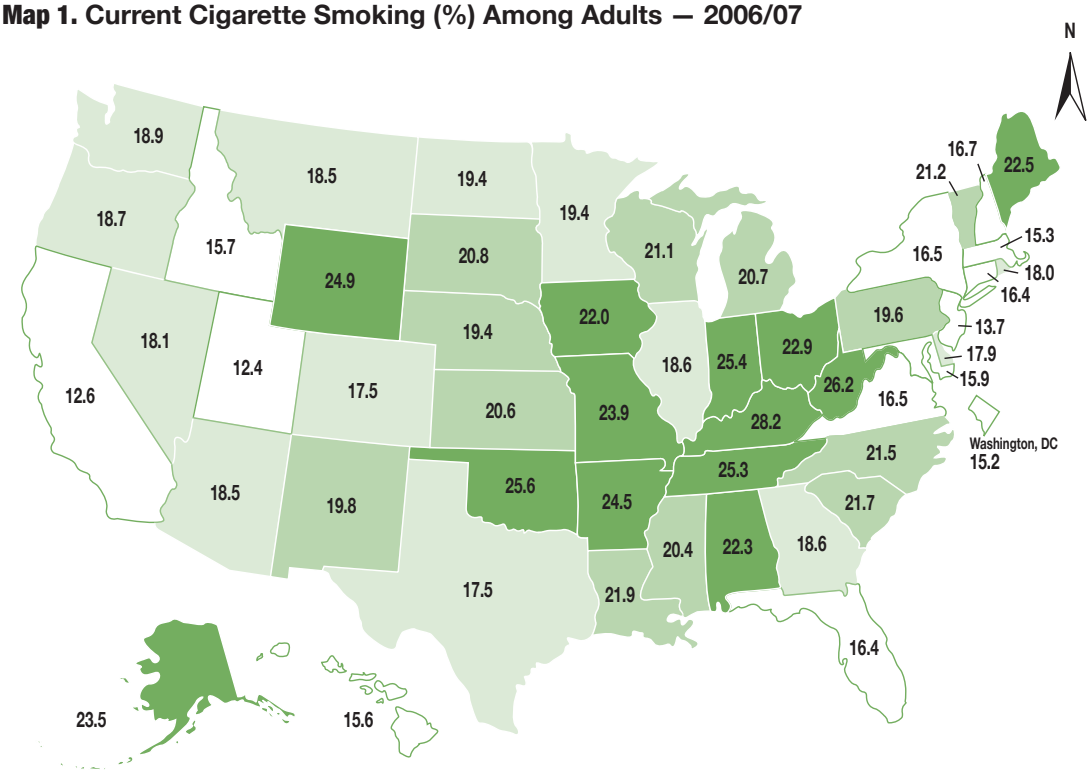
Table 1. Prevalence of Current Cigarette Smoking (%), by State and Age — United States, 1992/93 and 2006/07; Tobacco Use Supplement to the Current Population Survey Data

	18+ Years				18-29 Years				30+ Years			
	1992/93		2006/07		1992/93		2006/07		1992/93		2006/07	
	%	(95%CI)	%	(95%CI)	%	(95%CI)	%	(95%CI)	%	(95%CI)	%	(95%CI)
ALABAMA	26.0	(24.4-27.6)	22.3	(19.6-25.3)	25.7	(22.6-29.1)	27.6	(20.1-36.6)	26.1	(24.0-28.3)	20.7	(18.4-23.2)
ALASKA	28.7	(25.6-32.1)	23.5	(21.5-25.6)	31.6	(27.7-35.8)	28.9	(24.7-33.5)	27.7	(24.2-31.5)	21.9	(19.9-24.0)*
ARIZONA	23.1	(21.4-24.9)	18.5	(16.8-20.3)	25.5	(19.6-32.4)	18.5	(14.4-23.4)	22.4	(20.8-24.1)	18.5	(16.7-20.4)
ARKANSAS	28.6	(26.6-30.6)	24.5	(21.9-27.2)	29.7	(25.8-33.9)	27.7	(22.5-33.5)	28.2	(26.3-30.2)	23.5	(20.7-26.6)
CALIFORNIA	19.7	(19.0-20.4)	12.6	(12.0-13.3)	20.0	(18.8-21.4)	14.4	(12.9-16.2)	19.5	(18.7-20.4)	12.1	(11.4-12.8)*
COLORADO	24.5	(22.7-26.4)	17.5	(16.1-19.0)	25.5	(22.7-28.5)	21.4	(17.7-25.6)	24.2	(22.2-26.4)	16.3	(15.0-17.7)
CONNECTICUT	23.6	(22.0-25.4)	16.4	(15.0-17.9)	26.6	(22.3-31.5)	20.2	(16.2-24.9)	22.8	(20.9-24.7)	15.6	(14.1-17.2)
DELAWARE	24.3	(20.9-28.0)	17.9	(16.2-19.8)	29.8	(21.9-39.1)	18.8	(15.0-23.3)	22.8	(20.1-25.9)	17.7	(15.9-19.6)
WASHINGTON, DC	22.7	(20.8-24.6)	15.2	(13.6-17.0)	19.4	(15.9-23.4)	15.5	(12.3-19.3)	23.8	(21.4-26.4)	15.1	(13.4-17.1)
FLORIDA	24.6	(23.3-25.9)	16.4	(15.3-17.6)	26.8	(24.3-29.5)	17.2	(14.7-20.0)	24.0	(22.7-25.2)	16.2	(15.1-17.4)
GEORGIA	25.3	(22.6-28.3)	18.6	(16.8-20.4)	21.8	(17.5-26.7)	20.4	(17.3-24.0)	26.4	(23.8-29.2)	18.0	(16.2-19.9)
HAWAII	22.5	(19.9-25.4)	15.6	(13.7-17.7)	24.4	(20.0-29.4)	18.3	(14.1-23.5)	22.0	(19.2-25.1)	15.0	(12.8-17.4)
IDAHO	24.3	(21.8-26.9)	15.7	(13.5-18.1)	27.4	(21.7-33.9)	17.4	(13.9-21.5)	23.3	(20.9-25.8)	15.1	(12.9-17.5)
ILLINOIS	25.2	(23.8-26.6)	18.6	(17.2-20.1)	27.8	(24.6-31.3)	21.4	(18.2-25.0)	24.3	(23.2-25.5)	17.8	(16.5-19.2)
INDIANA	27.6	(25.1-30.4)	25.4	(23.2-27.8)	30.4	(26.0-35.2)	31.3	(26.8-36.2)	26.7	(24.3-29.2)	23.8	(21.3-26.4)*
IOWA	24.1	(22.1-26.3)	22.0	(20.2-23.8)	27.6	(23.4-32.3)	29.7	(25.7-34.0)	22.9	(21.2-24.7)	19.6	(18.1-21.1)*
KANSAS	25.0	(22.6-27.7)	20.6	(18.5-22.9)	28.4	(22.7-34.8)	23.5	(19.6-27.8)	24.0	(21.1-27.1)	19.7	(17.4-22.1)
KENTUCKY	32.9	(30.6-35.3)	28.2	(26.2-30.3)	38.5	(34.4-42.8)	36.2	(31.8-40.9)	31.3	(28.6-34.1)	25.8	(23.9-27.8)*
LOUISIANA	26.1	(23.5-28.8)	21.9	(18.6-25.5)	27.4	(23.7-31.5)	26.0	(19.7-33.5)	25.6	(22.8-28.6)	20.6	(17.7-23.9)
MAINE	30.1	(27.5-32.8)	22.5	(20.4-24.6)	35.6	(28.7-43.2)	34.4	(29.2-40.0)	28.6	(25.9-31.4)	19.6	(17.8-21.5)*
MARYLAND	23.5	(21.1-26.1)	15.9	(14.0-17.9)	20.6	(16.5-25.4)	17.6	(13.6-22.6)	24.4	(21.7-27.2)	15.4	(13.7-17.2)
MASSACHUSETTS	22.2	(20.8-23.7)	15.3	(13.6-17.2)	26.7	(24.2-29.4)	19.2	(15.3-23.7)	21.0	(19.4-22.6)	14.4	(12.6-16.5)
MICHIGAN	27.7	(26.4-29.0)	20.7	(19.1-22.4)	30.8	(28.2-33.5)	26.9	(22.8-31.5)	26.7	(25.3-28.1)	19.2	(17.6-20.9)*
MINNESOTA	25.4	(22.8-28.2)	19.4	(17.6-21.3)	30.1	(24.1-36.7)	26.3	(22.6-30.4)	23.7	(22.1-25.4)	17.3	(15.7-19.1)*
MISSISSIPPI	26.3	(24.1-28.5)	20.4	(18.4-22.5)	25.9	(21.8-30.3)	20.7	(16.7-25.4)	26.4	(24.2-28.8)	20.3	(18.0-22.9)
MISSOURI	26.5	(23.4-29.8)	23.9	(21.5-26.6)	28.8	(25.6-32.2)	27.0	(21.3-33.6)	25.6	(22.5-29.0)	23.0	(20.9-25.4)
MONTANA	24.1	(21.6-26.7)	18.5	(16.4-20.8)	26.9	(22.3-32.1)	26.0	(21.5-31.1)	23.3	(20.8-26.0)	16.2	(14.1-18.6)*
NEBRASKA	22.6	(20.5-24.9)	19.4	(17.9-21.1)	26.9	(23.8-30.2)	23.6	(20.1-27.6)	21.2	(19.0-23.6)	18.0	(16.1-20.1)
NEVADA	29.2	(26.9-31.6)	18.1	(16.2-20.2)	27.6	(22.8-32.8)	16.4	(13.2-20.1)	29.7	(27.5-32.1)	18.7	(16.6-20.9)
NEW HAMPSHIRE	24.7	(22.2-27.3)	16.7	(15.0-18.4)	27.0	(21.8-32.9)	20.8	(16.5-26.0)	24.1	(21.3-27.1)	15.7	(14.2-17.4)
NEW JERSEY	21.4	(20.3-22.6)	13.7	(12.2-15.4)	23.8	(21.3-26.5)	15.5	(11.9-20.1)	20.8	(19.7-22.0)	13.4	(11.9-15.0)
NEW MEXICO	24.2	(22.2-26.3)	19.8	(17.6-22.2)	23.7	(19.1-29.0)	24.1	(19.5-29.4)	24.4	(22.7-26.1)	18.6	(16.3-21.1)
NEW YORK	22.3	(21.4-23.2)	16.5	(15.3-17.6)	24.5	(23.0-26.0)	18.9	(16.1-22.0)	21.7	(20.8-22.7)	15.9	(14.7-17.1)
NORTH CAROLINA	27.6	(26.1-29.1)	21.5	(20.0-23.0)	32.4	(29.4-35.5)	25.0	(21.4-29.0)	26.2	(24.7-27.7)	20.4	(18.9-22.0)
NORTH DAKOTA	22.7	(19.6-26.1)	19.4	(17.6-21.4)	24.8	(20.1-30.1)	22.9	(18.9-27.5)	22.0	(19.0-25.4)	18.3	(16.4-20.3)
OHIO	26.3	(25.3-27.4)	22.9	(21.4-24.4)	30.7	(28.6-32.9)	25.2	(22.1-28.5)	25.0	(23.9-26.1)	22.2	(20.7-23.8)
OKLAHOMA	27.0	(24.2-30.0)	25.6	(22.7-28.8)	28.8	(23.9-34.2)	28.5	(23.2-34.5)	26.5	(23.2-30.0)	24.7	(21.9-27.8)
OREGON	23.4	(21.5-25.5)	18.7	(16.9-20.7)	27.9	(24.8-31.3)	22.4	(18.5-26.8)	22.2	(20.0-24.5)	17.7	(15.4-20.2)
PENNSYLVANIA	24.1	(22.9-25.4)	19.6	(18.4-20.9)	27.1	(24.2-30.2)	28.0	(24.6-31.5)	23.2	(22.0-24.5)	17.6	(16.2-19.1)*
RHODE ISLAND	23.4	(21.7-25.2)	18.0	(16.5-19.7)	27.1	(23.1-31.4)	22.4	(18.0-27.5)	22.3	(20.4-24.3)	17.0	(15.5-18.6)
SOUTH CAROLINA	26.7	(24.7-28.9)	21.7	(19.6-24.0)	27.1	(24.3-30.1)	22.1	(17.2-28.0)	26.6	(24.1-29.2)	21.6	(19.5-23.9)
SOUTH DAKOTA	25.6	(23.2-28.1)	20.8	(19.0-22.8)	25.0	(21.4-28.9)	29.5	(25.7-33.7)	25.7	(22.9-28.8)	18.0	(15.8-20.4)*
TENNESSEE	29.7	(26.8-32.7)	25.3	(23.0-27.8)	31.1	(26.0-36.6)	30.3	(25.8-35.3)	29.2	(26.5-32.0)	23.9	(21.4-26.6)
TEXAS	24.1	(22.9-25.3)	17.5	(16.5-18.5)	24.6	(22.2-27.2)	18.6	(16.8-20.6)	23.9	(22.9-24.9)	17.1	(16.1-18.2)
UTAH	17.0	(14.9-19.5)	12.4	(10.4-14.6)	15.2	(11.2-20.4)	15.8	(12.6-19.6)	17.9	(15.5-20.6)	10.8	(8.8-13.2)
VERMONT	27.3	(25.0-29.7)	21.2	(18.9-23.7)	34.0	(28.5-40.1)	28.4	(22.7-34.9)	25.4	(23.2-27.7)	19.5	(17.5-21.8)*
VIRGINIA	26.2	(23.9-28.6)	16.5	(14.7-18.5)	28.3	(24.7-32.1)	19.4	(15.6-23.8)	25.5	(23.2-28.0)	15.8	(13.8-17.9)
WASHINGTON	24.5	(22.5-26.6)	18.9	(17.1-20.8)	30.6	(26.2-35.3)	28.6	(24.4-33.3)	22.6	(20.6-24.7)	16.2	(14.3-18.3)*
WEST VIRGINIA	31.4	(28.6-34.2)	26.2	(23.7-29.0)	36.0	(32.6-39.5)	34.0	(26.5-42.3)	30.1	(27.2-33.1)	24.5	(22.3-26.8)
WISCONSIN	26.1	(23.6-28.8)	21.1	(19.5-22.8)	31.5	(26.7-36.7)	28.1	(24.7-31.8)	24.4	(22.1-26.9)	19.0	(17.5-20.6)*
WYOMING	25.8	(23.5-28.1)	24.9	(23.2-26.8)	26.4	(21.7-31.8)	31.7	(26.8-36.9)	25.6	(23.0-28.3)	22.8	(20.9-24.9)*
US TOTAL	24.5	(24.2-24.8)	18.5	(18.2-18.7)	26.4	(25.9-27.0)	21.8	(21.2-22.4)	23.8	(23.5-24.2)	17.6	(17.3-17.8)*

Green bars indicate where cigarette smoking prevalence was significantly lower in 2006/07 than in 1992/93.

* In 2006/07, persons aged ≥30 years were significantly less likely to be current smokers than were persons aged 18-29 years.

Map 1. Current Cigarette Smoking (%) Among Adults — 2006/07



Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.
Note: Estimates represent the percentage of persons ≥ 18 years old who have ever smoked ≥ 100 lifetime cigarettes and currently smoke either daily or on some days.

SECTION 3: CHARTING THE DATA

Indicators of "Hard-Core" Smoking

Definition:

The term "hard-core" often is used to refer to smokers who either can't or won't quit (78). More broadly, the term can be defined with respect to smoking patterns, social, biological, or psychological characteristics that affect the ability or motivation to quit, making these smokers more refractory to evidence-based tobacco control policies and programs. Hard-core smoking is characterized in terms of nicotine addiction, motivation to quit and the presence of co-morbidities (78, 87). The "hardening" hypothesis is often simplified to state that in places or among groups in which smoking prevalence is lowest or the most progress in reducing smoking prevalence has been made, the remaining smokers are more likely to be "hard-core," or refractory to policy and/or treatment interventions, because the people who have quit were less dependent on nicotine and/or more motivated to quit. Here we assess several indicators of hard-core smoking (see pages 210-211 for more details on the definitions of each indicator and Table 2 for the actual data):

Minutes to first cigarette after awakening: an indicator of dependence that predicts success at quitting (88-90);
Number of cigarettes smoked each day: an indicator of dependence that predicts success at quitting (10, 88);
Every day smoking: the percent of smokers who smoke daily (as opposed to on some days) is an indicator of possible hardening;
Use of other tobacco products: as cigarette smokers reduce their daily consumption of cigarettes, they might increase their use of cigars, pipes, snuff or chewing tobacco (91);
Recent quit attempts: can indicate motivation to quit and the influence of recent tobacco control programming;
Intention to quit smoking: predicts making a quit attempt (92);
Interest in quitting: Motivation to quit predicts quitting, although not as strongly as dependence (88, 89).
Self-efficacy: How confident a smoker is in his or her ability to quit predicts success in quitting (93-95).

We adapted the methods of Fagerström and Furberg (79) and Etter (96) to compare each of these indicators with the prevalence of cigarette smoking in each state.

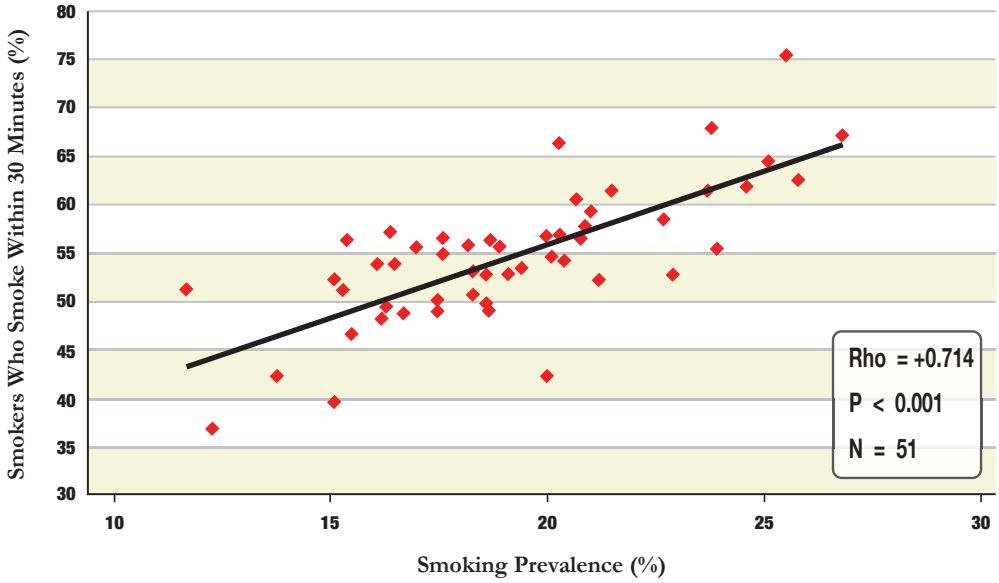
Importance:

If smoking prevalence levels off for a few years it could be because 1) the population of smokers has "hardened" somewhat, 2) pro-health strategies designed to reduce tobacco use have plateaued or weakened, and/or 3) pro-tobacco influences have strengthened. Policy makers need to be able to assess these three factors to select the most effective tobacco control policies.

In 2006/07, among cigarette smokers aged 25 years and older:

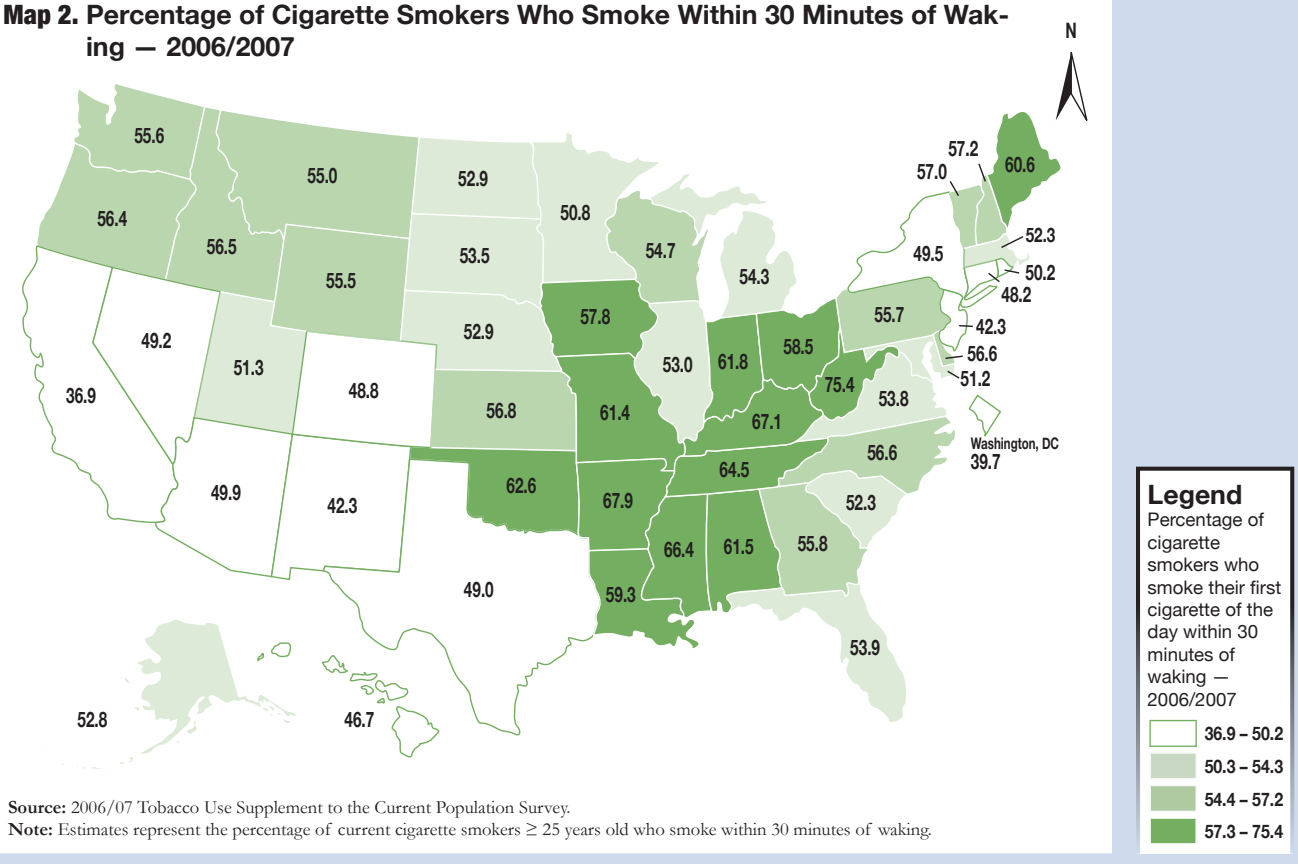
- 53.6% smoked their first cigarette of the day within 30 minutes of waking, ranging from 36.9% in California to 75.4% in West Virginia (Map 2; Table 2);
- cigarette consumption averaged 14.8 cigarettes/day, ranging from 9.2 in DC to 19.4 in Kentucky and West Virginia (Map 3);
- 81.1% smoked every day, ranging from 63.4% in DC to 90.4% in West Virginia (Map 4);
- 10.0% used any other tobacco products, ranging from 4.0% in Hawaii to 17.2% in Alaska (Map 5);
- 40.2% tried to quit smoking during the previous 12 months, ranging from 28.5% in Mississippi to 51.0% in Massachusetts (Map 6);
- 17.5% planned to quit during the subsequent 30 days, ranging from 11.6% in North Dakota to 24.8% in DC (Map 7);
- 34.0% expressed a strong interest in quitting, ranging from 26.7% in North Dakota to 41.2% in DC (Map 8); and
- 21.7% believed that they would be very likely to succeed if they tried to quit, ranging from 14.9% in Louisiana to 29.1% in Idaho (Map 9).

Figure 16. Percentage of Cigarette Smokers Who Smoke Within 30 Minutes of Waking and Smoking Prevalence, by State — United States, Ages 25+ Years Old, 2006/07



Source: Tobacco Use Supplement to the Current Population Survey, 2006/07

Map 2. Percentage of Cigarette Smokers Who Smoke Within 30 Minutes of Waking — 2006/2007



Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.
Note: Estimates represent the percentage of current cigarette smokers ≥ 25 years old who smoke within 30 minutes of waking.

In 2006/2007, among current smokers and recent former smokers who were smoking every day one year previously:

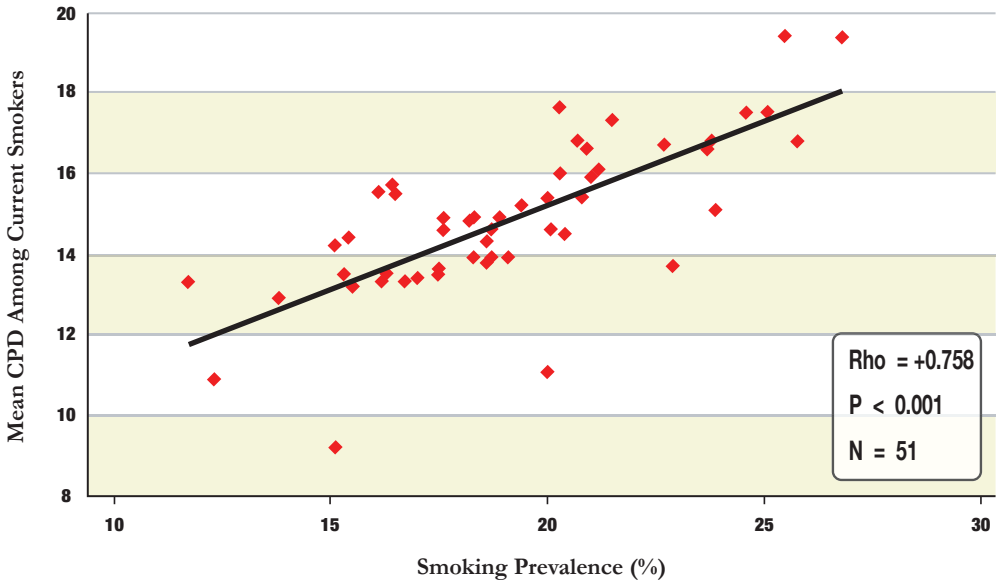
- 4.7% were abstinent for at least 3 months, ranging from 2.3% in West Virginia to 7.5% in Arizona (Map 10).

In 2006/07, among persons aged 25 years and older:

- There was a direct relationship between the prevalence of cigarette smoking in a state and the:
  - percentage of cigarette smokers who smoked their first cigarette within 30 minutes of waking ($p < 0.001$) (Figure 16);
  - mean number of cigarettes smoked each day ($p < 0.001$) (Figure 17); and
  - percentage of cigarette smokers who smoked cigarettes every day ($p < 0.001$) (Figure 18). These indicators of hardening were lower in states with lower smoking prevalence rates, contrary to the hardening hypothesis.
- The prevalence of use of other tobacco products among cigarette smokers was slightly lower in states with lower cigarette smoking prevalence rates ($p = 0.02$) (Figure 19). Thus, cigarette smokers in states with lower cigarette smoking rates were not more likely to use other tobacco products than were cigarette smokers in states with higher cigarette smoking rates.
- There was an inverse relationship between the prevalence of cigarette smoking in a state and the percentage of cigarette smokers who:
  - tried to quit during the previous 12 months ($p < 0.001$) (Figure 20);
  - who planned to quit during the subsequent 30 days ($p < 0.001$) (Figure 21);
  - had a strong interest in quitting ($p < 0.001$) (Figure 22); and
  - believed they would be very likely to succeed if they tried to quit smoking ($p < 0.001$) (Figure 23).

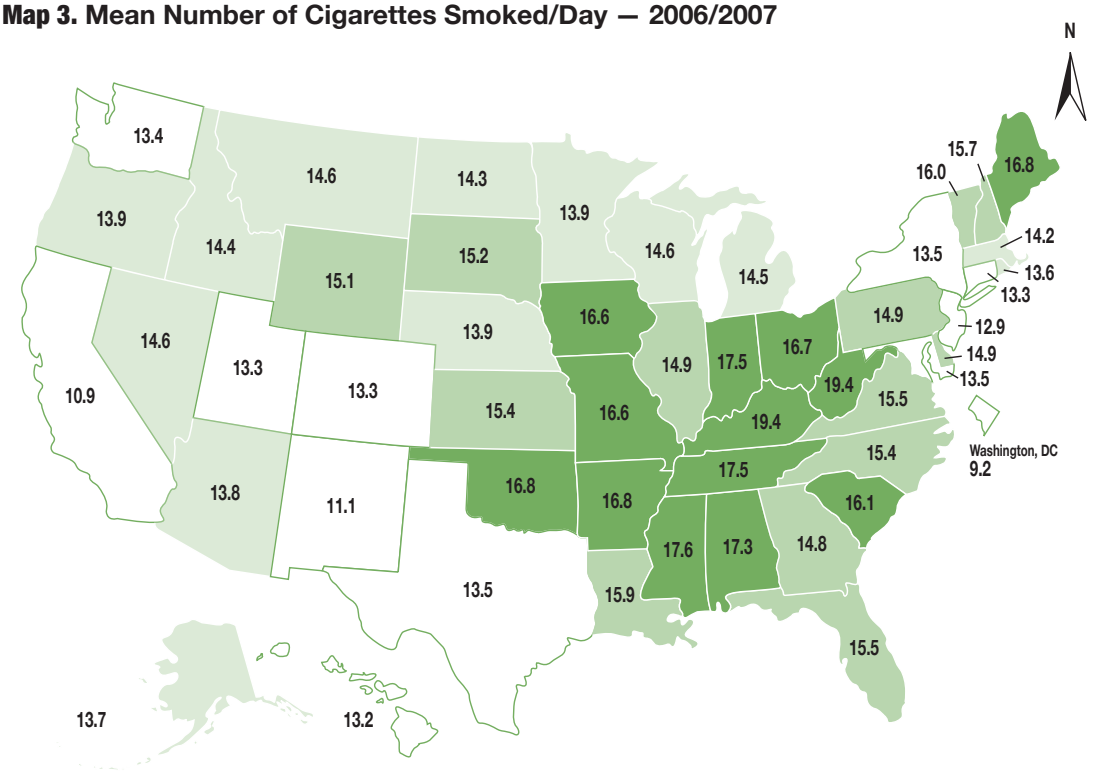
  Thus, people in states with lower cigarette smoking prevalence rates were more willing to quit and more confident in their ability to quit than were smokers in states with higher cigarette smoking prevalence rates, again contrary to the hardening hypothesis.
- There was an inverse relationship between the percentage of adults who smoked daily one year previously and the percentage of adults who smoked daily one year previously who had quit smoking and remained abstinent for at least 3 months by the time they were interviewed ($p = 0.012$) (Figure 24). Thus, people in states with lower rates of daily smoking were on average more likely to have quit, an observation that also runs contrary to the hardening hypothesis.
- The percentage of smokers who have not graduated from high school did not vary significantly by current smoking prevalence (Table 2).

Figure 17. Mean Number of Cigarettes Smoked/Day Among Current Smokers and Smoking Prevalence, by State — United States, Ages 25+ Years Old, 2006/07



Source: Tobacco Use Supplement to the Current Population Survey, 2006/07

Map 3. Mean Number of Cigarettes Smoked/Day — 2006/2007



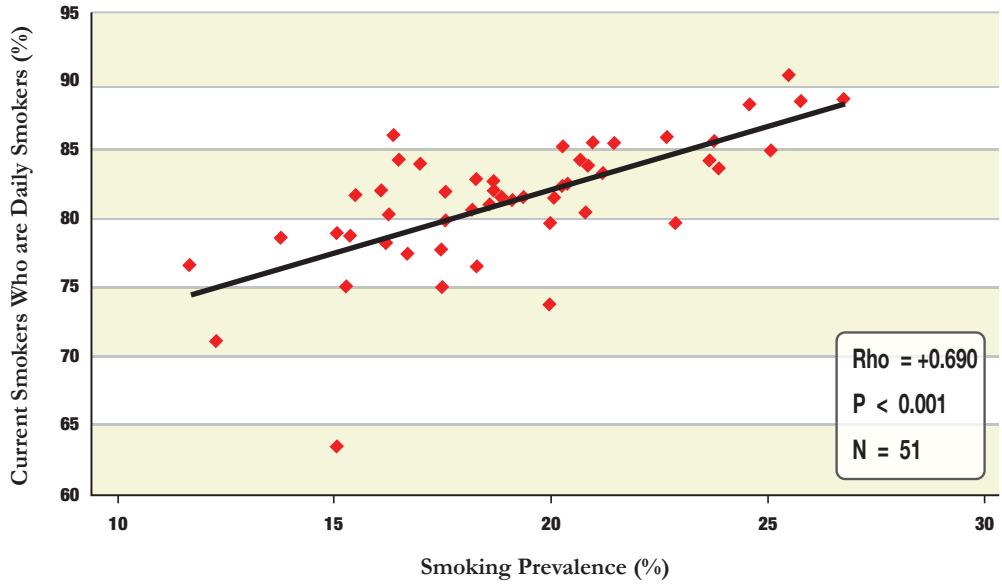
Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.
Note: Estimates represent the mean number of cigarettes smoked/day among current cigarette smokers ≥ 25 years old.

Table 2. Cigarette Smoking Prevalence and Indicators of Hard Core Smoking Among Current Cigarette Smokers by State — United States, 2006/2007, Ages 25+ Years

	Current Smoking Prevalence	Smoke First Cigarette within 30 Minutes of Awakening	Average Number of Cigarettes Smoked Each Day	Smoke Everyday	Use Any Other Tobacco Products	Tried to Quit during Previous 12 Months	Plans to Quit within 30 Days	Strong Interest in Quitting	Would Be Very Likely to Succeed if Tried to Quit	Prevalence of Daily Smoking 12 Months Previously	Abstinence for 3+ Months Among Persons Who Were Daily Smokers 12 Months Previously	Percentage of Current Smokers Who Had Not Completed 12 Years of Education in 2006/2007
	%	%	#	%	%	%	%	%	%	%	%	%
ALABAMA	21.5	61.5	17.3	85.4	10.6	28.9	14.7	31.1	19.3	18.8	2.8	21.4
ALASKA	22.9	52.8	13.7	79.6	17.2	49.1	22.2	38.9	27.4	18.3	5.6	13.4
ARIZONA	18.6	49.9	13.8	81.0	10.0	32.5	15.1	30.5	25.2	15.9	7.5	15.9
ARKANSAS	23.8	67.9	16.8	85.6	13.0	33.8	13.0	27.6	18.9	20.9	2.7	21.7
CALIFORNIA	12.3	36.9	10.9	71.1	12.1	44.4	20.3	35.2	26.9	8.6	6.3	17.8
COLORADO	16.7	48.8	13.3	77.4	11.5	43.3	20.7	38.8	21.9	13.7	6.0	13.3
CONNECTICUT	16.2	48.2	13.3	78.2	6.8	47.0	23.8	39.9	24.3	12.4	4.9	12.3
DELAWARE	17.6	56.6	14.9	81.9	6.3	39.9	19.1	32.4	22.2	14.1	5.2	18.3
WASHINGTON, DC	15.1	39.7	9.2	63.4	7.4	47.2	24.8	41.2	24.7	9.8	5.8	22.0
FLORIDA	16.5	53.9	15.5	84.2	9.5	36.8	14.6	31.7	20.6	14.2	6.2	18.0
GEORGIA	18.2	55.8	14.8	80.6	9.9	37.2	17.9	35.1	24.8	14.1	2.6	22.0
HAWAII	15.5	46.7	13.2	81.7	4.0	49.6	17.8	27.7	20.7	12.6	4.1	11.6
IDAHO	15.4	56.5	14.4	78.7	14.9	36.0	18.4	37.1	29.1	12.4	4.0	18.1
ILLINOIS	18.3	53.0	14.9	82.9	6.8	39.1	14.8	32.4	17.8	15.4	4.6	14.5
INDIANA	24.6	61.8	17.5	88.3	8.6	36.1	14.2	29.7	17.3	21.4	3.7	16.1
IOWA	20.9	57.8	16.6	83.8	12.7	42.2	18.3	33.5	21.8	17.5	3.7	12.9
KANSAS	20.0	56.8	15.4	79.7	13.0	39.2	14.0	29.9	23.6	16.7	2.9	13.2
KENTUCKY	26.8	67.1	19.4	88.6	13.0	35.8	16.2	33.0	16.3	24.1	4.0	26.7
LOUISIANA	21.0	59.3	15.9	85.5	7.5	31.5	14.3	30.7	14.9	17.3	2.9	23.9
MAINE	20.7	60.6	16.8	84.2	9.5	47.9	20.1	37.5	21.2	18.7	5.3	14.8
MARYLAND	15.3	51.2	13.5	75.1	8.1	48.1	23.0	39.8	26.8	11.4	3.0	17.4
MASSACHUSETTS	15.1	52.3	14.2	78.9	6.8	51.0	23.5	40.5	19.5	12.5	4.7	13.6
MICHIGAN	20.4	54.3	14.5	82.5	7.6	45.0	22.3	35.3	22.2	17.0	4.0	13.4
MINNESOTA	18.3	50.8	13.9	76.5	10.9	42.7	19.1	37.4	22.8	14.3	5.4	8.8
MISSISSIPPI	20.3	66.4	17.6	85.2	14.8	28.5	13.1	28.8	21.8	17.5	2.4	29.0
MISSOURI	23.7	61.4	16.6	84.2	10.5	39.2	14.4	35.6	20.1	20.8	4.7	17.4
MONTANA	17.6	55.0	14.6	79.9	13.0	45.9	20.7	39.3	24.2	15.4	7.2	16.9
NEBRASKA	19.1	52.9	13.9	81.4	13.1	41.8	15.3	33.7	20.2	15.8	5.7	8.7
NEVADA	18.7	49.2	14.6	81.9	8.5	37.1	15.1	27.6	21.5	15.4	3.6	19.3
NEW HAMPSHIRE	16.4	57.2	15.7	86.0	6.7	43.7	21.6	36.9	22.2	14.7	5.5	15.2
NEW JERSEY	13.8	42.3	12.9	78.6	7.8	48.3	23.0	39.0	25.4	10.7	6.6	15.0
NEW MEXICO	20.0	42.3	11.1	73.7	9.8	41.9	19.4	30.9	19.1	13.7	2.9	18.9
NEW YORK	16.3	49.5	13.5	80.3	7.1	43.9	19.6	36.6	21.4	13.2	4.7	16.4
NORTH CAROLINA	20.8	56.6	15.4	80.4	10.4	41.6	15.3	29.4	17.3	16.9	4.3	25.2
NORTH DAKOTA	18.6	52.9	14.3	81.1	9.1	31.9	11.6	26.7	17.8	15.8	6.9	12.2
OHIO	22.7	58.5	16.7	85.9	11.2	39.9	17.5	34.4	21.4	20.1	5.0	16.1
OKLAHOMA	25.8	62.6	16.8	88.5	14.0	37.4	12.7	28.5	16.2	23.3	2.9	17.0
OREGON	18.7	56.4	13.9	82.7	10.6	40.5	16.6	36.0	21.2	15.0	3.6	16.1
PENNSYLVANIA	18.9	55.7	14.9	81.5	10.3	38.0	13.2	30.7	18.1	15.9	6.1	15.2
RHODE ISLAND	17.5	50.2	13.6	77.7	7.4	46.6	21.5	37.4	20.8	14.2	6.3	21.3
SOUTH CAROLINA	21.2	52.3	16.1	83.3	12.3	35.9	14.4	32.0	23.0	17.8	4.0	28.0
SOUTH DAKOTA	19.4	53.5	15.2	81.5	12.6	43.9	21.1	36.8	22.9	16.0	3.9	13.4
TENNESSEE	25.1	64.5	17.5	84.9	9.9	35.1	12.6	29.1	19.9	20.8	3.0	23.2
TEXAS	17.5	49.0	13.5	75.0	10.9	40.2	20.0	37.7	25.5	13.5	5.0	23.7
UTAH	11.7	51.3	13.3	76.6	13.5	44.5	16.8	38.8	26.2	9.1	3.1	19.6
VERMONT	20.3	57.0	16.0	82.3	8.0	41.9	15.6	32.7	19.4	17.3	4.9	16.0
VIRGINIA	16.1	53.8	15.5	82.1	11.8	39.2	16.9	34.2	21.0	13.8	6.4	20.0
WASHINGTON	17.0	55.6	13.4	84.0	10.8	40.8	19.6	39.6	26.8	13.7	5.5	12.6
WEST VIRGINIA	25.5	75.4	19.4	90.4	9.2	34.4	14.3	31.8	17.7	23.1	2.3	24.2
WISCONSIN	20.1	54.7	14.6	81.5	8.5	43.1	18.8	33.9	20.8	17.2	4.4	12.0
WYOMING	23.9	55.5	15.1	83.6	14.9	48.0	21.7	36.8	24.3	20.4	5.3	11.9
US TOTAL	18.1	53.6	14.8	81.1	10.0	40.2	17.5	34.0	21.7	14.8	4.7	17.9
Correlation (rho) with Prevalence		0.714	0.758	0.69	0.326	-0.468	-0.531	-0.516	-0.530		-0.349	0.160
p value		< 0.001	<0.001	<0.001	0.02	<0.001	<0.001	<0.001	<0.001		0.012	0.261

Source: 2006/07 Tobacco Use Supplement to the Current Population Survey

Figure 18. Percentage of Cigarette Smokers Who Smoke Every Day and Smoking Prevalence, by State — United States, Ages 25+ Years Old, 2006/07

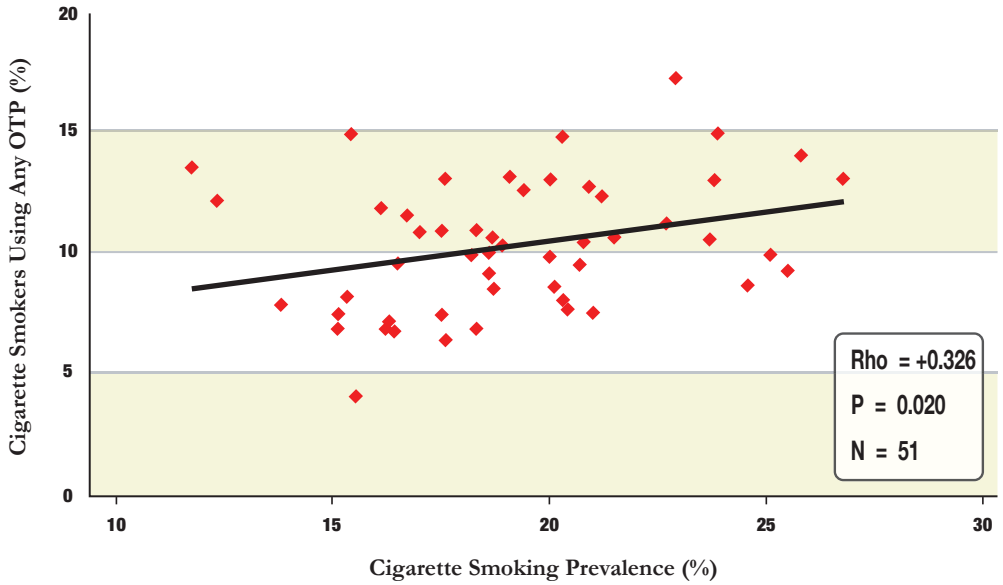


Source: Tobacco Use Supplement to the Current Population Survey, 2006/07

Map 4. Percentage of Cigarette Smokers Who Are Daily Smokers — 2006/2007

Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.
Note: Estimates represent the percentage of current cigarette smokers ≥ 25 years old who smoke every day.

Figure 19. Percentage of Cigarette Smokers Using Any Other Tobacco Product and Cigarette Smoking Prevalence, by State — United States, Ages 25+ Years Old, 2006/07



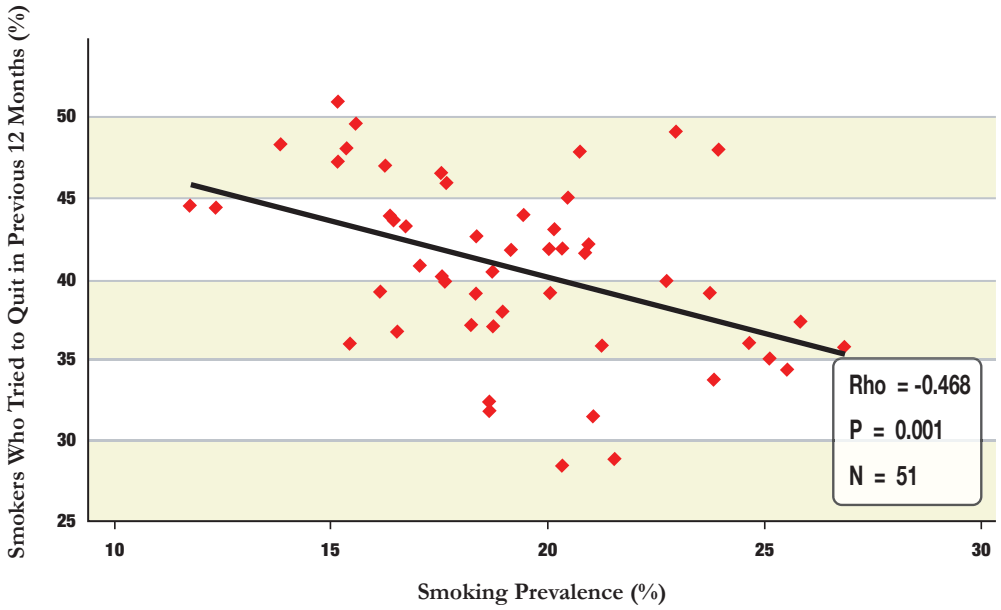
Source: Tobacco Use Supplement to the Current Population Survey, 2006/07

Map 5. Percentage of Cigarette Smokers Who Use Any Other Tobacco Product(s) — 2006/2007

Legend
Percentage of cigarette smokers who use any other tobacco product(s) — 2006/2007
- 4.0 – 7.8
- 7.9 – 10.0
- 10.1 – 12.3
- 12.4 – 17.2

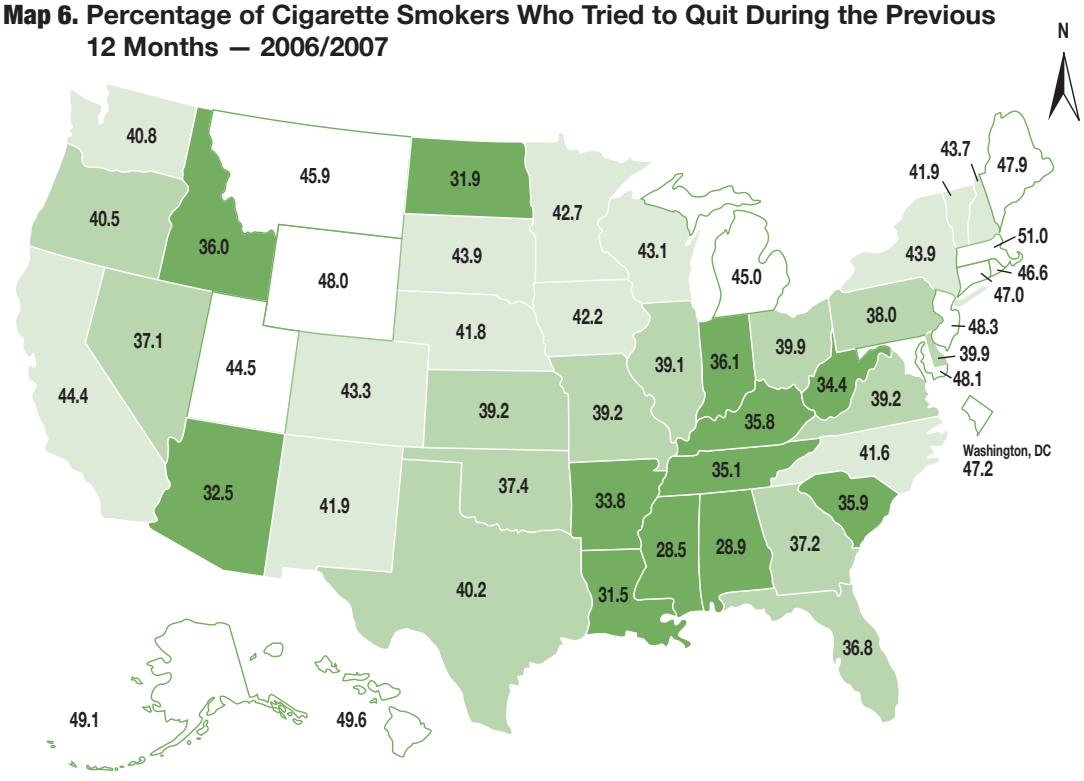
Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.
Note: Estimates represent the percentage of current cigarette smokers ≥ 25 years old who use any other tobacco product(s).

Figure 20. Percentage of Cigarette Smokers Who Tried to Quit During the Previous 12 Months and Smoking Prevalence, by State — United States, Ages 25+ Years Old, 2006/07



Source: Tobacco Use Supplement to the Current Population Survey, 2006/07

Map 6. Percentage of Cigarette Smokers Who Tried to Quit During the Previous 12 Months — 2006/2007

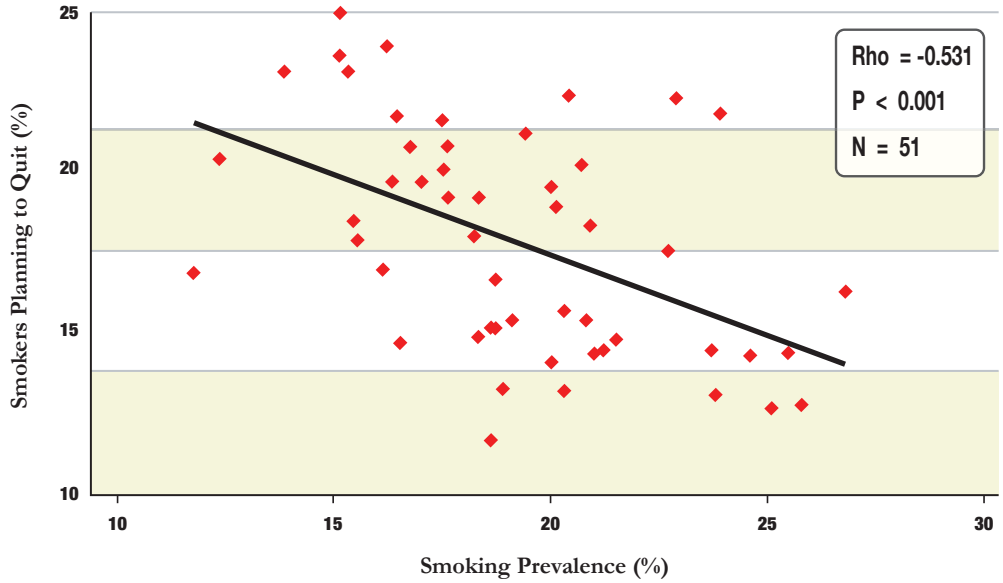


Legend
Percentage of cigarette smokers who were abstinent for > 24 hours during the previous 12 months because they were trying to quit smoking — 2006/2007

- 28.5 – 36.1
- 36.2 – 40.5
- 40.6 – 44.4
- 44.5 – 51.0

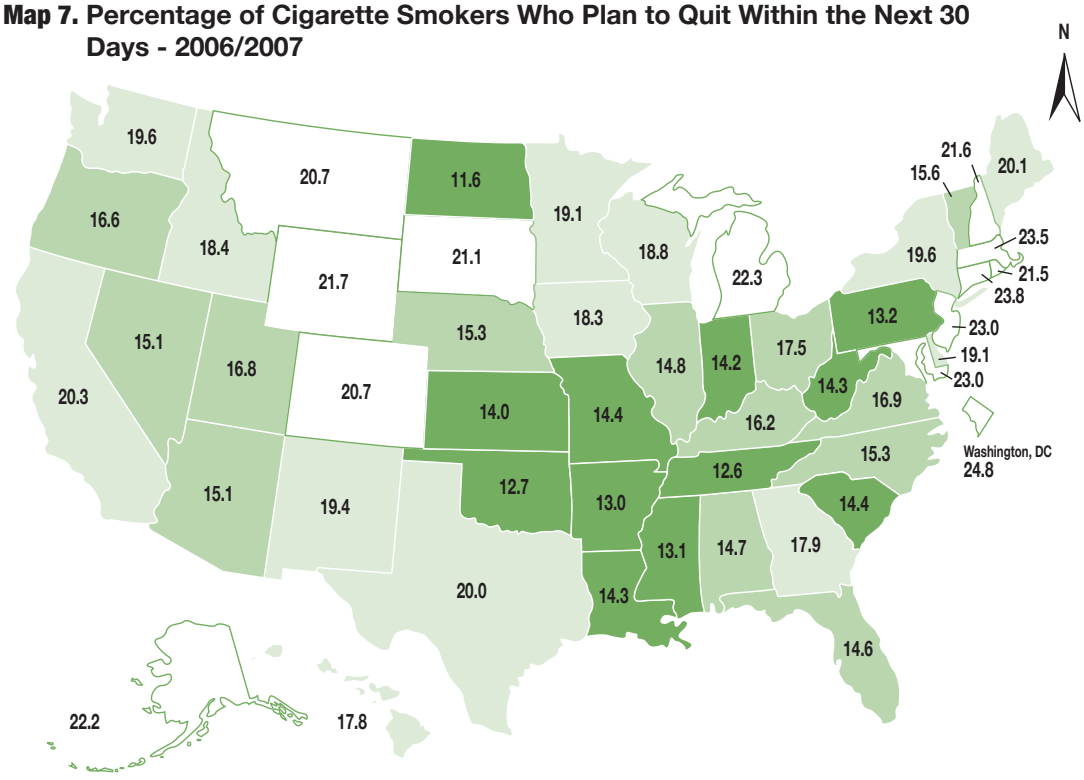
Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.
Note: Estimates represent the percentage of current cigarette smokers ≥ 25 years old who were abstinent for > 24 hours during the previous 12 months because they were trying to quit smoking.

Figure 21. Percentage of Cigarette Smokers Who Plan to Quit Within 30 Days and Smoking Prevalence, by State — United States, Ages 25+ Years Old, 2006/07



Source: Tobacco Use Supplement to the Current Population Survey, 2006/07

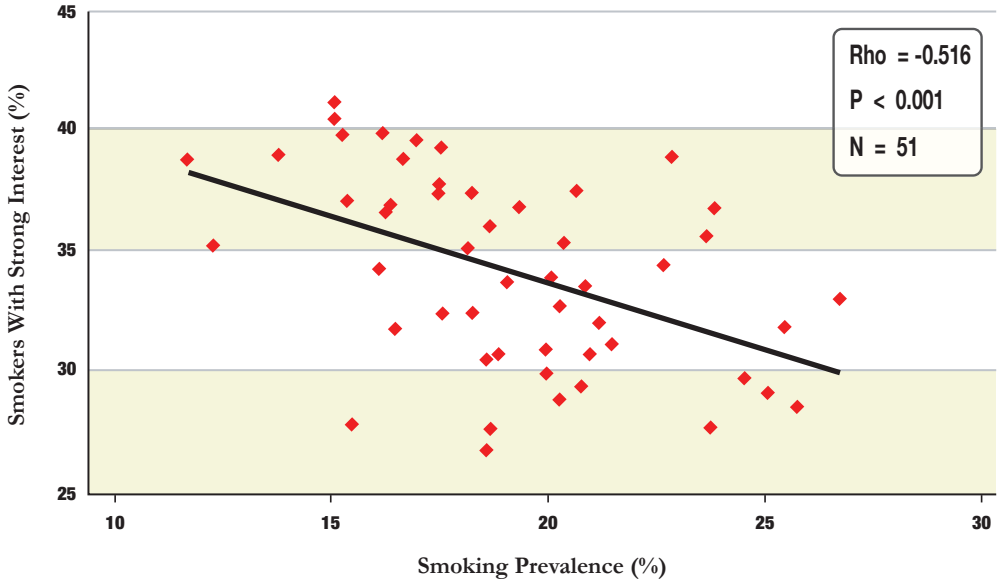
Map 7. Percentage of Cigarette Smokers Who Plan to Quit Within the Next 30 Days - 2006/2007



Legend
Percentage of cigarette smokers who plan to quit within the next 30 days — 2006/2007
- 11.6 – 14.4
- 14.5 – 17.5
- 17.6 – 20.3
- 20.4 – 24.8

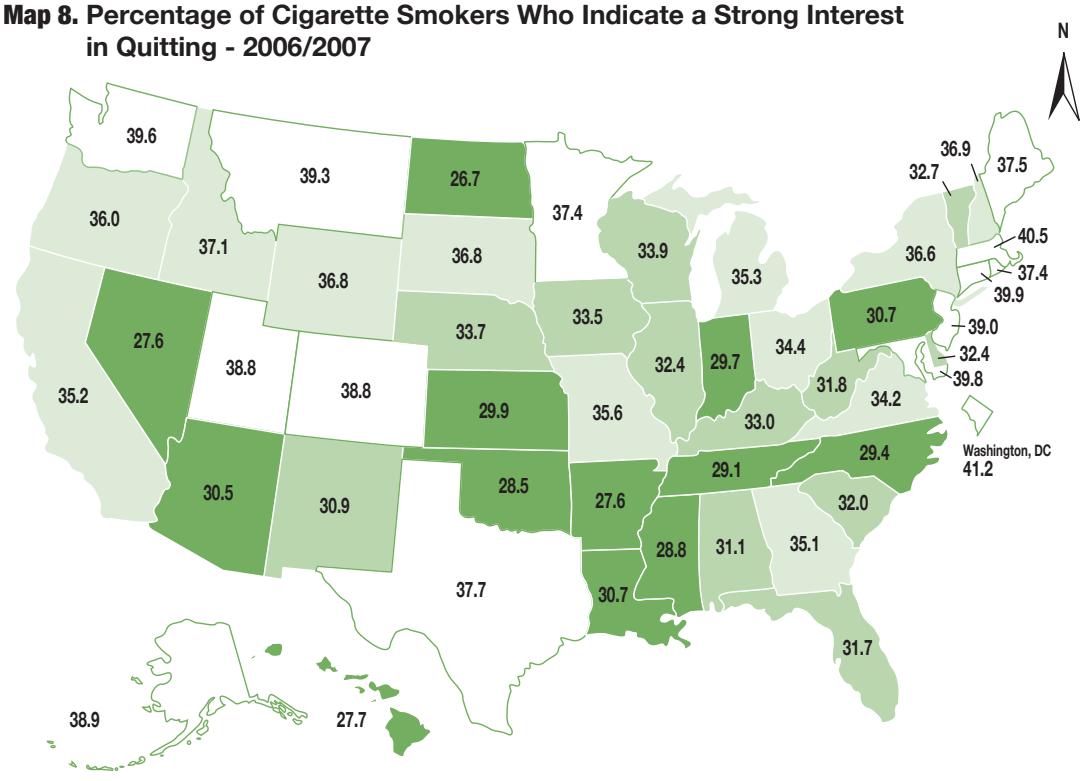
Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.
Note: Estimates represent the percentage of current cigarette smokers ≥ 25 years old who intend to quit smoking during the next 30 days.

Figure 22. Percentage of Current Smokers Who Have a Strong Interest in Quitting and Smoking Prevalence, by State — United States, Ages 25+ Years Old, 2006/07



Source: Tobacco Use Supplement to the Current Population Survey, 2006/07

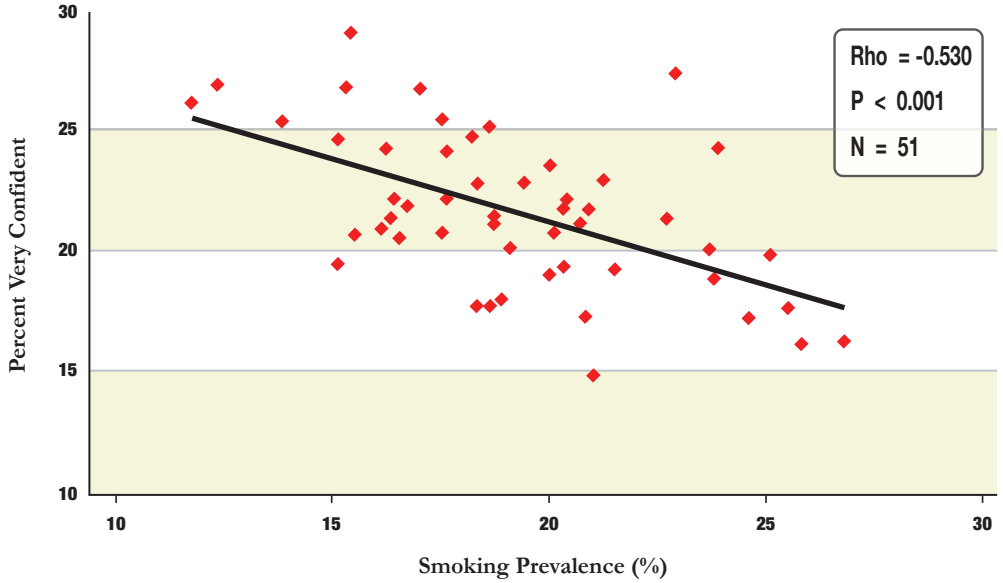
Map 8. Percentage of Cigarette Smokers Who Indicate a Strong Interest in Quitting - 2006/2007



Legend
Percentage of cigarette smokers who want to quit - 2006/2007
- 26.7 – 30.7
- 30.8 – 33.9
- 34.0 – 37.1
- 37.2 – 41.2

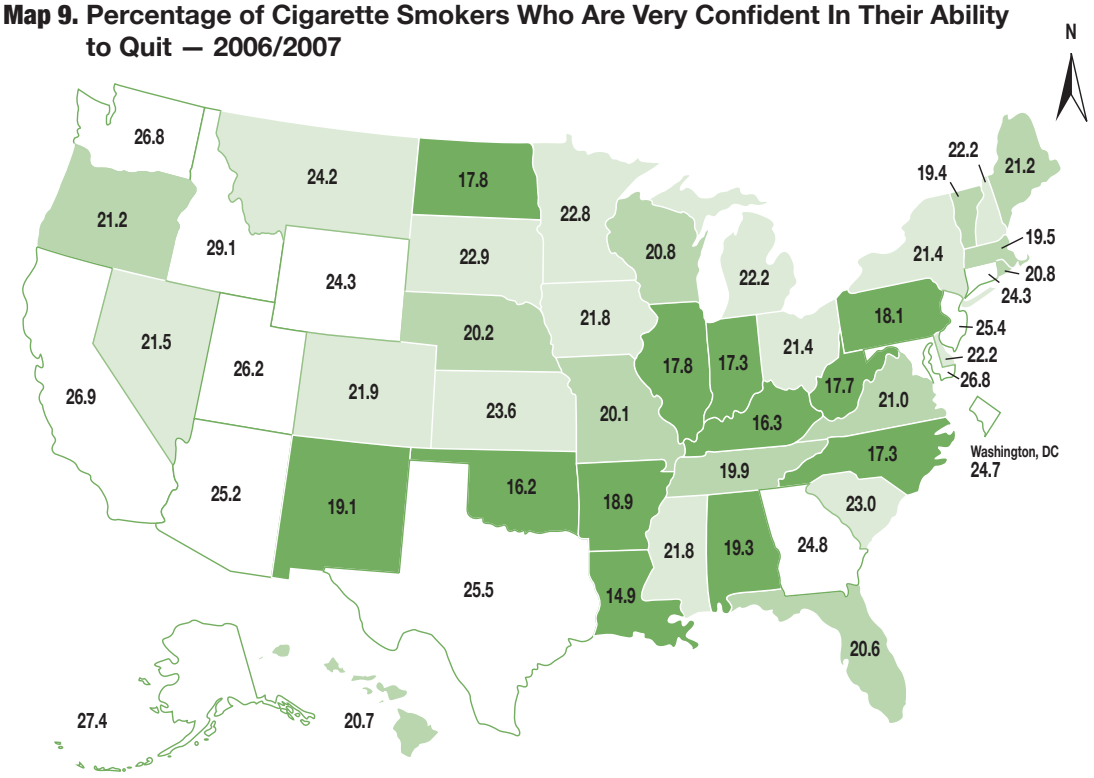
Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.
Note: Estimates represent the percentage of current cigarette smokers ≥ 25 years old who express a strong interest in quitting.

Figure 23. Percentage of Current Smokers Who Believe They Would be Very Likely to Succeed If They Tried to Quit and Smoking Prevalence, by State — United States, Ages 25+ Years Old, 2006/07



Source: Tobacco Use Supplement to the Current Population Survey, 2006/07

Map 9. Percentage of Cigarette Smokers Who Are Very Confident In Their Ability to Quit — 2006/2007

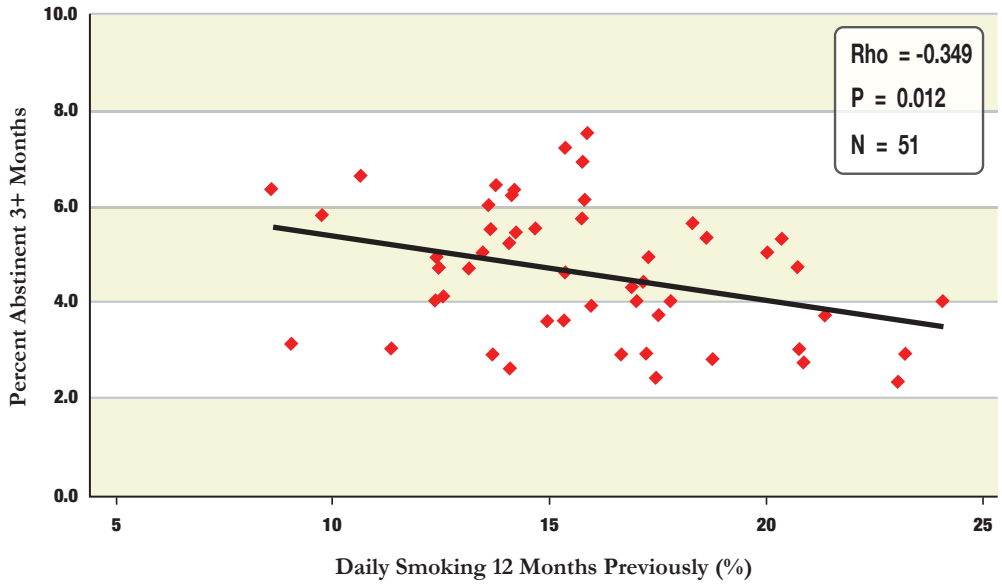


Legend
Percentage of cigarette smokers who believe they would be very likely to succeed if they tried to quit — 2006/2007

- 14.9 – 19.3
- 19.4 – 21.2
- 21.3 – 24.2
- 24.3 – 29.1

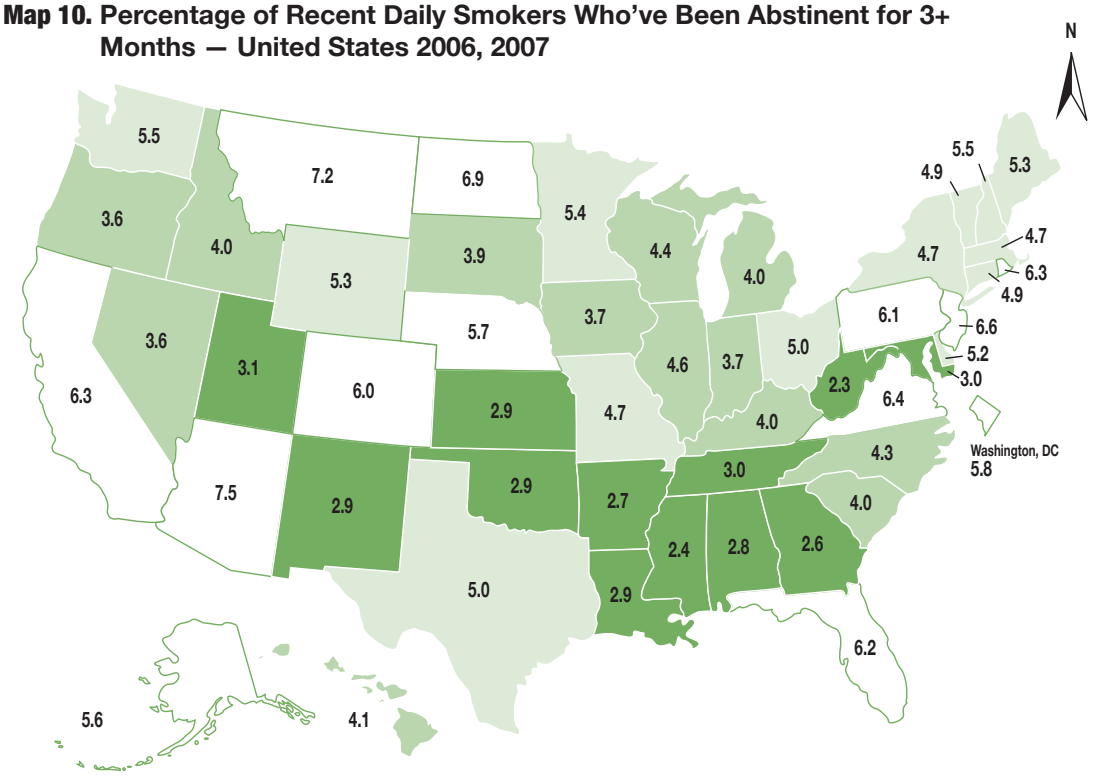
Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.
Note: Estimates represent the percentage of current cigarette smokers ≥ 25 years old who believe they would be very likely to succeed if they tried to quit smoking.

Figure 24. Percentage of Persons Who Were Daily Smokers 12 Months Previously Who Were Abstinent For 3+ Months by Prevalence of Daily Smoking 12 Months Ago in 50 States and D.C. — United States, Ages 25+ Years Old, 2006/07



Source: Current Population Survey, 2006/07

Map 10. Percentage of Recent Daily Smokers Who've Been Abstinent for 3+ Months — United States 2006, 2007



Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.
Note: Estimates represent the percentage of persons who smoked daily 12 months prior to being surveyed who were abstinent for at least 3 months at the time of interview.

SECTION 3: CHARTING THE DATA

Percentage of Ever Smokers Who Have Quit

Definition:

The percentage of people aged 18 years and over who have ever smoked at least 100 cigarettes and who currently report not smoking. This indicator is sometimes referred to as the "quit ratio."

Importance:

Quitting smoking reduces the risk of smoking-attributable disease. Changes in the quit ratio are an indicator of the impact of tobacco control interventions.

In 2006/07:

- Nationally, the percentage of adults who had ever smoked cigarettes and subsequently quit was 52.0%, ranging from 62.0% in New Jersey, 61.5% in New Hampshire and 61.3% in Connecticut to 40.7% in West Virginia, 41.4% in Indiana and 41.8% in Kentucky (Figure 25; Table 3; Map 11).
- Nationally, the quit ratio among 18-29 year olds (28.4%) was lower than among persons aged 30 years and older (57.0%); this pattern was observed in every state.
- Among 18-29 year olds, quit ratios were highest in Hawaii (38.6%), Idaho (38.3%) and New Jersey (37.4%) and lowest in Alabama (17.3%), Indiana (20.9%), Kentucky (21.1%) and Tennessee (21.1%) (Figure 26).
- Among 18-29 year olds, the quit ratio was 2.2 times higher in Hawaii (38.6%) than in Alabama (17.3%).
- Among those aged 30 years and older, quit ratios were highest in New Hampshire (66.2%), Connecticut (65.4%) and New Jersey (65.2%) and lowest in West Virginia (44.9%), Indiana (46.5%), Mississippi (46.6%) and Oklahoma (46.7%) (Figure 27).
- Among persons aged 30 years and older who had ever smoked, people living in New Hampshire (66.2%) were 47% more likely to have quit than were persons living in West Virginia (44.9%).

From 1992/1993 to 2006/07:

- Among adults nationally, the quit ratio increased by only 6%, from 49.0% to 52.0%; increases were observed in 7 states (Table 3).
- The quit ratio increased in 8 states for persons aged 30 years and older and in 2 states among persons aged 18-29 years.

Figure 25. Trends in the Percentage of ≥18 Year Old Ever Smokers Who've Quit — US, NJ, and WV (1992/93 to 2006/07)

See note 86.
Source: Tobacco Use Supplements to the Current Population Survey.

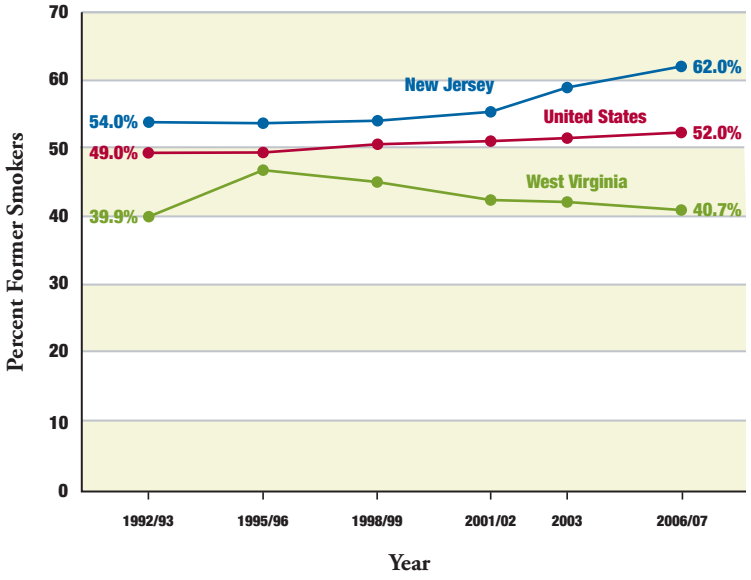


Figure 26. Trends in the Percentage of 18-29 Year Old Ever Smokers Who've Quit — US, HI, and AL (1992/93 to 2006/07)

See note 86.
Source: Tobacco Use Supplements to the Current Population Survey.

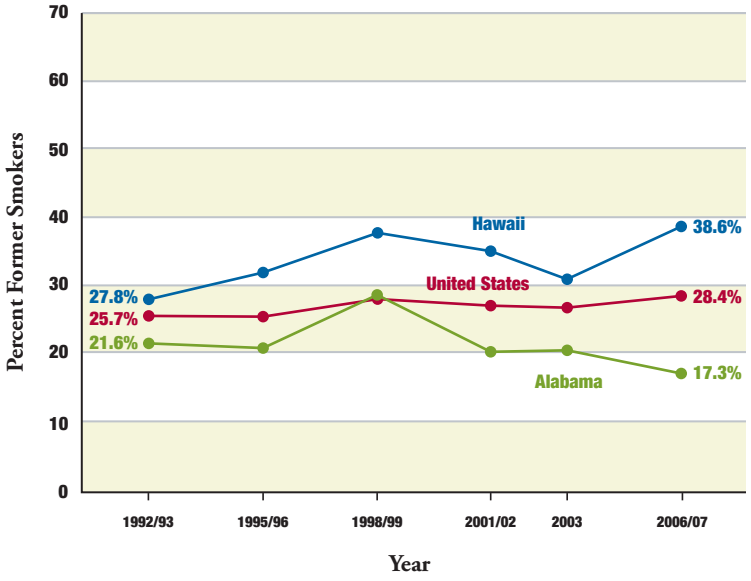


Figure 27. Trends in the Percentage of ≥30 Year Old Ever Smokers Who've Quit — US, NH, and WV (1992/93 to 2006/07)

See note 86.
Source: Tobacco Use Supplements to the Current Population Survey.

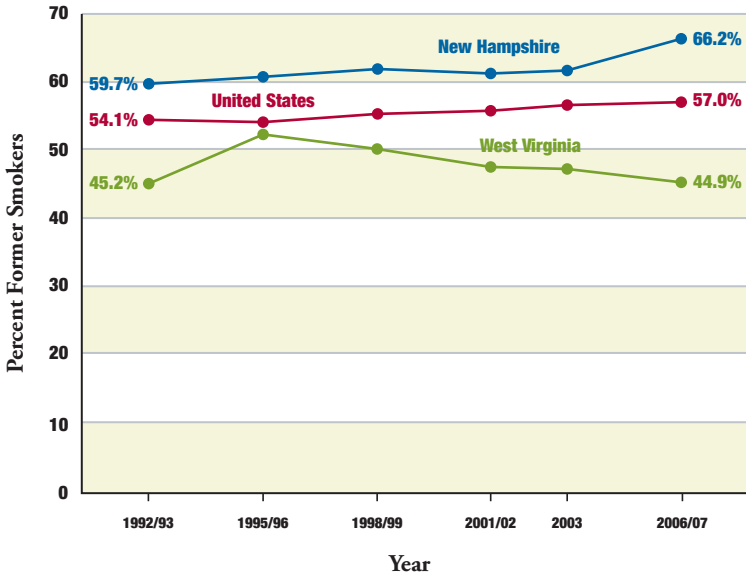


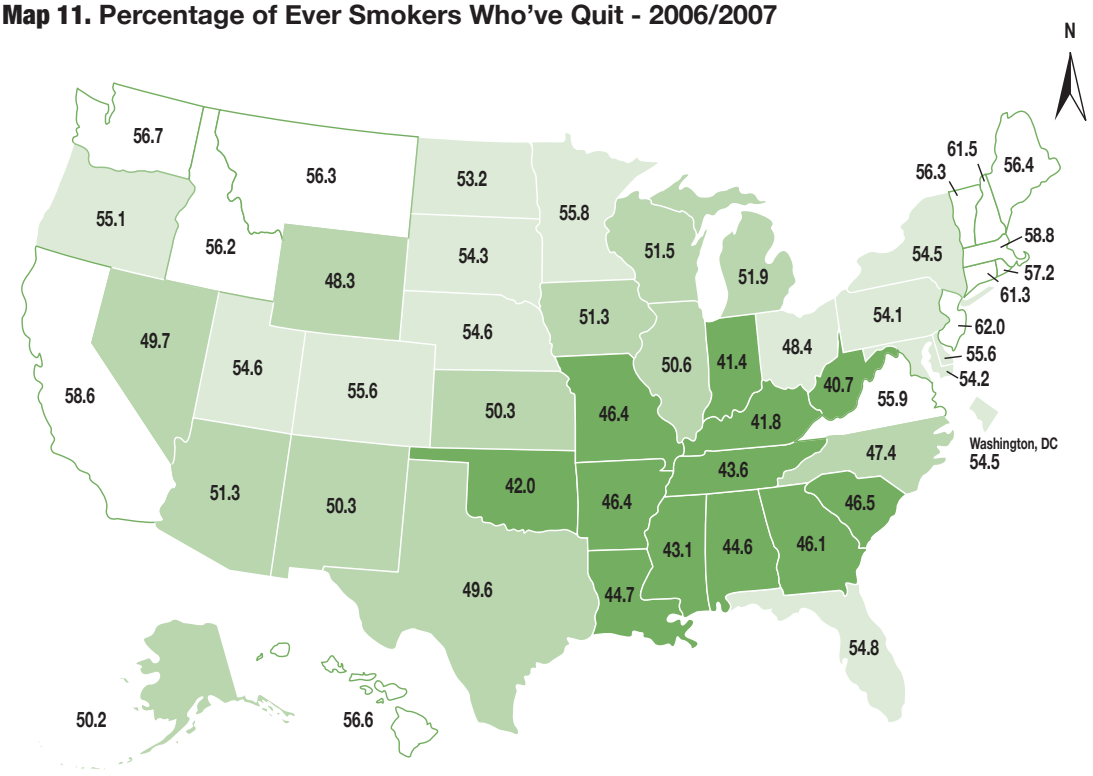
Table 3. Percentage of Ever Smokers Who've Quit, by State and Age — United States, 1992/93 and 2006/07; Tobacco Use Supplement to the Current Population Survey Data

	18+ Years				18-29 Years				30+ Years			
	1992/93		2006/07		1992/93		2006/07		1992/93		2006/07	
	%	(95%CI)	%	(95%CI)	%	(95%CI)	%	(95%CI)	%	(95%CI)	%	(95%CI)
ALABAMA	45.3	(43.2-47.4)	44.6	(39.7-49.5)	21.6	(16.1-28.3)	17.3	(12.1-24.1)	50.4	(48.3-52.4)	51.2	(45.5-56.8)*
ALASKA	47.4	(42.9-51.9)	50.2	(47.1-53.4)	27.0	(21.4-33.4)	33.7	(25.4-43.1)	53.0	(48.1-57.8)	54.8	(51.6-58.0)*
ARIZONA	51.1	(47.8-54.5)	51.3	(47.4-55.1)	24.7	(16.3-35.7)	30.2	(21.1-41.2)	56.4	(52.8-60.0)	55.3	(51.4-59.2)*
ARKANSAS	42.7	(39.3-46.0)	46.4	(43.0-49.9)	20.6	(15.1-27.3)	25.0	(18.9-32.3)	47.5	(44.0-51.0)	51.2	(47.3-55.2)*
CALIFORNIA	52.8	(51.4-54.2)	58.6	(56.8-60.4)	29.1	(26.1-32.3)	30.0	(25.9-34.5)	58.1	(56.5-59.6)	63.9	(62.1-65.7)*
COLORADO	51.9	(48.5-55.4)	55.6	(52.9-58.2)	31.3	(27.3-35.6)	34.6	(28.3-41.5)	56.3	(52.3-60.2)	60.6	(57.9-63.3)*
CONNECTICUT	51.5	(47.8-55.2)	61.3	(58.5-64.1)	26.0	(19.2-34.2)	33.3	(25.3-42.4)	56.5	(52.8-60.2)	65.4	(62.4-68.2)*
DELAWARE	51.3	(46.3-56.2)	55.6	(52.1-59.0)	29.2	(23.0-36.4)	35.8	(27.3-45.3)	56.0	(50.9-61.1)	59.0	(55.7-62.3)*
WASHINGTON, DC	47.2	(43.2-51.2)	54.5	(50.6-58.4)	30.4	(24.3-37.3)	33.5	(25.4-42.6)	50.6	(45.7-55.5)	59.0	(54.8-63.1)*
FLORIDA	51.0	(48.7-53.3)	54.8	(52.1-57.3)	25.0	(21.7-28.7)	30.4	(24.3-37.3)	55.7	(53.4-57.9)	58.6	(56.1-61.1)*
GEORGIA	44.9	(41.6-48.1)	46.1	(42.9-49.3)	26.0	(21.2-31.4)	25.5	(20.2-31.6)	48.2	(44.8-51.6)	50.9	(47.4-54.4)*
HAWAII	49.7	(45.5-54.0)	56.6	(51.7-61.3)	27.8	(21.4-35.2)	38.6	(28.3-50.0)	54.1	(49.8-58.4)	59.7	(54.2-65.0)*
IDAHO	48.6	(44.4-52.8)	56.2	(51.4-60.8)	26.2	(18.5-35.8)	38.3	(29.4-48.0)	53.9	(49.7-58.0)	60.8	(55.8-65.6)*
ILLINOIS	47.8	(45.9-49.8)	50.6	(48.0-53.1)	23.1	(19.6-26.9)	29.6	(24.2-35.5)	53.4	(51.6-55.2)	55.0	(52.4-57.6)*
INDIANA	44.0	(40.4-47.7)	41.4	(37.6-45.2)	26.6	(19.8-34.6)	20.9	(15.7-27.4)	48.7	(45.3-52.1)	46.5	(42.1-50.9)*
IOWA	47.9	(45.7-50.2)	51.3	(48.4-54.1)	21.5	(16.9-26.8)	25.3	(20.5-30.8)	54.3	(51.9-56.8)	58.1	(54.9-61.1)*
KANSAS	48.6	(44.6-52.6)	50.3	(47.4-53.1)	24.7	(19.2-31.2)	30.2	(23.5-37.9)	54.0	(48.9-59.1)	55.4	(52.0-58.8)*
KENTUCKY	40.0	(38.0-42.1)	41.8	(38.9-44.8)	15.9	(12.4-20.2)	21.1	(16.5-26.6)	45.6	(43.2-48.0)	47.7	(44.2-51.2)*
LOUISIANA	45.8	(41.2-50.5)	44.7	(39.4-50.1)	26.9	(21.6-32.9)	30.1	(21.2-40.9)	50.4	(45.2-55.7)	48.8	(43.7-53.9)*
MAINE	47.7	(44.8-50.6)	56.4	(53.3-59.4)	24.8	(18.6-32.2)	26.5	(20.1-34.1)	52.6	(49.8-55.2)	62.9	(60.1-65.6)*
MARYLAND	52.0	(48.3-55.7)	54.2	(50.3-58.0)	32.6	(24.7-41.5)	27.1	(20.1-35.4)	55.2	(51.5-58.9)	58.9	(55.0-62.6)*
MASSACHUSETTS	57.2	(54.8-59.5)	58.8	(54.9-62.6)	29.5	(25.9-33.4)	29.3	(20.0-40.8)	62.5	(59.9-64.9)	63.4	(59.5-67.2)*
MICHIGAN	47.3	(45.3-49.3)	51.9	(49.1-54.7)	25.1	(21.5-29.2)	25.4	(20.4-31.2)	52.4	(50.2-54.5)	57.0	(54.0-59.9)*
MINNESOTA	49.3	(45.5-53.2)	55.8	(52.7-58.9)	23.2	(17.0-30.8)	32.8	(26.8-39.5)	56.3	(53.9-58.8)	61.8	(59.0-64.5)*
MISSISSIPPI	40.5	(36.5-44.6)	43.1	(39.5-46.8)	20.6	(14.4-28.5)	26.6	(18.5-36.8)	45.5	(41.4-49.7)	46.6	(42.5-50.8)*
MISSOURI	46.7	(41.0-52.4)	46.4	(42.5-50.3)	24.5	(18.5-31.7)	32.6	(25.9-40.2)	52.5	(46.9-58.0)	49.9	(45.8-54.1)*
MONTANA	51.4	(47.7-55.1)	56.3	(52.2-60.2)	25.3	(19.7-31.8)	26.6	(18.3-36.9)	56.3	(52.7-59.9)	63.3	(59.1-67.4)*
NEBRASKA	49.3	(46.2-52.5)	54.6	(51.2-57.8)	23.7	(20.5-27.3)	34.4	(27.4-42.1)	55.8	(52.6-58.9)	60.1	(56.5-63.6)*
NEVADA	44.2	(40.7-47.8)	49.7	(45.9-53.5)	28.6	(22.2-35.9)	32.6	(25.3-40.8)	47.8	(44.1-51.5)	53.0	(49.0-56.9)*
NEW HAMPSHIRE	55.4	(51.7-59.1)	61.5	(58.5-64.5)	29.8	(20.5-41.2)	29.8	(22.3-38.5)	59.7	(55.9-63.3)	66.2	(63.3-69.0)*
NEW JERSEY	54.0	(51.9-56.0)	62.0	(58.4-65.4)	30.1	(25.7-34.9)	37.4	(26.8-49.5)	58.2	(56.2-60.2)	65.2	(61.9-68.4)*
NEW MEXICO	51.2	(47.3-55.0)	50.3	(45.2-55.3)	32.0	(25.6-39.0)	29.7	(22.1-38.6)	54.5	(50.5-58.4)	55.3	(50.1-60.3)*
NEW YORK	51.4	(49.7-53.1)	54.5	(52.3-56.7)	27.6	(24.4-31.1)	28.5	(23.0-34.8)	56.1	(54.4-57.8)	58.8	(56.5-61.0)*
NORTH CAROLINA	45.0	(43.1-46.9)	47.4	(44.9-49.9)	22.2	(19.2-25.6)	25.5	(19.6-32.6)	50.3	(48.3-52.4)	52.5	(49.7-55.3)*
NORTH DAKOTA	51.4	(46.9-55.9)	53.2	(49.4-57.0)	24.1	(17.5-32.2)	31.6	(24.9-39.1)	57.0	(52.5-61.4)	58.7	(54.7-62.5)*
OHIO	46.7	(45.2-48.3)	48.4	(46.1-50.7)	21.2	(18.4-24.3)	32.0	(27.1-37.3)	52.5	(50.8-54.2)	52.2	(49.7-54.6)*
OKLAHOMA	45.7	(42.4-49.0)	42.0	(38.5-45.6)	22.9	(18.3-28.1)	23.5	(17.2-31.1)	50.6	(46.4-54.6)	46.7	(43.0-50.5)*
OREGON	53.8	(51.3-56.3)	55.1	(51.7-58.4)	25.8	(22.7-29.2)	30.8	(22.1-41.0)	59.3	(56.6-61.9)	60.1	(55.6-64.4)*
PENNSYLVANIA	50.4	(48.5-52.4)	54.1	(51.9-56.2)	28.2	(23.9-33.0)	25.0	(19.3-31.6)	55.1	(53.1-57.0)	60.0	(57.6-62.4)*
RHODE ISLAND	55.3	(52.3-58.2)	57.2	(54.1-60.3)	36.1	(28.6-44.3)	24.8	(16.7-35.2)	59.8	(56.4-63.1)	62.2	(59.3-65.1)*
SOUTH CAROLINA	44.0	(40.1-48.1)	46.5	(43.2-49.9)	21.9	(16.4-28.5)	28.1	(17.6-41.7)	48.6	(44.1-53.2)	50.2	(46.5-54.0)*
SOUTH DAKOTA	46.6	(42.5-50.7)	54.3	(51.2-57.2)	26.4	(19.7-34.3)	32.6	(26.8-39.1)	50.7	(46.4-54.9)	60.9	(57.3-64.5)*
TENNESSEE	41.1	(37.8-44.5)	43.6	(40.5-46.8)	21.1	(15.9-27.3)	21.1	(15.4-28.2)	46.0	(43.1-48.9)	48.8	(45.5-52.1)*
TEXAS	46.2	(44.7-47.6)	49.6	(47.7-51.6)	24.2	(21.2-27.6)	30.0	(26.6-33.6)	51.7	(50.2-53.2)	54.5	(52.3-56.7)*
UTAH	51.0	(46.5-55.5)	54.6	(50.5-58.7)	40.5	(31.7-50.1)	29.8	(23.0-37.7)	54.4	(49.5-59.2)	63.2	(58.5-67.6)*
VERMONT	52.5	(49.4-55.5)	56.3	(52.5-59.9)	25.3	(18.4-33.6)	28.0	(20.3-37.3)	58.1	(55.1-61.1)	61.4	(57.8-64.9)*
VIRGINIA	48.0	(44.1-52.0)	55.9	(52.8-58.9)	21.7	(15.3-29.8)	26.6	(20.5-33.6)	53.5	(49.8-57.3)	60.7	(57.6-63.8)*
WASHINGTON	54.3	(50.9-57.6)	56.7	(53.4-59.9)	32.8	(25.5-41.1)	29.4	(22.9-36.8)	59.7	(56.4-63.0)	63.5	(60.0-66.9)*
WEST VIRGINIA	39.9	(36.7-43.2)	40.7	(36.2-45.3)	16.4	(12.0-21.9)	21.3	(12.5-33.9)	45.2	(41.6-48.9)	44.9	(41.0-48.9)*
WISCONSIN	49.3	(46.7-51.9)	51.5	(48.6-54.3)	24.3	(17.3-33.1)	28.6	(23.8-33.9)	55.4	(53.0-57.7)	57.3	(54.3-60.3)*
WYOMING	49.4	(45.4-53.4)	48.3	(45.5-51.2)	27.0	(19.1-36.7)	23.2	(14.8-34.5)	53.3	(49.5-56.9)	54.7	(51.5-57.9)*
US TOTAL	49.0	(48.5-49.4)	52.0	(51.5-52.5)	25.7	(24.9-26.5)	28.4	(27.3-29.6)	54.1	(53.6-54.5)	57.0	(56.4-57.5)*

Green bars indicate where the pecentage of ever smokers who've quit was significantly higher in 2006/07 than in 1992/93.

* In 2006/07 ever smokers aged ≥30 years were significantly more likely to be former smokers than were ever smokers aged 18-29 years.

Map 11. Percentage of Ever Smokers Who've Quit - 2006/2007



Legend
Percentage of 18+ year olds who have ever smoked ≥ 100 lifetime cigarettes and who reported they no longer smoke

- 40.7 – 46.6
- 46.7 – 51.9
- 52.0 – 55.8
- 55.9 – 62.0

Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.
Note: Estimates represent the percentage of persons ≥ 18 years old who have ever smoked ≥ 100 lifetime cigarettes who reported they no longer smoke.

SECTION 3: CHARTING THE DATA

Smoking-Attributable Mortality, Morbidity and Economic Costs

Definitions:

Smoking-Attributable Mortality:
Represents the number of deaths attributable to cigarette smoking in each state, as calculated by the Centers for Disease Control and Prevention (14, 97, 98).

Smoking-Attributable Mortality Rate:
Assesses the number of smoking-attributable deaths divided by the population aged 35 years and older, multiplied by 100,000. The rate for each age is adjusted to a standardized age distribution, to facilitate comparisons across states.

The Years of Potential Life Lost due to smoking:
Estimated by multiplying sex- and age-specific smoking-attributable mortality by remaining life expectancy.

The Number of Years of Life Lost per Smoking-Attributable Death:
Calculated by dividing the years of potential life lost by the number of smoking-attributable deaths.

Smoking-attributable Morbidity:
Represents the number of people alive with a serious condition caused by smoking (e.g., lung cancer, heart attack, chronic bronchitis, emphysema).

Smoking-Attributable Health Care Costs:
Represent the direct medical costs of caring for those who are afflicted with diseases caused by their smoking.

Smoking-Attributable Productivity Costs:
Estimated by multiplying sex- and age-specific smoking-attributable mortality by the fraction of lifetime earnings lost due to premature deaths caused by smoking.

Importance:

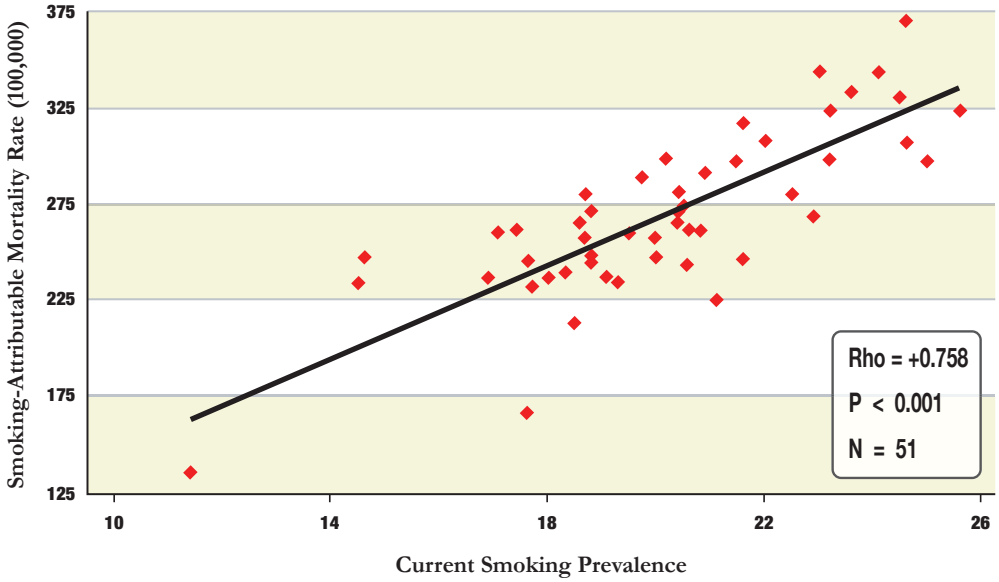
These estimates quantify the toll that cigarette smoking exacts on a state's population and economy. These estimates should be used by those who are making decisions about whether and how to invest in prevention, cessation, or medical care to address smoking in their states.

Annually, during 2000-2004:
- Approximately 438,000 Americans died from smoking-caused conditions (14).
- The smoking-attributable mortality (SAM) rate ranged from 138/100,000 in Utah to 371/100,000 in Kentucky (Map 12). The SAM rate was directly proportional to state-specific prevalence of cigarette smoking (Figure 28).
- The number of smoking-attributable deaths ranged from 492 in Alaska to 36,687 in California (Table 4) (99).
- Approximately 5.45 million years of potential life were lost due to smoking in the United States, ranging from 7,762 in Alaska to 484,529 in California.
- The number of years lost per smoking-attributable death averaged 13.9, ranging from 12.0 in Montana to 16.4 in DC.

In 2000:
- Nationally, there were 8.6 million people living with one or more serious conditions caused by their smoking, ranging from 12,866 in DC to 839,635 in California (100, 101) (Table 4).

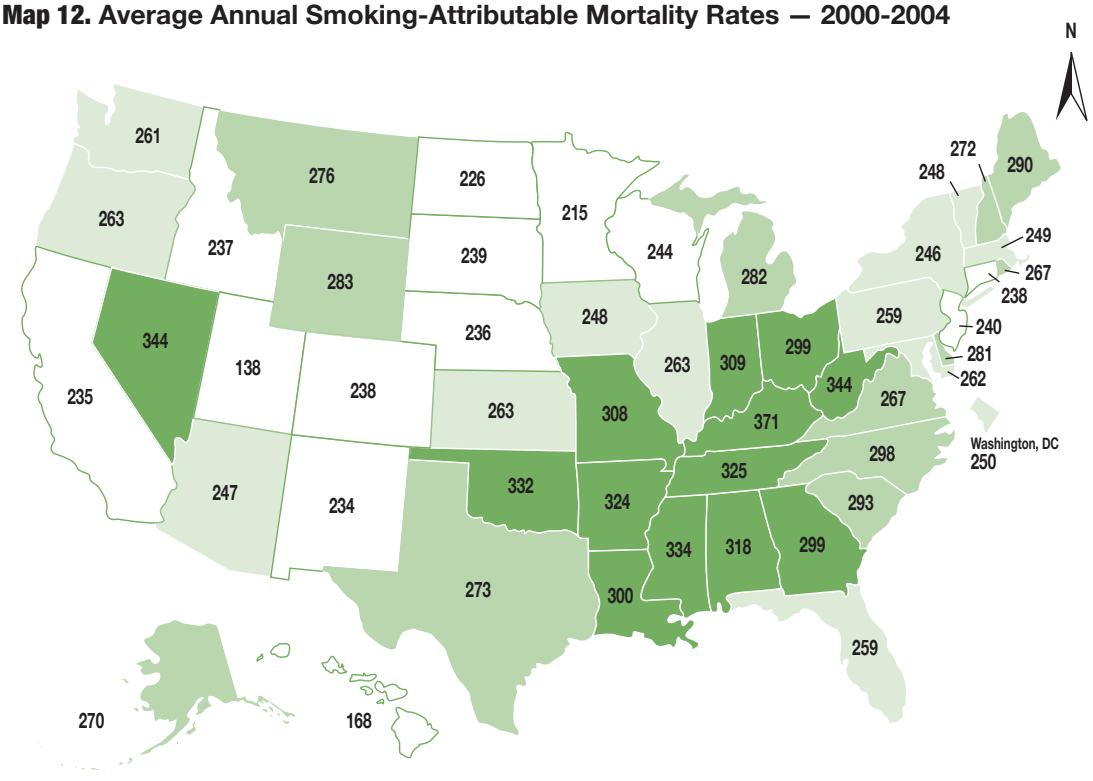
In 2004:
- Smoking-attributable health care expenditures totaled $95.9 billion, ranging from $148 million in Wyoming to $9.6 billion in California (Table 4) (102).
- Smoking-attributable productivity losses totaled $96.8 billion, ranging from $167 million in Wyoming to $8.5 billion in California (102).

Figure 28. State-Specific Estimates of Cigarette Smoking Prevalence (1) and Smoking-Attributable Mortality Rate (2) Among US Adults



1. Among persons age 35 years and older; Source: Tobacco Use Supplement to the Current Population Survey, 2001-2002;
2. Average annual deaths among persons aged 35 yrs and older during 2000-2004, not including burn and tobacco smoke pollution deaths (97).

Map 12. Average Annual Smoking-Attributable Mortality Rates — 2000-2004



Source: Centers for Disease Control and Prevention (97).
Note: Average Annual Age-Adjusted SAM Rate Per 100,000 among adults aged 35 years and older.

Table 4. The Annual Costs of Cigarette Smoking — by State

	Smoking-Attributable Mortality (number of deaths)*	Smoking Attributable Mortality Rate/100,000*	Years of Potential Life Lost*	Years Lost per Smoking-Attributable Death*	Smoking Attributable Morbidity (number of persons)**	Smoking-Attributable Health Care Costs (in millions)***	Smoking-Attributable Productivity Losses (in millions)*
ALABAMA	7,585	318	109,026	14.4	141,594	$1,437	$2,242
ALASKA	492	270	7,762	15.8	17,289	$278	$171
ARIZONA	6,859	247	87,777	12.8	149,615	$1,542	$1652
ARKANSAS	4,915	324	60,308	12.3	90,906	$867	$1,405
CALIFORNIA	36,687	235	481,529	13.1	839,635	$9,588	$8,548
COLORADO	4,390	238	54,905	12.5	130,014	$1,347	$1,054
CONNECTICUT	4,785	238	62,697	13.1	113,150	$1,438	$1,036
DELAWARE	1,198	281	16,398	13.7	25,570	$355	$323
WASHINGTON, DC	722	250	11,622	16.1	12,866	$395	$232
FLORIDA	28,609	259	382,399	13.4	582,812	$6,004	$6,875
GEORGIA	10,547	299	162,274	15.4	230,713	$2,387	$3,295
HAWAII	1,160	168	16,080	13.9	26,481	$367	$320
IDAHO	1,511	237	20,466	13.5	38,468	$327	$358
ILLINOIS	16,601	263	229,623	13.8	368,099	$3,965	$4,352
INDIANA	9,731	309	138,915	14.3	201,538	$2,180	$2,624
IOWA	4,444	248	57,017	12.8	98,578	$904	$1,007
KANSAS	3,884	263	50,541	13.0	81,531	$795	$906
KENTUCKY	7,848	371	112,760	14.4	151,153	$1,463	$2,304
LOUISIANA	6,500	300	95,770	14.7	121,435	$1,454	$2,058
MAINE	2,235	290	30,017	13.4	50,142	$550	$534
MARYLAND	6,861	262	96,092	14.0	149,586	$1,822	$1,837
MASSACHUSETTS	9,016	249	119,905	13.3	210,830	$3,012	$1,987
MICHIGAN	14,523	282	209,147	14.4	323,966	$3,306	$3,954
MINNESOTA	5,534	215	69,377	12.5	147,109	$1,932	$1,275
MISSISSIPPI	4,757	334	70,677	14.9	78,258	$853	$1,492
MISSOURI	9,585	308	136,327	14.2	197,822	$2,243	$2,513
MONTANA	1,421	276	17,071	12.0	31,537	$298	$305
NEBRASKA	2,272	236	28,341	12.5	52,374	$592	$500
NEVADA	3,311	344	45,524	13.7	73,294	$709	$903
NEW HAMPSHIRE	1,763	272	24,022	13.6	45,441	$469	$419
NEW JERSEY	11,203	240	153,557	13.7	246,681	$2,993	$2,602
NEW MEXICO	2,106	234	27,286	13.0	54,976	$483	$493
NEW YORK	25,433	246	344,110	13.5	559,424	$8,107	$6,057
NORTH CAROLINA	12,265	298	181,566	14.8	258,753	$2,776	$3,505
NORTH DAKOTA	875	226	11,133	12.7	21,152	$250	$192
OHIO	18,593	299	264,309	14.2	390,776	$4,317	$4,858
OKLAHOMA	6,209	332	85,208	13.7	104,758	$1,083	$1,734
OREGON	4,979	263	64,492	13.0	114,796	$1,036	$1,139
PENNSYLVANIA	20,027	259	272,335	13.6	418,860	$4,687	$4,737
RHODE ISLAND	1,695	267	21,753	12.8	37,328	$491	$379
SOUTH CAROLINA	6,127	293	93,701	15.3	119,770	$1,328	$1,948
SOUTH DAKOTA	1,068	239	13,158	12.3	24,313	$276	$233
TENNESSEE	9,712	325	142,301	14.7	178,101	$2,166	$2,969
TEXAS	24,571	273	350,409	14.3	549,356	$6,251	$6,794
UTAH	1,155	138	15,071	13.0	39,492	$369	$294
VERMONT	831	248	11,432	13.8	21,686	$242	$192
VIRGINIA	9,242	267	132,157	14.3	210,984	$2,203	$2,534
WASHINGTON	7,619	261	104,061	13.7	188,432	$1,940	$1,824
WEST VIRGINIA	3,821	344	56,156	14.7	70,994	$709	$1,019
WISCONSIN	7,243	244	97,456	13.5	189,622	$1,954	$1,704
WYOMING	702	283	8,806	12.5	16,611	$148	$167
TOTAL OR AVERAGE	392,681	263	5,454,826	13.9	8,598,671	$95,947	$96,828

* average annual deaths/losses among adults aged 35 years and older during 2000-2004 (97)

Note: state-specific estimates do not include smoking attributable infant deaths, burn deaths or deaths caused by tobacco smoke pollution

** with a serious disease caused by smoking — in 2000 (100, 101)

*** in 2004 (from http://apps.nccd.cdc.gov/sammec/show_same_data.asp?&Print)

SECTION 3: CHARTING THE DATA

Youth Tobacco Use and Perceptions

Definitions:

Current Cigarette Smoking among 12-17 year olds:
The percentage of youth who smoked all or part of a cigarette on one or more of the previous 30 days.
Current Cigarette Smoking among 18-25 year olds:
The percentage of young adults who smoked all or part of a cigarette on one or more of the previous 30 days.
Perceived Risk of Harm:
The percentage of 12-17 year old youth and 18-25 year old young adults who stated that smoking one or more packs of cigarettes each day poses great risk of harm.
Current Cigarette Smoking among high school students:
The percentage of high school students (most are 14-18 years old) who smoked a cigarette on one or more of the previous 30 days.

Importance:

Trends and patterns of use among young people predict future use and risk of disease; perceived risk of harm can predict future use.

In 2005/2006:

- 10.6% of 12-17 year olds in the United States smoked cigarettes during the previous 30 days (Table 5).
  - Cigarette smoking among 12-17 year olds was lowest in Hawaii (7.1%), DC (7.4%), California (7.8%) and Utah (8.1%) (Map 13).
  - Cigarette smoking among 12-17 year olds was highest in Kentucky (15.7%), South Dakota and Wyoming (14.6%) and West Virginia (14.4%).
- 38.7% of 18-25 year olds in the United States smoked cigarettes during the previous 30 days.
  - Cigarette smoking among 18-25 year olds was lowest Utah (27.7%), California (30.6%) and Hawaii (33.7%) (Map 14).
  - Cigarette smoking among 18-25 year olds was highest in Kentucky (49.5%), Tennessee (46.9%), Minnesota (46.6%) and Vermont (46.6%).
- State specific estimates of cigarette smoking among youth (12-17 years old) were closely associated with those of young adults (18-25 years old) — both increased together (Figure 29). Similarly, estimates for youth were associated with those of adults (aged 26+ years old) (Figure 30). These findings likely reflect the general influence of tobacco control programs and policies, as well as modeling by parents and other adults.
- 68.5% of 12-17 year olds in the United States stated that smoking one or more packs/day poses a great risk of harm — ranging from 63.4% in Kentucky to 75% in Utah (Table 5).
- 70.2% of 18-25 year olds in the United Sates stated that smoking one or more packs/day poses a great risk of harm — ranging from 61.4% in Kentucky to 77.5% in DC.

From 1991 to 2007, among high school students:

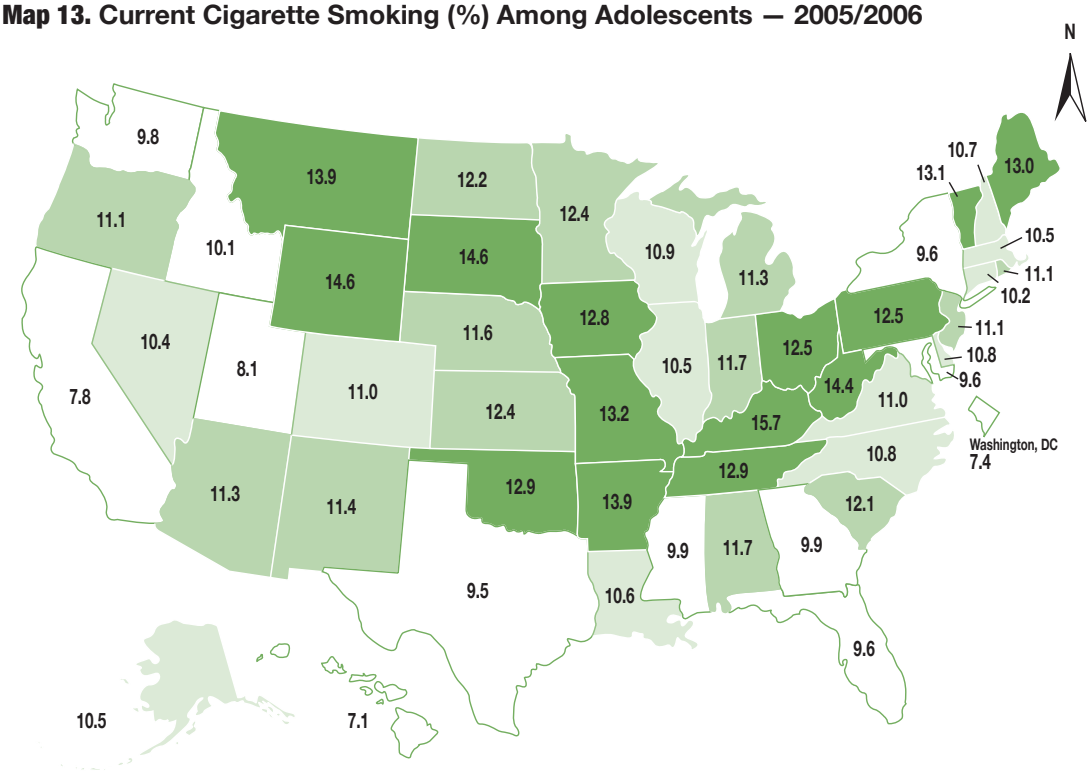
- Cigarette smoking prevalence in the United States increased from 27.5% in 1991 to 36.4% in 1997 and was 20.0% in 2007, according to Youth Risk Behavior Survey data (Table 6). This represents an overall decline of 27% from 1991-2007 and a 45% drop from 1997-2007.
- In states providing sufficient data to assess trends, smoking prevalence among high school students increased in the early- to mid-1990s and subsequently declined. Prevalence leveled off for several states in recent years.
- The lowest prevalence of smoking was consistently seen in Utah, DC and, in recent years, Hawaii.
- The highest prevalence of smoking was generally seen in Kentucky, West Virginia and South Dakota.

Table 5. Prevalence (%) of Current Cigarette Smoking and the Percent Believing that Smoking One or More Packs per Day Poses Great Risk to Harm, by State and Age — United States, 2005/2006, National Survey on Drug Use and Health.

	Cigarette Smoking Prevalence (%) - 12-17 years	Cigarette Smoking Prevalence (%) - 18-25 years	Cigarette Smoking Prevalence (%) - 26+ years	Believe that Smoking 1+ Packs/day Poses Great Risk to Harm (%) - 12-17 years	Believe that Smoking 1+ Packs/day Poses Great Risk to Harm (%) - 18-25 years	Believe that Smoking 1+ Packs/day Poses Great Risk to Harm (%) - 26+ years
ALABAMA	11.7 (9.8-14.0)	38.7 (35.0-42.5)	27.8 (24.5-31.2)	65.4 (61.8-68.8)	68.7 (65.2-72.1)	72.6 (69.1-75.8)
ALASKA	10.5 (8.6-12.8)	39.8 (36.2-43.5)	23.7 (20.8-26.8)	67.5 (64.1-70.8)	66.7 (63.2-70.1)	73.9 (70.5-77.0)
ARIZONA	11.3 (9.3-13.7)	35.7 (31.9-39.7)	23.3 (20.5-26.4)	65.7 (61.8-69.4)	71.5 (67.8-75.0)	76.9 (73.6-79.9)
ARKANSAS	13.9 (11.7-16.5)	44.9 (28.8-32.6)	28.4 (25.0-32.0)	64.6 (61.0-68.2)	66.9 (63.2-70.4)	72.7 (69.2-76.0)
CALIFORNIA	7.8 (6.8-9.0)	30.6 (28.8-32.6)	19.7 (18.0-21.5)	70.6 (68.6-72.6)	76.7 (74.8-78.5)	79.5 (77.7-81.2)
COLORADO	11.0 (9.1-13.2)	40.4 (36.4-44.5)	20.5 (17.8-23.4)	68.4 (64.8-71.8)	71.7 (68.1-75.1)	77.9 (74.3-80.4)
CONNECTICUT	10.2 (8.5-12.3)	42.1 (38.0-46.4)	19.6 (16.8-22.8)	71.5 (68.2-74.5)	74.6 (71.0-77.9)	79.0 (75.7-82.0)
DELAWARE	10.8 (8.9-13.0)	37.0 (33.3-40.8)	24.1 (21.1-27.3)	69.9 (66.5-73.0)	71.8 (68.3-75.0)	75.9 (71.9-78.4)
WASHINGTON, DC	7.4 (6.0-9.2)	36.4 (32.6-40.3)	25.4 (22.5-28.5)	67.0 (63.1-70.6)	77.5 (74.1-80.6)	79.2 (76.1-82.1)
FLORIDA	9.6 (8.5-10.8)	35.3 (33.3-37.3)	23.7 (21.9-25.6)	67.9 (66.0-69.7)	72.8 (70.8-74.7)	77.4 (75.5-79.1)
GEORGIA	9.9 (8.1-11.9)	34.9 (31.2-38.7)	23.1 (20.1-26.4)	69.4 (65.9-72.8)	72.2 (68.5-75.5)	76.3 (72.8-79.5)
HAWAII	7.1 (5.6-9.0)	33.7 (29.8-37.8)	19.6 (16.8-22.8)	68.9 (65.2-72.3)	72.4 (68.6-75.9)	76.0 (72.3-79.3)
IDAHO	10.1 (8.2-12.2)	36.6 (33.0-40.3)	22.9 (20.0-26.1)	69.5 (66.1-72.8)	68.8 (65.1-72.2)	75.2 (71.9-78.3)
ILLINOIS	10.5 (9.4-11.7)	40.2 (38.1-42.3)	25.4 (23.7-27.3)	68.7 (66.7-70.5)	70.0 (68.0-71.9)	76.5 (74.7-78.3)
INDIANA	11.7 (9.8-13.9)	43.0 (39.3-46.8)	27.8 (24.7-31.2)	65.7 (62.2-69.0)	67.1 (63.6-70.5)	70.1 (66.7-73.4)
IOWA	12.8 (10.8-15.2)	42.3 (38.4-46.2)	23.9 (21.1-27.0)	67.6 (64.0-71.0)	63.9 (60.3-67.4)	71.6 (68.3-74.8)
KANSAS	12.4 (10.5-14.7)	41.4 (37.5-45.4)	25.8 (22.7-29.1)	67.9 (64.5-71.2)	65.8 (62.0-69.4)	72.4 (69.0-75.7)
KENTUCKY	15.7 (13.3-18.5)	49.5 (45.4-53.6)	29.6 (26.2-33.2)	63.4 (59.9-66.9)	61.4 (57.5-65.2)	69.4 (66.0-72.6)
LOUISIANA	10.6 (8.8-12.7)	38.7 (35.0-42.6)	27.2 (23.9-30.8)	69.6 (66.1-72.9)	72.2 (68.6-75.5)	73.6 (70.2-76.9)
MAINE	13.0 (10.9-15.4)	45.1 (41.2-49.0)	26.0 (23.0-29.3)	65.1 (61.5-68.6)	64.1 (60.5-67.6)	73.0 (69.7-76.1)
MARYLAND	9.6 (7.9-11.6)	35.2 (31.5-39.1)	21.6 (18.9-24.5)	69.1 (65.7-72.3)	72.5 (69.0-75.8)	75.7 (72.5-78.7)
MASSACHUSETTS	10.5 (8.7-12.8)	38.6 (35.1-42.4)	22.8 (20.2-26.0)	70.0 (66.3-73.4)	72.5 (69.1-75.7)	76.2 (72.8-79.2)
MICHIGAN	11.3 (10.2-12.5)	44.9 (42.8-46.9)	27.4 (25.6-29.3)	67.5 (65.7-69.3)	66.9 (64.9-68.9)	74.6 (72.7-76.4)
MINNESOTA	12.4 (10.3-14.8)	46.6 (42.8-50.5)	22.8 (19.9-25.9)	65.8 (62.2-69.4)	67.3 (63.5-70.9)	73.4 (70.0-76.5)
MISSISSIPPI	9.9 (8.2-11.9)	36.7 (32.9-40.6)	27.7 (24.5-31.2)	66.5 (63.1-69.7)	69.0 (65.4-72.3)	74.2 (70.9-77.2)
MISSOURI	13.2 (11.2-15.6)	43.2 (39.5-46.9)	29.5 (26.3-32.9)	68.0 (64.5-71.3)	63.0 (59.2-66.6)	71.3 (67.6-74.6)
MONTANA	13.9 (11.7-16.5)	42.3 (38.6-46.0)	26.7 (23.6-30.1)	66.7 (63.1-70.1)	67.9 (64.3-71.2)	72.5 (69.0-75.8)
NEBRASKA	11.6 (9.7-13.9)	40.0 (36.1-44.1)	24.9 (21.8-28.3)	68.5 (65.1-71.7)	65.2 (61.4-68.8)	72.5 (69.1-75.8)
NEVADA	10.4 (8.6-12.5)	38.7 (34.9-42.7)	27.2 (24.0-30.8)	67.3 (63.6-70.8)	72.2 (68.5-75.7)	72.3 (68.7-75.6)
NEW HAMPSHIRE	10.7 (8.8-12.9)	42.7 (38.5-47.1)	21.3 (18.6-24.4)	69.7 (66.3-73.0)	66.4 (62.6-70.1)	75.1 (71.8-78.1)
NEW JERSEY	11.1 (9.3-13.3)	37.6 (33.9-41.4)	19.9 (17.1-23.0)	69.3 (65.9-72.5)	74.3 (70.8-77.6)	78.5 (75.4-81.3)
NEW MEXICO	11.4 (9.4-13.9)	41.6 (37.7-45.6)	22.8 (19.6-26.3)	66.0 (62.2-69.5)	70.4 (66.8-73.8)	77.1 (73.7-80.2)
NEW YORK	9.6 (8.5-10.8)	37.6 (35.5-39.7)	23.8 (22.0-25.7)	70.6 (68.6-72.5)	71.5 (69.4-73.5)	79.3 (77.4-81.0)
NORTH CAROLINA	10.8 (9.0-13.0)	42.5 (38.9-46.2)	25.7 (22.6-29.0)	69.1 (65.7-72.4)	66.1 (62.5-69.6)	74.5 (70.8-77.8)
NORTH DAKOTA	12.2 (10.1-14.6)	40.6 (36.8-44.5)	23.6 (20.6-26.9)	66.4 (62.8-69.8)	64.7 (60.9-68.3)	68.0 (64.0-71.7)
OHIO	12.5 (11.3-13.8)	44.3 (42.3-46.3)	27.9 (26.1-29.8)	67.9 (66.0-69.7)	66.6 (64.6-68.5)	71.7 (69.8-73.5)
OKLAHOMA	12.9 (10.7-15.6)	42.7 (38.8-46.7)	31.7 (28.1-35.5)	65.5 (61.5-69.3)	65.6 (61.8-69.3)	69.9 (66.0-73.5)
OREGON	11.1 (9.1-13.5)	39.0 (35.0-43.1)	21.5 (18.8-24.6)	70.1 (66.4-73.5)	71.1 (67.3-74.7)	78.5 (75.4-81.3)
PENNSYLVANIA	12.5 (11.2-13.8)	40.6 (38.6-42.6)	25.8 (24.0-27.8)	67.8 (65.9-69.6)	67.0 (65.0-68.8)	75.4 (73.6-77.2)
RHODE ISLAND	11.1 (9.2-13.7)	40.7 (37.0-44.6)	23.5 (20.6-26.7)	67.0 (63.2-70.6)	73.5 (70.0-76.7)	77.6 (74.5-80.5)
SOUTH CAROLINA	12.1 (10.1-14.5)	43.0 (39.3-46.9)	29.9 (26.6-33.4)	66.9 (63.5-70.1)	66.9 (63.2-70.3)	71.4 (67.8-74.6)
SOUTH DAKOTA	14.6 (12.3-17.3)	41.1 (37.2-45.1)	25.3 (22.2-28.6)	69.9 (66.5-73.1)	67.3 (63.6-70.7)	74.0 (70.8-77.0)
TENNESSEE	12.9 (10.9-15.3)	46.9 (43.0-50.8)	31.7 (28.1-35.5)	64.6 (61.1-68.0)	62.5 (58.6-66.2)	72.8 (69.2-76.1)
TEXAS	9.5 (8.4-10.8)	36.9 (34.8-39.0)	25.8 (24.0-27.7)	67.7 (65.7-69.6)	70.0 (68.1-71.9)	75.7 (73.8-77.5)
UTAH	8.1 (6.3-10.5)	27.7 (23.9-31.8)	19.0 (16.1-22.3)	75.0 (71.2-78.5)	76.2 (72.4-79.7)	79.3 (75.7-82.5)
VERMONT	13.1 (11.1-15.5)	46.6 (43.0-50.3)	22.9 (19.9-26.2)	69.3 (66.0-72.5)	67.1 (63.5-70.5)	77.2 (73.9-80.2)
VIRGINIA	11.0 (9.1-13.1)	42.4 (38.6-46.3)	23.8 (20.9-27.0)	68.0 (64.5-71.3)	69.1 (65.6-72.3)	75.4 (72.1-78.5)
WASHINGTON	9.8 (8.0-11.8)	36.6 (32.8-40.5)	22.8 (20.0-26.0)	72.1 (68.9-75.2)	71.7 (68.1-75.1)	76.3 (73.2-79.1)
WEST VIRGINIA	14.4 (12.2-16.9)	44.7 (41.0-48.4)	32.6 (29.0-36.4)	69.1 (65.7-72.3)	62.8 (59.1-66.3)	68.8 (65.2-72.2)
WISCONSIN	10.9 (9.0-13.2)	42.3 (38.2-46.5)	27.5 (24.4-30.9)	69.7 (66.4-72.9)	68.6 (64.9-72.2)	69.9 (66.3-73.3)
WYOMING	14.6 (12.3-17.1)	44.5 (40.7-48.4)	26.4 (23.2-29.8)	68.7 (65.4-71.9)	64.5 (60.9-67.9)	72.7 (69.2-76.0)
US OVERALL	10.6	38.7	24.5	68.5	70.2	75.6

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2005 and 2006 (http://oas.samhsa.gov/2k6state/AppB.htm#TabB-14).

Map 13. Current Cigarette Smoking (%) Among Adolescents — 2005/2006

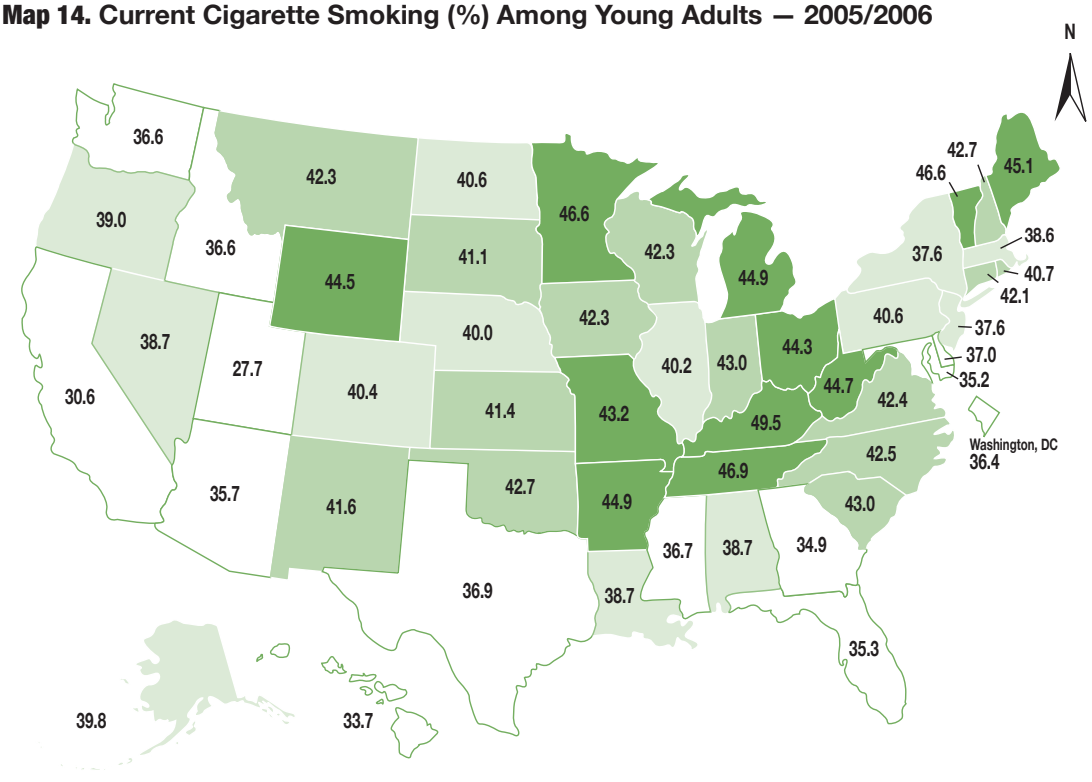


Legend
Percentage of adolescents 12-17 years old who smoke cigarettes

- 7.11 – 10.1
- 10.2 – 11.0
- 11.1 – 12.4
- 12.5 – 15.7

Source: 2005 and 2006 (combined) National Surveys on Drug Use and Health.
Note: Estimates represent the percentage of persons 12-17 years old who have smoked all or part of a cigarette during the preceding 30 days.

Map 14. Current Cigarette Smoking (%) Among Young Adults — 2005/2006

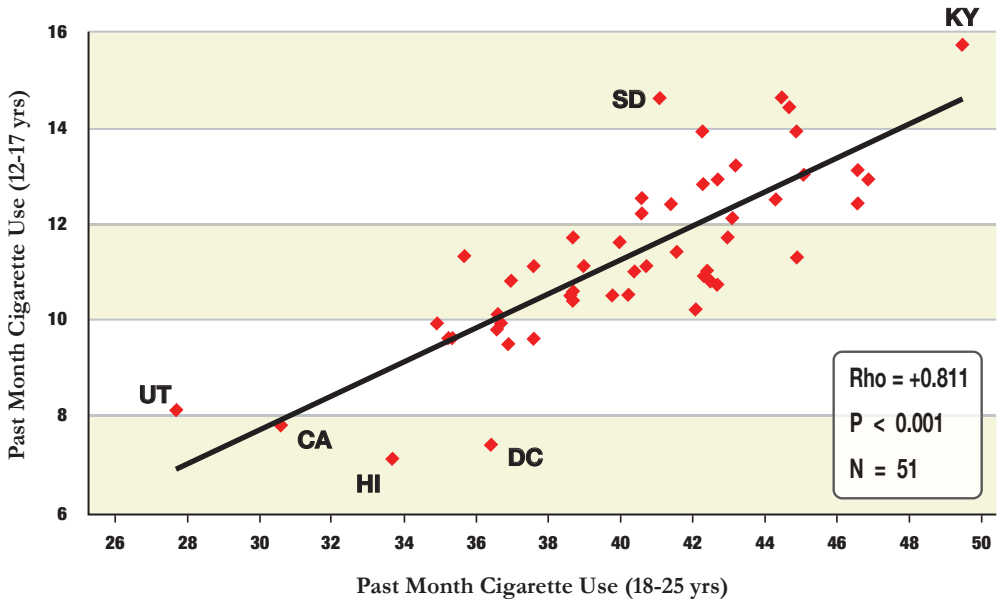


Legend
Percentage of young adults 18-25 years old who smoke cigarettes

- 27.7 – 37.0
- 37.1 – 40.6
- 40.7 – 43.0
- 43.1 – 49.5

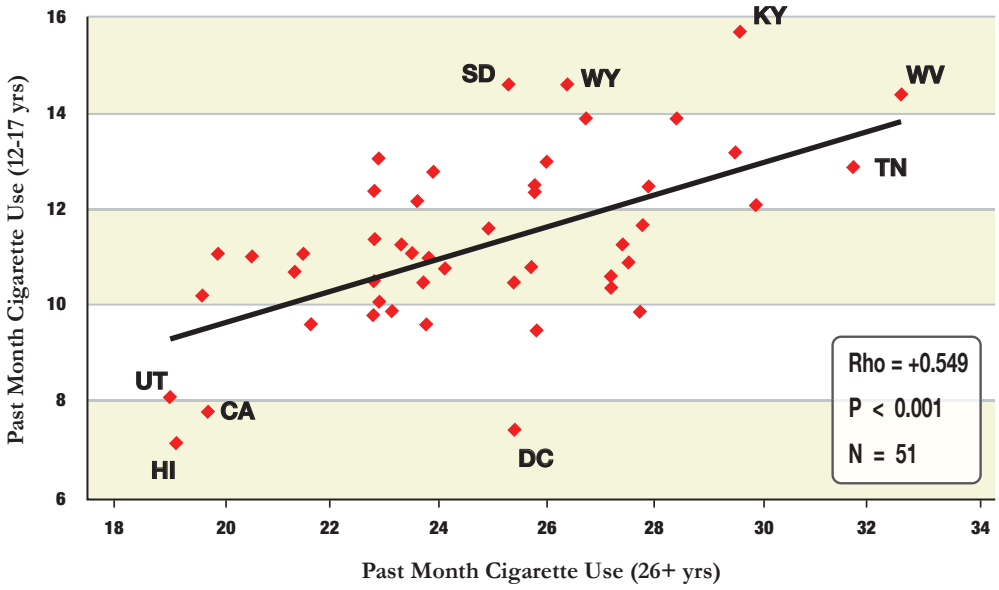
Source: 2005 and 2006 (combined) National Surveys on Drug Use and Health.
Note: Estimates represent the percentage of persons 18-25 years old who have smoked all or part of a cigarette during the preceding 30 days.

Figure 29. Prevalence of Past Month Cigarette Use Among Youth (12-17 yrs) and Young Adults (18-25 yrs) in the United States, 2005/2006



Source: 2005-2006 National Survey on Drug Use and Health (NSDUH)

Figure 30. Prevalence of Past Month Cigarette Use Among Youth (12-17 yrs) and Adults (26+ yrs) in the United States, 2005/2006



Source: 2005-2006 National Survey on Drug Use and Health (NSDUH)

Table 6. Cigarette Smoking Prevalence (%) Among High School Students, by State — United States, 1991-2007

	1991	1993	1995	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
ALABAMA	27.8		31.0	35.8		36.6	30.2 (1)	23.7	24.9 (1)	24.7	24.0 (1)	24.4	26.8 (1)	
ALASKA			36.5							19.2				17.8
ARIZONA										23.3		21.4		22.2
ARKANSAS			37.2	43.2		39.6	35.8 (1)	34.7				25.9		20.7
CALIFORNIA							21.6 (1)		16.0 (3)	13.2 (1)	13.2 (3)		15.4 (3)	
COLORADO							25.3 (1)					18.7		
CONNECTICUT				35.2			25.6 (2)		22.0 (2)			18.1		21.1
DELAWARE						32.2	27.1 (1)	24.2	26.0 (2)	23.5	22.4 (1)	21.2		20.2
WASHINGTON, DC				22.7		19.9	14.7 (1)			13.2		9.2		10.6
FLORIDA					27.4 (1)	25.2 (1)	22.6 (1)	21.5	19.0 (2)	18.1		17.2		15.9
GEORGIA	23.8	24.3						23.7 (1)		20.9		17.2		18.6
HAWAII		28.2	32.4	29.2		27.9	24.5 (2)					16.4		12.8
IDAHO	23.3	27.3						19.1		14.0		15.8		20.0
ILLINOIS		29.1	35.7						29.2 (1)			24.8 (1)	21.7 (1)	19.9
INDIANA							31.6 (1)			25.6	21.3 (1)	21.9	23.2 (2)	22.5
IOWA				37.5			32.7 (2)		26.7 (1)		19.5 (2)	22.2	22.5 (1)	18.9
KANSAS							26.1 (1)		21.1 (1)			21.0		20.6
KENTUCKY				47.0			37.4 (1)		34.2 (1)	32.7	27.9 (1)	26.2	24.5 (1)	26.0
LOUISIANA				36.4										
MAINE			37.8	39.2				24.8		20.5		16.2		14.0
MARYLAND							23.7 (1)		19.3 (1)			16.5		16.8
MASSACHUSETTS		30.2	35.7	34.4		30.3		26.0	20.7 (1)	20.9		20.5		17.7
MICHIGAN				38.2		34.1		25.7		22.6		17.0		18.0
MINNESOTA							32.4 (1)					22.4 (1)		
MISSISSIPPI		27.6	35.0	31.3	30.3 (1)	31.5	29.2 (1)	23.6	23.3 (1)	25.0	22.1 (1)		18.7 (1)	19.2
MISSOURI			39.8	40.3		32.8		30.3		24.8		21.3		23.8
MONTANA		30.7	34.8	38.1		35.0		28.5		22.9		20.1		20.0
NEBRASKA	29.2	33.7					29.0 (1)		28.2 (1)	24.1		21.8	19.7 (1)	
NEVADA		29.9	32.9	29.4		32.6		25.2		19.6		18.3		13.6
NEW HAMPSHIRE		35.6	36.0					25.3 (1)		19.1	19.1 (1)	20.5		19.0
NEW JERSEY						27.6 (2)		29.4			17.3 (2)	19.8	15.8 (2)	
NEW MEXICO	30.1											25.7		24.2
NEW YORK				32.9		31.8	26.8 (1)		21.7 (2)	20.2	18.5 (2)	16.2	16.3 (2)	13.8
NORTH CAROLINA		29.3	31.3			31.6 (2)		27.8	27.8 (1)	24.8	27.3 (1)	24.9		22.5
NORTH DAKOTA			39.6			40.6		35.3		30.2		22.1		21.1
OHIO		29.7		34.5		40.3	33.4 (1)		25.7 (1)	22.2		24.4	20.5 (2)	21.6
OKLAHOMA						33.0 (2)			24.0 (1)	26.5		28.6		23.2
PENNSYLVANIA								27.6 (1)	23.1 (1)				17.5 (1)	
RHODE ISLAND				35.4				24.8		19.3		15.9		15.1
SOUTH CAROLINA	25.6	26.7	32.6	38.6		36.0						23.5	19.1 (1)	17.8
SOUTH DAKOTA	30.9	36.7	38.0	44.0		43.6	32.6 (2)	33.1		30.0		28.2		24.7
TENNESSEE		35.3				36.4 (1)	32.4 (1)		27.5 (1)	27.6		26.3		25.5
TEXAS					32.9 (1)	32.7 (1)	28.1 (1)	28.4				24.2		21.1
UTAH	16.8	17.4	17.0	16.4		11.9		8.3		7.3		7.4		7.9
VERMONT		33.5	40.0	38.3		33.4		23.7		22.1	22.4 (1)	17.9		18.2
WEST VIRGINIA		38.9	43.0	41.9		42.2	38.5 (1)		33.7 (1)	28.5		25.3		27.6
WISCONSIN		31.8		36.0		38.1	32.9 (1)	32.6	27.1 (1)	23.6	20.9 (1)	22.8	19.9 (2)	20.5
WYOMING			39.5	37.4		35.2		28.4		26.0		22.5		20.8
US OVERALL	27.5	30.5	34.8	36.4		34.8	28.0 (4)	28.5	22.5 (4)	21.9	21.7 (4)	23.0	19.7 (4)	20.0

Sources: Youth Risk Behavior Surveys, Youth Tobacco Surveys and California Student Tobacco Survey

Footnotes:
All data are from Youth Risk Behavior Surveys unless indicated as below:
1 = Youth Tobacco Survey (YTS)—Public Schools Only
2 = YTS—Private and Public Schools
3 = California Student Tobacco Survey
4 = National Youth Tobacco Survey

SECTION 3: CHARTING THE DATA

Protection from Tobacco Smoke Pollution

Definitions:

Smoke-free Air Laws:
The laws designed to protect workers and patrons in various establishments from the toxic and carcinogenic chemicals in tobacco smoke pollution (also known as secondhand smoke or environmental tobacco smoke).

The strength of Smoke-Free Air Laws is documented for private worksites, restaurants and bars and for preemption (whether a state has passed a law prohibiting local communities from providing stronger protection than that afforded by the state's law) on each of the state pages and for government worksites, non-hospital health care facilities, shopping malls, child care centers (commercial) and public schools in Table 7 for laws in effect on December 31, 1991 and September 30, 2008. The coding scheme used to present these data classifies each state as providing one of the following levels of protection for each location:

No Protection
Minimal Protection (essentially by requiring designated nonsmoking areas)
Moderate Protection (essentially by requiring separately-ventilated nonsmoking areas)
or
Strong Protection (essentially by eliminating smoking in all locations).

Some exceptions apply — see pages 213-214 and Table 7 for details.

Table 7. Protection from Tobacco Smoke Pollution in Private Worksites, Restaurants, Bars, Government Worksites, Health Care Facilities, Shopping Malls, Child Care Centers, and Public Schools, with Preemption by State — 1991 and 2008†

	Private Worksites		Restaurants		Bars		Government Worksites		Health Care Facilities		Shopping Malls		Child Care Centers		Public Schools		Preemption	
	1991	2008	1991	2008	1991	2008	1991	2008	1991	2008	1991	2008	1991	2008	1991	2008	1991^	2008
ALABAMA	0	1	0	0	0	0	0	1	0	1	0	1	0	1	0	1	0	0
ALASKA	0	0	1	1	0	0	1	1	3	3	0	0	4	3	1	1	0	0
ARIZONA	0	3	0	3	0	3	1	3	1	3	0	3	0	4	1	5	0	0
ARKANSAS	0	3	0	1	0	0	0	3	1	3	0	3	3	4	1	5	0	0
CALIFORNIA	0	2	0	3*	0	3*	0	2	1	3*	0	3*	0	4	1	2	0	0
COLORADO	0	3	0	3	0	3	0	3	0	3	0	3	0	5	1	5	0	0
CONNECTICUT	1	2	1	3*	0	3*	1	2	1	3*	0	3*	0	0	1	2	0	1
DELAWARE	0	3	0	3	0	3	0	3	0	3	0	3	0	4	0	3	0	0
WASHINGTON, DC	1	3	1	3	0	3	1	3	1	3	0	3	1	5	1	3	0	0
FLORIDA	1	3	0	3	0	0	1	3	0	3	0	3	0	4	1	3	1	1
GEORGIA	0	1	0	1	0	2	0	1	0	3*	0	3*	0	4	0	2	0	0
HAWAII	0	3	1	3	0	3	1	3	1	3	0	3	0	5	0	5	0	0
IDAHO	0	1	1	3	0	0	0	3	1	3	0	3	0	4	1	3	0	0
ILLINOIS	1	3	1	3	0	3	1	3	1	3	0	3	0	5	1	4	1	0
INDIANA	0	0	0	0	0	0	1	1	1	1	0	0	0	1	0	1	0	0
IOWA	1	3	1	3	0	3	1	3	1	3	1	3	0	5	1	5	1	0
KANSAS	0	0	1	1	0	0	1	1	1	1	0	0	0	2	3	3	0	0
KENTUCKY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
LOUISIANA	0	3	0	3	0	0	0	3	0	3	0	3	0	4	0	5	0	0
MAINE	1	1	1	3	0	3	1	1	0	3	0	3	0	4	0	3	0	0
MARYLAND	0	3	0	3	0	3	0	3	1	3	0	3	0	4	0	3	0	0
MASSACHUSETTS	0	3	1	3	0	3	1	3	1	3	0	3	1	4	1	3	0	0
MICHIGAN	0	0	1	1	0	0	1	1	1	1	0	0	4	4	1	3	1	1
MINNESOTA	1	3	1	3	0	3	1	1	3	3	0	0	4	4	1	3	0	0
MISSISSIPPI	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	5	0	0
MISSOURI	0	1	0	1	0	1	0	1	0	1	0	1	0	4	0	3	0	0
MONTANA	1	3	1	3	0	0	1	3	1	3	0	3	0	5	0	5	0	1
NEBRASKA	1	1	1	1	1	1	1	3	1	1	0	0	0	4	1	1	0	0
NEVADA	0	3	1	3	0	0	1	3	1	3	0	3	1	5	1	5	1	0
NEW HAMPSHIRE	1	1	1	3	0	0	1	1	1	1	1	1	3	3	1	1	0	1
NEW JERSEY	1	3	0	3	0	3	1	3	1	3	0	3	0	5	3	5	1	0
NEW MEXICO	0	3	0	3	0	3	1	3	0	3	0	3	0	4	0	3	0	0
NEW YORK	1	3	1	3	0	3	1	3	1	3	0	3	3	4	1	5	0	0
NORTH CAROLINA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
NORTH DAKOTA	0	3	1	1	0	0	1	3	1	1	0	3	0	4	1	3	0	0
OHIO	0	3	0	3	0	3	0	3	1	3	0	3	0	4	1	3	0	0
OKLAHOMA	0	2	1	2	0	0	1	2	1	2	0	3	0	2	1	3	1	1
OREGON	0	2	1	1	0	0	1	2	1	3*	0	3*	0	2	1	2	0	1
PENNSYLVANIA	1	3	1	2	0	0	1	3	1	3	0	3	0	3	1	3	1	1
RHODE ISLAND	1	3	1	3	0	3	1	3	1	3	0	3	0	4	1	3	0	0
SOUTH CAROLINA	0	0	0	0	0	0	1	1	1	1	0	0	0	5	1	1	1	0
SOUTH DAKOTA	0	3	0	3	0	0	0	3	1	3	0	3	0	4	1	3	0	1
TENNESSEE	0	3	0	1	0	0	0	3	0	1	0	0	0	1	0	3	0	1
TEXAS	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1	0	0
UTAH	1	3	1	3	0	0	3	3	1	1	0	3	3	4	5	5	0	1
VERMONT	1	1	0	3*	0	3*	0	1	0	3*	0	3*	0	0	1	5	0	0
VIRGINIA	0	0	1	1	0	0	1	1	1	1	0	0	1	1	1	3	1	1
WASHINGTON	0	3	0	3	0	3	1	3	1	3	1	3	0	5	1	3	0	1
WEST VIRGINIA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
WISCONSIN	1	1	1	1	0	0	1	1	3	3	0	0	0	3	2	2	0	0
WYOMING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

† Laws in effect as of September 30, 2008.
^ Preemption code for 1991 does not include bars
* indicates that a ban exists in areas accessible to the general public, but that smoking is allowed in separately ventilated areas where the public is not invited or generally allowed (e.g., smoking is banned in restaurants but allowed in separately ventilated employee smoking rooms)

Rating Scales:
(for further details, see Appendix)
Private Worksites, Government Worksites:
0 = no provision
1 = restrictions to certain areas with some exemptions
2 = separately ventilated areas or ban with exemptions
3 = ban at all times

Restaurants, Bars, Health Care Facilities, Shopping Malls:
0 = no provision
1 = restrictions to certain areas with some exemptions
2 = separately ventilated areas or ban with exemptions
3* = bans in areas accessible to general public
3 = ban at all times

Child Care Centers, Public Schools:
0 = no provision
1 = designated areas only
2 = separately ventilated areas or ban with exemptions
3 = ban when children are in building
4 = ban when children are in building or on grounds
5 = ban at all times

Preemption:
0 = no state preemption law
1 = state preemption law present

Source: The MayaTech Corporation

Importance:

Tobacco smoke pollution causes cancer and heart disease in nonsmokers and severely compromises respiratory health in children (15). Pollution levels in indoor areas where smoking is allowed can vastly exceed levels regulated by the EPA in outdoor areas (103, 104). Strong laws are recommended, since they provide the most protection to workers and patrons and save businesses the cost of installing expensive and ineffective ventilation systems (15, 28, 105, 106). Laws eliminating smoking in restaurants and bars protect the health of wait staff, with no detrimental effect on revenues (15, 107-113). Strong laws have been associated with substantially reduced risk of heart attacks in communities that implemented them (114-116); they establish smoke-free air as the norm, likely helping to prevent initiation and promote quitting (105, 106, 117, 118). Concerns that smokers who frequent bars would compensate by smoking and drinking more at home appear unwarranted (119, 120). Although initially some enforcement of these laws is required, over time the need for enforcement is minimal—they tend to become self-enforcing, in part because they have been proven to be good for business (105, 121).

As of September 30, 2008:

- 15 states (Arizona, Colorado, Delaware, Hawaii, Illinois, Iowa, Maryland, Massachusetts, Minnesota, New Jersey, New Mexico, New York, Ohio, Rhode Island and Washington) and DC provided strong protection in private (non-hospitality) worksites, restaurants and bars (Table 7).
- Another 16 states (Arkansas, California, Connecticut, Florida, Idaho, Louisiana, Maine, Montana, Nevada, New Hampshire, North Dakota, Pennsylvania, South Dakota, Tennessee, Utah and Vermont) eliminated smoking in at least one of these locations.
- (In addition, by September 2009, Montana, Nebraska, Oregon, South Dakota and Utah will provide strong protection in private worksites, restaurants and bars [Table 8; Map 15].)
- 25 states and DC required strong protection in private worksites.
- 27 states and DC provided strong protection to restaurant workers.
- 19 states and DC provided strong protection to bar workers.
- 27 states and DC provided strong protection in government worksites (Table 7).
- 31 states and DC provided strong protection in non-hospital health care facilities.
- 31 states and DC provided strong protection in shopping malls.
- 9 states and DC did not permit smoking at any time in child care centers.
- 13 states did not permit smoking at any time in public schools.
- 2 states (North Carolina and Wyoming) had no statewide smoke-free air restrictions covering any of the locations examined here.
- 14 states preempted local jurisdictions from passing stronger smoke-free air laws than the state law (Map 16)

From December 31, 1991 through September 30, 2008:

- The number of states and DC providing strong protection from tobacco smoke pollution in private worksites, restaurants and/or bars increased from 0 to 32. (Table 7; Figure 31).
- 14 states (Alaska, Indiana, Kansas, Kentucky, Michigan, Mississippi, Nebraska, North Carolina, South Carolina, Texas, Virginia, West Virginia, Wisconsin and Wyoming) did not strengthen the level of protection from tobacco smoke pollution afforded in private worksites, restaurants, or bars.
- The number of states that preempted local government's ability to enact smoke-free air laws increased from 10 to 14.
- The states that repealed preemption provisions or allowed them to expire are California (1998), Delaware (2002), Illinois (2006), Iowa (2008), Louisiana (2003), Mississippi (2006), Nevada (2006), New Jersey (2006), Rhode Island (2005) and South Carolina (2008).

Table 8. Summary of 100% Smoke-free Laws — by State, With Effective Dates

	Private Workplaces	Restaurants	Bars	Bans in all 3 locations (as of 4/30/2009)	Bans in all 3 locations (any passed)
ARIZONA	5/1/07	5/1/07	5/1/07	Yes	Yes
ARKANSAS	7/21/06	–	–		
CALIFORNIA	–	1/1/95*	1/1/98*		
COLORADO	7/1/06	7/1/06	7/1/06	Yes	Yes
CONNECTICUT	–	10/1/03*	4/1/04*		
DELAWARE	11/27/02	11/27/02	11/27/02	Yes	Yes
WASHINGTON, DC	4/4/06	1/1/07	1/1/07	Yes	Yes
FLORIDA	7/1/03	7/1/03	–		
HAWAII	11/16/06	11/16/06	11/16/06	Yes	Yes
IDAHO	–	7/1/04	–		
ILLINOIS	1/1/08	1/1/08	1/1/08	Yes	Yes
IOWA	7/1/08	7/1/08	7/1/08	Yes	Yes
LOUISIANA	1/1/07	1/1/07	–		
MAINE	–	1/1/04	1/1/04		
MARYLAND	3/27/95 (1)	2/1/08	2/1/08	Yes	Yes
MASSACHUSETTS	7/5/04	7/5/04	7/5/04	Yes	Yes
MINNESOTA	10/1/07	10/1/07	10/1/07	Yes	Yes
MONTANA	10/1/05	10/1/05	(9/30/09)		Yes
NEBRASKA	(6/1/09)	(6/1/09)	(6/1/09)		Yes
NEVADA	11/17/06	11/17/06	–		
NEW HAMPSHIRE	–	9/17/07	–		
NEW JERSEY	4/15/06	4/15/06	4/15/06	Yes	Yes
NEW MEXICO	6/15/07	6/15/07	6/15/07	Yes	Yes
NEW YORK	7/24/03	7/24/03	7/24/03	Yes	Yes
NORTH DAKOTA	8/1/05	–	–		
OHIO	11/14/06	11/14/06	11/14/06	Yes	Yes
OREGON	1/1/09	1/1/09	1/1/09	Yes	Yes
PENNSYLVANIA	9/11/08	–	–		
RHODE ISLAND	3/1/05	3/1/05	5/4/05	Yes	Yes
SOUTH DAKOTA	7/1/02	3/13/08	(7/1/09)		Yes
TENNESSEE	10/1/07	–	–		
UTAH	5/15/06	1/1/95	1/7/09	Yes	Yes
VERMONT	–	7/1/95*	9/1/05*		
WASHINGTON	12/8/05	12/8/05	12/8/05	Yes	Yes

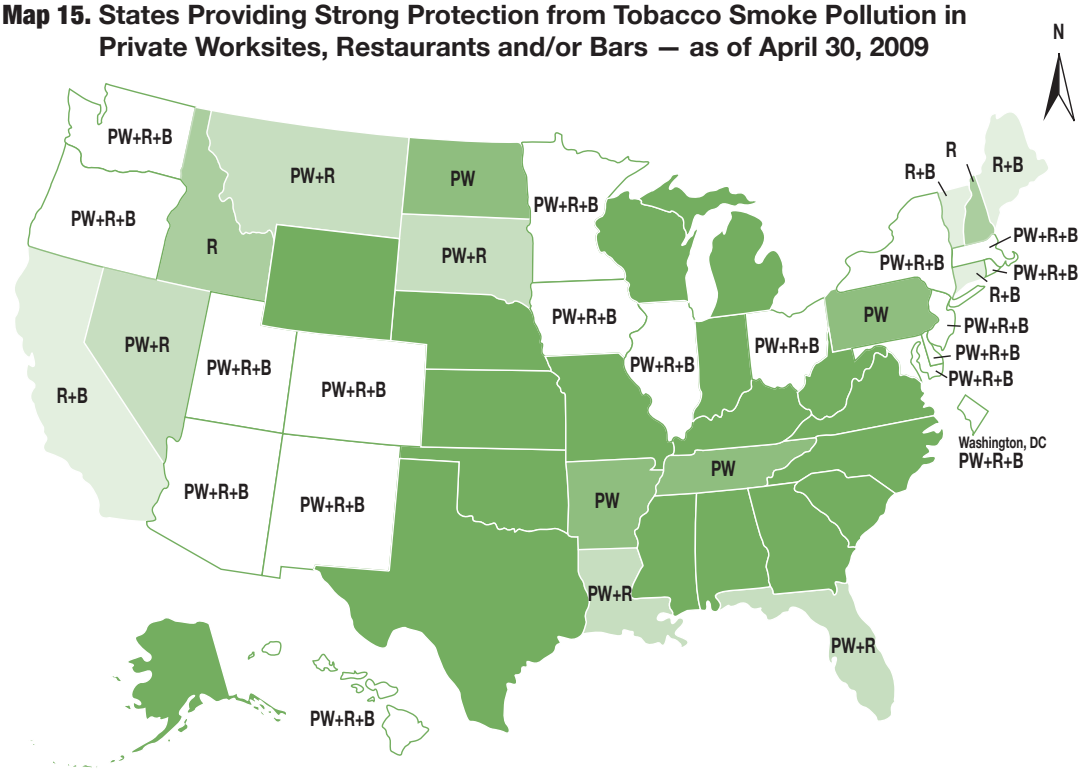
AS OF 4/30/09	Private Workplaces	Restaurants	Bars	Any of the 3 SFA Laws	Bans in all 3 locations
Number of States (and DC) with Laws in Effect	27	29	22	33	18
Proportion of States (and DC) with Laws in Effect	52.9%	56.9%	43.1%	64.7%	35.3%
LAW HAS BEEN PASSED: (includes those not yet in effect)					
Number of States (and DC) with Laws	28	30	25	34	21
Proportion of States (and DC) with Laws	54.9%	58.8%	49.0%	66.7%	41.2%

* indicates that a ban exists in areas accessible to the general public, but that smoking is allowed in separately ventilated areas where the public is not invited or generally allowed

(1) - based on a regulatory restriction

Source: The MayaTech Corporation

Map 15. States Providing Strong Protection from Tobacco Smoke Pollution in Private Worksites, Restaurants and/or Bars — as of April 30, 2009

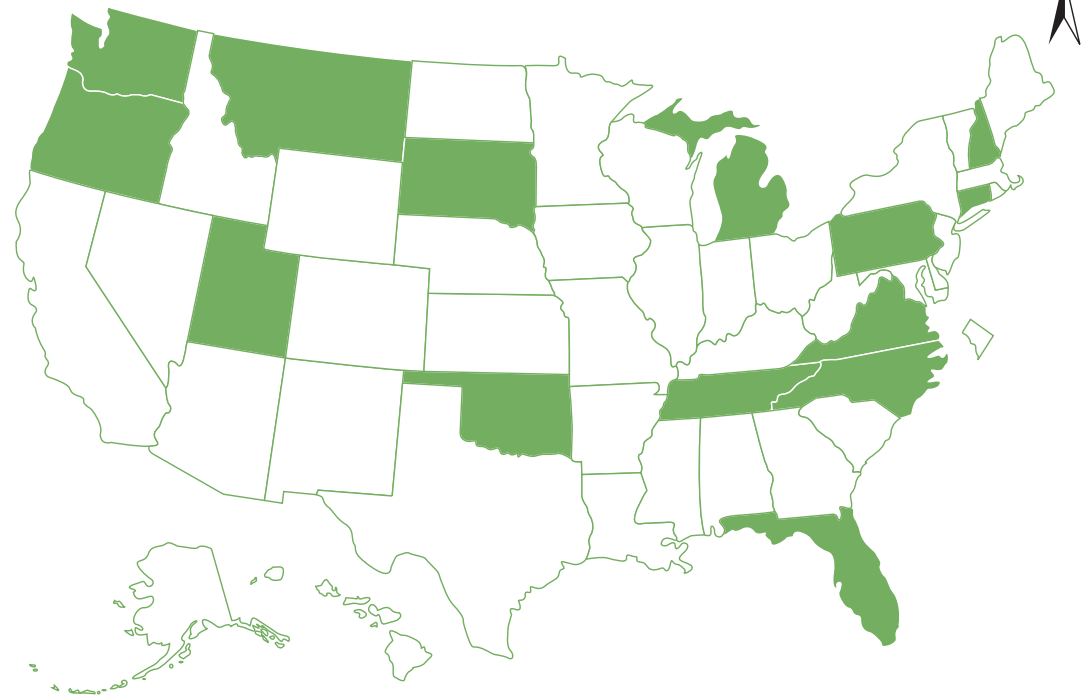


Legend

- No ban
- Priv. Worksite ban
- Restaurant ban
- Priv. Worksite & Restaurant ban
- Restaurants & Bars ban
- Priv. Worksites, Restaurants & Bars ban

Source: The MayaTech Corporation.

Map 16. States that Preempt Local Jurisdictions from Passing Stronger Smoke-free Air Laws — as of September 30, 2008

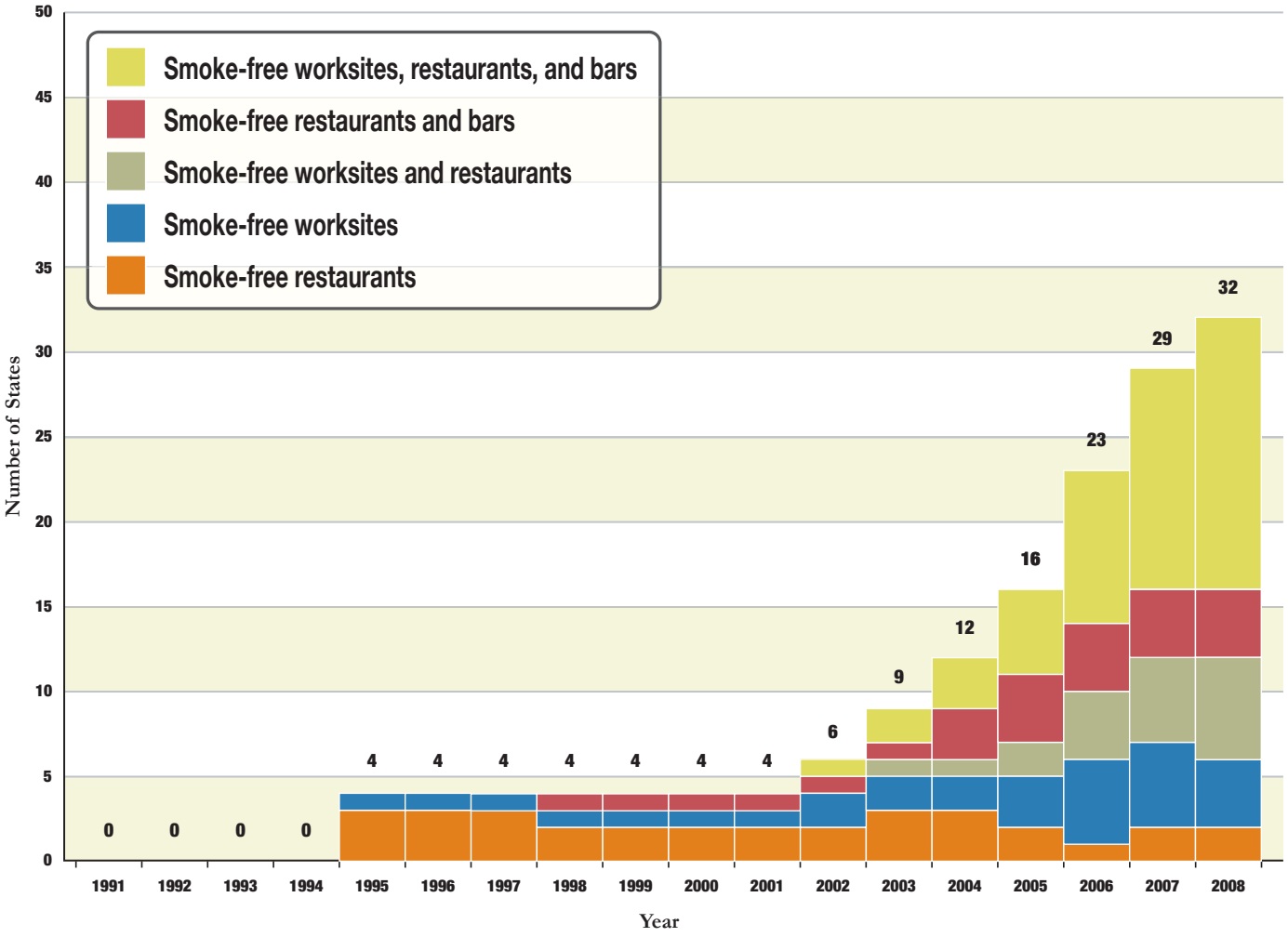


Legend

- State law preempts local smoke-free air laws
- No preemption of local smoke-free air laws

Source: The MayaTech Corporation.
Preemption prevents local jurisdictions for providing stronger protection to residents and visitors in various locations.

Figure 31. Major Smoke-Free Air Legislation in the 50 States and the District of Columbia — 1991-2008



Source: The MayaTech Corporation.
Note: data are for effective laws through 9/30/2008.

Smoke-free Homes

Definition:

Respondents (ages 18 years and older) were classified as having a smoke-free home if they reported that no one was allowed to smoke anywhere inside their home.

Importance:

Smoke-free homes are especially important in protecting nonsmokers living in the home from the toxic and carcinogenic chemicals in tobacco smoke pollution (15, 122, 123). Recent trends indicate that smoke-free homes are becoming more popular, even in houses with smokers (124-127). Having a smoke-free home is also associated with reduced initiation among youth (128) and increased cessation among adults (43).

In 2006/07:

- 79.1% of adults lived in a smoke-free home (87.6% of nonsmokers and 41.3% of smokers) (Table 9). Smoke-free homes were most commonly reported in Utah (92.2%) and least commonly reported in Kentucky (60.8%) (Map 17).
- The percentage of smokers living in a smoke-free home was highest in Utah (65.6%), California (61.8%) and Hawaii (61.3%) and lowest in West Virginia (22.1%), Kentucky (24.6%) and DC (27.7%) (Figure 32).
- Smokers in Utah were 197% more likely to live in a smoke-free home than were smokers in West Virginia.
- The percentage of nonsmokers living in a smoke-free home was highest in Utah (95.9%), Idaho (93.7%) and Washington (93.5%) and lowest in Kentucky (74.8%), West Virginia (76.9%) and Arkansas (78.7%) (Figure 33).
- Nonsmokers in Kentucky (25.2%) were six times more likely than nonsmokers in Utah (4.1%) to live in home that was not smoke-free.

From 1992/93 to 2006/07:

- The percentage of persons living in a smoke-free home increased by 84%, from 43.1% in 1992/93 to 79.1% in 2006/07 (Table 9).
- The percentage of smokers and of nonsmokers living in a smoke-free home increased in all 50 states and DC. Nationally, the percentage of smokers living in a smoke-free home increased by 275%, from 11.0% to 41.3%; the increase was by 64% among nonsmokers, from 53.5% to 87.6%.

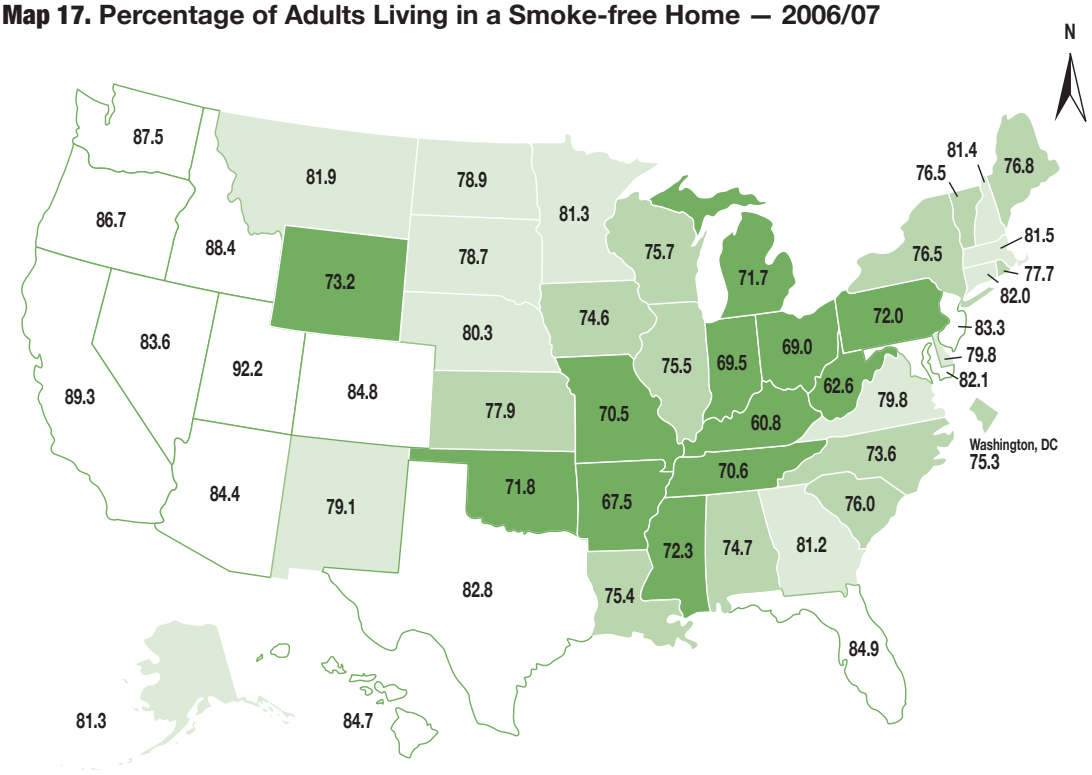
Table 9. Percentage of Persons Living in Smoke-Free Homes, by State and Smoking Status — United States, 1992/93 and 2006/07, Ages 18+ Years; Tobacco Use Supplement to the Current Population Survey Data

	18+ Years				Current Smoker, 18+ Years				Nonsmoker, 18+ Years			
	1992/93		2006/07		1992/93		2006/07		1992/93		2006/07	
	%	(95%CI)	%	(95%CI)	%	(95%CI)	%	(95%CI)	%	(95%CI)	%	(95%CI)
ALABAMA	39.1	(36.2-42.2)	74.7	(71.2-77.9)	8.5	(6.4-11.1)	36.8	(32.0-41.9)	49.9	(46.2-53.6)	85.5	(82.1-88.4)*
ALASKA	52.5	(49.1-55.9)	81.3	(78.8-83.5)	17.6	(12.8-23.8)	47.4	(41.9-53.0)	66.5	(63.4-69.5)	91.4	(89.7-92.9)*
ARIZONA	55.8	(53.3-58.3)	84.4	(82.2-86.3)	18.7	(15.8-22.1)	50.9	(44.3-57.5)	66.9	(63.7-70.0)	91.8	(89.9-93.4)*
ARKANSAS	32.5	(29.1-36.1)	67.5	(62.8-71.9)	6.8	(4.9-9.4)	32.4	(26.4-38.9)	42.7	(38.7-46.7)	78.7	(74.7-82.2)*
CALIFORNIA	58.9	(57.7-60.2)	89.3	(88.5-90.0)	21.4	(19.6-23.3)	61.8	(58.9-64.6)	68.1	(66.7-69.4)	93.2	(92.5-93.8)*
COLORADO	49.4	(46.6-52.3)	84.8	(82.9-86.5)	12.3	(9.4-16.0)	50.0	(45.0-55.0)	61.5	(59.0-63.9)	92.1	(90.8-93.3)*
CONNECTICUT	44.0	(42.0-46.1)	82.0	(80.1-83.6)	11.2	(9.1-13.6)	48.5	(43.5-53.4)	54.2	(51.7-56.7)	88.3	(86.7-89.8)*
DELAWARE	40.6	(37.5-43.7)	79.8	(77.7-81.7)	11.6	(8.5-15.6)	35.9	(30.9-41.3)	49.8	(46.6-53.1)	89.1	(87.6-90.5)*
WASHINGTON, DC	38.1	(35.1-41.3)	75.3	(73.0-77.4)	5.6	(3.2-9.6)	27.7	(23.1-32.9)	47.7	(44.3-51.1)	83.8	(81.5-85.8)*
FLORIDA	49.2	(47.6-50.8)	84.9	(83.8-86.0)	14.0	(12.6-15.6)	50.4	(47.3-53.6)	60.7	(59.0-62.3)	91.6	(90.6-92.4)*
GEORGIA	41.6	(38.4-44.9)	81.2	(79.4-82.9)	7.8	(5.7-10.4)	44.2	(39.6-49.0)	53.1	(49.5-56.6)	89.5	(87.8-90.9)*
HAWAII	49.6	(46.5-52.7)	84.7	(82.4-86.7)	16.6	(12.3-22.0)	61.3	(55.4-66.9)	59.2	(56.0-62.4)	88.9	(86.7-90.7)*
IDAHO	51.4	(46.9-55.8)	88.4	(84.2-91.7)	13.2	(10.8-16.0)	60.2	(52.8-67.2)	63.6	(58.6-68.2)	93.7	(90.2-96.0)*
ILLINOIS	38.9	(37.2-40.7)	75.5	(73.5-77.3)	9.5	(8.0-11.3)	32.5	(28.8-36.4)	48.7	(46.8-50.7)	85.1	(83.6-86.6)*
INDIANA	32.8	(30.4-35.3)	69.5	(65.8-73.0)	9.3	(6.8-12.5)	31.1	(26.3-36.4)	41.8	(38.3-45.4)	82.4	(79.0-85.3)*
IOWA	36.4	(33.9-39.0)	74.6	(72.3-76.7)	6.5	(4.9-8.5)	38.9	(35.3-42.7)	45.9	(43.2-48.7)	84.5	(82.9-85.9)*
KANSAS	40.8	(36.5-45.2)	77.9	(74.6-80.8)	6.1	(4.6-8.1)	39.1	(33.8-44.6)	52.3	(48.1-56.5)	87.8	(85.2-90.0)*
KENTUCKY	24.4	(21.0-28.1)	60.8	(57.6-63.8)	4.1	(2.8-5.8)	24.6	(21.0-28.7)	34.4	(29.4-39.7)	74.8	(72.1-77.4)*
LOUISIANA	38.9	(35.9-42.0)	75.4	(72.3-78.4)	11.6	(8.2-16.0)	36.8	(30.0-44.1)	48.5	(45.1-51.8)	86.1	(83.7-88.2)*
MAINE	39.4	(35.8-43.2)	76.8	(75.0-78.5)	9.1	(6.7-12.3)	40.4	(36.3-44.7)	52.4	(48.6-56.2)	87.2	(85.7-88.5)*
MARYLAND	44.2	(40.9-47.6)	82.1	(79.9-84.0)	8.1	(5.5-11.7)	40.3	(34.1-46.9)	55.2	(52.2-58.2)	89.8	(88.4-91.1)*
MASSACHUSETTS	40.0	(38.4-41.5)	81.5	(79.3-83.6)	11.5	(9.9-13.4)	41.0	(34.9-47.5)	48.1	(46.4-49.8)	88.7	(87.0-90.2)*
MICHIGAN	34.3	(32.8-35.8)	71.7	(70.0-73.4)	7.4	(6.2-8.8)	32.7	(28.8-36.8)	44.6	(42.8-46.3)	81.7	(80.2-83.2)*
MINNESOTA	39.0	(36.8-41.2)	81.3	(79.5-83.0)	7.3	(5.7-9.2)	46.0	(41.7-50.5)	49.8	(47.4-52.1)	89.6	(88.3-90.8)*
MISSISSIPPI	40.1	(36.4-44.0)	72.3	(69.7-74.8)	11.2	(9.1-13.8)	30.2	(24.7-36.2)	50.4	(46.3-54.6)	83.1	(80.5-85.3)*
MISSOURI	33.6	(29.8-37.7)	70.5	(67.4-73.3)	7.9	(5.7-10.9)	32.2	(27.1-37.6)	42.9	(39.3-46.7)	82.4	(80.2-84.4)*
MONTANA	41.7	(38.6-44.9)	81.9	(79.1-84.4)	8.0	(6.4-9.9)	46.3	(39.3-53.4)	52.4	(49.5-55.4)	89.9	(88.2-91.4)*
NEBRASKA	39.6	(36.0-43.4)	80.3	(78.6-82.0)	9.7	(7.3-12.7)	47.1	(42.8-51.4)	48.4	(43.9-52.9)	88.2	(86.1-90.0)*
NEVADA	43.6	(40.4-46.9)	83.6	(81.4-85.5)	9.9	(7.7-12.7)	49.2	(43.9-54.5)	57.5	(54.0-61.0)	91.2	(89.5-92.6)*
NEW HAMPSHIRE	37.7	(34.9-40.6)	81.4	(79.6-83.1)	9.6	(6.5-13.9)	40.2	(35.0-45.7)	46.9	(43.9-49.9)	89.5	(88.0-90.8)*
NEW JERSEY	44.7	(43.1-46.3)	83.3	(81.4-85.1)	11.9	(10.3-13.7)	48.7	(43.4-54.1)	53.6	(52.0-55.2)	88.7	(87.0-90.1)*
NEW MEXICO	46.6	(42.1-51.2)	79.1	(76.6-81.3)	14.2	(11.5-17.4)	45.0	(39.2-50.9)	57.0	(51.8-62.0)	87.4	(85.3-89.2)*
NEW YORK	40.6	(39.5-41.8)	76.5	(75.1-77.9)	9.1	(7.9-10.5)	36.2	(33.1-39.5)	49.7	(48.5-50.8)	84.4	(83.2-85.6)*
NORTH CAROLINA	34.0	(32.4-35.6)	73.6	(71.6-75.6)	9.3	(8.2-10.4)	34.7	(30.0-39.7)	43.4	(41.7-45.1)	84.0	(82.1-85.7)*
NORTH DAKOTA	37.5	(34.3-40.8)	78.9	(76.4-81.1)	8.9	(6.9-11.3)	41.1	(33.6-49.1)	45.9	(42.4-49.4)	87.9	(85.0-90.2)*
OHIO	35.4	(34.0-36.8)	69.0	(66.9-71.1)	7.4	(6.3-8.6)	29.4	(25.3-33.8)	45.4	(43.7-47.1)	80.6	(79.0-82.0)*
OKLAHOMA	40.5	(37.5-43.6)	71.8	(68.9-74.5)	6.3	(4.9-8.1)	32.3	(26.8-38.3)	53.2	(49.6-56.7)	85.3	(82.8-87.5)*
OREGON	52.3	(48.6-55.8)	86.7	(84.7-88.5)	16.4	(13.0-20.5)	57.1	(51.0-63.0)	63.2	(59.5-66.8)	93.4	(92.3-94.4)*
PENNSYLVANIA	39.1	(37.6-40.7)	72.0	(70.4-73.6)	9.1	(7.7-10.7)	28.3	(25.7-31.2)	48.7	(47.1-50.4)	82.6	(81.0-84.1)*
RHODE ISLAND	39.4	(35.3-43.6)	77.7	(75.7-79.6)	8.3	(5.9-11.5)	37.0	(32.0-42.3)	48.9	(43.7-54.1)	86.5	(84.7-88.1)*
SOUTH CAROLINA	38.1	(35.1-41.2)	76.0	(73.8-78.0)	9.2	(7.7-10.9)	35.1	(31.1-39.3)	48.6	(44.5-52.8)	87.1	(84.5-89.4)*
SOUTH DAKOTA	36.9	(34.9-38.9)	78.7	(76.4-80.9)	6.6	(5.1-8.6)	42.6	(38.3-47.1)	47.3	(45.3-49.3)	88.1	(86.1-89.8)*
TENNESSEE	32.2	(29.4-35.0)	70.6	(67.6-73.4)	5.5	(4.4-6.8)	30.1	(25.9-34.6)	43.4	(40.0-46.9)	83.7	(80.8-86.2)*
TEXAS	47.0	(45.0-49.1)	82.8	(81.6-84.0)	12.8	(11.2-14.6)	49.7	(46.6-52.8)	57.9	(55.9-59.8)	89.8	(88.7-90.7)*
UTAH	70.6	(67.9-73.1)	92.2	(90.0-94.0)	20.7	(16.1-26.1)	65.6	(57.0-73.3)	80.8	(78.6-82.9)	95.9	(94.6-96.9)*
VERMONT	38.1	(34.5-41.7)	76.5	(74.0-78.8)	8.7	(5.9-12.7)	39.6	(34.9-44.5)	49.0	(45.3-52.8)	86.4	(84.4-88.1)*
VIRGINIA	38.9	(35.7-42.2)	79.8	(77.5-81.9)	9.8	(7.6-12.4)	40.3	(35.5-45.4)	49.3	(46.0-52.5)	87.5	(86.0-88.9)*
WASHINGTON	55.2	(52.6-57.8)	87.5	(85.8-89.0)	17.5	(13.8-21.9)	61.1	(55.1-66.8)	67.5	(64.4-70.4)	93.5	(92.3-94.5)*
WEST VIRGINIA	28.8	(25.0-32.9)	62.6	(58.7-66.4)	5.0	(3.5-6.9)	22.1	(18.0-26.7)	39.7	(35.4-44.1)	76.9	(73.1-80.2)*
WISCONSIN	35.5	(32.5-38.8)	75.7	(74.1-77.3)	8.0	(6.6-9.7)	40.0	(34.3-45.9)	45.3	(42.0-48.5)	85.2	(83.4-86.9)*
WYOMING	38.7	(36.4-41.2)	73.2	(71.2-75.1)	7.9	(5.9-10.7)	39.1	(34.0-44.5)	49.4	(46.7-52.2)	84.5	(82.6-86.3)*
US TOTAL	43.1	(42.7-43.5)	79.1	(78.8-79.4)	11.0	(10.6-11.4)	41.3	(40.5-42.1)	53.5	(53.1-53.8)	87.6	(87.3-87.8)*

Green bars indicate where the pecentage of respondents living in smoke-free homes was significantly higher in 2006/07 than in 1992/93.

* In 2006/07, nonsmokers were significantly more likely to live in smoke-free homes than were smokers.

Map 17. Percentage of Adults Living in a Smoke-free Home — 2006/07



Legend
Percentage of adults living in a smoke-free home

- 60.8 – 73.2
- 73.3 – 78.0
- 78.1 – 82.0
- 82.1 – 92.2

Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.
Note: Estimates represent the percentage of persons ≥ 18 years old who live in a home where smoking is not allowed.

Figure 32. Trends in the Percentage of Smokers Living in a Smoke-Free Home — US, UT, and WV (1992/93 to 2006/07)

See note 86.
Source: Tobacco Use Supplements to the Current Population Survey.

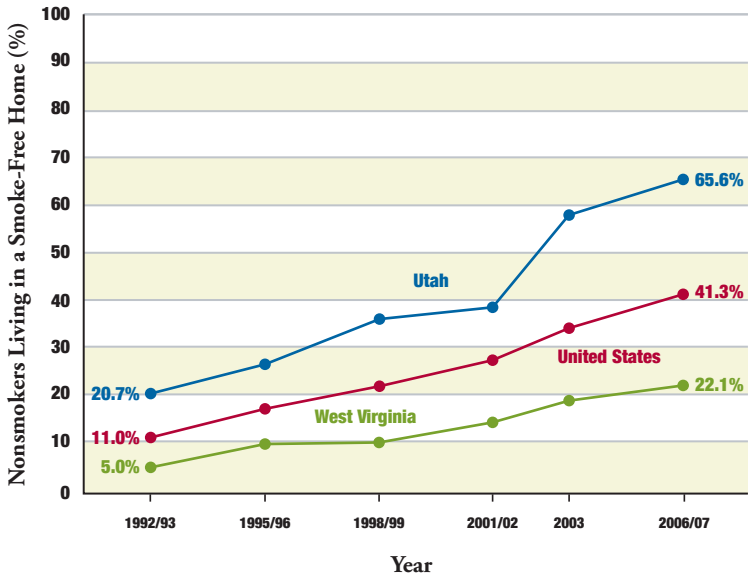
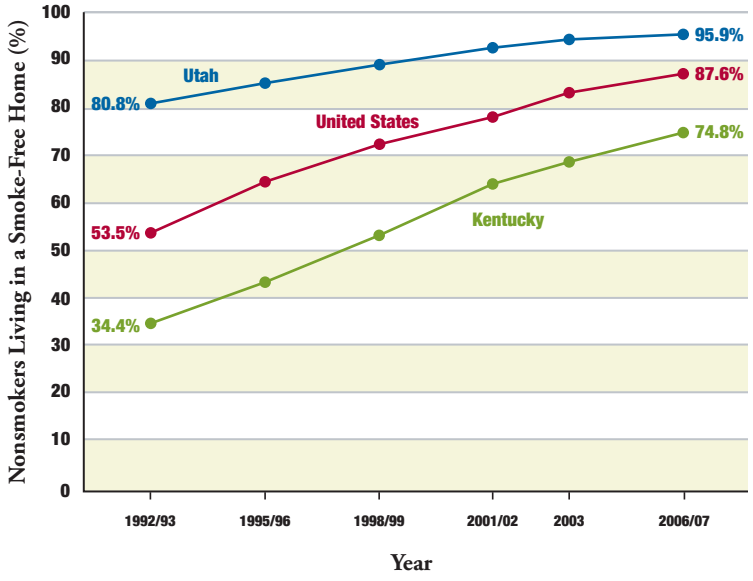


Figure 33. Trends in the Percentage of Nonsmokers Living in a Smoke-Free Home — US, UT, and KY (1992/93 to 2006/07)

See note 86.
Source: Tobacco Use Supplements to the Current Population Survey.



SECTION 3: CHARTING THE DATA

Smoke-free Workplaces

Definition:

Indoor workers (ages 18 years and older) were considered to have a smoke-free policy if they reported that smoking was not permitted in any indoor area of their worksite. This measure reflects protection from tobacco smoke pollution at work provided by state laws, local ordinances and private company policies.

Importance:

Smoke-free workplace policies protect employees from the toxic and carcinogenic chemicals in tobacco smoke pollution and can motivate smokers to attempt to quit (15, 105).

In 2006/07:

- Nationally, 75.1% of all indoor workers reported having a smoke-free policy in their workplace (65.4% of smokers and 77.2% of nonsmokers) (Table 10). Smoke-free workplaces were most commonly reported in Delaware (86.2%) and least commonly reported in Nevada (55.1%) (Map 18).
- The percentage of smokers who worked in a smoke-free workplace was highest in Rhode Island (84.6%), Delaware (84.5%) and DC (83.3%) (all states with strong smoke-free laws) and lowest in Nevada (44.4%), Missouri (49.0%) and North Carolina (53.0%) (Table 10; Figure 34).
- The percentage of nonsmokers who worked in a smoke-free workplace was highest in Massachusetts (86.7%), Delaware (86.6%) and New Jersey (86.3%) and lowest in Nevada (57.5%), Tennessee (62.8%) and Missouri (68.7%) (Figure 35).
- Nonsmoking workers in Nevada (42.5%) were 220% more likely than nonsmoking workers in Massachusetts (13.3%) to work in a location that was not smoke free.

From 1992/3 to 2006/07:

- The percentage of indoor workers who worked in a smoke-free workplace was 63% higher in 2006/07 (75.1%) than in 1992/93 (46.1%) (Table 10).
- The proportion of indoor workers covered by a smoke-free workplace policy increased among nonsmokers in all 50 states and DC and among smokers in 45 states and DC.
- Nationally, the percentage of smokers working at a smoke-free work place was 79% higher in 2006/07 (65.4%) than in 1992/93 (36.5%); the percentage of nonsmokers working at a smoke-free work place was 57% higher in 2006/07 (77.2%) than in 1992/93 (49.3%).

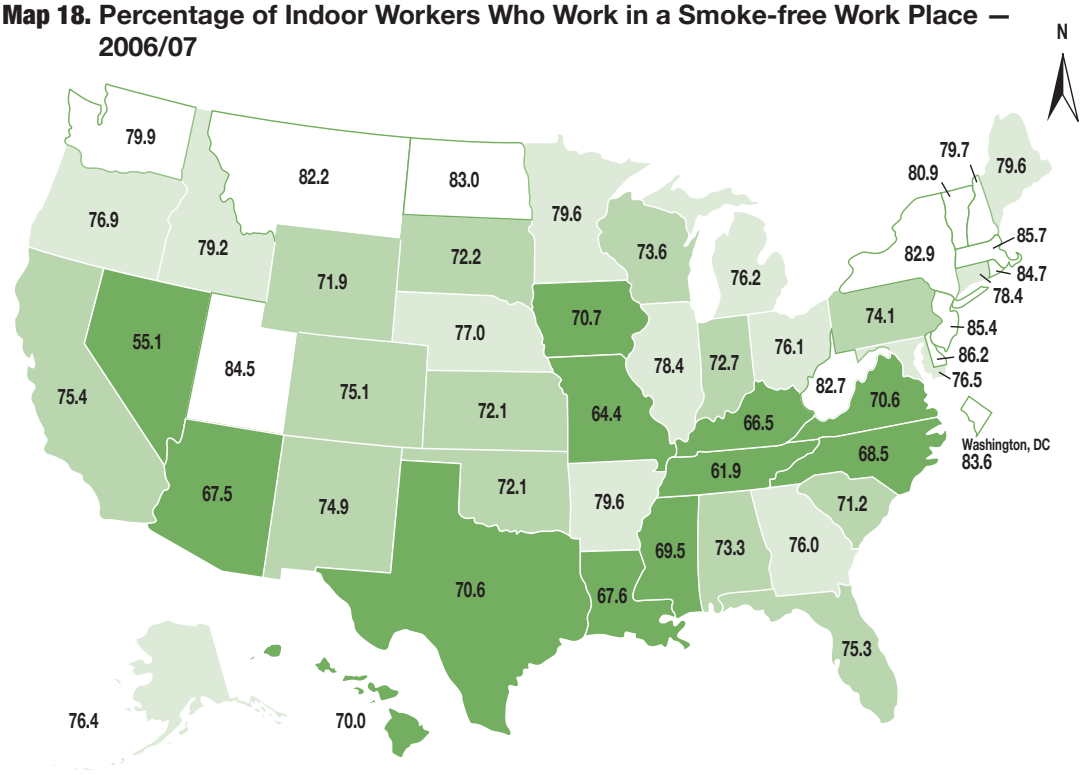
Table 10. Percentage of Employed Respondents Protected by a Smoking Ban at Work, by State and Smoking Status — United States, 1992/93 and 2006/07, Ages 18+ Years; Tobacco Use Supplement to the Current Population Survey Data

	18+ Years				Current Smoker, 18+ Years				Nonsmoker, 18+ Years			
	1992/93		2006/07		1992/93		2006/07		1992/93		2006/07	
	%	(95%CI)	%	(95%CI)	%	(95%CI)	%	(95%CI)	%	(95%CI)	%	(95%CI)
ALABAMA	38.2	(35.3-41.2)	73.3	(69.4-76.9)	23.9	(20.4-27.9)	57.0	(49.8-64.0)	43.0	(38.5-47.6)	77.5	(73.8-80.7)*
ALASKA	57.4	(54.3-60.3)	76.4	(73.6-78.9)	51.9	(45.3-58.5)	59.9	(53.1-66.3)	59.3	(55.4-63.0)	80.8	(78.0-83.4)*
ARIZONA	56.2	(52.0-60.3)	67.5	(64.2-70.7)	52.0	(45.2-58.7)	63.5	(54.7-71.6)	57.6	(52.5-62.5)	68.5	(64.7-72.0)
ARKANSAS	31.9	(28.5-35.4)	79.6	(74.9-83.7)	26.2	(23.6-29.0)	76.8	(71.1-81.6)	34.1	(29.8-38.7)	80.4	(74.8-85.0)
CALIFORNIA	57.5	(56.2-58.9)	75.4	(73.7-76.9)	50.2	(46.9-53.5)	65.2	(61.0-69.2)	59.2	(57.7-60.7)	76.7	(75.0-78.2)*
COLORADO	53.4	(49.8-56.9)	75.1	(71.3-78.5)	38.1	(33.2-43.2)	64.1	(56.0-71.4)	57.8	(54.0-61.6)	77.2	(73.6-80.4)*
CONNECTICUT	47.5	(44.1-50.9)	78.4	(75.8-80.8)	38.3	(33.2-43.6)	71.3	(64.6-77.1)	50.3	(46.8-53.9)	79.9	(77.1-82.4)
DELAWARE	50.1	(46.0-54.2)	86.2	(84.0-88.2)	40.3	(32.6-48.6)	84.5	(78.6-89.0)	53.1	(49.0-57.1)	86.6	(84.1-88.7)
WASHINGTON, DC	51.1	(47.7-54.4)	83.6	(81.4-85.6)	53.8	(47.1-60.3)	83.3	(75.7-88.9)	50.4	(46.5-54.2)	83.7	(81.3-85.7)
FLORIDA	52.8	(50.8-54.9)	75.3	(72.8-77.6)	45.1	(42.2-48.0)	68.6	(64.1-72.7)	55.8	(53.5-58.1)	76.6	(73.9-79.1)*
GEORGIA	47.4	(43.5-51.4)	76.0	(73.1-78.8)	40.0	(34.5-45.6)	65.5	(59.8-70.8)	49.7	(44.4-55.0)	78.0	(74.7-81.1)*
HAWAII	46.5	(42.4-50.7)	70.0	(66.1-73.6)	37.1	(32.2-42.3)	63.0	(53.7-71.5)	48.8	(44.3-53.4)	71.1	(66.9-75.0)
IDAHO	59.2	(54.0-64.1)	79.2	(76.9-81.3)	47.6	(40.4-54.9)	65.2	(54.0-74.9)	62.8	(58.1-67.3)	81.8	(78.5-84.7)*
ILLINOIS	39.8	(37.9-41.7)	78.4	(75.9-80.7)	31.0	(28.2-33.9)	66.0	(60.5-71.2)	43.0	(40.9-45.2)	81.1	(78.8-83.1)*
INDIANA	34.7	(31.2-38.5)	72.7	(69.1-76.1)	28.8	(23.8-34.4)	67.0	(60.0-73.3)	37.2	(33.0-41.4)	74.5	(70.4-78.2)
IOWA	45.2	(39.4-51.2)	70.7	(67.5-73.6)	32.3	(27.6-37.4)	63.5	(54.4-71.7)	49.6	(43.3-55.8)	72.8	(70.0-75.5)
KANSAS	49.3	(46.1-52.6)	72.1	(69.6-74.5)	36.5	(31.9-41.3)	60.5	(53.5-67.1)	53.7	(50.0-57.4)	74.8	(72.0-77.4)*
KENTUCKY	29.1	(25.6-33.0)	66.5	(63.7-69.2)	19.6	(15.0-25.2)	53.7	(48.5-58.8)	33.4	(29.7-37.4)	70.8	(68.2-73.3)*
LOUISIANA	39.3	(34.3-44.4)	67.6	(59.9-74.4)	30.5	(24.1-37.7)	60.8	(46.1-73.8)	42.3	(37.2-47.6)	69.2	(62.7-75.0)
MAINE	54.8	(50.3-59.3)	79.6	(76.8-82.1)	40.7	(34.3-47.4)	72.0	(65.2-77.9)	60.9	(55.7-66.0)	81.8	(79.2-84.1)*
MARYLAND	52.1	(47.6-56.5)	76.5	(74.0-78.9)	43.5	(36.1-51.2)	63.4	(56.2-70.0)	54.8	(50.2-59.4)	78.7	(75.9-81.2)*
MASSACHUSETTS	48.1	(46.4-49.8)	85.7	(82.9-88.0)	39.4	(36.1-42.8)	78.3	(69.8-84.9)	50.7	(48.8-52.6)	86.7	(83.8-89.2)
MICHIGAN	39.5	(37.8-41.2)	76.2	(73.5-78.7)	29.5	(27.1-32.0)	68.3	(62.1-73.9)	43.4	(41.2-45.6)	78.1	(75.3-80.6)*
MINNESOTA	54.4	(50.9-57.9)	79.6	(77.7-81.3)	39.6	(32.9-46.8)	70.9	(66.5-74.9)	59.8	(55.7-63.7)	81.7	(79.8-83.5)*
MISSISSIPPI	39.9	(36.9-43.0)	69.5	(65.5-73.2)	28.1	(21.6-35.7)	53.2	(43.5-62.7)	43.9	(40.5-47.4)	73.7	(70.4-76.8)*
MISSOURI	38.9	(33.9-44.2)	64.4	(60.7-67.9)	27.2	(22.1-32.9)	49.0	(41.1-57.0)	43.3	(37.6-49.1)	68.7	(65.6-71.7)*
MONTANA	42.8	(39.5-46.3)	82.2	(78.3-85.5)	35.8	(31.5-40.3)	72.7	(65.9-78.6)	45.2	(41.0-49.4)	84.6	(80.4-88.0)*
NEBRASKA	44.0	(40.0-48.0)	77.0	(73.2-80.4)	32.9	(27.0-39.3)	68.7	(61.6-75.0)	47.5	(42.5-52.4)	79.1	(75.4-82.3)*
NEVADA	33.5	(30.2-37.0)	55.1	(51.8-58.4)	23.5	(19.3-28.2)	44.4	(37.3-51.7)	37.9	(34.1-41.7)	57.5	(54.1-60.9)*
NEW HAMPSHIRE	52.5	(49.1-55.8)	79.7	(77.4-81.9)	47.7	(41.9-53.6)	76.8	(70.7-82.0)	54.1	(49.1-58.9)	80.3	(77.7-82.6)
NEW JERSEY	46.8	(44.9-48.7)	85.4	(83.5-87.2)	40.2	(36.4-44.0)	79.3	(72.3-84.9)	48.6	(46.7-50.6)	86.3	(84.2-88.3)
NEW MEXICO	55.4	(52.2-58.5)	74.9	(70.9-78.5)	41.6	(36.5-46.9)	54.6	(46.0-62.9)	59.5	(55.2-63.6)	79.7	(75.7-83.3)*
NEW YORK	41.8	(40.4-43.3)	82.9	(81.4-84.4)	37.2	(34.7-39.8)	79.4	(75.3-82.9)	43.2	(41.5-45.0)	83.7	(82.0-85.2)
NORTH CAROLINA	31.2	(29.3-33.3)	68.5	(65.2-71.6)	23.3	(20.5-26.4)	53.0	(44.8-60.9)	34.4	(32.3-36.5)	72.3	(69.1-75.2)*
NORTH DAKOTA	47.0	(43.1-50.9)	83.0	(80.5-85.3)	40.0	(34.7-45.6)	75.2	(69.1-80.4)	49.5	(45.4-53.6)	85.1	(82.0-87.7)*
OHIO	37.8	(36.2-39.5)	76.1	(73.9-78.1)	28.9	(26.3-31.6)	70.0	(65.3-74.3)	41.1	(39.3-43.0)	77.7	(75.3-80.0)*
OKLAHOMA	41.5	(37.9-45.3)	72.1	(69.1-74.9)	29.3	(23.9-35.4)	56.8	(49.9-63.4)	45.7	(42.0-49.5)	77.0	(73.7-79.9)*
OREGON	59.3	(57.1-61.5)	76.9	(73.4-80.0)	51.2	(44.5-57.9)	73.2	(66.4-79.0)	61.8	(59.1-64.4)	77.7	(73.4-81.5)
PENNSYLVANIA	42.2	(40.5-43.9)	74.1	(72.0-76.1)	30.2	(27.3-33.3)	65.1	(60.0-69.9)	46.2	(44.3-48.1)	76.5	(74.2-78.5)*
RHODE ISLAND	44.8	(41.5-48.2)	84.7	(82.3-86.8)	34.8	(28.1-42.0)	84.6	(78.4-89.2)	47.9	(44.1-51.8)	84.7	(82.1-87.1)
SOUTH CAROLINA	37.5	(34.5-40.6)	71.2	(68.0-74.2)	30.4	(24.6-37.0)	57.2	(48.3-65.6)	40.1	(37.2-43.0)	74.3	(70.4-77.9)*
SOUTH DAKOTA	43.5	(39.5-47.6)	72.2	(69.1-75.1)	35.0	(31.0-39.3)	62.4	(54.6-69.6)	46.9	(42.3-51.6)	74.8	(71.5-77.9)*
TENNESSEE	35.3	(33.0-37.8)	61.9	(57.8-65.8)	29.9	(25.1-35.2)	58.8	(51.6-65.6)	37.6	(34.6-40.7)	62.8	(58.1-67.3)
TEXAS	50.6	(48.3-52.9)	70.6	(68.6-72.6)	40.9	(37.5-44.3)	59.5	(54.9-63.9)	53.6	(51.1-56.2)	72.8	(70.5-74.9)*
UTAH	65.0	(62.8-67.2)	84.5	(81.5-87.2)	48.3	(41.9-54.7)	75.1	(66.1-82.4)	68.4	(65.5-71.1)	85.8	(82.8-88.3)*
VERMONT	57.9	(53.8-62.0)	80.9	(78.2-83.3)	46.1	(39.8-52.5)	71.2	(62.5-78.5)	62.2	(57.7-66.5)	83.2	(80.5-85.6)*
VIRGINIA	43.2	(40.8-45.6)	70.6	(68.1-72.9)	35.7	(30.7-41.0)	59.0	(52.5-65.3)	45.9	(43.0-48.8)	72.7	(70.2-75.1)*
WASHINGTON	66.8	(62.4-71.0)	79.9	(77.5-82.1)	56.9	(46.9-66.4)	66.7	(60.9-72.1)	70.1	(64.4-75.2)	82.6	(80.2-84.8)*
WEST VIRGINIA	39.1	(33.8-44.6)	82.7	(79.1-85.7)	27.9	(22.7-33.7)	82.0	(74.1-87.9)	44.1	(37.2-51.3)	82.9	(79.0-86.2)
WISCONSIN	43.9	(38.8-49.0)	73.6	(69.6-77.3)	33.0	(26.9-39.7)	61.1	(54.2-67.7)	48.0	(43.2-52.9)	77.3	(73.4-80.8)*
WYOMING	47.6	(42.9-52.4)	71.9	(68.0-75.6)	41.8	(35.4-48.5)	62.8	(54.7-70.3)	49.5	(44.0-55.0)	75.2	(71.3-78.7)*
US TOTAL	46.1	(45.7-46.6)	75.1	(74.6-75.6)	36.5	(35.7-37.3)	65.4	(64.3-66.5)	49.3	(48.8-49.8)	77.2	(76.7-77.7)*

Green bars indicate where the pecentage of employed respondents who worked at smoke-free worksites was significantly higher in 2006/07 than in 1992/93.

* In 2006/07, nonsmokers were significantly more likely to work at smoke-free work places than were smokers.

Map 18. Percentage of Indoor Workers Who Work in a Smoke-free Work Place — 2006/07



Legend
Percentage of employed adults who work in a smoke-free work place

- 55.1 – 70.9
- 71.0 – 75.9
- 76.0 – 79.6
- 79.7 – 86.2

Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.
Note: Estimates represent the percentage of persons ≥ 18 years old who mainly work indoors and report that smoking is not allowed in any indoor areas.

Figure 34. Trends in the Percentage of Smokers Who Work in a Smoke-Free Work Place — US, RI, and NV (1992/93 to 2006/07)

See note 86.
Source: Tobacco Use Supplements to the Current Population Survey.

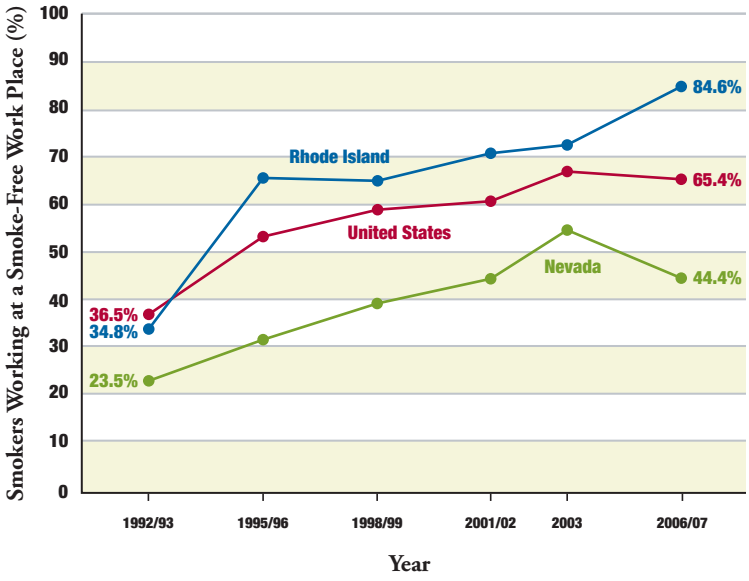
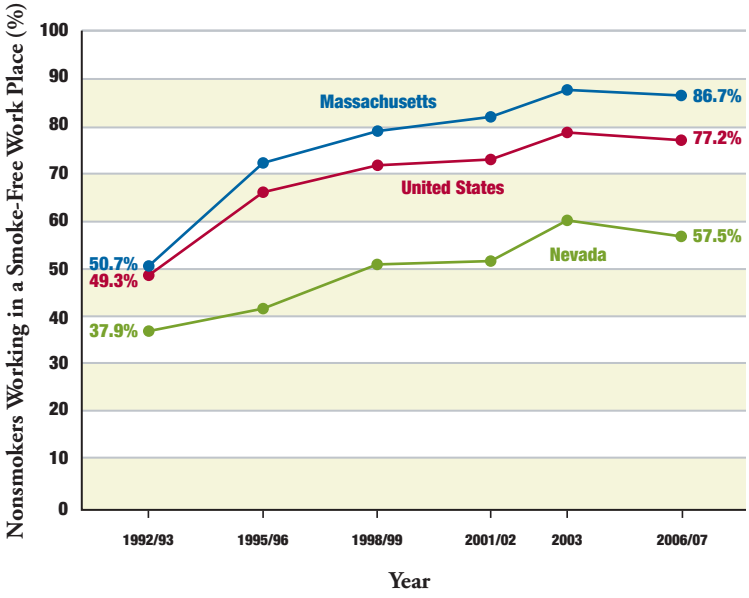


Figure 35. Trends in the Percentage of Nonsmokers Who Work in a Smoke-Free Work Place — US, MA, & NV (1992/93 to 2006-07)

See note 86.
Source: Tobacco Use Supplements to the Current Population Survey.



SECTION 3: CHARTING THE DATA

Excise Tax, Price, Sales and Revenues Data

Definitions:

Excise Taxes:
Federal, state, or local taxes imposed on the sale or manufacture of certain non-essential consumer goods, such as cigarettes. The Federal government ($1.01 per pack), all states, and hundreds of localities, including New York City and Chicago, place excise taxes on cigarettes (48, 49).

Cigarette Price:
The amount of money paid by the consumer at a retail outlet before any sales taxes are applied.

Sales:
The number of packs of cigarettes on which taxes are paid, as reported by each state's finance department.

Revenues:
The amount of money collected by each state from cigarette excise taxes.

Importance:

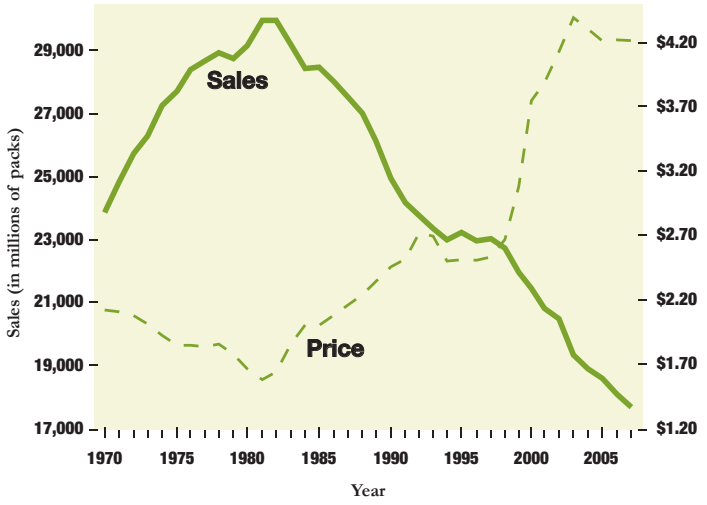
Excise taxes on cigarettes are generally passed on to the consumer as higher cigarette prices, almost cent for cent (11, 129). Cigarette consumption decreases as price increases. About one-half of the decline in consumption comes from fewer smokers (i.e., either from people not starting or quitting) and the other half comes from current smokers consuming fewer cigarettes each day. Young people are more responsive to price changes than adults. As prices increase, youth are less likely to progress to regular smoking and low- income adults and pregnant smokers are among the groups most likely to quit or cut down (46, 47). Current tobacco industry efforts to undermine tobacco price/tax increases through point-of-sale discounts and the growth in internet sales and tobacco smuggling are likely to mitigate the public health benefits of increased tobacco taxes/prices for smokers of all ages and income levels (46).

By June 30, 2009:
- The simple average of state excise taxes will be $1.23 per pack (48, 130).
- Major tobacco producing states (Kentucky, Virginia, North Carolina, South Carolina, Georgia and Tennessee) taxed cigarettes at a lower rate (average = 38.5 cents per pack) than other states (average = $1.34 per pack) (Map 19).
- The tax rate was highest in Rhode Island ($3.46) and lowest in South Carolina ($0.07).

From 1970 to 2007:
- State and federal excise taxes accounted for 49.1% of the retail price of a pack of cigarettes in 1970 and 32.4% in 2007. (Note: after the April 2009 federal excise tax increase to $1.01 per pack, state and federal excise taxes accounted for 40.4% of the retail price of cigarettes [49 and authors' calculations].)
- Inflation-adjusted cigarette price increased in every state from the mid-1990s to 2007.
- Cigarette sales mirrored inflation-adjusted cigarette prices (Figure 36). This general pattern was observed in every state.
- Revenues rose and fell with cigarette excise tax rates (Figure 37).

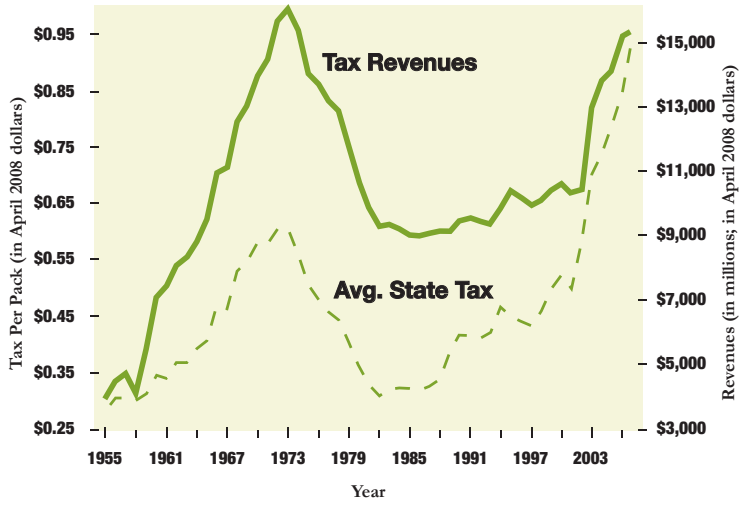
As of April 13, 2009:
- Six states — California, Florida, Mississippi, Missouri, North Dakota and South Carolina — had not increased their cigarette excise tax since 1999 or much earlier. State cigarette excise tax revenues decreased in all of those states.
- 44 states and DC had increased their cigarette excise tax rate at least once.

Figure 36. Cigarette Prices and Cigarette Sales — United States, 1970-2007



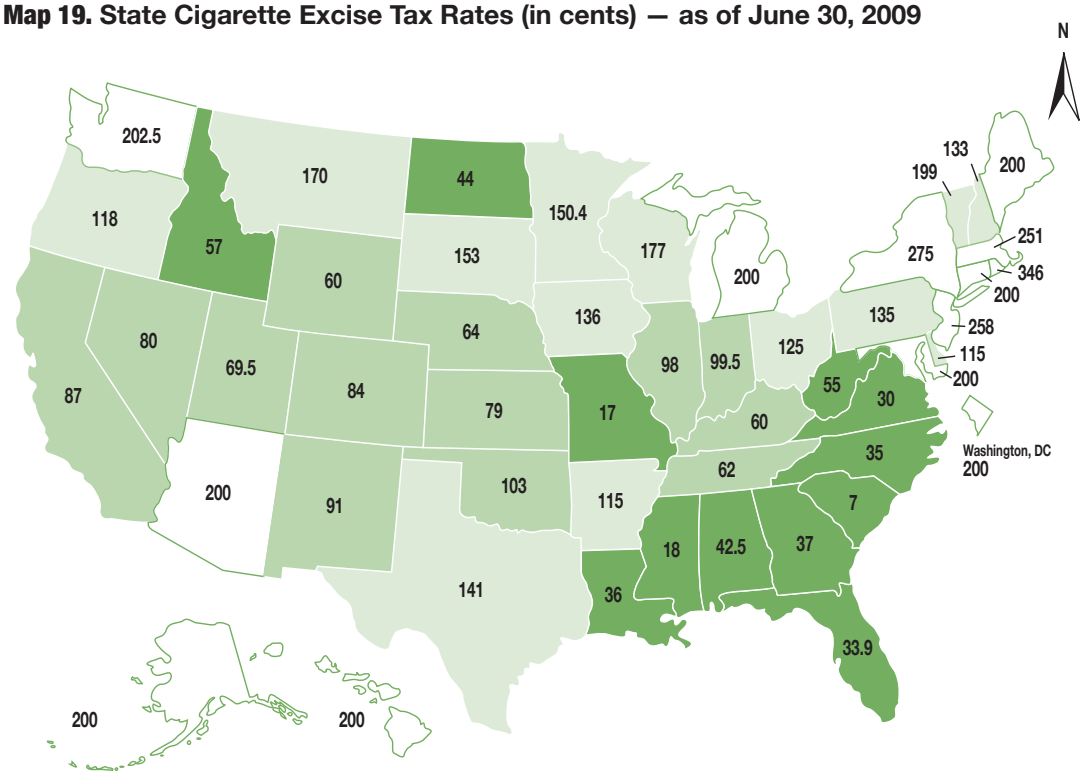
Source: Reference 165, and authors' calculations.

Figure 37. State Cigarette Excise Taxes and Tax Revenues — United States, 1955-2007



Source: Reference 165, and authors' calculations.

Map 19. State Cigarette Excise Tax Rates (in cents) — as of June 30, 2009



Source: Reference 48

Compared to 1970:

- 2007 inflation-adjusted cigarette tax rates were lower in 11 states and higher in 40 states (Table 11).
- 2007 inflation-adjusted cigarette excise tax revenues were lower in 19 states and higher in 32 states. The difference between tax rates and tax revenues is accounted for by declining consumption.
  - Examples of inflation-adjusted revenue gains from major tax increases:
    - In California, a $0.25/pack cigarette excise tax increase (from $0.10/pack to $0.35/pack) went into effect on January 1, 1989. Some of the increased revenues were used to fund a highly effective tobacco control program that prevented approximately 70,000 premature deaths from cardiovascular diseases and lung cancer (72-74), saving $86 billion in health care costs (131). In addition to promoting health, the State of California increased tax revenues, from $466.8 million during FY 1988 to $1.3 billion during FY 1990. Average annual revenues during FY 1990 through FY 1993 were $1.2 billion.
    - Alaska raised its cigarette excise tax rate from $0.29 to $1.00 effective October 1, 1997. Tax revenues in Alaska increased from $19.4 million in FY1997 to $56.1 million in FY 1999. Average annual revenues during FY 1998 through FY 2004 were $48.9 million.
    - Massachusetts increased its cigarette excise tax rate from $0.51 to $0.76 effective October 1, 1996, during a period of time when its tobacco control program was one of the strongest in the country. Tax revenues in Massachusetts increased from $320.3 million in FY1996 to $390.9 million in FY 1998. Average annual revenues during FY 1998 through FY 2002 were $351.1 million.
    - Massachusetts also increased in cigarette excise tax rate from $0.76 to $1.51 on July 25, 2002, when funding for the tobacco control program was cut substantially. Tax revenues in Massachusetts increased from $325.7 million in FY 2002 to $517.6 million in FY 2003. Average annual revenues during FY 2003 through FY 2007 were $474.2 million.
    - Michigan raised its cigarette excise tax rate by $0.50 (to $0.75 per pack) on May 1, 1994. Revenues increased from $371.2 million in FY 1993 to $843.7 million in FY 1995, averaging $761.7 million during FY 1995 through FY 2002.

Table 11. Cigarette Excise Tax Rates, Price Per Pack, Tax as Percent of Retail Price, Sales and Excise Tax Revenues, by State — United States, 1970 and 2007

	Cigarette Excise Tax Rate (dollars per pack)		Price Per Pack (generics included)		Tax (State + Federal) as Percent of Retail Price		Sales (in millions of packs)		Gross State Cigarette Tax Revenues (in millions of dollars)		Per Capita Cigarette Tax Revenues	
	1970*	2007*	1970*	2007*	1970	2007	1970	2007	1970*	2007*	1970*	2007*
ALABAMA	$0.68	$0.45	$2.28	$3.80	48.6%	22.6%	317.0	369.0	$208.7	$165.0	$59.85	$35.81
ALASKA	$0.45	$2.10	$2.31	$6.24	39.4%	36.9%	34.2	35.5	$15.6	$67.2	$53.20	$98.74
ARIZONA	$0.57	$2.10	$2.13	$6.12	47.9%	35.1%	195.1	231.1	$110.9	$373.5	$63.92	$59.73
ARKANSAS	$0.72	$0.62	$2.12	$3.95	54.4%	26.1%	200.0	220.4	$139.2	$134.1	$71.04	$47.51
CALIFORNIA	$0.57	$0.92	$2.22	$4.24	46.0%	31.2%	2391.1	1157.9	$1,358.6	$1,060.1	$68.94	$29.12
COLORADO	$0.28	$0.88	$1.70	$4.30	43.4%	30.1%	262.0	242.9	$74.4	$214.7	$34.55	$44.61
CONNECTICUT	$0.91	$2.10	$2.46	$4.98	55.4%	40.1%	360.1	176.9	$329.1	$277.8	$109.10	$79.40
DELAWARE	$0.63	$1.21	$2.26	$3.77	47.8%	26.2%	83.7	158.1	$53.0	$92.6	$97.42	$107.84
WASHINGTON, DC	$0.23	$1.05	$1.71	$4.48	38.5%	32.7%	159.9	22.2	$33.0	$23.3	$42.40	$39.75
FLORIDA	$0.85	$0.36	$2.48	$3.67	52.8%	20.9%	785.5	1265.1	$669.4	$451.3	$101.85	$24.86
GEORGIA	$0.45	$0.39	$1.98	$3.74	46.0%	21.4%	509.9	605.5	$231.8	$235.9	$50.22	$24.98
HAWAII	$0.45	$1.89	$2.07	$5.62	44.0%	36.9%	65.2	56.1	$29.7	$93.4	$37.92	$72.93
IDAHO	$0.40	$0.60	$1.92	$3.89	44.5%	26.0%	73.5	85.9	$29.2	$51.5	$40.83	$34.77
ILLINOIS	$0.68	$1.03	$2.34	$5.13	48.0%	28.1%	1378.2	624.2	$906.5	$643.8	$81.82	$50.24
INDIANA	$0.34	$1.05	$1.77	$3.75	45.0%	26.5%	688.9	645.7	$234.9	$377.1	$45.54	$59.64
IOWA	$0.57	$1.43	$2.16	$3.86	47.4%	27.2%	301.6	227.6	$171.3	$130.8	$61.12	$43.88
KANSAS	$0.63	$0.83	$1.98	$4.24	46.0%	29.3%	264.7	146.6	$120.3	$122.1	$52.65	$44.14
KENTUCKY	$0.17	$0.32	$1.63	$3.55	36.5%	20.5%	503.5	597.0	$71.5	$188.5	$22.17	$44.63
LOUISIANA	$0.63	$0.38	$1.99	$3.72	45.8%	21.2%	434.1	371.6	$197.3	$140.8	$53.40	$32.98
MAINE	$0.68	$2.10	$2.17	$5.64	52.3%	44.6%	125.7	77.4	$85.7	$162.8	$86.92	$123.73
MARYLAND	$0.34	$1.05	$1.88	$4.38	42.3%	33.4%	465.1	271.0	$158.6	$285.2	$41.24	$50.84
MASSACHUSETTS	$0.68	$1.59	$2.28	$5.31	49.9%	37.7%	679.8	277.1	$463.5	$440.4	$83.09	$68.36
MICHIGAN	$0.63	$2.10	$2.00	$5.59	45.5%	45.0%	1127.4	555.6	$485.2	$1,169.3	$54.99	$115.92
MINNESOTA	$0.74	$1.56	$2.24	$4.84	53.3%	41.0%	385.9	273.7	$285.1	$430.0	$75.95	$83.08
MISSISSIPPI	$0.51	$0.19	$2.08	$3.46	46.4%	17.3%	220.5	258.3	$112.8	$48.9	$49.27	$16.82
MISSOURI	$0.51	$0.18	$2.05	$3.46	46.6%	17.0%	564.2	588.1	$289.8	$105.2	$62.12	$17.96
MONTANA	$0.45	$1.79	$1.95	$5.19	46.7%	42.4%	77.2	49.7	$35.0	$89.0	$50.47	$93.46
NEBRASKA	$0.45	$0.67	$1.94	$3.93	46.8%	27.6%	156.6	106.2	$71.2	$71.5	$48.52	$40.43
NEVADA	$0.57	$0.84	$2.31	$4.06	44.3%	30.8%	86.6	163.5	$49.6	$137.7	$104.88	$54.45
NEW HAMPSHIRE	$0.48	$1.14	$1.81	$4.03	47.2%	31.1%	190.5	173.1	$75.8	$145.8	$104.15	$110.99
NEW JERSEY	$0.80	$2.71	$2.34	$6.34	53.4%	49.2%	862.9	298.5	$686.4	$806.6	$95.87	$92.97
NEW MEXICO	$0.68	$0.96	$2.29	$4.11	49.5%	33.3%	89.5	67.7	$61.0	$64.9	$60.64	$33.16
NEW YORK	$0.68	$1.58	$2.33	$5.74	48.7%	34.7%	2180.9	622.7	$1,486.9	$985.5	$81.34	$51.09
NORTH CAROLINA	$0.11	$0.37	$1.56	$3.52	34.5%	22.1%	672.9	693.7	$76.5	$252.2	$14.86	$28.13
NORTH DAKOTA	$0.63	$0.46	$2.15	$3.55	50.2%	24.6%	57.7	48.2	$35.6	$22.3	$57.71	$34.98
OHIO	$0.57	$1.32	$2.09	$4.49	48.0%	38.5%	1305.8	778.2	$724.7	$1,023.7	$67.74	$89.28
OKLAHOMA	$0.74	$1.08	$2.21	$4.27	54.0%	35.0%	278.4	307.2	$205.6	$216.0	$80.20	$60.04
OREGON	$0.23	$1.24	$1.63	$4.46	42.0%	37.1%	319.0	205.2	$72.5	$254.9	$35.16	$68.52
PENNSYLVANIA	$1.02	$1.42	$2.34	$4.56	56.7%	40.2%	1266.4	756.3	$1,106.1	$1,074.8	$93.73	$86.55
RHODE ISLAND	$0.74	$2.59	$2.25	$6.03	53.0%	49.7%	112.9	48.3	$83.4	$125.1	$89.66	$118.02
SOUTH CAROLINA	$0.34	$0.07	$1.88	$3.31	42.3%	14.6%	279.0	394.1	$95.1	$29.0	$36.01	$6.64
SOUTH DAKOTA	$0.68	$1.61	$2.19	$4.17	51.9%	35.8%	61.1	45.7	$41.8	$45.4	$63.11	$57.36
TENNESSEE	$0.74	$0.65	$2.30	$3.43	51.9%	18.1%	397.6	648.4	$292.8	$136.5	$74.02	$22.31
TEXAS	$0.88	$1.48	$2.26	$4.07	56.2%	33.6%	1190.2	1159.1	$963.4	$1,078.0	$86.07	$45.57
UTAH	$0.45	$0.73	$2.00	$3.98	45.4%	28.7%	68.4	83.8	$31.1	$61.3	$29.56	$23.45
VERMONT	$0.68	$1.88	$2.18	$5.19	52.2%	44.2%	53.8	34.0	$36.7	$64.0	$83.05	$103.05
VIRGINIA	$0.14	$0.32	$1.66	$3.72	35.9%	19.5%	580.3	581.3	$82.4	$183.7	$17.69	$23.93
WASHINGTON	$0.63	$2.13	$2.23	$5.72	48.4%	44.4%	328.9	207.1	$205.7	$440.7	$60.38	$68.63
WEST VIRGINIA	$0.68	$0.58	$1.97	$3.69	43.3%	26.8%	208.3	201.0	$82.8	$116.3	$46.50	$64.25
WISCONSIN	$0.80	$0.81	$2.18	$4.15	55.6%	29.4%	450.3	390.8	$336.8	$316.7	$77.86	$56.68
WYOMING	$0.45	$0.63	$1.94	$3.92	46.8%	26.5%	42.3	42.7	$19.2	$27.0	$58.89	$52.09

* Inflation adjusted to April 2008 dollars

Sources: Tax Burden on Tobacco (49) and authors' calculations

Note: 1970 Excise Tax Rate in December 1970. Price estimates are averages for the 1970 fiscal year (July 1, 1969-June 30, 1970)

2007 Excise Tax Rate in December 2007. Price estimates are averages for the 2007 fiscal year (July 1, 2006-June 30, 2007)

1970 and 2007 Gross State Cigarette Tax Revenues are for each fiscal year (7/1/69-6/30/70 and 7/1/06-6/30/07, respectively)

SECTION 3: CHARTING THE DATA

Revenues and Investments

Definitions:

Tobacco Settlement Revenue:
The amount of money states receive from settlements of major court cases — the MSA for 46 states and DC and individual cases in Mississippi, Florida, Texas and Minnesota. Mississippi, Florida and Texas first received settlement payments in 1998. All other states began receiving payments in 1999.

Cigarette Excise Tax Revenue:
The amount of money states receive from excise taxes placed on cigarettes.

Other Tobacco Control Funding Revenues:
These include revenues from the federal government to state health departments (e.g., NCI's Project ASSIST during Fiscal Year [FY] 1991 to FY 1998, CDC's IMPACT program during FY 1994 to FY 1998 and CDC's National Tobacco Control Program conducted since FY 1999); the Robert Wood Johnson Foundation's SmokeLess States Program, conducted during FY 1995 to FY 2005; and various grants from the American Legacy Foundation during FY 2001 to FY 2007 to states and organizations.

Tobacco Control Funding:
The sum of MSA, excise tax and other tobacco control funding revenues. While allocations are generally consistent with expenditures, there are exceptions. For example, Ohio placed funding allocated to tobacco control in a trust fund; thus, not all of the revenues allocated to tobacco control were devoted to preventing and reducing use.

State Settlement and Tax Funding as a Percent of Settlement and Tax Revenues:
Tobacco control allocations from each state's settlement and cigarette excise tax revenues in a given year divided by the sum of settlement and tax revenues in that year multiplied by 100.

Importance:

The experiences of communities that have funded comprehensive, effective tobacco control programs for extended periods of time have demonstrated that these efforts can lead to reduced smoking initiation among the young and increased cessation among those who already smoke (11, 13, 26-37). Therefore, knowing what states are or are not allocating resources to comprehensive programs can help to understand future smoking rates and subsequent disease burden.

In Fiscal Year 2007 (132):
- States received a combined total of $7.6 billion (in April 2008 dollars) in tobacco settlement revenues, ranging from $15.9 million in Wyoming to $815.4 million in California (Table 12).
- States received a combined total of $15.3 billion in inflation-adjusted cigarette excise tax revenues, ranging from $27.0 million in Wyoming to $1.2 billion in Michigan.
- States allocated $626.7 million (2.7%) of combined inflation-adjusted settlement and tax revenues ($22.9 billion) to preventing and reducing tobacco use, ranging from 0% of settlement and excise tax revenues in Michigan, Mississippi, Missouri, New Hampshire and Tennessee to 14.5% in Wyoming (Map 20).

From 2002 to 2007:
- After increasing substantially from 1990 through 2001, total inflation-adjusted resources allocated to tobacco use prevention and control decreased from $904.1 million in 2002 to $626.7 million in 2007 (Table 12; Figure 38).
- The percentage of settlement and excise tax revenue allocated to tobacco control programs decreased from 4.2% to 2.7%.

Table 12. Tobacco Settlement Revenue, Tobacco Excise Tax Revenue, and Funding for Tobacco Control, by State — 2002 and 2007

	Tobacco Settlement Revenue (in millions)		Cigarette Excise Tax Revenue (in millions)		Overall Tobacco Control Funding (in millions)†		State Tobacco Control Funding (from Settlement + Tax) (in millions)		State Tobacco Control Funding (from Settlement + Tax) as a % of State Settlement + Tax Revenues		CDC Minimum Recommended Funding Level (in millions)
	2002*	2007*	2002*	2007*	2002*	2007*	2002*	2007*	2002	2007	2007
ALABAMA	$137.9	$103.2	$75.3	$165.0	$2.6	$2.2	$0.7	$0.7	0.3	0.3	$40.3
ALASKA	$28.6	$21.8	$48.7	$67.2	$5.6	$8.0	$3.7	$6.5	4.8	7.3	$7.9
ARIZONA	$127.1	$94.2	$193.1	$373.5	$45.1	$27.4	$44.1	$26.8	13.8	5.7	$51.2
ARKANSAS	$69.2	$52.9	$96.3	$134.1	$22.0	$17.0	$19.8	$15.9	11.9	8.5	$25.5
CALIFORNIA	$1,100.3	$815.4	$1,295.1	$1,060.1	$164.4	$89.1	$162.1	$88.4	6.8	4.7	$286.2
COLORADO	$114.5	$87.6	$70.9	$214.7	$18.2	$27.9	$15.3	$26.3	8.3	8.7	$39.8
CONNECTICUT	$160.0	$118.6	$182.4	$277.8	$2.3	$3.2	$0.7	$2.1	0.2	0.5	$30.2
DELAWARE	$34.1	$25.3	$32.8	$92.6	$7.7	$11.6	$6.6	$10.8	9.9	9.2	$9.3
WASHINGTON, DC	$50.8	$38.8	$19.8	$23.3	$1.4	$1.1	$0.0	$0.5	0.0	0.8	$6.9
FLORIDA	$923.1	$417.1	$521.3	$451.3	$37.0	$6.9	$35.9	$5.9	2.5	0.7	$149.1
GEORGIA	$204.9	$156.8	$95.9	$235.9	$28.0	$3.4	$25.1	$2.4	8.3	0.6	$77.3
HAWAII	$51.8	$38.4	$75.5	$93.4	$6.5	$10.6	$5.1	$9.6	4.0	7.3	$12.4
IDAHO	$30.4	$23.3	$28.2	$51.5	$2.9	$2.3	$1.3	$1.0	2.3	1.3	$13.7
ILLINOIS	$388.7	$297.3	$568.5	$643.8	$57.7	$10.4	$55.3	$8.9	5.8	1.0	$106.4
INDIANA	$170.3	$130.3	$138.2	$377.1	$41.2	$12.7	$39.2	$11.5	12.7	2.3	$54.7
IOWA	$72.6	$55.6	$108.3	$130.8	$12.7	$8.1	$11.3	$6.8	6.3	3.7	$26.6
KANSAS	$69.6	$53.2	$59.3	$122.1	$3.3	$2.5	$0.6	$1.1	0.5	0.6	$24.5
KENTUCKY	$151.8	$112.5	$20.7	$188.5	$8.6	$3.6	$6.6	$2.3	3.8	0.8	$38.4
LOUISIANA	$188.3	$144.1	$125.4	$140.8	$2.3	$9.7	$0.6	$8.4	0.2	3.0	$38.2
MAINE	$64.3	$49.1	$114.5	$162.8	$18.3	$16.6	$16.6	$15.5	9.3	7.3	$13.0
MARYLAND	$188.8	$144.4	$248.6	$285.2	$26.9	$21.5	$24.2	$19.7	5.5	4.6	$46.8
MASSACHUSETTS	$348.2	$258.0	$325.7	$440.4	$60.7	$10.8	$57.9	$8.7	8.6	1.3	$53.3
MICHIGAN	$375.2	$278.0	$704.8	$1,169.3	$3.0	$2.7	$0.0	$0.0	0.0	0.0	$85.5
MINNESOTA	$455.6	$193.5	$204.3	$430.0	$36.8	$24.1	$34.8	$22.8	5.3	3.7	$43.4
MISSISSIPPI	$276.1	$129.0	$56.7	$48.9	$24.9	$0.6	$24.1	$0.0	7.2	0.0	$26.7
MISSOURI	$192.4	$145.3	$114.5	$105.2	$1.9	$1.3	$0.0	$0.0	0.0	0.0	$50.5
MONTANA	$35.4	$27.2	$14.6	$89.0	$2.4	$8.4	$0.6	$7.3	1.2	6.2	$9.6
NEBRASKA	$49.7	$38.0	$54.3	$71.5	$10.4	$4.6	$8.4	$3.2	8.1	2.9	$16.3
NEVADA	$51.0	$38.9	$73.1	$137.7	$6.3	$5.0	$5.2	$4.0	4.2	2.3	$22.6
NEW HAMPSHIRE	$55.6	$42.5	$103.9	$145.8	$5.9	$1.2	$3.6	$0.0	2.3	0.0	$12.8
NEW JERSEY	$323.0	$247.0	$477.6	$806.6	$38.9	$13.1	$36.2	$11.6	4.5	1.1	$72.1
NEW MEXICO	$49.8	$38.1	$24.2	$64.9	$8.3	$9.6	$6.0	$8.1	8.1	7.9	$17.9
NEW YORK	$1,100.1	$815.2	$1,285.2	$985.5	$53.1	$93.2	$48.2	$90.0	2.0	5.0	$155.1
NORTH CAROLINA	$201.1	$149.0	$48.6	$252.2	$3.5	$18.0	$0.0	$15.8	0.0	3.9	$74.3
NORTH DAKOTA	$30.6	$23.4	$23.0	$22.3	$4.6	$4.6	$3.0	$3.3	5.6	7.1	$7.2
OHIO	$420.6	$321.8	$318.6	$1,023.7	$28.6	$48.9	$26.2	$47.4	3.5	3.5	$96.7
OKLAHOMA	$86.6	$66.2	$71.5	$216.0	$4.4	$12.2	$2.0	$10.5	1.3	3.7	$32.2
OREGON	$99.0	$73.3	$189.6	$254.9	$15.3	$5.0	$13.6	$3.7	4.7	1.1	$31.5
PENNSYLVANIA	$495.4	$367.1	$399.8	$1,074.8	$51.7	$33.5	$49.9	$31.9	5.6	2.2	$103.8
RHODE ISLAND	$60.0	$45.9	$95.3	$125.1	$6.2	$2.3	$4.0	$1.0	2.6	0.6	$10.8
SOUTH CAROLINA	$98.3	$75.1	$31.8	$29.0	$3.5	$3.6	$1.9	$2.1	1.5	2.0	$37.7
SOUTH DAKOTA	$29.2	$22.3	$22.7	$45.4	$5.2	$1.9	$3.3	$0.7	6.3	1.1	$8.5
TENNESSEE	$203.9	$156.0	$93.0	$136.5	$2.2	$0.9	$0.0	$0.0	0.0	0.0	$51.8
TEXAS	$1,211.0	$551.8	$618.3	$1,078.0	$16.9	$6.5	$15.1	$5.5	0.8	0.3	$189.4
UTAH	$37.1	$28.4	$57.2	$61.3	$9.3	$8.8	$7.2	$7.6	7.7	8.4	$21.1
VERMONT	$35.4	$26.3	$30.2	$64.0	$8.7	$6.8	$6.6	$5.4	10.1	5.9	$7.2
VIRGINIA	$170.7	$130.6	$20.0	$183.7	$24.5	$15.3	$23.1	$14.2	12.1	4.5	$63.5
WASHINGTON	$171.4	$131.1	$370.9	$440.7	$24.4	$30.2	$21.1	$28.5	3.9	5.0	$52.5
WEST VIRGINIA	$74.0	$56.6	$40.9	$116.3	$9.7	$7.0	$7.1	$5.7	6.2	3.3	$17.6
WISCONSIN	$178.7	$132.4	$353.8	$316.7	$20.9	$12.0	$18.7	$10.5	3.5	2.3	$47.5
WYOMING	$21.5	$15.9	$6.5	$27.0	$2.5	$7.4	$1.1	$6.2	3.9	14.5	$6.5
US TOTAL	$11,263.7	$7,603.8	$10,349.5	$15,253.9	$1,009.5	$695.43	$904.1	$626.7	4.2	2.7	$2,524.0

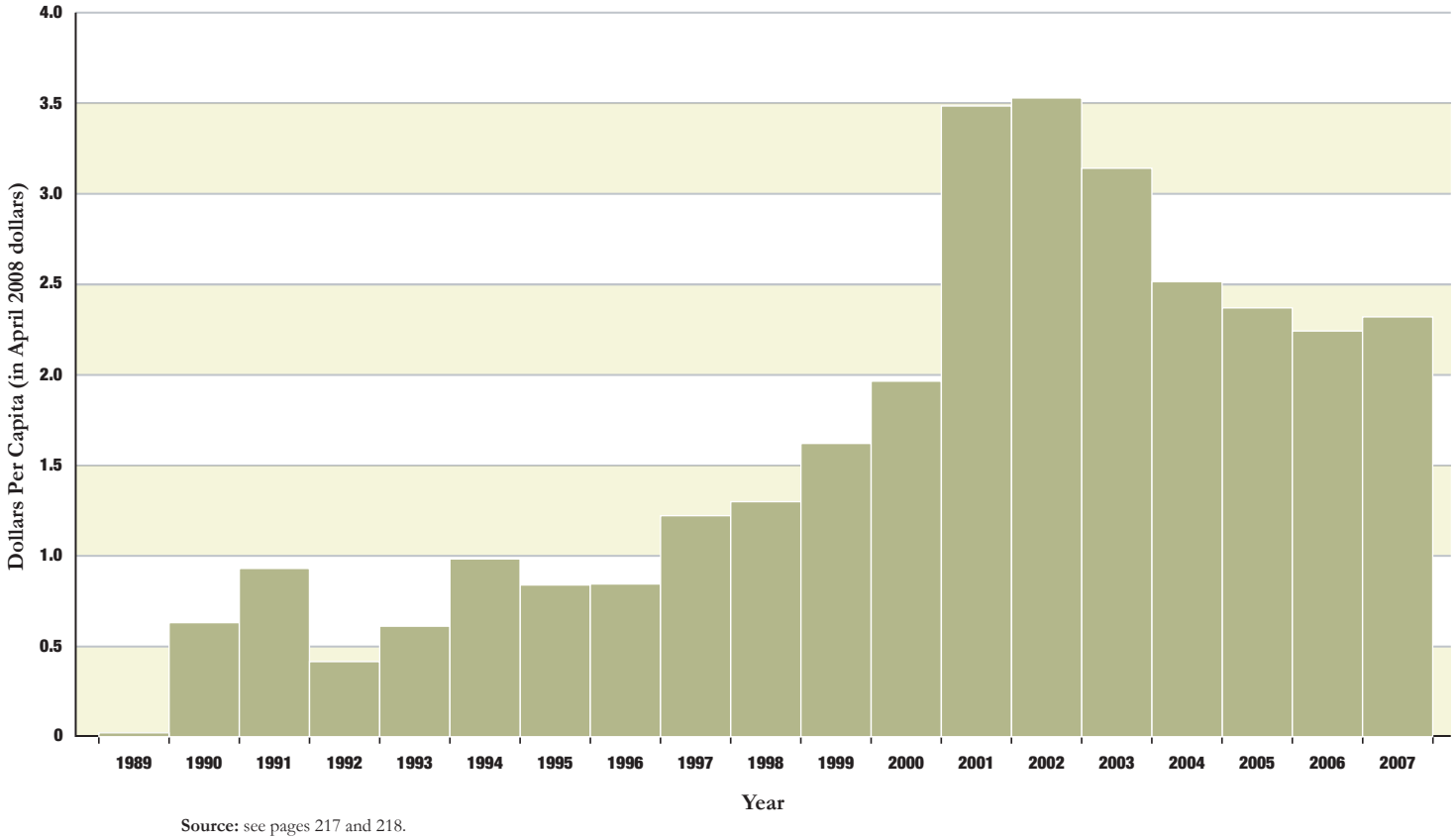
* Adjusted to April 2008 Consumer Price Index

MSA = Master Settlement Agreement

† Funding from Settlement + Cigarette Excise Tax + National Tobacco Control Program + Robert Wood Johnson Foundation Smokeless States Program + American Legacy Foundation

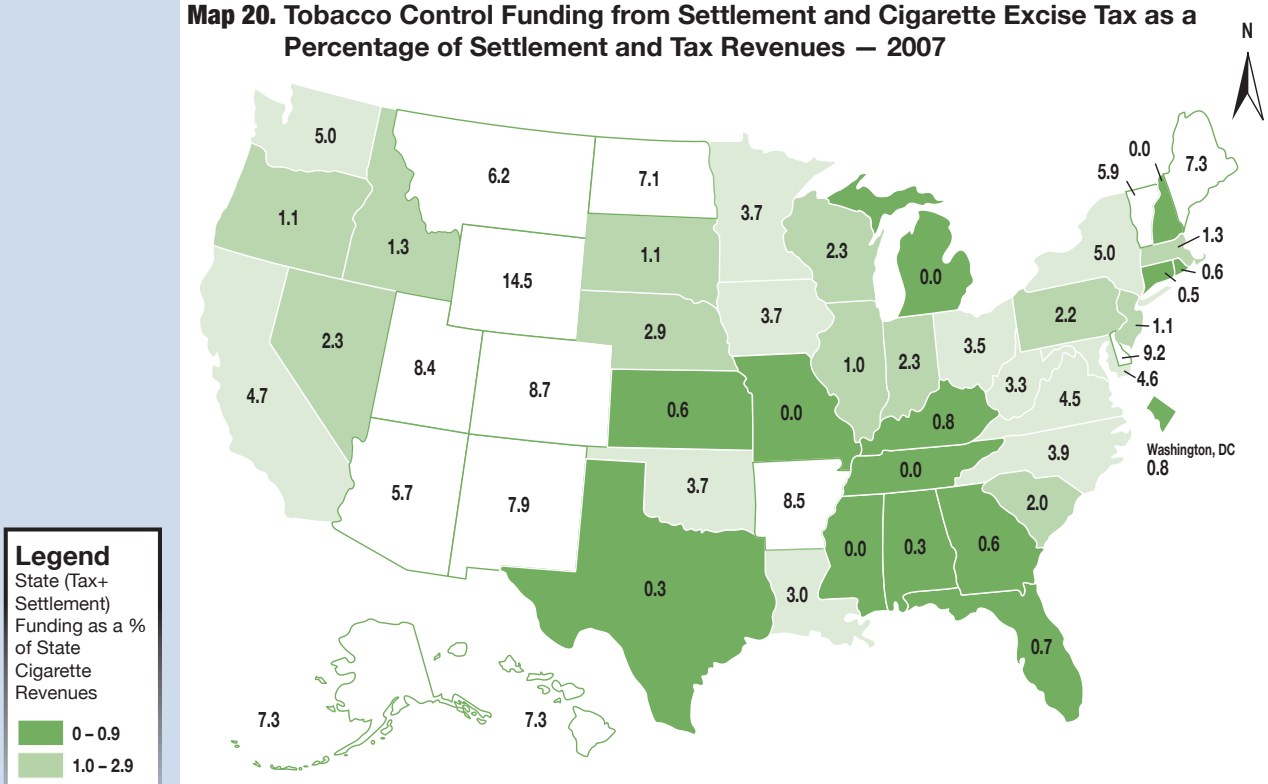
Data provided by the Centers for Disease Control and Prevention, Research Triangle Institute, Campaign for Tobacco-Free Kids, Robert Wood Johnson Foundation and American Legacy Foundation

Figure 38. Per Capita Funding for State Tobacco Control Programs



Source: see pages 217 and 218.

Map 20. Tobacco Control Funding from Settlement and Cigarette Excise Tax as a Percentage of Settlement and Tax Revenues — 2007



Legend
State (Tax+ Settlement) Funding as a % of State Cigarette Revenues
- 0 – 0.9
- 1.0 – 2.9
- 3.0 – 5.0
- 5.1 – 14.5

Source: References 2, 85, 165; Table 12.

Laws Penalizing Minors for Possessing, Using and/or Purchasing Tobacco Products

Definition:

Laws enacted to penalize minors for possessing, using, or purchasing tobacco products, including fines, mandatory attendance at tobacco cessation classes, community service and/or, in extreme cases, driver license suspension. These laws differ from Sales to Minors Laws (see next section), which penalize retail vendors for selling tobacco products to minors.

Importance:

Despite a lack of evidence that state-level possession/use/purchase (PUP) laws reduce youth smoking, many states have passed such legislation (133, 134). Local PUP laws may influence young people's perceived norms about smoking (135).

As of December 31, 2006:

- Seventeen states had all three laws in place penalizing the possession, use and purchase of tobacco products (Table 13).
- Thirty-seven states had established penalty structures for underage possession.
- Twenty states had established penalty structures for underage use.
- Forty-one states had established penalty structures for underage purchase.
- Five states (Arkansas, Massachusetts, Nevada, New Jersey, New York) and DC had no PUP law.

From December 31, 1991 to December 31, 2006:

- The number of states that had all 3 PUP laws in place increased from 4 to 17 (Table 13).
- Laws prohibiting possession of tobacco products by minors more than tripled, from 12 to 37.
- Laws making it illegal for minors to use tobacco products nearly doubled, from 11 to 20.
- Laws prohibiting minors from purchasing tobacco products nearly doubled, from 21 to 41.

Table 13. Presence of Laws Penalizing Minors for the Possession, Use, and/or Purchase of Tobacco Products, by State — 1991 and 2006

	Possession		Use		Purchase		Total PUP Laws	
	1991	2006	1991	2006	1991	2006	1991	2006
ALABAMA	0	1	0	1	0	1	0	3
ALASKA	1	1	0	0	0	0	1	1
ARIZONA	1	1	0	0	1	1	2	2
ARKANSAS	0	0	0	0	0	0	0	0
CALIFORNIA	0	1	0	0	1	1	1	2
COLORADO	0	0	0	0	1	1	1	1
CONNECTICUT	0	0	0	0	0	1	0	1
DELAWARE	0	0	0	0	0	1	0	1
WASHINGTON, DC	0	0	0	0	0	0	0	0
FLORIDA	0	1	0	0	0	1	0	2
GEORGIA	0	1	0	0	1	1	1	2
HAWAII	0	0	0	0	1	1	1	1
IDAHO	1	1	0	1	1	1	2	3
ILLINOIS	0	0	0	0	1	1	1	1
INDIANA	0	1	0	0	1	1	1	2
IOWA	0	1	1	1	1	1	2	3
KANSAS	0	1	0	0	1	1	1	2
KENTUCKY	0	1	0	1	0	1	0	3
LOUISIANA	0	1	0	0	1	1	1	2
MAINE	0	1	0	1	1	1	1	3
MARYLAND	0	1	0	1	0	0	0	2
MASSACHUSETTS	0	0	0	0	0	0	0	0
MICHIGAN	1	1	1	1	1	1	3	3
MINNESOTA	0	1	1	1	0	1	1	3
MISSISSIPPI	0	1	0	0	0	1	0	2
MISSOURI	0	1	0	0	0	1	0	2
MONTANA	0	1	0	1	0	1	0	3
NEBRASKA	0	0	1	1	0	0	1	1
NEVADA	0	0	0	0	0	0	0	0
NEW HAMPSHIRE	1	1	1	1	1	1	3	3
NEW JERSEY	0	0	0	0	0	0	0	0
NEW MEXICO	0	0	0	0	0	1	0	1
NEW YORK	0	0	0	0	0	0	0	0
NORTH CAROLINA	0	0	0	0	0	1	0	1
NORTH DAKOTA	0	1	1	1	0	1	1	3
OHIO	0	1	0	1	0	1	0	3
OKLAHOMA	1	1	0	0	0	1	1	2
OREGON	1	1	0	0	0	1	1	2
PENNSYLVANIA	0	1	1	1	0	1	1	3
RHODE ISLAND	0	1	1	1	1	1	2	3
SOUTH CAROLINA	0	1	0	0	0	1	0	2
SOUTH DAKOTA	1	1	1	1	1	1	3	3
TENNESSEE	0	1	0	0	1	1	1	2
TEXAS	0	1	0	1	0	1	0	3
UTAH	1	1	0	0	1	1	2	2
VERMONT	0	1	0	1	0	1	0	3
VIRGINIA	1	1	0	0	1	1	2	2
WASHINGTON	0	1	0	0	0	1	0	2
WEST VIRGINIA	1	1	1	1	0	0	2	2
WISCONSIN	0	1	0	0	1	1	1	2
WYOMING	1	1	1	1	1	1	3	3

Source: The MayaTech Corporation

Note: 0 = No law; 1 = Law present

Sales to Minors Laws

Definition:

Laws designed to reduce retail sale of tobacco products to minors, by penalizing vendors who sell to underage customers.

As of December 31, 2006, the minimum age at which tobacco products could legally be purchased was 18 years old in 47 states and DC and 19 years old in Alabama, Alaska and Utah. The strength of provisions of sales to minors' laws covering graduated penalties, statewide enforcement, random inspections, clerk interventions and vending machines and an overall extensiveness score is provided on each of the state pages for laws in effect on December 31, 1991 and December 31, 2006. In addition, the strength of provisions covering free distribution, minimum age, packaging and photo identification in effect on December 31, 1991 and December 31, 2006 is provided in Table 14. Definitions of each provision and the overall extensiveness score and coding schemes are presented on pages 215-216 and on Table 14.

Importance:

Early research suggested that laws regulating sales to minors could reduce smoking prevalence in young people (136). Passage of the Synar Amendment in 1992 (Public Health Law 102-321, section 1926) stimulated multiple states to pass laws penalizing vendors for selling tobacco products to minors (11). However, a number of studies have indicated that these laws are not effective, in part because minors find stores willing to sell to them (137). In addition, minors learned to obtain tobacco from social sources and to a small extent from the internet instead of in stores (138, 139).

As of December 31, 2006:

- Seventeen states had established a system of graduated penalties or fines, including the possibility of suspension or revocation of a retail tobacco license for repeated sales to minors (Table 14).
- Thirty-three states had established a clearly identified statewide enforcement authority for sales.
- Fifteen states required random, unannounced inspections of retailers as part of an enforcement mechanism, using buyers to identify violators.
- Four states prohibit access to or purchase of a tobacco product without the intervention of a sales clerk.
- Two states (Idaho and Vermont) prohibited the sale of tobacco products through vending machines in all locations.
- Two states (Iowa and Washington) prohibited the free distribution of tobacco products.
- All 50 states and DC restricted the sale of tobacco products to persons aged 18 years and older, although 18 states did not require signs at the point of purchase so indicating.
- Twenty-four states prohibit cigarette sales other than in a sealed package meeting federal labeling requirements.
- Four states require photographic identification in transactions, even for persons appearing older than 21 years old.
- The highest Overall Score was 7, which was achieved by 6 states.

From December 31, 1991 to December 31, 2006:

- The number of states establishing a strong system of graduated penalties or fines, including the possibility of retail tobacco license suspension or revocation for repeated sales to minors, increased from 4 to 17 (Table 14).
- The number of state laws establishing a statewide enforcement authority increased from 3 to 33.
- The number of states requiring random, unannounced inspections increased from 0 to 15.
- The number of states requiring clerk interventions for sale increased from 0 to 4.
- The number of states prohibiting tobacco products from being sold in vending machines increased from 0 to 2.
- The number of states banning free distribution of tobacco products increased from 0 to 2.
- The number of states restricting tobacco sales to persons aged 18 years and older increased from 42 and DC to 50 and DC.
- The number of states prohibiting cigarette sales other than in a sealed package meeting federal labeling requirements increased from 2 to 24.
- The number of states requiring photographic identification for persons appearing older than 21 years old increased from 0 to 4.
- The top Overall Score on Sales to Minors laws increased from 3 (achieved by 6 states in 1991) to 7 (achieved by 6 states in 2006).

Table 14. Provisions of Laws Restricting Tobacco Sales to Minors, by State — 1991-2006

Rating Scale:
(for further details, see Appendix)

Graduated Penalties:
0 = no or minimal provision;
1 = penalties, but delayed three years;
2 = penalties, possibly with enforcement limits;
3 = system of graduated penalties;
4 = system of graduated penalties with possibility of loss of tobacco sales license.

Statewide Enforcement:
0 = no provision;
2 = some designated enforcement authority, not statewide;
4 = statewide, clearly designated enforcement authority.

Random Inspections:
0 = no provisions restricting participation of underage buyers in enforcement efforts;
2 = required inspections with limitations;
4 = random, unannounced inspections with underage buyers.

Clerk Intervention:
0 = no provision;
3 = prohibits access, but allows specified exception;
4 = prohibits access to or purchase of tobacco without the intervention of a sales clerk.

Vending Machines:
0 = no or minimal provision;
1 = minimal access or location restrictions;
2 = generally restricted to adult-only locations;
3 = restricted to adult-only locations with additional access restrictions;
4 = total ban on vending machine sales.

Free Distribution:
0 = no provision;
1 = selected restrictions;
2 = ban with exemptions;
3 = distribution of samples and rebates restricted to adult-only locations;
4 = total ban;
5 = total ban, including samples through mail.

Minimum Age:
0 = no provision;
3 = no sales to ages <18;
4 = no sales to ages <18, warning sign at point of purchase, penalizes failure to post;
5 = minimum age set >18, warning sign, penalties for no sign.

Packaging:
0 = no provision;
3 = allows minimal exceptions;
4 = prohibits all cigarette sales other than in sealed package with federal labeling requirements.

Photo Identification:
0 = no provision;
1 = ID for ages <21, but photo ID not specified;
2 = photo ID required, but no age specified;
3 = photo ID required, but does not meet <21 goal;
4 = photo ID required for anyone appearing <21;
5 = photo ID requirement set >21.

See Appendix, pages 215-216, for details on calculating the Overall Extensiveness scale.

Source: The MayaTech Corporation and the Roswell Park Cancer Institute.

	Graduated Penalties		Statewide Enforcement		Random Inspections		Clerk Intervention		Vending Machines		Free Distribution		Minimum Age		Packaging		Photo Identification		Overall Extensiveness	
	1991	2006	1991	2006	1991	2006	1991	2006	1991	2006	1991	2006	1991	2006	1991	2006	1991	2006	1991	2006
ALABAMA	2	2	0	4	0	2	0	0	0	0	0	0	3	3	0	4	0	0	1	4
ALASKA	0	0	0	0	0	0	0	3	2	2	0	0	3	5	0	4	0	0	1	4
ARIZONA	0	0	0	0	0	0	0	0	0	1	0	1	3	3	0	4	0	0	1	2
ARKANSAS	0	4	0	4	0	2	0	0	1	1	1	1	4	4	0	0	0	0	2	4
CALIFORNIA	0	0	0	4	0	4	0	4	0	2	2	2	4	4	4	4	0	1	3	6
COLORADO	0	0	0	4	0	2	0	0	1	1	0	0	4	4	0	3	0	0	1	4
CONNECTICUT	4	4	0	4	0	2	0	0	0	2	0	0	3	4	3	4	2	2	3	6
DELAWARE	0	2	0	4	0	4	0	0	0	3	0	0	3	4	0	4	0	0	1	5
WASHINGTON, DC	2	2	2	2	0	0	0	0	2	2	2	2	3	3	0	0	1	1	3	3
FLORIDA	2	4	4	4	0	0	0	0	0	1	0	0	4	4	0	0	0	0	3	3
GEORGIA	0	0	0	4	0	4	0	0	0	1	0	1	0	4	0	0	1	1	0	4
HAWAII	2	2	0	0	0	0	0	0	0	2	0	1	4	4	0	4	0	0	2	3
IDAHO	2	4	0	4	0	2	0	3	0	4	0	2	3	3	0	4	0	0	1	7
ILLINOIS	3	3	0	0	0	2	0	0	0	1	0	0	3	3	0	0	0	0	2	2
INDIANA	0	0	0	4	0	4	0	0	1	1	0	0	4	4	0	4	0	0	1	4
IOWA	2	2	4	4	0	0	0	3	1	2	1	4	3	3	0	0	0	0	3	5
KANSAS	2	2	0	4	0	2	0	0	0	1	0	1	3	4	0	0	0	0	1	4
KENTUCKY	0	2	0	4	0	4	0	0	0	1	0	0	0	4	0	3	0	1	0	5
LOUISIANA	0	0	0	4	0	2	0	0	0	2	0	0	4	4	0	4	0	1	1	4
MAINE	0	4	0	2	0	0	0	3	1	2	0	0	4	4	4	4	0	5	2	6
MARYLAND	0	0	0	0	0	0	0	0	0	1	0	0	3	3	0	3	0	0	1	2
MASSACHUSETTS	2	2	0	0	0	0	0	0	0	0	0	0	4	4	0	3	0	0	2	2
MICHIGAN	0	0	2	2	0	2	0	0	0	2	0	0	4	4	3	3	0	0	2	3
MINNESOTA	2	2	0	0	0	4	0	3	1	2	2	2	3	3	0	0	0	0	2	4
MISSISSIPPI	2	2	0	2	0	4	0	0	0	2	0	0	3	4	0	4	0	0	1	5
MISSOURI	0	4	0	4	0	0	0	0	0	1	0	0	0	3	0	3	0	1	0	4
MONTANA	0	4	0	4	0	2	0	0	0	2	0	0	0	4	0	4	0	2	0	6
NEBRASKA	4	4	0	0	0	0	0	0	0	1	2	2	3	3	0	0	0	0	2	3
NEVADA	2	0	0	4	0	4	0	0	0	0	0	0	3	3	0	4	0	0	1	4
NEW HAMPSHIRE	3	4	4	4	0	0	0	0	0	1	0	2	3	3	0	4	0	2	3	5
NEW JERSEY	2	4	0	4	0	0	0	4	0	0	0	0	4	5	0	3	0	0	2	5
NEW MEXICO	0	0	0	4	0	4	0	4	0	2	0	0	0	4	0	4	0	0	0	6
NEW YORK	0	4	0	2	0	0	0	3	0	2	0	2	0	4	0	4	0	5	0	7
NORTH CAROLINA	0	2	0	0	0	2	0	0	0	1	0	0	3	4	0	0	0	2	1	3
NORTH DAKOTA	2	2	0	2	0	2	0	0	0	0	0	0	3	3	3	3	0	0	2	3
OHIO	3	3	0	0	0	0	0	0	1	1	0	0	4	4	0	4	0	0	2	3
OKLAHOMA	2	2	0	4	0	2	0	4	0	1	0	1	3	4	0	4	0	3	1	6
OREGON	0	0	0	4	0	4	0	0	1	1	0	0	4	4	3	3	0	0	2	4
PENNSYLVANIA	3	4	0	4	0	2	0	0	0	2	0	0	3	3	0	0	0	0	2	4
RHODE ISLAND	4	2	0	4	0	2	0	0	0	1	0	1	4	4	0	4	0	0	2	5
SOUTH CAROLINA	2	0	0	4	0	4	0	0	0	3	0	0	3	3	0	0	0	0	1	4
SOUTH DAKOTA	0	0	0	2	0	2	0	0	0	1	0	1	3	3	0	4	0	0	1	3
TENNESSEE	4	3	0	4	0	4	0	0	0	1	0	2	4	4	0	4	1	5	2	7
TEXAS	0	4	0	4	0	4	0	3	0	2	0	0	4	4	3	3	0	5	2	7
UTAH	3	0	0	2	0	2	0	3	2	2	1	1	3	3	0	3	0	0	2	4
VERMONT	2	4	0	4	0	4	0	3	0	4	0	0	0	4	0	3	0	2	1	7
VIRGINIA	0	0	0	4	0	0	0	0	0	1	0	0	0	4	0	4	0	3	0	4
WASHINGTON	2	4	0	4	0	4	0	0	2	2	0	4	3	4	0	4	0	2	2	7
WEST VIRGINIA	3	0	0	4	0	2	0	0	0	3	0	0	3	3	0	0	0	0	2	3
WISCONSIN	0	4	0	4	0	2	0	0	1	1	0	2	4	4	0	0	0	0	1	4
WYOMING	2	4	0	4	0	2	0	0	1	1	0	0	4	4	0	0	0	0	2	4

SECTION 3: CHARTING THE DATA

Receipt of Advice to Quit from a Physician and from a Dentist

Definition:

The percentage of current smokers who visited a physician during the previous year who were advised to quit smoking by a physician and the percentage of current smokers who visited a dentist during the previous year who were advised to quit smoking by a dentist.

Importance:

Physicians and dentists can help smokers quit by incorporating the brief, evidence-based 5-A's intervention in routine health care: Asking every patient about tobacco use and documenting what they learn; Advising tobacco users to quit; Assessing each smoker's readiness to quit; Assisting patients willing to quit with proven counseling and pharmacotherapy and for those not willing to quit, providing motivational counseling; and Arranging for follow-up contacts or care (23).

RECEIPT OF ADVICE TO QUIT FROM A PHYSICIAN:

In 2006/2007:

- 65.1% of adult smokers who visited a physician during the previous year reported that they were advised to quit smoking by a physician (Map 21; Table 15).
- States with the highest percentage of smokers reporting receipt of advice to quit from a physician during the previous year were Massachusetts (75.6%), Maine (74.7%) and New Hampshire (73.5%).
- States with the lowest percentage of smokers reporting receipt of advice to quit from a physician during the previous year were Utah (54.0%), Mississippi (56.0%) and Arizona (56.1%).

From 1992/3 to 2006/07:

- Receipt of physician advice to quit increased in 43 states and DC (Table 15).
- Nationally, receipt of physician advice to quit increased by 30%, from 50.1% in 1992/93 to 65.1% in 2006/07 (Figure 39).

RECEIPT OF ADVICE TO QUIT FROM A DENTIST:

In 2006/07:

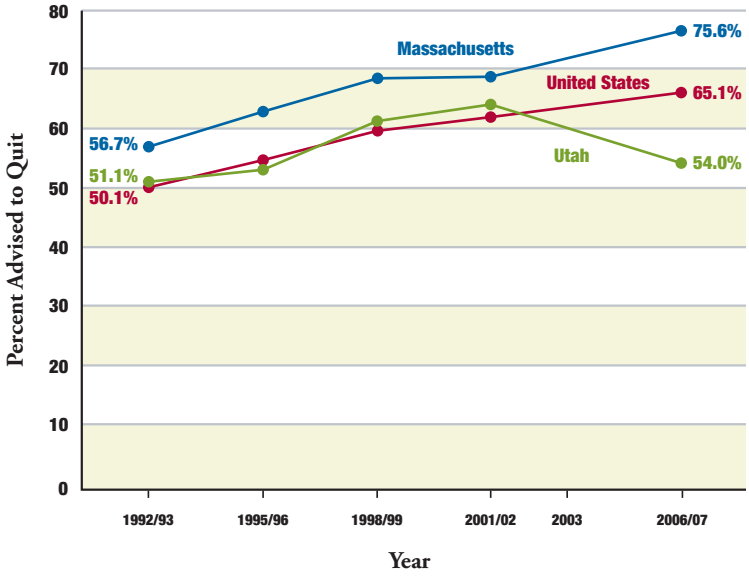
- 34.9% of adult smokers who visited a dentist during the previous year reported that they were advised to quit smoking by a dentist (Map 22; Table 15).
- States with the highest percentage of smokers reporting receipt of advice to quit from a dentist during the previous year were Oregon (42.4%), Maine (41.8%) and Wyoming (41.3%).
- States with the lowest percentage of smokers reporting receipt of advice to quit from a dentist during the previous year were North Dakota (21.7%), Idaho (22.3%) and Nebraska (25.6%).

From 1992/93 to 2006/07:

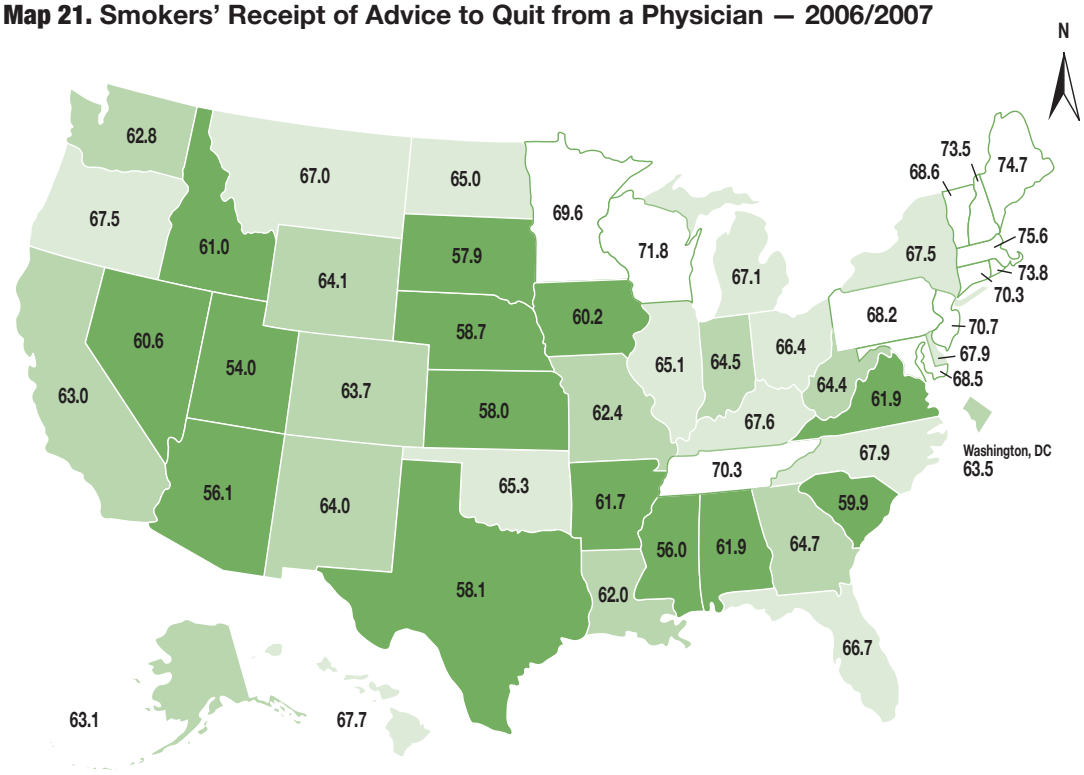
- Receipt of advice to quit from a dentist increased in 40 states (Table 15).
- Nationally, receipt of advice to quit from a dentist increased by 69%, from 20.7% in 1992/93 to 34.9% in 2006/07 (Figure 40).

Figure 39. Trends in the Percentage of Smokers Who Received Advice to Quit From a Physician During the Previous Year — US, MA and UT 1992/93-2006/07)

See note 86.
Source: Tobacco Use Supplements to the Current Population Survey.



Map 21. Smokers' Receipt of Advice to Quit from a Physician — 2006/2007



Legend
Percentage of current smokers who visited a physician and were advised to quit smoking, age 18+

- 54.0 – 61.9
- 62.0 – 64.7
- 64.8 – 67.9
- 68.0 – 75.6

Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.
Note: Estimates represent the percentage of smokers ≥ 18 years old who visited a physician during the previous 12 months who reported that they were adivsed to quit by a physician.

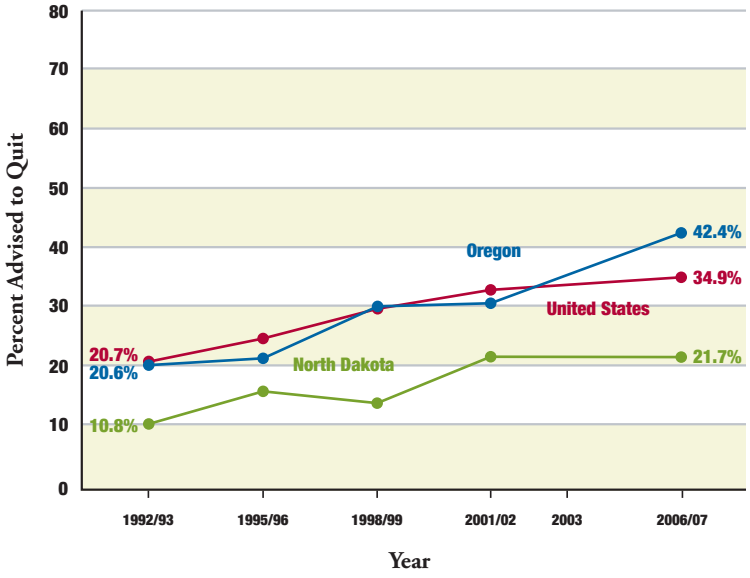
Table 15. Percentage of Current Smokers Who Visited a Health Care Provider During the Previous Year Who Were Advised to Quit, by State and Type of Provider — United States, 1992/93 and 2006/07, Ages 18 years and older; Tobacco Use Supplement to the Current Population Survey Data

	Physician				Dentist			
	1992/93		2006/07		1992/93		2006/07	
	%	(95%CI)	%	(95%CI)	%	(95%CI)	%	(95%CI)
ALABAMA	48.3	(41.5-55.1)	61.9	(55.4-67.9)	13.7	(11.6-16.1)	29.4	(21.2-39.3)
ALASKA	49.4	(44.2-54.6)	63.1	(57.0-68.8)	21.4	(16.1-28.0)	33.4	(27.1-40.3)
ARIZONA	49.1	(43.8-54.4)	56.1	(48.7-63.3)	21.5	(17.8-25.8)	39.1	(30.4-48.5)
ARKANSAS	43.3	(39.6-47.1)	61.7	(55.5-67.6)	15.5	(11.9-19.9)	26.1	(18.9-34.9)
CALIFORNIA	50.4	(48.0-52.7)	63.0	(59.7-66.1)	23.7	(21.3-26.2)	33.6	(30.2-37.2)
COLORADO	46.6	(41.8-51.4)	63.7	(57.4-69.5)	19.9	(17.4-22.7)	37.0	(30.0-44.6)
CONNECTICUT	58.7	(51.7-65.3)	70.3	(64.9-75.3)	24.8	(18.4-32.6)	32.7	(27.1-38.7)
DELAWARE	61.3	(54.0-68.1)	67.9	(62.1-73.3)	17.4	(12.2-24.2)	32.5	(25.4-40.5)
WASHINGTON, DC	46.4	(40.6-52.4)	63.5	(56.9-69.6)	29.0	(21.8-37.3)	36.2	(29.2-43.8)
FLORIDA	51.4	(48.3-54.5)	66.7	(62.7-70.5)	22.6	(20.1-25.2)	35.2	(30.4-40.3)
GEORGIA	51.2	(47.1-55.4)	64.7	(59.2-69.9)	21.0	(17.1-25.4)	35.6	(29.4-42.4)
HAWAII	58.2	(51.3-64.8)	67.7	(60.7-74.0)	23.0	(19.2-27.4)	39.1	(31.6-47.3)
IDAHO	44.1	(39.9-48.4)	61.0	(54.6-67.1)	21.0	(15.5-27.6)	22.3	(17.3-28.3)
ILLINOIS	49.1	(46.1-52.1)	65.1	(59.6-70.2)	19.4	(17.3-21.6)	34.4	(29.0-40.2)
INDIANA	49.4	(44.9-54.0)	64.5	(58.5-70.1)	17.9	(13.8-22.9)	33.6	(27.3-40.5)
IOWA	50.9	(46.5-55.2)	60.2	(55.4-64.8)	17.6	(13.0-23.4)	30.7	(25.3-36.6)
KANSAS	44.5	(40.8-48.3)	58.0	(52.6-63.2)	19.1	(15.3-23.6)	26.7	(21.3-32.9)
KENTUCKY	48.9	(44.9-52.8)	67.6	(62.7-72.1)	15.4	(12.9-18.3)	36.1	(31.2-41.3)
LOUISIANA	42.4	(38.4-46.5)	62.0	(55.2-68.4)	23.6	(19.4-28.4)	30.1	(20.7-41.7)
MAINE	54.1	(49.9-58.3)	74.7	(70.6-78.4)	21.8	(17.3-27.0)	41.8	(36.8-46.9)
MARYLAND	56.2	(49.9-62.3)	68.5	(63.6-73.0)	25.5	(21.7-29.6)	40.5	(35.4-45.9)
MASSACHUSETTS	56.7	(53.8-59.6)	75.6	(70.4-80.2)	22.8	(20.2-25.7)	38.1	(30.1-46.9)
MICHIGAN	53.4	(50.5-56.2)	67.1	(61.8-71.9)	21.7	(19.7-23.8)	33.7	(28.9-38.8)
MINNESOTA	51.6	(49.0-54.3)	69.6	(64.9-73.9)	15.1	(12.5-18.1)	32.6	(28.1-37.4)
MISSISSIPPI	39.5	(36.5-42.6)	56.0	(49.8-62.0)	20.5	(16.6-25.0)	30.0	(21.5-40.2)
MISSOURI	49.5	(44.9-54.2)	62.4	(57.6-66.9)	19.1	(16.3-22.3)	32.9	(26.3-40.2)
MONTANA	49.9	(44.5-55.4)	67.0	(57.2-75.5)	15.3	(12.2-19.1)	35.5	(26.9-45.1)
NEBRASKA	41.4	(36.7-46.2)	58.7	(51.6-65.6)	19.3	(14.4-25.3)	25.6	(21.1-30.7)
NEVADA	48.0	(44.7-51.3)	60.6	(54.5-66.5)	21.5	(18.8-24.5)	33.6	(26.6-41.3)
NEW HAMPSHIRE	56.1	(50.5-61.5)	73.5	(68.5-77.9)	21.5	(15.7-28.6)	36.2	(31.0-41.8)
NEW JERSEY	49.8	(46.9-52.7)	70.7	(64.3-76.5)	23.6	(21.1-26.3)	40.6	(34.2-47.4)
NEW MEXICO	42.0	(35.1-49.1)	64.0	(55.4-71.8)	22.7	(16.9-29.8)	33.8	(22.7-47.1)
NEW YORK	54.0	(51.9-56.1)	67.5	(63.2-71.5)	23.3	(21.4-25.4)	36.0	(31.2-41.2)
NORTH CAROLINA	47.0	(44.4-49.6)	67.9	(62.3-73.0)	18.2	(16.0-20.7)	35.4	(29.6-41.7)
NORTH DAKOTA	42.7	(36.5-49.2)	65.0	(57.1-72.1)	10.8	(8.0-14.3)	21.7	(15.7-29.3)
OHIO	49.1	(47.2-51.1)	66.4	(62.9-69.6)	17.9	(15.8-20.3)	38.2	(32.4-44.2)
OKLAHOMA	47.2	(40.9-53.5)	65.3	(60.6-69.8)	21.3	(16.4-27.2)	32.2	(26.0-39.1)
OREGON	54.4	(50.5-58.3)	67.5	(60.2-74.1)	20.6	(16.3-25.6)	42.4	(36.3-48.7)
PENNSYLVANIA	53.0	(50.9-55.0)	68.2	(64.8-71.4)	19.6	(17.4-22.0)	34.2	(29.6-39.0)
RHODE ISLAND	55.4	(50.6-60.1)	73.8	(68.6-78.4)	21.2	(16.9-26.4)	36.3	(31.3-41.7)
SOUTH CAROLINA	47.0	(43.2-50.8)	59.9	(50.7-68.5)	15.7	(12.7-19.4)	33.0	(26.2-40.5)
SOUTH DAKOTA	46.6	(43.3-49.9)	57.9	(50.8-64.8)	18.3	(13.1-25.1)	33.0	(26.8-39.9)
TENNESSEE	50.3	(45.7-54.9)	70.3	(64.8-75.2)	17.0	(13.0-22.0)	37.8	(29.1-47.3)
TEXAS	44.4	(41.7-47.1)	58.1	(54.1-62.1)	21.5	(19.4-23.7)	33.7	(29.7-37.9)
UTAH	51.1	(43.8-58.3)	54.0	(44.3-63.4)	15.4	(11.7-19.9)	40.6	(31.7-50.2)
VERMONT	56.1	(51.1-60.9)	68.6	(62.9-73.7)	25.0	(21.3-29.2)	37.3	(30.7-44.3)
VIRGINIA	51.5	(46.6-56.3)	61.9	(55.6-67.8)	20.4	(17.9-23.2)	32.7	(27.6-38.3)
WASHINGTON	50.1	(43.9-56.3)	62.8	(56.5-68.8)	22.5	(18.4-27.2)	40.1	(33.0-47.5)
WEST VIRGINIA	51.9	(47.8-56.0)	64.4	(59.7-68.8)	20.6	(17.5-24.2)	34.9	(27.6-42.9)
WISCONSIN	49.3	(44.0-54.6)	71.8	(68.3-75.1)	18.1	(13.4-24.0)	39.6	(33.8-45.9)
WYOMING	51.4	(46.3-56.4)	64.1	(58.6-69.3)	23.6	(16.8-32.3)	41.3	(35.7-47.1)
US TOTAL	50.1	(49.5-50.7)	65.1	(64.3-66.0)	20.7	(20.3-21.2)	34.9	(33.9-36.0)

Green bars indicate where, among current smokers who visited a physician/dentist during the previous year, the percentage who were advised to quit smoking was significantly higher in 2006/07 than in 1992/93.

Figure 40. Trends in the Percentage of Smokers Who Received Advice to Quit From a Dentist During the Previous Year — US, OR and ND (1992/93-2006/07)

See note 86.
Source: Tobacco Use Supplements to the Current Population Survey.



Map 22. Smokers' Receipt of Advice to Quit from a Dentist - 2006/2007

Legend
Percentage of current smokers who visited a dentist and were advised to quit smoking, age 18+

- 21.7 – 32.6
- 32.7 – 34.3
- 34.4 – 37.7
- 37.8 – 42.4

Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.
Note: Estimates represent the percentage of smokers ≥ 18 years old who visited a dentist during the previous 12 months who reported that they were adivsed to quit by a dentist.

Medicaid Coverage for Tobacco-Dependence Treatment

Definition:

States are coded as providing coverage for tobacco-dependence treatment to their Medicaid beneficiaries based on responses of state Medicaid personnel to a 2006 survey conducted by the Center for Health and Public Policy Studies at the University of California at Berkeley (40). Categories of coverage were: Nicotine Gum, Nicotine Patch, Nicotine Nasal Spray, Nicotine Inhaler, Nicotine Lozenge, Zyban (Bupropion); Chantix (Varenicline), Individual Counseling and Group Counseling.

Importance:

The *Guide to Community Preventive Services* (28) and the 2008 U.S. Public Health Service *Clinical Practice Guideline* (23) recommend reducing the cost of tobacco-dependence treatment in order to increase the number of smokers who access such treatment and successfully quit. In 2005, approximately 5 million adult Medicaid clients (27%) were current cigarette smokers, a rate significantly higher than that among adults with private insurance (17%) (39). Medicaid clients have been less likely to use pharmaceutical aids for quitting than smokers with private insurance (140). Treatments recommended by the *Clinical Practice Guideline* have been recommended as effective for smokers with psychiatric co-morbidities and co-occurring substance abuse disorders (23, 141). Many Medicaid clients and providers are unaware of the benefit (142, 143). The results of promoting the benefit were observed in New York State, where the number of Medicaid clients receiving cessation medications increased from 5,549 in 2000 to 74,911 in 2008 (144). In 2008, approximately 17.6% of the 425,049 Medicaid clients in New York State who were current smokers received a cessation benefit (Harlan Juster, New York State Department of Health, personal communication on the 2008 New York State Adult Tobacco Survey data).

In 2006:

- 38 state Medicaid programs and DC provided coverage for at least one form of tobacco-dependence treatment (medication or counseling) for all Medicaid clients who were smokers (Table 16; Map 23). In addition, Arizona, Iowa, Kentucky and Washington provided coverage for pregnant women.
- 38 states provided coverage for Zyban. Washington provided such coverage only for pregnant women.
- 37 states provided coverage for at least one form of nicotine replacement therapy for all Medicaid clients who were smokers.
- 32 states provided coverage for Chantix.
- 11 of these states, however, provided such coverage only to pregnant women.
- 8 states (Alabama, Connecticut, Georgia, Idaho, Missouri, Nebraska, Tennessee and Wyoming) did not provide tobacco-dependence treatment for any Medicaid clients. (Note: Additional information on provision of Medicaid services was reported recently by the American Lung Association (145).

From 1990 to 2006:

- The number of states (or DC) providing coverage to smokers (including just pregnant women) increased from 1 to 43, with the largest number of states adopting the policy in 1996 (Figure 41).

Table 16. Provision of Selected Cessation Services for Medicaid Recipients, by State, as of 2006*

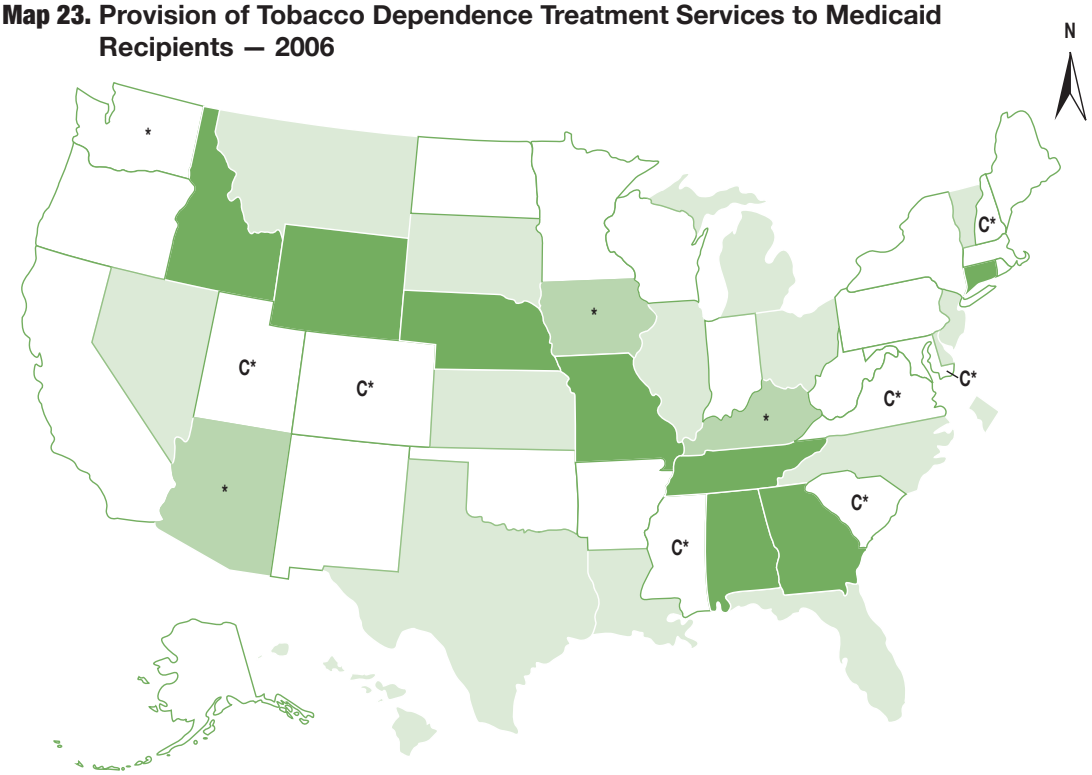
	Year any coverage began	Nicotine Replacement					Zyban	Chantix	Counseling	
		Gum	Patch	Spray	Inhaler	Lozenge			Individual	Group
ALABAMA		-	-	-	-	-	-	-	-	-
ALASKA	2006	All	All	All	-	All	All	All	All	-
ARIZONA	1997	-	-	-	-	-	-	-	Pregnant	-
ARKANSAS	1999	All	All	-	-	-	All	-	All	-
CALIFORNIA	1996	All	All	All	All	All	All	-	-	All**
COLORADO	1996	All	All	All	All	All	All	All	Pregnant	Pregnant
CONNECTICUT		-	-	-	-	-	-	-	-	-
DELAWARE	1996	All	All	All	All	All	All	All	-	-
WASHINGTON, DC	1996	All	All	All	All	All	All	All	-	-
FLORIDA	1998	All	All	-	-	-	All	All	-	-
GEORGIA		-	-	-	-	-	-	-	-	-
HAWAII	1999	All	All	All	All	All	All	All	-	-
IDAHO		-	-	-	-	-	-	-	-	-
ILLINOIS	2000	All	All	All	All	All	All	All	-	-
INDIANA	1999	All	All	All	All	All	All	All	All	All
IOWA	Unknown	-	-	-	-	-	-	-	Pregnant	-
KANSAS	1999	-	All	-	-	-	All	All	-	-
KENTUCKY	2000	-	-	-	-	-	-	-	Pregnant	Pregnant
LOUISIANA	1990	All	All	All	All	-	All	All	-	-
MAINE	1996	All	All	All	All	All	-	-	All	-
MARYLAND	1996	-	All	All	All	-	All	All	Pregnant	-
MASSACHUSETTS	2006	All	All	All	All	All	All	All	All	All
MICHIGAN	1997	All	All	-	-	All	All	All	-	-
MINNESOTA	1996	All	All	All	All	All	All	All	All	All
MISSISSIPPI	2001	All	All	All	All	All	All	-	Pregnant	Pregnant
MISSOURI		-	-	-	-	-	-	-	-	-
MONTANA	1996	All	All	All	All	All	All	All	-	-
NEBRASKA		-	-	-	-	-	-	-	-	-
NEVADA	1996	All	All	All	All	All	All	All	-	-
NEW HAMPSHIRE	1996	All	All	All	All	All	All	All	Pregnant	Pregnant
NEW JERSEY	1996	-	-	-	-	-	All	All	-	-
NEW MEXICO	1996	All	All	All	All	All	All	All	All	All
NEW YORK	1999	All	All	All	All	-	All	All	Pregnant	All**
NORTH CAROLINA	1996	All	All	All	All	All	All	All	-	-
NORTH DAKOTA	1996	All	All	-	-	-	All	-	All	All
OHIO	1998	All	All	-	All	All	All	All	-	-
OKLAHOMA	1999	All	All	All	All	All	All	All	All	-
OREGON	1998	All	All	All	All	All	All	All	All	All
PENNSYLVANIA	2002	All	All	All	All	All	All	All	All	All
RHODE ISLAND	1994	All**	All**	All**	All**	All**	-	-	All	All
SOUTH CAROLINA	1995	All	All	All	All	All	All	All	Pregnant	Pregnant
SOUTH DAKOTA	2001	-	-	-	-	-	All	All	-	-
TENNESSEE		-	-	-	-	-	-	-	-	-
TEXAS	1996	All	All	All	All	-	All	All	-	-
UTAH	2001	All	All	Pregnant	Pregnant	All	All	All	Pregnant	Pregnant
VERMONT	1999	All	All	All	All	All	All	All	-	-
VIRGINIA	1996	All	All	All	All	All	All	All	-	Pregnant
WASHINGTON	2002	-	-	-	-	-	Pregnant	-	Pregnant	-
WEST VIRGINIA	2000	All	All	All	All	All	All	-	All	-
WISCONSIN	1996	-	All	All	All	-	All	All	All	-
WYOMING		-	-	-	-	-	-	-	-	-
ALL MEDICAID		34	37	30	30	28	37	32	14	10
PREGNANT ONLY		0	0	1	1	0	1	0	11	7
TOTAL (N=43)		34	37	31	31	28	38	32	25	17

* N=43; As of 2006, eight States covered none of the tobacco-dependence treatments recommended in the 2000 Public Health Service Clinical Practice Guideline (Alabama, Connecticut, Georgia, Idaho, Missouri, Nebraska, Tennessee, and Wyoming).

** Conditional coverage with some restrictions.

Source: Reference 40
Note: Arizona, Nebraska and Washington expanded coverage in 2008 (145).

Map 23. Provision of Tobacco Dependence Treatment Services to Medicaid Recipients — 2006

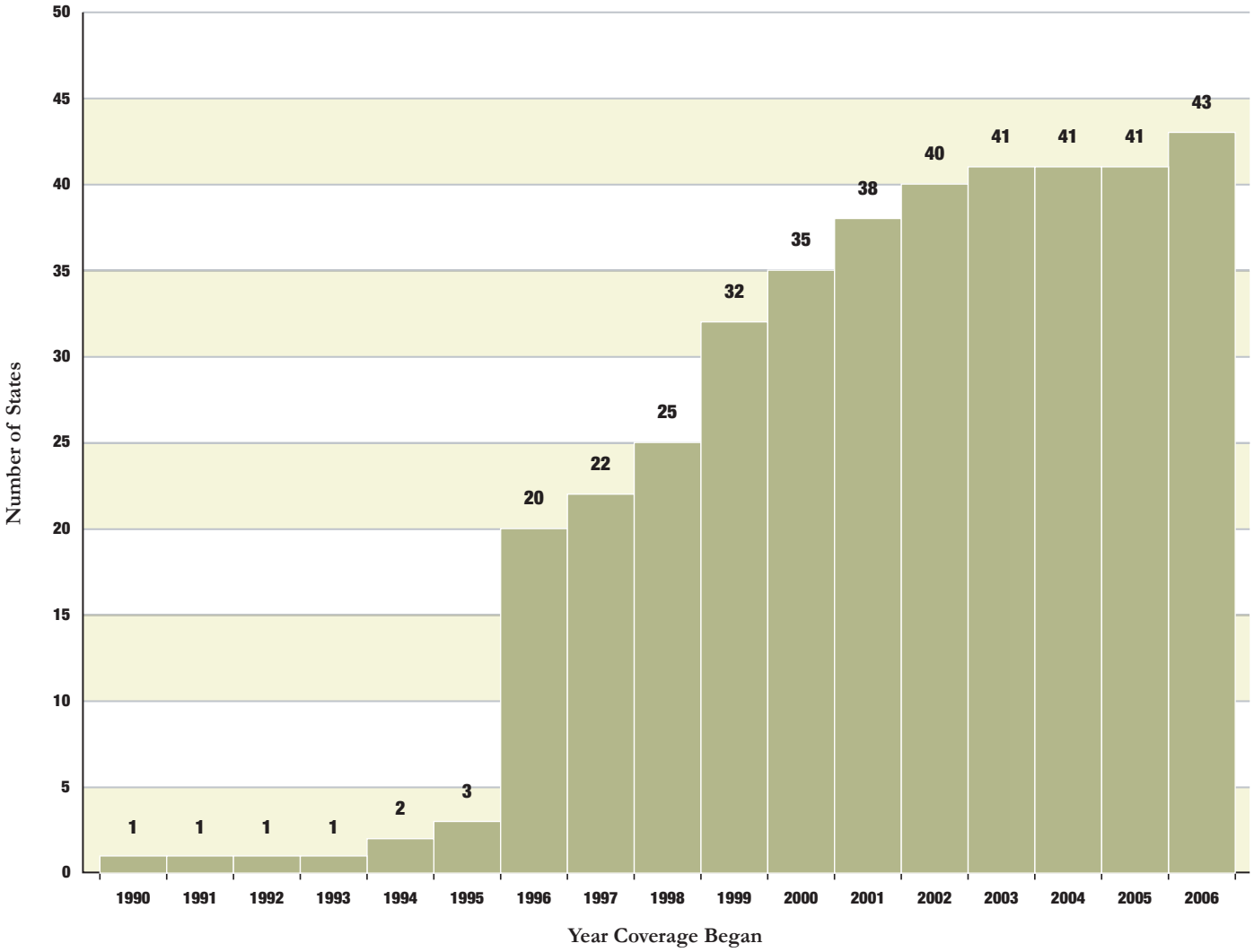


Legend
Treatment Provided

- None
- Counseling only
- Medications only (NRT, Verenicline, or Bupropion HCl)
- Medications & Counseling

Coverage for pregnant women only. C = Counseling for pregnant women only.
Source: Reference 40.

Figure 41. Medicaid Coverage of Cessation Aids in the 50 States and DC: 1990-2006



Source: Reference 40.
Note: Iowa is included beginning in 2003 when cessation coverage for pregnant women was first reported. Iowa's exact start date is unknown (40).

Telephone Quitlines and Internet Quit Sites

Definition:

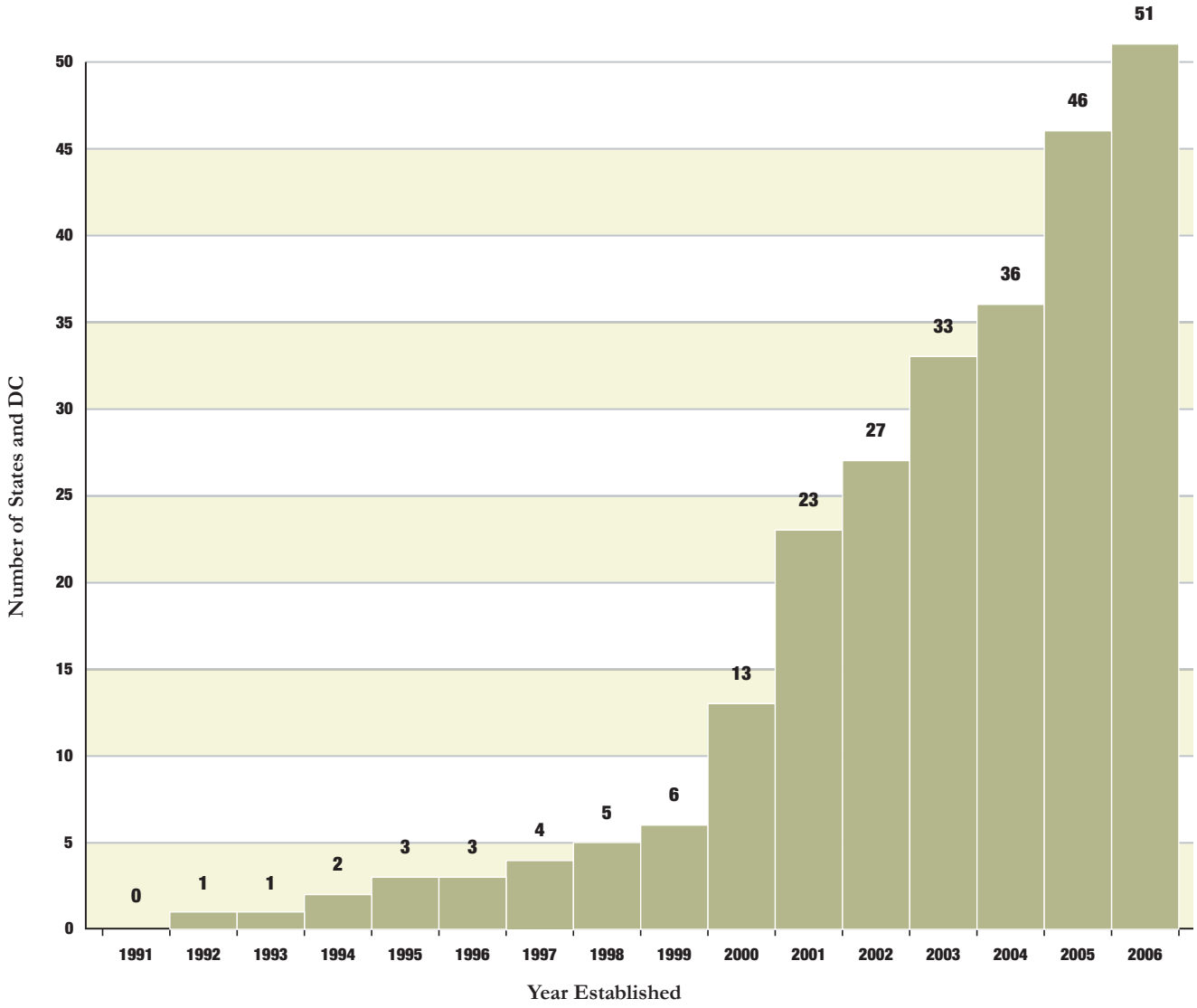
Telephone quitlines provide ready contact with an experienced quitting counselor or "coach" who provides individualized guidance to adults or teens trying to quit smoking. Proactive telephone quitlines respond to incoming calls and make outbound follow-up calls. Following an initial request by the smoker or via a fax-to-quit program, the quitline professional initiates telephone contact to counsel the patient (23). A growing number of telephone quitlines also provide direct linkages to internet quit sites, which are accessible to youth and adult smokers regardless of whether they use phone counseling or other cessation treatments. Some of these web sites provide personalized advice in an interactive manner.

Importance:

Proactive telephone quitlines are recommended as proven cessation treatments (23, 28). Quitlines are used by a small minority (approximately 2%) of smokers, as many smokers are not aware of quitline services or do not perceive them to be effective (77). Use is especially infrequent among low-income smokers (77, 146). Adequate promotion of quitlines and support for quitline staffing needs could increase use (77, 146). While not yet recommended as evidence-based, internet quit sites provide useful information at any time of the day and refer smokers to quitlines. Quit sites can tailor strategies based on individual client input, a promising strategy (147). An increasing number of state quitlines also provide free or discounted over-the-counter nicotine replacement products to eligible adult smokers.

- Since 2005, smokers in all 50 states and DC have access to a toll-free quitline (Table 17).
- In 1992, California was the first state to offer quitline services. The rate of adoption of quitlines by states increased markedly after 1999 (Figure 42).
- All states and DC provide websites that refer smokers to quitlines, offer information on cessation, and/or tailor cessation messages based on information the client provides.
- As of September 30, 2008:
  - 32 states and DC offered free or discounted nicotine replacement therapy to eligible callers (Map 24).
- For further information on Quitlines in the United States, see the information provided by the North American Quitline Consortium, at: http://www.naquitline.org/.

Figure 42. Establishment of Quitline Services in the 50 States and DC: 1991-2006



Source: North American Quitline Consortium.

Table 17. Telephone Quitline and Internet Quit Site Cessation Services Provided by States — 2008

	Quitline Number*	Quit Site Address**	NRT Assistance***	Year**** Established
ALABAMA	1-800-QUIT-NOW	www.adph.org/tobacco/	free medication available on a limited basis (eligibility-based)	2005
ALASKA	1-888-842-QUIT	www.hss.state.ak.us/dph/chronic/tobacco/	free medication available on a limited basis (eligibility-based)	2002
ARIZONA	1-800-556-6222	www.ashline.org	free medication available on a limited basis (eligibility-based)	1995
ARKANSAS	1-800-QUIT-NOW	www.stampoutsmoking.com	free medication available on a limited basis (eligibility-based)	2003
CALIFORNIA	1-800-NO-BUTTS; 1-800-456-6386 (Spanish); 1-800-556-5564 (Korean); 1-800-778-8440 (Vietnamese); 1-800-838-8917 (Cantonese/ Mandarin);1-800-933-4833 (Hearing Impaired); 1-800-844-2439 (Chew)	www.californiasmokershelpline.org		1992
COLORADO	1-800-QUIT-NOW	www.cdphe.state.co.us/pp/tobacco/cessation.html www.coquitline.org www.smokefreecolorado.org	free medication available on a limited basis (eligibility-based)	2001
CONNECTICUT	1-866-END-HABIT	www.ct.gov/dph/cwp/view.asp?a=3137&q=388064		2005
DELAWARE	1-866-409-1858	www.dhss.delaware.gov/dhss/dph/dpc/tobacco.html http://de.quitnet.com	free medication available on a limited basis (eligibility-based)	2001
WASHINGTON, DC	1-800-QUIT-NOW; 1-800-332-8615 (Hearing Impaired)	www.Smokefree.gov www.aladc.org/tobacco-control/quit-smoking-now/		2006
FLORIDA	1-877-U-CAN-NOW	www.flquitline.com	free medication available on a limited basis (eligibility-based)	2001
GEORGIA	1-877-270-STOP; 1-877-266-3863 (Spanish); 1-877-777-6534 (Hearing Impaired)	www.livehealthygeorgia.org/quitLine/		2001
HAWAII	1-800-QUIT-NOW	www.callitquitshawaii.org	free medication available on a limited basis (eligibility-based)	2005
IDAHO	1-800-QUIT-NOW	http://idahoquitnet.com www.projectfilter.org	free medication available on a limited basis (eligibility-based)	2005
ILLINOIS	1-866-QUIT-YES	www.idph.state.il.us/TobaccoWebSite/quitsmoking.htm www.idph.state.il.us/smokefree/sf_quit.htm www.quityes.org		2000
INDIANA	1-800-QUIT-NOW	www.indianatobaccoquitline.net		2006
IOWA	1-800-QUIT-NOW; 1-888-229-2182 (Hearing Impaired)	www.quitlineiowa.org	free medication available on a limited basis (eligibility-based)	2001
KANSAS	1-866-KAN-STOP	www.kdheks.gov/tobacco/cessation.html		2003
KENTUCKY	1-800-QUIT-NOW; 1-800-969-1393 (Hearing Impaired)	www.gethealthy.ky.gov/adults/tobacco/		2005
LOUISIANA	1-800-QUIT-NOW	www.tobaccofreeliving.org www.quitwithusla.org		2000
MAINE	1-800-207-1230	www.tobaccofreemaine.org	free medication available on a limited basis (eligibility-based)	2001
MARYLAND	1-800-QUIT-NOW	www.smokingstopshere.com		2006
MASSACHUSETTS	1-800-TRY-TO-STOP; 1-800-8-DEJALO (Spanish); 1-800-TDD-1477 (Hearing Impaired); 1-800-GET-A-TIP (24-hour tips)	www.trytostop.org www.quitworks.org	free medication available on a limited basis (eligibility-based)	1994
MICHIGAN	1-800-480-QUIT	www.michigan.gov/surgeongeneral/ 0,1607,7-216-33084_33091---,00.html	discounted medication available on a limited basis (eligibility-based)	2003
MINNESOTA	1-800-354-PLAN; 1-877-559-3816 (Hearing Impaired)	www.quitplan.com	free/discounted medication available on a limited basis (eligibility-based)	2001

Table 17 cont.

	Quitline Number*	Quit Site Address**	NRT Assistance***	Year**** Established
MISSISSIPPI	1-800-QUIT-NOW	www.msdh.state.ms.us/msdhsite/_static/43,1774,94.html		1999
MISSOURI	1-800-QUIT-NOW	www.dhss.mo.gov/SmokingAndTobacco/QuitInfo.html	free medication available on a limited basis (eligibility-based)	2005
MONTANA	1-800-QUIT-NOW	http://tobaccofree.mt.gov	free medication available on a limited basis (eligibility-based)	2004
NEBRASKA	1-800-QUIT-NOW	www.dhhs.ne.gov/tfn/ces/		2006
NEVADA	1-888-866-6642	www.livingtobaccofree.com		1997
NEW HAMPSHIRE	1-800-TRY-TO-STOP	www.dhhs.nh.gov/DHHS/ATOD/TPCP.htm		2005
NEW JERSEY	1-866-NJ-STOPS	www.nj.quitnet.com	discounted medication available on a limited basis (eligibility-based)	2000
NEW MEXICO	1-800-QUIT-NOW; 1-888-229-2182 (Hearing Impaired)	www.thestink.org www.quitnownm.com	free medication available on a limited basis (eligibility-based)	2005
NEW YORK	1-866-NY-QUITS	www.nysmokefree.com	free medication available on a limited basis (eligibility-based)	2000
NORTH CAROLINA	1-800-QUIT-NOW	www.quitnownc.org/index.asp		2005
NORTH DAKOTA	1-866-388-QUIT	http://www.ndhealth.gov/tobacco/quitline.htm	free medication available on a limited basis (eligibility-based)	2004
OHIO	1-800-QUIT-NOW; 1-888-229-2182 (Hearing Impaired)	www.odh.ohio.gov/odhPrograms/hprr/tob_risk/tob_risk1.aspx	free medication available on a limited basis (eligibility-based)	2003
OKLAHOMA	1-866-QUIT-NOW; 1-800-793-1552 (Spanish)	www.ok.gov/tset/Programs/Tobacco_Use_Prevention_and_Cessation/Oklahoma_Tobacco_Helpline/	free medication available on a limited basis (eligibility-based)	2003
OREGON	1-800-QUIT-NOW; 1-877-2NO-FUME (Spanish); 1-877-777-6534 (Hearing Impaired)	www.oregonquitline.org	free medication available on a limited basis (eligibility-based)	1998
PENNSYLVANIA	1-877-QUIT-NOW	www.dsf.health.state.pa.us/health/cwp/browse.asp?a=174&bc=0&c=35485&healthRNavrad3439C=|# www.determinedtoquit.com	discounted medication available on a limited basis (eligibility-based)	2002
RHODE ISLAND	1-800-TRY-TO-STOP; 1-800-TDD-1477 (Hearing Impaired); 1-800-8-Déjalo (Spanish)	www.health.state.ri.us/tobacco/cessation.php http://trytostop.org		2002
SOUTH CAROLINA	1-800-QUIT-NOW	www.scdhec.gov/quitforkeeps/		2004
SOUTH DAKOTA	1-866-SD-QUITS; 1-800-877-1113 (Hearing Impaired)	www.healthysd.gov/QuitTobacco.html	free medication available on a limited basis (eligibility-based)	2002
TENNESSEE	1-800-QUIT-NOW; 1-877-559-3816 (Hearing Impaired)	http://health.state.tn.us/tobaccoquitline.htm		2006
TEXAS	1-877-YES-QUIT	www.dshs.state.tx.us/tobacco/quityes.shtm www.yesquit.com	free medication available on a limited basis (eligibility-based)	2001
UNITED STATES	1-800-QUIT-NOW	www.smokefree.gov		
UTAH	1-888-567-TRUTH; 1-877-629-1585 (Spanish); 1-877-777-6534 (Hearing Impaired)	www.utah.quitnet.com www.tobaccofreeutah.org	free medication available on a limited basis (eligibility-based)	2000
VERMONT	1-877-YES-QUIT	http://vt.quitnet.com/	free/discounted medication available on a limited basis (eligibility-based)	2001
VIRGINIA	1-800-QUIT-NOW; 1-877-777-6534 (Hearing Impaired)	www.smokefreevirginia.org		2005
WASHINGTON	1-800-QUIT-NOW; 1-877-2-NO-FUME (Spanish); 1-877-777-6534 (Hearing Impaired)	www.quitline.com	free medication available on a limited basis (eligibility-based)	2000
WEST VIRGINIA	1-877-966-8784	www.ynotquit.com	free medication available on a limited basis (eligibility-based)	2000
WISCONSIN	1-800-QUIT-NOW	www.ctri.wisc.edu/quitline.html www.WIquitline.org	free medication available on a limited basis (eligibility-based)	2001
WYOMING	1-800-QUIT-NOW	www.wy.quitnet.com	free/discounted medication available on a limited basis (eligibility-based)	2003

*As advertised on associated websites.

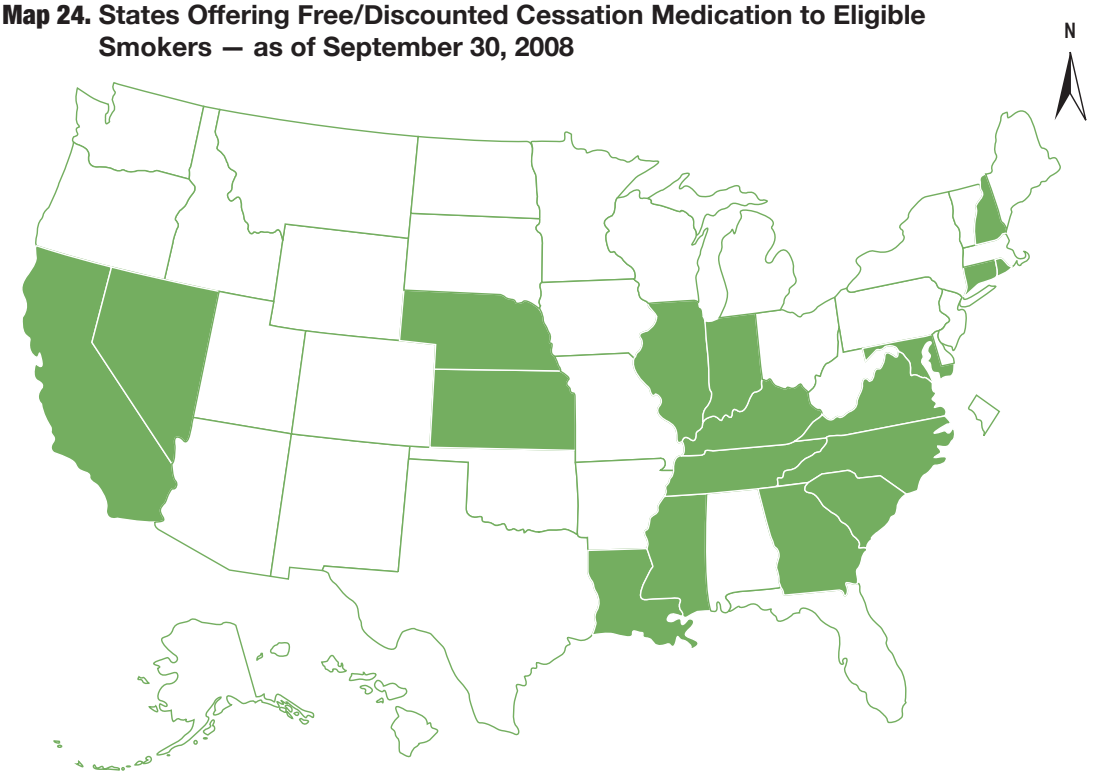
**Quit site addresses include web-based cessation programs, government tobacco control and prevention websites, and websites promoting quitline services.

***As of 9/30/08. NRT assistance can fluctuate with tobacco control funding allocations.

****Indicates the year the quitline was established. Other services, including websites and NRT assistance, may have been initiated at other times.

Sources: North American Quitline Consortium and State University of New York at Buffalo, Department of Health Behavior

Map 24. States Offering Free/Discounted Cessation Medication to Eligible Smokers — as of September 30, 2008



Source: North America Quitline Consortium and University at Buffalo School of Public Health and Health Professions.

Socioeconomic Differences in Smoking Behaviors and Policies

Definition:

In the United States, the prevalence of cigarette smoking varies among specific populations. Current smoking prevalence rates are especially high among persons who 1) have dropped out of high school (Figure 4) (5, 12), 2) have lower income levels (Figure 5) (5, 12), 3) are Native American (Figure 6) (5, 12), 4) are blue collar and service workers (148), 5) have psychiatric co-morbidities and co-occurring substance abuse disorders (21), and 6) are young adults (Figure 14; Table 5). The percentage of ever smokers who have quit is lowest among high school dropouts (Figure 43), persons with lower income levels (Figure 44), and young adults (Figure 45). The median household income in each state (in 2006 and 2007) provides a state-level indicator of socioeconomic status (SES).

Importance:

The study of disparities highlights groups at particular risk of smoking and the deleterious health consequences of use. It can also suggest ways to reduce use and decrease smoking-attributable morbidity and mortality. For example, recognition of the dangers of smoking and of the safety and efficacy of nicotine medications is compromised among smokers with fewer years of education (149-151). Similarly, those with fewer years of education are less likely to use evidence-based treatment during a quit attempt (152). Smokers of lower SES exhibit higher levels of nicotine dependence, lower confidence in their ability to quit, and less intention to quit than do higher SES smokers (153). Some smoking-cessation media campaigns may be less effective with less educated smokers (154). Thus, programs and policies that help persons across the entire spectrum of SES should be provided.

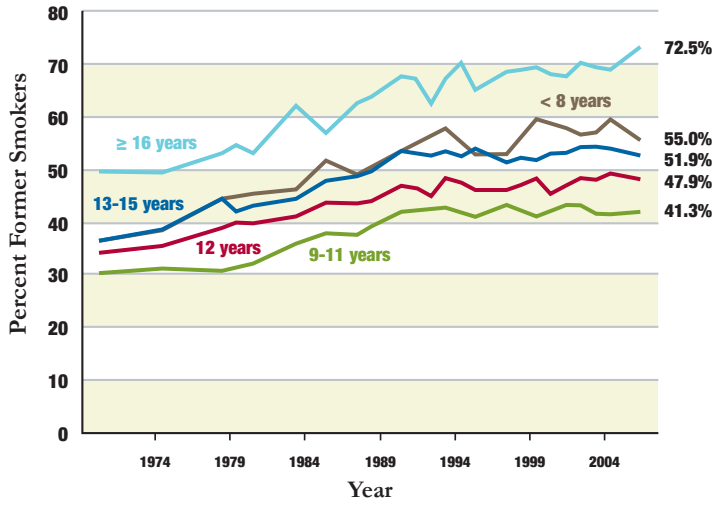
As shown in Table 18 and Map 25, during 2006 and 2007, median household income was lowest in Mississippi ($36,499), Louisiana ($39,418), and Arkansas ($39,452) and highest in New Hampshire ($65,652), Maryland ($65,552), and New Jersey ($65,249).

As shown in Table 18, as median household income in each state increases:
- the prevalence of current smoking decreases;
- the percentage of ever smokers who have quit increases;
- the cigarette excise tax increases; and
- the strength of laws protecting people from tobacco smoke pollution increases.

Median household income in each state was not associated with:
- per capita tobacco control funding;
- Medicaid reimbursement for tobacco control interventions; or
- the availability of free/discounted cessation medications via the state's quitline.

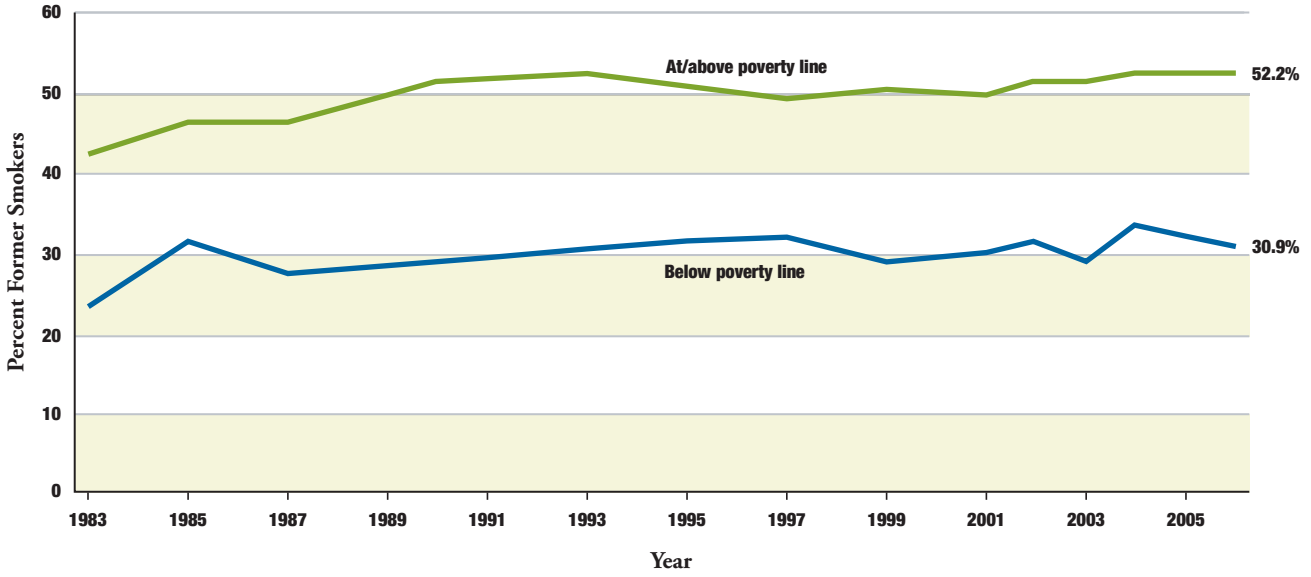
People with higher incomes may be more supportive of effective strategies to prevent initiation, promote quitting and protect nonsmokers, because they are better educated and less likely to be smokers. The higher prevalence of smoking in states with lower household incomes suggests a particular need to enhance the provision of evidence-based tobacco control strategies in those jurisdictions. Price increases appear to be especially effective in reducing smoking among adults with lower incomes and among persons employed in manual occupations (46, 47). Concerns about the regressive nature of cigarette excise tax increases can be addressed by using some of the revenues raised by tax increases to provide health insurance coverage for individuals with lower incomes, including support for smoking cessation services (155). Evidence-based behavioral and pharmaceutical treatments for smoking cessation recommended by the *Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update* (23) are recommended for many special populations, including smokers of low SES; those with medical and psychiatric co-morbidities, including substance use disorders; and among racial and ethnic minorities (23, 141).

Figure 43. Trends in the Prevalence of Ever Smokers* Who Are Former Smokers, by Education, Adults Aged ≥25 Years — United States, 1970-2006



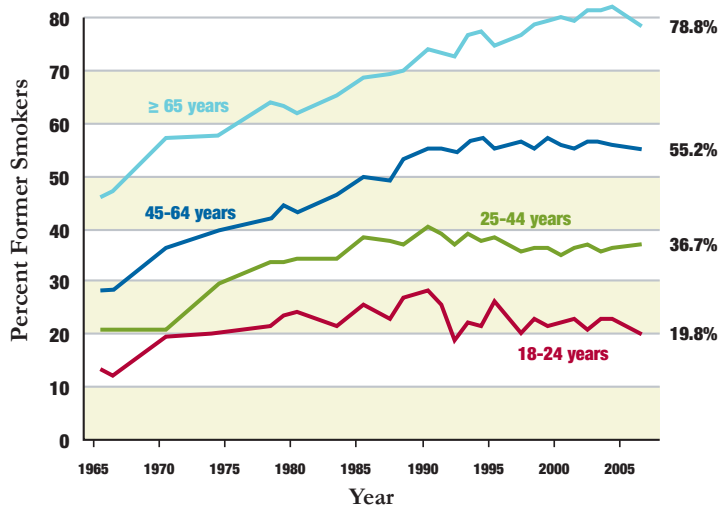
Source: various National Health Interview Surveys from 1970-2006.
* Ever-smoked 100 + Cigarettes.

Figure 44. Trends in the Percentage of Ever Smokers* Who Are Former Smokers, Adults Aged ≥18 Years, by Poverty Status — United States, 1983-2006



Source: various National Health Interview Surveys from 1983-2006.
* Ever smoked 100+ Cigarettes.

Figure 45. Trends in the Percentage of Ever Smokers* Who Are Former Smokers, by Age — United States, 1965-2006



Source: various National Health Interview Surveys, 1965-2006.
* Ever-smoked 100 + Cigarettes.

Table 18. Median Household Income, Current Smoking Prevalence, Ever Smokers Who've Quit, and Various Tobacco Control Policy Indicators

	Median Household Income (FY 2007)		Current Smoking Prevalence in 2006/2007*	Percentage of Ever Smokers Who've Quit*	FY 2007 Cigarette Excise Tax**	Smoke-free Air Index***	Per Capita Tobacco Control Funding****	Medicaid Reimbursement*****	Medication Available Through the Quitline ******
	($)		(%)	(%)	($)		($)		
ALABAMA	40,620		22.3	44.6	0.45	7	0.46	0	1
ALASKA	60,506		23.5	50.2	2.10	10	11.12	2	1
ARIZONA	47,598		18.5	51.3	2.10	36	4.16	0	1
ARKANSAS	39,452		24.5	46.4	0.62	26	5.71	2	1
CALIFORNIA	56,311		12.6	58.6	0.92	27	2.33	2	0
COLORADO	59,209		17.5	55.6	0.88	37	5.50	1	1
CONNECTICUT	64,158		16.4	61.3	2.10	23	0.88	0	0
DELAWARE	54,257		17.9	55.6	1.21	34	12.85	1	1
WASHINGTON, DC	50,318		15.2	54.5	1.05	35	1.79	1	1
FLORIDA	46,383		16.4	54.8	0.36	28	0.36	1	1
GEORGIA	49,692		18.6	46.1	0.39	20	0.34	0	0
HAWAII	63,104		15.6	56.6	1.89	37	7.90	1	1
IDAHO	48,354		15.7	56.2	0.60	24	1.46	0	1
ILLINOIS	51,279		18.6	50.6	1.03	36	0.77	1	0
INDIANA	47,074		25.4	41.4	1.05	4	1.91	2	0
IOWA	49,200		22.0	51.3	1.43	37	2.59	0	1
KANSAS	47,671		20.6	50.3	0.83	9	0.87	1	0
KENTUCKY	40,029		28.2	41.8	0.32	1	0.82	0	0
LOUISIANA	39,418		21.9	44.7	0.38	30	2.16	1	0
MAINE	47,415		22.5	56.4	2.10	28	12.02	2	1
MARYLAND	65,552		15.9	54.2	1.05	34	3.64	1	0
MASSACHUSETTS	57,681		15.3	58.8	1.59	34	1.59	2	1
MICHIGAN	49,699		20.7	51.9	2.10	11	0.25	1	1
MINNESOTA	57,932		19.4	55.8	1.56	29	4.42	2	1
MISSISSIPPI	36,499		20.4	43.1	0.19	8	0.19	1	0
MISSOURI	45,924		23.9	46.4	0.18	16	0.22	0	1
MONTANA	42,963		18.5	56.3	1.79	31	8.37	1	1
NEBRASKA	49,342		19.4	54.6	0.67	15	2.47	0	0
NEVADA	53,912		18.1	49.7	0.84	31	1.88	1	0
NEW HAMPSHIRE	65,652		16.7	61.5	1.14	15	0.87	1	0
NEW JERSEY	65,249		13.7	62.0	2.71	37	1.44	1	1
NEW MEXICO	42,760		19.8	50.3	0.96	26	4.65	2	1
NEW YORK	49,267		16.5	54.5	1.58	36	4.59	2	1
NORTH CAROLINA	42,219		21.5	47.4	0.37	0	1.91	1	0
NORTH DAKOTA	44,708		19.4	53.2	0.46	22	6.85	2	1
OHIO	48,151		22.9	48.4	1.32	34	4.06	1	1
OKLAHOMA	41,578		25.6	42.0	1.08	20	3.22	2	1
OREGON	49,331		18.7	55.1	1.24	17	1.28	2	1
PENNSYLVANIA	49,145		19.6	54.1	1.42	27	2.56	2	1
RHODE ISLAND	54,735		18.0	57.2	2.59	34	2.09	2	0
SOUTH CAROLINA	42,477		21.7	46.5	0.07	8	0.77	1	0
SOUTH DAKOTA	46,567		20.8	54.3	1.61	28	2.23	1	1
TENNESSEE	41,521		25.3	43.6	0.65	20	0.13	0	0
TEXAS	45,294		17.5	49.6	1.48	2	0.26	1	1
UTAH	54,853		12.4	54.6	0.73	26.5	3.21	1	1
VERMONT	50,423		21.2	56.3	1.88	23	10.35	1	1
VIRGINIA	58,950		16.5	55.9	0.32	8	1.89	1	0
WASHINGTON	57,178		18.9	56.7	2.13	35	4.47	0	1
WEST VIRGINIA	40,800		26.2	40.7	0.58	1	3.69	2	1
WISCONSIN	52,218		21.1	51.5	0.81	13	2.05	2	1
WYOMING	48,560		24.9	48.3	0.63	0	13.60	0	1
Correlation (rho) with Income			-0.644	0.730	0.511	0.427	0.173	NS	NS
p value			< 0.001	<0.001	<0.001	0.002	0.226	0.545	0.837

* For ages 18+ years; see Tables 1 and 3

** See Table 11

*** See Table 7 and Appendix, page 215 for method of calculating the Smoke-free Air Index

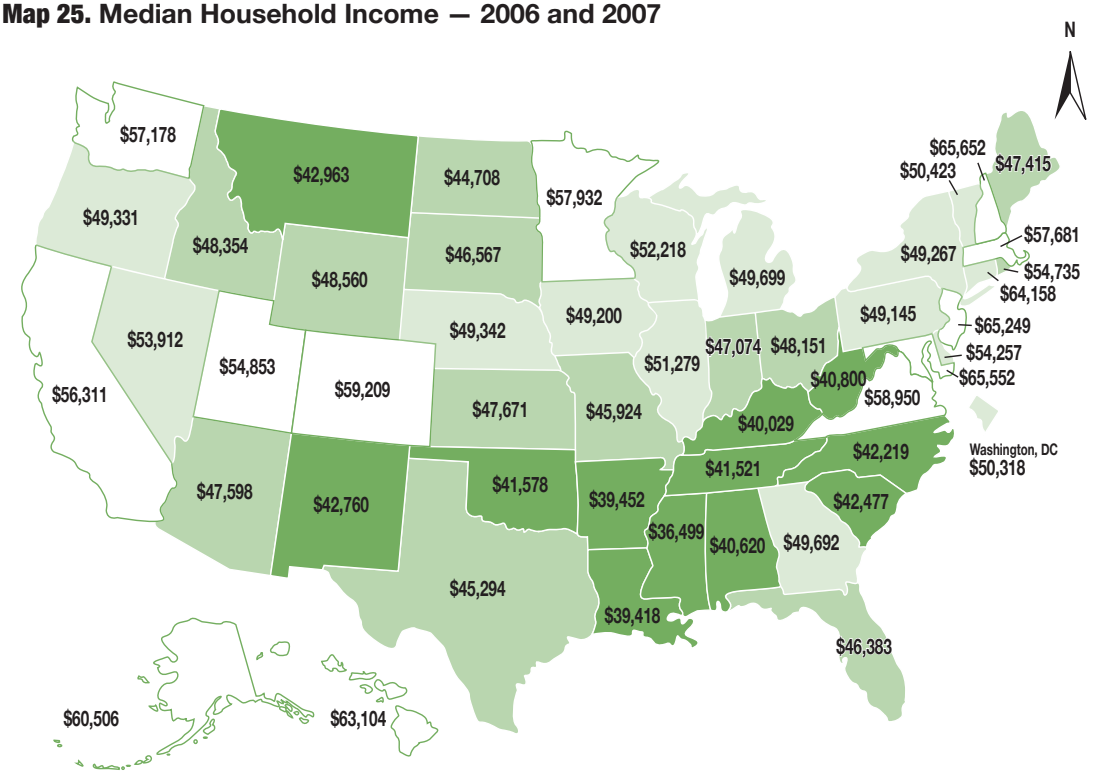
**** See Table 12

***** See Table 16;
0 = No medication/counseling except possibly for pregnant women only;
1 = either medication or counseling; may include counseling, but just for pregnant women;
2 = both medication and counseling;
Mean incomes = $48,515 for 0; $51,309 for 1; and $49,432 for 2

****** See Table 17;
1 = free and/or discounted medication available (eligibility-based);
0 = free/discounted medication not available (as of 9/30/08);
Mean incomes = $50,361 for 0 and $49,900 for 1.

Note: NS = average incomes not significantly different across conditions

Map 25. Median Household Income — 2006 and 2007



Source: U.S. Census Bureau.

Conclusions – How Far We Have Come

The analyses conducted in this chart book indicate mixed results. For example, the prevalence of cigarette smoking among adults, particularly those aged 30 years and older, decreased substantially from 1992/93 to 2006/07. The drop in current smoking prevalence among adolescents since the mid-1990's is noteworthy, although progress has slowed in recent years. The high rates of smoking and the slower rate of decline in prevalence among younger adults are especially disconcerting and indicate that unless significant efforts are taken to support quitting, members of this age group will experience especially high smoking-attributable disease and death rates (156).

Increasing cigarette excise tax rates and expanding effective tobacco control programming will reduce use and subsequent deleterious health consequences. However, in 2007, states allocated only 2.7% of revenues from tobacco settlement payments and cigarette excise taxes to tobacco control, down from 4.2% in 2002 (Table 12). More widespread protection from tobacco smoke pollution for workers in all locations, including restaurants and bars, will also prevent disease and death. Failure to act will have substantial negative health and economic consequences. When governments strategically combine multiple policy approaches, as has been done in California and New York City, we observe substantial reduction in use and the resulting health consequences (35, 72-75, 157-158).

Nonsmoking has become the norm. At the national level, the percentage of employed adults who work in a smoke-free environment was 63% higher in 2006/07 (75.1%) than in 1992/93 (46.1%). Increases were observed in every state. And the percentage of persons who report that smoking is not allowed inside their homes increased nationwide by 84%, from 43.1% in 1992/93 to 79.1% in 2006/07, with increases observed in every state. Perhaps most noteworthy is the 275% national increase in the percentage of smokers indicating that smoking is not allowed inside their homes, from 11.0% in 1992/93 to 41.3% in 2006/07. In Kentucky, this indicator increased by 500%, from 4.1% in 1992/93 to 24.6% in 2006/07. The expanding science base about the dangers of tobacco smoke pollution is contributing to efforts to prevent exposure, both at home and in public (15). There is still room for improvement, however, as substantial differences remain across states (Tables 7-10).

In recent years, healthcare providers have been more likely to advise their patients who smoke to quit. At the national level, the percentage of adult smokers who visited a physician during the previous year who reported that they were advised to quit increased by 30%, from 50.1% in 1992/93 to 65.1% in 2006/07. Increases were observed in 43 states and DC. The percentage of adult smokers who visited a dentist during the previous year who reported that they were advised to quit increased by 69%, from 20.7% in 1992/93 to 34.9% in 2006/07. Increases were observed in 40 states. Again, room for improvement exists, as substantial differences remain across states. Increasing knowledge of evidence-based treatment approaches and increasing coverage of treatment by private insurers and Medicaid have likely facilitated progress in the provision of clinician advice to quit smoking (23, 40, 159, Table 16). In addition, many states allow clinicians to refer eligible patients to quitlines for support (160). Increasing consumer demand for effective cessation treatments will also facilitate progress (73, 74).

According to the Institute of Medicine (IOM), the tobacco epidemic in the United States can be brought to an end (i.e., use can be reduced so substantially that it is no longer a significant public health problem) (34). This goal can be accomplished with full implementation of evidence-based and promising tobacco control strategies (34). Some of these activities will counter the efforts of the tobacco industry — a vector of disease (161, 162). For example, we need to address tobacco industry price promotions and, in certain parts of the country, sales of contraband cigarettes, which undermine tax increases (46, 163). Restrictions on tobacco industry marketing to young adults also appear warranted (13, 34). Regulations are needed to prevent the industry from misinforming the public about the risks of existing and future products (34). States should license retail outlets that sell tobacco products and ban the sales of tobacco products through mail order, the Internet, or other electronic systems and allow sales only through licensed outlets (34). Other recommendation made by the IOM would require Federal legislation, including some that would permit

states to regulate the advertising and promotion of tobacco products (34).

For the states that haven't already done so (see Tables 7 and 8), the IOM recommends enacting complete bans on smoking in all nonresidential indoor locations, including private workplaces, restaurants and bars (34). In addition, the IOM calls for a repeal of preemption clauses in smoke-free legislation where they exist and for new laws not to include preemptive language, thus allowing communities to enact more protective laws if they so choose.

Other strategies will reduce demand. States are encouraged to fund effective tobacco control programs, including strong media campaigns, at levels of funding recommended by the CDC (13, 32, 34). On average, states would need to increase their level of spending from 2.7% of revenues from settlement payments and cigarette excise taxes in 2007 to approximately 11.6% of settlement and excise tax revenues to fund programs at the minimum level recommended by the CDC (32, Table 12). In addition, states should raise their cigarette excise tax rates to at least $2.00/pack and index the tax rate to the rate of inflation (34, 48). Excise taxes significantly increase state revenues, even when they are applied to comprehensive tobacco control programs that reduce consumption, as was done in California.

Finally, in states with the lowest smoking prevalence rates, remaining smokers were less likely to report indicators of addiction and more likely to want to quit and be successful than were smokers in the higher prevalence states, contrary to the "hardening" hypothesis. The same programs and policies that reduce smoking prevalence also contribute to reductions in the number of cigarettes smoked each day and perhaps in levels of addiction. They may also promote interest in quitting. The lower prevalence states should continue to support evidence-based programs and policies, including funding tobacco control programs at levels recommended by the CDC, and innovate with promising interventions. The states that have higher rates of smoking would benefit first by strengthening their implementation of evidence-based programs and policies as needed.

SECTION 4: STATE HIGHLIGHTS

Guide to Reading State Highlights

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Guide to Reading State Highlights

1. From 1992/93 to 2006/07, the Tobacco Use Supplement to the Current Population Survey (TUS-CPS) assessed current smoking status as having ever smoked at least 100 lifetime cigarettes and currently smoking every day or on some days. Representative samples are available for each state.

2. 1992/93 to 2006/07 TUS-CPS data are presented to indicate the percentage of persons who had ever smoked at least 100 lifetime cigarettes who no longer smoke.

3. 2005 and 2006 (combined) National Survey on Drug Use and Health (NSDUH) data are presented to indicate the percentage of 12-17 year olds who reported any cigarette smoking during the previous 30 days.

4. 2005 and 2006 (combined) NSDUH data are presented to indicate the percentage of 18-25 year olds who reported any cigarette smoking during the previous 30 days.

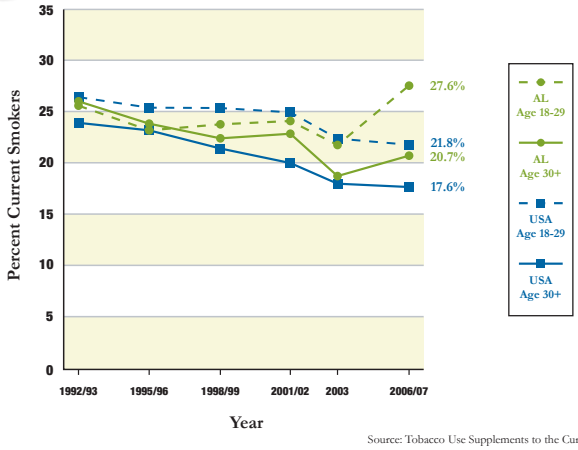
5. Percentages shown are for high school students (most are 14-18 years old) who reported smoking a cigarette during the previous 30 days on either the Youth Risk Behavior Survey (YRBS), Youth Tobacco Survey (YTS) or California Student Tobacco Survey (CSTS). State data are presented on the most recent YRBS conducted since 2005 or the 2006 YTS or CTS.

6. 1992/93 to 2006/07 TUS-CPS data for each state depict trends in living in a smoke-free home and working in a smoke-free work place for both smokers and nonsmokers ages 18 years and older. Homes are considered smoke-free if no one is allowed to smoke anywhere inside the home; a work place is considered smoke-free if smoking is not allowed in any indoor area.

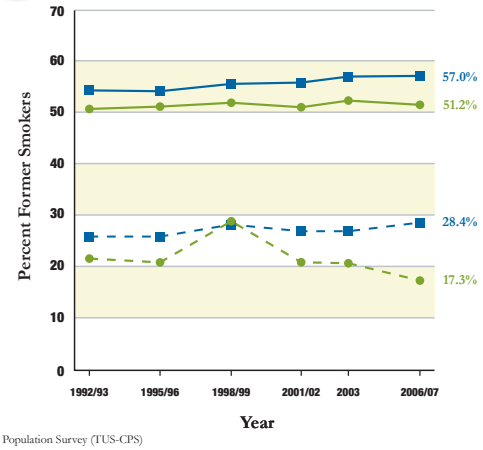
7. This graph shows the percentage of the retail price of a pack of cigarettes that consisted of federal and state cigarette excise taxes during 1970 to 2007.

ALABAMA

1 Trends in Cigarette Smoking Among Adults



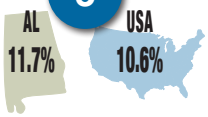
2 Percent of Adult Ever Smokers Who've Quit



Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

3 Cigarette Use Among Adole[illegible]nd Young Adults

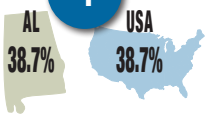
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.

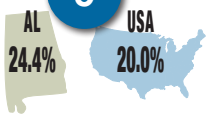
Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

4



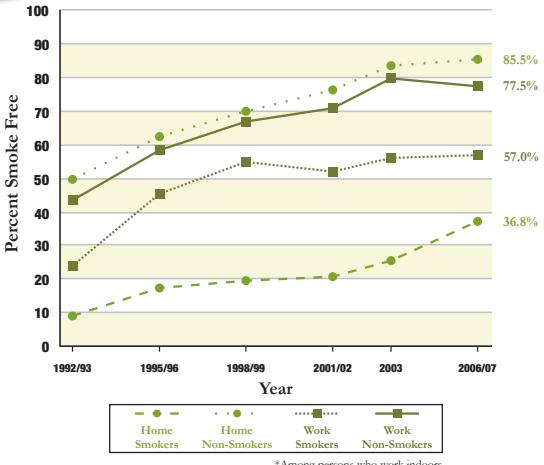
Current cigarette smoking among high school students (14-18 yr olds)

5



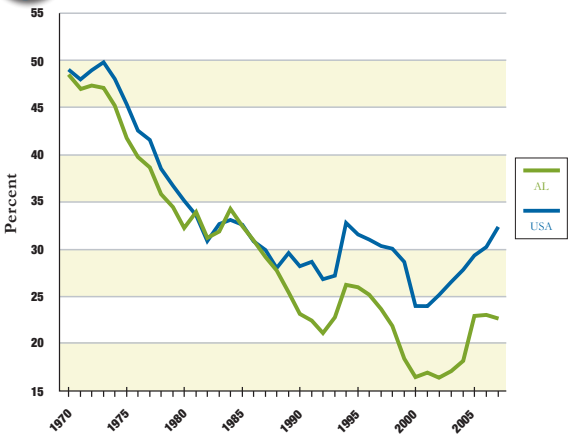
Sources: 2005 and 2007 Youth Risk Behavior Survey (YRBS)

6 Smoke-Free Homes and Work Places* in Alabama



*Among persons who work indoors
Source: TUS-CPS

7 Tax as Percentage of Retail Price, 1970 - 2007



8. "Cigarette price" is the amount of money paid by a consumer at a retail outlet before sales taxes are applied and before any price-reducing promotions are applied. "Real" cigarette prices are adjusted for inflation (to April 2008 dollars). Cigarette sales are the number of packs on which excise taxes are paid, as indicated by each state's finance department. Data are presented for 1970 to 2007.

9. This graph documents the average real state cigarette excise tax rate per pack and annual real gross revenues states received from those taxes during 1970 to 2007. (It does not include federal and any applicable local cigarette excise taxes.)

10. Symbols indicate the strength of state Smoke-free Air Laws as applied to private worksites, restaurants and bars by rating the strength of the law as providing: No Protection; Minimal Protection (essentially by requiring designated nonsmoking areas); Moderate Protection (essentially by requiring separately ventilated nonsmoking areas), or Strong Protection (essentially by banning smoking in all locations). Whether or not a state has implemented a preemption law is also documented by a Yes or No; Yes indicating the state law preempts local smoke-free air ordinances from providing more protection than the state law. Data are presented for laws in effect on December 31, 1991 and September 30, 2008.

11. This table documents each state's collective provisions designed to reduce minors' access to tobacco products as of December 31, 1991 and December 31, 2006. One set of laws penalizes minors for possessing, using and/or purchasing tobacco products. Another penalizes retailers for selling to minors and includes provisions in which a) penalties increase for repeated illegal sales, b) a statewide enforcement agency exists, c) random inspections are conducted, d) cigarettes can be accessed in a store only through a clerk and e) vending machines are restricted. A summary index rates the overall strength of each state's retailer law, such that a score of 10 represents the strongest possible law.

12. This table presents the annual health and economic costs of cigarette smoking, including costs associated with smoking-attributable morbidity and mortality and smoking-attributable economic costs. Data are presented for the most recently available year for each indicator.

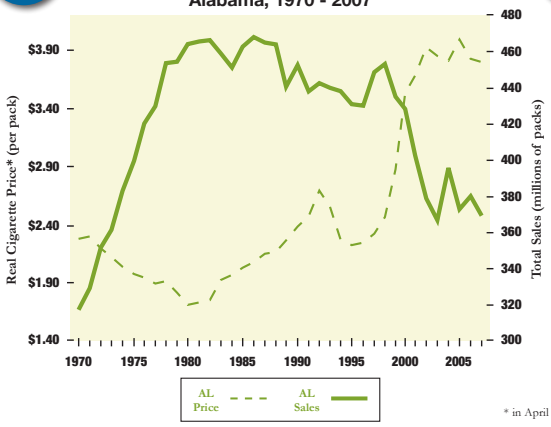
13. This table lists the amount of annual (fiscal year) revenue (in April 2008 dollars) states received from various sources, including tobacco settlement funds, cigarette excise taxes and other tobacco control sources of funding (i.e., CDC's National Tobacco Control Program, the Robert Wood Johnson Foundation's SmokeLess States Program and the American Legacy Foundation). Tobacco Control Funding represents the amount of money allocated to tobacco control or tobacco-related activities from these five sources. State Settlement & Tax Funding as Percent of Settlement & Tax Revenues represents the percentage of revenues from the settlement and state cigarette excise tax that is devoted to tobacco use prevention and control activities. Data are presented for 2002 (when allocations were highest) and 2007.

14. 1992/93 and 2006/07 TUS-CPS data indicate the percentage of current smokers who visited a physician or a dentist during the previous year who reported that they were advised to quit smoking by a physician or a dentist, respectively, during the previous year.

15. This table indicates whether coverage for various tobacco dependence treatments was provided to state Medicaid clients in 2006, based on a survey of state Medicaid personnel (40).

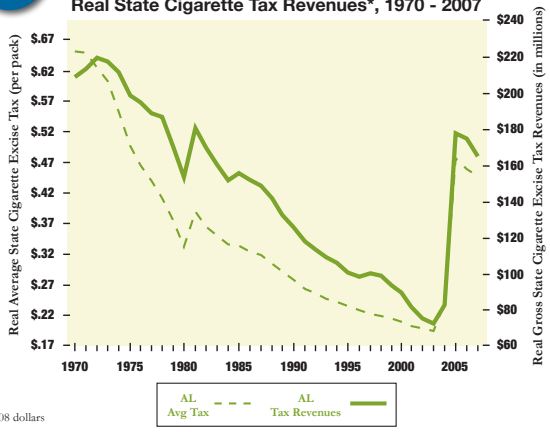
16. This table indicates the toll-free telephone quitline number, one or more internet quit site addresses with information about quitting and whether the state offers free/discounted medication to eligible smokers, as of September 30, 2008.

8 Total Cigarette Sales and Real Cigarette Prices*, Alabama, 1970 - 2007



* in April 2008 dollars

9 Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

10 Protection From Tobacco Smoke Pollution in AL

	1991	2008
Private Worksites	○	⊘
Restaurants	○	○
Bars	○	○
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

11 Minors' Access Laws in Alabama*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	Yes
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**4**

* Minimum Age in 1991: 19 yrs; Minimum Age in 2006: 19 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

12 The Annual Costs of Cigarette Smoking in Alabama

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	7,585 (318+)
2004	Years of Potential Life Lost	109,026 (14.4++)
2000	Persons Living with a Smoking-Attributable Disease	141,594
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$1,437,000,000
2004	Productivity Costs	$2,242,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

13 Alabama Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$137,914,000	$103,235,000
Cigarette Excise Tax Revenue	$75,286,000	$165,029,000
Other Tobacco Control Funding Revenues	$1,852,000	$1,497,000
Tobacco Control Funding	$2,575,000	$2,215,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	0.3%	0.3%

* in April 2008 dollars

14 Percent of smokers who visited a health care provider during the previ 12 months who were advised to quit

	1992/93	2006/7
Physician	48.3%	61.9%
Dentist	13.7%	29.4%

Source: TUS-CPS

15 Medicaid Program Coverage of Tobacco Dependence Treatment in 200

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	NO	NO	NO	NO	NO

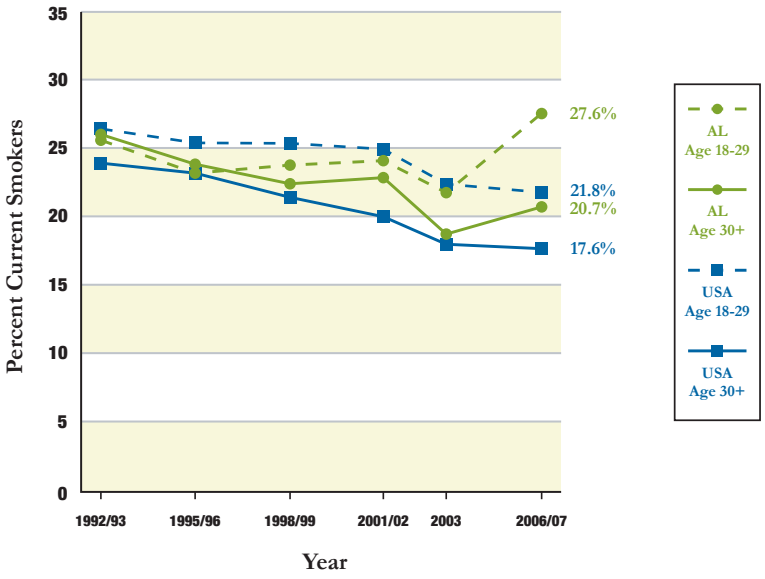
16 Cessation Services

Phone: 1-800-QUIT-NOW
Website: www.adph.org/tobacco/

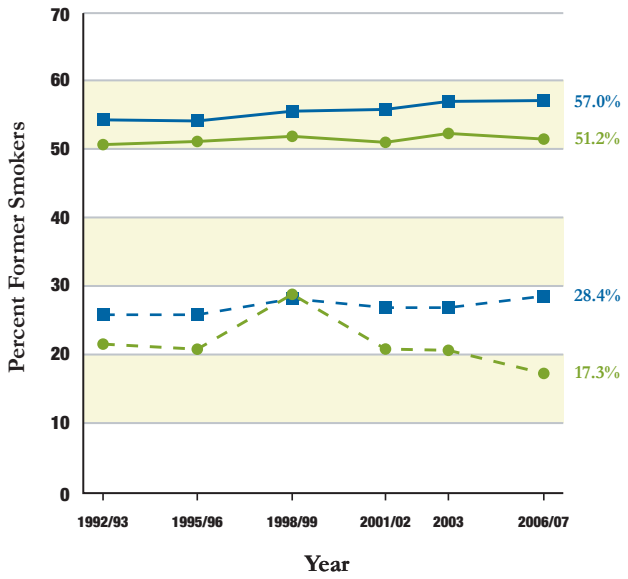
**free medication as available (eligibility-based)*

ALABAMA

Trends in Cigarette Smoking Among Adults



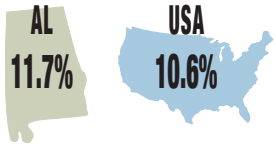
Percent of Adult Ever Smokers Who've Quit



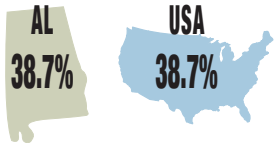
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

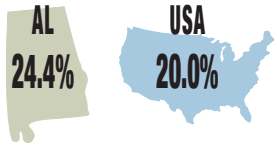
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



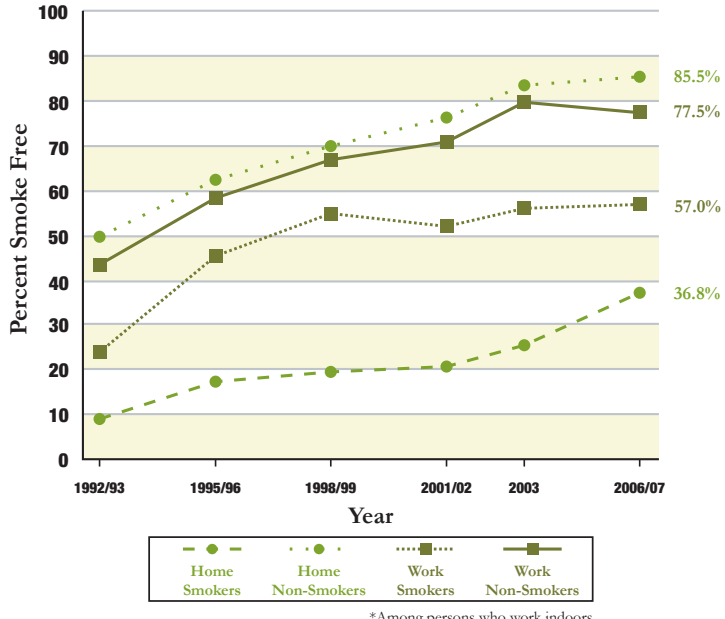
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Sources: 2005 and 2007 Youth Risk Behavior Survey (YRBS)

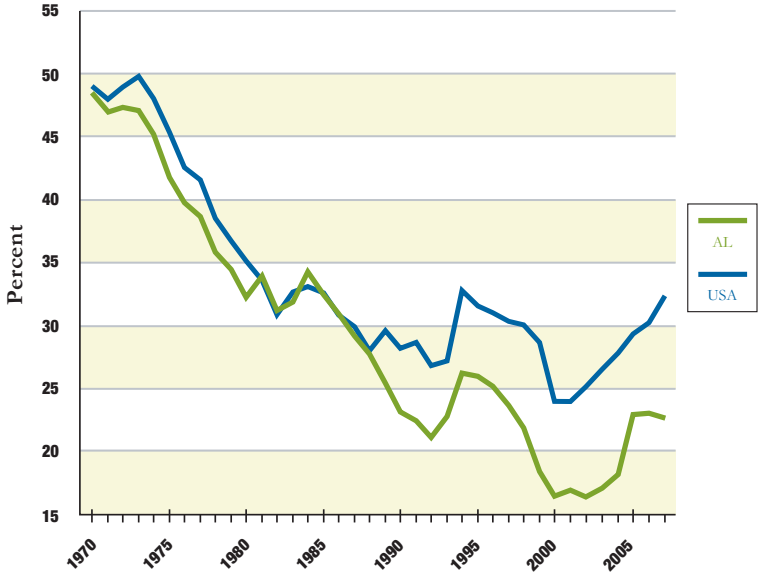
Smoke-Free Homes and Work Places* in Alabama



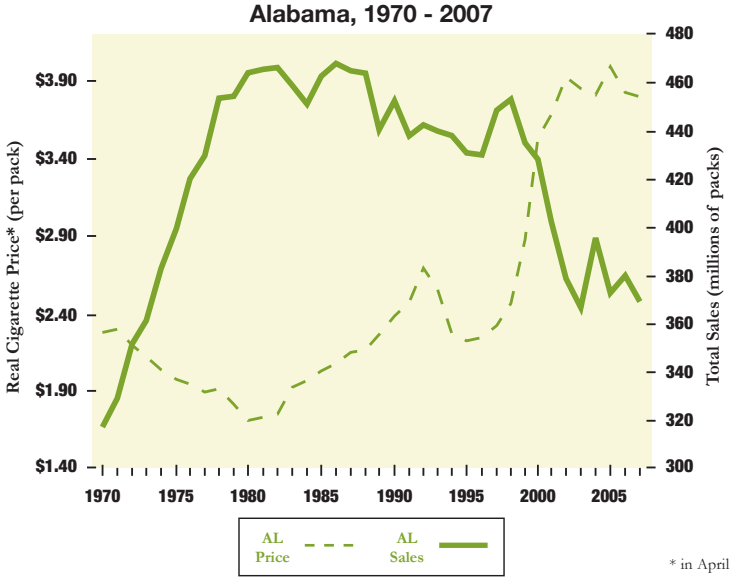
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

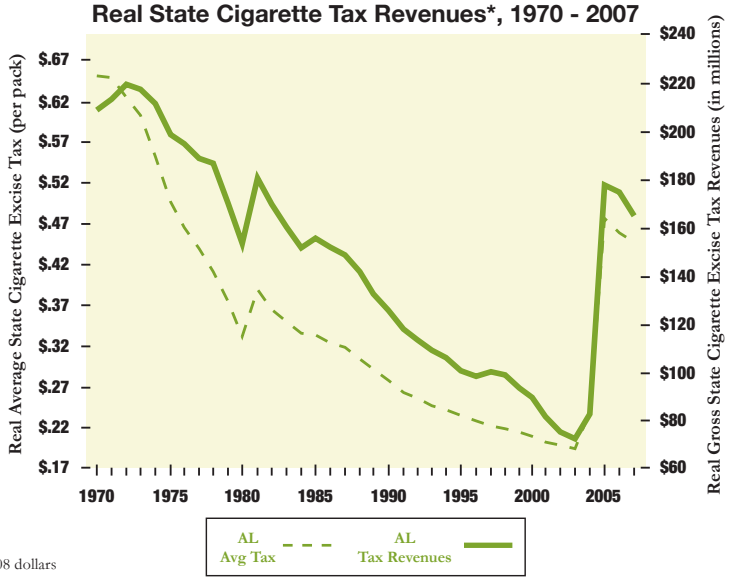


Total Cigarette Sales and Real Cigarette Prices*, Alabama, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in AL

	1991	2008
Private Worksites	○	⊘
Restaurants	○	○
Bars	○	○
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Alabama*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	Yes
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**4**

* Minimum Age in 1991: 19 yrs; Minimum Age in 2006: 19 yrs

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Health and Economics

The Annual Costs of Cigarette Smoking in Alabama

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Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

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Dentist	13.7%	29.4%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	NO	NO	NO	NO	NO

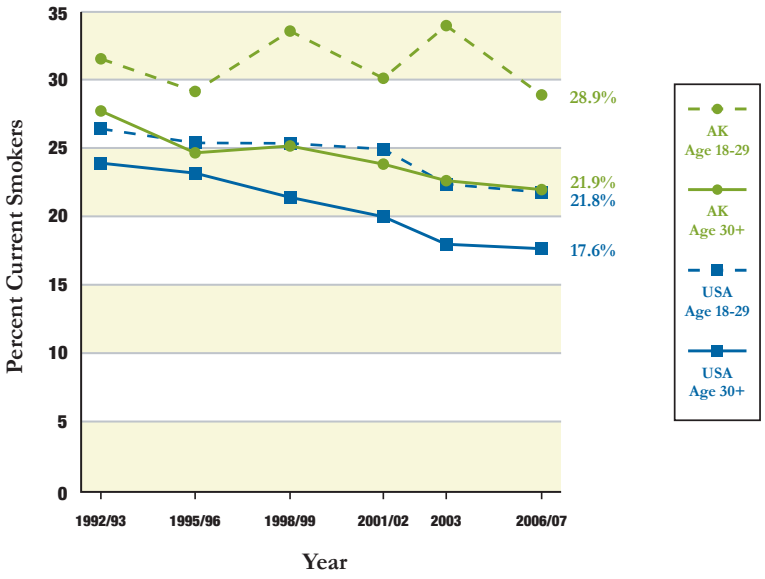
Cessation Services

Phone: 1-800-QUIT-NOW
Website: www.adph.org/tobacco/

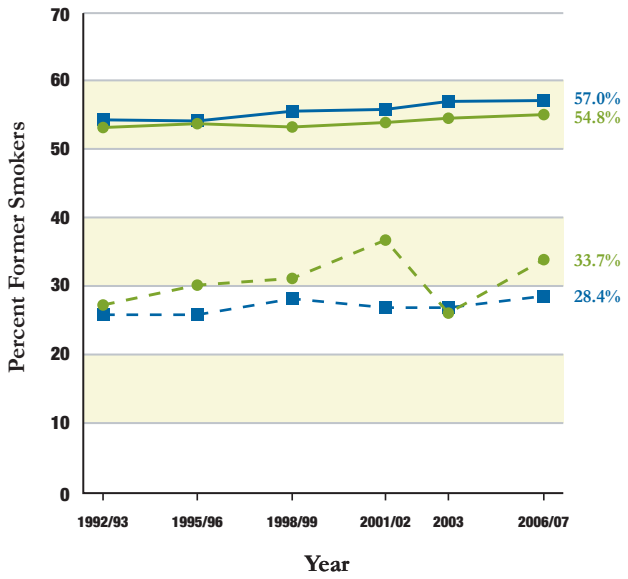
**free medication as available (eligibility-based)*

ALASKA

Trends in Cigarette Smoking Among Adults



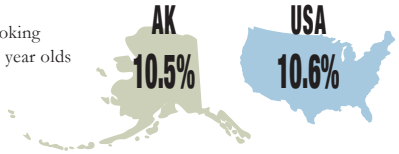
Percent of Adult Ever Smokers Who've Quit



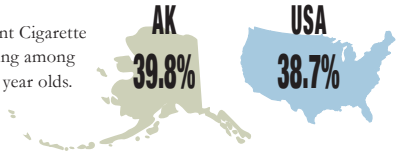
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

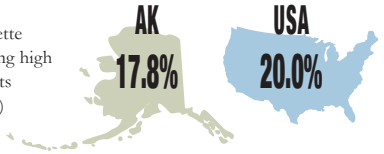
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



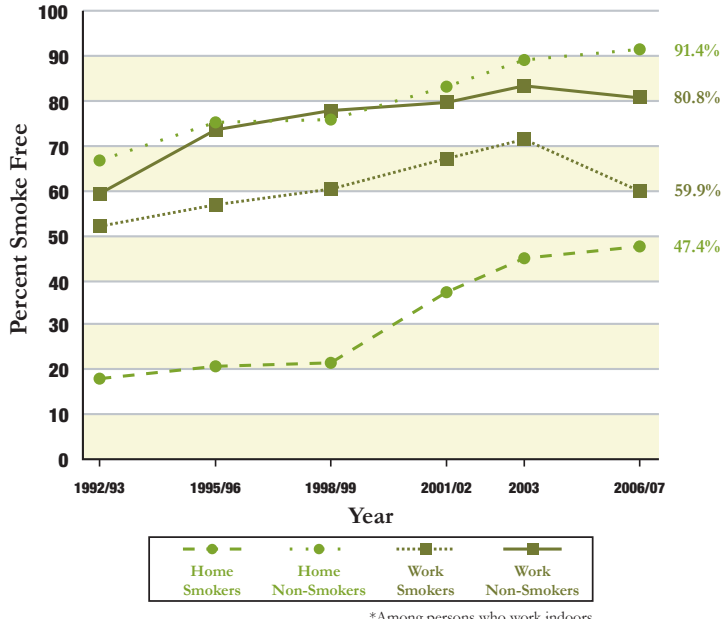
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

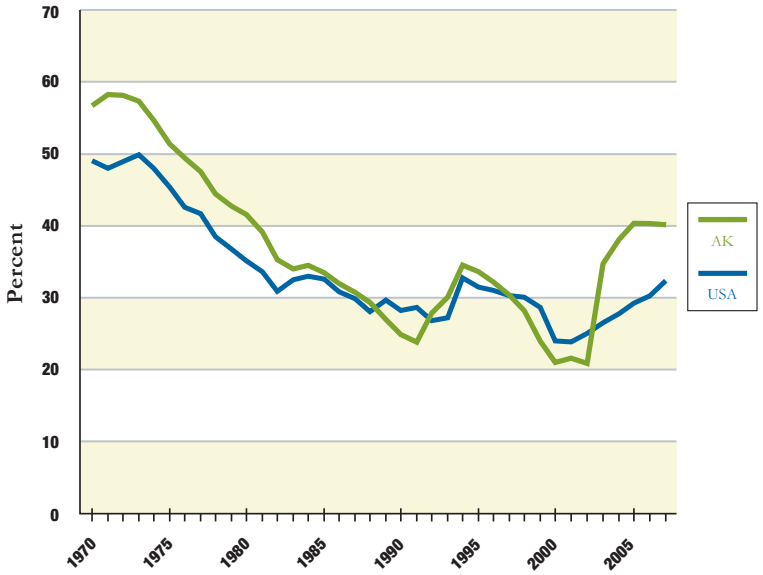
Smoke-Free Homes and Work Places* in Alaska



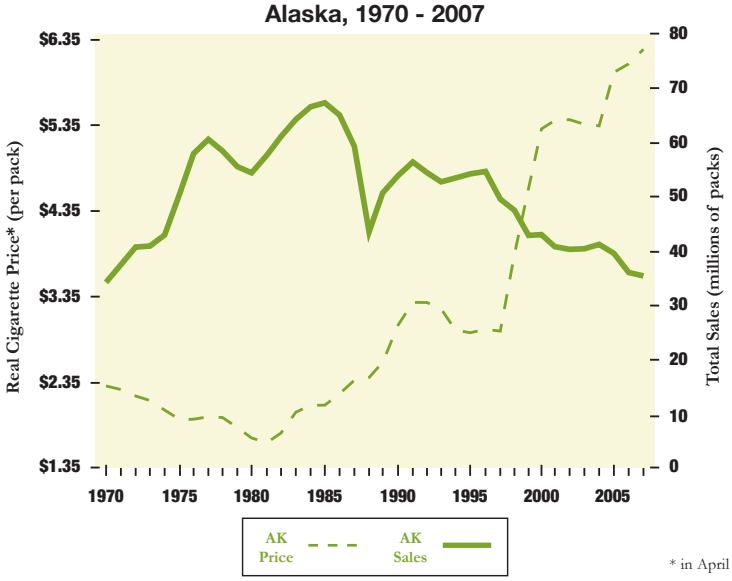
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

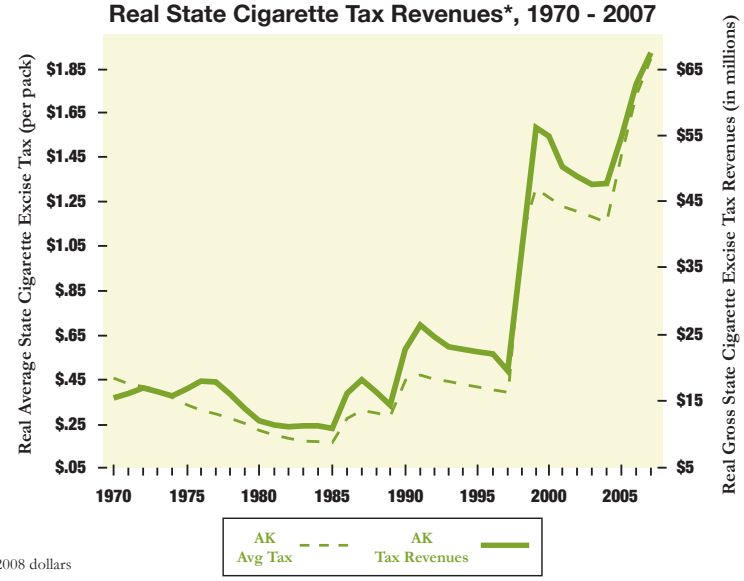


Total Cigarette Sales and Real Cigarette Prices*, Alaska, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in AK

	1991	2008
Private Worksites	○	○
Restaurants	⊘	⊘
Bars	○	○
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Alaska*

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Possession	Yes	Yes
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Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**4**

* Minimum Age in 1991: 19 yrs; Minimum Age in 2006: 19 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Alaska

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	492 (270+)
2004	Years of Potential Life Lost	7,762 (15.8++)
2000	Persons Living with a Smoking-Attributable Disease	17,289
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$278,000,000
2004	Productivity Costs	$171,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Alaska Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$28,571,000	$21,783,000
Cigarette Excise Tax Revenue	$48,745,000	$67,192,000
Other Tobacco Control Funding Revenues	$1,891,000	$1,436,000
Tobacco Control Funding	$5,628,000	$7,961,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	4.8%	7.3%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	49.4%	63.1%
Dentist	21.4%	33.4%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	YES	YES

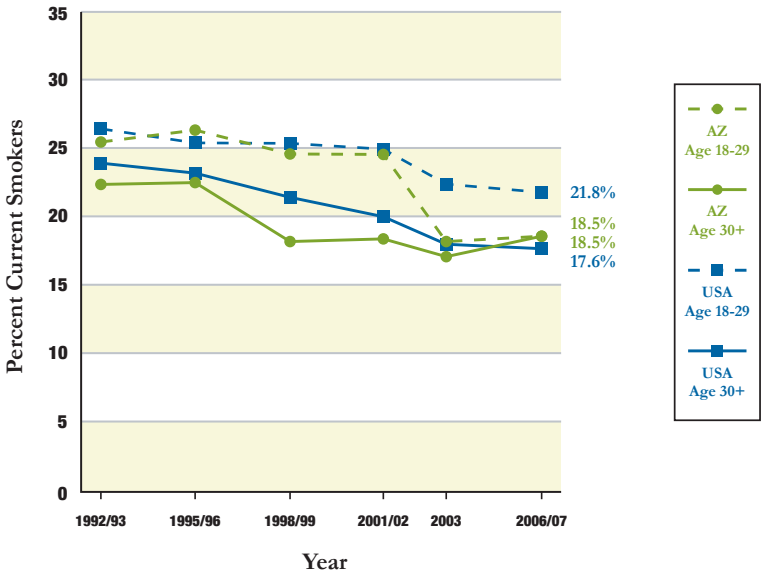
Cessation Services

Phone: 1-888-842-QUIT
Website: www.hss.state.ak.us/dph/chronic/tobacco/

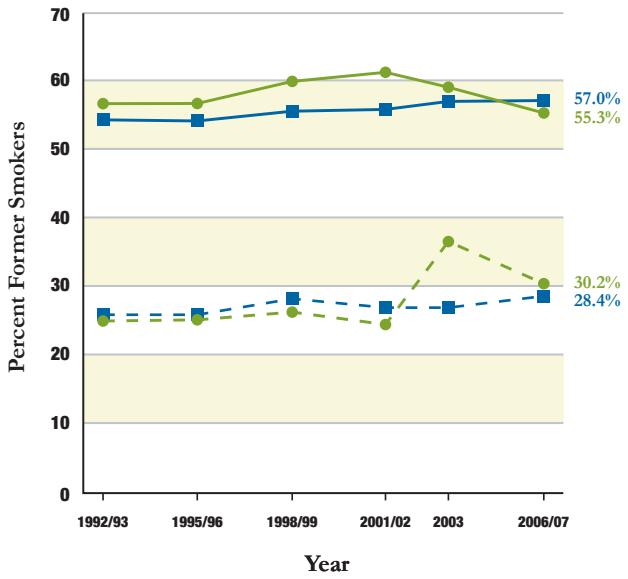
**free medication as available (eligibility-based)*

ARIZONA

Trends in Cigarette Smoking Among Adults



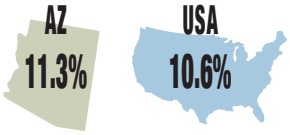
Percent of Adult Ever Smokers Who've Quit



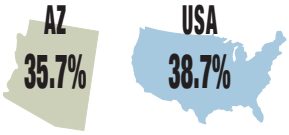
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

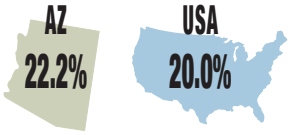
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



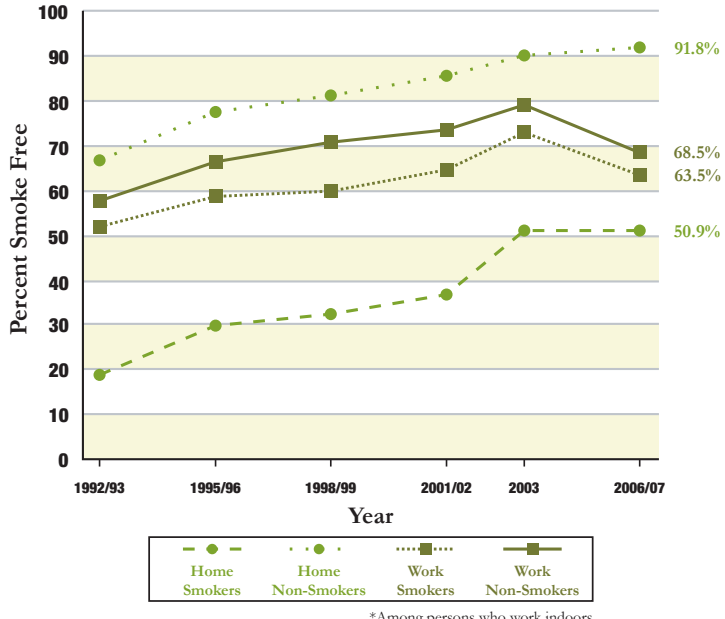
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

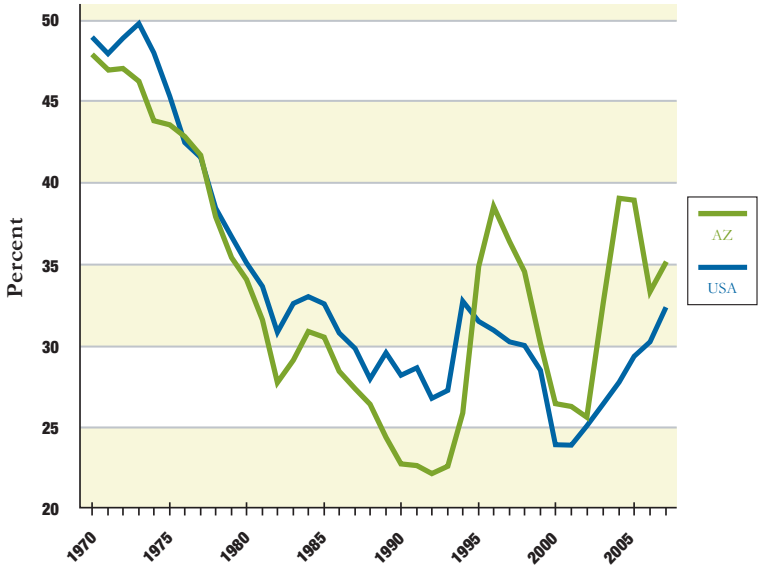
Smoke-Free Homes and Work Places* in Arizona



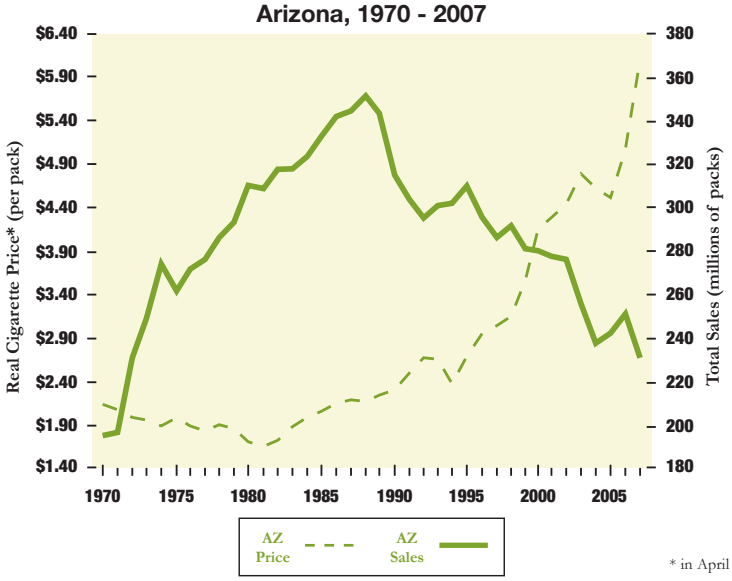
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

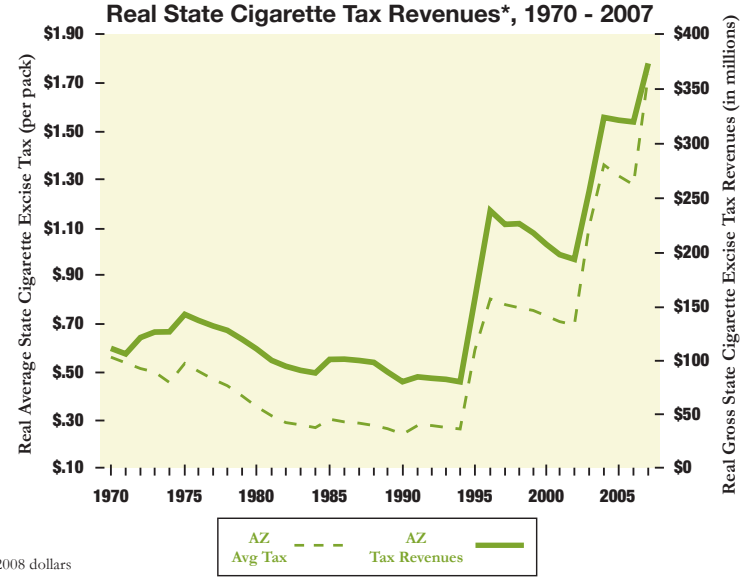


Total Cigarette Sales and Real Cigarette Prices*, Arizona, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in AZ

	1991	2008
Private Worksites	○	⊘⊘⊘
Restaurants	○	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Arizona*

Penalties for Minors	1991	2006
Possession	Yes	Yes
Use	No	No
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	No
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**2**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Arizona

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	6,859 (247+)
2004	Years of Potential Life Lost	87,777 (12.8++)
2000	Persons Living with a Smoking-Attributable Disease	149,615
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$1,542,000,000
2004	Productivity Costs	$1,652,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Arizona Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$127,064,000	$94,185,000
Cigarette Excise Tax Revenue	$193,074,000	$373,464,000
Other Tobacco Control Funding Revenues	$998,000	$532,000
Tobacco Control Funding	$45,121,000	$27,366,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	13.8%	5.7%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	49.1%	56.1%
Dentist	21.5%	39.1%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	NO	NO	NO	NO	YES

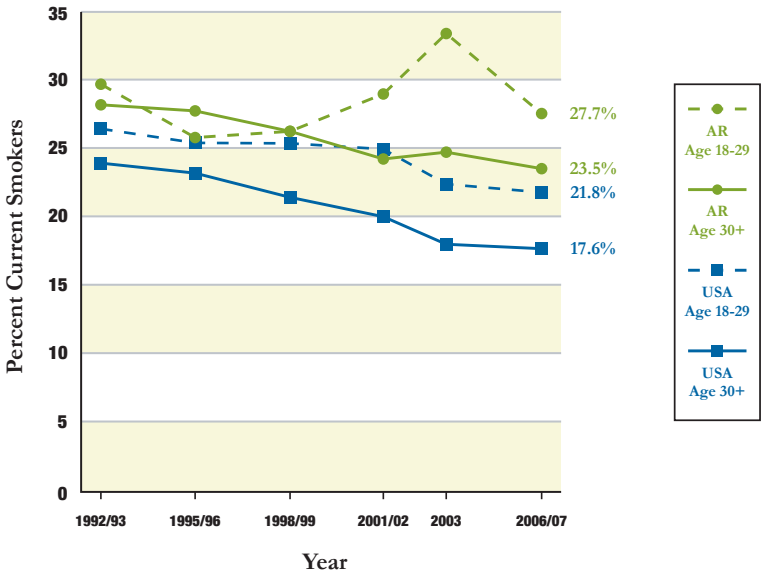
Cessation Services

Phone: 1-800-556-6222
Website: www.ashline.org

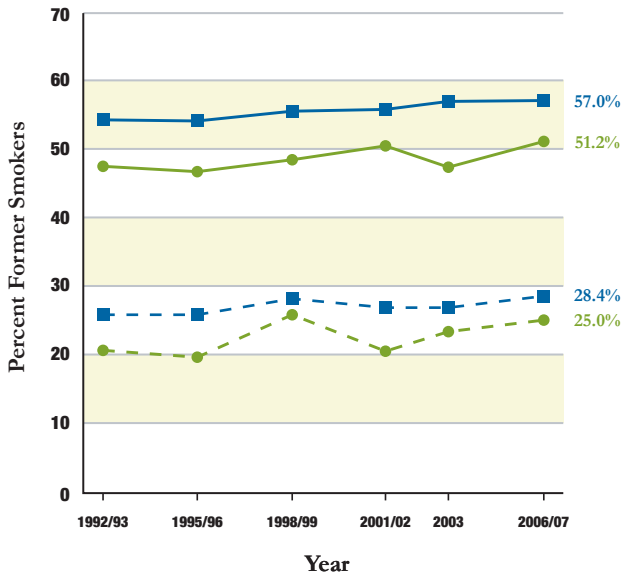
**free medication as available (eligibility-based)*

ARKANSAS

Trends in Cigarette Smoking Among Adults



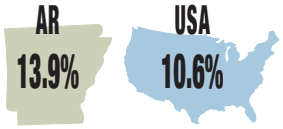
Percent of Adult Ever Smokers Who've Quit



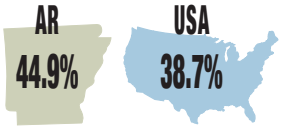
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

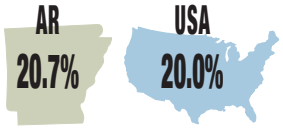
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



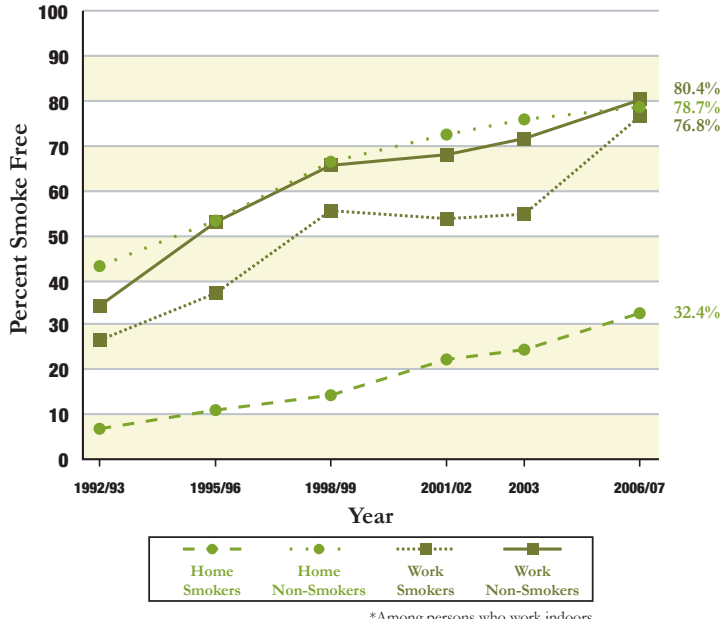
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

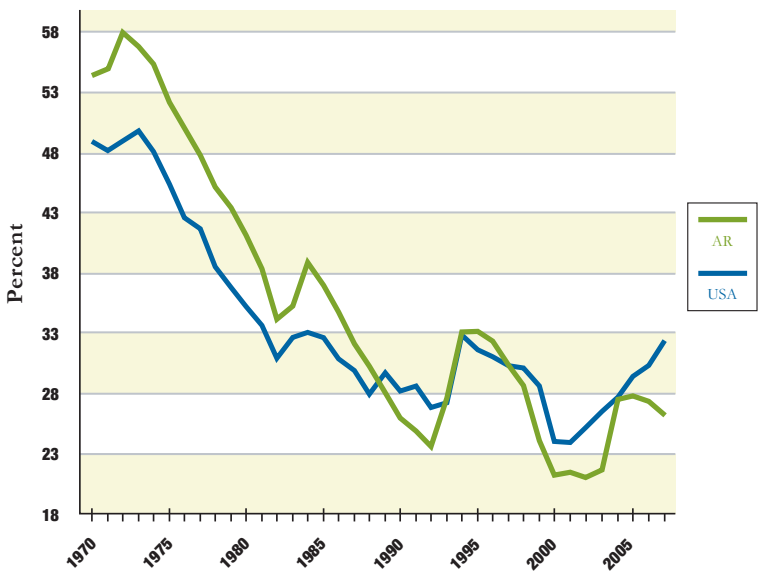
Smoke-Free Homes and Work Places* in Arkansas



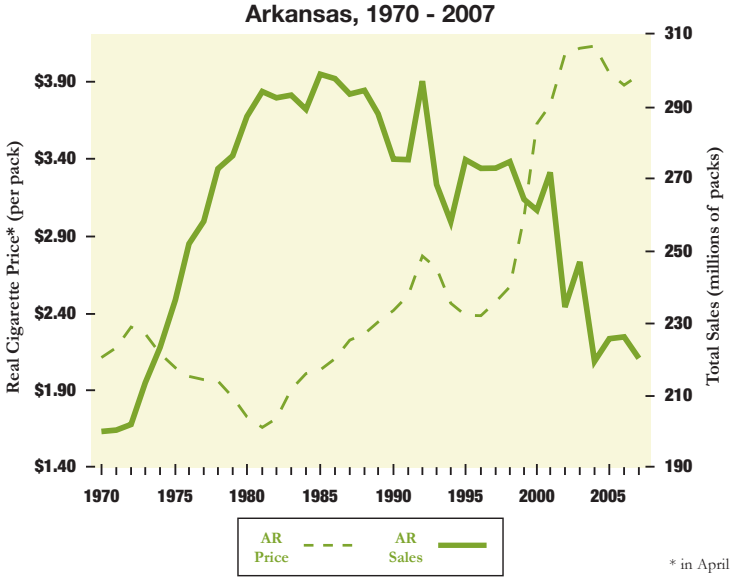
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

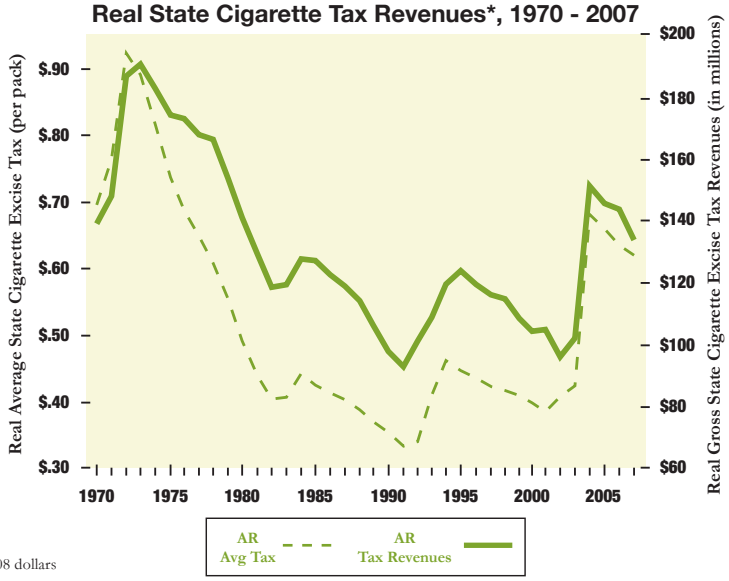


Total Cigarette Sales and Real Cigarette Prices*, Arkansas, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in AR

	1991	2008
Private Worksites	○	⊘⊘⊘
Restaurants	○	⊘
Bars	○	○
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Arkansas*

Penalties for Minors	1991	2006
Possession	No	No
Use	No	No
Purchase	No	No
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	Yes
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	2	4

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Arkansas

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	4,915 (324+)
2004	Years of Potential Life Lost	60,308 (12.3++)
2000	Persons Living with a Smoking-Attributable Disease	90,906
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$867,000,000
2004	Productivity Costs	$1,405,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Arkansas Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$69,198,000	$52,933,000
Cigarette Excise Tax Revenue	$96,259,000	$134,062,000
Other Tobacco Control Funding Revenues	$2,232,000	$1,079,000
Tobacco Control Funding	$22,003,000	$16,970,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	11.9%	8.5%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	43.3%	61.7%
Dentist	15.5%	26.1%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	NO	YES	NO	YES

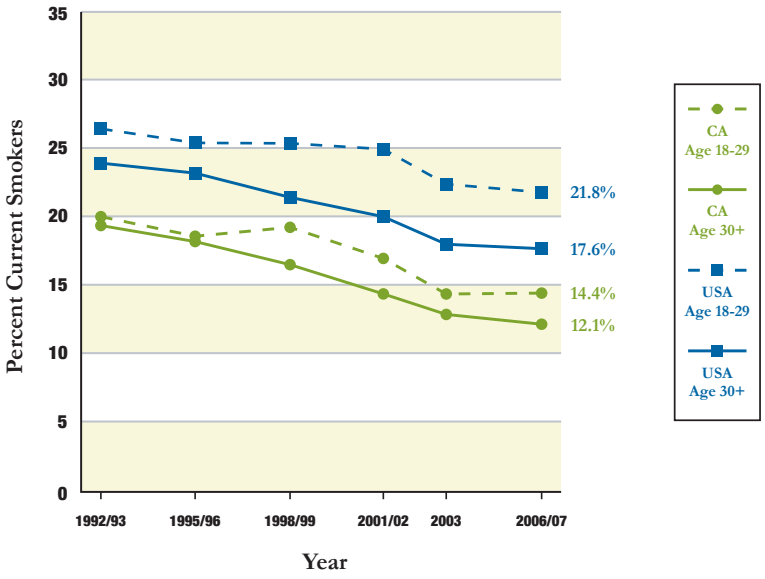
Cessation Services

Phone: 1-800-QUIT-NOW
Website: www.stampoutsmoking.com

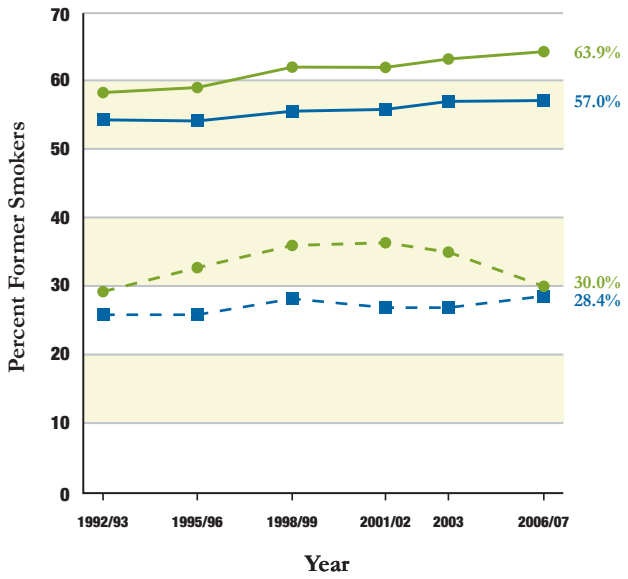
**free medication as available (eligibility-based)*

CALIFORNIA

Trends in Cigarette Smoking Among Adults



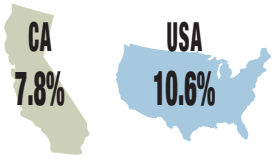
Percent of Adult Ever Smokers Who've Quit



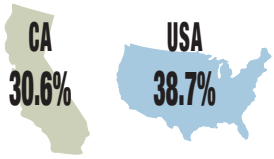
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

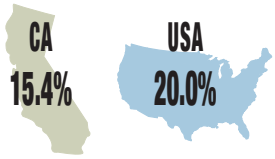
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



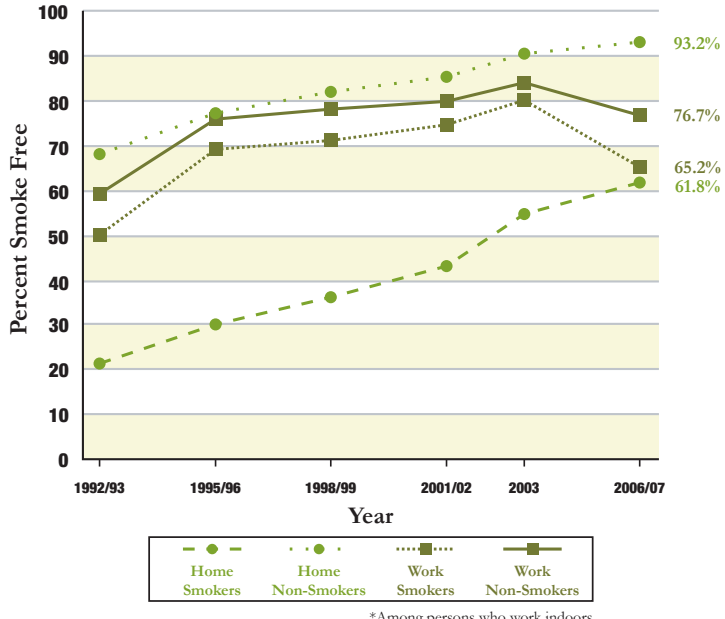
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Sources: 2006 CA Student Tobacco Survey and 2007 Youth Risk Behavior Survey (YRBS)

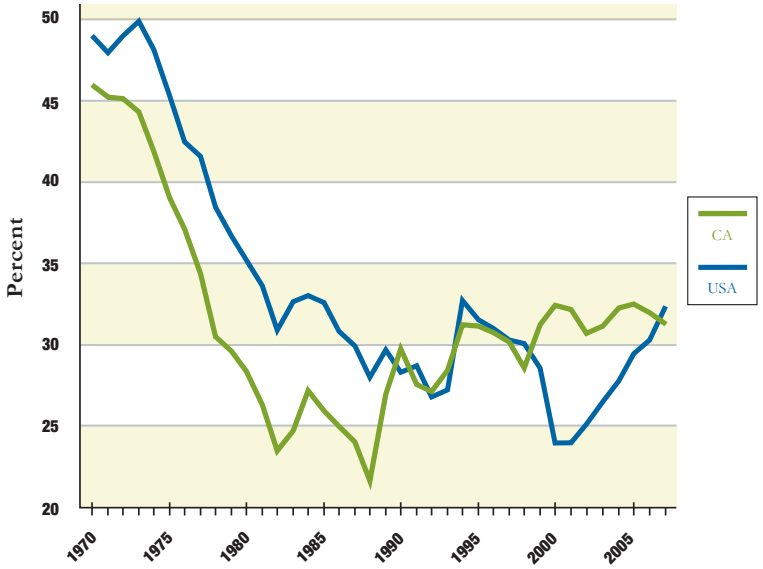
Smoke-Free Homes and Work Places* in California



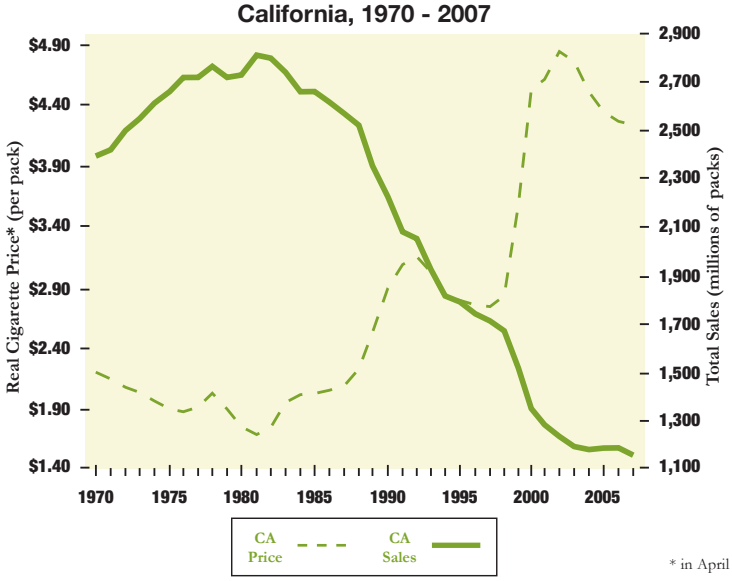
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

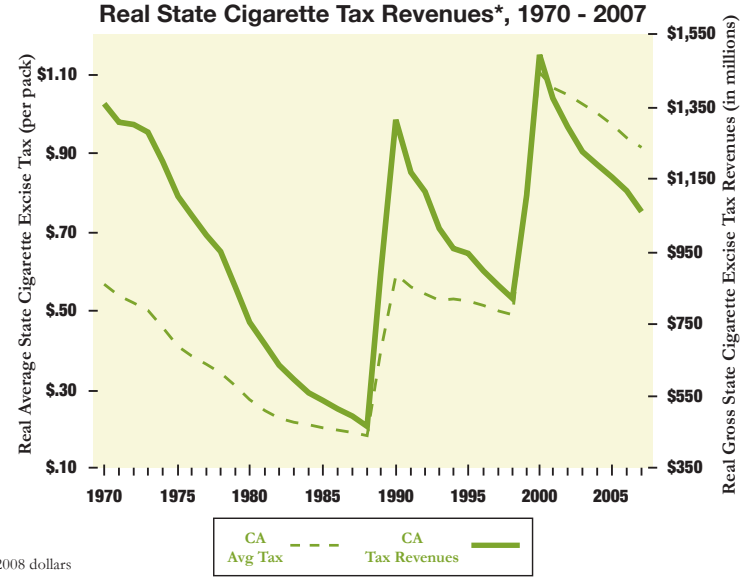


Total Cigarette Sales and Real Cigarette Prices*, California, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in CA

	1991	2008
Private Worksites	○	⊘⊘
Restaurants	○	⊘⊘⊘*
Bars	○	⊘⊘⊘*
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

* See Smoke-free Air Laws section of Appendix

Minors' Access Laws in California*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	No
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	Yes
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**3**	**6**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in California

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	36,687 (235+)
2004	Years of Potential Life Lost	481,529 (13.1++)
2000	Persons Living with a Smoking-Attributable Disease	839,635
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$9,588,000,000
2004	Productivity Costs	$8,548,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

California Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$1,100,301,000	$815,355,000
Cigarette Excise Tax Revenue	$1,295,144,000	$1,060,081,000
Other Tobacco Control Funding Revenues	$2,229,000	$751,000
Tobacco Control Funding	$164,375,000	$89,148,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	6.8%	4.7%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	50.4%	63.0%
Dentist	23.7%	33.6%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

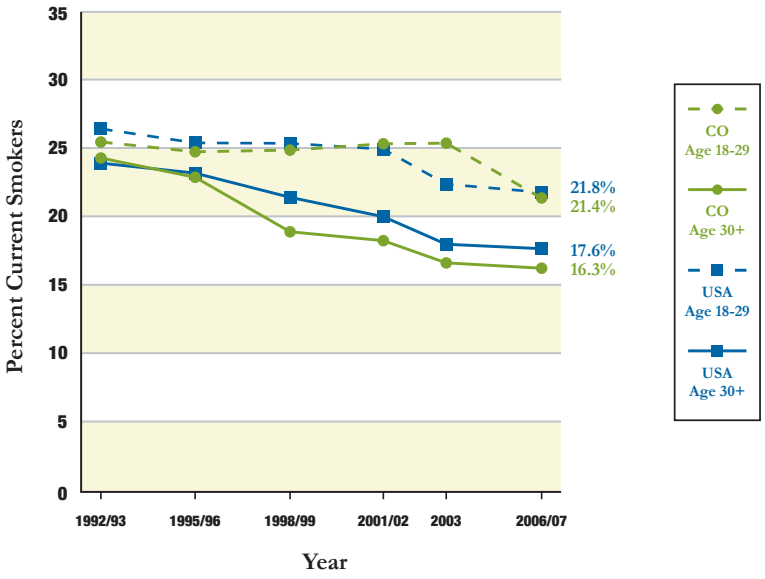
Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	NO	YES

Cessation Services

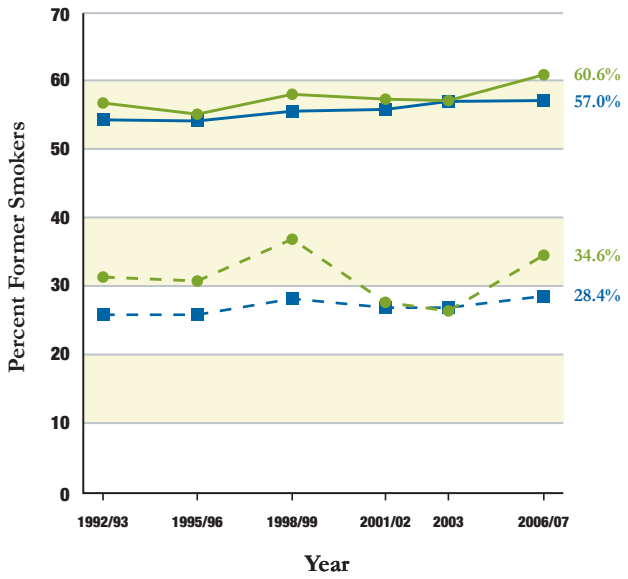
Phone: 1-800-NO-BUTTS (English)
1-800-456-6386 (Spanish)
1-800-556-5564 (Korean)
1-800-778-8440 (Vietnamese)
1-800-838-8917 (Cantonese/Mandarin)
1-800-933-4833 (Hearing Impaired)
1-800-844-2439 (Chew)
Website: www.californiasmokershelpline.org

COLORADO

Trends in Cigarette Smoking Among Adults



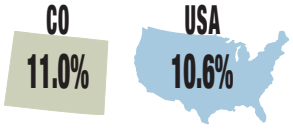
Percent of Adult Ever Smokers Who've Quit



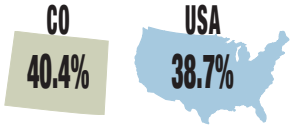
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

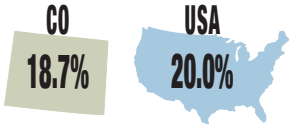
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



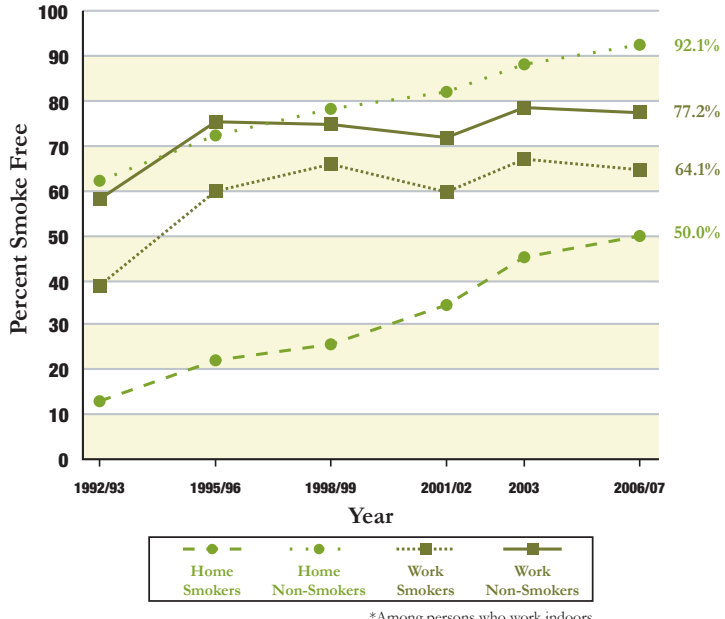
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Sources: 2005 and 2007 Youth Risk Behavior Survey (YRBS)

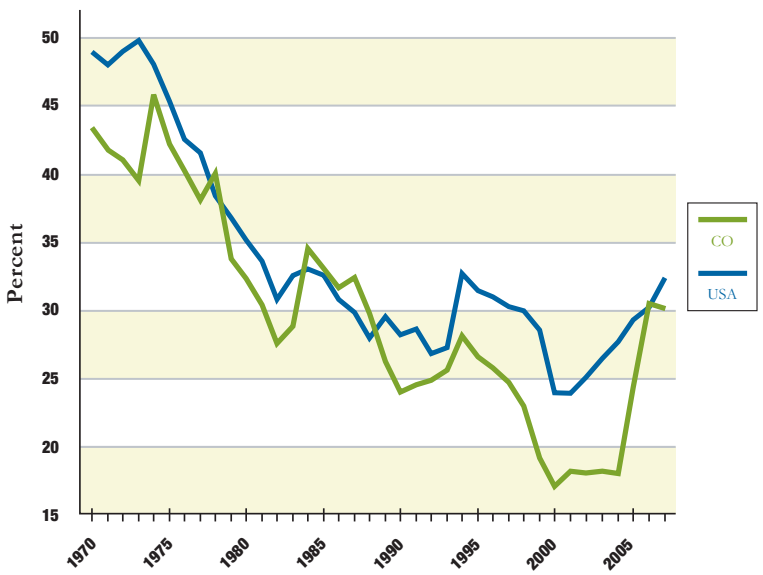
Smoke-Free Homes and Work Places* in Colorado



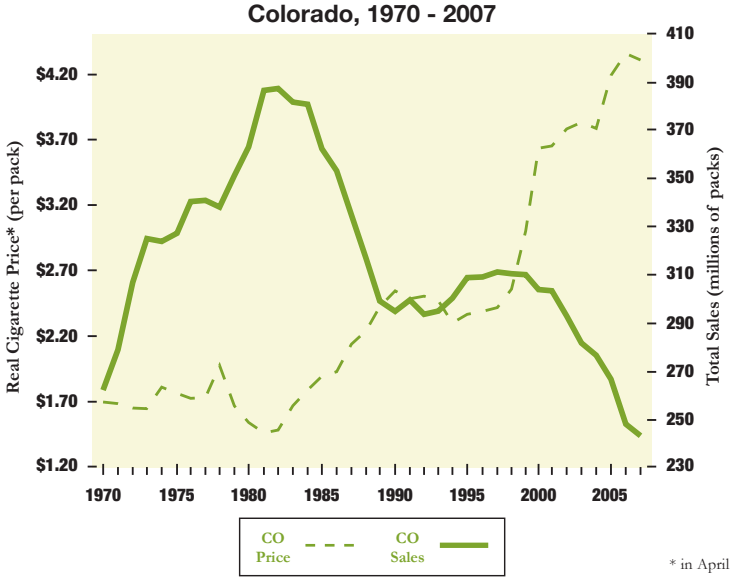
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

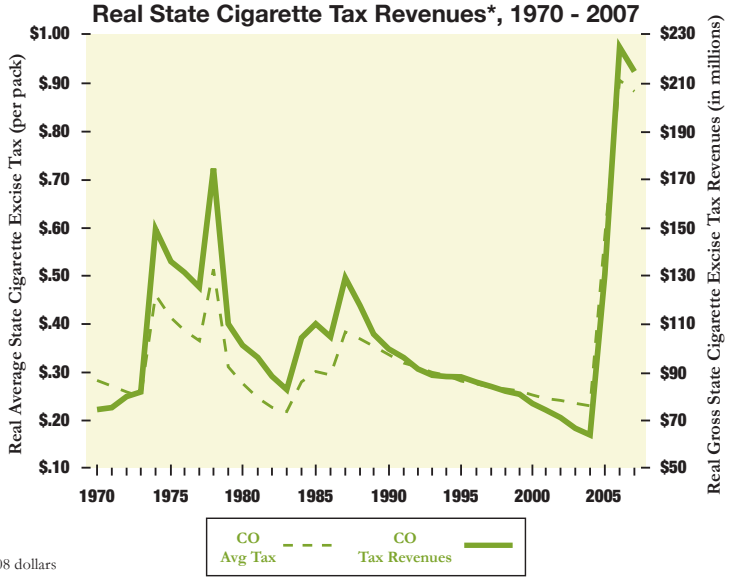


Total Cigarette Sales and Real Cigarette Prices*, Colorado, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in CO

	1991	2008
Private Worksites	○	⊘⊘⊘
Restaurants	○	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Colorado*

Penalties for Minors	1991	2006
Possession	No	No
Use	No	No
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**4**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Colorado

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	4,390 (238+)
2004	Years of Potential Life Lost	54,905 (12.5++)
2000	Persons Living with a Smoking-Attributable Disease	130,014
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$1,347,000,000
2004	Productivity Costs	$1,054,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Colorado Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$114,527,000	$87,555,000
Cigarette Excise Tax Revenue	$70,908,000	$214,728,000
Other Tobacco Control Funding Revenues	$2,885,000	$1,577,000
Tobacco Control Funding	$18,195,000	$27,886,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	8.3%	8.7%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	46.6%	63.7%
Dentist	19.9%	37.0%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	YES	YES

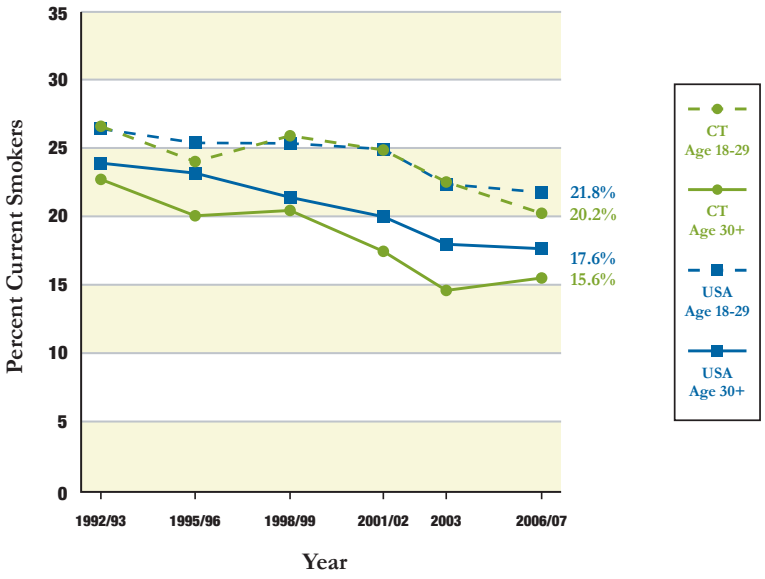
Cessation Services

Phone: 1-800-QUIT-NOW
Website: www.coquitline.org
www.smokefreecolorado.org
www.cdphe.state.co.us/pp/tobacco/cessation.html

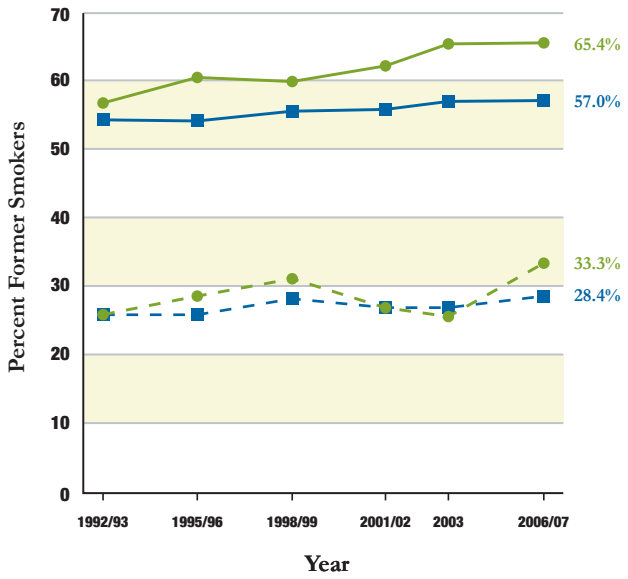
**free medication as available (eligibility-based)*

CONNECTICUT

Trends in Cigarette Smoking Among Adults



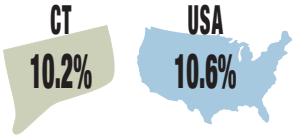
Percent of Adult Ever Smokers Who've Quit



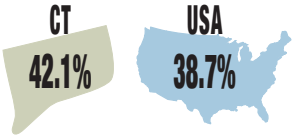
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

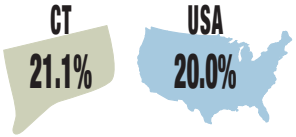
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



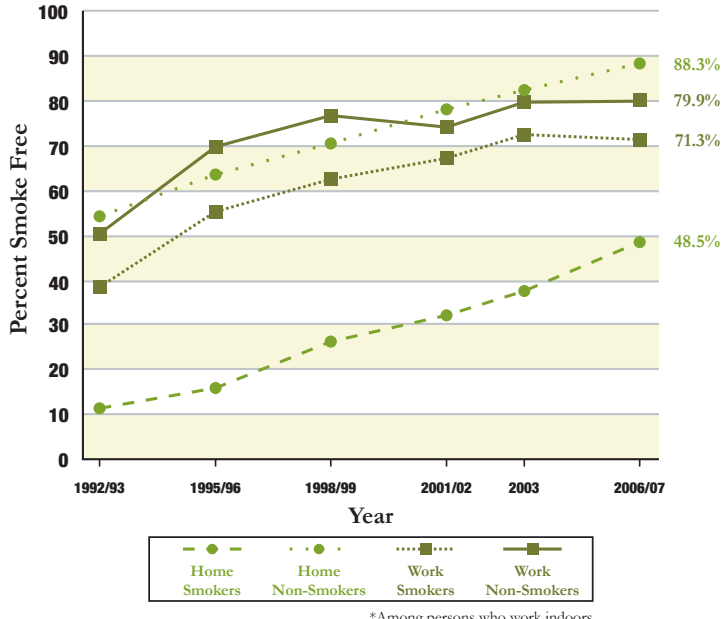
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

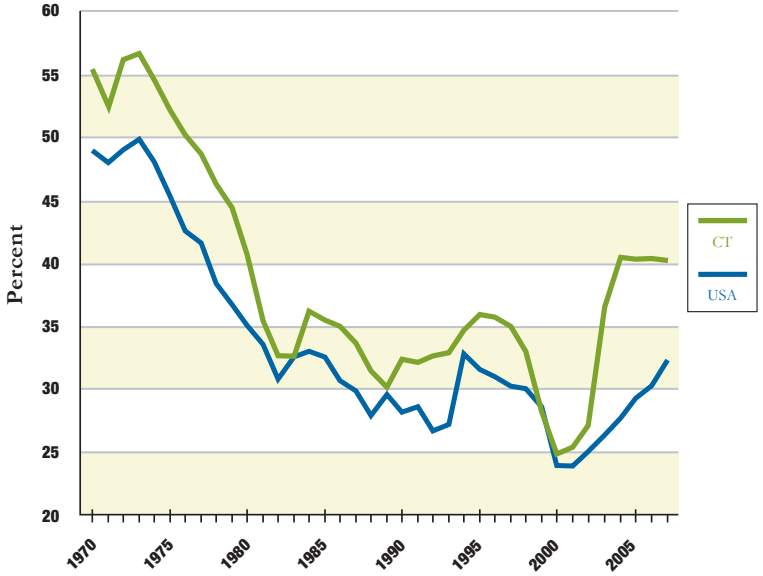
Smoke-Free Homes and Work Places* in Connecticut



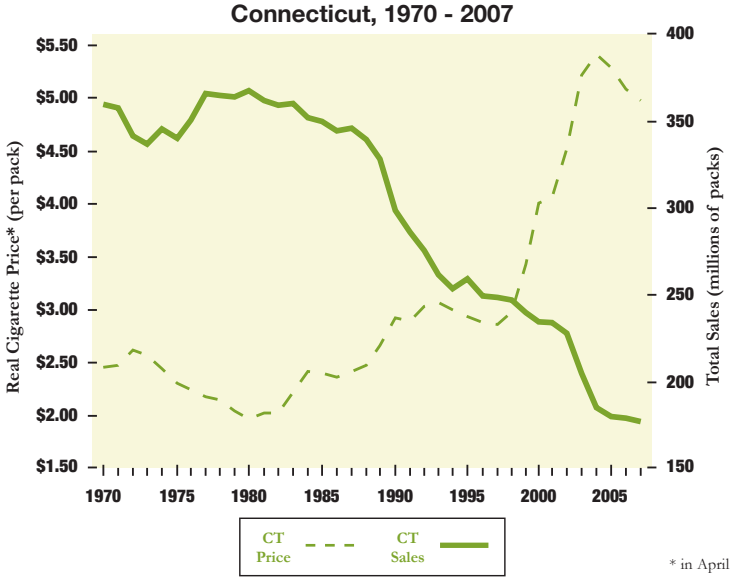
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

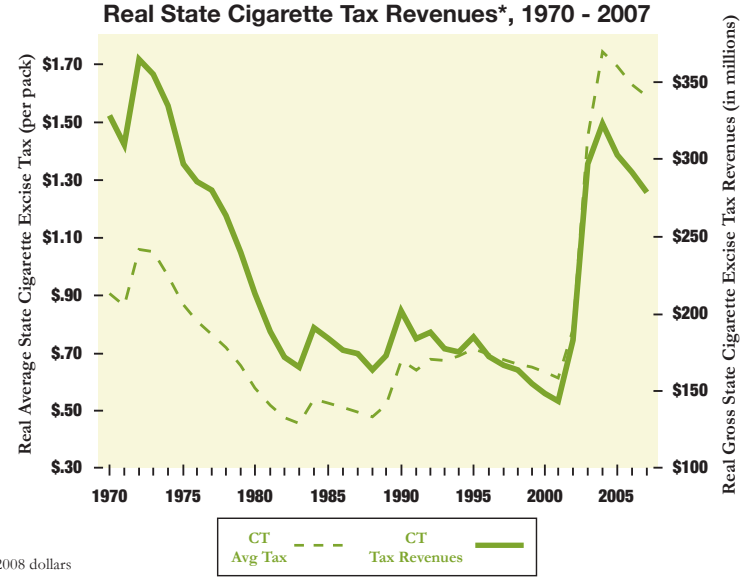


Total Cigarette Sales and Real Cigarette Prices*, Connecticut, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in CT

	1991	2008
Private Worksites	⊘	⊘⊘
Restaurants	⊘	⊘⊘⊘*
Bars	○	⊘⊘⊘*
Pre-emption	NO	YES

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

* See Smoke-free Air Laws section of Appendix

Minors' Access Laws in Connecticut*

Penalties for Minors	1991	2006
Possession	No	No
Use	No	No
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	Yes	Yes
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**3**	**6**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Connecticut

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	4,785 (238+)
2004	Years of Potential Life Lost	62,697 (13.1++)
2000	Persons Living with a Smoking-Attributable Disease	113,150
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$1,438,000,000
2004	Productivity Costs	$1,036,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Connecticut Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$159,976,000	$118,599,000
Cigarette Excise Tax Revenue	$182,428,000	$277,839,000
Other Tobacco Control Funding Revenues	$1,598,000	$1,137,000
Tobacco Control Funding	$2,297,000	$3,242,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	0.2%	0.5%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	58.7%	70.3%
Dentist	24.8%	32.7%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

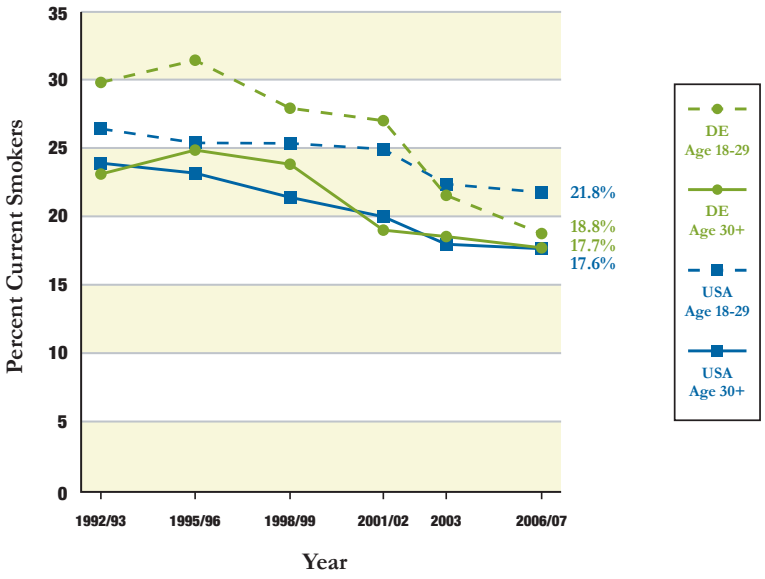
Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	NO	NO	NO	NO	NO

Cessation Services

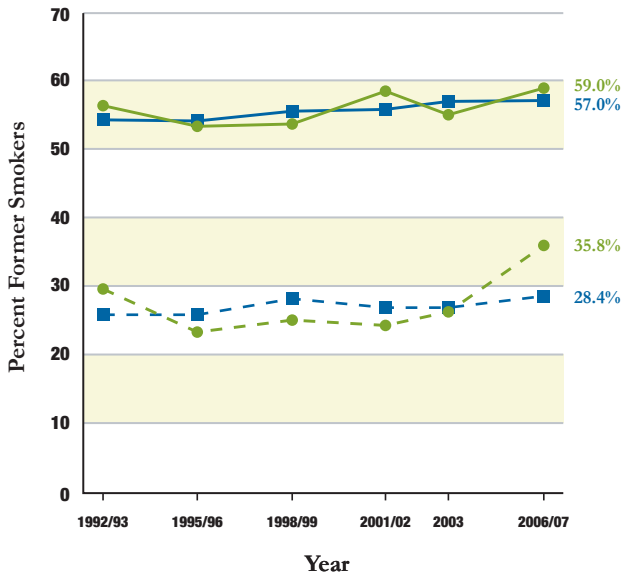
Phone: 1-866-END-HABIT
Website: www.ct.gov/dph/cwp/view.asp?a=3137&q=388064

DELAWARE

Trends in Cigarette Smoking Among Adults



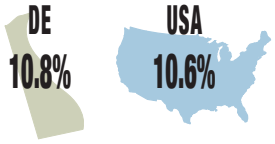
Percent of Adult Ever Smokers Who've Quit



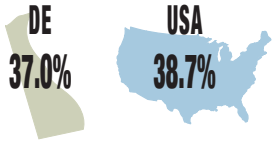
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

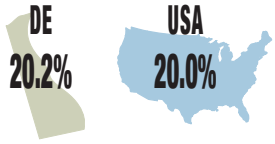
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



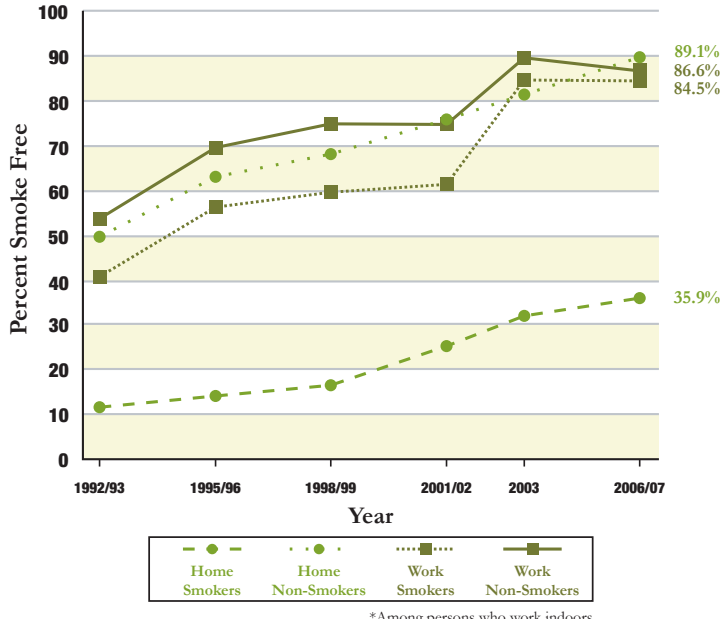
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

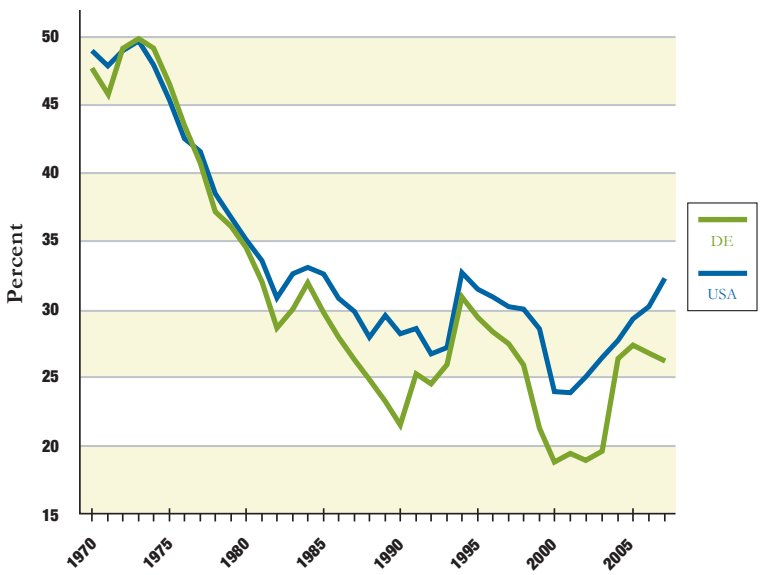
Smoke-Free Homes and Work Places* in Delaware



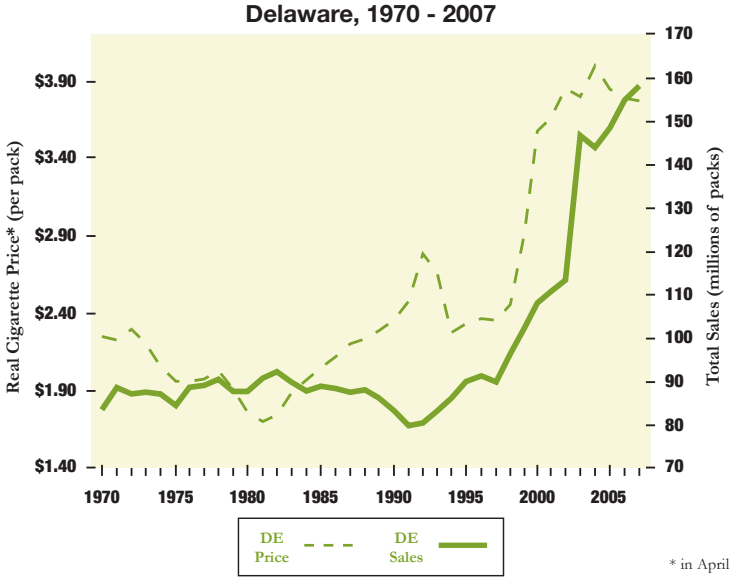
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

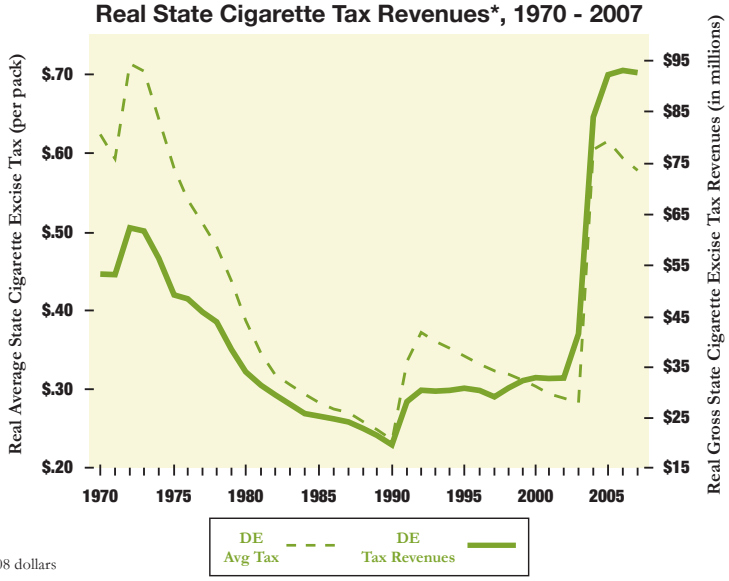


Total Cigarette Sales and Real Cigarette Prices*, Delaware, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in DE

	1991	2008
Private Worksites	○	⊘⊘⊘
Restaurants	○	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Delaware*

Penalties for Minors	1991	2006
Possession	No	No
Use	No	No
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	Yes
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**5**

* Minimum Age in 1991: 17 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Delaware

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	1,198 (281+)
2004	Years of Potential Life Lost	16,398 (13.7++)
2000	Persons Living with a Smoking-Attributable Disease	25,570
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$355,000,000
2004	Productivity Costs	$323,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Delaware Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$34,117,000	$25,256,000
Cigarette Excise Tax Revenue	$32,813,000	$92,612,000
Other Tobacco Control Funding Revenues	$1,074,000	$774,000
Tobacco Control Funding	$7,705,000	$11,613,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	9.9%	9.2%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	61.3%	67.9%
Dentist	17.4%	32.5%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	YES	NO

Cessation Services

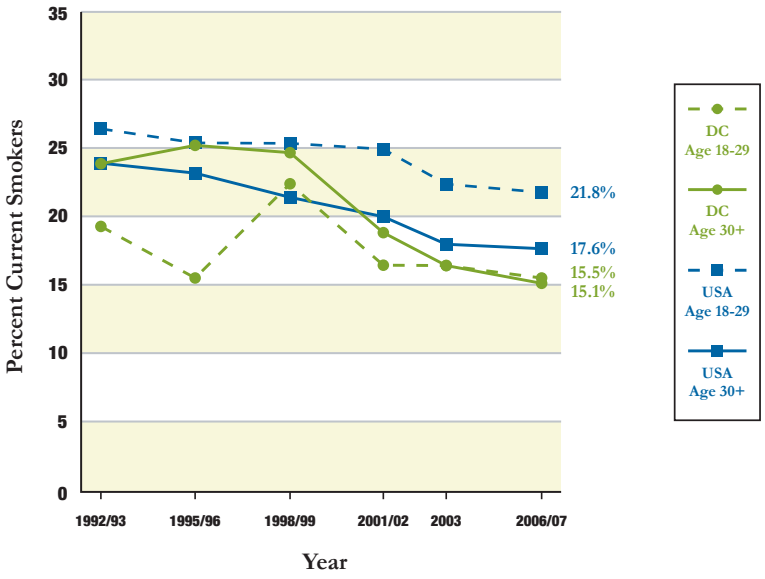
Phone: 1-866-409-1858

Website: http://de.quitnet.com
www.dhss.delaware.gov/dhss/dph/dpc/tobacco.html

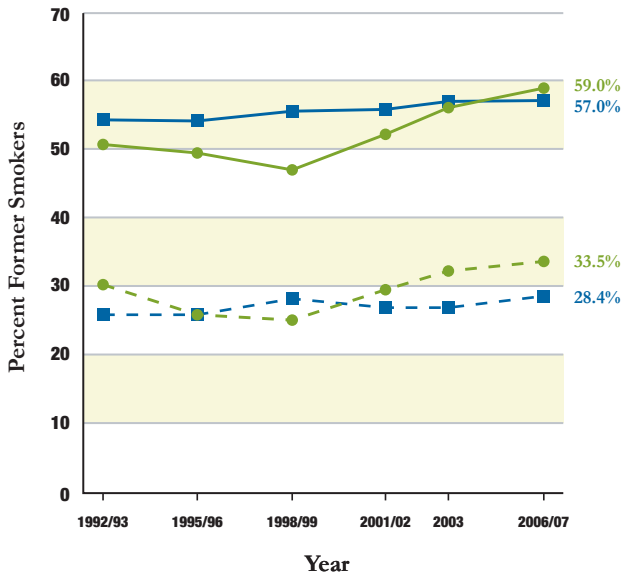
**free medication as available (eligibility-based)*

DISTRICT OF COLUMBIA

Trends in Cigarette Smoking Among Adults



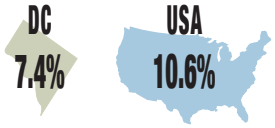
Percent of Adult Ever Smokers Who've Quit



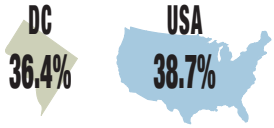
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

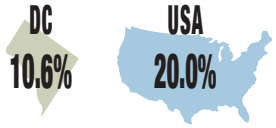
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



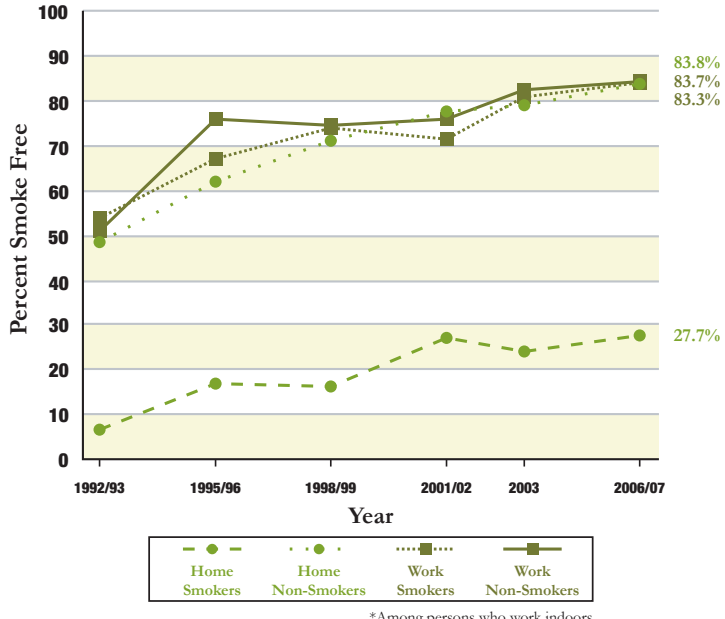
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

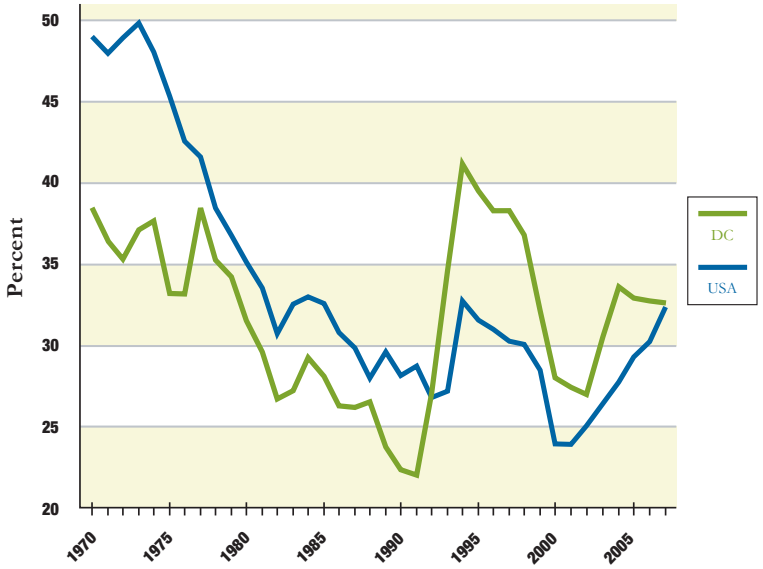
Smoke-Free Homes and Work Places* in District of Columbia



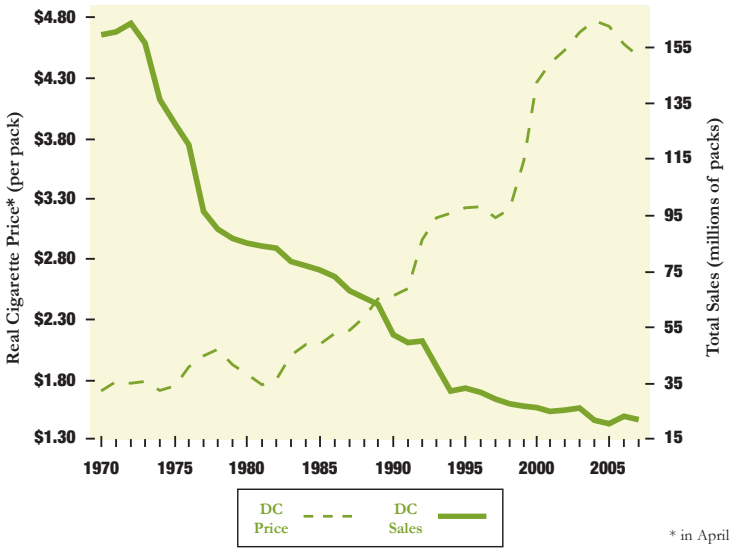
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

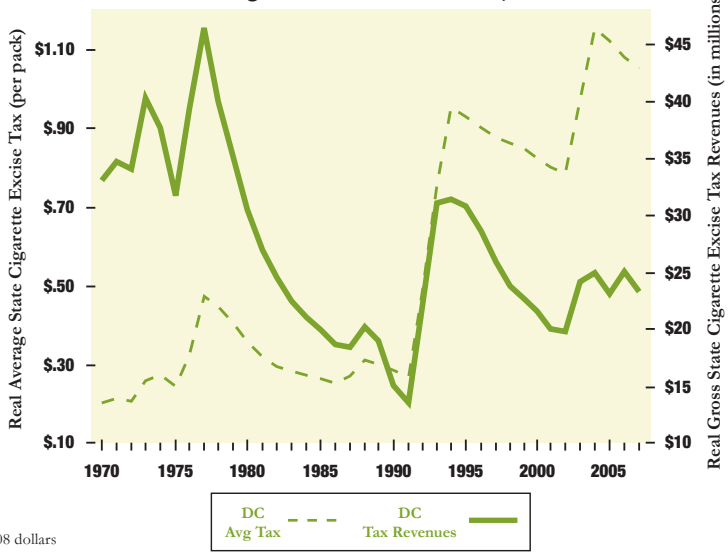


Total Cigarette Sales and Real Cigarette Prices*, District of Columbia, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in DC

	1991	2008
Private Worksites	⊘	⊘⊘⊘
Restaurants	⊘	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in District of Columbia*

Penalties for Minors	1991	2006
Possession	No	No
Use	No	No
Purchase	No	No
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	No
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**3**	**3**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in District of Columbia

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	722 (250+)
2004	Years of Potential Life Lost	11,622 (16.1++)
2000	Persons Living with a Smoking-Attributable Disease	12,866
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$395,000,000
2004	Productivity Costs	$232,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

District of Columbia Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$50,753,000	$38,831,000
Cigarette Excise Tax Revenue	$19,848,000	$23,327,000
Other Tobacco Control Funding Revenues	$1,359,000	$579,000
Tobacco Control Funding	$1,359,000	$1,106,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	0.0%	0.8%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	46.4%	63.5%
Dentist	29.0%	36.2%

Source: TUS-CPS

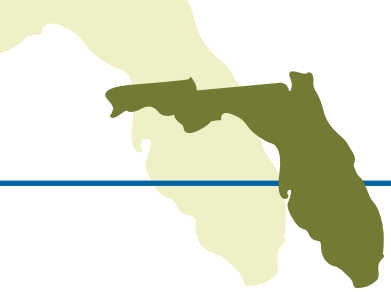
Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	YES	NO

Cessation Services

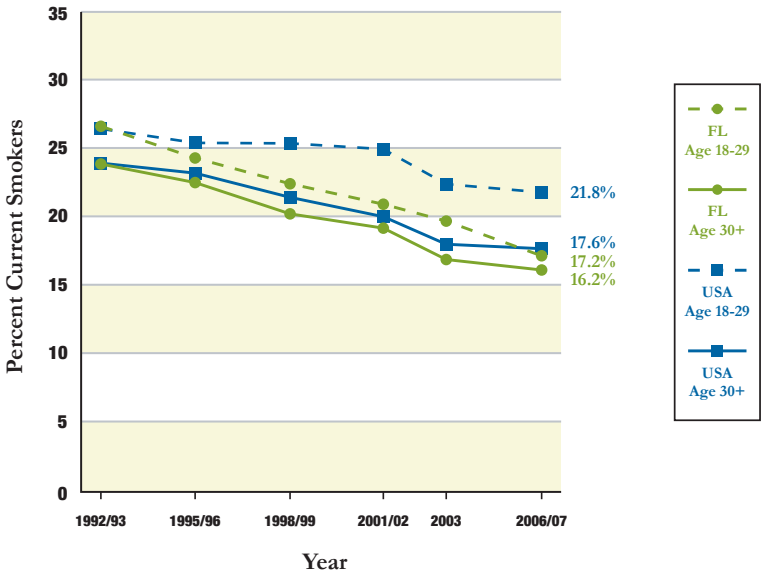
Phone: 1-800-QUIT-NOW
1-800-332-8615 (Hearing Impaired)
Website: www.Smokefree.gov
www.aladc.org/tobacco-control/quit-smoking-now/

**free medication as available (eligibility-based)*

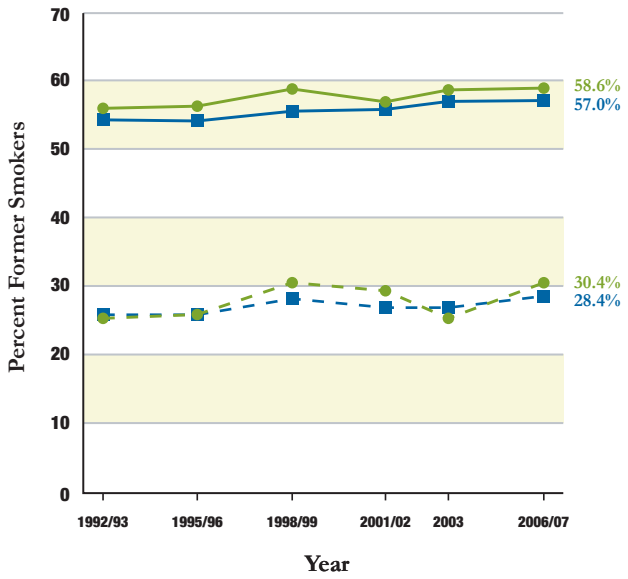


FLORIDA

Trends in Cigarette Smoking Among Adults



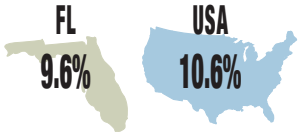
Percent of Adult Ever Smokers Who've Quit



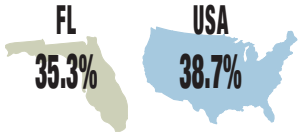
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

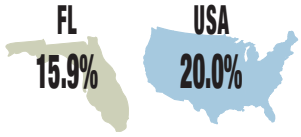
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



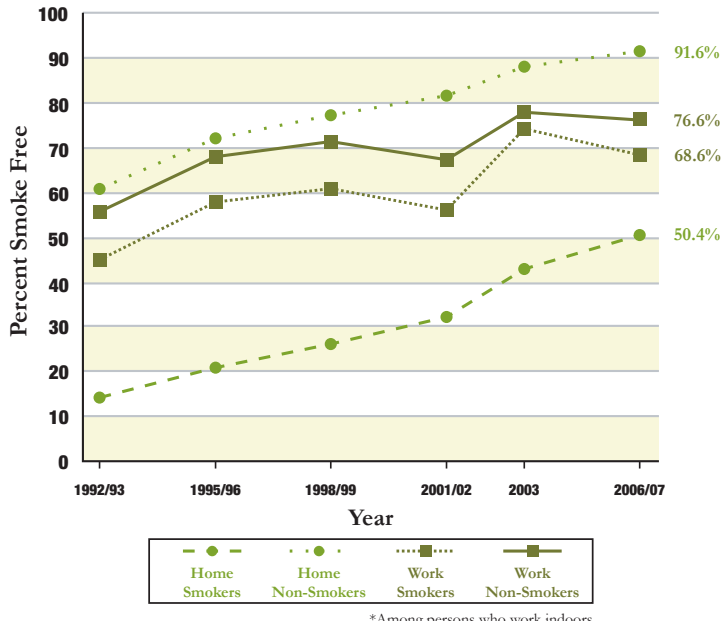
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

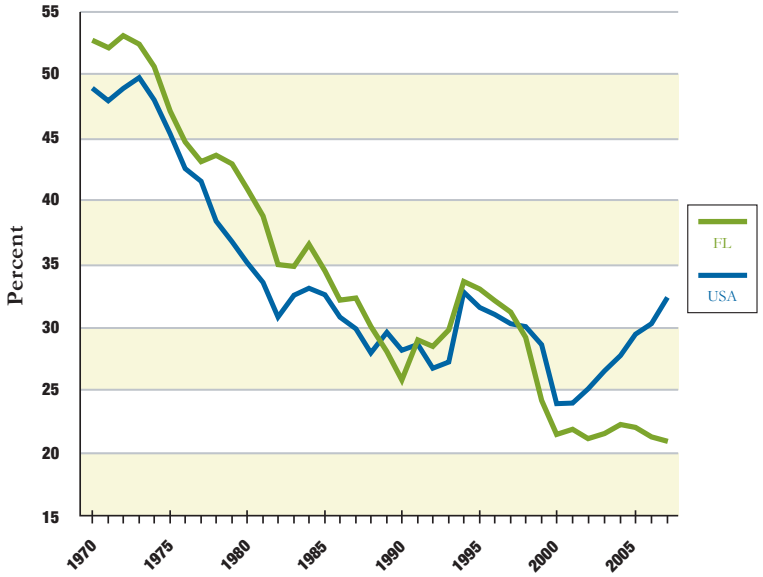
Smoke-Free Homes and Work Places* in Florida



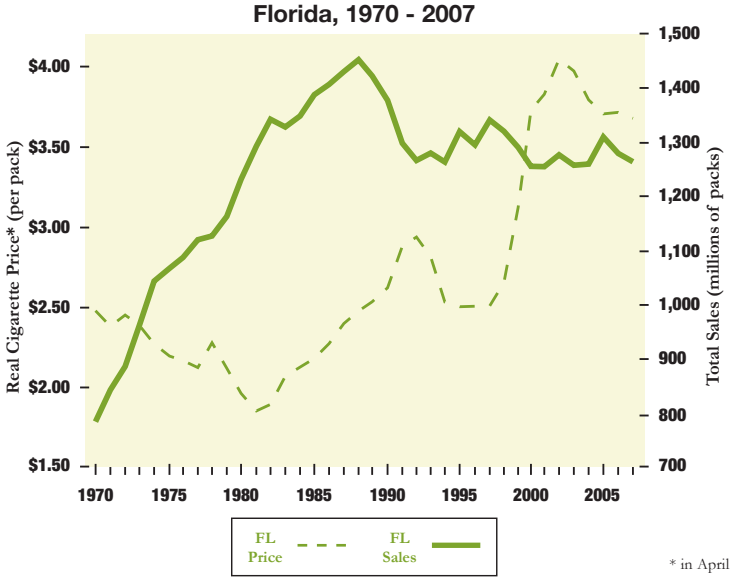
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

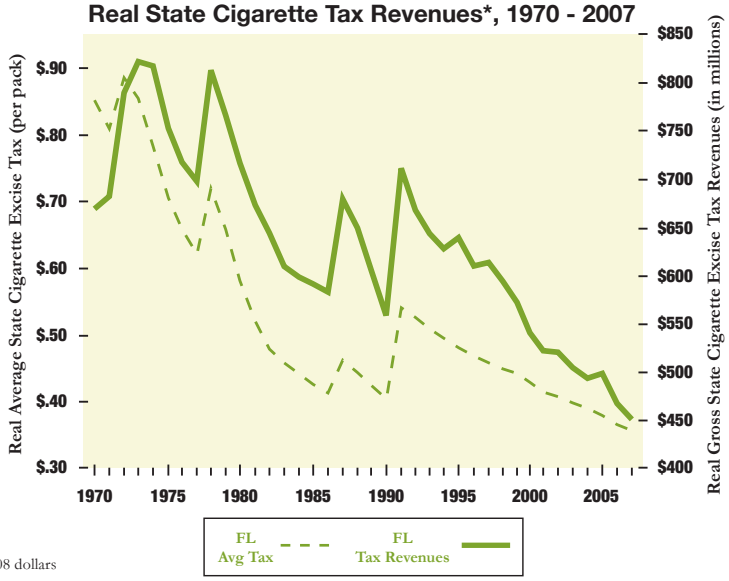


Total Cigarette Sales and Real Cigarette Prices*, Florida, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in FL

	1991	2008
Private Worksites	⊘	⊘⊘⊘
Restaurants	○	⊘⊘⊘
Bars	○	○
Pre-emption	YES	YES

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Florida*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	No
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	Yes
Statewide Enforcement	Yes	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**3**	**3**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Florida

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	28,609 (259+)
2004	Years of Potential Life Lost	382,399 (13.4++)
2000	Persons Living with a Smoking-Attributable Disease	582,812
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$6,004,000,000
2004	Productivity Costs	$6,875,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Florida Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$923,086,000	$417,149,000
Cigarette Excise Tax Revenue	$521,313,000	$451,325,000
Other Tobacco Control Funding Revenues	$1,055,000	$990,000
Tobacco Control Funding	$36,980,000	$6,884,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	2.5%	0.7%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	51.4%	66.7%
Dentist	22.6%	35.2%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	NO	YES	YES	NO

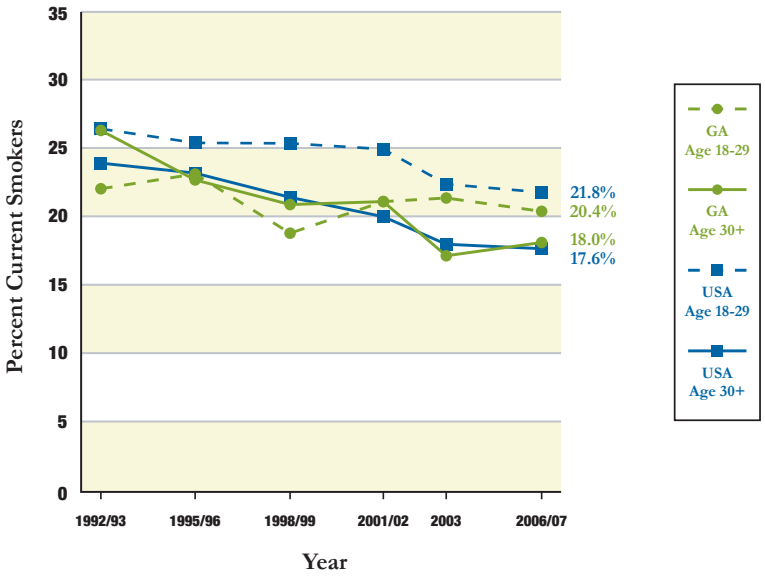
Cessation Services

Phone: 1-877-U-CAN-NOW
Website: www.flquitline.com

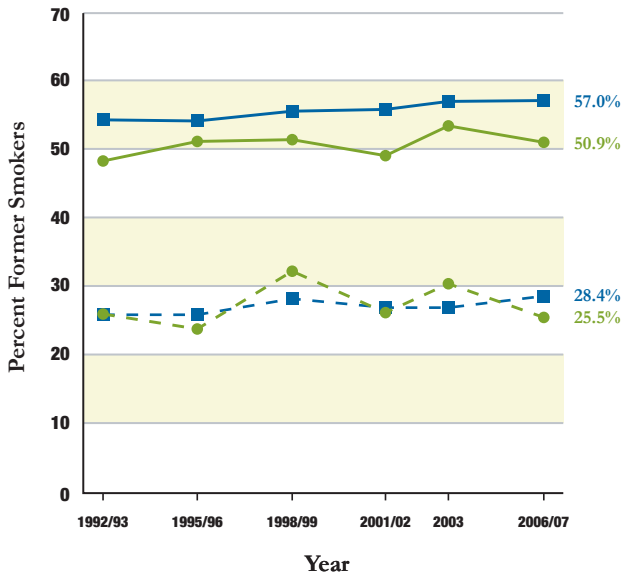
**free medication as available (eligibility-based)*

GEORGIA

Trends in Cigarette Smoking Among Adults



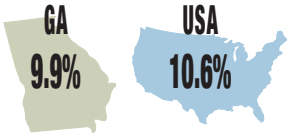
Percent of Adult Ever Smokers Who've Quit



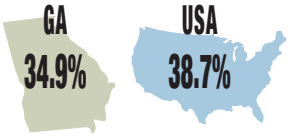
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

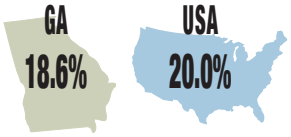
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



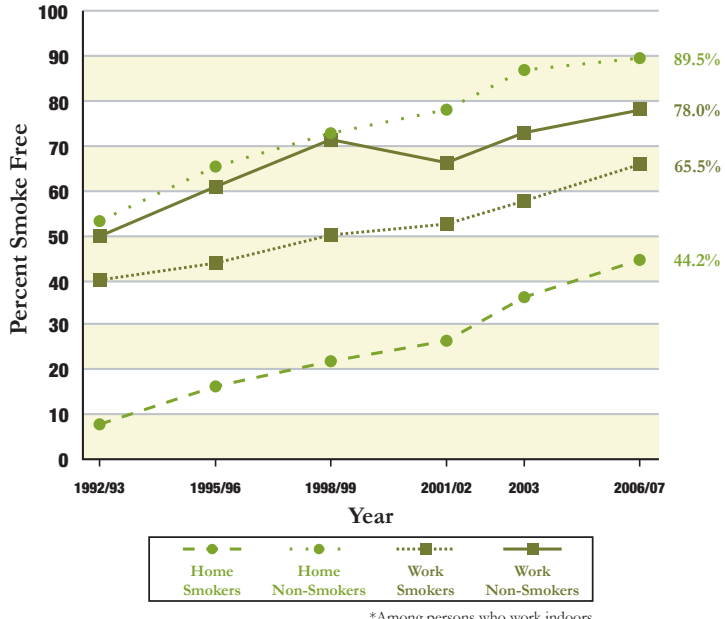
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

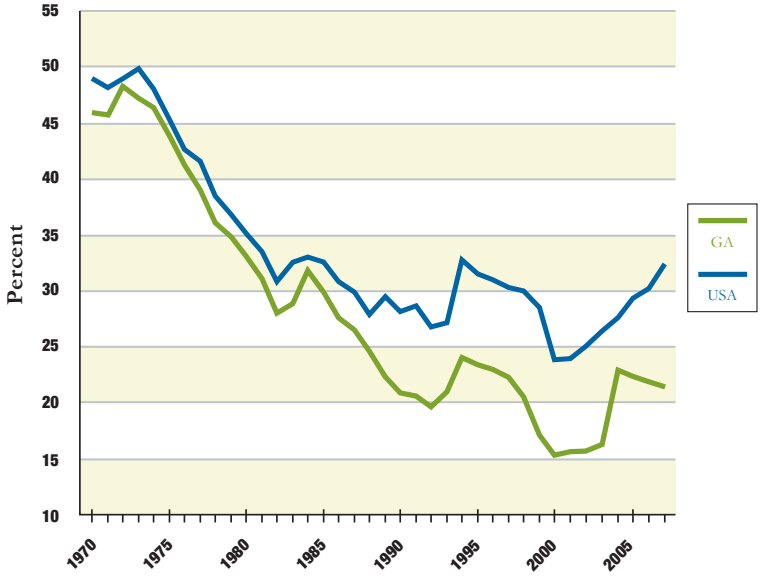
Smoke-Free Homes and Work Places* in Georgia



*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007



Total Cigarette Sales and Real Cigarette Prices*, Georgia, 1970 - 2007

* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007

Legislation

Protection From Tobacco Smoke Pollution in GA

	1991	2008
Private Worksites	○	⊘
Restaurants	○	⊘
Bars	○	⊘⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Georgia*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	No
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	Yes
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**0**	**4**

* Minimum Age in 1991: 17 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Georgia

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	10,547 (299+)
2004	Years of Potential Life Lost	162,274 (15.4++)
2000	Persons Living with a Smoking-Attributable Disease	230,713
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$2,387,000,000
2004	Productivity Costs	$3,295,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Georgia Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$204,943,000	$156,799,000
Cigarette Excise Tax Revenue	$95,887,000	$235,854,000
Other Tobacco Control Funding Revenues	$2,972,000	$949,000
Tobacco Control Funding	$28,047,000	$3,369,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	8.3%	0.6%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	51.2%	64.7%
Dentist	21.0%	35.6%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

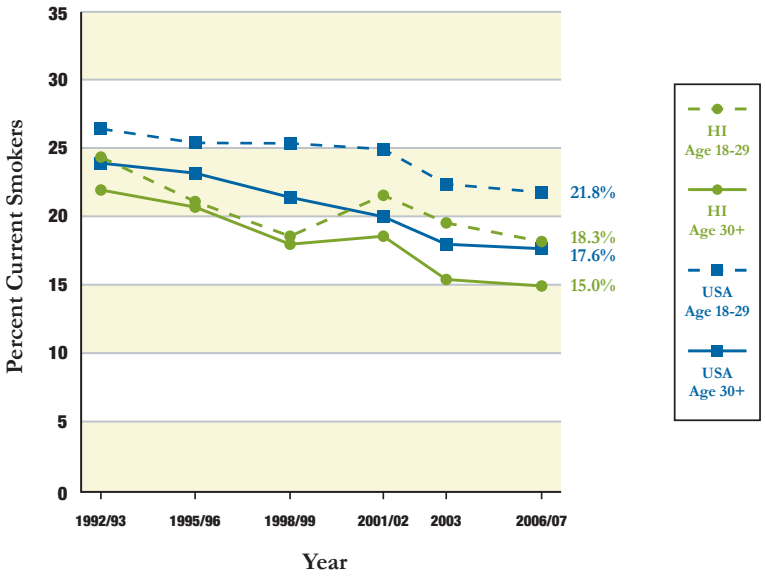
Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	NO	NO	NO	NO	NO

Cessation Services

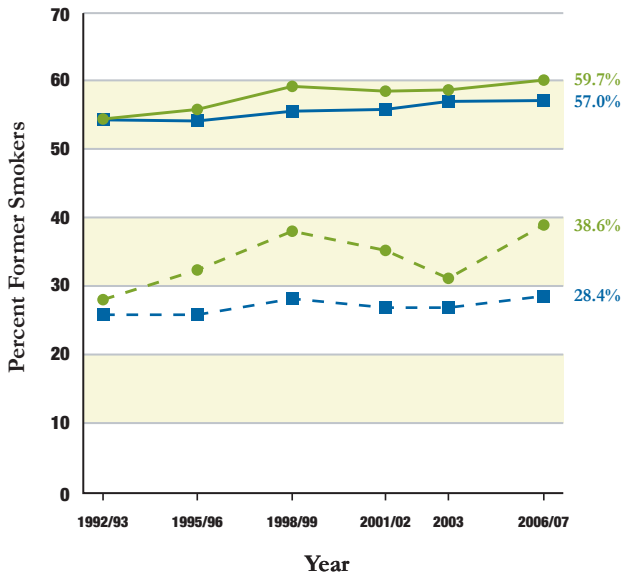
Phone: 1-877-270-STOP
1-877-266-3863 (Spanish)
1-877-777-6534 (Hearing Impaired)
Website: www.livehealthygeorgia.org/quitLine/

HAWAII

Trends in Cigarette Smoking Among Adults



Percent of Adult Ever Smokers Who've Quit

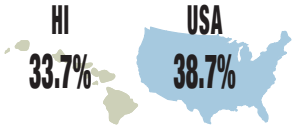


Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

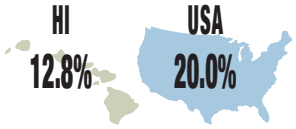
Cigarette Use Among Adolescents and Young Adults

Cigarette Smoking among 12-17 year olds

Current Cigarette smoking among 18-25 year olds.



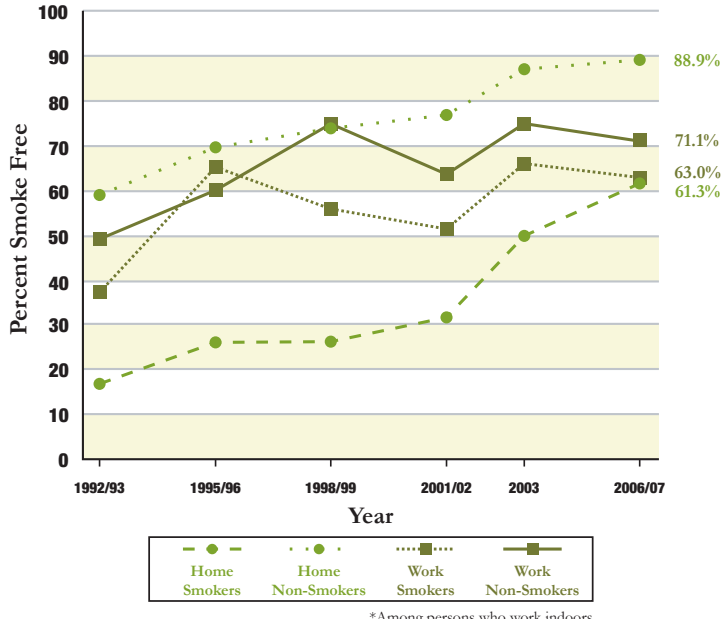
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

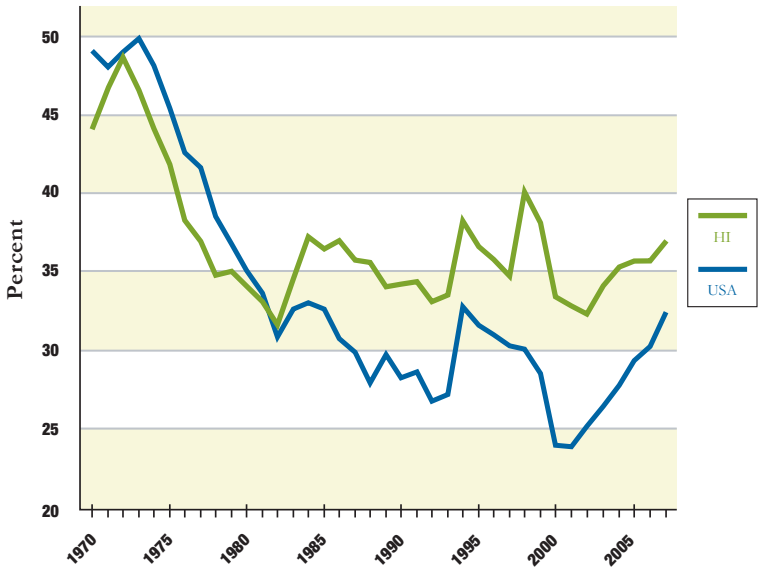
Smoke-Free Homes and Work Places* in Hawaii



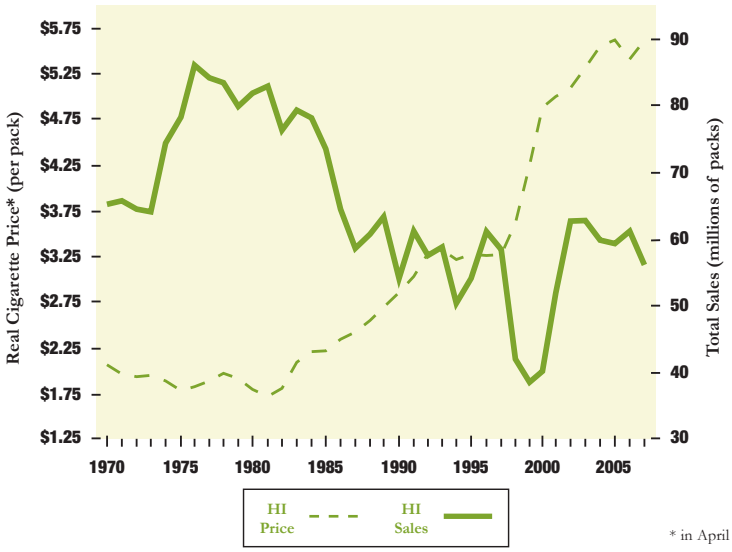
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

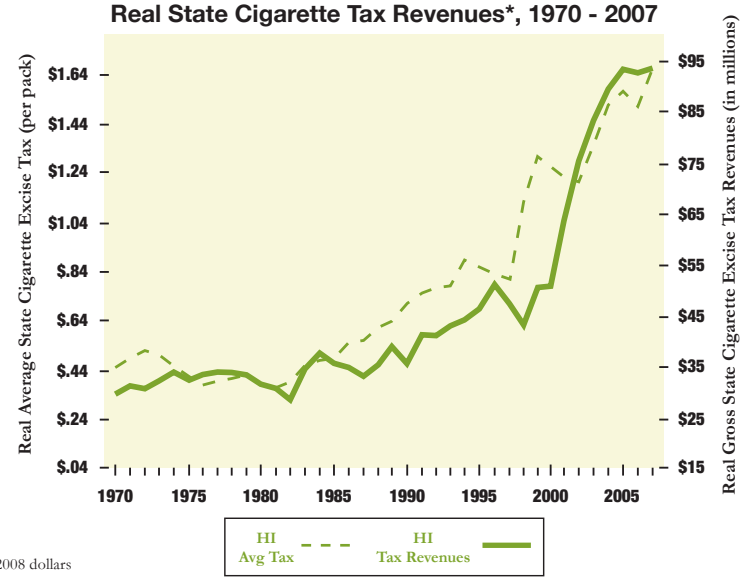


Total Cigarette Sales and Real Cigarette Prices*, Hawaii, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in HI

	1991	2008
Private Worksites	○	⊘⊘⊘
Restaurants	⊘	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Hawaii*

Penalties for Minors	1991	2006
Possession	No	No
Use	No	No
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	No
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**2**	**3**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Hawaii

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	1,160 (168+)
2004	Years of Potential Life Lost	16,080 (13.9++)
2000	Persons Living with a Smoking-Attributable Disease	26,481
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$367,000,000
2004	Productivity Costs	$320,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Hawaii Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$51,838,000	$38,410,000
Cigarette Excise Tax Revenue	$75,478,000	$93,419,000
Other Tobacco Control Funding Revenues	$1,411,000	$1,071,000
Tobacco Control Funding	$6,474,000	$10,648,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	4.0%	7.3%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	58.2%	67.7%
Dentist	23.0%	39.1%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	YES	NO

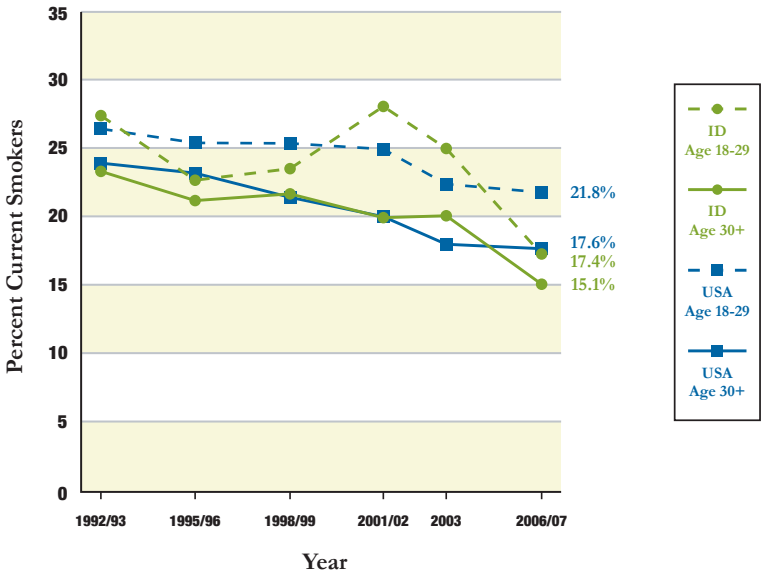
Cessation Services

Phone: 1-800-QUIT-NOW
Website: www.callitquitshawaii.org

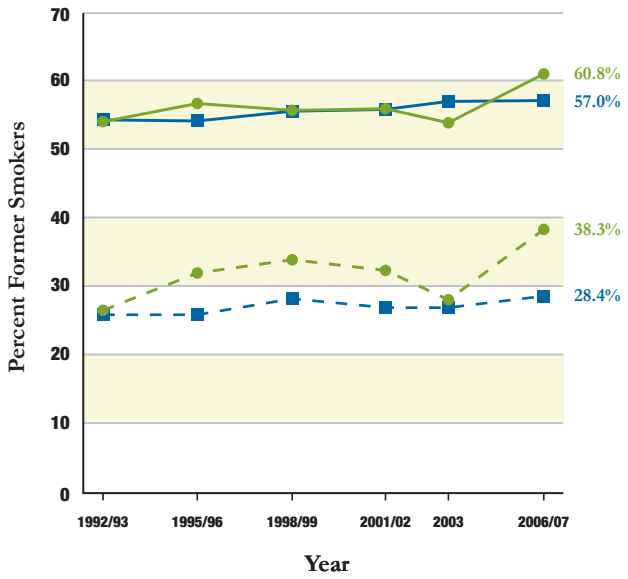
**free medication as available (eligibility-based)*

IDAHO

Trends in Cigarette Smoking Among Adults



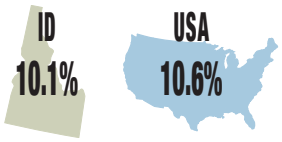
Percent of Adult Ever Smokers Who've Quit



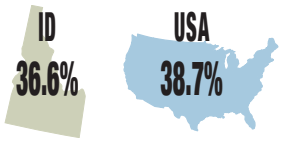
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

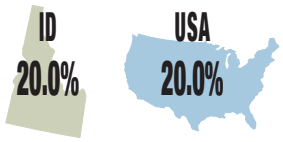
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



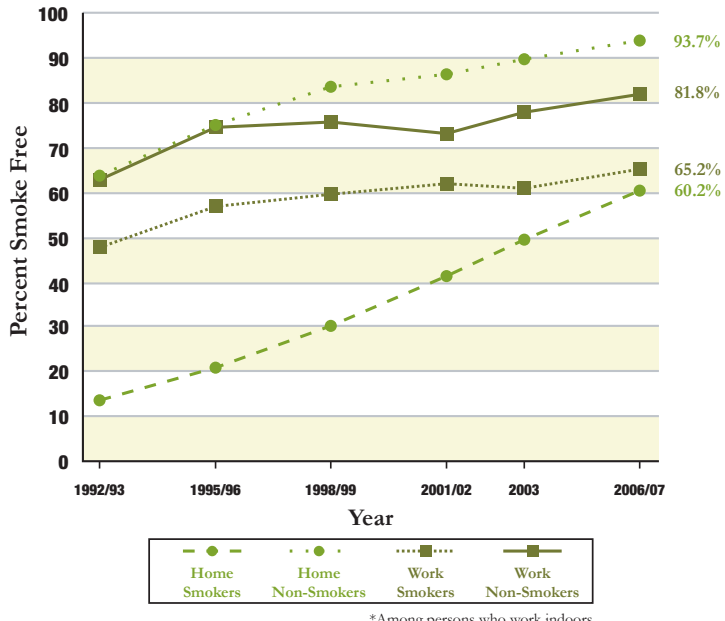
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

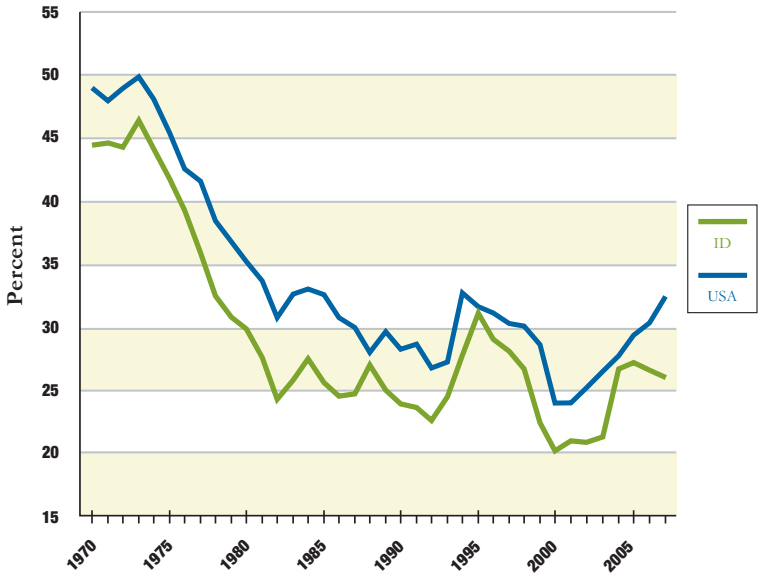
Smoke-Free Homes and Work Places* in Idaho



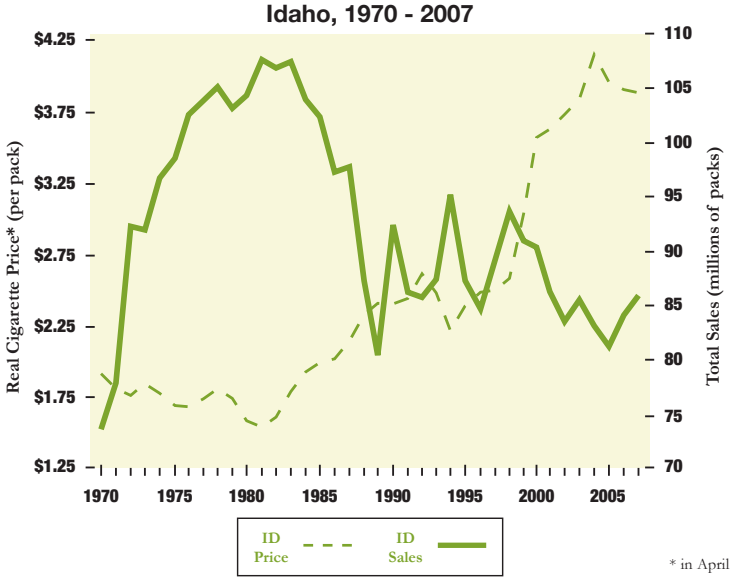
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007



Total Cigarette Sales and Real Cigarette Prices*, Idaho, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007

Legislation

Protection From Tobacco Smoke Pollution in ID

	1991	2008
Private Worksites	○	⊘
Restaurants	⊘	⊘⊘
Bars	○	○
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Idaho*

Penalties for Minors	1991	2006
Possession	Yes	Yes
Use	No	Yes
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	Yes
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	Yes
Extensiveness of Retailer Provisions (0-10)§	**1**	**7**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Idaho

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	1,511 (237+)
2004	Years of Potential Life Lost	20,466 (13.5++)
2000	Persons Living with a Smoking-Attributable Disease	38,468
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$327,000,000
2004	Productivity Costs	$358,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Idaho Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$30,380,000	$23,257,000
Cigarette Excise Tax Revenue	$28,222,000	$51,523,000
Other Tobacco Control Funding Revenues	$1,588,000	$1,320,000
Tobacco Control Funding	$2,914,000	$2,276,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	2.3%	1.3%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	44.1%	61.0%
Dentist	21.0%	22.3%

Source: TUS-CPS

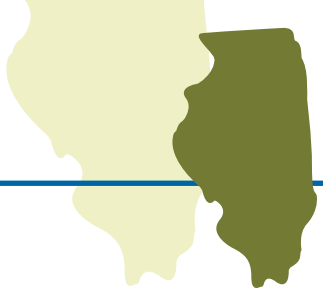
Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	NO	NO	NO	NO	NO

Cessation Services

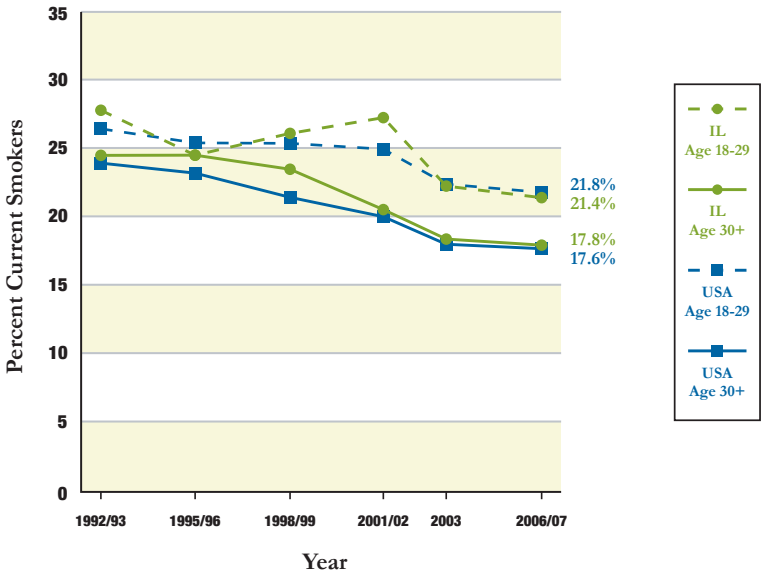
Phone: 1-800-QUIT-NOW
Website: http://idahoquitnet.com
www.projectfilter.org

**free medication as available (eligibility-based)*

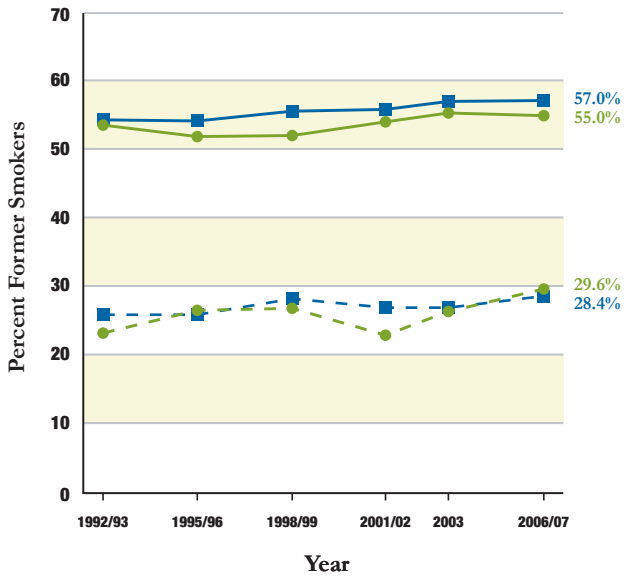


ILLINOIS

Trends in Cigarette Smoking Among Adults



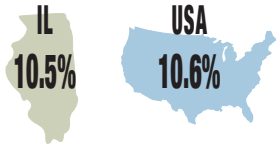
Percent of Adult Ever Smokers Who've Quit



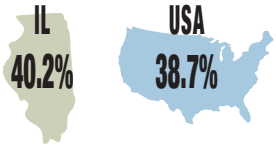
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

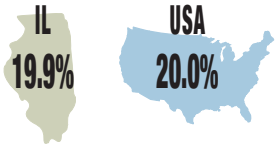
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



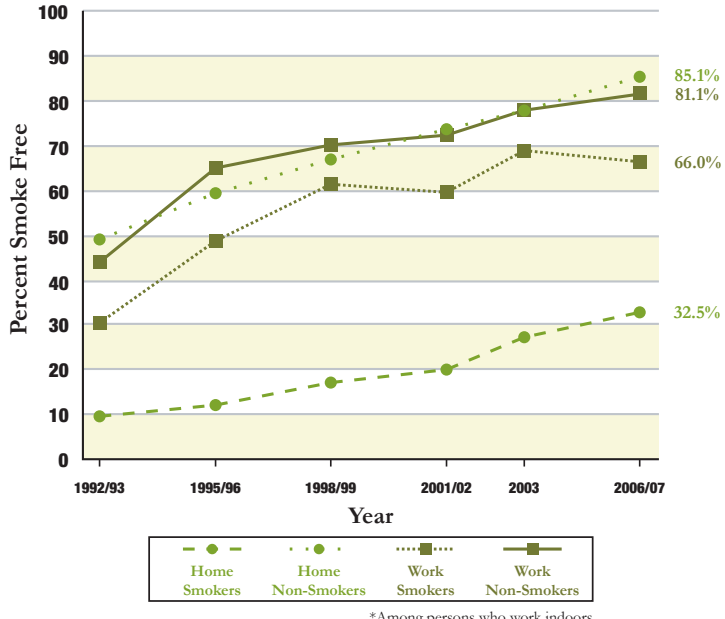
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

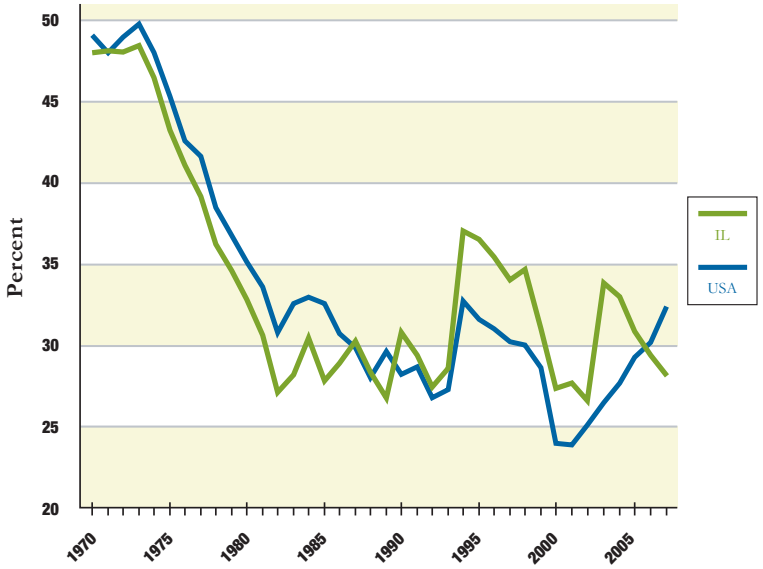
Smoke-Free Homes and Work Places* in Illinois



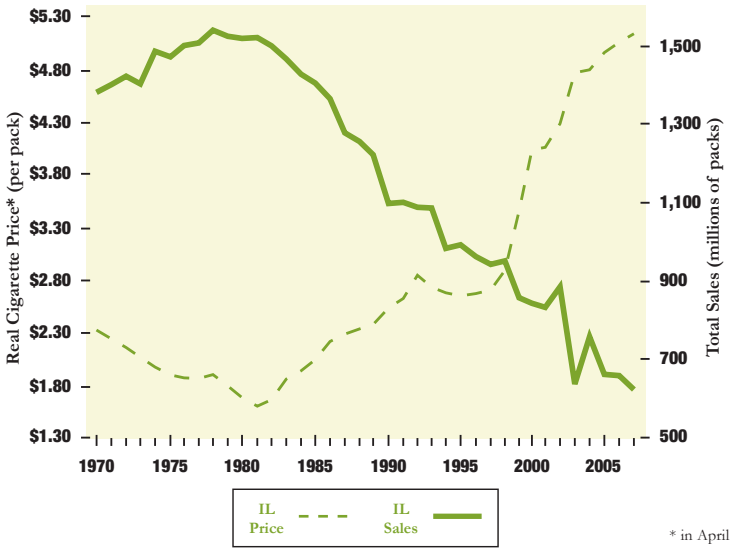
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007



Total Cigarette Sales and Real Cigarette Prices*, Illinois, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007

Legislation

Protection From Tobacco Smoke Pollution in IL

	1991	2008
Private Worksites	⊘	⊘⊘⊘
Restaurants	⊘	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	YES	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Illinois*

Penalties for Minors	1991	2006
Possession	No	No
Use	No	No
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	No
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	2	2

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Illinois

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	16,601 (263+)
2004	Years of Potential Life Lost	229,623 (13.8++)
2000	Persons Living with a Smoking-Attributable Disease	368,099
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$3,965,000,000
2004	Productivity Costs	$4,352,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Illinois Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$388,668,000	$297,287,000
Cigarette Excise Tax Revenue	$568,475,000	$643,807,000
Other Tobacco Control Funding Revenues	$2,388,000	$1,494,000
Tobacco Control Funding	$57,722,000	$10,439,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	5.8%	1.0%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	49.1%	65.1%
Dentist	19.4%	34.4%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

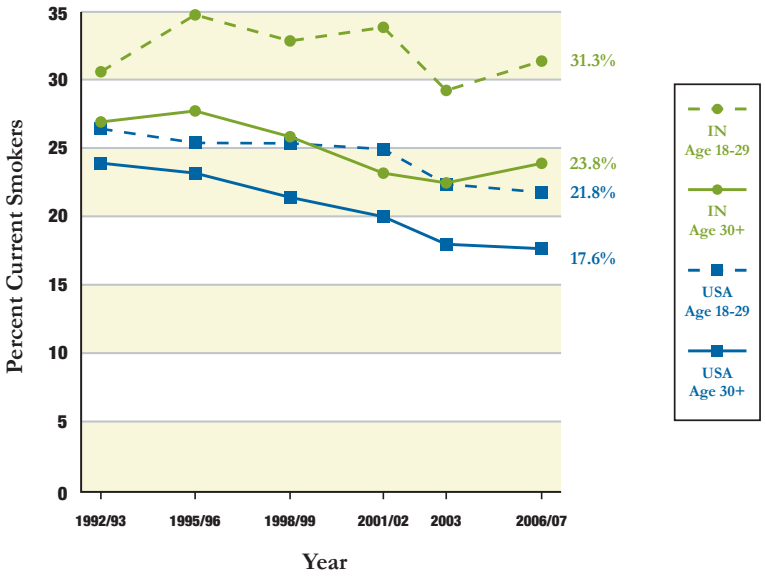
Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	YES	NO

Cessation Services

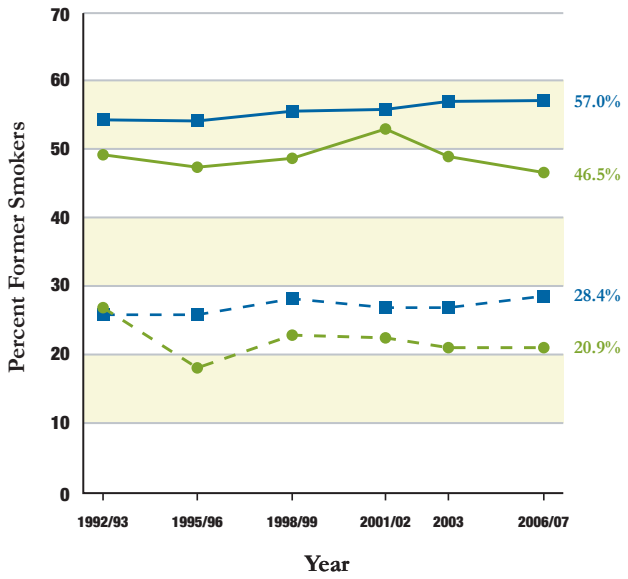
Phone: 1-866-QUIT-YES
Website: www.idph.state.il.us/TobaccoWebSite/quitsmoking.htm
www.idph.state.il.us/smokefree/sf_quit.htm
www.quityes.org

INDIANA

Trends in Cigarette Smoking Among Adults



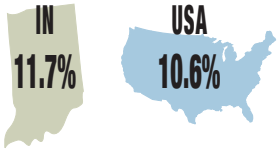
Percent of Adult Ever Smokers Who've Quit



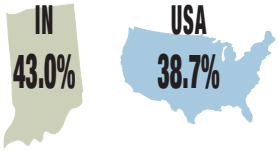
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

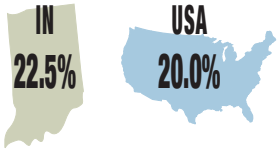
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



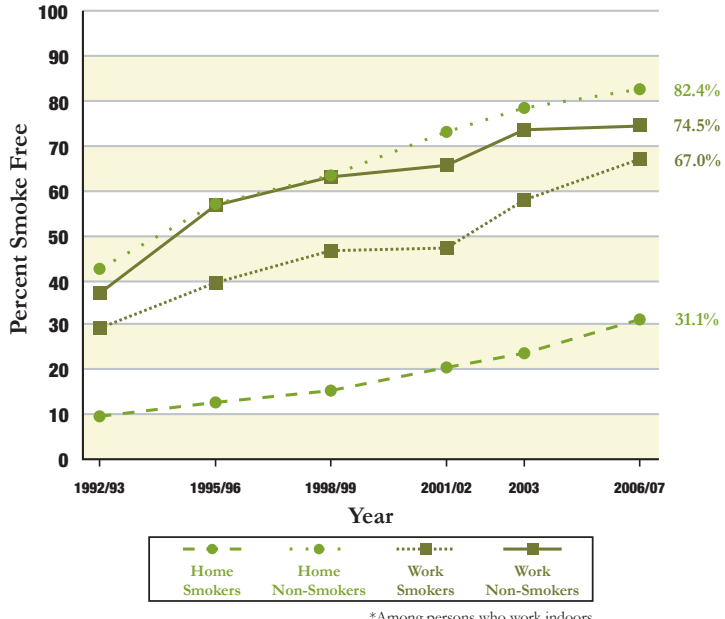
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

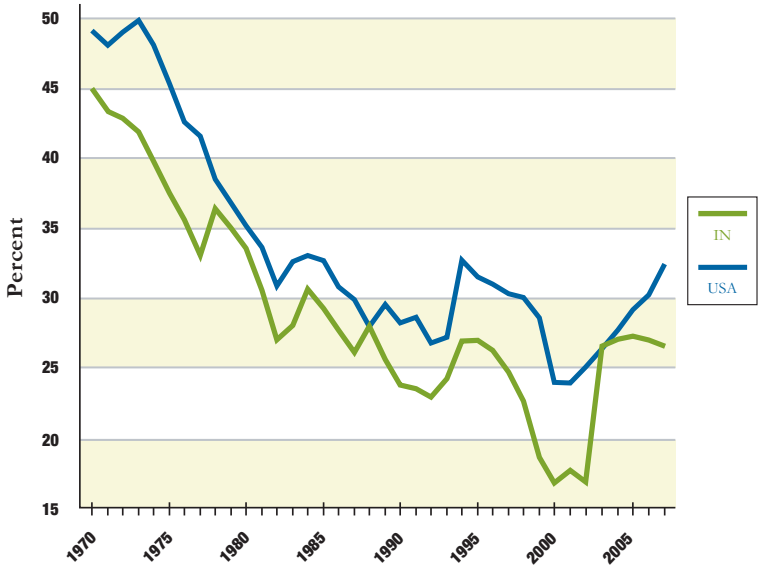
Smoke-Free Homes and Work Places* in Indiana



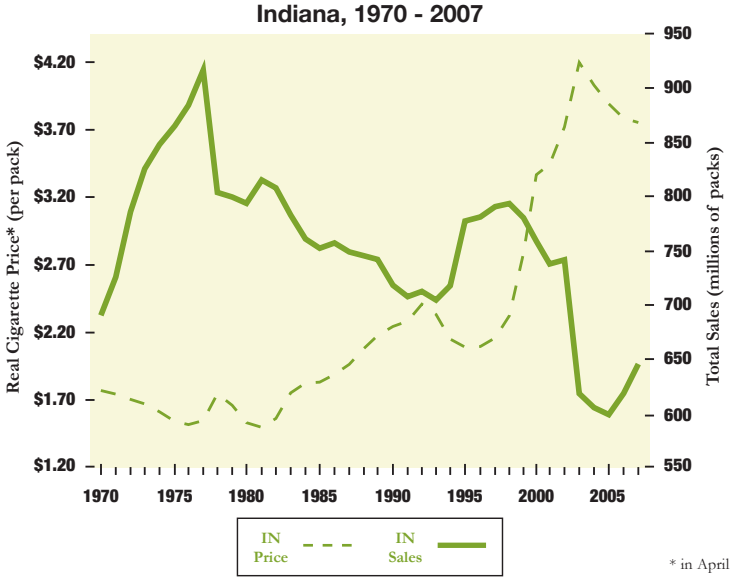
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

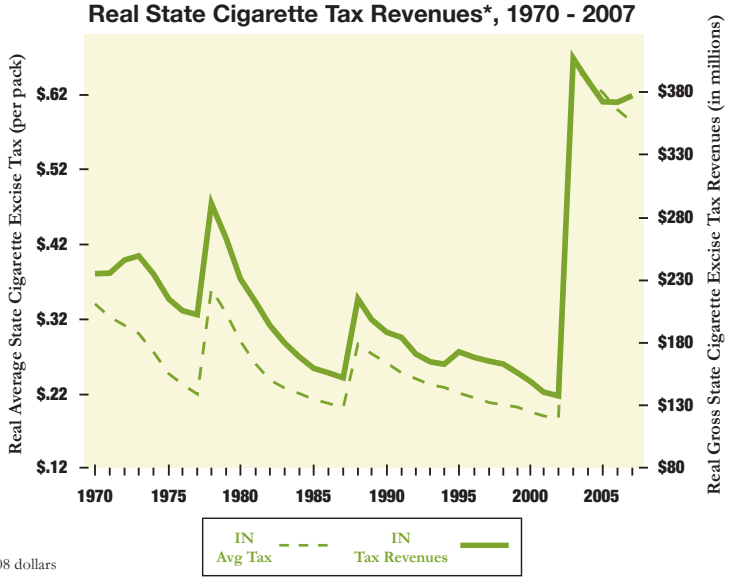


Total Cigarette Sales and Real Cigarette Prices*, Indiana, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in IN

	1991	2008
Private Worksites	○	○
Restaurants	○	○
Bars	○	○
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Indiana*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	No
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	Yes
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**4**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Indiana

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	9,731 (309+)
2004	Years of Potential Life Lost	138,915 (14.3++)
2000	Persons Living with a Smoking-Attributable Disease	201,538
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$2,180,000,000
2004	Productivity Costs	$2,624,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Indiana Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$170,344,000	$130,280,000
Cigarette Excise Tax Revenue	$138,344,000	$377,134,000
Other Tobacco Control Funding Revenues	$2,020,000	$1,242,000
Tobacco Control Funding	$41,200,000	$12,712,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	12.7%	2.3%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	49.4%	64.5%
Dentist	17.9%	33.6%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

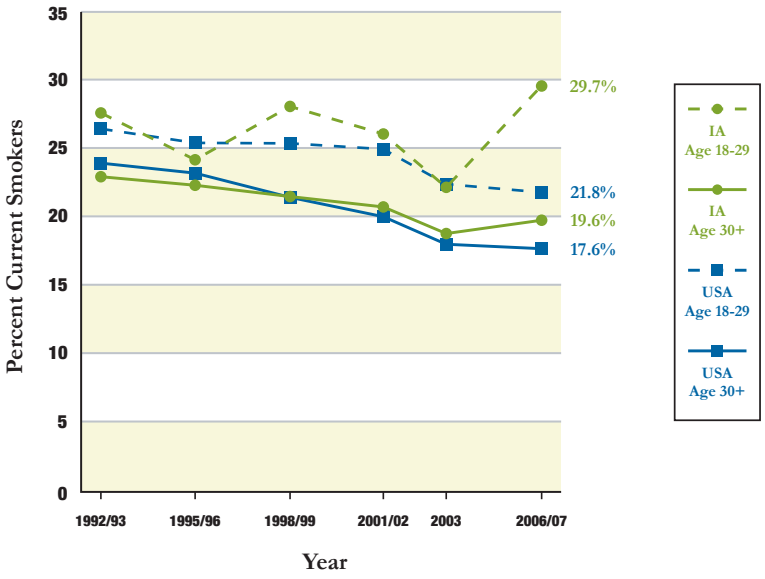
Nicotine Replacement			Zyban	Chantix	Counseling
Gum	Patch	Spray/Inhaler/Lozenge			
YES	YES	YES	YES	YES	YES

Cessation Services

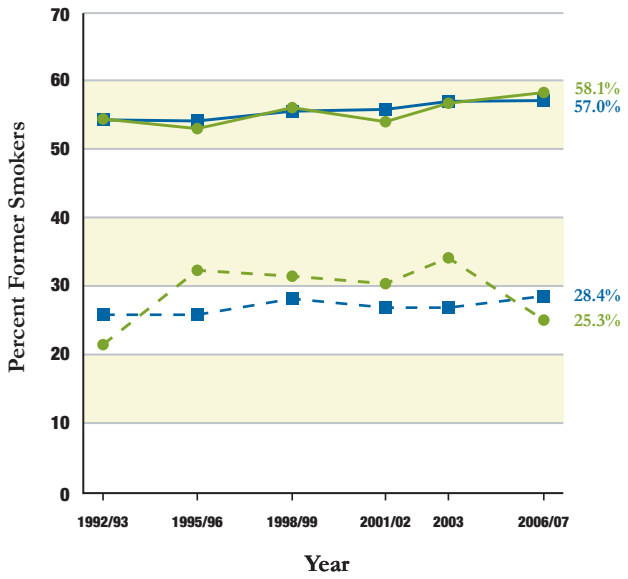
Phone: 1-800-QUIT-NOW
Website: www.indianatobaccoquitline.net

IOWA

Trends in Cigarette Smoking Among Adults



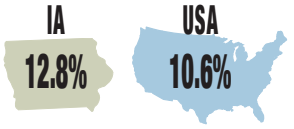
Percent of Adult Ever Smokers Who've Quit



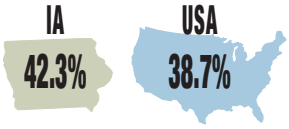
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

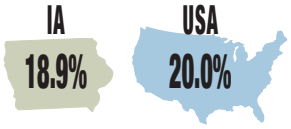
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



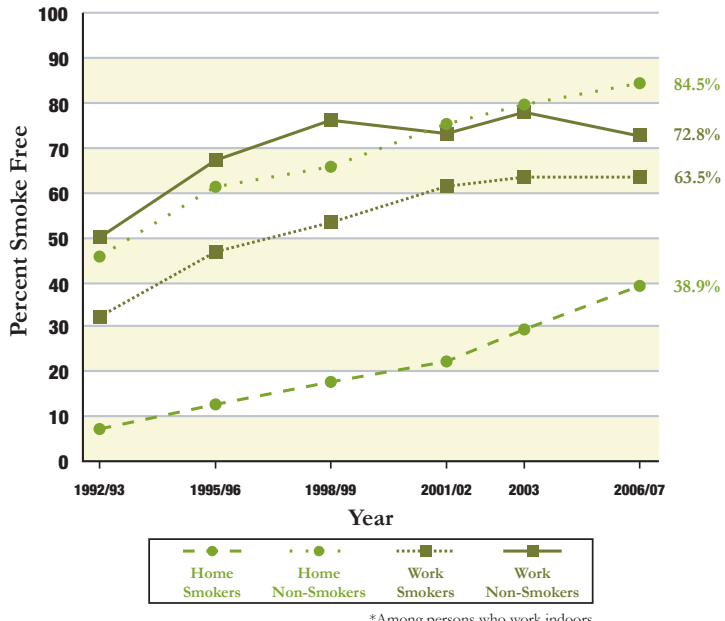
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

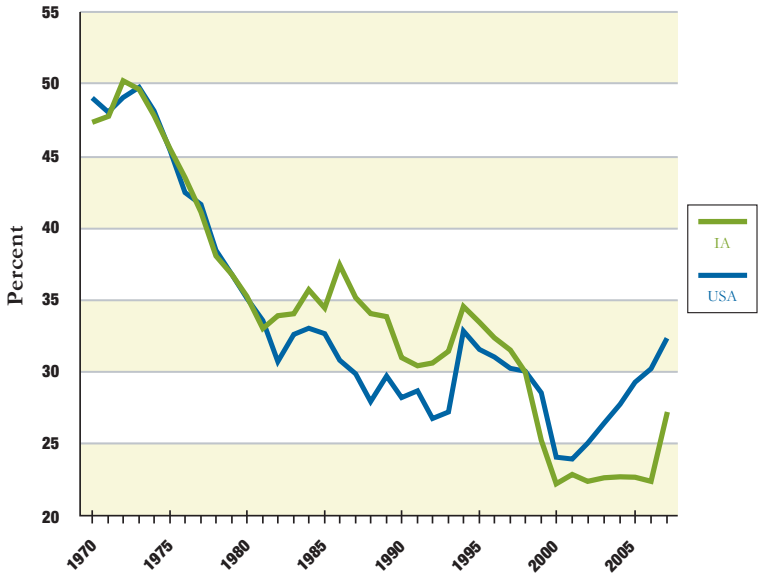
Smoke-Free Homes and Work Places* in Iowa



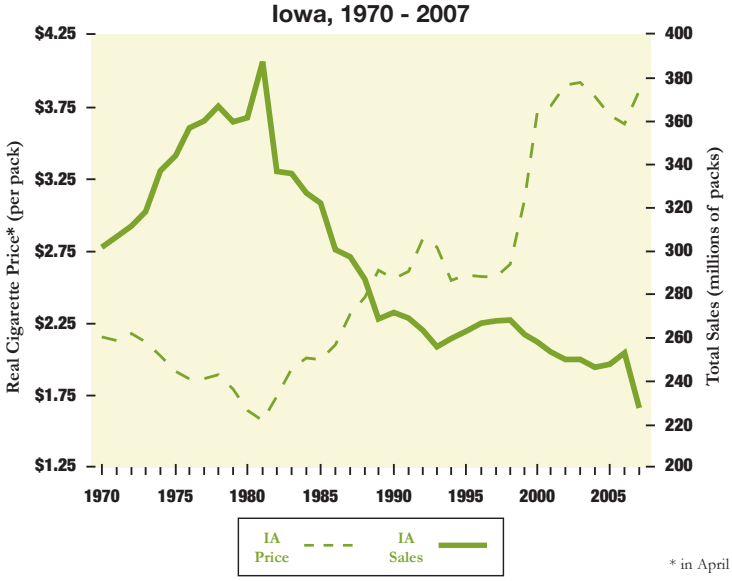
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

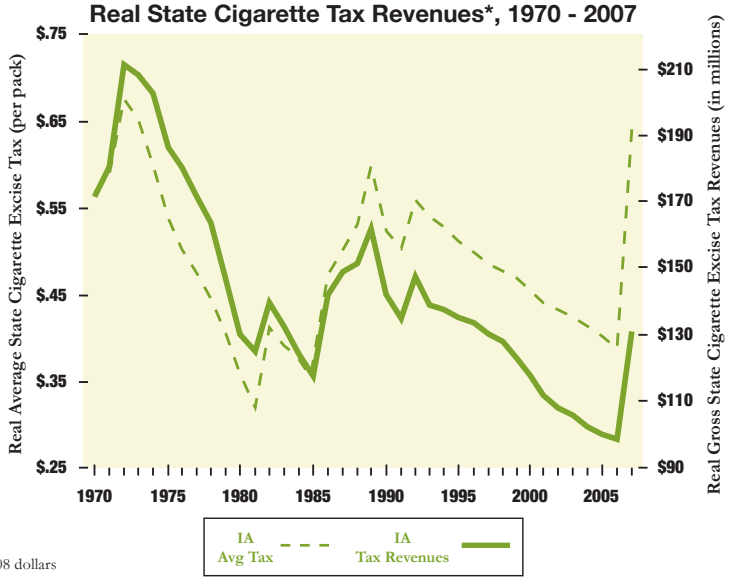


Total Cigarette Sales and Real Cigarette Prices*, Iowa, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in IA

	1991	2008
Private Worksites	⊘	⊘⊘⊘
Restaurants	⊘	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	YES	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Iowa*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	Yes	Yes
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	Yes	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**3**	**5**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Iowa

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	4,444 (248+)
2004	Years of Potential Life Lost	57,017 (12.8++)
2000	Persons Living with a Smoking-Attributable Disease	98,578
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$904,000,000
2004	Productivity Costs	$1,007,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Iowa Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$72,574,000	$55,564,000
Cigarette Excise Tax Revenue	$108,251,000	$130,780,000
Other Tobacco Control Funding Revenues	$1,376,000	$1,278,000
Tobacco Control Funding	$12,708,000	$8,118,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	6.3%	3.7%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	50.9%	60.2%
Dentist	17.6%	30.7%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	NO	NO	NO	NO	YES

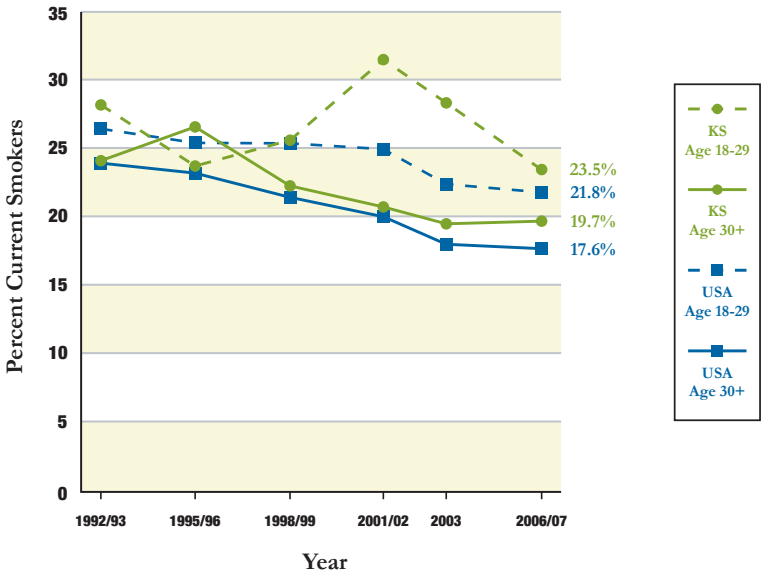
Cessation Services

Phone: 1-800-QUIT-NOW
1-888-229-2182 (Hearing Impaired)
Website: www.quitlineiowa.org

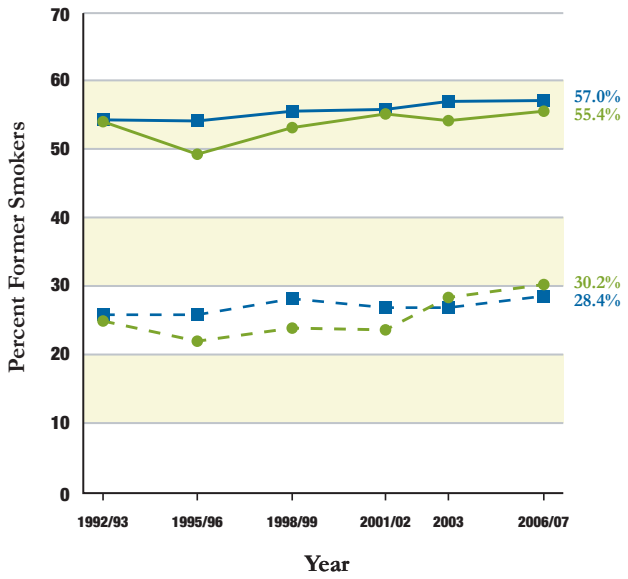
**free medication as available (eligibility-based)*

KANSAS

Trends in Cigarette Smoking Among Adults



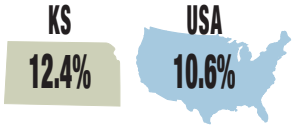
Percent of Adult Ever Smokers Who've Quit



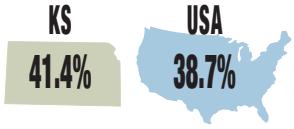
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

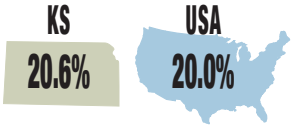
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



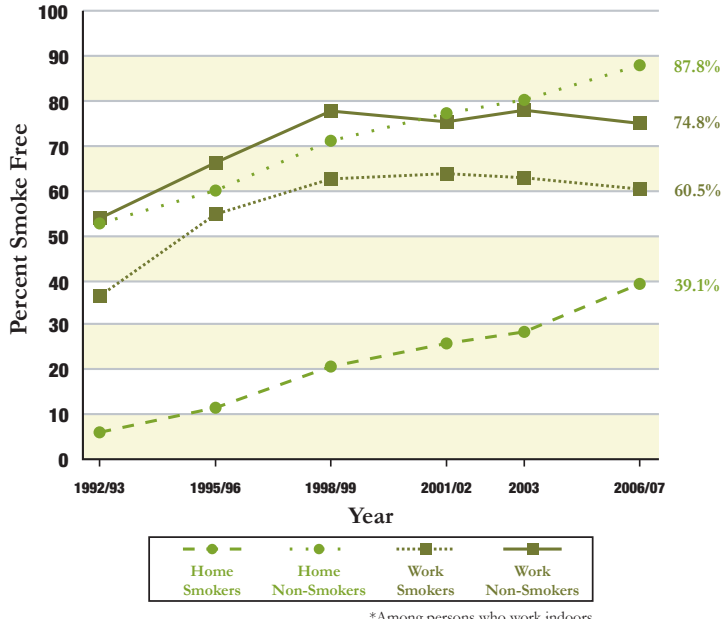
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

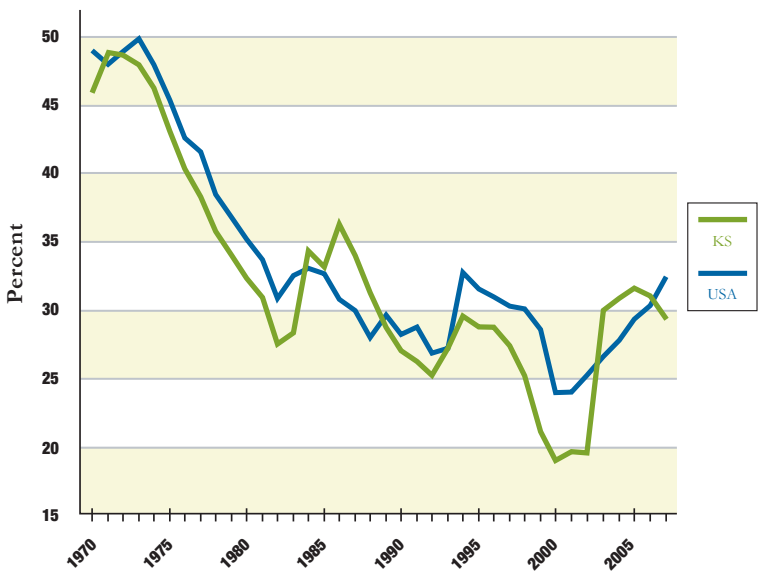
Smoke-Free Homes and Work Places* in Kansas



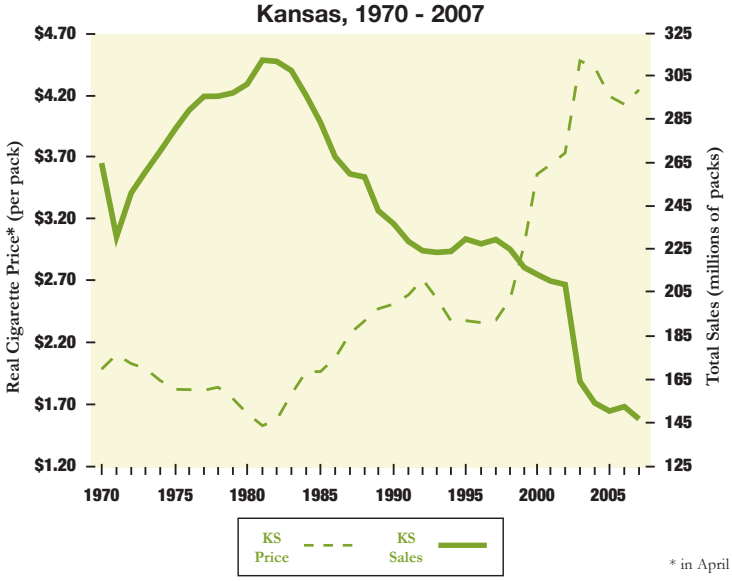
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

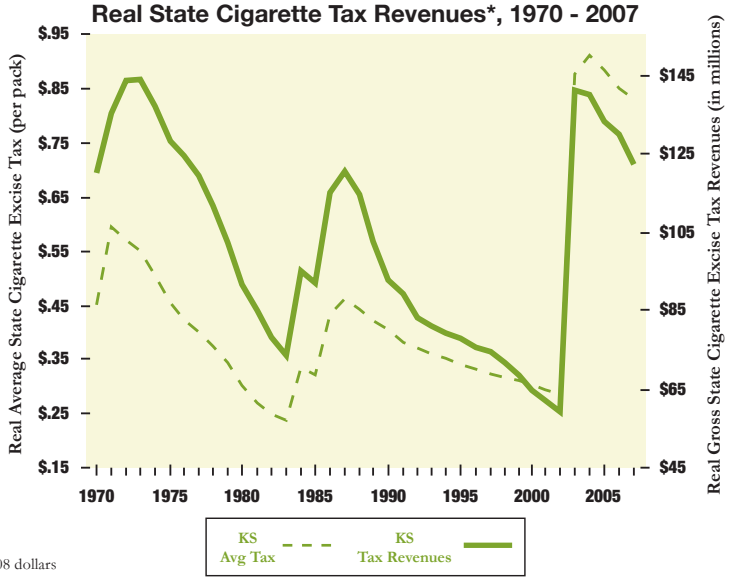


Total Cigarette Sales and Real Cigarette Prices*, Kansas, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in KS

	1991	2008
Private Worksites	○	○
Restaurants	⊘	⊘
Bars	○	○
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Kansas*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	No
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**4**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Kansas

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	3,884 (263+)
2004	Years of Potential Life Lost	50,541 (13.0++)
2000	Persons Living with a Smoking-Attributable Disease	81,531
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$795,000,000
2004	Productivity Costs	$906,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Kansas Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$69,560,000	$53,249,000
Cigarette Excise Tax Revenue	$59,308,000	$122,090,000
Other Tobacco Control Funding Revenues	$2,667,000	$1,482,000
Tobacco Control Funding	$3,270,000	$2,535,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	0.5%	0.6%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	44.5%	58.0%
Dentist	19.1%	26.7%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

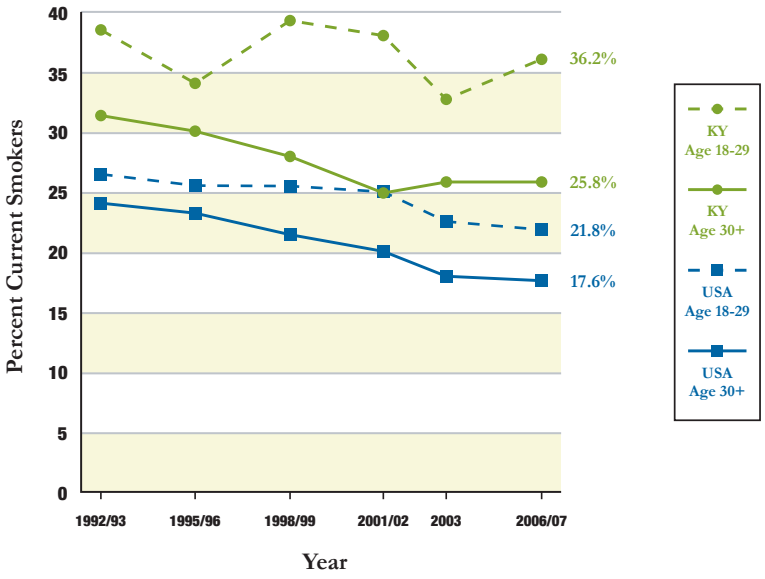
Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	YES	NO	YES	YES	NO

Cessation Services

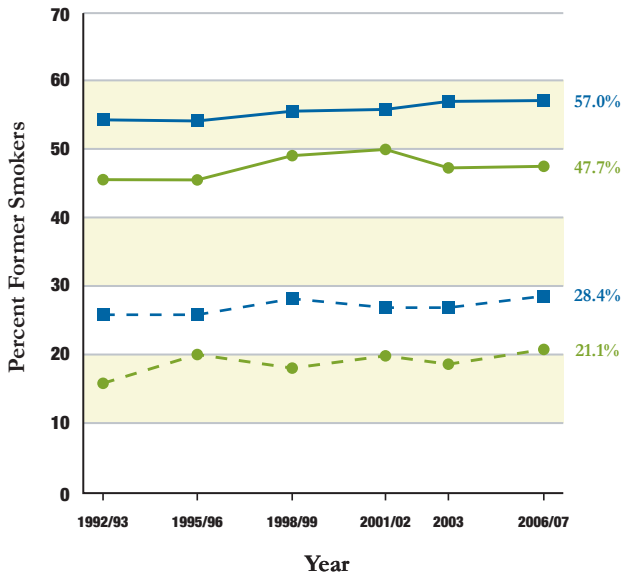
Phone: 1-866-KAN-STOP
Website: www.kdheks.gov/tobacco/cessation.html

KENTUCKY

Trends in Cigarette Smoking Among Adults



Percent of Adult Ever Smokers Who've Quit

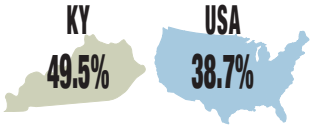


Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

Cigarette Smoking among 12-17 year olds

Current Cigarette smoking among 18-25 year olds.

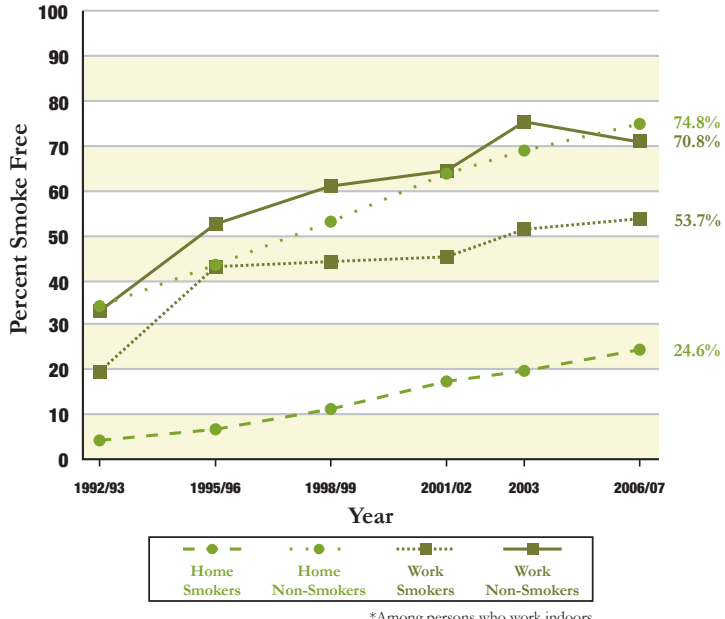


Current cigarette smoking among high school students (14-18 yr olds)

Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

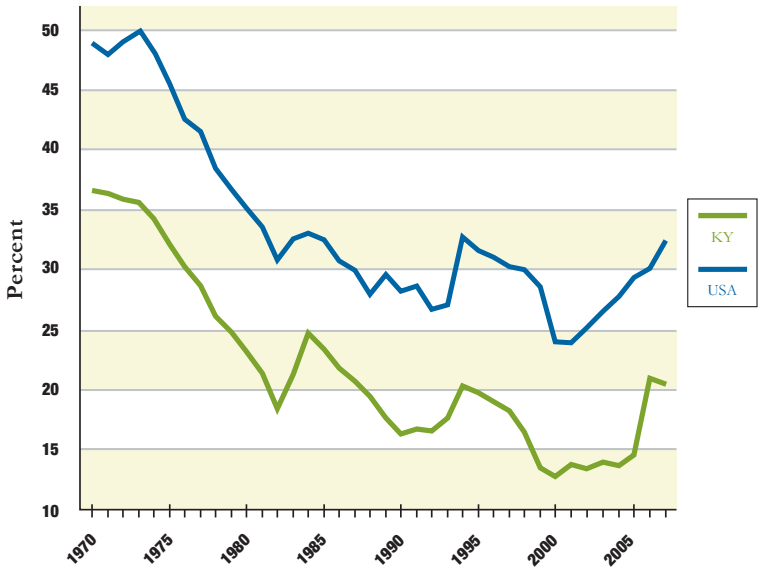
Smoke-Free Homes and Work Places* in Kentucky



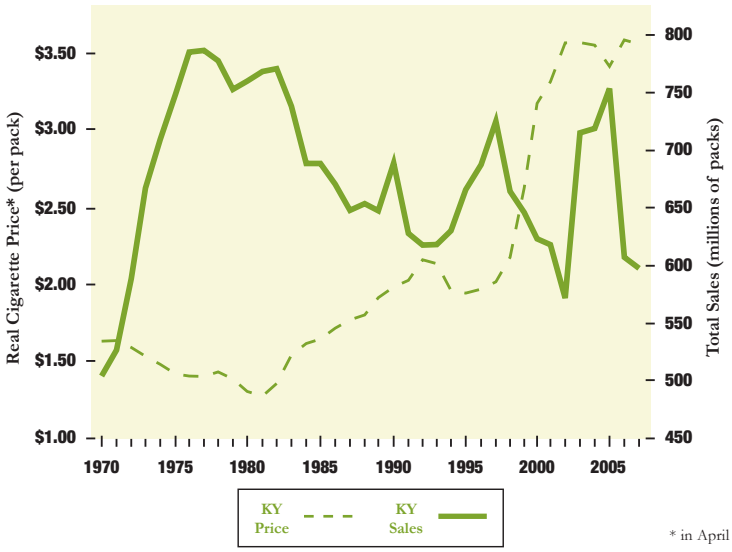
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

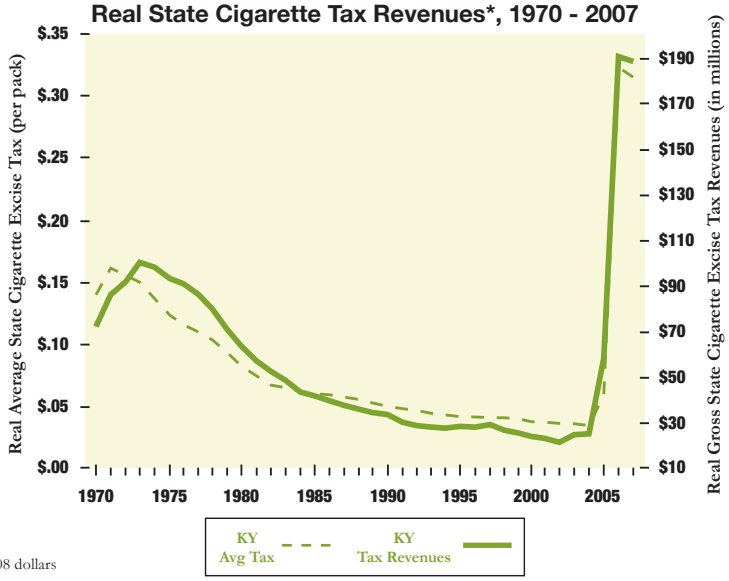


Total Cigarette Sales and Real Cigarette Prices*, Kentucky, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in KY

	1991	2008
Private Worksites	○	○
Restaurants	○	○
Bars	○	○
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Kentucky*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	Yes
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	Yes
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**0**	**5**

* Minimum Age in 1991: 16 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Kentucky

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	7,848 (371+)
2004	Years of Potential Life Lost	112,760 (14.4++)
2000	Persons Living with a Smoking-Attributable Disease	151,153
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$1,463,000,000
2004	Productivity Costs	$2,304,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Kentucky Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$151,778,000	$112,495,000
Cigarette Excise Tax Revenue	$20,668,000	$188,475,000
Other Tobacco Control Funding Revenues	$1,982,000	$1,321,000
Tobacco Control Funding	$8,612,000	$3,636,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	3.8%	0.8%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	48.9%	67.6%
Dentist	15.4%	36.1%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

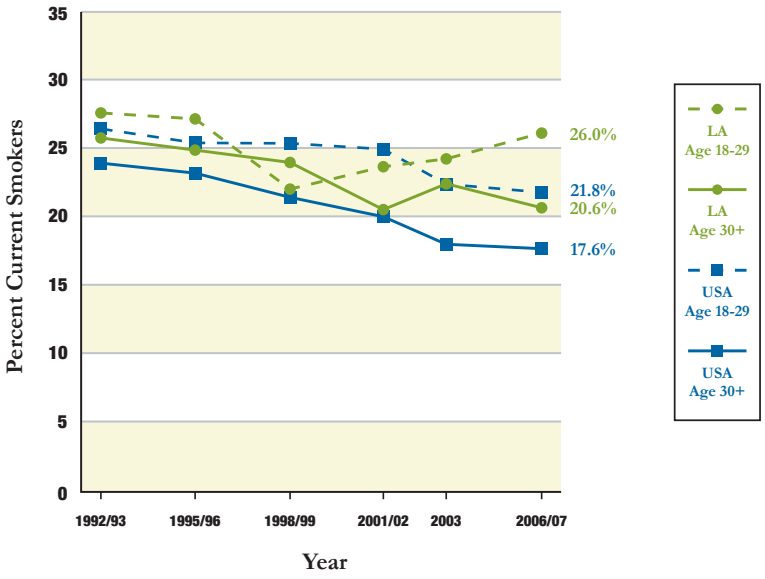
Nicotine Replacement			Zyban	Chantix	Counseling
Gum	Patch	Spray/Inhaler/Lozenge			
NO	NO	NO	NO	NO	YES

Cessation Services

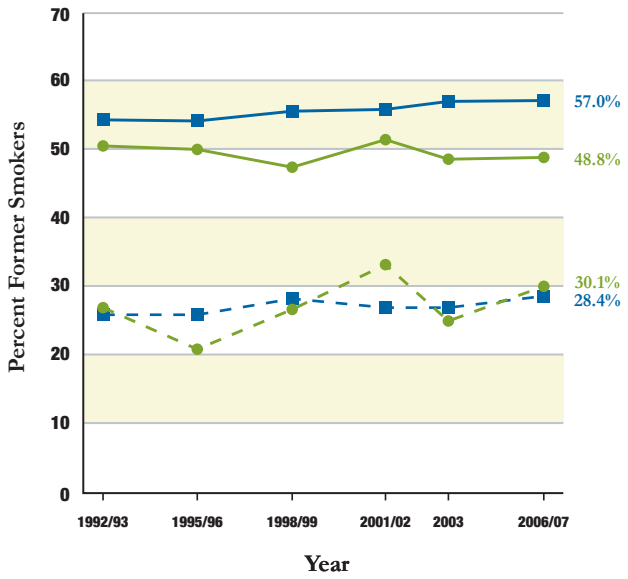
Phone: 1-800-QUIT-NOW
1-800-969-1393 (Hearing Impaired)
Website: www.gethealthy.ky.gov/adults/tobacco/

LOUISIANA

Trends in Cigarette Smoking Among Adults



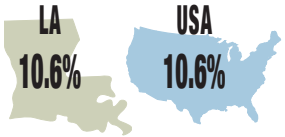
Percent of Adult Ever Smokers Who've Quit



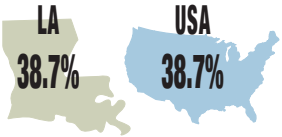
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

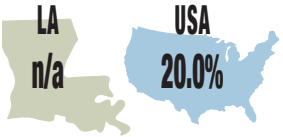
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



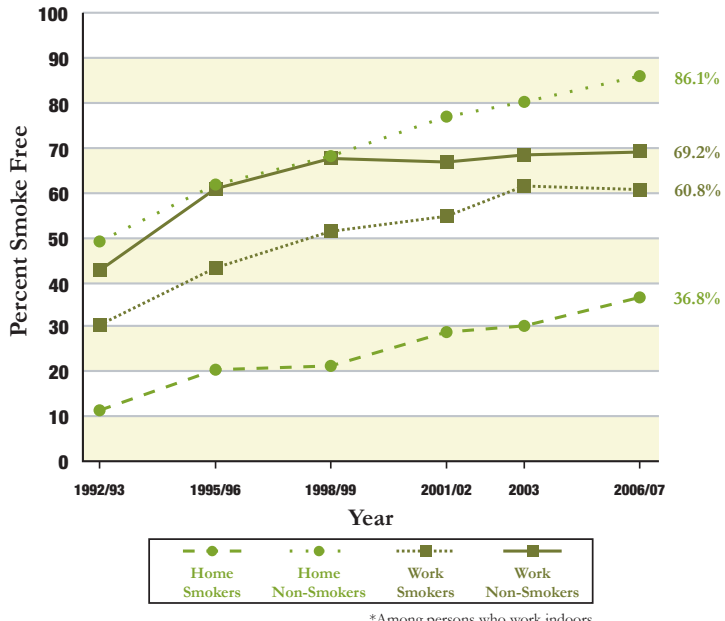
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

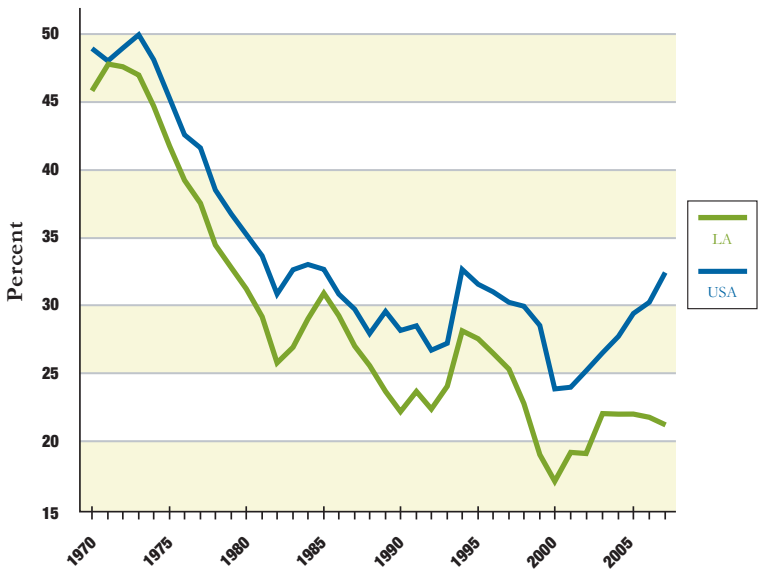
Smoke-Free Homes and Work Places* in Louisiana



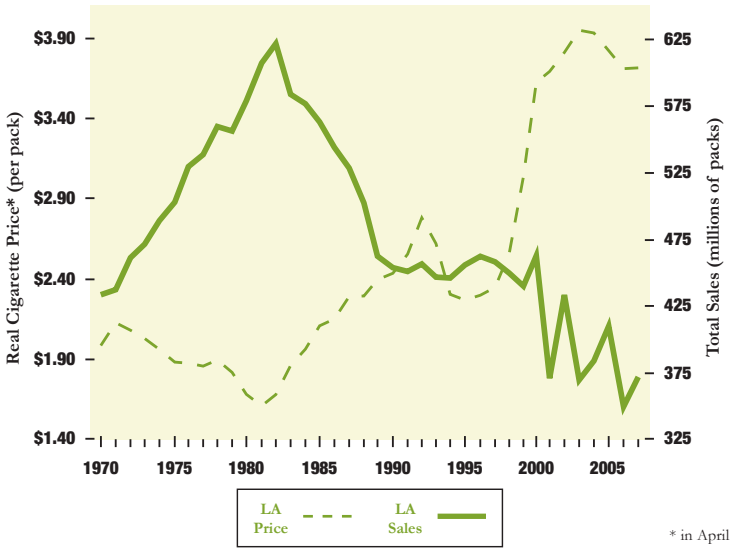
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

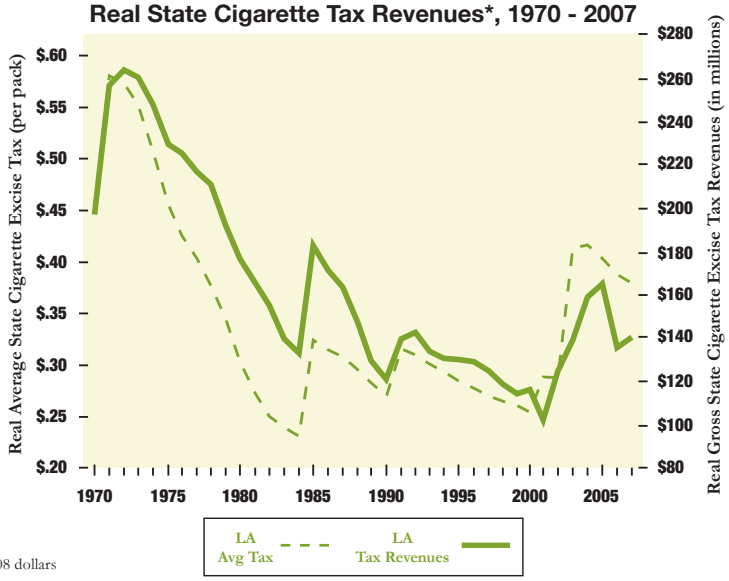


Total Cigarette Sales and Real Cigarette Prices*, Louisiana, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in LA

	1991	2008
Private Worksites	○	⊘⊘⊘
Restaurants	○	⊘⊘⊘
Bars	○	○
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Louisiana*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	No
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**4**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Louisiana

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	6,500 (300+)
2004	Years of Potential Life Lost	95,770 (14.7++)
2000	Persons Living with a Smoking-Attributable Disease	121,435
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$1,454,000,000
2004	Productivity Costs	$2,058,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Louisiana Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$188,306,000	$144,066,000
Cigarette Excise Tax Revenue	$125,360,000	$140,783,000
Other Tobacco Control Funding Revenues	$1,736,000	$1,274,000
Tobacco Control Funding	$2,339,000	$9,693,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	0.2%	3.0%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	42.4%	62.0%
Dentist	23.6%	30.1%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

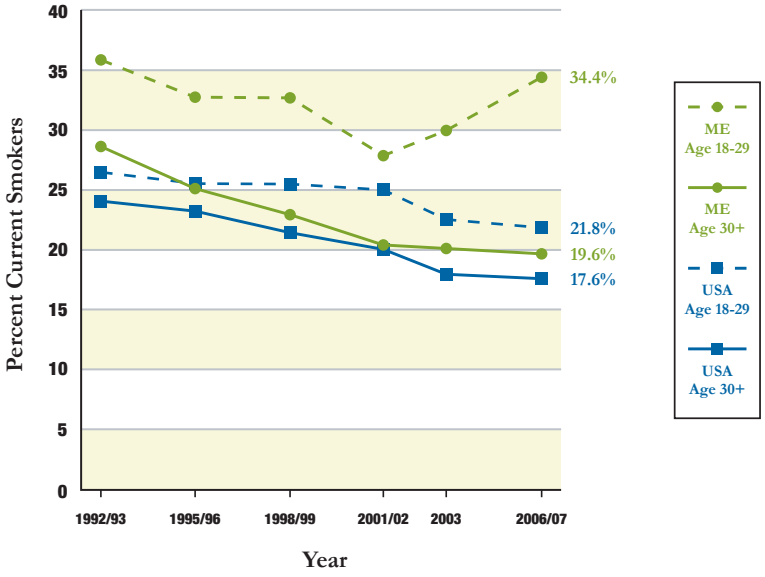
Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	YES	NO

Cessation Services

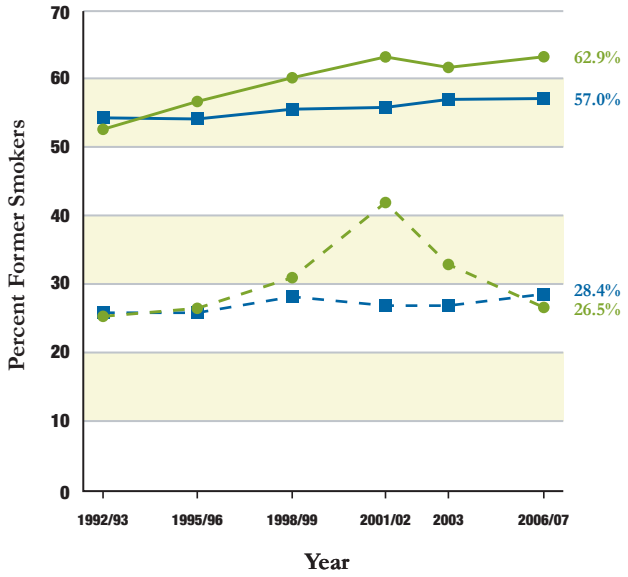
Phone: 1-800-QUIT-NOW
Website: www.tobaccofreeliving.org
www.quitwithusla.org

MAINE

Trends in Cigarette Smoking Among Adults



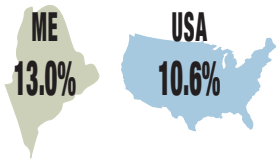
Percent of Adult Ever Smokers Who've Quit



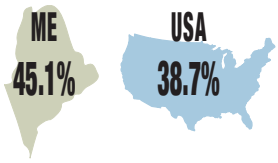
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

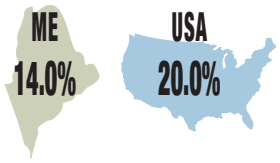
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



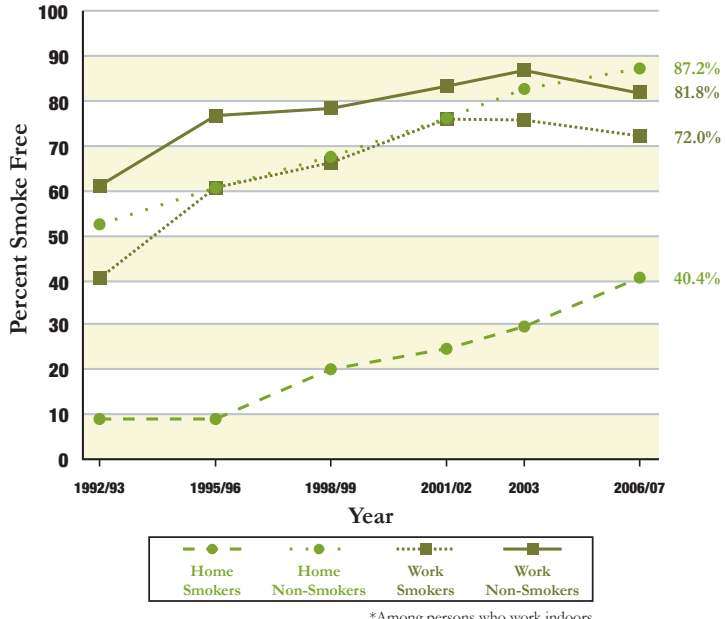
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

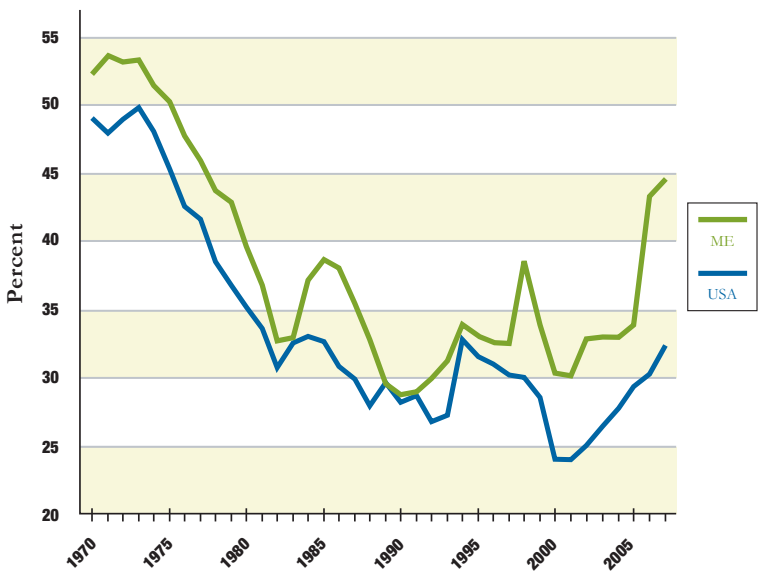
Smoke-Free Homes and Work Places* in Maine



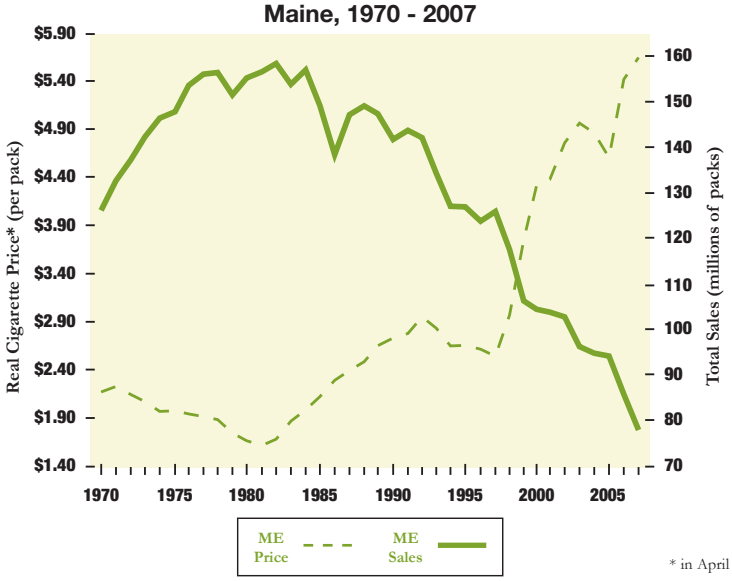
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

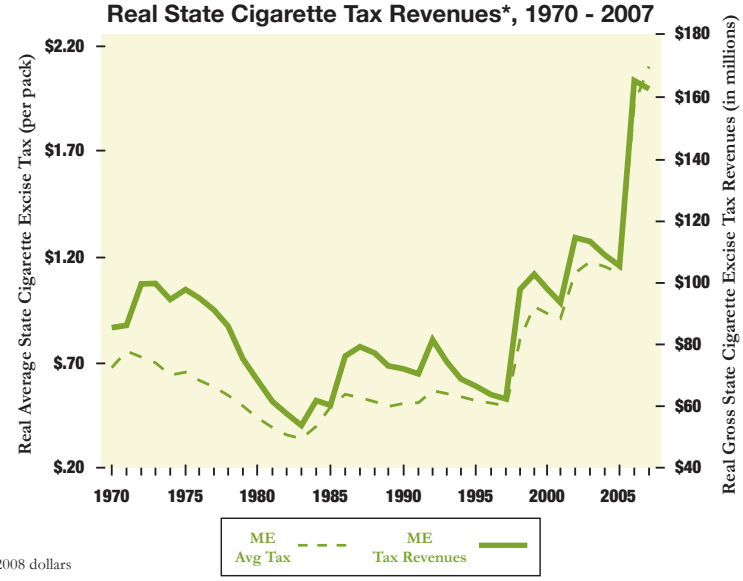


Total Cigarette Sales and Real Cigarette Prices*, Maine, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in ME

	1991	2008
Private Worksites	⊘	⊘
Restaurants	⊘	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Maine*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	Yes
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	Yes
Statewide Enforcement	No	No
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**2**	**6**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Maine

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	2,235 (290+)
2004	Years of Potential Life Lost	30,017 (13.4++)
2000	Persons Living with a Smoking-Attributable Disease	50,142
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$550,000,000
2004	Productivity Costs	$534,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Maine Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$64,256,000	$49,144,000
Cigarette Excise Tax Revenue	$114,534,000	$162,836,000
Other Tobacco Control Funding Revenues	$1,638,000	$1,180,000
Tobacco Control Funding	$18,274,000	$16,649,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	9.3%	7.3%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	54.1%	74.7%
Dentist	21.8%	41.8%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement			Zyban	Chantix	Counseling
Gum	Patch	Spray/Inhaler/Lozenge			
YES	YES	YES	NO	NO	YES

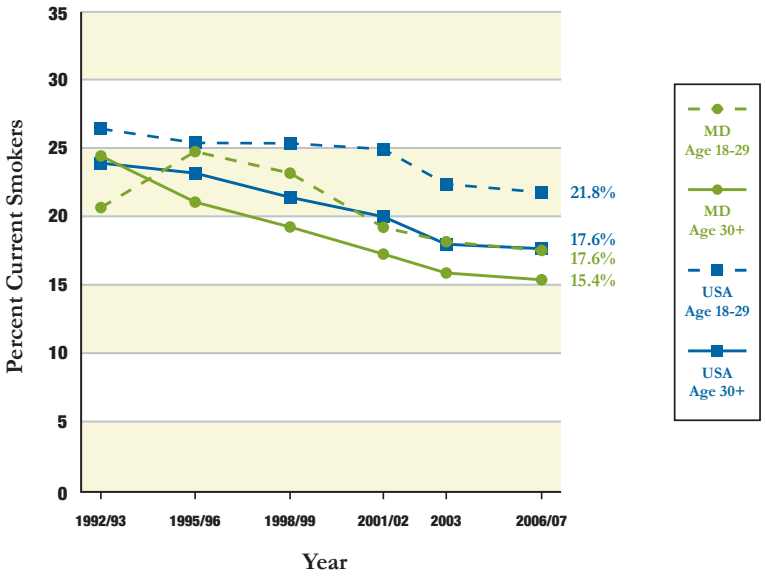
Cessation Services

Phone: 1-800-207-1230
Website: www.tobaccofreemaine.org

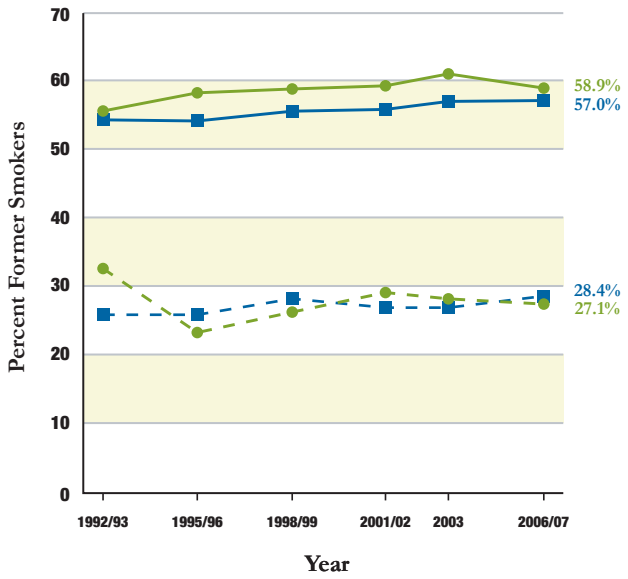
**free medication as available (eligibility-based)*

MARYLAND

Trends in Cigarette Smoking Among Adults



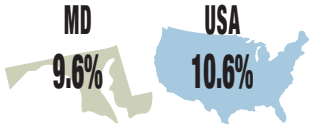
Percent of Adult Ever Smokers Who've Quit



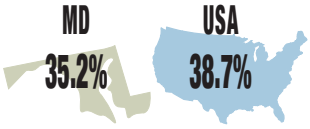
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

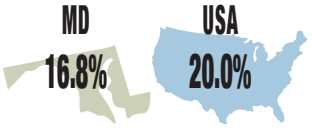
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



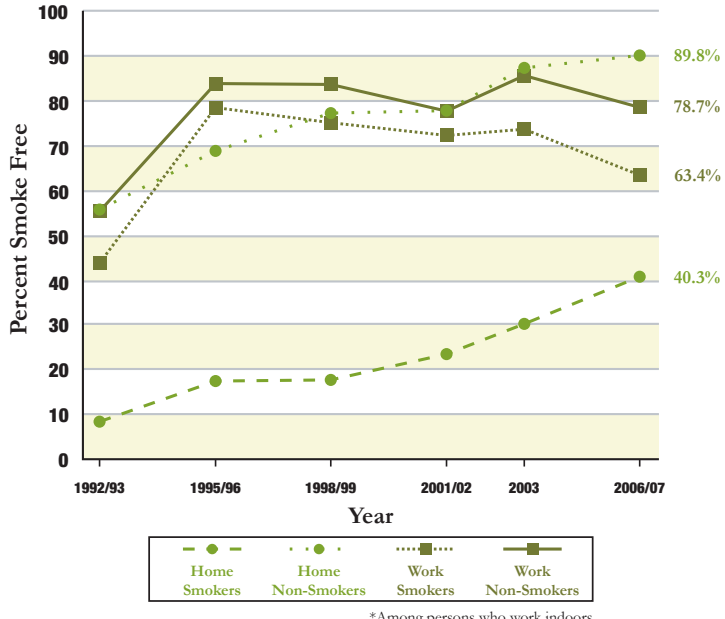
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

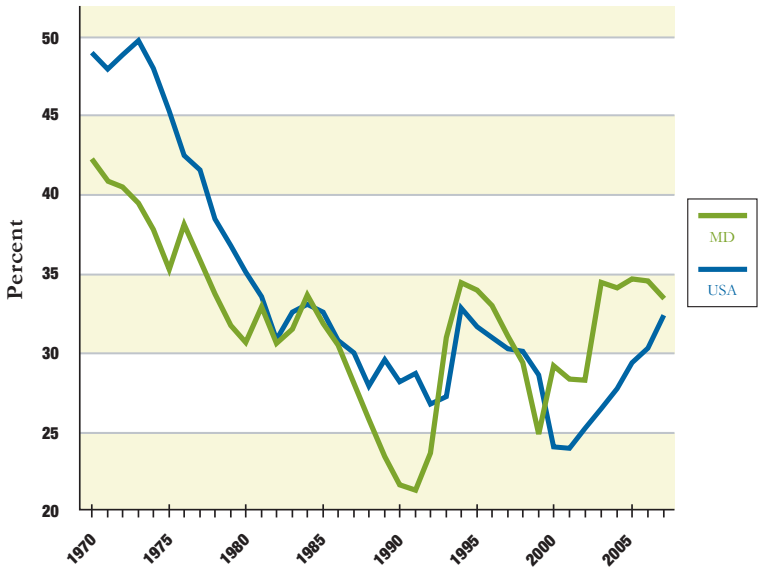
Smoke-Free Homes and Work Places* in Maryland



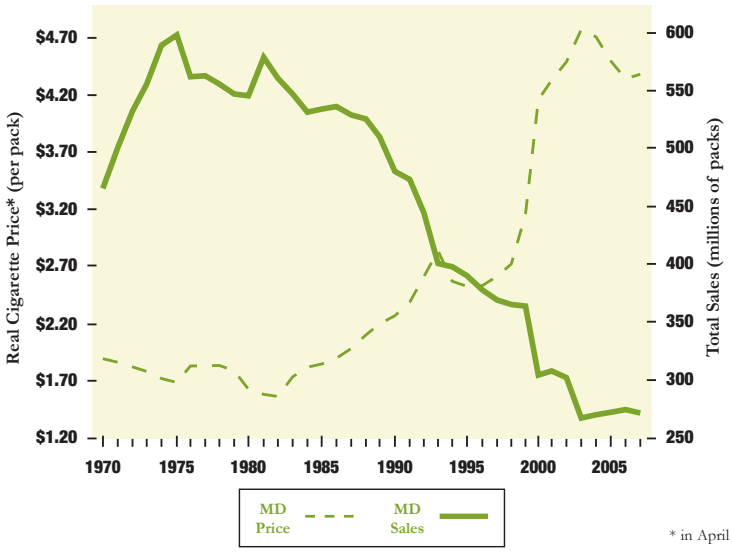
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

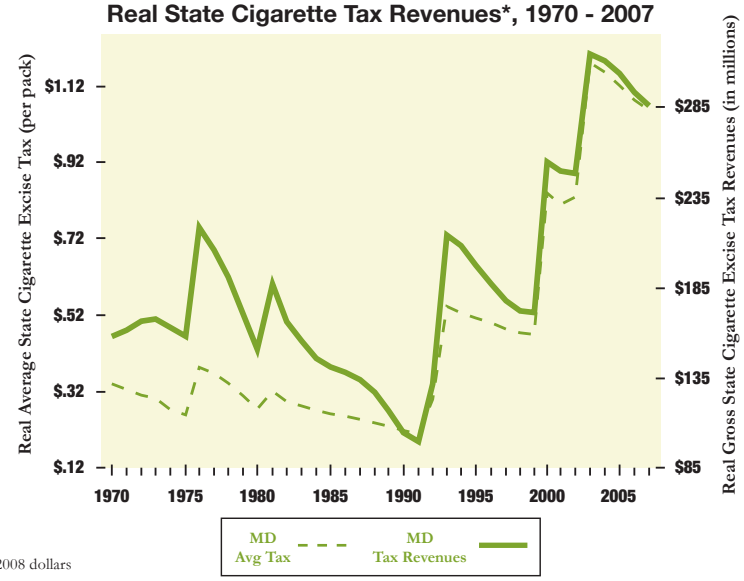


Total Cigarette Sales and Real Cigarette Prices*, Maryland, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in MD

	1991	2008
Private Worksites	○	⊘⊘⊘
Restaurants	○	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Maryland*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	Yes
Purchase	No	No
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	No
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	1	2

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Maryland

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	6,861 (262+)
2004	Years of Potential Life Lost	96,092 (14.0++)
2000	Persons Living with a Smoking-Attributable Disease	149,586
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$1,822,000,000
2004	Productivity Costs	$1,837,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Maryland Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$188,788,000	$144,381,000
Cigarette Excise Tax Revenue	$248,628,000	$285,212,000
Other Tobacco Control Funding Revenues	$2,713,000	$1,786,000
Tobacco Control Funding	$26,944,000	$21,465,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	5.5%	4.6%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	56.2%	68.5%
Dentist	25.5%	40.5%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

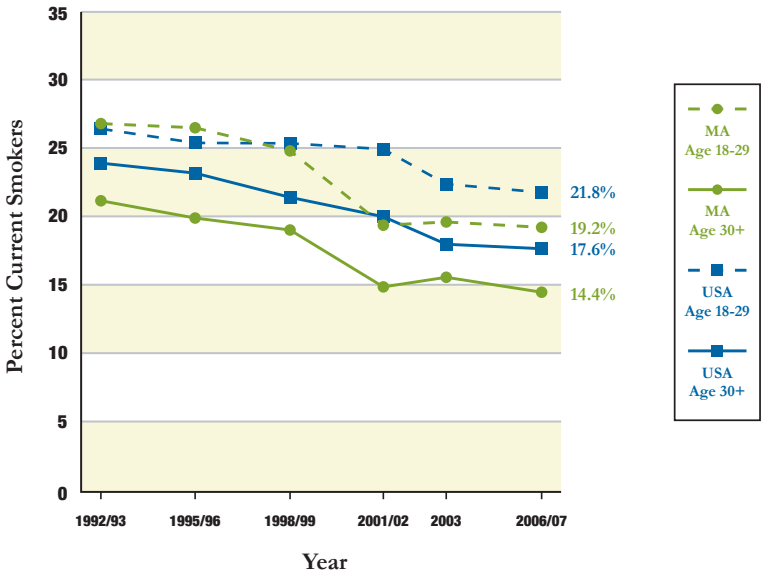
Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	YES	YES	YES	YES	YES

Cessation Services

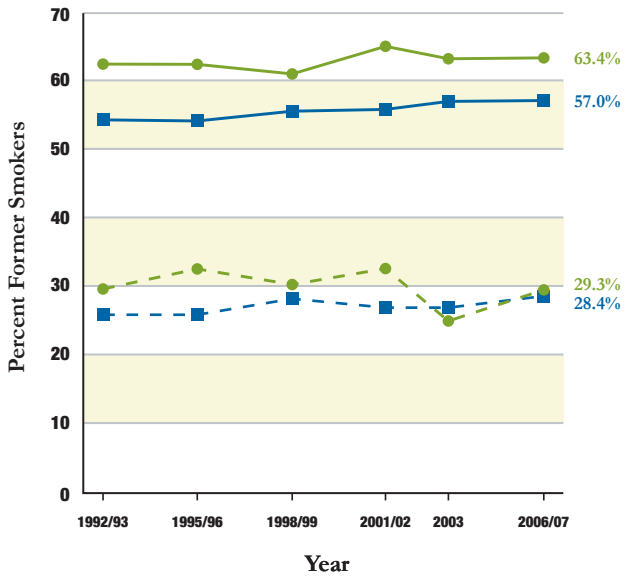
Phone: 1-800-QUIT-NOW
Website: www.smokingstopshere.com

MASSACHUSETTS

Trends in Cigarette Smoking Among Adults



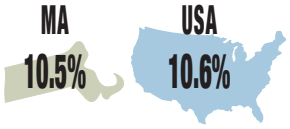
Percent of Adult Ever Smokers Who've Quit



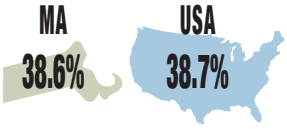
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

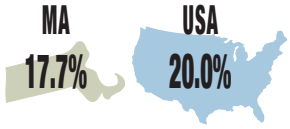
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



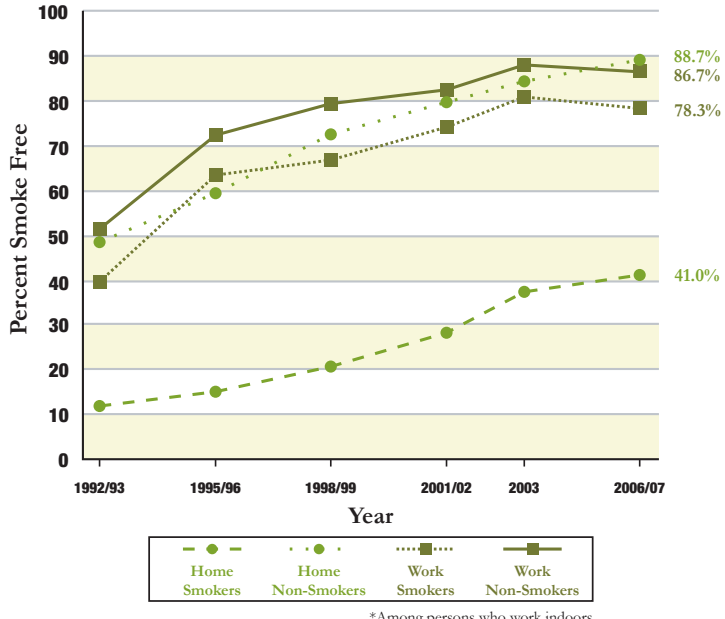
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

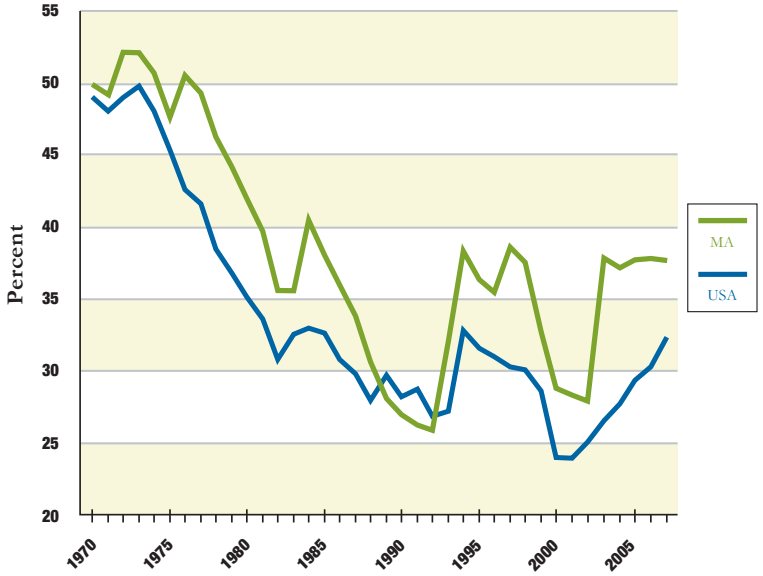
Smoke-Free Homes and Work Places* in Massachusetts



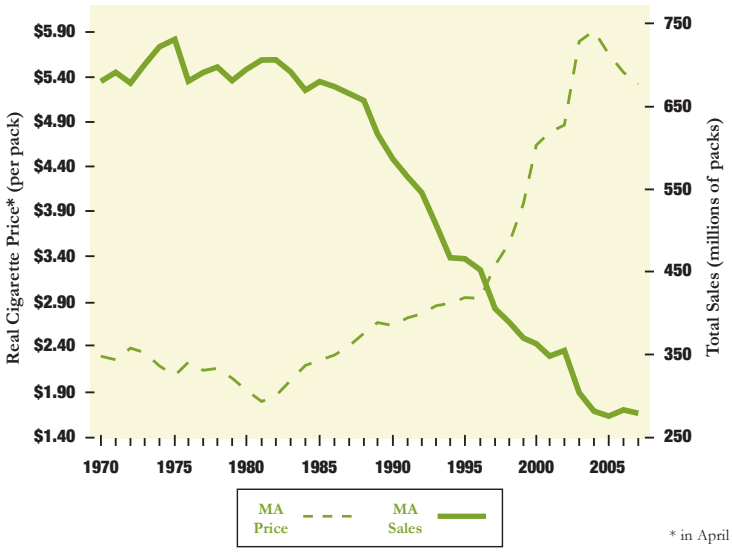
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

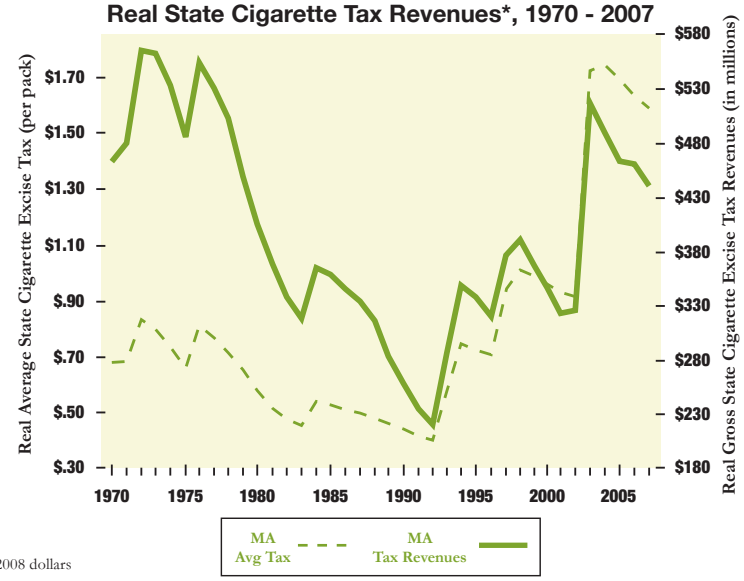


Total Cigarette Sales and Real Cigarette Prices*, Massachusetts, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in MA

	1991	2008
Private Worksites	○	⊘⊘⊘
Restaurants	⊘	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Massachusetts*

Penalties for Minors	1991	2006
Possession	No	No
Use	No	No
Purchase	No	No
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	No
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	2	2

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Massachusetts

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	9,016 (249+)
2004	Years of Potential Life Lost	119,905 (13.3++)
2000	Persons Living with a Smoking-Attributable Disease	210,830
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$3,012,000,000
2004	Productivity Costs	$1,987,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Massachusetts Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$348,162,000	$258,034,000
Cigarette Excise Tax Revenue	$325,652,000	$440,352,000
Other Tobacco Control Funding Revenues	$2,824,000	$2,045,000
Tobacco Control Funding	$60,690,000	$10,780,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	8.6%	1.3%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	56.7%	75.6%
Dentist	22.8%	38.1%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement			Zyban	Chantix	Counseling
Gum	Patch	Spray/Inhaler/Lozenge			
YES	YES	YES	YES	YES	YES

Cessation Services

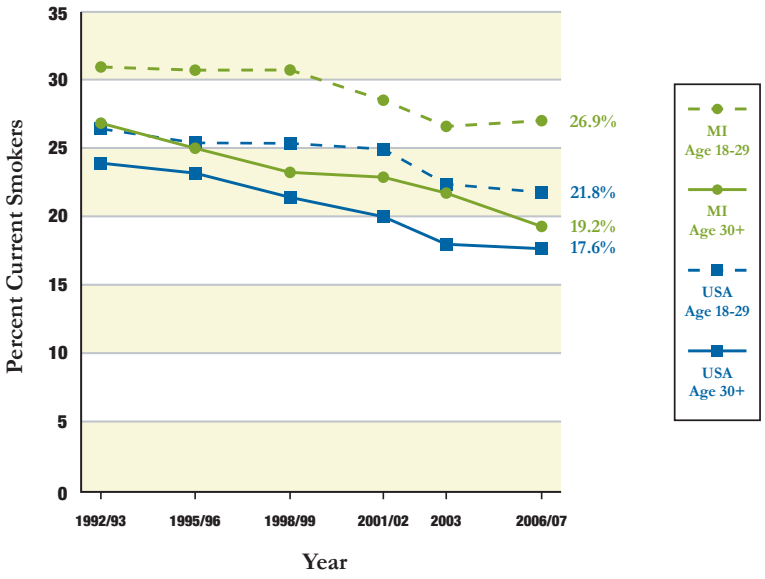
Phone: 1-800-TRY-TO-STOP
1-800-8-DEJALO (Spanish)
1-800-TDD-1477 (Hearing Impaired)
1-800-GET-A-TIP (24-hour tips)

Website: www.trytostop.org
www.quitworks.org

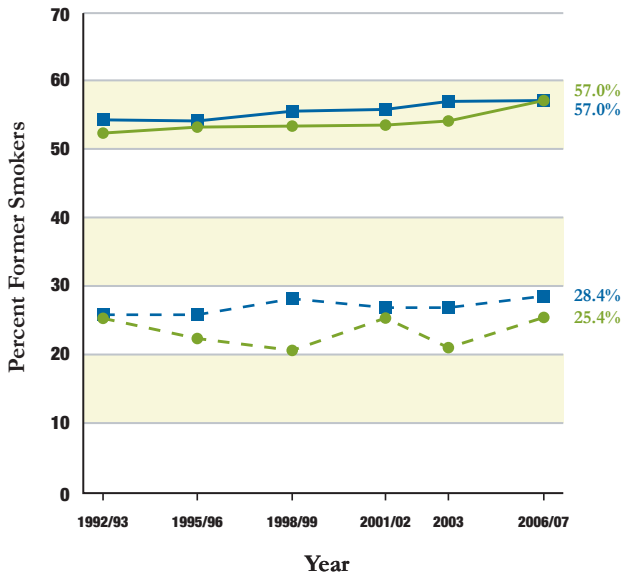
**free medication as available (eligibility-based)*

MICHIGAN

Trends in Cigarette Smoking Among Adults



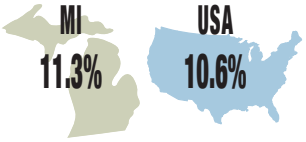
Percent of Adult Ever Smokers Who've Quit



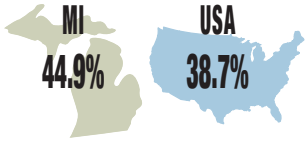
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

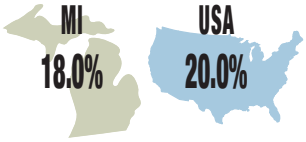
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



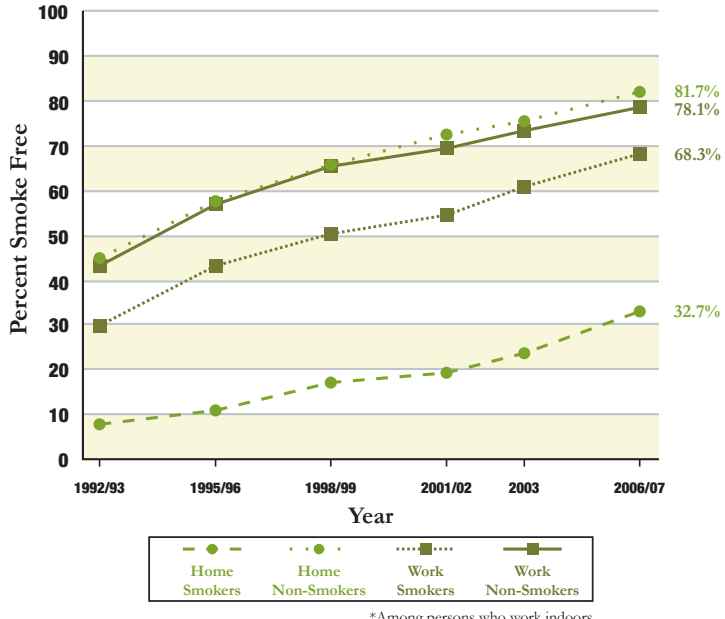
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

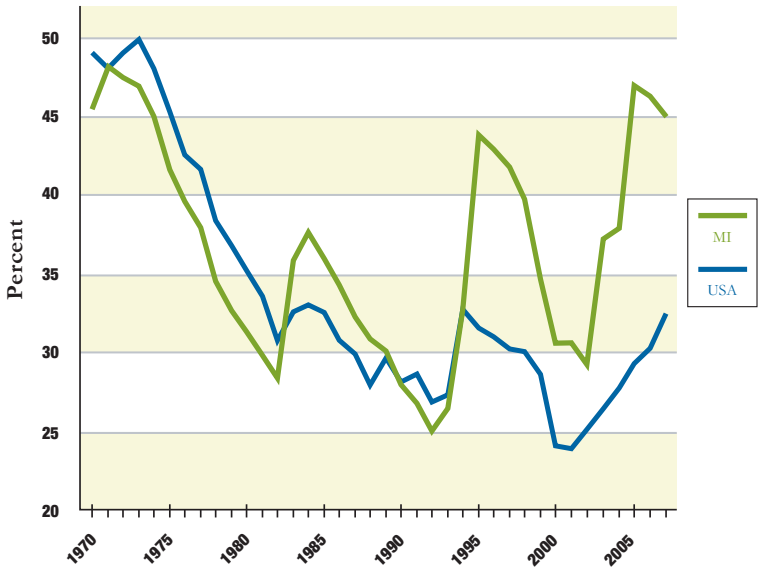
Smoke-Free Homes and Work Places* in Michigan



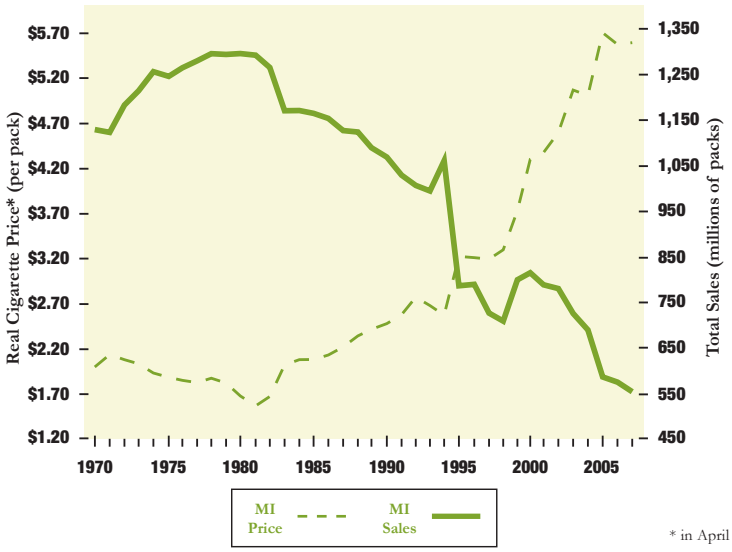
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007



Total Cigarette Sales and Real Cigarette Prices*, Michigan, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007

Legislation

Protection From Tobacco Smoke Pollution in MI

	1991	2008
Private Worksites	○	○
Restaurants	⊘	⊘
Bars	○	○
Pre-emption	YES	YES

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Michigan*

Penalties for Minors	1991	2006
Possession	Yes	Yes
Use	Yes	Yes
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	No
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**2**	**3**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Michigan

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	14,523 (282+)
2004	Years of Potential Life Lost	209,147 (14.4++)
2000	Persons Living with a Smoking-Attributable Disease	323,966
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$3,306,000,000
2004	Productivity Costs	$3,954,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Michigan Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$375,166,000	$278,029,000
Cigarette Excise Tax Revenue	$704,768,000	$1,169,324,000
Other Tobacco Control Funding Revenues	$2,964,000	$2,658,000
Tobacco Control Funding	$2,964,000	$2,658,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	0.0%	0.0%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	53.4%	67.1%
Dentist	21.7%	33.7%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	YES	NO

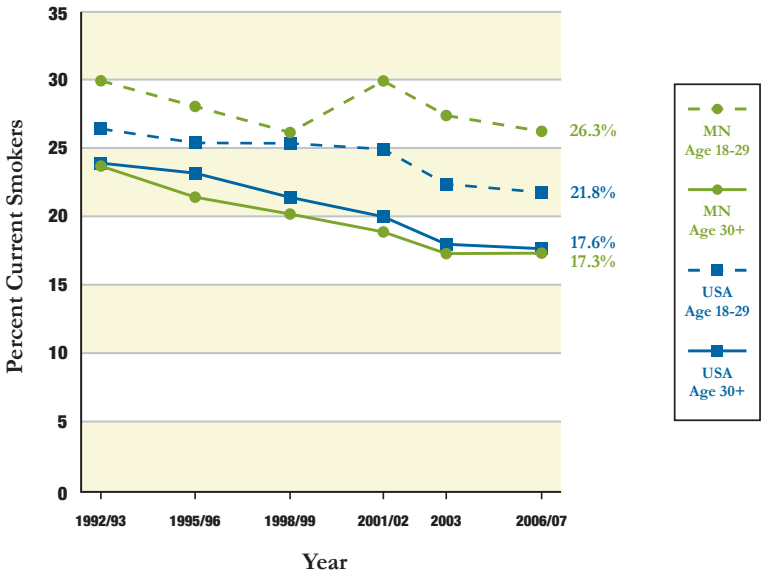
Cessation Services

Phone: 1-800-480-QUIT
Website: www.michigan.gov/surgeongeneral/0,1607,7-216-33084_33091---,00.html

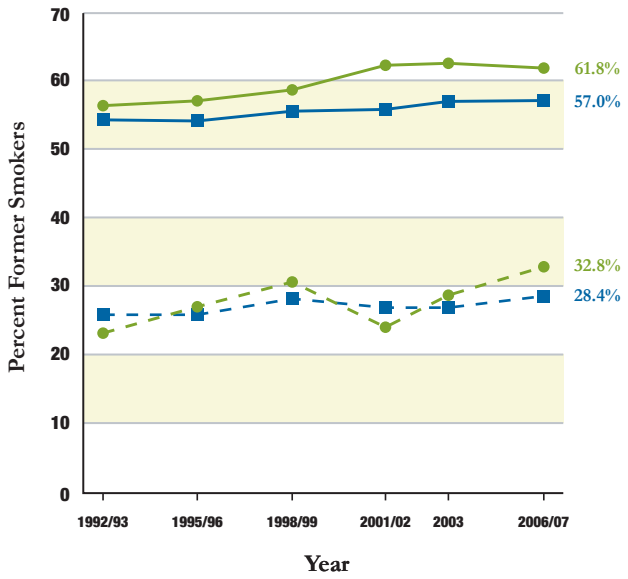
**discounted medication as available (eligibility-based)*

MINNESOTA

Trends in Cigarette Smoking Among Adults



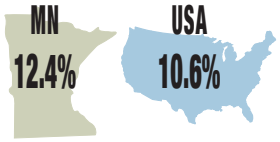
Percent of Adult Ever Smokers Who've Quit



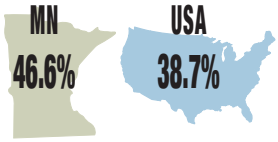
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

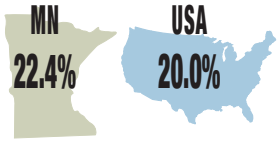
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



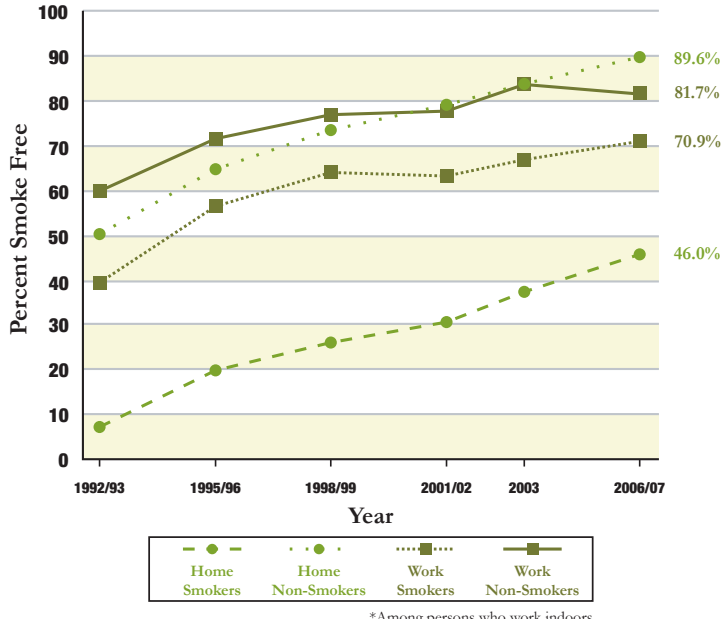
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Sources: 2005 Youth Tobacco Survey (YTS) and 2007 Youth Risk Behavior Survey (YRBS)

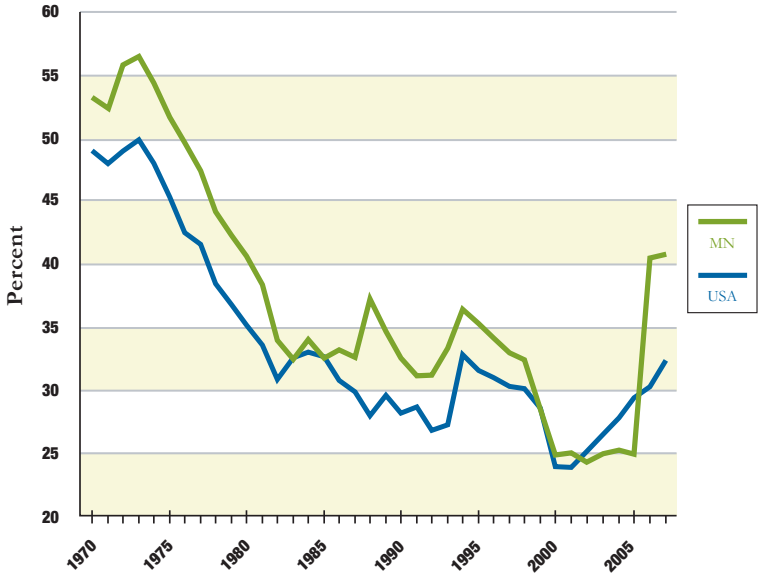
Smoke-Free Homes and Work Places* in Minnesota



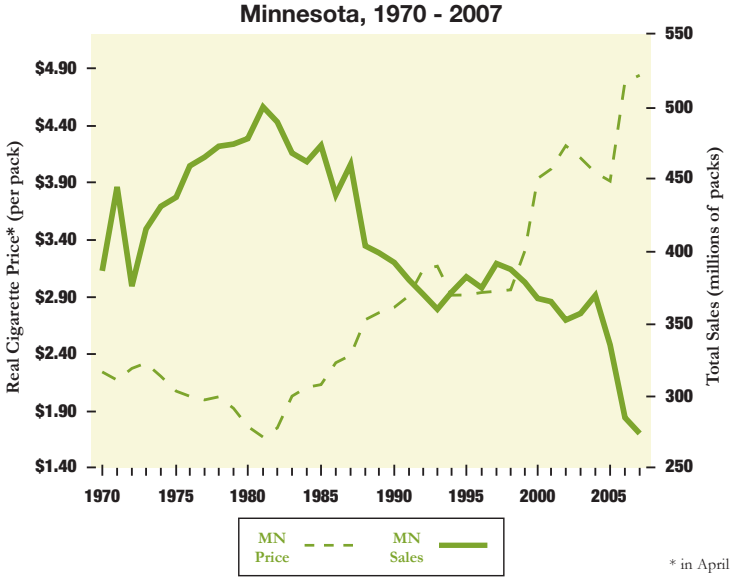
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

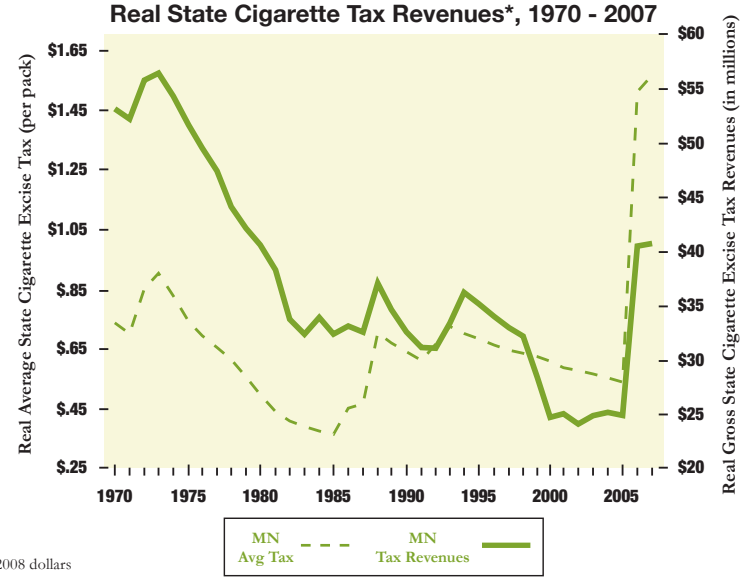


Total Cigarette Sales and Real Cigarette Prices*, Minnesota, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in MN

	1991	2008
Private Worksites	⊘	⊘⊘⊘
Restaurants	⊘	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Minnesota*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	Yes	Yes
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	No
Random Inspections	No	Yes
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	2	4

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Minnesota

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	5,534 (215+)
2004	Years of Potential Life Lost	69,377 (12.5++)
2000	Persons Living with a Smoking-Attributable Disease	147,109
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$1,932,000,000
2004	Productivity Costs	$1,275,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Minnesota Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$455,576,000	$193,526,000
Cigarette Excise Tax Revenue	$204,252,000	$430,033,000
Other Tobacco Control Funding Revenues	$1,969,000	$1,251,000
Tobacco Control Funding	$36,809,000	$24,087,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	5.3%	3.7%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	51.6%	69.6%
Dentist	15.1%	32.6%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement			Zyban	Chantix	Counseling
Gum	Patch	Spray/Inhaler/Lozenge			
YES	YES	YES	YES	YES	YES

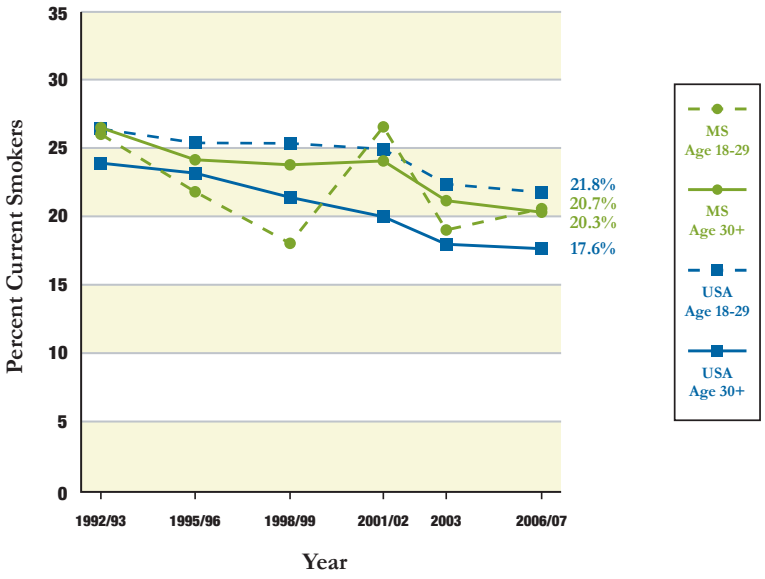
Cessation Services

Phone: 1-800-354-PLAN
1-877-559-3816 (Hearing Impaired)
Website: www.quitplan.com

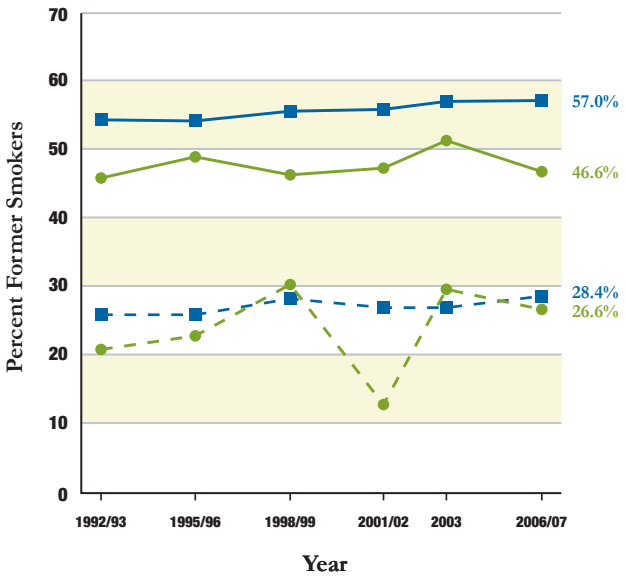
**free & discounted medication as available (eligibility-based)*

MISSISSIPPI

Trends in Cigarette Smoking Among Adults



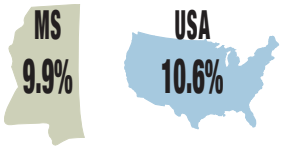
Percent of Adult Ever Smokers Who've Quit



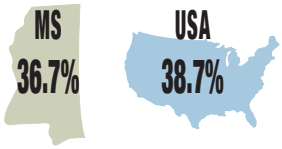
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

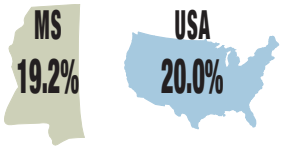
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



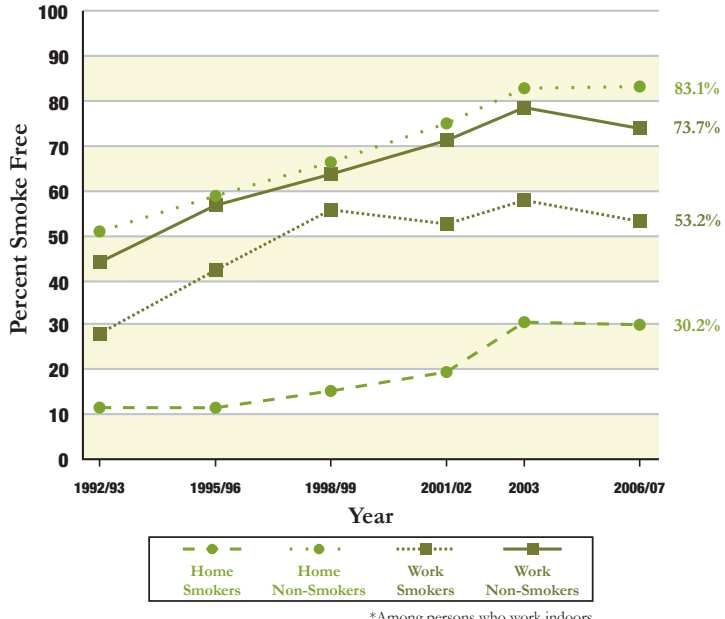
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

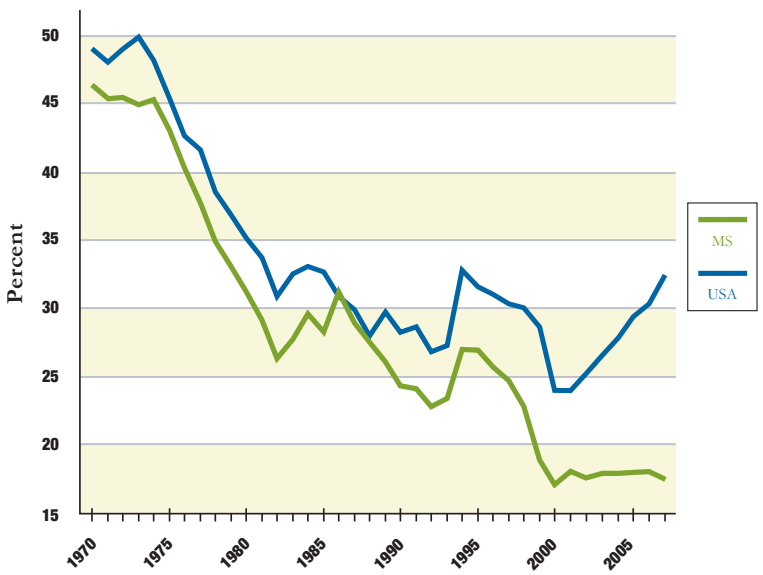
Smoke-Free Homes and Work Places* in Mississippi



*Among persons who work indoors

Source: TUS-CPS

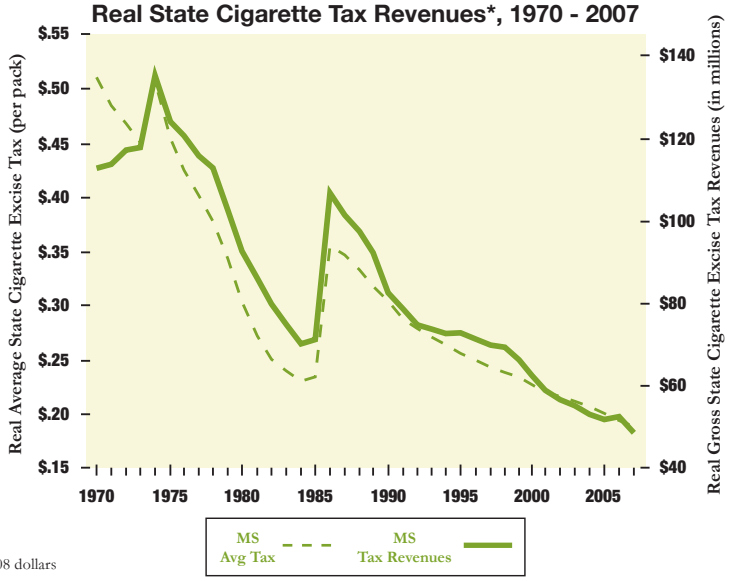
Tax as Percentage of Retail Price, 1970 - 2007



Total Cigarette Sales and Real Cigarette Prices*, Mississippi, 1970 - 2007

* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in MS

	1991	2008
Private Worksites	○	○
Restaurants	○	○
Bars	○	○
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Mississippi*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	No
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	No
Random Inspections	No	Yes
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**5**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Mississippi

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	4,757 (334+)
2004	Years of Potential Life Lost	70,677 (14.9++)
2000	Persons Living with a Smoking-Attributable Disease	78,258
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$853,000,000
2004	Productivity Costs	$1,492,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Mississippi Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$276,070,000	$129,017,000
Cigarette Excise Tax Revenue	$56,746,000	$48,934,000
Other Tobacco Control Funding Revenues	$819,000	$575,000
Tobacco Control Funding	$24,930,000	$575,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	7.2%	0.0%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	39.5%	56.0%
Dentist	20.5%	30.0%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

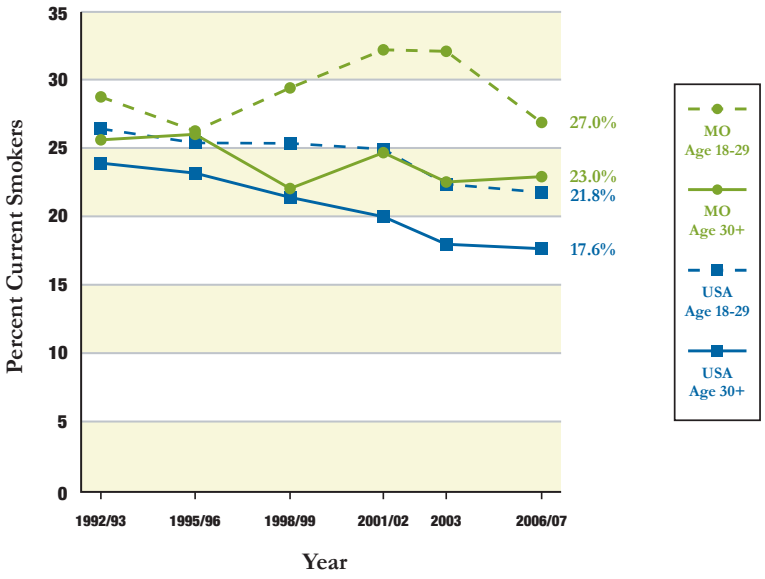
Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	NO	YES

Cessation Services

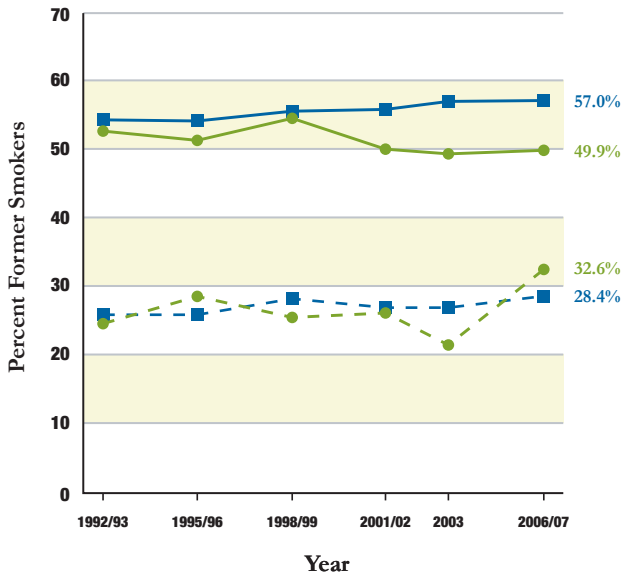
Phone: 1-800-QUIT-NOW
Website: www.msdh.state.ms.us/msdhsite/_static/43,1774,94.html

MISSOURI

Trends in Cigarette Smoking Among Adults



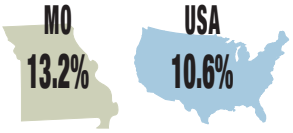
Percent of Adult Ever Smokers Who've Quit



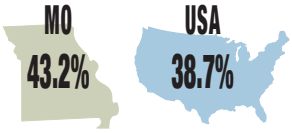
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

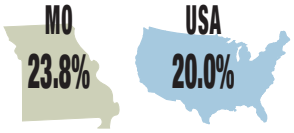
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



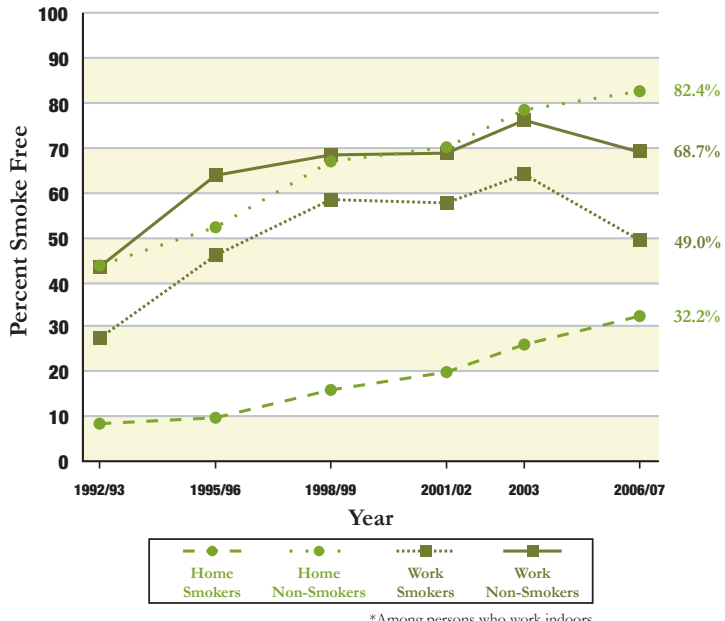
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

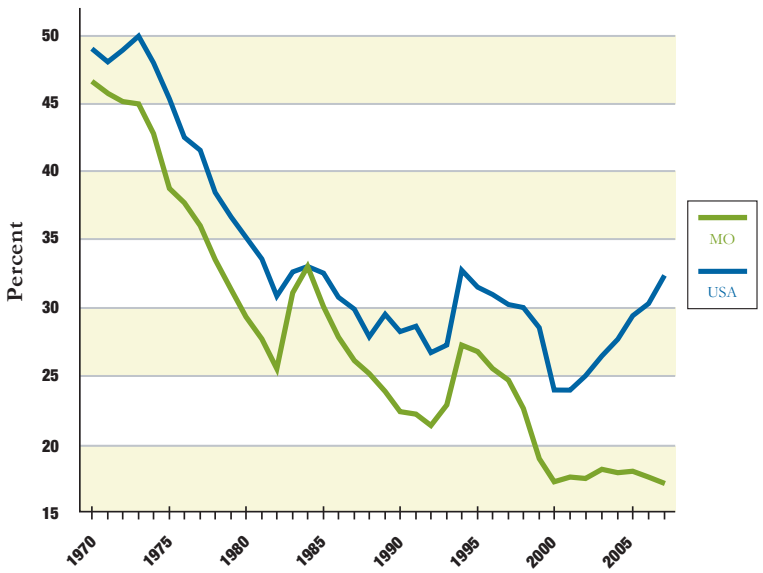
Smoke-Free Homes and Work Places* in Missouri



*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007



Total Cigarette Sales and Real Cigarette Prices*, Missouri, 1970 - 2007

* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007

Legislation

Protection From Tobacco Smoke Pollution in MO

	1991	2008
Private Worksites	○	⊘
Restaurants	○	⊘
Bars	○	⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Missouri*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	No
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	Yes
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**0**	**4**

* Minimum Age in 1991: None Specified; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Missouri

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	9,585 (308+)
2004	Years of Potential Life Lost	136,327 (14.2++)
2000	Persons Living with a Smoking-Attributable Disease	197,822
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$2,243,000,000
2004	Productivity Costs	$2,513,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Missouri Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$192,405,000	$145,328,000
Cigarette Excise Tax Revenue	$114,503,000	$105,202,000
Other Tobacco Control Funding Revenues	$1,872,000	$1,338,000
Tobacco Control Funding	$1,872,000	$1,338,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	0.0%	0.0%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	49.5%	62.4%
Dentist	19.1%	32.9%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	NO	NO	NO	NO	NO

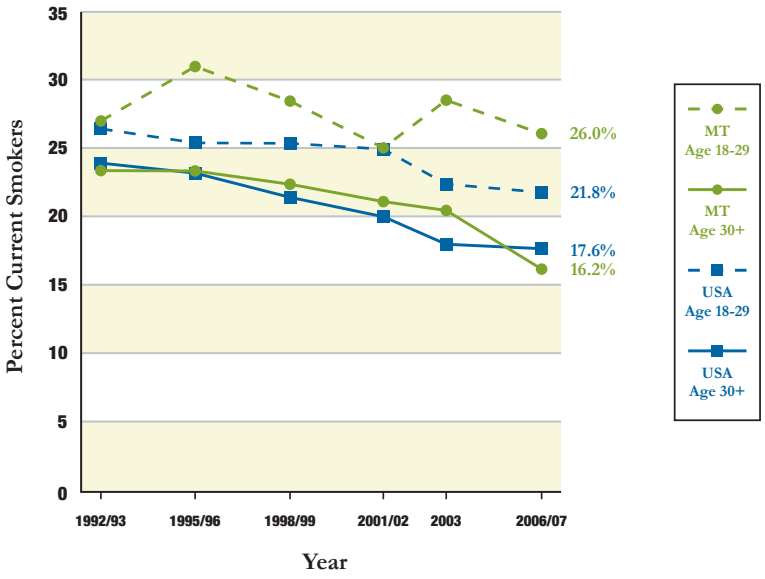
Cessation Services

Phone: 1-800-QUIT-NOW
Website: www.dhss.mo.gov/SmokingAndTobacco/QuitInfo.html

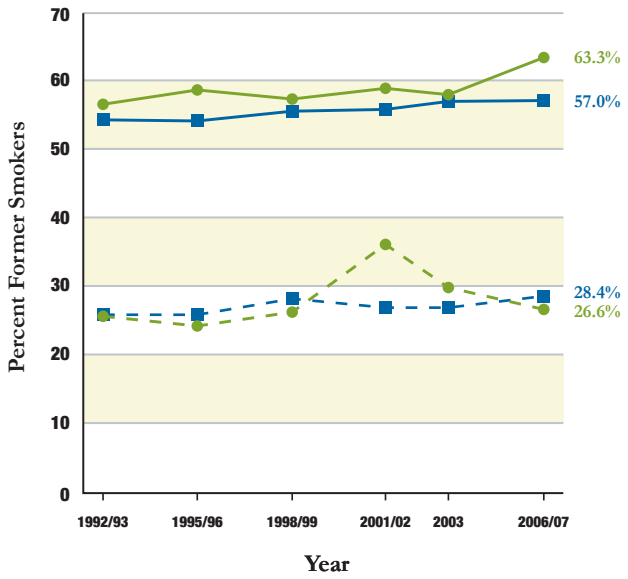
**free medication as available (eligibility-based)*

MONTANA

Trends in Cigarette Smoking Among Adults



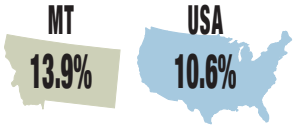
Percent of Adult Ever Smokers Who've Quit



Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

Cigarette Smoking among 12-17 year olds



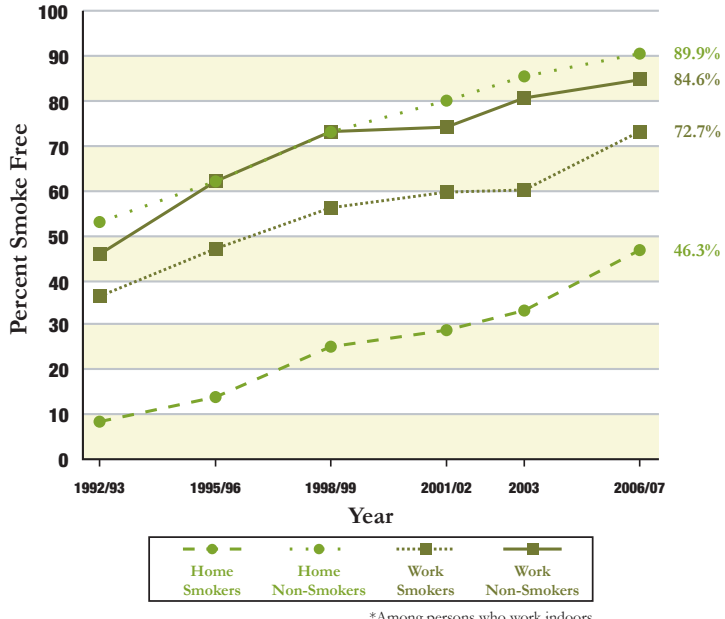
Current Cigarette smoking among 18-25 year olds.

Current cigarette smoking among high school students (14-18 yr olds)

Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

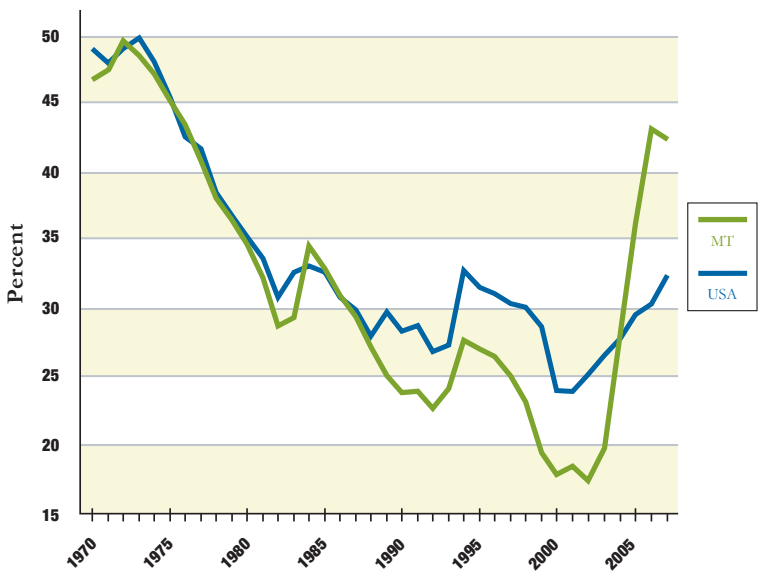
Smoke-Free Homes and Work Places* in Montana



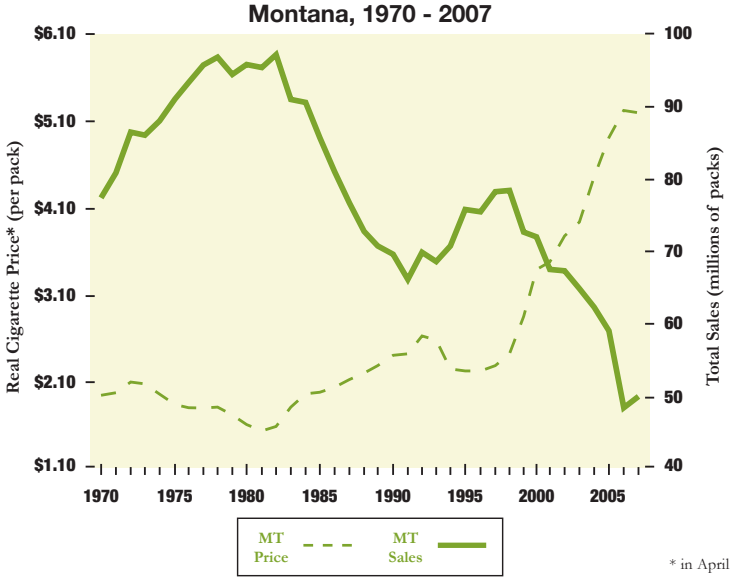
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

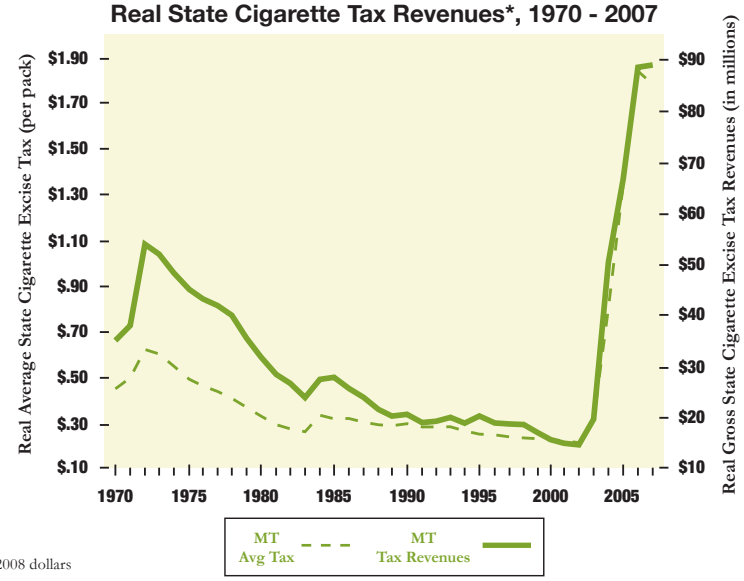


Total Cigarette Sales and Real Cigarette Prices*, Montana, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in MT

	1991	2008
Private Worksites	⊘	⊘⊘⊘
Restaurants	⊘	⊘⊘⊘
Bars	○	○
Pre-emption	NO	YES

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Montana*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	Yes
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	Yes
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**0**	**6**

* Minimum Age in 1991: None Specified; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Montana

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	1,421 (276+)
2004	Years of Potential Life Lost	17,071 (12.0++)
2000	Persons Living with a Smoking-Attributable Disease	31,537
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$298,000,000
2004	Productivity Costs	$305,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Montana Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$35,443,000	$27,150,000
Cigarette Excise Tax Revenue	$14,611,000	$89,007,000
Other Tobacco Control Funding Revenues	$1,799,000	$1,125,000
Tobacco Control Funding	$2,402,000	$8,386,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	1.2%	6.3%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	49.9%	67.0%
Dentist	15.3%	35.5%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement			Zyban	Chantix	Counseling
Gum	Patch	Spray/Inhaler/Lozenge			
YES	YES	YES	YES	YES	NO

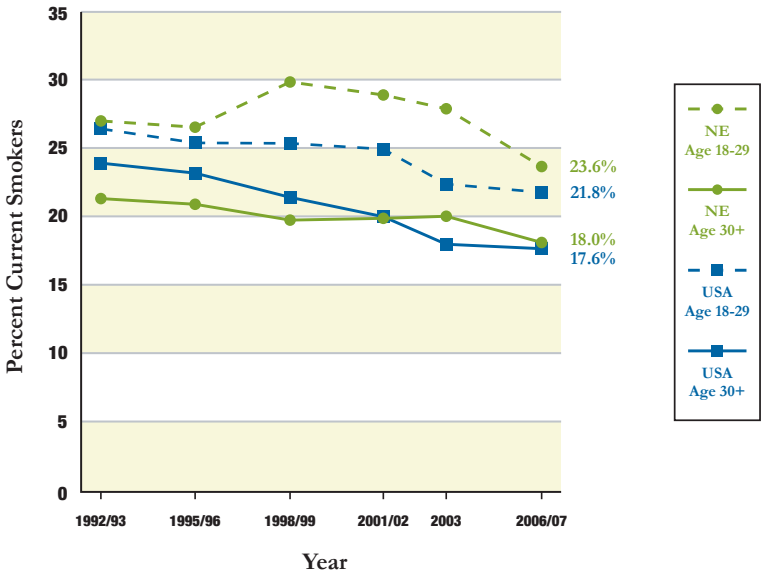
Cessation Services

Phone: 1-800-QUIT-NOW
Website: http://tobaccofree.mt.gov

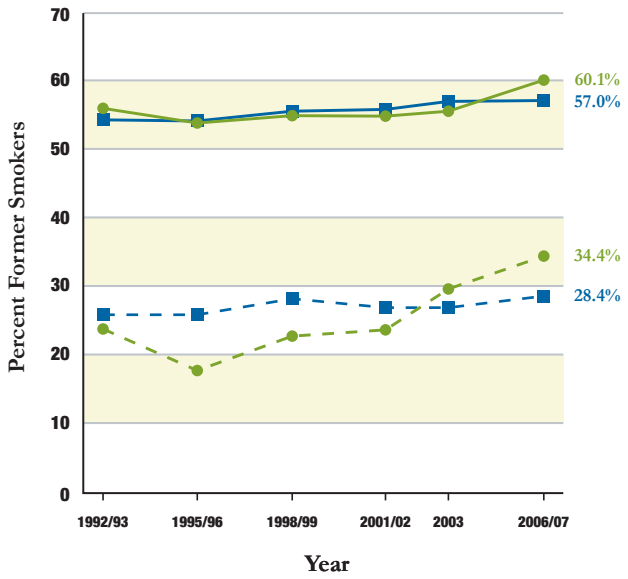
**free medication as available (eligibility-based)*

NEBRASKA

Trends in Cigarette Smoking Among Adults



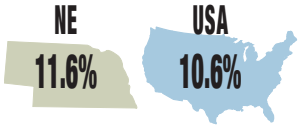
Percent of Adult Ever Smokers Who've Quit



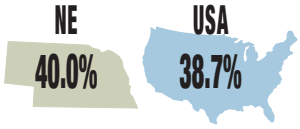
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

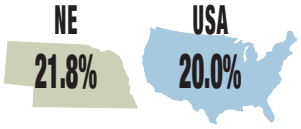
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



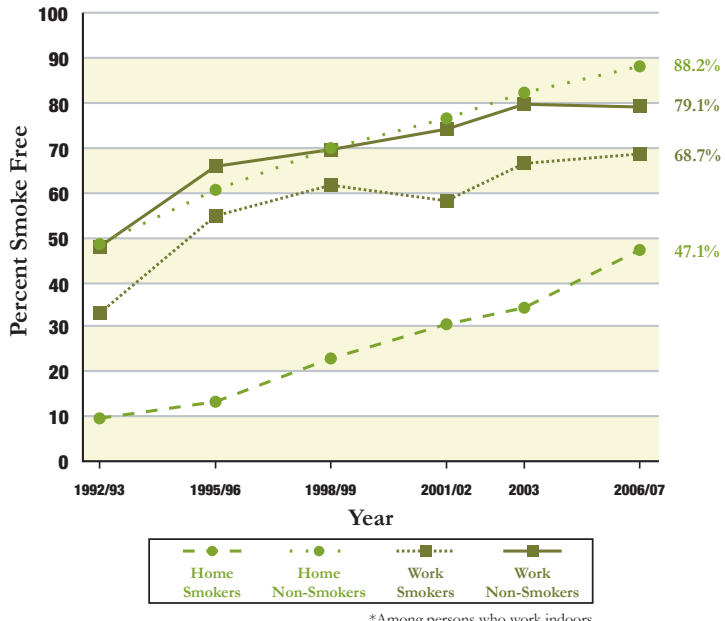
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Sources: 2005 and 2007 Youth Risk Behavior Survey (YRBS)

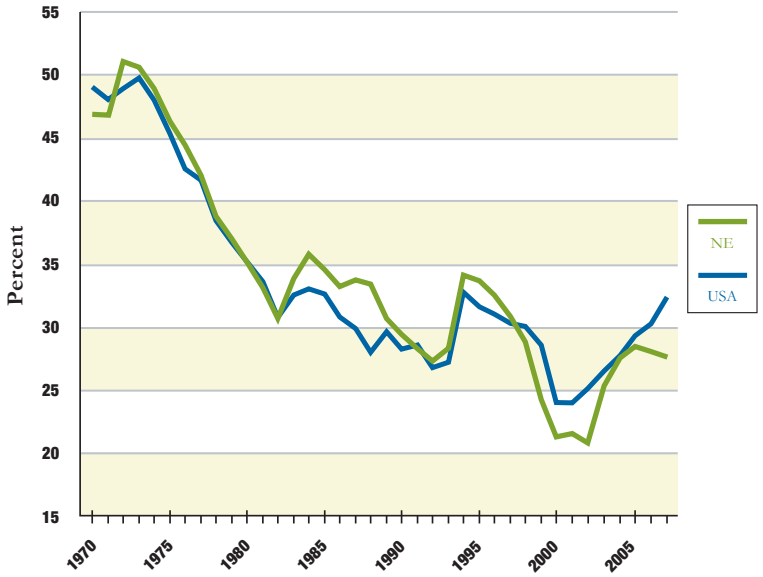
Smoke-Free Homes and Work Places* in Nebraska



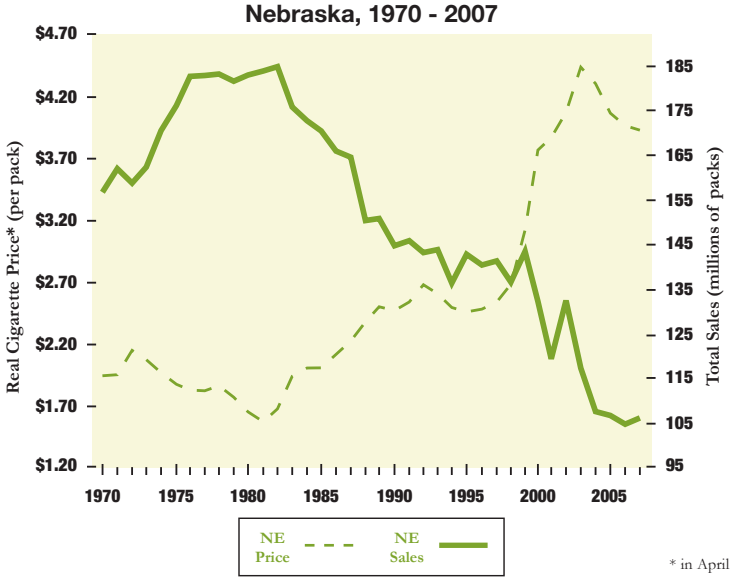
*Among persons who work indoors

Source: TUS-CPS

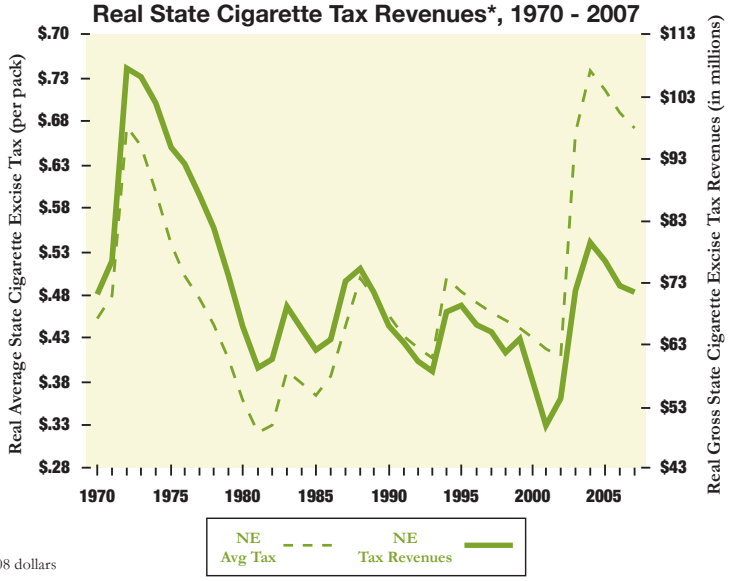
Tax as Percentage of Retail Price, 1970 - 2007



Total Cigarette Sales and Real Cigarette Prices*, Nebraska, 1970 - 2007



Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



* in April 2008 dollars

Legislation

Protection From Tobacco Smoke Pollution in NE

	1991	2008
Private Worksites	⊘	⊘
Restaurants	⊘	⊘
Bars	⊘	⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Nebraska*

Penalties for Minors	1991	2006
Possession	No	No
Use	Yes	Yes
Purchase	No	No
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	Yes	Yes
Statewide Enforcement	No	No
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**2**	**3**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Nebraska

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	2,272 (236+)
2004	Years of Potential Life Lost	28,341 (12.5++)
2000	Persons Living with a Smoking-Attributable Disease	52,374
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$592,000,000
2004	Productivity Costs	$500,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Nebraska Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$49,668,000	$37,990,000
Cigarette Excise Tax Revenue	$54,283,000	$71,525,000
Other Tobacco Control Funding Revenues	$1,981,000	$1,435,000
Tobacco Control Funding	$10,420,000	$4,592,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	8.1%	2.9%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	41.4%	58.7%
Dentist	19.3%	25.6%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

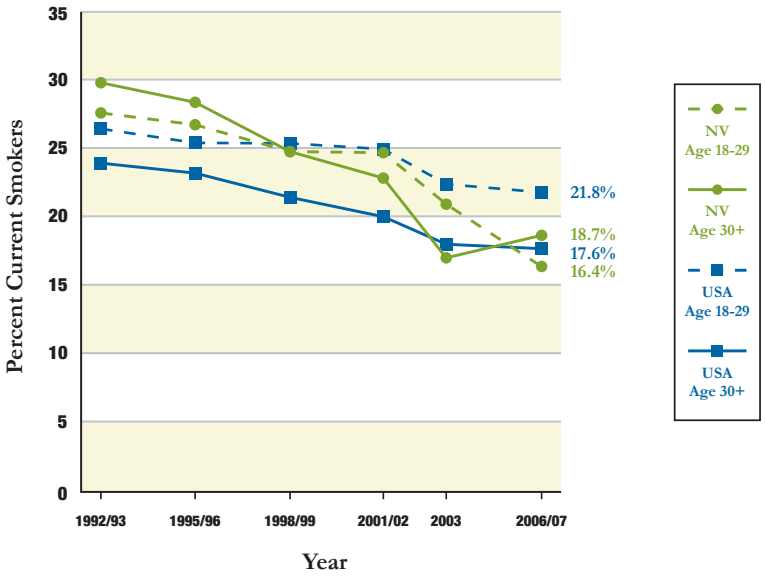
Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	NO	NO	NO	NO	NO

Cessation Services

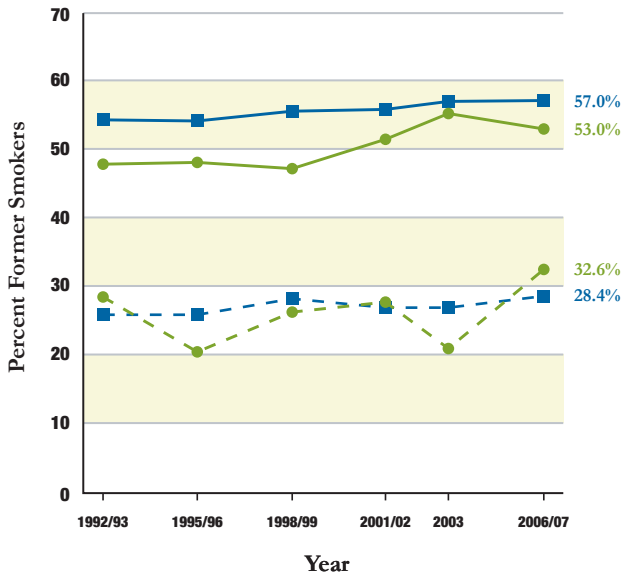
Phone: 1-800-QUIT-NOW
Website: www.dhhs.ne.gov/tfn/ces/

NEVADA

Trends in Cigarette Smoking Among Adults



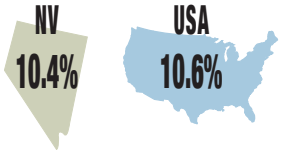
Percent of Adult Ever Smokers Who've Quit



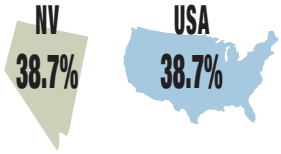
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

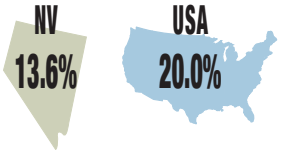
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



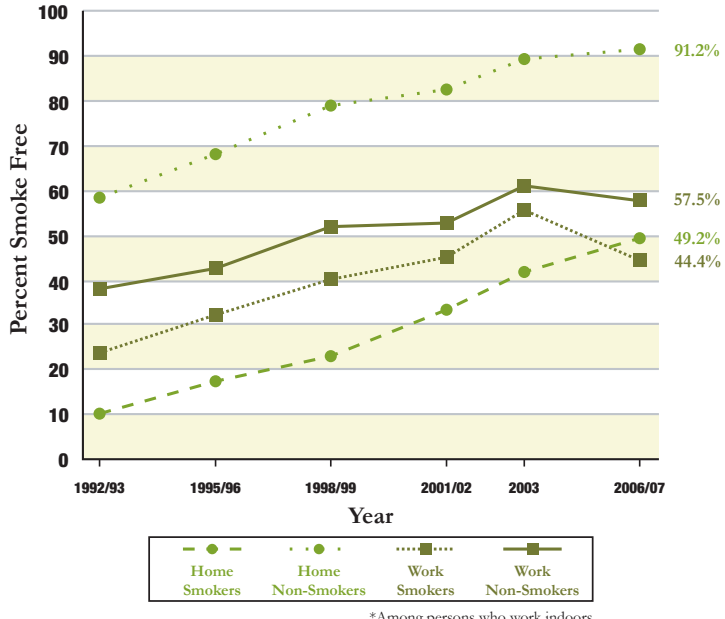
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

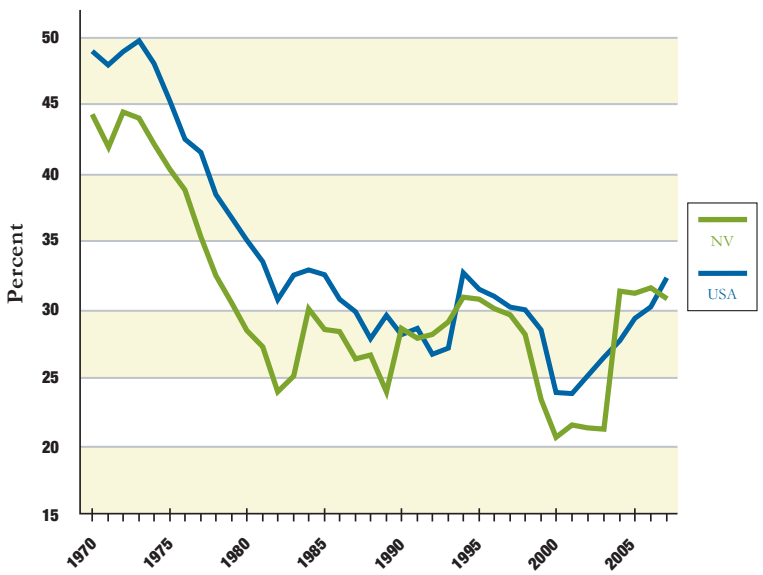
Smoke-Free Homes and Work Places* in Nevada



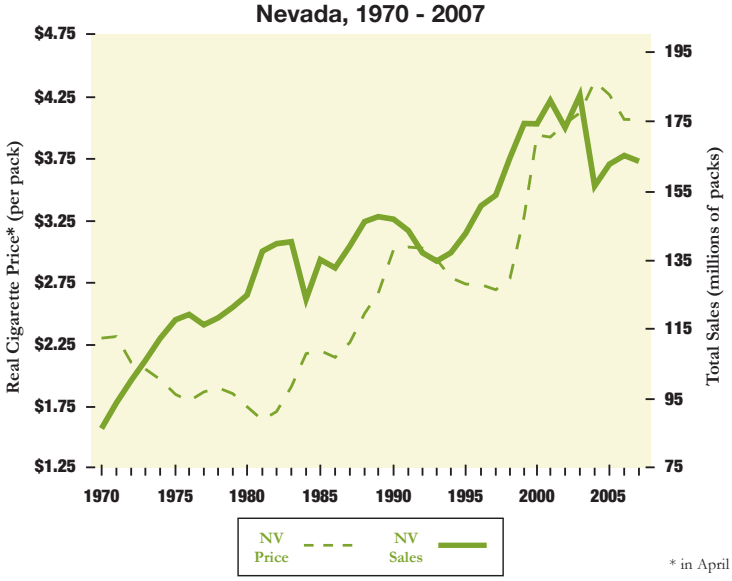
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

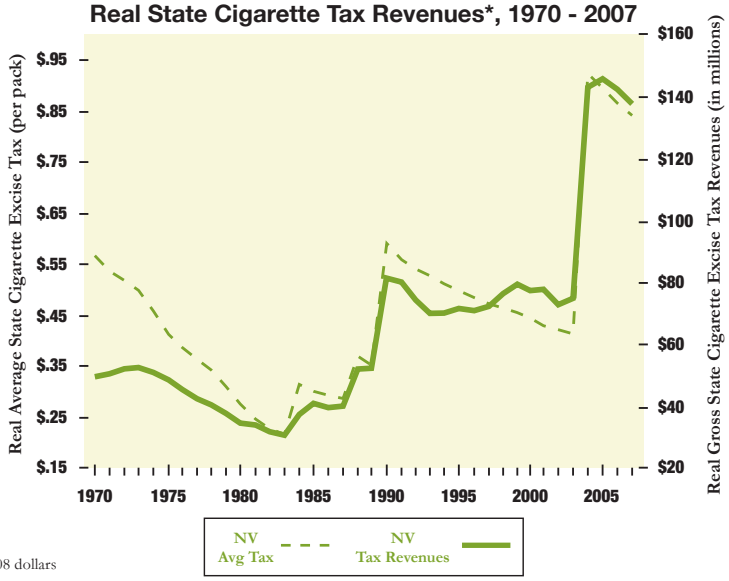


Total Cigarette Sales and Real Cigarette Prices*, Nevada, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in NV

	1991	2008
Private Worksites	○	⊘⊘⊘
Restaurants	⊘	⊘⊘⊘
Bars	○	○
Pre-emption	YES	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Nevada*

Penalties for Minors	1991	2006
Possession	No	No
Use	No	No
Purchase	No	No
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	Yes
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**4**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Nevada

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	3,311 (344+)
2004	Years of Potential Life Lost	45,524 (13.7++)
2000	Persons Living with a Smoking-Attributable Disease	73,294
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$709,000,000
2004	Productivity Costs	$903,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Nevada Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$50,995,000	$38,937,000
Cigarette Excise Tax Revenue	$73,050,000	$137,688,000
Other Tobacco Control Funding Revenues	$1,157,000	$992,000
Tobacco Control Funding	$6,341,000	$4,991,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	4.2%	2.3%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	48.0%	60.6%
Dentist	21.5%	33.6%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

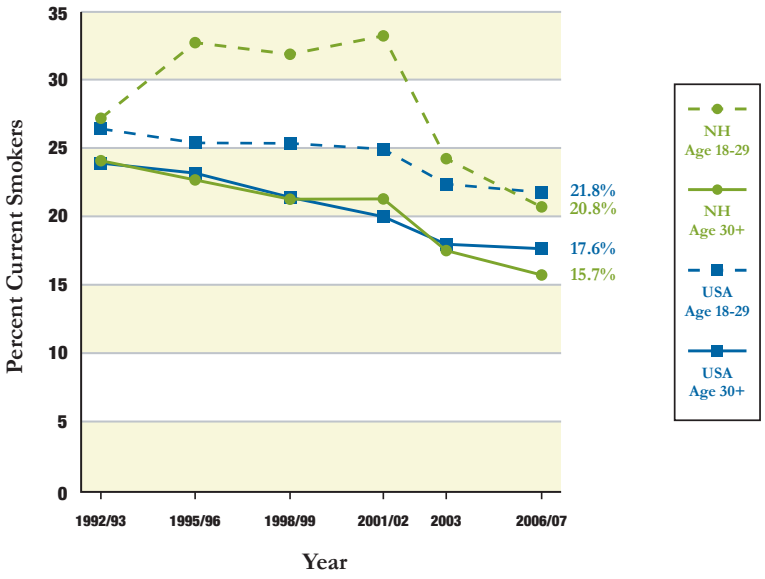
Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	YES	NO

Cessation Services

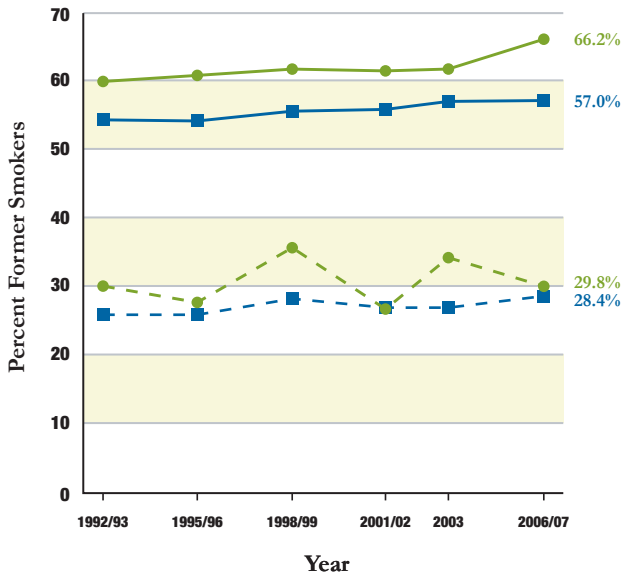
Phone: 1-888-866-6642
Website: www.livingtobaccofree.com

NEW HAMPSHIRE

Trends in Cigarette Smoking Among Adults



Percent of Adult Ever Smokers Who've Quit

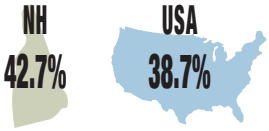


Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

Cigarette Smoking among 12-17 year olds

Current Cigarette smoking among 18-25 year olds.

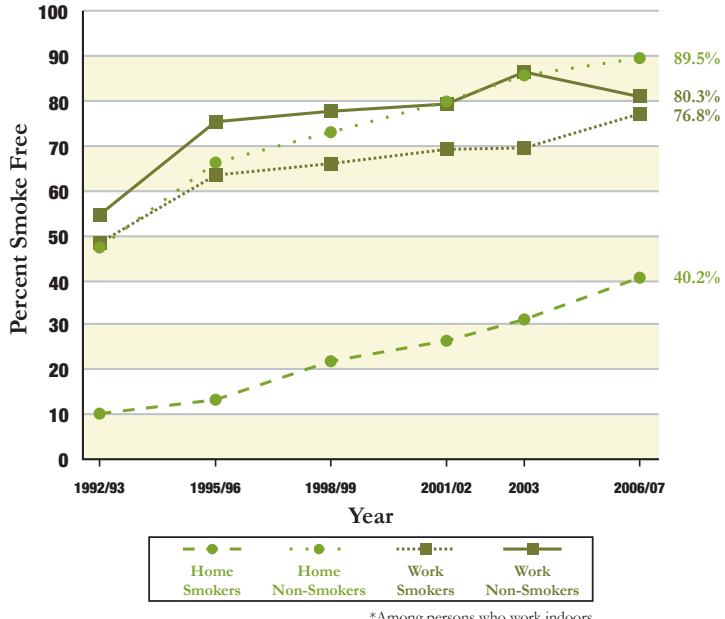


Current cigarette smoking among high school students (14-18 yr olds)

Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

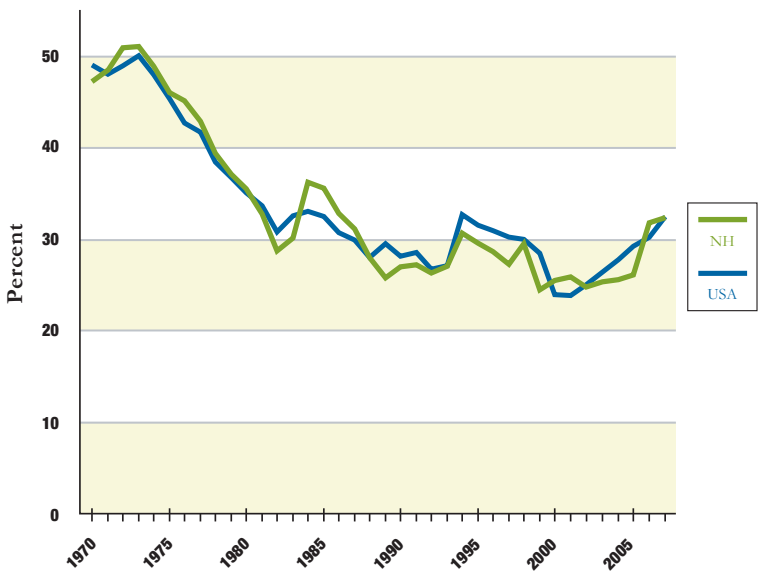
Smoke-Free Homes and Work Places* in New Hampshire



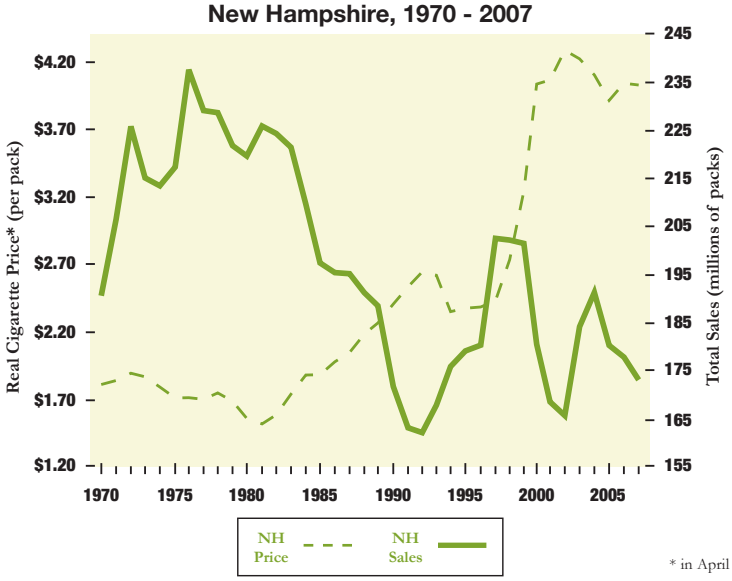
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

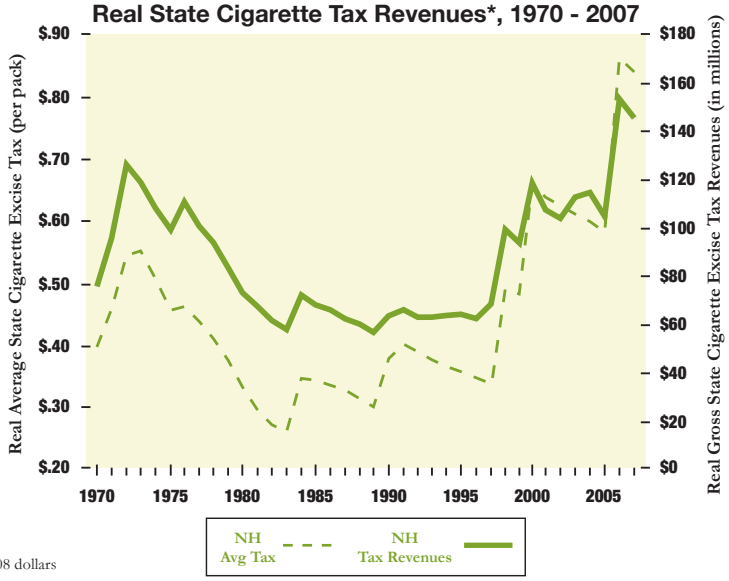


Total Cigarette Sales and Real Cigarette Prices*, New Hampshire, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in NH

	1991	2008
Private Worksites	⊘	⊘
Restaurants	⊘	⊘⊘⊘
Bars	○	○
Pre-emption	NO	YES

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in New Hampshire*

Penalties for Minors	1991	2006
Possession	Yes	Yes
Use	Yes	Yes
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	Yes
Statewide Enforcement	Yes	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**3**	**5**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in New Hampshire

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	1,763 (272+)
2004	Years of Potential Life Lost	24,022 (13.6++)
2000	Persons Living with a Smoking-Attributable Disease	45,441
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$469,000,000
2004	Productivity Costs	$419,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

New Hampshire Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$55,576,000	$42,515,000
Cigarette Excise Tax Revenue	$103,867,000	$145,827,000
Other Tobacco Control Funding Revenues	$2,296,000	$1,205,000
Tobacco Control Funding	$5,912,000	$1,205,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	2.3%	0.0%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	56.1%	73.5%
Dentist	21.5%	36.2%

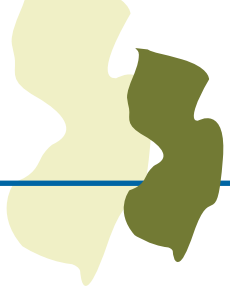
Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	YES	YES

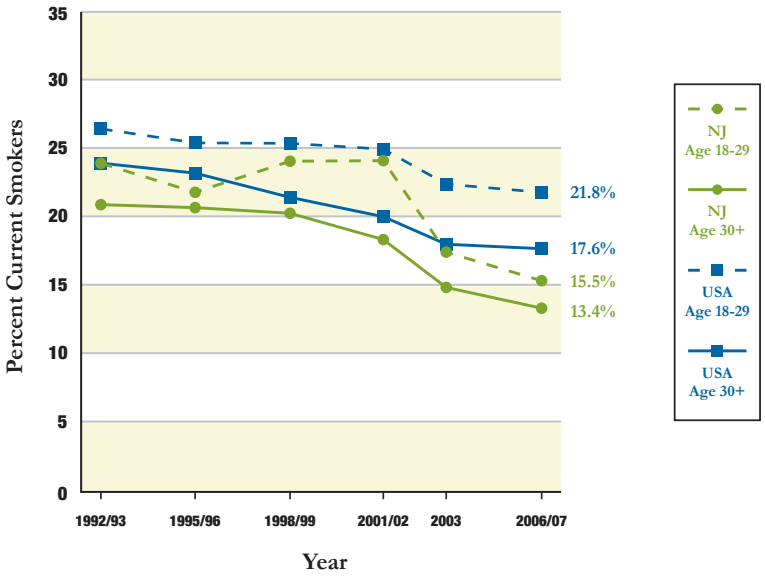
Cessation Services

Phone: 1-800-TRY-TO-STOP
Website: www.dhhs.nh.gov/DHHS/ATOD/TPCP.htm

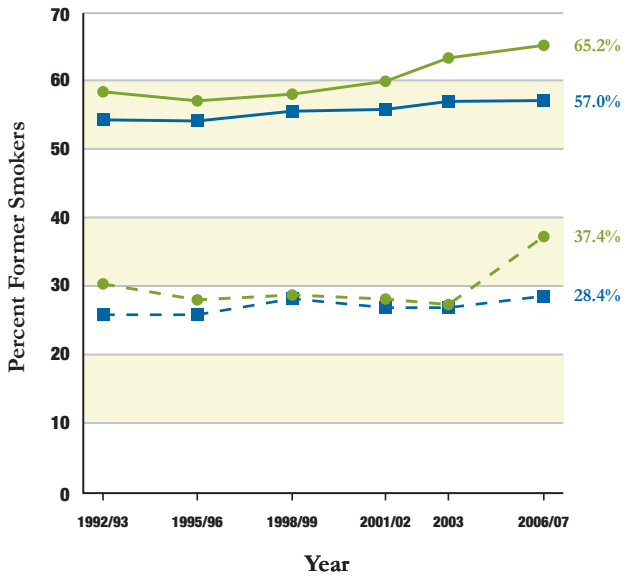


NEW JERSEY

Trends in Cigarette Smoking Among Adults



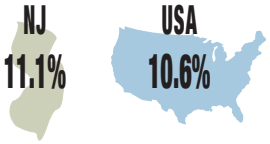
Percent of Adult Ever Smokers Who've Quit



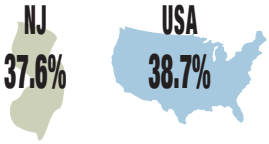
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

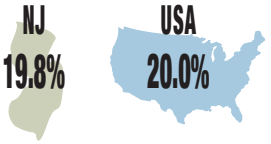
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



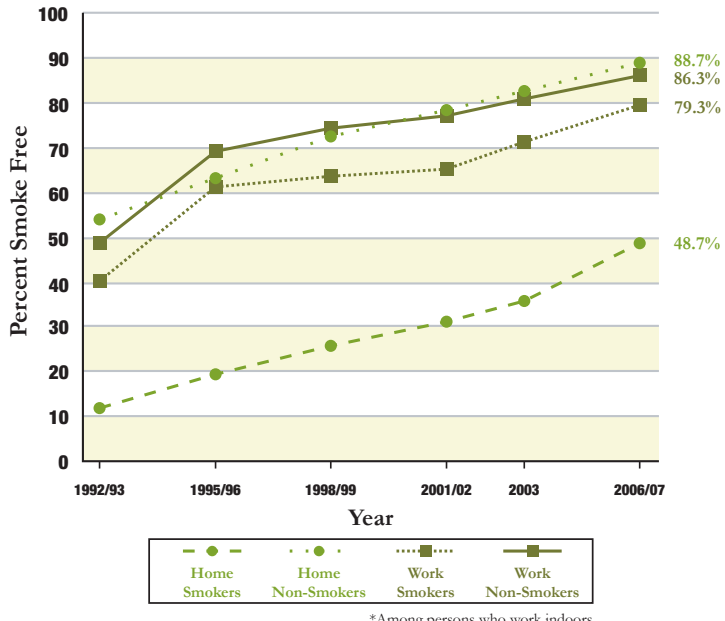
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Sources: 2005 and 2007 Youth Risk Behavior Survey (YRBS)

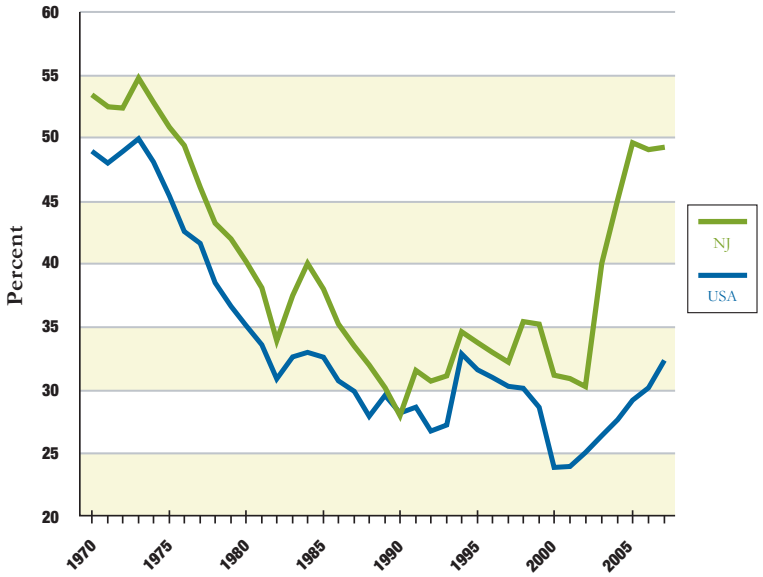
Smoke-Free Homes and Work Places* in New Jersey



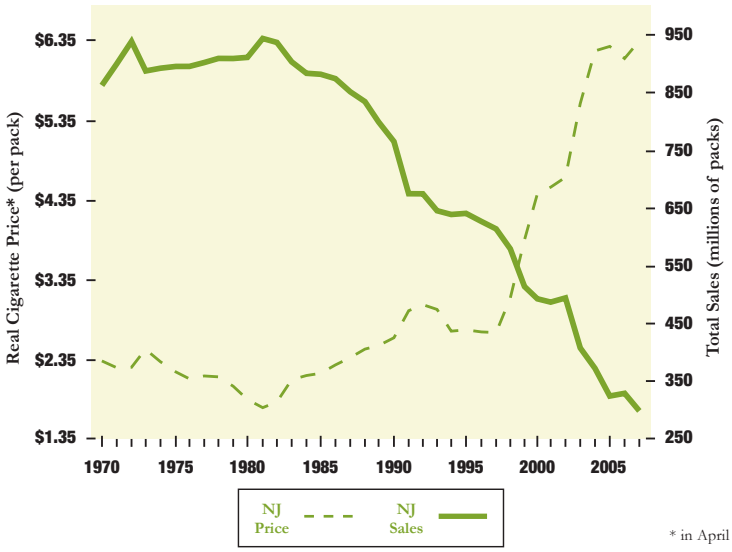
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007



Total Cigarette Sales and Real Cigarette Prices*, New Jersey, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007

Legislation

Protection From Tobacco Smoke Pollution in NJ

	1991	2008
Private Worksites	⊘	⊘⊘⊘
Restaurants	○	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	YES	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in New Jersey*

Penalties for Minors	1991	2006
Possession	No	No
Use	No	No
Purchase	No	No
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	Yes
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	Yes
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**2**	**5**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 19 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in New Jersey

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	11,203 (240+)
2004	Years of Potential Life Lost	153,557 (13.7++)
2000	Persons Living with a Smoking-Attributable Disease	246,681
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$2,993,000,000
2004	Productivity Costs	$2,602,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

New Jersey Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$322,966,000	$246,985,000
Cigarette Excise Tax Revenue	$477,617,000	$806,593,000
Other Tobacco Control Funding Revenues	$2,723,000	$1,540,000
Tobacco Control Funding	$38,890,000	$13,116,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	4.5%	1.1%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	49.8%	70.7%
Dentist	23.6%	40.6%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	NO	NO	YES	YES	NO

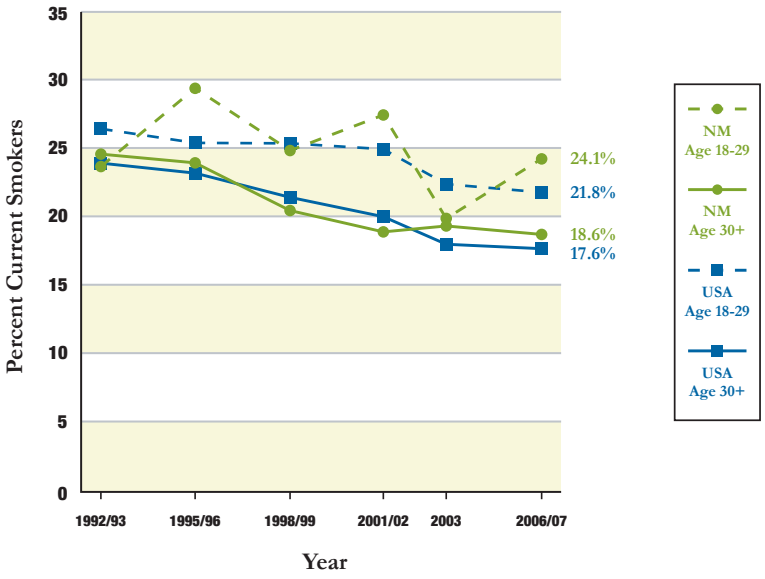
Cessation Services

Phone: 1-866-NJ-STOPS
Website: www.nj.quitnet.com

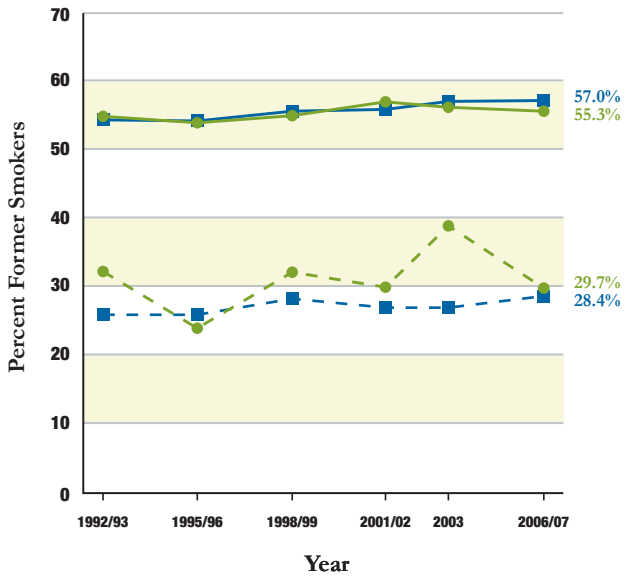
**discounted medication as available (eligibility-based)*

NEW MEXICO

Trends in Cigarette Smoking Among Adults



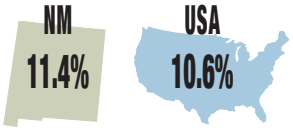
Percent of Adult Ever Smokers Who've Quit



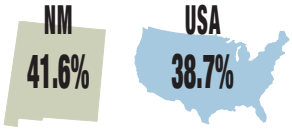
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

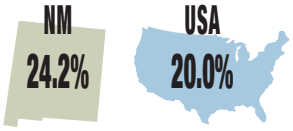
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



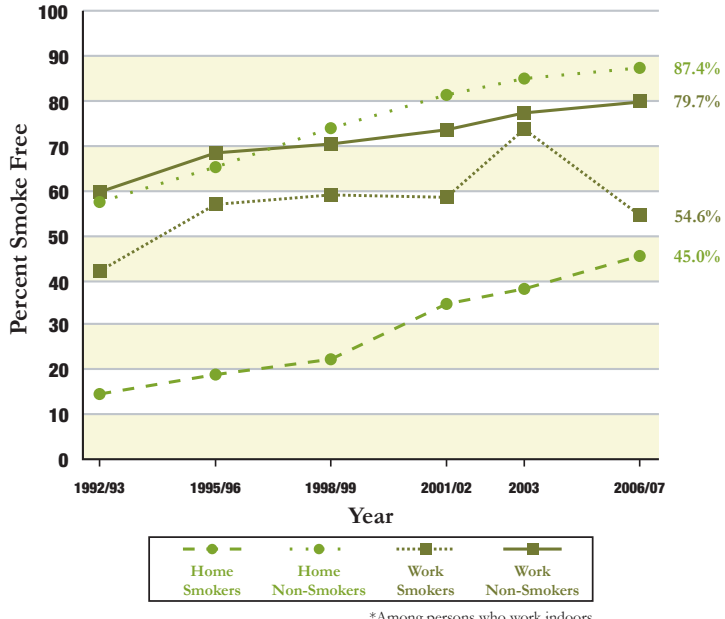
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

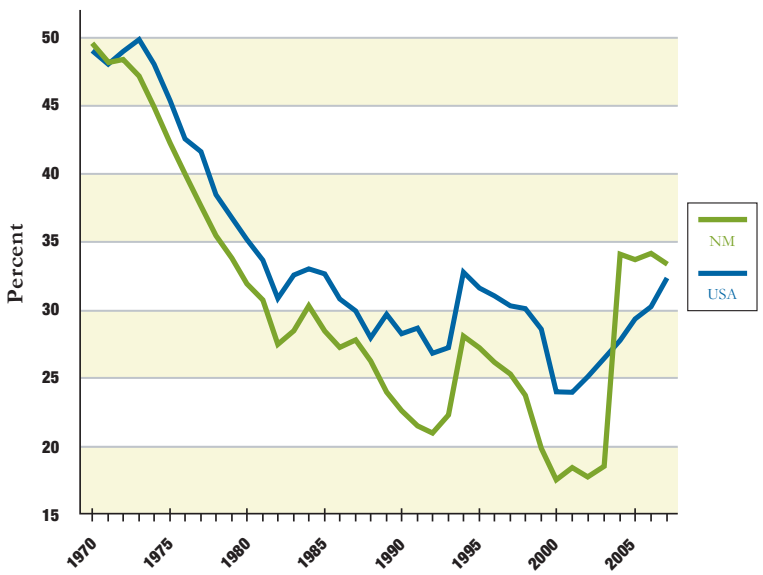
Smoke-Free Homes and Work Places* in New Mexico



*Among persons who work indoors

Source: TUS-CPS

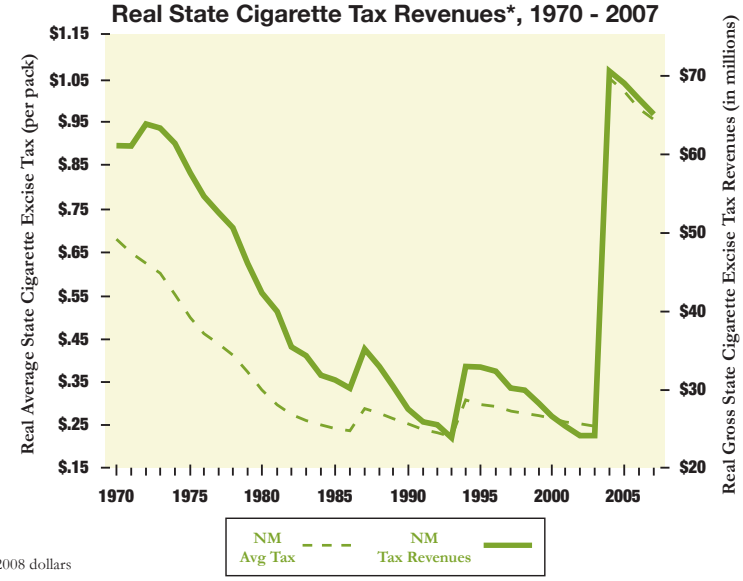
Tax as Percentage of Retail Price, 1970 - 2007



Total Cigarette Sales and Real Cigarette Prices*, New Mexico, 1970 - 2007

* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in NM

	1991	2008
Private Worksites	○	⊘⊘⊘
Restaurants	○	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in New Mexico*

Penalties for Minors	1991	2006
Possession	No	No
Use	No	No
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	Yes
Clerk Intervention	No	Yes
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**0**	**6**

* Minimum Age in 1991: None Specified; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in New Mexico

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	2,106 (234+)
2004	Years of Potential Life Lost	27,286 (13.0++)
2000	Persons Living with a Smoking-Attributable Disease	54,976
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$483,000,000
2004	Productivity Costs	$493,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

New Mexico Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$49,789,000	$38,095,000
Cigarette Excise Tax Revenue	$24,171,000	$64,855,000
Other Tobacco Control Funding Revenues	$2,316,000	$1,478,000
Tobacco Control Funding	$8,343,000	$9,581,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	8.1%	7.9%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	42.0%	64.0%
Dentist	22.7%	33.8%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	YES	YES

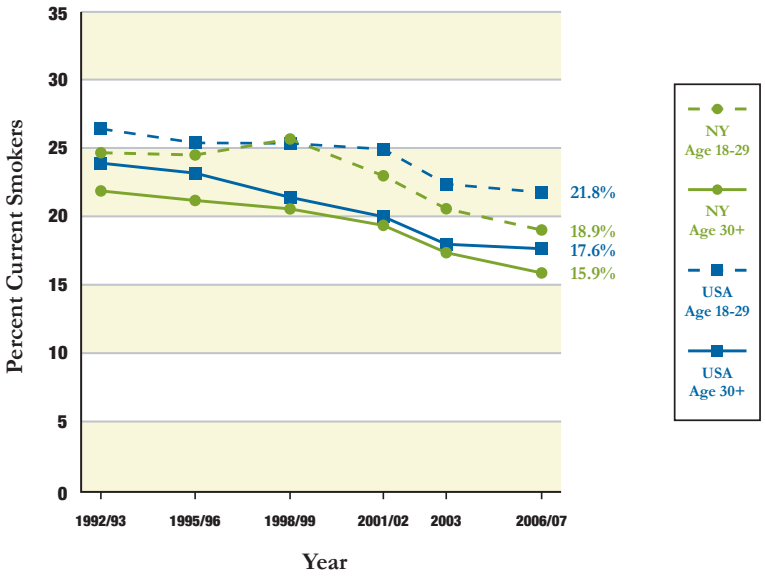
Cessation Services

Phone: 1-800-QUIT-NOW
1-888-229-2182 (Hearing Impaired)
Website: www.thestink.org
www.quitnownm.com

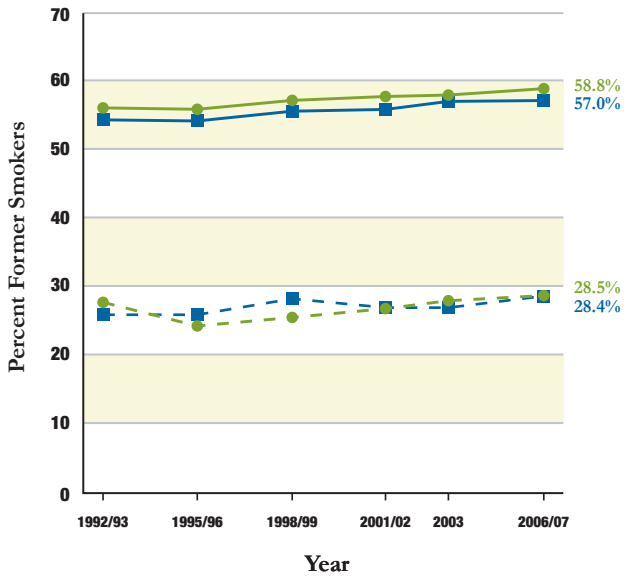
**free medication as available (eligibility-based)*

NEW YORK

Trends in Cigarette Smoking Among Adults



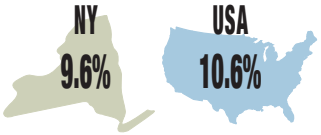
Percent of Adult Ever Smokers Who've Quit



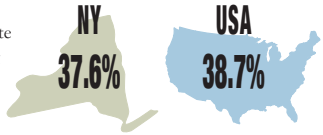
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

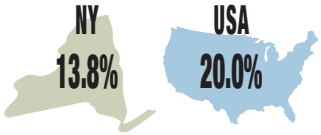
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



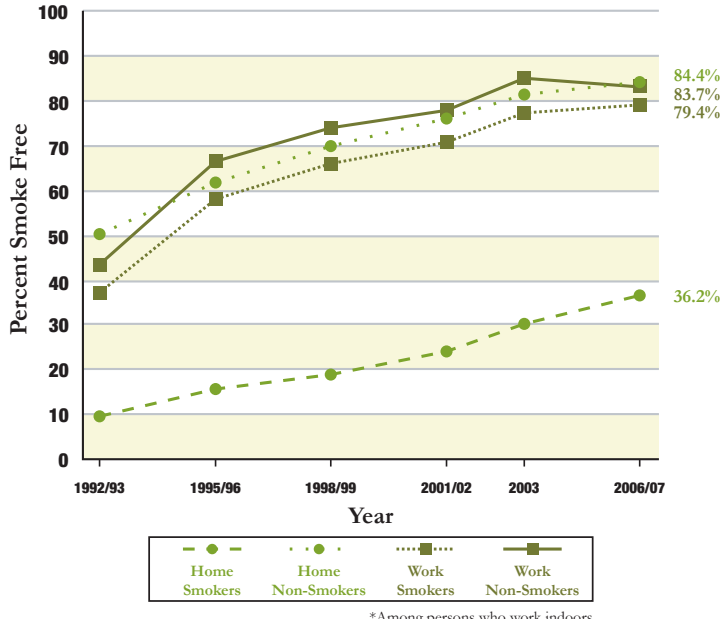
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

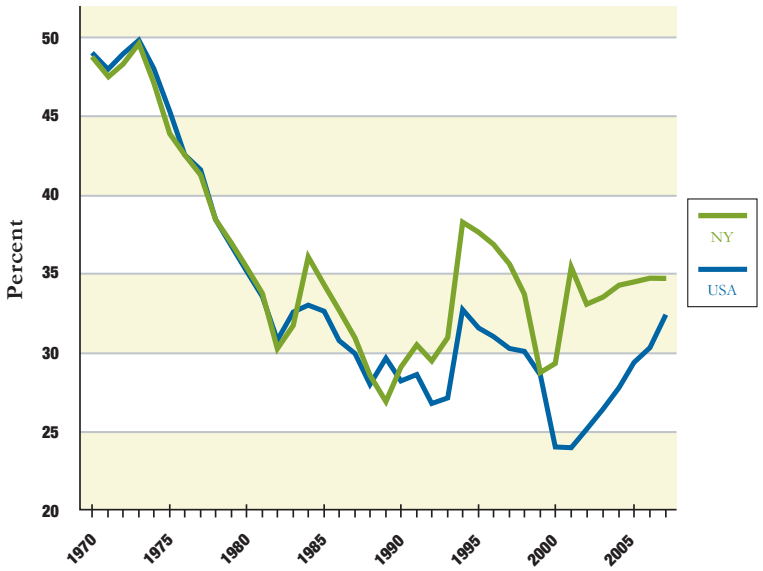
Smoke-Free Homes and Work Places* in New York



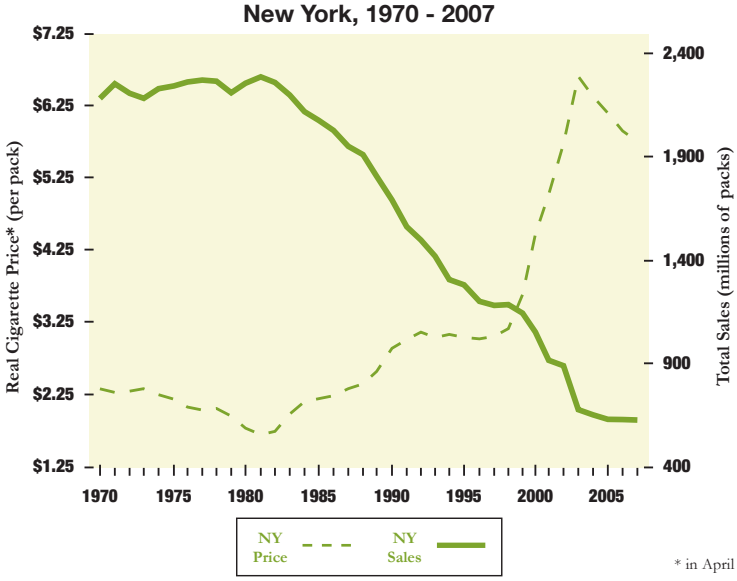
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

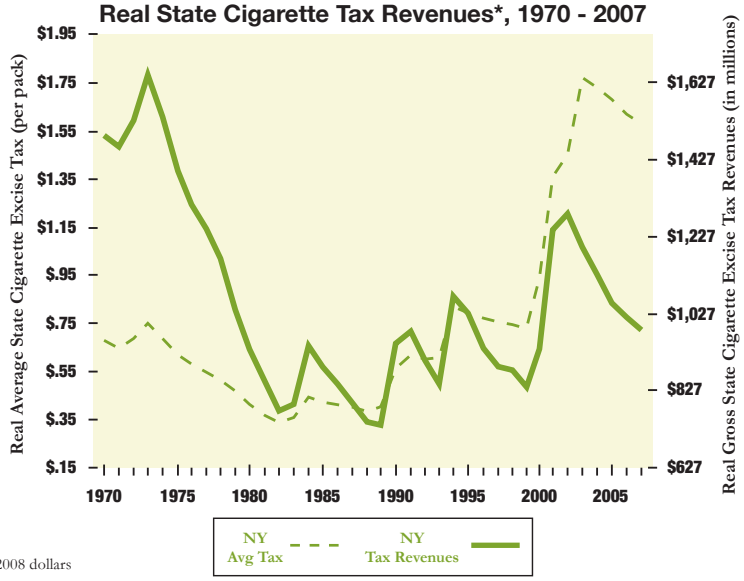


Total Cigarette Sales and Real Cigarette Prices*, New York, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in NY

	1991	2008
Private Worksites	⊘	⊘⊘⊘
Restaurants	⊘	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in New York*

Penalties for Minors	1991	2006
Possession	No	No
Use	No	No
Purchase	No	No
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	Yes
Statewide Enforcement	No	No
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**0**	**7**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in New York

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	25,433 (246+)
2004	Years of Potential Life Lost	344,110 (13.5++)
2000	Persons Living with a Smoking-Attributable Disease	559,424
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$8,107,000,000
2004	Productivity Costs	$6,057,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

New York Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$1,100,060,000	$815,250,000
Cigarette Excise Tax Revenue	$1,285,224,000	$985,473,000
Other Tobacco Control Funding Revenues	$4,866,000	$3,230,000
Tobacco Control Funding	$53,088,000	$93,205,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	2.0%	5.0%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	54.0%	67.5%
Dentist	23.3%	36.0%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement			Zyban	Chantix	Counseling
Gum	Patch	Spray/Inhaler/Lozenge			
YES	YES	YES	YES	YES	YES

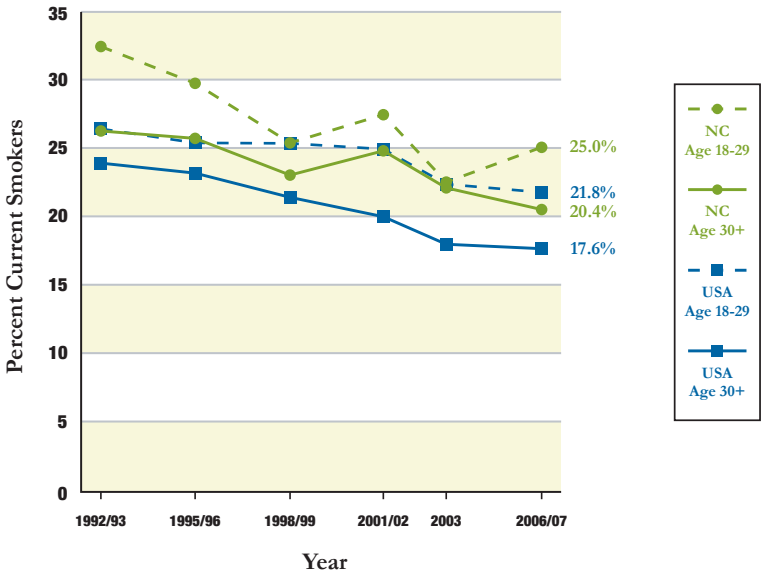
Cessation Services

Phone: 1-866-NY-QUITS
Website: www.nysmokefree.com

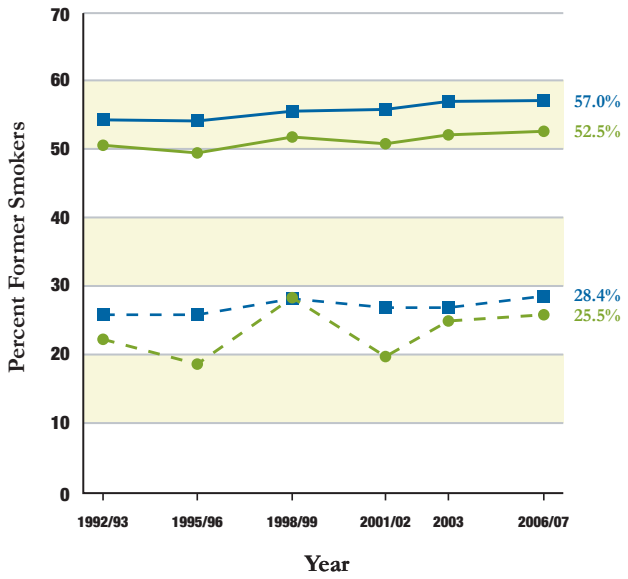
**free medication as available (eligibility-based)*

NORTH CAROLINA

Trends in Cigarette Smoking Among Adults



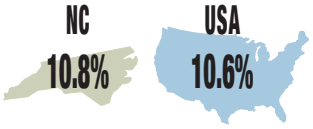
Percent of Adult Ever Smokers Who've Quit



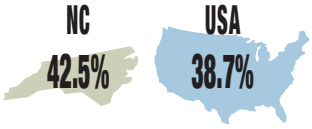
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

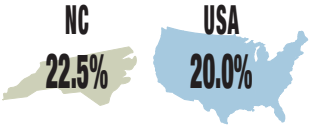
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



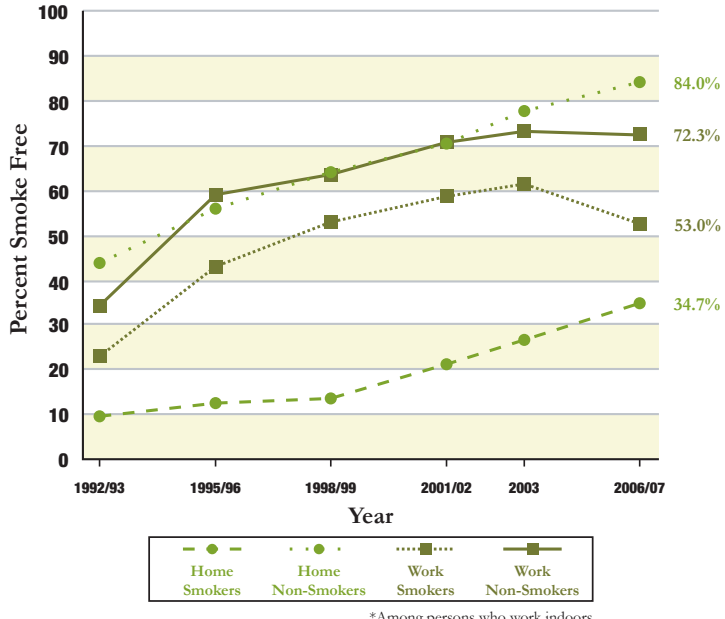
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

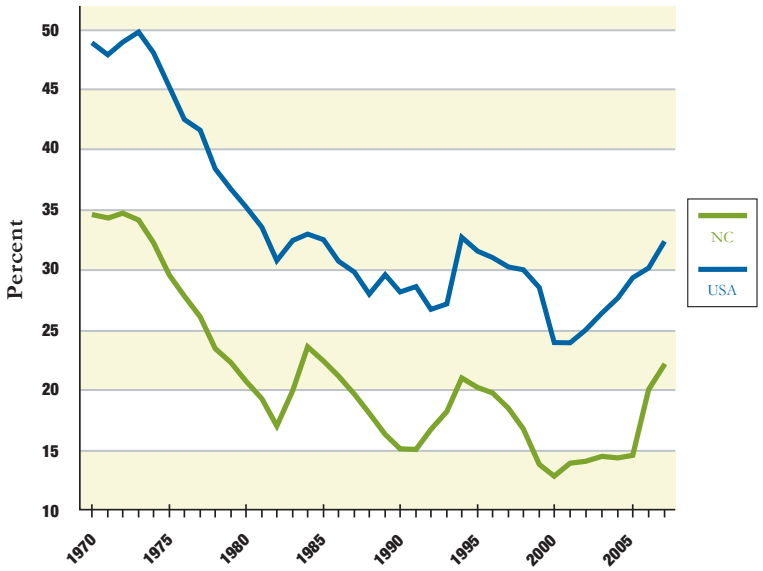
Smoke-Free Homes and Work Places* in North Carolina



*Among persons who work indoors

Source: TUS-CPS

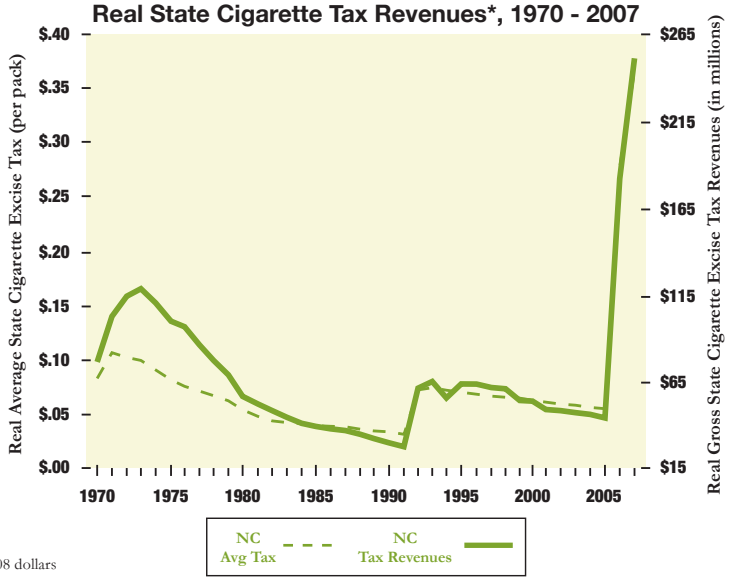
Tax as Percentage of Retail Price, 1970 - 2007



Total Cigarette Sales and Real Cigarette Prices*, North Carolina, 1970 - 2007

* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in NC

	1991	2008
Private Worksites	○	○
Restaurants	○	○
Bars	○	○
Pre-emption	NO	YES

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in North Carolina*

Penalties for Minors	1991	2006
Possession	No	No
Use	No	No
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	No
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**3**

* Minimum Age in 1991: 17 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in North Carolina

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	12,265 (298+)
2004	Years of Potential Life Lost	181,566 (14.8++)
2000	Persons Living with a Smoking-Attributable Disease	258,753
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$2,776,000,000
2004	Productivity Costs	$3,505,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

North Carolina Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$201,085,000	$149,012,000
Cigarette Excise Tax Revenue	$48,617,000	$252,213,000
Other Tobacco Control Funding Revenues	$3,548,000	$2,243,000
Tobacco Control Funding	$3,548,000	$18,028,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	0.0%	3.9%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	47.0%	67.9%
Dentist	18.2%	35.4%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

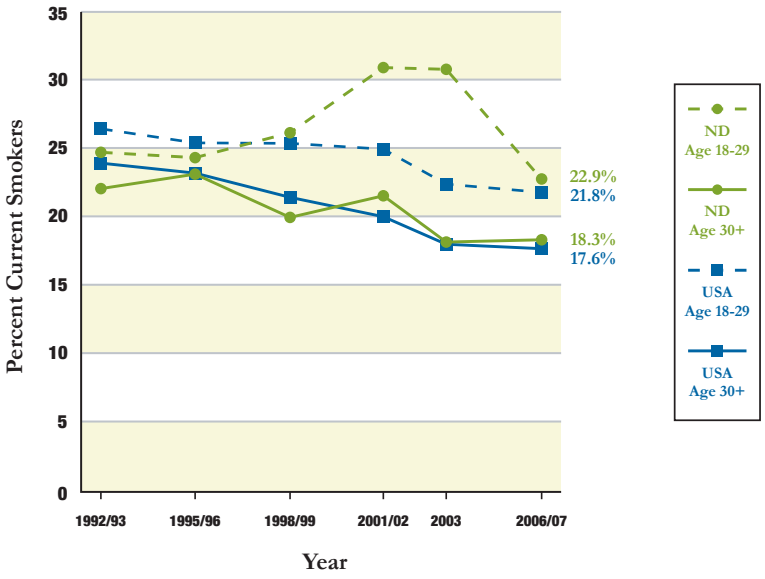
Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	YES	NO

Cessation Services

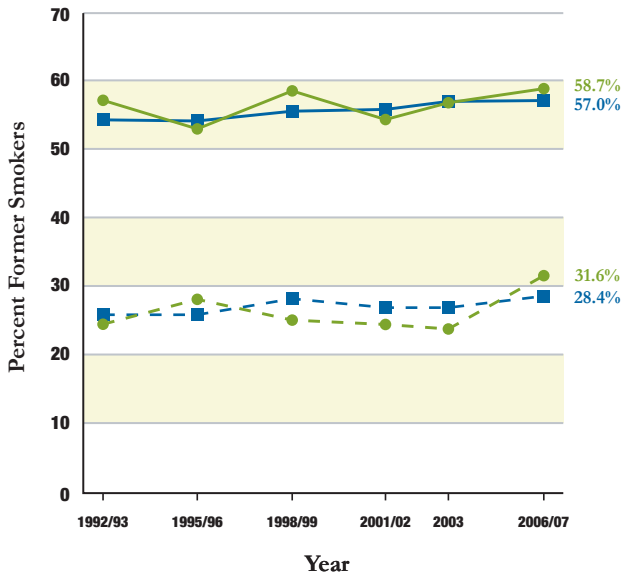
Phone: 1-800-QUIT-NOW
Website: www.quitnownc.org/index.asp

NORTH DAKOTA

Trends in Cigarette Smoking Among Adults



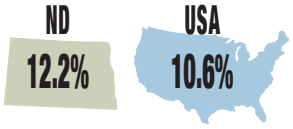
Percent of Adult Ever Smokers Who've Quit



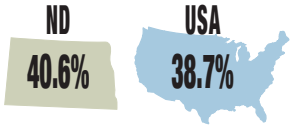
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

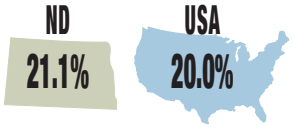
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



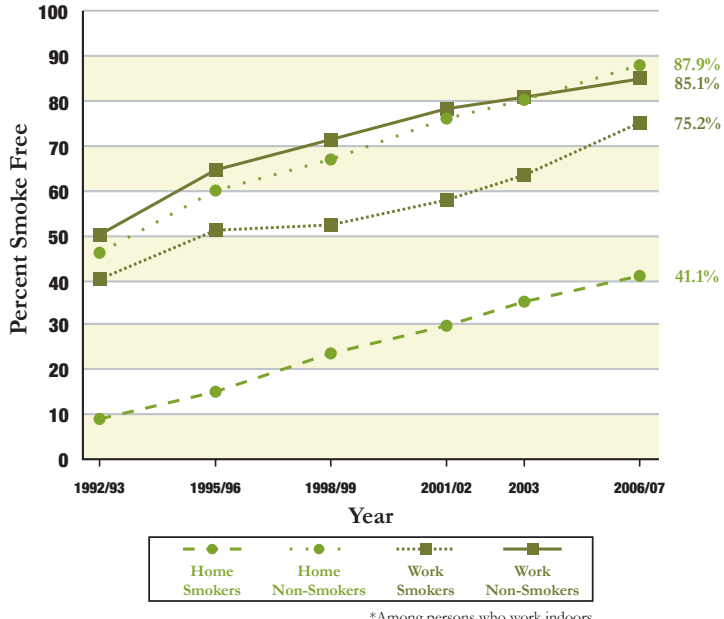
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

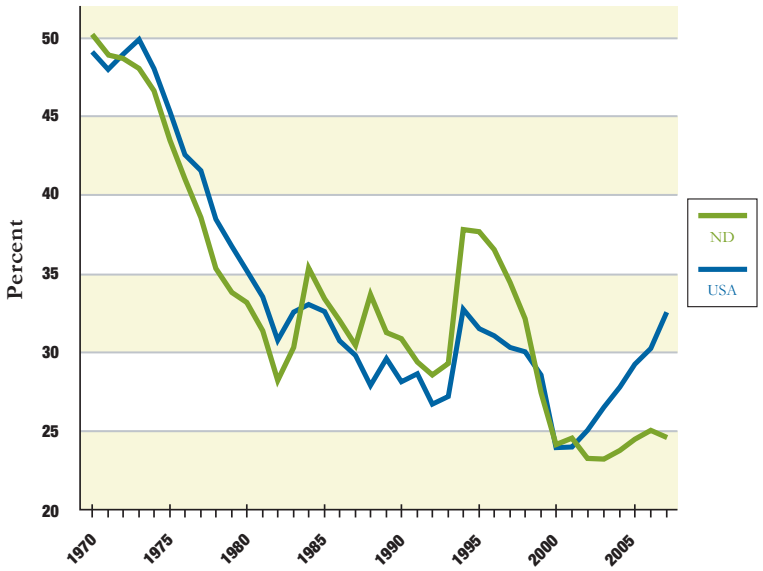
Smoke-Free Homes and Work Places* in North Dakota



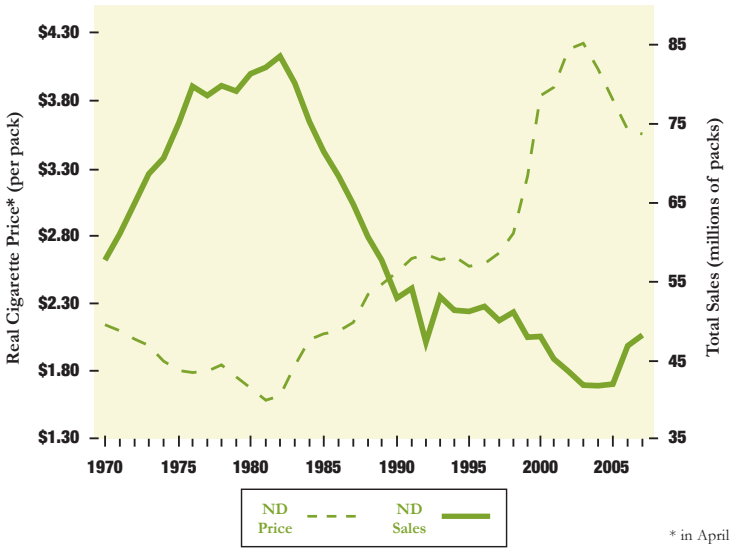
*Among persons who work indoors

Source: TUS-CPS

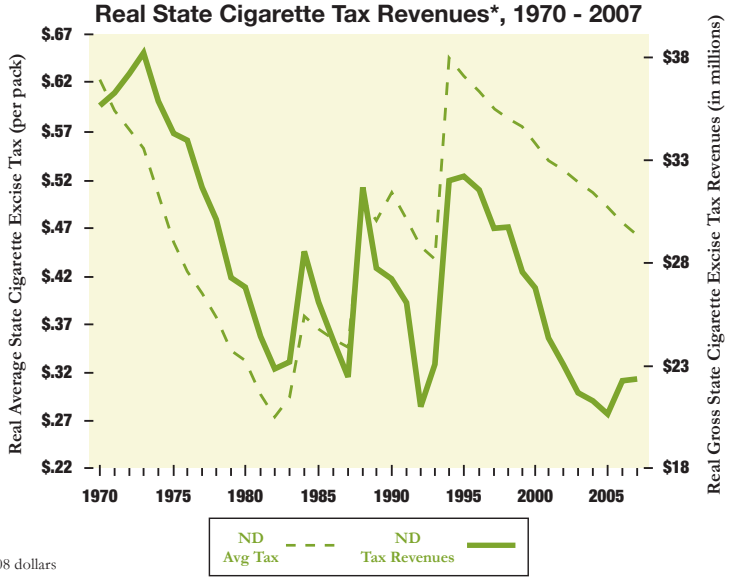
Tax as Percentage of Retail Price, 1970 - 2007



Total Cigarette Sales and Real Cigarette Prices*, North Dakota, 1970 - 2007



Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



* in April 2008 dollars

Legislation

Protection From Tobacco Smoke Pollution in ND

	1991	2008
Private Worksites	○	⊘⊘⊘
Restaurants	⊘	⊘
Bars	○	○
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in North Dakota*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	Yes	Yes
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	No
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**2**	**3**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in North Dakota

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	875 (226+)
2004	Years of Potential Life Lost	11,133 (12.7++)
2000	Persons Living with a Smoking-Attributable Disease	21,152
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$250,000,000
2004	Productivity Costs	$192,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

North Dakota Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$30,621,000	$23,362,000
Cigarette Excise Tax Revenue	$23,046,000	$22,339,000
Other Tobacco Control Funding Revenues	$1,547,000	$1,343,000
Tobacco Control Funding	$4,561,000	$4,606,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	5.6%	7.1%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	42.7%	65.0%
Dentist	10.8%	21.7%

Source: TUS-CPS

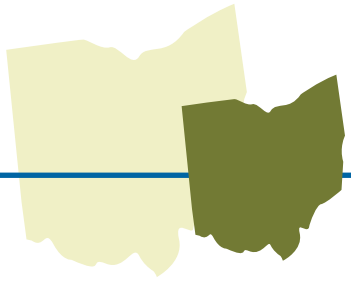
Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	NO	YES	NO	YES

Cessation Services

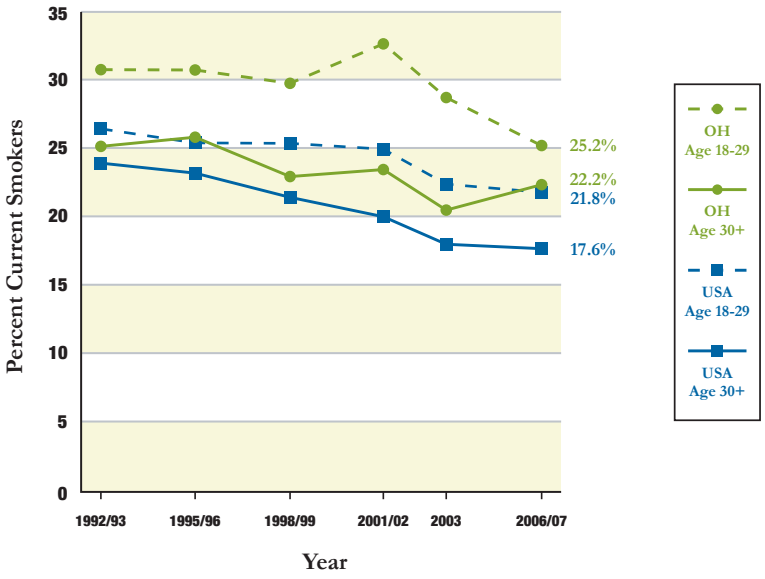
Phone: 1-866-388-QUIT
Website: www.ndhealth.gov/tobacco/quitline.htm

**free medication as available (eligibility-based)*

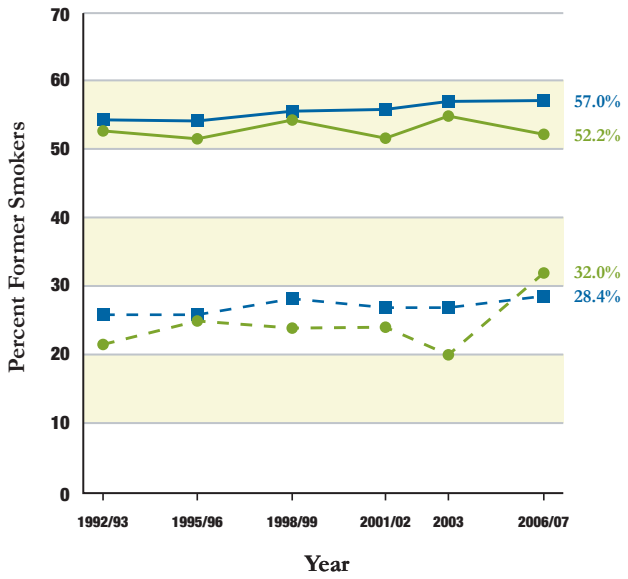


OHIO

Trends in Cigarette Smoking Among Adults



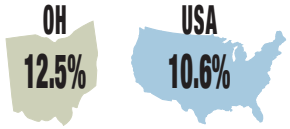
Percent of Adult Ever Smokers Who've Quit



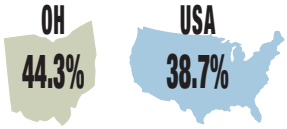
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

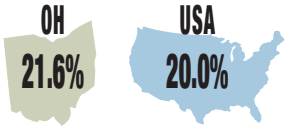
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



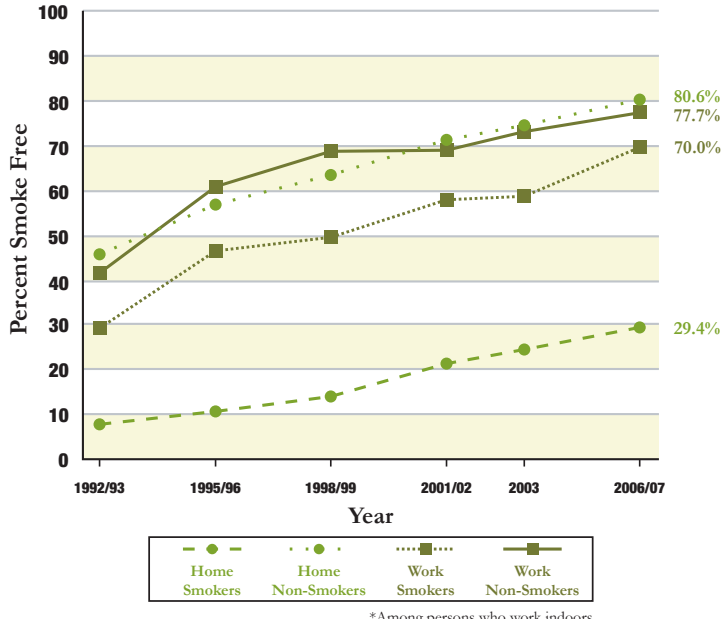
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

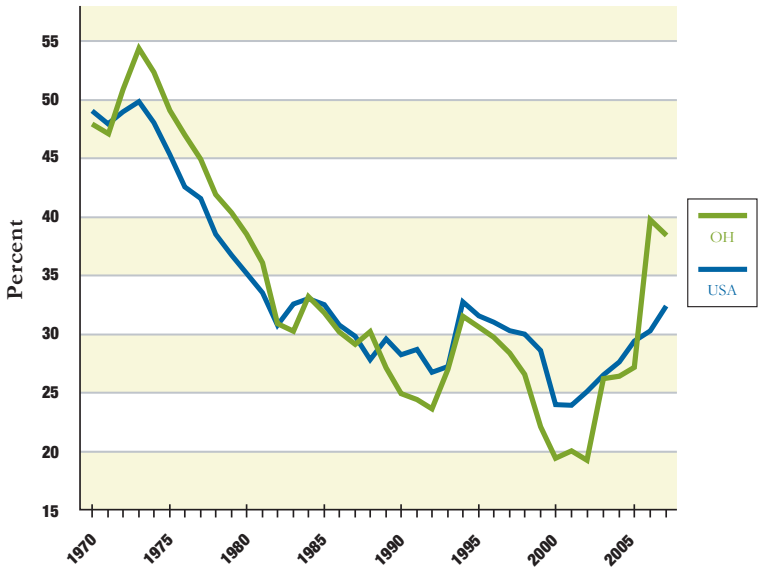
Smoke-Free Homes and Work Places* in Ohio



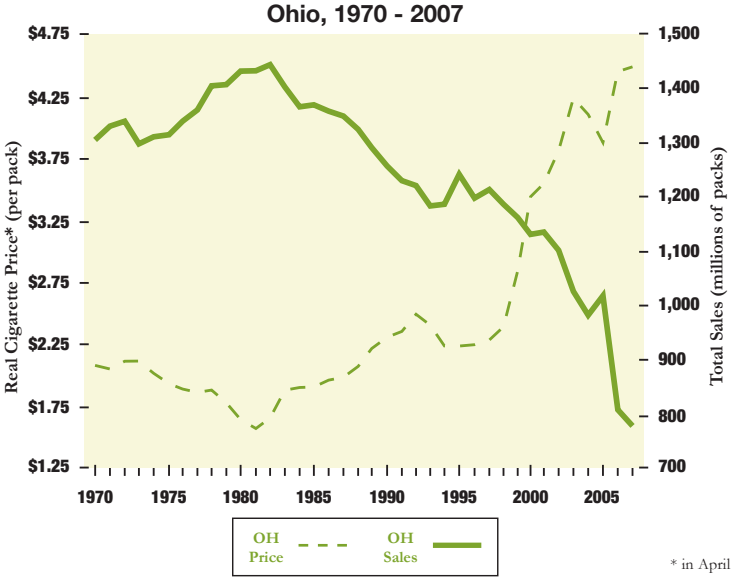
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

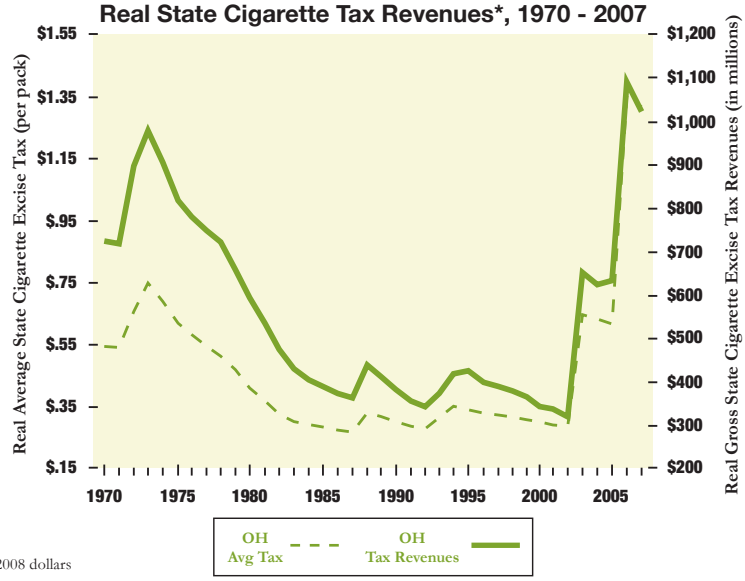


Total Cigarette Sales and Real Cigarette Prices*, Ohio, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in OH

	1991	2008
Private Worksites	○	⊘⊘⊘
Restaurants	○	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Ohio*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	Yes
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	No
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**2**	**3**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Ohio

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	18,593 (299+)
2004	Years of Potential Life Lost	264,309 (14.2++)
2000	Persons Living with a Smoking-Attributable Disease	390,776
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$4,317,000,000
2004	Productivity Costs	$4,858,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Ohio Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$420,615,000	$321,806,000
Cigarette Excise Tax Revenue	$318,626,000	$1,023,657,000
Other Tobacco Control Funding Revenues	$2,435,000	$1,581,000
Tobacco Control Funding	$28,595,000	$48,936,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	3.5%	3.5%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	49.1%	66.4%
Dentist	17.9%	38.2%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement			Zyban	Chantix	Counseling
Gum	Patch	Spray/Inhaler/Lozenge			
YES	YES	YES	YES	YES	NO

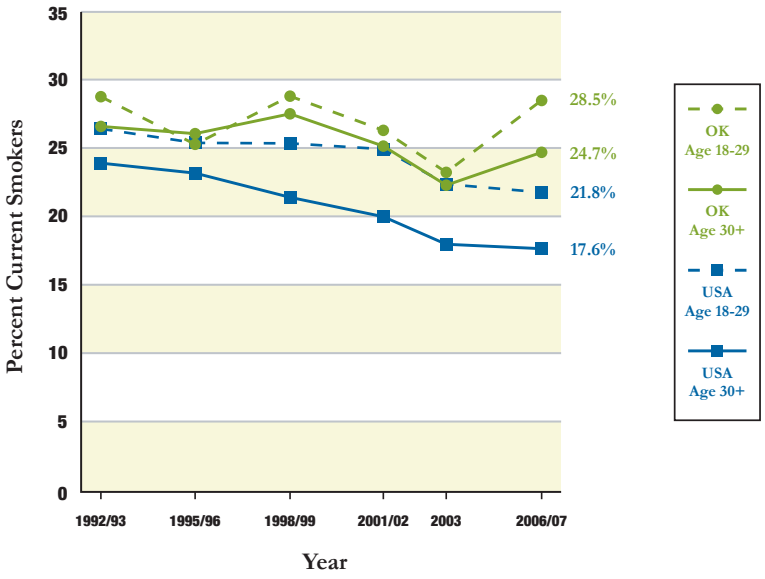
Cessation Services

Phone: 1-800-QUIT-NOW
1-888-229-2182 (Hearing Impaired)
Website: www.odh.ohio.gov/odhPrograms/hprr/tob_risk/tob_risk1.aspx

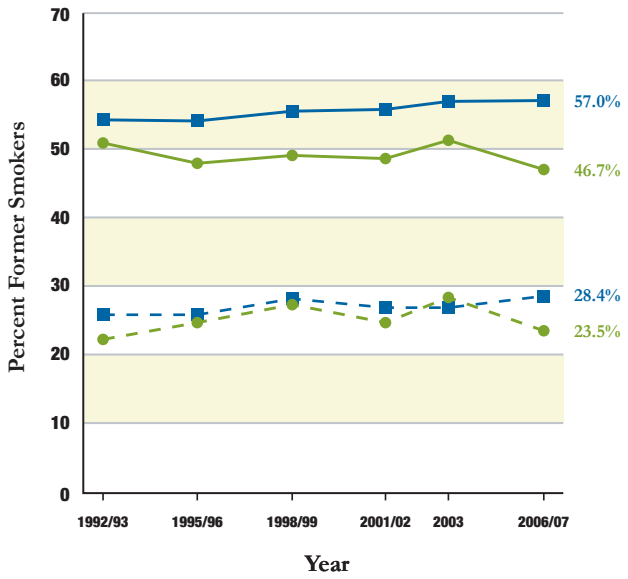
**free medication as available (eligibility-based)*

OKLAHOMA

Trends in Cigarette Smoking Among Adults



Percent of Adult Ever Smokers Who've Quit

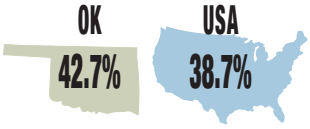


Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

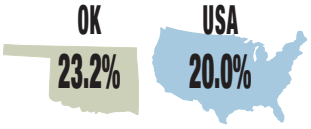
Cigarette Use Among Adolescents and Young Adults

Cigarette Smoking among 12-17 year olds

Current Cigarette smoking among 18-25 year olds.



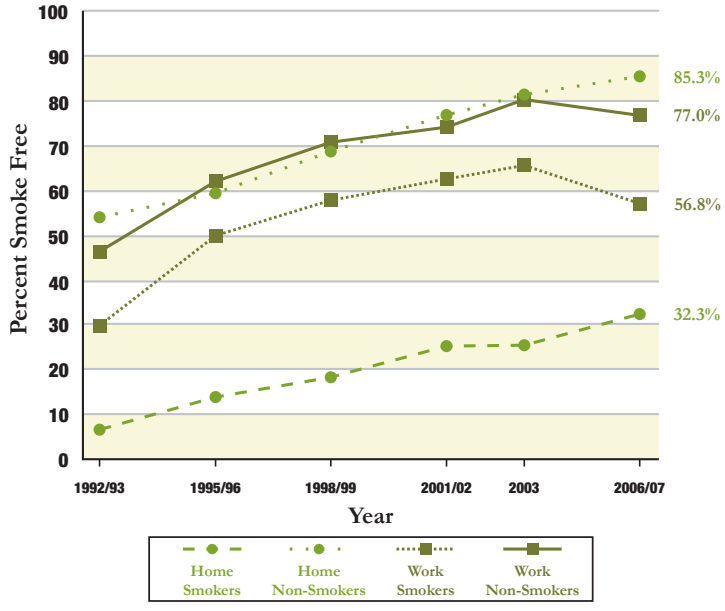
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

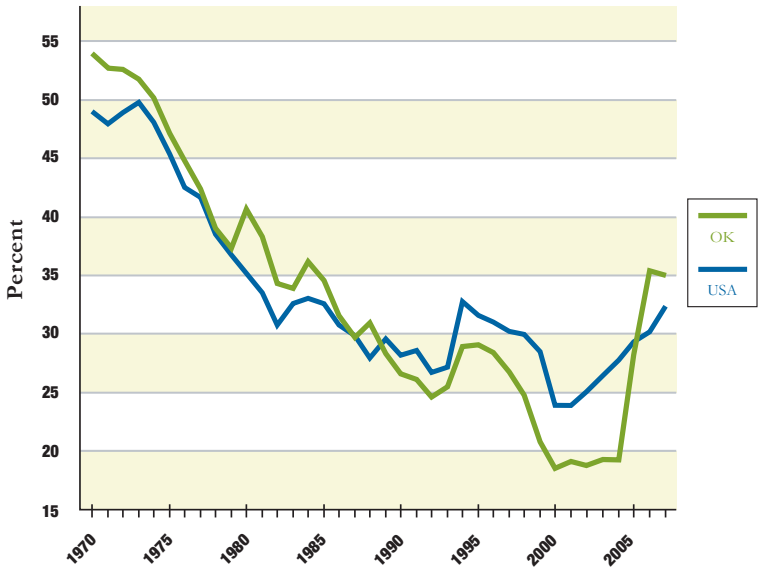
Smoke-Free Homes and Work Places* in Oklahoma



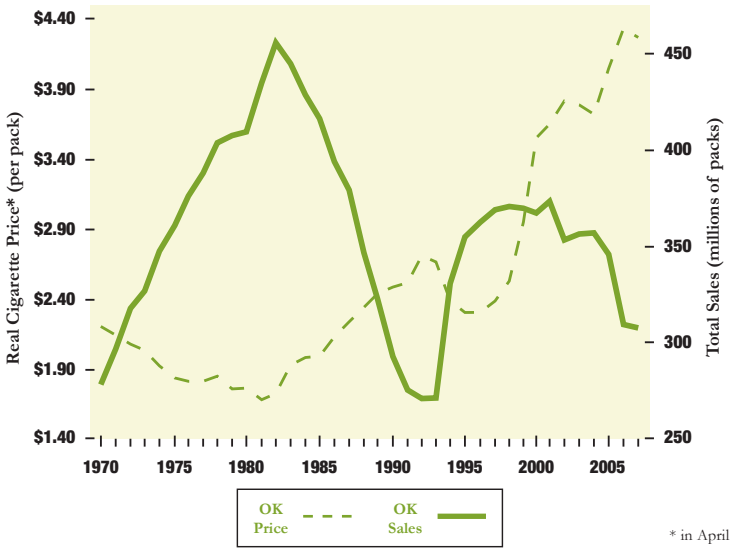
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007



Total Cigarette Sales and Real Cigarette Prices*, Oklahoma, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007

Legislation

Protection From Tobacco Smoke Pollution in OK

	1991	2008
Private Worksites	○	⊘⊘
Restaurants	⊘	⊘⊘
Bars	○	○
Pre-emption	YES	YES

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Oklahoma*

Penalties for Minors	1991	2006
Possession	Yes	Yes
Use	No	No
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	Yes
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**6**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Oklahoma

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	6,209 (332+)
2004	Years of Potential Life Lost	85,208 (13.7++)
2000	Persons Living with a Smoking-Attributable Disease	104,758
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$1,083,000,000
2004	Productivity Costs	$1,734,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Oklahoma Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$86,558,000	$66,192,000
Cigarette Excise Tax Revenue	$71,465,000	$215,993,000
Other Tobacco Control Funding Revenues	$2,358,000	$1,683,000
Tobacco Control Funding	$4,407,000	$12,207,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	1.3%	3.7%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	47.2%	65.3%
Dentist	21.3%	32.2%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	YES	YES

Cessation Services

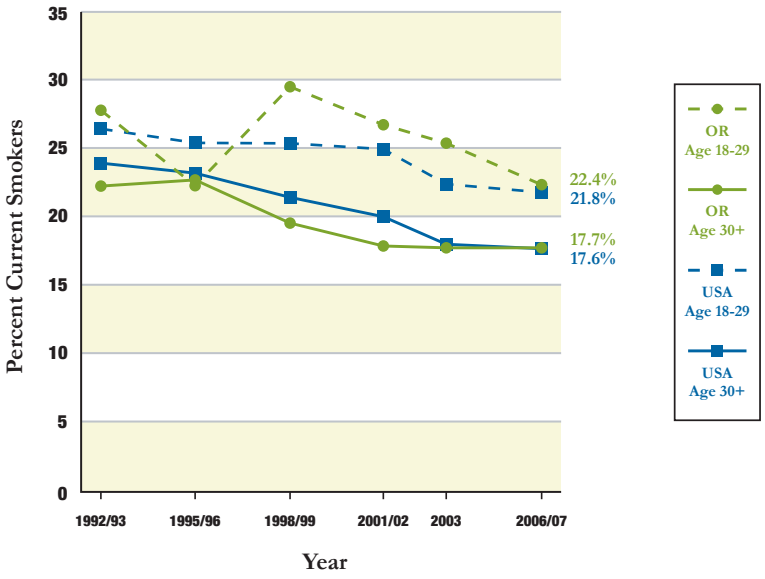
Phone: 1-866-QUIT-NOW
1-800-793-1552 (Spanish)

Website: www.ok.gov/tset/Programs/Tobacco_Use_Prevention_and_Cessation/Oklahoma_Tobacco_Helpline/

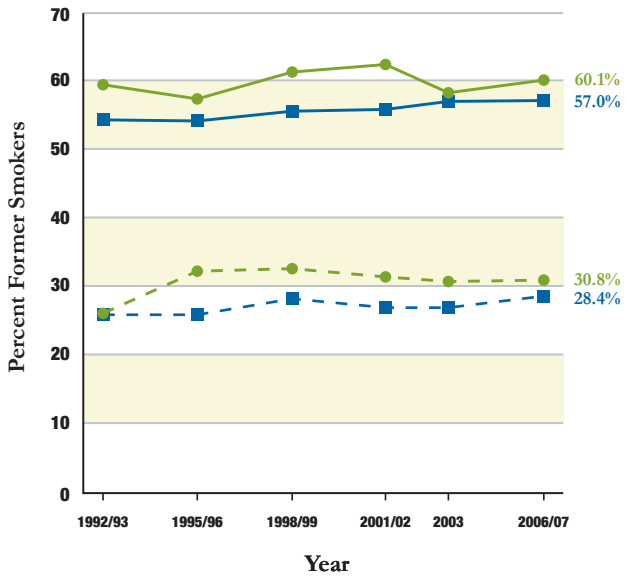
**free medication as available (eligibility-based)*

OREGON

Trends in Cigarette Smoking Among Adults



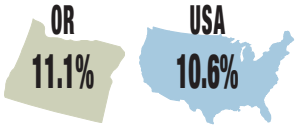
Percent of Adult Ever Smokers Who've Quit



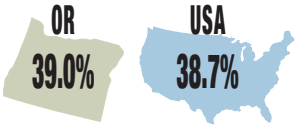
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.

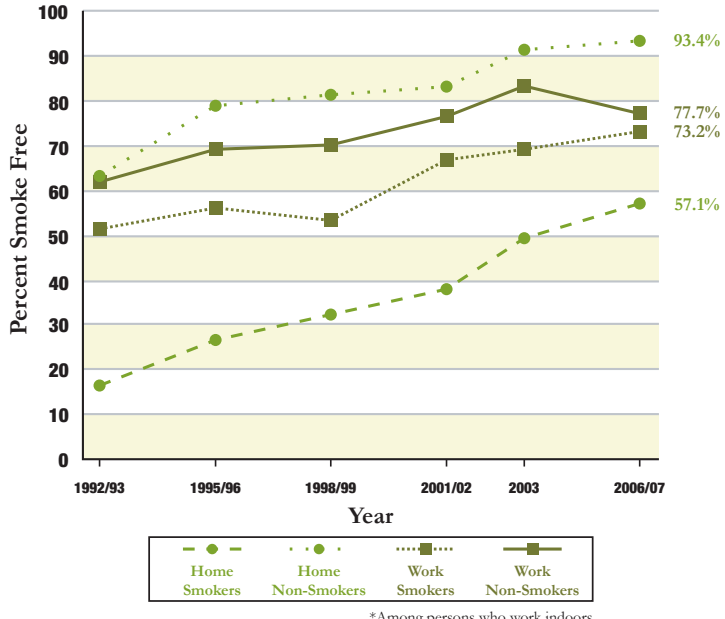


Current cigarette smoking among high school students (14-18 yr olds)

Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

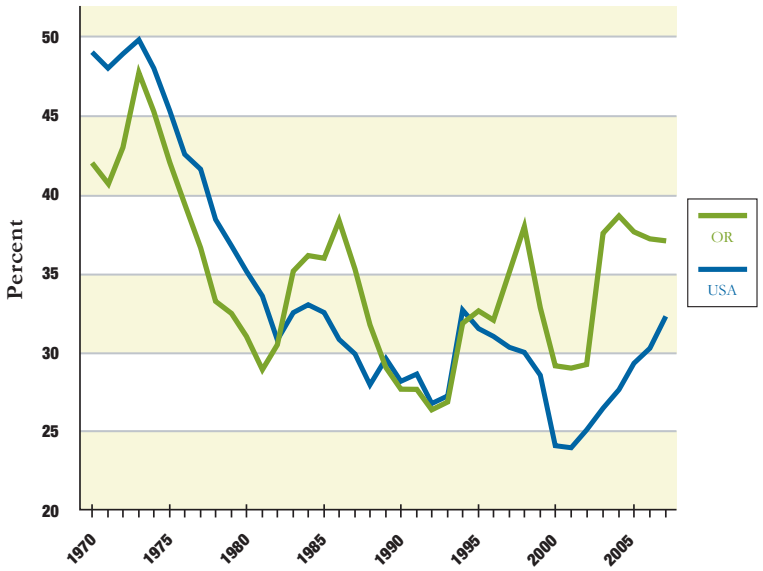
Smoke-Free Homes and Work Places* in Oregon



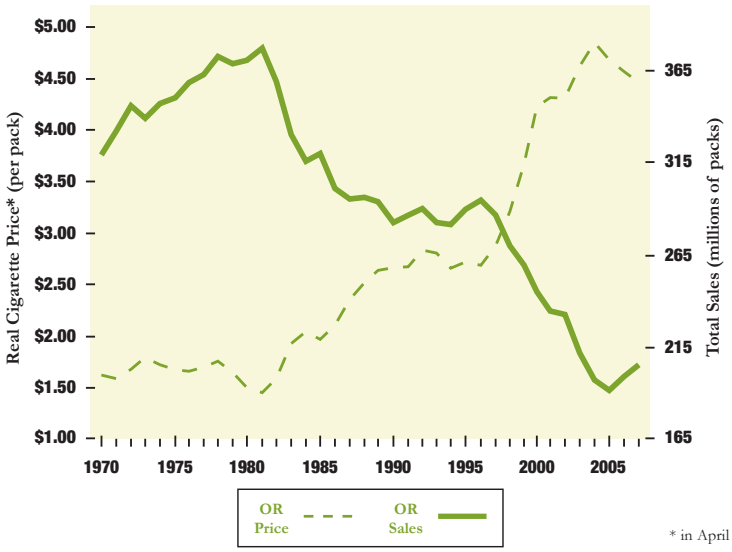
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

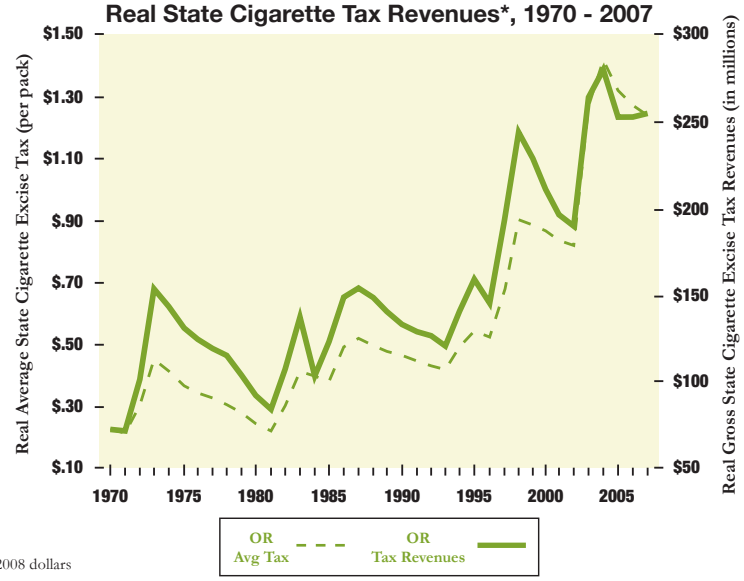


Total Cigarette Sales and Real Cigarette Prices*, Oregon, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in OR

	1991	2008
Private Worksites	○	⊘⊘
Restaurants	⊘	⊘
Bars	○	○
Pre-emption	NO	YES

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Oregon*

Penalties for Minors	1991	2006
Possession	Yes	Yes
Use	No	No
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	Yes
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**2**	**4**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Oregon

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	4,979 (263+)
2004	Years of Potential Life Lost	64,492 (13.0++)
2000	Persons Living with a Smoking-Attributable Disease	114,796
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$1,036,000,000
2004	Productivity Costs	$1,139,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Oregon Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$98,975,000	$73,348,000
Cigarette Excise Tax Revenue	$189,640,000	$254,854,000
Other Tobacco Control Funding Revenues	$1,682,000	$1,335,000
Tobacco Control Funding	$15,304,000	$5,019,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	4.7%	1.1%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	54.4%	67.5%
Dentist	20.6%	42.4%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	YES	YES

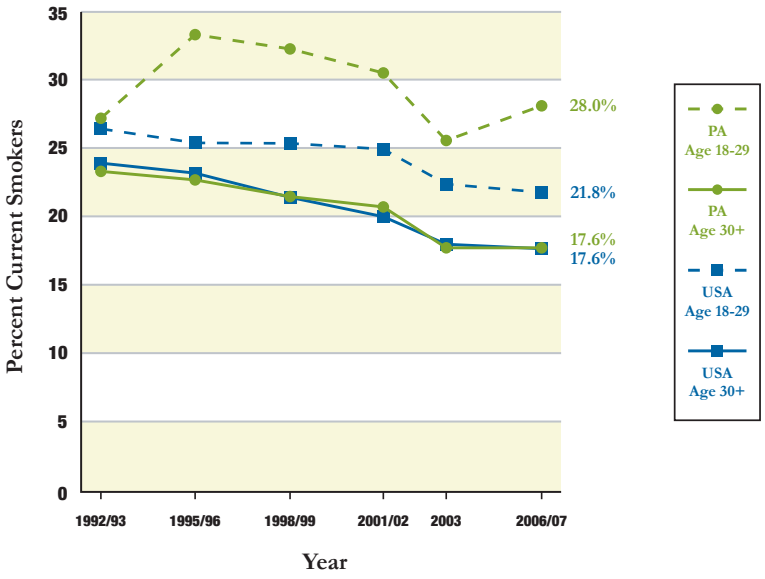
Cessation Services

Phone: 1-800-QUIT-NOW
1-877-2NO-FUME (Spanish)
1-877-777-6534 (Hearing Impaired)
Website: www.oregonquitline.org

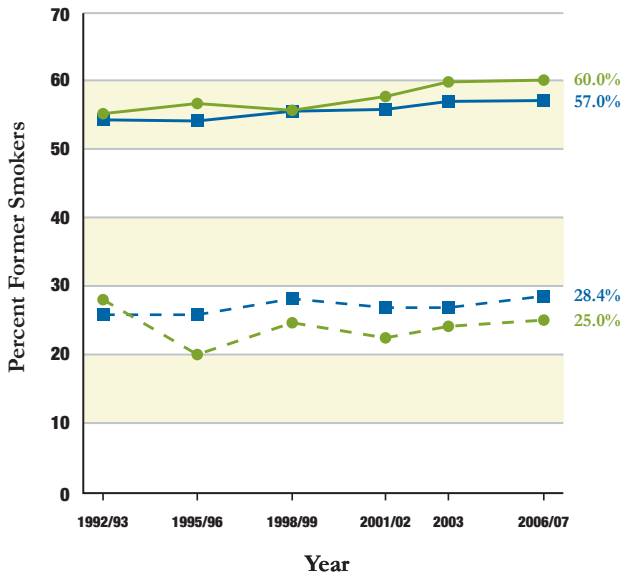
**free medication as available (eligibility-based)*

PENNSYLVANIA

Trends in Cigarette Smoking Among Adults



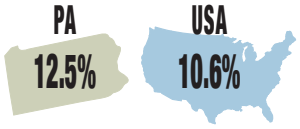
Percent of Adult Ever Smokers Who've Quit



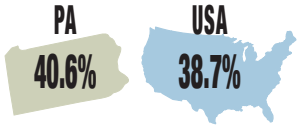
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

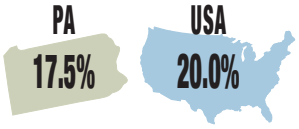
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



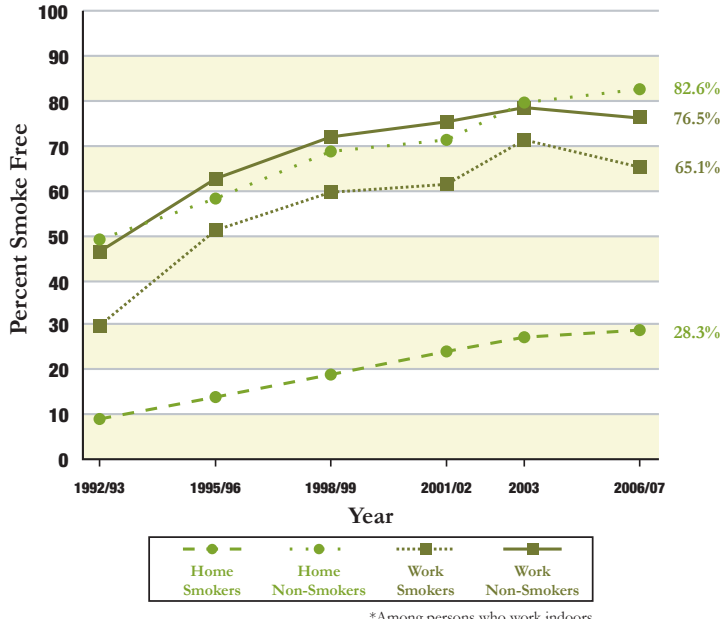
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Sources: 2006 Youth Tobacco Survey (YTS) and 2007 Youth Risk Behavior Survey (YRBS)

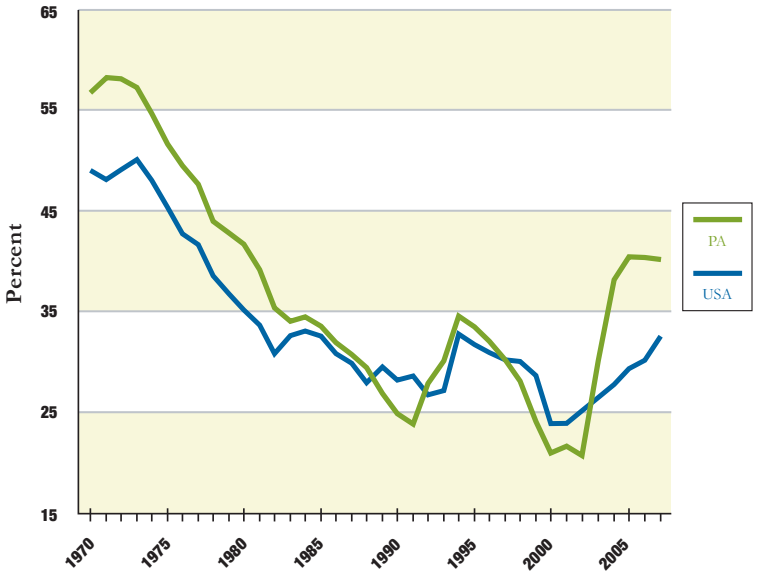
Smoke-Free Homes and Work Places* in Pennsylvania



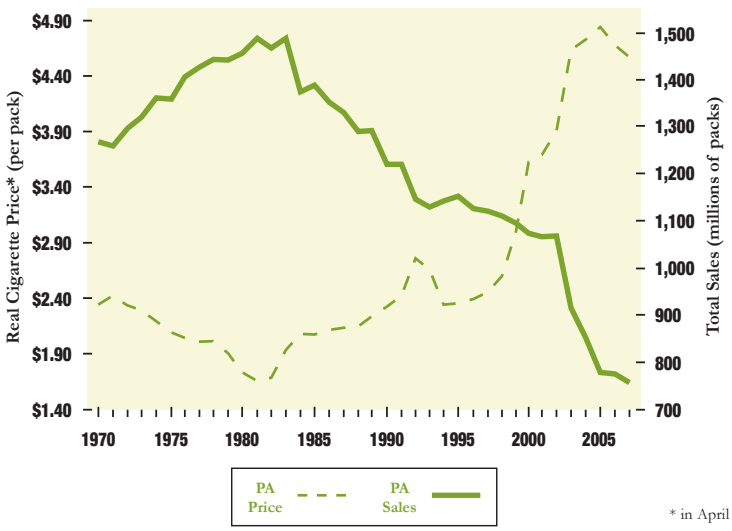
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

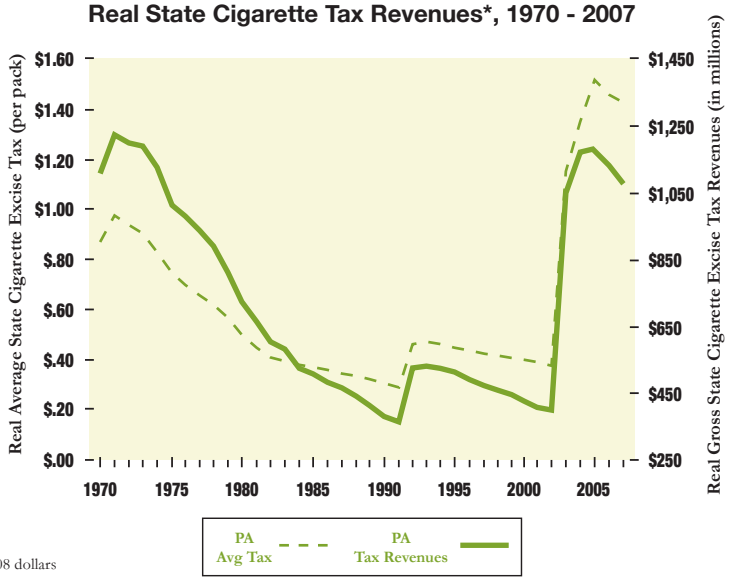


Total Cigarette Sales and Real Cigarette Prices*, Pennsylvania, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in PA

	1991	2008
Private Worksites	⊘	⊘⊘⊘
Restaurants	⊘	⊘⊘⊘
Bars	○	○
Pre-emption	YES	YES

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Pennsylvania*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	Yes	Yes
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	Yes
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	2	4

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Pennsylvania

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	20,027 (259+)
2004	Years of Potential Life Lost	272,335 (13.6++)
2000	Persons Living with a Smoking-Attributable Disease	418,860
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$4,687,000,000
2004	Productivity Costs	$4,737,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Pennsylvania Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$495,359,000	$367,057,000
Cigarette Excise Tax Revenue	$399,813,000	$1,074,817,000
Other Tobacco Control Funding Revenues	$1,839,000	$1,608,000
Tobacco Control Funding	$51,748,000	$33,494,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	5.6%	2.2%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	53.0%	68.2%
Dentist	19.6%	34.2%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement			Zyban	Chantix	Counseling
Gum	Patch	Spray/Inhaler/Lozenge			
YES	YES	YES	YES	YES	YES

Cessation Services

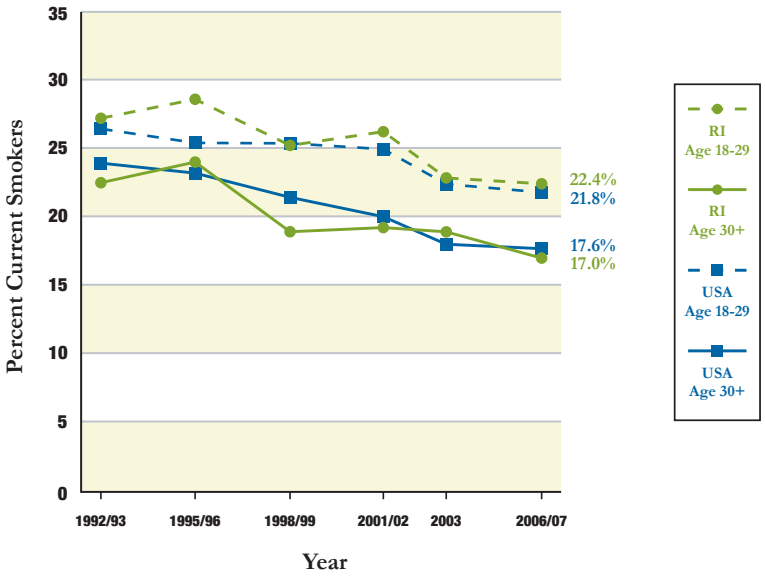
Phone: 1-877-QUIT-NOW

Website: www.dsf.health.state.pa.us/health/cwp/browse.asp?a=174&bc=0&c=35485&healthRNavrad3439C=|#
www.determinedtoquit.com

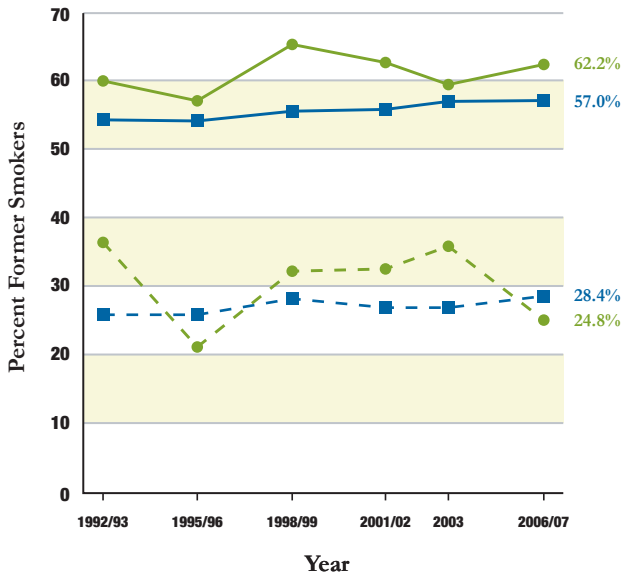
**discount medication as available (eligibility-based)*

RHODE ISLAND

Trends in Cigarette Smoking Among Adults



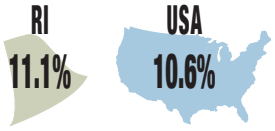
Percent of Adult Ever Smokers Who've Quit



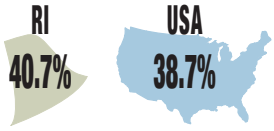
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

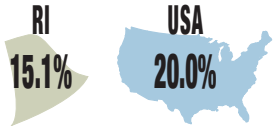
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



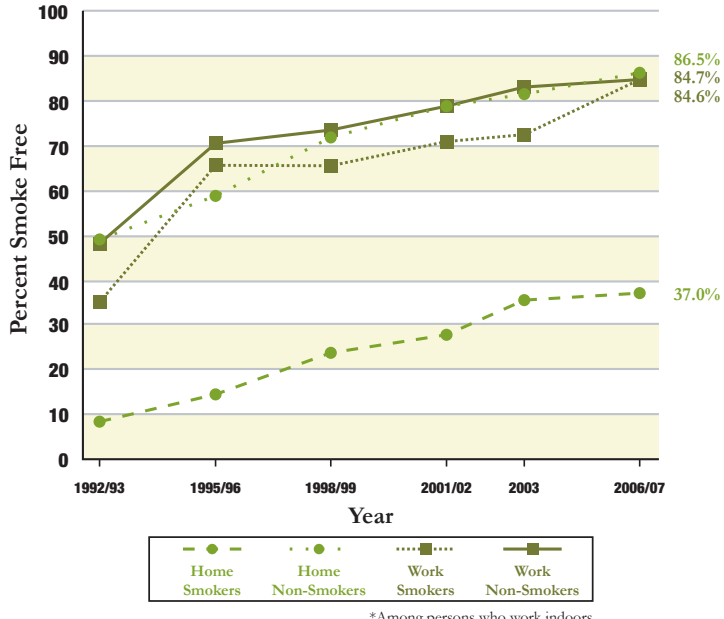
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

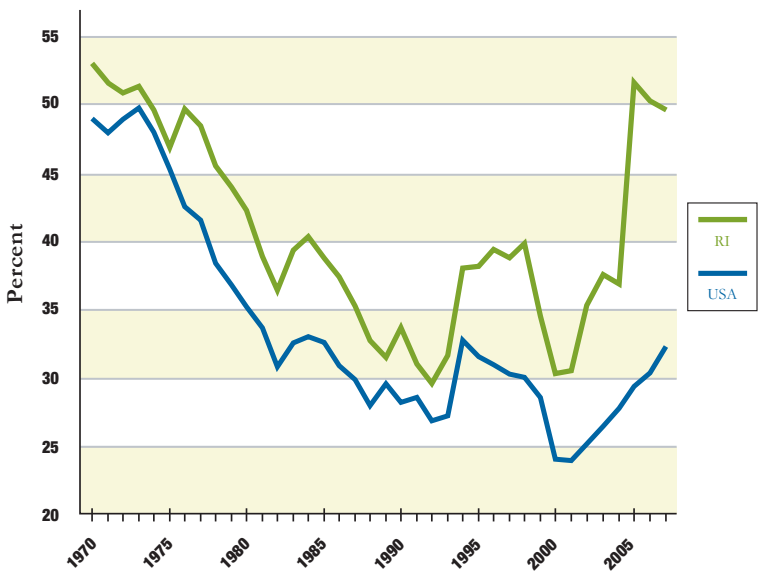
Smoke-Free Homes and Work Places* in Rhode Island



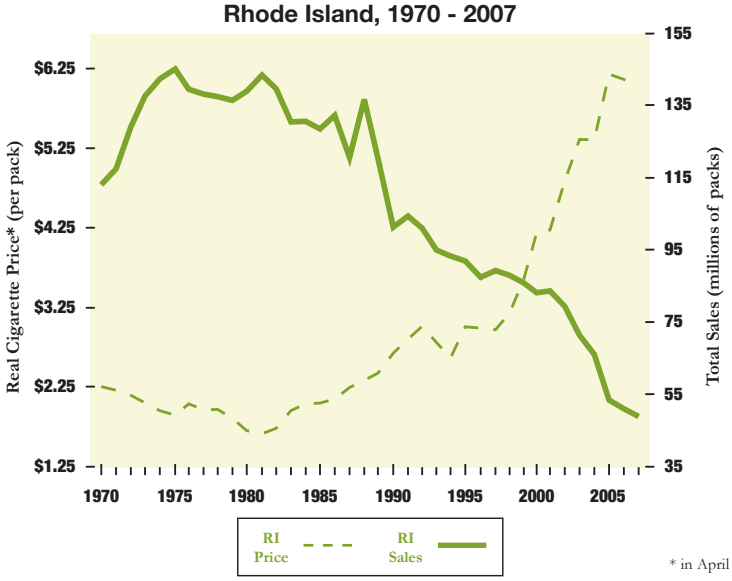
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

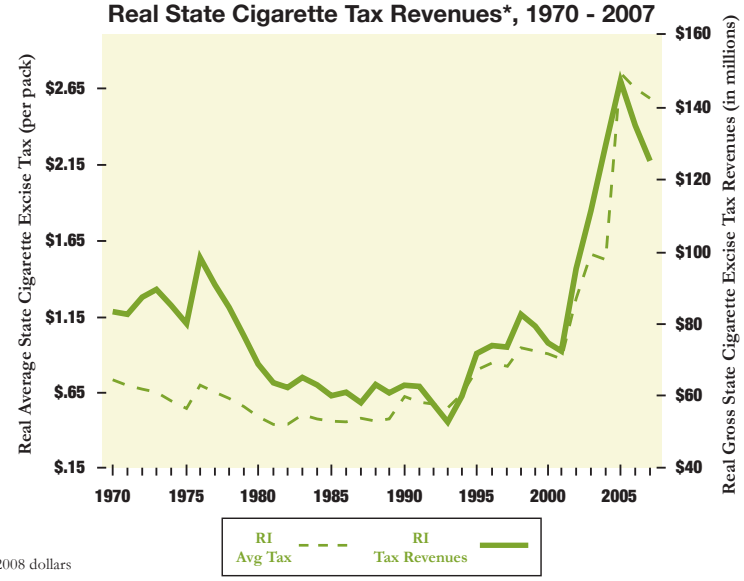


Total Cigarette Sales and Real Cigarette Prices*, Rhode Island, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in RI

	1991	2008
Private Worksites	⊘	⊘⊘⊘
Restaurants	⊘	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Rhode Island*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	Yes	Yes
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	Yes	No
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**2**	**5**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Rhode Island

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	1,695 (267+)
2004	Years of Potential Life Lost	21,753 (12.8++)
2000	Persons Living with a Smoking-Attributable Disease	37,328
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$491,000,000
2004	Productivity Costs	$379,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Rhode Island Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$60,036,000	$45,882,000
Cigarette Excise Tax Revenue	$95,315,000	$125,072,000
Other Tobacco Control Funding Revenues	$2,195,000	$1,332,000
Tobacco Control Funding	$6,173,000	$2,332,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	2.6%	0.6%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	55.4%	72.8%
Dentist	21.2%	36.3%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

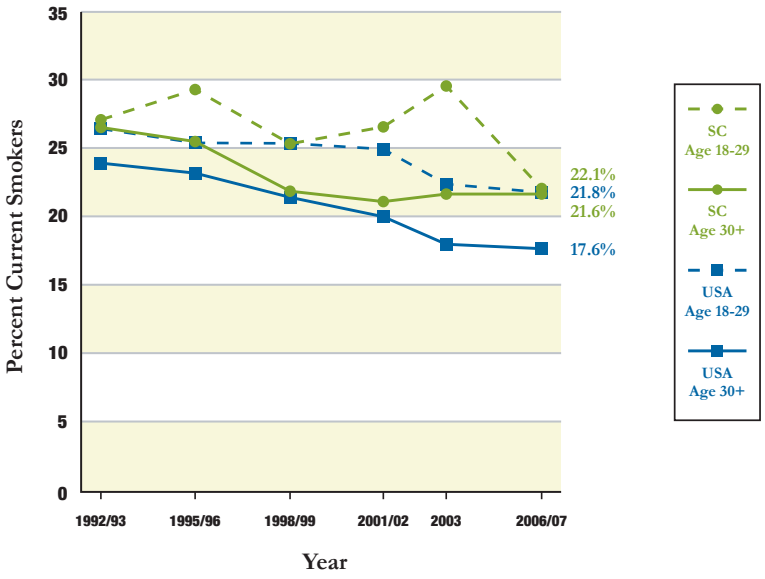
Nicotine Replacement			Zyban	Chantix	Counseling
Gum	Patch	Spray/Inhaler/Lozenge			
YES	YES	YES	NO	NO	YES

Cessation Services

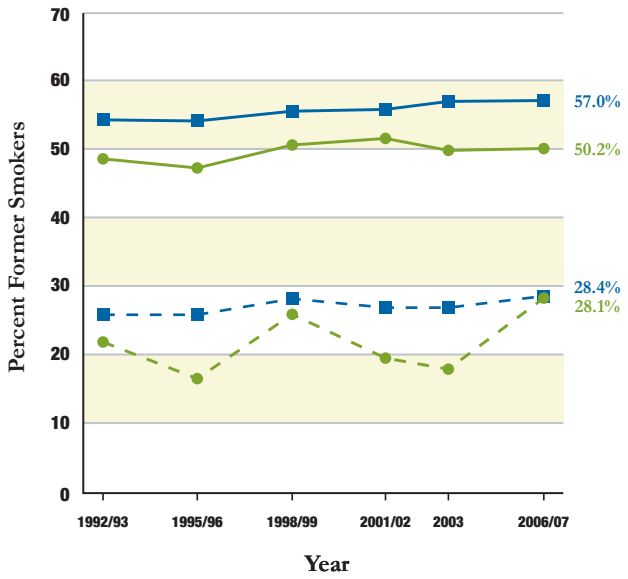
Phone: 1-800-TRY-TO-STOP
1-800-TDD-1477 (Hearing Impaired)
1-800-8-Déjalo (Spanish)
Website: http://trytostop.org
www.health.state.ri.us/tobacco/cessation.php

SOUTH CAROLINA

Trends in Cigarette Smoking Among Adults



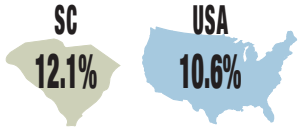
Percent of Adult Ever Smokers Who've Quit



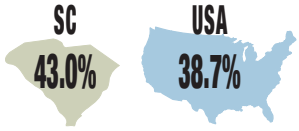
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

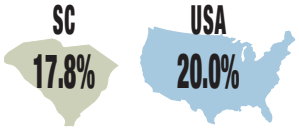
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



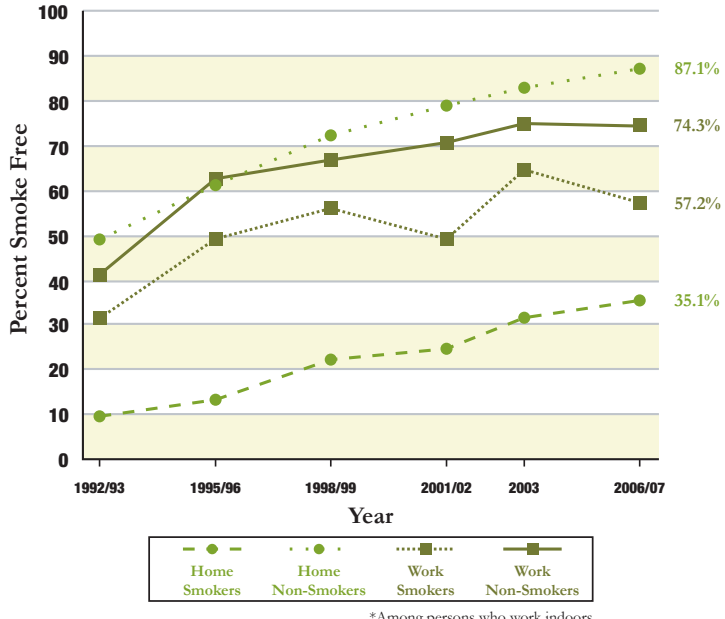
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

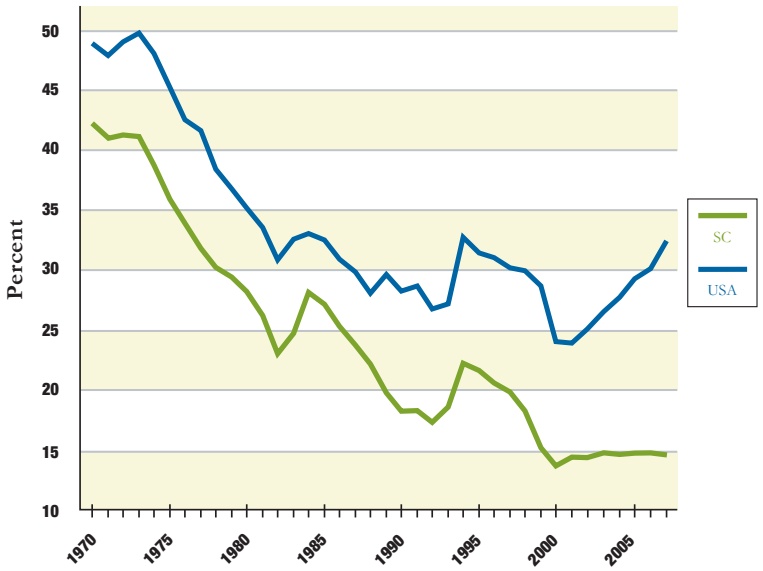
Smoke-Free Homes and Work Places* in South Carolina



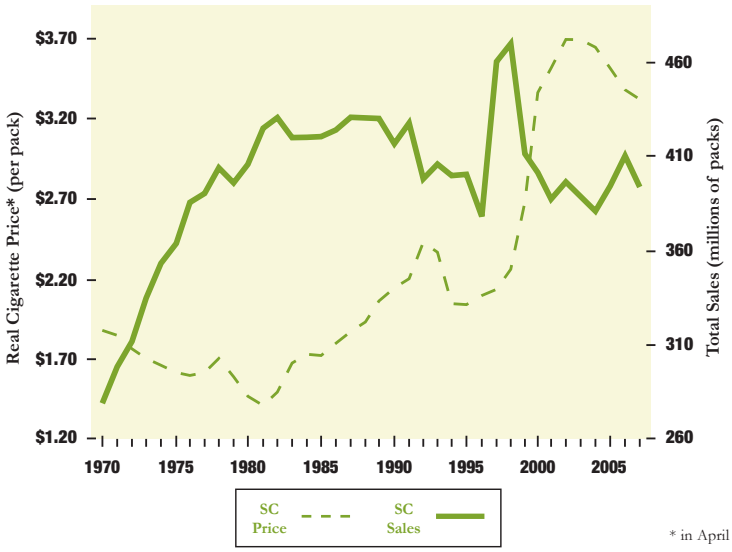
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

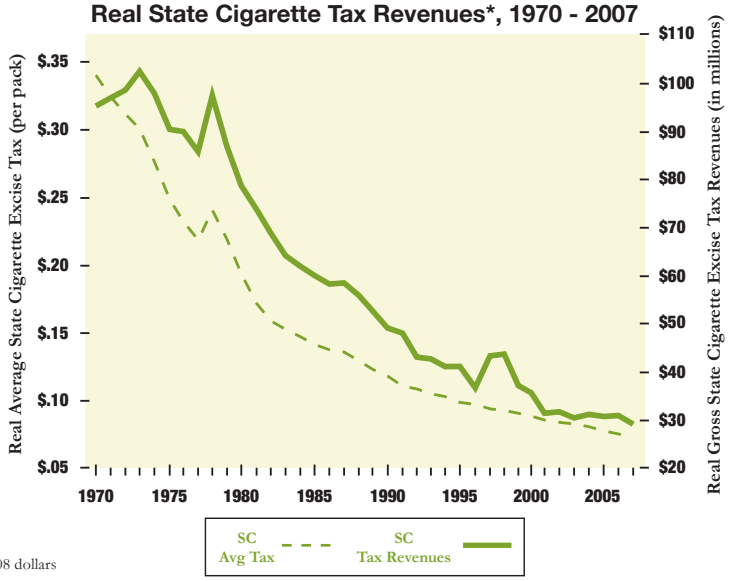


Total Cigarette Sales and Real Cigarette Prices*, South Carolina, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in SC

	1991	2008
Private Worksites	○	○
Restaurants	○	○
Bars	○	○
Pre-emption	YES	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in South Carolina*

Penalties for Minors	**1991**	**2006**
Possession	No	Yes
Use	No	No
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	Yes
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**4**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in South Carolina

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	6,127 (293+)
2004	Years of Potential Life Lost	93,701 (15.3++)
2000	Persons Living with a Smoking-Attributable Disease	119,770
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$1,328,000,000
2004	Productivity Costs	$1,948,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

South Carolina Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$98,252,000	$75,137,000
Cigarette Excise Tax Revenue	$31,766,000	$28,996,000
Other Tobacco Control Funding Revenues	$1,608,000	$1,449,000
Tobacco Control Funding	$3,537,000	$3,553,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	1.5%	2.0%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	47.0%	59.9%
Dentist	15.7%	33.0%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

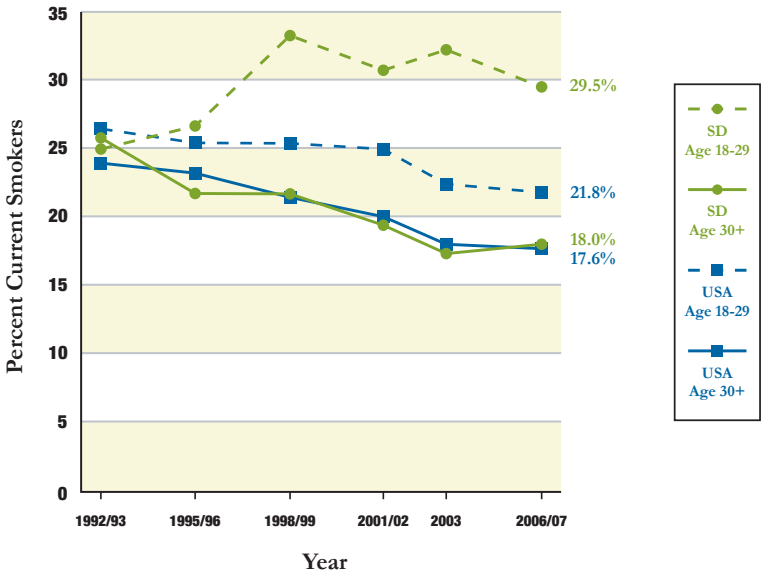
Nicotine Replacement			Zyban	Chantix	Counseling
Gum	Patch	Spray/Inhaler/Lozenge			
YES	YES	YES	YES	YES	YES

Cessation Services

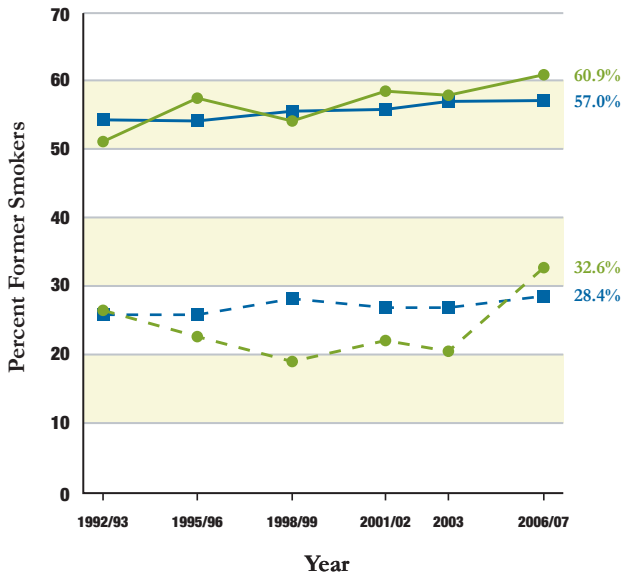
Phone: 1-800-QUIT-NOW
Website: www.scdhec.gov/quitforkeeps/

SOUTH DAKOTA

Trends in Cigarette Smoking Among Adults



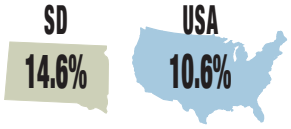
Percent of Adult Ever Smokers Who've Quit



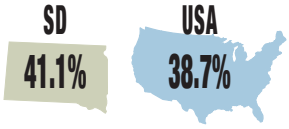
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

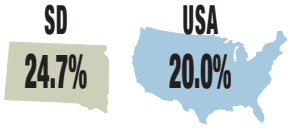
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



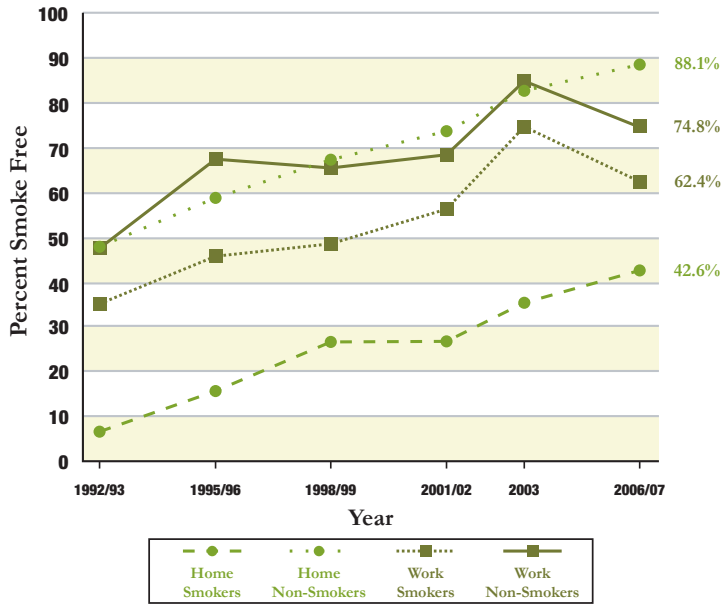
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

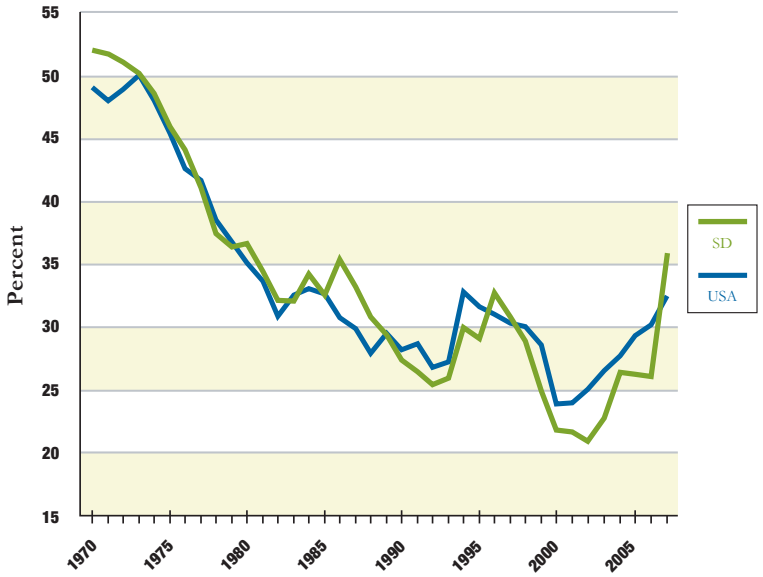
Smoke-Free Homes and Work Places* in South Dakota



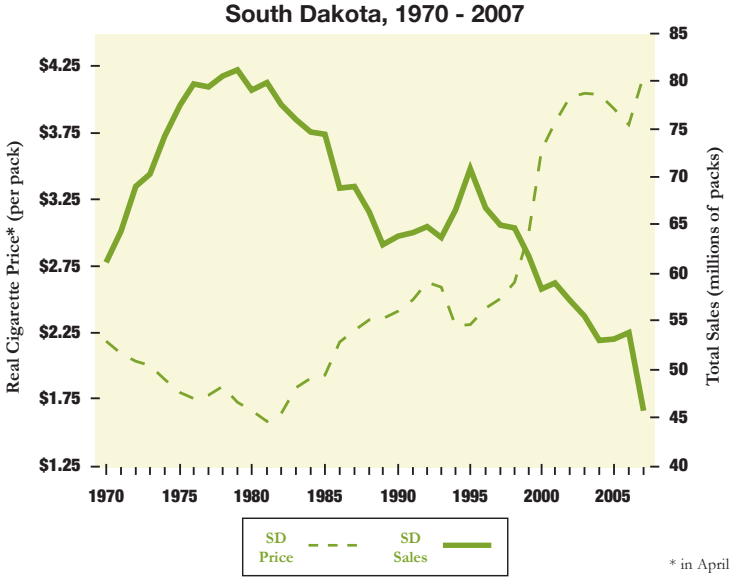
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

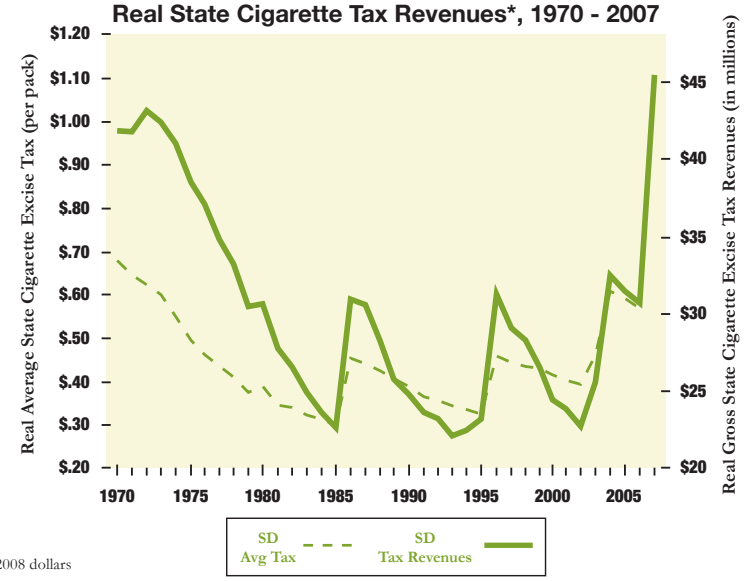


Total Cigarette Sales and Real Cigarette Prices*, South Dakota, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in SD

	1991	2008
Private Worksites	○	⊘⊘⊘
Restaurants	○	⊘⊘⊘
Bars	○	○
Pre-emption	NO	YES

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in South Dakota*

Penalties for Minors	1991	2006
Possession	Yes	Yes
Use	Yes	Yes
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	No
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**3**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in South Dakota

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	1,068 (239+)
2004	Years of Potential Life Lost	13,158 (12.3++)
2000	Persons Living with a Smoking-Attributable Disease	24,313
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$276,000,000
2004	Productivity Costs	$233,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

South Dakota Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$29,174,000	$22,310,000
Cigarette Excise Tax Revenue	$22,709,000	$45,445,000
Other Tobacco Control Funding Revenues	$1,922,000	$1,114,000
Tobacco Control Funding	$5,177,000	$1,859,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	6.3%	1.1%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	46.6%	57.9%
Dentist	18.3%	33.0%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	NO	NO	YES	YES	NO

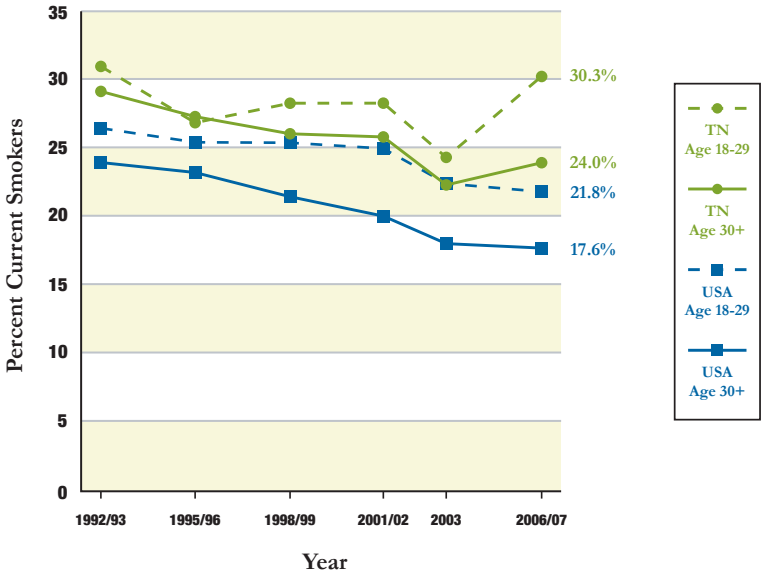
Cessation Services

Phone: 1-866-SD-QUITS
1-800-877-1113 (Hearing Impaired)
Website: www.healthysd.gov/QuitTobacco.html

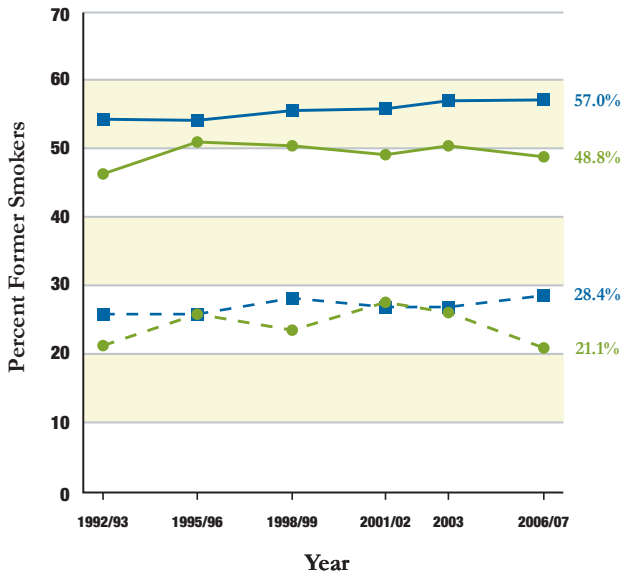
**free medication as available (eligibility-based)*

TENNESSEE

Trends in Cigarette Smoking Among Adults



Percent of Adult Ever Smokers Who've Quit

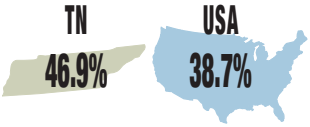


Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

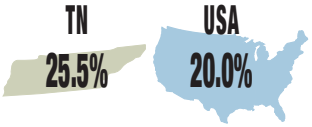
Cigarette Use Among Adolescents and Young Adults

Cigarette Smoking among 12-17 year olds

Current Cigarette smoking among 18-25 year olds.



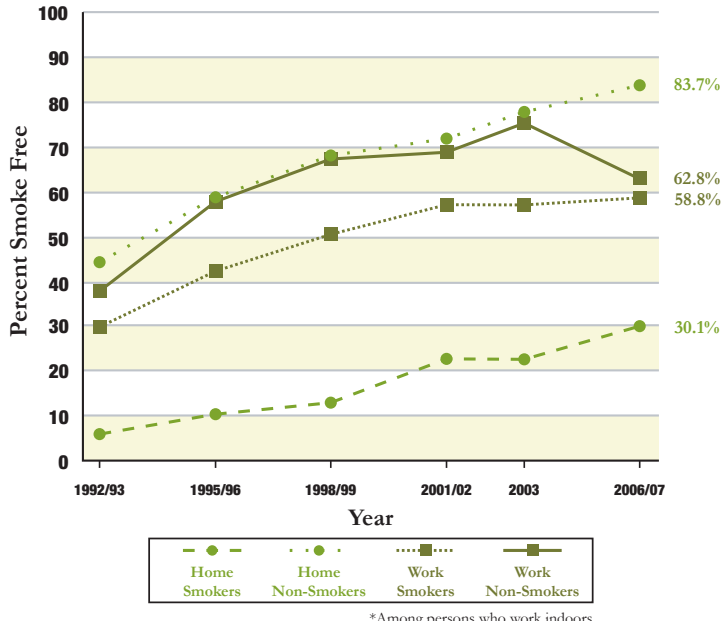
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

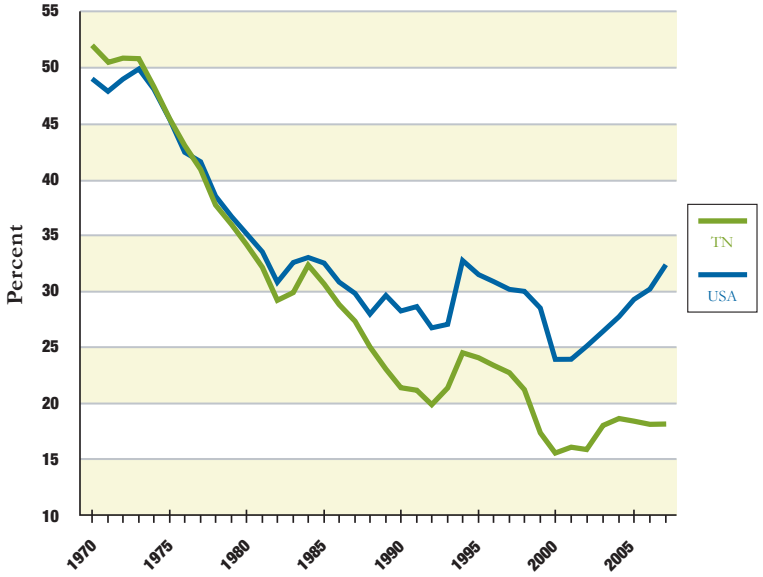
Smoke-Free Homes and Work Places* in Tennessee



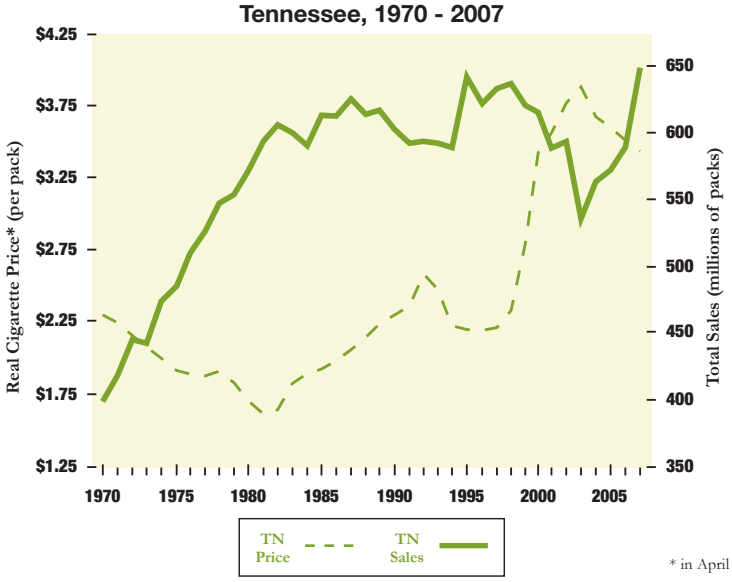
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

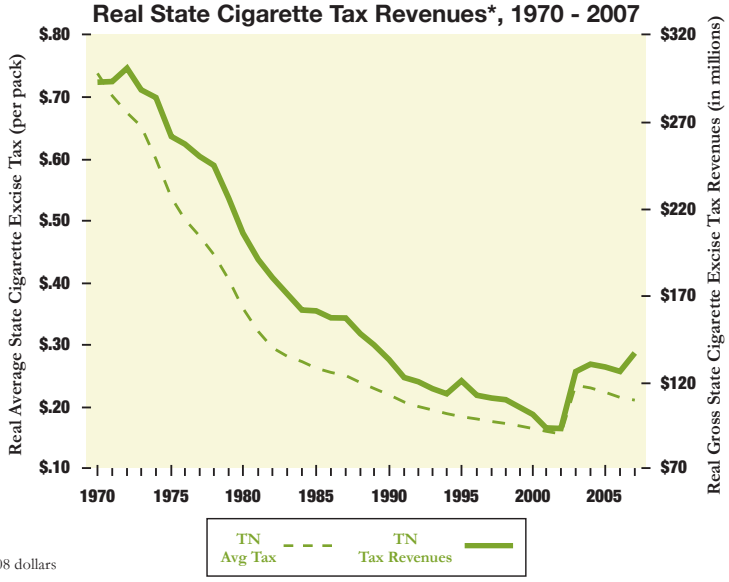


Total Cigarette Sales and Real Cigarette Prices*, Tennessee, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in TN

	1991	2008
Private Worksites	○	⊘⊘⊘
Restaurants	○	⊘
Bars	○	○
Pre-emption	NO	YES

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Tennessee*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	No
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	Yes	No
Statewide Enforcement	No	Yes
Random Inspections	No	Yes
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	2	7

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Tennessee

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	9,712 (325+)
2004	Years of Potential Life Lost	142,301 (14.7++)
2000	Persons Living with a Smoking-Attributable Disease	178,101
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$2,166,000,000
2004	Productivity Costs	$2,969,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Tennessee Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$203,858,000	$155,957,000
Cigarette Excise Tax Revenue	$92,967,000	$136,458,000
Other Tobacco Control Funding Revenues	$2,162,000	$863,000
Tobacco Control Funding	$2,162,000	$863,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	0.0%	0.0%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	50.3%	70.3%
Dentist	17.0%	37.8%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

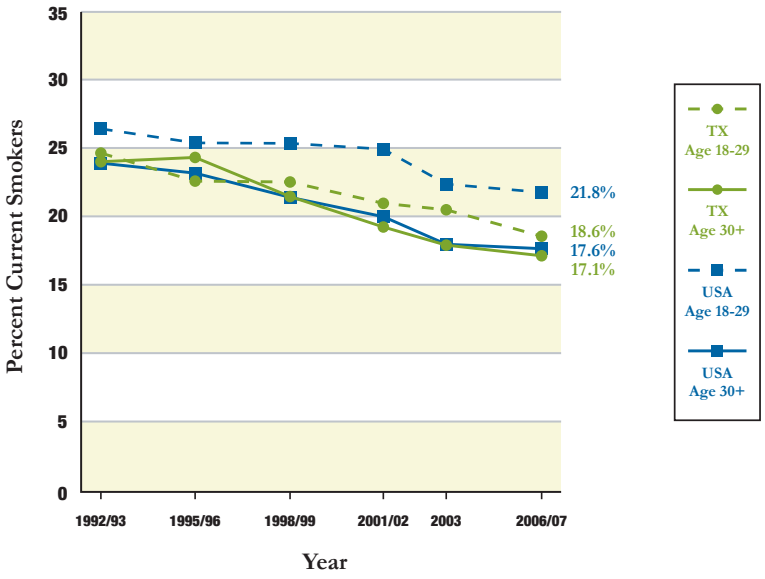
Nicotine Replacement			Zyban	Chantix	Counseling
Gum	Patch	Spray/Inhaler/Lozenge			
NO	NO	NO	NO	NO	NO

Cessation Services

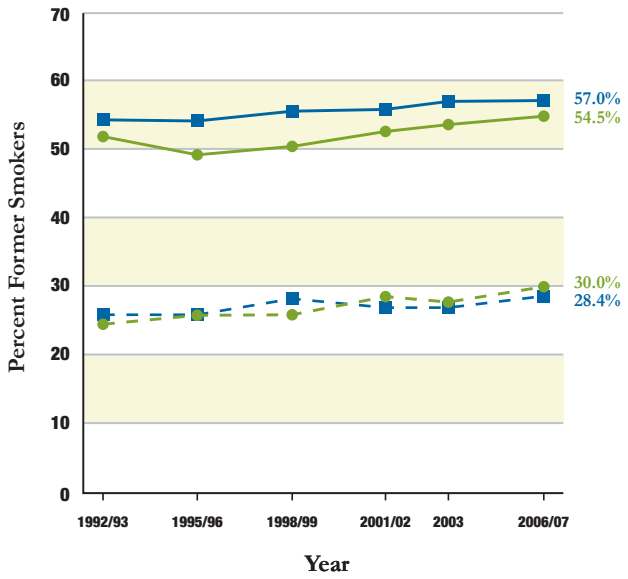
Phone: 1-800-QUIT-NOW
1-877-559-3816 (Hearing Impaired)
Website:
http://health.state.tn.us/tobaccoquitline.htm

TEXAS

Trends in Cigarette Smoking Among Adults



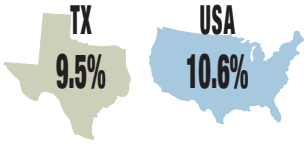
Percent of Adult Ever Smokers Who've Quit



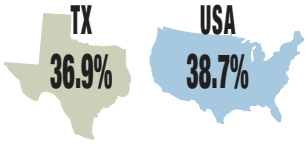
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

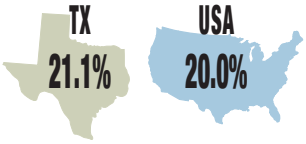
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



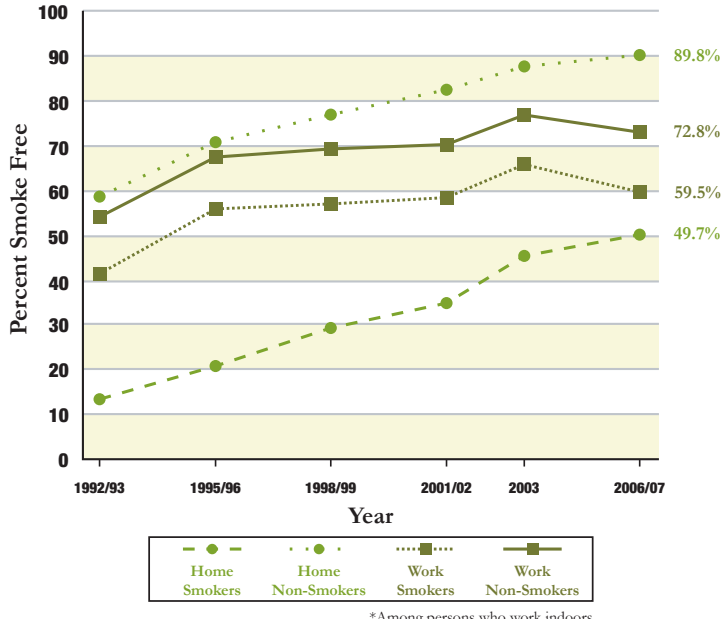
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Sources: 2005 and 2007 Youth Risk Behavior Survey (YRBS)

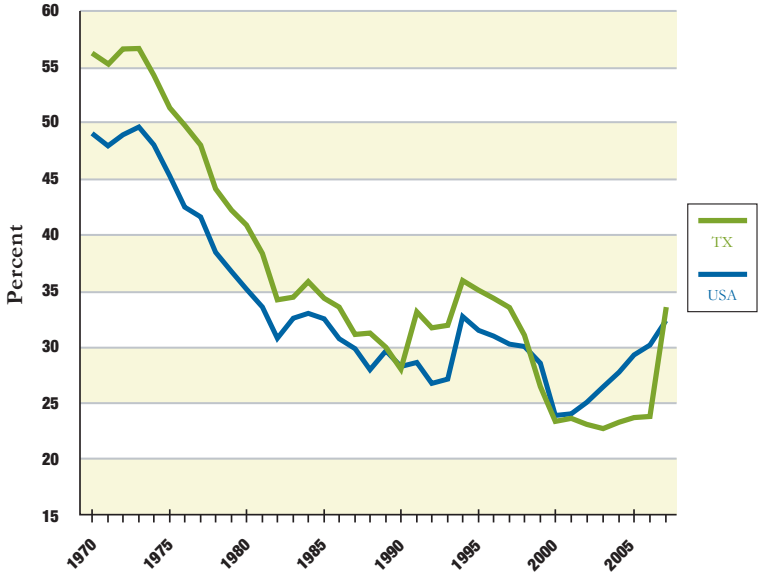
Smoke-Free Homes and Work Places* in Texas



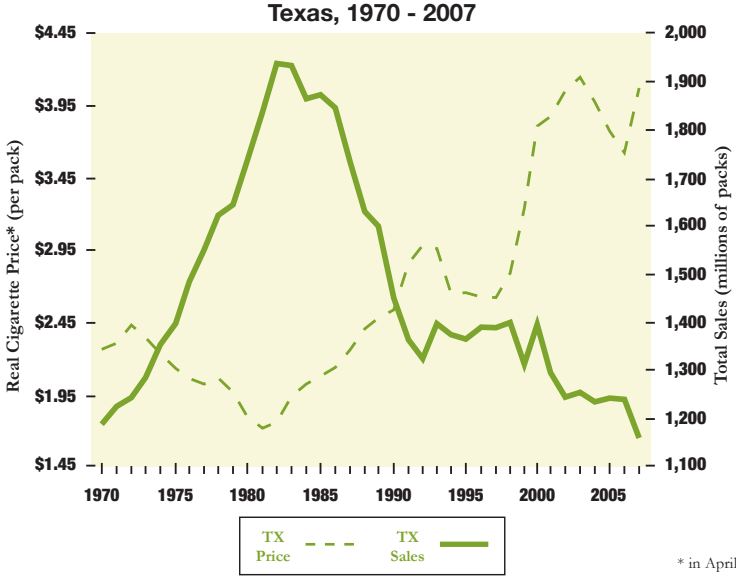
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

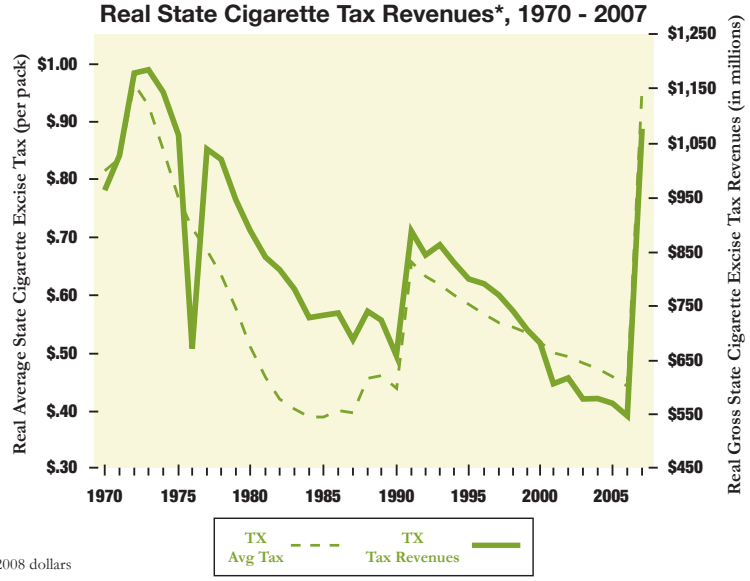


Total Cigarette Sales and Real Cigarette Prices*, Texas, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in TX

	1991	2008
Private Worksites	○	○
Restaurants	○	○
Bars	○	○
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Texas*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	Yes
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	Yes
Statewide Enforcement	No	Yes
Random Inspections	No	Yes
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	2	7

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Texas

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	24,571 (273+)
2004	Years of Potential Life Lost	350,409 (14.3++)
2000	Persons Living with a Smoking-Attributable Disease	549,356
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$6,251,000,000
2004	Productivity Costs	$6,794,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Texas Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$1,210,970,000	$551,848,000
Cigarette Excise Tax Revenue	$618,318,000	$1,078,002,000
Other Tobacco Control Funding Revenues	$1,787,000	$1,069,000
Tobacco Control Funding	$16,856,000	$6,541,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	0.8%	0.3%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	44.4%	58.1%
Dentist	21.5%	33.7%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement			Zyban	Chantix	Counseling
Gum	Patch	Spray/Inhaler/Lozenge			
YES	YES	YES	YES	YES	NO

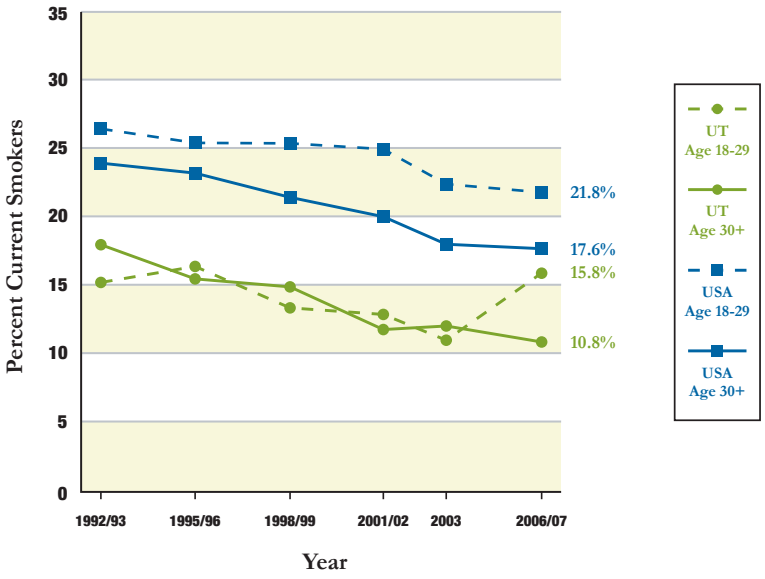
Cessation Services

Phone: 1-877-YES-QUIT
Website: www.yesquit.com
www.dshs.state.tx.us/tobacco/quityes.shtm

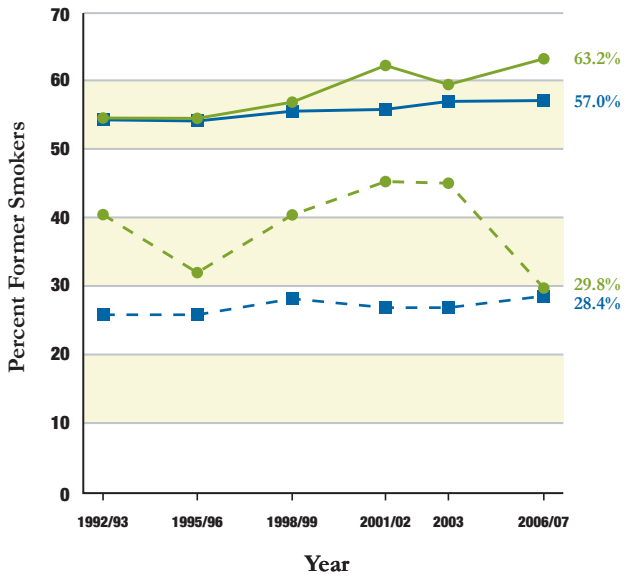
**free medication as available (eligibility-based)*

UTAH

Trends in Cigarette Smoking Among Adults



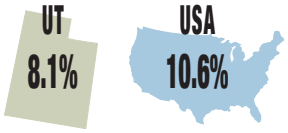
Percent of Adult Ever Smokers Who've Quit



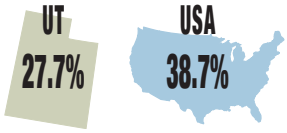
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

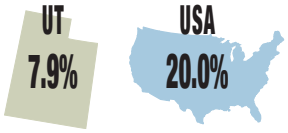
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



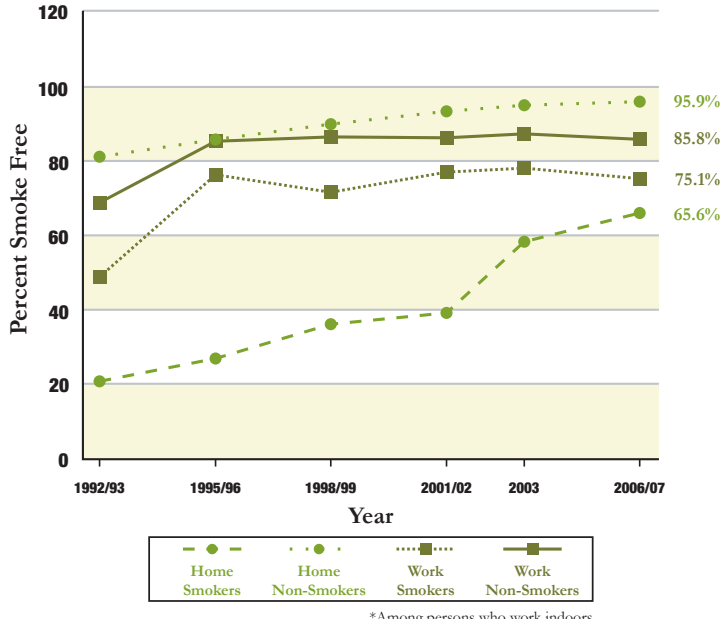
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

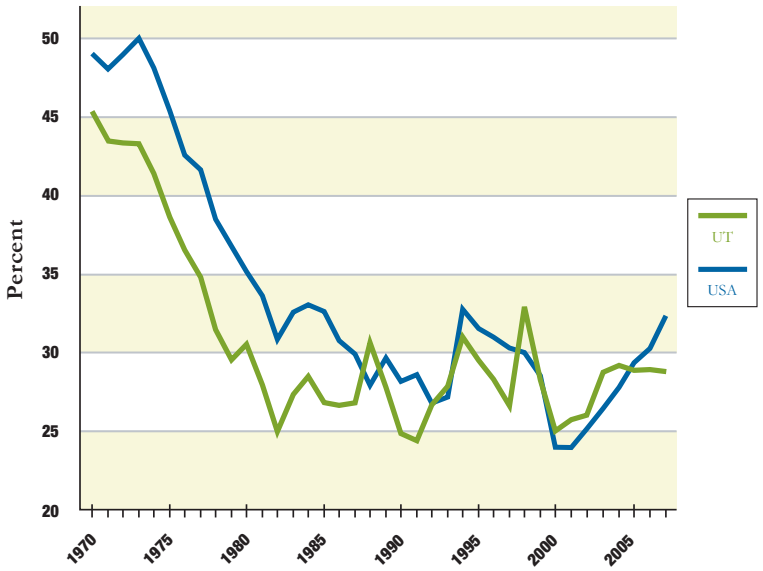
Smoke-Free Homes and Work Places* in Utah



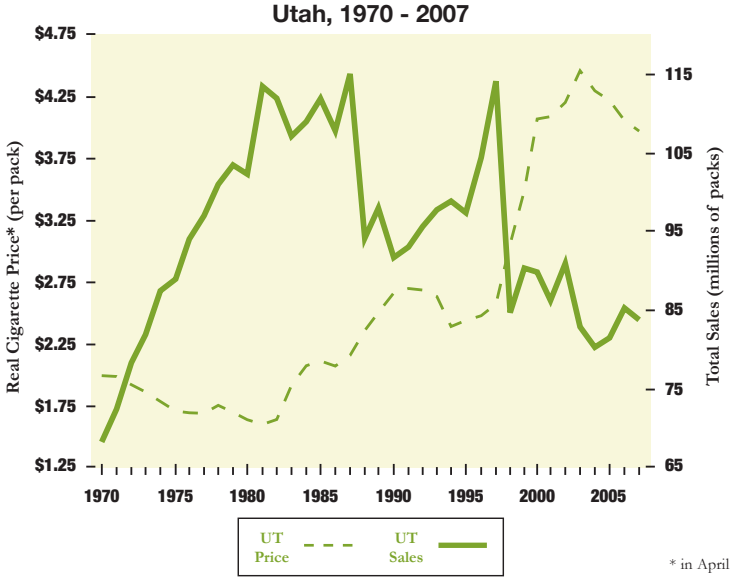
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

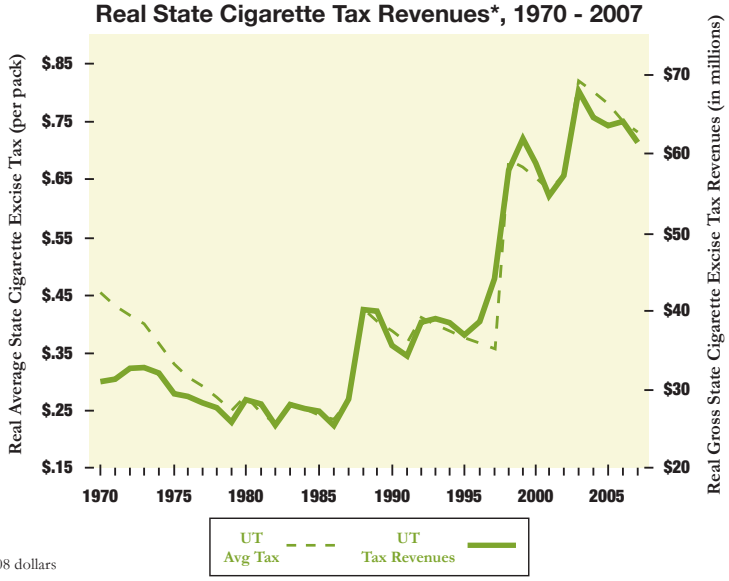


Total Cigarette Sales and Real Cigarette Prices*, Utah, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in UT

	1991	2008
Private Worksites	⊘	⊘⊘⊘
Restaurants	⊘	⊘⊘⊘*
Bars	○	○
Pre-emption	NO	YES

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

* See Smoke-free Air Laws section of Appendix

Minors' Access Laws in Utah*

Penalties for Minors	1991	2006
Possession	Yes	Yes
Use	No	No
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	No
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**2**	**4**

* Minimum Age in 1991: 19 yrs; Minimum Age in 2006: 19 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Utah

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	1,155 (138+)
2004	Years of Potential Life Lost	15,071 (13.0++)
2000	Persons Living with a Smoking-Attributable Disease	39,492
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$369,000,000
2004	Productivity Costs	$294,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Utah Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$37,131,000	$28,413,000
Cigarette Excise Tax Revenue	$57,193,000	$61,273,000
Other Tobacco Control Funding Revenues	$2,089,000	$1,259,000
Tobacco Control Funding	$9,322,000	$8,835,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	7.7%	8.4%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	51.1%	54.0%
Dentist	15.4%	40.6%

Source: TUS-CPS

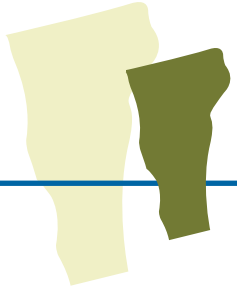
Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	YES	YES

Cessation Services

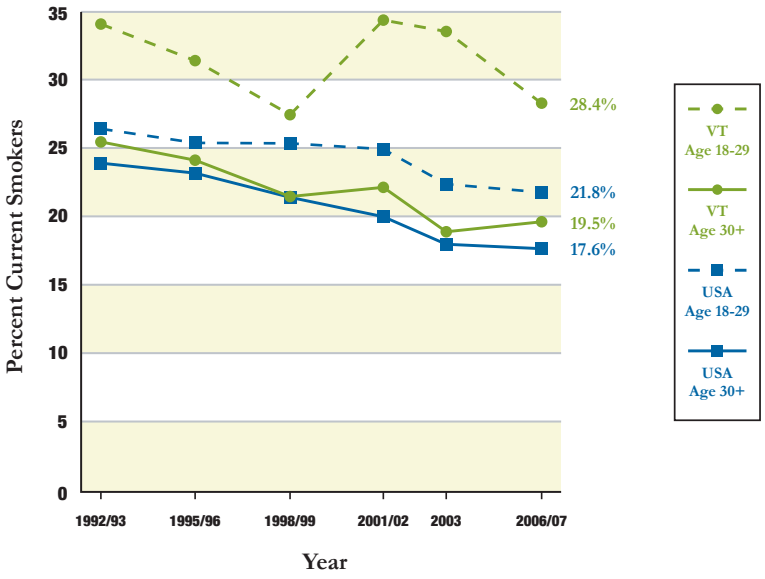
Phone: 1-888-567-TRUTH (English)
1-877-629-1585 (Spanish)
1-877-777-6534 (Hearing Impaired)
Website: www.utah.quitnet.com
www.tobaccofreeutah.org

**free medication as available (eligibility-based)*

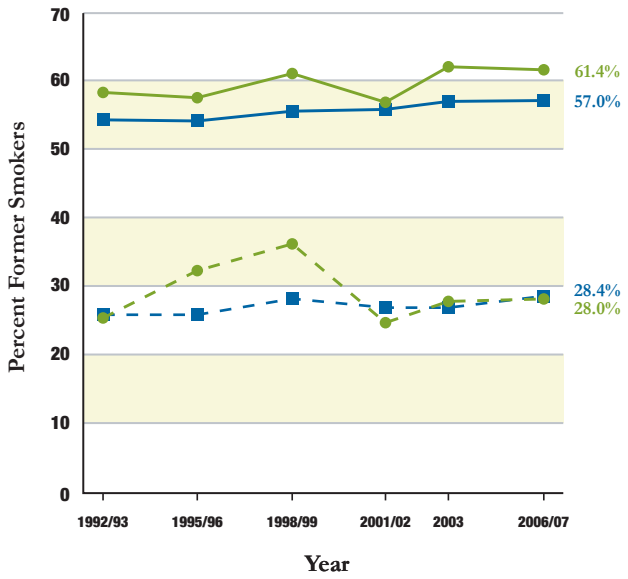


VERMONT

Trends in Cigarette Smoking Among Adults



Percent of Adult Ever Smokers Who've Quit

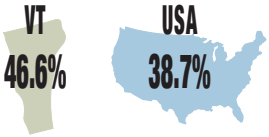


Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

Cigarette Smoking among 12-17 year olds

Current Cigarette smoking among 18-25 year olds.

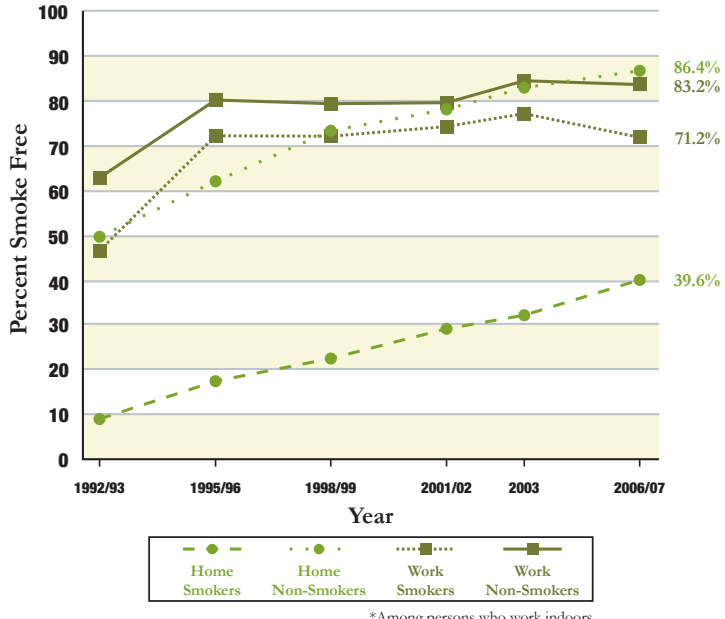


Current cigarette smoking among high school students (14-18 yr olds)

Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

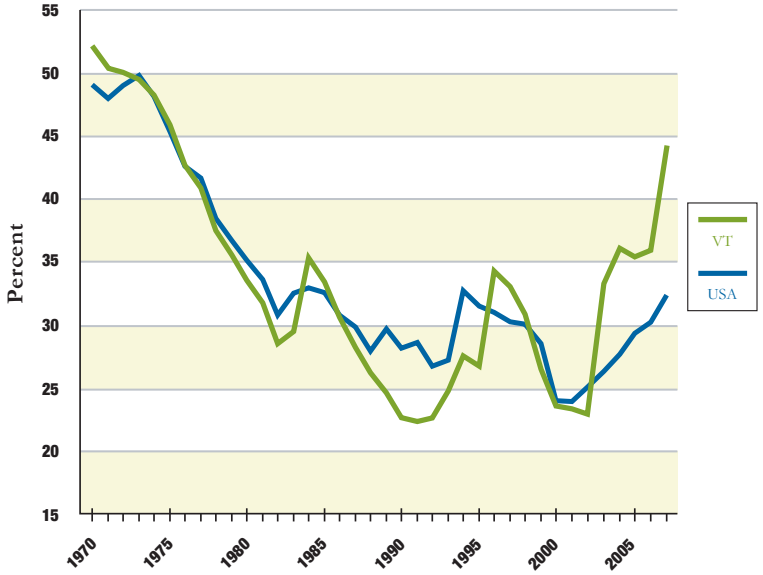
Smoke-Free Homes and Work Places* in Vermont



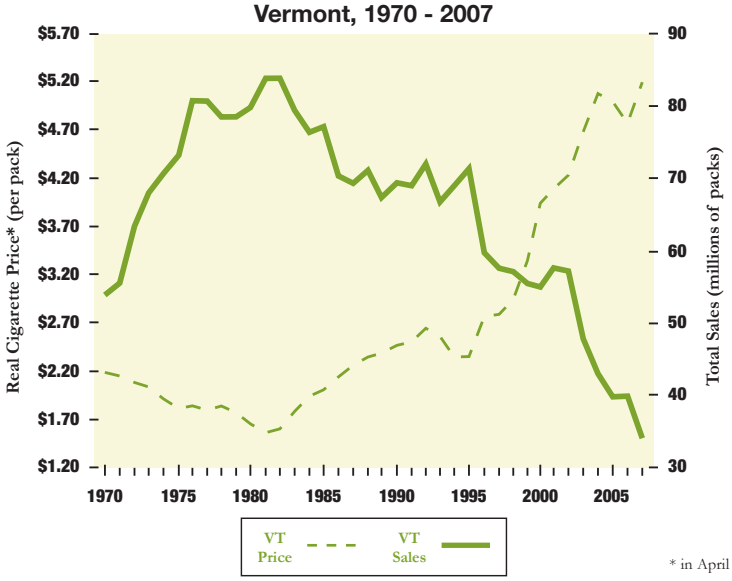
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

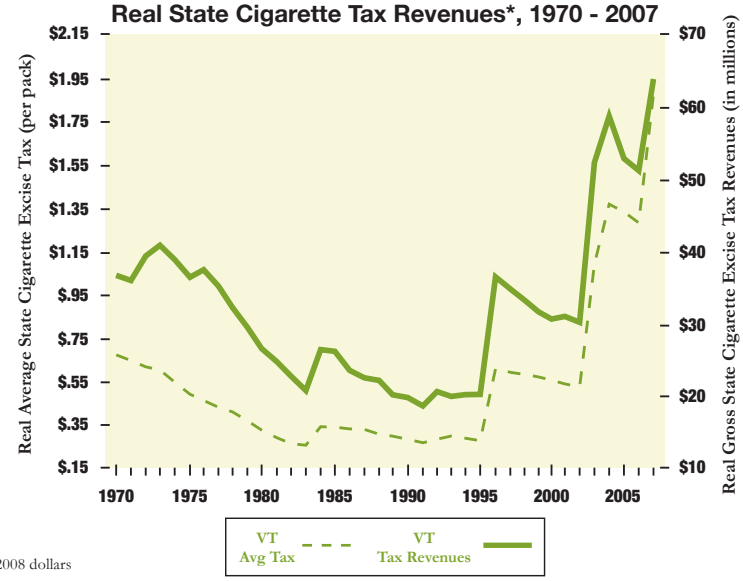


Total Cigarette Sales and Real Cigarette Prices*, Vermont, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in VT

	1991	2008
Private Worksites	⊘	⊘
Restaurants	○	⊘⊘⊘*
Bars	○	⊘⊘⊘*
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

* See Smoke-free Air Laws section of Appendix

Minors' Access Laws in Vermont*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	Yes
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	Yes
Statewide Enforcement	No	Yes
Random Inspections	No	Yes
Clerk Intervention	No	No
Vending Machine Restrictions	No	Yes
Extensiveness of Retailer Provisions (0-10)§	1	7

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Vermont

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	831 (248+)
2004	Years of Potential Life Lost	11,432 (13.8++)
2000	Persons Living with a Smoking-Attributable Disease	21,686
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$242,000,000
2004	Productivity Costs	$192,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Vermont Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$35,443,000	$26,309,000
Cigarette Excise Tax Revenue	$30,240,000	$63,998,000
Other Tobacco Control Funding Revenues	$2,115,000	$1,398,000
Tobacco Control Funding	$8,745,000	$6,764,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	10.1%	5.9%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	56.1%	68.6%
Dentist	25.0%	37.3%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement			Zyban	Chantix	Counseling
Gum	Patch	Spray/Inhaler/Lozenge			
YES	YES	YES	YES	YES	NO

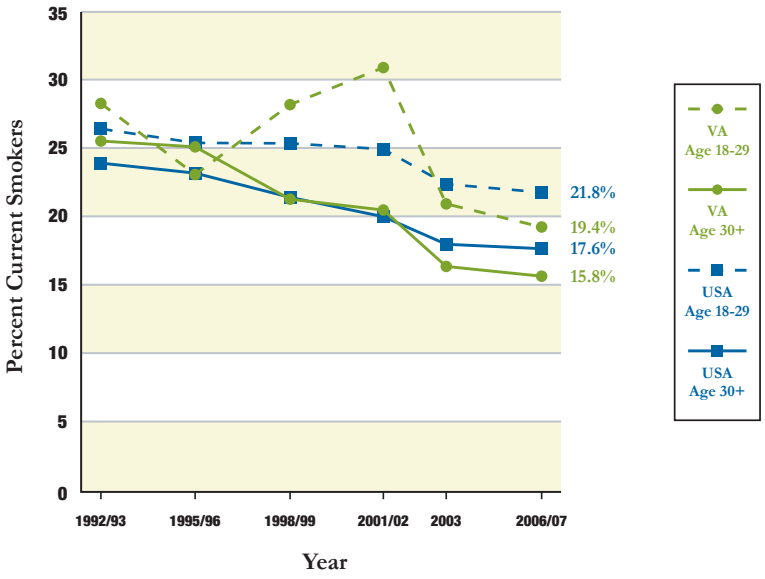
Cessation Services

Phone: 1-877-YES-QUIT
Website: http://vt.quitnet.com/

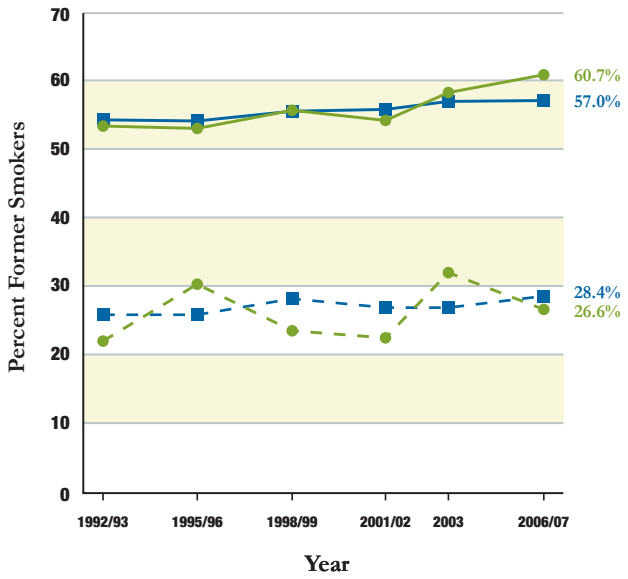
**free & discounted medication as available (eligibility-based)*

VIRGINIA

Trends in Cigarette Smoking Among Adults



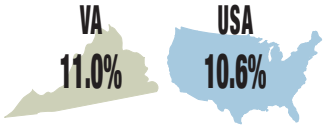
Percent of Adult Ever Smokers Who've Quit



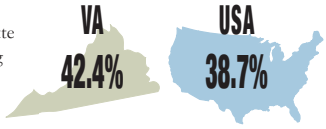
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

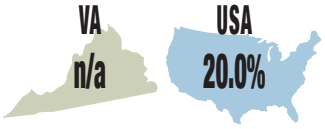
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



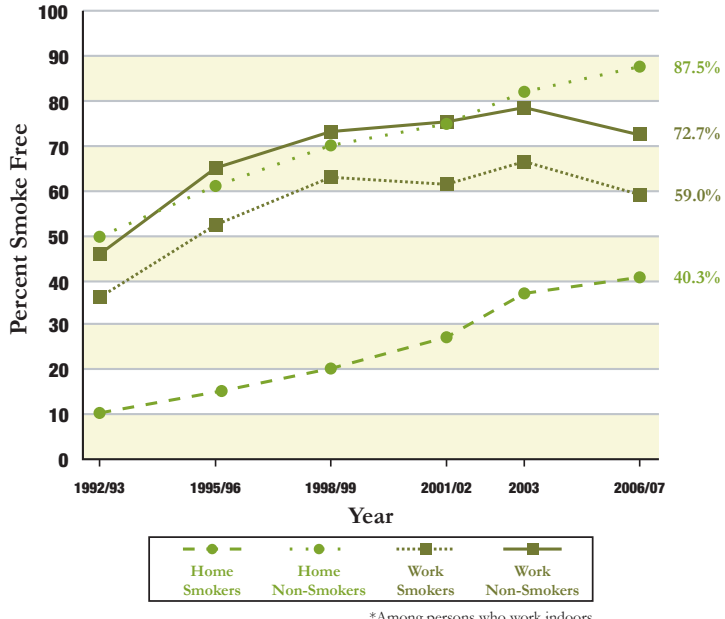
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

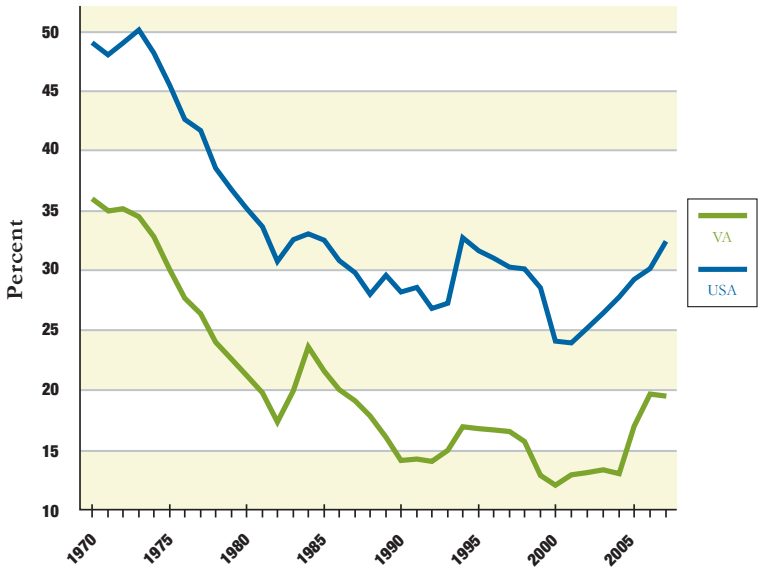
Smoke-Free Homes and Work Places* in Virginia



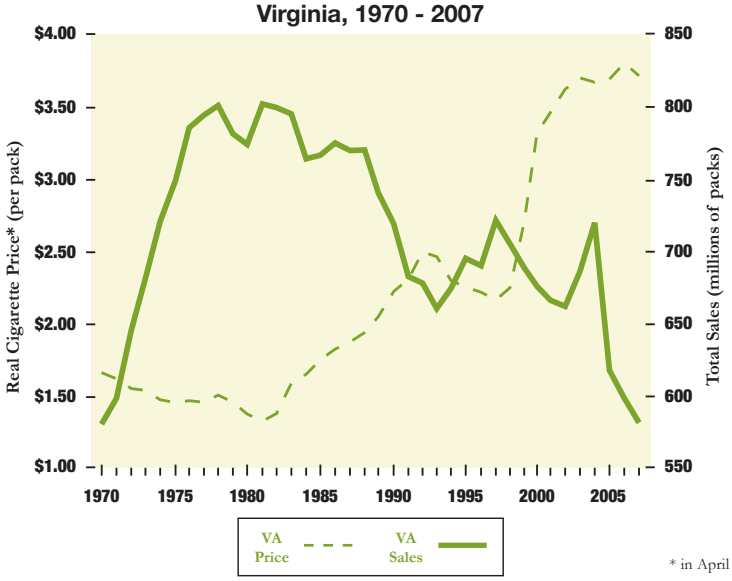
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

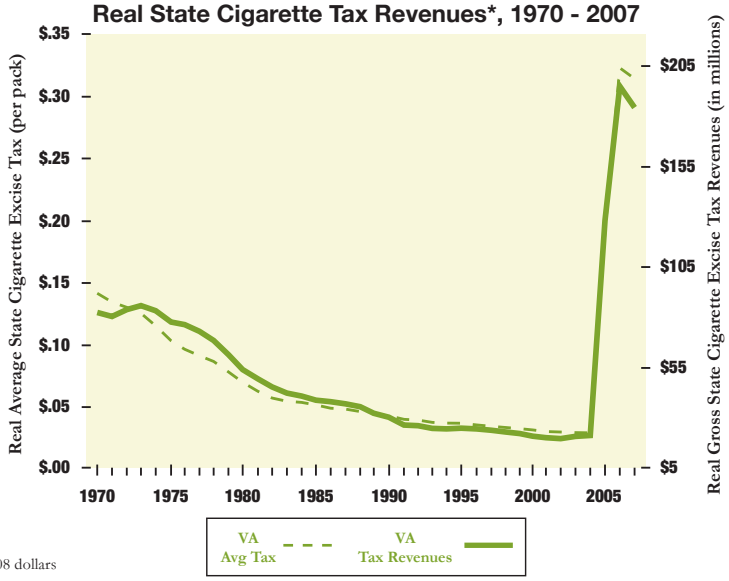


Total Cigarette Sales and Real Cigarette Prices*, Virginia, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in VA

	1991	2008
Private Worksites	○	○
Restaurants	⊘	⊘
Bars	○	○
Pre-emption	YES	YES

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Virginia*

Penalties for Minors	1991	2006
Possession	Yes	Yes
Use	No	No
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**0**	**4**

* Minimum Age in 1991: 16 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Virginia

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	9,242 (267+)
2004	Years of Potential Life Lost	132,157 (14.3++)
2000	Persons Living with a Smoking-Attributable Disease	210,984
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$2,203,000,000
2004	Productivity Costs	$2,534,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Virginia Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$170,705,000	$130,596,000
Cigarette Excise Tax Revenue	$19,955,000	$183,684,000
Other Tobacco Control Funding Revenues	$1,394,000	$1,087,000
Tobacco Control Funding	$24,540,000	$15,294,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	12.1%	4.5%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	51.5%	61.9%
Dentist	20.4%	32.7%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

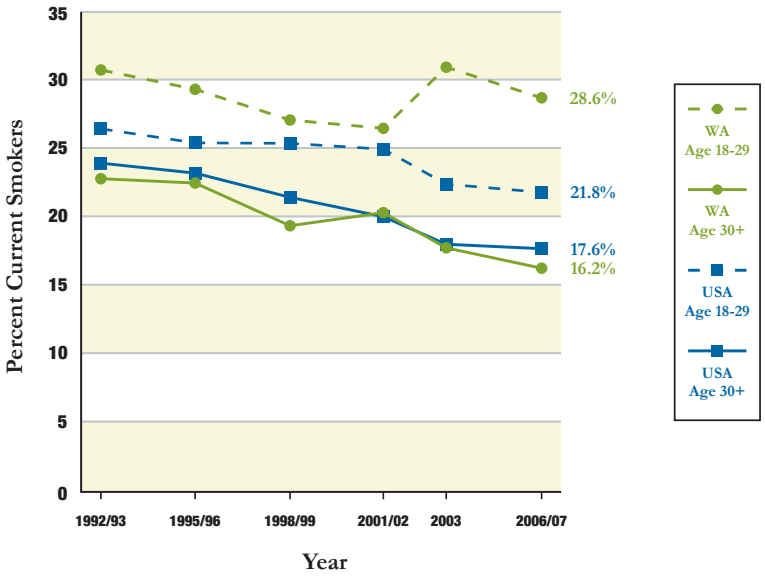
Nicotine Replacement			Zyban	Chantix	Counseling
Gum	Patch	Spray/Inhaler/Lozenge			
YES	YES	YES	YES	YES	YES

Cessation Services

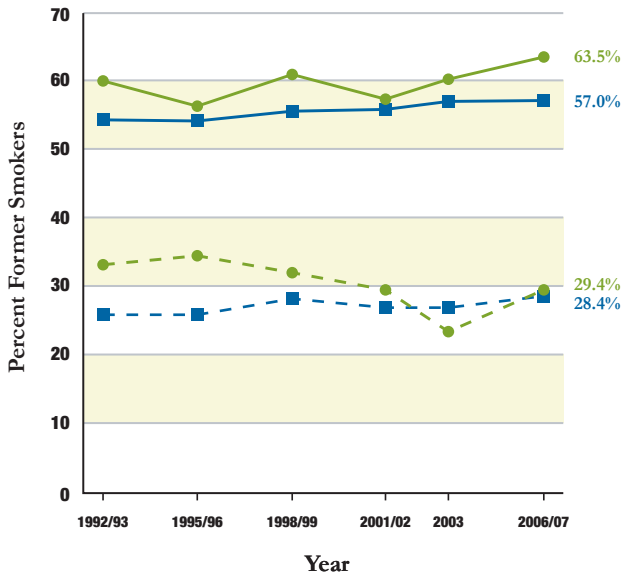
Phone: 1-800-QUIT-NOW
1-877-777-6534 (Hearing Impaired)
Website: www.smokefreevirginia.org

WASHINGTON

Trends in Cigarette Smoking Among Adults



Percent of Adult Ever Smokers Who've Quit

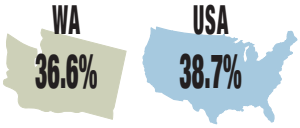


Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

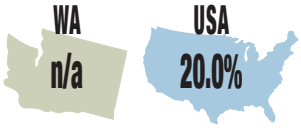
Cigarette Use Among Adolescents and Young Adults

Cigarette Smoking among 12-17 year olds

Current Cigarette smoking among 18-25 year olds.



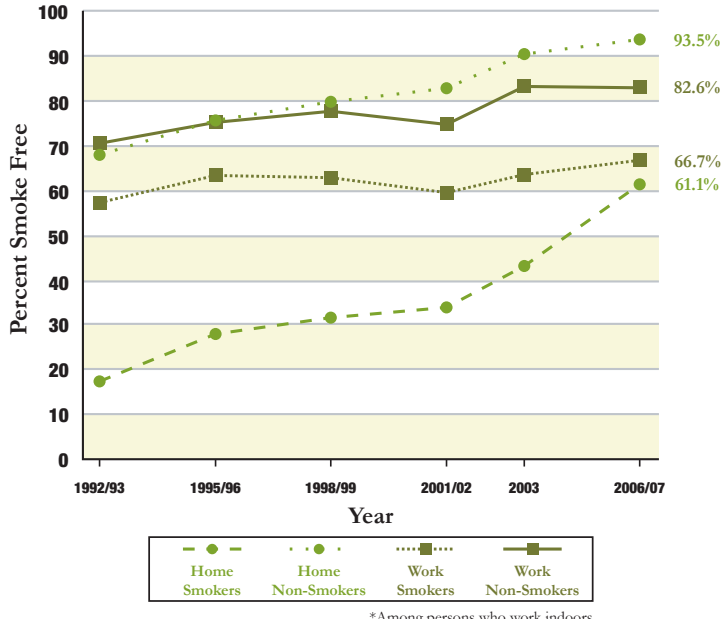
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

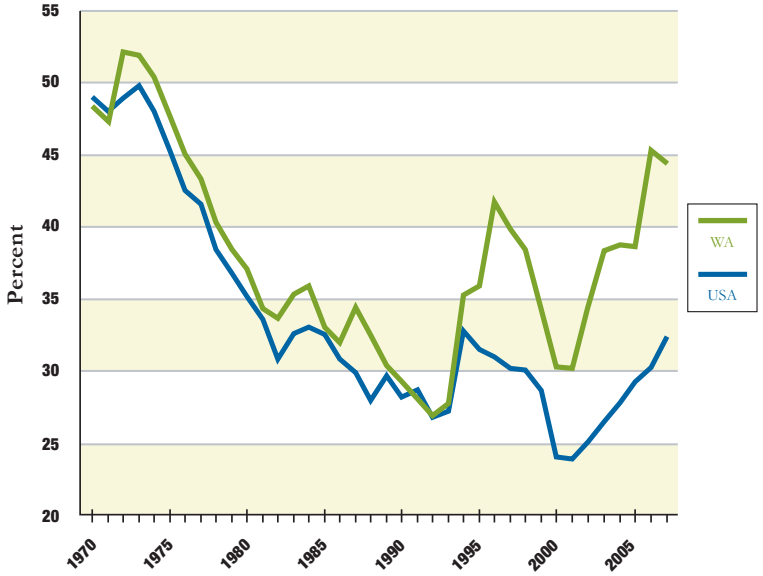
Smoke-Free Homes and Work Places* in Washington



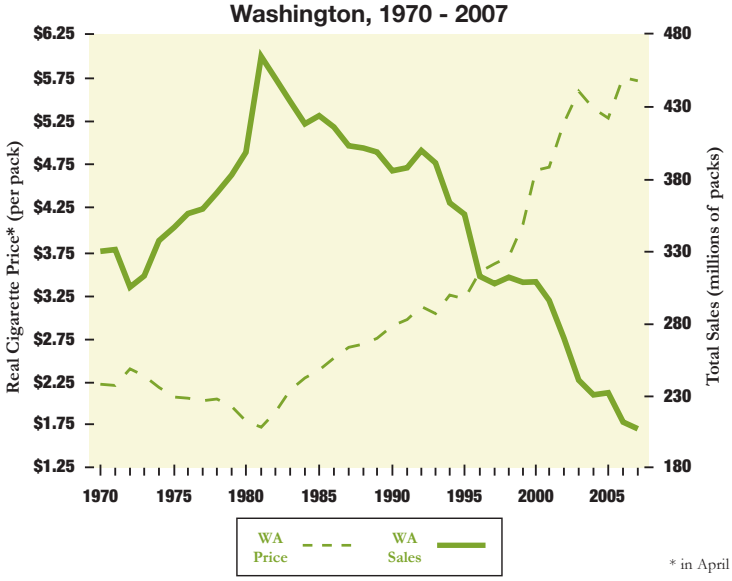
*Among persons who work indoors

Source: TUS-CPS

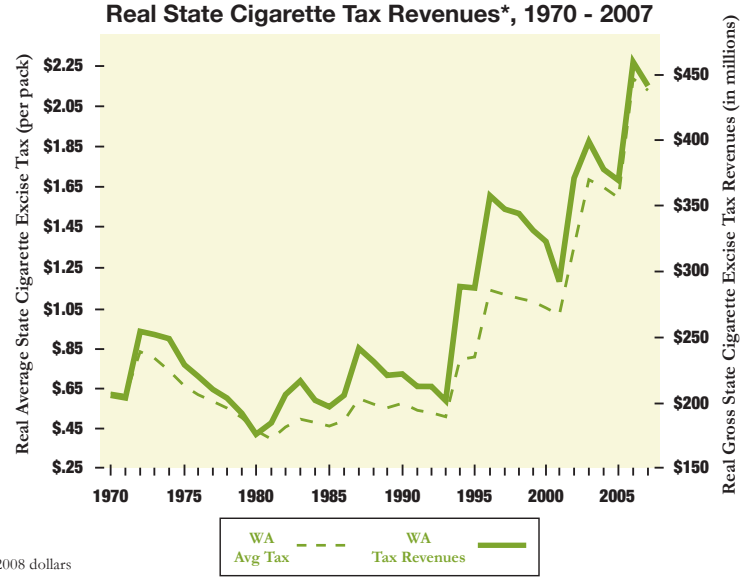
Tax as Percentage of Retail Price, 1970 - 2007



Total Cigarette Sales and Real Cigarette Prices*, Washington, 1970 - 2007



Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



* in April 2008 dollars

Legislation

Protection From Tobacco Smoke Pollution in WA

	1991	2008
Private Worksites	○	⊘⊘⊘
Restaurants	○	⊘⊘⊘
Bars	○	⊘⊘⊘
Pre-emption	NO	YES

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Washington*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	No
Purchase	No	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	Yes
Statewide Enforcement	No	Yes
Random Inspections	No	Yes
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	2	7

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Washington

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	7,619 (261+)
2004	Years of Potential Life Lost	104,061 (13.7++)
2000	Persons Living with a Smoking-Attributable Disease	188,432
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$1,940,000,000
2004	Productivity Costs	$1,824,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Washington Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$171,429,000	$131,122,000
Cigarette Excise Tax Revenue	$370,946,000	$440,736,000
Other Tobacco Control Funding Revenues	$3,285,000	$1,666,000
Tobacco Control Funding	$24,382,000	$30,184,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	3.9%	5.0%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	50.1%	62.8%
Dentist	22.5%	40.1%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	NO	NO	YES	NO	YES

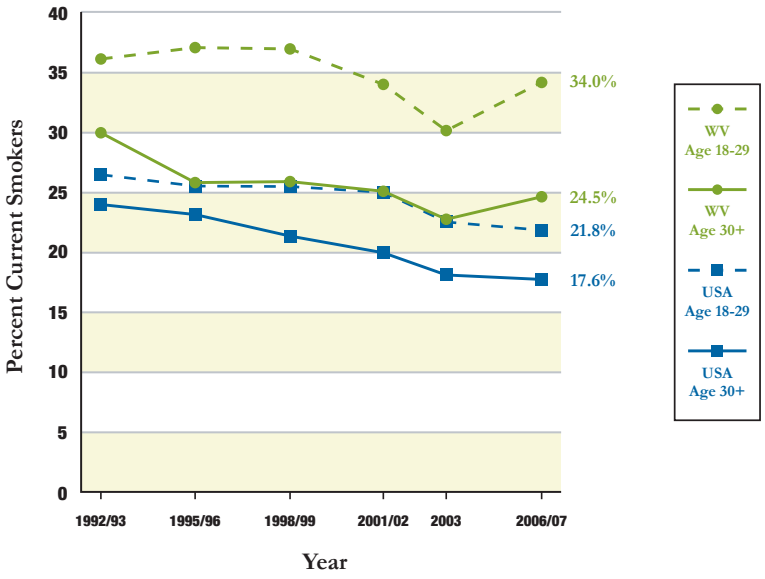
Cessation Services

Phone: 1-800-QUIT-NOW
1-877-2-NO-FUME (Spanish)
1-877-777-6534 (Hearing Impaired)
Website: www.quitline.com

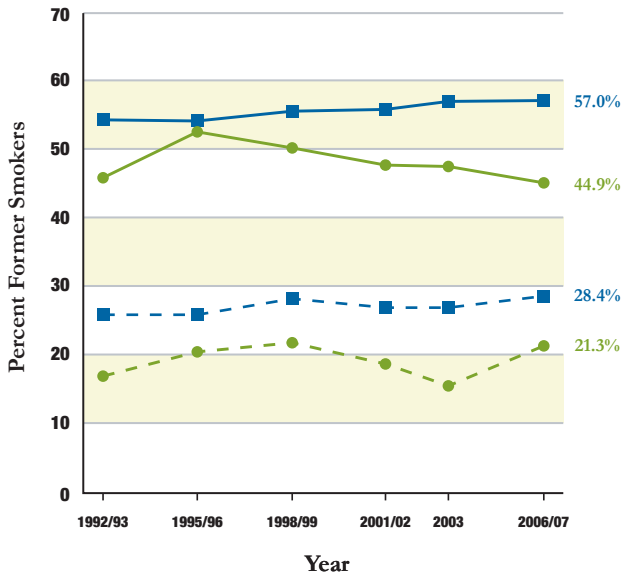
**free medication as available (eligibility-based)*

WEST VIRGINIA

Trends in Cigarette Smoking Among Adults



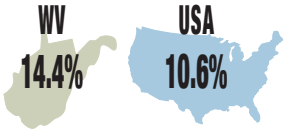
Percent of Adult Ever Smokers Who've Quit



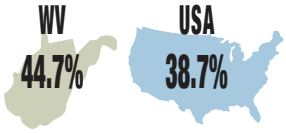
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

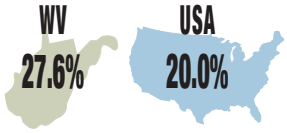
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



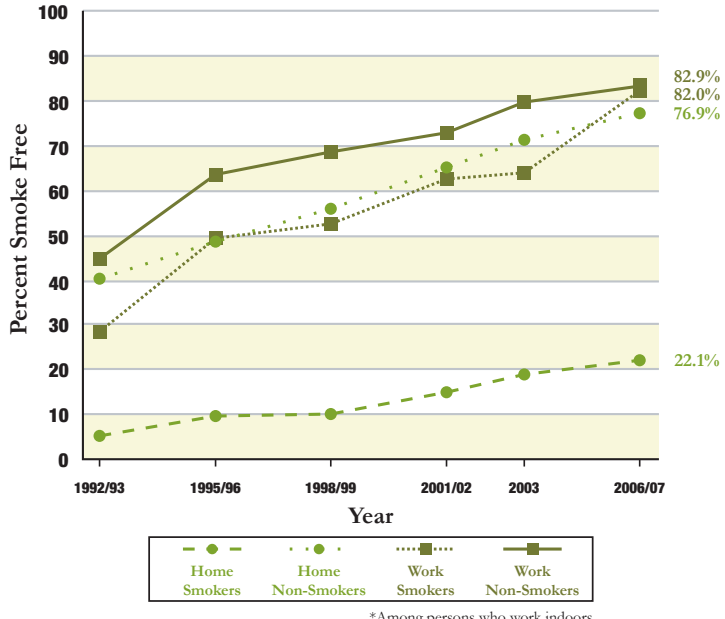
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

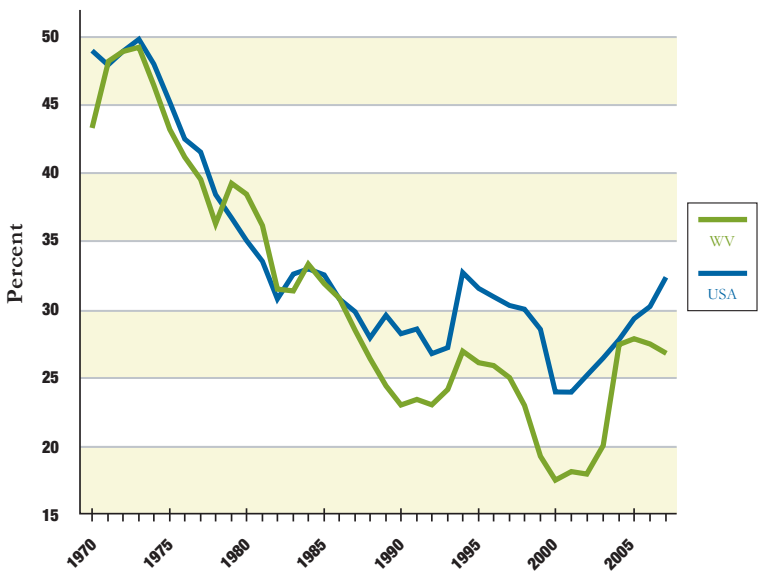
Smoke-Free Homes and Work Places* in West Virginia



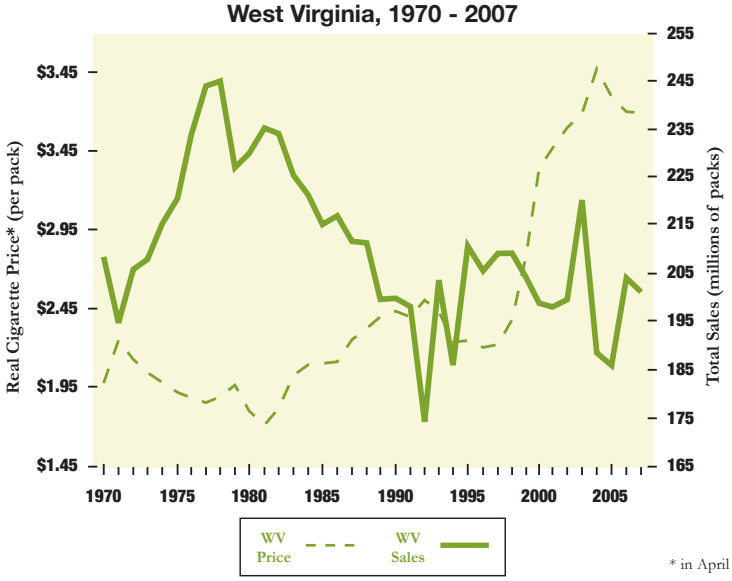
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

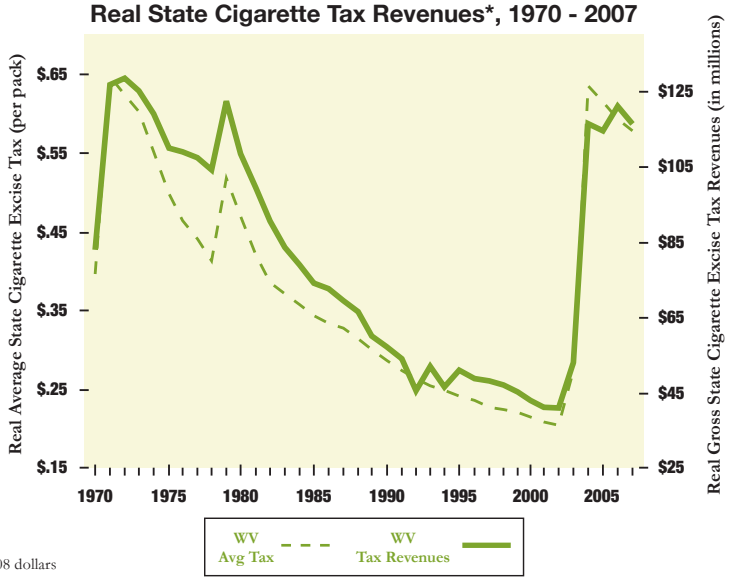


Total Cigarette Sales and Real Cigarette Prices*, West Virginia, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in WV

	1991	2008
Private Worksites	○	○
Restaurants	○	○
Bars	○	○
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in West Virginia*

Penalties for Minors	1991	2006
Possession	Yes	Yes
Use	Yes	Yes
Purchase	No	No
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	No
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**2**	**3**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in West Virginia

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	3,821 (344+)
2004	Years of Potential Life Lost	56,156 (14.7++)
2000	Persons Living with a Smoking-Attributable Disease	70,994
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$709,000,000
2004	Productivity Costs	$1,019,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

West Virginia Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$74,020,000	$56,616,000
Cigarette Excise Tax Revenue	$40,893,000	$116,323,000
Other Tobacco Control Funding Revenues	$2,539,000	$1,354,000
Tobacco Control Funding	$9,652,000	$7,037,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	6.2%	3.3%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	51.9%	64.4%
Dentist	20.6%	34.9%

Source: TUS-CPS

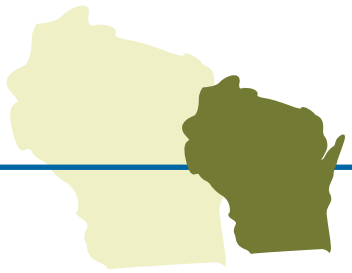
Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
YES	YES	YES	YES	NO	YES

Cessation Services

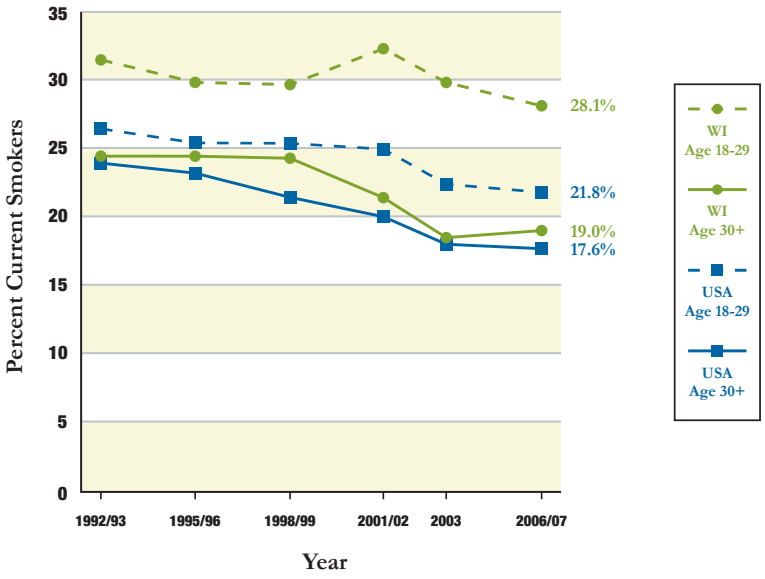
Phone: 1-877-966-8784
Website: www.ynotquit.com

**free medication as available (eligibility-based)*

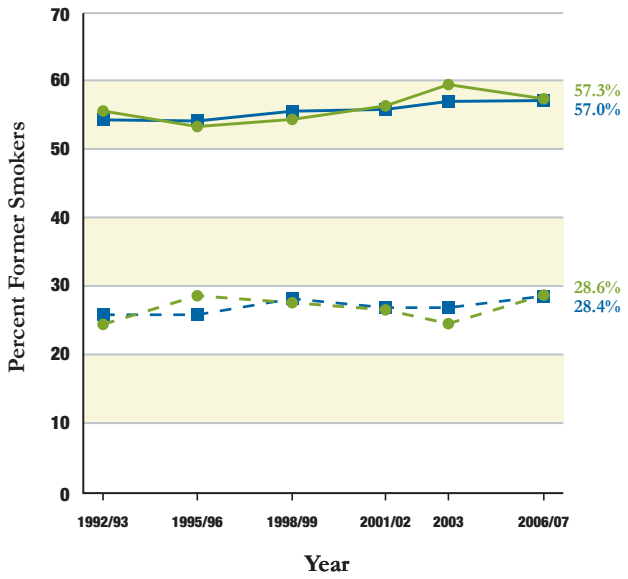


WISCONSIN

Trends in Cigarette Smoking Among Adults



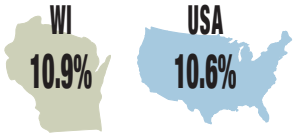
Percent of Adult Ever Smokers Who've Quit



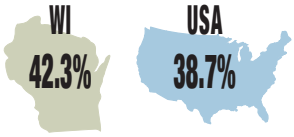
Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

Cigarette Use Among Adolescents and Young Adults

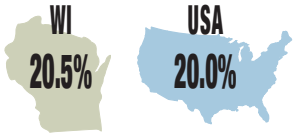
Cigarette Smoking among 12-17 year olds



Current Cigarette smoking among 18-25 year olds.



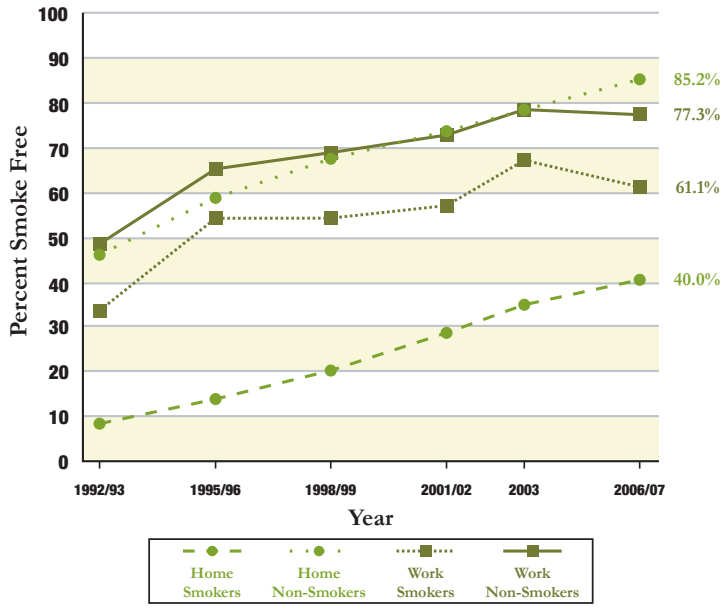
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

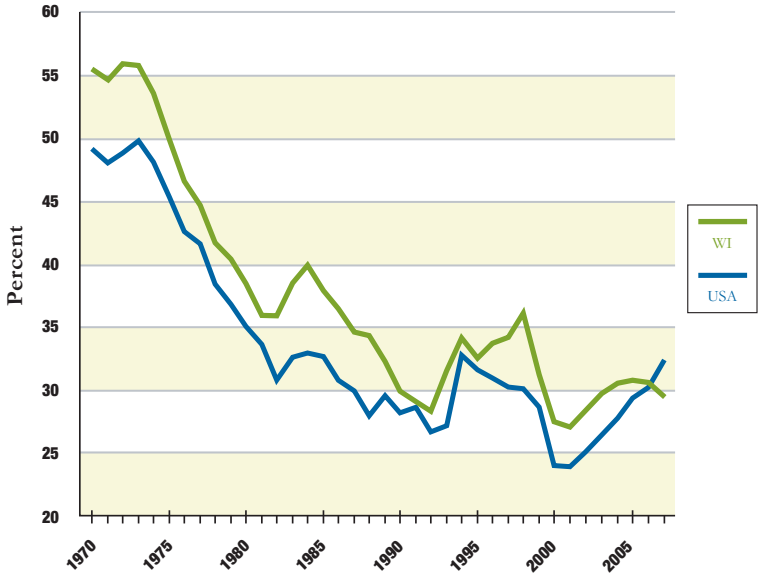
Smoke-Free Homes and Work Places* in Wisconsin



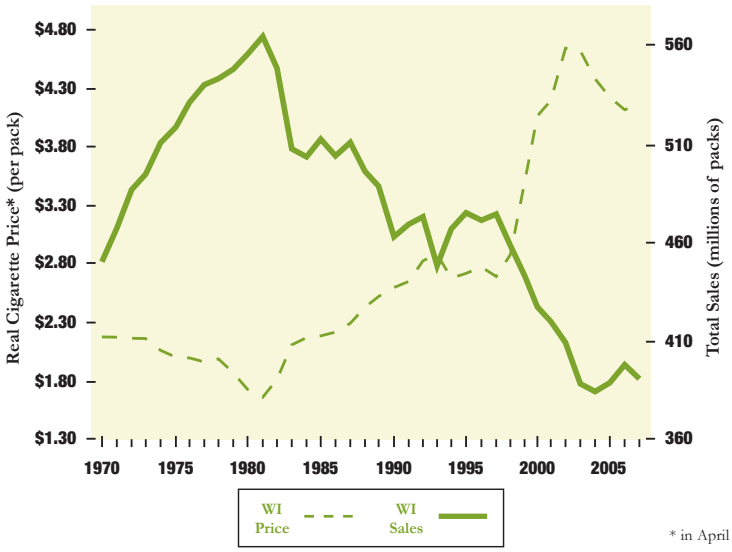
*Among persons who work indoors

Source: TUS-CPS

Tax as Percentage of Retail Price, 1970 - 2007

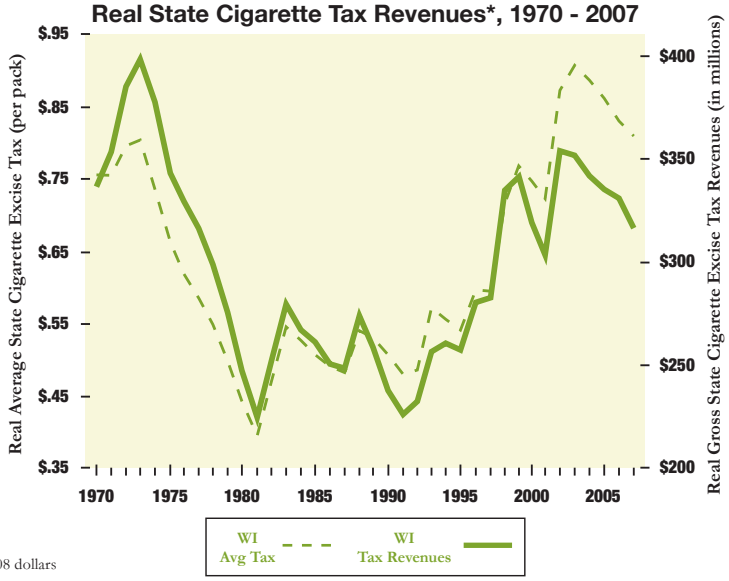


Total Cigarette Sales and Real Cigarette Prices*, Wisconsin, 1970 - 2007



* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in WI

	1991	2008
Private Worksites	⊘	⊘
Restaurants	⊘	⊘
Bars	○	○
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Wisconsin*

Penalties for Minors	1991	2006
Possession	No	Yes
Use	No	No
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	Yes
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	**1**	**4**

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Wisconsin

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	7,243 (244+)
2004	Years of Potential Life Lost	97,456 (13.5++)
2000	Persons Living with a Smoking-Attributable Disease	189,622
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$1,954,000,000
2004	Productivity Costs	$1,704,000,000

\+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Wisconsin Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$178,662,000	$132,385,000
Cigarette Excise Tax Revenue	$353,784,000	$316,697,000
Other Tobacco Control Funding Revenues	$2,231,000	$1,506,000
Tobacco Control Funding	$20,917,000	$12,029,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	3.5%	2.3%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	49.3%	71.8%
Dentist	18.1%	39.6%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	YES	YES	YES	YES	YES

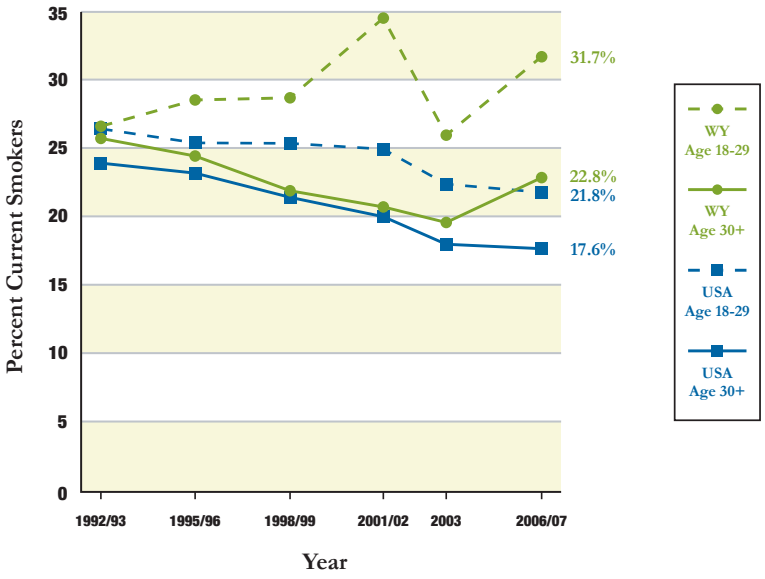
Cessation Services

Phone: 1-800-QUIT-NOW
Website: www.ctri.wisc.edu/quitline.html
www.WIquitline.org

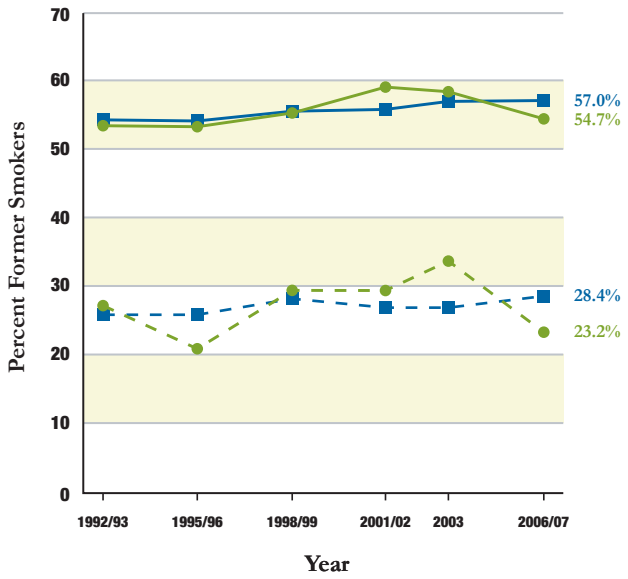
**free medication as available (eligibility-based)*

WYOMING

Trends in Cigarette Smoking Among Adults



Percent of Adult Ever Smokers Who've Quit

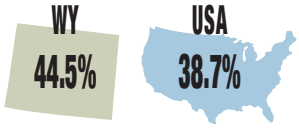


Source: Tobacco Use Supplements to the Current Population Survey (TUS-CPS)

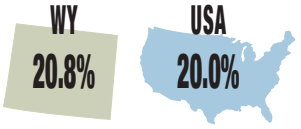
Cigarette Use Among Adolescents and Young Adults

Cigarette Smoking among 12-17 year olds

Current Cigarette smoking among 18-25 year olds.



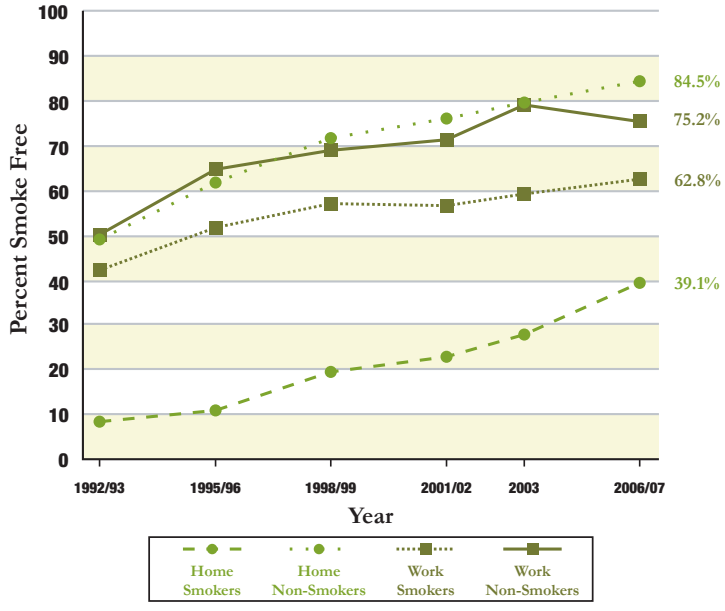
Current cigarette smoking among high school students (14-18 yr olds)



Source: 2005/2006 National Survey on Drug Use and Health (NSDUH)

Source: 2007 Youth Risk Behavior Survey (YRBS)

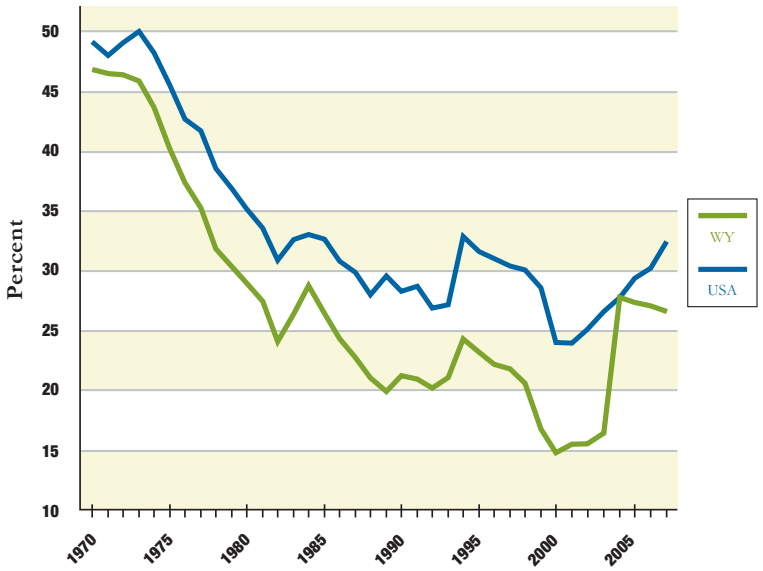
Smoke-Free Homes and Work Places* in Wyoming



*Among persons who work indoors

Source: TUS-CPS

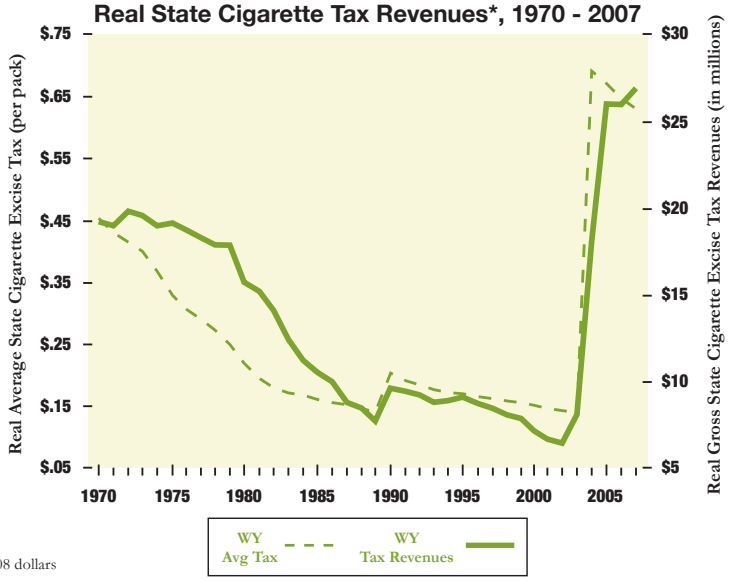
Tax as Percentage of Retail Price, 1970 - 2007



Total Cigarette Sales and Real Cigarette Prices*, Wyoming, 1970 - 2007

* in April 2008 dollars

Real Average State Cigarette Excise Tax Rate* and Real State Cigarette Tax Revenues*, 1970 - 2007



Legislation

Protection From Tobacco Smoke Pollution in WY

	1991	2008
Private Worksites	○	○
Restaurants	○	○
Bars	○	○
Pre-emption	NO	NO

○ No Protection ⊘ Minimal Protection ⊘⊘ Moderate Protection ⊘⊘⊘ Strong Protection

Minors' Access Laws in Wyoming*

Penalties for Minors	**1991**	**2006**
Possession	Yes	Yes
Use	Yes	Yes
Purchase	Yes	Yes
Provisions for Retailers	**1991**	**2006**
Graduated Penalties	No	Yes
Statewide Enforcement	No	Yes
Random Inspections	No	No
Clerk Intervention	No	No
Vending Machine Restrictions	No	No
Extensiveness of Retailer Provisions (0-10)§	2	4

* Minimum Age in 1991: 18 yrs; Minimum Age in 2006: 18 yrs

§ Zero is least extensive; 10 most extensive

Health and Economics

The Annual Costs of Cigarette Smoking in Wyoming

Year	Smoking-Attributable Morbidity & Mortality	
2004	Number of Deaths	702 (283+)
2004	Years of Potential Life Lost	8,806 (12.5++)
2000	Persons Living with a Smoking-Attributable Disease	16,611
	Smoking-Attributable Economic Costs	
2004	Adult Health Care Costs	$148,000,000
2004	Productivity Costs	$167,000,000

+ Rate Per 100,000 ++ Years Per Smoking-Attributable Death

Wyoming Tobacco Revenue* and Tobacco Control Investment* in 2002 and 2007

	2002	2007
Tobacco Settlement Revenue	$21,459,000	$15,890,000
Cigarette Excise Tax Revenue	$6,473,000	$26,974,000
Other Tobacco Control Funding Revenues	$1,420,000	$1,200,000
Tobacco Control Funding	$2,505,000	$7,408,000
State Settlement & Tax Funding as a Percent of Settlement & Tax Revenues	3.9%	14.5%

* in April 2008 dollars

Percent of smokers who visited a health care provider during the previous 12 months who were advised to quit

	1992/93	2006/7
Physician	51.4%	64.1%
Dentist	23.6%	41.3%

Source: TUS-CPS

Medicaid Program Coverage of Tobacco Dependence Treatment in 2006

Nicotine Replacement					
Gum	Patch	Spray/Inhaler/Lozenge	Zyban	Chantix	Counseling
NO	NO	NO	NO	NO	NO

Cessation Services

Phone: 1-800-QUIT-NOW
Website: www.wy.quitnet.com

**free & discounted medication as available (eligibility-based)*

APPENDIX

Methods used in compiling these data

APPENDIX

Methods used in compiling these data

A variety of data sources were used in this chart book. Data sources and methods used to compile data for each section are briefly described below, along with web sites and publications with more details on methodologies employed.

In some instances, data showing trends across time have been reported. In other instances data from a single point in time are presented. The most recent year for which data were available varied from 2000 to 2009, depending on the type of data.

The chart book is designed to provide readers with information on the state-specific prevalence of cigarette smoking in adolescents, young adults and adults. Since the prevalence of smoking in the young adult population is particularly high, two surveys are used to permit comparisons with other age groups. The Tobacco Use Supplements to the Current Population Survey (TUS-CPS) are used to compare prevalence among 18-29 year olds in each state with persons aged 30 years or older. The National Survey on Drug Use and Health permits comparisons of smoking prevalence among 18-25 year olds with persons who were 12-17 years old when they were surveyed.

Adult Survey Data:

Tobacco Use Supplements to the Current Population Survey..

TUS-CPS data are used in this chart book because they provide information on indicators of use (e.g., prevalence of current smoking and of former smoking among ever smokers), of tobacco control polices (e.g., smoke-free homes, smoke-free workplaces) and of practices that promote cessation (receipt of advice to quit from a health care provider) for each state.

The estimates of 1) current cigarette smoking prevalence, 2) percentage of ever smokers who've quit, 3) living in a smoke-free home, 4) working in a smoke-free work place (among respondents who usually work indoors), 5) receipt of advice to quit from a physician during the previous 12 months (among current smokers who had visited a physician during the previous 12 months) and 6) receipt of advice to quit from a dentist during the previous 12 months (among current smokers who had visited a dentist during the previous 12 months) were all obtained from six TUS-CPSs. The TUS-CPS assesses tobacco use and related behaviors and is administered as a supplement to the Current Population Survey (http://riskfactor.cancer.gov/studies/tus-cps/), which is supported and administered by the U.S. Bureau of Labor Statistics and the U.S. Census Bureau. The National Cancer Institute (NCI) sponsored the survey in 1992/93, 1995/96 and 1998/99 and both NCI and the Centers for Disease Control and Prevention (CDC) co-sponsored the TUS-CPS in 2001/02, 2003 and 2006/07. Statements of difference made in this chart book are based on non-overlapping 95% confidence intervals.

The TUS-CPS is a household survey of representative samples of the civilian, noninstitutionalized population ages 15 years and older from every state and DC. Approximately 70% of respondents answer the survey by telephone, with 30% answering the same questions in a personal home interview. In this chart book, all data are from self-respondents ages 18 years and older. State-specific sample sizes range from 1,512 in Hawaii in 1998/99 to 16,712 in California in 1992/93.

The TUS-CPS is administered in three waves for each of the six time periods described here. In 1992/93, 1995/96 and 1998/99 data were collected during September, January and May of each two-year cycle. In 2001/02, data were collected during June and November of 2001 and February 2002. In 2003, data were collected during February, June and November. The 2006/07 data were collected in May and August 2006 and in January 2007. For more information on the TUS-CPS, see http://riskfactor.cancer.gov/studies/tus-cps/, as well as: http://www.census.gov/apsd/techdoc/cps/).

Indicators of "Hard-Core" Smoking and Population "Hardening":
The TUS-CPS provides several measures that relate to the phenomenon of hard-core smoking and whether the population is hardening (becoming less able or less willing to quit). Fagerström and Furberg (76) compared scores on the Fagerström Test for Nicotine Dependence (FTND) across countries, comparing each nation's FTND score with the prevalence of cigarette smoking in that country. They found that dependence was higher in countries with lower prevalence, suggesting that the remaining population of smokers was more dependent and thus more hard-core. The methodologies of the surveys used in their study differed across countries. Here we use the TUS-CPS, which collected the data the same way in every state, to compare indicators of hard-core smoking in the 50 states and DC with each state's cigarette smoking prevalence. The indicators are:

1) Minutes to first cigarette smoked each day:
The sooner a smoker has his or her first cigarette after awakening each day, the more likely is he or she to be dependent on nicotine and the less likely he or she is to quit (88-90). Here we use smoking within 30 minutes of awakening as an indicator of increased dependence.

2) Number of cigarettes smoked each day:
The more cigarettes a smoker consumes each day, the more likely he or she is to be dependent on nicotine and the less likely he or she is to subsequently stop smoking (10,88). Here we use the mean number of cigarettes smoked each day to assess possible hardening.

3) Every day smoking:
According to the 2006/07 Tobacco Use Supplement to the Current Population Survey, 81.1% of smokers ≥ 25 years of age smoked every day, as opposed to on some days. Here we use the percentage of smokers who smoke every day as an indicator of possible hardening.

4) Use of other tobacco products:
It is possible that as consumption of cigarettes declines, a higher percentage of smokers will use other tobacco products, such as snuff, chewing tobacco, cigars and/or pipes (91). Here we use a composite measure of use of any one of those products by current smokers as an indicator of use of other tobacco products.

5) Recent quit attempts:
Quitting activity can indicate motivation to quit and the influence of tobacco control programs and policies. Here we use having tried to quit smoking during the previous 12 months as an indicator of having made a recent quit attempt.

6) Intention to quit:
Intention to quit smoking is a predictor of making a quit attempt (92). Here we use planning to quit during the next 30 days as an indicator of intention to quit.

7) Interest in quitting:
Motivation to quit can predict quitting, although not as strongly as dependence (88,89). Here we use a response of 8, 9, or 10 to the question, "Overall, on a scale from 1 to 10, where 1 is NOT AT ALL interested and 10 is EXTREMELY interested, how interested are you in quitting smoking?" as an indicator of strong interest in quitting.

8) Self-efficacy:
How confident a smoker is in his or her ability to quit predicts future success in quitting (93-95). Here we use a belief that a smoker would be very likely to succeed if he or she tried to quit smoking during the next 6 months as an indicator of confidence in one's ability to quit.

The 2006 TUS-CPS questionnaire is available at:
http://riskfactor.cancer.gov/studies/tus-cps/surveys/tuscps_english_2006.pdf.

Youth Survey Data:

State-specific smoking data on youth are available from three sources:
The National Survey on Drug Use and Health (NSDUH), the Youth Risk Behavior Surveillance System (YRBSS) and the Youth Tobacco Survey (YTS). Data from California are also available from the California Student Tobacco Survey (CSTS). Comparisons across surveys for the same states should not be made, as methodological differences in sampling (e.g., different age ranges, setting and mode of administration) and questionnaire focus (e.g., tobacco only vs. multiple risk behaviors) may influence the comparability of prevalence estimates. Comparisons across states within surveys can be readily made.

National Survey on Drug Use and Health:

The estimates for 12-17,18-25 and 26+ year olds of 1) the prevalence of cigarette smoking and 2) belief that smoking one or more packs of cigarettes each day poses great risk of harm were obtained from combined 2005-2006 data from the NSDUH, conducted by the Substance Abuse and Mental Health Services Administration (see: http://oas.samhsa.gov/2k6state/AppB.htm#TabB-14, Tables B.14 and B.15). The NSDUH is the primary source in the United States of information on the prevalence of illicit drug, alcohol and tobacco use in the civilian, noninstitutionalized population ages 12 or older. An independent, multistage probability sample is drawn for each state and DC. Large enough samples are drawn in California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania and Texas to yield direct estimates. Small area estimation techniques are used to calculate estimates for the remaining 42 states and DC. The design oversamples youths (ages 12-17 years old) and young adults (ages 18-25 years old) in each state. Data are collected in households using audio computer- assisted self-interviewing for most of the questions. For more information, see Results from the 2007 National Survey on Drug Use and Health, at: http://oas.samhsa.gov/nsduhLatest.htm.

Prevalence of cigarette smoking is defined by use of cigarettes during the previous 30 days. On the individual state pages, prevalence estimates for 12-17 year olds and 18-25 year olds are presented to examine differences in cigarette smoking prevalence among adolescents and young adults.

Surveys of High School Students:

As shown in Table 6, surveys of high school students have been conducted for many states since the early 1990s, thus providing state-specific trend information not available in the NSDUH. The vast majority of high school students range in age from 14 to 18 years old. Data on tobacco use have been compiled from the YRBSS, YTS and CSTS. Students complete a self-administered questionnaire in either a classroom or auditorium setting. Data have been compiled for public schools only in most states and for public and private schools in some states.

In the individual state pages, data are reported for the most recent year available if the survey was conducted in 2005, 2006 or 2007 in a rigorous and well-documented manner allowing the data to be weighted to represent the 9th through 12th grade student population. To facilitate comparisons, 2005 YRBSS data are presented when 2006 YTS data are also available and 2007 YRBSS data are not.

More detailed information on the surveillance systems employed is available at http://www.cdc.gov/HealthyYouth/yrbs/, http://www.cdc.gov/mmwr/PDF/rr/rr5312.pdf, a MMWR Surveillance Summary on the YRBSS (164); http://www.cdc.gov/tobacco/NYTS/nyts2004.htm for the National YTS; and at http://www.cdph.ca.gov/programs/Tobacco/Pages/CTCPEvaluationResources.aspx for the CSTS.

Cigarette Tax, Price, Sales and Revenues Data

Data for the state highlights and summary graphics for cigarette tax, price, sales and revenues estimates are taken from the 2008 *Tax Burden on Tobacco* (165). Data are for the state fiscal year ending June 30 (e.g. fiscal year 2007 reflects July 1, 2006 through June 30, 2007). In general, fiscal year t is 7/1/(t-1) to 6/30/t. For uniformity, data for states that use differing fiscal years (AL, MI, NY and TX) are all calculated as if they had a

'standard' July to June fiscal year. Data are inflation adjusted, with all tax, price and revenue data presented in April 2008 dollars. The inflation adjustment is based on the consumer price index data reported by the U.S. Bureau of Labor Statistics, All Urban Consumers, Series Id: CUUR0000SA0, Not Seasonally Adjusted, Area: U.S. city average, Item: All items, Base Period: 1982-84=100, using the average fiscal year CPI for the particular data year being converted and the April 2008 CPI (http://www.bls.gov).

Cigarette Tax
Cigarette tax is the average state cigarette excise tax per pack of 20 cigarettes for the standard state fiscal year. The tax rate was determined monthly and weighted for months in which a change occurred, where the weights reflect the fraction of the change month that each tax rate was in effect. The mean monthly average for the standard fiscal year (July-June) was then calculated.

Cigarette Price
Cigarette price data represent the average price per pack of 20 cigarettes, including generic brands. These data are estimates of the average price in effect during the state fiscal year. Estimated fiscal year prices were obtained using the prices for November 1 reported in the *Tax Burden on Tobacco* (Table 11) (165). To obtain an estimate of the price for the fiscal year, state and federal excise taxes as of November 1 each year were subtracted from the November 1 prices and net-of-tax prices were assumed to change linearly over time. Given this assumption, an estimate of the average net-of-tax price was calculated for each fiscal year and the average state and federal tax for the fiscal year was added to this estimate. The average tax reflects the weighted average of the taxes in effect during the fiscal year, where the weights are the fraction of the fiscal year each tax was in effect. The price estimates used in this chart book represent the average price/pack for single pack, carton and vending machine sales. Price includes discount brands but does not include certain special promotions (e.g., buy-one-get-one-free).

Tax as a Percent of Price
Tax as a percent of price reflects the percentage of the estimated average cigarette price for the standard state fiscal year accounted for by the average state and federal cigarette excise tax in the fiscal year.

Cigarette Sales
Cigarette sales are tax paid cigarette sales for the state, in millions of packs per standard state fiscal year (165).

Cigarette Tax Revenues
Cigarette tax revenues are the gross state cigarette excise tax revenues, in millions of dollars (adjusted to April 2008 dollars) that the state collects each fiscal year (165).

Per Capita Cigarette Tax Revenues
Gross state cigarette tax revenues adjusted to April 2008 dollars divided by the fiscal year population (using average of previous year and present year U.S. Census Bureau figures).

State Legislative Data

State laws designed to provide protection from tobacco smoke pollution and those intended to prevent minors' access to tobacco products were coded for inclusion in the chart book. The laws coded for this section reflect statutory law (as enacted by each state's legislature). With the exception of coding for private worksites in Maryland, the information included in this section does not include attorney general's opinions, case law, executive orders, or information on the implementation or enforcement of the laws.

All legislative data were coded using specific coding schemes and decision rules that are available from the ImpacTeen web site (http://www.impacteen.org/ATODData/Tobacco/TCpolicyandprevcodebook081903.pdf). The data presented here, as well as the data for interim years are available in electronic file formats from the ImpacTeen web site (http://www.impacteen.org/tobaccodata.htm).

Smoke-free Air Laws
Data on statutory laws in effect as of December 31, 1991 and September 30, 2008 are reported for 8 locations: private (non-hospitality) worksites, restaurants, bars, government worksites, non-hospital

health care facilities, shopping malls, commercial child care centers and public schools. In addition the presence of preemptive language in statutory laws is also noted. Laws on health care facilities other than hospitals (e.g., doctor's offices, ambulatory care centers) were coded, because the Joint Commission on Accreditation and Healthcare Organizations (JCAHO) banned smoking in hospitals in 1992. Data were compiled using a combination of primary legal research conducted by The MayaTech Corporation (MayaTech) on behalf of the University at Buffalo School of Public Health and Health Professions (UB SPHHP) in the State University of New York and the Roswell Park Cancer Institute (RPCI). Copies of all relevant state laws were retrieved from Westlaw, an on-line legal reference service.

For government worksites, private worksites, restaurants, health care facilities, shopping malls and bars a standard coding scheme was used such that:

0 = No provision or language does not restrict smoking
1 = Restrict smoking to designated areas or require separate ventilation with exemptions for locations of a certain size (e.g., restaurants with a seating capacity of less than 50)
2 = Restrict smoking to separately ventilated areas or a ban with exemptions for certain locations where only a restriction applies
3 = Smoking is not permitted at any time.
Note: a code of 3* is used for six states (e.g., California, Connecticut, Georgia, Oregon, Utah and Vermont) for restaurants, health care facilities, shopping malls and/or bars if a ban exists in areas accessible to the general public and smoking is allowed in separately ventilated areas by employees only in places where the general public is not invited or generally allowed.

Different coding schemes were used for commercial child care centers and public schools.
For commercial child care centers:

0 = No provision or language does not restrict smoking
1 = Restrict smoking to designated areas
2 = Restrict smoking to separately ventilated areas or smoking is not permitted when children are present with exemptions
3 = Smoking not permitted when children are present
4 = Smoking not permitted at all times when children are present, explicitly excluding home-based day care.
5 = Smoking not permitted at any time

For public schools:

0 = No provision or language does not restrict smoking
1 = Restrict smoking to designated areas
2 = Restrict smoking to separately ventilated areas or ban when children are present with exemptions
3 = Smoking not permitted when children are present (school buildings)
4 = Smoking not permitted at all times when children are present (buildings and grounds)
5 = Smoking not permitted at any time (buildings and grounds)

For more details on the decision rules used in coding legal protection from tobacco smoke pollution, see: http://www.impacteen.org/ATODData/Tobacco/TCpolicyandprevcodebook081903.pdf .

A dichotomous preemption variable (yes/no) was created for each state to indicate whether the state law preempts stronger provisions in local ordinances covering private worksites, restaurants, bars, government worksites, non-hospital health care facilities, shopping malls, commercial child care centers or public schools. If a state prevented local communities from passing stronger ordinances covering any of these locations, then the preemption variable was coded as 1 (= yes).

The smoke-free air (SFA) index in Table 18 was calculated using the values for the strength of protection provided for each of the locations profiled in Table 7. The SFA index was calculated by doubling the values for Private Worksites, Restaurants and Bars and adding the total for those three locations to the values for Government Worksites, Non-Hospital Health Care Facilities, Shopping Malls, Child Care Centers and Public Schools. A SFA index was also calculated that subtracted 5 points from the total index for states that preempted localities from passing stronger smoke-free legislation. The results (Rho = +0.401; p = 0.004) were similar to those for the SFA Index and not shown in Table 18.

Minors' Access Laws
Two categories of minors access laws were coded for this chart book: 1) penalties for minors and 2) provisions applicable to retailers covering sales to minors.

Penalties for Minors
Data on laws that were in effect as of December 31, 1991 and December 31, 2006, were compiled for each state to ascertain whether its laws subject minors to a penalty for purchasing, possessing, or using tobacco products. Data were compiled through primary legal research conducted by MayaTech for UB SPHHP and RPCI. State statutory information was obtained from Westlaw, an on-line legal reference service. Three dichotomous (yes/no) variables were coded for the two time points of interest to reflect minors' penalties for each type of violation — purchase, possession and use.

Penalties for Retailers
Data on laws affecting retailers that were in effect on December 31, 1991 and December 31, 2006 were collected and/or coded using the coding scheme created by Alciati and colleagues (166). The relevant state laws in effect on December 31, 1991 were compiled by researchers at RPCI via searches of Lexis-Nexis, an on-line legal reference service. These laws were then coded by RPCI researchers using the Alciati coding scheme. The 2006 data were obtained from the National Cancer Institute's State Cancer Legislative Database Program (http://www.scld-nci.net). Data on five of the nine coding categories included in the Alciati coding scheme are reported on each state's page. A code of yes on the state pages was given if a provision was rated by Alciati and her colleagues at or above a score of 4, meaning that it met or exceeded a specified target (166). The five provisions summarized on each state page are:

Graduated Penalties:
a system of penalties for the sale of tobacco products to minors. A strong provision establishes a system of graduated penalties or fines for illegal sale, with the possibility of retail tobacco license suspension or revocation for repeated sales to minors.
Statewide Enforcement:
covers whether each state establishes a clear, designated statewide enforcement authority for sales.
Random Inspections:
random, unannounced inspections, using underage buyers to identify violators, conducted as part of an enforcement mechanism.
Clerk Intervention:
requires that cigarettes can be accessed in a store only through a clerk (as opposed to self-service displays).
Vending Machines:
eliminates or restricts the sale of tobacco products through vending machines.

In addition to these provisions, the state pages also report an overall extensiveness score. This is a summary index, on a scale from 0 to 10, of the strength of the state's collective provisions designed to restrict the sale of tobacco to minors. In addition to the five provisions listed above, this summary index also includes scores for free distribution, minimum age, packaging and photo identification. A score of 10 is the highest possible in any state.

The four other provisions (Table 14) are:
Free distribution:
restricts free tobacco samples, coupons for free samples, or rebates.
Minimum age:
restricts the sale or distribution of any tobacco products to persons at or above a minimum age.

Packaging:
restricts the sale of cigarettes from opened packages; and
Photo identification:
requires photographic identification to be shown before a transaction can occur.

The measure of the overall extensiveness of states' sales to minors' laws (0-10) reflects the total summary score computed for the entire Alciati index for each year of interest. The extensiveness index takes into consideration the extent to which a state's law covers the 9 provisions. For ease of presentation, the total score, as calculated by Alciati and her colleagues (166) was reduced to a 0 to 10 metric (the original scale ranged from 0 to 39 points), with 0 indicating no law or no restrictions and 10 indicative of a law with the most extensive restrictions possible. The following illustration provides an example of the conversion from the original Alciati score to a score on the 0-10 metric.

Alciati score = 23 points
New score = (23 x 10)/39 (total points) = 5.9 (rounded to 6) = 6 points.

State-specific data for 1991-2006 for all nine provisions and the overall extensiveness score are available at: http://www.impacteen.org/tobaccodata.htm.

Data on Annual Costs of Cigarette Smoking

Mortality estimates and economic costs of cigarette smoking were calculated using the CDC's Smoking-attributable Mortality, Morbidity, and Economic Costs (SAMMEC) software (http://apps.nccd.cdc.gov/sammec/). Details about the methods used to make these estimates can be found at: http://apps.nccd.cdc.gov/sammec/methodology.asp and in references 14, 97, and 98. Briefly, the average annual number of sex- and age-specific smoking-attributable deaths during 2000-2004 was calculated for persons aged 35 years and older by multiplying the total number of deaths for 19 adult disease categories (obtained from the National Center for Health Statistics) by estimates of the smoking-attributable fraction (SAF) of preventable deaths. Diseases were selected based on the conclusions of the 2004 report of the Surgeon General on the health consequences of smoking (8). SAFs were derived by using sex-specific relative risk (RR) estimates for current and former smokers for each cause of death from the American Cancer Society's Cancer Prevention Study-II six year follow-up study. State-specific SAFs used estimates from the Behavioral Risk Factor Surveillance System of current and former cigarette smoking prevalence in the 50 states and DC. The state-specific estimates presented here do not include infant deaths caused by smoking during pregnancy, smoking-attributable burn deaths, and deaths from exposure to tobacco smoke pollution.

Smoking-attributable Years of Potential Life Lost (YPLL) and productivity losses were estimated by multiplying sex- and age-specific SAM by remaining life expectancy (http://www.cdc.gov/nchs/fastats/lifeexpec.htm) and lifetime earnings data, respectively. The number of YPLL per smoking-attributable death was calculated for each state by dividing YPLL by the number of smoking-attributable deaths. SAMMEC calculates age-adjusted SAM rates and YPLL rates for persons aged 35 years and older. These rates were standardized to the age distribution of the United States population in 2000 (http://www.cdc.gov/nchs/data/dvs/IW134Pfct.pdf).

Smoking-attributable productivity losses are defined as the present value of foregone future earnings from paid labor or from foregone imputed future earnings from unpaid household work. CDC calculated these estimates by updating estimates of PVFE from 2000 (167) to 2004 (see: https://apps.nccd.cdc.gov/sammec/methodology.asp).

CDC defines smoking-attributable health care expenditures as "the excess personal health care costs of smokers and former smokers compared with those of never smokers" (see: https://apps.nccd.cdc.gov/sammec/methodology.asp). Total personal health care expenditures were obtained from the state health care expenditure files of the Centers for Medicare and Medicaid Services. SAMMEC provides estimates

for ambulatory care, hospital care, prescription drugs, nursing home care and other care. The SAFs of expenditures were calculated by Miller and his colleagues (168).

Smoking-attributable morbidity was estimated for each state by Hyland and his colleagues (100,101). These authors used data from the BRFSS, National Health and Nutrition Examination Survey III (NHANES) and the U.S. Census. Estimates of the prevalence of smoking-related conditions were obtained from the NHANES III survey for 1988-1994 for current, former and never smokers by demographic groups to estimate attributable fractions for smoking-related diseases. Respondents reported whether a doctor ever told them if they had any of the following conditions: stroke, heart attack, emphysema, chronic bronchitis and specific cancer types reported by respondents including lung cancer, bladder cancer, mouth/pharynx cancer, esophageal cancer, cervical cancer, kidney cancer, laryngeal cancer, or pancreatic cancer. The number of persons with a smoking-attributable morbid condition in each state was estimated using the following four steps: 1) BRFSS smoking status estimates by demographic group were applied to census data to estimate for each state the number of current, former and never smokers in each demographic group; 2) NHANES III smoking-related disease frequency data were applied to these population estimates to estimate the number of adults with a smoking-related condition; 3) attributable fractions for current and former smokers in each demographic group were multiplied by the number of persons with a smoking-related disease to yield an estimate of the number of persons with a disease that is attributable to smoking; 4) these numbers were summed across all demographic categories in each state to yield an estimate of the number of persons with at least one smoking-attributable condition in each state.

Tobacco Revenues and Investments in Tobacco Control Data

All estimates of revenues and investments are adjusted for inflation (to April 2008 dollars).

Tobacco Settlement Revenue:
The figures reported here are from the Campaign for Tobacco-free Kids (CTFK), which receives information from the National Association of Attorneys General (2, 85).

Cigarette Excise Tax Revenue:
Data on the amount of money states receive from excise taxes placed on cigarettes come from *The Tax Burden on Tobacco* (165).

Other Tobacco Control Funding Revenues:
Data on Federal programs (NCI's Project ASSIST during FY1991 through FY 1998, CDC's IMPACT program during FY 1994 through FY 1998 and CDC's National Tobacco Control Program from FY 1999 through FY 2007) were provided by the CDC's Office on Smoking and Health. Data on SmokeLess States funding (FY 1995 through FY 2005) were provided by the Robert Wood Johnson Foundation (RWJF). The American Legacy Foundation provided information on the amounts of funding in various grants to states and organizations during FY 2001 to FY 2007. RWJF and Legacy grant funds were distributed evenly by month over the periods of time for which information was available and then summed by fiscal year

Tobacco Control Funding:
The sum of funding from settlement revenues, excise tax revenues and other tobacco control funding revenues. Data on funding from tobacco settlement during 1998-2000 were obtained from the CDC's Office on Smoking and Health (OSH). Data on tobacco control funding from excise tax revenues during 1991-2000 were also obtained from OSH. Data on tobacco control funding from settlement and cigarette excise tax revenues from 2001-2007 were obtained from CTFK. CTFK estimates of states' investments in tobacco control come from state program managers, newspaper reports and advocates. Sources of funding information from federal programs, RWJF and Legacy are described above.
Total funds are summed by fiscal year (all states data including Alabama, Michigan, New York and Texas are summed July-June when available at less than yearly level). In general, totals are rounded to $1000's of dollars and presented in millions of U.S. dollars.

Medicaid Program Coverage of Pharmacotherapy and Counseling for Tobacco Dependence Data

State-specific data on Medicaid program coverage of tobacco dependence treatments were compiled by the Center for Health and Public Policy Studies (CHPPS) at the University of California at Berkeley (40). CHPPS conducted annual surveys of all 51 Medicaid programs from 1998 through 2006. State Medicaid

program directors were asked to identify the staff member who was most knowledgeable about coverage for tobacco-dependence treatments (medication and counseling). A survey was faxed to the contact person in each state, with follow-up via telephone or e-mail if necessary. For further information, see the article by Halpin and her colleagues (40). Additional information on provision of Medicaid services was reported recently by the American Lung Association (145).

Cessation Services Data

Data regarding state-supported telephone quitlines and internet quit sites may be found on the internet website for the North American Quitline Consortium at: http://www.naquitline.org/. This site also provides information about whether each state provides free nicotine replacement therapy to eligible smokers. This information was supplemented by research conducted by one of the authors (JH).

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18) Note that this estimate does not include the market value of images of cigarette smoking portrayed in movies and on television shows.

19. Before 1992, current smokers were defined as persons who reported having smoked ≥100 cigarettes and who currently smoked. Since 1992, current smokers were defined as persons who reported having smoked ≥ 100 cigarettes during their lifetime and who reported now smoking every day or some days.

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For questions about the content of the report, contact:
Gary A. Giovino
Department of Health Behavior
School of Public Health and Health Professions
University at Buffalo
State University of New York
ggiovino@buffalo.edu