



**TOBACCO  
CONTROL  
STATE  
HIGHLIGHTS  
2010**



### ***Ordering Information***

---

To download or order copies of this book,  
go to <http://www.cdc.gov/tobacco>  
or call toll free 1-800-CDC-INFO (1-800-232-4636).  
TTY: 1-888-232-6348.

### ***For More Information***

---

For more information about tobacco control and prevention, visit CDC's Smoking & Tobacco Use Web site at <http://www.cdc.gov/tobacco>.

### ***Suggested citation:***

---

Centers for Disease Control and Prevention. *Tobacco Control State Highlights, 2010*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

**T O B A C C O  
C O N T R O L  
S T A T E  
H I G H L I G H T S  
2 0 1 0**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**



# Foreword

---

This report is a call to action. By providing tobacco control programs and decision-makers with state-specific data and information about the high-impact strategies we know work to reduce tobacco use, we highlight the success that has occurred in some areas and draw attention to the progress that needs to be made in others.

The core strategies outlined in this document have been rigorously evaluated and deliver results. This report describes these strategies and provides key indicators for assessing progress in every state. Success in implementing these strategies across the country will help achieve the Institute of Medicine's goal of reducing smoking "so substantially that it is no longer a significant public health problem for our nation."

Guidance for states on developing and implementing comprehensive tobacco control programs and recommended funding is provided in *Best Practices for Comprehensive Tobacco Control Programs*, published by the Centers for Disease Control and Prevention. Further guidance on specific high-impact actions is offered in the MPOWER package developed by the World Health Organization. This package of interventions directs governments at multiple levels to:

- Monitor tobacco use and prevention policies;
- Protect people from tobacco smoke;
- Offer help to quit tobacco use;
- Warn about the dangers of tobacco use;
- Enforce bans on tobacco advertising, promotion and sponsorship, and;
- Raise taxes on tobacco.

If every state were to fully fund and implement a comprehensive tobacco control program using the high-impact strategies described in the following pages, we could prevent the staggering toll that tobacco takes on our nation. It is within our power to prevent hundreds of thousands of premature tobacco-related deaths each year and finally end the tobacco use epidemic. The time to act is now.

Ursula E. Bauer, Ph.D., M.P.H.

Director

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention



# Contents

---

<b>Foreword.....</b>	<b>iii</b>
<b>Executive Summary.....</b>	<b>1</b>
<b>Introduction .....</b>	<b>3</b>
Purpose of this Document .....	4
MPOWER Framework.....	5
<i>Monitor tobacco use and prevention policies.....</i>	<i>5</i>
<i>Protect people from tobacco smoke .....</i>	<i>5</i>
<i>Offer help to quit tobacco use.....</i>	<i>5</i>
<i>Warn about the dangers of tobacco .....</i>	<i>5</i>
<i>Enforce bans on tobacco advertising, promotion and sponsorship.....</i>	<i>6</i>
<i>Raise taxes on tobacco.....</i>	<i>6</i>
<b>Indicators and Summary of Findings.....</b>	<b>6</b>
Monitor.....	7
Protect.....	7
Offer .....	8
Warn .....	9
Enforce.....	9
Raise.....	10
<b>State Highlights .....</b>	<b>11</b>
Alabama .....	12
Alaska.....	16
Arizona.....	20
Arkansas .....	24
California .....	28
Colorado .....	32
Connecticut .....	36
Delaware .....	40
District of Columbia .....	44
Florida.....	48
Georgia .....	52
Hawaii.....	56
Idaho.....	60
Illinois .....	64
Indiana.....	68
Iowa .....	72
Kansas .....	76
Kentucky.....	80
Louisiana.....	84

Maine.....	88
Maryland.....	92
Massachusetts.....	96
Michigan.....	100
Minnesota.....	104
Mississippi.....	108
Missouri.....	112
Montana.....	116
Nebraska.....	120
Nevada.....	124
New Hampshire.....	128
New Jersey.....	132
New Mexico.....	136
New York.....	140
North Carolina.....	144
North Dakota.....	148
Ohio.....	152
Oklahoma.....	156
Oregon.....	160
Pennsylvania.....	164
Rhode Island.....	168
South Carolina.....	172
South Dakota.....	176
Tennessee.....	180
Texas.....	184
Utah.....	188
Vermont.....	192
Virginia.....	196
Washington.....	200
West Virginia.....	204
Wisconsin.....	208
Wyoming.....	212
<b>Data Sources, Definitions and Interpretation.....</b>	<b>216</b>
Understanding Confidence Intervals.....	216
Understanding State Ranks.....	216
Monitor.....	217
<i>Current Smoking among Adults.....</i>	<i>217</i>
<i>Past-Month Cigarette Use among Youth Ages 12-17.....</i>	<i>217</i>



<i>Smoking Attributable Adult (35+) Mortality</i> .....	218
Protect.....	218
<i>State Smoke-free Policy</i> .....	218
<i>Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks</i> .....	218
Offer.....	219
<i>Percent of Smokers Calling Quitline</i> .....	219
<i>Medicaid Coverage for Counseling and Medications</i> .....	219
Warn.....	219
<i>Households with No-Smoking Rules</i> .....	219
<i>Anti-Tobacco Media Campaign Intensity, Per Quarter</i> .....	220
Enforce.....	220
<i>State Allows Local Advertising and Promotion Laws</i> .....	220
<i>Retail Environment Tobacco Licensure</i> .....	220
Raise.....	221
<i>Amount of Cigarette Excise Tax</i> .....	221
<i>Minimum Price Law for Cigarettes</i> .....	221
<i>State Funding for Tobacco Control</i> .....	221
<b>Selected Indicators by Rank and State</b> .....	<b>222</b>
Percentage of Recommended Tobacco Control Investment, 2007.....	222
State Cigarette Excise Tax per Pack as of December 31, 2009.....	223
100% Smoke-Free Indoor Air Laws as of December 31, 2009.....	224
Tobacco Counter-Marketing Media Intensity – Target Rating Points, 2008.....	225
Tobacco Counter-Marketing Media Intensity – Gross Rating Points, 2008.....	226
Medicaid Fee-for-Service Coverage for Tobacco Dependence Treatments, 2007.....	227
<b>Data for All Indicators by State</b> .....	<b>228</b>
<b>References</b> .....	<b>231</b>



# Executive Summary

---

Tobacco use is the single most preventable cause of death and disease in the United States. An estimated 46 million American adults currently smoke cigarettes and annually cigarette smoking causes approximately 443,000 deaths. For every person who dies from tobacco use, another 20 suffer with at least one serious tobacco-related illness. In 2004, this addiction cost the nation more than \$96 billion per year in direct medical expenses as well as more than \$97 billion annually in lost productivity.

We know how to end the epidemic of tobacco use and the staggering toll it takes on our families and communities. By putting into place proven tobacco policies and strategies, we have the ability to dramatically reduce the health and economic burden of tobacco use. When combined, these interventions – increasing the price of tobacco products, implementing smoke-free policies, reducing tobacco advertising and promotion, controlling access to tobacco products and promoting and assisting tobacco users to quit – have proven to significantly reduce tobacco use. In California, home of the longest-running comprehensive tobacco control program, adult smoking rates declined from 22.7% in 1988 to 13.3% in 2006. As a result, compared with the rest of the country, heart disease deaths and lung cancer incidence in California have declined at accelerated rates.

This report also highlights how far there is to go before all states have in place the full package of high-impact strategies and policies. And meanwhile, the prevalence of tobacco use has been essentially static for the last few years. Fully funding state tobacco control programs could make a dramatic difference. As Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs* guidelines demonstrate, this could be accomplished by dedicating just a small portion of what states collect in tobacco tax revenue and tobacco industry settlement payments to tobacco control activities. In 2007, no states were funded at the 100% level recommended by CDC in its 2007 *Best Practices*. Maine ranked first with 85.5% of recommended funding and Tennessee ranked last at 1.1%. Across all states, the median tobacco control funding was only 17.2% of the recommended level. State funding for tobacco control is one of the best predictors of success over time if funds are invested in evidence-based programs. Research shows that the more states spend on sustained comprehensive tobacco control programs, the greater the reductions in smoking – and the longer states continue to invest in such programs, the greater and faster the impact.

One of the ways in which states can increase funding for tobacco control programs is by increasing the price of tobacco products through higher excise taxes, with a portion of the revenue dedicated to tobacco control efforts. Not only does raising the price of cigarettes lead to a reduction in smoking – especially among young people – but it also benefits state governments by providing a way to fund essential services such as health care and tobacco prevention and control programs. While the national average for state cigarette taxes at the end of 2009 was \$1.34, the range was from \$3.46 per pack in Rhode Island to \$0.07 per pack in South Carolina. And while 2 states had taxes above \$3.00 per pack (Rhode Island, Connecticut), 12 states had taxes at or below \$0.60 per pack (Kentucky, Wyoming, Idaho, West Virginia, North Carolina, North Dakota, Alabama, Georgia, Louisiana, Virginia, Missouri, and South Carolina).

While adequate funding for comprehensive programs is crucial, there are policies and interventions that are possible to put into place with fewer resources but with significant potential impact. State-wide smoke-free laws are one example. Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure. Worksites are a major source of exposure for nonsmokers, and workers in restaurants and bars are especially likely to be exposed to secondhand smoke, often at high concentrations. Creating smoke-free policies in workplaces and other public places not only protects nonsmokers from involuntary exposure to the toxins in tobacco smoke, but also may have the added benefits of increasing the number of smokers who quit and reducing tobacco consumption by those who continue to smoke.

Existing state laws range from those that prohibit smoking in all indoor areas of workplaces, restaurants, bars and other public places to partial coverage in only one or two of these areas, to inadequate coverage (e.g. designated or ventilated smoking rooms) or no coverage at all. As this report indicates, in 2010 there are still 29 states that provide inadequate or no protection from secondhand smoke exposure. Seven of these states – Indiana, Kentucky, Mississippi, South Carolina, Texas, West Virginia and Wyoming – have no statewide smoke-free laws of any strength in place to protect their citizens from secondhand smoke.

A clear example of the importance of adequate funding for tobacco control programs is in the implementation of counter-marketing media campaigns. Evidence shows that to be effective, these types of campaigns must have sufficient reach, frequency and duration. Thus, without adequate funding, CDC recommends using funds for media advocacy and earned media opportunities rather than low-intensity paid campaigns. This report demonstrates that few states were able to mount adequate counter-marketing campaigns in 2008. Indeed, four states had no televised campaigns (Alabama, Georgia, Mississippi, and North Dakota) and two additional states had no televised campaigns targeting youth (Tennessee and Texas).

Increasing the number of states that provide Medicaid coverage for counseling and medications is another policy intervention with potential impact that isn't yet fully realized. Medicaid enrollees smoke at a substantially higher rate than the general population. The Public Health Service's *Clinical Practice Guideline* for cessation recommends comprehensive insurance coverage of tobacco dependence treatments without barriers that reduce utilization and subsequent success of these services by all health insurance providers, including Medicaid. This document reports that in 2007, only seven states (Indiana, Massachusetts, Minnesota, New Mexico, Oklahoma, Oregon, and Pennsylvania) provided insurance coverage to Medicaid enrollees for all FDA-approved medicines and counseling. Conversely, six states (Alabama, Connecticut, Georgia, Missouri, Nebraska, and Tennessee) had no coverage at all for their Medicaid population.

At the end of this document, there are tables showing the states' current status and rank (relative to other states) with respect to funding for tobacco control, cigarette excise tax, indoor smoke-free laws, counter-marketing media campaigns, and Medicaid coverage. These indicators all represent important policies and interventions that can be put in place to reduce tobacco-related morbidity and mortality.

In 2007, the Institute of Medicine (IOM) released *Ending the Tobacco Problem: A Blueprint for the Nation* with the goal of reducing smoking "so substantially that it is no longer a significant public health problem for our nation." The IOM Committee on Reducing Tobacco Use concluded that this ultimate goal could be achieved with a two-pronged strategy: strengthening and fully implementing traditional tobacco control measures like the ones mentioned above, and changing the regulatory landscape around tobacco products.

On June 22, 2009, the U.S. enacted Family Smoking Prevention and Tobacco Control Act (FSPTCA). This historic legislation grants authority to the U.S. Food and Drug Administration (FDA) to regulate tobacco products. Among other things, the FSPTCA provides FDA with authority to regulate marketing and promotion of tobacco products and to set performance standards for tobacco products to protect the public's health. Through this legislation, states and local communities are also granted the authority to impose restrictions that are in addition to or more stringent than FDA requirements, such as specific bans or restrictions on the time, place, and manner of cigarette advertising.

In conclusion, we know what to do to end this epidemic and we know how to do it. We need to invest, and we need to implement. If, within the next 3-5 years, all states were to fully implement the strategies described in this report, rates of tobacco use would decline precipitously. And, most important, we could prevent the staggering toll that tobacco takes on our families and communities.

# Introduction

---

*“Knowing is not enough, we must apply. Willing is not enough, we must do.”\**

Tobacco use is the single most preventable cause of death and disease in the United States.<sup>1</sup> An estimated 46 million American adults currently smoke cigarettes and annually cigarette smoking causes approximately 443,000 deaths.<sup>2</sup> Half of all long-term smokers die prematurely from smoking-related causes.<sup>3</sup> For every person who dies from tobacco use, another 20 suffer with at least one serious tobacco-related illness.<sup>4</sup>

Furthermore, exposure to secondhand smoke causes premature death and disease in nonsmokers. In 2009, the Institute of Medicine (IOM) concluded that secondhand smoke exposure causes heart attacks, even brief exposure to secondhand smoke could plausibly trigger a heart attack, and smoke-free laws result in fewer heart attack hospitalizations.<sup>5</sup> Additionally, the Surgeon General, concluded in 2006 that there is about a 25%-30% increase in the risk of coronary heart disease from exposure to secondhand smoke.<sup>3, 5</sup> Nonsmokers who are exposed to secondhand smoke at home or work also increase their lung cancer risk by 20%-30%.<sup>3</sup>

Tobacco use also exacts a huge economic toll. During 2000-2004, cigarette smoking was estimated to be responsible for \$193 billion in annual health-related economic losses in the United States with \$96 billion in direct medical costs and approximately \$97 billion in lost productivity.<sup>6</sup>

Fully funding state tobacco control programs could make a dramatic difference. As Centers for Disease Control and Prevention’s (CDC) *Best Practices for Comprehensive Tobacco Control, 2007 (Best Practices)* demonstrates, this could be accomplished by dedicating just a small portion of what states collect in tobacco tax revenue and tobacco industry settlement payments to tobacco control activities.<sup>7</sup> By putting into place proven tobacco policies and strategies, we have the ability to dramatically reduce the health and economic burden of tobacco use. The evidence is strong and clear. We know how to end the epidemic of tobacco use and the resulting enormous toll it takes on individuals, families and communities. We need coordinated application of the most effective strategies – combining regulatory, economic, clinical and social approaches – that work together to stimulate public support and change social norms around tobacco use. Increasing the price of tobacco products, implementing smoke-free policies reinforcing smoke-free norms, reducing tobacco advertising and promotion, controlling access to tobacco products, and promoting and assisting tobacco users to quit, are the policy interventions that most effectively drive down tobacco use.

These are not new strategies. The science supporting the effectiveness of these policy interventions has existed for many years and continues to strengthen. CDC published an initial version of *Best Practices* in the late 1990s, and in 2001 the independent Task Force on Community Preventive Services provided recommendations on the most effective interventions for tobacco use prevention and control.<sup>7, 8</sup> In 2007, IOM released *Ending the Tobacco Problem: A Blueprint for the Nation* with the goal of reducing smoking “so substantially that it is no longer a significant public health problem for our nation.”<sup>9</sup> The IOM Committee on Reducing Tobacco Use concluded that this ultimate goal could be achieved with a two-pronged strategy: strengthening and fully implementing traditional tobacco control measures, and changing the regulatory landscape to permit policy innovations. Most recently, in 2008 the World Health Organization (WHO) released MPOWER – a framework describing these strategies and how they may be implemented globally.<sup>10</sup>

---

\* Johann Wolfgang von Goethe (1749 – 1832).

## MPOWER

- M** = **Monitor** tobacco use and prevention policies
- P** = **Protect** people from tobacco smoke
- O** = **Offer** help to quit tobacco use
- W** = **Warn** about the dangers of tobacco
- E** = **Enforce** bans on tobacco advertising, promotion and sponsorship
- R** = **Raise** taxes on tobacco

With its National Tobacco Control Program (NTCP), CDC supports all 50 states and the District of Columbia as well as eight U.S. territories or jurisdictions, six national networks, and seven tribal support centers to achieve the goals of preventing initiation among youth, promoting quitting among adults and youth, eliminating exposure to secondhand smoke, and identifying and eliminating tobacco-related disparities among population groups. The four components of the NTCP are population-based community interventions, counter-marketing, policy and regulation, and surveillance and evaluation. *Best Practices* provides guidance on how to fund and implement these components.

Many states and communities have had in place some or all of these interventions for years and they have the data to show the impact these strategies have had on reducing tobacco use. In California, home of the longest-running comprehensive tobacco control program, adult smoking rates declined from 22.7% in 1988 to 13.3% in 2006.<sup>11, 12</sup> As a result, compared with the rest of the country, heart disease deaths and lung cancer incidence in California have declined at accelerated rates. But the challenge remains to ensure that all states implement this comprehensive package of high-impact strategies and then – only then – will the potential for ending the tobacco epidemic be realized.

## ***Purpose of this Document***

---

The purpose of *Tobacco Control State Highlights, 2010* is to provide tobacco control programs in the 50 states and the District of Columbia with state-specific data about the high-impact strategies they are currently or could be implementing. The document is also intended to provide policymakers with useful and accessible state-level data to assist with decision-making. In the current challenging economic climate, it is crucial that tobacco control programs focus on high-impact policy interventions.

Similar state highlights documents have been published periodically by CDC, beginning in 1996. Numerous state tobacco control indicators are also available online in CDC's STATE system ([www.cdc.gov/tobacco/statesystem](http://www.cdc.gov/tobacco/statesystem)). While there are many indicators that can and should be employed in monitoring a program's progress toward reaching goals, those that were selected for this report are considered important and timely indicators because they are closely aligned with high-impact program and policy recommendations from *Best Practices* and MPOWER.

CDC's *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs* describes the rationale for many of the measures included in this publication, and it includes over 100 additional key indicators that have been scientifically linked to program outcomes.<sup>13</sup> Indicators also relate to the health objectives of *Healthy People 2010*.<sup>14</sup> The availability of recent and reliable data was another important consideration in the selection of indicators. Finally, the 2010 report is organized according to the MPOWER framework to demonstrate the importance of MPOWER and the manner in which *Best Practices* and *Key Outcome Indicators* are aligned with this framework.

## **MPOWER Framework**

---

MPOWER and *Best Practices* are complementary tools for establishing, implementing and evaluating effective tobacco control programs. While *Best Practices*' recommendations clearly outline the program structure for implementing evidence-based comprehensive tobacco control programs and recommended levels of state investment to reduce tobacco use in each state, more specific guidance on evidence-based and highly effective interventions can be found in the MPOWER package of six policies.

What follows is a brief description and explanation of each of the MPOWER strategies.

### **Monitor tobacco use and prevention policies**

As outlined in *Best Practices*, a comprehensive tobacco control program must have a system of surveillance and evaluation that can monitor and document short-term, intermediate, and long-term intervention outcomes in the population to inform program and policy directions as well as to ensure accountability to those with fiscal oversight. *Best Practices* recommends investing approximately 10% of a program's total annual intervention or programmatic budget in surveillance and evaluation efforts.

### **Protect people from tobacco smoke**

Research clearly shows that there is no safe level of exposure to secondhand smoke.<sup>3</sup> Secondhand smoke contains more than 50 carcinogens and causes heart disease and lung cancer in nonsmoking adults.<sup>3</sup> Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from exposure.<sup>3</sup> Worksites are a major source of secondhand smoke exposure for nonsmokers, and workers in restaurants and bars are especially likely to be exposed, often at high concentrations.<sup>3</sup> Creating smoke-free policies in workplaces and other public places not only protects nonsmokers from involuntary exposure to the toxins in tobacco smoke, but also may have the added benefit of reducing tobacco consumption by smokers and increasing the number of smokers who quit.<sup>8, 15</sup>

### **Offer help to quit tobacco use**

Cessation of tobacco use can reduce the risk of tobacco-related disease even among those who have used tobacco for decades.<sup>16</sup> Among current U.S. adult smokers, 70% report that they want to quit completely, and millions have attempted to quit smoking.<sup>17</sup> In addition to effective clinical approaches to helping smokers quit, there are several population-based approaches that have proven to be effective including price increases and smoke-free laws. These include telephone counseling (quitlines) and reducing patient out-of-pocket costs for effective cessation treatment.<sup>8, 18</sup>

### **Warn about the dangers of tobacco**

Comprehensive efforts to educate and warn about the dangers of tobacco use are critical to changing social norms, preventing initiation and promoting cessation. Effective messages that are targeted appropriately can stimulate public support for tobacco control interventions and create a supportive environment for policy and programmatic community efforts.<sup>15</sup> The Task Force on Community Preventive Services' *Guide to Community Preventive Services* strongly recommends sustained media campaigns combined with other interventions as an effective strategy to decrease the likelihood of tobacco initiation and promote smoking cessation.<sup>8</sup> Experience from many states including Arizona, California, Florida, Massachusetts, Minnesota, and Oregon as well as the national Legacy Foundation campaign suggests that message content is very important. Aggressive counter-marketing campaigns

that confront the tobacco industry's marketing tactics have demonstrated effectiveness.<sup>19</sup> Also, advertising campaigns with strong messages about the health consequences of tobacco use perform better than humorous or emotionally neutral campaigns.

## **Enforce bans on tobacco advertising, promotion and sponsorship**

Billions of dollars are spent annually by tobacco companies to make tobacco use appear to be attractive as well as an accepted and established part of American culture.<sup>7</sup> Nonsmoking adolescents exposed to tobacco advertising and promotional campaigns are significantly more likely to become young adult smokers.<sup>20</sup> The 1998 multi-state Master Settlement Agreement (MSA) included specific tobacco industry restrictions related to youth access, marketing, lobbying, and certain types of outdoor advertising. However, following the settlement, tobacco marketing expenditures more than doubled over the next five years.<sup>7</sup> Tobacco promotions have shifted away from media such as billboards and magazines and moved toward retail outlets.<sup>21</sup> Research indicates that point-of-sale advertising encourages youth, particularly younger teens, to try smoking.<sup>7</sup>

With the enactment of the Family Smoking Prevention and Tobacco Control Act (FSPTCA)\* on June 22, 2009, the U.S. Food and Drug Administration (FDA) was given authority to regulate marketing and promotion of tobacco products. Through this legislation, states and local communities are also granted the authority to impose restrictions, such as specific bans or restrictions on the time, place, and manner of cigarette advertising. It will be important to measure and monitor the compliance with and impact of these federal, state and local regulations and restrictions to help counter the billions of dollars that are spent annually by the tobacco companies to make tobacco use an accepted and established part of our culture.

## **Raise taxes on tobacco**

Increasing the price of tobacco products reduces tobacco consumption and prevalence, especially among the most price-sensitive populations (e.g. young people).<sup>22</sup> Increasing cigarette taxes is an effective method of increasing the real price of cigarettes, but maintaining high prices requires continued tax adjustments to offset the effects of inflation and industry practices designed to control retail product prices.<sup>22, 23</sup> To illustrate the latter issue, in 2006, cigarette companies spent over \$12 billion on advertising and promotional expenses. Of this, the largest expenditure category by far consisted of promotional allowance price discounts paid to retailers or wholesalers to reduce the price.<sup>24</sup>

## **Indicators and Summary of Findings**

While there are many indicators used by tobacco control programs to monitor and evaluate programs, those that were selected for this document are closely aligned with policy recommendations from *Best Practices* and have recent and reliable data available. What follows is a description of each indicator and its importance for measuring progress, followed by a brief description of the data sources and definitions. More detailed information on the data sources and definitions are given later in this document.

---

\* Family Smoking Prevention and Tobacco Control Act. Pub. L. No. 111-31 (June 22, 2009). Available at <http://www.gpo.gov/fdsys/pkg/PLAW-111publ31/content-detail.html>



## Monitor

### **Current Smoking among Adults**

Smoking prevalence among adults is a fundamental indicator in monitoring the population impact of tobacco use (see Key Outcome Indicator (KOI) 3.14.1).<sup>13</sup> When assessing smoking prevalence, it is essential to consider the demographic subgroups within the population, as prevalence typically varies by age, race/ethnicity, educational status, and other factors.

The adult smoking prevalence in 2008 ranged from 9.3% in Utah to 26.5% in West Virginia. Across all states, the median prevalence was 18.4%. In general, smoking was more prevalent among those with less education and those who were younger.

### **Past Month Cigarette Use among Youth**

Tobacco use prevention among youth is a critical component of overall efforts to reduce future tobacco-related morbidity and mortality (see KOI 1.14.1).<sup>13</sup> Smoking during adolescence not only increases the risk of long-term addiction, but causes serious near-term health problems such as reduced lung capacity and reduced physical fitness.<sup>22</sup>

In 2006-2007, the percentage of youth ages 12-17 years who reported smoking part or all of a cigarette in the past 30 days ranged from 6.5% in Utah to 15.9% in Kentucky. The national average was 10.1%.

### **Smoking-Attributable Adult Mortality**

Although smoking prevalence has declined dramatically since its peak in the 1960s, the number of smoking-attributable deaths has remained relatively unchanged, because the population has increased and because cohorts of smokers with the highest peak prevalence have now reached the ages with the highest incidence of smoking-attributable diseases.<sup>6</sup>

The national average for smoking-attributable deaths in 2000-2004 among adults ages 35 years and older was 248.5 per 100,000. This means for every 100,000 people ages 35 years or older, an estimated 248.5 people die annually from cigarette smoking in the United States. Average rates among states for 2000-2004 vary greatly, ranging from 138.3 per 100,000 in Utah to 370.6 per 100,000 in Kentucky.

## Protect

### **State Smoke-free Policy**

Smoke-free laws covering workplaces, restaurants, and bars without exceptions are the only way to fully protect workers and the public from indoor exposure to secondhand smoke. The *Healthy People 2010* objective (Objective 27-13) was for all 50 states and DC to establish laws on smoke-free indoor air that prohibit smoking in public places and worksites.<sup>14</sup> This indicator is also KOI 2.4.1.<sup>13</sup>

Although having a statewide policy should be the goal, comprehensive local laws provide protection for local residents and may build momentum for statewide action. Enacting local laws can increase support and demand for a statewide law by increasing awareness, demonstrating the ease of implementation and changing social norms.<sup>13</sup> For these reasons, local smoke-free laws should not be preempted by states, as stated in *Healthy People 2010* Objective 27-19.<sup>14</sup>

By the end of 2009, statewide laws ranged from complete smoking bans in workplaces, restaurants and bars (22 states), to partial coverage (4 states with 2 of the 3 areas, 6 states with 1 of the 3 areas), to no coverage (19 states with no areas completely covered).

### ***Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks***

When knowledge of the harms of secondhand smoke are communicated effectively, acceptance of, and demand for, smoking bans increase. As state and local smoking bans are enacted covering work-sites and public places, people become educated about the need for policies to protect themselves from exposure to secondhand smoke. Though many states and localities have smoke-free laws in place, they are not all comprehensive, and as a result, some workers are left unprotected. Additionally, compliance with existing policies is essential for the policy to have a public health impact. Thus, this exposure indicator (KOI 2.7.1) reflects both compliance with policies and the existence of policies themselves.<sup>13</sup>

Nationally, 7.3% of respondents who work indoors in 2006-2007 reported anyone smoking within the past two weeks at their worksite. Across the states, this ranged from 2.8% in Delaware to 16.9% Nevada.

## **Offer**

### ***Percent of Smokers Calling Quitline***

Although quitting smoking can decrease premature mortality – as well as tobacco-related health care costs in the near term – tobacco use is addictive and quitting is difficult. Although many smokers try to quit each year, without assistance most will relapse.<sup>7</sup> Quitlines have been shown to be effective in helping smokers stop using tobacco. State quitlines fully funded at levels recommended by CDC could serve 8% of the state's smokers (assuming 6% go on to receive counseling, and 85% of those counseled receive two weeks of free nicotine replacement therapy when offered).<sup>7</sup>

Nationally, the percentage of adult smokers that reported calling their state quitline in 2006-2007 was 2.8%, ranging from 10.9% in Maine to 0.4% in Virginia.

### ***Medicaid Coverage for Counseling and Medications***

Despite the progress in reducing tobacco use in the general population, Medicaid enrollees continue to have a higher prevalence of smoking, probably in part because of limited access to the medications and counseling that increase the chance for a successful quit attempt.<sup>25</sup> The *Clinical Practice Guideline* recommends comprehensive insurance coverage of tobacco dependence treatments without barriers that reduce utilization and subsequent success of these services by all health insurance providers, including Medicaid.<sup>18</sup>

A *Healthy People 2010* objective (Objective 27-8) was to increase insurance coverage among all 51 Medicaid programs to include all FDA-approved pharmacotherapies as well as behavioral therapies for tobacco dependence.<sup>14</sup> In 2007, only seven states (Indiana, Massachusetts, Minnesota, New Mexico, Oklahoma, Oregon, and Pennsylvania) had reached this goal, while six states (Alabama, Connecticut, Georgia, Missouri, Nebraska, and Tennessee) had no Medicaid coverage for medications or counseling.

## Warn

### ***Households with No-Smoking Rules***

The home is the primary source of exposure to secondhand smoke for infants and children and a major source for non-smoking adults.<sup>3</sup> As there is no safe level of secondhand smoke exposure, creating and enforcing a smoke-free home policy is one of the most important decisions a family can make to ensure the health of the household members, including pets. Existence of no-smoking rules indicates that household members have been made aware of the dangers of smoke and smoking. This indicator corresponds to KOI 2.4.4.<sup>13</sup>

Nationally, an average of 77.6% of households reported having rules that smoking was not allowed inside the home in 2006-2007, ranging from 90.6% in Utah to 60.9% in Kentucky.

### ***Tobacco Counter-Marketing Media Intensity***

Well-designed, hard-hitting counter-marketing of sufficient reach, duration and frequency can increase awareness, promote favorable attitudes toward tobacco control, and influence behavior.<sup>7, 26</sup> Gross rating points (GRPs) are a measure of the total intensity of a general audience media campaign, and represent total reach (the percentage of households exposed to an ad campaign) multiplied by frequency of exposure to the ads. Targeted campaigns can be assessed by tracking targeted rating points (TRPs), which measure the percent of the targeted population that is exposed to a media campaign. The *Best Practices* media funding recommendations translate into approximately 800 youth TRPs (80% of the audience reached with 10 exposures each) and 1200 general audience GRPs (80% of the audience reached with 15 exposures each) per quarter.

Nationally, 42 states and the District of Columbia had data available for 2008. (Complete data were not available for 8 states that lacked sufficiently large media markets for comparable data collection in 2008.) Among those with available data, state programs had a median of 30 TRPs per quarter for youth campaigns and 138 GRPs per quarter for general audience campaigns. The values ranged from 1,070 TRPs and 4,766 GRPs per quarter in Utah to 0 GRPs per quarter in four states (Alabama, Georgia, Mississippi, and North Dakota) and 0 TRPs per quarter in six states (Alabama, Georgia, Mississippi, North Dakota, Tennessee, and Texas).

## Enforce

### ***State Allows Local Advertising and Promotion Laws***

States may preempt the ability of local communities to enact certain local laws, including those that restrict tobacco advertising and promotion. In the latter case, preemption may have a negative effect on efforts for tobacco control. A *Healthy People 2010* objective (Objective 27-19) was to eliminate all laws that preempt local action on tobacco control.<sup>14</sup>

In 2009, there were several states that preempted local communities from enacting more restrictive advertising and promotion laws than those of the state: 12 preempt retail display laws, 13 preempt promotion laws, and 14 preempt sampling laws. Nine states preempt in all three of these areas.

## **Retail Environment Tobacco Licensure**

Laws that require businesses to obtain a license to sell tobacco products over the counter and/or in vending machines can help reduce illegal sales to youth and can increase compliance with local, state, and federal tobacco laws (see KOI 1.8.2).<sup>13</sup> Because tobacco sales often represent a significant proportion of a business's revenue, there is a strong incentive to comply with the laws in order to avoid suspension or revocation of the license. License fees are often used to support the cost of compliance checks.

The number of states that require licensure for both over the counter sales and vending machines is 37, while 8 states do not require either type of license.

## **Raise**

### **Amount of Cigarette Excise Tax**

Because of the strength of the inverse relationship between cigarette price and smoking prevalence among young people and adults, raising the price of cigarettes with excise taxes has been one of the most effective tobacco control interventions.<sup>7, 8</sup> The amount of product excise tax is one of the most fundamental and reliable indicators of the success of a tobacco control program (see KOI 1.12.1 and KOI 3.12.1).<sup>13</sup>

At the close of 2009, the national average for state cigarette taxes was \$1.34. The median sales tax rate was \$1.18 per pack. Across states, the excise tax ranged from \$3.46 in Rhode Island to \$0.07 in South Carolina.

### **Minimum Price Law**

Because increasing the price of tobacco is so effective at reducing prevalence and consumption, it is important that efforts to raise prices are not undermined by tobacco industry efforts to allow tobacco users to buy their products too cheaply. States have increased taxes as the primary method of raising price. Tobacco companies have utilized discounts, coupons, and other price promotions to reduce the impact excise tax increases would otherwise have on consumption and youth initiation.<sup>27</sup> State minimum price laws prohibit cigarettes from being sold below a price calculated by a formula contained in the state statute; thus, they are a means to prevent or mitigate tobacco industry efforts to keep effective prices low.

In 2009, 24 states and DC had minimum pricing laws.

### **State Funding for Tobacco Control**

CDC developed guidelines for funding a comprehensive program at levels needed to end the tobacco epidemic. In *Best Practices*, five broad categories of program components are recommended for each state, with per capita amounts for each category. State funding for tobacco control is one of the best indicators of success over time if funds have been invested appropriately. States that have made larger investments in comprehensive tobacco control programs have seen cigarette sales drop more than twice as much as in the United States as a whole, and smoking prevalence among adults and youth has declined faster as spending for tobacco control programs increased.<sup>28, 29</sup>

This report presents state investment in tobacco control as a percentage of actual state spending in 2007 relative to the expenditure amount recommended in *Best Practices*. In 2007, no states were funded at 100% of CDC - recommended funding. Maine ranked first with 85.5% of recommended funding, and Tennessee ranked last at 1.1%.

# State Highlights

---



# ALABAMA

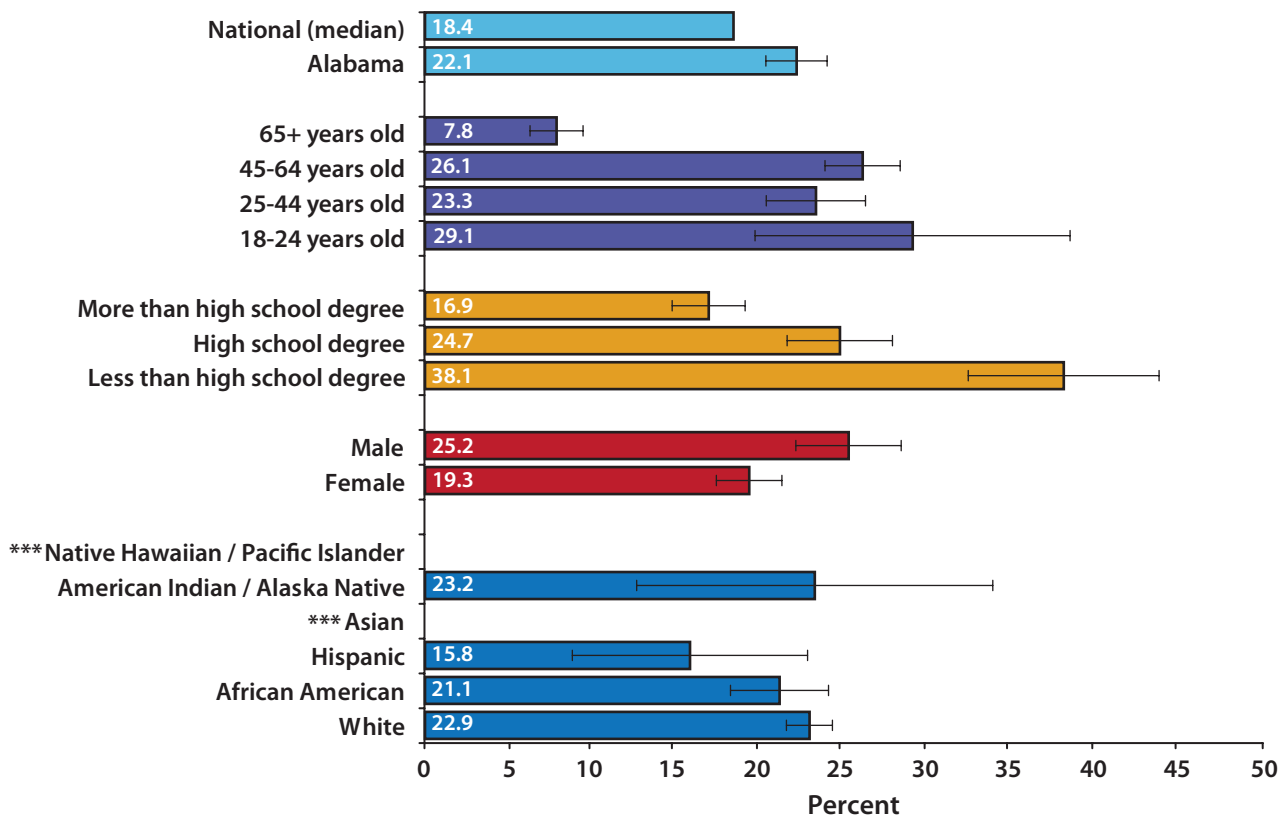
## Monitor

In Alabama, 22.1% of the adult population (ages 18+) – over 783,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Alabama ranks 42<sup>nd</sup> among the states.

Among youth ages 12-17, 12.0% smoke in Alabama. The range across all states is 6.5% to 15.9%. Alabama ranks 40<sup>th</sup> among the states.

Among adults ages 35+, over 7,600 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 317.5/100,000. Alabama's smoking-attributable mortality rate ranks 44<sup>th</sup> among the states.

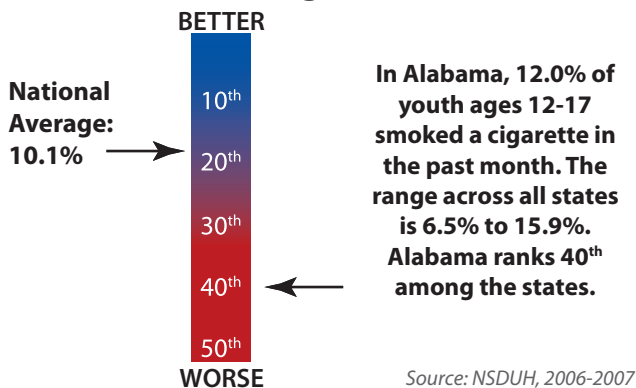
### Current Smoking among Adults by Demographic Characteristics



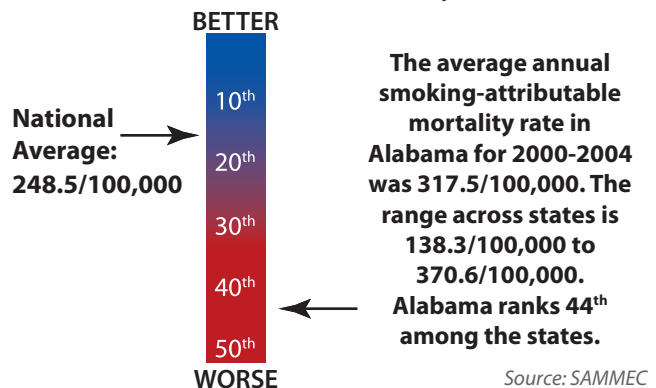
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

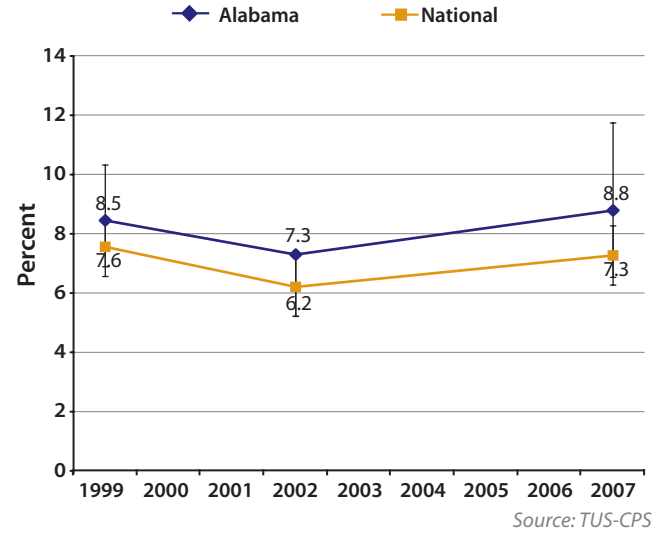


## Protect

Alabama does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places.



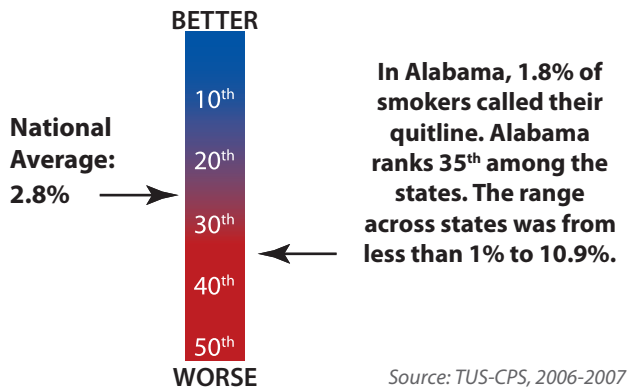
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Alabama than in the nation overall. Currently, Alabama ranks 39<sup>th</sup> among the states for workplace exposure, at 8.8%.

## Offer

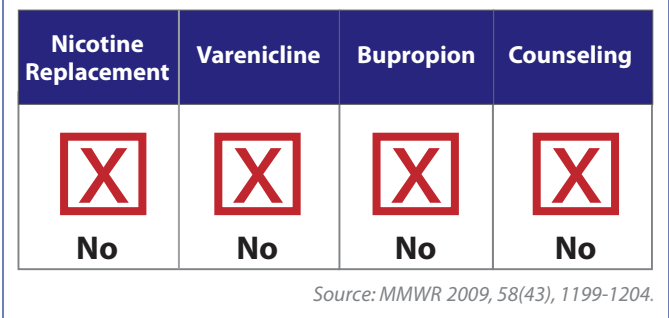
### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Alabama, 1.8% of smokers called their quitline.

The Medicaid fee-for-service program in Alabama covered none of the tobacco dependence treatments recommended by the U.S. Public Health Service's *Clinical Practice Guideline*.

### Medicaid Coverage for Counseling and Medications

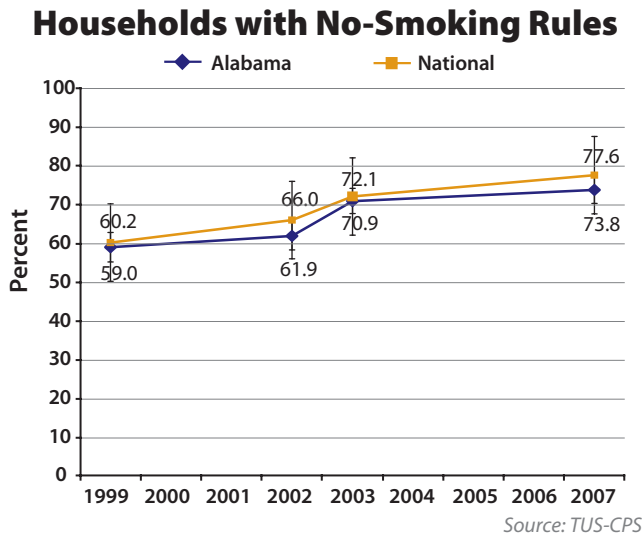


# ALABAMA

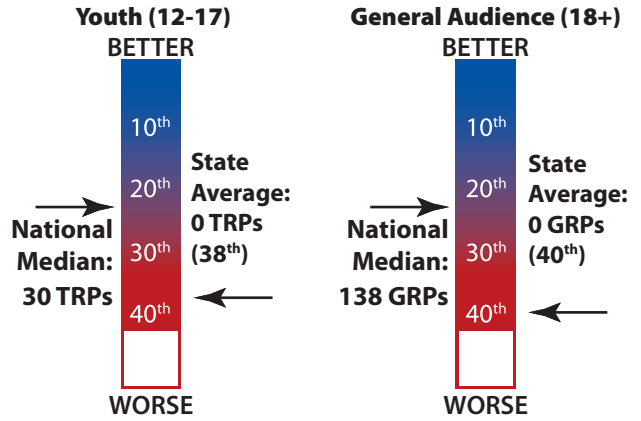
## Warn

Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Alabama, as in the nation, an increasing number of families have such a rule.

Currently, 73.8% of Alabama homes have this rule. Alabama ranks 34<sup>th</sup> among the states.



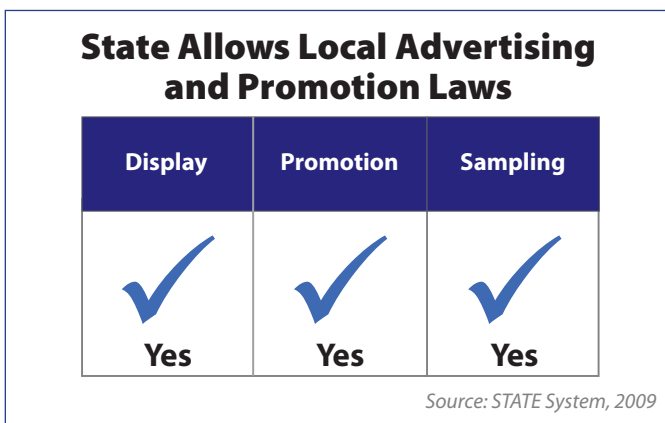
## Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Alabama's major media market(s) aired an average of 0 youth TRPs and 0 general audience GRPs per quarter in 2008. Alabama ties for last for the number of youth TRPs and for the number of general audience GRPs aired.

## Enforce

Alabama allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.



## Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	Yes

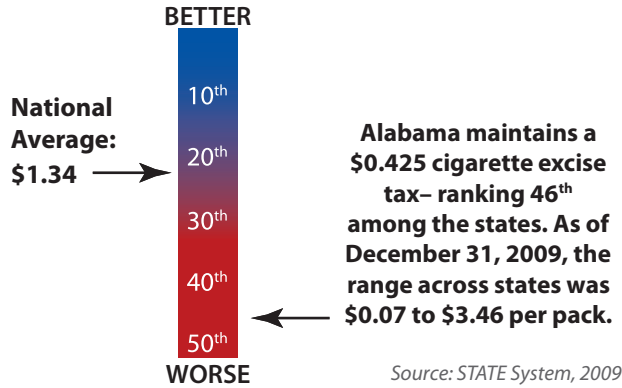
Source: STATE System, 2009

Alabama requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax



Alabama maintains a \$0.425 per pack tax, ranking 46<sup>th</sup> among the states.

Alabama does not have a minimum price law.

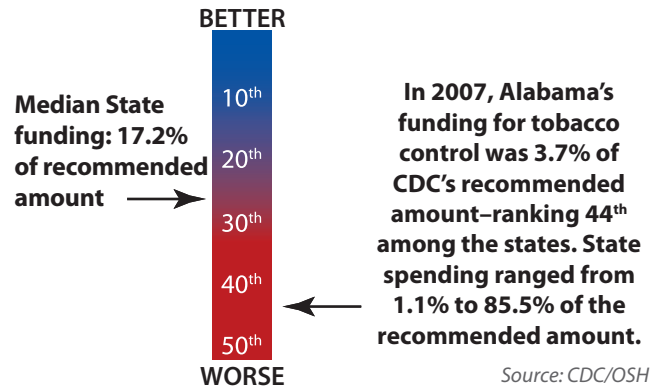
## Minimum Price Law for Cigarettes



*Source: CDC/OSH*

Approximately 23% of the annual revenue generated from state excise taxes and settlement payments would fund Alabama's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Alabama's funding for tobacco control was 3.7% of the recommended level. Alabama ranks 44<sup>th</sup> among the states.

## State Funding for Tobacco Control



# ALASKA

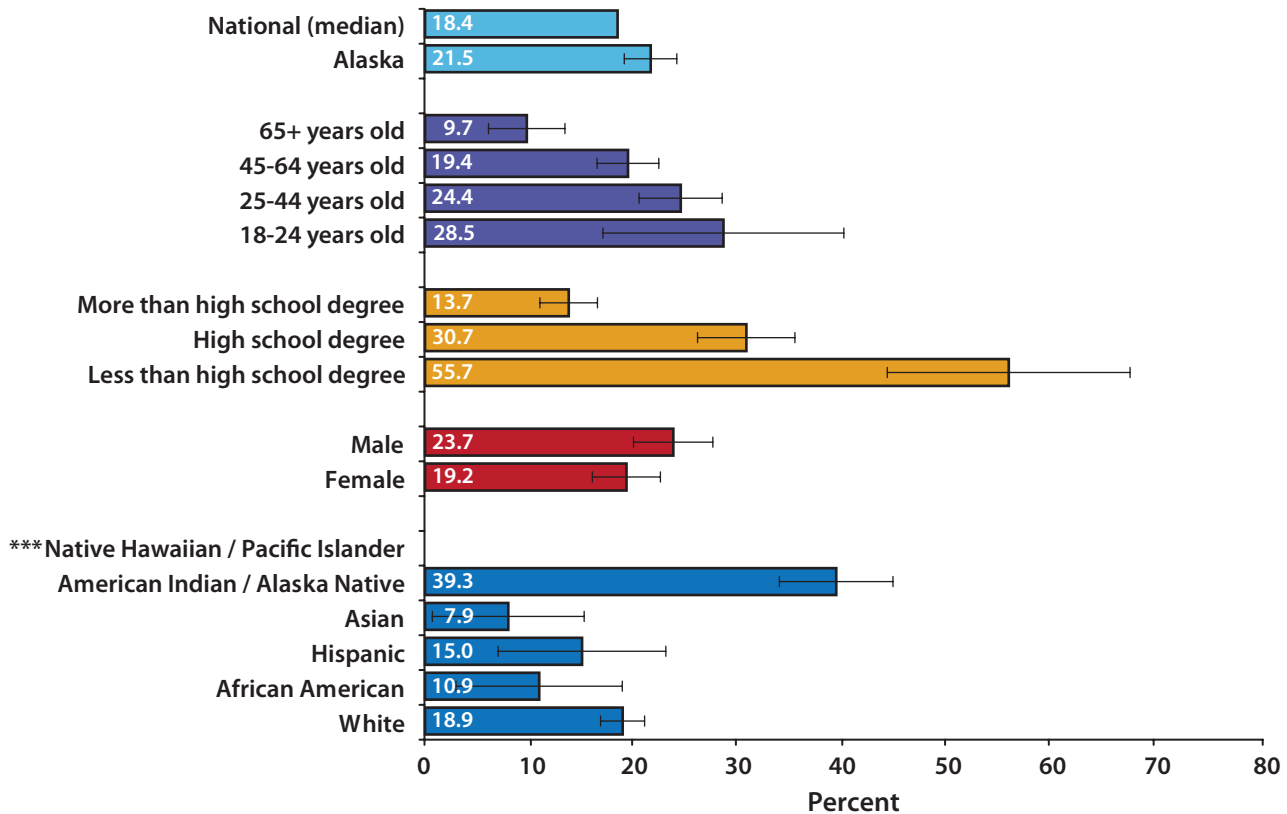
## Monitor

In Alaska, 21.5% of the adult population (ages 18+) – over 109,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Alaska ranks 41<sup>st</sup> among the states.

Among youth ages 12-17, 9.7% smoke in Alaska. The range across all states is 6.5% to 15.9%. Alaska ranks 14<sup>th</sup> among the states.

Among adults ages 35+, over 500 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 270.4/100,000. Alaska's smoking-attributable mortality rate ranks 29<sup>th</sup> among the states.

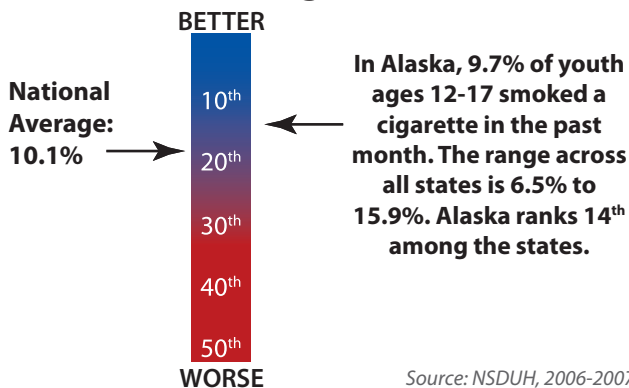
### Current Smoking among Adults by Demographic Characteristics



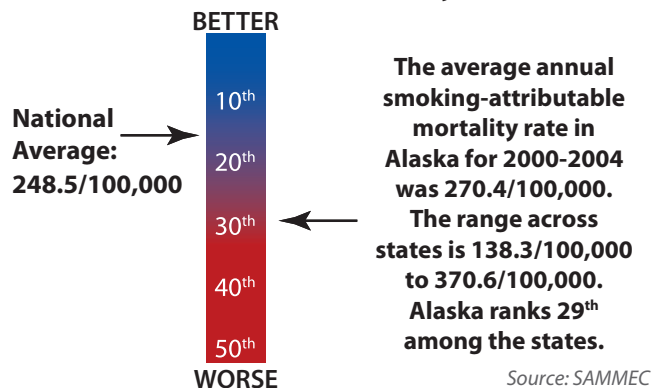
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality



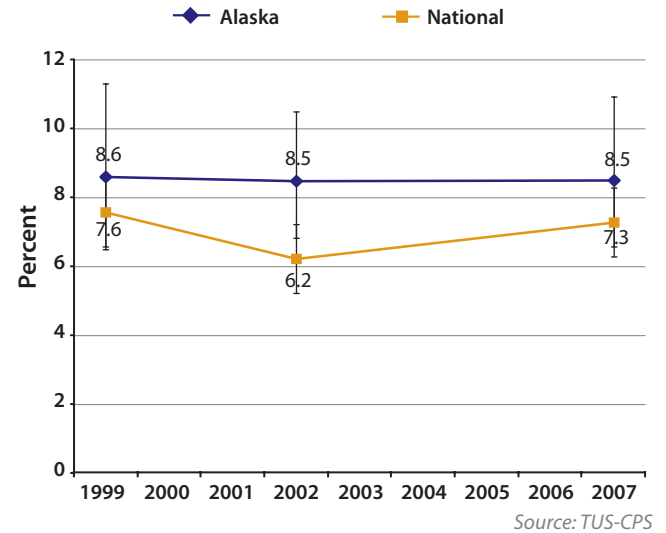
## Protect

Alaska does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>No</b>	 <b>No</b>	 <b>No</b>

Source: STATE System, 2009

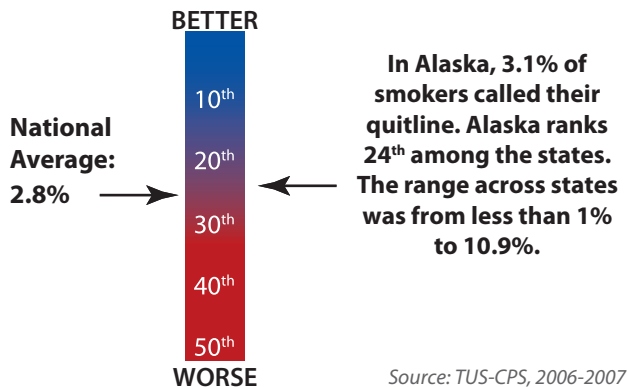
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Alaska than in the nation overall. Currently, Alaska ranks 35<sup>th</sup> among the states for workplace exposure, at 8.5%.

## Offer



### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Alaska, 3.1% of smokers called their quitline.

The Medicaid fee-for-service program in Alaska provides only partial coverage for tobacco dependence treatment. Alaska's Medicaid policy provides coverage for both bupropion and varenicline. Alaska's Medicaid policy provides coverage for individual counseling, but not group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
Partial	 <b>Yes</b>	 <b>Yes</b>	Partial

Source: MMWR 2009, 58(43), 1199-1204.

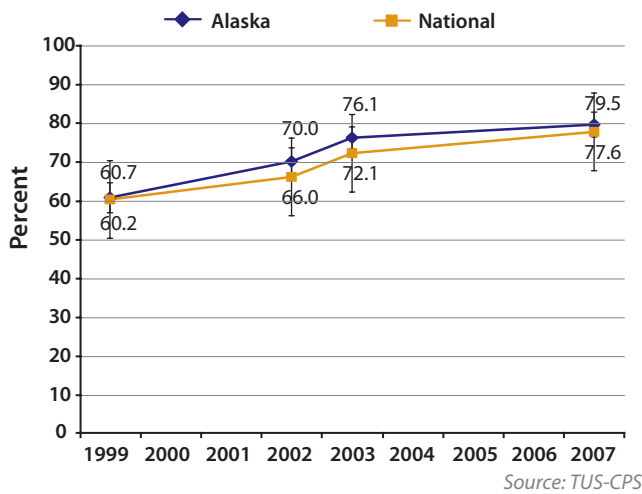
# ALASKA

## Warn

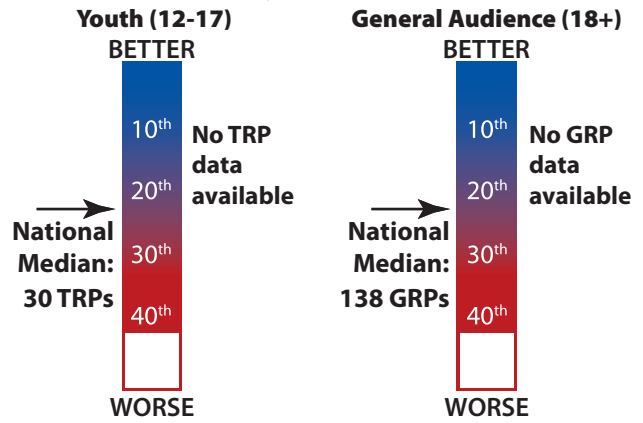
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Alaska, as in the nation, an increasing number of families have such a rule.

Currently, 79.5% of Alaska homes have this rule. Alaska ranks 16<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Alaska has no reported data.

## Enforce

Alaska allows local regulation of tobacco industry promotions, sampling, and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

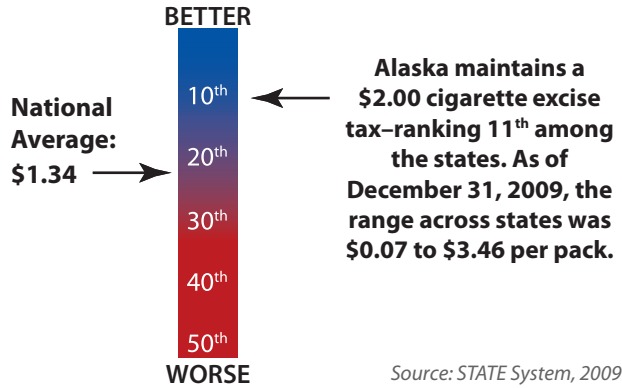
Over the Counter	Vending Machines
Yes	Yes

Source: STATE System, 2009

Alaska requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax

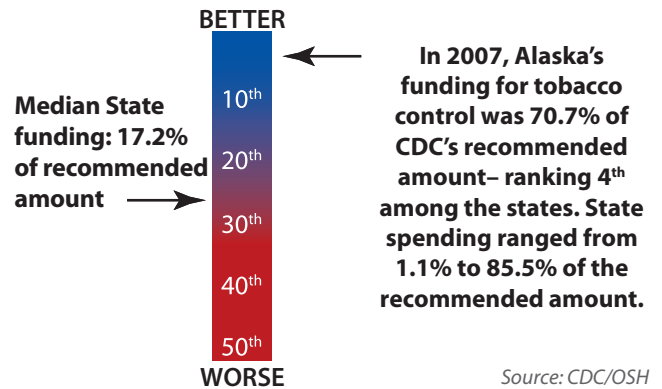


Alaska maintains a \$2.00 per pack tax, ranking 11<sup>th</sup> among the states.

Alaska has a minimum price law. Wholesalers must mark up cigarettes by 4.5 percent and retailers must mark up cigarettes by at least 6 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 13% of the annual revenue generated from state excise taxes and settlement payments would fund Alaska’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Alaska’s funding for tobacco control was 70.7% of the recommended level. Alaska ranks 4<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

# ARIZONA

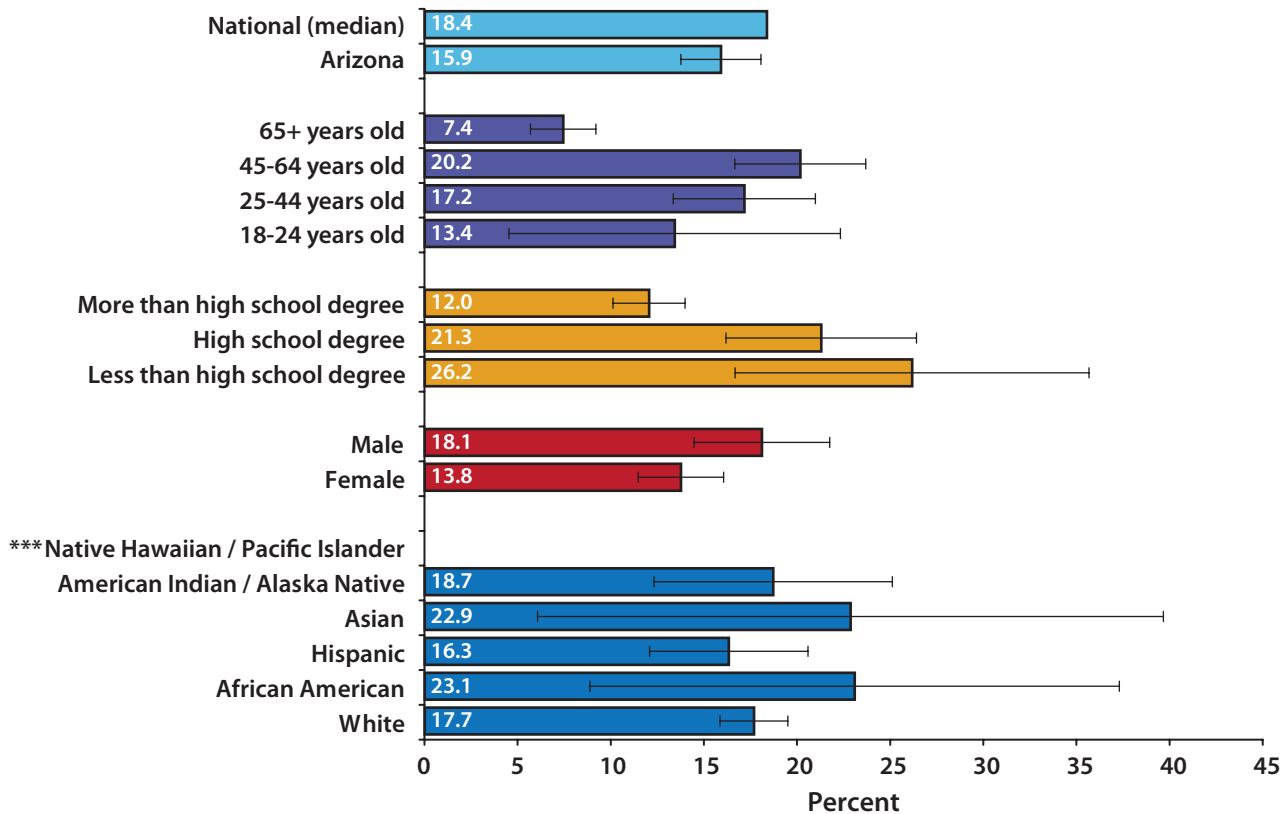
## Monitor

In Arizona, 15.9% of the adult population (ages 18+) – over 762,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Arizona ranks 7<sup>th</sup> among the states.

Among youth ages 12-17, 10.6% smoke in Arizona. The range across all states is 6.5% to 15.9%. Arizona ranks 23<sup>rd</sup> among the states.

Among adults ages 35+, over 6,900 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 247.4/100,000. Arizona's smoking-attributable mortality rate ranks 15<sup>th</sup> among the states.

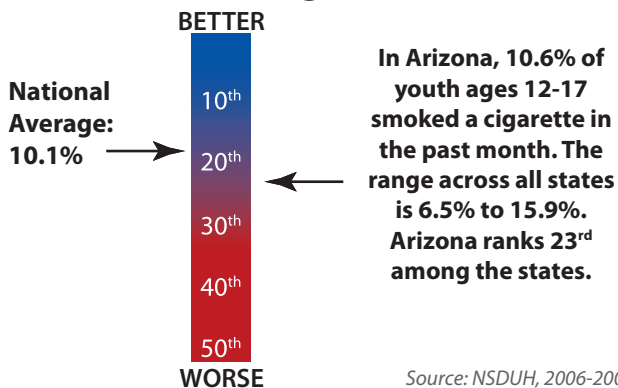
### Current Smoking among Adults by Demographic Characteristics



\*\*\* Data not shown because sample size is less than 50.

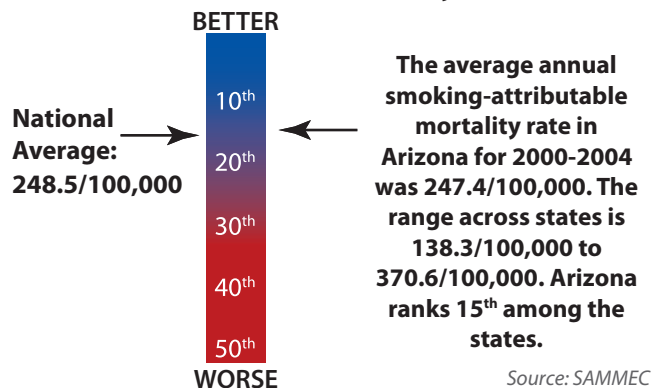
Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



Source: NSDUH, 2006-2007

### Smoking-Attributable Adult (35+) Mortality



Source: SAMMEC

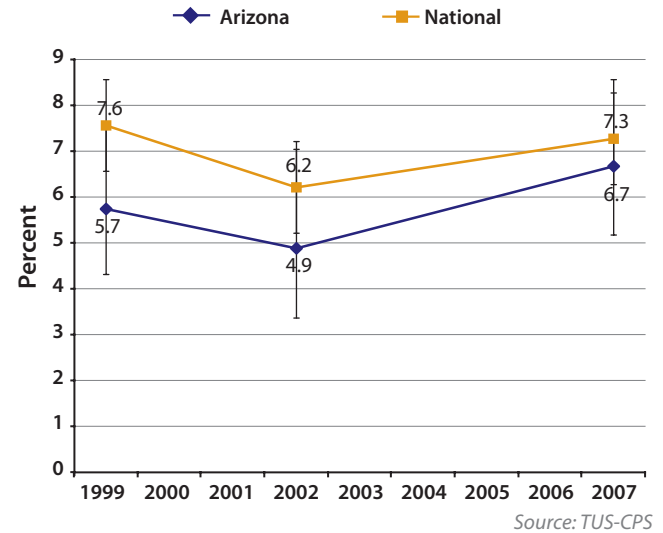
## Protect

Arizona has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

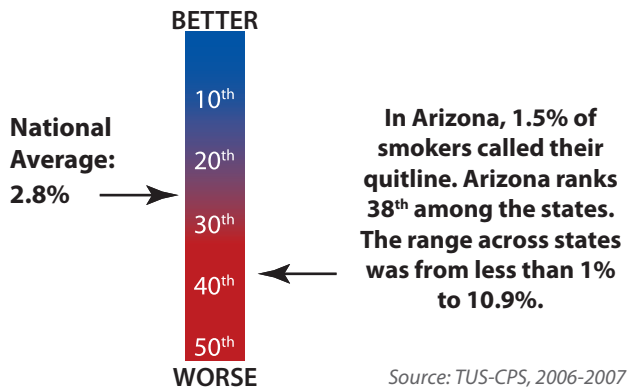
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Arizona than in the nation overall. Currently, Arizona ranks 23<sup>rd</sup> among the states for workplace exposure, at 6.7%.

## Offer




### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Arizona, 1.5% of smokers called their quitline.

The Medicaid fee-for-service program in Arizona provides no coverage for tobacco dependence treatment. Arizona's Medicaid policy does not provide coverage for bupropion or varenicline. Arizona's Medicaid policy provides coverage for individual counseling, but not group or telephone counseling, and this coverage is for pregnant women only.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>No</b>	 <b>No</b>	 <b>No</b>	<b>Partial</b>

Source: MMWR 2009, 58(43), 1199-1204.

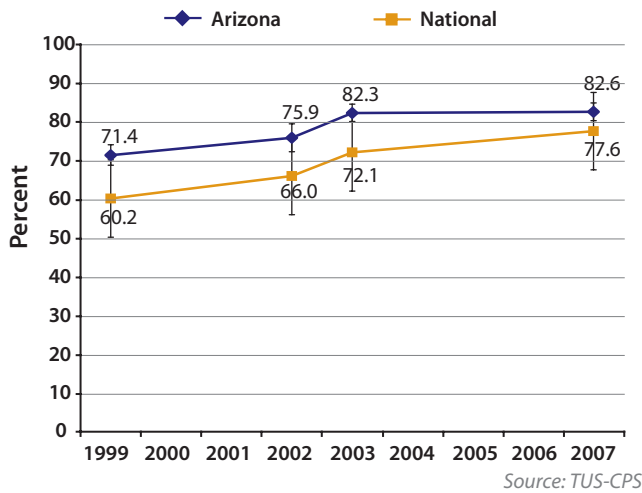
# ARIZONA

## Warn

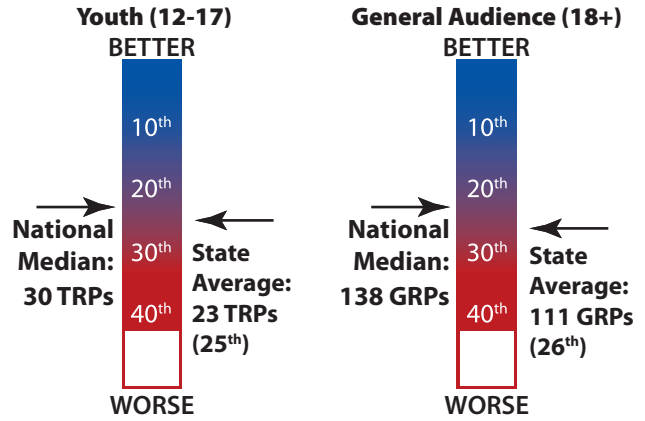
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Arizona, as in the nation, an increasing number of families have such a rule.

Currently, 82.6% of Arizona homes have this rule. Arizona ranks 8<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Arizona's major media market(s) aired an average of 23 youth TRPs and 111 general audience GRPs per quarter in 2008. Arizona ranks 25<sup>th</sup> among the states for the number of youth TRPs and 26<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Arizona allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	No

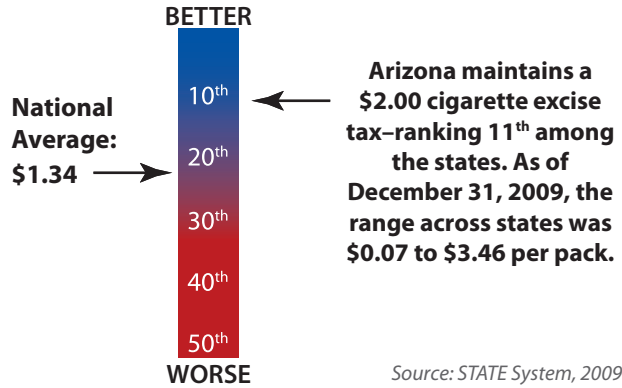
Source: STATE System, 2009

Arizona requires all establishments selling tobacco products over the counter but not by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax



Arizona maintains a \$2.00 per pack tax, ranking 11<sup>th</sup> among the states.

Arizona does not have a minimum price law.

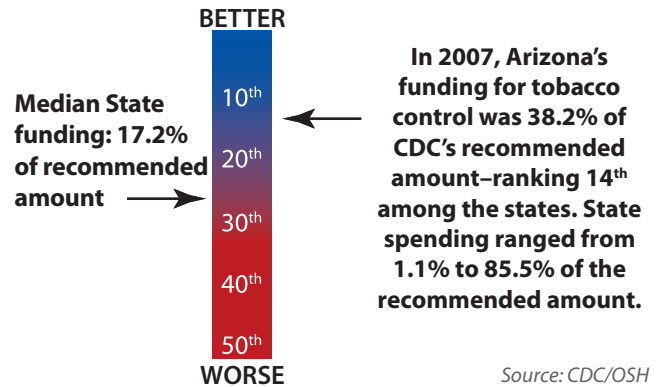
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 18% of the annual revenue generated from state excise taxes and settlement payments would fund Arizona's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Arizona's funding for tobacco control was 38.2% of the recommended level. Arizona ranks 14<sup>th</sup> among the states.

## State Funding for Tobacco Control



# ARKANSAS

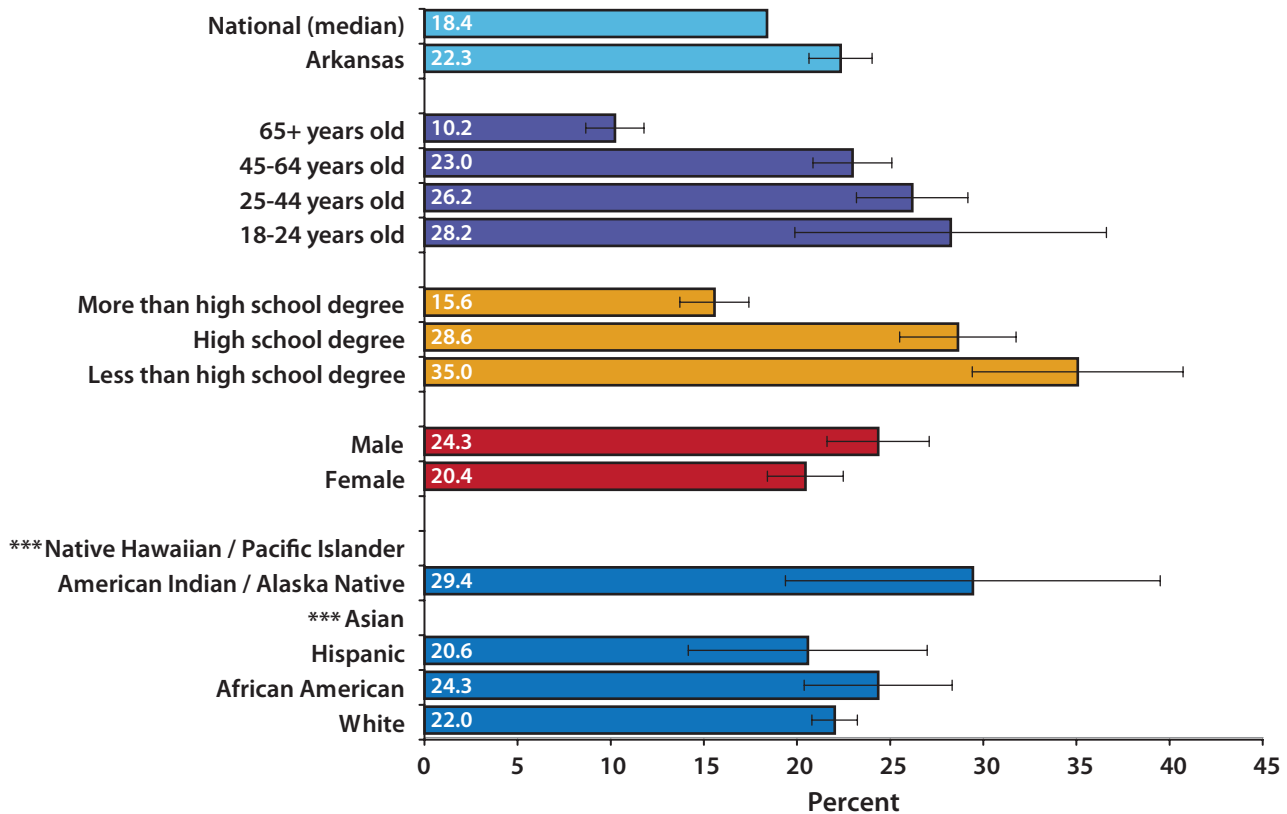
## Monitor

In Arkansas, 22.3% of the adult population (ages 18+) – over 480,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Arkansas ranks 44<sup>th</sup> among the states.

Among youth ages 12-17, 14.5% smoke in Arkansas. The range across all states is 6.5% to 15.9%. Arkansas ranks 49<sup>th</sup> among the states.

Among adults ages 35+, over 4,900 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 323.7/100,000. Arkansas's smoking-attributable mortality rate ranks 45<sup>th</sup> among the states.

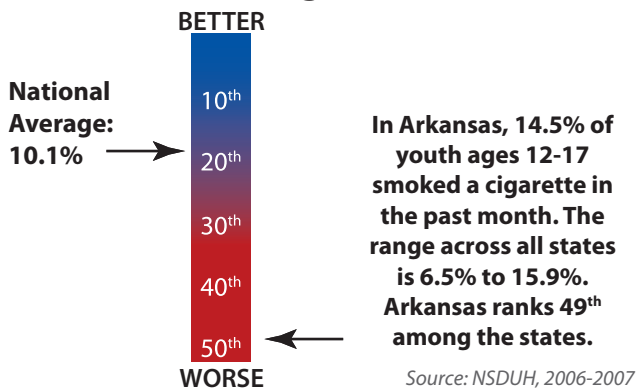
### Current Smoking among Adults by Demographic Characteristics



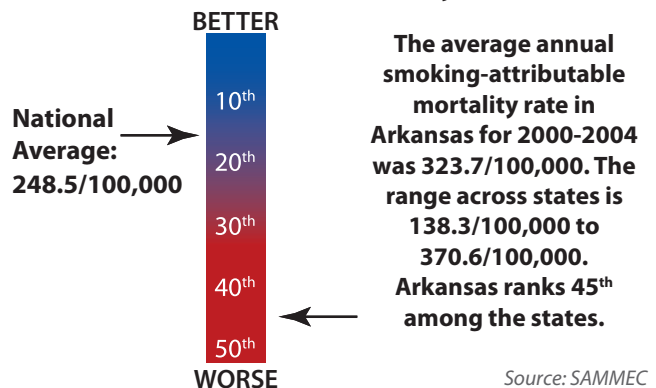
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17




### Smoking-Attributable Adult (35+) Mortality



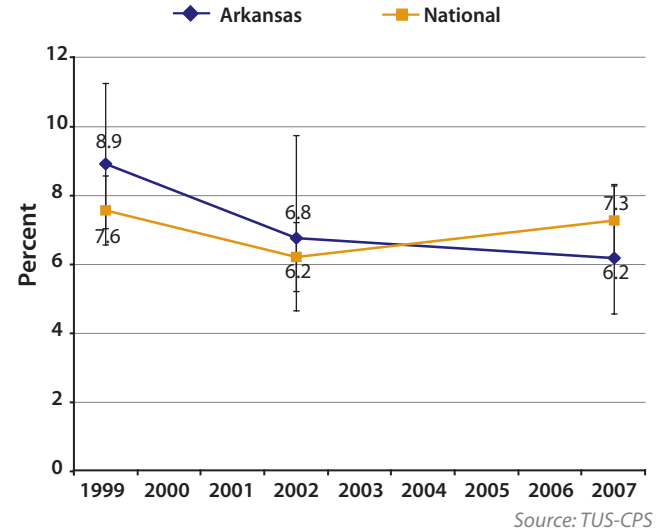
## Protect

Arkansas has a smoke-free law that provides partial protection against exposure to secondhand smoke in public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>No</b>	 <b>No</b>

Source: STATE System, 2009

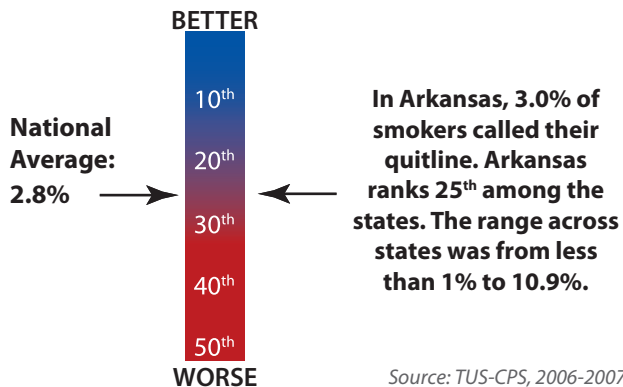
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Arkansas than in the nation overall. Currently, Arkansas rank 19<sup>th</sup> among the states for workplace exposure, at 6.2%.

## Offer



### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Arkansas, 3.0% of smokers called their quitline.

The Medicaid fee-for-service program in Arkansas provides only partial coverage for tobacco dependence treatment. Arkansas's Medicaid policy provides coverage for both bupropion and varenicline. Arkansas's Medicaid policy provides coverage for individual counseling, but not group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
Partial	 <b>Yes</b>	 <b>Yes</b>	Partial

Source: MMWR 2009, 58(43), 1199-1204.

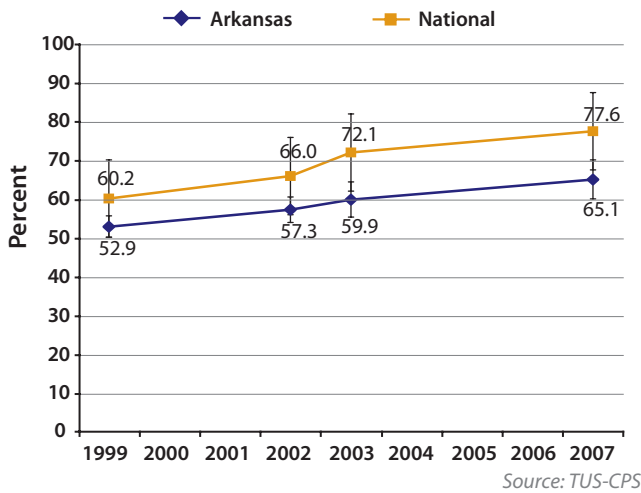
# ARKANSAS

## Warn

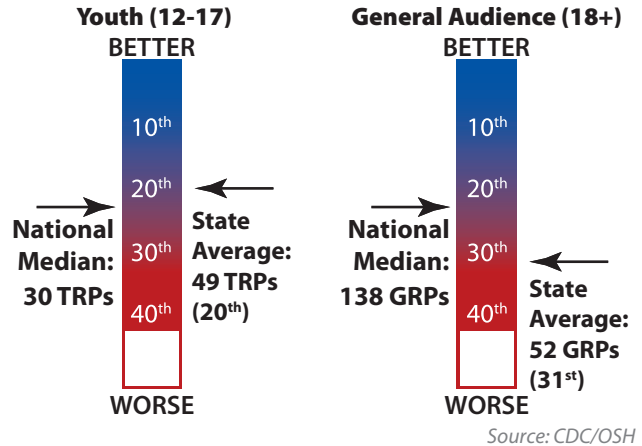
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Arkansas, as in the nation, an increasing number of families have such a rule.

Currently, 65.1% of Arkansas homes have this rule. Arkansas ranks 49<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Arkansas's major media market(s) aired an average of 49 youth TRPs and 52 general audience GRPs per quarter in 2008. Arkansas ranks 20<sup>th</sup> among the states for the number of youth TRPs and 31<sup>st</sup> among the states for the number of general audience GRPs aired.

## Enforce

Arkansas allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

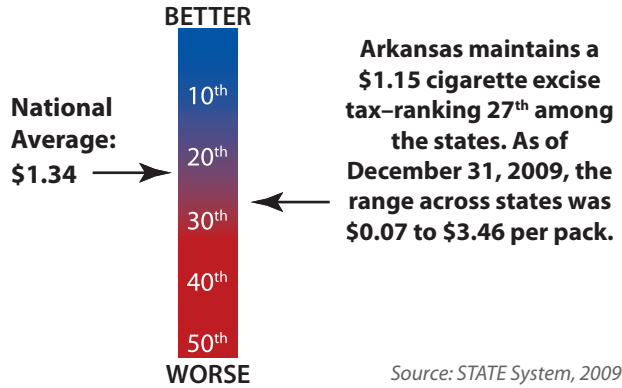
Over the Counter	Vending Machines
Yes	Yes

Source: STATE System, 2009

Arkansas requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax

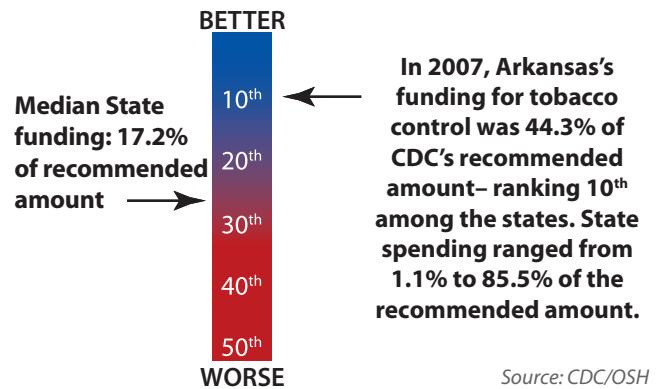


Arkansas maintains a \$1.15 per pack tax, ranking 27<sup>th</sup> among the states.

Arkansas has a minimum price law. Wholesalers must mark up cigarettes by 4 percent and retailers must mark up cigarettes by at least 7 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 18% of the annual revenue generated from state excise taxes and settlement payments would fund Arkansas's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Arkansas's funding for tobacco control was 44.3% of the recommended level. Arkansas ranks 10<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

# CALIFORNIA

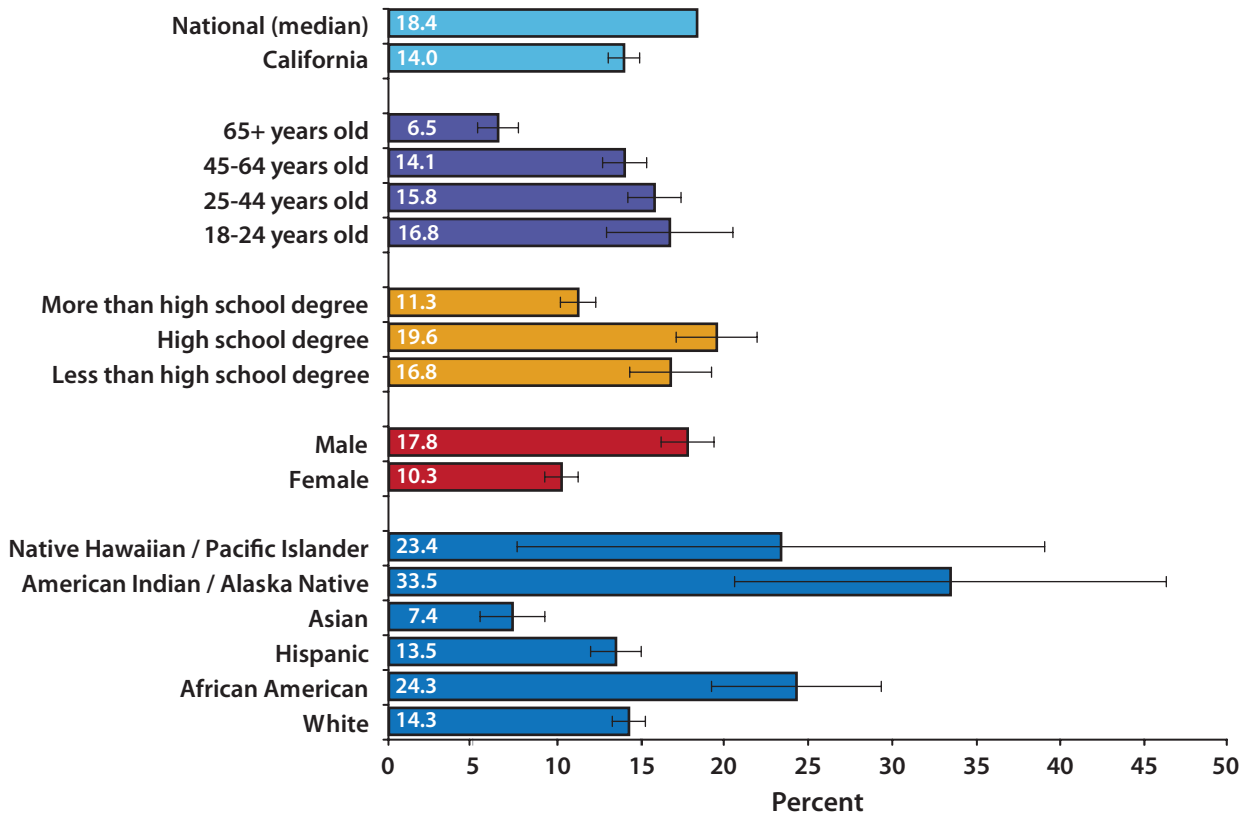
## Monitor

In California, 14.0% of the adult population (ages 18+) – over 3,839,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. California ranks 2<sup>nd</sup> among the states.

Among youth ages 12-17, 6.9% smoke in California. The range across all states is 6.5% to 15.9%. California ranks 3<sup>rd</sup> among the states.

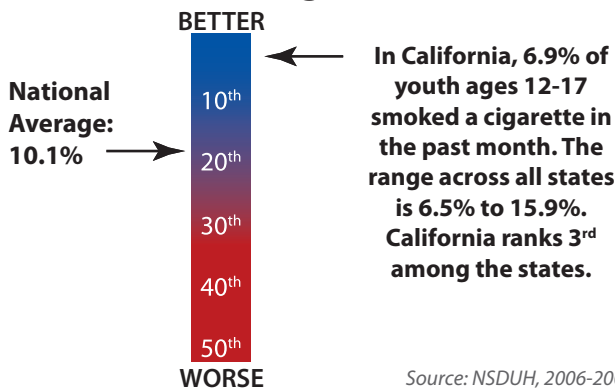
Among adults ages 35+, over 36,700 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 235.0/100,000. California's smoking-attributable mortality rate ranks 6<sup>th</sup> among the states.

### Current Smoking among Adults by Demographic Characteristics



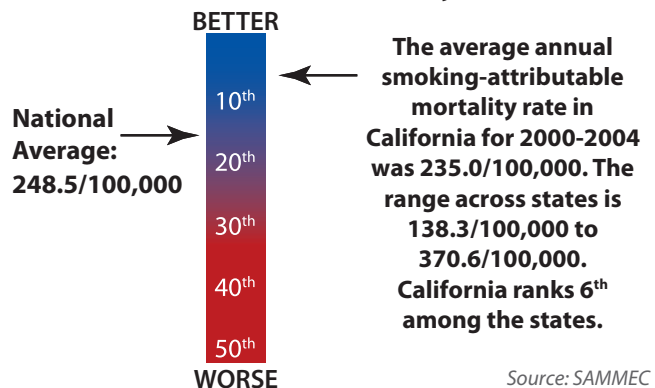
Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



Source: NSDUH, 2006-2007

### Smoking-Attributable Adult (35+) Mortality



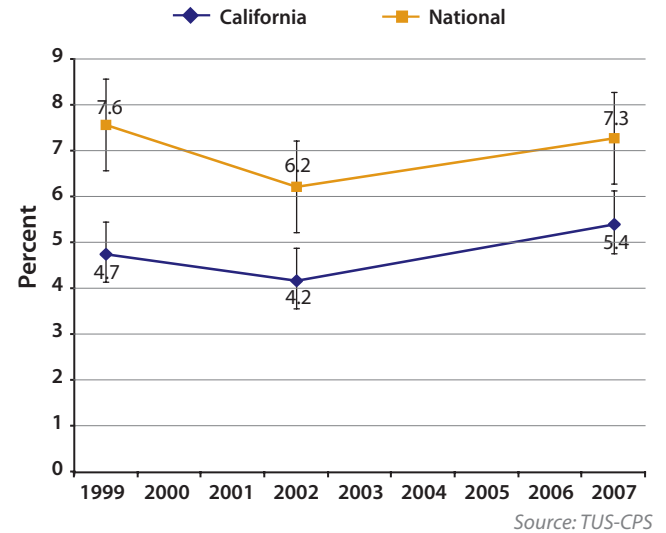
Source: SAMMEC

## Protect

California does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places.



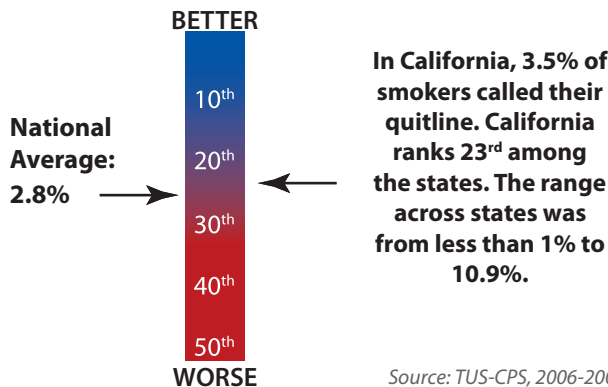
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in California than in the nation overall. Currently, California ranks 11<sup>th</sup> among the states for workplace exposure, at 5.4%.

## Offer





### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In California, 3.5% of smokers called their quitline.

The Medicaid fee-for-service program in California provides full coverage for tobacco dependence treatment. California's Medicaid policy provides coverage for both bupropion and varenicline. California's Medicaid policy does not provide coverage for individual, group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

*Source: MMWR 2009, 58(43), 1199-1204.*

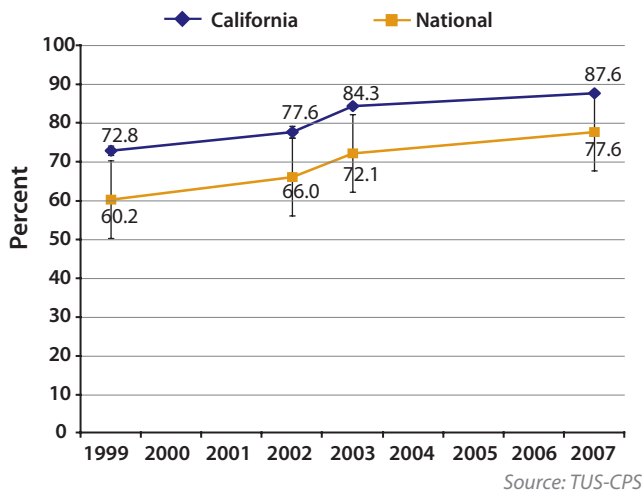
# CALIFORNIA

## Warn

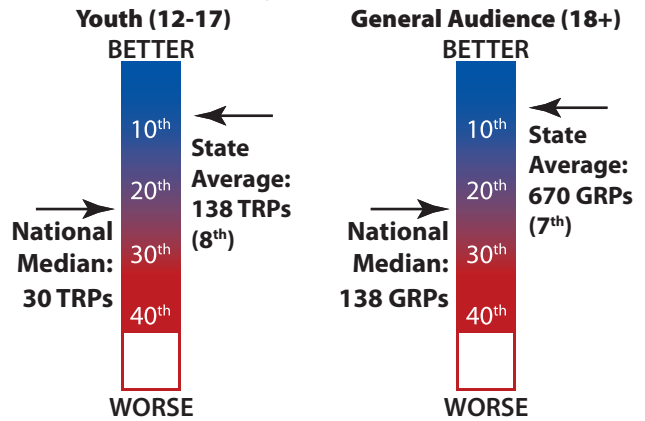
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In California, as in the nation, an increasing number of families have such a rule.

Currently, 87.6% of California homes have this rule. California ranks 2<sup>nd</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. California's major media market(s) aired an average of 138 youth TRPs and 670 general audience GRPs per quarter in 2008. California ranks 8<sup>th</sup> among the states for the number of youth TRPs and 7<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

California allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	Yes

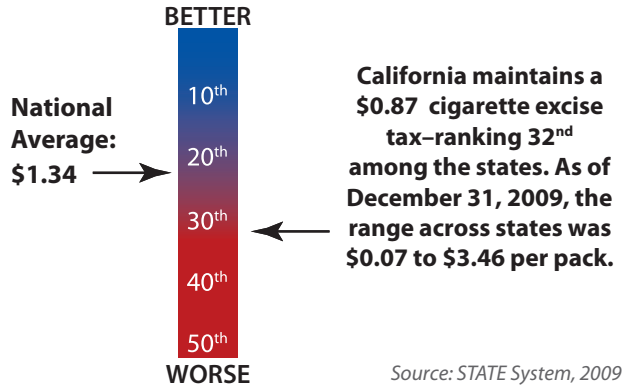
Source: STATE System, 2009

California requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax



California maintains a \$0.87 per pack tax, ranking 32<sup>nd</sup> among the states.

California does not have a minimum price law.

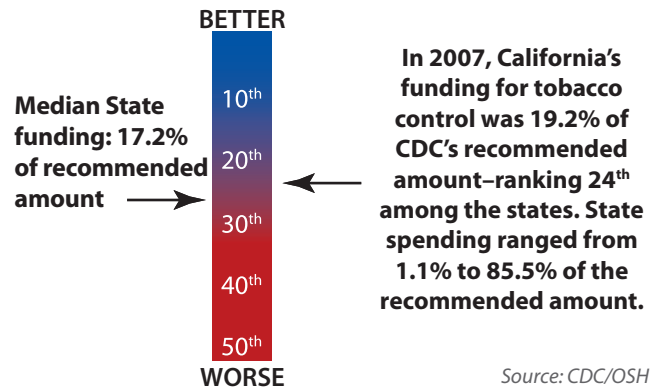
## Minimum Price Law for Cigarettes



*Source: CDC/OSH*

Approximately 24% of the annual revenue generated from state excise taxes and settlement payments would fund California's tobacco control program at the *Best Practices* recommended amount. However, in 2007, California's funding for tobacco control was 19.2% of the recommended level. California ranks 24<sup>th</sup> among the states.

## State Funding for Tobacco Control



# COLORADO

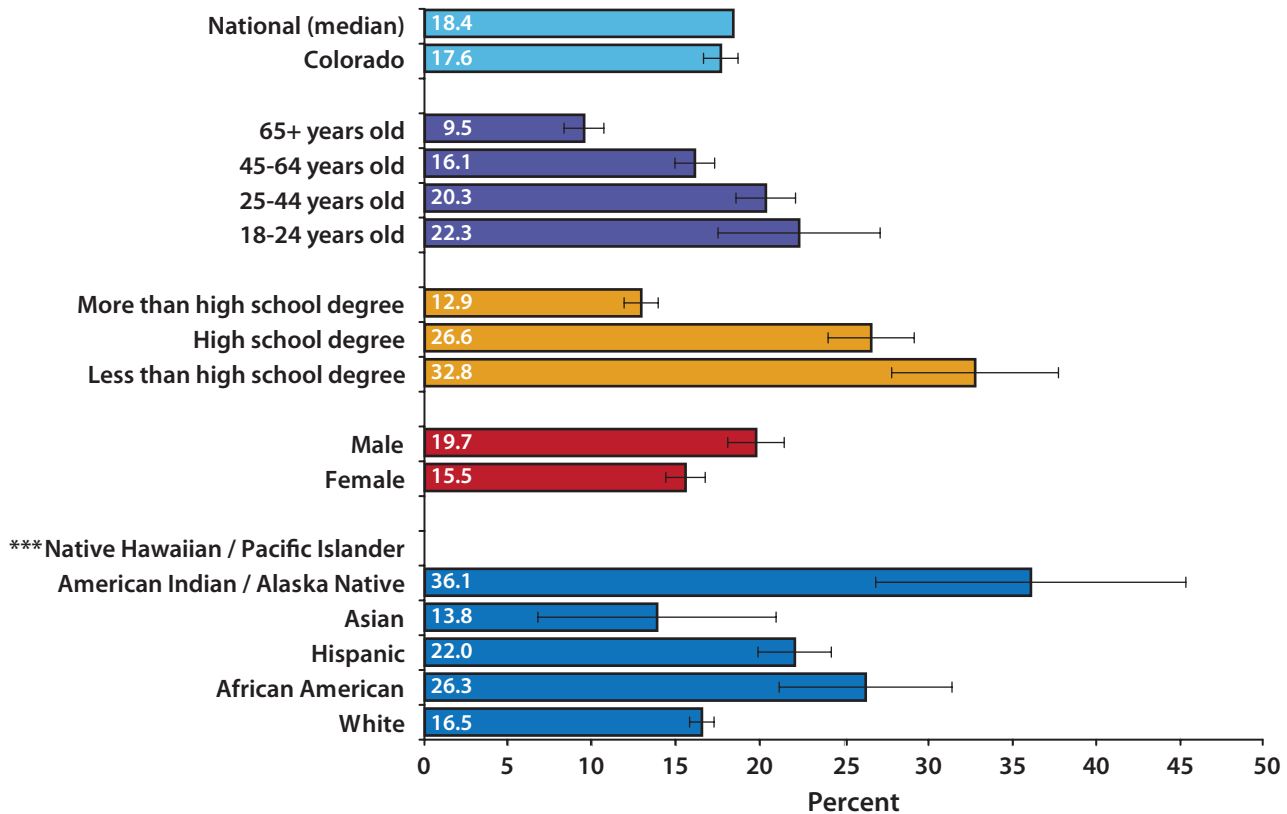
## Monitor

In Colorado, 17.6% of the adult population (ages 18+) – over 658,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Colorado ranks 21<sup>st</sup> among the states.

Among youth ages 12-17, 10.3% smoke in Colorado. The range across all states is 6.5% to 15.9%. Colorado ranks 22<sup>nd</sup> among the states.

Among adults ages 35+, over 4,400 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 237.6/100,000. Colorado's smoking-attributable mortality rate ranks 9<sup>th</sup> among the states.

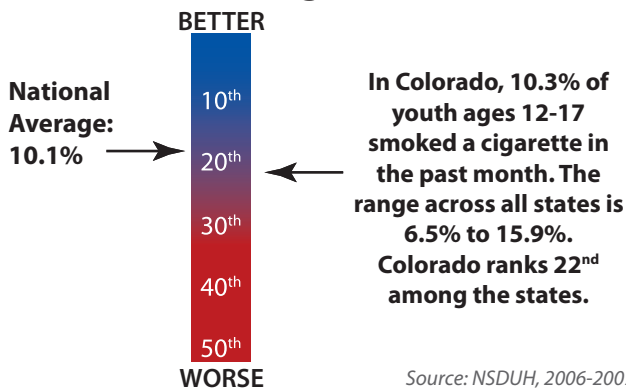
### Current Smoking among Adults by Demographic Characteristics



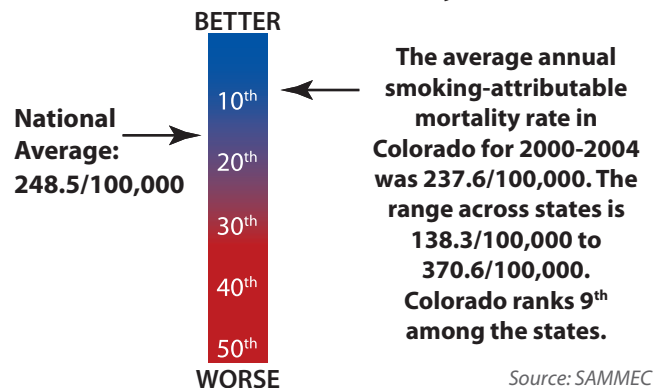
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17





### Smoking-Attributable Adult (35+) Mortality



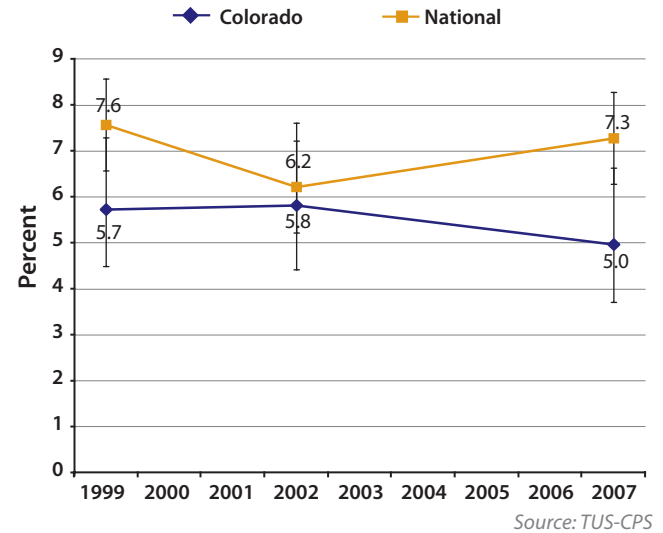
## Protect

Colorado has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

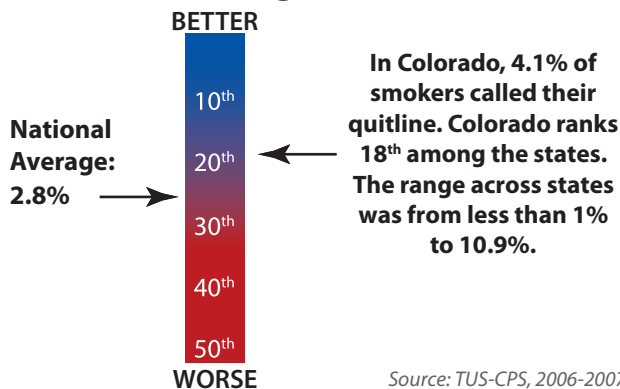
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Colorado than in the nation overall. Currently, Colorado ranks 8<sup>th</sup> among the states for workplace exposure, at 5.0%.

## Offer




### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Colorado, 4.1% of smokers called their quitline.

The Medicaid fee-for-service program in Colorado provides full coverage for tobacco dependence treatment. Colorado's Medicaid policy provides coverage for both bupropion and varenicline. Colorado's Medicaid policy provides coverage for individual and group counseling, but not telephone counseling, and this coverage is for pregnant women only.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	<b>Partial</b>

Source: MMWR 2009, 58(43), 1199-1204.

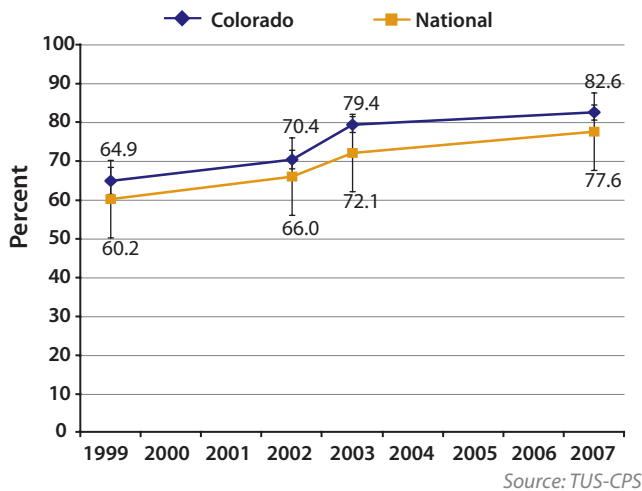
# COLORADO

## Warn

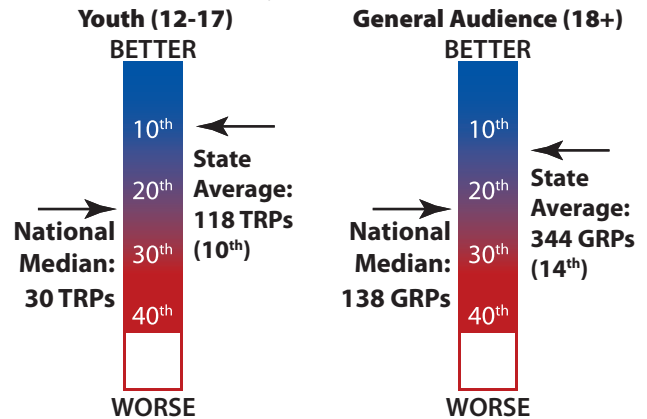
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Colorado, as in the nation, an increasing number of families have such a rule.

Currently, 82.6% of Colorado homes have this rule. Colorado ranks 8<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Colorado's major media market(s) aired an average of 118 youth TRPs and 344 general audience GRPs per quarter in 2008. Colorado ranks 10<sup>th</sup> among the states for the number of youth TRPs and 14<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Colorado allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

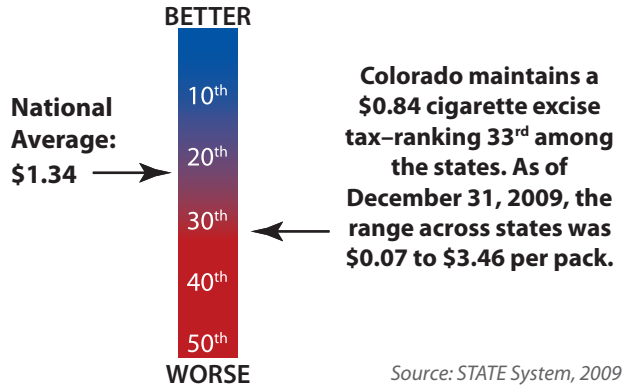
Over the Counter	Vending Machines
No	No

Source: STATE System, 2009

Colorado does not require establishments selling tobacco products over the counter nor by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax



Colorado maintains a \$0.84 per pack tax, ranking 33<sup>rd</sup> among the states.

Colorado does not have a minimum price law.

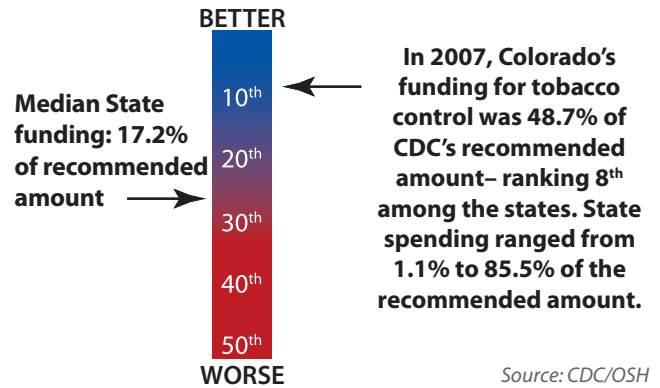
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 18% of the annual revenue generated from state excise taxes and settlement payments would fund Colorado’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Colorado’s funding for tobacco control was 48.7% of the recommended level. Colorado ranks 8<sup>th</sup> among the states.

## State Funding for Tobacco Control



# CONNECTICUT

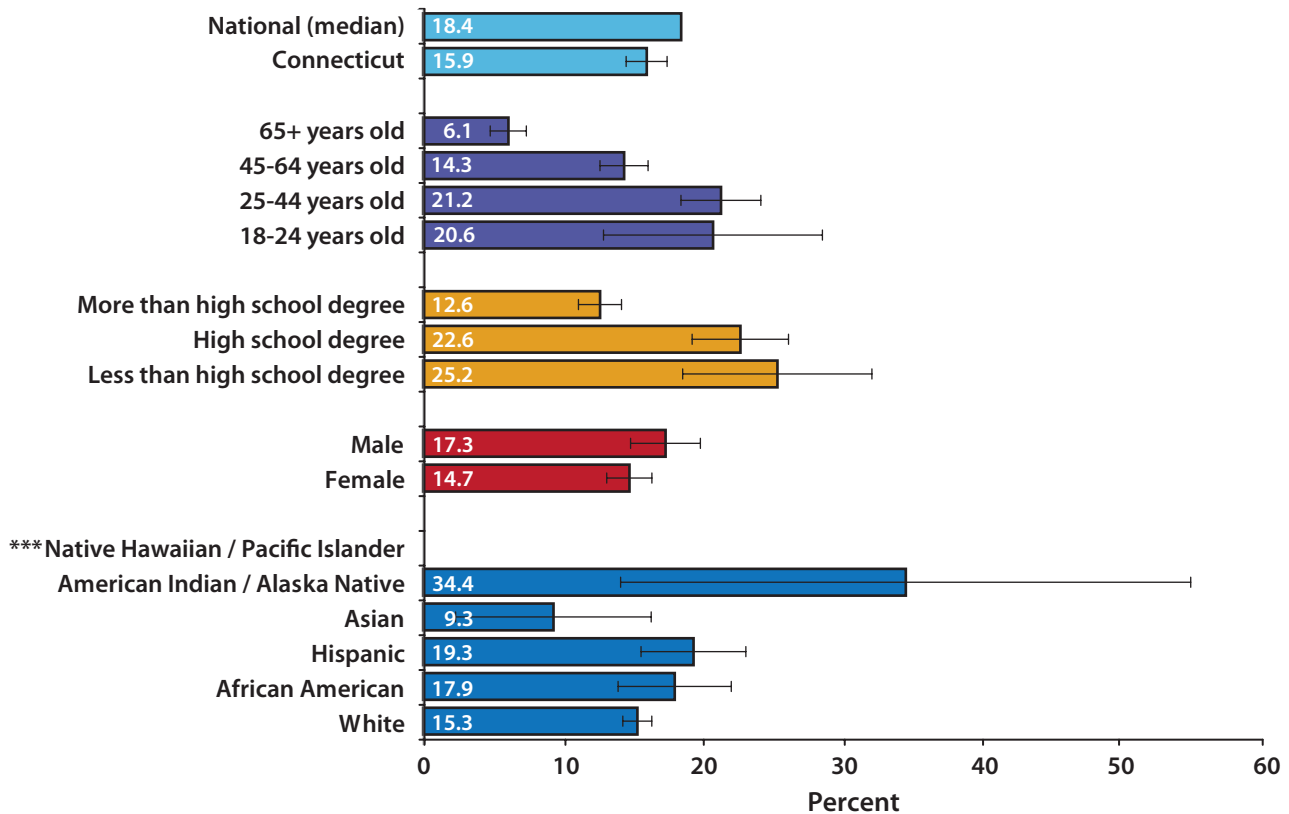
## Monitor

In Connecticut, 15.9% of the adult population (ages 18+) – over 428,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Connecticut ranks 8<sup>th</sup> among the states.

Among youth ages 12-17, 9.8% smoke in Connecticut. The range across all states is 6.5% to 15.9%. Connecticut ranks 17<sup>th</sup> among the states.

Among adults ages 35+, over 4,800 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 238.3/100,000. Connecticut's smoking-attributable mortality rate ranks 10<sup>th</sup> among the states.

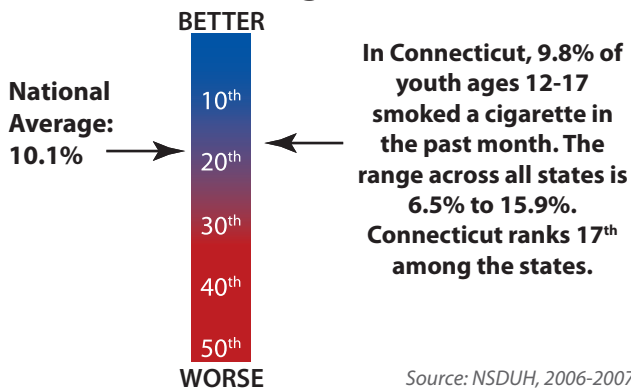
### Current Smoking among Adults by Demographic Characteristics



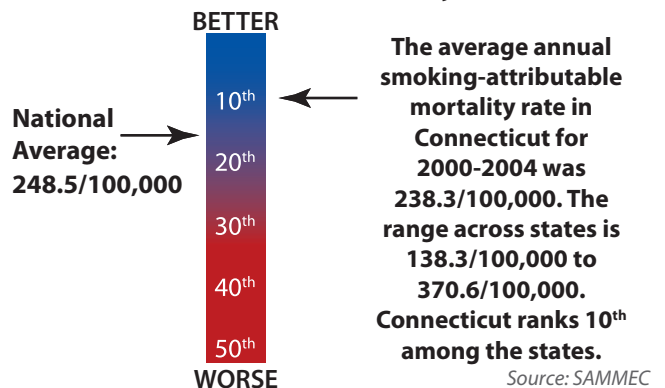
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

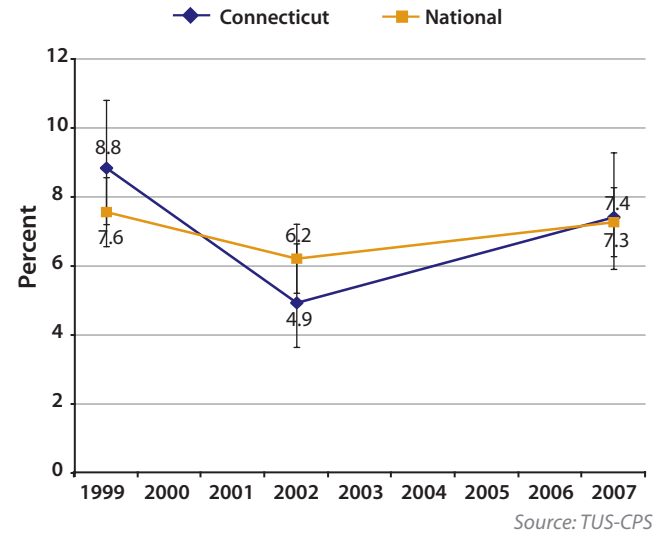


## Protect

Connecticut does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places. The law preempts local communities from enacting local smoke-free restrictions.



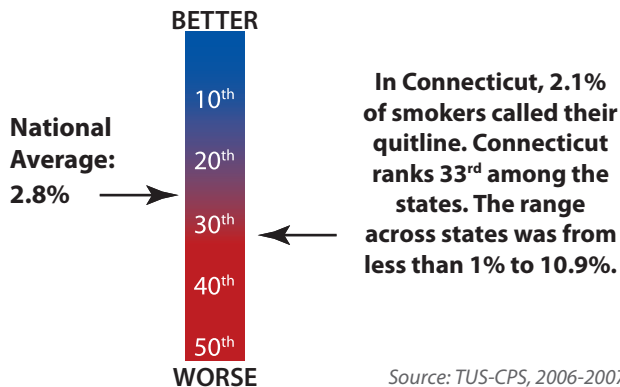
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Connecticut than in the nation overall. Currently, Connecticut ranks 26<sup>th</sup> among the states for workplace exposure, at 7.4%.

## Offer





### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Connecticut, 2.1% of smokers called their quitline.

The Medicaid fee-for-service program in Connecticut covered none of the tobacco dependence treatments recommended by the U.S. Public Health Service's *Clinical Practice Guideline*.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>No</b>	 <b>No</b>	 <b>No</b>	 <b>No</b>

*Source: MMWR 2009, 58(43), 1199-1204.*

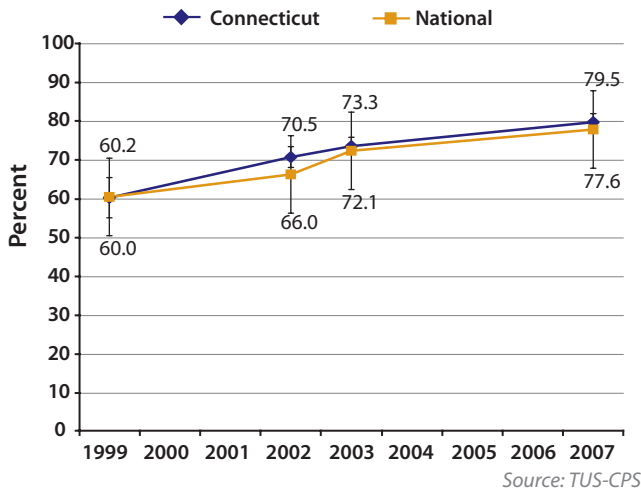
# CONNECTICUT

## Warn

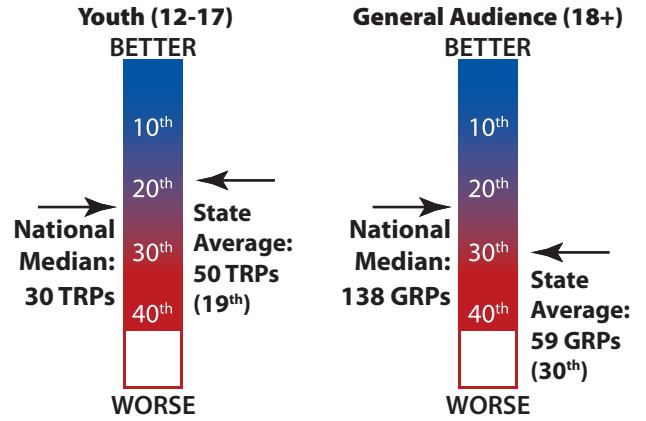
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Connecticut, as in the nation, an increasing number of families have such a rule.

Currently, 79.5% of Connecticut homes have this rule. Connecticut ranks 16<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Connecticut's major media market(s) aired an average of 50 youth TRPs and 59 general audience GRPs per quarter in 2008. Connecticut ranks 19<sup>th</sup> among the states for the number of youth TRPs and 30<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Connecticut allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	Yes

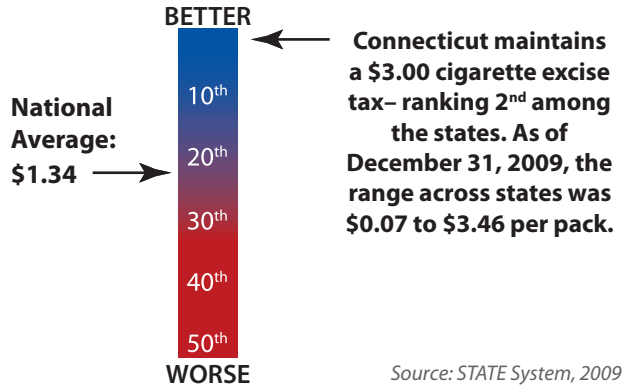
Source: STATE System, 2009

Connecticut requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax

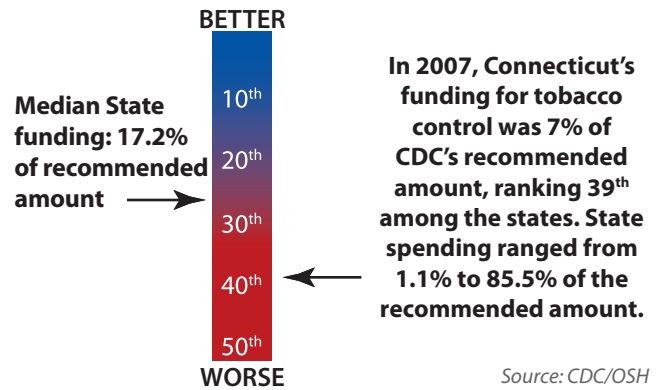


Connecticut maintains a \$3.00 per pack tax, ranking 2<sup>nd</sup> among the states.

Connecticut has a minimum price law. Wholesalers must mark up cigarettes by 6.5 percent and retailers must mark up cigarettes by at least 8 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 12% of the annual revenue generated from state excise taxes and settlement payments would fund Connecticut’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Connecticut’s funding for tobacco control was 7.0% of the recommended level. Connecticut ranks 39<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

# DELAWARE

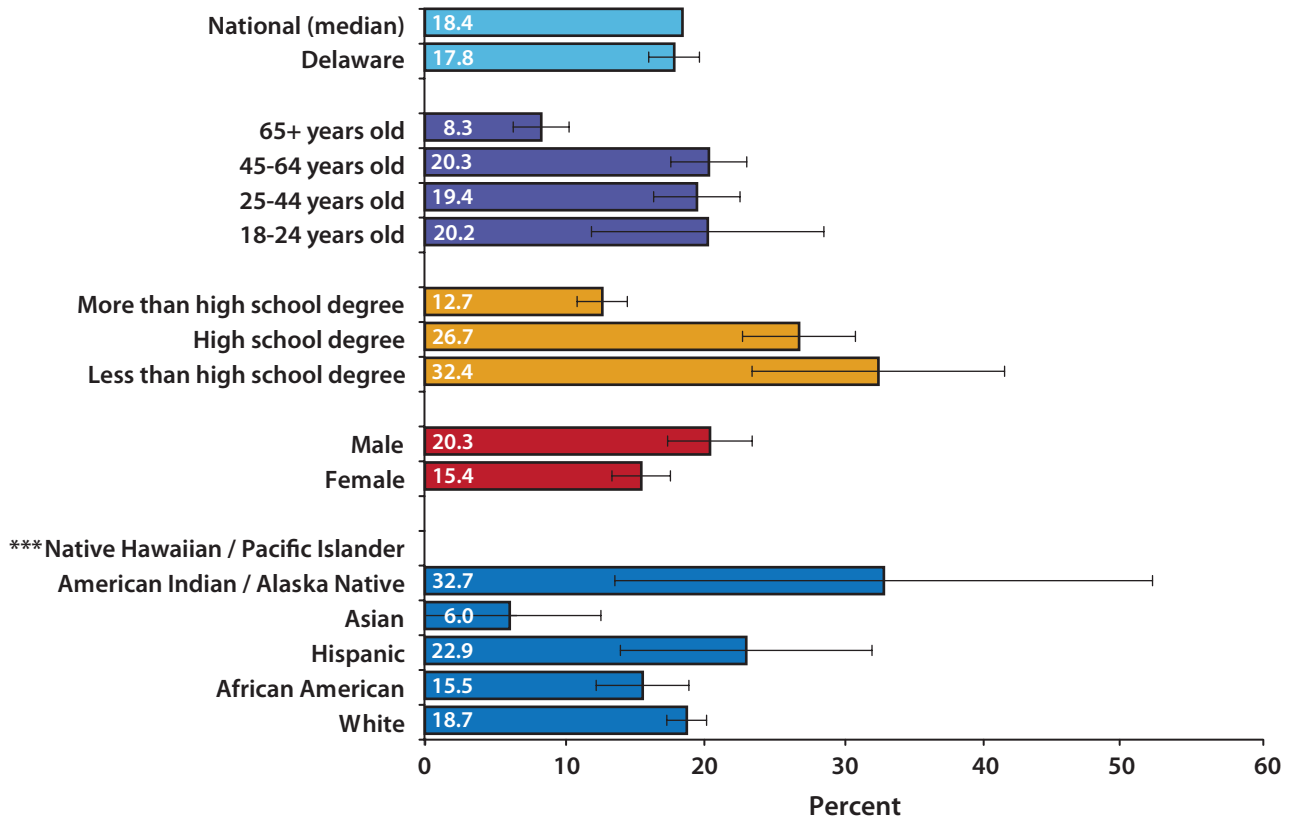
## Monitor

In Delaware, 17.8% of the adult population (ages 18+) – over 118,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Delaware ranks 22<sup>nd</sup> among the states.

Among youth ages 12-17, 9.3% smoke in Delaware. The range across all states is 6.5% to 15.9%. Delaware ranks 9<sup>th</sup> among the states.

Among adults ages 35+, over 1,200 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 280.9/100,000. Delaware's smoking-attributable mortality rate ranks 33<sup>rd</sup> among the states.

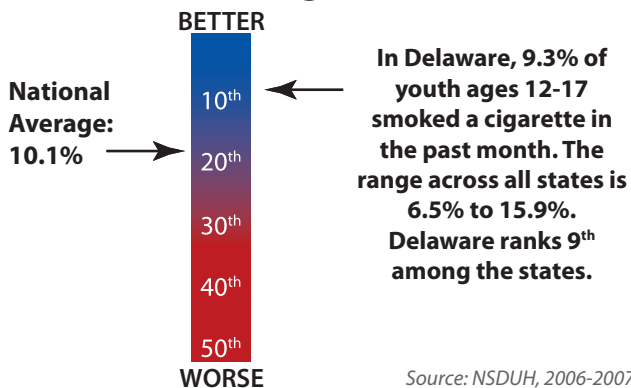
### Current Smoking among Adults by Demographic Characteristics



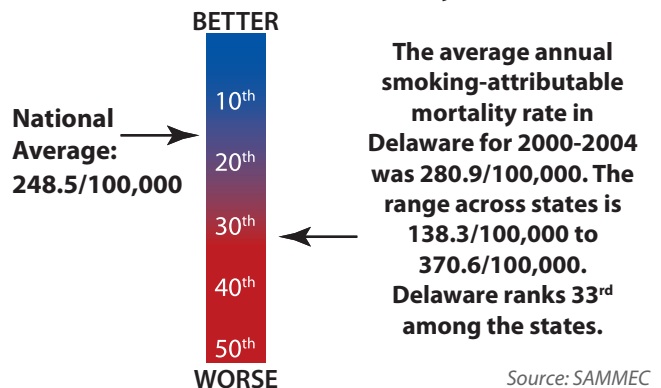
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality



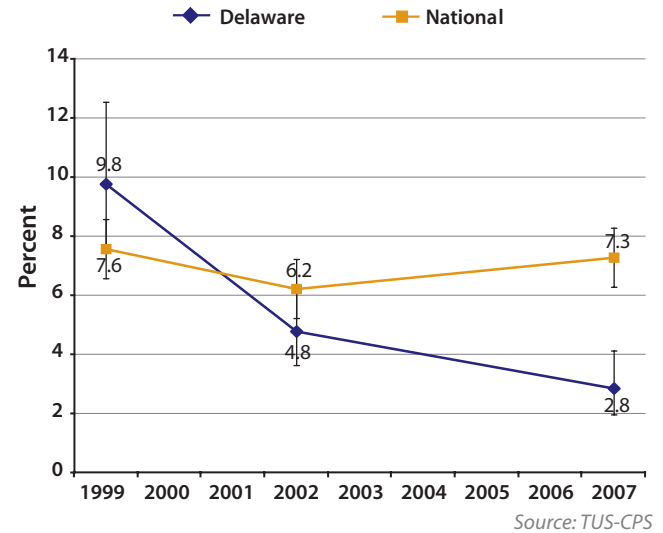
## Protect

Delaware has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

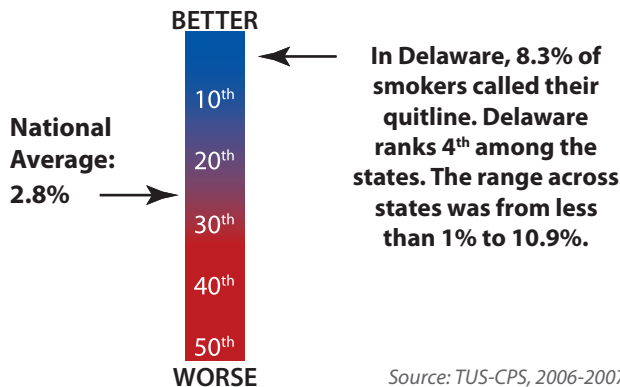
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Delaware than in the nation overall. Currently, Delaware ranks 1<sup>st</sup> among the states for workplace exposure, at 2.8%.

## Offer





### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Delaware, 8.3% of smokers called their quitline.

The Medicaid fee-for-service program in Delaware provides full coverage for tobacco dependence treatment. Delaware's Medicaid policy provides coverage for both bupropion and varenicline. Delaware's Medicaid policy does not provide coverage for individual, group, or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

Source: MMWR 2009, 58(43), 1199-1204.

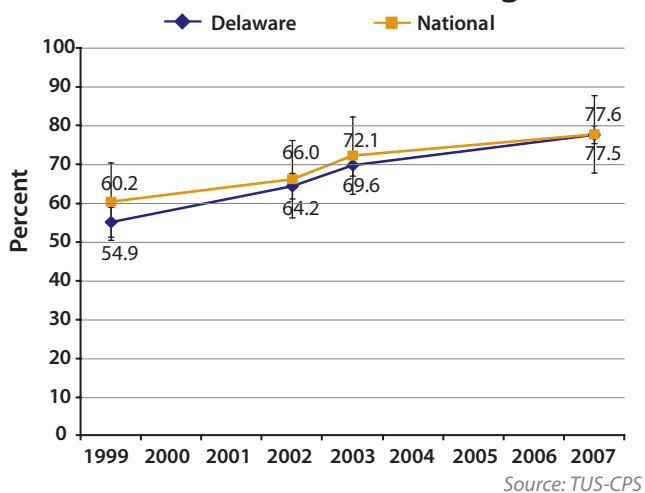
# DELAWARE

## Warn

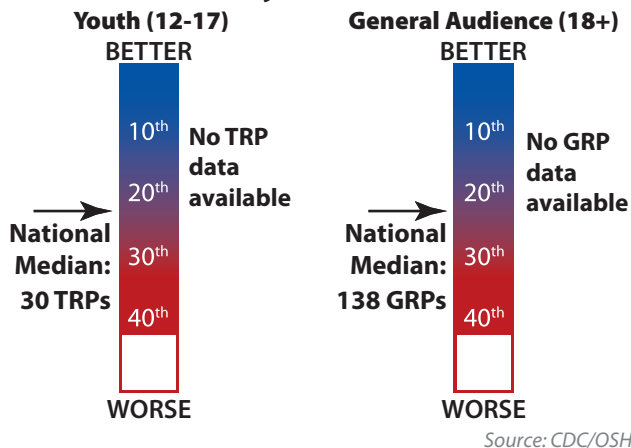
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Delaware, as in the nation, an increasing number of families have such a rule.

Currently, 77.5% of Delaware homes have this rule. Delaware ranks 23<sup>rd</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Delaware has no reported data.

## Enforce

Delaware preempts local regulation of tobacco industry sampling. Delaware allows local regulation on promotions and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	No

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

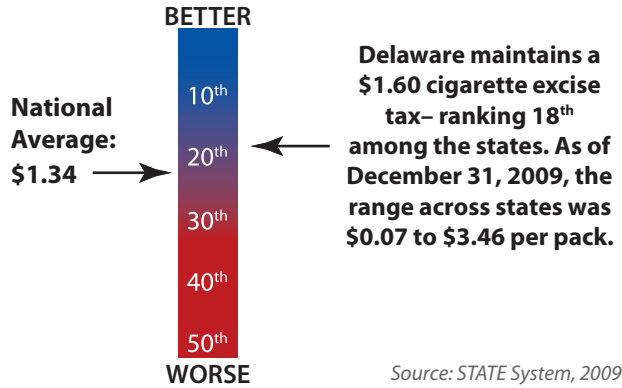
Over the Counter	Vending Machines
Yes	Yes

Source: STATE System, 2009

Delaware requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax

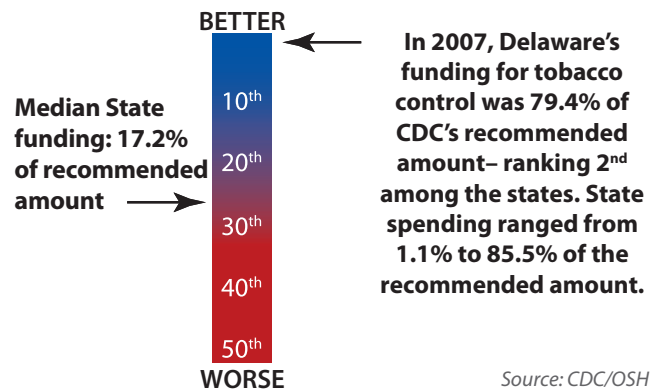


Delaware maintains a \$1.60 per pack tax, ranking 18<sup>th</sup> among the states.

Delaware has a minimum price law. Wholesalers must mark up cigarettes by 5 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 13% of the annual revenue generated from state excise taxes and settlement payments would fund Delaware's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Delaware's funding for tobacco control was 79.4% of the recommended level. Delaware ranks 2<sup>nd</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

# DISTRICT OF COLUMBIA

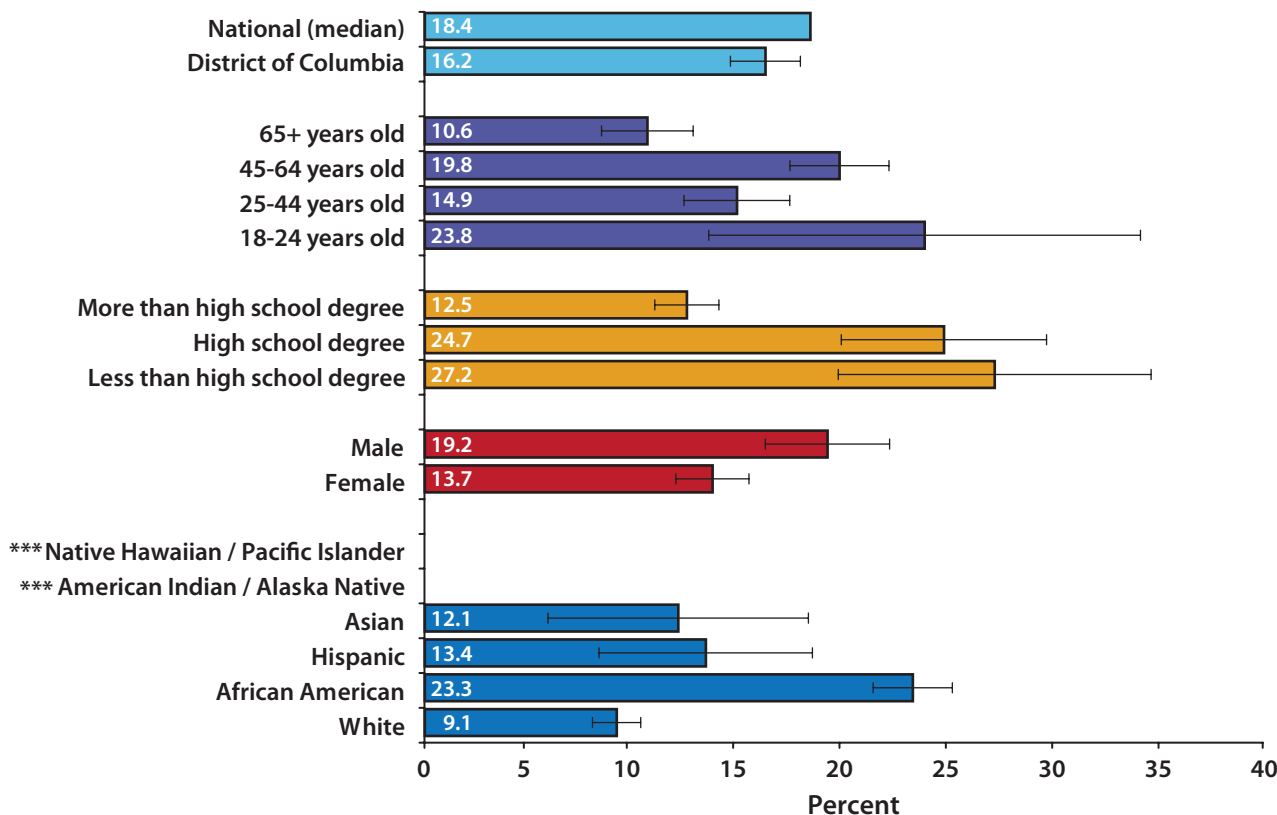
## Monitor

In Washington D.C., 16.2% of the adult population (ages 18+) – over 77,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Washington D.C. ranks 10<sup>th</sup> among the states.

Among youth ages 12-17, 7.2% smoke in Washington D.C. The range across all states is 6.5% to 15.9%. Washington D.C. ranks 4<sup>th</sup> among the states.

Among adults ages 35+, over 700 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 249.9/100,000. Washington D.C.'s smoking-attributable mortality rate ranks 19<sup>th</sup> among the states.

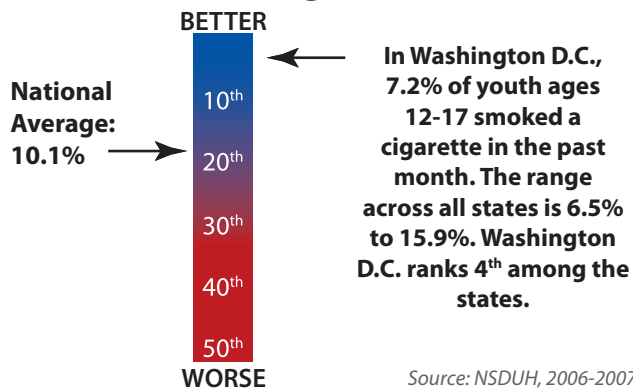
### Current Smoking among Adults by Demographic Characteristics



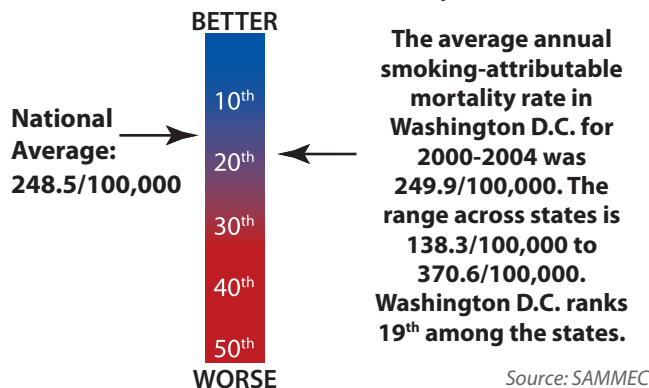
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality



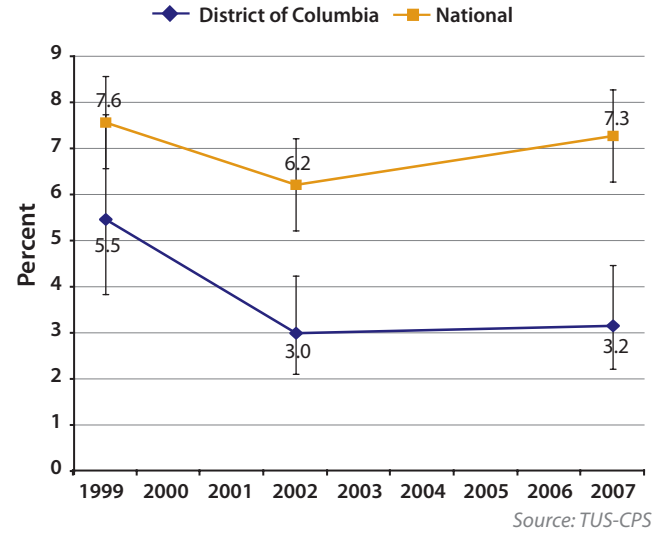
## Protect

Washington D.C. has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

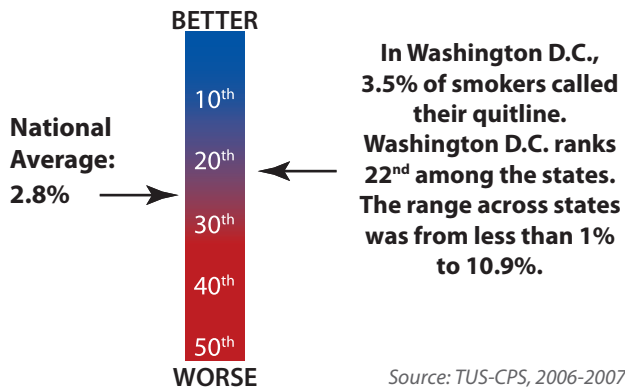
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Washington D.C. than in the nation overall. Currently, Washington D.C. ranks 2<sup>nd</sup> among the states for workplace exposure, at 3.2%.

## Offer





### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Washington D.C., 3.5% of smokers called their quitline.

The Medicaid fee-for-service program in Washington D.C. provides full coverage for tobacco dependence treatment. Washington D.C.'s Medicaid policy provides coverage for both bupropion and varenicline. Washington D.C.'s Medicaid policy does not provide coverage for individual, group, or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

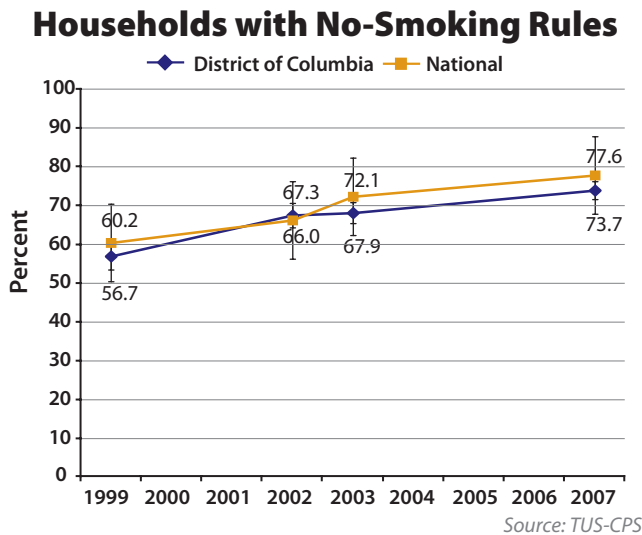
Source: MMWR 2009, 58(43), 1199-1204.

# DISTRICT OF COLUMBIA

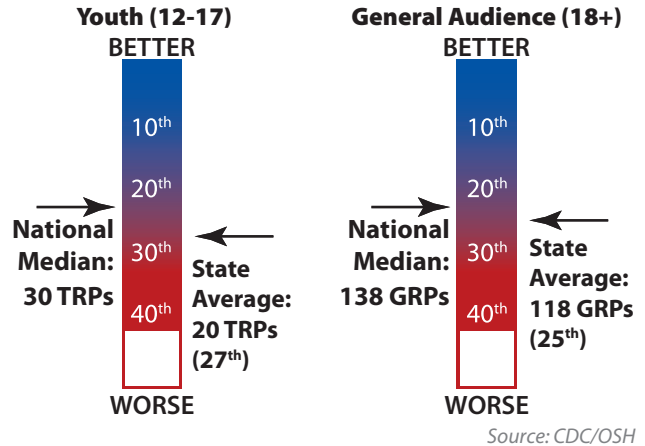
## Warn

Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Washington D.C., as in the nation, an increasing number of families have such a rule.

Currently, 73.7% of Washington D.C. homes have this rule. Washington D.C. ranks 36<sup>th</sup> among the states.



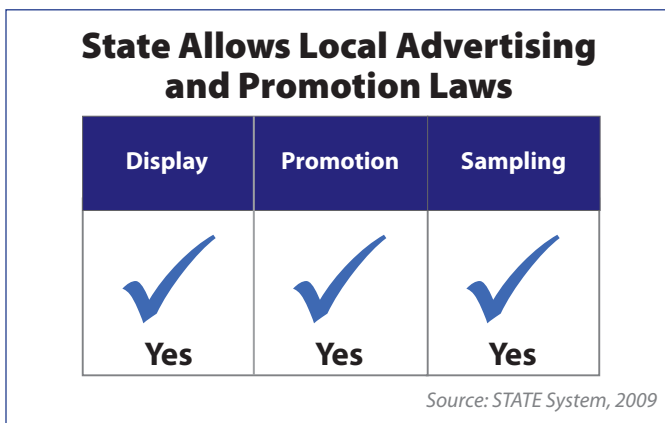
## Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Washington D.C.'s major media market(s) aired an average of 20 youth TRPs and 118 general audience GRPs per quarter in 2008. Washington D.C. ranks 27<sup>th</sup> among the states for the number of youth TRPs and 25<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Washington D.C. allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.



## Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	Yes

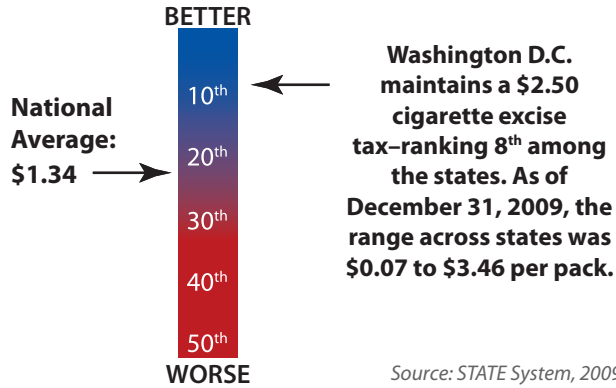
Source: STATE System, 2009

Washington D.C. requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax

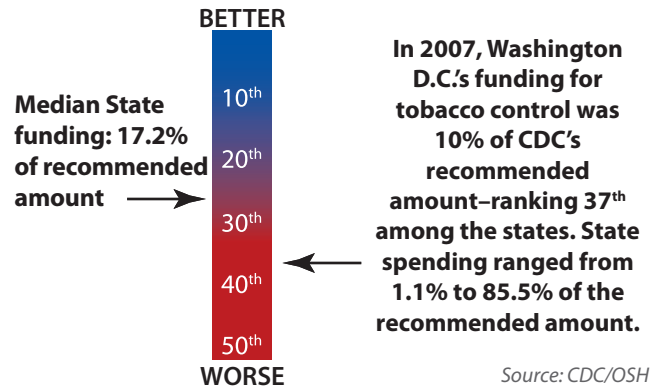


Washington D.C. maintains a \$2.50 per pack tax, ranking 8<sup>th</sup> among the states.

Washington D.C. has a minimum price law. Wholesalers must mark up cigarettes by 2 percent and retailers must mark up cigarettes by at least 8 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 18% of the annual revenue generated from state excise taxes and settlement payments would fund Washington D.C.'s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Washington D.C.'s funding for tobacco control was 10.0% of the recommended level. Washington D.C. ranks 37<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



**Source: CDC/OSH**

# FLORIDA

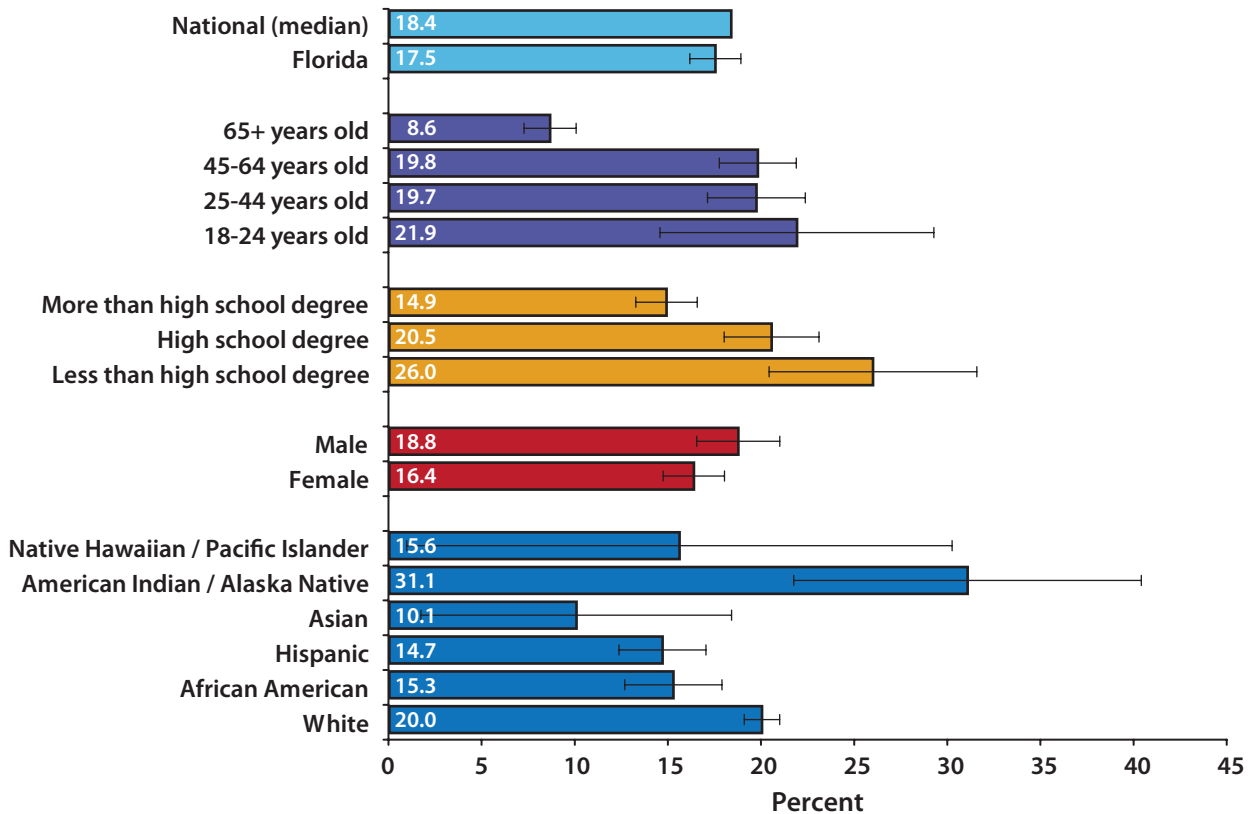
## Monitor

In Florida, 17.5% of the adult population (ages 18+) – over 2,509,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Florida ranks 18<sup>th</sup> among the states.

Among youth ages 12-17, 9.5% smoke in Florida. The range across all states is 6.5% to 15.9%. Florida ranks 13<sup>th</sup> among the states.

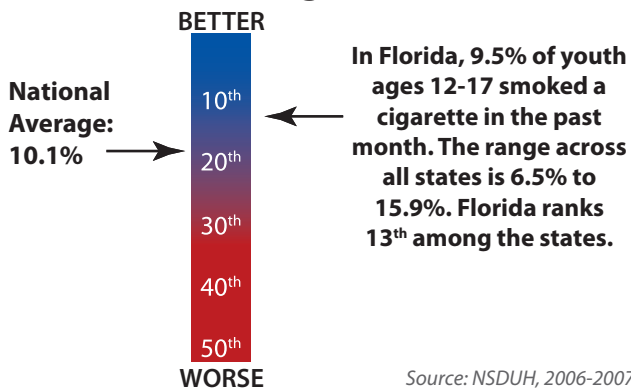
Among adults ages 35+, over 28,600 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 258.8/100,000. Florida's smoking-attributable mortality rate ranks 20<sup>th</sup> among the states.

### Current Smoking among Adults by Demographic Characteristics



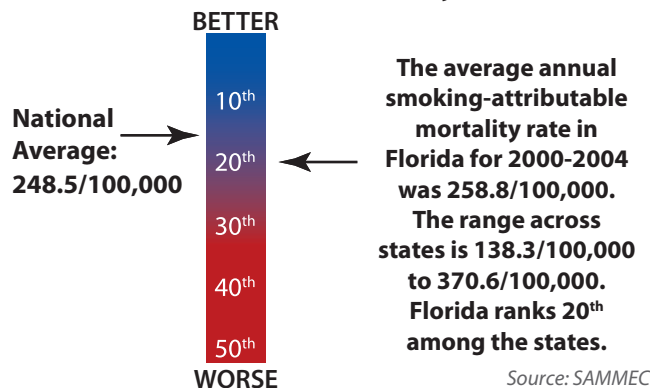
Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



Source: NSDUH, 2006-2007

### Smoking-Attributable Adult (35+) Mortality



Source: SAMMEC

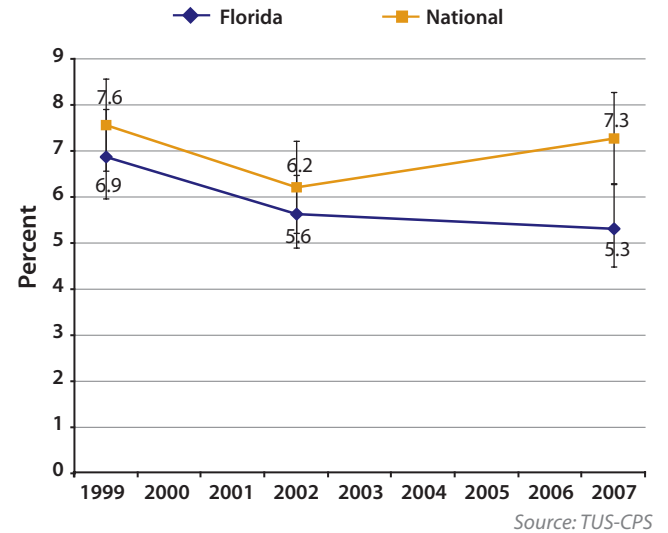
## Protect

Florida has a smoke-free law that provides partial protection against exposure to secondhand smoke in public places. The law preempts local communities from enacting local smoke-free restrictions.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

Source: STATE System, 2009

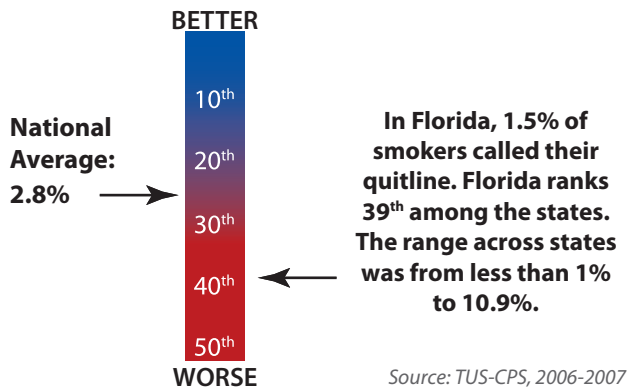
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Florida than in the nation overall. Currently, Florida ranks 10<sup>th</sup> among the states for workplace exposure, at 5.3%.

## Offer




### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Florida, 1.5% of smokers called their quitline.

The Medicaid fee-for-service program in Florida provides only partial coverage for tobacco dependence treatment. Florida's Medicaid policy provides coverage for both bupropion and varenicline. Florida's Medicaid policy does not provide coverage for individual, group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
Partial	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

Source: MMWR 2009, 58(43), 1199-1204.

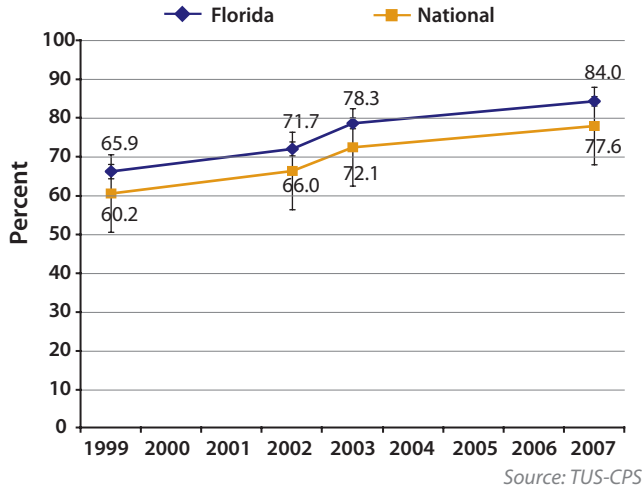
# FLORIDA

## Warn

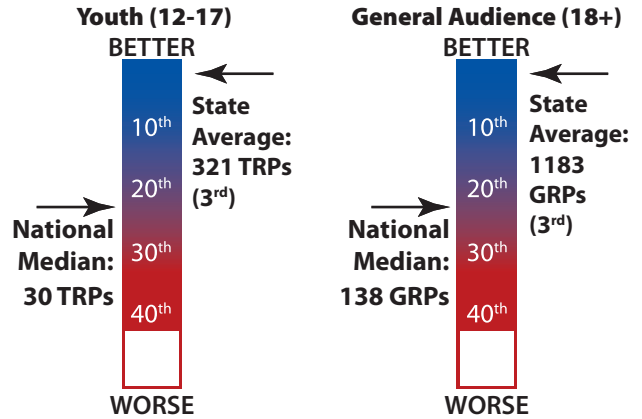
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Florida, as in the nation, an increasing number of families have such a rule.

Currently, 84.0% of Florida homes have this rule. Florida ranks 6<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Florida's major media market(s) aired an average of 321 youth TRPs and 1183 general audience GRPs per quarter in 2008. Florida ranks 3<sup>rd</sup> among the states for the number of youth TRPs and general audience GRPs aired.

## Enforce

Florida allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

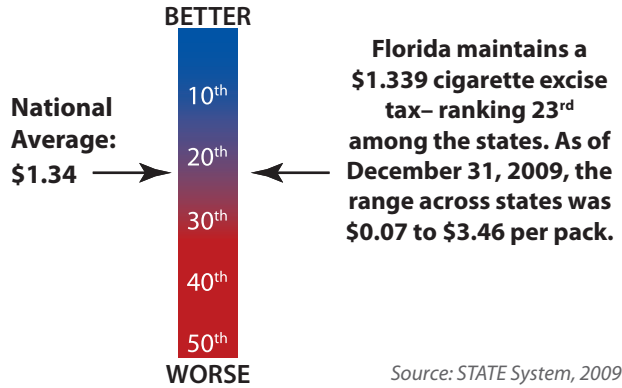
Over the Counter	Vending Machines
Yes	Yes

Source: STATE System, 2009

Florida requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax



Florida maintains a \$1.339 per pack tax, ranking 23<sup>rd</sup> among the states.

Florida does not have a minimum price law.

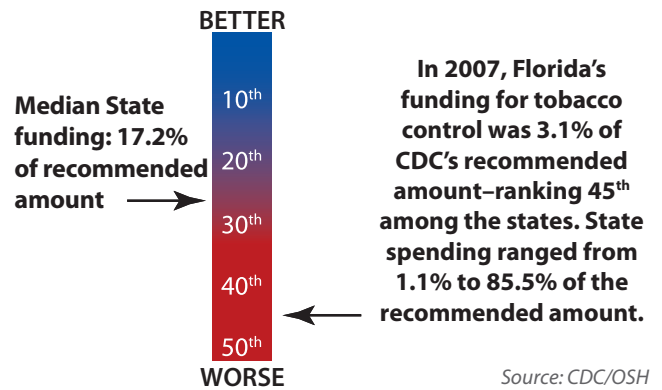
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 25% of the annual revenue generated from state excise taxes and settlement payments would fund Florida's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Florida's funding for tobacco control was 3.1% of the recommended level. Florida ranks 45<sup>th</sup> among the states.

## State Funding for Tobacco Control



# GEORGIA

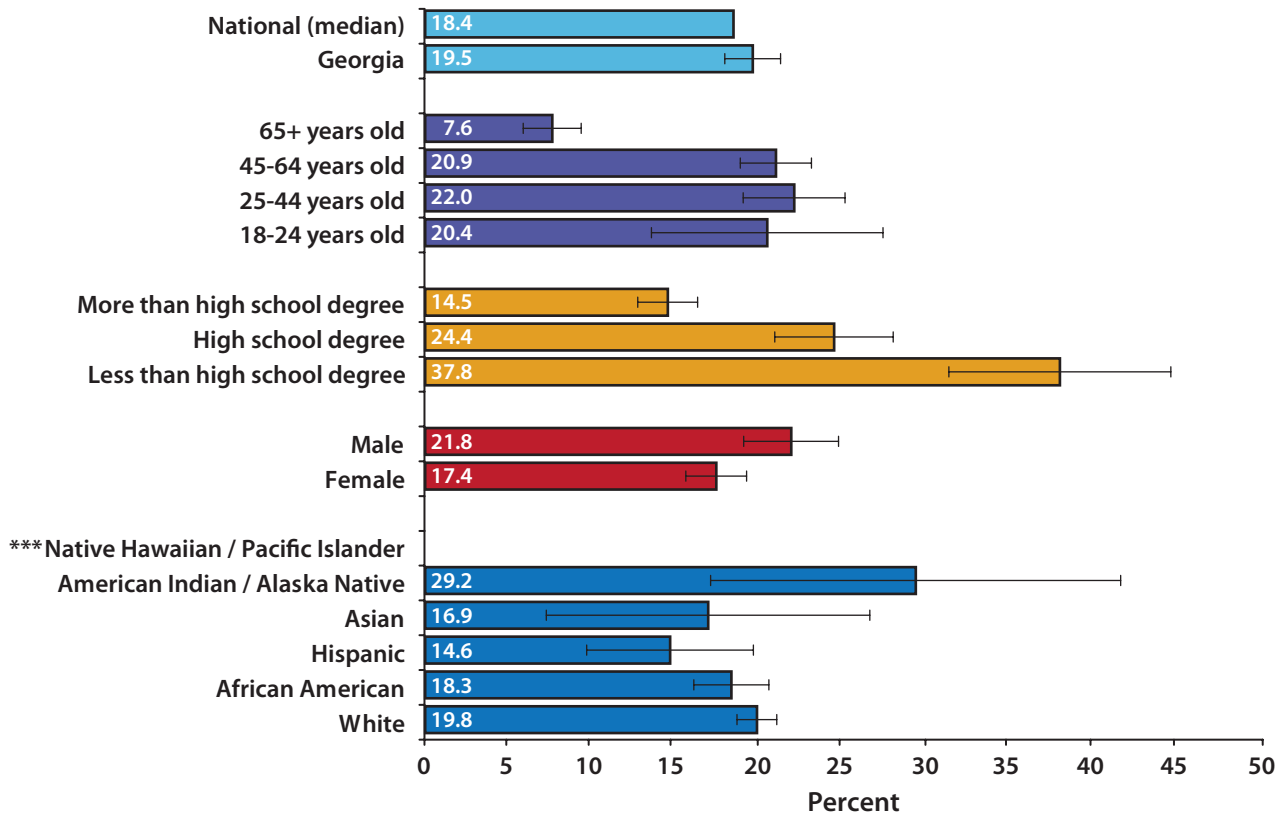
## Monitor

In Georgia, 19.5% of the adult population (ages 18+) – over 1,393,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Georgia ranks 32<sup>nd</sup> among the states.

Among youth ages 12-17, 10.0% smoke in Georgia. The range across all states is 6.5% to 15.9%. Georgia ranks 19<sup>th</sup> among the states.

Among adults ages 35+, over 10,500 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 299.4/100,000. Georgia's smoking-attributable mortality rate ranks 40<sup>th</sup> among the states.

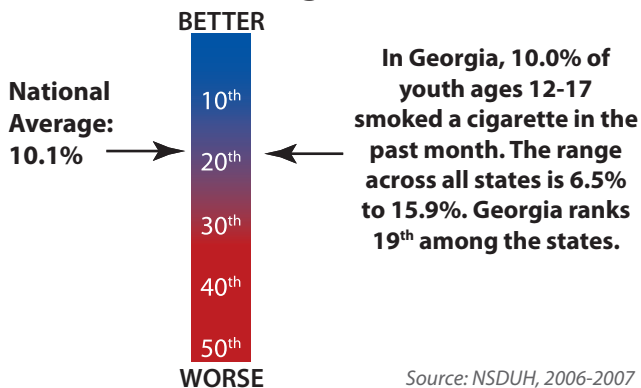
### Current Smoking among Adults by Demographic Characteristics



\*\*\* Data not shown because sample size is less than 50.

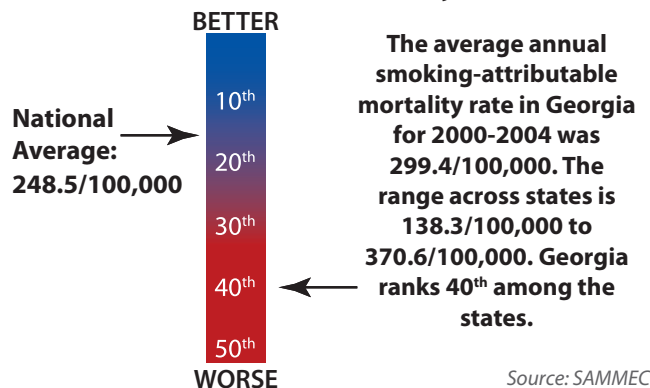
Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



Source: NSDUH, 2006-2007

### Smoking-Attributable Adult (35+) Mortality



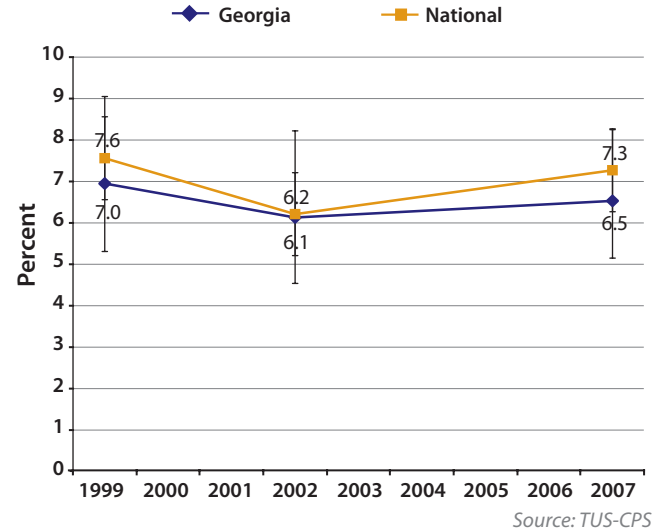
Source: SAMMEC

## Protect

Georgia does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places.



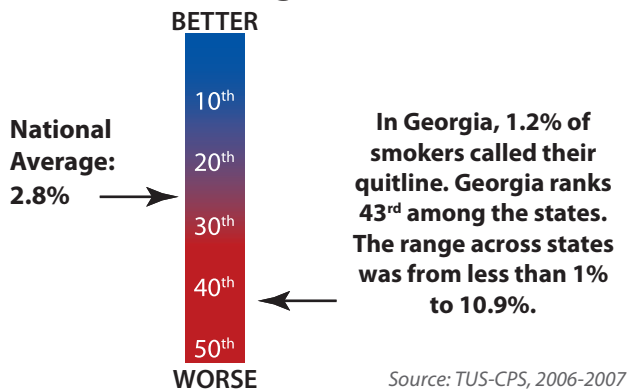
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Georgia than in the nation overall. Currently, Georgia ranks 22<sup>nd</sup> among the states for workplace exposure, at 6.5%.

## Offer





### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Georgia, 1.2% of smokers called their quitline.

The Medicaid fee-for-service program in Georgia only covers bupropion without prior authorization; therefore, it could have been used for smoking cessation, although this was not the intention of the coverage policy.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>No</b>	 <b>No</b>	 <b>Yes</b>	 <b>No</b>

*Source: MMWR 2009, 58(43), 1199-1204.*

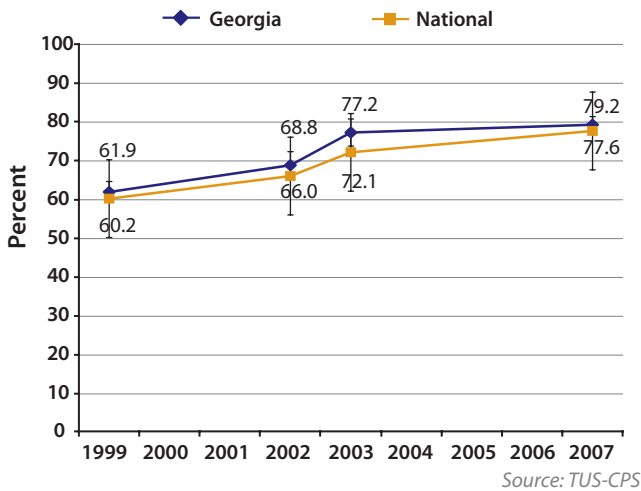
# GEORGIA

## Warn

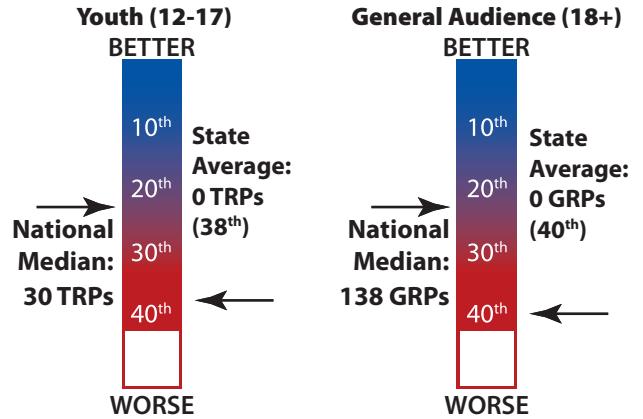
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Georgia, as in the nation, an increasing number of families have such a rule.

Currently, 79.2% of Georgia homes have this rule. Georgia ranks 20<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Georgia's major media market(s) aired an average of 0 youth TRPs and 0 general audience GRPs per quarter in 2008. Georgia ties for last for the number of youth TRPs and the number of general audience GRPs aired.

## Enforce

Georgia allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	Yes

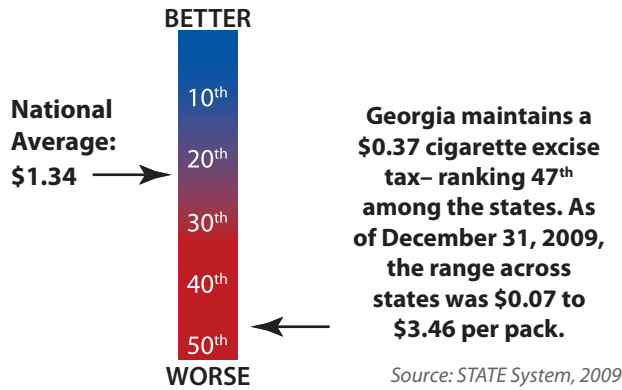
Source: STATE System, 2009

Georgia requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax



Georgia maintains a \$0.37 per pack tax, ranking 47<sup>th</sup> among the states.

Georgia does not have a minimum price law.

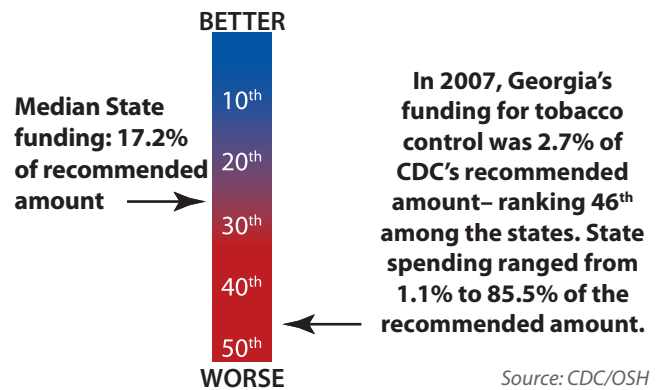
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 30% of the annual revenue generated from state excise taxes and settlement payments would fund Georgia's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Georgia's funding for tobacco control was 2.7% of the recommended level. Georgia ranks 46<sup>th</sup> among the states.

## State Funding for Tobacco Control



# HAWAII

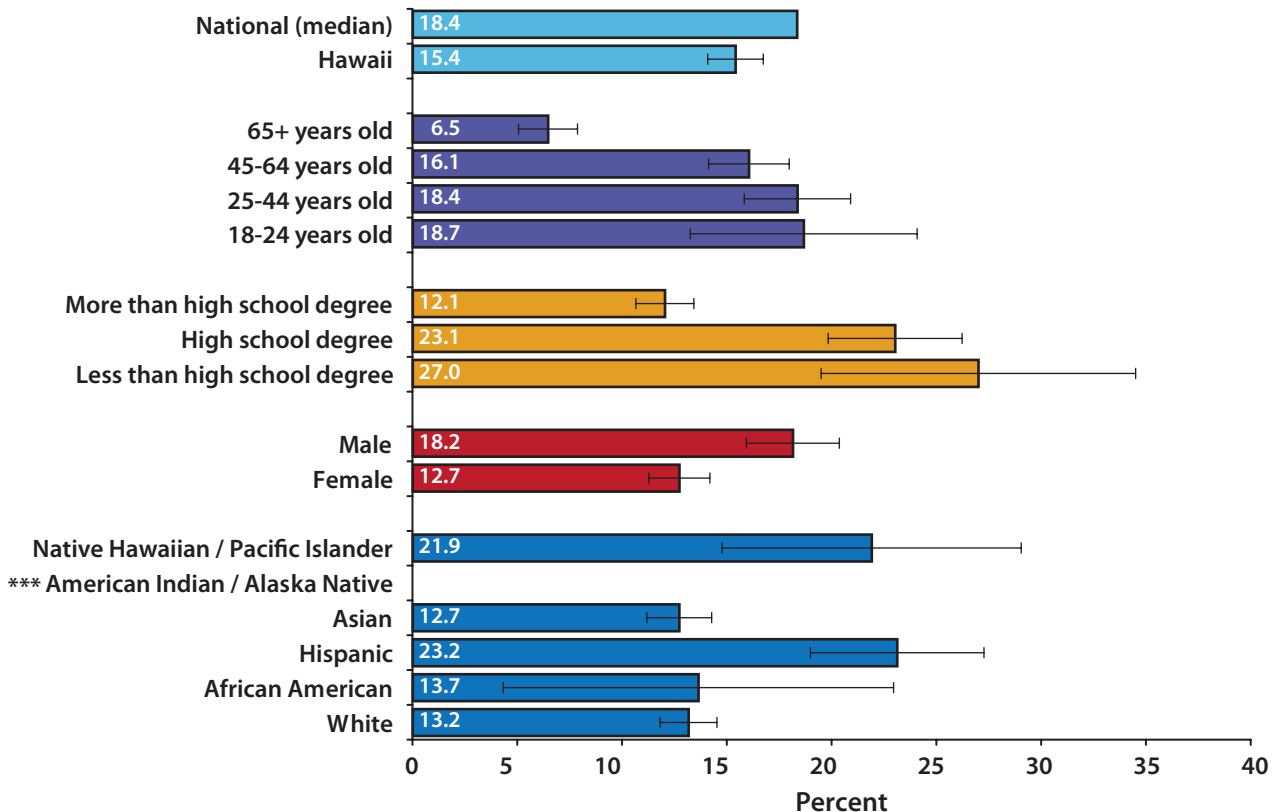
## Monitor

In Hawaii, 15.4% of the adult population (ages 18+) – over 154,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Hawaii ranks 5<sup>th</sup> among the states.

Among youth ages 12-17, 6.8% smoke in Hawaii. The range across all states is 6.5% to 15.9%. Hawaii ranks 2<sup>nd</sup> among the states.

Among adults ages 35+, over 1,200 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 167.6/100,000. Hawaii's smoking-attributable mortality rate ranks 2<sup>nd</sup> among the states.

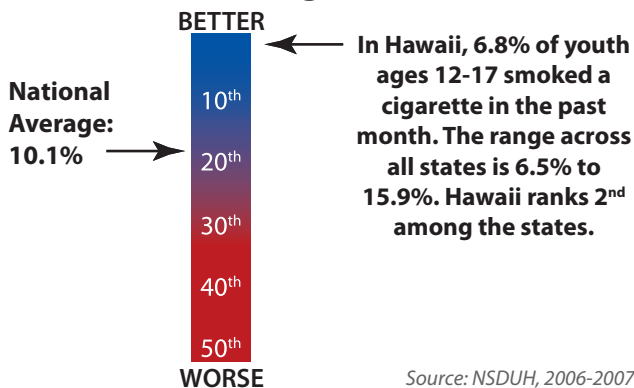
### Current Smoking among Adults by Demographic Characteristics



\*\*\* Data not shown because sample size is less than 50.

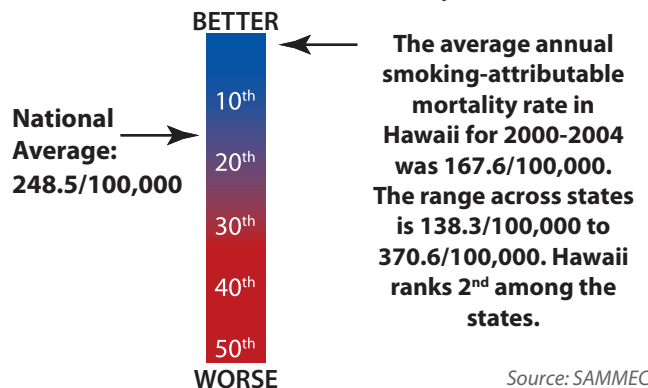
Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



Source: NSDUH, 2006-2007




### Smoking-Attributable Adult (35+) Mortality



Source: SAMMEC

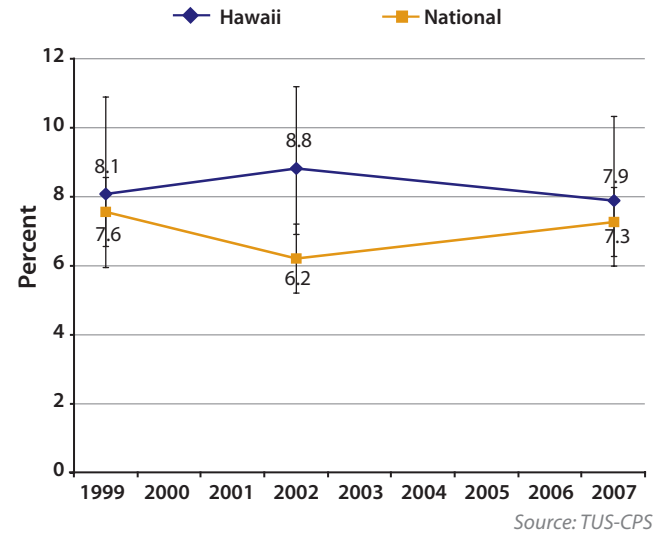
## Protect

Hawaii has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

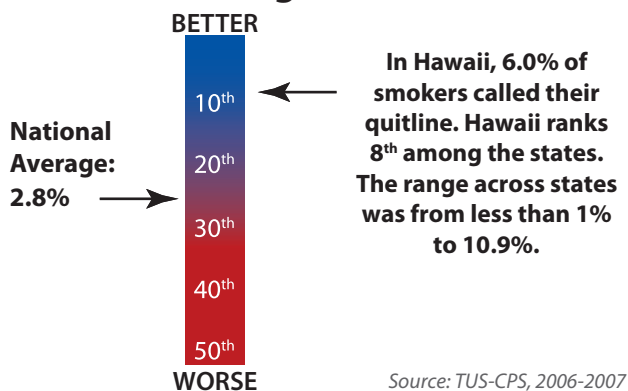
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Hawaii than in the nation overall. Currently, Hawaii ranks 28<sup>th</sup> among the states for workplace exposure, at 7.9%.

## Offer





### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Hawaii, 6.0% of smokers called their quitline.

The Medicaid fee-for-service program in Hawaii provides full coverage for tobacco dependence treatment. Hawaii's Medicaid policy provides coverage for both bupropion and varenicline, but only after the gum or patch was used in conjunction with quitline support for 2 weeks. Hawaii's Medicaid policy does not provide coverage for individual, group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

Source: MMWR 2009, 58(43), 1199-1204.

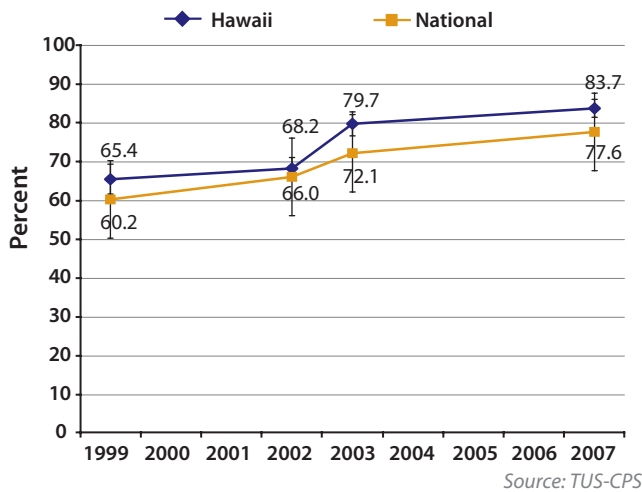
# HAWAII

## Warn

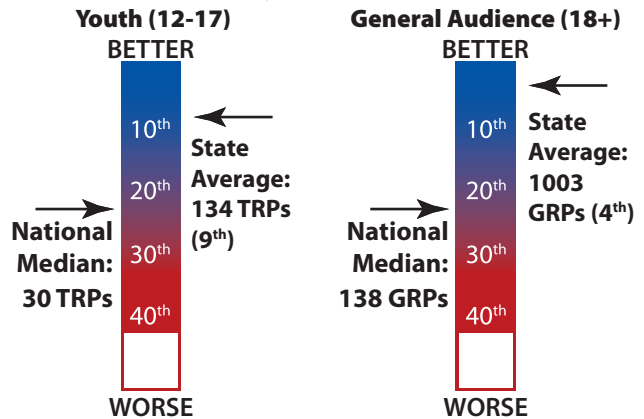
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Hawaii, as in the nation, an increasing number of families have such a rule.

Currently, 83.7% of Hawaii homes have this rule. Hawaii ranks 7<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Hawaii's major media market(s) aired an average of 134 youth TRPs and 1003 general audience GRPs per quarter in 2008. Hawaii ranks 9<sup>th</sup> among the states for the number of youth TRPs and 4<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Hawaii allows local regulation of tobacco industry promotions, sampling, and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

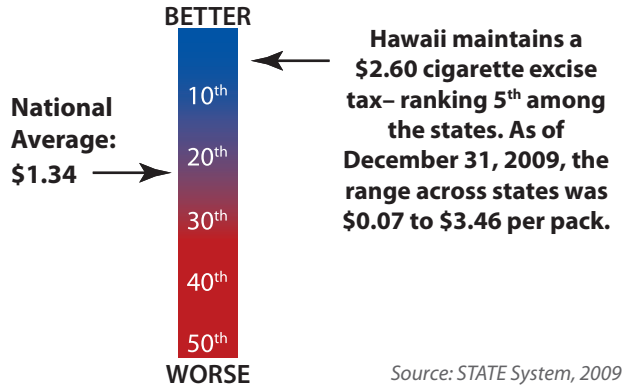
Over the Counter	Vending Machines
Yes	Yes

Source: STATE System, 2009

Hawaii requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax



Hawaii maintains a \$2.60 per pack tax, ranking 5<sup>th</sup> among the states.

Hawaii does not have a minimum price law.

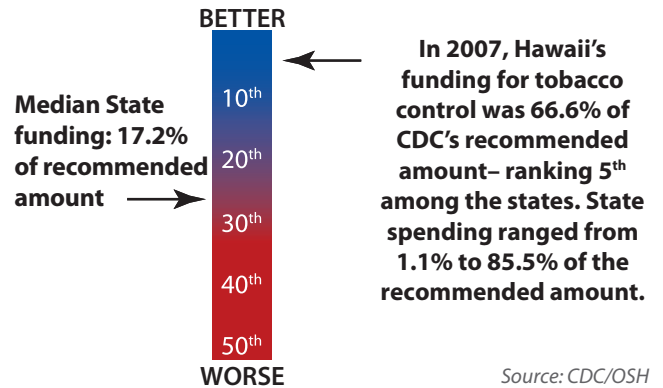
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 12% of the annual revenue generated from state excise taxes and settlement payments would fund Hawaii's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Hawaii's funding for tobacco control was 66.6% of the recommended level. Hawaii ranks 5<sup>th</sup> among the states.

## State Funding for Tobacco Control



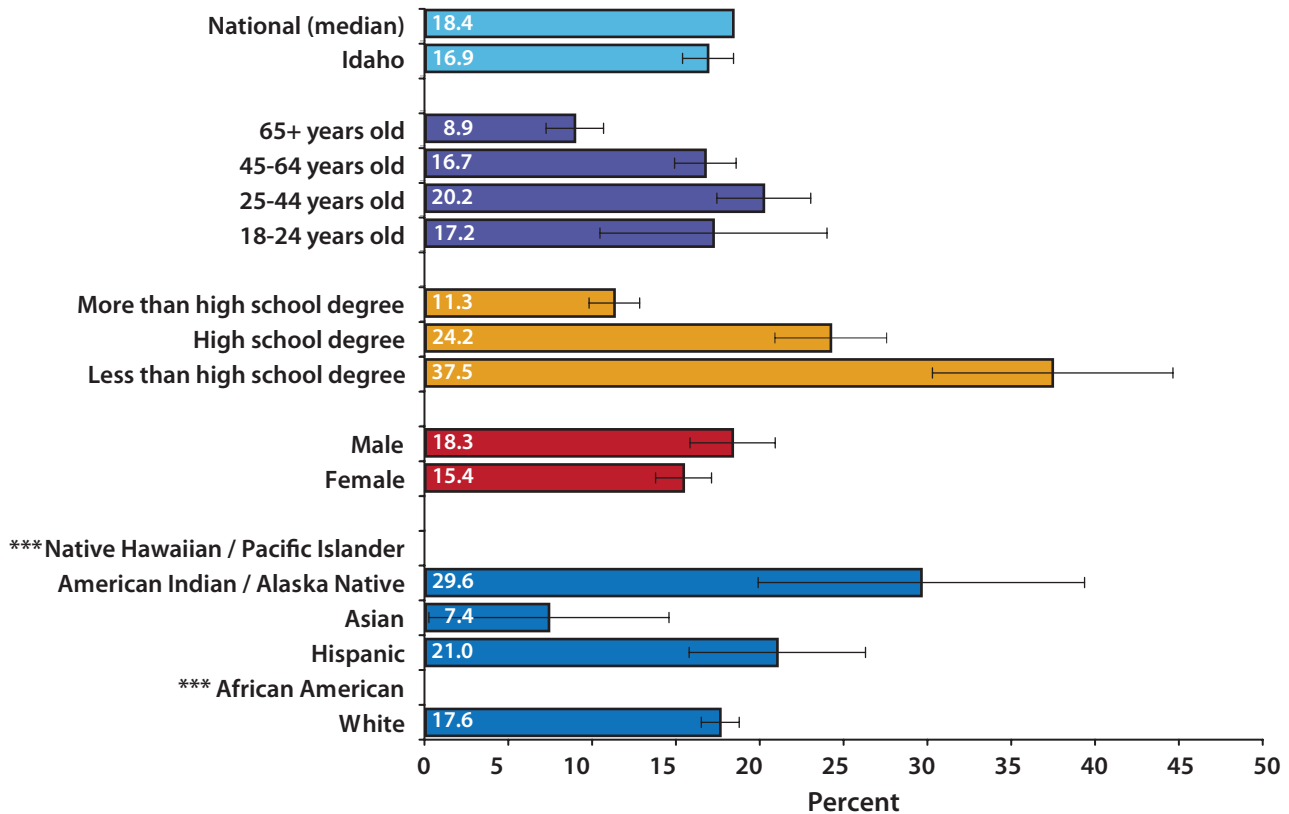
## Monitor

In Idaho, 16.9% of the adult population (ages 18+) – over 187,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Idaho ranks 15<sup>th</sup> among the states.

Among youth ages 12-17, 8.9% smoke in Idaho. The range across all states is 6.5% to 15.9%. Idaho ranks 7<sup>th</sup> among the states.

Among adults ages 35+, over 1,500 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 237.4/100,000. Idaho's smoking-attributable mortality rate ranks 8<sup>th</sup> among the states.

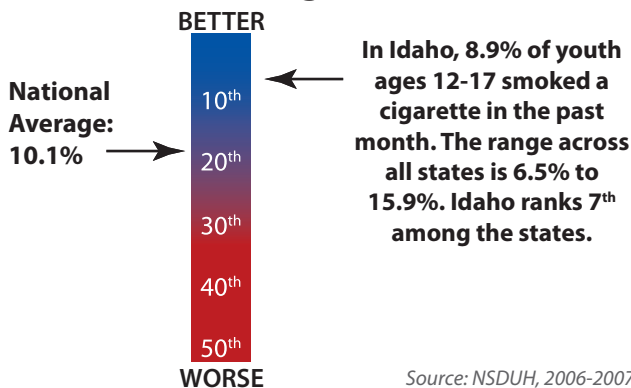
### Current Smoking among Adults by Demographic Characteristics



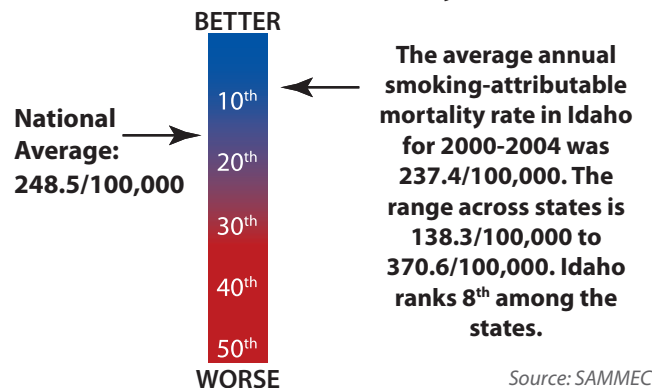
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

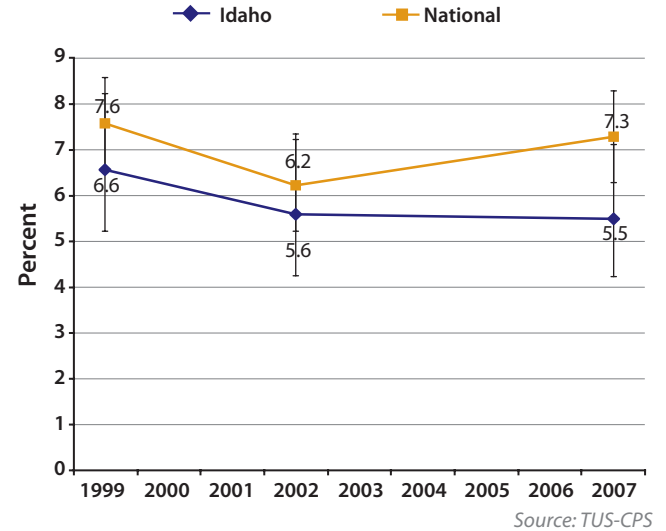


## Protect

Idaho has a smoke-free law that provides partial protection against exposure to secondhand smoke in public places.

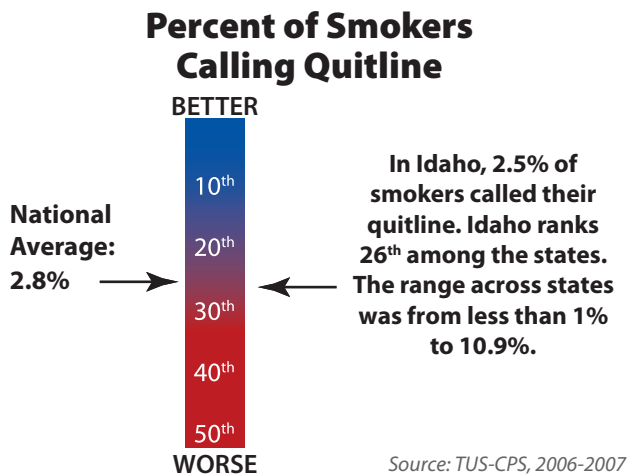


## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



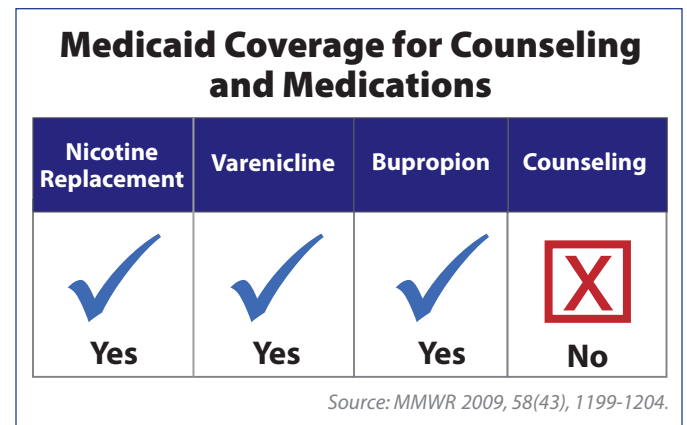
Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Idaho than in the nation overall. Currently, Idaho ranks 14<sup>th</sup> among the states for workplace exposure, at 5.5%.

## Offer



*Best Practices* estimates 8% of smokers could access quitlines each year. In Idaho, 2.5% of smokers called their quitline.

The Medicaid fee-for-service program in Idaho provides full coverage for tobacco dependence treatment. Idaho's Medicaid policy provides coverage for both bupropion and varenicline. Idaho's Medicaid policy does not provide coverage for individual, group, or telephone counseling.



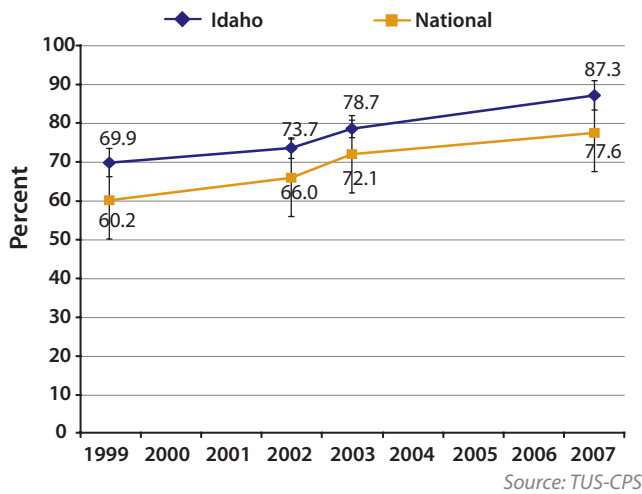
# IDAHO

## Warn

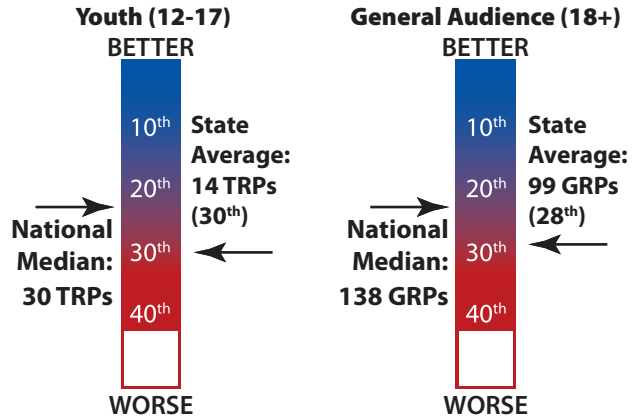
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Idaho, as in the nation, an increasing number of families have such a rule.

Currently, 87.3% of Idaho homes have this rule. Idaho ranks 3<sup>rd</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Idaho's major media market(s) aired an average of 14 youth TRPs and 99 general audience GRPs per quarter in 2008. Idaho ranks 30<sup>th</sup> among the states for the number of youth TRPs and 28<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Idaho allows local regulation of tobacco industry promotions, sampling, and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
✓ Yes	✓ Yes	✓ Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
✓ Yes	✗ No

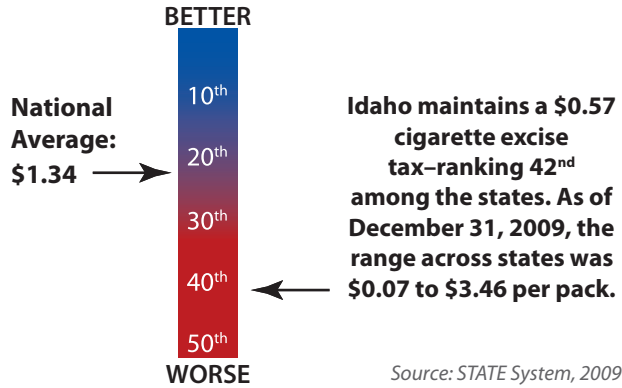
Source: STATE System, 2009

Idaho requires all establishments selling tobacco products over the counter but not by vending machines to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax



Idaho maintains a \$0.57 per pack tax, ranking 42<sup>nd</sup> among the states.

Idaho does not have a minimum price law.

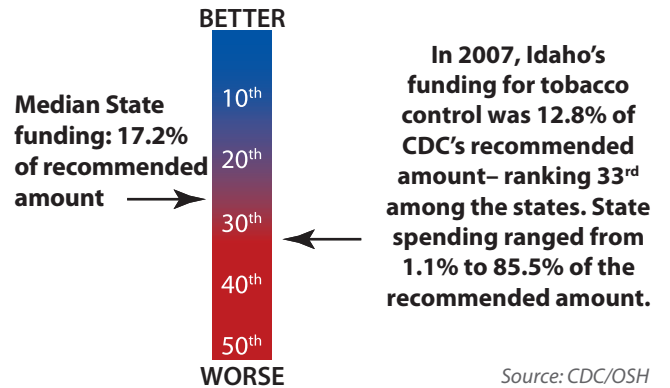
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 23% of the annual revenue generated from state excise taxes and settlement payments would fund Idaho's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Idaho's funding for tobacco control was 12.8% of the recommended level. Idaho ranks 33<sup>rd</sup> among the states.

## State Funding for Tobacco Control



# ILLINOIS

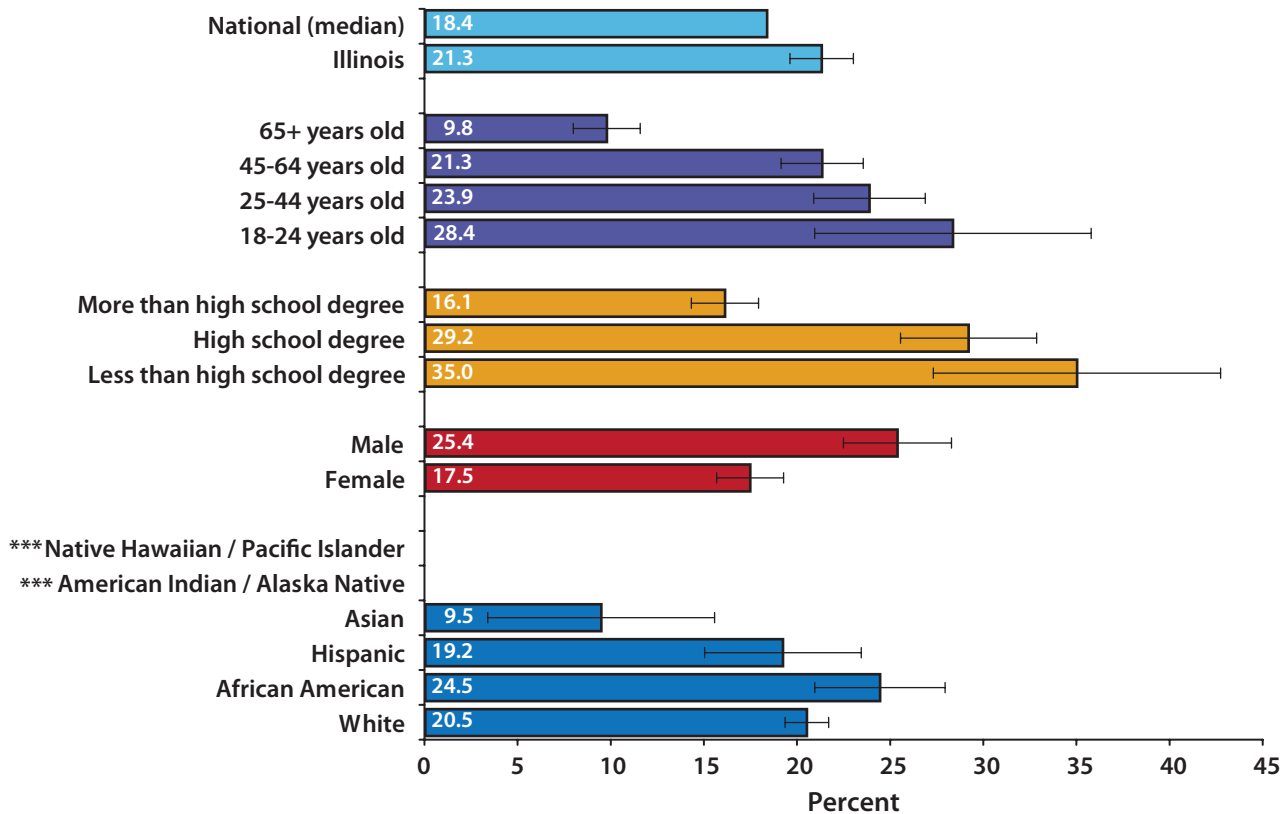
## Monitor

In Illinois, 21.3% of the adult population (ages 18+) – over 2,072,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Illinois ranks 39<sup>th</sup> among the states.

Among youth ages 12-17, 10.2% smoke in Illinois. The range across all states is 6.5% to 15.9%. Illinois ranks 21<sup>st</sup> among the states.

Among adults ages 35+, over 16,600 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 263.1/100,000. Illinois's smoking-attributable mortality rate ranks 25<sup>th</sup> among the states.

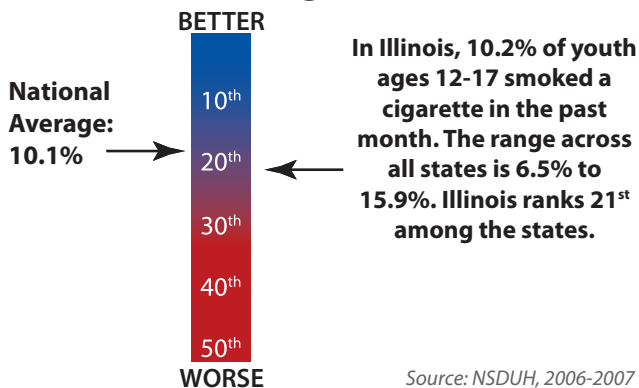
### Current Smoking among Adults by Demographic Characteristics



\*\*\* Data not shown because sample size is less than 50.

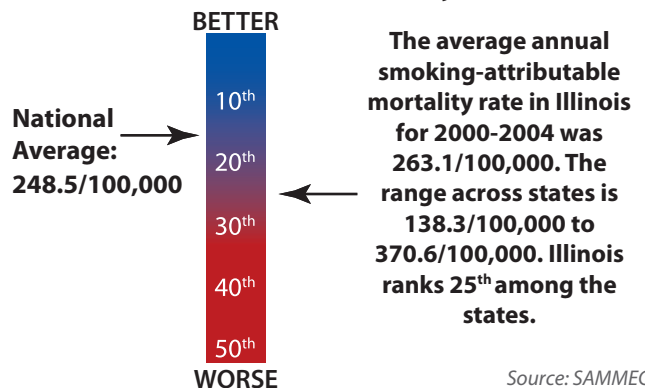
Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



Source: NSDUH, 2006-2007




### Smoking-Attributable Adult (35+) Mortality



Source: SAMMEC

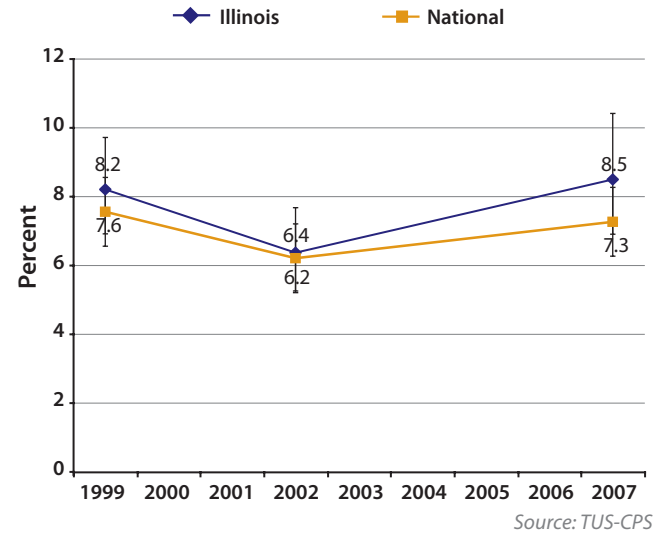
## Protect

Illinois has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

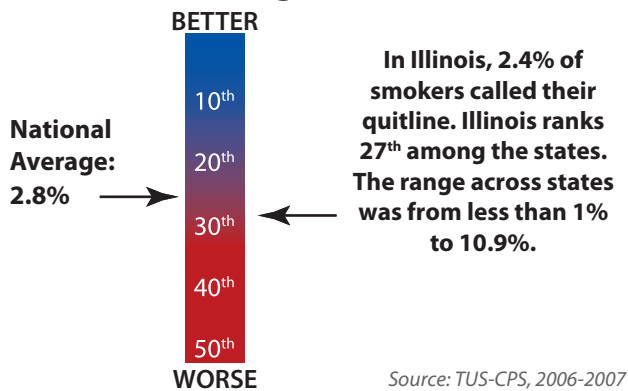
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Illinois than in the nation overall. Currently, Illinois ranks 36<sup>th</sup> among the states for workplace exposure, at 8.5%.

## Offer





### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Illinois, 2.4% of smokers called their quitline.

The Medicaid fee-for-service program in Illinois provides full coverage for tobacco dependence treatment. Illinois's Medicaid policy provides coverage for both bupropion and varenicline. Illinois's Medicaid policy does not provide coverage for individual, group, or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

Source: MMWR 2009, 58(43), 1199-1204.

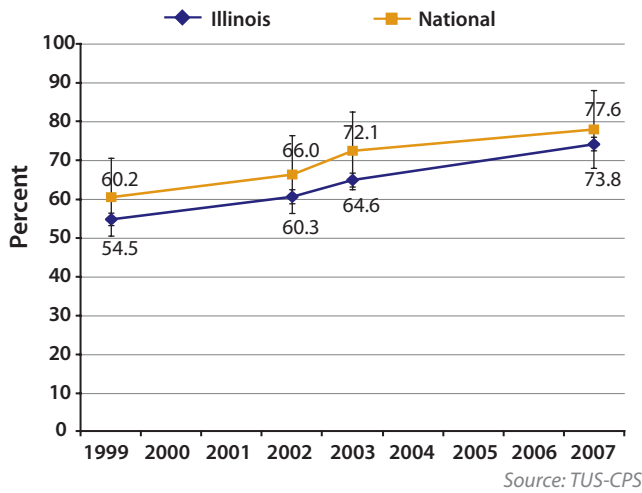
# ILLINOIS

## Warn

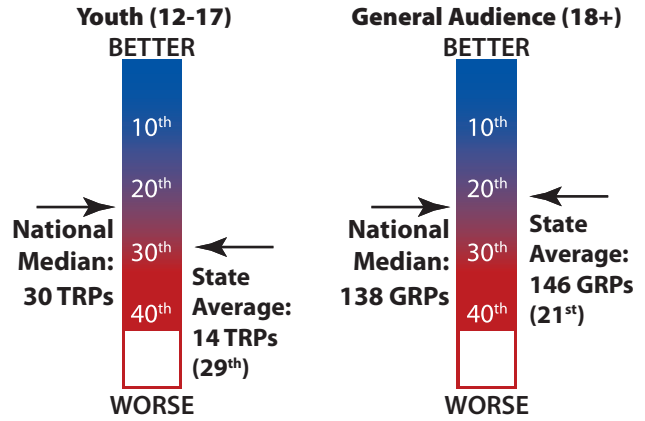
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Illinois, as in the nation, an increasing number of families have such a rule.

Currently, 73.8% of Illinois homes have this rule. Illinois ranks 34<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Point (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Illinois's major media market(s) aired an average of 14 youth TRPs and 146 general audience GRPs per quarter in 2008. Illinois ranks 29<sup>th</sup> among the states for the number of youth TRPs and 21<sup>st</sup> among the states for the number of general audience GRPs aired.

## Enforce

Illinois allows local regulation of tobacco industry promotions, sampling, and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
✓ Yes	✓ Yes	✓ Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

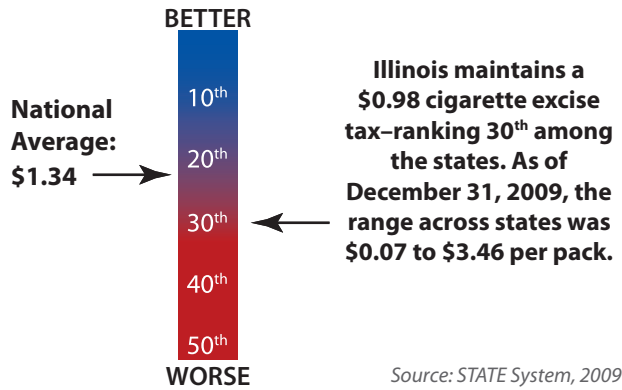
Over the Counter	Vending Machines
✓ Yes	✓ Yes

Source: STATE System, 2009

Illinois requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax



Illinois maintains a \$0.98 per pack tax, ranking 30<sup>th</sup> among the states.

Illinois does not have a minimum price law.

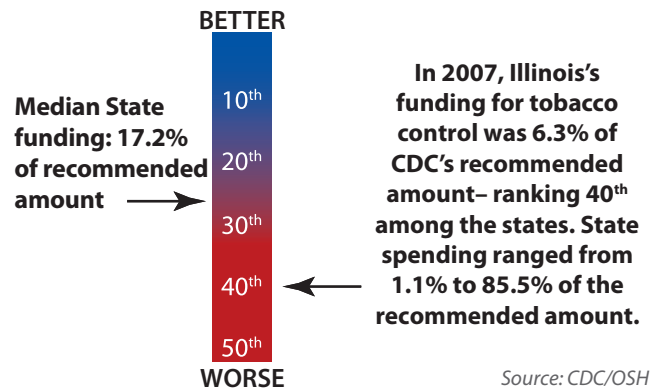
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 17% of the annual revenue generated from state excise taxes and settlement payments would fund Illinois's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Illinois's funding for tobacco control was 6.3% of the recommended level. Illinois ranks 40<sup>th</sup> among the states.

## State Funding for Tobacco Control



# INDIANA

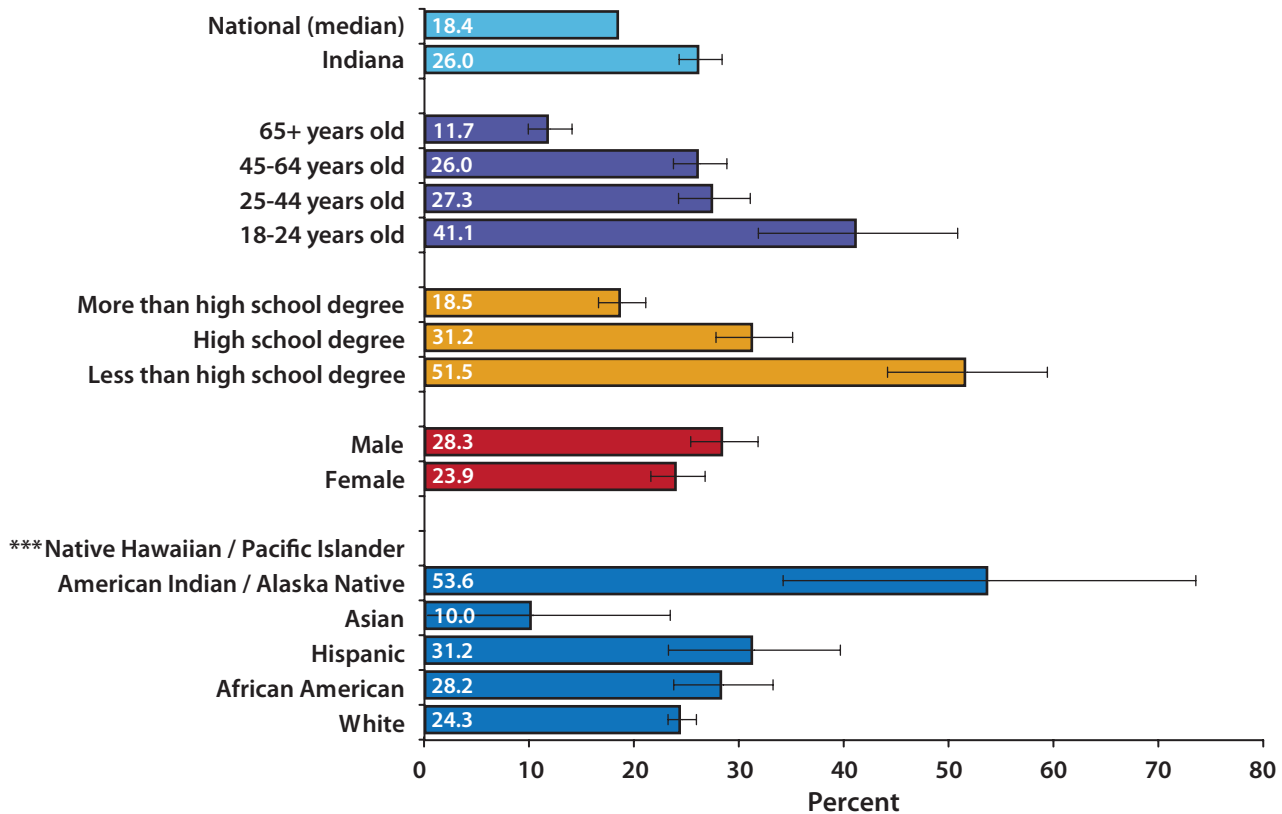
## Monitor

In Indiana, 26.0% of the adult population (ages 18+) – over 1,247,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Indiana ranks 50<sup>th</sup> among the states.

Among youth ages 12-17, 11.8% smoke in Indiana. The range across all states is 6.5% to 15.9%. Indiana ranks 35<sup>th</sup> among the states.

Among adults ages 35+, over 9,700 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 308.9/100,000. Indiana's smoking-attributable mortality rate ranks 43<sup>rd</sup> among the states.

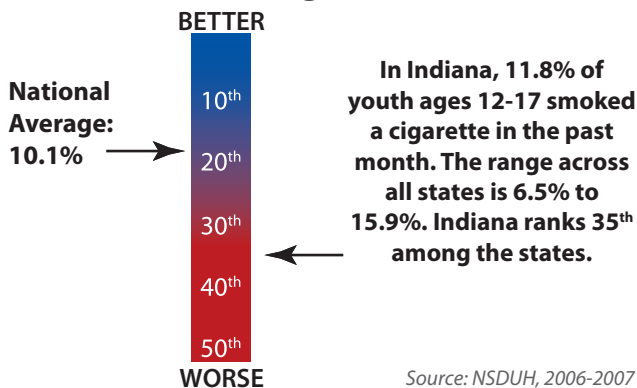
### Current Smoking among Adults by Demographic Characteristics



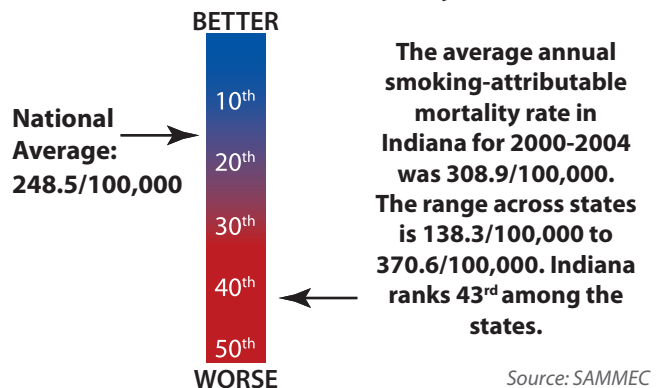
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

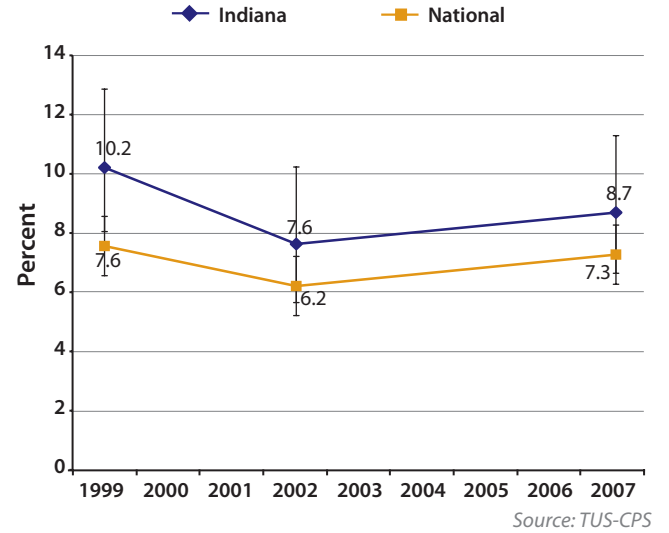


## Protect

Indiana does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places.



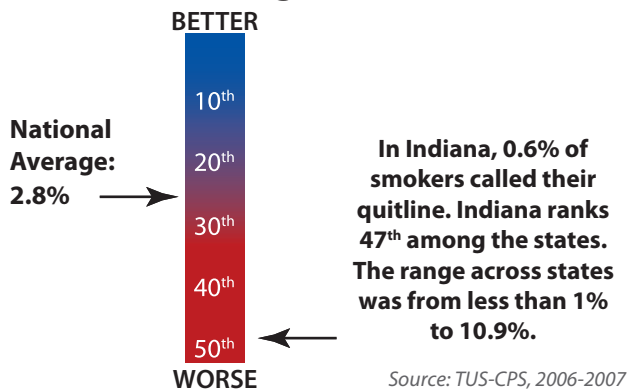
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Indiana than in the nation overall. Currently, Indiana ranks 37<sup>th</sup> among the states for workplace exposure, at 8.7%.

## Offer




### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Indiana, 0.6% of smokers called their quitline.

The Medicaid fee-for-service program in Indiana provides full coverage for tobacco dependence treatment. Indiana's Medicaid policy provides coverage for both bupropion and varenicline. Indiana's Medicaid policy provides coverage for individual and group counseling, but not telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	<b>Partial</b>

*Source: MMWR 2009, 58(43), 1199-1204.*

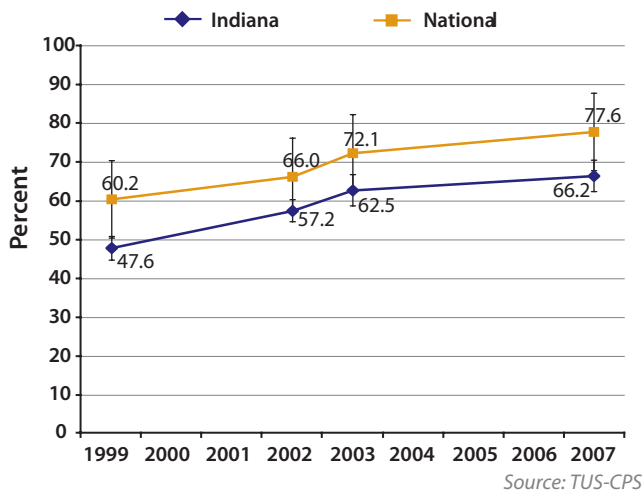
# INDIANA

## Warn

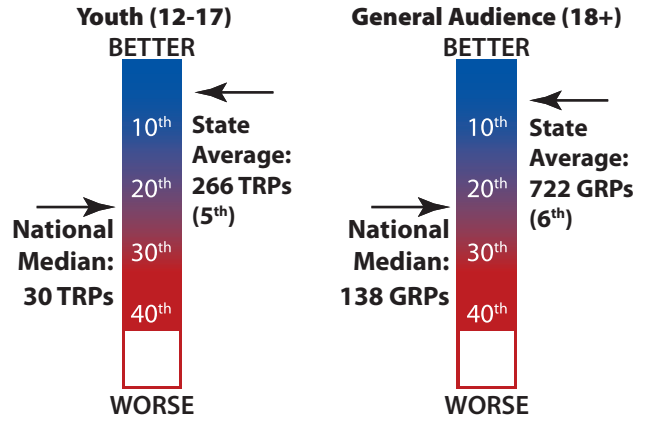
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Indiana, as in the nation, an increasing number of families have such a rule.

Currently, 66.2% of Indiana homes have this rule. Indiana ranks 48<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Indiana's major media market(s) aired an average of 266 youth TRPs and 722 general audience GRPs per quarter in 2008. Indiana ranks 5<sup>th</sup> among the states for the number of youth TRPs and 6<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce



Indiana preempts local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
 <b>No</b>	 <b>No</b>	 <b>No</b>

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
 <b>Yes</b>	 <b>Yes</b>

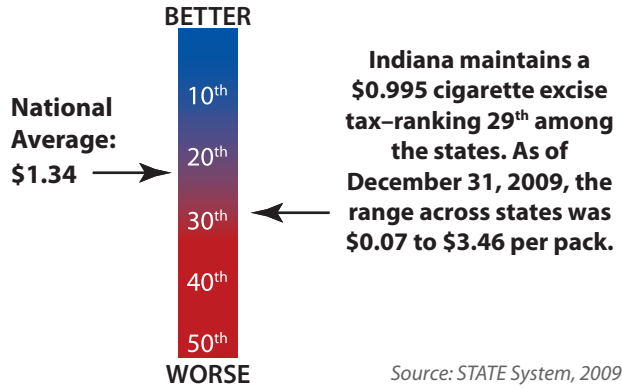
Source: STATE System, 2009

Indiana requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax

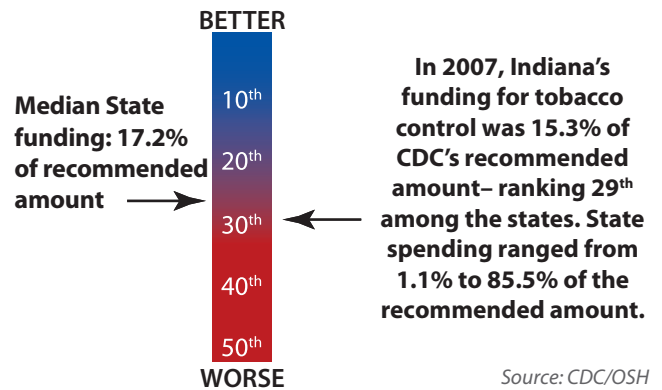


Indiana maintains a \$0.995 per pack tax, ranking 29<sup>th</sup> among the states.

Indiana has a minimum price law. Wholesalers must mark up cigarettes by 4.5 percent and retailers must mark up cigarettes by at least 8 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 17% of the annual revenue generated from state excise taxes and settlement payments would fund Indiana’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Indiana’s funding for tobacco control was 15.3% of the recommended level. Indiana ranks 29<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



**Source: CDC/OSH**

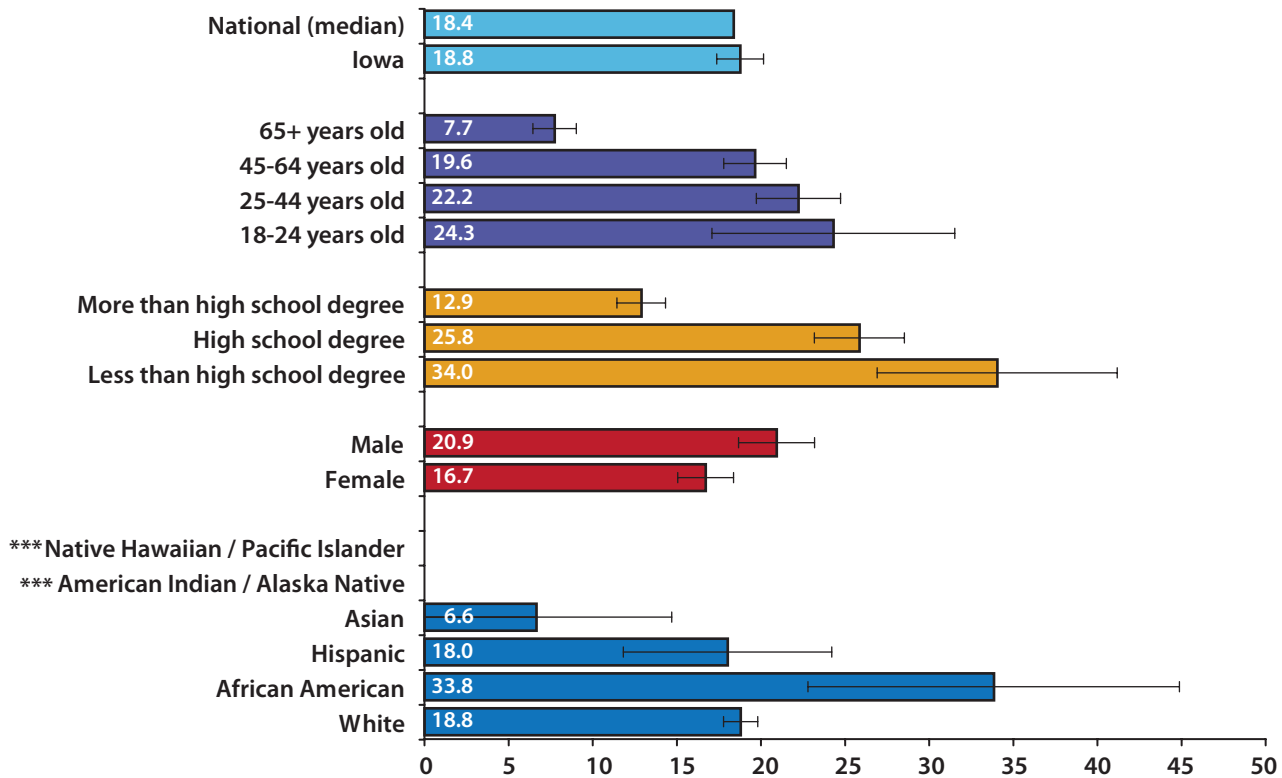
## Monitor

In Iowa, 18.8% of the adult population (ages 18+) – over 429,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Iowa ranks 29<sup>th</sup> among the states.

Among youth ages 12-17, 11.7% smoke in Iowa. The range across all states is 6.5% to 15.9%. Iowa ranks 33<sup>rd</sup> among the states.

Among adults ages 35+, over 4,400 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 248.0/100,000. Iowa's smoking-attributable mortality rate ranks 17<sup>th</sup> among the states.

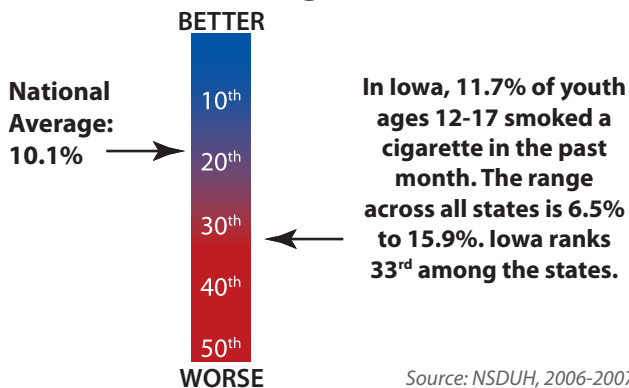
### Current Smoking among Adults by Demographic Characteristics



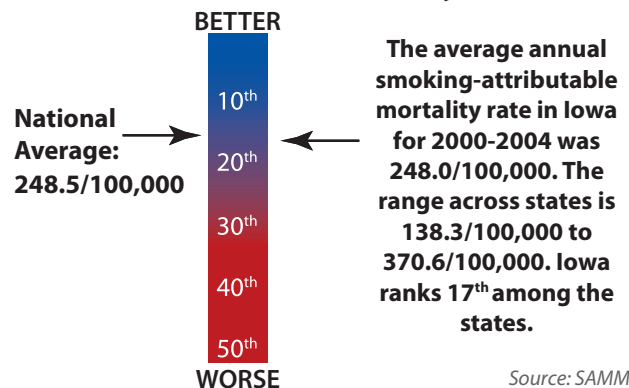
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17






### Smoking-Attributable Adult (35+) Mortality



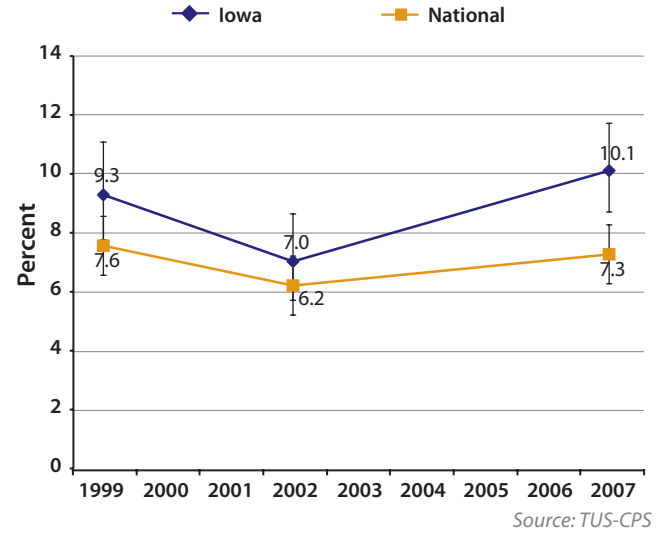
## Protect

Iowa has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

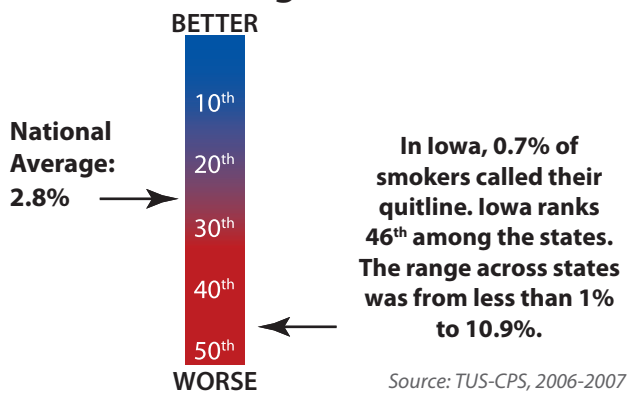
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Iowa than in the nation overall. Currently, Iowa ranks 44<sup>th</sup> among the states for workplace exposure, at 10.1%.

## Offer



### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Iowa, 0.7% of smokers called their quitline.

The Medicaid fee-for-service program in Iowa provides only partial coverage for tobacco dependence treatment. Iowa's Medicaid policy provides coverage for bupropion, but not for varenicline. Iowa's Medicaid policy does not provide coverage for group or telephone counseling, but does provide coverage individual counseling, and this coverage is for pregnant women only.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
Partial	 <b>No</b>	 <b>Yes</b>	Partial

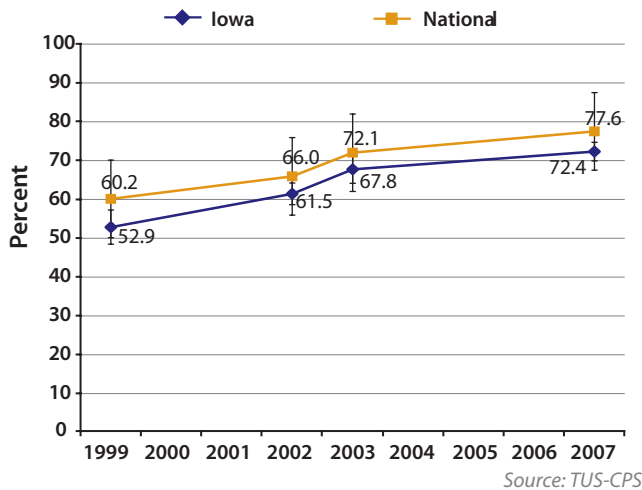
Source: MMWR 2009, 58(43), 1199-1204.

## Warn

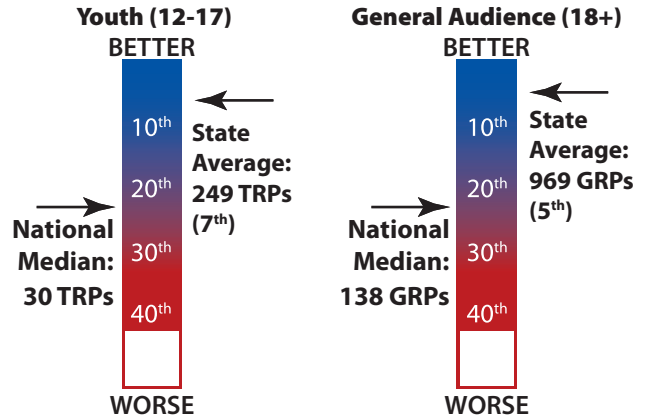
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Iowa, as in the nation, an increasing number of families have such a rule.

Currently, 72.4% of Iowa homes have this rule. Iowa ranks 40<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Iowa's major media market(s) aired an average of 249 youth TRPs and 969 general audience GRPs per quarter in 2008. Iowa ranks 7<sup>th</sup> among the states for the number of youth TRPs and 5<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Iowa allows local regulation of tobacco industry promotions, sampling, and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

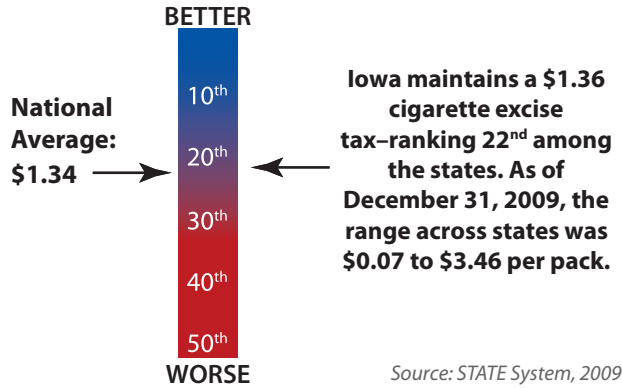
Over the Counter	Vending Machines
Yes	Yes

Source: STATE System, 2009

Iowa requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax

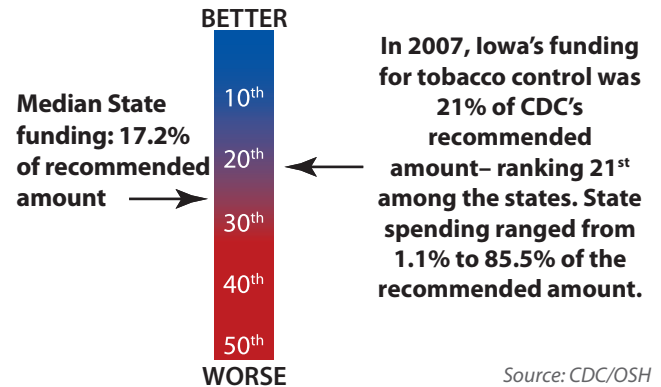


Iowa maintains a \$1.36 per pack tax, ranking 22<sup>nd</sup> among the states.

Iowa has a minimum price law. Wholesalers must mark up cigarettes by 4 percent and retailers must mark up cigarettes by at least 8 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 25% of the annual revenue generated from state excise taxes and settlement payments would fund Iowa's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Iowa's funding for tobacco control was 21.0% of the recommended level. Iowa ranks 21<sup>st</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

# KANSAS

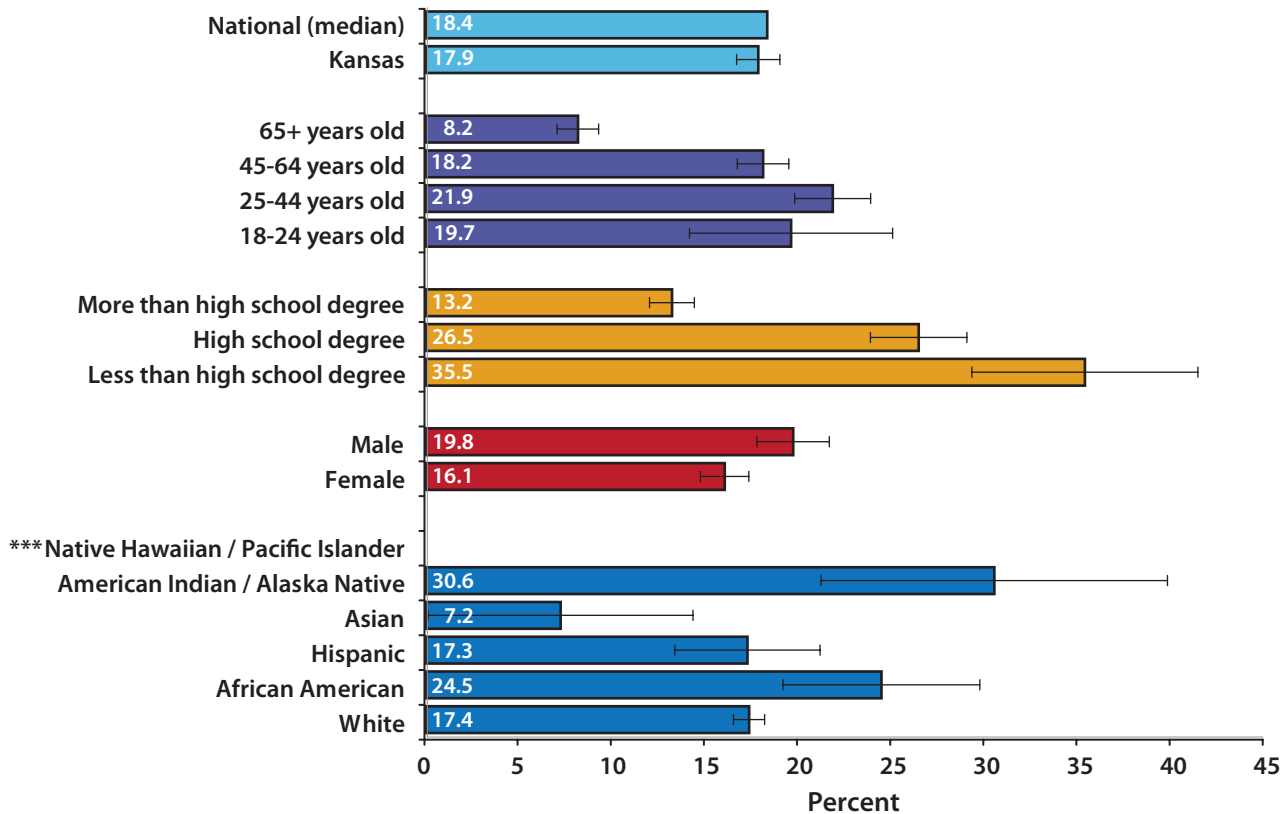
## Monitor

In Kansas, 17.9% of the adult population (ages 18+) – over 376,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Kansas ranks 23<sup>rd</sup> among the states.

Among youth ages 12-17, 11.9% smoke in Kansas. The range across all states is 6.5% to 15.9%. Kansas ranks 39<sup>th</sup> among the states.

Among adults ages 35+, over 3,900 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 262.7/100,000. Kansas's smoking-attributable mortality rate ranks 24<sup>th</sup> among the states.

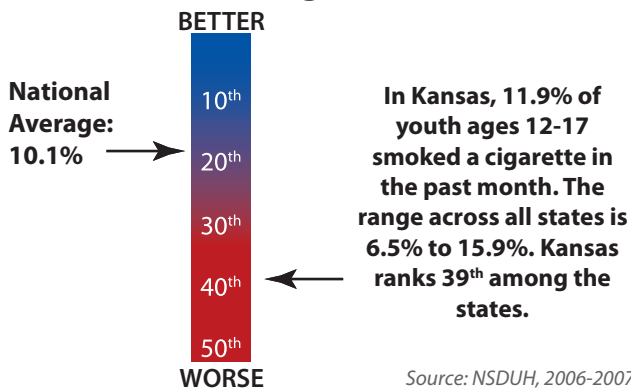
### Current Smoking among Adults by Demographic Characteristics



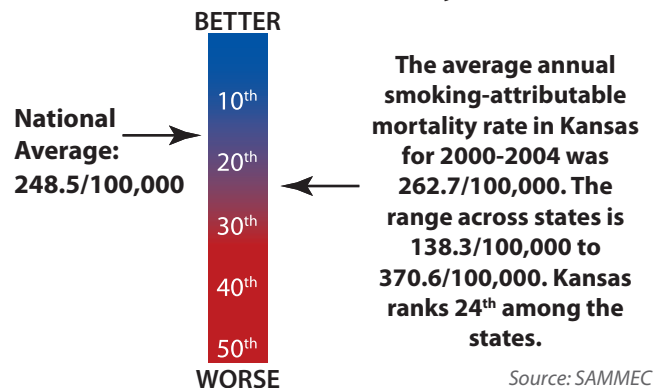
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

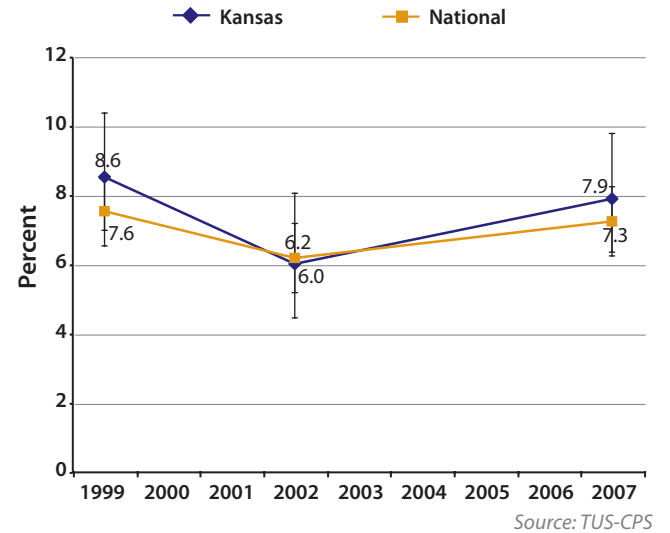


## Protect

Kansas does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places.



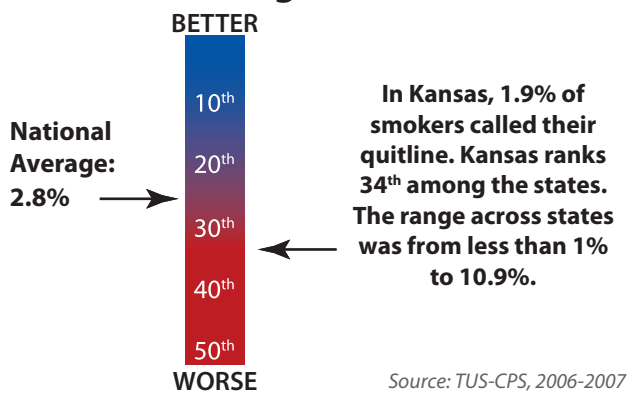
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Kansas than in the nation overall. Currently, Kansas ranks 29th among the states for workplace exposure, at 7.9%.

## Offer




### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Kansas, 1.9% of smokers called their quitline.

The Medicaid fee-for-service program in Kansas provides only partial coverage for tobacco dependence treatment. Kansas's Medicaid policy provides coverage for both bupropion and varenicline. Kansas's Medicaid policy does not provide coverage for group, individual, or telephone counseling.

### Medicaid Coverage for Counseling and Medications

	Nicotine Replacement	Varenicline	Bupropion	Counseling
<b>Partial</b>	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>	

*Source: MMWR 2009, 58(43), 1199-1204.*

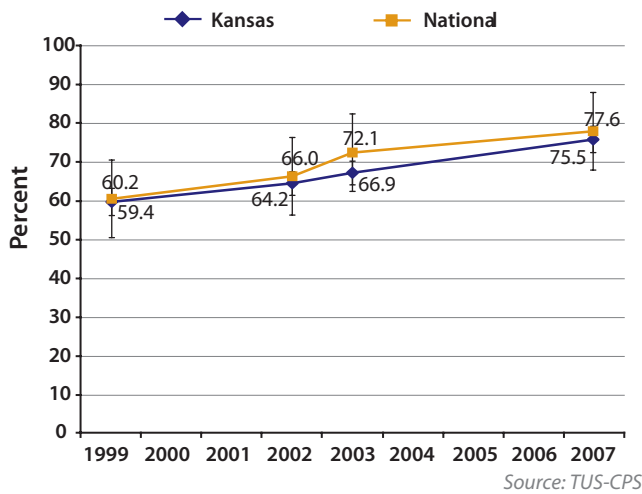
# KANSAS

## Warn

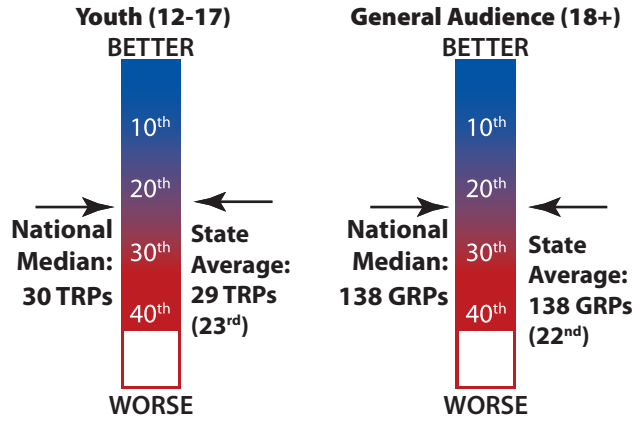
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Kansas, as in the nation, an increasing number of families have such a rule.

Currently, 75.5% of Kansas homes have this rule. Kansas ranks 28<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Kansas's major media market(s) aired an average of 29 youth TRPs and 138 general audience GRPs per quarter in 2008. Kansas ranks 23<sup>rd</sup> among the states for the number of youth TRPs and 22<sup>nd</sup> among the states for the number of general audience GRPs aired.

## Enforce

Kansas allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	Yes

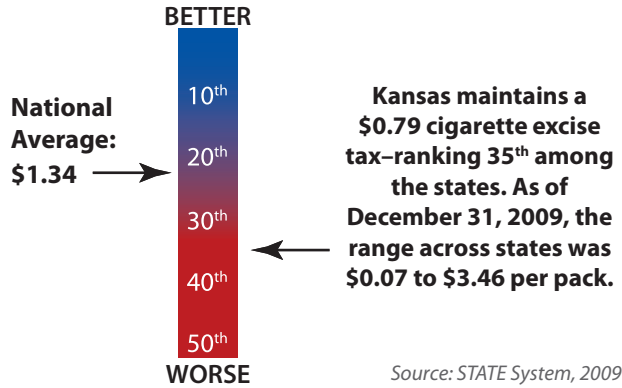
Source: STATE System, 2009

Kansas requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax



Kansas maintains a \$0.79 per pack tax, ranking 35<sup>th</sup> among the states.

Kansas does not have a minimum price law.

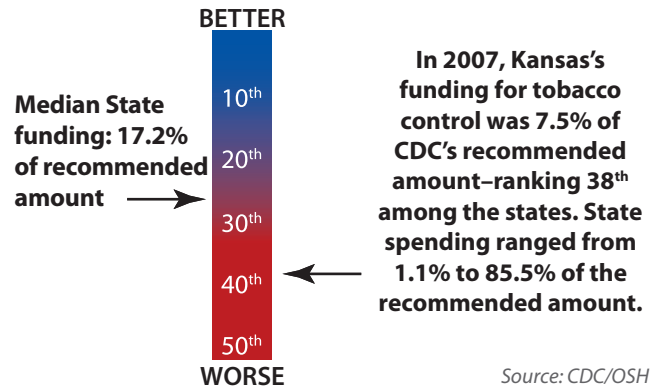
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 19% of the annual revenue generated from state excise taxes and settlement payments would fund Kansas's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Kansas's funding for tobacco control was 7.5% of the recommended level. Kansas ranks 38<sup>th</sup> among the states.

## State Funding for Tobacco Control



# KENTUCKY

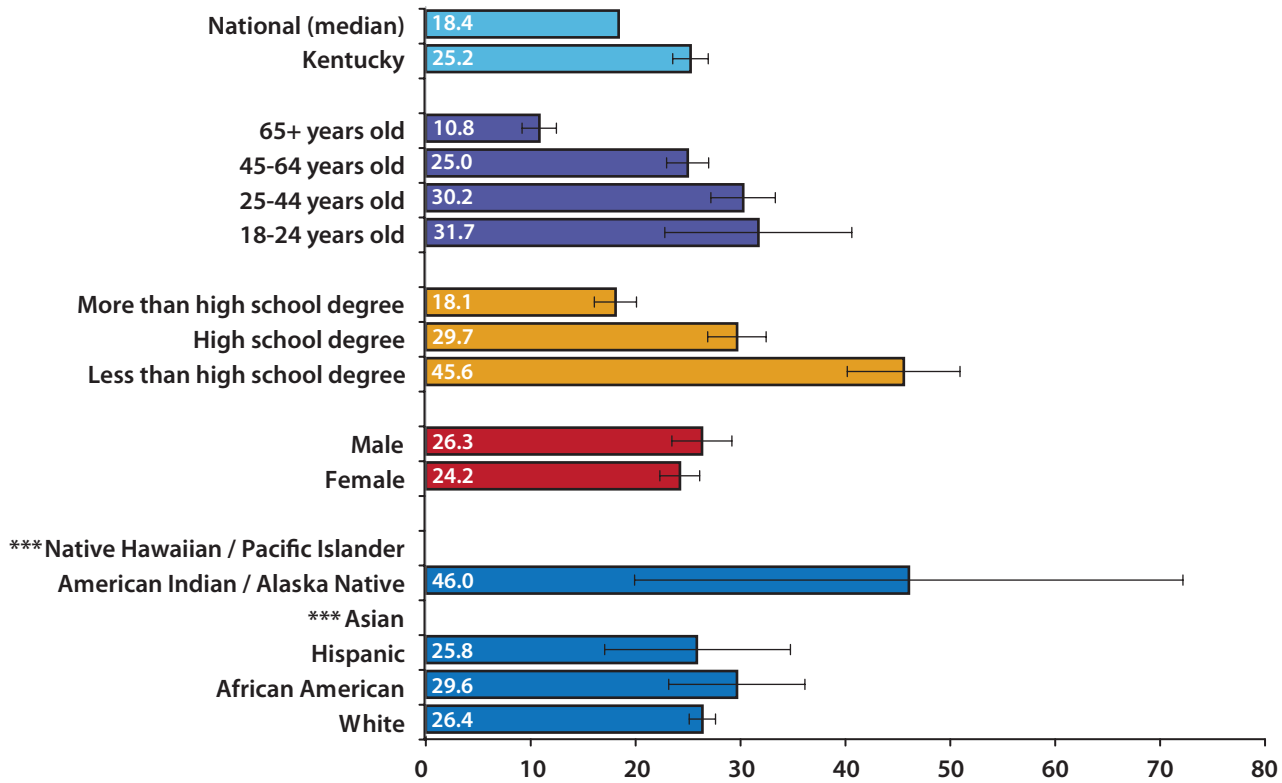
## Monitor

In Kentucky, 25.2% of the adult population (ages 18+) – over 822,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Kentucky ranks 49<sup>th</sup> among the states.

Among youth ages 12-17, 15.9% smoke in Kentucky. The range across all states is 6.5% to 15.9%. Kentucky ranks 51<sup>st</sup> among the states.

Among adults ages 35+, over 7,800 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 370.6/100,000. Kentucky's smoking-attributable mortality rate ranks 51<sup>st</sup> among the states.

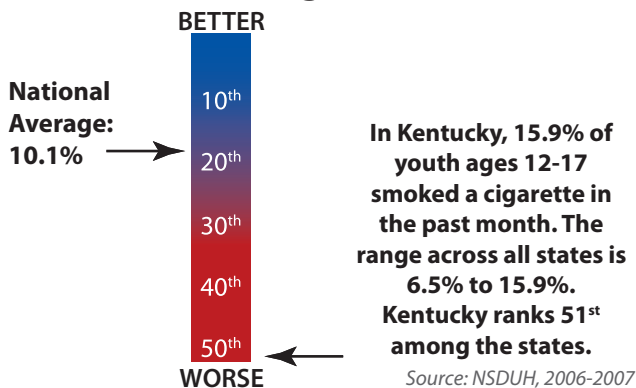
### Current Smoking among Adults by Demographic Characteristics



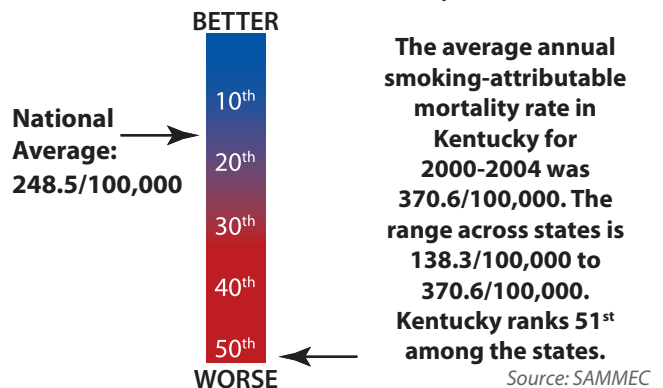
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

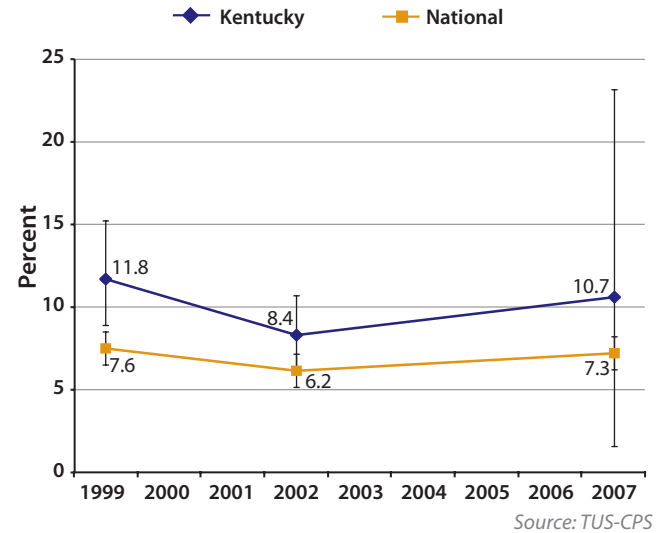


## Protect

Kentucky does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places.

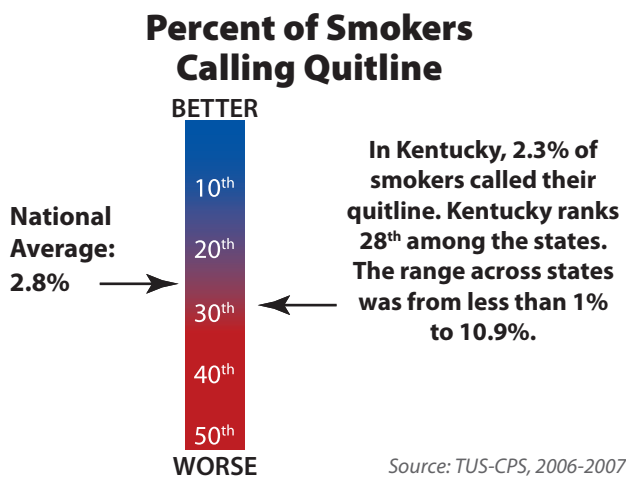


## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



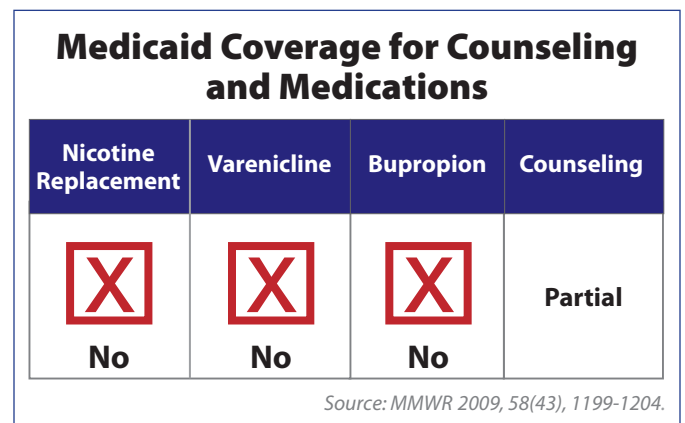
Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Kentucky than in the nation overall. Currently, Kentucky ranks 48<sup>th</sup> among the states for workplace exposure, at 10.7%.

## Offer



*Best Practices* estimates 8% of smokers could access quitlines each year. In Kentucky, 2.3% of smokers called their quitline.

The Medicaid fee-for-service program in Kentucky provides no coverage for tobacco dependence treatment. Kentucky's Medicaid policy provides coverage for neither bupropion nor varenicline. Kentucky's Medicaid policy does provide coverage for group, individual and telephone counseling. Coverage for group and individual counseling is for pregnant women only.



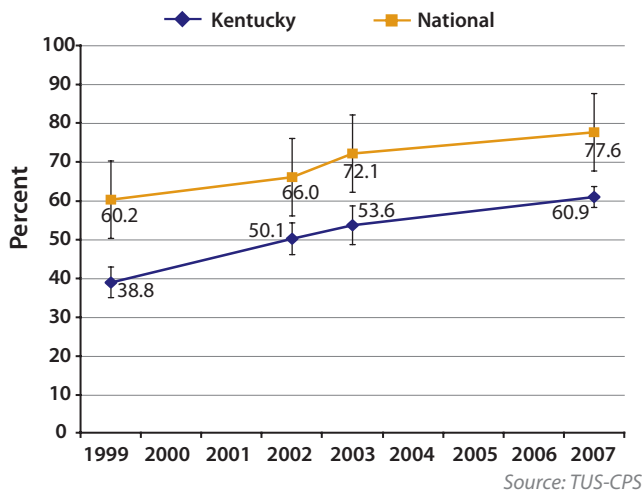
# KENTUCKY

## Warn

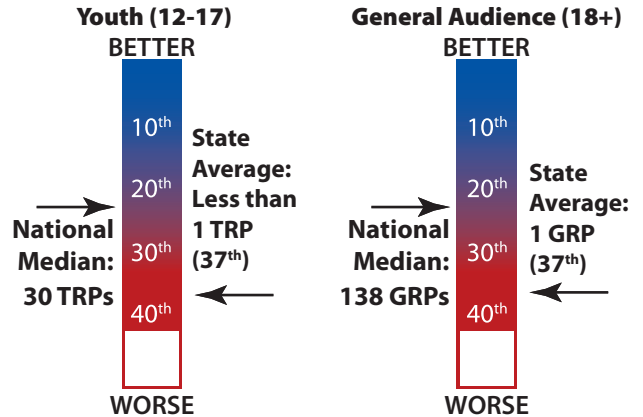
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Kentucky, as in the nation, an increasing number of families have such a rule.

Currently, 60.9% of Kentucky homes have this rule. Kentucky ranks 51<sup>st</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Kentucky's major media market(s) aired an average of less than one youth TRP and 1 general audience GRP per quarter in 2008. Kentucky ranks 37<sup>th</sup> among the states for the number of youth TRPs and general audience GRPs aired.

## Enforce

Kentucky preempts local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
No	No	No

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

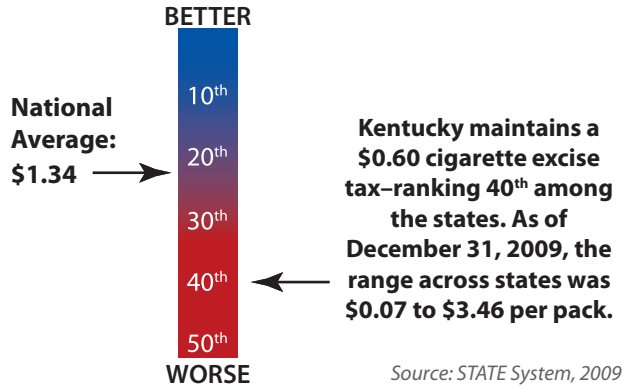
Over the Counter	Vending Machines
No	Yes

Source: STATE System, 2009

Kentucky requires establishments selling tobacco products by vending machine but not over the counter to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax

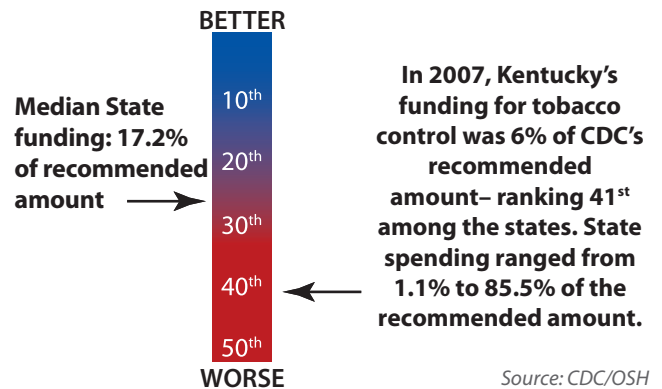


Kentucky maintains a \$0.60 per pack tax, ranking 40<sup>th</sup> among the states.

Kentucky has a minimum price law. Wholesalers must mark up cigarettes by 2.75 percent and retailers must mark up cigarettes by at least 8 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 21% of the annual revenue generated from state excise taxes and settlement payments would fund Kentucky’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Kentucky’s funding for tobacco control was 6.0% of the recommended level. Kentucky ranks 41<sup>st</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



*Source: CDC/OSH*

# LOUISIANA

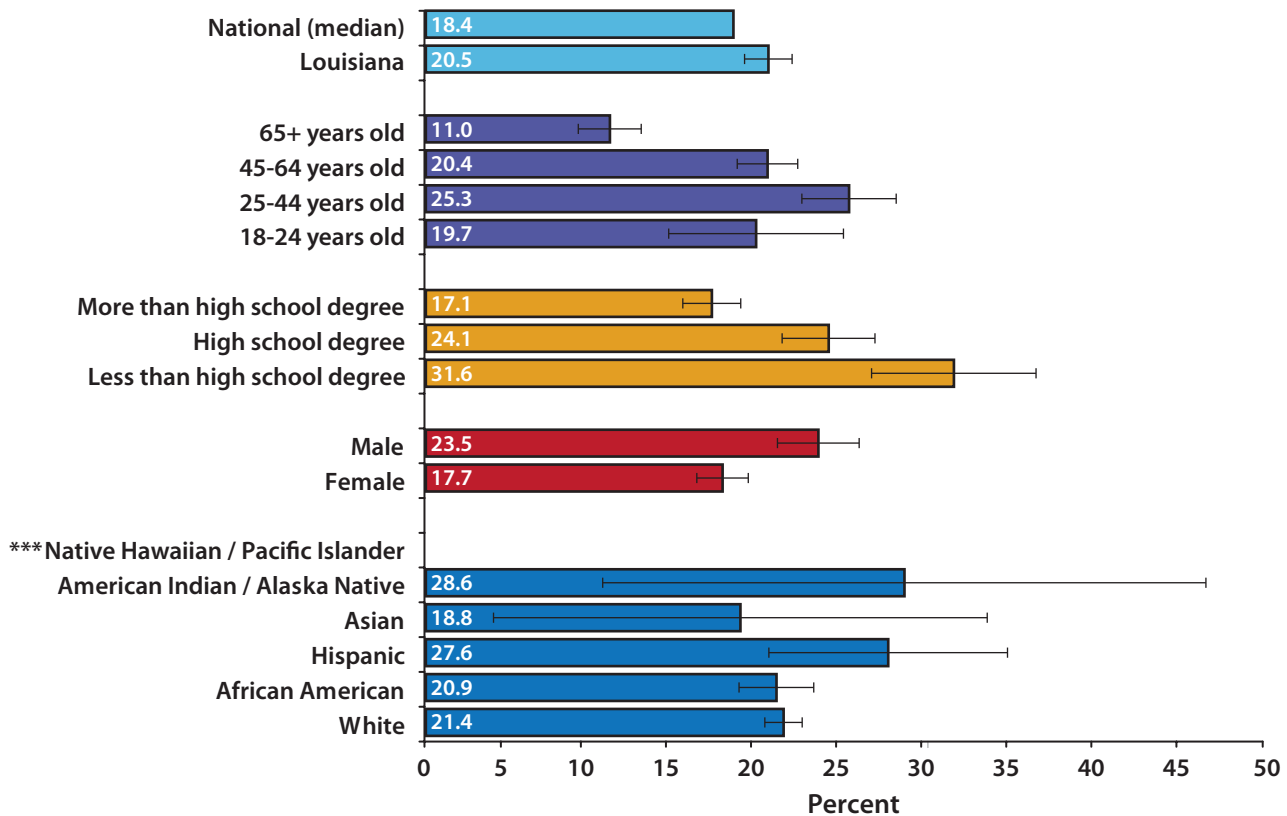
## Monitor

In Louisiana, 20.5% of the adult population (ages 18+) – over 675,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Louisiana ranks 37<sup>th</sup> among the states.

Among youth ages 12-17, 11.0% smoke in Louisiana. The range across all states is 6.5% to 15.9%. Louisiana ranks 26<sup>th</sup> among the states.

Among adults ages 35+, over 6,500 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 299.8/100,000. Louisiana's smoking-attributable mortality rate ranks 41<sup>st</sup> among the states.

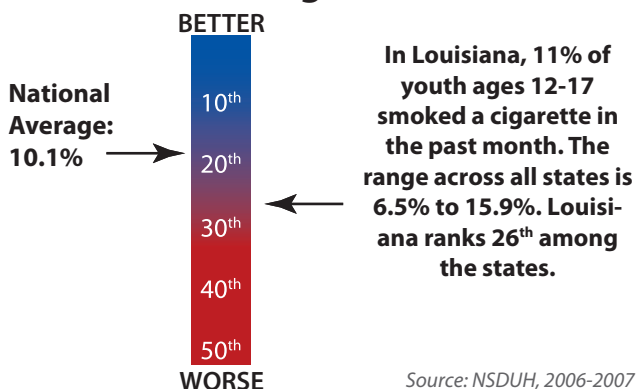
### Current Smoking among Adults by Demographic Characteristics



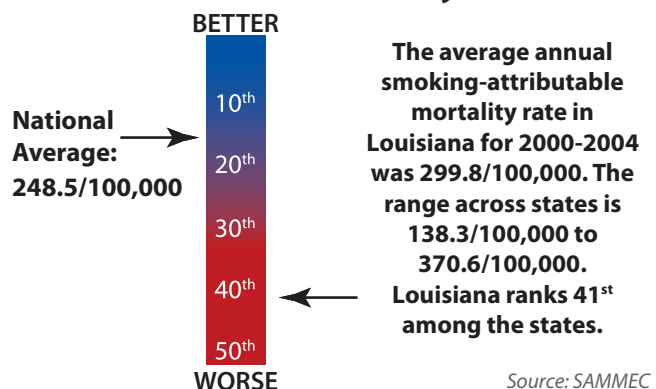
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17




### Smoking-Attributable Adult (35+) Mortality



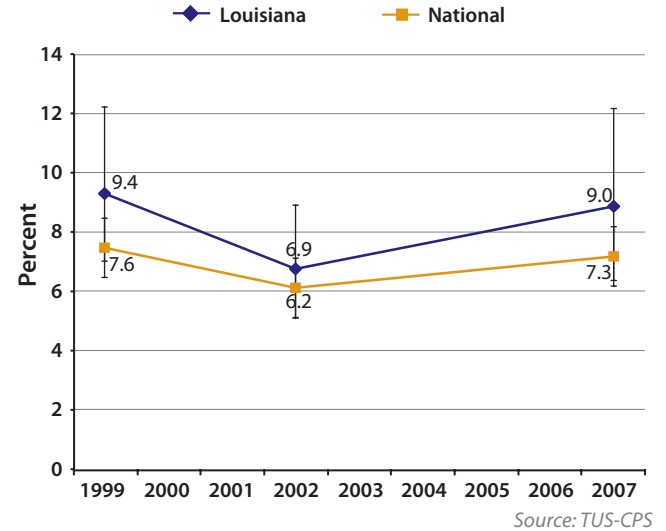
## Protect

Louisiana has a smoke-free law that provides partial protection against exposure to secondhand smoke in public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

Source: STATE System, 2009

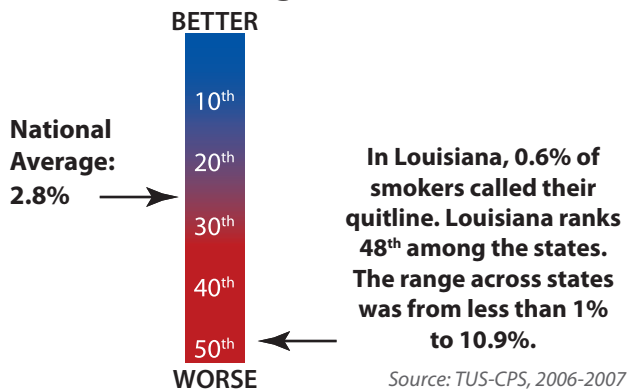
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Louisiana than in the nation overall. Currently, Louisiana ranks 41<sup>st</sup> among the states for workplace exposure, at 9%.

## Offer




### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Louisiana, 0.6% of smokers called their quitline.

The Medicaid fee-for-service program in Louisiana provides only partial coverage for tobacco dependence treatment. Louisiana's Medicaid policy provides coverage for both bupropion and varenicline. Louisiana's Medicaid policy does not provide coverage for group, individual, or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
<b>Partial</b>	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

Source: MMWR 2009, 58(43), 1199-1204.

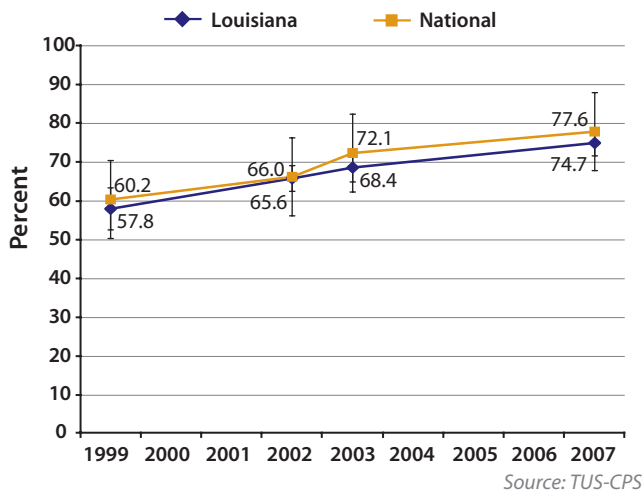
# LOUISIANA

## Warn

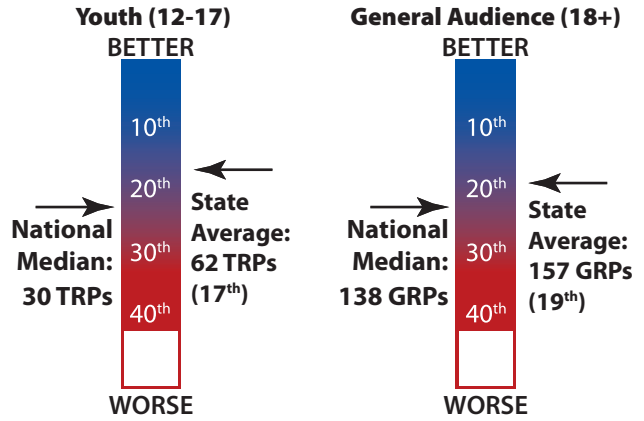
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Louisiana, as in the nation, an increasing number of families have such a rule.

Currently, 74.7% of Louisiana homes have this rule. Louisiana ranks 33<sup>rd</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Louisiana's major media market(s) aired an average of 62 youth TRPs and 157 general audience GRPs per quarter in 2008. Louisiana ranks 17<sup>th</sup> among the states for the number of youth TRPs and 19<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Louisiana preempts local regulation of tobacco industry promotions and sampling. Louisiana allows local regulation on display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	No	No

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	Yes

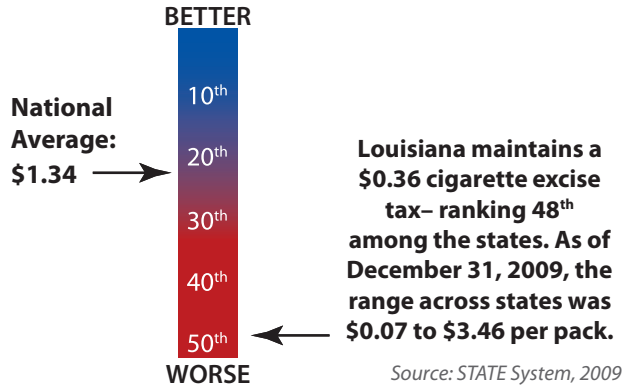
Source: STATE System, 2009

Louisiana requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax

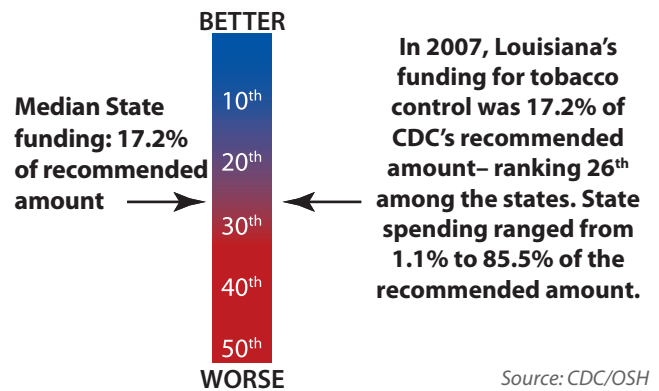


Louisiana maintains a \$0.36 per pack tax, ranking 48<sup>th</sup> among the states.

Louisiana has a minimum price law. Wholesalers must mark up cigarettes by 2 percent and retailers must mark up cigarettes by at least 6 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 20% of the annual revenue generated from state excise taxes and settlement payments would fund Louisiana’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Louisiana’s funding for tobacco control was 17.2% of the recommended level. Louisiana ranks 26<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

# MAINE

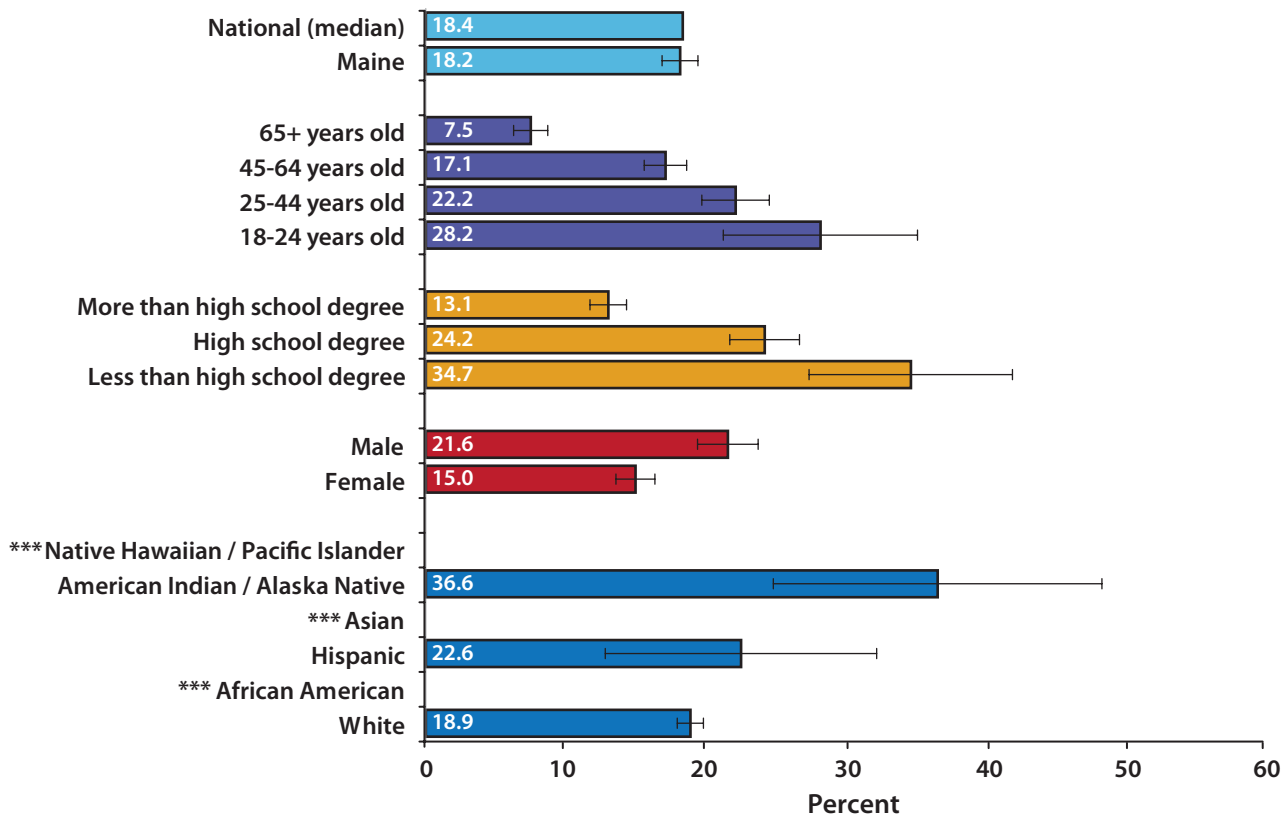
## Monitor

In Maine, 18.2% of the adult population (ages 18+) – over 189,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Maine ranks 25<sup>th</sup> among the states.

Among youth ages 12-17, 11.4% smoke in Maine. The range across all states is 6.5% to 15.9%. Maine ranks 31<sup>st</sup> among the states.

Among adults ages 35+, over 2,200 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 289.8/100,000. Maine's smoking-attributable mortality rate ranks 36<sup>th</sup> among the states.

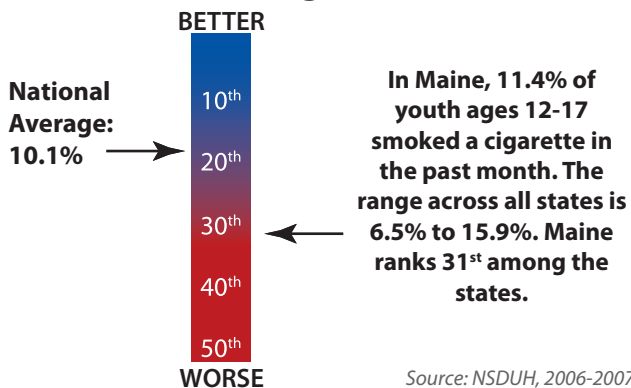
### Current Smoking among Adults by Demographic Characteristics



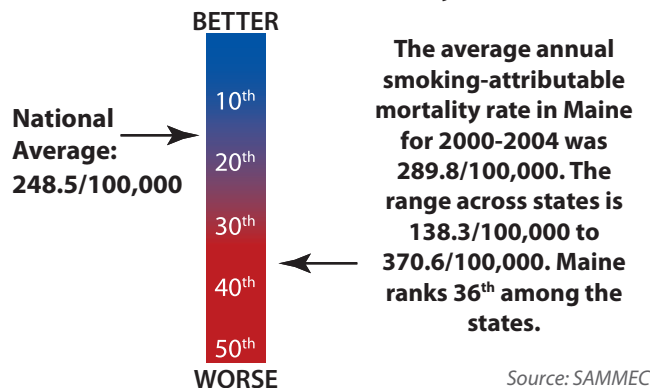
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17






### Smoking-Attributable Adult (35+) Mortality



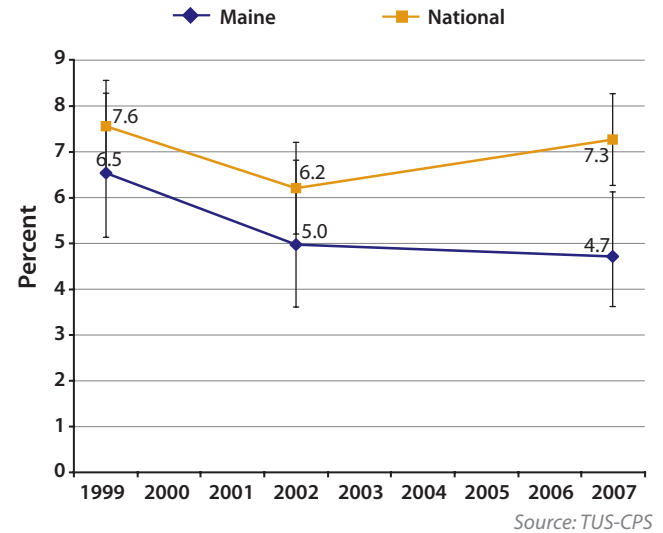
## Protect

Maine has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

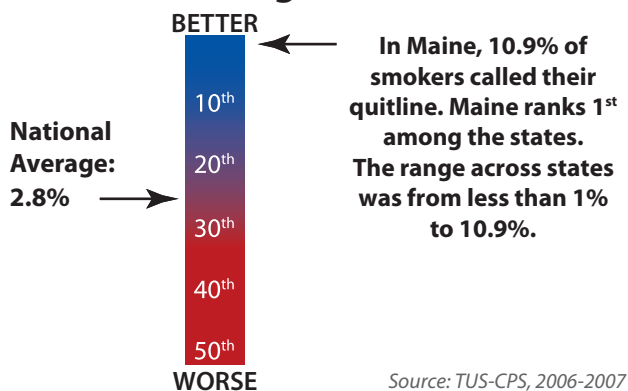
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Maine than in the nation overall. Currently, Maine ranks 7<sup>th</sup> among the states for workplace exposure, at 4.7%.

## Offer




### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Maine, 10.9% of smokers called their quitline.

The Medicaid fee-for-service program in Maine provides full coverage for tobacco dependence treatment. Maine's Medicaid policy provides coverage for varenicline, but not for bupropion. Maine's Medicaid policy does provide coverage for individual counseling, but not group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>	<b>Partial</b>

Source: MMWR 2009, 58(43), 1199-1204.

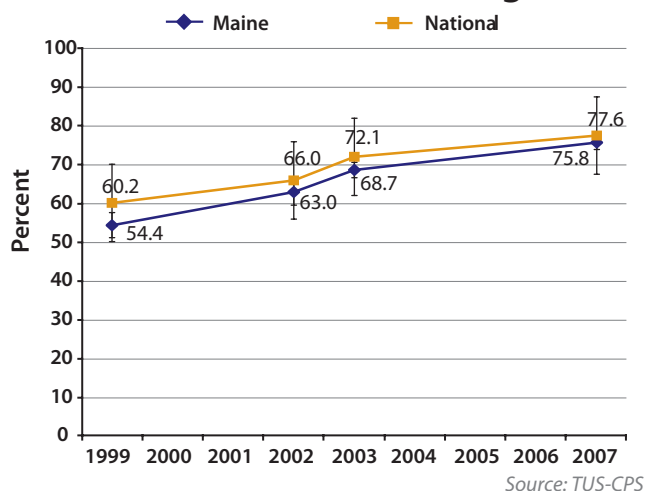
# MAINE

## Warn

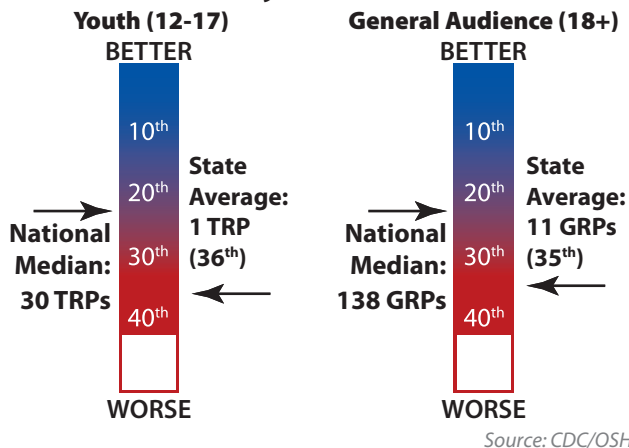
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Maine, as in the nation, an increasing number of families have such a rule.

Currently, 75.8% of Maine homes have this rule. Maine ranks 27<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Maine's major media market(s) aired an average of 1 youth TRP and 11 general audience GRPs per quarter in 2008. Maine ranks 36<sup>th</sup> among the states for the number of youth TRPs and 35<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Maine allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

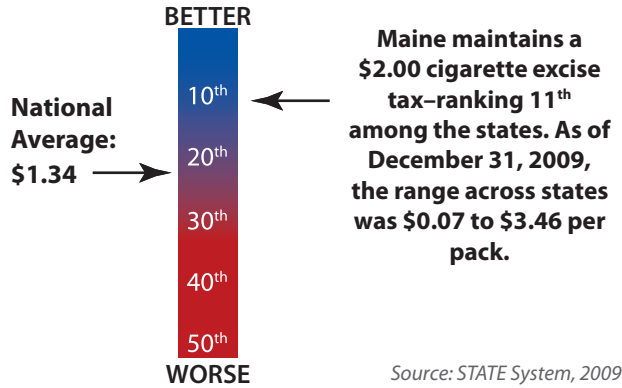
Over the Counter	Vending Machines
Yes	Yes

Source: STATE System, 2009

Maine requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax



Maine maintains a \$2.00 per pack tax, ranking 11<sup>th</sup> among the states.

Maine does not have a minimum price law.

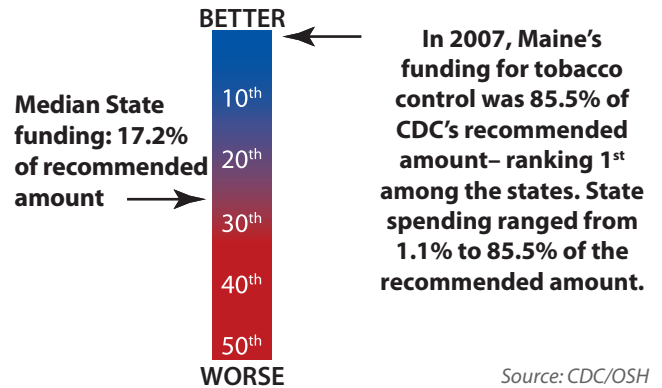
## Minimum Price Law for Cigarettes



*Source: CDC/OSH*

Approximately 9% of the annual revenue generated from state excise taxes and settlement payments would fund Maine’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Maine’s funding for tobacco control was 85.5% of the recommended level. Maine ranks 1<sup>st</sup> among the states.

## State Funding for Tobacco Control



# MARYLAND

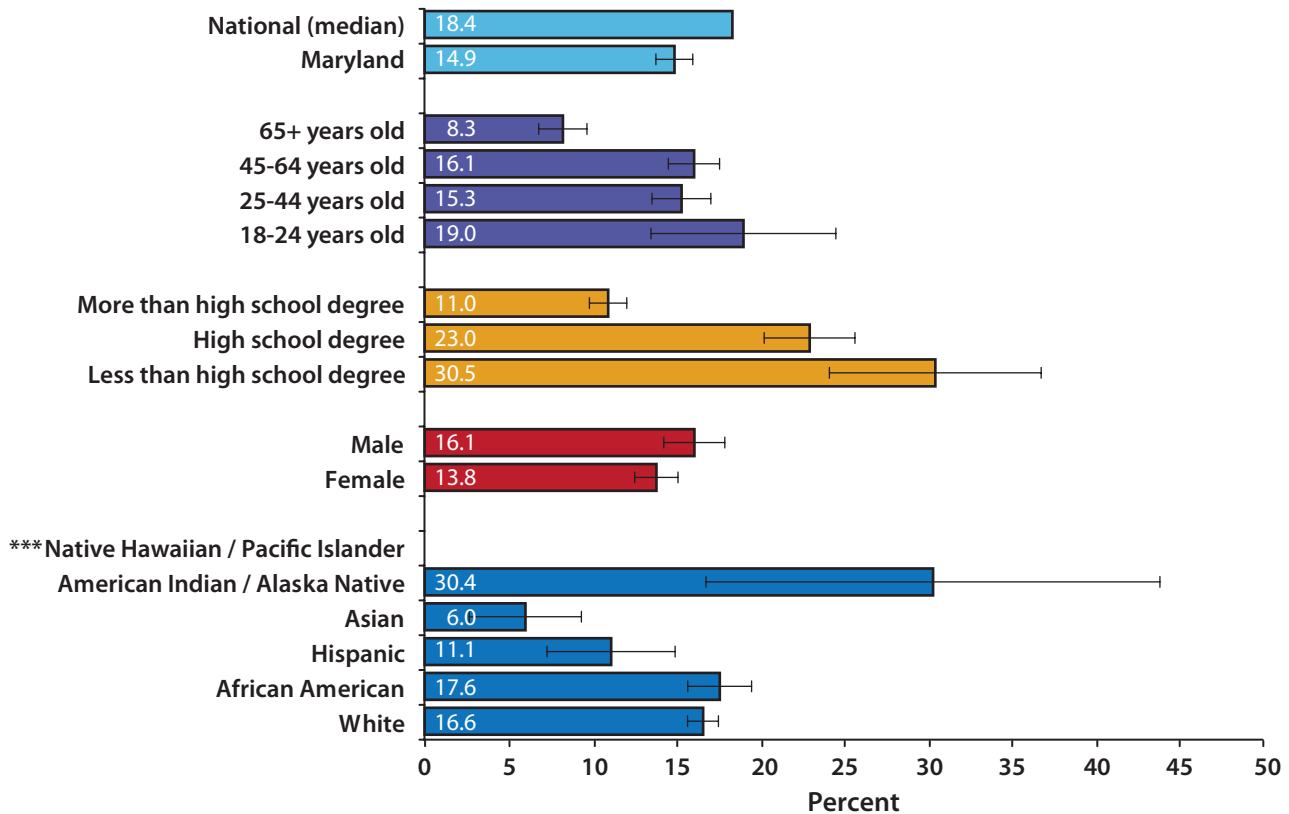
## Monitor

In Maryland, 14.9% of the adult population (ages 18+) – over 640,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Maryland ranks 4<sup>th</sup> among the states.

Among youth ages 12-17, 8.8% smoke in Maryland. The range across all states is 6.5% to 15.9%. Maryland ranks 6<sup>th</sup> among the states.

Among adults ages 35+, over 6,900 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 261.9/100,000. Maryland's smoking-attributable mortality rate ranks 23<sup>rd</sup> among the states.

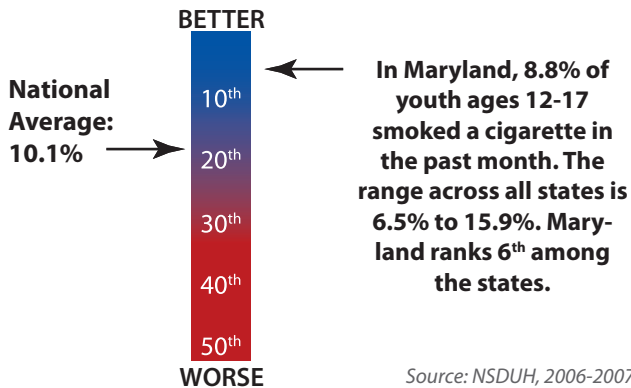
### Current Smoking among Adults by Demographic Characteristics



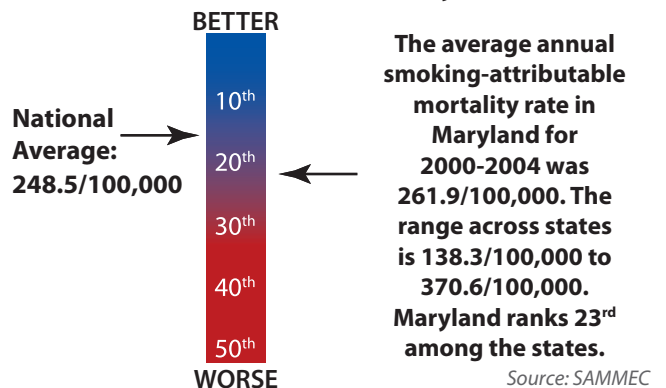
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17






### Smoking-Attributable Adult (35+) Mortality



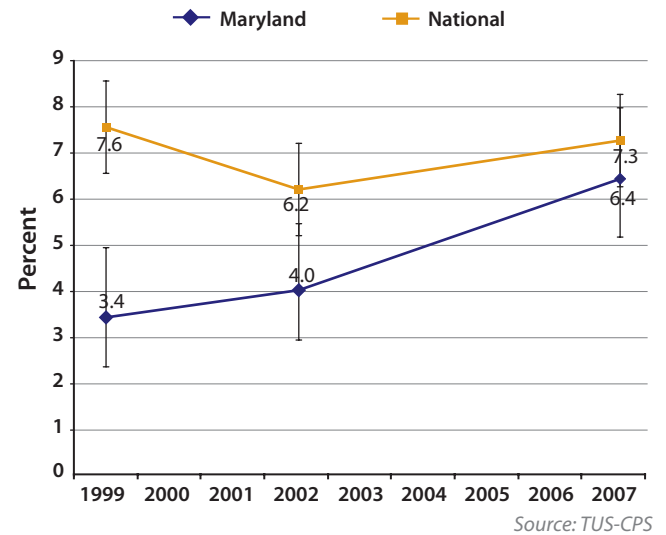
## Protect

Maryland has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

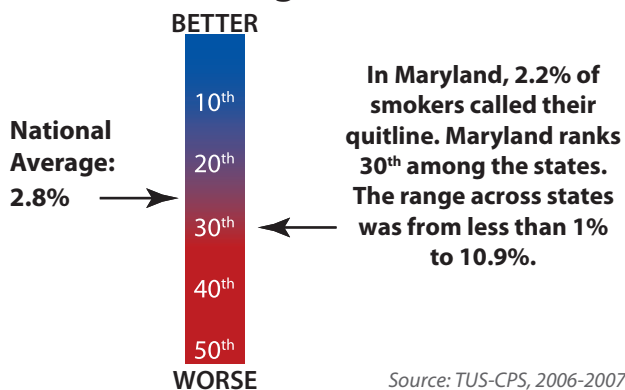
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Maryland than in the nation overall. Currently, Maryland ranks 21<sup>st</sup> among the states for workplace exposure, at 6.4%.

## Offer



### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Maryland, 2.2% of smokers called their quitline.

The Medicaid fee-for-service program in Maryland provides only partial coverage for tobacco dependence treatment. Maryland's Medicaid policy provides coverage for both bupropion and varenicline. Maryland's Medicaid policy does provide coverage for individual counseling, but not for group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
Partial	 <b>Yes</b>	 <b>Yes</b>	Partial

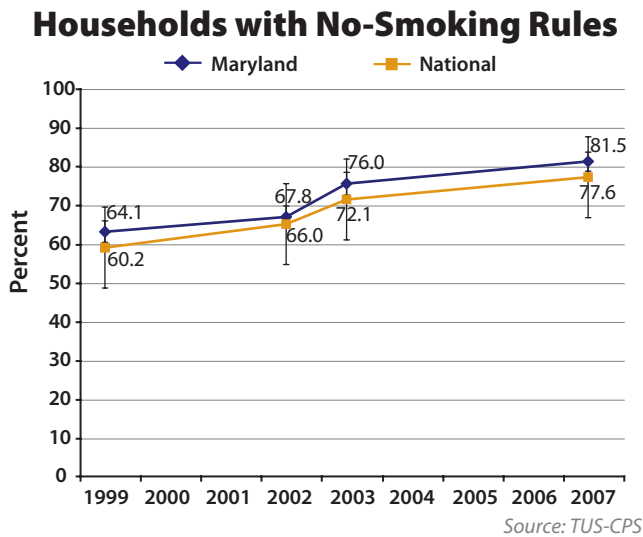
Source: MMWR 2009, 58(43), 1199-1204.

# MARYLAND

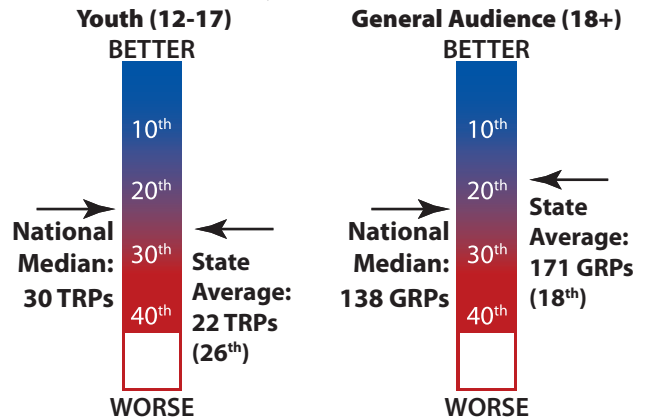
## Warn

Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Maryland, as in the nation, an increasing number of families have such a rule.

Currently, 81.5% of Maryland homes have this rule. Maryland ranks 12<sup>th</sup> among the states.



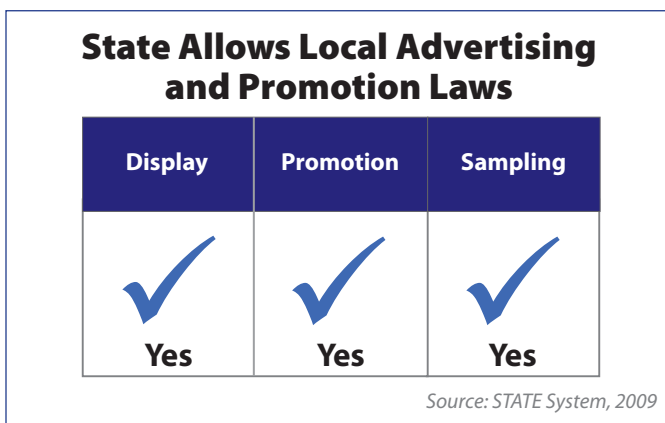
## Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Maryland's major media market(s) aired an average of 22 youth TRPs and 171 general audience GRPs per quarter in 2008. Maryland ranks 26<sup>th</sup> among the states for the number of youth TRPs and 18<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Maryland allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.



### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	Yes

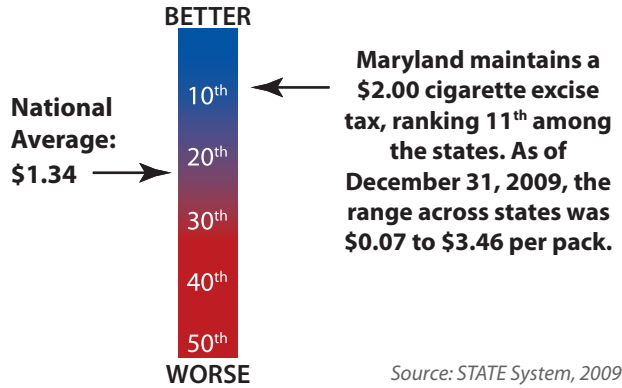
Source: STATE System, 2009

Maryland requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax

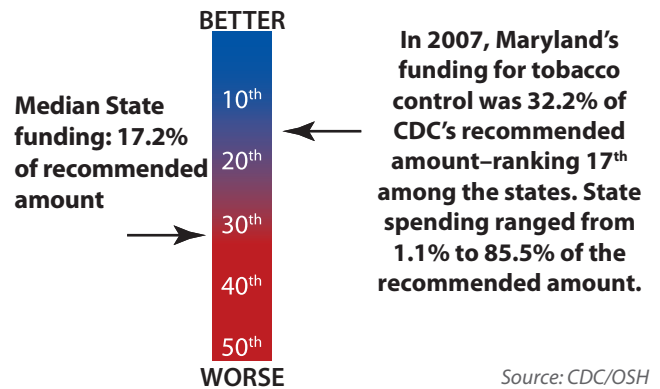


Maryland maintains a \$2.00 per pack tax, ranking 11<sup>th</sup> among the states.

Maryland has a minimum price law. Wholesalers must mark up cigarettes by 5 percent and retailers must mark up cigarettes by at least 8 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 15% of the annual revenue generated from state excise taxes and settlement payments would fund Maryland's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Maryland's funding for tobacco control was 32.2% of the recommended level. Maryland ranks 17<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

# MASSACHUSETTS

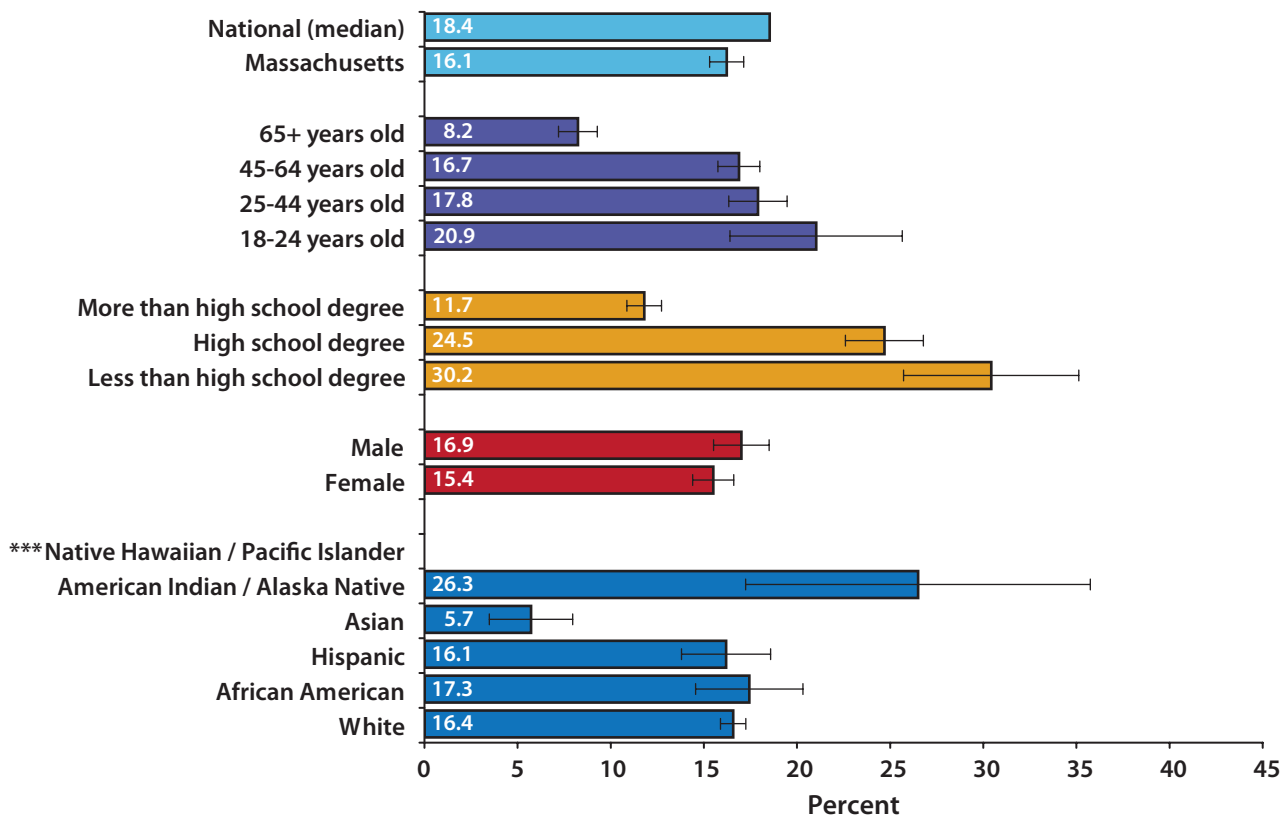
## Monitor

In Massachusetts, 16.1% of the adult population (ages 18+) – over 815,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Massachusetts ranks 9<sup>th</sup> among the states.

Among youth ages 12-17, 9.5% smoke in Massachusetts. The range across all states is 6.5% to 15.9%. Massachusetts ranks 12<sup>th</sup> among the states.

Among adults ages 35+, over 9,000 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 249.4/100,000. Massachusetts's smoking-attributable mortality rate ranks 18<sup>th</sup> among the states.

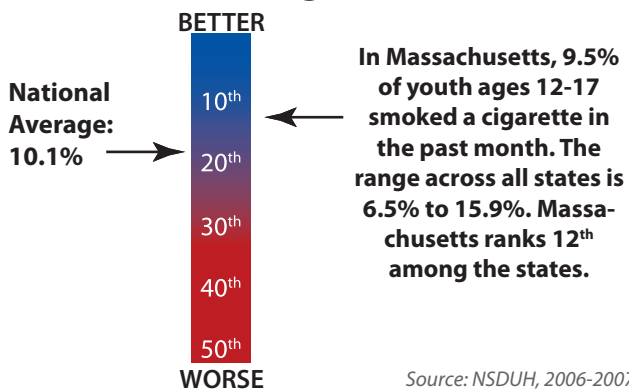
### Current Smoking among Adults by Demographic Characteristics



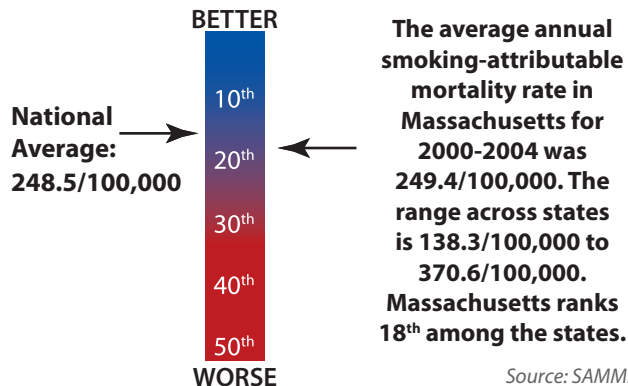
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality



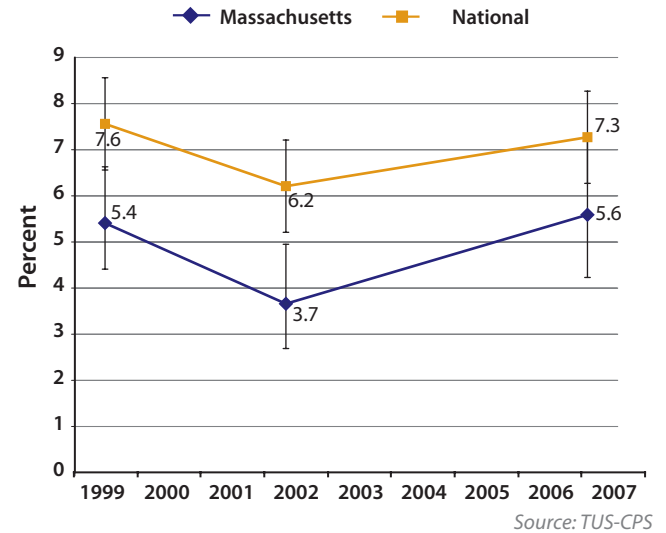
## Protect

Massachusetts has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

*Source: STATE System, 2009*

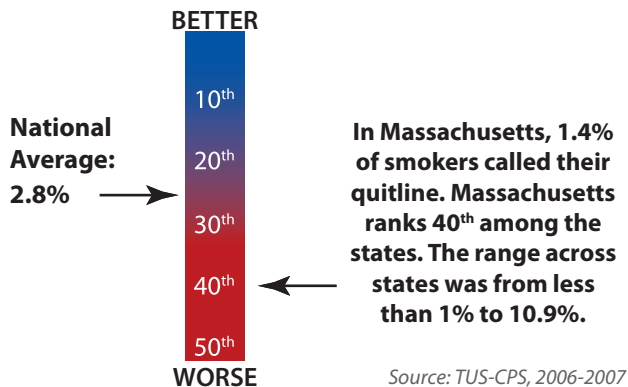
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Massachusetts than in the nation overall. Currently, Massachusetts ranks 15<sup>th</sup> among the states for workplace exposure, at 5.6%.

## Offer




### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Massachusetts, 1.4% of smokers called their quitline.

The Medicaid fee-for-service program in Massachusetts provides full coverage for tobacco dependence treatment. Massachusetts's Medicaid policy provides coverage for both bupropion and varenicline. Massachusetts's Medicaid policy does provide coverage for group and individual counseling, but not telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	<b>Partial</b>

*Source: MMWR 2009, 58(43), 1199-1204.*

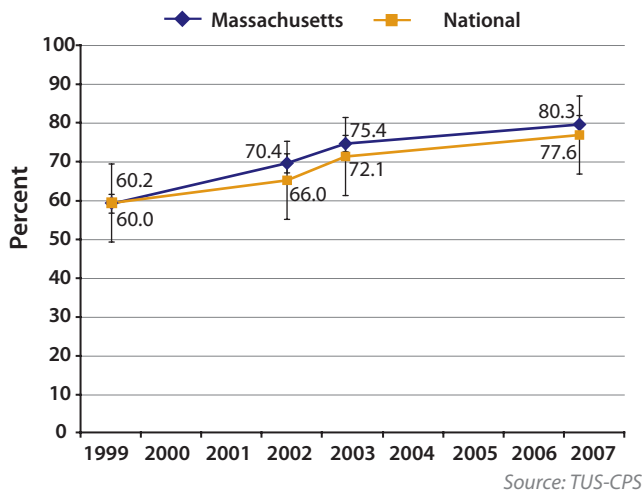
# MASSACHUSETTS

## Warn

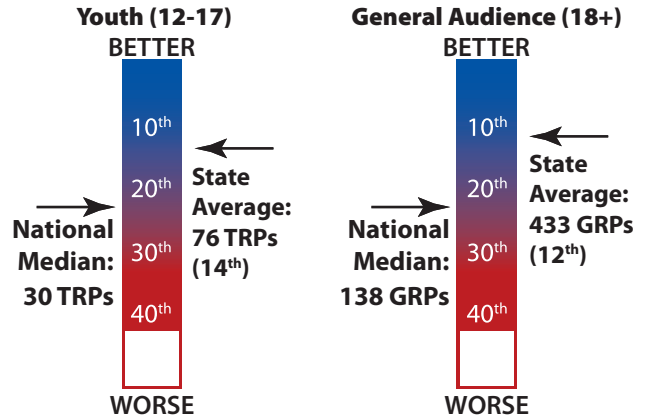
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Massachusetts, as in the nation, an increasing number of families have such a rule.

Currently, 80.3% of Massachusetts homes have this rule. Massachusetts ranks 15<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Massachusetts's major media market(s) aired an average of 76 youth TRPs and 433 general audience GRPs per quarter in 2008. Massachusetts ranks 14<sup>th</sup> among the states for the number of youth TRPs and 12<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Massachusetts allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

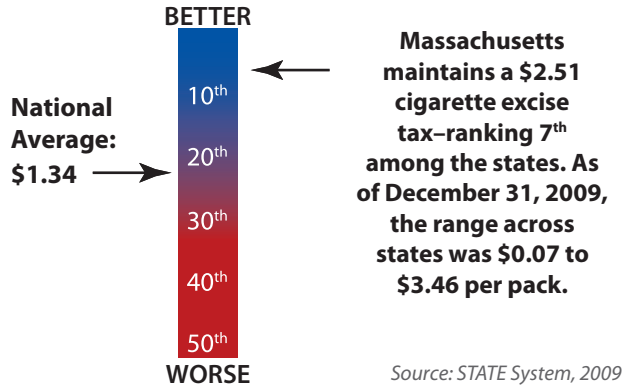
Over the Counter	Vending Machines
Yes	Yes

Source: STATE System, 2009

Massachusetts requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax

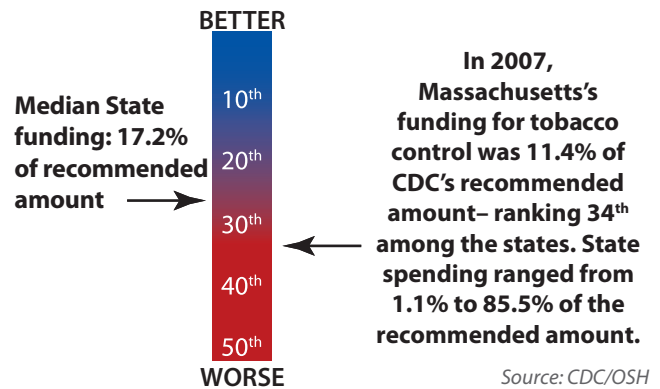


Massachusetts maintains a \$2.51 per pack tax, ranking 7<sup>th</sup> among the states.

Massachusetts has a minimum price law. Wholesalers must mark up cigarettes by 2.75 percent and retailers must mark up cigarettes by at least 25 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 13% of the annual revenue generated from state excise taxes and settlement payments would fund Massachusetts's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Massachusetts's funding for tobacco control was 11.4% of the recommended level. Massachusetts ranks 34<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



*Source: CDC/OSH*

# MICHIGAN

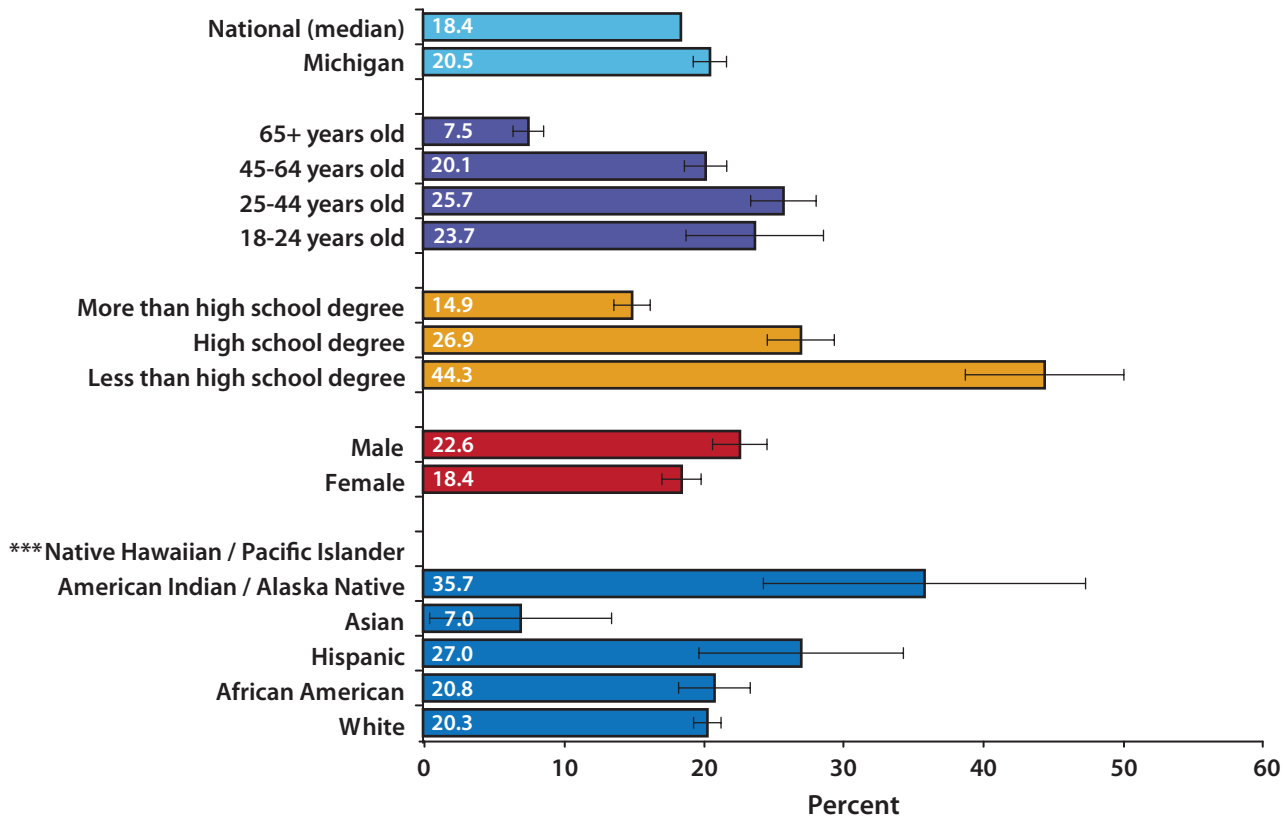
## Monitor

In Michigan, 20.5% of the adult population (ages 18+) – over 1,557,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Michigan ranks 36<sup>th</sup> among the states.

Among youth ages 12-17, 10.7% smoke in Michigan. The range across all states is 6.5% to 15.9%. Michigan ranks 24<sup>th</sup> among the states.

Among adults ages 35+, over 14,500 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 281.9/100,000. Michigan's smoking-attributable mortality rate ranks 34<sup>th</sup> among the states.

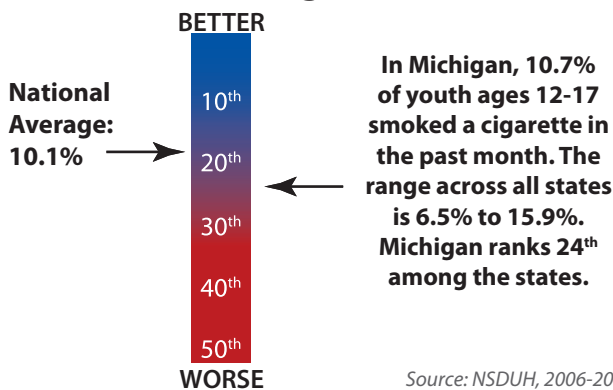
### Current Smoking among Adults by Demographic Characteristics



\*\*\* Data not shown because sample size is less than 50.

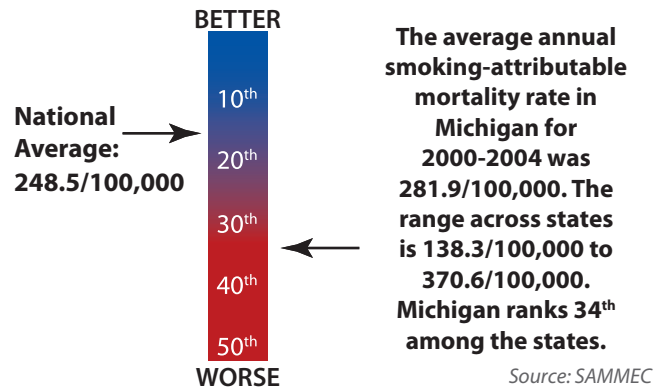
Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



Source: NSDUH, 2006-2007

### Smoking-Attributable Adult (35+) Mortality



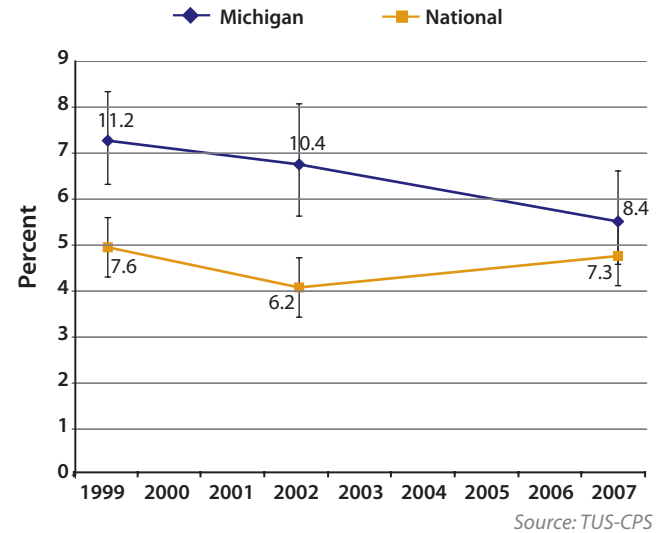
Source: SAMMEC

## Protect

Michigan does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places. The law preempts local communities from enacting local smoke-free restrictions.



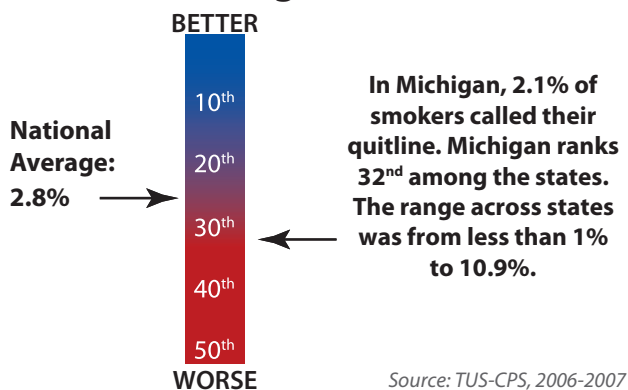
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Michigan than in the nation overall. Currently, Michigan ranks 34<sup>th</sup> among the states for workplace exposure, at 8.4%.

## Offer



### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Michigan, 2.1% of smokers called their quitline.

The Medicaid fee-for-service program in Michigan provides only partial coverage for tobacco dependence treatment. Michigan's Medicaid policy provides coverage for both bupropion and varenicline. Michigan's Medicaid policy provides coverage for individual counseling, but not group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
Partial	 <b>Yes</b>	 <b>Yes</b>	Partial

*Source: MMWR 2009, 58(43), 1199-1204.*

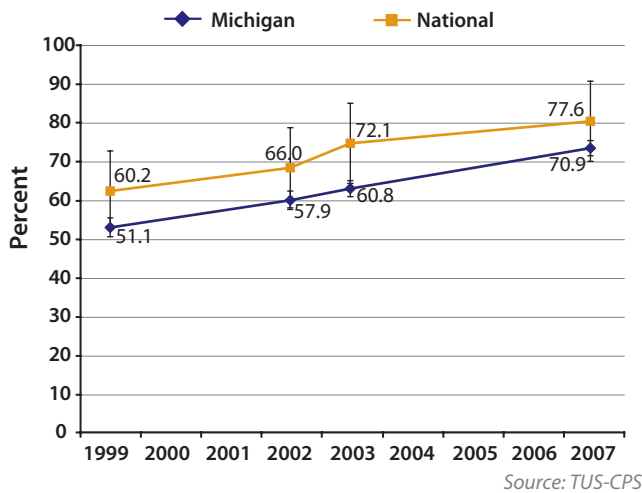
# MICHIGAN

## Warn

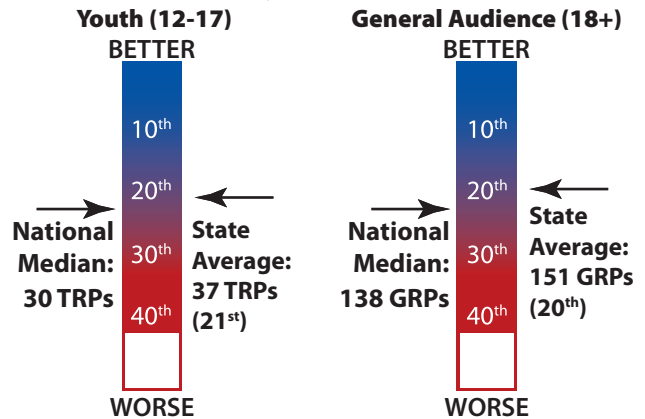
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Michigan, as in the nation, an increasing number of families have such a rule.

Currently, 70.9% of Michigan homes have this rule. Michigan ranks 43<sup>rd</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Michigan's major media market(s) aired an average of 37 youth TRPs and 151 general audience GRPs per quarter in 2008. Michigan ranks 21<sup>st</sup> among the states for the number of youth TRPs and 20<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Michigan preempts local regulation of tobacco industry display of tobacco products in commercial establishments. Michigan allows local regulation on promotions and sampling.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
No	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
No	Yes

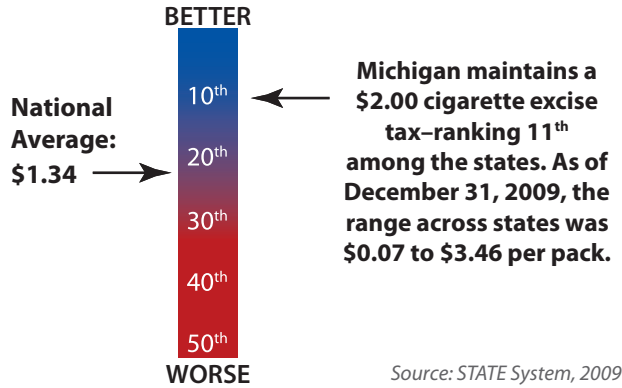
Source: STATE System, 2009

Michigan requires establishments selling tobacco products by vending machine, but not over the counter, to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax



Michigan maintains a \$2.00 per pack tax, ranking 11<sup>th</sup> among the states.

Michigan does not have a minimum price law.

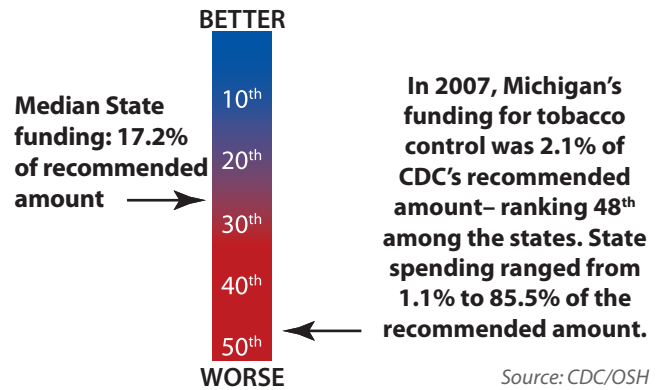
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 9% of the annual revenue generated from state excise taxes and settlement payments would fund Michigan's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Michigan's funding for tobacco control was 2.1% of the recommended level. Michigan ranks 48<sup>th</sup> among the states.

## State Funding for Tobacco Control



# MINNESOTA

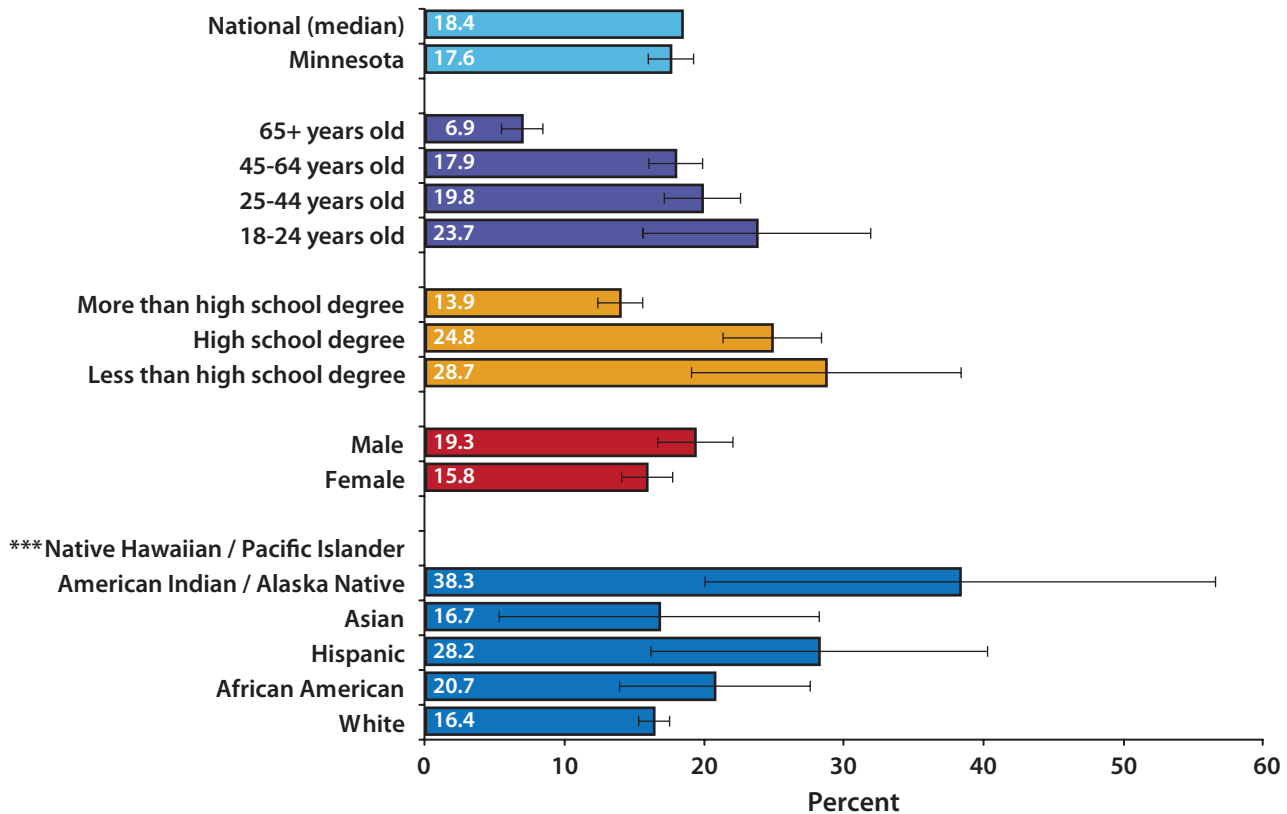
## Monitor

In Minnesota, 17.6% of the adult population (ages 18+) – over 695,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Minnesota ranks 19<sup>th</sup> among the states.

Among youth ages 12-17, 11.7% smoke in Minnesota. The range across all states is 6.5% to 15.9%. Minnesota ranks 32<sup>nd</sup> among the states.

Among adults ages 35+, over 5,500 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 215.1/100,000. Minnesota's smoking-attributable mortality rate ranks 3<sup>rd</sup> among the states.

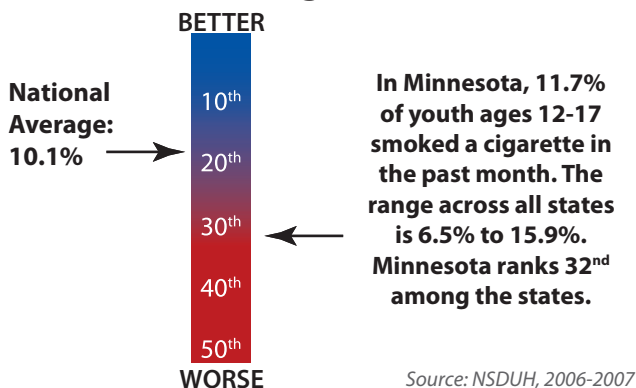
### Current Smoking among Adults by Demographic Characteristics



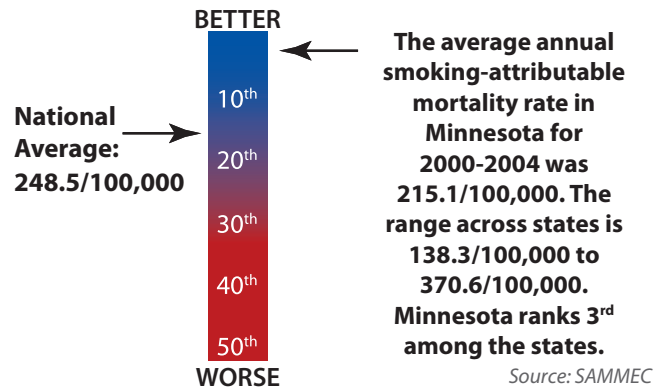
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality



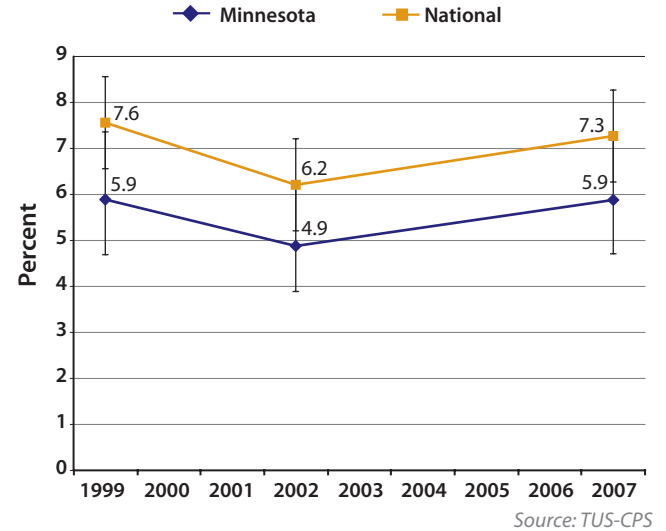
## Protect

Minnesota has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

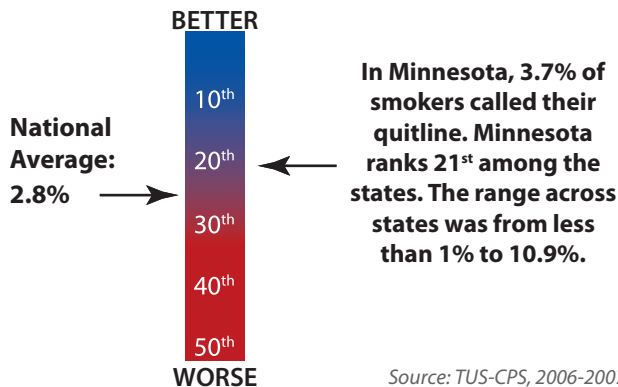
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Minnesota than in the nation overall. Currently, Minnesota ranks 16<sup>th</sup> among the states for workplace exposure, at 5.9%.

## Offer




### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Minnesota, 3.7% of smokers called their quitline.

The Medicaid fee-for-service program in Minnesota provides full coverage for tobacco dependence treatment. Minnesota's Medicaid policy provides coverage for both bupropion and varenicline. Minnesota's Medicaid policy provides coverage for individual and group counseling, but not telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	<b>Partial</b>

Source: MMWR 2009, 58(43), 1199-1204.

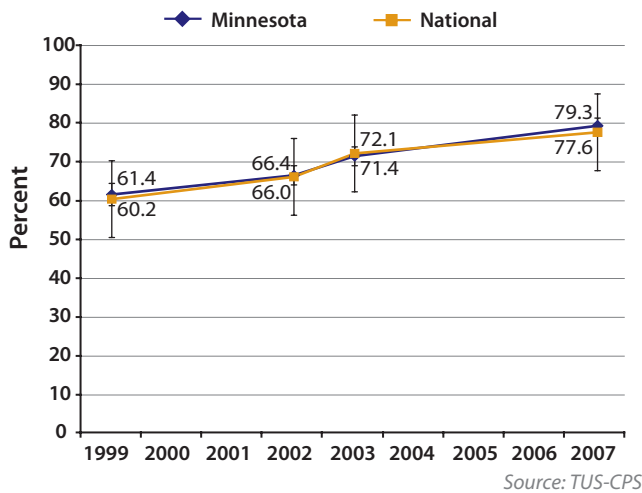
# MINNESOTA

## Warn

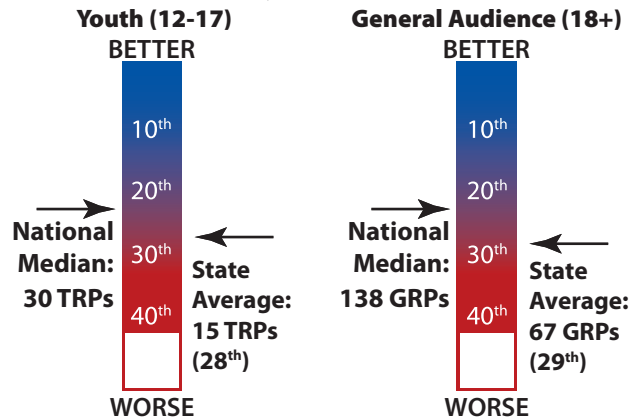
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Minnesota, as in the nation, an increasing number of families have such a rule.

Currently, 79.3% of Minnesota homes have this rule. Minnesota ranks 20<sup>th</sup> among the states.

### Households with No-Smoking Rules



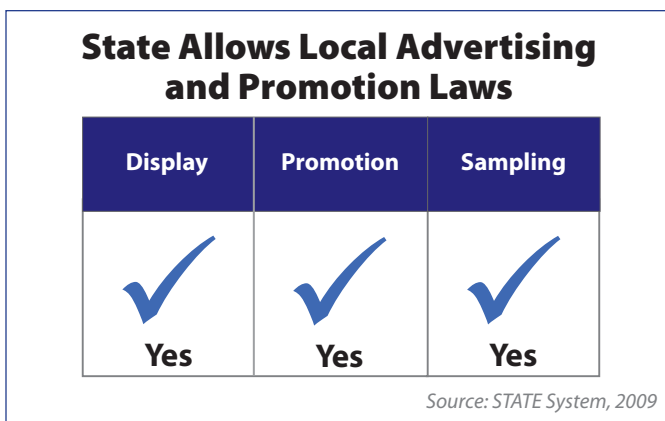
### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Minnesota's major media market(s) aired an average of 15 youth TRPs and 67 general audience GRPs per quarter in 2008. Minnesota ranks 28<sup>th</sup> among the states for the number of youth TRPs and 29<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Minnesota allows local regulation of tobacco industry display, promotions, and sampling of tobacco products in commercial establishments.



### Retail Environment Tobacco Licensure

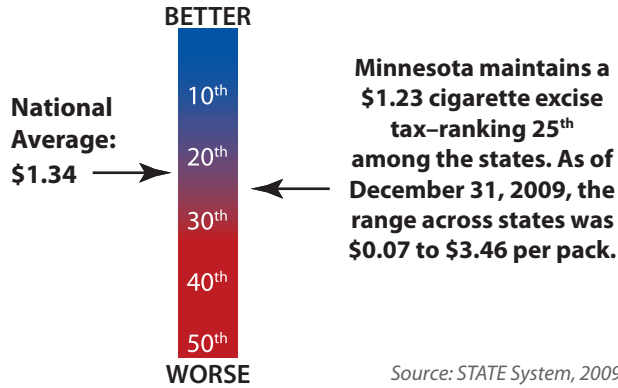
Over the Counter	Vending Machines
No	No

Source: STATE System, 2009

Minnesota does not require establishments selling tobacco products by vending machine nor over the counter to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax

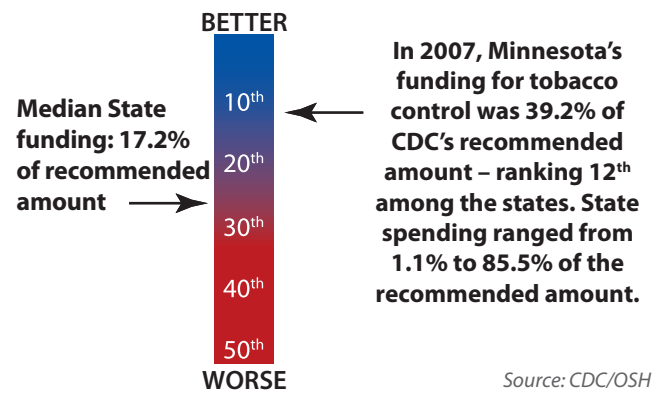


Minnesota maintains a \$1.23 per pack tax, ranking 25<sup>th</sup> among the states.

Minnesota has a minimum price law. Wholesalers must mark up cigarettes by 4.5 percent and retailers must mark up cigarettes by at least 8 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 10% of the annual revenue generated from state excise taxes and settlement payments would fund Minnesota’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Minnesota’s funding for tobacco control was 39.2% of the recommended level. Minnesota ranks 12<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

# MISSISSIPPI

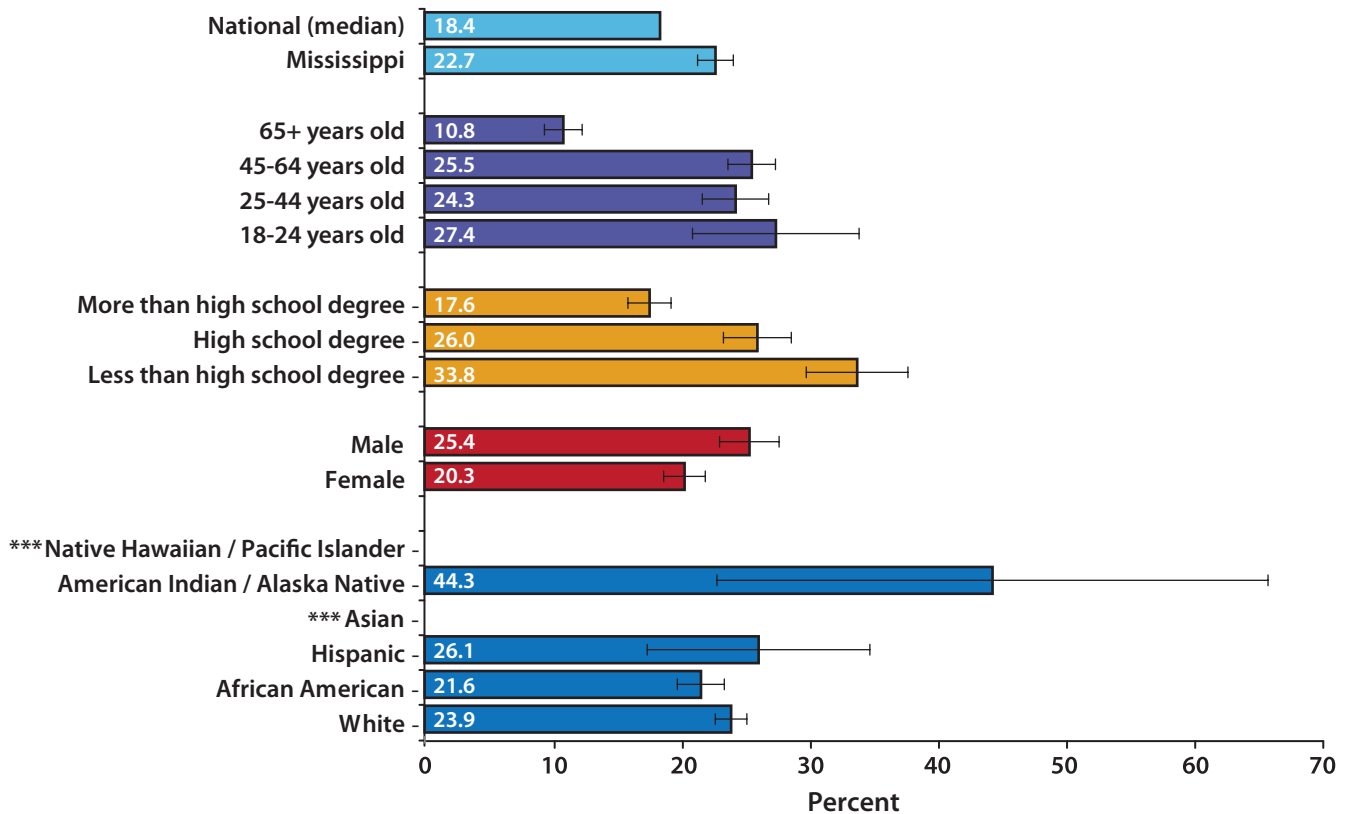
## Monitor

In Mississippi, 22.7% of the adult population (ages 18+) – over 493,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Mississippi ranks 45<sup>th</sup> among the states.

Among youth ages 12-17, 9.4% smoke in Mississippi. The range across all states is 6.5% to 15.9%. Mississippi ranks 10<sup>th</sup> among the states.

Among adults ages 35+, over 4,800 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 333.6/100,000. Mississippi's smoking-attributable mortality rate ranks 48<sup>th</sup> among the states.

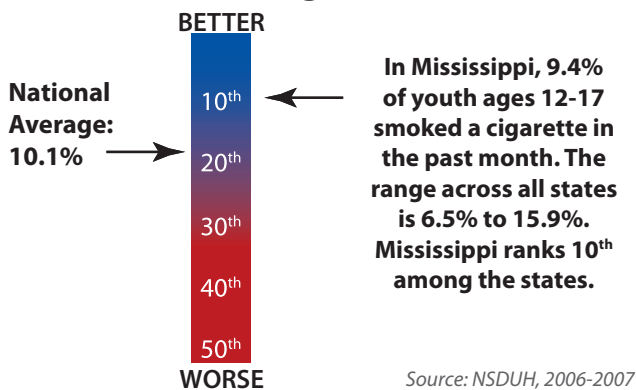
### Current Smoking among Adults by Demographic Characteristics



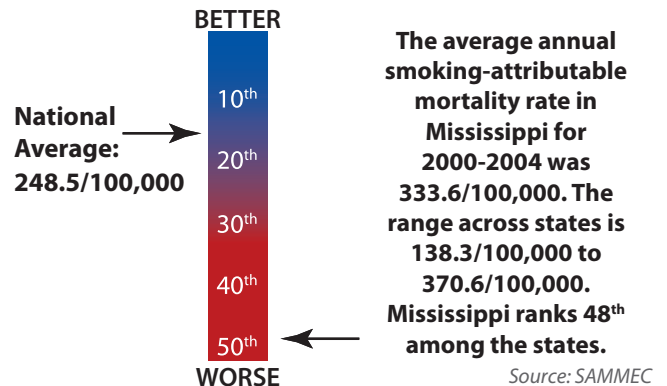
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

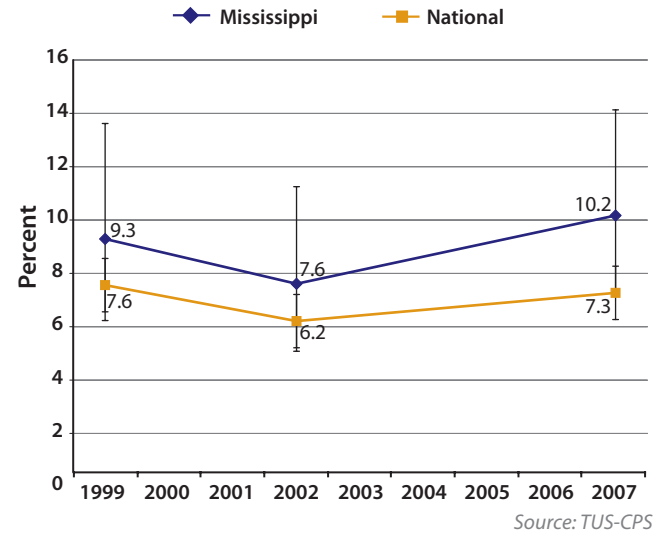


## Protect

Mississippi does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places.



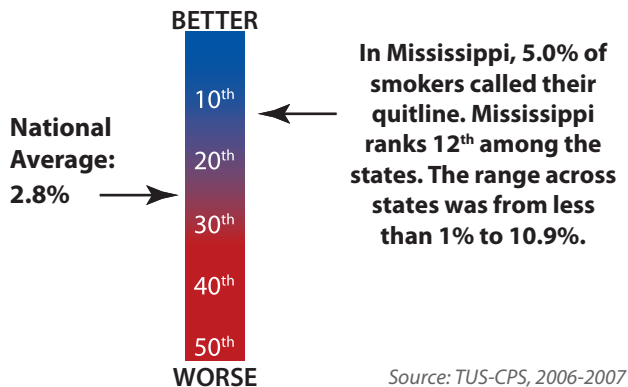
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Mississippi than in the nation overall. Currently, Mississippi ranks 45<sup>th</sup> among the states for workplace exposure, at 10.2%.

## Offer




### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Mississippi, 5.0% of smokers called their quitline.

The Medicaid fee-for-service program in Mississippi provides full coverage for tobacco dependence treatment. Mississippi's Medicaid policy provides coverage for both bupropion and varenicline. Mississippi's Medicaid policy provides coverage for individual and group counseling, but not telephone counseling, and this coverage is for pregnant women only.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	<b>Partial</b>

*Source: MMWR 2009, 58(43), 1199-1204.*

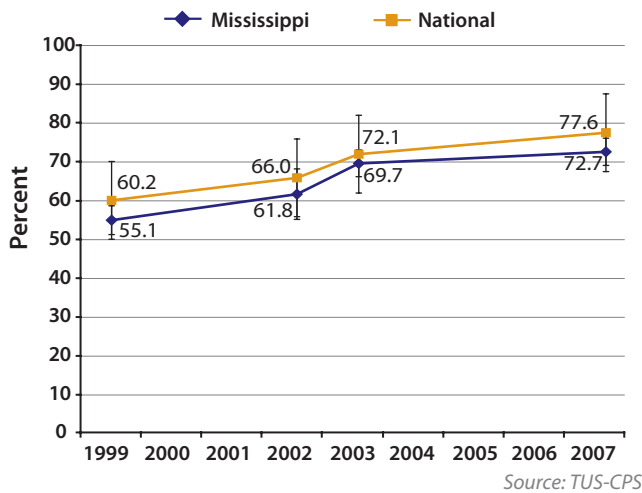
# MISSISSIPPI

## Warn

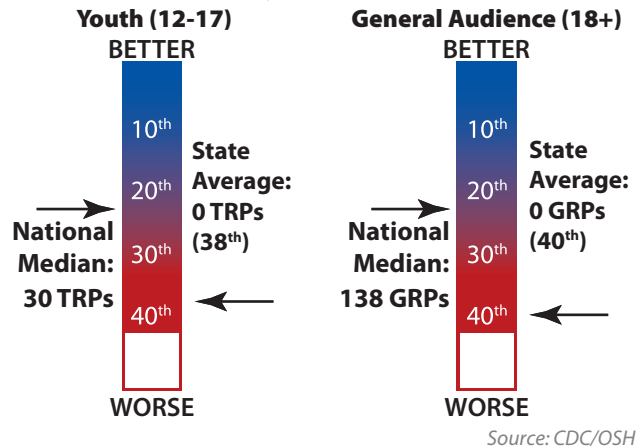
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Mississippi, as in the nation, an increasing number of families have such a rule.

Currently, 72.7% of Mississippi homes have this rule. Mississippi ranks 38<sup>th</sup> among the states.

### Households with No-Smoking Rules



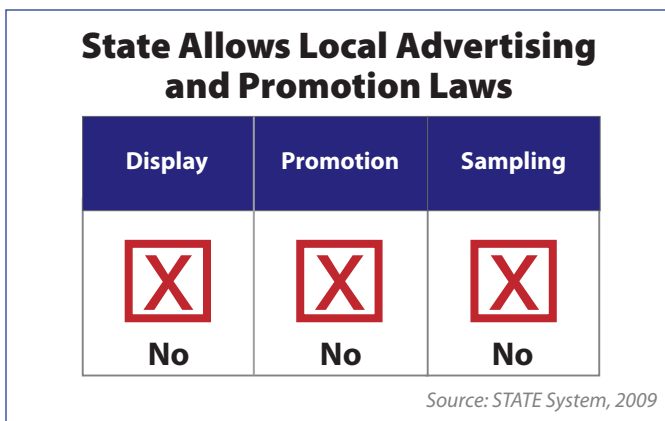
### Anti-Tobacco Media Campaign Intensity, Per Quarter



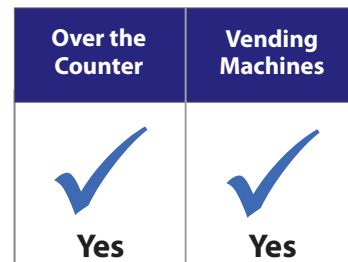
Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Mississippi's major media market(s) aired an average of 0 youth TRPs and 0 general audience GRPs per quarter in 2008. Mississippi ties for last for the number of youth TRPs and the number for the number of general audience GRPs aired.

## Enforce

Mississippi preempts local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.



### Retail Environment Tobacco Licensure



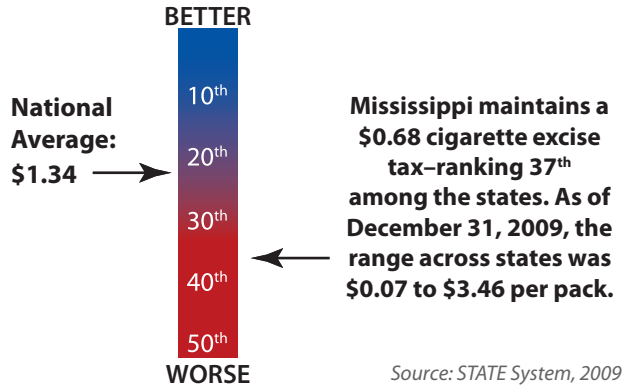
Source: STATE System, 2009

Mississippi requires all establishments selling tobacco products by vending machine and over the counter to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax

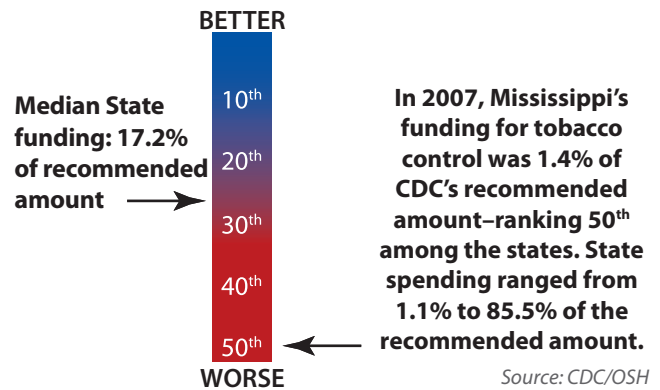


Mississippi maintains a \$0.68 per pack tax, ranking 37<sup>th</sup> among the states.

Mississippi has a minimum price law. Wholesalers must mark up cigarettes by 2 percent and retailers must mark up cigarettes by at least 6 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 25% of the annual revenue generated from state excise taxes and settlement payments would fund Mississippi’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Mississippi’s funding for tobacco control was 1.4% of the recommended level. Mississippi ranks 50<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

# MISSOURI

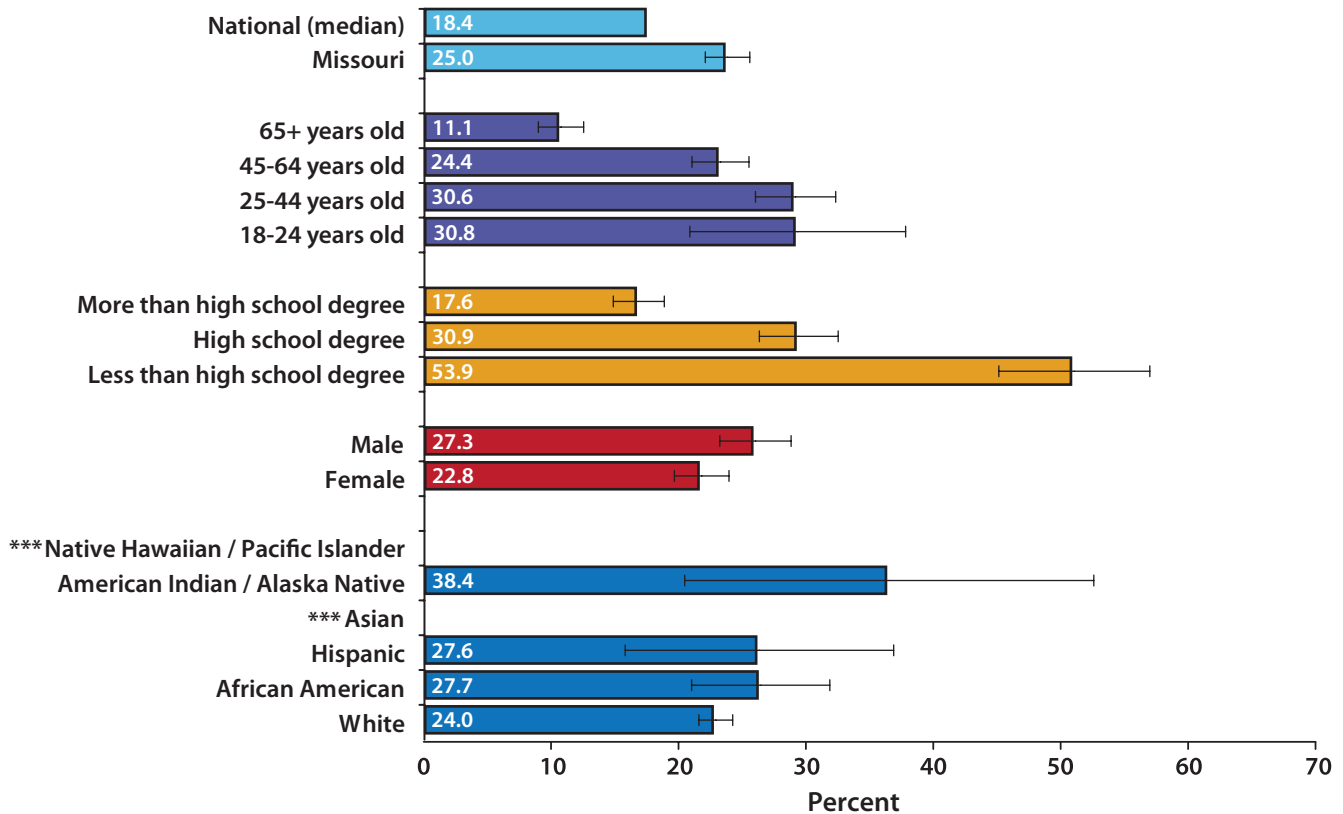
## Monitor

In Missouri, 25% of the adult population (ages 18+) – over 1,120,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Missouri ranks 48<sup>th</sup> among the states.

Among youth ages 12-17, 11.8% smoke in Missouri. The range across all states is 6.5% to 15.9%. Missouri ranks 38<sup>th</sup> among the states.

Among adults ages 35+, over 9,600 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 307.8/100,000. Missouri's smoking-attributable mortality rate ranks 42<sup>nd</sup> among the states.

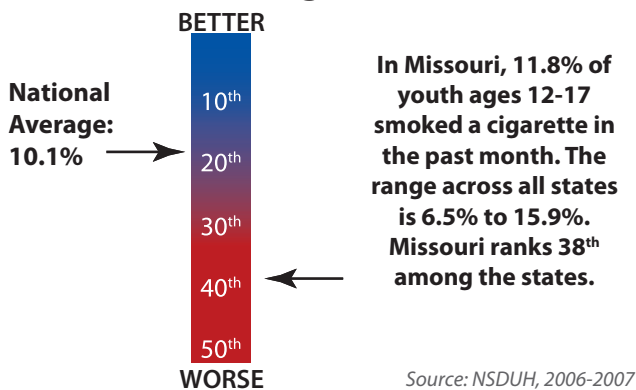
### Current Smoking among Adults by Demographic Characteristics



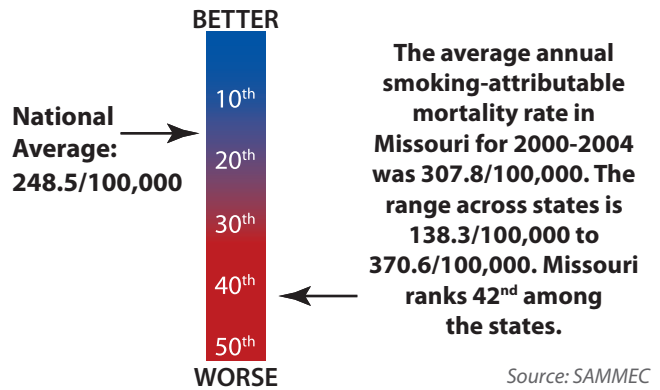
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

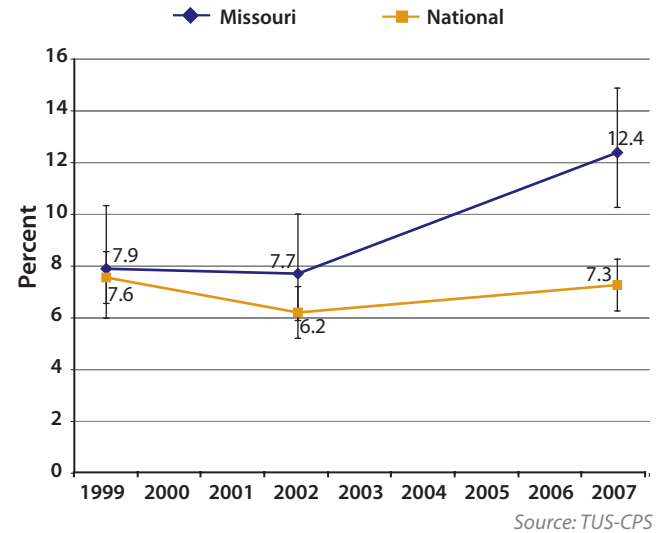


## Protect

Missouri does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places.



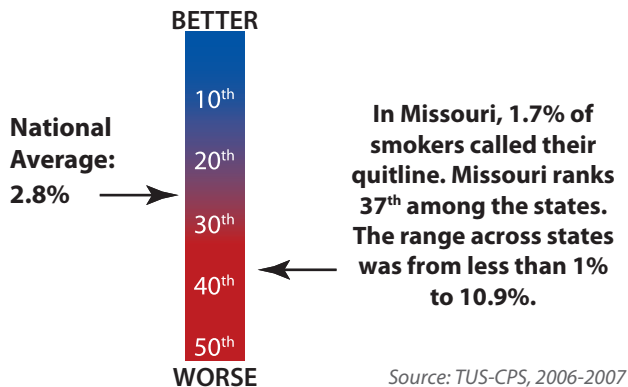
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Missouri than in the nation overall. Currently, Missouri ranks 50<sup>th</sup> among the states for workplace exposure, at 12.4%.

## Offer

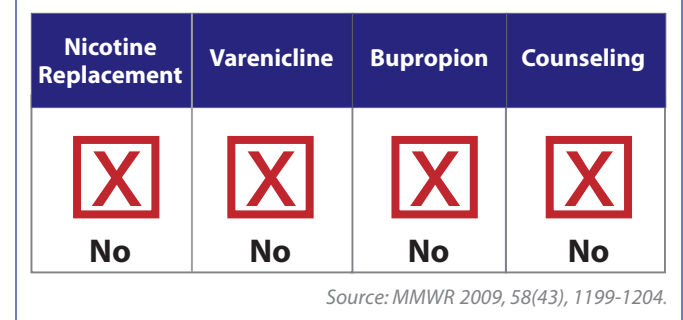
### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Missouri, 1.7% of smokers called their quitline.

The Medicaid fee-for-service program in Missouri covered none of the tobacco dependence treatments recommended by the U.S. Public Health Service's *Clinical Practice Guideline*.

### Medicaid Coverage for Counseling and Medications



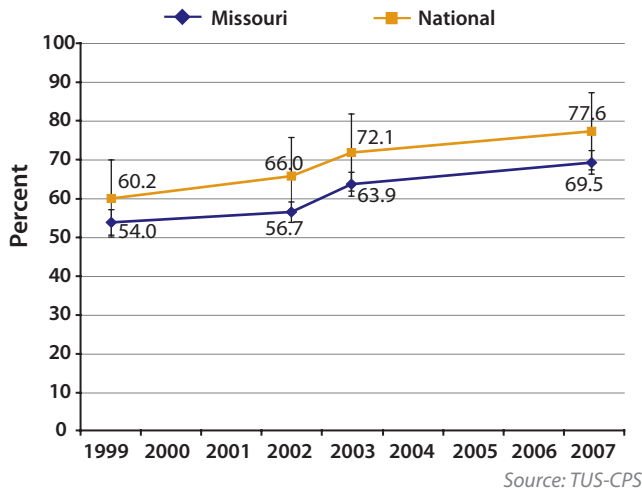
# MISSOURI

## Warn

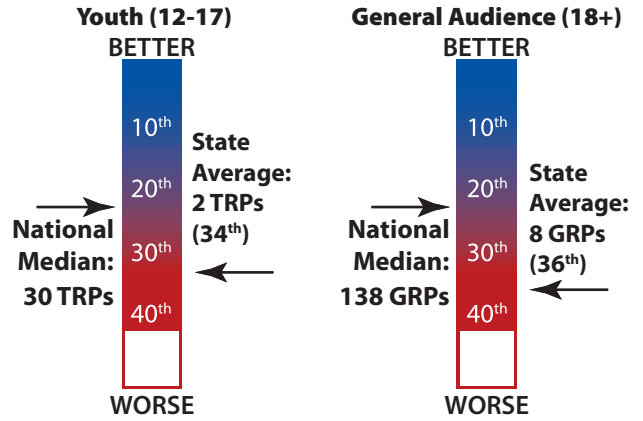
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Missouri, as in the nation, an increasing number of families have such a rule.

Currently, 69.5% of Missouri homes have this rule. Missouri ranks 45<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Missouri's major media market(s) aired an average of 2 youth TRPs and 8 general audience GRPs per quarter in 2008. Missouri ranks 34<sup>th</sup> among the states for the number of youth TRPs and 36<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Missouri allows local regulation tobacco industry promotions, sampling, and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

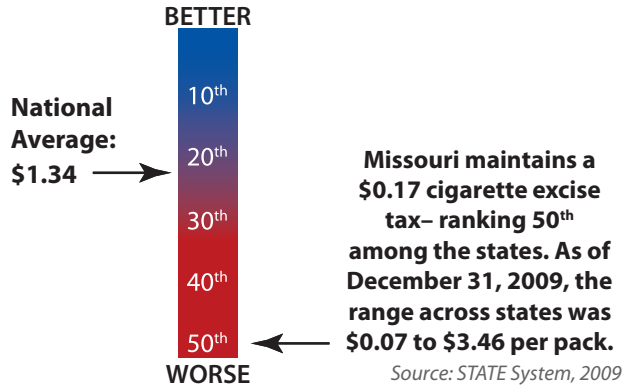
Over the Counter	Vending Machines
No	No

Source: STATE System, 2009

Missouri does not require establishments selling tobacco products over the counter nor by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax



Missouri maintains a \$0.17 per pack tax, ranking 50<sup>th</sup> among the states.

Missouri does not have a minimum price law.

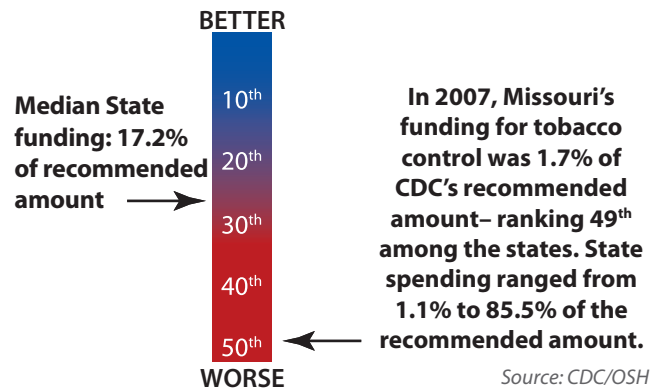
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 30% of the annual revenue generated from state excise taxes and settlement payments would fund Missouri's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Missouri's funding for tobacco control was 1.7% of the recommended level. Missouri ranks 49<sup>th</sup> among the states.

## State Funding for Tobacco Control



# MONTANA

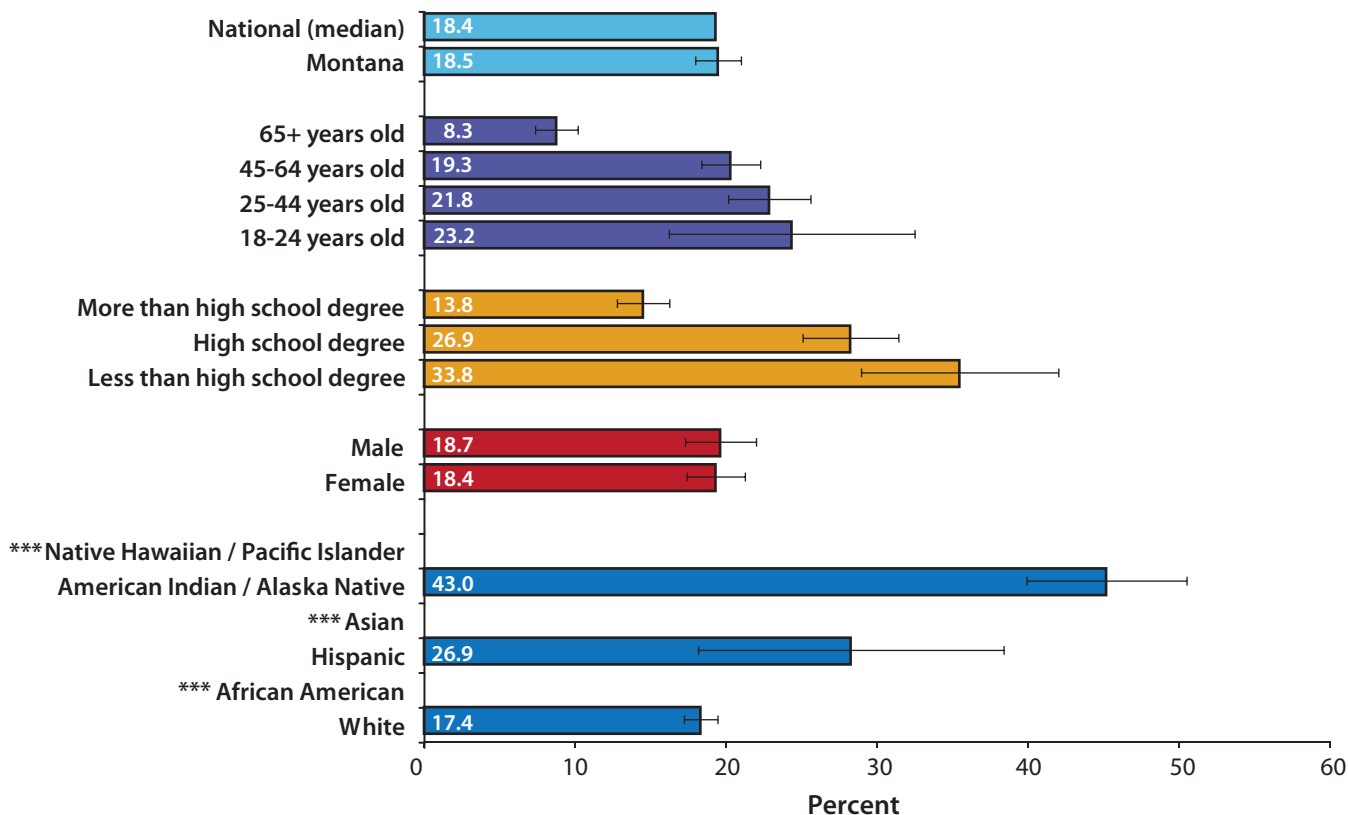
## Monitor

In Montana, 18.5% of the adult population (ages 18+) – over 138,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Montana ranks 28<sup>th</sup> among the states.

Among youth ages 12-17, 12.2% smoke in Montana. The range across all states is 6.5% to 15.9%. Montana ranks 41<sup>st</sup> among the states.

Among adults ages 35+, over 1,400 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 276.0/100,000. Montana's smoking-attributable mortality rate ranks 32<sup>nd</sup> among the states.

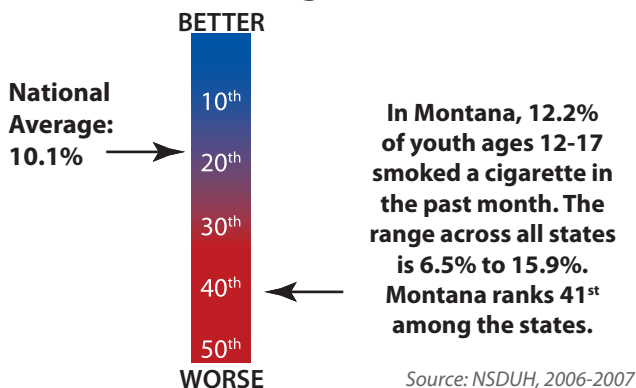
### Current Smoking among Adults by Demographic Characteristics



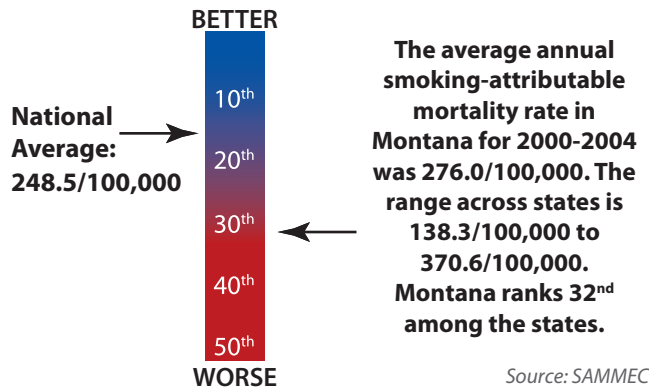
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality



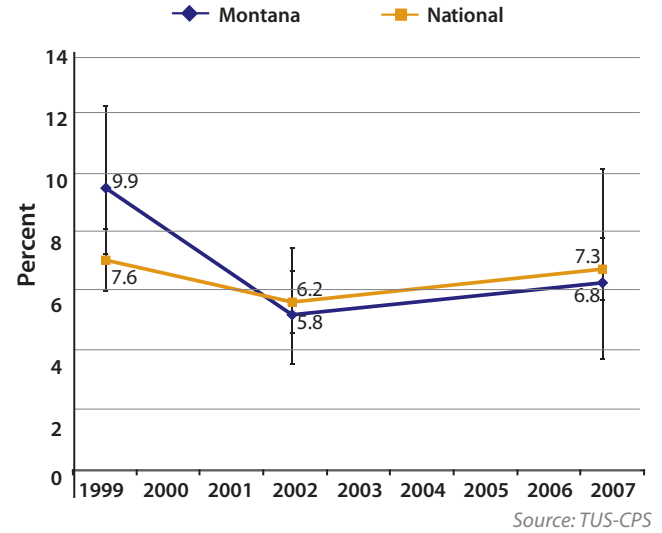
## Protect

Montana has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

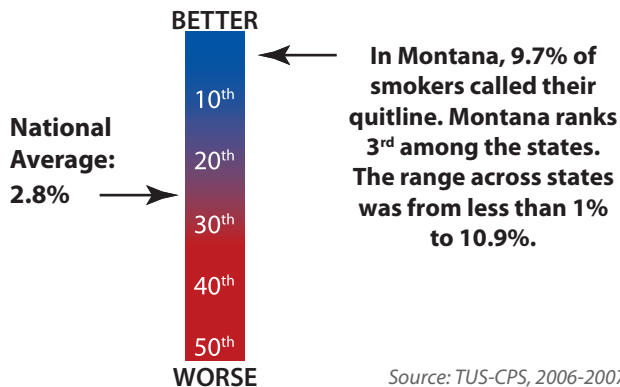
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Montana than in the nation overall. Currently, Montana ranks 24<sup>th</sup> among the states for workplace exposure, at 6.8%.

## Offer





### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Montana, 9.7% of smokers called their quitline.

The Medicaid fee-for-service program in Montana provides full coverage for tobacco dependence treatment. Montana's Medicaid policy provides coverage for both bupropion and varenicline. Montana's Medicaid policy does not provide coverage for individual, group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

Source: MMWR 2009, 58(43), 1199-1204.

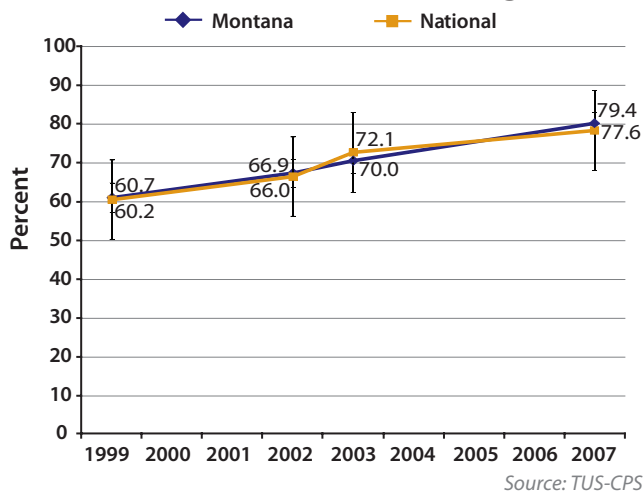
# MONTANA

## Warn

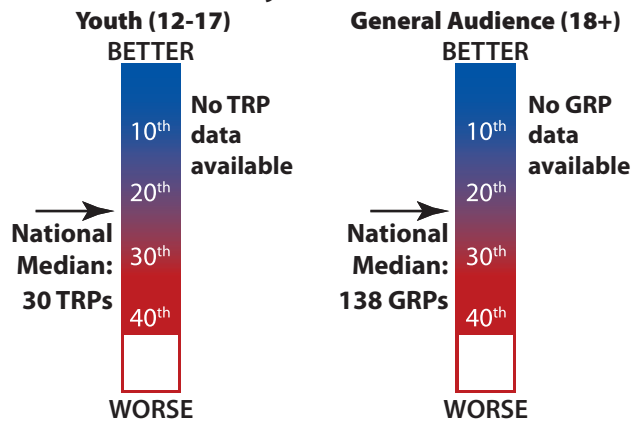
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Montana, as in the nation, an increasing number of families have such a rule.

Currently, 79.4% of Montana homes have this rule. Montana ranks 18<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1,200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Montana has no reported TRP or GRP data.

## Enforce

Montana preempts local regulation of tobacco industry sampling. Montana allows local regulation on promotions and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	No

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	Yes

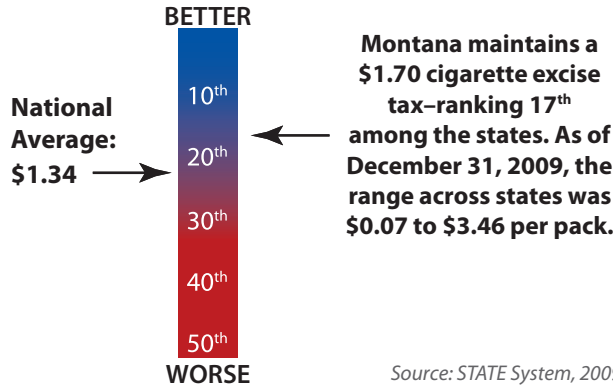
Source: STATE System, 2009

Montana requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax

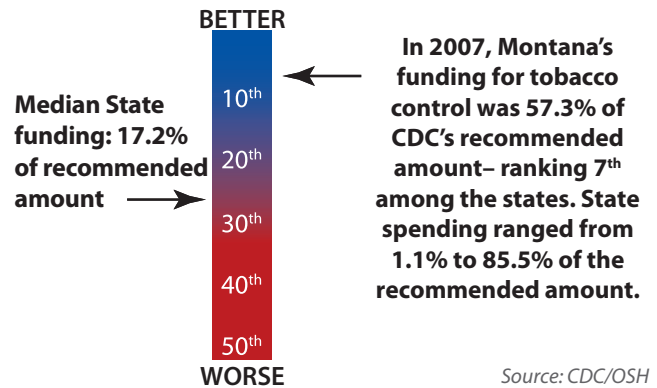


Montana maintains a \$1.70 per pack tax, ranking 17<sup>th</sup> among the states.

Montana has a minimum price law. Wholesalers must mark up cigarettes by 5.75 percent and retailers must mark up cigarettes by at least 10 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 12% of the annual revenue generated from state excise taxes and settlement payments would fund Montana’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Montana’s funding for tobacco control was 57.3% of the recommended level. Montana ranks 7<sup>th</sup> among the states

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

# NEBRASKA

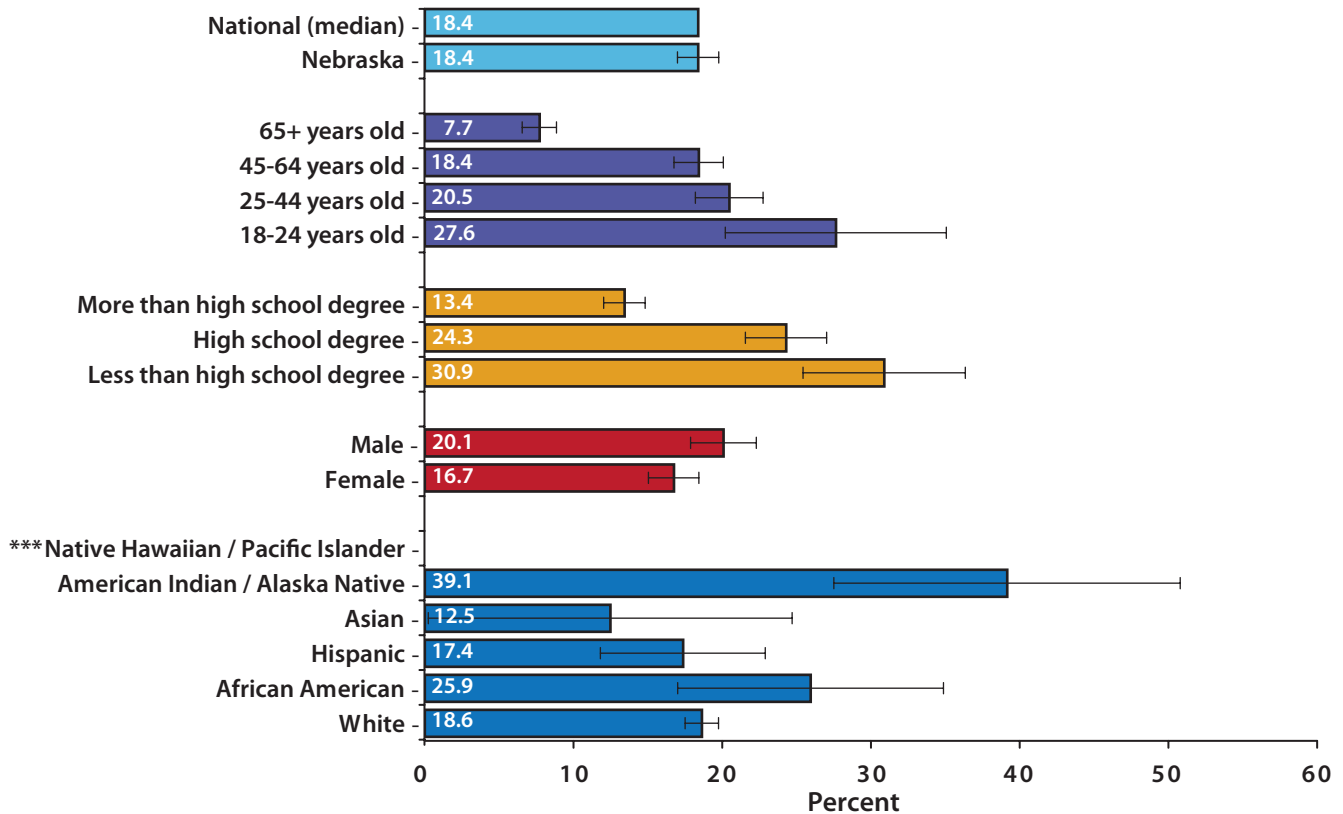
## Monitor

In Nebraska, 18.4% of the adult population (ages 18+) – over 245,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Nebraska ranks 26<sup>th</sup> among the states.

Among youth ages 12-17, 11.0% smoke in Nebraska. The range across all states is 6.5% to 15.9%. Nebraska ranks 27<sup>th</sup> among the states.

Among adults ages 35+, over 2,300 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 235.8/100,000. Nebraska's smoking-attributable mortality rate ranks 7<sup>th</sup> among the states.

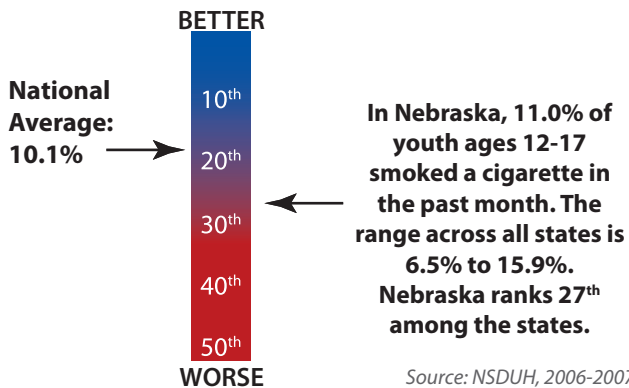
### Current Smoking among Adults by Demographic Characteristics



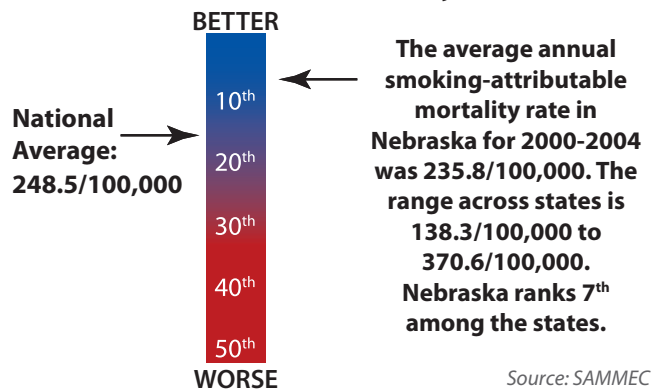
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality



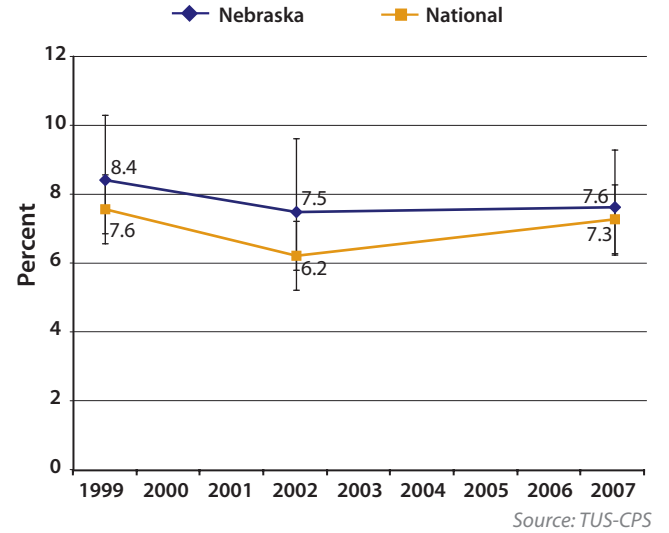
## Protect

Nebraska has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

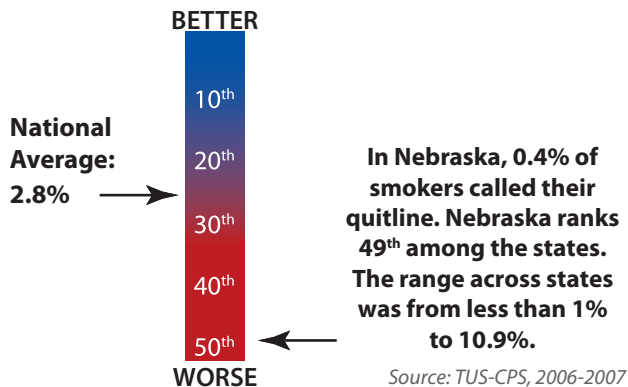
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Nebraska than in the nation overall. Currently, Nebraska ranks 27<sup>th</sup> among the states for workplace exposure, at 7.6%.

## Offer





### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Nebraska, 0.4% of smokers called their quitline.

The Medicaid fee-for-service program in Nebraska only covers bupropion without prior authorization; therefore, it could have been used for smoking cessation, although this was not the intention of the coverage policy.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>No</b>	 <b>No</b>	 <b>Yes</b>	 <b>No</b>

Source: MMWR 2009, 58(43), 1199-1204.

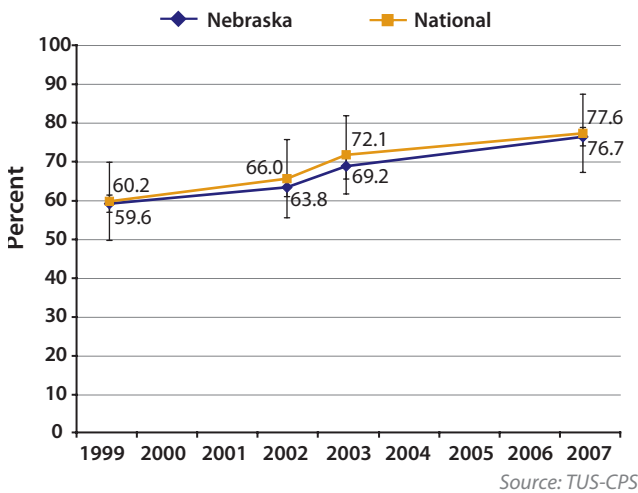
# NEBRASKA

## Warn

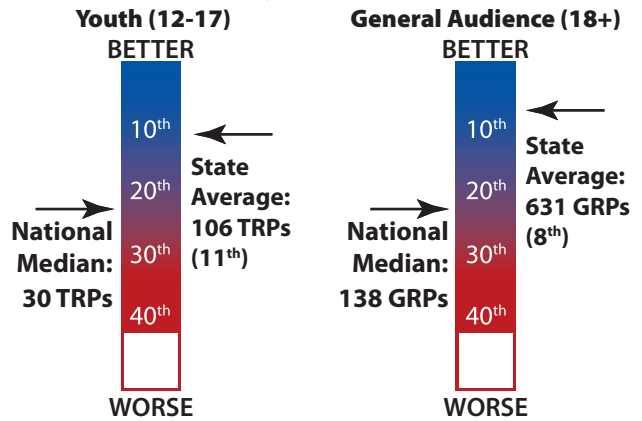
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Nebraska, as in the nation, an increasing number of families have such a rule.

Currently, 76.7% of Nebraska homes have this rule. Nebraska ranks 24<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Nebraska's major media market(s) aired an average of 106 youth TRPs and 631 general audience GRPs per quarter in 2008. Nebraska ranks 11<sup>th</sup> among the states for the number of youth TRPs and 8<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Nebraska allows local regulation on promotions, sampling, and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
✓ Yes	✓ Yes	✓ Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

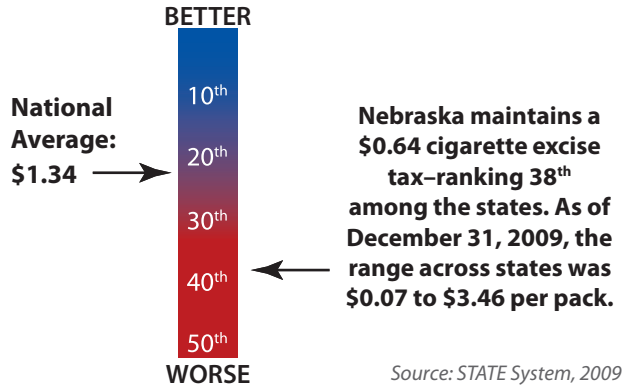
Over the Counter	Vending Machines
✓ Yes	✓ Yes

Source: STATE System, 2009

Nebraska requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax

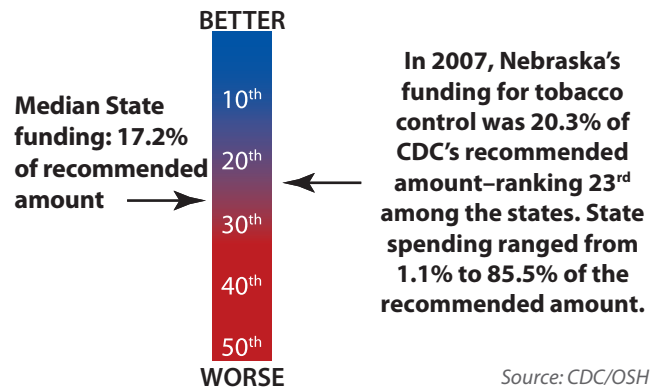


Nebraska maintains a \$0.64 per pack tax, ranking 38<sup>th</sup> among the states.

Nebraska has a minimum price law. Wholesalers must mark up cigarettes by 4.75 percent and retailers must mark up cigarettes by at least 8 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 20% of the annual revenue generated from state excise taxes and settlement payments would fund Nebraska’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Nebraska’s funding for tobacco control was 20.3% of the recommended level. Nebraska ranks 23<sup>rd</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

# NEVADA

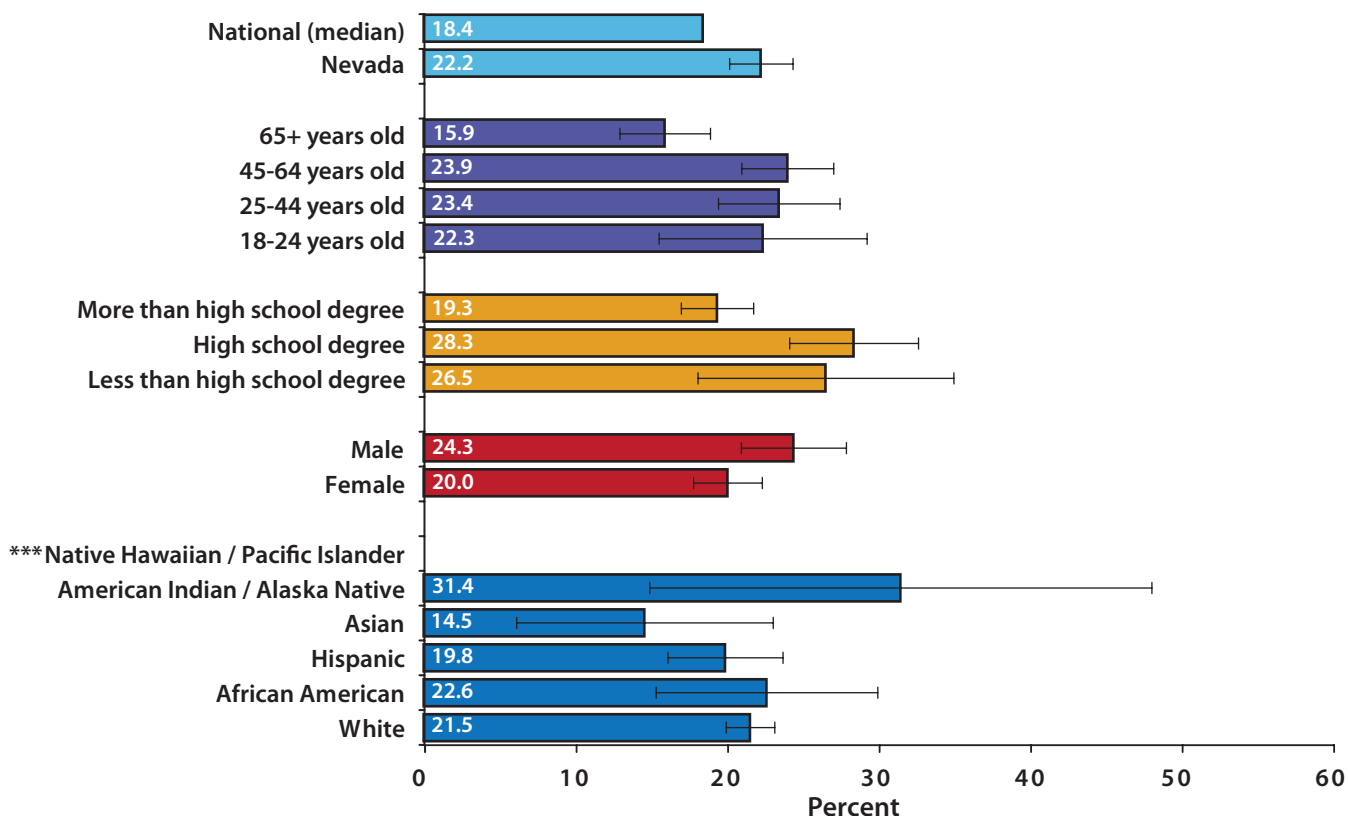
## Monitor

In Nevada, 22.2% of the adult population (ages 18+) – over 428,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Nevada ranks 43<sup>rd</sup> among the states.

Among youth ages 12-17, 10.2% smoke in Nevada. The range across all states is 6.5% to 15.9%. Nevada ranks 20<sup>th</sup> among the states.

Among adults ages 35+, over 3,300 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 343.7/100,000. Nevada's smoking-attributable mortality rate ranks 49<sup>th</sup> among the states.

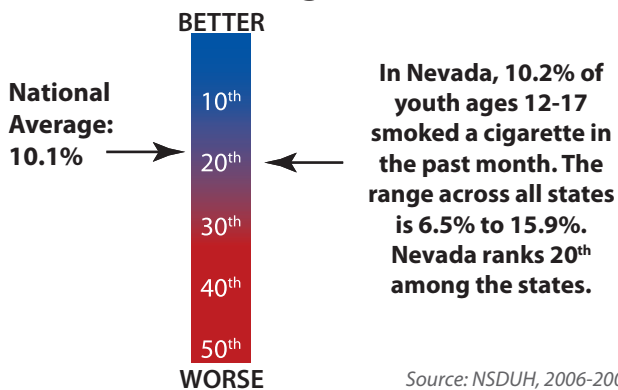
### Current Smoking among Adults by Demographic Characteristics



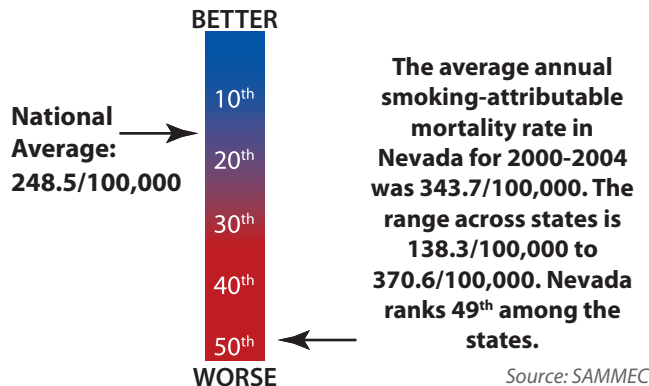
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17





### Smoking-Attributable Adult (35+) Mortality



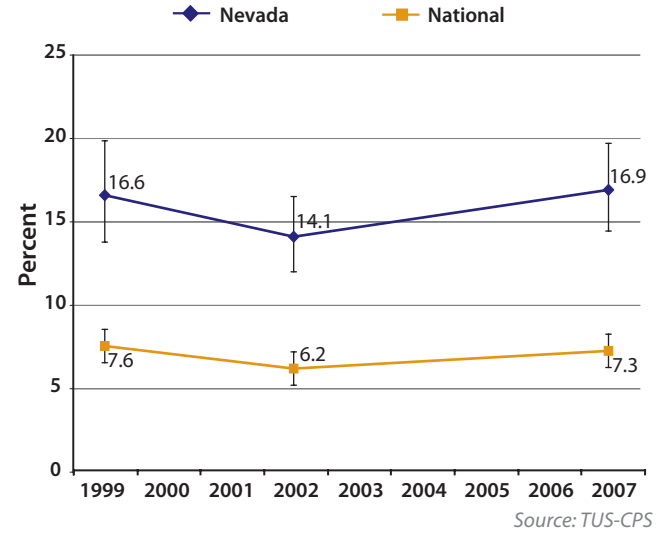
## Protect

Nevada has a smoke-free law that provides partial protection against exposure to secondhand smoke in public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

Source: STATE System, 2009

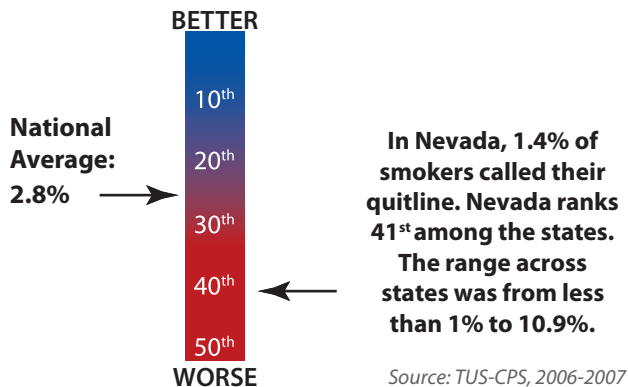
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Nevada than in the nation overall. Currently, Nevada ranks 51<sup>st</sup> among the states for workplace exposure, at 16.9%.

## Offer





### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Nevada, 1.4% of smokers called their quitline.

The Medicaid fee-for-service program in Nevada provides full coverage for tobacco dependence treatment. Nevada's Medicaid policy provides coverage for both bupropion and varenicline. Nevada's Medicaid policy does not provide coverage for individual, group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

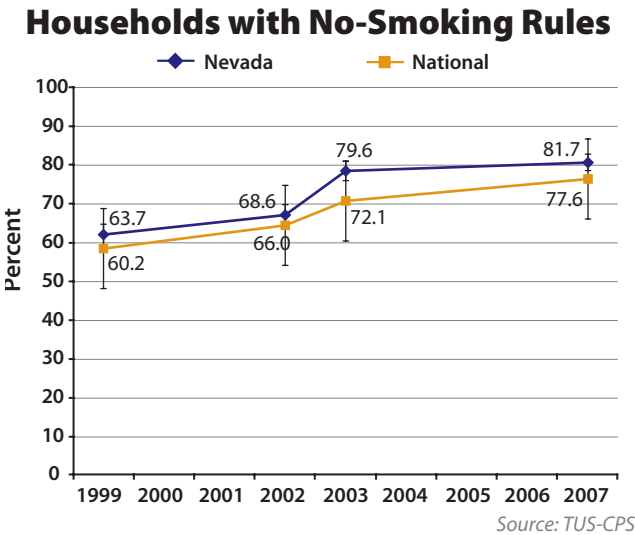
Source: MMWR 2009, 58(43), 1199-1204.

# NEVADA

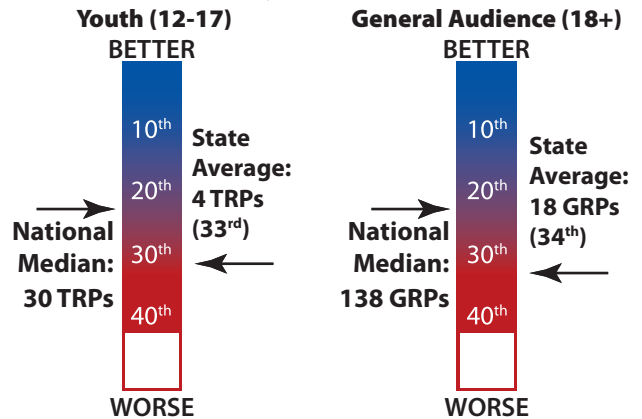
## Warn

Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Nevada, as in the nation, an increasing number of families have such a rule.

Currently, 81.7% of Nevada homes have this rule. Nevada ranks 11<sup>th</sup> among the states.



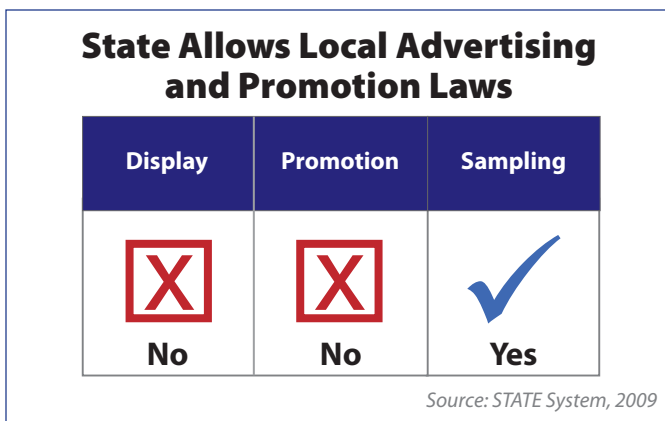
## Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points TRPs in effective youth and 1,200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Nevada's major media market(s) aired an average of 4 youth TRPs and 18 general audience GRPs per quarter in 2008. Nevada ranks 33<sup>rd</sup> among the states for the number of youth TRPs and 34<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Nevada preempts local regulation on promotions and display of tobacco products in commercial establishments. Nevada allows local regulation of tobacco industry sampling.



## Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	Yes

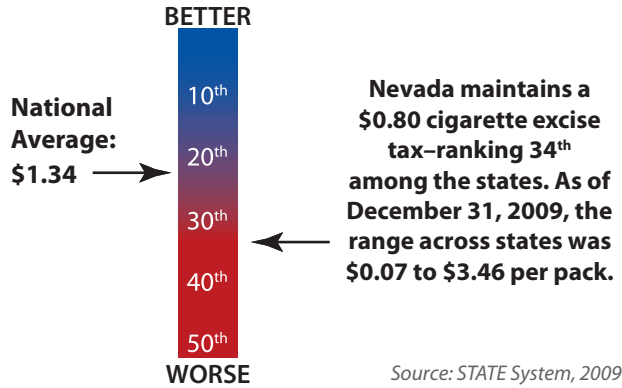
Source: STATE System, 2009

Nevada requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax



Nevada maintains a \$0.80 per pack tax, ranking 34<sup>th</sup> among the states.

Nevada does not have a minimum price law.

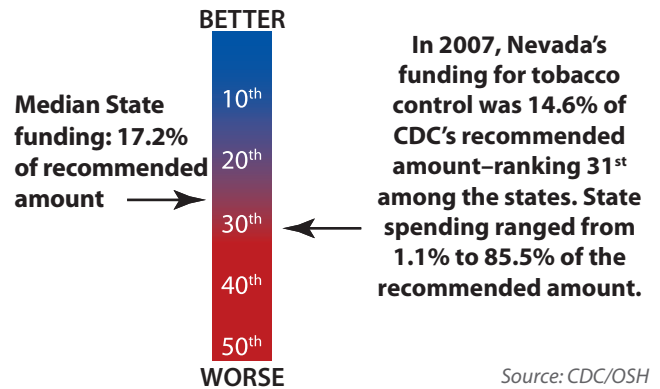
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 19% of the annual revenue generated from state excise taxes and settlement payments would fund Nevada's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Nevada's funding for tobacco control was 14.6% of the recommended level. Nevada ranks 31<sup>st</sup> among the states.

## State Funding for Tobacco Control



# NEW HAMPSHIRE

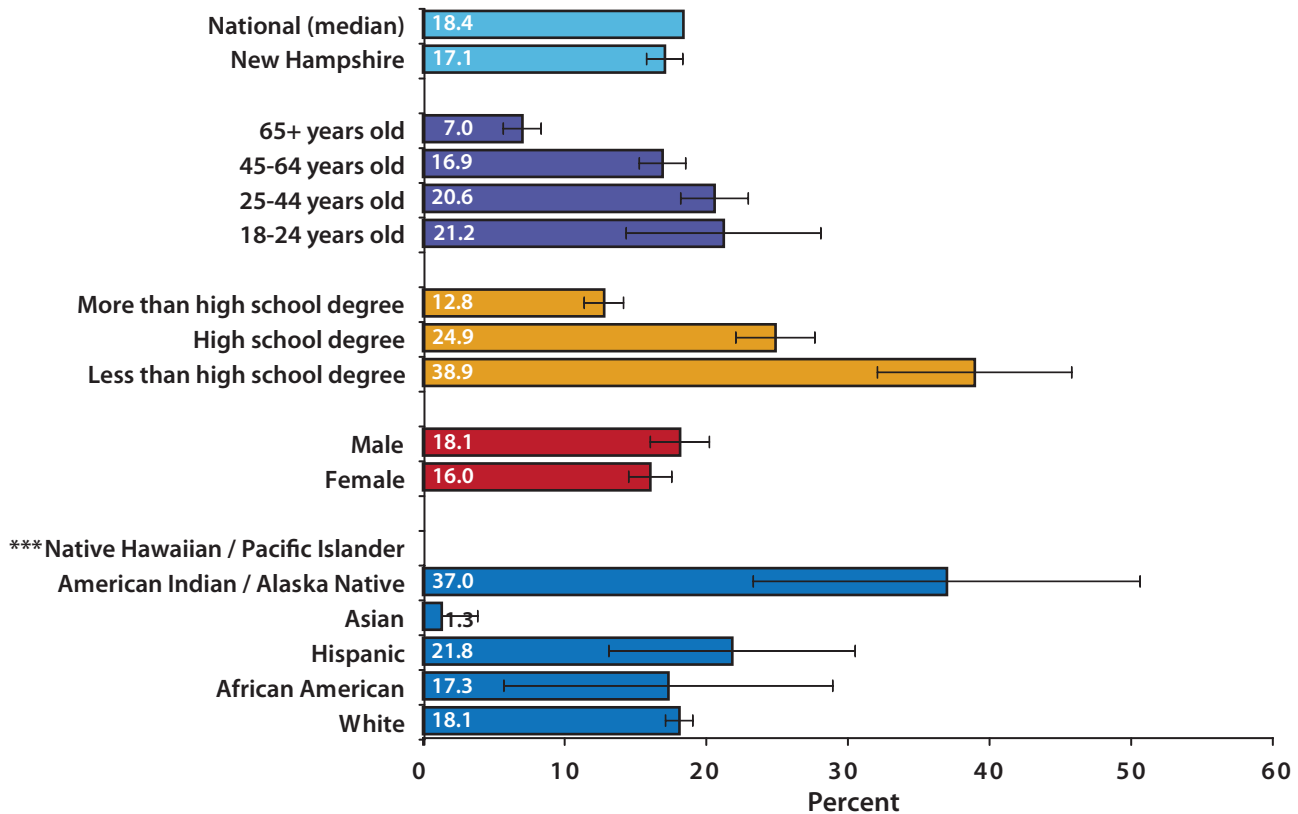
## Monitor

In New Hampshire, 17.1% of the adult population (ages 18+) – over 174,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. New Hampshire ranks 16<sup>th</sup> among the states.

Among youth ages 12-17, 9.8% smoke in New Hampshire. The range across all states is 6.5% to 15.9%. New Hampshire ranks 18<sup>th</sup> among the states.

Among adults ages 35+, over 1,800 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 272.4/100,000. New Hampshire's smoking-attributable mortality rate ranks 30<sup>th</sup> among the states.

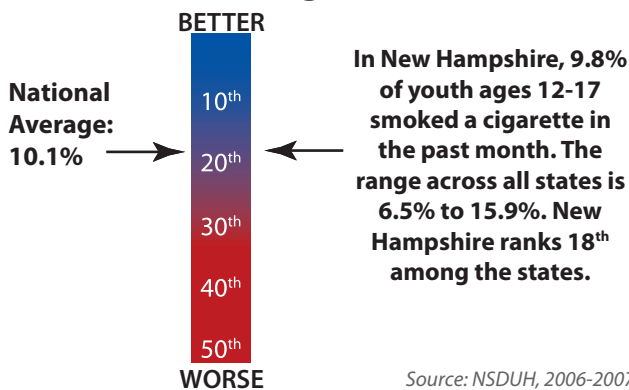
### Current Smoking among Adults by Demographic Characteristics



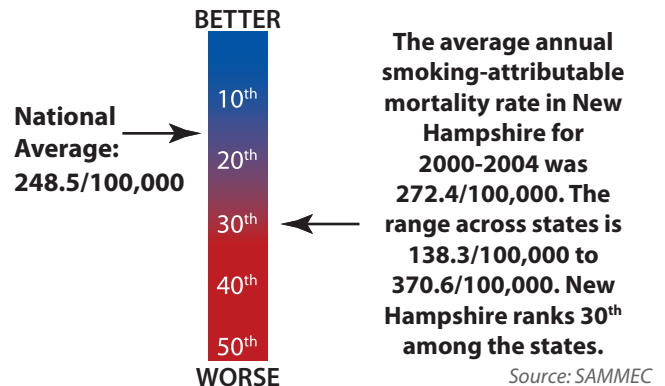
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

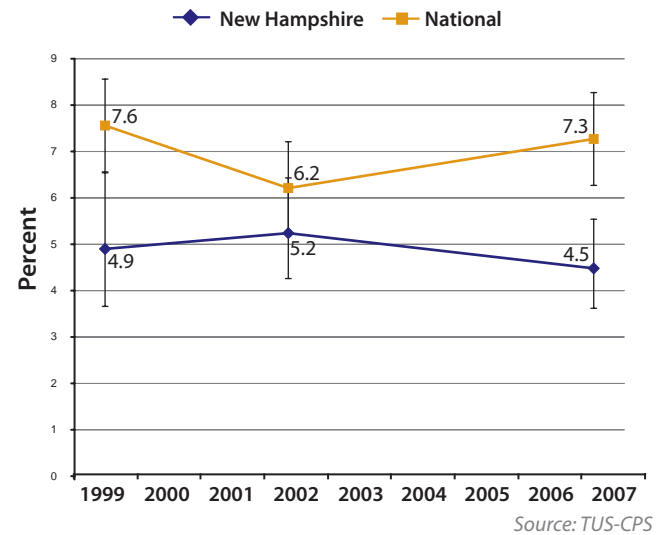


## Protect

New Hampshire has a smoke-free law that provides partial protection against exposure to secondhand smoke in public places. The law preempts local communities from enacting local smoke-free restrictions.



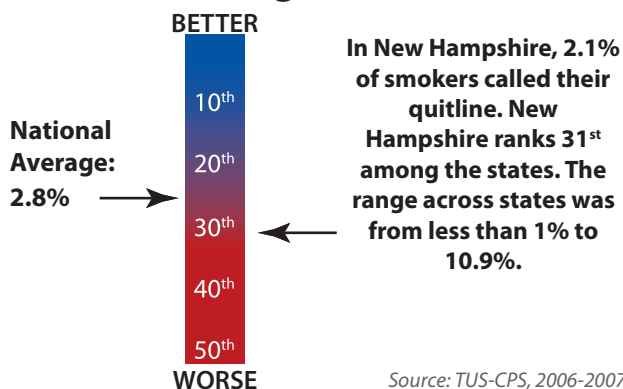
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in New Hampshire than in the nation overall. Currently, New Hampshire ranks 5<sup>th</sup> among the states for workplace exposure, at 4.5%.

## Offer




### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In New Hampshire, 2.1% of smokers called their quitline.

The Medicaid fee-for-service program in New Hampshire provides full coverage for tobacco dependence treatment. New Hampshire's Medicaid policy provides coverage for both bupropion and varenicline. New Hampshire's Medicaid policy provides coverage for individual and group counseling, but not telephone counseling, and this coverage is for pregnant women only.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	<b>Partial</b>

*Source: MMWR 2009, 58(43), 1199-1204.*

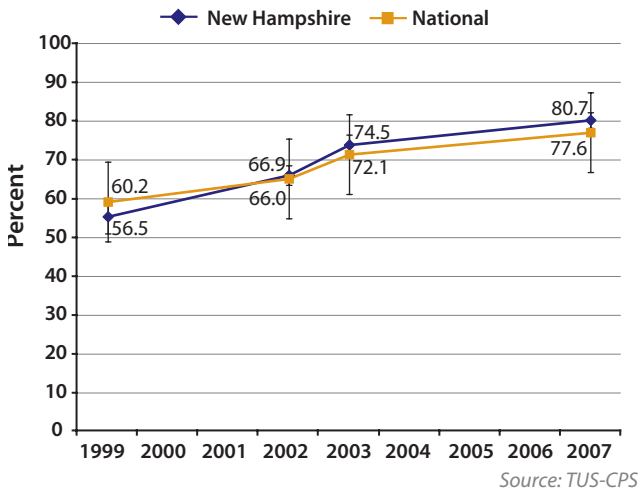
# NEW HAMPSHIRE

## Warn

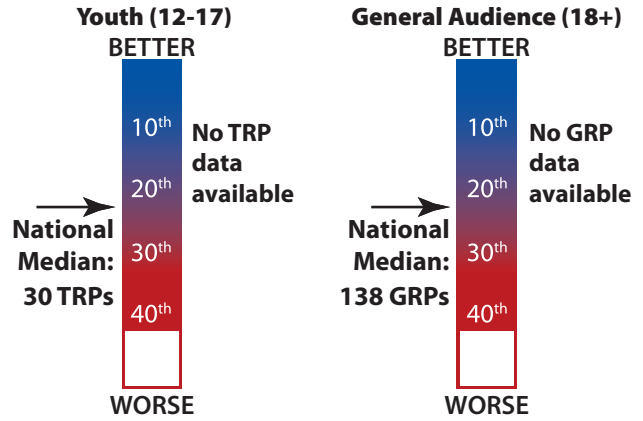
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In New Hampshire, as in the nation, an increasing number of families have such a rule.

Currently, 80.7% of New Hampshire homes have this rule. New Hampshire ranks 14<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. New Hampshire has no reported data.

## Enforce

New Hampshire allows local regulation of tobacco industry promotions, sampling, and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

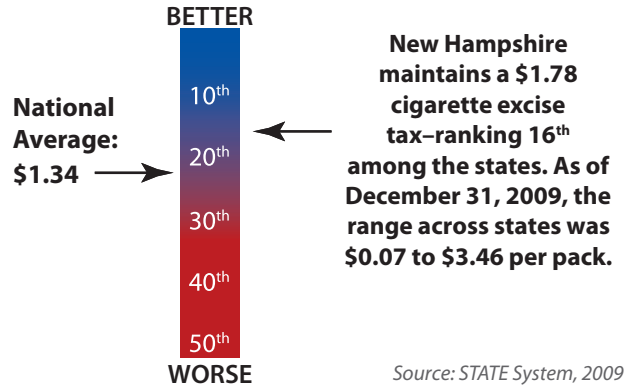
Over the Counter	Vending Machines
Yes	Yes

Source: STATE System, 2009

New Hampshire requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax



New Hampshire maintains a \$1.78 per pack tax, ranking 16<sup>th</sup> among the states.

New Hampshire does not have a minimum price law.

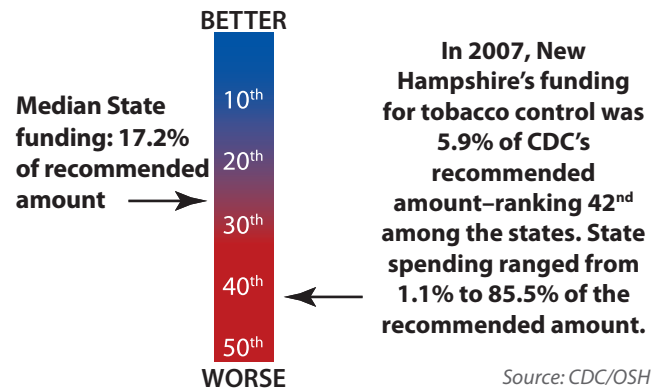
## Minimum Price Law for Cigarettes



*Source: CDC/OSH*

Approximately 11% of the annual revenue generated from state excise taxes and settlement payments would fund New Hampshire's tobacco control program at the *Best Practices* recommended amount. However, in 2007, New Hampshire's funding for tobacco control was 5.9% of the recommended level. New Hampshire ranks 42<sup>nd</sup> among the states.

## State Funding for Tobacco Control



# NEW JERSEY

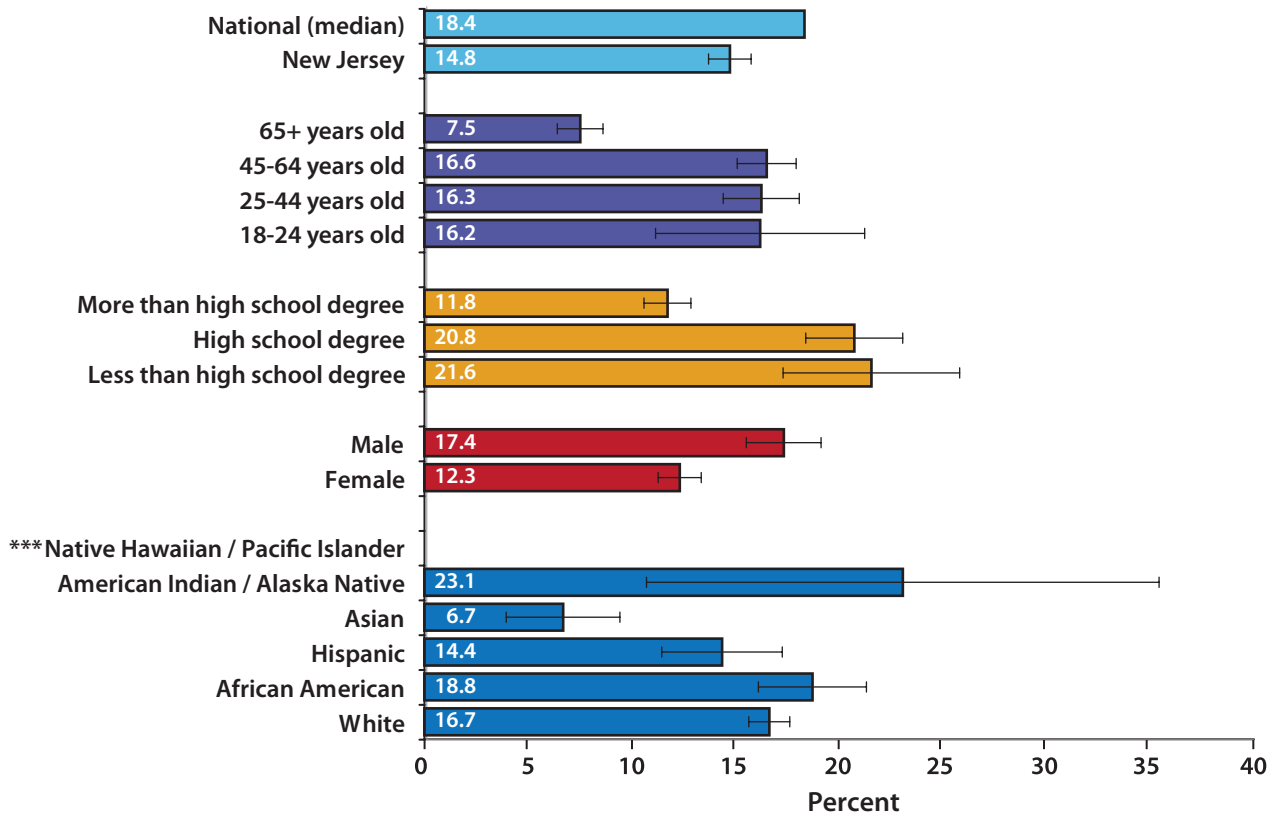
## Monitor

In New Jersey, 14.8% of the adult population (ages 18+) – over 980,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. New Jersey ranks 3<sup>rd</sup> among the states.

Among youth ages 12-17, 9.1% smoke in New Jersey. The range across all states is 6.5% to 15.9%. New Jersey ranks 8<sup>th</sup> among the states.

Among adults ages 35+, over 11,200 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 239.5/100,000. New Jersey's smoking-attributable mortality rate ranks 12<sup>th</sup> among the states.

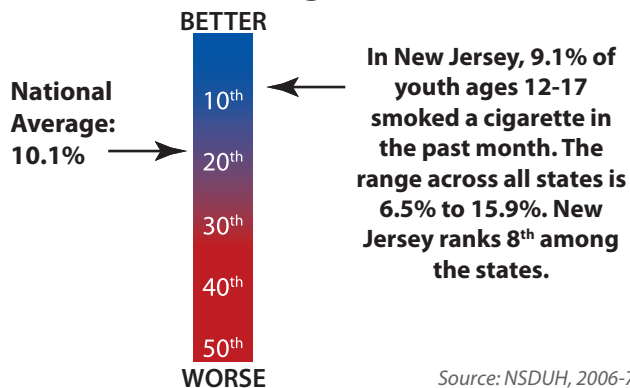
### Current Smoking among Adults by Demographic Characteristics



\*\*\* Data not shown because sample size is less than 50.

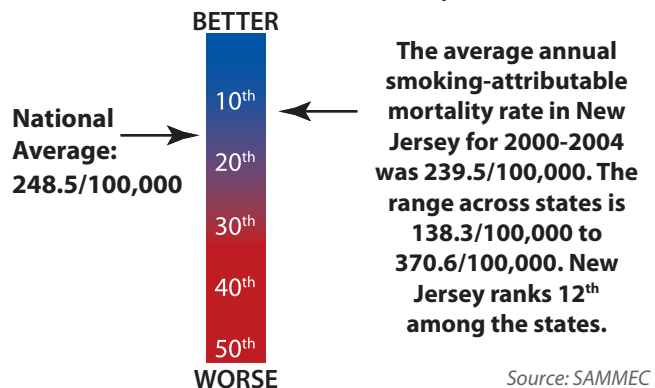
Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



Source: NSDUH, 2006-7




### Smoking-Attributable Adult (35+) Mortality



Source: SAMMEC

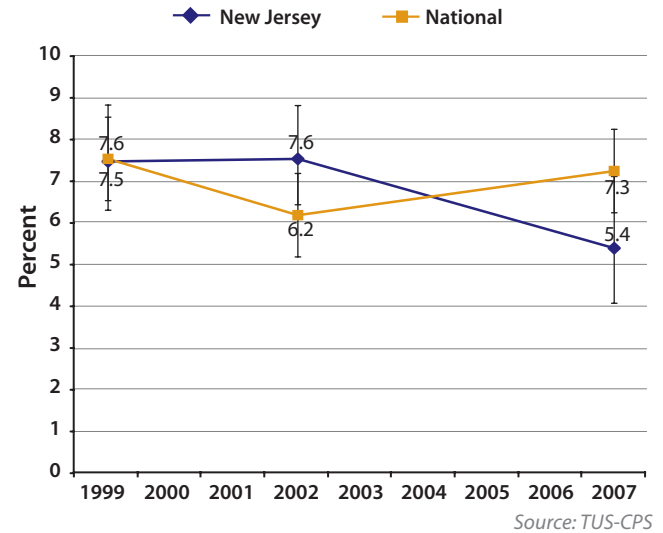
## Protect

New Jersey has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

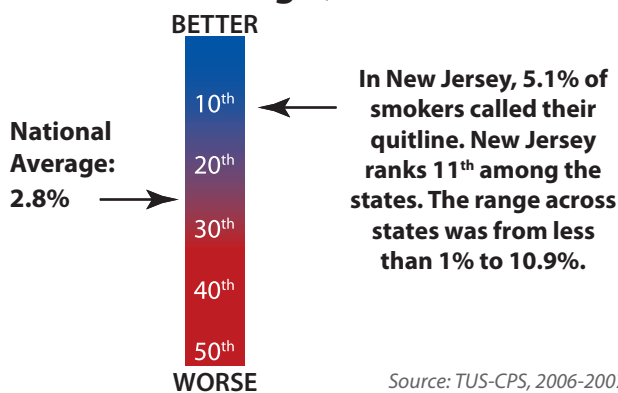
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in New Jersey than in the nation overall. Currently, New Jersey ranks 13<sup>th</sup> among the states for workplace exposure, at 5.4%.

## Offer





### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In New Jersey, 5.1% of smokers called their quitline.

The Medicaid fee-for-service program in New Jersey provides full coverage for tobacco dependence treatment. New Jersey's Medicaid policy provides coverage for both bupropion and varenicline. New Jersey's Medicaid policy does not provide coverage for individual, group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

Source: MMWR 2009, 58(43), 1199-1204.

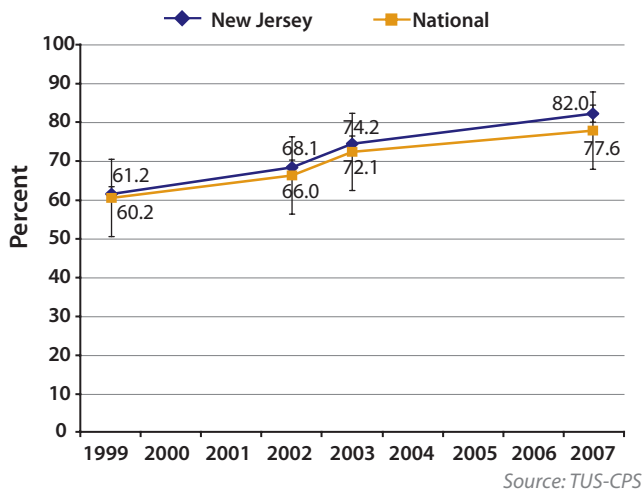
# NEW JERSEY

## Warn

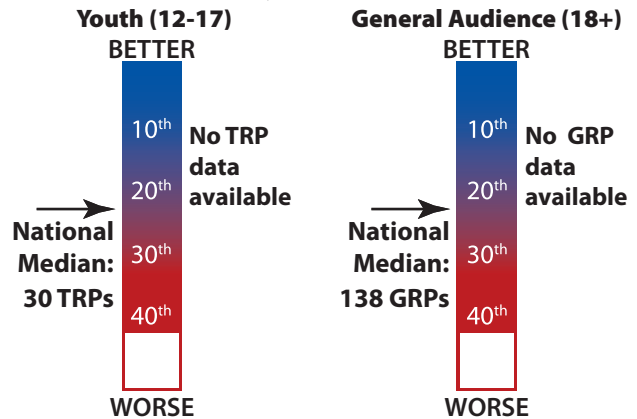
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In New Jersey, as in the nation, an increasing number of families have such a rule.

Currently, 82.0% of New Jersey homes have this rule. New Jersey ranks 10<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. New Jersey has no reported data.

## Enforce

New Jersey allows local regulation on tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	Yes

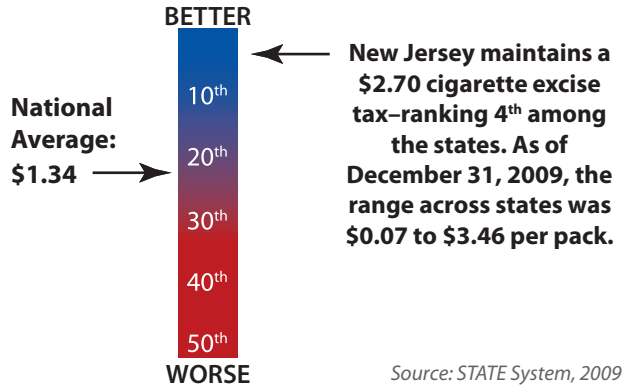
Source: STATE System, 2009

New Jersey requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax

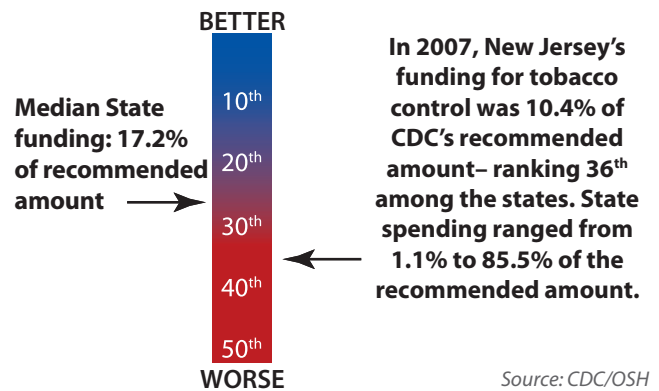


New Jersey maintains a \$2.70 per pack tax, ranking 4<sup>th</sup> among the states.

New Jersey has a minimum price law. Wholesalers must mark up cigarettes by 6 percent and retailers must mark up cigarettes by at least 8 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 12% of the annual revenue generated from state excise taxes and settlement payments would fund New Jersey's tobacco control program at the *Best Practices* recommended amount. However, in 2007, New Jersey's funding for tobacco control was 10.4% of the recommended level. New Jersey ranks 36<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



*Source: CDC/OSH*

# NEW MEXICO

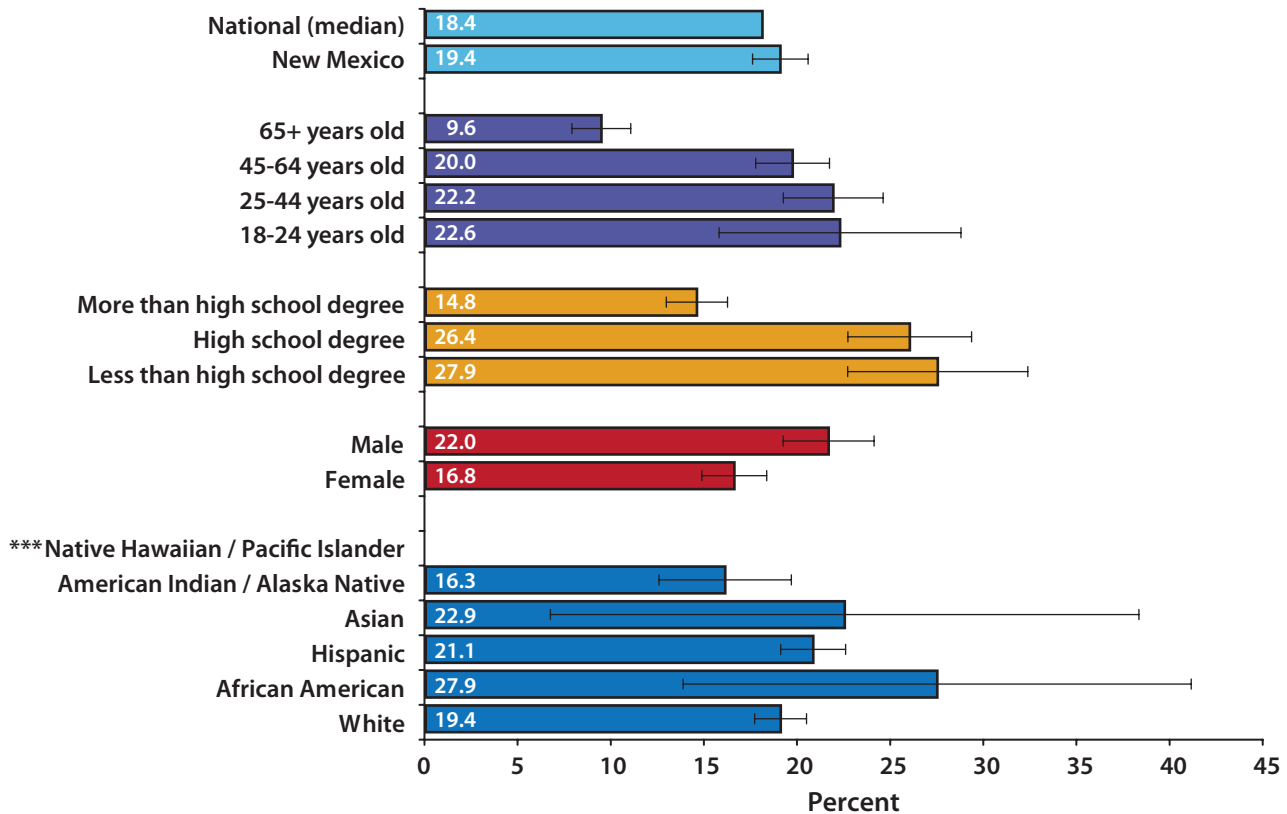
## Monitor

In New Mexico, 19.4% of the adult population (ages 18+) – over 286,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. New Mexico ranks 31<sup>st</sup> among the states.

Among youth ages 12-17, 11.8% smoke in New Mexico. The range across all states is 6.5% to 15.9%. New Mexico ranks 36<sup>th</sup> among the states.

Among adults ages 35+, over 2,100 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 234.0/100,000. New Mexico's smoking-attributable mortality rate ranks 5<sup>th</sup> among the states.

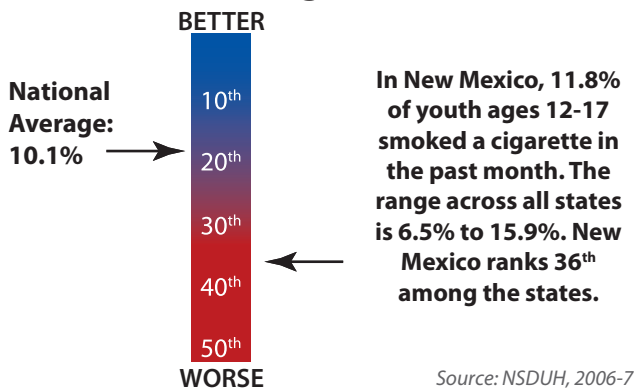
### Current Smoking among Adults by Demographic Characteristics



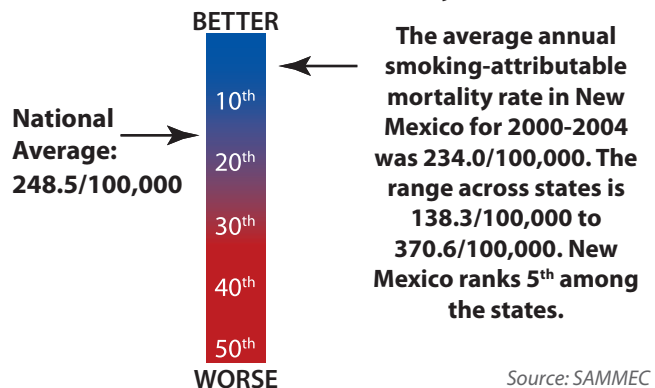
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality



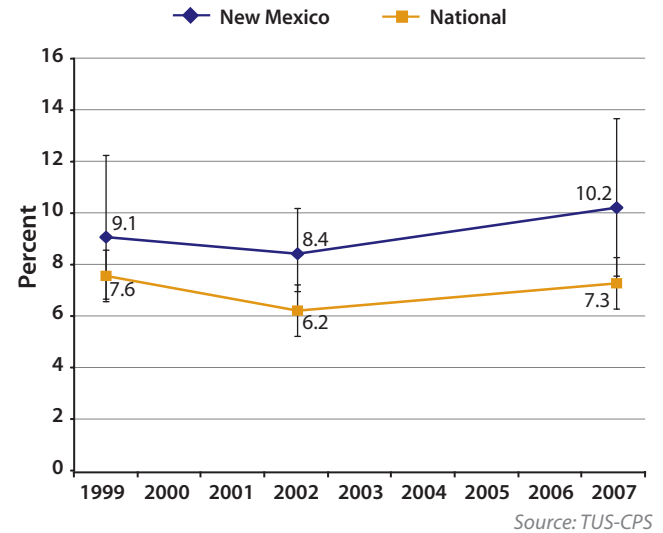
## Protect

New Mexico has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

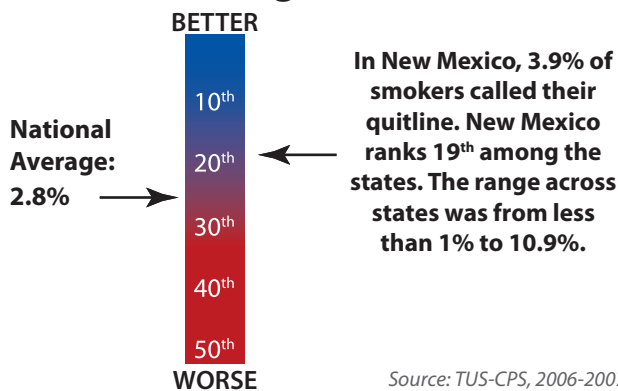
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in New Mexico than in the nation overall. Currently, New Mexico ranks 47<sup>th</sup> among the states for workplace exposure, at 10.2%.

## Offer




### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In New Mexico, 3.9% of smokers called their quitline.

The Medicaid fee-for-service program in New Mexico provides full coverage for tobacco dependence treatment. New Mexico's Medicaid policy provides coverage for both bupropion and varenicline. New Mexico's Medicaid policy provides coverage for individual and group counseling, but not telephone counseling, and this coverage is available by fee-for-service when a valid behavioral health diagnosis other than tobacco dependence exists.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	<b>Partial</b>

Source: MMWR 2009, 58(43), 1199-1204.

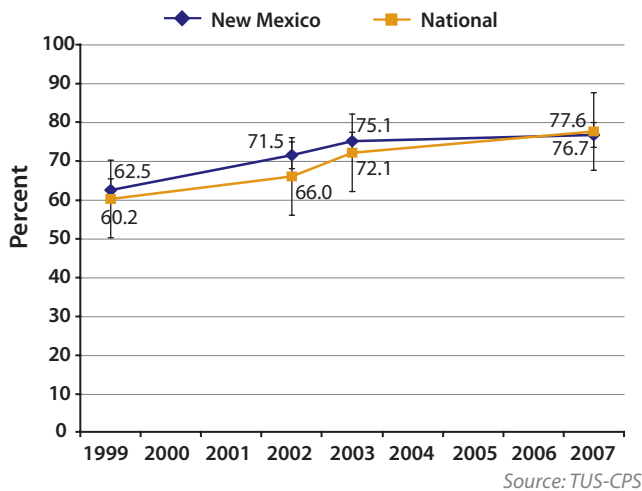
# NEW MEXICO

## Warn

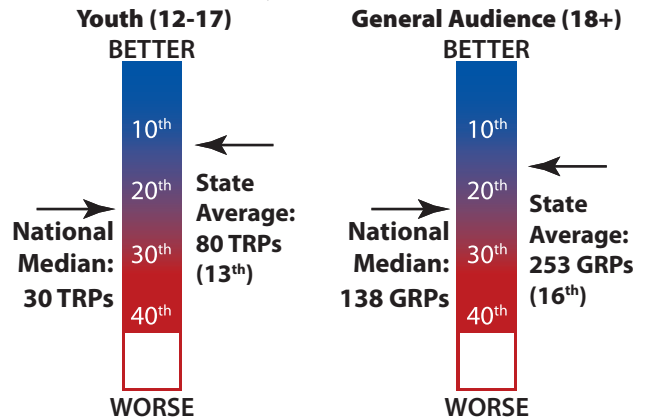
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In New Mexico, as in the nation, an increasing number of families have such a rule.

Currently, 76.7% of New Mexico homes have this rule. New Mexico ranks 24<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. New Mexico's major media market(s) aired an average of 80 youth TRPs and 253 general audience GRPs per quarter in 2008. New Mexico ranks 13<sup>th</sup> among the states for the number of youth TRPs and 16<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

New Mexico preempts local regulation of tobacco industry sampling. New Mexico allows local regulation on promotions and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	No

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

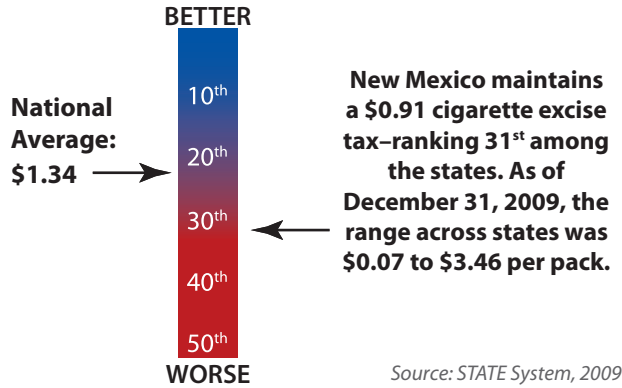
Over the Counter	Vending Machines
No	No

Source: STATE System, 2009

New Mexico does not require establishments selling tobacco products over the counter nor by vending machine to be licensed. Currently, 37 states require licensure for over the counter and for vending machine sales.

# Raise

## Amount of Cigarette Excise Tax



New Mexico maintains a \$0.91 per pack tax, ranking 31<sup>st</sup> among the states.

New Mexico does not have a minimum price law.

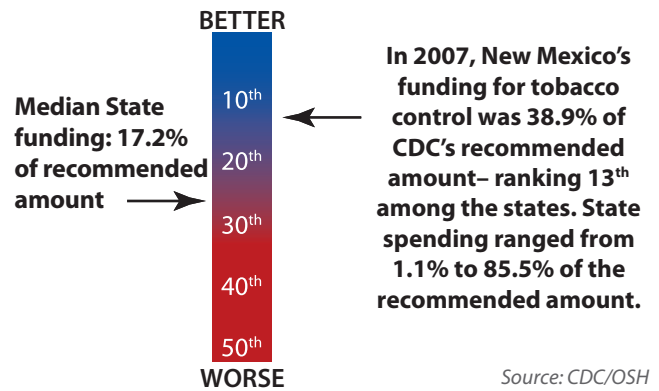
## Minimum Price Law for Cigarettes



*Source: CDC/OSH*

Approximately 23% of the annual revenue generated from state excise taxes and settlement payments would fund New Mexico's tobacco control program at the *Best Practices* recommended amount. However, in 2007, New Mexico's funding for tobacco control was 38.9% of the recommended level. New Mexico ranks 13<sup>th</sup> among the states.

## State Funding for Tobacco Control



# NEW YORK

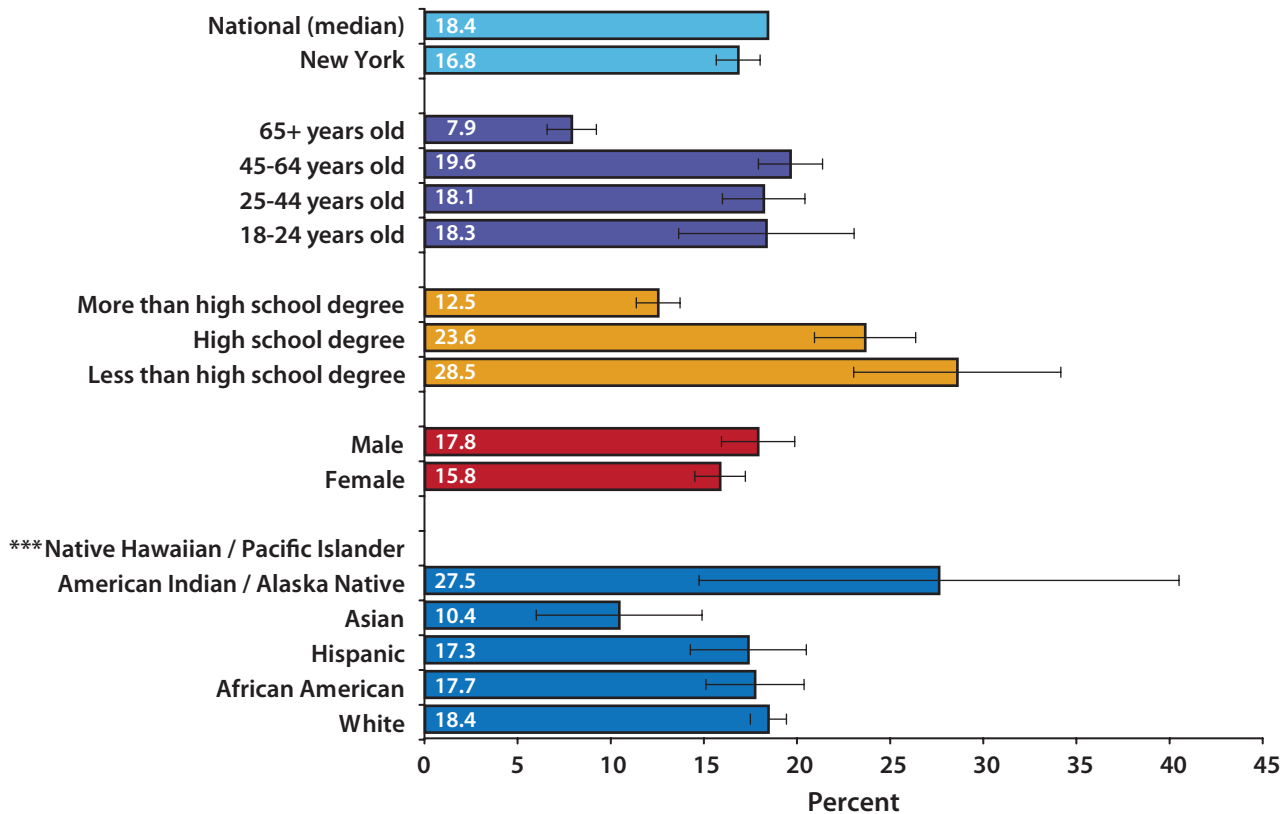
## Monitor

In New York, 16.8% of the adult population (ages 18+) – over 2,531,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. New York ranks 14<sup>th</sup> among the states.

Among youth ages 12-17, 8.2% smoke in New York. The range across all states is 6.5% to 15.9%. New York ranks 5<sup>th</sup> among the states.

Among adults ages 35+, over 25,400 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 246.1/100,000. New York's smoking-attributable mortality rate ranks 14<sup>th</sup> among the states.

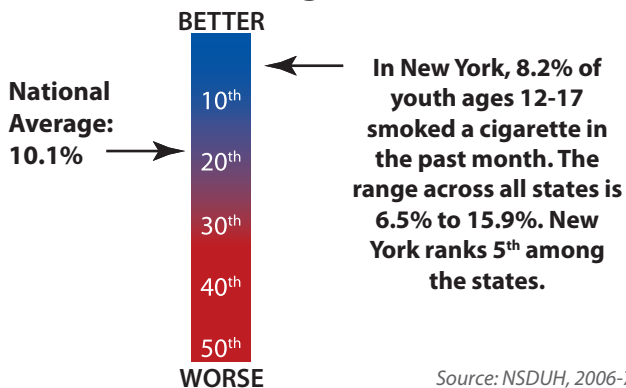
### Current Smoking among Adults by Demographic Characteristics



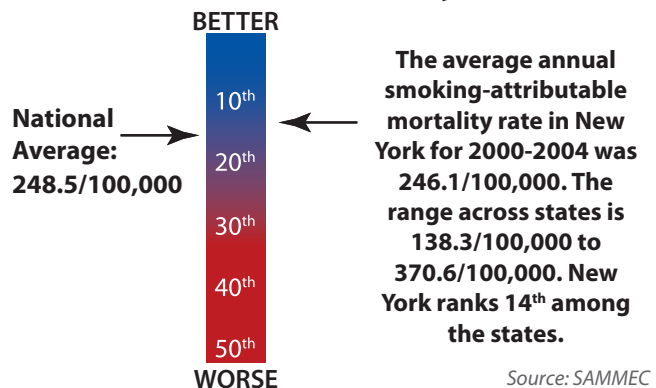
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality



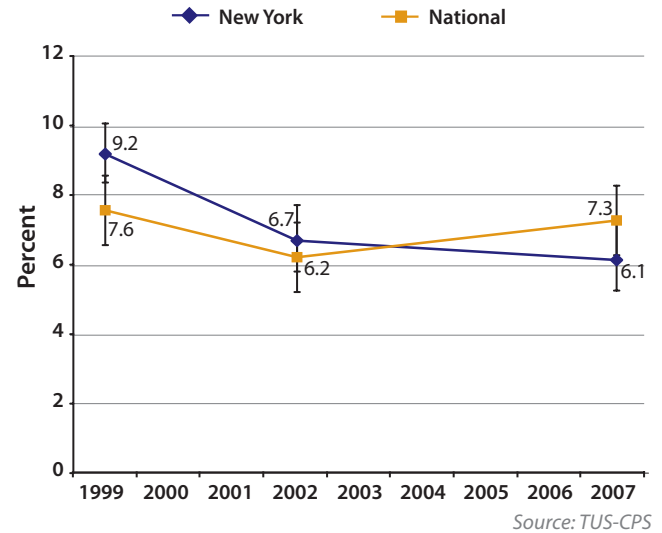
## Protect

New York has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

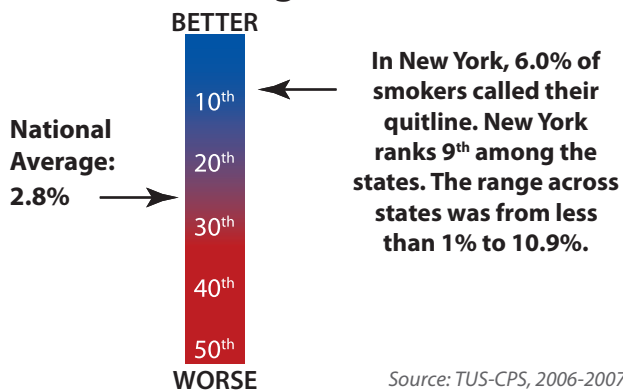
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in New York than in the nation overall. Currently, New York ranks 18<sup>th</sup> among the states for workplace exposure, at 6.1%.

## Offer




### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In New York, 6.0% of smokers called their quitline.

The Medicaid fee-for-service program in New York provides only partial coverage for tobacco dependence treatment. New York's Medicaid policy provides coverage for both bupropion and varenicline. New York's Medicaid policy does not provide coverage for individual, group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
Partial	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

Source: MMWR 2009, 58(43), 1199-1204.

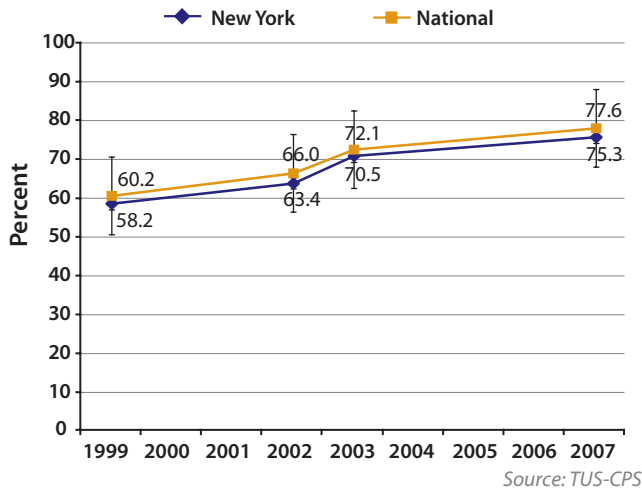
# NEW YORK

## Warn

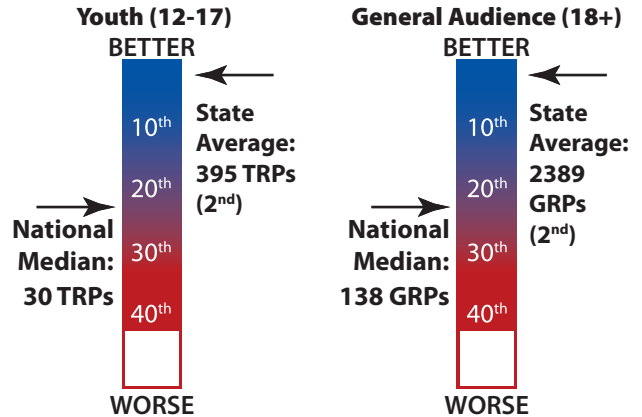
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In New York, as in the nation, an increasing number of families have such a rule.

Currently, 75.3% of New York homes have this rule. New York ranks 30<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. New York's major media market(s) aired an average of 395 youth TRPs and 2389 general audience GRPs per quarter in 2008. New York ranks 2<sup>nd</sup> among the states for the number of youth TRPs and general audience GRPs aired.

## Enforce

New York allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
✓	✓	✓
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
✓	✓
Yes	Yes

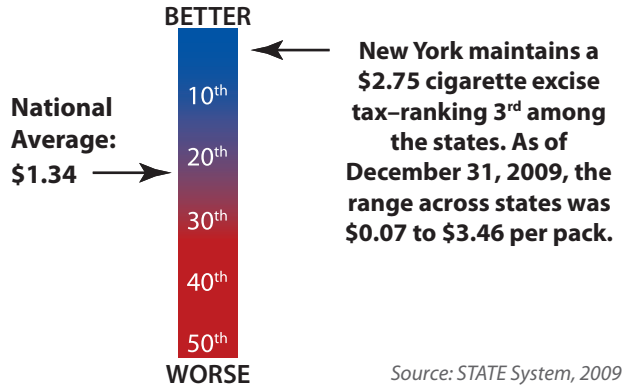
Source: STATE System, 2009

New York requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax

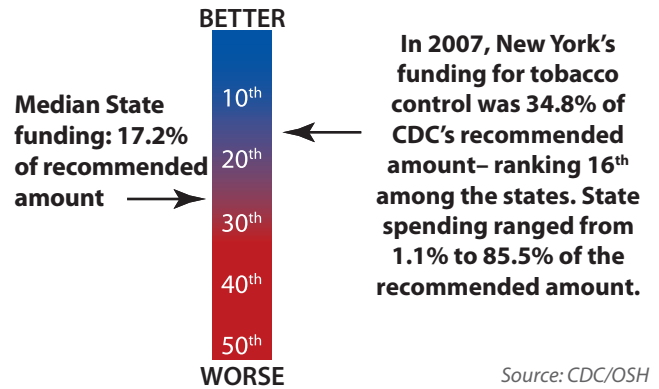


New York maintains a \$2.75 per pack tax, ranking 3<sup>rd</sup> among the states.

New York has a minimum price law. Wholesalers must mark up cigarettes by 3 percent and retailers must mark up cigarettes by at least 7 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 15% of the annual revenue generated from state excise taxes and settlement payments would fund New York's tobacco control program at the *Best Practices* recommended amount. However, in 2007, New York's funding for tobacco control was 34.8% of the recommended level. New York ranks 16<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



*Source: CDC/OSH*

# NORTH CAROLINA

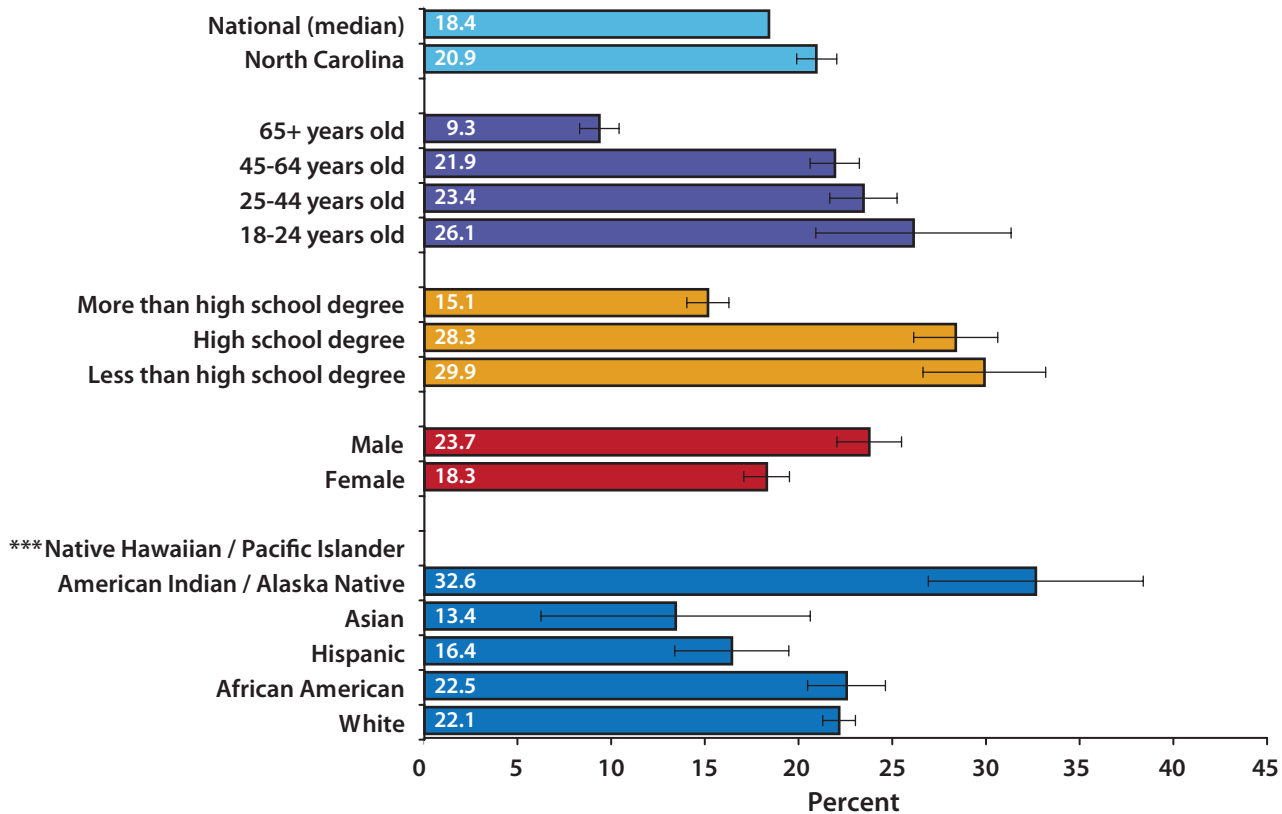
## Monitor

In North Carolina, 20.9% of the adult population (ages 18+) – over 1,458,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. North Carolina ranks 38<sup>th</sup> among the states.

Among youth ages 12-17, 10.8% smoke in North Carolina. The range across all states is 6.5% to 15.9%. North Carolina ranks 25<sup>th</sup> among the states.

Among adults ages 35+, over 12,300 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 298.4/100,000. North Carolina's smoking-attributable mortality rate ranks 38<sup>th</sup> among the states.

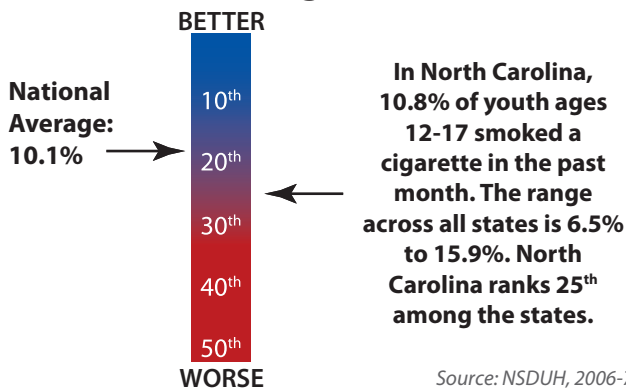
### Current Smoking among Adults by Demographic Characteristics



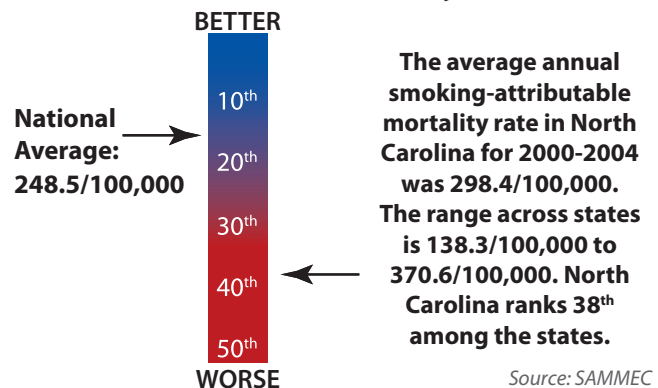
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality



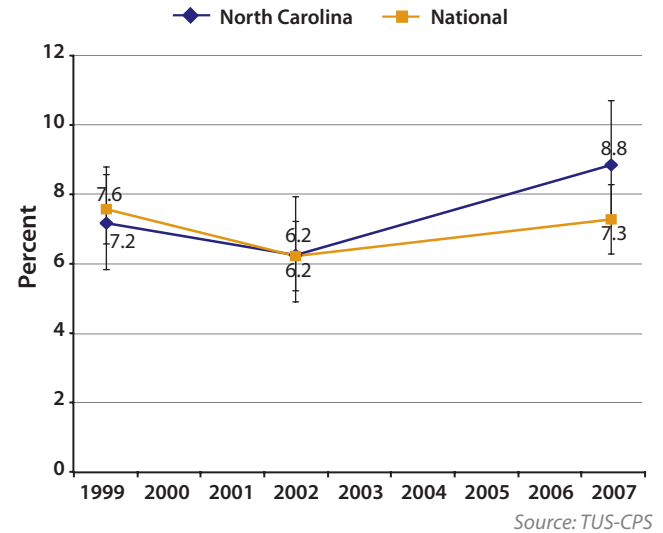
## Protect

North Carolina does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places. The law pre-empts local communities from enacting local smoke-free restrictions.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>No</b>	 <b>No</b>	 <b>No</b>

Source: STATE System, 2009

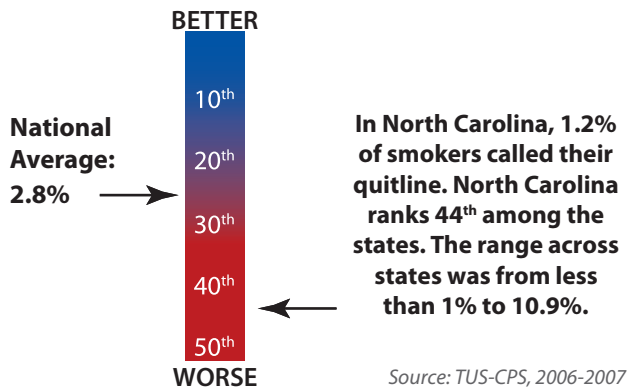
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in North Carolina than in the nation overall. Currently, North Carolina ranks 40<sup>th</sup> among the states for workplace exposure, at 8.8%.

## Offer





### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In North Carolina, 1.2% of smokers called their quitline.

The Medicaid fee-for-service program in North Carolina provides full coverage for tobacco dependence treatment. North Carolina's Medicaid policy provides coverage for both bupropion and varenicline. North Carolina's Medicaid policy does not provide coverage for individual, group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

Source: MMWR 2009, 58(43), 1199-1204.

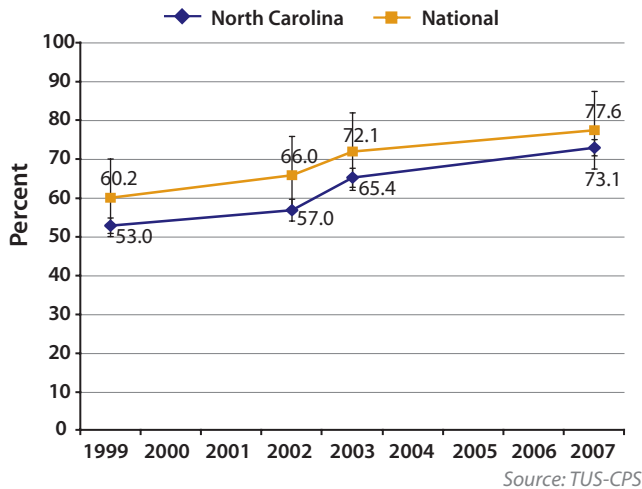
# NORTH CAROLINA

## Warn

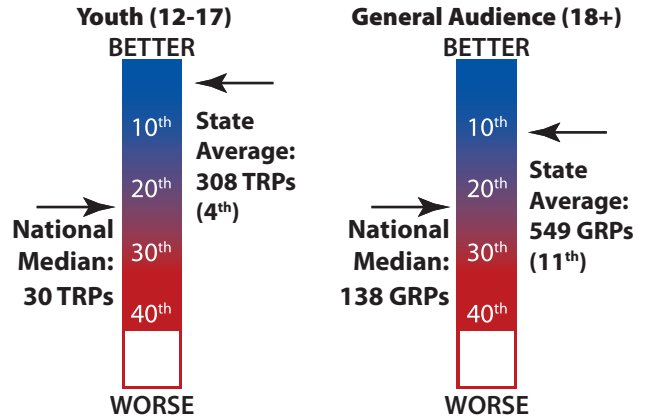
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In North Carolina, as in the nation, an increasing number of families have such a rule.

Currently, 73.1% of North Carolina homes have this rule. North Carolina ranks 37<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. North Carolina's major media market(s) aired an average of 308 youth TRPs and 549 general audience GRPs per quarter in 2008. North Carolina ranks 4<sup>th</sup> among the states for the number of youth TRPs and 11<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

North Carolina preempts local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
 No	 No	 No

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

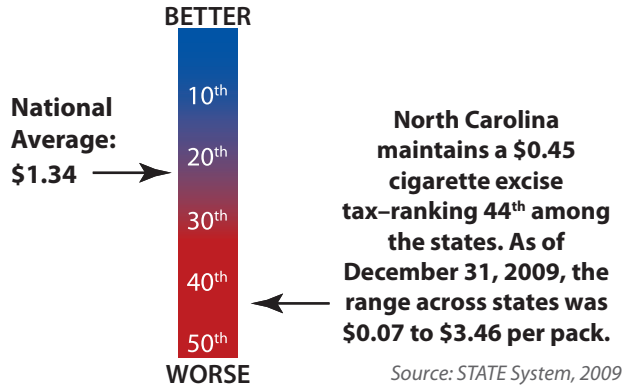
Over the Counter	Vending Machines
 Yes	 Yes

Source: STATE System, 2009

North Carolina requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax



North Carolina maintains a \$0.45 per pack tax, ranking 44<sup>th</sup> among the states.

North Carolina does not have a minimum price law.

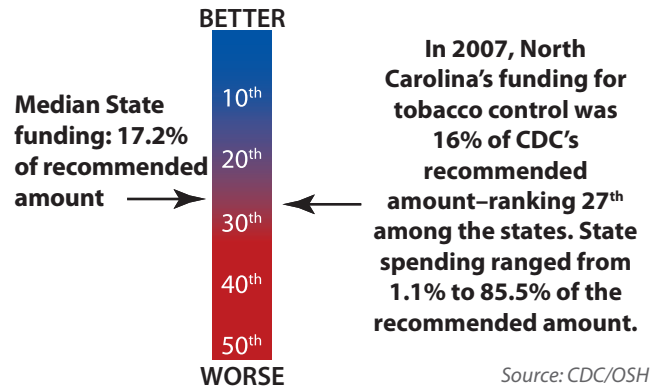
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 35% of the annual revenue generated from state excise taxes and settlement payments would fund North Carolina's tobacco control program at the *Best Practices* recommended amount. However, in 2007, North Carolina's funding for tobacco control was 16.0% of the recommended level. North Carolina ranks 27<sup>th</sup> among the states.

## State Funding for Tobacco Control



# NORTH DAKOTA

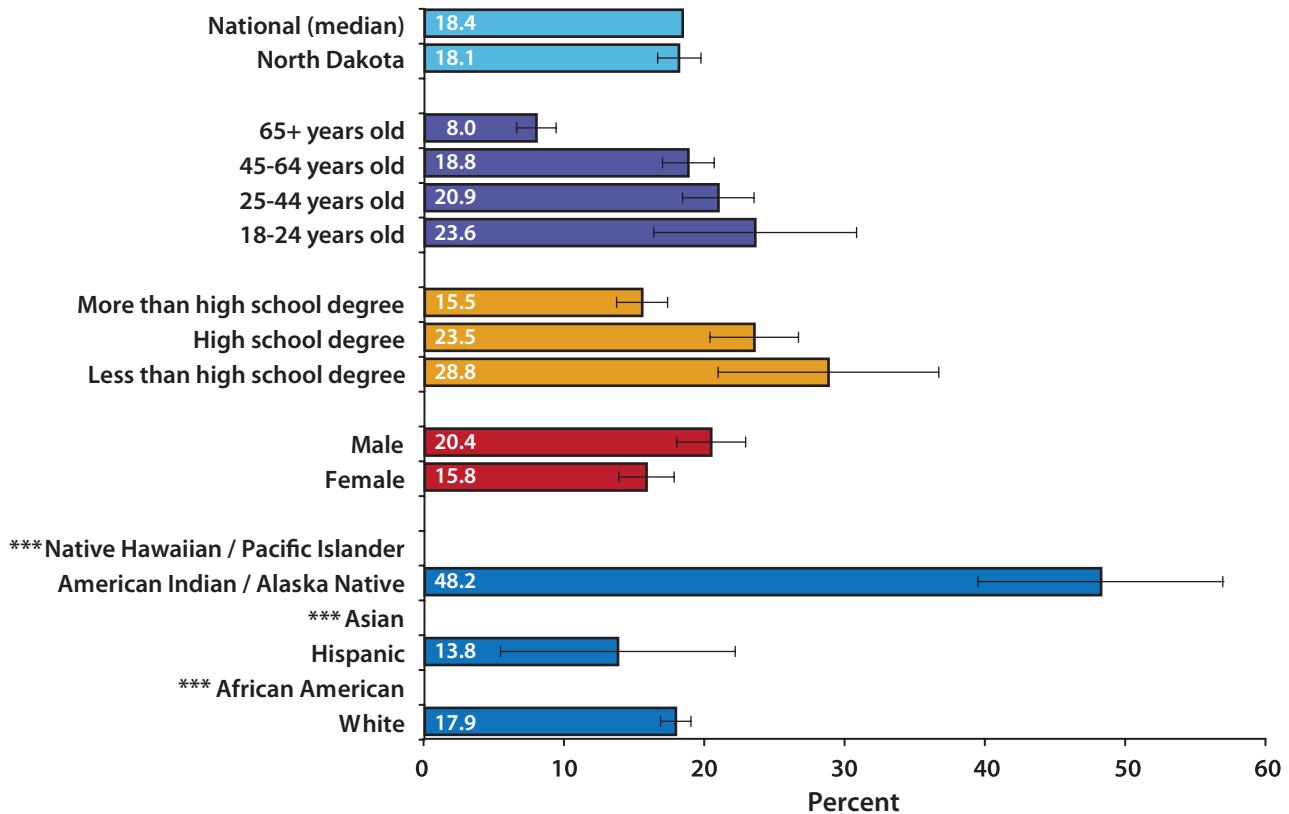
## Monitor

In North Dakota, 18.1% of the adult population (ages 18+) – over 90,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. North Dakota ranks 24<sup>th</sup> among the states.

Among youth ages 12-17, 12.4% smoke in North Dakota. The range across all states is 6.5% to 15.9%. North Dakota ranks 43<sup>rd</sup> among the states.

Among adults ages 35+, over 900 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 225.6/100,000. North Dakota's smoking-attributable mortality rate ranks 4<sup>th</sup> among the states.

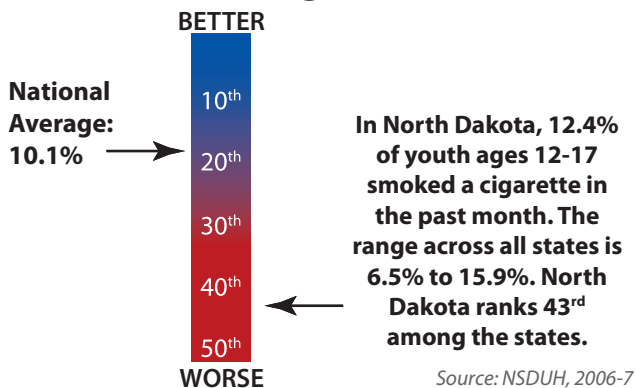
### Current Smoking among Adults by Demographic Characteristics



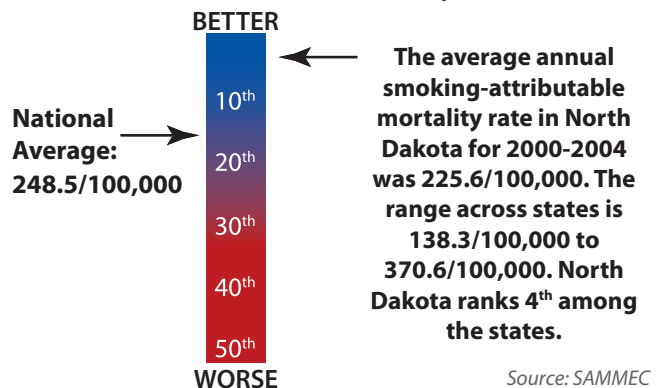
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality



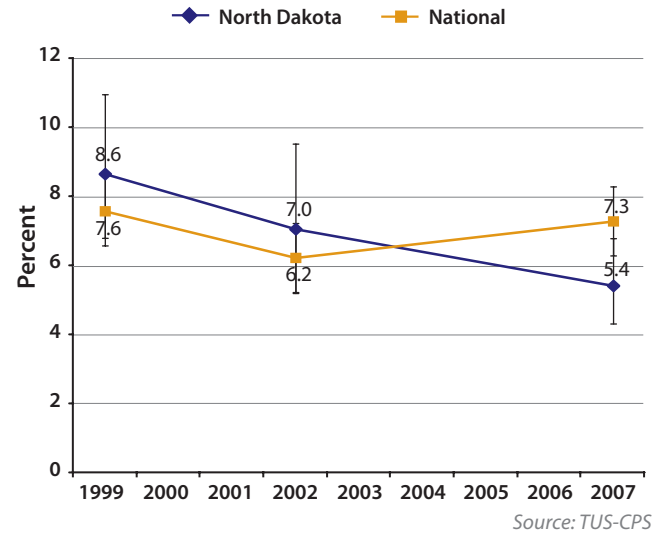
## Protect

North Dakota has a smoke-free law that provides partial protection against exposure to secondhand smoke in public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>No</b>	 <b>No</b>

Source: STATE System, 2009

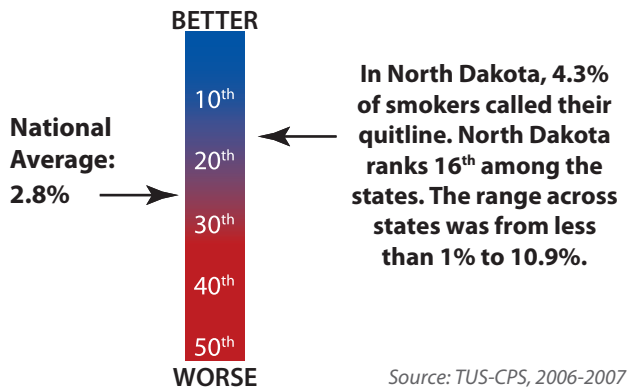
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in North Dakota than in the nation overall. Currently, North Dakota ranks 12<sup>th</sup> among the states for workplace exposure, at 5.4%.

## Offer



### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In North Dakota, 4.3% of smokers called their quitline.

The Medicaid fee-for-service program in North Dakota provides only partial coverage for tobacco dependence treatment. North Dakota's Medicaid policy provides coverage for bupropion, but not varenicline. North Dakota's Medicaid policy provides coverage for individual and group counseling, but not telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
Partial	 <b>No</b>	 <b>Yes</b>	Partial

Source: MMWR 2009, 58(43), 1199-1204.

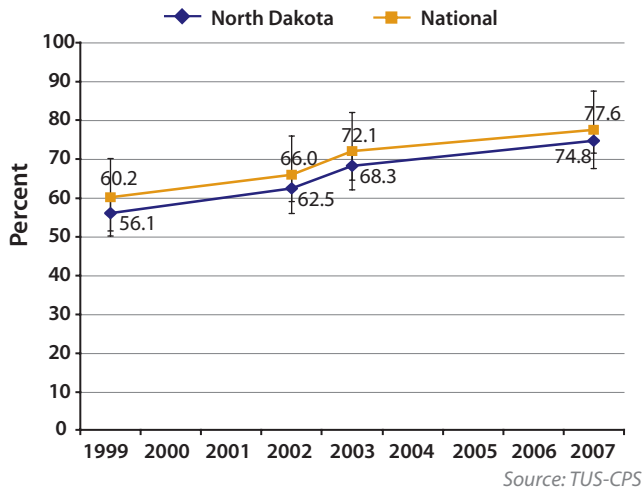
# NORTH DAKOTA

## Warn

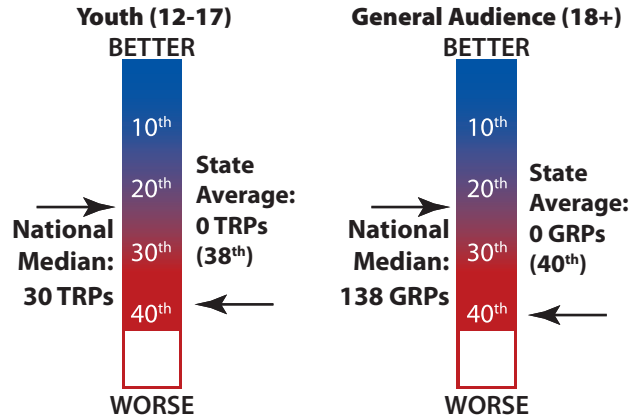
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In North Dakota, as in the nation, an increasing number of families have such a rule.

Currently, 74.8% of North Dakota homes have this rule. North Dakota ranks 32<sup>nd</sup> among the states.

### Households with No-Smoking Rules



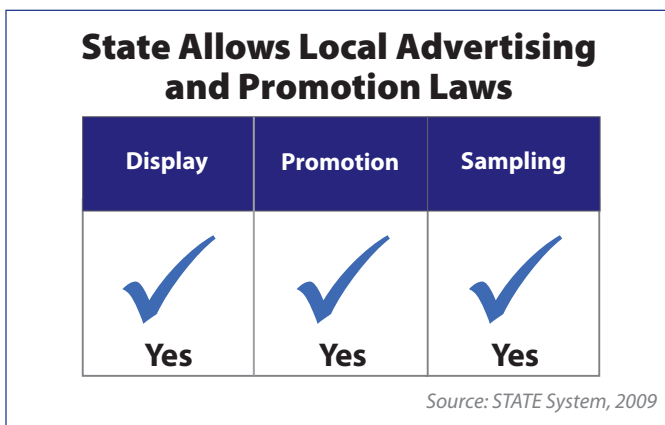
### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. North Dakota's major media market(s) aired an average of 0 youth TRPs and 0 general audience GRPs per quarter in 2008. North Dakota ties for last for the number of youth TRPs and the number of general audience GRPs aired.

## Enforce

North Dakota allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.



### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	Yes

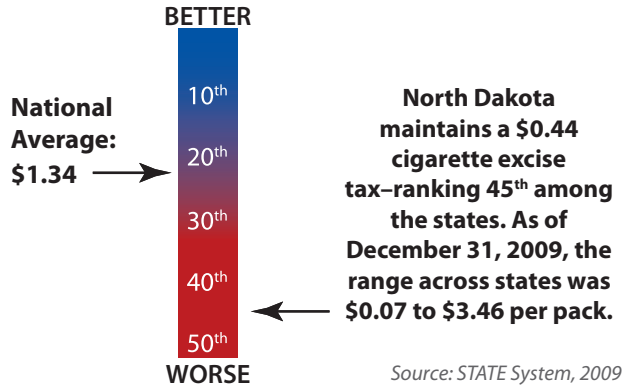
Source: STATE System, 2009

North Dakota requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax



North Dakota maintains a \$0.44 per pack tax, ranking 45<sup>th</sup> among the states.

North Dakota does not have a minimum price law.

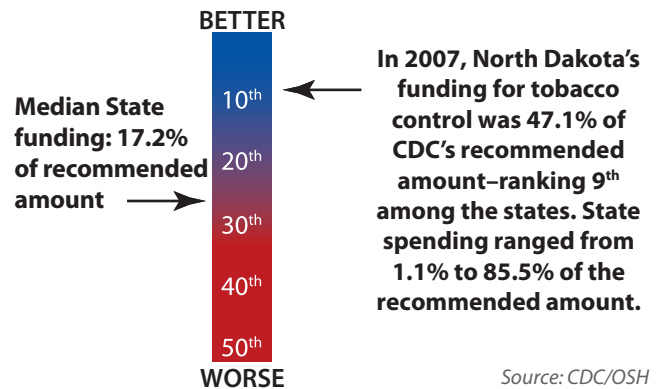
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 21% of the annual revenue generated from state excise taxes and settlement payments would fund North Dakota's tobacco control program at the *Best Practices* recommended amount. However, in 2007, North Dakota's funding for tobacco control was 47.1% of the recommended level. North Dakota ranks 9<sup>th</sup> among the states.

## State Funding for Tobacco Control



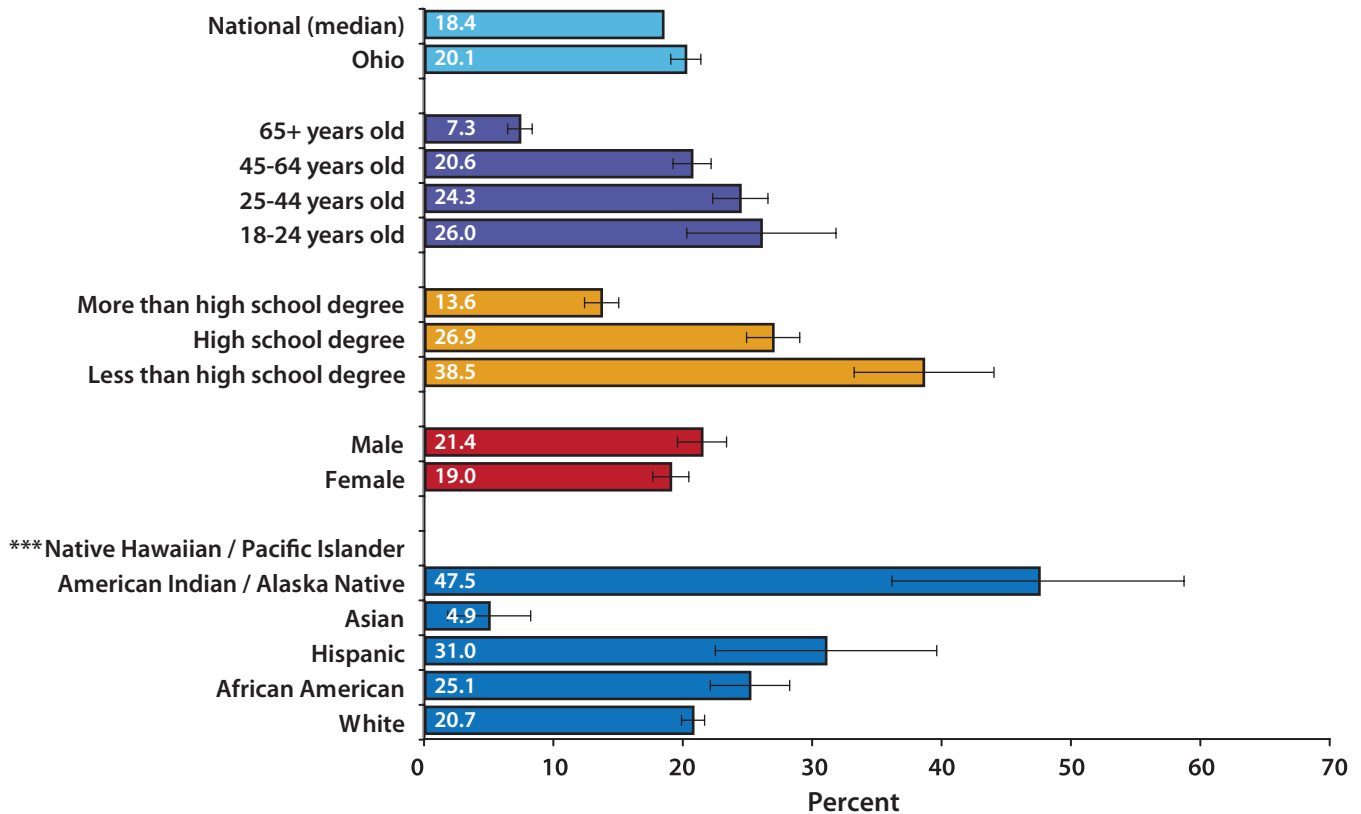
## Monitor

In Ohio, 20.1% of the adult population (ages 18+) – over 1,762,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Ohio ranks 35<sup>th</sup> among the states.

Among youth ages 12-17, 12.9% smoke in Ohio. The range across all states is 6.5% to 15.9%. Ohio ranks 46<sup>th</sup> among the states.

Among adults ages 35+, over 18,600 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 299.1/100,000. Ohio's smoking-attributable mortality rate ranks 39<sup>th</sup> among the states.

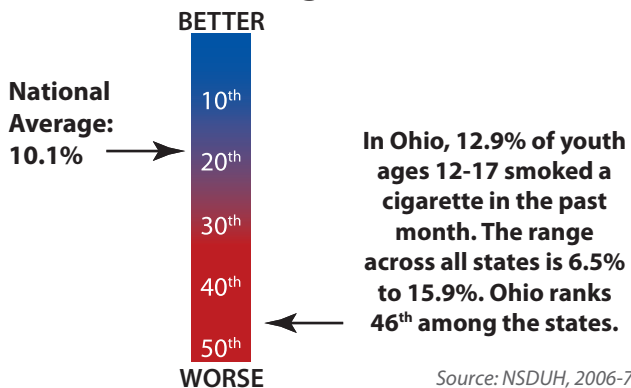
### Current Smoking among Adults by Demographic Characteristics



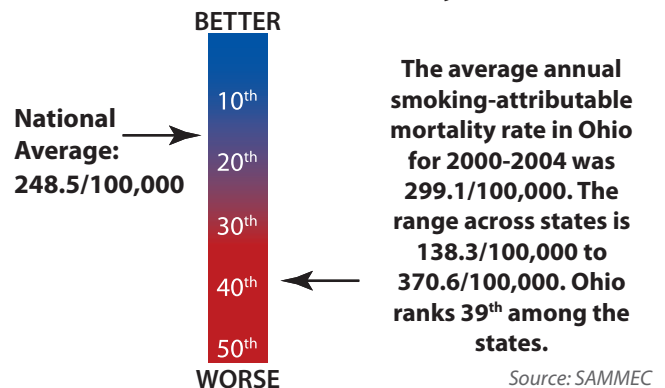
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17

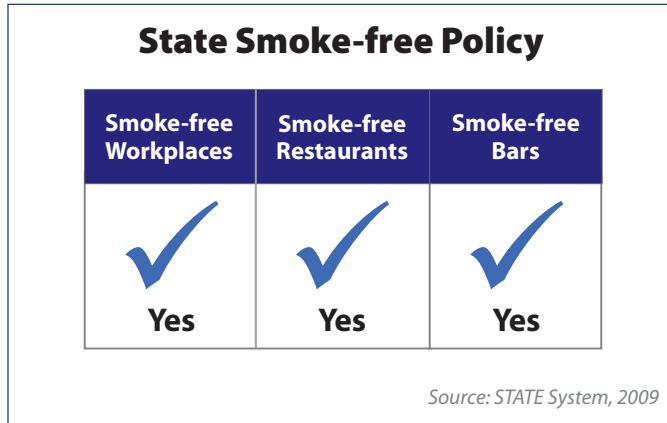


### Smoking-Attributable Adult (35+) Mortality

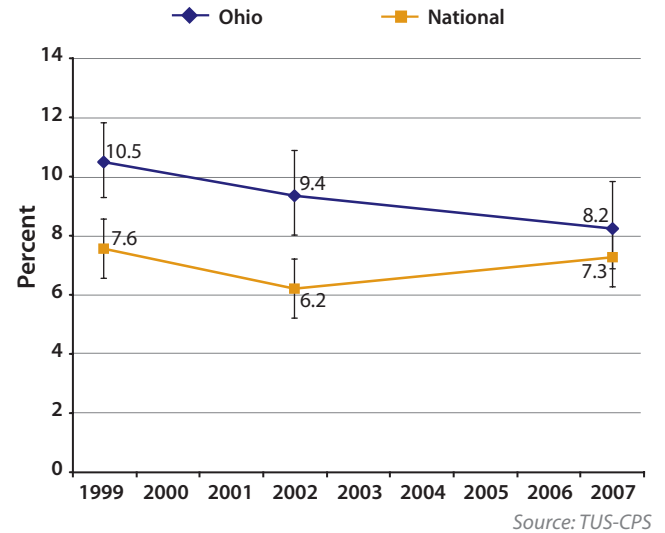


## Protect

Ohio has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.



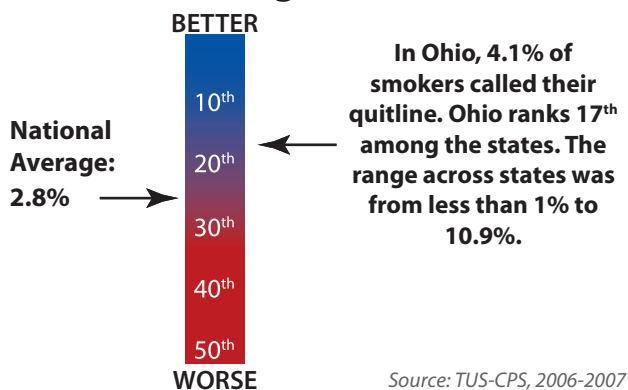
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Ohio than in the nation overall. Currently, Ohio ranks 31<sup>st</sup> among the states for workplace exposure, at 8.2%.

## Offer

### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Ohio, 4.1% of smokers called their quitline.

The Medicaid fee-for-service program in Ohio provides full coverage for tobacco dependence treatment. Ohio's Medicaid policy provides coverage for both bupropion and varenicline. Ohio's Medicaid policy does not provide coverage for individual, group, or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
✓ Yes	✓ Yes	✓ Yes	✗ No

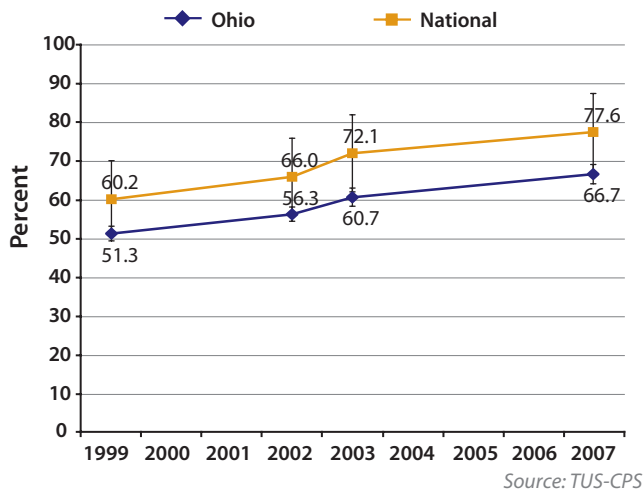
*Source: MMWR 2009, 58(43), 1199-1204.*

## Warn

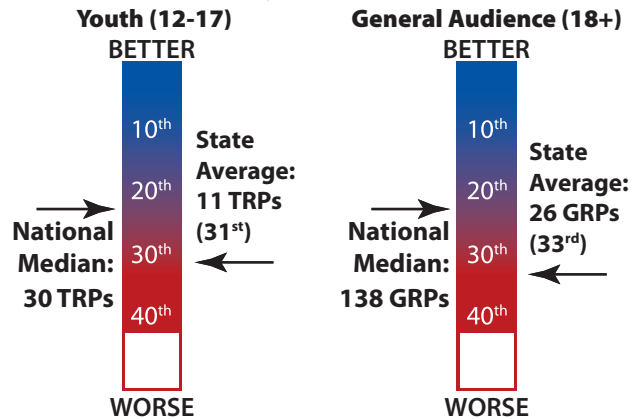
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Ohio, as in the nation, an increasing number of families have such a rule.

Currently, 66.7% of Ohio homes have this rule. Ohio ranks 47<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Ohio's major media market(s) aired an average of 11 youth TRPs and 26 general audience GRPs per quarter in 2008. Ohio ranks 31<sup>st</sup> among the states for the number of youth TRPs and 33<sup>rd</sup> among the states for the number of general audience GRPs aired.

## Enforce

Ohio allows local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

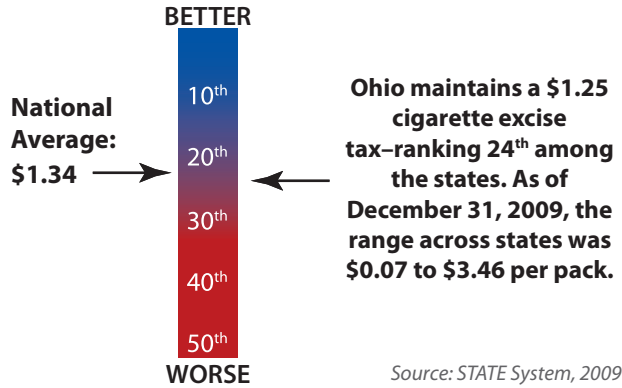
Over the Counter	Vending Machines
Yes	Yes

Source: STATE System, 2009

Ohio requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax

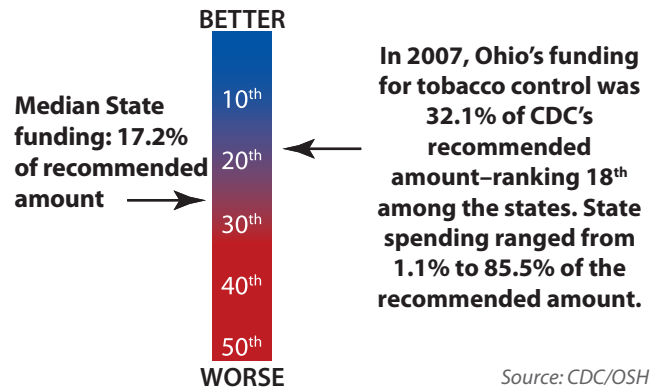


Ohio maintains a \$1.25 per pack tax, ranking 24<sup>th</sup> among the states.

Ohio has a minimum price law. Wholesalers must mark up cigarettes by 3.5 percent and retailers must mark up cigarettes by at least 8.75 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 11% of the annual revenue generated from state excise taxes and settlement payments would fund Ohio's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Ohio's funding for tobacco control was 32.1% of the recommended level. Ohio ranks 18<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

# OKLAHOMA

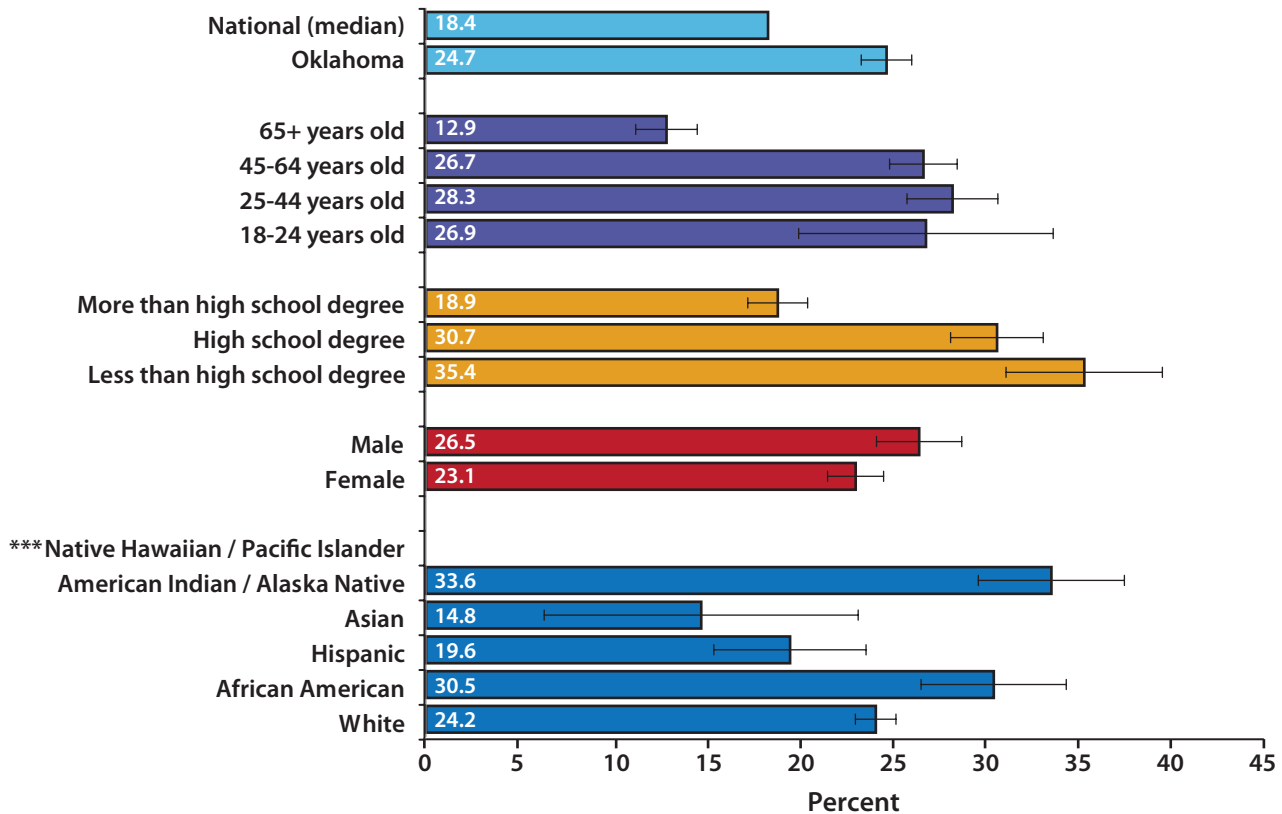
## Monitor

In Oklahoma, 24.7% of the adult population (ages 18+) – over 677,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Oklahoma ranks 47<sup>th</sup> among the states.

Among youth ages 12-17, 13.3% smoke in Oklahoma. The range across all states is 6.5% to 15.9%. Oklahoma ranks 48<sup>th</sup> among the states.

Among adults ages 35+, over 6,200 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 332.1/100,000. Oklahoma's smoking-attributable mortality rate ranks 47<sup>th</sup> among the states.

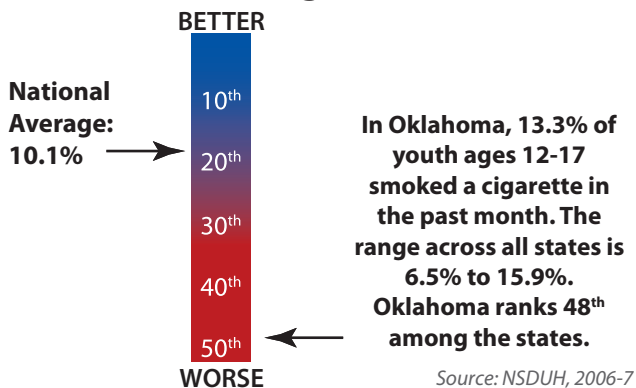
### Current Smoking among Adults by Demographic Characteristics



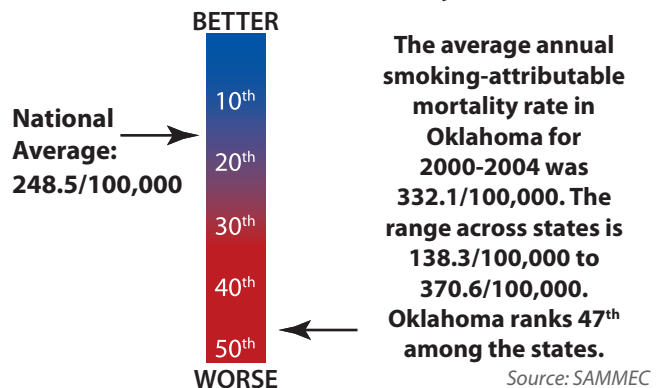
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

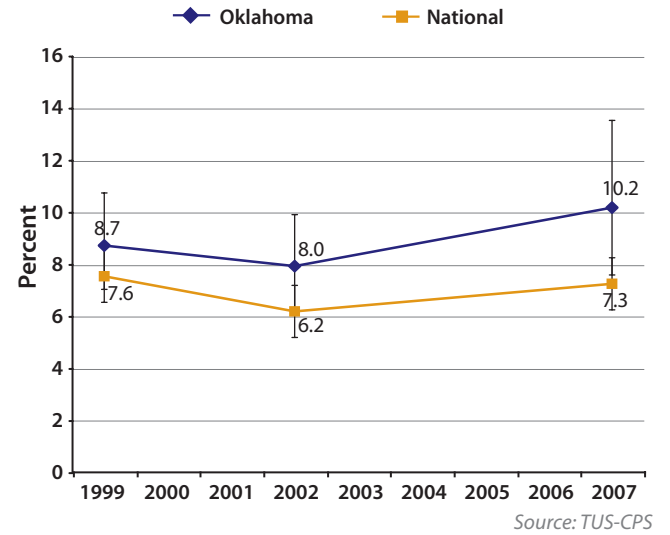


## Protect

Oklahoma does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places. The law preempts local communities from enacting local smoke-free restrictions.



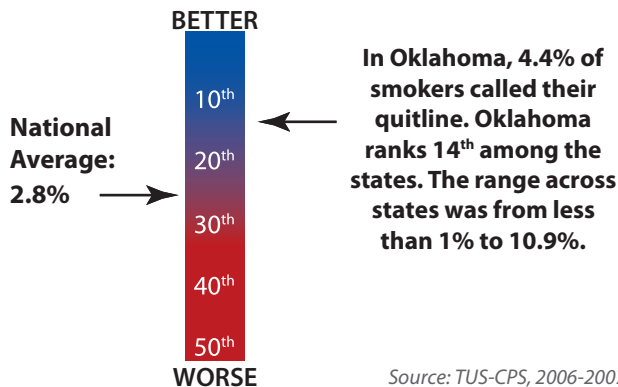
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Oklahoma than in the nation overall. Currently, Oklahoma ranks 46<sup>th</sup> among the states for workplace exposure, at 10.2%.

## Offer




### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Oklahoma, 4.4% of smokers called their quitline.

The Medicaid fee-for-service program in Oklahoma provides full coverage for tobacco dependence treatment. Oklahoma's Medicaid policy provides coverage for both bupropion and varenicline. Oklahoma's Medicaid policy provides coverage for individual counseling, but not group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	<b>Partial</b>

*Source: MMWR 2009, 58(43), 1199-1204.*

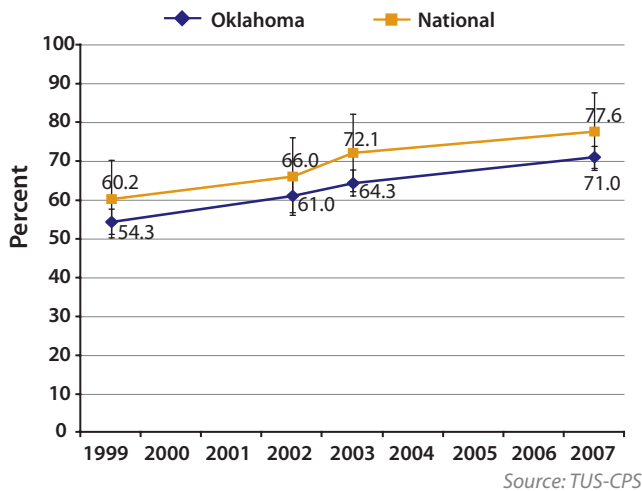
# OKLAHOMA

## Warn

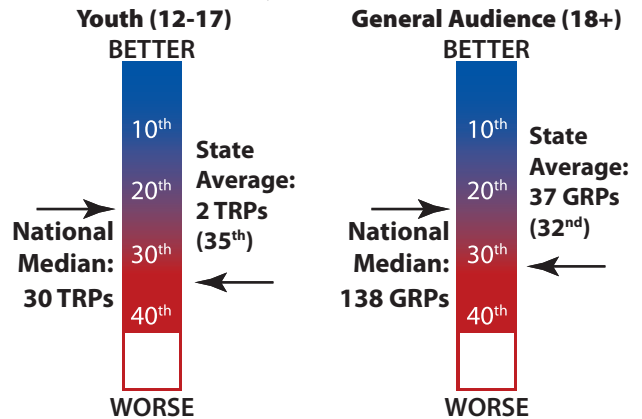
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Oklahoma, as in the nation, an increasing number of families have such a rule.

Currently, 71.0% of Oklahoma homes have this rule. Oklahoma ranks 42<sup>nd</sup> in the nation.

### Households with No-Smoking Rules



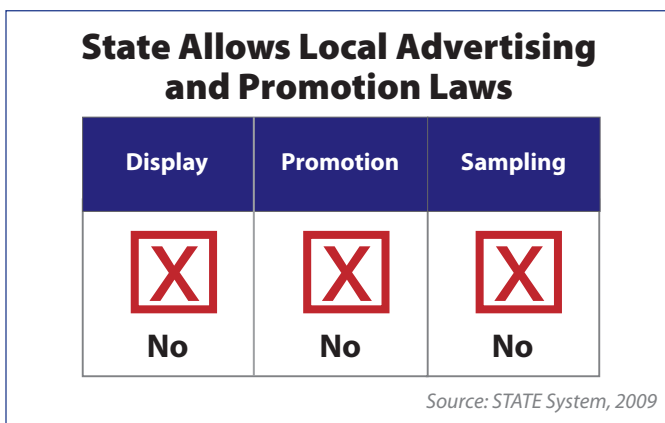
### Anti-Tobacco Media Campaign Intensity, Per Quarter



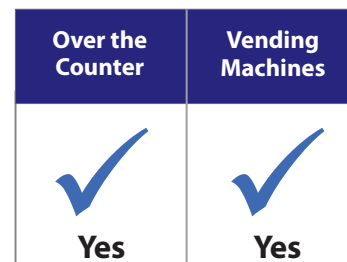
Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points TRPs in effective youth and 1200 Gross Rating Points GRPs in effective general audience anti-tobacco media campaigns per quarter. Oklahoma's major media market(s) aired an average of 2 youth TRPs and 37 general audience GRPs per quarter in 2008. Oklahoma ranks 35<sup>th</sup> among states for the number of youth TRPs and 32<sup>nd</sup> among states for the number of general audience GRPs aired.

## Enforce

Oklahoma preempts local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.



### Retail Environment Tobacco Licensure



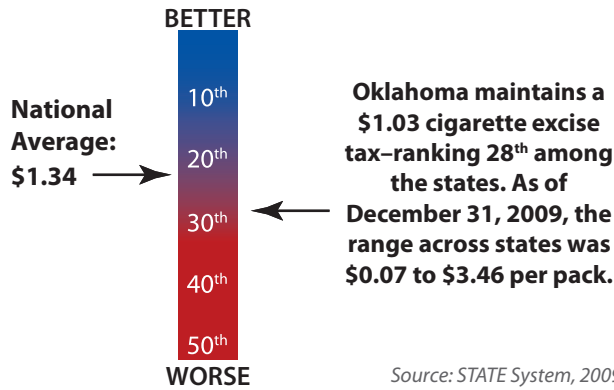
Source: STATE System, 2009

Oklahoma requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax

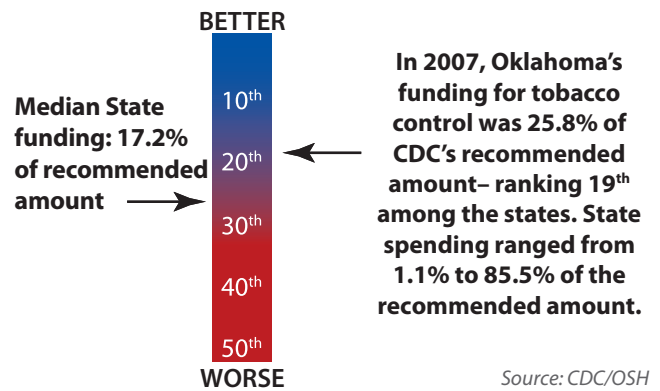


Oklahoma maintains a \$1.03 per pack tax, ranking 28<sup>th</sup> among the states.

Oklahoma has a minimum price law. Wholesalers must mark up cigarettes by 2.75 percent and retailers must mark up cigarettes by at least 6 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 16% of the annual revenue generated from state excise taxes and settlement payments would fund Oklahoma’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Oklahoma’s funding for tobacco control was 25.8% of the recommended level. Oklahoma ranks 19<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



*Source: CDC/OSH*

# OREGON

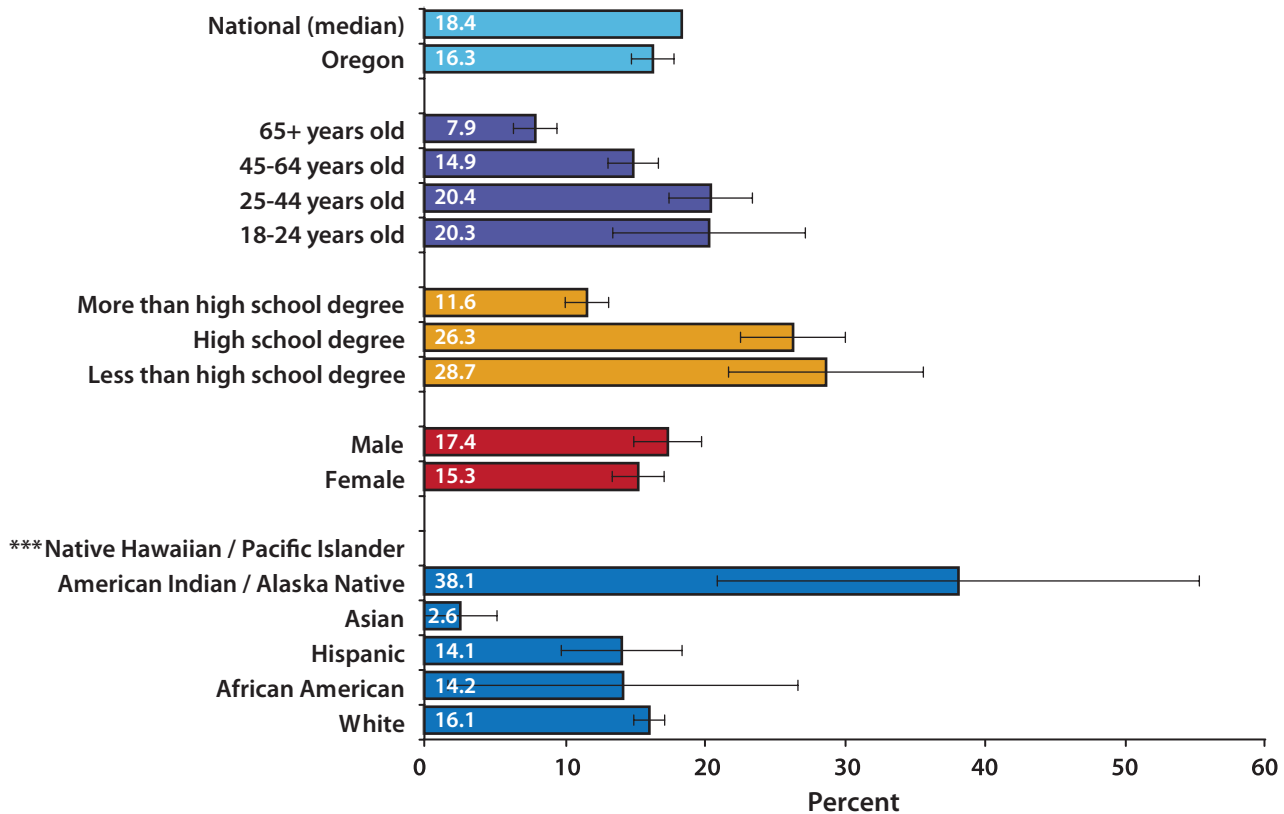
## Monitor

In Oregon, 16.3% of the adult population (ages 18+) – over 476,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Oregon ranks 11<sup>th</sup> among the states.

Among youth ages 12-17, 9.7% smoke in Oregon. The range across all states is 6.5% to 15.9%. Oregon ranks 16<sup>th</sup> among the states.

Among adults ages 35+, over 5,000 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 263.3/100,000. Oregon's smoking-attributable mortality rate ranks 26<sup>th</sup> among the states.

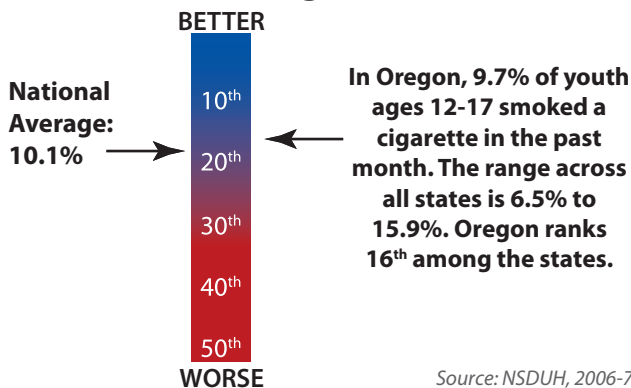
### Current Smoking among Adults by Demographic Characteristics



\*\*\* Data not shown because sample size is less than 50.

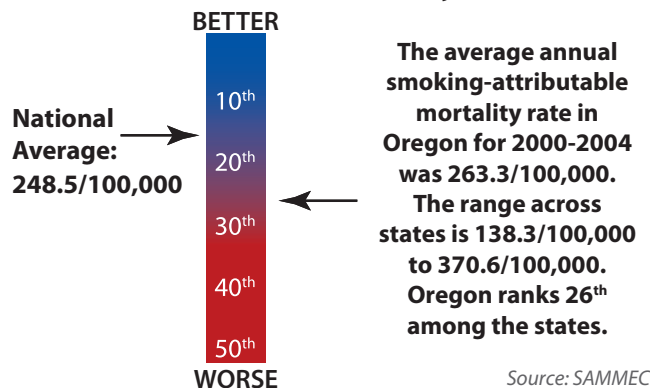
Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



Source: NSDUH, 2006-7

### Smoking-Attributable Adult (35+) Mortality



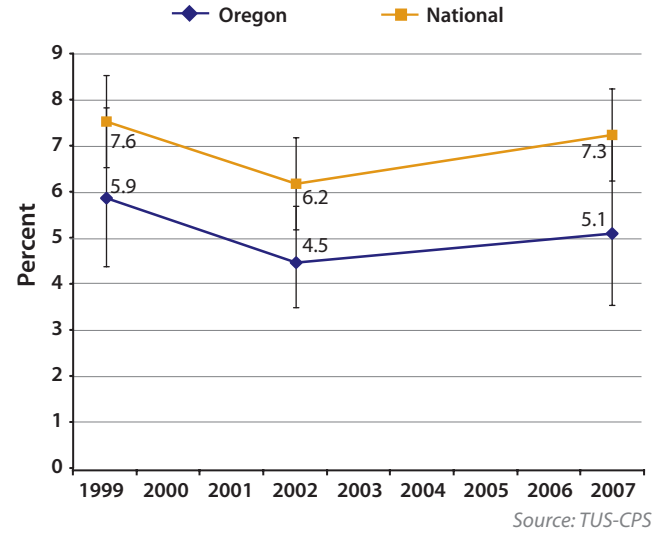
Source: SAMMEC

## Protect

Oregon has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.



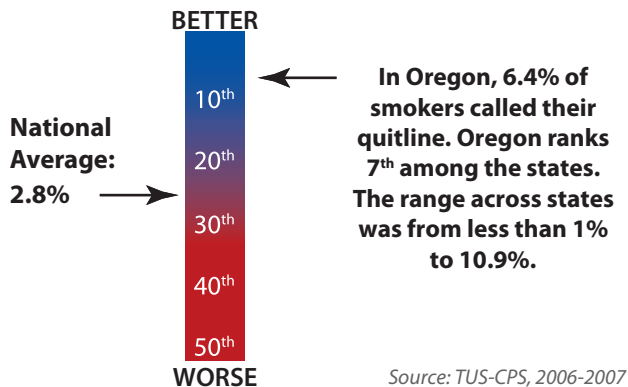
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Oregon than in the nation overall. Currently, Oregon ranks 9<sup>th</sup> among the states for workplace exposure, at 5.1%.

## Offer

### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Oregon, 6.4% of smokers called their quitline.

The Medicaid fee-for-service program in Oregon provides full coverage for tobacco dependence treatment. Oregon's Medicaid policy provides coverage for both bupropion and varenicline. Oregon's Medicaid policy provides coverage for individual, group and telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

*Source: MMWR 2009, 58(43), 1199-1204.*

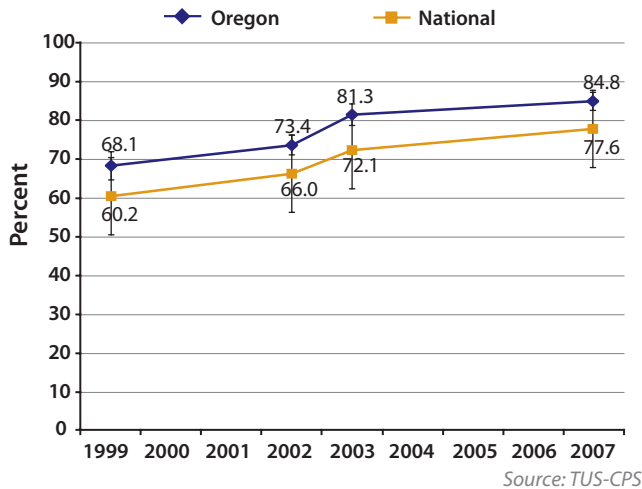
# OREGON

## Warn

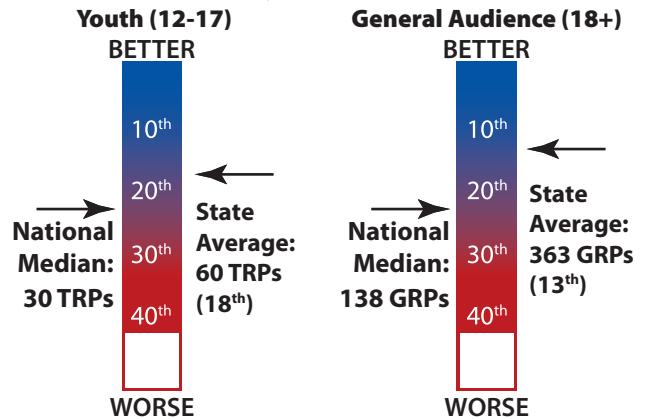
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Oregon, as in the nation, an increasing number of families have such a rule.

Currently, 84.8% of Oregon homes have this rule. Oregon ranks 5<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Oregon's major media market(s) aired an average of 60 youth TRPs and 363 general audience GRPs per quarter in 2008. Oregon ranks 18<sup>th</sup> among the states for the number of youth TRPs and 13<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Oregon allows local regulation of tobacco industry promotions, sampling, and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
✓ Yes	✓ Yes	✓ Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

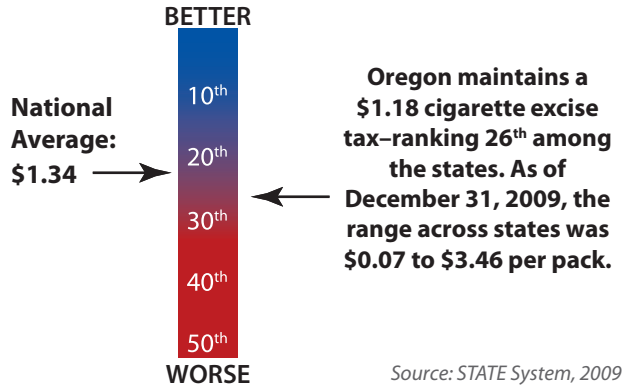
Over the Counter	Vending Machines
✗ No	✗ No

Source: STATE System, 2009

Oregon does not require establishments selling tobacco products over the counter nor by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax



Oregon maintains a \$1.18 per pack tax, ranking 26<sup>th</sup> among the states.

Oregon does not have a minimum price law.

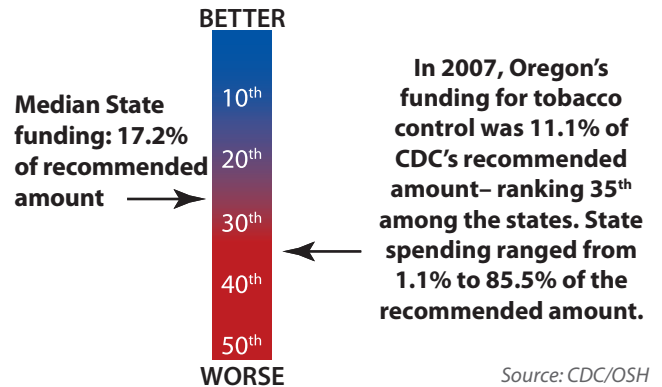
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 13% of the annual revenue generated from state excise taxes and settlement payments would fund Oregon's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Oregon's funding for tobacco control was 11.1% of the recommended level. Oregon ranks 35<sup>th</sup> among the states.

## State Funding for Tobacco Control



# PENNSYLVANIA

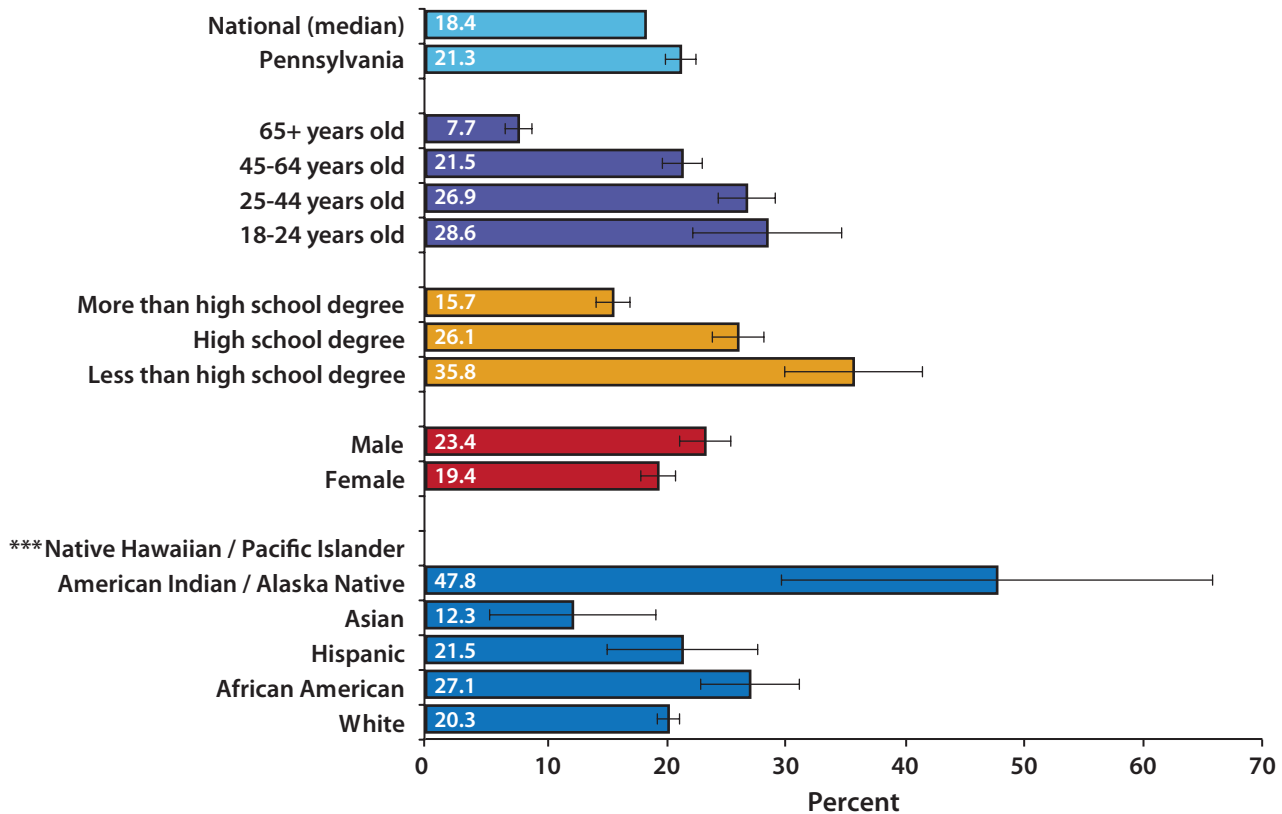
## Monitor

In Pennsylvania, 21.3% of the adult population (ages 18+) – over 2,065,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.53%. Pennsylvania ranks 40<sup>th</sup> among the states.

Among youth ages 12-17, 11.8% smoke in Pennsylvania. The range across all states is 6.5% to 15.9%. Pennsylvania ranks 34<sup>th</sup> among the states.

Among adults ages 35+, over 20,000 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 259.0/100,000. Pennsylvania's smoking-attributable mortality rate ranks 21<sup>st</sup> among the states.

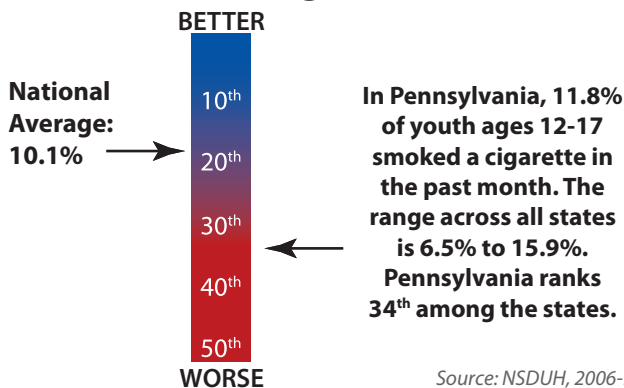
### Current Smoking among Adults by Demographic Characteristics



\*\*\* Data not shown because sample size is less than 50.

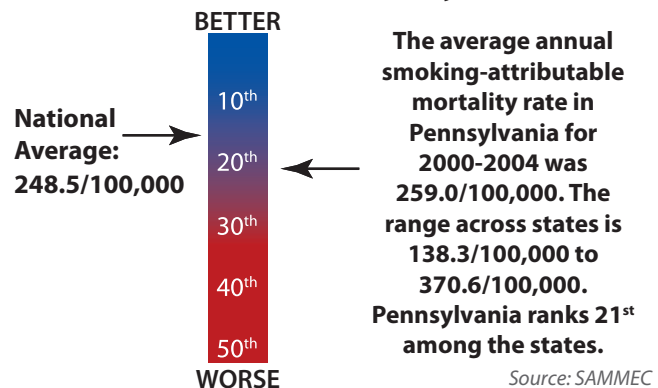
Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



Source: NSDUH, 2006-7

### Smoking-Attributable Adult (35+) Mortality



Source: SAMMEC

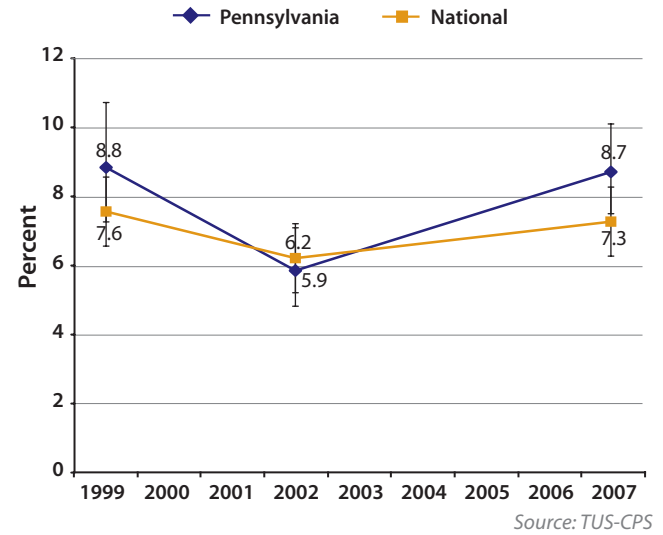
## Protect

Pennsylvania has a smoke-free law that provides partial protection against exposure to secondhand smoke in public places. The law preempts local communities from enacting local smoke-free restrictions.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>No</b>	 <b>No</b>

Source: STATE System, 2009

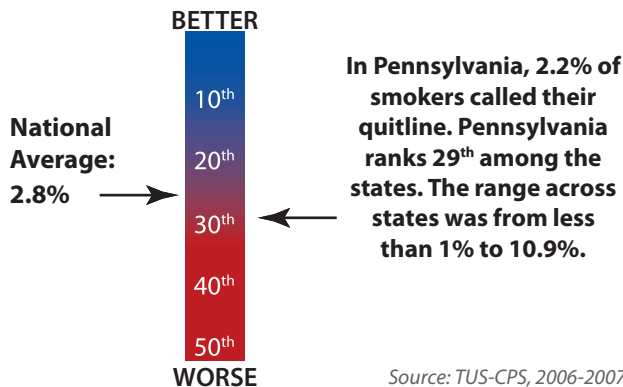
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Pennsylvania than in the nation overall. Currently, Pennsylvania ranks 38<sup>th</sup> among the states for workplace exposure, at 8.7%.

## Offer




### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Pennsylvania, 2.2% of smokers called their quitline.

The Medicaid fee-for-service program in Pennsylvania provides full coverage for tobacco dependence treatment. Pennsylvania's Medicaid policy provides coverage for both bupropion and varenicline. Pennsylvania's Medicaid policy provides coverage for individual and group counseling, but not telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	<b>Partial</b>

Source: MMWR 2009, 58(43), 1199-1204.

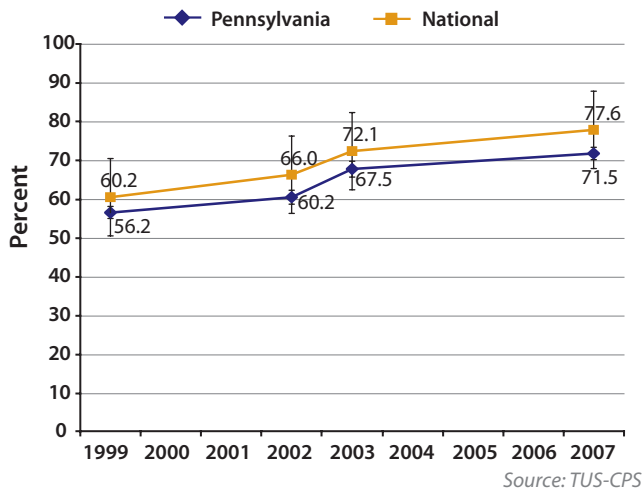
# PENNSYLVANIA

## Warn

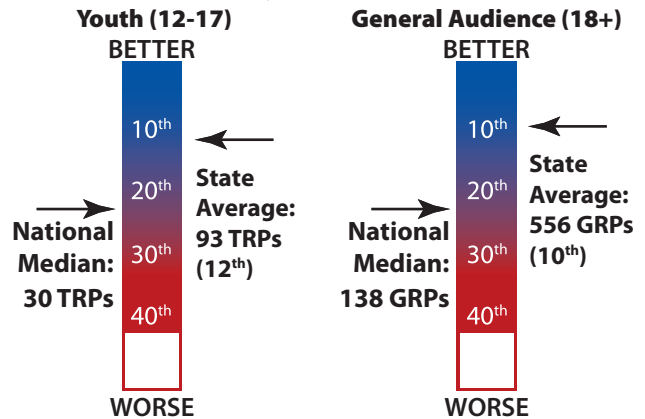
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Pennsylvania, as in the nation, an increasing number of families have such a rule.

Currently, 71.5% of Pennsylvania homes have this rule; Pennsylvania ranks 41<sup>st</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Pennsylvania's major media market(s) aired an average of 93 youth TRPs and 556 general audience GRPs per quarter in 2008. Pennsylvania ranks 12<sup>th</sup> among the states for the number of youth TRPs and 10<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Pennsylvania allows local regulation of tobacco industry promotions, sampling, and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	Yes

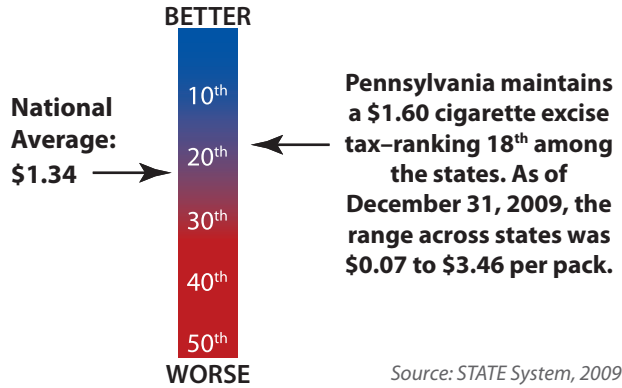
Source: STATE System, 2009

Pennsylvania requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax

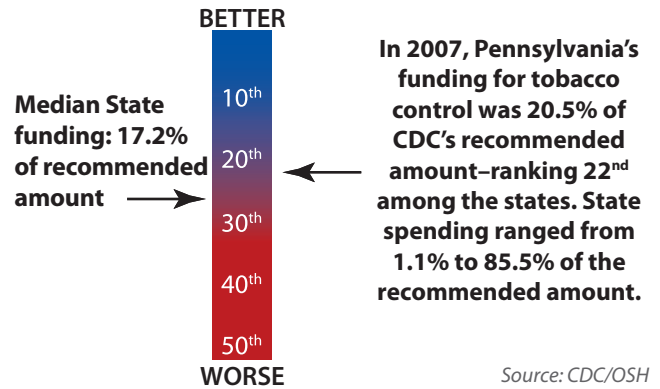


Pennsylvania maintains a \$1.60 per pack tax, ranking 18<sup>th</sup> among the states.

Pennsylvania has a minimum price law. Wholesalers must mark up cigarettes by 4 percent and retailers must mark up cigarettes by at least 6 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 11% of the annual revenue generated from state excise taxes and settlement payments would fund Pennsylvania’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Pennsylvania’s funding for tobacco control was 20.5% of the recommended level. Pennsylvania ranks 22<sup>nd</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



*Source: CDC/OSH*

# RHODE ISLAND

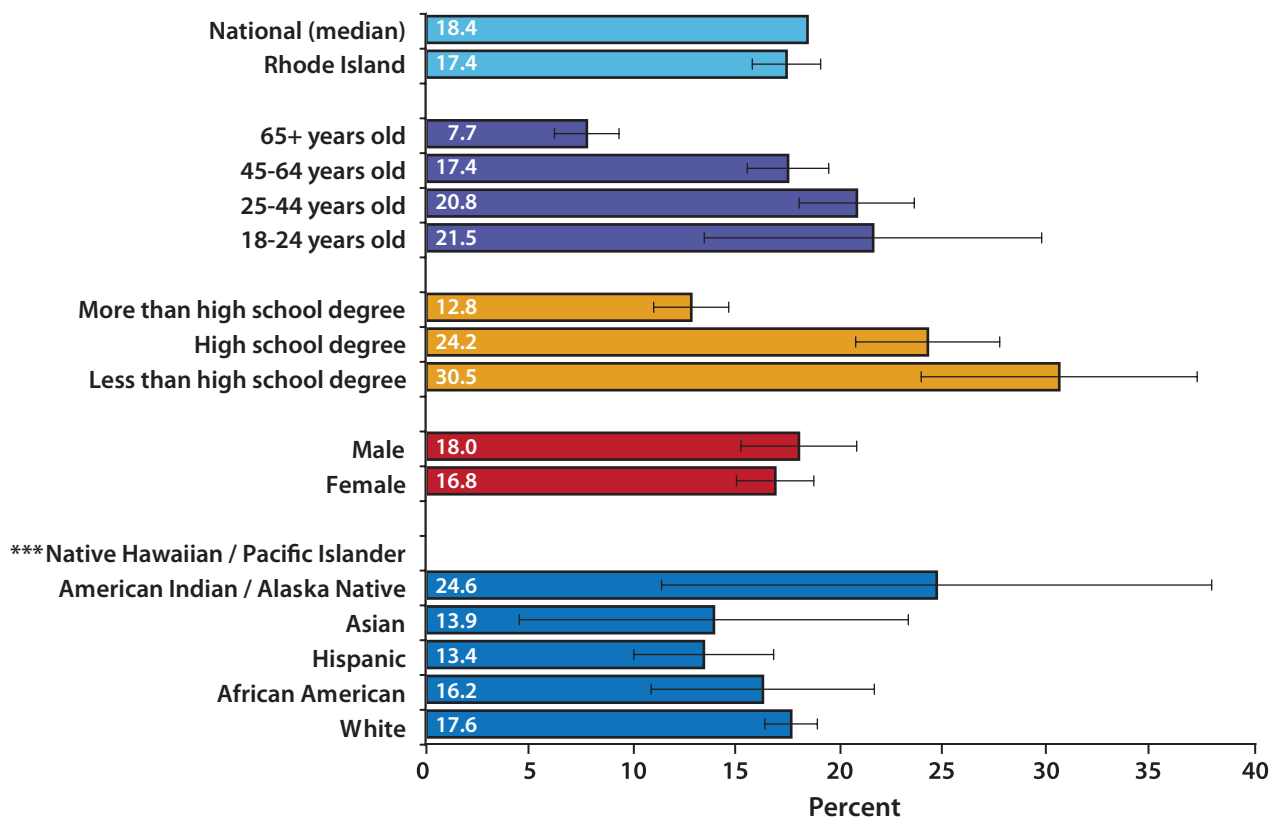
## Monitor

In Rhode Island, 17.4% of the adult population (ages 18+) – over 142,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Rhode Island ranks 17<sup>th</sup> among the states.

Among youth ages 12-17, 11.3% smoke in Rhode Island. The range across all states is 6.5% to 15.9%. Rhode Island ranks 30<sup>th</sup> among the states.

Among adults ages 35+, over 1,700 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 266.8/100,000. Rhode Island's smoking-attributable mortality rate ranks 27<sup>th</sup> among the states.

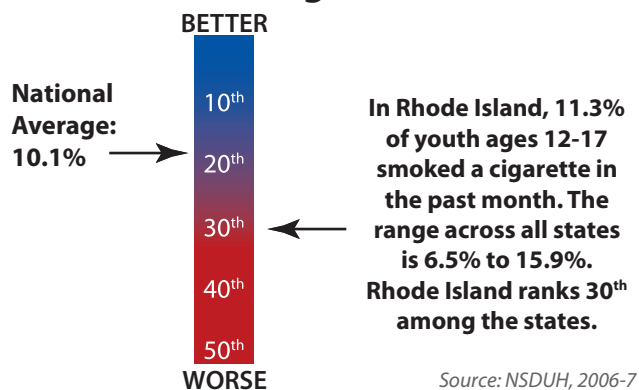
### Current Smoking among Adults by Demographic Characteristics



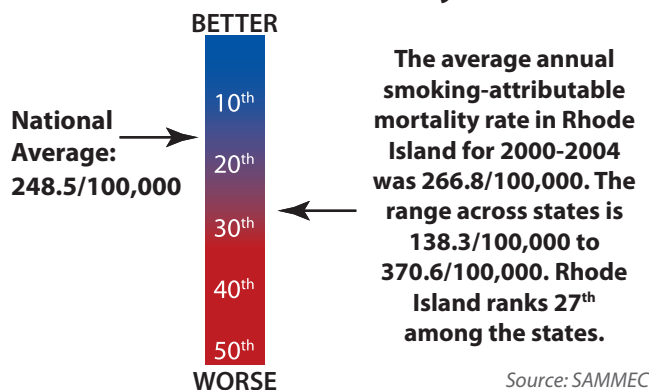
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17






### Smoking-Attributable Adult (35+) Mortality



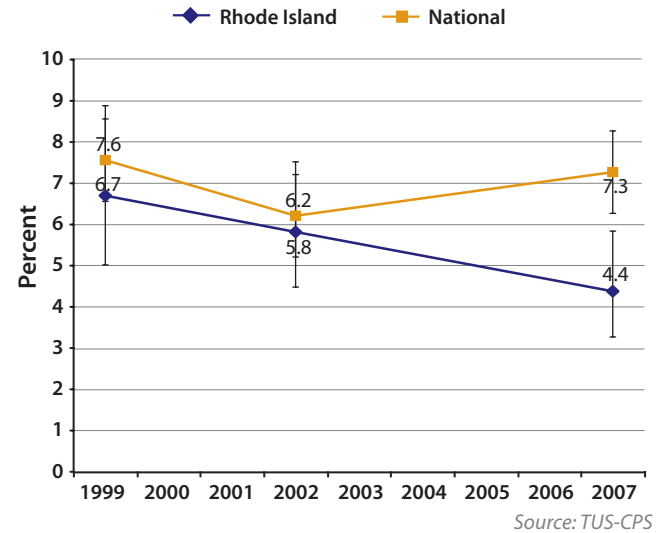
## Protect

Rhode Island has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

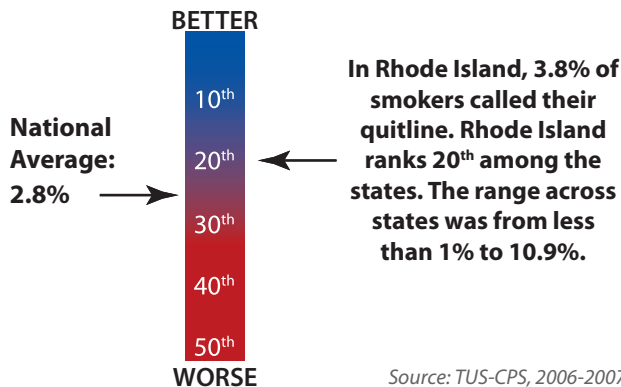
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Rhode Island than in the nation overall. Currently, Rhode Island ranks 4<sup>th</sup> among the states for workplace exposure, at 4.4%.

## Offer




### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Rhode Island, 3.8% of smokers called their quitline.

The Medicaid fee-for-service program in Rhode Island provides no coverage for tobacco dependence treatment. Rhode Island's Medicaid policy does not provide coverage for neither bupropion nor varenicline. Rhode Island's Medicaid policy provides coverage for individual and group counseling, but not telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>No</b>	 <b>No</b>	 <b>No</b>	<b>Partial</b>

Source: MMWR 2009, 58(43), 1199-1204.

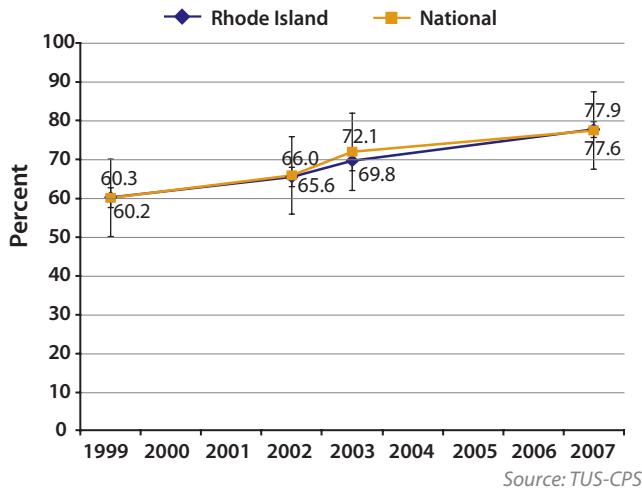
# RHODE ISLAND

## Warn

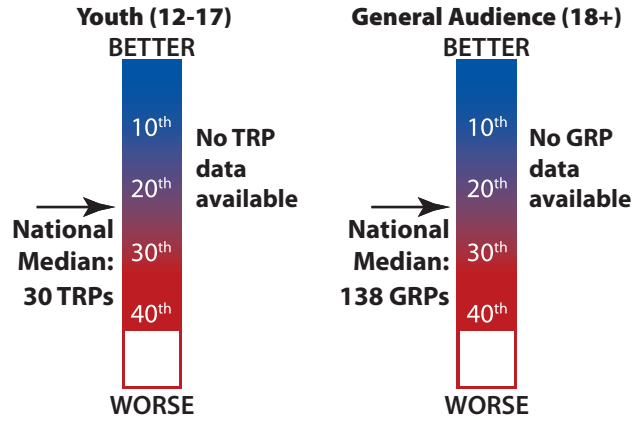
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Rhode Island, as in the nation, an increasing number of families have such a rule.

Currently, 77.9% of Rhode Island homes have this rule. Rhode Island ranks 22<sup>nd</sup> among the states.

### Households with No-Smoking Rules



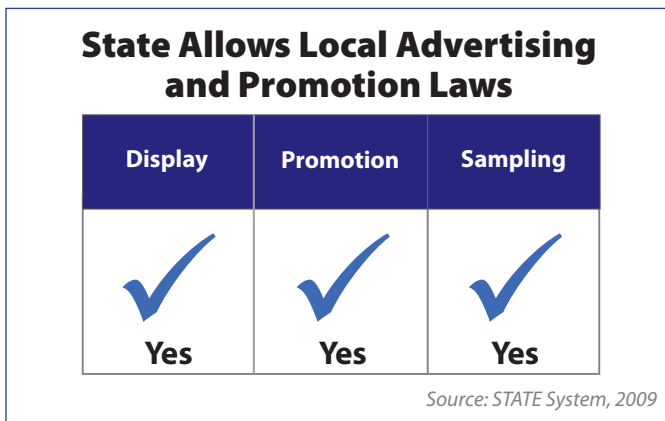
### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Rhode Island has no reported TRP or GRP data.

## Enforce

Rhode Island allows local regulation of tobacco industry promotions, sampling, and display of tobacco products in commercial establishments.



### Retail Environment Tobacco Licensure

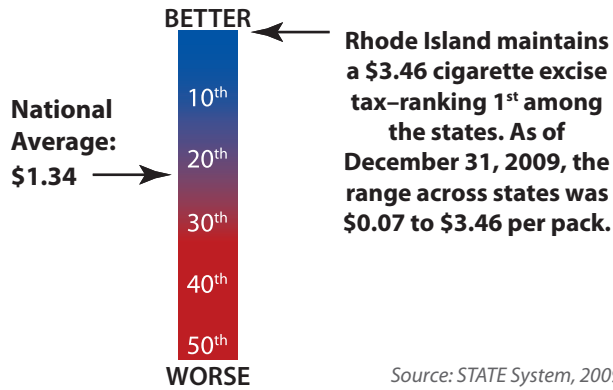
Over the Counter	Vending Machines
Yes	Yes

Source: STATE System, 2009

Rhode Island requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax

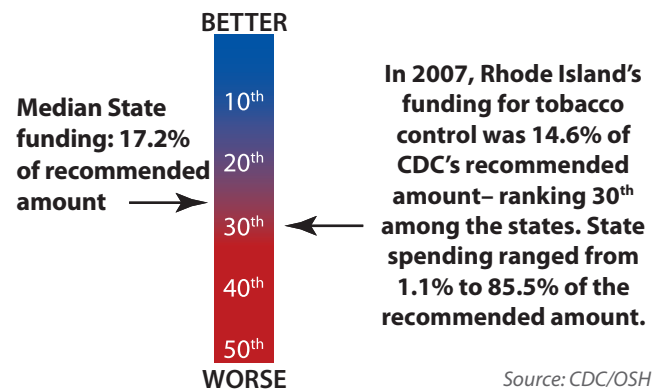


Rhode Island maintains a \$3.46 per pack tax, ranking 1<sup>st</sup> among the states.

Rhode Island has a minimum price law. Wholesalers and retailers may not sell cigarettes below replacement costs. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 9% of the annual revenue generated from state excise taxes and settlement payments would fund Rhode Island's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Rhode Island's funding for tobacco control was 14.6% of the recommended level. Rhode Island ranks 30<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

# SOUTH CAROLINA

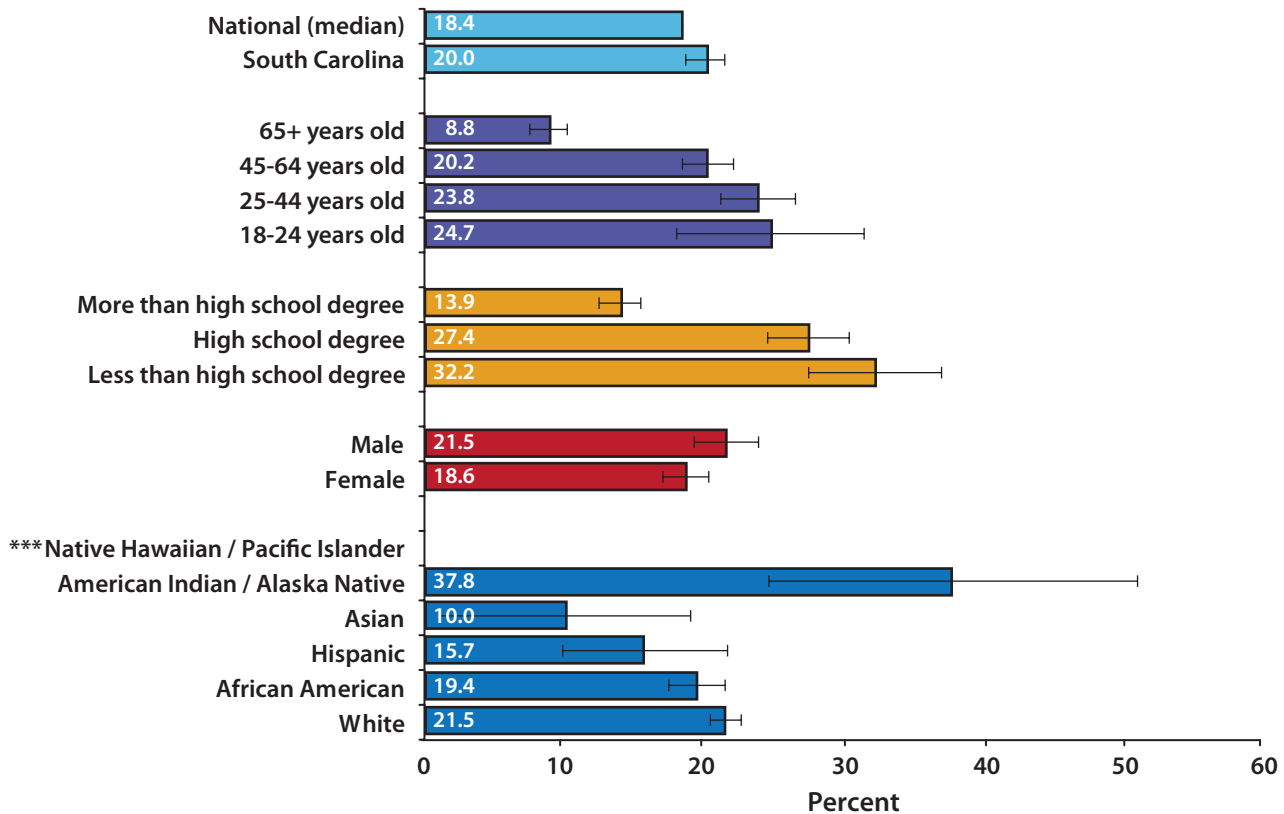
## Monitor

In South Carolina, 20.0% of the adult population (ages 18+) – over 683,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. South Carolina ranks 34<sup>th</sup> among the states.

Among youth ages 12-17, 11.8% smoke in South Carolina. The range across all states is 6.5% to 15.9%. South Carolina ranks 37<sup>th</sup> among the states.

Among adults ages 35+, over 6,100 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 293.4/100,000. South Carolina's smoking-attributable mortality rate ranks 37<sup>th</sup> among the states.

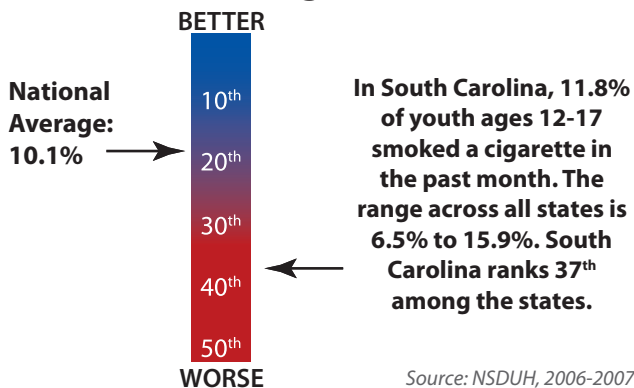
### Current Smoking among Adults by Demographic Characteristics



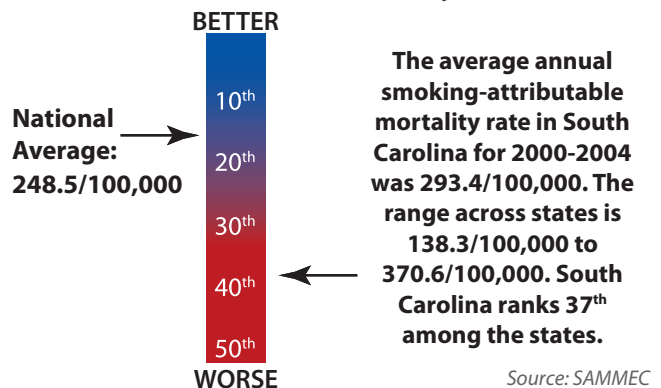
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality



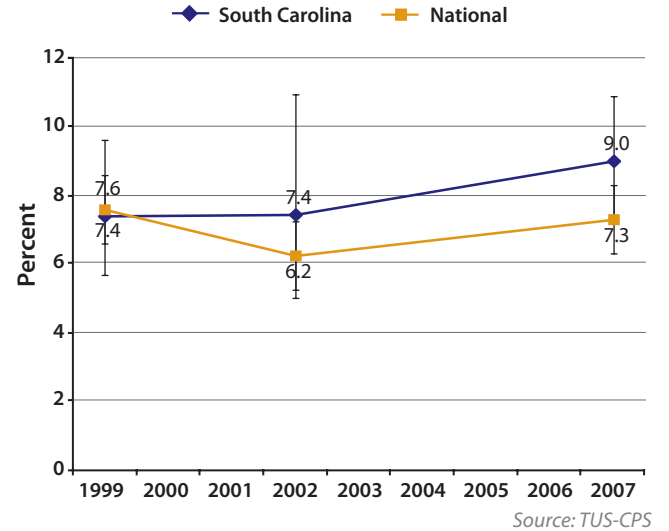
## Protect

South Carolina does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>No</b>	 <b>No</b>	 <b>No</b>

Source: STATE System, 2009

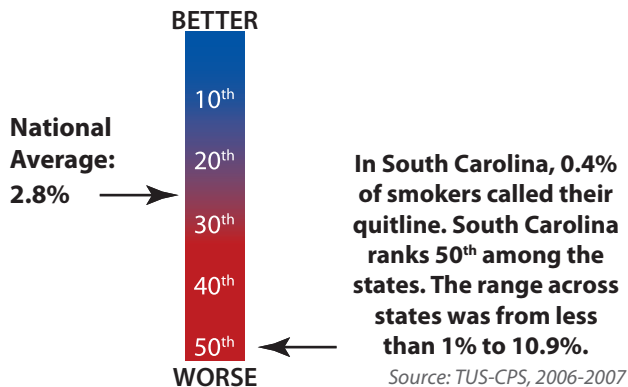
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in South Carolina than in the nation overall. Currently, South Carolina ranks 42<sup>nd</sup> among the states for workplace exposure, at 9.0%.

## Offer





### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In South Carolina, 0.4% of smokers called their quitline.

The Medicaid fee-for-service program in South Carolina provides full coverage for tobacco dependence treatment. South Carolina's Medicaid policy provides coverage for both bupropion and varenicline. South Carolina's Medicaid policy does not provide coverage for individual, group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

Source: MMWR 2009, 58(43), 1199-1204.

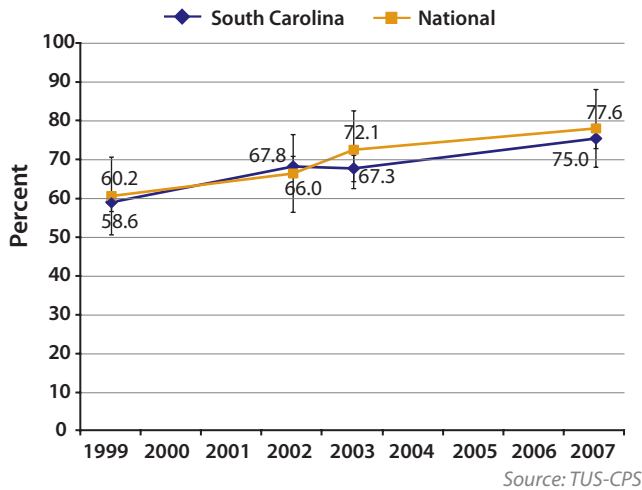
# SOUTH CAROLINA

## Warn

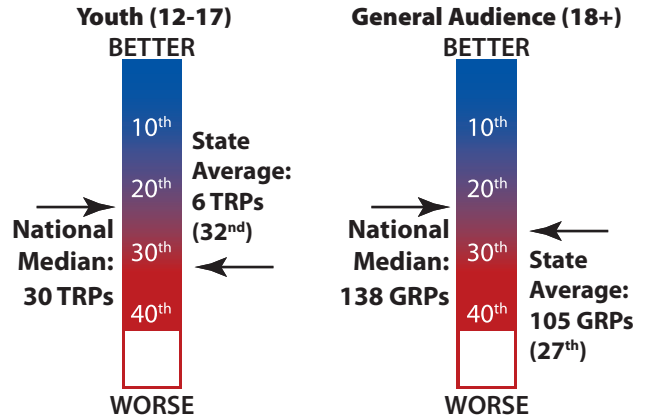
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In South Carolina, as in the nation, an increasing number of families have such a rule.

Currently, 75.0% of South Carolina homes have this rule. South Carolina ranks 31<sup>st</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points TRPs in effective youth and 1200 Gross Rating Points GRPs in effective general audience anti-tobacco media campaigns per quarter. South Carolina's major media market(s) aired an average of 6 youth TRPs and 105 general audience GRPs per quarter in 2008. South Carolina ranks 32<sup>nd</sup> among the states for the number of youth TRPs and 27<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

South Carolina preempts local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

	Display	Promotion	Sampling
	No	No	No

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
No	Yes

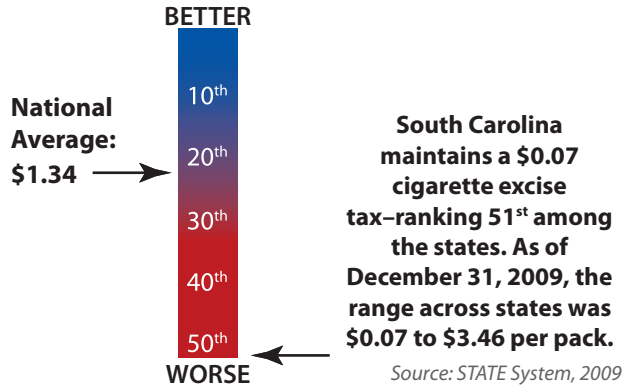
Source: STATE System, 2009

South Carolina requires all establishments selling tobacco products by vending machine but not over the counter to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax



South Carolina maintains a \$0.07 per pack tax, ranking 51<sup>st</sup> among the states.

South Carolina does not have a minimum price law.

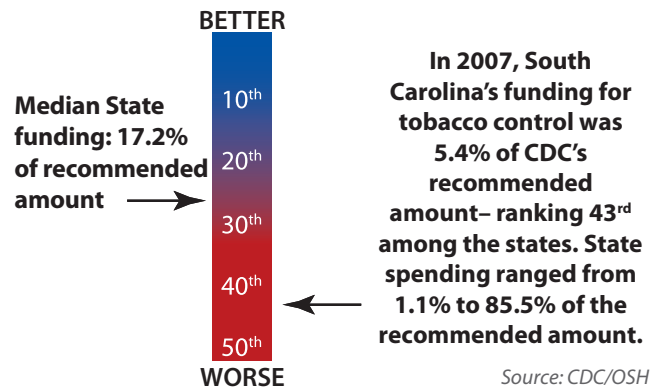
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 62% of the annual revenue generated from state excise taxes and settlement payments would fund South Carolina's tobacco control program at the *Best Practices* recommended amount. However, in 2007, South Carolina's funding for tobacco control was 5.4% of the recommended level. South Carolina ranks 43<sup>rd</sup> among the states.

## State Funding for Tobacco Control



# SOUTH DAKOTA

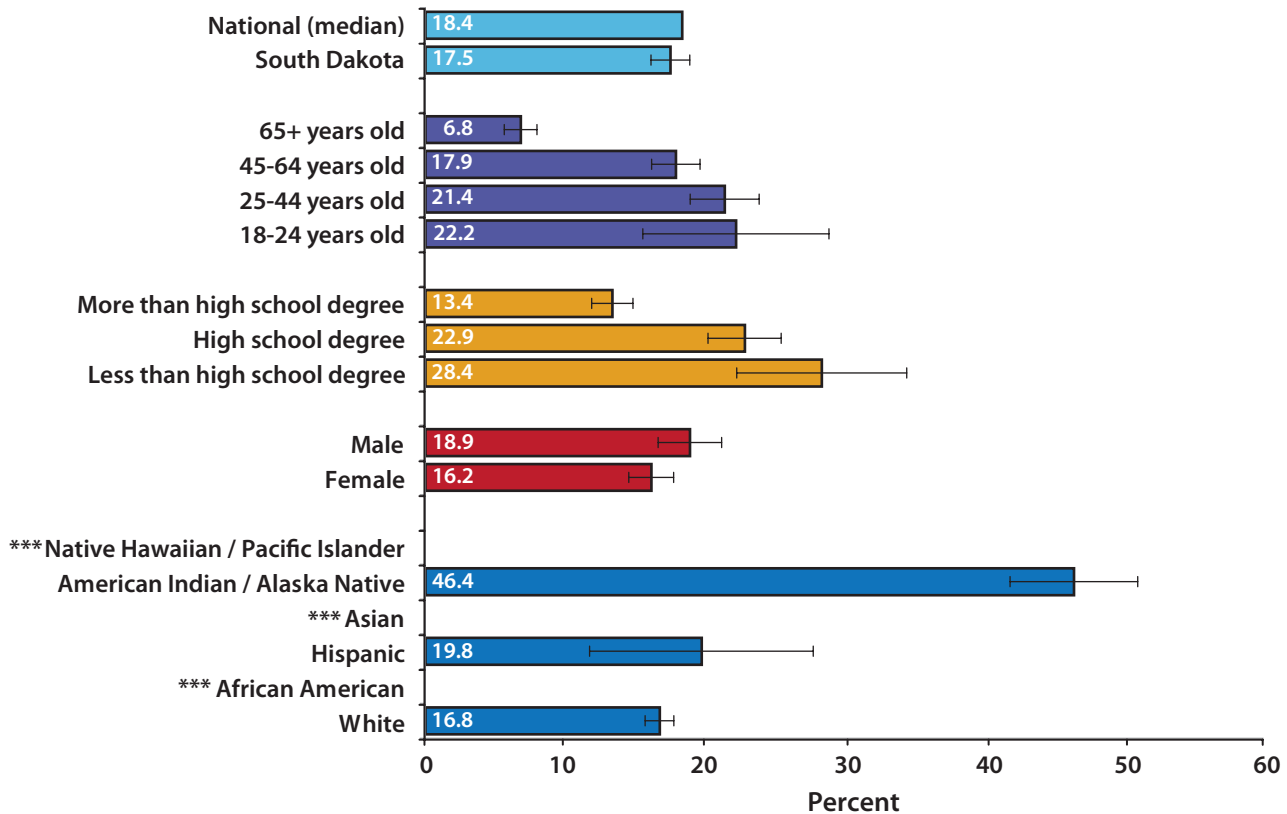
## Monitor

In South Dakota, 17.5% of the adult population (ages 18+) – over 106,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. South Dakota ranks 19<sup>th</sup> among the states.

Among youth ages 12-17, 12.5% smoke in South Dakota. The range across all states is 6.5% to 15.9%. South Dakota ranks 44<sup>th</sup> among the states.

Among adults ages 35+, over 1,100 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 239.2/100,000. South Dakota's smoking-attributable mortality rate ranks 11<sup>th</sup> among the states.

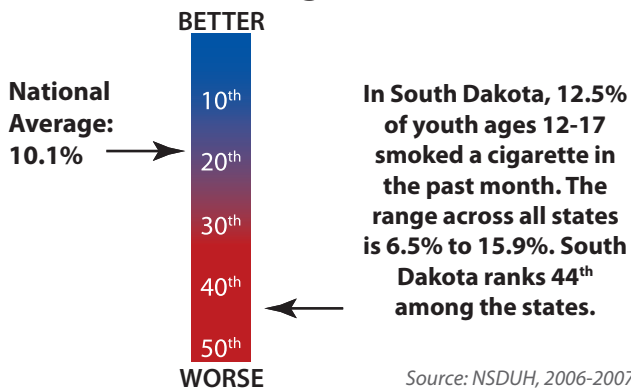
### Current Smoking among Adults by Demographic Characteristics



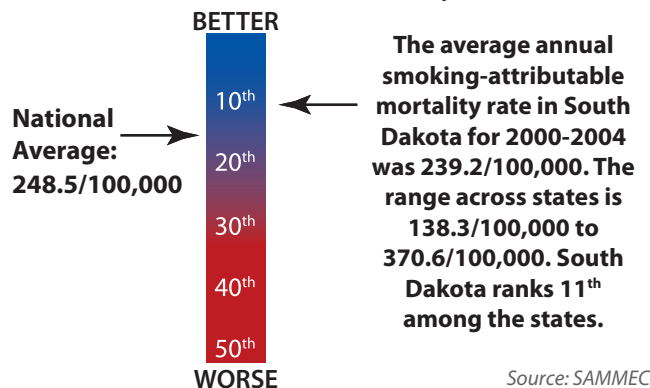
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality



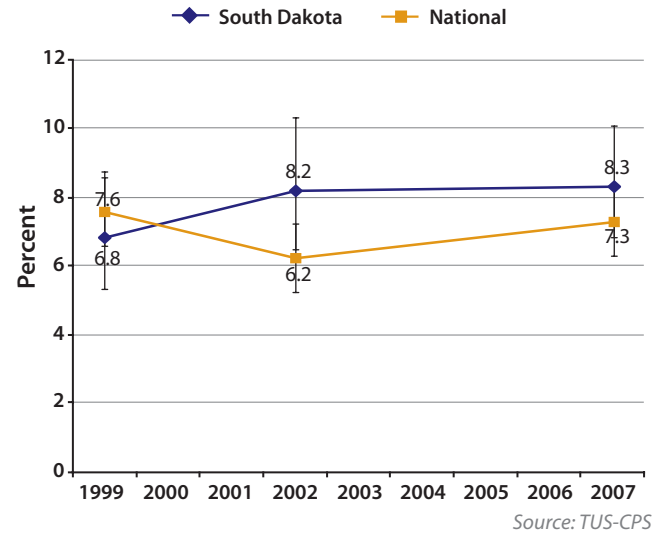
## Protect

South Dakota has a smoke-free law that provides for partial protection against exposure to secondhand smoke in workplaces and public places. The law pre-empts local communities from enacting local smoke-free restrictions.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

Source: STATE System, 2009

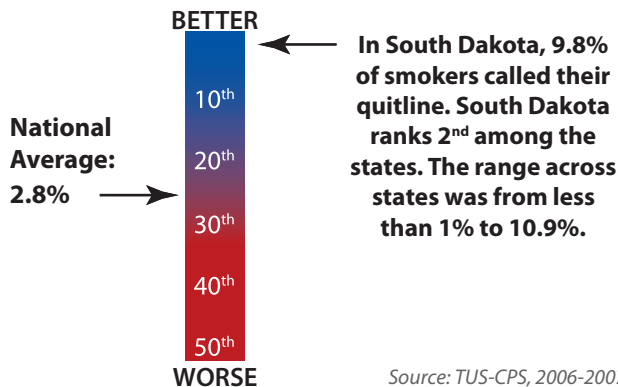
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in South Dakota than in the nation overall. Currently, South Dakota ranks 33<sup>rd</sup> among states for workplace exposure, at 8.3%.

## Offer





### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In South Dakota, 9.8% of smokers called their quitline.

The Medicaid fee-for-service program in South Dakota provides no coverage for tobacco dependence treatment. South Dakota's Medicaid policy provides coverage for both bupropion and varenicline. South Dakota's Medicaid policy does not provide coverage for individual, group, or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>No</b>	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

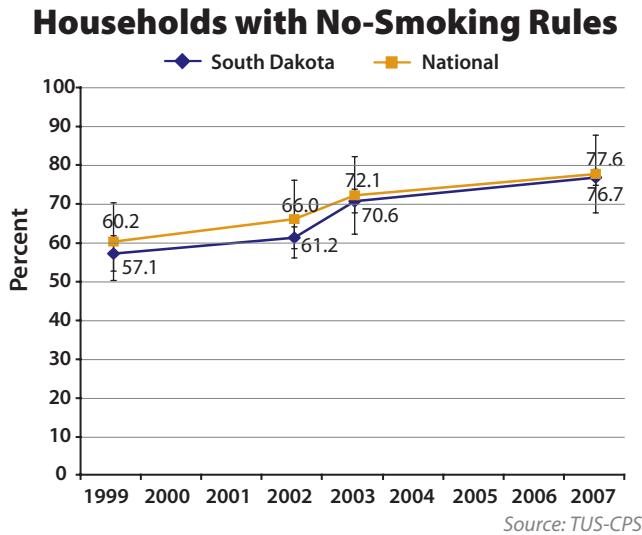
Source: MMWR 2009, 58(43), 1199-1204.

# SOUTH DAKOTA

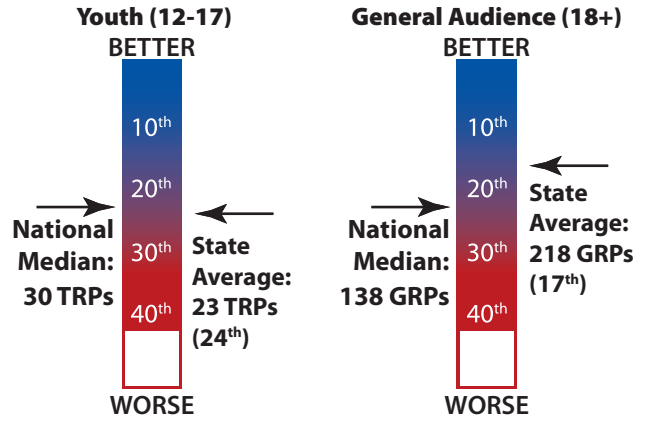
## Warn

Smoke-free home rules represent awareness of the dangers of secondhand smoke. In South Dakota, as in the nation, an increasing number of families have such a rule.

Currently, 76.7% of South Dakota homes have this rule. South Dakota ranks 24<sup>th</sup> among the states.



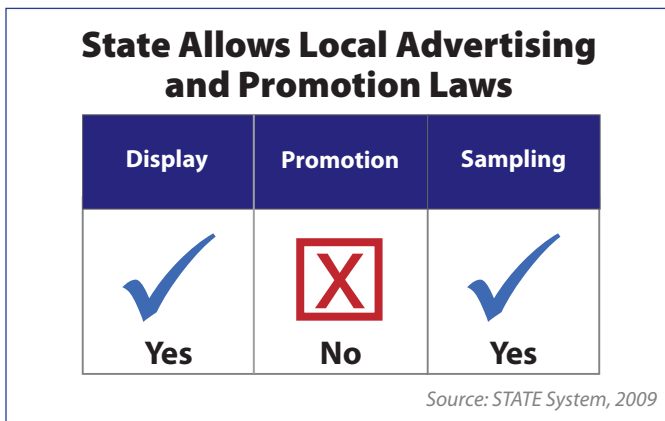
## Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. South Dakota's major media market(s) aired an average of 23 youth TRPs and 218 general audience GRPs per quarter in 2008. South Dakota ranks 24<sup>th</sup> among states for the number of youth TRPs and 17<sup>th</sup> among states for the number of general audience GRPs aired.

## Enforce

South Dakota preempts local regulation of tobacco industry promotions. South Dakota allows local regulation on sampling and display of tobacco products in commercial establishments.



## Retail Environment Tobacco Licensure

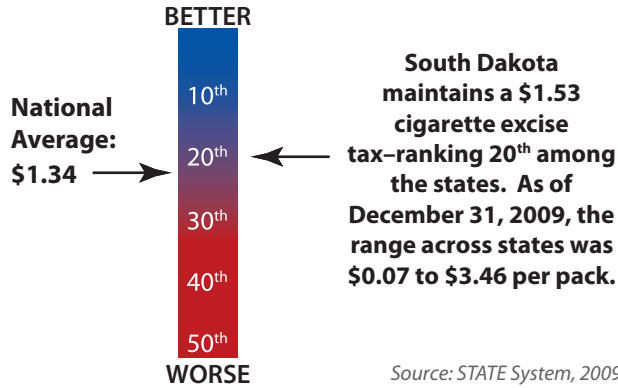
Over the Counter	Vending Machines
No	No

Source: STATE System, 2009

South Dakota does not require establishments selling tobacco products over the counter nor by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax

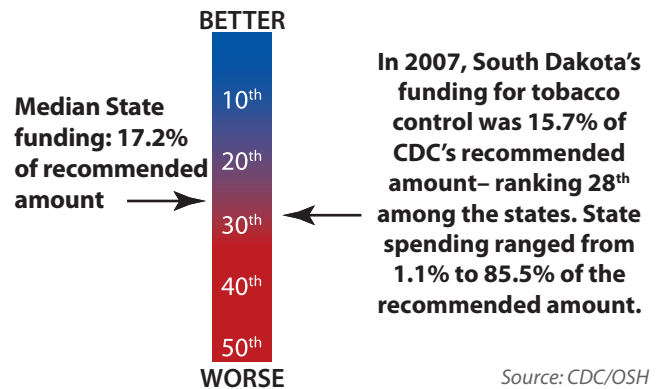


South Dakota maintains a \$1.53 per pack tax, ranking 20<sup>th</sup> among the states.

South Dakota has a minimum price law. Wholesalers must mark up cigarettes by 5.5 percent and retailers must mark up cigarettes by at least 8 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 23% of the annual revenue generated from state excise taxes and settlement payments would fund South Dakota’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, South Dakota’s funding for tobacco control was 15.7% of the recommended level. South Dakota ranks 28<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



*Source: CDC/OSH*

# TENNESSEE

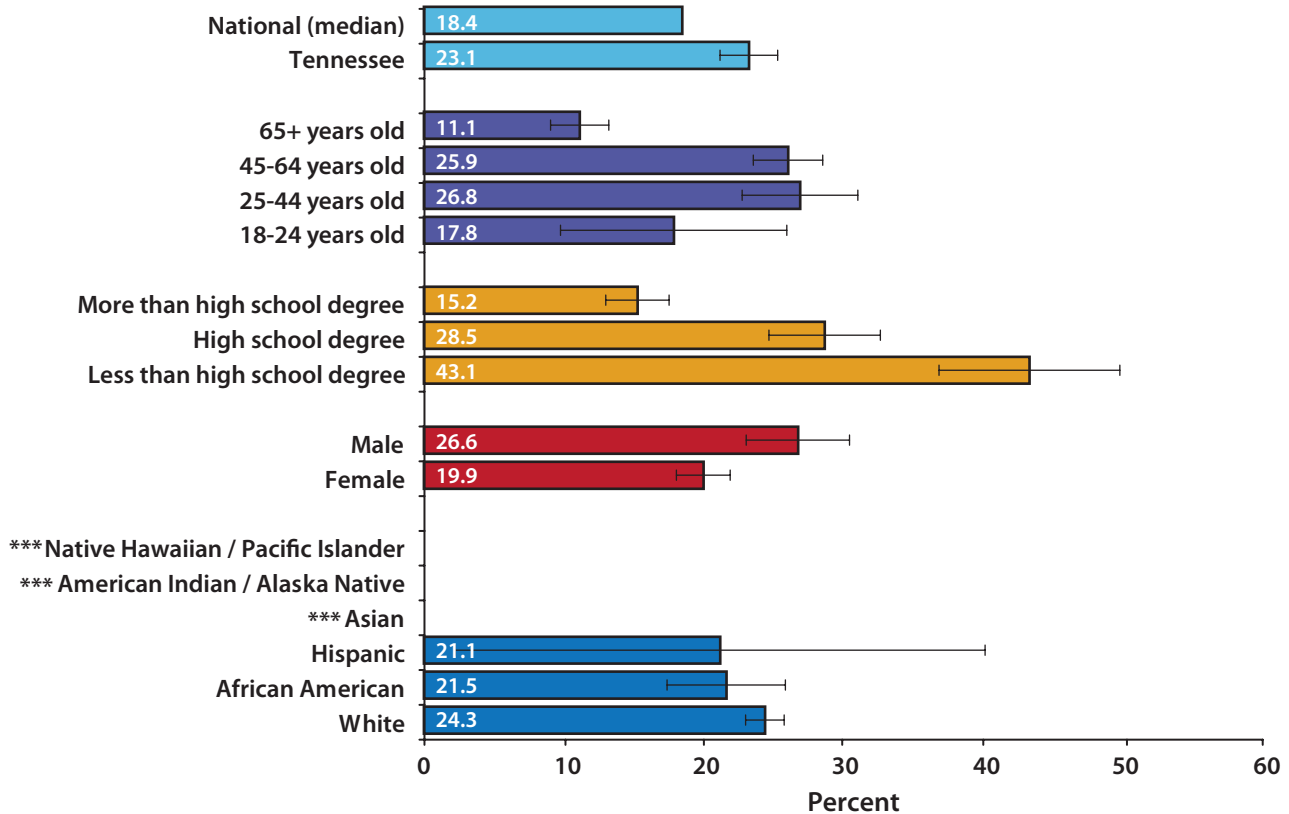
## Monitor

In Tennessee, 23.1% of the adult population (ages 18+) – over 1,095,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Tennessee ranks 46<sup>th</sup> among the states.

Among youth ages 12-17, 13.0% smoke in Tennessee. The range across all states is 6.5% to 15.9%. Tennessee ranks 47<sup>th</sup> among the states.

Among adults ages 35+, over 9,700 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 325.0/100,000. Tennessee's smoking-attributable mortality rate ranks 46<sup>th</sup> among the states.

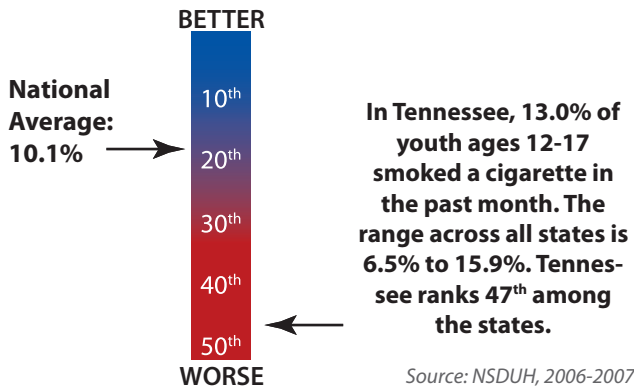
### Current Smoking among Adults by Demographic Characteristics



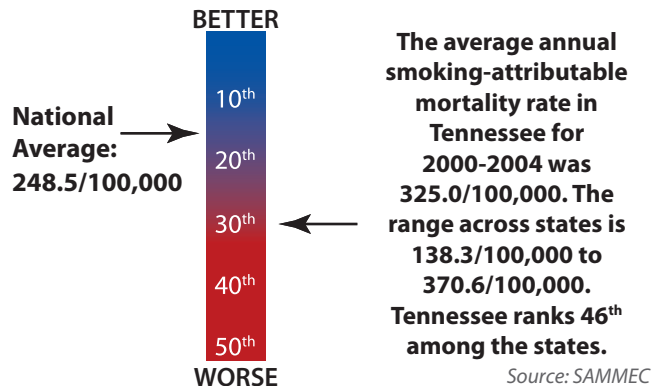
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

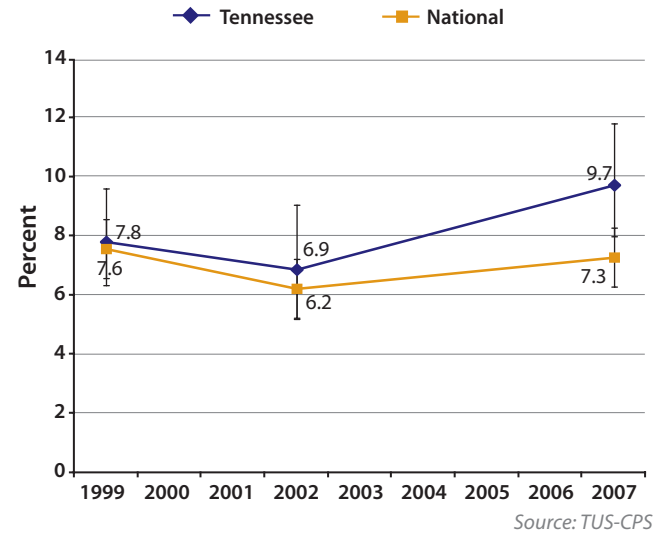


## Protect

Tennessee has a smoke-free law that provides partial protection against exposure to secondhand smoke in public places. The law preempts local communities from enacting local smoke-free restrictions.



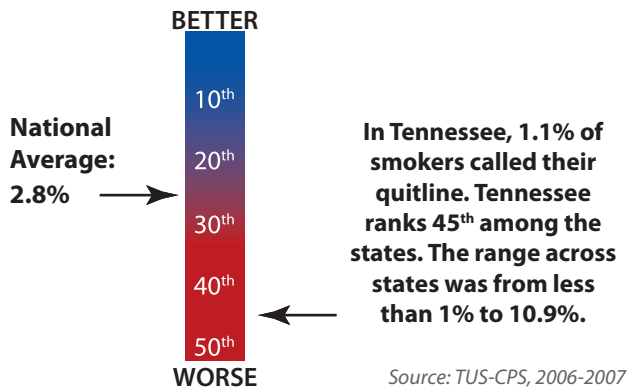
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Tennessee than in the nation overall. Currently, Tennessee ranks 43<sup>rd</sup> among the states for workplace exposure, at 9.7%.

## Offer





### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Tennessee, 1.1% of smokers called their quitline.

The Medicaid fee-for-service program in Tennessee covered none of the tobacco dependence treatments recommended by the U.S. Public Health Service's *Clinical Practice Guideline*.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>No</b>	 <b>No</b>	 <b>No</b>	 <b>No</b>

*Source: MMWR 2009, 58(43), 1199-1204.*

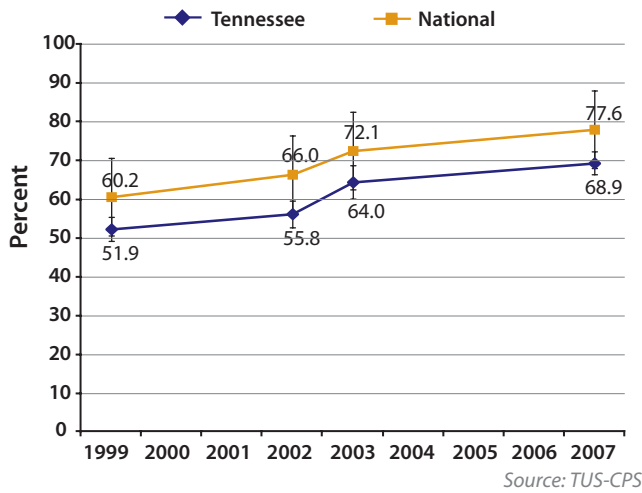
# TENNESSEE

## Warn

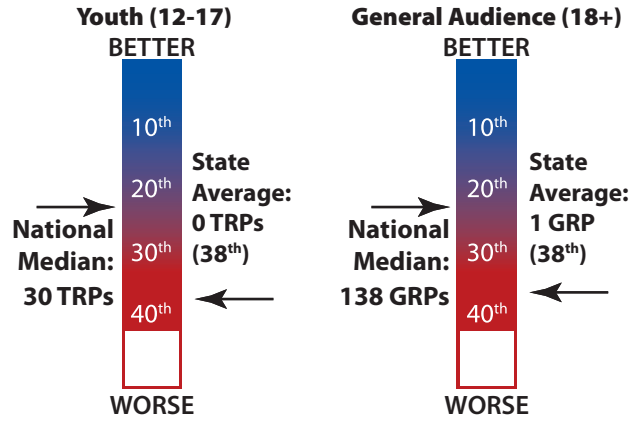
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Tennessee, as in the nation, an increasing number of families have such a rule.

Currently, 68.9% of Tennessee homes have this rule. Tennessee ranks 46<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Tennessee's major media market(s) aired an average of 0 youth TRPs and 1 general audience GRP per quarter in 2008. Tennessee ties for last among states for the number of youth TRPs and ranks 38<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Tennessee preempts local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
No	No	No

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
No	No

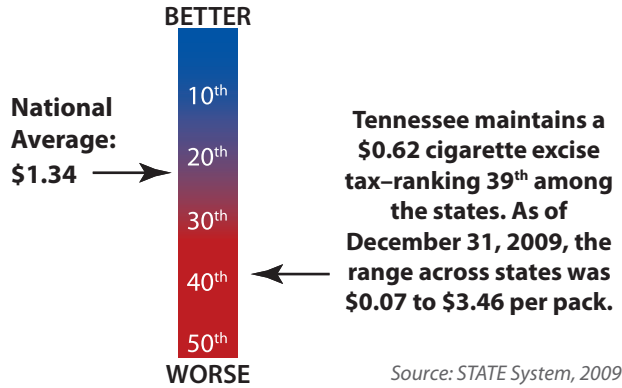
Source: STATE System, 2009

Tennessee does not require establishments selling tobacco products over the counter nor by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax

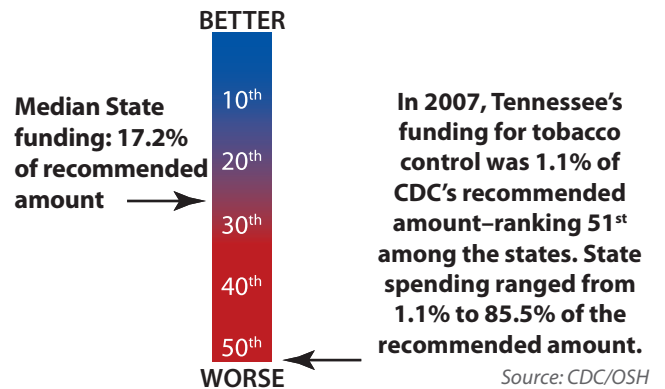


Tennessee maintains a \$0.62 per pack tax, ranking 39<sup>th</sup> among the states.

Tennessee has a minimum price law. Retailers must mark up cigarettes by at least 8 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 27% of the annual revenue generated from state excise taxes and settlement payments would fund Tennessee’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Tennessee’s funding for tobacco control was 1.1% of the recommended level. Tennessee ranks 51<sup>st</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

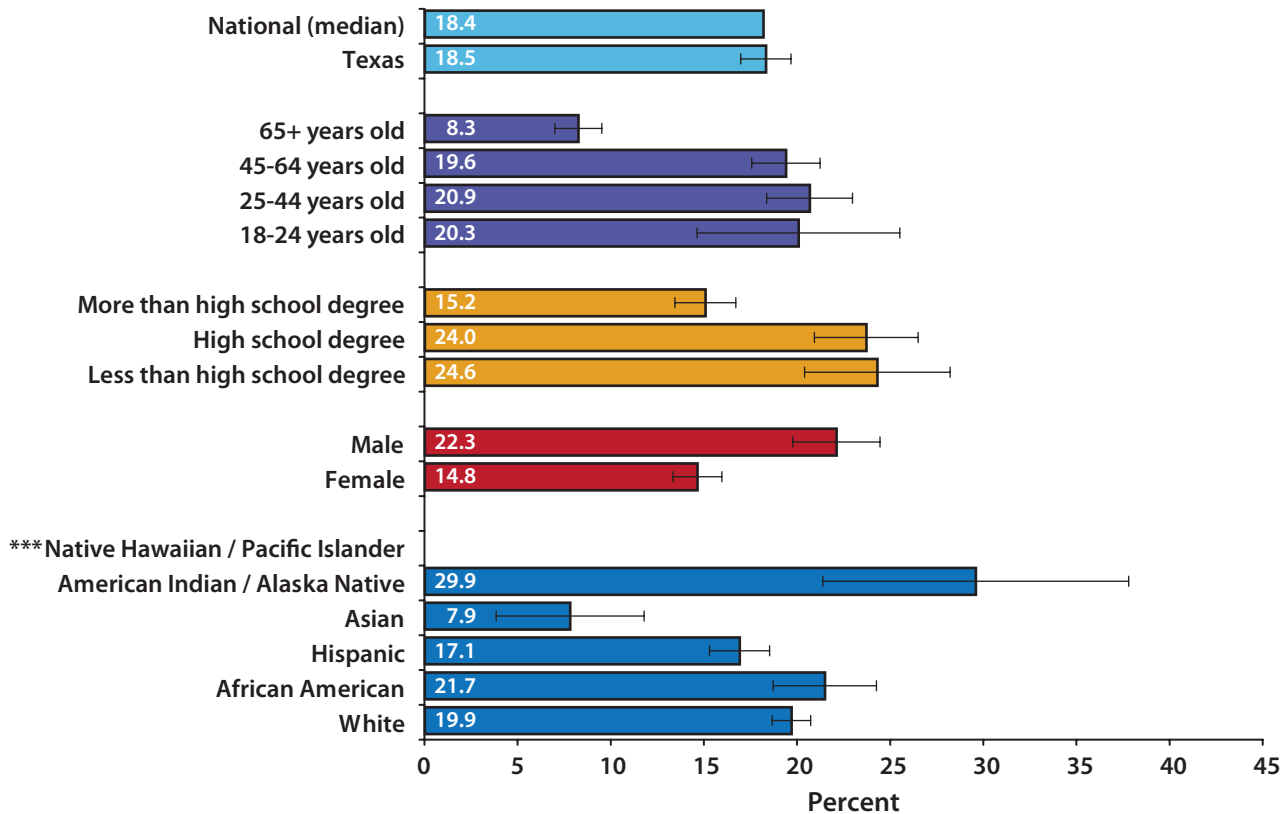
## Monitor

In Texas, 18.5% of the adult population (ages 18+) – over 3,257,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Texas ranks 27<sup>th</sup> among the states.

Among youth ages 12-17, 9.5% smoke in Texas. The range across all states is 6.5% to 15.9%. Texas ranks 11<sup>th</sup> among the states.

Among adults ages 35+, over 24,600 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 273.1/100,000. Texas's smoking-attributable mortality rate ranks 31<sup>st</sup> among the states.

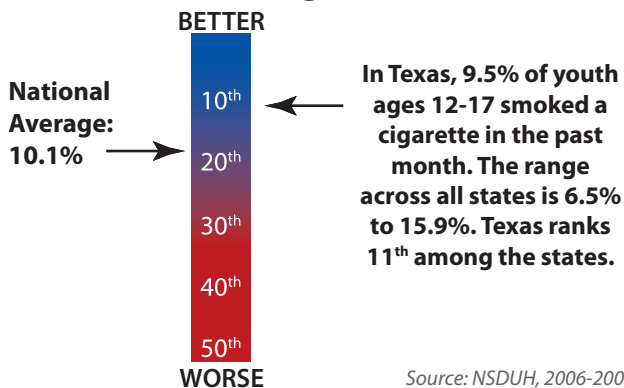
### Current Smoking among Adults by Demographic Characteristics



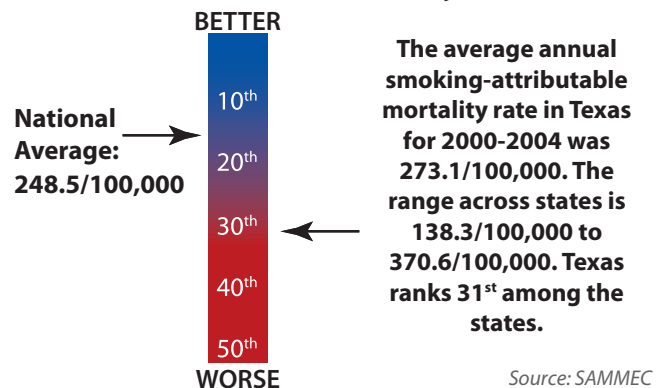
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

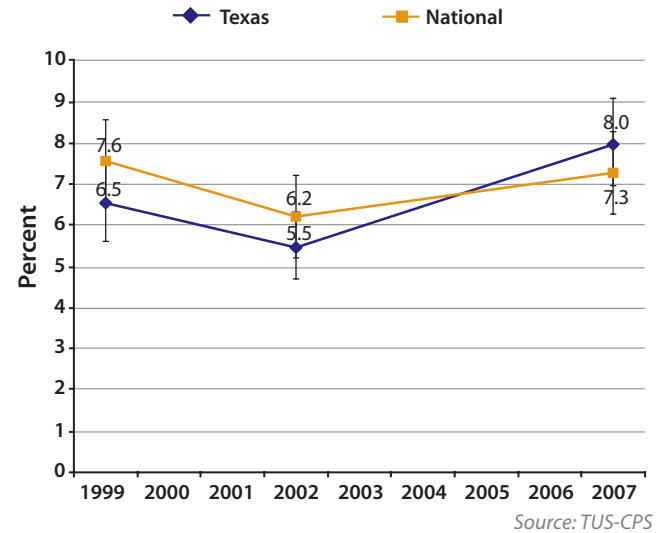


## Protect

Texas does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places.



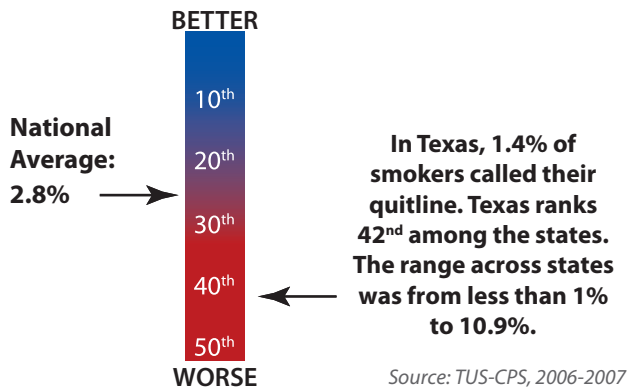
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Texas than in the nation overall. Currently, Texas ranks 30<sup>th</sup> among the states for workplace exposure, at 8.0%.

## Offer




### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Texas, 1.4% of smokers called their quitline.

The Medicaid fee-for-service program in Texas provides only partial coverage for tobacco dependence treatment. Texas's Medicaid policy provides coverage for both bupropion and varenicline. Texas's Medicaid policy does not provide coverage for individual, group, or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
Partial	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

*Source: MMWR 2009, 58(43), 1199-1204.*

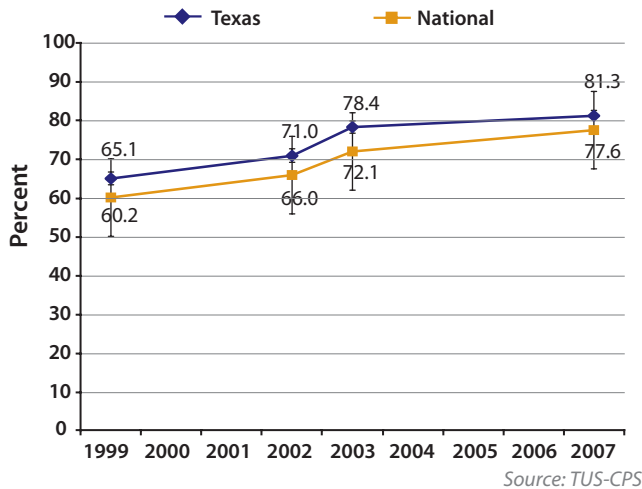
# TEXAS

## Warn

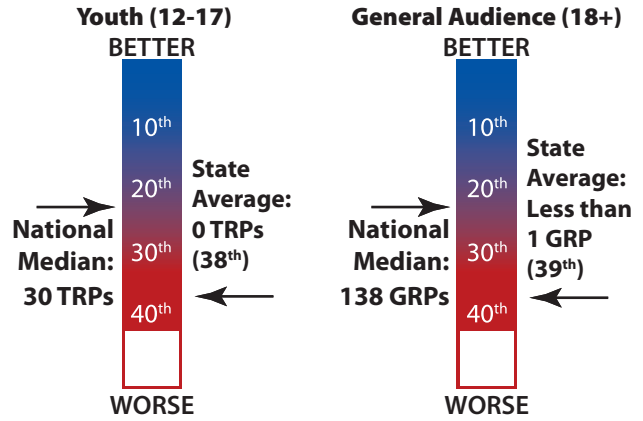
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Texas, as in the nation, an increasing number of families have such a rule.

Currently, 81.3% of Texas homes have this rule. Texas ranks 13<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Texas's major media market(s) aired an average of 0 youth TRPs and less than 1 general audience GRP per quarter in 2008. Texas ties for last among the states for the number of youth TRPs and ranks 39<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Texas allows local regulation of tobacco industry promotions, sampling, and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

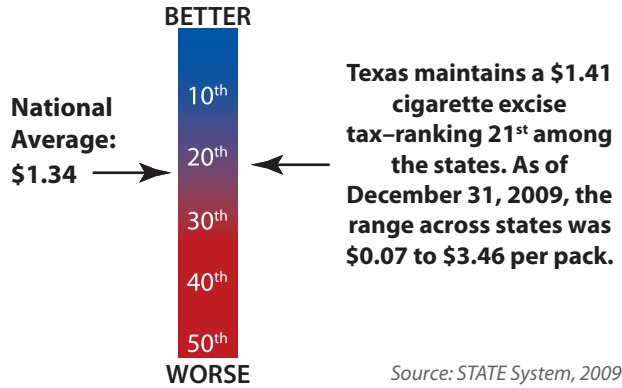
Over the Counter	Vending Machines
Yes	Yes

Source: STATE System, 2009

Texas requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax



Texas maintains a \$1.41 per pack tax, ranking 21<sup>st</sup> among the states.

Texas does not have a minimum price law.

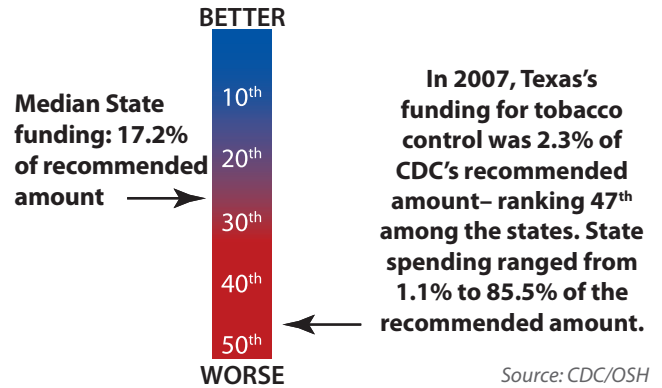
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 25% of the annual revenue generated from state excise taxes and settlement payments would fund Texas's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Texas's funding for tobacco control was 2.3% of the recommended level. Texas ranks 47<sup>th</sup> among the states.

## State Funding for Tobacco Control



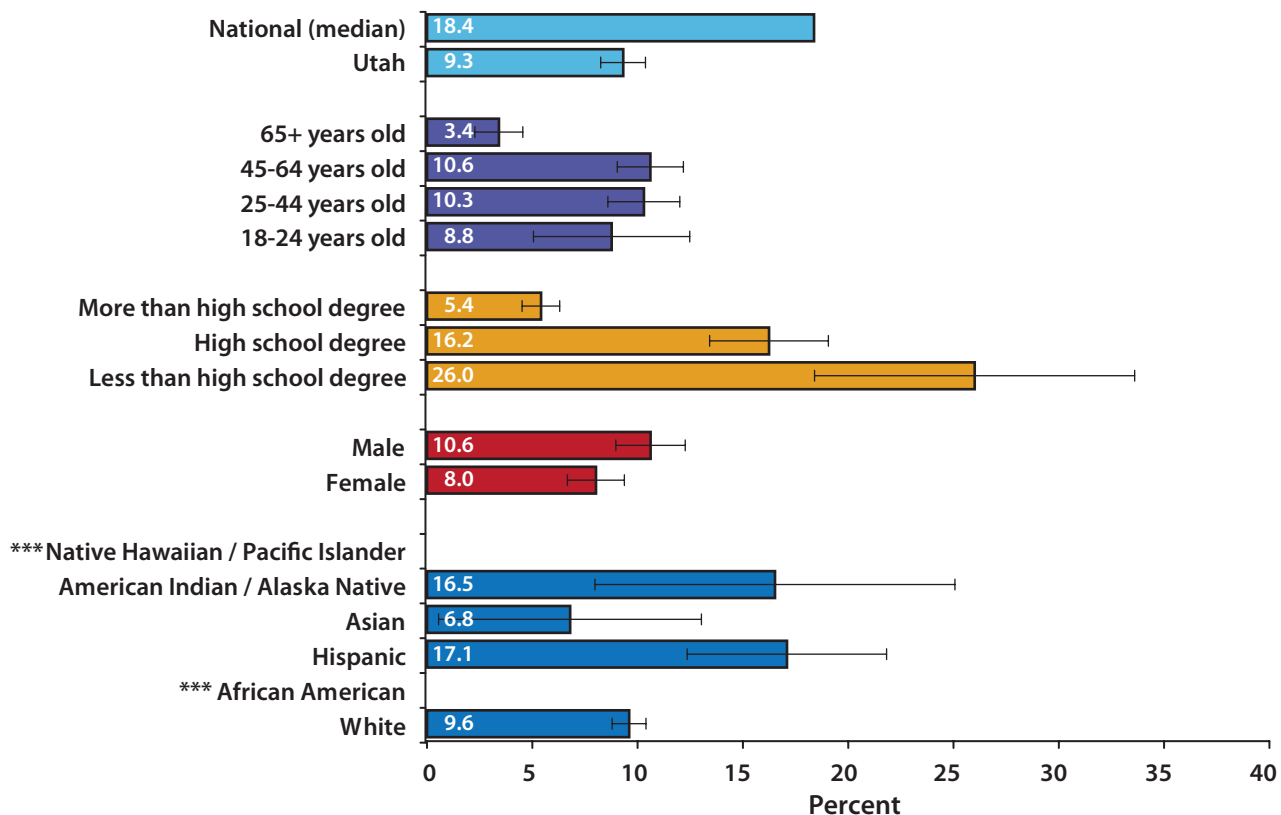
## Monitor

In Utah, 9.3% of the adult population (ages 18+) – over 175,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Utah ranks 1<sup>st</sup> among the states.

Among youth ages 12-17, 6.5% smoke in Utah. The range across all states is 6.5% to 15.9%. Utah ranks 1<sup>st</sup> among the states.

Among adults ages 35+, over 1,200 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 138.3/100,000. Utah's smoking-attributable mortality rate ranks 1<sup>st</sup> among the states.

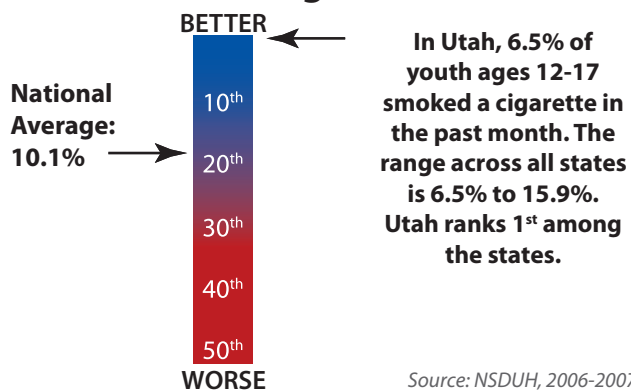
### Current Smoking among Adults by Demographic Characteristics



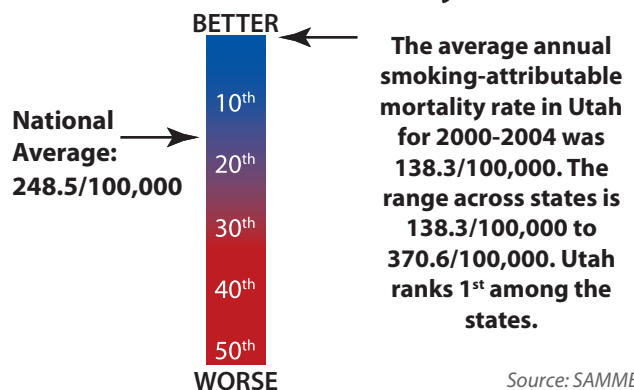
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

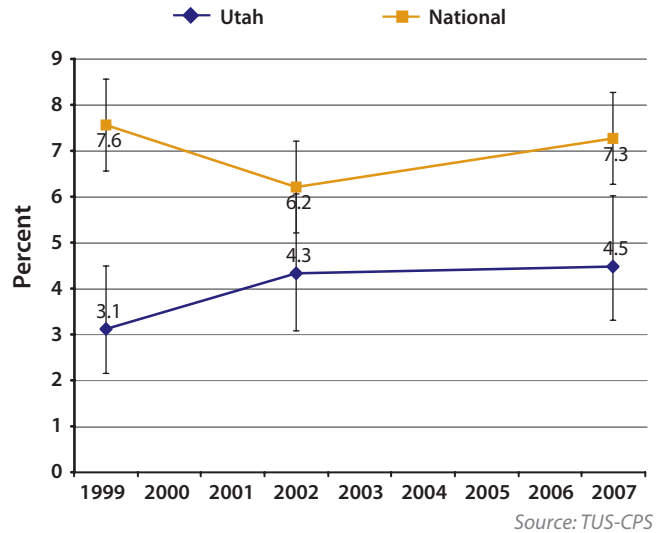


## Protect

Utah has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places. The law preempts local communities from enacting local smoke-free restrictions.

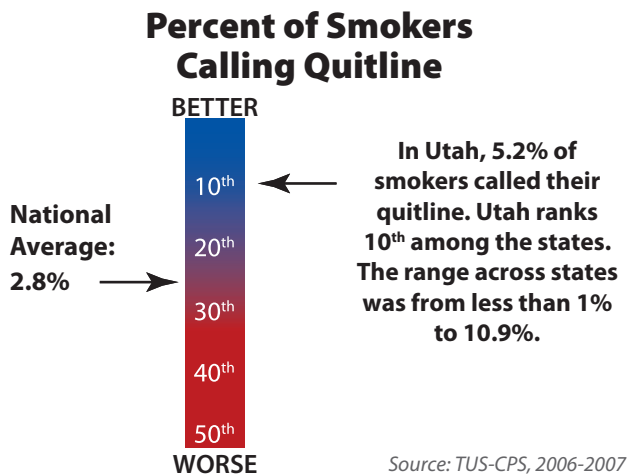


## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Utah than in the nation overall. Currently, Utah ranks 6<sup>th</sup> among the states for workplace exposure, at 4.5%.

## Offer



*Best Practices* estimates 8% of smokers could access quitlines each year. In Utah, 5.2% of smokers called their quitline.

The Medicaid fee-for-service program in Utah provides full coverage for tobacco dependence treatment. Utah's Medicaid policy provides coverage for both bupropion and varenicline. Utah's Medicaid policy provides coverage for individual, group and telephone counseling, however, coverage for group and individual counseling is for pregnant women only.

**Medicaid Coverage for Counseling and Medications**

Nicotine Replacement	Varenicline	Bupropion	Counseling
✓ Yes	✓ Yes	✓ Yes	Partial

*Source: MMWR 2009, 58(43), 1199-1204.*

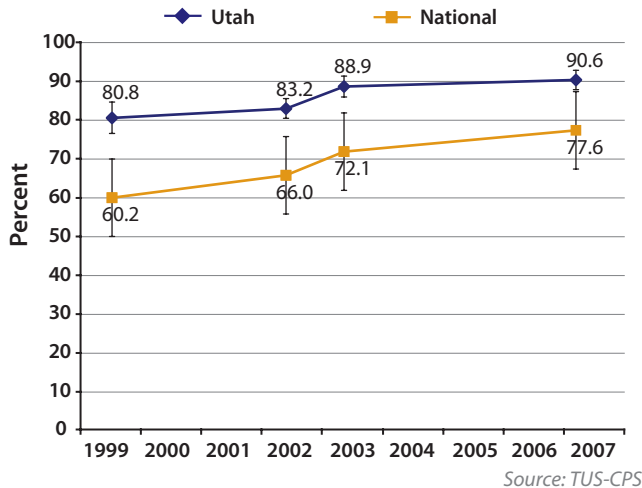
# UTAH

## Warn

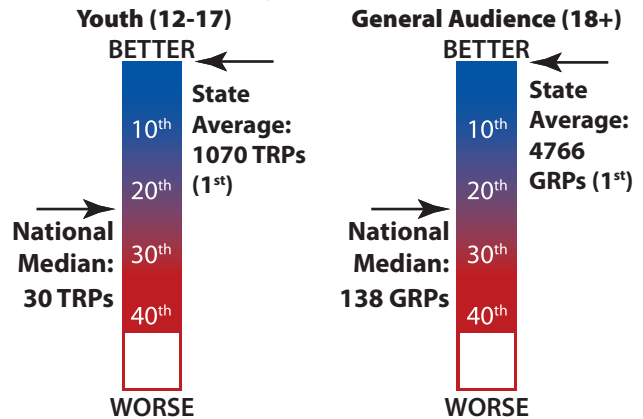
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Utah, as in the nation, an increasing number of families have such a rule.

Currently, 90.6% of Utah homes have this rule. Utah ranks 1<sup>st</sup> in the nation.

### Households with No-Smoking Rules



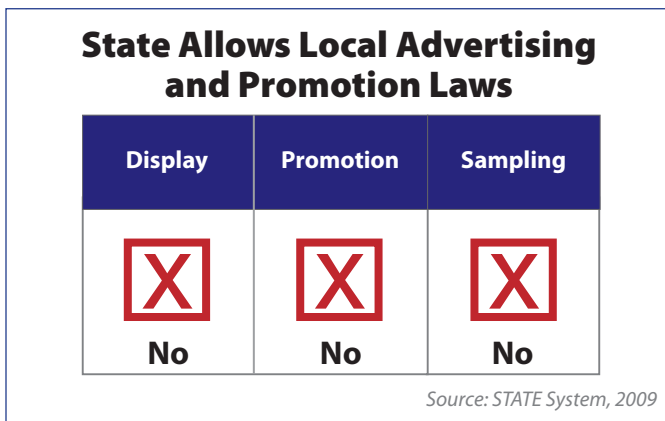
### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Utah's major media market(s) aired an average of 1070 youth TRPs and 4766 general audience GRPs per quarter in 2008. Utah ranks 1<sup>st</sup> among the states for the number of youth TRPs and general audience GRPs aired.

## Enforce

Utah preempts local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.



### Retail Environment Tobacco Licensure



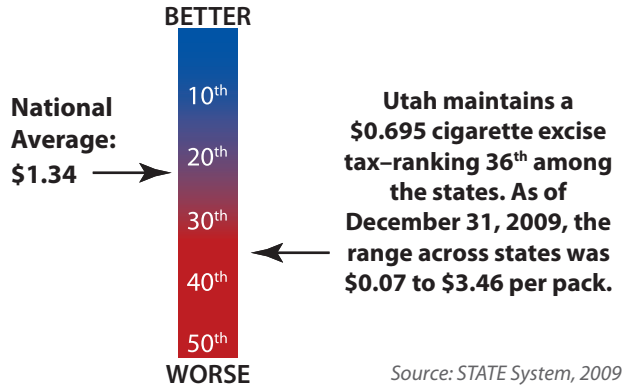
Source: STATE System, 2009

Utah requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax

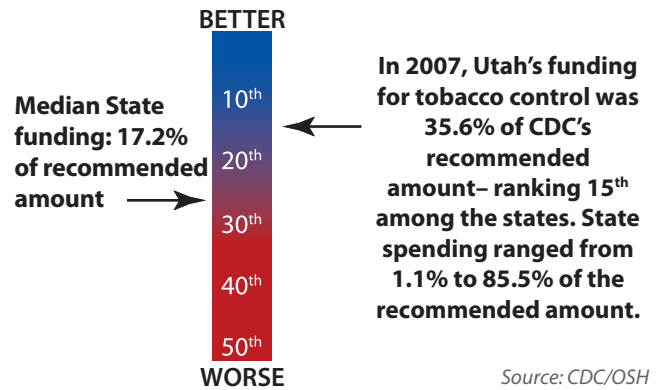


Utah maintains a \$0.695 per pack tax, ranking 36<sup>th</sup> among the states.

Utah does not have a minimum price law.

Approximately 26% of the annual revenue generated from state excise taxes and settlement payments would fund Utah’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Utah’s funding for tobacco control was 35.6% of the recommended level. Utah ranks 15<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

# VERMONT

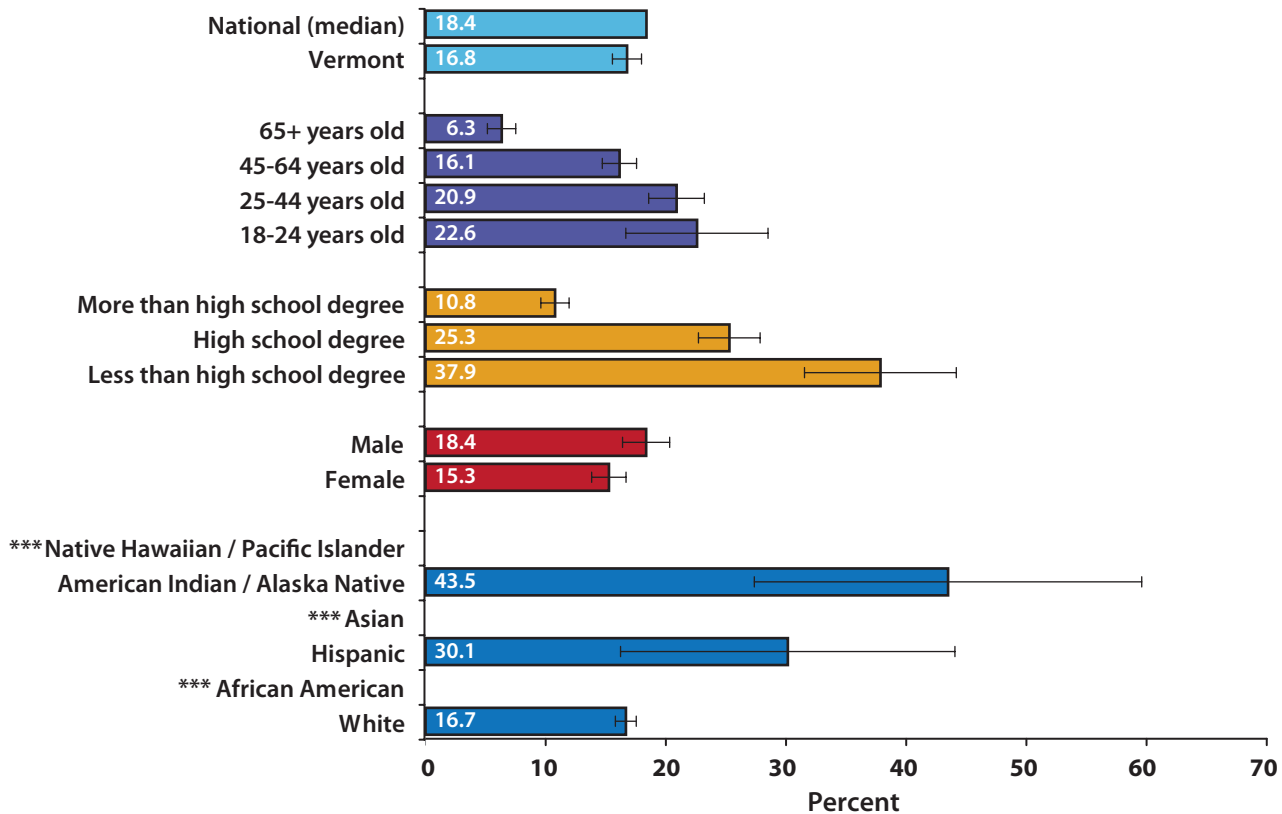
## Monitor

In Vermont, 16.8% of the adult population (ages 18+) – over 82,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Vermont ranks 13<sup>th</sup> among the states.

Among youth ages 12-17, 11.3% smoke in Vermont. The range across all states is 6.5% to 15.9%. Vermont ranks 29<sup>th</sup> among the states.

Among adults ages 35+, over 800 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 247.5/100,000. Vermont's smoking-attributable mortality rate ranks 16<sup>th</sup> among the states.

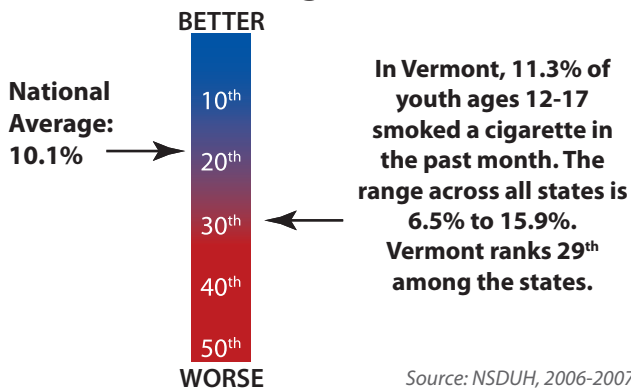
### Current Smoking among Adults by Demographic Characteristics



\*\*\* Data not shown because sample size is less than 50.

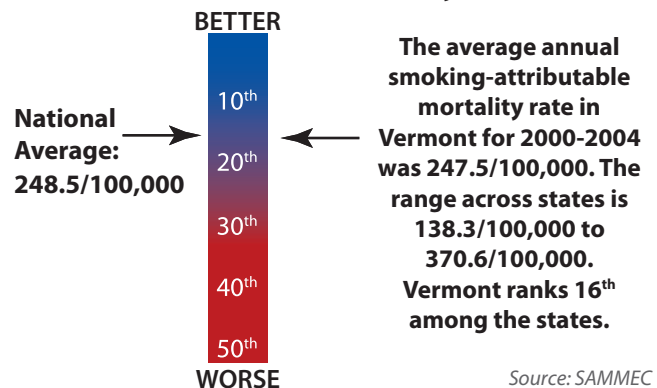
Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



Source: NSDUH, 2006-2007



### Smoking-Attributable Adult (35+) Mortality



Source: SAMMEC

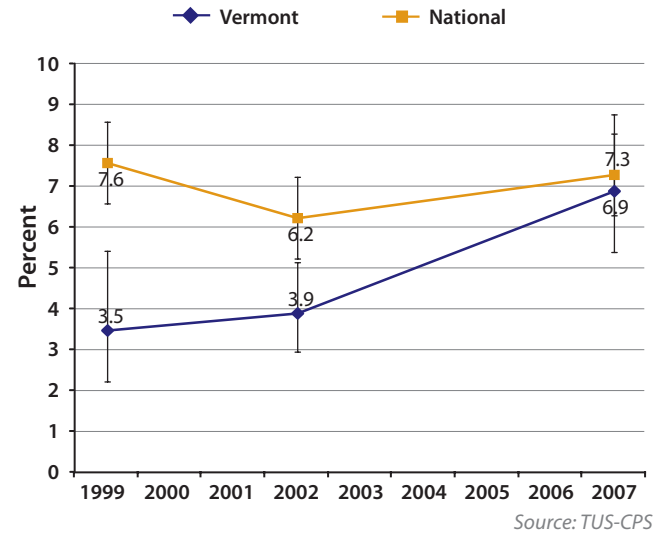
## Protect

Vermont has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

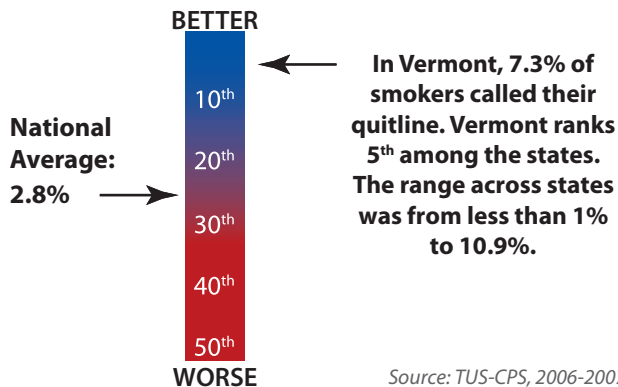
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Vermont than in the nation overall. Currently, Vermont ranks 25<sup>th</sup> among the states for workplace exposure, at 6.9%.





## Offer

### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Vermont, 7.3% of smokers called their quitline.

The Medicaid fee-for-service program in Vermont provides full coverage for tobacco dependence treatment. Vermont's Medicaid policy provides coverage for both bupropion and varenicline. Vermont's Medicaid policy does not provide coverage for individual, group, or telephone counseling.

Medicaid Coverage for Counseling and Medications			
Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	 <b>No</b>

Source: MMWR 2009, 58(43), 1199-1204.

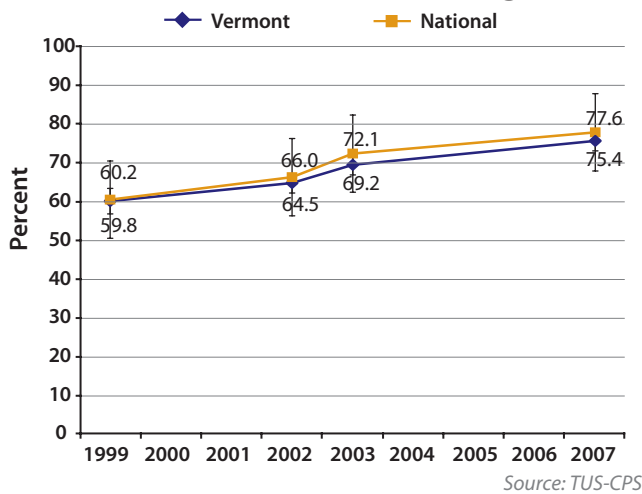
# VERMONT

## Warn

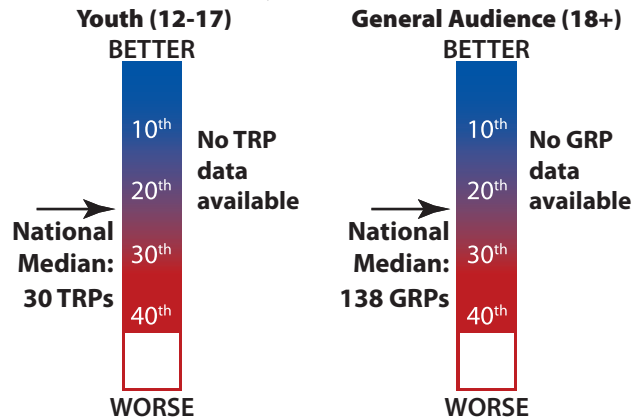
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Vermont, as in the nation, an increasing number of families have such a rule.

Currently, 75.4% of Vermont homes have this rule. Vermont ranks 29<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Vermont has no reported TRP or GRP data.

## Enforce

Vermont allows local regulation of tobacco industry promotions, sampling, and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

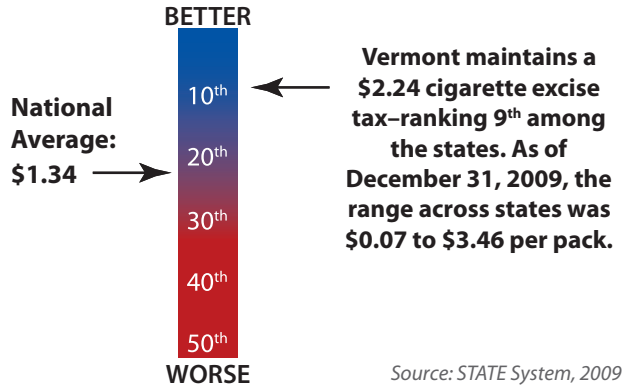
Over the Counter	Vending Machines
Yes	Yes

Source: STATE System, 2009

Vermont requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax



Vermont maintains a \$2.24 per pack tax, ranking 9<sup>th</sup> among the states.

Vermont does not have a minimum price law.

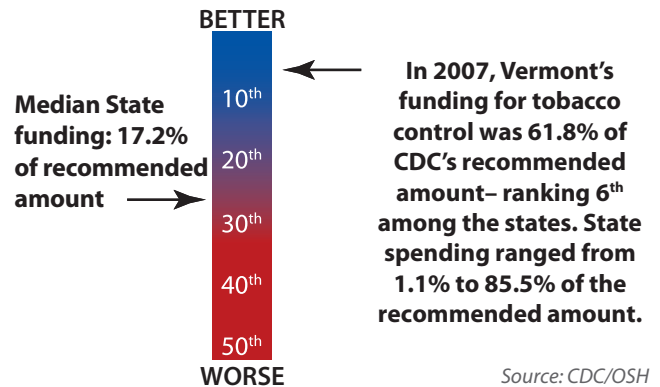
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 14% of the annual revenue generated from state excise taxes and settlement payments would fund Vermont's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Vermont's funding for tobacco control was 61.8% of the recommended level. Vermont ranks 6<sup>th</sup> among the states.

## State Funding for Tobacco Control



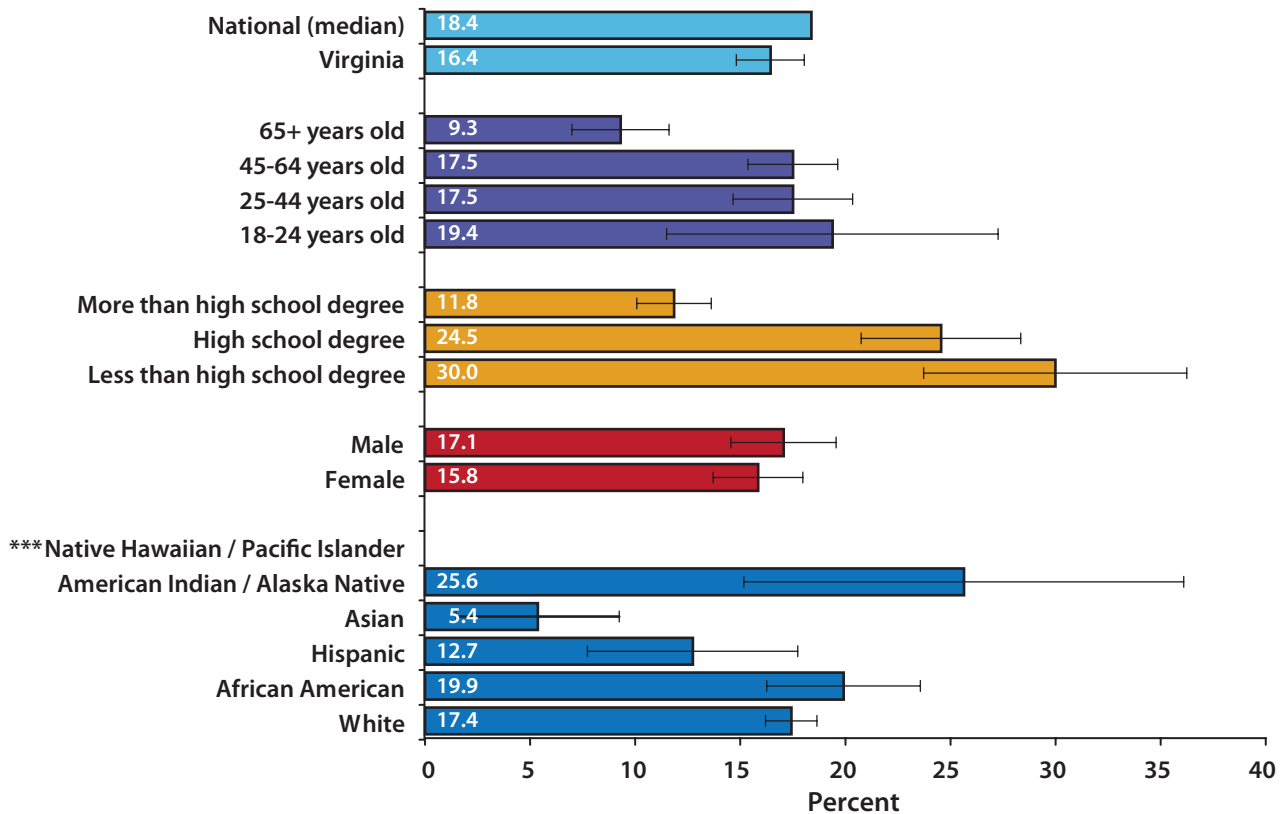
## Monitor

In Virginia, 16.4% of the adult population (ages 18+) – over 976,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Virginia ranks 12<sup>th</sup> among states.

Among youth ages 12-17, 11.0% smoke in Virginia. The range across all states is 6.5% to 15.9%. Virginia ranks 28<sup>th</sup> among the states.

Among adults ages 35+, over 9,200 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 267.0/100,000. Virginia's smoking-attributable mortality rate ranks 28<sup>th</sup> among the states.

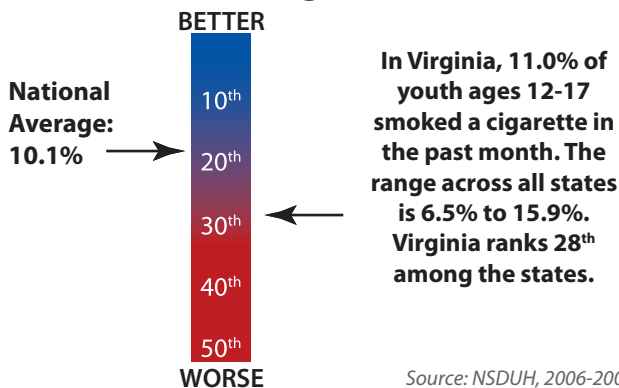
### Current Smoking among Adults by Demographic Characteristics



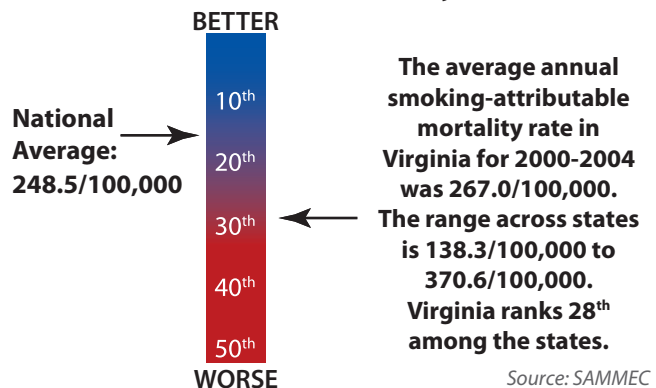
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

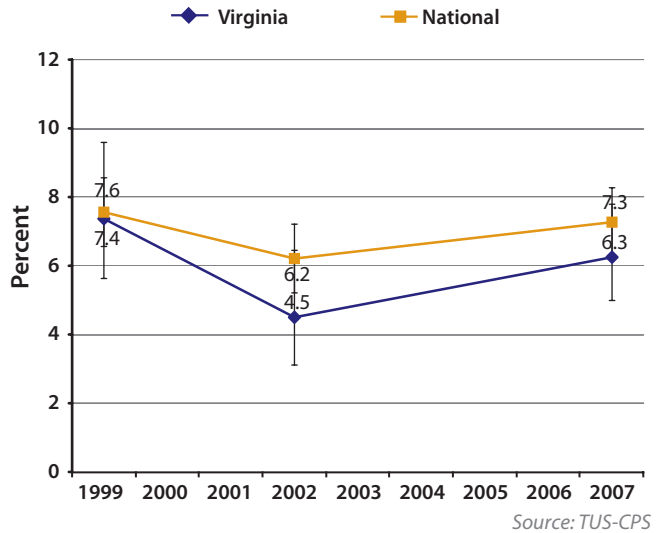


## Protect

Virginia does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places. The law preempts local communities from enacting local smoke-free restrictions.



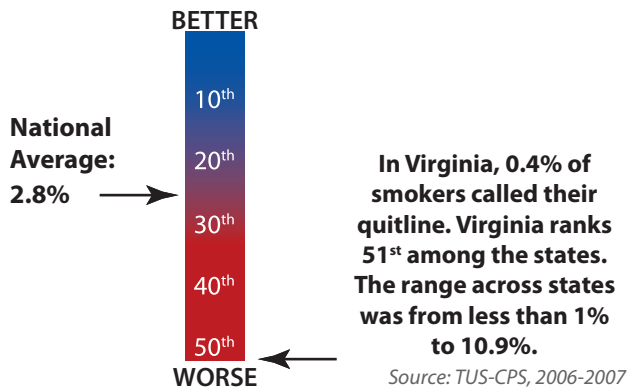
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Virginia than in the nation overall. Currently, Virginia ranks 20<sup>th</sup> among states for workplace exposure, at 6.3%.

## Offer




### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Virginia, 0.4% of smokers called their quitline.

The Medicaid fee-for-service program in Virginia provides full coverage for tobacco dependence treatment. Virginia's Medicaid policy provides coverage for both bupropion and varenicline. Virginia's Medicaid policy provides coverage for group counseling and this coverage is for pregnant women only. Individual and telephone counseling are not covered.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>	<b>Partial</b>

*Source: MMWR 2009, 58(43), 1199-1204.*

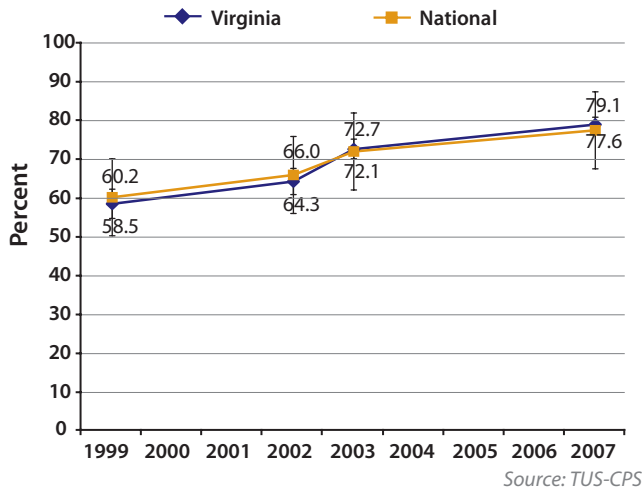
# VIRGINIA

## Warn

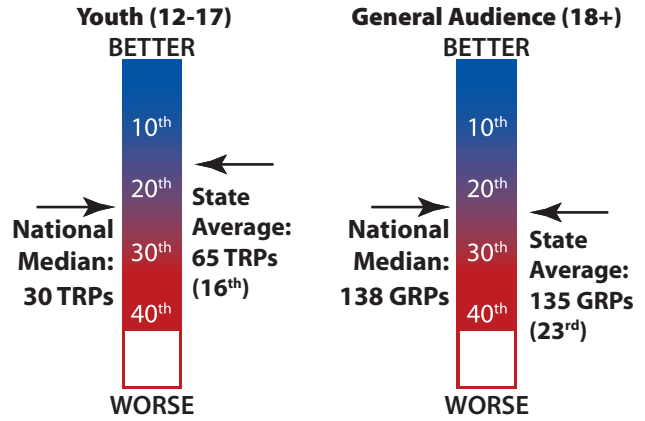
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Virginia, as in the nation, an increasing number of families have such a rule.

Currently, 79.1% of Virginia homes have this rule. Virginia ranks 21<sup>st</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Virginia's major media market(s) aired an average of 65 youth TRPs and 135 general audience GRPs per quarter in 2008. Virginia ranks 16<sup>th</sup> among the states for the number of youth TRPs and 23<sup>rd</sup> among the states for the number of general audience GRPs aired.

## Enforce

Virginia allows local regulation of tobacco industry promotions, sampling, and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
No	No

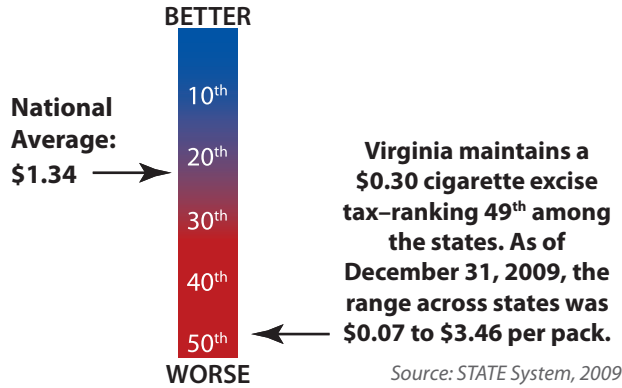
Source: STATE System, 2009

Virginia does not require establishments selling tobacco products over the counter nor by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax



Virginia maintains a \$0.30 per pack tax, ranking 49<sup>th</sup> among the states.

Virginia does not have a minimum price law.

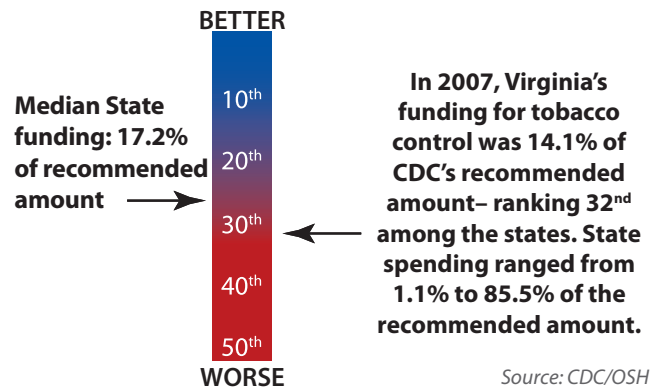
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 34% of the annual revenue generated from state excise taxes and settlement payments would fund Virginia’s tobacco control program at the *Best Practices* recommended amount. However, in 2007, Virginia’s funding for tobacco control was 14.1% of the recommended level. Virginia ranks 32<sup>nd</sup> among the states.

## State Funding for Tobacco Control



# WASHINGTON

## Monitor

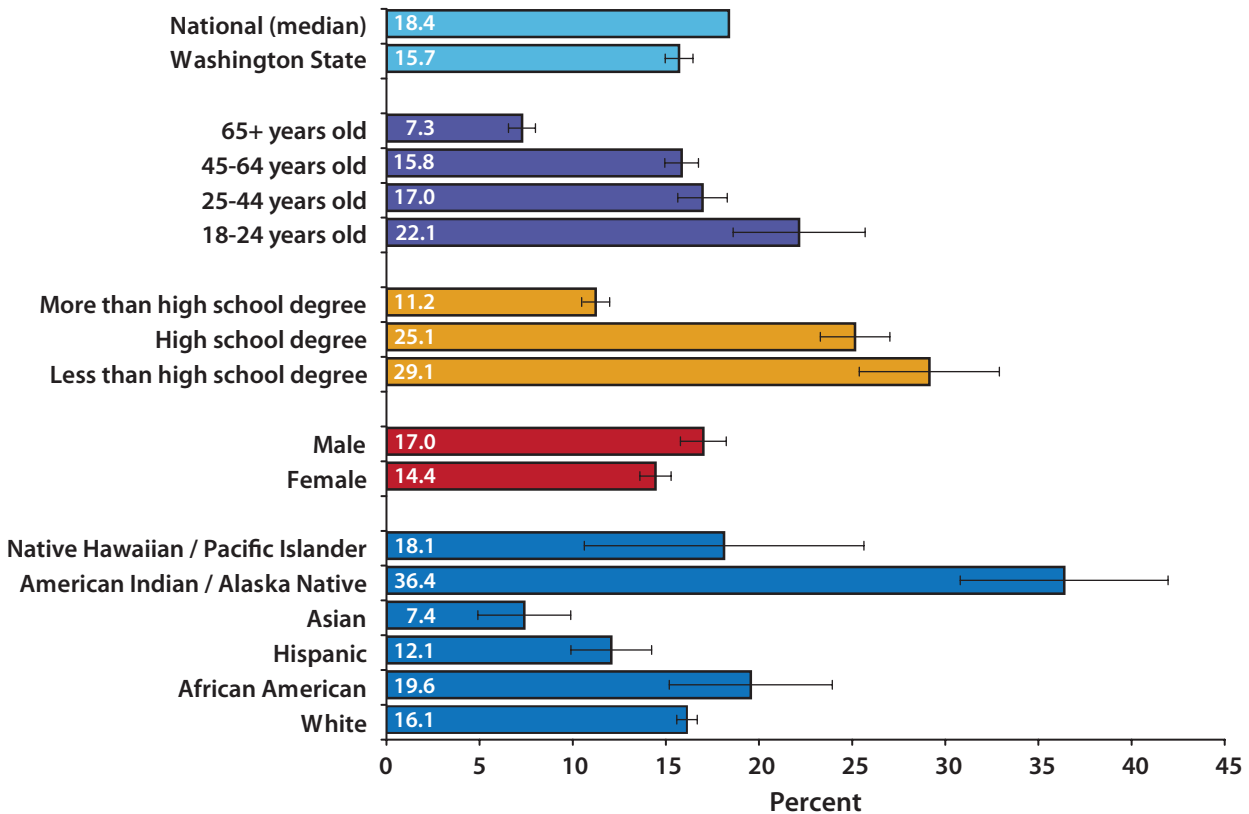
In Washington State, 15.7% of the adult population (ages 18+) – over 786,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Washington State ranks 6<sup>th</sup> among the states.

Among youth ages 12-17, 9.7% smoke in Washington State. The range across all states is 6.5% to 15.9%.

Washington State ranks 15<sup>th</sup> among the states.

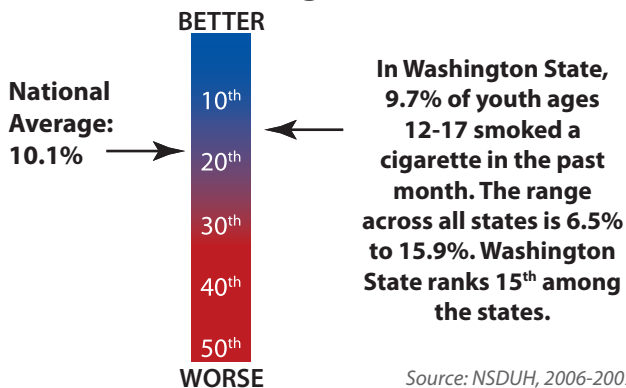
Among adults ages 35+, over 7,600 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 261.0/100,000. Washington State's smoking-attributable mortality rate ranks 22<sup>nd</sup> among the states.

### Current Smoking among Adults by Demographic Characteristics

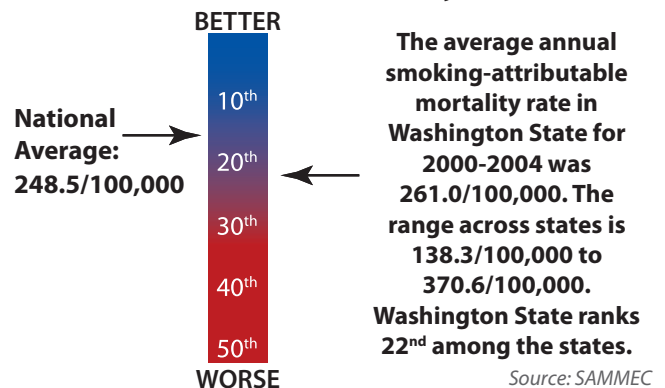


Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17






### Smoking-Attributable Adult (35+) Mortality



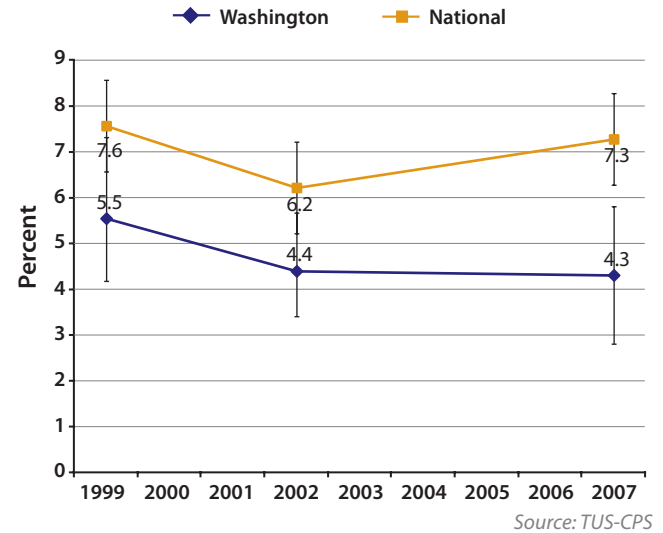
## Protect

Washington State has a smoke-free law that provides for strong protection against exposure to secondhand smoke in workplaces and public places. The law pre-empts local communities from enacting local smoke-free restrictions.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>Yes</b>	 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

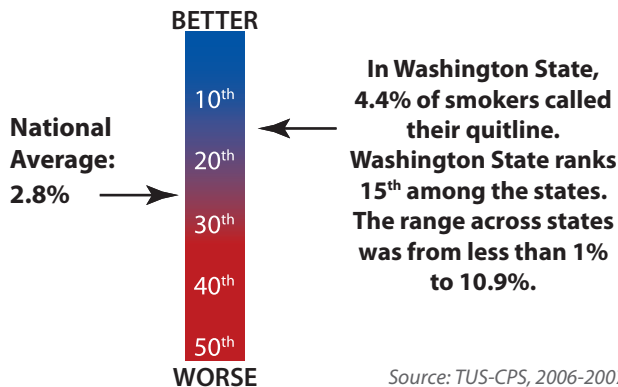
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in Washington State than in the nation overall. Currently, Washington State ranks 3<sup>rd</sup> among the states for workplace exposure, at 4.3%.

## Offer



### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Washington State, 4.4% of smokers called their quitline.

The Medicaid fee-for-service program in Washington State provides no coverage for tobacco dependence treatment. Washington State's Medicaid policy provides coverage for bupropion, but not varenicline, and this coverage is for pregnant women only. Washington State's Medicaid policy provides coverage for individual counseling, but not group or telephone counseling, and this coverage is for pregnant women only.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>No</b>	 <b>No</b>	<b>Partial</b>	<b>Partial</b>

Source: MMWR 2009, 58(43), 1199-1204.

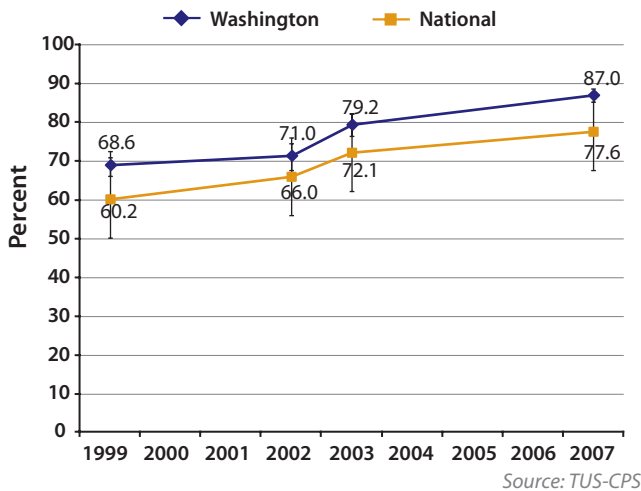
# WASHINGTON

## Warn

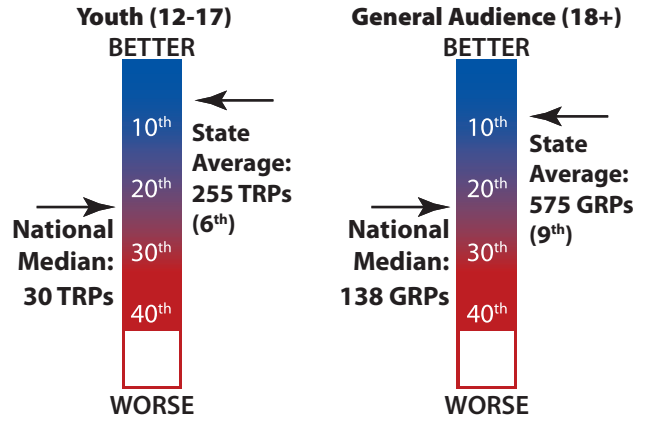
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Washington State, as in the nation, an increasing number of families have such a rule.

Currently, 87.0% of Washington State homes have this rule. Washington State ranks 4<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Washington State's major media market(s) aired an average of 255 youth TRPs and 575 general audience GRPs per quarter in 2008. Washington State ranks 6<sup>th</sup> among the states for the number of youth TRPs and 9<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce

Washington State preempts local regulation of tobacco industry promotions and sampling. Washington State allows local regulation on display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	No	No

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

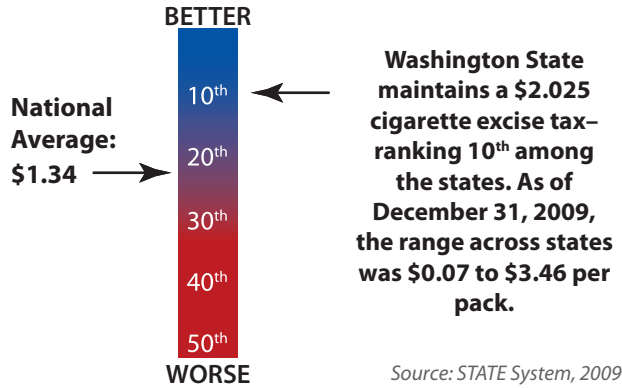
Over the Counter	Vending Machines
Yes	Yes

Source: STATE System, 2009

Washington State requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax

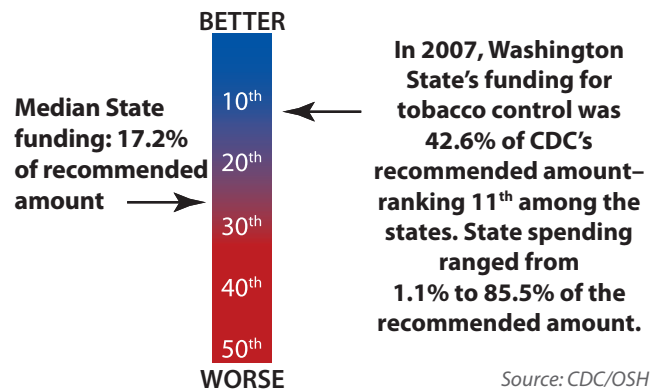


Washington State maintains a \$2.025 per pack tax, ranking 10<sup>th</sup> among the states.

Washington State has a minimum price law. Wholesalers and retailers cannot sell cigarettes for less than their own purchase price. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 12% of the annual revenue generated from state excise taxes and settlement payments would fund Washington State's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Washington State's funding for tobacco control was 42.6% of the recommended level. Washington State ranks 11<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



Source: CDC/OSH

# WEST VIRGINIA

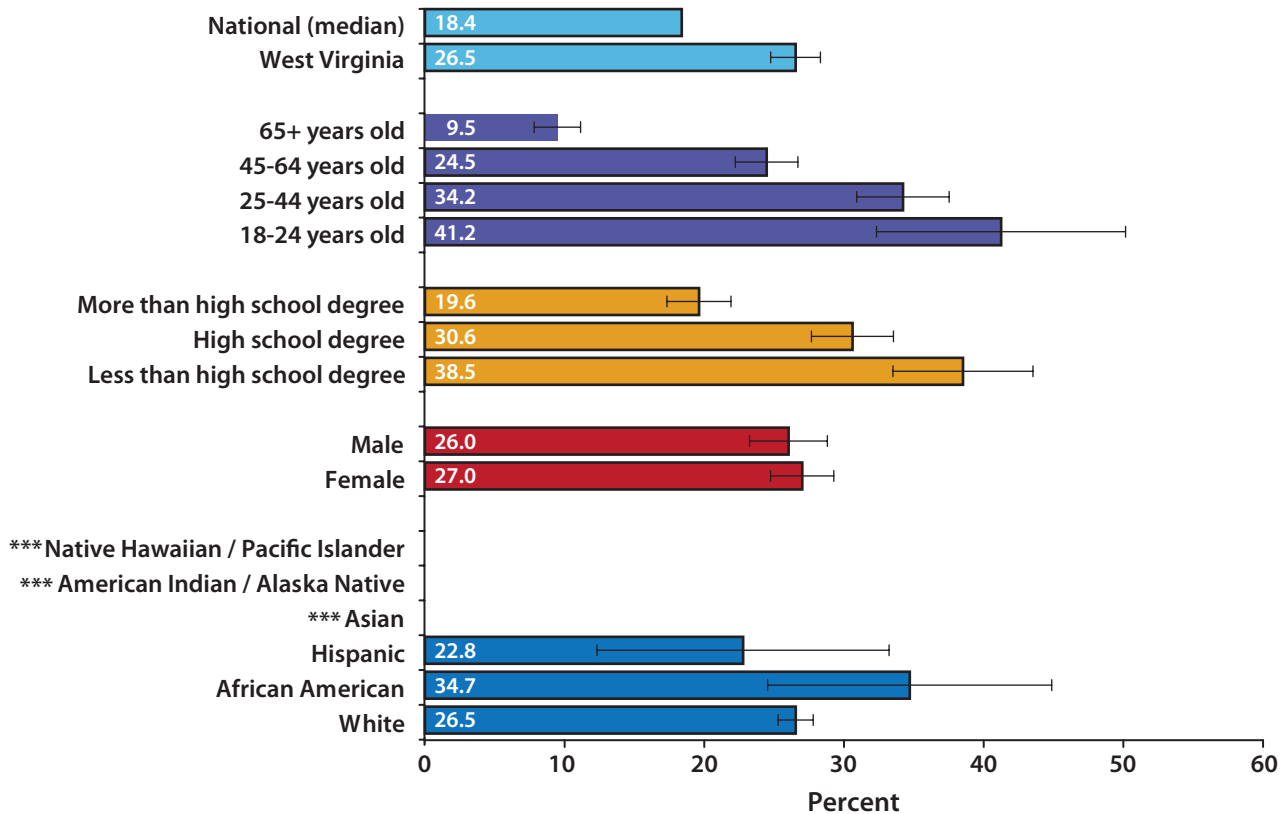
## Monitor

In West Virginia, 26.5% of the adult population (ages 18+) – over 378,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. West Virginia ranks 51<sup>st</sup> among the states.

Among youth ages 12-17, 12.6% smoke in West Virginia. The range across all states is 6.5% to 15.9%. West Virginia ranks 45<sup>th</sup> among the states.

Among adults ages 35+, over 3,800 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 344.3/100,000. West Virginia's smoking-attributable mortality rate ranks 50<sup>th</sup> among the states.

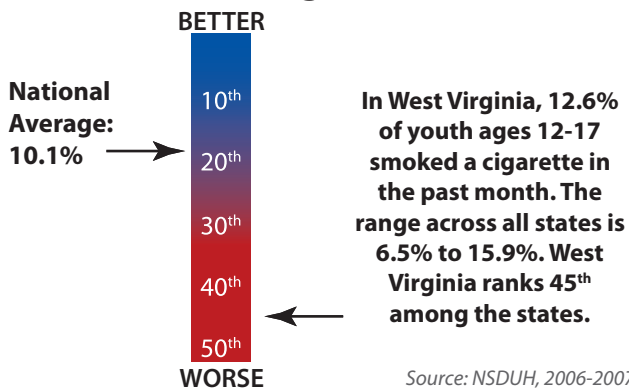
### Current Smoking among Adults by Demographic Characteristics



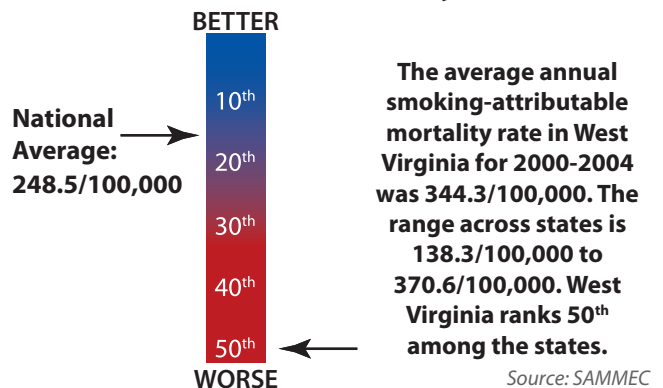
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality



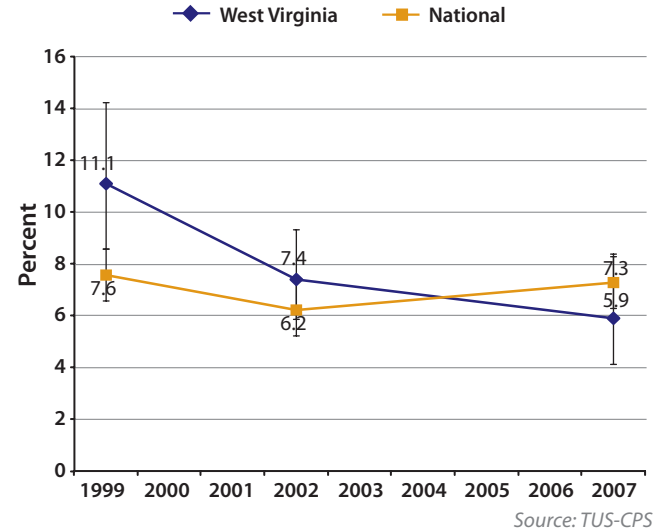
## Protect

West Virginia does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 <b>No</b>	 <b>No</b>	 <b>No</b>

Source: STATE System, 2009

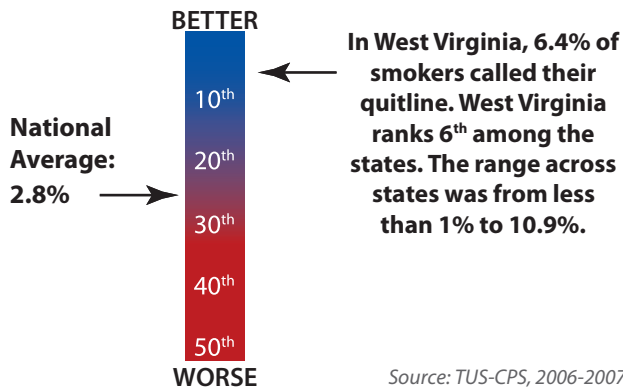
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained lower in West Virginia than in the nation overall. Currently, West Virginia ranks 17<sup>th</sup> among the states for workplace exposure, at 5.9%.

## Offer




### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In West Virginia, 6.4% of smokers called their quitline.

The Medicaid fee-for-service program in West Virginia provides full coverage for tobacco dependence treatment. West Virginia's Medicaid policy provides coverage for bupropion, but not varenicline. West Virginia's Medicaid policy provides coverage for individual and telephone counseling, but not group counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
 <b>Yes</b>	 <b>No</b>	 <b>Yes</b>	<b>Partial</b>

Source: MMWR 2009, 58(43), 1199-1204.

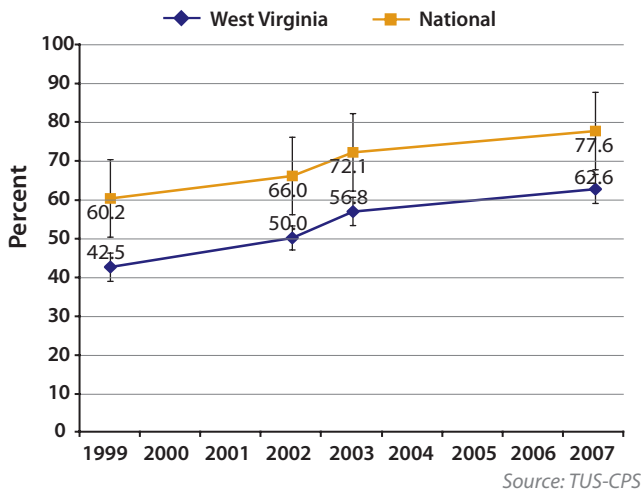
# WEST VIRGINIA

## Warn

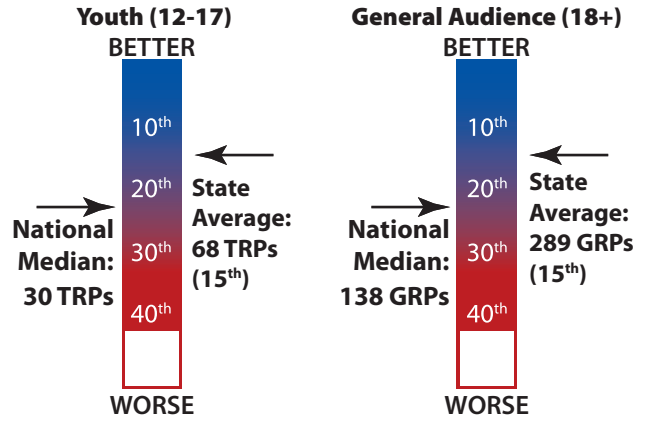
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In West Virginia, as in the nation, an increasing number of families have such a rule.

Currently, 62.6% of West Virginia homes have this rule. West Virginia ranks 50<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. West Virginia's major media market(s) aired an average of 68 youth TRPs and 289 general audience GRPs per quarter in 2008. West Virginia ranks 15<sup>th</sup> among the states for the number of youth TRPs and general audience GRPs aired.

## Enforce

West Virginia preempts local regulation on display of tobacco products in commercial establishments. West Virginia allows local regulation of tobacco industry promotions and sampling.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
No	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	Yes

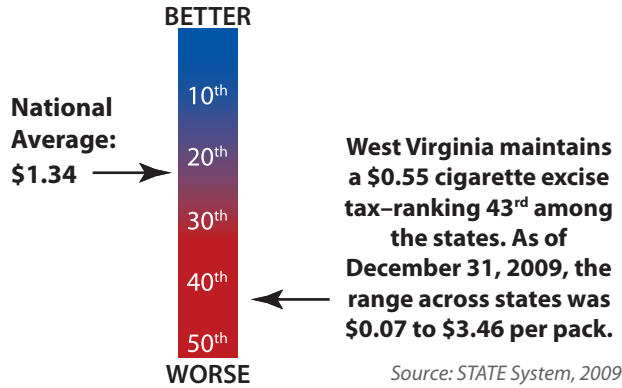
Source: STATE System, 2009

West Virginia requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax



West Virginia maintains a \$0.55 per pack tax, ranking 43<sup>rd</sup> among the states.

West Virginia does not have a minimum price law.

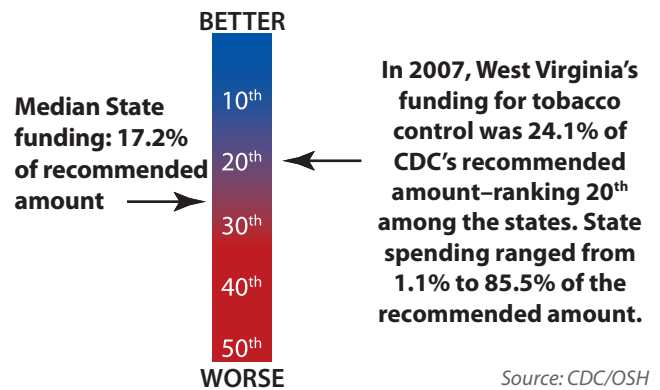
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 17% of the annual revenue generated from state excise taxes and settlement payments would fund West Virginia's tobacco control program at the *Best Practices* recommended amount. However, in 2007, West Virginia's funding for tobacco control was 24.1% of the recommended level. West Virginia ranks 20<sup>th</sup> among the states.

## State Funding for Tobacco Control



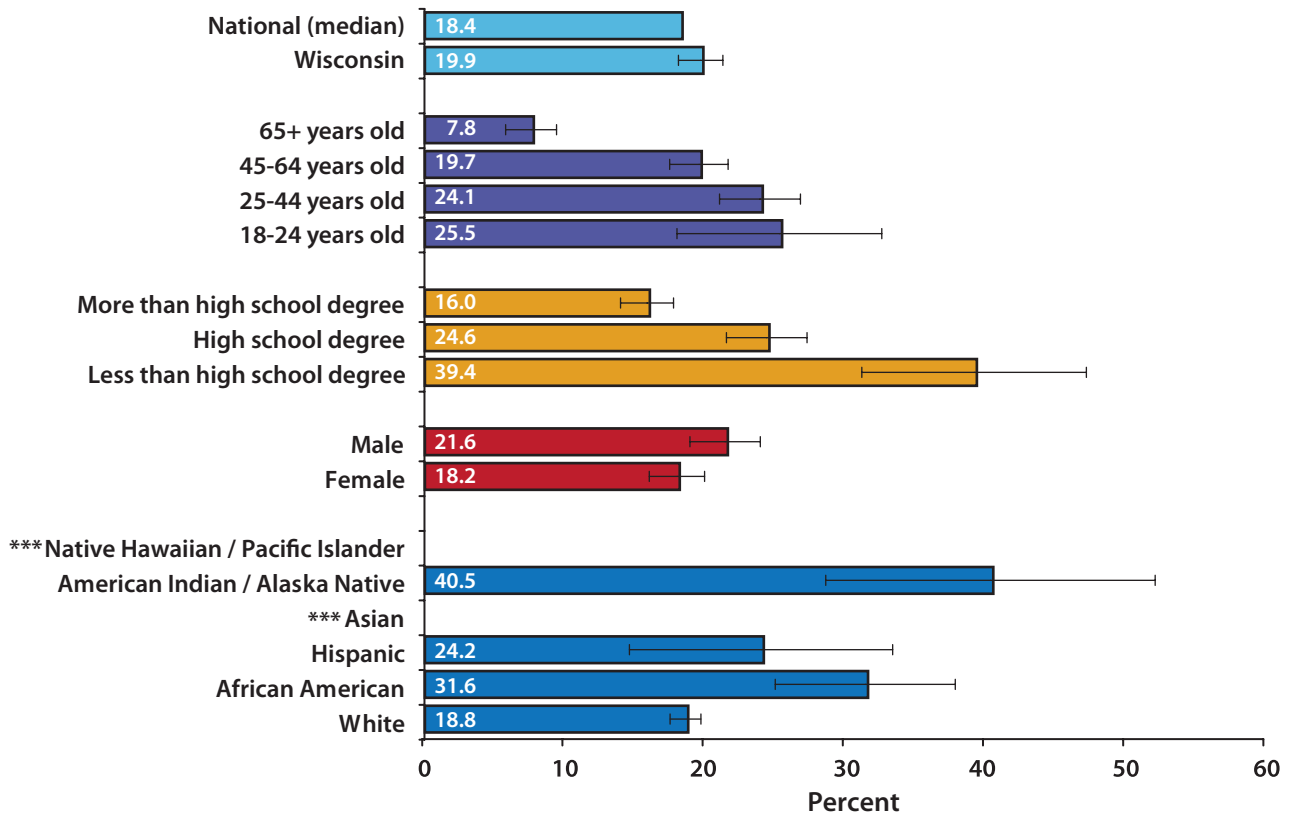
## Monitor

In Wisconsin, 19.9% of the adult population (ages 18+) – over 856,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Wisconsin ranks 33<sup>rd</sup> among the states.

Among youth ages 12-17, 12.2% smoke in Wisconsin. The range across all states is 6.5% to 15.9%. Wisconsin ranks 42<sup>nd</sup> among the states.

Among adults ages 35+, over 7,200 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 244.2/100,000. Wisconsin's smoking-attributable mortality rate ranks 13<sup>th</sup> among the states.

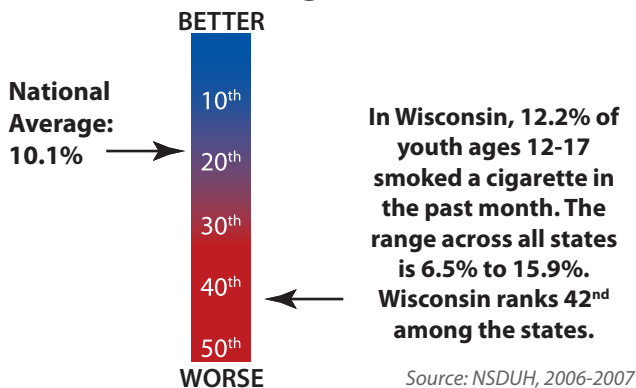
### Current Smoking among Adults by Demographic Characteristics



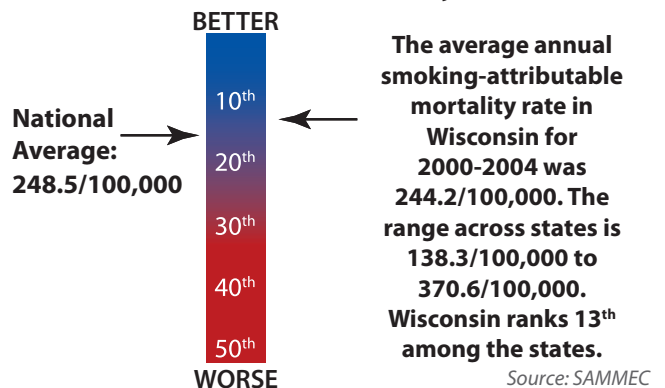
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

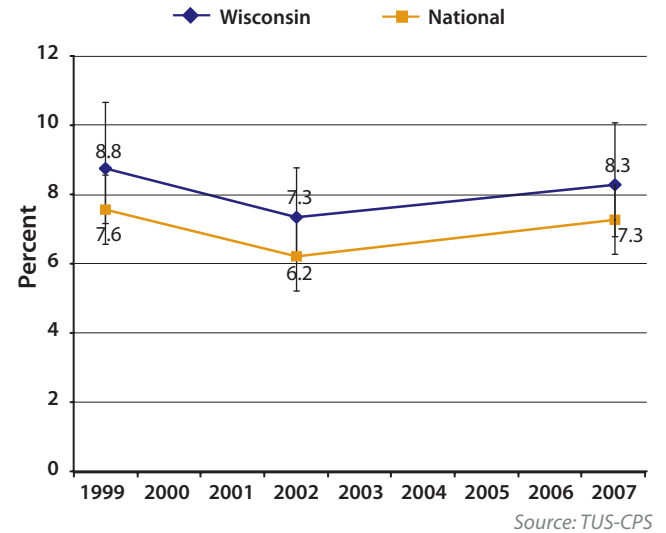


## Protect

Wisconsin does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places.



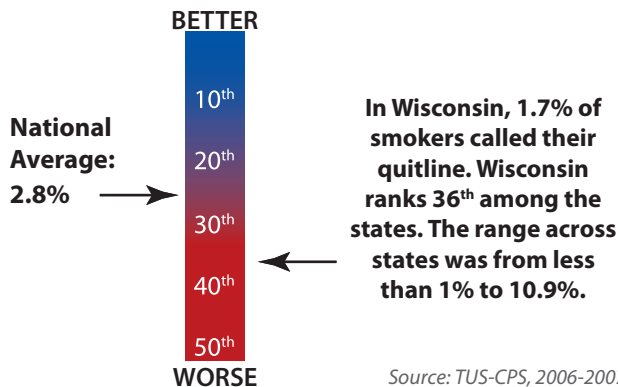
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Wisconsin than in the nation overall. Currently, Wisconsin ranks 32<sup>nd</sup> among the states for workplace exposure, at 8.3%.

## Offer



### Percent of Smokers Calling Quitline



Best Practices estimates 8% of smokers could access quitlines each year. In Wisconsin, 1.7% of smokers called their quitline.

The Medicaid fee-for-service program in Wisconsin provides only partial coverage for tobacco dependence treatment. Wisconsin's Medicaid policy provides coverage for both bupropion and varenicline. Wisconsin's Medicaid policy provides coverage for individual counseling, but not group or telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
Partial	 <b>Yes</b>	 <b>Yes</b>	Partial

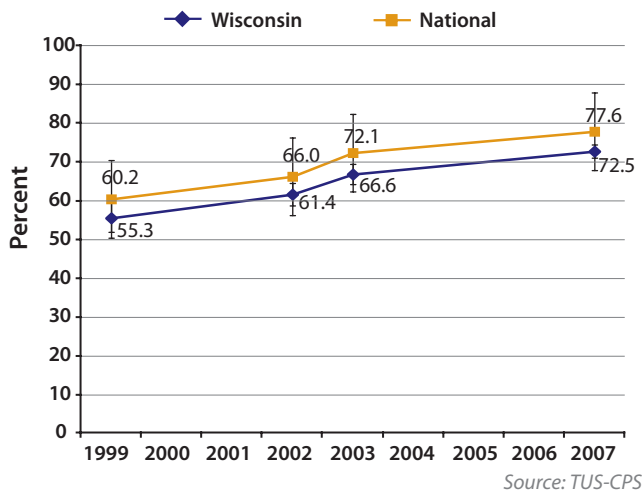
*Source: MMWR 2009, 58(43), 1199-1204.*

## Warn

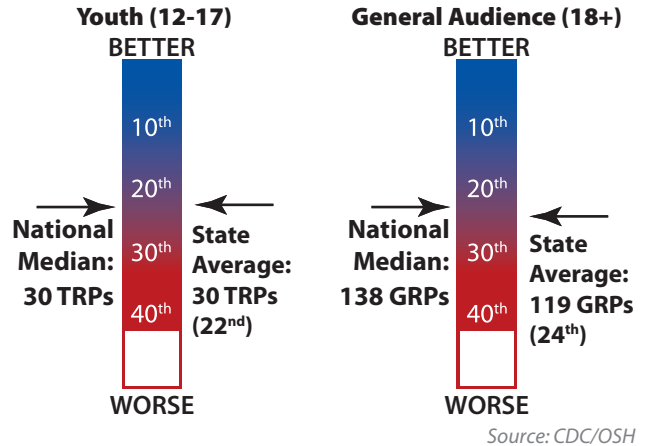
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Wisconsin, as in the nation, an increasing number of families have such a rule.

Currently, 72.5% of Wisconsin homes have this rule. Wisconsin ranks 39<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter






Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Wisconsin's major media market(s) aired an average of 30 youth TRPs and 119 general audience GRPs per quarter in 2008. Wisconsin ranks 22<sup>nd</sup> among the states for the number of youth TRPs and 24<sup>th</sup> among the states for the number of general audience GRPs aired.

## Enforce



Wisconsin preempts local regulation of tobacco industry promotions, sampling and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
 <b>No</b>	 <b>No</b>	 <b>No</b>

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

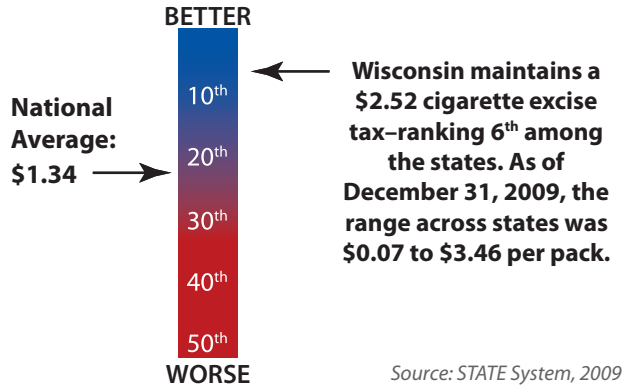
Over the Counter	Vending Machines
 <b>Yes</b>	 <b>Yes</b>

Source: STATE System, 2009

Wisconsin requires all establishments selling tobacco products over the counter and by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.

# Raise

## Amount of Cigarette Excise Tax

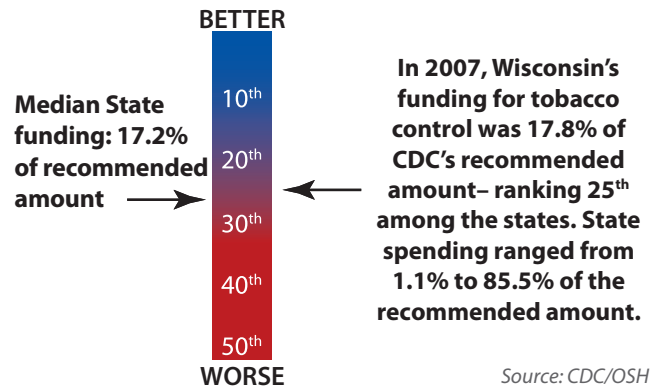


Wisconsin maintains a \$2.52 per pack tax, ranking 6<sup>th</sup> among the states.

Wisconsin has a minimum price law. Wholesalers must mark up cigarettes by 3 percent and retailers must mark up cigarettes by at least 6 percent. This law has the effect of limiting the amount of discounting that can be offered through coupons and other types of sales promotions.

Approximately 15% of the annual revenue generated from state excise taxes and settlement payments would fund Wisconsin's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Wisconsin's funding for tobacco control was 17.8% of the recommended level. Wisconsin ranks 25<sup>th</sup> among the states.

## State Funding for Tobacco Control



## Minimum Price Law for Cigarettes



**Source: CDC/OSH**

# WYOMING

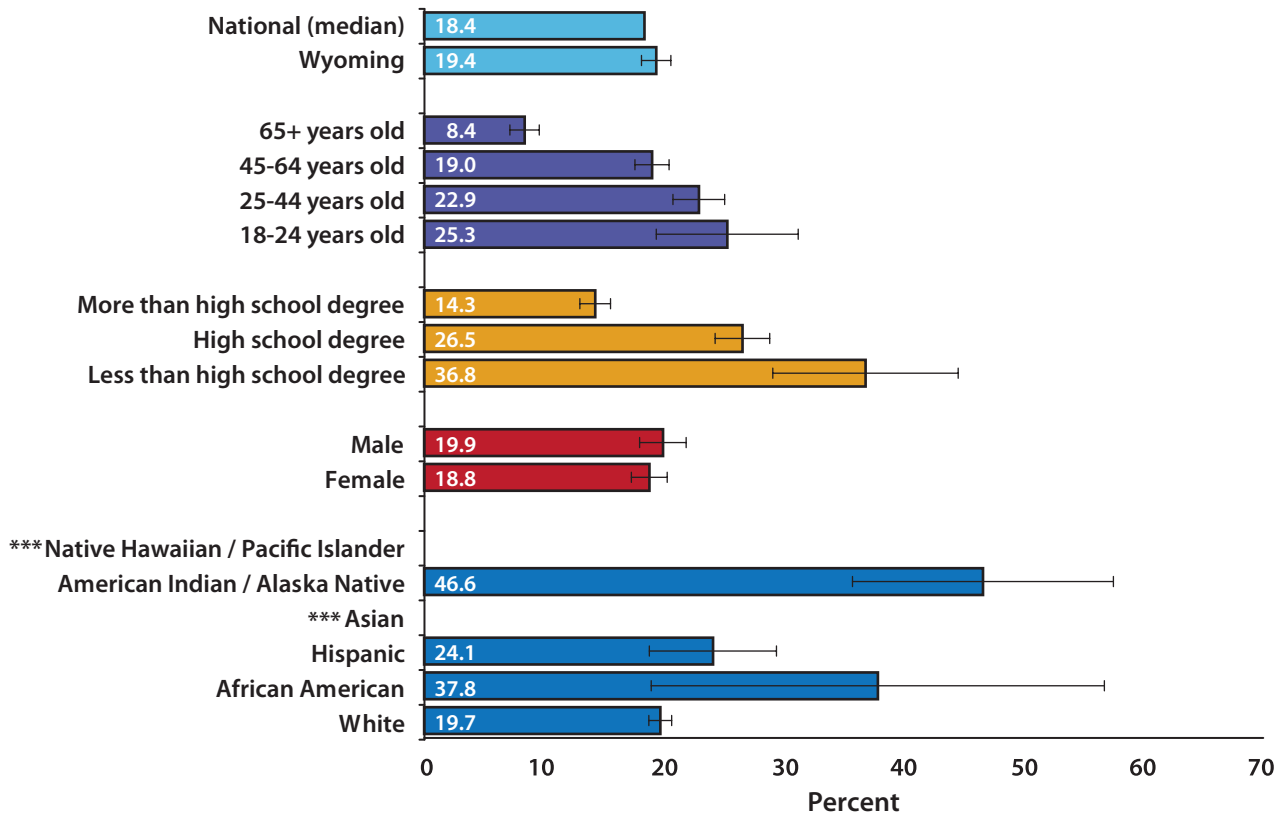
## Monitor

In Wyoming, 19.4% of the adult population (ages 18+) – over 78,000 individuals – are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Wyoming ranks 30<sup>th</sup> among the states.

Among youth ages 12-17, 14.9% smoke in Wyoming. The range across all states is 6.5% to 15.9%. Wyoming ranks 50<sup>th</sup> among the states.

Among adults ages 35+, over 700 died as a result of tobacco use per year, on average, during 2000-2004. This represents a smoking-attributable mortality rate of 283.1/100,000. Wyoming's smoking-attributable mortality rate ranks 35<sup>th</sup> among the states.

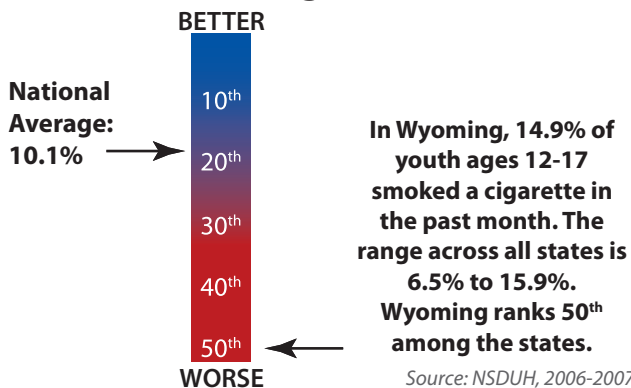
### Current Smoking among Adults by Demographic Characteristics



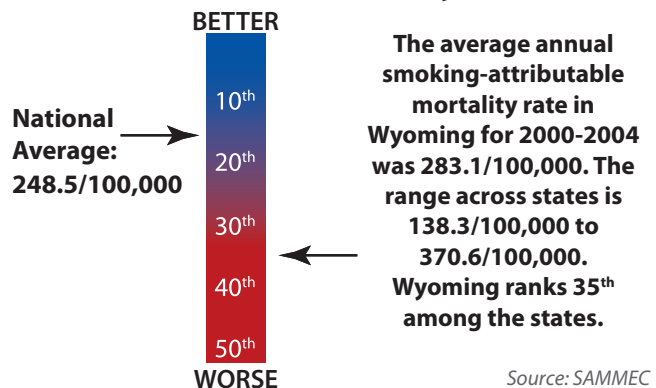
\*\*\* Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

### Past-Month Cigarette Use among Youth Ages 12-17



### Smoking-Attributable Adult (35+) Mortality

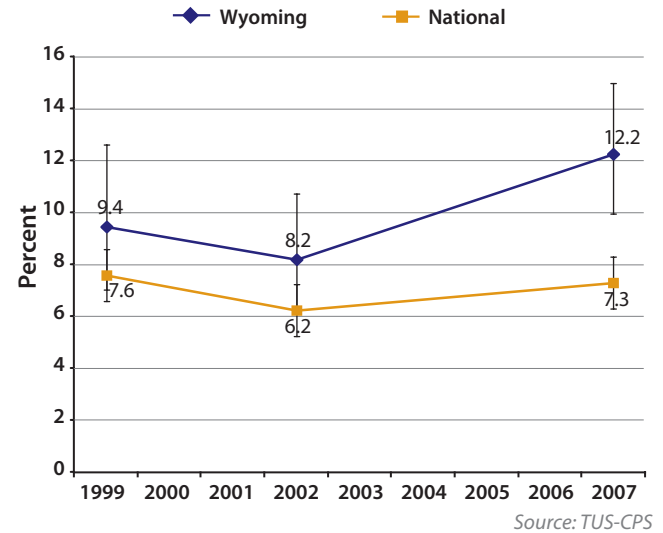


## Protect

Wyoming does not have a statewide smoke-free law that provides adequate protection against exposure to secondhand smoke in public places.



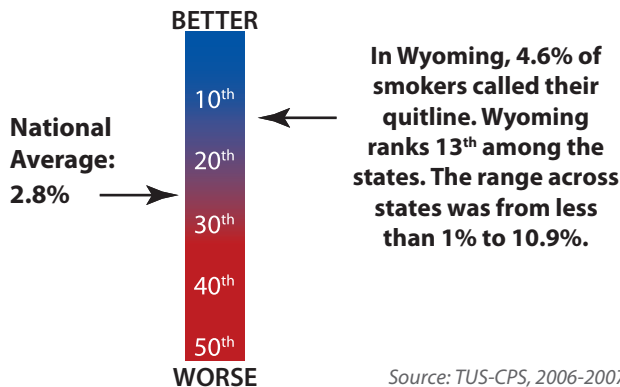
## Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks



Among adults who work indoors, the percentage who reported anyone smoking in their work area within the preceding two weeks has remained higher in Wyoming than in the nation overall. Currently, Wyoming ranks 49<sup>th</sup> among the states for workplace exposure, at 12.2%.

## Offer



### Percent of Smokers Calling Quitline



*Best Practices* estimates 8% of smokers could access quitlines each year. In Wyoming, 4.6% of smokers called their quitline.

The Medicaid fee-for-service program in Wyoming provides only partial coverage for tobacco dependence treatment. Wyoming's Medicaid policy provides coverage for both bupropion and varenicline. Wyoming's Medicaid policy provides coverage for individual and group counseling, but not telephone counseling.

### Medicaid Coverage for Counseling and Medications

Nicotine Replacement	Varenicline	Bupropion	Counseling
Partial	 <b>Yes</b>	 <b>Yes</b>	Partial

*Source: MMWR 2009, 58(43), 1199-1204.*

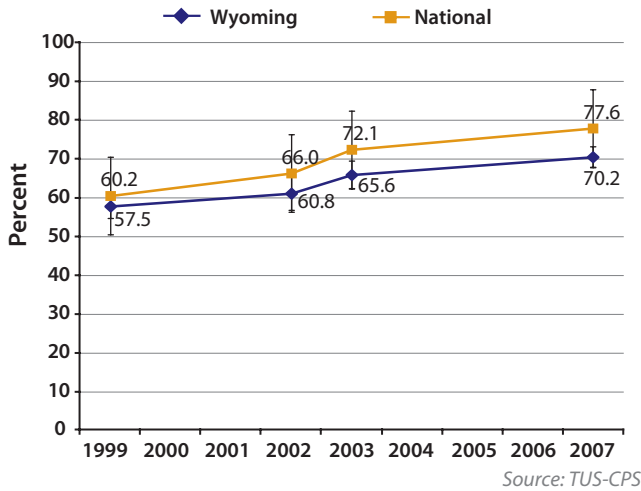
# WYOMING

## Warn

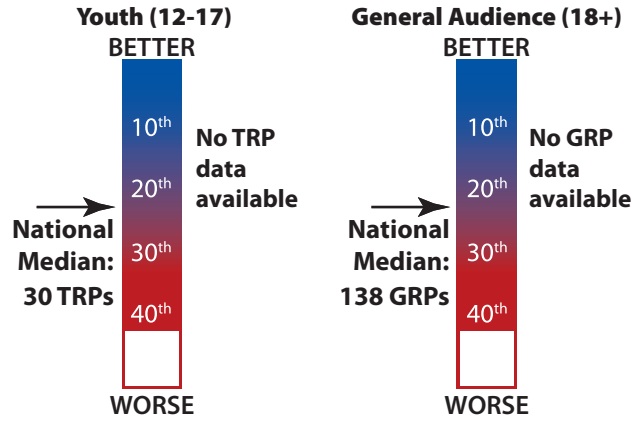
Smoke-free home rules represent awareness of the dangers of secondhand smoke. In Wyoming, as in the nation, an increasing number of families have such a rule.

Currently, 70.2% of Wyoming homes have this rule. Wyoming ranks 44<sup>th</sup> among the states.

### Households with No-Smoking Rules



### Anti-Tobacco Media Campaign Intensity, Per Quarter



Rating point data were available for 42 states and the District of Columbia. *Best Practices* recommendations translate into an average of 800 Targeted Rating Points (TRPs) in effective youth and 1200 Gross Rating Points (GRPs) in effective general audience anti-tobacco media campaigns per quarter. Wyoming has no reported TRP or GRP data.

## Enforce

Wyoming allows local regulation of tobacco industry promotions, sampling, and display of tobacco products in commercial establishments.

### State Allows Local Advertising and Promotion Laws

Display	Promotion	Sampling
Yes	Yes	Yes

Source: STATE System, 2009

### Retail Environment Tobacco Licensure

Over the Counter	Vending Machines
Yes	No

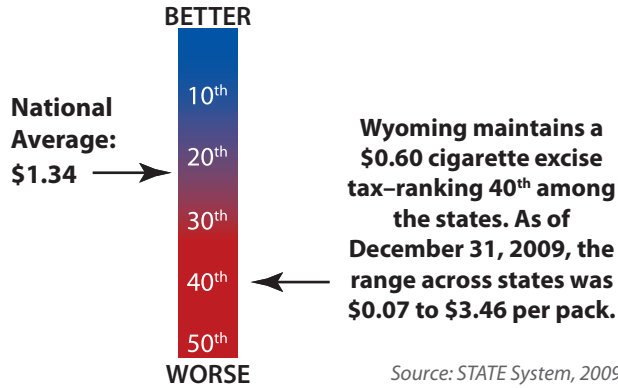
Source: STATE System, 2009

Wyoming requires all establishments selling tobacco products over the counter but not by vending machine to be licensed. Currently, 37 states require licensure for both over the counter and vending machine sales.



# Raise

## Amount of Cigarette Excise Tax



Wyoming maintains a \$0.60 per pack tax, ranking 40<sup>th</sup> among the states.

Wyoming does not have a minimum price law.

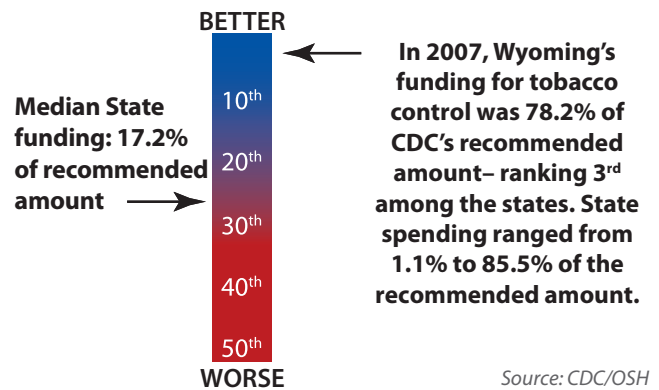
## Minimum Price Law for Cigarettes



Source: CDC/OSH

Approximately 23% of the annual revenue generated from state excise taxes and settlement payments would fund Wyoming's tobacco control program at the *Best Practices* recommended amount. However, in 2007, Wyoming's funding for tobacco control was 78.2% of the recommended level. Wyoming ranks 3<sup>rd</sup> among the states.

## State Funding for Tobacco Control



# Data Sources, Definitions and Interpretation

---

*Tobacco Control State Highlights, 2010* is intended to assist tobacco control programs in the 50 states and the District of Columbia in monitoring their progress with respect to the high-impact strategies laid out in *Best Practices* and MPOWER. The document is also intended to provide policymakers with useful and accessible state-level data to assist with decision-making. The data presented here allow readers to see how their own state performs relative to established standards as well as relative to other states and to the nation as a whole.

*Tobacco Control State Highlights, 2010* includes relevant indicators for which comparable, recent data were available on a state-by-state basis during document development. It should be noted that there are other indicators and other data sources that can be used to monitor progress. Moreover, availability of data varies by source and year. Thus, future publications of tobacco control state highlights may differ from this document in choice of indicators and data sources.

In addition, when comparing the information in *Tobacco Control State Highlights, 2010* to that in other publications, it is important to keep in mind that data are affected by the source's methodology and target population. For example, a youth survey that targets teens in high school will yield different results from a youth survey that includes younger teens and/or those not attending school. Surveys can vary in the completeness of their coverage of a target population (e.g. total population versus households possessing landline telephones), the response rate, and the sample size. These factors can affect the validity and the precision of the result. The mode of administration of a survey (e.g. a self-administered form versus an interviewer-administered form) can also affect responses. Thus, readers should use caution in attempting "apples-to-oranges" comparisons.

## ***Understanding Confidence Intervals***

---

For some indicators, such as the excise tax rate, the metric is an exactly known quantity, available in the public record, and data interpretation is straightforward. For other indicators, such as prevalence of tobacco use, the metric cannot be known exactly because it is impossible to query every single youth or adult resident in every state. Data for these metrics rely on estimates from population-based surveys. Because they are estimates, they are presented with 95% confidence intervals. These are interpreted as indicating that there is a 95% likelihood that the true prevalence is within the interval. In other words, the point estimate may be inexact but it is expected to be close to the true value, and the width of the interval indicates the likely precision of the point estimate. In this report, 95% confidence intervals are displayed on the graphics with black lines spanning the point estimates.

## ***Understanding State Ranks***

---

For many rates and percentages reported in this document, values for the 50 states and the District of Columbia are ranked from best (1) to worst (51). Caution is needed in interpreting rank scores. Although a low-number rank is always preferable to a high-number rank, a "good" rank does not necessarily indicate a near-ideal situation. For issues on which all states face challenges, a low-number rank may be achieved even though the state's situation needs improvement. The converse is true for high-number ranks.

A second consideration is that a state's rank score depends not only upon its own situation but also upon those of the other states. Thus, a state's rank can change from year to year even if its own situation remains static, simply because the situation in other states has changed. Furthermore, states necessarily achieve different ranks for rates and prevalences even if the absolute values of those metrics are very similar.

A third caution is that some of the metrics are derived from population surveys. Surveys produce estimates with some uncertainty, which is represented by the 95% confidence interval. When two states have differing point estimates but overlapping confidence intervals, it is likely that the difference between the states is not statistically significant. However, the rank score does not take the imprecision of point estimates into account. Thus, different ranks do not necessarily represent a real or meaningful difference between states for all metrics.<sup>30</sup> To better understand how each state is faring, and to assess how meaningful rank differences are, it is advisable to examine the point estimates and their confidence intervals for survey-derived estimates as well as the ranks.

Similarly, in a few instances, one or more states may have point estimates that are slightly different but appear the same when rounded for presentation. In this case, the states receive different ranks. When multiple states are exactly tied, they receive the same rank.

## **Monitor**

---

### **Current Smoking among Adults**

- Definition:
  - ▶ Overall adult smoking prevalence is the percentage of adults who are current smokers. Current smokers are defined as persons who reported smoking at least 100 cigarettes in their life and who currently smoke every day or on some days.
  - ▶ When adult smoking prevalence is presented by race/ethnicity, the result shown is for years 2007 and 2008 combined. For the overall prevalence and all other breakdowns, the result shown is for 2008 alone.
  - ▶ When adult smoking prevalence is presented by education level, the result shown is for persons ages 20 years and older. For the overall prevalence and all other breakdowns, the result shown is for persons ages 18 years and older.
  - ▶ For the race/ethnicity breakdown, persons who reported Hispanic ethnicity are included in the Hispanic category and not in any of the other race categories. Numbers are not shown for any categories that included fewer than 50 respondents.
  - ▶ Prevalence values reported here differ slightly from those published previously and online in the STATE system because the prior analyses excluded adults whose exact age was unknown.<sup>31</sup>
- Source:
  - ▶ Data were drawn from the Behavioral Risk Factor Surveillance System (BRFSS), a population-based survey that provides descriptive data on health risk behaviors for each state. Information on BRFSS can be found at <http://www.cdc.gov/brfss/>.

### **Past-Month Cigarette Use among Youth Ages 12-17**

- Definition:
  - ▶ Youth smoking is defined by the percentage of youth ages 12-17 years who reported smoking part or all of a cigarette during the past 30 days.

- Source:
  - ▶ Estimates were taken from published data from the 2006 and 2007 National Survey on Drug Use and Health (NSDUH), available at <http://www.oas.samhsa.gov/2k7/state/ageTabs.htm>. NSDUH is a national survey administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) that provides data on the prevalence, patterns, knowledge and attitudes, and consequences of drug and alcohol use and abuse in the United States. Information on NSDUH may be found at <http://www.oas.samhsa.gov/NSDUH.HTM>.

## Smoking-Attributable Adult (35+) Mortality

- Definition:
  - ▶ Smoking-attributable mortality is defined as the average total number of deaths among adults aged 35 years or older from 19 diseases caused by cigarette smoking in 2000-2004. It was calculated by multiplying the total number of deaths from these diseases by the percentage of such deaths believed due to smoking, the “smoking-attributable fraction.”
  - ▶ The smoking-attributable mortality rate was calculated by dividing the number of smoking-related deaths by the adult (35+ years of age) population. The result is presented per 100,000 population.
- Source:
  - ▶ Estimates were derived from the Smoking-Attributable Mortality, Morbidity, and Economic Cost (SAMMEC) online application maintained by CDC at <http://apps.nccd.cdc.gov/sammecc/>.

## Protect

---

### State Smoke-free Policy

- Definition:
  - ▶ State smoke-free policy is defined as a statute that prohibits smoking in workplaces, restaurants, and/or bars. (If a state statute allows exemptions for designated or ventilated smoking areas in workplaces, restaurants or bars, the state is not considered smoke-free.)
  - ▶ Preemption is defined as a state having a statute or judicial opinion that prevents local jurisdictions from enacting smoking restrictions that would be more stringent than, or different from, state law.
- Source:
  - ▶ Data were drawn from the State Tobacco Activities Tracking and Evaluation System (STATE System), an electronic data warehouse which contains tobacco-related epidemiologic and economic data and information on state legislation. The STATE System is available at <http://www.cdc.gov/tobacco/statesystem>.

### Adults Who Reported Anyone Smoking in Work Area within Past Two Weeks

- Definition:
  - ▶ The prevalence of smoking in work areas was determined by adult (ages 18 years and older) survey respondents’ reports of anyone smoking in the work area within the past two weeks.

- Source:
  - ▶ Data were drawn from the 2006-2007 Tobacco Use Supplement to the Current Population Survey (TUS-CPS), which is a National Cancer Institute-sponsored survey of tobacco use that is administered as part of the US Census Bureau's Current Population Survey. Information on TUS-CPS may be found at <http://riskfactor.cancer.gov/studies/tus-cps/>.

## Offer

---

### Percent of Smokers Calling Quitline

- Definition:
  - ▶ Quitline usage is defined by the percent of adult current smokers who made a quit attempt in the past 12 months and reported that they used a telephone help line or quit line in the attempt. Adult current smokers are defined as persons aged 18 years and older who reported ever smoking at least 100 cigarettes and who currently smoke every day or on some days.
- Source:
  - ▶ Data were drawn from the 2006-2007 Tobacco Use Supplement to the Current Population Survey (TUS-CPS), which is a National Cancer Institute-sponsored survey of tobacco use that is administered as part of the US Census Bureau's Current Population Survey. Information on TUS-CPS may be found at <http://riskfactor.cancer.gov/studies/tus-cps/>.

### Medicaid Coverage for Counseling and Medications

- Definition:
  - ▶ Medicaid coverage is defined as coverage within the state fee-for-service Medicaid plan during 2007 for nicotine replacement therapy, varenicline (Chantix™),\* bupropion (Zyban™ or its generic equivalent), and counseling. Nicotine replacement therapies include nicotine gum, patch, nasal spray, inhaler, and lozenge. Counseling includes group, individual, or telephone counseling.
- Source:
  - ▶ Centers for Disease Control and Prevention (CDC). State Medicaid Coverage for Tobacco Dependence Treatments—United States, 2007. Morbidity & Mortality Weekly Report (MMWR), 2009; 58(43);1199-1204.<sup>24</sup>  
Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5843a1.htm>.

## Warn

---

### Households with No-Smoking Rules

- Definition:
  - ▶ The prevalence of household no-smoking rules was determined by adult (ages 18 years and older) survey respondents' reports that no one is allowed to smoke anywhere inside their home.
  - ▶ Prevalence values reported here differ slightly from those published online in the STATE system because the STATE system gives results for respondents ages 15 years and older.

---

\* Use of trade names is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

- Source:
  - ▶ Data were drawn from the 2006-2007 Tobacco Use Supplement to the Current Population Survey (TUS-CPS), which is a National Cancer Institute-sponsored survey of tobacco use that is administered as part of the US Census Bureau's Current Population Survey. Information on TUS-CPS may be found at <http://riskfactor.cancer.gov/studies/tus-cps/>.

## Anti-Tobacco Media Campaign Intensity, Per Quarter

- Definition:
  - ▶ Media campaign intensity is defined by rating points, a composite metric combining reach and frequency of campaign exposure. *Reach* is the percentage of homes or people exposed at least once to a particular ad. *Frequency* is the average number of times homes or people are exposed in a given time frame. In this document, gross rating points (GRPs) = reach multiplied by frequency for households containing adults ages 18+ in the general population. Targeted rating points (TRPs) = reach multiplied by frequency for youths ages 12-17. In this document, GRPs and TRPs were averaged across major media markets in each state, per quarter, for 2008.
- Source:
  - ▶ Centers for Disease Control and Prevention (CDC), Office on Smoking and Health (OSH).
  - ▶ These data were developed by the Institute for Health Research and Policy, University of Illinois at Chicago School of Public Health, based on rating information from Nielsen Media Research, as described elsewhere.<sup>32</sup>

## Enforce

---

### State Allows Local Advertising and Promotion Laws

- Definition:
  - ▶ A state is defined as allowing local policies regarding the sampling, promotion, or display of tobacco products if the state does not have a statute that preempts local policies.
  - ▶ Preemption is defined as a state having a statute that prevents local jurisdictions from enacting advertising restrictions that would be more stringent than, or different from, state law.
- Source:
  - ▶ Data were drawn from the State Tobacco Activities Tracking and Evaluation System (STATE System), an electronic data warehouse which contains tobacco-related epidemiologic and economic data and information on state legislation. The STATE System is available at <http://www.cdc.gov/tobacco/statesystem>.

### Retail Environment Tobacco Licensure

- Definition:
  - ▶ An over the counter retail license is defined as a state statute that requires retailers to obtain a license to sell tobacco products directly to consumers.
  - ▶ A vending machine retail license is defined as a state statute that requires operators to obtain a license to sell tobacco products through tobacco vending machines.

- Source:
  - ▶ Data were drawn from the State Tobacco Activities Tracking and Evaluation System (STATE System), an electronic data warehouse which contains tobacco-related epidemiologic and economic data and information on state legislation. The STATE System is available at <http://www.cdc.gov/tobacco/statesystem>.

## Raise

---

### Amount of Cigarette Excise Tax

- Definition:
  - ▶ State cigarette excise tax is defined as the amount of tax levied on a pack of 20 cigarettes.
  - ▶ The national average sales tax was calculated as a simple average of the 51 state taxes.
- Source:
  - ▶ Data were drawn from the State Tobacco Activities Tracking and Evaluation System (STATE System), an electronic data warehouse which contains tobacco-related epidemiologic and economic data and information on state legislation. The STATE System is available at <http://www.cdc.gov/tobacco/statesystem>.

### Minimum Price Law for Cigarettes

- Definition:
  - ▶ A state minimum price law is defined as a policy that establishes a formula in state statute to set the minimum amount that retailers or wholesalers can charge for a pack of cigarettes, such as a minimum mark up or a requirement that packs not be sold for less than the wholesale price.
- Source:
  - ▶ Centers for Disease Control and Prevention (CDC), Office on Smoking and Health (OSH).

### State Funding for Tobacco Control

- Definition:
  - ▶ The state funding percentage is the amount of funds allocated by states for tobacco control activities for 2007 divided by the expenditure amount recommended in *Best Practices for Comprehensive Tobacco Control Programs – 2007*. (Note that the amount allocated at the beginning of a fiscal year does not always exactly match the amount spent during the year.)
  - ▶ The percent of annual tobacco revenue needed to fund a state tobacco control program at the *Best Practices*-recommended level is the amount a state collected in tobacco tax revenue and tobacco industry settlement payments in 2006, divided by the expenditure amount recommended in *Best Practices for Comprehensive Tobacco Control Programs – 2007*.
- Source:
  - ▶ Centers for Disease Control and Prevention (CDC), Office on Smoking and Health (OSH).
  - ▶ The data on amount allocated by states for tobacco control were provided by the Institute for Health Research and Policy, University of Illinois at Chicago School of Public Health.
  - ▶ The data on percent of annual tobacco revenue needed to fund a state tobacco control program at CDC's recommended level are drawn from *Best Practices for Comprehensive Tobacco Control Programs – 2007*.<sup>7</sup>

## Selected Indicators by Rank and State

### *Percentage of Recommended Tobacco Control Investment, 2007*

State	Ranking	Percentage of Recommended Investment
Maine	1	85.5%
Delaware	2	79.4%
Wyoming	3	78.2%
Alaska	4	70.7%
Hawaii	5	66.6%
Vermont	6	61.8%
Montana	7	57.3%
Colorado	8	48.7%
North Dakota	9	47.1%
Arkansas	10	44.3%
Washington	11	42.6%
Minnesota	12	39.2%
New Mexico	13	38.9%
Arizona	14	38.2%
Utah	15	35.6%
New York	16	34.8%
Maryland	17	32.2%
Ohio	18	32.1%
Oklahoma	19	25.8%
West Virginia	20	24.1%
Iowa	21	21.0%
Pennsylvania	22	20.5%
Nebraska	23	20.3%
California	24	19.2%
Wisconsin	25	17.8%
Louisiana	26	17.2%
North Carolina	27	16.0%
South Dakota	28	15.7%
Indiana	29	15.3%
Rhode Island	30	14.6%
Nevada	31	14.6%
Virginia	32	14.1%
Idaho	33	12.8%
Massachusetts	34	11.4%
Oregon	35	11.1%
New Jersey	36	10.4%
District of Columbia	37	10.0%
Kansas	38	7.5%
Connecticut	39	7.0%
Illinois	40	6.3%
Kentucky	41	6.0%
New Hampshire	42	5.9%
South Carolina	43	5.4%
Alabama	44	3.7%
Florida	45	3.1%
Georgia	46	2.7%
Texas	47	2.3%
Michigan	48	2.1%
Missouri	49	1.7%
Mississippi	50	1.4%
Tennessee	51	1.1%

Source: CDC/OSH, 2009



## ***State Cigarette Excise Tax per Pack as of December 31, 2009***

---

<b>State</b>	<b>Ranking</b>	<b>Tax Amount</b>
Rhode Island	1	\$3.460
Connecticut	2	\$3.000
New York	3	\$2.750
New Jersey	4	\$2.700
Hawaii	5	\$2.600
Wisconsin	6	\$2.520
Massachusetts	7	\$2.510
District of Columbia	8	\$2.500
Vermont	9	\$2.240
Washington	10	\$2.025
Alaska	11	\$2.000
Arizona	11	\$2.000
Maine	11	\$2.000
Maryland	11	\$2.000
Michigan	11	\$2.000
New Hampshire	16	\$1.780
Montana	17	\$1.700
Delaware	18	\$1.600
Pennsylvania	18	\$1.600
South Dakota	20	\$1.530
Texas	21	\$1.410
Iowa	22	\$1.360
Florida	23	\$1.339
Ohio	24	\$1.250
Minnesota	25	\$1.230
Oregon	26	\$1.180
Arkansas	27	\$1.150
Oklahoma	28	\$1.030
Indiana	29	\$0.995
Illinois	30	\$0.980
New Mexico	31	\$0.910
California	32	\$0.870
Colorado	33	\$0.840
Nevada	34	\$0.800
Kansas	35	\$0.790
Utah	36	\$0.695
Mississippi	37	\$0.680
Nebraska	38	\$0.640
Tennessee	39	\$0.620
Kentucky	40	\$0.600
Wyoming	40	\$0.600
Idaho	42	\$0.570
West Virginia	43	\$0.550
North Carolina	44	\$0.450
North Dakota	45	\$0.440
Alabama	46	\$0.425
Georgia	47	\$0.370
Louisiana	48	\$0.360
Virginia	49	\$0.300
Missouri	50	\$0.170
South Carolina	51	\$0.070

Source: STATE System, 2009

## 100% Smoke-Free Indoor Air Laws as of December 31, 2009

State	Ranking	Worksite	Restaurant	Bar
Arizona	Full Coverage	YES	YES	YES
Colorado	Full Coverage	YES	YES	YES
D.C.	Full Coverage	YES	YES	YES
Delaware	Full Coverage	YES	YES	YES
Hawaii	Full Coverage	YES	YES	YES
Illinois	Full Coverage	YES	YES	YES
Iowa	Full Coverage	YES	YES	YES
Maine	Full Coverage	YES	YES	YES
Maryland	Full Coverage	YES	YES	YES
Massachusetts	Full Coverage	YES	YES	YES
Minnesota	Full Coverage	YES	YES	YES
Montana	Full Coverage	YES	YES	YES
Nebraska	Full Coverage	YES	YES	YES
New Jersey	Full Coverage	YES	YES	YES
New Mexico	Full Coverage	YES	YES	YES
New York	Full Coverage	YES	YES	YES
Ohio	Full Coverage	YES	YES	YES
Oregon	Full Coverage	YES	YES	YES
Rhode Island	Full Coverage	YES	YES	YES
Utah	Full Coverage	YES	YES	YES
Vermont	Full Coverage	YES	YES	YES
Washington	Full Coverage	YES	YES	YES
Florida	Partial Coverage (2 of 3)	YES	YES	NO
Louisiana	Partial Coverage (2 of 3)	YES	YES	NO
Nevada	Partial Coverage (2 of 3)	YES	YES	NO
South Dakota	Partial Coverage (2 of 3)	YES	YES	NO
Arkansas	Partial Coverage (1 of 3)	YES	NO	NO
North Dakota	Partial Coverage (1 of 3)	YES	NO	NO
Pennsylvania	Partial Coverage (1 of 3)	YES	NO	NO
Tennessee	Partial Coverage (1 of 3)	YES	NO	NO
Idaho	Partial Coverage (1 of 3)	NO	YES	NO
New Hampshire	Partial Coverage (1 of 3)	NO	YES	NO
Alabama	No Coverage	NO	NO	NO
Alaska	No Coverage	NO	NO	NO
California	No Coverage	NO	NO	NO
Connecticut	No Coverage	NO	NO	NO
Georgia	No Coverage	NO	NO	NO
Indiana	No Coverage	NO	NO	NO
Kansas	No Coverage	NO	NO	NO
Kentucky	No Coverage	NO	NO	NO
Michigan*	No Coverage	NO	NO	NO
Mississippi	No Coverage	NO	NO	NO
Missouri	No Coverage	NO	NO	NO
North Carolina***	No Coverage	NO	NO	NO
Oklahoma	No Coverage	NO	NO	NO
South Carolina	No Coverage	NO	NO	NO
Texas	No Coverage	NO	NO	NO
Virginia	No Coverage	NO	NO	NO
West Virginia	No Coverage	NO	NO	NO
Wisconsin**	No Coverage	NO	NO	NO
Wyoming	No Coverage	NO	NO	NO

\* Law providing full protection becomes effective May 1, 2010

\*\* Law providing full protection becomes effective July 5, 2010

\*\*\* Law providing partial protection in two locations becomes effective January 2, 2010

Source: STATE System, 2009

## **Tobacco Counter-Marketing Media Intensity – Youth Quarterly Target Rating Points, 2008**

---

<b>State</b>	<b>Ranking</b>	<b>Rating Points</b>
Utah	1	1070
New York	2	395
Florida	3	321
North Carolina	4	308
Indiana	5	266
Washington	6	255
Iowa	7	249
California	8	138
Hawaii	9	134
Colorado	10	118
Nebraska	11	106
Pennsylvania	12	93
New Mexico	13	80
Massachusetts	14	76
West Virginia	15	68
Virginia	16	65
Louisiana	17	62
Oregon	18	60
Connecticut	19	50
Arkansas	20	49
Michigan	21	37
Wisconsin	22	30
Kansas	23	29
South Dakota	24	23
Arizona	25	23
Maryland	26	22
District of Columbia	27	20
Minnesota	28	15
Illinois	29	14
Idaho	30	14
Ohio	31	11
South Carolina	32	6
Nevada	33	4
Missouri	34	2
Oklahoma	35	2
Maine	36	1
Kentucky	37	<1
Alabama	38	0
Georgia	38	0
Mississippi	38	0
North Dakota	38	0
Tennessee	38	0
Texas	38	0
New Hampshire	No Data	No Data
New Jersey	No Data	No Data
Alaska	No Data	No Data
Delaware	No Data	No Data
Montana	No Data	No Data
Rhode Island	No Data	No Data
Vermont	No Data	No Data
Wyoming	No Data	No Data

Source: CDC/OSH, 2010

## **Tobacco Counter-Marketing Media Intensity – Household Quarterly Gross Rating Points, 2008**

---

<b>State</b>	<b>Ranking</b>	<b>Rating Points</b>
Utah	1	4766
New York	2	2389
Florida	3	1183
Hawaii	4	1003
Iowa	5	969
Indiana	6	722
California	7	670
Nebraska	8	631
Washington	9	575
Pennsylvania	10	556
North Carolina	11	549
Massachusetts	12	433
Oregon	13	363
Colorado	14	344
West Virginia	15	289
New Mexico	16	253
South Dakota	17	218
Maryland	18	171
Louisiana	19	157
Michigan	20	151
Illinois	21	146
Kansas	22	138
Virginia	23	135
Wisconsin	24	119
District of Columbia	25	118
Arizona	26	111
South Carolina	27	105
Idaho	28	99
Minnesota	29	67
Connecticut	30	59
Arkansas	31	52
Oklahoma	32	37
Ohio	33	26
Nevada	34	18
Maine	35	11
Missouri	36	8
Kentucky	37	1
Tennessee	38	1
Texas	39	<1
Alabama	40	0
Georgia	40	0
Mississippi	40	0
North Dakota	40	0
New Hampshire	No Data	No Data
New Jersey	No Data	No Data
Alaska	No Data	No Data
Delaware	No Data	No Data
Montana	No Data	No Data
Rhode Island	No Data	No Data
Vermont	No Data	No Data
Wyoming	No Data	No Data

Source: CDC/OSH, 2010

## **Medicaid Fee-for-Service Coverage for Tobacco Dependence Treatments, 2007**

---

<b>State</b>	<b>Medications</b>	<b>Counseling</b>
Indiana	ALL	YES
Massachusetts	ALL	YES
Minnesota	ALL	YES
New Mexico	ALL	YES
Oklahoma	ALL	YES
Oregon	ALL	YES
Pennsylvania	ALL	YES
Colorado	ALL	PREGNANT ONLY
Mississippi	ALL	PREGNANT ONLY
New Hampshire	ALL	PREGNANT ONLY
Utah	ALL	PREGNANT ONLY
Virginia	ALL	PREGNANT ONLY
California	ALL	NO
Delaware	ALL	NO
District of Columbia	ALL	NO
Hawaii	ALL	NO
Idaho	ALL	NO
Illinois	ALL	NO
Montana	ALL	NO
Nevada	ALL	NO
New Jersey	ALL	NO
North Carolina	ALL	NO
Ohio	ALL	NO
South Carolina	ALL	NO
Vermont	ALL	NO
Alaska	SOME	YES
Arkansas	SOME	YES
Maine	SOME	YES
Maryland	SOME	YES
Michigan	SOME	YES
North Dakota	SOME	YES
West Virginia	SOME	YES
Wisconsin	SOME	YES
Wyoming	SOME	YES
Iowa	SOME	PREGNANT ONLY
Florida	SOME	NO
Kansas	SOME	NO
Louisiana	SOME	NO
New York	SOME	NO
South Dakota	SOME	NO
Texas	SOME	NO
Washington	PREGNANT ONLY	PREGNANT ONLY
Rhode Island	NO	YES
Arizona	NO	PREGNANT ONLY
Kentucky	NO	PREGNANT ONLY
Alabama	NO	NO
Connecticut	NO	NO
Georgia	NO	NO
Missouri	NO	NO
Nebraska	NO	NO
Tennessee	NO	NO

Source: MMWR 2009, 58(43), 1199-1204.

# Data for All Indicators, by State

State	Prevalence of Current Smoking among Adults, 2008 (95% Confidence Interval)		Prevalence of Current Smoking among Youth, 2006-2007 (95% Prediction Interval)		Tobacco-Related Death Rate per 100,000 among Adults, 2000-2004	100% Smoke-Free Indoor Air Laws, 12/31/2009			Prevalence of Smoking in Work Areas, 2006-2007 (95% Confidence Interval)	
						Worksites	Restaurants	Bars		
Alabama	22.1%	(20.3% - 24.0%)	12.0%	(10.1% - 14.1%)	317.5	NO	NO	NO	8.8%	(6.5% - 11.7%)
Alaska	21.5%	(19.0% - 24.0%)	9.7%	(8.0% - 11.6%)	270.4	NO	NO	NO	8.5%	(6.6% - 10.9%)
Arizona	15.9%	(13.8% - 18.1%)	10.6%	(8.7% - 12.8%)	247.4	YES	YES	YES	6.7%	(5.2% - 8.6%)
Arkansas	22.3%	(20.6% - 24.0%)	14.5%	(12.3% - 17.0%)	323.7	YES	NO	NO	6.2%	(4.6% - 8.3%)
California	14.0%	(13.1% - 15.0%)	6.9%	(6.0% - 7.9%)	235.0	NO	NO	NO	5.4%	(4.8% - 6.1%)
Colorado	17.6%	(16.6% - 18.7%)	10.3%	(8.6% - 12.4%)	237.6	YES	YES	YES	5.0%	(3.7% - 6.6%)
Connecticut	15.9%	(14.5% - 17.4%)	9.8%	(8.1% - 11.7%)	238.3	NO	NO	NO	7.4%	(5.9% - 9.3%)
Delaware	17.8%	(16.0% - 19.6%)	9.3%	(7.7% - 11.2%)	280.9	YES	YES	YES	2.8%	(2.0% - 4.1%)
District of Columbia	16.2%	(14.6% - 17.9%)	7.2%	(5.9% - 8.9%)	249.9	YES	YES	YES	3.2%	(2.2% - 4.5%)
Florida	17.5%	(16.2% - 18.9%)	9.5%	(8.5% - 10.7%)	258.8	YES	YES	NO	5.3%	(4.5% - 6.3%)
Georgia	19.5%	(17.9% - 21.2%)	10.0%	(8.3% - 12.0%)	299.4	NO	NO	NO	6.5%	(5.2% - 8.3%)
Hawaii	15.4%	(14.1% - 16.8%)	6.8%	(5.4% - 8.6%)	167.6	YES	YES	YES	7.9%	(6.0% - 10.3%)
Idaho	16.9%	(15.3% - 18.4%)	8.9%	(7.3% - 10.8%)	237.4	NO	YES	NO	5.5%	(4.2% - 7.1%)
Illinois	21.3%	(19.6% - 23.0%)	10.2%	(9.1% - 11.4%)	263.1	YES	YES	YES	8.5%	(6.9% - 10.4%)
Indiana	26.0%	(24.0% - 28.1%)	11.8%	(9.9% - 14.0%)	308.9	NO	NO	NO	8.7%	(6.6% - 11.3%)
Iowa	18.8%	(17.4% - 20.2%)	11.7%	(9.9% - 13.8%)	248.0	YES	YES	YES	10.1%	(8.7% - 11.7%)
Kansas	17.9%	(16.7% - 19.1%)	11.9%	(10.0% - 14.0%)	262.7	NO	NO	NO	7.9%	(6.4% - 9.8%)
Kentucky	25.2%	(23.5% - 26.9%)	15.9%	(13.6% - 18.5%)	370.6	NO	NO	NO	10.7%	(9.0% - 12.5%)
Louisiana	20.5%	(19.0% - 21.9%)	11.0%	(9.3% - 13.0%)	299.8	YES	YES	NO	9.0%	(6.5% - 12.3%)
Maine	18.2%	(16.9% - 19.5%)	11.4%	(9.5% - 13.5%)	289.8	YES	YES	YES	4.7%	(3.6% - 6.1%)
Maryland	14.9%	(13.8% - 16.0%)	8.8%	(7.3% - 10.5%)	261.9	YES	YES	YES	6.4%	(5.2% - 8.0%)
Massachusetts	16.1%	(15.2% - 17.0%)	9.5%	(7.8% - 11.5%)	249.4	YES	YES	YES	5.6%	(4.2% - 7.3%)
Michigan	20.5%	(19.3% - 21.6%)	10.7%	(9.6% - 11.9%)	281.9	NO	NO	NO	8.4%	(7.0% - 10.1%)
Minnesota	17.6%	(15.9% - 19.2%)	11.7%	(9.8% - 13.8%)	215.1	YES	YES	YES	5.9%	(4.7% - 7.3%)
Mississippi	22.7%	(21.3% - 24.1%)	9.4%	(7.8% - 11.2%)	333.6	NO	NO	NO	10.2%	(7.2% - 14.1%)
Missouri	25.0%	(23.1% - 26.8%)	11.8%	(10.0% - 14.0%)	307.8	NO	NO	NO	12.4%	(10.3% - 14.9%)
Montana	18.5%	(17.1% - 20.0%)	12.2%	(10.2% - 14.6%)	276.0	YES	YES	YES	6.8%	(4.4% - 10.5%)
Nebraska	18.4%	(17.0% - 19.8%)	11.0%	(9.3% - 13.0%)	235.8	YES	YES	YES	7.6%	(6.2% - 9.3%)
Nevada	22.2%	(20.1% - 24.3%)	10.2%	(8.5% - 12.2%)	343.7	YES	YES	NO	16.9%	(14.5% - 19.7%)
New Hampshire	17.1%	(15.8% - 18.3%)	9.8%	(8.1% - 11.8%)	272.4	NO	YES	NO	4.5%	(3.6% - 5.5%)
New Jersey	14.8%	(13.7% - 15.8%)	9.1%	(7.6% - 10.9%)	239.5	YES	YES	YES	5.4%	(4.1% - 7.1%)
New Mexico	19.4%	(17.8% - 20.9%)	11.8%	(9.8% - 14.2%)	234.0	YES	YES	YES	10.2%	(7.6% - 13.7%)
New York	16.8%	(15.6% - 18.0%)	8.2%	(7.2% - 9.3%)	246.1	YES	YES	YES	6.1%	(5.3% - 7.2%)
North Carolina	20.9%	(19.9% - 21.9%)	10.8%	(9.1% - 12.7%)	298.4	NO	NO	NO	8.8%	(7.3% - 10.7%)
North Dakota	18.1%	(16.5% - 19.7%)	12.4%	(10.5% - 14.5%)	225.6	YES	NO	NO	5.4%	(4.3% - 6.8%)
Ohio	20.1%	(19.0% - 21.3%)	12.9%	(11.7% - 14.1%)	299.1	YES	YES	YES	8.2%	(6.9% - 9.8%)
Oklahoma	24.7%	(23.4% - 26.1%)	13.3%	(11.1% - 15.8%)	332.1	NO	NO	NO	10.2%	(7.6% - 13.6%)
Oregon	16.3%	(14.8% - 17.8%)	9.7%	(8.0% - 11.7%)	263.3	YES	YES	YES	5.1%	(3.6% - 7.3%)
Pennsylvania	21.3%	(20.0% - 22.6%)	11.8%	(10.6% - 13.0%)	259.0	YES	NO	NO	8.7%	(7.5% - 10.1%)
Rhode Island	17.4%	(15.7% - 19.0%)	11.3%	(9.5% - 13.5%)	266.8	YES	YES	YES	4.4%	(3.3% - 5.8%)
South Carolina	20.0%	(18.6% - 21.4%)	11.8%	(9.9% - 14.0%)	293.4	NO	NO	NO	9.0%	(7.4% - 10.9%)
South Dakota	17.5%	(16.2% - 18.9%)	12.5%	(10.6% - 14.7%)	239.2	YES	YES	NO	8.3%	(6.8% - 10.1%)
Tennessee	23.1%	(21.1% - 25.2%)	13.0%	(11.1% - 15.1%)	325.0	YES	NO	NO	9.7%	(8.0% - 11.8%)
Texas	18.5%	(17.1% - 19.9%)	9.5%	(8.5% - 10.6%)	273.1	NO	NO	NO	8.0%	(7.0% - 9.1%)
Utah	9.3%	(8.2% - 10.4%)	6.5%	(5.1% - 8.3%)	138.3	YES	YES	YES	4.5%	(3.3% - 6.0%)
Vermont	16.8%	(15.6% - 18.0%)	11.3%	(9.5% - 13.3%)	247.5	YES	YES	YES	6.9%	(5.4% - 8.7%)
Virginia	16.4%	(14.8% - 18.0%)	11.0%	(9.3% - 13.0%)	267.0	NO	NO	NO	6.3%	(5.0% - 7.8%)
Washington	15.7%	(15.0% - 16.4%)	9.7%	(8.1% - 11.6%)	261.0	YES	YES	YES	4.3%	(3.0% - 6.1%)
West Virginia	26.5%	(24.8% - 28.3%)	12.6%	(10.7% - 14.8%)	344.3	NO	NO	NO	5.9%	(4.1% - 8.4%)
Wisconsin	19.9%	(18.3% - 21.5%)	12.2%	(10.4% - 14.4%)	244.2	NO	NO	NO	8.3%	(6.8% - 10.1%)
Wyoming	19.4%	(18.1% - 20.6%)	14.9%	(12.7% - 17.5%)	283.1	NO	NO	NO	12.2%	(9.9% - 15.0%)
U.S. mean			10.1%	(9.8% - 10.4%)	248.5				7.3%	(7.0% - 7.5%)
U.S. median	18.4%									

**Data Sources:** *BRFSS*      *NSDUH*      *SAMMEC*      *STATE*      *TUS-CPS*

# Data for All Indicators, by State (continued)

State	Prevalence of Smokers Calling State Quitline, 2006-2007 (95% Confidence Interval)		Medicaid Fee-for-Service Coverage for Tobacco Dependence Treatments, 2007		Prevalence of Households with No-Smoking Rules, 2006-2007 (95% Confidence Interval)		Tobacco Counter-Marketing Media Intensity, per Quarter, 2008	
			Medications	Counseling			TRPs (Youth)	GRPs (Adult Households)
Alabama	1.8%	(0.5% - 5.9%)	NO	NO	73.8%	(70.3% - 77.2%)	0	0
Alaska	3.1%	(1.4% - 6.5%)	SOME	YES	79.5%	(76.3% - 82.7%)	No Data	No Data
Arizona	1.5%	(0.4% - 6.0%)	NO	PREGNANT ONLY	82.6%	(80.3% - 84.9%)	23	111
Arkansas	3.0%	(1.2% - 7.6%)	SOME	YES	65.1%	(60.1% - 70.2%)	49	52
California	3.5%	(2.1% - 5.7%)	ALL	NO	87.6%	(86.7% - 88.4%)	138	670
Colorado	4.1%	(2.3% - 7.2%)	ALL	PREGNANT ONLY	82.6%	(80.6% - 84.5%)	118	344
Connecticut	2.1%	(0.9% - 4.8%)	NO	NO	79.5%	(77.3% - 81.7%)	50	59
Delaware	8.3%	(4.8% - 13.9%)	ALL	NO	77.5%	(75.2% - 79.8%)	No Data	No Data
District of Columbia	3.5%	(1.6% - 7.5%)	ALL	NO	73.7%	(71.4% - 76.0%)	20	118
Florida	1.5%	(0.7% - 3.0%)	SOME	NO	84.0%	(82.8% - 85.2%)	321	1183
Georgia	1.2%	(0.4% - 3.9%)	NO	NO	79.2%	(77.1% - 81.3%)	0	0
Hawaii	6.0%	(3.0% - 11.8%)	ALL	NO	83.7%	(81.4% - 86.0%)	134	1003
Idaho	2.5%	(0.8% - 7.5%)	ALL	NO	87.3%	(83.5% - 91.1%)	14	99
Illinois	2.4%	(1.2% - 5.0%)	ALL	NO	73.8%	(72.1% - 75.6%)	14	146
Indiana	0.6%	(0.1% - 2.8%)	ALL	YES	66.2%	(62.2% - 70.3%)	266	722
Iowa	0.7%	(0.2% - 2.1%)	SOME	PREGNANT ONLY	72.4%	(70.0% - 74.8%)	249	969
Kansas	1.9%	(0.6% - 6.3%)	SOME	NO	75.5%	(72.1% - 78.9%)	29	138
Kentucky	2.3%	(1.0% - 5.0%)	NO	PREGNANT ONLY	60.9%	(58.2% - 63.6%)	<1	1
Louisiana	0.6%	(0.1% - 4.5%)	SOME	NO	74.7%	(71.4% - 78.0%)	62	157
Maine	10.9%	(7.5% - 15.6%)	SOME	YES	75.8%	(74.0% - 77.6%)	1	11
Maryland	2.2%	(1.1% - 4.3%)	SOME	YES	81.5%	(79.1% - 83.8%)	22	171
Massachusetts	1.4%	(0.4% - 5.0%)	ALL	YES	80.3%	(78.0% - 82.6%)	76	433
Michigan	2.1%	(1.2% - 3.7%)	SOME	YES	70.9%	(69.0% - 72.8%)	37	151
Minnesota	3.7%	(2.1% - 6.4%)	ALL	YES	79.3%	(77.3% - 81.3%)	15	67
Mississippi	5.0%	(2.4% - 10.1%)	ALL	PREGNANT ONLY	72.7%	(69.2% - 76.2%)	0	0
Missouri	1.7%	(0.5% - 5.4%)	NO	NO	69.5%	(66.5% - 72.6%)	2	8
Montana	9.7%	(5.6% - 16.3%)	ALL	NO	79.4%	(76.7% - 82.1%)	No Data	No Data
Nebraska	0.4%	(0.1% - 3.0%)	NO	NO	76.7%	(74.4% - 79.1%)	106	631
Nevada	1.4%	(0.4% - 4.3%)	ALL	NO	81.7%	(79.7% - 83.8%)	4	18
New Hampshire	2.1%	(0.9% - 5.1%)	ALL	PREGNANT ONLY	80.7%	(78.7% - 82.6%)	No Data	No Data
New Jersey	5.1%	(2.2% - 11.2%)	ALL	NO	82.0%	(79.8% - 84.2%)	No Data	No Data
New Mexico	3.9%	(1.7% - 8.9%)	ALL	YES	76.7%	(73.5% - 79.9%)	80	253
New York	6.0%	(3.8% - 9.3%)	SOME	NO	75.3%	(73.7% - 76.9%)	395	2389
North Carolina	1.2%	(0.4% - 3.2%)	ALL	NO	73.1%	(71.0% - 75.2%)	308	549
North Dakota	4.3%	(1.9% - 9.4%)	SOME	YES	74.8%	(71.6% - 78.0%)	0	0
Ohio	4.1%	(2.5% - 6.9%)	ALL	NO	66.7%	(64.2% - 69.2%)	11	26
Oklahoma	4.4%	(2.0% - 9.4%)	ALL	YES	71.0%	(68.1% - 73.8%)	2	37
Oregon	6.4%	(3.7% - 11.0%)	ALL	YES	84.8%	(82.4% - 87.1%)	60	363
Pennsylvania	2.2%	(1.1% - 4.5%)	ALL	YES	71.5%	(69.9% - 73.1%)	93	556
Rhode Island	3.8%	(2.0% - 6.9%)	NO	YES	77.9%	(75.8% - 79.9%)	No Data	No Data
South Carolina	0.4%	(0.1% - 2.9%)	ALL	NO	75.0%	(72.4% - 77.7%)	6	105
South Dakota	9.8%	(6.6% - 14.3%)	SOME	NO	76.7%	(74.7% - 78.8%)	23	218
Tennessee	1.1%	(0.3% - 4.3%)	NO	NO	68.9%	(66.0% - 71.9%)	0	1
Texas	1.4%	(0.7% - 2.6%)	SOME	NO	81.3%	(80.0% - 82.7%)	0	<1
Utah	5.2%	(2.9% - 9.4%)	ALL	PREGNANT ONLY	90.6%	(88.1% - 93.1%)	1070	4766
Vermont	7.3%	(4.1% - 12.5%)	ALL	NO	75.4%	(72.8% - 77.9%)	No Data	No Data
Virginia	0.4%	(0.1% - 2.5%)	ALL	PREGNANT ONLY	79.1%	(77.2% - 81.0%)	65	135
Washington	4.4%	(2.4% - 7.9%)	PREGNANT ONLY	PREGNANT ONLY	87.0%	(85.3% - 88.7%)	255	575
West Virginia	6.4%	(3.5% - 11.7%)	SOME	YES	62.6%	(58.9% - 66.4%)	68	289
Wisconsin	1.7%	(0.7% - 4.4%)	SOME	YES	72.5%	(70.8% - 74.2%)	30	119
Wyoming	4.6%	(2.4% - 8.5%)	SOME	YES	70.2%	(67.5% - 72.9%)	No Data	No Data
U.S. mean	2.8%	(2.4% - 3.1%)			77.6%	(77.2% - 77.9%)		
U.S. median							30	138

**Data Sources:** TUS-CPS MMWR 2009; 58(43): 1199-1204. TUS-CPS CDC/OSH

# Data for All Indicators, by State (continued)

State	Local Advertising and Promotion Laws Allowed, 12/31/2009			Retail Environment Tobacco Licensure, 12/31/2009		State Cigarette Excise Tax per Pack, 12/31/2009	Percentage of Recommended Tobacco Control Investment, 2007	Minimum Price Law for Cigarettes, 12/31/2009
	Display	Promotion	Sampling	Over the Counter	Vending Machines			
Alabama	YES	YES	YES	YES	YES	\$0.425	3.7%	NO
Alaska	YES	YES	YES	YES	YES	\$2.000	70.7%	YES
Arizona	YES	YES	YES	YES	NO	\$2.000	38.2%	NO
Arkansas	YES	YES	YES	YES	YES	\$1.150	44.3%	YES
California	YES	YES	YES	YES	YES	\$0.870	19.2%	NO
Colorado	YES	YES	YES	NO	NO	\$0.840	48.7%	NO
Connecticut	YES	YES	YES	YES	YES	\$3.000	7.0%	YES
Delaware	YES	YES	NO	YES	YES	\$1.600	79.4%	YES
District of Columbia	YES	YES	YES	YES	YES	\$2.500	10.0%	YES
Florida	YES	YES	YES	YES	YES	\$1.339	3.1%	NO
Georgia	YES	YES	YES	YES	YES	\$0.370	2.7%	NO
Hawaii	YES	YES	YES	YES	YES	\$2.600	66.6%	NO
Idaho	YES	YES	YES	YES	NO	\$0.570	12.8%	NO
Illinois	YES	YES	YES	YES	YES	\$0.980	6.3%	NO
Indiana	NO	NO	NO	YES	YES	\$0.995	15.3%	YES
Iowa	YES	YES	YES	YES	YES	\$1.360	21.0%	YES
Kansas	YES	YES	YES	YES	YES	\$0.790	7.5%	NO
Kentucky	NO	NO	NO	NO	YES	\$0.600	6.0%	YES
Louisiana	YES	NO	NO	YES	YES	\$0.360	17.2%	YES
Maine	YES	YES	YES	YES	YES	\$2.000	85.5%	NO
Maryland	YES	YES	YES	YES	YES	\$2.000	32.2%	YES
Massachusetts	YES	YES	YES	YES	YES	\$2.510	11.4%	YES
Michigan	NO	YES	YES	NO	YES	\$2.000	2.1%	NO
Minnesota	YES	YES	YES	NO	NO	\$1.230	39.2%	YES
Mississippi	NO	NO	NO	YES	YES	\$0.680	1.4%	YES
Missouri	YES	YES	YES	NO	NO	\$0.170	1.7%	NO
Montana	YES	YES	NO	YES	YES	\$1.700	57.3%	YES
Nebraska	YES	YES	YES	YES	YES	\$0.640	20.3%	YES
Nevada	NO	NO	YES	YES	YES	\$0.800	14.6%	NO
New Hampshire	YES	YES	YES	YES	YES	\$1.780	5.9%	NO
New Jersey	YES	YES	YES	YES	YES	\$2.700	10.4%	YES
New Mexico	YES	YES	NO	NO	NO	\$0.910	38.9%	NO
New York	YES	YES	YES	YES	YES	\$2.750	34.8%	YES
North Carolina	NO	NO	NO	YES	YES	\$0.450	16.0%	NO
North Dakota	YES	YES	YES	YES	YES	\$0.440	47.1%	NO
Ohio	YES	YES	YES	YES	YES	\$1.250	32.1%	YES
Oklahoma	NO	NO	NO	YES	YES	\$1.030	25.8%	YES
Oregon	YES	YES	YES	NO	NO	\$1.180	11.1%	NO
Pennsylvania	YES	YES	YES	YES	YES	\$1.600	20.5%	YES
Rhode Island	YES	YES	YES	YES	YES	\$3.460	14.6%	YES
South Carolina	NO	NO	NO	NO	YES	\$0.070	5.4%	NO
South Dakota	YES	NO	YES	NO	NO	\$1.530	15.7%	YES
Tennessee	NO	NO	NO	NO	NO	\$0.620	1.1%	YES
Texas	YES	YES	YES	YES	YES	\$1.410	2.3%	NO
Utah	NO	NO	NO	YES	YES	\$0.695	35.6%	NO
Vermont	YES	YES	YES	YES	YES	\$2.240	61.8%	NO
Virginia	YES	YES	YES	NO	NO	\$0.300	14.1%	NO
Washington	YES	NO	NO	YES	YES	\$2.025	42.6%	YES
West Virginia	NO	YES	YES	YES	YES	\$0.550	24.1%	NO
Wisconsin	NO	NO	NO	YES	YES	\$2.520	17.8%	YES
Wyoming	YES	YES	YES	YES	NO	\$0.600	78.2%	NO
U.S. mean						\$1.337		
U.S. median						\$1.180	17.2%	

Data Sources:

STATE

STATE

STATE

CDC/OSH

CDC/OSH



## References

---

1. Danaei G, Ding EL, Mozaffarian D, Taylor B, Rehm J, Murray CJ, Ezzati M. The preventable causes of death in the United States: comparative risk assessment of dietary, lifestyle, and metabolic risk factors. *PLoS Medicine* 2009 Apr 28;6(4):e1000058.
2. Centers for Disease Control and Prevention. Cigarette smoking among adults and trends in smoking cessation—United States, 2008. *Morbidity and Mortality Weekly Report* 2009;58(44):1227–32.
3. U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
4. Centers for Disease Control and Prevention. Cigarette smoking-attributable morbidity—United States, 2000. *Morbidity and Mortality Weekly Report* 2003;52(35):842–4.
5. Institute of Medicine. *Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*. Washington: National Research Council, 2009.
6. Centers for Disease Control and Prevention. Smoking-attributable mortality, years of potential life lost, and productivity losses—United States, 2000–2004. *Morbidity and Mortality Weekly Report* 2008;57(45):1226–8.
7. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2007*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2007.
8. The Task Force on Community Preventive Services. *The Guide to Community Preventive Services: What Works to Promote Health?* New York: Oxford University Press, 2005.
9. Institute of Medicine. *Ending the Tobacco Problem: A Blueprint for the Nation*. Washington: The National Academies Press, 2007.
10. World Health Organization. *WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER Package*. Geneva: World Health Organization, 2008.
11. Centers for Disease Control and Prevention. Declines in lung cancer rates—California, 1988–1997. *Morbidity and Mortality Weekly Report* 2000;49(47):1066–9.
12. California Department of Health Services. *California Tobacco Control Update 2006: The Social Norm Change Approach*. Sacramento: California Department of Health Services, 2006.
13. Centers for Disease Control and Prevention. *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2005.
14. U.S. Department of Health and Human Services. *Healthy People 2010: Midcourse Review*. Washington, DC: U.S. Government Printing Office, 2006.
15. U.S. Department of Health and Human Services. *Reducing Tobacco Use. A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000.
16. U.S. Department of Health and Human Services. *Women and Smoking. A Report of the Surgeon General*. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2001.

17. Centers for Disease Control and Prevention. Cigarette smoking among adults—United States, 2000. *Morbidity and Mortality Weekly Report* 2002;51(29):642–5.
18. Agency for Healthcare Research and Quality. *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service, 2008.
19. Ibrahim JK, Glanz SA. The rise and fall of tobacco control media campaigns, 1967–2006. *American Journal of Public Health* 2007;97(8):1383–96.
20. Gilpin EA, White MM, Messer K, Pierce JP. Receptivity to tobacco advertising and promotions among young adolescents as a predictor of established smoking in young adulthood. *American Journal of Public Health* 2007;97(8):1489–95.
21. Wakefield MA, Terry-McElrath YM, Chaloupka FJ, Barker DC, et al. Tobacco industry marketing at point of purchase after the 1998 MSA billboard advertising ban. *American Journal of Public Health* 2002;92(6):937–40.
22. U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Young People. A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994.
23. Feighery EC, Ribisl KM, Clark PI, Haladjian HH. How tobacco companies ensure prime placement of their advertising and products in stores: interviews with retailers about tobacco company incentive programmes. *Tobacco Control* 2003;12(2):184–8.
24. Federal Trade Commission. *Cigarette Report for 2006*. Washington: Federal Trade Commission, 2009; <http://www.ftc.gov/os/2009/08/090812cigarettereport.pdf>; accessed: March 1, 2010.
25. Centers for Disease Control and Prevention. State Medicaid coverage for tobacco dependence treatments—United States, 2007. *Morbidity and Mortality Weekly Report* 2009;58(43):1199–1204.
26. National Cancer Institute. *The Role of Media in Promoting and Reducing Tobacco Use*. Tobacco Control Monograph No. 19. Bethesda (MD): U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Cancer Institute, 2008. NIH Publication No. 07-6242.
27. Chaloupka FJ, Cummings KM, Morley CP, et al. Tax, price and cigarette smoking: evidence from the tobacco documents, and implications for tobacco company marketing strategies. *Tobacco Control* 2002;11(Suppl 1):i62–72.
28. Farrelly MC, Pechacek TF, Chaloupka FJ. The impact of tobacco control program expenditures on aggregate cigarette sales: 1981–2000. *Journal of Health Economics* 2003;22(5):843–59.
29. Tauras JA, Chaloupka FJ, Farrelly MC, Giovino GA, Wakefield, Johnston LD, O’Malley PM, Kloska DD, Pechacek TF. Tobacco control spending and youth smoking. *American Journal of Public Health* 2005;95(2):338–44.
30. Barker LE, Smith PJ, Gerzoff RB, Luman ET, McCauley MM, Strine TW. Ranking states’ immunization coverage: an example from the national immunization survey. *Statistics in Medicine*. 2005;24(4):605–13.
31. Centers for Disease Control and Prevention. Cigarette smoking among adults and trends in smoking cessation—United States, 2008. *Morbidity and Mortality Weekly Report* 2009;58(44):1227–1232.
32. Szczycka G, Emery S, Wakefield M, Chaloupka F. *The Adaptation and Use of Nielsen Media Research Commercial Rating Data to Measure Potential Exposure to Televised Smoking-Related Advertisements*. Chicago: University of Illinois at Chicago, 2003; [http://www.impactteen.org/ab\\_RPN029\\_2003.htm](http://www.impactteen.org/ab_RPN029_2003.htm); accessed: March 1, 2010.





Please  
center  
spine  
for  
final  
size of  
book



TOBACCO CONTROL STATE HIGHLIGHTS 2010

Please  
center  
spine  
for  
final  
size of  
book