





OTHER TOBACCO PRODUCT USE

- The prevalence of smokeless tobacco use among adults in Massachusetts was 1.5% in 2013. 4.0% of adult current cigarette smokers in Massachusetts were also current smokeless tobacco users in 2013.³
- In 2013, 4.8% of high school students in Massachusetts used chewing tobacco, snuff, or dip on at least one day in the past 30 days. Nationally, 8.8% of high school students used smokeless tobacco on at least one day in the past 30 days.⁴
- In 2013, 10.8% of high school students in Massachusetts smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days. Nationally, 12.6% of high school students smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days.

ECONOMICS OF TOBACCO USE AND TOBACCO CONTROL

- In FY2015, Massachusetts allocated \$3.9 million in state funds to tobacco prevention, which is 5.8% of the Centers for Disease Control and Prevention's (CDC) Annual Spending Target.
- The health care costs in Massachusetts, directly caused by smoking, amount to \$4.08 billion annually.⁴

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- State and federal Medicaid costs for Massachusetts total \$1.266 billion annually for smokingcaused health care.
- Massachusetts loses \$2.4 billion in productivity each year due to smoking.⁶
- Massachusetts received an estimated \$882 million in tobacco settlement payments and taxes in FY2015.⁵

STATE TOBACCO LAWS^{7,8}

EXCISE TAX

The state tax increased to \$3.51 per pack of cigarettes in July 2013. Little cigars are taxed \$3.51 per twenty cigars, chewing tobacco and snuff are taxed 210% of the wholesale price, and cigars and smoking tobacco are taxed 40% of the wholesale price.

CLEAN INDOOR AIR ORDINANCES

 Smoking is prohibited in all childcare centers, government workplaces, health care facilities, restaurants, bars (smoking bars are exempt), schools, casinos, retails stores, recreational facilities, and private workplaces.

YOUTH ACCESS LAWS

- The minimum age requirement for the purchase of tobacco products is 18, and penalties exist for merchants who violate this law.
- · Establishments are required to post signs stating that sales to minors are prohibited.
- Self-service tobacco product displays are prohibited except in adult-only retail stores.

CESSATION STATISTICS AND BENEFITS

- ullet The CDC estimates that 53.4% of adult smokers in Massachusetts tried to quit smoking in 2013.
- Massachusetts' Medicaid program covers all seven recommended cessation medications and individual, phone and group counseling.^{8*}
- The state Medicaid program's barriers to coverage include prior authorization requirements for some medications and minimal co-payments. 8**
- Massachusetts' state quitline invests \$1.43 per smoker; the national average investment per smoker is \$3.65.8.⁸
- Massachusetts does not have a private insurance mandate provision for cessation.

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REFERENCES

- ¹ CDC, Behavioral Risk Factor Surveillance System, 2013
- ² CDC, Youth Risk Behavior Surveillance System, 2013
- ³ CDC, State-Specific Prevalence of Cigarette Smoking and Smokeless Tobacco Use Among Adults—MMWR, United States, 2011-2013
- ⁴ CDC, Youth Risk Behavior Surveillance System, 2013
- ⁵ Campaign for Tobacco-Free Kids, Broken Promises to Our Children: A State-by-State Look at the 1998 State Tobacco Settlement 16 Years Later FY2015, 2014
- ⁶ Campaign for Tobacco-Free Kids, State Tobacco-Related Costs and Revenues, 2014
- ⁷ American Lung Association, SLATI State Reports, 2015
- ⁸ American Lung Association, State of Tobacco Control, 2015
- ° CDC, Behavioral Risk Factor Surveillance System, State Tobacco Activities Tracking and Evaluation System, 2013
- * The seven recommended cessation medications are NRT Gum, NRT Patch, NRT Nasal Spray, NRT Inhaler, NRT Lozenge, Varenicline (Chantix), and Buproprion (Zyban).
 - Fiore MC, Jaen CR, Baker TB, Bailiey WC, Benowitz NL, Curry SJ, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: US Department of Health and Human Services. Public Health Service: May 2008.
- ** Barriers could include: Duration limits, annual limits on quit attempts, prior authorization requirements, co-payments, requiring using one cessation treatment before using another and/or requiring counseling to get medications.

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