



COMPREHENSIVE TOBACCO PREVENTION AND CESSATION PROGRAMS EFFECTIVELY REDUCE TOBACCO USE

Tobacco control programs play a crucial role in the prevention of many chronic conditions such as cancer, heart disease, and respiratory illness. Comprehensive tobacco prevention and cessation programs prevent kids from starting to smoke, help adult smokers quit, educate the public, the media and policymakers about policies that reduce tobacco use, address disparities, and serve as a counter to the ever-present tobacco industry.

Recommendations for state tobacco prevention and cessation programs are best summarized in the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs*. In this guidance document, CDC recommends that states establish tobacco control programs that are comprehensive, sustainable, and accountable and include state and community interventions, public education interventions, cessation programs, surveillance and evaluation and administration and management.¹

The empirical evidence regarding the effectiveness of comprehensive tobacco prevention and cessation programs is substantial. There is more evidence than ever before that tobacco prevention and cessation programs work to reduce smoking, save lives and save money. The 2014 Surgeon General Report, *The Health Consequences of Smoking – 50 Years of Progress*, calls for a number of specific actions, including: "Fully funding comprehensive statewide tobacco control programs at CDC recommended levels."² The report also notes that, "States that have made larger investments in comprehensive tobacco control programs have seen larger declines in cigarettes sales than the nation as a whole, and the prevalence of smoking among adults and youth has declined faster, as spending for tobacco control programs has increased." Importantly, the Report finds that long term investment is critical. It states, "Experience also shows that the longer the states invest in comprehensive tobacco control programs, the greater and faster the impact." More recently, a 2020 Surgeon General's Report on Tobacco Cessation concluded that state tobacco control programs reduce smoking prevalence, increase quit attempts, and increase smoking cessation."³

In addition, the Community Preventive Services Task Force, an independent expert advisory committee created by CDC, found "strong evidence" that comprehensive tobacco control programs reduce the prevalence of tobacco use among adults and young people, reduce tobacco product consumption, increase quitting, and contribute to reductions in tobacco-related diseases and deaths. The evidence also indicates that comprehensive tobacco control programs are cost-effective, and savings from averted healthcare costs exceed intervention costs.⁴

In 2007, the Institute of Medicine and the President's Cancer Panel issued landmark reports that concluded there is overwhelming evidence that comprehensive state tobacco control programs substantially reduce tobacco use and recommended that every state fund such programs at CDC-recommended levels.⁵ In addition, the 2012 annual report to the nation on cancer found that death rates from lung cancer have dropped among women and attributed this decline to "strong, long-running, comprehensive tobacco control programs."⁶

Data from numerous states that have implemented programs consistent with CDC guidelines show significant reductions in youth and adult smoking. The most powerful evidence, however, comes from national studies that look across states and control for as many of the relevant confounding factors as possible. These rigorous studies consistently show effects of tobacco prevention and cessation programs.

- A 2018 study that examined the impact of state tobacco control spending on cigarette sales found that state spending on tobacco prevention programs is significantly associated with decreased cigarette sales. The study models predict that if states spend up to 7 times their current levels they could see significant reductions in cigarette sales. The authors concluded, "fully and sustained comprehensive tobacco control programs with sufficient resources could lead to significant reductions death, disease and economic consequences caused by tobacco use."⁷

- A study published in the *American Journal of Public Health (AJPH)*, examined state tobacco prevention and cessation funding levels from 1995 to 2003 and found that the more states spent on these programs, the larger the declines they achieved in adult smoking, even when controlling for other factors such as increased tobacco prices. The researchers also calculated that if every state had funded their programs at the levels recommended by the CDC during that period, there would have been between 2.2 million and 7.1 million fewer smokers in the United States by 2003.⁸ The Campaign for Tobacco-Free Kids estimates that such smoking declines would have saved between 700,000 and 2.2 million lives as well as between \$20 billion and \$67 billion in health care costs.
- The *AJPH* study described above adds to earlier research, using similar methods, which demonstrated the same type of relationship between program spending and youth smoking declines. A 2005 study concluded that if every state had spent the minimum amount recommended by the CDC for tobacco prevention, youth smoking rates nationally would have been between three and 14 percent lower during the study period, from 1991 to 2000. Further, if every state funded tobacco prevention at CDC minimum levels, states would prevent nearly two million kids alive today from becoming smokers, save more than 600,000 of them from premature, smoking-caused deaths, and save \$23.4 billion in long-term, smoking-related health care costs.⁹
- A 2003 study published in the *Journal of Health Economics* found that states with the best funded and most sustained tobacco prevention programs during the 1990s – Arizona, California, Massachusetts and Oregon – reduced cigarette sales more than twice as much as the country as a whole (43 percent compared to 20 percent). This study, the first to compare cigarette sales data from all the states and to isolate the impact of tobacco control program expenditures from other factors that affect cigarette sales, demonstrates that the more states spend on tobacco prevention, the greater the reductions in smoking, and the longer states invest in such programs, the larger the impact. The study concludes that cigarette sales would have declined by 18 percent instead of nine percent between 1994 and 2000 had all states fully funded tobacco prevention programs.¹⁰
- A 2013 study published in the *American Journal of Public Health*, which examined the impact of well-funded tobacco prevention programs, higher cigarette taxes and smoke-free air laws, found that each of these tobacco control policies contributed to declines in youth smoking between 2002 and 2008. The study also found that states could achieve far greater gains if they more fully implemented these proven strategies. For example, the study found that a doubling of cumulative funding for tobacco prevention programs would reduce current youth smoking by 4 percent.¹¹

An earlier study, published in the *American Journal of Health Promotion* provides further evidence of the effectiveness of comprehensive tobacco control programs and tobacco control policies. The study's findings suggest that well-funded tobacco control programs combined with strong tobacco control policies increase cessation rates. Quit rates in communities that experienced both policy and programmatic interventions were higher than quit rates in communities that had only experienced policy interventions (excise tax increases or secondhand smoke regulations). This finding supports the claim that state-based tobacco control programs can accelerate adult cessation rates in the population and have an effect beyond that predicted by tobacco-control policies alone.¹²

Data from numerous states provide additional evidence of the effectiveness of comprehensive tobacco prevention and cessation programs. States that have implemented comprehensive programs have achieved significant reductions in tobacco use among both adults and youth. The experiences in states from around the country who have invested in comprehensive prevention programs establish the following key points:

- When adequately funded, comprehensive state tobacco prevention programs quickly and substantially reduce tobacco use, save lives, and cut smoking-caused costs.

- State tobacco prevention programs must be insulated against the inevitable attempts by the tobacco industry to reduce program funding and otherwise interfere with the programs' successful operation.
- The programs' funding must be sustained over time both to protect initial tobacco use reductions and to achieve further cuts.
- When program funding is cut, progress in reducing tobacco use erodes, and the state suffers from higher levels of smoking and more smoking-caused deaths, disease, and costs.

Unfortunately, many states faced with budget difficulties have recently made the penny-wise but pound-foolish decision to slash the funding of even the most effective tobacco control programs, which will cost lives and money.*

Program Success – California

In 1988, California voters approved Proposition 99, a ballot initiative that increased state cigarette taxes by 25 cents per pack, with 20 percent of the new revenues (over \$100 million per year) earmarked for health education against tobacco use. California launched its new Tobacco Control Program in Spring 1990. Despite increased levels of tobacco marketing and promotion, a major cigarette price cut in 1993, tobacco company interference with the program, and periodic cuts in funding, the program has still reduced tobacco use and its attendant devastation substantially.

- California's comprehensive approach has reduced adult smoking significantly. From 1988 to 2011, adult smoking declined by 49 percent, from 23.7 percent to 12.0 percent. Adult adult smoking rates have continued to decline and now 8.8% of California adults currently smoke.^{13 †}
- Between 2000 and 2020, smoking prevalence among high school students decreased by 94 percent, from 21.6 percent to 1.2 percent.¹⁴
- A 2023 study found that from 1989 and 2019, California's tobacco control program was associated with declines in adult smoking and significant healthcare savings.¹⁵ Specifically, researchers estimated that over the 30-year period, the program reduced adult smoking by 2.7 percentage points and reduced consumption by an average of 119 packs per year. These smoking declines translate to enormous health care savings. The program was estimated to have reduced health care costs by between \$544 and \$816 billion, far more than that of the \$3.5 billion spent on the program over the same time period – an incredible return on investment.
- A recent study in the *Journal of the American Medical Association* demonstrates that California reduced overall smoking and high intensity smoking much faster than the rest of the country. Researchers suggest that the Tobacco Control Program's focus on changing social norms has both reduced initiation and increased cessation.¹⁶
- In the 10 years following the passage of Proposition 99, adult smoking in California declined at twice the rate it declined in the previous decade.¹⁷
- California has reduced lung and bronchus cancer rates twice as fast as the rest of the United States.¹⁸ By 2013, lung cancer death rate in California was 28 percent lower than the rest of the country.¹⁹ Researchers have associated the declines in lung cancer rates with the efforts of California's program.²⁰

* This factsheet focuses on the extensive public health benefits obtained by state tobacco prevention programs. Other Campaign factsheets show that these programs also reduce smoking-caused costs, including those incurred by state Medicaid programs. See, e.g., TFK Factsheet, *Return on Investment from State Tobacco Prevention and Cessation Programs* <http://www.tobaccofreekids.org/research/factsheets/pdf/0370.pdf>.

† California's adult smoking rates are from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS survey methodology changed in 2012 for California, but changed in 2011 for the rest of the US, so data from 2011 and after cannot be compared to data from previous years

The California tobacco control program produced much larger smoking reductions in the early years, when it was funded at its highest levels, than during subsequent years, when the state cut its funding. For example, when California cut the program's funding in the mid 1990s, its progress in reducing adult and youth smoking rates stalled, but it got back on track when program funding was partially restored.²¹ In 2016, California voters approved a \$2.00 per pack cigarette tax increase that allocates 13 percent of tax revenue, after implementation costs, to comprehensive tobacco prevention and control funds, dramatically increasing tobacco control funds for the state beginning in 2017.

Program Success – New York

New York began implementing a comprehensive state tobacco control program in 2000 with funds from the Master Settlement Agreement and revenue from the state cigarette tax. As the data below demonstrate, New York's comprehensive approach is working.

- Between 2000 and 2020, smoking among high school students declined by 91 percent, (from 27.1% to 2.4%). After rising between 2014 and 2018, e-cigarette use among high schoolers has also declined in recent years, from 27.5% in 2018 to 22.5% in 2020.²²
- Between 2000 and 2010, adult smoking declined by 28.2 percent among all adults, from 21.6 percent to 15.5 percent. According to the New York State Department of Health, a significant portion of this decline is attributable to youth prevention strategies and their subsequent impact on smoking among young adults. More recent data show that adult smoking continued to decline between 2011 and 2021 and is now down to 12.0 percent.^{23*}

Program Success – Florida

In 2006, Florida voters overwhelmingly approved a Constitutional Amendment to allocate a percentage of funds from the tobacco Master Settlement Agreement to a statewide tobacco prevention and cessation program. Tobacco Free Florida (TFF) is a statewide program that focuses on youth prevention and helping smokers quit. Based on Best Practices from the Centers for Disease Control and Prevention (CDC), TFF combines a public awareness media campaign with community-based interventions and help and encouragement for smokers to quit. Like other states that have implemented programs consistent with CDC Best Practices, Florida has experienced significant reductions in youth and adult smoking. Since TFF began receiving funding in 2007, it has had a dramatic impact on the health of Floridians:

- Adult smoking rates have declined by 23.8 percent, from 19.3% in 2011 to 14.7% in 2020. ^{24*}
- High school smoking rates have declined by 89 percent, from 15.5 percent in 2006 to 1.7 percent in 2022. Middle school smoking rates have declined by 87.8 percent, from 6.6 percent to 0.8 percent, over this same time period. ²⁵

Program Success – Washington

The Washington State Tobacco Prevention and Control program was implemented in 1999 after the state Legislature set aside money from the Master Settlement Agreement to create a Tobacco Prevention and Control Account. Tobacco prevention and control received additional funds in 2001 when the state's voters passed a cigarette tax increase that dedicated a portion of the new revenue to tobacco prevention and cessation.

- Washington reduced the adult smoking rate by about one-third, from 22.4 percent in 1999 to 15.2 percent in 2010.^{26*}

* State adult smoking rates are from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS survey methodology changed in 2011, so data from 2011 and after cannot be compared to data from previous years.

- Washington's tobacco prevention efforts have cut youth smoking rates by well over half, from 19.8 percent of 10th graders in 2000 to just 5.0 percent in 2018.²⁷

According to a study in the *American Journal of Public Health*, Washington's comprehensive program is working and is not only responsible for fewer Washingtonians suffering and dying from tobacco-related diseases, but also saving money by reducing tobacco-related health care costs. According to the study, the state's comprehensive tobacco prevention and cessation program has prevented 13,000 premature deaths and nearly 36,000 hospitalizations, saving about \$1.5 billion in health care costs. The study found that for every dollar spent by the state on tobacco prevention in the last ten years, the state saved more than \$5 in reduced hospitalization costs.²⁸

An earlier study in CDC's peer-reviewed journal, *Preventing Chronic Disease*, found that although Washington made progress in implementing tobacco control policies between 1990 and 2000, smoking prevalence did not decline significantly until after substantial investment was made in the state's comprehensive tobacco control program.²⁹

Program Success – North Dakota

On November 4, 2008, North Dakota voters approved a ballot measure to allocate some of the state's tobacco settlement to the state's tobacco prevention and cessation program at the CDC-recommended level. Since the program was implemented with higher funding levels, North Dakota has reduced tobacco use among both children and adults. Unfortunately, in 2017, the North Dakota legislature voted to close the state's Center for Tobacco Prevention & Control Policy, the agency formed as a result of the 2008 ballot measure. The program was shifted back under the purview of the Department of Health and funding for tobacco control has been drastically cut.

- From 2009 to 2021, smoking among North Dakota's high school student fell by 73.6 percent, from 22.4 percent to 5.9 percent.³⁰
- Adult smoking declined from 21.9 percent in 2011 to 15.0 percent in 2021.³¹

Program Success – Massachusetts

In 1992, Massachusetts voters approved a referendum that increased the state cigarette tax by 25 cents per pack. Part of the new tax revenues was used to fund the Massachusetts Tobacco Control Program (MTCP), which began in 1993. As in California, the program achieved considerable success until its funding was cut by more than 90 percent in 2003. Data demonstrate that the program was successful in reducing tobacco use among both children and adults.

- Massachusetts cigarette consumption declined by 36 percent between 1992 and 2000, compared to a decrease of just 16 percent in the rest of the country (excluding California).³²
- From 1995 to 2001, current smoking among Massachusetts high school students dropped by 27.2 percent (from 35.7% to 26%), while the nationwide rate dropped by 18.1 percent (34.8% to 28.5%)³³
- Between 1993 and 2000, adult smoking prevalence dropped from 22.6 percent to 17.9 percent, resulting in 228,000 fewer smokers.³⁴ Nationally, smoking prevalence dropped by just seven percent over this same time period.³⁵
- Between 1990 and 1999, smoking among pregnant women in Massachusetts declined by more than 50 percent (from 25% to 11%). Massachusetts had the greatest percentage decrease of any state over the time period (the District of Columbia had a greater percent decline).³⁶

Despite the considerable success achieved in Massachusetts, funding for the state's tobacco prevention and cessation program was cut by 95 percent – from a high of approximately \$54 million per year to just \$2.5 million in FY2004, although funding for the program has increased slightly in recent years. These drastic reductions in the state's investments to prevent and reduce tobacco use will translate directly into

higher smoking rates, especially among kids, and more smoking-caused disease, death, and costs. In fact, a study released by the Massachusetts Association of Health Boards shows that the Massachusetts program funding cuts were followed by an alarming increase in illegal sales of tobacco products to children.³⁷

- Between 2002 and 2003, cigarette sales to minors increased by 74 percent, from eight percent to 13.9 percent in communities that lost a significant portion of their enforcement funding.
- Over the same time period, cigarette sales to minors increased by 98 percent in communities that lost all of their local enforcement funding.
- Between 1992 and 2003, per capita cigarette consumption declined at a higher rate in Massachusetts as it did in the country as a whole (47%v. 28%). However, from 2003 to 2006, Massachusetts' per capita cigarette consumption declined a mere seven percent (from 47.5 to 44.1 packs per capita), while the U.S. average cigarette consumption declined by ten percent (from 67.9 to 61.1 packs per capita). Most recently, between 2005 and 2006, Massachusetts' per capita cigarette consumption *increased* by 3.2 percent (from 42.7 to 44.1 packs per capita), while nationwide, per capita consumption *declined* by 3.5 percent (from 63.3 to 61.1 packs per capita).³⁸

Program Success – Alaska

Alaska's tobacco control program began in 1994, and the state made its first investment in tobacco prevention with funds from the Master Settlement Agreement in 1999. In the following years, Alaska increased its annual investment, reaching a high of \$10.9 million in state funding in 2013.³⁹ The state's comprehensive tobacco control efforts have led to significant reductions in youth and adult smoking rates.

- Between 2011 and 2021, adult smoking rates declined by 25 percent (from 22.9% to 17.1%).^{40*}
- High school youth smoking has declined by 76 percent since 1995 (from 36.5% to 8.4% in 2019).⁴¹

Program Success – Minnesota

In May 1998, Minnesota reached a landmark settlement agreement with the tobacco industry, which prompted domino-like settlements between 45 other states, 5 U.S. territories, the District of Columbia, and the four largest cigarette manufacturers in the U.S. Since then, the Minnesota Department of Health has continued to make progress with their comprehensive tobacco control efforts.

- A study published in the journal *Tobacco Control* concluded that Minnesota's investment in comprehensive tobacco prevention and cessation reduced smoking, prevented serious tobacco-caused disease and saved billions of dollars in health care costs. Specifically, the study estimates that Minnesota saved an estimated total of \$5.1 billion as a result of their long-term investment (1998-2017), avoiding \$2.4 billion in productivity losses and \$2.7 billion in medical care.⁴² Through its comprehensive program, researchers estimate that Minnesota's decline in smoking effectively prevented over 4,500 cancer cases, over 44,000 hospitalizations for cardiovascular disease, respiratory disease and diabetes and approximately 4,100 smoking-attributable deaths.

Campaign for Tobacco-Free Kids, March 20, 2023

* State adult smoking rates are from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS made changes to its methodology in 2011, so data from 2011 and after cannot be compared to data from previous years.

¹ U.S. Centers for Disease Control and Prevention (CDC), *Best Practices for Comprehensive Tobacco Control Programs*, Atlanta, GA: U.S. Department of Health and Human Services (HHS), January 30, 2014.

http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices.

² HHS, *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*, Atlanta, GA: 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, 2014. <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>

-
- ³ HHS, *Smoking Cessation: A Report of the Surgeon General*. Atlanta, GA: 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, 2020.
- ⁴ The Guide to Community-Preventive Services, “Reducing tobacco use and secondhand smoke exposure: comprehensive tobacco control programs,” <http://www.thecommunityguide.org/tobacco/comprehensive.html>.
- ⁵ Institute of Medicine, *Ending the Tobacco Problem: A Blueprint for the Nation*, National Academy of Sciences, 2007; President’s Cancer Panel, *Promoting Healthy Lifestyles: Policy, Program and Personal Recommendations for Reducing Cancer Risk, 2006-2007 Annual Report*; See also, Institute of Medicine, *State Programs Can Reduce Tobacco Use*, National Academy of Sciences, 2000; HHS, *Reducing Tobacco Use: A Report of the Surgeon General*, 2000.
- ⁶ Ehemann, C., et al., “Annual Report to the Nation on the Status of Cancer, 1975-2008, Featuring Cancers Associated with Excess Weight and Lack of Sufficient Physical Activity,” *Cancer*, March, 2012.
- ⁷ Taurus, J et al., “State tobacco control expenditures and tax paid cigarette sales,” *Plos One* , 13(4) April 13, 2018.
- ⁸ Farrelly, MC, et al., “The Impact of Tobacco Control Programs on Adult Smoking,” *American Journal of Public Health* 98:304-309, February 2008.
- ⁹ Taurus, JA, et al., “State Tobacco Control Spending and Youth Smoking,” *American Journal of Public Health* 95:338-344, February 2005.
- ¹⁰ Farrelly, MC, et al., “The Impact of Tobacco Control Program Expenditures on Aggregate Cigarette Sales: 1981-2000,” *Journal of Health Economics* 22:843-859, 2003.
- ¹¹ Farrelly, Matthew C., et al., “A Comprehensive Examination of the Influence of State Tobacco Control Programs and Policies on Youth Smoking,” *American Journal of Public Health*, January, 2012 (Published online ahead of print).
- ¹² Hyland, A, et al., “State and Community Tobacco-Control Programs and Smoking – Cessation Rates Among Adult Smokers: What Can We Learn From the COMMIT Intervention Cohort?” *American Journal of Health Promotion* 20(4):272, April/March 2006.
- ¹³ California Department of Public Health, State Health Officer’s Report on Tobacco Use and Promotion in California, December 2012
http://www.cdph.ca.gov/programs/tobacco/Documents/Resources/Publications/CA%20Health%20Officers%20Report%20on%20Tobacco_FINAL_revised%2001%2002%2013.pdf; See also, California Tobacco Control Update, 2009. California Department of Public Health, California Tobacco Control Program,
<http://www.cdph.ca.gov/programs/tobacco/Documents/CTCUpdate2009.pdf>. State adult smoking rates are from the Behavioral Risk Factor Surveillance System (BRFSS). CA made changes to its methodology in 2012, so data from 2012 and after cannot be compared to data from previous years; CDC, *Behavioral Risk Factor Surveillance System (BRFSS)*, 2021.
<https://www.cdc.gov/brfss/brfssprevalence/index.html>.
- ¹⁴ National Youth Tobacco Survey, 2000 (CA data); California Student Tobacco Survey, 2002–2016; Zu, SH, et al. “Results of the Statewide 2019-2020 California Student Tobacco Survey,” San Diego, California: Center for Research and Intervention in Tobacco Control (CRITC), University of California, San Diego.
https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/CDPH%20Document%20Library/ResearchandEvaluation/FactsandFigures/2019-20CSTSBiennialReport_7-27-2021.pdf
- ¹⁵ Lightwood JM, et al (2023) Smoking and healthcare expenditure reductions associated with the California Tobacco Control Program, 1989 to 2019: A predictive validation. *PLoS ONE* 18(3): e0263579. <https://doi.org/10.1371/journal.pone.0263579>.
- ¹⁶ Pierce, JP, et al., “Prevalence of Heavy Smoking in California and the United States, 1965-2007,” *Journal of the American Medical Association* 305(11), March 16, 2011.
- ¹⁷ *California’s Tobacco Control Program: Preventing Tobacco Related Disease and Death*; Tobacco Control Section, California Department of Health Services, April 3, 1998.
- ¹⁸ California Department of Public Health, California Tobacco Control Program, California Tobacco Facts and Figures 2018, Sacramento, CA 2018,
https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/CDPH%20Document%20Library/ResearchandEvaluation/FactsandFigures/CATobaccoFactsFigures2018_Printers.pdf
- ¹⁹ Pierce, JP, et al., “Trends in lung cancer and cigarette smoking: California compared to the rest of the United States,” *Cancer Prevention Research* , October 2018.
- ²⁰ Pierce, J. et al., “Forty Years of Faster Decline in Cigarette Smoking in California Explains Current Lower Lung Cancer Rates,” *Cancer Epidemiology, Biomarkers and Prevention*, September 2010. See also, California Department of Health Services, Tobacco Control Section, California Tobacco Control Update, 2009; American Cancer Society, *California Cancer Facts & Figures, 2014*, http://ccrca.org/pdf/Reports/ACS_2014.pdf.
- ²¹ Pierce, JP, et al., “Has the California Tobacco Control Program Reduced Smoking?,” *Journal of the American Medical Association* 280(10):893-899, September 9, 1998.
- ²² New York State Department of Health, “Milestones in Tobacco Control: Youth Tobacco Use Declines Across All Product Types in 2020, Lowest Youth Smoking Rate on Record,” *NY-YTS*, 2020,
https://www.health.ny.gov/prevention/tobacco_control/reports/statshots/volume14/n3_milestones_in_tobacco_control.pdf.

- ²³ CDC, *Behavioral Risk Factor Surveillance System* (BRFSS), 2021. <https://www.cdc.gov/brfss/brfssprevalence/index.html>; New York State Department of Health, "Cigarette Smoking: New York State Adults," *BRFSS*, 2020. https://www.health.ny.gov/statistics/brfss/reports/docs/2022-12_brfss_cigarette_smoking.pdf.
- ²⁴ CDC, *Behavioral Risk Factor Surveillance System* (BRFSS), 2020. <https://www.cdc.gov/brfss/brfssprevalence/index.html>.
- ²⁵ FL Health Charts, "Florida Youth Tobacco Survey Data," *Florida Youth Tobacco Survey*, 2022, <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SurveyData.YTS.Dataviewer>.
Florida Department of Health. Bureau of Epidemiology, Division of Disease Control and Health Protection. <http://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/florida-youth-tobacco-survey/index.html>
- ²⁶ Washington State Department of Health, Tobacco Prevention and Control Program, <http://www.doh.wa.gov/tobacco/>. Data are from the CDC, *Behavioral Risk Factor Surveillance System* (BRFSS).
- ²⁷ Washington State Department of Health, Tobacco Prevention and Control Program, 2018 Washington State Healthy Youth Survey Data Brief: Tobacco and Vapor Products. <https://www.doh.wa.gov/Portals/1/Documents/8350/160-NonDOH-DB-TobaccoEcig.pdf>.
- ²⁸ Dilley, Julia A., et al., "Program, Policy and Price Interventions for Tobacco Control: Quantifying the Return on Investment of a State Tobacco Control Program," *American Journal of Public Health*, Published online ahead of print December 15, 2011. See also, Washington State Department of Health, Tobacco Prevention and Control Program, Progress Report, March 2011. Washington State Department of Health, Tobacco Prevention and Control Program, News Release, "Thousands of lives saved due to tobacco prevention and control program," November 17, 2010, http://www.doh.wa.gov/Publicat/2010_news/10-183.htm.
- ²⁹ Dilley JA, et al., "Effective tobacco control in Washington State: A smart investment for healthy futures," *Preventing Chronic Disease* 4(3), July 3, 2007, http://www.cdc.gov/pcd/issues/2007/jul/06_0109.htm.
- ³⁰ North Dakota Department of Health and Human Services, "2021 Youth Risk Behavior Survey Results – North Dakota High School Survey," *North Dakota - YRBS*, 2021, https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/2021ND-High-School_YRBS-Summary-Tables.pdf.
- ³¹ CDC, *Behavioral Risk Factor Surveillance System* (BRFSS), 2021. <https://www.cdc.gov/brfss/brfssprevalence/index.html>; ND Department of Health, Tobacco Facts, Trends in Adult Tobacco Use, http://www.ndhealth.gov/tobacco/Facts/Trends_Adult_Tobacco_Use.pdf.
- ³² Abt Associates Inc, *Independent Evaluation of the Massachusetts Tobacco Control Program, Seventh Annual Report, January 1994 to June 2000*.
- ³³ *Massachusetts Youth Risk Behavior Survey 2019; National Youth Risk Behavior Survey*; CDC, "Tobacco Product Use and Associated Factors Among Middle and High School Students - United States, 2019," *MMWR* 68(12): 1-26, December 6, 2019, <https://www.cdc.gov/mmwr/volumes/68/ss/pdfs/ss6812a1-H.pdf>.
- ³⁴ Abt Associates Inc, *Seventh Annual Report - January 1994 to June 2000*; CDC, *Behavioral Risk Factor Surveillance System* (BRFSS), 2021, <https://www.cdc.gov/brfss/brfssprevalence/index.html>.
- ³⁵ National Health Interview Survey, 1993 and 2000; National Center for Health Statistics. Percentage of current cigarette smoking for adults aged 18 and over, United States, 2019–2021. *National Health Interview Survey*. Generated interactively: Mar 23 2023 from https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html.
- ³⁶ Abt Associates Inc, *Seventh Annual Report - January 1994 to June 2000*.; CDC, "Smoking During Pregnancy- United States, 1990-2002," *MMWR* 5(39): 911-915, October 8, 2004, <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5339a1.htm#fig>; CDC, "Declines in Cigarette Smoking During Pregnancy in the United States. 2016-2021." *NCHS Data Brief*, 458, January 2023, <https://www.cdc.gov/nchs/data/databriefs/db458.pdf>.
- ³⁷ Sbarra, C, Massachusetts Association of Health Boards, Abstract, March 2004. <http://www.mahb.org/tobacco/sales%20to%20minors%20study%20abstract.pdf>
- ³⁸ Data from Orzechowski & Walker, *Tax Burden on Tobacco 2006* [an industry-funded report]. Per capita cigarette consumption is measured as per capita cigarette pack sales.
- ³⁹ Alaska Department of Health and Social Services, "Alaska Tobacco Prevention and Control Annual Report, FY2013," <http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/TobaccoARFY13.pdf>. See also, Campaign for Tobacco-Free Kids, *A Decade of Broken Promises: The 1998 Tobacco Settlement 16 Years Later*, 2014, http://www.tobaccofreekids.org/what_we_do/state_local/tobacco_settlement/.
- ⁴⁰ CDC, *Behavioral Risk Factor Surveillance System* (BRFSS), 2021, <https://www.cdc.gov/brfss/brfssprevalence/index.html>.
- ⁴¹ CDC, Youth Risk Behavior Surveillance- United States, 2019. <http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
- ⁴² Maciosek MV, LaFrance AB, St Claire A, Xu Z, Brown M, Schillo BA. Twenty-year health and economic impact of reducing cigarette use: Minnesota 1998–2017. *Tobacco control*. 2020 Sep 1;29(5):564-9.