Accomplishments of the Massachusetts Tobacco Control Program

TOBACCO CONTROL PROGRAM
BUREAU FOR FAMILY HEALTH

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

MARCH 2007

Make smoking history.
The Massachusetts Tobacco Control Program

Smoking is the number one cause of preventable disease and death in Massachusetts and in the world. The Surgeon General of the United States first highlighted the risks of smoking over 40 years ago. Yet, tobacco continues to kill more people each year than automobile crashes, AIDS, homicides, suicides, and poisonings combined.

More than 850,000 Massachusetts residents still smoke and more than 9,000 die each year from the effects of tobacco. Although they are not smokers themselves, an estimated 1,000 residents die each year from the effects of secondhand smoke. Smoking-related illnesses cost the Commonwealth an estimated $4.2 billion annually in health care costs and lost productivity.

The Massachusetts Tobacco Control Program (MTCP) works to improve public health in the Commonwealth by reducing death and disability from tobacco use. In November 1992, Massachusetts voters passed a ballot referendum to raise the tax on tobacco products, and, in 1993, the Massachusetts Tobacco Control Program was established with a portion of the funds raised through this referendum.

MTCP envisions an environment where all people in Massachusetts can live tobacco-free.

Our mission is to reduce the health and economic burden of tobacco use by:
1) preventing young people from starting to smoke;
2) helping current smokers to quit;
3) protecting children and adults from secondhand smoke; and
4) identifying and eliminating tobacco related disparities.

With an average budget of $39 million dollars from FY 1994 through FY 2002, MTCP provided services such as smoking cessation counseling, school-based education programs, paid media, and tobacco product regulations. MTCP funding in FY 2006 was $8.25 million.
Massachusetts Adults are Smoking Less

Since the first Behavioral Risk Factor Surveillance System survey was conducted in Massachusetts in 1986, there has been a steady decline in the rate of adult smoking. In 1986, the rate was measured at 27.8%, translating into a total of 1.4 million adult smokers. By 2005, the rate had dropped to 18.1% or a reduction of over 500,000 smokers. Approximately 850,000 adult residents in Massachusetts continue to smoke.
The annual number of cigarette packs sold in Massachusetts has declined by 45% from 510 million packs in FY 1993 to 282 million packs in FY 2006.

Massachusetts annual per capita cigarette consumption (age 18+) has fallen 44% from 110 packs in FY 1993 to 58 packs in FY 2006.\textsuperscript{ii}

\textit{Annual Number of Cigarette Packs Sold in Massachusetts, FY1993 to FY 2006}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{annual_cigarette Packs.png}
\caption{Annual Number of Cigarette Packs Sold in Massachusetts, FY1993 to FY 2006}
\end{figure}

\textit{Annual Cigarette Packs Per Capita Sold in Massachusetts, FY 1993 to FY 2006}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{cigarette_per_capita.png}
\caption{Annual Cigarette Packs Per Capita Sold in Massachusetts, FY 1993 to FY 2006}
\end{figure}
Massachusetts Youth Smoking Has Fallen

The percentage of current smoking among high school students in Massachusetts has decreased dramatically from a high of 35.7% in 1995 to 20.5% in 2005, representing a 43% decline. Still, one in five high school students (20.5%) is a current smoker.iii

The percentage of high school students in Massachusetts who have ever tried cigarettes, a susceptibility measure, has declined from 71.5% in 1995 to 50.7% in 2005.

Current cigarette use is reported use in the past 30 days.
Smokeless Tobacco Use

There has been a steady and significant decline among high school students in the use of smokeless tobacco from 1993 (9.4%) to 2005 (4.4%). This change represents a 53% decline in the use of smokeless tobacco among high school students.\textsuperscript{iv}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{trend_chart}
\caption{Trend in Current Smokeless Tobacco Use Among High School Students in Massachusetts, 1993-2005}
\label{trend_chart}
\end{figure}

Data Source: Massachusetts Youth Risk Behavioral Survey 1993 to 2003; Current smokeless tobacco use is reported use in the past 30 days.
Youth Access to Tobacco

The rate of illegal sales of tobacco to minors declined in Massachusetts from 19.3% of underage youth attempts in 1998 to 9.7% in 2001. This represents a 50% decline. After reaching a low of 8.9% in 2002, the percentage of illegal sales to minors has increased in successive years. The most recent rate of illegal sales to minors is 18.2% for 2005.\(^v\)

![Trend in Illegal Tobacco Sales to Minors: Massachusetts, 1998-2005](image)


In communities with boards of health funded from the MTCP, the illegal sales rate was 9.6% in 2005. For communities with no board of health funding from the MTCP, the illegal sales rate was 26.7% in 2005.\(^vi\)
Smoking during Pregnancy

Among the most significant accomplishments has been the decline in pregnant women who smoke. In Massachusetts, the number of women who smoked during pregnancy declined by 62% from 19.3% in 1990 to 7.2% in 2005. vii

The percentage of Massachusetts women under 20 years of age who smoked during pregnancy declined from 28.3% in 1990 to 14.1% in 2005. viii
Protecting Non-Smokers

In 2002, 44% of Massachusetts residents reported more than one hour of exposure to secondhand smoke in the previous 7 days. That figure dropped to 26% in 2005. This represents a 41% decrease.

Since the campaign began for the Smoke-Free Workplace Law, there has been a dramatic decrease in reported exposure to secondhand smoke. During the campaign for smoke-free public places, many communities passed local ordinances to ban smoking in bars and restaurants. By July 2004, when the Smoke-Free Workplace Law became effective, nearly two-thirds of communities had already passed some form of the Smoke-Free Workplace Law.
Since 1993, the percentage of adults with "no smoking in the home" rules has nearly doubled.\textsuperscript{x} This increase appears to be strong evidence of a change in social norms regarding health risks associated with exposure to secondhand smoke.

![Percentage of households with "no smoking" rule at home, MA, 1993-2005](chart.png)

Data Source: BRFSS 1993 - 2005
Policy Achievements

Massachusetts is fortunate to have a strong group of committed state and local health officials, healthcare professionals, volunteers, businesses, and organizations who are willing and ready to work to achieve an environment where all people in Massachusetts can live tobacco-free. Listed below are some of the policy achievements that have resulted from the efforts of these dedicated people.

➢ The Massachusetts Legislature mandates coverage for tobacco use cessation for all MassHealth/Medicaid members (effective July 1, 2006);

➢ The Massachusetts Legislature enacts a law that bans smoking in all indoor workplaces (2004);

➢ MTCP implements a toll-free information and complaint line to monitor the Smoke-free Workplace Law (2004);

➢ The Massachusetts Legislature increases the cigarette tax by 75 cents to $1.51 per pack and collects an additional $66 million in state revenue (2002);

➢ Massachusetts is the second state to require cigar label warnings prompting a national cigar label (1999);

➢ Massachusetts is the first state to require disclosure of cigarette additives and a more accurate method for reporting nicotine yield (1996).

➢ Massachusetts is the first state to divest state pension funds of tobacco stock (1995);

➢ Massachusetts is the fifth state to sue for smoking-related Medicaid costs (1994); and

➢ Massachusetts is the first state to require warnings on smokeless tobacco products prompting enactment of a federal law requiring the same (1985).
Endnotes


2 Tobacco Institute Monthly State Cigarette Tax Reports through June 1998; Massachusetts Department of Revenue Tax Stamp data through September 2006.

3 Massachusetts Department of Public Health, Tobacco Control Program. 2004 and 2002 figures are based on findings from the Massachusetts Youth Health Survey (YHS), while 2003, 2001 and earlier figures are based on the Massachusetts Youth Risk Behavioral Survey (YRBS) administered by the Massachusetts Department of Education.


