



BACKGROUND

- **The Master Settlement Agreement (MSA)** funds were intended to be used by states for tobacco use prevention, to enforce the settlement agreement and to prevent and control related chronic diseases.
- In 2002, the majority of Montana voters (65%) passed **Initiative 146**, which designated that 32% of the Master Settlement Agreement funding be used for tobacco use prevention.
- A poll conducted by the American Cancer Society Cancer Action Network and American Heart Association in 2021 indicates that **92% of Montana voters** support continuing to use revenue from the Master Settlement to fund tobacco prevention programs.
- MTUPP's overall budget is funded through the state special revenue from MSA funds, a cooperative agreement with the CDC, and from the JUUL settlement.

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WHAT IS THE MONTANA TOBACCO USE PREVENTION PROGRAM AND WHY IS IT IMPORTANT?

More than 1,600 Montanans die each year from tobacco-related disease.¹ While the prevalence of cigarette use among Montana youth has decreased significantly over the past decade, the financial costs related to tobacco use to Montana are higher than for any other preventable cause of illness and death. Montana spends more than \$511 million a year due to smoking-related health care costs.² Smoking currently costs Montanans an estimated \$1,026 per household per year.² MTUPP works to lower these costs. Efforts include:

- Community-based programs in 50 counties, with 8 tribes and two urban Indian centers. These programs are managed by local Tobacco Education Specialists;
- The statewide quitline: Quit Now Montana (1-800-QUIT-NOW);
- Montana's youth empowerment initiative, ReACT;
- The Tobacco-Free High School Rodeo Project;
- The Collegiate Tobacco Prevention Initiative, which supports tobacco-free campus policies and cessation/quit line promotion with strong student involvement on 18 Montana campuses;
- Office of Public Instruction Schools of Excellence, which expands coverage of comprehensive tobacco-free policies;
- Education and promotion of smokefree and tobacco-free environments;
- Programs to address disparities in tobacco use among specific populations including American Indians, Montanans with low incomes, pregnant women and persons with behavioral health conditions.

THE MONTANA TOBACCO USE PREVENTION PROGRAM WORKS!

This program has made significant strides to reduce tobacco use in Montana and continues to help Montanans quit, as well as not start, using tobacco.

- Current cigarette smoking decreased significantly among Montana adults from 22% in 2011 to 12% in 2023.³
- Current cigarette smoking among youth has decreased from 29% in 2001 to 7% in 2023 – a 75% reduction.⁶
- The sale of cigarettes has declined from 87 packs per capita in 1992 to 32 packs per capita in 2022 – a more than 60% reduction.⁴
- Over 115,000 Montanans called Quit Now Montana since 2004.⁵ Tailored programs are offered to pregnant women, American Indians, youth and people with behavioral health conditions. All Montanans can now connect with a coach through phone, online chat and texting (texting is for those under age 25).
- Cigarette use among American Indian youth has decreased significantly from 49% in 1995 to 14% in 2023 – more than a 70% reduction.⁶

SOURCES

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2. Campaign for Tobacco Free Kids. The Toll of Tobacco in Montana. <https://www.tobaccofreekids.org/problem/toll-us/montana>. Accessed March 2024.
3. Montana Behavioral Risk Factor Surveillance System, 2011 and 2023.
4. Orzechowski W, Walker R. The tax burden on tobacco. Historical Compilation. Arlington (VA): Orzechowski and Walker Economic Consulting Firm, 2022.
5. National Jewish Health. Montana Monthly Quit Line Report; October, 2022.
6. Montana Youth Risk Behavior Survey, 1995, 2001, and 2023.





SMOKEFREE AND TOBACCO-FREE PLACES IN MONTANA:

- **Statewide** – successful implementation of the Montana Clean Indoor Air Act;
- **School districts** – 375 have Comprehensive Tobacco Free School Policies, ensuring that all school events are tobacco-free;
- In 2019, Montana passed House Bill 413 which prohibits the use of e-cigarettes on all public school properties;
- Over 500 **housing facilities** have adopted a smokefree policy, protecting an estimated 46,000 Montana residents from secondhand smoke exposure;
- 18 of the 26 Montana **college/university campuses** are 100% tobacco-free;
- **Parks** – 19 localities have adopted tobacco-free or smokefree park policies;
- 10 localities prohibit the use of e-cigarettes in indoor public places and workplaces;
- As of December 2019, federal law prohibits the sale of tobacco products to individuals under the age of 21 years.

CHALLENGES REMAIN:

- An estimated 108,000 Montana adults currently smoke cigarettes.⁷
- 11% of adult men in Montana and 8% of male youth currently use smokeless tobacco.^{7, 8}
- Tobacco use among vulnerable populations remains high. Current cigarette smoking prevalence is:
 - **30%** of adults in the lowest income bracket (less than \$15,000 per year);⁷
 - **24%** of adults aged 18 to 64 enrolled in Medicaid;⁹
 - **9%** of all pregnant women in Montana;¹⁰
 - **25%** of American Indian adults in Montana;⁷
 - **41%** of people with behavioral health conditions (almost twice as high as the general population).¹¹
- The tobacco industry spends \$29 million per year marketing tobacco in Montana.² E-cigarettes, cigars, and smokeless tobacco are often marketed by promoting flavors, which mask the harshness of tobacco products and appeal to youth.
- Almost 50% of Montana youth have tried e-cigarettes; 24% currently use them. 8% of Montana adults currently use e-cigarettes.^{8, 7}
 - E-cigarettes almost always contain nicotine. 99% of e-cigarettes sold in US convenience stores contain nicotine.¹²
 - Nicotine is highly addictive and youth use of nicotine is unsafe because the brain continues developing until about age 25.¹³
 - E-cigarette products have been promoted as smoking cessation tools. However, the evidence is insufficient to conclude that e-cigarettes are effective for smoking cessation.
 - E-cigarette aerosol is not “harmless water vapor.” It can contain heavy metals, ultrafine particulates, volatile organic compounds, nicotine and cancer-causing agents like acrolein.¹³

SOURCES

7. Montana Behavioral Risk Factor Surveillance System, 2023.
8. Montana Youth Risk Behavior Survey, 2023.
9. Montana DPHHS. Chronic Disease and Health Medicaid Survey, 2022.
10. Montana DPHHS. Bureau of Epidemiology and Scientific Support. Birth Certificate Data, 2022.
11. Karen Lasser et al., “Smoking and Mental Illness: A Population-Based Prevalence Study.” *The Journal of the American Medical Association* 284:20 (2000): 2606-2610.
12. Marynak KL et al. (2017) Sales of Nicotine-Containing Electronic Cigarette Products: United States, 2015. *American Journal of Public Health*. 107(5):702-705.
13. U.S. Department of Health and Human Services. E-cigarette Use Among Youth and Young Adults: A report of the Surgeon General. https://ecigarettes.surgeongeneral.gov/documents/2016_SGR_Full_Report_non-508.pdf. Accessed May, 2024. doi: 10.1136.