

TOBACCO CONTROL VACCINE INGREDIENTS

The most effective, evidence-based strategies comprise the *Tobacco Control Vaccine*: 1) tobacco price increases; 2) smokefree policies; 3) hard hitting media campaigns; and, 4) cessation access.¹

1) Tobacco Price Increases

- Increasing the price on cigarettes results in both a decrease in initiation among youth and an increase in cessation among young adults.²
- Increasing the price of tobacco reduces annual health care expenditures directly caused by tobacco, which amounts to \$440 million annually in Montana.³
- Montana has not increased the tobacco tax since 2005.
- E-cigarettes are not currently taxed in Montana and are now the most commonly used tobacco product among Montana youth, addicting a new generation to nicotine.⁴

2) Smokefree Policies

- There is no safe level of exposure to secondhand smoke. Exposure to secondhand smoke can cause heart disease, lung cancer and stroke.⁵
- In 2005, the Montana Legislature passed the Montana Clean Indoor Air Act (CIAA) requiring all enclosed public places and workplaces to be smokefree.
- Local CIAA protocols are being strengthened by including e-cigarettes, adding smoking distance provisions and prohibiting the use of tobacco in parks.

3) Hard Hitting Media Campaigns

- Mass-reach health communication interventions are powerful tools that can reduce initiation among youth, increase cessation and decrease the overall prevalence of tobacco use.⁶
- The Montana Tobacco Use Prevention Program produces targeted media campaigns and materials to distribute throughout the State of Montana on major and local networks.

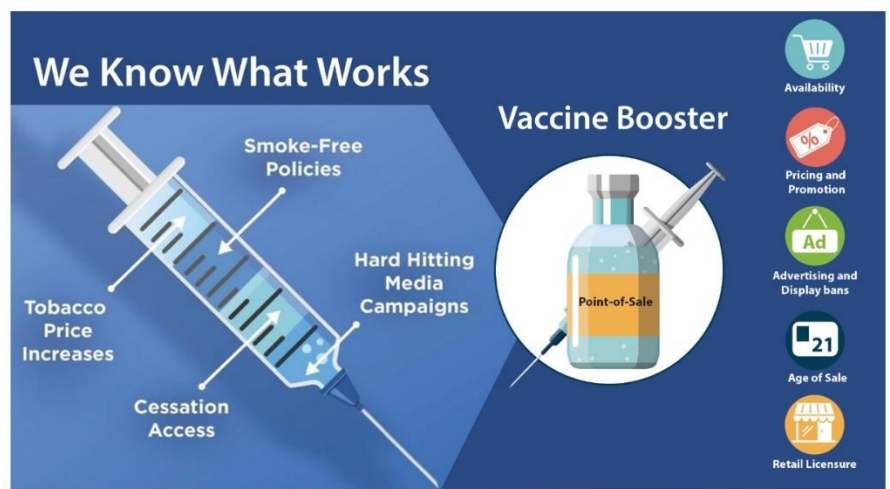
4) Cessation Access

- 70% of smokers want to quit.⁷
- The Montana Tobacco Quit Line is a free service for all Montanans who want to quit using all tobacco products with four dedicated programs.
- Over 100,000 Montanans have called the Quit Line since 2004.⁸
- Over 36,000 callers have successfully quit tobacco.⁸

The vaccine is most effective when all four components are present.

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King, B. A., & Graffunder, C. (2018). The Tobacco Control Vaccine. Kong, A. Y., & King, B. A. (2020). Boosting the Tobacco Control Vaccine.



The Tobacco Control Vaccine

The Tobacco Control Vaccine Booster: Strategies in the Tobacco Retailer Environment⁸

1. Product Availability

- Flavored tobacco products contribute to youth initiation of tobacco product use. In 2009, flavors were banned in cigarettes, but they are still allowed in other tobacco products like cigarillos, smokeless tobacco, and e-cigarettes.
- The City of Missoula was the first locality in Montana to pass an ordinance prohibiting the sale of flavored e-cigarettes. Five states and at least 300 localities restrict the sale of flavored tobacco products in the U.S.¹⁰

2. Pricing

- Minimum floor price laws set a minimum price for which a tobacco product may be sold. Discount tobacco products appeal more to price-sensitive users, such as youth.
- Montana sets the minimum price for cigarettes, but not other tobacco products.

3. Advertising & Display

- Exposure to point of sale advertising and marketing is associated with youth initiation, cravings, impulse purchases and decreased cessation.

4. Age of Sale

- Among adult smokers, 90% began smoking before they turned 19 years old, and nearly all began before age 25.¹¹
- On December 20, 2019, the President signed legislation raising the federal minimum age of sale of tobacco products from 18 to 21. The law became effective immediately, making it illegal to sell tobacco products, including e-cigarettes, to anyone under the age of 21.
- While tobacco retailers are required to follow federal law, the minimum age of sale of tobacco products under Montana law currently remains at age 18. National public health partners urge states to align state law with the new federal law to make it easier for those trying to comply with or enforce the law.¹²

Sources:

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- 3) Campaign for Tobacco Free Kids. The Toll of Tobacco in Montana. http://www.tobaccofreekids.org/facts_issues/toll_us/montana. Accessed February, 2021.
- 4) Montana Youth Risk Behavior Survey, 2019.
- 5) U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: 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, 2006.
- 6) Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs – 2014. 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, 2014.
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