

# Tobacco 101

Kansas Tobacco Use  
Prevention Program  
Kansas Department of Health and Environment

## Evolution of Tobacco



## Types of Tobacco

- ◆ Cigarettes: A smoked form of tobacco where the ground leaves and additives are ignited and inhaled, generally through a filter
  - Subcategories include bidis, kreteks, hand-rolled cigarettes
- ◆ Cigars: Rolled tobacco leaves that are ignited and inhaled
- ◆ Pipe: Loose-leaf tobacco typically flavored which is burned slowly and inhaled through a stem, possibly through a filter
  - Subcategories include hookahs



## Types of Tobacco Cont.

- ◆ Smokeless tobacco – Non-combustible tobacco products that generally chewed, “dipped”, or sniffed
  - Subcategories include snuff, chew tobacco, and spit or dip tobacco, SNUS
- ◆ Raw tobacco leaves – Unmodified tobacco leaves which are chewed

## SNUS



Smokeless & Spitless



**Impact of  
Use**

## Defining the Problem

Tobacco use is considered the leading underlying cause of death in the United States

## Each year in the United States:

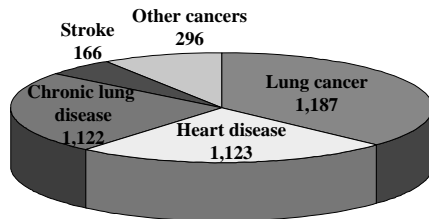
- 435,000 people in US die of a smoking-attributable illness
- 3,000 nonsmokers die from lung cancer from secondhand smoke

6.4 million people currently under 18 will die prematurely from a tobacco-related disease, if current smoking patterns persist.

Source: Centers for Disease Control and Prevention

## Impact of Cigarette Use

**3,894 Deaths Each Year Attributable to Smoking\***



Source: Smoking-Attributable Mortality, Morbidity, & Economic Costs 1997-2001  
\*1) Among adults aged 35 years and older.  
\*2) Does not include burn or second hand smoke deaths.



## Secondhand Smoke

## Impact of Cigarette Use

### Secondhand Smoke

- ◆ Contains
  - 4,000 chemicals
  - over 50 known or probable human carcinogens
- ◆ Each year it causes
  - 3,000 lung cancer deaths
  - more than 35,000 coronary heart disease deaths
  - 8,000 - 26,000 new cases of asthma in children

Source: US Centers for Disease Control and Prevention, Office on Smoking and Health, Fact Sheet, February 2004

## Impact of Use



## Economics

## Impact of Smoking Economics

**\$927 million (healthcare)**  
**+ \$863 million (loss productivity cost)**  
**-\$1.8 Billion**



Cost to Kansas each year for smoking and smoking-related illness.

Source: Smoking Attributable Morbidity, Mortality, & Economic Cost, CDC Campaign for Tobacco Free Kids, Inc.



## Comprehensive Programs

**Goal:** reduce disease, disability, and death related to tobacco use

### Goal Areas:

- ◆ Prevent initiation among youth
- ◆ Promote quitting among adults and youth
- ◆ Eliminate nonsmokers' exposure to ETS
- ◆ Identify and eliminate disparities among population groups

Source: Centers for Disease Control and Prevention, Office on Smoking and Health. [www.cdc.gov/tobacco/bestprac.htm](http://www.cdc.gov/tobacco/bestprac.htm)

## Best Practices 1999



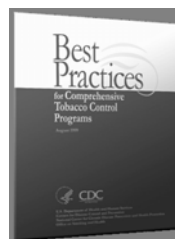
- ◆ Evidence-based
- ◆ Provided:
  - A blueprint for program components
  - Funding formulas to implement them

## Best Practices 2007



- ◆ Funding formulas not revised
- ◆ Funding estimates increasing by 20-30%
  - Cost of living
  - Population
  - Smoking prevalence
  - School enrollment

## Best Practices 2007



- ◆ Community Interventions
  - Community Programs
  - Youth (Schools and Enforcement)
  - Statewide Programs
  - Chronic Disease Programs
- ◆ Media
- ◆ Cessation Interventions
- ◆ Surveillance/Evaluation
- ◆ Administration/Management

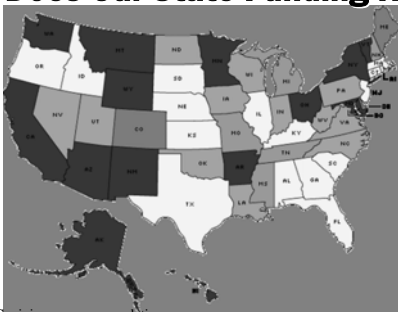
### History of Tobacco Use Prevention

- ◆ **Surgeon General's Report on Smoking and Health**
  - Originally published in 1964, targeted mostly cigarette smoking outcomes
  - Last updated in 2004
- ◆ **Surgeon General's Report on Involuntary Exposure to Tobacco Smoke**
  - Published in 2006

### History of Tobacco Use Prevention

- ◆ **Master Settlement Agreement (MSA)**
  - Signed by 46 States and 4 major tobacco companies in 1998
  - Major purpose was to provide states with resources to compensate for increased medical expenses and to provide funding to help reduce smoking prevalence
  - Yearly payments to Kansas have been approximately \$50 million, with a potential bonus in 2008 of \$16.2 million

### How Does Our State Funding Rate?



- Meets CDC minimum recommendations
- More than 50% of CDC minimum recommendations
- Between 25-50% of CDC minimum recommendations
- Less than 25% of CDC minimum recommendations
- State has committed no tobacco settlement or tobacco tax money.

### Financial Support

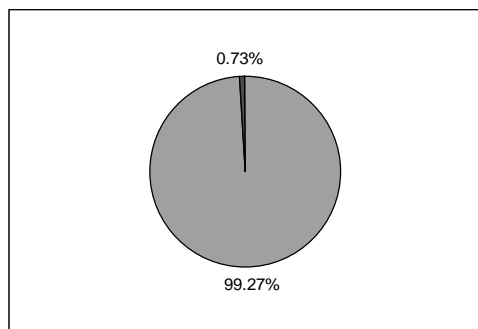
- ◆ \$ 53.0 million MSA monies received in 2007
  - ◆ \$123.0 million Cigarette & other tobacco tax revenue
  - ◆ \$ 16.2 million MSA bonus payment in 2008
- \$192.2 million received**

\$ 1.0 million allocated for tobacco use prevention

\$ .4 enforcement activities

\$ **1.4 million allocated for tobacco prevention & enforcement**

### Allocation



### Evaluation & Sustainability

Evaluation plan to monitor & demonstrate success.



Kansas Tobacco Use  
**Prevent/on** Program  
Kansas Department of Health and Environment