Tobacco 101

Defining a public health problem
in a non-public health world

Who am I?

- Harlen Hays, MPH
  - Born in Western Michigan
    - Immigrants from Mexico (maternal side) and Yugoslavia/Austria (paternal side)
  - Undergraduate: Microbiology, coursework in the history of medicine
  - Graduate: Occupational and Environmental Epidemiology
  - Named after Harley Davidson

Presentation Objectives

- To briefly introduce multiple forms of tobacco and the health effects associated with each
- To briefly introduce tobacco use prevention terminology
- To briefly introduce tobacco use prevention goals

Defining the Problem

- Tobacco – A naturally occurring plant, primarily grown in the Americas. Often manipulated and manufactured into a variety of consumable products by humans
- Tobacco use is considered the leading underlying cause of death in the United States

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
- Raw tobacco leaves – Unmodified tobacco leaves which are chewed

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 Cont.

- 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 nearly $15 million

History of Tobacco Use Prevention Cont.

- Master Settlement Agreement (MSA) Cont.
  - $1,000,000 Allocated to Tobacco Use Prevention
  - $5.5 million to the Department of Health Policy Initiatives
  - $28.3 million to Social and Rehabilitative services
  - $9 million to Juvenile Justice
  - $9.3 million to Department of Education

Adverse Effects

- Smoked Tobacco Impact
  - Increased Risk of the following:
    - Cardiovascular Disease
    - Lung Cancer
    - COPD
  - Cigarette use alone is currently responsible for nearly 3,900 adult Kansas deaths each year, and results in over $900 million in direct medical costs
- Smokeless Tobacco Impact
  - Increased Risk of the following:
    - Cardiovascular Disease
    - Lip, Esophageal, and Stomach Cancer

Groups more likely to use tobacco

- Cigarettes
  – Adult males are more likely than adult females
    - Youth, girls start earlier than boys
  – Individuals of lower socioeconomic status
    - Typically measured by income and education
  – Youth and young adults
  – Non-white populations
  – LGBT populations

Proven Prevention Methods

1. Preventing the initiation of tobacco use among young people.
2. Promoting quitting among young people and adults.
3. Eliminating nonsmokers' exposure to environmental tobacco smoke (ETS).
4. Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

Comprehensive Funding

- The Centers for Disease Control and Prevention recommends a minimum of $18.1 million be dedicated to tobacco use prevention in order to substantially reduce the burden of disease and death associated with tobacco use
- Kansas currently ranks 43rd out of 51 States and DC in the amount of State dollars allocated to tobacco prevention

Questions?

Harlen Hays
hhays@kdhe.state.ks.us
785-296-2330