

TOBACCO USE IN KANSAS

2007 Status Report

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State of Kansas



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Tobacco Use in Kansas 2007 Status Report

Dear Fellow Kansans,

Tobacco use remains the most preventable cause of death and disease in the U.S. and in Kansas. It typically begins as a choice and quickly progresses to an addiction that substantially impacts all Kansans – individual tobacco users as well as those exposed to secondhand smoke. Approximately 3,900 Kansans die from cigarette smoking every year¹, and more than 290 Kansans die annually from secondhand smoke.²

The Kansas Department of Health and Environment (KDHE) Tobacco Use Prevention Program follows the agency's mission of promoting responsible choices to protect the health of all Kansans. The program is working to improve Kansans' health by reducing tobacco use, preventing kids from starting to use tobacco and reducing non-users' exposure to secondhand smoke.

Kansas has made progress in all of these areas with limited funding, but much work remains. Studies show 1 in 5 Kansas adults are current smokers³ and more than 1 in 4 Kansas high school students are current tobacco users.⁴ If current smoking rates among people younger than 18 continue, an estimated 54,000 of these Kansas youth are projected to die from smoking.⁵

Non-smokers are also harmed by tobacco. The U.S. Surgeon General, Dr. Richard Carmona, provides a clear message on secondhand smoke in his 2006 report *The Health Consequences of Involuntary Exposure to Tobacco Smoke*. According to Dr. Carmona, secondhand smoke is a serious health hazard that causes premature death and disease in children and nonsmoking adults.

Many Kansas cities have responded to the Surgeon General's report by passing clean indoor air ordinances. To date, 26 Kansas cities and two counties have passed clean indoor air laws to protect their citizens from the health dangers of secondhand smoke. However, these laws only protect approximately 28 percent of our state's population. All Kansans deserve the right to work and play in smoke-free environments.

Through the work of committed coalitions, well-trained staff, and health-conscious lawmakers, Kansas is making progress toward reducing the harmful effects of tobacco use. We must continue and expand our efforts to improve the health of all Kansans through tobacco use prevention.

Be well,

Roderick L. Bremby
Secretary, Kansas Department of Health and Environment

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Introduction

The Kansas Department of Health and Environment (KDHE) Tobacco Use Prevention Program (TUPP) is committed to improving the health and lives of all Kansans by reducing use of and exposure to tobacco. TUPP works with state and local partners to promote interventions consistent with Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs* (2007). Currently 44 Kansas counties encompassing nearly 70 percent of the state's population receive limited funding to support actions aimed at 1) eliminating exposure to tobacco smoke; 2) promoting tobacco cessation; 3) preventing initiation of tobacco use among youth; and 4) identifying and eliminating tobacco use disparities.

Tobacco use remains the most preventable cause of death and disease in the U.S. and in Kansas. It is

estimated that 3,900 Kansans die every year from smoking-related diseases.¹ These diseases include but are not limited to heart disease, lung cancer, emphysema, bronchitis and oral cancer. According to the CDC, half of all long-term smokers die prematurely from smoking-related causes.⁵ Before cigarette smoking became common, lung cancer was a rare disease. Now lung cancer is the leading cancer cause of death for both men and women. The American Cancer Society estimates that approximately 87 percent of lung cancer deaths are caused by smoking and exposure to secondhand smoke.⁶ According to the CDC nonsmokers exposed to secondhand smoke at home or work increase their risk of developing lung cancer by 20 to 30 percent and heart disease by 25 to 30 percent.⁷

Approximately 3,900 Kansans die every year from smoking-related diseases.



Each figure represents the death of 25 Kansas women (Total=1,409)



Each figure represents the death of 25 Kansas men (Total=2,458)



Aaron Tompkins and his son Nathan stand beside the smoke-free Daylight Donuts in Abilene, Kansas.

In addition to the health impact of tobacco, there is a substantial economic impact. Kansans spend approximately \$927 million each year in smoking-attributable medical expenses, including an estimated \$196 million on smoking-attributable Medicaid expenses.⁵ Kansas also loses an estimated \$863 million each year in lost productivity from an experienced workforce that dies prematurely.⁵ Additional costs occur each year in medical treatment and lost productivity as a result of exposure to secondhand smoke.

Future gains in tobacco control are directly proportional to the investment. The current

tobacco use prevention funding is only about 6 percent of CDC's recommended funding level of \$32.1 million per year⁵ for tobacco prevention and control in Kansas. In 2007, CDC released its revised *Best Practices* document that increased the Kansas recommended annual funding level from a minimum \$18.1 million in 1999 to \$32.1 million. Due to the current limited funding, only 12 Kansas communities are starting to implement tobacco use prevention at a comprehensive level. Recommendations to extend the benefits of population-based tobacco use prevention are presented throughout this report.

Tobacco use remains the most preventable cause of death and disease in the U.S. and in Kansas.

Current Tobacco Use In Kansas

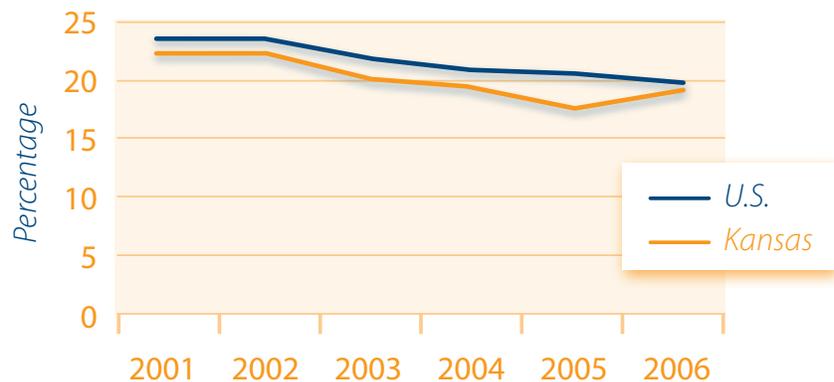
Adult Cigarette Use

Between 2002 and 2003 the Kansas adult smoking prevalence rate dropped from 22.1 percent to 20.4 percent. This trend continued in 2004, dropping to 19.8 percent and continued to decline to 17.8 percent in 2005. In 2006 there was an increase to 20 percent.³ This is consistent with the slowed decline in tobacco use nationally and it does not yet represent a statistically significant change in the number of Kansas adults who use cigarettes. However, as observed with national data, there is every expectation that Kansas has reached a new plateau as the previously declining trend begins to level off. The good news is that the plateau is slightly lower than levels seen in previous years. The bad news is that without additional intervention tobacco use rates in Kansas will cease to decline further.

An important group of adult smokers are women who smoke during pregnancy. Research has shown that women's smoking during pregnancy increases the risk of pregnancy complications,

premature delivery, low-birth-weight infants (a leading cause of infant deaths), stillbirth, and sudden infant death syndrome (SIDS).⁸ High medical costs are also associated with smoking by women during pregnancy. According to a study published in Health Care Financing Review, in 1997 approximately 13.2 percent of pregnant women in Kansas smoked and 22.6 percent of pregnant women covered by Medicaid smoked.⁹ This correlates to an estimated maternal smoking-attributable neonatal medical expenditure of \$1,892,662 annually.⁹ In 2006, approximately 16.5 percent or 6,729 pregnant women in Kansas smoked.¹⁰

Adult Smoking Prevalence



Source: Behavioral Risk Factor Surveillance System

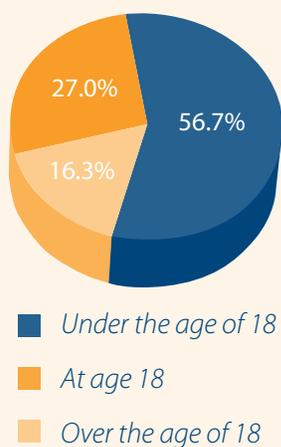
Youth Cigarette Use

In Kansas 73 percent of current smokers 18 years and older reported they became regular smokers before or at the age of 18.¹¹ It should be noted that as a person gets older, it is more difficult for them to recall the exact age at which they began smoking.

Recognizing that nearly three-fourths of smokers begin smoking at or before age 18, the years before age 18 become a crucial time for influencing

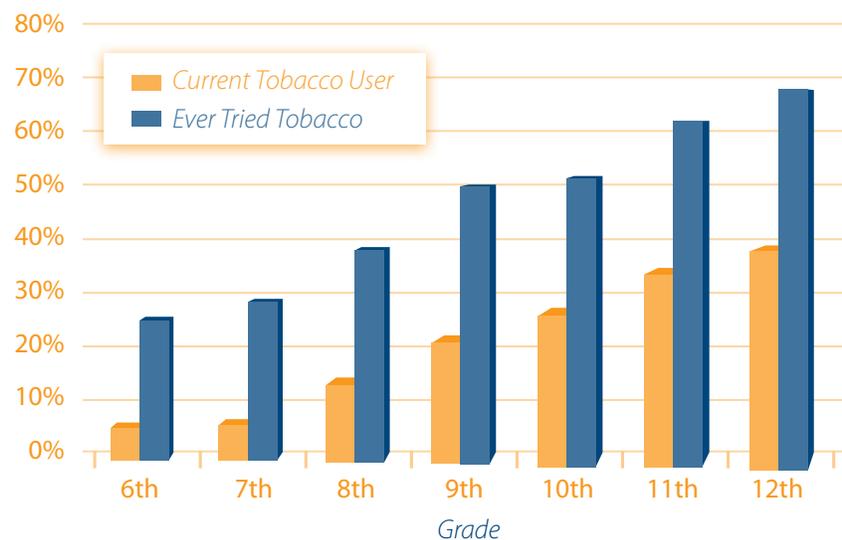
tobacco use. This is demonstrated by the dramatic increase in the number of individuals who try tobacco in grade 12 compared to grade 6. Before most students graduate from high school, nearly 7 out of 10 students surveyed have tried tobacco and more than 1 in 3 become regular users.¹² Compared to individuals in 6th grade, the number of students in 12th grade trying tobacco nearly triples and the number who report currently using increases six-fold.¹²

Age of initiation among current smokers aged 18 years or older



Source: Kansas Adult Tobacco Survey 2006/2007

2005/2006 Kansas Youth Tobacco Use and Experimentation



Source: 2005/2006 Kansas Youth Tobacco Survey

The Kansas youth smoking rate followed the national trend during the period of 2000 to 2002, with a significant decrease (from 26 percent to 21 percent for high school students) in the number of youth who smoked cigarettes during that time

period. This high school smoking rate has plateaued, remaining at 21 percent through 2007.⁴ If current smoking rates among people younger than 18 persist, an estimated 54,000 of these Kansas youth are projected to die from smoking.⁵

Other Tobacco Use in Kansas

In 1986, the U.S. Surgeon General concluded that the use of smokeless tobacco "is not a safe substitute for smoking cigarettes. It can cause cancer and a number of non-cancerous conditions and can lead to nicotine addiction and dependence."¹³

Smokeless tobacco contains 28 cancer-causing agents (carcinogens)¹⁴ and smokeless tobacco use increases the risk of developing oral cancer.¹⁵ Other oral health problems strongly associated with smokeless tobacco use are leukoplakia (a lesion of the soft tissue that consists of a white patch or plaque that cannot be scraped off) and recession of the gums.¹⁶

Smokeless tobacco rates are highest among high

school males. In 2007, 16 percent of Kansas high school males reported currently using smokeless tobacco.⁴ This compares to a national prevalence of 13.6 percent for high school males.¹⁷ The Kansas adult male smokeless tobacco rate was 9.3% in 2006 (the most recent adult data available).³ An estimate from the 2005 National Health Interview Survey lists the current national prevalence of smokeless tobacco among adult males as 4.5%. Kansas City was a test market for RJ Reynolds' new product Snus during 2007. Snus is smokeless tobacco in small teabag-like pouches that eliminate the need to spit, which makes the product more convenient and appealing. This new product could increase smokeless tobacco use, further exacerbating the occurrence of diseases related to the use of smokeless tobacco products.

Disparities in Tobacco Use

Tobacco-related disparities are “differences in patterns, prevention, risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exist among specific population groups in the U.S.; and related differences in capacity and infrastructure, access to resources, and environmental tobacco smoke exposure.”¹⁸ Disparate populations include individuals with low-incomes; individuals with low education; Hispanics; African-Americans; lesbians, gays, bi-sexual and transgender (LGBT) individuals; blue-collar workers and a variety of other groups of people with demographically similar characterizations.

For example, the Kansas adult smoking prevalence is currently 20 percent, but for Kansas adults with less than a high school education the smoking prevalence is 28.1 percent. Similarly 33.9 percent of Kansans with an income less than \$15,000 per year smoke. Spanish-speaking only Hispanics are considered a disparate population in Kansas because there are fewer Spanish tobacco prevention materials and advertisements than there are English. LGBT individuals are another disparate group. According to the National LGBT Tobacco Control Network, LGBT persons are 40-70 percent more likely to smoke than non-LGBT individuals.^{19,20}

Reducing Tobacco Use in Kansas

Kansas TUPP is working diligently to reduce tobacco use prevalence through the Kansas Tobacco Quitline (1-866-KAN-STOP or 1-866-526-7867), health care provider programs, school-based programs, youth access laws, counter-marketing and evidence-based community programs. TUPP provides technical assistance and guidance to county health departments who coordinate local activities through community coalitions and youth organizations. These groups work together at the local level to improve Kansans’ health.

The benefits of quitting smoking are well documented. According to the 2004 Surgeon General’s Report,

- 1 year after quitting the excess risk of heart attack and death from heart disease is cut in half,
- 10 years after quitting the lung cancer death rate is about half,

- 5 to 15 years after quitting the stroke risk is reduced to that of a nonsmoker.⁸

Studies also show that smokers who quit by age 30 eliminate nearly all excess risk associated with smoking, and smokers who quit smoking before age 50 cut their risk of dying in the next 15 years in half.^{21,22}

Many tobacco users understand the benefits of quitting and are trying to quit. In 2006, 56.2 percent of current adult smokers reported they had stopped smoking for one or more days in the past 12 months because they were trying to quit smoking.³ According to the CDC, stopping tobacco use entirely is often preceded by several quit attempts. Increasing the number of quit attempts may lead to increased smoking cessation rates and an overall lower prevalence of smoking.



Two TASK members show-off their impact T-shirts while promoting tobacco prevention at the Kansas Speedway. impact trainings are youth-led events held across the state to encourage youth to become involved in tobacco prevention.

Kansas Tobacco Quitline

According to the scientific literature, individuals are more successful in tobacco cessation attempts if they use proven cessation methods such as pharmacotherapy (cessation medications) and counseling. One of the most cost-effective cessation counseling resources is a tobacco telephone quitline.²³ According to the CDC *Best Practices* (2007), “Cessation quitlines are effective and have the potential to reach large numbers of tobacco users. Quitlines also serve as a resource for busy health care providers who provide the brief intervention and discuss medication options and then link tobacco users to quitline cessation services for more intensive counseling.”

The toll-free Kansas Tobacco Quitline (1-866-KAN-STOP or 1-866-526-7867) was established in November 2003. The Quitline is available 24 hours a day, seven days a week at no cost to callers. KDHE contracts with the American Cancer Society to operate this health resource. Trained cessation

counselors provide callers one-on-one support to create an individualized plan for quitting. During 2007, 1,966 people called the Quitline to request help quitting tobacco or for information for a friend, family member or patient. This service is of particular value to lower income Kansans; slightly more than one third of all Quitline callers report their household income as less than \$15,000. Among Quitline clients surveyed who completed the recommended counseling sessions (4 sessions or more) between June 2006 and May 2007, 46 percent had quit tobacco three months after counseling. Only 18 percent of those who did not complete four counseling sessions during the same time period had quit tobacco.

States that have added free Nicotine Replacement Therapy (NRT), such as nicotine patches, report a doubling of their quitline usage rates and a significant increase in successful quit attempts.^{24,25} Kansas does not offer NRT as part of its Quitline service due to lack of funding.

Partnerships with Health Providers

TUPP provides training to health care providers across the state to encourage them to integrate brief tobacco counseling into their patient intake process and to refer patients to the Quitline.

Reducing smoking during pregnancy has been a focus of partnerships. Building on the success of the “Treating Tobacco Use During Pregnancy and Beyond” initiative, which resulted in training 300 obstetric and family health providers in fall 2005, a new initiative, “Delivering Solutions” was launched in spring 2007. More than 100 tobacco control advocates from across the state were trained and are now presenting the office-friendly system to providers.

In 2007, health care partnerships were expanded to include dentists and other health professionals. TUPP worked with the Kansas Office of Oral Health

and Oral Health Kansas to make tobacco cessation part of the 2007 Kansas Oral Health Plan. The plan includes objectives for oral health professionals to incorporate tobacco prevention into their patient protocol and for oral health professionals to join local tobacco control efforts.

The Fort Riley Military Hospital closed all of its facilities except for the emergency room in June 2007 so that 50 health care providers could be trained by TUPP on incorporating brief tobacco counseling into every patient visit and referral to the Kansas Tobacco Quitline. Throughout the year, TUPP staff and local county tobacco prevention programs conduct similar trainings. During 2007, 33 percent of the tobacco users who called the Quitline had been referred by a health care provider or health department, which demonstrates the effectiveness of the provider training.

Addressing Disparities in Tobacco Use

During 2007, TUPP organized a diverse, inclusive and representative statewide Tobacco Prevention Workgroup for Specific Populations to develop goals and strategies of the “Everyone Benefits” Tobacco Prevention for Specific Populations Strategic Plan. Workgroup members were recruited through a broad, community-based nominating process. Workgroup members focused on becoming familiar with the planning process and planning roles, reviewing existing tobacco-related disparities data, and exploring critical issues for tobacco prevention for specific populations.

The following are the three critical issues the workgroup identified:

- 1) Increase community-level quantitative and qualitative data to eliminate identified data gaps among selected populations.
- 2) Increase population-specific prevention and cessation resources that can be integrated into community programs.
- 3) Increase advocacy for the elimination of tobacco-related health disparities among specific populations.

The Specific Populations Workgroup developed a strategic objective for each critical issue. Strategies and action steps for each objective were also identified. The resulting plan includes an

implementation plan, the identification of required resources for implementation, potential partnering organizations, and a communication plan for use by various organizations.

TUPP is working to implement the specific population plan. Currently, local grantees are encouraged to use Quitline data to shape their programs and new Quitline resources have been made available to enable communities to tailor outreach to specific populations. Quitline cards are now available in Spanish. Quitline media, fax referral forms and other materials were distributed in English and Spanish, and Quitline ads were placed on Spanish-language television and radio. Magnets and brochures intended for the lesbian, gay, bi-sexual and transgender (LGBT) community were localized with the Kansas Tobacco Quitline logo. Monthly Quitline ads were placed in the state’s largest LGBT publication, The Liberty Press, which has a distribution of 5,000 per month. A partnership to promote Quitline information to low-income and low-literacy populations was established with the Johnson County Library in the state’s most populous county. Working through the consumer health librarian, information about the Quitline, including the logo and a link to TUPP’s Web site, were featured on the Johnson County Library’s Health Web site.





As a sponsor of the Cloud County Rodeo the Cloud County TASK group carried a flag with the Smokeless Does Not Mean Harmless logo through the arena several times throughout the event.

Reducing Smokeless Tobacco Use

To help reduce smokeless tobacco prevalence, the Sunflower Foundation provided funding for a “Smokeless Does Not Mean Harmless” (SDNMH) initiative between February 2007 and March 2008. This project involved collaboration between the Tobacco Free Kansas Coalition, TUPP, and TASK the statewide youth movement against tobacco. Grants of up to \$5,000 were awarded to more than 20 established youth groups in Kansas. Grant activities focused on youth empowerment and support of local youth groups; community awareness and mobilization on the issue of smokeless tobacco; media and counter-marketing to reduce smokeless tobacco use; and policy initiatives for tobacco-free county fairs, rodeos, sporting events and other public events. SDNMH partners also hosted a Kansas Spit Tobacco Prevention Summit in August 2007. Approximately 150 youth advocates, adult advocates and oral health professionals attended the summit, which included national presenters.

The following outcomes were a result of the SDNMH initiative as of November 2007:

- 4 schools passed tobacco-free school grounds policies.
- 3 county fairs had a tobacco-free day.
- 12 new youth tobacco prevention groups (TASK groups) were created.
- More than 200 youth became involved in spit tobacco prevention.
- More than 50 articles were generated about spit tobacco in newspapers across the state.
- Tobacco prevention was identified as a priority in the Kansas Oral Health Strategic Plan.

Addressing Youth Access to Tobacco

The Federal Synar Amendment requires each state to have and enforce an effective law prohibiting the sale of tobacco products to children under 18 years of age and to meet a minimum compliance rate of 80 percent (the percentage of retailers that pass compliance checks by not selling tobacco to minors). States that fail to comply will lose a portion of their annual block grant funds for substance abuse prevention. In 2004, the Kansas compliance rate dropped to 62 percent. To avoid losing \$5 million in federal Substance Abuse and Mental Health Services Administration (SAMHSA) block grant funds, the Kansas Legislature directed the Kansas Department of Social and Rehabilitation Services

While the sales of tobacco to minors is an important component in reducing youth access, 62 percent of high school students surveyed reported they routinely obtain cigarettes through social sources. To target these social sources, TUPP supports efforts to change social norms through school and community policy changes, and youth-initiated tobacco prevention efforts.

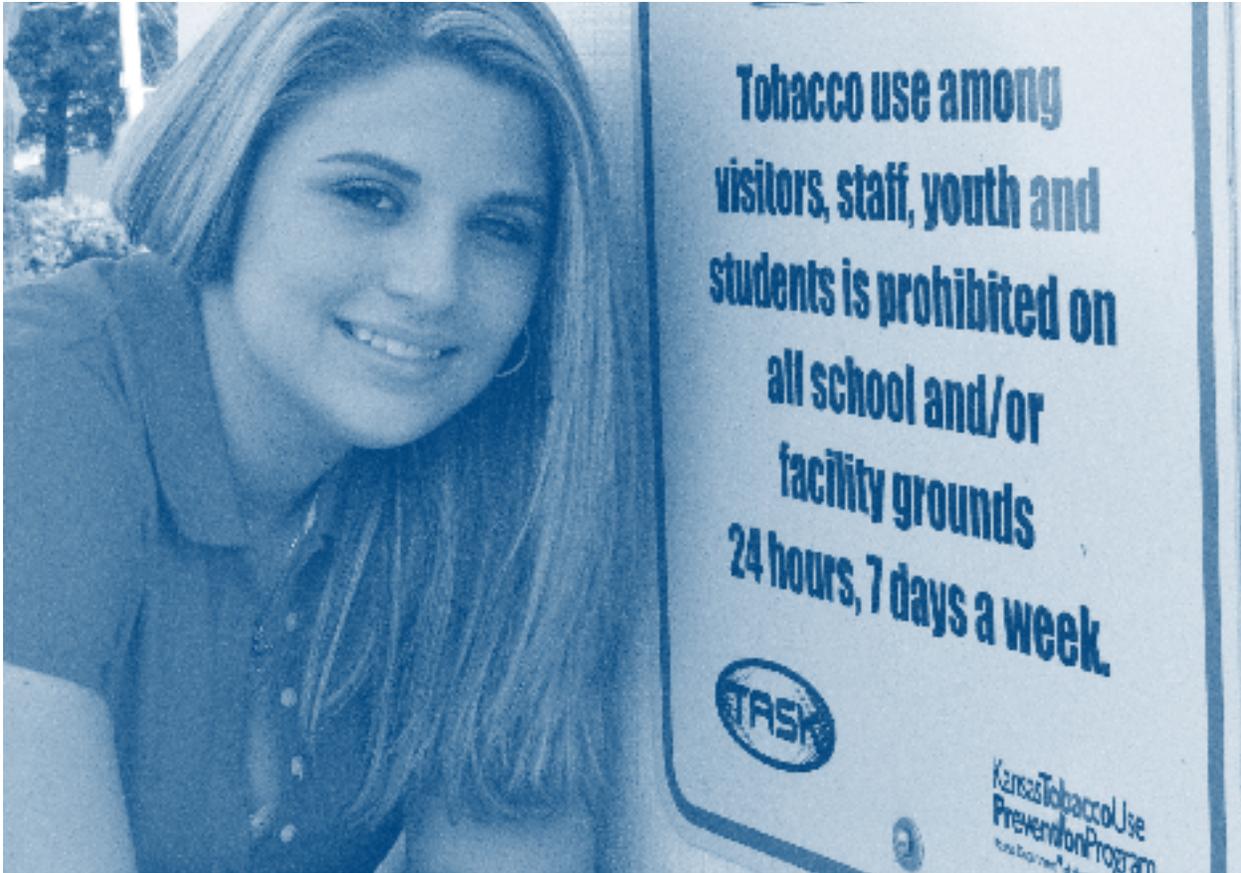
Many communities currently sponsor local school programs to empower youth to take a stand against the tobacco industry. By creating peer-to-peer leaders, local communities continue to build sustainable programs that involve youth in tobacco control activities. TASK is a statewide Kansas youth

62% of Kansas high school students who smoke report getting cigarettes from social sources (gave money to someone else, bummed, someone older gave them to me).¹²

(SRS) to obligate \$2.3 million to return Kansas to an acceptable level of retailer compliance.

The state funds allocated for this purpose supported a collaborative effort between multiple state agencies and organizations resulting in the State of Kansas achieving a compliance rate of 80.8 percent for 2005 and 80.1 percent for 2006, thereby restoring the required compliance rate. Efforts continue statewide to further increase this rate. SRS recently received additional funding to use a non-enforcement retail review system and the Kansas Department of Revenue is increasing the number of enforcement officers, which will in turn increase the number of regular compliance checks.

empowerment program that was initially funded by the American Legacy Foundation in 2000. Between 2000 and 2005, TASK groups of teens in communities across the state were established and continue to be supported by TUPP. By the end of 2005, 103 actively operating TASK companies sponsored teen rallies, teen summits and distributed promotional materials. While the American Legacy funding has ended and the number of TASK companies has greatly declined, many communities continue to maintain TASK groups that make strides in efforts to decrease the social acceptability of tobacco use. In 2007, the Tobacco Free Kansas Coalition and TUPP collaborated with community programs to build youth activities focused on reducing smokeless tobacco use at local fairs and rodeos.



During her junior year in high school Chrissy Feriend was instrumental in getting a tobacco-free school grounds policy passed at Concordia High School.

Tobacco-Free School Grounds

More and more school districts across Kansas are adopting tobacco-free school grounds policies to protect youth from secondhand smoke, tobacco use, and the addiction, disease and death that tobacco use can cause. TUPP and its partners assist Kansas schools in adopting tobacco-free grounds policies that apply to students, staff and visitors; are in effect 24 hours a day, seven days a week; and include sporting event venues. To date, at least 42 Kansas school districts (out of 296) have adopted tobacco-free grounds policies.

Policies that keep tobacco use off school grounds have been shown to change the perception of tobacco use as a common and normal adult behavior. A strong science base exists to prove that correcting this false perception will result

in changing the attitudes and behaviors of adolescents, resulting in a reduction in tobacco use initiation over time.

Reducing tobacco use and reducing secondhand smoke exposure are the strongest reasons for tobacco-free school grounds, but there are additional benefits. According to the CDC *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, "A tobacco-free school environment can provide health, social, and economic benefits for students, staff, the school, and the district. These benefits include decreased fires and discipline problems related to student smoking, improved compliance with local and state smoking ordinances, and easier upkeep and maintenance of school facilities and grounds."

Taxes

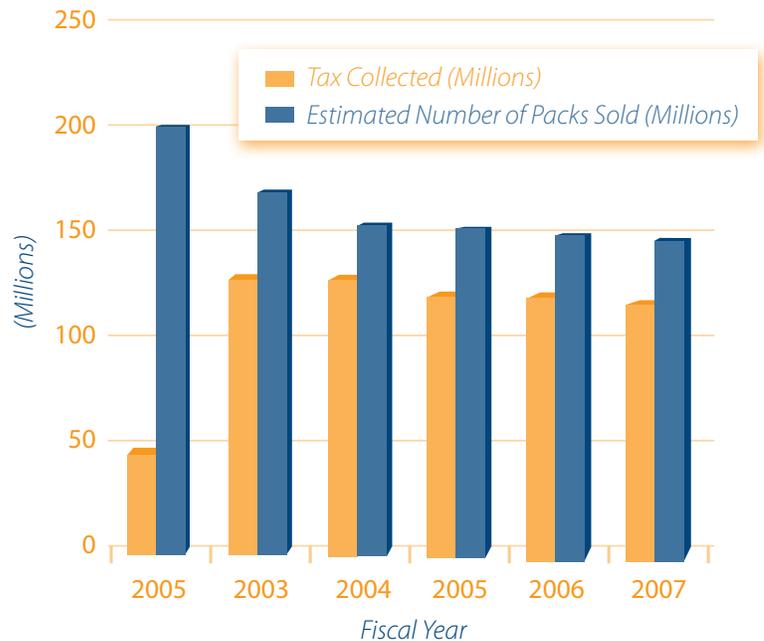
Increasing cigarette excise taxes has proven to reduce smoking prevalence. According to studies examined in the American Journal of Preventive Medicine's *Guide to Community Preventive Services: Tobacco Use Prevention and Control* increases in cigarette prices lead to significant reductions in cigarette smoking and initiation, and increases in cessation. The Campaign for Tobacco Free Kids (a non-profit organization) estimates that a \$.50 per pack tobacco tax increase will result in 7,400 fewer adult smokers and 13,300 fewer future kid smokers in Kansas.²⁶

A significant increase in cigarette taxes will decrease the number of packs sold in the state, and yet the increased rate will generate a large amount of revenue for the state. The revenues from the previous tax increase of 55 cents in 2003 continues to bring in more than double the amount of revenue from cigarette sales to the state than in 2001.

From 1998 to 2002, the Kansas cigarette tax was \$0.24 per pack of 20 cigarettes. In 2003 the Kansas legislature increased the cigarette excise tax by \$0.55 to a total of \$0.79 per pack. This tax increase dramatically increased the amount of tax collected in 2003 and reduced the number of cigarettes sold in the state by 18 percent according to the Kansas Department of Revenue. However, sales data from 2004 and 2005 indicate that the downward trend in sales of cigarettes has ended. As of November 2007 at \$0.79 per pack, Kansas is ranked 33rd in state rankings for excise tax.²⁷ New Jersey has the highest tax in the country at \$2.58 per pack and the average per pack tax is \$1.12.

Public support for a cigarette tax increase is strong in Kansas. A 2007 poll conducted by the Sunflower Foundation found that 64 percent of all voters support increasing the current 79-cent tax on a pack of cigarettes. The response was stronger in the 2006/2007 Kansas Adult Tobacco Survey where seven out of 10 adults in Kansas

Kansas Cigarette Tax Collected and Estimated Number of Cigarette Packs Sold



Source: Kansas Department of Revenue 2007 Annual Report

support raising the tax on cigarettes to fund tobacco use prevention programs and 58.8 percent said they would support an increase of \$1 or more.¹¹

A significant increase in cigarette taxes will decrease the number of packs sold in Kansas, and yet the

increased tax rate will generate a larger amount of revenue for the state. The revenues from the previous tax increase of 55 cents in 2003 continue to bring in more than double the amount of funding than in 2001. Unfortunately, because tobacco is so addictive, some people who smoke will continue to buy cigarettes in the same quantity despite

the higher prices. According to the Campaign for Tobacco Free Kids, every 10 percent increase in the price of cigarettes will reduce youth smoking by about 7 percent and overall cigarette consumption by about 4 percent.²⁸ Thus, an increase in tobacco tax will result in the state spending less money on smoking-related diseases.

Clean Indoor Air

Secondhand smoke contains more than 50 cancer-causing chemicals, and is itself a known human carcinogen.⁷ According to the 2006 U.S. Surgeon General's Report, nonsmokers exposed to secondhand smoke at home or work increase their risk of developing lung cancer by 20 to 30 percent and heart disease by 25 to 30 percent.²⁹ It is estimated that more than 290 Kansans die from secondhand smoke² and 18 percent of heart disease cases are connected to secondhand smoke.³⁰

The majority of Kansans understand the health benefits of clean indoor air laws and have voiced a desire for protection from secondhand smoke. Approximately 9 out of every 10 Kansas adults believe that secondhand smoke is very harmful or somewhat harmful.¹¹

The only way to protect nonsmokers from the dangerous chemicals in secondhand smoke is to eliminate smoking indoors. Nearly 1 in 5 Kansans report no protection against exposure to secondhand smoke while at their workplace.¹¹ A Pueblo, Colorado, study of heart attacks a year and a half before the city's smoke-free ordinance took effect in July 2003 and a year and a half after the ordinance showed heart attack rates in Pueblo decreased by 27 percent after implementation of the ordinance. Applying the Pueblo experience to Kansas statistics related to heart attack, it is estimated that an

equivalent smoke-free law in Kansas would result in 2,160 fewer heart attacks and \$21 million less in hospital charges to public and private sources in a single year.

“The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.”

– U.S. Surgeon General 2006

In addition to the health benefits and medical savings, clean indoor air laws may improve the economic viability of restaurants. In a 2006/2007 survey, the overwhelming majority of adults in Kansas responded that they would eat out with the same frequency (82 percent) or with a greater frequency (12.9 percent) with a clean indoor air ordinance.¹¹ In fact, the proportion of individuals who report they would eat out with greater frequency (12.9 percent) is nearly double the proportion of individuals reporting they would eat out less (5.1 percent).¹¹ With this evidence, an argument could be made that members of the overall community would eat out more with a clean indoor air ordinance.

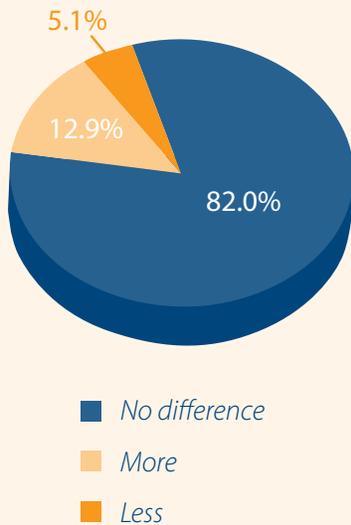
According to a study on the economic impact of clean indoor air laws published in *CA: A Cancer Journal for Clinicians*, "Numerous studies using objective measures of economic activity have been done over the past 10+ years looking at the impact of local, state, or national smoke-free policies on restaurants, bars, and tourism. From small towns such as West Lake Hills, Texas, to large cities like New York, in states as diverse as Arkansas, Oregon, and Texas, the vast majority of studies find that there is no negative economic impact of clean indoor air policies, with many finding that there may be some positive effects on local businesses."³¹

A growing number of cities in Kansas have acted to protect their citizens from the health dangers of secondhand smoke. Smoking restriction ordinances have been passed in the following 26 cities, which comprise approximately 28 percent of

the state's population: Abilene, Bel Aire, Concordia, Derby, Dodge City, Fairway, Garden City, Hesston, Hutchinson, Lawrence, Leawood, Lenexa, Lyons, Mission Woods, Newton, North Newton, Olathe, Ottawa, Overland Park, Parsons, Prairie Village, Roeland Park, Salina, Shawnee, Walton and Westwood. There are also two county resolutions in Harvey County and Johnson County that restrict smoking in unincorporated areas.

In June 2007, the Kansas Supreme Court upheld the rights of cities and counties to pass smoke-free ordinances and laws that are more restrictive than current state law. The decision in *Steffes vs. the City of Lawrence* created additional momentum for communities in Kansas becoming smoke-free. Between June and December 2007, six new clean indoor air city ordinances were passed.

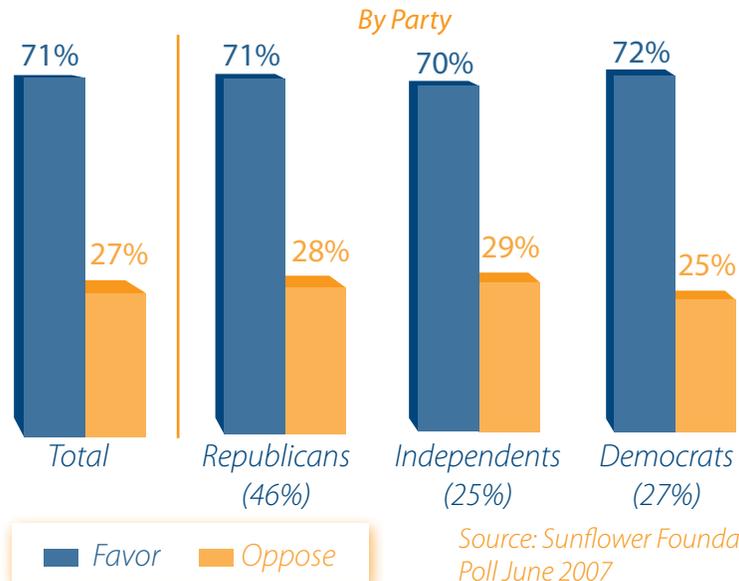
Frequency of eating out at restaurants if smoking was totally banned



Source: Kansas Adult Tobacco Survey 2006/2007

Clean Indoor Air Laws

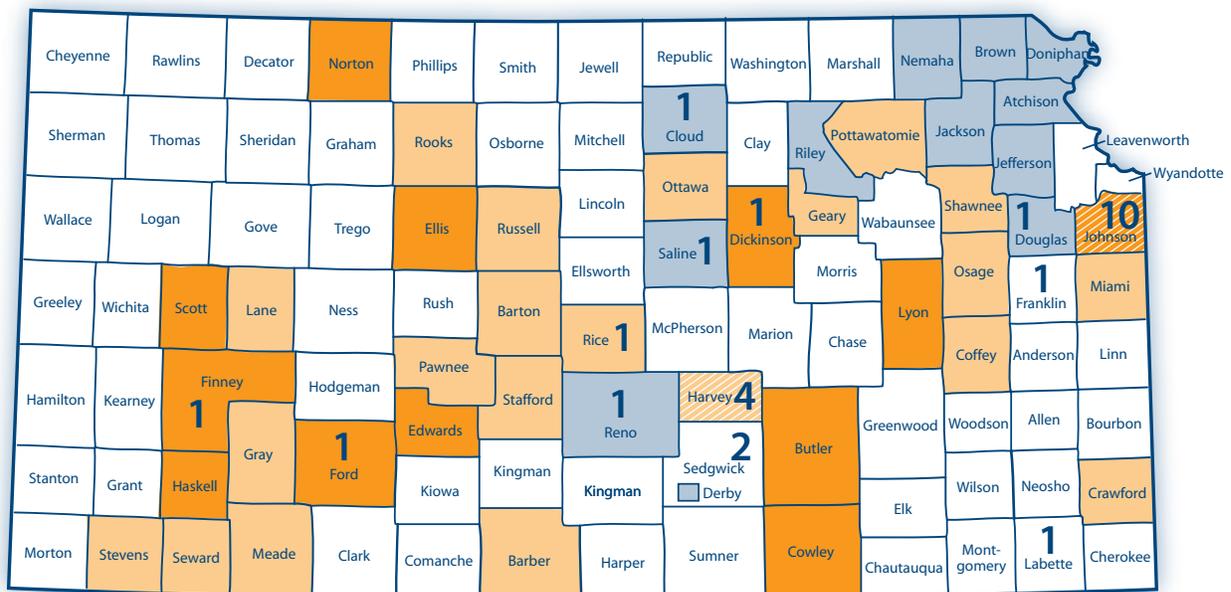
Some states have passed laws that make all indoor workplaces and public facilities including public buildings, offices, restaurants, and bars smoke-free, that is eliminating all tobacco smoking in these places. Would you favor or oppose such a law in Kansas?



Source: Sunflower Foundation Poll June 2007



Chronic Disease Risk Reduction Grants State Fiscal Year 2008 and Clean Indoor Air Laws.



Level A
 Level B
 Level C
 There are also two county clean indoor air resolutions in Harvey and Johnson Counties that cover unincorporated areas.

1 Clean Indoor Air Ordinances passed in the following cities: Abilene, Bel Aire, Concordia, Derby, Dodge City, Fairway, Garden City, Hesston, Hutchinson, Lawrence, Leawood, Lenexa, Lyons, Mission Woods, Newton, North Newton, Olathe, Ottawa, Overland Park, Parsons, Prairie Villae, Roeland Park, Salina, Shawnee, Walton and Westwood.



Recommendations

Recommendations for state tobacco prevention and cessation programs are best summarized in the U.S. Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs* (2007). In this updated guidance document, CDC recommends that states establish tobacco control programs that are comprehensive, sustainable, accountable and include the following programmatic elements: public education efforts, community and school-based programs, cessation programs, enforcement efforts, and monitoring and evaluation.

The empirical evidence regarding the effectiveness of comprehensive tobacco prevention and cessation programs is vast and growing. Data from a number of states that have implemented programs consistent with the CDC guidelines show significant reductions in youth and adult smoking. The most powerful evidence, however, comes from national studies that look across states and control for as many of the relevant confounding factors as

possible. These rigorous studies consistently show the positive effects to health of tobacco prevention and cessation programs.

Kansas' efforts have introduced components of a comprehensive program in communities across the state. As a result, 44 counties have initiated strategies from at least one component of a comprehensive program and are poised to launch full-scale programs that replicate the recommendations of the national guidelines. Some communities have already implemented strategies from more than one component and evidenced successful results. However, as science has shown, to achieve the most success these components must be implemented statewide and simultaneously. Considering the strides that Kansas has made in tobacco control, it should capitalize on the partnerships that exist at the state and local levels by investing in science-based interventions to advance success in reducing the use of and exposure to tobacco.

Statewide Clean Indoor Air

The best prevention measures both improve the health of Kansans and reduce health care costs. Clean indoor air acts fulfill both of these criteria. As of April 2008, 29 states have passed a statewide clean indoor air law.³² A Kansas statewide clean indoor air law would protect all Kansans, not just those in progressive cities, from the health dangers of secondhand smoke. A state law would raise the floor of secondhand smoke protection for cities, but would not create a ceiling by enabling cities to continue to pass ordinances that are stronger than the state law.

According to a 2007 Sunflower Foundation poll, Kansas voters overwhelmingly favor a statewide law prohibiting smoking in all indoor workplaces

and public facilities. This survey found 71 percent of Kansas voters favor a statewide law (59 percent strongly favor) and nearly one-third of current smokers support a smoking ban.³³

Support is needed for local and state efforts to strengthen and enact laws that protect citizens from the harmful health effects of secondhand smoke. While policy, alone, will not eliminate the health problems caused by tobacco, it is an underappreciated strategy for changing the social norms and reinforcing the program elements that drive down rates of tobacco use in a community. Policies, such as the clean indoor air ordinance adopted by the City of Pueblo, Colorado, can also provide immediate results in reducing illness and medical costs of those exposed to tobacco.

Increase Tobacco Tax

Interventions to increase the price of tobacco products (cigarettes and smokeless) are strongly recommended by the American Journal of Preventive Medicine's *Guide to Community Preventive Services: Tobacco Use Prevention and Control* because of strong evidence of its effectiveness in (1) reducing population consumption of tobacco products, (2) reducing tobacco use initiation, and (3) increasing tobacco cessation. The Guide also reports strong evidence that increasing the price of tobacco products is effective in reducing tobacco use prevalence of adolescents and young adults.

“Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking – and the longer states invest in such programs, the greater and faster the impact.”

–CDC Best Practices for Comprehensive Tobacco Control Programs (2007)

Increase Tobacco Prevention Funding

In fiscal year 2007, Kansas earned approximately \$120.6 million in revenue from the sale of tobacco products, and received \$46.5 million from the legal settlement with the tobacco industry. Of the \$167.1 million Kansas receives in revenue from tobacco excise taxes and settlement, 19 percent would fund Kansas's tobacco prevention and control program at the level of investment recommended by the CDC.⁵

According to the CDC *Best Practices for Comprehensive Tobacco Control Programs (2007)*, “Research shows that the more states spend on comprehensive tobacco control programs, the

greater the reductions in smoking – and the longer states invest in such programs, the greater and faster the impact.”

The science leaves little doubt that tobacco control programs play a crucial role in the prevention of chronic diseases such as cancer, heart disease and respiratory illness. Comprehensive tobacco prevention and cessation programs prevent children from starting to smoke; help adult smokers quit; inform the public, the media and policymakers about policies that effectively reduce tobacco use; address disparities; and serve as a source of counter information to the ever-present tobacco industry.

Improve Access to Tobacco Cessation Within Medicaid

The highest percentage of current smoking is associated with individuals with lower education and lower income. Therefore, to have the greatest impact on Kansans' health, it is imperative that the state examine additional avenues for tobacco prevention for low-income adults, especially those on Medicaid.

Below are recommended strategies for increasing tobacco cessation among Medicaid recipients.

- Include screening for tobacco use as part of a patient's vital signs in the patient's medical record.
- Provide evidenced-based counseling for tobacco use treatment.³⁴ Effective counseling can be provided in individual, group and phone counseling formats.



- Provide evidenced-based pharmacotherapy.³⁴ Due to the chronic, relapsing nature of tobacco use dependence, a disease that often requires multiple quit attempts to achieve long-term abstinence from tobacco, counseling and pharmacotherapy should be available for multiple episodes of treatment per benefit year with no lifetime limit.
- Ensure that the receipt of counseling or pharmacotherapy shall not be a precondition for the use of one form of treatment (e.g., counseling) to receive the other (e.g., pharmacotherapy).
- Ensure that patients' out-of-pocket treatment costs (e.g., deductibles, cost-sharing) for all forms of evidence-based counseling and pharmacotherapy for treatment of tobacco use be eliminated or minimized to remove financial barriers to treatment.
- Ensure that provider, clinic, health plan and hospital reimbursement for services rendered under this benefit shall be sufficient to cover the reasonable and necessary costs for the delivery of tobacco use treatment services incurred by covered providers and health systems.
- Have sustained efforts, including employer and community-based outreach activities, to educate and promote awareness of tobacco use treatment services in an effort to increase utilization and quit rates of all evidence-based tobacco use treatment services.
- Collect data for the purposes of monitoring and reporting on the delivery of recommended tobacco use screening and treatments for the purpose of evaluating the clinical and economic impacts of the tobacco use treatment benefit.

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Tobacco use remains the most preventable cause of death and disease in the U.S. and in Kansas. It is estimated that 3,900 Kansans die every year from smoking-related diseases.



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