

# *Kansas Tobacco Use Prevention and Cessation*



*2005 - 2010 Comprehensive Strategic Plan*



Tobacco *Free* Kansas Coalition, Inc.

*January 2005*

## IN KANSAS, TOBACCO USE\* . . .

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- is a public health crisis.
  - is responsible for more than 4,000 deaths each year.
  - cigarette smoking alone results in overwhelming health care, disability, and lost productivity costs -- \$153 million in Medicaid costs, \$724 million in medical expenditures and \$741 million in productivity losses.
  - will cause approximately 50,000 youth who are alive today to die prematurely due to tobacco related illness.
  - is reported by 28% of adults. Cigarette smoking is reported by 20% of adults (approximately 400,000 people).
  - is reported by 29% of high school students. Cigarette smoking is reported by 21% of high school students.
  - is estimated to cause 550 youth to become regular smokers each month.
  - causes an estimated 161,000 youth to be exposed to second-hand smoke in the home.
- \*includes use of spit or smokeless tobacco products, cigarettes, cigars, pipes, and other types of smoked tobacco.

*...clean air  
advocate...*



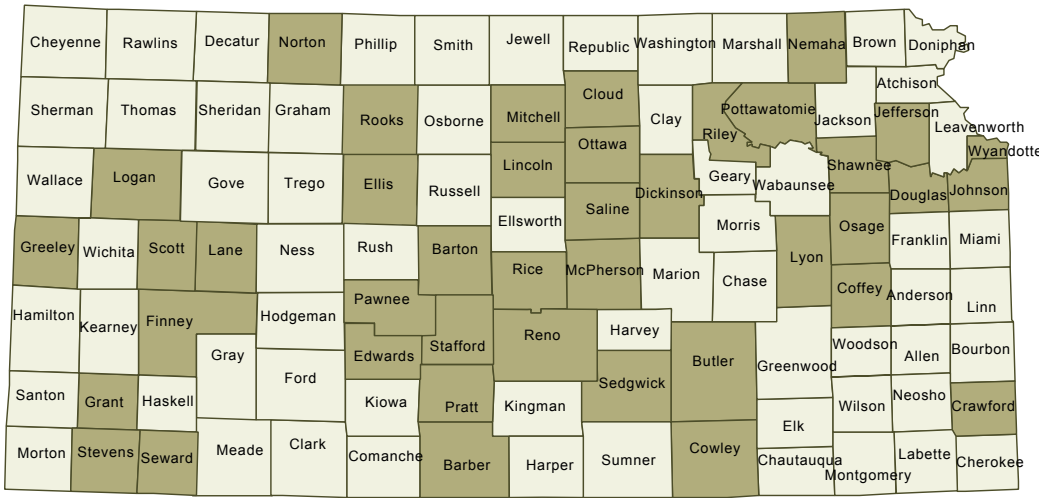
*...Quitline info  
empowered her  
to quit smoking...*



*“In Kansas, tobacco use is responsible for more  
than 4,000 deaths each year.”*

— Jon Hauxwell, M.D., Hays, Kansas

# COUNTY INITIATIVES IN KANSAS



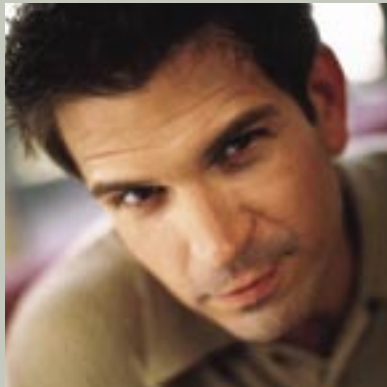
Counties with programs aimed at reducing tobacco use.

**41 Kansas counties, which comprise more than 75% of the state’s population:**

- recognize tobacco use is a problem.
- want to do something about it.
- need additional resources to continue tobacco use prevention programs.



*...sees way too many lung cancer patients...*



*...has tried to quit, and has committed to keep trying...*

*“As a county, we’ve made tremendous progress in tobacco education and disease prevention, but it’s vital that we be able to do more.”*

— Joan Smith, Riley County Health Department

#### Native American Use of Tobacco

Programs in this plan aim to reduce youth access to and experimentation with tobacco and assist adults and youth in breaking their addiction to the nicotine in tobacco. Ceremonial tobacco use by Native Americans does not enter into this plan as such use does not involve abuse of or addiction to nicotine.

# FUNDING THE PLAN BENEFITS KANSANS

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## The Guide

A strong science base has been established over the past two decades that substantiates the effectiveness of state tobacco use prevention programs. To assist states in implementing effective, comprehensive programs, the U.S. Centers for Disease Control and Prevention issued a guidance document, *Best Practices for Comprehensive Tobacco Control Programs*.

## The Results

States that have invested in comprehensive tobacco control prevention programs have made significant gains in reducing tobacco use and in decreasing health care expenditures due to tobacco related diseases. ***The studies to date indicate that a state will save \$3 for every \$1 invested into tobacco use prevention programs at a comprehensive level.***

## In Kansas

In the *Best Practices* recommendations, the CDC recommends an investment of \$18.1 million per year to adequately fund tobacco use prevention and cessation in Kansas. Based on the experience of other states, there is every expectation that Kansas would cut tobacco use rates by half within 10 years of implementing a comprehensive tobacco use prevention program, thereby producing huge medical cost savings.

### **An annual investment of \$18.1 million per year for five years is projected to**

- save 33,100 adult lives and the lives of 35,600 youth who are alive at the time of the investment.
- accrue into a lifetime savings of \$814.3 million in health care savings among adults and an additional \$427.2 million additional health care savings over the adult lifetime of the youth who would be prevented from starting to smoke.

*“When a parent quits smoking, it doesn’t just affect his or her health, it can lead to healthier kids.”*

— Carol A. Johnson, M.D., Wichita, Kansas



*She wants to quit but needs the support of a cessation program in her Kansas community.*

# CDC RECOMMENDED COMPREHENSIVE PROGRAM

According to *CDC Best Practices*, a spending level of **\$18 million to \$44 million per year** for 10 years is projected to reduce tobacco use in Kansas by 50%.

The minimum \$18 million funding level as recommended by *CDC Best Practices* breaks down into nine critical components. Dollar figures for each of the components are listed below.

## Comprehensive Program Components

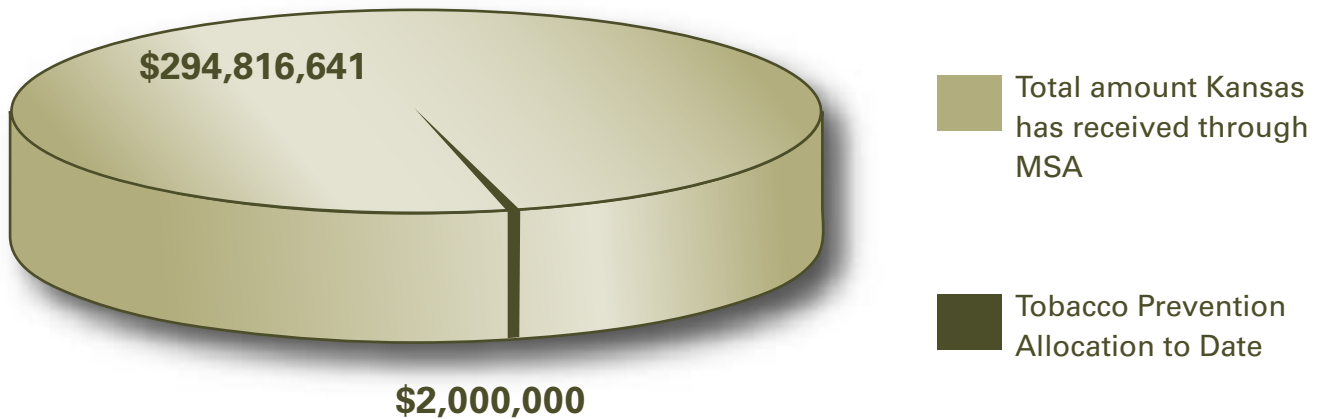
Community Programs	\$2.7 M
Chronic Disease Programs	\$2.8 M
Cessation Programs	\$2.8 M
Counter Marketing / Media	\$2.6 M
School Programs	\$2.5 M
Surveillance / Evaluation	\$1.6 M
Enforcement	\$1.3 M
Statewide Programs	\$1.0 M
Administration / Management	<u>\$.8 M</u>
<b>Total Minimum Funding</b>	<b>\$18.1 M</b>

*“It takes all of us doing our part to prevent tobacco use.”*

— Cindi Geist, Hays, Kansas

## MASTER SETTLEMENT AGREEMENT

Total Allocations from 1999 through 2004



As of January 2005, Kansas ranks 42nd among states that received funds in the 1998 Master Settlement Agreement in funding the minimum CDC recommendations for comprehensive tobacco control programs. Currently, less than one percent of Master Settlement Agreement funds in Kansas are allocated to tobacco prevention programs.

When possible, additional funding sources are identified and solicited for special projects and specific activities, but none provide continuing, long-term funding. The sources fluctuate and fund only a small percentage of the minimum CDC guidelines for funding a comprehensive tobacco control program in Kansas.

## 2005 – 2010 GOALS

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The Tobacco Free Kansas Coalition and local partners throughout the state have adopted the following goals for the 2005 – 2010 comprehensive strategic plan:

### 1. ELIMINATION OF EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE.

Protect children and adults from the known hazards of secondhand smoke.

### 2. PROMOTION OF TOBACCO CESSATION AMONG ADULTS AND YOUTH.

Provide cessation assistance to adults and youth who want to free themselves from the addiction to the nicotine in cigarettes and tobacco products.

### 3. PREVENTION OF INITIATION OF TOBACCO USE AMONG YOUTH.

Keep children and youth from experimenting with tobacco use.

### 4. IDENTIFICATION AND ELIMINATION OF DISPARITIES AMONG DIFFERENT POPULATIONS.

Identify and eliminate disparities related to tobacco use and its effects among different population groups.

*...one smoker,  
3 medical bills  
for Kansas  
taxpayers...*



*...has seen too  
many heart attack  
patients...*



## OVERALL STRATEGIES TO ACHIEVE THESE FOUR GOALS:

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- Provide for the minimum allocation of \$18.1 million for proven tobacco control programs in Kansas as recommended by the Centers for Disease Control. Funding for such programs will benefit local communities.
- Strengthen and maintain the Kansas Department of Health and Environment's role as the coordinating and reporting agency for the statewide management and administration of programs geared to community tobacco-use prevention programs.
- Implement evidence-based programs for tobacco-use prevention and cessation, especially those designed to reduce youth initiation of tobacco use.
- Implement proven prevention and cessation programs designed for the specific needs of disparate populations adversely affected by tobacco use.
- Routinely and scientifically evaluate tobacco prevention and cessation programs.
- Empower a statewide network of communities, organizations, public and private agencies and health care providers to provide assistance and support to change community norms.

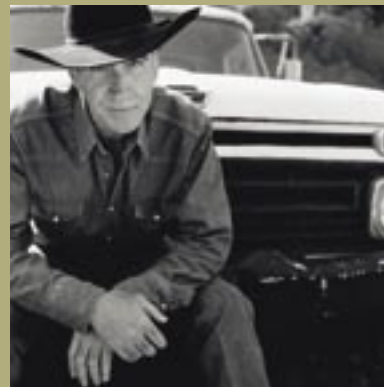
## SUB-STRATEGIES SPECIFIC TO IDENTIFIED GOALS:

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- Conduct and coordinate ongoing public education awareness campaigns that enhance local and state efforts for prevention and cessation as well as protection from secondhand smoke. *(Supporting Goal #1 and Goal #2)*
- Strengthen, enact and promote local community and workplace policies that protect all Kansans from the dangers of secondhand smoke. *(Supporting Goal #1)*
- Increase excise taxes on cigarette and tobacco products on a regular basis in order to reduce tobacco consumption and prevalence rates. *(Supporting Goal #2 and Goal #3)*
- Strengthen and enact state laws and local ordinances that protect youth from access to tobacco products and provide consistent enforcement of existing laws. *(Supporting Goal #3 and Goal #4)*
- Expand and continue the success of the toll-free Kansas Quitline **1-866-KAN-STOP**. *(Supporting Goal #2)*



*...learned about  
the dangers of  
tobacco use in  
school...*



*...smoke free  
after 32 years...*

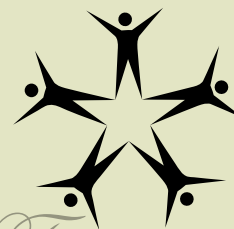
*“Tobacco use is the single most preventable cause of death and disease in our society.”*

— Centers for Disease Control and Prevention



*Invest in Kansas. Do it for them.*

Based on results in states such as California, Massachusetts and Florida, there is every expectation that Kansas can cut tobacco use rates in half within 10 years of implementing a comprehensive tobacco use prevention program. Within five years the reduction in tobacco use would save an estimated 68,700 lives — an outstanding return on investment.



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Additional information, citations and statistics available at [www.tobaccofreekansas.org](http://www.tobaccofreekansas.org) or [www.kdhe.state.ks.us/tobacco](http://www.kdhe.state.ks.us/tobacco)