Data and Trends on Tobacco Use in Nebraska 2016

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Introduction

Tobacco use is the leading preventable cause of death in the United States.[1] Approximately 480,000 people die in the United States each year due to cigarette smoking and exposure to tobacco smoke. It is estimated that over 2,500 adult deaths in Nebraska are attributed to smoking.[2] Annually, another 75,000 Nebraskans are suffering from at least one serious smoking-attributable disease. Smoking-related healthcare costs total $795 million annually in Nebraska. The annual cost of smoking-related lost productivity in Nebraska is approximately $532 million.[3]

This report summarizes data on the use, attitudes and consequences of tobacco use in Nebraska. When available, trend data is provided to illustrate changes over time. Prevalence rates for Nebraska adults and youth are provided regarding cigarette smoking, smokeless tobacco use, and e-cigarette use. The report also provides information on disparities in cigarette smoking, the illegal sale of tobacco products to minors, the health and financial costs associated with smoking, exposure to and attitudes regarding secondhand smoke, and a number of other topics related to tobacco use. The final section provides an overview of the data sources used to create this report.

[1] CDC, 2016a

[2] CDC, 2014

[3] Office on Smoking and Health, 2016 (Not published)

Statistical Summary

Adult tobacco use

Adult cigarette smoking rate	17.3%	(*BRFSS, 2014*)[4]
Adult smokeless tobacco use rate	4.7%	(*BRFSS, 2014)*
Adult e-cigarette use rate	5.2%	*(ATS, 2015)*
Adult quit attempt rate among current smokers	58.2%	(*BRFSS, 2014)*

Youth tobacco use

Ever tried smoking cigarettes, even one or two puffs	31.4%	(*YRBS, 2015*) [5]
Ever used e-cigarette use [6]	38.2%	(*YRBS, 2015*)
Youth cigarette smoking rate	13.3%	(*YRBS, 2015)*
Youth smokeless tobacco use rate	7.7%	(*YRBS, 2015*)
Youth e-cigarette use rate	22.3%	(*YRBS, 2015*)

Exposure to secondhand smoke

Non-smokers' exposure to secondhand smoke at home	5.5%	(*ATS, 2015*) [7]
Homes with a smoke-free rule	89.0%	(*ATS, 2015*)
Non-smokers' exposure to secondhand smoke in family car	8.6%	(*ATS, 2015*)
Family vehicles with a smoke-free rule	85.2%	(*ATS, 2015*) [8]

Mortality and diseases associated with tobacco in Nebraska[9]

Annual smoking-related deaths	2,500	(*CDC, 2014*)
Annual smoking-related healthcare cost	$ 795 million	(*CDC, 2014*)
Annual smoking-related healthcare cost per capita	$ 727	(*CDC, 2014*)
Annual smoking-related years of productive life lost	13 years	(*CDC, 2014*)

Sources: Adult Tobacco Survey (ATS); Behavioral Risk Factor Surveillance System (BRFSS); Youth Risk Behavior Survey (YRBS); Tobacco Free Nebraska (TFN) - Nebraska Department of Health and Human Services.

[4] *Adult cigarette smokers are defined as those having smoked at least 100 cigarettes in their lifetime and who currently smoke every day or some days.*

[5] *Adolescent cigarette smokers are defined as having smoked cigarettes on one or more of the past 30 days.*

[6] *E-cigarette refers to a variety electronic smoking devices such as e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.*

[7] *Non-smokers' exposure to secondhand smoke at least one day during the past week*

[8] *Respondents who do not have a family vehicle were excluded.*

[9] *Smoking-related mortality rates for Nebraskans age 35 years and above*

Adult Tobacco Use in Nebraska

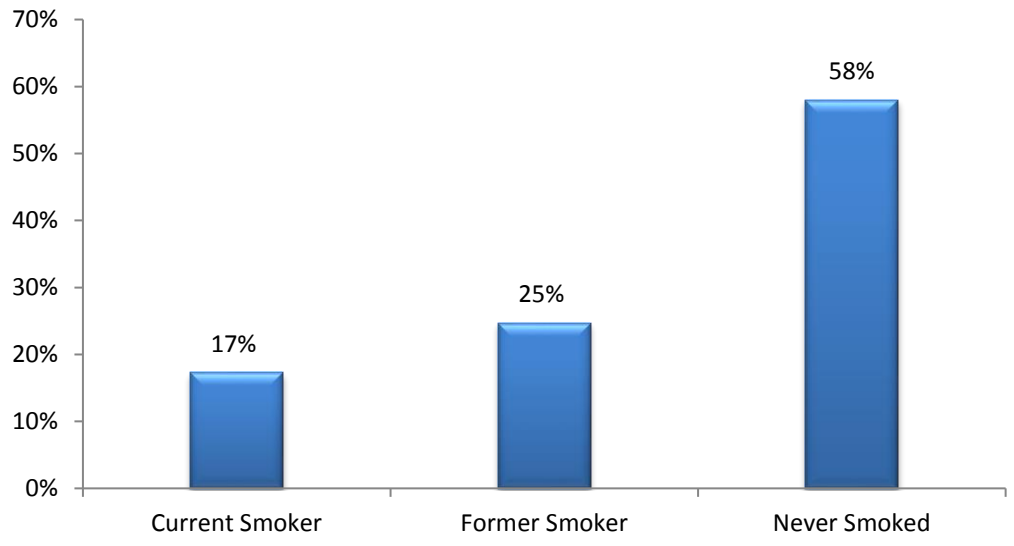
Despite the known adverse health effects, tobacco use is still prevalent in Nebraska. This section provides tobacco use prevalence and the trends among adult Nebraskans.

Adult Cigarette Smoking

In 2014, the Nebraska Behavioral Risk Factor Surveillance System (BRFSS) found that 17% of the adult population (age 18 and older) smoked. About a quarter of adults (25%) were former smokers and 58% had never smoked (Figure 1). Among the current smokers, 74% smoked cigarettes every day, while 26% smoked only on some days.

Based on the prevalence rate and adult population, it is estimated that approximately 240,000 adults in Nebraska were current cigarette smokers in 2014.

Figure 1. Adult Cigarette Smoking Prevalence in Nebraska, 2014



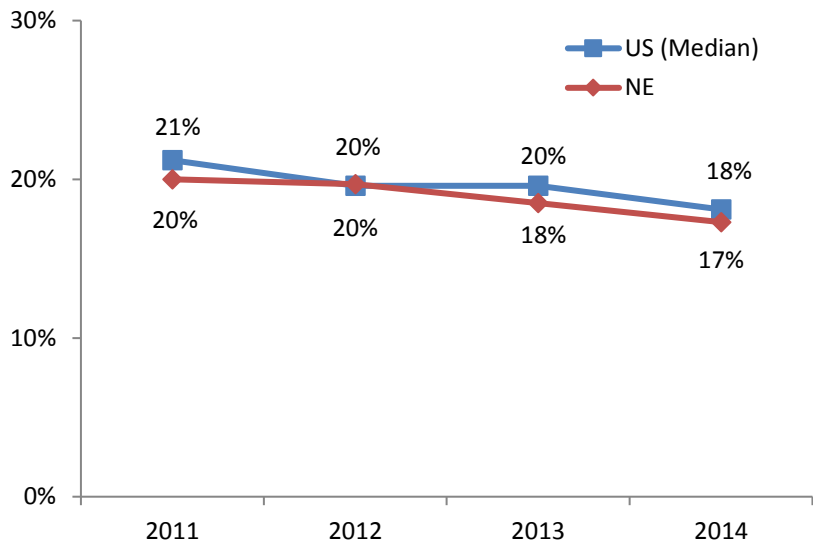
Source: Nebraska BRFSS

Trends

Since 2011, the adult (18 years of age and older) smoking rate in Nebraska has decreased from 20% to 17% in 2014 (Figure 2).

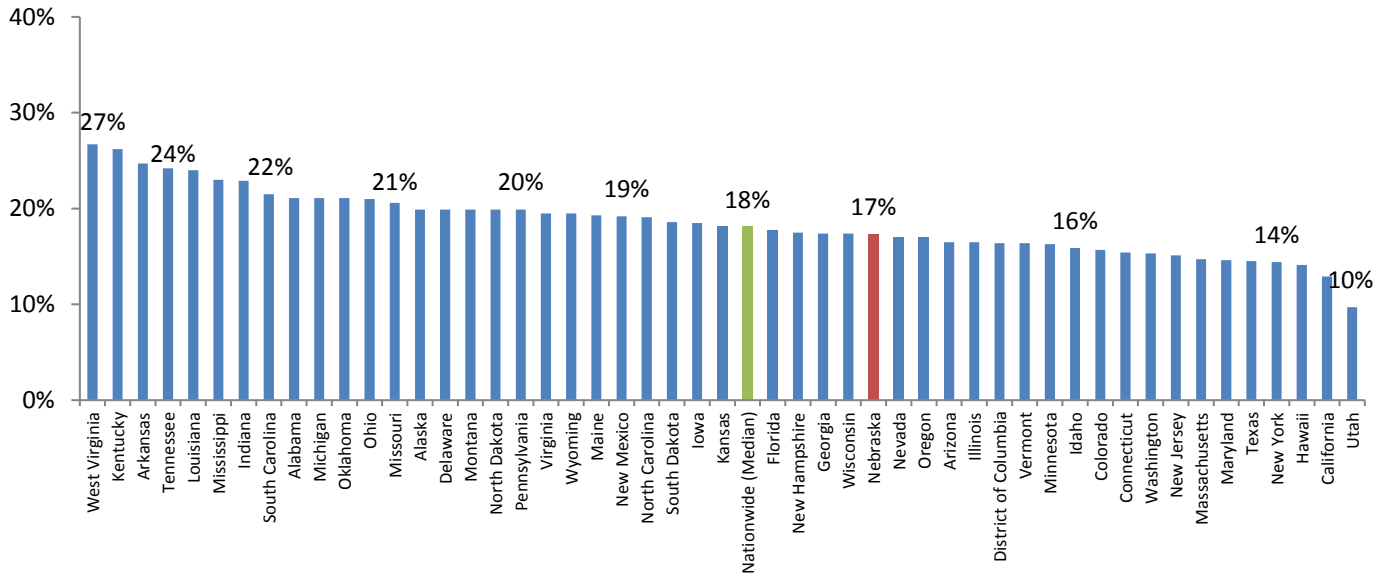
Nationwide smoking rates range from a low of 10% in Utah to a high of 27% in West Virginia. Nebraska's smoking rate was the 20th lowest across all states and the District of Columbia in 2014 (Figure 3).

Figure 2. Adult Cigarette Smoking in Nebraska, 2011-2014



Source: Nebraska BRFSS

Figure 3. Adult Smoking Rate by State, 2014

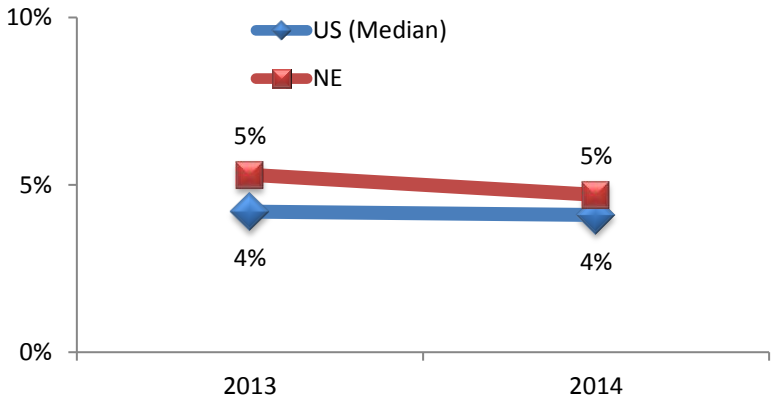


Source: BRFSS

Adult Smokeless Tobacco Use

Smokeless tobacco (spit tobacco, chewing tobacco, snuff, snus) is generally placed (parked) in the mouth between the cheek and gum or upper lip. U.S. Surgeon General Reports since 1986 have noted the association between smokeless tobacco and certain diseases such as oral cancer, gum disease, coronary artery disease, peripheral vascular disease, hypertension and peptic ulcer disease.[10]

Figure 4. Adult Smokeless Tobacco Use in Nebraska, 2013-2014

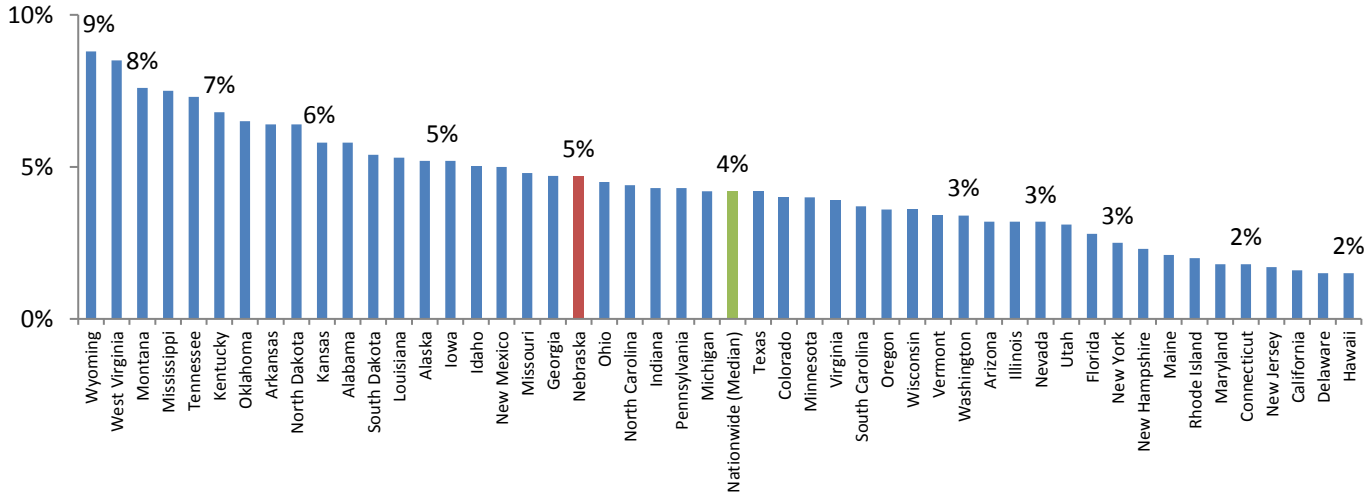


Source: Nebraska BRFSS

Trends

In 2014, 5% of the adult population age 18 and older in Nebraska were current smokeless tobacco users (Figure 4). The prevalence of current smokeless tobacco use rate did not change significantly from 2013. Across all states and the District of Columbia the prevalence rate ranged from 2% to 9% with Nebraska ranked 20th among the states (Figure 5).

Figure 5. Adult Smokeless Tobacco Use Rate by State, 2014



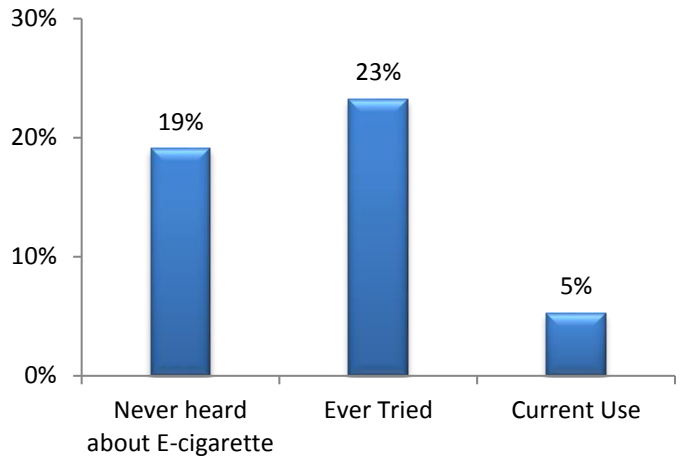
Source: BRFSS

[10] U.S. DHHS, 2014

Adult E-cigarette Use

Electronic cigarettes (e-cigarettes) are battery-powered products that typically deliver nicotine in the form of an aerosol. These devices have become very popular over the last decade and are perceived to be less harmful than conventional, combustible cigarettes. Since e-cigarettes have not had the same marketing and sales restrictions as combustible cigarettes, the liquid nicotine has been available in many flavors, which is especially appealing to youth. E-cigarettes are not approved by the FDA to help people quit smoking. Current research shows that the nicotine solution in e-cigarettes is not harmless and it is still highly addictive.

Figure 6. Adult E-cigarette Use in Nebraska, 2015



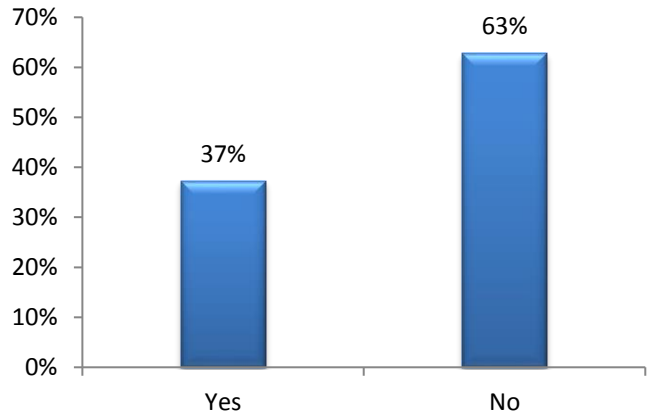
Source: Nebraska ATS

This report provides the first estimates of e-cigarette use among Nebraska adults from the Adults Tobacco Survey (ATS).

According to the 2015 Nebraska ATS, four in five adults (81%) in Nebraska knew about e-cigarettes. About a quarter (23%) of Nebraska adults reported that they have tried e-cigarettes even one time in their lifetime. Five percent (5%) of adults reported that they were currently using e-cigarettes every day or some days (Figure 6).

ATS asked the adult Nebraskans that used e-cigarettes whether they have used e-cigarettes instead of smoking a cigarette or other tobacco product because they were in a place where smoking was not allowed. Thirty seven percent (37%) of the adults having tried e-cigarettes in the past reported that they have used e-cigarettes as

Figure 7. Percentage of Adults Used E-cigarette at a Place that Smoking was not allowed, 2015



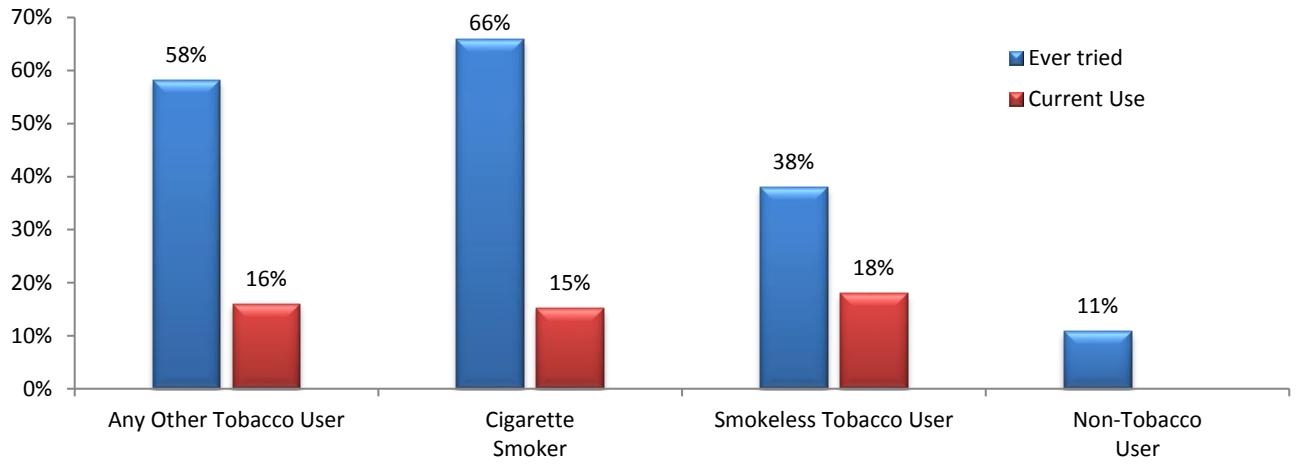
*For the adults who had tried e-cigarette

Source: Nebraska ATS

an alternative to smoking other combustible tobacco products at the place where smoking was prohibited (Figure 7).

About one in ten non-tobacco users (11%) reported that they have tried e-cigarettes at least once, and 58% of other tobacco* users reported having tried e-cigarettes, including 66% of cigarette smokers and 38% of smokeless tobacco users (Figure 8).

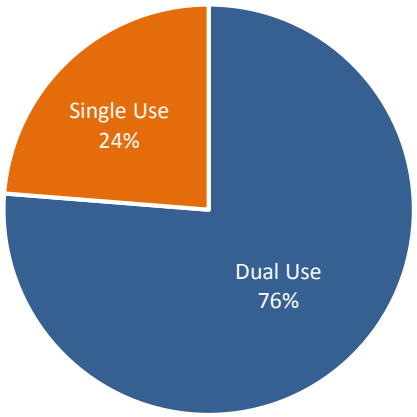
Figure 8. Adult Dual Use of E-cigarettes in Nebraska, 2015



Source: Nebraska ATS

In 2015, three quarters (76%) of e-cigarette users used the device with other tobacco product(s) – this is called "dual use" (Figure 9). About 16% of other tobacco users were dual users of e-cigarettes, including 15% of cigarette smokers and 18% of smokeless tobacco users (Figure 8).

Figure 9. Percentage of Dual Use Among E-cigarette Users in Nebraska, 2015



Source: Nebraska ATS

*Other tobacco includes cigarette, cigar, pipe tobacco, smokeless tobacco, hookah, roll-your-own, dissolved tobacco, bidi and kretek, and other tobacco.

Disparities in Adult Tobacco Use

Reducing tobacco-related disparities is one of Tobacco Free Nebraska's (TFN) four primary goals. Achieving the goal requires identifying and working to eliminate tobacco-related health disparities. Populations that are negatively affected by tobacco tend to have higher smoking rates and higher exposure to secondhand smoke.[11] At the same time, these groups often have less access to healthcare and other resources which can result in higher occurrences of tobacco-related death and disease.

Tobacco-related disparities affect many different population groups based on socially determined circumstances and characteristics like age, disability, education, income, occupation, geographic location, race, ethnicity, sex, sexual orientation, gender identity, mental health status, substance abuse, and military status.

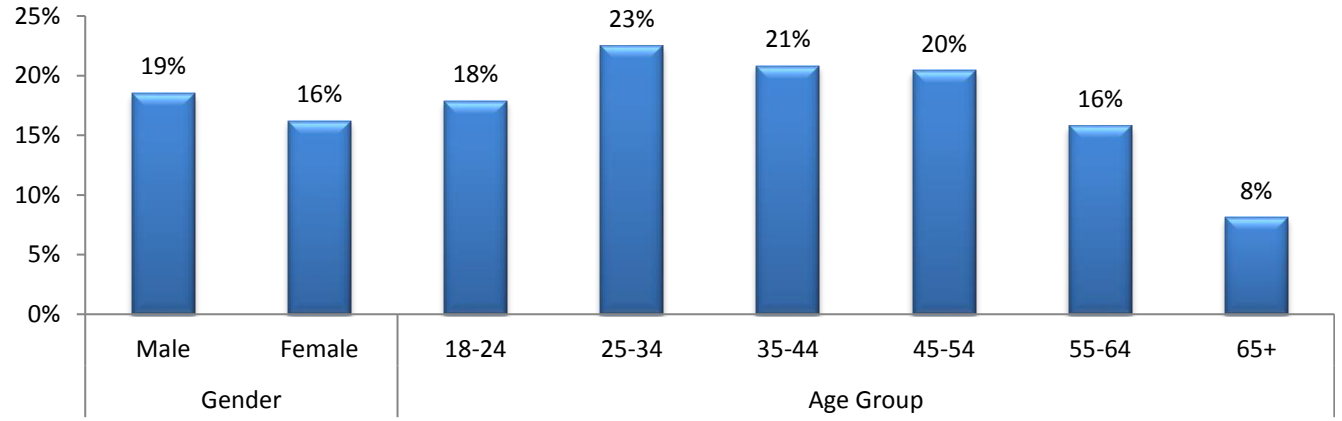
Adult Cigarette Smoking by Gender

Smoking is more prevalent among males (19%) than females (16%) (Figure 10).

Adult Cigarette Smoking by Age

Nebraskans between the ages of 25 and 34 smoke at the highest rate (23%), with those 65 years or older smoking at the lowest (8%) (Figure 10). The sharp decline in the smoking rate after age 65 may be due to increased mortality attributable to smoking-related diseases.

Figure 10. Adult Smoking Rate by Gender and Age in Nebraska, 2014



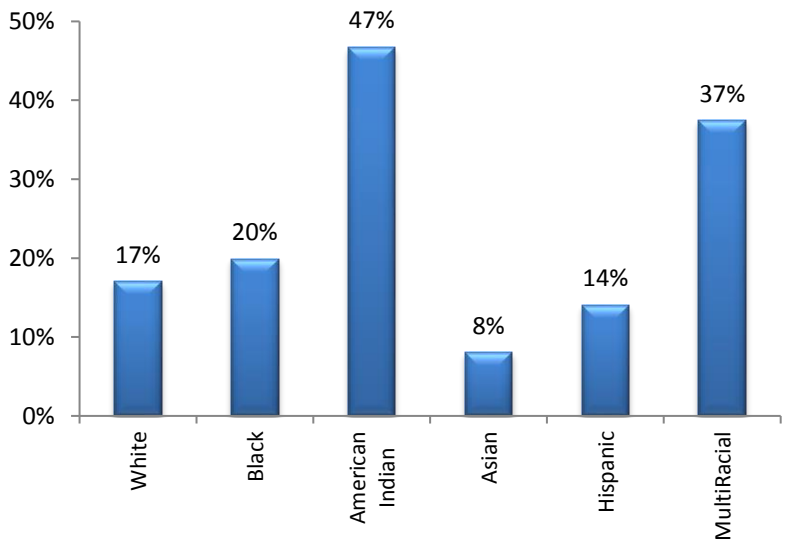
Source: Nebraska BRFSS

[11] U.S. DHHS, 2014

Adult Cigarette Smoking by Race and Ethnicity

In 2014, American Indian/Alaskan Native (47%) had the highest smoking rates in the state, while Asian (8%) and Hispanic (14%) had the lowest (Figure 11).

Figure 11. Adult Smoking Rate by Race and Ethnicity in Nebraska, 2014

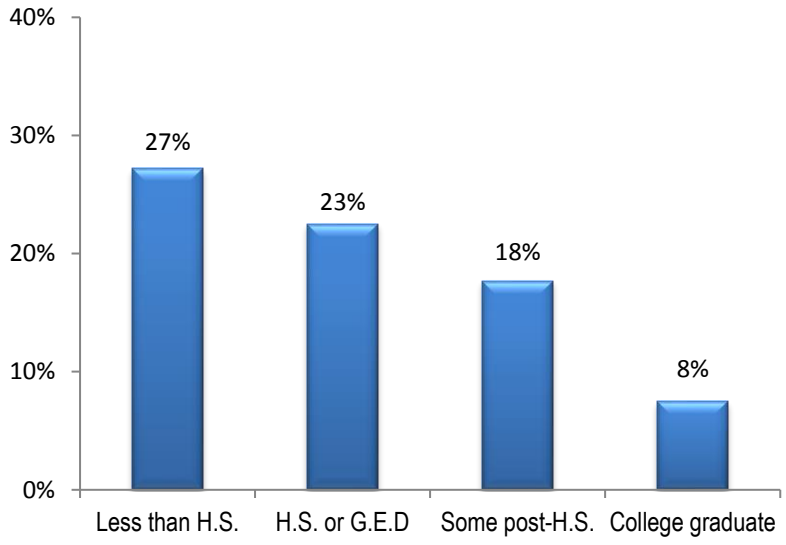


Source: Nebraska BRFSS

Adult Cigarette Smoking by Education

The less education a person has, the more likely he/she is to smoke. In Nebraska, the smoking rate was highest among those with less than a high school education (27%) and lowest among college graduates (8%) (Figure 12).

Figure 12. Adult Smoking Rate by Education in Nebraska, 2014

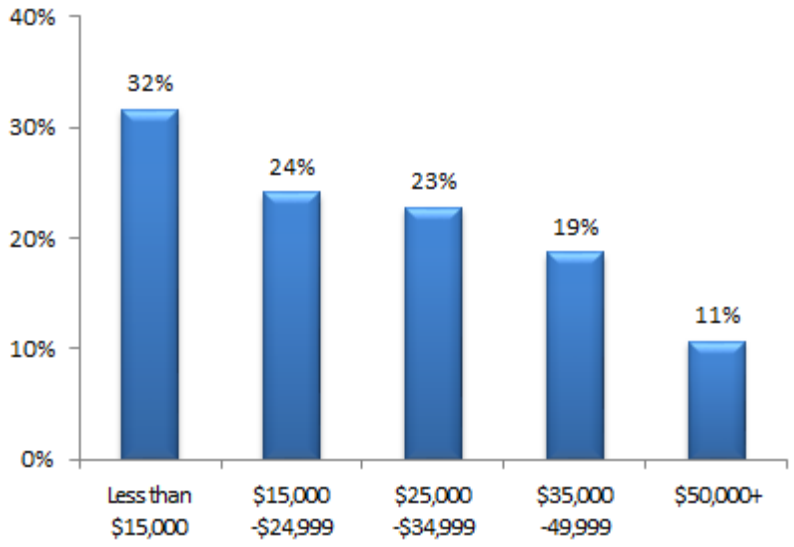


Source: Nebraska BRFSS

Adult Cigarette Smoking by Income

Adults in low-income categories are more likely to smoke than those in high-income categories (Figure 13).

Figure 13. Adult Smoking Rate by Income in Nebraska, 2014

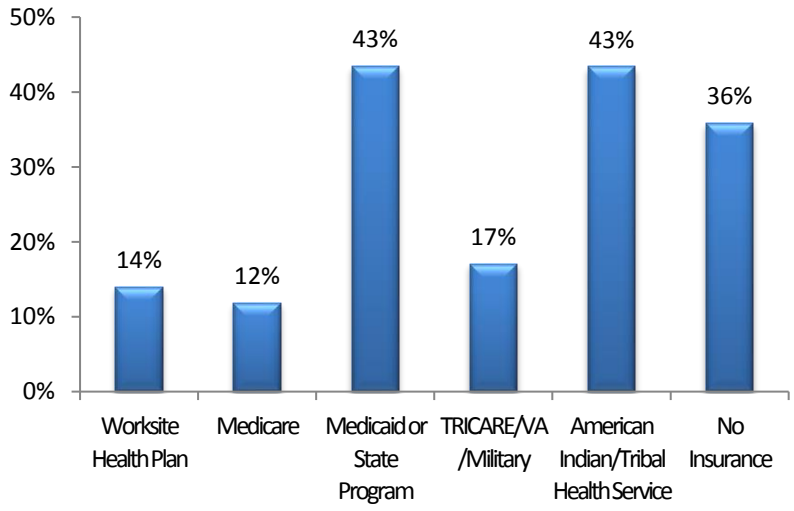


Source: Nebraska BRFSS

Adult Smoking Rate by Healthcare Plan

Cigarette smoking rate is significantly higher among those with Medicaid healthcare plans (43%), American Indian and Tribal Health Service plans (43%) and no insurance in Nebraska (Figure 14).

Figure 14. Adult Smoking Rate by Healthcare Plan in Nebraska, 2014

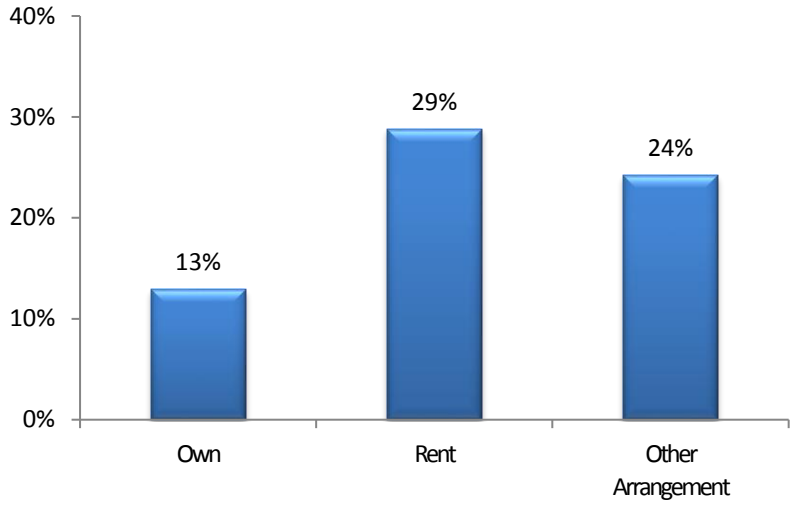


Source: Nebraska BRFSS

Adult Cigarette Smoking by Home Ownership and Housing Type

According to the Nebraska BRFSS, those who live in rental properties are more likely to smoke (29%) than those who own their homes (13%) (Figure 15).

Figure 15. Adult Smoking Rate by Home Ownership in Nebraska, 2014

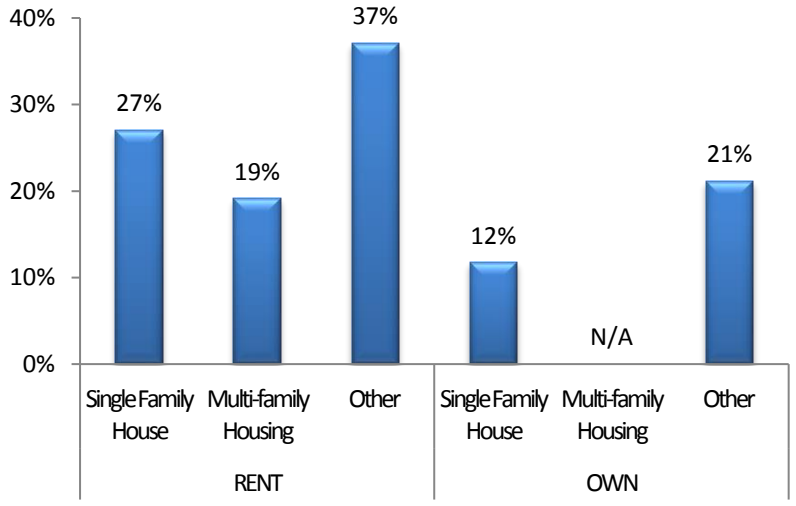


**Other arrangement may include group home, staying with friends or family without paying rent.*

Source: Nebraska BRFSS

Nebraska Adult Tobacco Survey (ATS) results suggest that residents who live in "other" types of housing such as group homes, mobile homes, or living with a friend or family while paying rent show the highest smoking rate (37%), followed by those who rent single family houses (27%) and rent multi-family housing (19%), while those who live in their own single-family house show the lowest smoking rate (12%) (Figure 16).

Figure 16. Adult Smoking Rate by Home Ownership in Nebraska, 2014



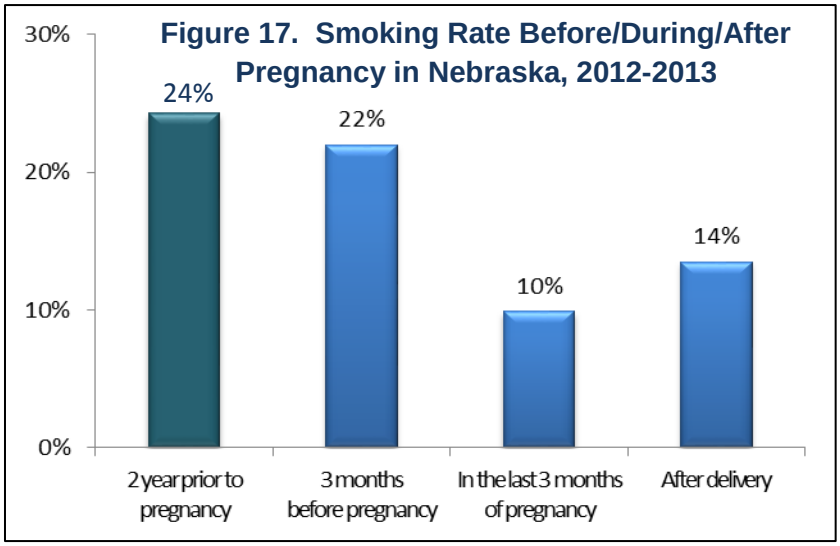
**Other arrangement may include other type of housing such as mobile home, boat, van, etc. and staying with friends or family with/without paying rent..*

Source: Nebraska ATS

Cigarette Smoking during Pregnancy

According to the Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS), the percentage of mothers who reported smoking cigarettes in the two years prior to pregnancy was 24%.

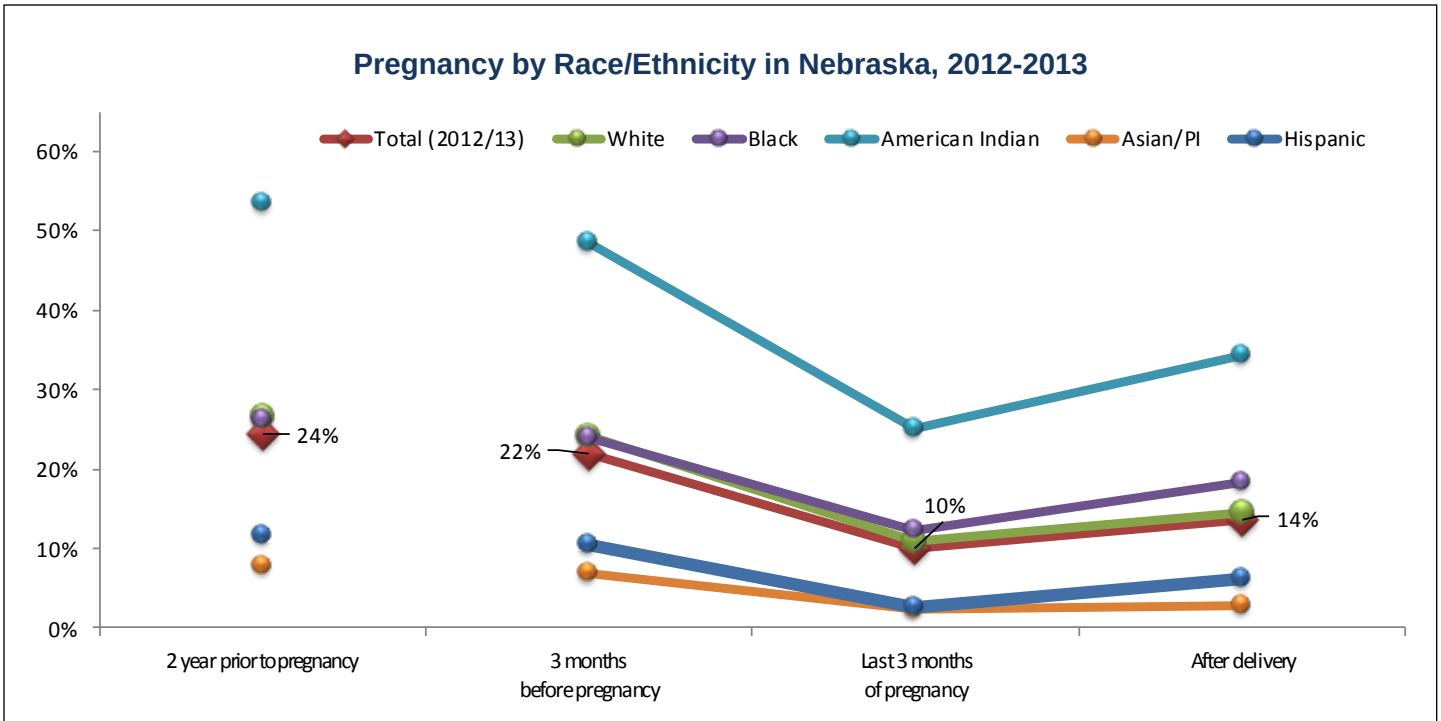
Among the women who had a live birth that reported smoking any cigarettes in the two years prior to pregnancy, 22% smoked three months before becoming pregnant, 10% smoked in the last three months of pregnancy and 14% smoked after giving birth.



Source: Nebraska PRAMS

Cigarette Smoking during Pregnancy by Race/Ethnicity

Native American women consistently show higher smoking rates before, during and after pregnancy than those of other race/ethnicity groups. Asian/Pacific Islander and Hispanic groups show lower smoking rates in the same periods than those of other racial groups (**Error! Reference source not found.**).

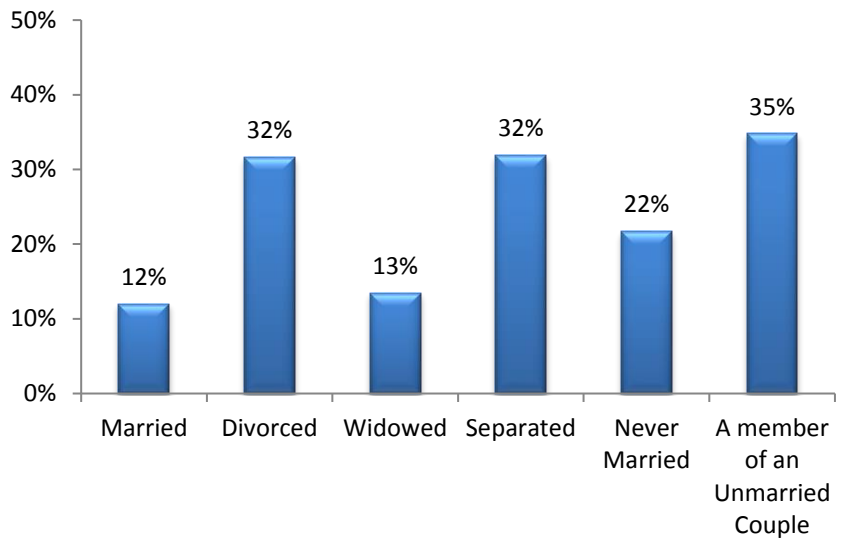


Source: Nebraska PRAMS

Adult Cigarette Smoking by Marital Status

Smoking rates are highest among those who are a member of an unmarried couple (35%), separated (32%) and divorced (32%), followed by never married (22%). Those who are married (12%) and widowed (13%) have lower smoking rates (Figure 17).

Figure 17. Adult Smoking Rate by Marital Status in Nebraska, 2014

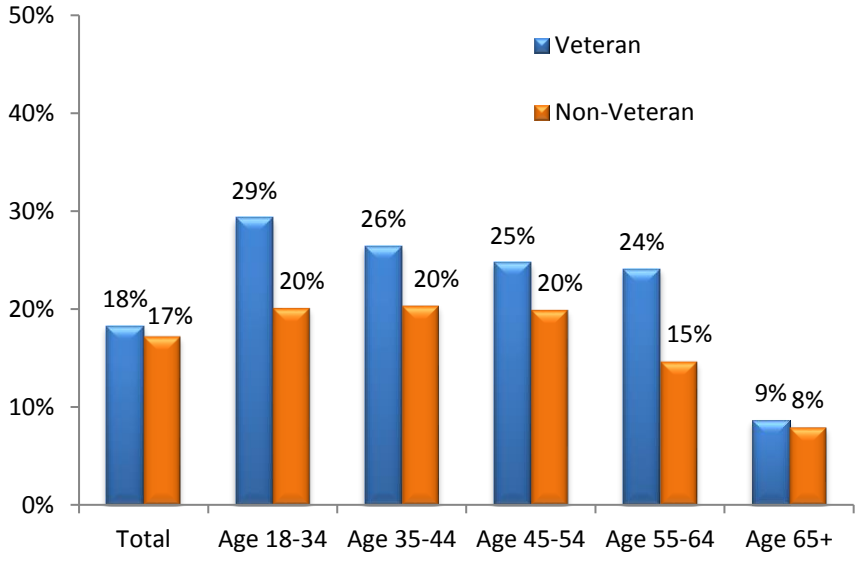


Source: Nebraska BRFSS

Adult Cigarette Smoking by Veteran Status

The overall smoking rate among veterans is at nearly the same rate for civilian Nebraskans (18% and 17%) but disparities exist among age groups. Younger veterans are more likely to smoke than those in older age groups (Figure 18).

Figure 18. Adult Smoking Rate by Veteran Status and Age in Nebraska, 2014



Source: Nebraska BRFSS

Adult Cigarette Smoking by Industry and Occupation Group

In Nebraska, cigarette smoking is highest in the construction industry (30%), followed by food service (27%), retail trade (26%) and transportation and warehousing industry (24%) (Figure 19).

Similarly, cigarette smoking is highest among workers in food preparation and serving related occupations (36%), construction and extraction occupations (32%), building and grounds cleaning and maintenance occupations (32%), followed by transportation and material moving (27%), production (25%), installation, maintenance and repair-related occupations (22%), and sales-related occupations (22%) (Figure 20).

Figure 19. Adult Smoking Rate by Industry in Nebraska, 2014

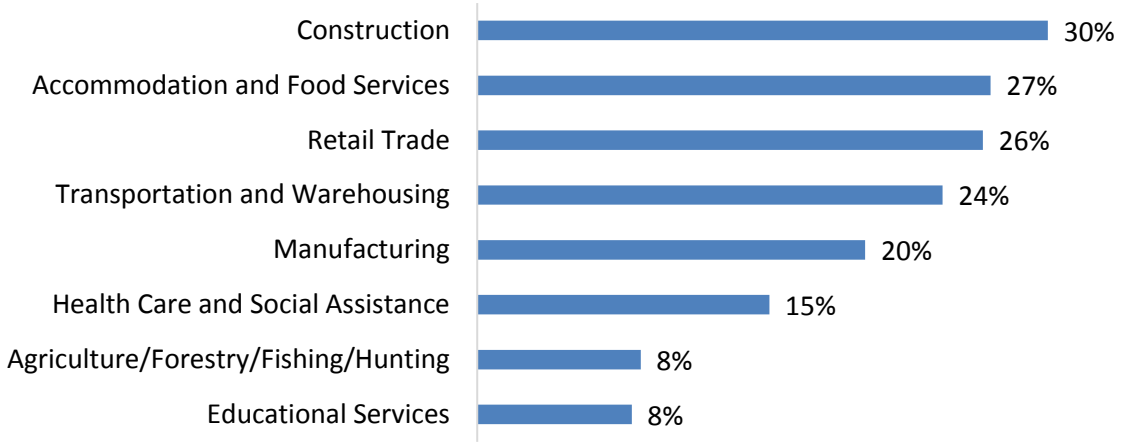
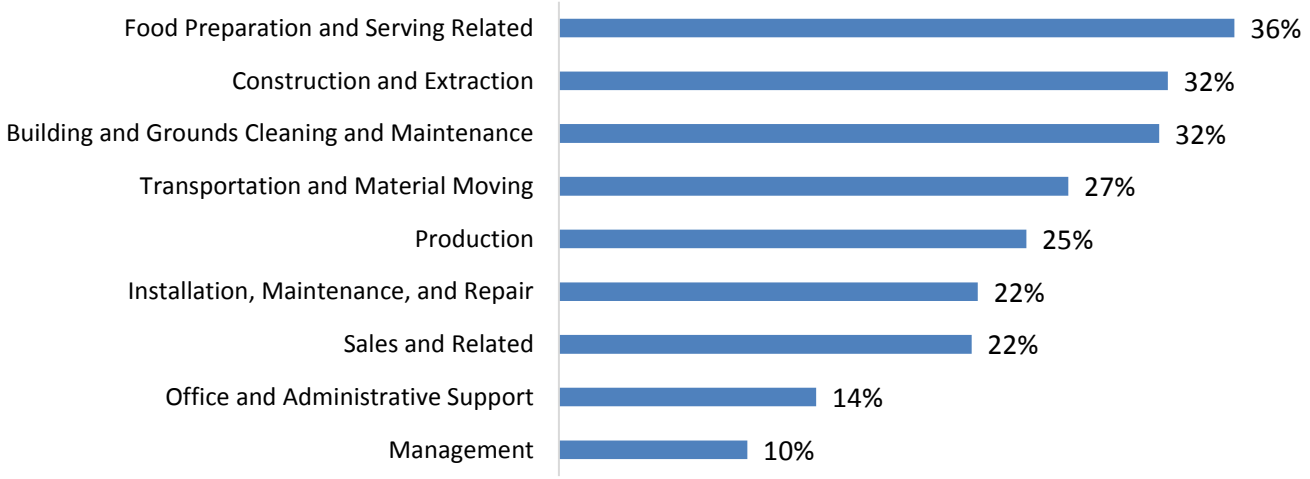


Figure 20. Adult Smoking Rate by Occupation Group in Nebraska, 2014

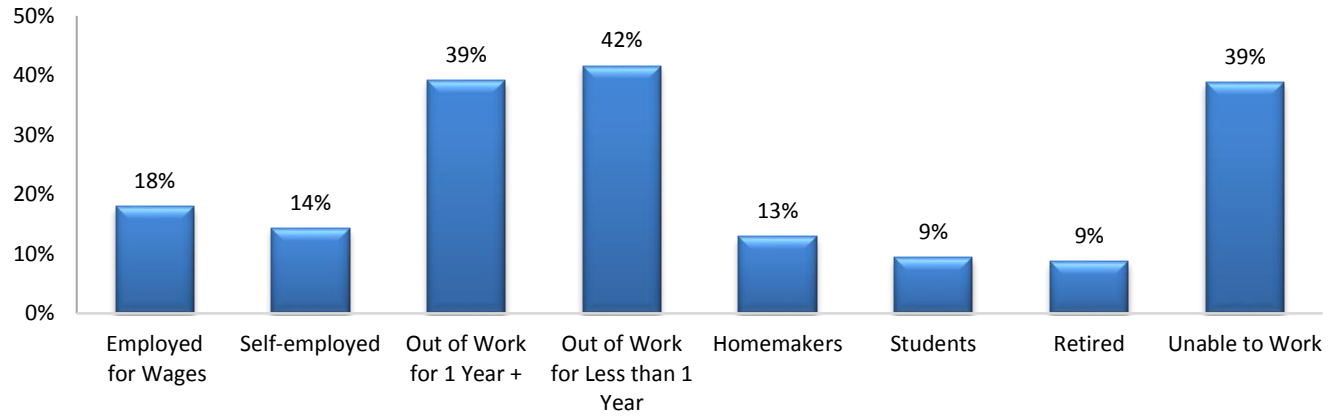


Source: Nebraska BRFSS

Adult Cigarette Smoking by Employment

Smoking rates were highest among those who were unable to work (39%), currently unemployed - for less than a year (42%) and for a year or more (39%) – and lowest among those who were retired (9%) and students (9%) (Figure 21).

Figure 21. Adult Smoking Rate by Employment in Nebraska, 2014

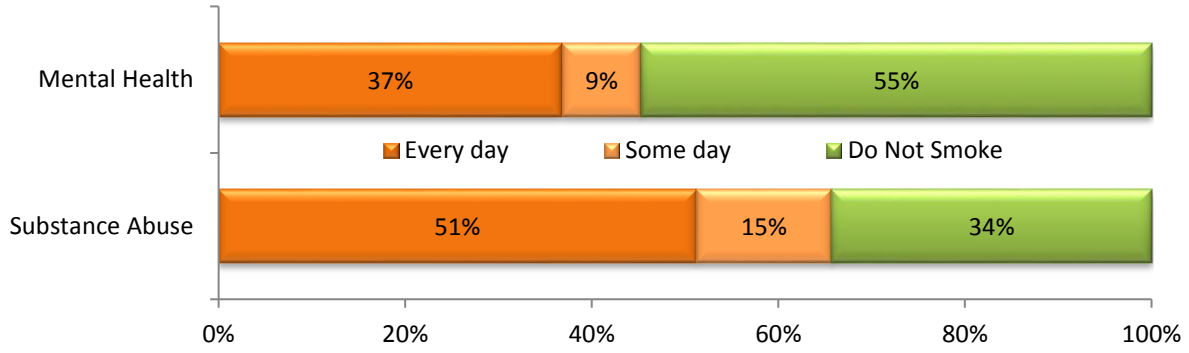


Source: Nebraska BRFSS

Cigarette Smoking by Mental Health and Substance Abuse Service Consumers

According to the Nebraska Division of Behavioral Health Consumer Survey, almost half of consumers (46%) who had used mental health service facilities in Nebraska reported smoking (Figure 22). Similarly, 66% of consumers who had used substance abuse facilities reported smoking.

Figure 22. Smoking Rate by Mental Health and Substance Abuse Service Consumers in Nebraska, 2014*



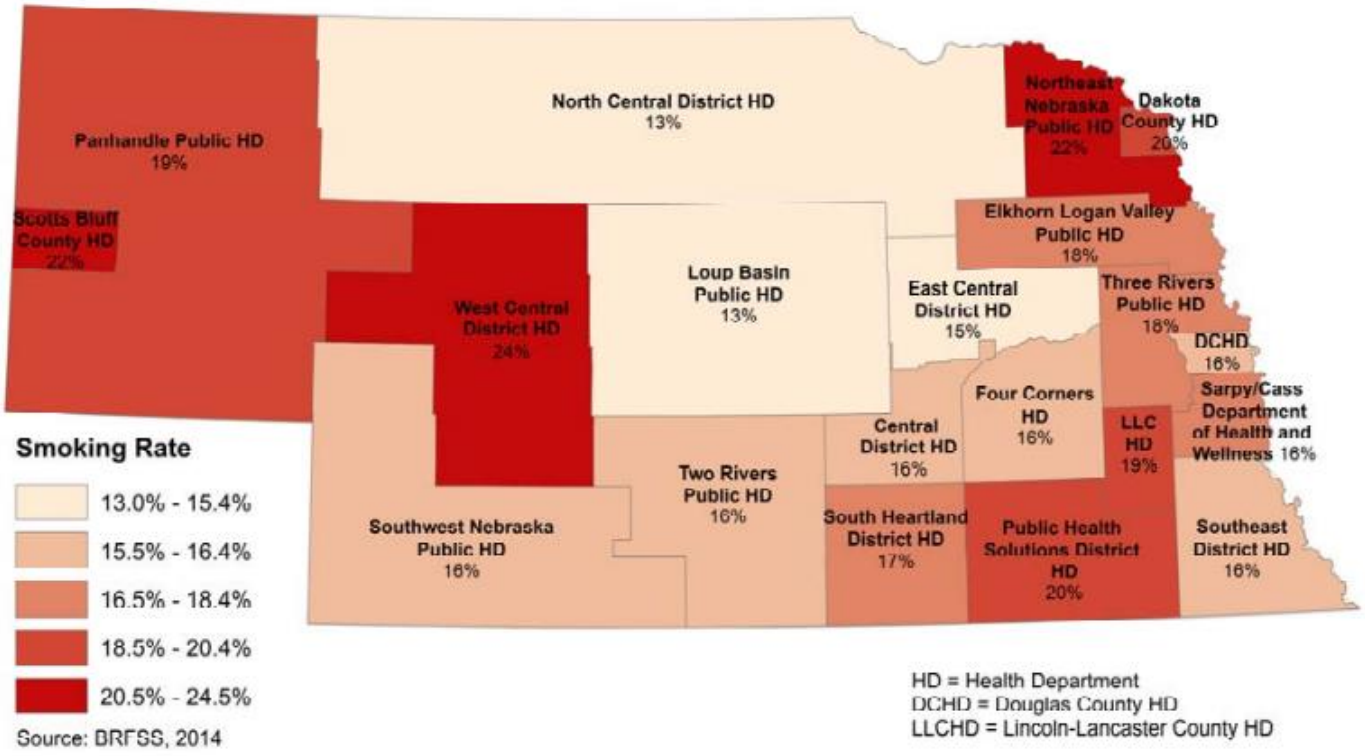
**Included responses from youth consumers as well.*

Source: Nebraska Division of Behavioral Health Consumer Survey

Adult Cigarette Smoking by Nebraska Health District

According to the 2014 BRFSS, West Central, Scotts Bluff and Northeast Nebraska Public Health Districts have the highest smoking prevalence rates between 21% and 25%, while North Central, Loup Basin and East Central Health Districts have the lowest rates between 13% and 15% (Figure 23).

Figure 23. Adult Smoking Prevalence by Nebraska Health District, 2014

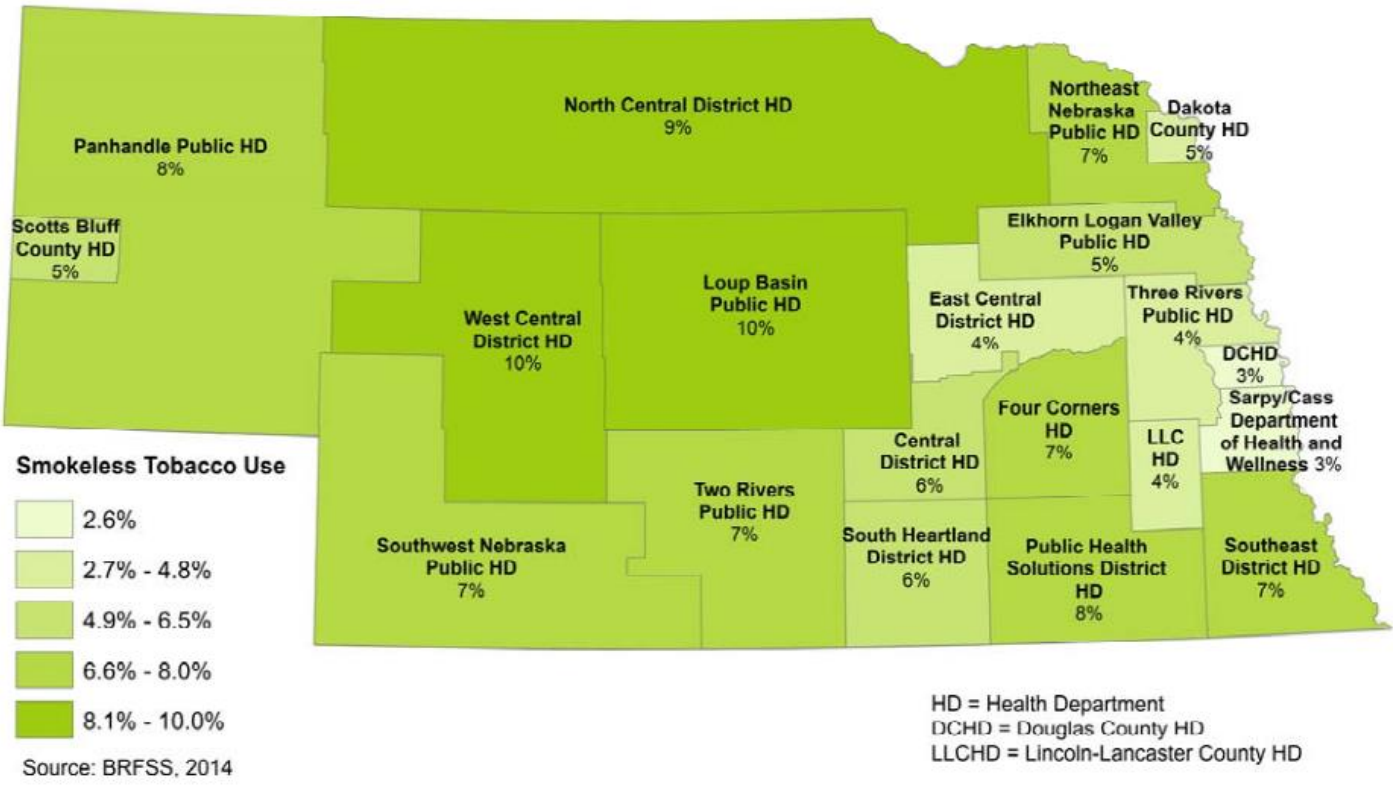


Source: Nebraska BRFSS

Adult Smokeless Tobacco Use by Nebraska Health District

According to the 2014 BRFSS, 5% of adults – more than 65,000 people – use smokeless tobacco in Nebraska. West Central, Loup Basin Public, and North Central Health Districts have the highest smokeless tobacco use rates, while Douglas County and Sarpy/Cass County Department of Health and Wellness Health Districts have the lowest (Figure 24). The use of smokeless tobacco is consistently more prevalent in rural counties than in urban counties.

Figure 24. Adult Smokeless Tobacco Use Rate by Nebraska Health District, 2014



Source: Nebraska BRFSS

Youth Tobacco Use in Nebraska

Tobacco use by youth and young adults causes both immediate and long-term damage. One of the most serious health effects is nicotine addiction, which prolongs tobacco use and can lead to severe health consequences.

According to the US Surgeon General's report, the earlier a person starts using tobacco, the more likely he/she is to be a heavy user and more nicotine addicted. Nearly 9 out of 10 adult smokers started smoking before 18 years of age and 99% started by age 26.[12] The data suggests that national, state and local tobacco prevention and control programs must focus on youth tobacco prevention.

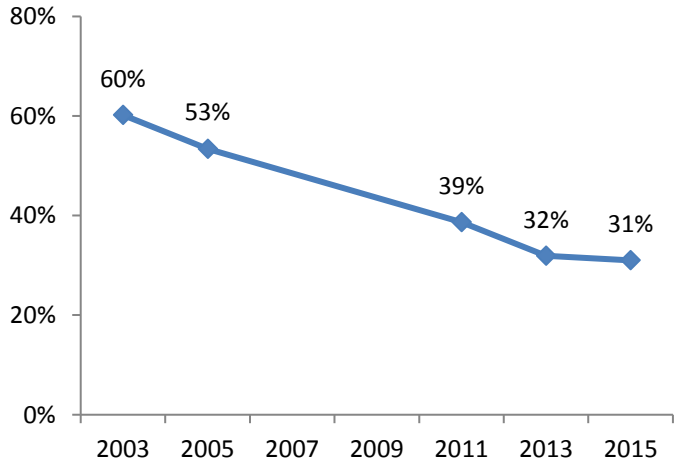
How Nebraska Compares to the Nation

	Nebraska	US*
Ever Tried Cigarettes	32%	32%
Ever Tried E-cigarette**	38%	45%
Cigarette Use	13%	11%
Cigar/Cigarillo Use	8%	10%
Smokeless Tobacco Use	9%	7%
E-cigarette Use	22%	24%
Used Any Tobacco***	31%	31%

* Median
** *E-cigarette includes a variety electronic smoking devices such as e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens*
*** Cigarettes, Cigars, Smokeless Tobacco or E-cigarettes

Source: YRBS (2015)

Figure 25. Youth Who Have Tried Cigarette Smoking in Nebraska, 2003-2015*



**Only years with weighted data are displayed.*

Source: Nebraska YRBS

Youth Who Have Tried Cigarettes

In 2015, nearly one out of three high school students (31%) reported that they have tried cigarette smoking, even one or two puffs during their lifetime (Figure 25).

Trend

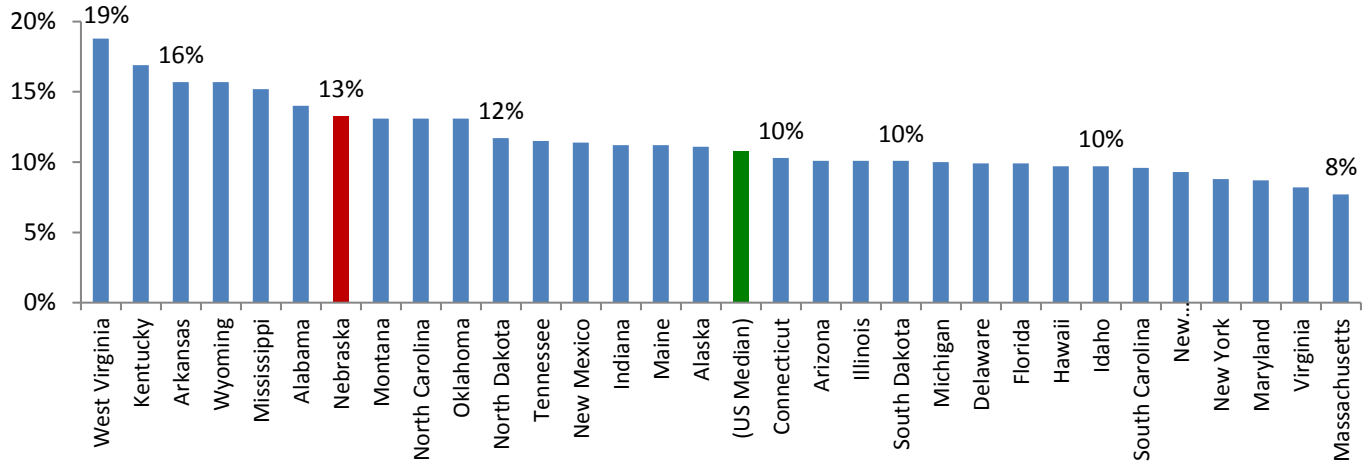
Youth who have tried cigarettes in Nebraska has declined from 60% in 2003 to 31% in 2015 (Figure 25).

[12] U.S. DHHS, 2014

Youth Current Cigarette Smoking Rate

Based on the 2015 Nebraska Youth Risk Behavior Survey (YRBS) it is estimated that 13% of Nebraska high school students smoke cigarettes (Figure 26). Nationally, Nebraska ranks 7th among 31 states collecting data on cigarette smoking. The range across 31 states was from Massachusetts at 8% to West Virginia at 19% (Figure 26).

Figure 26. Youth Cigarette Smoking Rate by State, 2015

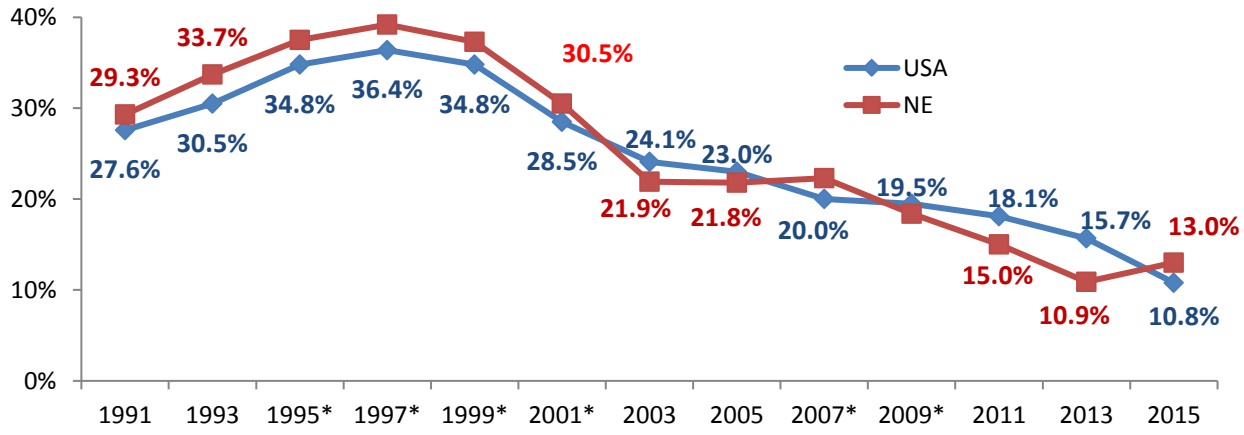


Source: YRBS

Trend

As a whole, the youth smoking rate in Nebraska has decreased. However, the downward trend has slowed in recent years, with an increase in 2015 (Figure 27).

Figure 27. Youth Smoking Rate in Nebraska, 1991-2015



Source: Nebraska YRBS

**Nebraska data was not weighted and is not displayed due to low response rate.*

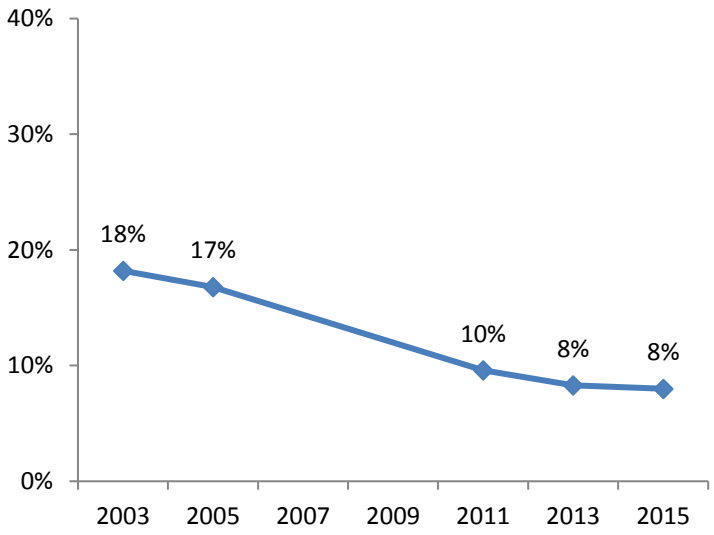
Youth Cigar, Cigarillo and Little Cigar Use

In 2015, the cigar, cigarillo and little cigar use rate in Nebraska was 8% (Figure 28).

Trend

Overall, cigar, cigarillo and little cigar use in high school students has declined from 2003 to 2015. In recent years, however, the rate has moderated (Figure 28).

Figure 28. Youth Cigar, Cigarillo and Little Cigar Use in Nebraska, 2003-2015*

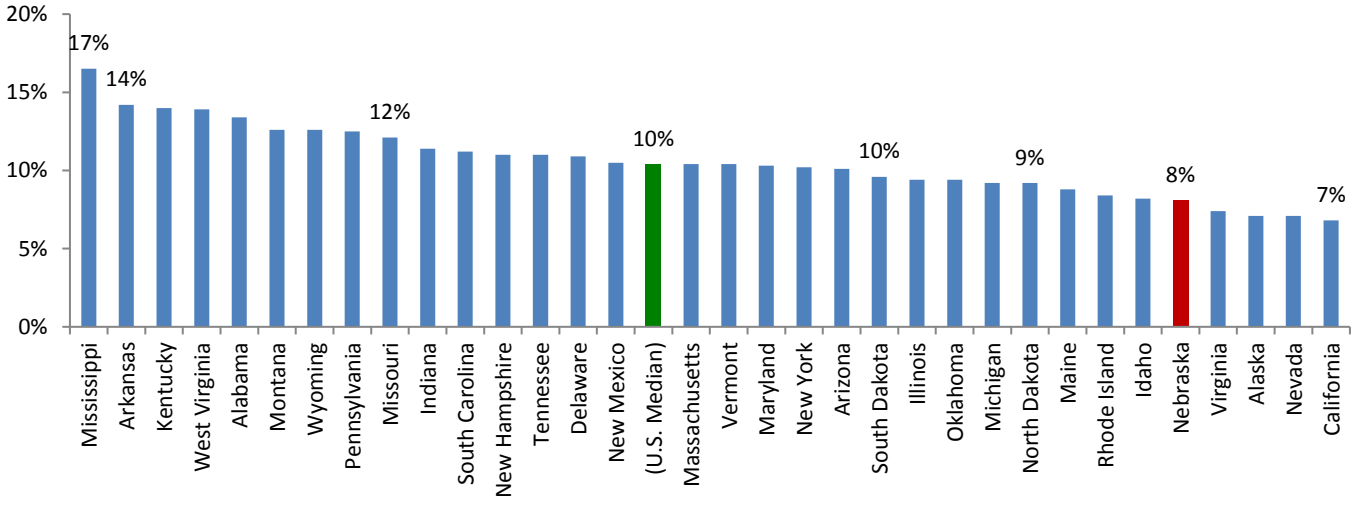


**Only years with weighted data are displayed.*

Source: Nebraska YRBS

Nebraska ranked 29th among 33 states collecting the information. The range across 33 states was from California at 7% to Mississippi at 17% (Figure 29).

Figure 29. Youth Cigar, Cigarillo, and Little Cigar Use Rate by State, 2015



Source: YRBS

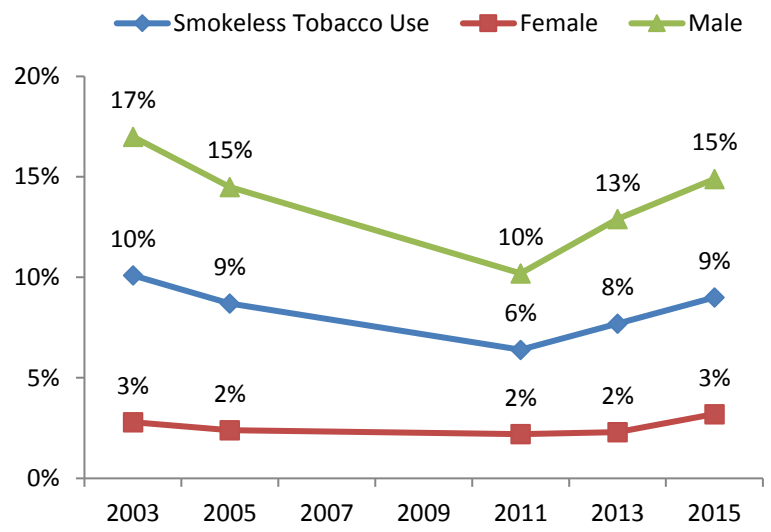
Youth Smokeless Tobacco Use

In 2015, the youth smokeless tobacco use rate in Nebraska was 8%. Male students (15%) were five times more likely to report having used smokeless tobacco than female students (3%) in 2015 (Figure 30).

Trend

Overall, smokeless tobacco use in high school students has not significantly changed since 2003. In recent years the use rate, especially among high school male students, has increased (Figure 30).

Figure 30. Youth Smokeless Tobacco Use in Nebraska, 2003-2015*

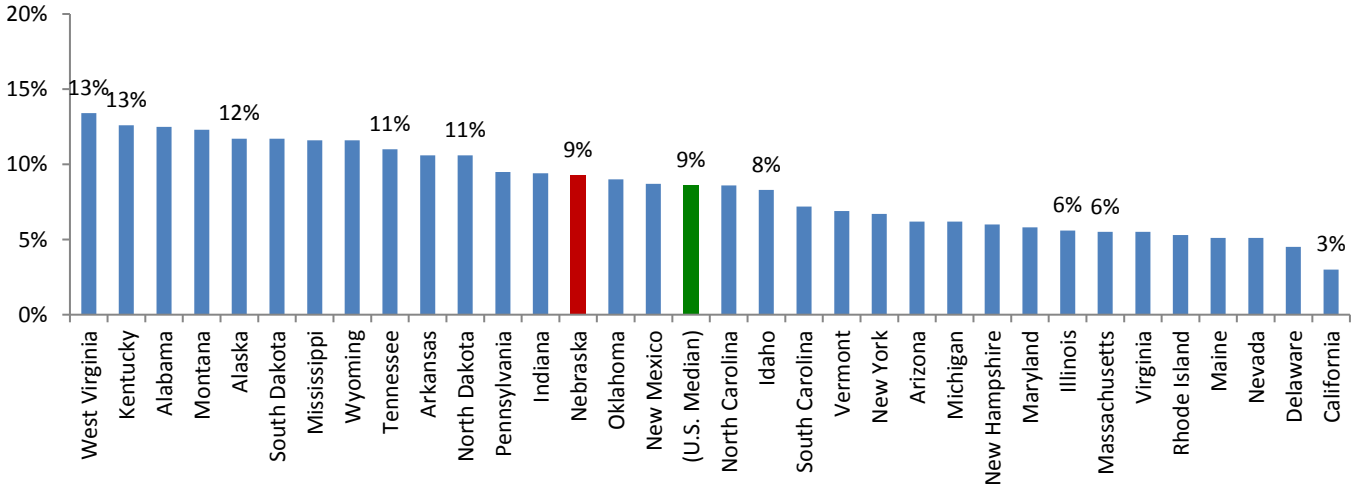


**Only years with weighted data are displayed.*

Source: Nebraska YRBS

Nebraska ranked 14th among 33 states collecting the information. The range across 33 states was from California at 3% to West Virginia at 13% (Figure 31).

Figure 31. Youth Smokeless Tobacco Use Rate by State, 2015

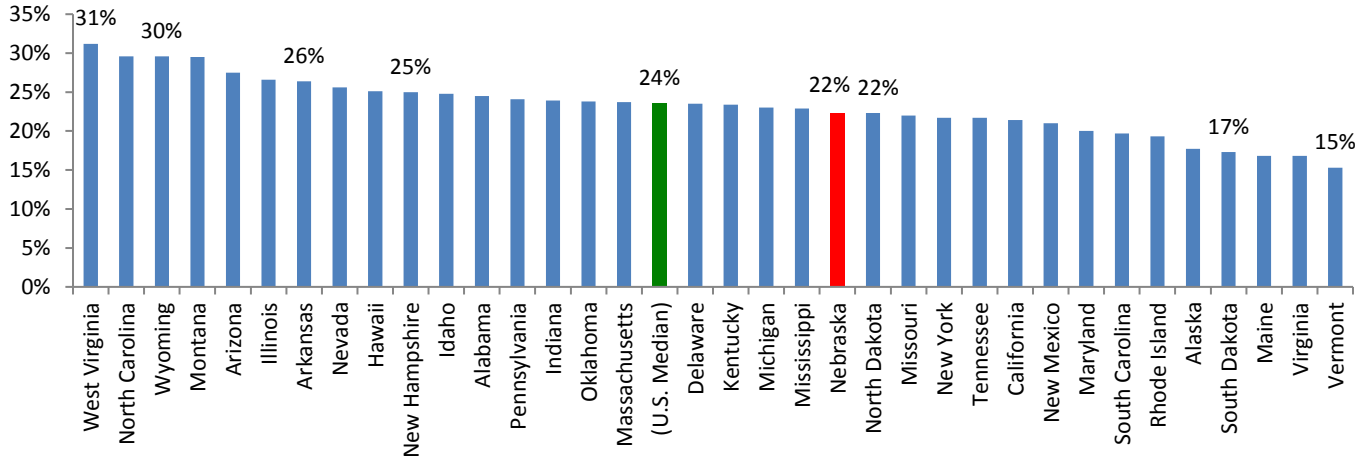


Source: YRBS

Youth E-cigarette Use

In 2015, YRBS asked high school students about e-cigarette use or electronic smoking devices such as typical e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens. The e-cigarette use rate in Nebraska was 22% (Figure 32). Nebraska ranked 21st among 35 states collecting the information. The range across 35 states was from Vermont at 15% to West Virginia at 31%.

Figure 32. Youth E-cigarette Use Rate by State, 2015



Source: YRBS

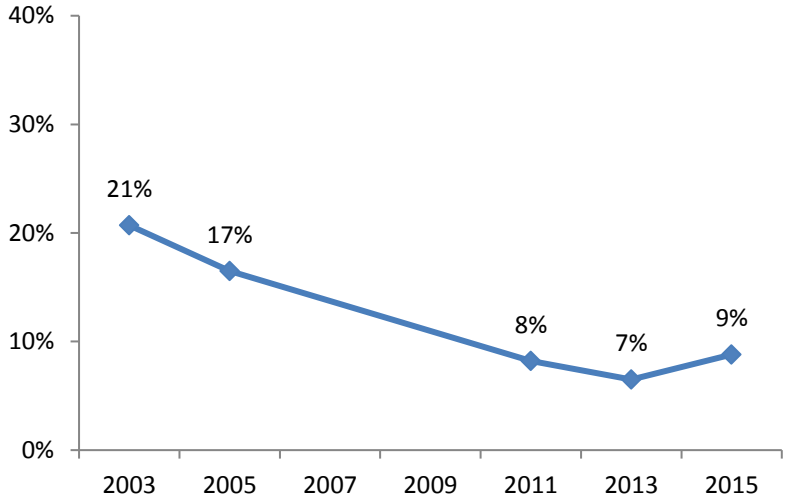
Early Initiation of Smoking

Nine percent (9%) of students reported smoking a whole cigarette before they were 13 years old (Figure 33).

Trend

Overall, this has declined since 2003, when over one in five students (21%) reported smoking a whole cigarette before they were 13 (Figure 33) but did increase in the most recent results.

Figure 33. Smoking Before Age 13 in Nebraska, 2003-2015



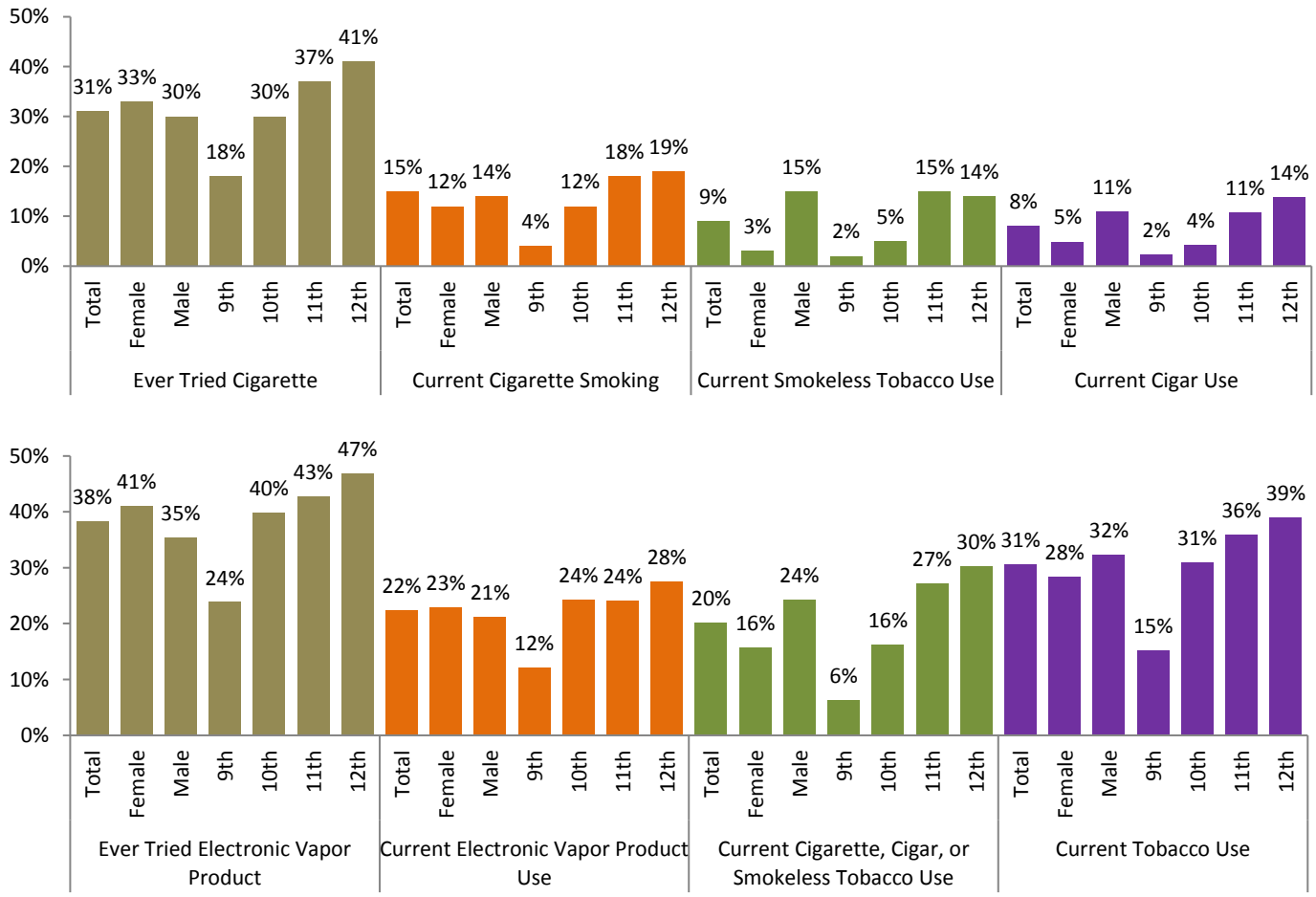
Source: Nebraska YRBS

Tobacco Use Among Nebraska Youth by Gender and Grade

Male (30%) and female (33%) students show a similar likelihood to try cigarettes at least once in their lifetime. Male (14%) and female (12%) students are similarly likely to report smoking cigarettes during the past 30 days. However, male (15%) students were five times more likely than female (3%) students to report using smokeless tobacco during the past 30 days. And, males (32%) were more likely than females (28%) to report using any type of tobacco including cigarette, cigar, smokeless tobacco or e-cigarettes during the past 30 days (Figure 34).

Tobacco product use during the past 30 days and having tried cigarettes and e-cigarettes during their lifetime increased by grade (Figure 34). In general, sophomore (10th) is the grade level that has significant increases in tobacco use in Nebraska. Almost half of seniors reported having tried e-cigarettes.

Figure 34. Tobacco Use Among Youth by Gender and Grade in Nebraska, 2015

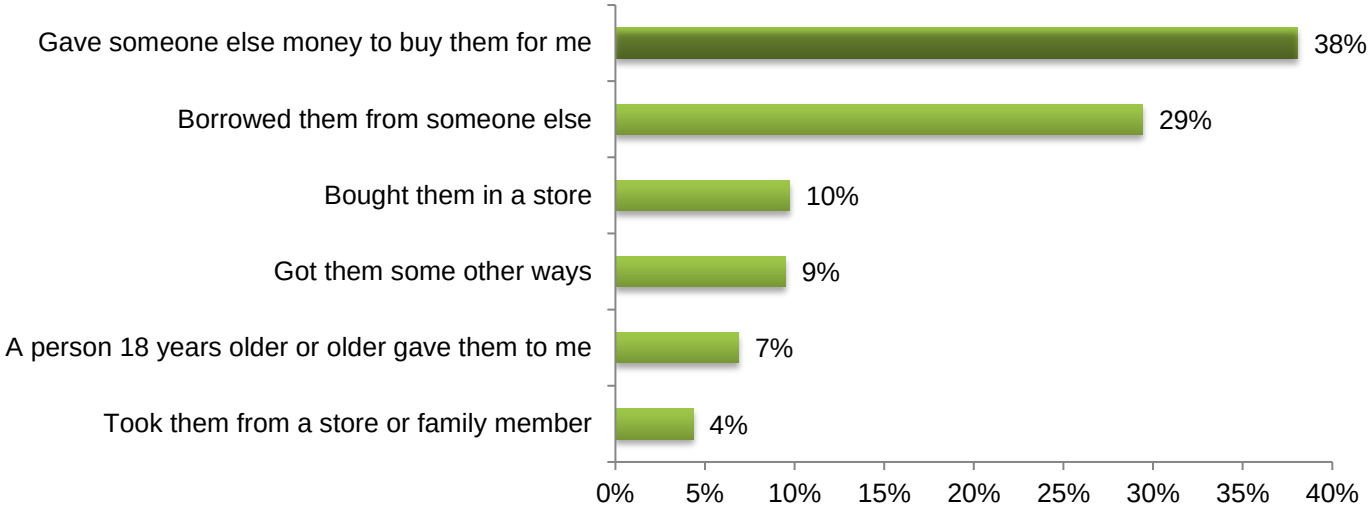


Source: Nebraska YRBS

How Young Smokers Obtained Their Cigarettes

Nebraska YRBS asked high school student smokers how they obtained their cigarettes. The most common source reported was having someone else buy the cigarettes for them (38%) followed by being given cigarettes from someone else (29%) (Figure 35).

Figure 35. How Youth Smokers Obtain Cigarettes in Nebraska, 2015

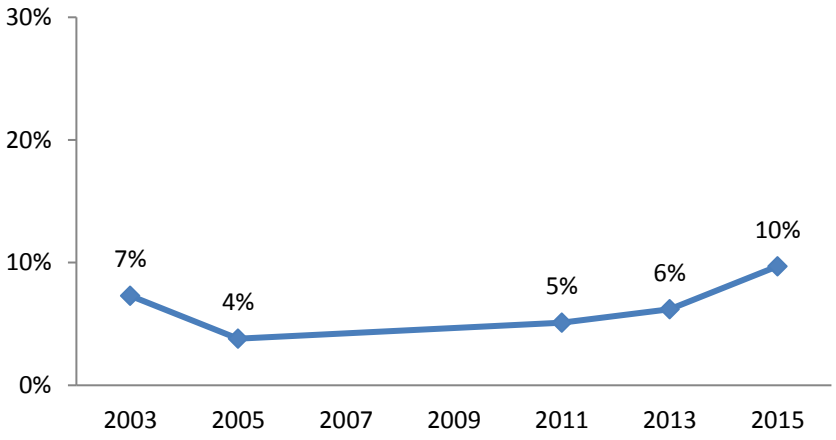


Source: Nebraska YRBS

Trend

In Nebraska, the sale of any tobacco product to a minor under the age of 18 is illegal. The percentage of high school students who currently smoked cigarette under the age of 18 and purchased cigarettes directly from a store has stayed between four to seven percent from 2003-2013 and significantly increased to 10% in 2015 (Figure 36).

Figure 36. Usually Obtained Their Own Cigarettes by Buying Them in a Store or Gas Station in Nebraska, 2015



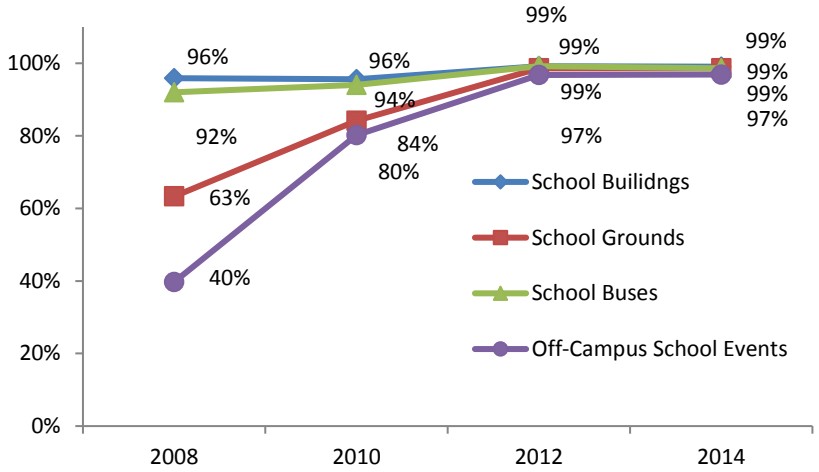
Source: Nebraska YRBS

Tobacco Policies in Nebraska Schools

Tobacco-Free Policies in Nebraska K-12 Schools

The CDC School Health Profiles provides information on health education practices and school health policies, including tobacco use policies targeting students, staff and visitors. In 2014, most Nebraska schools had tobacco policies prohibiting tobacco use in school buildings (99%) and school buses (99%) during school hours, with slightly increased rates over the last profile year. In addition, Nebraska schools increasingly adopted tobacco-free policies on school grounds (99%) and off-campus school events (97%) compared to 2008 and 2010 (Figure 37).

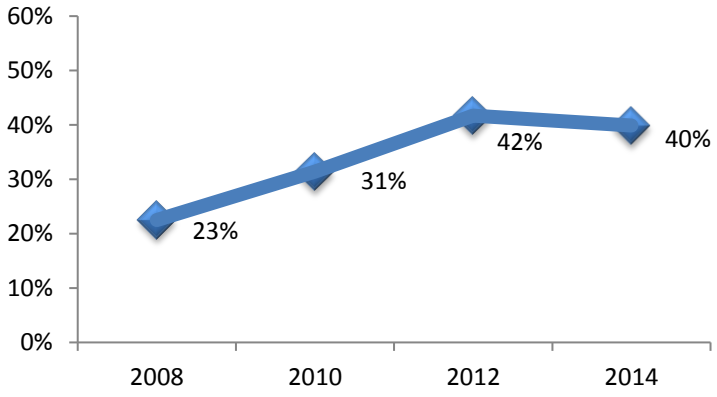
Figure 37. Percentage of Nebraska Schools that Prohibit Tobacco Use for Students in Specific Locations during the School Day or at Event, Nebraska, 2008-2014



Source: School Health Profile Report

However, when combining the information to indicate the percentage of schools that prohibit tobacco use by students, staff, and visitors in school buildings, at school functions, in school vehicles, on school grounds, and at off-site school events, applicable 24 hours a day and seven days a week, only 42% of schools restricted all tobacco use at all times in all locations in 2012 (Figure 38).

Figure 38. Percentage of Nebraska Schools that Prohibit All Tobacco Use at All Times in All Locations, 2008-2014



Source: School Health Profile Report

Tobacco-Free Policies in Nebraska Colleges and Universities

Nine of the 51 Nebraska colleges, universities and post-secondary technical schools (18%) have smoke-free/tobacco-free campus policies.

Table 1. Nebraska Colleges and Universities Adopting Tobacco-Free Policies

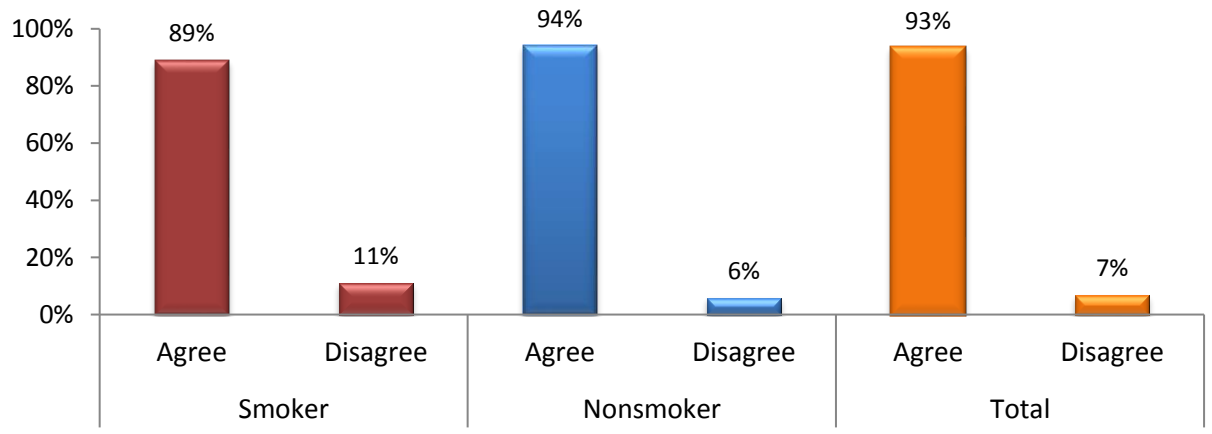
Colleges/Universities*	Number of Student Enrollment (Est. 2014)
Bellevue University † e	9,849
Central Community College † e	6,377
Clarkson College †	1,238
College of St. Mary †	678
Creighton University †	8,236
Mid-Plains Community College (2 campuses) † e	2,143
Nebraska Methodist College † e	1,000
University of Nebraska Medical Center † e	3,696
York College †	395
Total – 9 Colleges	33,612

*=as of April 4, 2016; †=100% Tobacco-Free; e= 100% E-cigarette-Free Source: Tobacco Free Nebraska

Support for Tobacco-Free School Policies in Nebraska

The Nebraska Adult Tobacco Survey (ATS) asked if tobacco use by adults should be prohibited on school grounds or at events. The majority of Nebraskans agreed (93%) that tobacco use should be prohibited (Figure 39).

Figure 39. Tobacco Use by Adults Should Not be Allowed on School Grounds or at Events in Nebraska, 2015



Source: Nebraska ATS

Tobacco Sales and Taxes in Nebraska

Number of Cigarette Packs Sold

In 2015, approximately 87.9 million packs of cigarettes were sold in Nebraska, for an average of 46.4 packs of cigarettes sold per capita (Table 2).

Table 2. Nebraska Cigarette Tax Revenue Summary, 2015

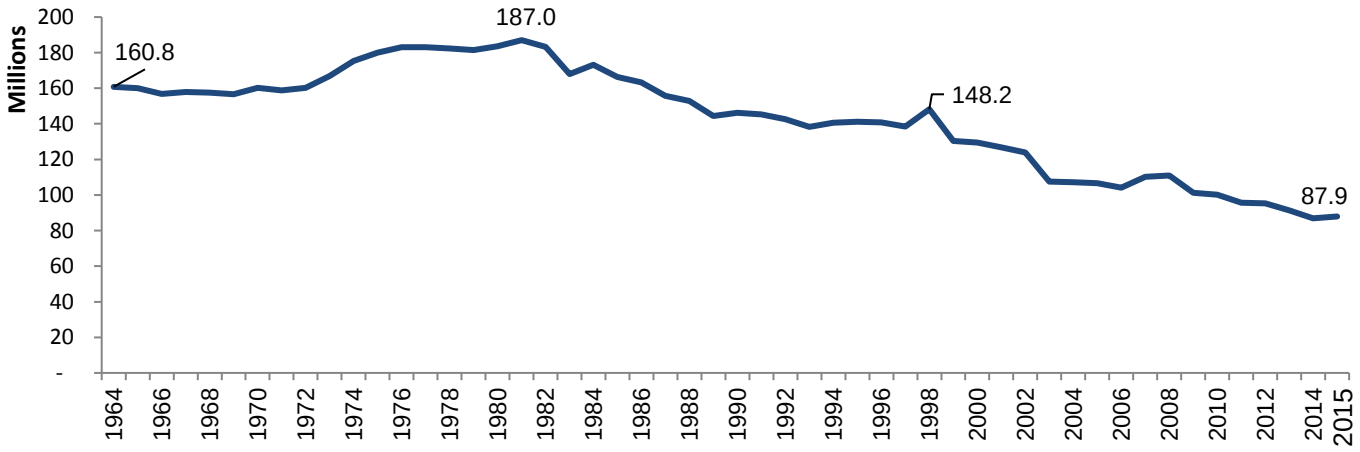
Number of Cigarette Packs Sold	87,902,700
Cigarette Consumption (Packs Sold Per Capita)	46.4
Cigarette Tax Revenue	$55,192,802

Source: Nebraska Department of Revenue

Trend

The number of cigarette packs sold and taxed in Nebraska has steadily declined from 160.8 million packs in 1964 to 87.9 million packs in 2015 after reaching a high of 187.0 million packs in 1981 (Figure 40). There were some decreases in the trend line which generally occurred after federal and state cigarette tax increases went into effect, for example in 2009 when the last federal tax increase occurred and 2002 when the last state tax increase occurred.

Figure 40. Number of Cigarette Packs Sold in Nebraska, 1964-2015



Source: Nebraska Department of Revenue

Tobacco Excise Tax

In Nebraska, the tobacco excise tax has been collected since the State Legislature passed the first cigarette excise tax law in 1947. Currently, the tobacco excise tax in Nebraska is at $0.64 per pack of 20 cigarettes, $0.80 per pack of 25 cigarettes, $0.44 per ounce for snuff and 20% of the wholesale purchase price for other tobacco products (Table 3).

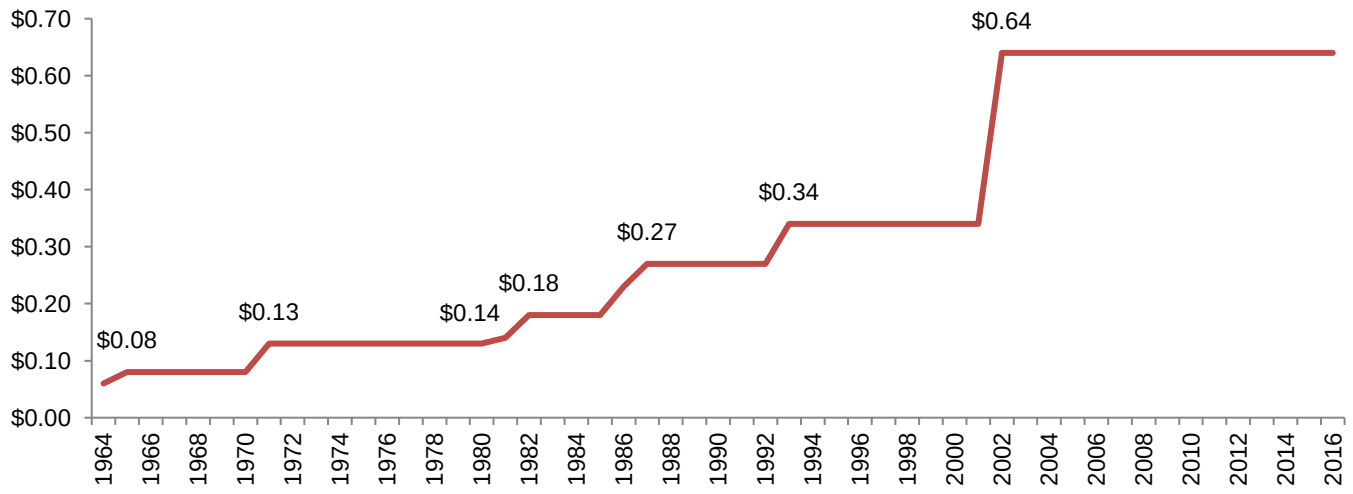
The current state tobacco tax rate went into effect in 2002 (Figure 41).

Table 3. Tobacco Excise Taxes in Nebraska, 2016

Tobacco Product	Tax
Cigarette	$0.64 per pack of 20 cigarettes $0.80 per pack of 25 cigarettes
Snuff	$0.44 per ounce
Other Tobacco Product (cigars, pipe tobacco, loose tobacco, etc.)	20% of the wholesale purchase price

Source: Nebraska Department of Revenue

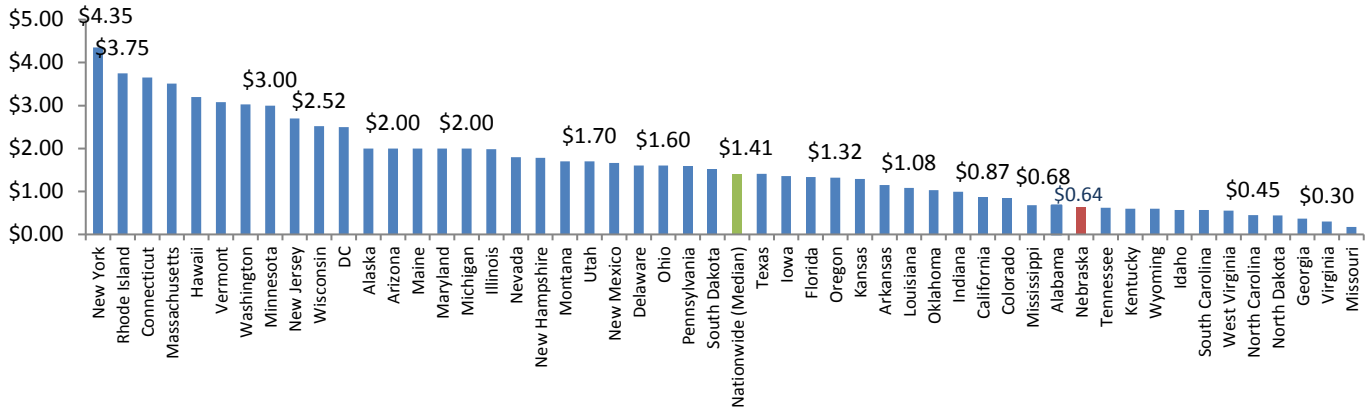
Figure 41. State Cigarette Tax Rate in Nebraska, 1947-2016



Source: Nebraska Department of Revenue

In 2016, Nebraska's tobacco excise tax of $0.64 per pack, ranked 40th among the 50 states and the District of Columbia (Figure 42). New York ranked at the top with a tax of $4.35 per pack; Missouri ranked the bottom with a tax of $0.17 per pack. Among Nebraska's neighboring states, only Missouri and Wyoming ($0.60) have lower tobacco excise tax rates. Colorado ($0.84), Kansas ($1.29), Iowa ($1.36), South Dakota ($1.53) and Minnesota ($3.00) all have higher rates than Nebraska.

Figure 42. Cigarette Excise Tax by State, 2016*



*As of April 2016

Source: CDC State Tobacco Activities Tracking & Evaluation (STATE) System

Distribution of Cigarette Tax Revenue in Nebraska

The $0.64 tobacco excise tax has been distributed to the following funds:

49¢	Deposited in the General Fund
1¢	Deposited in the Nebraska Outdoor Recreation Cash Fund
3¢	Deposited in the Department of Health and Human Services Finance & Support Cash Fund
7¢	Deposited to the Building Renewal Allocation Fund
2¢	A fiscal year payment of $1,000,000 to the City of Primary Class Development Fund (Lincoln) and $1,500,000 to the City of Metropolitan Class Development Fund (Omaha). Effective until June 30, 2016.
2¢	Deposited into the Information Technology Infrastructure Fund (Enacted: 1987)

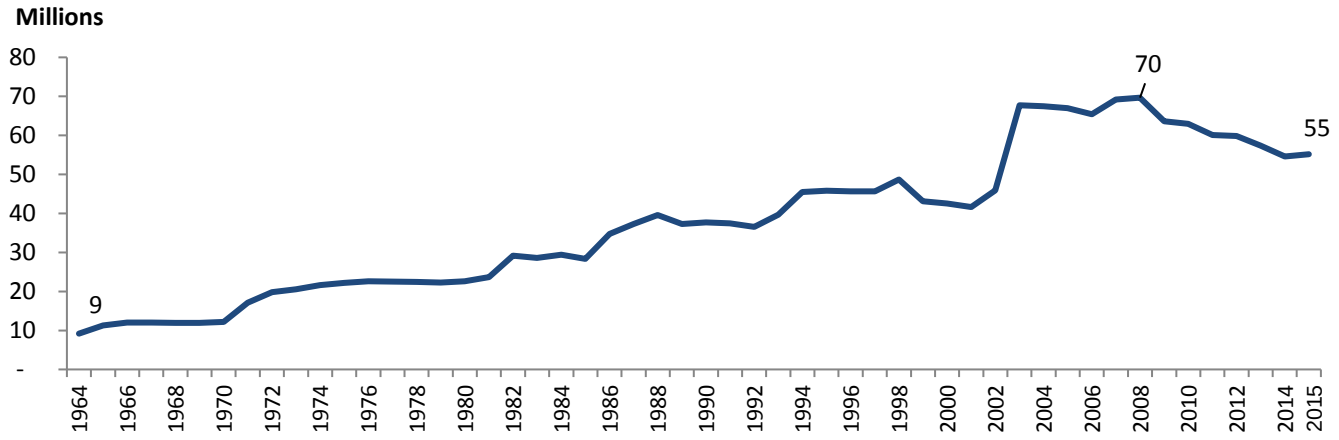
Source: Nebraska Department of Revenue[13]

[13] Nebraska Department of Revenue, 2015

Cigarette Tax Receipts

From 1964 to 2015, Nebraska cigarette tax receipts increased from $9 million to $55 million, with receipts increasing significantly after the excise tax last increased in 2002. In recent years, however, tax receipts have slowly declined (Figure 43).

Figure 43. Cigarette Tax Receipts in Nebraska, 1964-2015



Source: Nebraska Department of Revenue

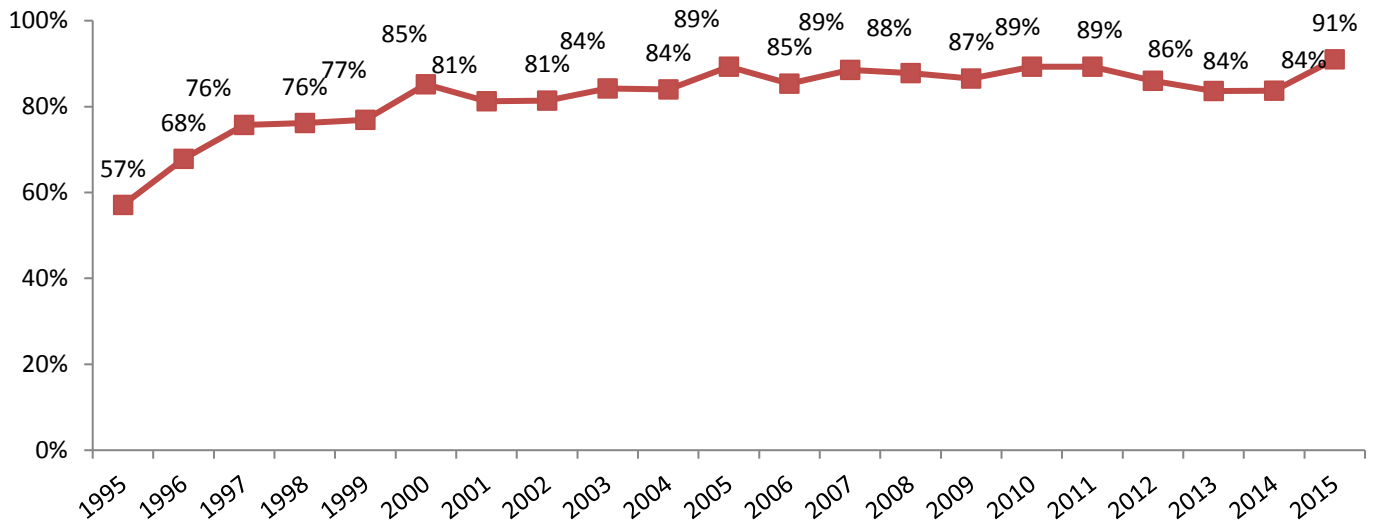
Illegal Sale of Tobacco to Youth in Nebraska

Illegal Sale of Tobacco Products to Minors

The Nebraska State Patrol conducts random, unannounced compliance checks of tobacco retailers to determine the State's compliance rate as required by the federal Substance Abuse and Treatment Block Grant. The 2015 statewide tobacco sale compliance rate has increased and recorded the highest (91%) since 1995, achieving the goal of a statewide violation rate under 10%.

In 1995, only 57% of tobacco retailers checked complied with the law that restricts the sale of tobacco products to minors. Since then, compliance has substantially increased to 89% in 2011 and remains near this rate, though the most recent data shows an increase to 91% (Figure 44).

Figure 44. Statewide Compliance Rate for Sales of Tobacco Products to Minors in Nebraska, 1995-2015

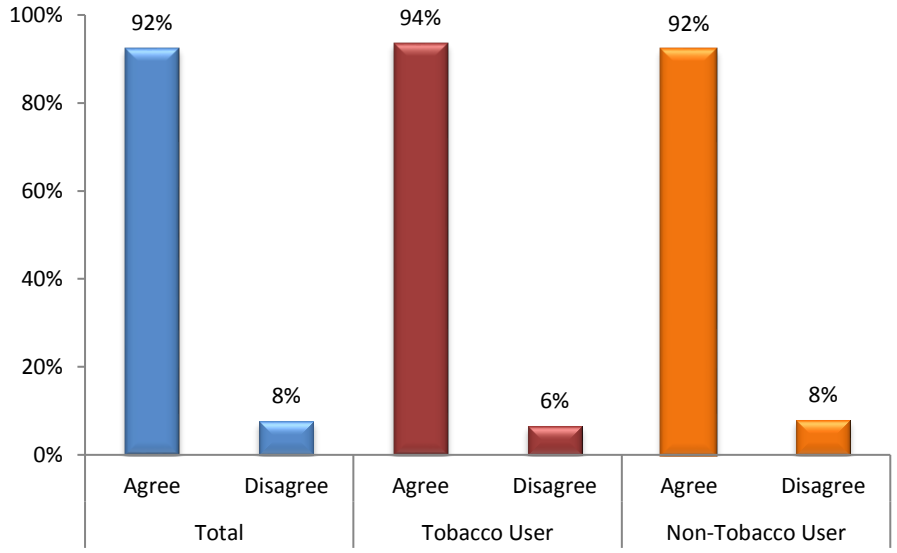


Source: Nebraska Annual Synar Report

Support for Penalizing Stores that Sell Tobacco to Minors

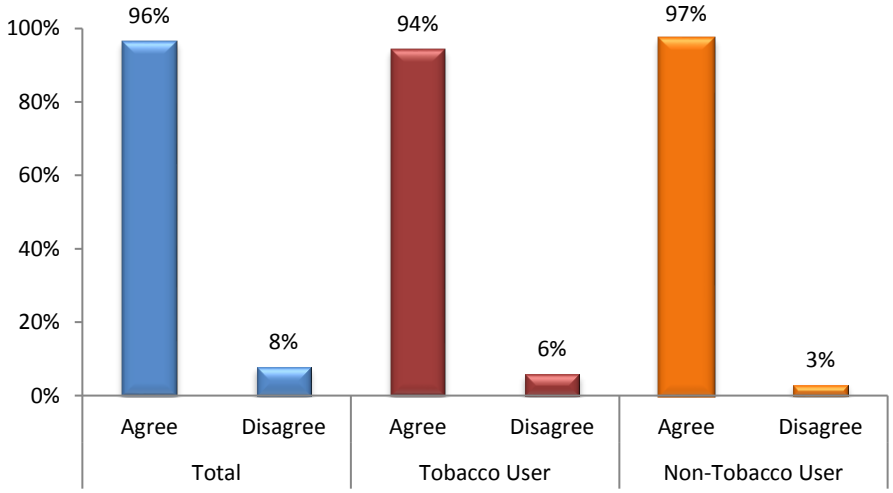
A majority of Nebraskans (92%) agreed that stores should be penalized for selling tobacco products to minors (Figure 45).

Figure 45. Stores Should be Penalized for Selling Tobacco Products to Minors in Nebraska, 2015



Source: Nebraska ATS

Figure 46. Keeping Stores from Selling Tobacco Products to Minors is Important to Nebraska Communities, 2015

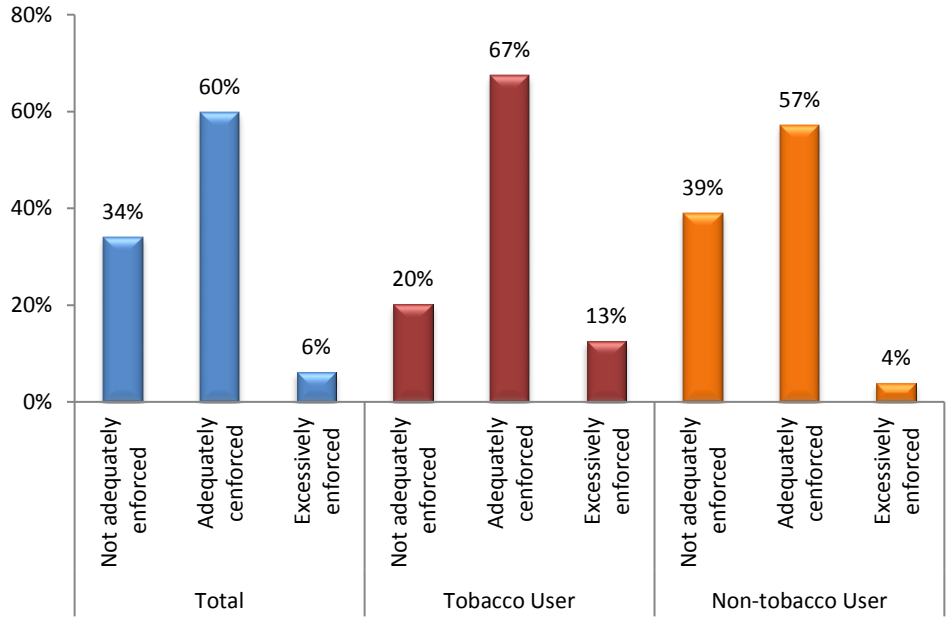


Source: Nebraska ATS

Support for Keeping Stores from Selling Tobacco to Minors

Almost all Nebraskans (96%) agreed that keeping stores from selling tobacco products to minors is important for communities (Figure 46).

Figure 47. Attitudes towards enforcement of laws regulating the sales of tobacco products to minors in Nebraska, 2015



Source: Nebraska ATS

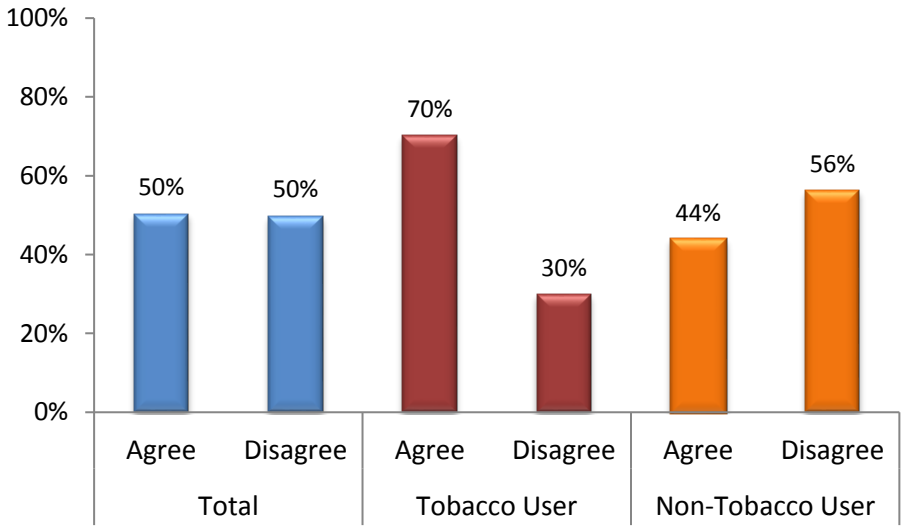
Attitudes towards enforcement of laws regulating the sales of tobacco products to minors

Overall, 60% of Nebraskans agreed that laws prohibiting the sale of tobacco products to minors have been adequately enforced. Non-tobacco users (39%) were more likely than tobacco users (20%) to think that laws have not been adequately enforced (Figure 47).

Attitudes Toward Tobacco Advertising in Grocery and Convenience Stores

In total, half of Nebraskans (50%) agreed that tobacco advertising is acceptable in grocery and convenience stores (Figure 48).

Figure 48. Attitudes Toward Tobacco Advertising in Grocery and Convenience Stores in Nebraska, 2015



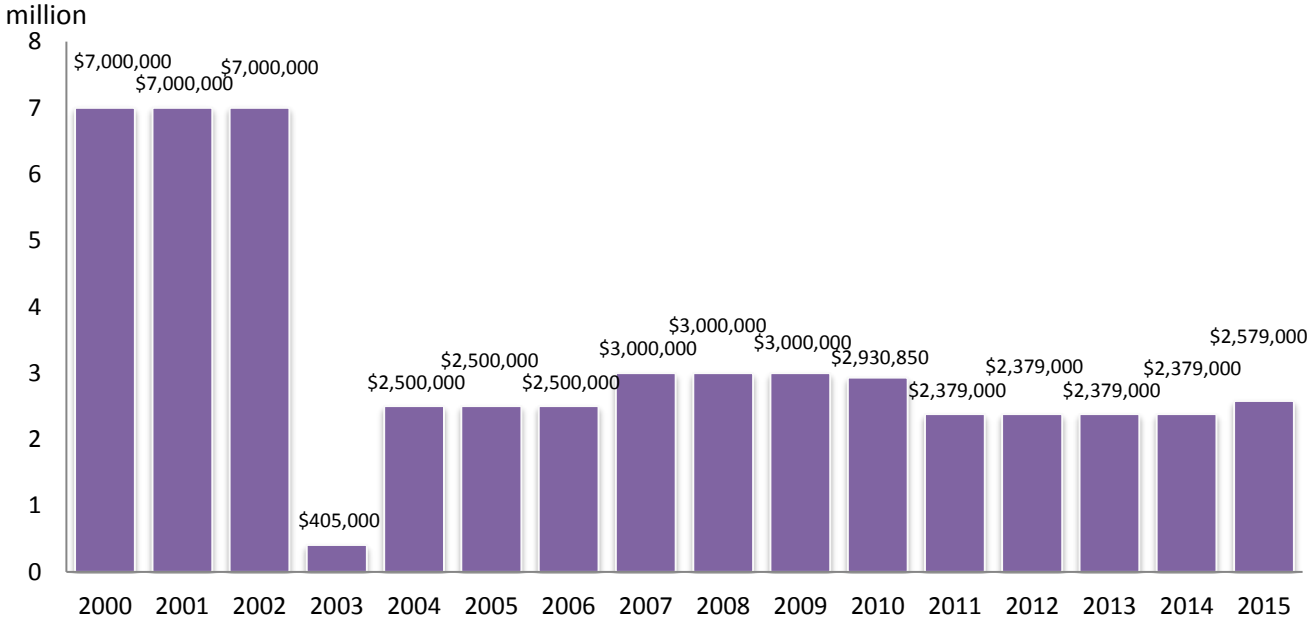
Source: Nebraska ATS

State Funding for Comprehensive Tobacco Prevention and Control

In 2000, the Nebraska Unicameral passed Legislative Bill (LB) 1436, marking a milestone in Nebraska's tobacco prevention and control efforts. The bill allocated $21 million over three years to the Tobacco Free Nebraska program from the multi-state Tobacco Master Settlement Agreement (MSA). This marked the first time the Unicameral allocated state funds for comprehensive tobacco control efforts. In 2004, the Nebraska Legislature passed LB 1089 which allocated $2.5 million a year of MSA payments to the program.

In 2007 and 2009, state funding was $3 million per year and in 2010 the allocation was cut by 5.0% to $2,930,850. In 2011 the funding was again cut by 19% to $2,379,000 and the same amount of funding has been allocated since then funding increased to $2.579 million (Figure 49). It is 12.4% of the $20.8 million recommended by the Centers for Disease Control and Prevention.

Figure 49. Tobacco Master Settlement Agreement Funding for the Tobacco Free Nebraska Program, 2000-2015



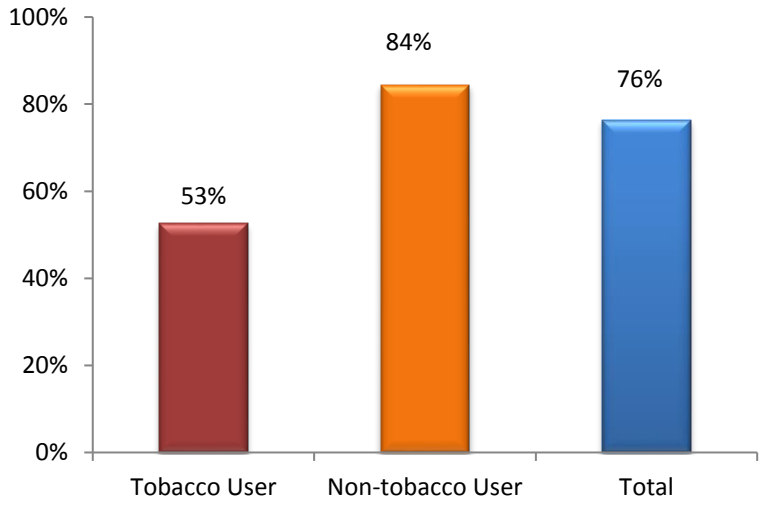
Source: Nebraska Department of Revenue

Support for Tobacco Tax Increase

The Adult Tobacco Survey (ATS) asked Nebraskans if state tobacco taxes should increase to fund programs to help smokers quit and keep youth from starting.

A majority of Nebraskans support increasing the tax (76%). Tobacco users were less likely to support the tax increase (53%) than nonsmokers (82%) (Figure 50).

Figure 50. Support for Tobacco Tax Increase to Fund Tobacco Prevention and Control Program in Nebraska, 2015

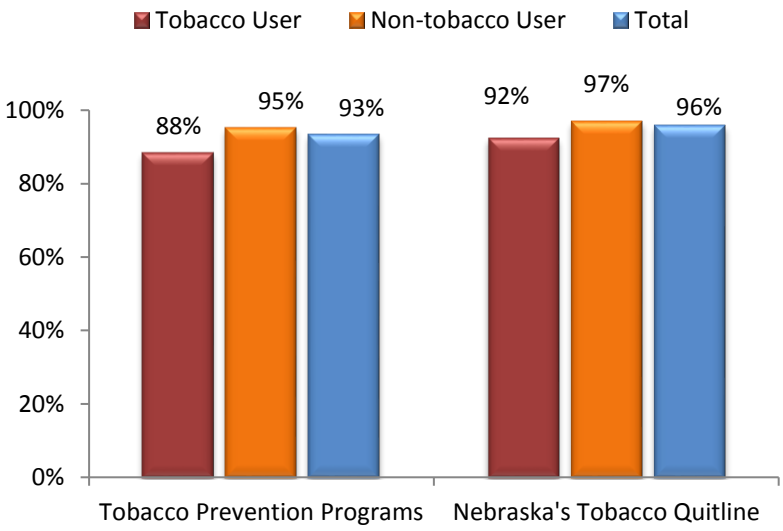


Source: Nebraska ATS

Support for Using Nebraska's Tobacco Settlement Funds for Tobacco Prevention and Cessation

The Adult Tobacco Survey (ATS) asked Nebraskans if a portion of Nebraska's Tobacco Master Settlement Agreement (MSA) funds should be used for tobacco prevention programs and cessation/Quitline. A majority of Nebraskans favored using settlement funds for tobacco prevention programs (93%) and cessation/Quitline (96%) (Figure 51).

Figure 51. Support for Spending Tobacco Settlement Funds in Nebraska, 2015



Source: Nebraska ATS

Mortality, Morbidity and Economic Costs of Tobacco Use

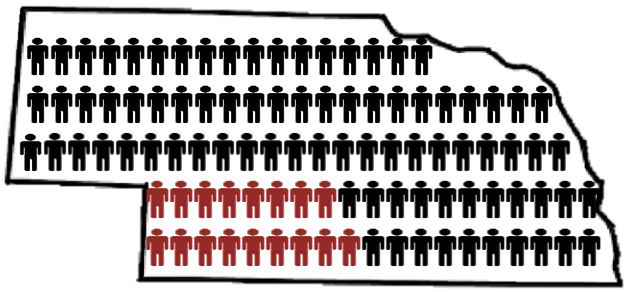
Tobacco use is the single most preventable cause of disease and death in the United States. The health consequences of tobacco use include heart disease, multiple types of cancer, pulmonary disease, adverse reproductive effects, and the exacerbation of chronic health conditions. Nearly one-half million (480,000) Americans die prematurely from tobacco use each year, and economic costs attributable to smoking and exposure to secondhand smoke now approach $300 billion annually. Despite the known health and financial burdens, approximately one in four American adults currently use some from the tobacco, with one in five smoking cigarettes.

Smoking-Attributable Mortality

In Nebraska, 17% of adults – nearly 240,000 people – smoke cigarettes (Figure 52).

Every year, about 2,500 adult deaths are attributable to cigarette smoking[14], which is more than entire population of Ashland, Nebraska (Figure 53).

Figure 52. Nebraska's Smoking Population, 2014



Source: BRFSS

Figure 53. Smoking-Related Deaths in Nebraska, 2014

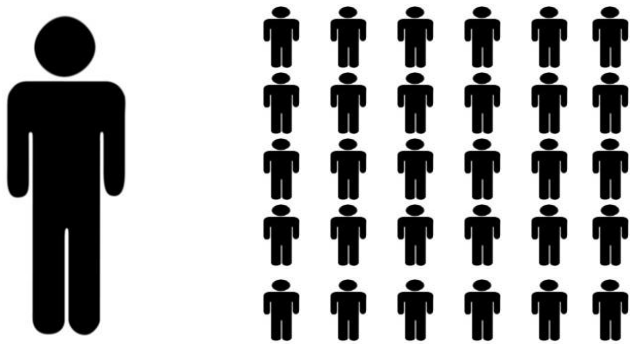
In Nebraska, 13% of high school students smoke cigarettes. If the current tobacco use pattern persists, an estimated 38,000 current children under 18 and alive in Nebraska will ultimately die prematurely from smoking-related diseases. [15]

[14] CDC, 2014
[15] Campaign for Tobacco Free Kids, 2016

Smoking-Attributable Morbidity

According to the 50th U.S. Surgeon General's Report, there are approximately **30** people living with a smoking-attributable illness in the U.S. for every person who dies from a smoking-related disease.[16] Assuming this ratio holds true in Nebraska, an estimated **75,000** adults suffered from a smoking-related illness in the state in 2014 (Figure 54).

Figure 54. Smoking-Attributable Morbidity and Mortality in Nebraska, 2014



Adult Smoking-Attributable Deaths
2,500

Adult with a Smoking-Attributable Illness
75,000

Smoking-Attributable Years of Potential Life Lost (YPLL)

On average, smokers die 10 years earlier than nonsmokers.[17]

Smoking-Attributable Monetary Costs

The smoking-attributable healthcare expenditure is one important component of smoking-attributable economic costs. Although the prevalence of smoking continues to decline in the United States, smoking-related healthcare expenditures still account for an estimated 5-14% of the total healthcare expenditures in the United States.

In Nebraska the healthcare costs directly caused by smoking are estimated to be $795 million annually. Nebraska's Medicaid program costs alone are $162.3 million. Additional productivity losses caused by smoking are estimated at $605.5 million. In other words, Nebraska residents' state and federal annual tax burden from smoking-caused government expenditures is estimated to be $767 per person, regardless of age.

[16] U.S.DHHS, 2014
[17] Office on Smoking and Health, 2016 (Not published)

Smoking-Related Fires in Nebraska

Cigarettes and other smoking materials are the leading cause of residential fire deaths in the United States.[18,19] These fires also result in millions of dollars in damaged property and healthcare costs.

Between 2012 and 2014, at least 654 smoking-related fires occurred in the state (Table 4). The fires caused 8 deaths, 33 injuries, and a $10 million loss from property and content damages during the period.

During the three year period between 2012 and 2014, at least 115 multifamily housing fires occurred in the state, resulting in 1 death, 13 injuries and almost $4 million loss in property and content damages. Multifamily housing fires accounted for 40% of the total losses from smoking-related fires, while the number of occurrences accounted for 18% of all smoking-related fires (Table 4).

Smoke-free policies in homes and multi-unit housing can reduce the risk of smoking-related fires and prevent deaths, injuries, and subsequent damages.

Table 4. Smoking-Related Fires, Deaths, Injuries and Economic Losses in Nebraska, 2012-2014 (As of December, 2015)

	2012	2013	2014	Total
Smoking-Related Fires	275	169	210	654
Civilian/Firefighter Deaths	3/0	2/0	3/0	8/0
Civilian/Firefighter Injuries	3/10	2/3	9/6	14/19
Total Loss	$ 4.7M	$ 2.5M	$ 2.7M	$ 10M
Smoking-Related Multifamily Dwelling Fires	46	29	40	115
Civilian/Firefighter Deaths	1/0	0/0	0/0	1/0
Civilian/Firefighter Injuries	2/6	0/2	1/2	3/10
Total Loss	$ 2.1M	$ 1.3M	$ 0.6M	$ 4M

Source: Nebraska State Fire Marshal's Office

[18] USFA, 2016
[19] USFA, 2012

Smoking-Related Poisoning in Nebraska

Nicotine is poisonous. The amount in one cigarette butt is enough to poison a child. Other forms of nicotine are also poisonous: cigarettes, cigars, chewing tobacco, pipe tobacco, nicotine gum, nicotine patches, and liquid nicotine used for electronic cigarettes. When children swallow cigarettes or liquid nicotine, their symptoms will be directly related to the dose of nicotine they received. Mild nicotine poisoning causes nausea, vomiting, dizziness, tremors, sweating and high blood pressure. Severe poisoning can be life-threatening and lead to seizures.

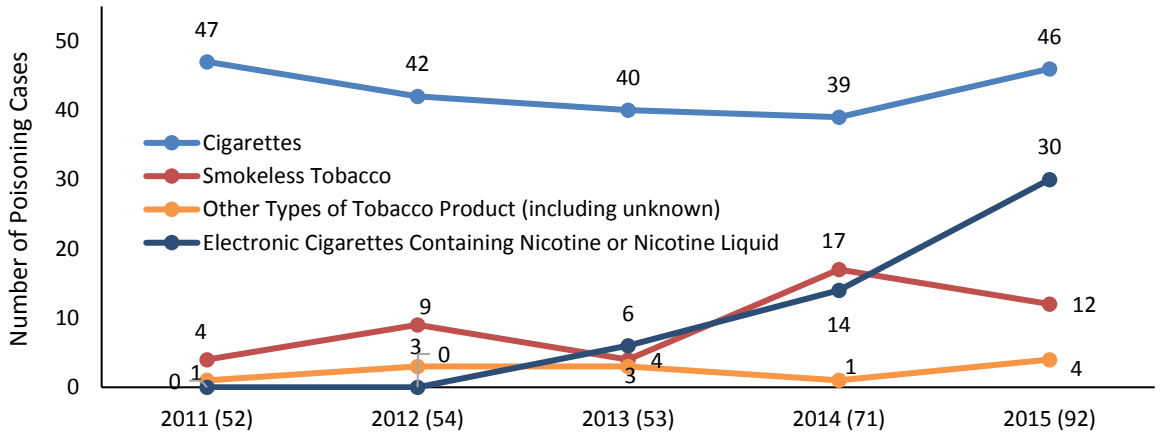
From 2011 to 2015, a total of 393 emergency calls related to tobacco/nicotine poisoning were received in Nebraska Regional Poisoning Center, with a significant increase in the number of e-cigarette poisoning cases in 2014 and 2015 (Table 5). Most of the tobacco-related emergencies (82%) were involving young children under age 6 (Figure 55).

Table 5. Number of Emergency Calls to Nebraska Regional Poison Center

	2011	2012	2013	2014	2015	Total
Cigarettes	51	45	43	43	49	231
Smokeless Tobacco	6	9	6	17	11	49
Other (Including Unknown)	3	4	10	5	1	23
Electronic Cigarette or Nicotine Liquid	4	2	11	36	37	90
Total	64	60	70	101	98	393

Source: Nebraska Regional Poison Center

Figure 55. Number of Emergency Calls to Nebraska Regional Poison Center Due to Tobacco-Related Poisoning Involving Children under Age 6 in Nebraska, 2011-2015



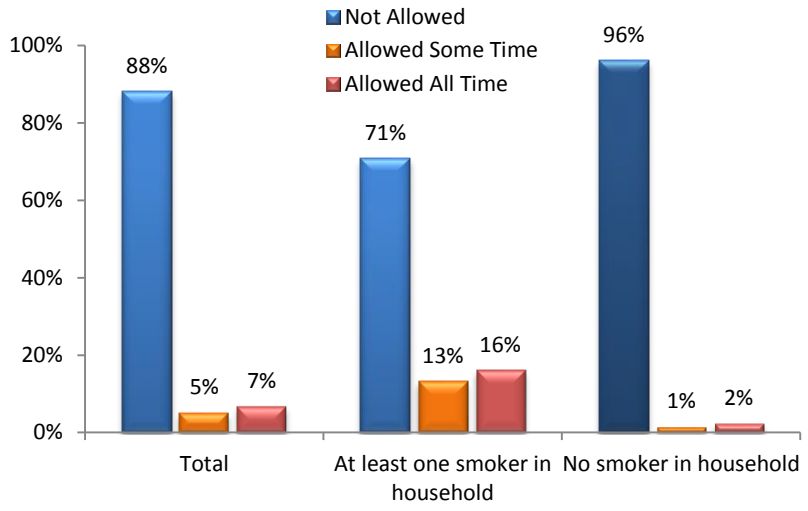
Source: Nebraska Regional Poison Center

Secondhand Smoke and Smoke/Tobacco Free Policies in Nebraska

Protection from Secondhand Smoke in Homes

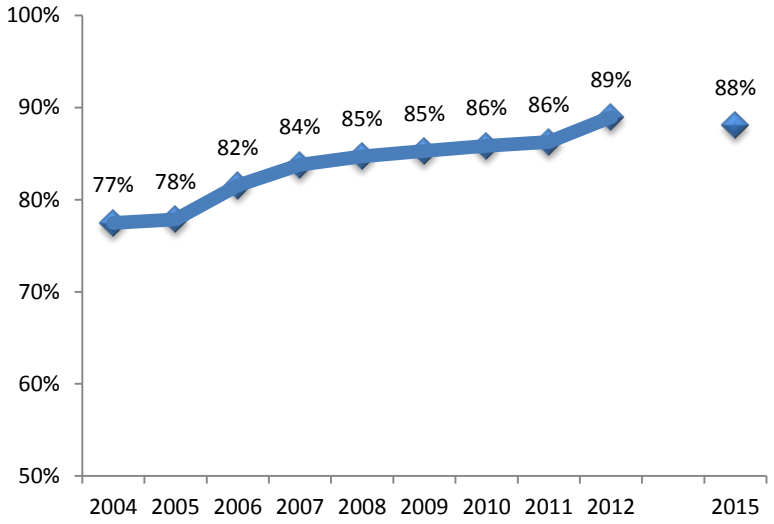
By 2015, 88% of Nebraskans have voluntarily adopted smoke-free home rules. Only 4% of adults that have no smoker in their household reported allowing smoking some times or all the time, compared to 29% among the households having at least one smoker in their household (Figure 56).

Figure 56. Smoke-Free Rules in Nebraska Homes, 2015



Source: Nebraska ATS

Figure 57. Smoke-Free Rule Adoption in Nebraska Homes, 2004-2012 and 2015*



Source: Nebraska ATS

Trend

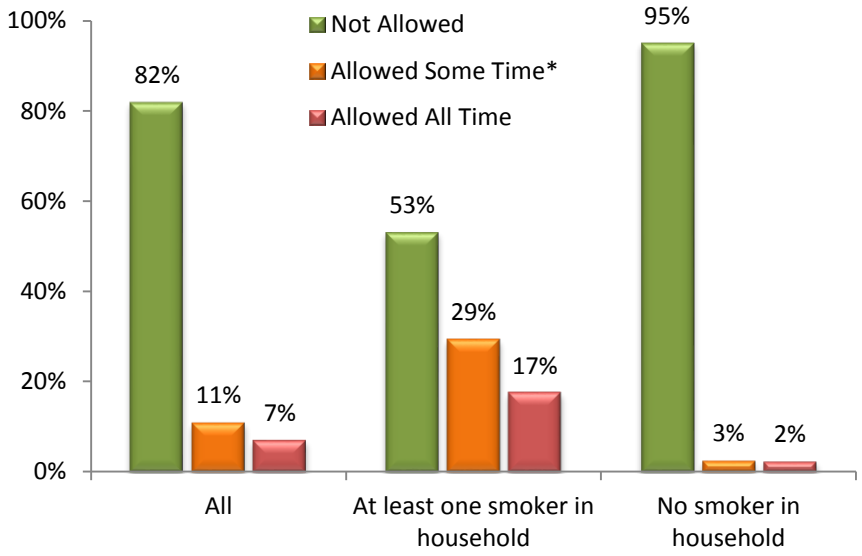
The percentage of Nebraskans who reported that smoking was not allowed in any part of the home increased from 77% in 2004 to 89% in 2012 (Figure 57). In 2015, the percentage of smoke-free homes was 88%.

**Due to changes in methodology for data collection in ATS, direct comparison of data between 2015 and previous years is not recommended.*

Protection from Secondhand Smoke in Family Vehicles

In 2015, 82% of Nebraskans have voluntarily adopted a smoke-free rule in their family vehicles. Only 5% of those with no smoker living in the household reported allowing smoking sometimes in their vehicles. Conversely, almost half of households with at least one mermber of the household who smokes (47%) reported allowing smoking inside their family vehicle (Figure 58).

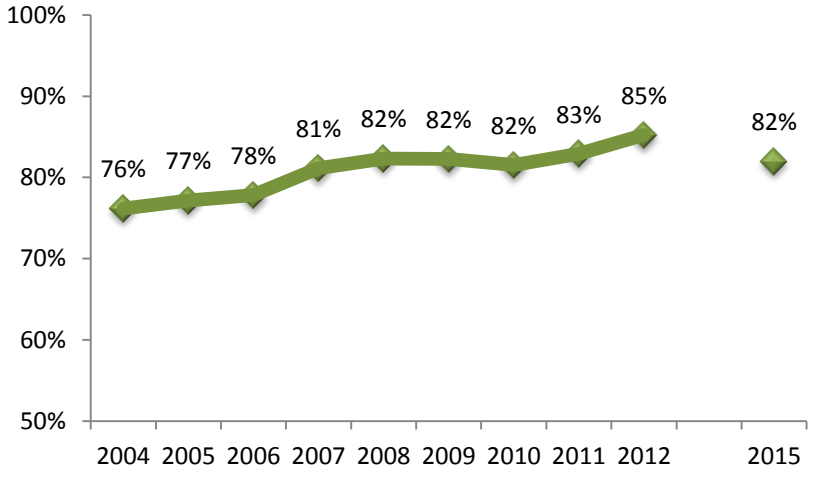
Figure 58. Smoke-Free Rules in Family Vehicles in Nebraska, 2015



*Only allowed when children under 17 are not present

Source: Nebraska ATS

Figure 59. Smoke-Free Rule Adoption in Family Vehicles in Nebraska, 2004-2012 and 2015*



Source: Nebraska ATS

Trend

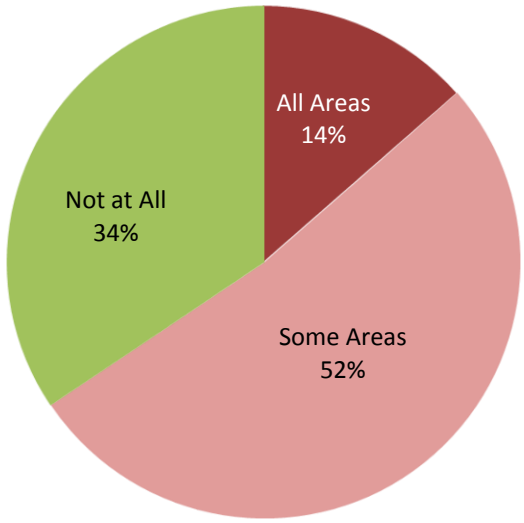
The percentage of Nebraskans that do not allow smoking in the family vehicle increased from 76% in 2004 to 85% in 2012 (Figure 59). In 2015, the percentage of adopting a smoke-free vehicle rule was 82%.

**Due to changes in methodology for data collection in ATS, direct comparison of data between 2015 and previous years is not recommended.*

Support for Smoke-Free Outdoor Parks

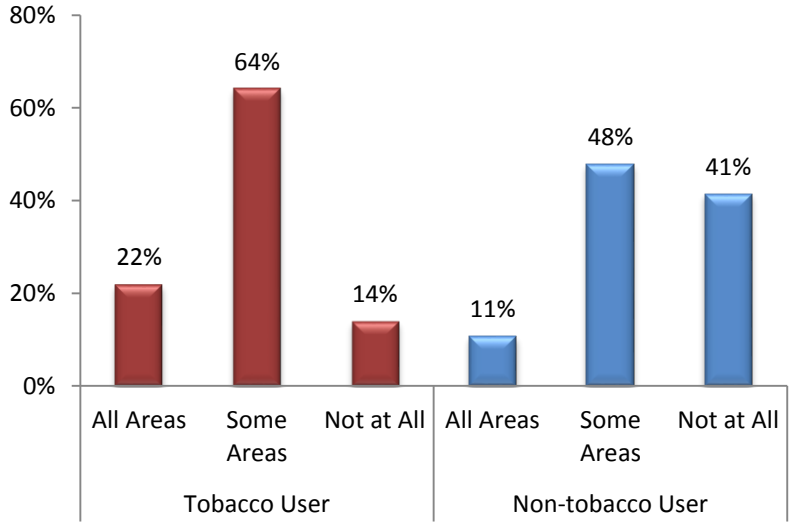
A majority of Nebraskans (86%) support restrictions on where smoking is allowed in outdoor parks. Fifty-two percent (52%) said that smoking should be restricted in some areas and 34% responded that smoking should not be allowed at all (Figure 60).

Figure 60. Should Smoking Be Allowed in Outdoor Parks? 2015



Source: Nebraska ATS

Figure 61. Should Smoking Be Allowed in Outdoor Parks? 2015



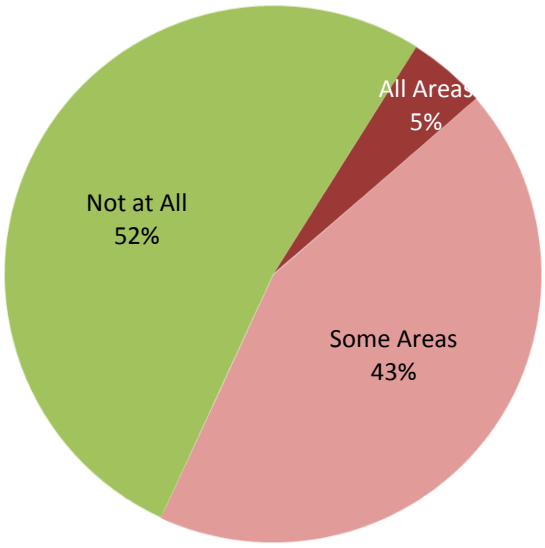
Source: Nebraska ATS

Tobacco users show less support for smoke-free outdoor parks than non-tobacco users (Figure 61).

Support for Smoke-Free Outdoor Sporting Events

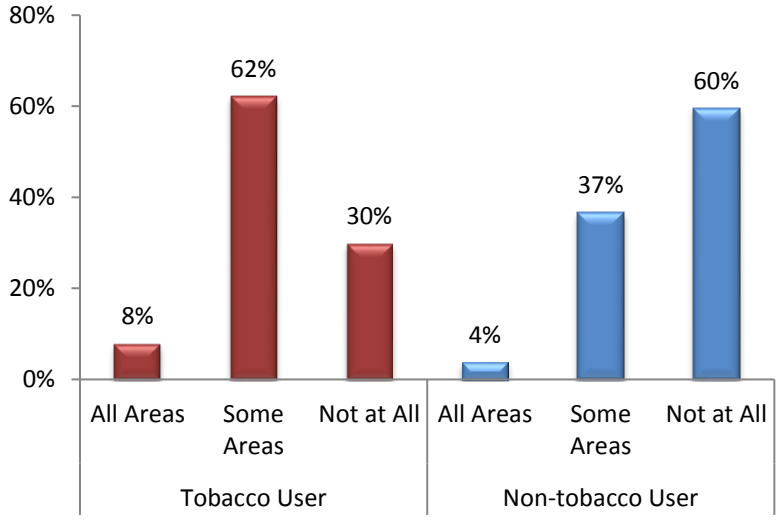
Most Nebraskans (95%) support some type of restriction on smoking at outdoor sporting events. Forty-three percent (43%) said that smoking should be restricted in some areas and 52% responded that smoking should not be allowed at all at outdoor sporting events (Figure 62).

Figure 62. Should Smoking Be Allowed at Outdoor Sporting Events?



Source: Nebraska ATS

Figure 63. Should Smoking Be Allowed at Outdoor Sporting Events? 2015



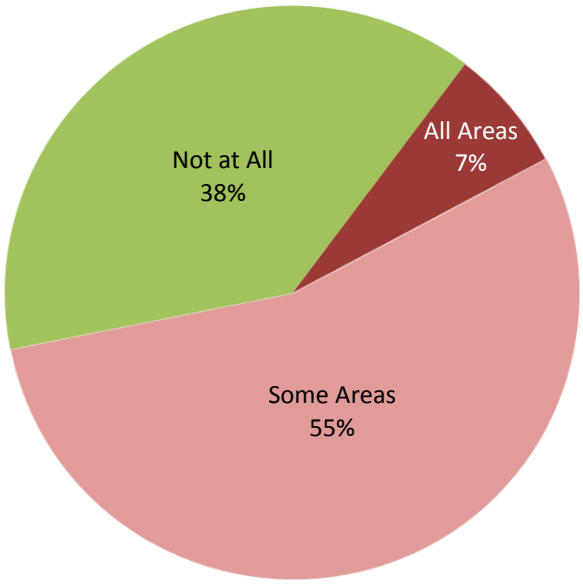
Source: Nebraska ATS

Tobacco users are less likely to support prohibiting smoking at outdoor sporting events than non-tobacco users (Figure 63).

Support for Smoke-Free Outdoor Public Events

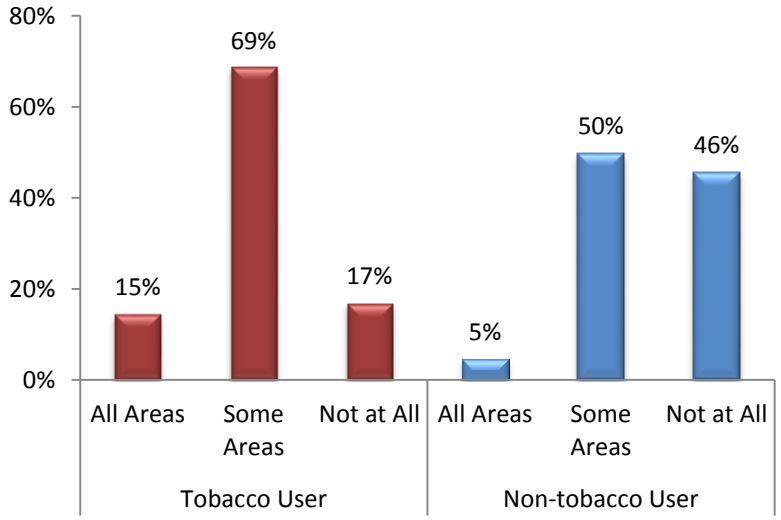
Most Nebraskans (93%) support some type of restriction on smoking at outdoor public events such as county fairs and outdoor concerts. Fifty-five percent (55%) said that smoking should be restricted in some areas and 38% responded that smoking should not be allowed at all at outdoor public events (Figure 64).

Figure 64. Should Smoking Be Allowed at Outdoor Public Events? 2015



Source: Nebraska ATS

Figure 65. Should Smoking Be Allowed at Outdoor Public Events? 2015



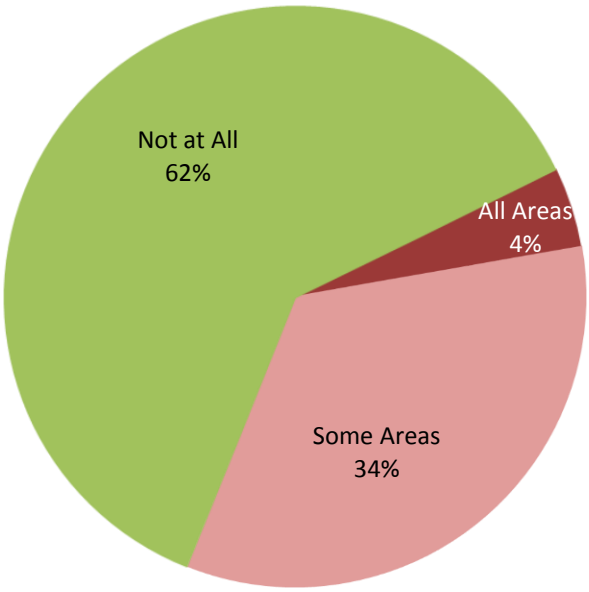
Source: Nebraska ATS

Tobacco users are less likely to support prohibiting smoking at outdoor sporting events than non-tobacco users (Figure 65).

Support for Smoke-Free Outdoor Dining Areas

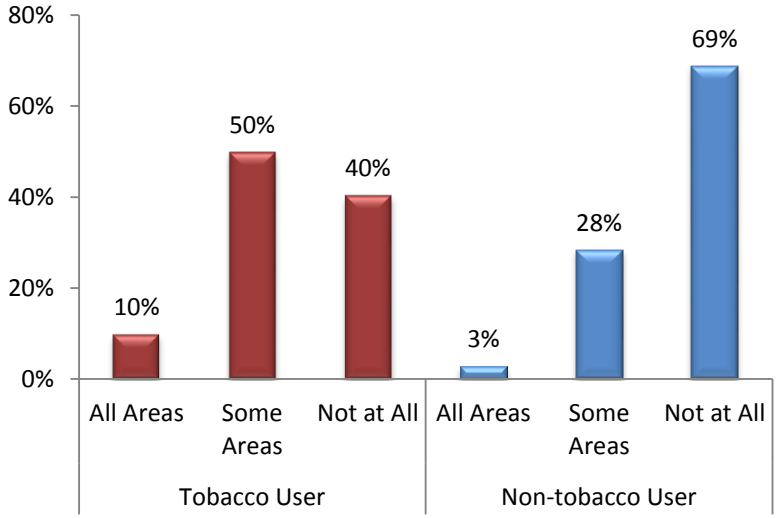
Most Nebraskans (96%) support some type of restriction on smoking in outdoor dining areas. Thirty-four percent (34%) said that smoking should be restricted in some areas and 62% responded that smoking should not be allowed at all in outdoor dining areas (Figure 66).

Figure 66. Should Smoking Be Allowed in Outdoor Dining Areas? 2015



Source: Nebraska ATS

Figure 67. Should Smoking Be Allowed in Outdoor Dining Areas? 2015



Source: Nebraska ATS

Tobacco users are less likely to support prohibiting smoking in outdoor dining areas than non-tobacco users (Figure 67). Sixty-nine percent (69%) of non-tobacco users supported greater restrictions on smoking in outdoor dining areas.

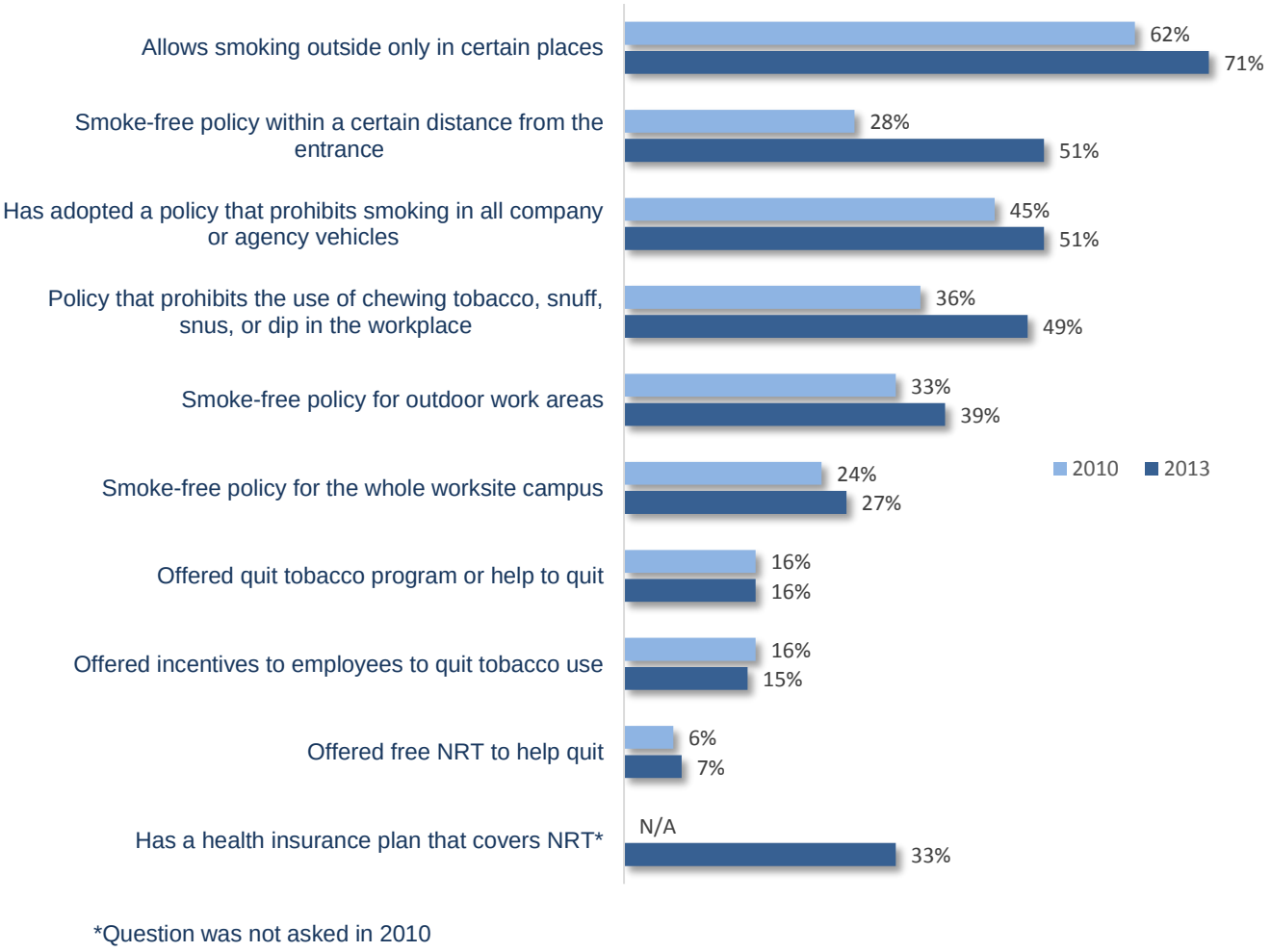
Protection from Secondhand Smoke at Work

Since the Nebraska Clean Indoor Air Act was implemented on June 1, 2009, smoking has been prohibited in the majority of indoor workplaces in Nebraska. Additionally, implementation of policies restricting worksite smoking and tobacco use increased in 2013 compared to 2011 (Figure 68).

In 2013, slightly more than a quarter of worksites (27%) had adopted a smoke-free policy for their entire worksite campus. Among worksites which do not have an entirely smoke-free campus, 71% had restricted smoking, allowing it only in certain places and just over half prohibited it within a certain distance from the entrance of the building. Worksites with a smoke-free policy within a certain distance from the entrance significantly increased (51%), compared to 28% in 2010.

General Attitudes Toward Secondhand Smoke

Figure 68. Smoking Policies in Nebraska Work Places, 2011-2013



*Question was not asked in 2010

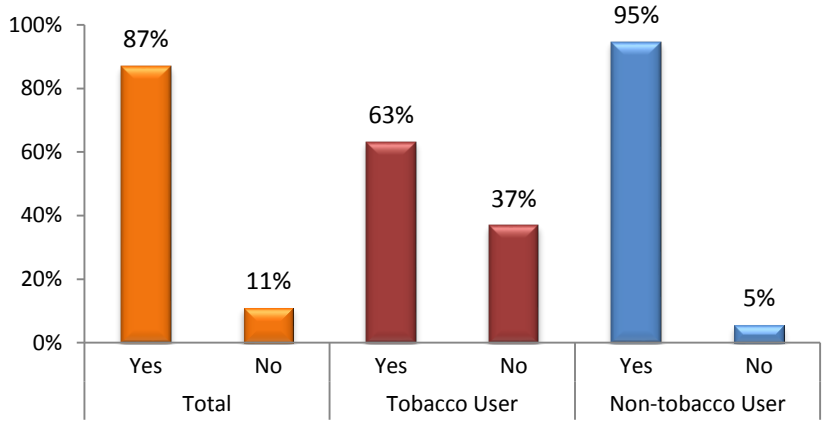
Source: Nebraska Worksite Survey

The Nebraska Adult Tobacco Survey (ATS) includes a number of questions regarding general attitudes about secondhand smoke.

Smoke-free Hotels/Motels

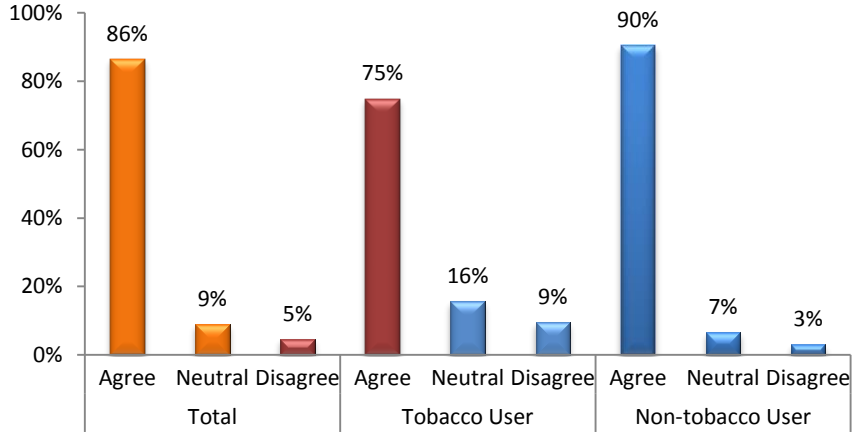
Most non-tobacco users (95%) reported that they request a non-smoking room when they travel and stay in a hotel or motel. However, 63% of tobacco users reported requesting a non-smoking room when travelling (Figure 69).

Figure 69. If You Travel and Stay in a Hotel or Motel, Do you Usually Request a Non-Smoking Room? 2015



Source: Nebraska ATS

Figure 70. Restaurants and Bars in Nebraska Are Now Healthier for Employees and Customers, 2015



Source: Nebraska ATS

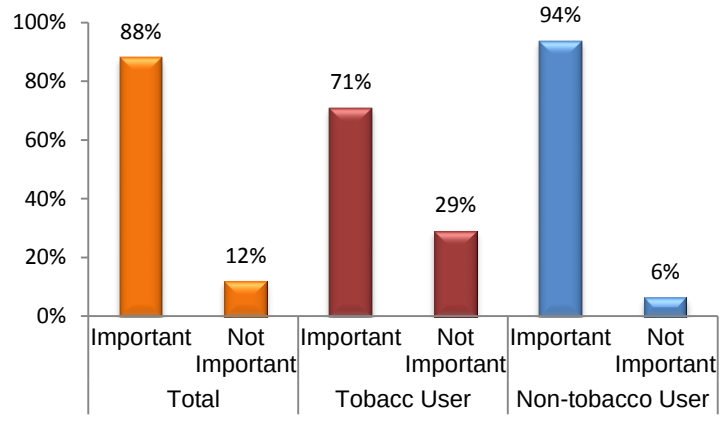
Restaurants and Bars

Most non-tobacco users (90%) agreed with the statement that restaurants and bars in Nebraska are healthier for employees and customers since the Nebraska Clean Indoor Air Act went into effect (Figure 70). Tobacco users were less likely to agree with the statement.

Prohibiting Smoking in Public Buildings

The majority of Nebraska's adults (88%) reported that having a law prohibiting smoking inside most public buildings is important to them. Tobacco users were less likely than non-tobacco users to report that it is important to them (Figure 71).

Figure 71. How Important is it to You to Have a Law Prohibiting Smoking Inside Most Public Buildings? 2015



Source: Nebraska ATS

Other Attitudes Towards Secondhand Smoke

The Nebraska ATS included other questions regarding general attitudes about secondhand smoke. Table 6 summarizes the responses.

Table 6. Attitudes Towards Secondhand Smoke, 2015

Agree or strongly agree that	**Total**	Tobacco User	Non-tobacco User
• Bothered moderately or very much when exposed to secondhand smoke	**69%**	36%	80%
• It is not acceptable for parents to smoke in front of children	**85%**	72%	90%
• Inhaling secondhand smoke is harmful to babies and children	**91%**	89%	91%
• Inhaling secondhand smoke is harmful to adults and children	**92%**	92%	92%
• Children are more likely to smoke if their parents are smokers	**93%**	79%	95%
Breathing smoke from other people's cigarettes is harmful.	**88%**	90%	96%
• Causes lung cancer in adults	**89%**	77%	92%
• Causes heart disease	**84%**	70%	88%
• Causes colon cancer	**50%**	36%	54%
• Causes respiratory problems in children	**97%**	93%	98%
• Causes Sudden Infant Death Syndrome	**70%**	60%	73%

Tobacco Cessation in Nebraska

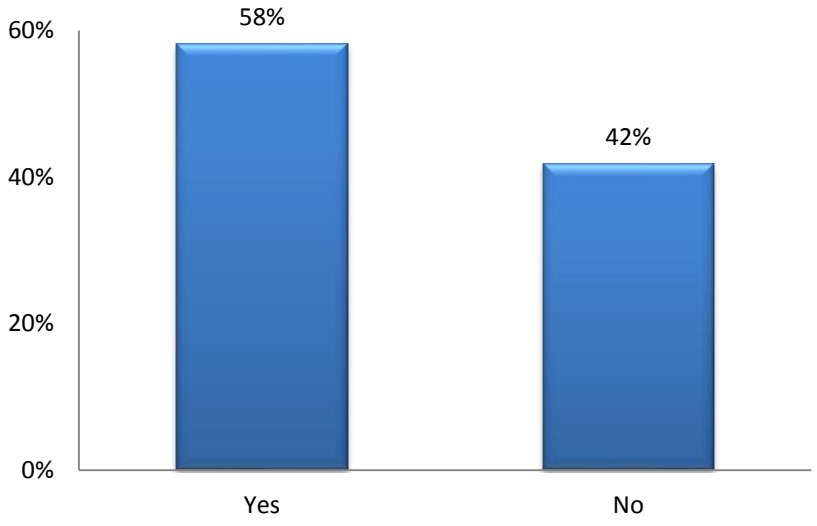
Source: Nebraska ATS

Nicotine is one of the most addictive substances known[20]. Most smokers are nicotine-dependent. Once a person becomes addicted to nicotine, it is very difficult to stop tobacco use and may require multiple attempts to successfully quit[21]. Smoking and other tobacco use can cause serious health problems, numerous diseases, and death. The most effective way to reduce nicotine dependence and the serious health problems caused by tobacco use is to stop using the tobacco. People who quit using tobacco greatly reduce their risk of disease and premature death. Tobacco (nicotine) dependence is considered a chronic condition that requires repeated quit attempts.[22] In fact, it is common for tobacco users to try to quit several times before they are ultimately successful. In Nebraska, 25% of adults are former smokers who successfully quit smoking.

Quit Attempts Among Adult Smokers

Over half of adult smokers in Nebraska (58%) have stopped smoking for one day or longer in the past 12 months because they were trying to quit (Figure 72).

Figure 72. Quit Attempt(s) Among Adult Smokers in Nebraska During the Past 12 Months, 2014



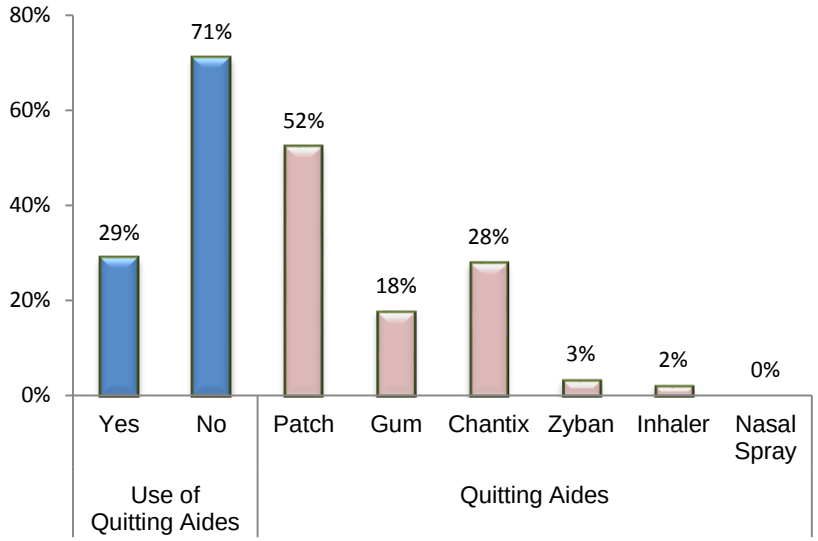
Source: Nebraska BRFSS

[20] CDC, 2016a
[21] U.S.DHHS, 2010
[22] CDC, 2016b

Use of Quit Smoking Aids

Among the people who have tried to quit smoking during the past 12 months, 29% of tobacco users reported that they used at least one smoking cessation aid. The majority of tobacco users, however, tried to quit without any cessation aid (71%) (Figure 73). Nicotine patches (52%), cessation medications such as Chantix (28%), or Zyban (3%) and nicotine gum (18%) were the most frequently used quitting aids.

Figure 73. Use of Quit Smoking Aids in Nebraska, 2015*



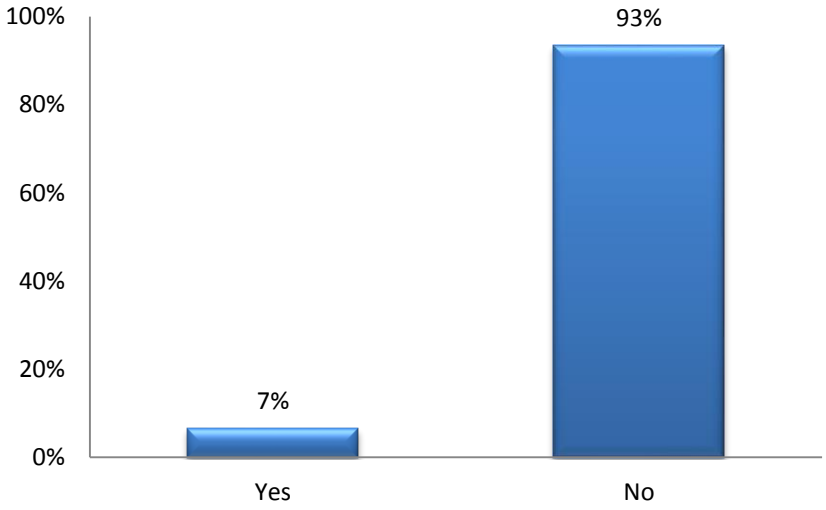
**Quitting aids include multiple responses.*

Source: Nebraska ATS

Use of Quitting Assistance

Among the people who have tried to quit smoking during the past 12 months, 7% reported that they had some kind of assistance including a cessation book or video, one-on-one quit counseling, classes, calling the Nebraska Tobacco Quitline or hypnosis. (Figure 74).

Figure 74. Use of Quitting Assistance in Nebraska, 2015



**Quitting assistance includes multiple responses.*

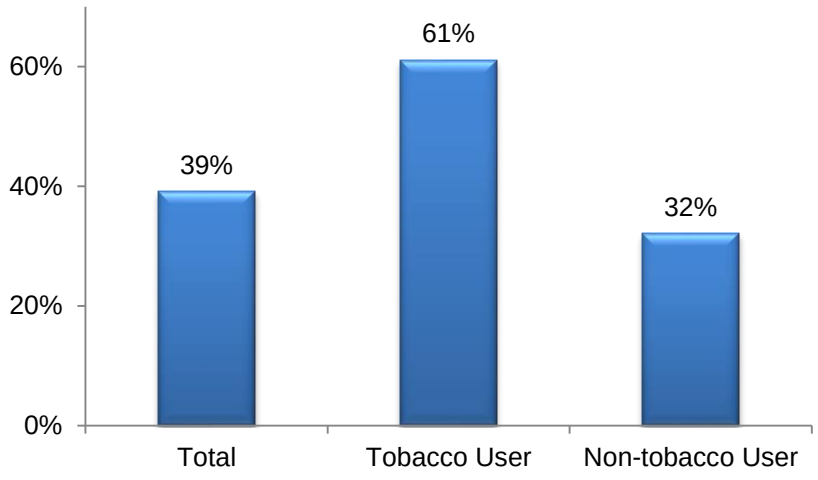
Source: Nebraska ATS

Awareness of the Nebraska Tobacco Quitline

The Nebraska Tobacco Quitline is a free, telephone-based service providing Nebraska residents access to counseling and support. Helping people quit tobacco use is one of the four goals of the Tobacco Free Nebraska program. The Quitline is a key component of Nebraska's tobacco cessation efforts.

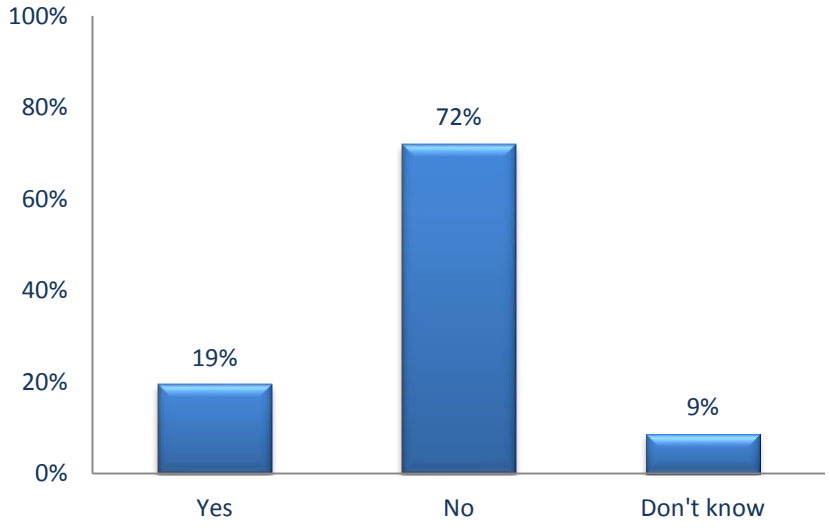
In Nebraska, about three out of five tobacco users (61%) were aware of the Quitline (Figure 75).

Figure 75. Awareness of the Nebraska Tobacco Quitline, 2015



Source: Nebraska ATS

Figure 76. Plan to use a Quitline to Quit Tobacco Use in Nebraska, 2015



Source: Nebraska ATS

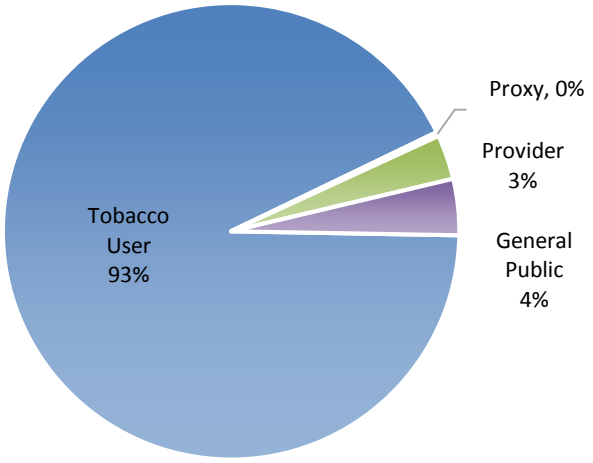
In 2015, ATS asked tobacco users who plan to quit tobacco use within 6 months if they plan to use a Quitline. About one in five (19%) reported that they were willing to try a Quitline when they attempt to quit (Figure 76).

Number of Calls to the Quitline

The Nebraska Tobacco Quitline has provided services since July 2006. In 2015, there were 2,696 calls to the Quitline. The majority of calls were from tobacco users (93%), the general public (4%) and healthcare providers (3%) (Figure 77).

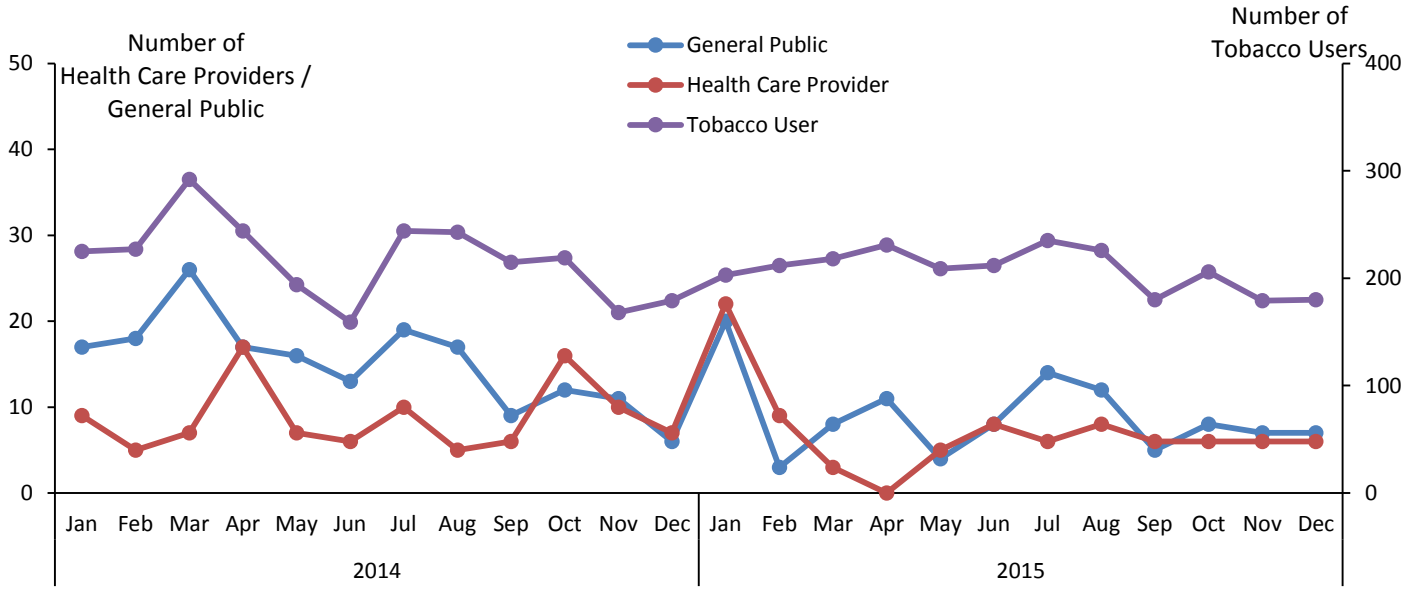
The Quitline generally experiences increased caller volume at the beginning of the year – when New Year's resolutions to quit smoking are often made – and during the weeks when media campaigns are running (Figure 78).

Figure 77. Percentage of Quitline Calls by Caller Type in Nebraska, 2015



Source: Nebraska Quitline data

Figure 78. Nebraska Tobacco Quitline Calls from Tobacco Users, Healthcare Providers and the General Public, 2014-2015



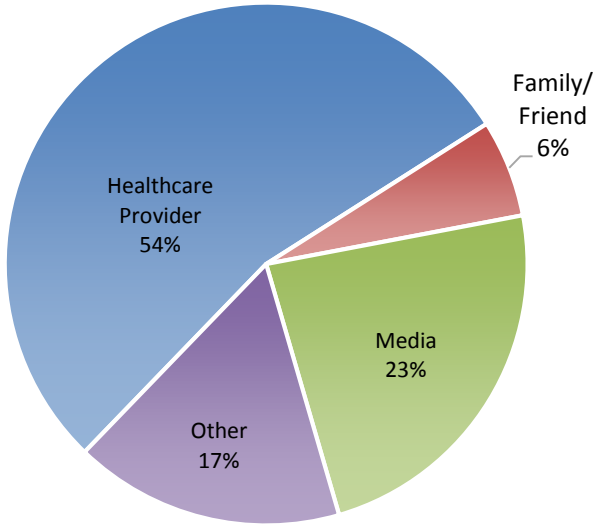
Source: Nebraska Quitline data

How People Heard About the Quitline

The primary way callers learned about the Nebraska Quitline was through healthcare providers (54%) - such as doctors, nurses, dentists or pharmacists. The second most reported source was the media (23%) followed by family and friends (6%). Other sources include community organization/health departments, health insurance providers and employers (17%) (Figure 79).

Among media sources, TV/commercials (71%) generated the most calls to the Quitline.

Figure 79. How People Heard about the Nebraska Tobacco Quitline, 2015

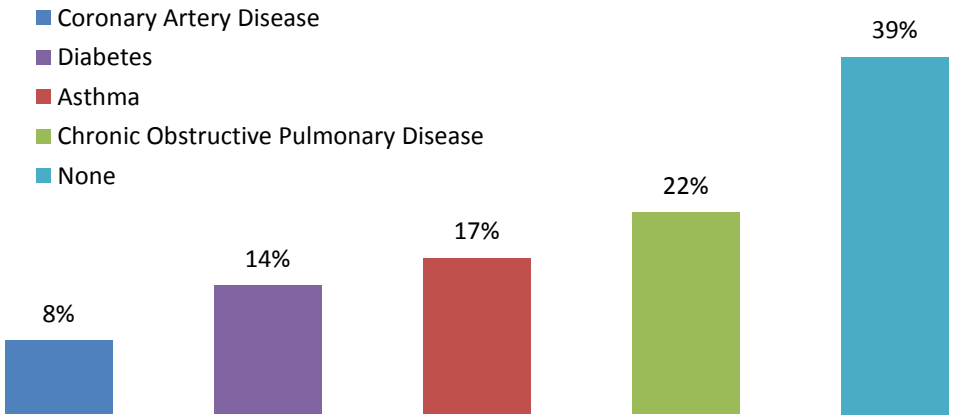


Source: Nebraska Quitline data

Quitline Callers with Chronic Diseases

More than half of Quitline callers (60%) reported that they were suffering from one or more chronic diseases at the time of their calls (Figure 80).

Figure 80. Percentage of Quitline Callers with Chronic Diseases, 2015*



**Callers may have more than one chronic disease.*

Source: Nebraska Quitline data

Quitline User Demographics

In 2015, there were 2,696 incoming calls to the Nebraska Quitline. Among them 2,496 (93%) were calls from tobacco users with a total of 2,155 callers requesting at least one intervention or quit materials. Figure 81 shows the breakout of the 2,155 callers that registered for Quitline services (Figure 81).

Figure 81. Nebraska Tobacco Quitline Registered Caller Demographics, 2015

AGE:
18>: 0.5%
18-24: 4%
25-30: 10%
31-40: 20%
41-50: 21%
51-60: 29%
60<: 16%

GENDER:
Male: 32%
Female: 68%

TYPE OF TOBACO USE:*
Cigarette: 93%
Cigar/Pipe: 3%
Smokeless: 2%
Other: 2%

EDUCATION:
Less than grade 9: 3%
Grade 9-11: 15%
GED/HS degree: 35%
Tech/Trade school or degree: 5%
Some college/university: 28%
College/university degree: 14%

ETHNICITY and RACE:
Hispanic: 4%
Non-Hispanic: 96%

White: 80%
Black/African American: 13%
American Indian/Alaskan Native: 2%
Other: 5%

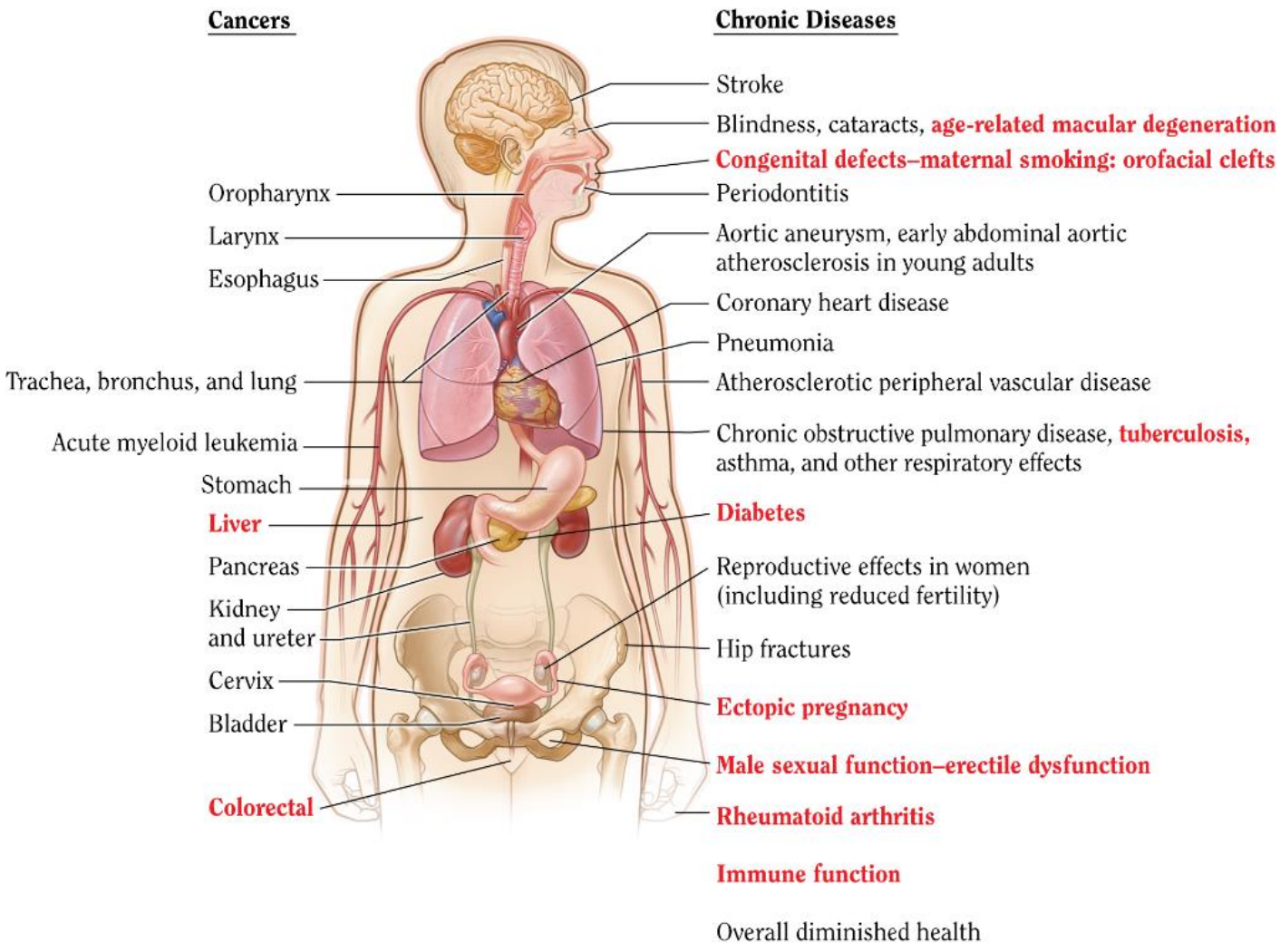
*Participants may select more than one tobacco product.

Source: Nebraska Quitline data

Smoking and Chronic Disease

Smoking affects almost every organ in the body and can cause many diseases and chronic health conditions (Figure 82).[23]

Figure 82. Health Consequences Causally Linked to Smoking (in Red)



Source: CDC Vital Signs

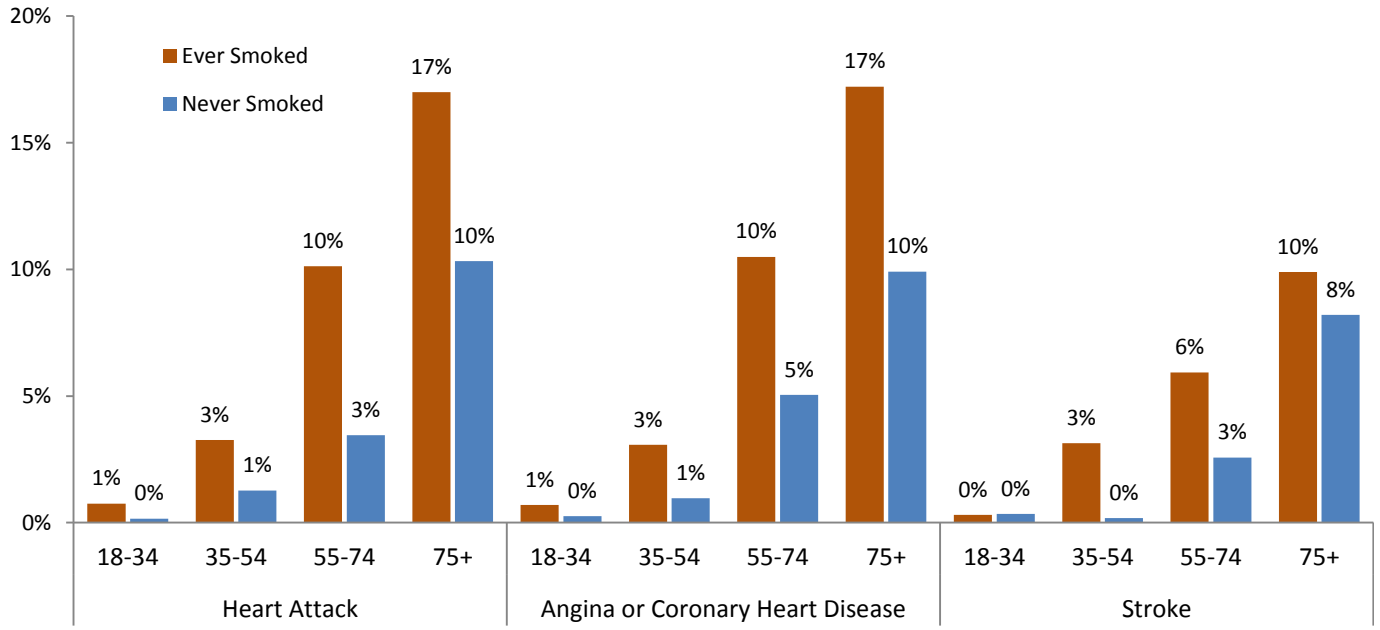
[23] CDC, 2016c

Smoking and Heart Disease

Heart disease claims more lives each year than cancer, chronic lower respiratory disease, accidents, and diabetes combined[24]. Smoking is a major cause of cardiovascular diseases (CVD) and causes one of every three deaths from CVD.

Smoking increases blood pressure, decreases exercise tolerance, and increases the tendency for blood to clot[25]. These factors combined lead to increased risk of heart attacks, coronary heart disease, and strokes. This risk increases with age (Figure 83).

Figure 83. Ever Diagnosed with Heart Attack, Coronary Heart Disease, and Stroke by Age and Smoking Status in Nebraska, 2014



Source: Nebraska BRFSS

[24] U.S.DHHS, 2014

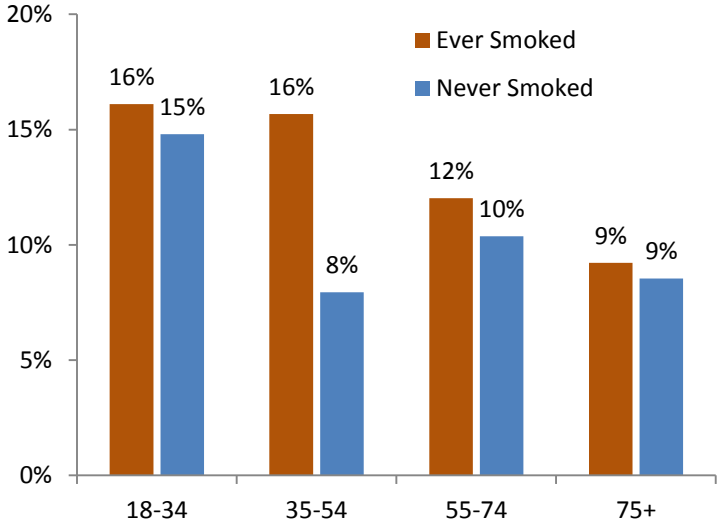
[25] American Heart Association, 2016

Smoking and Asthma

Asthma is a chronic disease that affects the airways of the lungs. During an asthma attack, airways (tubes that carry air to your lungs) become swollen, making it hard to breathe. As the walls of the airways swell, they narrow, and less air gets in and out of the lungs. Cells in the airways can make more mucus (a sticky, thick liquid) than usual, which can make breathing even harder.[2]

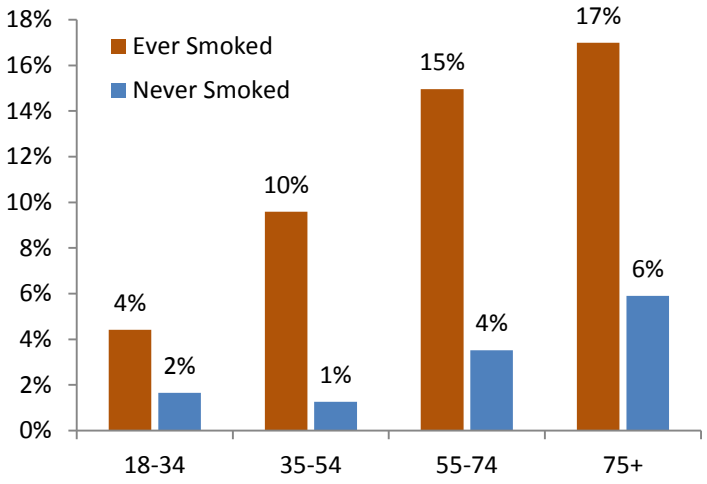
Tobacco smoke is one of the most common asthma triggers. Tobacco smoke—including secondhand smoke—is unhealthy for everyone, especially people with asthma (Figure 84).

Figure 84. Ever Told Had Asthma by Age and Smoking Status in Nebraska, 2014



Source: Nebraska BRFSS

Figure 85. Obstructive Pulmonary Disease, Emphysema, or Chronic Bronchitis by Age and Smoking Status in Nebraska, 2014



Source: Nebraska BRFSS

Smoking and Chronic Obstructive Pulmonary Disease (COPD)

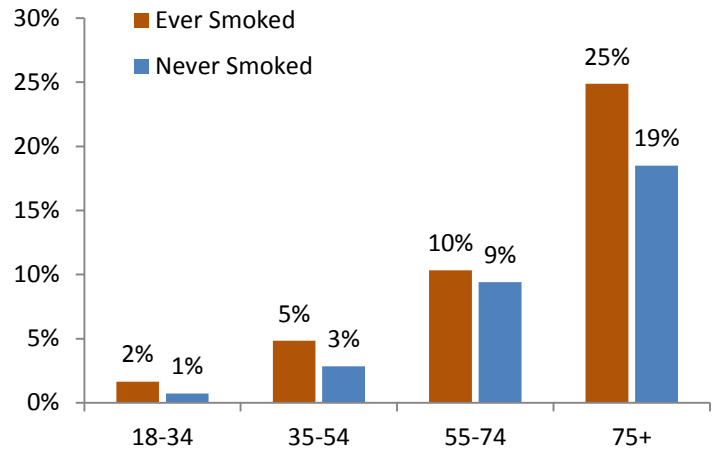
COPD is currently the fourth leading cause of mortality in the United States. This is because it cannot be diagnosed until it is clinically apparent, and therefore in an advanced stage[26]. In Nebraska, risk of obstructive pulmonary disease, emphysema, and chronic bronchitis increases with age, effects that are tripled by smoking (Figure 85).[27]

[26] U.S.DHHS, 2014
[27] U.S.DHHS, 2010

Smoking and Cancer

The carcinogens in tobacco smoke bond to cells in the body. This damage leads to cell mutations, such as cancer. Simply inhaling the smoke also leads to cell mutations. In patients with cancer, quitting smoking improves the prognosis, while continuing to smoke can increase the number of types of cancers, increase the risk of recurrence, and produce poorer responses to treatment.[28] In Nebraska, this effect increases with age (Figure 86).

Figure 86. Had Type of Cancer Other Than Skin Cancer by Age and Smoking Status in Nebraska, 2014

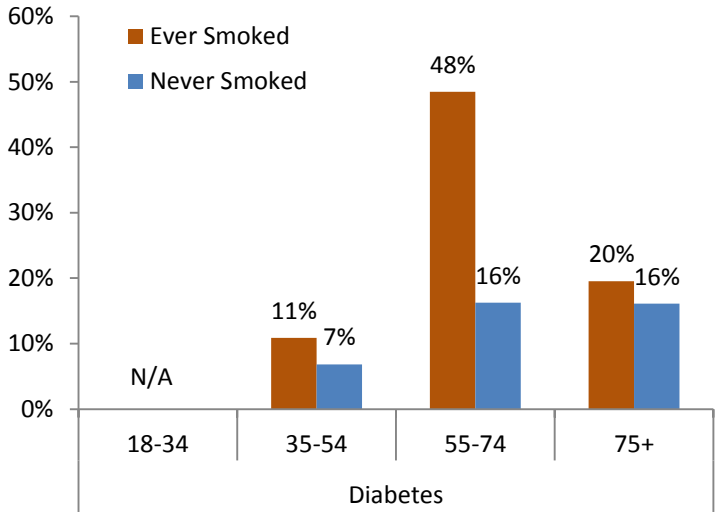


Source: Nebraska BRFSS

Smoking and Diabetes

Diabetes is a leading cause of cardiovascular mortality; nearly two-thirds of people with diabetes die of cardiovascular disease. Diabetes leads to blindness, kidney failure, and nontraumatic lower-limb amputation. Smoking is one of the causes of diabetes; quitting can easily reduce the risk of diabetes and its resulting health problems[29]. The prevalence of diabetes increases with age, an effect that is more prominent among smokers (Figure 87). Almost half of adults (48%) whose ages are between 55 and 74 and have ever smoked in the past are suffering from diabetes in Nebraska, compared to 16% among those who have never smoked.

Figure 87. Diabetes Prevalence by Age and Smoking Status, Nebraska, 2014



Source: Nebraska BRFSS

[28] U.S.DHHS, 2014
[29] U.S.DHHS, 2014

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Data Sources Used to Compile this Report

Behavioral Risk Factor Surveillance System (BRFSS) – The Behavioral Risk Factor Surveillance System is a telephone survey that uses CDC-developed questions to monitor health behaviors across the nation. The core BRFSS survey is conducted in every state. Each state can choose to conduct additional, supplemental BRFSS questionnaires that measure specific health behaviors. In 2011, the BRFSS implemented cell phone sampling and a new weighting methodology. In this report any statistics from the 2011 BRFSS were not displayed in direct comparison to BRFSS data from previous years due to the change in survey methodology.

Nebraska Adult Tobacco Survey / Social Climate Survey (ATS/SCS) – The Nebraska Adult Tobacco Survey (in 2000 Social Climate Survey was also included) is a population based on-going telephone survey. The Nebraska ATS is a state-developed random-digit-dialing (RDD) telephone survey. The survey provides tobacco-related information on Nebraska's adult population not captured through the BRFSS. In 2015, the ATS implemented cell phone sampling and a new weighting methodology. It is not recommended a direct comparison

Nebraska Annual SYNAR Report – The Nebraska State Patrol conducts random, unannounced compliance checks of businesses to monitor sales of tobacco products to minors. The State Patrol recruits underage persons to attempt to purchase tobacco products in stores throughout the state. Results of the purchase attempts are used to calculate Nebraska's compliance rate for the Substance Abuse Prevention and Treatment Block Grant.

Pregnancy Risk Assessment Monitoring System (PRAMS) – The Pregnancy Risk Assessment Monitoring System is a joint project between the Nebraska Department of Health & Human Services, Office of Family Health and the CDC. PRAMS is an ongoing study that provides data from a representative sample of Nebraska women before, during and shortly after pregnancy.

School Health Profile Report (SHP) – The Centers for Disease Control and Prevention (CDC) School Health Profile Report is a biennial survey conducted by state. The survey provides information on health education practices and school health policies.

Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) – The SAMMEC application is used to estimate the health and financial impact of cigarette smoking for the nation and each state. SAMMEC uses existing smoking prevalence, health, and economic data to calculate smoking-attributable mortality, years of potential life lost, direct medical expenditures and lost productivity costs associated with smoking.

Worksite Wellness Survey (WWS) – The Nebraska Worksite Wellness Survey is a randomly sampled mail survey developed and administered by the Nebraska Department of Health and Human Services (DHHS). The data is used to provide information on current worksite wellness policies and practices being implemented in businesses across the state.

Youth Risk Behavior Survey (YRBS) – The YRBS is used to monitor health behaviors that contribute to the leading causes of death, disability and social problems among youth in the United States. The YRBS includes national, state, and local school-based surveys of representative samples of 9th through 12th grade students. A degree of caution must be used when interpreting Nebraska YRBS data for years when the data was not weighted. Due to the low student response rate to the YRBS in these years, the results are representative of only those students who completed the questionnaires and not of students statewide.

Youth Tobacco Survey (YTS) – The YTS is a statewide school-based survey that provides information on Nebraska youth behaviors and attitudes toward tobacco. The survey is part of the CDC's national youth tobacco surveillance system to help states improve the capacity to design, implement and evaluate their own tobacco prevention and control programs. The survey gathers tobacco-related information not captured through the YRBS.

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