Data and Trends on Tobacco Use in Nebraska, 2013
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Tobacco use is the leading most preventable cause of death in the United States.\textsuperscript{1} Approximately 443,000 people die in the United States each year due to cigarette smoking and exposure to tobacco smoke (CDC, 2008). In Nebraska, over 2,300 adult deaths were attributed to smoking in 2011. Annually, another 46,700 Nebraskans are suffering from smoking-attributable diseases.\textsuperscript{2} Smoking-related health care costs total $592 million annually in Nebraska (including $134 million in Medicaid expenditures).\textsuperscript{3} The annual cost of smoking-related lost productivity in Nebraska is $506 million.\textsuperscript{4} In addition, the use of smokeless tobacco is related to a higher risk of developing oral cancers, ulcers and heart disease.

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 and smokeless tobacco 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 various data sets that were used to create this report.

\textsuperscript{1} Centers for Disease Control and Prevention (CDC), 2012
\textsuperscript{2} Nebraska Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) estimated using CDC’s SAMMEC formula, 2012 (unpublished)
\textsuperscript{3} CDC, \textit{Best Practices for Comprehensive Tobacco Control Program}, 2007
\textsuperscript{4} CDC, SAMMEC, 2004
Adult tobacco use

Adult cigarette smoking rate: 20.0% (BRFSS, 2011)\(^5\)
Adult smokeless tobacco use rate: 5.6% (BRFSS, 2011)

Youth tobacco use

Youth cigarette smoking rate: 15.0% (YRBS, 2011)\(^6\)
Ever tried smoking cigarettes, even one or two puffs: 38.7% (YRBS, 2011)
Smokeless tobacco use rate: 6.4% (YRBS, 2011)

Exposure to secondhand smoke

Homes with a smoke-free rule: 85.0% (ATS, 2011)
Family vehicles with a smoke-free rule: 80.2% (ATS, 2011)

Mortality and diseases associated with tobacco 2011\(^7\)

Smoking-related deaths: AAR\(^*\) 215.3 / 100,000
Smoking-related cancer deaths: AAR 87.7 / 100,000
Smoking-related cardiovascular diseases: AAR 49.5 / 100,000
Smoking-related respiratory diseases: AAR 78.1 / 100,000

AAR: Age adjusted rate

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

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\(^5\) 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.

\(^6\) Adolescent cigarette smokers are defined as having smoked cigarettes on one or more of the past 30 days.

\(^7\) Smoking-related mortality rates for Nebraskans age 35 years and above.
Despite the known adverse health effects of tobacco use, cigarette smoking is still prevalent in Nebraska.

**Adult Cigarette Smoking**

In 2011, the Nebraska Behavioral Risk Factor Surveillance System (BRFSS) found that 20% of the adult population (age 18 and older) smoked. Twenty-four percent (24%) were former smokers and 56% had never smoked (Figure 1). Among the current smokers, 75% smoked cigarettes every day, while 25% smoked only on some days.

Based on the prevalence rate and adult population, it is estimated that approximately 276,000 adults in Nebraska are current cigarette smokers in 2011.

![Figure 1. Adult Cigarette Smoking Prevalence in Nebraska, 2011](source: Nebraska BRFSS)
**Trends**

Since 2000, the adult (18 years of age and older) smoking rate in Nebraska has generally remained the same at roughly 20% (Figure 2). In 2011, the BRFSS survey methodology was changed. As a result, 2011 BRFSS data cannot be directly compared to previous years and is not shown in Figure 2. The 2011 adult smoking rate in Nebraska is 20%.

According to the CDC, nationwide smoking rates range from a low of 12% in Utah to a high of 29% in Kentucky. Nebraska’s smoking rate was the 19th lowest across all states and the District of Columbia in 2011 (Figure 3).
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 Report 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.\textsuperscript{8}

In 2011, 6\% of the adult population age 18 and older in Nebraska were current smokeless tobacco users (Figure 4). Across all states and the District of Columbia the prevalence rate ranged from 1\% to 10\% with Nebraska ranked the 39\textsuperscript{th} lowest among the states.\textsuperscript{9}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{Figure4_AdultSmokelessTobaccoUseNebraska2011}
\caption{Adult Smokeless Tobacco Use in Nebraska, 2011}
\end{figure}

\textsuperscript{8} U.S. DHHS, 1986
\textsuperscript{9} CDC, 2013
Disparities in Adult Cigarette Smoking

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. 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 can be influenced by many factors, including socio-economic status, geographic location, race, ethnicity, gender and/or disability.

Adult Cigarette Smoking by Gender

Smoking is more prevalent among males (22%) than females (18%) (Figure 5).

Adult Cigarette Smoking by Age

Nebraskans between the ages of 18 and 24 smoke at the highest rate (29%), with those 65 years or older smoking at the lowest rate (9%) (Figure 5). The sharp decline in the smoking rate after age 65 may be due to increased mortality attributable to smoking-related diseases.

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10 U.S. DHHS, 1986
**Adult Cigarette Smoking by Race and Ethnicity**

In 2011, multi-racial (38%) and American Indian/Alaskan Native (37%) had the highest smoking rates in the state (Figure 6).

**Figure 6. Adult Smoking Rate by Race/Ethnicity in Nebraska, 2011**

Source: Nebraska BRFSS

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Smoking Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>19%</td>
</tr>
<tr>
<td>Black</td>
<td>28%</td>
</tr>
<tr>
<td>American Indian</td>
<td>37%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18%</td>
</tr>
<tr>
<td>Multi-racial</td>
<td>38%</td>
</tr>
</tbody>
</table>

**Adult Cigarette Smoking by Education**

The less education a person has the more he/she is likely to smoke. In Nebraska the smoking rate was highest among those with less than a high school education (30%) and lowest among college graduates (9%) (Figure 7).

**Figure 7. Adult Smoking Rate by Education in Nebraska, 2011**

Source: Nebraska BRFSS

<table>
<thead>
<tr>
<th>Education</th>
<th>Smoking Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not graduate High School</td>
<td>30%</td>
</tr>
<tr>
<td>Graduated High School</td>
<td>25%</td>
</tr>
<tr>
<td>Attended College or Technical School</td>
<td>21%</td>
</tr>
<tr>
<td>Graduated from College or Technical School</td>
<td>9%</td>
</tr>
</tbody>
</table>
**Adult Cigarette Smoking by Income**

Data suggests that adults in low-income categories are more likely to smoke than those in high-income categories (Figure 8).

![Figure 8. Adult Smoking Rate by Income in Nebraska, 2011](image)

*Source: Nebraska BRFSS*

**Adult Cigarette Smoking by Home Ownership**

Those who live in rental properties (32%) are more likely to smoke than those who own their homes (15%) (Figure 9).

![Figure 9. Adult Smoking Rate by Home Ownership in Nebraska, 2011](image)

*Source: Nebraska BRFSS*

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

According to the Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS), the percentage of mothers who reported smoking cigarettes in the past two years before pregnancy was 31% (Figure 10).

Among the women who had a live birth that reported smoking any cigarettes in the past 2 years, 27% smoked three months before becoming pregnant, 13% smoked in the last three months of pregnancy and 19% smoked after giving birth.

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 (Figure 11).
Adult Cigarette Smoking by Marital Status

Smoking rates are highest among those who are divorced (36%), separated (37%) or a member of an unmarried couple (39%). Those who are married (14%), widowed (13%) or never married (26%) have lower smoking rates (Figure 12).

Adult Cigarette Smoking by Veteran Status

The smoking rate among veterans is nearly at the same level as for civilian Nebraskans (19% and 20%) but disparities exist among age groups. Younger veterans are more likely to smoke than those in older age groups (Figure 13).
Adult Cigarette Smoking in Rural and Urban Areas

In general, those living in rural areas smoke at a lower rate than those in urban areas (Figure 14).

Adult Cigarette Smoking by Nebraska Health District

Dakota, Elkhorn Logan Valley, Three Rivers and West Central health districts have the highest smoking rates in the state, while North Central and East Central health districts have the lowest group (Figure 15).

Figure 14. Adult Smoking Rates in Rural and Urban Areas in Nebraska, 2011

Source: Nebraska BRFSS

Figure 15. Adult Smoking Prevalence by Nebraska Health District, 2011

Source: Nebraska BRFSS
Cigarette Smoking by Mental Health and Substance Abuse Service Consumers

Based on a Nebraska Division of Behavioral Health Consumer Survey, almost half of consumers (48%) who had used mental health service facilities in Nebraska reported smoking (Figure 16). Similarly, 64% of consumers who had used substance abuse facilities reported smoking.

Figure 16. Smoking Rate by Mental Health and Substance Abuse Service Consumers in Nebraska, 2012

Source: Nebraska Division of Behavioral Health Consumer Survey*

*Included responses from youth consumers as well.
More than 80% of adult smokers began smoking before 18 years of age. The earlier a person starts using tobacco, the more likely he/she is to be a heavy user and more nicotine addicted. National, state and local tobacco prevention and control programs have been focusing on youth tobacco prevention.

**Youth Cigarette Smoking**

Based on the 2011 Nebraska Youth Risk Behavior Survey (YRBS) it is estimated that 15% of Nebraska high school students smoke cigarettes (Figure 17). Nationally, Nebraska ranks 15\textsuperscript{th} among 44 states collecting data on cigarette smoking. The range across 44 states was from Utah at 6% to Kentucky at 24% (Figure 18).

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11 Campaign for Tobacco-Free Kids, 2013
12 U.S. DHHS, 2012
**Trend**

As a whole, the youth smoking rate in Nebraska has decreased. However, the downward trend has slowed in recent years (Figure 19).

**Youth Cigar/Cigarillo Use**

In 2011, the cigar/cigarillo use rate in Nebraska was 10% (Figure 17). Nebraska ranked 3rd among 37 states collecting the information. The range across 37 states was from Utah at 5% to South Carolina at 18%.

**Youth Smokeless Tobacco Use**

In 2011, the smokeless tobacco use rate in Nebraska was 6% (Figure 17). Nebraska ranked 7th among 40 states collecting the information. The range across 40 states was from Hawaii at 4% to Kentucky at 17%.

<table>
<thead>
<tr>
<th></th>
<th>Nebraska</th>
<th>US*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Tried Cigarettes</td>
<td>39%</td>
<td>45%</td>
</tr>
<tr>
<td>Cigarette Use</td>
<td>15%</td>
<td>18%</td>
</tr>
<tr>
<td>Cigar/Cigarillo Use</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Smokeless Tobacco Use</td>
<td>6%</td>
<td>8%</td>
</tr>
<tr>
<td>Used Any Tobacco</td>
<td>19%</td>
<td>23%</td>
</tr>
<tr>
<td>Ever Smoked</td>
<td>9%</td>
<td>10%</td>
</tr>
</tbody>
</table>

* Mean

---

13 CDC, Tobacco Control State Highlights 2012

14 CDC, Tobacco Control State Highlights 2012
**Trend**

Figure 20 shows declining trends in cigarette, cigar/cigarillo and smokeless use from 2003 to 2011. When combining cigarette, cigar/cigarillo and smokeless tobacco use, one out of five high school students (19%) reported using at least one kind of tobacco during the past 30 days.

![Figure 20. Youth Cigarette, Cigar and Smokeless Tobacco Use in Nebraska, 2003-2011*](source)

*Only years with weighted data are displayed.

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**Youth Who Have Tried Cigarettes**

In 2011, nearly two out of five high school students (39%) reported that they have tried cigarette smoking, even one or two puffs during their lifetime (Figure 21).

![Figure 21. Youth Who Have Tried Cigarette Smoking in Nebraska, 2003-2011*](source)

*Only years with weighted data are displayed.

---

**Trend**

Youth who have tried cigarettes in Nebraska has declined from 60% in 2003 to 39% in 2011 (Figure 21).
**Tobacco Use Among Nebraska Youth by Gender**

At 39%, male and female students show the same likelihood to try cigarettes at least once in their lifetime. Female students smoke at a slightly higher rate (16%) than male students (14%). However, male students were five times more likely than female students to report using smokeless tobacco during the past 30 days. And, males (21%) were slightly more likely than females (17%) to report using any type of tobacco (Figure 22).

**Tobacco Use Among Nebraska Youth by Grade**

As grade level increased, the percentage who reported smoking cigarette during their lifetime and during the past 30 days increased, with 11th and 12th graders reporting a similar percentage (Figure 22). Eleventh graders were the most likely to report using smokeless tobacco during the past 30 days. The percentage who reported using any tobacco product also increased by grade with 11th and 12th grade students reporting similar use rates.

![Figure 22. Tobacco Use Among Youth by Gender and Grade in Nebraska, 2011](source: Nebraska YRBS)
Early Initiation of Smoking

Eight percent (8%) of students reported smoking a whole cigarette before they were 13 years old (Figure 23). This has declined since 2003, when over one in five students (21%) reported smoking a whole cigarette before they were 13.

Tobacco Use on School Property

In 2011, 4% of high school students reported smoking cigarettes on school property and 3% reported using smokeless tobacco on school property at least once during the past 30 days. Figure 24 shows that both percentages have declined since 2003.
How Young Smokers Obtained Their Cigarettes

Nebraska YRBS asked high school student smokers how they got their cigarettes. The most common source reported was having someone else buy the cigarettes for them (32%) followed by borrowing cigarettes from someone else (27%) (Figure 25).

<table>
<thead>
<tr>
<th>Source: Nebraska YRBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>I gave someone else money to buy them</td>
</tr>
<tr>
<td>I borrowed them</td>
</tr>
<tr>
<td>I bought them in a store</td>
</tr>
<tr>
<td>I got them some other way</td>
</tr>
<tr>
<td>A person 18 years old or older gave them to me</td>
</tr>
<tr>
<td>I took them from a store or family member</td>
</tr>
<tr>
<td>I bought them from a vending machine</td>
</tr>
</tbody>
</table>

Trend

In Nebraska, the sale of any tobacco product to a minor under the age of 18 is illegal. Since 2005, the percentage of high school students who purchased cigarettes directly from a store has stayed between four to five percent (Figure 26).
Tobacco Policies in Nebraska Schools

Tobacco-Free Policies for Specific Locations in Nebraska Schools

The CDC School Health Profiles (Profiles) provides information on health education practices and school health policies, including tobacco use policies targeting students, staff and visitors. In 2012, 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 that, Nebraska schools had increasingly adopted tobacco-free policies in school grounds (99%) and off-campus school events (97%) compared to 2008 and 2010 (Figure 27).

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 28).
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 (94%) that tobacco use should be prohibited (Figure 29). Smokers (16%) are more likely to disagree with the prohibition of tobacco use on school ground than non-smokers (4%).

![Figure 29. Tobacco Use by Adults Should Not be Allowed on School Grounds or at Events in Nebraska, 2010-2011](source: Nebraska ATS)
**Number of Cigarette Packs Sold**

In 2011, approximately 95.6 million packs of cigarettes were sold in Nebraska, for an average of 53.5 packs of cigarettes sold per capita (Table 1).

**Table 1. Nebraska Cigarette Tax Revenue Summary, 2011**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Cigarette Packs Sold</td>
<td>95,640,300</td>
</tr>
<tr>
<td>Cigarette Consumption (Packs Sold Per Capita)</td>
<td>53.5</td>
</tr>
<tr>
<td>Cigarette Tax Revenue</td>
<td>$60,087,587</td>
</tr>
</tbody>
</table>

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 95.6 million packs in 2012 after reaching a high of 187.0 million packs in 1981 (Figure 30). 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 30. Number of Cigarette Packs Sold in Nebraska, 1964-2011**

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, 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 2). The current state tobacco tax rate went into effect in 2002 (Figure 31).

Table 2. Tobacco Excise Taxes in Nebraska, 2011

<table>
<thead>
<tr>
<th>Tobacco Product</th>
<th>Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarette</td>
<td>$0.64 per pack of 20 cigarettes</td>
</tr>
<tr>
<td></td>
<td>$0.80 per pack of 25 cigarettes</td>
</tr>
<tr>
<td>Snuff</td>
<td>$0.44 per ounce</td>
</tr>
<tr>
<td>Other Tobacco Product (cigars, pipe</td>
<td>20% of the wholesale purchase price</td>
</tr>
<tr>
<td>tobacco, loose tobacco, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Nebraska Department of Revenue

Figure 31. State Cigarette Tax Rate in Nebraska, 1947-2011

Source: Nebraska Department of Revenue
In 2011, Nebraska’s tobacco excise tax of $0.64 per pack, ranked 37th among the 50 states (Figure 32). 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. Kansas ($0.79), Colorado ($0.84), Iowa ($1.36), and South Dakota ($1.53) all have higher rates than Nebraska.

**Distribution of Cigarette Tax Revenue in Nebraska**

The $0.64 tobacco excise tax is 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

Source: Nebraska Department of Revenue
Cigarette Tax Receipts

From 1964 to 2011, Nebraska cigarette tax receipts increased from $9 million to $60 million, with receipts increasing significantly after the excise tax last increased in 2002. In recent years, however, tax receipts have slowly declined (Figure 33).
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. 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 and in recent years has consistently remained above 85% (Figure 34).

Figure 34. Statewide Compliance Rate for Sales of Tobacco Products to Minors in Nebraska, 1995-2012

Source: Nebraska Annual Synar Report
Support for Penalizing Stores that Sell Tobacco to Minors

Most Nebraskans (95%) agreed that stores should be penalized for selling tobacco products to minors (Figure 35).

Support for Keeping Stores from Selling Tobacco to Minors

Almost all Nebraskans (98%) agreed that keeping stores from selling tobacco products to minors is important for communities (Figure 36).
Are Laws Regulating the Sale of Tobacco Products to Minors Adequately Enforced?

Overall, 62% of Nebraskans agreed that laws prohibiting the sale of tobacco products to minors have been adequately enforced. Non-smokers (35%) were more likely than smokers (21%) to think that laws had not been adequately enforced (Figure 37).

Attitude Toward Tobacco Advertising in Grocery and Convenience Stores

In total 56% of Nebraskans agreed that tobacco advertising is acceptable in grocery and convenience stores (Figure 38).
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 was allocated in 2012 (Figure 39).

In 2007, the CDC issued its *Best Practices for Comprehensive Tobacco Control Programs* which recommended that Nebraska’s annual investment for comprehensive tobacco prevention and control be $21.5 million.
Support for Tobacco Tax Increase

The Adult Tobacco Survey (ATS) asked Nebraskans if state tobacco taxes should increase to fund tobacco prevention and control programs, including education programs to prevent young people from starting to use tobacco, enforcing laws that prevent the sale of tobacco products to minors and helping adults quit tobacco use.

Nebraskans support increasing the tax for youth prevention programs (81%), enforcing laws to prohibit tobacco sales to minors (75%) and adult cessation (70%) (Figure 40).

Trend

In general, there is an increasing trend among Nebraskans to support raising tobacco taxes to fund youth prevention programs from 77% in 2003 to 81% in 2011 (Figure 41). Nebraskans also support raising tobacco taxes to fund enforcing laws to prohibit tobacco sales to minors (70% in 2003 to 75% in 2011) and adult cessation (64% to 70% in 2011).
Support for Using Nebraska's Tobacco Settlement Funds to...

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, cessation/Quitline and tobacco prevention media campaigns. A majority of Nebraskans favored using settlement funds for tobacco prevention programs (91%), cessation/Quitline (88%) and a tobacco prevention media campaign (89%) (Figure 42).

Trend

Support for all three components has remained above 84% since 2003 (Figure 43).
The CDC uses the Smoking-Attributable Mortality, Morbidity and Economic Costs (SAMMEC) statistical software to estimate financial and health impacts. SAMMEC uses current information on cigarette smoking prevalence and scientific data for adults 35 years of age and older to calculate years of potential life lost, direct medical expenditures and lost productivity costs.

**Smoking-Attributable Mortality (SAM)**

According to SAMMEC estimates, in 2011 over 2,300 adult deaths in Nebraska were attributable to cigarette smoking. Smoking-Attributable Mortality (SAM) falls into three broadly defined categories: malignant neoplasms (cancer), cardiovascular disease (CVD) and respiratory disease (Table 3). A large proportion of Nebraskans die from smoking-attributable cancers (39%) and respiratory diseases (37%) than from smoking-attributable CVD (24%).

Males were more likely to die from smoking-related cancers (42%) than females (36%). Females were more likely to die from respiratory diseases (43%) than males (33%).

**Table 3. Smoking-Attributable Deaths by Type of Disease and Gender in Nebraska, 2011**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant Neoplasms</td>
<td>600 (42)</td>
<td>322 (36)</td>
<td>922 (39)</td>
</tr>
<tr>
<td>Cardiovascular Diseases</td>
<td>364 (25)</td>
<td>194 (21)</td>
<td>558 (24)</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>467 (33)</td>
<td>387 (43)</td>
<td>854 (37)</td>
</tr>
<tr>
<td>Total</td>
<td>1,431 (61%)</td>
<td>903 (39%)</td>
<td>2,334 (100%)</td>
</tr>
</tbody>
</table>

Source: CDC SAMMEC
Smoking-Attributable Cancer Deaths

Smoking-related cancers can be located in various parts of the body. Smoking-related cancers include cancers of the lip, oral cavity, pharynx, esophagus, pancreas, trachea and lungs; kidneys and renal, and bladder (Table 4).

Cancer accounted for nearly 40% of smoking-attributable deaths in Nebraska in 2011 (Table 3). Among the types of cancer, the vast majority of deaths (74%) were caused primarily by trachea, lung and bronchus cancers (Table 4).

<table>
<thead>
<tr>
<th>Type of Cancer</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trachea/Lung/Bronchus</td>
<td>414 (69)</td>
<td>265 (82)</td>
<td>679 (74)</td>
</tr>
<tr>
<td>Esophagus</td>
<td>52 (9)</td>
<td>13 (4)</td>
<td>65 (7)</td>
</tr>
<tr>
<td>Pancreas</td>
<td>19 (3)</td>
<td>22 (7)</td>
<td>41 (4)</td>
</tr>
<tr>
<td>Lip/Oral/Pharynx</td>
<td>29 (5)</td>
<td>9 (3)</td>
<td>38 (4)</td>
</tr>
<tr>
<td>Bladder</td>
<td>29 (5)</td>
<td>7 (2)</td>
<td>36 (4)</td>
</tr>
<tr>
<td>Kidney/Renal</td>
<td>29 (5)</td>
<td>-</td>
<td>29 (3)</td>
</tr>
<tr>
<td>Larynx</td>
<td>12 (2)</td>
<td>2 (1)</td>
<td>14 (2)</td>
</tr>
<tr>
<td>Leukemia</td>
<td>9 (2)</td>
<td>2 (1)</td>
<td>11 (1)</td>
</tr>
<tr>
<td>Stomach</td>
<td>7 (1)</td>
<td>1 (0.3)</td>
<td>8 (1)</td>
</tr>
<tr>
<td>Cervix</td>
<td>-</td>
<td>1 (0.3)</td>
<td>1 (0.1)</td>
</tr>
<tr>
<td>Total</td>
<td>600</td>
<td>322</td>
<td>922</td>
</tr>
</tbody>
</table>

Source: CDC SAMMEC

Smoking Attributable Cancer Deaths by Gender

Figure 44 shows age-adjusted smoking-attributable cancer deaths per 100,000 adult population age 35 years and older. The trachea, lung and bronchus cancers had the highest smoking-attributable death rate. Overall, smoking-attributable cancer deaths were more likely to occur in males than in females.
Smoking Attributable Cardiovascular Disease Deaths

Cardiovascular disease (CVD) accounted for nearly a quarter (24%) of smoking-related deaths in Nebraska in 2011 (Table 3).

Ischemic heart disease was the leading cause of smoking-attributable cardiovascular disease deaths (49%), followed by other heart disease (29%) and cerebrovascular disease (13%) (Table 5).

### Table 5. Smoking-Attributable CVD Deaths in Nebraska, 2011

<table>
<thead>
<tr>
<th>Type of CVD Disease</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischemic Heart Disease</td>
<td>189 (52)</td>
<td>86 (44)</td>
<td>275 (49)</td>
</tr>
<tr>
<td>Other Heart Disease</td>
<td>102 (28)</td>
<td>58 (30)</td>
<td>160 (29)</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>41 (11)</td>
<td>32 (17)</td>
<td>73 (13)</td>
</tr>
<tr>
<td>Atherosclerosis</td>
<td>6 (2)</td>
<td>2 (1)</td>
<td>8 (1)</td>
</tr>
<tr>
<td>Aortic Aneurysm</td>
<td>24 (7)</td>
<td>13 (7)</td>
<td>37 (7)</td>
</tr>
<tr>
<td>Other Arterial Disease</td>
<td>2 (1)</td>
<td>3 (2)</td>
<td>5 (1)</td>
</tr>
<tr>
<td>Total</td>
<td>364</td>
<td>194</td>
<td>558</td>
</tr>
</tbody>
</table>

Source: CDC SAMMEC

Figure 45. Smoking-Attributable CVD Deaths per 100,000 Adult Population in Nebraska, 2011

Smoking-Attributable CVD Deaths by Gender

Overall, smoking-attributable cardiovascular disease deaths were higher in males than in females (Figure 45).
**Smoking Attributable Respiratory Disease Deaths**

Respiratory diseases accounted for more than a third (37%) of smoking-attributable deaths in Nebraska in 2011 (Table 3). At 88%, chronic airway obstruction represented the vast majority of smoking-attributable respiratory disease deaths (Table 6).

### Table 6. Smoking Attributable Respiratory Disease Deaths in Nebraska, 2011

<table>
<thead>
<tr>
<th>Type of Respiratory Disease</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Airway Obstruction</td>
<td>407 (87)</td>
<td>344 (89)</td>
<td>751 (88)</td>
</tr>
<tr>
<td>Bronchitis, Emphysema</td>
<td>33 (7)</td>
<td>24 (6)</td>
<td>57 (7)</td>
</tr>
<tr>
<td>Pneumonia, Influenza</td>
<td>27 (6)</td>
<td>19 (5)</td>
<td>46 (5)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>467</strong></td>
<td><strong>387</strong></td>
<td><strong>854</strong></td>
</tr>
</tbody>
</table>

Source: CDC SAMMEC

### Figure 46. Smoking-Attributable Respiratory Disease Deaths per 100,000 Adult Population in Nebraska, 2011

Figure 46 shows that overall smoking attributable respiratory disease deaths were higher in males than in females.
**Smoking-Attributable Years of Potential Life Lost (YPLL)**

Year of Potential Life Lost (YPLL) is a measure used to calculate the total years of life lost among adults who die prematurely from smoking-attributable illnesses. In Nebraska in 2011, the total years of potential life lost was 32,717 years resulting in an average of 14 years of potential life lost per smoking attributable death (Table 7).

**Table 7. Years of Potential Life Lost (YPLL) Due to Smoking-Attributable Deaths in Nebraska, 2011**

<table>
<thead>
<tr>
<th>Disease Category</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant Neoplasms</td>
<td>8,863</td>
<td>5,515</td>
<td>14,378</td>
</tr>
<tr>
<td>Cardiovascular Diseases</td>
<td>5,546</td>
<td>2,564</td>
<td>8,110</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>5,206</td>
<td>5,023</td>
<td>10,229</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19,615</strong></td>
<td><strong>13,102</strong></td>
<td><strong>32,717</strong></td>
</tr>
</tbody>
</table>

Source: CDC SAMMEC

**Smoking-Attributable Productivity Losses**

Smoking-attributable productivity losses are the estimated costs of lost future earnings resulting from premature death due to smoking-related diseases. In 2011 in Nebraska, the cost of productivity losses as a result of premature death caused by smoking-related diseases was estimated at over a half billion dollars (Table 8).

**Table 8. Smoking-Attributable Productivity Losses (in thousands, 2004)*, **

<table>
<thead>
<tr>
<th>Type of Disease Death</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant Neoplasms</td>
<td>$167,406</td>
<td>$79,556</td>
<td>$246,962</td>
</tr>
<tr>
<td>Cardiovascular Diseases</td>
<td>$123,033</td>
<td>$41,932</td>
<td>$164,965</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>$51,780</td>
<td>$42,279</td>
<td>$94,059</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$342,219</strong></td>
<td><strong>$163,767</strong></td>
<td><strong>$505,986</strong></td>
</tr>
</tbody>
</table>

Source: CDC SAMMEC

*Among adults age 35 years and older

**Does not include burn or secondhand smoke deaths
Smoking-Attributable Morbidity

According to the CDC, there are approximately 20 people living with a smoking-attributable illness in the U.S. for every person who dies from a smoking-related disease. Assuming this ratio holds true in Nebraska, there were an estimated 46,700 adults suffering from a smoking-related illness in the state in 2011 (Figure 47).

Figure 47. Smoking-Attributable Morbidity in Nebraska, 2011

Figure 48. Smoking-Attributable Health Care Cost in Nebraska (in Millions), 2004

Smoking-Attributable Health Care Cost

Smoking-attributable health care cost include five general health care cost categories: ambulatory care, hospital care, prescription drugs, nursing home care and other care costs (home health, non-prescription drugs, etc.).

According to CDC SAMMEC calculations, Nebraska’s smoking-attributable health care costs are approximately $592 million annually (Figure 48).

---

15 CDC, 2003
Smoking-Related Fires in Nebraska

Annually, fires caused by smoking and smoking-related materials are responsible for substantial economic losses in Nebraska. Between 2009 and 2011, at least 329 fires occurred in the state (Table 9). The fires caused 15 deaths and 34 injuries. The estimated loss from property and content damages due to fires was $6.5 million.

<table>
<thead>
<tr>
<th>Number of</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fires</td>
<td>115</td>
<td>99</td>
<td>115</td>
<td>329</td>
</tr>
<tr>
<td>Civilian Deaths</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Civilian Injuries</td>
<td>12</td>
<td>7</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td>Fire Fighter Deaths</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fire Fighter Injuries</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Total Loss from Property</td>
<td>$1.4M</td>
<td>$1.4M</td>
<td>$3.7M</td>
<td>$6.5M</td>
</tr>
<tr>
<td>and Content Damages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Nebraska State Fire Marshal's Office
Protection from Secondhand Smoke in Homes

In 2011, only 4% of non-smokers reported allowing smoking some times or all the time, compared to 31% of smokers (Figure 49).

Trend

The percentage of Nebraskans who reported that smoking was not allowed in any part of the home has increased from 71% in 2000 to 84% in 2011 (Figure 50).

*2000 Nebraska Social Climate Survey, Subsequent years: Nebraska ATS
Protection from Secondhand Smoke in Family Vehicles

In 2011, only 4% of non-smokers reported allowing smoking sometimes in their vehicles. Conversely, half of smokers (50%) reported allowing smoking inside their family vehicle (Figure 51).

Trend

The percentage of Nebraskans that do not allow smoking in the family vehicle increased from 72% in 2000 to 84% in 2011 (Figure 52).

Note: 2000 Nebraska Social Climate Survey, Subsequent years: Nebraska ATS
Support for Smoke-Free Outdoor Parks

A majority of Nebraskans (89%) support restrictions on where smoking is allowed in outdoor parks. Fifty-three percent (53%) said that smoking should be restricted in some areas and 36% responded that smoking should not be allowed at all (Figure 53).

Smokers show less support for smoke-free outdoor parks than non-smokers (Figure 54).
Support for Smoke-Free Outdoor Sporting Events

Most of Nebraskans (95%) support some type of restriction on smoking at outdoor sporting events. Fifty-one percent (51%) said that smoking should be restricted in some areas and 44% responded that smoking should not be allowed at all in outdoor sporting events (Figure 55).

Smokers are less likely to support prohibiting smoking at outdoor sporting events than non-smokers (Figure 56).
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, about a quarter of the businesses (26%) have adopted smoke-free policies that prohibit smoking on the entire worksite campus. One-third of businesses (33%) have adopted a smoke-free policy for outdoor work areas. Over half of the businesses (55%) allow smoking outside only in certain places (Figure 57).

Slightly more than one third of businesses (34%) have adopted a smoke-free policy that restricts smoking within a certain distance from the entrance of the building. More than a third of businesses (36%) have adopted a policy that prohibits the use of chewing tobacco, snuff, or dip in the workplace. Less than one in five of businesses (16%) offered incentives to employees to quit their tobacco use. Similarly, 16% offered employees a quit tobacco program or help to quit. Only 6% of businesses offered free Nicotine Replacement Therapy (NRT) to their employees to help them quit.

Figure 57. Smoking Policies in Nebraska Work Places, 2011

- Allows smoking outside only in certain places: 55%
- Policy that prohibits the use of chewing tobacco, snuff, snus, or dip in the workplace: 36%
- Smoke-free policy within a certain distance from the entrance: 34%
- Smoke-free policy for outdoor work areas: 33%
- Smoke-free policy for the whole worksite campus: 26%
- Adopted a smoke-free policy for the whole worksite: 24%
- Offered incentives to employees to quit tobacco use: 16%
- Offered quit tobacco program or help to quit: 16%
- Offered free NRT to help quit: 6%

Source: Nebraska Worksite Survey
General Attitudes Toward Secondhand Smoke

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

Smoke-free Hotels/Motels

Most non-smokers (95%) reported that they request a non-smoking room when they travel and stay in a hotel or motel. However, a little more than half of smokers (52%) reported requesting a non-smoking room when travelling (Figure 58).

Restaurants and Bars

Most non-smokers (95%) 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 59). Smokers were less likely to agree with the statement.
Prohibiting Smoking in Public Buildings

The majority of Nebraskan adults (84%) reported that having a law prohibiting smoking inside most public buildings is important to them. Smokers were less likely than non-smokers to report that it is important to them (Figure 60).

The Nebraska ATS included other questions regarding general attitudes about secondhand smoke. Table 10 summarizes the responses.

Table 10. Attitudes Towards Secondhand Smoke, 2010-2011

<table>
<thead>
<tr>
<th>Statement</th>
<th>Total</th>
<th>Smokers</th>
<th>Non-Smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bothered moderately or very much when exposed to secondhand smoke</td>
<td>75%</td>
<td>28%</td>
<td>84%</td>
</tr>
<tr>
<td>Agree or strongly agree that</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Inhaling secondhand smoke is harmful to babies and children</td>
<td>97%</td>
<td>96%</td>
<td>97%</td>
</tr>
<tr>
<td>• Inhaling secondhand smoke is harmful to adults and children</td>
<td>97%</td>
<td>95%</td>
<td>97%</td>
</tr>
<tr>
<td>• Restaurants and bars in Nebraska are now healthier for employees and customers</td>
<td>93%</td>
<td>79%</td>
<td>95%</td>
</tr>
<tr>
<td>Breathing smoke from other people’s cigarettes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Causes lung cancer in adults</td>
<td>93%</td>
<td>81%</td>
<td>96%</td>
</tr>
<tr>
<td>• Causes heart disease</td>
<td>88%</td>
<td>68%</td>
<td>91%</td>
</tr>
<tr>
<td>• Causes respiratory problems in children</td>
<td>43%</td>
<td>31%</td>
<td>46%</td>
</tr>
<tr>
<td>• Causes Sudden Infant Death Syndrome</td>
<td>66%</td>
<td>50%</td>
<td>70%</td>
</tr>
</tbody>
</table>

Source: Nebraska ATS
Nicotine is one of the most addictive substances known.\textsuperscript{16} 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.\textsuperscript{17} 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.\textsuperscript{18} Tobacco (nicotine) dependence is considered a chronic condition that requires repeated quit attempts.\textsuperscript{19} In fact, it is common for tobacco users to try to quit several times before they are ultimately successful. In Nebraska 24\% of adults are former smokers who successfully quit smoking.

**Smokers Who Want to Quit Smoking**

According to the Nebraska ATS, 77\% of current smokers have tried to quit smoking – either currently or in the past (Figure 61). Another 5\% are seriously considering quitting within the next six months.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{Figure61}
\caption{Have You Tried to Quit Smoking or Seriously Considered Quitting Smoking Within the Next Six Months?}
\end{figure}

\textbf{Source: Nebraska ATS, 2010-2011}

\textsuperscript{16} Prevention, 2011
\textsuperscript{17} U.S. DHHS, 2010
\textsuperscript{18} U.S. DHHS, 2010
\textsuperscript{19} Fiore MC, Jaén CR, Baker TB, et al. (2008)
Quit Attempts among Adult Smokers

Over half of adult smokers in Nebraska (56%) have stopped smoking for one day or longer in the past 12 months because they were trying to quit (Figure 62).

Use of Quit Smoking Aids

Among the people who have tried to quit smoking during the past 12 months, over one-third (38%) reported that they used at least one smoking cessation aid. The majority of smokers, however, tried to quit without any cessation aid (Figure 63). Cessation medications such as Chantix, or Zyban, nicotine patches and nicotine gum were the most frequently used quitting aids.
Use of Quitting Assistance

Among the people who have tried to quit smoking during the past 12 months, 8% reported that they had assistance. Assistance methods included one-on-one quit counseling (58%), classes (40%), calling the Nebraska Tobacco Quitline (38%), hypnosis (33%) or other (11%) (Figure 64).

Awareness of the Nebraska Tobacco Quitline

The Nebraska Quitline is a free, telephone-based service providing Nebraska residents access to counseling and support.

Helping people quit their 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.

Nearly two out of three smokers (65%) were aware of the Quitline (Figure 65).
**Number of Calls to the Quitline**

The Nebraska Tobacco Quitline has provided services since July 2006. In 2012, there were 3,505 calls to the Quitline. The majority of calls were from tobacco users (89%), the general public (6%), health care providers (4%) and family/friends (1%) (Figure 66).

The Quitline experiences increased caller volume from generally at the beginning of the year – When New Year’s resolutions to quit smoking are often made – and during the weeks when media campaigns run (Figure 67).
**How People Heard About the Quitline**

The primary way callers learned about the Nebraska Quitline was through health care providers (57%) - such as doctors, nurses, dentists or pharmacists. The second most reported source was the media (21%) followed by family and friends (6%). Other sources include community organization/health departments, health insurance providers and employers (Figure 68).

Among media sources TV/commercials (66%) generated the most calls to the Quitline (Figure 69).

**Quitline Callers with Chronic Diseases**

Almost half of Quitline callers (49%) reported having one or more chronic diseases (Figure 69).
**Quitline User Demographics**

In 2012, there were 3,505 incoming calls to the Nebraska Quitline. Among them 3,123 (89%) were calls from tobacco users with a total of 2,287 callers requesting at least one intervention or quit materials. Figure 70 shows the breakout of the 2,287 callers that registered for Quitline services.

**Figure 70. Nebraska Tobacco Quitline Registered Caller Demographics, 2012**

**AGE:**
- 18+: 16 (1%)
- 18-24: 172 (8%)
- 25-30: 254 (11%)
- 31-40: 510 (22%)
- 41-50: 551 (24%)
- 51-60: 564 (25%)
- 60+: 211 (9%)

**GENDER:**
- Male: 801 (35%)
- Female: 1,477 (65%)

**TYPE OF TOBACCO USE:**
- Cigarette: 2,181 (95%)
- Cigar/Pipe: 125 (5%)
- Smokeless: 73 (3%)
- Other: 12 (1%)

**EDUCATION:**
- Less than grade 9: 103 (5%)
- Grade 9-11: 311 (14%)
- GED/HS degree: 751 (35%)
- Tech/Trade school or degree: 74 (3%)
- College/university: 661 (31%)
- College/university degree: 266 (12%)

**ETHNICITY and RACE:**
- Hispanic: 1,828 (4%)
- Non-Hispanic: 2,062 (96%)
- White: 1,828 (84%)
- Black/African American: 216 (10%)
- American Indian/Alaskan Native: 62 (3%)
- Other: 78 (3%)

*Participants may select more than one tobacco product.*
Smoking affects almost every organ in the body and can cause many diseases and chronic health conditions (Figure 71)."}

**Figure 71. Health Consequences Causally Linked to Smoking**

- **Cancers**
  - Head or Neck
  - Lung
  - Leukemia
  - Stomach
  - Kidney
  - Pancreas
  - Colon
  - Bladder
  - Cervix

- **Chronic Diseases**
  - Stroke
  - Blindness
  - Gum infection
  - Aortic rupture
  - Heart disease
  - Pneumonia
  - Hardening of the arteries
  - Chronic lung disease & asthma
  - Reduced fertility
  - Hip fracture

*Source: CDC Vital Signs*
Smoking and Heart Disease

Figure 72. Ever Diagnosed with Heart Attack by Age and Smoking Status, Nebraska, 2011

Source: Nebraska BRFSS

Figure 73. Ever Diagnosed with Angina or Coronary Heart Disease by Age and Smoking Status, Nebraska, 2011

Source: Nebraska BRFSS
Data and Trends on Tobacco Use in Nebraska, 2013

Figure 74. Ever Diagnosed with a Stroke by Age and Smoking Status, Nebraska, 2011

![Bar chart showing stroke diagnosis by age and smoking status]

Source: Nebraska BRFSS

Smoking and Asthma

Figure 75. Ever Told Had Asthma by Age and Smoking Status, Nebraska, 2011

![Bar chart showing asthma diagnosis by age and smoking status]

Source: Nebraska BRFSS
Smoking and Chronic Obstructive Pulmonary Disease (COPD)

Figure 76. Obstructive Pulmonary Disease, Emphysema, or Chronic Bronchitis by Age and Smoking Status, Nebraska, 2011

Source: Nebraska BRFSS

Smoking and Cancer

Figure 77. Had Other Type of Cancer Than Skin Cancer by Age and Smoking Status, Nebraska, 2011

Source: Nebraska BRFSS
Smoking and Diabetes

Figure 78. Diabetes Prevalence by Age and Smoking Status, Nebraska, 2011

Source: Nebraska BRFSS
References

Campaign for Tobacco-Free Kids (2013). *The Path to Tobacco Addiction Starts at Very Young Ages.*


http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/, Retrieved May 2013

CDC (2010). *Tobacco Control State Highlights,* Atlanta, GA. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.


CDC (2013a). *Tobacco Control State Highlights 2012.* Atlanta, GA. U.S.: Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.


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 cellphone sampling and a new weighting methodology. In this report any statistics from 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 adult population not captured through the BRFSS.

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.