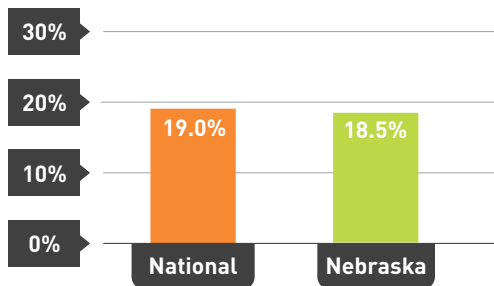


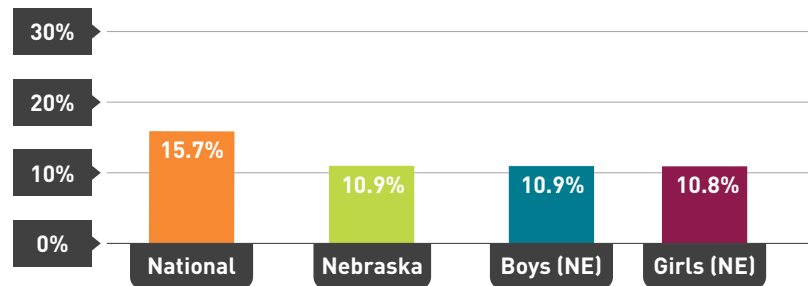
# NEBRASKA + TOBACCO

## CIGARETTE USE

% of Adults Who Currently Smoke<sup>1</sup>



% of High School Students Who Currently Smoke<sup>2</sup>



## OTHER TOBACCO PRODUCT USE

- The prevalence of smokeless tobacco use among adults in Nebraska was 5.3% in 2013. 9.0% of adult current cigarette smokers in Nebraska were also current smokeless tobacco users in 2013.<sup>3</sup>
- In 2013, 7.7% of high school students in Nebraska used chewing tobacco, snuff, or dip on at least one day in the past 30 days. Nationally, 8.8% of high school students used smokeless tobacco on at least one day in the past 30 days.<sup>2</sup>
- In 2013, 8.3% of high school students in Nebraska smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days. Nationally, 12.6% of high school students smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days.<sup>2</sup>
- In 2013, 2.0% of high school students in Nebraska used an e-cigarette on at least one day in the past 30 days.<sup>4</sup>

## ECONOMICS OF TOBACCO USE AND TOBACCO CONTROL

- In FY2015, Nebraska allocated \$2.4 million in state funds to tobacco prevention, which is 11.4% of the Centers for Disease Control and Prevention's (CDC) Annual Spending Target.<sup>5</sup>
- The health care costs in Nebraska, directly caused by smoking, amount to \$795 million annually.<sup>5</sup>
- State and federal Medicaid costs for Nebraska total \$162.2 million annually for smoking-caused

health care.<sup>6</sup>

- Nebraska loses \$605.5 million in productivity each year due to smoking.<sup>6</sup>
- Nebraska received an estimated \$104 million in tobacco settlement payments and taxes in FY2015.<sup>5</sup>

## STATE TOBACCO LAWS<sup>7,8</sup>

### EXCISE TAX

- The state tax increased to \$0.64 per pack of cigarettes in October 2002. Snuff is taxed \$0.44 per ounce. All other tobacco products are taxed 20% of the purchase price.

### CLEAN INDOOR AIR ORDINANCES

- Smoking is prohibited in all public places and workplaces, including government workplaces, private workplaces, schools, children facilities, restaurants, casinos, bars (cigar bars are exempt), retail stores, recreational facilities, and health care facilities.

### YOUTH ACCESS LAWS

- The minimum age requirement for the purchase of tobacco products is 18, and penalties exist for both minors and merchants who violate this law.
- The sale to minors of electronic cigarettes is prohibited.

## CESSATION STATISTICS AND BENEFITS

- The CDC estimates that 50.6% of adult smokers in Nebraska tried to quit smoking in 2013.<sup>9</sup>
- Nebraska's Medicaid program covers all seven recommended cessation medications and individual counseling.<sup>8\*</sup>
- The state Medicaid program's barriers to coverage include limits on duration, annual limits on quit attempts, prior authorization requirements for medications, minimal co-payments, and counseling requirements to get medications.<sup>8</sup>
- Nebraska's state quitline invests \$1.57 per smoker; the national average investment per smoker is \$3.65.<sup>8</sup>
- Nebraska does not have a private insurance mandate provision for cessation.<sup>8</sup>

## REFERENCES

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<sup>1</sup> CDC, Behavioral Risk Factor Surveillance System, 2013

<sup>2</sup> CDC, Youth Risk Behavior Surveillance System, 2013

<sup>3</sup> CDC, State-Specific Prevalence of Cigarette Smoking and Smokeless Tobacco Use Among Adults—MMWR, United States, 2011-2013

<sup>4</sup> Nebraska Youth Tobacco Survey, 2013

<sup>5</sup> Campaign for Tobacco-Free Kids, Broken Promises to Our Children: a State-by-State Look at the 1998 State Tobacco Settlement 16 Years Later FY2015, 2014

<sup>6</sup> Campaign for Tobacco-Free Kids, State Tobacco-Related Costs and Revenues, 2014

<sup>7</sup> American Lung Association, SLATI State Reports, 2015

<sup>8</sup> American Lung Association, State of Tobacco Control, 2015<sup>4</sup>

<sup>9</sup> CDC, Behavioral Risk Factor Surveillance System, State Tobacco Activities Tracking and Evaluation System, 2013

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\* The seven recommended cessation medications are NRT Gum, NRT Patch, NRT Nasal Spray, NRT Inhaler, NRT Lozenge, Varenicline (Chantix), and Bupropion (Zyban).

Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: US Department of Health and Human Services. Public Health Service: May 2008.