

Approved _____

Date 2-22-88

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Marvin L. Littlejohn at _____
Chairperson

1:30 //a.m./p.m. on February 18, 1988 in room 423-S of the Capitol.

All members were present except:

Representative Cribbs, excused

Committee staff present:

Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Representative Baker
Dr. Stanley Grant, Secretary Department Health and Environment
Ron Hein, Smokeless Tobacco Council
Tom Harrington, American Lung Association Volunteer
Phil Loff, Health Educator, Tonganoxie School System
Emily Clancy, Interested Citizen, Burlingame, Kansas
Stewart Moore, Heart Association, Kansas Division
David Hawley, Concerned Citizen
Commissioner Andrew O'Donovan, Alcohol and Drug Abuse/ Div. of SRS
Dave Pomeroy, Kansans For Non-smokers Rights
Jon Brax, Kansans for Life At Its Best
Galen Davis, Special Assistant to governor Hayden
Richard Morrissey, Director Bureau Adult/Child Care/ Dept. H.&E.

Chairman called meeting to order and began hearings on HB 2823.

HB 2823 Hearings began:

Representative Baker offered handout, (Attachment No. 1). She stated the objective in HB 2823 is to prevail upon this committee to recommend favorably this legislation prohibiting the use of tobacco products in public school buildings. Nicotine is our most deadly addictive drug according to data from American Medical Society. She cited statistics of young people using tobacco products, and feels it appropriate we all seek policies that will assist in reducing these figures. Involuntary smokers face grave risks. There is a hypocrisy of curriculum in schools which teach the detrimental effects of tobacco consumption, then offer a designated smoking area for teachers and on some occasions for students. This is sending the wrong message to our children. (Her hand-out cited statistics offered by the American Cancer Society.) She offered an amendment to HB 2823, (balloon copy is Attachment No.1-A). They feel to amend in the following manner will clarify some concerns. Line 28, and 29 to delete language after "operated and before "a", and add the word "by" before "a". She answered numerous questions.

Dr. Stanley Grant, Secretary of Health and Environment offered handout, (Attachment No.2). He stated nearly a third of U.S. school systems have tightened smoking policies in the past five years, nearly half now ban student smoking. Cigarette smoking alone causes nearly half-million deaths each year, or about one in every four deaths in our country. The American Cancer Society says cigarette smoking is the "single most preventable cause of death in the U.S. There are a number of reasons why schools should take positive action regarding the issue of smoking, i.e., health reasons; Kansas

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S Statehouse, at 1:30 a.m./p.m. on February 18, 1988

Hearings continue on HB 2823:--

Dr. Grant continued:--

law forbids sale of tobacco products to minors; experts agree the younger a person starts to smoke the more likely they will become a heavy smoker; schools who permit teachers and administrators and staff to smoke on school property are condoning a double standard; teachers are expected to be role models for youngsters; smoking at schools costs time and money. The Department of Health and Environment support favorable passage of HB 2823. He answered questions.

Ron Hein, Smokeless Tobacco Council, Inc. offered hand-out, (Attachment No.3). He stated they support efforts to discourage the use of tobacco products by minors to the extent that HB 2823 does, so they are in support of the bill as it now reads. However, they do believe it may have some adverse consequences, that should be addressed by the legislature, i.e., bill prohibits use of tobacco products in school buildings, but not on school grounds. We believe, he said, the intent was to provide setting a good example for young people, not interfering with the rights of adults that might wish to use tobacco products when school building is used for other purposes.

Tom Harrington, Coordinator of respiratory Care at Stormont-Vail offered hand-out, (Attachments 4,4-A,B,C,D, a packet prepared by the American Lung Association.) We applaud the Governor he said, for his call to ban tobacco products in public elementary and secondary schools. Smoking in our schools is a serious health threat to the smoker and non-smoker alike. We teach health and wellness, yet allow teachers to smoke in their lounge. Drinking and use of other drugs is prohibited on school property as it should be, yet as yet smoking has not been prohibited. HB 2823 is a health issue for our schools. He urged for support of the bill. (Attachments included statistical and health information).

Mr. Phil Lobb, Health educator, Tonganoxie, Kansas School System gave hand-out, (Attachment No.5) He stated their Schools have adopted a smoke free environment that has been in affect for 10 years and is working very successfully. Peer pressure to smoke has diminished, discipline problems related to smoking were nearly stopped, policy easier to enforce with both students and teachers being affected, feel to some degree this has helped curb the progression from tobacco smoking to marijuana smoking. (Attachment indicates quotes from both students and teachers). He answered numerous questions. Yes, they also ban smoking on school grounds by students and employees; during sports or other activity events at schools, adults may smoke outside school buildings however. We feel it almost a forgotten policy, since it is the accepted policy now. They have had no problem having good applicants for teaching positions, and rank 14th out of 304 districts in the state in salary. They feel they have taken a big step towards wellness.

Emily Clancy, an interested parent offered hand-out, (Attachment No.6). She gave background of health problems of her son, and the progression of same. They finally discovered he was allergic to passive smoke. AT 15 years of age has the 4th set of ear tubes. She has actively sought others to sign a petition after the school administrator told her he was unable to help since there had been no other complaints. There are other children that suffer because others smoke in the environment where the children must spend most of their day. I am not asking for money she said, but for you to search your hearts and help our children. She urged for support of HB 2823.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S Statehouse, at 1:30/a.m./p.m. on February 18, 1988

Hearings continued on HB 2823:-

Stuart Moore, a volunteer of American Heart Association, and Director of Respiratory Care St. Francis Hospital gave hand-out, (Attachment No.7). He spoke in support of HB 2823, saying more than 3 million of 54 million smokers are teenagers. They tend to imitate people they admire. Ads for cigarettes portray smoking as sexy, cool, glamorous. Our public schools are the place where children learn about the values of society, and by allowing tobacco products in schools, we are allowing our children permission to destroy themselves. We now know cigarettes and smokeless tobacco lead to heart disease, chronic obstructive lung disease and lung cancer. Nicotine is an addictive substance. He explained problems as nicotine enters the bloodstream. He stated statistics, and commented, these are not sexy, cool or glamorous, they are deadly... He urged for support.

David Hawley, law student read testimony in his Mother's absence, (see Attachment No. 8). Mrs. Frances O. Hawley, R.N. U.S.D. 385 wrote she had worked several years as a school health education consultant for American Lung Association. There are obvious statistics out about the hazards of smoking. To allow smoking in schools gives the message that taking care of our own health isn't important, and we are disregarding the statistics. Because we teach that smoking is bad for your health, we feel smoking should not be permitted at school or on school grounds.

Andrew O'Donovan/Commissioner of Alcohol/Drug Abuse Div. of SRS offered hand-out, (Attachment No.9). The Governor has said, "Our young people are getting a mixed message. They hear about dangers associated with tobacco use, but on the other hand attend schools where tobacco is permitted." We agree, youngsters need a clear consistent message about tobacco use/non-use. Tobacco is called a "gateway" drug because they learn to smoke cigarettes, next comes alcohol and marijuana. Research indicates young people who don't smoke or use other drugs before age 21, won't use them at all. The only exception to this pattern is with cocaine. We must give our young people a clear message that tobacco is a harmful drug that can establish a pattern of other drug use.

Dave Pomeroy, Kansas for Non-Smokers Rights spoke in support of HB 2823. People have the right to choose to smoke if they wish. However, non-smokers should have the same choice. Second Hand smoke in schools does not give them that choice. Teachers are held up as role models, and to see them go to the teachers lounge gives the message to impressionable children that smoking is alright. We do not permit the use of drugs and alcohol at schools, so it is important to restrict the use of tobacco products there as well. He believes the prohibition of use on school grounds as well as school buildings should be mandated.

John Brax, Kansans for Life At Its Best, (Attachment #10.) urged for support of HB 2823. He stated concerns with tobacco companies advertising being targeted to young people. Despite known health risks, tobacco industry is still looking for fresh young lungs to contaminate. The bill will help protect our young people; will solve problem of teachers and administrators smoking in view of students. We urge also consideration of the ban of smoking on school grounds as well.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S Statehouse, at 1:30 //a.m./p.m. on February 18, 19 .

Hearings continued on HB 2823:---

Galen Davis/ Governor's Special Assistant on Drug Abuse offered hand-out, (Attachment No.11). The use of tobacco products is one of the single greatest causes of preventable disease in our country. 20 years after the announcement of the link between tobacco use and cancer, strokes, and heart disease, there are still 50 million Americans smoking. Sadly this use is not only adults. He cited statistics. Research data indicates young people who smoke tobacco are 7 times more likely to smoke marijuana. This is alarming. HB 2823 would correct inconsistencies of school programs and send a strong message to our youth that tobacco use threatens their health. Several Kansas public schools have banned smoking. This legislation will demonstrate to all Kansas citizens our elected officials are concerned with health habits of our youth. He answered questions.

Hearings closed on HB 2823.

Hearings began on HB 2758:

Dick Morrissey, Department of Health and Environment, (Attachment No. 12), stated K.S.A. 39-930 establishes adult care home licensure fees on an annual basis. This proposed bill deletes the word "annual". A significant number of licenses are issued for a period of less than one year. This is done to accommodate changes in ownership, or to match licensure periods to federal certification programs or to issue provisional licenses. Pro-rated refunds are given for licenses issued for less than one year. License fee should relate to administrative processes of issuance, including on-site surveys and processing of application documents. Deleting the word "annual" from K.S.A. 39-930 will allow for regulatory amendment to allow us to be consistent. He answered numerous questions, i.e., we now collect the full year license fee, and refund a pro-rated amount if it is less than a year license; no, we do not retain fees if kept, it goes into the General Fund; only a small percentages of Homes would be affected; statutory standards already set for provisional licenses; he gave reasons for a provisional licenses; yes, this could serve to be an incentive to comply with regulations for some.

Hearings closed on HB 2758.

Chair announced there would be requests for bills at meeting Monday.

Chair announced the sub-committee will meet on HB 2659 on adjournment of this committee meeting this date, in this room.

Meeting adjourned 2:53 p.m.

GUEST REGISTER

HOUSE

PUBLIC HEALTH AND WELFARE COMMITTEE

Date

2-18-88

NAME	ORGANIZATION	ADDRESS
Rebecca Rice	Smokeless Tobacco	Topeka
Stan Grant	KDHE	"
Stuart Moore	AHA	"
Marguerite Jell	AHA	"
Dave Pomeroy	Kansans for Non Smokers Rights	"
John Stull		Lawrence
Chin Marshall		"
Philip B. Lohle	No Smoking Public School	Tonganoxie
Jon Drax	Life at the Dent	Topeka
Emily B. Clancy	No Smoking Public Sch.	Burlingame, Ks.
Gary Huett	KDHE	Topeka
Jacy Hogstraten	American Cancer Society	Topeka
Joe Reeves	Humans Office	Topeka
Murray Penner	WSU	White
Carol Sorenson		Song, Ks.
Steve McShane	USA 464	Tonganoxie, Ks.
Guadalupe	USA	Topeka
R L PARKER	KDHE	Topeka
Andrew O'Brien	SRS/ADA S.	Topeka
Roger Myers	Cap journal	Topeka

ELIZABETH BAKER
 REPRESENTATIVE, EIGHTY-SECOND DISTRICT
 SEDGWICK COUNTY
 1025 REDWOOD RD.
 DERBY, KANSAS 67037



TOPEKA

HOUSE OF
 REPRESENTATIVES

COMMITTEE ASSIGNMENTS
 MEMBER: ECONOMIC DEVELOPMENT
 ELECTIONS
 JOINT COMMITTEE ON
 ECONOMIC DEVELOPMENT
 LOCAL GOVERNMENT

February 17, 1988

To: House Committee on Public Health and Welfare
 From: Representative Elizabeth Baker
 Re: House Bill 2823

Objective: To prevail upon the Committee to recommend favorably this legislation prohibiting the use of tobacco products in public school buildings.

"We've come a long way baby." Paradoxical isn't it that this particular phrase is the slogan for a popular brand of cigarettes. It also accurately describes our rapidly accumulating knowledge and awareness of the inherent destructiveness of tobacco consumption. Nicotine is our most deadly addictive drug according to The American Medical Society. All of you serving on this committee have listened to countless hours of testimony concerning this "burning" issue. Today I appear before you in request of additional legislation that would prohibit smoking in all K-12 public school buildings.

During the last few years I have become increasingly concerned over the number of young people who are using tobacco products. Among the age group 13 to 19, there are six million regular smokers. Under the age of 13, there are an estimated 100,000 smokers (1979 Surgeon General's Report). We need to aggressively seek policies that will assist us in reducing those figures.

Attn: #1
 2-18-8

Last year Americans smoked 595 billion cigarettes, the lowest since 1944. Strides are being made, but new evidence, linking cancer with secondary smoke inhalation, continues to surface. James Rokins, epidemiologist with the Harvard School of Public Health, for example, states that of the 12,000 lung cancer deaths in 1985 among non-smokers over 2400 were caused by environmental tobacco smoke. Involuntary smokers face grave risks, risks they should not have to. Risks they are refusing to assume.

In addition, ^{there is a} ~~the~~ hypocrisy of a curriculum which teaches the detrimental effects of tobacco consumption and offers a designated smoking area for teachers and on occasion for students, is sending the wrong message to our children. How can we be role models when the model is riddled with inconsistencies?

The Kansas Legislature recognized the importance of protecting our youth from physically and mentally damaging influences, e.g. legislation governing drinking ages, tobacco sales to minors, etc. Moreover, the legislative responsibility is to establish sound public policy with respect to the health and safety of our citizenry. Our children are our greatest natural resource. In order to protect our youth from permanent residual disability, possible disfigurement and in some cases even death, it is essential for the Kansas Legislature to enact legislation that will announce unequivocally our recognition of the cancerous effects of tobacco consumption.

Teenagers and Smoking

Two-thirds of all smokers begin before the age of 18.

The majority of those who begin to smoke do so before becoming adults. In fact, it is rare for anyone to begin smoking after age 25.

College-bound teenagers have lower smoking rates than those who aren't planning on education past high school.

Half of all teenagers who have started to smoke say they don't intend to continue the habit, and 90% say they want to try to quit.

The overall decrease in the teenage smoking rate has not affected 17 and 18 year-old girls. Approximately one out of every four girls in that age group smokes.

Teenagers most likely to quit are those who've smoked a low number of cigarettes per day, have high educational goals, acknowledge the health risks of smoking, and have many nonsmokers among their friends. Potential quitters are also more interested in physical exercise, see themselves as more popular, and are more active in clubs and organizations than smokers.

In the 1960's about twice as many boys as girls smoked. Now, at every age level, the percentage of girls smoking is the same as or higher than that of boys.

Cigarette smoking can be both physically and psychologically addictive, making it difficult to quit.

It is estimated that every day 4,000 youths under the age of 17 initiate smoking.

In addition to the long-term negative effects of smoking — such as increased incidence of cancer, heart disease, ulcers and emphysema — smoking can cause numerous short-term negative effects including: increased heart rate and blood pressure, eye irritation, yellow stains on teeth, reduced stamina and throat irritation.

Among current smokers, younger persons and females were more likely than older persons and males to have attempted to quit and to have actually quit during the previous 12 months. Success at quitting smoking increased with the number of efforts made: about 48.5 percent of adolescents who kept trying eventually succeeded, with about half of the successes occurring after the second try.

Results of a survey reported recently by the U.S. Office on Smoking and Health suggest that offspring of smokers experience a higher prevalence and incidence of several chronic respiratory symptoms and acute respiratory illnesses and a lower lung function than unexposed offspring. (Smoking and Health Bulletin, Jan.-Feb. 1986, USDHHS)

Children from households where parents and siblings smoked tend to take up the habit more frequently than young people living in smoke-free households. The results are from a study reported in the 1986 Smoking and Health Bulletin of the U.S. Department of Health and Human Services.

Recent data indicates that among school-age children use of tobacco products is not "in." A sampling of school children in Texas indicates that more than three-fourths (76%) use no tobacco products. Regular cigarette smokers numbered 15% and users of smokeless tobacco products totaled 9%. (Archives of Otolaryngology, Vol. III, Oct. 1985)

The National Collegiate Smokeless Tobacco Survey results indicate that 12% of college students in the U.S. use smokeless tobacco products. This disturbing statistic was announced in the Spring 1986 issue of *World Smoking & Health*, published by the American Cancer Society.

Results of a recent survey done among Texas school children indicate that 55% of smokeless tobacco users started before the age of 13, and 36% of cigarette smokers began that early. (Archives of Otolaryngology, Vol. III, Oct. 1985)

Among the age group 13 to 19, there are 6 million regular smokers. Under the age of 13, there are an estimated 100,000 smokers. These statistics are from the 1979 Surgeon General's Report.

From 1968 to 1979, the percentage of females who smoke increased eightfold, according to the Surgeon General's Report.

In 1985, television star Don Johnson joined the ranks of nonsmokers. Many other celebrities popular with teenagers are outspoken nonsmokers, including Brooke Shields, Michael Jackson, Greg Louganis, Menudo and Linda Evans.

A survey of college students shows that they consider dipping or chewing tobacco a safer alternative to smoking. Smokeless tobacco is not safe. Habitual use of smokeless tobacco is linked to an increased incidence of leukoplakia, an oral condition which is pre-cancerous 5% of the time and leads to decreased senses of taste and smell and an increased incidence of dental problems, such as receding gums and tooth decay.

HOUSE BILL No. 2823

By Representatives Baker, Acheson, Amos, Apt, Beauchamp, Branson, Buehler, Bunten, C. Campbell, K. Campbell, Chronister, Crumbaker, Dyck, Flottman, Fuller, Harder, Mollenkamp, Moomaw, Neufeld, Ott, Roenbaugh and Schauf

2-8

0020 AN ACT prohibiting the use of tobacco products in public
0021 schools.

0022 *Be it enacted by the Legislature of the State of Kansas:*

0023 Section 1. (a) The use of tobacco products in any school
0024 building is hereby prohibited. No board of education of any
0025 school district shall allow any person to use tobacco products in
0026 any school building.

0027 (b) As used in this section, the term "school building" means
0028 any building or structure operated or used for pupil attendance
0029 ~~purposes by the board of education of~~ a unified school district.

by

0030 Sec. 2. This act shall take effect and be in force from and
0031 after its publication in the statute book.

*Attn #1-A
2-18-88
PHW*

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2-18-88
PHW*

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT

Forbes Field

Topeka, Kansas 66620-0001

Phone (913) 296-1500

Mike Hayden, Governor

Stanley C. Grant, Ph.D., Secretary

Gary K. Hulett, Ph.D., Under Secretary

Testimony Presented to
House Public Health and Welfare Committee

by

Stanley C. Grant, Secretary
Kansas Department of Health and Environment

HOUSE BILL 2823

The question of whether to permit students to smoke in school buildings or on school grounds has smoldered for the past decade. Before that, smoking prohibitions were standard in public schools. Many of the bans were based on the assumption that smoking by young children was somehow morally wrong although there seemed to be an underlying acknowledgement that smoking did have adverse health ramifications. Children were told smoking would "stunt their growth", and athletic teams were forbidden to smoke. To many school boards, however, smoking prohibitions seemed ineffective and administrators found themselves stymied in their efforts to stop a practice that seemed inevitable. As a result, anti-smoking regulations in many school systems fell by the wayside during the 1970's. However, the pendulum is swinging back toward prohibiting or, at least, sharply limiting smoking in schools.

Nearly a third of U.S. school systems have tightened smoking policies in the past five years, and nearly half now ban student smoking entirely according to a nationwide survey completed in 1986 by the National School Board Association. Half of the current policies have been adopted since 1980. Nearly half (47 percent) of the school systems ban all smoking by students in school buildings, on school grounds, and at school-sponsored functions. Nine out of ten (91 percent) do not allow students to smoke in school buildings. Nearly three-fourths (73 percent) specify no smoking on school grounds outside of buildings, and 62 percent prohibit smoking at school activities occurring off campus.

It has been more than 20 years since the U.S. Surgeon General first announced a clear link between cigarette smoking and such diseases as lung cancer, emphysema and heart disease. The extent of damage done by smoking is little short of staggering. Cigarette smoking alone causes nearly a half-million deaths each year -- or (about one in every four deaths in the U.S.) according to the American Cancer Society. The Society also states that cigarette smoking is the "single most preventable cause of death in the U.S." Until very recently

Attn #2
2-18-88
PHK

the use of snuff or chewing tobacco was not a problem among school-age children. On the mistaken assumption that chewing tobacco was harmless when compared to smoking cigarettes and, perhaps, to emulate sports stars, many young boys started the practice of chewing tobacco products rather than smoking them. However, chewing tobacco can be as devastating as smoking it.

Despite all the publicity about the dangers of tobacco use and research that continues to support the early findings of the Surgeon General's report, smoking rates continue high. Between one-quarter and one-third of adults still smoke. In the age group of 12 to 18 year olds, approximately 12 percent smoke with girls more likely to do so than boys. A University of Michigan study conducted in 1985 estimates that 20 percent of 18-year-olds are daily smokers.

There are a number of reasons why schools should take positive action regarding the issue of smoking, aside from the fact that school is the place where young people spend the most time outside of the home.

1. The primary reason schools should restrict all smoking is health related. Very little can be added to the reams of material that document the health consequences of the use of tobacco products, including cigarette smoking, cigar smoking, pipe smoking and tobacco chewing. Added to the direct effect of the tobacco product upon the health of the individual using it, is the second-hand smoke inhaled by those forced to breath it. Second-hand smoke is almost as deadly as direct use of the product.
2. Kansas law forbids the sale of cigarettes and other tobacco products to minors. This law is rendered ineffective to some extent by the availability of vending machines and by social norms that tend to discourage the enforcement of the law. Nevertheless it does provide a legal incentive for schools to regulate smoking. As California State Senator Newton R. Russell said last year when arguing for a bill which would ban smoking areas in California schools, "On what basis of morality can the schools set up a designated place for use of a product that is illegal for students to receive?"
3. Experts agree that the younger a person is when he /she starts to smoke, the more likely the child is to become a heavy smoker and the harder it will be for him/her to quit. This fact alone makes it important for schools to take a leadership role in attempting to help youngsters avoid the tobacco habit in the first place.
4. Schools that permit teachers and administrators to smoke in their offices or in the teachers' lounge are condoning a double standard with which adolescents have a difficult time dealing and which further reinforces the notion that smoking is a status symbol of adulthood.
5. Most school health curricula teach youngsters about the physical hazards of smoking and other substance abuse. To unofficially condone smoking by permitting it to be done within the building in designated areas would lead any clear-thinking young person to question the validity of the facts taught in health classes.

6. Teachers are, or are expected to be, role models for youngsters. If we wish our youngsters to grow up to be non-smokers, it is important that those who have a role in shaping their behavior, insofar as possible, emulate the behavior that society wishes to be perpetuated.
7. Smoking at school costs time and money. It is costly not only in terms of students' health, but also in instructional time and custodial costs. The Fairfax County Virginia School board, which banned smoking in its 126,000 student school system in 1986, believes that smoking areas cast a pall on academics. Some youngsters habitually cut classes or arrived late because they were having a "smoke". If you add up being five minutes late to every class, you lose between 10 and 15 instructional days a year. To lost instructional time, tack on the extra cost of cleaning up the litter, ashes and smoke film that accompany smoking. The Fairfax County school board found there was more dirt and vandalism in smoking courts than almost anywhere else on the school grounds. And as is well documented, smoking anywhere increases the chances of fire.

The Tonganoxie, Kansas schools received national recognition when, in 1979, the board banned smoking across the board - for students, staff members, visitors and board members. The board's position was that the board and staff "should model good health habits," Superintendent Stephen McClure said, and he attributed the policy's success to the board's willingness to apply the ban to itself. Tonganoxie's ban on smoking is part of a larger health program for staff members. One payoff of the program: Staff insurance premiums held at level rates for the past three years.

The Kansas Department of Health and Environment supports the passage of H.B. 2823 because of the positive impact it will have upon the health of students, teachers, and administrators.

Thank you.

TESTIMONY TO THE
HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE
WITH REGARD TO HB 2823
BY RONALD R. HEIN
ON BEHALF OF THE SMOKELESS TOBACCO COUNCIL, INC.
February 18, 1988

Mr. Chairman, members of the committee:

My name is Ron Hein, and Rebecca Rice and I serve as legislative counsel for the Smokeless Tobacco Council. The Smokeless Tobacco Council is a trade organization representing manufacturers of smokeless tobacco products.

We do not appear as an opponent or proponent of HB 2823, but we would like to offer some suggestions with regard to the bill.

The Smokeless Tobacco Council supports the intent behind the introduction of HB 2823, which obviously is to discourage use of tobacco products by young persons, and to insure that good examples are set for the young people of this state. As you will see from the code of the Smokeless Tobacco Industry, a copy of which is attached hereto, the Smokeless Tobacco Council strongly supports voluntary restrictions on use and supports efforts to discourage the use of tobacco products by minors. To the extent that HB 2823 does so, we support the bill.

However, we believe that the bill might have some adverse consequences, and also have some far-reaching consequences that should be addressed by the legislature.

First of all, the bill prohibits the use of products in school buildings, but not on the school grounds. Therefore, adults using tobacco products who might otherwise be away from

*attm. #3
2-18-88
RACW*

student view, such as using the tobacco products in a teachers' lounge, might be encouraged to use the tobacco products outside the school building but in plain view of students.

Secondly, the prohibition is not limited to activities where students are present. This makes the bill too far-reaching, in our opinion. Adults using a school building for other purposes, including community activities which do not involve the schools directly, and which do not involve young people directly, or even have young people present, would be prohibited from using tobacco products. We very much doubt that it was the intent of the proponents of this legislation to deny adults the freedom of choice with regard to use of tobacco products when their use is not at a setting primarily for student activity. We do not have a specific recommendation with regard to that problem, but perhaps a limitation on the use of the products during normal school hours, or at an event primarily attended by students or minors might be more appropriate.

The committee does not, of course, have to be reminded that in many communities school facilities and buildings are used for community activities, meetings for non-school groups, etc. We do not know the intent of the proponents with regard to such meetings, but it is believed that the intent was to provide a mechanism for setting a good example for young people, and not for interfering with the rights of adults.

I very much appreciate having the opportunity to present this testimony on behalf of the Smokeless Tobacco Council, and I will yield for any questions.

THE CODE of the Smokeless Tobacco Industry

In order to ensure that the advertising and the sampling or free distribution of smokeless tobacco products — chewing tobacco and snuff — are conducted in a responsible and uniform manner, the Subscribing Members of the Smokeless Tobacco Industry Code, hereby adopt and make known to all the following standards. In accordance with their longstanding policy, the Subscribing Members confirm 18 years as the minimum age for purchase of smokeless tobacco products.

ADVERTISING

- Smokeless tobacco advertisements shall be directed to adults and shall not appear in publications that are primarily youth-oriented.
- Models who appear in smokeless tobacco advertising shall be at least 25 years of age.
- No athlete actively competing in professional sports shall be used to present any smokeless tobacco product in any advertisements by way of oral or written endorsement or by depiction of use of any such product.
- No professional entertainer who appeals primarily to persons under the age of 18 shall be used to present any smokeless tobacco product in any advertisements by way of oral or written endorsement or by depiction of use of any such product.
- Promotional offers of smokeless tobacco products and of premium items that require proof of purchase of smokeless tobacco products shall carry the designation "Offer not available to minors" and, on the coupon for mail-in offers, a statement by which the person requesting product certifies that (s)he is 18 years of age or older.
- Mail-in and telephone requests for smokeless tobacco products may be honored by a company if it can be reasonably ascertained that the intended recipients are at least 18 years of age.

SAMPLING

- Smokeless tobacco samples shall be distributed only to persons who are at least 18 years of age. Persons who appear to be under 18 years of age shall be required to furnish proof of age.
- No sampling shall be conducted within two blocks of any premises identified as being used primarily for youth activities, such as schools or organized youth centers, at times when such premises are being used for their primary purpose.
- Sample products shall be kept secure and under control at all times, so that samples will not be obtained by persons under 18 years of age.
- No unsolicited samples shall be sent through the mails.
- Persons conducting sampling activities shall do so in such manner as to avoid the impairment or obstruction of orderly pedestrian and vehicular traffic.
- Persons conducting sampling shall ensure that no littering or unsightly conditions are created as a result of the activity.
- All sampling activities shall be conducted in compliance with state and local laws and ordinances.
- All persons conducting sampling activities — whether in the direct employ or as agents of the Subscribers to the Code — shall be furnished copies of this Code and shall agree to comply with its terms.
- All persons conducting sampling activities shall be at least 18 years of age.
- Persons found to have violated any provisions of this Code shall be immediately removed from sampling activities and disciplined.

We, the Subscribing Members, shall monitor and enforce the provisions of this Code in order to ensure compliance.



Smokeless Tobacco Council, Inc., 1925 K Street, NW, Suite 504, Washington, DC 20006



I'm Tom Harrington, Coordinator of Respiratory Care at Stormont-Vail Regional Medical Center and volunteer Board Member for the American Lung Association of Kansas. I applaud Governor Mike Hayden for his call for a ban on tobacco products in public elementary and secondary schools.

Smoking in our schools is a serious health threat to the smoker and non-smoker alike. We teach in our schools health and wellness, yet we allow the very same person to go into the teacher's lounge and smoke. What a hypocrisy for our students. I treat and supervise the treatment of people with lung disease, many of these are directly related to the patient's smoking history. Most smokers begin their habit as teenagers. Nicotine is highly addictive, the casual use and acceptance of tobacco leads many young people into a lifetime of tobacco addiction. 4,000 new smokers light up each day. Twenty per cent of all high school seniors are smokers.

The Government is concerned about AIDS and talk of passing out condoms to students. AIDS has caused 14,000 deaths so far while smoking consistently kills over 300,000 Americans annually. This is the equivalent of two Jumbo Jets crashing every day with no survivors. These deaths have gone on this way for decades; we have come to accept them as "normal." Changing our thinking on this issue will save lives.

Drinking and use of other drugs are strictly prohibited on school property as it should be. Yet, what is the difference between drinking on school property and using tobacco on school property? Cigarettes are illegal to purchase for those 18 and under.

House Bill 2823 is a health issue for our schools. For too long, schools have handled smoking as a discipline and control issue rather than as a health concern.

We will hear (or have heard) a representative from the Tonganoxie School District; they have been smoke-free for almost 10 years. This past year, other Kansas school districts, including Salina and Shawnee Heights, have joined them. Let's give all Kansas students, teachers and school employees the benefits of a smoke-free learning and working environment.

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Attn
4-11

UNIFORM STATISTICS GUIDE:
CIGARETTE SMOKING

Smoking Prevalence in Adults

1. About 52,000,000 adult Americans, or 30.4 percent of the civilian, noninstitutionalized population 20 years of age and over, are current smokers. (NCHS, National Health Interview Survey, 1985)
2. About 30.4 percent of the civilian, noninstitutionalized population 20 years of age and over, were current smokers in 1985, as compared to 42.7 percent in 1965. (NCHS, National Health Interview Survey, 1965 and 1985)
3. About 26.5 percent of the civilian, noninstitutionalized population 17 years of age and over were current smokers in 1986. It was estimated that 29.5 percent of males and 23.8 percent of females aged 17 and over were current smokers in 1986. (MMWR, September 11, 1987, Vol. 36, No. 35)
4. Over 320,000 Americans died of smoking-attributable diseases in 1984. (Morbidity and Mortality Weekly Report, October 30, 1987)
5. About 40 million Americans identify themselves as former smokers. (American Cancer Society, Cancer Facts and Figures, 1987)
6. About 33.2 percent or 26,600,000 civilian, noninstitutionalized men 20 years of age and over were smokers in 1985. The number of current male smokers declined by about 16.8 percent between 1965 and 1985. (NCHS, National Health Interview Survey, 1985)
7. In 1985, the largest percentage of male smokers were in the 25-44 age group (38.2 percent). (NCHS, National Health Interview Survey, 1985)
8. A larger proportion of black men than white men were smokers in 1985. About 40.6 percent of civilian noninstitutionalized black males 20 years of age and over were smokers, as compared to 31.8 percent of white males. (NCHS, National Health Interview Survey, 1985: Health U.S., 1986)
9. Current smokers comprised about 28.3 percent, or 24,936,000, of the civilian, noninstitutionalized female population over 20 years of age in 1985. (NCHS, National Health Interview Survey, 1985)
10. About 31.2 of women between the ages 20 and 64 were smokers in 1985. (NCHS, National Health Interview Survey, 1985)

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Economic Costs and Consumption

11. An estimated \$53.7 billion in economic costs due to cancer and diseases of the circulatory and respiratory systems was attributed to smoking in 1984, including \$23.3 billion in direct health care expenditures. (The Economic Costs of the Health Effects of Smoking, 1984, The Milbank Quarterly, Vol. 64, No. 4, 1986)
12. About 584 billion cigarettes were consumed in the United States in 1986. This translates into a per capita consumption of 3,275 cigarettes per person 18 years of age and over. (Department of Agriculture, Economic Research Service, Commodities Economic Division, 1986)
13. Current smokers 18 years of age and over consumed about a half-a-pack of cigarettes a day in 1986. (Department of Agriculture, Economic Research Service, Commodities Economic Division, 1986)

Premature Mortality

14. Current male smokers are ten times more likely to die prematurely from respiratory cancer than nonsmoking males. (The Economic Costs of the Health Effects of Smoking, 1984, The Milbank Quarterly, Vol. 64, No. 4, 1986)
15. Current female smokers are three to four times more likely to die prematurely from respiratory cancer than nonsmoking females. (The Economic Costs of the Health Effects of Smoking, 1984, The Milbank Quarterly, Vol. 64, No. 4, 1986)
16. Current male smokers are ten times more likely to die prematurely from emphysema or chronic bronchitis than nonsmoking males. (The Economic Costs of the Health Effects of Smoking, 1984, The Milbank Quarterly, Vol. 64, No. 4, 1986)
17. Current female smokers are eleven times more likely to die from emphysema or chronic bronchitis than nonsmoking females. (The Economic Costs of the Health Effects of Smoking, 1984, The Milbank Quarterly, Vol. 64, No. 4, 1986)

Smoking: High School Seniors and College Students

18. In 1986, 19 percent of high school seniors smoked cigarettes on a daily basis and 11.4 percent smoked half-a-pack or more per day. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987)
19. In 1986, 16.9 percent of male and 19.8 percent of female high school seniors smoked cigarettes on a daily basis. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987)

20. In 1986, about 11.6 percent of female and 10.7 percent of male high school seniors smoked a half-a-pack or more daily. About 5.8 percent of both males and females smoked one pack per day. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987)
21. An estimated 67.6 percent of high school students have tried cigarettes at some time, and 29.6 percent smoked at least once in the past month. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987)
22. There are more occasional smokers among females than among males. In 1986, 31 percent of females reported smoking at least once in the prior 30 days vs. only 28 percent of males. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987)
23. Thirty-day prevalence dropped substantially from 38 percent in the class of 1977 to 29 percent in the class of 1981. More importantly, daily cigarette use dropped over that same interval from 29 percent to 20 percent and daily use of half-a-pack a day or more from 19.4 percent to 13.5 percent between 1977 and 1981 (nearly a one-third decrease). In 1981, this decline appeared to be decelerating; in 1982 and 1983 it had clearly halted. There was a brief resumption of the earlier decline in 1984 with daily use decreasing from 21 percent to 19 percent and use of half-a-pack a day dropping from 13.8% to 12.3%. Since 1984, very little change has been seen in most of these statistics. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987)
24. Regular daily cigarette smoking was initiated by 13 percent of high school seniors prior to the tenth grade, and nine percent in grades ten through twelve. (National Institute on Drug Abuse, Drug Use Among High School Students, College Students, and Other Young Adults, 1985, published 1986)
25. The initiation of daily smoking is highest in junior high school among children between ages 12 to 14. About half (57 percent) of high school seniors who smoke daily began smoking by age 14. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987.)
26. By far the largest difference in substance use between college and non-college bound high school seniors involves cigarette smoking. In 1986, 6.4 percent of college-bound seniors smoked a half-a-pack or more daily, compared with 19.2 percent on non-college bound. (National Institute on Drug Abuse, Drug Use Among High School Students, College Students, and Other Young Adults, 1986, published 1987)

Effects of Primary Grades Health Curriculum Project on Student and Parent Smoking Attitudes and Behavior

Richard L. Andrews, Jill T. Hearne

ABSTRACT

Family values regarding appropriate attitudes and behaviors are communicated to children from birth. Society's values begin to affect the child at an early age and as these change, so do children's beliefs and attitudes. A change in society's values toward smoking has been evidenced in the last decade by increased social sanctions against smoking and increased militancy of nonsmokers. This longitudinal Primary Grades Health Curriculum Project investigates the relationship between an activity-centered experiential health education program and: 1) positive health attitudes; 2) experimentation use and future expectancy to engage in cigarette smoking; and 3) changes in smoking behavior among the children's parents. Six hundred students in two New York school districts were pretested in their kindergarten year in 1977 on entry level of knowledge and attitudes about health. The results reported here from data collected at the end of third grade indicate that the experimental group possessed more positive attitudes about health, showed less exposure to experimentation with alcohol among their friends and less engagement in smoking cigarettes. A significant number of parents of experimental group students reported that they had changed their smoking habits since their child had entered school as a result of their children's health program.

INTRODUCTION

Do as I say, not as I do is an oft-quoted aphorism of parenting. The moral dilemma presented to the child by this statement is reflected throughout society by the public display of value conflicts concerning good health practices. Young people are taught the negative effects of smoking while on campus student smoking areas are approved. Advertisements, reading materials and popular personalities advocate physical fitness, nutrition and respect for and care of one's body as desirable values. Simultaneously, society glamorizes and implies that the 'rites of passage' into adulthood are learning to smoke, drink alcohol and engage in sexual activity.

Although this discrepancy continues, there has been a dramatic shift in attitudes toward smoking in the last decade. The designation of smoking and nonsmoking areas in restaurants, airplanes and other public places and the aggressive nature of nonsmokers when their designated spaces have been violated by smokers note that there is increased social sanctions against smoking.

The change in smoking behavior has been clearly documented in the periodic reports on smoking. While a majority of adult males were smokers in 1964, less than 40% were smokers in 1979. Green¹ found that adults who smoke were a minority and a decreasing minority. She further reported that there has been a decrease in the proportion of teen-age boys and girls who smoke, from 16% of teen-age boys and 15.3% of teen-age girls smoking in the period 1968-74 to 11% and 12.7% respectively, in 1979.

Numerous studies indicate that this corresponding decrease in smoking among adults and adolescents is not spurious. Green documents this and concludes that while females consistently exhibited higher levels of smoking behavior than their male counterparts, the smoking behavior of teen-agers was directly related to the smoking behavior of their parents.

While parental smoking behavior consistently shows a strong association with teen-age smoking behavior, peer influence is another well-documented factor in smoking behavior. Neeman and Neeman² reported peer smoking to be the most influential encouraging factor in student smoking behavior, followed by parents' smoking. They found television and advertising to be the least influential encouraging factor. Levitt and Edwards³ found that a cigarette-smoking best friend and group of friends are the best predictors of cigarette smoking. And, like Neeman and Neeman, their findings suggest that elimination of television cigarette commercials would not materially affect youthful smoking behavior.

The findings from the Neemans' and Levitt and Edwards' studies were further supported by Caramanica, Fielar and Olsen⁴ in their study of the knowledge and attitudes of fifth grade students and by Evans et al.⁵ in their study of the onset of smoking in children, particularly as it related to physiological affects and coping with peer pressure and parent modeling behavior. Olsen, Redican and Krus,⁶ in a review of the findings of research studies conducted on the School Health Curriculum Project, concluded that significant others — such as best friends, parents and older siblings — are important determinants of a child's decision to smoke.

As these and other studies have increased the body of knowledge regarding smoking behavior, the focus of smoking prevention programs has changed. Thompson's⁷ review of these early projects found little effect on student behavior. As the health education paradigm changed from an information-based strategy to the Kolbe et al⁸ paradigm — which presents a progressive approach from primarily cognitive to decision making, valuing, and affective strategies — more positive impacts were found.

The Olsen, Redican and Krus summary of studies on the School Health Curriculum Project and the Shaps et al⁹ summary of 127 primary prevention projects found health curriculum programs that include cognitive and affective strategies to be most successful in producing positive behavioral results. Schinke and Gilchrist¹⁰ also reported positive results with a curriculum utilizing problem solving, decision making, self-instruction and persuasive communication.

Botvin and Eng¹¹ confirm that recent programs dealing with the social factors having an impact on smoking behavior have greater positive effects than information-based programs. Shaps et al also found parent involvement in a health education curriculum to have a positive effect on student behavior. The importance of parental involvement was further investigated in a fourth-grade smoker education program conducted in Rochester, New York, by Gordon and Haynes.¹² The researchers concluded that a smoker education program can successfully involve parents in a homework unit. Cigarette smoking parents who participated in the school/home smoker education unit, in contrast to those who did not, reported smoking fewer cigarettes eight months later. These parents in the school-home program appeared to be more adverse to their children smoking at a later time and have greater confidence in their children's decisions not to smoke.

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6. SUMMARY AND RECOMMENDATIONS
WORK GROUP I
PREVENTION OF SMOKING THROUGH
COMPREHENSIVE SCHOOL HEALTH
EDUCATION
TAKEN FROM PROCEEDINGS
*NATIONAL CONFERENCE ON
SMOKING OR HEALTH
NOVEMBER 18-20, 1981

The major issues discussed were highlighted by the seven points listed below:

1. Smoking education is an integral part of school health education.
2. A coordinated school-community approach to comprehensive school health education is imperative.
3. Environmental influences must be acknowledged to be an important factor in the reduction of smoking.
4. Well prepared teachers of health education are essential.
5. Mandates suggesting comprehensive school health education need to be passed and enforced.
6. Effectively educating a well population requires different support than does treatment of disease or illness.
7. Creative incentives are needed to prompt the actions necessary if our nation is to realize comprehensive school health education.

As a result of discussing the issues mentioned in the previous section, the group formulated three general goals as guideposts for identifying action-recommendations:

1. A kindergarten through grade 12 health education program with emphasis on smoking and other high risk behaviors should be implemented as a basic requirement in all public schools.
2. Any teacher having responsibility for health instruction should be adequately prepared in the content and methods of health education, including smoking and other high risk behaviors.
3. In order to support smoking prevention efforts for youth, a positive, health-promoting environment (social norms and physical surroundings) must be created in the community at large as well as in the schools.

Specific action recommendations in order of priority:

Priority #1: Voluntary health agencies should initiate (and lead) the formation of national, state, and local coalitions to support and promote effective smoking education programs in the schools.

Implementation: Volunteer agencies at the national, state, and local levels must establish policies, allocate budget and assign personnel to fulfill the leadership function.

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Priority #2: The federal government should provide incentives for effective school health education programs.

Implementation: Line item appropriations for school health education programs should be made by the Department of Education and the U.S. Public Health Service. Guidelines for the use of funds should be jointly developed by the Department of Education and the U.S. Public Health Service.

Priority #3: Regulations should be enacted to prohibit smoking by anyone on public school property or at school-sponsored functions.

Implementation: State legislators, municipal officials, and school board members should be the targets of educational campaigns and lobbying efforts to enact laws prohibiting smoking on school property and at school functions.

Priority #4: State educational certifying bodies should include health education as an integral part of elementary teachers' certification, and require specific certification for all secondary teachers who teach health education.

Implementation: Certification standards should be evaluated by appropriate groups, revised as needed, and enforced to provide quality assurance.

Priority #5: Schools should use all community assets to enhance their nonsmoking and comprehensive health education efforts.

Implementation: Schools should make a special effort to involve parents and youth groups at planning, implementation, and support levels of nonsmoking and comprehensive school health education programs.

Priority #6: Special in-service education shall be provided for teachers who lack appropriate professional preparation in health education.

Implementation: State Departments of Education and teaching preparation programs should establish valid mechanisms to assess qualifications of teachers of health education, and provide accessible in-service training according to needs.

Priority #7: Increase federal excise tax on cigarettes.

Implementation: Lobby local representatives and senators.

Priority #8: Teacher preparation programs (colleges and universities) must demonstrate that teachers of health education are prepared according to nationally recognized standards.

Implementation: Standardized competencies for prospective teachers of health education need to be developed and implemented.

- o Sudden Infant Death Syndrome (SIDS) occurs 2 1/2 times more often among babies of smoking mothers.

Sources:

1986 Cancer Facts, American Cancer Society.

Smoking and Women, The American College of Obstetricians and Gynecologists, April, 1986.

The Health Consequences of Smoking for Women, U.S. Department of Health and Human Services, 1981.

C. The Financial Costs of Smoking

- o Cigarette smoking costs the United States economy approximately \$65 billion annually in health care and lost productivity costs.
- o \$22 billion annually is spent on health care for smoking-related disease, including \$4.2 billion through Medicare and Medicaid, \$210 million through the Department of Defense, and \$400 million through the Veterans Administration.
- o Cigarette smoking costs the economy \$2.17 per pack of cigarettes sold annually in this country.

Sources:

Office of Technology Assessment Staff Memorandum, Smoking-Related Deaths and Financial Costs, August, 1985.

D. Smoking Prevalence and Cigarette Consumption

- o Measuring the total number of smokers, the average number of cigarettes smoked annually per person, and the total number of cigarettes annually consumed are three distinct methods of analyzing the prevalence of tobacco use in our society.

1. Adult Smoking Rates

- o In 1985, over 50 million Americans were smokers, or approximately 30% of the adult population.
- o Overall smoking rates among adult males have steadily declined since the mid-1950's when the hazards of smoking first became known.
- o However, smoking prevalence among women, which has never been as high as among men, peaked in 1965 at 34% and has only gradually declined to 28% in 1985. Smoking prevalence among men has declined much more dramatically since the mid-1960's and current smoking rates by sex are very similar, as is shown in the following chart:

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	<u>Overall (age 17 and over)</u>	<u>Male</u>	<u>Female</u>
1955	37.6%	52.6%	24.5%
1966	40.6%	51.9%	33.7%
1978	33.2%	37.5%	29.6%
1985	30.1%	33.2%	27.9%

2. Cigarette Consumption

- o In 1986, approximately 600 million cigarettes were sold in the United States, or 30 million packages of twenty cigarettes each.
- o Per capita consumption of cigarettes peaked in 1963, and has steadily declined since the mid-1970's. Annual per capita consumption of cigarettes is based on the number of cigarettes consumed in the United States divided by the population (smokers and non-smokers) 18 years of age and over. Below is a chart of per capita consumption rates since the mid-1920's:

<u>Year</u>	<u>Per Capita Consumption</u>
1925-1929	1,285 (annual average)
1935-1939	1,779
1945-1949	3,459
1955	3,597
1960	4,171
1963	4,345 (historical peak)
1970	3,985
1975	4,123
1980	3,851
1985	3,384 (estimate)

3. Smoking Prevalence Among Children and Young People

- o 90% of all smokers start by age 19; 60% of smokers by the age of 14.
- o The younger one starts to smoke, the more likely one is to remain a smoker, smoke more heavily, and die prematurely.
- o Smoking rates among young people have not declined at the same rate as smoking among adults. Among young females, smoking rates steadily increased in the early 1970's, and have only gradually declined since then. In 1976, smoking rates among female high school seniors surpassed those of their male peers, and have remained higher, though both have declined.
- o In 1985, 19.5% of high school seniors smoked daily, 21% of females and 18% of males; among college students, 17.5% of females smoked as opposed to 10% of males.

Sources:

Smoking and Health: A Report of the Surgeon General, U.S. Department of Health and Human Services, 1979.

UNIFIED SCHOOL DISTRICT # 464

TONGANOXIE, KANSAS

NON-SMOKING POLICY

Presented by Phil Lobb
February 18, 1988

att # 5
2-18-88
PHL

SMOKING ON SCHOOL PREMISES BY STAFF MEMBERS

It is the policy of Tonganoxie Unified School District No. 464 that neither Board members nor staff nor students shall use tobacco on school premises. However, it is recognized that non-employed patrons and visitors may wish to smoke on school grounds outside of the school buildings, while attending school events.

This policy recognizes the Board's and staff's responsibilities to model desirable health habits while in the presence of students.

Source: KSA 21-4008

Approved: September 10, 1979

Tonganoxie U.S.D. # 464 adopted a non-smoking policy for the entire district in September of 1979. As the result of the implementation of this policy the following positive effects have been realized:

- a. Cleaner air - no secondary smoke for non-smokers to breathe.
- b. Peer pressure diminished--younger ones don't see the need to start smoking if they don't see older ones smoking.
- c. Discipline problems relating to smoking were almost entirely stopped. Discipline for tobacco possession or use is consistent for all students--suspensions are assigned. The number of tobacco related suspensions are as follows:

1980-81	16
1981-82	15
1982-83	9
1983-84	5
1984-85	3
1985-86	2

- d. Since this policy affects both students and staff it is easier to accept and to enforce.

When the policy was proposed 17 employees signed a petition against it, but no employees resigned nor were there other repercussions because of its implementation. There were some complaints from patrons who attend ball games, but these were few and did not last long when they were able to enjoy smoke-free corridors and concession area.

- e. Feel that to some degree this has helped curb the progression from cigarette smoking to the using of marijuana.

QUOTES FROM STUDENTS/TEACHERS

"I agree with the non-smoking policy. If others wish to smoke that is fine, but not while other non-smokers are present. I feel school is a place for education. If smoking were permitted, than the environment would not flow smoothly. I think it is a wise idea for the teachers and faculty to follow these rules. Cigarette smoke is annoying. There seems to be only a handful of smokers, and none have complained. The policy is working and is protecting the rights of non-smokers. I'm glad we have this policy."

--Melissa Orr,
student

"I am a smoker. I have smoked for five years now. Although I am a smoker, I feel that smoking shouldn't be permitted in school. Smoking shouldn't be permitted for a lot of reasons, but the main reasons are that it is bad for your health and it causes many diseases. It should also not be permitted because if it is then they're encouraging school students to smoke."

--Alaina Beach,
student

QUOTES FROM STUDENTS/TEACHERS
(Cont'd.)

"I have been a member of the faculty of Tonganoxie High School for 14 years; part of which was prior to the implementation of the no-smoking policy. During the years before we had the policy in effect, a large percentage of teachers' time was spent checking restrooms, etc., and disciplining offending students. Since then, occurrences have been almost non-existent. For the most part, students have not questioned the policy, and do not consider smoking an activity that takes place in school. The fact that adults are not allowed to smoke in the building at any time also has helped the students' attitude toward the policy.

As the student council sponsor, I work closely with students and organizations, and as far as I can tell, the large majority of students are very satisfied with the policy."

--Phil Williams,
teacher

"While I am a smoker, I believe our school's non-smoking policy to be a valid one for several reasons. First, if students, who are of legal age are not permitted to smoke, neither should the faculty. Also, cigarette smoke stinks, and the butts make a mess. Finally, non-smokers should have the right to breathe air uncontaminated by cigarette smoke."

--Carl Lingenfelter,
student

"Because of my high school's no smoking policy, I feel that the number of high school smokers has been kept relatively low. Since no smoking is allowed in the building by students the pressure given by other peers to smoke is non-existent. Also, cigarette smoke is very distracting. Students would most likely disrupt class by leaving to smoke then return with the annoying smell of cigarette smoke surrounding them. It is also good that the faculty is not allowed to smoke because adults are to lead and teach by example."

--Elizabeth Scott,
student

"As a smoker I can see the benefits of our non-smoking policy at Tonganoxie. It presents a more positive environment for our staff and students."

I had a problem at first, but have adjusted to it with very little discomfort. I also believe it cuts down on tardies and discipline problems at our school.

Even though I happen to smoke I sincerely think all schools should remove smoking for all staff and students on school grounds."

--Greg Gorman,
teacher

QUOTES FROM STUDENTS/TEACHERS
(Cont'd.)

"The non-smoking policy is very effective because the people who don't smoke don't have to worry about inhaling smoke that they don't want or need to breathe into their lungs. The policy is also effective because there are people who are allergic or have bad reactions to the smoke, such as sneezing and breaking out in hives. Another reason for this policy is that it is a public place and smokers would be infringing on non-smokers' rights to breathe clean and fresh air. This is good for our high school because we have many visitors go through our school and see the cleanliness of it. If we didn't have this policy it would hurt the student's health. It would really hurt athletes that use the gymnasium because it would build up in there. It would kill our fans who come to see volleyball, basketball and wrestling because the stands are in the balcony. The smoke would effect the players because they are breathing more air in than others because of their exhaustion. The smoke would also hurt many persons eyes. These are just a handful of reasons why the non-smoking policy is effective in our high school."

--Wes Cackler
student

"As a member of the Tonganoxie High School faculty, I firmly support USD # 464 non-smoking policy. When we consider the health of students and faculty, we must consider the general environment of their work and study area.

Educators should realize the impact second hand smoke has on each individual. It is a proven fact smoking can be detrimental to your health. Students should not be subjected to others unhealthy habits.

Part of becoming mature young adults is learning consideration of others. The non-smoking policy has been successful because students can see why it is not allowed. Even smokers have told me they feel others should not be subjected to their smoke. Teachers and students are very supportive of this policy and feel it lends itself to a healthier school environment."

--Barbara Gurs,
teacher

I'm Emily Clancy from Burlingame, Osage County.
Thank you for Permitting me to address you at this time. I
am here today because I feel I know the smoking situation in
our schools.

My son entered kindergarten in Burlingame, Kansas in
1977. The 2nd week he came down with an ear infection and he
missed school many days during this and future years.
However during summer vacation each year his health was good,
and my husband and I questioned this and decided it might
have been the dust in the school yard. But every new school
year brought new infections until at 15 years old, he now has
his 4th set of ear tubes. We did find out during this time
that he's allergic to tobacco smoke. When he entered the 7th
grade, I started to do volunteer work at our school district
454. This lasted 3 years for 8 hours a week in all 3 of our
school buildings. The smoke was very evident to me, but
still I did not realize this was the reason for my son's
Problems until Dr. Erhardt, his ear doctor asked me if I was
keeping him away from tobacco smoke. The only Place he was
exposed to Passive smoking was in school... I then asked our
former school superintendent to help us. He said he couldn't
do anything about it because no one else had complained and

the smokers had their rights! I talked to several school
Personnel and they agreed with me that the smoke was
offensive, but couldn't do anything about it because of their
jobs. To designate a Place for smokers is wrong because
there still is no Place for non-smokers! I know there are
many other children who suffer as my son does. I met with
and got over 124 people to sign a Petition and talked to over
154 people on the telephone who agreed we needed to eliminate
tobacco smoking in our schools. however when I brought my
Petition before the Burlingame Board of Education, they
refused to help me on two different occasions. Our children
need your help---help to permit them to breath healthy air
and give their lungs a chance to develop healthy. They spend
almost 8 hours a day, 5 days a week breathing in Polluted air
from janitors, cooks, teachers, and administrators.

Please, I'm not asking you for money. I'm asking
you to search your hearts and help America's children. I am
asking you to please approve House Bill # 2823 an act
Prohibiting the use of tobacco Products in Public schools.
Thank you...

Emily B. Clancy (Mrs.)
654-2335 (913)

attm #6
2-18-79
PHTW



**American Heart
Association**
Kansas Affiliate, Inc.

I'm Stuart Moore, director of Respiratory Care at St. Francis Hospital. I'm speaking on behalf of the American Heart Association in support of House Bill 2823, which would prohibit the use of tobacco products in schools.

More than 3 million of the 54 million people who smoke cigarettes are teenagers. They began to smoke when they were young, learning from their parents, their parents' friends and society. Ads for cigarettes portray the habit as sexy, cool and glamorous.

Children tend to imitate people they admire. They will try to do everything they can to imitate, picking up good as well as bad habits alike.

Our public schools are a place where children learn about the values of society. By allowing tobacco products in school, we are literally allowing our children permission to destroy themselves.

Cigarettes and smokeless tobacco lead to heart disease, chronic obstructive lung disease and lung cancer. Heart disease accounts for nearly one-half of all deaths in this country. And cigarette smoking accounts for one-third of all heart disease deaths.

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Nicotine has been found to be an addictive substance. Let me tell you how nicotine affects the heart. As nicotine enters the bloodstream, the arteries constrict and become more narrow. The blood platelets become sticky and cluster together, and the heartbeat increases.

Since the heart is beating faster, it is pumping more blood through a narrower opening. The blood pressure rises, which increases the risk of strokes and heart attack in those with diseased vessels.

So, you see the statistics I've painted aren't sexy, cool or glamorous. They're deadly. I urge you to support House Bill 2823, so that our children will live longer, healthier lives.

Representative Marvin Littlejohn
Kansas State House
Room 425 South
Topeka, Kansas 66612

February 13, 1988

Dear Sir;

I am writing to address House Bill #2823. Please enter this letter into testimony as my employment prevents me from testifying in person. My name is Frances O. Hawley. I am a registered nurse and for the past thirteen years a school nurse for U.S.D.# 385. I have worked for several years as a school health education consultant for the American Lung Association of Kansas and also am the State Facilitator for Growing Healthy (A National Health Education Curriculum)

There are obvious statistics providing information about the hazards of smoking, I will not labor over those here. Allowing smoking in schools gives students the message that taking care of our own health isn't our important responsibility even though we have the facts about the hazards of smoking. As educators and role models for our next generation of adults we must take a stand and give a strong message to youth about positive health responsibility. We must accept responsibility for our behavior and encourage strong positive modeling in all areas of substance abuse. It is difficult for students to listen to words in the classroom when opposite actions (allowing smoking) speak much louder.

The most important revelation to me as a non-smoker of several years was that people had known that I had smoked even if I didn't smoke in front of them. Somehow until I was away from smoking for some time did I realize smokers could be identified by their smell. Even if I only smoked in the teachers lounge in those early years I was modeling smokeing behaviors.

Incorporating comprehensive health education into our district curriculum shortly after the policy to prohibit smoking gave students strong positive messages. The district said smoking is bad for your health and because we teach this we don't think that people should smoke on our school grounds.

With the currently increasing interest in health education in schools across

*Attn. #2
P. Hawley
2-18-88*

the state with new drug programs in many districts the prohibiting of smoking in schools could not be better timed. As in Andover the message would come strong to youth - SMOKING IS HAZARDOUS TO YOUR HEALTH (even stated on the cigarette pack) AND WE AS A STATE KNOWING THIS, TEACHING THIS, AND CARING FOR YOUR HEALTH WON'T ALLOW SMOKING IN YOUR SCHOOL BUILDINGS.

Thanking you for your attention,

A handwritten signature in cursive script that reads "Frances O. Hawley". The signature is written in dark ink and is positioned above the typed name.

Frances O. Hawley R.N. U.S.D. 385

cc: Jan Michel
Dr. Harry Austin



STATE OF KANSAS

MIKE HAYDEN, GOVERNOR

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

WINSTON BARTON, SECRETARY

ALCOHOL AND DRUG ABUSE SERVICES

2700 WEST 6TH STREET
TOPEKA, KANSAS 66606-1861
(913) 296-3925
KANS-A-N 561-3925

Testimony for Prohibiting the Use of
Tobacco Products in Public Schools

February 18, 1988

As Commissioner of SRS Alcohol and Drug Abuse Services I am speaking in favor of House Bill 2823 prohibiting the use of tobacco in public schools.

As Governor Mike Hayden said, "Our young people are getting a mixed message. They hear about the dangers associated with tobacco use but on the other hand often attend schools where tobacco is permitted."

We agree that our young people need clear, consistent, non-use messages about tobacco. They also need to know about the harmful effects of cigarettes.

A 1987 National Weekly Reader Survey reported that less than half of fourth to sixth graders are aware that cigarettes are a drug.

Kids learn to smoke with cigarettes. Next comes alcohol and marijuana. From there, users move into other illicit drugs. This is why tobacco is called a "gateway" drug. It is the "gate" through which our young people enter illicit drug use. Research indicates that young people who don't smoke or use other drugs before age 21, won't use them at all. The only exception to this pattern is with cocaine.

We must give our young people a clear message that tobacco is a harmful drug and that it establishes a pattern of other drug use.

*WtW
#9
2-18-88
PTW*

KANSANS FOR LIFE AT ITS BEST
Jon Brax

Kansans For Life At Its Best stands in strong support of HB 2723. We encourage legislative action to help reduce smoking in the State of Kansas.

Recently, we were horrified to learn that cigarette companies are targeting young people with their advertising and packaging. In a Wall Street Journal article of April 30, 1987 a packaging consultant admits, "Packages are looking younger because the companies want to attract young smokers." It's amazing that despite the health risks smoking poses, the tobacco industry is still looking for fresh, young lungs to contaminate. This bill will assist in protecting our young people from the advertising attacks of the cigarette companies.

HB 2823 also will solve the problem of teachers and administrators smoking in the view of students. If faculty must step outside to smoke, students will no longer see smoke clouds lingering in the Teachers Lounge.

Smoking is unfortunately still prevalent in our society and it's hard to understand why. Kansas Congressman Bob Whittaker recently said "Just imagine the public outcry if we had three jumbo jets go down in any one calendar year. The outcry from the public to address the safety hazards would just be astronomical. And yet we are losing that many Americans every single day of the year due to smoking." **

We wish the bill would prohibit smoking on school property. However, we are pleased to support the bill as a step in the right direction.

** Topeka Capital-Journal, August 9, 1987, page 7.

*Attn. #10
2-18-8
PHW*

STATE OF KANSAS



OFFICE OF THE GOVERNOR

State Capitol
Topeka 66612-1590
(913) 296-3232

Mike Hayden Governor

Testimony Concerning HB2823
Presented To
The House Public Health and Welfare
February 18, 1988

By
Galen E. Davis
Governor's Special Assistant on Drug Abuse

Mr. Chairman, members of the committee, thank you very much for the opportunity to testify before you today in favor of House Bill 2823, which would prohibit the use of tobacco products in public schools buildings.

The use of tobacco is one of the single greatest causes of preventable disease in this country. It has been more than 20 years since the Surgeon General first announced the link between tobacco use, cancer, strokes, and heart disease. Since that time public awareness of the dangers associated with tobacco use has greatly increased. Still, 50 million Americans continue to smoke.

Sadly, tobacco use is not limited to adults. Although illegal, our youth experiment with tobacco products with more of them becoming addicted to tobacco than any other drug.

- * 61% of Kansas 11th and 12th graders used tobacco in 1987
- * Almost 12% of these young people use tobacco daily
- * 12 1/2% of our 5th and 6th graders have experimented with tobacco
- * Almost 3% of these very young students use tobacco every day
- * In 1986 alone, over 1 1/4 million American children started smoking

attm #11
2-18-8
PHW

Most young people who smoke begin in early adolescence which means they are more likely to remain a smoker throughout adulthood. University of Michigan researchers say that over time "cigarette smoking ... will take the lives of more young people than all other drugs combined." Tobacco use by youth has been identified by Dr. Robert DuPont, former Director of the National Institute on Drug Abuse, as one of three gateway drugs that lead to illicit drug use. Researchers for the Kaufman Foundation's Project Star youth drug education program found that young people who smoke tobacco are 7 times more likely to smoke marijuana.

School age children get many mixed messages about tobacco. Unfortunately many of these inconsistent messages are learned informally in our schools. On the one hand students hear of the dangers associated with tobacco use, but on the other hand they often attend schools where tobacco use is permitted. This bill would correct that inconsistency and send a strong signal to our youth that the use of tobacco threatens their health.

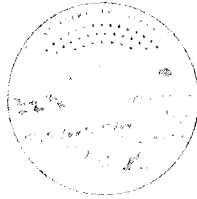
Good health habits begin during childhood. We have a responsibility to the youth of Kansas to take a stand on important issues that effect their health and well being. The use of tobacco products represents a major health risk for our youth and we must discourage it whenever we have the opportunity.

Several Kansas public school systems have demonstrated that a ban on tobacco products in their schools does work. This legislation will demonstrate to all Kansas citizens that our elected leaders are concerned about the health habits of our youth; that our elected leaders recognize the risks of tobacco use by youth; and that our elected leaders declare that tobacco has no place in our public schools.

Governor Hayden supports and encourages the passage of HB2823 because of its clear and consistent message of promoting health and preventing substance abuse.

Thank you for the opportunity to appear before you today.

STATE OF KANSAS



DEPARTMENT OF HEALTH AND ENVIRONMENT

Forbes Field
Topeka, Kansas 66620-0001
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Mike Hayden, Governor

Stanley C. Grant, Ph.D., Secretary
Gary K. Hulett, Ph.D., Under Secretary

Testimony Presented to

House Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

H.B. 2758

BACKGROUND INFORMATION

K.S.A. 39-930 establishes adult care home licensure fees on an annual basis. This proposed bill deletes the word "annual".

ISSUES ADDRESSED

A significant number of licenses are issued for a period of less than one year. This is necessary to accommodate changes in ownership or to match licensure periods to federal certification programs or to issue provisional licenses. To be consistent with K.S.A. 39-930, K.A.R. 28-39-77(j) provides for prorated refunds for licenses issued for less than one year. The licensure fee should relate to the administrative processes of its issuance including on-site surveys and processing of application documents. Deleting the word "annual" from K.S.A. 39-930 would allow for regulatory amendment to accomplish this.

In fiscal year 1987, license fees in the amount of \$20,475 were refunded. Retention of these monies assists the agency in recovering the cost of its licensure activities.

DEPARTMENT POSITION

We recommend passage of this bill.

Presented by: Richard J. Morrissey, Director
Bureau of Adult and Child Care
February 18, 1988

*Attn #12
2-18-88
PNW*