



Testimony in support of SB462: An Act concerning the Kansas cigarette and tobacco products act; relating to taxation and enforcement under the act;

Before the Senate Committee on Federal and State Affairs

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Chairman Brungardt and members of the committee, I appreciate the opportunity to testify before you today on this important piece of legislation. I am a practicing physician at the University of Kansas Medical Center and I have seen firsthand the consequences of tobacco addiction in the state of Kansas. I have seen the disfiguring effects of head and neck cancers related to oral tobacco use. I have seen patients and families suffering from cancer and heart disease related to smoking. I also serve as the director of the Cancer Control and Population Health program in the Kansas University Cancer Center. In this position, I work with a team of researchers that are working to advance the science of smoking cessation and reduce the terrible health effects related to tobacco consumption in the state of Kansas. The testimony I am providing today is based on my expertise related to the subject matter related to SB462. The opinions and perspectives included in this testimony are my own and do not represent official policy of the University of Kansas. With that caveat, I would like to bring up three specific issues for the committees consideration related to this bill.

Taxes have a strong impact on tobacco consumption, particularly among youth.

There is a rich array of scientific evidence that shows that a 10% increase in the price of tobacco products reduces per capita consumption by approximately 2-5%. Furthermore, adolescents are 2-3 times more susceptible to these price changes than adults. In Kansas, 7 of 10 high school students experiment with tobacco. Taxes on tobacco products have a particularly strong impact on preventing these teenagers from moving from experimentation to regular use of tobacco.

Kansas – particularly the rural communities in Kansas – are disproportionately affected by oral tobacco.

Smokeless tobacco products are a major risk factor for dental problems and oral cancer. In addition to its direct toxicity, smokeless tobacco use can lead to nicotine addiction and is associated with subsequent cigarette smoking. In Kansas 16% of male high school students are regular users of smokeless tobacco products. Smokeless tobacco use disproportionately affects rural youth – in some communities the overwhelming majority of male high school students currently use oral tobacco. New oral tobacco products are now being heavily marketed in Kansas and threaten to increase the number of youth addicted to nicotine. Although manufacturers of smokeless tobacco products would like us to believe that smokeless tobacco is a safer alternative to cigarette smoking, a comprehensive analysis published in Tobacco Control in 2010 suggests that extensive promotion of smokeless tobacco as an alternative to smoking is unlikely to have any salutary effects on public health in the United States. This is largely due to the anticipated uptake of smokeless tobacco by youth and their subsequent transition to cigarette smoking.

Cigarillos and other tobacco products are increasingly popular.

Over the past 10 years, sales of little cigars have grown by more than 200%. Cigars and cigarillos are particularly popular among youth. The Surgeon General's report, released just this month, indicates that 1 in 5 high school males now smoke cigars. In our smoking cessation research activities, we are seeing an increasing number of smokers that are regular users of cigarillos. Indeed, as demonstrated by their own documents, the tobacco industry has taken advantage of lower taxes on cigars and cigarillos to expand their market for these products. There is a myth out there that cigars and cigarillos aren't as dangerous as cigarettes. The lower tax on these products helps to reinforce that myth.

In summary, we have a large number of people that are using small cigars and oral tobacco products. Increased marketing of these products and lower taxes support the sustained use of these products and threatens the health of the people of Kansas. There is clear evidence that the strategies outlined in SB462 could have a strong, positive influence on the health of Kansans, particularly Kansas youth, by discouraging the use of these alternative forms of tobacco.

Thank you for allowing me the opportunity to present this testimony.