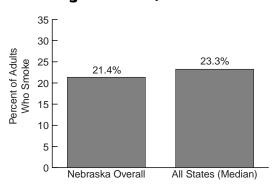
Health Impacts

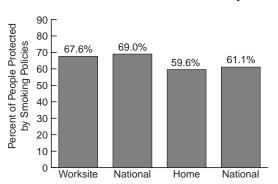
| SMOKING-ATTRIBUTABLE DEATHS, 1999 | | SMOKING-ATTRIBUTABLE DEATHS, 1999 DISEASE-SPECIFIC | | YOUTH PROJECTED TO DIE FROM SMOKING, 1999–2000 | |
|---------------------------------------|----------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|----------------|
| Overall Men Women Death Rate | 2,449 1,552 897 264.2/100,000 | State Lung Cancer All States State CHD* All States | 81.2/100,000 90.2/100,000 43.5/100,000 59.7/100,000 | Overall Projected Deatl Rate Projected All | 10,153/100,000 |
| All States | 295.5/100,000 | State COPD† All States | 72.7/100,000 59.7/100,000 | States | 8,830/100,000 |

^{*}Coronary heart disease; †chronic obstructive pulmonary disease.

Adult Cigarette Use, 2000



Environmental Tobacco Smoke, 1998-99



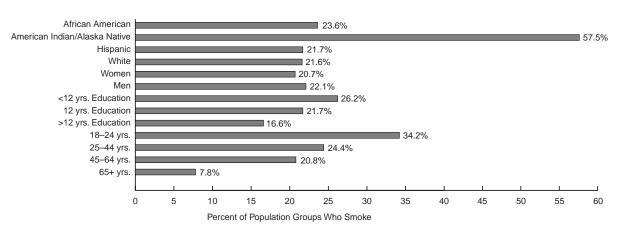
Youth Tobacco Use

| GRADES 6–8 | | | GRADES 9–12 | | |
|-------------------|--------|--------------------|-------------------|-------------|--|
| Current Cigarette | | Current Any | Current Cigarette | Current Any | |
| Smoking | | Tobacco Use | Smoking | Tobacco Use | |
| National* | 11.0% | 15.1% | 28.0% | 34.5% | |
| NE | 10.0%† | 13.8% [†] | 29.0%†† | 35.8%†† | |
| Boys | 10.2%† | 15.6% [†] | 27.1%†† | 38.9%†† | |
| Girls | 9.8%† | 11.8% [†] | 30.8%†† | 32.8%†† | |

Current Cigarette Smoking = smoked cigarettes on ≥ 1 of the 30 days preceding the survey. Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥ 1 of the 30 days preceding the survey. Sources: *National Youth Tobacco Survey, 2000; † Nebraska Youth Tobacco Survey, 1999; † Nebraska Youth Tobacco Survey, 2000.

Disparities Among Adult Population Groups, 2000*

*Calculations for racial/ethnic groups are based on combined 1999 and 2000 data.





Economic Impacts and Investments

Nebraska is investing 65% of CDC's *Best Practices* lower estimated recommended funding and 28% of the upper estimated recommended funding. Nebraska spent \$252 per capita on smoking-attributable direct medical expenditures. In 1998, about 12% (\$105,000,000 or \$499.41 per recipient) of all Medicaid expenditures were spent on smoking-related illnesses and diseases.

Smoking-Attributable Direct Medical Expenditures, 1998

Smoking-Attributable Productivity Costs, 1999

| Annual Total Annual Per Capita | \$439,000,000 \$264 | | |
|-----------------------------------|------------------------|--|--|
| | | | |
| | | | |

State Revenue from Tobacco Sales and Settlement

Tobacco settlement revenue received in 2001 \$36,903,219 Gross cigarette tax revenue collected in 2000 \$44,994,000

Cigarette tax per pack was \$0.34 in 2001

Cigarette sales were 77.6 packs per capita in 2000

Investment in Tobacco Control

| Funding Source | FY02 AMOUNT | FUNDING CYCLE |
|------------------------------------------------------|--------------|---------------|
| State Appropriation—Settlement (Tobacco Only) | \$7,000,000 | 7/01–6/02 |
| State Appropriation—Excise Tax Revenue | \$0 | |
| State Appropriation—Other | \$0 | |
| Subtotal: State Appropriation | \$7,000,000 | |
| Federal—CDC Office on Smoking and Health | \$1,347,138 | 6/01–5/02 |
| Federal—SAMHSA | \$0 | |
| Non-Government Source—American Legacy Foundation | \$0 | |
| Non-Government Source—RWJF/AMA | \$296,098 | 6/01–5/02 |
| Subtotal: Federal/National Sources | \$1,643,236 | |
| FY02 Total Investment in Tobacco Control | \$8,643,236 | |
| CDC Best Practices Recommended Annual Total (Lower E | \$13,308,000 | |
| CDC Best Practices Recommended Annual Total (Upper E | \$31,041,000 | |
| FY02 Per Capita Investment in Tobacco Control | \$5.01 | |