



The Real Solution to Reducing Tobacco Use in NC





The Tools of Tobacco Control

- **Tobacco Taxes**
- **Smoke-free Laws**
- **Comprehensive Prevention & Cessation Programs**
- **Coverage for Smoking Cessation Services**
- **Limits on Industry Behavior (e.g., FDA)**

TO BRING ABOUT

- **Social & Environmental Change**

THE TRIFECTA



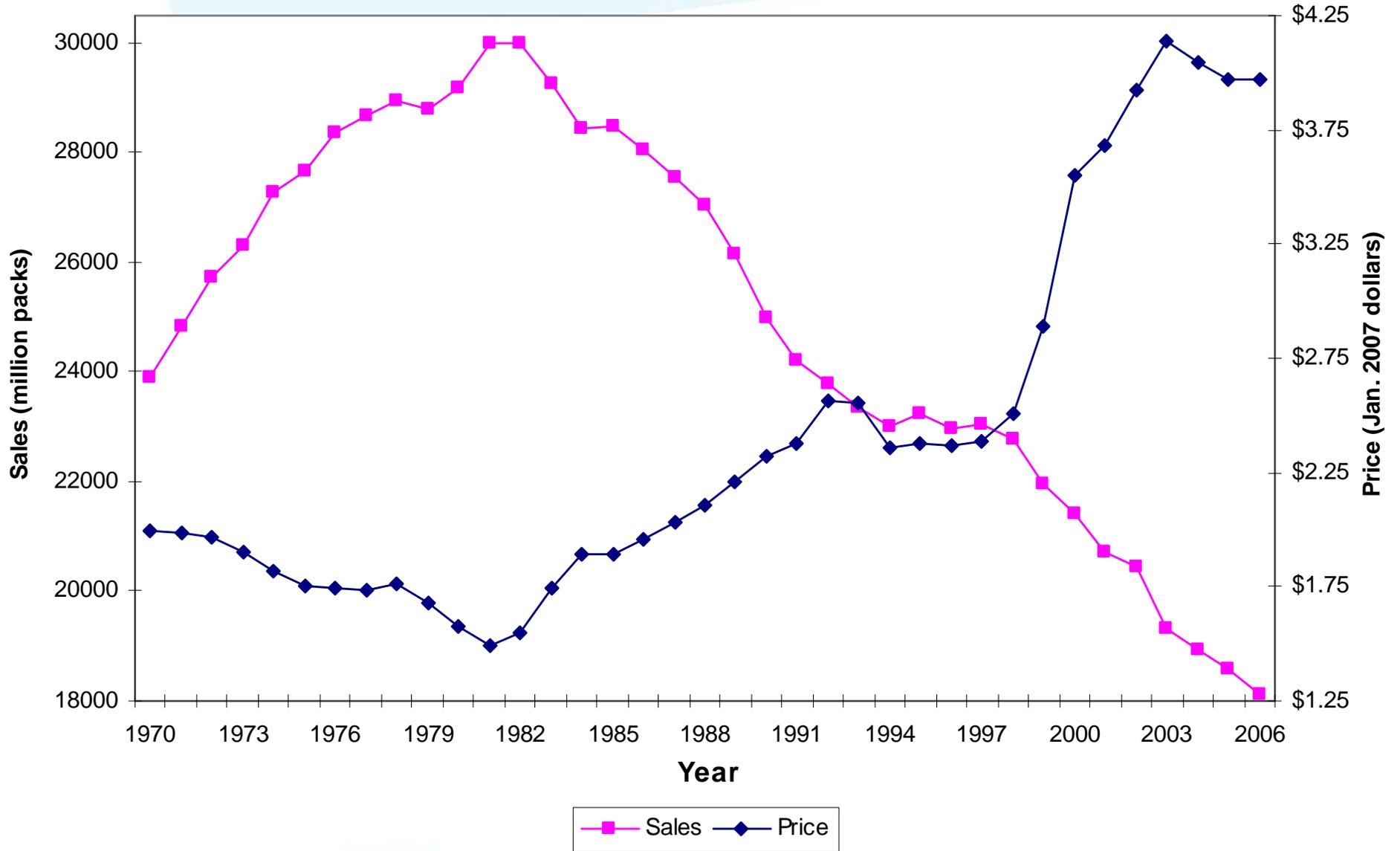
TOBACCO EXCISE TAXES



TOBACCO EXCISE TAXES

- **A win for public health**
- **A win for state budgets**
- **A win among voters**

Total Cigarette Prices and Cigarette Sales



Youth Smoking Prevalence and Cigarette Prices, North Carolina, 1993-2005

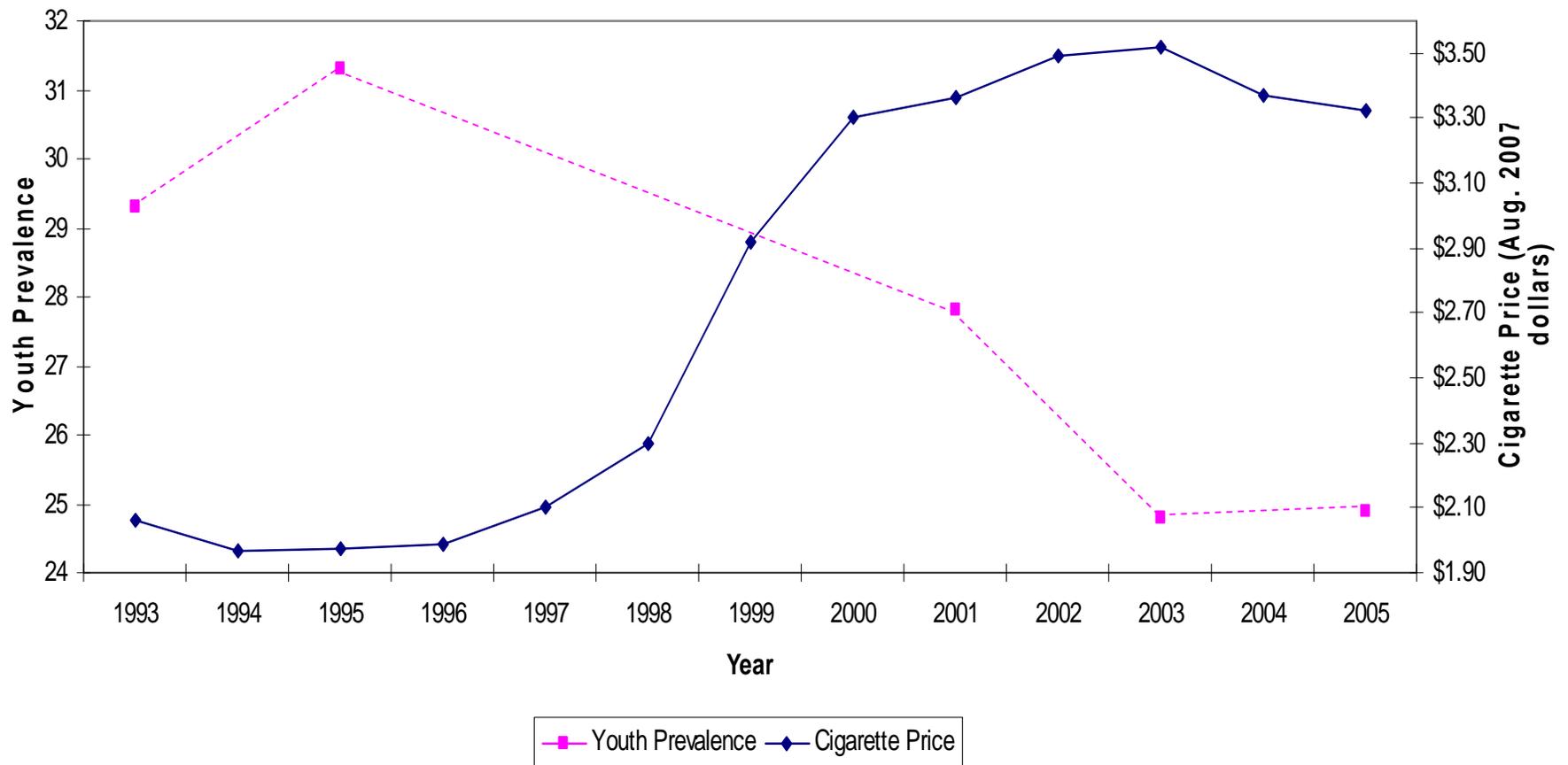
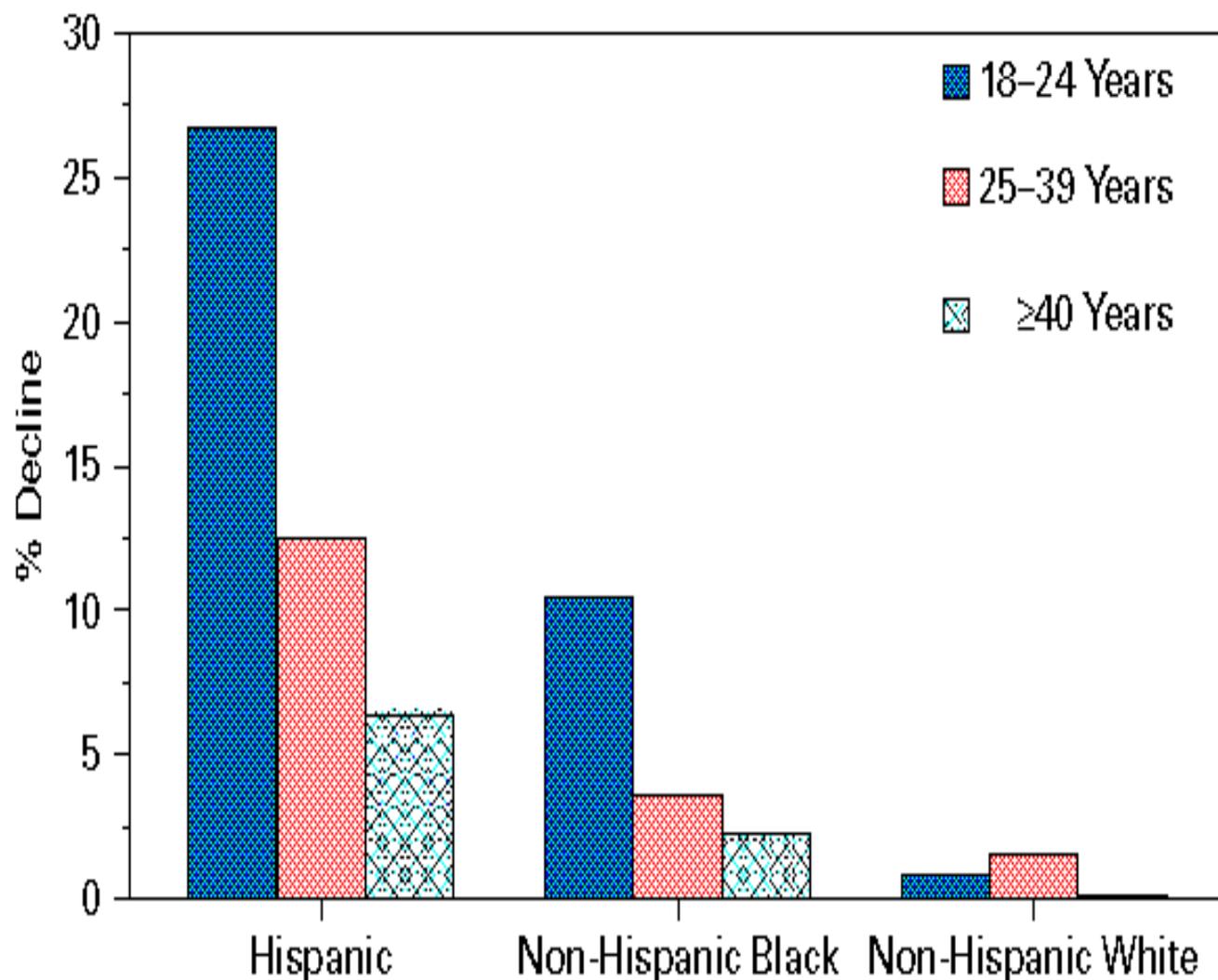


FIGURE 1. Percentage decline in smoking in response to a 10% price increase on cigarettes, by age and racial/ethnic group* — United States, 1976–1993



*Data for racial/ethnic groups other than non-Hispanic whites, non-Hispanic blacks, and Hispanics were too small for meaningful analysis.



University of Wisconsin
SCHOOL OF MEDICINE
AND PUBLIC HEALTH

Calls to Wisconsin Tobacco Quit Line Break All Records

Date Posted: February 28, 2008

As February winds down, the Wisconsin Tobacco Quit Line today announced that in the first two months of 2008 it has fielded a record-breaking 20,000 calls from Wisconsinites looking for help to quit. To put this in context, during a typical year, the quit line provides services to about 9,000 state residents.

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Three factors led to this increase in quit attempts by Wisconsin smokers:

- A \$1 increase in the state’s tobacco excise tax
- New Year’s resolutions
- Free coaching and medication provided through the Wisconsin

Effects of a 10% Increase in Price

- **Nearly 7% decline in youth prevalence**
- **A 2% decline in adult prevalence**
- **A 4% decline in overall consumption**

Stagnant Prices; Stagnant Smoking Rates

- **Youth:**
 - **Between 1997 and 2003, avg. U.S. price rose by 90% and high school smoking declined by 40%.**
 - **Between 2003 and 2005, avg. price increased by 5%, and high school smoking increased slightly**
- **Adult:**
 - **Between 1997 and 2003, price rose by 90%, and adult smoking declined by 12.5%**
 - **Between 2003 and 2006, price increased by 6%, and adult smoking declined by less than 4%**

Tobacco Taxes & State Revenues

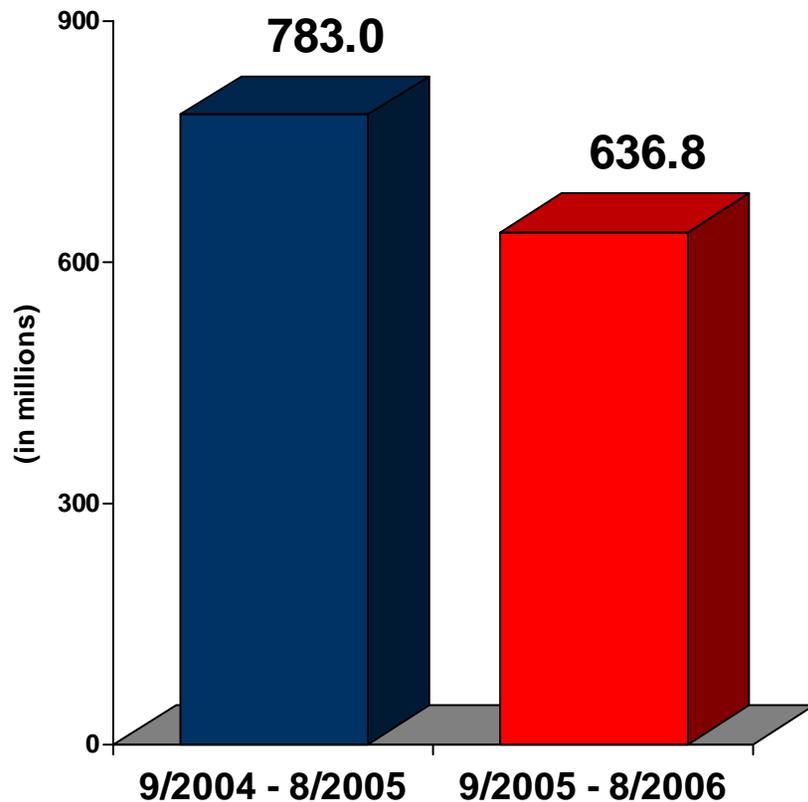
- Despite inevitable declines in consumption of cigarettes ...
- Increasing tobacco taxes **ALWAYS** increases state revenues

The North Carolina Experience

From 5¢ to 30¢ on 9/1/2005

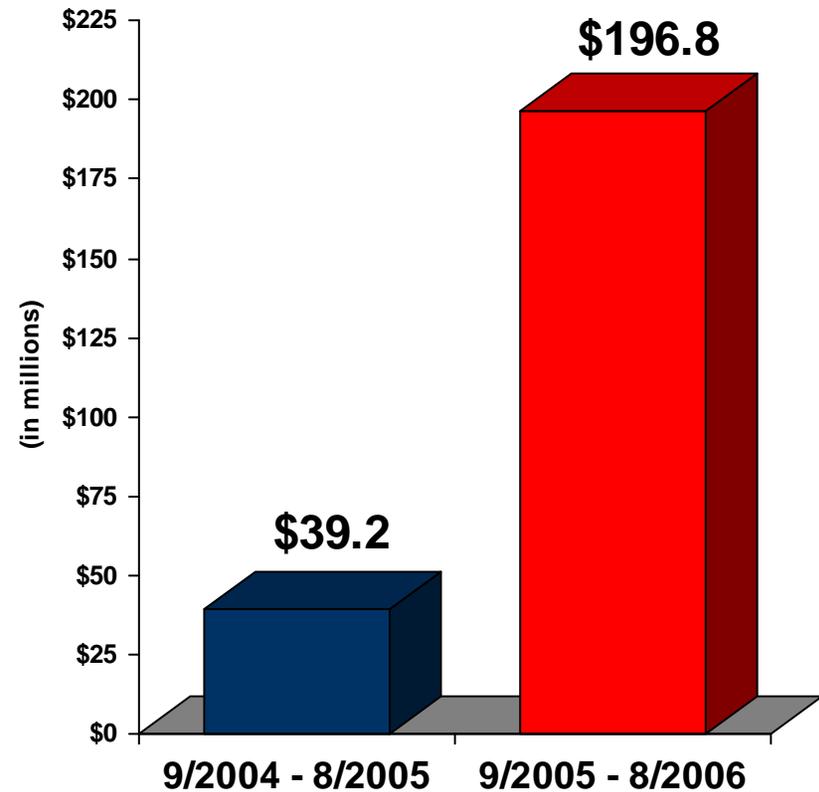
Packs Sold

- 18.7%



Revenues

+ 401.9%



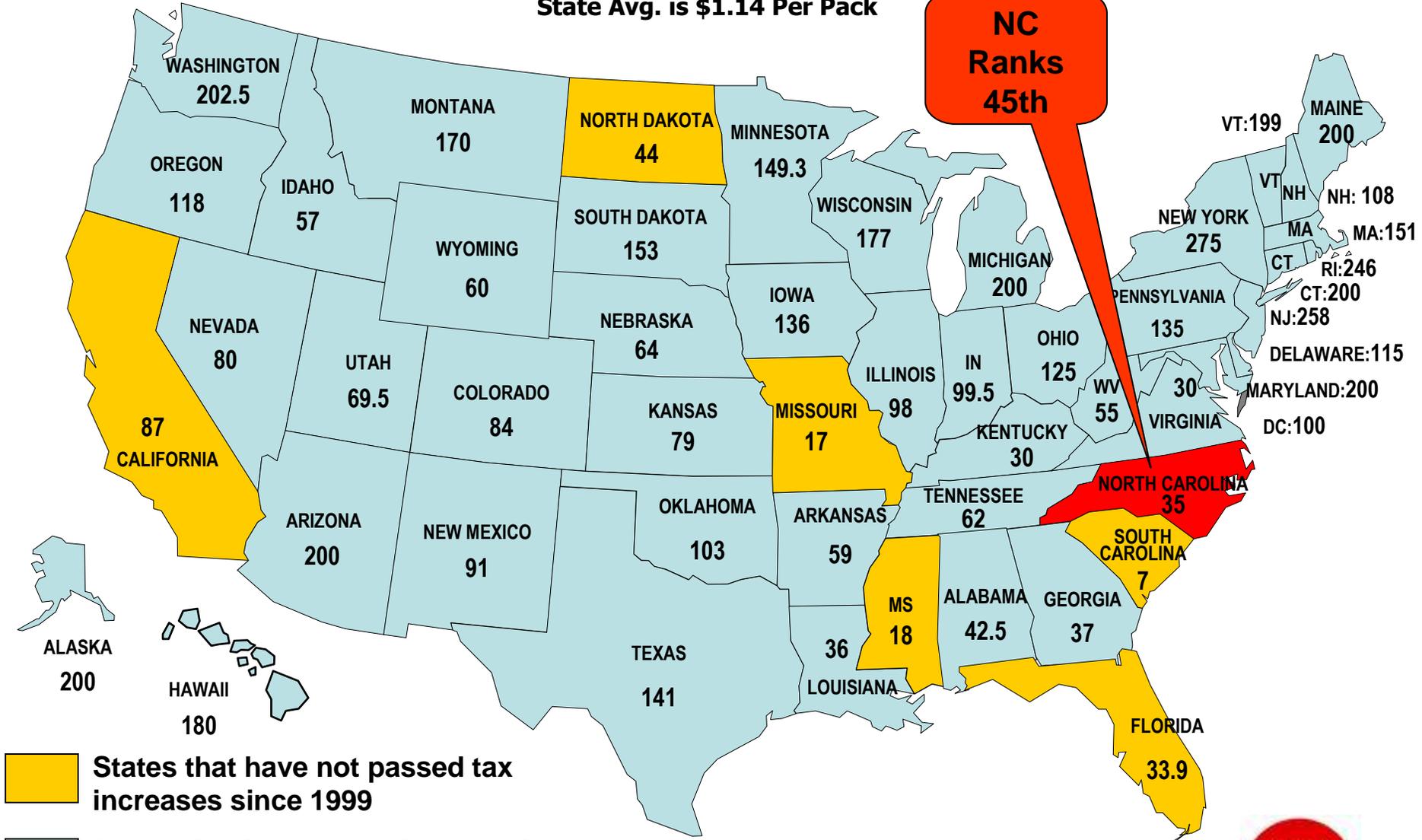
Data from the North Carolina Department of Revenue

Cigarette Tax Rates

(cents per pack)

State Avg. is \$1.14 Per Pack

**NC
Ranks
45th**



- States that have not passed tax increases since 1999
- States that have recently passed or implemented a cigarette tax increase (since 1999)



April 2008

VT's increase to \$1.99 per pack will go into effect on 7/1/2008; NY's increase to \$2.75 per pack will go into effect on 6/3/2008.



Benefits of a \$1.00 Tax Increase in North Carolina

- 126,500 fewer youth smokers
- Saving 40,400 kids a premature death from tobacco

- 71,600 fewer adult smokers
- Saving 18,900 adults from a smoking-caused death



Benefits of a \$1.00 Tax Increase in North Carolina

- \$415.5 million in new tobacco tax revenues
- \$31.1 million in 5-year savings from reducing smoking during pregnancy
- \$37.2 million in 5-year savings from reduced heart attacks and strokes
- \$2.8 billion in long-term healthcare savings from smokers averted



Benefits of a 75-Cent Cigarette Tax Increase in North Carolina

- **94,900 fewer youth smokers**
- **Saving 30,300 kids a premature death from tobacco**

- **53,700 fewer adult smokers**
- **Saving 14,200 adults from a smoking-caused death**



Benefits of a 75-Cent Cigarette ** **Tax Increase in North Carolina

- **\$347.4 million in new tobacco tax revenues**
- **\$23.3 million in 5-year savings from reducing smoking during pregnancy**
- **\$27.9 million in 5-year savings from reduced heart attacks and strokes**
- **\$2.1 billion in long-term healthcare savings from smokers averted**



Benefits of a \$1.00 vs 75-Cent Tax Increase in North Carolina

	\$1.00	75 Cents	Difference
New state cigarette tax revenue each year	\$415 M	\$347 M	\$68 M
Kids alive today who will not become smokers	126,500	94,900	31,600
Current adult smokers who will quit	71,600	53,700	17,900
North Carolinans saved from premature smoking-caused death	59,300	44,500	14,800
5-year healthcare savings from fewer smoking-affected pregnancies & births, heart attacks, and strokes	\$68.3 M	\$51.2 M	\$17.1 M
Long-term healthcare savings from smokers averted	\$2.8 B	\$2.1 B	\$700 M



State Cigarette Tax Rates

- **Average cigarette tax rate: \$1.14 per pack**
- **10 states with tax rates at \$2.00+ per pack:**

Alaska	Maine	New Jersey	Washington
Arizona	Maryland	New York	
Connecticut	Michigan	Rhode Island	

- **Another 16 states have tax rates of at least \$1.00 per pack:**

Delaware	Montana	South Dakota
Washington, DC	New Hampshire	Texas
Hawaii	Ohio	Vermont
Iowa	Oklahoma	Wisconsin
Massachusetts	Oregon	
Minnesota	Pennsylvania	



Importance of Funding Tobacco Prevention With Part of Tax

- Combination of tax increase and prevention program will be most effective in reducing smoking.
- Industry price cuts and promotions (i.e., 2-for-1 offers, etc.) can undercut tax impact, so program is essential to success.

SMOKE-FREE WORKPLACE LAWS

Effects of Smoke-free Laws

- Protect everyone from secondhand smoke
- Prompt more smokers to try to quit
- Increase the number of successful quit attempts
- Reduce the number of cigarettes that smokers consume
- Discourage kids from starting
- Do NOT hurt business

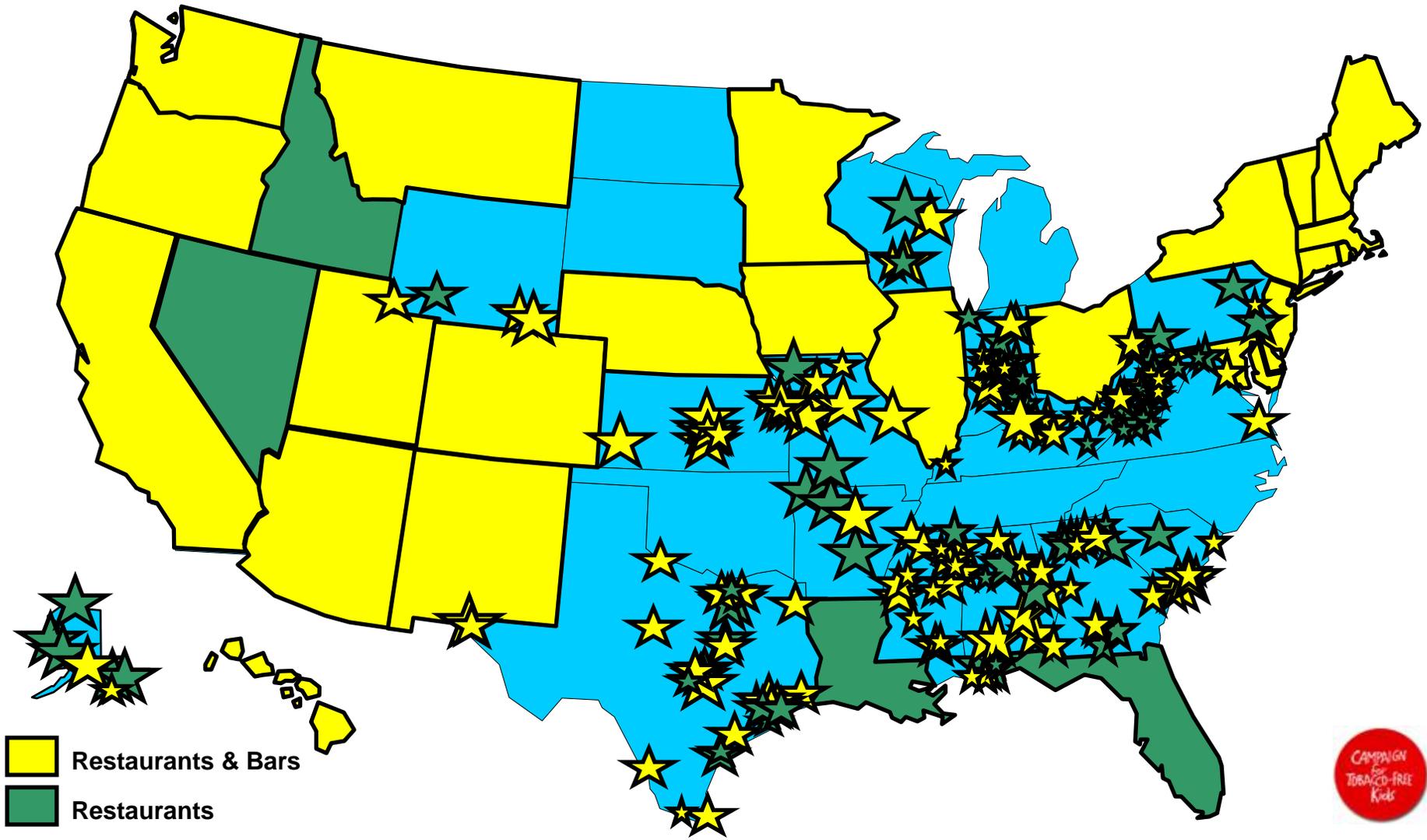
Health Care Costs of SHS

Medical Costs of Health Conditions Caused by Secondhand Smoke in Minnesota, 2003²

CONDITIONS BY AGE GROUP [†]	NUMBER OF MINNESOTANS TREATED FOR CONDITIONS CAUSED BY SECONDHAND SMOKE	TOTAL COST (IN 2006 DOLLARS)
Birth to Age 17		
Low Birth Weight (under 5.5 lbs.)	795	\$ 38,051,594
Acute Lower Respiratory Illness (birth to age 3 only)	7,988	\$ 7,758,287
Otitis Media and Middle Ear Effusion	32,947	\$ 19,667,419
Asthma	17,547	\$ 21,129,913
Ages 18+		
Lung Cancer	388	\$ 19,063,956
Heart Attacks and other Heart Diseases	7,034	\$110,041,403
TOTAL	66,699	\$215,712,572

[†] The U.S. Surgeon General determined a causal link between these conditions and secondhand smoke exposure in the 2006 report, *The Health Consequences of Involuntary Exposure to Secondhand Smoke*.

Smoke-Free Restaurant and Bar Laws



* IA law effective 7/1/08. OR law effective 1/1/09. NE law effective 6/1/09.
The Montana and Utah laws extend to bars in 2009.



April 2008

**COMPREHENSIVE
PREVENTION &
CESSATION
PROGRAMS**

RESEARCH AND PRACTICE

If every state funded TP at CDC minimum, states would prevent nearly two million kids alive today from becoming smokers, save more than 600,000 of them from premature, smoking-caused deaths, and save \$23.4 B in smoking-related HC costs.

State Tobacco Control Spending and Youth Smoking

John A. Tauras, PhD, Frank J. Chaloupka, PhD, Matthew C. Farrelly, PhD, Gary A. Giovino, PhD, Melanie Wakefield, PhD, Lloyd D. Johnston, PhD, Patrick M. O'Malley, PhD, Deborah D. Kloska, MA, and Terry F. Pechacek, PhD

Significant resources are currently being devoted to programs aimed at reducing tobacco use and the damage it causes to the public. Comprehensive programs have been developed to prevent the initiation of tobacco use among young people, promote cessation of tobacco use among adults and young people, eliminate exposure to environmental tobacco smoke, and identify and eliminate disparities among population groups in order to reduce the disease, disability, and death that result from tobacco

Objective. We examined the relationship between state-level tobacco control expenditures and youth smoking prevalence and cigarette consumption.

Methods. We estimated a 2-part model of cigarette demand using data from the 1991 through 2000 nationally representative surveys of 8th-, 10th-, and 12th-grade students as part of the Monitoring the Future project.

Results. We found that real per capita expenditures on tobacco control had a negative and significant impact on youth smoking prevalence and on the average number of cigarettes smoked by smokers.

Conclusions. Had states represented by the Monitoring the Future sample and the District of Columbia spent the minimum amount of money recommended by the Centers for Disease Control and Prevention, the prevalence of smoking among youths would have been between 3.3% and 13.5% lower than the rate we observed over this period. (*Am J Public Health*. 2005;95:338-344. doi: 10.2105/AJPH.2004.039727)

The Impact of Tobacco Control Programs on Adult Smoking

Matthew C. Farnely, PhD, Terry F. Pechacek, PhD, Kristin Y. Thomas, MScPH, and David Nelson, MD, MPH

Recent data from the Centers for Disease Control and Prevention (CDC) showed that adult smoking remained constant at 20.8% from 2004 to 2005 after years of steady decline.¹ The CDC study cited a 27% decline in funding for tobacco control programs from 2002 through 2006 and smaller annual increases in cigarette prices in recent years as 2 possible explanations for stalled smoking rates. Our study is a systematic assessment of the association between adult smoking, funding for state tobacco control programs, and state cigarette excise taxes.

In 1989, California began the first comprehensive statewide tobacco control program in the United States after passage of a state ballot measure that raised cigarette excise taxes by \$0.25.² Comprehensive programs include inter-

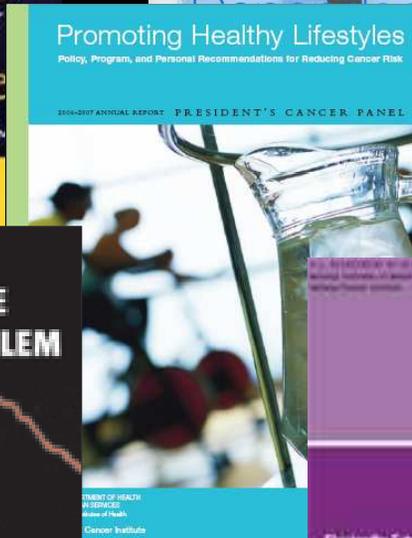
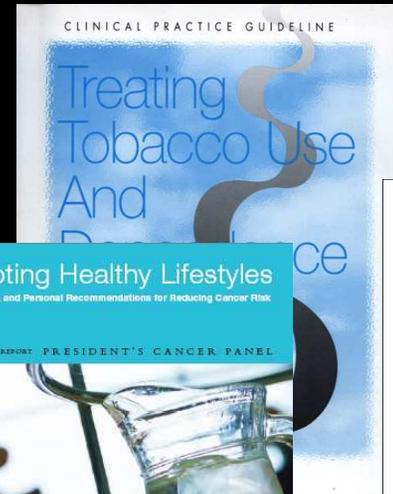
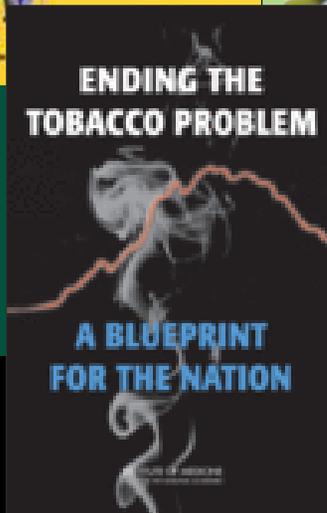
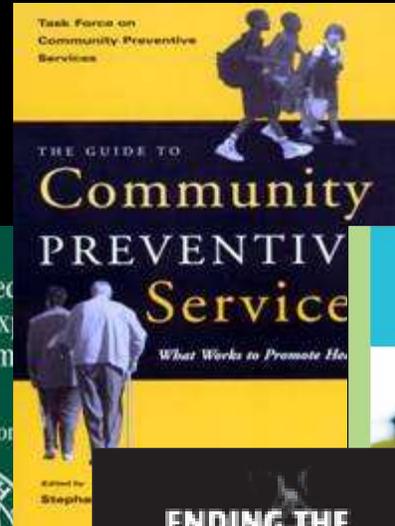
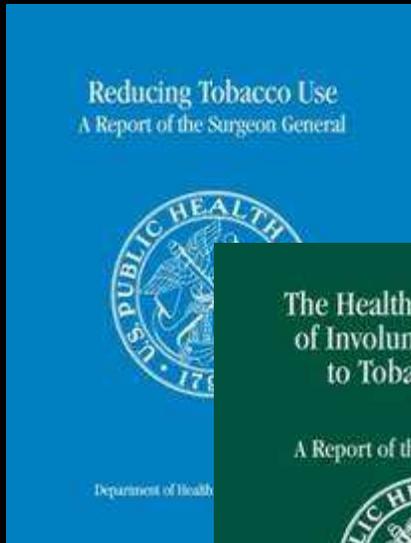
Objectives. We examined whether state tobacco control programs are effective in reducing the prevalence of adult smoking.

Methods. We used state survey data on smoking from 1985 to 2003 in a quasi-experimental design to examine the association between cumulative state anti-tobacco program expenditures and changes in adult smoking prevalence, after we controlled for confounding.

Results. From 1985 to 2003, national adult smoking prevalence declined from 29.5% to 18.6% ($P < .001$). Increases in state per capita tobacco control program expenditures were independently associated with declines in prevalence. Program expenditures were more effective in reducing smoking prevalence among adults aged 25 or older than for adults aged 18 to 24 years, whereas cigarette prices had a stronger effect on adults aged 18 to 24 years. If, starting in 1995, all states had funded their tobacco control programs at the minimum or optimal levels recommended by the Centers for Disease Control and Prevention, there would have been 2.2 million to 7.1 million fewer smokers by 2003.

Conclusions. State tobacco control program expenditures are independently associated with overall reductions in adult smoking prevalence. (*Am J Public Health*. 2008;98:304–309. doi:10.2105/AJPH.2006.106377)

Evidence Base

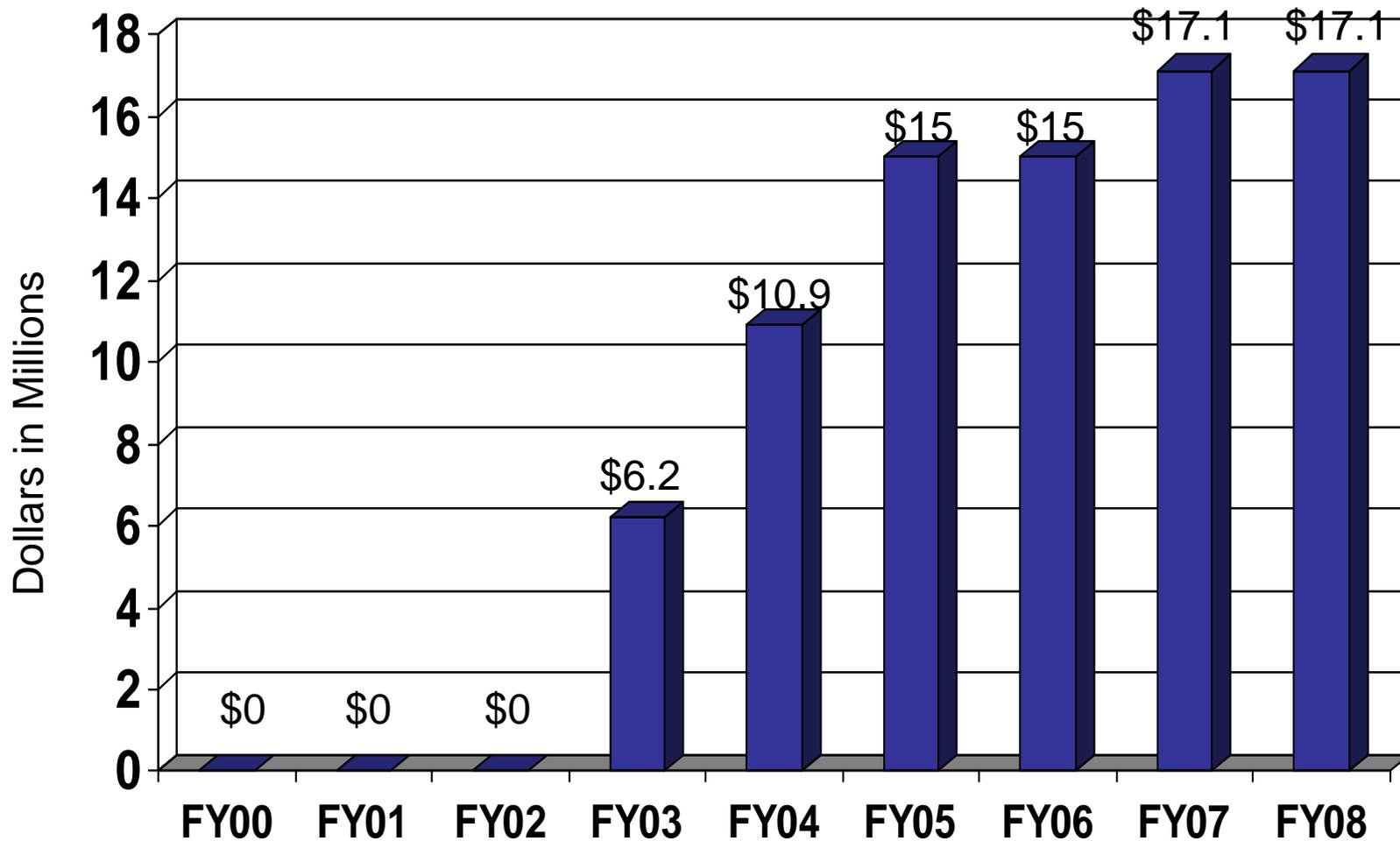


Funding for Tobacco Prevention

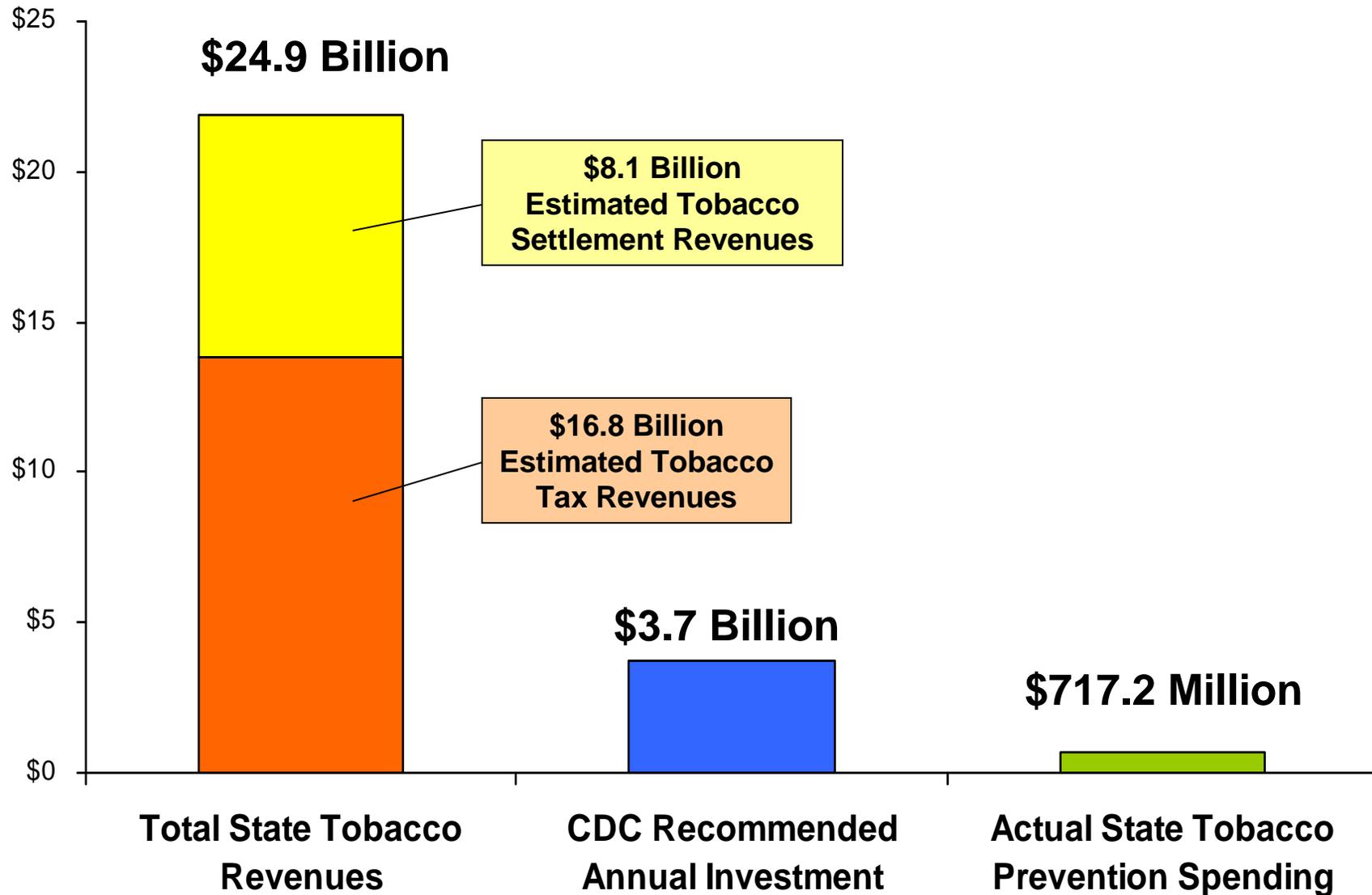


- States that have funded tobacco prevention programs at a level that meets the CDC's minimum recommendation.
- States that have committed substantial funding for tobacco prevention programs (more than 50% of CDC minimum).
- States that have committed modest amounts for tobacco prevention programs (25% - 50% of CDC minimum).
- States that have committed minimal amounts for tobacco prevention programs (less than 25% of CDC minimum).
- States that have committed no tobacco settlement or tobacco tax money for tobacco prevention programs.

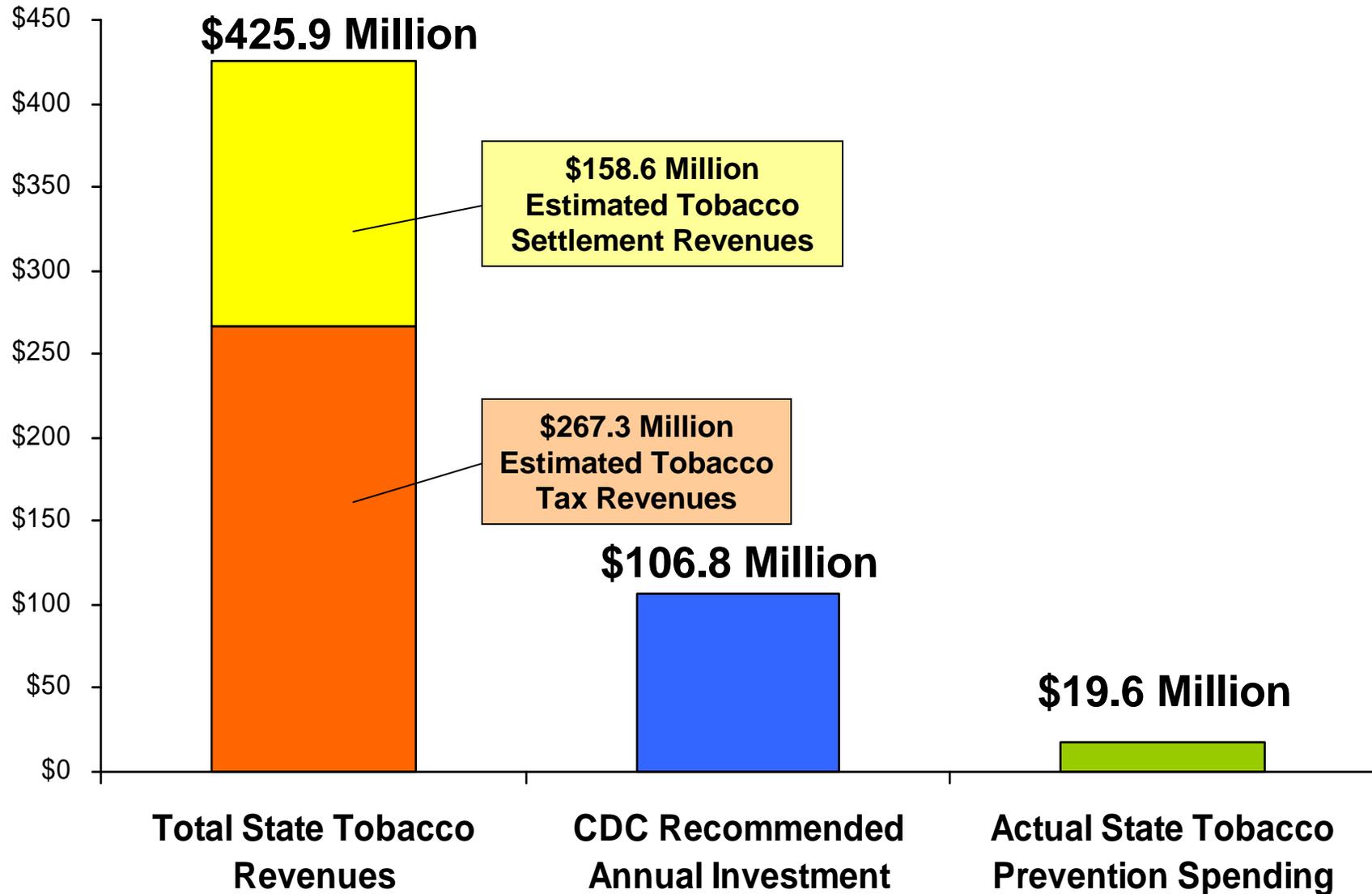
History of Tobacco Prevention Funding in North Carolina



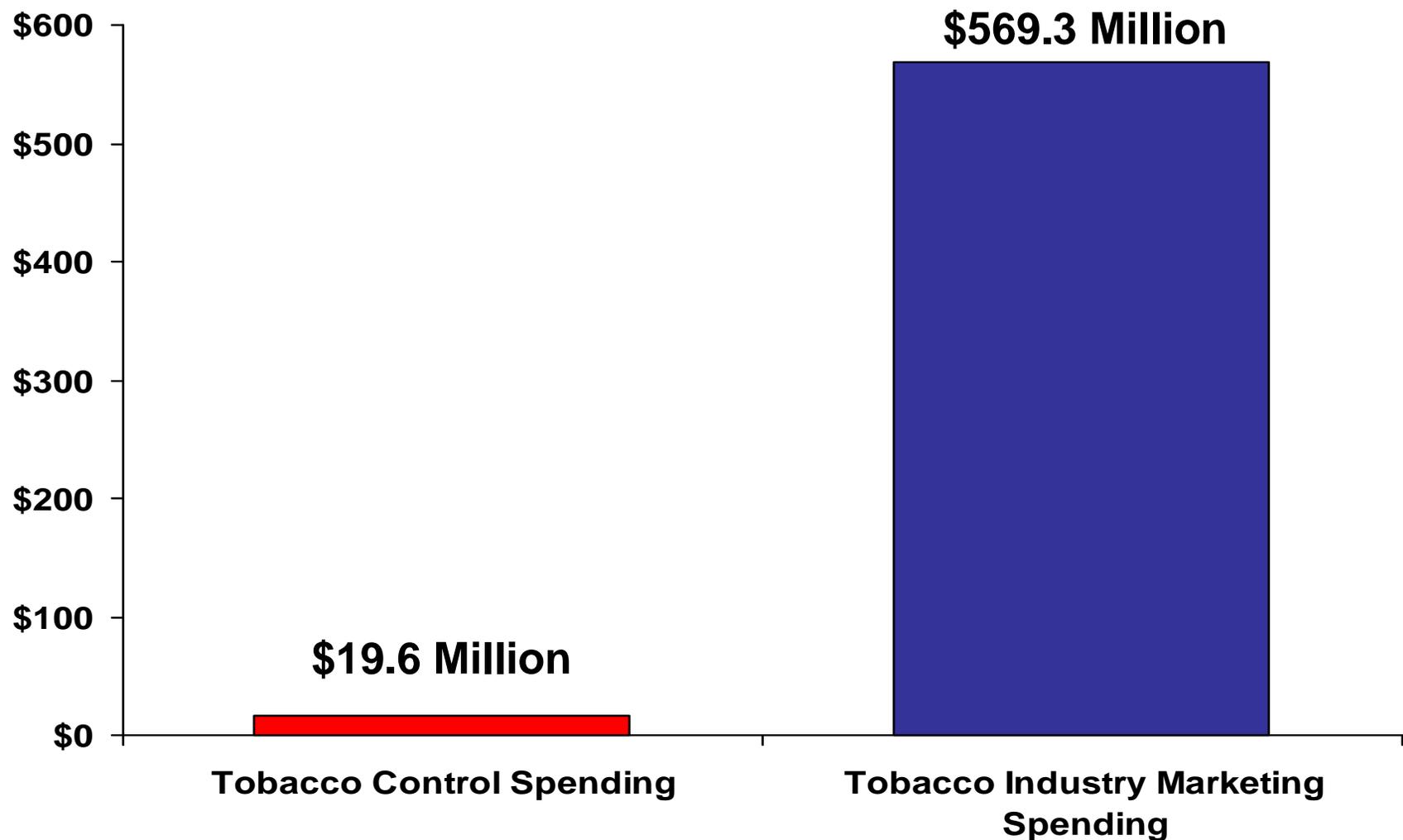
FY 2008 Tobacco Money for Tobacco Prevention



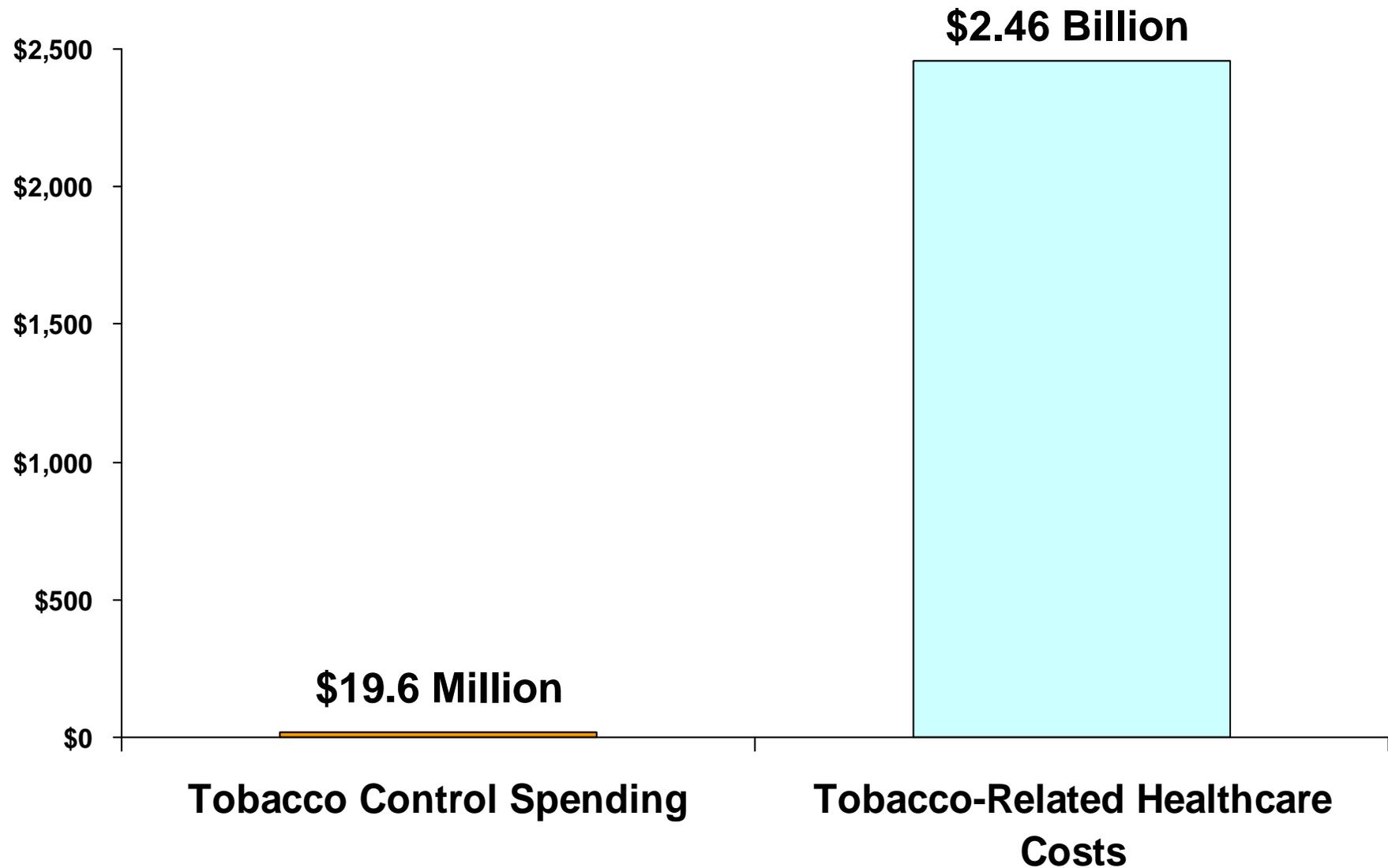
North Carolina: Tobacco Money for Tobacco Prevention, FY 2008



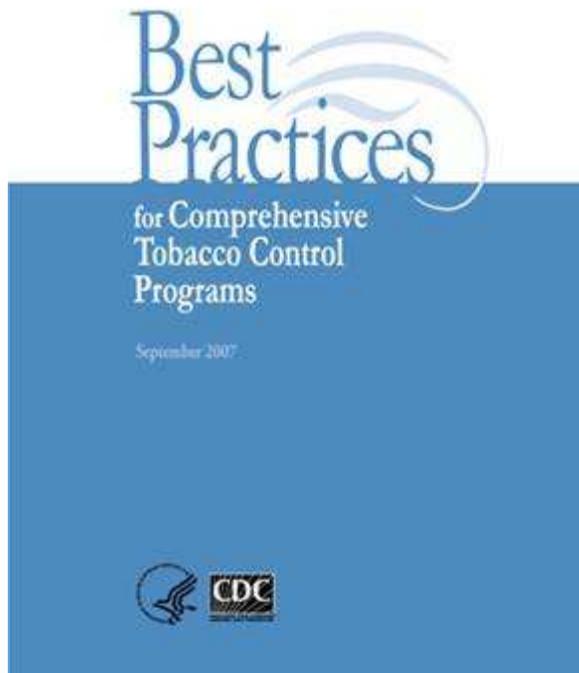
North Carolina's Tobacco Control Spending vs. Tobacco Industry's Marketing Spending



North Carolina's Tobacco Control Spending vs. Tobacco-Related Healthcare Costs



Best Practices 2007

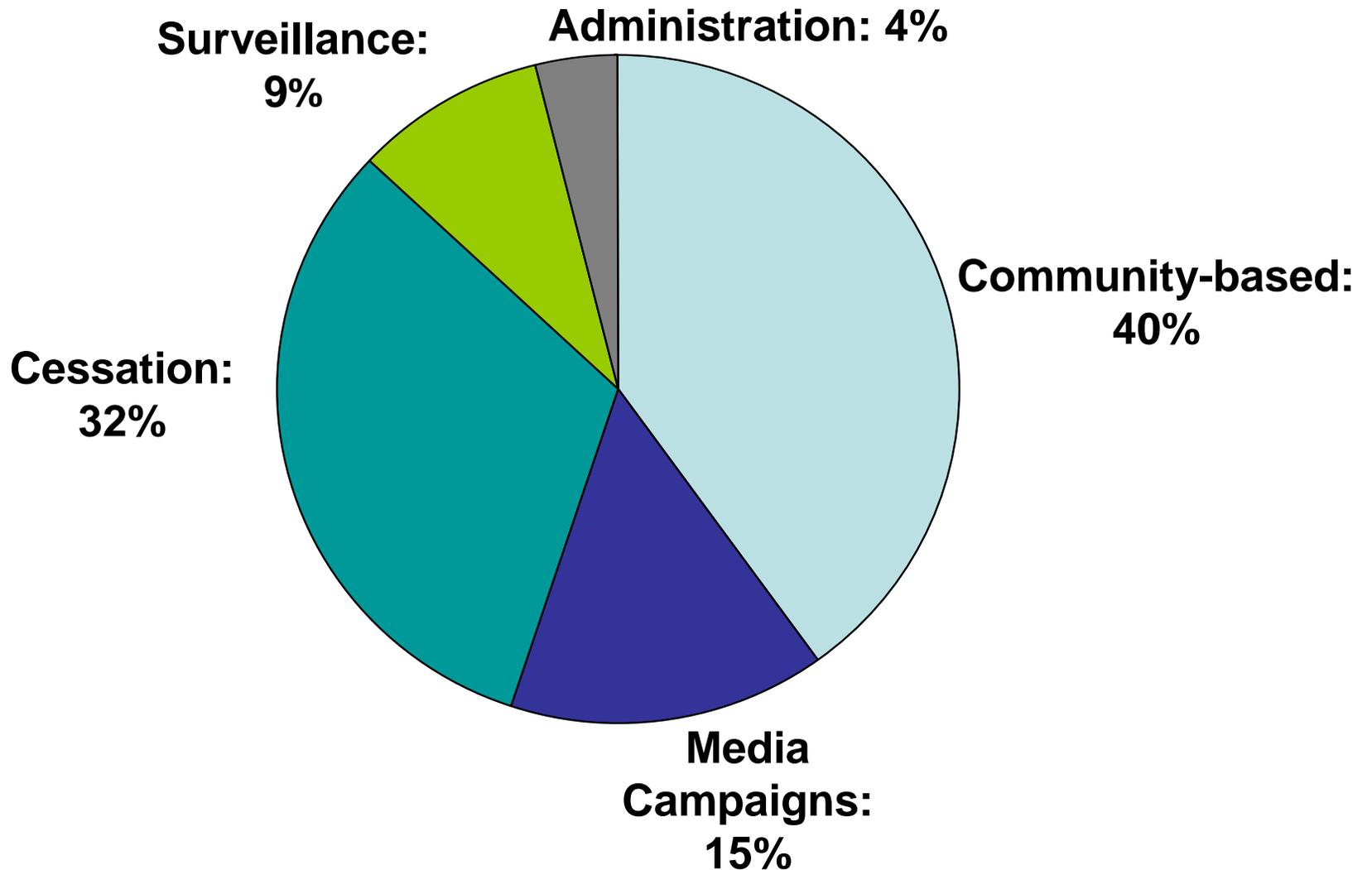


- State and Community Interventions
- Media Interventions
- Cessation Interventions
- Surveillance/Evaluation
- Administration/Management

CDC Annual Recommended Spending for NC

	CDC Rec.	NC Spending
I. State and Community Interventions	\$42.9 M	\$8.5 M
II. Health Communication Interventions	\$16.2 M	\$6.9 M
III. Cessation Interventions	\$33.8 M	\$1.9 M
IV. Surveillance and Evaluation	\$9.3 M	\$.7 M
V. Administration and Management	\$4.6 M	\$1.6 M
TOTAL:	\$106.8 M	\$19.6 M

This is what it would look like



Comprehensive State Programs

1. Community Based Programs





COMMUNITY ACTION

- **Drawing attention to the continuing problem of tobacco use**
- **Educate for the solutions needed to counter tobacco use (e.g., tobacco taxes, smoke-free laws, cessation services)**
- **Encouraging smokers to quit and helping them succeed**
- **Countering pro-tobacco influences in the community**
- **Reducing tobacco availability (e.g., access, price)**
- **Involving all elements of the community in addressing tobacco use (schools, business, sports, health, faith, etc.)**
- **Build strong local coalitions**

“In California our biggest challenge has not been the anti-smoking advertising created with cigarette excise tax dollars.

Rather, it has been the creation of an anti-smoking infrastructure, right down to the local level. It is an infrastructure that for the first time has the resources to tap into the anti-smoking network at the national level.”

-1992 Internal Philip Morris Memo, Bates Number: 2021253353





**WELCOME TO OUR
TOBACCO FREE
SCHOOL!**

School policy prohibits the use of
tobacco products:

Everywhere. By everyone. At all times.

Thank you for your cooperation.



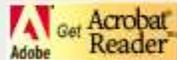
Media Home

E-News

Find It Now!

Programs

Media Guide



ASAP NEWS

Deadline Looming
Is Your League Ready for a Safe Year?

ASAP Safety Newsletters Now Available Online!
Every issue of the ASAP Safety Program

Little League Baseball World Series to be Tobacco-Free

WILLIAMSPORT, Pa. (Aug. 1, 2006) – For the first time, the Little League Baseball World Series will be a completely tobacco-free event.

In past years, use of all tobacco products was prohibited in the Little League World Series stadiums. This year, use of tobacco products will not be permitted on the 66-acre Little League International complex.

"This new policy is designed for the comfort of our thousands of guests, players and volunteers," Stephen D. Keener, president and chief executive officer of Little League Baseball and Softball, said. "The intent is to have the Little League Baseball World Series continue to be a safe and enjoyable experience for all who attend the tournament."

Those entering the Little League International complex with tobacco products will be permitted to carry these items with them during their visit to the Little League World Series. Security personnel have been instructed to remind all visitors of the tobacco-free policy.

For more information on the Little League Baseball World Series, Aug. 18-27, log on to Little League's website at: www.littleleague.org.

For more information contact [Little League International](#)

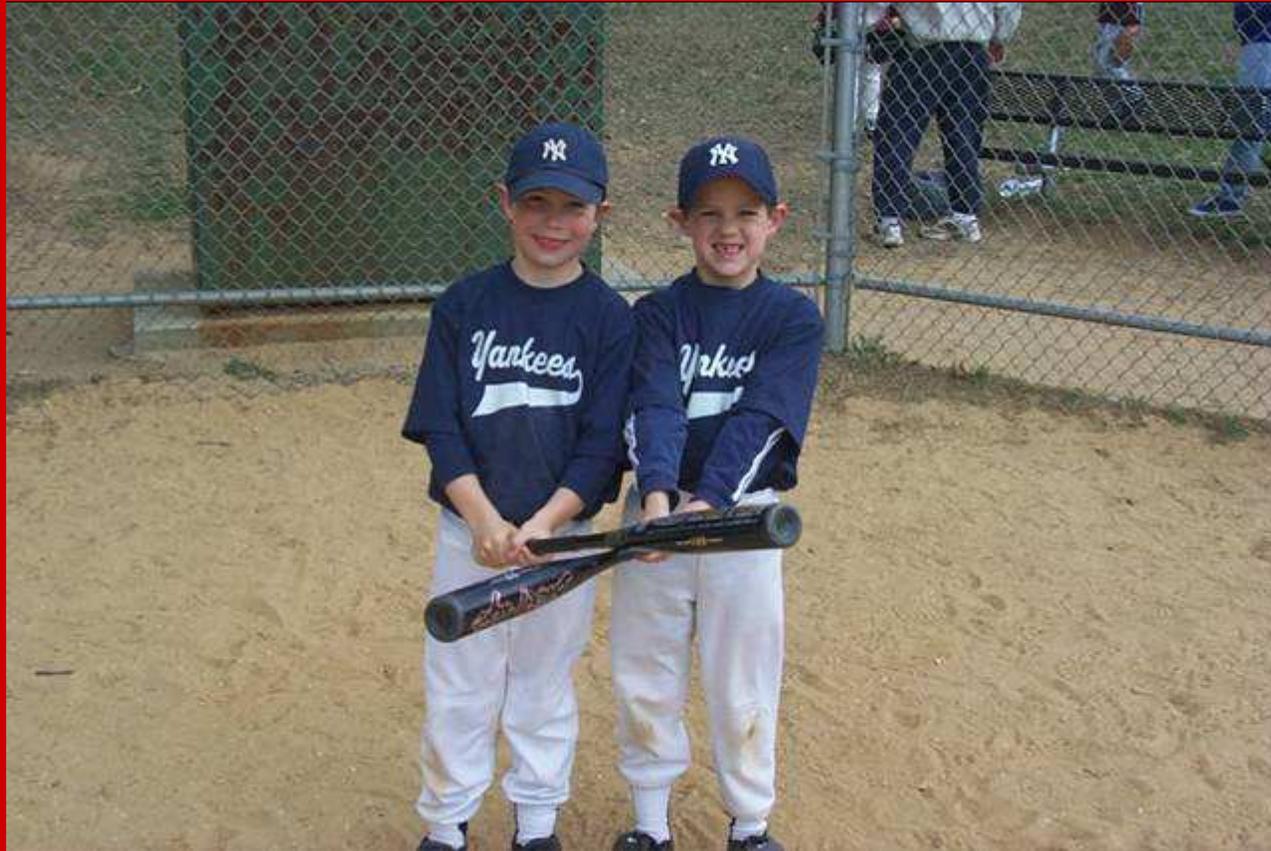


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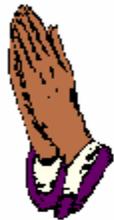
INVOLVE COMMUNITY

CALLING ALL PEOPLE OF FAITH
TO JOIN US

ALABAMA
FAITH UNITED
AGAINST TOBACCO

for

STATEWIDE
SMOKE-FREE
SABBATHS



SUNDAY, MAY 27, 2007
and
SUNDAY, JUNE 3, 2007

On the Statewide Smoke-free Sabbaths, faith leaders around the state of Alabama will lead their congregations in prayer for a Smoke-free Alabama. We will continue to pray each day (individually) at 12:00 pm until June 18th.

On June 27, 2006, the Surgeon General of the United States said, *"The debate is over. The science is clear. Secondhand smoke is a serious health hazard that causes premature death and disease in children and nonsmoking adults."*

Our prayer is for the all Alabama citizens, especially our children, to be protected from secondhand smoke in public places and work places.



For more information visit www.alabamafsuunitedagainstitobacco.org



YOUTH ADVOCACY



Comprehensive State Programs

2. Public Education -- Counter Marketing





Media Campaigns

- Powerful tools to prevent initiation, promote cessation, and shape social norms
- Effective messages can stimulate public support and create a supportive climate for policy change
- Must include earned and paid media
- Must be focused with limited budget; be strategic

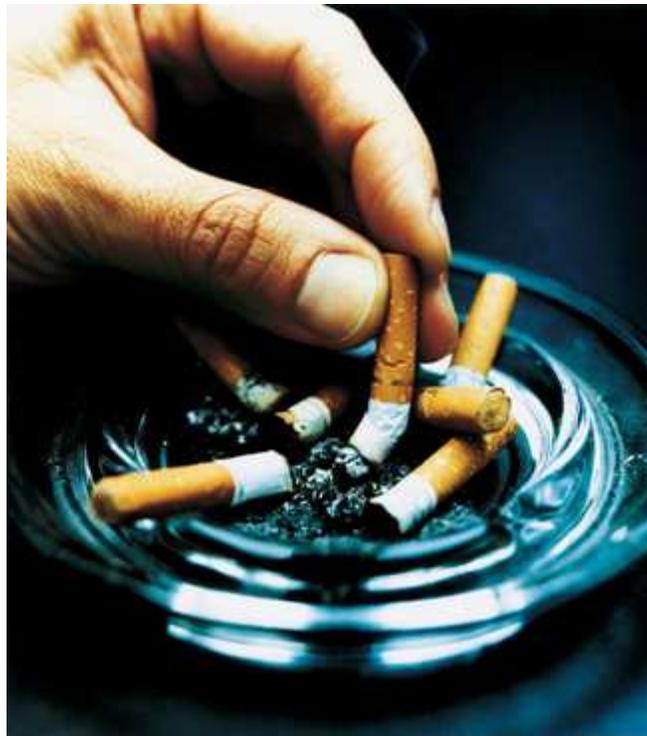


Youth Prevention



CAMPAIGN
for
TOBACCO-FREE
Kids®

Cessation



**QUITTING
TAKES PRACTICE.**

TOBACCO QUITLINE.COM OR CALL TOLL FREE 1-877-270-STOP.

Paid for by the Washington State Department of Health.



**IF AT FIRST YOU DON'T SUCCEED,
QUIT, QUIT AGAIN.**

TOBACCO QUITLINE.COM OR CALL TOLL FREE 1-877-270-STOP.

Paid for by the Washington State Department of Health.

Policy Education





Your One Stop Truck Stop





The Surgeon General recently concluded that breathing secondhand smoke makes it more likely that you will get heart disease, have a heart attack, and die early.

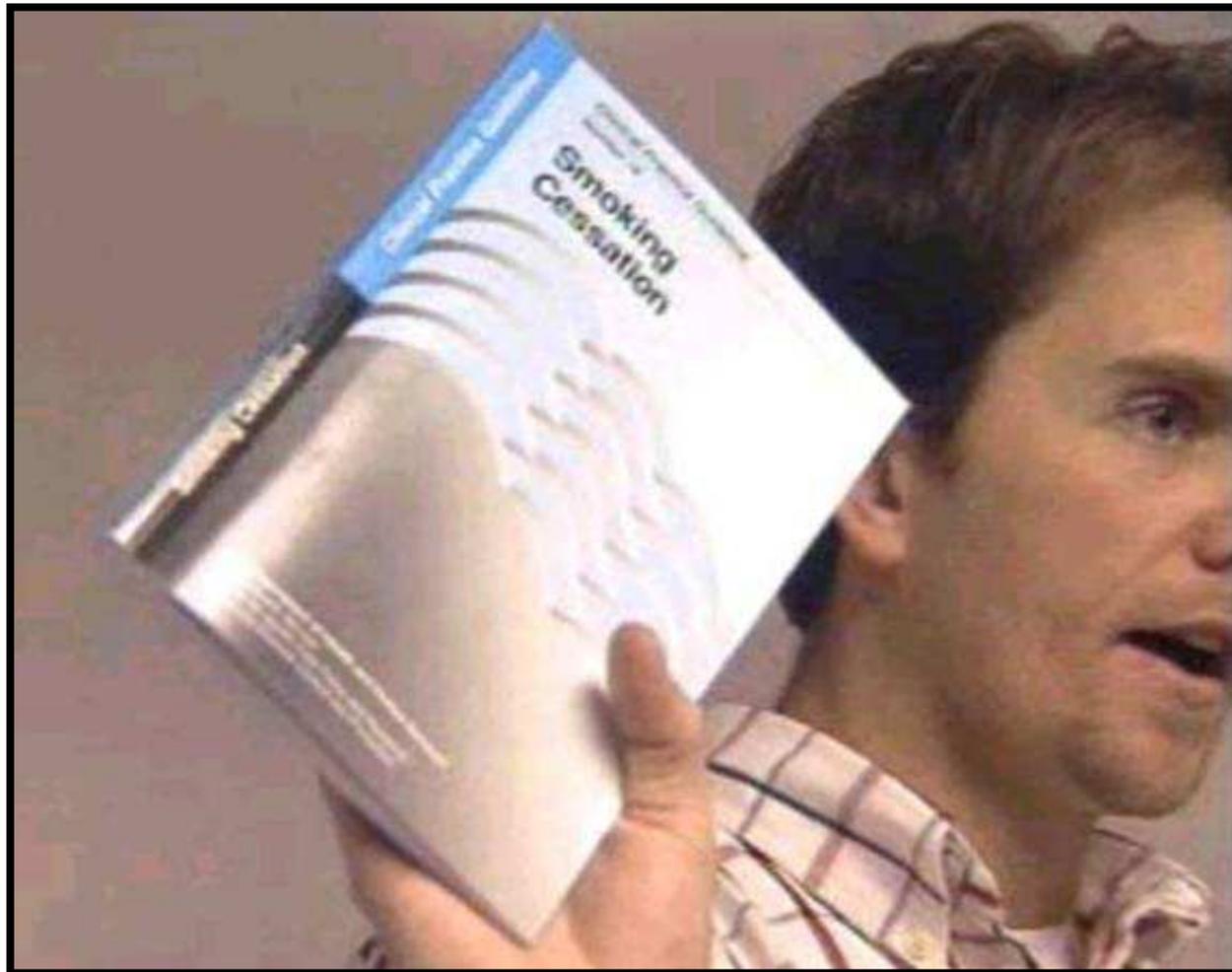
So, how long can you hold your breath?

Community Component

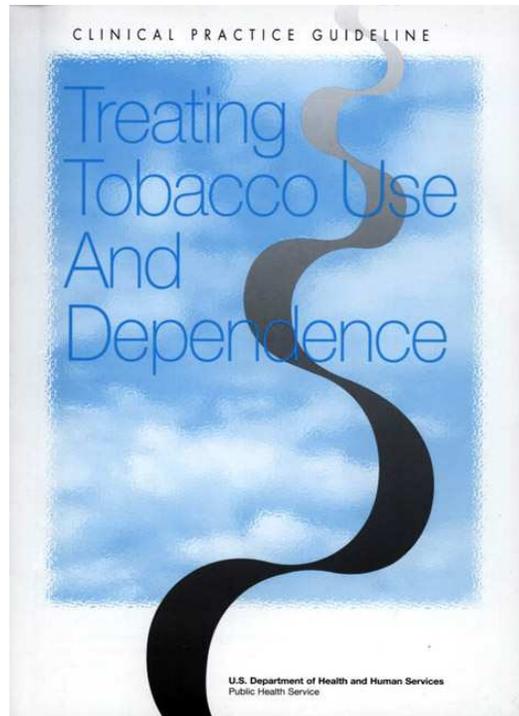


Comprehensive State Programs

3. Programs to Help Smokers Quit



1-800-QUITNOW





2008 Guideline Update

- Stronger evidence on counseling as a treatment strategy
- More effective medications with addition of varenicline (Chantix); combinations also shown effective
- More evidence on impact of making treatment a covered benefit
- More evidence on quitlines – broad reach to diverse populations
- Combining counseling and medication most effective
- Cost effectiveness

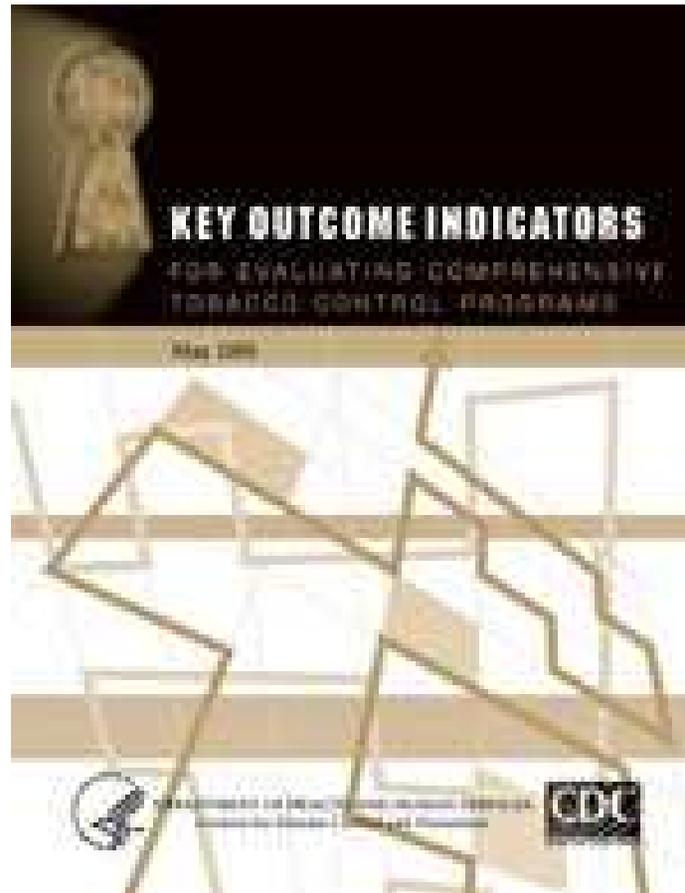


Cessation Interventions

- With limited budget, focus on quitline and policy change
- Find balance between promotion and service delivery
- Advocate need for coverage of counseling and meds in public and private sector

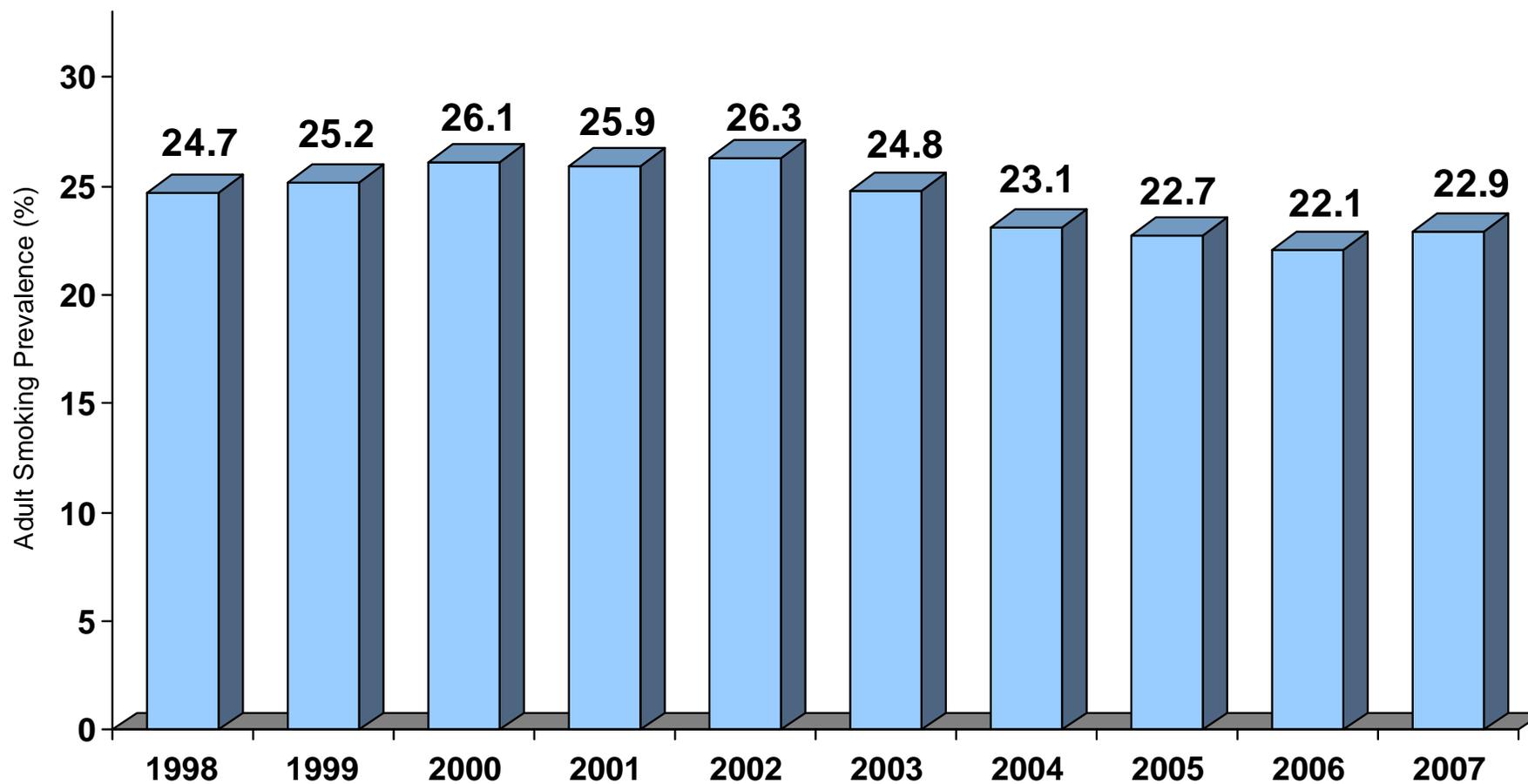
Comprehensive State Programs

4. Surveillance and Evaluation



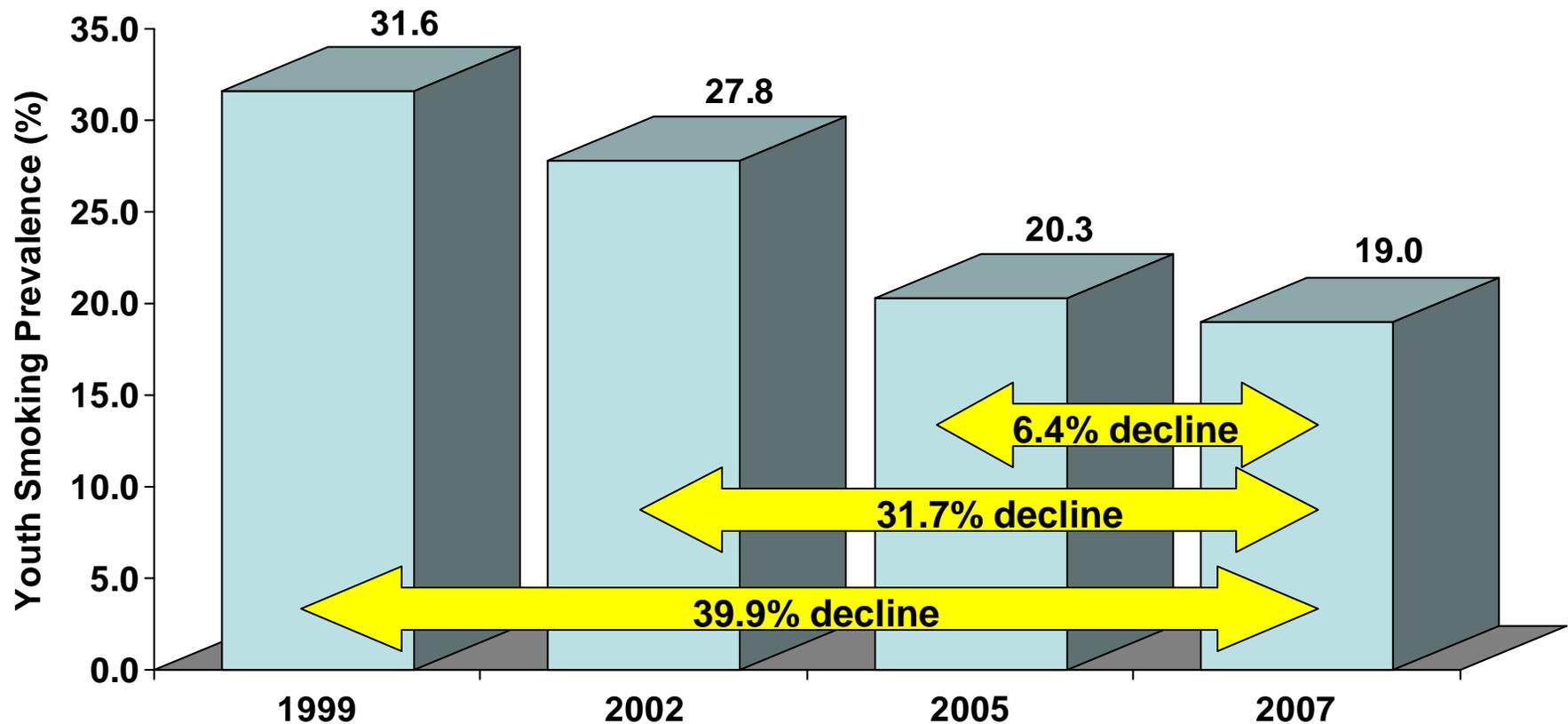
North Carolina Adult Smoking Trends

1994 - 2007



Data from the BRFSS

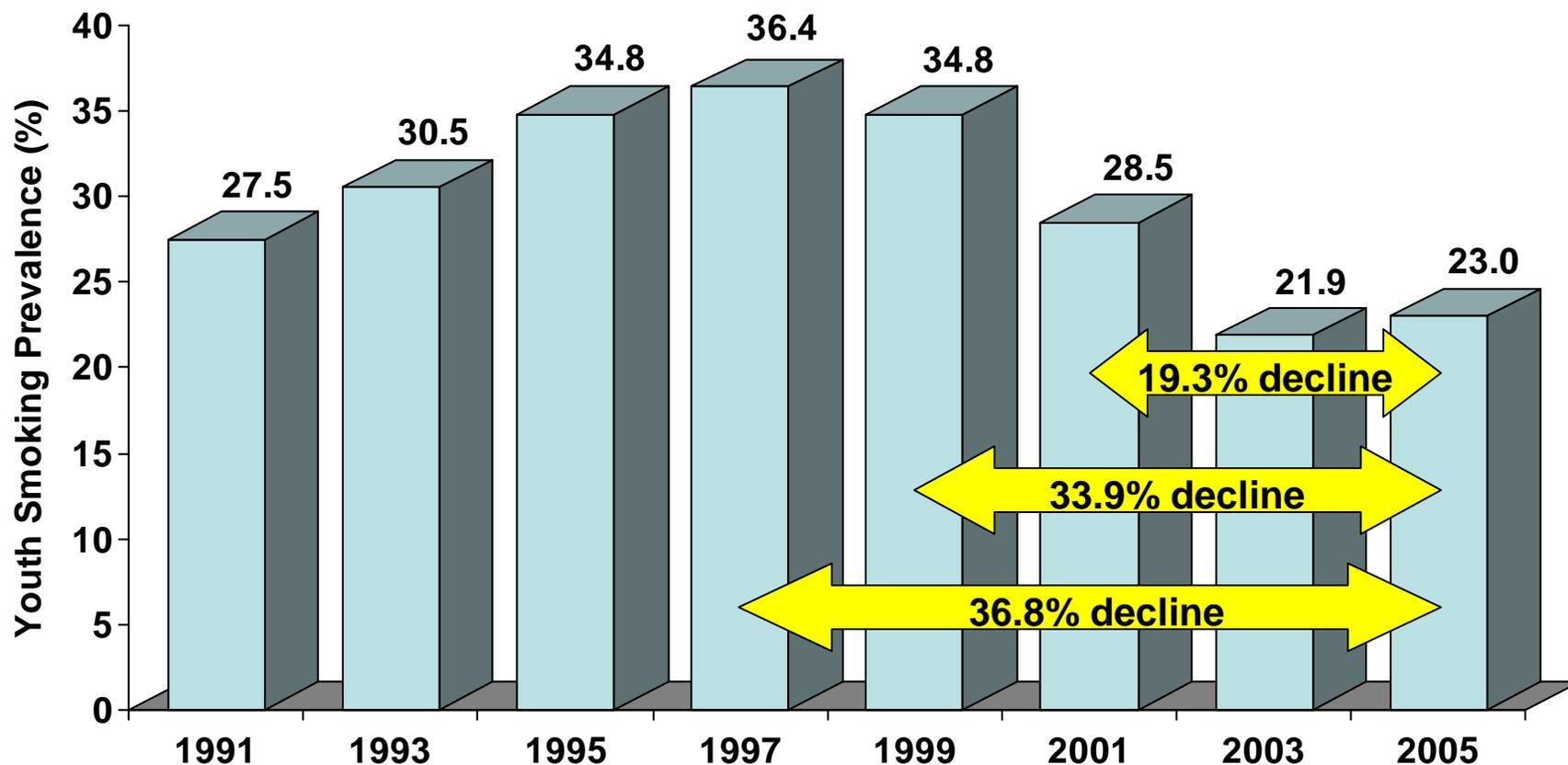
North Carolina Youth Smoking Trends 1999 - 2007



Data from the Youth Tobacco Survey (1999-2007)

National Youth Smoking Trends

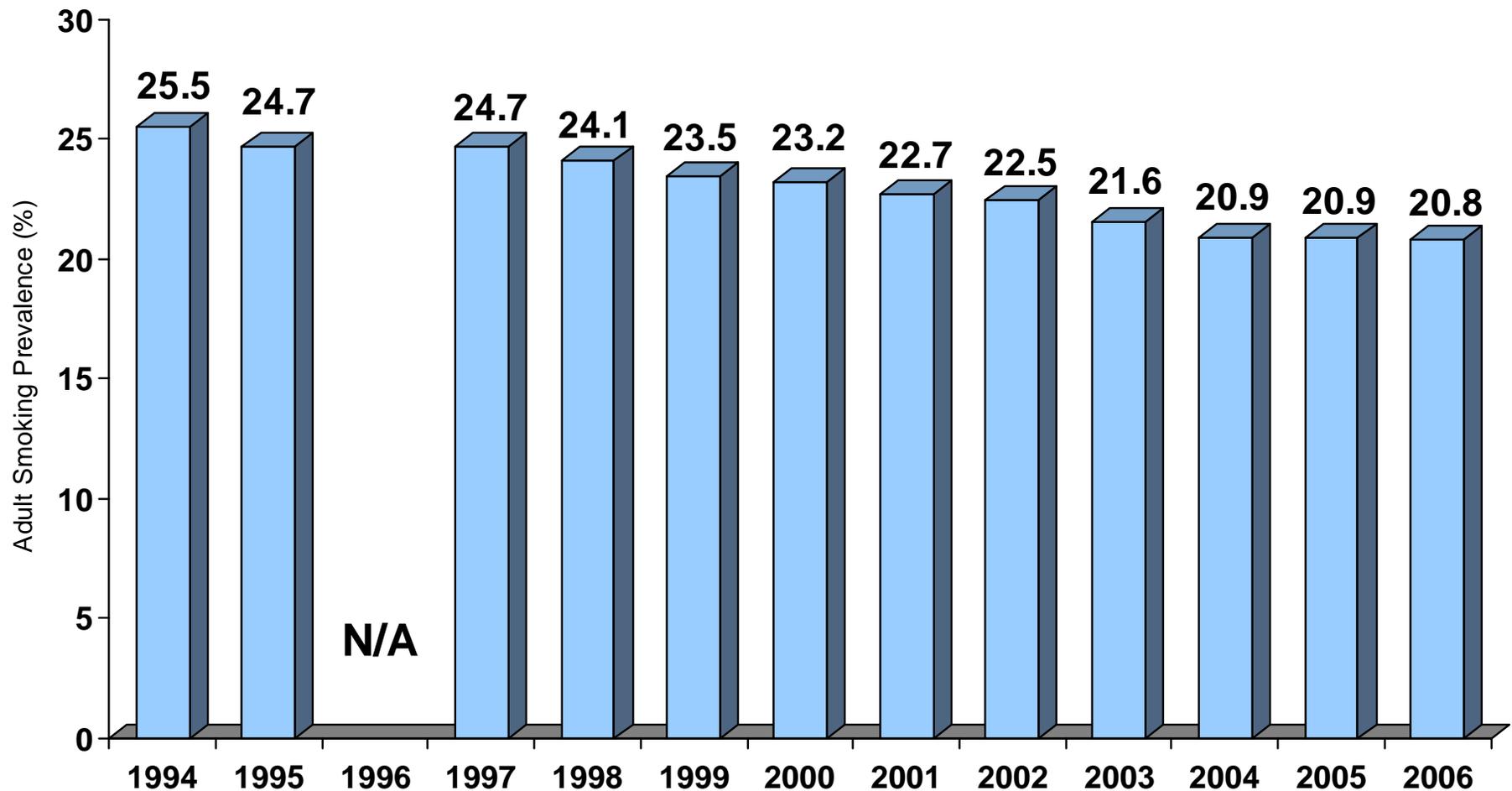
1991 - 2005



Data from the Youth Risk Behavior Surveillance Survey (1991-2005)

National Adult Smoking Trends

1994 - 2006

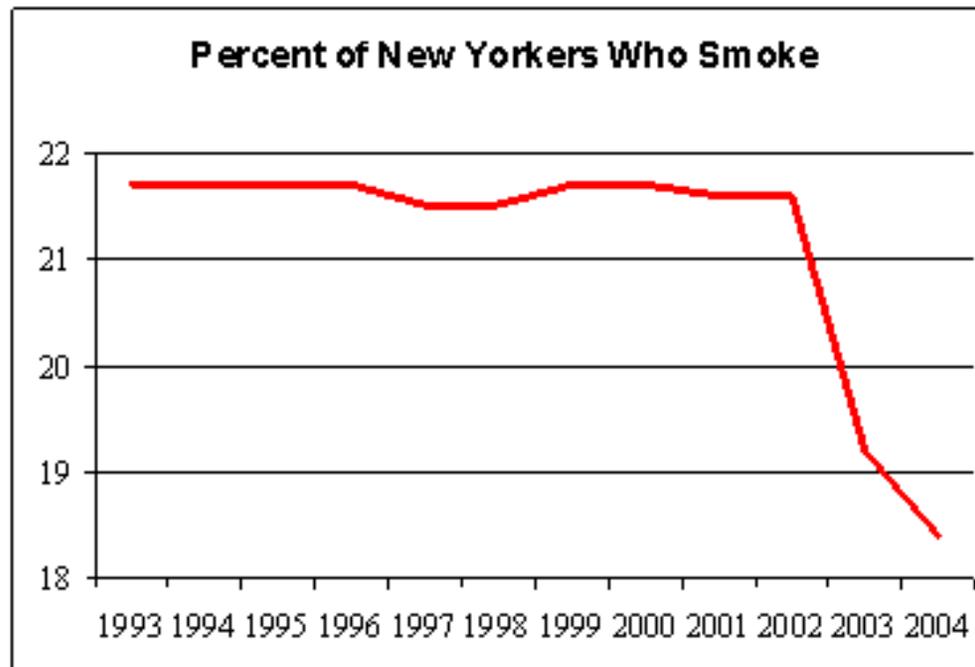


Data from the National Health Interview Survey



We Know What Works

- The city and state's combined comprehensive approach of:
 - **excise tax increases** (state's 55¢ increase on 3/1/00 and 39¢ increase on 4/3/02; city's \$1.42 increase on 7/2/02)
 - **smoke-free workplace laws** (city on 3/30/03, state on 7/24/03)
 - **assistance for smokers** who want to quit drastically reduced smoking
- The number of adult smokers in NYC **declined by 15 percent** in just two years – that's 188,000 fewer smokers.





We Just Have to Do It

