

Tobacco Use Prevention and Cessation

NC Institute of Medicine Adolescent Task Force

September 5, 2008

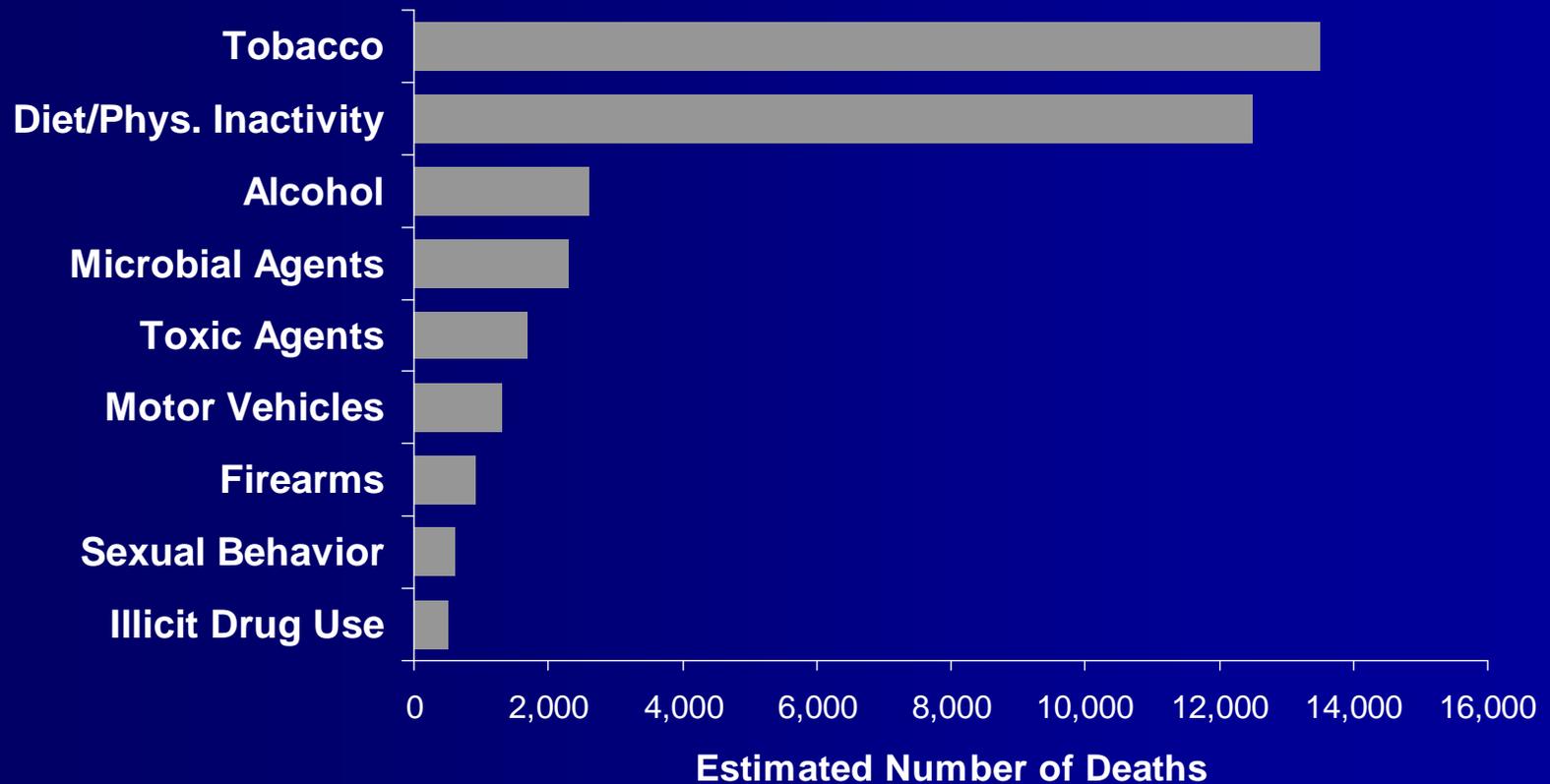
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NC Division of Public Health**

Overview of Presentation

- Brief Data Overview
- Evidence-based Interventions
- Summary of Current Policies and Programs
- Recommended Next Steps

Estimated Preventable Causes of Death NC- 2006





THE BEST WAY TO EXPLORE THE FUTURE IS TO **CHOOSE THE PATH TO BETTER HEALTH.**

**NORTH CAROLINA'S
COMPREHENSIVE PLAN TO
PREVENT AND REDUCE
THE HEALTH EFFECTS OF
TOBACCO USE**

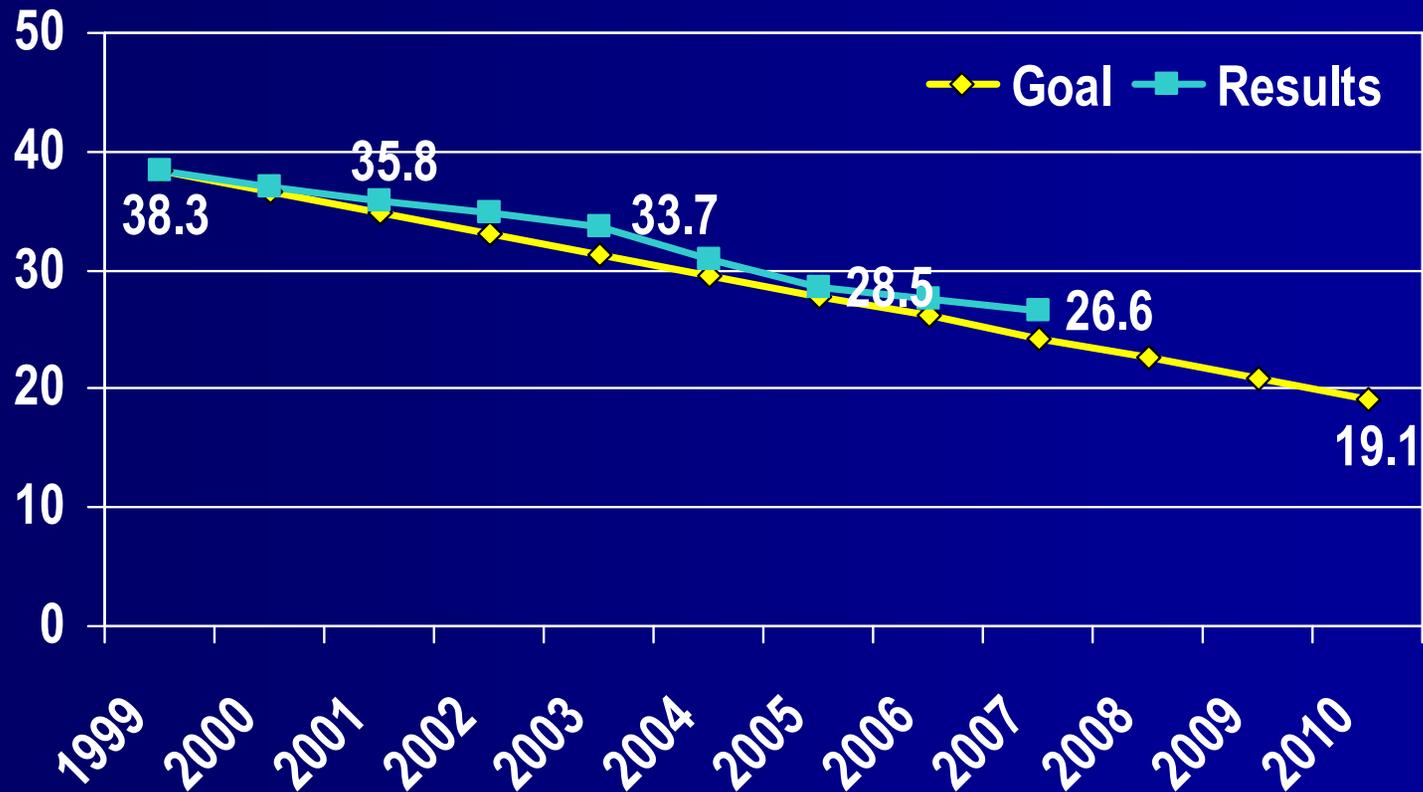


Vision2010

Overarching 2010 Objectives

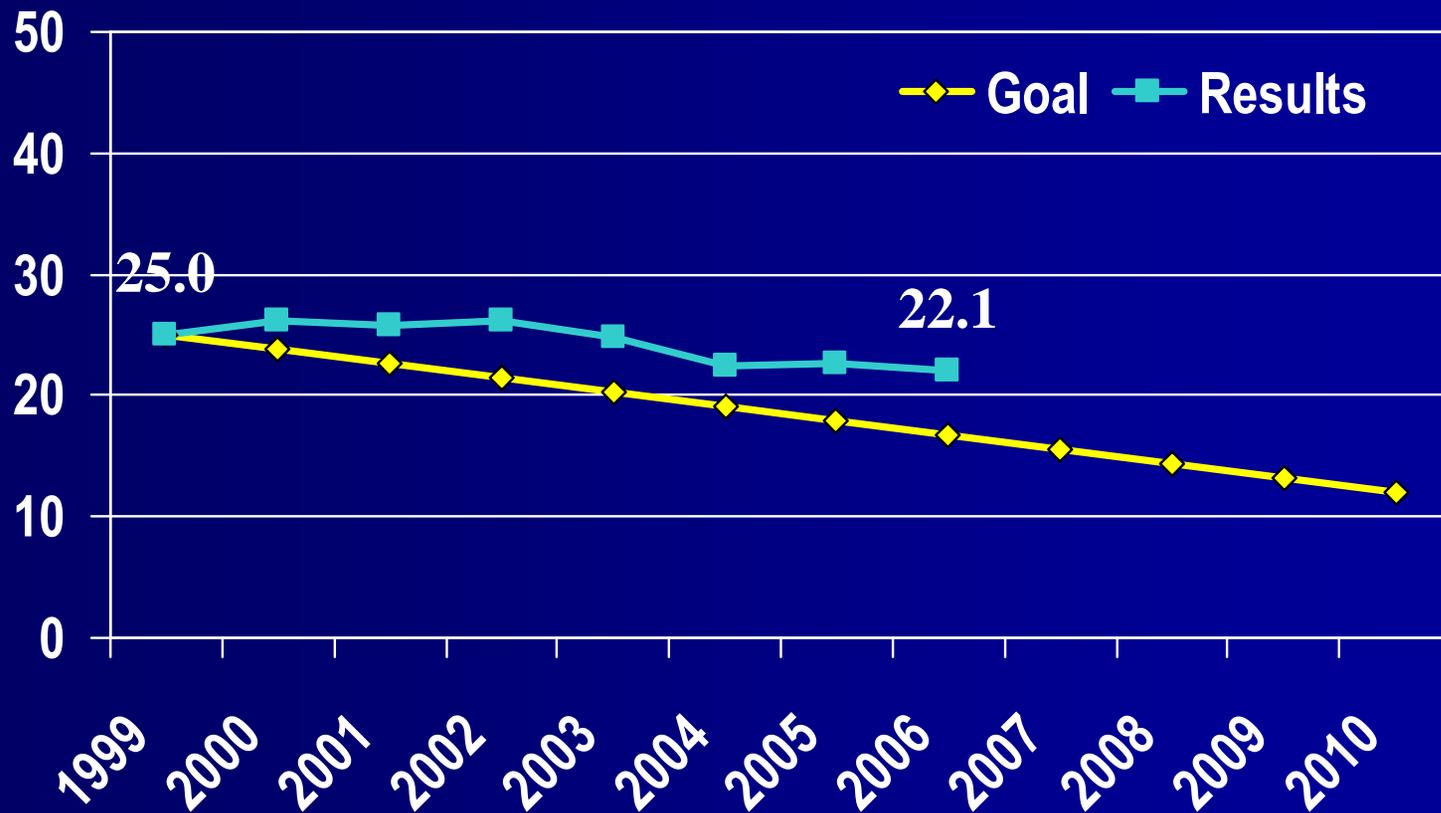
- Decrease overall teen tobacco use from 38.3% to 19.1%.
- Decrease the proportion of adults who smoke from 25% to 12%
- Reduce the proportion of pregnant women who smoke from 15.2% to 10%.

By 2010, Decrease Overall Teen Tobacco Use From 38.3% to 19.1%



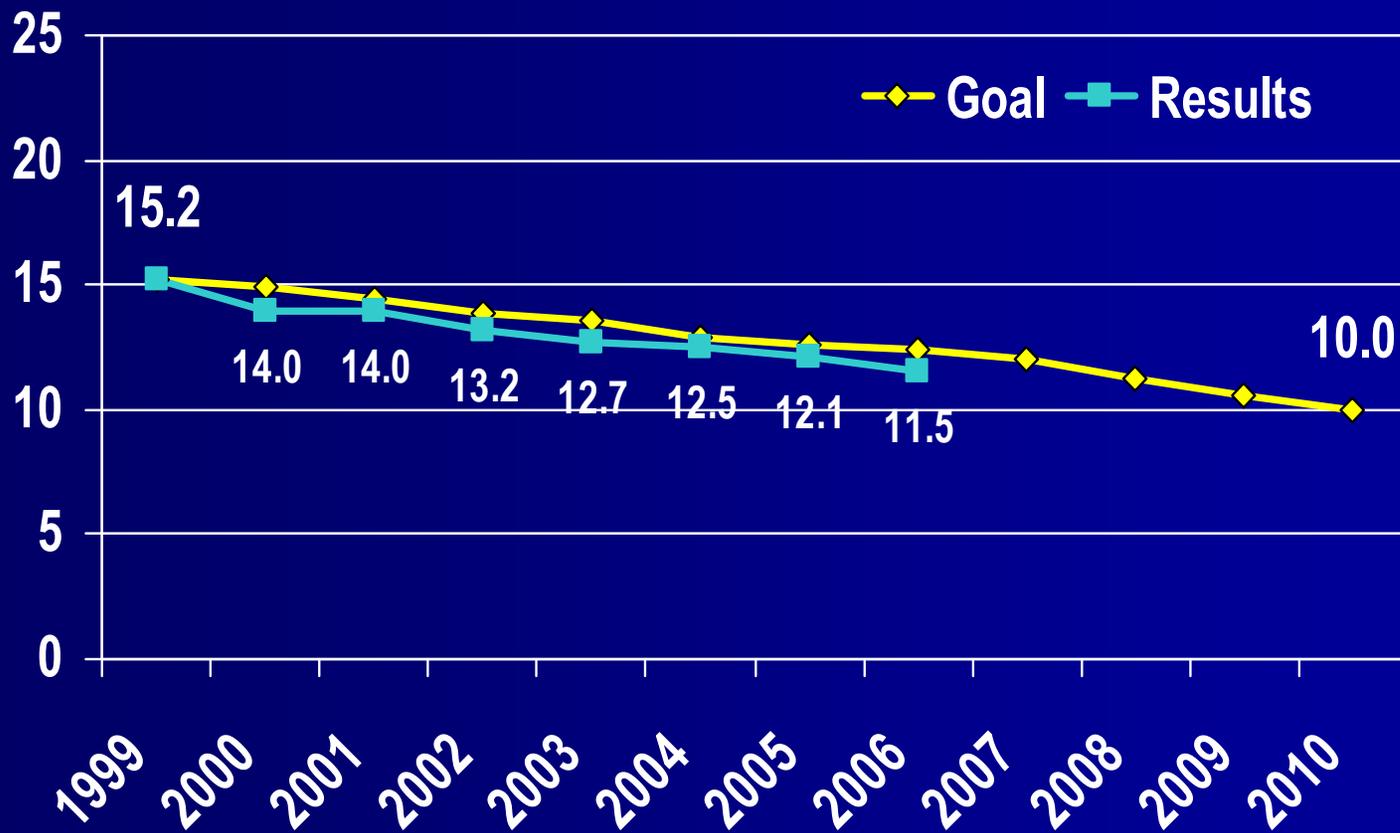
Data source: NC YTS 1999-2007

By 2010, decrease the proportion of adults who smoke from 25% to 12%.



Data source: NC BRFSS-current smoker: 1999-2007

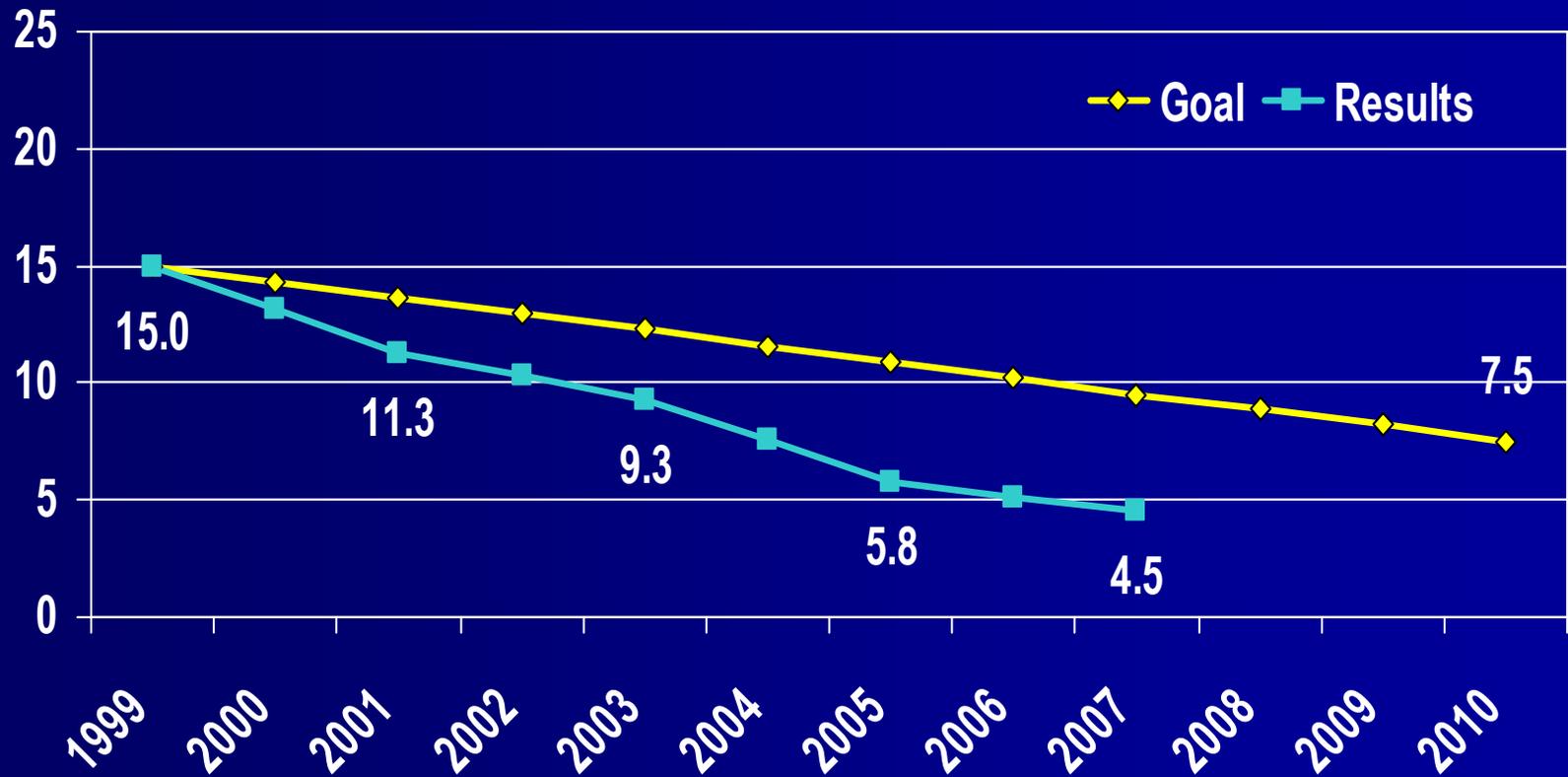
By 2010, reduce the proportion of pregnant women who smoke from 15.2% to 10%.



Data source: Vital Stats- www.schs.state.nc.us/SCHS/vitalstats/volume1/2006/nc.html

Youth Initiation

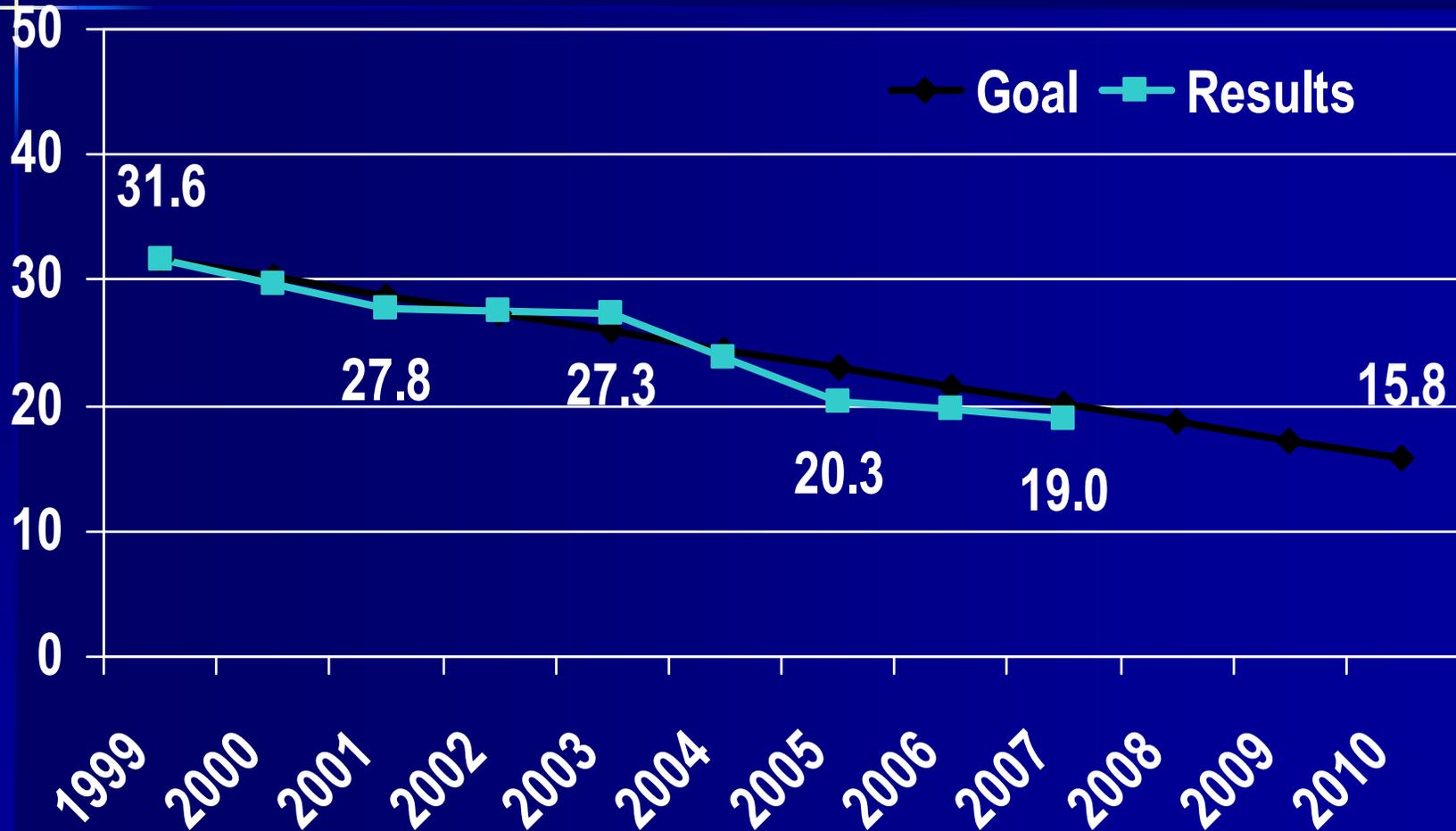
Decrease the proportion of middle school students who smoke from 15% to 7.5%



* NC YTS 1999-2007

Youth Initiation

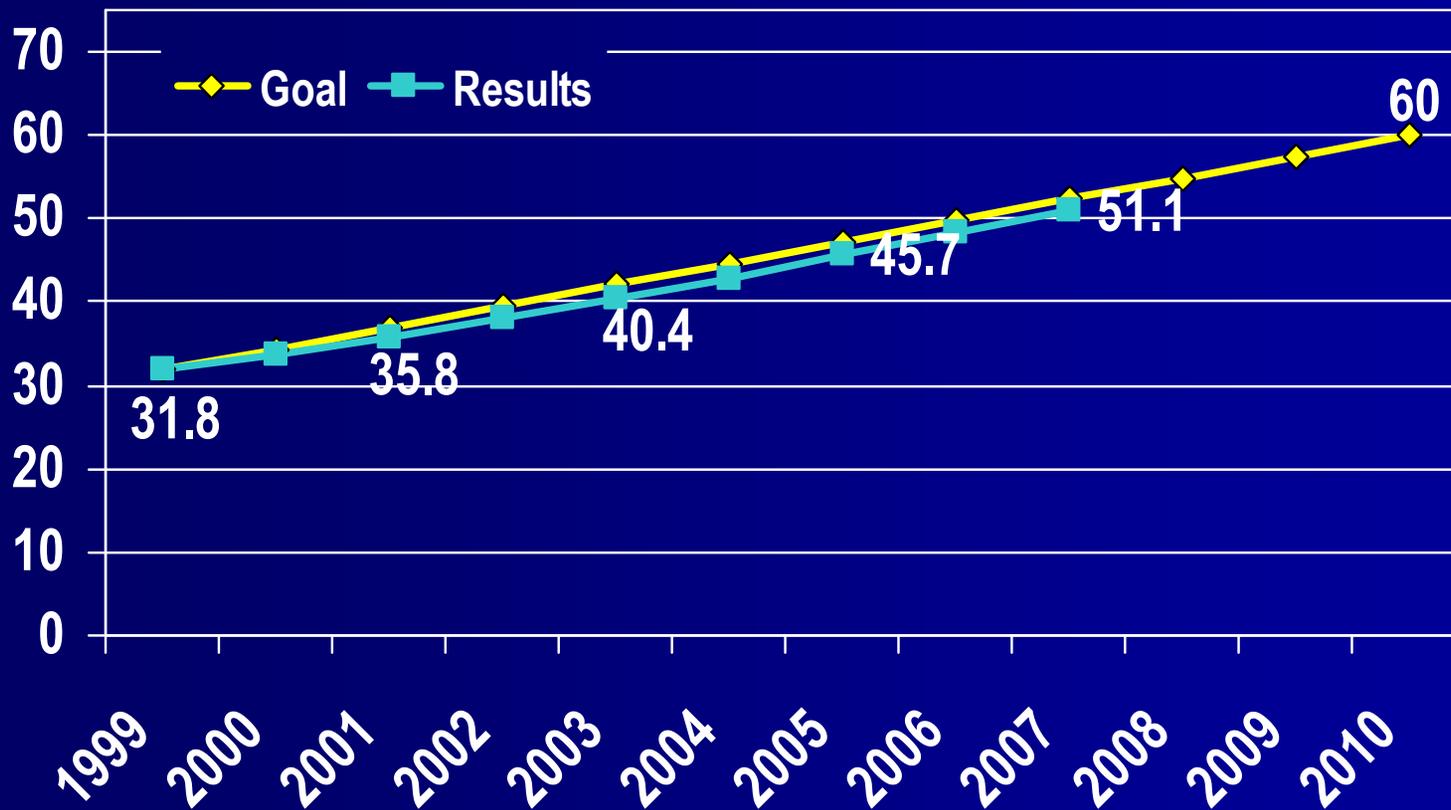
Decrease the proportion of high school students who smoke from **31.6%** to **15.8%**



Data source: NC YTS 1999-2007

Youth Initiation

Increase from 29.8% to 60% the proportion of young people in high school who have never smoked.



* NC YTS 1999-2007

Major Adolescent Tobacco Use Disparity in NC

American Indian Youth:

Current smoking rates are 16% among middle school students *compared to 4.5% overall.*

Current smoking rates are 35% among high school students *compared to 19% overall.*

Data source: NC SSYTS 2008



We Know What Works!

CDC Recommends, based on the evidence:

www.thecommunityguide.org

Reducing Tobacco Use Initiation

Increasing the unit price for tobacco products

Mass media education campaigns combined with other interventions

Increasing Tobacco Use Cessation

- Increasing the unit price for tobacco products
- **Reducing client out-of-pocket costs** for effective cessation therapies
- Multi component interventions that include **client telephone support**
- **Mass media education** campaigns combined with other interventions
- Healthcare provider reminder systems with provider education, with or without client education

Reducing Environmental Tobacco Smoke

- **Smoking bans and restrictions**
- **Restricting Minors' access to tobacco products**
- Community mobilization when combined with additional interventions (stronger local laws directed at retailers, active enforcement of retailer sales laws, retailer education with reinforcement)

Tobacco Taxes

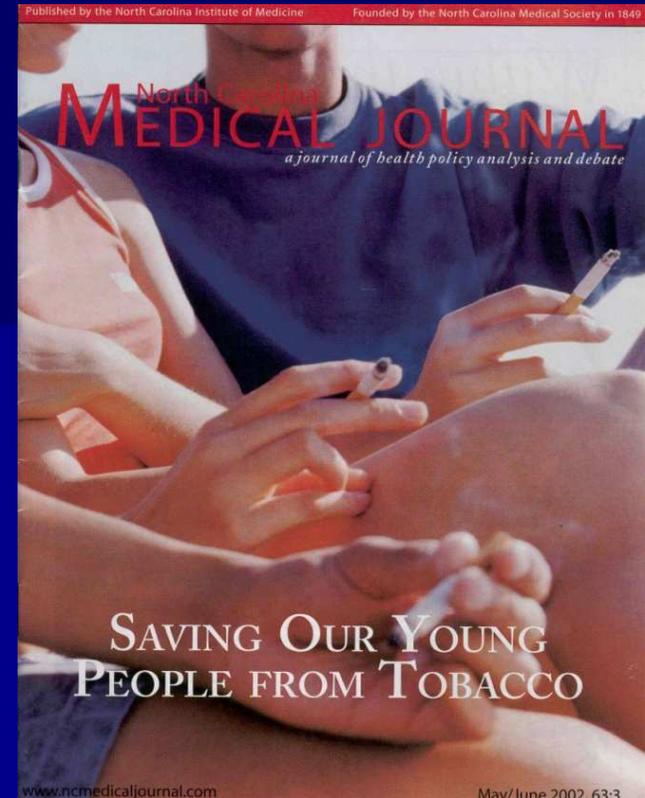
Tobacco taxes are evidence-based:

- Prevent people from starting
- Reduce consumption
- Induce quitting
- Prevent relapse

Estimates indicate that a 10% rise in price reduces overall cigarette consumption by about 4% -7%

Consumption decreases even more for adolescents than for adults

NOTE: Small increases (less than 20 cents) are not effective



NC Tobacco Tax History

- Until 1969: Zero tax on cigarettes
- 1969: 2 cents
- 1991: 5 cents
- 2005: 30 cents
- 2006: 35 cents

National Average = \$1.18

Source: Campaign for Tobacco-free Kids, 2008

If North Carolina raises cigarette tax to national average

the number of kids alive today saved from later premature smoking-caused death:

32,600

- *Source: Campaign for Tobacco-free Kids, 2008*

HWTF Tobacco Use Prevention and Cessation Initiative

- **Total allocation = \$17.1 million in FY 07-08**
- **Original allocation of \$6.2 million 2003**
- **Focused on teens and young adults**
- **Components include:**
 - **Community/School grants**
 - **Statewide services like ALE, NOT, NC STEP**
 - **Mass media**
 - **QuitlineNC and related outreach**
 - **Tobacco Free colleges**
 - **External evaluation of all components by UNC-TPEP**
 - **Program expansion for adult populations**

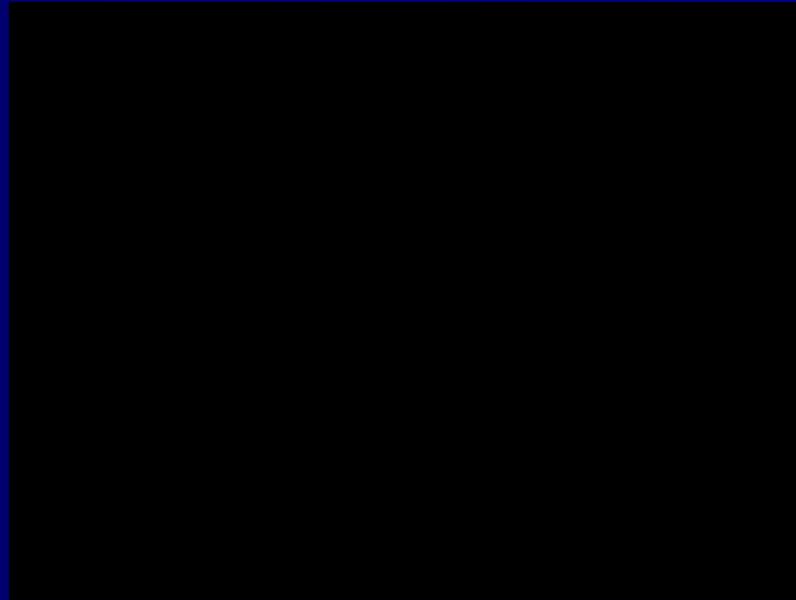


HWTF Paid Media Campaign – TRU (Tobacco-Reality-Unfiltered)



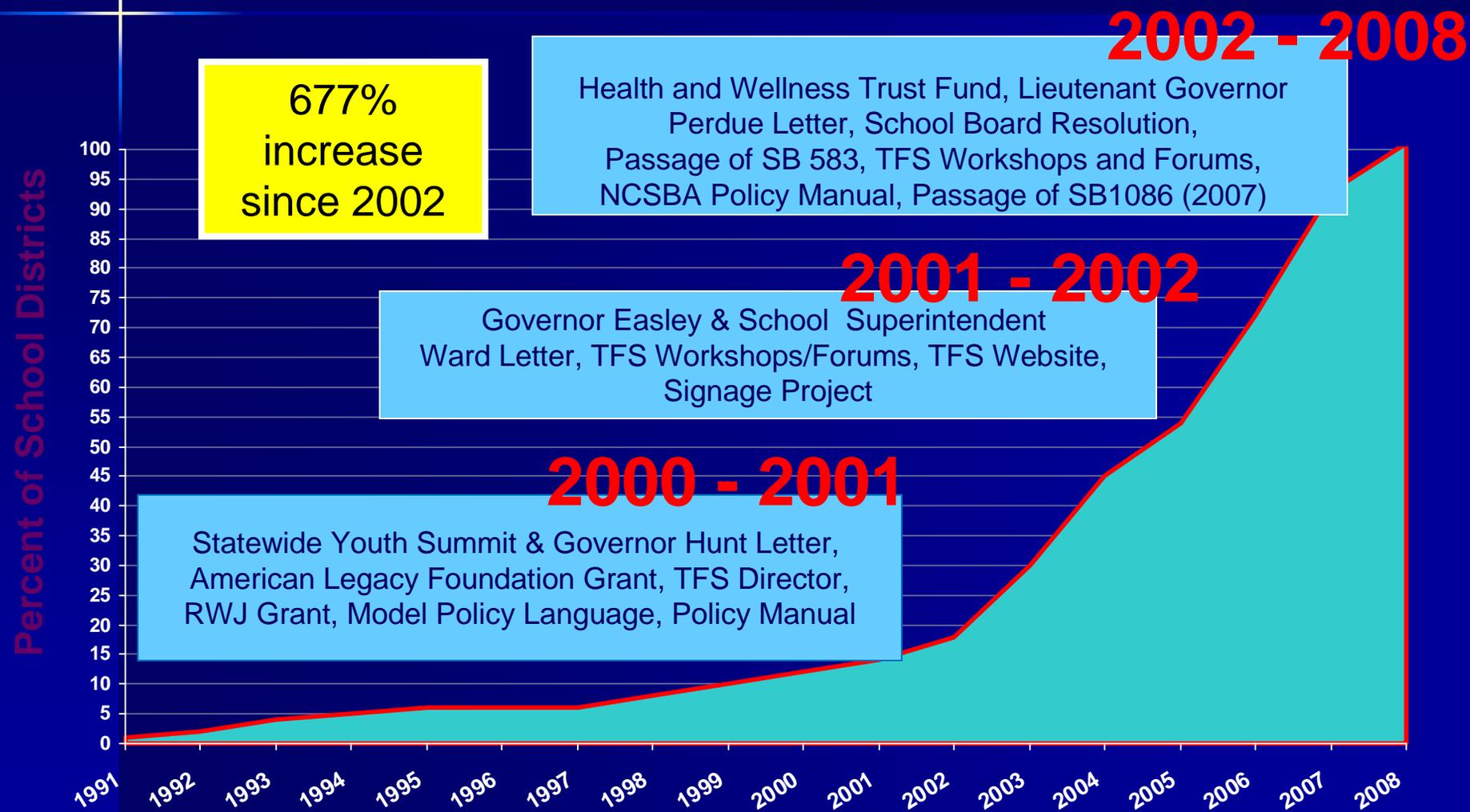
- Mass media campaign ongoing since 2003
- Use emotional testimonials of real NC Teens
- UNC-CH study found significant preventive effect:
 - Awareness of the campaign rose from 54% in 2006 to 71% in 2007.
 - Over 500,000 youth (11 -17) in NC have seen and are aware of the NC TRU campaign
 - More than 95% of NC youth who had seen the 2007 ads reported that they were convincing, attention-grabbing, and gave good reasons not to use tobacco.
 - Over 25% of NC youth reported that they talked to their friends about the ads, indicating, high "chat value".

TRU Reena Advertisement



NC Success Story! 100% Tobacco-Free Schools

100% tobacco-free school policy - prohibits the use of all tobacco products by students, staff and visitors at all times on school property and at school-related or school-organized events.



Clinical Practice Guidelines

- Counseling has been shown to be effective in treatment of adolescent smokers.
- Therefore, adolescent smokers should be provided with counseling interventions to aid them in quitting smoking.

Source: Treating Tobacco Use and Dependence, Clinical Practice Guidelines, US DHHS, 2008



North Carolina Tobacco Use Quitline

- 1-800-QUIT-NOW (1-800-784-8669)
- 8:00 a.m. – midnight, 7 days a week; Toll-free; Confidential
- All North Carolinians – youth and adult
- Proactive – Quit coaches can call tobacco users back upon request, or make 1st call
- Fax referral available
- Available in multiple languages



Administered by the Tobacco Prevention and Control Branch, NC Division of Public Health: Funded by the NC Division of Public Health, NC Health and Wellness Trust Fund.



NC Tobacco Use Quitline

- Science-based
- Cost effective
- Used by NC health care providers
- Liked by callers
- Data-generating
- As effective as other cessation programs and more accessible

Quitline NC – “Call it Quits” Campaign

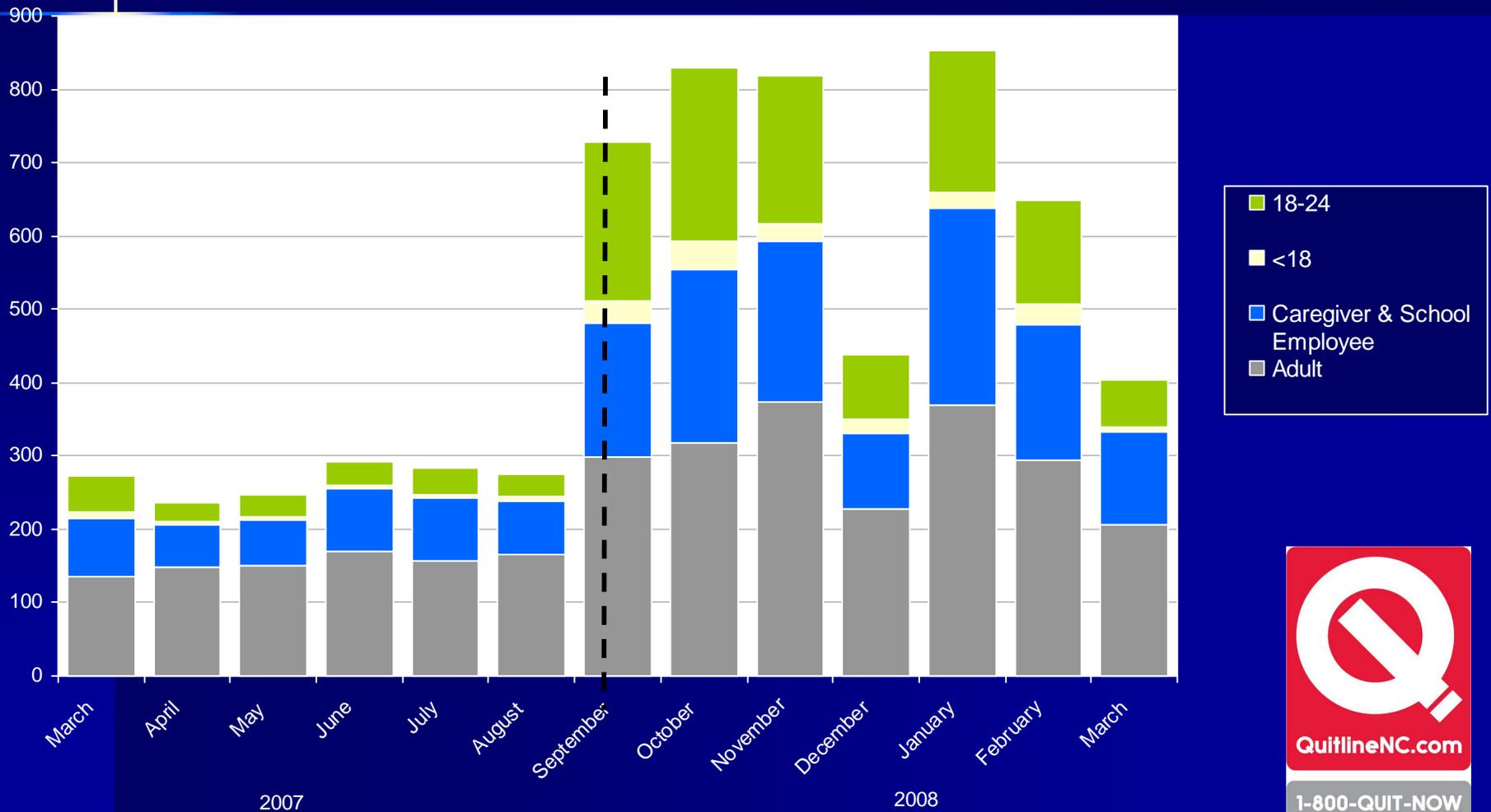
- **In September 2007, HWTF launched the “Call It Quits” campaign, the first multi-media ad campaign to promote QuitlineNC services to young adults ages 18 to 24 in the state.**
- **During the first two months of the campaign, QuitlineNC received a record number of calls from NC young adults.**
 - **In the six months preceding the campaign, the monthly average number of young adult registrants was 34; the average rose to nearly seven times that amount during the campaign months, to an average of 228 per month.**
- **As of February 2008, QuitlineNC has received 14,000 calls.**



The best way to quit is a phone call away. 1-800-QUIT-NOW connects you to your own quit coach - someone who knows what works when you're ready to quit smoking for good. Your quit coach will help you create a plan for quitting and give you the support to stick to it. Quitline is available 8 a.m. to midnight. It's free and it works. Call it quits: 1-800-QUIT-NOW (1.800.784.8669).

Health & Wellness

QuitlineNC Call Volume (Mar 07-Mar 08)



Tobacco-Free Colleges (TFC)

- **Young adults (ages 18-24) have highest smoking prevalence at 28.2% in NC compared to overall adult smoking rate is 22.6%**
- **In 2005, HWTF awarded over \$1.6 million in grants for 20 college-based tobacco use prevention and cessation projects; in 2007 HWTF expanded the initiative by awarding another \$1.4 million for Phase II grants to cover 48 campuses across the state.**
- **In 2007, the NCGA passed SB862 that allows smoking to be prohibited within 100 feet of buildings on the UNC System campuses.**
- **In 2008, the NC General Assembly passed S1669 that grants the local governing boards of community colleges the clear local authority and guidance to prohibit tobacco use on their community college campuses and college-sponsored events.**
- **To date, total of 19 campuses have passed either 100% Tobacco-Free Campus policies or 100 foot perimeter policies.**



Major Study: Restaurant Tobacco Bans Influence Teen Smoking

A four year study of 3,834 Massachusetts youths (ages 12 to 17) suggests that restaurant smoking bans may play a big role in persuading teens not to become smokers. Youths who lived in towns with strict bans were 40 percent less likely to become regular smokers than those in communities with no bans or weak ones.

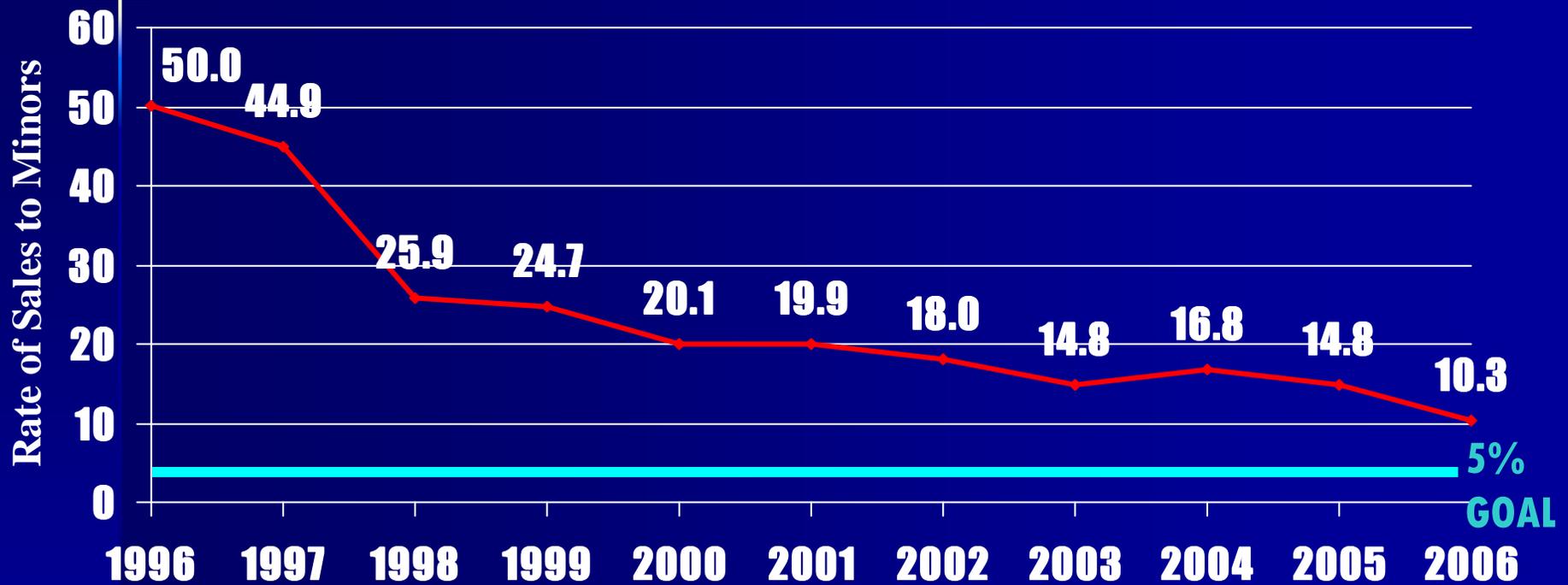
Siegel, M., et. al. Archives of Pediatrics & Adolescent Medicine, one of the JAMA/Archives journals, May 2008

Restrictions in Smoking in Government Workplaces, Private Worksites and Public Places in North Carolina

Despite the sound science on the serious health hazards of secondhand smoke exposure, NC has no current state or local government regulations for smoking in the following:

- Restaurant/Bars
- Private Workplaces
- Retail Stores
- Recreational/Cultural Facilities

Tobacco Sales to Minors in NC



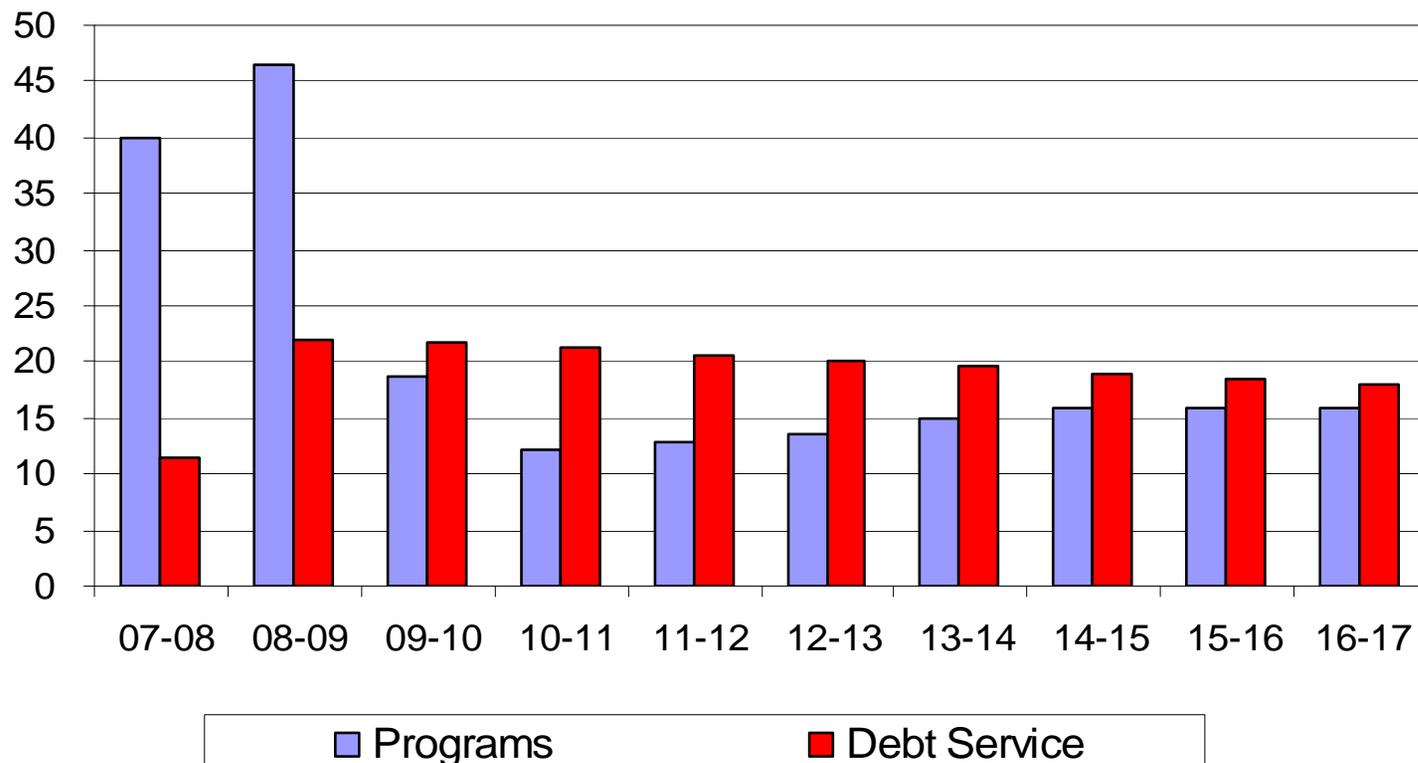
NC Department of Health and Human Services, Division of MH/DD/SAS, Community Policy Management Section, State Synar Youth Purchase Survey (2006), Raleigh, NC

Red Flag Launch – Edenton, NC

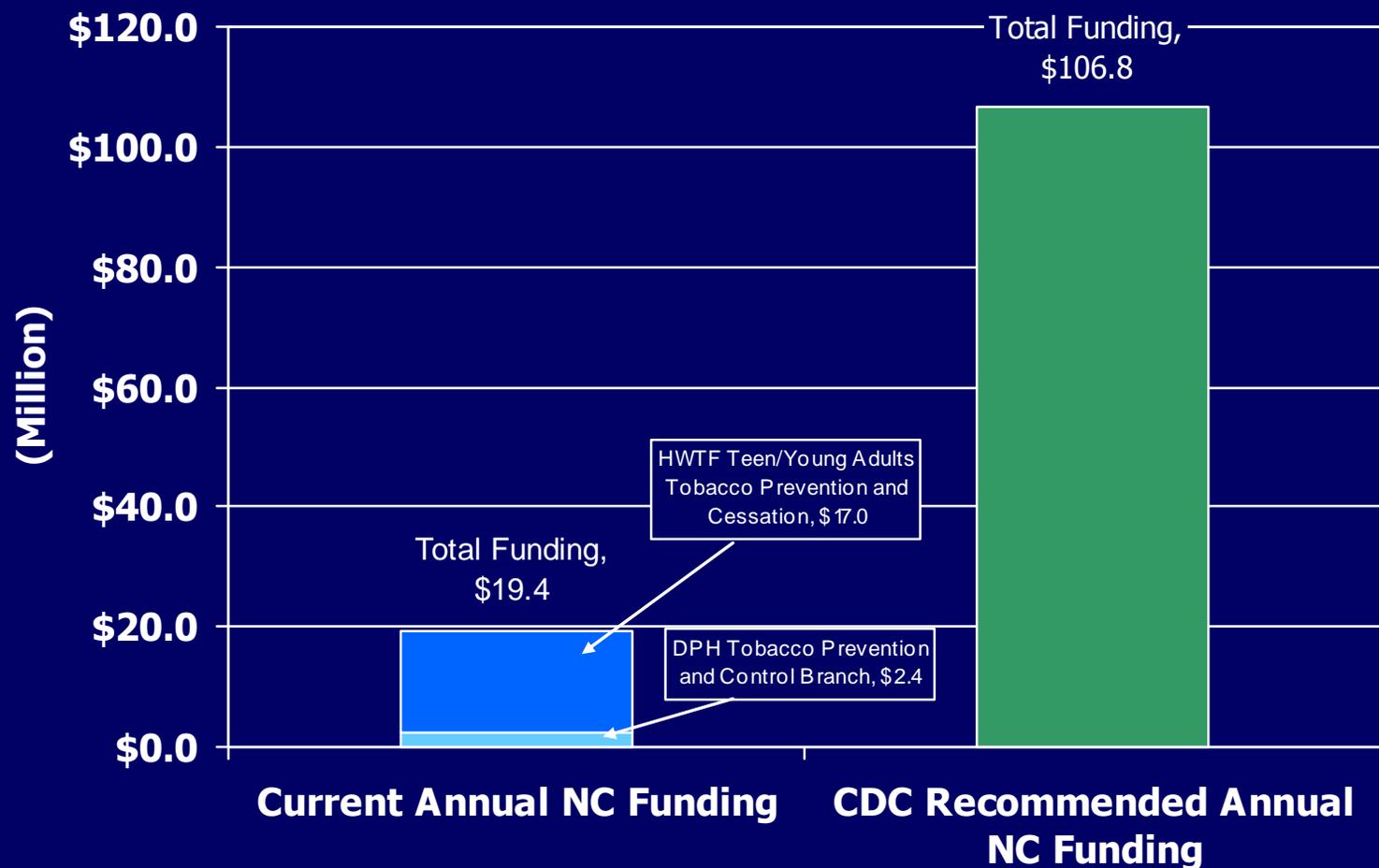


HWTF Annual Expenditure Projection PROGRAMS vs. DEBT SERVICE (\$Millions)

Up to 65% of Trust Fund's annual receipts may be used for Debt Service for the State Capital Facilities Act of 2004



Comparison of Annual NC Funding for Tobacco Prevention and Control compared to the CDC's Evidence Based Recommendation for Annual NC Funding





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Vision2010

Recommendations

Recommendation 1:

- Increase taxes on cigarettes and other tobacco products to meet the current national tax averages
- Tobacco taxes on all tobacco products should be indexed automatically to average national tobacco taxes

Recommendation 2:

- Increase annual appropriations to NC DPH and the HWTF to support the Comprehensive Tobacco Control Program to reach \$106.8 million by 2020
- NC DPH should work collaboratively with HWTF and other stakeholders to ensure that the funds are spent in accordance with CDC best practices

Recommendations

Recommendation 3:

- Enact *comprehensive* statewide smoke-free laws to eliminate exposure to secondhand smoke in all indoor workplaces and public places

Recommendation 4:

- Payers should cover comprehensive, evidence-based tobacco cessation services and benefits including counseling and appropriate medications
- Providers should deliver comprehensive, evidence-based tobacco cessation services including counseling and appropriate medications