

Tobacco Use Cessation and Prevention

Presentation to the Justus-Warren Heart Disease and Stroke Prevention Task Force

Sally Herndon, MPH

N.C. Tobacco Prevention and Control Branch

Division of Public Health

January 8, 2019

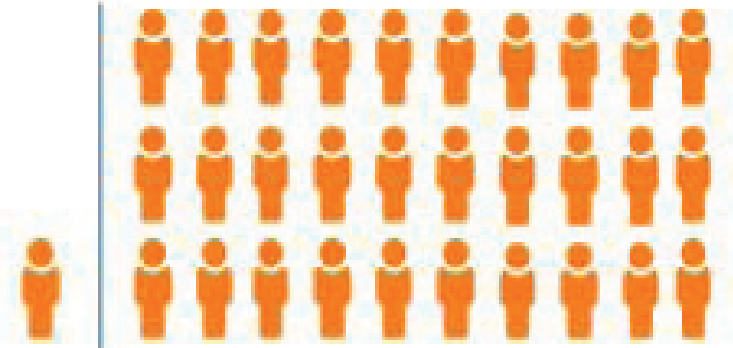


The Burden of Tobacco Use in NC

1 in 5
Deaths in NC due to
tobacco use



For every death,
30
sick or disabled



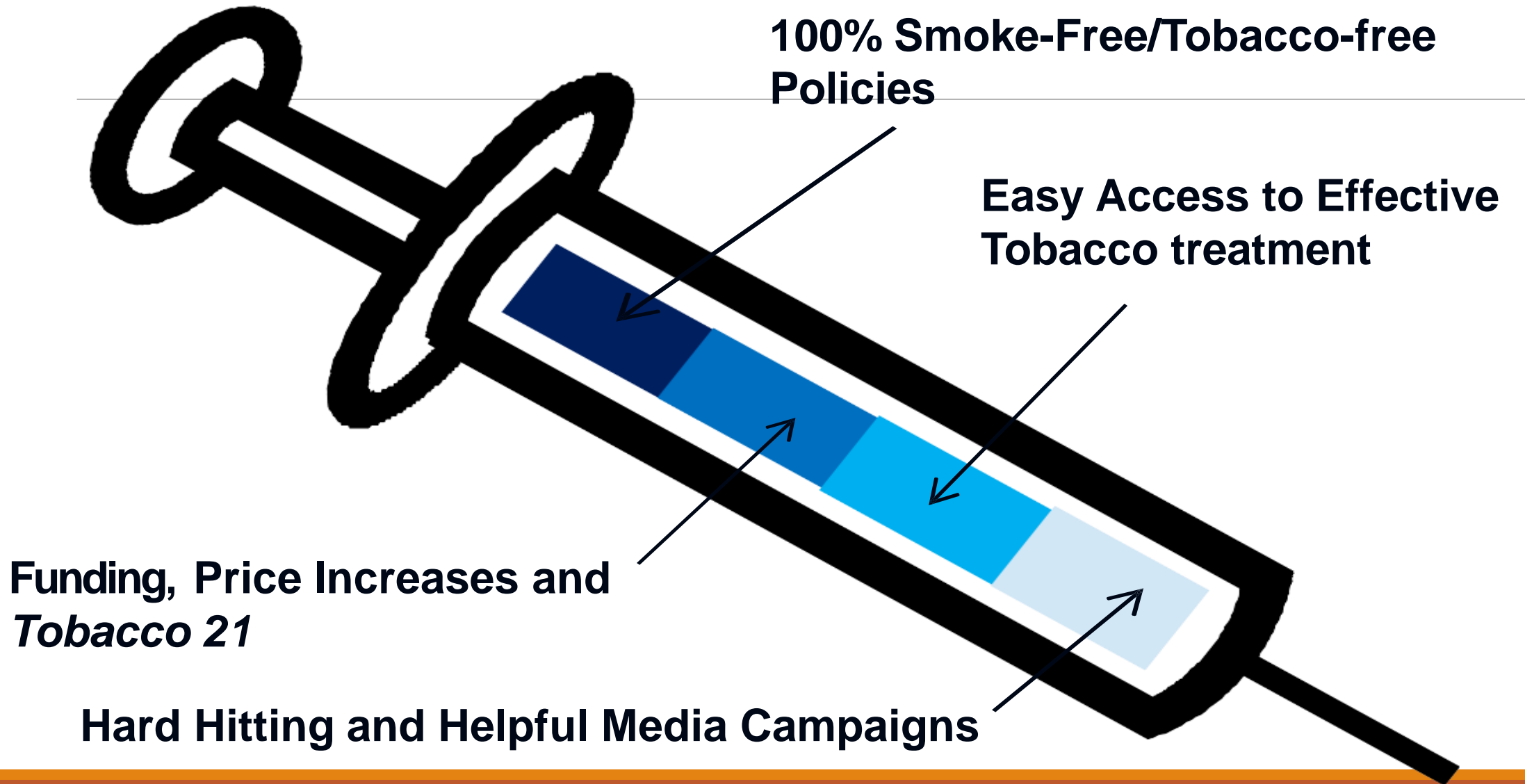
Tobacco use, Heart Disease, & Stroke

Almost **1/3** of deaths from coronary heart disease are attributable to smoking and secondhand smoke.

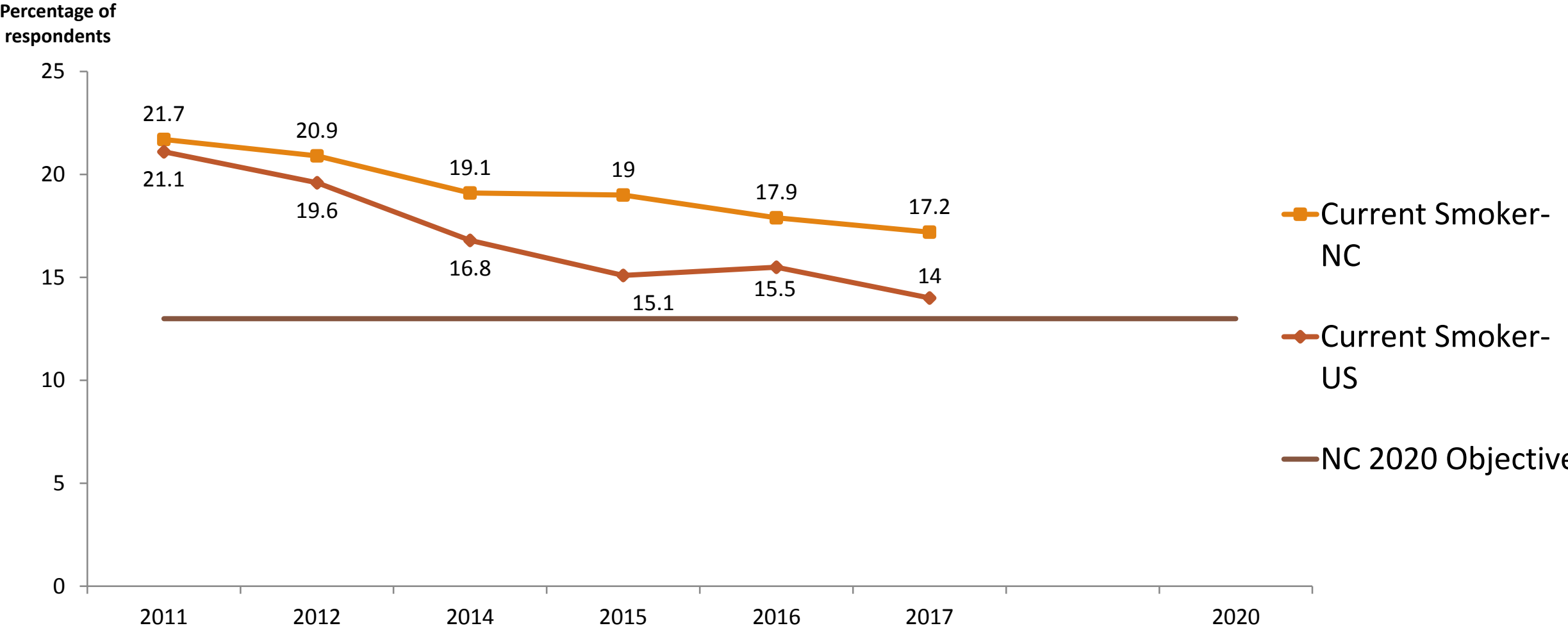
Prolonged exposure to secondhand smoke increases the risk of a stroke by **20-30%**

Source: US Department of Health and Human Services. 50 Years of Progress: A Report of the Surgeon General, 2014. 2014. Available at: <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/50-years-of-progress-bysection.html>.

Tobacco Control “Vaccine”

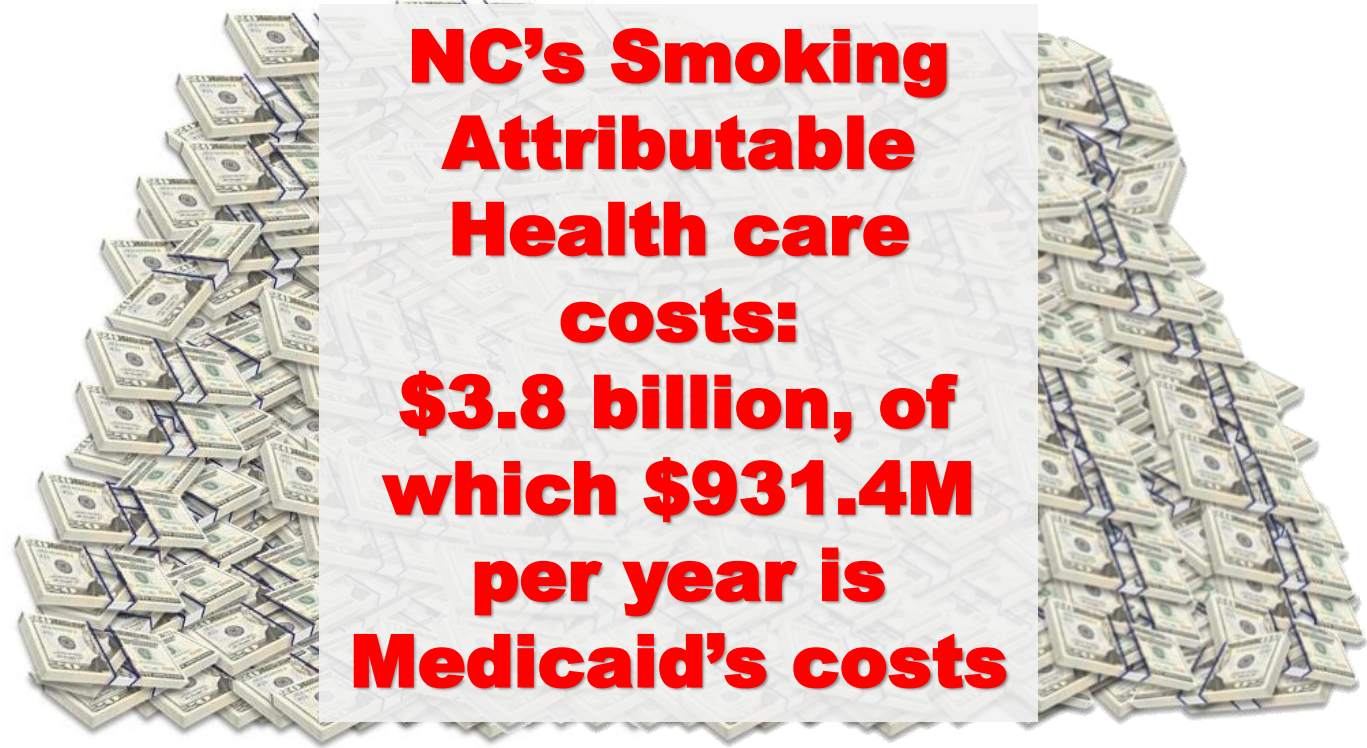


Percentage of Adult Smokers in North Carolina BRFSS 2011-2017



NC Spending For Evidence-Based Tobacco Treatment vs Medicaid Costs For Smoking

**\$1,573,820 Per Year
On QuitlineNC's
Tobacco Cessation
Services, reaching
about 1% of
tobacco users who
want to quit.**



CDC Recommends that NC spend \$43.5 million on Tobacco Cessation Interventions

2019: Year of Cessation CDC

New Surgeon General's Report

CDC's priority areas:

Increase quit attempts among people who use tobacco products

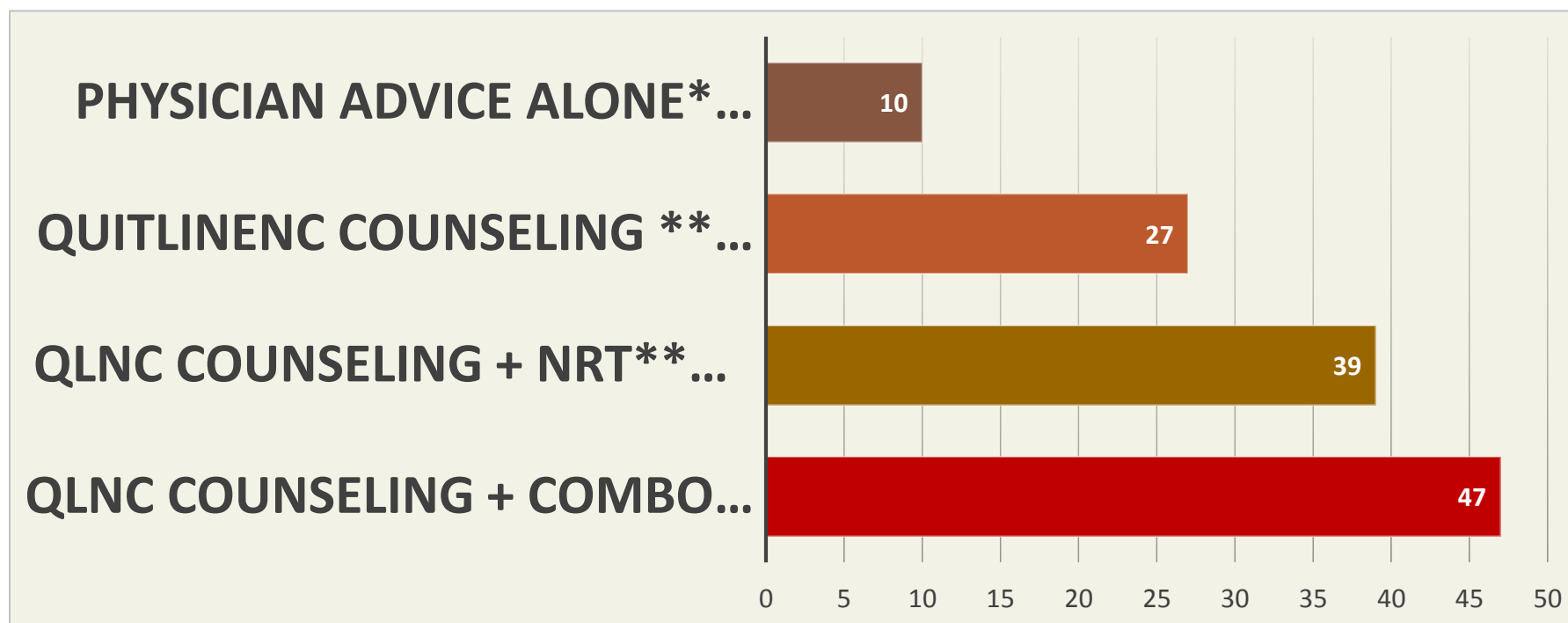
Increase the use of evidence-based cessation interventions

Increase reach of evidence-based cessation interventions





6 Month Quit Rates Comparison



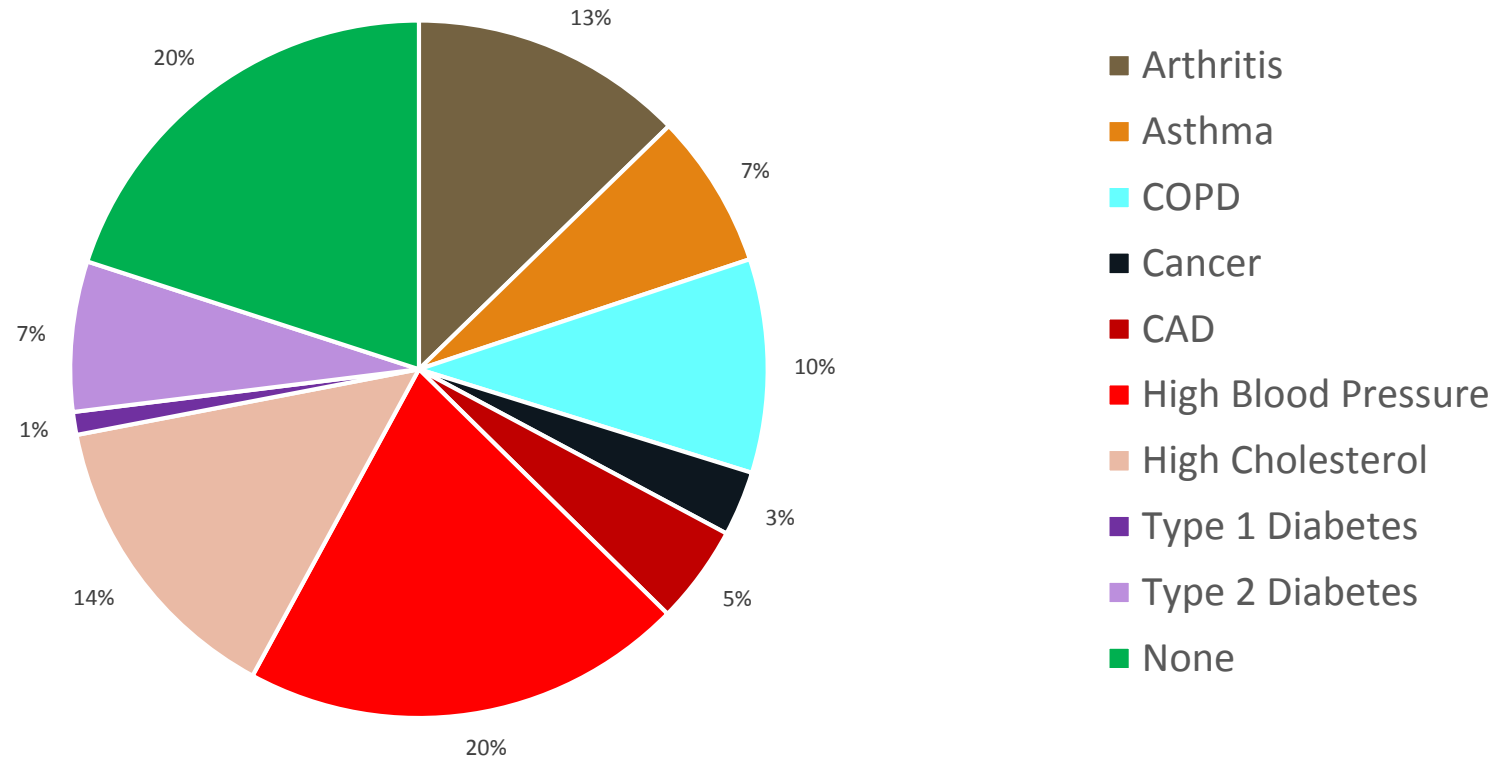
*Fiore, Treating Tobacco Use and Dependence, Clinical Practice Guidelines 2008 Update

** Alere Wellbeing and TPEP, QuitlineNC Comprehensive Evaluation Reports

***State Health Plan for Teachers & State Employees, Evaluation Report, 2017

Responder rates at 30 days point prevalence

Most Quitline Enrollees Have One or More Chronic Health Conditions FY 2017



80% of QuitlineNC enrollees reported one or more chronic health condition

Current QuitlineNC Services based on Availability of Funds



1-800-QUIT-NOW

1 - 8 0 0 - 7 8 4 - 8 6 6 9

Texting

Web only

Commercial Insured

- One Call

Medicare

- Four calls
- Two weeks starter kit combination therapy

Medicaid

- Four calls
- Two weeks starter kit combination therapy

Uninsured

- Four calls
- Eight weeks of combination therapy

10 call protocol for pregnant women

Demand for QuitlineNC Services Continues to Exceed Funding

Current QuitlineNC Funding

Recurring 2018-19 state funding: **\$1.57 million**

- QuitlineNC is the #1 Referral source for NC providers who want to help their patients quit
- About 28% of QuitlineNC callers are on Medicaid
- QuitlineNC must be consistently promoted to be effective

Current QuitlineNC Capacity

Most tobacco users want to quit.

59% of NC tobacco users tried to quit in 2017!

In 2017, QuitlineNC served 14,663 tobacco users who wanted to quit.

Current QuitlineNC state funding levels allow NC to treat **14,000** tobacco users with current state funding (**1%** of total tobacco smokers)

TPCB has had to **prioritize services** for Medicaid and uninsured callers, and limit insured callers to a much less effective 1-call program and no NRT since 2016 **to avoid running out of funds.**



QuitlineNC Priorities for 2019-20

- Increasing access to evidence-based tobacco treatment, including funding to help meet the demand for QuitlineNC services
- Providing increased access to evidence-based tobacco treatment services to all Medicaid eligibles, and using a statewide standing order through QuitlineNC to reduce barriers for over-the-counter Nicotine Replacement Therapy.
- Adding a Behavioral Health Protocol to increase tobacco treatment and improve health equity through access and quality of tailored services to tobacco users who have mental health or substance use disorders

Other Tobacco Treatment Priorities for 2019-20

- Providing increased access to evidence-based tobacco treatment services by providing local health departments with standing order capability.
- Target women of childbearing age to encourage cessation of all tobacco use products and not replace cigarettes with electronic cigarettes, which are not a safe alternative
- Increase promotion of evidence-based tobacco treatment through health systems providers and mass-reach health communication
- Providing Duke-UNC Certified Tobacco Treatment Specialist Training to licensed medical and behavioral health providers:
 - March 25-28, Wake County NC
 - June 10-13, Greenville, NC
 - October 27-30, Place TBD



Let's Make the Next Generation Tobacco-free

The Health Consequences
of Smoking—50 Years of Progress

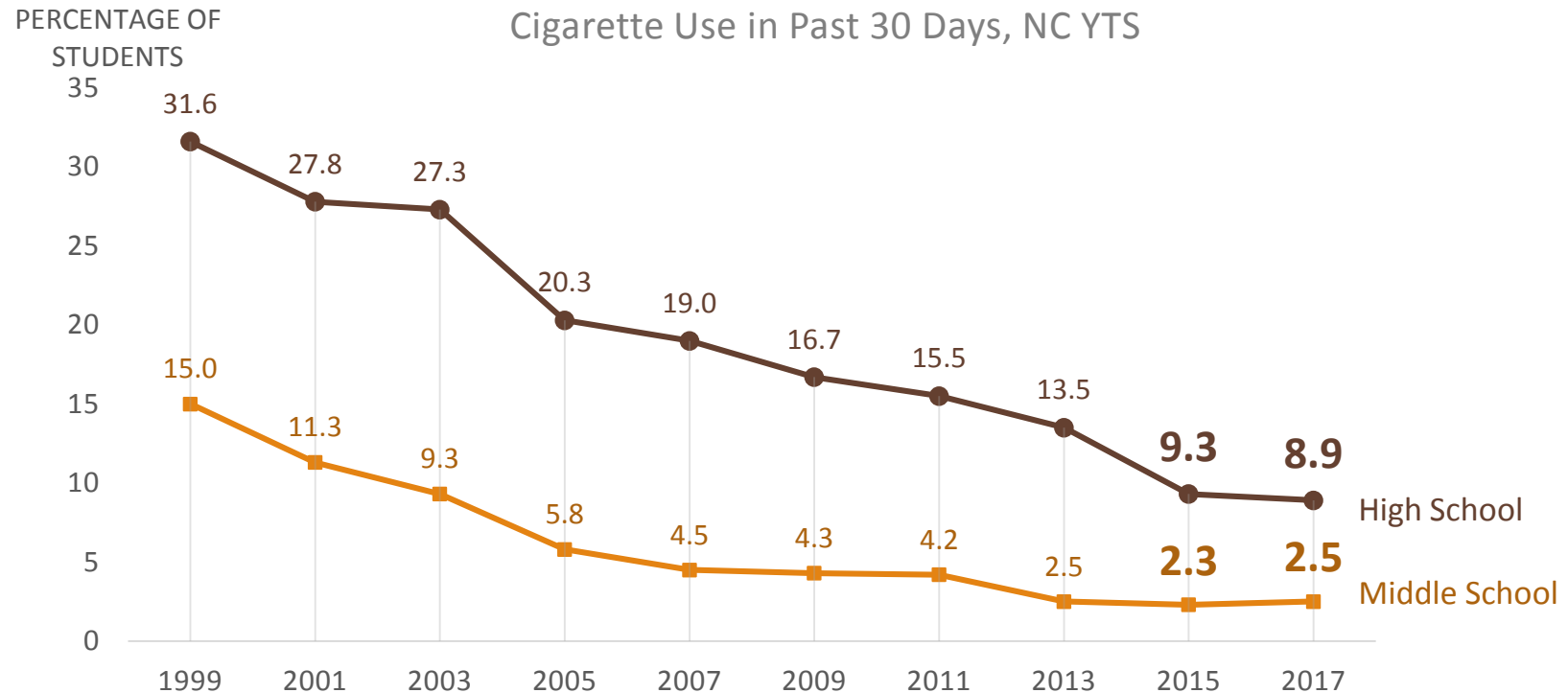
A Report of the Surgeon General



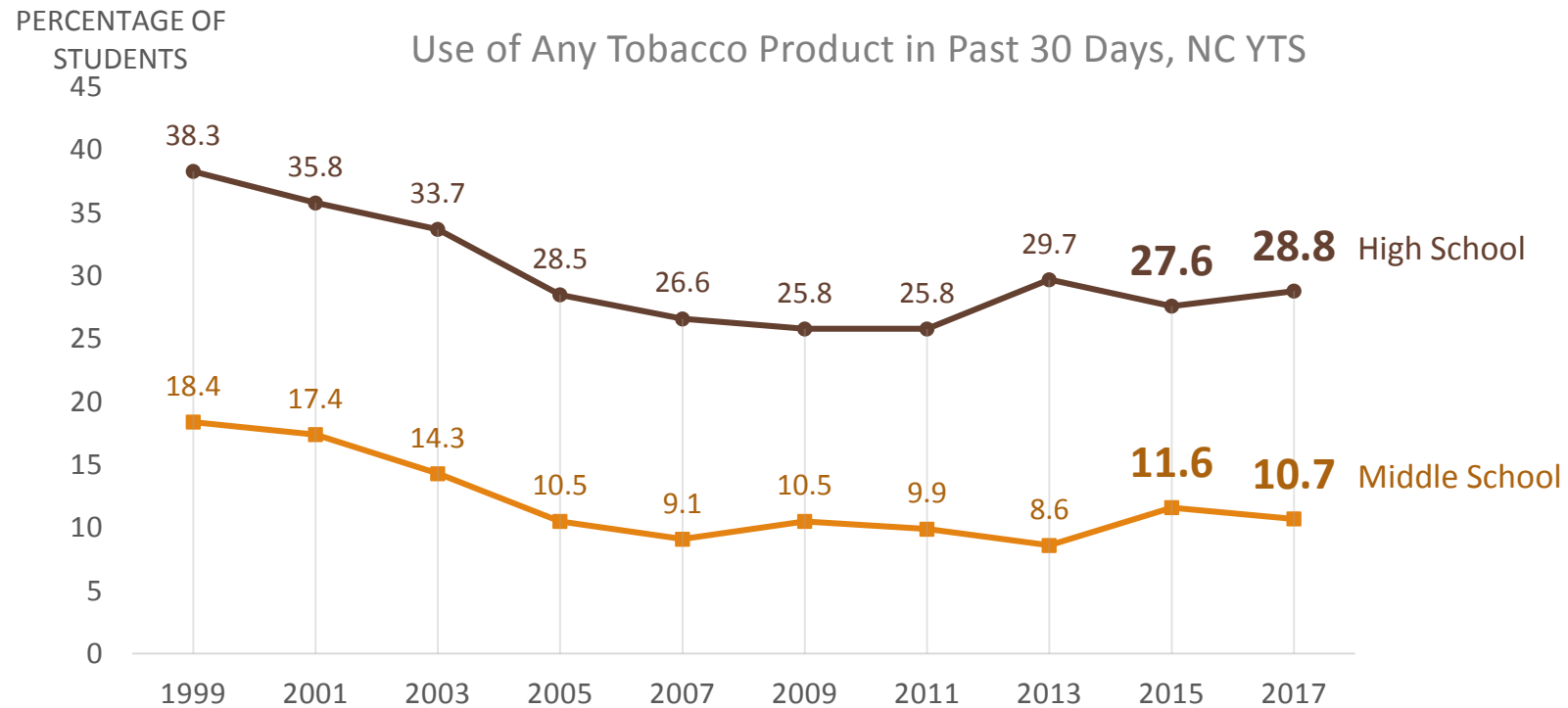
U.S. Department of Health and Human Services

90%
of tobacco users
start before the age
of 18

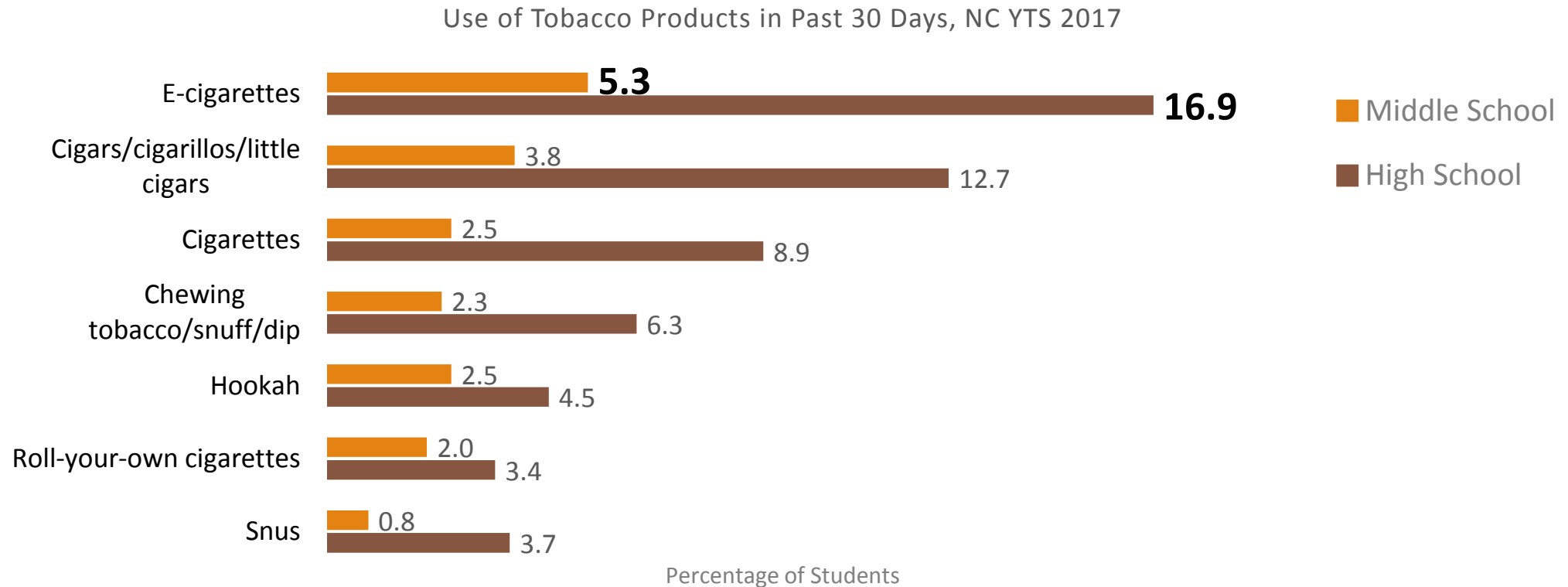
Youth Cigarette smoking is decreasing and was largely unchanged from 2015-2017



Overall youth tobacco use was relatively steady from 2015-2017



E-cigarettes are still the #1 product used by youth

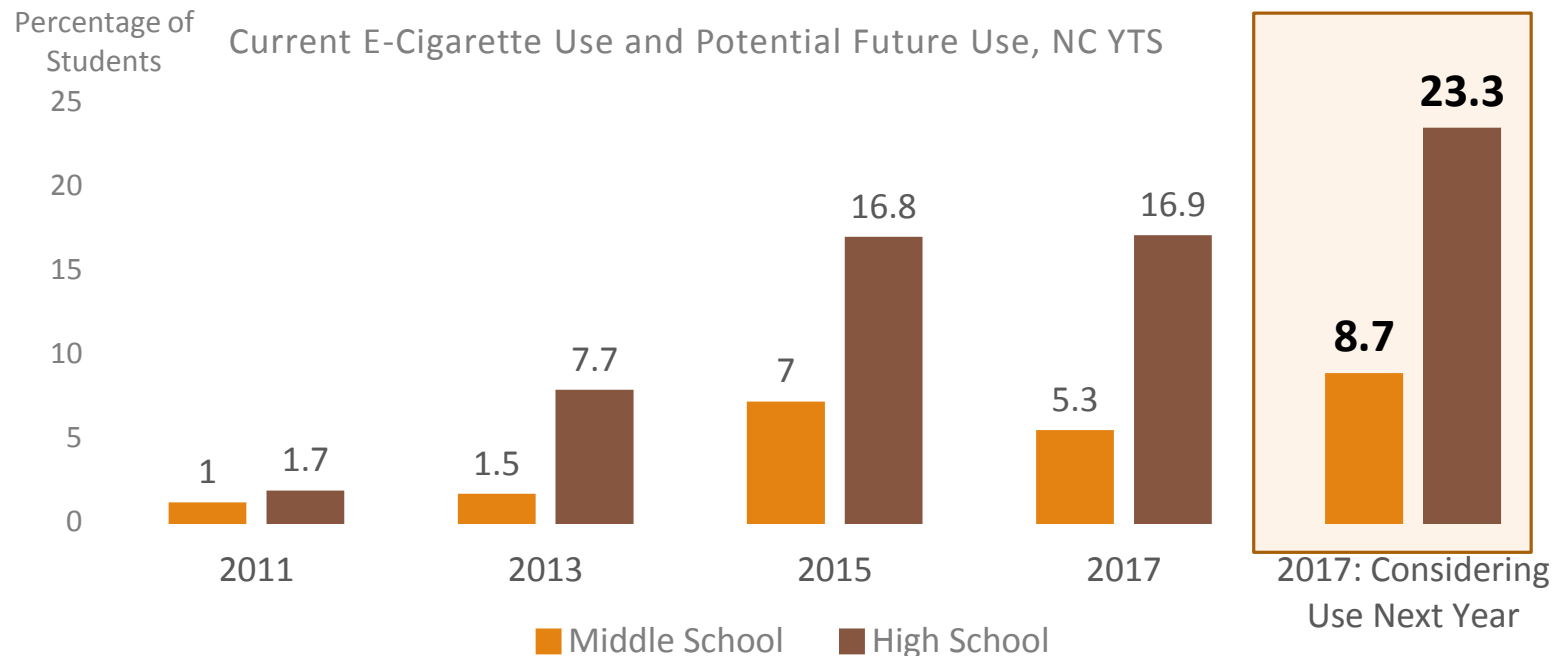


Between 2011-2017 Current Youth Use of E-Cigarettes Increased:

430% ↑
Middle School

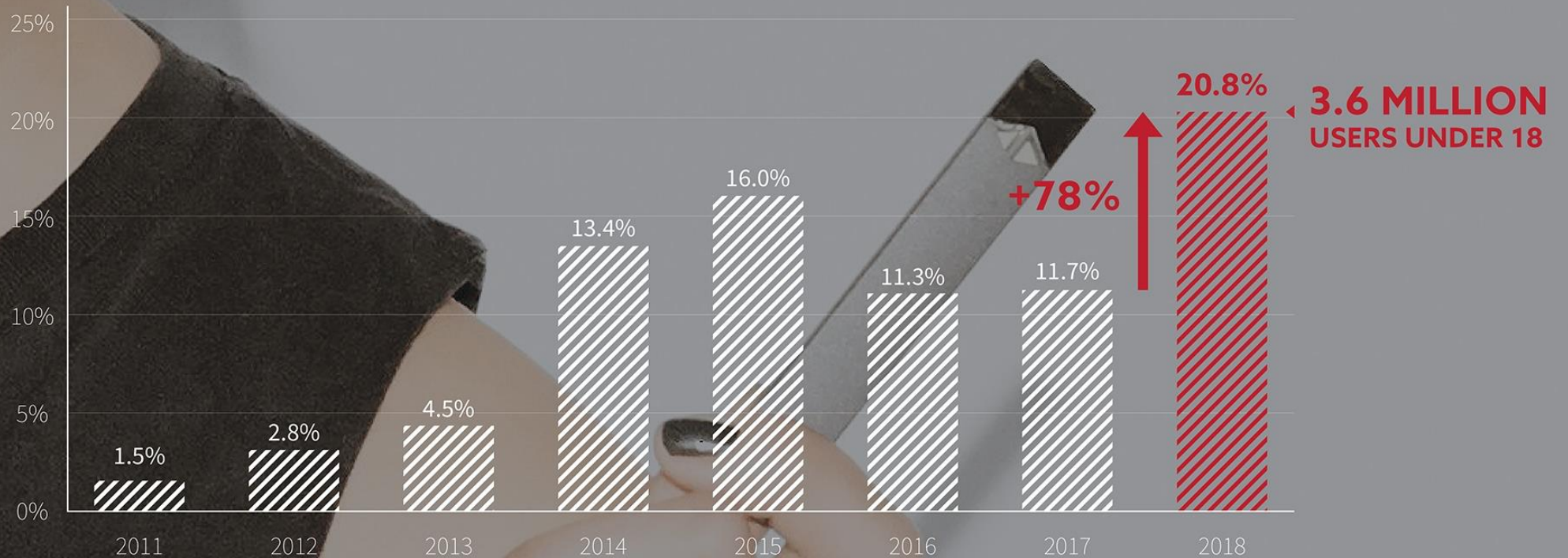
894% ↑
High School

In 2017 more students said they were considering using e-cigarettes in the next year than currently used them



YOUTH E-CIGARETTE USE **INCREASED 78% IN 2018**

Percent of high schoolers who report using e-cigarettes in the past 30 days



Source: CDC, National Youth Tobacco Survey (NYTS)

YOUR HEALTH

Teenagers Embrace JUUL, Saying It's Discreet Enough To Vape In Class

December 4, 2017 11:58 AM ET

ANGUS CHEN



PUBLIC HEALTH
LAW CENTER

Tobacco Control Legal Consortium

JUUL
SMOKING EVOLVED



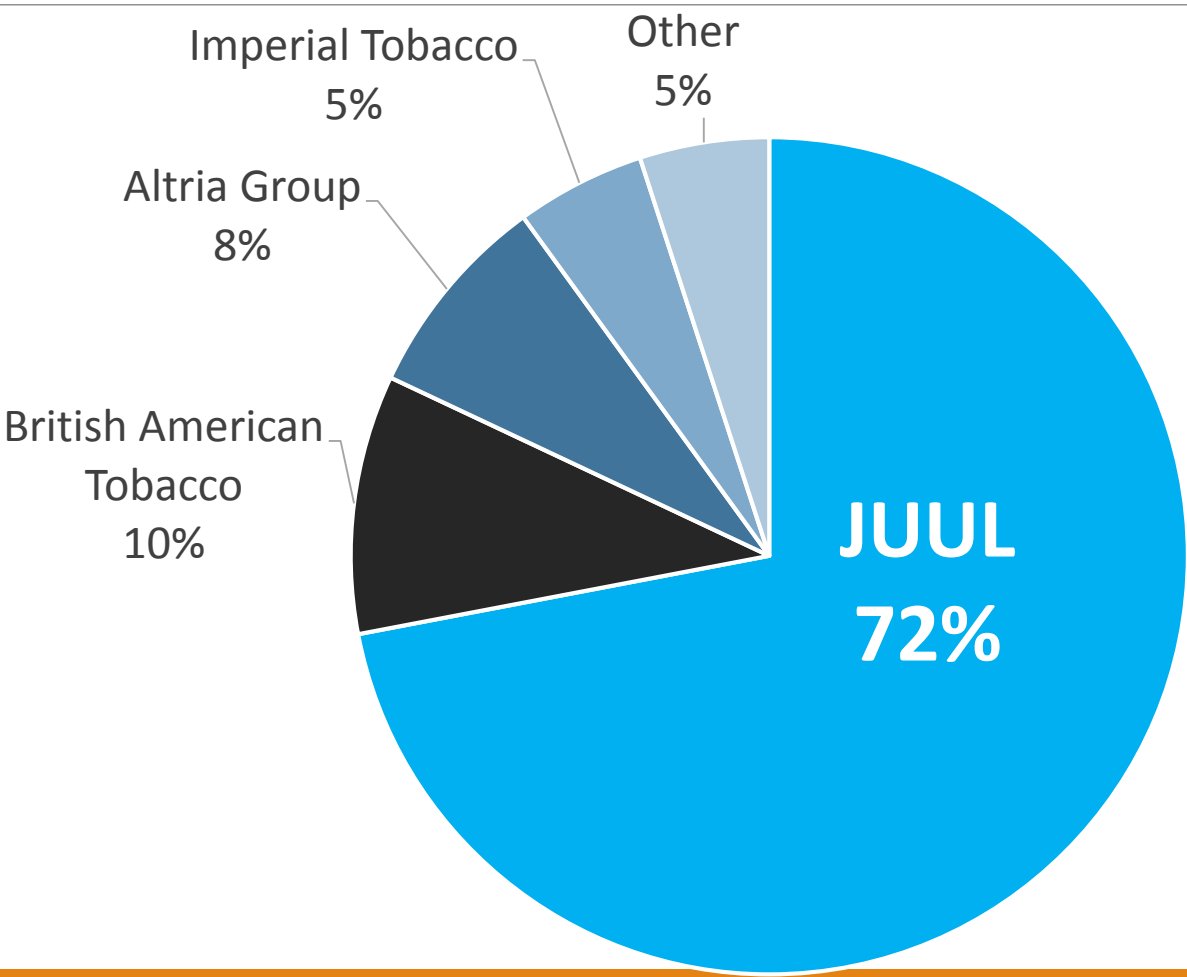
New Direction for the FDA?

12/6/2017

11

GROWTH OF JUUL USE

U.S. E-Cigarette Market Share
Source: Wells-Fargo, Nov 2018



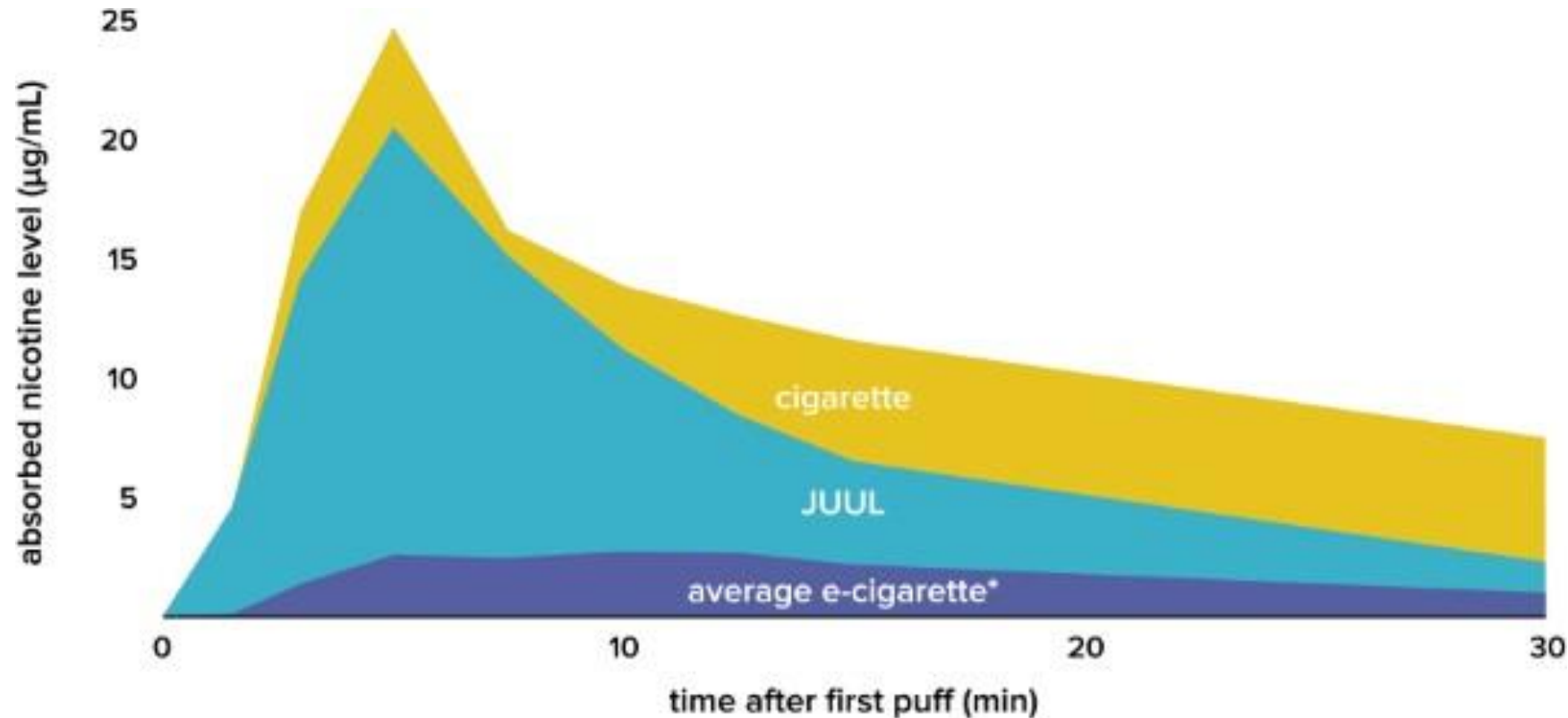
JUULpods

Each pre-filled pod is equal to about 1 pack of cigarettes. Reviews of the product suggest about 200 puffs.

The JUULpods contain 0.7 ml of e liquid with **59mg/ml or 5% nicotine by weight.**

The pods contain glycerol and propylene glycol , nicotine salts, flavors and benzoic acid.

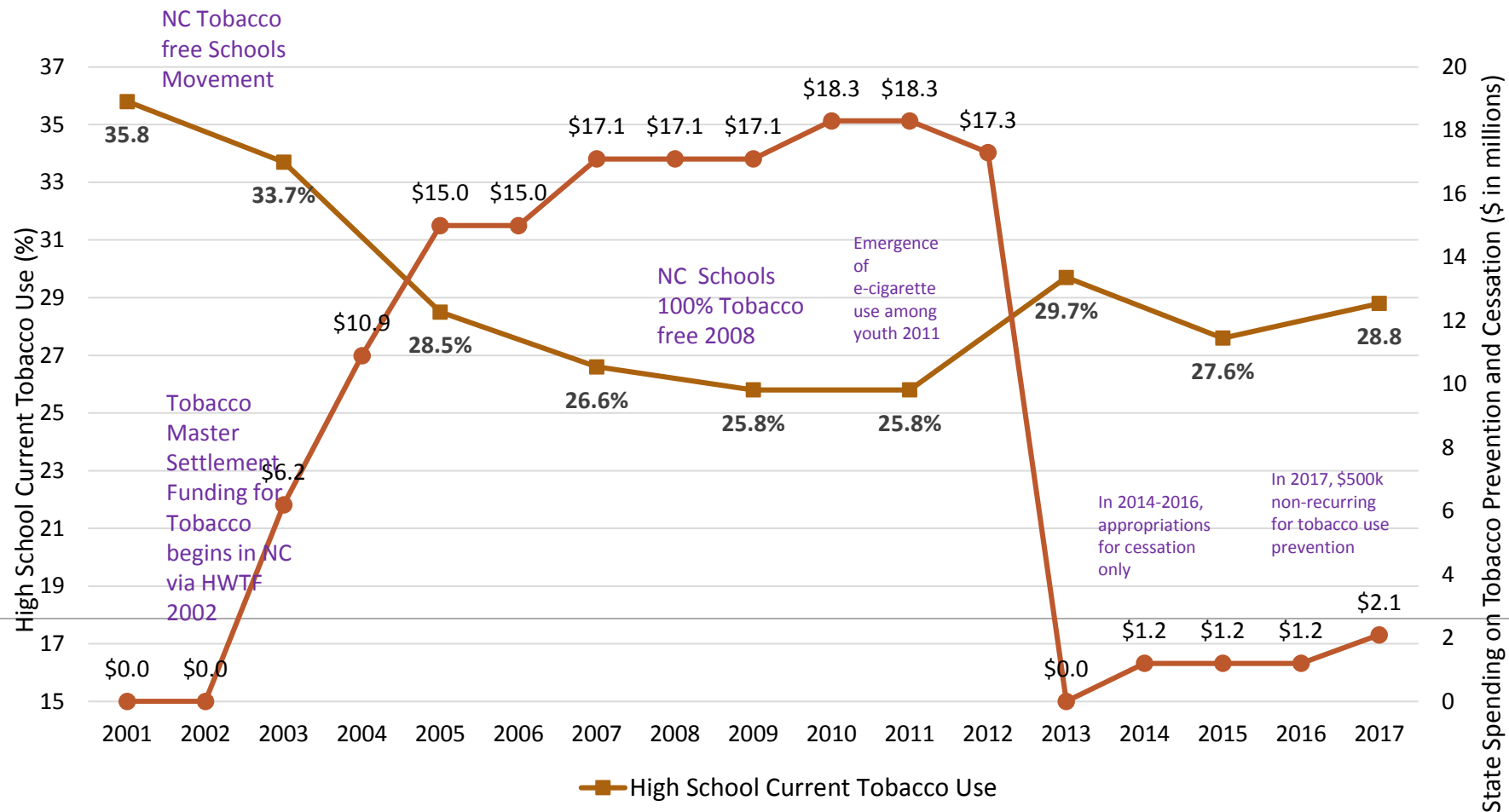
JUUL – Nicotine Delivery



59 mg/ml

This graph from PAX Labs shows the rate at which nicotine is absorbed and stays in a test subject's blood.
<http://vapegrl.com/juul-e-cigarette-review/>

High School Tobacco Use and State Spending on Tobacco Use Prevention and Cessation in North Carolina 2001-2017



Since 2001, North Carolina has received an average of **\$149,825,874 per year** from the Tobacco Master Settlement Agreement

Performance Measures 2018-19:

- Effective tobacco-use prevention messages and social media
- Education of and organizational involvement of adults who influence youth such as parents, teachers, staff and faculty, health and mental health professionals
- Number of smoke-free/tobacco free policies, including e-cigarettes, adopted by local governments, colleges, housing, and workplaces.
- Compliance with tobacco-free schools law, tobacco-free child care center rules and tobacco-free college campuses.
- Collaborative efforts to reduce youth access to tobacco products.
- Collaborative efforts to address tobacco use prevention in schools through the Whole Child, Whole School, Whole Community model.

THE FIVE TEEN PEER CROWDS



DOWN AND DIRTY

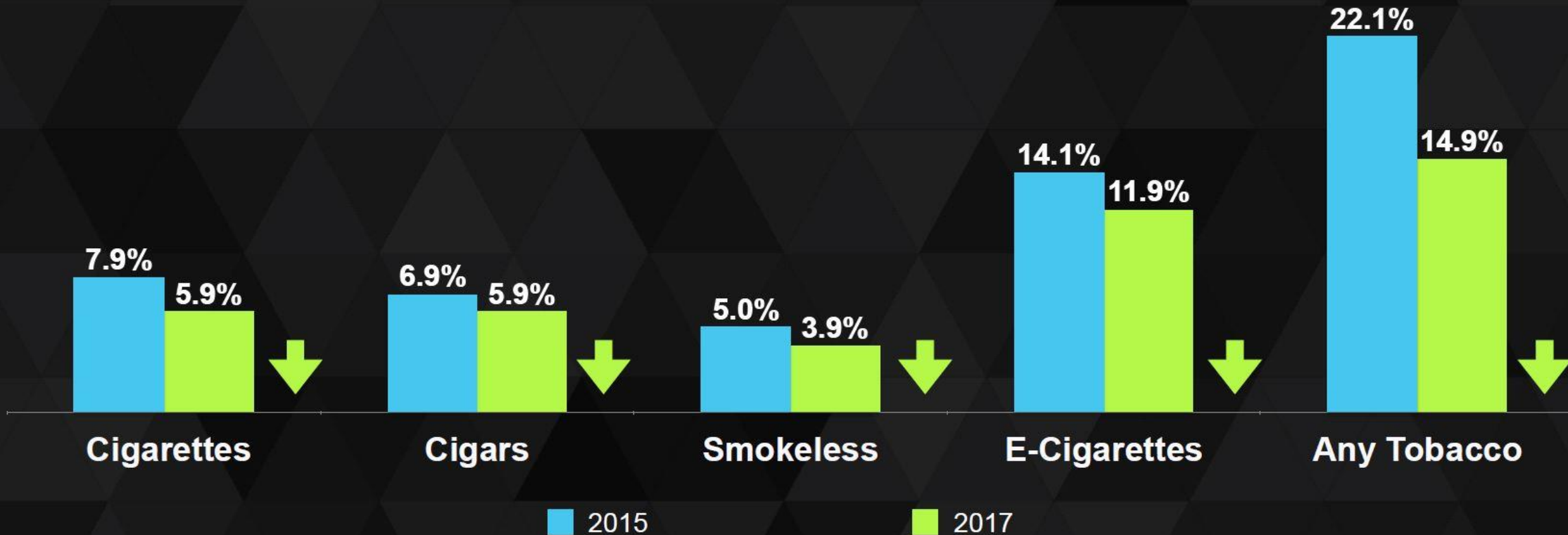
A TOBACCO
PREVENTION
CAMPAIGN FOR
“COUNTRY” TEENS



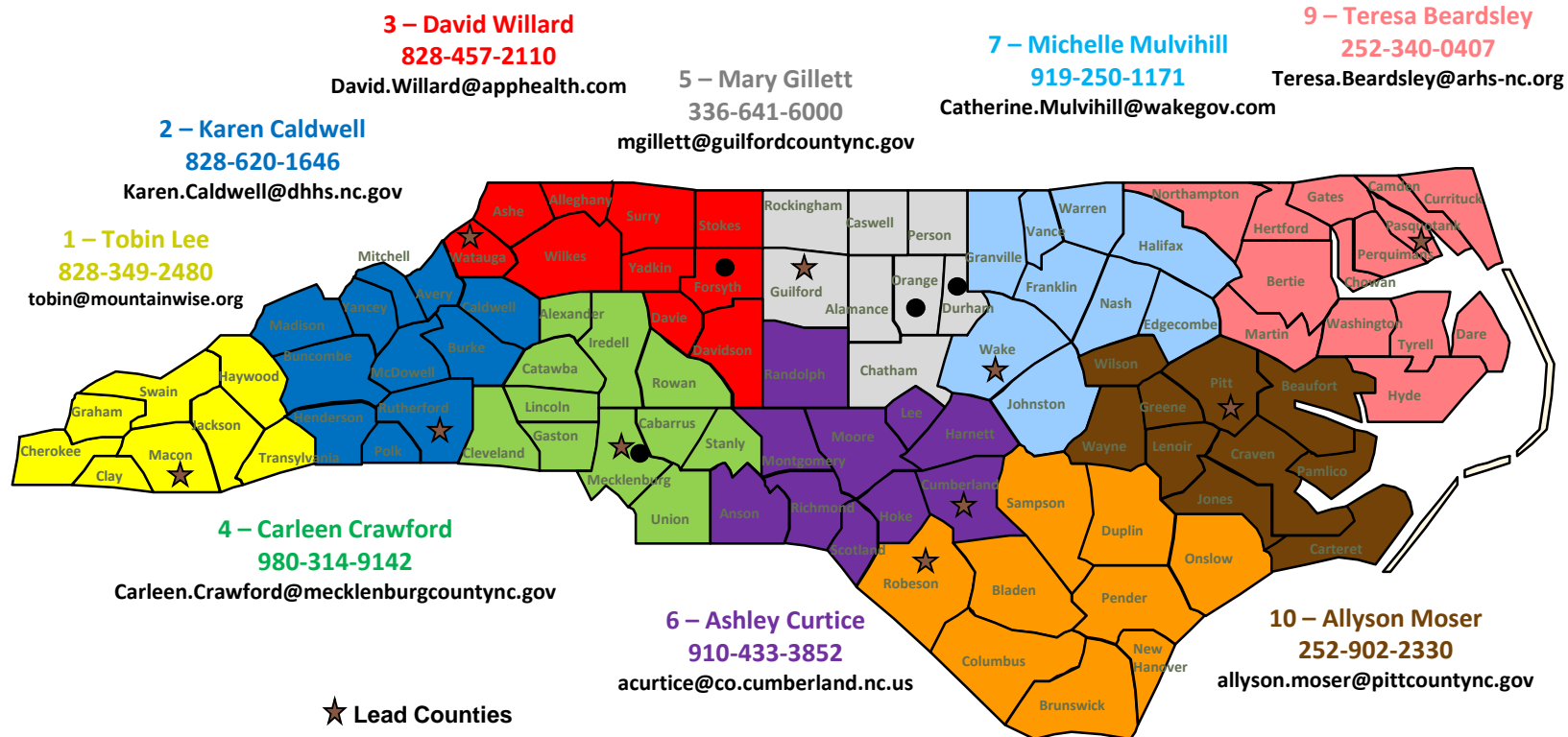


2015 - 2017 YOUTH TOBACCO USE RATES

Significant declines across all tobacco products



Tobacco Prevention and Control Branch (TPCB) Funding Regions 2015-2020



1. Macon County Public Health
2. Rutherford-Polk-McDowell District Health Department
3. Appalachian District Health Department
4. Mecklenburg County Health Department
5. Guilford County Department of Health and Human Services, Public Health Division

6. Cumberland County Public Health Department
7. Wake County Human Services
8. Robeson County Department of Public Health
9. Albemarle Regional Health Services
10. Pitt County Health Department

● **Local Tobacco Coordinators**
 Durham County Health Department – Natalie Rich, nrich@dconc.gov
 Forsyth County Health Department – Cassey Mapp-Ahmed, mappahcn@forsyth.cc
 Orange County Health Department – April Richard, arichard@orangecountync.gov
 Mecklenburg County Health Department – Kim Bayha, Kimberly.bayha@mecklenburgcountync.gov

For Further Information Contact:

Sally Herndon, MPH
Branch Head
(919) 707-5401
sally.herndon@dhhs.nc.gov

Jim Martin, MS
Director of Policy and Programs
(919) 707-5404
jim.martin@dhhs.nc.gov

Jennifer Park
Director of Local Program
Development and Regulations
(919) 707-5407
Jennifer.park@dhhs.nc.gov

Ann Staples, MA
Director of Communication and Education
(704) 543-2347
ann.staples@dhhs.nc.gov

Joyce Swetlick, MPH
Director of Tobacco Cessation
(919) 707-5402
joyce.swetlick@dhhs.nc.gov

Steph Gans, LCAS, LCSWA, CTTS
Tobacco Treatment Specialist
(919) 707-5415
stephanie.gans@dhhs.nc.gov

Questions