

To: Justus-Warren Heart Disease and Stroke Prevention Task Force Members  
From: Tobacco Prevention and Control Branch, NC Division of Public Health  
RE: Responses to Questions asked at Justus-Warren Heart Disease and Stroke Prevention Task Force Meeting December 9, 2020  
Date: December 22, 2020

## **Questions and Answers**

### **Tobacco Prevention**

**Question:** Senator Burgin asked, “Is there a progression from e-cigarette use to use of combustible cigarettes?”

**Response:** The Centers for Disease Control and Prevention (CDC) has documented that young people who use e-cigarettes are more likely to smoke cigarettes than those who do not. A recent peer reviewed research article from the Journal of the American Medical Association (JAMA) concluded, in agreement with the CDC, that youths who begin using nicotine via e-cigarettes may be at greater risk for smoking cigarettes (<https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2723425>).

The documented nationwide surge in e-cigarette usage among youths and young adults prompted the US Surgeon General to declare it an epidemic. Additionally, the Surgeon General proclaimed that e-cigarettes contain highly addictive nicotine that can harm adolescent brain development and that they emit harmful substances, including fine particulate matter and metals, which have been linked to adverse health effects like cardiovascular and respiratory illnesses ([Surgeon General Releases Advisory on E-Cigarette Epidemic Among Youth, 2018](#); [National Academies of Sciences - Engineering - and Medicine, 2018](#)).

### **Tobacco Cessation**

**Question:** Sen. Burgin mentioned Jim Martin’s slide on the \$931 million in excess NC Medicaid costs due to smoking and asked, “How do we get them (Medicaid recipients) to stop smoking?”

**Response:** The 2020 Surgeon General’s Report on Smoking Cessation found that most serious attempts to quit smoking fail because only a third of the attempts include FDA-approved tobacco cessation medications or behavioral counseling. The FDA has approved seven evidence-based tobacco treatment medications for tobacco cessation. The most effective medications are varenicline or combination nicotine replacement therapy consisting of long-lasting nicotine patches to address the addiction plus nicotine gum or lozenges to address cravings.

The Tobacco Prevention and Control Branch has been working with NC Medicaid to increase access, remove barriers, and promote evidence-based tobacco treatment to the Medicaid population. The recommended coverage for tobacco cessation includes the following:

## Expanding Insurance Coverage: Utilization of Proven Cessation Treatments

### Cessation Benefits Should Include ALL of These Treatments:

#### FDA APPROVED MEDICATIONS

- ✓ Nicotine Gum
- ✓ Nicotine Patch
- ✓ Nicotine Lozenge
- ✓ Nicotine Nasal Spray
- ✓ Nicotine Inhaler
- ✓ Bupropion
- ✓ Varenicline

#### COUNSELING

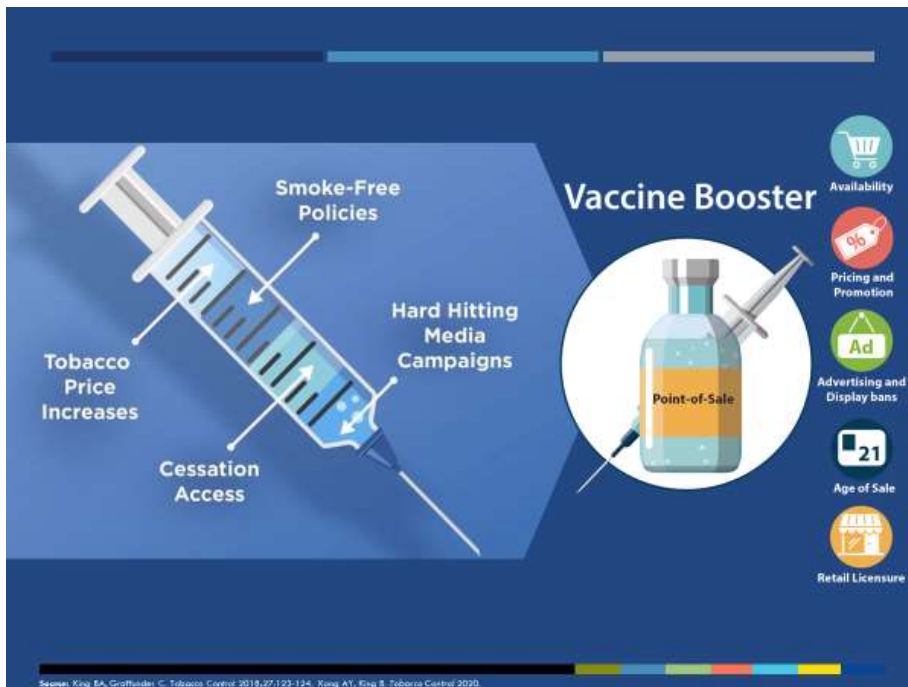
- ✓ Individual
- ✓ Group
- ✓ Phone

### Barriers to Avoid:

- × Co-pays
- × Prior authorization
- × Duration limits
- × Annual limits on quit attempts
- × Dollar limits
- × Requirements to try one medication before another
- × Requirements to pair medications with counseling

Currently, NC Medicaid covers all seven FDA-approved medications plus individual, phone, and telemedicine counseling; but it does not cover group counseling.

To support the need for training clinicians in treating tobacco addiction, North Carolina has developed a nationally accredited Certified Tobacco Treatment Specialist Training Program led by Duke, UNC, and the Tobacco Prevention and Control Branch. <https://www.dukeuncts.com/>



Attempts to quit using tobacco are also aided by evidence-based policy, systems and environmental changes such as tobacco-free community policies, tobacco pricing strategies, and mass reach communication strategies that prompt tobacco users to quit, such as the [CDC's Tips from Former Smokers Campaign](#). The graphic on the left summarizes what the CDC identifies as being effective to prevent and control tobacco use.

**Question:** Can pharmacists prescribe smoking cessation treatment?

**Response:** The NC Association of Pharmacists is currently drafting a bill that would give pharmacists prescriptive authority for all FDA-approved tobacco cessation products and for additional public health needs. The Duke-UNC Tobacco Treatment Specialist Training Program is working with the NC Association of Pharmacists to provide updates for pharmacists who want to offer tobacco treatment medications and smoking cessation counseling (<https://www.dukeunctts.com/>).

#### **Funding for Tobacco Prevention and Cessation**

**Question:** Monique Mackey with AHEC (not a member) asked, “Where does the Tobacco Master Settlement Agreement money go?”

**Response:** The Tobacco Master Settlement Agreement money goes into the General Fund. The NC Fiscal Research Division outlines the [2011 Legislative Changes to the Master Settlement Agreement Entities in this link](#).

**Additional Question:** Deborah Holt Noel, Task Force member who is a Senior Producer at WUNC-TV, asked about the relationship among marijuana, cancer and negative health outcomes.

**Response:** Although marijuana’s impact on health is not a part of the Tobacco Prevention and Control Branch’s mission and scope, the Branch recommends that all tobacco-free policies include eliminating exposure to not only secondhand cigarette smoke but also e-cigarette aerosols and marijuana smoke.