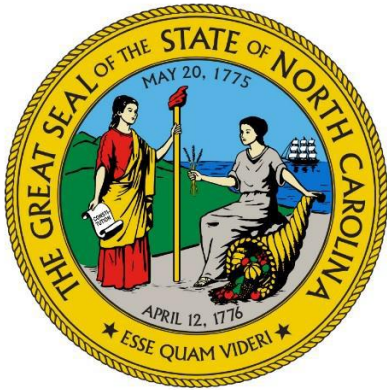


Tobacco Use Prevention and Cessation: Evidence-based Interventions



North Carolina Justus-Warren Heart Disease and Stroke Prevention Task Force

Jim D. Martin, MS, Director of Policy and Programs

N.C. Tobacco Prevention and Control

Division of Public Health

December 9, 2020

The Burden of Tobacco Use in North Carolina

1 in 5

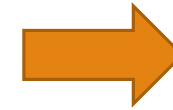
Deaths in NC due to tobacco use



For every death, **30** sick or disabled



Smoking costs North Carolina
\$3.81 billion
per year in health care costs¹



Including
\$931 million
in Medicaid costs²

There is an additional annual cost of
\$293 million
from health problems due to secondhand smoke³



Coronavirus attacks the lungs.

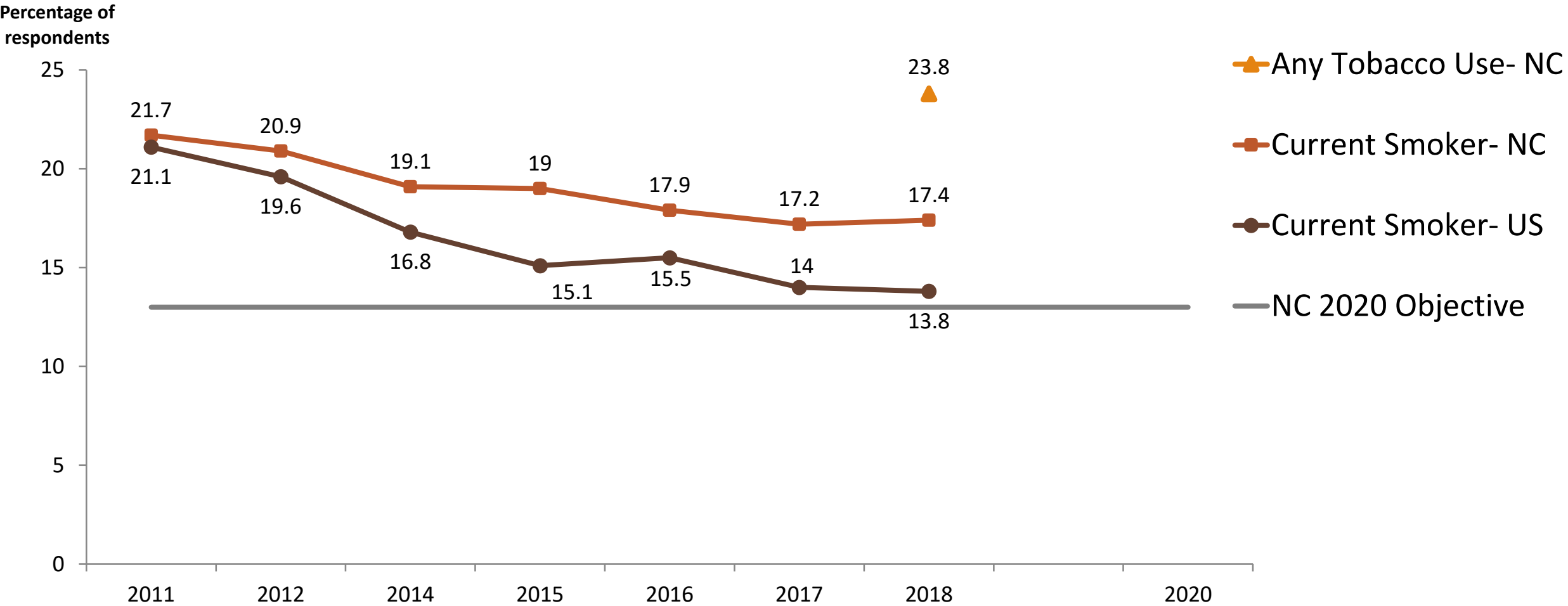


Keep your lungs healthy
by not smoking tobacco
or vaping

- ✓ Cigarette smoking **can suppress the immune system.**
- ✓ Cigarette smoking **causes underlying conditions** that increase the risk for severe illness from COVID-19, including heart and lung diseases and diabetes.
- ✓ A person who smokes may be **at greater risk** for, and may have a **harder time recovering** from, COVID-19.
- ✓ For help quitting tobacco use or staying tobacco free, call 1-800-QUIT-NOW (1-800-784-8669) or visit www.quitlinenc.com.

Percentage of Adult Smokers and Tobacco Users (including multiple product use) in North Carolina

BRFSS 2011-2018



The Health Consequences
of Smoking—50 Years of Progress

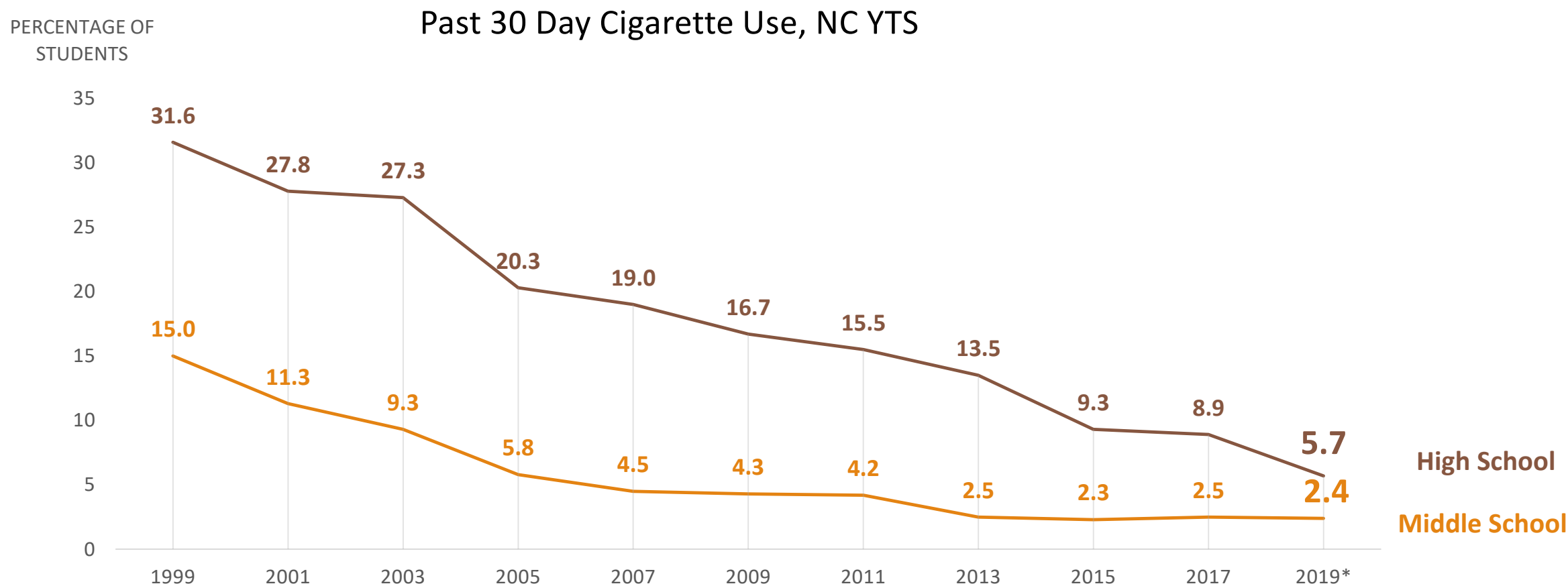
A Report of the Surgeon General



U.S. Department of Health and Human Services

90%
of tobacco users
start before the age
of 18

Cigarette Smoking Continues to Decrease



*2019 estimates may not represent the full population due to low response rate

A hand is holding a grey, rectangular electronic cigarette. The background is a pattern of orange and white polka dots. The title text is overlaid on the image.

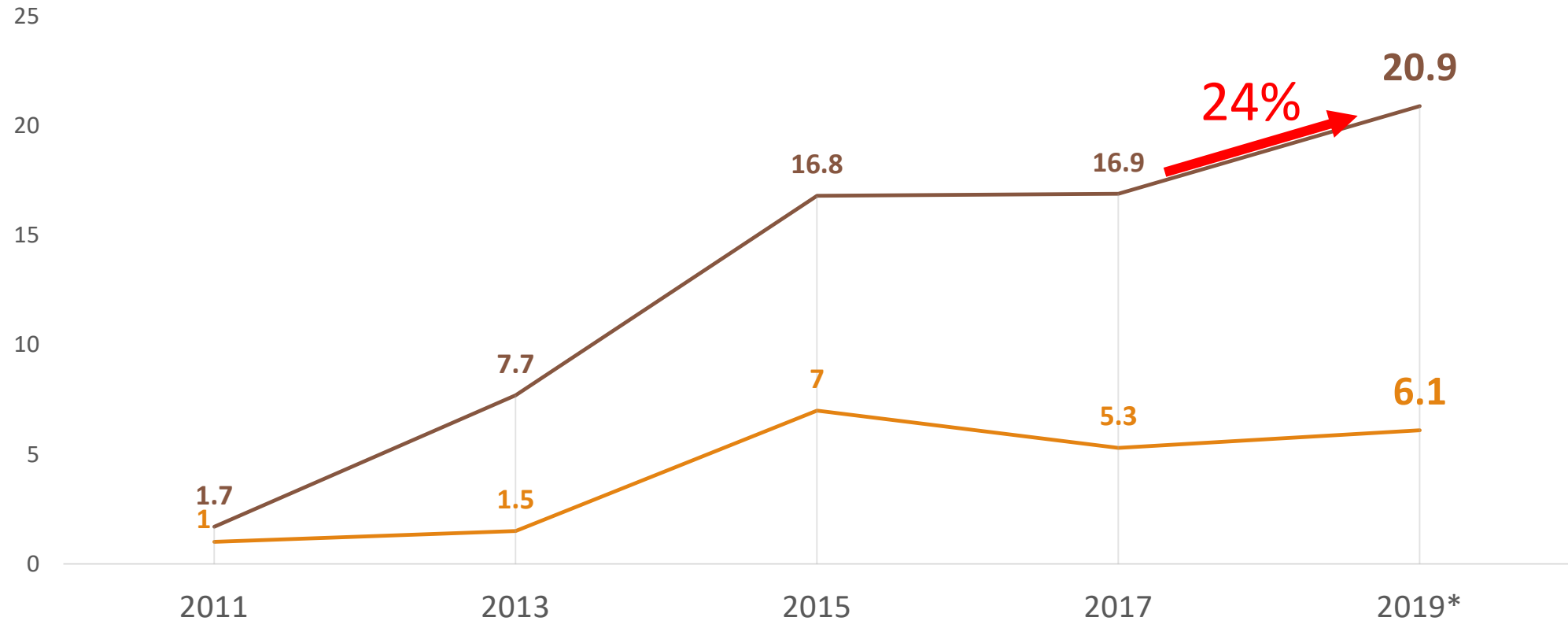
Changing Landscape of Tobacco Products

Image: Truth Initiative

E-Cigarette Use Continues to Increase

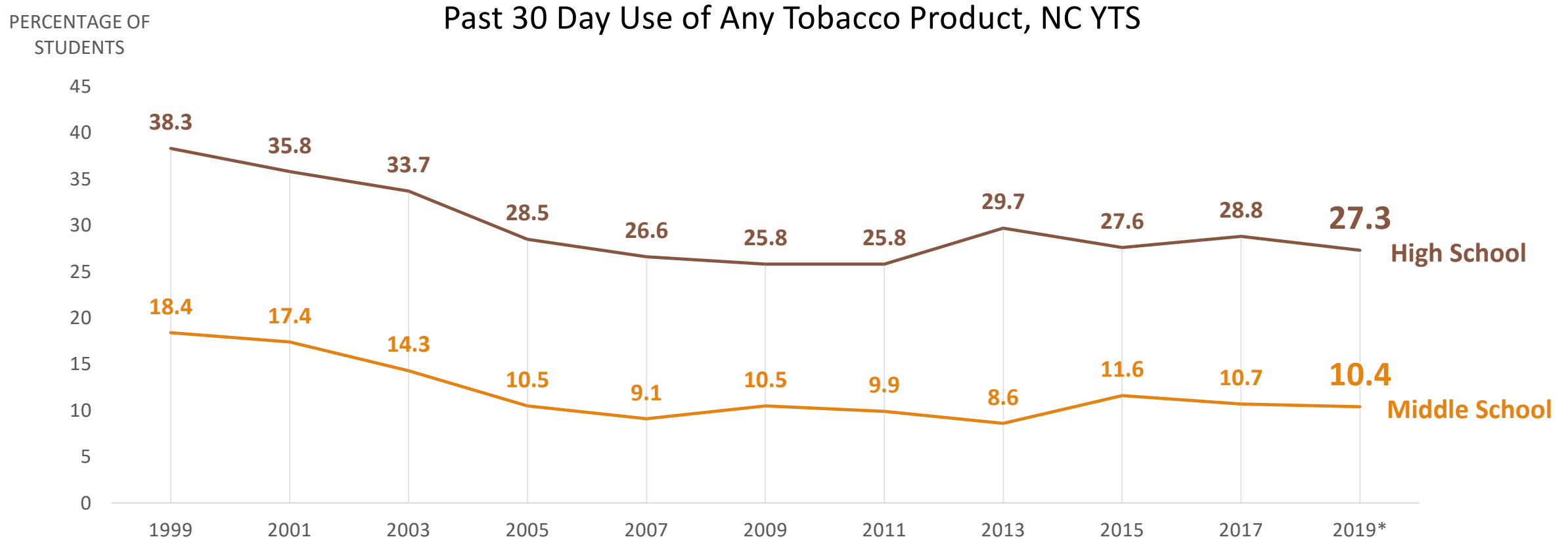
PERCENTAGE OF
STUDENTS

Past 30 Day Use of E-Cigarettes, NC YTS



*2019 estimates may not represent the full population due to low response rate

Current Tobacco Use 2019



*2019 estimates may not represent the full population due to low response rate

NC School Study Conducted in Collaboration with CDC



**Online survey of
574 school staff**



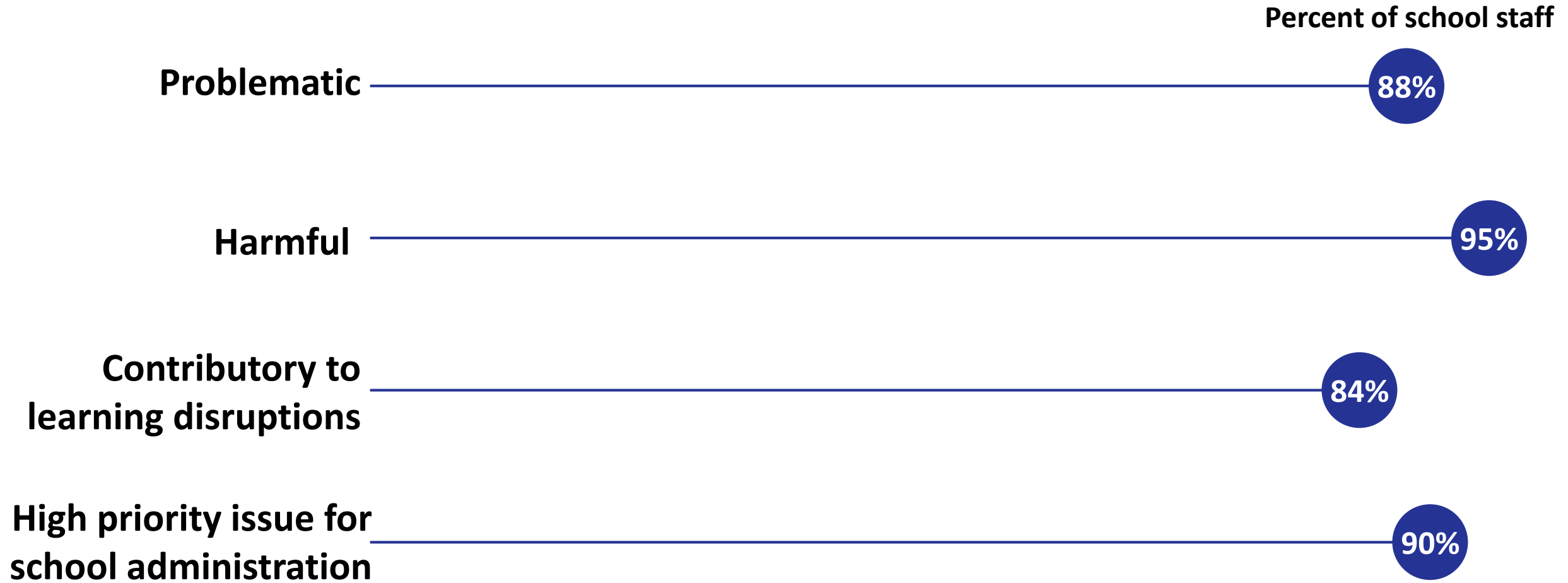
**35 in-person semi-
structured interviews
with school staff**



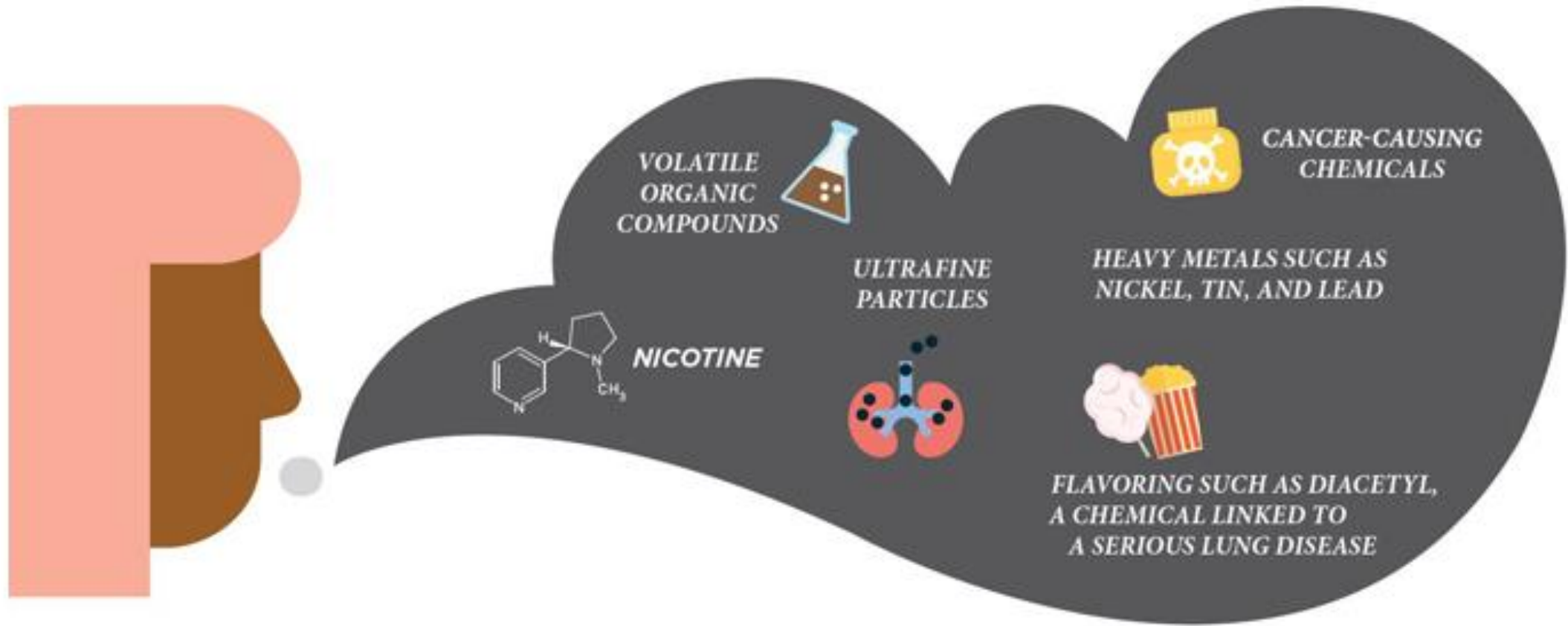
**Environmental assessment:
(e.g. collected e-cigarettes
confiscated by the schools
for student policy violations)**



Most School Staff Reported that E-cigarettes are Somewhat or Very...



It's an Aerosol, Not a Vapor



Prevention is Critical

“Successful multi-component programs prevent young people from starting to use tobacco in the first place and **more than pay for themselves** in lives and health care dollars saved.”

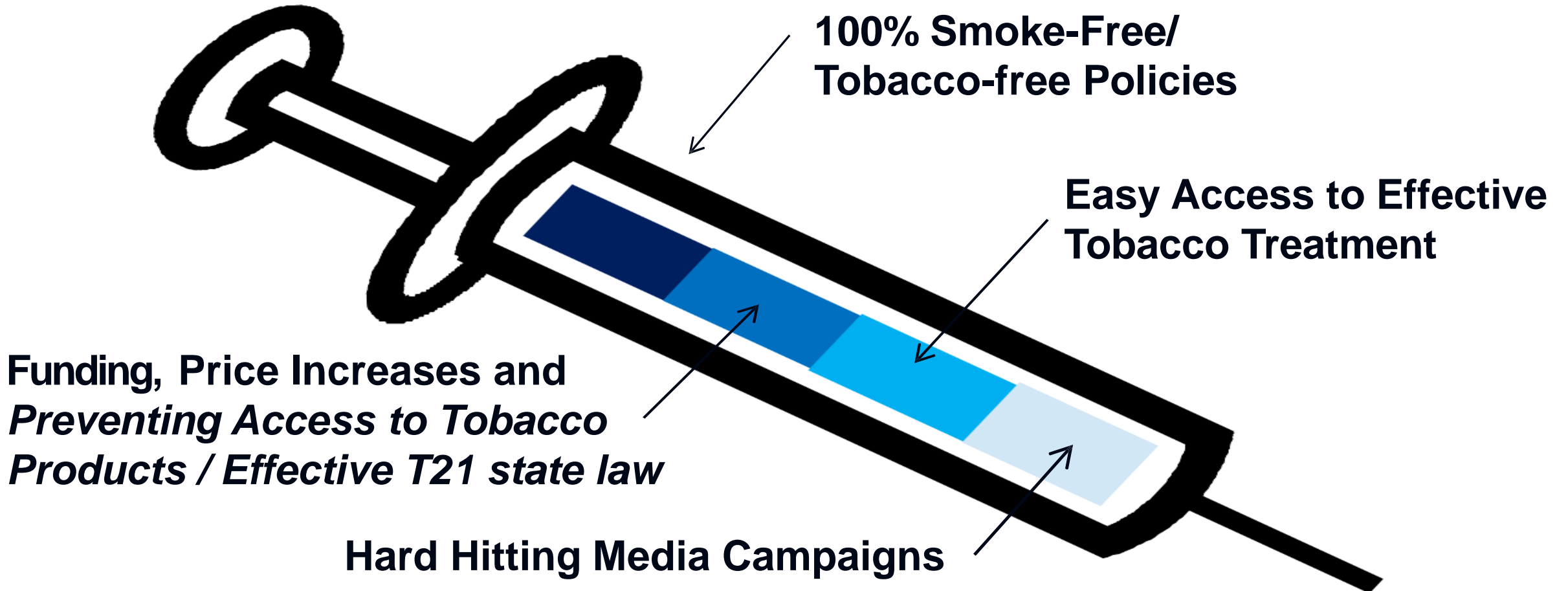
Source: US Department of Health and Human Services. 50 Years of Progress: A Report of the Surgeon General, 2014. 2014. Available at: <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/50-years-of-progress-bysection.html>.

LET'S MAKE THE NEXT GENERATION **TOBACCO-FREE**

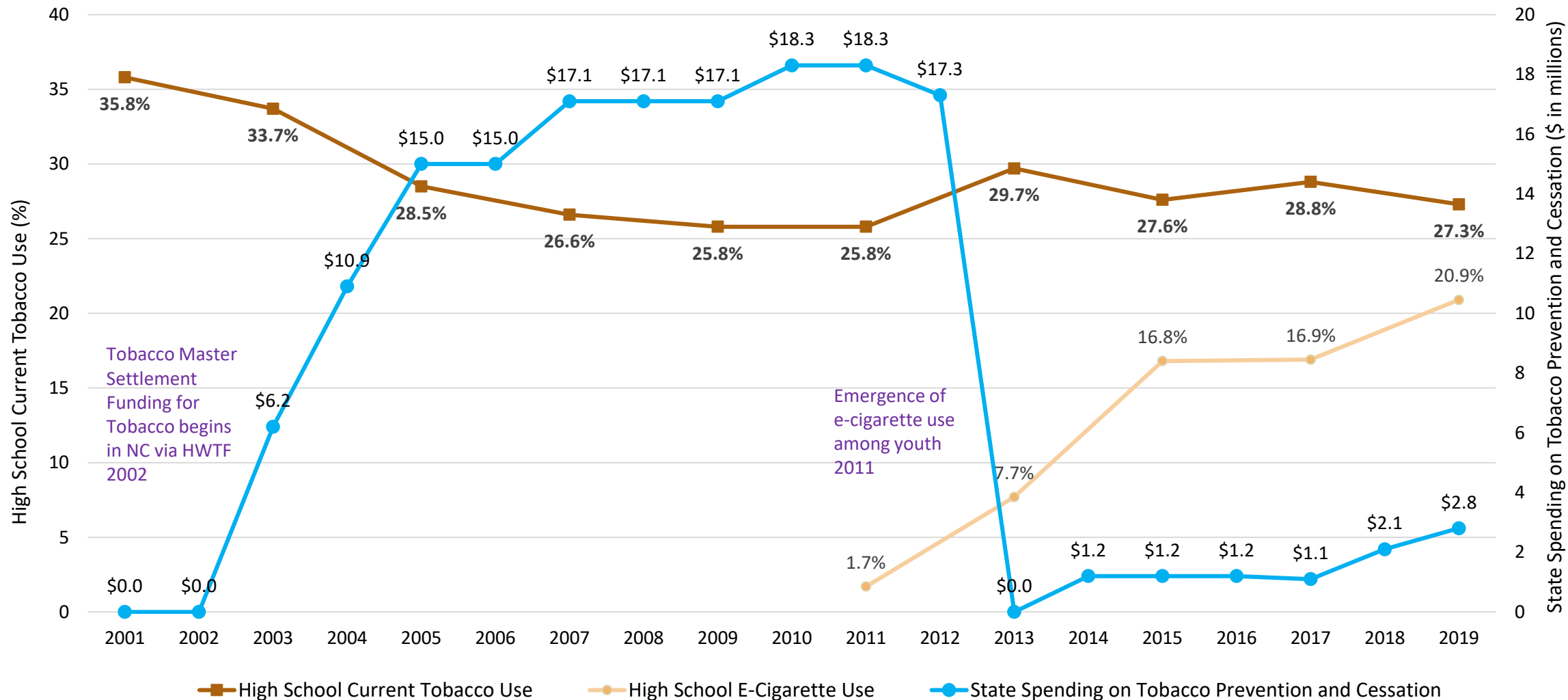
Your Guide to the 50th Anniversary Surgeon General's
Report on Smoking and Health



Tobacco Control “Vaccine”



High School Tobacco Use and State Spending on Tobacco Use Prevention and Cessation in North Carolina 2001-2019



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

NORTH CAROLINA TOBACCO TREATMENT STANDARD OF CARE

FDA Approved Pharmacotherapy¹

12 weeks of varenicline (Chantix®)

or

12 weeks of combination therapy
(nicotine patches and nicotine gum or
nicotine lozenge)

Other pharmacotherapy includes bupropion,
nicotine nasal spray and nicotine inhaler



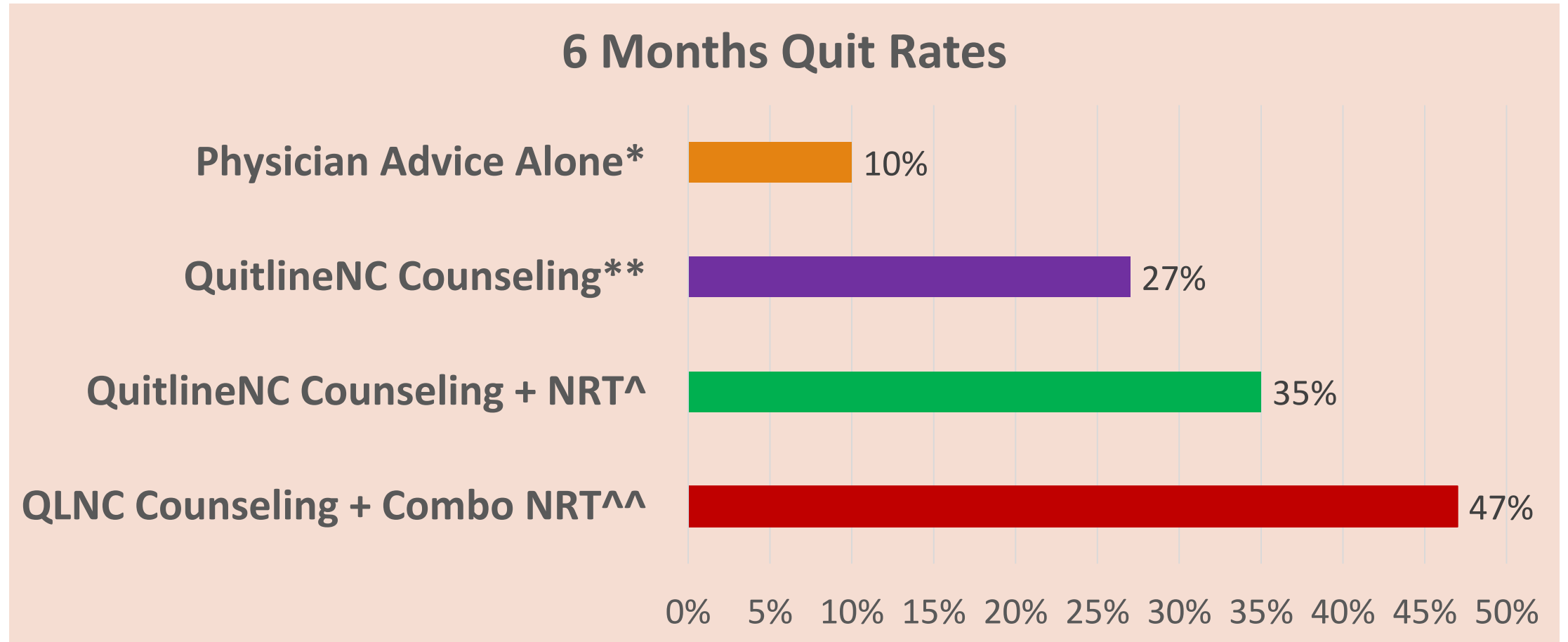
Evidenced-Based Counseling

In order of effectiveness:

- Face to face individual counseling
- Group counseling
- QuitlineNC – telephonic, texting,
and web-based counseling

100% TOBACCO FREE ENVIRONMENTS HELP PEOPLE QUIT.

QuitlineNC is Proven to be Effective



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

** Alere Wellbeing, *QuitlineNC Comprehensive Evaluation Reports*

^TPEP, *QuitlineNC Year 13 Annual Report FY2017-2018*

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

Responder rates at 30 days point prevalence

QuitlineNC strives to meet Standard of Care

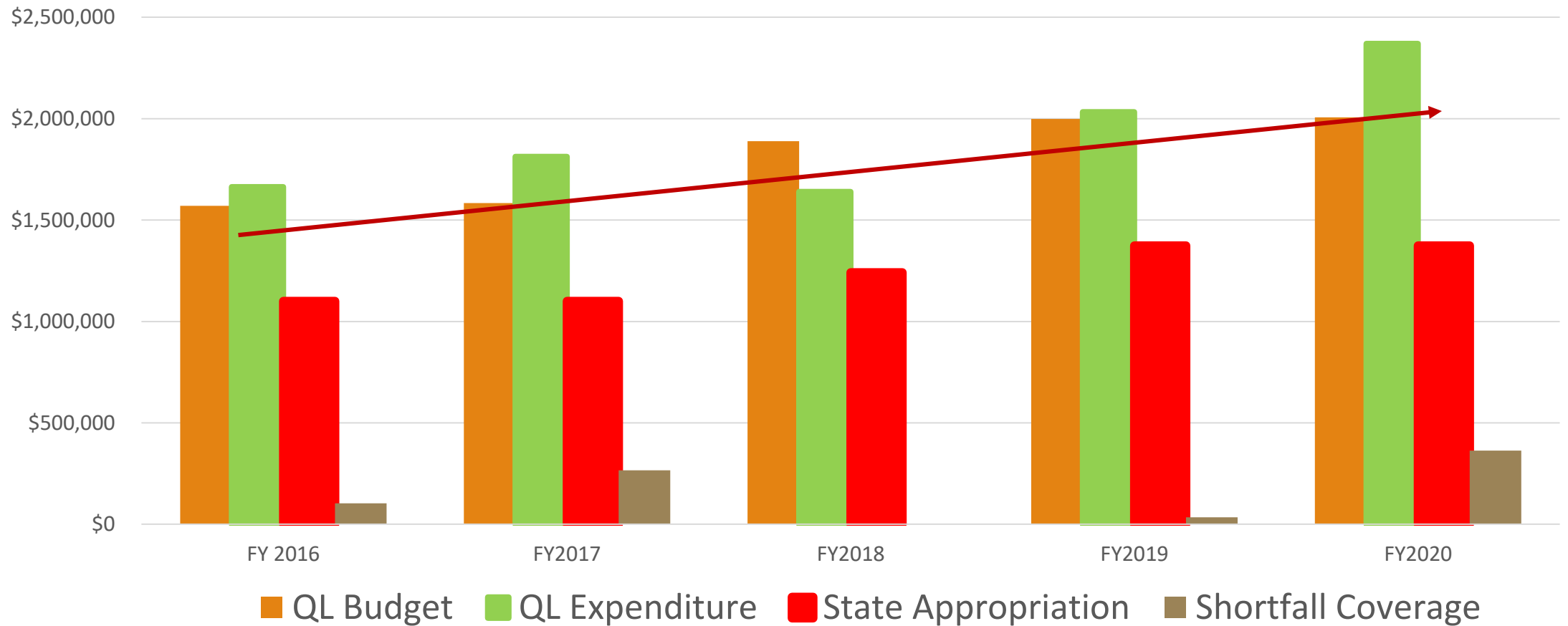
...with Limited Funding



1-800-QUIT-NOW
1 - 8 0 0 - 7 8 4 - 8 6 6 9

Insurance Type	Scheduled Calls	Medication
Uninsured	4 Calls	8 weeks nicotine patches + gum/lozenges
Medicare	4 Calls	2 weeks nicotine patches + gum/lozenges
Medicaid	4 Calls	2 weeks nicotine patches + gum/lozenges and standing order for 12 more weeks
Commercially Insured	1 Call	None
Special Protocols for All	Scheduled Calls	Medication
Pregnant Women, Planning Pregnancy or New Baby	10 Calls	8 weeks nicotine gum or lozenge with Medical Override letter
Behavioral Health Conditions	7 Calls	12 weeks nicotine patches +gum/lozenge
Under 18 years	5 Calls	None

Trend Shows Demand Exceeding Funding



Return on Investment



QuitlineNC Return on investment is \$3 to \$4 saved for every \$1 invested.

If NC were to provide resources to provide Standard of Care treatment to all who register for QuitlineNC the return on investment would increase.

QuitlineNC: Working on Improvements

Easier referral to QuitlineNC

QuitlineNC referrals and feedback to provider moving from Fax to Electronic

Easier enrollment for person who use tobacco

More tailored programs such as the Pregnancy Protocol, Behavioral Health Protocol

Better engagement with Quit Coaches

Use of more technology and social media



1-800-QUIT-NOW

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

JANUARY 2020

HEALTHY NORTH CAROLINA

2030



A PATH TOWARD HEALTH

FUNDED BY THE BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA FOUNDATION,
THE DUKE ENDOWMENT, AND THE KATE B. REYNOLDS CHARITABLE TRUST



North Carolina Institute of Medicine

www.nciom.edu



DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Ensuring a healthy future

Healthy NC 2030 - Tobacco Use Targets

Desired outcome: Decrease tobacco use*

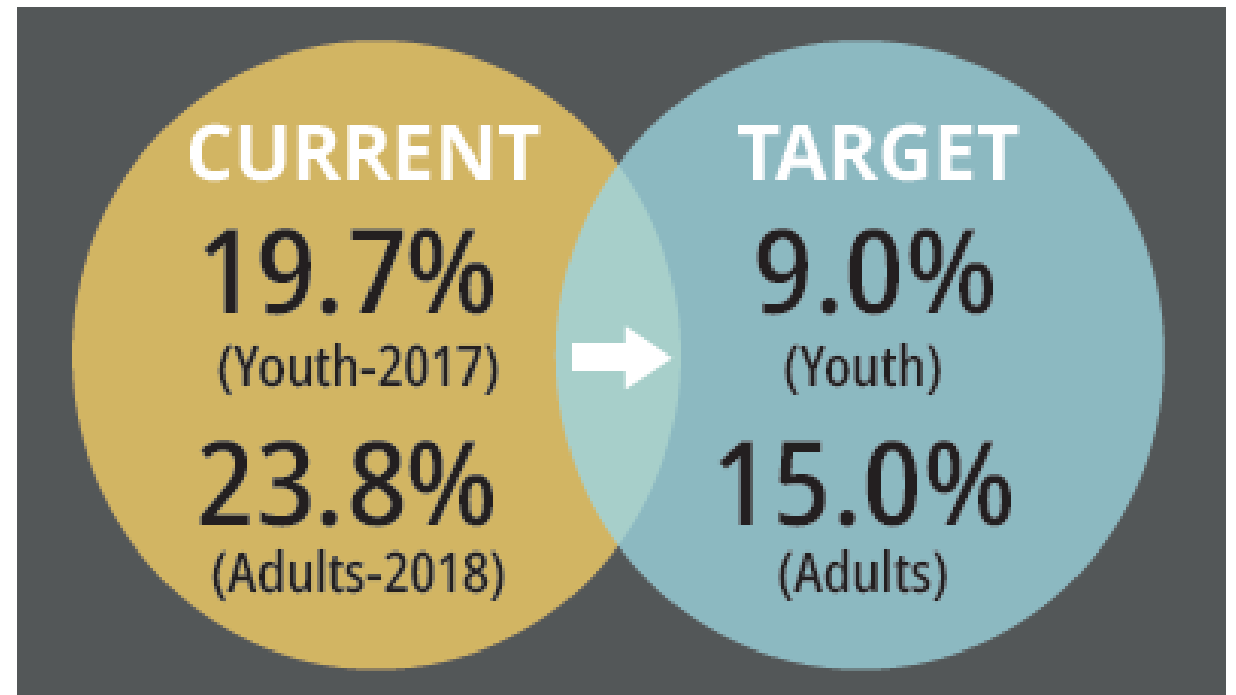
Indicator definition: Current use of e-cigarettes, cigarettes, cigars, smokeless tobacco, pipes, and/or hookah

Measured separately for youth and adults

Youth population includes middle and high school students

Sources: NC Youth Tobacco Survey; BRFSS

*Ranked at the top in community meeting discussions



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