

Reducing Tobacco Use in Tobacco Country: North Carolina's Success Story in Lowering Tobacco Use Among Youth

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North Carolina has a legacy tied to tobacco that is historic, economic, and social in nature. One outcome of that legacy that is increasingly gaining the attention of North Carolina leaders is the heavy toll tobacco has taken on the health of North Carolinians, a toll that is reflected in the fact that tobacco use remains the leading cause of preventable death and illness in our state, amounting to \$2.4 billion per year in excess medical costs alone.¹

Fortunately, with the turn of the century, a new era commenced, one that focuses on the multiple factors that we know to be effective in reducing tobacco use and improving the health of our state. The teen smoking rate in North Carolina has dropped dramatically from 27% in 2003 to an historic low of 19% in 2007, according to the North Carolina Youth Tobacco Survey.² In real numbers, the decline in youth smoking over the past decade amounts to 57,000 fewer smokers and 18,200 lives that would otherwise have been lost from premature, tobacco-related death.²

A key contributor to this success was the investment of nearly \$17 million annually starting in 2003 when the North Carolina Health and Wellness Trust Fund (HWTF) launched its statewide tobacco prevention and cessation efforts. The HWTF has funded community- and school-based organizations in every county in the state to change policy and social norms related to tobacco use. HWTF championed the 100% tobacco-free schools movement, now established as law for all North Carolina schools, which gave rise to a movement supported by North Carolina Prevention Partners and the North Carolina Hospital Association to make all North Carolina hospitals 100% tobacco-free.

HWTF's programs were built upon the foundation laid by the statewide tobacco control coalition, a group that includes the

Tobacco Prevention and Control Branch of the Division of Public Health, the American Lung Association, and the University of North Carolina at Chapel Hill's Tobacco Prevention and Evaluation Program, all of which tackle different aspects of the problem. Other partners, such as Question Why, NC Spit Tobacco Education Program (NC STEP), and Survivors and Victims of Tobacco Empowerment (SAVE), contribute an impressive array of support services and critical expertise in youth tobacco use prevention and cessation.

HWTF also funded a sustained media presence promoting tobacco use prevention through the Tobacco.Reality.Unfiltered. (TRU) social marketing campaigns. The most recent campaign featured Reena, a 29-year-old mother from Asheville who started smoking at the age of 13. Reena's story was especially powerful because she developed throat cancer symptoms at the age of 19, resulting in a laryngectomy at age 21. For youth who may perceive the health risks of smoking to be a consequence that is in a far-distant future, Reena's words, spoken through an assistive device, were powerful and effective. Today, youth groups are working to change attitudes of their peers from the "bottom up," a technique that can be especially effective when reinforced by powerful social marketing efforts and the support of community leaders.

North Carolina's Tobacco-Free Colleges initiative, funded by HWTF, focuses on young adults as an at-risk group. Following in the success of the tobacco-free schools and hospitals campaigns, North Carolina now leads the nation with a greater number of its colleges and universities (35 of 110) having adopted a 100% tobacco-free policy than any other state in the country. These policies represent health protection to more than 131,000 students, in addition to faculty, staff, and visitors.

continued on page 82

of smoke-free policies through the reduction of the heart attack rate.²⁻⁵ After the introduction of HB 2, education became a daily effort.

One successful educational technique used regularly for policymakers included weekly one-page fact sheet "drops." The drops were also given to media, and press releases were sent at appropriate times. NCAH listened to the arguments that were winning votes and those that caused concern among legislators and the public. Based on these messages, NCAH strategically adjusted its messages weekly, if not daily, for legislators.

The success of HB 2 was also due in large part to strong grassroots and media advocacy. NCAH developed educational materials and a strategy to engage both grassroots advocates and the media. Weekly updates were issued to advocates that provided effective messages and instructions for constituent contact with lawmakers. The

constituent voice is critically important in any advocacy campaign, as legislators will listen to their constituents more than any single lobbyist. Lawmakers gain information from both direct communications from local leaders and advocacy groups, and indirectly through local news sources—especially from local opinion pieces and editorials. Grassroots advocates sent an unprecedented number of emails to their lawmakers about the smoke-free issue, made phone calls, and participated in advocacy days to lobby their legislators. Legislative cosponsors shared that local health directors and hospital administrators were the most trusted local experts on health matters. All hospitals across the state had demonstrated their support by going smoke-free campus-wide, and local health directors actively advocated for the passage of HB 2, further demonstrating their support for this important public health measure. Engaging both constituents and local health leadership in

continued from page 81

An increasingly important element of smoking cessation efforts is QuitlineNC, which has provided free, confidential, and evidence-based smoking cessation services to more than 10,000 North Carolinians since 2005. Outreach efforts to health care providers have vastly increased the number of fax referrals to QuitlineNC in recent years, providing them with a particularly effective means of arranging help for their patients who use tobacco.

Public policy and regulatory developments also play a pivotal role in reducing tobacco's toll on health in our state. North Carolina increased its cigarette tax by 25 cents in 2005 and by another 5 cents in 2006, bringing the state cigarette tax up to its current rate of 35 cents. The current national average is \$1.31 per pack.³ Research shows that a 10% increase in the price of a pack of cigarettes results in a 4%-7% drop in smoking rates, with the largest impact on young people.⁴

Another major milestone was the passage of House Bill 2, a ban of indoor smoking in virtually all restaurants and bars in North Carolina, joining 24 states with similar restrictions. This law eliminates exposure to secondhand smoke—a serious risk factor for heart disease and cancer—for a vulnerable group of North Carolina workers and their customers. With tobacco products falling under the purview of FDA regulation in 2009, there is additional potential to improve the health of our population.

While these accomplishments are encouraging, more needs to be done. In 2008, nearly two million (20.9%) of North Carolina adults smoked,⁵ ranking our state ninth highest in the nation in smoking prevalence. Although overall smoking rates among adults in North Carolina have dropped since 1997, North Carolina's rates consistently remain above national rates.

Given North Carolina's history with tobacco agriculture, policymakers and health leaders face a considerable challenge in addressing tobacco use to protect public health. Tobacco control issues have long been intertwined and related to our state's identity. Experience has proven, however, that an investment in a combination of statewide community programs, strong policy efforts, and effective outreach campaigns can indeed change the social norm.

There is a bumper sticker, often fading, that can still be seen on North Carolina roads. It says, "Pride in Tobacco." With a history that began over 400 years ago and the stream of cash generated from the crop that has flowed ever since, it is not surprising to find this sentiment expressed by some North Carolinians. Even so, every indication is that the day is coming when "Pride in Tobacco" will be replaced by "Pride in a Healthy North Carolina," not only on bumper stickers, but also in a new set of Tar Heel values.

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actively advocating for the passage of a strong bill proved to be an effective strategy.

One aspect of media advocacy strategy was to show the strong support of the public through opinion pieces. According to Elon University Poll data from February 2009, the North Carolina public overwhelmingly, by nearly 90%, indicated support for the right of an employee to have a smoke-free workplace.⁶ Many citizens also told their stories in very personal and compelling ways about how they have lost loved ones due to secondhand smoke exposure on the job. This led to over 1,000 news stories across the state

about HB 2, as well as the support of all major daily news editorial boards.

In addition, the Division of Public Health produced data showing that many North Carolinians continue to be exposed to secondhand smoke at their work setting.⁷ This costs North Carolina employers in excess medical care costs, as well as lost productivity. A study conducted by Blue Cross Blue Shield of North Carolina demonstrated that nonsmokers' exposure to secondhand smoke costs North Carolina \$288.8 million each year in excess medical care costs alone.⁸ Thus, the economic argument was an