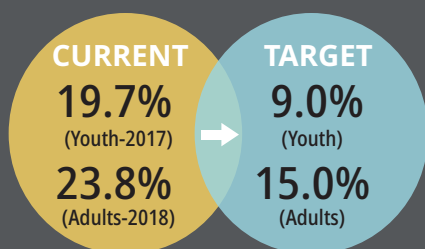


HEALTH INDICATOR 11: TOBACCO USE

DESIRED RESULT: DECREASE TOBACCO USE



DEFINITION

Percent of youth and adults reporting current use of e-cigarettes, cigarettes, cigars, smokeless tobacco, pipes, and/or hookah

DETAILS

Youth (middle and high school students) and adults measured separately

NC TOBACCO USE

19.7% of Youth (2017)
23.8% of Adults (2018)

2030 TARGET

9.0% of Youth
15.0% of Adults

RANGE AMONG NC COUNTIES

Not available

RANK AMONG STATES

Not available

DATA SOURCE

Youth: NC Department of Public Health, Tobacco Prevention and Control Branch, NC Youth Tobacco Survey

Adult: NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS)

STATE PLANS WITH SIMILAR INDICATORS

Not Applicable

Rationale for Selection:

Tobacco use remains the leading preventable cause of early death and disease in North Carolina and the nation. Tobacco use and secondhand smoke exposure are responsible for multiple causes of preventable morbidity and mortality in North Carolina. While combustible cigarette use has decreased among North Carolina's youth, prevalence among adults has declined only slightly, and there are major disparities of tobacco-attributable disease and death among population groups. E-cigarette use among young people has become epidemic in North Carolina and the nation and poses a public health threat.

Context

Cigarette smoking is responsible for 14,200 North Carolina deaths per year – that is 1 of every 5 deaths in our state.⁹² For each death, 30 more people are sick or live with a disability because of tobacco use.⁹³ North Carolina's direct medical costs from smoking are \$3.81 billion each year, including \$931 million in Medicaid costs⁹², and the estimated annual health care costs from secondhand smoke are \$293 million.⁹⁴ In addition, smoking costs North Carolina \$4.2 billion in productivity losses each year.⁹²

“Cigarette smoking is responsible for 14,200 North Carolina deaths per year – that is 1 of every 5 deaths in our state.⁹² For each death, 30 more people are sick or live with a disability because of tobacco use.”

The combined tobacco use prevalence among high school and middle school students is 19.7%. While cigarette smoking has declined among North Carolina's young people, there has been an increase in tobacco use overall, particularly among high schoolers. Cigarette smoking among high school students has decreased from 15.5% in 2011 to 8.9% in 2017, yet use of any tobacco products among high school students increased from 25.8% in 2011 to 28.8% in 2017. This increase reflects the rising use of emerging tobacco products, including electronic cigarettes. Between 2011 and 2017, electronic cigarette use among high school students increased 893%, from 1.7% to 16.9%. In 2018, 23.8% of adults in North Carolina used at least one type of tobacco product every day or some days. While cigarette smoking had been declining among adults in North Carolina from 21.8% in 2011 to 17.5% in 2018, the recent trends are concerning, with 24.0% using a single tobacco product and an additional 3.9% reporting the use of multiple tobacco products. In 2018, 4.3% of adults smoked cigars or cigarillos (little cigars) during the past 30 days, 5.1% of adults used electronic cigarettes every day or some days, and 4.7% used chewing tobacco or snuff every day or some days.⁹⁵

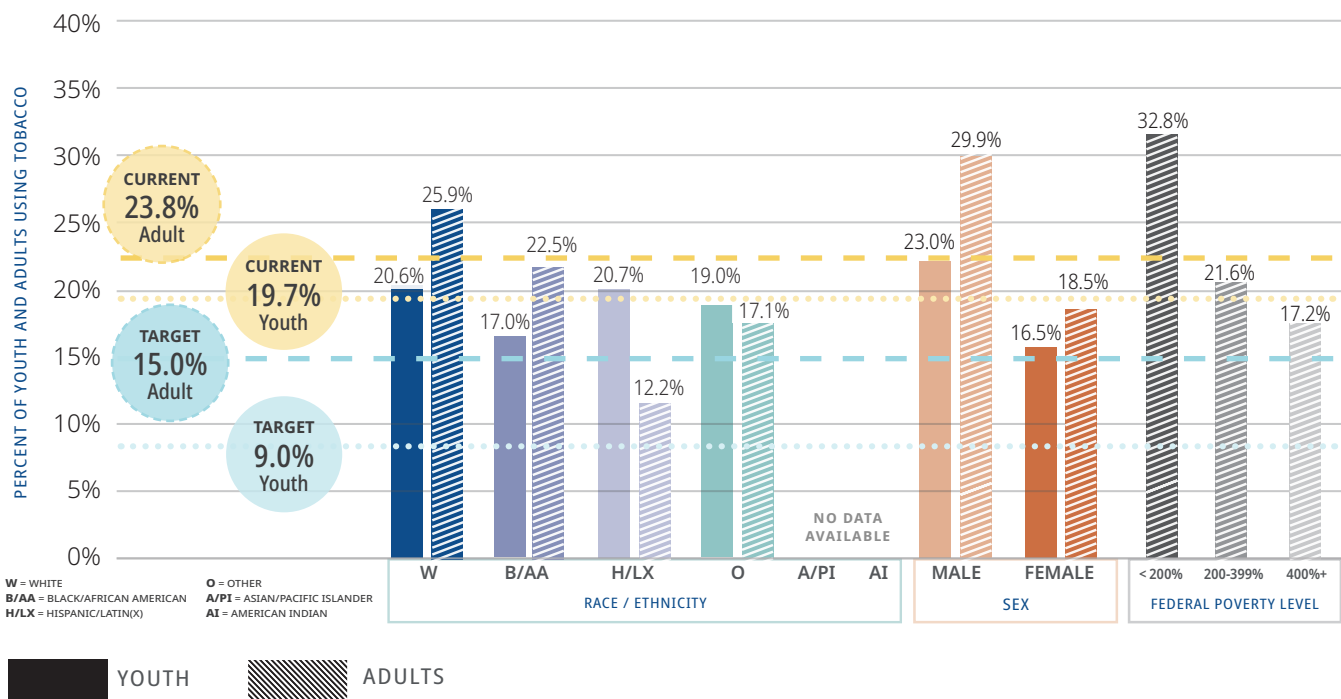
Secondhand smoke is an independent risk factor for lung cancer, coronary heart disease, and stroke, as well as an increased risk for low birth weight babies, sudden infant death syndrome, and lower respiratory illness in children. In 2018, 9.6% of North Carolinians were exposed to secondhand smoke in the workplace, which makes young people more likely to start using tobacco and makes it more difficult for people of all ages to quit using tobacco.

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FIGURE 20

Tobacco use across populations in North Carolina and distance to 2030 target



Disparities

Tobacco use varies among racial, income, geographic, and other demographic groups.⁹⁶ Low-income persons, those with lower levels of educational attainment, persons with mental illness and substance use disorders, and those who are unemployed smoke at higher rates than other groups.⁹⁶ American Indians have a higher prevalence of smoking than any other racial or ethnic group, yet African American tobacco users die from tobacco-related causes at higher rates than any other racial or ethnic group.⁹⁶ LGBTQ individuals are more likely to be smokers than their heterosexual counterparts.⁹⁶ Tobacco use is more common in rural areas than urban areas.⁹⁶

2030 Target and Potential for Change

The HNC 2030 group reviewed data across several years and populations, targets for the national Healthy People 2030 efforts, and a forecasted value for North Carolina based on historical data. The group chose to mirror the Healthy People 2030 targets with an HNC 2030 target of 9.0% for youth and 15.0% for adults reporting tobacco use. Public knowledge and concern over e-cigarettes are growing. Public attention paired with past lessons from successfully reducing cigarette smoking, are encouraging signs of the potential for reducing overall tobacco use.

Levers for Change

(CDC, Tobacco Control Interventions, 2017, US Surgeon General 2018)

- Fund comprehensive state tobacco control programs to the levels recommended by the CDC
- Implement high-impact media campaigns that warn people about the dangers of tobacco use
- Implement strategies to curb tobacco product advertising and marketing that are appealing to young people
- Raise the price of tobacco products through a tobacco tax
- Raise the the age of tobacco product sales to 21
- License tobacco retailers
- Implement state and local tobacco-free and smoke-free air policies that include e-cigarettes
- Remove state preemption of local government regulations on the sale, promotion, distribution and display of tobacco products
- Restrict the sales of flavored tobacco products
- Increase access to standard-of-care tobacco use treatment