Invest in Youth Tobacco-Use Prevention Programs: An Evidence-Based Plan for NC

Supporting Facts for Investing in Tobacco Use Prevention Funding in FY 2016-17

Tobacco use remains the number one preventable cause of early death and disease in North Carolina (N.C.) and the United States. Smoking is responsible for 14,200 deaths – 1 of every 5 deaths in N.C. – and is a major risk factor for heart disease, stroke, cancer in almost every part of the body, chronic obstructive pulmonary diseases, and type 2 diabetes.

- For each death, there are 30 more people who are sick or disabled because of tobacco use. N.C. is ranked 29th for cigarette smoking and 36th for smokeless tobacco use among the states (a rank of 1 is best).
- N.C.’s direct medical costs from smoking are $3.81 billion each year. A 2011 published study estimated the annual health care costs from secondhand smoke in N.C. at $293 million.
- N.C. is ranked 47th (a rank of 1 is best) in the nation for state spending on evidence based tobacco prevention and control programs.

According to CDC, smoking and smokeless tobacco use are initiated and established primarily during adolescence.

- Nearly 9 out of 10 smokers first tried cigarettes by age 18, and 99% first tried cigarettes by age 26.
- Nicotine is highly addictive; there is evidence that youth may be sensitive to nicotine and that teens can feel dependent on nicotine sooner than adults.
- Each day in the United States, more than 3,200 people younger than 18 years of age smoke their first cigarette, and an estimated 2,100 youth and young adults who have been occasional smokers become daily cigarette smokers.
- If smoking persists at the current rate among youth in this country, 5.6 million of today’s Americans younger than 18 years of age are projected to die prematurely from a smoking-related illness. This represents about one in every 13 Americans aged 17 years or younger alive today.

The 2013 NC Youth Tobacco Survey (NC YTS) results show a significant increase in overall teen tobacco use due to the increase in use of certain emerging tobacco products, including electronic cigarettes and hookahs.

- Overall tobacco use among North Carolina high school students increased from 25.8 percent to 29.7 percent from 2011 to 2013.
- Use of electronic cigarettes by North Carolina high school students increased 352% between 2011 and 2013, from 1.7 percent to 7.7 percent.
- Among high school tobacco users in North Carolina, 19.1 percent report using more than one tobacco product. Ten percent of high school students said they are considering using electronic cigarettes in the next year and 10.6% of high school students are considering hookah use in the next year.
• National data show that e-cigarette use in youth is a gateway to cigarette and other tobacco use. http://www.cdc.gov/tobacco/youth/e-cigarettes/index.htm.

Health problems due to tobacco use may start even earlier in life if the mother smokes during pregnancy. According to CDC:

• Research has shown that women’s smoking during pregnancy increases the risk of pregnancy complications, premature delivery, low-birth-weight infants, stillbirth, and sudden infant death syndrome (SIDS). Smoking can also affect men’s sperm, which can reduce fertility and also increase risks for birth defects and miscarriage (loss of the pregnancy).
• Babies of mothers who smoked during pregnancy have lower birth weights. Low birth weight is a leading cause of infant deaths.
• Smoking by the mother causes sudden infant death syndrome (SIDS). Compared with unexposed infants, babies exposed to secondhand smoke after birth are at twice the risk for SIDS, and infants whose mothers smoked before and after birth are at three to four times greater risk.
• Mothers’ smoking during pregnancy reduces their babies’ lung function.
• In 2001, 17.5% of teenaged mothers smoked during pregnancy. Only 18% to 25% of all women quit smoking once they become pregnant.
• Children and adolescents who smoke are less physically fit and have more respiratory illnesses than their nonsmoking peers. In general, smokers’ lung function declines faster than that of nonsmokers.
• Smoking by children and adolescents hastens the onset of lung function decline during late adolescence and early adulthood.
• Smoking by children and adolescents is related to impaired lung growth, chronic coughing, and wheezing.
• Nicotine is found in breast milk.
• Parental smoking may promote smoking among young people.