Tobacco Data, Prevention Spending, and the Toll of Tobacco Use in North Carolina

North Carolina Alliance for Health
2017
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Highlights from the Surgeon General’s Report on E-Cigarette Use Among Youth and Adults

- E-Cigarette use among youth and young adults is an emerging public health threat.

- Use of products containing nicotine in any form among young people, including in e-cigarettes, is unsafe.

- Because the brain is still developing until about age 25, youth and young adult exposure to nicotine can lead to addiction and disrupt attention and learning.

- Secondhand e-cigarette aerosol that is exhaled into the air by users is not harmless. It can contain harmful and potentially harmful chemicals.

- The report calls on the e-cigarette industry to stop advertising and marketing practices that glamorize e-cigarette use among youth and young adults.

- This report urges precautionary actions to prevent harm, rather than waiting for harm to occur before taking action.

- This report is a call to action for everyone to work together to prevent harms from e-cigarette use and secondhand aerosol exposure among youth and young adults.

The full report and more information are available at e-cigarettes.surgeongeneral.gov.
Surgeon General’s Report on E-Cigarettes: Fact Sheet

E-Cigarette Use Among Youth and Young Adults
A Report of the Surgeon General

Fact Sheet
This Surgeon General’s report comprehensively reviews the public health issue of e-cigarettes and their impact on U.S. youth and young adults. Studies highlighted in the report cover young adolescents (11-14 years of age); adolescents (15-17 years of age); and/or young adults (18-25 years of age). Scientific evidence contained in this report supports the following facts:

E-cigarettes are a rapidly emerging and diversified product class. These devices typically deliver nicotine, flavorings, and other additives to users via an inhaled aerosol. These devices are referred to by a variety of names, including “e-cigs,” “e-hookahs,” “mods,” “vape pens,” “vapes,” and “tank systems.”

- E-cigarettes are battery-powered devices that heat a liquid into an aerosol that the user inhales.
- The liquid usually has nicotine, which comes from tobacco; flavoring; and other additives.
- E-cigarette products can also be used as a delivery system for marijuana and other illicit drugs.

E-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes in 2014. E-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, including cigarettes and other burned tobacco products.

- In 2015, more than 3 million youth in middle and high school, including about 1 of every 6 high school students, used e-cigarettes in the past month. More than a quarter of youth in middle and high school have tried e-cigarettes.
- Among high school students, e-cigarette use is higher among males, whites, and Hispanics than among females and African-Americans.
- There is a strong association between the use of e-cigarettes, cigarettes, and the use of other burned tobacco products by young people. In 2015, for example, nearly 6 of 10 high school cigarette smokers also used e-cigarettes.
- Research has found that youth who use a tobacco product, such as e-cigarettes, are more likely to go on to use other tobacco products like cigarettes.

E-cigarette use among youth and young adults has become a public health concern. In 2014, current use of e-cigarettes by young adults 18-24 years of age surpassed that of adults 25 years of age and older.

- Among young adults 18-24 years of age, e-cigarette use more than doubled from 2013 to 2014. As of 2014, more than one-third of young adults had tried e-cigarettes.
- The most recent data available show that the prevalence of past 30-day use of e-cigarettes was 13.6% among young adults (2014) and 16.0% among high school students (2015).
- The most recent data available show that the prevalence of past 30-day use of e-cigarettes is similar among middle school students (5.3%) and adults 25 years of age and older (5.7%).
- Among young adults, e-cigarette use is higher among males, whites and Hispanics, and those with less education.

The use of products containing nicotine poses dangers to youth, pregnant women, and fetuses. The use of products containing nicotine in any form among youth, including in e-cigarettes, is unsafe.

- Many e-cigarettes contain nicotine, which is highly addictive.
- The brain is the last organ in the human body to develop fully. Brain development continues until the early to mid-20s. Nicotine exposure during periods of significant brain development, such as adolescence, can disrupt the growth of brain circuits that control attention, learning, and susceptibility to addiction.
- The effects of nicotine exposure during youth and young adulthood can be long-lasting and can include lower impulse control and mood disorders.
- The nicotine in e-cigarettes and other tobacco products can prime young brains for addiction to other drugs, such as cocaine and methamphetamine.
Necotine can cross the placenta and affect fetal and postnatal development. Nicotine exposure during pregnancy can result in multiple adverse consequences, including sudden infant death syndrome (SIDS).

Ingestion of e-cigarette liquids containing nicotine can cause acute toxicity and possible death if the contents of refill cartridges or bottles containing nicotine are consumed.

**E-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents including nicotine. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.**

- The constituents of e-cigarette liquids can include solvents, flavorants, and toxicants.
- The aerosol created by e-cigarettes can contain ingredients that are harmful and potentially harmful to the public’s health, including: nicotine; ultrafine particles; flavorings such as diacetyl, a chemical linked to serious lung disease; volatile organic compounds such as benzene, which is found in car exhaust; and heavy metals, such as nickel, tin, and lead.

**E-cigarettes are marketed by promoting flavors and using a wide variety of media channels and approaches that have been used in the past for marketing conventional tobacco products to youth and young adults.**

- E-cigarettes are an estimated $3.5 billion business in the United States. In 2014, e-cigarette manufacturers spent $125 million advertising their products in the U.S.
- In 2014, more than 7 of 10 middle and high school students said they had seen e-cigarette advertising. Retail stores were the most frequent source of this advertising, followed by the internet, TV and movies, and magazines and newspapers.
- The 2012 Surgeon General’s Report on tobacco use among youth and young adults found that tobacco product advertising causes young people to start using tobacco products. Much of today’s e-cigarette advertising uses approaches and themes similar to those that were used to promote conventional tobacco products.
- E-cigarettes are available in a wide variety of flavors, including many that are especially appealing to youth. More than 85% of e-cigarette users ages 12-17 use flavored e-cigarettes, and flavors are the leading reason for youth use. More than 9 of 10 young adult e-cigarette users said they use e-cigarettes flavored to taste like menthol, alcohol, fruit, chocolate, or other sweets.

Action can be taken at the national, state, local, tribal and territorial levels to address e-cigarette use among youth and young adults. Actions could include incorporating e-cigarettes into smokefree policies, preventing access to e-cigarettes by youth, price and tax policies, retail licensure, regulation of e-cigarette marketing likely to attract youth, and educational initiatives targeting youth and young adults.

- The Food and Drug Administration (FDA) now regulates the manufacturing, importing, packaging, labeling, advertising, promotion, sale, and distribution of e-cigarettes.
  - In August 2016, FDA began enforcing a ban on vending machine sales unless in adult-only facilities and a ban on free samples and sales to minors.
- Parents, teachers, health care providers, and others who influence youth and young adults can advise and inform them of the dangers of nicotine; discourage youth tobacco use in any form, including e-cigarettes; and set a positive example by being tobacco-free themselves.

**Citation:** U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General—Executive Summary. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

**Website:** E-cigarettes.Surgeongeneral.gov
Electronic Cigarettes Overview

Health Impacts of Electronic Cigarettes (E-cigarettes)

- Most e-cigarettes, commonly known as vapor products, contain nicotine, which is highly addictive. Nicotine poses unique dangers to the developing human.
  - Nicotine is toxic to developing fetuses and impairs fetal brain and lung development.
  - Nicotine is known to impair brain development in children and teens.
  - Nicotine causes damage to the cardiovascular system, including narrowing and stiffening blood vessels.
  - Poisonings occur among users via ingestion of nicotine liquid, absorption through skin, and inhalation, making e-liquid a particular danger to young children and pets.
- The aerosol emitted by e-cigarettes is not “just water vapor.” There are harmful and potentially harmful ingredients in e-cigarette aerosol, including nicotine, fine particulates, volatile organic compounds, heavy metals and other compounds.
- E-cigarette use has the potential to involuntarily expose children and adolescents, pregnant women, and non-users to aerosolized nicotine and, if the products are altered, to other psychoactive substances. Therefore, clean air—free of both smoke and e-cigarette aerosol—remains the standard to protect health.
- Ingredients in e-liquid, such as vegetable glycerin and flavorings, are not approved for human inhalation. Some researchers find these ingredients can be damaging to the lungs and even toxic.
- The use of e-cigarettes in places where smoking traditional tobacco products is prohibited could lead to difficulties in enforcing smoke-free policies and renormalize tobacco use.
- E-cigarettes are not an FDA-approved smoking cessation aid. There are seven FDA-approved tobacco cessation medications.

Preliminary Data - 2015 NC Youth Tobacco Survey

- The experimentation and use of e-cigarettes have risen sharply among young people. According to the 2015 North Carolina Youth Tobacco Survey:
  - Current use of e-cigarettes among North Carolina high school students jumped by 888 percent, from 1.7 percent in 2011 to 16.8 percent in 2015.
  - Twenty-seven percent (27.7 percent) of high school students said they are considering using e-cigarettes in the next year.
  - Over 6 percent of high school students who had never used e-cigarettes said they were thinking of trying them in the next year.
  - Current e-cigarette use among middle school students jumped by almost 600 percent, from 1 percent in 2011 to 6.99 percent in 2015.

FDA Deeming Rule on Tobacco Products

- In May 2016, The FDA released a final rule adding new products, including e-cigarettes and all electronic nicotine delivery systems, hookah and cigars, as tobacco products, under its authority to regulate tobacco products.
- The FDA will review products, manufacturing processes and ingredients using a staggered set of deadlines to begin regulation of e-cigarettes and similar products.
- The rule protects youth by placing e-cigarettes, hookah and cigars under existing rules that limit their access to those under age 18.
- This rule does not address flavors or advertisements which have been found to make these products appealing to children and teens. This final rule went into effect on August 8, 2016.

2. NOTE: This 2015 data is preliminary and may be underestimating the true extent of tobacco use among NC youth. Additional studies may be released in the coming months that provide further detail.
Electronic Nicotine Delivery Systems: Key Facts

Youth use of ENDS continues to rise rapidly in the U.S.

From 2011 to 2014, past 30-day use of e-cigarettes increased

9x for high school students (1.5% to 13.4%)

and more than 6x for middle school students (0.6% to 3.9%)

Nearly 2.5 million U.S. middle and high school students were past 30-day e-cigarette users in 2014

including about 1 in 7 high school students.

In 2013, more than a quarter of a million (263,000) middle and high school students who had never smoked cigarettes had ever used e-cigarettes.

Most adult ENDS users also smoke conventional cigarettes, which is referred to as “dual use.”

In 2012/2013, 1.9% of adults were past 30 day e-cigarette users, including 9.4% of conventional cigarette smokers.

Among adult past 30 day e-cigarette users, 76.8% were also current cigarette smokers (i.e., “dual users”) in 2012/2013.

Nicotine poses dangers to pregnant women and fetuses, children, and adolescents. Youth use of nicotine in any form, including ENDS, is unsafe.

- Nicotine is highly addictive.
- Nicotine is toxic to developing fetuses and impairs fetal brain and lung development.
- Poisonings have resulted among users and non-users due to ingestion of nicotine liquid, absorption through the skin, and inhalation. E-cigarette exposure calls to poison centers increased from one per month in September 2010 to 215 per month in February 2014, and over half of those calls were regarding children ages 5 and under.
- Because the adolescent brain is still developing, nicotine use during adolescence can disrupt the formation of brain circuits that control attention, learning, and susceptibility to addiction.
- According to the Surgeon General, the evidence is already sufficient to warn pregnant women, women of reproductive age, and adolescents about the use of nicotine containing products such as smokeless tobacco, dissolvables, and ENDS as alternatives to smoking.

www.cdc.gov/tobacco

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Electronic Nicotine Delivery Systems: Key Facts

Any combusted tobacco use at any age is dangerous.

The burden of death and disease from tobacco use in the U.S. is overwhelmingly caused by cigarettes and other combusted tobacco products.⁴

There is no safe level of exposure to secondhand tobacco smoke.⁷

In order for adult smokers to benefit from ENDS, they must completely quit combusted tobacco use. Smoking even a few cigarettes per day is dangerous to your health.

Smokers who cut back on cigarettes by using ENDS, but who don’t completely quit smoking cigarettes, aren’t fully protecting their health:

- Smoking just 1-4 cigarettes a day doubles the risk of dying from heart disease.⁸
- Heavy smokers who reduce their cigarette use by half still have a very high risk for early death.⁹

Benefits of quitting smoking completely:

- Heart disease risk is cut in half 1 year after quitting and continues to drop overtime.⁴
- Even quitting at age 50 cuts your risk in half for early death from a smoking-related disease.⁴

ENDS are not an FDA-approved quit aid.

Currently the evidence is insufficient to conclude that ENDS are effective for smoking cessation.

Seven medicines are approved by the FDA for smoking cessation, and are proven safe and effective when used as directed.¹⁰

ENDS aerosol is NOT harmless “water vapor” and is NOT as safe as clean air.¹⁸

- ENDS generally emit lower levels of dangerous toxins than combusted cigarettes. However, in addition to nicotine, ENDS aerosols can contain heavy metals, ultrafine particulate, and cancer-causing agents like acrolein.¹¹
- ENDS aerosols also contain propylene glycol or glycerin and flavorings.

- Some ENDS manufacturers claim that the use of propylene glycol, glycerin, and food flavorings is safe because they meet the FDA definition of “Generally Recognized as Safe” (GRAS). However, GRAS status applies to additives for use in foods, NOT for inhalation. The health effects of inhaling these substances are currently unknown.

www.cdc.gov/tobacco
Electronic Nicotine Delivery Systems: Key Facts

ENDS are aggressively marketed using similar tactics as those proven to lead to youth cigarette smoking.

Although the advertisement of cigarettes has been banned from television in the United States since 1971, ENDS are now marketed on television and other mainstream media channels.²

Spending on advertising of ENDS tripled each year from 2011 to 2013.¹²¹³ Sales of ENDS also increased dramatically over a similar period.¹⁴

ENDS marketing has included unproven claims of safety and use for smoking cessation, and statements that they are exempt from clean air policies that restrict smoking.¹⁵ These messages could:

- Promote situational substitution of ENDS when smokers cannot smoke cigarettes, rather than complete substitution of ENDS for cigarettes.
- Undermine clean indoor air standards, smokefree policy enforcement, and tobacco-free social norms.

Given the currently available evidence on ENDS, several policy levers are appropriate to protect public health:

- **Prohibitions on marketing or sales** of ENDS that result in youth use of any tobacco product, including ENDS.
  - States laws prohibiting sales of ENDS to minors that feature strong enforcement provisions and allow localities to develop more stringent policies are more likely to help prevent youth access.¹⁶
- **Prohibitions on ENDS use in indoor areas** where conventional smoking is not allowed could:¹⁸
  - Preserve clean indoor air standards and protect bystanders from exposure to secondhand ENDS aerosol.
  - Support tobacco-free norms.

- When addressing potential public health harms associated with ENDS, it is important to simultaneously **uphold and accelerate strategies found by the Surgeon General to prevent and reduce combustible tobacco use**, including tobacco price increases, comprehensive smoke-free laws, high-impact media campaigns, barrier-free cessation treatment and services, and comprehensive state-wide tobacco control programs.⁴¹⁸

Visual depictions of ENDS use in advertisements may serve as smoking cues to smokers and former smokers, increasing the urge to smoke and undermining efforts to quit or abstain from smoking.¹⁷

In a randomized controlled trial, adolescents who viewed e-cigarette TV advertisements reported a significantly greater likelihood of future e-cigarette use compared with the control group. They were also more likely to agree that e-cigarettes can be used in places where smoking is not allowed.¹⁹

Some ENDS companies are using techniques similar to those used by cigarette companies that have been shown in the 2012 Surgeon General’s Report to increase use of cigarettes by youth, including: candy-flavored products; youth-resonant themes such as rebellion, glamour, and sex; celebrity endorsements; and sports and music sponsorships.¹³¹⁶

www.cdc.gov/tobacco
Electronic Nicotine Delivery Systems: Key Facts

References


10. FDA 101: Smoking Cessation Products. Available at: http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm198176.htm#learn


Youth Exposure to Advertising and E-Cigarette Use

Greater exposure to e-cigarette ads is associated with higher odds of youth e-cigarette use. Most e-cigarettes contain NICOTINE, which can cause ADDICTION, may harm brain development, and could lead to continued tobacco product use among youth.

Efforts to reduce youth exposure to tobacco advertising are crucial to prevent all forms of tobacco use among youth.

Sources of E-Cigarette Advertising

- **14.4 million** youth are exposed at retail stores
- **10.5 million** youth are exposed through the internet
- **9.6 million** youth are exposed through TV/movies
- **8 million** youth are exposed through magazines and newspapers

SOURCE: CDC Vital Signs, January 2016

Percentage of Smokers in North Carolina, BRFSS 2000-2015

Note: The BRFSS methodology changed in 2011 so we can not compare data from 2000-2010 to 2011-2015. We have showed this change by including a break in the trend line.

North Carolina Tobacco Data and Trends 2016

<table>
<thead>
<tr>
<th>State Spending Summary</th>
<th>FY2016</th>
<th>FY2015</th>
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</thead>
<tbody>
<tr>
<td>State Ranking</td>
<td>45</td>
<td>47</td>
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<tr>
<td>State Spending On Tobacco Prevention</td>
<td>$1.2 million</td>
<td>$1.2 million</td>
</tr>
<tr>
<td>% of CDC Recommended Spending</td>
<td>1.2%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

Tobacco Industry Marketing in North Carolina

<table>
<thead>
<tr>
<th>Estimated annual tobacco industry marketing in state</th>
<th>$392.2 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratio of industry marketing to state tobacco prevention spending</td>
<td>326.8 to 1</td>
</tr>
</tbody>
</table>

Tobacco’s Toll in North Carolina

| Adults who smoke            | 20.3% |
| High school students who smoke | 15.0% |
| Deaths caused by smoking each year | 14,200 |
| Annual health care costs directly caused by smoking | $3.81 billion |
| Residents’ state & federal tax burden from smoking-caused government expenditures | $889 per household |

The North Carolina Youth Tobacco Survey (NC YTS) is a public school-based survey of students in grades 6-12 and has been conducted every two years since 1999. For 2015 a total of 7,216 students (3,496 middle school (MS) students and 3,720 high school (HS) students) responded to the survey.

The NC YTS 2015 school response rates were 85.33% and 90.2% for MS and HS, respectively, and student response rates were 85.0% and 82.53% for MS and HS, respectively. The overall response rate was 70.83% for MS and 74.44% for HS. North Carolina enrollment figures (353,519 MS students, and 454,963 HS students) were used to generalize NC YTS findings to all MS and HS students in the state.

In every 10 (~41,008) middle school students is a current tobacco user.

In every 10 (~125,115) high school students are current tobacco users.

**Current use is defined as using on one or more of the past 30 days.** Beginning in 2011, NC YTS began including an item for use of emerging tobacco products. Emerging tobacco products include electronic cigarettes, clove cigars, dissolvable tobacco products, flavored cigarettes, flavored little cigars, hookahs or waterpipes, roll-your-own cigarettes, and snus. Data on emerging tobacco product use prior to 2011 is not available.
Youth Tobacco Survey 2015

Concerning Trends – 2015

Current Emerging Tobacco Users***

- 9.9% (34,998) MS students
- 23.8% (108,281) HS students

***Current emerging tobacco user is someone who self-reported as using emerging tobacco products on one or more of the past 30 days. Emerging tobacco products include electronic cigarettes, clove cigars, dissolvable tobacco products, flavored cigarettes, flavored little cigars, hookahs or waterpipes, roll-your-own cigarettes, and snus.

NC High School Students Current Users of Emerging Tobacco Products***:
NC YTS 2011-2015

Cessation Behavior among Current* Smokers – 2015

Want to Stop Smoking

- Flavored Little Cigars: 5.2% (2011), 4.6% (2013), 3.1% (2015)

Attempted to Quit Smoking in Past 12 Months

- MS students: 45.2% (3,675), 45.2% (19,125), 81.9% (6,659)
- HS students: 61.6% (34,304)

*Exposure to secondhand smoke is defined as exposure on one or more of past 7 days. Current use is defined as using on one or more of the past 30 days.

For more information, please contact the North Carolina Tobacco Prevention and Control Branch at (919) 707-5400. www.tobaccopreventionandcontrol.ncdhhs.gov

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Youth Tobacco Survey 2015

NC Middle & High School Students Exposed to Secondhand Smoke by Venue and Smoking Status: NC YTS 2015

Exposure to Secondhand Smoke – 2015

- Smoking is Always Allowed in the Home:
  - 8.9% (31,463) MS students
  - 11.5% (52,321) HS students

- Smoking is Always Allowed in Vehicle:
  - 11.2% (39,594) MS students
  - 14.0% (63,695) HS students

Think Smoke from Others is Harmful to Them:
- 92.4% (326,652) MS students
- 92.6% (421,296) HS students

For more information, please contact the North Carolina Tobacco Prevention and Control Branch at (919) 707-5400. www.tobaccopreventionandcontrol.ncdhhs.gov

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NC Middle & High School Current* Users of Any Tobacco Product: NC YTS, 1999-2015

*Current use is defined as using 1+ days of past 30 days. **Beginning in 2011, NC YTS began including an item for use of emerging tobacco products. Emerging tobacco products include electronic cigarettes, clove cigars, dissolvable tobacco products, flavored cigarettes, flavored little cigars, hookahs or waterpipes, roll-your-own cigarettes, and snus. Data on emerging tobacco product use prior to 2011 is not available.
NC Middle & High School Current Use* of Any Tobacco Product, including Emerging Tobacco Products, by Grade: NC YTS, 2015

*Current use is defined as using 1+ days of past 30 days.
Youth Tobacco Survey 2015

NC Middle & High School Current* Smoking Prevalence: NC YTS, 1999-2015

*Current use is defined as using 1+ days of past 30 days.

*Current use is defined as using 1+ days of past 30 days.

Current use is defined as using on one or more of the past 30 days
High School Current Use* of Tobacco Products
Regional Comparison
NC Youth Tobacco Survey, 2015

<table>
<thead>
<tr>
<th>Tobacco Product</th>
<th>East</th>
<th>Central</th>
<th>West</th>
<th>North Carolina</th>
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<tr>
<td>Any Tobacco Product</td>
<td>30.9</td>
<td>26.7</td>
<td>27.0</td>
<td>27.6</td>
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<tr>
<td>Cigarettes</td>
<td>12.3</td>
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<td>9.1</td>
<td>9.3</td>
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<tr>
<td>Cigars</td>
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<td>8.5</td>
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<tr>
<td>Electronic Cigarettes</td>
<td>18.9</td>
<td>17.0</td>
<td>15.8</td>
<td>16.8</td>
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</table>

*Current use is defined as using 1+ days of past 30 days
History of the Tobacco Master Settlement Agreement (MSA) in North Carolina

What is the MSA?
On November 23, 1998, the participating cigarette manufacturers, along with 46 states, including North Carolina, entered into what is called the Master Settlement Agreement (MSA), the largest civil litigation settlement in U.S. history. As outlined in the MSA, each of the Settling States gave up any future legal claims based on the cigarette companies’ actions at issue in the settled lawsuits. This did not include the individual claims of their residents. In exchange, the participating companies signing the MSA agreed to make annual payments in perpetuity to the Settling States to compensate them for taxpayer money spent for health-care costs connected to tobacco-related illness. The MSA clearly states that its primary purpose is to decrease youth smoking and promote public health, but it does not contain any provisions requiring states to allocate MSA revenues to tobacco use prevention and cessation. As a result, state legislatures are responsible for deciding how the money is spent.

So what happened?
Per legislation passed by the N.C. General Assembly, 25% of the MSA funds were allocated to the Health and Wellness Trust Fund (HWTF) from 2001 to 2012, including up to $17.3 million annually that went to teen tobacco use prevention programs. North Carolina’s teen tobacco use prevention programs were award winning, and the teen tobacco use fell from 38.3% in 2000 to 25.8% in 2009. Then, in FY 2011-12, the Health and Wellness Trust Fund was abolished and funding for teen tobacco use prevention programs was eliminated. MSA monies that had been earmarked for the HWTF were redirected to the state’s general fund. Almost immediately teen tobacco use began to rise, increasing more than 15% in just two years.

Why is this important?
Every April, North Carolina still receives approximately $140 million in MSA payments. Yet, none of this funding is going towards preventing youth from becoming daily smokers. Thus, with the lack of tobacco use prevention funding and the increased marketing of new and emerging tobacco products, including electronic cigarettes, tobacco use among North Carolina youth is once again on the rise. By spending just a fraction of MSA funds on tobacco use prevention programming, North Carolina could save on future medical costs caused by tobacco-related illnesses and save thousands of youth from becoming daily smokers.

By the numbers*
- Almost 3 in every 10 high school students (125,111) are current tobacco users. Overall, tobacco use among North Carolina high school students increased from 25.8% to 27.5% from 2011 to 2015.
- Use of electronic cigarettes by North Carolina high school students increased 888% between 2011 and 2015, from 1.7% to 16.8%.
- In 2015, 27.7% of North Carolina high school students said they were considering using electronic cigarettes in the next year.
- Each year, 14,200 deaths in North Carolina are attributed to tobacco use.
- There are currently 180,000 youth alive in North Carolina who will die prematurely from smoking.
- Smoking directly causes $3.81 billion in health care costs in North Carolina every year.
- Medicaid costs caused by smoking in North Carolina are more than $931 million yearly.
- North Carolinians pay an extra $874 per household in taxes due to smoking-caused government expenditures.
- Smoking causes $4.24 billion in productive losses in North Carolina every year.
- The tobacco industry spends $377.9 million each year to market their products in North Carolina.

## Tobacco Use Prevention and Cessation Spending in Tobacco States in FY 2016

<table>
<thead>
<tr>
<th>State</th>
<th>Tobacco Use Prevention &amp; Cessation Spending</th>
<th>CDC Recommendation &amp; Spending Percentage of Recommendation</th>
<th>Rank</th>
<th>Tobacco Industry Marketing (est.)</th>
<th>Total State Tobacco Revenue*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia</td>
<td>$1.8 million</td>
<td>$106 million (1.7%)</td>
<td>43</td>
<td>$384.7 million</td>
<td>$351.8 million</td>
</tr>
<tr>
<td>Kentucky</td>
<td>$2.5 million</td>
<td>$56.4 million (4.4%)</td>
<td>36</td>
<td>$29.8 million</td>
<td>$302 million</td>
</tr>
<tr>
<td>North Carolina</td>
<td>$1.2 million</td>
<td>$99.3 million (1.2%)</td>
<td>45</td>
<td>$392.2 million</td>
<td>$412.5 million</td>
</tr>
<tr>
<td>South Carolina</td>
<td>$5 million</td>
<td>$51 million (9.8%)</td>
<td>29</td>
<td>$194 million</td>
<td>$228.6 million</td>
</tr>
<tr>
<td>Tennessee</td>
<td>$5 million</td>
<td>$75.6 million (6.6%)</td>
<td>34</td>
<td>$292.7 million</td>
<td>$401.3 million</td>
</tr>
<tr>
<td>Virginia</td>
<td>$8.3 million</td>
<td>$91.6 million (9.1%)</td>
<td>32</td>
<td>$392.3 million</td>
<td>$296.4 million</td>
</tr>
</tbody>
</table>

*From state tobacco tax and Master Settlement Agreement funds
QuitlineNC Funding 2006-2011

QuitlineNC began in SFY 2005-06 with funding from the Tobacco Master Settlement Agreement. All states were required to have a Quitline by the federal DHHS. The following table provides funding history and number of tobacco users treated for QuitlineNC from SFY2006 – SFY2011. During this time, most all promotions for QuitlineNC and state funded QuitlineNC services were targeted to youth, young adults and caregivers.

<table>
<thead>
<tr>
<th>Funding Source†</th>
<th>SFY 2005-06</th>
<th>SFY 2006-07</th>
<th>SFY 2007-08</th>
<th>SFY 2008-09</th>
<th>SFY 2009-10</th>
<th>SFY 2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Appropriations</td>
<td>$632,138</td>
<td>$190,543</td>
<td>$1,000,000</td>
<td>$800,000</td>
<td>$1,300,000</td>
<td>$1,554,526</td>
</tr>
<tr>
<td>Health and Wellness Trust Fund</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Core Federal Grant</td>
<td>$199,852</td>
<td>$209,452</td>
<td>$134,475</td>
<td>$127,199</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Cross and Blue Shield of NC‡</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$200,000</td>
<td></td>
</tr>
<tr>
<td>CDC Comprehensive Cancer Grant§</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$109,824</td>
<td></td>
</tr>
<tr>
<td>CDC ARRA Funding¶</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$170,000</td>
<td>$345,211</td>
</tr>
<tr>
<td>State Health Plan (SHP) Receipts (Funds can only serve State Health Plan Members)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$600,000</td>
<td>$1,250,000</td>
</tr>
<tr>
<td>TOTAL FUNDING</td>
<td>$831,990§</td>
<td>$599,995§</td>
<td>$1,244,299</td>
<td>$1,427,199</td>
<td>$2,070,000</td>
<td>$3,149,737</td>
</tr>
<tr>
<td># of Tobacco Users Treated +</td>
<td>1,933</td>
<td>4,096</td>
<td>5,980</td>
<td>6,537</td>
<td>7,624</td>
<td>9,835</td>
</tr>
</tbody>
</table>

*Includes those that received some level of intervention. This data represents all tobacco users that registered with QuitlineNC and had at least one coaching call; they may also have received nicotine replacement therapy (NRT) as funding allows. Total includes those paid for by private payer sources who purchase QuitlineNC services "a-la-carte" based on their interests and funding availability (such as Blue Cross and Blue Shield of NC, as of June 2015; NC Medical Society Health Plan, as of July 2015; Orange County, as of December 2014; Appalachian District Plan, as of June 2016; and Caldwell County, as of September 21, 2016. Private payer funds are not reflected in table.

++ SFY 2016-17 projection - The program anticipates service levels identified in table can be provided for this projected number of tobacco users until approximately April 2017, at which point decisions about adjusting service levels will need to occur (excluding callers from the State Health Plan).
### QuitlineNC Funding 2011-2017

The following table provides funding history and number of tobacco users treated for QuitlineNC since SFY 2011-12. During this time, QuitlineNC began to promote and fund quitline services to all populations as well as provide NRT as funds allow.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State Appropriations</td>
<td>$2,828,965</td>
<td>$1,898,000</td>
<td>$1,200,000</td>
<td>$1,200,000</td>
<td>$1,100,000</td>
<td>$850,000</td>
</tr>
<tr>
<td>Health and Wellness Trust Fund</td>
<td></td>
<td>$931,057</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Quitline Capacity Federal Grant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC ARRA Grant</td>
<td></td>
<td></td>
<td>$662,442</td>
<td>$449,995</td>
<td>$368,042</td>
<td>$498,048</td>
</tr>
<tr>
<td>CDC ARRA Grant</td>
<td>$170,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HRSA Federal grant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC PHHSBG Federal Grant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$103,422</td>
<td></td>
</tr>
<tr>
<td>CDC PHHSBG Federal Grant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid FFP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Health Plan Receipts (Funds can only serve State Health Plan Members)</td>
<td>$899,997</td>
<td>$600,000</td>
<td>$941,336</td>
<td>$1,259,357</td>
<td>$959,902</td>
<td>$617,486</td>
</tr>
<tr>
<td><strong>TOTAL FUNDING</strong></td>
<td><strong>$4,830,019</strong></td>
<td><strong>$3,230,675</strong></td>
<td><strong>$2,621,331</strong></td>
<td><strong>$2,827,399</strong></td>
<td><strong>$2,761,372</strong></td>
<td><strong>$2,201,849</strong></td>
</tr>
<tr>
<td># of Tobacco Users Treated**+**</td>
<td>21,725</td>
<td>16,507</td>
<td>13,218 (Reduced services to 2 weeks NRT, 4 calls)</td>
<td>14,890 (Reduced services to 2 weeks NRT, 4 calls)</td>
<td>16,368 (Reduced services to no NRT and 1 call for March-May)</td>
<td>15,586 ++ (Based on reduced services continuing in SFY 16-17)</td>
</tr>
</tbody>
</table>

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**+ Includes those that received some level of intervention. This data represents all tobacco users that registered with QuitlineNC and had at least one coaching call; they may also have received nicotine replacement therapy (NRT) as funding allows. Total includes those paid for by private payer sources who purchase QuitlineNC services “a-la-carte” based on their interests and funding availability (such as Blue Cross and Blue Shield of NC, as of June 2015; NC Medical Society Health Plan, as of July 2015; Orange County, as of December 2014; Appalachian District Plan, as of June 2016; and Caldwell County, as of September 21, 2016. Private payer funds are not reflected in table.**

**++ SFY 2016-17 projection - The program anticipates service levels identified in table can be provided for this projected number of tobacco users until approximately April 2017, at which point decisions about adjusting service levels will need to occur (excluding callers from the State Health Plan).**
## United States National Data

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school smoking rate</td>
<td>10.8%</td>
</tr>
<tr>
<td>Adult smoking rate</td>
<td>15.1%</td>
</tr>
</tbody>
</table>

## Deaths in North Carolina from Smoking

- **Adults who die each year from their own smoking**: 14,200
- **Youth under 18 and alive in North Carolina who will ultimately die prematurely from smoking**: 180,000

*Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined – and thousands more die from other tobacco-relates causes – such as fires caused by smoking (more than 1,000 deaths/year nationwide) and smokeless tobacco use.*

## Smoking-Cased Monetary Costs in North Carolina

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual health care costs in North Carolina directly caused by smoking</td>
<td>$3.81 billion</td>
</tr>
<tr>
<td>Medicaid costs caused by smoking in North Carolina</td>
<td>$931.4 million</td>
</tr>
<tr>
<td>Residents’ state &amp; federal tax burden from smoking-caused government expenditures</td>
<td>$860 per household</td>
</tr>
<tr>
<td>Smoking-caused productivity losses in North Carolina</td>
<td>$4.24 billion</td>
</tr>
</tbody>
</table>

*Amounts do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, smokeless tobacco use, or cigar and pipe smoking. Tobacco use also imposes additional costs such as workplace productivity losses and damage to property.*

## Tobacco Industry Influence in North Carolina

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual tobacco industry marketing expenditures nationwide</td>
<td>$9.5 billion</td>
</tr>
<tr>
<td>Estimated portion spent for North Carolina marketing each year</td>
<td>$379.9 million</td>
</tr>
</tbody>
</table>

*Published research studies have found that youth are twice as sensitive to tobacco advertising than adults and are more likely to be influenced to smoke by cigarette marketing than by peer pressure. One-third of underage experimentation with smoking is attributable to tobacco company advertising.*