

# BRFSS NEWS BRIEF- NORTH CAROLINA

Tobacco Prevention and Control Branch & State Center for Health Statistics

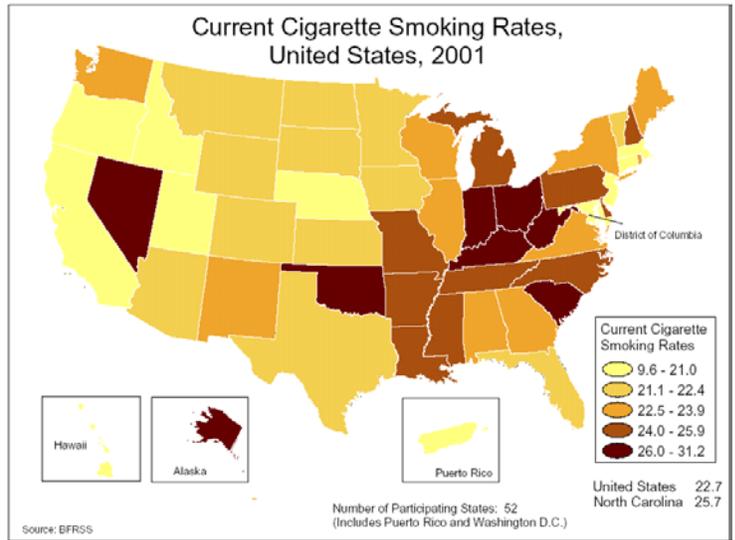
November 2002

## WHO'S STILL SMOKING IN NC?

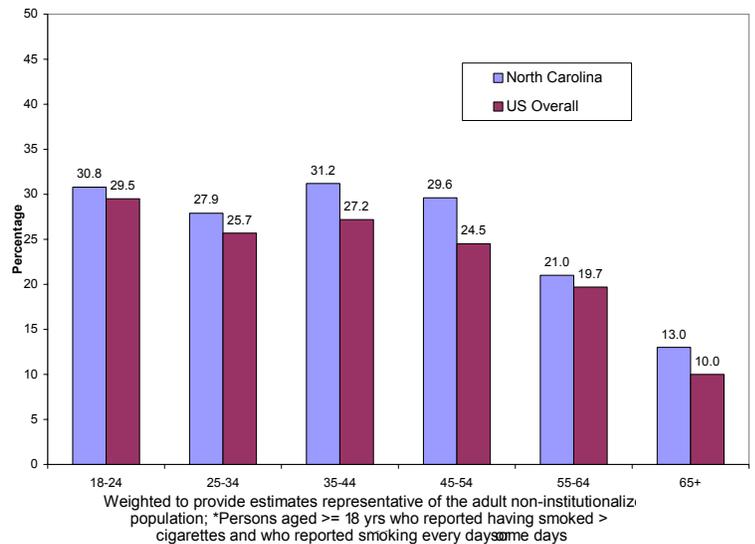


Tobacco use is the single leading cause of preventable illness and death in the United States. Each year, more than 430,000 Americans die prematurely from smoking-related diseases. Today, nearly a quarter of U.S. adults and about a third of U.S. youth continue to smoke. In addition, smoking rates among young adults between the ages of 18-24 years have increased in recent years. The increases may be attributed to the aging of high school students whose smoking rates were high during the 1990's or they may be an indication of increased initiation of smoking among young adults. Smoking-related disparities also exist among persons of different educational levels and racial and ethnic groups. Smoking prevalence is highest among persons with lower educational attainment (9-11 years) and among American Indians/Alaskan Natives. If current patterns persist, nearly 25 million U.S. citizens will die prematurely from a smoking-related disease.

The smoking rate in the past ten years have not continued to decline, demonstrating the need for policy changes that encourage quitting and improved access to proven cessation interventions. In 2001, over 46.5 million non-institutionalized adults aged 18 and older in the United States report smoking everyday or some days (22.7%), including 26.5 million men (25.0%) and 20.3 million women (20.6%). During 2001, roughly 1.6 million adult smokers (25.7%) lived in North Carolina. ▶



Prevalence of current cigarette smoking\* among adults in North Carolina, by age group: Behavioral Risk Factor Surveillance System, 2001



## THE GREAT AMERICAN SMOKEOUT:

The American Cancer Society (ACS) hosts the 25<sup>th</sup> annual Great American Smokeout on Thursday November 21, 2002 to help smokers quit tobacco use for at least 24 hours, with the hope that smokers will then be able to quit completely. Smokers should use the Great American Smokeout as a call to action to see their physicians and use the effective treatments available to help them convert their quit attempt into successful long-term cessation. For the Great American Smokeout, ACS staff and volunteers provide smoking cessation and smoking prevention activities for people of all ages at the local ACS offices. Additional information is available from ACS (telephone 800-227-2345 or Internet <http://www.cancer.org>) □

Similar to the overall U.S. prevalence, the smoking prevalence among men (28.6%) was somewhat higher than among women (23.1%) in North Carolina. Smoking levels were somewhat higher among adults ages 18-24 and 35-44 in North Carolina and were lower for those who were 55 years or older. Whites (26.5%) were more likely to smoke than Blacks (21.7%) in North Carolina. Smoking prevalence was the highest among those with a high school education or less (37.4%) and decreased with increasing education levels.



Research has shown that smoking cessation has major and immediate benefits for smokers of all ages. After one year of quitting cigarettes, the excess risk of heart disease caused by smoking is reduced by about one-half. After ten years, the risk of lung disease for former smokers is less than one-half that of a continuing smoker. In five to 15 years, the risk of stroke for former smokers returns to the level of those who have never smoked.

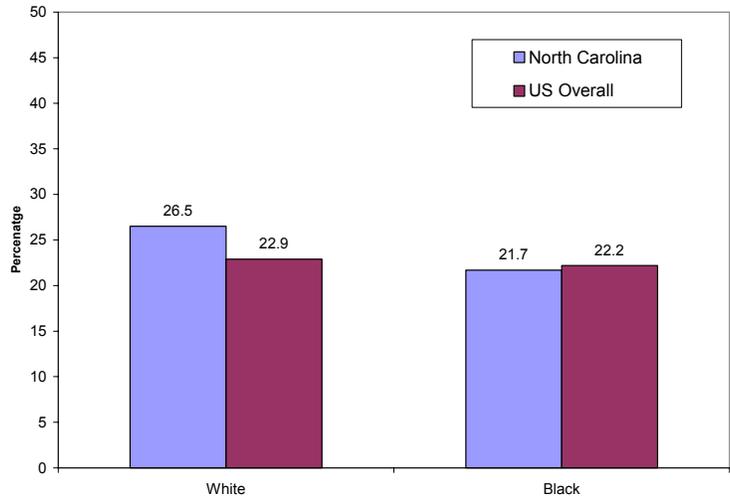
Several methods are available that can help smokers quit. Less intensive interventions such as physicians advising their patients to quit smoking can produce cessation rates of 5% to 10% per year. More intensive interventions that combine both behavioral counseling and pharmacological treatment can produce 20% to 25% quit rates in one year.



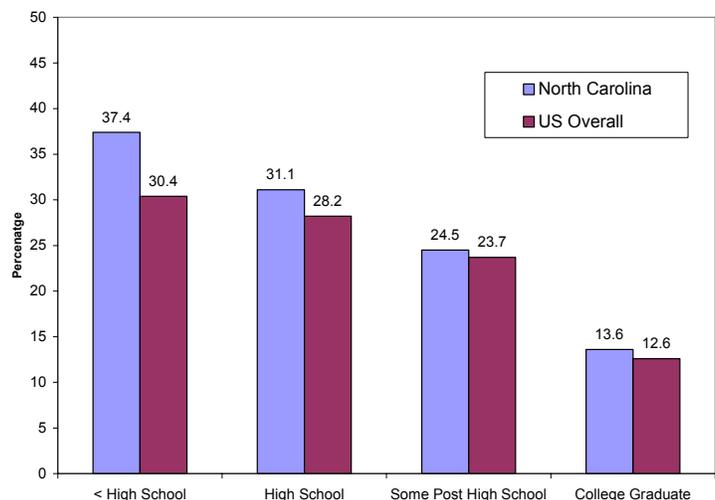
Nationally in 2001, 55.7% of smokers quit smoking for a day or longer for a total of roughly 25.9 million Americans. In North Carolina, the youngest age group was more likely to quit for a day or more compared to the same age group nationally.



Prevalence of current cigarette smoking\* among adults in North Carolina, by race:  
Behavioral Risk Factor Surveillance System, 2001



Prevalence of current cigarette smoking\* among adults in North Carolina, by education:  
Behavioral Risk Factor Surveillance System, 2001



Weighted to provide estimates representative of the adult non-institutionalized population; \*Persons aged ≥ 18 yrs who reported having smoked > cigarettes and who reported smoking every day some days

However, persons 55 years and older in North Carolina were less likely to quit for a day or more compared to their counterparts nationally. Due to limited sample sizes of smokers in North Carolina it would be misleading to represent any data on quitting rates of smokers by race/eth

*Healthy People 2010* identifies tobacco-related objectives as key for improving the nation's health. The plan targets the reduction of adult tobacco use from 24% in 1997 to 12% by 2010. In addition, it strives to increase smoking cessation attempts by adult smokers from 43% in 1997 to 75% by 2010. Smoking rates among adults could be substantially reduced

within the decade if the nation would fully implement tobacco prevention and control approaches proven to be effective. Comprehensive programs have been shown to be effective in reducing average cigarette consumption per person. Such population-based approaches emphasize prevention of initiation, reduction of exposure to environmental tobacco smoke, and systems changes to promote smoking cessation. For more information on tobacco use prevention and control, please visit the CDC Office on Smoking and Health's Tobacco Information and Prevention Source page at [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco) ■

**References:**

U.S. Department of Health and Human Services. Healthy People 2010. (Conference edition in two volumes). Washington (DC): U.S. Department of Health and Human Services; 2000. [www.health.gov/healthypeople](http://www.health.gov/healthypeople).

U.S. Department of Health and Human Services. Reducing Tobacco Use: A Report of the Surgeon General. Atlanta (GA): CDC; 2000. [www.cdc.gov/tobacco/sgr\\_tobacco\\_use.htm](http://www.cdc.gov/tobacco/sgr_tobacco_use.htm).

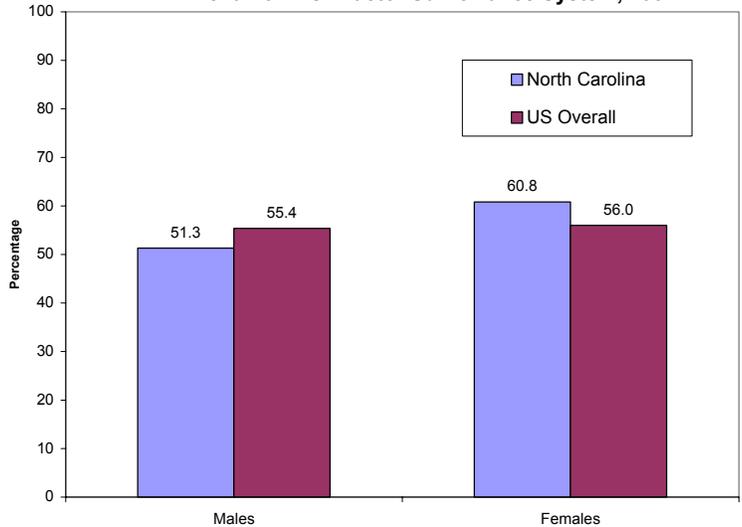
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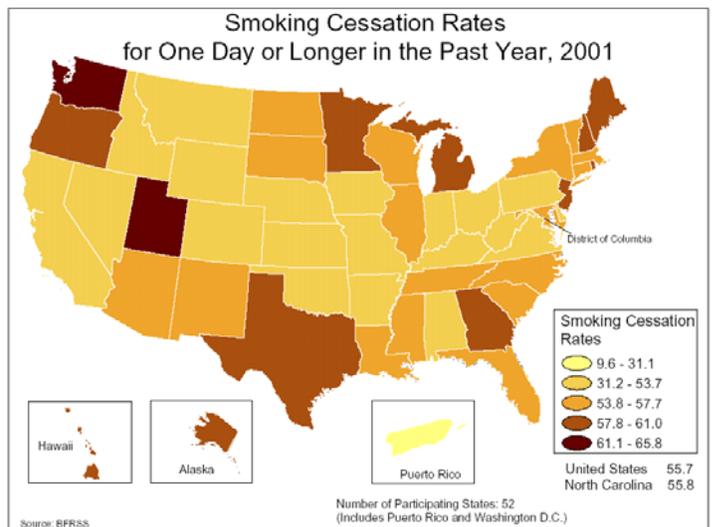
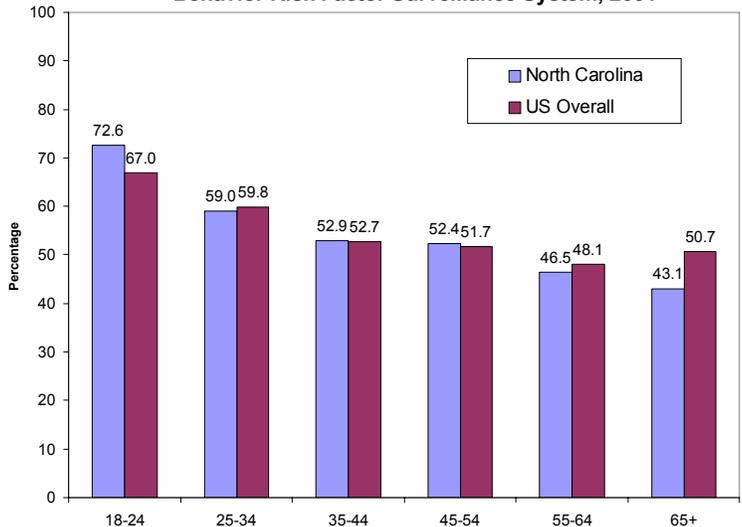
Or visit our website at:  
[www.communityhealth.dhhs.state.nc.us/tobacco.htm](http://www.communityhealth.dhhs.state.nc.us/tobacco.htm)

More information on North Carolina Behavioral Risk Factor Surveillance System (NC BRFSS) can be found at:  
[www.schs.state.nc.us/SCHS/about/programs/brfss/](http://www.schs.state.nc.us/SCHS/about/programs/brfss/)

**Prevalence of quit smoking\* for one day or longer in the past year\* among adults in North Carolina, by gender:  
 Behavior Risk Factor Surveillance System, 2001**



**Prevalence of quit smoking\* for one day or longer in the past year\* among adults in North Carolina, by age group:  
 Behavior Risk Factor Surveillance System, 2001**



Weighted to provide estimates representative of the adult non-institutionalized population; \*Persons aged >= 18yrs who reported having smoked > cigarettes and who reported smoking every day same days