

# BRFSS NEWS BRIEF- NORTH CAROLINA

N.C. Tobacco Prevention and Control Branch ♦ N.C. State Center for Health Statistics

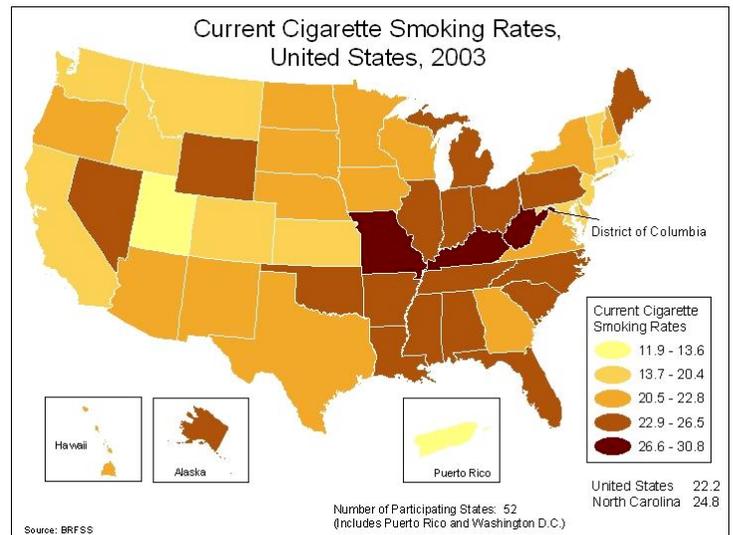
November 2004

## WHO'S STILL SMOKING IN N.C.?

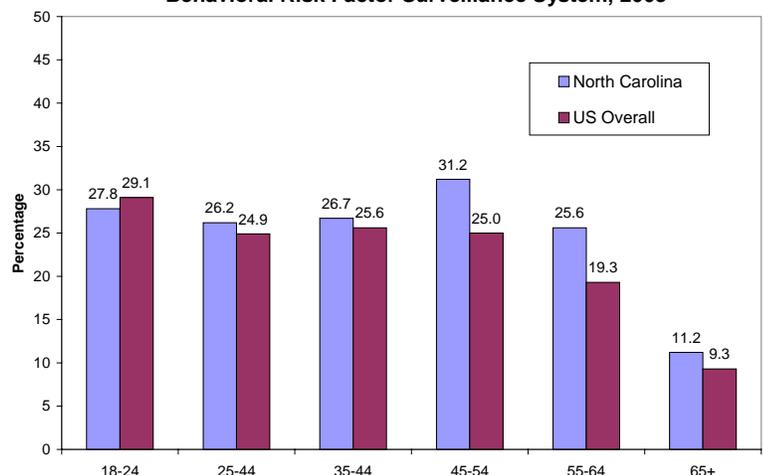


Tobacco use is the single leading cause of preventable illness and death in the United States. Each year, more than 430,000 Americans die prematurely from smoking-related diseases. Today, nearly a quarter of U.S. adults and about a third of U.S. youth continue to smoke. In addition, smoking rates among 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.

Smoking trends in the past nine years have stagnated, demonstrating the need for policy changes that encourage quitting and improved access to proven cessation interventions. In 2003, over 45.9 million non-institutionalized adults aged 18 and older in the United States report smoking everyday or some days (22.2%), including 26.5 million men (25.0%) and 19.4 million women (19.6%). During 2003, over 1.6 million (24.8%) adult smokers lived in North Carolina. ▶



Prevalence of current cigarette smoking\* among adults in North Carolina, by age group: Behavioral Risk Factor Surveillance System, 2003



Weighted to provide estimates representative of the adult non-institutionalized population; \*Persons aged 18 years or older reported having smoked 100 or more cigarettes and who reported smoking every day or some days

## THE GREAT AMERICAN SMOKEOUT:

The American Cancer Society (ACS) hosts the 27<sup>th</sup> annual Great American Smokeout on Thursday November 18<sup>th</sup>, 2004 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 (28.0%) was somewhat higher than among women (21.8%) in North Carolina. Smoking levels did not vary substantially among age groups in North Carolina, except for a decrease in smoking levels for those who were 65 years or older. Whites (25.3%) were as likely to smoke as Blacks (23.9%) and Hispanics (18.6%) in North Carolina. The smoking prevalence of ‘other’ (21.2%) and Hispanics should be interpreted with caution and needs further investigation as it was based on a small sample size. Smoking was greatest among adults ages 45-54 (31.2%).



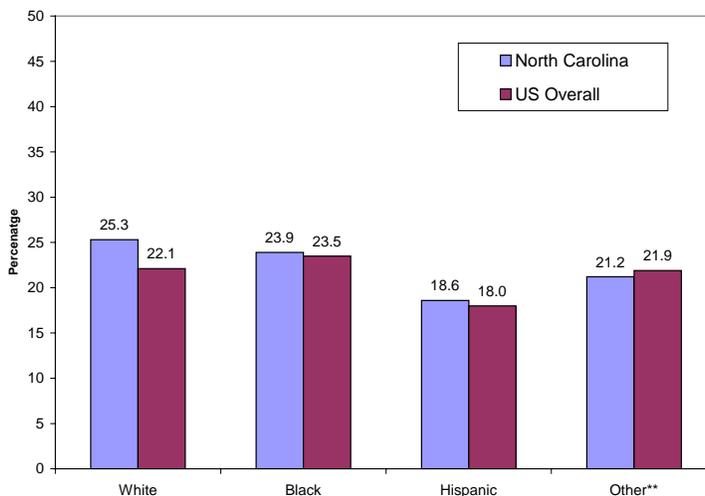
Research has shown that smoking cessation has major and immediate benefits for smokers of all ages. After one year of quitting cigarettes, the excess risk of heart disease caused by smoking is reduced by about one-half. After ten years, the risk of lung disease for former smokers is less than one-half 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.

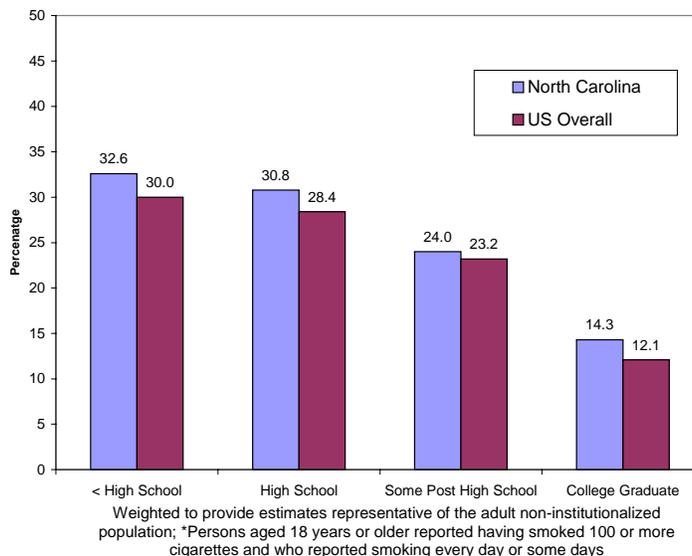


Nationally in 2003, 53.7% of smokers quit smoking for a day or longer for a total of roughly 24.4 million Americans. In North Carolina, few differences were found between genders or race/ethnicity.

**Prevalence of current cigarette smoking\* among adults in North Carolina, by race/ethnicity: Behavioral Risk Factor Surveillance System, 2003**



**Prevalence of current cigarette smoking\* among adults in North Carolina, by education: Behavioral Risk Factor Surveillance System, 2003**



However, persons 18-24 were least 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/ethnicity.



In 2003 [Quit Now NC!](#) (QNNC!) was launched with the help of over three hundred healthcare and public health professionals. QNNC! is a tobacco cessation collaborative now with over 1000 members, coordinated by NC Prevention Partners and funded by the NC Tobacco Prevention and Control Branch. QNNC! has developed new cessation resources and promotes the use of existing resources. ►

QNNC markets [two free smoking cessation quitlines](#): 1-877-44U-QUIT for all & 1-866-667-8278 for pregnant smokers. The tollfree quitlines offer counseling services, educational materials and support to individuals wanting to quit. Contact [info@quitnownc.org](mailto:info@quitnownc.org) to join QNNC! to receive the QNNC! e-letters, use QNNC! materials, learn the latest science, and to attend QNNC! trainings available for all health professionals interested in tobacco 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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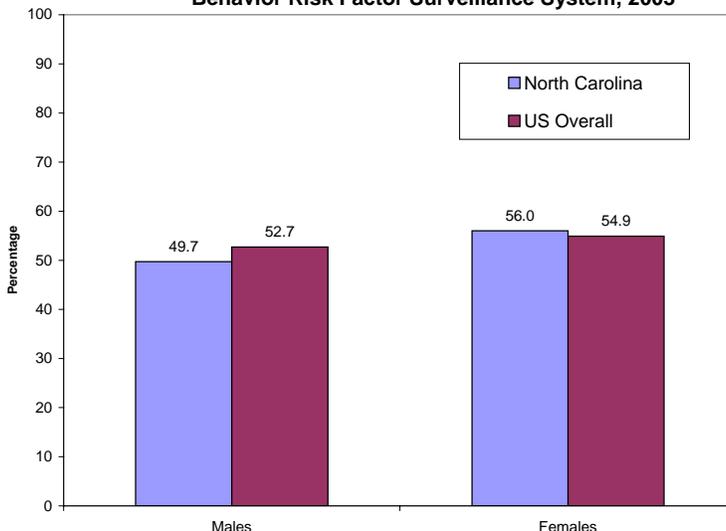


More information on NC Prevention Partners or QuitNow NC is available at: [www.quitnownc.org](http://www.quitnownc.org)

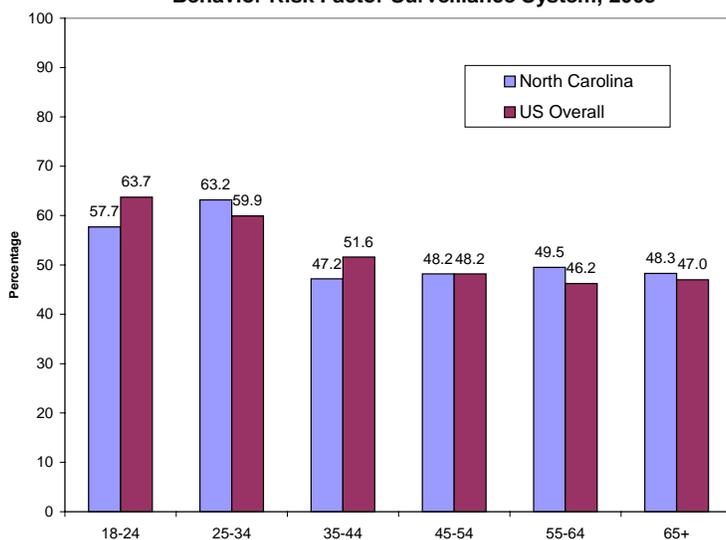


More information on North Carolina Behavioral Risk Factor Surveillance System (N.C. BRFSS) is available at: [www.schs.state.nc.us/SCHS/about/programs/brfss/](http://www.schs.state.nc.us/SCHS/about/programs/brfss/)

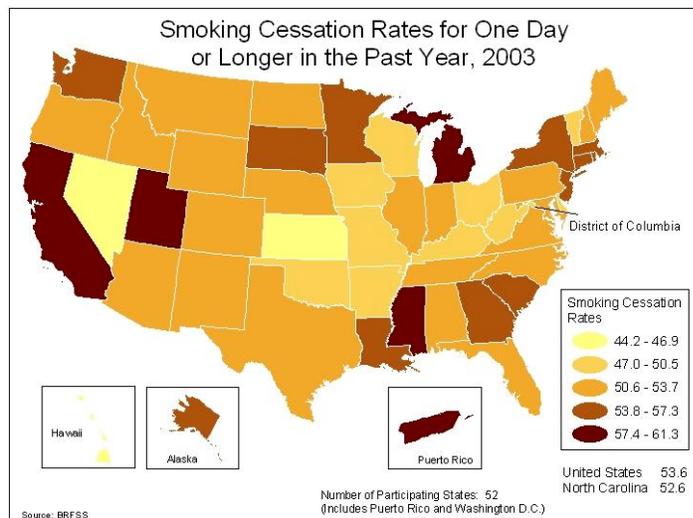
**Prevalence of quit smoking\* for one day or longer in the past year\* among adults in North Carolina, by gender:**  
 Behavior Risk Factor Surveillance System, 2003



**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, 2003



**Smoking Cessation Rates for One Day or Longer in the Past Year, 2003**



Weighted to provide estimates representative of the adult non-institutionalized population; \*Persons aged 18 years or older reported having smoked 100 or more cigarettes and who reported smoking every day or some days