

Addressing the Toll of Tobacco



A Five-Year State Plan for the
State of South Carolina

2008 – 2013

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Introduction

According to many health measures, South Carolina remains one of the unhealthiest states in the nation. Woven into the social fabric of our state's history, tobacco use continues to negatively impact the health of our citizens.

Every year more than 5,900 South Carolina adults die from tobacco use. An additional 7,300 South Carolina children become new smokers each year. The annual healthcare costs directly caused by tobacco use exceed \$1 billion. Clearly, the toll of tobacco is both a personal human tragedy and an economic burden to our state.

For this and other reasons, tobacco control advocates in South Carolina recognize the need for a statewide tobacco control plan. As a statewide voice and forum for tobacco control, the South Carolina Tobacco Collaborative was asked to facilitate the process of updating the former plan, which expired in June of 2007.

Following the Centers for Disease Control and Prevention (CDC) National Tobacco Control Program guidelines, a work group developed a plan framework from which to solicit feedback and response from stakeholders across the state. Over a period of several months, partners were encouraged to provide input.

During the planning process, the following concepts emerged:

- The plan must be developed through significant collaboration and input among our state's tobacco control community.
- The plan should encompass all levels of activities ongoing across the state.
- All tobacco prevention and control partners will play a role in achieving the plan's goals and objectives.

Goals

This new five-year strategic plan builds upon our past achievements and promotes evidence-based strategies to effectively reduce the burden of tobacco use in South Carolina. The goals of the plan closely match the overall goals for the CDC National Tobacco Program. Using these universal goals allow us to set similar objectives and measure our progress in comparison to other states. Our five strategic goal areas include:

1. Prevent Initiation of Tobacco Use
2. Eliminate Exposure to Secondhand Smoke
3. Promote Quitting Among Tobacco Users
4. Eliminate Tobacco-Related Health Disparities
5. Strengthen Statewide Infrastructure and Sustainability

Focus Areas

The focus areas under each goal are those that constitute "best practice" interventions to reduce tobacco use and exposure. These have been identified as where we currently are, or where we should be, focusing our efforts to have the greatest impact.

Objectives

The short term, intermediate and long-term objectives are those results expected if tobacco control programs provide the needed inputs and engage in the recommended activities. They are based on a logical progression of events and are not necessarily structured on chronological events. The objectives must be measurable with reliable data sources. In selecting objectives, plan developers worked to select the best indicators that could also be measured in South Carolina.

Strategies

Strategies in this plan are broad-based efforts designed to bring about specific results leading to success in the focus areas. Strategies are accomplished through multiple activities and are organized into specific categories or “channels,” including:

- * Counter-marketing
- * Community Mobilization/Intervention
- * Policy and Regulatory Action

Activities:

Activities are actions and events that are conducted by the tobacco control community partners. The activities listed in this plan are representative of the types of current or planned activities in our state. This list will be expanded as additional information is received from partners about their activities.

Assumptions

The following assumptions serve as the guiding principles for this plan:

- We use nationally and internationally recognized best and promising practices.
- Our programs and services are integrated when appropriate and feasible.
- Public awareness, education, systems change and policy are important to advancing public health.
- The existence of tobacco-related disparities is a social injustice and must be eliminated.
- The system that is created must be sustainable.
- All programming is age appropriate, culturally relevant and language and gender specific.

This plan is a roadmap developed to guide the state’s work in which all partners play an important role in achieving its successes. It reflects an unprecedented dynamic opportunity for interagency and stakeholder coordination of efforts. Our intent is that rather than a static document, this plan be a working document, which will evolve over time.

Tobacco Use in South Carolina

- More than 5,900 adults in South Carolina die each year from their own smoking.
- More than 103,000 children now under 18, will ultimately die prematurely from smoking-related illnesses.
- Between 400 and 1,120 nonsmoker adults die each year from exposure to secondhand smoke.
- In addition, tobacco use in South Carolina results in overwhelming health care costs and productivity loss – \$1.9 billion annually in healthcare costs directly caused by tobacco use, \$393 million in Medicaid costs, and \$1.83 billion annually in tobacco-caused productivity losses.
- Approximately 731,700 (22.3%) adults in South Carolina reported smoking cigarettes in 2006.
- Rate of cigarette smoking is higher among young adults 18-24 years of age (32.1%) compared with other age groups.
- Rate of cigarette smoking is much higher among adults with less education (34.1% of those with less than high school education compared to 11.7% of college graduates).
- Cigarette smoking is reported by almost 1 in 5 high school students (19.1%) and by almost 1 in 10 (9.0%) middle school students.
- An additional 7,300 South Carolina children become new daily smokers each year.
- Approximately 240,000 kids are exposed to secondhand smoke at home (37.0% of high school and 35.2% of middle school students).
- Prevalence of cigarette smoking during pregnancy was 12.1% in 2006, highly exceeding the 2010 Healthy People Objectives of 1%.
- The excise tax on cigarettes, 0.07cents/pack, is the lowest in the nation.

1. Campaign for Tobacco-Free Kids, 2007. <http://www.tobaccofreekids.org/reports/settlements/toll.php?StateID=SC>
2. SC Behavioral Risk Factors Surveillance System (BRFSS) 2006. <http://www.scdhec.gov/hs/epidata/brfss2006.htm>
3. SC Youth Tobacco Survey (SC YTS) 2006.
4. SC Pregnancy Risk Assessment Monitoring System (PRAMS) 2006. <http://www.scdhec.gov/co/phsis/biostatistics/index.asp?page=prams>

Framework for the Five Year Strategic Plan

Goal Area 1: Prevent Initiation of Tobacco Use

Focus Area 1 Increase tobacco prevention and control policies and programs in schools

Focus Area 2 Decrease Access to Tobacco Products

Focus Area 3 Increase Price of Tobacco Products

Goal Area 2: Eliminate Exposure to Secondhand Smoke

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Focus Area 3 Decrease Smoking Prevalence Among High School Students

Focus Area 4 Decrease Smoking Prevalence Among Middle School Students

Focus Area 5 Decrease Smoking Prevalence Among Pregnant Women

Focus Area 6 Decrease Exposure to Secondhand Smoke In The Workplace

Goal Area 5: Strengthen Statewide Infrastructure and Sustainability

Focus Area 1 Evaluate and strengthen the infrastructure for tobacco use prevention and control at the state and local level to implement the updated Statewide Plan

Focus Area 2 Establish stable funding resources for a statewide, coordinated and comprehensive tobacco control program at the CDC-recommended minimum program funding level

Focus Area 3 Increase communication, cooperation and collaboration with partners to improve integration and institutionalization of tobacco prevention and cessation programs

Focus Area 4 Monitor the progress and effectiveness of tobacco control programs and activities in achieving progress towards strategic plan goals and objectives

Goal Area 1: Prevent Initiation of Tobacco Use



Recently I had the privilege of serving as a member of the Friday Night Rage against the Haze Football Tour. We traveled across the state and met thousands of teenagers. Almost all of the teenagers we met had lost a loved one due to tobacco use. One student said, ‘My father died of lung cancer. I want to help keep tobacco away from young people because of what it did to my father.’ These stories should not be forgotten or overlooked.

- *Quentin, Greenville*

FOCUS AREA 1. INCREASE TOBACCO PREVENTION AND CONTROL POLICIES AND PROGRAMS IN SCHOOLS

Short Term Objective:

- 1.1 By 2010, increase to 50% (43 out of 85) the proportion of the School Districts that adopt and enforce the model 100% tobacco-free policy.

Baseline	Target
14% in 2006	50% in 2010
Data Source: SC School Boards Association	

Intermediate Term Objective:

- 1.2 By 2012, reduce to 12% the proportion of youth never smokers who are susceptible to starting smoking.

Baseline	Target
HS: 23.4% in 2006	12% in 2012
MS: 25.9% in 2006	12% in 2012
Data Source: Youth Tobacco Survey	

Long Term Objectives:

- 1.3 By 2013 increase to 60% in High School and 75% in Middle School the proportion of young people who report never having tried a cigarette.

Baseline	Target
HS: 46.1% in 2006	60% in 2013
MS: 67.4% in 2006	75% in 2013
Data Source: Youth Tobacco Survey	

- 1.4 By 2013, reduce to 15% in High School and 5% in Middle School the prevalence of current cigarette smoking among young people.

Baseline	Target
HS: 19.1% in 2006	15% in 2013
MS: 9.0% in 2006	5% in 2013
Data Source: Youth Tobacco Survey	

- 1.5 By 2013, reduce to 1% in Middle and High School the prevalence of smokeless tobacco use among young people in the past 30 days.

Baseline	Target
HS: 10.9% in 2006	1% in 2013
MS: 4.9% in 2006	1% in 2013
Data Source: Youth Tobacco Survey	

Strategies--Goal Area 1, Focus Area 1

Countermarketing

- **Earn supportive media coverage for model policy adoption by School Districts**
- **Create and market a campaign to encourage adoption of model school district policy**

Sample Activities:

- Utilize toolkit to educate and advocate
- Write letters to the editor and garner news stories in campus newspapers
- Increase youth membership in statewide and local youth empowerment campaigns
- Support youth trainings for media literacy
- Distribute press releases praising local school districts for adoption of model policy
- Develop maps to depict school districts adopting model policy
- Integrate social marketing strategies (Face Book, My Space, etc.)
- Develop positive educational campaign during transition emphasizing policy change
- Hold educational forums with PTA's, at teacher meetings and conferences
- Meet with Health Education Directors for feedback and input
- Utilize campaign materials with School Improvement Councils and PTO membership
- Meet with local newspaper editorial boards to discuss model policy documents and information
- Garner free media opportunities for television PSA's, newspaper, and other media

Community Mobilization/Interventions

- **Educate supportive students in campaign**
- **Recruit and engage community support for smoke free policies**
- **Develop traditional and non-traditional messengers through strategic partnerships**
- **Engage and educate school district administrators, School Board and decision makers**

Sample Activities:

- Support youth trainings for advocacy
- Engage a community team in advocacy efforts, such as school associations and organizations (PTA, School Board Association, School Nurses Associations)
- Engage school groups to take the effort on (i.e. Key Clubs, etc.)
- Present at in-service trainings
- Connect presentations with cessation resources
- Provide model policy documents and information to school district administrator and school board chairperson
- Schedule meetings with school district level administrators
- Utilize AHEC students to provide educational opportunities in schools

Policy and Regulatory Action

- **Promote the adoption of model tobacco-free school district policies in public and private schools**
- **Promote the enforcement of model tobacco-free school district policies in public and private schools**

Sample Activities:

- Meet with policy makers to promote model policy
- Garner support from school boards
- Identify champions to advocate with decision makers
- Engage private schools in policy adoption
- Engage churches and congregations in advocacy efforts
- Engage community health partners, businesses and faith-based groups to get support for total community health initiatives with regard to tobacco use
- Educate School Resource Officers and utilize them as advocates for policy adoption

FOCUS AREA 2. DECREASE ACCESS TO TOBACCO PRODUCTS

Short Term Objective:

1.6 Annually, the Youth Access to Tobacco Study will show that no more than 10% of the attempted tobacco buys by young people were successful.

Baseline	Target
12.4% in 2007	10% annually
Data Source: SC DAODAS	

1.7 By 2010, increase to 1,000 the number of compliance checks for tobacco purchases conducted by law enforcement.

Baseline	Target
585 in 2007	1,000 in 2010
23 counties in 2007	46 counties in 2010
Data Source: SC DAODAS	

Intermediate Term Objective:

1.8 By 2012, reduce to 8% in High School and 1% in Middle School the proportion of young people reporting that they have been sold tobacco by a retailer.

Baseline	Target
HS: 12.7% in 2006	8% in 2012
MS: 3.3% in 2006	1% in 2012
Data Source: Youth Tobacco Survey	

Long Term Objectives:

1.9 By 2013 increase to 60% in High School and 75% in Middle School the proportion of young people who report never having tried a cigarette.

Baseline	Target
HS: 46.1% in 2006	60% in 2013
MS: 67.4% in 2006	75% in 2013
Data Source: Youth Tobacco Survey	

1.10 By 2013, reduce to 15% in High School and 5% in Middle School the prevalence of current cigarette smoking among young people.

Baseline	Target
HS: 19.1% in 2006	15% in 2013
MS: 9.0% in 2006	5% in 2013
Data Source: Youth Tobacco Survey	

Strategies—Goal Area 1, Focus Area 2

Countermarketing

- **Earn supportive media coverage for enforcement of youth access laws**
- **Earn supportive media coverage for community and Quitline programs for youth in violation of access laws**

Sample Activities:

- Develop press release to announce results
- Develop web page which educates about youth access issues and rates
- Hold a press conference as needed
- Get media publicity of personal stories of youth tobacco use and cessation
- Develop and air PSA's on high school and college campus closed circuit TV networks

Community Mobilization

- **Assure that each county has a local prevention and/or cessation program for referral of youth in violation of the statewide access to tobacco law**
- **Educate local magistrates, municipal judges and other court personnel about alternative prevention and cessation programs available to youth in violation of the statewide access to tobacco law**
- **Build community support for stronger enforcement of the statewide youth access to tobacco law**
- **Educate local merchants about the importance of adherence to youth access laws**

Sample Activities:

- Conduct annual Youth Access to Tobacco Survey to determine success rate of underage purchase of tobacco products
- Distribute education materials and court referral pads through direct mailings
- Send reminder emails to judges and magistrates regarding youth access issue

Policy and Regulatory Action

- **Promote supportive relationship with local police to encourage stronger enforcement of the statewide youth access law**
- **Promote supportive relationship with local judges and magistrates to encourage more frequent assignment of prevention and/or cessation programs for violators in lieu of fines**
- **Increase number of merchants served in approved Merchant Education programs**
- **Pursue opportunities to create a system for tobacco retail licensure**

Sample Activities:

- Develop multi-jurisdictional relationships between law enforcement agencies
- Present information at professional meetings of magistrates/municipal judges and other court personnel
- Offer classes for merchants using enhanced PREP program
- Consider presenting information at annual meeting of convenience store owners and/or state Chamber of Commerce

FOCUS AREA 3. INCREASE PRICE OF TOBACCO PRODUCTS

Short Term Objective:

- 1.11 By 2010, increase the proportion of adults who support an increase in excise tax on cigarettes.

Baseline	Target
To Be Determined	
Data Source: Adult Tobacco Survey 2007	

Intermediate Term Objective:

- 1.12 By 2012, increase SC's cigarette tax from \$0.07 to the national average.

Baseline	Target
\$0.07 in 2006	National Average in 2012
Data Source: SC Code of Laws	

Long Term Objectives:

- 1.13 By 2013 increase to 60% in High School and 75% in Middle School the proportion of young people who report never having tried a cigarette.

Baseline	Target
HS: 46.1% in 2006	60% in 2013
MS: 67.4% in 2006	75% in 2013
Data Source: Youth Tobacco Survey	

- 1.14 By 2013, reduce to 15% in High School and 5% in Middle School the prevalence of current cigarette smoking among young people.

Baseline	Target
HS: 19.1% in 2006	15% in 2013
MS: 9.0% in 2006	5% in 2013
Data Source: Youth Tobacco Survey	

Strategies—Goal Area 1, Focus Area 3

Countermarketing

- **Earn supportive media coverage for cigarette tax campaign**
- **Place paid media to gain support for cigarette tax campaign**
- **Partner with national organizations to utilize messages and images with proven track records**
- **Implement web-based marketing strategies**

Sample Activities

- Editorial board visits
- Targeted print ads
- Targeted radio ads
- Mini site Worththechange.com
- Press kits and posters
- News conferences
- Appear on local TV programs
- Engage local celebrities to support higher tax
- Blog and monitor/participate in selected web blogs around the state

Community Mobilization

- **Educate supportive community members to advocate with their local legislator to support the tax**
- **Recruit and engage legislative influencers/trusted messengers**
- **Recruit and educate business community**
- **Expand grassroots networks**
- **Recruit and train spokespersons, including survivors**
- **Partner with smokers who want to quit and support the cigarette tax**
- **Partner with current employers who look for ways to decrease the cost of health insurance**

Sample Activities

- Advocacy handbooks in support of the tax
- Advocacy trainings
- Email networks
- Scientific updates
- Economic updates
- Present at meetings of civic and community clubs
- Direct mailings
- Action alerts
- Phone banks

Policy and Regulatory Action

- **Identify and engage legislative champion(s)**
- **Legislative support in House**
- **Legislative support in Senate**

Sample Activities

- Legislative events
- Meetings with legislators, legislative aides and staffers
- Weekly one-pagers
- Testimony at appropriate committee meetings
- Speak at Legislative Delegation quarterly meeting
- Track bills and level of support by both houses of the legislature and inform grassroots supporters as appropriate

Goal Area 2: Eliminate Exposure to Secondhand Smoke



Linda was diagnosed with emphysema two years ago, even though she smoked her last cigarette almost 10 years before. She begins the first 15 minutes of every day taking a breathing treatment. She teaches shag lessons twice a week, but there are no places where she can go out and enjoy dancing at night without being choked by secondhand smoke. “When I walked into a club the last time I was at the beach the smoke just overcame me.”

- Linda, Columbia

FOCUS AREA 1. ELIMINATE EXPOSURE TO SECONDHAND SMOKE IN WORKPLACES AND PUBLIC PLACES

Short Term Objectives

- 2.1 By 2010, increase the level of support for creating tobacco-free policies in workplaces to 90%.

Baseline	Target
80.4% in 2006	90% in 2010
Data Source: BRFSS	

- 2.2 By 2011, increase to 50% the proportion of local municipalities with comprehensive 100% smoke free laws in all indoors workplaces. (Total Numbers: Cities and Towns in SC=127, Counties=46)

Baseline	Target
Cities: 5% in 2006	50% in 2011
Counties: 2% in 2006	
Data Source: ANR	

- 2.3 By 2011, increase to 90% the proportion of the population that work in environments with tobacco-free policies for work areas.

Baseline	Target
80.3% in 2005	90% in 2011
Data Source: BRFSS	

Intermediate Term Objective

- 2.4 By 2012, increase to 85% the adults' perceived compliance with tobacco-free policies in workplaces.

Baseline	Target
71.7% in 2006	85% in 2012
Data Source: BRFSS	

Long Term Objective

- 2.5 By 2013, reduce the proportion of the population reporting exposure to secondhand smoke in the workplace.

Baseline to be determined –
Data Source: Adult Tobacco Survey 2007

Strategies—Goal Area 2, Focus Area 1

Countermarketing:

- **Earn supportive media coverage for smoke free workplace laws and policies**
- **Utilize paid media to promote the dangers of secondhand smoke and promote policy adoption for protection of workers and the public**
- **Work with hospitality and tourism industry to make smoke-free a marketing tool**

Sample Activities

- Letters to the Editor and Editorial Board Visits
- PSA's
- Post billboards in support of the policy
- Promote success stories
- Create news events
- Have media write personal stories about successes of smoke-free workplaces
- Partner with business to sponsor smoke free athletic events where community can attend with free admission
- Have special promotions at athletic events
- Actively market Health People 2010 and upcoming Health People 2020 objectives as appropriate
- Utilize closed circuit TV ads for college campuses, hospitals and other relevant settings

Community Mobilization/Intervention:

- **Educate the public, business owners, and policy makers about the harmful effects of secondhand smoke exposure and the importance of comprehensive smoke free workplace laws**
- **Recruit and engage community support for smoke free campaigns**
- **Mobilize and assist workers who are employed in smoking environments to advocate for their own health**
- **Mobilize faith communities to advocate for smoke free facilities and families within the congregation**

Sample Activities

- Assess community readiness and present information at community meetings
- Collect signatures on endorsement forms
- Paid ads
- Provide information about benefits of smoke-free workplaces to professional associations (Society of Human Resource Management, Economic Development Association, Visitor's Bureau, Mayor's office)
- Use relationships with contract health care providers to provide tobacco education and cessation services to companies
- Develop partnership with insurance carriers who provide coverage
- Participate in business wellness events

Policy and Regulatory Action:

- **Promote the adoption of local comprehensive smoke free workplace laws**
- **Promote the adoption of a statewide comprehensive smoke free workplace law**
- **Promote the adoption of voluntary model smoke free policies in workplaces and public**
- **Educate the public, business owners, and policy makers about the harmful effects of secondhand smoke exposure, the importance of comprehensive smoke free workplace laws, and data, including Health People 2010 and 2020 objectives**
- **Engage partners with business and professional interests**
- **Prevent the passage of any bills with preemptive language**

Sample Activities

- Meet with policy makers to promote model policy
- Develop comprehensive bill language

FOCUS AREA 2. ELIMINATE EXPOSURE TO SECONDHAND SMOKE IN HOMES AND VEHICLES

Short Term Objectives:

2.6 By 2010, increase the proportion of the adults that thinks that secondhand smoke is harmful.

Baseline to be determined –

Date Source: Adult Tobacco Survey 2007

2.7 By 2010, increase to 95% the proportion of the youth that think that secondhand smoke is harmful.

Baseline	Target
HS: 89 % in 2006	95% in 2010
MS: 88.1% in 2006	95% in 2010
Data Source: Youth Tobacco Survey	

2.8 By 2011, increase to 85% the proportion of the adults reporting voluntary tobacco-free policies in their homes.

Baseline	Target
72.1% in 2005	85% in 2011
Data Source: BRFSS	

Intermediate Term Objective:

2.9 By 2012 increase proportion of the adults who report compliance with voluntary tobacco-free policies at home.

Baseline to be determined –

Data Source: Adult Tobacco Survey 2007

Long Term Objectives:

2.10 By 2013, decrease the proportion of the adults reporting exposure to secondhand smoke at home.

Baseline to be determined –

Data Source: Adult Tobacco Survey 2007

2.11 By 2013, decrease to 10% the proportion of the youth reporting exposure to secondhand smoke at home.

Baseline	Target
HS: 35.2 % in 2006	10% in 2013
MS: 37% in 2006	10% in 2013
Data Source: Youth Tobacco Survey	

Strategies—Goal Area 2, Focus Area 2

Countermarketing

- **Earn supportive media coverage for smoke free homes and vehicles**
- **Use paid media ads to educate about the dangers of SHS in the home**

Sample Activities:

- EPA national ads for “Take It Outside” Campaign
- Promote scientific studies that document positive health outcomes for smoke-free
- Speak to service associations (Rotary, Lions Club)
- Participate in community festivals, clean up days, etc and use opportunity to promote smoke free initiatives
- PSA’s, particularly those produced by other states to save money

Community Mobilization

- **Educate families about the dangers of secondhand smoke exposure**
- **Recruit and engage community support for smoke free campaigns**

Sample Activities:

- Collect pledge cards from faith communities for smoke-free homes and vehicles
- Utilize effective campaign components from successful SC communities
- Present at community group meetings about dangers of secondhand smoke
- Participate in community association’s wellness events (i.e. The Cliff’s Communities)
- Develop campaign specific for organizations supporting day care centers

Policy and Regulatory Action

- **Educate healthcare providers about the importance of coding for secondhand smoke exposure**

Sample Activities:

- Distribute prenatal booklets through providers
- Connect providers with specific models and examples
- Partner with county Medical Society Association to provide educational materials and cessation opportunities
- Distribute prenatal brochures through providers
- Sponsor special, CME accredited public health lectures at annual state medical society and primary care specialty society scientific meetings
- Explore the possibility of implementing a question during EMS runs regarding secondhand smoke

FOCUS AREA 3. ELIMINATE EXPOSURE TO SECONDHAND SMOKE IN SCHOOL DISTRICTS AND COLLEGE CAMPUSES

Short Term Objective:

2.12 By 2011, increase to 50% the proportion of colleges and universities that adopt and enforce model smoke-free policies.
(61 total institutions in SC)

Baseline	Target
16% in 2007	50% in 2011
Data Source: ANR/SC DHEC	

2.13 By 2010, increase to 50% the proportion school districts that adopt and enforce the model tobacco-free policies.

Baseline	Target
15% in 2007	50% in 2010
Date Source: SC School Boards Association	

Intermediate Term Objective:

2.14 By 2012, increase proportion of the college students who report perceived compliance with tobacco-free policies in college campuses.

Baseline to be determined –
Date Source: CORE 2008

Long Term Objectives:

2.15 By 2013, decrease the proportion of the college-age students who report exposure to secondhand smoke in college campuses.

Baseline to be determined –
Date Source: CORE 2008

Strategies—Goal Area 2, Focus Area 3

Countermarketing

- **Earn supportive media coverage for smoke-free School Districts and college campuses**
- **Create and implement a campaign to encourage adoption of model tobacco free policies**
- **Create and implement a campaign to encourage adoption tobacco-free college campus policy**

Sample Activities:

- Utilize toolkit documents to educate and advocate
- Write letters to the editor and garner news stories in campus newspapers
- Support youth advocacy trainings for media literacy
- Distribute maps to indicate school districts with model policy
- Distribute maps to indicate college or universities with tobacco-free policies

Community Mobilization

- **Educate supportive students in campaign**
- **Recruit and engage community support for smoke free policies**
- **Engage and educate college and university administrators**

Sample Activities:

- Support youth and young adult advocacy trainings
- Engage school associations and organizations in the campaign (PTA, School Board Association, School Nurses Associations)
- Engage Greek system and student organizations in efforts
- Engage faith based school system in efforts
- Meet with Community Coalitions that are associated with college campuses
- Get support of College Student Government leaders to pass campus regulations
- Get smoke-free ordinances at adjacent towns near colleges
- Work with college campus residence hall closed circuit TV/Campus cable network to show PSA's
- Explore opportunities to work with campus Student Health Centers to assess data on tobacco/smoke related ICD-9 codes

Policy and Regulatory Action

- **Promote the adoption of model tobacco-free school district policies**
- **Promote the adoption of smoke-free policies for college campuses**

Sample Activities:

- Meet with policy makers to promote model policy
- Garner support from school boards
- Meet with Health Administrative Directors to determine where policies are weak
- Garner support from academic college Trustee boards
- Garner support from technical college Trustee boards

Goal Area 3: Promote Quitting Among All Tobacco Users



Smoking not only hurts the smoker. It often devastates entire families. Just ask Edith. A retired Newberry hairdresser and grandmother of three, Edith watched her mother die a slow, painful death caused by the health problems that come from 60 years of smoking.

“I begged Mama to quit smoking,” Edith remembered. . “She always said it wasn’t affecting anyone but herself. It affected the whole family...It’s been three years and I’ve just gotten over seeing her face. It was a horrible, horrible death.”

Edith, Newberry

FOCUS AREA 1. INCREASE QUIT ATTEMPTS USING PROVEN CESSATION METHODS

Short Term Objectives:

3.1 By 2010, increase the proportion of adults who intend to quit smoking.

Baseline	Target
To be determined	
Data Source: Adult Tobacco Survey 2007	

3.2 By 2010, increase the call volume to S. C. Tobacco Quitline by 15% from 286 to an average of 330 calls per month.

Baseline	Target
286/month in 2007	330/month in 2010
Data Source: Quitline Monitoring System	

3.3 By 2010 increase to 85% the proportion of adult smokers who have been advised to quit smoking by a health care professional.

Baseline	Target
63.6% in 2005	85% in 2010
Data Source: BRFSS	

Intermediate Term Objective:

3.4 By 2012, increase to 65% proportion of adult smokers who made a quit attempt.

Baseline	Target
57.2% in 2006	65% in 2012
Data Source: BRFSS	

Long Term Objectives:

3.5 By 2013, decrease the proportion of adults who smoke cigarettes to 12%.

Baseline	Target
22.3% in 2004	12% in 2013
Data Source: BRFSS	

3.6 By 2013 decrease to 1% the proportion of mothers who have a live birth and report smoking during pregnancy.

Baseline	Target
12.1% in 2006	1% in 2013
Data Source: PRAMS	

Strategies—Goal Area 3, Focus Area 1

Countermarketing:

- **Earn supportive media coverage supportive of cessation programs**
- **Place paid media to educate the public about the availability of Quitline services**
- **Maintain information on website to educate about available cessation services**
- **Implement marketing campaigns to special populations, such as Day Cares, business community**

Sample Activities

- Coordinate press releases and events on Kick Butts Day, World No Tobacco Day, Great American Smokeout
- Develop and buy time for radio and TV ads across the state to promote Quitline
- Place information related to available cessation services on websites
- Develop and distribute collateral materials, such as posters, magnets, physician's office chart stickers
- Appear on local TV programs to promote tobacco education and cessation opportunities
- Utilize youth to deliver messages

Community Mobilization/Interventions:

- **Develop a Cessation Consortium to advocate for increased use and access to effective cessation programs**
- **Partner with community groups to educate disparate populations about the availability and efficacy of cessation programs statewide**

Sample Activities

- Work with established organizations, including coalitions and neighborhood associations in economically disadvantaged areas, to educate low SES citizens about cessation services
- Host a meeting to solicit interested parties for participation on the Cessation Consortium
- Develop culturally and linguistically appropriate materials to promote cessation and services
- Educate the public on the difficulty of quitting and a help-a-friend system of support
- Work with agencies and provider who serve chronically mentally ill and their families to develop appropriate materials

Policy and Regulatory Action:

- **Maintain S. C. Tobacco Quitline service for the state**
- **Advocate with targeted providers to adopt Clinical Practice Guideline**
- **Advocate with state Schools of Medicine to include cessation protocol in their medical resident training**
- **Advocate with the state Health Department to include Clinical Practice Guideline as an agency standard**
- **Advocate with the DHHS to promote cessation protocol and referral to S. C. Tobacco Quitline**
- **Enlist all health care providers and their professional organizations to advocate for appropriate recurring funding to implement CDC Best Practices in cessation for all 46 counties of SC**

Sample Activities

- Utilize an evidence-based 'academic detailing' approach to educate physician on the importance of using the CPG
- Identify priority physician practices with whom to advocate for CPG adoption and implementation
- Perform live birth record analysis and map local areas in SC to identify where there is a high prevalence of smoking during pregnancy
- Secure provider lists to pinpoint practices located in areas identified as high prevalence of maternal smoking
- Develop materials for use with advocacy efforts
- Implement a user-friendly fax referral system for providers
- Emphasize the importance of clinically relevant coding for tobacco use behavior and/or secondhand smoke exposure among patients
- Conduct meetings with DHHS staff to gain entry to provider network for training on cessation issues
- Present at Provider meetings with models and tools of successful interventions
- Distribute cessation materials through County Medical Association's networks
- Promote smoke-free workplaces as incentive for potential businesses

Goal Area 4: Eliminate Tobacco-Related Health Disparities



Mothers who are exposed to secondhand smoke while pregnant are more likely to have lower birth weight babies, which makes babies weaker and increases the risk for many health problems. Babies whose mothers smoke while pregnant or who are exposed to secondhand smoke after birth have weaker lungs than other babies, which increases the risk for many health problems.

2006 Surgeon General's Report—The Health Consequences of Involuntary Exposure to Tobacco Smoke

1. By 2013, decrease the prevalence of cigarette smoking among all SC adults to 12%.

Data source: BRFSS	Baseline (2006)	Target (2013)
Gender:		
Males	25.6%	12%
Females	19.2%	12%
Ethnicity:		
White	23.8%	12%
Black	17.1%	12%
Hispanic	26.7%	12%
Other	29.4%	12%
Education		
Less than a high school	34.1%	12%
High School or GED	27.1%	12%
Some Post-HS	21.4%	12%
College graduate	11.7%	12%
Household Income		
Less than \$15,000	28.4%	12%
\$15,000 - \$24,999	30.1%	12%
\$25,000 - \$34,999	26.9%	12%
\$35,000 - \$49,999	22.1%	12%
\$50,000+	15.8%	12%

2. By 2013 decrease the prevalence of cigarette smoking among adults 18 to 24 year old to 12%.

Data source: BRFSS	Baseline	Target
	32.1% in 2006	12% in 2013

3. By 2013 decrease the prevalence of cigarette smoking among all HS students to 15%.

Data source: Youth Tobacco Survey	Baseline (2006)	Target (2013)
Gender:		
Males	22.2%	15%
Females	16.3%	15%
Ethnicity:		
White	24.7%	15%
Black	10.9%	15%
Hispanic	18.3%	15%

4. By 2013 decrease the prevalence of cigarette smoking among all MS students to 5%.

Data source: Youth Tobacco Survey	Baseline (2006)	Target (2013)
Gender:	21	
Males	9.4%	5%
Females	8.5%	5%
Ethnicity:		
White	9.6%	5%
Black	8.1%	5%
Hispanic	5.3%	5%

5. By 2013 decrease to 1% the proportion of mothers who have a live birth and report smoking during pregnancy.

Data source: PRAMS	Baseline (2006)	Target (2013)
Ethnicity:		
White	22.4%	1%
Black	5.4%	1%
Hispanic	0.3%	1%
Education		
Less than high school	24.7%	1%
High School	20.0%	1%
More than high school	7.6%	1%

*****Note that plan Strategies and Activities for Goal 4 are interwoven within the various other goal areas and are not listed separately. *****

Goal Area 5: Strengthen Statewide Infrastructure and Sustainability



If all states were to fund their tobacco control programs at the recommended levels of investment, in 5 years, there would be 5 million fewer smokers nationwide, and hundreds of thousands of premature tobacco-related deaths would be prevented each year. Investments of longer duration will have even greater effects. *Best Practices-2007* identifies what works, including the investment needed to end the tobacco use epidemic and prevent the staggering toll that tobacco takes on our families and communities. Failing to fully invest means more people will become addicted, suffer illness, and die prematurely.

*Captain Matthew T. McKenna, MD, MPH
Director, Office on Smoking and Health
Centers for Disease Control and Prevention*

Focus Area 1 Evaluate and strengthen the infrastructure for tobacco use prevention and control at the state and local level to implement the updated Statewide Plan.

Focus Area 2 Establish stable funding resources for a statewide, coordinated and comprehensive tobacco control program at the CDC-recommended minimum program funding level.

Focus Area 3 Increase communication, cooperation and collaboration with partners to improve integration and institutionalization of tobacco prevention and cessation programs.

Focus Area 4 Monitor the progress and effectiveness of tobacco control programs and activities in achieving progress towards strategic plan goals and objectives.

*****Note that plan Strategies and Activities for Goal 5 are under development*****

1. National, State and County Surveys					
Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact
<p>SC Adult Tobacco Survey (ATS)</p> <p>*Data on knowledge, attitudes and behaviors related to tobacco use.</p> <p>*First administered in SC in 2007</p>	<p>Topics:</p> <ul style="list-style-type: none"> *Tobacco use *Cessation *SHS *Social influences *Policy issues *Parental involvement *Media exposure 	<p>State and Region levels</p> <p><i>Subjects:</i> Non-institutionalized adults age 18 or older.</p>	<ul style="list-style-type: none"> a. Random design, telephone survey b. Periodically (to be determined) c. 2007 first year 	<p>Used to evaluate comprehensive state tobacco control programs for adults and to compare data with data from other states.</p> <p>Includes core questions and state added questions – based on state programmatic needs, in coordination with the surveillance and evaluation plan.</p>	<p>SC ATS Coordinator: Camelia Vitoc Tobacco Prevention and Control, DHEC vitoccs@dhec.sc.gov 803-545-4462</p>
<p>SC Behavioral Risk Factor Surveillance System (BRFSS)</p> <p>*Provides data on health risks (including tobacco use), chronic diseases, and access to care and preventive health practices.</p> <p>*SC has data since 1985</p>	<p>Topics:</p> <ul style="list-style-type: none"> *Tobacco topics vary by year *Cigarette use *Cessation behaviors, and help from health providers *SHS policies 	<p>State, Health District, Region levels</p> <p><i>Subjects:</i> Non-institutionalized adults age 18 or older.</p>	<ul style="list-style-type: none"> a. Random design, telephone survey b. Annual c. 1985 –present 	<p>-3 core tobacco-related questions, -2 optional modules: Cessation and SHS - State added questions</p> <p>SC BRFSS has a list of all past questionnaires on the web site, as well as graphs and tables.</p>	<p>http://www.scdhec.gov/hs/epidata/brfss_index.htm</p> <p>SC BRFSS Coordinator: Kristen Helms Division of Biostatistics/PHSIS DHEC (803) 898-3209 helmskh@dhec.sc.gov</p>
<p>Current Population Survey (CPS)</p> <p>*Data on employment and unemployment</p> <p>*Periodic supplements have included tobacco-related measures</p>	<p>Topics:</p> <ul style="list-style-type: none"> *Periodic measures included *Tobacco use *Age of initiation *SHS exposure *Cessation behaviors 	<p>National and State levels</p> <p><i>Subjects:</i> People aged 18 or older.</p>	<ul style="list-style-type: none"> a. Random design, household interview with telephone follow-up b. Periodic c. 1968–present 	<p>Tobacco Use Supplement available: 1993, 1996, 1999 Complicated data set Data can be obtained online through an interactive system: State Tobacco Activities Tracking and Evaluation (STATE) System: http://apps.nccd.cdc.gov/StateSystem/index.aspx</p>	<p>NCI 301-435-3848 http://riskfactor.cancer.gov/studies/tus-cps/info.html</p>

1. National, State and County Surveys

<p>Pregnancy Risk Assessment Monitoring System (PRAMS) *Ongoing population-based surveillance on selected maternal behaviors, including tobacco use</p> <p>*SC first used in 1993</p>	<p>Topics: *Cigarette use before, during and after pregnancy *SHS exposure *Prenatal care</p>	<p>State level</p> <p><i>Subjects:</i> Mothers of infants 2-4 months old.</p>	<p>a. Random design, mail interview with telephone follow-up</p> <p>b. Annual</p> <p>c. 1987-present</p>	<p>Data can be obtained online through an interactive data retrieval system - South Carolina Community Assessment Network (SCAN) http://scangis.dhec.sc.gov/scan/index.html</p>	<p>CDC, Division of Reproductive Health http://www.cdc.gov/reproductivehealth/PRAMS/index.htm</p> <p>SC PRAMS: Michael Smith Biostatistics/PHSIS DHEC Smithm4@dhec.sc.gov</p> <p>http://www.scdhec.net/co/phsis/biostatistics/index.asp?page=prams</p>
<p>Public Opinion Surveys *Information on residents opinion about exposure to secondhand smoke and support for smoke free policies in public places and workplaces</p> <p>*Conducted individually by cities</p>	<p>Topics: *Knowledge and attitudes about SHS exposure *Dining preferences *Support for smoke-free policies</p>	<p>City Level - City of Columbia - Charleston City</p>	<p>a. Random design telephone survey</p>	<p>SC PRAMS: Michael Smith Biostatistics/PHSIS DHEC Smithm4@dhec.sc.gov</p> <p>http://www.scdhec.net/co/phsis/biostatistics/index.asp?page=prams</p>	<p>Renee Martin, Director SC Tobacco Collaborative reneemartin@smokefreesc.org</p>
<p>SC Restaurant and Bar Survey *Information on SHS voluntary policy in restaurants</p>	<p>Topics: *Smoke-free policy *Ventilation</p>	<p>State level</p> <p><i>Subjects:</i> Restaurants and bars.</p>	<p>a. Random design telephone survey</p> <p>b. Annually</p> <p>c. 2004, 2005</p>		<p>Khosrow Heidari, SC DHEC heidarik@dhec.sc.gov 803-545-4920</p>
<p>SC Youth Tobacco Survey (SC YTS) *Data on knowledge, attitudes and behaviors related to tobacco use</p> <p>*First administered in SC in 2005</p>	<p>Topics: *Cigarettes, cigars, pipe, bidi, kretek, SLT *Age of initiation *Media awareness *Youth access *Cessation behaviors *SHS *School curriculum *Social influences</p>	<p>State level</p> <p><i>Subjects:</i> Students in public schools grade 6-8 and 9-12.</p>	<p>a. Random design, self-administered in classroom; Joint administration with SC YRBS</p> <p>b. Conducted annually for first three years, biennially thereafter (odd years)</p> <p>c. 2005, 2006, 2007</p>	<p>Schools selected with probability proportional to size, classrooms chosen randomly. Includes core and state added questions – based on state programmatic needs, in coordination with surveillance and evaluation plan</p>	<p>http://www.scdhec.gov/health/chcdp/tobacco/yts.htm</p> <p>SC YTS Coordinator: Camelia Vitoc Tobacco Prevention and Control, DHEC vitoccs@dhec.sc.gov 803-545-4462</p>

1. National, State and County Surveys

<p>School Health Education Profiles (SHEP) *Information on health education policies and programs through a survey for lead health educator teacher and a separate survey for the school principle</p>	<p>Topics: *School tobacco use policies for students, staff and visitors *Enforcement of policies *Tobacco prevention curriculum *Parental involvement in tobacco prevention *Cessation programs *Retailer practices *Tobacco advertising</p>	<p>State level <i>Subjects:</i> Middle and High Schools</p>	<p>a. Random design, mail survey sent to principals and lead health educators b. Biennial (even years) c. 1994 -present d. SC weighted data in 2004</p>	<p>2 surveys 1) Policy focus for school principle 2) Health education focus for health educator teacher</p>	<p>CDC: http://www.cdc.gov/healthyyouth/profiles/index.htm SC: Division of Healthy Schools Initiative, SC State Department of Education</p>
<p>National Youth Tobacco Survey (NYTS) *Data on knowledge, attitudes and behaviors related to tobacco use</p>	<p>Topics: *Cigarettes, cigars, pipe, bidi, kretek, SLT</p>	<p>National level <i>Subjects:</i> Students in public and private schools grade 6-12.</p>	<p>a. Random design, self-administered in classroom b. Annual c. 1999-present</p>	<p>Serve as national comparison to state YTS results. Data available through the CDC's MMWR reports</p>	<p>American Legacy Foundation http://www.americanlegacy.org/168.htm</p>
<p>Youth Risk Behavior Survey (YRBS) *Data on main health risk behaviors: tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and STDs; dietary behaviors; Physical activity; behaviors that result in violence and unintended injuries</p>	<p>Topics: *Cigarette, cigar, and *SLT use *Age of initiation *Youth access *Cessation behaviors</p>	<p>National and state levels <i>Subjects:</i> SC students in public schools - only grades 9-12 until 1999, - grades 6-12 and 9-12 in 2005 and 2007.</p>	<p>a. Random design, self-administered in classroom b. Biennial (odd years) c. 1991-present SC: unweighted data in 2001, 2003</p>	<p>Data can be obtained online through STATE System: http://apps.nccd.cdc.gov/StateSystem/index.aspx</p>	<p>CDC: http://www.cdc.gov/yrbs SC YRBS Coordinator: Lynn Hammond SC State Department of Education LHammond@ed.sc.gov</p>

2. Registries and Vital Statistics					
Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact
<p>Birth Certificate Data *Data on tobacco use by pregnant women</p>	<p>Topics: *Smoking during pregnancy</p>	<p>State level</p> <p><i>Subjects:</i> Women who recently gave birth</p>	<p>a. Listed by hospital</p> <p>b. Varies</p>	<p>May be used at county or health district level Data available online through SCAN System http://scangis.dhec.sc.gov/scan/index.html</p>	<p>National Center for Health Statistics, Cancer prevention and Control/ CDC www.cdc.gov/nchs</p>
<p>Cancer Registry *Incidence data on smoking-related cancers</p> <p>*Comprehensive, timely and accurate data about cancer incidence, stage at diagnosis, first course of treatment and deaths</p>	<p>Topics: *Indicators vary by state *Tobacco use</p>	<p>State level</p> <p><i>Subjects:</i> Adults and children</p>	<p>a. Passive surveillance system from hospitals, physicians, oncology centers</p> <p>b. Varies by state</p> <p>c. Data available from SC since 1994</p>	<p>Incidence data available online through SCAN System http://scangis.dhec.sc.gov/scan/index.html</p>	<p>S.C. Central Cancer Registry 803-898-3696</p> <p>http://www.scdhec.net/co/phis/biostatistics/SCCCR/scccrmain.htm</p>
<p>Death Certificate Data *Data on causes of death</p> <p>*Used to assess tobacco-related mortality</p>	<p>Topics: *Data on tobacco varies by state *ICD codes *Tobacco use status</p>	<p>State level</p> <p><i>Subjects:</i> Deceased adults and children</p>	<p>a. Certificates completed by physicians at hospitals and clinics</p>	<p>Possible underreporting of tobacco use Data available online through SCAN System http://scangis.dhec.sc.gov/scan/index.html</p>	<p>National Center for Health Statistics, Cancer prevention and Control/ CDC www.cdc.gov/nchs</p>

3. Other Tracking Systems

Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact
Quitline Monitoring System *Provides information on callers to SC tobacco Quitline.	Topics: *Number of callers *Type of tobacco use *Addiction status *Quit rate	<i>Subjects:</i> All SC Quitline callers		Quitline is a telephone helpline offering materials and tailored counseling sessions to help participants quit using tobacco.	SC Quitline coordinator: Katy Wynne Division of Tobacco Prevention and Control WYNNEKL@dhec.sc.gov
Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) *Online application that provides users the ability to estimate the health and health-related economic consequences of smoking to adults and infants	- Adult SAMMEC: Smoking Attributable morbidity, mortality, years of potential life loss, medical costs, productivity losses. - Maternal and Child Health SAMMEC: Smoking-attributable infant deaths, years of potential life loss, and neonatal healthcare costs	State level data			http://apps.nccd.cdc.gov/sammec/
South Carolina Community Assessment Network (SCAN) *Interactive data retrieval system Includes: PRAMS, Demographics, and data on Birth and Death Certificate, Fetal Death, Mother's Health and Lifestyle, Infant and Child Health and Mortality, Cancer Incidence and Mortality and Live Birth Infant Death Cohort	Topics: *Smoking during pregnancy *Incidence data on smoking-related cancers *Tobacco-related mortality	State, DHEC Region, County, or Zip Code level.		Users can create tables, charts, and maps.	http://scangis.dhec.sc.gov/scan/index.html
SC Online Reporting System (SCORES) *Provides comprehensive system for local programs to report program activities and major accomplishments *Generate reports	Topics: *Events and activities at local and state level Infrastructure	State and local level <i>Subjects:</i> Program coordinators, program staff	a. Census b. Monthly c. 2004-present	May be used at county or health district level Data in SCORES is cut and paste in CDC Chronicle	Kymburle Gripper Sims SC DHEC, Division of Tobacco Prevention and Control GRIPPEKD@dhec.sc.gov 803-545-4460

Glossary

ACS: American Cancer Society.

AHA: American Heart Association.

ALA: American Lung Association.

ANR: Americans for Nonsmokers Rights.

ATS: Adult Tobacco Survey. Please see data table on page 24 for more detailed information.

Bidi: Bidis (pronounced bee-dees) are small hand-rolled cigarettes manufactured in India and other southeast Asian countries. They are made of tobacco wrapped in tendu or temburni leaf. The bidi is typically tied on one or both ends with a colorful string. Bidis are produced in a wide variety of flavors including chocolate, mango, vanilla, lemon-lime, mint, pineapple and cherry. They have higher concentrations of nicotine, tar, and carbon monoxide than conventional cigarettes sold in the United States.

BRFSS: Behavioral Risk Factor Surveillance System. Please see data table on page 24 for more detailed information.

CDC: Centers for Disease Control and Prevention.

CPG: Clinical Practice Guideline: *Treating Tobacco Use and Dependence*.

CME: Continuing Medical Education. These consist of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession.

Compliance Check: An environmental strategy to reduce youth access to alcohol or tobacco which ideally includes the following actions: Publicity to sales staff that enforcement operations will be increasing; Awareness-raising with the community to increase its acceptance of increased compliance operations; Law enforcement operations involving the use of underage buyers attempting to purchase with charges being brought against the clerk and establishment license holder (or owner) if a sale is made; and Regularly offered merchant education to help improve their underage sales policies and practices.

CORE: Core Institute is the leading research, assessment and development organization serving alcohol and drug prevention programs across the nation.

Countermarketing: Countering pro-tobacco influences and increasing pro-health messages throughout the state, region or community. Includes: media advocacy, media relations, counter-advertising, reducing tobacco industry sponsorships and promotions and exposing tobacco industry tactics.

Community Mobilization/Interventions: Programmatic interventions to enable individuals to make behavior consistent with being tobacco free.

DAODAS: SC Carolina Department of Alcohol and Other Drug Abuse Services.

DHEC: South Carolina Department of Health and Environmental Control.

DHHS: Department of Health and Human Services.

EMS: Emergency Medical Services.

EPA: Environmental Protection Agency.

ICD: International Statistical Classification of Diseases and Related Health Problems, (most commonly known by the abbreviation **ICD**) provides codes to classify diseases and a wide variety of signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or disease.

Kretek: Kreteks (pronounced "cree-techs") are sometimes referred to as clove cigarettes. Imported from Indonesia, kreteks typically contain a mixture consisting of tobacco, cloves, and other additives. As with bidis, standardized machine-smoking analyses indicate that kreteks deliver more nicotine, carbon monoxide, and tar than conventional cigarettes.

Merchant Education: Retailer and server education designed to help improve their underage sales policies and practices. It is designed to modify the environment in which tobacco products and alcoholic beverages are sold and consumed.

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Policy and Regulatory Action: Conducting policy analysis and educating decision-makers and the public on the importance and benefit of public health policies.

PRAMS: Pregnancy Risk Assessment Monitoring System. Please see data table on page 25 for more detailed information.

PREP: Palmetto Retailers Education Program. The program, offered by DAODAS, is designed to modify the environment in which tobacco products and alcoholic beverages are sold and consumed. Activities range from educating bartenders about the importance of low-risk alcoholic beverage service to encouraging establishments to offer non-alcoholic beverage promotions to training servers and retailers to screen for false identification in an effort to detect underage consumers.

Prevalence: The proportion of individuals in a population having a disease or condition. Prevalence is a statistical concept referring to the number of cases of a disease that are present in a particular population at a given time.

PSA: Public Service Announcement.

Quitline: Quitlines are telephone-based tobacco cessation services that help tobacco users quit through a variety of services, including counseling, information and self-help materials. The evidence-base for these services was established through clinical trials and recommended to health care practitioners through the U.S. Public Health Services Clinical Practice Guideline: *Treating Tobacco Use and Dependence*.

SES: Socioeconomic status.

Smokeless Tobacco: The two main types of smokeless tobacco in the United States are chewing tobacco and snuff. Chewing tobacco comes in the form of loose leaf, plug, or twist. Snuff is finely ground tobacco that can be dry, moist, or in sachets (tea bag-like pouches). Most smokeless tobacco users place the product in their cheek or between their gum and cheek. Users then suck on the tobacco and spit out the tobacco juices, which is why smokeless tobacco is often referred to as spit or spitting tobacco.

Susceptible: Youth who have never smoked who are at risk to try. It is measured through the Youth Tobacco Survey as students who answered that they may try a cigarette soon or in the next year and/or who would smoke a cigarette if offered by a best friend.

Sustainability: Strategies established to focus on supporting states in their efforts to preserve tobacco control programs and funding in the face of serious state budget challenges.

Youth Access to Tobacco Study: Youth Access to Tobacco Study. DAODAS monitors the state's compliance with the Synar Regulation of the federal Public Health Service Act of 1993. The Synar Regulation is a federal mandate that requires each state to document a rate of tobacco sales to minors of no more than 20% by the year 2000. As part of the study, youth ages 14 to 17 visit convenience stores, grocery stores, drug stores, other retail outlets and vending machines and attempt to purchase cigarettes. The number and rate of cigarette sales to underage youth is documented by county, type of sales outlet, and demographics of the youth and sellers. The department also works to prevent underage use of tobacco products through retailer education.

YRBS: Youth Risk Behavior Survey. Please see data table on page 26 for more detailed information.

YTS: Youth Tobacco Survey. Please see data table on page 25 for more detailed information.

Addressing the Toll of Tobacco

A Five-Year State Plan for the
State of South Carolina

2007 – 2012