

# Tobacco Control Policy-Making in North Carolina for the 21<sup>st</sup> Century

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In this issue of the North Carolina Medical Journal, Sally Malek and colleagues articulate a strong, evidenced-based approach to tobacco addictions in North Carolina. The rationale for spending scant resources on effective rather than ineffective approaches is sound, but the problem comes at the intersection of science and a political reality that attempts to negate or relegate that science.

Scientists agree that we could cut tobacco use as much as 50% among North Carolina youth and adults in the state within two years by taking the following steps:

- ◆ raise our current tobacco excise tax from \$0.05 to \$1 a pack;
- ◆ pass a statewide measure limiting public exposure to environmental tobacco smoke (ETS);
- ◆ establish statewide regulations for 100% tobacco-free schools;
- ◆ spend at least \$2 per capita on tested media campaigns;
- ◆ establish community-based tobacco control coalitions across the state (e.g., cessation, ETS, youth access, etc.)

Most scientists would also state that tobacco industry and farming interests inescapably limit the possibilities of change. As one former state legislator said, "This [North Carolina] will be the last place in the United States to change." While this statement may resonate with many, the scientific approach to policy change in our state demands that we ask *how*, not *if*, we can achieve needed policy goals. The answers to the following questions may assist North Carolina's

policy agenda for tobacco use reduction in the 21<sup>st</sup> century.

*(1) How do we mobilize an ongoing and powerful legislative presence for tobacco use reduction policy goals?* For instance, in 2001, few in public health circles, let alone legislative ones, strongly advocated for raising the state's tobacco excise tax. The 2002 legislative fiscal crisis suddenly brought together unexpected allies such that political realities began to coincide with scientific priorities. The ability of the state's public health movement to articulate the scientific rationale of an excise tax increase meant little without a vastly expanded coalition of supporters, the entry into the legislative arena of legislative allies, and the mobilization of media support for a tax increase. The North Carolina Medical Society's resolution in the early 1990s advocating raising the state's tobacco excise tax to \$1 a pack is now mirrored in part by public opinion polls: the majority of the state's citizens support raising the state cigarette excise tax to at least 50 cents.

A lack of financial resources dedicated solely to tobacco control legislation is a major weakness for ongoing legislative influence. Yet health-related lobbyists outnumber those of the tobacco industry by at least 5 to 1 in North Carolina's General Assembly. It is critical for the scientific community to understand what it takes to get 5, 10, or even 20 health-related organizations and their lobbyists to dedicate resources to tobacco control legislation. The establishment of the North Carolina Alliance for Health as an umbrella organization to advocate for a tax increase makes the possibility of an excise tax increase more than a passing fantasy.

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(2) *How do we make standing up for public health issues around tobacco use reduction a political gain for the state's policy-makers and a fundamental right for its citizens?* For the last 50 years, many policy-makers have defended tobacco industry positions around tobacco control through the economic lens of tobacco farmers. Unfortunately, the economic lens of healthcare and patients addicted to tobacco is significantly larger and longer-lasting. Over \$2 billion in direct and indirect healthcare costs dwarf economic gains from farming, and the ratio of one tobacco death for every two tobacco jobs is morally bankrupt.

Passing a statewide measure to protect the public from ETS will require repeal of North Carolina's 'preemptive' law. As more people *personalize* issues around ETS exposure, knowing that breathing it in elevates their risk of cancer and heart disease, their tolerance for policy inaction will decrease. Those advocating for ETS protection must increasingly involve not only those in tobacco control but also those in asthma coalitions, occupational safety, youth clubs, religious groups, and civic leadership. SAVE (Survivors and Victims of Tobacco-Related Diseases) has played a major role in promoting stories of those most affected by tobacco to audiences of youth and policy makers. Lawyers should work in partnership with those adversely affected by tobacco for protections from ETS exposure. Public persuasion in concert with legal influence can create opportunities for redress previously thought of as impossible.

Sustained tobacco control media campaigns can also have dramatic impacts, yet it is critical that media campaigns have sufficient independence from state politics and tobacco industry influence to ensure that appropriate messages are played with sufficient frequency. Research shows that *real messages by those most affected by tobacco diseases* in the state can influence consumption and are potentially politically acceptable.

(3) *How do we lessen the state's institutional addiction to tobacco?* Many policy-makers still receive tobacco campaign contributions from tobacco farming, retailing, and manufacturing influences statewide. Pharmacies, grocery stores, and convenience stores receive substantial income from tobacco product sales. Universities receive tobacco company dona-

tions and endowed scholarships, or they have endowments invested in tobacco company stocks. The state uses two multi-billion dollar settlements to assist tobacco farmers hurt by consumption declines and the elderly with prescription drug costs.

North Carolina can learn from states that have weakened their dependence on tobacco in part by investing substantial resources into tobacco use reduction programs. As individual addictions decline, less political clout exists to support institutional addictions. Maryland has developed an innovative program which uses portions of its tobacco settlement dollars to buy out tobacco farmers and get out of the tobacco farming business entirely. Public health leaders should also consider a systematic program to publicize knowledge that North Carolina's settlement with the tobacco industry was precipitated by decades of documents showing how the industry misled North Carolina's citizens, as well as its tobacco farmers, over the health consequences of tobacco use.

A clear challenge that remains is how to translate existing scientific knowledge and public sentiment into meaningful action. For instance, less than 15% of school districts statewide have become 100% tobacco-free despite knowledge that such measures are supported by over three-quarters of students, parents, and teachers. We need to know what it will take for policy makers to enact a regulatory or legislative approach to policy change instead of the cumbersome, school-district-by-school-district situation that currently exists.

As with all public policy analyses, the policy questions discussed above will require additional research to determine their optimum effectiveness, resource allocation, and modes of dissemination. Collective action can bring together leaders at all levels of public policy-making to enact tobacco control policy changes that are scientific, involve common sense, and achieve common good. A clear remaining challenge for North Carolina policy-makers in the 21st century is how to translate existing public sentiment and knowledge gained from scientific research into meaningful public action. History will judge us all harshly if we fail to meet this challenge