

Midpoint Evaluation of 2015-2020 state plan

Introduction

An evaluation stakeholder workgroup (ESW) was convened in the summer of 2016 to carry out a targeted evaluation of the first half of the 2015-2020 South Carolina State Tobacco Plan (State Plan), *Ending the Epidemic: Plan for a Tobacco-Free South Carolina*. The purpose of carrying out a midpoint evaluation for the plan was two-fold. First, to provide an update on the progress of its objectives as this was identified by the workgroup as something of interest to the majority of the state's tobacco control stakeholders. Second, assess the extent to which the state tobacco plan was utilized over its first two and half years.

The contents of this report entail results from the state's latest tobacco-related surveillance as well as other relevant data sources identified in the plan's objectives. Specifically, an update from the 2017 SC Youth Tobacco Survey (YTS) and 2017 SC Adult Tobacco Survey (ATS) will be provided during the second phase of the midpoint evaluation release (Summer/Fall 2018). At the time of the plan's development, the results from the 2015 SC ATS were not yet available. Thus, the baselines for relevant objectives with ATS measures have been updated as well. Additionally, the results from the stakeholder survey will be presented. Finally, recommendations for improvement to take place over the second half of the state tobacco plan are provided.

Executive Summary

Background

The current Five Year SC State Tobacco Plan is a comprehensive road map for the state to make significant impacts in the areas of:

- cigarette and other tobacco use (Goal 1);
- secondhand smoke exposure (Goal 2);
- supporting and enabling those in the quit process (Goal 3); and
- building tobacco control infrastructure (Goal 4)

This mid-point evaluation report summarizes the primary findings from the first two-and-a-half years of the state plan. Updates on objectives and progress towards reaching targets are provided below.

Methods

Staff from SCTFC, DAODAS, and DHEC gathered in the summer of 2016 to form an evaluation stakeholder's workgroup (ESW) to carry out a mid-point evaluation of the state tobacco plan. Three primary evaluation questions were generated to assess the mid-point progress on the plan.

1. What partners were using the state plan and carrying out tobacco control activities in SC?
2. How much progress has been made in reaching the plan's objectives?
3. What important initiatives and interventions have been implemented during this time period?

To answer this first question, a stakeholder survey was administered and the findings are included in the supplements and highlights section of this report. Findings related to the latter two evaluation questions were generated by the ESW and are addressed below.

Goal 1

Little progress was made in reaching the targets set out for youth prevention during the first half of the state plan.

- Overall tobacco use among adolescents continues to remain at baseline levels and policy efforts on tax increases and a minimum legal purchasing age have not yet been passed.

It is important to note that these objectives are long-term objectives and take at least four to five years to see progress. Several youth prevention activities are identified in Goal one's section below and are important efforts to build the momentum in meeting these objectives. It is important to note the supplements and highlights section of the report summarizes several youth prevention-related initiatives i.e. Backfire, a statewide youth prevention campaign implemented in 2016 and a point of sale initiative to assess the tobacco retail environment.

Goal 2

Several findings for the objectives from goal two are still pending due to the delayed release of the 2017-2018 SC Adult Tobacco Survey. Available findings include:

- Tobacco-free colleges and universities increased from 48% at baseline to 63%. Target = 100%.
- Model tobacco-free policies for school districts decreased from 78% to 52% as the criteria for model policy was revised to include alternative nicotine products (ANPs) i.e. electronic cigarettes. 23 school districts only need to include ANPs to achieve model policy status. Target = 100%.
- A significant improvement related to protecting residents in multi-unit housing from secondhand smoke exposure occurred with the national mandate from HUD for all public housing authorities to adopt a smoke-free policy in the summer of 2017.

Goal 3

Several findings for the objectives from goal three are still pending due to the delayed release of the 2017-2018 SC Adult Tobacco Survey. Available findings include:

- An increase in quit attempts among high school students from 58% to 60.3%. Target = 64%

- Services from the SC Tobacco Quitline are now available 24 hours a day, 7 days a week.
- For every \$1 spent on the Quitline and tobacco cessation media, \$3.16 was saved in South Carolina in medical expenditures, lost productivity, and other costs in 2017.
- South Carolina Department of Health and Human Services (SCDHHS) enhanced tobacco cessation coverage for full-benefit Medicaid beneficiaries in July 2017.

Goal 4

Objectives for goal four addressed increasing state level tobacco control funding, implementing a tax stamp, and increasing SCTFC membership. Updates on these objectives include:

- State level funding for tobacco control has remained at baseline (\$5 million, target = \$51 million).
- In 2016, the SC General Assembly amended state law to require a tax stamp. The law (SC Code Section 12-21-735) will be fully implemented by January 1, 2019. It is important to note this is not a high tech tax stamp.
- STTFC membership increased from 50 to 59 as of December 31, 2017.

Methodology

To assess progress on the objectives, the ESW examined data from two major statewide surveys conducted by the SC Department of Health and Environmental Control (DHEC), the SC Youth Tobacco Survey (SC YTS) and SC Adult Tobacco Survey (SC ATS), as well as other relevant data sources identified in the plan's objectives.

Both YTS and ATS surveys are collected biennially. The latest iteration of SC YTS was collected over the course of the 2017 school year. The SC ATS is currently being collected with an expected completion date of summer 2018. Thus, the most recent SC ATS is from 2015. Also, the 2015 SC YTS for middle school did not reach the benchmark for weighted data and in-turn did not provide reliable estimates. Thus, the 2013 SC YTS middle school figure was included in the table below to serve as the baseline for objective P1.2. Both surveys have been implemented across the state for over a decade and have achieved a statistical rigor on par with the SC Behavioral Risk Factor Surveillance System (SC BRFSS) and the SC Youth Risk Behavior Survey (SC YRBS). It should be noted however that YRBS in South Carolina has not reached statistical reliability for its middle school sample since 2013. Both BRFSS and YRBS surveys are assisted by the CDC and ask questions about access to tobacco and use of tobacco products (such as cigarettes, smokeless tobacco, cigars, pipes, and emerging tobacco products); secondhand smoke exposure; exposure and receptivity to media (advertising and counter-marketing ads); knowledge, attitudes and susceptibility towards tobacco use; and tobacco screening and cessation. Additional information about their methodologies has been summarized elsewhere (McClave et al., 2010; South Carolina Department of Health and Environmental Control, 2009).

To supplement SC YTS and SC ATS, the ESW also examined data gathered via the South Carolina Communities that Care (SC CTC) survey conducted by the SC Department of Alcohol and Other Drug Abuse Services (DAODAS). The SC CTC survey has been implemented across the state since 2010. The latest results available to the public are from 2016 where a total of 23 counties were surveyed including 9th through 12th grade students. Findings from the SC CTC provide county-level and all-counties-surveyed estimates, however it currently does not provide a state-wide estimate. Questions asked in the survey include tobacco use, disapproval of tobacco use, and parental as well as peer disapproval of use. The sample size for the survey is robust to be able to provide county-level estimates and will be a valuable source for county-level tobacco-related estimates for the state tobacco plan and its stakeholders to begin utilizing into the future. Results from the latest survey as well as previous years can be accessed [here](#). In addition to survey data, the ESW queried the SC Code of Laws to identify any new legislation passed or being considered with respect to the State Plan's objectives. Finally, to assess utilization of the plan, a stakeholder survey was implemented across the state from January to April, 2017.

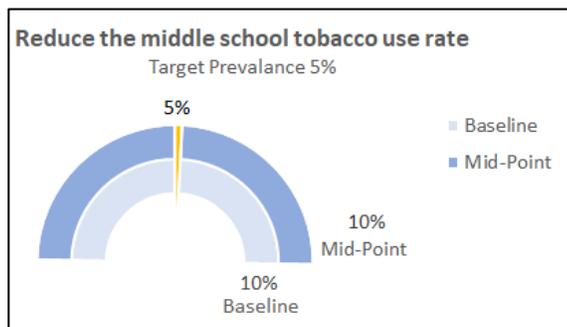
GOAL 1

Prevention

Strategy P1: Implement evidence-based activities to prevent the initiation of tobacco use among youth and young adults.

Objective P1.1: By June 2020, reduce the tobacco use rate by adolescents from 27% to 21% for high school students

Objective P1.2: By June 2020, reduce the tobacco use rate by adolescents from 10% to 5% for middle school students

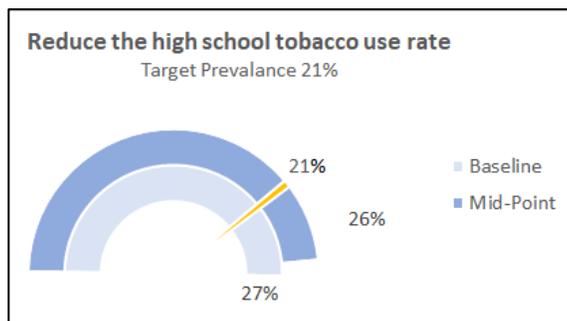


Strategy P2: Increase the price of all tobacco products to deter youth initiation and promote cessation.

Objective P2.1: By June 2018, raise the tax on cigarettes by at least \$1.00 from \$0.57 per pack to at least \$1.57 per pack

Objective P2.2: By June 2018, raise the tax on other tobacco products from 5% to at least 39% of the manufacturer's price

Objective P2.3: By June 2018, establish an excise tax for e-cigarettes at a rate equal to that of cigarettes



Strategy P3: Restrict youth access to tobacco products.

Objective P3.1: By June 2020, raise the minimum legal purchase age for tobacco products above 18 years

The Synar Program refers to the legislation that Congress enacted in 1992, titled the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (PL 102-321).¹ PL 102-321 contains section 1926, also known as the Synar Amendment.¹ Named after deceased congressman Mike Synar of Oklahoma, section 1926 mandates the enforcement of laws prohibiting the sale of tobacco products to youth under the age of 18.

The State of South Carolina's Department of Alcohol and Other Drug Abuse Services (DAODAS) annual implementation of the Youth Access to Tobacco Study, commonly referred to as the Synar Study, indicates a downward trend in retailer violation rates (RVR) or illegal sales of cigarettes to minors, since the inception of the study in 1994.² Currently, South Carolina's FY 2017 data reveals a RVR of 5.3%.³ This RVR is well below the 20% noncompliance rate mandated by the Synar Legislation¹; however, the South Carolina Synar Study only examines minors' access to cigarettes. Therefore, more work must be done to monitor and track minors' use of other tobacco-containing products. For more information on the annual RVRs, see Appendix B. YATS (Synar) Cigarette Purchase Rates (FY1994 – 2016).

Ten community coalitions are working to educate community members on raising the minimum legal sales age for tobacco products (Tobacco21) and promoting local resolutions to support a statewide law to increase the age from 18 to 21 years of age. South Carolina is preempted from having local Tobacco 21 laws. These 10 coalitions are also providing education on tobacco retail licensing. South Carolina state law does not require retail stores to have a license in order to sell tobacco products. State law permits political subdivisions (municipalities and counties) to implement tobacco retail licensing.

Advocates are providing information on the projected benefits of increasing the cigarette tax by \$1.50 and raising the rate for other tobacco products to an equivalent rate (47% of the manufacturer's price).

Progress regarding tobacco-free school district policy and tobacco-free college and university policy is addressed under Goal 2.

It is important to note the previous SC state tobacco plan included an objective to monitor the SYNAR youth compliance efforts taking place across the state. Although it is not within the scope of the current plan to evaluate SYNAR in SC, Appendix B includes the latest findings from the initiative.

Updated or Additional Recommended Actions to Support Reaching Objectives by 2020:

- Increase education and communication to school districts regarding current policy status, the model policy, and other resources to promote policy adoption.

- Increase promotion and communication around school district mini-grants that support adoption and implementation of the model policy.
- Increase education and communication to colleges and universities regarding current policy status, the model policy, and other resources to promote policy adoption.
- Increase promotion and communication to colleges and universities about available funding opportunities that support adoption and implementation of the model policy.
- Develop State Plan objectives around SYNAR and FDA compliance checks.
- Future adaptations of the SYNAR study include other tobacco products in addition to cigarettes.

1. Substance Abuse and Mental Health Services Administration (SAMHSA). (September 20, 2017). About Synar – About the Synar Amendment and Program. Retrieved from <https://www.samhsa.gov/synar/about>
2. Stein-Seroussi, A., Allen, M., George M.D., & Hanley, S. (2017). Fiscal Year 2016: Prevention Outcomes Report. Retrieved from http://ncweb.pire.org/scdocuments/documents/PrevOutcomesReport_16_FINAL%20042817_with%20survey.pdf
3. Department of Alcohol and Other Drug Abuse Services (DAODAS). (2017). Annual Synar Report: 42 U.S.C. 300x-26: OMB No 0930-0222: South Carolina FFY 2017 [PDF document].

GOAL 2

Smoke-Free Air

Strategy S1: Increase access to smoke-free and tobacco-free environments.

Objective S1.1: By June 2020, increase the proportion of persons covered by indoor worksite policies that prohibit smoking or any form of tobacco from 91% to 100%.

A total of 63 towns, cities, and counties adopted a smoke-free indoor workplace law. These laws guarantee protection from secondhand smoke exposure at work for 40% of the state’s population. [Click here](#) for a map of ordinances.

Objective S1.2: By June 2018, increase the proportion of tobacco-free environments in colleges and universities, including all college facilities, property, vehicles, and college events from 48% to 100%.

Initiative/Intervention:

Tobacco-Free Colleges and Universities

Momentum to establish tobacco-free campuses continues across the state. 63% of South Carolina colleges and universities adopted a tobacco-free campus policy (n=37). These policies protected 68% of student enrollment. An additional four colleges and universities have adopted a smoke-free campus policy.

Since the State Plan Launch in 2015, these colleges have become tobacco-free:

- Benedict College
- Central Carolina Technical College
- The Citadel

- Clemson University
- Orangeburg-Calhoun Technical College
- Sherman College of Chiropractic
- South Carolina State University
- Technical College of the Lowcountry.

Additionally, Denmark Technical College and Horry-Georgetown Technical College adopted smoke-free campus policies during this time period. View a list of college policies [here](#).

Objective S1.3: By June 2018, increase the proportion of tobacco-free environments in schools, including all school facilities, property, vehicles, and school events from 78% to 100%.

Model Tobacco-Free Policies for School Districts

A total of 42 school districts have the newer model policy that includes alternative nicotine products, protecting 52% of student enrollment. Of the remaining 39 school districts, 23 school districts need only add the alternative nicotine product update to their existing policy.

Objective S1.4: By June 2020, increase the proportion of smoke-free homes from 84 to 90%.

Initiative/Intervention:

Multi-unit Housing Efforts

The U.S. Department of Housing and Urban Development ruled all public housing authorities must adopt and implement a smoke-free policy by July 31, 2018. This ruling will protect the nearly 30,000 South Carolina residents of public housing. During this time period, over 100 HUD PHA property sites had implemented the smoke-free policy mandate with several properties taking the opportunity to implement even stronger policies.

To promote smoke-free housing options and to make it easier for potential residents to find them, South Carolina partners worked with SCHousingSearch.com to add information regarding smoking policy status to their listings. SCHousingSearch.com is a statewide housing locator, available via fully accessible website or toll-free phone (voice and TTY). It's completely free to search and to list unlimited units. Search options and special icons help tenants quickly identify smoke- and tobacco-free housing.

Updated/Additional Recommended Actions

- Increase education and communication to municipalities regarding current policy status, the model policy, and other resources to promote policy adoption.
- Increase education and communication to school districts regarding current policy status, the model policy, and other resources to promote policy adoption.

- Increase promotion and communication around school district mini-grants that support adoption and implementation of the model policy.
- Increase education and communication to colleges and universities regarding current policy status, the model policy, and other resources to promote policy adoption.
- Increase promotion and communication to colleges and universities about available funding opportunities that support adoption and implementation of the model policy.
- Increase education and communication to the general public regarding the harms associated with secondhand smoke exposure and the benefits of smoke-free homes.
- Increase education and communication to multi-unit property owners and managers regarding the harms associated with secondhand smoke exposure and the health and economic benefits of smoke-free housing.

GOAL 3

Cessation

Strategy C1: Reduce tobacco use rates through promotion and access to cessation resources and policies that encourage quitting.

Objective C1.1: By June 2020, reduce the rate of tobacco use by adults, especially among high risk populations, from 18% to 12% for cigarette smoking, from 5% to .3% for smokeless tobacco use, and from 5% to .2% for cigar smoking.

Objective C1.2: By June 2020, increase smoking cessation attempts by adult smokers from 45% to 80% and by adolescent smokers from 58% to 64%.

According to 2017 SC YTS results, 60.3% of current high school smokers tried to quit at least once in the past 12 months. Of those that made a quit attempt, 35.6% reported being unable to stay quit for at least 30 days. Due to a small number of respondents, estimates for middle school students who are current smokers are unreliable.

Objective C1.3: By June 2020, decrease the rate of mothers who have a live birth and report smoking during pregnancy from 97.8 per 1,000 live births to 77.8 per 1,000 live births.*

Note this is an updated baseline and target due to an error in reporting the original baseline.

*Source: SC Vital Statistics (<http://scangis.dhec.sc.gov/scan/>). Tobacco use during pregnancy data is available from SC DHEC SCAN for years 1990 through 2017. Birth certificates in SC assess tobacco use during pregnancy, self-reported by mothers. Frequencies, rates, and percents by column/row are available at the county and statewide levels along with 95% and 99% confidence intervals. Rates for mothers are available per 1,000 live births.

Initiative/Intervention:

Baby and Me Tobacco Free in the Upstate

The Baby and Me Tobacco Free (BMTF) program is a DHEC program that started in 2016 in the Upstate region of the state. Four pilot counties were targeted to reduce the amount of smoking among the pregnant population due to their disproportionately high rates of smoking:

Cherokee, Laurens, Oconee, and Union. The primary intervention of the program utilizes cessation education to support pregnant and post-partum women in quitting tobacco use. A monthly diaper voucher is used as an incentive to assist mothers in the quit process. To determine if mothers have stayed quit, carbon monoxide monitors are used at each monthly appointment to biologically assess tobacco use. Over the course of the program's pilot year in 2016, 4 health educator DHEC staff were placed in each county's respective health department to deliver the program. Initial findings from the pilot year include:

- 246 completed appointments
- 84 enrollees
- 19 successful quitters
- 8 babies born healthy with tobacco-free mothers

	Tobacco use during pregnancy (per 1,000 live births)	Low birth rate (per 100 births)	Pre-term births (per 100 births)	Baby and Me program reach of pregnant tobacco users*
Cherokee	193.1 (128)	11.2	12.1	38%
Laurens	177.0 (140)	9.2	11.5	34%
Oconee	177.3 (128)	10.5	13.4	63%
Union	230.3 (70)	11.8	13.8	6%
Statewide	84.0 (4,791)	9.7	11.2	N/A

*BMTF Program Reach and Burden Statistics in the Upstate. Source: South Carolina Community Assessment Network (SCAN), SC DHEC. All data from 2017. *SCAN sources data from SC Vital Statistics; except Baby and Me program reach data.*

As of 2018, the BMTF program has been expanded to include the county of Spartanburg and is currently being expanded to include 4 additional counties in the Upstate within the next year. The ultimate vision of the program is to cover the entire state with its targeted cessation service for the pregnant and post-partum population.

Medicaid Cessation Benefit

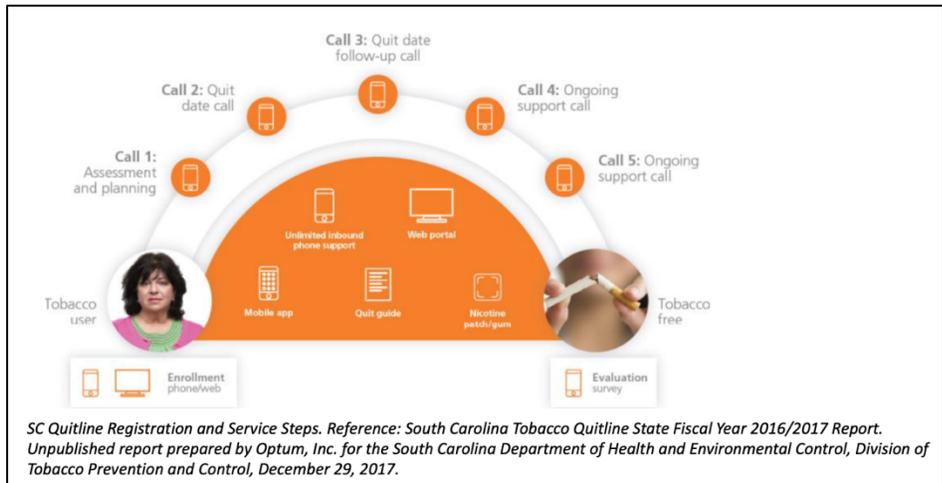
Beginning July 1, 2017, the South Carolina Department of Health and Human Services (SCDHHS) enhanced tobacco cessation coverage for full-benefit Medicaid beneficiaries to align with national recommendations. This change is a significant step in reducing barriers to cessation for Medicaid beneficiaries - a population that experiences a greater burden from tobacco use. South Carolina has been recognized for its efforts to realize

comprehensive cessation coverage and was featured in a case study from the American Lung Association. To view case study, [click here](#).

SC Tobacco Quitline

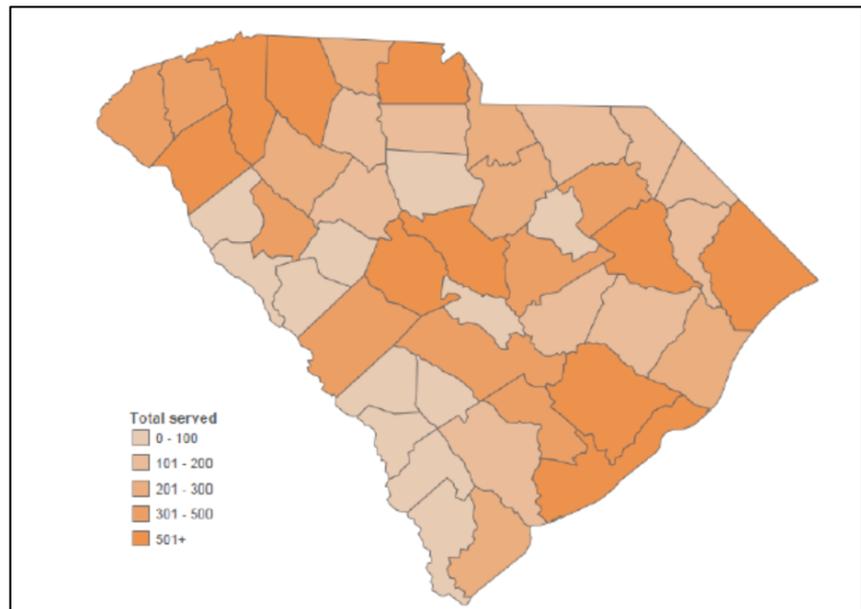
Primary changes to the services offered by the SC Quitline instituted during the first two and a half years of the SC State Tobacco Plan include the following:

- Quitline services are now available 24 hours a day, 7 days a week.
- Web and text-based cessation services were added including the Integrated Web Coach® and Text2Quit for South Carolina callers with cell phones.
- An electronic referral initiative was begun to assist medical providers in streamlining their referral process to the SC Quitline by targeting select medical practices around the state.
- A systems change initiative was begun to target medical practices around the state to educate providers on the importance and the capability of referring their patients who use tobacco to the Quitline.



The SC Quitline entered its 10-year anniversary in 2016. The following findings from the latest annual Quitline evaluation are provided to highlight the robust services made available from the Quitline since its inception:

- “The Quitline fielded 15,581 calls from South Carolinians in Fiscal Year 2016/2017.
- 57.3% of tobacco users were either uninsured (35.0%) or Medicaid-insured (22.3%).
- 31.1% did not have a formal high school degree.



County	Total Served	County	Total Served	County	Total Served	County	Total Served
Abbeville	74	Chesterfield	192	Hampton	86	Oconee	316
Aiken	364	Clarendon	118	Horry	1465	Orangeburg	310
Allendale	20	Colleton	167	Jasper	70	Pickens	427
Anderson	823	Darlington	307	Kershaw	263	Richland	997
Bamberg	36	Dillon	183	Lancaster	252	Saluda	57
Barnwell	91	Dorchester	500	Laurens	296	Spartanburg	1327
Beaufort	260	Edgefield	33	Lee	51	Sumter	378
Berkeley	537	Fairfield	83	Lexington	925	Union	143
Calhoun	52	Florence	669	Marion	171	Williamsburg	145
Charleston	1200	Georgetown	215	Marlboro	163	York	505
Cherokee	287	Greenville	1473	McCormick	21		
Chester	137	Greenwood	322	Newberry	160		

Quitline Callers Served by County of Residence. Reference: SC Tobacco Quitline SFY17 Report, SC DHEC.

- Services were provided in English (99.6%) and Spanish (0.3%, 47 callers); translation services were also available for callers who speak other languages (< 0.1%, 7 callers).
- 29% were quit at the 7-month follow-up evaluation survey (30-day responder quit rate).
- 95% would recommend the phone program to other tobacco users.
- 91% were satisfied with the phone 95% program.
- \$3.16 saved in South Carolina in medical expenditures, lost productivity, and other costs for every \$1 spent on the Quitline and tobacco cessation media.”

Reference: SC Tobacco Quitline SFY17 Report, SC DHEC.

Strategy C2: Ensure health care providers have an active role in educating patients and supporting quit attempts.

Objective C2.1: By June 2020, increase the percentage of patients who report tobacco use screening in health care settings from 88% to 98%.

Objective C2.2: By June 2020, increase the percentage of adult smokers who report being advised to quit from 53% to 63% and report being referred to evidence use cessation treatment in health care settings from 49% to 59%.

Initiative/Intervention:

SC CAN-Quit

Launched in 2016 by SC DHEC, the SC Tobacco-Free Collaborative, MUSC Hollings Cancer Research Center, USC, and CVS Health, SC CAN Quit encourages cancer centers to adopt clinic tobacco protocols that makes providing tobacco cessation resources and support to cancer patients a routine practice. Participating cancer centers receive technical support from the SC Tobacco Quitline to assist with making e-referrals to the Quitline quick and easy for clinicians. Specialized HIPAA compliant cloud-based software is used to conduct automated follow-up of tobacco users using interactive voice recognition (IVR) technology.

SC CAN Quit Round 1 results show that 97% of cancer patients at participating centers were screened for tobacco use. 73% of those patients were advised to quit, and 64% were referred to the SC Tobacco Quitline. All Round 1 cancer centers reported at the end of the project that staff felt more confident in addressing tobacco use among their patients. Each participating cancer center adopted a comprehensive tobacco cessation program and plan to continue those programs.

Updated/Additional Recommended Actions

- Promote the availability of Medicaid cessation coverage and targeted SC Tobacco Quitline promotional materials.
- Increase promotion of the availability of cessation resources to adults and youth.
- Increase interventions within the healthcare system to promote tobacco use screening and referral to cessation resources.

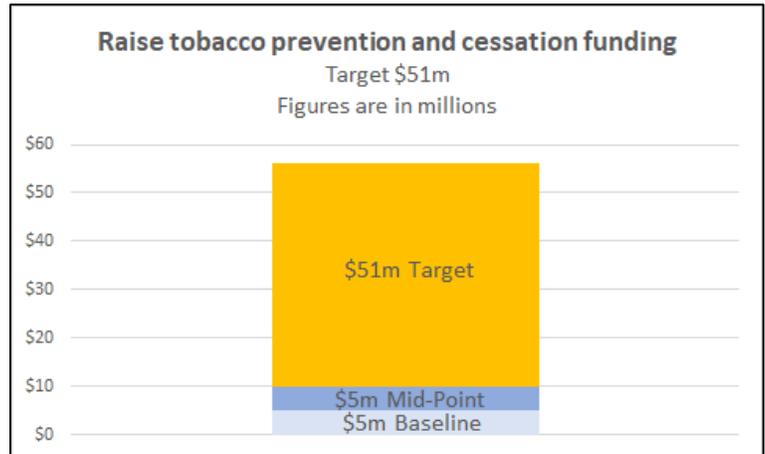
GOAL 4

Infrastructure & Sustainability

Strategy I1: Increase state and community level funding.

Objective I1.1: By June 2020, increase funding to support sustainable and comprehensive evidence-based tobacco control programs from 10% to 100% (\$5 million to \$51 million)

State level funding has not increased from \$5 million annually.



Strategy I2: Implement a tobacco tax stamp.

Objective I2.1: By June 2018, require a trackable/traceable, high tech tax stamp for all tobacco products sold in South Carolina

In 2016, the SC General Assembly amended state law to require a tax stamp. The law (SC Code Section 12-21-735) will be fully implemented by January 1, 2019. While not a high tech tax stamp, the legislation allows for the possibility to require a high tech tax stamp in the future. High-tech tax stamps, which are used currently by at least three states, CA, MI, and MA, reduce the risk of counterfeit stamps, allow law enforcement officials to identify wholesalers who applied the stamp and sold the cigarettes, and can track and trace individual packs of cigarettes. Also, high tech stamps can be useful for consumers; Michigan's high tech tax stamp offers anyone who scans it the ability to report youth access law violations and provides cessation information ([source](#)).



Strategy I3: Increase coalition membership and benefits offered to members.

Objective I3.1: By June 2020, increase membership in, and representation of, the SCTFC from 50 individuals and organizations to 250.

The membership program was revamped to include new benefits in 2016. Benefits include: access to a Members Only webpage, membership directory profile and access, exclusive training opportunities, monthly federal, state, and local policy update webinar, weekly tobacco control news, access to Members Only events, and more. Membership stands at 59 as of December 31, 2017.

Updated or Additional Recommended Actions to Support Reaching Objectives by 2020:

- Develop a coordinated approach to advocate for increased tobacco control and prevention funding through such mechanisms as allocation of Tobacco Master Settlement Agreement funds or increase in tobacco product taxes.
- Highlight statewide and local achievements resulting from state funding support.
- Evaluate current SCTFC membership program and make warranted adjustments.

Emerging Topics

American Cancer Society Multi-Unit Housing Initiative

SC DHEC Tobacco Division staff will be coordinating SC's involvement in a brand new six-state HUD national grant initiative that the Robert Wood Johnson Foundation has funded jointly to the North American Quitline Consortium (NAQC), the American Cancer Society, and the Smoking Cessation Leadership Center to promote the HUD smoke-free policy rule in a select Public Housing Agency (PHA) setting, address tobacco cessation among public housing residents, and connect these vulnerable smokers to their nearest local community-based FQHC clinic and to the SC Tobacco Quitline. Efforts are on-going to coordinate with local ACS staff about how to collaborate around the work of this grant project to improve both cancer and tobacco use outcomes in the pilot sites (one PHA and one FQHC clinic that are co-located will be selected for the planned interventions in SC). This 1 and 1/2 year-long effort will be in addition to the PHA work around the new HUD smoke-free ruling and with the American Lung Association for establishing on-site cessation resources for public housing residents through ALA's Freedom From Smoking program.

Counter Tools Expansion Update

The SCTFC and DAODAS are excited to continue the Counter Tools point-of-sale (POS) research effort in 13 additional counties. The 2018-2019 cycle will include the following counties: Abbeville, Edgefield, Cherokee, Laurens, Fairfield, Saluda, Aiken, Calhoun, Orangeburg, Williamsburg, Clarendon, Hampton, and Jasper. This newest cycle brings the total number of counties to 33, who have either participated in store assessments and/or begun working on various POS goals. Orangeburg County experienced early success from the project. Through the Counter Tools project in Bamberg County, partners at the Tri-County Commission on Alcohol and Drug Abuse/Edisto Health Coalition uncovered a content neutral advertising ordinance in Orangeburg County, which wasn't being enforced. Through work with the zoning administrator, this POS ordinance is now being enforced. Currently, key informant interviews are being conducted to better understand each county's POS goal(s) and objective(s).

SC Leadership Academy for Tobacco Free Recovery State Strategy Session

In June 2018, SC held its first Leadership Academy for Tobacco Free Recovery State Strategy Session. SC became the 17th state in the United States to conduct a Leadership Academy. The purpose of this Leadership Academy was to develop an

action plan for the state to reduce tobacco use among people with behavioral health disorders (e.g., mental illness, substance use disorders). National, state and local leaders collaborated to develop a novel action plan, revolving around two baseline measures (i.e., SC Medicaid adults ages 18-64 years with a mental health-related principal diagnosis and any tobacco/nicotine use diagnosis within the same year and SC Medicaid adults ages 18-64 years with a substance use disorder-related principal diagnosis and any tobacco/nicotine use diagnosis within the same year).

Relevant data was shared through a “gallery walk” to offer data that supports the two identified baseline measures and to help the participants establish target goals in SC and to help partners make informed decisions.

Several key questions were posed to receive input on “where are we now?” Where do we want to be and by when?” The goal is to provide evidence-based practices to reduce the prevalence of tobacco among those with behavioral health disorders (e.g., mental illness and substance use disorders) and implement tobacco-free campus policies in all mental health and substance abuse sites by 2019. Proposed targets and measureable outcomes were determined with a target of 23% prevalence of mental health-related principal diagnosis and any tobacco/nicotine use diagnosis documented within the same year by FFY2023. The group also agreed to a target of 53% prevalence of substance use disorder-related principal diagnosis and any tobacco/nicotine use diagnosis within the same year by FFY2023. Possible strategies to achieve access, support, and intervention goals for peers, staff and providers resulted in committees being formed - Policy and Systems Change, Legislative Policy, Partner Development, and Provider Education and Engagement – for implementation of the plan.

Communities that Care Survey and County-level Youth Data

System Wide Solutions implemented and processed the latest version of the South Carolina (SC) Communities that Care (CTC) survey, which was sponsored by the SC Department of Alcohol and Other Drug Abuse Services (DAODAS). The 2018 CTC survey includes 89 survey items which focus on tobacco, alcohol, and marijuana; however, other substance use-related measures were also included. The survey questions include current and lifetime tobacco use, age of first cigarette use, disapproval of tobacco use, and parental and peer disapproval of tobacco use. A total of 32 counties were surveyed and over 21,300 students, 9th through 12th grade, completed the survey. The robust sample size and weighted data are valuable county-level tobacco-related estimates for state tobacco plan stakeholders and other community partners. The full report can be found [here](#).

Along with these updates to CTC, a fledgling initiative among tobacco and surveillance-related cadre in the state is growing out of a desire to explore utilizing CTC to model small area estimates of youth tobacco indicators. This would provide county-level youth data for all 46 counties in the state, which has been a long desired source of data among local coalitions in SC. Committed parties to exploring the initiative include DHEC’s Tobacco and PHSIS staff, DAODAS, and SCTFC.

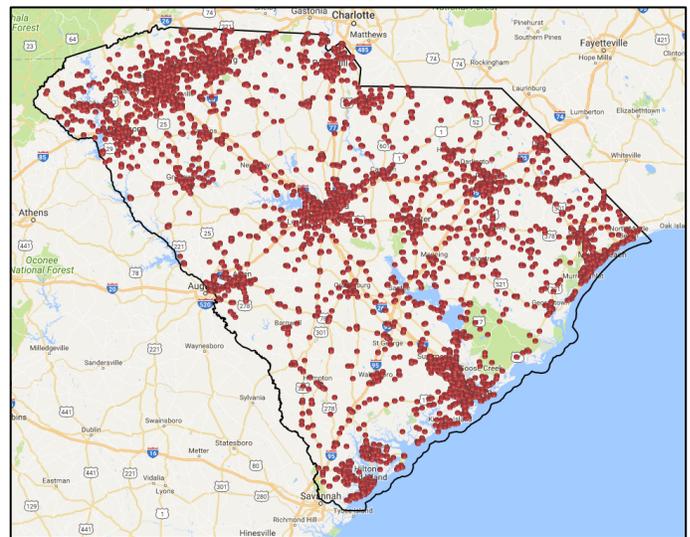
SUPPLEMENTS & HIGHLIGHTS

Stakeholder Survey Highlights

An online survey of stakeholders was conducted in Spring 2017 to better understand awareness of the Five Year State Tobacco Plan, how it is used, and in which tobacco control and prevention efforts stakeholders are engaged. A total of 55 people completed the survey. [Click here to download survey highlights.](#)

The Tobacco Retail Environment

The tobacco retail environment (point-of-sale) greatly influences tobacco use behaviors - including making it harder for current tobacco users to quit and exposing youth to tobacco marketing. Recognizing the potential for successful intervention at the point-of-sale, South Carolina stakeholders (South Carolina Tobacco-Free Collaborative, SC Department of Health and Environmental Control, and SC Department of Alcohol and Other Drug Abuse Services) partnered in 2016 to work with Counter Tools, a 501(c)(3) non-profit organization that provides software tools, training, and technical assistance to advance place-based public health.



An initial cohort (Cohort 1) of ten counties across the state participated in a data collection phase in 2017 that focused on assessments conducted at tobacco retail locations. Using an analysis of the data collection, these ten counties began work in Fall 2017 to advocate for public health measures at the point-of-sale, such as tobacco retail licensing. In Fall 2017, a second cohort (Cohort 2) of ten counties was selected. The data collection and analysis phase for the second cohort will end in Fall 2018.

As part of this project, a Store Mapper was developed for the State of South Carolina. This resource contains results of retailer compliance checks, store assessment results, policy predictor tools, and more. The Store Mapper can be accessed [here](#).



As of April 5, 2018, a total of 20 counties across South Carolina have participated in the Counter Tools pilot program. The first cohort (Cohort 1/Year 2 Group) includes the following ten counties:

- Pickens,
- Greenville,
- York,
- Lancaster,
- Chesterfield,
- Richland,
- Sumter,
- Berkeley,
- Charleston, and
- Georgetown

Cohort 1 completed 1,302 tobacco and alcohol store assessments in the summer of 2017. The second cohort (Cohort 2/Year 1 Group) includes the following ten counties:

- Spartanburg,
- Chester,
- Newberry,
- Lexington,
- Aiken,
- Barnwell,
- Dorchester,
- Horry,
- Darlington, and
- Kershaw

Cohort 2 finished the data collection stage of the project in April 2018. However, the focus of this section will be on the first cohort, since they are further along in the process.

Cohort 1 counties are in various stages of the planning and prioritization process of which point-of-sale (POS) strategy/strategies to act on. More specifically, Georgetown,

Greenville, and York County have added a significant amount of information about their tobacco and/or alcohol retail environment from their assessment data.

According to Georgetown County Alcohol and Drug Abuse Commission (GCADAC)'s Executive Director, Raphael Carr, "[the data] gave us a lay of the land." The POS data revealed that Georgetown has a high density of tobacco and/or alcohol retailers located near each other. For instance, there are

intersections in the county where an observer will see a couple of gas stations, a Dollar General, and a Food Lion. While this concentration of tobacco retailers is alarming for GCADAC's prevention personnel, it may not be as alarming for the surrounding community. Therefore, GCADAC's prevention personnel are building capacity and community awareness regarding their POS assessment data. The prevention personnel are in the process of partnering with various youth organizations (i.e., Carolina Human Reinvestment, Service Over Self, and TWLUM Teen Project) to create a youth-based approach to raise awareness of their POS findings and present them to the county council. Another county that is in a similar planning and implementation stage to Georgetown is Greenville.

"[the data] gave us a lay of the land."

- Raphael Carr
Georgetown County Alcohol and Drug Abuse
Commission Executive Director

"I need new stuff to have conversations with people [officials] I already know. When you present new data, you can keep their interest."

- Terry Taylor
Greenville Family Partnership's Tobacco Control Coordinator

Greenville is in a policy planning and implementation phase. The Greenville Family Partnership's Tobacco Control Coordinator, Terry Taylor, revealed that Greenville County has experienced success in passing smoke free ordinances at the local level. These policy level victories gave Greenville and surrounding communities the momentum they needed to promote and advocate for similar ordinances. This history, combined with the Counter Tools pilot program,

gave Greenville County much needed insight into the tobacco and/or alcohol retail environment to develop more community support around the issue of tobacco control. Greenville's POS data revealed that Greenville County has a high density of tobacco retailers in low income and diverse communities. Acquiring novel data, such as the POS data, allows Terry to have better conversations with elected officials and other tobacco control advocates. Terry said, "I need new stuff to have conversations with people [officials] I already know. When you present new data, you can keep their interest." Currently, Greenville County professionals are planning on developing and promoting more comprehensive tobacco control policies and ordinances to various municipality representatives and county level officials.

Lastly, York County has also benefited from the novel POS data. York County's POS data revealed that the tobacco and/or alcohol retailer proximity to K-12 schools and other tobacco and/or alcohol businesses was problematic. York County developed a POS

Workgroup to prioritize their next steps. Currently, the POS Workgroup is building capacity and planning policies related to these issues of retailer proximity. Additionally, the workgroup identified a couple of elected officials (who they hope will become champions for their policy work) and are developing factsheets for the elected officials and champions to use to promote solutions to these retailer density issues. Furthermore, the POS Workgroup plans to hold a community forum to raise awareness about the importance of point-of-sale issues and how the community can be better informed by learning about the retail store survey results.

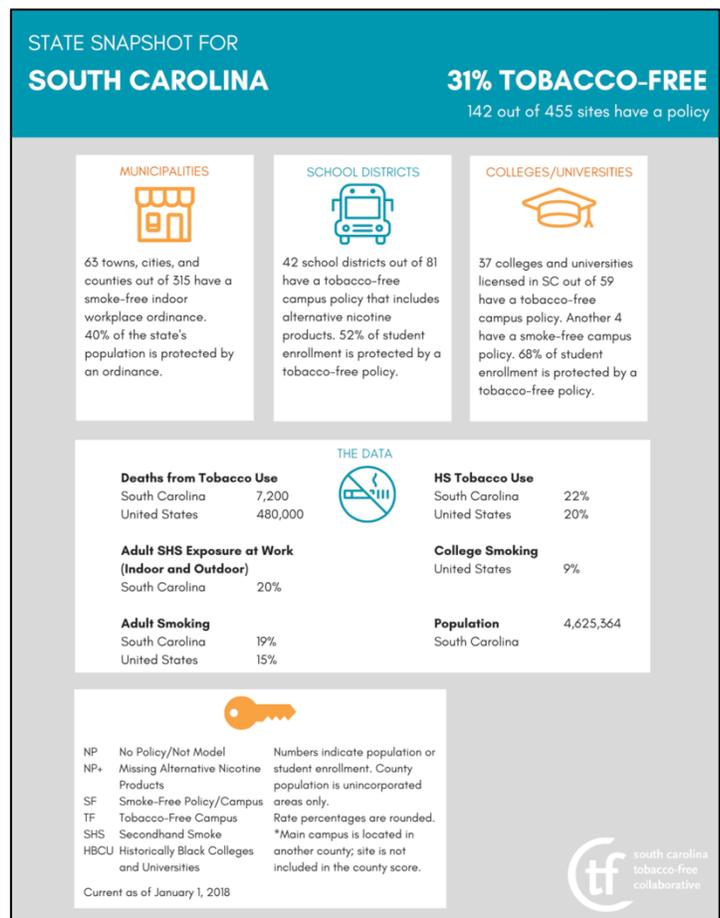
References

1. R. Carr, personal communication, January 18, 2018.; 2. T. Taylor, personal communication, January 18, 2018.; 3. D. Keely, personal communication, January 18, 2018.

Tobacco-Free Snapshot

During summer 2017, the South Carolina Tobacco-Free Collaborative redesigned the Tobacco-Free Snapshot. The Tobacco-Free Snapshot was developed to inform public health advocates around the state about how many tobacco-free and smoke-free environments are located within each of South Carolina's 46 counties. Three sites have been identified where tobacco-free/smoke-free environments can make the biggest impact with regards to reducing exposure to the negative impacts of tobacco use: smoke-free communities, tobacco-free school districts, and tobacco-free colleges. For a community to be considered 'smoke-free', a city/county must adopt a comprehensive smoke-free law that includes indoor workplaces and public places. For a school district to be considered 'tobacco-free', the district must adopt a comprehensive tobacco-free district policy. For a college to be considered 'tobacco-free', the college must adopt a tobacco-free campus policy. These three goals are achievable in SC with the coordinated efforts of our local partners, statewide partners, and national partners:

1. 100% Smoke-Free Cities and Counties: As of 12/31/2017, 40% of the SC population lives in smoke-free communities.
2. 100% Tobacco-Free School Districts: As of 12/31/2017, about 50% of the SC public school population attends a tobacco-free school district
3. 100% Tobacco-Free Colleges: As of 12/31/2017, about 68% of college students attend tobacco-free colleges



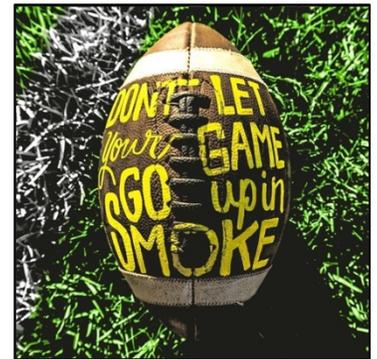
In addition to a visual redesign, the new Tobacco-Free Snapshot includes county-level data from the 2014-2015 SC Adult Tobacco Survey for the first time. The two county level data points included are: adult smoking rates and exposure to secondhand smoke at work.

Evaluation of the Youth Prevention Campaign

Recent efforts to reach SC's teen population (ages 13-17) with tobacco prevention and cessation messaging have proven successful. The [BackFire SC campaign](#) launched in December 2016, reached kids statewide with cable TV ads, social media, website, digital advertising, and a school based contest. The initial goal was to achieve brand recognition and to come up with creative relevant to the target population.

BackFire SC was evaluated using pre and post surveys of teens across the state ages 13-17. Findings to date are preliminary with a final evaluation report available in Fall 2018.

Early evaluation of BackFire SC shows that the majority of teens exposed to BackFire SC creative were able to recall the ads, clearly understand the message, and relate it back to themselves. The majority of teens surveyed in the campaign evaluation indicated that they liked the creative and that they would share it with friends and family. Media execution included a high rate of frequency and message exposure, resulting in the majority of teens surveyed in the campaign evaluation reporting that they are familiar with the BackFire SC brand.



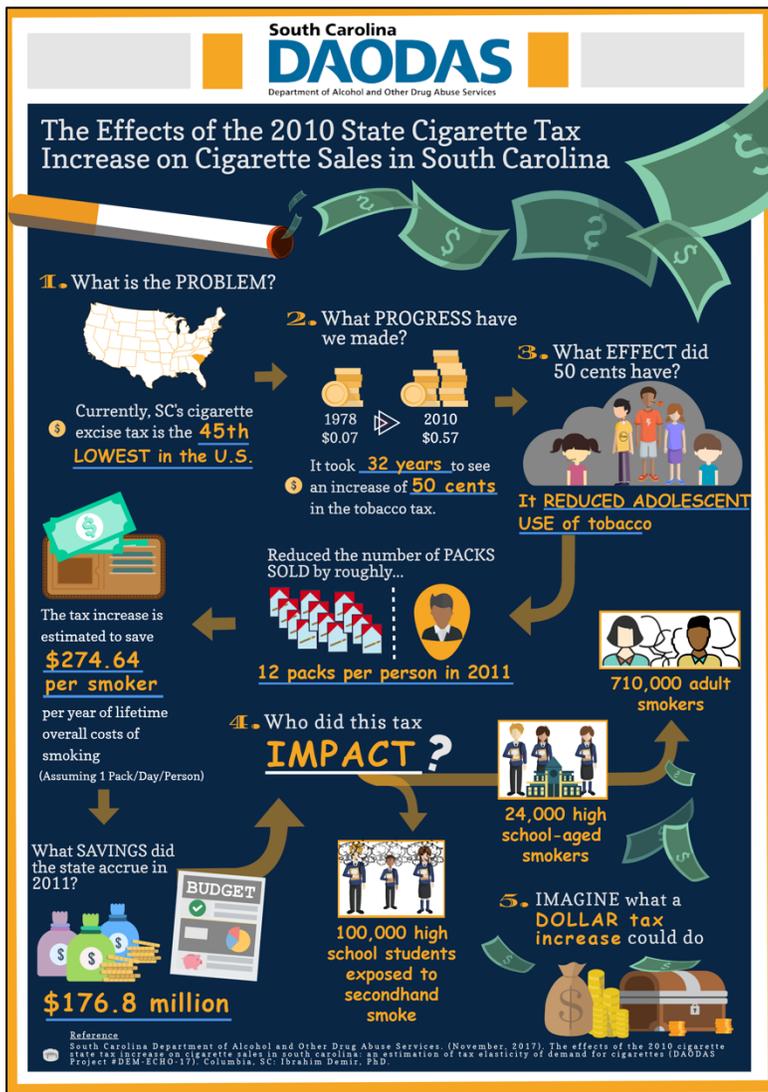
The tagline for BackFire SC, "You don't get to choose what you lose", emphasized making good choices within the context of individual control. The campaign utilized research demonstrating that youth intention to smoke is correlated with beliefs about loss of control and independence, impact of smoking on sports participation, knowledge of negative cosmetic effects, and the impact on popularity and attractiveness. The specific target population included nonsmokers susceptible to initiation, as well as cigarette experimenters who have not yet transitioned into established smoking.

BackFire television ads ran for 12 weeks on cable TV programming popular with the target audience and featured real SC teens experiencing negative consequences (sports performance, social stigma, negative health effects) of tobacco use. Complementary creative ran on social platforms like Facebook and Instagram, as well as on YouTube.

2014-2015 SC Adult Tobacco Survey County-Level Data

A recommended action listed under goal area one was to expand surveillance (ATS, YTS) data to include more localized data (county/city/zip code level data). SC DHEC's Tobacco Division carried out a small area estimation project using ATS in 2015 in partnership with the University of South Carolina's Arnold School of Public Health. The end result was the

acquisition of 28 county-level estimates addressing tobacco use, secondhand smoke exposure, and cessation. The county-level estimates have already been used in a variety of efforts including updating the county snapshots and estimating county-level deaths linked to smoking, among others. County-level data from the ATS can be accessed [here](#).



The Effects of the 2010 Cigarette State Tax Increase on Cigarette Sales in South Carolina: An Estimation of Tax Elasticity of Demand for Cigarettes

To help reduce tobacco use among adolescents, increases in tobacco product excise taxes are an effective public health intervention.¹ In South Carolina, the state tax on cigarettes was \$0.07 per pack from 1978 until it increased to \$0.57 per pack in 2010.¹ According to Dr. Ibrahim Demir's study, *The Effects of the 2010 Cigarette State Tax Increase on Cigarette Sales in South Carolina: An Estimation of Tax Elasticity of Demand for Cigarettes*, the 2010 state tax increase was estimated to have approximately resulted in up to an immediate 12-pack reduction in sales per person in 2011.¹ The 2010 tax increase is estimated to have saved \$274.64 per smoker per year of lifetime overall costs of smoking between 2010 and 2011. Assuming one pack per day

per adult smoker, total estimated annual savings due to the state tax increase was approximately \$176.8 million in mid-year 2011 dollars between 2010 and 2011.¹ State cigarette tax policy changes are expected to impact some 710,000 adult smokers; approximately 24,000 high school-age smokers; about 100,000 high school students who reported being exposed to secondhand smoke; other persons exposed to secondhand smoke; non-smokers; tobacco-related industries; and state and local government budgets, both on the revenue and expenditures sides, in South Carolina.

In 2017, DAODAS collaborated with the South Carolina Department of Health and Environmental Control (DHEC) to fund, former University of South Carolina professor, Dr. Ibrahim Demir's study titled, *The Effects of the 2010 Cigarette State Tax Increase on Cigarette Sales in South Carolina: An Estimation of Tax Elasticity of Demand for Cigarettes*. Dr. Demir found that the 2010 increase in state tax on cigarettes – \$0.07 to \$0.57 per pack - resulted in roughly a 12-pack reduction per person in 2011.¹ The 50 cent

tax increase was estimated to save smokers \$274.64 per year of overall lifetime costs of smoking between 2010 and 2011.

Additionally, the 2010 state cigarette tax generated substantial savings. Assuming one pack per day per adult smoker between 2010 and 2011, the total estimated annual savings resulting from the increased state cigarette tax was approximately \$176.8 million in mid-year 2011.¹ While the estimated annual savings of the state cigarette tax were significant, the state cigarette tax also impacted various populations across the state of South Carolina. The 2010 state cigarette tax increase impacted roughly 710,000 adult smokers, 24,000 young adult and teenage smokers, and 100,000 high school students reportedly exposed to secondhand smoke. In addition to smokers and those exposed to secondhand smoke, the 2010 state cigarette tax impacted tobacco-related industries and local governments budgets, both in terms of generating expenditures and revenue. Although it took 32 years to see a 50 cent increase in the state cigarette tax, the state of South Carolina made the public's health more of a priority with the passage of the 2010 state cigarette tax increase. Despite modest progress, much more work has to be done to prevent South Carolinians from falling victim to the deadly effects of nicotine addiction and dependence.

The A Healthier State: Make Every Workday Great initiative

This initiative has made great headway since launching in 2015 through a partnership between the S.C. Department of Health and Environmental Control (DHEC) and the S.C. Hospital Association (SCHA). To date, eight state agencies have adopted the tobacco-free campus policy to protect the health of the staff, visitors and vendors who utilize these workplaces. These agencies include: Department of Alcohol and Other Drug Abuse Services, Department of Employment and Workforce, Department of Health and Environmental Control, Department of Health and Human Services, Department of Juvenile Justice, Department of Mental Health —Columbia and Tri-County, Department of Social Services, and Department of Vocational Rehabilitation. By adopting and implementing this tobacco-free campus policy these worksites will see a reduction in health care costs and absenteeism. Technical assistance is still available through DHEC's Division of Tobacco Prevention and Control staff to provide guidance for the process, communications materials as well as indoor and outdoor signage. For more information, visit [SCaledown](#) to access available resources.

Reference:

South Carolina Department of Alcohol and Other Drug Abuse Services. (November, 2017). The effects of the 2010 cigarette state tax increase on cigarette sales in south carolina: an estimation of tax elasticity of demand for cigarettes (DAODAS Project #DEM-ECHO-17). Columbia, SC: Ibrahim Demir, PhD

APPENDICES

Appendix A: Goal Area 1 Progress Toward Meeting Objectives

2015-2020 Goals and Objectives		Baseline	Target	Target Date	Mid-term Achievement	Data Source/Notes	
Goal 1: Prevent the initiation of tobacco use among youth and young adults							
Objectives	P1.1	Reduce the high school tobacco use rate	27%	21%	June 2020	26%	2015 HS YTS
	P1.2	Reduce the middle school tobacco use rate	10%	5%	June 2020	10%	2013 MS YTS (notes: 2015 MS YTS data, 9.1%, was unweighted)
	P2.1	Raise the tax on cigarettes by at least \$1.00	\$0.57	\$1.57+	June 2018	\$0.57	SC Code of Laws
	P2.2	Raise the tax on other tobacco products*	5%	39%+	June 2018	5%	SC Code of Laws
	P2.3	Impose tax on e-cigarettes	No tax	Excise tax	June 2018	No tax	SC Code of Laws
	P3.1	Raise the minimum legal purchase age for tobacco products	18 years	21 years	June 2020	18 years	SC Code of Laws

Appendix B: SYNAR Compliance Results in SC, 1994-2016.

