Fighting Smokeless Tobacco: A Program Plan for North Carolina

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Abstract

The use of smokeless tobacco is a prevalent yet underestimated problem in many states across the U.S. While smoking – through multiple initiatives by local, state and federal agencies – is on the decline, smokeless tobacco use is increasing in prevalence. This increase is most notable among young men – more in certain states than others - who are largely unaware of the extent of detrimental effects related to such use. It is imperative to conduct a large-scale integrated campaign for the prevention of smokeless tobacco use and sales amongst the youth.
Introduction:

One of the greatest achievements of public health organizations and its advocates has been the reduction in tobacco smoking in the past century.\(^1\) Once a popular and even doctor-encouraged behavior, now known detrimental effects of smoking have pushed public health officials to fight back. Although one can still see smokers, fortunately it is at a rate that is decreasing year after year.\(^2\)

The current drop in smoking rates is the fruit of hard labor, including, but not limited to; raising populace awareness, restricting access through policy making, and establishing effective graphic warnings on every cigarette pack. These actions are in addition to the already established comprehensive smoke-free laws implemented in states across the nation.\(^1\)

It has been well established by the literature, that smoking poses a great risk to a person’s health and those in their vicinity. Additionally, smoking has been identified and validated as a major risk factor to a plethora of oral diseases, making this topic an exceedingly relevant one for the dental health community. Afflictions, such as mucosal lesions, oral cancer, periodontal disease, tooth loss, gum recession, staining, and esthetic considerations have been associated with smoking.\(^3,4,5\)

Although the battle against smoking has started to tip in the favor of public health officials, the use of smokeless tobacco has not received as much attention. This alarming trend of smokeless tobacco, both in the form of snuff and chewing tobacco, has its stronghold amongst young men. As smoking rates continue to decline, the rates
of occasional and daily use of snuff and chewing tobacco increased steadily.\textsuperscript{6,7} The highest rate of use is noted in young men, ranging from 18-24 years of age.\textsuperscript{7} Although public attention occasionally turns to smokeless tobacco – as it did when Hall-of-fame baseball player Tony Gwynn died of salivary gland cancer following years of chewing tobacco- the CDC reports that increase in usage of smokeless tobacco can be linked to the paucity of public health initiatives targeting these products.\textsuperscript{6} Moreover, tobacco producers have been promoting smokeless tobacco as the alternative to smoking in designated smoke-free areas. Combined with its relatively lower cost and wider accessibility, it’s no surprise that smokeless tobacco has gained in sales.\textsuperscript{6}

Corporate financing of smokeless tobacco marketing has more than doubled between 2000 and 2011.\textsuperscript{21} Beyond the health risks specific to smokeless tobacco use, smokers who also use smokeless tobacco find it much harder to quit smoking.\textsuperscript{7} Smokeless tobacco has also been shown to increase “high-risk sexual behavior and alcohol and substance use”.\textsuperscript{8}

Smokeless tobacco involves the curing, fermenting and processing of tobacco leaves through a variety of methods, resulting in different products.\textsuperscript{28} Although it is believed by many to be less harmful than smoking, in reality smokeless tobacco contains over 28 carcinogens linked to oral, esophageal and pancreatic cancers.\textsuperscript{29} Also, high levels of tobacco-specific nitrosamines in smokeless tobacco are linked to lung cancer in animal studies, even when injected into the bloodstream rather than inhaled.\textsuperscript{30} In addition, smokeless tobacco contains benzo-a-pyrene and other polycyclic aromatic and potent carcinogens.\textsuperscript{30}
Studies have also established a link between smokeless tobacco and cardiovascular disease. In a study comparing former smokers currently using smokeless tobacco and those who stopped using all tobacco products, a higher risk of fatal cardiovascular events was found in smokeless tobacco users.\(^{30}\)

In the state of North Carolina, the rate of smokeless tobacco use is relatively high. North Carolina boasts a higher than the national average rate of use of smokeless tobacco at 8.5% prevalence among its youth (15-24 years of age). Males vastly outweigh their female counterparts when it comes to using smokeless tobacco. The prevalence of use of smokeless tobacco in North Carolina stands at almost 14% in young males compared to 3% in young females.\(^9\) The high rate of use among young people is of great concern. According to multiple reports by the U.S. Department of Health and Human Services, tobacco usage is highly dependent on habits formed during adolescence. 90% of tobacco users established their habit by age 18 while 99% by age 26.\(^{10}\)

This data reflects the disparity of effort devoted by public healthcare authorities to smokeless tobacco compared to other forms of tobacco use. It is therefore imperative to plan a smokeless tobacco prevention intervention aimed at young males in the state of North Carolina. The intervention needed should be at a sufficient scale of resources – both in intensity, duration and circulation- to produce high impact.\(^{26}\)

The following paper delineates a program plan targeting men between the ages of 16-21 years of age who are residents of North Carolina. Our target population will be limited to students in high schools as well as colleges, ensuring feasibility of the intervention.
The plan will consist of three main foci of intervention. Counter-marketing, education, and an enforcement campaign against illegal smokeless tobacco retail sales will be conducted on a wide scale across the state. The intervention will be conducted by the North Carolina Public Health Foundation as part of its mission to support public health efforts in the state.

The CDC’s report on best practices for comprehensive tobacco control presents previous prevention and cessation campaigns against tobacco.\textsuperscript{21} State, community and mass-reach communication interventions have brought about effective prevention of tobacco use and an increase in tobacco cessation in their target populations. It is noteworthy to emphasize the importance of successful campaign characteristics – combined and coordinated intervention efforts, large and permeating campaigns, as well as grassroots’ support - as indicated by the CDC.

One of the most successful community-based public health interventions aimed at the youth was Maine's Partnership for Tobacco-Free Maine. Prior to its launch in 1997, Maine had one of the highest smoking rates in the country. Within 10 years, a dramatic drop of 64\% was noted in smoking among high-school students in Maine (compared to a 45\% drop in the same category nationwide). The partnership succeeded at decreasing the number of smokers of its young population by more than 26,000! This translates into more than 14,000 youths who are saved from premature smoking-related deaths, and savings of over $416 million in healthcare costs.\textsuperscript{22}
Utilizing lessons from Maine’s tobacco control program and other successful interventions, we will shape our plan for controlling smokeless tobacco use in the young population of North Carolina. Previous campaigns had adopted different approaches for their intervention based on their target population. It is also important for us to choose and apply the methods most applicable to ours.

Brief summary of program components

For years, the tobacco industry has engaged in powerful marketing campaigns through conventional marketing, paid media exposure, and electronic advertisement. Luckily, counter-marketing can be used to attenuate their efforts. The application of counter-marketing has proven quite effective in multiple anti-tobacco interventions. Many community programs demonstrated that counter-marketing campaigns exert noticeable influence over a young target population. Case in point, the counter-marketing campaigns in Alaska, Maine and California were crucial – mostly in the young population - to reducing the rate of tobacco usage.\textsuperscript{22} In addition to raising awareness, marketing allows for creating a tobacco-free social norm that reinforces behavioral change.\textsuperscript{10,22}

In order to bolster their bold counter-marketing campaign, the Partnership for Tobacco-Free Maine used advocacy groups to empower young adults. Advocacy groups helped create leaders among the young population who influenced their social surrounding via positive peer pressure. What’s more, the Partnership recruited community role models as anti-tobacco advocates to complement previously mentioned peer pressure.\textsuperscript{23}
Regrettably, counter-marketing campaigns and community advocacy are not sufficient for rooting out tobacco use among the youth. Policy change is imperative to protecting minors from exposure to tobacco in all its forms. Statewide policy changes have previously demonstrated a significant reduction in tobacco use. These changes include higher price markings through excise taxes, and enforcing public smoke-free places; as well as reducing advertisement and the "commercial availability" of tobacco products.\(^\text{10}\)

The aforementioned policies are all applicable to smoking tobacco, but not necessarily to smokeless tobacco. For example, smokeless tobacco – contrary to smoking - is easily concealed by the user, rendering tobacco-free zones unfeasible. However, reducing the commercial availability and applying higher taxes are viable options.

One method for decreasing commercial availability – as illustrated by the Partnership for Smoke-Free Maine – is through enforcement of laws prohibiting sales of tobacco products to minors. The enforcement campaign encompassed retailers across the state. The campaign included offering tools to help reduce tobacco sales to minors, as well as provide incentives to retailers for the reduction of their smokeless tobacco "marketing signage".\(^\text{23}\)
**Logic Model:**

**Situation at hand:**

High prevalence of smokeless tobacco use among young males in North Carolina

**Priorities:**

High school and college students

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<thead>
<tr>
<th>INPUTS</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>What we invest</td>
<td>Activities</td>
<td>Population</td>
</tr>
<tr>
<td>Stakeholders and partnerships</td>
<td>Media campaigns</td>
<td>General public</td>
</tr>
<tr>
<td></td>
<td>(social media video messages, counter-marketing)</td>
<td>16-21 yo males</td>
</tr>
<tr>
<td></td>
<td>School-based education</td>
<td>Retailers</td>
</tr>
<tr>
<td></td>
<td>Enforcement training</td>
<td>10% reduction in ST use in target population</td>
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<td>15% reduction in ST sales</td>
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**Assumptions**

- Community is interested in reducing ST use
- There is space for improvement re: reduction in ST use
- Public health intervention is needed to help start the process

**External Factors**

- Continuous funding
- Participation of volunteers
- Collaboration with local law enforcement
Inputs:

Involve stakeholders

No program can succeed without the proper engagement of multiple stakeholders. While one hopes to find support, one can also expect to find opposition. Tobacco’s industry and culture is deeply rooted in North Carolina; tobacco farming constitutes a large part of the farming sector, while tobacco manufacturing and production contributes to the commercial sector of the state.\(^{11}\)

Through our program, numerous stakeholders can be targeted. These include experts from local and state health departments, parents, local farmers and businesses

Engagement of stakeholders:

- Contact of experts within the local and state health departments via letters
- Arrange focus group meetings
  - Derive easy-to-understand evidence-based information and establish material for booklets
  - Recruit for education sessions in schools (see school-based education)
- Contact local retailers and organize meetings
  - Bring awareness to our program and the community support for it
  - Offer role in reducing use of smokeless tobacco.
  - Offer insight in regards to profitable products that can replace income lost due to decreased sales of smokeless tobacco
• Contact local health care providers
  • Recruit for recording of video messages of personal experience in witnessing the detrimental effects of using smokeless tobacco
  • Increase awareness of the role of healthcare providers in prevention and cessation programs
    • Many people report their health care provider as their primary source of preventive health strategies.¹⁴
• Contact High schools and colleges
  • Establish contact and partnership with their respective administrations
  • Establish contact with student government
• Contact local law enforcement departments
  • Establish partnership
  • Bring awareness to the upcoming effort of controlling sales of tobacco to minors

Raise funds:
Fund-raising activities will focus on three methods that have shown a propensity to providing high return.¹²,¹³
• Grants
  Information obtained via involved stakeholders will be used in order to apply for grants from both governmental and non-governmental agencies. These include private philanthropic institutions and federal and state agencies
• Social media

Raising funds online in recent years proved to be highly effective. Using electronic media has the ability to reach a vast number of individuals in a very short period of time. Short video messages featuring a local celebrity (e.g.: local DJ, athlete) can rally supporters to spread the message, providing an efficient mean for high exposure and larger funds.

In addition, online fundraising offers a safe and practical method for fund raising. Most fundraising websites are free of charge while offering a secure method of donation. Moreover, documentation can be provided for tax deduction purposes.

• Social events on campuses

Campus sport tournaments can provide funds from the community – via sales of sports wear - as well as raise awareness within the student body.

  o Runs/walks can provide funds from both students and the local community and businesses.

  o Date auctioning of star athletes can be engaging, entertaining and provides a good source of funds as well.

Hire volunteers

The NC public health foundation will recruit volunteers via general ads on websites linking volunteers to programs (e.g. idealist.org). Such websites allow interested individuals to contact our program and propose how they can help.
Volunteers will be trained and armed with easy-to-understand information before engaging in fundraising events, contacting the media, and meeting with students in the schools.

**Outputs:**

**Media Campaigns:**

Social marketing is defined as "the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence voluntary behavior of target audiences in order to improve their personal welfare and that of society."\(^{24}\)

Due to its success in comprehensive tobacco control, the CDC has issued guidelines to wage counter-marketing campaigns. These guidelines were derived from previous campaigns that demonstrated positive results in California, Florida, Massachusetts and other states.\(^ {25}\) These campaigns notably decreased tobacco use, increased cessation rates, and decreased the likeability of first time use.\(^ {25}\)

Case in point, an anti-smoking campaign led by the CDC has already given impetus for thousands to quit. The campaign was based on a minimally graphic, short yet clear videos explaining the devastating effect of smoking. It features former smokers who have been afflicted with illnesses directly related to tobacco smoking.\(^ {17}\)

In order to conduct a successful counter-marketing campaign, we should adhere to certain traits. According to the CDC and behavioral change research, counter-marketing campaigns should be:
1. Long term

The public has been exposed to long-term pro-tobacco marketing and it is necessary to maintain a long-term counter-campaign in order to produce an effect. Moreover, long-term campaigns have shown better success at changing behavior. ²⁶

2. Multiple components

Counter-marketing works best if multiple components are employed. Paid advertising on TV and radio can be complemented by social media campaign on Facebook™ and Twitter ™. One advantage for a multi-component campaign is increased exposure. Research shows us that highly permeating campaigns are harder to ignore than small interventions. ²⁶

3. Integrated campaign

While it is a powerful tool, the CDC recommends that any counter-marketing be integrated within a broader campaign of awareness, education and involvement. The concurrent school-based education and enforcement campaign will improve the impact of the intervention.

4. Strategic campaign

Creative campaigns that specifically target a pre-determined and well-understood audience are crucial. Marketing campaigns require an understanding of the audience; otherwise, the message will fall flat. ²⁴

5. Simple messaging
Although the process of changing tobacco behavior is complex, simple messages are more effective at changing behavior. The impulsive behavior and short attention spans that characterize the young population increase the difficulty of retaining complex messages.\textsuperscript{25,26}

Modeling after Maine’s campaign, a high-intensity counter-marketing campaign will be initiated across paid and social media.

The use of positive vs. negative media is controversial within counter-marketing circles. While positive messaging is often recommended, negative messaging and fear-inducing messages have shown cases of extreme success (e.g.: MADD - Mothers Against Drunk Driving). Therefore, the use of both positive and negative messages will be considered.

We propose social media campaigns exposing the tobacco industry’s targeting of teens and young adults. This part of the campaign will aim to send positive messages to teens and young adults in regards to their ability to resist tobacco marketing. Research has shown that negative messages work best if depicted in a way to confer harm to the target audience’s loved ones, as a consequence to a certain behavior.\textsuperscript{26} In conjunction with the above-mentioned campaign, TV and radio messages from patients suffering from Smokeless tobacco related illnesses will be featured statewide. These messages will demonstrate the wide range of detrimental tobacco-related health effects. The most important element of these negative messages will highlight the devastation and pain that the effects of smokeless tobacco can bring to that target audiences’ family and friends.
A third part of the counter-marketing will involve young adults describing the reality of ST addiction. High school students and college students will explain the financial cost, bad breath, mucosal irritation and other detrimental effects of smokeless tobacco. This will raise awareness via peers rather than authoritative figures, rendering the message more acceptable to the young population targeted.

School-based education:

In addition to counter-marketing, educational intervention will take place in schools and college campuses across the state. This intervention will aim to change health behaviors at two (2) specific levels of behavior determinants, personal and interpersonal, which are based on the Social Ecological Model (SEM).

The Health Belief Model (HBM) is based on the people’s perceptions of the threat and the associated behavioral change recommended. The perceived levels of susceptibility, severity, and benefit, are central to the success of the HBM. Additionally, barriers to action and self-efficacy are also key concepts within the Health Belief Model-all of which can help us deliver an effective campaign of education and knowledge.

Increased self-efficacy, or the “individual's level of confidence in his or her own skills and persistence to accomplish a desired goal” is a strong factor in predicting future behavior, and increased awareness is a cornerstone for improved self-efficacy. Personal level intervention will be implemented using:

- Seminars by recruited health experts in high schools and colleges across the state focusing on the risk of using smokeless tobacco and the benefits of quitting tobacco habits. These seminars will increase the perceived severity of the threat posed by smokeless tobacco.
• Distribution of easy-to-read booklets amongst the student population with clear identification of potential risks (i.e.: graphic images of oral cancer)
• Posters and booklets made available at centers for student health services encouraging them to further ask for information
• Focus groups amongst students at regular intervals led by members of the NC public health foundation involved in the campaign (i.e.: once per term).

Interpersonal level intervention, involving tangible social support will be implemented with the following methods:
• Free screenings at oral health care community clinics and/or campus health care services aimed at identifying possible signs of oral disease. These screenings will serve as a reminder to the threat posed by the use of smokeless tobacco.
• Speaking engagement of individuals suffering from oral disease, preferably role models in the community.

Through these sessions, selected students will be chosen to participate in empowerment campaigns. Empowerment training will aim to increase positive peer pressure against first time tobacco use. Positive peer pressure proved essential in reducing tobacco use by the youth in Maine’s experience.

Enforcement campaign for retailers:

As a Canadian, I cannot help but note an immense difference in the marketing and availability of tobacco products when comparing Canadian retail stores and their counterparts in North Carolina. The starkest difference between the two is the graphic, visual depiction of the effects of tobacco use printed on the tobacco packaging in the
Canadian sphere, in contrast to the cleanly printed Surgeon General’s warning on the side of tobacco products in the US. The differences, however, do not stop there. In a report published by the Center for Public Health and Tobacco Policy, the use of “power walls” – a nickname for the display of tobacco products behind cash registers to maximize “intrusiveness… and impulse buying” - is a proven method to entice young adults to purchase and use their products.  

Display restrictions combined with clear warnings have proven to be effective in reducing the number of adolescents and young adults from initial use of tobacco.  

One of the most successful arms of Maine’s comprehensive tobacco control campaign involved retailers statewide. Considering that almost 85% of the tobacco marketing budget is now aimed at advertising and promoting tobacco products in stores and pharmacies, it is crucial to decrease such exposures to teens and young adults. In Maine, teens were recruited to survey and identify stores in their neighborhoods who were then contacted and recruited into the campaign. Students enrolled in our empowerment campaign can fulfill this role in addition to input from volunteers and members of the community.

In the state of North Carolina, sales of tobacco products are officially illegal to minors. However, the rate of enforcement is not fully known. What is clear is that minors have access to tobacco products. Therefore, in addition to an enforcement campaign against tobacco in-store advertising, it is imperative to train retail workers in matters of enforcing the law against sales to minors. 

Retail stores might anticipate a loss in their revenue due to decreased tobacco sales. Therefore, stores participating will gain advertising privilege through our social
media campaigns. This added exposure should be more than enough to cover any loss in revenue from tobacco advertising and sales. However, in order for the store to gain such a privilege, certain components must be completed, including:

- Training all personnel in preventing underage sales (asking for ID, examining the ID, refusing a sale)
- Reducing number of smokeless tobacco promoting/advertising signs by 25%
- Self-enforcing of employee compliance with underage restrictions.
- Education in regards to fines and penalties for sale of tobacco products to minors.

**Outcomes:**

A clear set of goals can help leaders recruit and motivate members of the community for a given cause. It can help identify the desired outcome as well as provide tools for proper evaluation of the program in question. The aforementioned goals for this program include both health behavior changes and changes in tobacco marketing-sales in retail stores. These goals will be divided into short-term goals that could be achieved within 8-12 months upon initiation of the program, intermediate goals achieved in 1-2 years within program initiation, and long terms goals that extend between 1-5 years from the date of initiation of the program.

**Short-term goals:**

1. 20% of youth involved in empowerment campaign
By the end of the first year, 20% of students engaged in school-based intervention will be recruited to train as empowerment leaders to their peers and community. This will involve training in the art of starting conversations (e.g.: with friends who use tobacco), problem solving and leadership.

2. Media coverage reaching 25% of targeted population
   At least ¼ of the population targeted should have heard at least one media message emanating from our program.

3. 25% retailers statewide involved in enforcement campaign
   25% of all stores, gas stations, pharmacies and tobacco selling institutions would be identified and recruited into the enforcement campaign

4. 10% reduction in ST use in target population

5. 15% reduction in ST sales overall
   In addition to influencing the target population, media campaigns can influence the public at large. Therefore, we anticipate a significant decrease in overall sales of smokeless tobacco.

**Intermediate goals:**

1. 40% of youth involved in empowerment campaign

2. Media coverage reaching 50% of targeted population

3. 50% retailers statewide involved in enforcement campaign

4. 25% reduction in ST use in target population

5. 30% reduction in ST sales overall

**Long-term goals:**

1. 50% of youth involved in empowerment campaign
2. Media coverage reaching 75% of targeted population
3. 75% retailers statewide involved in enforcement campaign
4. 50% reduction in ST use in target population
5. 50% reduction in ST sales

**Evaluation**

Evaluation of the program is crucial for assessing effectiveness and need for amendments in application. In addition to identifying areas for improvement in program implementation, evaluation can single out goals for future programs and identify shortcomings in the achievement of desired outcomes.

Two forms of evaluation will be utilized: outcome evaluation and impact evaluation.

Impact evaluation aims to study the impact of the program on the target population. This will be accomplished via regular campus-wide standardized questionnaires distributed to students in high schools and colleges. Questions will be confined to multiple-choice questions assessing level of information amongst respondents in regards to risks of using smokeless tobacco, number of people they associate with who use it, instances of use by respondents as well as how likely are they to try it if offered.

Outcome evaluation will assess the success of the program in reaching our goals. This will include sample surveys of school and college students in regards to their exposure to our media campaign as well as knowledge and/or involvement in the empowerment campaign. Retail’s sales of smokeless tobacco products per month will be monitored and compared with baselines.
Moreover, incidences of illegal smokeless tobacco sales to minors can be monitored via collaboration with local law enforcement officials.

Challenges and barriers:

It is no secret that the pro-tobacco lobby in North Carolina is a force to be reckoned with. Even though tobacco lobbyists are on the decline in many states, such can not be said in regards to North Carolina; as the tobacco lobby maintains a stronghold in the State legislature. Most recently, the pro-tobacco lobby introduced a bill that would limit public health officials from interfering with the sales of e-cigarettes.

Another limitation surrounding this project will be gaining the youth’s attention and involvement, because it is understood that this is not an easy task. Years of marketing have engraved a link between being “cool” and using products that are beyond reach (e.g.: tobacco products for minors). Being able to engage and recruit young adults to promote behavior that might not be mainstream in their environment can prove quite difficult.

Finally, enrolling retailers in our campaign can be the toughest challenge of all. Since tobacco-producing companies have concentrated the largest portion of their advertisement budget to promotions and campaigns held within retail stores, the financial burden of reducing such advertisements can be crippling to certain institutions. The fact that many retail stores are part of a franchise further complicate things, meaning that decision making is not within the reach of local managers, but rather corporate offices that are often more detached and less invested in the community.
Future direction:

The aim of this paper is to provide the reader with a feasible, yet ambitious, program plan to tackle an insidious problem that can no longer be ignored. The methods have been derived from previously successful attempts at changing risky health behavior in young adults, namely smoking, as outlined in reports of the CDC and DHHS among others.

There are many possible additions to this program, namely the engagement of the state government in statewide programs that would limit exposure of the youth to tobacco products, smoking and smokeless, without hindrance from the tobacco industry and the tobacco lobbies. What is more, price changes are necessary, as they have shown to decrease the rate of usage in the past. Tobacco companies have offset previous taxing attempts by reducing their prices or pushing promotions. However, stark rise in prices via taxation is needed to form a deterrent from use by the general public.

Conclusion:

Smokeless tobacco is a sinister community threat that can absolutely no longer be ignored. The task of combating it, especially in states where tobacco is ever permeating, is tremendous. It is clear that not one single plan or intervention could be sufficient to overturn the status quo, but that should not discourage anyone and everyone from combating what could very easily become the next #1 killer of the upcoming generation. This paper is only one example of the many possible program plans to come that could encompass a comprehensive smokeless tobacco control
program statewide. It is my hope that it acts to spur the conversations and actions necessary to take the health of this States’ youth out of the hands of Big Tobacco, and place it back into the arena of an informed community and conscious populace.
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