

# **Local Action, Lasting Impact:** Advancing Smoke-Free Policies and Tobacco Cessation

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**September 26, 2025**

Commercial tobacco use is the leading preventable cause of cancer occurrence and death in the U.S.

About \_\_\_\_ of all cancer deaths are caused by smoking.

**36.1%**



Every year in South Carolina, **7,200 people die from tobacco use**. Smoke-free laws reduce exposure to secondhand smoke, encourage and increase smoking cessation success . These laws also reduce health care, cleaning and loss of productivity costs.

There is **NO** safe form of tobacco smoke.



# SECONDHAND SMOKE AND AEROSOL

## SECONDHAND SMOKE

### SECONDHAND SMOKE

presents a major health risk to nonsmokers and is known to cause cancer in humans and animals.



### SECONDHAND SMOKE

causes the **premature death of 41,000 adults** and more than **400 infants** each year – and deaths caused by secondhand smoke have a disproportionate impact on Black Americans and Hispanic/Latino Americans.



### SECONDHAND SMOKE

**67.2% of youth who live with a smoker** have been exposed to secondhand smoke.



## SECONDHAND AEROSOL

### SECONDHAND AEROSOL

from e-cigarettes is a known source of secondhand exposure to nicotine and can also contain **aldehydes and heavy metals**, which are also found in cigarette smoke.



48.4%

### SECONDHAND AEROSOL

In 2019, less than half of working adults (48.4%) reported that their employer had a formal policy addressing vaping in the workplace.



## What is Secondhand smoke?

**There is no safe level of exposure to secondhand smoke:**

- Contains approximately 70 known or probable carcinogens
- 7,000 other toxic chemicals in one cigarette

**Two types of secondhand smoke:**

- Mainstream Smoke: The smoke breathed out by the smoker from their lungs
- Sidestream Smoke: The smoke that drifts from the smoldering tip of the cigarette

**Risks of secondhand smoke:**

- Increase risk of heart attack
- Trigger asthma attacks
- Cause lung cancer
- Low birth weight babies and preterm delivery

# South Carolina- 2025

## South Carolina Facts

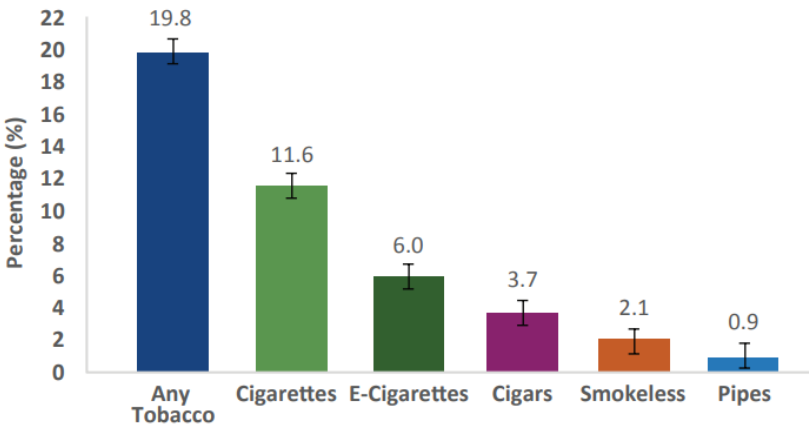
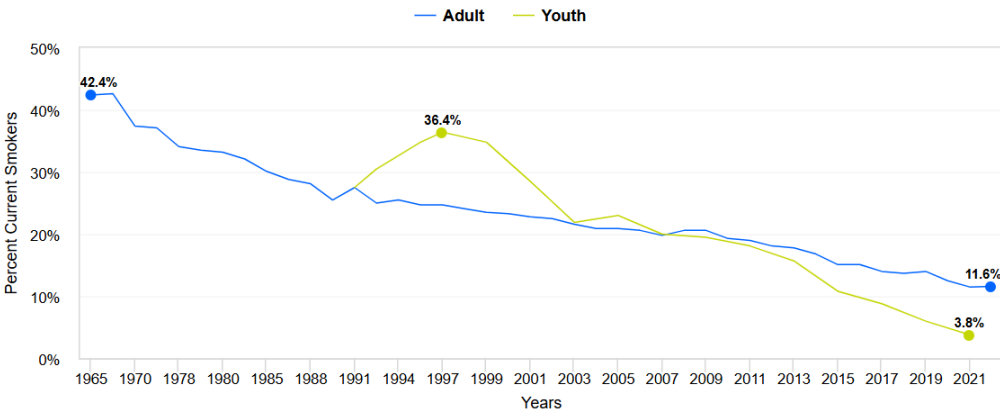
Healthcare Costs Due to Smoking:	\$1,906,984,487
Adult Smoking Rate:	12.10%
Adult Tobacco Use Rate:	19.80%
High School Smoking Rate:	3.30%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths per Year:	7,230

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use data come from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state. [www.lung.org](http://www.lung.org)

## National Smoking Rates

Cigarette smoking rates have fallen significantly for both youths and adults

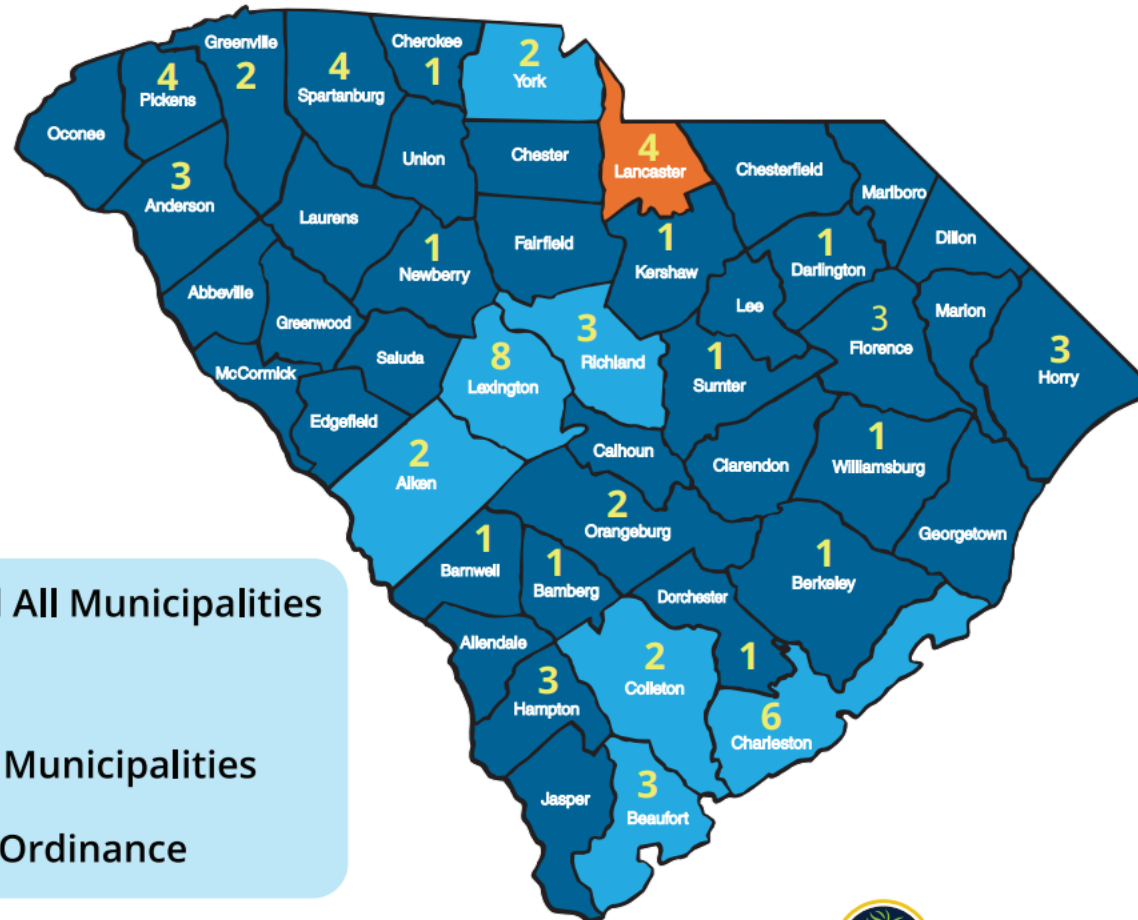
American Lung Association analysis of CDC data: NHIS 1965-2022; YRBSS 1995-2021.



# Smoke-free Policy History



## SC Smoke-Free Workplace Ordinances (71 total)



- SF County and All Municipalities
- SF County
- Number of SF Municipalities
- No SF County Ordinance

\* As of December 1, 2024: 61% of South Carolinians in cities and towns are protected by smoke-free workplace ordinances. 37% of South Carolinians in counties are protected by smoke-free workplace ordinances.



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## Smoke-free South Carolina

The South Carolina Department of Public Health (DPH) have developed model policies to guide institutions and communities in implementing smokefree and tobacco-free environments. These policies cover:

- **Schools:** 100% tobacco-free campuses for students, staff, and visitors.
- **Colleges & Universities:** Many adopted smoke-free policies early on, with a shift toward comprehensive tobacco-free policies.
- **Healthcare Facilities:** Policies prohibit all tobacco use, including vaping, across campuses.
- **Faith-Based Organizations, Parks, Worksites, and Community Events:** Encouraged to adopt tobacco-free policies to promote wellness and reduce exposure



## Present: Greenville, Greer, Fountain Inn & others

### What does a 100% smoke-free policy look like?

A smoke-free ordinance should be:

- ✓ Comprehensive and should apply to all workplaces and public spaces, including restaurants, bars, and gaming establishments.
- ✓ Inclusive and pertain to all types of smoking, including but not limited to cigarettes, cigars, cigarillos, e-cigarettes, hookah, and marijuana.
- ✓ Easy to understand by business owners and the public.
- ✓ Clear about implementation dates and enforcement, consequences/penalties, signage requirements, and removal of ash trays.





# Public Health Strategies for Smoke-free Policies



# South Carolina Preemption Status for Local Smoke-free Policies:

**Not  
Preempted**

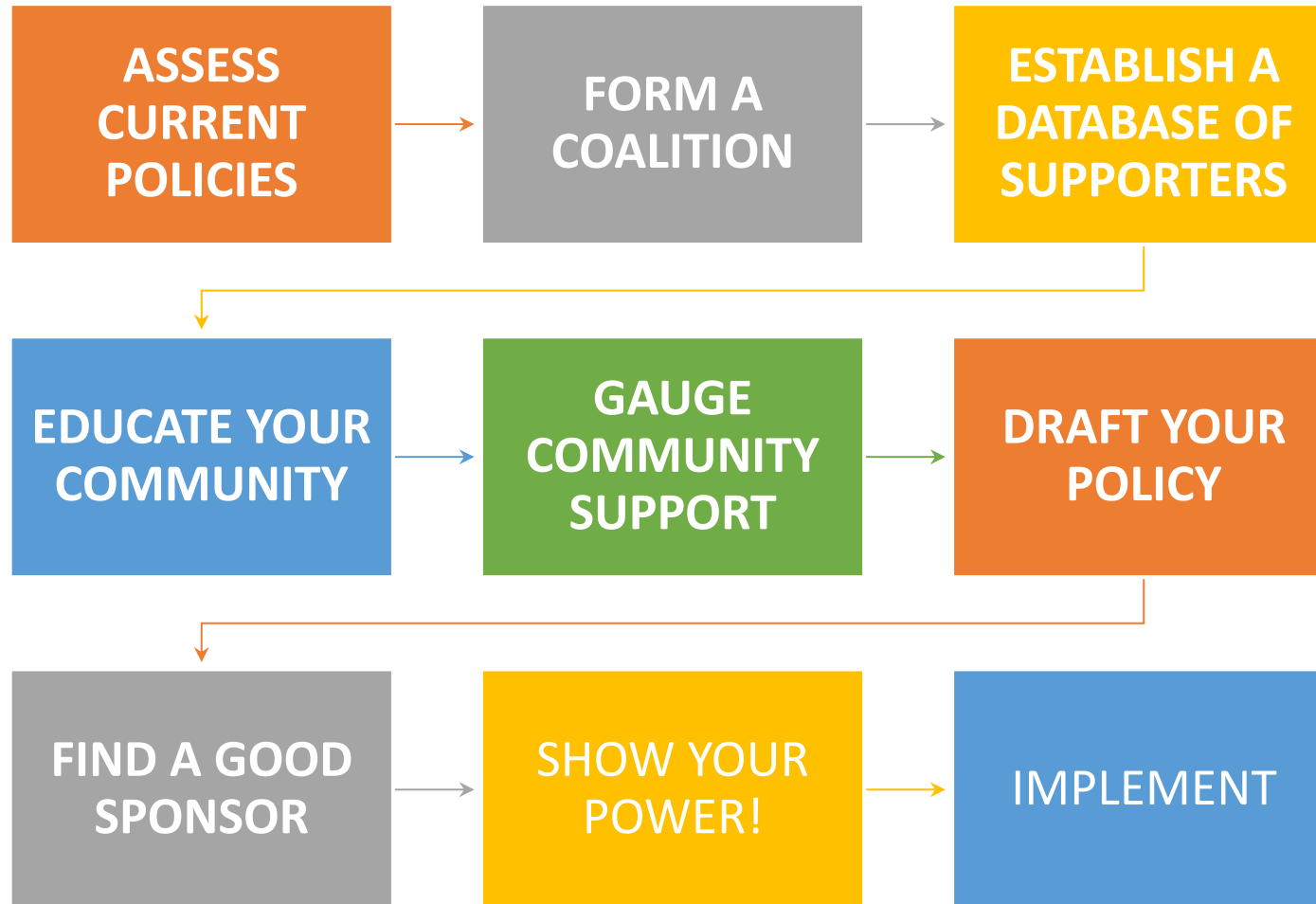
## **Everyone Has the Right to Breathe Clean, Smoke-free Air**

Smoke-free laws that are strong, simple, and fair protect the most people and are easiest to enforce. That means all workplaces and public places including restaurants, bars and casinos are 100% smoke-free indoors.

Smoke-free means secondhand cigarette, cigar, hookah, cannabis and electronic smoking device aerosol.



**Smoke-free Laws**



## **STEPS TO SUCCESS: LOCAL POLICY CHANGE**

# Assess the Situation

## Do your research!

- What is your community's current policy?
- How can the policy be changed? What are those steps?
- How will this impact your community?

4. What are the provisions of the law? Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Cigar/Hookah Bars               | <input type="checkbox"/> Municipal Buildings                           |
| <input type="checkbox"/> E-cigarettes                    | <input type="checkbox"/> Private Workplaces                            |
| <input type="checkbox"/> Entrances to buildings          | <input type="checkbox"/> Public Places                                 |
| <input type="checkbox"/> Freestanding Bars               | <input type="checkbox"/> Outdoor Spaces (parks, beaches, patios, etc.) |
| <input type="checkbox"/> Gaming Venues                   | <input type="checkbox"/> Restaurants                                   |
| <input type="checkbox"/> Hotels/Motels                   | <input type="checkbox"/> Tobacco Shops                                 |
| <input type="checkbox"/> Membership Clubs (Elks, VFW...) | <input type="checkbox"/> Other: _____                                  |

5. What, if any, are exemptions to the law? Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Bar Areas of Restaurants  | <input type="checkbox"/> Private Workplaces                |
| <input type="checkbox"/> Cigar/Hookah Bars         | <input type="checkbox"/> Public Places                     |
| <input type="checkbox"/> E-cigarettes              | <input type="checkbox"/> Restaurants                       |
| <input type="checkbox"/> Freestanding Bars         | <input type="checkbox"/> Separately Enclosed Smoking Rooms |
| <input type="checkbox"/> Gaming Venues             | <input type="checkbox"/> Separately Ventilated Areas       |
| <input type="checkbox"/> Hotels/Motels             | <input type="checkbox"/> Smoking Sign Requirements         |
| <input type="checkbox"/> Membership Clubs          | <input type="checkbox"/> Tobacco Shops                     |
| <input type="checkbox"/> Other Exemption(s): _____ |  |

6. What agency enforces the law? Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Board of Health    | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> City Administrator | <input type="checkbox"/> Law Enforcement   |
| <input type="checkbox"/> Fire Department    | <input type="checkbox"/> Other: _____      |

7. What geographical area does the law cover? (E.g. If the law was passed by the county, does it cover only unincorporated areas or incorporated cities and towns as well?)

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8. Are there any other policies in your community, such as tobacco-free hospitals, schools, businesses, multi-unit housing, and outdoor spaces? If so, list here:





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## Educate on the Issue

Your community needs to understand **WHY** a change is needed.

Engage in public **outreach and education** activities to lay the foundation for change.



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# Allies



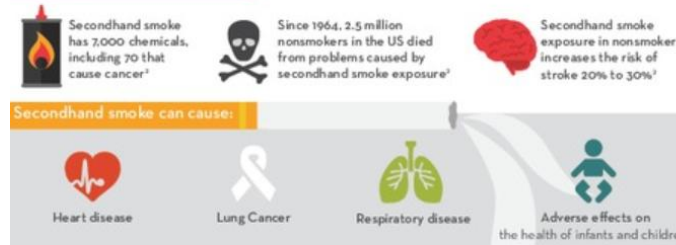
The goal is to build a partnership reflective of your community, including those most heavily affected by tobacco and exposure.



# Messaging the Issue:



## Did You Know?



Exposure to secondhand smoke causes an estimated 41,000 deaths from lung cancer and heart disease among adults each year in the United States.<sup>3</sup>



[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

CS2009-4

## FACTS ABOUT TOBACCO-FREE WORKPLACES

**TOBACCO KILLS.**  
Tobacco use is the #1 preventable cause of death and disability. It is responsible for about 34,000 deaths in Texas and 800 deaths in Travis County each year. <sup>1</sup>  
Public Health (AHR)

In Travis County, there are 15 deaths per week due to tobacco use. <sup>2</sup>  
AHR

Secondhand smoke kills both smokers and nonsmokers. In Texas, 4,300 nonsmokers die each year from exposure to secondhand smoke. <sup>3</sup>  
AHR

Tobacco-free workplaces protect workers and visitors from secondhand smoke and help tobacco users to quit or cut back. Other workplace programs and benefits support those who want to quit in taking their first step in living tobacco-free.

Tobacco-free workplaces create a healthier, more enjoyable, and productive environment for everyone. That's why Live Tobacco-Free Austin encourages all businesses, schools, and organizations to consider having comprehensive tobacco-free worksite policies.

**EXAMPLES OF TOBACCO-FREE WORKSITE STRATEGIES**

- Don't allow tobacco use indoors or outdoors on the property, including parking lots.
- Offer a health benefit plan that includes coverage for quit help at reduced or no cost.
- Offer free onsite support groups to employees who want to quit.
- Provide financial incentives to employees who do not use tobacco or who quit.
- Host regular info sessions to share the importance of quitting tobacco and where to go for free help.

**TOBACCO-FREE WORKPLACE POLICIES SAVE LIVES AND SAVE MONEY.**

In a place with no tobacco use indoors or outside, workers become healthier, miss less work, are more productive, and have lower health-care costs. <sup>4</sup>  
Centers for Disease Control and Prevention

**SMOKEFREE OCEAN SPRINGS**

Smoke-free Ocean Springs is a broad-based group of local, state and national organizations who support a comprehensive smoke-free air law to protect Ocean Springs citizens and employees from the dangers of secondhand smoke exposure in all public places including workplaces, restaurants and bars.

## SMOKE-FREE LAWS ARE GOOD FOR HEALTH

Tobacco smoke is a deadly mix of more than 7,000 chemicals, almost 70 of which cause cancer. Secondhand smoke is a proven cause of disease and death in people who do not smoke, and there is no safe level of exposure. Workers exposed to secondhand smoke increase their risk of developing lung cancer by about 20-30%. More than 500 people who do not smoke in Mississippi die every year from exposure to secondhand smoke. The risk for cancer, stroke, heart disease, and asthma attacks can be reduced by a law that simply asks people who smoke to step outside.

## SMOKE-FREE LAWS ARE GOOD FOR BUSINESS AND SAVE MONEY

The health problems caused by tobacco use and secondhand smoke exposure come with a price tag. Healthcare costs directly attributed to tobacco use total \$1.23 billion a year in Mississippi and \$1.8 billion in lost productivity due to early deaths from smoking. Specifically, secondhand smoke exposure costs the U.S. about \$7 billion a year in direct medical costs. Eliminating secondhand smoke in the workplace would save healthcare costs, cleaning and maintenance costs, and improve worker productivity. Additionally, numerous studies show that smoke-free laws have a positive or neutral impact on bars and restaurants.

## SMOKE-FREE LAWS ARE POPULAR

The best evidence of the popularity of smoke-free policy is the number of states, local communities, and entire countries that have smoke-free workplace laws. Comprehensive smoke-free laws that cover all indoor workplaces, including restaurants and bars, have been passed in 28 states and 178 Mississippi communities.



## CLEAN AIR FOR ALL

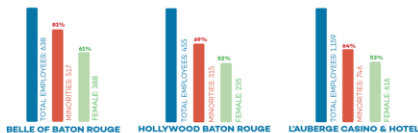
EVERY WORKER DESERVES A HEALTHY, SMOKE-FREE WORKPLACE

In 2007 the Louisiana Legislature passed ACT 815, a measure making most workplaces smoke-free, including restaurants.

However, bars and gaming facilities were exempt.

This unjust policy gap left thousands of employees unprotected from the harms of secondhand smoke. Women and minorities who work in gaming facilities are largely unprotected from secondhand smoke.

Why should they be left out?



No one should have to choose between their health and a paycheck. A smoke-free law that covers **all workplaces** is the best bet for East Baton Rouge Parish.



[www.smokefreeall.org](http://www.smokefreeall.org)  
[@Smokefree\\_EBR](https://facebook.com/SmokefreeEastBatonRouge)





Even though Marian Tue's husband didn't smoke, he still experienced the harmful effects of secondhand smoke in the workplace.

Secondhand smoke contains more than 7,000 toxic chemicals with about 70 that can cause cancer, including formaldehyde and arsenic. Everyone has the right to breathe clean, smoke-free air in restaurants, bars and casinos.



**Support a smoke-free Ocean Springs and Gulf Coast:**



## What's your story?



Do some of your allies have a story to share?



Why is a business owner or church supporting a smoke-free policy?



This information can help with future advocacy efforts.



***Share through Letters to the Editor, Social Media, Print ads, TV/Radio, Media Events, etc.***



# Anticipate Opposition

**What groups are or will be in strongest opposition?**

**What steps can be taken to reduce the effects of the opposition?**

# Anticipate Opposition Arguments & Tactics

## ***What You'll Hear...***



Workers can find another job



Business owners' rights



Trampling on freedoms



Pull yourself up from your bootstraps



Financial hardship on business owners

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# Find a Good Sponsor: Quotes from Champions

## **LaToyaissue;lor (currently Mayor), New Orleans, Louisiana**

"People don't come to New Orleans to smoke. They come here to partake in our culture, in our music, in our food, and it is time for us to be a progressive city. Everyone, all of our employees, they deserve a smoke-free environment. Secondhand smoke kills. We now have over 27 of our national conventioners saying, look we will not return to New Orleans if it is not a smoke free city, and so when you talk about revenues, we stand to lose millions."

## **Chip Johnson, Mayor, Hernando, Mississippi, and President, Mississippi Municipal League**

"I'm not telling people not to smoke. I know it's a personal choice. But it stops being personal when in Mississippi, 510 people died last year from causes related to secondhand smoke. Those were 510 innocent people killed by smokers. It is not a partisan issue; it's a public health issue."

## **Jim Rowland, Former Councilman, Kansas City, Missouri**

"You have to keep in mind that whole countries, states and large cities are smoke-free. Cities like Boston and New York have had zero economic impact, which is always the biggest argument from restaurants and bars. These are cities with thriving entertainment and restaurant industries. Last time I checked, New York is still standing. I think it's a bogus argument. The surgeon general came out with a report in 2006 that proved there is no safe level of secondhand smoke. There are thousands of workers in jeopardy by allowing smoking in restaurants and bars. It's a workplace safety issue."





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# Smoke-free Policies: Good for BUSINESS

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## **FACTS:**

- Smoke-free Laws Do Not Negatively Impact Restaurants
- Smoke-free Laws Do Not Adversely Effect Bar Sales
- Smoke-free Laws Do Not Reduce Tourism
- Smoke-free Laws Save Businesses Money



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# Smoke-free Policies: Good for HEALTH

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## **FACTS:**

- Smoke-free Laws Increase Tobacco Cessation
- Smoke-free Laws Reduce Smoking Initiation Among Youth
- Smoke-free Laws Reduce Hospital Admissions for Cardiac and Respiratory Events



Do Your  
Homework

Community  
Support

Stakeholder  
Support

Counter  
Opposition  
Arguments

Decision Maker  
Support

# Readiness Checklist



## Tools & Resources

- ☐ American Cancer Society Cancer Action Network
- ☐ Americans for Nonsmokers Rights Foundation – *offers model Smoke-free Ordinance*
- ☐ American Heart Association
- ☐ American Lung Association
- ☐ South Carolina Department of Public Health



# **Integrating Tobacco Cessation into Smokefree Ordinance Campaigns**



Quitting smoking considerably reduces health risks. Smoking cessation improves well-being, including higher quality of life and improved health status, and reduces the risk of premature death– **[www.cdc.gov](http://www.cdc.gov)**



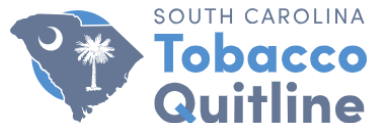


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## Why Tobacco Cessation Matters

- Supports Policy Adoption
- Improves Health Outcomes
- Reduces Health Disparities
- Strengthens Ordinance Implementation
- Maximizes Public Health Impact

# Promote Quitline



Providers can refer patients by:

- [Fax](#)
- [Online](#)

What does South Carolina Tobacco Quitline provide?

- **FREE** support from trained Quit Coaches
- Line is open 24/7\*
- Supports quitting vape, smoke, or smokeless tobacco
- Optional online or text support
- Nicotine Replacement Therapy (NRT) for adult South Carolina residents

\*Closed on major holidays. Open New Year's Day

Resources available: [www.quitnowsc.org](http://www.quitnowsc.org)



SOUTH CAROLINA  
DEPARTMENT OF  
PUBLIC HEALTH



SOUTH CAROLINA  
Tobacco Quitline  
QUITNOWSC.ORG 1-800-QUIT-NOW

SOUTH CAROLINA TOBACCO QUITLINE  
Clinical Fax Referral Form  
Fax Form To: 1-800-483-3114

## Referring Facility and Healthcare Provider Information:

*\*All fields are required except where noted as "optional."*

<input type="checkbox"/> Clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Hospital <input type="checkbox"/> Health Dept <input type="checkbox"/> Other <input type="checkbox"/> I certify that I am HIPAA covered entity		
Facility name		Department or Program Area
Fax number	Phone number	Facility NPI (National Provider Identifier) (optional)
Address		Zip
		County
Name of referring healthcare professional		
Email		National Provider Identifier (NPI) Number (optional)
<b>Would you like an Outcome Report on whether the patient enrolled, declined or was unreachable?</b> (Please select your preferred method)		
<input type="checkbox"/> I want emailed outcome reports <input type="checkbox"/> I want faxed outcome reports <input type="checkbox"/> I do not want outcome reports		
<b>Use this section to pre-authorize NRT (prescribing providers only)</b>		
Note: SC's Quitline offers free non-prescription NRT quit medications regardless of insurance coverage. As most patients qualify, using this form does not guarantee they will receive or use these medications. Patients presenting with medical contraindications will be required to get the NRT products cleared by their healthcare provider.		
Please check the box <input type="checkbox"/> I authorize use of any modality of NRT for which my patient has coverage at dosage consistent with FDA approved package labeling.		
Provider's name (Print)		Provider's signature

## Referral and Patient/Client Contact Information:

You agree that we may contact you at the phone number you give us. Note that calls may be automated. Some messages may be pre-recorded.

First name		Middle name	Last name
State	Zip code	Phone number	Date of birth
Language preference <input type="checkbox"/> English <input type="checkbox"/> Other		Specify Other Language preference:	
May we send text messages to this number? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Patient signature box			Date
Best contact times:	When are good weekday times to call? <input type="checkbox"/> Mornings (8 a.m.-12 p.m.) <input type="checkbox"/> Afternoons (12 p.m.-4 p.m.) <input type="checkbox"/> Evenings (4 p.m.-8 p.m.)	When are good weekend times to call? <input type="checkbox"/> Mornings (8 a.m.-12 p.m.) <input type="checkbox"/> Afternoons (12 p.m.-4 p.m.) <input type="checkbox"/> Evenings (4 p.m.-8 p.m.)	

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# Important Dates

## Lung Cancer Awareness

- World Lung Cancer Day – August 1<sup>st</sup>
- ALA Lung Cancer Action Week – May 5<sup>th</sup>- May 11<sup>th</sup>
- Lung Cancer Awareness Month - November
- National Lung Cancer Screening Day – November 8<sup>th</sup>, 2025 (Second Sat in Nov.)

## Tobacco Cessation Awareness

- Take Down Tobacco Day – April 1<sup>st</sup>
- No Menthol Sunday – May 18<sup>th</sup>
- World No Tobacco Day – May 31<sup>st</sup>
- **Great American Smokeout – November 20<sup>th</sup>**

## Use Culturally Appropriate Messaging

- Highlight success stories
- Use empowerment language, not stigmatizing
- Center campaign around community voices & culture



**TAKE  DOWN  
TOBACCO**  
NATIONAL DAY OF ACTION

# The Great American Smokeout. Your Smoke-free Start.

**The American Cancer Society can help start your smoke-free journey.**

- The American Cancer Society is available 24 hours a day, 7 days a week to provide support, from questions about quitting smoking to looking for national or local resources to help you quit. To find out more, visit [cancer.org/smokeout](https://cancer.org/smokeout) or call 1-800-227-2345.

## Great American Smokeout Event Tools and Resources

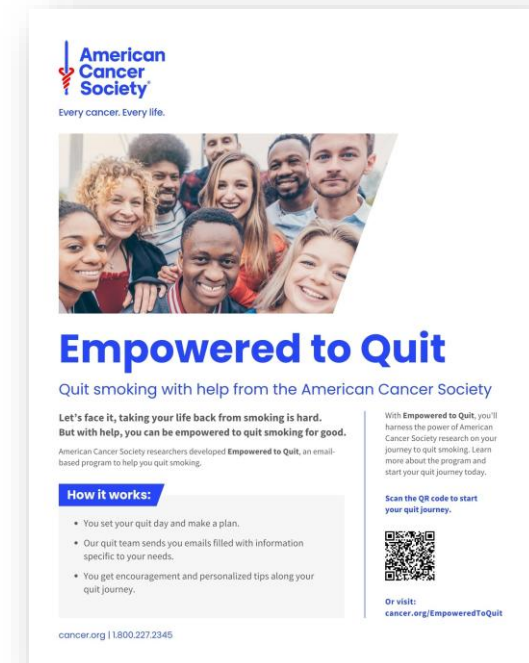
- [cancer.org/smokeout](https://cancer.org/smokeout)
- [Smokeout Tools and Resources | American Cancer Society](#)
- [Health benefits of quitting smoking over time \(cancer.org\)](#)

## Tobacco & Smoking

- [ACS CAN Tobacco Control](#)
- [Latest News about Tobacco & Smoking](#)
- [Stay Away from Tobacco | American Cancer Society](#)

## Tobacco Cessation

- [How to quit tobacco](#)
- [Health risks of Using Tobacco](#)
- [Benefits of Quitting Tobacco](#)
- [Empowered to Quit](#)
- [How to Quit Smoking | Quit Smoking | Tips From Former Smokers | CDC](#)



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## Partner with Local Health Providers and Community Organizations

- ✓ Collaborate with **Federally Qualified Health Centers (FQHCs)**, hospitals, and clinics to offer cessation services.
- ✓ Engage **faith-based groups, schools, and nonprofits** to reach diverse populations.
- ✓ Train providers on brief interventions and referral systems.\*

\***FREE** on-site or virtual training and technical assistance for the Quitline and implementing brief tobacco intervention into their clinical workflow. To request this free assistance please contact one of the following Quitline Provider Outreach Specialists:  
**Logan Bernstein** @ [lbernstein@rvohealth.com](mailto:lbernstein@rvohealth.com) or **Amanda Stefanakos** @ [astefanakos@rvohealth.com](mailto:astefanakos@rvohealth.com)

\***FREE** online training in brief tobacco intervention to your organization's health care provider networks by giving them the training link at: [www.helppatientsquitsc.org](http://www.helppatientsquitsc.org)



- ❖ Campaign for Tobacco-Free Kids. The Toll of Tobacco in Arkansas. Updated 04.02.24.  
<https://www.tobaccofreekids.org/problem/toll-us/arkansas>
- ❖ Hopkins DP, Razi S, Leeks KD, Priva Kalra G, Chattopadhyay SK, Soler RE, et al. Task Force on Community Preventive Services. Smoke-Free Policies to Reduce Tobacco Use: A Systematic Review. American Journal of Preventive Medicine 2010;38(2 Suppl):S275–89 [cited 2014 Apr 25].
- ❖ Centers for Disease Control and Prevention. Save Lives, Save Money: Make Your Business Smoke-Free. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, June 2006. Accessed April 3, 2022
- ❖ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. [Accessed 2020 Sep 8]].



- ❖ Siegel M, Albers AB, Cheng DM, Biener L, Rigotti NA. Local Restaurant Smoking Regulations and the Adolescent Smoking Initiation Process: Results of a Multilevel Contextual Analysis Among Massachusetts Youth. Archives of Pediatric and Adolescent Medicine 2008;162(5):477–83 [cited 2014 Apr 25].

# Questions? Best Practices?

# Thank You!

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