

Tobacco Prevention and Control in North Dakota

A Status Report of Leading Indicators



2005



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Reducing Tobacco Use: Making Significant Strides

Tobacco use remains the number-one preventable cause of premature death and disease in North Dakota and the nation. Tobacco-related diseases kill 874 North Dakotans each year. In addition to the human toll, tobacco use imposes a significant financial burden on the state. Smoking costs the state \$372 million annually in direct medical expenditures and lost productivity.

In partnership with local health agencies, tribes and community organizations, North Dakota has made tremendous gains against tobacco use. The prevalence of smoking has decreased. The vast majority of people in the state are protected from secondhand smoke in public places and places of employment, and programs to assist tobacco users in quitting are available across North Dakota. We have made significant progress in reducing tobacco use since 2001, when the North Dakota Department of Health launched a statewide tobacco control effort funded through the Community Health Grant Program. Tobacco prevention and control efforts in the state are working and making a difference.



Tobacco control work in North Dakota is not finished. Far too many youth and adults continue to smoke. Nearly one in five of our youth and adults are current smokers. Other forms of tobacco including spit tobacco and cigars are also areas of concern. We have visions of new social norms – healthier babies, tobacco-free youth, smoke-free air and fewer premature deaths from heart disease, cancer, stroke and chronic lung disease. We have a vision of North Dakotans who see quality of life as a measurement of success.

Our overall success in improving the health status of North Dakotans depends greatly on continuing to achieve reductions in the rates of tobacco use among both adults and young people. The challenges are great. Tobacco companies have more than doubled their marketing and promotional expenditures in North Dakota since the 1998 Master Settlement Agreement with states. The tobacco industry spends more than \$32 million a year in North Dakota promoting its products and creating new tobacco users. If the current youth smoking trends continue, another 36,000 youth are projected to start smoking and more than 11,000 youth could die prematurely from smoking. These figures underscore the need for intensified and comprehensive tobacco control efforts in the state.

To succeed, programs must be maintained at the community level with adequate and sustained funding and must address the needs of North Dakotans of all ages and racial, cultural and ethnic backgrounds. We have a great opportunity to build upon our current programs to further prevent and reduce tobacco use in our state and build a healthier North Dakota.

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Tobacco Prevention and Control Program

Program Goals

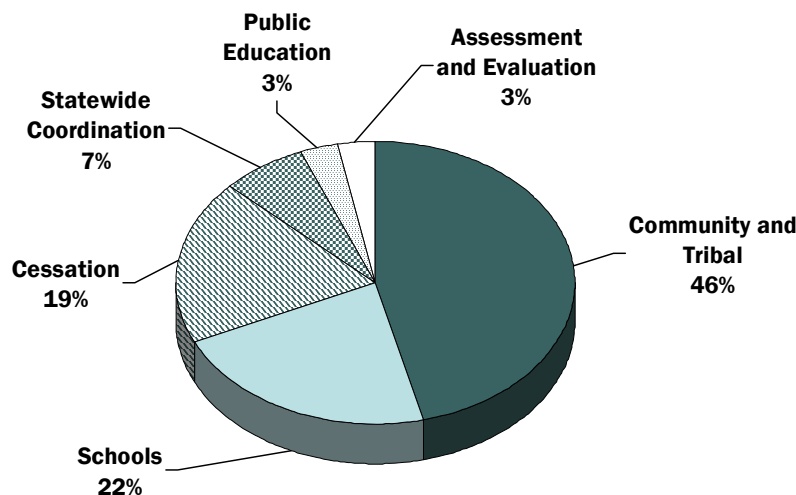
- ▶ Prevent youth from starting to use tobacco
- ▶ Promote quitting among youth and adults
- ▶ Reduce exposure to secondhand smoke
- ▶ Reduce tobacco use among specific high-risk populations

Program Funding

The Tobacco Prevention and Control Program budget for the state fiscal year 2005 (July 1, 2004 to June 30, 2005) was \$4.283 million. The budget includes a portion of the Master Settlement Agreement (\$2.99 million) and funding from the U.S. Centers for Disease Control and Prevention (\$1.26 million) and the American Legacy Foundation (\$33,000).

Program Budget

More than 93 percent of Tobacco Prevention and Control funding supports programs and services directly provided by public and private organizations. A majority of the funding (68 percent) is used to provide grants to local communities for school- and community-based prevention programs. Nineteen percent of the funding is dedicated to cessation efforts; 7 percent is used for statewide coordination including program administration, outreach, technical assistance and training, and program monitoring; 3 percent is used for public education; and 3 percent is used for program assessment and evaluation. The Department of Health currently contracts with all 28 local public health units, four American Indian tribes and one Indian service area for tobacco prevention and control services at the local level.



Current Efforts

The North Dakota Department of Health is working to build a comprehensive approach to preventing and reducing tobacco use in the state. Following the U.S. Centers for Disease Control and Prevention model, North Dakota's plan is to achieve its goals through an integrated approach where each component reinforces the other.

Community-Based Programs

Local Public Health Unit-Based Programs

All 28 local public health units receive funding to support community-based programs and coalitions serving North Dakota's 53 counties. Local coalitions and networks create work plans that fit local needs and opportunities to reduce youth access to tobacco; create tobacco-free schools, workplaces and public places; and link tobacco users to cessation programs and services.

Local programs continued to educate business owners and the public about the health consequences of tobacco use and the dangers of exposure to secondhand smoke. During fiscal year 2005, many businesses implemented voluntary smoke-free policies. Fargo, West Fargo, Grafton and Grand Forks passed smoke-free ordinances to protect a majority of their workers and the public from secondhand smoke in public places and places of employment.



Tribal-Based Programs

American Indians have a tobacco-use rate that is twice as high as the state average. All four tribes and one Indian service area receive funds to implement tobacco prevention programs. Their efforts are designed to decrease tobacco use by

American Indians while respecting the sacred use of tobacco in their culture.



Tribal programs continued their tobacco prevention public

education efforts. An increasing number of tribal businesses implemented smoke-free policies, and there is a growing interest in cessation services. In the first year of operation, nearly 5 percent of the North Dakota Tobacco Quitline callers were American Indian.

Comprehensive School-Based Programs

During the current biennium, all 28 local public health units received funding to implement comprehensive tobacco prevention programs in schools.

Students benefit from proven effective tobacco prevention curricula; special resources and training for teachers; school policies that aim to eliminate the use of tobacco in school buildings, on grounds and at school events; and cessation support for students and staff.

Research has shown that school-based programs are effective when combined with other program components that are reinforced by adults and the community environment.



During fiscal year 2005, evidenced-based tobacco prevention curricula reached 27,664 students. Eighty-eight school districts implemented tobacco-free school grounds policies covering 80,838 students. Sustained activity and support at the local level are critical to ensure that all students are taught about the dangers of tobacco use and offered assistance in quitting. Tobacco-free policies model tobacco-free lifestyles that students should emulate.

Statewide Public Education Campaign

Local public health units partnered to develop a public education campaign to increase public awareness of the dangers of secondhand smoke.

Local public health units provide monthly press releases in communities to inform the public about the latest tobacco-related health information and tobacco prevention research. The North Dakota Department of Health implemented a campaign to inform the public about the new North Dakota Tobacco Quitline and the services offered.

Why Public Education Campaigns Are Important

Public education campaigns:

- Create and sustain public awareness.
- Promote tobacco-use cessation.
- Decrease the likelihood of initiation of tobacco use among young people.
- Can have far reaching impacts on social and behavior change in a population.
- Can be used to target high-risk and hard-to-reach populations.
- Counter pro-tobacco influences.

Statewide Leadership and Coordination

The Tobacco Prevention and Control Program is complex and engages a wide variety of partners and activities. The state program provides training, technical assistance and consultation to local programs. Program activities and contracts are carefully monitored to ensure effective implementation and use of resources. Coordination among the various program components is essential to achieve maximum benefits and accountability.

Program Evaluation

Program outcomes are measured using a wide variety of sources including the Youth Risk Behavior Survey, Youth Tobacco Survey, Behavioral Risk Factor Surveillance System, Pregnancy Risk Assessment and Monitoring System, birth and death certificates, tax revenue and consumption data, and specific research projects. This information guides the development and revision of program services to ensure effective use of resources.

North Dakota's tobacco prevention program is working. Results for key indicators are provided on pages 9 through 16 of this report.



Cessation Programs

Local public health units use a portion of their funding to develop cessation programs and services for youth and adults and train health-care providers in effective cessation approaches. City/county and state employee cessation programs continue to be offered.

During fiscal year 2005, the North Dakota Tobacco Quitline was launched, providing free, confidential cessation counseling to any resident interested in quitting. More than 2,300 individuals called the quitline during that period. The six-month quit rate for quitline callers was 39 percent. An additional 965 individuals received cessation services through local cessation programs.

Why a Tobacco Cessation Quitline Is Important

A tobacco cessation quitline:

- Provides convenient, readily available, anonymous, free access to information about quitting tobacco use.
- Provides motivation to help tobacco users quit.
- Provides support to tobacco users who have recently quit and need encouragement to prevent relapse.
- Can be used to target high-risk populations.
- Provides a resource for information about other tobacco cessation programs and makes referrals.

Program Successes

North Dakota continues to make progress in reducing tobacco use and preventing youth from becoming addicted. Monitoring and evaluation of program efforts show that we are making a difference – despite the fact that the tobacco industry spends more than \$32 million per year marketing its products in the state. The commitment to evidence-based tobacco prevention and cessation is reducing tobacco use among youth and adults, saving lives and saving money.

► **Youth Smoking** – The percentage of youth in grades nine through 12 who are current smokers has significantly declined from 41 percent in 1999 to 22 percent in 2005. That means there are 8,700 fewer youth smoking.



► **Youth Smokeless Tobacco** – The percentage of youth in grades nine through 12 who are current smokeless tobacco users has declined from 15 percent in 1999 to 11 percent in 2005. That means there are 2,200 fewer youth using smokeless tobacco.



► **Adult Smoking** – The percentage of current adult smokers 18 and older has declined from 23 percent in 2000 to 20 percent in 2005. That means there are 15,000 fewer adults smoking.

► **Money Saved** – An estimated \$52 million in tobacco-related direct medical expenditures and lost productivity costs are saved each year as a result of the reduced number of adults smoking.

► **Health-Care Costs** – An estimated \$121 million in future tobacco-related health-care costs has already been saved by the reduced number of youth using tobacco.



► **Cessation** – Cessation programs are conducted in 67 locations in 45 counties. In fiscal year 2005, nearly 1,000 individuals enrolled in these local cessation programs and tried to quit using tobacco. In addition, more than 2,300 people called the North Dakota Tobacco Quitline, seeking assistance with quitting tobacco use.



The Work Ahead

North Dakota's Tobacco Prevention and Control Program has made great progress working with its partners in local communities, schools and tribes, and it is time to build on that momentum. The job is far from finished and the work is challenging. Thousands of teens in North Dakota continue to start using tobacco every year and hundreds of adults die from it.

To produce lasting results, a sustained comprehensive approach is necessary. Continuing to invest in proven tobacco prevention strategies will help future generations in North Dakota live long and healthy lives. Achieving this goal will require ongoing collaboration among state decision makers, public health officials, business leaders and community members. Working together will help to save lives and money and reduce the health and economic consequences of tobacco use in North Dakota.

Leading Tobacco Indicators

The Burden of Tobacco

Mortality

- ▼ Each year, smoking kills 874 North Dakotans.
- ▼ Secondhand smoke kills 80 to 140 North Dakotans each year.

Source: SAMMEC, 1999 and 2001

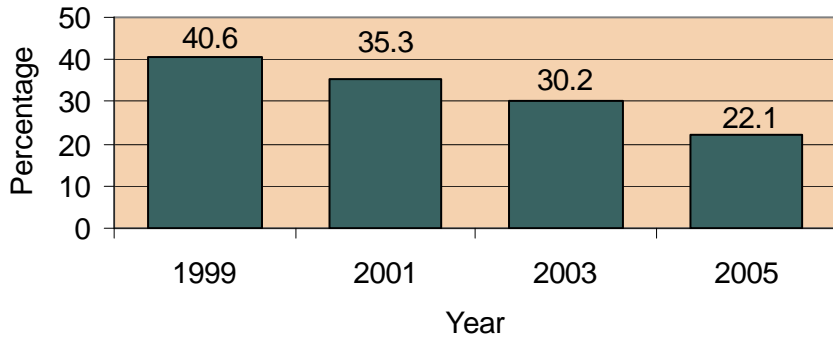
Economic Costs

- ▼ Smoking costs North Dakota \$372 million annually.
 - \$193 million in direct medical expenditures
 - \$179 million in lost productivity

Source: SAMMEC, 1998 and 2001

Youth Tobacco Use

Youth Cigarette Use

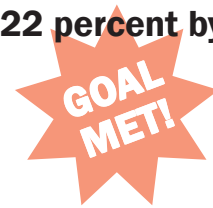


Source: YRBS (grades 9-12)

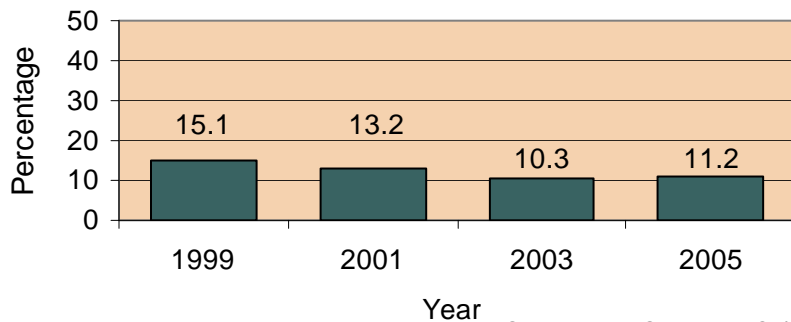
Cigarettes

The percentage of North Dakota youth who currently smoke cigarettes significantly decreased from 40.6 percent in 1999 to 22.1 percent in 2005.

Goal: 22 percent by 2010



Youth Smokeless Tobacco Use



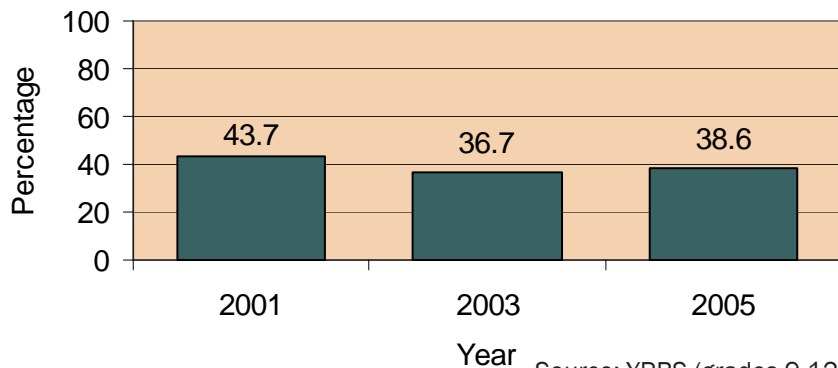
Source: YRBS (grades 9-12)

Smokeless Tobacco

Between 1999 and 2005, the use of smokeless tobacco products among North Dakota youth decreased from 15.1 percent to 11.2 percent.

Goal: 5 percent by 2010

Smoked Cigarettes Before Age 13



Source: YRBS (grades 9-12)

Age of Initiation

The percentage of individuals who smoked their first whole cigarette before the age of 13 decreased from 43.7 percent in 2001 to 38.6 percent in 2005 (asked of those who ever tried smoking).

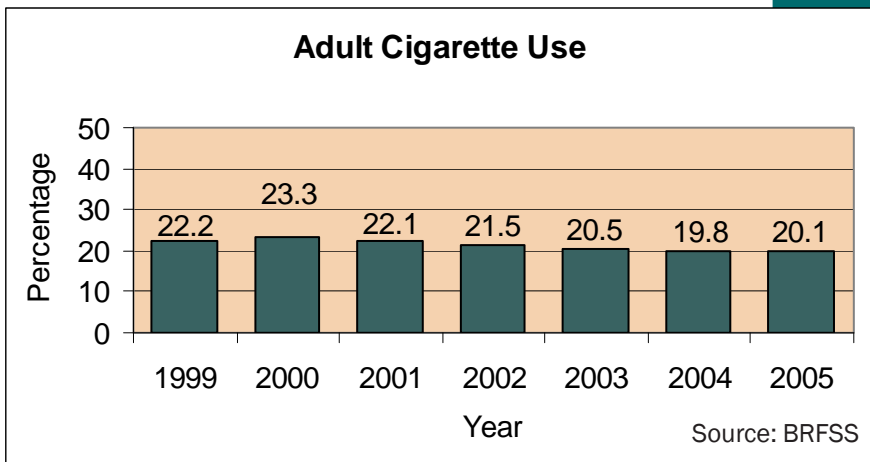
Goal: 34 percent by 2008

Adult Tobacco Use

Cigarettes

The percentage of North Dakota adults currently smoking has remained relatively stable. However, since 2000 there has been a steady decline.

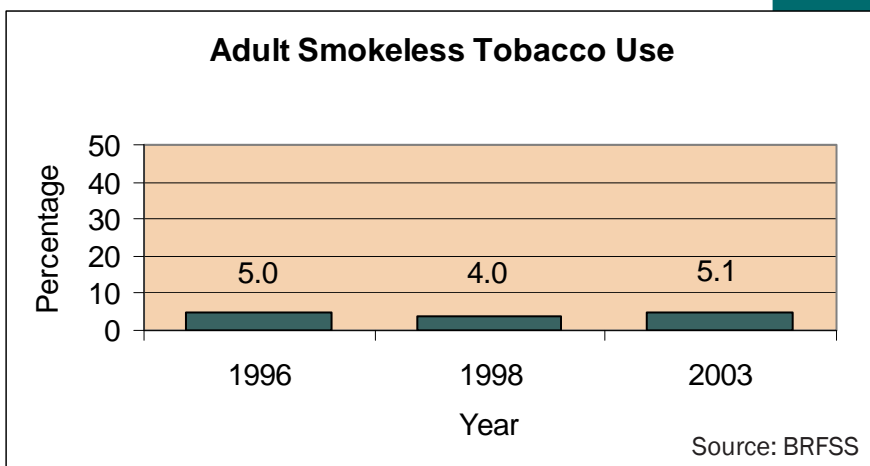
Goal: 19 percent by 2010



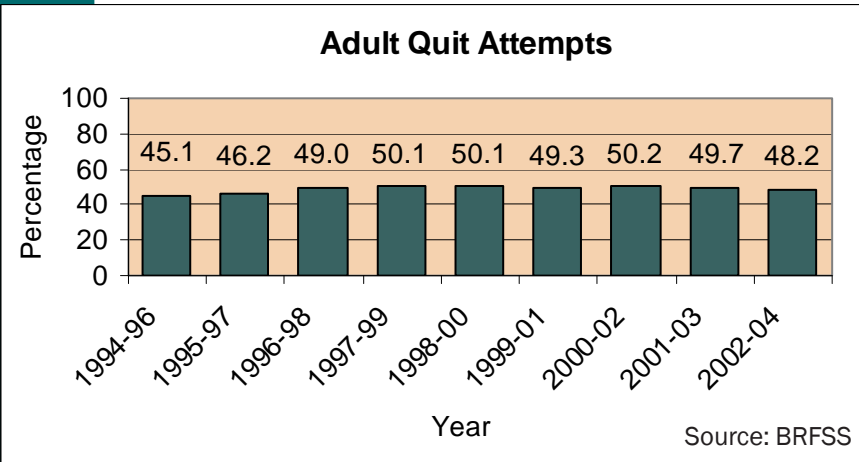
Smokeless Tobacco

Despite a decline in 1998, the percentage of North Dakota adults who use smokeless tobacco products has remained relatively stable.

Goal: 4 percent by 2010



Cessation Attempts

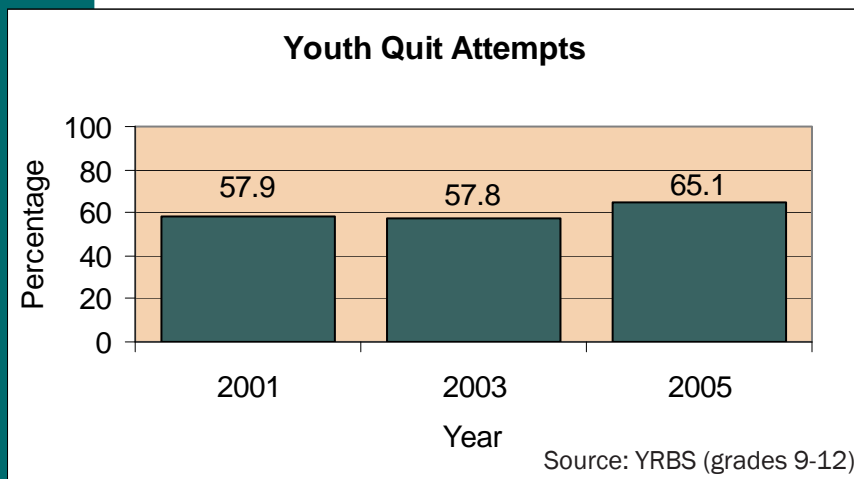


Adult Quit Attempts

The percentage of North Dakota adult current smokers who have attempted to quit has remained relatively stable.

Goal: 55 percent by 2008

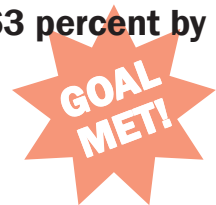
Note: Due to the small number of respondents in this category, three-year rolling averages were used.



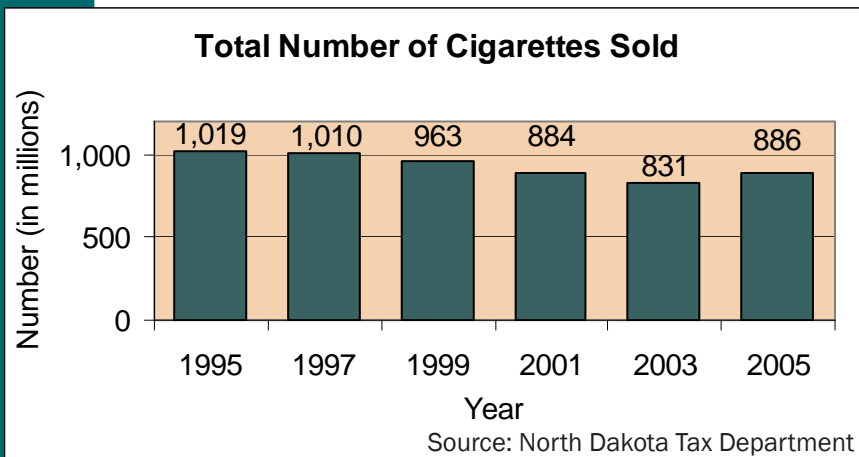
Youth Quit Attempts

The percentage of North Dakota youth current smokers who have attempted to quit has increased in the past two years.

Goal: 63 percent by 2008



Cigarette Consumption



Cigarettes Sold

There has been a steady decrease in the number of cigarettes packs sold, except for a slight increase between 2003 and 2005.

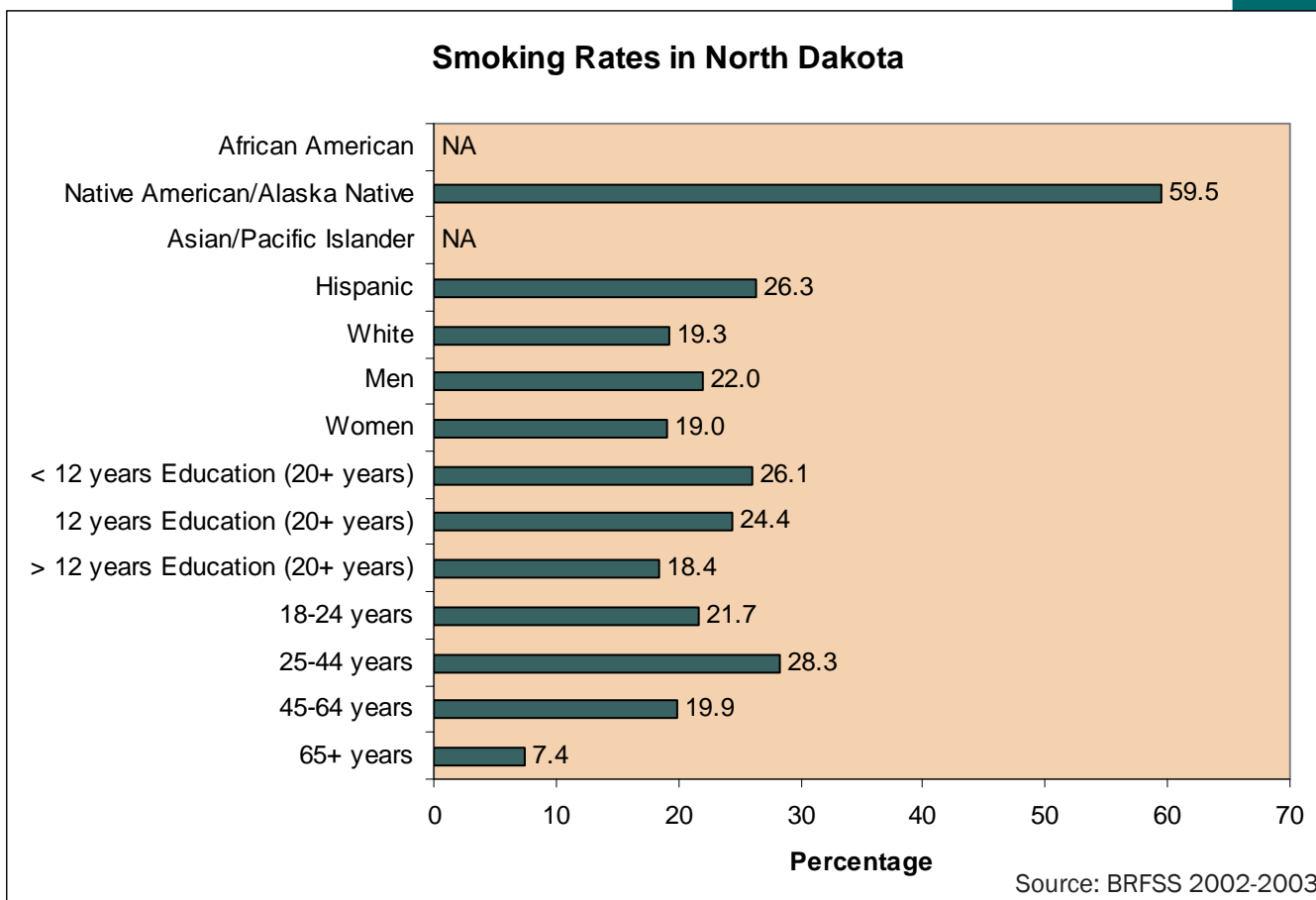
Note: The increase in packs sold between 2003 and 2005 may be due to cross-border sales to Minnesota residents avoiding higher tax rates in their home state.

Tobacco-Related Disparities

Research shows that state tobacco prevention programs must be broad-based and comprehensive to be effective. A review of the data shows that tobacco use among some population groups is higher than for the general population. These groups also often have less access to health care and other resources. The result is a health disparity or a disproportionate occurrence of tobacco-related death and disease.

Tobacco-related health disparities are influenced by many factors, including the socio-economic status, geographic location, race and ethnicity, gender, sexual orientation, or disability of a population. The history, cultural beliefs and country of origin of many populations also can affect their tobacco-use rates. Reducing tobacco use in high-risk groups is one of four central goals of the Tobacco Prevention and Control Program.

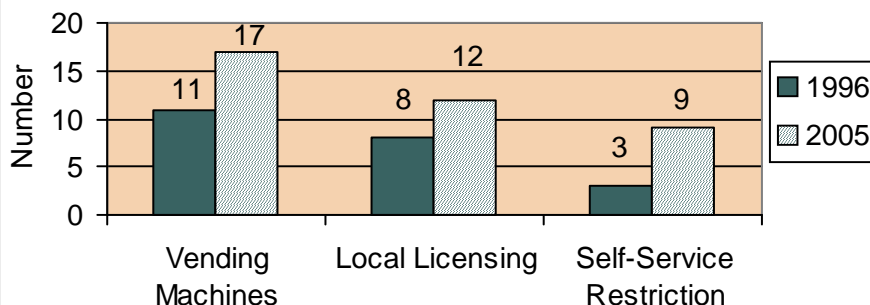
In 2005, the Division of Tobacco Prevention and Control applied for a grant from the U.S. Centers for Disease Control and Prevention, Office on Smoking and Health, to develop a plan to address tobacco-related disparities. The division received the grant and work on the plan began in July of 2005. The planning grant will allow the Division of Tobacco Prevention and Control to take a broader look at tobacco-related disparities in the state and develop strategies to address them.



Note: Estimates for racial/ethnic groups are based on combined 2002 and 2003 data.

Youth Access to Tobacco

Local Youth Access Ordinances

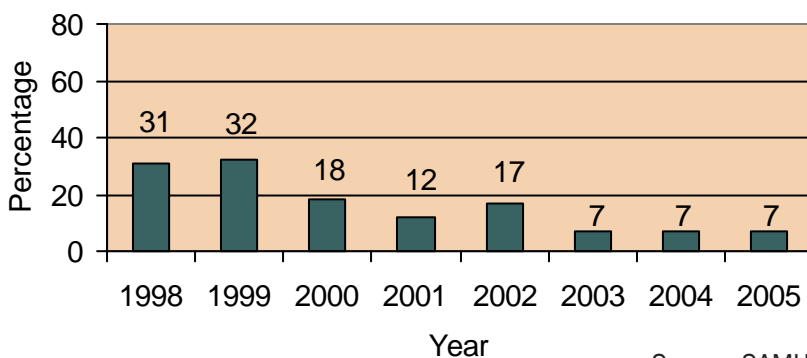


Source: Division of Tobacco Prevention and Control

Local Youth Access Ordinances

The number of local communities with youth access ordinances has increased over the last 10 years.

Retailer Non-Compliance Rates



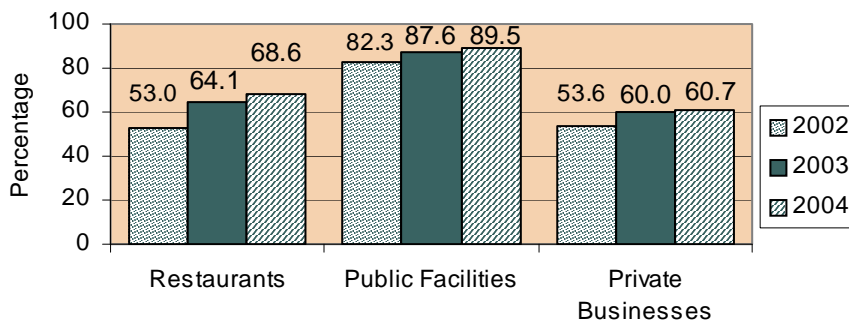
Source: SAMHSA

Retailer Non-Compliance Rates

Retailer non-compliance rates have dropped dramatically in the last 10 years.

Secondhand Smoke

Support For Smoke-Free Environments



Source: North Dakota Secondhand Smoke Study

Attitudes Towards Smoke-Free Environments

North Dakotans' support for smoke-free environments – such as public facilities, restaurants and private businesses – has been steadily increasing.

Smoke-Free Policies

Local Smoke-Free Ordinances

2001:

Minot – Minot’s ordinance eliminated smoking in restaurants unless they were separately enclosed and ventilated.

2004:

Fargo – The Fargo ordinance eliminated smoking in all public, indoor workplaces except truck stops and enclosed bars that do not admit people younger than 21.

West Fargo – West Fargo’s ordinance eliminated smoking in all workplaces and public places except those establishments that as of August 1, 2004, hold a city liquor license and do not admit people younger than 21.

2005:

Grafton – Grafton’s ordinance eliminated smoking in all public places and workplaces except bars and restaurants with separate, enclosed bars.

Grand Forks – The Grand Forks ordinance eliminated smoking in all public places and workplaces except those establishments that hold a certain class of alcohol license and do not admit people younger than 21. The ordinance also extends the smoking restriction to outdoor areas of restaurants and requires that “no smoking” signs be posted.

A Statewide Smoke-Free Law

In 2005, the North Dakota Legislative Assembly passed smoke-free legislation making most workplaces and public places smoke-free. The smoke-free law went into effect August 1, 2005.

Data Sources

Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest telephone survey. The BRFSS is a state-based, random-digit-dialed telephone survey of the noninstitutionalized civilian population 18 and older. It is designed to monitor the prevalence of the major behavioral risks among adults associated with premature morbidity and mortality. Information from the survey is used to improve the health of the American people.

North Dakota Secondhand Smoke Study

The North Dakota Secondhand Smoke Study assesses the impact of the statewide secondhand smoke public education campaign. It is used to obtain information to refine plans and strategies targeting reduction of North Dakota residents' exposure to secondhand smoke. Statewide random sample interviews are conducted with 1,200 adults between the ages of 18 and 54.

North Dakota Tax Department Annual Statement of Collections

Every year, the North Dakota Tax Department publishes a report containing the annual statement of collections related to cigarette and tobacco tax collected in the state.

Smoking-Attributable Mortality, Morbidity and Economic Costs (SAMMEC)

SAMMEC provides an online database that allows users to estimate the adverse health outcomes and disease impact of smoking on adults and children. The Adult SAMMEC application provides users the ability to estimate the number of annual deaths, years of potential life lost, medical expenditures and productivity losses among adults due to smoking.

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA's Center for Substance Abuse Prevention oversees implementation of the Synar amendment which requires that states have laws prohibiting the sale of tobacco to individuals younger than 18. States must provide an annual report on the progress being made in the area of youth access to tobacco products.

Youth Risk Behavior Survey (YRBS)

The YRBS, developed in 1990, monitors priority health risk behaviors, including tobacco use, that contribute markedly to the leading causes of death, disability and social problems among youth and adults in the United States. The survey is administered to students in grades seven through 12 every other year in a random sample of North Dakota schools. Statistics used in this report are based on survey results from grades nine through 12.



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