

Health Services Committee

Comprehensive Statewide Tobacco Prevention and Control Study
*Comments by interested persons regarding the committee's study of the
comprehensive tobacco control plan used in the state*

July 31, 2013

Measure 3, as initiated by the public on the general election ballot in 2008, provided that a small percentage of money from the Tobacco Master Settlement be spent on Tobacco Prevention and Control. 54% of North Dakota voters passed this measure on November 4, 2008. Since that time, tobacco prevention and control efforts have kept the will of the voters in mind, so much so that a poll commissioned in February 2013 by Tobacco Free North Dakota showed that support for these efforts has grown dramatically. Today, 89% of North Dakotans support the continued use of tobacco settlement funds for efforts by the Center for Tobacco Prevention and Control Policy to substantially lessen the burden of tobacco on the health of North Dakotans. On top of that, on November 6, 2012, 67% of voters passed a comprehensive smoke-free initiative on the ballot. This law received majority support in every county and legislative district in North Dakota, and in the same February 2013 poll referenced earlier, earned the support of 72% of General Election voters. It's become clear that the public in North Dakota support tobacco control policies and the comprehensive program it takes to achieve real prevention.

Responsible planning in tobacco prevention and control for public health involves the use of evidence-based best practices, a commonly accepted medical model supported by health care professionals. The Centers for Disease Control, the U.S. Public Health Service, and the U.S. Surgeon General all favor this approach, and North Dakota's Center for Tobacco Prevention and Control Policy has followed these guidelines in their efforts to reduce tobacco-related disease in North Dakota. At the same time, approaches with little or no scientific basis are rejected by the Center in furtherance of their responsibility to use the limited funds available in the most cost-effective ways. Since its inception, the Center has continually reviewed their approaches and programs to reflect the newest scientific data in a transparent way with all parties involved.

Tobacco cessation and prevention have proven to be the best and most cost-effective strategies to reducing the burden of tobacco-related disease and death. Treatment of tobacco-related diseases, including diseases like cancer, heart disease, stroke, and diabetes, have historically been performed by health care providers in health care systems. Prevention was not a common approach in this setting, but over time, allotment of tobacco master settlement funds distributed among states has provided opportunities for health providers to pick up the prevention component as well. This combination has complemented well with traditional health care and third party payer system approaches of disease treatment, but one-on-one doctor-patient conversations certainly don't reach the masses like policy does.

North Dakota has a huge advantage where prevention funds managed within a separate entity, the Center for Tobacco Prevention and Control Policy, outside the traditional health department setting. The North Dakota Department of Health has done an outstanding job managing programs such as NDQuits, the free tobacco cessation program available to all North Dakotans, with some of the best quit rates in the country, ranging from 30-33% since 2004.

The Center for Tobacco Prevention and Control Policy, however, is able to focus on prevention in ways that a health department wouldn't be able to do by job description, such as engage partners across the state to change public policy regarding tobacco and to facilitate large scale efforts through legislative action, or if need be, ballot measure approaches. For example, smoke-free laws, like that passed right here, have substantial impact on smoking rates and subsequent smoking-related illness. As well, the Center has sponsored critical research gathered in North Dakota to specifically show that heart attack rates dropped in Grand Forks after a citywide smoke-free law was passed. Education at local, regional, and national levels has been made possible with programs administered by the Center.

Tobacco Free North Dakota, a statewide non-profit organization based here in Bismarck, has taken on new life thanks to the support of the Center, enabling us to engage partners in the public and private sectors, including local public health units, health care systems, professional societies (such as the North Dakota Medical Association and the North Dakota Respiratory Care Association), national organizations (such as Center for Tobacco Free Kids and the American Lung Association) and businesses in communities across the state who share a common interest in reducing the burden of tobacco on patients, youth, employees, and family and friends. Local public health department employees would not be able to engage in many of these activities in accordance with their job description, so the Center's work in prevention and policy both supplements and complements the role of the North Dakota Health Department.

It is well established that funds spent on tobacco prevention and control, such as those appropriated to and administered by the Center, have massive impact on future health care costs. While I would prefer to share documentation of this from right here in North Dakota, it's not yet possible. With 25 years of experience, the State of California has the most compelling data in this area, (recall that it takes years or decades for tobacco-related diseases to be realized in most persons), showing that for every \$1 they have spent on tobacco prevention, they have saved \$55 in their health care system. Over a span of nearly 20 years, California's comprehensive tobacco control program has cost \$2.4 billion and, as a result, has reduced health care costs by \$134 billion, according to a 2013 study by UC San Francisco (UCSF). It would be difficult to find a more cost-effective way to reduce the costs of health care, which we all recognize is a huge challenge facing our society today.

Tobacco specifically deserves our focus because it's still the leading cause of death – more than AIDS, alcohol, car accidents, illegal drugs, murders and suicides combined – in the United States. 440,000 Americans die each year from tobacco, and 877 of those are fellow North Dakotans. Among North Dakota adults, 21% are still smoking, and among North Dakota high school students, 19%. North Dakota spends nearly \$440 million annually on health care and lost productivity for persons with tobacco-related disease (all while tobacco companies spend millions on promoting their products in North Dakota). These dollars far outnumber those dedicated to prevention. North Dakota can realize massive reductions in health care costs as noted in other states with continued attention and funding focused on the prevention of tobacco use. Potentially, \$25 million spent on tobacco prevention and control could save North Dakota over \$1.3 billion in health care costs over 20 years.

The sum point of the Center's work, and the work of Tobacco Free North Dakota, is not to treat tobacco-related disease in North Dakota but to actually continue to reduce and prevent those diseases from ever developing by using scientifically accepted, cost-effective strategies.

This testimony is submitted on behalf of Dr. Eric L. Johnson, M.D. in Grand Forks. All of his clinical work deals with the treatment of chronic disease including diabetes and cardiovascular disease. In his 20 years of experience, there is no question that keeping people from getting chronic disease in the first place would by far be the most cost-effective strategy, and he can speak to this from personal experience as someone living with cardiovascular disease. A well-known analogy from public health is something he'd like to leave you with today... We are very good at pulling people out of the river (providing treatment to people with chronic disease), but at some point, we need to go upstream to see who's pushing them in (preventing chronic disease). This analogy couldn't be more appropriate when it comes to treating chronic disease and the incredibly important work on prevention.

Dr. Johnson would like to express his thanks for accepting his comments and is happy to make himself available to answer any follow-up questions you may have. His contact information is included below.

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5. North Dakota Department of Health Fact Sheets
<http://www.ndhealth.gov/tobacco/Facts.htm>
6. Impact of a Comprehensive Smoke-Free Law Following a Partial Smoke-Free Law on Incidence of Heart Attacks at a Rural Community Hospital (**Grand Forks Study**)
<http://ntr.oxfordjournals.org/content/15/3/745.abstract.html?etoc>