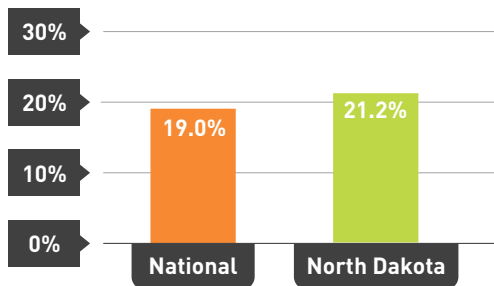


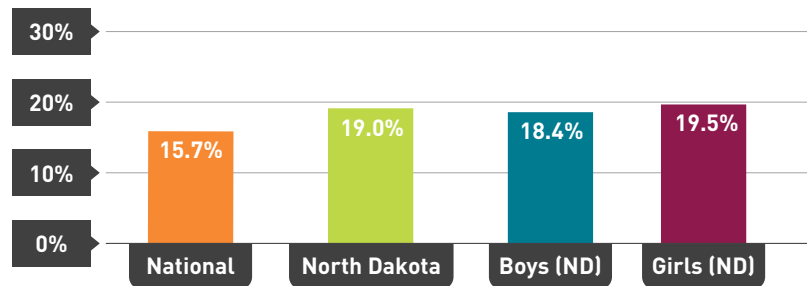
NORTH DAKOTA + TOBACCO

CIGARETTE USE

% of Adults Who Currently Smoke ¹



% of High School Students Who Currently Smoke ²



OTHER TOBACCO PRODUCT USE

- The prevalence of smokeless tobacco use among adults in North Dakota was 7.6% in 2013. 11.3% of adult current cigarette smokers in North Dakota were also current smokeless tobacco users in 2013.³
- In 2013, 13.8% of high school students in North Dakota used chewing tobacco, snuff, or dip on at least one day in the past 30 days. Nationally, 8.8% of high school students used smokeless tobacco on at least one day in the past 30 days.²
- In 2013, 11.7% of high school students in North Dakota smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days. Nationally, 12.6% of high school students smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days.²

ECONOMICS OF TOBACCO USE AND TOBACCO CONTROL

- In FY2015, North Dakota allocated \$9.5 million in state funds to tobacco prevention, which is 97.1% of the Centers for Disease Control and Prevention's (CDC) Annual Spending Target.⁴
- The health care costs in North Dakota, directly caused by smoking, amount to \$326 million annually.⁴
- State and federal Medicaid costs for North Dakota total \$56.8 million annually for smoking-caused

health care.⁵

- North Dakota loses \$232.6 million in productivity each year due to smoking.⁵
- North Dakota received an estimated \$62 million in tobacco settlement payments and taxes in FY2015.⁴

STATE TOBACCO LAWS^{6,7}

EXCISE TAX

- The state tax increased to \$0.44 per pack of cigarettes in July 1993. Cigars and pipe tobacco are taxed 28% of the wholesale price. Chewing tobacco is taxed \$0.16 per ounce and snuff is taxed \$0.60 per ounce.

CLEAN INDOOR AIR ORDINANCES

- Smoking is prohibited in government workplaces, private workplaces, schools, childcare facilities, restaurants, casinos (tribal establishments are exempt), bars, retail stores, health care facilities, and recreational facilities.

YOUTH ACCESS LAWS

- The minimum age requirement for the purchase of tobacco products is 18, and penalties exist for both minors and merchants who violate this law.
- The sale to minors of bidis is prohibited.
- The sale to minors of electronic cigarettes is prohibited.

CESSATION STATISTICS AND BENEFITS

- The CDC estimates that 43.7% of adult smokers in North Dakota tried to quit smoking in 2013.⁸
- North Dakota's Medicaid program covers all seven recommended cessation medications, individual counseling, and group counseling.^{7*}
- The state Medicaid program's barriers to coverage include limits on duration, annual limits, prior authorization requirements for all medications, minimal co-payments, and counseling requirements to get medications.⁷
- North Dakota's state quitline invests \$7.05 per smoker; the national average investment per smoker is \$3.65.⁷
- North Dakota has a private insurance mandate provision for cessation.⁷

REFERENCES

- ¹ CDC, Behavioral Risk Factor Surveillance System, 2013
 - ² CDC, Youth Risk Behavior Surveillance System, 2013
 - ³ CDC, State-Specific Prevalence of Cigarette Smoking and Smokeless Tobacco Use Among Adults—MMWR, United States, 2011-2013
 - ⁴ Campaign for Tobacco-Free Kids, Broken Promises to Our Children: a State-by-State Look at the 1998 State Tobacco Settlement 16 Years Later FY2015, 2014
 - ⁵ Campaign for Tobacco-Free Kids, State Tobacco-Related Costs and Revenues, 2014
 - ⁶ American Lung Association, SLATI State Reports, 2015
 - ⁷ American Lung Association, State of Tobacco Control, 2015
 - ⁸ CDC, Behavioral Risk Factor Surveillance System, State Tobacco Activities Tracking and Evaluation System, 2013
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* The seven recommended cessation medications are NRT Gum, NRT Patch, NRT Nasal Spray, NRT Inhaler, NRT Lozenge, Varenicline (Chantix), and Bupropion (Zyban).

Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: US Department of Health and Human Services. Public Health Service: May 2008.