



North Dakota Tobacco Prevention and Control Executive Committee

Center for Tobacco Prevention and Control Policy

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Testimony

Senate Bill 2024 in support of continued funding for a comprehensive tobacco prevention program

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House Appropriations Human Resources Division Committee

Representative Chet Pollert, Chair

Good morning Mr. Chair and members of the Committee. My name is Larry Shireley and I am the Evaluation Programs Manager for BreatheND. I was the State Epidemiologist for 16 years and Director of the Division of Disease Control for the North Dakota Department of Health. I also served 26 years in the Air Force and ND Air National Guard as a public health officer with my last 7 years fulltime as the first commander of the 81st Civil Support Team. Before joining BreatheND I was the Director of Policy for the Community Healthcare Association of the Dakotas. I am here to provide information about some of the significant impacts of the comprehensive tobacco prevention program coordinated by BreatheND and of the potential impacts of decreasing funding for the program.

In public health, primary prevention is the guiding principal to controlling disease, healthcare costs and ultimately premature death. We know that tobacco use, primarily cigarette smoking, is the number one cause of preventable disease and premature death in North Dakota. We also know that nicotine is highly addicting and that quitting smoking is extremely difficult. So what has been the impact of BreatheND in preventing cigarette smoking? It has already been noted that since the inception of BreatheND

and the comprehensive tobacco prevention program, the high school smoking rate decreased nearly 50% from 22.4% in 2009 to 11.7% in 2015. To provide further information of the effectiveness of the comprehensive tobacco prevention program, BreatheND requested additional analyses of the impact of decreased smoking rates by expert tobacco prevention specialists, Drs. John Tauras and Frank Chaloupka of the University of Illinois in Chicago (UIC).

The researchers estimated that due to the decreased high school smoking rate, there were 673 fewer high school students who smoked between 2010 and 2015 resulting in a projected total lifetime healthcare cost savings of \$17.8 million dollars. Not only has the high school smoking rate declined, the percentage of North Dakota middle school students who smoked decreased over 50% during this same time period from 7.3% to 3.6%, resulting in nearly 1,300 fewer middle school students who smoked. This decrease is projected to result in a total lifetime healthcare cost savings of over \$34 million dollars. It is important to note that the decline in smoking rates of both North Dakota high school and middle school students was greater than the national rate from 2010 to 2015. Combined, the lifetime health care cost savings resulting from funding a comprehensive tobacco prevention program during this period due to student smoking decreases is projected to be more than \$52 million dollars.

In addition to the impact of decreased youth smoking rates, the prevalence of smoking by pregnant women fell from 17% to 14% from 2009 to 2014; an 18% decrease compared to the national decline of 10%. As a result, the researchers indicated that between 2010 and 2015, 50 fewer low birth weight babies were born, resulting in first

year hospital cost savings of \$1.8 million dollars. However, the impact and costs savings are likely much greater since these analyses do not include numerous other costs associated with low weight babies.

What is the potential impact of reducing the amount spent to fund a comprehensive tobacco prevention program? Drs. Tauras and Chaloupka estimated that reducing the funding for the program to the current planned funding level would result in an increase of the prevalence of adult smoking from 18.7% to 19.1% and 1,780 more adult smokers in FY18 than in FY17. This increase in adult smokers is estimated to result in an increase of smoking-related health care costs between \$1.8 and \$5.5 million dollars in FY18. Extrapolating to the expected increase in North Dakota's population, this increased adult smoking rate is estimated to result in between \$12.6 to \$38.6 million in additional healthcare costs during the next seven years. Additionally, productivity losses due to smoking are expected to be between \$1.5 and \$4.6 million dollars in FY18 and a total of between \$10.5 and \$32.1 million dollars during the next seven years.

The potential impact of decreased funding on youth smoking is also expected to be significant. It is estimated that the high school smoking rate would increase from 11.7% to 12.55% yielding an increase of 283 students who smoke in FY18 and a total increase of 697 who will smoke during the next 7 years. They also projected an expected increase in the prevalence of smoking among middle school students from 3.6% to 4.14%. This increased smoking prevalence rate is estimated to result in an additional 188 middle school students who will become smokers in FY18, and a total of 435 additional smokers in the next seven years. They estimated that the increase in youth

smoking rates will result in an increase of almost \$30 million dollars in lifetime increased healthcare costs from FY18 TO FY24.

Study after study indicate comprehensive tobacco prevention programs are cost effective, decrease cigarette sales, and decrease youth, college student and adult smoking prevalence. As it has been illustrated, decreasing funding for the comprehensive program has the potential impact of not only reversing the successes we have achieved in reducing youth smoking, but will also likely increase smoking-related disease, mortality and their associated healthcare costs. The UIC researchers summed up their report by stating, "The spending on tobacco control in North Dakota is almost certainly generating a significant return on investment."

The successes of North Dakota's comprehensive tobacco control program coordinated by BreatheND are evident and it is clear that the program has, and is, meeting the goals of North Dakotans who voted for implementing Measure 3 in 2008 to establish an effective, comprehensive tobacco prevention program. From experience, I know how important and difficult it can be to document program success, but there is little doubt about the effectiveness of North Dakota's comprehensive tobacco program. Therefore, it seems incomprehensible why a program with such proven successes would be disbanded. Therefore, I urge your continued support and funding for North Dakota's comprehensive tobacco prevention program under the coordination of BreatheND. Thank you and I will be pleased to answer any questions.