

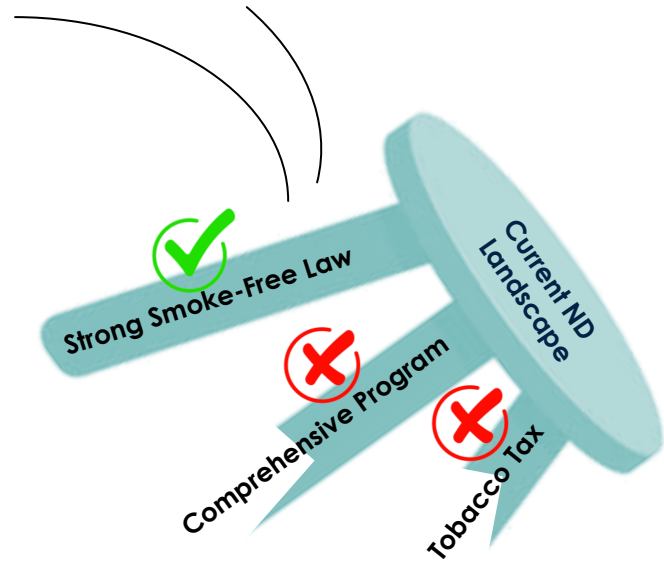
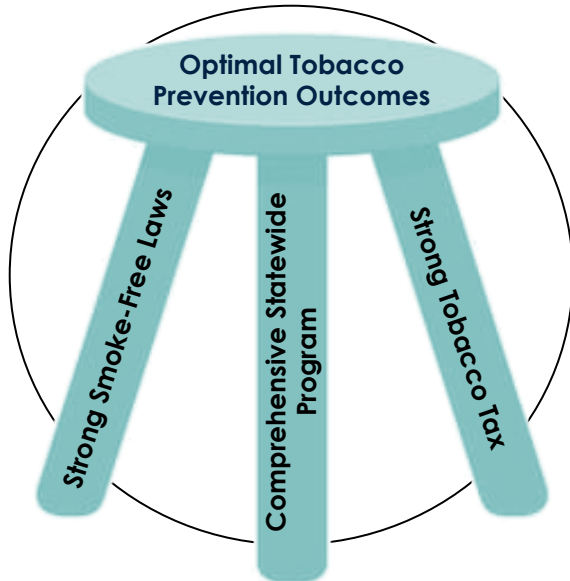


Public Health
Prevent. Promote. Protect.

Public Health Tobacco Prevention Priorities

Tobacco Prevention advocates have long-used the “3-legged stool” analogy to describe our most effective evidence-based strategies for the prevention/reduction of tobacco use.

While these strategies have been proven effective, public health benefits are maximized when all three “legs” of the stool are strong, sturdy, and used in conjunction.



The First Leg: A Comprehensive Statewide Program

What is a Comprehensive Tobacco Prevention and Control Program? It's an **evidence-based, coordinated effort** to establish tobacco-free policies and social norms, to promote and assist tobacco users to quit, and to prevent initiation of tobacco use.

According to the US Centers for Disease Control and Prevention, **a comprehensive approach** [one that optimizes synergy from applying a mix of educational, clinical, regulatory, economic, and social strategies] is the guiding principle for eliminating the health and economic burden of tobacco use.

States that have made **larger funding investments** in comprehensive tobacco control programs have seen **greater declines in tobacco use** rates among youth and adults. In addition to the beneficial impact of larger investments, research also shows that the longer states sustain funding, the greater and quicker the impact.

North Dakota is currently funded at 65% of CDCs annual recommended funding level. (\$5.4M state, \$1M federal.) The CDC recommendation is \$9.8M, with a minimum is \$7M.



The Second Leg: A Strong Smoke-Free Laws

There is **no risk-free level of exposure to SHS**. There is indisputable evidence that 100% smoke-free environments is the only effective way to protect the public from harmful effects of SHS.

NDs current smoke-free law is one of the strongest in the nation.

It includes electronic nicotine products and allows for very few exemptions. It was overwhelmingly **approved by ND voters** in 2012 and many cities in ND, including Grand Forks, have adopted strong local policies that mirror the state law.

These state and local policies have helped **reshape the social norm** to support tobacco-free lifestyles.

Maintaining **all provisions** of the current state-wide law would ensure continued protection from the dangers of second-hand smoke in public places.



The Third Leg: A Strong Tobacco Tax

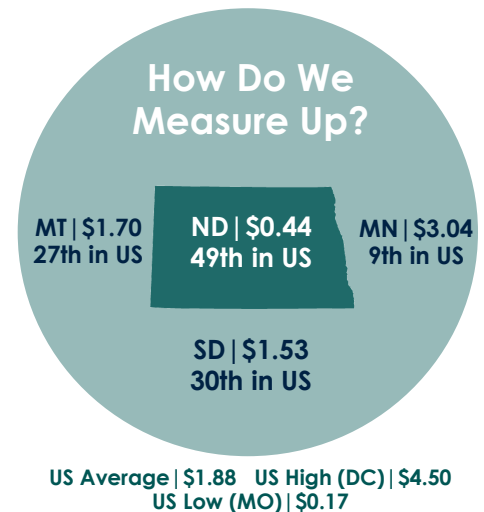
The Surgeon General has called raising the prices on tobacco products "**one of the most effective tobacco control interventions.**"

There is sufficient evidence to conclude that *significant tobacco product price increases prevent initiation of tobacco use*, promote cessation and reduce the prevalence and intensity of tobacco use among youth and adults.

North Dakota's current tax rate (44 cents/pack) was **last raised in 1993**, and is ranked **49th** in the US.

Electronic nicotine products are **not currently included** in the North Dakota excise tax structure.

North Dakota's annual tobacco excise tax revenue is approximately \$27.7M, while our **tobacco-related Medicaid expenditures alone exceed \$56.9M.**



An Extra Leg: T21

In December 2019, the President signed legislation to raise the **federal minimum legal sales age** of tobacco products, including e-cigarettes, from 18 to 21 years.

While increasing the minimum legal sales age (MLSA) is a **promising practice to reduce youth access** to tobacco products, enforcing a federal law at the local level can be challenging.

Aligning state and local MLSA laws with the federal law would allow for more **local enforcement**.

The federal law does not require states and cities to adopt laws to raise their sales age, however, it does require states to demonstrate their retailers are complying with the new law. If not, the state may risk losing a portion of their federal substance abuse grant funding.

Many North Dakota entities (public health and local law enforcement) already conduct **tobacco compliance checks** within the state and could easily transition to the updated MLSA.

For additional information, please visit the BreatheND Trusted Sources webpage at <https://www.breathend.com/Resources/trustedsources/>

* This document was developed by Grand Forks Public Health Unit *