

HEALTHY NORTH DAKOTA



HIGHLIGHTS

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The Number One Killer: Smoking

Smoking is the leading cause of preventable death in the United States. Annually, more than 440,000 deaths occur in the U.S., and more than 860 in North Dakota. Smoking causes heart disease, stroke, cancers and many other illnesses. Even for nonsmokers, exposure to second-hand smoke has been directly linked with increased illness and death. The direct and indirect cost of smoking is estimated to be more than \$157 billion a year in the U.S. In North Dakota, smoking costs the state \$351 million in direct medical expenditures and lost productivity each year. *More than half of North Dakota smokers have tried to quit smoking. However, this addiction is difficult to overcome. The most effective public health strategy is to prevent people from ever starting to smoke.*

More than one in five adults smoke, and most want to quit

- In 2003, 21 percent of adult North Dakotans reported being current smokers.
- In 2003, 58 percent of all current smokers attempted to quit in the last 12 months.
- In 2003, the adult age group with the highest smoking rate is people 35 to 44 (30%).
- Smoking rates among people 18 to 24 fell significantly between 2000 and 2003, from 36 percent to 22 percent.
- There is a high prevalence of smoking among American Indian adults (46%, 1996-2002), people without health insurance (40%, 2003), and people reporting 14 or more days of poor mental health in the past 30 days (33%, 2003).

Figure 1: Percentage of adults who are current smokers by age group, North Dakota, 2003

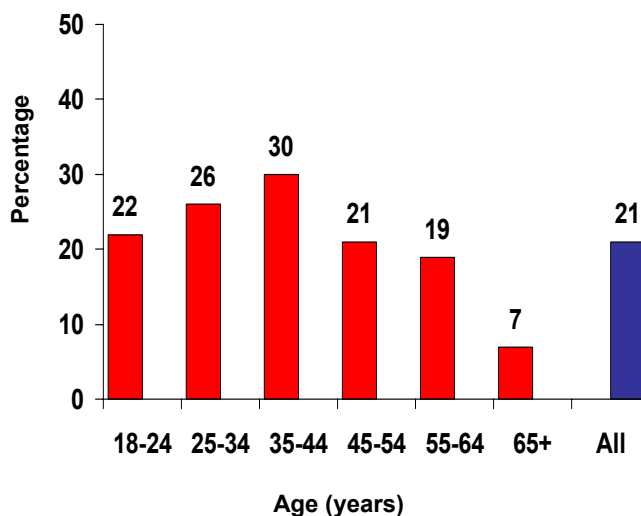
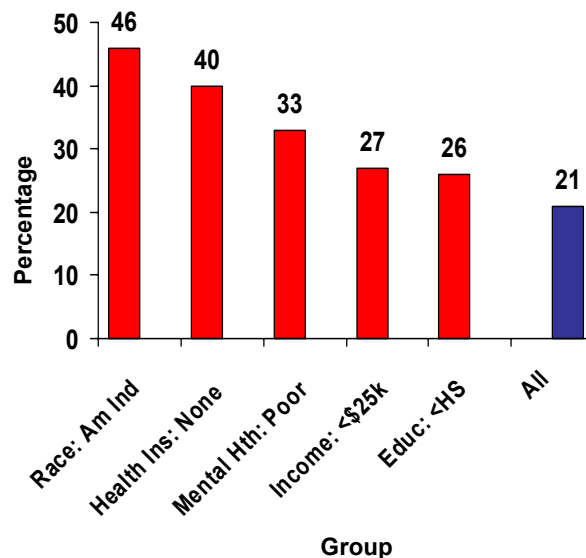


Figure 2: Some groups of adults in North Dakota smoke at notably high rates.



To achieve the Healthy North Dakota objective, a comprehensive approach must be employed

The adult smoking rate in both North Dakota and the U.S. remained statistically unchanged from 1994 (20%) to 2003 (21%). The Healthy North Dakota 2010 objective is to achieve a smoking rate of less than 19 percent.

“**Healthy North Dakota - Highlights**” is prepared by the Department of Community Medicine, University of North Dakota School of Medicine and Health Sciences for the North Dakota Department of Health and the *Healthy North Dakota* Coalition.

To learn more about smoking and other health risks in NORTH DAKOTA, contact the North Dakota Department of Health; 600 E. Boulevard Ave., Dept 301; Bismarck, ND 58505; 701.328.2372; or visit www.ndhealth.gov.



NORTH DAKOTA
DEPARTMENT of HEALTH



EFFECTIVE STRATEGIES

Research has shown that a comprehensive approach is the most effective way to reduce youth initiation, increase cessation and reduce exposure to secondhand smoke. A comprehensive approach includes:

- Increasing the price of tobacco products.
- Implementing or expanding smoking bans and restrictions.
- Implementing mass media education.
- Coordinating school-based interventions with mass media campaigns and community interventions.
- Providing telephone quit lines.
- Implementing health-care provider reminder systems and provider education on tobacco use assessment and counseling.
- Reducing out-of-pocket costs to people seeking effective treatments for tobacco use and dependence.

TECHNICAL NOTE

Data presented in this “**Healthy North Dakota - Highlights**” come from the North Dakota Behavioral Risk Factor Surveillance System (BRFSS) for year 2003. Every year since 1984, a random sample of adult (age 18 and older) North Dakotans has been interviewed about a wide variety of behavioral risks that are important to staying healthy. Full details of the survey method used to secure these data can be seen at www.cdc.gov/brfss. Whenever race-specific estimates for North Dakota American Indians are presented, a seven year aggregate BRFSS dataset (1996-2002) has been used; 438 respondents during this time period identified themselves as American Indian and 14,127 as whites.

In 2003, there were 3026 respondents to the North Dakota BRFSS. The responses described in this issue concern Smokers: persons who smoke everyday or at least some days. Quit Attempts: current smokers who during the past year stopped for one or more days in an attempt to quit.

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