



American Cancer Society
Cancer Action Network
218.343.8365
fightcancer.org/nd

Support testimony – SB 2004
Sara Mannerter, North Dakota Government Relations Director
American Cancer Society Cancer Action Network

Chairman Nelson and members of the Committee,

My name is Sara Mannerter and I'm the North Dakota Government Relations Director for the American Cancer Society Cancer Action Network. Thank you for your time.

The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, non-partisan advocacy affiliate of the American Cancer Society, advocates for public policies that reduce death and suffering from cancer including policies targeted at improving the health of our state by reducing tobacco use.

ACS CAN recognizes that COVID-19 is serious and impacting all our lives. At this critical moment with people focused on protecting their respiratory health, we must do everything in our power to keep our communities healthy and safe—which means building strong public health infrastructure including investing in comprehensive tobacco control programs. Long after this pandemic passes, people deserve to live full, healthy lives free from the ills of tobacco use.

ACS CAN supports SB 2004, which would increase funding for tobacco control programs to at least \$13.6 million for the 2021-23 biennium.

The Problem: Tobacco Use and the Toll of Tobacco in North Dakota

Tobacco is an addictive and deadly product and tobacco use remains the nation's number one cause of preventable death. According to the U.S. Surgeon General, smoking is a known cause of cancer of the oropharynx, larynx, lung/trachea/bronchus, stomach, liver, pancreas, kidney, cervix, bladder, colon, and acute myeloid leukemia.ⁱ In fact, smoking is responsible for an estimated 26.4% of cancer deaths in North Dakota.ⁱⁱ Additionally, smokeless tobacco use can cause cancer of the mouth, esophagus, and pancreas.ⁱⁱⁱ

Smoking harms nearly every organ in the body and increases the risk for many types of cancer, heart attack, stroke, chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis and other diseases.^{iv} People who smoke or who used to smoke are at increased risk for severe illness from COVID-19. Smoking is also a proven risk factor for cancer, COPD and heart disease, which also put people at increased risk for severe illness from COVID-19. Regardless of any association with COVID-19, the adverse health effects of smoking are well-documented and irrefutable.

Unfortunately, after years of decline, we've seen sharp increases in youth tobacco use nationwide in recent years, largely due to skyrocketing rates of e-cigarette use. At the same time, progress on previously declining youth use of other tobacco products, including cigarettes and cigars, stalled. Unfortunately, many young people who use tobacco do not identify the type they use as a tobacco

product or do not identify the tobacco product as harmful.^v Furthermore, studies have found that e-cigarette use increases the risk of youth and young adults using cigarettes^{vi, vii, viii}

Tobacco Prevention & Cessation Programs in North Dakota are Vital to Protect Youth

Due to skyrocketing rates of youth tobacco use in recent years, the decades of progress that has been made in reducing tobacco use rates in youth is now in jeopardy. Here in North Dakota 35.5% of high school students use tobacco products, including 33.1% who smoke cigarettes. Action is needed to reverse these trends. As the tobacco industry is evolving, the need for funding for tobacco prevention programs has never been greater.

Reducing Health Disparities Related to Tobacco Use

Due to historical and ongoing patterns of tobacco industry marketing to targeted populations, tobacco use, and tobacco-related disease tend to disproportionately impact some groups more than others. These differences are in large part due to the tobacco industry's targeted marketing through advertising, price discounting and other strategies.^{ix} North Dakota's Tobacco Cessation and Prevention Program has identified in their State Plan and current CDC National and State Tobacco Control five-year grant, high school students, American Indian persons, and people with lower incomes as their populations of focus and will address disparities through their policy and increased cessation efforts. Well-funded, evidence-based tobacco control programs can counter the tobacco industry's targeting while providing resources to support those trying to quit and other health programs that directly benefit populations with higher tobacco use and deaths due to tobacco, and ultimately reduce health disparities.

Historical Efforts and Evidence in Support of Comprehensive Tobacco Control in North Dakota

In the over 50 years since the first Surgeon General's report on tobacco use was published, scientists and policymakers have learned a lot about what works to reduce tobacco use.

The Centers for Disease Control and Prevention (CDC) evidence-based recommendations for a comprehensive tobacco control program provides states with the needed framework to educate people on the dangers of tobacco use as well as connect people who are already addicted to tobacco to resources to help them quit. Comprehensive tobacco control programs establish smoke-free policies and social norms, promote tobacco cessation and support those trying to quit, prevent initiation of tobacco use among prospective new users including youth and reduce tobacco-related health disparities among disparate populations.^x When appropriately funded in accordance with CDC recommendations, comprehensive tobacco control programs are able to reduce tobacco use.^{xi}

The 2014 Surgeon General's report on tobacco concluded that comprehensive statewide and community tobacco control programs are effective in preventing and reducing tobacco use by keeping young people from becoming addicted and helping individuals who use tobacco to quit.^{xii}

It's imperative that programs are funded to protect the next generation from a lifetime of addiction.

Increasing funding for North Dakota's tobacco prevention and cessation program is crucial to prevent kids from starting to use tobacco and help people already addicted to tobacco quit.

Thanks to the decades of program implementation, surveillance, and evaluation, we now know what works best to prevent and reduce smoking and tobacco use. Extensive research shows enacting comprehensive smoke-free laws, regularly and significantly increasing tobacco taxes and adequately funding tobacco prevention and cessation programs work together to effectively reduce tobacco use and save lives. While North Dakota is facing unprecedented public health challenges, it is critical that

programs to prevent kids from starting to use tobacco and help adults quit are increased. No matter when someone quits tobacco, there are large and immediate benefits—perhaps these benefits are as important now as ever. For some people who use tobacco products, the COVID-19 crisis might provide motivation to quit; for others, trying to quit during a time of stress might be even harder. North Dakota should do everything we can to help those who choose to quit to succeed.

If we are serious about fighting the death and disease caused by tobacco, adopting SB 2004 is a critical step. Thank you for the opportunity to testify today about the state tobacco control programs, and we urge your support for increasing funding of our tobacco control program to \$13.6 million for the 2021-23 biennium to protect respiratory health.

Thank you for your time.

Sincerely,
Sara Mannerter

ⁱ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

ⁱⁱ American Cancer Society Cancer Action Network. [State-Specific Smoking-Related Cancer Cases and Deaths, 2017](#). December 2020.

ⁱⁱⁱ HHS, 2014.

^{iv} Centers for Disease Control and Prevention (CDC). Health Effects of Cigarette Smoking. Updated April 28, 2020.

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/

^v Agaku I, Odani S, Vardavas C, Neff L. Self-Identified Tobacco Use and Harm Perceptions Among US Youth. *Pediatrics*. 2018 Apr, 141 (4).

^{vi} U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

^{vii} National Academies of Sciences, Engineering, and Medicine. 2018. Public health consequences of e-cigarettes. Washington, DC: The National Academies Press.

^{viii} Berry KM, Fetterman JL, Benjamin EJ, et al. Association of Electronic Cigarette Use With Subsequent Initiation of Tobacco Cigarettes in US Youths. *JAMA Netw Open*. 2019;2(2):e187794.

^{ix} The Truth Initiative, Campaign for Tobacco-Free Kids, American Heart Association and American Stroke Association, American Cancer Society Cancer Action Network, American Lung Association, Americans for Nonsmokers' Rights, and Robert Wood Johnson Foundation. A report entitled *Broken Promises to Our Children: A State-By-State Look at the 1998 State Tobacco Settlement 21 Years Later*. December, 2019. Available on-line at: <https://www.tobaccofreekids.org/what-we-do/us/statereport>.

^x CDC, 2014.

^{xi} CDC, 2014.

^{xii} HHS, 2014.