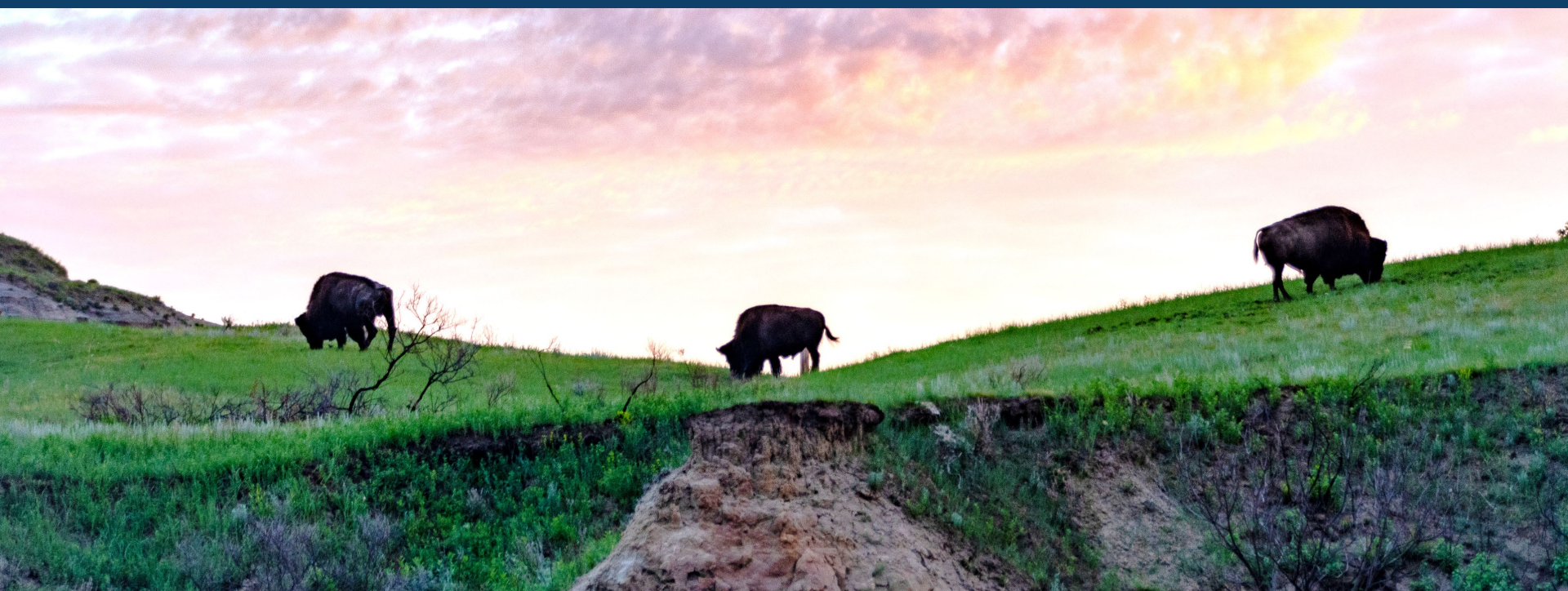


The State of Tobacco Control in North Dakota: 2023 – 2025

Expanding Access To Treatment and Adapting in a Changing Landscape



Prepared for
**NORTH
Dakota** Be Legendary.
Health & Human Services

Prepared by
 Professional
Data Analysts

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PURPOSE OF THIS REPORT

This report is the culmination of a biennial evaluation and synthesis of the priorities, activities, and future planned work of the North Dakota Tobacco Prevention and Control Program (TPCP). The mission of the TPCP, outlined in the 2020-2025 state strategic plan, is **“to protect the health of North Dakotans by reducing the negative health and economic consequences of the state’s No. 1 cause of preventable disease and death – tobacco use.”**¹

The TPCP contracts with an external evaluator, Professional Data Analysts (PDA), for a comprehensive program evaluation. This includes the design and implementation of data collection methods, analysis, and reporting.

PDA’s evaluation and statistics teams analyze and make sense of the data so that the TPCP can make data-driven decisions. PDA has deep experience in various public health initiatives and has evaluated programs within the TPCP since 2011 and the entire TPCP since 2017.

This fourth synthesis report by PDA emphasizes the expansion of treatment within the state, aligned with the five guiding principles of North Dakota Health and Human Services (HHS). These principles, highlighted below, are integrated into each section of this report.



Continuous Improvement and Innovation



Responsible Stewardship



Transparent and Open Communication



Engaged Collaboration



Data-Centered Decisions

Questions about the Tobacco Prevention and Control Program should be directed to Neil Charvat, Director, Tobacco Prevention and Control Program, njcharvat@nd.gov.

Questions about the external evaluation should be directed to Melissa Chapman Haynes, PhD, Director of Evaluation, Professional Data Analysts (PDA), mchapman@pdastats.com.

¹ <https://www.cdc.gov/mmwr/volumes/72/wr/mm7218a1.htm>

Who is using tobacco products in North Dakota?



**Responsible
Stewardship**



**Data-Centered
Decisions**

In 2023, **nearly one in four North Dakota adults currently use at least one kind of tobacco product (24%)**. Some groups have higher use – American Indians (32%), individuals with a high school diploma/equivalency or less education (37%), and those reporting poor mental health (43%). While cigarette smoking has continued to decrease for both adults and youth, the use of e-cigarettes has not seen significant changes since 2021.

1

THE TOBACCO PRODUCT LANDSCAPE HAS SHIFTED DRASTICALLY

Nicotine is a highly addictive drug that is hard to quit, and the variety of combustible, non-combustible, electronic, and synthetic products has exploded in the retail environment. Defining tobacco products, commercial tobacco, and having a clear position on vaping products is critical.

Tobacco Product

This report defines this as **any product or device** that can deliver nicotine to the human brain, whether derived from tobacco or another source, except for safe and effective nicotine replacement therapies approved by the U.S. Food and Drug Administration (FDA) for tobacco cessation. Tobacco products include, but are not limited to, e-cigarettes, cigarettes, cigars, smokeless tobacco, hookahs, pipe tobacco, heated tobacco products, and nicotine “tobacco-free” pouches.

From: NIDA. 2023, December 14. What is the scope of tobacco, nicotine, and e-cigarette use in the United States?. Retrieved from <https://nida.nih.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/what-scope-tobacco-use-its-cost-to-society>

Commercial Tobacco

In this report, we distinguish the use of traditional or sacred tobacco by Indigenous people, including American Indians living in one of the five tribal nations in this geography. Practices vary by tribe, though often, the inner bark of red willow is used and referred to as sacred tobacco.

The National Native Network states “Traditional and commercial tobacco are different in the way that they are planted and grown, harvested, prepared, and used.”

Any references to tobacco in this report refer to commercial tobacco unless otherwise noted.

TPCP Position on E-Cigarettes

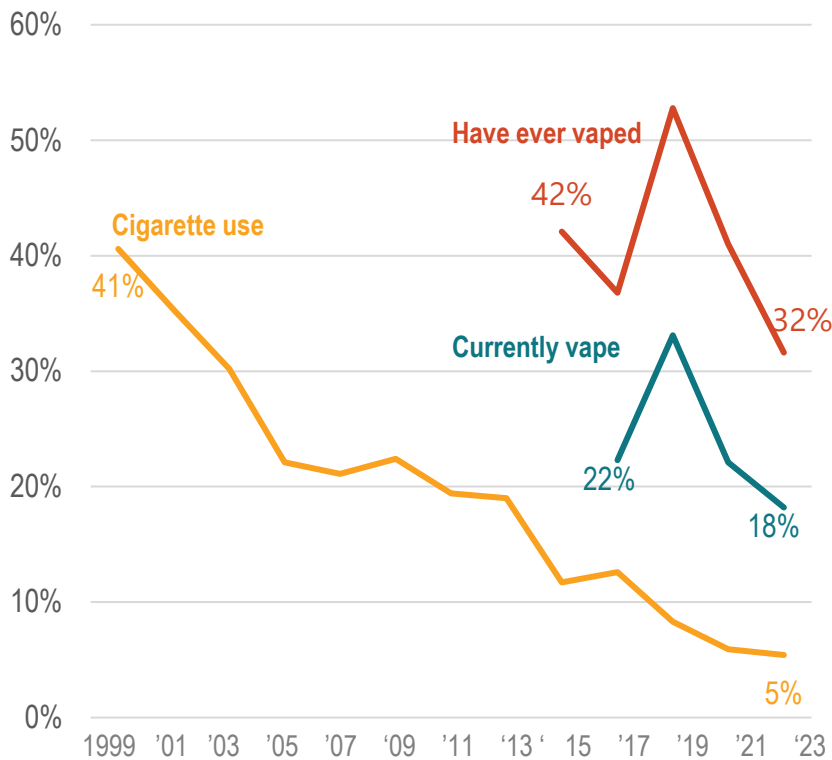
In September 2018, the TPCP took a data-informed position on Electronic Nicotine Delivery Systems (ENDS), now commonly known as vapes. Following additional studies, the risks outlined remain and ENDS are still not approved by the FDA as a nicotine treatment medication.

- The health risks from ENDS use have not been adequately studied.
- Nicotine from ENDS is highly variable and unregulated.
- Most ENDS products contain and emit potentially toxic substances.
- The FDA does not currently approve ENDS as a quit-smoking aid.

CIGARETTE USE IS HISTORICALLY LOW AMONG YOUTH, THOUGH ONE IN FIVE HIGH SCHOOLERS ARE VAPING

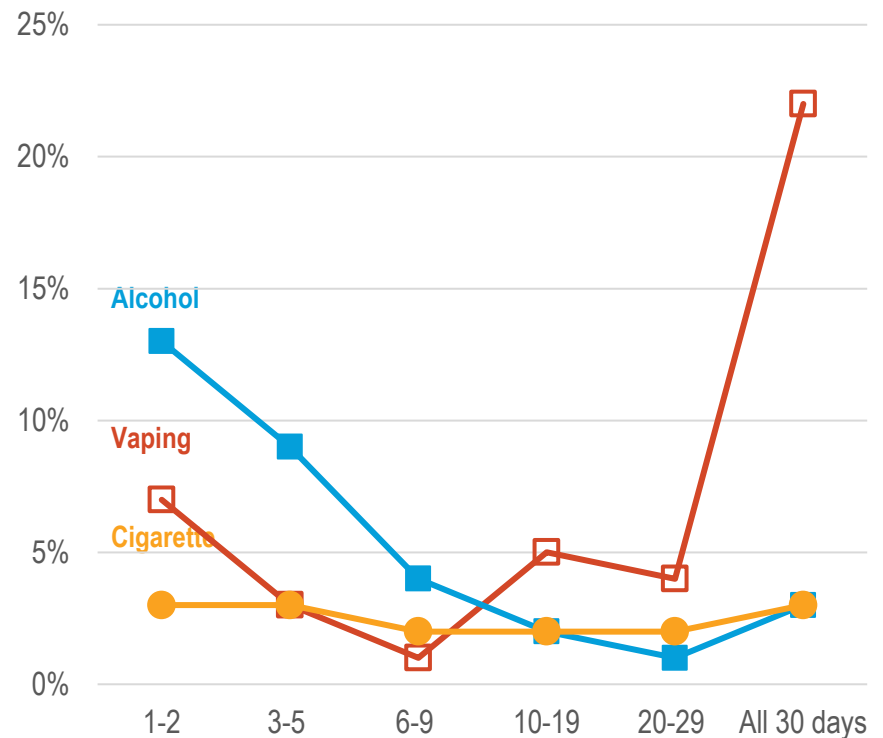
Prevention of use is critical since “tobacco use almost always starts in childhood or adolescence.”² Further, North Dakotans reporting poor mental health reported a sharp increase in vaping.

Nearly one in three North Dakota high school students **have ever vaped** and one in five **currently vape**. **Cigarette use** has declined.



ND YRBS, 1999-2023

Vaping sharply increases with an increase in poor mental health days, whereas **alcohol** use declined and **cigarette use** was steady.

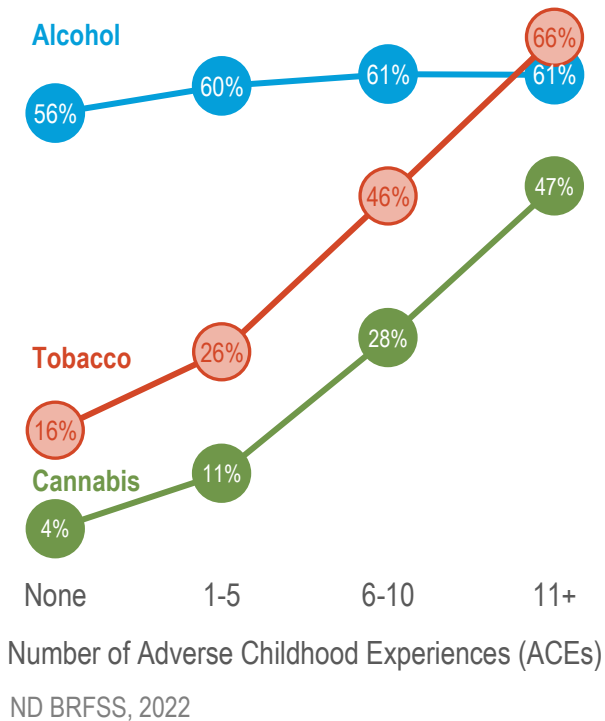


During the past 30 days, how often was your mental health not good
ND YRBS, 2023

² Janssen, et al. (2023). Protecting Children and Adolescents from Nicotine and Tobacco, Pediatrics, 151(5), <https://doi.org/10.1542/peds.2023-061804>.

TOBACCO'S ROLE IN SUBSTANCE USE AND MENTAL HEALTH

North Dakota adult **tobacco use** sharply increases with additional ACEs, more so than with **cannabis** or **alcohol**



Data on the relationship between ACEs and substance use informs TPCP program priorities

The use of commercial tobacco and new nicotine products, such as nicotine pouches produced by the tobacco industry, disproportionately impacts individuals experiencing behavioral health conditions nationally and within North Dakota. To help address this issue, the TPCP focuses on those living with a behavioral health condition as a priority population in their tobacco prevention and control work.

The Centers for Disease Control and Prevention (CDC) describes a behavioral health condition as a “mental health or substance use disorder.” To inform programmatic priorities, in 2023 Professional Data Analysts (PDA) conducted interviews with nine Tobacco Treatment Specialists (TTS) who work at two Human Service Centers (HSC), North Central and Badlands, and two Federally Qualified Health Centers (FQHC), Coal County Community Health Center and Family HealthCare. The findings indicated patients valued TTS counseling:

“We also have to be sensitive to people with post-traumatic stress disorder because if you're telling them 'You can't do this, this, this...' ...They were told that their whole life. That's going to trigger them and make them not trust you. But if you take the time to hear them out and have the patience to understand their situation, they're more apt to open up to you.”
—HSC TTS

BUILDING DATA SOVEREIGNTY AND CULTURAL CAPACITY

The Native American Adult Tobacco Survey (NA-ATS) is a critical, partnership-based effort. Over the past five years, not only has data been collected with nearly all the tribal nations, the very process of collecting the data has spurred discussions about commercial tobacco use within these communities.

One tribal nation with summarized data found that more than 65% of participants report using Sacred Tobacco within the context of ceremony, prayer, or other traditional practices. About half of Sacred Tobacco use was sourced from a commercial tobacco vendor.



Initial project development strategy, expectations between the TPCP and University of North Dakota.

Tribal Council approval and IRB for Mandan, Hidatsa, and Arikara Nation (MHA Nation), hiring and training Indigenous staff.

Spirit Lake Institutional Review Board (IRB) is obtained.

'19

'20

'21

'22

'23

'24

Project coordinator training with the American Indian Cancer Foundation.

Completed data collection in MHA Nation. Standing Rock IRB obtained and data collection in process.

Spirit Lake data collected, pending analysis. Standing Rock data collection is completed. Turtle Mountain data collection is in process.



*I noticed getting the data from the surveys that a lot of people **didn't realize that tobacco is just as bad [as other substance use issues]**. It is something that I've noticed – there isn't that much information getting out to those on the reservation. And the information that is getting out, they're not really interested in sitting there and reading about it.*

I noticed that during the NA-ATS interviews they were asking me questions about tobacco, and now I'm able to give them a lot more information. And it's not like you're reading from a pamphlet, I'm just kind of like, 'Hey, here's some facts about this or that. If you allow me, I'll be more than glad to share that with you.' And they're like, 'oh, okay, yeah, go ahead.' And so, then I'll tell them. A lot of them are just like, 'wow, I didn't know that.'

—Tribal Commercial Tobacco Champion

Nicotine dependence treatment in North Dakota



**Continuous
Improvement
and Innovation**



**Data-Centered
Decisions**

Incorporating cessation strategies into all commercial tobacco prevention and control efforts can help advance and support smoking cessation for all population groups. Tobacco dependence is a chronic, relapsing condition driven by nicotine addiction, and quitting can be difficult.³

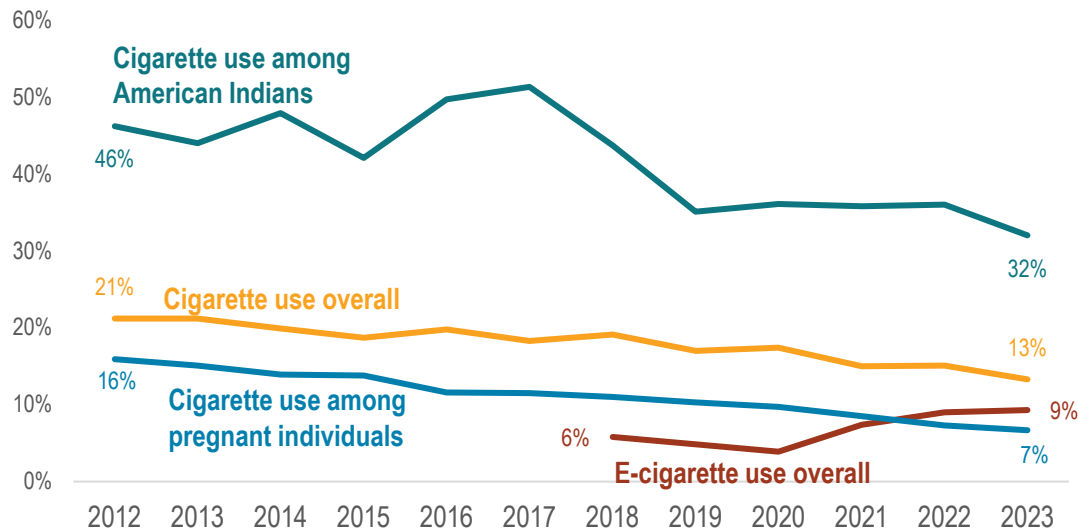
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³ VanFrank B, Malarcher A, Cornelius ME, Schechter A, Jamal A, Tynan M. Adult Smoking Cessation — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:633–641. DOI: <http://dx.doi.org/10.15585/mmwr.mm7329a1>

ADULT CIGARETTE USE IS TRENDING DOWN, WHILE VAPING IS INCREASING

Over the past decade, there has been a statistically significant reduction in adult cigarette smoking in North Dakota; trending increases in current adult use of electronic vaping products is of concern.

Current use of cigarettes and e-cigarettes over time



North Dakota BRFSS, 2012 – 2023

Chronic disease and behavioral health

Commercial tobacco use has been shown to adversely affect both the physical and mental health of users, and there is substantial evidence highlighting the dangers of secondhand smoke for non-smokers. Smoking damages nearly every organ in the body,⁴ and there is emerging evidence of the harmful effects of vaping, including the emissions from vaping products.

Two populations of interest in the state are American Indians and pregnant individuals.



With all the stuff in my life going on, I started to get into bad anxiety and depression, and it makes it way harder to quit. I am seeing a doctor for it.

—NDQuits participant

⁴ NIDA. 2021, [What are the physical health consequences of tobacco use?](#)

NORTH DAKOTA OFFERS MULTIPLE TREATMENT PROGRAMS TO “QUIT YOUR WAY”

Healthy People 2030 is the fifth version of a national public health set of priorities and objectives, which includes four nicotine dependence treatment objectives listed to the right. These objectives align well with the multi-decade effort in North Dakota to provide evidence-based treatment. This endeavor includes program availability, increasing treatment coverage through North Dakota Medicaid coverage, supporting health systems change to increase clinician engagement, and using data to inform programmatic decisions.

Addressing successful nicotine treatment is the transtheoretical model of behavior change. This model has been a widely used approach for moving individuals seeking treatment for nicotine addiction through the five stages of change as they move to prepare and take action to treat nicotine dependence. Use of Motivational Interviewing, a person-centered communication approach, helps meet people where they are and works within an individual’s ambivalence to change. One of the tribal partners shared:

We did a little bit of motivational interviewing during the TTS training, but I went further and did a whole training. I went to Fargo, and they had a two-day training on motivational interviewing. That way when I talk to people, I can kind of pull them in without them feeling like I'm forcing them to talk.

NDQuits

Resources are available through NDQuits to any North Dakotan ready to quit all tobacco products, including cigarettes, vapes, smokeless tobacco, and nicotine pouches.

TTS trainings

Beginning in 2018, the TPCP has provided 12 in-state Mayo Tobacco Treatment Specialist (TTS) trainings, adding nearly 400 TTS. TTS are key to in-person or local treatment access.

Clinical initiatives

Over a decade of building the NDQuits Cessation Grant Program has laid the groundwork for expanded tobacco use treatment, particularly in behavioral health and pharmacy locations.

Local support is key

Local Public Health Units provide in-person treatment and/or support partners to build treatment support in the community.

Healthy People 2030

- 1 Increase quit attempts
- 2 Increase successful quit attempts
- 3 Increase health care provider advice to quit
- 4 Increase treatment use

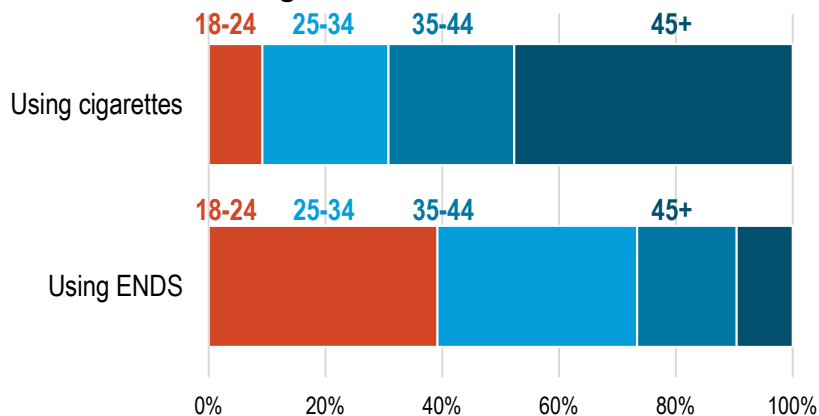
NDQUITS PROVIDES TREATMENT AMONG CHANGING PRODUCT USE

Nearly 2,000 unique North Dakotans called or went online to NDQuits annually during the 2021-2023 biennium. The quitline is cost-effective – **for every \$1 spent on NDQuits, North Dakota saves \$2.52 - \$2.90** under the current tax rate (\$0.44 per pack) by factoring in savings from tobacco cessation, such as decreased health care expenses and increased productivity. The landscape of tobacco control and available nicotine products on the market has been rapidly changing since 2017. Subsequently, the trend data for NDQuits enrollment patterns have been shifting since 2020, including the use of ENDS or vape products.

North Dakota adults who use ENDS are much younger than those who use cigarettes. Almost 80% of North Dakota adults who use ENDS are under age 35, compared to less than 30% of those who use cigarettes.

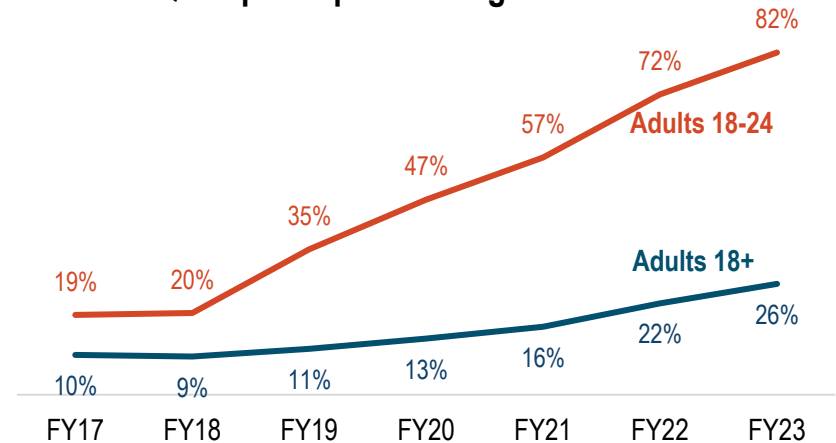
Since 2017, the percentage of young adults who enroll in NDQuits and report using ENDS has nearly tripled. NDQuits is an evidence-based cessation support for ENDS use with counseling and/or nicotine replacement therapy (NRT).

Age distribution of North Dakota adults who use cigarettes and/or ENDS



ND BRFSS, 2023

NDQuits participants using ENDS at intake



NDQuits enrollment data

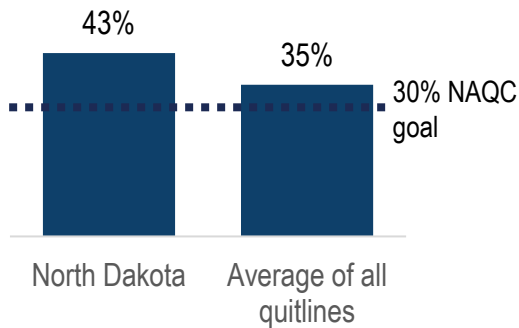
NDQUITS PROVIDES EFFECTIVE SUPPORT, ACROSS PRODUCT TYPES

One measure of success is to evaluate the percentage of individuals who have quit all tobacco products seven months after enrolling. NDQuits has three 30-day quit rates to account for tobacco type(s) at registration. The quit rates for NDQuits exceed the national average and the benchmarks set by the National Quitline Consortium (NAQC).

Individuals using cigarettes, cigars, and chew

NDQuits performed above the NAQC goal and the national average for 30-day quit rates.

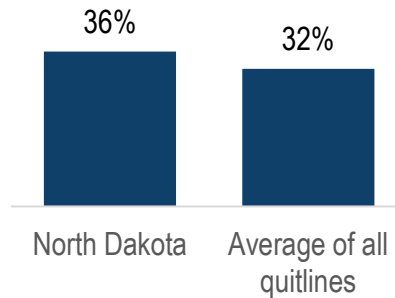
30-day quit rates from tobacco



Individuals using ENDS and cigarettes, cigars, and/or chew

NDQuits performed above the national average for 30-day quit rates that include ENDS.

30-day quit rates from tobacco and ENDS



Individuals who are exclusively using ENDS

Between February 2020 and December 2023, there were 104 North Dakotans who registered for NDQuits that only used ENDS. At 7-months after enrolling, the quit rate was:

39.6%

“*The information NDQuits provides on the website about the negative impacts of vaping was really helpful. I have been using vaping as a method to help quit smoking cigarettes but did not realize how damaging and addictive the vaping products are. Though I am still smoking cigarettes, I feel the program prevented me from developing another harmful habit, and I am very grateful.*

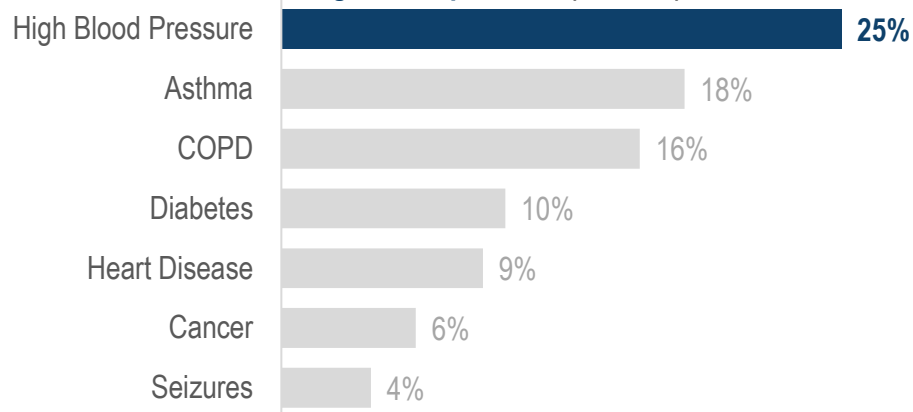
—NDQuits participant

“*[The quitline was a] wonderful aide in being able to say I've not even had one puff since August 20, 2023. Thank you NDQuits!!*

—NDQuits participant

NDQUITS SERVES INDIVIDUALS LIVING WITH CHRONIC CONDITIONS AND/OR BEHAVIORAL HEALTH CHALLENGES

One in four individuals who used NDQuits and had a chronic disease reported having high blood pressure (n=2,346).

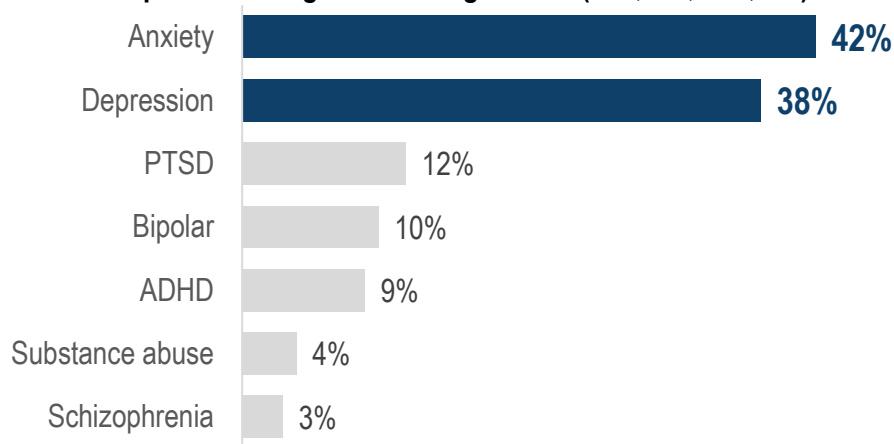


NDQuits enrollment data, 2020 - 2024

Between 2020 and 2024, a total of 9,427 North Dakotans used NDQuits. **Over half (51%) reported at least one chronic disease.**

There were 13% who reported two chronic diseases and 10% reported three or more. Those with Medicare were more likely to report high blood pressure (47%) as compared to Medicaid (27%) or private insurance (23%).

Anxiety and Depression were the most frequently reported mental health conditions reported among NDQuits registrants (n=3,792; n=3,443)



NDQuits enrollment data, 2020 - 2024

Between 2020 and 2024 a total of 9,427 North Dakotans used NDQuits. **Over half (53%) reported at least one behavioral health condition.**

Young adults reported anxiety at a higher percentage (58%) than those aged 25-54 (43%) or 65 or older (24%). Individuals reporting anxiety were vaping at a high percentage when they enrolled in NDQuits (54%).

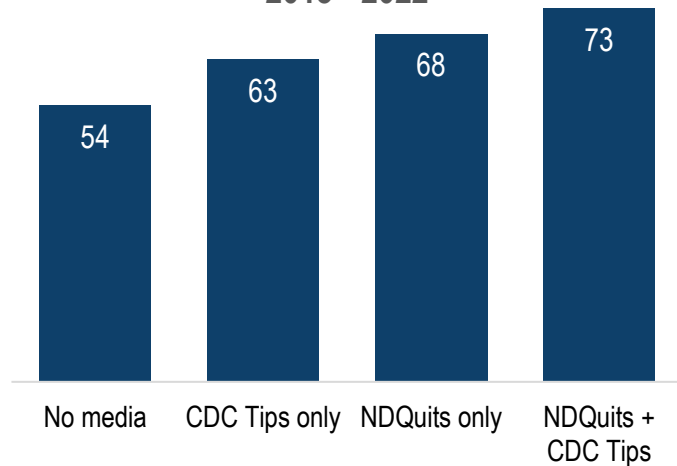
EFFECTIVE USE OF MEDIA TO SHARE NDQUITS RESOURCES

Health communications – broadcast, cable, digital, social, and earned media – is an essential and evidence-based component of helping people quit tobacco.

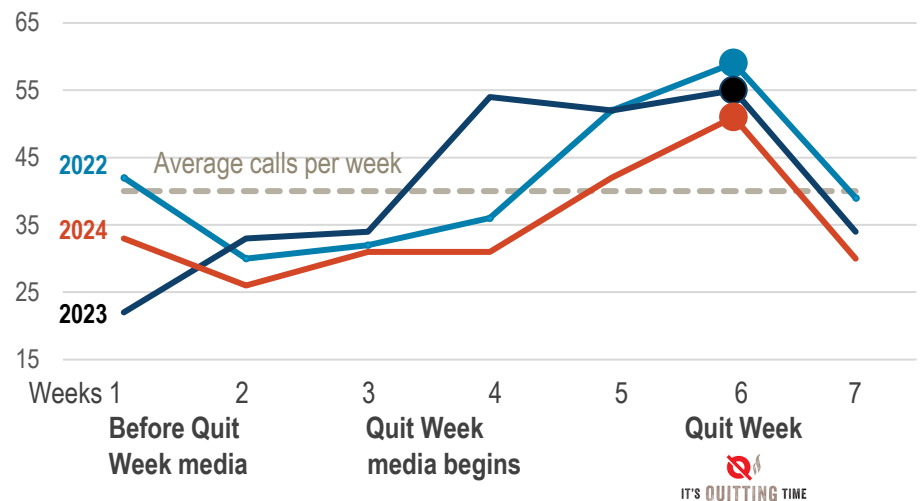
PDA examined the relationship between health communications and calls to NDQuits from July 2013 – December 2022. **When NDQuits television ads are running, there is an average of 14 more calls per week** than when no television ads are running. There are an **average of 19 more calls per week when both NDQuits and CDC Tips ads run**. Media, particularly television, remains essential to driving North Dakotans to NDQuits.

Quit Week is a coordinated media campaign that educates on cessation resources available to North Dakotans and encourages those that use tobacco to make a quit attempt. Messages are coordinated and shared via social media (Instagram, Facebook, Snapchat, YouTube), broadcast TV, radio, digital media, billboards, newspapers, and earned media. From 2020 to 2024, the “It’s Quitting Time” brand was established, and engagement per post has improved. **Annually, for the past five years, the number of calls to NDQuits has peaked during Quit Week.**

Average number of calls to NDQuits per week, 2013 - 2022



Number of calls to NDQuits before and during the Quit Week campaign – Quit Week has consistently high calls to NDQuits.



TOBACCO TREATMENT SPECIALIST (TTS) TRAININGS AND ONGOING EDUCATION WITH MAYO CLINIC

TTS trainings

The TPCP began collaborating with the Mayo Nicotine Dependence Center to offer in-state education in North Dakota to facilitate clinician education and increase local access to treatment. Since 2018, nearly 400 TTS have been trained, including over 70 people completing the training in 2024.

A TTS training is approximately 35 hours of learning. The content includes the neurobiology of nicotine dependence, health benefits of quitting, recommendations and dosing for cessation medications, and motivational interviewing, which is an evidence-based counseling approach to help patients adhere to treatment recommendations.



Mayo staff facilitates a Motivational Interviewing exercise with a TTS participant.

Motivational Interviewing Workshop

The first in-person Advanced Motivational Interviewing Workshop occurred in May 2024. Thirty-two TTS attended the new two-day training by the Mayo Nicotine Dependence Center. The workshop provided education through staff and attendee interaction to enhance communication skills, which are essential in collaborative conversations between a patient and clinician to assist behavioral change.



Motivational Interviewing Workshop



I will be more comfortable evoking for change talk and their own motivation and plan to quit tobacco after this training!

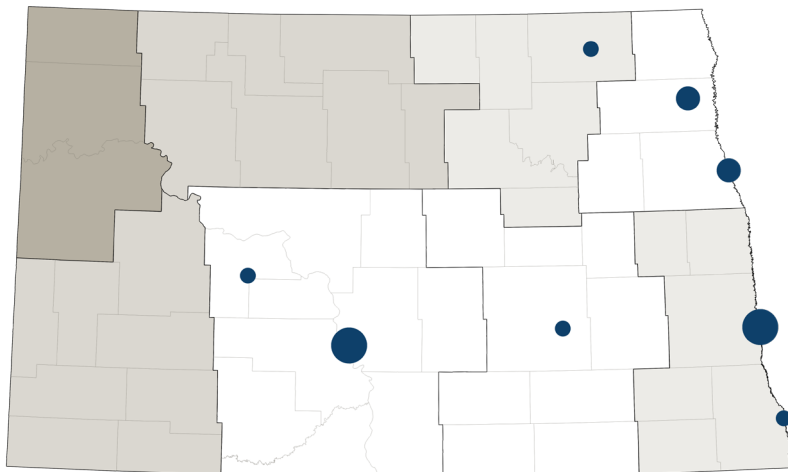
—Motivational Interviewing Workshop participant

NDQUITS BUILDS ON CAPACITY WITHIN THE STATE

North Dakota-specific grantees and counselors provide evidence-based cessation support across the state.

The NDQuits Cessation (NDQC) Grant Program is available throughout the state. The 18 NDQC grantees and other TPCP-funded grantees effectively refer tobacco users to NDQuits. The prevalence of tobacco use varies across the state, with a higher prevalence in the northwest. Of the 796 referrals to NDQuits in fiscal year 2024, **91%** were from TPCP-funded grantees.

Prevalence of tobacco use by Human Service Region, overlaid with NDQC grantee locations.



Tobacco use by region:

○ 20-21% ● 23% - 24% ● 26% ● 40%

ND BRFSS, 2023

Note: Larger dots indicate multiple grantees.

The NDQC grantees also address ENDS use and vaping, which includes:

- Asking patients if they vape.
- Providing tobacco treatment (counseling, NRT) to those who only vape.
- Treating patients who vape and use combustible tobacco products (dual use).

Nicotine Dependence Conferences (NDC)

The TPCP has supported these conferences since 2016. The NDQC grantees plan the content for the two annual in-state NDCs, which include patient interventions, priority populations, and other relevant or emerging topics. Nearly 100 attendees participated in each conference in 2023 and 2024, indicating high interest and engagement around these topics.



This [conference] does help with my job performance on giving education and learning the right way to have the discussion on tobacco, vaping, and quitting.

—2024 NDC attendee

Expanding access to nicotine dependence treatment



**Continuous
Improvement
and Innovation**



**Transparent
and Open
Communication**



**Engaged
Collaboration**

Quitting success is increased by health care provider intervention and by use of behavioral counseling and Food and Drug Administration - approved medications, particularly when these treatments are used together.³

3

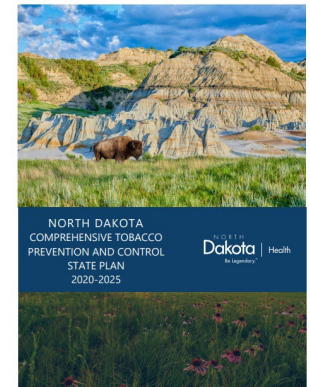
³ VanFrank B, Malarcher A, Cornelius ME, Schechter A, Jamal A, Tynan M. Adult Smoking Cessation — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:633–641. DOI: <http://dx.doi.org/10.15585/mmwr.mm7329a1>

NORTH DAKOTA HAS BEEN BUILDING ON ESTABLISHED TREATMENT PROGRAMS TO EXPAND ACCESS

As the tobacco product landscape continues to shift, the TPCP has engaged with partners, grounded in the data and evidence base of nicotine dependence treatment, to expand programming to reach specific North Dakotans collaboratively. In the North Dakota Comprehensive Tobacco Prevention and Control State Plan, 2020 – 2025, it is noted that tobacco initiation and use disparately affect subgroups of North Dakotans at higher rates.

The TPCP seeks to address the inequity of tobacco use in the following population groups in North Dakota:

- Youth and young adults
- Individuals with mental health and substance use disorders (Behavioral Health)
- Individuals with low socioeconomic status (Low SES)
- American Indians (AI)
- Pregnant tobacco users



The North Dakota Comprehensive Tobacco Prevention and Control State Plan, 2020 – 2025



I don't know that all administrators and teachers know how addictive this stuff is...how addicted a lot of our kids are...They don't realize what kids are going through and how much of a struggle it is.

—Beulah High School Principal

MEETING THE CHALLENGE OF ADDRESSING VAPING AND NICOTINE ADDICTION WITH YOUTH

A multi-method, comprehensive evaluation of youth nicotine treatment in North Dakota found that while existing treatment options were available for youth ready to take action, additional efforts are needed to support those who are not yet prepared to address their addiction.

In the North Dakota case study, review of existing nicotine dependence treatment work was reviewed, and three cases were selected for a comparative, deep investigation into the work in three counties:

- Mercer County
- Ransom County
- Burleigh County

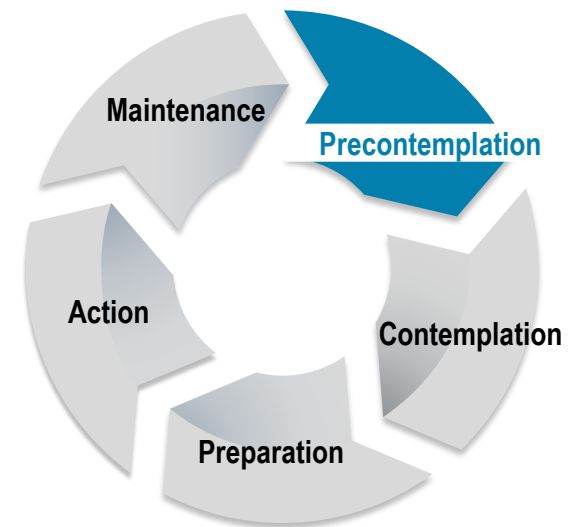
A cross-site result is that those involved in treatment efforts cited youth, parents, or school staff beliefs about vaping as a barrier to successful treatment. Many youth do not understand that vaping is harmful. Parents and older siblings often vape themselves and, in some cases, engage in vaping with youth as a bonding activity. There is also still a misunderstanding among school staff that simply taking away a vape will lead to quitting – more support to quit is needed.



People skip class to vape and don't realize that they are hurting themselves.

—Lisbon High School Student

In published literature, there is evidence that around **half of youth using e-cigarettes are in the pre-contemplation stage**, meaning the individual is not yet acknowledging that there is a problem behavior that would benefit from change. The evaluation of North Dakota youth treatment also found that many youth using tobacco products are at the pre-contemplation stage.



BUILDING CAPACITY WITHIN SCHOOLS TO REACH YOUTH

Community partners in three counties have built treatment for youth based on strong relationships, building resources within the school setting, and partnerships between organizations.

Mercer County

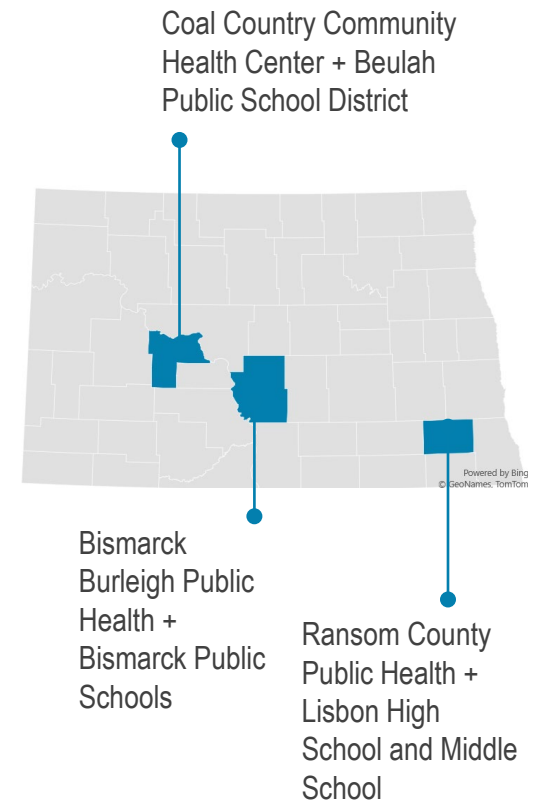
The Coal Country IMPACT School Nurse, a TTS, dedicates half the day at Beulah High School, and one of her responsibilities is delivering nicotine dependence treatment to students. If a student is found vaping, the student receives the option of a three-day, out-of-school suspension or to attend four youth nicotine dependence treatment classes, using the INDEPTH Program. Students are also referred to the NDQuits program for teens, My Life My Quit.

Ransom County

The Tobacco Prevention Coordinator from Ransom County Public Health works on-site at Lisbon Middle and High Schools to deliver both prevention and treatment programming using the INDEPTH Program. Students found vaping may accept either a three-day, in-school suspension as a disciplinary action or they may opt to attend four INDEPTH sessions to treat their nicotine addiction. Students are also referred to the NDQuits program for teens.

Burleigh County

The treatment program offered through schools using TTS-trained nurses within the schools is the most widespread treatment option. In addition, Bismarck Burleigh Public Health continues to provide the same treatment program at its clinic site. If a student is found vaping, they can avoid a citation by attending the treatment program. The student will be put on in-school suspension and will visit the School Resource Officer before meeting with the school nurse.



FACILITATORS AND BARRIERS TO YOUTH TREATMENT

Facilitators

Involved in the community. Successful TTS providers tended to be well-known in their communities (whether it be their small-town community, their school community, or both). One TTS had a child who went to the same school and was a same-aged peer to many of the students she interacted with. Another TTS mentioned that it benefited her in building trust with students when they saw her attending school or community events.

Dedicated space and/or time. It is essential to have protected time for the TTS to reach both students, as well as clear ways for other adults in the school to communicate with the TTS. In Burleigh County, Public Health emphasized the importance of having prearranged and reoccurring gatherings where these partners come together to coordinate efforts.



The tenacity [of the TTS] is what made this program stick.

—Lisbon School Principal

Barriers

Additional guidance on medication for youth under 18 is needed. Guidance from the American Academy of Pediatrics (AAP) supports prescribing youth nicotine medications in some cases. This prescribing guidance is not in place in the organizations in the three youth case study communities. To implement the AAP guidance the TPCP and partners will need to address the following: (1) identification of when prescribing nicotine replacement therapy to youth is appropriate, and (2) identification of the education and support providers (or health care systems) need.

Beliefs and attitudes. Many students, parents, and school staff do not understand how difficult it is to quit, especially e-cigarettes, which can contain higher levels of nicotine delivered to the body. Further, many of the kids who are found vaping have parents who are vaping or smoking; in some cases, students are getting these products from their parents. Generally, having these products around makes it more accessible to their kids. All sites reported that too many parents lack knowledge of the consequences of vaping and that with these cases, there is often a disconnect between what is acceptable at home versus school.

UNDERSTANDING HOW TO EXPAND TTS IN BEHAVIORAL HEALTH SETTINGS

The use of commercial tobacco and alternative nicotine products disproportionately impacts individuals living with behavioral health conditions nationally and within North Dakota. To help address this, the TPCP focuses on this group as a priority population in their tobacco prevention and control work. The CDC describes a behavioral health condition as a “mental health or substance use disorder.”

In 2023, the external evaluator, PDA, interviewed nine TTS who work at two Human Service Centers, North Central and Badlands, and two Federally Qualified Health Centers, Coal County Community Health Center and Family HealthCare. The purpose of this evaluation was to explore the needs, supports, successes, and barriers to providing and accessing tobacco and nicotine dependence treatment for individuals experiencing behavioral health conditions. PDA analyzed qualitative data systematically to reveal key themes and patterns.

Overall key findings included:

- **Use of Motivational Interviewing and strength-based messaging was an essential skill.**
- **Incorporation of follow-up with continued support to help prevent and address relapse was critical, though it was implemented differently across sites.**
- **All sites and TTS empowered patients to return for subsequent treatment and recovery interventions.**

Supporting patients living with behavioral health conditions

A key finding from the interviews was that patients experiencing mental health conditions and substance use disorders often need more intensive, individualized support to recover from tobacco use disorder. A TTS fosters support through intentional relationship-building, empathy, compassion, trust, and a sense of safety.



*I've had countless patients tell me that **the TTS saved their life.***

I called three patients in a row one day. They had been completely quit for at least a month - and that never happens.

I have never had that many people in a day say, 'I don't know what I would've done without you.' They've been smoking for over a decade, said 'thank you so much. I appreciate it so much. I'm feeling really good. I'm feeling like even if anything happens, I can take this on.'

—Family HealthCare TTS

EXPANDING TTS IN BEHAVIORAL HEALTH SETTINGS: SCREENING AND CONNECTING TO TTS AND REFERRALS

TTS are well positioned to provide counseling and NRT, in some cases, that meet the tobacco and nicotine dependence treatment and recovery needs of patients living with behavioral health issues. Counseling and brief interventions that incorporate motivational interviewing, strengths-based messaging, and education can be effective for patients living with behavioral health conditions despite the many challenges they face.

Screening for tobacco use was the first step in patients receiving tobacco and nicotine treatment and support.

- Badlands Human Service Center uses an **integrated assessment** for all patients, including tobacco use questions at intake. Information is accessed and used to inform TTS services for each patient.
- Coal Country Community Health Center (CCCHC) staff learned about **features in the Epic electronic health record (EHR) system** that provide flow sheets and questions to ask patients to help with the screening and documentation process. The system flags patients when they have a change in tobacco status. Altru shared this EHR option at a past TPCP Quarterly Partners Meeting.

TTS services are adaptable to different settings and contexts. Having TTS in various clinic and non-clinic settings, including pharmacies, affiliate hospitals, residential care facilities, and schools, can help improve patient reach. TTS, located in retail pharmacies, is especially well-positioned to engage with patients when they pick up NRT.

- Family HealthCare connects patients with TTS by having **pharmacists** present when patients pick up their cessation medications. This interaction allows for a brief conversation with a TTS without making an appointment.
- At CCCHC, having a **TTS respiratory therapist** at the affiliate critical access hospital was beneficial when transitioning patients from an inpatient to an outpatient setting and vice versa.
- At North Central Human Service Center, patients receiving addiction treatment in the **residential facility** are easier to reach for in-person sessions with a TTS and maintain regular follow-up. In-person sessions held 2-3 times a week are more helpful than only once a week.
- At CCCHC, a **TTS school nurse** with the IMPACT program provides brief counseling and education to youth who are vaping in school instead of three days of suspension.

REMOVING BARRIERS FOR ACCESSING MEDICAID TOBACCO TREATMENT

North Dakota is a national leader in coverage of tobacco treatment through Medicaid coverage and was part of a national webinar hosted by the American Lung Association in 2024.

North Dakota is a national leader in reducing barriers to Medicaid coverage for evidence-based tobacco treatment, including counseling and FDA-approved nicotine cessation medication. North Dakota Medicaid's coverage includes:

- Nicotine patch (7mg, 14mg, 21mg)
- Nicotine gum (2mg and 4mg)
- Nicotine lozenge (2mg and 4mg)
- Nicotine nasal spray
- Bupropion
- Varenicline

All medications are included for North Dakota Medicaid recipients, and various providers, including pharmacists, can provide medication or counseling. North Dakota was invited to share its benefit with a national audience during a 2024 American Lung Association-sponsored webinar highlighting two states that provided this **tobacco treatment benefit coverage for all individuals, with no age limit**. A forthcoming brief will be published in 2025.

A 2024 Morbidity and Mortality Weekly Report (MMWR),⁵ compared state Medicaid coverage for treatment and barriers. Areas for future work to remove barriers for treatment:

- Remove the annual limit on quit attempts
- Remove limits on duration
- Stepped care therapy



North Dakota Medicaid coverage has helped expand treatment access. We continue to observe primary nonadherence with patients not picking up prescriptions from the pharmacy when prescribed from the clinic side, so providing nicotine replacement therapy continues to remain of utmost importance for our patients. With the expansion of cessation services in Family HealthCare pharmacy, this has also proved to be a valuable patient access improvement, and coverage helps patients to get their medications on the spot.

—Brody Maack, Family HealthCare, Fargo

⁵ DiGiulio A, Tynan MA, Schechter A, Williams KS, VanFrank B. State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Accessing Treatments — United States, 2018–2022. MMWR Morb Mortal Wkly Rep 2024;73:301–306. DOI: <https://www.cdc.gov/mmwr/volumes/73/wr/mm7314a2.htm>

EXPANDING TRIBAL CAPACITY

In 2019, the TPCP shifted strategies from grant giving to partnership-based collaboration with the five tribal nations.

In the TPCP's 2022 Strategic Plan, they identified the goal of having a "functioning health-focused coalition in each Tribal Nation in North Dakota." These coalitions would "assist in carrying out tobacco initiatives in tribal communities." This plan included action items, including further development of the coalition training mentioned prior. It also included a recruitment strategy, funding programming, and regular check-ins with key partners.

In 2023, tribal tobacco coalition-building continued as quarterly Tribal Tobacco Coalition Meetings were conducted. In June 2023, Tobacco Free North Dakota (TFND) hosted a TFND-certified trainer program through the United Tribes Technical College, with participants from the Turtle Mountain Band of Chippewa Indians (TMBCI), Spirit Lake, and Mandan, Hidatsa, Arikara Tribal Nation.

Tribal coalition meetings/trainings were held in January and April 2024, and meetings are planned to continue. The TPCP is currently working with Tribal Health directors to recruit new coalition members, who will include Tribal school nurses. The coalition identified ENDS use in schools as the #1 focus area.



Coalitions are action. You want to get action out of your members, then you need to identify those that are well vested into that public health initiative.

—Turtle Mountain Public Health Champion

2023-2024 outreach

- Shared TMBCI data regarding ENDS with Turtle Mountain Community College Public Health students and inviting students to become members of the newly formed Tobacco Prevention coalition.
- Held discussions with the TMBCI Public Health Communication Specialist identifying tribally specific educational material for vaping and tobacco use.
- Collaborated with TFND, TPCP, and TMBCI Respiratory Therapist to plan the Turtle Mountain Vaping 101 Seminar for youth in grades 6th-8th.

REACHING MATERNAL HEALTH POPULATION USING TOBACCO

North Dakota-specific approach to increase treatment access

North Dakota was one of the earliest states to adopt a program specifically for pregnant and postpartum individuals to treat nicotine dependence. North Dakota partnered with BABY & ME – Tobacco Free Program from 2011 to 2021.

The data from BABY & ME – Tobacco Free Program in North Dakota had some strong overall outcomes in significantly improving birth outcomes such as gestational age and birth weight. However, program implementation varied across sites and had high costs. TPCP developed a state-specific program, Maternal Tobacco Program, which was integrated into the existing NDQuits Cessation (NDQC) Program.

The TPCP continued to monitor the program-level and overall data. Due to continued high cost and overall quit rates that were similar to individuals quitting on their own, the TPCP ended the Maternal Tobacco Program in June 2024. NDQC grantees continue to receive funding to support tobacco and nicotine dependence treatment for all patients. Furthermore, pregnant individuals have access to a special treatment protocol within the NDQuits program.

Examples of building processes within clinics to reach maternal health patients

Sanford Southpointe in Fargo is expanding its treatment services from focusing solely on pregnant and postpartum patients to **all patients at its OBGYN clinics**. They recently trained two new TTS at a local TTS training.

Additionally, changes to the medical record include:

- reactivating the referral for TTS consult and treatment and a messaging system to connect with patients
- adding a passive smoke exposure measurement tool
- creating new smart phrases and electronic messaging tools for electronic communication related to tobacco cessation



We support women across the lifespan who use tobacco products by providing counseling, education, and engagement on an individualized basis in their cessation journey.

—Sanford Southpointe TTS

Innovative collaborations to reach youth and other populations



**Continuous
Improvement
and Innovation**



**Transparent
and Open
Communication**



**Engaged
Collaboration**

Increasing and ensuring awareness of and access to tobacco cessation services, including counseling and medication, is important to maximizing the impact of commercial tobacco control policies...[this] can help advance and support smoking cessation for all population groups and has potential to reduce tobacco-related health disparities.³

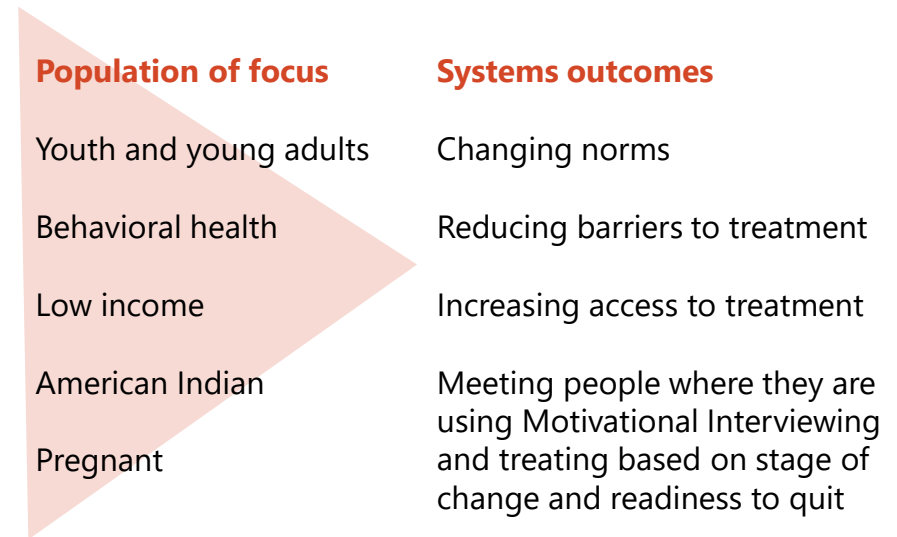
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³ VanFrank B, Malarcher A, Cornelius ME, Schechter A, Jamal A, Tynan M. Adult Smoking Cessation — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:633–641. DOI: <http://dx.doi.org/10.15585/mmwr.mm7329a1>

BUILDING CAPACITY TO SUSTAINABLY AND ACCURATELY MONITOR EFFECTIVENESS OF EXPANDED TREATMENT

Much progress in expansion of nicotine dependence treatment has occurred over the biennium. Initial outcomes and systems for tracking the effectiveness of this expansion are detailed in this section.

The measurement of the success of these efforts takes a **systems approach**, given the interconnected and interrelated programs and organizations at the national, state, and local levels working to reduce disease, disability, and death related to tobacco use. The impact of TPCP's work is measured by long-term outcomes in reduced tobacco product initiation and use (see Section 1). In addition, changes in the program pathways (scale, quality, and comprehensiveness of programs) are needed to improve the alignment and responsiveness between populations of focus and linkages to programs and policies.



CHANGING NORMS AROUND VAPING

The evolving tobacco product landscape, misinformation about nicotine in e-cigarettes, and intertwined behavioral health concerns present a complex challenge.

Vaping education

A significant barrier is that **many students, parents, and school staff do not understand how difficult it is to quit**, especially e-cigarettes, which can contain higher levels of nicotine delivered to the body.

“

I think too many people start using it too young. This causes addiction early and throughout their lives.

—Enderlin HS Student

“

The dopamine hit makes those feelings go away. And it feels better...until it doesn't. Then those feelings come back even stronger.

—Nurse Coordinator, Bismarck

Changing landscape

Schools and clinics across the state report challenges in keeping up with the emerging products and devices that deliver nicotine. **Vaping is easy to conceal** – vapes might look like highlighters, inhalers, pens, and the like. A principal noted that keeping up with the emerging nicotine and vape products is a formidable challenge. Further, all sites in the youth treatment evaluation reported **finding elementary-age students in possession of vaping devices**.

Mental health

Almost all students in the youth nicotine dependence treatment program evaluation have either anxiety, depression, or both. Many students in the treatment program also have a trauma history. Further, the use of nicotine products can actually increase anxiety and exacerbate many mental health challenges.⁶

“

Most kids also have some underlying mental health concerns. They need a trusted adult. That's often us.

—Nurse Coordinator, Bismarck Public Schools

⁶ Bataineh, B.S.; Wilkinson, A.V.; Sumbe, A.; Clendennen, S.L.; Chen, B.; Messiah, S.E.; Harrell, M.B. (2023). The Association Between Tobacco and Cannabis Use and the Age of Onset of Depression and Anxiety Symptoms: Among Adolescents and Young Adults, *Nicotine & Tobacco Research*, Volume 25, Issue 8, Pages 1455–1464, <https://doi.org/10.1093/ntr/ntad058>

BUILDING SUCCESSFUL YOUTH OUTCOMES

For young individuals who are in the early stages of change and may not yet recognize the addictiveness of tobacco products, the desired outcome is to enhance student engagement and openness by fostering a trusted relationship with a knowledgeable adult.

Ransom County Public Health and Lisbon Middle and High School

Because most students engaged in this youth vaping treatment program appear to be operating at an early stage in the process of behavior change (i.e., precontemplation), the impact of this treatment program can be more comprehensively described through examples of changes in beliefs, attitudes, and thought patterns.

School staff credit the vaping education for (1) **students realizing that vaping can be harmful** and (2) students **identifying their vape use as an addiction** rather than a form of rebellion or “being cool.”

Coal Country and Beulah Public Schools

The focus of change has been on increasing the interest of students to quit nicotine products, using the IMPACT program **to get students thinking about the impact of vaping and considering quitting.**

Five students have been found vaping. When given the choice between suspension or participating in the treatment program, **all students chose to engage in treatment.**



Students start to open up once they realize the things they tell me are confidential, but there's still a lot of secrecy around it.

—Coal Country School Nurse

Bismarck Burleigh Public Health and Bismarck Public Schools

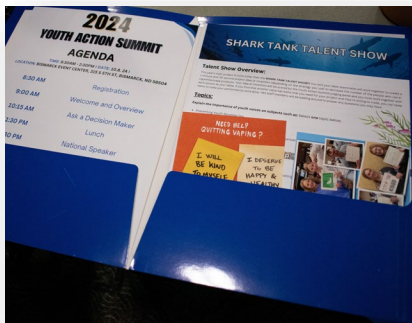
One way success is defined is the percentage of students who successfully quit by the end of the five treatment sessions. During the 2022-2023 school year, 111 Bismarck Public School students participated in the school treatment program. Of those participating, **20% successfully quit.**

Public Health provides education on vaping and nicotine addiction and coordinates efforts among partners. This ensures alternatives to youth purchase, use or possession laws to focus on helping youth access services rather than just penalizing youth found using these products.

YOUTH ACTION SUMMIT TO DEVELOP THE NEXT GENERATION OF LEADERS

The Break Free Youth Action Summit (YAS) has been a statewide annual event for six years. A one-day event is held in two areas of the state, and students and advisors from across the state travel to either Bismarck or Fargo to participate.

Tobacco Free North Dakota (TFND) supports for students representing schools across the state who want to travel to and attend the YAS.



“ Learning how much power us youth have to put an end to the use of nicotine and tobacco products [was valuable].
—YAS student participant

FLAVORED TOBACCO PRODUCTS

North Dakota State University (NDSU) report on menthol provides comprehensive review of evidence and available data

Menthol is a specific flavor additive common in tobacco products that tastes good and has a “cooling and painkilling effect.”⁷ In July 2024, a team of nursing researchers at NDSU published a report on the public health implications of menthol in tobacco products, focusing on populations within the state.⁸ The TPCP funded the study.

The North Dakota Youth Tobacco Survey data showed that of the 7.3% of 9 – 12th grade youth who were current cigarette smokers in 2019, 44.1% usually smoked menthol cigarettes, 10.5% were unsure what type of cigarettes they smoked, and 45.4% did not smoke menthol cigarettes.⁹

In North Dakota, three communities have local ordinances restricting flavored tobacco products in some manner

- Cando
- Linton
- Valley City

Additionally, the mayors of Fargo, Bismarck, Grand Forks, and Minot, as members of the U.S. Conference of Mayors, supported a 2023 resolution prohibiting all flavored tobacco products, including menthol. The policy options for North Dakota with the greatest potential to reduce the public health harms from menthol tobacco products include sales prohibitions and restrictions.

Valley City residents vote to keep ban on flavored tobacco

In 2016, Valley City leaders banned the sale of flavored e-cigarettes in the city, with their appeal to youth being one of the reasons for passing this policy.

In 2023, the city commissioners discussed this policy and pressure from some retailers who wanted the city to review and reconsider the policy. The city commissioners decided to put the ban on the sale of flavored e-cigarettes to the voters during the next primary election. On June 11, 2024, the residents of Valley City voted. The results: **68% of voters wanted to keep the policy in place**, keeping the sale of flavored e-cigarettes banned in the city.

⁷ Menthol cigarettes: The FDA’s proposed ban and why they’re more harmful. MD Anderson Cancer Center, <https://www.mdanderson.org/cancerwise/menthol-cigarettes-the-food-and-drug-administration-fda-ban-and-why-they-are-more-harmful.h00-159460056.html>.

⁸ Buettner-Schmidt, K., Wolf, K., Schaeffer Fraase, K., Miller, D. R., Orr, M., Doan, J. & Unger, C. (2024). *Menthol in Tobacco Products: Public Health Implications for North Dakota. A Report to the NDDHHS*. Fargo: School of Nursing, North Dakota State University.

⁹ ND Youth Tobacco Survey, 2019

DEVELOPMENT OF PHARMACY SERVICE ENHANCEMENT PROJECT

Background

In April 2023, the multidisciplinary pharmacy service enhancement project team, led by Brody Maack, PharmD, BCACP, CTTS, started piloting an education-based intervention to assist independent community pharmacies and other ambulatory care pharmacy practices in North Dakota with addressing tobacco use and cessation in their patients based on recommendations from stakeholders such as the U.S. Public Health Service and Centers for Disease Control and Prevention.

The project includes online and in-person education on tobacco cessation and service implementation; site visits for observation and documenting; and individual semi-structured interviews with pharmacy owners/pharmacists in charge.



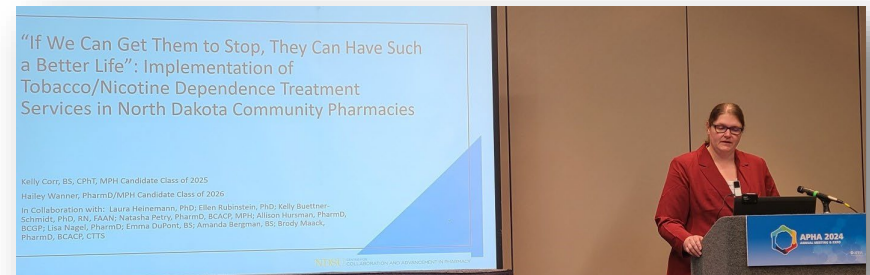
Poster presented by Natasha Petry, PharmD, MPH, BCACP, *Continuing to Pave the Way for Pharmacist Billing in North Dakota*

Progress to-date

The Pharmacy Service Enhancement pilot is running in six sites. It will continue through fiscal year 2025 and, depending on funding, potentially move to implementation. Baseline training modules and a [website](#) have been developed; both are resources for a broader audience.

Data metrics/outcomes have been developed and will be shared in fiscal year 2026:

- Number of patients encountered, asked, advised, referred/connected, counseled, and prescribed medications
- Pre-post questionnaire for staff completing baseline training
- Qualitative: site visits, interviews, coaching calls, observations



Presentation at the 2024 American Public Health Association Conference

EXPANDING CO-TREATMENT ACCESS IN BEHAVIORAL FACILITIES

Trauma-informed care education

From January to June 2024, TPCP and Heartview Foundation staff participated in a Trauma and Tobacco Community of Practice Project with the National Council for Mental Wellbeing to expand trauma-informed care in tobacco and nicotine dependence treatment.

Layn Sabot, Heartview Foundation staff and NDQC Grant Coordinator, utilized this project to develop an on-demand orientation training for all employees to prioritize nicotine dependence treatment. The training discusses adverse childhood experiences and trauma-informed care related to tobacco use and other substances. The education highlighted the importance of co-treatment of nicotine dependence treatment while describing how ACEs affect substance use rates. The North Dakota ACEs data was included in this training and is on page eight of this report. Addressing all substances during treatment improves long-term abstinence by 25%.¹⁰ The TPCP plans to expand trauma-informed education to more behavioral health facilities.

Reaching behavioral health clinicians

The September 2024 Behavioral Health Conference featured two presentations by Jim Pavlik, a Senior Program and Policy Analyst at the Behavioral Health & Wellness Program at the University of Colorado.

Mr. Pavlik described unique characteristics of nicotine. It is the first drug experience for many, develops cross-tolerance for other substances, and has rapid onset and withdrawal. High frequency of use creates



Jim Pavlik

cross-priming for other substances, such as opioids. Opioids and nicotine used together increase the euphoria associated with opioid use and speed up opioid clearance. Additionally, tobacco smoke affects various medications, including antipsychotics, antidepressants, and others such as insulin and warfarin.

Co-treatment includes trauma-informed approach and identifying inter-relatedness, treating the cause of the drug use. Nearly 90% of conference attendees who responded agreed the information was relevant and helpful.

¹⁰ Prochaska JJ, Delucchi K, Hall SM. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *J Consult Clin Psychol.* 2004 Dec;72(6):1144-56. <https://pubmed.ncbi.nlm.nih.gov/15612860/>

INNOVATIVE COLLABORATIONS AND SUCCESSES

Tobacco and Nicotine Dependence Treatment is being integrated into many North Dakota settings by a variety of partners across the state.

NDSU tobacco-free policy passage

After seven years of efforts led by the NDSU associate director of campus well-being, NDSU passed a tobacco-free campus policy, a critical policy to protect student, staff, and faculty health and wellness on campus.

NDSU Doctor of Nursing Practice (DNP) curriculum

A recently graduated NDSU Doctor of Nursing Practice student completed her dissertation,¹¹ a practice improvement study on incorporating tobacco and nicotine dependence treatment education into the doctoral curriculum.

Radon outreach and research and NDQuits partnership

The University of North Dakota School of Medicine and NDQuits partnered to offer free radon tests to individuals using NDQuits between February 2021 and 2023. There were 75 radon tests sent in for testing. More than one-third of the test results were ≥ 4.0 pCi/L, the action level recommended by the EPA.

Only one in five respondents reported knowing that radon caused lung cancer. A brief article highlighting these results was published in *Preventive Medicine*.¹²

NDQuits Cessation grantee integrates TTS into cancer care

The TTS at Jamestown Regional Medical Center are integrating nicotine dependence treatment into the cancer center as part of a collaboration with the current NDSU DNP student's dissertation project. Further, one TTS was accepted to a training at Kettering Cancer Center in fall 2024.



Jamestown Regional Medical Center TTS staff

¹¹ Bhattarai, K. (2024). A practice improvement project improving nicotine dependence treatment in a Doctor of Nursing Practice Program. Dissertation, NDSU.

¹² Schmitz D, Klug MG, Schwartz GG. Short Communication: Radon testing via a state tobacco quitline. *Prev Med Rep*. 2024 Apr 20;42:102738. doi: 10.1016/j.pmedr.2024.102738. PMID: 38689887; PMCID: PMC11059320

SUMMARY AND RECOMMENDATIONS

North Dakota TPCP has made notable progress on expanding access to nicotine dependence treatment across the state, using data to monitor how well efforts are working as tobacco product use shifts and ensuring populations of interest are being reached. Key recommendations to continue this progress are included below.



Learn from and expand upon TTS trainings and related education tailored to audiences working with populations of interest, including youth, young adults, maternal, American Indian, and behavioral health.



Continue to build and expand transparency and the use of systems to track, monitor, share, and use data, including systems-level changes and grantee impact.



Focus on building the evidence base for North Dakota-grown efforts while also tailoring them to thrive within communities across the state sustainably.