

Cavalier County Health District Newsletter

Cavalier County Health District
January 2010

U.S. Adult Smoking Rates Remain Stalled

Despite progress in some areas, smoking rates among U.S. adults remained stalled in 2008, halting the nation's progress in ending the tobacco epidemic, according to a CDC study.

The study, released in advance of the annual Great American Smokeout this past November, found that 46 million Americans (20.6 percent) were current cigarette smokers in 2008, which is virtually unchanged since 2004 when 20.9 percent of adults reported being smokers. The study's findings indicate an alarming trend, because smoking is the leading preventable cause of death, killing more than 443,000 people every year and costing the nation \$96 billion in health care costs annually.

This new data, based on the 2008 National Health Interview Survey, shows little to no change over the past five years and hints that smoking rates may be moving in the wrong direction.

Today tobacco will kill more than 1,000 people, but we can reduce smoking

rates," said CDC Director Thomas R. Frieden, M.D., M.P.H. "We must protect people from second-hand smoke, increase the price of tobacco, and support aggressive anti-tobacco campaigns that will reduce smoking and save lives. If every state had smoking rates similar to places which have implemented effective programs, there would be at least 10 million fewer smokers in the US, and millions of heart attacks, cancers, strokes, and deaths would be prevented."

According to the study, the people hardest hit by the tobacco epidemic are those among vulnerable populations, including people with lower levels of educational attainment. In 2008, 41.3 percent of persons with a General Education Development certificate smoked cigarettes, compared to 5.7 percent of persons with a graduate degree.

In another study in this week's CDC Morbidity and Mortality Weekly Report, the 2008 Behavioral Risk Factor Surveillance System

reports that current adult smoking prevalence varied substantially across 50 states, the District of Columbia, and the three U.S. territories. Among states, smoking prevalence was highest in West Virginia (26.6 percent), Indiana (26.1 percent), and Kentucky (25.3 percent) and lowest in Utah (9.2 percent), California (14 percent), and New Jersey (14.8 percent).

In the same study, CDC also reported significant variation among 11 states in the proportion of adults protected by smoke-free workplace policies and the proportion of adults who protect themselves and their families from second-hand smoke in their homes.

Among the 11 states which asked questions about exposure to second-hand smoke, there was a large variation in indoor workplace exposure — from a high of 16 percent in Mississippi to a low of 6 percent in Connecticut and Tennessee.

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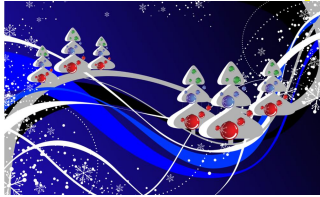
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Take Steps to Prevent Carbon Monoxide Poisoning this Winter



CO is a colorless, odorless gas produced by burning any fuel. About 20,000 Americans are treated in emergency rooms each year because of CO exposure; exposure to high levels of CO can cause death. Many people who have CO poisoning don't know it because its symptoms are familiar complaints.

Common symptoms of CO poisoning include:

- headache
- dizziness
- chest pain
- nausea/vomiting

In severe cases of CO poisoning, people may be agitated and confused or tired, or may lapse into unconsciousness.

CO exposure can happen at any time during the year, but **most accidental CO poisonings occur from December through February.** **During these winter months,** people rely most heavily on their furnaces and are most likely to warm up vehicles in a garage. Winter storms can bring strong winds or heavy accumulations of ice with them and disrupt electric power for hours or even days while utility companies work to repair damage. Temperatures in your home may be-

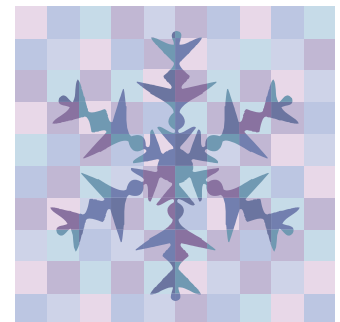
come uncomfortable, and bundling up in extra clothing and blankets may not provide enough warmth. Sadly, many CO poisonings are caused by the use of alternative heating sources during electric power outages.

You can protect yourself and your family from the dangers of CO poisoning by observing the following safety precautions:

- DO install battery-operated CO detectors in your home, especially near heating sources. Change the batteries in the detector when you change your clocks from daylight saving time to standard time.
- DO have a qualified technician check your heating systems, water heaters, and other gas-, oil- or coal-burning appliances every year.
- DO have your chimney and flue inspected and cleaned yearly.
- DO make sure that your chimney is not blocked with snow before you use your fireplace.
- DO move to a fresh-air location and call 911 immediately if you experience the symptoms of CO poisoning.
- DO check frequently on children and the elderly.

- DO NOT use gas-powered appliances such as ranges, ovens, or clothes dryers to heat your home.
- DO NOT use camp stoves, charcoal grills, or hibachis inside your home, in the basement, or in the garage.
- DO NOT operate a generator inside your home or garage. Only operate a generator outdoors and away from doors, windows, and vents that could allow CO to seep indoors.
- DO NOT run a vehicle inside your garage, even if the garage door is open.

CO poisoning is entirely preventable. You can protect yourself and your family by preparing your home heating sources for winter, acting wisely in case of a power outage, and learning the symptoms of CO poisoning.



CO poisonings usually occur in winter months when people use heating sources that may produce hazardous CO levels. You can prevent CO poisoning by preparing your home heating sources for winter, acting wisely in case of a power outage, and learning the symptoms of CO poisoning.

Smoke Free Laws and Heart Disease

A statement by Thomas R. Frieden, M.D., M.P.H. Director, Centers for Disease Control and Prevention Regarding Institute of Medicine Report on Secondhand-Smoke Exposure and Heart Disease

The Institute of Medicine (IOM) report, *Secondhand-Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*, confirms that secondhand smoke could cause heart attacks and that smoke-free laws prevent heart attacks and save lives.

The report confirms that eliminating smoking in workplaces, restaurants, bars, and other public places is an effective way to protect Americans from the health effects of secondhand smoke, particularly on the

cardiovascular system. The IOM also concluded that the evidence is compelling that even brief secondhand smoke exposure could trigger a heart attack.

Heart disease is the leading cause of death in the United States. Nearly three of four U.S. adults have at least one major risk factor for heart disease. Yet, only 40 percent of Americans live in areas with comprehensive state or local laws that ban smoking in public places. These findings suggest that tens of thousands of heart attacks could be prevented each year, and that states and communities that do not have comprehensive smoke-free laws could have significant cardiovascular health benefits by doing so.

There's no time to waste with this many lives at stake. It is time to mount a full

scale assault on the tobacco epidemic and eliminate all exposure to secondhand smoke. Smoke-free laws are one of the most readily available and cost-effective methods for preventing heart attacks, heart disease-related illnesses and deaths, and reducing health care costs. The only way to protect non-smokers from the dangerous chemicals in secondhand smoke is to protect workers and the public through comprehensive smoke-free laws.

For information on quitting, visit http://www.cdc.gov/tobacco/quit_smoking/index.htm. For the latest resources and information on protecting yourself from secondhand smoke, visit http://www.cdc.gov/tobacco/basic_information/secondhand_smoke/index.htm. To view the full IOM report, visit <http://www.nap.edu/catalog.php?>



North Dakota's state smoke free law is not considered comprehensive protection due to the many exceptions including bars and truck stops.

2009 A Year of Progress in North Dakota Tobacco Prevention

2009 proved to be an eventful and activity filled year of tobacco prevention activities in our state. The stage was set in late 2008 with the passage of Measure # 3 which called for the Strategic Contribution funds coming into our state from tobacco companies to be used for tobacco prevention efforts rather than other health and non-health related projects. This measure called for North Dakota to fund tobacco

prevention at a CDC recommended level of funding. Although the measure passed readily by the vote of the people in November 2008 it did not move as easily through the legislative session in 2009. After much debate and advocacy efforts by ND citizens the funding was allocated and work was underway. The Tobacco Prevention and Advisory committee was appointed by the governor and a

Five Year State Tobacco Plan was developed. This plan calls for efforts at both state and local levels in order to reduce tobacco use through research proven best practices including things such as tobacco free policies, ordinances and laws; increased tobacco taxes; and systematic approaches to assessing and treating tobacco use. We eagerly look to 2010 as the work of implementing this plan continues.



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Are you concerned about reducing youth tobacco use or protecting all workers in North Dakota from secondhand smoke? Would you like to see bars and private clubs be smoke free? Do you feel individuals trying to quit tobacco could use more support in their efforts? Would you like to see the overall health of North Dakotans improve? Would you just like to know more about the toll of tobacco on our residents and what can be done to lesson this burden? If you answered yes to any of these questions the Cavalier County Tobacco Coalition is for you. The coalition meets quarterly to inform members about what is going on in the areas of tobacco use prevention and health promotion. Members can choose to be as active as they wish and attendance is not mandatory. Ideas for advocacy efforts in regard to this critical issue are provided for those wishing to be more active. If you are interested contact Cavalier County Health District at 701-256-2402 or email stwelsh@nd.gov for meeting times and more information.

The next meeting of the Cavalier County Tobacco Coalition is tentatively scheduled for late February 2010.

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Second-hand smoke is known to cause cancer, heart disease, and many other health problems, and smoke-free laws have many benefits, including protecting non-smokers, reducing heart attacks in non-smokers, and encouraging smokers to quit. Past experience shows that smoke-free laws covering public places encourage people to adopt smoke-free policies in their homes. In these states, home exposure varied widely from 3 percent of adults exposed in their homes in Arizona to 10.1 percent and 10.6 percent, respectively, in Mississippi and West Virginia. This finding correlates with household policies about not allowing smoking in households with a smoker present — for example, two thirds of smokers in Arizona live in households where smoking is not allowed in the home, compared to 41 percent and 36 percent in Mississippi and West Virginia.

Nationwide, 21 states and

D.C. have implemented comprehensive smoke-free laws covering workplaces, restaurants, and bars, but more than half of the country still lives in areas where they are not protected by comprehensive smoke-free laws.

“Despite states having received more than \$200 billion in tobacco-generated funds over the past 10 years, many Americans — particularly those with low educational attainment levels, and those who work in the hospitality, service, and other industries are exposed to smoke in their workplaces, and they do not have equal access to the support needed to help them quit,” said Matthew McKenna, M.D., M.P.H., director, CDC’s Office on Smoking and Health. “We need to make the investments so all people receive the same protections and adequate information to help them quit successfully.”

In an MMWR report from November, CDC noted that smoking rates among low-income adults enrolled in Medicaid programs are much higher than the general population (33 percent vs. 19 percent), and that only 6 Medicaid programs provided full access to all proven means to help smokers quit. Because access to tobacco cessation treatments (FDA-approved medications and counseling) has been shown to help smokers quit, providing coverage to all smokers, including the Medicaid population, would help reduce smoking rates.

The American Cancer Society encourages smokers to quit smoking. People who smoke can call 1-800-QUIT-NOW (1-800-784-8669) or visit www.smokefree.gov for quitting assistance. For more information on CDC’s tobacco control programs, visit www.cdc.gov/tobacco.

