

TOBACCO USE

PREVENTION & CESSATION

OKLAHOMA STATE PLAN

150,000 Fewer Tobacco Users by 2022



The phrases such as:

“tobacco-free,”

“tobacco prevention,”

“tobacco use prevention,”

“anti-tobacco,”

“tobacco control,”

“no tobacco use,”

“tobacco,”

and

“tobacco users”

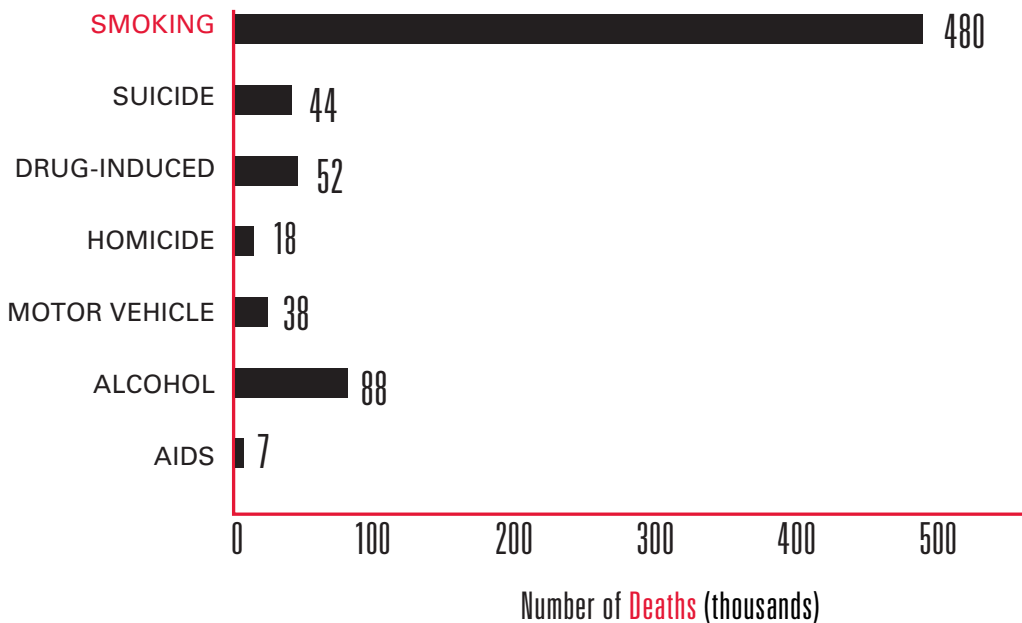
when mentioned in this document refer to commercially produced tobacco products and non-ceremonial use of tobacco.

TOBACCO KILLS MORE OKLAHOMANS THAN...

alcohol, auto accidents, suicides, murders, and illegal drugs **COMBINED** ¹

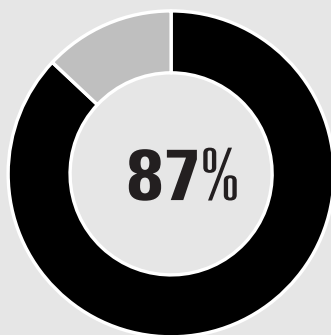
480,000

ANNUAL DEATHS FROM SMOKING²
compared with selected other causes in the United States

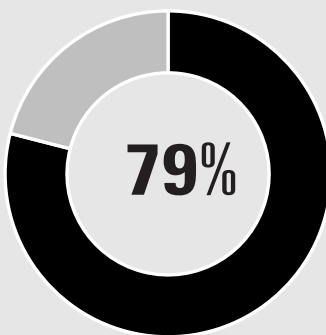


IN THE UNITED STATES, SMOKING CAUSES³:

LUNG CANCER DEATHS

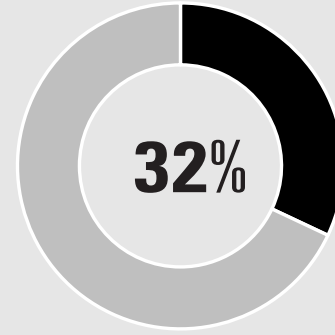


COPD CASES



Chronic Obstructive Pulmonary Disease (COPD)

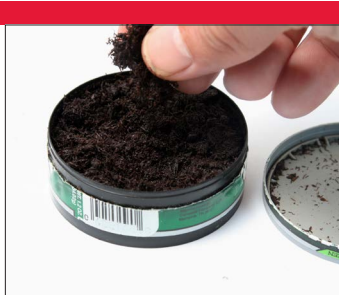
HEART DISEASE DEATHS



1. The Toll of Tobacco in the United States. (2018, November 16). Retrieved December 13, 2018, from <https://www.tobaccofreekids.org/problem/toll-us>
2. The Toll of Tobacco in the United States. (2018, November 16). Retrieved December 13, 2018, from <https://www.tobaccofreekids.org/problem/toll-us>
3. The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General. Retrieved December, 14, 2018 from <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>

SMOKING DURING PREGNANCY CAN CAUSE:⁴

- low birth weight babies
- miscarriages
- premature birth
- stillbirth



SPIT (SMOKELESS) TOBACCO CONTAINS

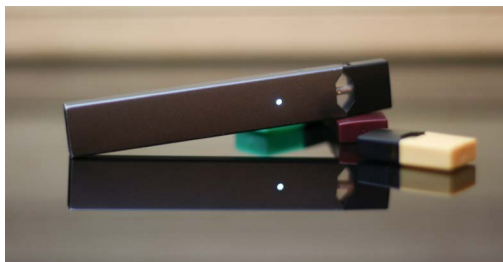
28 CANCER-CAUSING AGENTS⁵

(carcinogens)

NEW & EMERGING ELECTRONIC DEVICES:⁶

Electronic Smoking Devices / Electronic Cigarettes / E-Cigarettes / Vapor Devices / JUUL have **UNKNOWN HEALTH CONSEQUENCES** for youth and adults.

- E-cigarettes are new products that typically deliver nicotine, flavorings and other additives by an inhaled aerosol.
- Often referred to by a variety of names: e-cigs, e-hookahs, mods, vape pens, vapes, tank systems, JUUL.
- E-cigarettes produce aerosol by heating a liquid that usually contains nicotine – the addictive drug in regular cigarettes, cigars, and other tobacco products – flavorings, and other chemicals to produce an aerosol.
- The aerosol that is given off is not harmless and the products should not be used indoors.
- The health consequences are unknown.



JUUL utilizes free-base nicotine salts which allow for high levels of nicotine, making it more addictive.

NICOTINE IS HARMFUL FOR THE DEVELOPING ADOLESCENT BRAIN.

4. Reproductive Health. (2018, June 28). Retrieved December 13, 2018, from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm>
5. Smokeless Tobacco and Cancer. (2010, October 25). Retrieved December 13, 2018, from <https://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/smokeless-fact-sheet>
6. Electronic Cigarettes What's the Bottom Line?. (2018, December 3). Retrieve December 13, 2018 from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/Electronic-Cigarettes-Infographic-508.pdf

SECONDHAND TOBACCO SMOKE CONTAINS

250 Toxic Chemicals...

70 OF THEM ARE **CANCER** CAUSING.

Secondhand tobacco smoke is composed of sidestream smoke (the smoke released from the burning end of a cigarette) and exhaled mainstream smoke (the smoke exhaled by the smoker). Since sidestream smoke is generated at lower temperatures and under different conditions than mainstream smoke, it contains higher concentrations of many of the toxins found in inhaled cigarette smoke.^{7,8}

Partial listing of toxic chemicals in secondhand tobacco smoke:

2-naphthylamine	Chromium
4-aminobiphenyl	Ethylene oxide
Aldehydes (such as formaldehyde)	Hydrogen cyanide
Ammonia	Lead
Aromatic amines (such as 4-aminobiphenyl)	N-Nitrosamines
Arsenic	Nickel compounds
Benzene	Polynuclear aromatic hydrocarbons (such as Benzo[a]pyrene)
Beryllium	Radioactive polonium-210
Butane	Toluene
Cadmium	Vinyl chloride
Carbon monoxide	

**EXPOSURE TO SECONDHAND
TOBACCO SMOKE CAUSES**⁸

Heart Disease

Cancers

Sudden Infant Death Syndrome (SIDS)

Asthma Attacks

Bronchitis

Pneumonia



Each year, **secondhand** tobacco smoke exposure causes more than **8,000** deaths from stroke.⁹

7. 50 Years of Progress A Report of the Surgeon General (2015).

Retrieved December 13, 2018 from <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/consumer-guide.pdf>

8. Smoking & Tobacco Use. (2017, February 21). Retrieved December 13, 2018, from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm

9. Tips From Former Smokers ®. (2018, April 23). Retrieved December 13, 2018, from <https://www.cdc.gov/tobacco/campaign/tips/diseases/heart-disease-stroke.html>

TOBACCO KILLS AND CAUSES DISEASE

Tobacco use is the single most preventable cause of death and disease in the United States. For every person who dies because of smoking, at least 20 people live with a serious smoking-related illness. Smoking harms nearly every organ of the body.¹⁰

DISEASES CAUSED BY TOBACCO USE ¹¹

Stroke
Osteoporosis
Mouth Cancer
Heart Disease
Throat Cancer

Lung Cancer
Emphysema
Pancreatic & Stomach Cancer
Kidney & Bladder Cancer

Ear Infection
Asthma Attacks
Pneumonia
Bronchitis

DISEASES CAUSED BY EXPOSURE TO SECONDHAND TOBACCO SMOKE



EFFECTS ON REPRODUCTIVE HEALTH ¹²

- Smoking harms many aspects and every phase of reproduction.
- Women who smoke are at an increased risk for cervical cancer and infertility.
- Men who smoke are at an increased risk for erectile dysfunction.
- Once pregnant, women who smoke are about twice as likely to experience complications.
- Smoking during pregnancy causes health problems for both mothers and babies, such as pregnancy complications, premature birth, low birth weight infants, stillbirth, and infant death. Low birth weight is a leading cause of infant deaths.

10. Behan DF, Eriksen MP, Lin Y. Economic Effects of Environmental Tobacco Smoke Report. Schaumburg, IL: Society of Actuaries; 2005. Available from <https://www.soa.org/Research/Research-Projects/Life-Insurance/research-economic-effect.aspx>

11. 50 Years of Progress A Report of the Surgeon General (2015). Retrieved December 13, 2018 from <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/consumer-guide.pdf>

12. Reproductive Health. (2018, June 28). Retrieved December 13, 2018, from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm>

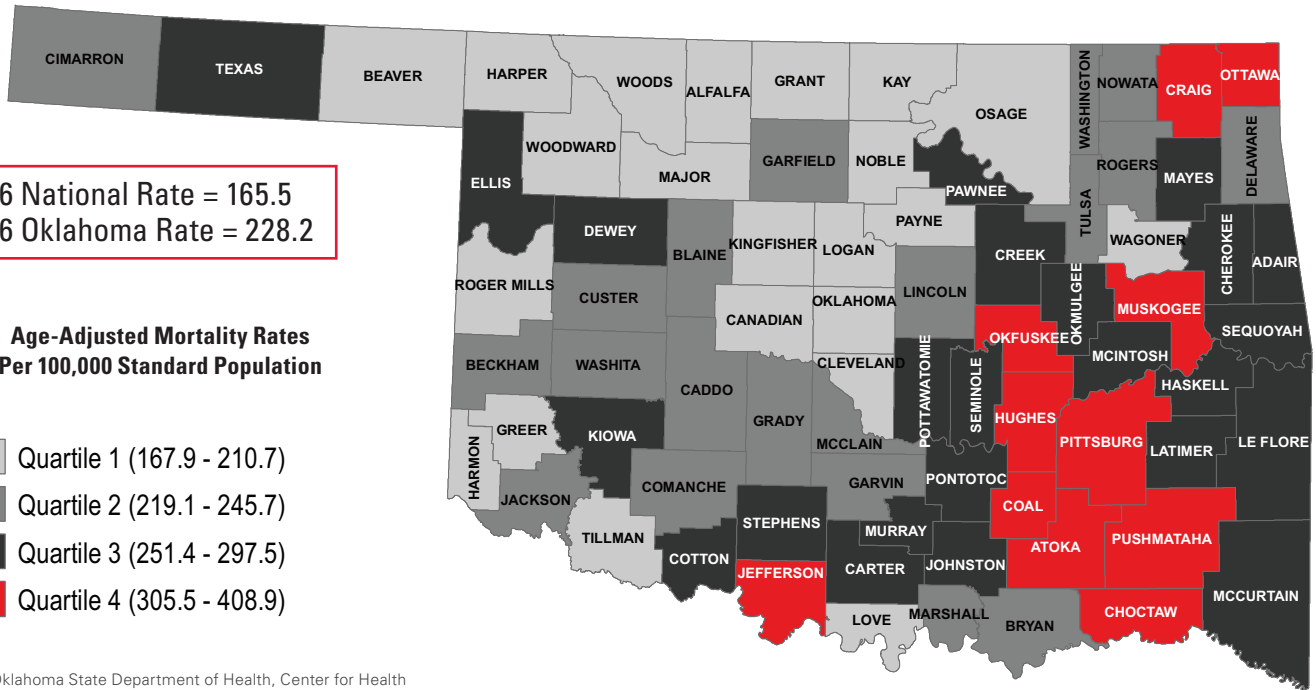
HEART DISEASE MORTALITY

2014 - 2016 Age-Adjusted Mortality Rates

2016 National Rate = 165.5
2016 Oklahoma Rate = 228.2

Age-Adjusted Mortality Rates
Per 100,000 Standard Population

- Quartile 1 (167.9 - 210.7)
- Quartile 2 (219.1 - 245.7)
- Quartile 3 (251.4 - 297.5)
- Quartile 4 (305.5 - 408.9)



Source: Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics 2014-2016, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE).

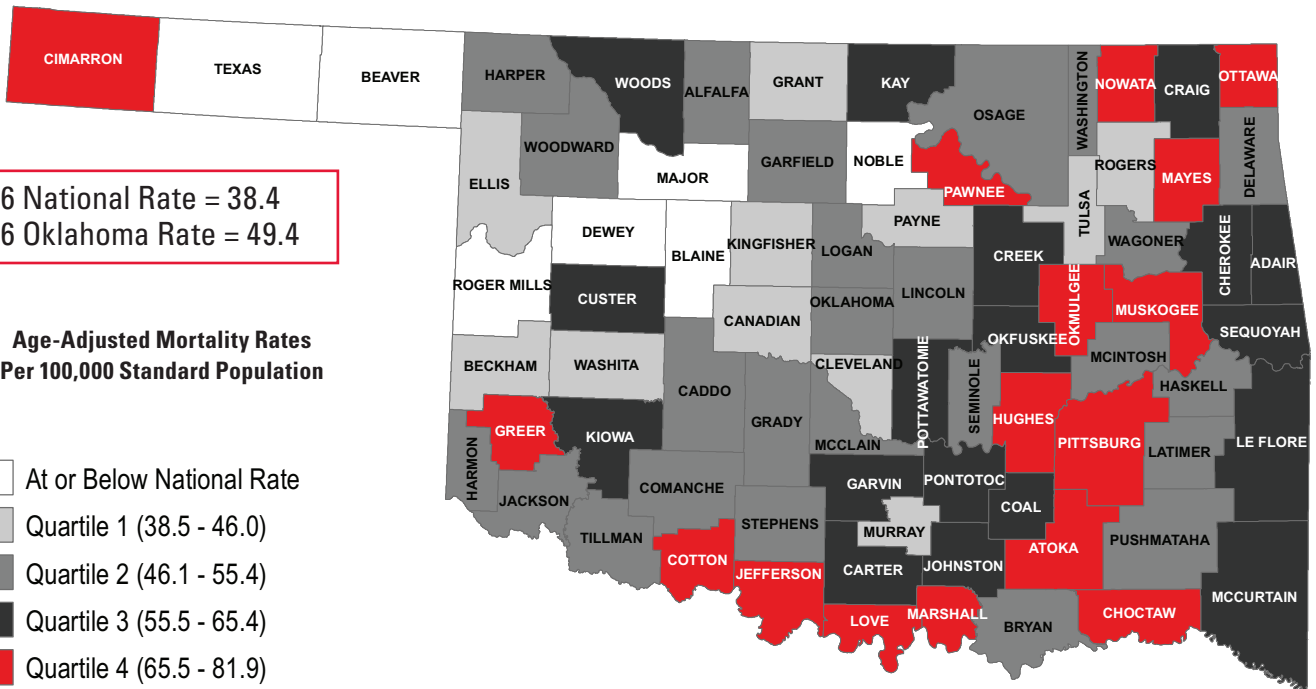
LUNG CANCER MORTALITY

2014 - 2016 Age-Adjusted Mortality Rates

2016 National Rate = 38.4
2016 Oklahoma Rate = 49.4

Age-Adjusted Mortality Rates
Per 100,000 Standard Population

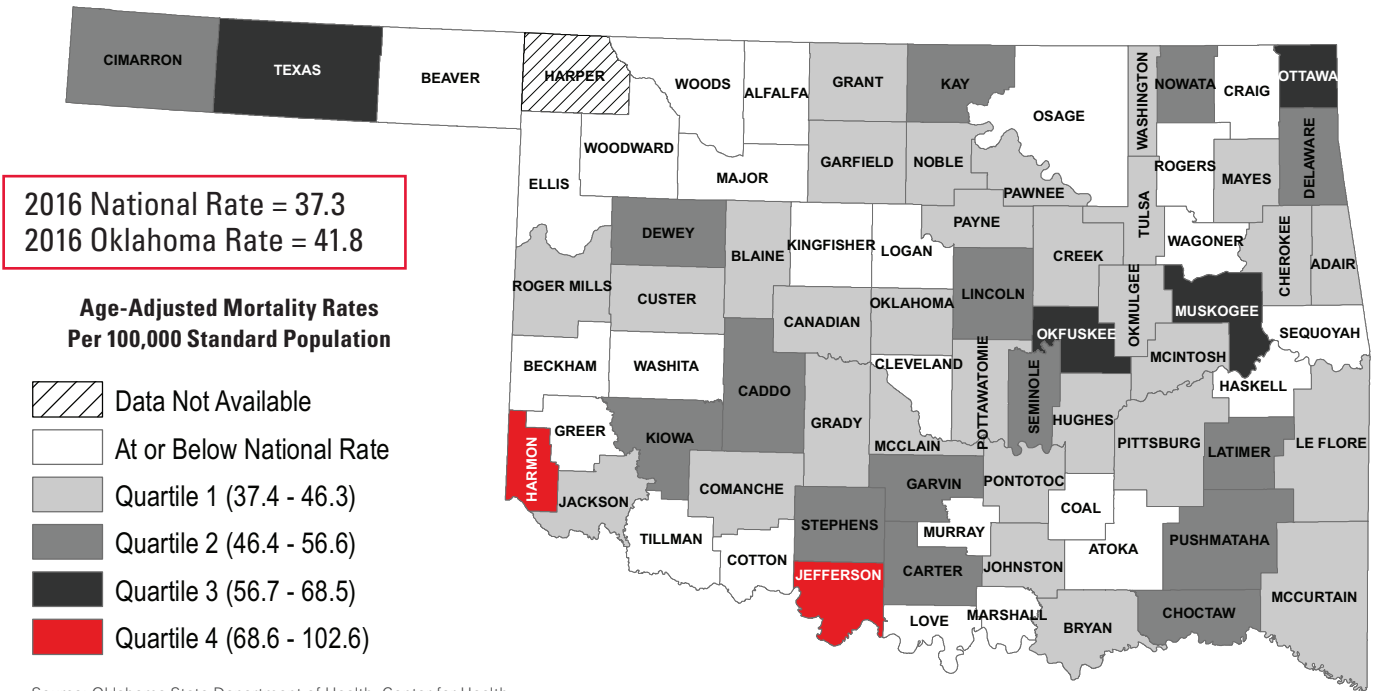
- At or Below National Rate
- Quartile 1 (38.5 - 46.0)
- Quartile 2 (46.1 - 55.4)
- Quartile 3 (55.5 - 65.4)
- Quartile 4 (65.5 - 81.9)



Source: Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics 2014-2016, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE).

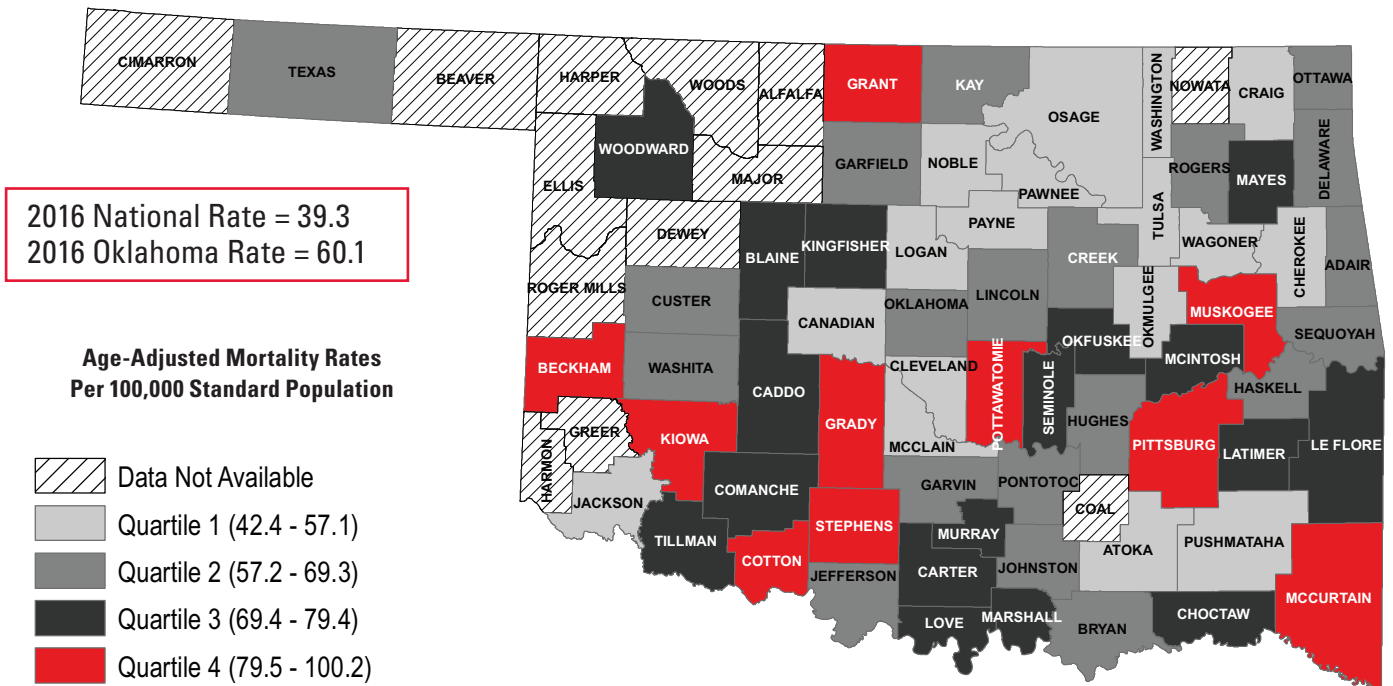
STROKE MORTALITY

2014 - 2016 Age-Adjusted Mortality Rates



CHRONIC OBSTRUCTIVE PULMONARY DISEASE MORTALITY

2014 - 2016 Age-Adjusted Mortality Rates

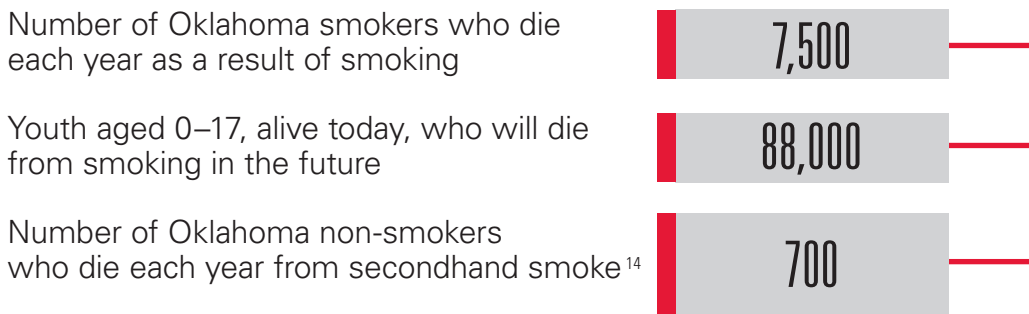




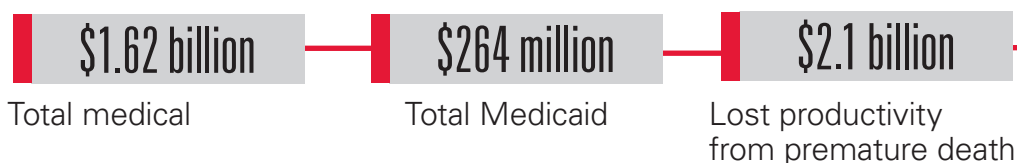
HEALTH & ECONOMIC TOLL OF SMOKING IN OKLAHOMA

EVERY PACK of cigarettes sold costs Oklahoma's economy \$15.69 in medical costs and lost productivity due to premature death and disease.¹⁶

Deaths in Oklahoma caused by smoking¹³



Annual costs incurred in Oklahoma from smoking¹⁵



Absenteeism can cost businesses an average of \$517 per year per employee who smokes.¹⁷

\$828¹⁸	\$44¹⁹	\$5²⁰
Amount tobacco use costs for every Oklahoma household every year whether they use tobacco products or not¹⁸	Amount tobacco industry spends in Oklahoma per person per year to promote their product	Amount Oklahoma currently spends per person per year to reduce and prevent tobacco addiction

13. The Toll of Tobacco in the United States. (2018, November 16). Retrieved December 13, 2018, from <https://www.tobaccofreekids.org/problem/toll-us> (n.d.). Retrieved December 13, 2018, from https://www.ok.gov/breatheeasyok/Secondhand_Smoke/index.html

14. The Toll of Tobacco in the United States. (2018, November 16). Retrieved December 13, 2018, from <https://www.tobaccofreekids.org/problem/toll-us>

15. \$15.69 is calculated based on Oklahoma Tax Commission Cigarette sales data of 237 million packs sold in FY 2017 and an estimated \$3.72 billion smoking caused monetary costs in Oklahoma. <https://www.tobaccofreekids.org/problem/toll-us/oklahoma>

16. Estimating the cost of a smoking employee (2013, June 3). Retrieved December 20, 2018, from <https://ucanr.edu/sites/tobaccofree/files/175136.pdf>

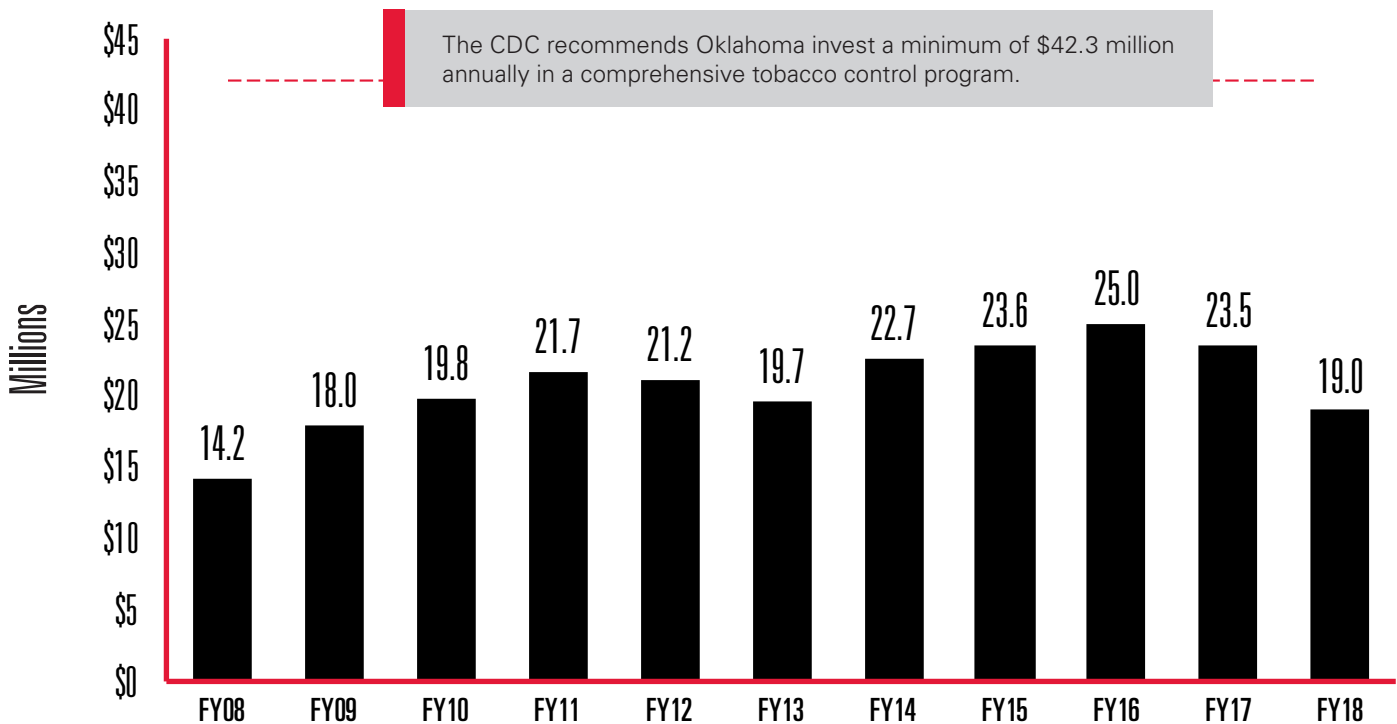
17. The Toll of Tobacco in Oklahoma. (2018, November 15). Retrieved December 20, 2018, from <https://www.tobaccofreekids.org/problem/toll-us/oklahoma>

18. \$828 is calculated based on Oklahoma's total population of 3.9 million according to US Census Bureau – 2018 Population Estimates and an estimated \$172 million spent by tobacco industry for Oklahoma's marketing each year. <https://www.tobaccofreekids.org/problem/toll-us/oklahoma>

19. \$44 is calculated based on Oklahoma's total population of 3.9 million according to US Census Bureau – 2018 Population Estimates and an estimated \$19 million spent by Oklahoma on tobacco prevention in FY 2018. https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/settlement/FY2019/2018_State_Report.pdf

20. \$5 is calculated based on Oklahoma's total population of 3.9 million according to US Census Bureau – 2018 Population Estimates and an estimated \$19 million spent by Oklahoma on tobacco prevention in FY 2018. https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/settlement/FY2019/2018_State_Report.pdf

FUNDING for Tobacco Control²¹



The State of Oklahoma is not meeting the Center for Disease Control and Prevention (CDC) recommended funding for tobacco control efforts.

Oklahoma allocated \$21.3 million in state funds to tobacco prevention in fiscal year 2019, just 50.3% of the CDC's annual spending recommendations.^{22,23} The annual tobacco industry marketing costs nationwide is \$9.5 billion dollars and the estimated portion spent for Oklahoma marketing each year is \$172.0 million dollars.²⁴ To combat the massive amount of money the tobacco industry invests to recruit youth to become new tobacco users and keep current users, Oklahoma must continue to fund tobacco control programs and strive to meet the CDC funding recommendations.

The Oklahoma Tobacco Settlement Endowment Trust (TSET)

was established through a constitutional amendment overwhelmingly approved by Oklahoma voters. While most state governments have failed to keep their promise to use tobacco settlement funds for tobacco prevention and other programs to improve health, Oklahomans have created an endowment to assure funds will be available for these purposes for generations to come. The top priority of the TSET Board of Directors is to help accomplish this State Plan.

21. Broken Promises To Our Children - A State-by-State Look at the 1998 Tobacco Settlement 20 Years Later. Retrieved December 14 from https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/settlement/FY2019/2018_State_Report.pdf

22. State Grades. (2018). Retrieved December 13, 2018, from <https://www.lung.org/our-initiatives/tobacco/reports-resources/sotc/state-grades/#hide-tab-1>

23. The Toll of Tobacco in the United States. (2018, November 16). Retrieved December 13, 2018, from <https://www.tobaccofreekids.org/problem/toll-us>

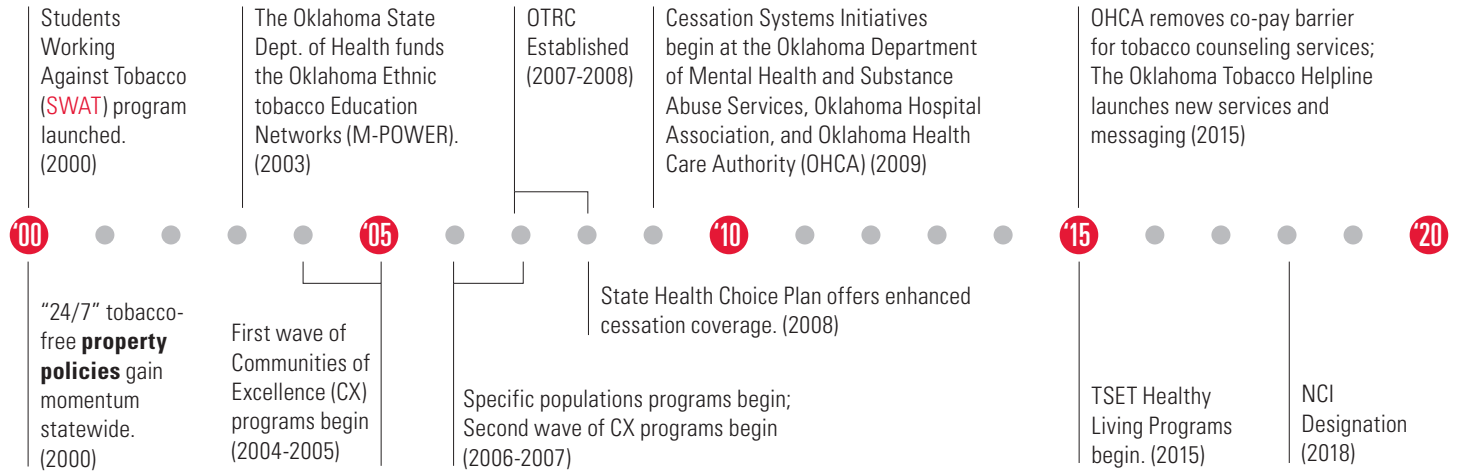
24. 2018 Oklahoma tobacco use fact sheet. (2018, June 29). Retrieved December 13, 2018, from <https://truthinitiative.org/tobacco-use-oklahoma>

2000-2018 TIMELINE

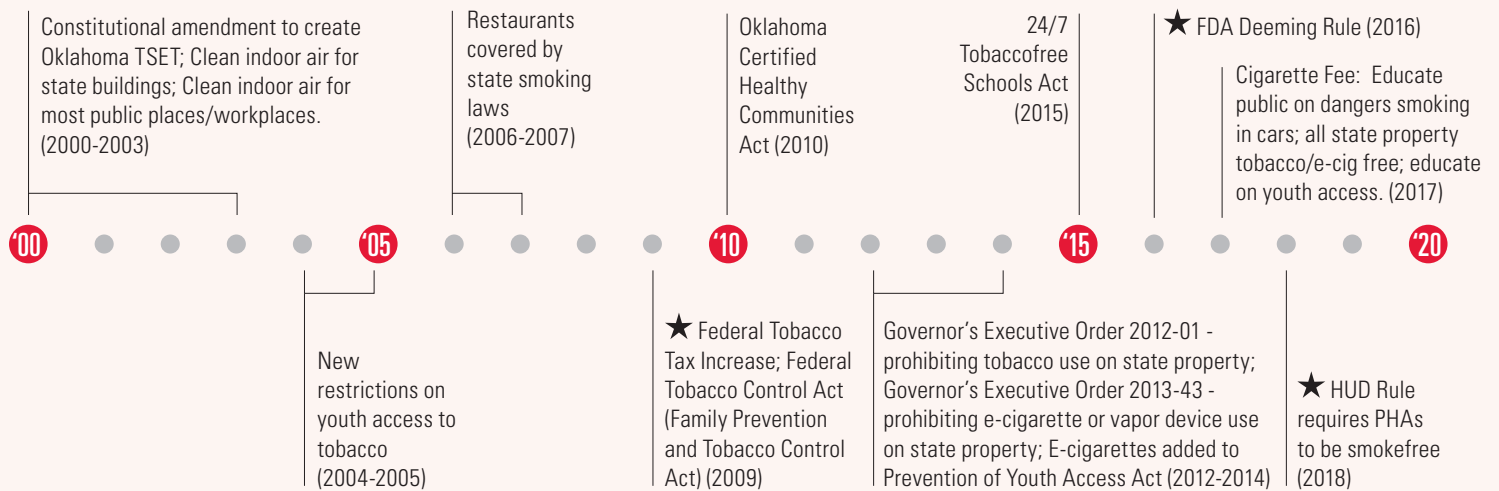
OF TOBACCO CONTROL ACTIVITY IN OKLAHOMA



TOBACCO CONTROL PROGRAM INITIATIVES



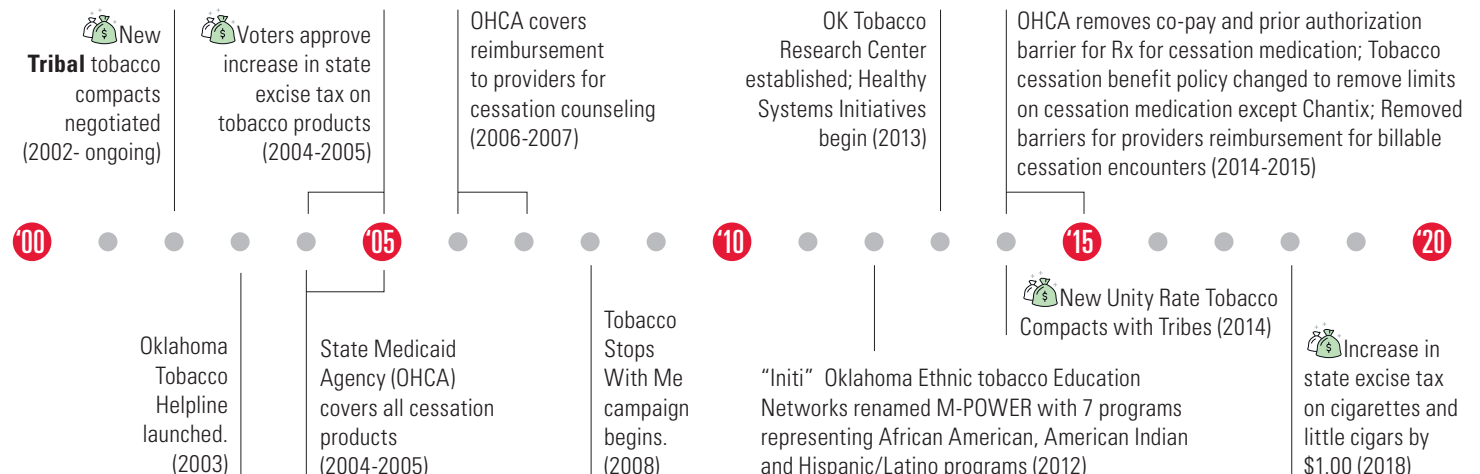
LEGISLATION (STATE & ★ FEDERAL)



TREATMENT



TOBACCO TAXES



OKLAHOMA TOBACCO CONTROL PROGRAM

VISION

All Oklahomans living in a tobacco-free society.

MISSION

To reduce sickness and death and alleviate the social and economic burden caused by tobacco use in Oklahoma.

GOAL

To reduce the 2012 state smoking prevalence from 23.3 percent to the national average by 2022. When this goal is accomplished, there will be 150,000 fewer tobacco users in Oklahoma.

TO REDUCE THE NUMBER OF TOBACCO USERS IN OKLAHOMA, SUSTAINED AND EXPANDED EFFORTS ARE NEEDED IN THREE KEY AREAS:

PREVENTION

When young people don't start tobacco use, addiction will gradually decline, eventually eliminating the problem. Adults must first set a good example for youth.

PROTECTION

There is no safe level of exposure to secondhand tobacco smoke, marijuana smoke or emissions from electronic smoking devices. There are long-term health benefits from 100% smoke and emission free, healthy environments. Every Oklahoman deserves a smokefree and emission free workplace.

CESSATION

To effectively curtail tobacco use, we must provide cessation resources and an environment supportive to quitting for good. Most tobacco users want to quit and have attempted to quit many times.

HEALTH DISPARITIES AND HEALTH EQUITY

Reducing disparities and reaching health equity in tobacco control takes a coordinated effort among and between the three key focus areas listed above to ensure populations which are unfairly affected by tobacco practices are protected and provided cessation services.

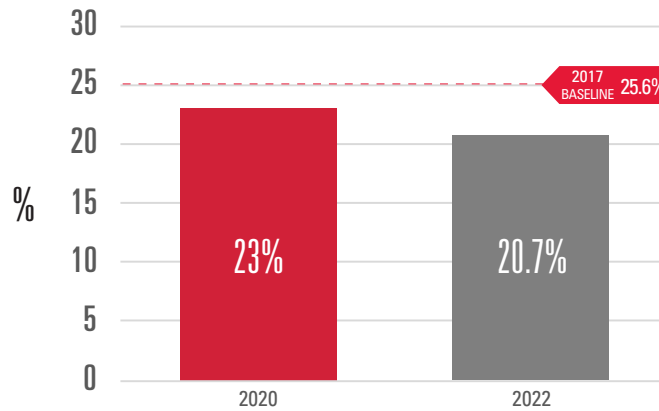
See the Tobacco Action Plan on page 20

TARGET OUTCOMES

See Appendix A for additional information.

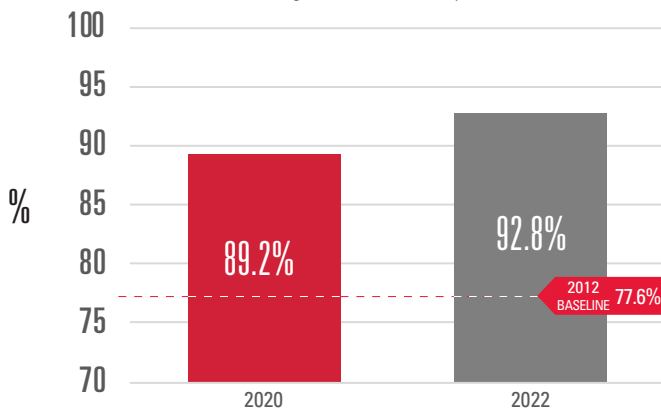
PREVENTION ²⁵

Reduce tobacco use (any form) by high school students



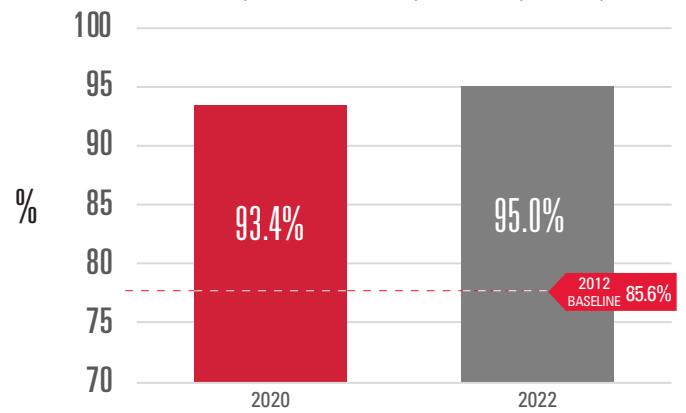
PROTECTION ²⁶

Increase the percent of Oklahoma households having smokefree home policies.



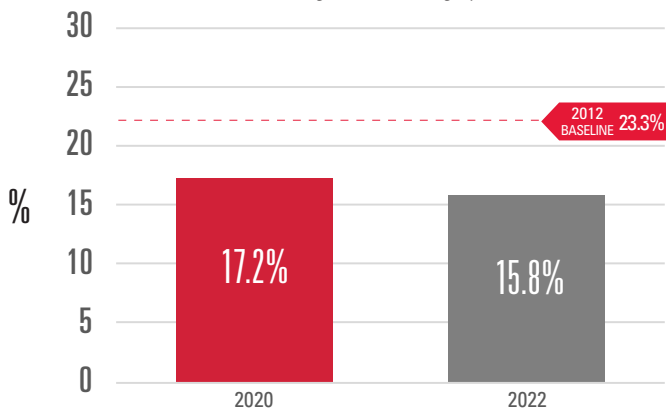
PROTECTION ²⁶

Increase the percent of Oklahoma adults reporting no secondhand smoke exposure in their workplace in the past 7 days.



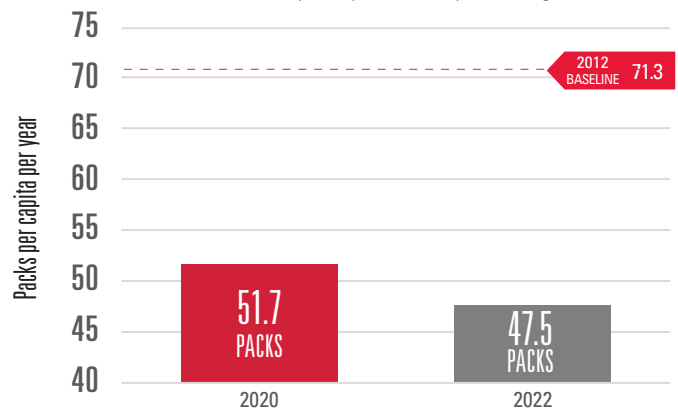
CESSATION ²⁷

Reduce cigarette smoking by adults.



CESSATION ²⁷

Reduce annual per capita consumption of cigarettes.



25. 2017 Oklahoma Youth Risk Behavior Survey (YRBS), 2019 Oklahoma Youth Tobacco Survey, and 2021 Oklahoma Youth Tobacco Survey

26. 2012 Oklahoma Behavioral Risk Factor Surveillance System, 2019 Oklahoma Behavioral Risk Factor Surveillance System, and 2021 Oklahoma Behavioral Risk Factor Surveillance System

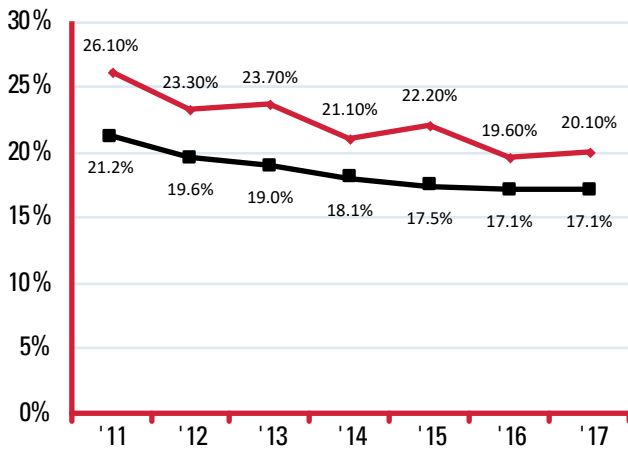
27. Oklahoma Tax Commission 2012, Oklahoma Tax Commission 2020, and Oklahoma Tax Commission 2022

PROGRESS TO DATE

◆ Oklahoma
 ■ United States

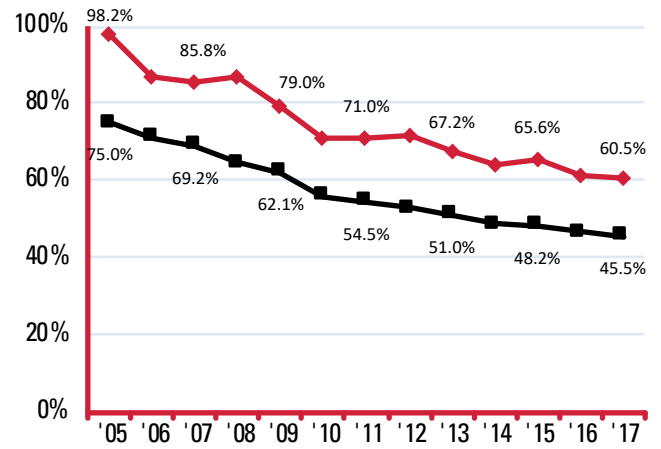
SMOKING PREVALENCE

among Oklahoma adults ²⁸



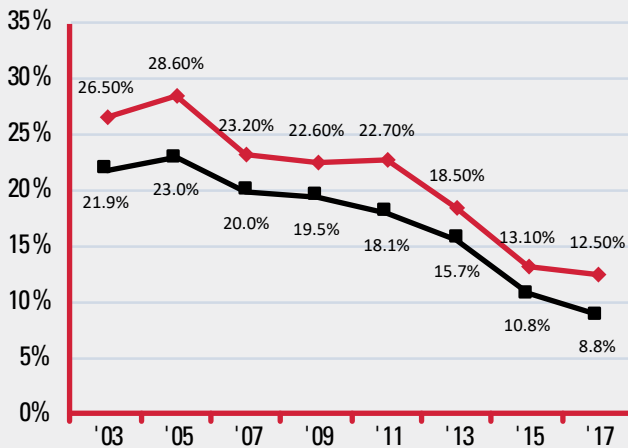
CIGARETTE SALES

in packs per capita ²⁹



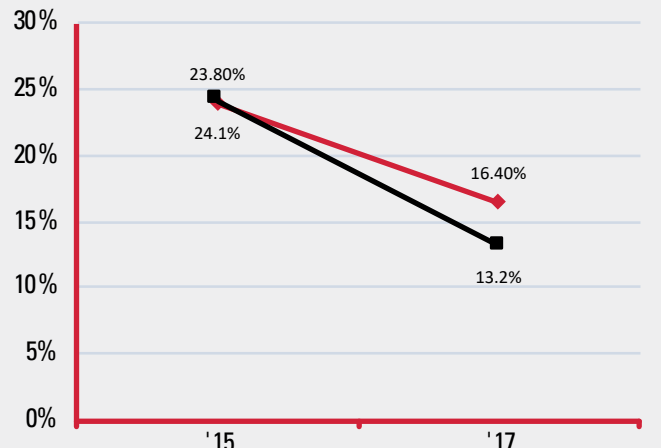
CURRENT HIGH SCHOOL SMOKERS

among Oklahoma high school students ³⁰



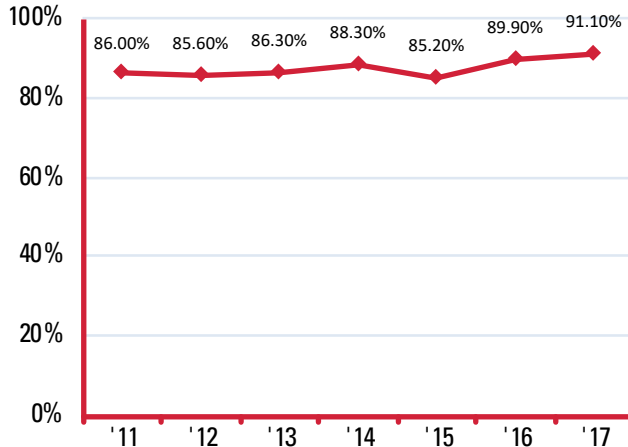
E-CIGARETTE USE

among Oklahoma high school students ³⁰



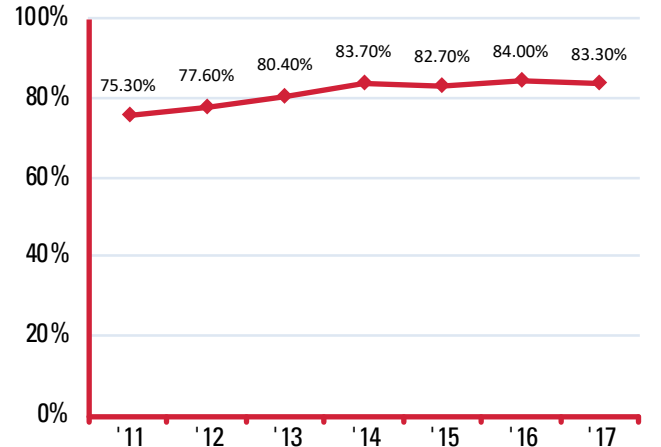
NO SECONDHAND SMOKE EXPOSURE AT WORK

among Oklahoma adults ²⁸



SMOKEFREE HOME POLICY

among Oklahomans ²⁸



28. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2011-2017

29. Orzechowski and Walker. (2017). The Tax Burden on Tobacco. Volume 52. Arlington, Virginia: Orzechowski and Walker Consulting

30. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System, 2003 - 2017

SMOKE IS SMOKE

ALL OKLAHOMA WORKERS SHOULD BE PROTECTED FROM EXPOSURE TO SECONDHAND SMOKE



Oklahoma's state laws to protect workers from secondhand tobacco smoke exposure have fallen far behind most other states, and the law does not apply to electronic cigarettes or marijuana. The exemptions in the law for certain restaurants, bars and specific businesses allow those locations to permit smoking tobacco, smoking marijuana and using electronic devices. Decades of solid studies disprove the false economic arguments of the past against smokefree policies in these venues. It's time for Oklahoma to strengthen its laws and protect ALL workers from exposure to secondhand tobacco smoke, marijuana smoke and electronic device emissions.

E-Cig Secondhand Smoke

E-cigarettes, are part of a category of products called Electronic Nicotine Delivery System (ENDs), which are designed to mimic combustible tobacco cigarettes.

The secondhand aerosol from e-cigarette devices contains many of the same cancer-causing substances and toxic chemicals found in secondhand tobacco smoke, including those linked to lung cancer. The substances are released at a much lower level, but are still harmful and should be prohibited in any public indoor location.³¹

Marijuana Secondhand Smoke

Secondhand marijuana smoke also contains many of the same chemicals found in secondhand tobacco smoke. Secondhand marijuana smoke exposure impacts blood vessel function and research has shown there is the potential for an increased risk in heart attack stroke and atherosclerosis (partially blocked arteries) because of the chemical similarities.³²

" The only acceptable indoor air quality is an environment that is completely free from secondhand tobacco smoke, secondhand marijuana smoke, and emissions from electronic smoking devices"

– the American Society for Heating, Refrigeration, and Air Conditioning Engineering (ASHRAE)

What is Thirdhand Smoke?³³

- Left-over pollution after a cigarette is put out.
- The smoke can stick to furniture, clothes, car seats.
- There is no safe level of exposure to tobacco smoke.
- Thirdhand smoke contains more than 250 chemicals.
- Thirdhand smoke is a danger for children, pregnant women, the elderly, and people with breathing problems.

31. Electronic Cigarettes What's the Bottom Line?. (2018, December 3). Retrieve December 13, 2018 from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/Electronic-Cigarettes-Infographic-508.pdf; Electronic, or E-Cigarette, and other Electronic Smoking Devices Policy Adoption. (n.d.). Retrieved December 13, 2018, from <https://no-smoke.org/electronic-e-cigarette-electronic-smoking-devices-policy-adoption/>

32. Secondhand Marijuana Smoke Fact Sheet. (n.d.). Retrieved December 13, 2018, from <https://no-smoke.org/secondhand-marijuana-smoke-fact-sheet/>

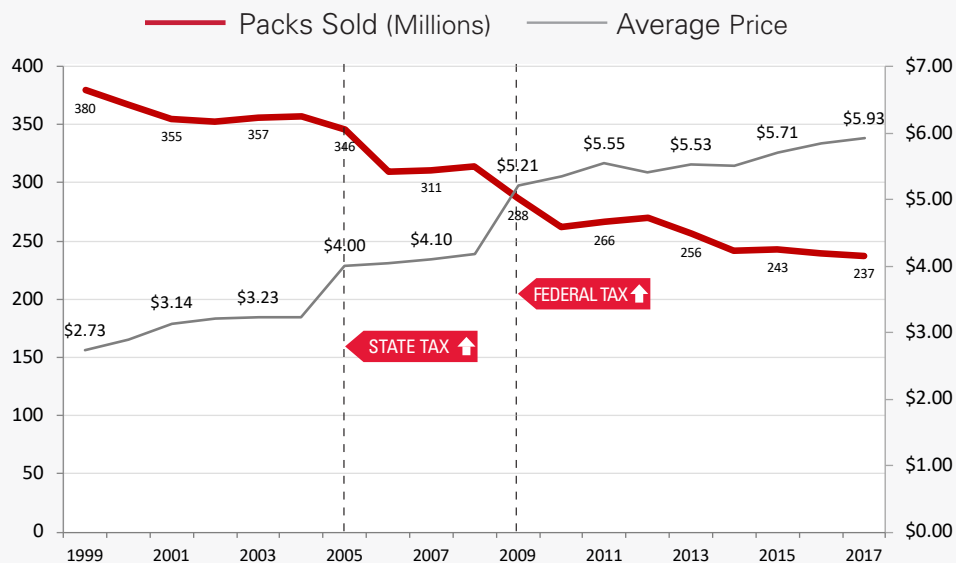
33. The dangers of thirdhand smoke. (2017, July 13). Retrieved December 13, 2018, from <https://www.mayoclinic.org/healthy-lifestyle/adult-health/expert-answers/third-hand-smoke/faq-20057791>

RAISING PRICES TO REDUCE USE

The single most effective way to reduce smoking, prevent youth initiation and help individuals quit using tobacco is to increase the price of tobacco products. During the 2018 legislative session, the legislature approved a \$1.00 increase in the excise tax for cigarettes and little cigars.

CIGARETTE PRICES AND SALES IN OKLAHOMA

Price per pack, Millions of Packs sold; combined regular and tribal



The dashed lines represent price increases in the cigarette excise tax 2005 Oklahoma cigarette excise tax implemented; 2009 Federal cigarette excise tax implemented.

Data Source:
 1. Orzechowski and Walker, 2017. The Tax Burden on Tobacco. Volume 52. Arlington, Virginia: Orzechowski and Walker Consulting
 2. Data Source: Oklahoma Tax Commission

Oklahoma now ranks 15th for state excise cigarette tax rates.³⁴

Continued focus on raising the price of tobacco products is the best way to prevent kids from starting and help people to QUIT.

Cigarette companies oppose tax increases but they know raising cigarette prices is one of the most effective ways to prevent and reduce smoking, especially among kids. Their internal documents prove so:³⁵

*"When the tax goes up, industry loses volume and profits as many **smokers cut back.**"*

– Philip Morris³⁶

"Of all the concerns, there is one - taxation - that alarms us the most. While marketing restrictions and public and passive smoking [restrictions] do depress volume, in our experience taxation depresses it much more severely. Our concern for taxation is, therefore, central to our thinking."

– Philip Morris³⁷

*"Together with manufacturers' price increases in recent years and substantial increases in state and federal taxes on tobacco products, **these developments have had and will likely continue to have an adverse effect on the sale of tobacco products.**"*

– R.J. Reynolds, 10-Q Report, October 24, 2008

34. Campaign for Tobacco Free Kids. (2018). State cigarette excise tax rates and rankings fact sheet. Retrieved December 13, 2018 from <https://www.tobaccofreekids.org/assets/factsheets/0097.pdf>

35. U.S. State and Local Issues: Tobacco Taxes. (2018, November 16). Retrieved December 13, 2018, from <https://www.tobaccofreekids.org/what-we-do/us/state-tobacco-taxes>

36. Philip Morris document, "General Comments on Smoking and Health," Appendix I in The Perspective of PM International on Smoking and Health Initiatives, March 29, 1985, Bates No. 2023268329/8348.

37. Philip Morris internal document, "General Comments on Smoking and Health," Bates No. 2023268329/8348, The Perspective of PM International on Smoking and Health Initiatives, App. I (Mar. 29, 1985).

Protecting Youth

from Tobacco and Emerging Products Initiation



The overwhelming majority of individuals begin using tobacco products by age 18.³⁸ Oklahoma's youth have continued to smoke and try new products at alarming rates, remaining above the national average in many tobacco use categories. The nicotine present in tobacco products, including e-cigarettes and vapor products, can negatively affect the developing brain, emphasizing the need to reduce youth access to these products.³⁸ New tobacco products are regularly introduced, gaining popularity among middle and high school students, making surveillance of tobacco industry products and marketing necessary to identify products and their potential risk.³⁹



Youth are more sensitive to nicotine than adults and early exposure can lead to an increased risk of **NICOTINE ADDICTION**.³⁸



Traditional tobacco industry marketing tactics appeal to youth by offering a variety of flavors and **USING SOCIAL MEDIA TO DELIVER PRO-E-CIGARETTE IMAGERY AND MESSAGING**.⁴⁰

Youth are obtaining tobacco products from social sources, online, or in-person from retailers who are **NOT IN COMPLIANCE WITH STATE OR FEDERAL LAW**.⁴¹

Reducing the number of tobacco retail outlets and/or the amount of tobacco advertising and promotion, can prevent youth from ever starting and impact the health of future generations.⁴²

*State tobacco control policies are essential tools towards implementing policy and environmental interventions which control youth access.*⁴³

The use interventions such as community education, merchant education in conjunction with enforcement, positive reinforcement with merchants, and firmer tobacco retailer licensing structures should be considered.⁴¹

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41. Campaign for Tobacco Free Kids (2018). JUUL and youth: Rising e-cigarette popularity factsheet. Retrieved December 13, 2018 from <https://opi.mt.gov/Portals/182/Page%20Files/HES%20Tobacco%20Use%20Prevention/Electronic%20Cigarettes/Juul%20%20CTFK%20April%202018.pdf>

42. Restricting Tobacco Advertising. (n.d.). Retrieved December 13, 2018, from <https://countertobacco.org/policy/restricting-tobacco-advertising-and-promotions/>

43. Best Practices for Comprehensive Tobacco Control Programs – CDC. (2018). Retrieved December 13, 2018 from https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/sectionA-1.pdf

COMMUNITY ACTION IS KEY

COMMUNITIES LEAD THE WAY

Oklahoma has many community partners focused on tobacco control initiatives and programs. The partners are very important to the success and progress of tobacco control efforts.

Community partners:

Educate government officials and policymakers at the state and local levels to increase the visibility of tobacco control successes, build support for tobacco control action and increase knowledge about evidence-based tobacco control strategies.

- Advocate with organizations and institutions, including tobacco retailers, health care organizations, school boards, and parks and recreation officials to adopt policies and resolutions to prevent and reduce tobacco use and promote the tobacco-free norm.
- Educate health care administrators and providers, insurers and employers, and government officials and policymakers to increase provision of and coverage for tobacco dependence treatment.
- Encourage local news coverage of tobacco prevention events, support efforts to advance tobacco control by educating the community and key community members, and keep the tobacco problem on the public agenda.

TOBACCO SETTLEMENT ENDOWMENT TRUST

The TSET Healthy Living Program (HLP) consists of 50 organizations working in 63 counties to prevent and reduce tobacco use among other health initiatives. Using a comprehensive approach, the grantees work with businesses, city governments, community organizations and schools to create meaningful opportunities to encourage Oklahomans to be tobacco free. The TSET HLP supports the prevention and reduction of tobacco use in an effort to lessen the burden of unhealthy behaviors before they take root.

The TSET HLP and other statewide community partners are key players who bring about community support and resources that are needed to bring forth change in Oklahoma.

As a state, it is important that local communities are empowered to lead the way on addressing the negative impact tobacco has on Oklahoma. Engaging and utilizing local and state policymakers, health systems and local community members will make Oklahoma a united force - a force that can make even more progress in improving the health of every Oklahoman. It is important that Oklahoma utilize grassroots efforts to push forward every aspect of tobacco control to ensure consistent strategies that can and will impact the health of all Oklahomans.

TSET Healthy Living Grant Recipients





Collaboration with Tribal Nations

This state plan would not be complete without acknowledging the special relationship between the State of Oklahoma and American Indians. Traditional use of sacred tobacco must be recognized and addressed when shaping meaningful, culturally appropriate tobacco control programs and policies in American Indian communities.

It is critical to the success of the state plan for the State of Oklahoma and local governments to work collaboratively with Oklahoma's tribal nations. While the State of Oklahoma recognizes the sovereign status of Oklahoma's tribal nations, the State Plan provides a unique reference tool to identify areas of potential cooperation to address tobacco control within tribal jurisdictions.

MPOWER

The Oklahoma State Department of Health's (OSDH) M-POWER Program consists of 7 programs (1 African American, 1 Hispanic/Latino, and 5 American Indian) focused on addressing tobacco control and prevention within diverse communities. Using a comprehensive approach, the programs implement interventions across the individual, socio-cultural, government/organization, and environmental socio-ecological levels.

Tribal nations are sovereign governments, recognized in the U.S. Constitution and by the State of Oklahoma.

The tobacco plant is considered a sacred gift with traditional uses specific to each tribe, each very different from commercial tobacco use.

TOBACCO RELATED HEALTH DISPARITIES :

Some populations in Oklahoma experience greater health and economic burden from tobacco use. Tobacco-related disparities affect subgroups based on factors such as:

- Age
- Income
- Mental Health and Substance Use Disorders
- Racial and Ethnic Minorities
- Sex
- Geography
- Education Level
- Identifying as Lesbian, Gay, Bisexual, or Transgender

The primary goal is to identify and eliminate tobacco-related disparities by preventing the initiation of tobacco, eliminating exposure to all forms of secondhand smoke and promoting cessation services such as the Oklahoma Tobacco Helpline to achieve health equity for all Oklahomans.

Action Plan and Key Activities

To reach the goals and objectives and reduce the number of Oklahomans using tobacco, the following key activities must be addressed:

KEY ACTIVITIES

NEEDS OF SPECIFIC POPULATIONS

Prevention

- Increase the number of counties with comprehensive, community-based tobacco prevention programs
- Reduce youth access to tobacco by ensuring compliance with laws/ordinances/tribal policies
- Advance tobacco-free policies and reduce social acceptability of tobacco use among Oklahomans
- Strengthen public and private policies to counter tobacco industry marketing tactics
- Enact key public policy measures to increase prices on tobacco products

- Decrease initiation of electronic cigarette use among youth
- Reduce tobacco industry marketing to young adults
- Decrease initiation of tobacco use among youth and young adults
- Reduce spit tobacco use among high school boys
- Strengthen protective factors among high-risk youth, including opportunities for youth participation/leadership and interaction with adult role models

Protection

- Increase compliance with secondhand smoke laws
- Educate the public and employers about the health effects of secondhand tobacco smoke
- Increase the number of voluntary smokefree policies for multi-unit housing and for specifically exempted venues such as stand-alone bars
- Generate support of restoring local rights for cities and counties to adopt stronger smoking ordinances
- Encourage voluntary adoption of home and auto smokefree policies

- Reduce the proportion of children whose parents or caregivers smoke in homes or cars
- Reduce the number of bar, hotel, and restaurant workers exposed to secondhand smoke in the workplace
- Reduce secondhand smoke exposure among pregnant women
- Increase the proportion of residents of multi-unit housing with access to smokefree buildings
- Encourage and support voluntary smokefree policies at businesses and facilities of Oklahoma's 39 federally-recognized tribal nations

Cessation

- Increase the number of health care systems that effectively implement the national guidelines for treating tobacco dependence
- Advance tobacco-free policies and provision of tobacco dependence treatment in all health and mental health care settings
- Support employer provision and promotion of tobacco dependence treatment for employees and adoption of tobacco-free workplace properties
- Increase the number of health insurance plans that provide comprehensive coverage of tobacco dependence treatment
- Expand and sustain efforts to promote the Oklahoma Tobacco Helpline

- Reduce smoking rates among American Indians and multi-racial Non-Hispanics, low socioeconomic communities, LGBTQ populations, consumers of mental health/substance abuse services, and post-deployment military personnel
- Reduce the use of electronic cigarettes among various populations
- Increase Oklahoma Tobacco Helpline calls from men, Hispanics, and veterans
- Increase accessibility to Oklahoma Tobacco Helpline services for the deaf and hard of hearing
- Increase availability of cessation services for youth and pregnant/post-partum mothers



STATE & LOCAL POLICY NEEDS

State-Level

Extend state law to eliminate secondhand tobacco smoke, marijuana smoke and electronic device emissions in all indoor public places and workplaces.

Return the rights of Oklahoma communities to adopt tobacco-related ordinances stronger than state law, as allowed in all neighboring states.

Protect funding for tobacco control programs. Reject any proposal to limit the current constitutional authority of the Oklahoma Tobacco Settlement Endowment Trust.

Update the law to regulate and license e-cigarettes and other electronic devices as a tobacco product.

Prohibit all free sampling of tobacco products.

Enhance the youth access laws to offer greater protection for youth

Increase the state excise taxes on tobacco products including e-cigarettes and other electronic devices

Collaborate with tribal nations on tobacco control policy to address secondhand smoke exposure within casinos in a manner that recognizes the sovereign status of tribes.

Local-Level

Adopt prevention of youth access to tobacco ordinances that most effectively utilize the limited local powers permitted under current state law.

Adopt clean indoor air ordinances that most effectively utilize the limited local powers permitted under current state law.

Seek voluntary smokefree/tobacco-free policies.

Collaborate on tobacco control policy with tribal nations in a manner that recognizes the sovereign status of tribes.

EVERY OKLAHOMAN CAN MAKE A DIFFERENCE

Smokers and Non-Smokers

- Make your homes and cars tobacco-free.
- Refuse tobacco industry sponsorship of events and refuse tobacco industry-sponsored materials or magazines in your offices or classrooms.
- Call the Oklahoma Tobacco Helpline at 1-800-QUIT-NOW and encourage your loved ones to call.
- Encourage your elected officials to support strong public policy that will protect the public and workers from secondhand tobacco smoke, and prevent initiation of tobacco use.
- Join a coalition and make a difference in your community.

Health Care Professionals

- Ask your patients about tobacco use.
- Advise them to quit.
- Refer them for coaching and support.
- Prescribe or recommend cessation medications.
- Follow-up at subsequent visits.

Business Owners and Managers

- Become an Oklahoma Certified Healthy Business.
- Establish a tobacco-free property, including electronic cigarettes.
- Offer smoking cessation to your employees through insurance coverage or wellness programs.
- Promote the Oklahoma Tobacco Helpline 1-800-QUIT-NOW.
- Sponsor a local coalition's activities or events.

School Boards, Faculty and Staff, Parents and Students

- Incorporate electronic cigarettes as prohibited products with school district tobacco-free policies.
- Support a Students Working Against Tobacco (SWAT) team by sponsoring activities, becoming an adult facilitator, or joining up and getting your friends involved.
- Support youth teams and youth engagement activities by becoming an adult facilitator, or joining up and getting your friends involved.

City Councils, Community Leaders, and Concerned Citizens

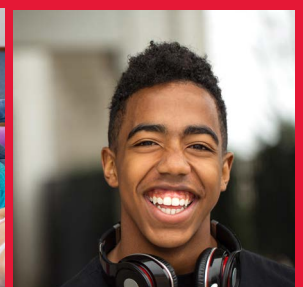
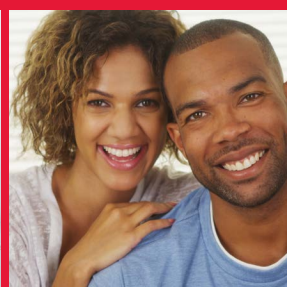
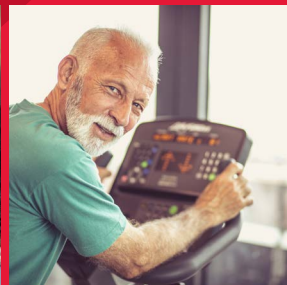
- Join together to pass strong local ordinances and voluntary policies to protect the public and workers from ALL secondhand smoke including marijuana and electronic emissions.
- Sponsor a local coalition's activities or events.

ACKNOWLEDGMENT

This state plan would not be complete without acknowledging the special relationship between the **State of Oklahoma, tribal nations and American Indian people**. Traditional use of sacred tobacco must be recognized and addressed when shaping meaningful, culturally appropriate tobacco control programs and policies in American Indian communities.

It is critical to the success of the State Plan for the State of Oklahoma and local governments to work collaboratively with Oklahoma's tribal nations. While the State of Oklahoma recognizes the sovereign status of Oklahoma's tribal nations, the State Plan provides a unique reference tool to identify areas of potential cooperation to address tobacco control within tribal **populations**.

The Advancement of Wellness Advisory Council wishes to thank the multitude of community and state partners for their commitment and dedication to reduce death and disease caused by tobacco use.



APPENDIX A

TARGET OUTCOMES

MEASURE	2012 BASELINE	2020 TARGET OUTCOME	2022 TARGET OUTCOME
Prevention			
Reduce tobacco use by high school students.	All Form: 25.6 percent (2017) Cigarettes: 22.7 percent Spit Tobacco: 9.2 percent (2017) Cigars: 14.1 percent Electronic Cigarettes: 23.8 percent (2015) Source: Oklahoma Youth Risk Behavior Surveillance System	All Form: 23.0 percent Cigarettes: 10.0 percent Spit Tobacco: 8.3 percent Cigars: 7.4 percent Electronic Cigarettes: 9.0 percent Expected (or Anticipated, Target) Source: 2019 Oklahoma Youth Risk Behavior Surveillance System	All Form: 20.7 percent Cigarettes: 8.8 percent Spit Tobacco: 7.5 percent Cigars: 6.6 percent Electronic Cigarettes: 4.9 percent Expected (or Anticipated, Target) Source: 2021 Oklahoma Youth Risk Behavior Surveillance System
Protection			
Increase the percent of Oklahoma households that have smokefree home policies.	77.6 percent Source: 2012 Oklahoma Behavioral Risk Factor Surveillance System	89.2 percent Expected (or Anticipated, Target) Source: 2019 Oklahoma Behavioral Risk Factor Surveillance System	92.8 percent Expected (or Anticipated, Target) Source: 2021 Oklahoma Behavioral Risk Factor Surveillance System
Increase the percent of Oklahoma adults reporting no secondhand tobacco smoke exposure in their workplace in the past 7 days.	85.6 percent Source: 2012 Oklahoma Behavioral Risk Factor Surveillance System	93.4 percent Expected (or Anticipated, Target) Source: 2019 Oklahoma Behavioral Risk Factor Surveillance System	95.0 percent Expected (or Anticipated, Target) Source: 2021 Oklahoma Behavioral Risk Factor Surveillance System
Cessation			
Reduce cigarette smoking by adults.	All Adults: 23.3 percent Caucasian: 22.7 percent African American: 23.5 percent American Indian: 29.2 percent Hispanic: 22.5 percent Source: 2012 Oklahoma Behavioral Risk Factor Surveillance System	17.2 percent among all adult population groups Expected (or Anticipated, Target) Source: 2019 Oklahoma Behavioral Risk Factor Surveillance System	15.8 percent among all adult population groups Expected (or Anticipated, Target) Source: 2021 Oklahoma Behavioral Risk Factor Surveillance System
Reduce annual per capita consumption of cigarettes.	71.3 packs per capita per year Source: Oklahoma Tax Commission 2012	51.7 packs per capita per year Expected (or Anticipated, Target) Source: Oklahoma Tax Commission 2020	47.5 packs per capita per year Expected (or Anticipated, Target) Source: Oklahoma Tax Commission 2022

The Oklahoma State Plan for Tobacco Use Prevention and Cessation is authorized by statute (63 OS §1-229.5) to be updated annually by the Advancement of Wellness Advisory Council, consisting of seven members serving three-year terms, appointed by the Governor, Speaker of the House of Representatives, President Pro Tempore of the Senate, and the Oklahoma State Board of Health.

This State Plan, last revised in December 2018, is hereby respectfully submitted to state leaders and to all the people of the **Great State of Oklahoma.**

FOR MORE INFORMATION

Oklahoma State Department of Health, Center for Chronic Disease Prevention and Health Promotion www.health.ok.gov (405) 271-3619

Oklahoma Tobacco Settlement Endowment Trust
www.tset.ok.gov (405) 525-8738

Tobacco Stops With Me www.stopswithme.com

Breathe Easy www.breatheeasyok.com

Oklahoma SWAT (Students Working Against Tobacco) www.okswat.com

Surgeon General's Reports www.surgeongeneral.gov

Oklahoma Tobacco Helpline (Cessation Assistance) **1-800-QUIT-NOW**

