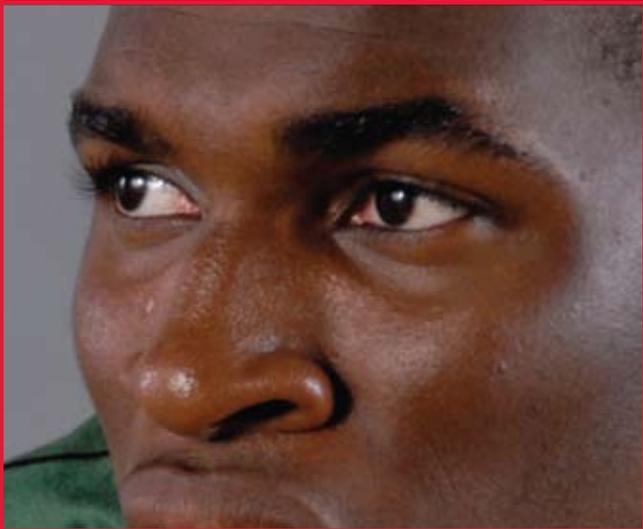


# 200,000

# Fewer Tobacco Users by 2012



Oklahoma State Plan  
for Tobacco Use  
Prevention & Cessation

**TOBACCO STOPS WITH ME.**



# TOBACCO KILLS MORE OKLAHOMANS

than alcohol, auto accidents, AIDS, suicides, murders, and illegal drugs COMBINED.

## SMOKING CAUSES

82 percent of lung cancer cases, 80 percent of deaths from chronic obstructive pulmonary disease (COPD), 17 percent of deaths from heart disease, 11 percent of deaths from strokes.

## SMOKING DURING PREGNANCY CAUSES

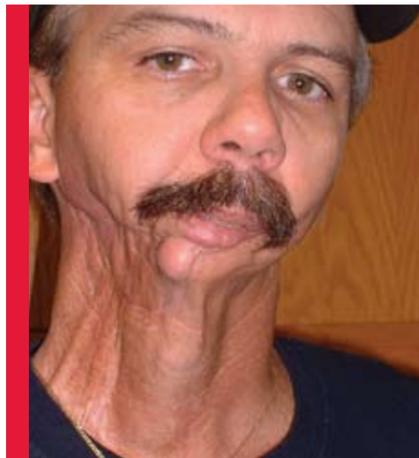
low birth weight babies, miscarriages, premature birth, and stillbirth.

## EXPOSURE TO SECONDHAND SMOKE CAUSES

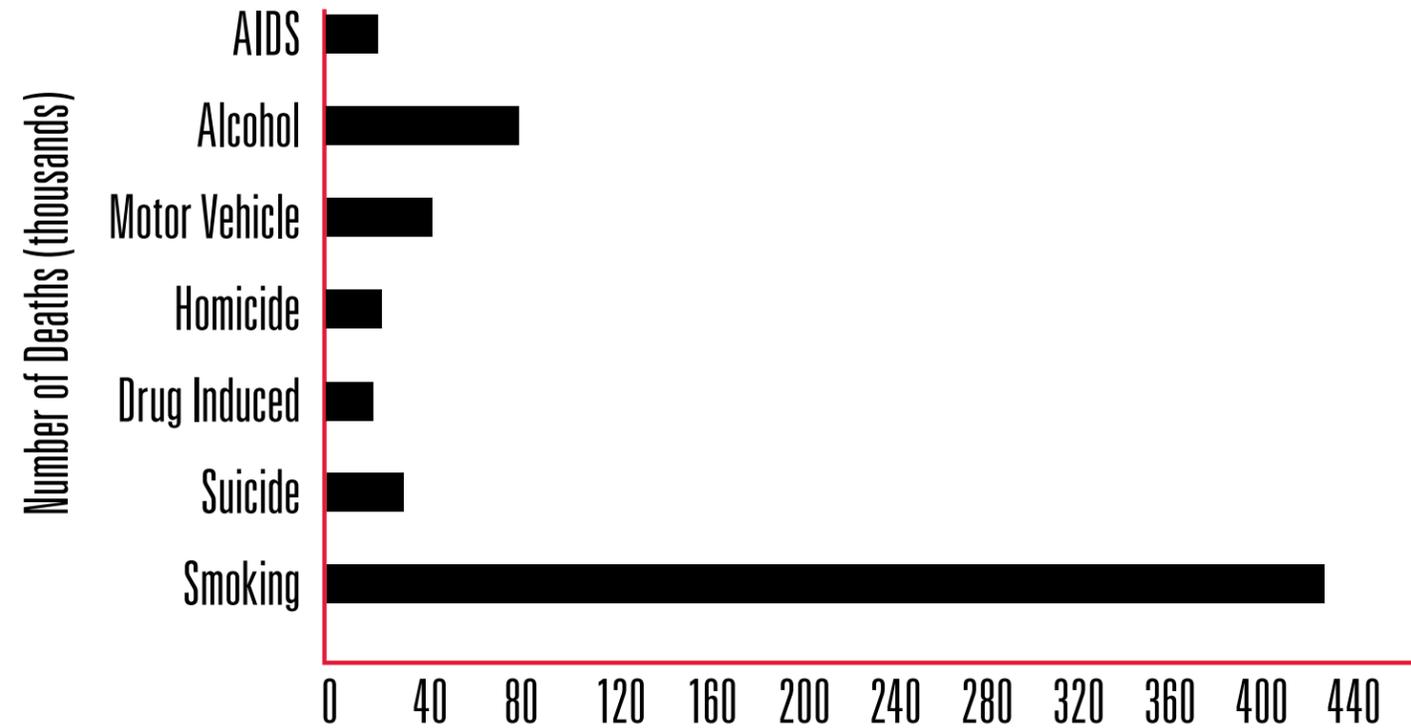
heart disease, cancers, sudden infant death syndrome (SIDS), asthma attacks, bronchitis, and pneumonia.

## SPIT (SMOKELESS) TOBACCO CONTAINS

28 cancer-causing agents (carcinogens).



## Annual deaths from smoking compared with selected other causes in the United States



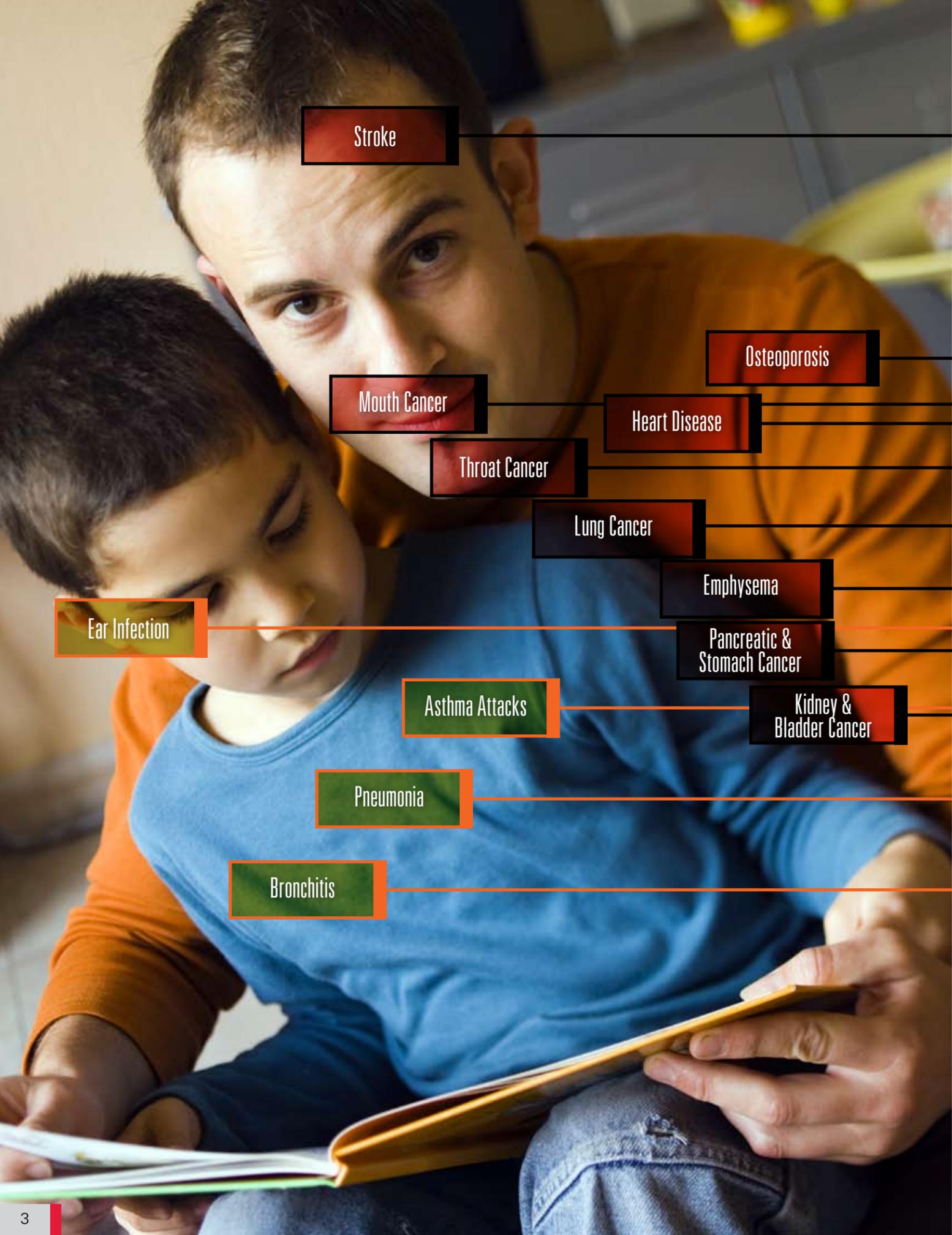
Sources: (AIDS) HIV/AIDS Surveillance Report, 1998; (Alcohol) McGinnis MJ, Foege WH. Review Actual Causes of Death in the United States. JAMA, 1993;270:2207-12; (Motor Vehicle) National Highway Transportation Safety Administration, 1998; (Homicide, Suicide) NCHS, vital statistics, 1997; (Drug Induced) NCHS, vital statistics, 1996; (Smoking) SAMMEC, 1995

Secondhand 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). Because 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. Secondhand smoke contains at least 250 toxic chemicals.

### Partial listing of toxic chemicals in secondhand smoke:

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





Stroke

Mouth Cancer

Osteoporosis

Heart Disease

Throat Cancer

Lung Cancer

Emphysema

Pancreatic & Stomach Cancer

Kidney & Bladder Cancer

Ear Infection

Asthma Attacks

Pneumonia

Bronchitis

# 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 from tobacco use, another 20 suffer with at least one serious tobacco-related illness. Smoking harms nearly every organ of the body.

## DISEASES CAUSED BY TOBACCO USE

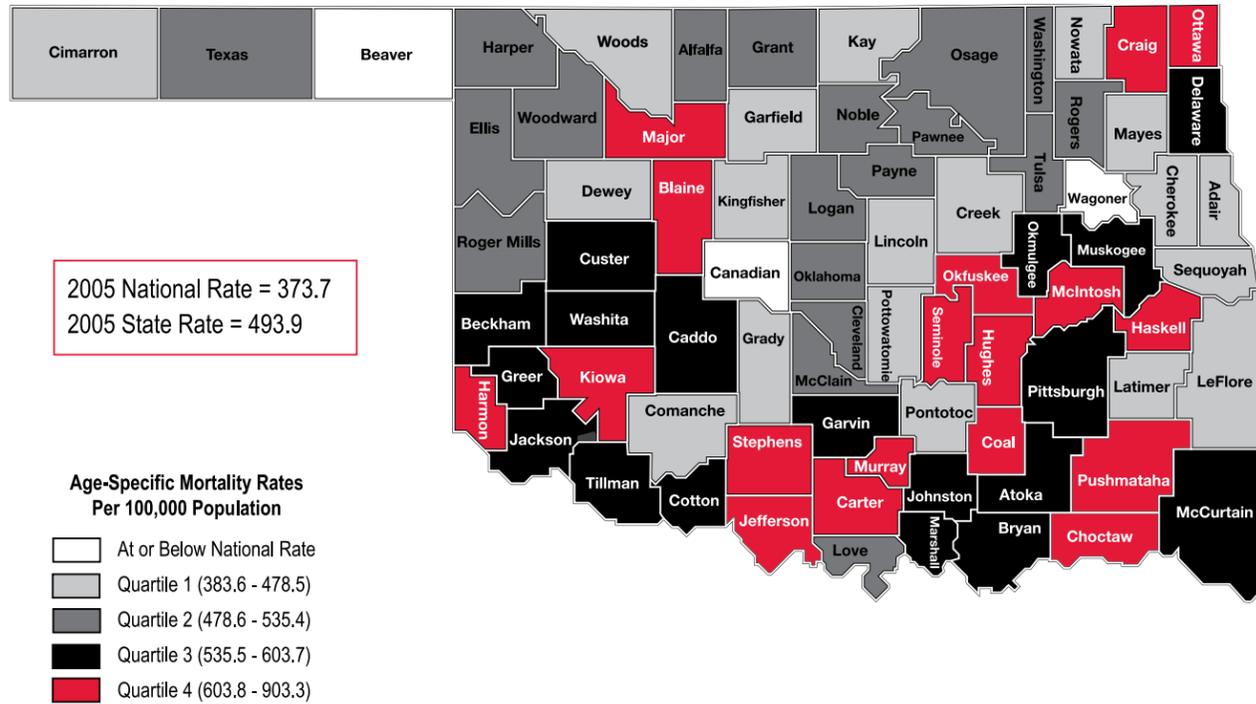
## DISEASES CAUSED BY EXPOSURE TO SECONDHAND SMOKE

## EFFECTS ON REPRODUCTIVE HEALTH

- 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.

# HEART DISEASE MORTALITY

Persons Age 45 to 84  
2004 - 2006 Age-Specific Mortality Rates

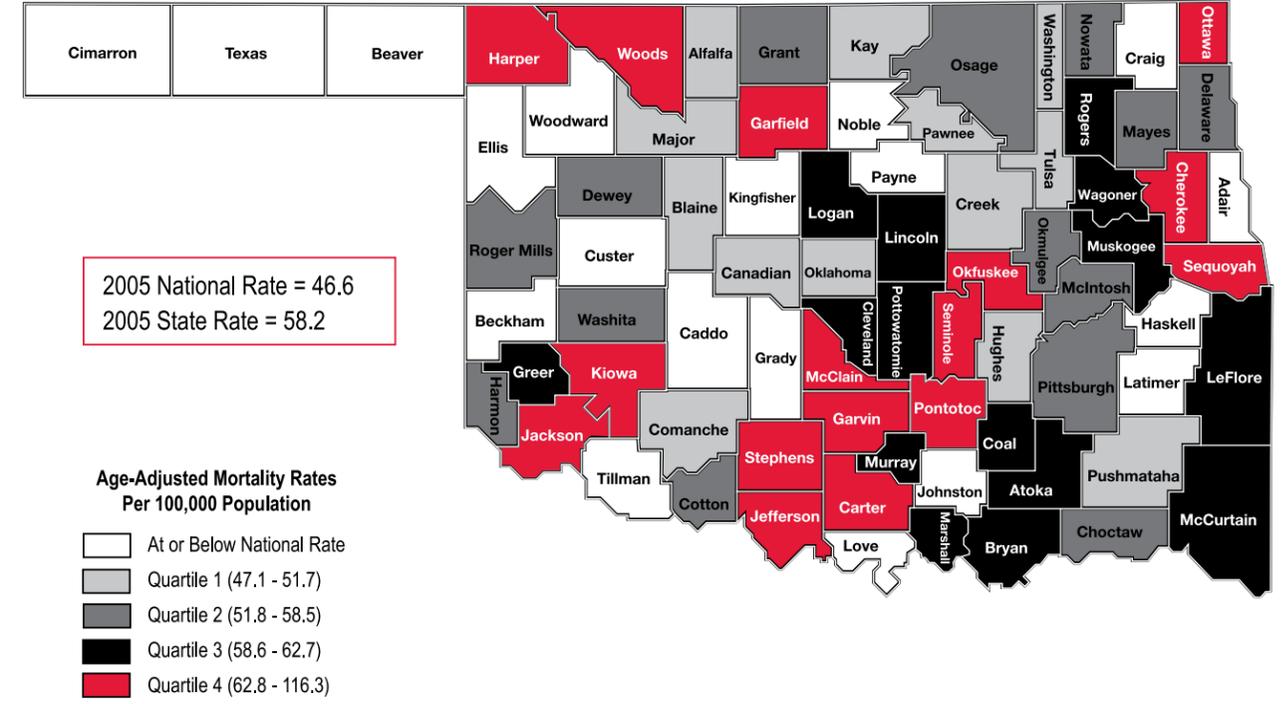


Source: 2004-2006 OK Vital Statistics, Health Care Information State and National Rates from CDC Wonder

County of Residence unknown for 5 cases

# STROKE MORTALITY

2004 - 2006 Age-Adjusted Mortality Rates

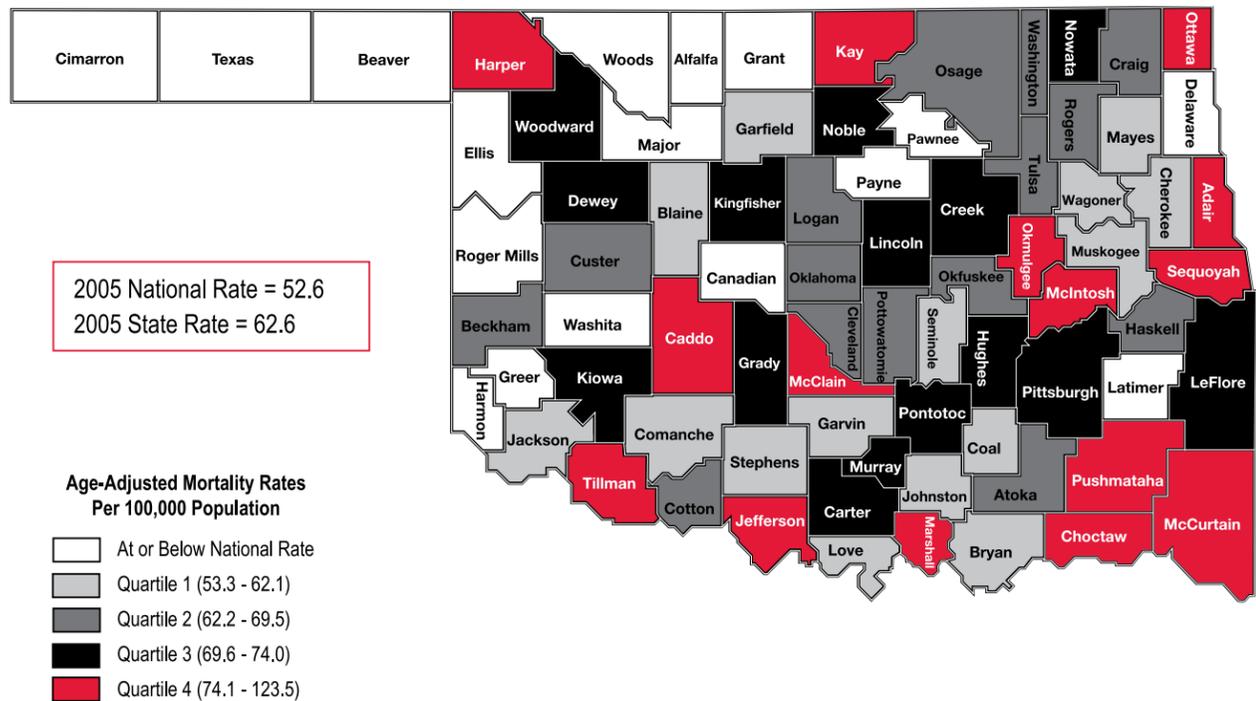


Source: 2003-2005 OK Vital Statistics, Health Care Information State and National Rates from CDC Wonder

County of Residence unknown for 3 cases

# LUNG CANCER MORTALITY

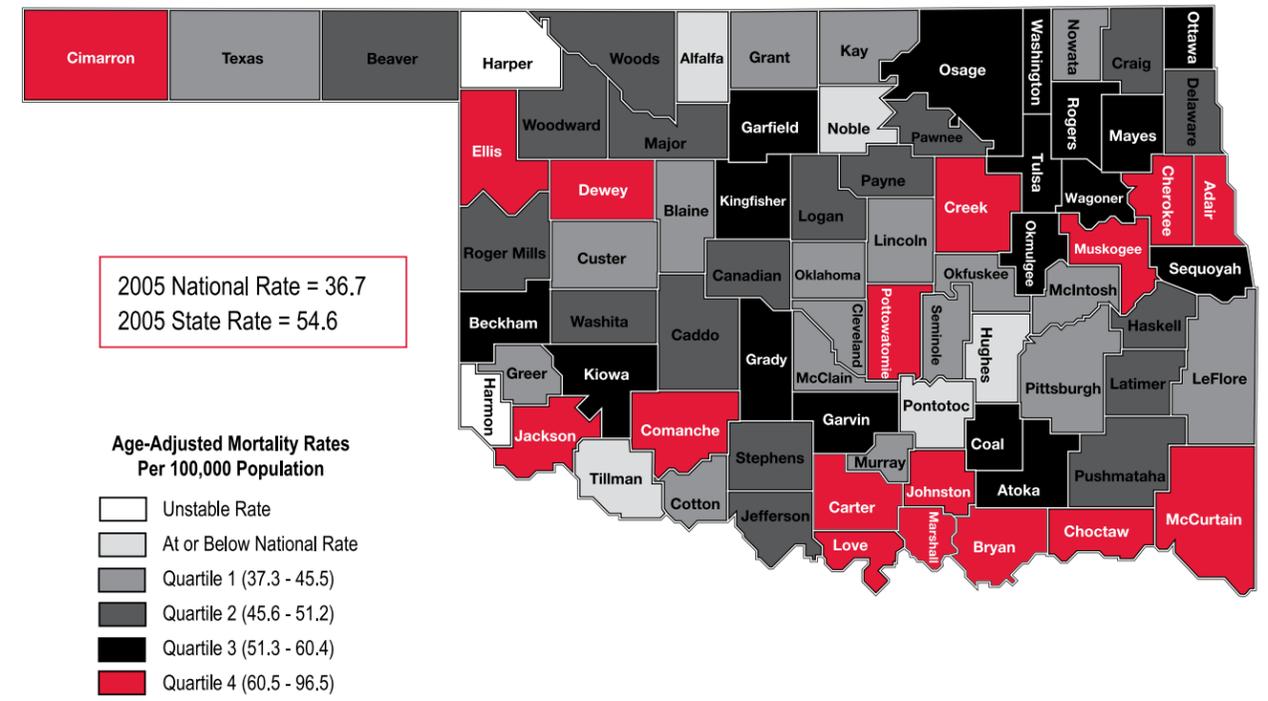
2004 - 2006 Age-Adjusted Mortality Rates



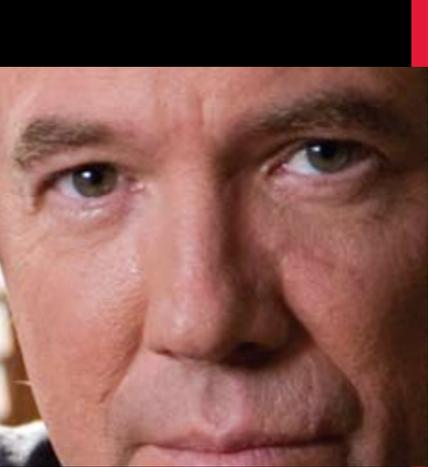
Source: 2003-2005 OK Vital Statistics, Health Care Information State and National Rates from CDC Wonder

# CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) MORTALITY

2004 - 2006 Age-Adjusted Mortality Rates

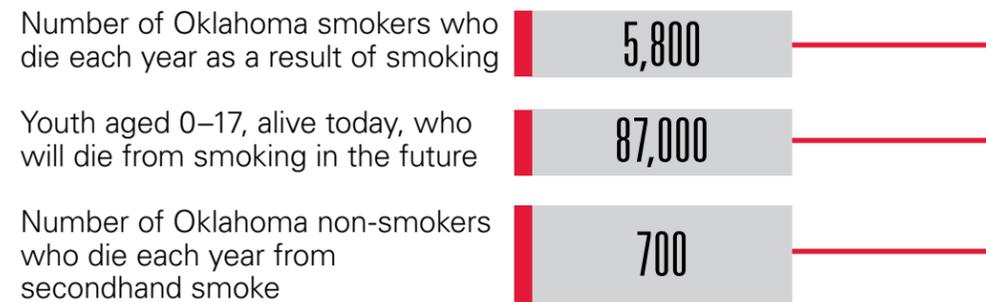


Source: 2003-2005 OK Vital Statistics, Health Care Information State and National Rates from CDC Wonder



# HEALTH & ECONOMIC TOLL OF SMOKING IN OKLAHOMA

## Deaths in Oklahoma caused by smoking



## Annual costs incurred in Oklahoma from smoking



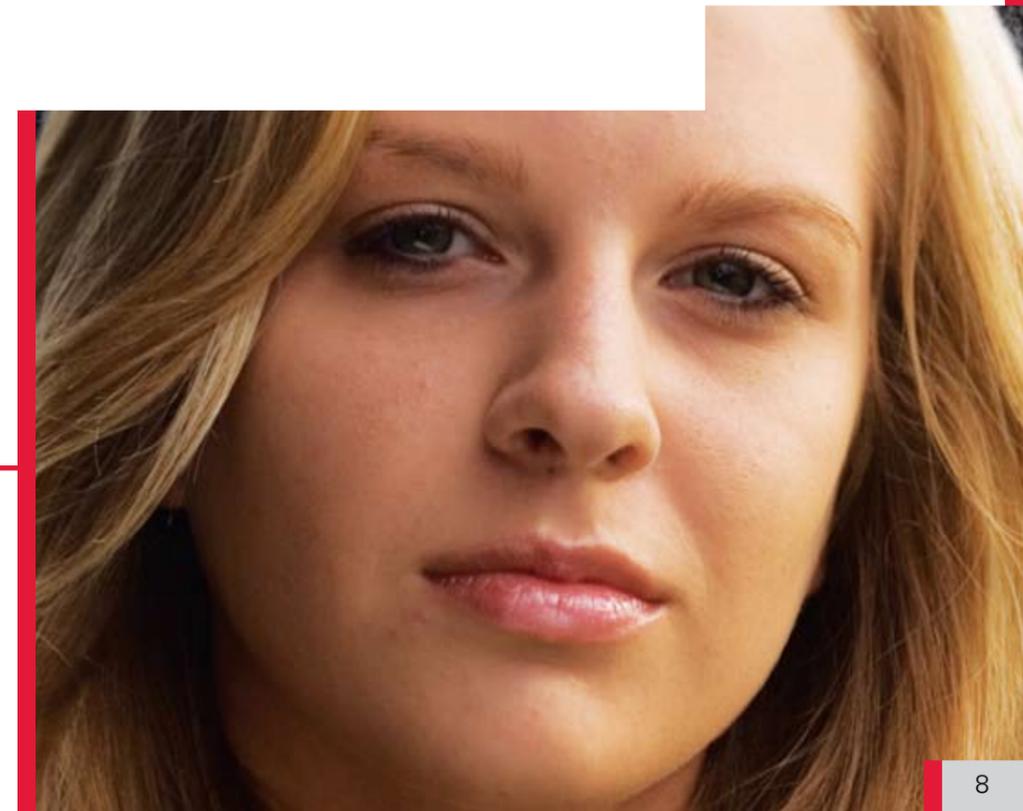
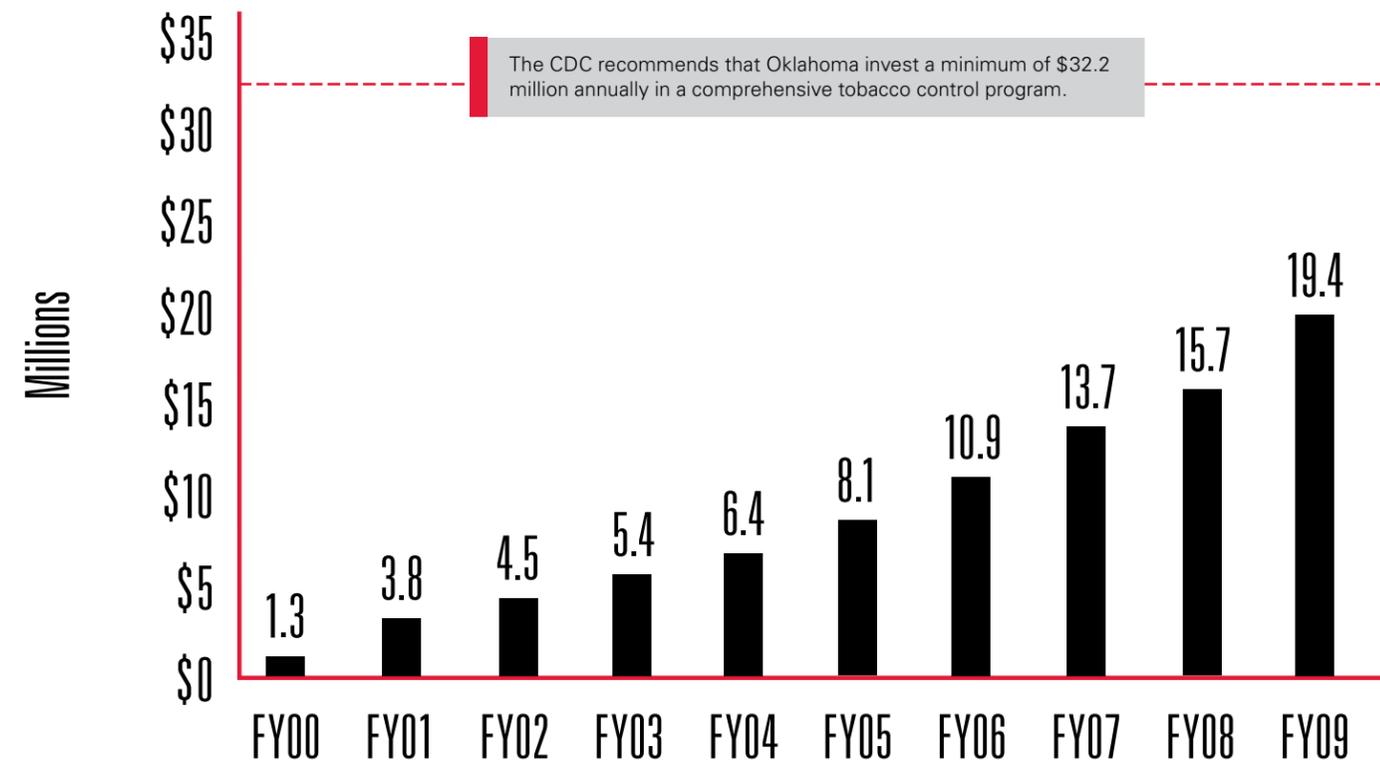
Source: U.S. Centers for Disease Control and Prevention

On average, smokers have 50 percent more missed workdays than non-smokers.

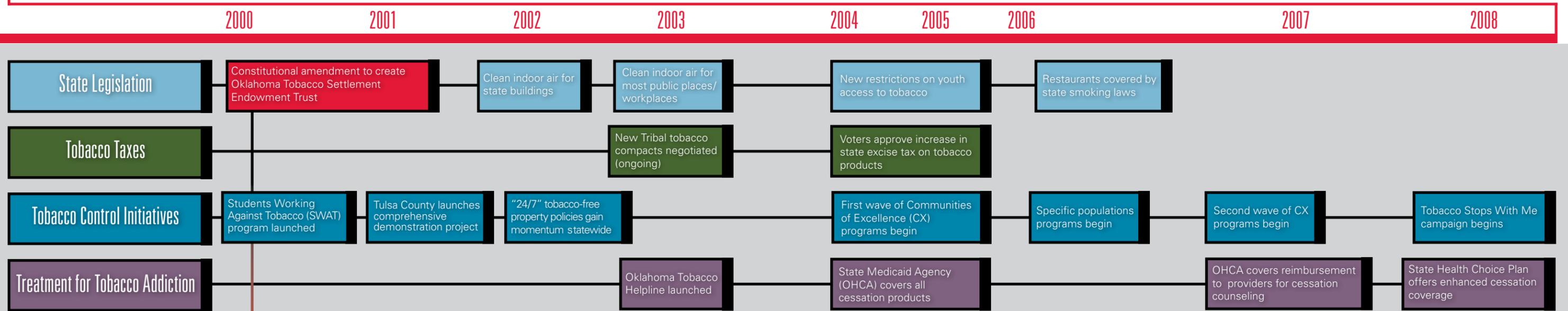
\$750	\$70	\$6
Amount tobacco use costs every Oklahoman every year whether they use tobacco products or not	Amount tobacco industry spends in Oklahoma per person per year to promote their product	Amount Oklahoma currently spends per person per year to reduce and prevent tobacco addiction

EVERY PACK of cigarettes sold costs Oklahoma's economy \$7.62 in medical costs and lost productivity due to premature death and disease.

## Funding for Tobacco Control



# 2000-2008 TIMELINE OF TOBACCO CONTROL ACTIVITY IN OKLAHOMA



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 that 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.

## 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

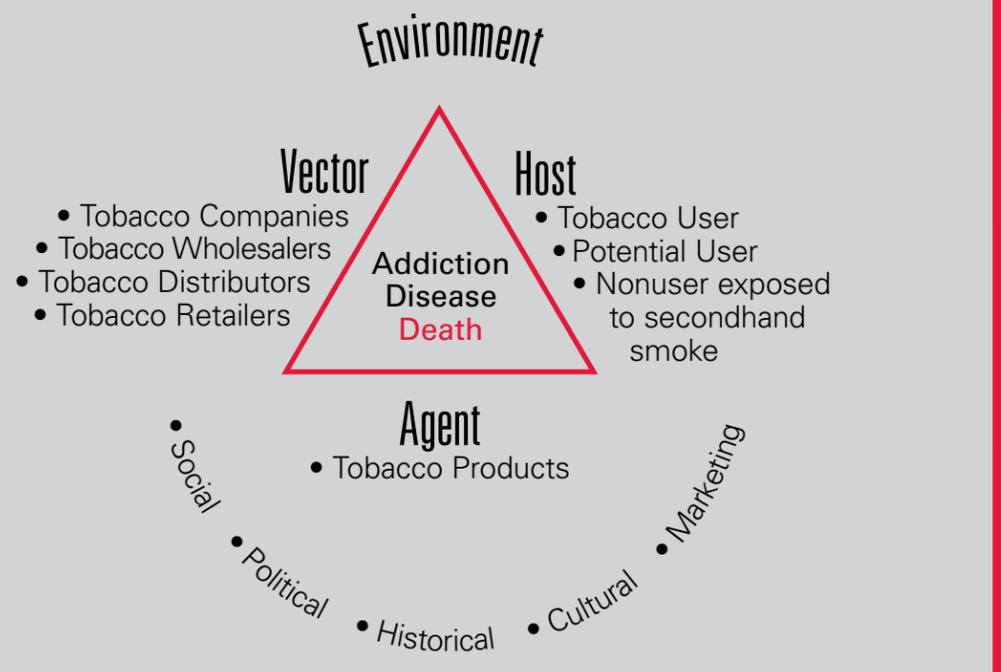
To reduce the prevalence of tobacco use to the national average by 2012.

When this goal is accomplished, there will be **200,000 fewer tobacco users in Oklahoma**. That's 200,000 more tobacco-free Oklahomans living healthier lives.



## FACTORS FOR CHANGE

In the epidemiology model of disease, the host (the tobacco user or susceptible user and the nonuser exposed to secondhand smoke) interacts with the agent (the cigarette or other tobacco product), delivered through a vector (the tobacco companies, wholesalers, distributors and retailers), in a supportive and reinforcing environment that includes social, cultural, historical, political and marketing facilitators and influencers.



For tobacco, all these factors work together to create addiction, disease, and premature death.

To reduce tobacco use and the addiction, disease, and premature death it causes, Oklahomans must intervene on all these fronts by:

- Dismantling the environmental structures that support and promote tobacco use
- Preventing the susceptible host from initiating tobacco use
- Motivating the user to quit
- Protecting the nonuser from secondhand smoke
- Modifying the agent and constraining the vector are areas we will have to address in order to make additional progress

TO REACH THE GOAL, SUSTAINED AND EXPANDED EFFORTS ARE NEEDED IN THREE KEY AREAS:

### 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.

### PREVENTION

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

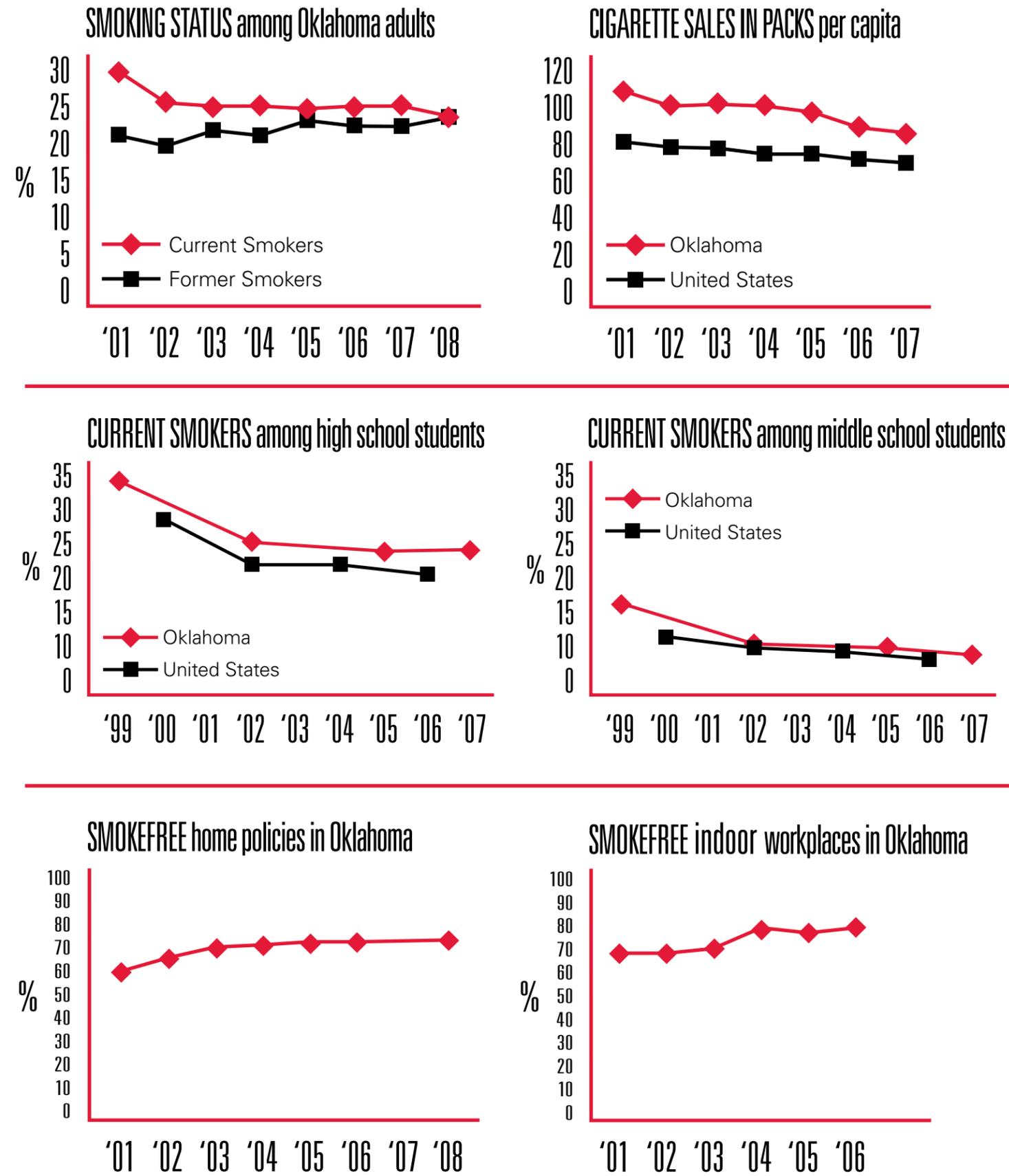
### PROTECTION

There is no safe level of exposure to secondhand smoke but there are immediate and long-term health benefits from 100% smokefree, healthy environments. Every Oklahoman deserves a smokefree workplace.

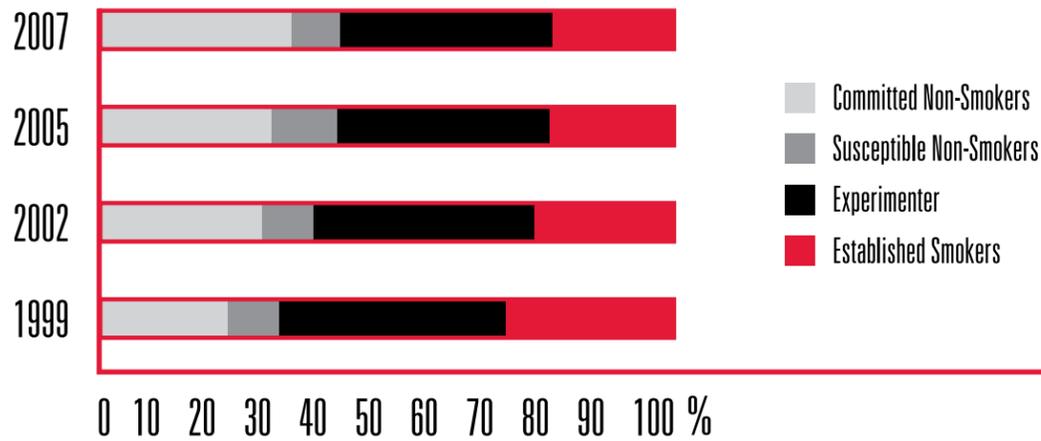
# TARGET OUTCOMES

MEASURE	2008 BASELINE	2012 TARGET OUTCOME	2020 TARGET OUTCOME
<b>Cessation</b>			
Reduce cigarette smoking by adults.	All Adults: 24.7 percent Caucasian: 23.9 percent African American: 31.8 percent American Indian: 31.1 percent Hispanic: 22.4 percent  Source: 2008 Oklahoma Behavioral Risk Factor Surveillance System	19.7 percent among all adult population groups	9.8 percent among all adult population groups
Reduce annual per capita consumption of cigarettes.	85.8 packs per capita per year  Source: Oklahoma Tax Commission	69.2 packs per capita per year	34.6 packs per capita per year
<b>Prevention</b>			
Reduce tobacco use by high school students.	Any Form: 32.8 percent Cigarettes: 23.4 percent Spit Tobacco: 11.9 percent Cigars: 15.5 percent  Source: 2007 Oklahoma Youth Tobacco Survey	Any Form: 25.6 percent Cigarettes: 19.7 percent Spit Tobacco: 6.1 percent Cigars: 11.8 percent	Any Form: 12.8 percent Cigarettes: 9.8 percent Spit Tobacco: 3.0 percent Cigars: 5.9 percent
Reduce tobacco use by middle school students.	Any Form: 14.8 percent Cigarettes: 7.5 percent Spit Tobacco: 4.5 percent Cigars: 6.0 percent  Source: 2007 Oklahoma Youth Tobacco Survey	Any Form: 9.5 percent Cigarettes: 6.3 percent Spit Tobacco: 2.6 percent Cigars: 4.0 percent	Any Form: 4.7 percent Cigarettes: 3.1 percent Spit Tobacco: 1.3 percent Cigars: 2.0 percent
<b>Protection</b>			
Increase the number of Oklahoma households that have smokefree home policies.	74.3 percent  Source: 2008 Oklahoma Behavioral Risk Factor Surveillance System	85.0 percent	95.0 percent
Increase the proportion of Oklahoma adult workers reporting smokefree policies for work areas and for public areas at their worksites.	Work Areas: 87.3 percent Public Areas: 83.0 percent All Areas: 79.9 percent  Source: 2008 Oklahoma Behavioral Risk Factor Surveillance System	Work Areas: 95.0 percent Public Areas: 90.0 percent All Areas: 90.0 percent	100 percent

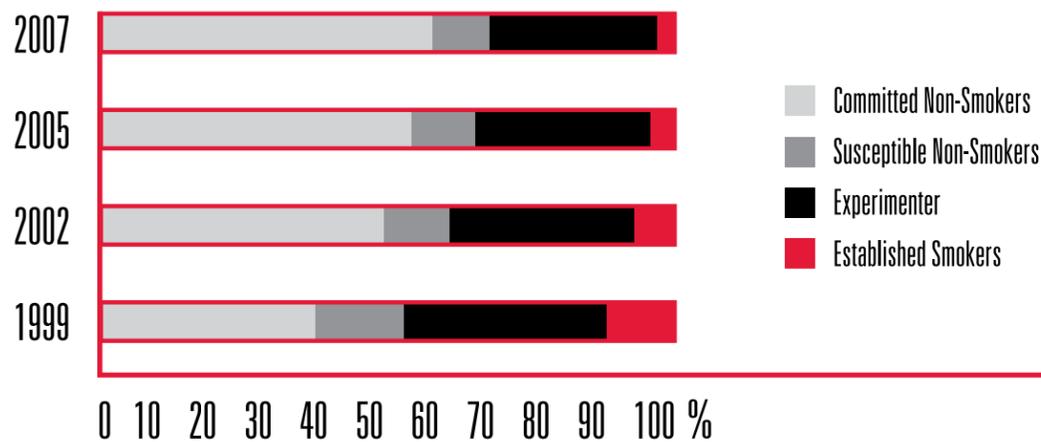
# PROGRESS TO DATE



## SMOKING STATUS among high school students



## SMOKING STATUS among middle school students



## CHALLENGES & OPPORTUNITIES

Groundbreaking laws and programs have begun to have an effect on the health of many Oklahomans. We've influenced people in every area—in all walks of life. But there's much left to do. Here's a review of some of the newest challenges:

### Raising Prices to Reduce Use

Thanks to an increase in excise tax, we're making the cost of tobacco products higher—which studies have shown have reduced purchases. Although our excise tax has been

increased, other states have raised theirs as well and cigarettes with very low tax rates are still available through some Tribal retail outlets in parts of the state.

### Protecting ALL Workers

Our 2003 state smoking law was a good start. But since that time, Oklahoma has been surpassed by other states, cities, and countries. Nearly 50% of the U.S. population is protected from exposure to secondhand smoke by local or state laws covering all restaurants and bars.

We've proven there's no negative economic impact. It's time for Oklahoma to strengthen its laws and protect all workers from exposure to secondhand smoke.

### Focusing on Health

We need to get more creative in our general messages – we have to get the attention of the public with studies and relevant information. We must keep policymakers centered on the health issues related to tobacco and use the data we have to reinforce our message. And we must use that data to create even more opportunities to tell the story of the harmful effects of tobacco – keeping the focus on health.

### Staying Alert & Fighting Back

All of our goals and objectives must challenge tobacco industry strategies. When they up the stakes, we have to respond. The tobacco industry is increasing its efforts, targeting more youth, young adults, and minorities. We must realize that the tobacco industry, to protect its livelihood, will find new ways to target the population and change its social image. They are constantly creating new, more clever ways to target young people.

### Discouraging ALL Tobacco Use

"Spit" or smokeless tobacco is not a safe alternative to smoking despite increasing messages coming from the tobacco industry encouraging smokers to use these products when they can't smoke. These messages are intended to keep people from fully recovering from addiction to nicotine and to hamper cessation efforts. These and other "alternative products" must be addressed.

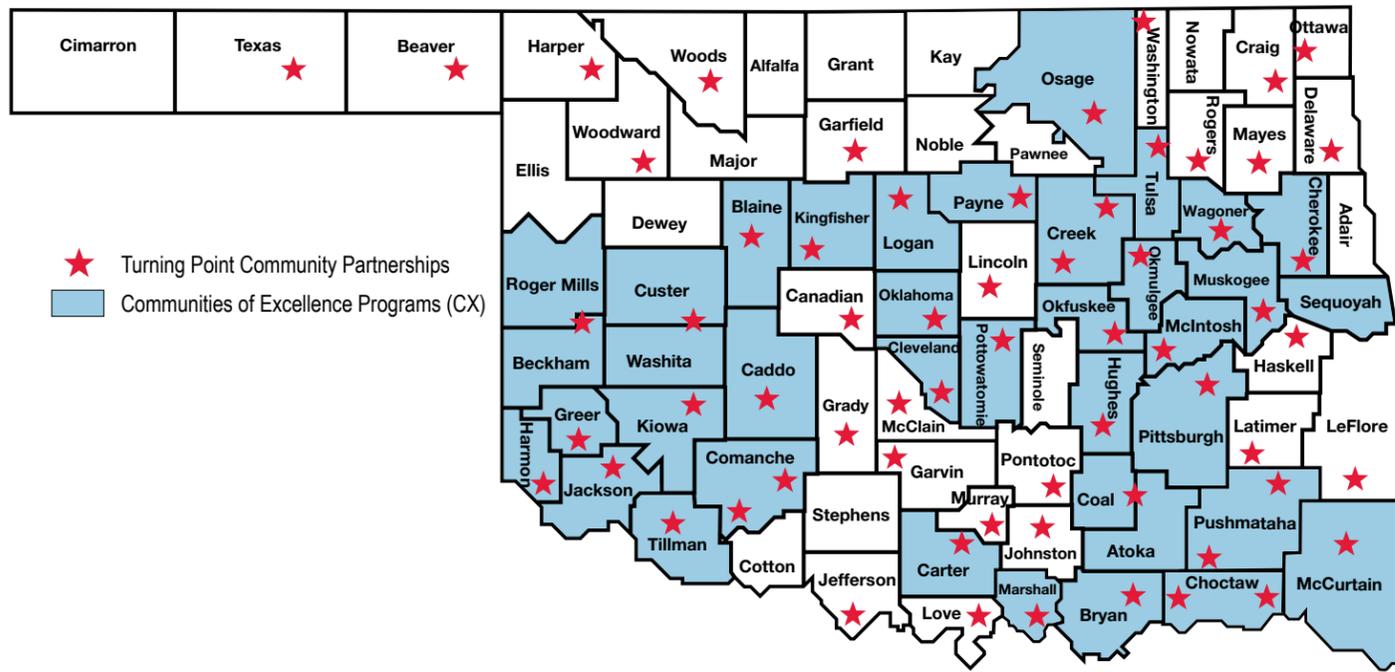
### Recognizing Communities as Leaders

As a state, we have to empower our communities to lead the way. The 1987 tobacco industry strategy that took away or "preempted" local control over tobacco policy in Oklahoma communities is holding us back and must be repealed.

Getting everyone "on the bandwagon," from local and state policymakers to health systems to youth involved in SWAT (Students Working Against Tobacco), to all sectors of the community, makes us a united force—a force that can make even more progress in improving the health of every Oklahoman in the years to come.

The tobacco industry is constantly creating new, more clever ways to target young people.





## 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.

## COMMUNITY ACTION IS KEY

A total of 38 counties and three Tribal Nations are served by the Communities of Excellence program funded by the Oklahoma Tobacco Settlement Endowment Trust. These local coalitions have completed a rigorous strategic planning process to reduce tobacco use throughout their communities.

Over 60 communities participate in the Oklahoma Turning Point Initiative. Turning Point starts with broad community support and participation in public health priority-setting and action, engaging and linking affected people at the local level.

### Communities Lead the Way

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

Community partners 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.

Community partners build support among community members for tobacco control action, stimulate community demand for tobacco control policies, and demonstrate support for tobacco control initiatives.

Community partners educate health care administrators and providers, insurers and employers, and government officials and policy makers to increase provision of and coverage for tobacco dependence treatment.

Community partners work to increase demand for cessation services and promote use of the Oklahoma Tobacco Helpline.

Local news coverage of tobacco prevention events support efforts to advance tobacco control by educating the community and key community members and keeping the tobacco problem on the public agenda.

**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.**

# KEY ACTIVITIES

# NEEDS OF SPECIFIC POPULATIONS

Cessation

- Increase the number of health care systems that effectively implement 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 African Americans, American Indians, blue collar workers, LGBTQ populations, consumers of mental health/substance abuse services, and post-deployment military personnel

Increase Helpline calls from men, spit tobacco users, and Latinos

Increase availability of cessation services for youth and pregnant/post-partum mothers

Reduce lung cancer rates among African American men

Increase accessibility to Helpline services for the deaf and hard of hearing

Prevention

- Increase the number of counties with comprehensive, community-based tobacco prevention programs
- Increase the use of research-based tobacco use prevention curricula in grades K-12
- 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

Reduce tobacco industry marketing to young adults

Decrease initiation of tobacco use among American Indian youth

Reduce spit tobacco use among high school boys

Decrease initiation of tobacco use among girls motivated by weight concerns

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 smoke
- Increase the number of smokefree workplaces
- Repeal the secondhand smoke preemption clause to enable cities to adopt stronger 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 workers, hotel workers, and restaurant workers exposed to secondhand smoke in the workplace

Encourage and support voluntary smokefree policies at businesses and facilities of Oklahoma's 39 federally-recognized Tribal Nations

Reduce secondhand smoke exposure among pregnant women

Increase the proportion of residents of multi-unit housing with access to smokefree buildings



# STATE & LOCAL POLICY NEEDS

## State-Level

Extend state law to eliminate smoking 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.

Prohibit use of driver's license scanning data for marketing of tobacco products.

Prohibit all free sampling of tobacco products.

Further increase the state excise taxes on tobacco products.

Collaborate on tobacco control policy with Tribal Nations in a manner that recognizes the sovereign status of Tribal Nations.

## 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 Tribal Nations.

# 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 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 policy for your business, indoors and outdoors

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

Join together to adopt 24/7 tobacco-free campus policies that include sporting and other events

Make time to integrate tobacco prevention into the core curriculum

Support a Students Working Against Tobacco (SWAT) team by sponsoring activities, 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 secondhand smoke, and prevent initiation of tobacco use

Sponsor a local coalition's activities or events

The Oklahoma Tobacco Use Prevention and Cessation Advisory Committee wishes to thank the multitude of community and state partners for their commitment and dedication to reduce death and disease caused by tobacco use. This State Plan, last revised in April 2009, is hereby respectfully submitted to state leaders and to all the people of the Great State of Oklahoma.

## TOBACCO USE PREVENTION AND CESSATION ADVISORY COMMITTEE

American Cancer Society  
American Heart Association  
American Lung Association of Oklahoma  
Behavioral Health Representatives  
Oklahoma Dental Association  
Oklahoma Institute for Child Advocacy  
Oklahoma State Medical Association  
Oklahoma Nurses Association  
Oklahoma Osteopathic Association  
Oklahoma Psychological Association  
Oklahoma Public Health Association  
Oklahoma Substance Abuse Alliance  
Oklahoma Alcoholic Beverage Laws Enforcement Commission  
Oklahoma State Department of Education  
Oklahoma State Department of Health  
Oklahoma Department of Mental Health and Substance Abuse Services  
Retail Business Representatives  
Youth Representatives

## FOR MORE INFORMATION

Oklahoma State Department of Health, Tobacco Use Prevention Service  
[www.ok.gov/health](http://www.ok.gov/health) (405) 271-3619

Oklahoma Tobacco Settlement Endowment Trust  
[www.tset.ok.gov](http://www.tset.ok.gov) (405) 525-8738

Tobacco Stops With Me [www.stopswithme.com](http://www.stopswithme.com)

Breathe Easy [www.breatheeasyok.com](http://www.breatheeasyok.com)

Oklahoma SWAT (Students Working Against Tobacco) [www.okswat.com](http://www.okswat.com)

Surgeon General's Reports [www.surgeongeneral.gov](http://www.surgeongeneral.gov)

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