OKLAHOMA

Tobacco Use Reduction State Plan
2022-2027

Oklahoma State Department of Health
Tobacco Control Program

Sacred Use Acknowledgment

Oklahoma acknowledges the traditional and sacred use of tobacco among American Indian people living in Oklahoma. In this state plan, tobacco refers to the use of commercial tobacco unless otherwise stated.

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Introduction

The Oklahoma State Tobacco Plan reflects the collaborative efforts undertaken to ensure all Oklahomans live in a tobacco-free state. This collaboration is done via the strategic alignment of efforts from the Oklahoma comprehensive tobacco control program, stakeholders such as public and private sector organizations, and community partners, which will lead to the implementation of evidence-based tobacco prevention, control, and cessation strategies. The end goal is to decrease the tobacco burden and disparities in Oklahoma, which will lead to a decrease in chronic disease morbidity and mortality and health care costs.

This plan includes evidence-based and population-based approaches to implement a comprehensive tobacco control program. The plan should serve as a road map to prevent youth from using tobacco products, protect Oklahomans from secondhand smoke and e-cigarette aerosol and increase cessation.

The State Plan highlights key activities that will guide the state's tobacco prevention and control work and builds on the evaluation of the target outcomes of the previous State Plan. The overall objective of this State Plan is to guide our work in tobacco control, prevention and cessation.

The Oklahoma State Department of Health works to promote prosperity through health for all Oklahomans. Currently, three of every five Oklahoma deaths are a result of one of five chronic diseases: cardiovascular disease, cancer, chronic lower respiratory infections, Alzheimer's Disease and diabetes. The Chronic Disease Prevention Services division implements programs to prevent and lessen the burden of these conditions and produces a number of chronic disease-related reports. The reports will display a similar cover with a common image to tie them together as chronic disease-related reports distinguished by unique titles and overall color. The graceful state bird, the Scissor-tailed Flycatcher, was chosen as the image for each cover as a representation of hope and the resilience of Oklahomans. The Oklahoma Tobacco Use Reduction State Plan utilizes a teal cover to correlate with our prevention activities that are designed to decrease the number of Oklahoma youth who begin using tobacco each year.

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.[1]

DISEASES CAUSED BY TOBACCO USE [2]

Stroke · Osteoporosis · Mouth Cancer · Heart Disease
Throat Cancer · Lung Cancer · Emphysema
Pancreatic & Stomach Cancer · Kidney & Bladder Cancer

DISEASES CAUSED BY EXPOSURE TO SECONDHAND TOBACCO SMOKE

Ear Infection · Asthma Attacks · Pneumonia · Bronchitis

"For every person who dies because of smoking, at least 20 people live with a serious smoking-related illness."

1. 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
2. The Health Consequences of Smoking—50 Years of Progress - NCBI Bookshelf (nih.gov) Retrieved October 09, 2024 from https://www.ncbi.nlm.nih.gov/books/NBK179276/

HEALTH & ECONOMIC TOLL OF SMOKING IN OKLAHOMA

EVERY PACK of cigarettes sold costs Oklahoma's economy $20.20 in medical costs and lost productivity due to premature death and disease. [3]

DEATHS IN OKLAHOMA CAUSED BY SMOKING [1]

Number of Oklahoma smokers who die each year as a result of smoking	7,500
Youth aged 0–17, alive today, who will die from smoking in the future	88,000 [1]
Number of Oklahoma non-smokers who die each year from secondhand smoke	700 [2]

ANNUAL COSTS INCURRED IN OKLAHOMA FROM SMOKING [1]

$1.88 billion	$283.8 million	$4.6 billion
Total medical	Total Medicaid	Lost productivity from premature death

Annual costs incurred do not include additional tobacco-related costs such as exposure to secondhand smoke, smoking-caused fires, smokeless tobacco use, or cigar and pipe smoking. [4]

$1,133 [5]	$37 [6]	$6 [7]
Amount tobacco use costs every Oklahoma household, every year whether they use tobacco products or not. [5]	*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.*

1. The Toll of Tobacco in the United States: Oklahoma (2021, March 21). Retrieved October 09, 2024. https://www.tobaccofreekids.org/problem/toll-us/oklahoma
2. Breathe Easy (oklahoma.gov) Retrieved October 09, 2024, from https://www.ok.gov/breatheeasyok/Secondhand_Smoke/index.html
3. $20.20 is calculated based on Oklahoma Tax Commission Cigarette sales data of 184.1 million packs sold in FY 2020 and an estimated $3.72 billion smoking caused monetary costs in Oklahoma. https://www.tobaccofreekids.org/problem/toll-us/oklahoma
4. Estimating the cost of a smoking employee (2013, June 3). Retrieved October 09, 2024, from https://pubmed.ncbi.nlm.nih.gov/23733918/#:~:text=Results%3A%20Our%20best%20estimate%20of,excess%20costs%20on%20private%20employers
5. The Toll of Tobacco in Oklahoma. [2022, January 21]. Retrieved October 09, 2024, from https://www.tobaccofreekids.org/problem/toll-us/oklahoma
6. *$37 is calculated based on Oklahoma's total population of 3.98 million according to US Census Bureau – 2021 Population Estimates and an estimated $148.9 million spent by tobacco industry for Oklahoma's marketing each year. https://www.tobaccofreekids.org/problem/toll-us/oklahoma*
7. *$6 is calculated based on Oklahoma's total population of 3.95 million according to US Census Bureau – 2020 Population Estimates and an estimated $23.9 million spent by Oklahoma on tobacco prevention in FY 2022. https://www.tobaccofreekids.org/what-we-do/us/statereport/oklahoma*

Maternal Health

In 2019-2021, 20.4% of women in Oklahoma reported smoking three months before pregnancy, 9.1% reported smoking the last three months, and 13.4% smoked postpartum. In terms of demographic, the numbers were higher for women between the ages of 20-29.[1] More alarming these numbers were higher for American Indian and Black mothers when compared to White.

Smoking tobacco and/or nicotine products has been shown to cause fertility problems for both parties. Women who smoke have more complications getting pregnant than those who do not smoke, while men who smoke can damage sperm and experience impotence problems. Smoking during pregnancy is the single most preventable cause of illness and death among mothers and infants. Research shows that smoking during pregnancy may cause pregnancy complications, premature birth and/or low-birth weight babies, stillbirth, and even Sudden Infant Death Syndrome (SIDS).

According to the U.S. Surgeon General's Report, e-cigarettes and vapor devices are not safe for youth, young adults, pregnant women, or adults who do not currently use tobacco products. The Centers for Disease Control and Prevention (CDC) states that, "although the aerosol of e-cigarettes generally has fewer harmful substances than cigarette smoke, e-cigarettes and other products containing nicotine are not safe to use during pregnancy." Nicotine and nicotine products can damage a fetus' developing brain and lungs. According to the CDC, even some e-cigarette flavorings may be harmful to a developing fetus.[2]

Pregnant women should also avoid the harmful effects of secondhand smoke. Secondhand smoke exposure causes early death and disease in children and adults who do not smoke. Pregnant women exposed to secondhand smoke have 20% higher odds of giving birth to a low-birth weight baby than women not exposed to secondhand smoke during pregnancy.[3] Children who are exposed to secondhand smoke are at increased risk for bronchitis, pneumonia, ear infections, severe asthma, respiratory symptoms and slowed lung growth.[4]
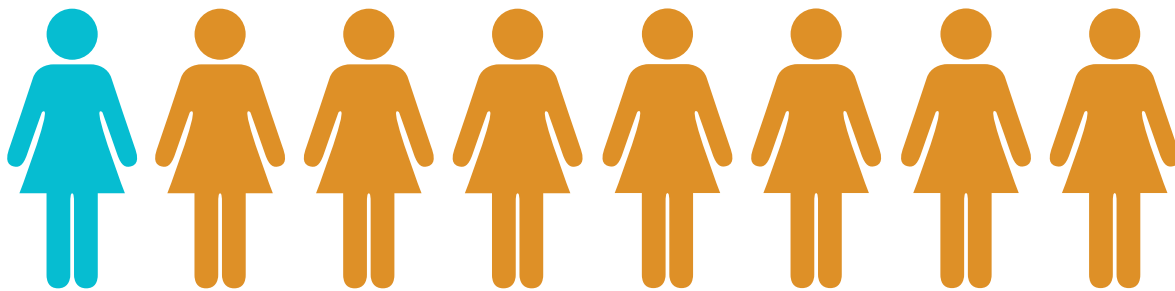
1 in 11 women were smoking during pregnancy.

1. Kipling L, Bombard J, Wang X, Cox S. Cigarette Smoking Among Pregnant Women During the Perinatal Period: Prevalence and Health Care Provider Inquiries — Pregnancy Risk Assessment Monitoring System, United States, 2021. MMWR Morb Mortal Wkly Rep 2024;73:393–398. DOI: http://dx.doi.org/10.15585/mmwr.mm7317a2
2. Health Effects of Cigarettes: Reproductive Health | Smoking and Tobacco Use | CDC. Retrieved October 09, 2024
3. Smoking During Pregnancy. Centers for Disease and Control. (2020, April 28). Retrieved November 11, 2022, from https://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm#:~:text=Health%20Effects%20of%20Smoking%20and%20Secondhand%20Smoke%20on,suggest%20a%20relationship%20between%20tobacco%20and%20miscarriage%20
4. Tobacco use and pregnancy. Health Department. (n.d.). Retrieved October 09, 2024, from https://oklahoma.gov/health/health-education/children---family-health/improving-infant-outcomes/smoking-and-pregnancy.html

Maternal Health Continued

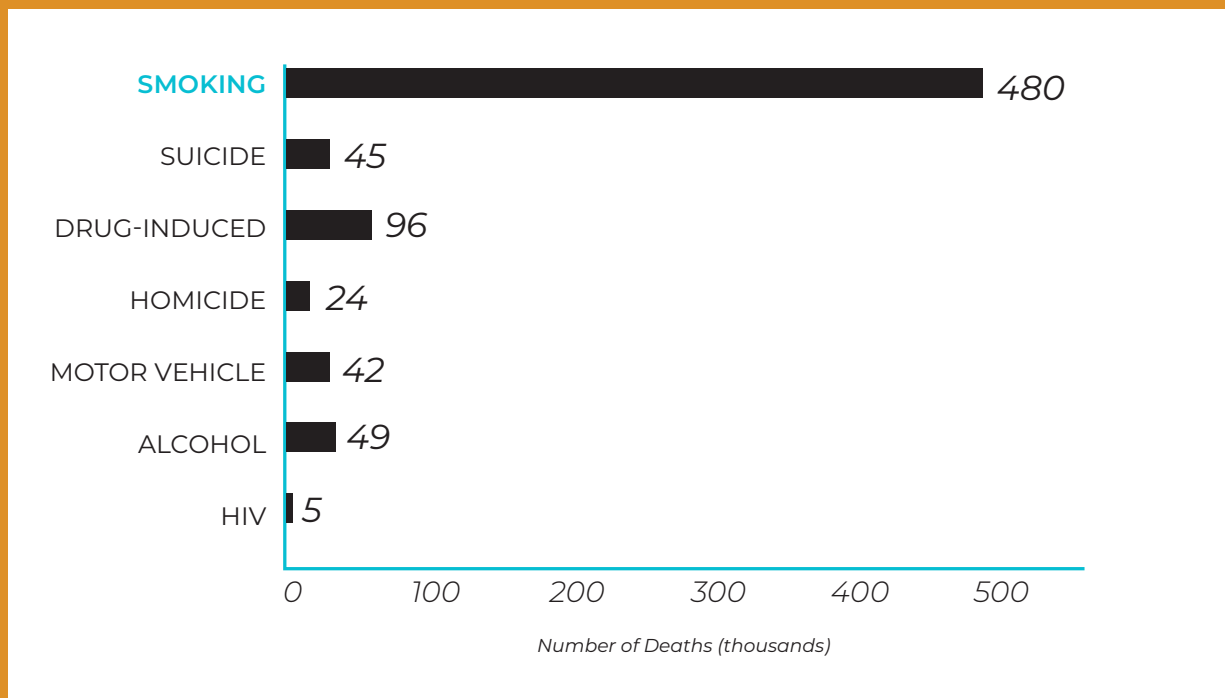**1 in 8 women smoked postpartum.**

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.
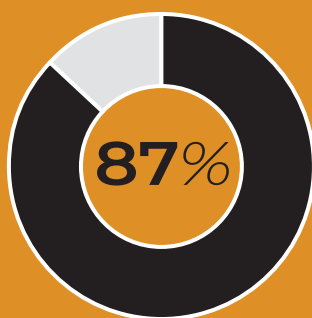
TOBACCO KILLS MORE PEOPLE THAN...

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

480,000 ANNUAL DEATHS *FROM SMOKING* [2]
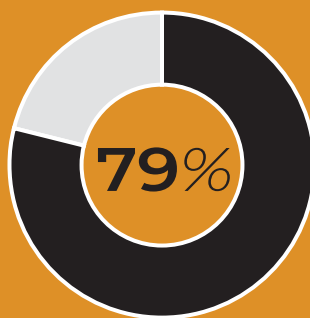compared with selected other causes in the United States

Cause	Number of Deaths (thousands)
SMOKING	480
SUICIDE	45
DRUG-INDUCED	96
HOMICIDE	24
MOTOR VEHICLE	42
ALCOHOL	49
HIV	5

Number of Deaths (thousands)

IN THE UNITED STATES, SMOKING CAUSES [3] :
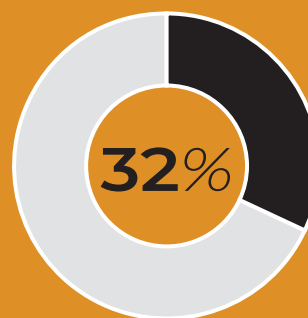
LUNG CANCER DEATHS

87%

COPD CASES

79%

CARDIOVASCULAR DISEASE DEATHS

32%

Chronic Obstructive Pulmonary Disease (COPD)

1. The Toll of Tobacco in the United States. (2018, November 16). Retrieved October 09, 2024, from https://www.tobaccofreekids.org/problem/toll-us
2. Smoking and secondhand smoke Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. 2020 Smoking Cessation: A Report of the Surgeon General. Retrieved on October 09, 2024 from https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf
3. Health Consequences of Smoking, Surgeon General fact sheet. Retrieved September 26, 2024 from https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/consequences-smoking-factsheet/index.html

Oklahoma Tobacco *Control Program*

OKLAHOMA TOBACCO CONTROL PROGRAM

VISION All Oklahomans living in a tobacco-free society.

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

GOAL To reduce the 2021 state smoking prevalence from 16.9% to the national average by 2026. When this goal is accomplished, there will be 71,438 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.

Community and Tribal Partners

The state of Oklahoma has diverse representation in matters of tobacco prevention, protection, and control. Statewide, partners participate in community coalitions and workgroups and serve as sub-recipients of programmatic funds. These programmatic funds are a combination of state and federal dollars designed to address health disparities among targeted populations. In Oklahoma, the M-POWER program seeks to reduce the effect of disparities related to commercial tobacco use by partnering with three Native American tribes and one African American community organization. Each of these partners undertakes targeted initiatives designed to address commercial tobacco use among a specific population. The organizations develop these initiatives to be culturally specific and implement self-selected strategies within the community. These strategies typically include measures to educate K-12 students on the dangers of commercial tobacco use and prevention strategies, strategically work within health systems to increase referrals to the Oklahoma Tobacco Helpline, facilitate community education and advocacy for voluntary clean air policies, and other initiatives designed to improve the quality of life for Oklahomans in their communities.

Tribal and other partners are represented in the Tribal Cessation Workgroup. This workgroup is designed to enhance the efficacy of cessation efforts among the Native American community in Oklahoma. Additionally, representatives from the African American Local Lead Agency Partners sit on the OK in the Know Community Board, where they share insight into their needs as a community partner to benefiting grantees in various programs statewide. OK in the Know is a private networking and technical assistance platform offered to grantees from multiple agencies around Oklahoma. The platform provides forums for problem solving, centralized training and administrative tools for various programs. While this is not a fully public facing forum, it is a vital tool for individuals working on health initiatives throughout the state.
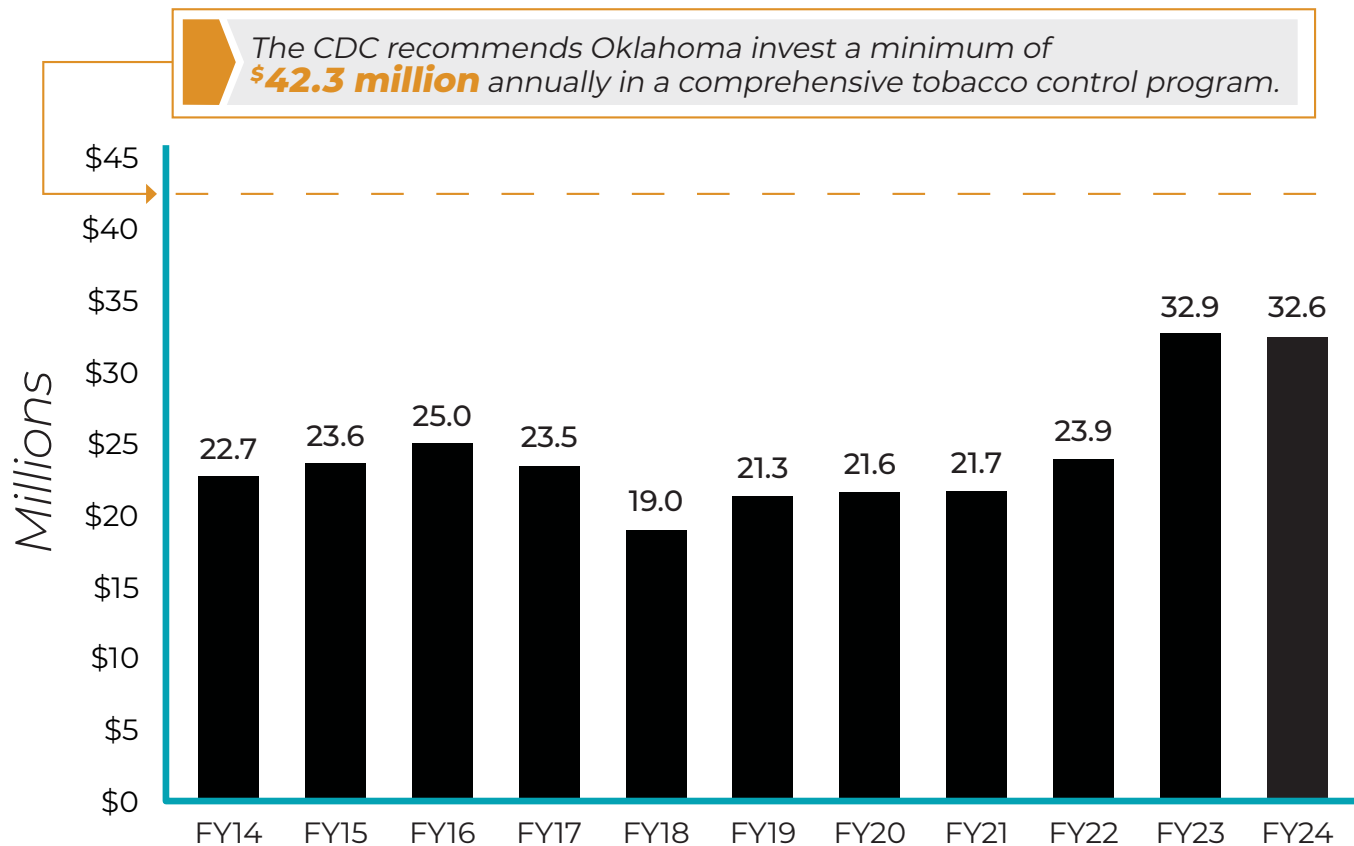
State Alliance

The Oklahoma Tobacco Control Alliance's (OTCA) mission is to promote the health and well-being of all Oklahomans by preventing and decreasing the use of tobacco products and exposure to tobacco smoke. OTCA prioritizes reducing consumption among populations with the highest burden of tobacco-related health disparities, thereby minimizing diseases and premature deaths in our state caused by America's number one preventable cause of death. OTCA achieves its mission through education, collaboration and advocacy by working with diverse organizations and individuals locally and nationally. OTCA consists of two workgroups; one focuses primarily on policies related to tobacco, while the other focuses on community outreach.

The Oklahoma Tobacco Settlement Endowment Trust (TSET)

Created by voters in 2000, TSET is an endowment trust that receives a percentage of payments from the 1998 Master Settlement Agreement (MSA) between 46 states and the tobacco industry. 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. The TSET Board of Directors funds grants and programs in support of the objectives in this plan.

Funding for Tobacco Control [1]

The CDC recommends Oklahoma invest a minimum of **$42.3 million** annually in a comprehensive tobacco control program.

Millions

FY	Value
FY14	22.7
FY15	23.6
FY16	25.0
FY17	23.5
FY18	19.0
FY19	21.3
FY20	21.6
FY21	21.7
FY22	23.9
FY23	32.9
FY24	32.6

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

Oklahoma allocated $32.6 million in state funds to tobacco prevention in FY24, just 77.0% of the CDC's annual spending recommendations.[1] The annual tobacco industry marketing costs nationwide is $9.1 billion dollars and the estimated portion spent for Oklahoma marketing each year is $148.9 million dollars.[2]

1. Association, A. L. (2024). State of Tobacco Control > Oklahoma. State of Tobacco Control | American Lung Association. Retrieved September 26, 2024 from https://www.lung.org/research/sotc/state-grades/oklahoma
2. The Toll of Tobacco in the United States: Oklahoma (2021, March 21). Retrieved October 09, 2024. https://www.tobaccofreekids.org/problem/toll-us/oklahoma

Tobacco-Related *Health Disparities*

Population Centered
Tobacco Related Health Issues

There has been a small increase in cigarette smoking in adults in Oklahoma, from 15.6% in 2022 to 15.8% in 2023.[1] However, health disparities associated with commercial tobacco use persist in Oklahoma. For example, in 2023, American Indians/Alaska Natives reported the highest smoking prevalence rate in Oklahoma.

Multiple factors increase the health-related inequalities in tobacco use, such as marketing by the tobacco industry to specific groups and communities, the appeal of the products via flavors, discrimination, low social-economic status, exposure to secondhand smoke, and barriers to health care and cessation services. In addition, the disparities related to tobacco use can persist depending on where people live, health insurance coverage, employment status, and social and demographic factors such as race, ethnicity, age, sexual orientation, disability status, education level, income, and mental health status.[2]

The tobacco industry has targeted the American Indian and Alaskan Native people by using strategies such as sponsorship of cultural events, which include pow-wows and rodeos. In addition, the industry sells tobacco products that use images, symbols, and names with special meanings for certain tribes. It also reduces the prices of commercial tobacco products sold on tribal land, and uses misleading statements about ceremonial tobacco to convince people to use commercial tobacco products instead.[3]

1. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2023, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at https://www.health.state.ok.us/ok2share/index.shtml
2. Tobacco-related disparities. (2022, June 27). Retrieved November 18, 2022, from https://www.cdc.gov/tobacco/health-equity/index.htm
3. Unfair and unjust practices and conditions harm American Indian and Alaska native people and Drive Health Disparities. (2022, June 27). Retrieved November 18, 2022, from https://www.cdc.gov/tobacco/health-equity/aian/unfair-and-unjust.html

M-POWER

OSDH is the funder of the Moving-Parity Onward With Every Resource program and provides programmatic oversight. M-POWER works with sub-recipients including three Native American tribes and one African American community-based organization to address the disparate use of commercial tobacco among specific populations. These organizations work in targeted ways to combat the effects of tobacco advertising and the use of commercial tobacco by using culturally specific messaging and engaging change makers who have influence within their communities. They work to improve policy, share messaging counter to tobacco marketing and build community relationships.

OSDH strives to address the commercial tobacco use concern by achieving four goals and designing and implementing strategies within the components of community interventions and mobilization, health communications, public and policy education and surveillance and evaluation. At the present moment, Oklahoma is in a unique position to impact priority populations through direct programming designed specifically with the African American population and tribal nations to address the disparate use of commercial tobacco. M-POWER provides structure and flexibility, simultaneously, to meet the needs of their local communities and produce outcome-based interventions.

Prevalence of Current Cigarette Smoking among Adults by Race/Ethnicity

The prevalence of smoking in Oklahoma varies by race/ethnicity. Non-Hispanic American Indians/Alaska Natives (NH-AI/ANs) have historically had the highest smoking prevalence rates. In 2022, 19.8% of the NH-AI/ANs were current cigarette smokers. All racial/ethnic groups have experienced declines in smoking prevalence since 2011.

Annual Percent Change 2011-2022 (based on 3 year rolling prevalence)[1]

NH-White	NH-Black	NH-AI/AN	NH-Other	Hispanic
3.0%	4.3%	3.0%	3.7%	6.2%
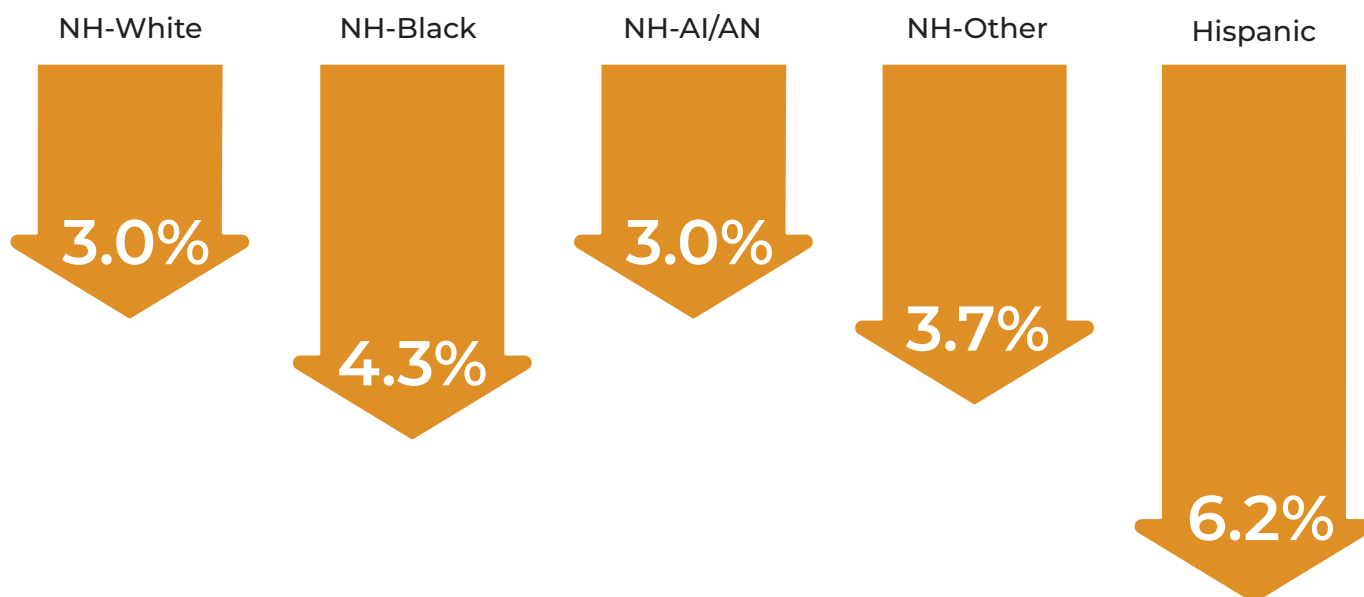
1. Mushtaq, N., Beebe, L. A., Boyina, K., & Kouplen, K. (2023). (rep.). Oklahoma Tobacco Use Disparities Report (Vol. 11, pp. 14–14). Oklahoma, OK:Hudson College of Public Health.

Take back your health.

Quit menthol.

CALL 1-800 QUIT-NOW

OKLAHOMA
State Department
of Health

Menthol Ban

Menthol Tobacco Products Use and its Effect on Tobacco Disparities

In the United States, more than 85% of African American smokers prefer menthol tobacco products compared to 30% of Caucasian smokers.[1] Menthol tobacco products have been marketed to specific population groups via advertisements, sponsorships, pricing, lifestyle branding and giveaways. These tobacco products have been heavily marketed to Black people resulting in lower successful cessation attempts. Menthol also increases youth initiation and nicotine dependence, making the product's flavor more appealing and easier to smoke. Menthol leads to the continued use of tobacco products.[2]

The primary goal of this tobacco control program is to advance health equity by reducing health disparities associated with tobacco use program and policy efforts.

- Implementing policy and programs aimed at decreasing the prevalence of tobacco use and exposure to secondhand smoke.

- Improving access to tobacco control resources, such as cessation, to the population with a high burden of tobacco-related issues.[3]

1. The Menthol Issue – The Fight Against Menthol, Our Position on the Issue of Menthol. (n.d.). Retrieved October 09, 2024, from https://www.centerforblackhealth.org/menthol
2. Menthol Tobacco Products Are a Public Health Problem | Smoking and Tobacco Use | CDC Retrieved October 09, 2024, from https://www.cdc.gov/tobacco/menthol-tobacco/index.html
3. Tobacco control network. Tobacco Control Network. (2022). Retrieved October 09, 2024, from http://tobaccocontrolnetwork.org/wp-content/uploads/2022/05/2022-TCN-Policy-Recommendations-Guide-FINAL.pdf centerforblackhealth.org/menthol
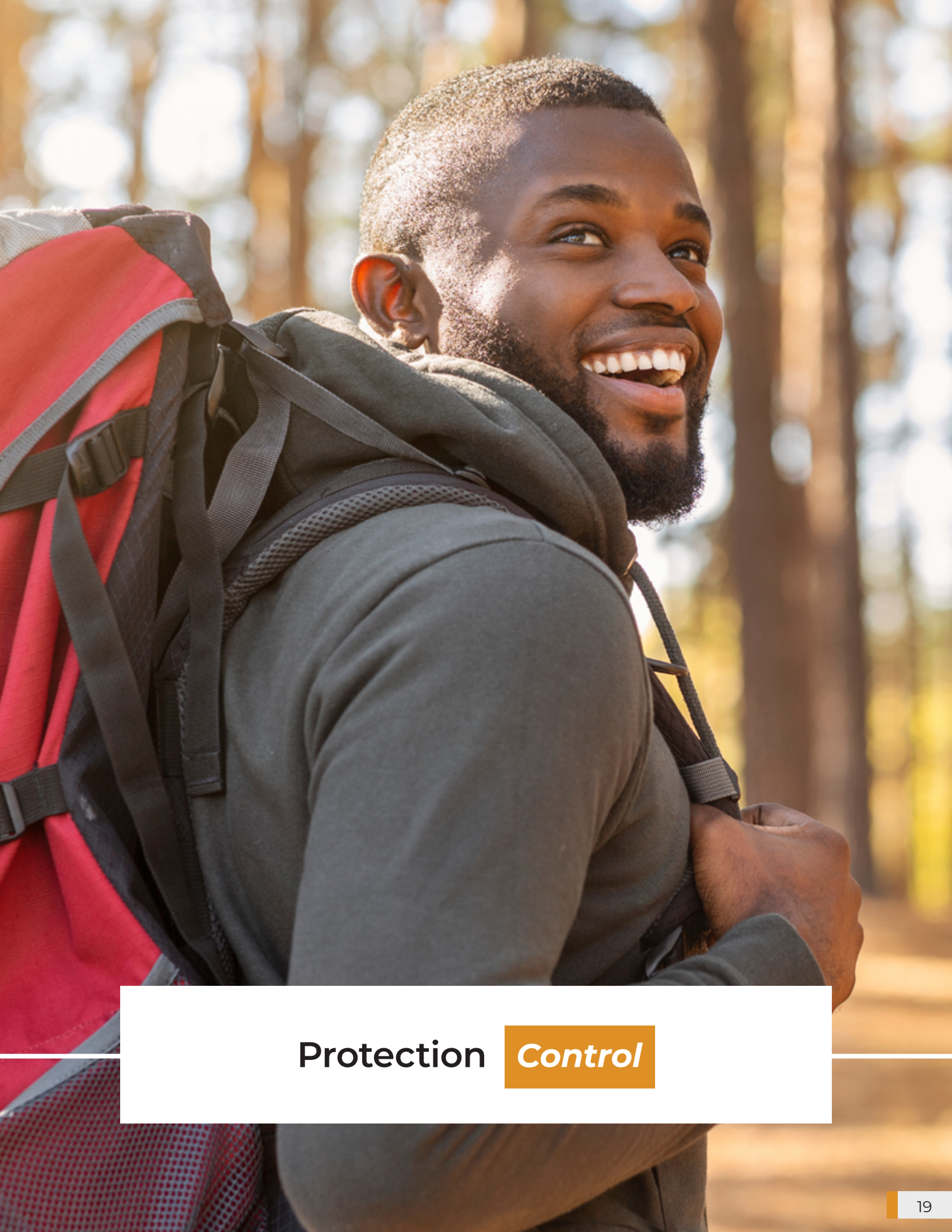
Protection *Control*

2000-2018 TIMELINE

OF TOBACCO CONTROL ACTIVITY IN OKLAHOMA

TOBACCO CONTROL PROGRAM INITIATIVES

Students Working Against Tobacco **(SWAT)** program launched. (2000)

The OSDH funds the Oklahoma Ethnic Tobacco Education Networks (M-POWER). (2003)

Oklahoma Tobacco Research Center is established. (2007)

Cessation Systems Initiatives begin at the Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma Hospital Association, and Oklahoma Health Care Authority (OHCA). (2009)

OHCA removes co-pay barrier for tobacco counseling services. (2015)

'00   '05   '10   '15   '20

"24/7" tobacco-free property policies gain momentum statewide. (2000)

The Communities of Excellence programs begin. (2004)

State Health Choice Plan offers enhanced cessation coverage. (2008)

TSET Healthy Living Programs begin. (2015)

National Cancer Institute Designation. (2018)

Specific populations programs begin. (2006)

Second wave of Communities of Excellence programs begins. (2006)

Secondhand and Thirdhand Smoke and Aerosol Effects

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 toxins than inhaled cigarette smoke; therefore, there is no risk-free level of exposure to secondhand smoke. However, eliminating and reducing exposure to secondhand smoke can decrease the prevalence of heart disease, lung cancer and stroke among nonsmokers. This strategy is also vital in increasing tobacco cessation among smokers.[1]

With more than 7,000 chemicals in secondhand smoke and 70 cancer-causing chemicals, exposure to secondhand smoke is dangerous. Over half (52.1%) of Oklahomans report being regularly exposed to secondhand smoke, a rate higher than the national average.[2] In addition, secondhand smoke can negatively affect children by causing health issues such as ear infections, lung infections, asthma attacks, bronchitis, and Sudden Infant Death Syndrome (SIDS).[3]

Thirdhand smoke is a fairly new discovery and is defined as the "residual nicotine and other chemicals left on indoor surfaces by tobacco smoke" by the Mayo Clinic. It can also be remembered as the 4 Rs: tobacco chemicals that remain, react, re-emit, and are re-suspended well after smoking has ceased. It is found on surfaces, hair, clothing, and any other surface that can trap smoke particles. The residual smoke can react with ambient nitrous acid, regularly found in air and at higher rates indoors, to create tobacco-specific nitrosamines (TSNAs). TSNAs are one of the more toxic and potent carcinogens that are present in high levels within combustible cigarettes and in cigarette smoke. In contrast to secondhand smoke, which may only have a few moments or hours of contact, thirdhand smoke exposure can lasts days and months and can also be contacted by touch and ingestion. Children are most susceptible to thirdhand smoke exposure as they touch a large majority of surfaces with their hands and mouths, such as crawling on the floor or couch then putting their hand in their mouth. However, the best way to help decrease thirdhand smoke exposure is similar to secondhand smoke by creating personal smoke-free rules and work towards quitting.

1. *2022 Policy Recommendations Guide - Tobacco Control Network. (2022, May 17). Retrieved October 09, 2024, from http://tobaccocontrolnetwork.org/wp-content/uploads/2022/05/2022-TCN-Policy-Recommendations-Guide-FINAL.pdf*
2. *Health Effects of Secondhand Smoke Facts | Tobacco Stops With Me, Retrieved October 09, 2024, from https://stopswithme.com/dangers-of-tobacco-products/secondhand-smoke/#:~:text=Secondhand%20Smoke%20Dangers,-The%20dangers%20of&text=In%20fact%2C%20secondhand%20smoke%20kills,higher%20than%20the%20national%20average*
3. *Centers for Disease Control and Prevention. (2022, November 1). Health problems caused by secondhand smoke. Centers for Disease Control and Prevention. Retrieved October 09, 2024, from https://www.cdc.gov/tobacco/secondhand-smoke/health.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ftobacco%2Fdata_statistics%2Ffact_sheets%2Fsecondhand_smoke%2Fhealth_effects%2Findex.htm*

Clean Indoor Air and Multi-Unit Housing

The U.S. Surgeon General's Report states that "eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke." Market demand is high for smoke-free housing. Throughout the nation, polls show that renters prefer smokefree dwellings, buildings and complexes, and Oklahoma housing is no exception.

A 2011 survey[1] of Oklahoma apartment residents indicated that 80% lived in buildings that had no smoke-free or tobacco-free policies, despite 60% of those polled stating that they prefer housing with said policies. A majority of nonsmoking multi-unit housing residents in Oklahoma report that secondhand smoke has infiltrated into their units from other units in their buildings. This implies that separate ventilation systems fail to fully protect nonsmoking tenants.

Adopting a smoke-free or tobacco-free policy makes financial sense, resulting in spending less on maintenance, tenant turnover, apartment cleaning and significantly reducing fire hazards. It is estimated that multi-unit housing properties may save approximately $3,500 per unit when turning over a smoke-free unit as opposed to a smoking one. Adopting such policies may even lower insurance rates for both housing and employee. It is helpful to note that these policies are 100% legal.[1]

1. Breathe easy ok - home. (n.d.). Retrieved October 09, 2024, from
   https://oklahoma.gov/health/health-education/chronic-disease-prevention/tobacco-prevention/breathe-easy.html

Breathe Easy

In order to promote your smoke-free and tobacco-free business, the Breathe Easy program offers free door decals and can help with outdoor signage that clearly communicates your smoke-free and tobacco-free status.

For more information about clean indoor air in Oklahoma, please connect with us by emailing OnlyAir@health.ok.gov

breathe *easy*

✖ do not use products
that release smoke or vapors

State & Local Policy Needs - Protection

State-Level

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

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.

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

Local-Level

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

Seek voluntary smoke-free/tobacco-free policies.

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

- Reduce the number of stand-alone bar, hotel, and restaurant workers exposed to secondhand smoke and e-cigarette aerosols.
- Increase the number of voluntary smoke-free workplaces, homes, vehicles, public housing and private multi-unit housing.
- Generate support to restore local rights for cities and counties to adopt stronger smoke-free ordinances.
- Increase compliance with smoke-free policies.
- Support voluntary smoke-free policies at businesses and facilities of Oklahoma's 39 federally recognized Tribal nations.
- Increase the number of tobacco-free, city-owned property.
- Educate the public about secondhand smoke, e-cigarette aerosol and thirdhand smoke.
- Educate the public about 100% clean indoor air laws.

Target Outcomes *Protection*

MEASURE
Increase the percent of Oklahoma households that have smokefree home policies.
Source: Oklahoma Behavioral Risk Factor Surveillance System

2022 BASELINE	2023 ACTUAL OUTCOME	2024 ACTUAL OUTCOME	2025 TARGET OUTCOME	2027 TARGET OUTCOME
87.0%	**No new data**	**87.2%**	**87.8%**	**88.3%**
Data Year: 2021	*Data Year: 2022*	*Data Year: 2023*	*Data Year: 2024*	*Data Year: 2027*

MEASURE
Increase the percent of workplaces with an official smokefree policy.
Source: Oklahoma Behavioral Risk Factor Surveillance System

2022 BASELINE	2023 ACTUAL OUTCOME	2024 ACTUAL OUTCOME	2025 TARGET OUTCOME	2027 TARGET OUTCOME
66.4%	**62.2%**	**No new data**	**62.8%**	**63.4%**
Data Year: 2021	*Data Year: 2022*	*Data Year: 2023*	*Data Year: 2024*	*Data Year: 2026*

Protection Spotlight
American Lung Association

"The American Lung Association (ALA) is the trusted champion of lung health. Our mission is to save lives by improving lung health and preventing lung disease. We have helped to eliminate smoking on domestic flights; championed the passing of the Tobacco Control Act; and helped achieve increasing the age of sale for all tobacco products to age 21. In Oklahoma, we provide smoking cessation through our program called Freedom From Smoking, it has helped hundreds of thousands of Americans to end their addiction to nicotine and begin new smoke-free lives.

At the beginning of our contract in 2018 with the Oklahoma State Health Department, The ALA was assigned to assist 26 public housing authorities with the HUD rule of adopting and enforcing a smokefree policy across the state. We then expanded our focus in Tulsa County to identify and assist apartment homes with their smoke-free policy. Currently, we are accessing over 400 properties to go smoke-free and to offer ongoing technical assistance that will include the ALA resources, Oklahoma Tobacco Hotline and the Breathe Easy toolkit to property managers and staff. While doing this work, we have been able to obtain 31 smoke-free policies and 73 properties that have expressed interest in adopting a smoke-free policy.

Throughout the 20th century, and now well into the 21st, the ALA has remained steadfast in its mission of saving lives by improving lung health and preventing lung disease. As long as anyone struggles to breathe freely, our Association will be there to champion healthy lungs. Guided by a strong moral compass, we will continue to advance our mission. And through expertise, responsible innovation and taking bold actions, we will realize our vision of a world free of lung disease."

This spotlight was provided by American Lung Association Health Promotion Manager, Alexis Burris.

Prevention

Preventing Youth Access to Tobacco

Tobacco continues to be the leading preventable cause of death in Oklahoma, causing about 7,500 deaths per year. Smoking kills more Oklahomans than alcohol, auto accidents, HIV, suicides, murders and illegal drugs combined. Oklahomans spend approximately $1.88 billion per year on smoking-related health costs, while the tobacco industry spends an estimated $148.9 million dollars annually to market tobacco products in Oklahoma.[1]

The Food and Drug Administration (FDA) closely monitors retailer compliance with federal tobacco laws and regulations regarding youth by providing contract opportunities with states across the nation. Oklahoma, through OSDH, has a contract with the FDA working with the Center for Tobacco Products (CTP) to enforce Tobacco 21. Utilizing inspectors and underage buyers across the state, we monitor tobacco retail compliance through surveillance, inspection and investigation. And, when necessary, the FDA takes action including Warning Letters, Civil Money Penalty (CMP) Complaints, No-Tobacco-Sale Order (NTSO) Complaints, up to Seizures, Injunctions and Criminal Prosecution.

Lifetime smoking and other tobacco use almost always begins by the time the individual graduates from high school.[2] According to the National Survey on Drug Use and Health, nearly 80% of all adult smokers begin smoking by age 18, and 90% do so before the age of 21.[3] Nearly half (47%) of adult smokers transition to regular, daily smoking before age 18, and eight in 10 transition to regular, daily smoking before they turn 21. For this reason, preventing youth access to tobacco is one of the most powerful ways to prevent tobacco use initiation that leads to poor health outcomes. According to the 2022 Policy Recommendations Guide, best practices to curtail youth initiation of tobacco products include increasing cigarette tax, making tobacco use the exception and not the norm by having tobacco-free environments to eliminate exposure to secondhand smoke and aerosol, limiting the availability and accessibility of tobacco products, and limiting marketing and advertising of tobacco products.[4]

1. The Toll of Tobacco in the United States: Oklahoma (2021, March 21). Retrieved October 09, 2024. https://www.tobaccofreekids.org/problem/toll-us/oklahoma
2. Office of the Surgeon General Tobacco reports and publications. HHS.gov. "Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General," 2012. Retrieved October 09, 2024, from https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/index.html.
3. United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. (2016, March 22). National Survey on Drug Use and health, 2014. Retrieved October 09, 2024, from https://www.icpsr.umich.edu/web/NAHDAP/studies/36361/versions/V1.
4. 2022 Policy Recommendations Guide - Tobacco Control Network. (2022, May 17). Retrieved October 09, 2024, from http://tobaccocontrolnetwork.org/wp-content/uploads/2022/05/2022-TCN-Policy-Recommendations-Guide-FINAL.pdf

Preventing Youth Access to Tobacco Continued

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.[5] 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.[6]

Commercial 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.

Youth are more sensitive to nicotine than adults and early exposure can lead to an increased risk of nicotine addiction.[7] The current 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.[8] Consequently, youth are obtaining tobacco products from social sources, online, or in-person from retailers who are not in compliance with state or federal law.[9]

State tobacco control policies are essential tools toward implementing policy and environmental interventions which control youth access.[10] From a public health strategy perspective, 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.[11]

Additionally, the use of interventions such as community education, merchant education (in conjunction with enforcement), incentives for merchant compliance, and firmer tobacco retailer licensing structures should be considered.[12]

5. Campaign for Tobacco Free Kids. (2018, September 28). The path to tobacco addiction starts at very young ages factsheet. Retrieved October 09, 2024 from https://www.tobaccofreekids.org/assets/factsheets/0127.pdf.
6. Restricting Tobacco Advertising. (n.d.). Retrieved October 09, 2024, from https://countertobacco.org/policy/restricting-tobacco-advertising-and-promotions/
7. Campaign for Tobacco Free Kids. (2018, September 28). The path to tobacco addiction starts at very young ages factsheet. Retrieved October 09, 2024 from https://www.tobaccofreekids.org/assets/factsheets/0127.pdf
8. Truth Initiative. (2018, August 09). 4 marketing tactics e-cigarette companies use to target youth. Retrieved October 09, 2024, from https://truthinitiative.org/news/4-marketing-tactics-e-cigarette-companies-use-target-youth
9. Campaign for Tobacco Free Kids (2018). JUUL and youth: Rising e-cigarette popularity factsheet. Retrieved October 09, 2024 from https://opi.mt.gov/Portals/182/Page%20Files/HES%20Tobacco%20Use%20Prevention/Electronic%20Cigarettes/Juul%20%20CTFK%20April%202018.pdf
10. Best Practices for Comprehensive Tobacco Control Programs: 2014 (cdc.gov) Retrieved October 09, 2024 from https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2014/comprehensive.pdf
11. Restricting Tobacco Advertising. (n.d.). Retrieved October 09, 2024, from https://countertobacco.org/policy/restricting-tobacco-advertising-andpromotions/
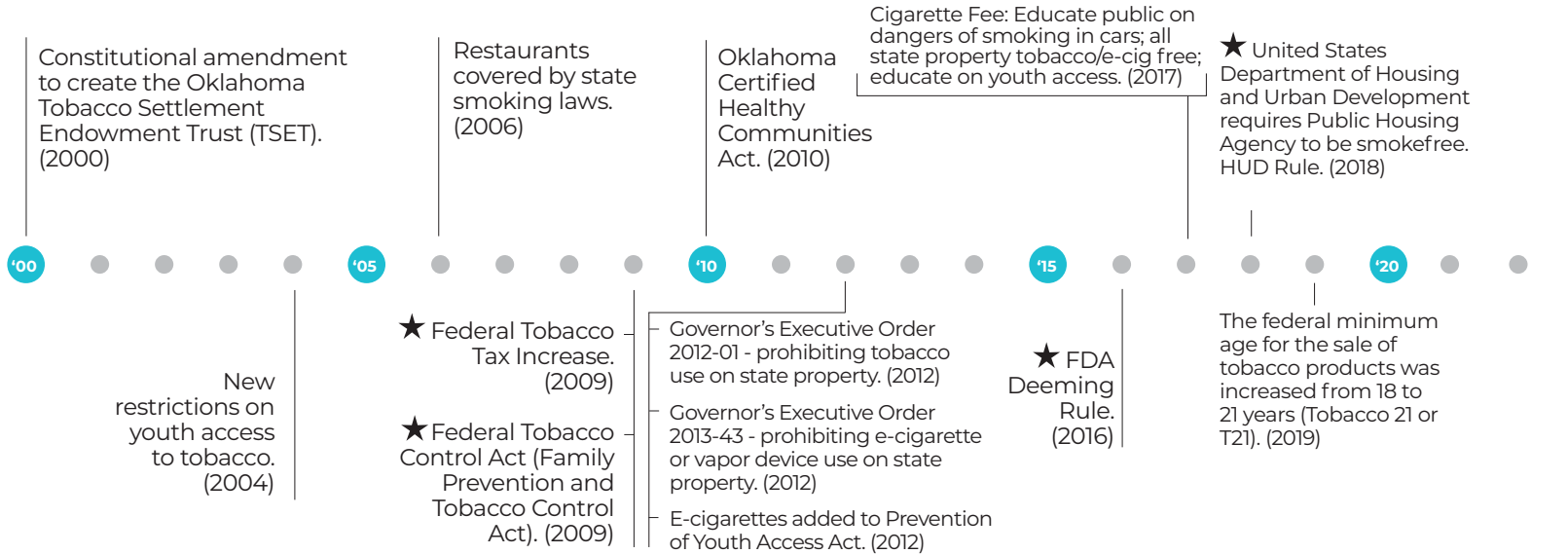
12. Campaign for Tobacco Free Kids (2018). JUUL and youth: Rising e-cigarette popularity factsheet. Retrieved October 09, 2024 from https://opi.mt.gov/Portals/182/Page%20Files/HES%20Tobacco%20Use%20Prevention/Electronic%20Cigarettes/Juul%20%20CTFK%20April%202018.pdf

2000-2022 TIMELINE
OF TOBACCO CONTROL ACTIVITY IN OKLAHOMA

Constitutional amendment to create the Oklahoma Tobacco Settlement Endowment Trust (TSET). (2000)

Restaurants covered by state smoking laws. (2006)

Oklahoma Certified Healthy Communities Act. (2010)

Cigarette Fee: Educate public on dangers of smoking in cars; all state property tobacco/e-cig free; educate on youth access. (2017)

★ United States Department of Housing and Urban Development requires Public Housing Agency to be smokefree. HUD Rule. (2018)

'00 • • • • '05 • • • • • '10 • • • • '15 • • • • '20 • • •

New restrictions on youth access to tobacco. (2004)

★ Federal Tobacco Tax Increase. (2009)

★ Federal Tobacco Control Act (Family Prevention and Tobacco Control Act). (2009)

Governor's Executive Order 2012-01 - prohibiting tobacco use on state property. (2012)

Governor's Executive Order 2013-43 - prohibiting e-cigarette or vapor device use on state property. (2012)

E-cigarettes added to Prevention of Youth Access Act. (2012)

★ FDA Deeming Rule. (2016)

The federal minimum age for the sale of tobacco products was increased from 18 to 21 years (Tobacco 21 or T21). (2019)

Emerging Products

E-Cigarettes/Vapes

- E-cigarettes have been the most commonly used tobacco product among youth since 2014.

- E-cigarettes are sometimes called electronic nicotine delivery systems (ENDS), e-cigs, vapes, vaporizers, mods, vape pens, tank system, and e-hookahs.

- Some e-cigarettes look like regular cigarettes, cigars, pipes, USB flash drives, pens, highlighters, candy dispensers, and other everyday items.

- E-cigarettes release an aerosol comprised of toxic chemicals, including heavy metals and carcinogens (poisons). The term "vape" suggests water vapor– that is entirely incorrect.

Oral Nicotine Products

- Oral nicotine products come in many flavors, have different nicotine strengths, are affordable for consumers, and are quickly gaining popularity and raising public health concerns.

- The popular oral nicotine products are frequently marketed as tobacco-free alternatives. The products are still derived from tobacco and contain nicotine, which is harmful to young people in any form.

- Some types of oral nicotine products use synthetic nicotine that isn't derived from tobacco leaf.

- The use of flavoring in tobacco products has been proven to appeal to youth.

Emerging Products Continued

Nicotine Pouch

- A nicotine pouch is a small bag containing nicotine (in most products) and other ingredients.

- The user places the nicotine pouches below their upper lip against the gums. The smokeless tobacco pouch does not produce saliva, making it spit-less.

- These pouches are easy to conceal, and they can last up to 20 minutes.

Synthetic Nicotine

- Synthetic nicotine is not new, but more tobacco companies are starting to use it to market tobacco-free or pure or clean nicotine. It is important to note that synthetic or not, nicotine is nicotine.

- Synthetic nicotine comes in a variety of flavors that are proven to attract youth.

- Synthetic nicotine has not been through the FDA's required regulatory review and approval processes.

Heat-Not-Burn

- Heat-Not-Burn tobacco products are also called non-combustible cigarettes and heated tobacco products.

- Heat-Not-Burn tobacco products heat tobacco and produce an inhalable aerosol, instead of burning tobacco like commercial cigarettes.

- Heat-Not-Burn products use real tobacco, not flavored liquid nicotine.

Youth Tobacco Use

Understanding trends in youth initiation of tobacco products – including cigarettes, electronic cigarettes, cigars, and smokeless tobacco – helps Oklahoma policy makers determine how to allocate prevention resources more effectively. Effective strategies to reduce youth initiation of tobacco use include federal regulation of tobacco products; significant increases in tobacco prices, including excise taxes; smoke-free air laws; restrictions on tobacco advertising and promotion; restricting the availability of tobacco products to youth; mass-media public education campaigns; and full implementation of comprehensive state and community tobacco control programs. To that end, in 2019, President Donald Trump signed the Federal Food, Drug, and Cosmetic Act and raised the federal minimum age of sale of tobacco products from 18 to 21 years old.

Flavorings in tobacco products can make them more appealing to youth. In 2023, 88.3% of high school students and 83.7% of middle school students who used tobacco products in the past 30 days reported using a flavored tobacco product during that time.[2] In 2024, 88.2% of high school students and 85.7% of middle school students who used e-cigarettes in the past 30 days reported using a flavored e-cigarette during that time.[1]

1. _Youth and Tobacco Use | Smoking and Tobacco Use | CDC_ Retrieved October 09, 2024
2. _Tobacco Product Use Among U.S. Middle and High School Students_ — National Youth Tobacco Survey, 2023

State & Local Policy Needs - Prevention

State-Level

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.

Local-Level

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

Prevention Key Activities

- Increase the number of jurisdictions with an enabling ordinance increasing the age of purchase of a tobacco product to 21.
- Increase the number of jurisdictions with a zoning ordinance prohibiting sales near youth-populated areas.
- Advance tobacco-free policies and reduce the social acceptability of tobacco use among Oklahomans.
- Strengthen public and private policies to counter tobacco industry marketing tactics to reduce marketing to young adults.
- Enact key public policy measures to increase the prices on tobacco products.
- Reduce youth access to tobacco by ensuring compliance with the law by coordinating retailer compliance inspections.
- Leverage resources to support the modernization of the tobacco purchase, use, or possession laws.
- Encourage the proposal of comprehensive tobacco retailer licensing to include e-cigarette licensing.
- Educate the public about the sale of flavored tobacco products, including menthol.

Target Outcomes *Prevention*

MEASURE
Reduce tobacco use by high school students.
Source: Oklahoma Youth Risk Behavior Surveillance System

2022 BASELINE	2023 ACTUAL OUTCOME	2024 ACTUAL OUTCOME	2025 TARGET OUTCOME	2027 TARGET OUTCOME
Cigarettes: 4.0%	**Cigarettes: 4.3%**	**Cigarettes: 4.3%**	**Cigarettes: 3.4%**	**Cigarettes: 2.5%**
Data Year: 2021	*Data Year: 2023*	*Data Year: 2023*	*Data Year: 2025*	*Data Year: 2027*

MEASURE
Reduce e-cigarette use by high school students.
Source: Oklahoma Youth Risk Behavior Surveillance System

Electronic Cigarettes: 21.7%	**Electronic Cigarettes: 21.8%**	**Electronic Cigarettes:** 21.8%	**Electronic Cigarettes: 20.2%**	**Electronic Cigarettes: 18.5%**
Data Year: 2021	*Data Year: 2023*	*Data Year: 2023*	*Data Year: 2025*	*Data Year: 2027*

Validate Campaign Prevention-Spotlight

One of the primary goals of the Tobacco Prevention and Control Program at OSDH is to decrease youth access to tobacco products. In recent years, we have turned our focus to the retail environment and have begun educating store owners and clerks about the state and federal laws relating to youth access to tobacco products (T-21) and providing them with educational and promotional items to help them comply with the law. The Validate website was developed as a platform where tobacco retailers and clerks can complete a 20-minute training and quiz to obtain a certificate to show their employers that they are qualified to follow state and federal laws relating to not selling tobacco products to underage buyers. In addition, the website provides an opportunity for tobacco retailers' owners to gain knowledge about the law.

In an effort to ensure that Validate materials are shared with retailers at the point of sale, the OSDH Tobacco Prevention and Control Program has partnered with community partners including those coordinating Healthy Living Programs through the Tobacco Settlement Endowment Trust (TSET) and other state agencies including the Oklahoma State Department of Mental Health and Substance Abuse Services (ODMHSAS) and the Oklahoma Attorney General's Office to distribute kits when these partners visit retailers. In addition to these face-to-face encounters, OSDH staff began directly mailing kits to every Oklahoma retailer with a current tobacco license and will continue this process until over 4,000 retailers have received a kit directly from the Tobacco Prevention and Control Program. We anticipate this endeavor to be complete by August, 2024.

Cessation

Cessation

The Oklahoma Tobacco Control Program (OTCP) continues to develop due to a visionary partnership comprised of representatives from a spectrum of agencies, universities, Tribal nations, alliances and private/non-profit organizations. A unique feature of the OTCP includes the Oklahoma Tobacco Settlement Endowment Trust (TSET). Since the inception, TSET and the Oklahoma State Department of Health (OSDH) have worked hand-in-hand to foster a partnership to coordinate tobacco control initiatives throughout the state. By combining staff and funding resources, a comprehensive tobacco control program has been developed which includes the creation of the Oklahoma Tobacco Helpline (OTH). Currently the Oklahoma Tobacco Control Program partially funds the OTH, with the greatest contribution being from TSET.

Cessation Infrastructure and Capacity:

Over the past several years the OTCP has placed emphasis on building a core infrastructure for statewide tobacco cessation efforts. In 2009, TSET funded the Health Systems Initiative (HSI). This program focuses on health system change to incorporate evidence-based tobacco dependence strategies within health care systems. Currently, three organizations are funded; the Oklahoma Health Care Authority (OHCA), the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and the Oklahoma Hospital Association. The HSI grantees collaborate with the Tribal Cessation Workgroup to support cessation within our tribal partners.

To support the HSI network and statewide cessation projects the OTCP participates in the Cessation Leadership Team. The team is focused on all statewide cessation programs with specific objectives aimed at enhancing the OTH capacity, state cessation infrastructure, mass media, statewide projects, and utilization of the OTH services to ensure optimum outcomes. The team continues to be a pivotal contributing factor for the success of the OTH and provides the key oversite of statewide cessation strategies.

The aforementioned initiatives have enabled Oklahoma to consistently impact the number of individuals who make at least one quit attempt annually. The HSI network, the Cessation Leadership Team and the consistent funding has enabled Oklahoma to not only provide services but also make an impact on sustainable health system change to ensure adequate treatment for all Oklahomans. The success of the OTH would not be possible if it were not for the enhanced infrastructure that has been put in place.

Cessation Key Activities

- Promote barrier-free comprehensive tobacco cessation insurance coverage.
- Promote health systems interventions to include tobacco use screening and treatment into routine care.
- Increase youth tobacco cessation.
- Increase cost-sharing partnerships to increase quitline capacity and reach.
- Expand and sustain efforts to promote the Oklahoma Tobacco Helpline.
- Increase access and availability of culturally-specific cessation treatment for disparate populations.
- Promote tobacco-free policies in all health and mental health care settings.

Target Outcomes *Cessation*

MEASURE
Reduce cigarette smoking by adults.
Source: Oklahoma Behavioral Risk Factor Surveillance System

2022 BASELINE	2023 ACTUAL OUTCOME	2024 ACTUAL OUTCOME	2025 TARGET OUTCOME	2027 TARGET OUTCOME
All Adults: 16.9% *Data Year: 2021*	**15.6%** among all adult population groups. *Data Year: 2022*	**15.8%** among all adult population groups. *Data Year: 2023*	**15.3%** among all adult population groups. *Data Year: 2024*	**14.4%** among all adult population groups. *Data Year: 2026*

MEASURE
Reduce annual per capita consumption of cigarettes.
Source: Oklahoma Tax Commission

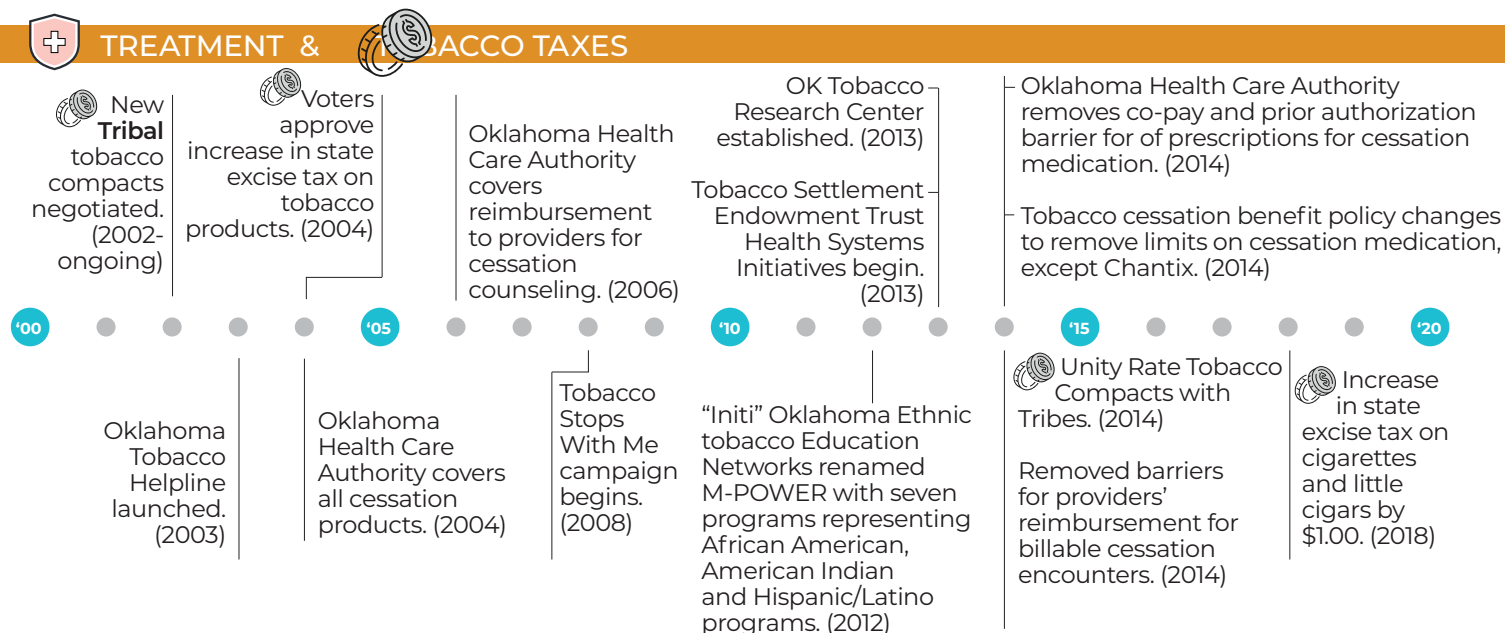| 2022 BASELINE	2023 ACTUAL OUTCOME	2024 ACTUAL OUTCOME	2025 TARGET OUTCOME	2027 TARGET OUTCOME
44.6 packs per capita, per year *Data Year: FY21*	**44.6 packs per capita, per year** *Data Year: FY22*	**40.2 packs per capita, per year** *Data Year: FY23*	**38.2 packs per capita, per year** *Data Year: FY24*	**34.3 packs per capita, per year** *Data Year: FY26*

MEASURE
Increase quit attempts by adults.
Source: Oklahoma Behavioral Risk Factor Surveillance System

2022 BASELINE	2023 ACTUAL OUTCOME	2024 ACTUAL OUTCOME	2025 TARGET OUTCOME	2027 TARGET OUTCOME
51.8% *Data Year: 2021*	**47.0%** *Data Year: 2022*	**51.5%** *Data Year: 2023*	**51.8%** *Data Year: 2024*	**52.4%** *Data Year: 2026*

2000-2022 TIMELINE
OF TOBACCO CONTROL ACTIVITY IN OKLAHOMA

TREATMENT & TOBACCO TAXES

New **Tribal** tobacco compacts negotiated. (2002-ongoing)

Voters approve increase in state excise tax on tobacco products. (2004)

Oklahoma Health Care Authority covers reimbursement to providers for cessation counseling. (2006)

OK Tobacco Research Center established. (2013)

Tobacco Settlement Endowment Trust Health Systems Initiatives begin. (2013)

Oklahoma Health Care Authority removes co-pay and prior authorization barrier for of prescriptions for cessation medication. (2014)

Tobacco cessation benefit policy changes to remove limits on cessation medication, except Chantix. (2014)

'00   '05   '10   '15   '20

Oklahoma Tobacco Helpline launched. (2003)

Oklahoma Health Care Authority covers all cessation products. (2004)

Tobacco Stops With Me campaign begins. (2008)

"Initi" Oklahoma Ethnic tobacco Education Networks renamed M-POWER with seven programs representing African American, American Indian and Hispanic/Latino programs. (2012)

Unity Rate Tobacco Compacts with Tribes. (2014)

Removed barriers for providers' reimbursement for billable cessation encounters. (2014)

Increase in state excise tax on cigarettes and little cigars by $1.00. (2018)

Tobacco Cessation

Policy System and Environmental Changes

State level policy changes such as tax increases and comprehensive smoke free policies have proven to increase cessation attempts, reduce tobacco consumption, increase quit rates and increase utilization of evidence-based services such as state quit lines. As the state continues to focus on policy changes it is important evidence-based services are available to help people quit tobacco.

Since 2004, the average price of cigarettes in Oklahoma has increased by 122%, while cigarette stamps sold have decreased by 36%.
(Dollars per stamp and millions of stamps; combined regular and tribal)

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. *Oklahoma now ranks 18th for state excise cigarette tax rates.*[1]

Continued focus on raising the price of tobacco products is the best way to prevent kids from starting and help people to QUIT.[2]

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:[3]

> *"When the tax goes up, industry loses volume and profits as many smokers cut back."*
>
> – Philip Morris [4]

> *"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 Morris

> *"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*

1. *Campaign for Tobacco Free Kids. (2018). State cigarette excise tax rates and rankings fact sheet. Retrieved October 09, 2024 from https://www.tobaccofreekids.org/assets/ factsheets/0097.pdf*
2. *2022 Policy Recommendations Guide - Tobacco Control Network. (2022, May 17). Retrieved October 09, 2024, from http://tobaccocontrolnetwork.org/wp-content/ uploads/2022/05/2022-TCN-Policy-Recommendations-Guide-FINAL.pdf*
3. *U.S. State and Local Issues: Tobacco Taxes. (2018, November 16). Retrieved October 09, 2024, from https://www.tobaccofreekids.org/what-we-do/us/state-tobacco-taxes*
4. *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.*
5. *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).*

Tobacco Cessation Continued

Policy System and Environmental Changes Strategies Include:

- **Enhanced Tobacco Cessation Benefits** through the Oklahoma Tobacco Helpline for groups that have higher tobacco use rates and have been unfairly targeted by the tobacco industry.

- **Increased Public Partnerships** for increasing tobacco cessation benefits through insurance benefits.

  - No copays.
  - No deductibles.
  - No duration limits.
  - No prior authorization.
  - No out of pocket.
  - Cover all FDA approved medications.
  - Cover at least four counseling sessions per attempt (phone, individual, group and online).
  - Cover two or more quit attempts per year.
  - Coverage for dependents.

- **Health System Change** to incorporate evidence based treatment such as:

  - Screening for tobacco use.
  - Treatment; including counseling such as the 5 As for treating tobacco dependence.
  - Direct referrals to the Oklahoma Tobacco Helpline via fax, web-referral or electronic medical record referral.
  - Increased training for providers on evidence-based treatment practices such as motivational interviewing and pharmaco therapy for cessation medications.
  - Include multiple systems that serve priority populations such as tribal health systems, community health centers (FQHCs), county health departments and rural health systems.
  - Educate providers on Helpline benefits for pregnant women and ensure they know nicotine replacement therapy such as patches, gum and lozenges can be provided by the Oklahoma Tobacco Helpline.
  - Policy changes can include tobacco free property policies, insurance policy changes via Medicaid and business policy changes to ensure comprehensive insurance benefits are provided for employees and their family.
  - Adapt Oklahoma Tobacco Helpline platforms to include live texting.
  - Focus on tobacco cessation aimed at youth and young adults. This includes researching and sharing current best practices.
  - Policy change to allow pharmacists to bill for tobacco dependence treatment.

The Oklahoma Tobacco Helpline

Oklahomans continue to be exposed to increased tobacco industry marketing, price promotions and lack of sufficient insurance coverage and/or access to evidence-based tobacco cessation therapies. The tobacco industry focuses on specific populations including youth and young adults, individuals with mental health and substance use disorders (MH/SUD), African Americans, American Indians, the LGBTQ+ community and low socio economic status communities. It is very challenging for the OTCP to address the aforementioned tactics because the state has preemption restricting localities from making local level policy changes that would impact tobacco cessation efforts. Providing extra support and counter measures to fight the unfair tobacco industry practices is a key priority.

The OTCP may be restricted in regards to policy level changes but the state continues to be on the forefront of tobacco cessation efforts. The Cessation Leadership Team prioritizes populations that have been disproportionately affected by tobacco dependence and tobacco industry tactics. The OSDH and TSET fund grantees to implement sustainable health system changes within organizations that provide services for the aforementioned populations. The OHCA focuses on removing barriers to tobacco cessation benefits for their Medicaid members, as well as increased utilization of the benefits. Additionally, the ODMHSAS has contractually required all treatment and counseling facilities to be tobacco free, and organizations must refer all consumers to the OTH. The OSDH has funded several tribal nations and has worked with community health centers to implement direct referral options to the OTH. The OTCP strategies and efforts are focused to ensure individuals not only receive enhanced benefits from the OTH but also receive the standard of care within the health system.

The OTH has continued to be successful because of the strategic efforts put forth by key partners and adequate funding. The investments in the OTH have allowed the OTCP to provide cessation services for all Oklahomans with enhanced services for individuals with a greater need. The OTCP will continue to strategically focus efforts on new and emerging options to help people quit tobacco in a way that works for them.


" When my doctor told me about the Oklahoma Tobacco Helpline, it opened a new door. This time, I had people in my corner supporting me. "

- Shaun
Edmond, OK | Quit in 2019

1 800 QUIT NOW
OKhelpline.com

TSET

Appendix

HEART DISEASE *MORTALITY*
2019 - 2021 Age-Adjusted Mortality Rates

National Rate = 167.8
Oklahoma Rate = 246.2

**Age-Adjusted Mortality Rates
Per 100,000 Standard Population**

- Quartile 1 (169.3 - 213.4)
- Quartile 2 (213.5 - 253.6)
- Quartile 3 (253.7 - 295.2)
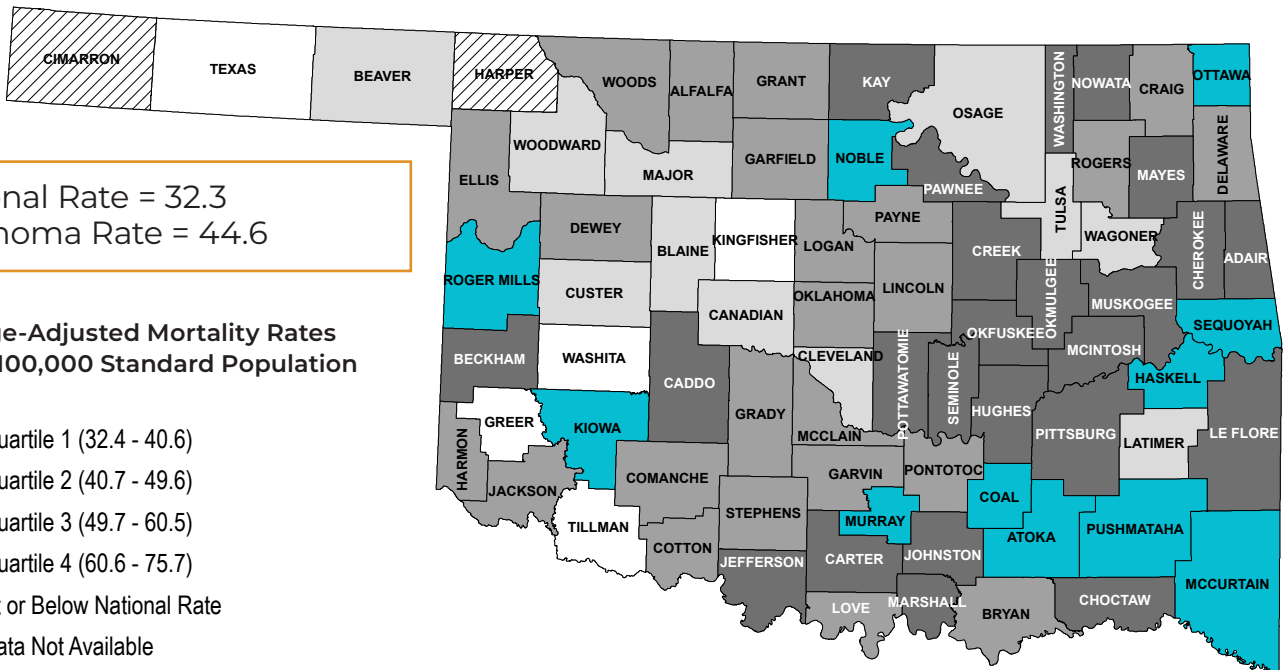- Quartile 4 (295.3 - 377.0)
- At or Below National Rate
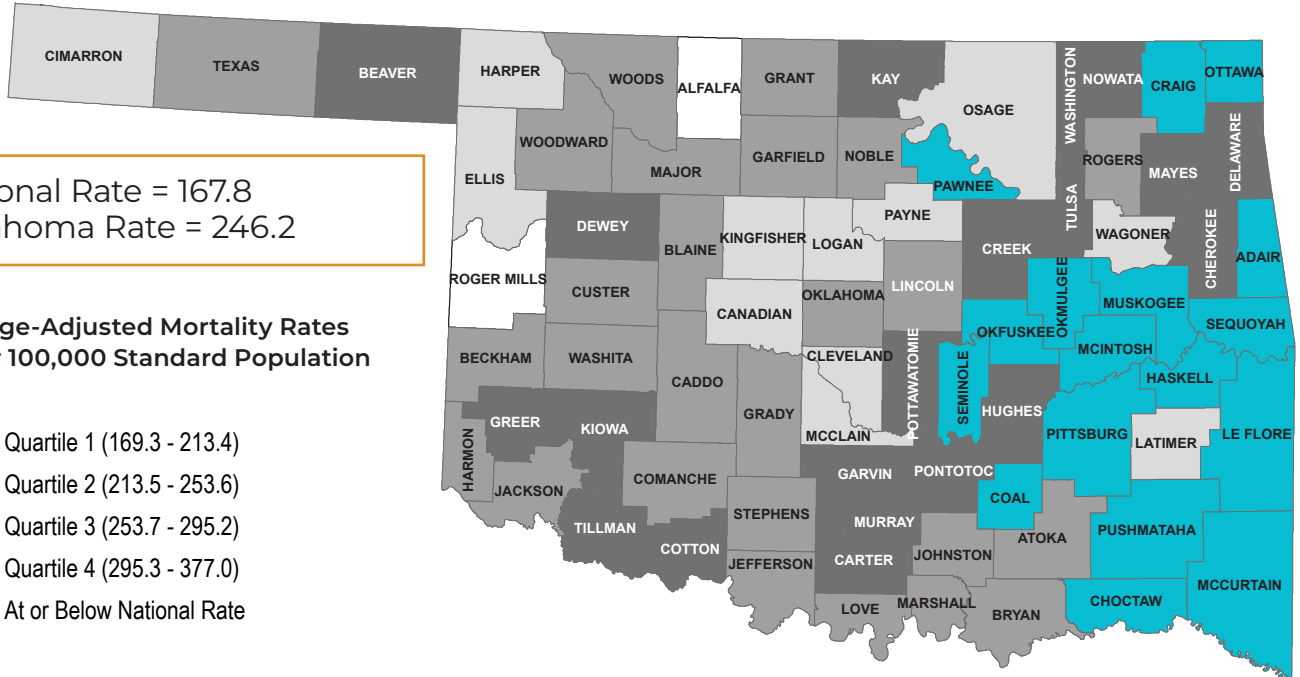
LUNG CANCER *MORTALITY*
2019 - 2021 Age-Adjusted Mortality Rates

National Rate = 32.3
Oklahoma Rate = 44.6

**Age-Adjusted Mortality Rates
Per 100,000 Standard Population**

- Quartile 1 (32.4 - 40.6)
- Quartile 2 (40.7 - 49.6)
- Quartile 3 (49.7 - 60.5)
- Quartile 4 (60.6 - 75.7)
- At or Below National Rate
- Data Not Available

Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2021 on CDC WONDER Online Database, released in 2022.

Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2019-2021, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE).
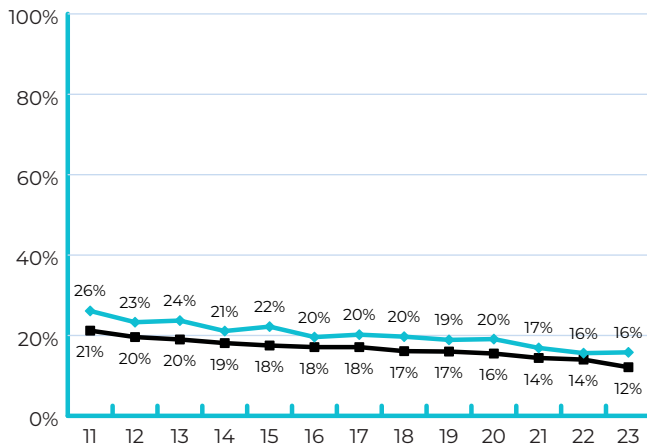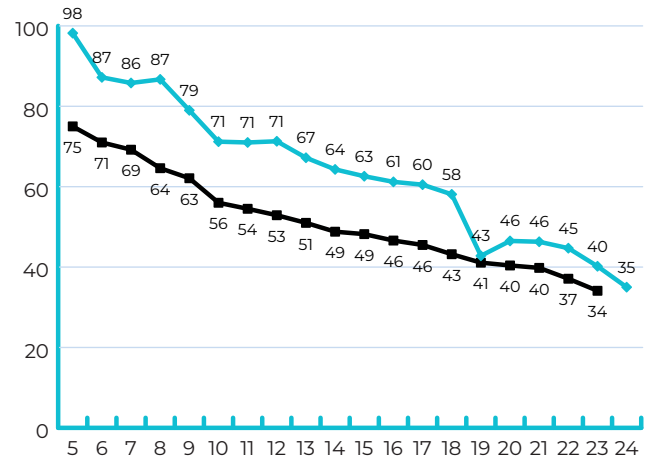
STROKE *MORTALITY*
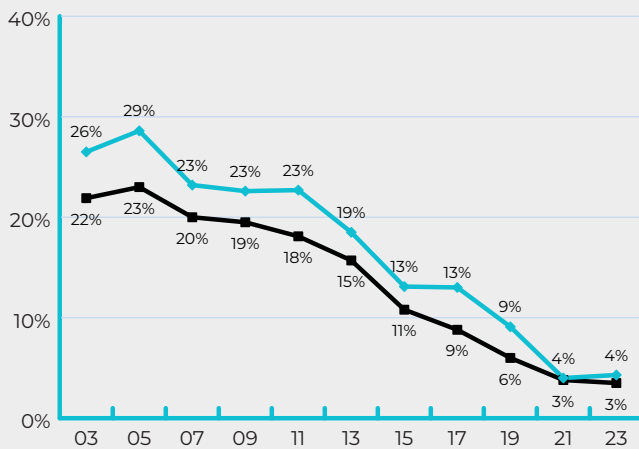2019 - 2021 Age-Adjusted Mortality Rates

National Rate = 38.9
Oklahoma Rate = 40.6

**Age-Adjusted Mortality Rates
Per 100,000 Standard Population**

Quartile 1 (39.0 - 42.8)
Quartile 2 (42.9 - 47.6)
Quartile 3 (47.7 - 56.3)
Quartile 4 (56.4 - 81.5)
At or Below National Rate
Data Not Available

CHRONIC OBSTRUCTIVE PULMONARY DISEASE *MORTALITY*
2019 - 2021 Age-Adjusted Mortality Rates

National Rate = 35.4
Oklahoma Rate = 59.6

**Age-Adjusted Mortality Rates
Per 100,000 Standard Population**

Quartile 1 (39.0 - 51.8)
Quartile 2 (51.9 - 66.1)
Quartile 3 (66.2 - 81.2)
Quartile 4 (81.3 - 110.0)
At or Below National Rate

PROGRESS TO DATE

Oklahoma ◆ — United States ■ —

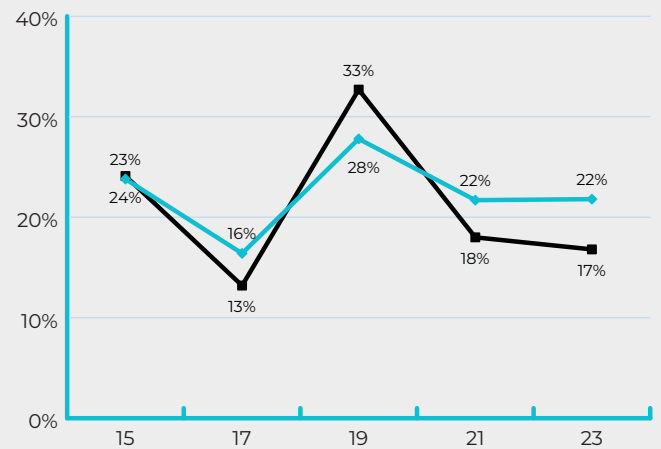## CESSATION: SMOKING PREVALENCE
among Oklahoma adults[18]

Oklahoma: 26%, 23%, 24%, 21%, 22%, 20%, 20%, 20%, 19%, 20%, 17%, 16%, 16%
United States: 21%, 20%, 20%, 19%, 18%, 18%, 18%, 17%, 17%, 16%, 14%, 14%, 12%
Years: 11–23

CESSATION: CIGARETTE SALES
in packs per capita[19]

Oklahoma: 98, 87, 86, 87, 79, 71, 71, 71, 67, 64, 63, 61, 60, 58, 43, 46, 46, 45, 40, 35
United States: 75, 71, 69, 64, 63, 56, 54, 53, 51, 49, 49, 46, 46, 43, 41, 40, 40, 37, 34
Years: 5–24

PREVENTION: CURRENT HIGH SCHOOL SMOKERS
among Oklahoma high school students[20]

Oklahoma: 26%, 29%, 23%, 23%, 23%, 19%, 13%, 13%, 9%, 4%, 4%
United States: 22%, 23%, 20%, 19%, 18%, 15%, 11%, 9%, 6%, 3%, 3%
Years: 03–23

PREVENTION: E-CIGARETTE USE
among Oklahoma high school students[20]

Oklahoma: 23%/24%, 16%, 28%, 22%, 22%
United States: 24%, 13%, 33%, 18%, 17%
Years: 15–23

PROTECTION: OFFICIAL SMOKEFREE POLICY AT WORK
among Oklahoma adults[18]

Oklahoma: 74%, 69%, 71%, 69%, 71%, 65%, 62%, 66%, 66%, 62%
Years: 14, 13, 14, 15, 16, 17, 18, 20, 21, 22
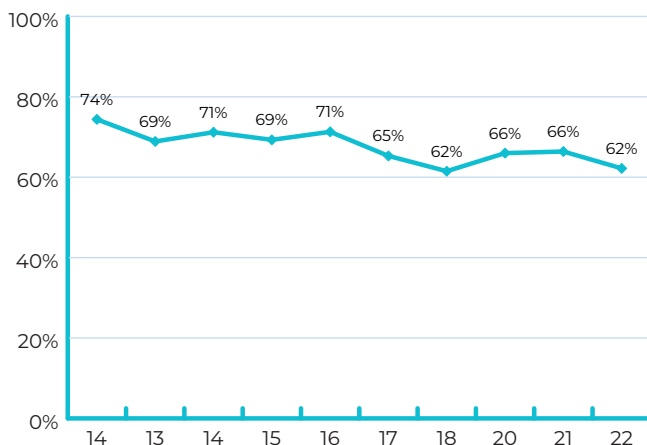
PROTECTION: SMOKEFREE HOME POLICY
among Oklahomans[18]

Oklahoma: 75%, 78%, 80%, 84%, 83%, 84%, 83%, 83%, 87%, 88%, 87%, 87%
Years: 11–23
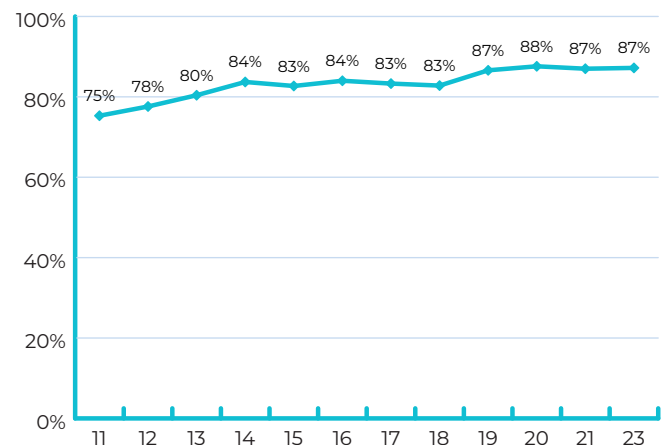
18. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2011-2023.
19. Orzechowski and Walker, 2023. The Tax Burden on Tobacco. Volume 58. Arlington, Virginia: Orzechowski and Walker Consulting.
20. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System, 2003-2023.

Acknowledgment

This state plan would not be complete without acknowledging the special relationship between the state of Oklahoma, Tribal nations and the American Indian people. Traditional sacred tobacco use must be recognized and addressed when shaping meaningful, culturally appropriate tobacco control programs and policies in American Indian communities. Therefore, 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 local, state, and federal partners for their commitment and dedication to reducing death and disease caused by tobacco use.

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 October 2024, 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, Chronic Disease Prevention Services
oklahoma.gov/health (405) 426-8000

Oklahoma Tobacco Settlement Endowment Trust
oklahoma.gov/tset (405) 525-8738

Tobacco Stops With Me stopswithme.com

Breathe Easy Breathe Easy (oklahoma.gov)

Surgeon General's Reports www.surgeongeneral.gov

Oklahoma Tobacco Helpline (Cessation Assistance) okhelpline.com 1-800-QUIT-NOW

Validate Retailer Education Campaign www.validateok.com

OKLAHOMA
State Department of Health