SOUTH DAKOTA TOBACCO CONTROL STATE PLAN
2020-2025

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Office of the Secretary

March 2020

Dear Fellow South Dakotans:

Tobacco use remains the single most preventable cause of disease and death in the United States and in South Dakota. Of all deaths in South Dakota in 2018, 18.8% were in part caused by tobacco use, including 17.7% of all heart disease deaths and 29% of cancer deaths.

The South Dakota Department of Health and its partners are pleased to present the 2020-2025 Tobacco Control State Plan. The plan was developed in collaboration with Tobacco Control Program staff, key partners and stakeholders.

The 2016 Surgeon General's report, *E-cigarette Use Among Youth and Young Adults* called youth use of e-cigarettes an epidemic, and data from the 2019 National Youth Tobacco Survey shows 1 in 4 high school students use e-cigarettes. While cigarette use rates among high school students are at an all-time low, the rise in e-cigarettes has brought overall tobacco product use up. The South Dakota Tobacco Control Program is dedicated to decreasing e-cigarette use among youth in South Dakota and will act to protect our young people from all tobacco products, including e-cigarettes.

Smoking cessation improves health status and enhances quality of life. The 2020 Surgeon General's report, *Smoking Cessation: A Report of the Surgeon General,* found that smoking cessation, at any age, is beneficial. Smoking places a substantial financial burden on smokers, healthcare systems, and society. Smoking cessation reduces this burden, including smoking-attributable healthcare expenditures.

The Department of Health, its partners and stakeholders will work to diminish the devastating impact of tobacco use, focusing in four goal areas: prevent tobacco use among youth and young adults; promote quitting of all tobacco products; eliminate all types of exposure to tobacco use; and strive to achieve health equity in tobacco control.

This five-year plan gives us a framework to reduce the burden of tobacco use in South Dakota. It will take dedicated and collaborative efforts among communities, schools, workplaces, tribes, health care settings and many other partnerships, but together we can create a safer, healthier South Dakota.

Sincerely,

Kim Malsam-Rysdon

Kim Malsam-Rysdon
Secretary of Health

TABLE OF CONTENTS

For additional information or to download this Plan, visit befreesd.com/about-us/sd-state-plan
For questions about this Plan, please contact: DOH.info@state.sd.us

Authorized by South Dakota State Law, the South Dakota Department of Health will develop and approve a statewide tobacco prevention and reduction strategic plan to prevent and reduce tobacco use. The plan shall set forth goals, adequate benchmarks and standards by which measures of program success under § 34-46-10 may be appropriately evaluated. The department shall be responsible for establishing program priorities, criteria for awarding grants, and assessing overall program performance. Source: SL 2000, ch 174, § 3; SL 2001, ch 189, § 2.

100 copies of this document have been printed by the SD Department of Health at a cost of $8.77 each. Updated August 2020

INTRODUCTION

The South Dakota State Tobacco Control Plan ("Plan") is the culmination of collaborative processes undertaken by the South Dakota Department of Health along with national, state, and local partners. The Plan outlines a series of goals, objectives, and priority strategies that will help guide all stakeholders in South Dakota as they work together to prevent and lessen the burden of death and disease caused by tobacco use. The Plan is a roadmap for success that is intended to provide direction and focus for state staff, partners, and stakeholders, while providing a framework to align statewide public health initiatives.

The involvement of a broad range of partner organizations has helped to ensure that this document reflects shared purpose and that it will be a useful and relevant tool for all audiences with a stake in tobacco control and prevention in our state. For a full list of those involved in developing the Plan, see Appendix A.

The following Plan describes an integrated approach to implementing evidence-based interventions to reduce the personal and societal burden of tobacco-related death and illness. Based on the evidence documented in scientific literature, the most effective population-based approaches have been included. It is important to recognize that all components of the Plan must work together to produce the synergistic effects of a comprehensive tobacco control program.

The tobacco use epidemic can be stopped. Science and experience have identified proven, cost-effective strategies that prevent youth from using tobacco products, help tobacco users quit, and protect everyone from secondhand smoke and e-cigarette aerosol. We know what works, and if we endeavor to fully implement the following proven strategies, we can prevent the devastating effects tobacco has on families and communities in South Dakota.

Please note that the term "tobacco" in this Plan refers to commercially-produced tobacco products only and never the traditional tobacco of our Northern Plains American Indians.

GLOSSARY OF KEY TERMS

TERMS RELATED TO TOBACCO PRODUCTS

- **Tobacco or Tobacco Product:** Any item made of tobacco intended for human consumption, including cigarettes, cigars, pipe tobacco, smokeless tobacco, and e-cigarettes. The tobacco product definition does not include traditional tobacco.
- **E-Cigarette:** Any electronic smoking device or electronic nicotine delivery system (ENDS) containing or delivering nicotine or any other substance intended for human consumption that may be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. This includes electronic cigarettes, electronic cigars, electronic cigarillos, electronic pipes, electronic hookahs, vape pens, or other similar products or devices. This does not include drugs, devices, or combination products authorized for sale as tobacco cessation products and marketed and sold solely for that purpose by the U.S. Food and Drug Administration.
- **Smokeless Tobacco:** Any tobacco product that is not burned or heated, including chewing tobacco, snuff, snus, and dissolvable products.
- **Traditional Tobacco (Ċanśaśa):** The cuttings or shavings of plants in their natural form such as red willow bark, sage, and sweet grass. Traditional tobacco has no additives and is used for medicinal purposes, ceremony, prayer, and social gatherings.

TERMS RELATED TO TOBACCO CONTROL

- **Tobacco Control:** A field dedicated to addressing tobacco use and thereby reducing the harms it causes.
- **Tobacco Use:** Use of any tobacco product.
- **Smoking:** Inhaling, exhaling, burning, operating, or carrying any lighted or heated tobacco product, including e-cigarettes.
- **Secondhand Smoke:** Substance produced from burning tobacco products (e.g. cigarettes, cigars, or pipes) and the substance exhaled by the person smoking.
- **Thirdhand Smoke:** Residual nicotine and other chemicals left on indoor surfaces by tobacco smoke.
- **E-cigarette Aerosol:** Substance produced from heating e-cigarette liquid and the substance exhaled by the person using the e-cigarette.
- **Tobacco Cessation:** The process of quitting use of tobacco products.
- **Tobacco Cessation Products:** Products that are approved by the U.S. Food and Drug Administration to help people quit using tobacco. These products include both nicotine replacement therapy (NRT) options like skin patches, lozenges, and gum, as well as prescription medicines including varenicline and buproprion.

TERMS RELATED TO HEALTH EQUITY

- **Health Disparity:** A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on characteristics like their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; or other characteristics historically linked to discrimination or exclusion.
- **Health Equity:** Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.
- **Priority Population:** Population of particular focus for tobacco prevention and cessation because a tobacco-related health disparity exists and/or there is a potential for significant impact with this group. South Dakota's five priority populations for tobacco control are: American Indians, people with behavioral health conditions, people of low socioeconomic status, pregnant and postpartum women, and youth (under age 18) and young adults (age 18-24).
- **People with Behavioral Health Conditions:** Individuals with diagnosed mental health conditions, substance use disorders, or both. A mental health diagnosis is defined as any diagnosable mental, behavioral, or emotional disorder. Substance used disorder is defined as dependence or abuse of alcohol or illicit drugs.
- **People of Low Socioeconomic Status (SES):** Adults who have lower levels of educational attainment, who are unemployed, or who live at, near, or below the U.S. federal poverty level.

VISION, MISSION AND GUIDING PRINCIPLES

OUR VISION

All South Dakotans will enjoy healthy lives free from the harms of tobacco.

OUR MISSION

Enhance the quality of life for all South Dakotans through prevention and reduction of tobacco use and exposure.

OUR GUIDING PRINCIPLES

Tobacco control is a field dedicated to reducing the harms caused by tobacco use and tobacco exposure. Tobacco control is made up of thousands of people who collectively form a pro-health movement. This movement is rooted in a set of core values that shape our state's vision and guide our work.

- **Strive for comprehensive tobacco control.** Comprehensive, population-based tobacco control programs are designed to reduce disease, disability, and death related to tobacco use. Our comprehensive approach optimizes synergy by applying a mix of educational, clinical, regulatory, economic, and social strategies as identified in the Center for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs,* an evidence-based guide to planning and establishing effective tobacco control programs to prevent and reduce tobacco use.
- **Focus on tobacco-related disparities and attaining health equity.** Some populations within South Dakota experience a disproportionate health and economic burden from tobacco use, so it is necessary to focus on reducing tobacco-related disparities and achieving health equity. Striving to achieve health equity is a primary goal, along with preventing tobacco use among youth and young adults, promoting quitting of all tobacco products, and eliminating all types of exposure to tobacco use.
- **Pursue collaboration.** We value all opportunities to work together with our national, state, and local partners in public health, health care and educational systems, community-based organizations, decision-makers, and others to fully consider and discuss ways to support this Plan. Collaboration is the cornerstone for increasing success in tobacco control and effective collaboration always magnifies the reach of available program funds and resources.

THE BURDEN OF TOBACCO USE

TOBACCO USE IN SOUTH DAKOTA

Cigarette smoking is the leading cause of preventable death in the United States.[1] Each year, approximately 480,000 people in the U.S. die from tobacco-related illnesses.[2] Thousands more die from other tobacco-related causes, such as fires started by cigarettes and smokeless tobacco use. In fact, tobacco kills more people than HIV/AIDS, illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.[3]

Commercial tobacco has a devastating impact on South Dakotans. Among adults in the U.S., 16.1% identify as current smokers. South Dakota's adult smoking rate is higher—19% of adults are smokers, meaning that an estimated 127,000 South Dakotan adults currently smoke cigarettes.[4] Cigarette smoking causes approximately 1,300 deaths each year in South Dakota—nearly three people each day.[5] Of all deaths in South Dakota in 2018, 18.8% were in part caused by tobacco use, including 17.7% of all heart disease deaths and 29% of cancer deaths.[6] For every person who dies from tobacco use, another 30 suffer with at least one serious tobacco-related illness.[7]

Smokeless tobacco use is also a serious problem. Like many rural states, smokeless tobacco use in South Dakota is higher than the national average—6.9% of South Dakota adults use smokeless tobacco compared to 4.1% of the U.S. adult population.[4] Smokeless tobacco use is particularly high among certain populations in South Dakota, including American Indians (9.4%), young adults (9.1%) and high school students (7.1%).[4,8]

E-cigarettes have been on the market for about a decade, and in 2014 they became the tobacco product most commonly used among youth. In fact, the U.S. Surgeon General and the Food and Drug Administration (FDA) have declared e-cigarette use among youth an epidemic. In 2019, over 5 million U.S. middle school and high school students used e-cigarettes in the past 30 days.[9] In South Dakota in 2019, 23.9% of high school students currently use e-cigarettes, and 50.6% have tried using e-cigarettes.[8] Adult e-cigarette use is modest, with 2.8% of adults using e-cigarettes nationally. However, the majority of adults who use e-cigarettes also smoke cigarettes (58.8%), and 40% of young adult e-cigarette users had never been regular cigarette smokers.[9]

E-cigarettes come in multiple forms, including disposable, rechargeable, tanks, and refillable.[10] Common names for e-cigarettes include: e-cigs, mods, e-hookahs, vape pens, vapes, tank systems, or electronic nicotine delivery systems (ENDS).[9]

HEALTH EFFECTS OF TOBACCO USE

The health consequences of tobacco use include heart disease, multiple types of cancer, lung and respiratory disease, negative reproductive effects, and the worsening of chronic health conditions such as diabetes and asthma.[2] All tobacco products, including smokeless tobacco and most e-cigarettes, contain nicotine, an addictive substance that is harmful to adolescent brain development as well as developing fetuses.[2]

Smoking harms almost every organ in the body. Smokers are 2-4 times more likely than nonsmokers to develop heart disease or suffer from a stroke.[11] In South Dakota, 18% of those who had previously

had a stroke were also current smokers.[4] A recent Surgeon General's Report, *The Health Consequences of Smoking—50 Years of Progress,* concludes that smoking has a causal link to diabetes.[2] Of those who have been diagnosed with diabetes in South Dakota, 15.3% are current smokers.[4]

Smokeless tobacco is also very harmful. It has been clearly linked to several types of cancer including oral cancer, esophageal cancer, and pancreatic cancer. Using smokeless tobacco can also cause disease of the mouth, such as gum disease and tooth decay.[12]

E-cigarettes are still relatively new, and the health effects are still being discovered. Many of the flavorings used in e-liquids have not been approved for inhalation by the FDA, so health consequences are unknown.[13] The CDC has recommended that e-cigarettes are unsafe for youth, young adults, pregnant women, and adults who do not currently use other tobacco products.[9] In 2019, the CDC, FDA, state and local health departments, and other partners began investigating the national outbreak of e-cigarette, or vaping, product use associated lung injury (EVALI).[14] Research is still ongoing surrounding the reported cases of EVALI and associated deaths.

Those who do not use tobacco products can also experience negative health effects from exposure to secondhand smoke and e-cigarette aerosol. A 2006 Surgeon General's Report concluded that there is no safe level of exposure to tobacco smoke. Breathing even a little secondhand smoke can be dangerous. Secondhand smoke causes lung cancer, heart disease, and strokes in non-smokers.[2] In fact, exposure to secondhand smoke is a leading cause of preventable death in the U.S., killing over 41,000 non-smokers each year.[7] While e-cigarette aerosol contains fewer toxic chemicals than smoke from regular cigarettes, it can contain potentially harmful substances like nicotine, lead, and cancer-causing agents.[9]

THE FINANCIAL TOLL OF TOBACCO

Tobacco use exacts a huge financial toll on society. It costs South Dakota $373 million in health care expenditures and another $282.5 million in lost productivity each year.[5] The portion of this cost covered by the state Medicaid program is $70.2 million. Residents' state and federal tax burden to pay annual health care costs for smoking-related expenditures is $783 per household.[5] These amounts do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, smokeless tobacco use, or cigar and/or pipe smoking, or other costs like workplace productivity losses.[5]

TOBACCO INDUSTRY INFLUENCES

The tobacco industry has a long history of targeting specific groups with marketing efforts. One of the most common targets has been youth and young adults. The 2012 Surgeon General's report *Preventing Tobacco Use Among Youth and Young Adults* concluded that the scientific evidence "consistently and coherently points to the intentional marketing of tobacco products to youth as being a cause of young people's tobacco use."[15] A report from the Campaign for Tobacco-Free Kids outlines some of the tobacco industry's latest marketing trends, which include heavy marketing and discounting in convenience stores, increased marketing of smokeless tobacco, the proliferation of cheap, sweet-flavored "little cigars" and new versions of the most popular cigarette brands.[16] There is sufficient evidence to conclude that there is a causal relationship between tobacco company advertising and promotion and the initiation and progression of tobacco use among youth people. The evidence shows that adolescents are exposed to cigarette advertising, they find the ads appealing, the ads make smoking appear to be appealing, and the ads increase adolescents' desire to smoke. [15]

Similarly, youth are often targeted by e-cigarette companies through advertising campaigns, with 7 in 10 kids regularly exposed to e-cigarette advertisements.[10] Retail ads, internet ads, TV and movie ads, and newspaper and magazine ads are some of the most common forms of advertising e-cigarettes to youth. Unlike many other tobacco products, e-cigarettes have been available in flavors that appeal to youth like mint, candy, and fruit. Common reasons youth have reported using e-cigarettes are that friends or family members use e-cigarettes (39%), they are available in a variety of flavors (31%), and the belief that they are less harmful than other types of tobacco products (17%).[16] In an effort to reduce youth use of these products, in January 2020, the federal government banned the manufacturing, distribution, and sale of flavored cartridge-based e-cigarettes, excluding menthol and tobacco.[17]

In addition to targeting youth and young adults, tobacco companies continue to focus on American Indians and other ethnic minorities as targets of their marketing campaigns. Advertisement and promotion of certain tobacco products appear to be targeted to members of racial/minority communities.[15,18,19] Marketing to Hispanics and American Indians/Alaska Natives has included advertising and promotion of cigarette brands with names such as Rio, Dorado, and American Spirit.[19,20] The tobacco industry has also targeted African American communities in its advertisements and promotional efforts for menthol cigarettes with campaigns that use urban culture and language, sponsored hip-hop bar nights with samples of menthol cigarettes, and targeted direct-mail promotions.[19,20]

Women also have been targeted by the tobacco industry, and tobacco companies have produced brands specifically for women. Marketing toward women is dominated by themes of social desirability and independence, which are conveyed by advertisements featuring slim, attractive, and athletic models.[19,21]

The tobacco industry's marketing practices influence tobacco use. In the U.S. alone, tobacco marketing expenditures total $9.1 billion a year—nearly $1 million every hour—and the industry spends millions more on lobbying and political contributions aimed at defeating tobacco control measures.[5] The majority of those expenditures go to retailers and wholesalers for price discounts, point of sale advertising, and promotional allowances.[22] Taken together, these make products more affordable and visible in prime retail space. This does not include industry spending to market e-cigarettes, which was estimated at $125 million in 2014.[23]

The estimated amount spent for cigarette and smokeless tobacco marketing in South Dakota each year is $26.4 million, or about $72,300 per day.[5]

PRIORITY POPULATIONS IN SOUTH DAKOTA

Even though tobacco use rates are slowly declining among the state's population overall, the rates are still troubling among several groups who are disproportionality affected by tobacco. Tobacco-related disparities can affect population subgroups based on factors such as age, income, mental health status, race/ethnicity, sex, and substance abuse conditions. In addition, there are other groups for whom there is the potential for significant positive gains by investing in tobacco control.

This Plan prioritizes tobacco prevention and cessation efforts for five population groups to achieve the greatest impact across the state:

- American Indians
- People with behavioral health conditions
- People of low socioeconomic status
- Pregnant and postpartum women
- Youth and young adults

AMERICAN INDIANS

South Dakota's American Indian populations experience substantial tobacco-related disparities. Commercial tobacco use is more than double in the state's American Indian adults compared to the overall statewide rate—47.8% compared to 16.5% (2016-2018 BRFSS).[4] American Indians also start using tobacco products at an earlier age than the general population. In 2017, 20.4% of South Dakota's American Indian middle school students reported current use of any type of tobacco products, compared to 1.4% of white students.[24] Tobacco companies take advantage of high poverty rates and tribes' sovereign status to defeat policies that would create healthier, commercial tobacco-free tribal communities.

Tribes throughout North America use traditional tobacco for spiritual, ceremonial, and medicinal purposes. Traditional tobacco among the Northern Plains tribes is not the same as commercial cigarettes, chew, or e-cigarettes. South Dakota tribes use čanšaša which comes from red willow bark. There is nothing traditional or sacred about addiction to commercial tobacco.

PEOPLE WITH BEHAVIORAL HEALTH CONDITIONS

People with diagnosed mental health conditions and/or substance use disorders are disproportionally affected by tobacco. Nationally, nearly 1 in 4 adults have some form of behavioral health condition, and these adults consume almost 40% of all cigarettes smoked by adults.[25] In South Dakota, approximately 18.1% of the population has diagnosed mental illness (defined as a diagnosable mental, behavioral, or emotional disorder). Of them, 40.8% smoke, compared to 23.2% of people without diagnosed mental illness. Those with behavioral health conditions also face extra challenges in successfully quitting.[26] Nicotine's effects can temporarily mask negative symptoms, putting people with mental illness at higher risk for cigarette use and nicotine addiction. Ultimately, smoking causes more deaths among clients in substance abuse treatment than the alcohol or drug use that brings them to treatment. Current research shows people have better outcomes for quitting tobacco and substance use if treated at the same time. Incorporating tobacco cessation into behavioral health treatment can help improve overall wellness. The South Dakota QuitLine cessation support can help tobacco users with behavioral health conditions overcome these challenges to quit. In 2018, over one-third (34.5%) of South Dakota QuitLine clients with a behavioral health condition successfully quit.

PEOPLE OF LOW SOCIOECONOMIC STATUS (SES)

Significant tobacco-related disparities exist for low SES populations. In fact, SES — a combination of education, income, and occupation — is the single greatest predictor of tobacco use. Individuals with less than a high school education have higher incidence of lung cancer than those with a college education, and individuals with a family income of less than $12,500 have higher incidence of lung cancer than families with incomes of $50,000 or more. Additionally, those living in rural areas have 18-20% higher rates of lung cancer than those in urban areas.[27] South Dakotans with lower incomes use tobacco at higher rates than the general population. This is in part because the tobacco industry increases advertising in low-income areas, so community members face more exposure to tobacco marketing.

PREGNANT AND POSTPARTUM WOMEN

Reducing tobacco use among pregnant and postpartum women is critical to ensure healthy babies and families. The rate of adult pregnant women currently smoking in South Dakota is 11.8%, and South Dakota also has a 5.9% infant mortality rate.[28] Pregnant women share the same bloodstream with their baby, so when they smoke, deadly tobacco poisons are shared with their baby. It is critical for pregnant women to get the help they need to quit—for their own health and for the safety of the baby during and after pregnancy. Parental smoking is a risk factor for Sudden Infant Death Syndrome, complications from prematurity, complications from low birth weight, and other pregnancy problems.[2] Staying tobacco-free after pregnancy can also protect families from exposure to secondhand and thirdhand smoke.

YOUTH AND YOUNG ADULTS

Youth under age 18 and young adults aged 18-24 are an important population to consider. Nearly 9 out of 10 cigarette smokers first tried smoking by age 18, and almost all (98%) first tried smoking by age 26.1 Smoking prevalence among South Dakota's high school students is 12.8%. Approximately 300 of South Dakota's kids become regular smokers every year.[5] Nationwide, youth e-cigarette use has increased dramatically in the past few years, with about 25% of high school students and 10% of middle school students reporting e-cigarette use in 2019.[29]

Progression from occasional to daily smoking almost always happens by age 26. According to the CDC, 21.3% of young adults smoke cigarettes nationwide. This rate is slightly lower in South Dakota, where the smoking rate among young adults is 18%.[4] E-cigarette use among young adults is also troubling. Young adult e-cigarette use more than doubled from 2013 to 2014, and more than one-third of young adults reported tried e-cigarettes in 2014.[23]

While many young people are aware of the negative health effects of tobacco products, they often underestimate the addictive power of nicotine. Normalization of tobacco use and industry targeting of youth contribute to youth tobacco use.

SOUTH DAKOTA TOBACCO CONTROL PROGRAM INITIATIVES

The toll of tobacco in South Dakota is enormous, but there are critical actions that can be taken to reduce these harms. The CDC released the *Best Practices for Comprehensive Tobacco Control Programs – 2014* to guide states on how to establish and maintain evidence-based tobacco control programs to prevent and reduce tobacco use within their state. The five key components of a comprehensive tobacco control program as indicated in the guide include: 1) state and community interventions, 2) mass-reach health communication interventions, 3) cessation interventions, 4) surveillance and evaluation, and 5) infrastructure, administration, and management. The South Dakota Tobacco Control Program has carefully integrated each of these five key components into their program initiatives, leading comprehensive efforts that lessen the burden of tobacco use across the state.

Learn more about South Dakota's laws related to tobacco here: BeFreeSD.com/about-us/sd-tobacco-law

The South Dakota Tobacco Control Program's statewide initiatives include:

- Collaborating and planning with partners at the state and community level, through statewide and regional staff
- Supporting local partner organizations and coalitions in their efforts to implement evidence-based interventions
- Providing training and technical assistance on best practices
- Collecting, analyzing and disseminating state and community-level data
- Educating stakeholders and the public about the burden of tobacco use and evidence-based strategies to reduce this burden
- Developing and disseminating health communication interventions
- Providing and promoting cessation interventions

Examples of how the South Dakota Tobacco Control Program implements these initiatives include:

- Collaborating with local health systems to promote the South Dakota QuitLine
- Hosting best practices trainings on smoke-free air policies for key stakeholders
- Providing regular online and in-person training and technical assistance to local organizations awarded grants to reduce tobacco use in their communities
- Working with tribal partners to pass smoke-free policies in public places on tribal lands
- Working with local communities to pass tobacco-free parks policies
- Partnering with local school districts to implement tobacco prevention education

SOUTH DAKOTA QuitLine

1-866-SD-QUITS
www.SDQuitLine.com

Tobacco cessation is an important initiative to create a healthier, tobacco-free South Dakota, and people who use QuitLine services are twice as likely to quit as going it on their own. The South Dakota QuitLine services are designed to help people kick their nicotine habit for good. In fact, the South Dakota QuitLine has one of the best quit rates in the nation, with a 38.2% seven-month quit rate. It's one of the primary tools in the fight against the high cost and deadly effects of tobacco use.

For more details about South Dakota Tobacco Control Program resources, see Appendix D.

South Dakota QuitLine services include:

- **Phone Coaching Program:** Free, individualized telephone counseling sessions provided by trained health coaches. SD QuitLine phone service enrollees have the option to receive up to 12 weeks of free bupropion or nicotine replacement patches, gum, or lozenges.
- **Kickstart Kit:** A Quit Guide and 2-4 weeks of free nicotine replacement therapy (patches, gum, or lozenges) with the option to upgrade for an additional two weeks of medication.
- **Quit Guide:** A self-directed cessation workbook designed to help tobacco users develop a plan to quit.
- **Web-based services:** The SD QuitLine website provides information, tailored motivational messages, and online support from other quitters and specialists.

THE SOUTH DAKOTA TOBACCO CONTROL STATE PLAN

CREATING THE PLAN

The following Plan is a roadmap to enhance the quality of life for all South Dakotans through prevention and reduction of tobacco use and exposure. The Plan is the result of a collaborative planning process, intentionally seeking input from stakeholders along the way. This process consisted of:

- **Needs Assessment:** Background documents, plans, and data were reviewed and thirteen key informant interviews were held to assess the current state of tobacco control in South Dakota, and uncover priorities, challenges, and success factors.
- **In-Person Strategic Planning Meeting:** Tobacco Control Program staff and representatives of key partner organizations and stakeholder groups attended a facilitated Strategic Planning session in September 2019 in Pierre, South Dakota. Following presentations on key data, the group revised the vision and mission statements, guiding principles, and goals, then identified and prioritized objectives and strategies specific to each goal.
- **Stakeholder Input:** Additional feedback was gathered from other key stakeholders via webinar to ensure the Plan aligns with statewide and community priorities.
- **Iterative Revisions:** A small group of Tobacco Control Program staff and stakeholders updated the Plan over time to refine components, identify key partners and actions needed to implement the strategies, and respond to stakeholder feedback.

The resulting South Dakota Tobacco Control State Plan should be considered a living document. The Tobacco Control Program and partners will work together to address strategies, review progress, gather lessons learned, identify success stories, and determine if modifications or mid-course corrections to the Plan are needed. See Appendix A for further details on the process of creating the plan.

PLAN COMPONENTS

The goals of the Plan align with the goals for comprehensive state tobacco control programs as identified by the CDC. The four Goals are:

- **Goal I:** Prevent tobacco use among youth and young adults.
- **Goal II:** Promote quitting of all tobacco products.
- **Goal III:** Eliminate all types of exposure to tobacco use.
- **Goal IV:** Strive to achieve health equity in tobacco control.

For each of these goals, the collaborative strategic planning process resulted in:

- **Measurable objectives to be achieved by 2025** that represent progress toward accomplishing each goal. The Tobacco Control Program will track interim annual objectives as the Plan is implemented.
- **Priority strategies** to pursue to achieve the objectives.
- **Key activities/action steps** to implement each strategy.
- **Examples of key partner organizations** to implement each activity.

It is important to note that Tobacco Control Program staff and partners will work together to create action plans that break down individual strategies into all of the tasks or sub-activities necessary to put them into action. Action plans will be updated frequently during implementation of the overall Plan. It is also important to note that the list of key partners included is not meant to be exhaustive. A broad range of partners across the state will need to mobilize and engage in all strategies in order for the Plan to be successful.

The following section of the Plan shows each goal aligned with its corresponding objectives and strategies. For each strategy listed, key activities and partners are identified. Evidence supporting the need for these goal areas and use of these strategies is also presented.

GOAL I: YOUTH TOBACCO INITIATION

Prevent tobacco use among youth and young adults

OBJECTIVES

1. Decrease the percentage of youth grades 6-8 who have ever smoked cigarettes from 9% to 6%.[a]
2. Decrease the percentage of youth grades 6-8 who have ever used e-cigarettes from 8.2% to 7%.[a]
3. Decrease the percentage of youth grades 9-12 who have ever smoked cigarettes from 31.4% to 25%.[b]
4. Decrease the percentage of youth grades 9-12 who have ever used e-cigarettes from 50.6% to 45%.[b]
5. Decrease percentage of adults 18-24 who smoke cigarettes from 18% to 10%.[c]
6. Decrease percentage of adults 18-24 who use e-cigarettes from 9.8% to 8.8%.[c]

STRATEGIES

A. Educate partners, decision-makers, and the public about tobacco marketing and sales tactics that target youth.

B. Adopt comprehensive 24/7 tobacco-free buildings and grounds policies at all educational institutions.

C. Advance evidence-based policy, systems, and environmental changes that discourage tobacco use among youth and young adults.

SUPPORTING EVIDENCE

- Nearly 9 out of 10 cigarette smokers in the U.S. start smoking by the time they are 18 years old, and 98% start by the age of 26, making it essential to intervene during adolescence and young adulthood to prevent initiation of tobacco use.[d]
- School and college policies and interventions should be part of a comprehensive tobacco control and prevention effort, implemented in conjunction with efforts to create tobacco-free social norms, including increasing the unit price of tobacco and making environments smoke-free.[e]
- Research demonstrates the importance of community support and involvement at the grassroots level in implementing highly effective policy interventions, including increasing the unit price of tobacco and creating smoke-free public and private environments.[e]
- Research has shown a causal relationship between advertising of tobacco products and the initiation of tobacco use among young people, and approximately one-third of underage experimentation with smoking can be attributed to tobacco industry advertising and promotion.[e]
- A broad range of statewide community programs and policies is needed to ensure that continued marketing of cigarettes and other emerging products does not prolong the harm caused by smoking. A key recommendation for preventing tobacco use among youth is to mobilize the community to restrict minors' access to tobacco products, combined with retailer education and reinforcement.[e]

a) YTS, 2019
b) YRBS, 2019
c) BRFSS, 2018
d) The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General
e) Best Practices for Comprehensive Tobacco Control Programs — 2014

Strategy I.A: Educate partners, decision-makers, and the public about tobacco marketing and sales tactics that target youth.

Activities

a. Train organizations on and conduct tobacco retail assessments.

b. Share tobacco retail assessment findings with communities and decision-makers.

c. Support evidence-based tobacco prevention education, such as Teens Against Tobacco Use (T.A.T.U.), Life Skills, and CATCH My Breath, and include education on tobacco marketing and sales.

Partners

- South Dakota Department of Health Tobacco Control Program
- Coalitions and other community-based organizations
- Local school administrators
- School boards

Strategy I.B: Adopt comprehensive 24/7 tobacco-free buildings and grounds policies at all educational institutions.

Activities

a. Promote use of the South Dakota K-12 Tobacco Prevention Toolkit and South Dakota Tribal K-12 Tobacco Prevention Toolkit to support adoption and implementation of comprehensive 24/7 tobacco-free buildings and grounds policies at K-12 schools, including tribal schools.

b. Promote use of the South Dakota Post-Secondary Tobacco Prevention Toolkit and South Dakota Post-Secondary Tribal Tobacco Prevention Toolkit to support adoption and implementation of comprehensive 24/7 tobacco-free buildings and grounds policies at post-secondary institutions, including tribal post-secondary institutions.

c. Assist school staff, parents, and students with adopting a written comprehensive 24/7 tobacco-free buildings and grounds policies for school campuses and school sponsored activities.

Partners

- South Dakota Department of Health Tobacco Control Program
- Coalitions and other community-based organizations
- South Dakota Department of Education
- South Dakota Board of Regents
- Bureau of Indian Education
- Associated School Board of South Dakota

Strategy I.C: Advance evidence-based policy, systems, and environmental changes that discourage tobacco use among youth and young adults.

Activities

a. Develop and promote mass-reach health communication interventions that discuss the health and financial tolls of tobacco use and transform social norms to prevent tobacco use initiation.

b. Educate partners, decision-makers, and the public on the impact of tobacco product price, flavored tobacco products, and age of purchase on tobacco use among youth and young adults.

c. Collaborate with partners to educate policy makers on the impact of tobacco product price, flavored tobacco products, and age of purchase on tobacco use among youth and young adults.

Partners

- South Dakota Department of Health Tobacco Control Program
- Coalitions and other community-based organizations
- American Lung Association
- American Heart Association
  - American Cancer Society Cancer Action Network
- South Dakota State Medical Association
- Municipalities
- State's Attorneys and Attorney General
- South Dakota Retailers' Association
- South Dakota Chamber of Commerce

GOAL II: TOBACCO CESSATION

Promote quitting of all tobacco products

OBJECTIVES

1. Decrease the percentage of adults who currently use tobacco from 26% to 23%.[a]
2. Increase the number of tobacco users enrolling in the SD QuitLine services from 5,520 to 5,900.[b]
3. Decrease the percentage of pregnant women who smoke from 11.8% to 7%.[c]
4. Decrease the percentage of young adults who currently use tobacco from 26.3% to 23%.[a]
5. Decrease the percentage of youth grades 9-12 who currently use tobacco from 29.7% to 20%.[d]
6. Decrease the percentage of youth grades 6-8 who currently use tobacco from 7.3% to 6.5%.[e]

STRATEGIES

A. Implement healthcare systems approaches that promote cessation and tobacco-free facilities.

B. Promote interventions that support cessation in community settings like workplaces and schools.

C. Enhance existing cessation services to include cessation of emerging products and to leverage new technology.

SUPPORTING EVIDENCE

- Helping tobacco users quit is the quickest approach to reducing tobacco-related disease and health care costs, and promoting cessation is a key component of a comprehensive state tobacco control program.[f]
- Parental smoking is a risk factor for Sudden Infant Death Syndrome, complications from prematurity, complications from low birth weight, and other pregnancy problems.[g]
- State programs should focus on population-level, strategic efforts to reconfigure policies and systems in ways that normalize quitting and institutionalize tobacco use screening and intervention within medical care.[f]
- Smokers improve their odds of successfully quitting when they use evidence-based treatments, so it is important to ensure cessation treatments are readily available through health care systems, state telephone quitlines, and other community-based cessation resources. More than 80% of smokers see a physician every year, and most smokers want their physicians to talk to them about quitting. The goal is to ensure that every patient is screened, and patients who use tobacco are advised to quit.[f]
- Population-wide interventions that change societal environments and norms related to tobacco use, like comprehensive smoke-free policies, increased tobacco product pricing, and hard-hitting media campaigns, increase tobacco cessation by motivating tobacco users to quit and making it easier for them to do so.[f]

a) BRFSS, 2018
b) SD QuitLine Annual Service Utilization Report
c) Vital Statistics, 2017
d) YRBS
e) YTS, 2019
f) Best Practices for Comprehensive Tobacco Control Programs — 2014
g) The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General — 2014

Strategy II.A: Implement healthcare systems approaches that promote cessation and tobacco-free facilities.

Activities

a. Promote use of the Healthcare System Tobacco-Free Model Policy as a tool to support adoption and implementation of comprehensive 24/7 tobacco-free buildings and grounds policies.

b. Assist healthcare systems in adopting written comprehensive 24/7 tobacco-free buildings and grounds policies.

c. Promote use of the Healthcare Systems Strategies for Tobacco Cessation — Model Policy Guidelines to support adoption of practice guidelines for making cessation referrals at healthcare facilities.

d. Use the PROF online training program and in-person trainings to educate healthcare staff on how to discuss tobacco use with patients and refer them to the South Dakota QuitLine.

e. Provide tobacco prevention and cessation educational materials for healthcare staff and patients at healthcare facilities and dental offices.

f. Encourage pregnant and postpartum patients to participate in the South Dakota QuitLine Postpartum Program.

Partners

- South Dakota Department of Health Tobacco Control Program
- Coalitions and other community-based organizations
- South Dakota QuitLine
- Delta Dental of South Dakota
- South Dakota Dental Association
- South Dakota Council of Community Behavioral Health
- Indian Health Services
- South Dakota Department of Social Services/Medicaid
- Women's health providers
- Healthcare facilities and providers
- Dental practices and providers

Strategy II.B: Promote interventions that support cessation in community settings like workplaces and schools.

Activities

a. Develop and promote mass-reach health communication interventions that increase awareness of the dangers of tobacco use, promote cessation services, and transform social norms to promote quitting.

b. Identify specific workplaces in which to target implementation of interventions that support cessation.

c. Partner with communities, schools, workplaces, and childcare providers to promote the South Dakota QuitLine services.

d. Establish partnerships with programs and organizations that serve pregnant and postpartum women.

e. Encourage women who access programs and organizations that serve pregnant and nursing women to participate in the South Dakota QuitLine Postpartum Program.

f. Incorporate alternatives to suspension into school tobacco policies, for example offering a health counseling and educational program such as INDEPTH.

g. Implement evidence-based tobacco cessation programs, such as Not On Tobacco curriculum, within school districts and youth organizations.

Partners

- South Dakota Department of Health Tobacco Control Program
- Coalitions and other community-based organizations
- Community Health Workers
- American Lung Association
- South Dakota Department of Social Services/Medicaid
- South Dakota Department of Education
- Bureau of Indian Education
- South Dakota Board of Regents

Strategy II.C: Enhance existing cessation services to include cessation of emerging products and to leverage new technology.

Activities

a. Identify emerging programs designed for cessation of e-cigarettes and other emerging products.
b. Identify ways in which new technology such texting and live chat can be used to promote cessation.
c. Assess and prioritize which new programs and features can be incorporated into the South Dakota QuitLine services.

Partners

- South Dakota QuitLine
- North American QuitLine Consortium
- American Lung Association
- TRUTH Initiative

GOAL III: TOBACCO EXPOSURE

Eliminate all types of exposure to tobacco use

OBJECTIVES

1. Decrease the percentage of youth grades 9-12 who were in the same room or car as someone smoking from 33.4% to 24%.[a]
2. Decrease the percentage of youth grades 6-8 who were in the same room or car as someone smoking from 26% to 20%.[b]
3. Increase the percentage of adults who report smoking is not allowed anywhere in their home from 85.8% to 94%.[c]
4. Increase the number of tobacco-free parks policies in the state policy monitoring system from 5 to 10.[d]

STRATEGIES

A. Advocate for smoke- and e-cigarette-free housing.

B. Advocate for tobacco-free parks, recreational areas, and rodeo grounds.

C. Advocate for tobacco-free workplaces.

SUPPORTING EVIDENCE [e]

- There is no risk-free level of secondhand smoke. Secondhand smoke exposure can cause premature death and disease in nonsmoking adults and children.
- Each year, primarily because of exposure to secondhand smoke, an estimated 7,330 nonsmoking Americans die of lung cancer and more than 33,900 die of heart disease. Economic costs attributable to smoking and exposure to secondhand smoke now approach $300 billion annually.
- Research has documented the effectiveness of laws and policies in a comprehensive tobacco control effort to protect the public from secondhand smoke exposure, including implementing comprehensive smoke-free laws that prohibit smoking in all indoor areas of worksites and encouraging smoke-free private settings such as multiunit housing.
- Research demonstrates the importance of community support and involvement at the grassroots level in implementing highly effective policy interventions, including creating smoke-free public and private environments, such as parks and multiunit housing.
- Statewide programs can educate policy makers and organizational decision makers about tobacco to build support for tobacco control policy change.

a) YRBS, 2019
b) YTS, 2019
c) BRFSS, 2018
d) Catalyst120
e) Best Practices for Comprehensive Tobacco Control Programs — 2014

Strategy III.A: Advocate for smoke- and e-cigarette-free housing.

Activities

a. Educate partners and the public about the harms of exposure to secondhand and thirdhand smoke and e-cigarette aerosol.

b. Encourage voluntary adoption of personal smoke and e-cigarette free homes and vehicle policies.

c. Continue to build partnerships at the state and local level to educate about and promote smoke-free multi-unit housing statewide.

d. Promote use of the *Multi-Unit Housing Model Smoke-Free Lease Addendum* as a tool to support adoption and implementation of smoke-free multi-unit housing policies.

Partners

- South Dakota Department of Health Tobacco Control Program
- Coalitions and other community-based organizations
- American Lung Association
- Multi-unit housing owners
- South Dakota Housing and Development Authority
- Municipalities

Strategy III.B: Advocate for tobacco-free parks, recreational areas, and rodeo grounds.

Activities

a. Influence social norms by educating youth, partners, and the general public about the harms of exposure to secondhand smoke and e-cigarette aerosol.

b. Provide direct assistance to local entities working to implement tobacco-free outdoor areas.

c. Promote use of the *Parks and Recreation Tobacco-Free Model Policy* and *Rodeo Grounds Tobacco-Free Model Policy* as tools to support adoption and implementation of comprehensive 24/7 tobacco-free outdoor areas policies.

Partners

- South Dakota Department of Health Tobacco Control Program
- Coalitions and other community-based organizations
- American Lung Association
- American Cancer Society Cancer Action Network
- South Dakota Parks and Recreation Association
- Municipalities
- Tribal councils

Strategy III.C: Advocate for tobacco-free workplaces.

Activities

a. Educate partners, employers, and the public about the harms of exposure to secondhand and thirdhand smoke and e-cigarette aerosol.

b. Partner with communities, workplaces, and childcare providers to promote comprehensive tobacco-free buildings and grounds policies for workplaces and work vehicles.

c. Promote use of the *Workplace Tobacco-Free Model Policy* and *Workplace Wellness Toolkit* as tools to support adoption and implementation of comprehensive 24/7 tobacco-free workplace and work vehicle policies.

Partners

- South Dakota Department of Health Tobacco Control Program
- Coalitions and other community-based organizations
- American Cancer Society Cancer Action Network
- Workplaces
- Municipalities
- Tribal councils

GOAL IV: HEALTH EQUITY

Strive to achieve health equity in tobacco control

OBJECTIVES

1. Decrease the percentage of American Indian youth grades 6-8 who report having ever used e-cigarettes from 17.5% to 15.5%.[a]
2. Decrease the percentage of American Indian adults who currently use tobacco from 47.8% to 43%.[b]
3. Increase the number of tribes with comprehensive smoke-free air policies from 1 to 3.[c]
4. Decrease the percentage of Medicaid recipients who use tobacco from 41.4% to 37%.[d]
5. Decrease the percentage of adults with behavioral health conditions who use tobacco from 33.1% to 29.5%.[e]

STRATEGIES

A. Use the Tribal Tobacco Advocacy Toolkit to encourage tribal governments to adopt comprehensive smoke-free air policies.

B. Enhance reach of cessation services to priority populations by reducing barriers and offering accessible, targeted services.

C. Implement approaches that promote cessation at behavioral health facilities, including creating tobacco-free facilities and referring patients to cessation services.

D. Educate partners, organizations that serve priority populations, and the public about tobacco-related disparities.

SUPPORTING EVIDENCE

- Tobacco-related disparities can affect population subgroups based on factors such as age, income, mental health status, race/ethnicity, sex, and substance abuse conditions.[f]
- The following populations are affected by tobacco-related disparities in South Dakota:
  - American Indians: Commercial tobacco use is more than double in the state's American Indian adults compared to the overall statewide rate.[b]
  - People of low socioeconomic status: People living below the poverty level and people having lower levels of educational attainment have higher rates of cigarette smoking than the general population.[g] For tracking purposes, data from South Dakota's Medicaid recipients are used to represent this population.
  - People with behavioral health conditions: People with diagnosed mental health conditions and/or substance use disorders are more likely to be addicted to nicotine than those without these disorders.[h]

a) YTS, 2019
b) BRFSS, 2018
c) Catalyst120
d) BRFSS, 2013-2018 combined rates
e) BRFSS, 2016-2017 combined rates
f) Best Practices for Comprehensive Tobacco Control Programs — 2014
g) The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General — 2014
h) Tobacco Use and Quitting Among Individuals with Behavioral Health Conditions — 2020

Strategy IV.A: Encourage tribal governments to adopt comprehensive smoke-free air policies.

Activities

a. Build partnerships with tribal governments, councils, and organizations.
b. Assess tribes' readiness to change their current policies.
c. Develop and deliver training and technical assistance on how to adopt comprehensive smoke-free air policies on tribal lands.
d. Support adoption and implementation of smoke-free air policies on tribal land.

Partners

- South Dakota Department of Health Tobacco Control Program
- Coalitions and other community-based organizations
- Great Plains Tribal Chairmen's Health Board
- Missouri Breaks
- Tribal Councils

Strategy IV.B: Enhance reach of cessation services to priority populations by reducing barriers and offering accessible, targeted services.

Activities

a. Advocate for state Medicaid program coverage for tobacco cessation.
b. Advocate for health insurance coverage for tobacco cessation.
c. Partner with community-based organizations that serve priority population groups to promote cessation services.
d. Explore ways to tailor cessation services for priority population groups.

Partners

- Statewide advocacy groups
- South Dakota Department of Social Services/Medicaid
- South Dakota Division of Insurance
- Health Plans
- Community Health Workers
- South Dakota QuitLine
- North American QuitLine Consortium
- Charitable food sites
- Coalitions and other community-based organizations

Strategy IV.C: Implement approaches that promote cessation at behavioral health facilities, including creating tobacco-free facilities and referring patients to cessation services.

Activities

a. Promote use of the Healthcare System Tobacco-Free Model Policy as a tool to support adoption and implementation of comprehensive 24/7 tobacco-free buildings and grounds policies at behavioral health facilities.
b. Assist behavioral healthcare systems in adopting written comprehensive 24/7 tobacco-free buildings and grounds policies.
c. Use the PROF online training program and in-person trainings to educate staff at behavioral health facilities on how to discuss tobacco use with patients and refer them to the South Dakota QuitLine.
d. Encourage inclusion of tobacco cessation in behavioral health treatment plans.
e. Identify additional healthcare facilities, programs, and organizations that serve people with behavioral health conditions.
f. Provide tobacco prevention and cessation educational materials for staff and patients at behavioral health facilities, programs, and organizations.

Partners

- South Dakota Department of Health Tobacco Control Program
- South Dakota Department of Social Services/Medicaid
- Coalitions and other community-based organizations
- South Dakota Council of Community Behavioral Health
- Indian Health Services
- South Dakota QuitLine

Strategy IV.D: Educate partners, organizations that serve priority populations, and the public about tobacco-related disparities.

Activities

a. Make data on priority populations publicly available.

b. Identify emerging populations with disparate tobacco use.

Partners

- South Dakota Department of Health Tobacco Control Program
- Coalitions and other community-based organizations

APPENDICES

A: STRATEGIC PLANNING PROCESS AND ACKNOWLEDGEMENTS

The Collaborative Planning Process

The Plan presented in this document is a roadmap for South Dakota to enhance the quality of life for all South Dakotans through prevention and reduction of tobacco use and exposure. The Plan is the result of the collaborative planning process described below, which intentionally sought input from stakeholders along the way.

1. **Needs Assessment:** Key background documents, including past plans and assessments and other pertinent data, provided by the Tobacco Control Program were reviewed. Thirteen Key Informant Interviews were held with opinion leaders to discuss what they would like to see accomplished short-term and long-term, assets and opportunities, and challenges and barriers. These results were synthesized into a report summarizing key findings.
2. **In-Person Strategic Planning Meeting:** Nineteen stakeholders, including Tobacco Control Program staff and representatives of key partner organizations, attended an in-person facilitated strategic planning session on September 17, 2019 in Pierre, South Dakota. First, participants were provided with an orientation that covered: updated state data; current state, local, and institutional tobacco control policies; current program priorities and community initiatives; and key informant interview results. Following the orientation, the group reviewed and slightly revised the vision and mission statements and guiding principles from the 2015-2020 South Dakota Tobacco Control State Plan. Participants then discussed, identified, and prioritized goal-specific objectives and strategies, using the 2015-2020 Plan and strategies recommended by the Centers for Disease Control and Prevention as guidance. The result of this meeting was a Plan outline that provided a clear direction toward achieving program goals leveraging available resources and opportunities.
3. **Iterative Revisions:** Using the Plan outline developed during the Strategic Planning Meeting, a small Core Team of Tobacco Control Program staff and stakeholders further refined the Plan outline and narrative. For each strategy, the group identified key partners and actions needed to implement the strategy through collaborative action.
4. **Stakeholder Input:** Feedback was gathered from additional stakeholders via webinar to ensure the Plan aligns with statewide and community priorities. A webinar was held on January 24, 2020 to regroup with the in-person strategic planning meeting attendees. They reviewed the drafted Plan outline to ensure it created a strong, comprehensive roadmap to guide tobacco prevention and control efforts for the next five years in South Dakota. On March 25, 2020, the annual Spring Tobacco Control Institute was held virtually. Institute participants were provided with an overview of the draft Plan and given the opportunity to ask questions and indicate which goals, strategies, and activities best aligned with their work.

Acknowledgements

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- Ashley Heyne, Black Hills Special Services Cooperative
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- Roshal Rossman, Black Hills Special Services Cooperative*
- Jana Sprenger, South Dakota Department of Social Services, Division of Behavioral Health

***Core Team member**

B: PLAN ALIGNMENT

Alignment with South Dakota Department of Health Strategic Plan

The South Dakota Tobacco Control Program is part of the South Dakota Department of Health. The Tobacco Control Program collaborates closely and aligns activities with other Programs located within the Department of Health. Efforts of this Plan will contribute to overarching Department of Health Plan as follows:

DEPARTMENT OF HEALTH PLAN	TOBACCO CONTROL STATE PLAN LINKAGES
Goal 2: Provide services to improve public health	**Goal II – Tobacco Cessation: Promote quitting of all tobacco products**
Goal 2, Strategy 1. Increase the number of youth and young adults who access tobacco cessation service through the use of technology.	**Goal II, Strategy B:** Promote interventions that support cessation in community settings like workplaces and schools.
Goal 2, Strategy 2. Enhance public awareness of the dangers of vaping.	**Goal II, Strategy B:** Promote interventions that support cessation in community settings like workplaces and schools.
Goal 2 Indicator: Reduce high school tobacco use (cigarettes, cigars, smokeless, and electronic) from 30% in 2015 to 20% in 2025.	**Objective II.5:** Decrease the percentage of youth grades 9-12 who currently use tobacco from 29.7% to 20%.
Goal 4: Maximize partnerships to address underlying factors that determine overall health	**Goal IV – Health Equity: Strive to achieve health equity in tobacco control**
Goal 4, Strategy 5. Review membership of department workgroups, coalitions, and advisory committees to identify additional partners necessary to address health equity.	**Goal IV, Strategy A:** Build partnerships with tribal governments, councils, and organizations. **Goal IV, Strategy D:** Educate partners, organizations that serve priority populations, and the public about tobacco-related disparities.
Goal 4, Strategy 6. Incorporate requirement to address health equity into requests for proposals being issued by department programs.	Tobacco Control Program grant recipients are required to address Goal IV strategies and activities in their applications and work plans.
Goal 4 Indicator: Increase understanding and awareness of health equity and enhance programs and policies that advance health equity.	**Goal IV, Strategy D:** Educate partners, organizations that serve priority populations, and the public about tobacco-related disparities.

Alignment with CDC Chronic Disease Domains

The CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has developed four domains that provide a framework for state tobacco prevention and control programs to collaborate with other state programs. It is key to address tobacco control and prevention in the broader context of chronic disease, because tobacco use increases risk and poor outcomes for multiple chronic diseases. The following table shows how strategies from this Plan link to the NCCDPHP domains:

NCCDPHP DOMAIN 1: Epidemiology and surveillance to gather, analyze and disseminate data and information and conduct evaluation to inform, prioritize, deliver, and monitor programs and population health.

State Tobacco Control Plan Links:

- **Cross-cutting.** All State Plan strategies are informed by surveillance and evaluation data.
- **Strategy IV.D.** Educate partners, organizations that serve priority populations, and the public about tobacco-related disparities.

NCCDPHP DOMAIN 2: Environmental approaches that promote health and support and reinforce healthful behaviors statewide and in communities.

State Tobacco Control Plan Links:

- **Strategy I.B.** Adopt comprehensive 24/7 tobacco-free buildings and grounds policies at all education institutions.
- **Strategy I.C.** Advance evidence-based policy, systems, and environmental changes that discourage tobacco use among youth and young adults.
- **Strategy III.A.** Advocate for smoke- and e-cigarette-free housing.
- **Strategy III.B.** Advocate for tobacco-free parks, recreational areas, and rodeo grounds.
- **Strategy III.C.** Advocate for tobacco-free workplaces
- **Strategy IV.A.** Encourage tribal governments to adopt comprehensive smoke-free air policies

NCCDPHP DOMAIN 3: Health care systems interventions to improve the effective delivery and use of clinical and other preventive services in order to prevent disease, detect diseases early, and reduce or eliminate risk factors and mitigate or manage complications.

State Tobacco Control Plan Links:

- **Strategy II.A.** Implement healthcare systems approaches that promote cessation and tobacco-free facilities.
- **Strategy II.C.** Enhance existing cessation services to include cessation of emerging products and to leverage new technology.
- **Strategy IV.A.** Implement approaches that promote cessation at behavioral health facilities, including creating tobacco-free facilities and referring patients to cessation services.

NCCDPHP DOMAIN 4: Strategies to improve community-clinical linkages ensuring that communities support and clinics refer patients to programs that improve management of chronic conditions.

State Tobacco Control Plan Links:

- **Strategy II.B.** Promote interventions that support cessation in community settings like workplaces and schools
- **Strategy IV.B.** Enhance reach of cessation services to priority populations by reducing financial barriers and offering accessible, targeted services.

C: FUNDING FOR SOUTH DAKOTA TOBACCO CONTROL AND PREVENTION

The South Dakota Department of Health, Tobacco Control Program receives state and federal funding to implement a comprehensive tobacco control program. The South Dakota Tobacco Control Program does not receive funds from the 1998 Master Settlement Agreement with the major tobacco companies. As of July 1, 2001, funds from the Master Settlement are appropriated to the South Dakota Education Enhancement Trust Fund. Currently, the Tobacco Control Program receives funding from the Tobacco Prevention and Reduction Trust fund, which was created by a tobacco tax increase approved by South Dakota voters in 2006.

D: RESOURCES

South Dakota Tobacco Control Program Resources

Tobacco Control Program
doh.sd.gov/prevention/tobacco
Facebook.com/SDHealthDepartment

This website provides information on the Tobacco Control Program mission, Tobacco Control State Plan, grant and training opportunities, and resources to support local communities. It also has contact information for Regional Tobacco Prevention Coordinators and the statewide office.

Be Tobacco Free SD
BeFreeSD.com

This website provides current, evidence-based information and resources, materials, and tools to help champion tobacco-free efforts, such as:

- Model tobacco-free policies to use as templates for policies in a variety of settings, including healthcare systems, schools, multi-unit housing, parks, rodeo grounds, and workplaces.
- Toolkits that provide strategies, activities, and resources to prevent tobacco use and pass tobacco-free policies in a variety of settings, such as K-12 schools and post-secondary institutions.
- Media library with free print and radio materials that can be used locally.
- Events, grants, and news related to local tobacco control efforts.

South Dakota QuitLine
SDQuitline.com | 1-866-SD-QUITS
Facebook.com/SDQuitLine
Twitter.com/SDQuitLine
YouTube.com/channel/UCg35CIYpka3UiHin0a2YpEQ

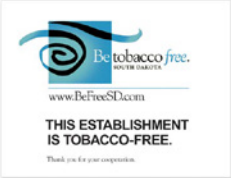
The South Dakota QuitLine offers free, individualized telephone counseling sessions provided by trained health coaches for South Dakotans who want to quit tobacco, as well as free written materials and cessation medications. Web-based services also are available and provide information, tailored motivational messages, and online support from other quitters and specialists. Kickstart Kits offering free written materials and up to four weeks of free nicotine replacement therapy (patches, gum, or lozenges) are also available. The popular South Dakota QuitLine Facebook Page provides an interactive place for South Dakotans to exchange quitting resources, ideas, information. The South Dakota QuitLine has one of the highest quit rates in the nation, with a 38.2% seven-month quit rate.

Rethink Tobacco
RethinkTobacco.com
Facebook.com/TobaccoRethinkIt

This tobacco prevention and cessation website is designed for teens and young adults. Resources include educational materials and toolkits for K-12 and post-secondary institutions, tobacco industry marketing facts, information regarding emerging tobacco products and online games. The Rethink Tobacco Facebook page was developed to compliment the website and is geared toward prevention efforts among youth and young adults.

Find Your Power
FindYourPowerSD.com
Facebook.com/FindYourPowerSD
YouTube.com/channel/UC1MurLygtFy9JMwe72buDkw

This website was developed to help American Indian tribes fight against commercial tobacco. It provides American Indian-specific information and resources, including toolkits, brochures, posters, and smoke-free signage.



The South Dakota Department of Health Educational Materials Catalog
apps.sd.gov/ph18publications/secure/puborder.aspx

Educational materials and resources can be ordered through this online catalog. Brochures, business cards, posters, palm cards, and other materials are available at no charge, including smoke-free building window clings for properties with smoke-free policies.

Federal Agency Resources

Centers for Disease Control and Prevention, Office on Smoking and Health
cdc.gov/tobacco

- Best Practices for Comprehensive Tobacco Control Programs—2014
  cdc.gov/tobacco/stateandcommunity/best_practices/index.htm

U.S. Food and Drug Administration, Center for Tobacco Products
fda.gov/TobaccoProducts

Smokefree.gov
smokefree.gov

U.S. Department of Health and Human Services, Office of the Surgeon General
hhs.gov/surgeongeneral/reports-and-publications/tobacco/index.html

- Know the Risks: E-cigarettes and Young People
  e-cigarettes.surgeongeneral.gov
- Smoking Cessation (2020)
  hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf
- Surgeon General releases advisory on E-cigarette epidemic among youth (2018)
  e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf
- E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon General (2016)
  e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Full_Report_non-508.pdf
- The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General (2014)
  ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf
- Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General (2012)
  surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html
- How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General (2010)
  ncbi.nlm.nih.gov/books/NBK53017

National Resources

American Cancer Society
cancer.org

American Heart Association
heart.org

American Lung Association
lung.org

Campaign for Tobacco-Free Kids
tobaccofreekids.org

Legacy Foundation
legacyforhealth.org

Truth Initiative
thetruth.com

Data Sources from the Centers for Disease Control and Prevention

Behavioral Risk Factor Surveillance System Survey (BRFSS)
cdc.gov/brfss

Youth Risk Behavior Surveillance System (YRBS)
cdc.gov/healthyyouth/data/yrbs

National Youth Tobacco Survey (YTS)
cdc.gov/TOBACCO/data_statistics/surveys/NYTS

National Vital Statistics System
cdc.gov/nchs/nvss.htm

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