

Executive Summary

Overview of the Problem

Tobacco use is harmful, causing thousands of deaths annually in Oklahoma and costing our state's businesses, taxpayers and individuals more than \$2 billion every year. Further, tobacco products are highly addictive, attracting about 7,300 new users under age 18 each year in Oklahoma, one-third of whom will die prematurely as a result.

Millions of dollars are spent in tobacco company public relations ads while decades-old practices continue behind the scenes to enhance the addictive qualities of tobacco products and to aggressively promote these products using themes that are appealing to youth. It's estimated that the tobacco industry spends over \$250 million annually on advertising and promotion in Oklahoma alone. Tobacco companies still find it highly beneficial in Oklahoma to make contributions to the political process and to employ influential lobbyists at the State Capitol.

In the face of powerful resistance, combating this addiction requires aggressive action. The Tobacco Use Prevention and Cessation Advisory Committee has reviewed the latest scientific information on this subject and formally recommends to state leaders a package of policy efforts and programs to enable Oklahoma to significantly reduce tobacco use and its damages.

Policy efforts will curb youth access to tobacco, permit local communities to set higher local standards if they choose, discourage and reduce consumption, and protect the public from the adverse health outcomes of secondhand smoke. Programs will diminish demand and help users to quit. Together they will cut use, saving lives, suffering and money.

There is no single magic-bullet solution. A coordinated, multifaceted approach is essential. Local and state, school and community, public and private must all work together to simultaneously address the three goals of prevention, cessation, and protection.

Solutions

Three simultaneous comprehensive approaches are necessary to effectively reduce the harm caused by tobacco use:

Prevention. Over 75 percent of all Oklahoma smokers became regular users during their teenage years. If Oklahoma would fully implement proven programs and policies to reduce the number of young people from taking up tobacco use, the number of users would gradually decline.

Cessation. To most effectively curtail tobacco use within the coming decade there must also be a reduction in the number of current tobacco users through programs and policies that encourage cessation.

Among Oklahomans who smoke, *three-fourths of adults and one-half of middle and high school youth want to completely quit smoking.* Recent developments in tobacco dependence treatments have led to new guidelines, providing improved direction for this second essential approach.

Protection. The third necessary approach is protection for all Oklahomans to prevent involuntary exposure to the damaging effects of secondhand smoke from those who continue to smoke, by eliminating smoking inside all enclosed public places and workplaces. This also serves to support efforts to reduce youth initiation and to promote cessation among youth and adults.

Comprehensive Programs

The evidence is clear that the most effective strategy for program intervention is a comprehensive approach that combines all of the “Four Cornerstones” of Community, Counter-marketing, Classroom, and Cessation initiatives. Any of these program elements in isolation will have only limited impact on Oklahoma’s devastating tobacco problem, while a combination of all approaches develops a synergistic effect, which has proven to be successful in other states.

Community programs provide essential training and technical assistance for local programs. Oklahoma’s Turning Point Initiative is an example of a community-based coalition approach that is beginning to change the face of public health in Oklahoma. With technical assistance from local health departments, Turning Point coalitions across the state make informed decisions to determine how best to address their own local public health priorities. Other key community-based programs include the youth-led “Students Working Against Tobacco” (SWAT) movement.

School-based programs are needed to provide training, materials and technical assistance to local districts to strengthen and enforce “no use” tobacco policies, to deliver evidence-based tobacco use prevention curricula, and to link with community tobacco use prevention efforts. School-based programs also include alternative-to-suspension and cessation treatment for youth.

Counter-marketing media campaigns educate the public and reduce demand for tobacco products. The planning of campaigns to discourage youth from initiation of tobacco use should involve youth leaders from across Oklahoma and messages should be tested for effectiveness.

Cessation assistance should include resources for programs to encourage health systems to fully implement the recommendations of the U.S. Public Health Service *Clinical Practice Guidelines on*

Treating Tobacco Use and Dependence. Based on cost per life year saved, treatment for addiction to tobacco products ranks higher in cost-effectiveness than virtually all other preventive health programs, including mammography, colon cancer screening, pap tests, hypercholesterolemia and pharmacologic treatment of mild to moderate hypertension. *Treatment of nicotine dependence has been called the “gold standard” of cost-effective interventions.*

A centerpiece of the tobacco dependence treatment programs is the free statewide Oklahoma Tobacco Helpline, launched in August 2003 by the Oklahoma Tobacco Settlement Endowment Trust. This new service provides individualized assessment, ongoing counseling, and referral for medical follow-up or face-to-face counseling in the community. Still needed is a system of reasonable compensation to practitioners for treating tobacco use and dependence. Insurance plans should be required to cover these services to the extent possible, and the state should pay for similar services for the uninsured, as currently provided for Oklahoma Medicaid clients.

Policy Recommendations

Nowhere is the synergy of comprehensive program and policy efforts more evident than in the implementation of smokefree policies. It has been repeatedly demonstrated that such policies dramatically increase cessation rates among smokers. Other favorable outcomes include improved employee health, reduced healthcare costs, improved productivity, decreased turnover, and reduced employer liability for providing unsafe workplaces.

The Advisory Committee strongly recommends that this State simply end smoking inside all enclosed public places and workplaces. This could be accomplished with little expense while providing great benefits. It is also important to repeal “preemption” from state tobacco law which now prohibits local citizens of a community to pass any

ordinance on the subject of smoking in public places that is stricter than the state law, even if a majority of people in that community wish to do so.

The recent increase in the state tobacco excise tax will act as a significant deterrent to consumption, especially among youth. A major obstacle to garnering support from the business community for the recent tax increase has been an inequity in the price of tobacco products between state-licensed tobacco retailers and tribal smokeshops. State leaders have recently seen major breakthroughs in their efforts to negotiate new agreements with the tribal nations, finding creative opportunities to collaborate in a manner that is mutually beneficial to the state and the tribes.

Stronger civil penalties were recently enacted for stores that sell illegally to persons under 18. Active enforcement of this new measure will be important to ensure illegal sales are effectively curbed. This will not harm the majority of sellers, who do not violate the law. Again, the “preemption” clauses in state tobacco laws should be repealed, permitting communities to set stronger requirements if their residents desire. State and local law enforcement agencies need resources to check compliance at each of the approximately 6,000 licensed retail outlets no less than twice each year.

If enforcement of existing Oklahoma laws is insufficient to stop impersonal sales such as via the internet or direct mail, legislation should be passed to require face-to-face purchase of tobacco products so age can be properly verified. New state law also requires that all self-service displays of tobacco products and all vending machines that dispense tobacco products are allowed only in places not accessible to persons under age 18.

Following is a summary of the State Plan public policy recommendations:

- Enforce new state law to ensure that tobacco vending machines are not placed in areas accessible to minors.
- Enforce new state law to ensure that self-service displays of tobacco products are not allowed in areas accessible to minors.
- Prohibit all free sampling of tobacco products.
- Require face-to-face sales and prohibit all internet sales of tobacco products.
- Enforce new state law that extends the penalties for selling tobacco products to youth to apply to owners and managers of retail outlets, including possible temporary suspension of state tobacco licenses for repeated illegal sales at a given retail outlet.
- Eliminate preemptive language in the Oklahoma Prevention of Youth Access to Tobacco Act so that local communities may adopt youth access ordinances stricter than the state law.
- Eliminate preemptive language in the Oklahoma Smoking in Public Places and Indoor Workplaces Act so that local communities may adopt smoking ordinances stricter than the state law.
- Adopt local prevention of youth access to tobacco ordinances and local clean indoor air ordinances that most effectively utilize the powers allowed by state law.
- Extend state law to eliminate smoking in all indoor public places and workplaces.
- Require all health insurance plans to provide coverage for tobacco cessation services and products.
- Further increase the state excise taxes on tobacco products to continue to help reduce tobacco use among youth.
- Continue to negotiate new state tobacco tax compacts with all tribal nations engaged in the sale of commercial tobacco products in Oklahoma, thereby continuing to seek collaboration to achieve needed excise tax increases in a manner that is mutually beneficial to the state and the tribal nations.

In almost all cases, reductions in sales of tobacco products as a result of these policies and programs are gradual. Such shifts are a constant feature of our economy; consumers are likely to spend the money thus saved on other products, perhaps from the same merchants. There is no contest between the short-term private interest in revenue from sales that cause great public harm versus the public preference for and benefits from reduced tobacco use.

Fiscal Considerations

Based on experiences in other states and best practice recommendations of the U.S. Centers for Disease Control and Prevention, an annual investment of \$22 million to \$56 million is needed to implement an effective, comprehensive statewide tobacco use prevention and cessation program in Oklahoma.

The Advisory Committee estimates that \$33 million annually, or about \$10 per person, is needed for programs adequate to achieve the goals set in this plan. This is contrasted by the more than \$600 per person per year in this state for costs of healthcare and other economic damages caused by tobacco use.

Tobacco settlement payments to the State of Oklahoma are divided between the Oklahoma State Legislature, Oklahoma Attorney General's Office, and the Oklahoma Tobacco Settlement Endowment Trust. Over time, increasing proportions of tobacco settlement payments will be deposited into the endowment.

Although wisely created by state leaders and Oklahoma voters, the endowment is protected so that only the earnings can be used to fund programs to improve the health and well-being of all Oklahomans. It is projected that the endowment will not generate sufficient earnings to support an effective, statewide tobacco prevention and cessation program for at least ten years even if the all of the earnings are dedicated to this purpose.

Outcomes

Full implementation of this plan now will cut current tobacco use rates in half by 2010. Underage use will be slashed. Demand will be cut and youth access will be sharply curtailed. Some cost savings, such as reduced neonatal care expenses for low birthweight infants, will be seen almost immediately.

Other savings will gradually grow, eventually reaching hundreds of millions of dollars per year. Life expectancy will start to increase and prevalence of diseases caused by tobacco use and exposure to secondhand smoke will be favorably modified. Oklahoma's reputation will be enhanced as a more healthful place in which to live, work, locate a business and raise a family.

If we fail to respond effectively, Oklahoma stands to see reduced settlement payments while continuing to pay the costs in both human suffering and medical care. As other states effectively reduce tobacco use through proven programs and policies, settlement payments will be reduced nationwide even if Oklahoma's tobacco addiction rates and related medical care costs remain high.

Oklahoma can no longer afford to wait. Oklahoma can no longer afford to allow the tobacco industry to foster ineffective, preemptive public policy. We need to gain notoriety for having effectively reduced tobacco use and not for having been the state most willing to allow tobacco industry domination.

Oklahoma has a history of being fiercely independent, coming together to address our problems, and pride in a job well done. It's time to take a stand against the tobacco industry's manipulation; it's time to help addicted smokers quit smoking; it's time to assure that Oklahoma's future generations will have every opportunity for health, happiness and prosperity, free from the grip of an industry with no greater concern for the lives and fortunes of Oklahomans than protecting their own bottom line

