# *We know the way to cut tobacco use in South Dakota.*

# *Do we have the will?*

South Dakota Tobacco-Free Kids Network

# Tobacco:

## An Epidemic in South Dakota

South Dakota finds itself in the midst of a health crisis—tobacco use is killing our relatives and friends, becoming addictive for our children, and costing our state and our citizens millions of dollars each year. Consider:

- Tobacco use is the leading cause of preventable death in our state. —one of every six deaths in South Dakota is caused by tobacco —each year 1,200 people die in South Dakota from tobacco-related diseases
- 14,000 South Dakota children currently under age 18 will die prematurely from smoking if current trends continue
- Nearly 23 percent of pregnant women in South Dakota smoke, 40 percent higher than the national average.
- 44 percent of our high school students are current smokers, one of the highest percentages in the nation.
- South Dakotans spend over $250 million each year on expenses associated with tobacco use.

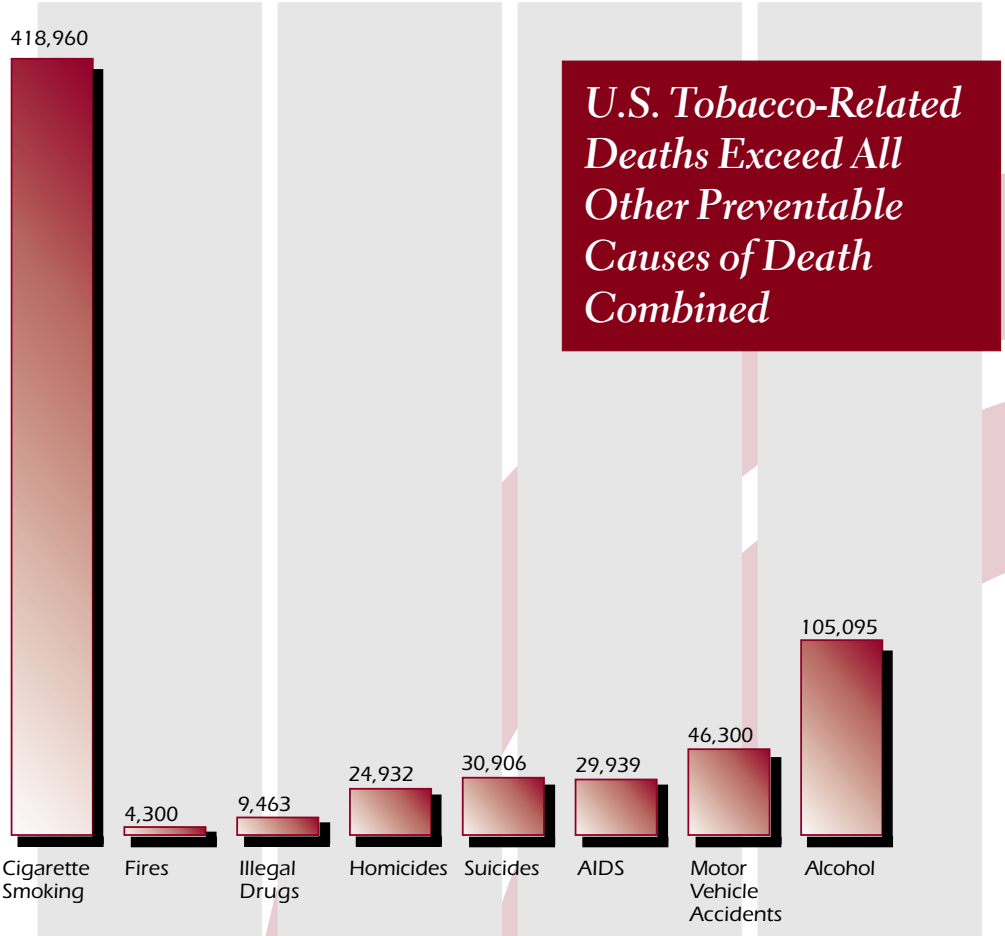
The epidemic affecting our state is raging throughout the nation. Over 400,000 Americans die prematurely from tobacco-related causes each year. That's the equivalent of over one-half of the entire population of our state and more than the number of deaths caused by fires, illegal drugs, homicides, suicides, AIDS, motor vehicle accidents and alcohol combined.

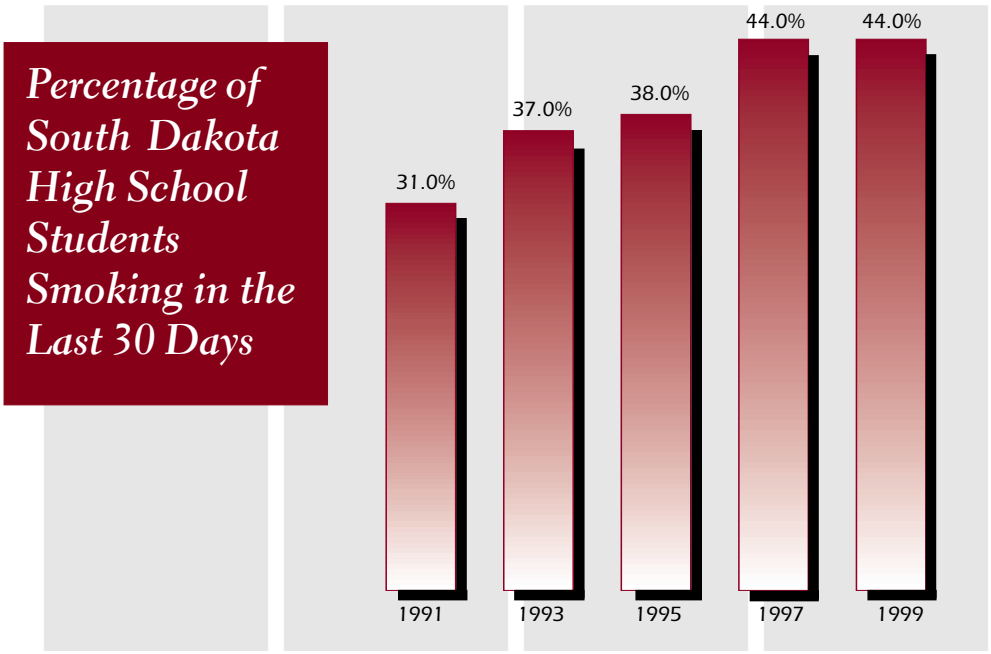
### *Tobacco and Our Children*

Most adults don't connect tobacco use with children, but the tobacco industry does. It knows that lifelong smokers don't become addicted as adults—they become addicted as children. Nearly ninety percent of the adults who smoke today began smoking as teenagers. Less than 10 percent began smoking after they were 21.

Statistics from our own state tell us that unless there is some sort of radical change, the future for the tobacco industry in South Dakota is bright. Three thousand kids become new daily smokers each year in South Dakota. According to the South Dakota Youth Risk Behavior Surveys taken between 1993 and 1999:

- 44 percent of our high school students smoke—up 42 percent in an eight-year period.
- 74 percent of our Native American high school students use tobacco.
- High school girls now smoke more frequently than high school boys.
- 26 percent of our high school males use smokeless tobacco, among the highest rates in the nation.
- 40 percent of our high school students who smoke have tried to quit, but can't.






These grim statistics represent a pattern of behavior that affects thousands of our youth and ranks South Dakota teenagers among the highest tobacco users in the nation—a ranking that should come as no surprise since one in five adults in the state are smokers.

In addition to the direct use of tobacco by our youth, approximately 45,000 South Dakota children are exposed to secondhand smoke every year. The immediate effect of this exposure is to increase the risk of respiratory infections and middle-ear diseases, reduce lung function and increase the frequency and severity of asthmatic symptoms.

# Who's Paying the Price for Tobacco Use?

Although tobacco users pay a high personal price in diminished health, the costs of addiction fall upon all of us. South Dakotans spend over $170 million each year because of health problems linked to tobacco. This amount includes $80 million in state and federal tax dollars that are used to pay for tobacco caused health care. Tobacco costs the state Medicaid program alone over $20 million annually. But the $170 million does not include the additional health costs resulting from direct and indirect exposure to second-hand smoke. Nor does it include the indirect costs of tobacco use: things like business property losses from cigarette-caused fires, loss of employee productivity and shortened working careers. Based on national cost estimates, South Dakota's non-health care costs exceed $120 million per year. Consequently, the combined health and non-health cost of tobacco to South Dakotans is conservatively over a quarter of a billion dollars each year—or $400 for each man, woman and child in our state.

This tragedy is magnified because we know that the pain and expense caused by tobacco use is preventable. Research conducted in other states has clearly demonstrated that comprehensive, sustained and well-funded programs dramatically reduce tobacco use. In fact, the compelling research results show that the issue is not whether there is a way to effect change but whether we as South Dakotans have the will to do so. We must decide whether we are willing to:

- take a stand in preventing our children from becoming addicted to tobacco
- provide every opportunity to those already addicted to quit
- become aggressive in protecting non-smokers, children and adults alike, from the deadly effects of secondhand smoke
- invest now to cut the burden of tobacco-related costs in the future

# There Is a Way To Cut Tobacco Use

If we have the will, then we can learn from the successes of other states. Their track records make it clear that we must attack tobacco use in a comprehensive and sustained manner to be successful. The core elements of these successes include the following programs.

## *Community-Based Programs*

Community-based programs take advantage of existing organizations within local communities to identify needs and opportunities unique to an area. These programs will involve South Dakotans through churches; medical societies; voluntary health organizations; social, recreational and community service organizations; libraries; businesses and business associations; law enforcement agencies; colleges and universities; teacher associations; county and municipal governments; and parent and teen groups. Some examples of specific programs that might be included in a community-based approach include:

- training programs that use teenagers as teachers and role models for younger children as well as community volunteers to organize and coordinate the grade school presentations, such as *Teens Against Tobacco Use* (TATU), a joint program of the American Heart Association, American Cancer Society and American Lung Association
- programs that apply discussion, role playing, peer resistance skills, problem solving and decision making skills along with information on the health consequences of tobacco and other drug use, such as the Boys and Girls Club *SMART Moves* program
- substance abuse prevention programs that involve schools, families and the larger community in an effort to influence public policy, retailer awareness and local attitudes toward tobacco use, such as *Project STAR*
- after-school programs that promote teen volunteer activities, good decision-making and values clarification, such as the YMCA *Young Leaders* program
- home visiting programs that reach pregnant women and provide assistance in reducing tobacco use and exposure to secondhand smoke

## *School-Based Programs*

With one of the highest percentage of teenage smokers in the nation, programs to be used within our school systems are a priority for an effective campaign against tobacco use in South Dakota. These programs must be age-appropriate and designed to both prevent the initial use of tobacco as well as offer our children help in quitting. A number of school-based programs have already been developed and proven highly successful. They include:

- K-12 age-appropriate tobacco use prevention education using such curriculum as *Life Skills Training*; a 3-year prevention curriculum intended for sixth through eighth graders; *Towards No Tobacco Use* (Project TNT), a prevention curriculum aimed at middle and junior high school students that emphasizes social consequences of tobacco use, not just long-term damages, refusal skills and media literacy
- effective tobacco-free policies for schools and school events that are understood and enforced
- teacher training and parental involvement
- cessation services

## *A Public Education Campaign*

The tobacco industry spends an estimated $18 million in South Dakota each year to sell their products. A study by the Johns Hopkins Medical Institutions showed that 75 percent of the students who were shown effective counter advertising messages concluded that these messages were a deterrent to their use or intended use of a drug. An effective public education campaign, like an effective political campaign, uses a combination of different delivery methods to reach target audiences including television, radio, print and outdoor advertising, internet, newspaper articles, direct mail, bumper stickers, etc. These campaigns are designed to:

- Deglamorize and eliminate the appeal of tobacco use
- Link smokers with resources to help them quit
- Enhance media literacy by exposing the tobacco industry's advertising techniques
- Target appropriate messages to high risk groups such as youth, pregnant women and Native Americans

## *Enforcement Programs*

Integral to an effective campaign is a concerted, statewide effort to enforce the laws and policies that restrict children's access to tobacco and reduce public exposure to secondhand smoke. The enforcement program could include:

- increasing public and retailer education programs that educate participants about existing laws pertaining to the sale of tobacco to minors and restrictions on indoor smoke
- increasing the number and frequency of tobacco compliance inspections
- training school personnel and compliance officers in the enforcement of school tobacco control policies

## *Statewide Partnership Programs*

Statewide partnership programs are designed to involve organizations with strong statewide networks able to quickly and efficiently reach a large number of South Dakotans in multiple geographical areas. These programs could include:

- regional or statewide training sessions or conferences designed to provide local communities with the knowledge and technical skills to effectively implement programs
- statewide monitoring and evaluation of programs to determine what programs are working in South Dakota and to communicate that information to partnering organizations
- grants to programs that have a statewide reach
- grants to implement proven community-based programs on a statewide basis
- a state-wide effort to bring about policy changes proven to reduce tobacco use such as increasing the price of tobacco products and enacting smoke-free indoor air laws, ordinances and policies

## *Tobacco-Use Cessation Programs*

Forty percent of the teenagers in South Dakota who smoke have tried to quit, but have discovered that they can't. Studies show that without cessation products such as pharmaceutical aids and cessation counseling the likelihood of anyone permanently breaking the addiction is slim, regardless of age. Moderately priced cessation products and programs, however, offer the highest potential to make immediate and dramatic improvements in the health of South Dakotans. Besides impacting the number of adult tobacco users, supporting cessation services can have a profound impact on smoking initiation by children. Made available through schools, teen centers, civic organizations, hospitals, and healthcare agencies, these programs could include:

- programs specifically targeted to teens who want to quit smoking, such as *Not on Tobacco* (N-O-T), an American Lung Association program
- programs that take a comprehensive approach to quitting smoking that includes triggers for smoking, handling cravings and avoiding relapse
- a hot line for smokers who are looking for referrals to programs, general information on quitting, or support for those who have quit
- funding of cessation products and services for people who cannot afford these services

## *Evaluation Programs*

Policymakers and program managers must have solid information to evaluate the overall success of a comprehensive program, as well as to determine which programs are working so as to effectively direct their resources. Consequently, the use of proven evaluation techniques is integral to the success of South Dakota's comprehensive tobacco prevention program. Evaluation efforts should include:

- development of objective measures to determine the success of each program
- regular statewide surveys to measure changes in tobacco use and attitudes toward tobacco, especially among target populations, and to determine the effectiveness and availability of tobacco prevention programs
- annual progress reports on tobacco use trends and program performance for policymakers and program managers to maintain accountability and promote continuous program improvement
- pilot projects to determine the value of innovative or alternative prevention and cessation approaches

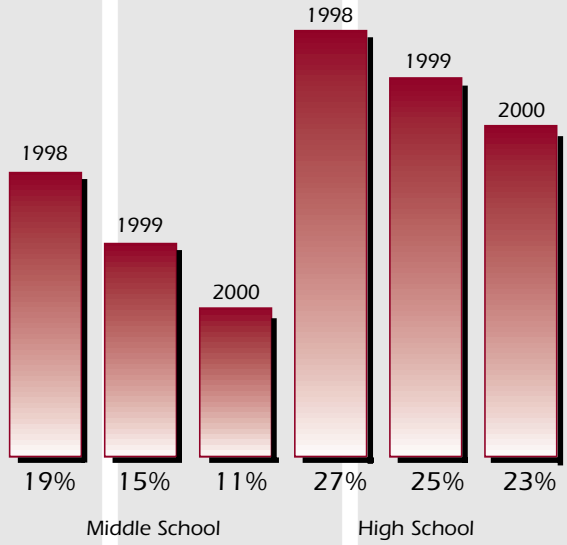
## *Proof that Prevention Programs Work*

California, Massachusetts, Oregon, and Florida have implemented comprehensive, sustained tobacco prevention and control programs that have been carefully monitored and independently evaluated. The results have surprised those who doubted that tobacco prevention programs could turn the tide of tobacco use in America and encouraged those who are leading the fight.

The studies in Florida showed that after only two years:

- 50,000 fewer middle and high school students were smoking
- smoking among middle school students declined by 40 percent
- smoking among high school students declined by 18 percent

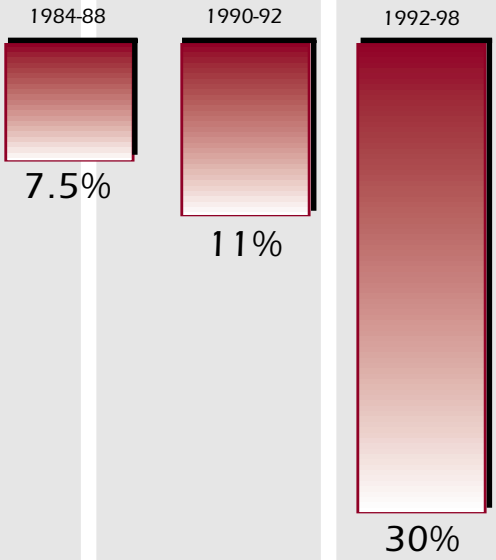
***Florida's Tobacco Prevention and Control Program Led to Almost Immediate Reductions in Smoking***



The studies in Massachusetts showed:

- 150,000 fewer smokers since the program began in 1993
- smoking during pregnancy dropped by 50 percent
- smokeless tobacco use by 7th to 12th grade males dropped by over 50 percent
- tobacco consumption declined almost four times faster than the national rate, excluding California

***Cigarette Consumption per Capita in Massachusetts Dropped Substantially After Instituting Reduction and Prevention Programs***




The studies in Oregon and California showed:

- a 21 percent reduction in tobacco consumption since 1997 in Oregon
- a 50 percent reduction in tobacco consumption since 1989 in California
- adult smoking fell from 23 percent to 18 percent in California from 1988–1996, resulting in 1 million fewer smokers

A full review of the studies associated with the work done in these states reveals indisputable evidence that comprehensive tobacco prevention programs work. These models have been developed, tested and adapted, and they provide South Dakota with a blueprint to attack tobacco addiction in South Dakota. The question, however, still remains.

# Do We Have the Will? —The Price of Success

An effective response to the tobacco addiction crisis in South Dakota requires more than knowing how to do the job. It requires leadership and the will to commit political capital as well as hard dollars. Based upon the experience in successful states, the national Centers for Disease Control and Prevention has projected that the cost of mounting a basic, yet comprehensive, tobacco prevention program in South Dakota is approximately $8.5 million annually. This translates into an expenditure of about $12 for every South Dakotan compared to the $400 annual cost of tobacco to our citizens. And what can we reasonably expect to gain from that $12 over a five-year period? Based upon the experience of other states who have successfully reduced tobacco use, with just a five percentage point reduction in smoking over the next five years, South Dakota could see:

- nearly 27,000 fewer adult smokers
- 2,300 fewer high school students who smoke
- more than 500 fewer pregnant women who smoke
- over 8,500 fewer premature deaths due to tobacco

If those results aren't convincing enough, consider that by investing in a sustained, comprehensive program, South Dakota families, businesses and taxpayers will save millions of dollars each year in reduced medical expenses. For example, the same five percentage point reduction in adult tobacco use translates into over a $300 million reduction in lifetime medical costs to treat sick smokers.

In the short term, if South Dakota can reduce the number of pregnant women who smoke by one half, as was done in Massachusetts, the savings from that change alone could save millions of dollars annually in tobacco-caused infant and children's health problems—low birthweight, premature births, birth defects, respiratory disorders, asthma—by reducing the number of pregnant women and children who smoke or are exposed to secondhand smoke. But the question still remains: how will South Dakota fund the annual $8.5 million investment in its health? Fortunately, more than enough dollars are now available because of a one-time, historic event in the nationwide struggle against tobacco use.

## *Tobacco Settlement Funds for Tobacco Prevention*

In November of 1998, South Dakota, along with 45 other states, entered into an agreement with the tobacco industry that will give the state an average of $25 million per year for the next 25 years and beyond. Although these dollars are intended to mitigate the past and future costs of tobacco use incurred by state and local governments, there is no requirement that the legislature use the settlement money to address South Dakota's current tobacco addiction epidemic. Consequently, legislators will be looking for credible sources of information to determine how much money is needed to significantly reduce tobacco addiction in South Dakota and what the sources of funding should be.

Based upon the costs of successful programs in other states, the Centers for Disease Control and Prevention has concluded that South Dakota will need to spend a minimum of $8.5 million annually in order to effectively address tobacco addiction in the state. This represents approximately one-third of the total dollars coming to the state each year from the tobacco settlement. The state of South Dakota currently has approximately $3 million dollars in federal, state and other funds appropriated for tobacco prevention and reduction programs. The 2001 legislature will be asked to use tobacco dollars to fully fund a comprehensive tobacco use prevention and reduction program in South Dakota.

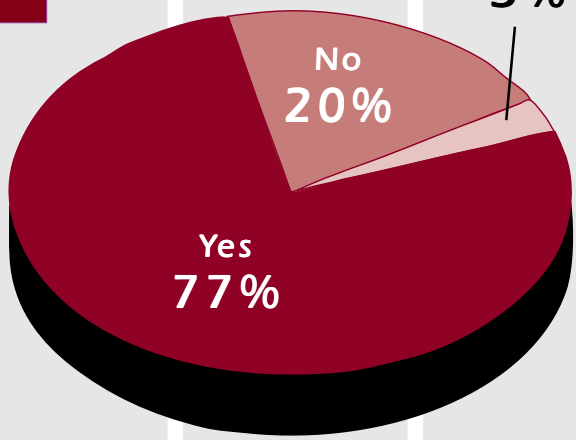
The South Dakota Tobacco-Free Kids Network firmly believes that money from the tobacco settlement should first be used to fund a comprehensive program that employs the best practices found in successful programs throughout the nation and that the programs should be independently evaluated. With adequate funding and leadership, South Dakota can achieve significant reductions in tobacco use and thereby decrease the burden tobacco places on individuals, families and employers across our state. Fortunately, this is the view of a vast majority of South Dakotans as well.

## *Using Tobacco Settlement Payments: What South Dakotans Are Saying*

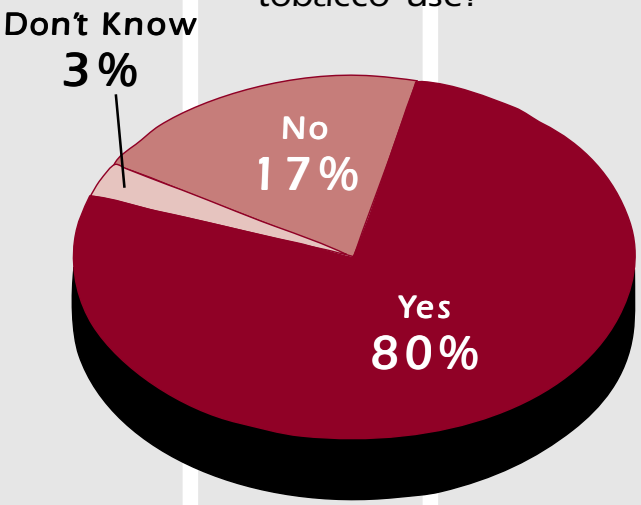
A December 2000 survey of South Dakota voters indicates that 77% of South Dakotans feel the first priority for use of the tobacco settlement dollars is to fund programs to prevent and reduce the use of tobacco in South Dakota. When asked what portion of the $25 million annual payment should be used, 80 percent supported directing one-third, or approximately $8.5 million, of the settlement payment to a comprehensive program to stop the tobacco epidemic in this state.

### *December 2000 Voter Survey Results*

Should funding for tobacco prevention programs be the first priority for spending South Dakota's tobacco settlement money?




Would you support spending one-third of the tobacco settlement money on a comprehensive program to prevent and reduce tobacco use?



# What You Can Do

The first year of the new millennium may well determine the outcome of the struggle against tobacco use in South Dakota. Tobacco payments of $25 million a year will have begun flowing into the state and the members of the South Dakota Tobacco-Free Kids Network, in concert with individuals and organizations throughout the state, will be doing their best to convince legislators and the governor that the use of those dollars for the prevention and reduction of tobacco use is good public policy.

In the meantime, the tobacco industry will not be silent. They will continue to spend $18 million dollars in marketing campaigns intended to addict our children to tobacco—and their investment will pay dividends. By the end of this year, another 3,000 South Dakota children will have begun smoking; 45,000 children in the state will be regularly exposed to secondhand smoke, and 40 percent of our high school kids who attempt to quit smoking will fail.

We can stop this deadly trend if we act now. We have a blueprint, and we know the public supports investing a significant portion of the tobacco settlement funds to reduce the burden of tobacco addiction today and on future generations of children. Our elected leaders need to hear from you. To stay informed about what is being done to secure adequate funding for an effective tobacco prevention program, as well as other tobacco-related policies, please take the following two steps:

1. Complete the name and address form on the back cover of this brochure and send it to us today.
2. Contact the governor and your legislators and let them know that you think it is crucial that tobacco prevention and reduction programs be funded at the levels recommended by the national Centers for Disease Control and Prevention.

Our children are depending on us.

# South Dakota Tobacco-Free Kids Network

The South Dakota Tobacco-Free Kids Network is a statewide alliance of health, medical, education, parent, youth, law enforcement and other civic organizations dedicated to advocating for laws, policies and funding of effective programs that will result in significant reductions in tobacco use and addiction, especially among children and high risk groups.

## Organizational Members (as of December 2000)

Aberdeen Area Indian Health Service
American Cancer Society, Midwest Division
American Heart Association, Northland Affiliate
American Lung Association of South Dakota
Avera Health
Big Brothers Big Sisters of the Black Hills
Centerville School District 60-1
Children's Care Hospital and School
Community Care Association
Girl Scouts of Nyoda Council
Girl Scouts of Minn-Ia-Kota Council
HELP!Line Center, Inc.
National Center for Tobacco-Free Kids
Newell School District 9-2
Rapid City Regional Hospital Cancer Care Institute
School Administrators of South Dakota
Sioux Council - Boy Scouts of America
Sioux Valley Hospitals and Health System
South Dakota Academy of Family Physicians
South Dakota Academy of Pediatrics
South Dakota Advocacy Network for Women
South Dakota Association of Healthcare Organizations
South Dakota Chemical Dependency Association
South Dakota Chiropractors Association
South Dakota Coalition for Children
South Dakota Cooperative Extension State Youth Development/4-H Program
South Dakota Council of Community Mental Health Centers
South Dakota Dental Association
South Dakota Education Association

### Organizational Members (as of December 2000) *continued*

South Dakota Head Start Association
South Dakota March of Dimes
South Dakota Nurses Association
South Dakota Parent Teacher Association
South Dakota Public Health Association
South Dakota School Nurses Association
South Dakota Society for Respiratory Care
South Dakota State Medical Association
South Dakota State Medical Association Alliance
South Dakota States' Attorneys Association
Wellmark Blue Cross and Blue Shield of South Dakota

# Contributing Organizations

In addition to the members of the South Dakota Tobacco-Free Kids Network, the following organizations were actively involved in the development of the document, *A Framework for a Comprehensive Tobacco Prevention and Control Program in South Dakota*, from which the technical information for this publication was derived.

Aberdeen Area Tribal Chairmen's Health Board
Northeastern Prevention Resource Center
South Dakota Department of Education
South Dakota Department of Health
South Dakota Tobacco Education Project, SD Department of Human Services
Southeast Prevention Resource Center
University of South Dakota, Division of Counseling and Psychology in Education
University of South Dakota Health Sciences Center
Western Prevention Resource Center

# References

Information about support for using tobacco settlement funds for tobacco prevention is from a December 1999 survey of South Dakota voters conducted by RMA. Inc. for the American Cancer Society, the American Heart Association, and the South Dakota Tobacco-Free Kids Network.

For state-specific data on deaths caused by smoking, smoking and smokeless tobacco use rates, and other tobacco-related information, see Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, State Tobacco Control Highlights 1998 (1999) or see CDC's state-specific website pages [http://www.cdc.gov/nccdphp/osh/statehi/statehi.htm]. See also, CDC "State-Specific Prevalence of Current Cigarette Smoking Among Adults and the Proportion of Adults Who Work in a Smoke-Free Environment — United States, 1999," Morbidity and Mortality Weekly Report (MMWR) 49(43); 978-982 (November 03, 2000); CDC, "State-Specific Prevalence of Current Cigarette and Cigar Smoking Among Adults – United States, 1998," Morbidity and Mortality Weekly Report (MMWR) 48(45): 1034-1039 (November 19, 1999); CDC, Surveillance Summaries, "Youth Risk Behavior Surveillance – United States, 1997," 47(SS-3): 10-12,15-17, 50-54 (August 14, 1998); CDC, "State-Specific Prevalence of Cigarette Smoking Among Adults, and Children's and Adolescents' Exposure to Environmental Tobacco Smoke – United States, 1996," MMWR 46(44): 1038-1043 (November 7, 1997); CDC, "Smoking Attributable Mortality and Years of Potential Life Lost – United States, 1984" [with editor's update for 1990-1994], MMWR 46(20): 444-451 (May 23, 1997); J. R. Hall, Jr., National Fire Protection Association, The U.S. Smoking-Material Fire Problem Through 1995 (September 1997). For projected smoking deaths among today's youth, see CDC, "Projected Smoking-Related Deaths Among Youth — United States," MMWR 45(44): 971-974 (November 8, 1996). New underage daily smoker estimate based on data from CDC, "Projected Smoking-Related Deaths" (see above) and CDC, "Incidence of Initiation of Cigarette Smoking – United States, 1965-1996)," MMWR 47(39): 837-40 (October 9, 1998).

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For data on kids exposed to second hand smoke, see CDC, "State-Specific Prevalence of Cigarette Smoking Among Adults, and Children's and Adolescents' Exposure to Environmental Tobacco Smoke – United States, 1996," MMWR 46(44): 1038-1043 (November 7, 1997). State-specific data is not currently available regarding adult exposure to second hand smoke at their homes, or to the numbers exposed to ETS at workplaces, daycare centers, restaurants, or other public facilities.

For data on number of packs of cigarettes illegally sold to kids, see Cummings, et al., "The Illegal Sale of Cigarettes to US Minors: Estimates by State," American Journal of Public Health 84(2): 300-302 (February 1994). See also, CDC, "Tobacco Use and Usual Source of Cigarettes Among High School Students – United States, 1995," MMWR 45(20): 413-418 (May 24, 1996).

For nationwide data on smoking trends see CDC, "Tobacco Use Among High School Students – United States, 1997," MMWR 447(12): 229-233 (April 3, 1998); Institute for Social Research, University of Michigan, Monitoring the Future Study, http://www.isr.umich.edu/src/mtf/index.html; CDC, "Incidence of Initiation of Cigarette Smoking – United States, 1965-1996," MMWR 47(39): 837-40 (October 9, 1998).

For state-specific data on smoking-related health expenditures and smoking-related Medicaid expenditures, see L. Miller, et al., "State Estimates of Total Medical Expenditures Attributable to Cigarette Smoking, 1993," Public Health Reports 113: 447-58 (Sept./Oct. 1998), http://hav54.socwel.berkeley.edu/faculty/publications/lmiller.html; X. Zhang et al., "Cost of Smoking to the Medicare Program, 1993," Health Care Financing Review 20(4): 1-19 (Summer 1999); L. Miller, et al., "State Estimates of Medicaid Expenditures Attributable to Cigarette Smoking, Fiscal Year 1993," Public Health Reports 113: 140-151 (March/April 1998). State-federal tobacco-health tax burden taken to equal state's Medicaid tobacco costs plus state's share of national tobacco-caused Medicare costs, plus state's share, based on number of households compared to national total, of other federal and state tobacco-caused health costs, taken to equal 10% of total tobacco-caused health costs (from CDC, "Medical Care Expenditures Attributable to Smoking — United States, 1993," MMWR 43(26): 1-4 (July 8, 1994), http://www.cdc.gov/epo/mmwr/mmwr.html and Office of Management and Budget, The Budget for the United States Government - Fiscal Year 2000, Table S-8 at page 378, http://www.access.gpo.gov/su_docs/budget/index.html).

For data on costs associated with smoking or exposure to second hand smoke during pregnancy, see E.K. Adams and C.L. Melvin, "Costs of Maternal Conditions Attributable to Smoking During Pregnancy," American Journal of Preventive Medicine 15(3): 212-19 (October 1998); CDC, "Medical Care Expenditures Attributable to Cigarette Smoking During Pregnancy," MMWR 46(44) (November 7, 1997); U.S. Department of the Treasury, The Economic Costs of Smoking in the U.S. and the Benefits of Comprehensive Tobacco Legislation (March 1998); J.J. Stoddard and B. Gray, "Maternal Smoking and Medical Expenditures for Childhood Respiratory Illness," American Journal of Public Health 87(2): 205-209 (February 1997); E. Dejin-Karlsson, et al., "Does Passive Smoking in Early Pregnancy Increase the

Risk of Small-for-Gestational-Age Infants?" American Journal of Public Health 88(10): 1523-1527 (October 1998). State expenditures based on its pro rata share of the national estimates, with the pro rata calculations based on the state's portion of the nationwide population of kids exposed to second hand smoke.

For additional information on tobacco-related costs, see U.S. Department of the Treasury, The Economic Costs of Smoking in the U.S. and the Benefits of Comprehensive Tobacco Legislation (1998) [http://www.treas.gov/press/releases/docs/tobacco.pdf]; F.J. Chaloupka and K.E. Warner, "The Economics of Smoking," in J. Newhouse and A. Culyer (eds), The Handbook of Health Economics (in press); CDC, MMWR 46(44) (November 7, 1997); CDC, Making Your Workplace Smokefree: A Decision Maker's Guide (1996); D. Mudarri, The Costs and Benefits of Smoking Restrictions: An Assessment of the Smoke-Free Environment Act of 1993 (H.R. 3434), U.S. Environmental Protection Agency report submitted to the Subcommittee on Health and the Environment, Committee on Energy and Commerce, U.S. House of Representatives (April 1994); P. Brigham and A. McGuire, "Progress Toward a Fire-Safe Cigarette," Journal of Public Health Policy 16(4): 433-439 (1995); J.R. Hall, Jr., National Fire Protection Association, The U.S. Smoking-Material Fire Problem Through 1995 (September 1997).

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The referenced studies on cigarette advertising's influence on youth are R. Pollay, et al., "The Last Straw? Cigarette Advertising and Realized Market Shares Among Youths and Adults," Journal of Marketing 60(2):1-16 (April 1996); and N. Evans, et al., "Influence of Tobacco Marketing and Exposure to Smokers on Adolescent Susceptibility to Smoking," Journal of the National Cancer Institute 87(20): 1538-45 (October 1995). See also, J.P. Pierce, et al., "Tobacco Industry Promotion of Cigarettes and Adolescent Smoking," Journal of the American Medical Association (JAMA) 279(7): 511-505 (February 1998) [with erratum in JAMA 280(5): 422 (August 1998)].

For evaluation data on state tobacco control programs, see: California Tobacco Control Update; California Department of Health Services/Tobacco Control Section, August, 2000. Pierce, JP et al., "Has the California Tobacco Control Program Reduced Smoking?" Journal of the American Medical Association, September 9, 1998. Volume 280, No. 10. Pierce, JP et al., Tobacco Control in California: Who's winning the War? An Evaluation of the Tobacco Conrol Program, 1989-1996. La Jolla, CA: University of California, San Diego. 1998. Abt Associates, Independent Evaluation of the Massachusetts Tobacco Control Program: Fifth Annual Report, January 1994 to June 1998. Abt Associates, Independent Evaluation of the Massachusetts Tobacco control Program, 4th Annual Report, 1998. Briton, et al., Adolescent Tobacco Use in Massachusetts – Trends among public school students 1984-1996, May 1997. 1999 Florida Youth Tobacco Survey: Volume 2, Report 1; Florida Department of Health, April 15, 1999. Florida Department of Health, 2000 Florida Youth Tobacco Survey: Volume 3, Report 1; March 1, 2000. Revised and Updated on June 21, 2000. CDC, "Decline in Cigarette Consumption Following Implementation of a Comprehensive Tobacco Prevention and Education Program – Oregon, 1996-1998," Morbidity and Mortality Weekly (MMWR), February 26, 1999. Oregon Health Division; Health Promotion and Chronic Disease Prevention Program, http://www.ohd.hr.state.or.us/tobacco/results.htm.

# I want to stay informed.

Please keep me informed about efforts to secure adequate funding for effective tobacco prevention programs in South Dakota.

Name

Address

City State ZIP

Phone FAX

E-mail

The South Dakota Tobacco-Free Kids Network is a statewide alliance of health, medical, education, parent, youth, law enforcement and other civic organizations dedicated to advocating for laws, policies and funding of effective programs that will result in significant reductions in tobacco use and addiction, especially among children and high risk groups.

**South Dakota Tobacco-Free Kids Network**
1212 West Elkhorn Street, Suite 1
Sioux Falls SD 57104
phone 800-873-5864
fax 605-336-7227
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