

South Dakota State Tobacco Control Plan, 2020-2025

DRAFT as of February 21, 2020

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

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

Priority Populations

- American Indians
- Behavioral health populations
- People of low socioeconomic status
- Pregnant and postpartum women
- Youth and young adults

Goals <i>Focus on</i>	I. YOUTH TOBACCO INITIATION Prevent tobacco use among youth and young adults	II. TOBACCO CESSATION Promote quitting of all tobacco products	III. TOBACCO EXPOSURE Eliminate all types of exposure to tobacco use	IV. HEALTH EQUITY Strive to achieve health equity in tobacco control
Objectives <i>Measure</i>	<ol style="list-style-type: none"> 1. Decrease the percentage of youth grades 6-8 who have ever smoked cigarettes from 9% to 6%. 2. Decrease the percentage of youth grades 6-8 who have ever used e-cigarettes from 8.2% to 7%. 3. Decrease the percentage of youth grades 9-12 who have ever smoked cigarettes from 33.3% to 20%. 4. Decrease the percentage of youth grades 9-12 who have ever used e-cigarettes from 41% to 37%. 5. Decrease percentage of adults 18-24 who smoke cigarettes from 18% to 10%. 6. Decrease percentage of adults 18-24 who use e-cigarettes from 9.8% to 8.8%. 	<ol style="list-style-type: none"> 1. Reduce the percentage of adults that currently use tobacco from 26% to 23%. 2. Increase the number of tobacco users enrolling in the SD QuitLine services from 5,520 to 5,900. 3. Reduce the percentage of pregnant women who smoke from 11.8% to 7%. 4. Reduce the percentage of young adults that currently use tobacco from 26.3% to 23%. 5. Reduce the percentage of youth grades 9-12 that currently use tobacco from 30.3% to 20%. 6. Reduce the percentage of youth grades 6-8 that currently use tobacco from 7.3% to 6.5%. 	<ol style="list-style-type: none"> 1. Reduce the percentage of youth grades 9-12 that were in the same room or car as someone smoking from 34.9% to 20%. 2. Reduce the percentage of youth grades 6-8 that were in the same room or car as someone smoking from 26% to 20%. 3. Increase the percentage of adults who report smoking is not allowed anywhere in their home from 85.8% to 94%. 4. Increase the number of tobacco-free parks policies in the state policy monitoring system from 5 to 10. 	<ol style="list-style-type: none"> 1. Decrease the percentage of American Indian youth grades 6-8 who report having ever used e-cigarettes from 17.5% to 15.5%. 2. Decrease the percentage of American Indian adults that currently use tobacco from 47.8% to 43%. 3. Increase the number of tribes with comprehensive smoke free air policies from 1 to 3. 4. Reduce percentage of Medicaid recipients that use tobacco from 41.4% to TBD. 5. Reduce % of adults with behavioral health disorders that use tobacco from 33.1% to 29.5%.
Strategies <i>Work on</i>	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> A. Encourage tribal governments to adopt comprehensive smoke-free air policies B. Enhance reach of cessation services to priority populations by reducing financial 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