



## ***The Role of the Built Environment to Reduce Tobacco Use***

*This brief is the third in a three-part series on the built environment. Part one focuses on physical activity and part two is nutrition.*

*Please note that the term “tobacco” refers to commercially produced tobacco only and never the traditional tobacco of our Northern Plains American Indians.*

### **What is a Healthy Community?**

A healthy community is one that meets the community members' basic needs including safe, affordable and accessible food, water, housing education, health care and recreation. The community provides supportive levels of economic and social development through living wage, safe and healthy job opportunities, a thriving economy and healthy development of children and adolescents. It also promotes a quality and sustainable environment including clean air with tobacco and smoke-free spaces, green spaces and sustainable energy use. It is well known that tobacco is a preventable killer. Every community should make efforts to help members live tobacco-free, including implementing policies that create tobacco-free places that make it easier for tobacco users to quit.<sup>1</sup>

The built environment includes all of the physical parts of where we live and work, i.e. homes, buildings, streets, open spaces and infrastructure. These physical elements and infrastructure of communities play a significant role in shaping our health. Focusing on the built environment fits well with other public health approaches that recognize that changing individual behavior involves changing social norms and social determinants of health. Engaging communities to focus on changing tobacco use policies and practices of local organizations and institutions is part of an effective strategy for improving health and leaving behind lasting changes in communities.

Promoting healthy living and preventing chronic disease can help to make lasting changes that reduce the major risk factors for chronic disease—tobacco use, lack of physical activity and unhealthy eating. A community approach to healthy living can have broader effects than the efforts of people working on their own to make healthy changes.<sup>2</sup>

### **Where We Live, Work and Play**

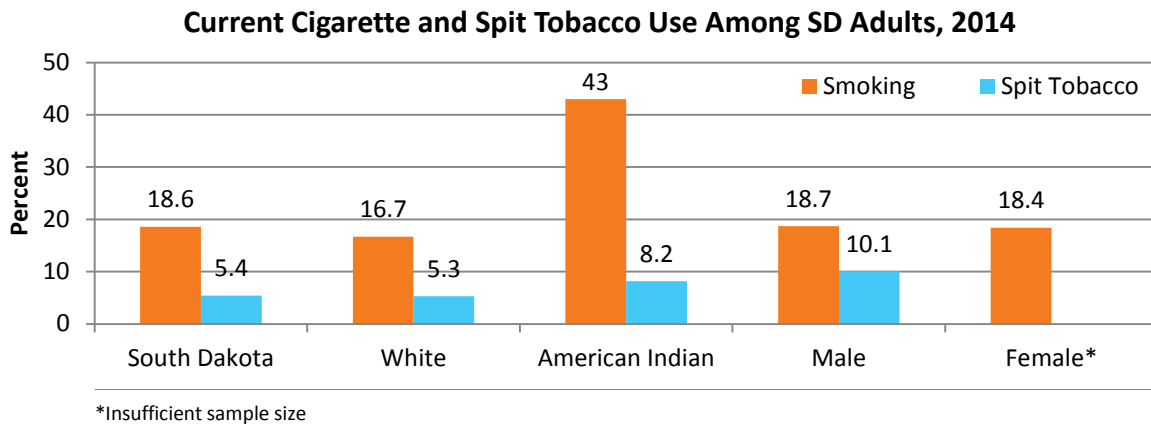
Tobacco use within our environment affects where we live, work and play. Smoking tobacco is known to harm every organ of the body and causes nearly one of every five deaths in United States.

Smoke-free policies are being passed in outdoor areas, such as parks, sports fields, rodeo arenas and recreational facilities. Also, a growing number of hospital and school administrators and agencies are adopting smoke-free campus policies, which extend to all outside grounds, such as parking lots and property. The goal of a tobacco-free facility is to promote a healthy and productive environment.

The South Dakota Clean Air Act (SDCL Chapter 34-46) prohibits smoking in restaurants, bars, package liquor stores, Deadwood casinos and video lottery establishments. It provides exemptions for certain tobacco retail stores, designated hotel rooms and cigar bars that make over 10% of sales from cigars. This state law also regulates the sale of tobacco products.

South Dakota is home to nine American Indian reservations. American Indian reservations have sovereign government status; therefore, the South Dakota Clean Air Act does not apply. Historically, Northern Plains tribal culture includes the use of traditional tobacco, which is not the same as tobacco found on the commercial market. Traditional tobacco is used in the practice of cultural or religious activities for ceremonial purposes. According to the Indian Health Services, cardiovascular disease is the leading cause of death among Americans Indians and commercial tobacco use is an important risk factor. Northern Plains tribal members, who have the highest smoking rates, additionally have the highest rates of lung cancer and heart disease. Among the state’s American Indian population, the rates are much higher. Estimates in 2014 indicated 43% of the South Dakota American Indian adult population currently smokes.<sup>3</sup>

The percentage of adults who currently use smokeless tobacco was 5.4% in 2014. Across all states and the District of Columbia, the prevalence ranged from 1.5% to 9.4% in 2013. South Dakota ranked 43<sup>rd</sup>.<sup>3</sup> Smokeless tobacco has gone from a product primarily used by the older generation to predominantly by young men and boys. Flavoring in tobacco products can make them more appealing to youth. In 2014, 73% of high school students and 56% of middle school students who used tobacco products in the past 30 days reported using a flavored tobacco product during that time.<sup>4</sup>



## Strategies to Reduce Tobacco Use

### Prevention

Tobacco use is the single most preventable cause of disease, disability and death in the United States, and nearly all tobacco use begins during youth and young adulthood.<sup>5</sup> 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.<sup>5</sup> While other forms of marketing have been restricted or curtailed, reaching youth directly at the point of sale has become increasingly more effective for the tobacco industry, since two-thirds of teens visit a convenience store weekly. The industry has figured out a way to effectively operate in the retail environment by paying for prime shelf space, positioning tobacco products at eye level for kids and reducing the price of tobacco products through coupons and multi-pack deals.<sup>6</sup> The same can be said of electronic cigarette advertising. In 2015, 82% of 12-17 year olds reported having

seen an e-cigarette ad, with the highest rates coming from advertisement seen in retail establishments.<sup>7</sup> South Dakota is working with school and community groups throughout the state to perform retail assessments in hopes of increasing awareness of tobacco marketing and sales.

*“One manager of a convenience store in a very remote area of South Dakota reported that tobacco company representatives visit her store at least every two weeks to promote their products. It’s easy to think that ‘Big Tobacco’ is not in your home town because we are in a rural state, but the tobacco companies are very present in our communities, even when we don’t see them. Store managers are tricked into believing that tobacco sales representatives are the experts on advertising and product placement, but all they care about is their bottom line – getting customers addicted to their product.”*

*– Rae O’Leary, Cheyenne River Sioux Tribe, while conducting retail assessment pilot project*

## Cessation

Tobacco cessation is a continuous effort that can be aided by expanding the reach of the South Dakota QuitLine (1-866-SD QUIT) and supporting cessation policies. Communities can promote the South Dakota QuitLine by sharing QuitLine information and resources, ensuring phone access for counseling and supporting local media efforts. Tobacco cessation policies that impact the built environment can include healthcare referral policies and worksite policies. Healthcare referral policies indicate a systems change where a tobacco cessation process for patients is established; this can include electronic health record (EHR) prompts and continued provider education. Worksite cessation policies can be paired with their buildings and grounds policies and can include cessation benefits or assistance provided by worksite wellness programs, as well as South Dakota QuitLine information. South Dakota is continuing to encourage the delivery of evidence-based cessation advice by healthcare providers and is also working with community groups to increase awareness of tobacco cessation resources.

## Secondhand Smoke

There is no risk-free level of secondhand smoke, and even brief exposure can be harmful to health. The only way to fully protect nonsmokers is to eliminate smoking in all homes, worksites and public places. According to 2014 data, 90.4% of adults report that smoking is not allowed at all in their work area, and 85.6% report that smoking is not allowed anywhere in their home.<sup>3</sup> However, those living in multi-unit housing properties may still be subjected to secondhand smoke drifting in from other units. A baseline assessment done in 2014 showed that 64% of surveyed multi-unit housing properties in South Dakota have a written or verbal smoke-free policy in place.<sup>8</sup> Education to property owners continues to be offered statewide to raise awareness on the benefits of implementing a policy to protect all residents. In addition to worksites and homes, several communities are protecting their children from exposure to secondhand smoke by passing tobacco-free park ordinances.

## Role of Community Members

Everyone has a role in building a healthy, tobacco-free community. Local actions can support quality of life as well as create long-term, sustainable improvements. Community partners can play various roles in the process:

- Elected officials have the ability to provide leadership, make funding decisions and implement policy changes.
- Architects and design professionals play a significant role in shaping projects and policies, as well as designating areas for tobacco-use that protect non-users.
- City planners and engineers can adopt tobacco-free principles in community design, particularly in parks and other gathering locations.

- Health professionals can work with planners and other land use professionals to provide strong public health arguments to support tobacco-free city planning and initiatives.
- School officials can work to institute comprehensive tobacco-free school policies, establish walking routes to school that avoid tobacco-free areas, and provide input about site selection for schools to avoid nicotine-product retailers and advertisers near schools.
- Coalitions and advisory groups can convene partners to promote and advocate for smoke-free policies, implement tobacco control programs, enhance community buy-in, and consider health and safety impacts when making decisions related to the built environment.
- Business leaders can adopt tobacco-free policies and cessation programs in their organizations or sponsor events and programs within their community.
- Retailers can follow the lead of national chains like CVS to stop selling tobacco products or ensure that graphic health warning signs are placed in visible locations.
- Law enforcement officers can help enforce any tobacco-related state or local regulations that are not being followed. Refer to Appendix A for more information.
- Residents can report state tobacco-related compliance issues to local officials. [Click here](#) to learn more about reporting FDA compliance issues. Both South Dakota and FDA regulations are included in Appendix A.

## Resources

### Tribal Policies

- [Cheyenne River Sioux Tribe Smoke-Free Air Act](#)

### Model Policies

- [Tobacco-Free Business Model Policy](#)
- [Tobacco-Free School Model Policy](#)
- [Tobacco-Free Parks Model Policy](#)
- [Multi-Unit Housing Policy](#)
- [Healthcare Systems Strategies for Tobacco Cessation](#)
- [Tribal Ordinance Sample](#)

### South Dakota Tobacco Control Program Resources

- [South Dakota Tobacco Control State Plan](#)
- [South Dakota Tobacco Control State Plan One-Pager](#)
- [South Dakota Tobacco Control Program Toolkits](#) (“Learn” section)
- [South Dakota Tobacco Control Program Tribal Toolkits](#)
- [South Dakota Tobacco Control Program Download Library](#)

### Data

- [County Health Rankings](#)
- [Youth Tobacco Survey](#)
- [Youth Risk Behavior Survey](#)

### National Resources

- [Health Equity in Tobacco Prevention and Control](#)
- [Health Consequences of Smoking – 50 Years of Progress: Surgeon General Report, 2014](#)
- [The Guide to Community Preventive Services](#)
- [FDA Center for Tobacco Products](#)
- [Campaign for Tobacco-Free Kids](#)
- [FDA Tobacco Compliance Violation Reporting](#)

## References

1. Healthy Communities (2016) American Public Health Association (APHA). Retrieved from <https://www.apha.org/topics-and-issues/healthy-communities>.
2. Benefits of Community Health (2015) Center for Disease Control and Prevention (CDC). Retrieved from [http://www.cdc.gov/nccdphp/dch/about/benefits\\_community\\_health.htm](http://www.cdc.gov/nccdphp/dch/about/benefits_community_health.htm).
3. The Health Behaviors of South Dakotans (2014) SD Department of Health. Retrieved from <https://doh.sd.gov/statistics/>.
4. Youth & Tobacco Use (2015) Center for Disease Control and Prevention (CDC). Retrieved from [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/youth\\_data/tobacco\\_use/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/).
5. Preventing Initiation of Tobacco Use: Outcome Indicators for Comprehensive Tobacco Control Programs (2014) Centers for Disease Control and Prevention (CDC). Retrieved from [http://www.cdc.gov/tobacco/tobacco\\_control\\_programs/surveillance\\_evaluation/preventing\\_initiation/index.htm](http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/preventing_initiation/index.htm).
6. Still Seeking Replacements: How Big Tobacco Targets Kids Today (2016). Campaign for Tobacco-Free Kids. Retrieved from <http://www.tobaccofreekids.org/microsites/replacements/>.
7. Majority of Youth Exposed to E-Cigarette Advertising (2015) Truth Initiative. Retrieved from <http://truthinitiative.org/research/vaporized-majority-youth-exposed-e-cigarette-advertising>.
8. Burdette, L.K, A Statewide Assessment of Smoke-Free Policy in Multiunit Housing Settings. Oxford Journal, Medicine & Health, Nicotine & Tob Res (2014) 16(12): pages 1593-1598. doi: 10.1093/ntr/ntu114. Retrieved from <http://ntr.oxfordjournals.org/content/16/12/1593>.

## Appendix A

<b>South Dakota Regulations (CL 34-46-2): Unlawful actions. The following actions are unlawful:</b>
(1) To knowingly sell or distribute a tobacco product to a person under the age of eighteen
(2) To purchase or attempt to purchase, to receive or attempt to receive, to possess, or to consume a tobacco product if a person is under the age of eighteen
(3) To purchase a tobacco product on behalf of, or to give a tobacco product to, any person under the age of eighteen
(4) To sell cigarettes other than in an unopened package originating with the manufacturer and depicting the warning labels required by federal law
(5) To sell tobacco products through a vending machine located in a place other than the following: a. A factory, business, office, or other place not open to the general public; b. A place that is open to the public but to which persons under the age of eighteen are denied access; c. An establishment licensed under chapter 35-4 to sell alcoholic beverages for consumption on the premises where sold;
(6) To sell cigarettes or smokeless tobacco, or both, through a self-service display other than a display that is: a. A vending machine permitted under subdivision (5) of this section; or b. Located in a tobacco specialty store; or c. To distribute tobacco product samples in or on a public street, sidewalk, or park that is within five hundred feet of a playground, school, or other facility when the facility is being used primarily by persons under the age of eighteen.

[http://legis.sd.gov/Statutes/Codified\\_Laws/DisplayStatute.aspx?Type=Statute&Statute=34-46-2](http://legis.sd.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=34-46-2)

Tobacco Control Act & FDA Regulatory Restrictions	
<b>Prohibition on Underage Sales</b>	Retailers must not sell cigarettes, cigarette tobacco or smokeless tobacco to anyone under the age of 18.
<b>Age Verification Requirement</b>	Retailers must verify the age of purchasers under the age of 27, each and every time.
<b>Face-to-Face Transaction Requirement</b>	Retailers may only sell cigarettes or smokeless tobacco only in a direct, face-to-face exchange with the customer, without the help of any electronic or mechanical device.
<b>No Single Cigarette Sales</b>	Retailers may not sell or distribute individual cigarettes or any number less than 20 or any quantity of smokeless tobacco that is smaller than the smallest package distributed by the manufacturer for individual consumer use.
<b>Prohibition on Free Samples of Tobacco Products</b>	Retailers must not offer free samples of cigarettes. Also, retailers must not offer free samples of smokeless tobacco, except in a "qualified adult-only facility" as defined under the regulation.
<b>Restrictions on Gifts/ Discounted Items</b>	Retailers are prohibited from offering any free cigarette or smokeless tobacco products, and they are also prohibited from offering any benefit (except for free matches) to a customer in return for purchasing cigarettes or smokeless tobacco product unless that benefit is discounted cigarettes or smokeless tobacco. Further, retailers may not offer discounted cigarettes or smokeless tobacco in return for any non-tobacco purchase (e.g., gasoline).
<b>Restrictions on Self-Service Displays</b>	Retailers must remove any self-service displays of cigarettes or smokeless tobacco (including vending machines) unless only customers over the age of 18 are present or permitted to enter the premises at any time.
<b>Restrictions on Tobacco Branded Items</b>	Retailers are prohibited from selling any item other than cigarettes, smokeless tobacco, or roll-your-own paper, which bears the brand name, logo, symbol, or any other indicia of product identification identifiable with those used for any brand of cigarettes or smokeless tobacco. This includes items such as t-shirts, hats, key chains, etc.
Compliance With Regulations Restricting the Sale and Distribution of Cigarettes and Smokeless Tobacco to Protect Children and Adolescents, <a href="http://www.fda.gov/downloads/TobaccoProducts/Labeling/RulesRegulationsGuidance/UCM248241.pdf">http://www.fda.gov/downloads/TobaccoProducts/Labeling/RulesRegulationsGuidance/UCM248241.pdf</a>	