

Tobacco Prevention and Control in Alaska

FY 2008



Saving Lives *Ending Addiction* *Preventing Disease*
Preventing Disease ***Saving Lives*** *Reducing Costs*
Ending Addiction *Reducing Costs* *Saving Li*
Reducing Costs *Preventing Disease* *Ending Addiction*

Introduction

“We know how to end the epidemic. Evidenced-based, statewide tobacco control programs that are comprehensive, sustained and accountable have been shown to reduce smoking rates, tobacco related deaths, and disease caused by smoking.”

— Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs*, 2007

Extensive research has documented that comprehensive and sustained tobacco use prevention and cessation programs substantially reduce the needless addiction, disease and death caused by tobacco products.



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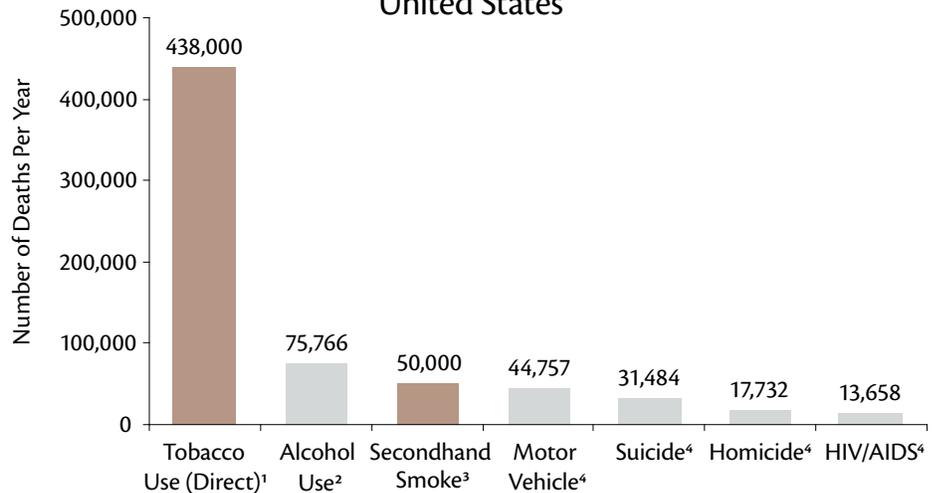
Even while tremendous progress has been made in reducing the deadly toll taken by tobacco products, tobacco use remains the leading cause of preventable death and disease in the United States.

Nothing kills like tobacco. There have been more than 12 million tobacco-related deaths in the United States since 1964, the year of the landmark U.S. Surgeon General’s Report that first conclusively identified tobacco as a cause of cancer and a serious health threat. Each year, cigarette smoking causes approximately 438,000 deaths in the United States. Half of all long-term smokers die prematurely from smoking-related causes. Exposure to secondhand smoke is responsible for nearly 50,000 non-smoker deaths annually.

The use of tobacco products results in a broad range of health harms. In the United States, tobacco use is directly responsible for 30 percent of all cancer deaths, 21 percent of all coronary heart disease deaths, and 18 percent of all stroke deaths. For every one person who dies from tobacco use, 20 others currently suffer with at least one serious tobacco-related illness.

The economic costs of tobacco use in the U.S. are staggering, adding more than \$96 billion per year in direct medical expenses, as well as more than \$97 billion per year from lost worker productivity. In Alaska, the combined medical and lost worker productivity costs are greater than \$380 million each year.

Deaths Due to Selected Causes
United States



Source: ¹ CDC. MMWR 2005;54:625-628; ² CDC. MMWR 2004;53:866-870; ³ Cal/EPA, Office of Environmental Health Hazard Assessment. *Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant*. Sacramento, CA: California EPA. 2005; ⁴ Hoyert DL, Heron MP, Murphy SL, Kung H. Deaths: Final Data for 2003. National vital statistics reports; vol 54 no 13. Hyattsville, MD: National Center for Health Statistics. 2006.

Before cigarette smoking became common, lung cancer was a rare disease. It is now the leading cause of cancer death for both men and women, killing approximately 160,000 people each year. Cigarette smoking causes 87 percent of lung cancer deaths and is also responsible for most cancers of the larynx, esophagus, bladder, oral cavity and pharynx.

California’s comprehensive tobacco control program has reduced smoking dramatically, with lung cancer declining four times faster than the rest of the nation. Savings in personal health care expenditures attributable to the California tobacco control program are estimated at \$86 billion (1989-2004), reflecting a 50-fold return on the funds invested in tobacco prevention.

Sources: Centers for Disease Control and Prevention and the National Cancer Institute

Comprehensive Tobacco Program Goals

Comprehensive programs are organized around core goals that include preventing children from initiating tobacco use, helping current tobacco users who want to quit their addiction, supporting efforts to eliminate exposure to secondhand smoke, and reducing disparities among populations that experience the highest burden of tobacco-caused disease.

Goals: Comprehensive Tobacco Prevention & Cessation:

- ▶ Prevention: Preventing the initiation of tobacco use.
- ▶ Cessation: Helping tobacco users quit their addiction.
- ▶ Smokefree Air: Eliminating exposure to secondhand smoke.
- ▶ Disparities: Reducing tobacco-related health disparities among population groups.

The Centers for Disease Control and Prevention (CDC) has reported that if all states were to fully fund their tobacco control programs at the CDC-recommended level of investment, within five years there would be an estimated 5 million fewer smokers in the United States and hundreds of thousands of tobacco-caused deaths would be prevented each year.

Guided by successful experiences in other states and the CDC's evidence-based best practices guidelines, Alaska has gradually built a tobacco prevention program that has substantially reduced the use of tobacco products among Alaskans.

Despite the considerable progress, however, enormous challenges remain ahead to maintain the progress already made, as well as to further reduce tobacco-caused disease and death.

Investing In Tobacco Prevention Efforts

"The numbers [showing a decline in smoking] reflect the success of our sustained comprehensive tobacco prevention program. Alaska is effectively investing in programs to save lives and reduce health care costs."

— Dr. Jay Butler
Chief Medical Officer — Alaska, 2008

In 2007, the Institute of Medicine (IOM) of the National Academies published *Ending the Tobacco Problem: A Blueprint for the Nation*. The IOM cited the "compelling evidence" that comprehensive state tobacco control programs can achieve substantial reductions in tobacco use, and concluded: "To effectively reduce tobacco use, states must maintain over time a comprehensive, integrated tobacco control strategy." The IOM strongly endorsed state funding of tobacco control efforts at levels recommended by the CDC, in a range of \$15-\$20 per capita, depending upon the state's population, demography and prevalence of tobacco use.

Recognizing the need to reduce the human as well as economic cost of tobacco use, the Tobacco Use Education and Cessation Fund (AS 37.05.580) was established to receive a small fraction of the state's tobacco-derived funds to support investment in tobacco prevention and cessation efforts.

The CDC updated its best practice recommendations in October 2007. For Alaska, the CDC recommends an investment of \$10.7 million per year (\$16.11 per capita) for comprehensive tobacco prevention and cessation efforts and \$16 million for a fully funded effort. In FY 2008, funding for the Alaska Tobacco Control Program totaled \$8.82 million. By contrast, the tobacco industry spends an estimated \$28.1 million annually on marketing its deadly product in Alaska.

Tobacco-Caused Illness and Disease

Approximately 1,330 Americans die each day as a result of tobacco use — nearly one death each minute. Annually in the United States, tobacco use is directly responsible for approximately:

- ▶ 30% of all cancer deaths
- ▶ 21% of all coronary heart disease deaths
- ▶ 18% of all stroke deaths

Tobacco and secondhand smoke are directly related to:

Heart Disease

- ▶ Abdominal aortic aneurysm
- ▶ Atherosclerosis
- ▶ Cerebrovascular disease (stroke)
- ▶ Heart attack

Cancer

- ▶ Bladder cancer
- ▶ Cervical cancer
- ▶ Esophageal cancer
- ▶ Kidney cancer
- ▶ Laryngeal cancer
- ▶ Leukemia
- ▶ Lung cancer
- ▶ Oral cancer
- ▶ Pancreatic cancer
- ▶ Stomach cancer

Respiratory Disease

- ▶ Chronic obstructive pulmonary disease
- ▶ Respiratory infection (e.g. pneumonia)

Reproduction and Development

- ▶ Impaired lung growth
- ▶ Early onset lung function decline
- ▶ Asthma
- ▶ Reduced fertility
- ▶ Low birth weight
- ▶ Pregnancy complications
- ▶ Sudden Infant Death Syndrome

Source: U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.

Status Report FY08

"I am encouraged to share with you that tobacco use [among adults] in Alaska has declined more than 20 percent overall The reduction equals more than 27,000 fewer smokers since 1996. The drop can be attributed to a sustained comprehensive tobacco prevention program, including tax increases, clean indoor air policies, media, community programs and the Alaska Tobacco Quit Line."

— Governor Sarah Palin
Putting Alaska First
June/July, 2008

Key Elements: Comprehensive Tobacco Prevention

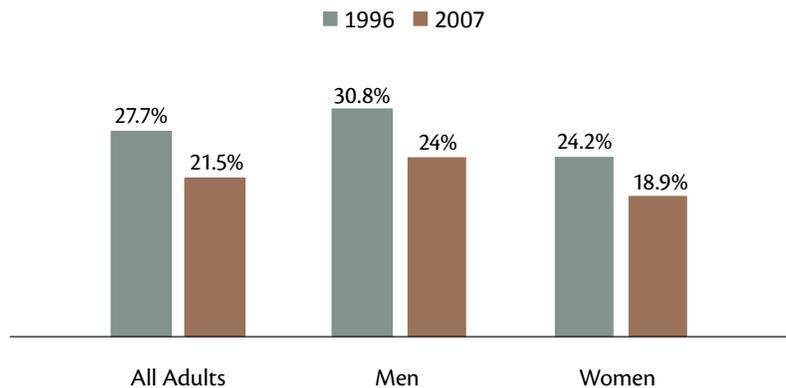
Comprehensive tobacco prevention programs require a combination of essential elements that work together to prevent and reduce tobacco use. Key elements within the CDC best practices components include:

- ▶ Community-based programs
- ▶ School-based programs
- ▶ Enforcement to reduce illegal underage sales
- ▶ Countermarketing media
- ▶ Cessation support services
- ▶ Tobacco price increases
- ▶ Smokefree indoor air policies
- ▶ Data collection and program evaluation
- ▶ Management and administration

It's working. Investment in Alaska's comprehensive, sustained tobacco use prevention and cessation program is providing the state with impressive health outcomes as well as health cost savings. Adult smoking has been reduced by more than twenty percent and youth smoking in Alaska has been cut by half, saving both lives and money. Alaska's progress in reducing the addiction, disease and premature death caused by tobacco is now evident in many ways:

- ▶ Adult smoking has been reduced by more than one-fifth from 27.7 percent (1996) to 21.5 percent (2007). Adult smoking rates in some parts of Alaska are now below the national average.¹
- ▶ There are now approximately 27,000 fewer Alaska smokers which will mean 8,000 fewer tobacco-related deaths and \$290 million in avoided medical costs.²

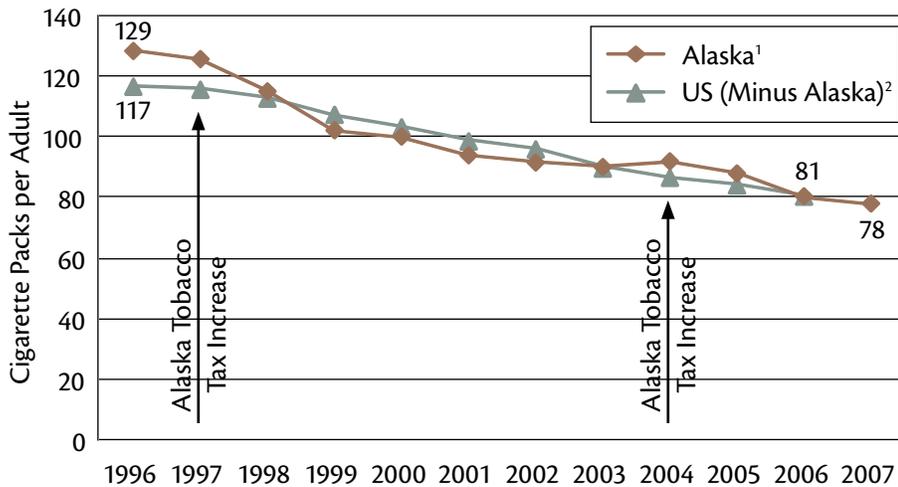
Smoking: Alaska Adults



Source: Alaska Behavioral Risk Factor Surveillance System Regular 1996, Regular and Modified combined 2007.

- ▶ Smoking by Alaska high school students has been cut by half from 37 percent (1995) to 18 percent (2007). The percentage of Alaska Native high school students who smoke has declined from 62 percent (1995) to 32 percent (2007).³
- ▶ Among Alaska high school youth overall, smokeless tobacco use has declined from 16 percent (1995) to 10 percent (2007), although smokeless use remains higher than high school youth nationwide at 8 percent (2007).³
- ▶ Enforcement has reduced illegal retail tobacco sales to children by nearly two-thirds from about 30 percent before 2002 to about 11 percent since 2002.⁴ The number of Alaska youth purchasing their own cigarettes has been cut by two-thirds from 27 percent (1995) to 8 percent (2007).³
- ▶ The great majority of adult smokers (65 percent) want to quit and nearly one-third (30 percent) are planning to quit in the next 30 days.¹
- ▶ A free telephone-based quit line service (888-842-QUIT) provides cessation support for individuals statewide with counseling services as well as nicotine replacement therapy (NRT).
- ▶ Secondhand smoke is widely recognized as a significant cause of illness and premature death. Alaskans agree "the right of non-smokers to breathe smoke-free air should be respected by smokers" (95 percent) and that "smokers should 'take it outside' so that others don't have to breathe secondhand smoke" (91 percent).⁵

A Decade of Progress: Annual Per Adult Sales of Cigarettes Alaska and U.S. 1996–2007 by Fiscal Year



Source: ¹Alaska Department of Revenue, Tax Division; ²Orzechowski W, Walker R. The Tax Burden on Tobacco, vol 41. Washington, DC: Orzechowski & Walker, 2006.

► Cigarette consumption in Alaska has been reduced by 39 percent. Per adult cigarette sales have declined from 129 packs in 1996 to 78 packs in 2007. The decline in Alaska cigarette consumption has been faster than the nation as a whole.

Alaska's success in substantially reducing tobacco use is a result of the state's investment in a comprehensive and sustained tobacco use prevention and cessation program.

Source: ¹Alaska Behavioral Risk Factor Surveillance System Regular 1996, Regular and Modified combined 2007; ²Alaska Department of Health and Social Services 2008; ³Alaska Youth Risk Behavior Survey 1995, 2007; ⁴Alaska Synar Compliance Database, 1996-2007; ⁵Hellenthal & Associates, Tobacco Media Awareness Survey 2008

Progress made in reducing tobacco use must not be taken for granted. Even very significant success in reducing tobacco use may be eliminated or reversed if tobacco prevention efforts are no longer sustained. Since 1998, tobacco industry marketing expenditures have approximately doubled from \$6.9 billion (1998) to \$13.4 billion per year (2005). States where successful tobacco prevention programs have been substantially reduced have quickly experienced a resurgence in tobacco use.

Master Settlement Agreement

In 1998, the Attorneys General of 46 states signed the Master Settlement Agreement (MSA) with the four largest tobacco companies in the United States to settle state lawsuits to recover billions of dollars in costs associated with treating tobacco-related illnesses. Four states settled their tobacco cases individually and separately from the multi-state MSA.

The MSA requires the tobacco industry's participating manufacturers to make annual payments to the states, estimated at \$246 billion over the first 25 years. Alaska has received approximately \$218 million through 2008. The Alaska Legislature has obligated 80 percent of this revenue to repay capital construction bonds; the remaining 20 percent is deposited annually in the Tobacco Use Education and Cessation Fund (AS 37.05.580).

Tobacco Use Education and Cessation Fund

"The purpose of the Tobacco Use Education and Cessation Fund is to provide a source to finance the comprehensive smoking education, tobacco use prevention, and tobacco control program ... "
(AS 37.05.580)

Alaska receives more than \$100 million in annual revenue from tobacco sources: approximately \$75 million in tobacco tax revenue and another \$32 million in MSA payments. The Tobacco Use Education and Cessation Fund was created to receive a small portion of the state's tobacco-derived funds annually, which are then available for appropriation to support tobacco prevention efforts.

Secondhand Smoke

“Secondhand smoke causes premature death and disease in children and adults who do not smoke. There is no risk-free level of exposure to secondhand smoke.”

— Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs*, 2007

Television Ad: “Thanks Anchorage — 1 Year Anniversary”



“Hey there, Anchorage, I’m the server who brings you food and drinks when you’re out on the town. I just want to say thanks for making my workplace smokefree.”



“It’s been a year since Anchorage went smokefree, and it’s been a great one for workers like me. Heart disease and lung cancer shouldn’t be a part of any job description.”



“Everyone deserves the right to breathe clean smokefree air at work. And now we do, because of you.”



“So thanks, Anchorage, and come out and help us celebrate our Big Wild Smokefree Life. See you soon!”

Exposure to secondhand smoke is now recognized as a leading cause of preventable death. As reported by the US Surgeon General, nearly 50,000 non-smokers are killed each year from heart disease and lung cancer as a result of exposure to secondhand smoke. Workers in hospitality establishments, such as restaurants and bars where smoking is allowed, are an especially vulnerable population. Secondhand smoke is also a cause of Sudden Infant Death Syndrome (SIDS).

In Alaska, secondhand smoke is responsible for approximately 120 deaths per year, more than automobile accidents and about three times as many as homicide.

While many people think only of the long-term harms caused by secondhand smoke, short-term exposures also have serious adverse effects. A case study in the *American Journal of Industrial Medicine* (2008) documented secondhand smoke as the cause of death when a young adult asthmatic waitress suddenly collapsed and died at the bar where she was working.

“Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease”

— U.S. Surgeon General
The Health Consequences of Involuntary Exposure to Tobacco Smoke, 2006

Exposure to secondhand smoke increases the risk of coronary heart disease by approximately 30 percent.

Just thirty minutes of exposure impairs vascular function and the effects of even brief (minutes to hours) “passive smoking” are nearly as great (averaging 80-90 percent) as chronic active smoking.

Smokefree Laws Reduce Heart Attacks

Smokefree indoor air laws save lives. Comprehensive clean indoor air laws significantly reduce the incidence of heart attacks. Studies from Montana, Colorado, Ohio, New York, and Indiana, as well as internationally, in Greece, Germany, Ireland, Scotland and Italy, have documented significant reductions in heart attacks after clean indoor air laws have been enacted. A review of published studies found an average 19 percent reduction in heart attack hospital admissions following implementation of comprehensive smokefree laws.

Good for Health and Good for Business

“Evidence from peer-reviewed studies shows that smoke-free policies and regulations do not have an adverse economic impact on the hospitality industry.”

— U.S. Surgeon General
The Health Consequences of Involuntary Exposure to Tobacco Smoke, 2006

Smokefree policies have been shown to not only improve the health and productivity of employees, but also decrease business costs for insurance, cleaning and maintenance. Research shows that smokefree laws are routinely neutral or positive in their economic impact.

Ventilation Does Not Protect Health

Only comprehensive smokefree indoor air policies reliably protect workers and non-smokers. Separating smokers from non-smokers, cleaning the air and ventilation cannot effectively control secondhand smoke exposure and prevent its detrimental effects.

The U.S. Surgeon General has concluded that banning smoking from the workplace is the only effective way to ensure that exposures are not occurring: "Despite reductions in workplace smoking, significant worker safety issues remain that only smoking bans can address."

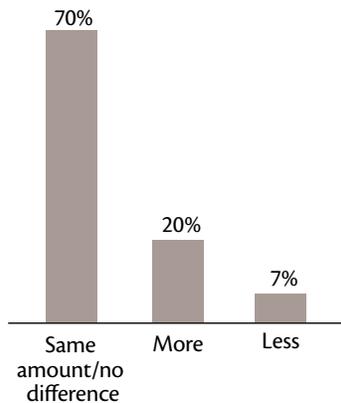
The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), the national industry standard-setting body, also supports smokefree indoor air policies as "the only means of effectively eliminating health risk" associated with indoor secondhand smoke exposure.

Support for Smokefree Air

Smokefree indoor air laws have been adopted in hundreds of communities throughout the United States since the 1970's. Comprehensive smokefree workplace laws that include restaurants and bars have now been enacted by 24 states as well as a growing number of entire countries (e.g., Ireland, Italy, Iceland, Scotland, England, Norway, Denmark, Sweden, Finland, Turkey, Uganda, France and New Zealand).

Research documents that the vast majority of patrons would continue to visit smokefree hospitality establishments as much or more if hospitality businesses were smokefree. In Alaska, if bars were smokefree:

If Bars Smokefree, Would Go Out ...



Source: Alaska Behavioral Risk Factor Surveillance System, Modified Survey 2007.

Alaskans Recognize the Harms of Secondhand Smoke

In Alaska, a large majority of non-smokers as well as smokers recognize that exposure to secondhand smoke is harmful and support smokefree indoor air.

	All Adults	Smokers
Secondhand smoke is harmful ... ¹	90%	82%
Smoking not allowed anywhere inside the home ... ¹	86%	65%
People should be protected from secondhand smoke ... ¹	84%	76%
All indoor work areas should be smokefree ... ¹	78%	60%
Smokers should 'take it outside' so that others don't breathe secondhand smoke ... ²	91%	77%

Source: ¹ Alaska Behavioral Risk Factor Surveillance System, Modified Survey 2007; ² Hellenthal & Associates, Tobacco Media Awareness Survey 2008.

Celebrate!
The **ONE YEAR** Anniversary of Anchorage's
Big Wild **smokefree!** Life

"Going smokefree has been great for the health of the staff, our customers like it, our sales are strong and it's saved us money by reducing maintenance costs."

Mike Johnson
Peanut Farm Sports Bar & Grill

smokefree
ANCHORAGE COALITION
www.smokefreeanchorage.org

"Celebrate 1 Year Anniversary" ad featuring the Peanut Farm's Mike Johnson.

Youth Access

“It is well established that an increase in the price of cigarettes decreases their use and that raising tobacco excise taxes is one of the most effective policies for reducing the use of tobacco.”

— National Academy of Sciences, Institute of Medicine, *Ending the Tobacco Problem: A Blueprint for the Nation*, 2007

Successful Prevention Strategies

States that sustain enforcement and incorporate other key program elements find youth tobacco use rates dropping significantly below the national average.

New York: In a March 2006 report, the New York City Department of Health announced significant declines in smoking by high school students. The decrease in teenage smokers is attributed to the increase in the tobacco tax, health education and awareness programs and the state’s Smoke Free Air Act. New York State has a tobacco tax of \$2.75 a pack. In New York City, where a tax of \$1.50 per pack is added, the high school student smoking rate is only 8.5 percent.

California: A recent report released by the National Institutes of Health further demonstrates the success of comprehensive tobacco prevention and control programs that include both higher tobacco taxes and smokefree workplace laws. In California, the first state to implement such a comprehensive strategy and the first with a statewide clean indoor air law, the lung cancer death rates declined an average of 2.8 percent per year among men from 1996 to 2005, more than twice the decline seen in many states. High school student tobacco use rates in California were 15.4 percent in a 2006 study, well below the national average.

Smoking by Alaska high school students overall fell by half from 37 percent (1995) to 18 percent (2007). The percentage of Alaska Native high school students who smoke has declined from 62 percent (1995) to 32 percent (2007). Smokeless tobacco use has also been substantially reduced among Alaska youth from 16 percent (1995) to 10 percent (2007).

This significant progress has been possible because of a combination of tobacco prevention elements working together to help prevent the initiation of tobacco use among Alaska’s children. Key youth tobacco prevention elements include:

- ▶ Increased price of tobacco products (taxes)
- ▶ A sustained anti-tobacco media campaign
- ▶ Enforcement against vendors to prevent illegal sales of tobacco to children
- ▶ School-based programs
- ▶ Smokefree indoor air policies

Tobacco Taxes: The National Academy of Sciences Institute of Medicine report, *Ending the Tobacco Problem: A Blueprint for the Nation*, concluded that “raising tobacco taxes is one of the most effective policies for reducing the use of tobacco.” The power of tobacco taxes to reduce smoking has long been recognized by the tobacco industry as noted by Philip Morris executive Claude Schwab: “A high cigarette price, more than any other attribute has the most dramatic impact on the share of the quitting population.”

Counter-marketing: A sustained multi-media campaign that includes radio, TV, print and internet, with creative, hard-hitting messages, is a key part of any effective tobacco use prevention program.

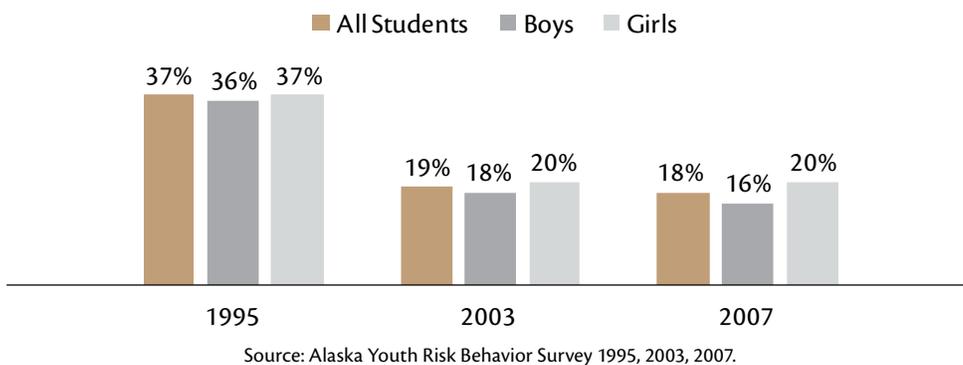
Enforcement: Preventing vendors from making illegal tobacco sales to youth is a core program element. The Centers for Disease Control and Prevention (CDC) reports: “A graduated system of civil penalties on the retailer, including temporary revocation of the tobacco license ... has been shown to be an effective enforcement strategy.” Alaska state law was amended in 2002 to ensure that illegal sales result in meaningful penalties including a temporary suspension of tobacco sales. The reformed enforcement program quickly experienced a sharp drop in illegal sales that had exceeded 30 percent to an average of about 11 percent. Since 2003, Alaska has successfully met federal requirements that illegal vendor sales not exceed 20 percent.

School-based programs: Starting in 2007, Alaska initiated a school-based tobacco prevention program. The school district programs are located in a number of Alaska communities with the goal of engaging parents and community leaders in order to change overall community expectations and norms regarding tobacco use. School programs are co-located where community grantees are at work educating the entire community.

Smokefree indoor air: Alaskan individuals, businesses and communities are increasingly embracing smokefree indoor air policies. Smokefree home policies are widespread in Alaska — 86 percent of all adults report that smoking is not allowed anywhere inside their home and this includes 65 percent of smokers.¹ Approximately half of the state population is now protected by comprehensive smokefree workplace laws.

Source: ¹ Alaska Behavioral Risk Factor Surveillance System, Modified Survey 2007.

Alaska Youth Cigarette Smoking, Past 30 Days 1995, 2003, 2007



Alaska High School Youth Bought Own Cigarettes, Past 30 Days 1995, 2003, 2007

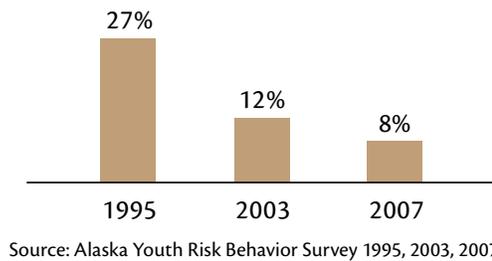
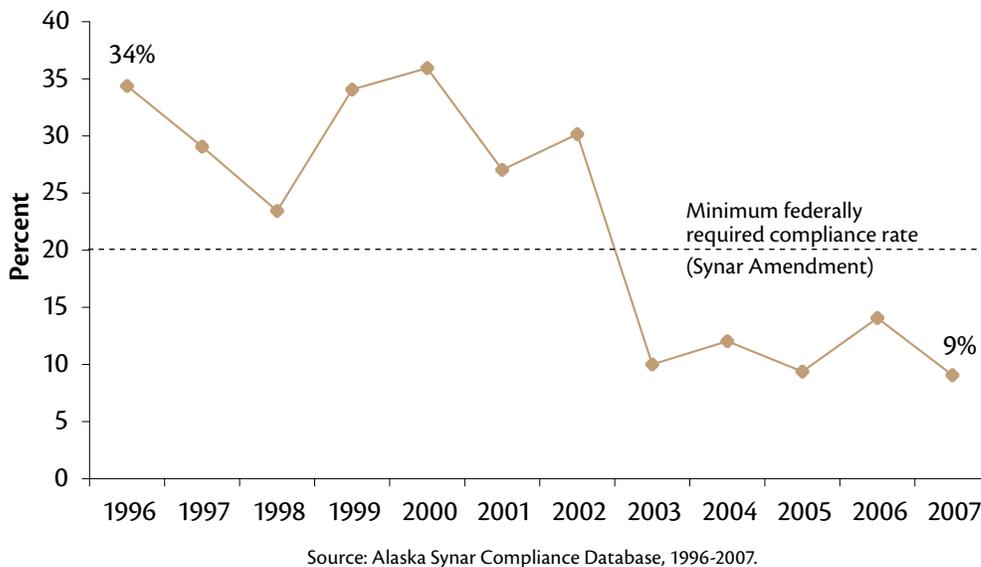


Figure 3: Percentage of Alaska Vendors Found Selling Tobacco to Minors, 1996–2007



Vendor Education and Enforcement Activities

Activities to increase knowledge about youth access to tobacco, enforcement and compliance by retailers includes:

- ▶ **Education:** Materials are available for all Alaska retailers related to the state’s laws regarding legal age for tobacco purchase and use, retailer responsibility to enforce youth access laws and suggestions to assist retailers in reducing violations of these laws.
- ▶ **Community Involvement:** The Alaska Tobacco Control Alliance and state program grantees assist the Enforcement Program in mobilizing community education and outreach related to youth tobacco issues.
- ▶ **License Checks:** Program staff visit retailers year-round to ensure that they are properly licensed to sell tobacco.
- ▶ **Compliance Checks:** 450 compliance checks were completed in 2008. Purchase attempts are made by youth under direct supervision of program staff. Compliance check protocols require underage youth participating in purchase attempts to honestly disclose their true age if questioned by vendors.

Smokeless Tobacco

The “Harm Reduction” Myth

“Smokeless tobacco represents a significant health risk. It is not a safe substitute for smoking cigarettes. It can cause cancer and a number of non-cancerous oral conditions and can lead to nicotine addiction and dependence.”

— Office of the U.S. Surgeon General, *The Health Consequences of Using Smokeless Tobacco: A Report of The Advisory Committee to the Surgeon General* 1986

Efforts to promote wider use of smokeless tobacco products have included claims that smokeless tobacco products provide an alternative to the hazards of smoking cigarettes. In Congressional testimony, U.S. Surgeon General Richard Carmona described this idea as a dangerous public health myth.

The Surgeon General cited four major conclusions concerning the oral use of smokeless tobacco:

- ▶ Smokeless tobacco represents a significant health risk;
- ▶ Smokeless tobacco can cause cancer and a number of non-cancerous oral conditions;
- ▶ Smokeless tobacco can lead to nicotine addiction and dependence; and
- ▶ Smokeless tobacco is not a safer substitute for cigarette smoking.

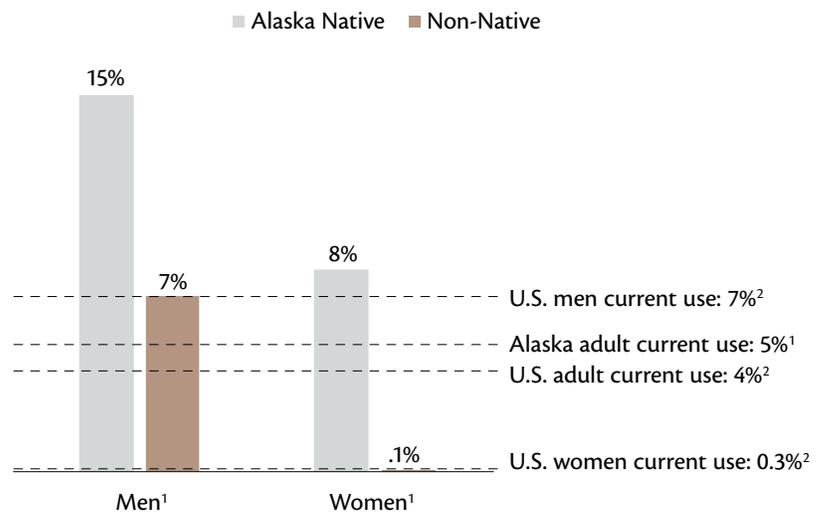
Although the use of smokeless tobacco products is significantly lower when compared to smoking, the serious health harms caused by smokeless tobacco products are a cause of great concern.

The U.S. Surgeon General has determined that chewing tobacco (also known as “spit tobacco,” “chew” or “dip”) causes nicotine addiction, oral cancer and gum disease as well as an increase in the risk of cardiovascular disease, including heart attacks. Prolonged exposure to tobacco juice can also cause cancer of the esophagus, pharynx, larynx, stomach and pancreas.

Adult Smokeless Tobacco Use

In Alaska, use of smokeless tobacco products is generally higher overall than other parts of the country and is of particular concern among Alaska Natives. Approximately 4 percent of adults nationwide use smokeless tobacco compared with about 12 percent of Alaska Native adults. The most recent data indicate smokeless tobacco use among adults in Alaska remains constant, and that men are more likely to use smokeless tobacco than women.

Adult Smokeless Tobacco Use, Alaska
2006-2007



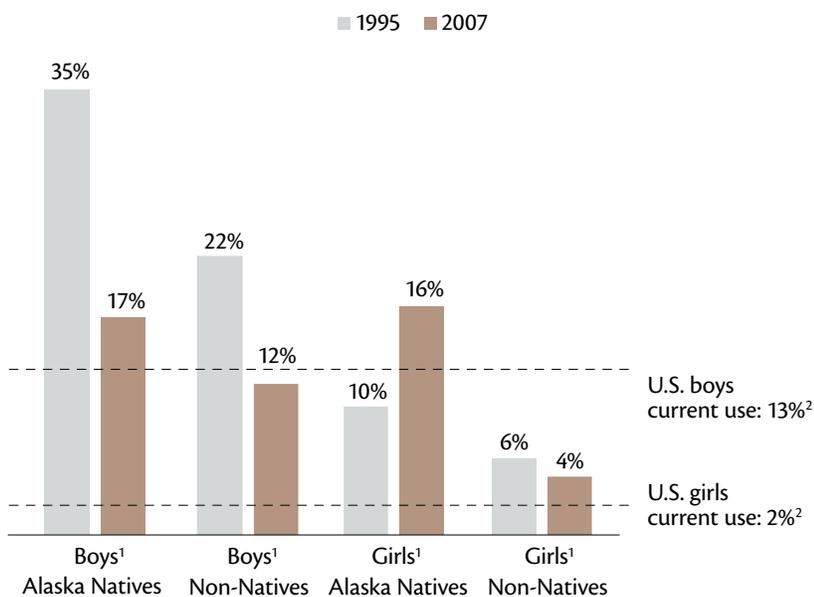
Source: ¹Alaska Behavioral Risk Factor Surveillance System, Regular and Modified Surveys combined 2006–2007; ²SAMSHA, Office of Applied Studies, National Survey on Drug Use and Health, 2006.

Youth Smokeless Tobacco Use

The most recent data available from the Alaska Youth Risk Behavior Survey (YRBS) indicate that progress has been made in reducing the use of smokeless tobacco among Alaska high school youth. However, smokeless use rates in Alaska are still quite high relative to youth nationwide.

Among Alaska youth overall, smokeless use declined from 16 percent (1995) to 10 percent (2007), compared to youth nationwide at 8 percent (2007). Among Alaska Native youth overall, there has been a significant decline in smokeless use from 23 percent (1995) to 17 percent (2007), due to an especially large drop in smokeless use by male high school youth. There remains a particular concern, however, regarding an apparently substantial increase in smokeless tobacco use by female high school youth in Alaska.

Youth Smokeless Tobacco Use, Alaska



Source: ¹ Alaska Youth Risk Behavior Survey 1995, 2007; ² SAMSHA, Office of Applied Studies, National Survey on Drug Use and Health, 2006.

Smokeless Tobacco: Looking for Kids

“Cherry Skoal is for somebody who likes the taste of candy, if you know what I’m saying.”

— Former U.S. Smokeless Tobacco Company (UST) sales representative

Since 1970, smokeless (“spit”, “chew”, “snuff”, “snus” or “dip”) tobacco has gone from a product used primarily by older men to one used predominantly by young men and boys. According to a U.S. Surgeon General’s report, among all high school seniors who have ever used spit tobacco, almost three-fourths began by the ninth grade.

Efforts to attract youth to smokeless products include use of a variety of candy flavorings and advertising in youth-oriented magazines. Despite restrictions required by the Smokeless Tobacco Master Settlement Agreement, advertising in youth-oriented magazines by UST, the largest smokeless manufacturer, increased by 161 percent from 1997 to 2001.



The Rockit Snuff website at www.rockitsnuff.com is another example of tobacco industry efforts to appeal to a youth audience. Using dance club music and language popular with kids, such as “zatso”, “wazzup”, “hookup” and “get some”, the Rockit Snuff site markets its “three great flavors” — Cherry Pop, Ice Cool and Naked.

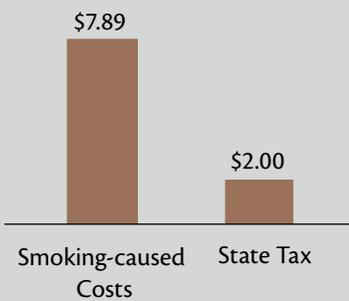
Cost vs. Investments

Following CDC Best Practices

“The tobacco use epidemic can be stopped. We know what works, and if we were to fully implement the proven strategies, we could prevent the staggering toll that tobacco takes on our families and in our communities. ... If we as a nation fully protected our children from secondhand smoke, more than one million asthma attacks and lung and ear infections in children could be prevented. With sustained implementation of state tobacco control programs and policies (e.g., increases in the unit price of tobacco products), IOM’s best-case scenario of reducing adult tobacco prevalence to 10 percent by 2025 would be attainable.”

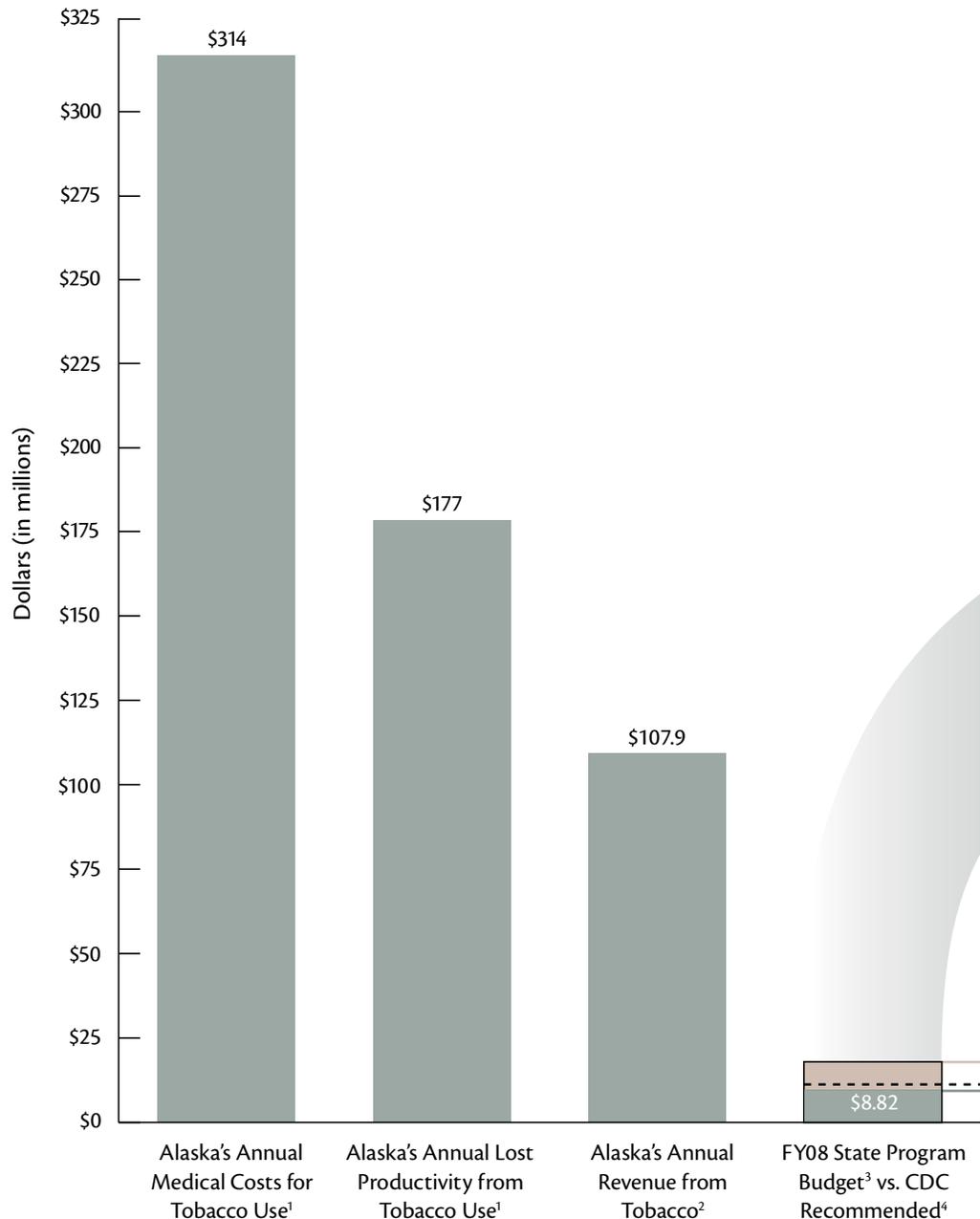
— Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs, 2007*

State Tax Per Pack vs. Smoking-caused Cost Per Pack



Source: Campaign for Tobacco Free Kids, *The Toll of Tobacco in Alaska 2009*

Cost of Tobacco Use, Tobacco-Derived Revenue & Investment in Tobacco Prevention



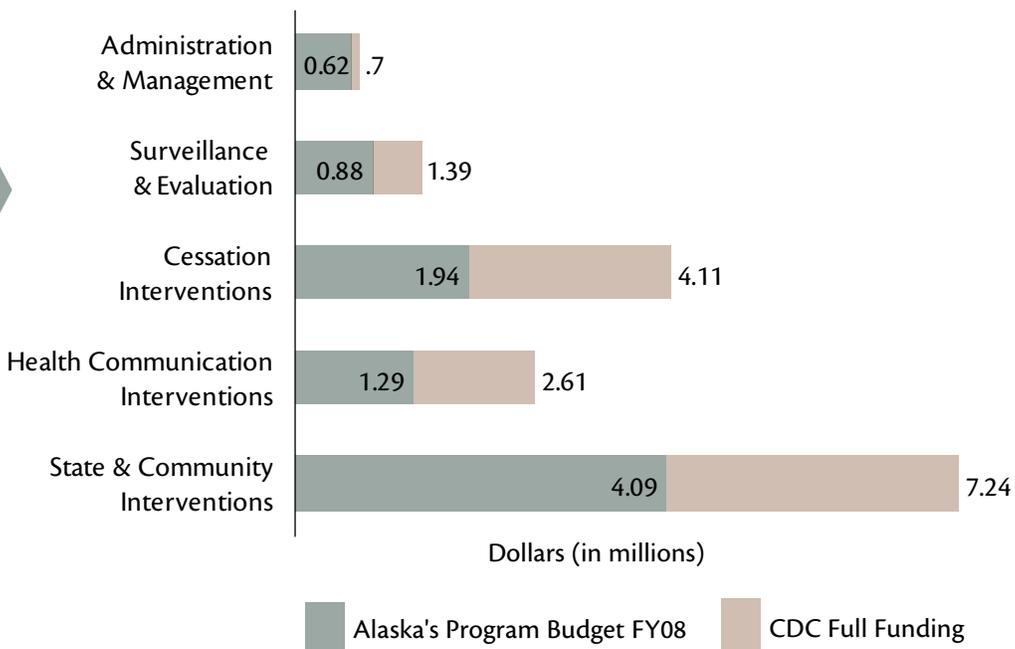
Source: ¹ CDC Smoking Attributable Mortality, Morbidity, and Economic Costs application; ² Annual Revenue equals FY08 taxes on tobacco products of \$73.4 million, plus Master Settlement payments of \$34.5 million (Revenue Sources Book, Fall 2008); ³ FY08 Tobacco Use Education and Cessation Fund appropriation of \$7.55 million plus FY08 CDC grant of \$1.27 million; ⁴ Recommended for Alaska by the CDC, based on *Best Practices for Comprehensive Tobacco Control Programs, 2007*.

The use of tobacco products in Alaska generates enormous costs — direct medical expenditures and lost worker productivity due to premature death total more than \$490 million each year.

In FY08, Alaska received approximately \$107.9 million in tobacco-derived revenue; \$7.55 million in state general funding and \$1.27

million in federal funding was appropriated for FY08 tobacco prevention and cessation efforts. CDC guidelines for Alaska’s comprehensive tobacco control program recommend an investment of \$10.7 million per year and \$16.5 million for a fully funded effort (*Best Practices for Comprehensive Tobacco Control Programs, 2007*).

Alaska Tobacco Prevention and Control Program Budget FY08



——— \$16.05 (CDC full funding)
 - - - - \$10.7 (CDC recommended funding)
 ——— \$8.82 (FY08 State Program)

Countermarketing

“Cigarettes are a product of the mass media era; the art and science of mass communications and mass marketing were critical to the growth of tobacco use in the past century. At the same time, however, the media have contributed significantly to the roughly 50 percent decline in smoking prevalence that took place over the past four decades....”

— Stephen E. Marcus, PhD
National Cancer Institute,
*The Role of the Media in Promoting
and Reducing Tobacco Use*, 2008

Tobacco Industry Target: Children

The tobacco industry needs children: almost 90 percent of all regular smokers begin before or at age 19. Adults rarely start smoking.

For over two decades the three most heavily advertised brands — Marlboro, Newport and Camel — have accounted for more than 80 percent of brands smoked by adolescents. Children between the ages of 6 and 14 are exposed to more than \$20 billion in imagery advertising and promotions, creating a “friendly familiarity” with tobacco products. A wide range of media portray smoking as both glamorous and normal.

Recent research published by the National Cancer Institute has determined that smoking among contemporary movie characters has approximately doubled since the 1970s, even as smoking in the general population has significantly declined over the same time period. The NCI research concluded that “depictions of tobacco use in movies promotes initiation.”

The widespread use of tobacco products over the last century is largely the result of the highly effective use of mass media and marketing driven by a constantly adapted strategy to recruit new young smokers and discourage quitting.

Using Media to Reduce Tobacco Use

Applying the same fundamental communications strategies to advance public health, California, Florida and Massachusetts demonstrated success with large-scale tobacco countermarketing media campaigns as a key component of their tobacco prevention efforts.

“Evidence from controlled field experiments and population studies shows that mass media campaigns designed to discourage tobacco use can change youth attitudes about tobacco use, cut smoking initiation and encourage adult cessation.”

— *The Role of the Media in Promoting and Reducing Tobacco Use*, National Cancer Institute, June 2008

Citing their successes, countermarketing was recognized as an essential element of the *Best Practices for Comprehensive Tobacco Control Programs* published by the Centers for Disease Control and Prevention (CDC) in 1999 and updated in 2007. In June 2006, a National Institutes of Health state-of-the-science panel specifically identified mass media campaigns as an effective approach to reaching the general population and preventing tobacco use among adolescents and young adults.

In June 2008, the National Cancer Institute (NCI) published *The Role of the Media in Promoting and Reducing Tobacco Use*, a comprehensive review of research on the impact of media on both the promotion and reduction of tobacco use, which noted:

- ▶ Tobacco advertising and promotion are causally related to increased tobacco use;
- ▶ Exposure to depictions of smoking in the movies is causally related to youth smoking initiation;
- ▶ Mass media countermarketing campaigns can reduce smoking; and
- ▶ So-called tobacco industry-sponsored “youth smoking prevention campaigns” have been generally ineffective and may actually have increased youth smoking.



Say it again. And again. And again. And again.

Sometimes we stop advising patients to quit tobacco because they've already been told.
Don't stop. It's too important and tobacco is too damaging.

39% of tobacco users who call the Quit Line quit. Only 4% quit on their own.
The Alaska Tobacco Quit Line is free and it works.

888-842-QUIT (7848)

Alaska Tobacco Quit Line message to medical providers.

Alaska's Countermarketing Program

Building on the success and experience of other states, Alaska has developed a countermarketing program that uses a variety of mass media including TV, radio and print. The Alaska countermarketing program has three basic themes: 1) help prevent initiation of tobacco use; 2) promote and support cessation (quit attempts) among current tobacco users; and 3) educate about the serious health harms caused by exposure to secondhand smoke.

Audience	Objective	Message
Tobacco Users	Cessation	"You can quit."
General Public	Clean Indoor Air	"Secondhand smoke kills."
Youth	Prevention	"Don't start."

Recognizing the unique nature of media markets in Alaska, the countermarketing program has complimentary urban and rural campaigns, allowing for the most effective development and placement of media.

To ensure message relevance, Alaska-specific media products are created using images and messages that will be meaningful to local communities (e.g., targeting the problem of chewing tobacco use in rural Alaska or using personal stories told by Alaskans). Messages and media development are guided by pre-testing with focus groups and surveys conducted with the target audience.

The media program capacity is expanded with cost-effective use of ads developed by other states and made available through the CDC's Media Campaign Resource Center, a clearing house of high-quality TV, radio and print materials that would be prohibitively expensive to produce locally.

To assess the countermarketing program impact, survey research is conducted to evaluate public awareness of the countermarketing effort.

Helping Alaskans Quit Smoking

A great majority of smokers (65 percent) want to quit and more than half of current smokers (55 percent) indicate that they plan to make a quit attempt within the next 30 days. The countermarketing program plays a key role in promoting quit attempts (cessation) and advertising the availability of the cessation support services available through the free statewide Alaska Tobacco Quit Line (888-842-QUIT).

Television Ad: "Refrigerator"



"Daddy, do you wanna see my pictures? I made them for you."



"Here's us watching a movie."



"Here's us going to the store."



"Here's us playing a game."



"Here's me coughing."



"Daddy, I love being around you, but I hate it when you smoke around me. Please don't."

Helping People Quit

“Tobacco cessation interventions should include both health care system-based interventions and population-based interventions (quitlines) that provide services to the individual tobacco user.”

— Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs*, 2007

Promotions:

Alaska Tobacco Quit Line

According to the CDC, programs that increase quitting tobacco use can decrease premature death and tobacco-related health care costs in the short term. Quitting by age 30 eliminates nearly all excess risk associated with smoking. Smokers who quit smoking before age 50 cut in half their risk of dying in the next 15 years.

Although quitting tobacco has immediate as well as long-term benefits, tobacco use is addictive. More than 40 percent of smokers try to quit each year, but without assistance, most will relapse.

Two successful programs to help Alaskans quit tobacco include the Alaska Tobacco Quit Line, providing support services easily available by telephone to all Alaskan adult tobacco users who want to quit, and the Cessation Interventions grant program that supports regional healthcare centers to develop systems to screen and provide treatment for tobacco users.

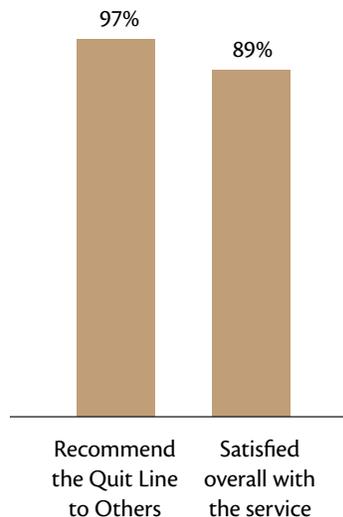
Alaska's Tobacco Quit Line



The Alaska Tobacco Quit Line, launched in 2002, is a toll-free telephone-based cessation program that provides free counseling, staged quit guides and materials as well as nicotine replacement patches to all Alaskan adults who want to quit tobacco. Professional quit coaches assess the caller's readiness to quit, help them determine a quit date and develop a quit plan. Quit coaches provide resources and follow-up phone calls for continued support.

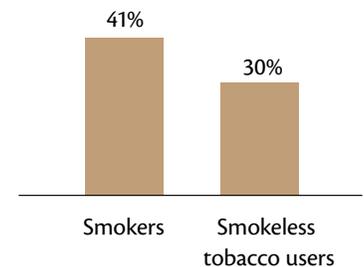
In FY06, a Quit Line evaluation found that, when compared with other quitlines, Alaska's quit rates compared favorably. Of those who called the quitline and were surveyed at a three-month follow-up, 41 percent of smokers and 30 percent of smokeless tobacco users reported that they had successfully stopped using tobacco.

Satisfied Alaska Tobacco Quit Line Customers



Source: Alaska Section of Epidemiology. Evaluation of the Alaska Quit Line: Bulletin No. 22, December 28, 2006.

Alaska Tobacco Quit Line 3-month Quit Success



Source: Alaska Section of Epidemiology. Evaluation of the Alaska Quit Line: Bulletin No. 22, December 28, 2006.

Cessation Interventions Program: Local Healthcare Systems Change

The long term goal of this program is to reduce tobacco use by health care center patients and to reduce the death, disability and economic burden related to tobacco use and exposure to secondhand smoke.

In FY08 there were nine grantees across Alaska who received funding for tobacco use cessation programs in health centers:

- ▶ Alaska Island Community Services (Wrangell)
- ▶ Bristol Bay Area Health Corporation
- ▶ Eastern Aleutian Tribes
- ▶ Ketchikan Indian Community Tribal Health Clinic
- ▶ Kodiak Area Native Association
- ▶ Maniilaq Association
- ▶ Southeast Alaska Regional Health Consortium

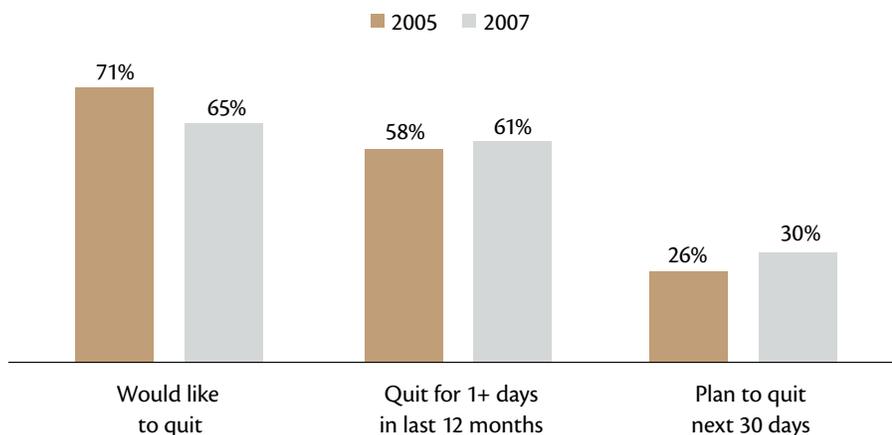
- ▶ Tanana Chiefs Conference
- ▶ Yukon-Kuskokwim Health Corporation

These grant funds extend the availability of comprehensive tobacco cessation services and programs in health care settings, and help decrease the negative impact of tobacco in Alaska.

Grantees followed CDC-recommended best practices by building and integrating health systems to support asking and advising clients about tobacco use, and then referring them to cessation services, such as the Alaska Tobacco Quit Line. In addition, grantees worked to enhance the ability of health care centers to draw on public insurance and Medicaid coverage for nicotine dependence treatment.

Further objectives for this program included the development and implementation of interventions designed to institutionalize a comprehensive, sustained, system-wide protocol for the ongoing education, screening and referral of all patients, by all providers, to all available tobacco cessation services, including the Alaska Tobacco Quit Line.

Adult Quit Intentions and Quit Attempts, Alaska



Source: Alaska Behavioral Risk Factor Surveillance System, Regular and Modified Surveys combined 2005 and 2007.

Television Ad: "Heritage"



"We are Alaska's First People. This is our culture."



"This is not."



"This is our Heritage."



"This is not."



"Tobacco is the #1 cause of preventable death in Alaska. It's killing our people."



"Let's keep our rich tradition alive by not making smoking a part of it."

Community-based Programs

Community and school-based tobacco prevention programs educate all Alaskans, at the local level, about the harmful effects of tobacco use and secondhand smoke, and promote tobacco cessation opportunities.

In FY08 there were 20 Community Prevention grants statewide and nine School Grant Program locations within six districts that are also served by community prevention grantees. The co-location allows for a synergy of efforts that promises greater program effectiveness. In some of these communities the school is one of the largest employers and tobacco free schools set a strong community example for tobacco-free workplace policy.

Community Program Highlights

► **Anchorage & Mat-Su:** In July, the Smokefree Anchorage Coalition celebrated the 1st Anniversary of Anchorage smokefree workplaces with a media campaign promoting the positive outcomes of the ordinance. In the Mat-Su, Alaska Family Services raised awareness of secondhand smoke hazards, youth tobacco use, and resources to quit tobacco. A smokefree dining guide was produced to showcase all smokefree Mat-Su eateries.

Medical center campuses went tobacco-free including: Providence Alaska Medical Center and surrounding Anchorage campus, Alaska Regional Hospital, Mat-Su Regional Medical Center and Alaska Psychiatric Institute.

► **Interior/Fairbanks:** The Tanana Chiefs Conference raised public awareness about secondhand smoke throughout 42 villages; Fairbanks Memorial Hospital and Chief Andrew Isaac Health Center campuses went tobacco-free.

► **Southwest/Dillingham:** The Bristol Bay Area Health Corporation tobacco prevention program developed media featuring local individuals and youth sports teams to promote local cessation/prevention efforts, Alaska's Tobacco Quit Line services and a tobacco-free lifestyle.

► **Kenai Peninsula:** Bridges Community Resource Center engaged children in all area schools through live presentations, events and media. Their comprehensive approach involved community leaders, healthcare providers and clean indoor air coalition members in prevention activities.

► **Gulf Coast/Kodiak/Seward/Valdez:** Chugachmiut successfully worked with the North Pacific Rim Housing Authority for adoption of their smokefree multi-unit housing policy — a first in Alaska. The Qutekcaq Native Tribe of Seward and the Tatitlek Native Tribe both adopted clean indoor air tribal policies for all tribal buildings. Valdez Youth Awareness Coalition engaged youth advocates in the completion of a video project explaining the effects of secondhand smoke on nonsmokers. Kodiak Area Native Association hospital and clinics went tobacco-free.

► **Northwest/Kotzebue/Nome:** Maniilaq Association's tobacco education effort promoted the new Alaska State Athletic Association (ASAA) "no tobacco" policy for students participating in extra-curricular activities. Norton Sound Health Corporation went smokefree in November, 2007. The Nome Community Center and Nome Tobacco Control Alliance used media and events, including the 100th anniversary running of the All Alaska Sweepstakes, to educate the community about the dangers of tobacco use and exposure to secondhand smoke.

► **Aleutian Islands:** The Eastern Aleutian Tribes adopted a Tobacco-Free Campus Policy for all nine clinic campuses. The City of King Cove made all city buildings smokefree. Unalaska youth created a World No Tobacco Day event — 1200 ribbons in a public display represented the people who die each day due to tobacco use.

► **Southeast/Juneau/Sitka:** The Juneau Clean Air Coalition worked with the city for successful implementation of a strengthened smokefree workplace law and supported Bartlett Regional Hospital's new smokefree campus policy.

SEARHC created a media campaign for Southeast featuring community members speaking out about secondhand smoke. Petersburg Indian Association worked toward a comprehensive tobacco prevention and control effort with expanded health service programs.

► **Yukon-Kuskokwim/Bethel:** Bethel hosted the 2nd annual statewide Alaska Tobacco Summit, commemorating the 10th Anniversary of the Bethel clean indoor air policy. Work sessions brought together national experts and Alaskan program leaders to tackle Alaska-specific challenges.

School Programs

The goal of the Tobacco Prevention School Grant Program is to build within school districts comprehensive school tobacco prevention programs that include policy, outreach to their communities and prevention curricula. School programs supplement and strengthen communities that already have people working on broader environmental change and they bring another player — district personnel — to the table, expanding local efforts toward the statewide tobacco program mission, that all Alaskans live healthy and tobacco free lives. All six districts work on strengthening their tobacco free school policy and conduct a school health assessment. Other highlights from this year include:

Lake and Peninsula School

District's newsletter and intranet website shared their program with 14 village school sites, linking modules of the prevention curriculum to district-required teaching standards. Local wellness teams were developed at the Nondalton and Chignik Lake school sites.

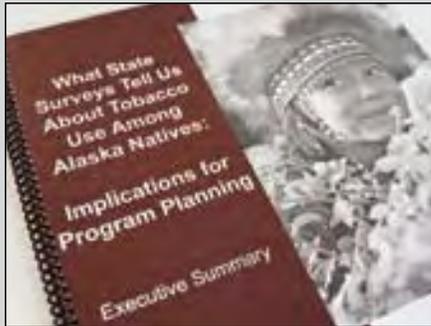
Nome Public Schools and Nome

Community Center's collaborative "Rural Tobacco Prevention Natural Helpers" program led to the development of a school wellness committee, teachers trained in prevention curricula, and school policies assessed in preparation for a comprehensive school-based tobacco prevention program.



Measuring Outcomes

Putting Information to Work



What State Surveys Tell Us About Tobacco Use Among Alaska Natives: Implications for Program Planning



Tobacco in the Great Land: A Portrait of Alaska's Leading Cause of Death

Measuring program outcomes is an essential part of the tobacco prevention and control program. Data collection (surveillance) and evaluation activities are conducted in order to monitor progress and improve the program.

Progress toward program goals is measured through the collection and analysis of population-based data on tobacco use, attitudes, and costs. Data come from numerous sources, including:

- ▶ The Behavioral Risk Factor Surveillance System (BRFSS)
- ▶ The Youth Risk Behavior Survey (YRBS)
- ▶ The Pregnancy Risk Assessment Monitoring System (PRAMS)
- ▶ The Alaska Bureau of Vital Statistics
- ▶ The Alaska Department of Revenue
- ▶ The Centers for Disease Control and Prevention's Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC)
- ▶ The Hellenthal and Associates Media Awareness Survey

Data are summarized and released in reports including *Tobacco in the Greatland*, *Alaska Tobacco Facts*, and the yearly *Annual Report*.

Special studies and projects are also undertaken to generate detailed information about tobacco use patterns among specific population groups and to assess the effectiveness of program components. Recent projects include:

- ▶ summaries of tobacco-related data among high priority populations including Alaska Natives and individuals of low socio-economic status;
- ▶ examination of the factors related to smokeless tobacco use among adults and youth;
- ▶ production of regional tobacco data summaries for use by local communities;
- ▶ detailed analysis of data related to smoking cessation, including quit intentions and behaviors; and
- ▶ ongoing monitoring of community, school, and health care center grant programs.

Surveillance and evaluation work for the program is conducted by state program evaluation staff and through a contract with Program Design and Evaluation Services (PDES). PDES staff are nationally recognized experts in tobacco prevention and control evaluation and provide technical and analytic consultation to the program.

Program Partners

2008 Program Partners

Agnew::Beck
Akeela, Inc.
Alaska Department of Education and Early Development
Alaska Department of Health and Social Services
Alaska Family Services
Alaska Island Community Services
Alaska Native Health Board
Alaska Native Tribal Health Consortium
Alaska Tobacco Control Alliance
Aleutian Pribilof Islands Association
AARP
American Cancer Society
American Heart Association
American Lung Association of Alaska
Arctic Slope Native Association
Bridges Community Resource Center
Bristol Bay Area Health Corporation
Centers for Disease Control – Office on Smoking and Health
Chugachmiut Native Association
Copper River Native Association
Eastern Aleutian Tribes
Free and Clear, Inc.
Hellenthal & Associates
Information Insights
Juneau School District
Kashunamiut School District
Ketchikan Indian Corporation
Kodiak Area Native Association
Lake & Peninsula School District
Maniilaq Association
National Council on Alcoholism and Drug Dependence
Nome Community Center
Nome Public Schools
Petersburg Indian Association
Program Design and Evaluation Services
Railbelt Mental Health & Addictions
Rocky Mountain Center for Health Promotion and Education
Rural Alaska Community Action Program, Inc.
Sitka School District
Southeast Alaska Regional Health Consortium
Tanana Chiefs Conference
Valdez Youth Action Coalition
Walsh Sheppard
Yukon-Koyukuk School District
Yukon-Kuskokwim Health Corporation

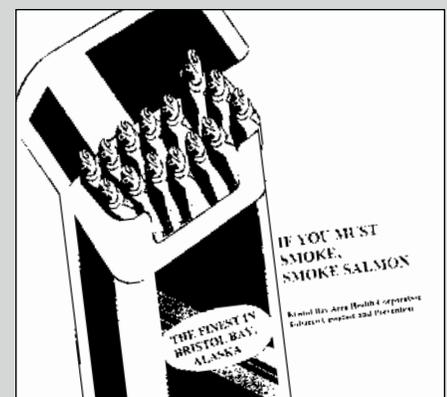
Promotions: Alaska Partners' Creative Local Health Promotion



Nome Community Center



Nome Community Center



Bristol Bay Area Health Corporation

Looking Forward

“These comprehensive state programs, as well as their individual components, have been shown to be effective. Failure to sustain these efforts will cost lives.”

— Institute of Medicine of the National Academies, *Ending the Tobacco Problem: A Blueprint for the Nation*, 2007



Over the past decade, enormous progress has been made providing a strong foundation for success in the years ahead to further reduce and prevent the needless disease, human suffering and economic expense caused by tobacco use in Alaska.

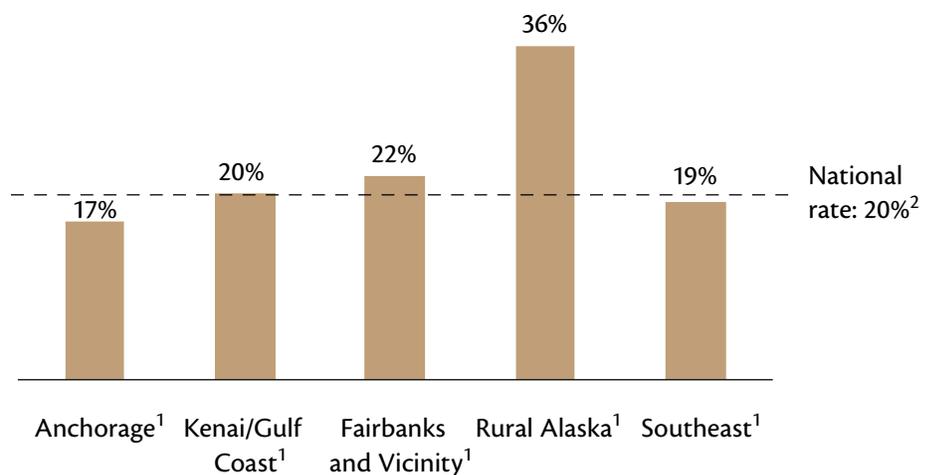
Alaska’s tobacco prevention program has significantly reduced tobacco use in Alaska. As a result, approximately 8,000 tobacco-caused deaths will be prevented and approximately \$290 million in needless medical costs will be avoided.

The overall adult smoking rate in Alaska has been reduced by more than one-fifth from 27.7 percent (1996) to 21.5 percent (2007). In urban areas of Alaska, for the first time, the adult smoking rate is equal to the overall national adult smoking rate at 20 percent. In some parts of Alaska, the adult smoking rate is even below the overall national rate (e.g., the Anchorage area at 17 percent and Southeast Alaska at 19 percent).

Many successes have been realized in Alaska. These include substantially reduced youth and adult smoking rates resulting from:

- ▶ increased tobacco taxes enacted at the state and local levels;
- ▶ effective enforcement of laws to reduce illegal merchant sales of tobacco to children;
- ▶ adoption of strong smokefree workplace policies in several communities to protect workers and others from secondhand smoke;
- ▶ creation of a statewide cessation support system to help tobacco users in quitting their addiction; and
- ▶ establishment of a comprehensive tobacco use prevention program supported by the Tobacco Use Education and Cessation Fund that sustains community-based efforts to prevent and reduce the harm caused by tobacco.

Adult Smoking by Region, Alaska, 2007



Adult smoking rates in some parts of Alaska are now below the national average.

Source: ¹Alaska Behavioral Risk Factor Surveillance System, Regular and Modified Surveys combined 2007; ²National Behavioral Risk Factor Surveillance System 2007.

Challenges Remain

While tobacco use has been significantly reduced overall, there are certain populations within Alaska with very high tobacco use rates. Smoking rates are especially high among individuals with lower levels of education (39 percent) and low incomes (37 percent). Smoking prevalence is also high in rural areas (30 percent or higher) and among Alaska Native adults (39 percent).

Looking forward, a special effort is being made to reduce the burden of tobacco-caused disease and premature death in these populations that experience disparately high levels of tobacco use and associated illness.

Action Plan

While Alaskans are using tobacco products less than ever before, tobacco use and exposure to secondhand smoke remain by far the leading causes of preventable death. Much more work lies ahead.

To help guide future efforts, the Alaska Tobacco Control Alliance (ATCA) and the State of Alaska Tobacco Prevention and Control Program jointly developed a *Statewide Plan to Reduce Tobacco Addiction and Exposure*.

The planning process that produced this document brought stakeholders together from across Alaska who represented the interests of urban and rural populations, youth, education, medical providers and not-for-profit service and advocacy organizations.

The plan that was developed provides a framework, built around six specific goals with associated strategies to help attain each goal, to guide tobacco prevention efforts over the next five years (2008-2013).

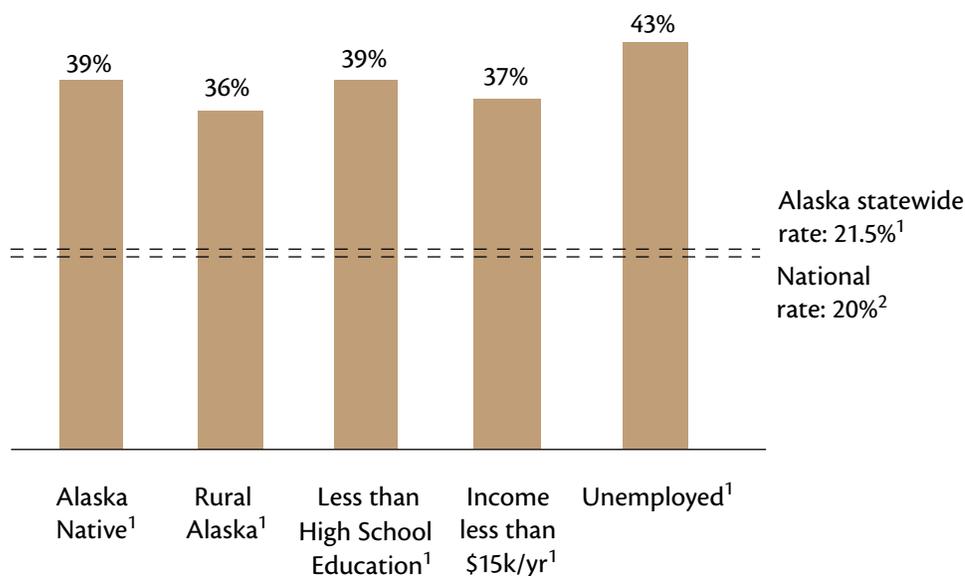
ATCA Plan Highlights



Statewide Plan to Reduce Tobacco Addiction and Exposure

- ▶ **Goal 1 – Prevention:** Increase the percentage of Alaska youth who never start using tobacco
- ▶ **Goal 2 – Cessation:** Increase the percentage of Alaskans who successfully quit using tobacco.
- ▶ **Goal 3 – Smokefree Air:** Increase the percentage of Alaskans who are protected from the harms of secondhand smoke.
- ▶ **Goal 4 – Disparities:** Reduce disparities in tobacco use and secondhand smoke exposure.
- ▶ **Goal 5 – Capacity & Readiness:** Build the capacity of Alaska communities to respond to the burden of tobacco.
- ▶ **Goal 6 – Statewide Program:** Support and maintain a statewide comprehensive tobacco prevention and control program.

Percentage of Adults Who Smoke, Selected High Prevalence Groups, Alaska, 2007



Source: ¹Alaska Behavioral Risk Factor Surveillance System, Regular and Modified Surveys combined 2007; ²National Behavioral Risk Factor Surveillance System 2007.

Television Ad: Georgianna and Ted



"I spent years as a State Senator working to make life better for so many Alaskans."



"Now I'm trying to help just one, and I can't. My brother Ted has lung cancer."



"He's in a fight for his life."



"I'm going through chemo and radiation all because of smoking. And the only thing I have to say, is, please, don't smoke."

Ted Harwood Jr.

Theodore "Ted" Clarence Harwood Jr., 61, loving father of six children and the only brother to six sisters, including former Alaska State Senator Georgianna Lincoln, succumbed to lung cancer on Wednesday, November 7, 2008.



Ted was born in Tanana, Alaska on January 12, 1946, to Rex and Kitty Harwood. After more than 30 years with the Alaska Department of Transportation, he retired and began volunteering as a bus driver and handyman at Play 'N Learn in Fairbanks for \$1.00 a year. Ted is remembered as a loving person who cared deeply for all, especially children. His sister Candi says he was unassuming, "behind the scenes", not one to draw attention to himself.

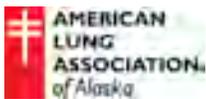
Ted began smoking at 16 years of age and quit one year prior to being diagnosed with lung cancer. He tried so many times prior to the diagnoses to quit, but was always lured back to the cigarette. The only sister who smokes, Anita, said she always understood the power tobacco had on people and was so proud of Ted's message.

When Georgianna was contacted by the American Lung Association in 2008, for help in producing a TV ad about tobacco use, she decided to ask Ted, fully expecting her quiet brother to say no. He immediately said if this could help keep young people from smoking or quite smoking, than he was more than willing to help.

In 2008 the TV ad, "Georgianna and Ted", in which he urges others not to smoke, became a part of the State of Alaska Tobacco Countermarketing Program's media campaign. After the ads were seen on TV, Georgianna noted she had never received more thanks from the public across Alaska for any project she participated in than she got for helping her brother tell his story.

Sister Kathi noted, "Ted made a positive ce in so many people's lives, especially with that one sincere teary-eyed plea of 'PLEASE DON'T SMOKE' at the end of the film. This was a side of Ted we had never seen before!" As his oldest sister Marilyn said, "he was our strength". Sister Sandy joins all family members "in thanking the State of Alaska for this campaign, as many, many people came forward to tell our family the ce that small ad made in their lives in their efforts to quit smoking, through the media, in Ted's plea for our children's sake."

The State of Alaska and all its partners dedicate this publication to Ted Harwood.



Sarah Palin, Governor, State of Alaska
Bill Hogan, Commissioner, Department of Health and Social Services

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