

KEEPING THE PROMISE:
A TOBACCO-FREE
GENERATION

Tobacco Prevention
and Control in Alaska

FY 2012



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INTRODUCTION

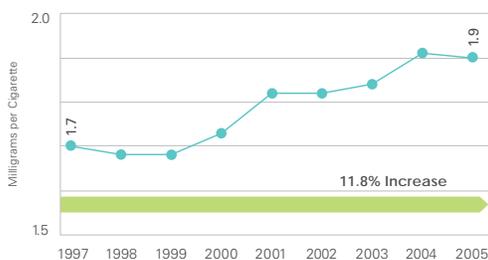
NICOTINE ADDICTION

“We are, then, in the business of selling nicotine, an addictive drug.”

Addison Yeaman, General Counsel to Brown & Williamson Tobacco Company, 1963

The Harvard School of Public Health and the Massachusetts Department of Public Health released studies demonstrating that since the Master Settlement Agreement in 1998, tobacco companies have increased nicotine levels in cigarettes, making quitting more difficult and addicting new smokers (children) more quickly.

Average Nicotine Yields per Cigarette, 1996-2005



Data Source: Massachusetts Department of Health & Harvard School of Public Health, 2007.

All data references are from Alaska Tobacco Facts 2012, unless otherwise noted. *Alaska Tobacco Facts*. Anchorage, AK: Section of Chronic Disease Prevention and Health Promotion, Division of Public Health, Alaska Department of Health and Social Services. August 2012. Accessed at: http://www.hss.state.ak.us/dph/chronic/tobacco/PDF/2012_alaska_tobacco_facts.pdf

Progress is being made in reducing tobacco’s impact in Alaska which remains the leading cause of death across the globe. Alaska’s comprehensive Tobacco Prevention and Control Program is achieving successes and they are significant. Youth tobacco use has been reduced by more than 60 percent since 1995, adult tobacco use is down by more than 20 percent since 1996, and 436 million fewer cigarettes were sold in 2011 compared to 1996.

In Alaska, tobacco use remains the leading cause of preventable death and disease. Approximately 600 Alaskan deaths and nearly 400,000 U.S. deaths annually result from direct tobacco use, with exposure to secondhand smoke increasing the death toll (reported at nearly 50,000 annually in the U.S.).¹ More people die from tobacco use than alcohol use, auto accidents, suicides, homicides and HIV/AIDS combined (see Deaths Due to Selected Causes chart, page 2). For every one tobacco user who dies, there are 20 more suffering with tobacco-related illnesses.¹

Since the first U.S. Surgeon General’s report on tobacco and health in 1964, research regarding the health impact of tobacco use has escalated, providing a greater breadth of knowledge about this product and how it impacts the human body. Every year new studies add to the long list of diseases tobacco is known to cause and the product manipulations responsible for those diseases.

Even though the health consequences of tobacco products have been known for decades, the tobacco industry continues to develop new products and marketing techniques of these addictive substances.

Alaska has made great strides in tobacco prevention, and thousands of lives have been saved, but there is still much work to do. Tobacco use continues to claim too many lives and costs our state millions of dollars each year.

COMPREHENSIVE TOBACCO PROGRAMS – THE STRATEGY

Throughout the years a wealth of public health knowledge has accumulated—derived from research, years of program experiences and successes followed by careful evaluation, which has been synthesized into highly effective tobacco prevention strategies that promise to help bring this public health struggle to a close.

The Centers for Disease Control and Prevention (CDC) outlines those strategies for success in *Best Practices for Comprehensive Tobacco Control Programs, 2007*.

Four goals guide comprehensive tobacco prevention and control programs:

- Prevent the initiation of tobacco use
- Help tobacco users quit their addiction
- Eliminate exposure to secondhand smoke
- Eliminate tobacco-related health disparities among population groups

Alaska’s Tobacco Prevention and Control Program, organized and guided by these four goals, continues to be strengthened and enriched by: statewide community collaboration; ongoing training, research and evaluation; and the latest states’ successes incorporated into CDC’s best practices. Within this framework, **Alaska has achieved success over time with a sustained and strategic program.**

“We know what works to prevent tobacco use among young people. The science provides us with the information we need to prevent the needless suffering of premature disease caused by tobacco use, as well as save millions of lives. By strengthening and continuing to build upon effective policies and programs, we can help make our next generation tobacco free.”

Dr. Regina Benjamin, U.S. Surgeon General *“Preventing Tobacco Use Among Youth and Young Adults,” A Report of the Surgeon General, 2012*

INVESTING IN SUCCESS

The 2010 Surgeon General’s report notes that if states invest in comprehensive programs at CDC-recommended levels:

- There would be five million fewer smokers over the next five years, and
- Hundreds of thousands of premature deaths caused by tobacco use would be prevented

“Twenty years of successful state efforts show that the more states invest in tobacco control programs, the greater the reductions in smoking, and the longer states maintain such programs, the greater and faster the impact.”

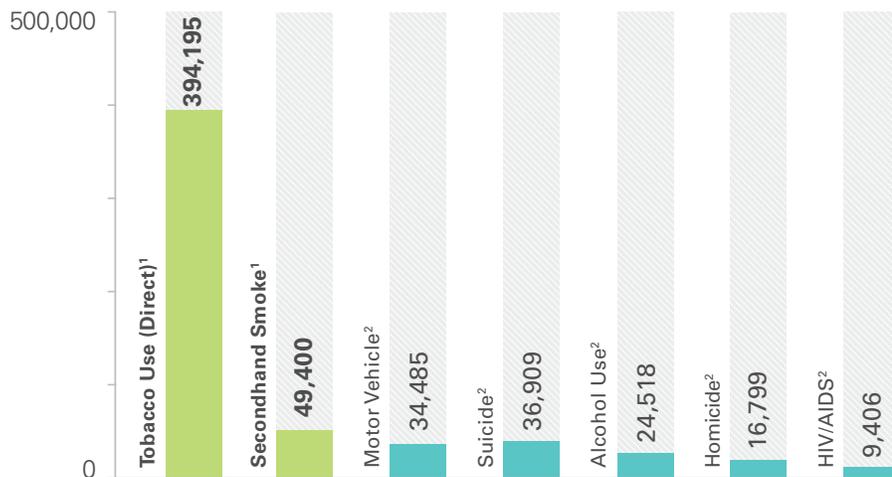
How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease, A Report of the Surgeon General, Executive Summary 2010

Respected organizations, including the U.S. Surgeon General, the Institute of Medicine (IOM), and the Campaign for Tobacco-Free Kids, recommend that states sustain and strengthen tobacco prevention programs and use all regulatory powers available to fight this epidemic. According to the IOM², the ultimate goal of ending the tobacco problem in the United States can be achieved with a two-pronged strategy:

- Strengthen and fully implement traditional tobacco control measures
- Change the regulatory landscape to permit policy innovations

The Alaska Legislature established the Tobacco Use Education and Cessation Fund to receive 20 percent of Alaska’s Master Settlement Agreement revenue and a small portion of state tobacco tax revenue to support investment in tobacco prevention and cessation efforts. For Alaska, the CDC recommends annual funding at \$16.11 per capita, within a range of no less than \$11.72 and up to \$23.96 per capita for a fully funded and comprehensive program. For FY12, the Alaska Tobacco Prevention and Control Program was funded at \$17.09 per capita to counter the efforts of an industry that targets Alaska with nearly \$17 million annually in promotions.

Deaths Due to Selected Causes Per Year, United States



Data Sources: ¹CDC, 2008. Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses – United States, 200-2004. MMWR:57(45); 1226-1228. ²National Center for Health Statistics, National Vital Statistics Report. Deaths: Final Data for 2009; Vol. 60 No. 13, December 2011. Available at: www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_03.pdf.

Section Sources: ¹*Smoking & Tobacco Use Fast Facts* [fact sheet]. Centers for Disease Control and Prevention; 2012. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm. Accessed September 14, 2012; ²Institute of Medicine of the National Academies. *Ending the Tobacco Problem: A Blueprint for the Nation*. <http://www.iom.edu/Reports/2007/Ending-the-Tobacco-Problem-A-Blueprint-for-the-Nation.aspx>. Published May 23, 2007. Accessed December 14, 2012; ³*The Toll of Tobacco in Alaska* [fact sheet]. Campaign for Tobacco-Free Kids; 2011. http://www.tobaccofreekids.org/facts_issues/toll_us/alaska. Accessed September 14, 2012.

TOBACCO-CAUSED ILLNESS AND DISEASE

Every day close to 1,330 Americans die as a result of tobacco use — that is 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

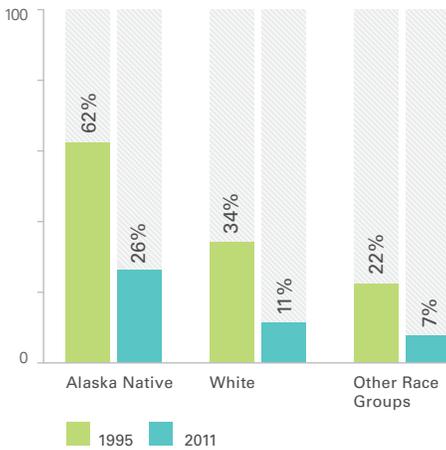
OTHER DISEASES

- Asthma
- Chronic obstructive pulmonary disease
- Respiratory infection (e.g. pneumonia)
- Impaired lung growth
- Early onset lung function decline
- Reduced fertility
- Low birth weight
- Pregnancy complications
- Sudden Infant Death Syndrome (SIDS)
- Blindness
- Cataracts
- Erectile dysfunction
- Hip fractures
- Dementia

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 FY12

Youth Smoking Rates by Race/Ethnicity, Alaska 1995 and 2011



Data Source: Alaska Youth Risk Behavior Survey, 1995, 2011

A reduction of 31,000 adults smokers in Alaska resulted in:

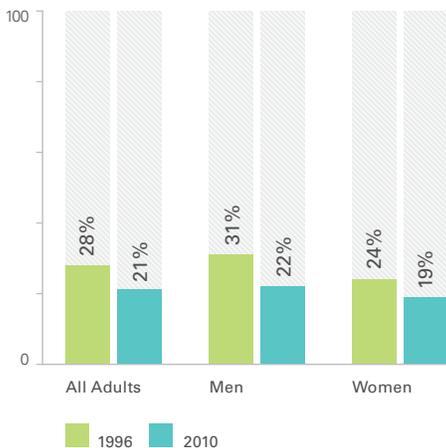
8,900

fewer tobacco-related deaths

\$396

million savings in healthcare costs

Adult Smoking Rates, Alaska 1996 and 2010



Data Source: Alaska Behavioral Risk Factor Surveillance System, 1996 and 2010

COMPREHENSIVE TOBACCO PREVENTION: ELEMENTS OF SUCCESS

The U.S. Surgeon General's first tobacco report, *Smoking and Health: Report of the Advisory Committee to the Surgeon General*, was presented to the public nearly 50 years ago and called for "appropriate remedial action." In the elapsed time, enough states' program results, evaluations and scientific studies have occurred to provide substantial guidance regarding what works to significantly reduce the harms inflicted on our society by tobacco use. The CDC's recommendations for a comprehensive, sustained tobacco prevention program incorporate the following formula:

- Smokefree workplace policies
- Tobacco price increases
- Countermarketing media (TV, radio, print, online)
- Community-based programs
- School-based programs
- Enforcement to reduce illegal underage sales
- Cessation support services (quit line, insurance coverage)
- Data collection, program evaluation
- Management and administration

For more than a decade, Alaska's commitment toward the development of a sustained, comprehensive tobacco prevention and control program has demonstrated significant progress toward preventing and reducing tobacco use and minimizing related health harms and costs. Alaska has received national recognition for sustaining its program and moving closer to CDC recommended funding levels, which have been shown, in Alaska as well as in other states, to produce a notable return on investment.

RETURN ON INVESTMENT: SAVING LIVES AND MONEY IN ALASKA

Alaska's tobacco prevention and control investment is paying off. The drop in adult smoking achieved in Alaska from 1996 to 2010—a reduction of 31,000 smokers—resulted in 8,900 fewer tobacco-related deaths and a \$396 million savings in healthcare costs.⁴

Current survey results reflect the impact of the state's tobacco prevention and control efforts—with Alaska's tobacco use trends signaling continued progress that will save additional lives and dollars.

- Alaska's overall high school youth smoking rate has declined more than 60 percent, from 37 percent in 1995 to 14 percent in 2011, compared to the 2011 national average of 18 percent.⁵
- The percentage of Alaska Native high school students who smoke fell significantly from 62 percent in 1995 to 26 percent in 2011. In 2003, Alaska Native students were almost four times more likely to smoke than white students. In 2011 a disparity still exists, with Alaska Native students almost twice as likely to smoke as their non-Native peers. Much work remains to be done to further close this gap.
- The percentage of adults who smoke also declined from 28 percent in 1996 to 21 percent in 2010, a statistically significant 25 percent decrease that translates into about 31,000 fewer smokers. The smoking rate decline has been significant for both men (from 31 percent in 1996 to 22 percent in 2010) and women (from 24 percent in 1996 to 19 percent in 2010).

“Ridding the nation of tobacco is the single most important action needed to dramatically reduce cancer mortality and morbidity. There is no substitute for this action if we are to eliminate the sickness and death caused by tobacco use.”

President’s Cancer Panel 2007-2008 Annual Report *“Our Nation’s Investment in Cancer: Three Crucial Actions for America’s Health”*

- More smokers are quitting or getting ready to quit:
 - > **Making a quit attempt:** More than half of current Alaska adult smokers (58 percent) made a quit attempt in 2010, compared to 45 percent in 1996.⁶
 - > **Daily smokers:** Prevalence of daily smoking among all Alaska adults was 14 percent in 2010, down from 22 percent in 1996.⁶ Decreasing the amount or frequency of smoking is one step toward quitting.⁷
 - > **Ever smokers who quit:** Almost two-thirds of Alaskans who have ever been smokers have now quit—57 percent in 2010, compared to 48 percent in 1996.⁶
- Alaska’s free telephone-based quit line (1-800-QUIT-NOW), established in 2002, provides counseling, materials and nicotine replacement products for those who want to quit.
- Enforcement regulations have contributed to the reduction of Alaska vendors’ illegal sales to youth from 36 percent in 2001 to 6.5 percent in FY12.⁸ The percentage of youth reporting that their usual way of getting cigarettes was to purchase them in a store dropped significantly from 27 percent in 1995 to 5 percent in 2011.
- Grants to Alaska schools are engaging the education system with evidence-based curricula in the classroom and expanding community tobacco-free environments through a growing number of comprehensive tobacco-free school campus policies.
- Per-adult cigarette consumption declined 55 percent, from 129 packs in 1996 to 58 packs in 2011—436 million fewer cigarettes were sold in 2011 compared to 1996.

While Alaska’s comprehensive tobacco prevention and control program is making headway in unraveling the addiction and freeing our children from a compromised future, we have learned from national experience that progress will erode without a continued commitment to sustaining the current effort.

Much work remains to be done. Alaska is still only number 35 among the states in adult tobacco use prevalence rates in the U.S.⁹ and only roughly half the population is protected from exposure to secondhand smoke.¹⁰

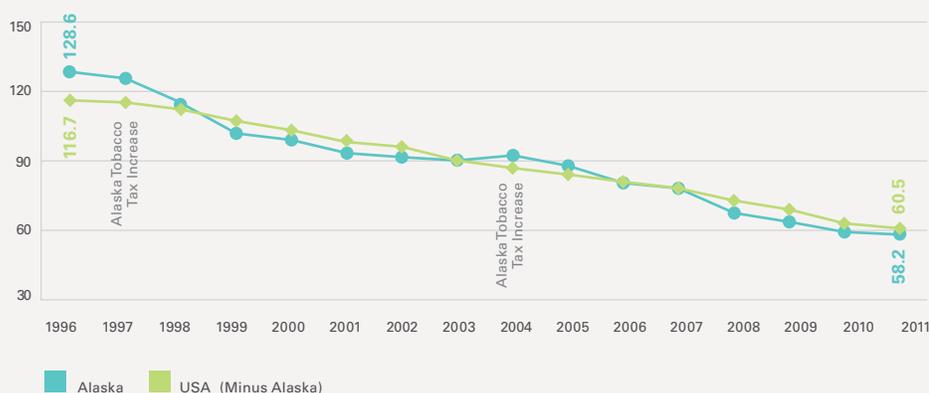
“For every thousand kids kept from smoking by a state program, future healthcare costs in the state decline by roughly \$16 million (in current dollars), and for every thousand adults prompted to quit, future health costs drop by roughly \$8.5 million.”

Campaign for Tobacco-Free Kids
Comprehensive State Tobacco Prevention Programs Save Money, 2005

Alaska’s high school youth smoking rate has declined more than

60% since 1995.

Annual Per-Adult Sales of Cigarettes, Alaska and U.S., 1996-2011 by Fiscal Year



Data Source: Orzechowski W, Walker RC. *The Tax Burden on Tobacco*, vol 46. Arlington, VA: Orzechowski & Walker; 2011

Section Sources: ⁴Alaska Department of Health and Human Services. Estimated smoking attributable deaths averted calculation based on: U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA: 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. Calculations for estimated smoking cost savings based on: Hodgson, TA, Cigarette Smoking and Lifetime Medical Expenditures, *Millbank Quarterly*, 70 (1):81-115, 1992, updated with 2010 Medical Consumer Price Index information from <http://www.bls.gov/cpi/cpid10av.pdf>; ⁵Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States, 2011. *MMWR* 2012;61(No. SS-#4):pp.1-166. www.cdc.gov/yrbs; Published June 8, 2012. Accessed October 4, 2012; ⁶Alaska Behavioral Risk Factor Surveillance System, 1996 and 2010; ⁷*Pathways to Freedom: Winning the Fight Against Tobacco* [brochure]. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion; 2011. http://www.cdc.gov/tobacco/quit_smoking/how_to_quit/pathways/index.htm. Accessed October 19, 2012; ⁸Alaska Synar Compliance Database, 1997-2012; ⁹*Key State-Specific Tobacco-Related Data & Rankings* [fact sheet]. Campaign for Tobacco-Free Kids; 2011. <http://www.tobaccofreekids.org/research/factsheets/pdf/0176.pdf>. Accessed September 14, 2012; ¹⁰Tobacco Program Records, 2012 and Alaska Department of Labor and Workforce Development 2011 population estimates. <http://almis.labor.state.ak.us/pop/popest.htm>.

SECONDHAND SMOKE

No Smoking? The Customers Still Show Up

In Anchorage and Juneau, with 100% clean indoor air policies that protect all workplaces including hospitality venues, 94 percent of all adults and 79 percent of adult smokers reported visiting them as often or more often now that smoking is not allowed.

Outside of Anchorage and Juneau, in communities where smoking is still allowed in hospitality establishments, 92 percent of all adults and 74 percent of adult smokers say they would still go to these places as often or more if smoking were not allowed.

Secondhand smoke is not merely a nuisance. It kills. Nearly 50,000 people in the U.S. die each year from heart disease and lung cancer alone as a result of exposure to secondhand smoke. Other organs become diseased as toxins from tobacco smoke travel throughout the body. Adverse effects can be immediate and deadly. Heart attacks, asthma attacks and Sudden Infant Death Syndrome are among the consequences of exposure to secondhand smoke.¹¹

Within the past five years alone, the U.S. Surgeon General's office—armed with mounting evidence from a vast array of rigorous scientific research—issued substantive reports in 2006 and 2010 that warn the American people of the dire and immediate health consequences from exposure to secondhand smoke.¹²

SMOKEFREE LAWS SAVE LIVES AND DOLLARS

Within the past decade more states, local communities and even entire nations have adopted comprehensive smokefree workplace laws that include bars and restaurants. Laws are currently in place in 30 U.S. states, Washington DC and Puerto Rico along with more than 18 countries and 10 of Canada's 13 provinces. Research shows that smokefree laws not only protect the public from exposure to secondhand smoke, they encourage smokers to quit and discourage youth from starting to smoke.

Studies following the passage of smokefree workplace laws continue to come from communities reporting notable immediate reductions in hospital admissions for heart attacks and other ailments. Among those are Montana, Colorado, Ohio, Indiana, New York, and most recently Arizona—where \$16.8 million in avoided hospitalization costs were associated with drops in admissions for heart attacks, angina, stroke and asthma.¹³

The 2012 Surgeon General's Report, *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, concluded that in combination with sustained programs and mass media campaigns, tax increases, and other regulatory initiatives, smokefree laws are effective in reducing the initiation, prevalence, and intensity of smoking among youth and young adults.¹⁴ In fact, a 2005 study focused on youth-specific tobacco use reductions in Massachusetts found that local laws prohibiting smoking in restaurants reduced youth smoking by 60 percent, just two years following the implementation of the law.¹⁵

Philip Morris' own research found that prohibiting smoking in the workplace not only reduces consumption but also increases quit rates. A 1992 memo summarizing these findings states: "Total prohibition of smoking in the workplace strongly affects industry volume. Smokers facing these restrictions consume 11-15 percent less than average and quit at a rate that is 84 percent higher than average."¹⁶

"The City has a legitimate interest in protecting the public from the well-established dangers of secondhand tobacco smoke."

Alaska Supreme Court, July 2011, ruling upholding the City and Borough of Juneau's smoking ban for private clubs.

“When individuals inhale cigarette smoke, either directly or secondhand, they are inhaling more than 7,000 chemicals: hundreds of these are hazardous, and at least 69 are known to cause cancer. The chemicals are rapidly absorbed by cells in the body and produce disease-causing cellular changes.”

Dr. Regina Benjamin, U.S. Surgeon General *“How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease, A Report of the Surgeon General,”* 2010

ALASKANS SUPPORT SMOKEFREE WORKPLACE POLICIES

A significant majority of Alaskan adults—93 percent, along with 87 percent of adult smokers—recognize that secondhand smoke is harmful. 88 percent of all adults and 83 percent of adult smokers agree that people should be protected from secondhand smoke. Community leaders across the state are responding by taking action to eliminate the health threat of exposure to secondhand smoke in workplaces and public places.

The 2011 Alaska Federation of Natives Convention delegates passed a resolution in support of a statewide smokefree workplace law, solidifying tribal leader support for smokefree workplaces to protect all Alaskans. Since that time, thirteen tribes have passed smokefree workplace resolutions and more resolutions are in process.

Numerous communities in Alaska have implemented or strengthened policies to protect workers from exposure to secondhand smoke. In FY12 Nome implemented the strongest smokefree workplace policy in the state.

However, only approximately half of the state’s population is protected from exposure to secondhand smoke¹⁷ and among those who work primarily indoors, young adults aged 18 to 29 are significantly less likely to be protected by a clean indoor air policy. Based on other states’ experiences, further significant health improvements and medical cost containment can be expected in Alaska when the entire population is protected from secondhand smoke exposure in the workplace and public places.

Smokers in a smokefree workplace consume **11-15% less** than average & quit at a rate **84% higher** than average.¹⁶

Alaskans Recognize the Harms of Secondhand Smoke

In Alaska, a great majority of non-smokers as well as smokers recognize that exposure to secondhand smoke is harmful and support smokefree indoor air. According to the Alaska Behavioral Risk Factor Surveillance System, 2010 (Standard and Supplemental Surveys combined):



Alaska is one of only 15 states that currently has no law prohibiting smoking in all workplaces or restaurants or bars... making all Alaska workplaces, restaurants, and bars 100% smokefree would prevent about 1,900 youth from becoming smokers, and within five years, save an estimated \$5.04 million in lung cancer, heart attack and stroke costs.

American Cancer Society Cancer Action Network *The Health and Economic Benefits of Making Alaska Smokefree, 2012*

“ We went smokefree
to create a safe environment for our customers. Since we've made the change, we've had some of our best sales months ever, and our customers respect us for it. ”

— Billy Williams
Grizzly Pizza and Gifts

Good for health. Great for business.
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 positive or neutral in their economic impact.*

*Alaska Department of Health and Social Services, Tobacco Prevention and Control in Alaska 2008 Report

ALASKA TOBACCO CONTROL ALLIANCE
@astobacco.org

GOOD FOR HEALTH, GREAT FOR ALASKA

Since 2000, the State of Alaska Tobacco Prevention and Control program has sustained a health-centered campaign highlighting the hazards of exposure to secondhand smoke and the benefits of smokefree workplace environments. More than 20 Alaska businesses from Fairbanks, Mat-Su, Anchorage, Nome, Sitka, Kodiak, Kotzebue, Glennallen, Haines, Petersburg, and Seward delivered this message, letting Alaskans know:

- All employees and patrons have the right to breathe smokefree air.
- Their businesses are thriving and customers are happy.

Even iconic hospitality venues across the state began going smokefree as they realized what Alaska research has been demonstrating for a number of years—Alaskans, including smokers, support smokefree businesses. The number of smokers who agree that all indoor workplaces should be smokefree has increased significantly to 85 percent in 2010, up from 53 percent in 1998.¹⁸

PROTECTING THE MOST VULNERABLE

Public housing residents often include society's most vulnerable—the elderly, people with disabilities, low income families with infants and young children. Those who have limited housing choices often bear a higher burden of chronic disease and cannot risk life-threatening exposure to secondhand smoke. Even smokers increasingly favor smokefree housing. When asked in 2010 if smoking is not allowed anywhere inside their home, 79 percent of Alaska's smokers agreed, a significant increase from 51 percent in 2004.

Alaska is among the many states responding to residents' health concerns regarding toxic secondhand smoke drifting between units. The Tobacco Prevention and Control Program is collaborating with the Alaska Smokefree Housing Partnership to provide educational materials to property owners, housing agencies, managers and tenants in public housing, commercial apartments and condominium communities in order to guide them in the process of voluntary conversion to a smokefree property. These efforts have resulted in seven Alaska tribal housing authorities adopting smoke-free policies for some or all their properties:

- Aleutian Housing Authority
- Bering Straits Housing Authority
- Cook Inlet Housing Authority
- Ketchikan Indian Community Housing Authority
- North Pacific Rim Housing Authority
- Petersburg Indian Association
- Tlingit-Haida Regional Housing Authority

Happier bodies. Healthier kids.

Dear Business
Thank You For Going Smoke-Free!
My heart thanks you and my lungs.

heart
lungs.

Smoked by you to harm children's health. Strongly opposed by the 2012 Alaska Prevention and Control Program.

Smoke-free businesses reduce the risk of heart attack and improve lung function!

QUIT LINE
1-800-QUIT-NOW
www.quitline.org

Section Sources: ¹¹U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: 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, 2006; ¹²U.S. Department of Health and Human Services. *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking Attributable Disease: A Report of the Surgeon General*. Atlanta, GA: 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, 2010; ¹³Herman PM, Walsh ME. Hospital admissions for acute myocardial infarction, angina, stroke, and asthma after implementation of Arizona's comprehensive statewide smoking ban. *Am J Public Health*. 2011;101(3):491-6; ¹⁴U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: 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, 2012; ¹⁵Siegel, M, et al., Effect of Local Restaurant Smoking Regulations on Progression to Established Smoking Youths, *Tobacco Control*. 2005;14(5):300-306; ¹⁶Heironimus, J, "Impact of Workplace Restrictions on Consumption and Incidence," Philip Morris, Bates No. 2045447779-2045447806, January 22, 1992; ¹⁷Tobacco Program Records, 2012 and Alaska Department of Labor and Workforce Development 2011 population estimates. <http://almis.labor.state.ak.us/pop/popest.htm>. ¹⁸Alaska Behavioral Risk Factor Surveillance System, 1998 and 2010; ¹⁹Hookahs. (2012, November 15). CDC Fact Sheet Hookahs Smoking and Tobacco Use. Retrieved November 20, 2012, from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/hookahs/index.htm#compar; ²⁰Electronic Cigarettes. (n.d.). Electronic Cigarettes. Retrieved January 23, 2012, from <http://betobaccofree.hhs.gov/about-tobacco/Electronic-Cigarettes/index.html>; ²¹Schripp T, Markewitz D, Uhde E, Salthammer T. Does e-cigarette consumption cause passive vaping? *Indoor Air*. 2013; 23(1):25-31; ²²American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Environmental Tobacco Smoke Position Document Committee. *ASHRAE Position Document on Environmental Tobacco Smoke*. [https://www.ashrae.org/home/search?k=secondhand smoke](https://www.ashrae.org/home/search?k=secondhand+smoke). October 22, 2010. Accessed December 20, 2012.



CHALLENGES FOR SMOKEFREE AIR

New products are being marketed across the nation and in Alaska to adolescents and young adults as safer and available for use anywhere.

HOOKAHS

Hookahs- sometimes called waterpipe, shisha, or goza, are used to smoke flavored tobacco, such as strawberry, cappuccino or cotton candy. According to the CDC, hookah smoke contains many of the same toxins as cigarette smoke and is associated with heart disease, low birth weight, respiratory diseases, and lung, stomach, esophagus and oral cancers. Smoking hookah for 60 minutes (a typical session) involves inhaling 100 – 200 times the volume of smoke inhaled from a single cigarette.¹⁹

E-CIGARETTES

Electronic cigarettes are battery operated products designed to deliver nicotine, flavor and other chemicals. They turn these elements into a vapor that is inhaled and exhaled by the user. According to the CDC, "E-cigarettes may contain ingredients that are known to be toxic to humans."²⁰ A recent study found that this device emits detectable levels of several significant carcinogens and toxins in the air, including acetic acid, acetone, and formaldehyde.²¹

VENTILATION IS INEFFECTIVE

In their 2010 position document on environmental tobacco smoke (also known as secondhand smoke), the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), which sets national industry standards, stated ***"At present, the only means of effectively eliminating health risk associated with indoor exposure is to ban smoking activity. No other engineering approaches, including current and advanced dilution ventilation or air cleaning technologies, have been demonstrated or should be relied upon to control health risks from environmental tobacco smoke exposure in spaces where smoking occurs."***²²

ASHRAE concurs with the Surgeon General that banning smoking from the workplace is the only effective way to protect workers and non-smokers.



YOUTH TOBACCO USE



UAA's Asian Pacific Islander Wellness Club hosts Great American Smokeout event in collaboration with American Lung Association in Alaska, American Cancer Society, and Alaska's Tobacco Quit Line to raise awareness about tobacco use on campus.

WHERE IT STARTS

Almost 90 percent of all smokers today started before the age of 18. Adults rarely start smoking—kids do.²³ The tobacco industry has known this for decades.

"Today's teenager is tomorrow's potential regular customer, and the overwhelming majority of smokers first begin to smoke while still in their teens... The smoking patterns of teenagers are particularly important to Phillip Morris."

Phillip Morris, Special Report, "Young Smokers: Prevalence, Trends, Implications, and Related Demographic Trends" 1981

Alaska grantees work to counter tobacco company marketing to youth with products that feature candy flavors, youthful images and tempting packaging. New varieties of nicotine-laced smokeless tobacco products are designed to look like candy and gum, relying on young people to think that since it's not a cigarette, it's healthier—especially if it tastes and looks better.

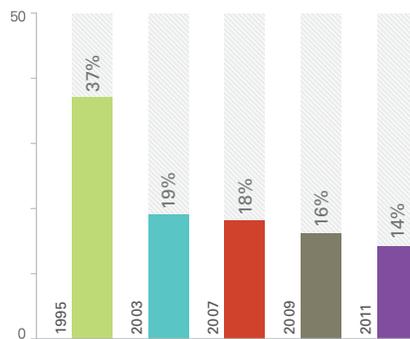
Tobacco companies spend \$10.5 billion on product promotion annually—more than \$1 million per hour on marketing, and much of that marketing directly reaches and influences kids.²³

PROTECTING OUR CHILDREN

The Alaska Tobacco Prevention and Control Program efforts are paying off when it comes to protecting our kids. Alaska's youth tobacco use rate—once at 37 percent (1995)—dropped to 14 percent in 2011 compared to the national average of 18 percent.²⁴

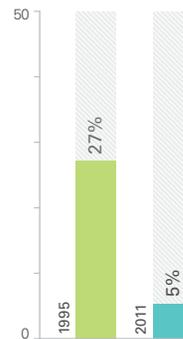
The proportion of Alaska's high school smokers who reported that their usual way of getting cigarettes was to buy them in a store saw a profound decrease to five percent in 2011 from the 27 percent of 1995.

Percentage of Alaskan High School Youth Who Smoke, 1995 - 2011



Data Source: Alaska Youth Risk Behavior Survey, 1995, 2003, 2007, 2009 & 2011

Percentage of High School Student Smokers Who Bought Cigarettes at a Store, Alaska 1995, 2011



Data Source: Alaska Youth Risk Behavior Survey, 1995 & 2011

Section sources: ²³U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: 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, 2012; ²⁴Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States, 2011. *MMWR* 2012;61 (No. SS-#4):[pp.1-166]. www.cdc.gov/yrbs; Published June 8, 2012. Accessed October 4, 2012; ²⁵Alaska Synar Compliance Database, 1997-2012.

“From the 1950s to the present, different defendants, at different times and using different methods, have intentionally marketed to young people, under the age of twenty-one in order to recruit ‘replacement smokers’ to ensure the economic future of the tobacco industry.”

U.S. District Court Judge Gladys Kessler, final ruling against the tobacco industry in the United States v. Phillip Morris, August 2006

The significant and sustained reductions in youth tobacco use since 1995 have been accomplished through proven effective youth prevention strategies that are maintained and strengthened over time, including:

- **Increased prices (taxes):** Past Alaska tobacco tax increases are being augmented across the state by communities passing local tax measures. Both national health organizations and the tobacco industry agree—this strategy is effective.
- **Local smokefree indoor air policies:** Changing public environments by eliminating smoking around others not only saves lives, it also creates an effective deterrent for youth.
- **Statewide anti-tobacco media campaigns:** Young people are profoundly influenced by media. Research has shown they respond to truthful health messages about tobacco use and are better able to withstand industry marketing with sustained support from creative, hard-hitting anti-tobacco media messages.
- **Sales enforcement activities:** Efforts that discourage vendors from illegally selling

tobacco to youth have been successful in Alaska. Vendors’ illegal sales to youth, at an all-time high of 36 percent in 2001, began to plummet in 2003. Alaska’s 2012 illegal sales rate is at 6.5 percent, well below the 20 percent threshold set by federal law.²⁵

- **School-based programs:** Alaska’s school programs are linked with their community’s prevention program—a proven strategy—and use district policy change along with education for a comprehensive approach.

VENDOR EDUCATION AND ENFORCEMENT

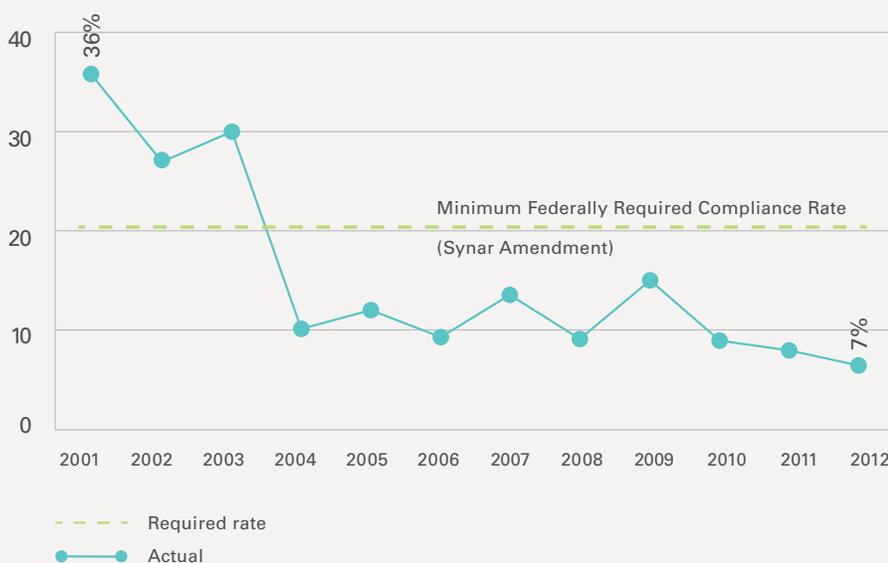
The state’s Tobacco Enforcement Program has reduced youth access to tobacco products by working closely with communities and retailers across Alaska to ensure compliance with laws prohibiting the sale and distribution of tobacco to minors. Key program efforts include:

- **Education:** The enforcement program reaches out to tobacco store owners, clerks, tobacco distributors, community members and police officers. Trainings are offered to vendor employees, materials

are distributed related to state laws and retailer responsibility in enforcing youth access laws, and assistance is provided to retailers to reduce violations.

- **Partnering with communities:** Reinforcing the importance of local compliance, the Alaska Tobacco Control Alliance and state program grantees provide additional community awareness and outreach.
- **License checks:** Year-round visits to retailers by program staff ensure that state licenses to sell tobacco are in order.
- **Compliance checks:** During FY12, more than 550 compliance checks conducted across Alaska resulted in the low violation rate of 6.5 percent. Under direct supervision of program investigators, purchase attempts are made by youth, who must disclose their age if questioned by retail staff. Retailers who violate the law face serious penalties, including fines and suspension of their authorization to sell tobacco as implemented under legislation passed in 2002 (see chart below).

Percentage of Alaska Vendors Found Selling Tobacco to Minors, 2001-2012



Data Source: Alaska Synar Compliance Database, 2001-2012

A Better Future for Our Children

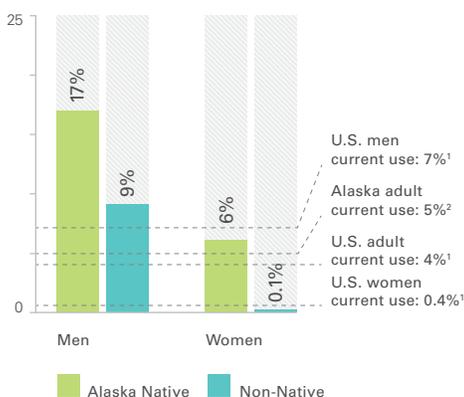
“Reducing tobacco use is a winnable battle. We have the science, and with additional effort and support for evidence based, cost effective strategies that we can implement now, we will improve on our nation’s health and our children’s future.”

Dr. Thomas Freiden, M.D., M.P.H.²³

Alaska is making progress and needs to sustain and increase its efforts to continue to counter tobacco industry manipulations that make too many of our children its newest nicotine-addicted customers.

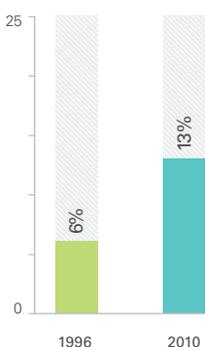
SMOKELESS TOBACCO

Adult Smokeless Tobacco Use Rates by Sex & Race, Alaska 2009-2010 Combined



Data Sources: ¹ SAMSHA, Office of Applied Studies, National Survey on Drug Use and Health, 2010; ² Alaska Behavioral Risk Factor Surveillance System, 2009 & 2010 (Standard and Supplemental Surveys combined);

Smokeless Tobacco Use Rates Among Current Male Smokers, Alaska 1996 & 2010



Data Sources: Alaska Behavioral Risk Factor Surveillance System, 1996 (Standard Survey), 2010 (Standard and Supplemental Surveys combined)

SMOKELESS IS NOT SAFE

“First, let me emphasize this:

- **I cannot conclude that the use of any tobacco product is a safer alternative to smoking. This message is especially important to communicate to young people, who may perceive smokeless tobacco as a safe form of tobacco use.**
- **Smokeless tobacco is not a safe alternative to cigarettes.**
- **Smokeless tobacco does cause cancer.”**

Vice Admiral Richard H. Carmona, M.D., M.P.H., FACS, U.S. Surgeon General, 2002-2006

There is no safe tobacco product—including smokeless tobacco. The U.S. Surgeon General has been clear that smokeless tobacco represents a significant health risk, can cause cancers and other diseases, contains nicotine, and is highly addictive.²⁶

The top two cigarette manufacturers have purchased smokeless tobacco manufacturing companies. They are reinventing smokeless tobacco with product design, candy flavoring and packaging that is proven to attract and addict kids and keep smokers addicted to their products. According to Federal Trade Commission data, expenses to market smokeless tobacco increased by 53 percent between 2004 and 2006.²⁷ In 2008, total marketing expenditures for smokeless tobacco products were \$547 million.²⁶

Alaska is seeing the results of this shift in tobacco marketing. Although Alaska’s overall adult smokeless tobacco use rates have remained steady over the past 14 years, there are some worrisome patterns in certain groups—smokeless use rates for Alaska Native high school students are higher than non-Native students in Alaska, and the dual use of cigarettes and smokeless tobacco among adult males doubled between 1996 and 2010.

State Tobacco Prevention and Control Program efforts include research and strategic planning to counter industry marketing efforts and reverse current smokeless tobacco use trends. Current activity includes proactive outreach to dental healthcare providers/health aides as well as collaboration with the Alaska Tobacco Control Alliance (ATCA) Smokeless Tobacco workgroup, to expand public education regarding the health harms of smokeless tobacco and encourage remedies to reduce its use, such as increases in prices for all tobacco products, including smokeless. ATCA continues to engage national and local experts on smokeless tobacco for consultation and annual training of program partners.

ADULT SMOKELESS TOBACCO USE

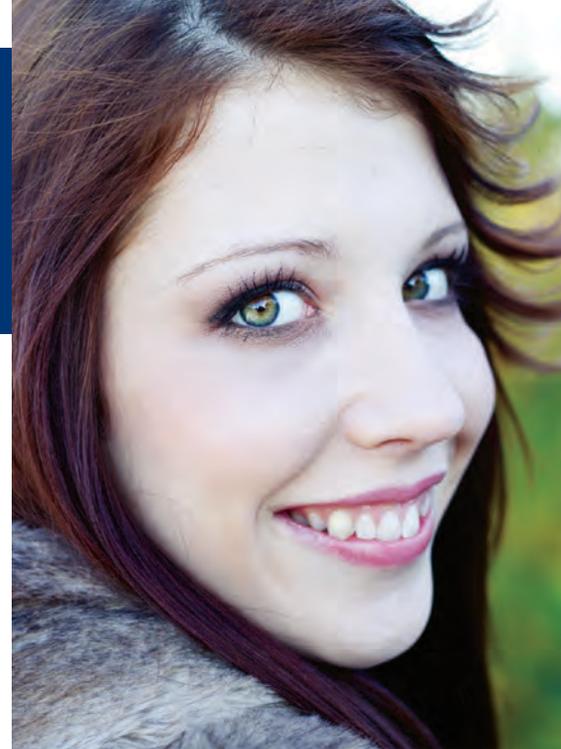
Overall adult smokeless tobacco use in Alaska remains unchanged since 1996. Smokeless tobacco use rates have also remained stagnant for Alaska Native men (17 percent) and Alaska Native women (9 percent). Alaska’s overall adult use rates are comparable to the national average of 4 percent.

MAINTAINING THE ADDICTION

Among Alaskan men who smoke, increasing numbers are also using smokeless tobacco. With the introduction of new smokeless products that will fit in with smokefree environments, smokers sustain their nicotine addiction instead of quitting.

“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



SMOKELESS – THE HARD FACTS

Smokeless Tobacco Use^{29,30}

- **Increases the risk of developing cancer of the oral cavity**—cancer of the lip, tongue, cheek, roof and even the larynx.
- **Is strongly associated with leukoplakia**—a precancerous lesion of the soft tissue in the mouth that consists of a white patch or plaque that cannot be scraped off.
- **Is associated with bad breath, stained teeth, recession of the gums, gum disease, tooth decay and bone loss.**
- **Increases the risks for preeclampsia** (i.e., a condition that may include high blood pressure, fluid retention, and swelling during pregnancy), **premature birth and low birth weight.**
- **Increases the risk of stomach and pancreatic cancer as well as heart disease and high blood pressure.**
- **Causes reduced sperm count and abnormal sperm cells in men.**
- **Can lead to nicotine addiction and dependence.**

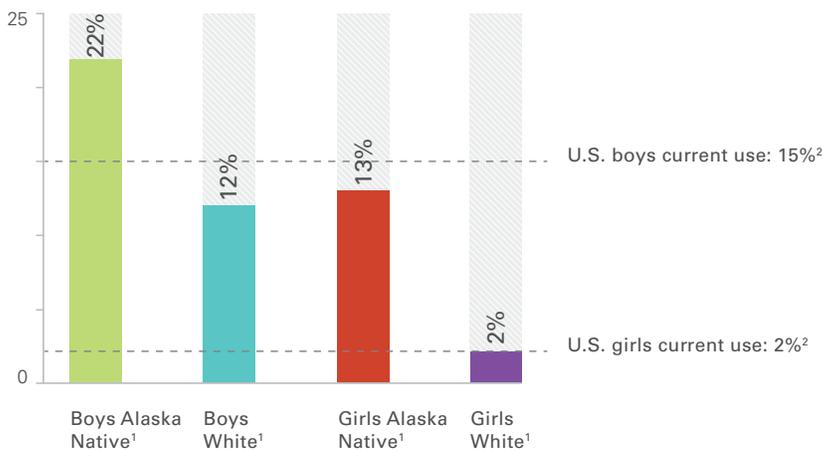
YOUTH SMOKELESS TOBACCO USE

Combined data from the 2009 and 2011 Alaska Youth Risk Behavior Surveys (YRBS), reflect youth smokeless use rates for high school girls at 4 percent, compared to the national average of 2 percent.²⁸ In addition, there is a clear disparity between Alaska’s white and Alaska Native high school boys and girls (see graph below).

- Smokeless tobacco use among Alaska Native high school boys is 22 percent compared to the U.S. rate of 15 percent.²⁸
- Alaska Native high school girls are much more likely to use smokeless tobacco (13 percent) compared to the U.S. rate of 2 percent.²⁸

The Alaska TPC program’s community and school grant efforts as well as those of the Leadership for Eliminating Alaskan Disparities (LEAD), are aggressively targeting this disparity so that Alaska Native youth do not have to carry a significantly higher burden of risk for addiction, disease and death than their non-Native peers.

Youth Smokeless Tobacco Use Rates by Sex & Race/Ethnicity, Alaska 2009-2011 Combined



Data Source: ¹Alaska Youth Risk Behavior Survey, 2009 & 2011; ²U.S. Youth Risk Behavior Survey, 2009

SMOKELESS TOBACCO – UNSAFE IN ANY FORM

Smokeless tobacco—tobacco products used in a form other than smoking—is found in a variety of styles and known by different names: snuff, chew, spit, dip. These now include new products—dissolvables in the form of lozenges, pellets and thin film strips similar to breath fresheners, among others.

They all contain nicotine, are highly addictive and contain 28 cancer-causing agents, including formaldehyde, arsenic, cadmium and radioactive polonium-210 along with high levels of tobacco specific nitrosamines—the most toxic carcinogen in tobacco products.²⁹

Section Sources: ²⁶U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: 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, 2012; ²⁷R.J. Reynolds Pulls Dissolvable Smokeless Products from Test Markets; *Company Must Stop Pushing Tobacco Products that Entice Kids* [press release]. Washington, D.C. Campaign for Tobacco-Free Kids; December 20, 2010. http://www.tobaccofreekids.org/press_releases/post/id_1309; Accessed October 19, 2012; ²⁸National data from *Youth and Tobacco Use* [fact sheet]. Centers for Disease Control and Prevention; 2012. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm. Accessed October 17, 2012; Alaska data from Alaska Youth Risk Behavior Survey 2009 and 2011 combined. ²⁹Severson, H. *Smokeless Tobacco: A Deadly Addiction*. Waco, TX: Health Edco; 1997; ³⁰*Smokeless Tobacco Facts* [fact sheet]. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion; 2011. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/smokeless_facts/index.htm Accessed October 12, 2012.

COST VS INVESTMENT

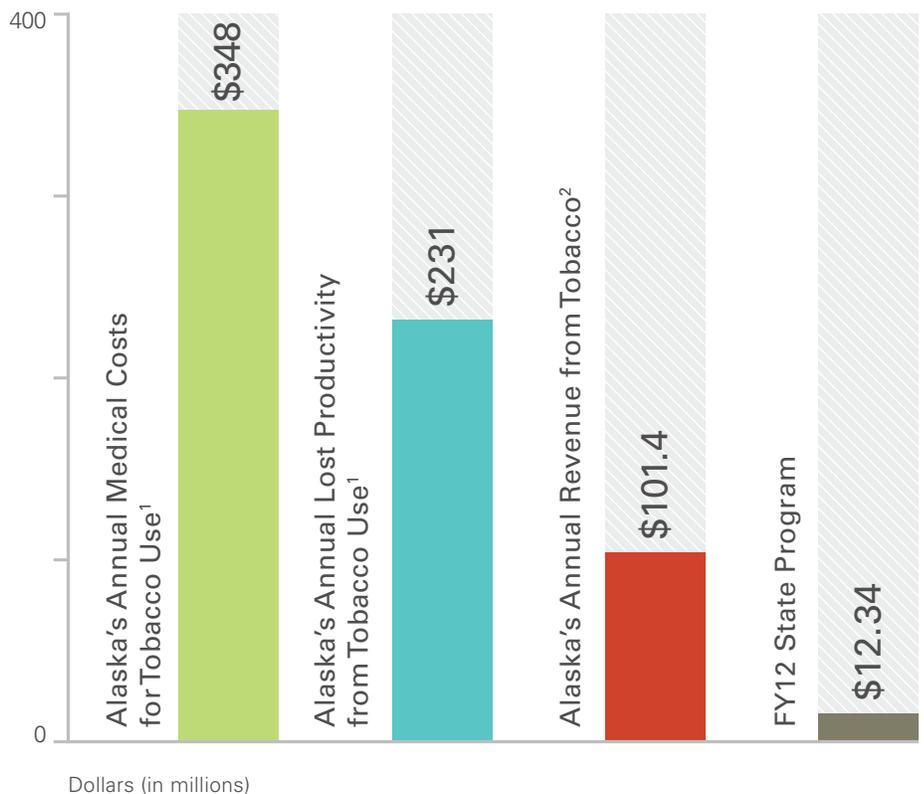
Locking in Savings

“Studies confirm that the cost-saving benefits from sustained state investments in effective tobacco control programs quickly grow over time to dwarf the state expenditures, producing massive gains for the state not only in terms of both improved public health and increased worker productivity but in reduced government, business, and household costs... state tobacco-prevention programs lock in enormous savings over the lifetimes of each person stopped from smoking... the lifetime healthcare costs of smokers total at least \$16,000 more than nonsmokers, on average, despite the fact that smokers do not live as long... for every thousand kids kept from smoking by a state program, future healthcare costs in the state decline by roughly \$16 million (in current dollars), and for every thousand adults prompted to quit, future health costs drop by roughly \$8.5 million.”³²

Alaska’s Tobacco Prevention and Control Program funding is strategically directed to incorporate program elements informed and guided by the CDC *Best Practices for Comprehensive Tobacco Control Programs, 2007*. Additional direction comes from ongoing program evaluation to ensure the most effective efforts are in place to reduce the high costs of tobacco use in Alaska—including annual direct medical costs of \$348 million and lost productivity totaling \$231 million—that drain our resources and destroy lives.

Alaska’s sustained investment over the past 12 years has brought about a significant reduction in tobacco use and return on investment, demonstrating that best practice efforts do work. However, Alaska is still only number 35 among the states in adult tobacco use prevalence rates in the U.S. Sustaining program continuity following CDC guidelines will accomplish further reductions in tobacco use.³¹

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



Data Sources: ¹Alaska Department of Health and Social Services. Alaska Tobacco Facts Report – 2012. Anchorage, Alaska: Section of Chronic Disease Prevention and Health Promotion, Division of Public Health, Alaska Department of Health and Social Services; August 2012. Available at: www.hss.state.ak.us/dph/chronic/tobacco/PDF/2012_alaska_tobacco_facts.pdf
²Annual Revenue equals FY12 taxes on tobacco products of \$71.4 million, plus FY12 Master Settlement payments of \$30 million (Revenue Sources Book, Fall 2012).

“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)

HCS SB 1001 (FIN) am H, (enacted June 2004), 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.



For Alaska, the CDC recommends annual funding at \$16.11 per capita, within a range of no less than \$11.72 and up to \$23.96 per capita for a fully funded and comprehensive program.

In FY12, Alaska received revenues of \$101.4 million from tobacco sources. Out of that, appropriations to tobacco prevention and cessation efforts came to \$11.1 million including enforcement. These funds were supplemented by \$1.24 million in CDC grants, for a total FY12 program budget of \$12.34 million, or \$17.09 per capita.

RETURN ON INVESTMENT: AT LEAST \$5 SAVED FOR EVERY \$1 SPENT

A recent in-depth study examining the Washington State tobacco program showed a large return on investment.

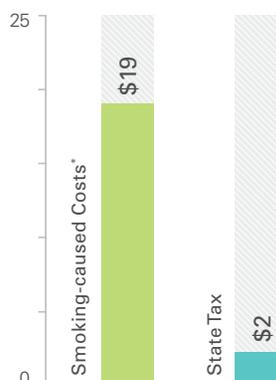
“Washington State has effectively used proven strategies for reducing tobacco’s impact: price increases, smokefree policies, and a comprehensive tobacco control program. The state has had a well-funded program since 2000, a statewide smokefree workplace law since December 2005, and multiple cigarette tax increases over the years.

A recent analysis showed the state program saved an estimated \$1.5 billion in hospitalizations alone.

The return on investment for the comprehensive program’s efforts showed a savings of greater than \$5 to every \$1 spent on the program.

Each additional year of program implementation produced growing returns.”³³

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



Data Source: Alaska Tobacco Facts, 2012 update

Yearly costs of tobacco use in Alaska:

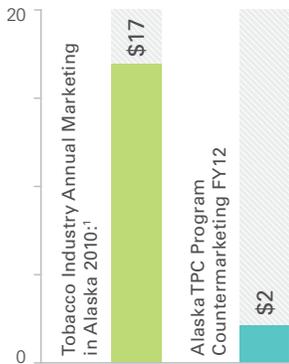
\$348 million in direct medical costs

\$231 million in lost productivity

Section Sources: ³¹Key State-Specific Tobacco-Related Data & Rankings [fact sheet]. Campaign for Tobacco-Free Kids; 2012. <http://www.tobaccofreekids.org/research/factsheets/pdf/0176.pdf>. Accessed October 11, 2012; ³²Hodgson TA. Cigarette Smoking and Lifetime Medical Expenditures. *The Milbank Quarterly* 1992; 70(1) [study’s results converted to 2004 dollars using Consumer Price Index for medical care prices (following CDC updating formulas and procedures)]; See also, Nusselder W, et al. Smoking and the Compression of Morbidity. *Epidemiology and Community Health* 2000; Warner KE, et al. Medical Costs of Smoking in the United States: Estimates, Their Validity, and Their Implications. *Tobacco Control* 1999; 8(3):290-300; ³³Dilley JA, Harris JR, Boysun MJ, Reid TR, Program, Policy, and Price Interventions for Tobacco Control: Quantifying the Return on Investment of a State Tobacco Control Program. *American Journal of Public Health* 2012; 102(2).

COUNTERMARKETING

Alaska Tobacco Prevention Countermarketing vs Tobacco Industry Marketing in Alaska



Dollars in millions

Data Source: ¹State-Specific Tobacco Company Marketing Expenditures 1998 to 2010 [Fact Sheet]. Campaign for Tobacco-Free Kids. (2012). www.tobaccofreekids.org/research/factsheets/pdf/0271.pdf. Accessed 10/26/12.

“The ability to attract new smokers and develop them into a young adult franchise is key to brand development.”

1999 Philip Morris report, “Five-Year Trends 1988-1992.” Bates No. 2044895379-484

COUNTERING INDUSTRY EFFORTS

Alaska is in a battle to save lives and protect our kids from a tobacco addiction that scientists say is akin to, if not more addicting than, cocaine or heroin.³⁴ The purveyor of that addiction is, according to the 2006 Justice Department Civil Lawsuit, determined to succeed: “*Defendants have marketed and sold their lethal products with zeal, with deception, with a singleminded focus on their financial success, and without regard for the human tragedy or social costs that success exacted.*”³⁵

U.S. District Court Judge Gladys Kessler, Final Opinion, *United States v. Philip Morris*

Studies show that kids are twice as sensitive to tobacco advertising as adults and are more likely to be influenced to smoke by cigarette marketing than by peer pressure.³⁶ One-third of underage experimentation with smoking is attributable to tobacco company advertising.

According to CDC best practices, “*adolescents and young adults have been and continue to be so heavily exposed to images of smoking in the media, tobacco advertising, and promotional campaigns, public health marketing campaigns are needed to focus on preventing initiation and promoting cessation.*”³⁷ Sustained mass media campaigns are powerful tools for preventing young people from taking up tobacco use, promoting and facilitating tobacco cessation and educating communities about the need to protect Alaskans from exposure to secondhand smoke.

RETURN ON INVESTMENT

The U.S. Strategic Action Plan, “Ending the Tobacco Epidemic,” notes that countermarketing campaigns have demonstrated their value in terms of **positive economic impact** — citing the national American Legacy Foundation’s *truth* campaign of 2000 - 2004 resulted in approximately **450,000 fewer adolescents initiating smoking** in the United States. The report notes: “*During 2000-2002, the truth campaign spent \$324 million... A cost-utility analysis found that the campaign **recouped its costs** and that just under **\$1.9 billion in medical costs were averted** for society over the lifetimes of the youth who did not become smokers.*”

INCREASE MESSAGE REACH

Alaska’s targeted mass media campaigns use TV, radio, print, online, outdoor, social media, and increased public relations efforts to expand the delivery of anti-tobacco messages across the state.

In FY12 the media program increased intensity of messaging to Alaska populations that experience a higher rate of tobacco use and utilized messages that include testimonials and graphic images of health consequences. These ad elements are proven to be effective in promoting thoughts of quitting as well as quit attempts.

Messages were linked across program components through careful development and branding, use of new program logos and creation of effective websites. These efforts provided special tools for those working across Alaska in community programs, schools and healthcare professions to bring this addiction epidemic to a close.

“Evidence indicates that mass media campaigns can be one of the most effective strategies in changing social norms and preventing youth smoking ... There also is strong evidence that media ads designed for adults also decrease the prevalence of smoking among youth.”

Dr. Regina Benjamin, U.S. Surgeon General, *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, 2012.

MESSAGES THAT WORK

No One Can Make Me Quit But Me

Alaska’s media program continued the award-winning “Dear Me” campaign to support the 75 percent of adult tobacco users who want to quit with strong messages to urge them toward cessation. New ads included real Alaska tobacco users who wanted to quit.

This campaign resonated profoundly with smokers in focus group testing, who described “Dear Me” as “real,” “accurate,” and “respectful.”

CDC and Alaska Join Forces

In June 2012, the Centers for Disease Control launched their first nationwide tobacco cessation campaign, “Tips from a Former Smoker,” featuring personal stories of suffering that include graphic images of the real consequences of tobacco use. This is a strategy heavily tested and proven to work despite cultural differences, socioeconomic status or nationality.



“Tips” campaign gives a dose of reality.

The TPC program augmented the CDC national buy with additional television ads in Alaska, increasing reach with statewide placement in print, online, bus signage, airport shelters and gas pump advertising. Quit Line call volumes increased.

Good for Health. Great for Business.

Smokefree air saves lives and saves money. Research has shown that across the country businesses in states with smokefree workplace laws experience no negative economic impact, and often are rewarded with increased business from customers that previously avoided smoke-filled environments.

In the FY12 campaign, “Good for Health. Great for Business,” Alaska businesses were highlighted in communities where smokefree workplace laws were in effect. In addition, business owners in unprotected communities were featured who realized they needed to protect the health of their employees and patrons and found doing so had a positive impact on business.

Tobacco Prevention and Control Matters

To share the tobacco prevention and control message with Alaskans, several short educational videos were created— “Tobacco Prevention and Control Matters,” and “Alaska Native People: The Tobacco Prevention and Control Movement.” The videos were aired across the state, bringing about a deeper understanding of the cost of tobacco use, to a variety of audiences, from community gatherings, civic leaders, policy makers, tribal leaders, schools and organizations.

Section Sources: ³⁴*Smoking Cessation* [fact sheet]. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion; 2011. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm Accessed October 11, 2012; ³⁵*Big Tobacco Guilty As Charged*. Tobacco Industry Watch. Campaign for Tobacco-Free Kids. http://www.tobaccofreekids.org/what_we_do/industry_watch/doj_lawsuit/. Published 2006. Updated July 1, 2010. Accessed October 26, 2012; ³⁶*Tobacco Company Marketing to Kids* [fact sheet]. Campaign for Tobacco-Free Kids; 2012. <http://www.tobaccofreekids.org/research/factsheets/pdf/0008.pdf>. Accessed October 15, 2012; ³⁷Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs-2007*. Atlanta: 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; October 2007.

2012 Telly Awards – Six-time National Winner!



The 33rd Annual Telly Awards honored six videos from the Alaska TPC program out of nearly 11,000 entries from all 50 states and numerous countries.

Winning campaigns include

- “Good for Health. Great for Business.” smokefree workplace education campaign
- An individual award for the “Chilkoot Charlie’s” spot in that campaign
- Three awards for the short-form educational video “Tobacco Prevention and Control Matters”
- An individual award for “Alaska Native People: The Tobacco Prevention and Control Movement”

The premier Telly Awards, founded in 1979, honors outstanding local, regional, and cable TV commercials and programs, video and film productions, and online commercials, video and films.



Tobacco Prevention and Control Matters



Tobacco Prevention and Control Matters

HELPING PEOPLE QUIT

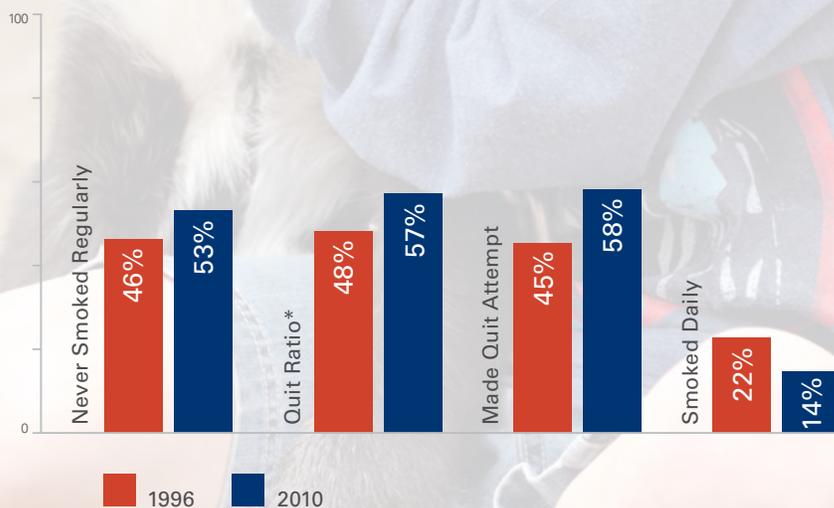
Programs that increase quitting tobacco use can decrease premature death and tobacco-related healthcare costs in the short term. Quitting by age 30 eliminates nearly all excess risk associated with smoking. Smokers who quit smoking before age 50 cut in half their risk of dying in the next 15 years.³⁸

Alaska is making progress in motivating tobacco users to quit—and helping them stay quit. The majority of Alaskan adult smokers—75 percent—want to quit. The number of Alaskans who made a quit attempt in the last 12 months increased from 45 percent in 1996 to 58 percent in 2010. There are fewer daily smokers—only 14 percent compared to 22 percent in 1996. Among those who ever smoked, there are more former smokers—nearly 60 percent, up from 48 percent. Among all adults, 53 percent were never smokers, compared to 46 percent in 1996 (see graph).

It is never too late to quit, and quitting earlier improves health outcomes over a lifetime. One year after quitting, the risk of coronary heart disease is decreased to half that of a current smoker and at 15 years the risk is similar to those who never smoked.³⁸



Progress in Cessation Indicators, Alaska 1996 & 2010



* Proportion of former smokers among ever smokers

Data Sources: Alaska Behavioral Risk Factor Surveillance System, 1996 (Standard Survey), 2010 (Standard and Supplemental Surveys combined)

“Tobacco use treatment is more cost-effective than other commonly provided clinical preventive services, including mammography, colon cancer screening, Pap tests, treatment of mild to moderate hypertension, and treatment of high cholesterol.”

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

SAVING HEALTHCARE DOLLARS

Quitting also saves money for the tobacco user and the employer in sustained productivity and averted healthcare costs. In 2010, tobacco use cost Alaskans an estimated \$579 million annually in direct medical costs and lost productivity. For the state there are significant cost savings in averted Medicaid expenditures. A recent benefit-cost analysis concluded that if states followed CDC’s Best practices funding guidelines, the **states could save as much as 14 to 20 times the cost of program implementation** through reduced medical and productivity costs as well as reduced Medicaid costs.³⁹

Quitting is not easy. Cigarettes have become a more potent and efficient nicotine delivery system, with nearly 12 percent more nicotine than was present in 1997 (see chart, Average Nicotine Yields Per Cigarette, page 1).

“Defendants altered the chemical form of nicotine delivered in mainstream cigarette smoke for the purpose of improving nicotine transfer efficiency and increasing the speed with which nicotine is absorbed by smokers”

U.S. District Court Judge Gladys Kessler
Final Opinion, *United States v. Philip Morris*

Smokeless tobacco products — snus, orbs and strips — are being falsely marketed as safer and an option when smoking isn’t possible, enticing tobacco users to delay quitting.

Alaska’s cessation support system provides quitline services, supports regional healthcare systems in developing screening and treatment systems for tobacco users, and provides media and online resources to assist tobacco users in accessing cessation services.

ALASKA’S TOBACCO QUIT LINE

Alaska’s Tobacco Quit Line, launched in 2002, is a toll-free telephone-based cessation program that provides free coaching, self-guided quit materials, and nicotine replacement patches or gum to all Alaska adults who want to quit tobacco. During FY12, 3,775 Alaskans called the Quit Line for assistance.

Professional quit coaches, specially trained to serve Alaska and Alaska Native callers, assess the caller’s readiness to quit, help them determine a quit date and develop an individualized quit plan. Continued support includes print materials and pro-active follow-up phone calls. Pregnant women receive additional coaching in quitting and staying quit during pregnancy and after their baby is born.



SATISFIED CONSUMERS: ALASKA’S TOBACCO QUIT LINE CALLERS

- *“This is so great for Alaskans. I wish they had more advertising, because if people don’t have the money to get the patches or gum, this gives them a way to be free. I want to give kudos because [your counselors] are so patient, and understanding, and knowledgeable in what you do. I’ve felt so listened to and I think that with representatives like you all helping customers, people are going to be more likely to quit, and to want to call and to get help. I wish everybody knew what a great program this is.”*

- *“I really think this program has been so wonderful. The patches were great and everyone who called was so helpful. I think this has really made a big difference in my quitting for good this time.”*
- *“Everybody I’ve talked to at the Quit Line has been friendly and helpful. I haven’t smoked in over two months and I’m feeling great!”*

MISSION 100

Mission 100 (M100) provides technical assistance and outreach to funded and non-funded communities promoting systems change through tobacco prevention, education and cessation interventions. M100 worked with healthcare systems leaders to help their organizations implement the Public Health Services Clinical Guidelines for treating tobacco use and dependence and to implement comprehensive tobacco-free campus policies.

M100 began in September 2011, focusing on healthcare organizations in tribal healthcare, hospitals and community health centers. Services are expanding to include all Alaskan employers. Regional coalitions use M100 to extend beyond their membership to reach communities and organizations that are not yet involved in tobacco prevention and control.



ONLINE PROVIDER TRAINING

The TPC program offers a free, Medical Education accredited online training at akbriefintervention.org to assist providers in understanding the importance of the brief tobacco interventions in improving the health of all Alaskans.

Section Sources: ³⁸U.S. Department of Health and Human Services. *A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You*. Atlanta: 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, 2010; ³⁹Chattopadhyay, S. and Pieper, D. Does Spending More on Tobacco Control Programs Make Economic Sense? An Incremental Benefit-Cost Analysis Using Panel Data. *Contemporary Economic Policy* 2012; 30(3): 430-447.



COMMUNITY-BASED PROGRAMS

“Whereas, the City of St. George finds and declares that the prohibition of smoking in workplaces and enclosed public places is necessary to protect the right of all citizens ... to equality of employment opportunity...”

Community- and school-based tobacco prevention programs educate Alaskans at the local level about the harmful effects of tobacco use and exposure to secondhand smoke, and promote tobacco cessation opportunities. Numerous community partners are also engaged in the effort at the local level, creating a network of tobacco prevention program participants across the state.

During FY12, seven districts received school grants and 21 communities received prevention grants.

COMMUNITY PROGRAMS

Community prevention grants engage and support programs that are proven most effective in reducing the health harms of tobacco use. They include:

- Smokefree workplace policy
- Tobacco price increases as a deterrent to youth tobacco use and motivation for adult cessation
- Voluntary smokefree multi-unit housing policies
- Smokefree substance abuse treatment center policies
- Localized media and events that support the program goals

COMMUNITY PROGRAM HIGHLIGHTS

- The city of Nome passed the state’s most comprehensive 100 percent smokefree workplace law.
- The Aleutian Pribilof Island Association worked with the Aleutian Housing Authority for passage of a smokefree housing resolution; the village of Atka and city of St. George adopted smokefree policies.
- The Kodiak Area Native Association realized multiple successes—passage of a smokefree workplace resolution by the Port Lions Tribal Council and adoption of smokefree policies by the Kodiak Crab Festival.
- Alaska Family Services worked to achieve a smokefree 2012 Alaska State Fair, the American Lung Association of Alaska partnered to make Anchorage PRIDE Fest smokefree and Tanana Chiefs Conference worked with Tanana Valley Fair to be smokefree in 2012.
- The Copper River Native Association became smokefree on April 1, 2012.
- In Kenai, Seward and Sand Point, smokefree policies were adopted by more local businesses, including numerous hospitality venues.
- In the Interior, the delegates from the Native Village of Koyukuk sponsored a tobacco-free workplace resolution that was adopted at the Tanana Chiefs’ Conference 2012 annual convention.
- The Sitka Science Center campus became smokefree, joining the rest of the Fine Arts campus.
- AKEELA, Inc. developed an organizational tobacco-free policy toolkit to facilitate policy implementation in all behavioral health organizations.



1200 Die Every Day – SouthEast Alaska Regional Health Consortium’s tobacco prevention program drives home the point that “1200 tobacco users die everyday” at the 2012 American Cancer Society’s Great American Smokeout.

“The issue of respecting elders, many of whom smoke, resonated with youth panelists. ‘One thing really overlooked is looking after ourselves, looking after our health,’ said Adele Argaitchiaq Solski, an incoming freshman at the University of Alaska at Fairbanks, who also worked to reduce smoking in her Inupiaq Eskimo community. The youngest of six, Solski said she joined student activist groups to help her five siblings and father quit smoking.”

The SeattleTimes, June 2012, reporting on the Region X Town Hall meeting held in Seattle

SCHOOL PROGRAMS

School-based programs are located in districts served by community prevention grants, allowing for a synergy of efforts that promises greater program effectiveness. In some communities the school is one of the largest employers and tobacco-free schools set a strong community example for tobacco-free workplace policy.

Program grants support school districts in building comprehensive school tobacco prevention programs that include policy, outreach to communities and prevention curricula. School programs bring another player—district personnel—to the community tobacco prevention effort. Districts work on strengthening and implementing tobacco-free school policies and conduct both school health assessments and a local Youth Risk Behavior Survey.

SCHOOL PROGRAM HIGHLIGHTS

- Nome Public School District, Juneau School District, Northwest Arctic Borough School District and the Aleutians East Borough School District adopted a comprehensive tobacco-free school campus policy—all seven school district grantees are now implementing comprehensive tobacco-free campus policies.
- The Northwest Arctic Borough School District, the Mat-Su Borough School District, the Aleutians East Borough School District and the Wrangell School District implemented evidence-based prevention curricula.
- The Association of Alaska School Boards (AASB), with 52 of the 54 Alaska school districts as members, is a key stakeholder in helping achieve 100 percent tobacco-free school campus policies. Their 2012 policy manual update included a model comprehensive tobacco-free school campus policy that applies to students, staff, visitors, and all events on and off campus.
- The Alaska Tobacco Control Alliance youth leaders’ coalition worked with students at the 2012 Alaska Association of Student Governments Conference in Kodiak to pass two resolutions in support of: 1) implementation of comprehensive tobacco-free school policies in all schools statewide, and 2) passage of a statewide smokefree workplace law.

CESSATION INTERVENTIONS PROGRAMS

This program’s long-term goal is to promote quitting tobacco in adults and youth by developing and implementing sustainable, comprehensive systems for addressing tobacco use in the healthcare system. In FY12, 10 grantees across Alaska received funding for tobacco cessation interventions:

- Alaska Island Community Services (Wrangell)
- Bartlett Regional Hospital (Juneau)
- Bristol Bay Area Health Corporation
- Copper River Native Association
- Kenaitze Indian Tribe (Kenai Peninsula)
- Kodiak Area Native Association
- Maniilaq Association (Kotzebue)
- Southcentral Foundation
- SouthEast Alaska Regional Health Consortium
- Tanana Chiefs Conference (Interior)

Following CDC-recommended best practices, they developed systems to support asking and advising clients about tobacco use, then referring them to cessation services, such as Alaska’s Tobacco Quit Line. In addition, grantees worked to enhance the ability of healthcare centers to draw on private insurance and Medicaid coverage for nicotine dependence treatment.

ALASKA YOUTH LEADERS

In conjunction with the 2012 U.S. Surgeon General’s report, *Preventing Tobacco Use Among Youth and Young Adults*, regional town hall meetings with Surgeon General Regina Benjamin were held across the country. Two of Alaska’s youth leaders, 17-year-old Rachel Gulanes of Unalaska and 18-year-old Adele Solski of Fairbanks participated on panels with the Surgeon General at the town hall in Seattle.



Rachel Gulanes speaking about her experiences at Unalaska City High School in Unalaska, Alaska.



Surgeon General Dr. Regina Benjamin and Adele Argaitchiaq Solski, graduate of Lathrop High School and Inupiaq Eskimo. The youth panel participants each received a certificate from the Surgeon General recognizing their leadership.

Tobacco use treatment is more cost effective than other commonly provided clinical preventive services, and cessation results in reduced smoking-caused healthcare costs, including reduced state Medicaid program expenditures.



Tribal leaders, including Dr. Gary Ferguson, ND, spoke out in support of a tobacco-free AFN.

CESSATION PROGRAM HIGHLIGHTS

- Grantees were required to conduct a return-on-investment (ROI) assessment for either their patient population served and/or their employee populations. Each cessation grantee's ROI yielded positive results indicating the economic advantages to offering a range of smoking cessation programs.
- Alaska Island Community Services presented to civic organizations about the impact of tobacco use in their community.
- Bristol Bay Area Health Corporation conducted extensive research in their region regarding attitudes and behaviors around tobacco use to improve local cessation program effectiveness.
- Copper River Native Association established a tobacco-free campus.
- Tanana Chiefs Conference created screening templates that can be shared and implemented across the state.

LEADERSHIP FOR ELIMINATING ALASKAN DISPARITIES (LEAD)

The LEAD statewide workgroup — convened in 2006 by the TPC program and now more than 200 members strong — represents and advocates for populations disproportionately impacted by tobacco use. Its vision is for equal opportunity for good health, freedom from tobacco use and its consequences, and improved quality of life.

LEAD's 2010 Alaska Strategic Plan for Eliminating Tobacco-Related Disparities includes detailed strategies with action steps to reduce disparities among four population groups with the state's highest tobacco use rates:

- Alaska Native adults,
- People of low socioeconomic status,
- Young adults aged 18-29, and
- Individuals who struggle with substance abuse and mental health concerns.

LEAD PROGRAM HIGHLIGHTS

LEAD collaborated with communities across the state to expand resources and support for tobacco-free environments in a variety of settings.

- The Alaska Federation of Natives 2011 Convention's passage of a smokefree workplaces resolution solidified tribal leader support for smokefree workplaces.
- Six new resolutions supporting statewide smokefree workplaces were adopted by the Qutekcaq Native Tribe in Seward, the Village of Solomon in Nome, the Native Village of Koyuk, the Organized Village of Kasaan, and the Alaska Native Sisterhood (ANS) and Alaska Native Brotherhood's (ANB) Annual Grand Camp.

Six tribes eliminated tobacco use and secondhand smoke on workplace grounds: the Native Village of Atka, the St. George Traditional Council, the Native Village of Point Hope, the Native Village of Kobuk, the Native Village of Hydaburg, and the Skagway Tribal Council.

- The Alaska Native Health Board passed a resolution in support of tobacco-free tribal health organizations.
- Anchorage Neighborhood Health Center adopted a tobacco-free campus policy implemented in the Fall of 2012.
- LEAD members expanded partnerships and educated students, staff and faculty about the benefits of smokefree and tobacco-free college campuses. Partners include: Ilisagvik College in Barrow, Job Corps in Palmer, AVTEC in Seward, the University of Alaska Anchorage, the University of Alaska Southeast, and Kenai Peninsula College.

TOBACCO PREVENTION & CONTROL GRANTEES



MEASURING OUTCOMES

MEDICAL COST CONTAINMENT

Studies evaluating the economic impact of tobacco prevention and control programs point to significant return on investment resulting from tobacco prevention policies:

ALASKA

Alaska's sustained Tobacco Prevention and Control program achieved a significant 25 percent reduction in adult tobacco use between 1996 and 2010, translating into:

31,000

fewer adult smokers

8,900

fewer tobacco-related deaths

\$396 million

savings in future healthcare costs.⁴⁰

MINNESOTA

A smoking ban for workplaces, including bars and restaurants, in Olmstead County realized a reduction in heart attacks by 33 percent and sudden cardiac death by 17 percent.⁴¹

CALIFORNIA

California has the longest history of tobacco programming, the oldest comprehensive smoke-free workplace law, and the largest total budget invested in tobacco control. Researchers found that the decline in smoking rates substantially reduced personal healthcare expenditures in the state – the ROI was approximately **\$50 saved for every \$1 invested**.⁴²

MISSISSIPPI AND GERMANY

An additional benefit to comprehensive smoking bans is lower healthcare costs connected to smoking-related illnesses. The savings range from \$302,000 for acute myocardial infarctions in a small Mississippi town, to \$6.9 million the first year after smoke-free laws were implemented in one province in Germany.⁴³

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. 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) System
- Media Awareness and Recall Surveys

Key facts are summarized and released in reports such as *Tobacco in the Great Land*, *Alaska Tobacco Facts* and the *Tobacco Prevention and Control Program Annual Report*.

Special studies and projects are also undertaken to generate detailed information about tobacco use patterns within specific population groups and to assess the effectiveness of program components. FY12 projects included:

- An examination of patterns of dual use of smokeless and smoked tobacco products
- An update of *Tobacco in the Great Land*, a comprehensive summary of Alaska tobacco-related data
- Follow-up surveys of Alaska's Tobacco Quit Line callers to gauge satisfaction and effectiveness
- A study on program reach and effectiveness in rural Alaska communities
- Supporting healthcare systems to conduct return on investment studies
- Ongoing monitoring of community, school and health center grant programs

NEW METHODS, BETTER DATA FOR THE FUTURE

In recent years BRFSS methods have changed slightly. Changes include:

- calls to cell phones
- an advanced statistical weighting method known as "iterative proportional fitting" - also called "raking."

Weighting is used to make sure the data from surveys are representative of the overall population. The new method, raking, is important because it incorporates demographic variables in addition to those used in the previous weighting method, which are *age*, *gender* and *region*. Raking allows us to further adjust for: *education*, *marital status*, *rent or own status* and *phone source*.

Significant advances in computer processing and network capacity gives CDC the ability to adopt the more sophisticated raking data-weighting method. BRFSS began using the new methods with 2011 data and will be reported in the upcoming Alaska Tobacco Facts.

PROGRAM PARTNERS

Agnew::Beck Consulting
 Akeela, Inc.
 Alaska Association of Student Governments
 Alaska Dental Action Coalition
 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 School Activities Association
 Alaska Tobacco Control Alliance
 Alaska Tobacco Control Alliance – ATCA Youth Leaders
 Association of Alaska School Boards
 Alere Wellbeing, Inc.
 Aleutian Pribilof Islands Association
 Aleutians East Borough School District
 AARP
 American Cancer Society – Cancer Action Network
 American Heart Association
 American Lung Association in Alaska
 Anchorage Neighborhood Health Center
 Bartlett Regional Hospital
 Bridges Community Resource Center
 Bristol Bay Area Health Corporation
 Centers for Disease Control and Prevention – Office on Smoking and Health
 Chugachmiut
 Clearwater Research
 Cook Inlet Native Head Start
 Copper River Native Association
 Eastern Aleutian Tribes, Inc.
 Edgar Nollner Health Center
 Galena Clinic
 Ilisagvik College
 Information Insights
 Juneau School District
 Kenaitze Indian Tribe
 Kids Corps Inc.
 Kodiak Area Native Association
 Maniilaq Association
 Matanuska-Susitna Borough School District
 Michael J. Stark, Ph.D
 National Council on Alcoholism and Drug Dependence
 Nome Community Center
 Nome Public Schools
 Northwest Arctic Borough School District
 Northwest Strategies
 Norton Sound Health Corporation
 Petersburg Indian Association
 Portland State University
 Program Design and Evaluation Services
 Railbelt Mental Health & Addictions
 Rede Group
 Rural Alaska Community Action Program, Inc.
 SeaView Community Services
 Sitka School District
 Southcentral Foundation
 SouthEast Alaska Regional Health Consortium
 Tanana Chiefs Conference
 University of Alaska Anchorage
 Wrangell Public School District
 Yukon-Kuskokwim Health Corporation

“Cigarette smoking by youth and young adults is proven to cause serious and potentially deadly health effects immediately and into adulthood. One of the most significant health effects is addiction to nicotine that keeps young people smoking longer, causing increased physical damage. Early abdominal aortic atherosclerosis has been found in young smokers which affects the flow of blood to vital organs such as the lungs. This leads to reduced lung growth that can increase the risk of chronic obstructive pulmonary disease later in life, and reduced lung function.”

Dr. Regina Benjamin, U.S. Surgeon General, *Preventing Tobacco Use Among Youth and Young Adults; A Report of the Surgeon General, 2012*



Nome youth hosted a Kick Butts Day event that included games and activities.

Sources for *Medical Cost Containment* (left page): ⁴⁰Alaska Department of Health and Human Services). Estimated smoking attributable deaths averted calculation based on: U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA: 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. Calculations for estimated smoking cost savings based on: Hodgson, TA, Cigarette Smoking and Lifetime Medical Expenditures, *Millbank Quarterly*, 70 (1):81-115, 1992, updated with 2010 Medical Consumer Price Index information from www.bls.gov/cpi/cpid10av.pdf; ⁴¹Myocardial Infarction and Sudden Cardiac Death in Olmsted County, Minnesota, Before and After Smoke-Free Workplace Laws ONLINE FIRST Richard D. Hurt, MD; Susan A. Weston, MS; Jon O. Ebbert, MD; Sheila M. McNallan, MPH; Ivana T. Croghan, PhD; Darrell R. Schroeder, MS; Véronique L. Roger, MD, MPH Arch Intern Med. 2012;172(1):1-7. doi:10.1001/2013.jamainternmed.46; ⁴²Robert Wood Johnson Foundation Health Policy Snapshot. (2012). Does curbing tobacco use lower healthcare costs? Retrieved from www.rwjf.org/en/research-publications/find-rwjf-research/2012/08/does-curbing-tobacco-use-lower-health-care-costs-.html; ⁴³Association Between Smoke-Free Legislation and Hospitalizations for Cardiac, Cerebrovascular, and Respiratory Diseases: A Meta-Analysis, Crystal E. Tan, MS; Stanton A. Glantz, PhD. *Circulation*. 2012; 126: 2177-2183. Retrieved at <http://circ.ahajournals.org/content/126/18/2177>

CONTINUING PROGRESS



Southeast regional breakfast at Grantee Fall Training, 2012.



Laura Ellsworth of YKHC collaborates with Cheryl Dalena and Dana Diehl on eliminating Alaskan Disparities.

Over the past 10 years, Alaska has engaged in successful strategies to reduce the disease and premature death caused by tobacco use and secondhand smoke. Alaska's 2010 overall adult smoking rate of 21 percent reflects a statistically significant decrease from the 28 percent of 1996. The overall youth smoking rate has dropped by over 60 percent between 1995 (37 percent) and 2011 (14 percent), compared to the 2011 national rate of 18 percent.⁴⁴

Today in Alaska, more tobacco users want to quit, more smokers and non-smokers agree that everyone has the right to breathe smokefree air and every year more Alaska communities adopt laws to protect workers from the toxins in secondhand smoke.

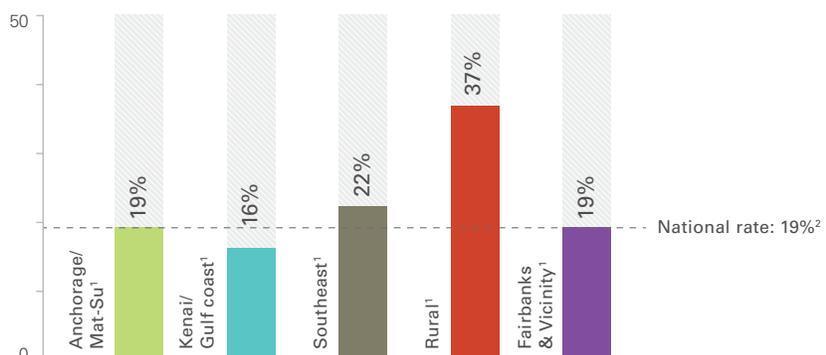
These successes are the result of programs grounded in best practices within Alaska's comprehensive Tobacco Prevention and Control Program:

- Comprehensive local smokefree workplace policies now protect nearly 50 percent of Alaskans.
- Tobacco product price increases—tobacco taxes—at the state and local level help dissuade kids from starting.
- Enforcement of laws reduce illegal sales of tobacco to children.
- Statewide cessation support systems help tobacco users quit.
- Sustained statewide multi-media countermarketing campaigns inform and motivate Alaskans.
- Community and school efforts create tobacco-free environments.

While program successes are to be applauded, there is a long way to go before tobacco-related preventable disease and death are eliminated. This is not a static effort — there are new areas of challenge and concern that must be addressed:

- Alaska's smokeless tobacco use is high. Industry tactics—promoting smokeless tobacco for use in smokefree environments and marketing new products to children—continue to challenge public health successes.
- The adult smoking rate in rural Alaska communities is significantly higher than in the rest of the state.
- Alaska Native adults are still 2 times as likely to smoke as non-Native adults.
- Non-Native adults with low educational attainment and income smoke at higher rates.
- Young adults aged 18-29 smoke at a higher rate.
- Alaska men who smoke are increasingly likely to also use smokeless tobacco — again, industry marketing is a probable factor.

Adult Smoking Rates by Region, Alaska & 2010



Data Sources: ¹Alaska Behavioral Risk Factor Surveillance System, 2010 (Standard and Supplemental Surveys Combined), ²Centers for Disease Control and Prevention. Vital Signs: Current Cigarette Smoking Among Adults Aged ≥ 18 Years—United States, 2005–2010. Morbidity and Mortality Weekly Report 2011;60(33):1207–12 [accessed 2012 Jan 24].

“If we do not act decisively today, a hundred years from now our grandchildren and their children will look back and seriously question how people claiming to be committed to public health and social justice allowed the tobacco epidemic to unfold unchecked.”

Dr. Gro Harlem Brundtland, World Health Organization Director-General, speaking at the start of the international negotiations leading to the landmark Framework Convention on Tobacco Control¹²

TOBACCO NEVER QUILTS – NEITHER CAN WE

In 2009 Congress gave the U.S. Food and Drug Administration the power to regulate the manufacture, marketing and sale of tobacco products. Strong warning label packaging, one of the FDA requirements that was to have been implemented in 2012, has been proven in other countries to be a deterrent to children initiating tobacco use. Tobacco companies understand this and are engaged in a major U.S. court battle to combat this regulation.

The tobacco industry continues to spend more than 28 million dollars a day to market their products. They continue to develop new nicotine delivery systems, easy to hide from parents and teachers and with enticing flavors that help children become initiated. Hard-fought successes can be reversed if prevention program efforts are not sustained and do not keep pace with the promotional influences of the tobacco industry.

Alaska must continue its progress to avoid static rates or a rise in youth tobacco use as has been the case in other states. Alaska’s comprehensive Tobacco Prevention and Control program, well funded and sustained over time, can bring about significant declines in tobacco use addiction, eradicate exposure to secondhand smoke, and realize great economic benefits to the state in averted healthcare costs.

GETTING THE RETURN ON INVESTMENT

According to the American Cancer Society Cancer Action Network’s “The Health and Economic Benefits of Making Alaska Smokefree,” over five years, a comprehensive smokefree law making all Alaska workplaces, restaurants and bars 100% smokefree would be expected to produce the following benefits:

SAVE MONEY

Lung Cancer Treatment Savings	\$1.35 million
Heart Attack and Stroke Treatment Savings	\$3.69 million
State’s Medicaid Program Savings	\$520,000
Smoking-Related Pregnancy Treatment Savings	\$980,000

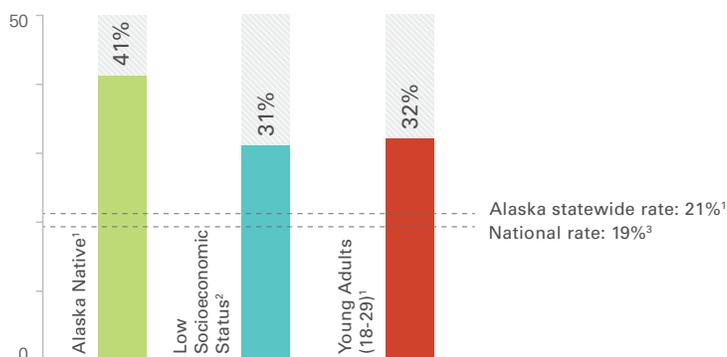
SAVE LIVES

Adults Who Would Quit Smoking	4,500
Youth Who Would Never Start Smoking	1,900
Reduction in Smoking-Related Deaths	2,800
Reduction in Deaths of Non-Smokers exposed to secondhand tobacco smoke	300

“Any slackening of the public health response may reverse decades of progress in reducing tobacco-related disease and death.”

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

Adult Smoking Rates, Select High Risk Groups, Alaska 2010, 2008 & 2010 Combined



Data Sources: ¹Alaska Behavioral Risk Factor Surveillance System, 2010 (Standard and Supplemental Surveys combined), ²Alaska Behavioral Risk Factor Surveillance System, 2008 and 2010 combined, for non-Native adults, aged 25-64, who have less than a high school education or whose household income is less than 185% of the federal poverty level, ³Centers for Disease Control and Prevention. Vital Signs: Current Cigarette Smoking Among Adults Aged ≥ 18 Years—United States, 2005–2010. Morbidity and Mortality Weekly Report 2011;60(33):1207–12 [accessed 2012 Jan 24].

Section Sources: ⁴⁴Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States, 2011. MMWR 2012;61 (No. SS-#4):[pp.1-166]. www.cdc.gov/yrbs; Published June 8, 2012. Accessed October 4, 2012.



OUR VISION

For all Alaskans to live healthy and tobacco-free lives



Sean Parnell, Governor, State of Alaska
William J. Streur, Commissioner, Department of Health and Social Services

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