

FY 2014
ANNUAL REPORT

ALASKA
Tobacco Prevention
and Control Program

TOWARD A TOBACCO-FREE FUTURE



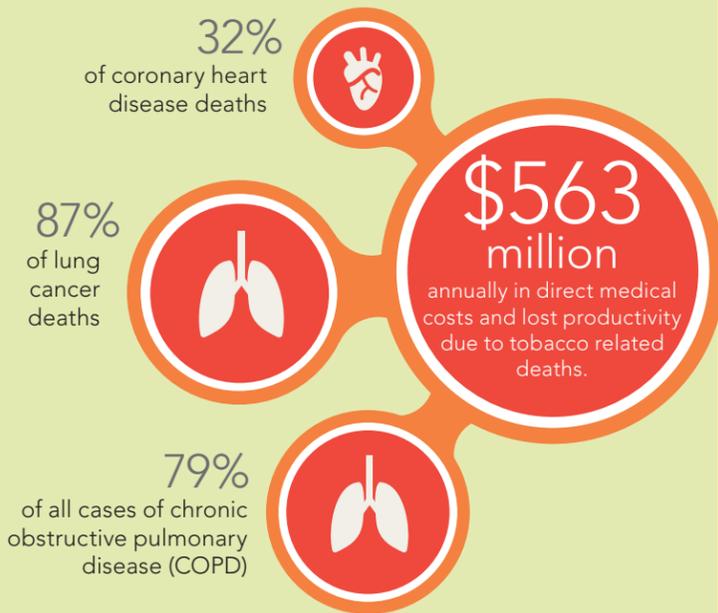
"Cigarette smoking remains the chief preventable killer in America, with more than 40 million Americans caught in a web of tobacco dependence. ... Furthermore, the range of emerging tobacco products complicates the current public health landscape."¹

— Dr. Howard Koh, former U.S. Assistant Secretary for Health

The use of tobacco products remains the nation's number one cause of preventable death, killing more than 480,000 Americans¹ and nearly 600 Alaskans each year² from direct use and exposure to secondhand tobacco smoke.

Today's smokers smoke fewer cigarettes but are at higher risk of developing lung cancer due to the increased levels of addictive properties and cancer-causing chemicals in cigarettes.¹ Between 1959 and 2010, lung cancer risks increased 10-fold for women and doubled for men.¹

In the United States, smoking causes¹



GETTING RESULTS

Alaska's comprehensive Tobacco Prevention and Control Program is dedicated to protecting our children, supporting tobacco users who want to quit and eliminating exposure to secondhand smoke. This effort has resulted in a significant reduction in tobacco use across the state.²



smoking decline in Alaska high school youth since 1995



A majority of Alaska's youth perceive great risk from smoking (65 percent), a super-majority think their parents would consider it wrong for their children to smoke (90 percent), and not many think they would be seen as cool if they were smoking cigarettes (11 percent).³ Other changes with youth tobacco use include:

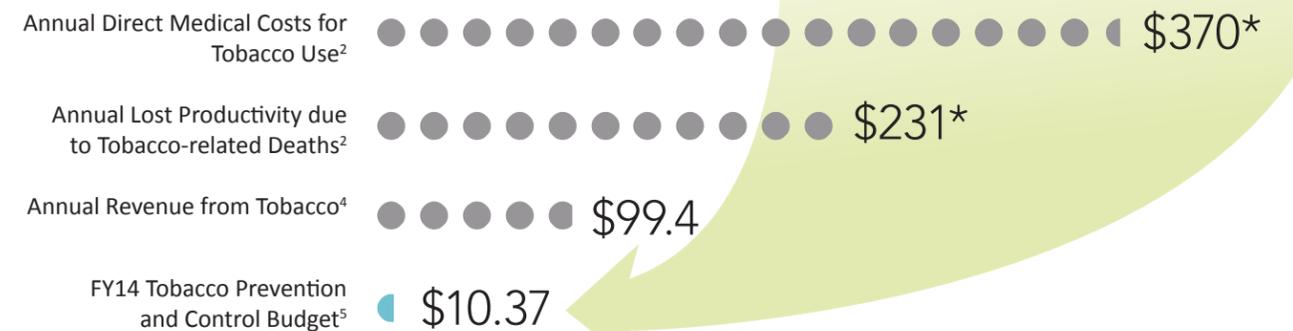


FISCAL YEAR 2014

This progress has been made possible by the state's investment in the Tobacco Use Education and Cessation Fund, and the results achieved are a clear indication that its sustained commitment to this effective program has saved lives and dollars.

It will take all of us in a sustained effort to continue reducing Alaska's cost of tobacco use. Alaska's FY14 Tobacco Prevention and Control Program budget of \$10.37 million — or \$14.08 per capita — is shown, below, relative to the cost of tobacco use in Alaska as well as the state's Tobacco-Derived Revenue.

Cost of tobacco use, tobacco-derived revenue, investment in Tobacco prevention (dollars in millions)



*Underestimate of total costs: lost productivity from tobacco-related illness and costs due to secondhand smoke exposure-related illness or death are not included.

Adults

Alaska's commitment to proven strategies over the years — such as smokefree and tobacco-free environments and free cessation support through Alaska's Tobacco Quit Line — have significantly reduced adult tobacco use and accordingly, realized an equally significant return on investment for the state, as shown here.⁶



PROTECTING ALASKANS

More than half of the program budget is funneled into communities through grants for work at the local and regional level. In FY14, \$5,405,000 was distributed to 15 regional grantees involving 28 organizations and serving more than 200 communities. This investment realized impressive results.

Tribe participation

More than 100 of Alaska's 229 federally recognized tribes⁷ have passed smokefree or tobacco-free resolutions in an effort to reduce the high Alaska Native adult smoking rate of 38 percent compared to the state's all-adult smoking rate of 21 percent.²

Tobacco-free school districts

34 school districts have adopted tobacco-free campus policies, including 29 districts with a comprehensive model policy.⁷ These policies do not allow tobacco use on school grounds, they protect all staff, students and visitors from secondhand smoke exposure, and they provide a learning environment where tobacco use is not acceptable.

★ FY14 tobacco-free campus policies⁷:

1. Mat-Su Services for Children and Adults
2. Department of Juvenile Justice Fairbanks Youth Facility
3. Maniilaq Health Services campus
4. Tanana Chiefs Conference properties, including Chief Andrew Isaac Health Center and 23 rural clinics
5. The Council of Athabascan Tribal Governments.
6. The Kenaitze Indian Tribe healthcare campuses
7. Alaska Christian College in Soldotna
8. Chugachmiut healthcare campuses, including 7 rural clinics
9. In 2014, the University of Alaska Anchorage students voted in favor of a smokefree campus effective December 2015.

Smokefree housing

10 of 14 members of the Association of Alaska Housing Authorities are now smokefree.⁷

Regional partnerships at work

Significant progress was made across the state in FY14, with highly effective regional collaborations that addressed region-specific tobacco use problems, increased the level of accountability for results, and created grass-roots action leading to solutions that are resonating with their communities. This map highlights those efforts.

STATEWIDE

Rural Alaska Community Action Program, Alaska School Activities Association and the American Lung Association served communities across Alaska to supplement regional coalition work with a focus on improving health equity.

SOUTHWEST REGION

Bristol Bay Area Health Corporation increased their program reach to include the Aleutian Pribilof Islands and joined forces with Yukon Kuskokwim Health Corporation. This coalition engaged their communities to support passage of tobacco-free policies and promote cessation resources.

NORTHERN REGION

Maniilaq, Nome Community Center and North Slope Borough joined forces to create strategic direction for the region's tobacco prevention and control efforts.

INTERIOR REGION

Tanana Chiefs Conference and American Lung Association, Alaska in Fairbanks, along with Railbelt Mental Health and Addictions in Nenana, engaged a number of partners — including the Council of Athabascan Tribal Governments, Fairbanks Native Association, Tanana Valley Clinic, Fairbanks Memorial Hospital and Fairbanks public health nurses - to expand the I ACT Free Coalition to unify and strengthen tobacco prevention efforts.

SOUTHCENTRAL REGION

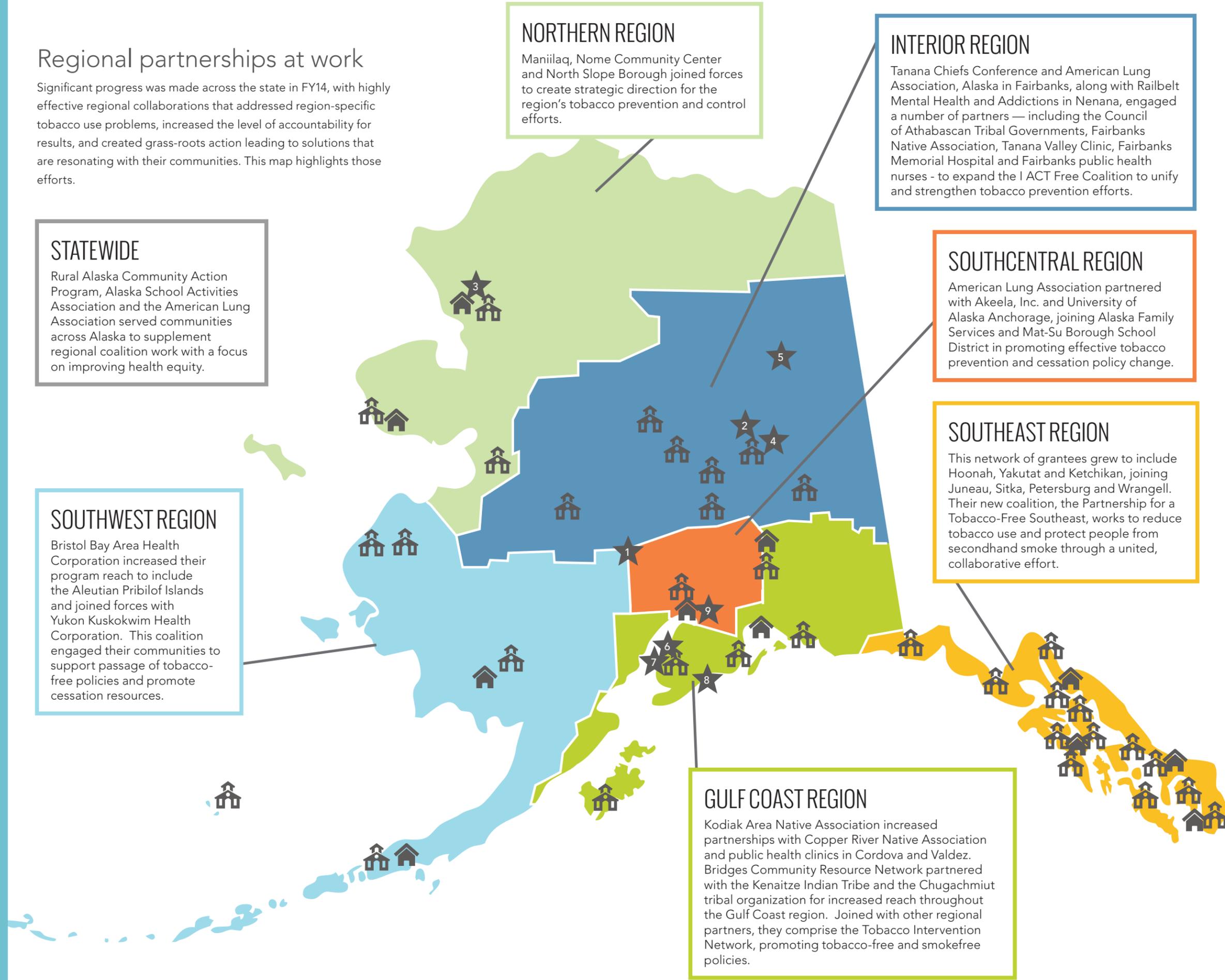
American Lung Association partnered with Akeela, Inc. and University of Alaska Anchorage, joining Alaska Family Services and Mat-Su Borough School District in promoting effective tobacco prevention and cessation policy change.

SOUTHEAST REGION

This network of grantees grew to include Hoonah, Yakutat and Ketchikan, joining Juneau, Sitka, Petersburg and Wrangell. Their new coalition, the Partnership for a Tobacco-Free Southeast, works to reduce tobacco use and protect people from secondhand smoke through a united, collaborative effort.

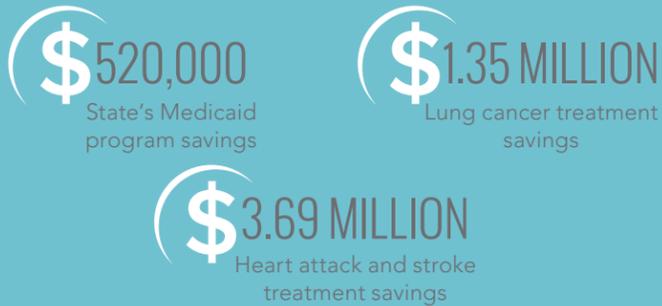
GULF COAST REGION

Kodiak Area Native Association increased partnerships with Copper River Native Association and public health clinics in Cordova and Valdez. Bridges Community Resource Network partnered with the Kenaitze Indian Tribe and the Chugachmiut tribal organization for increased reach throughout the Gulf Coast region. Joined with other regional partners, they comprise the Tobacco Intervention Network, promoting tobacco-free and smokefree policies.



SMOKEFREE

Alaska is one of only 16 states in the US still without a 100 percent statewide smokefree law for workplaces, restaurants and bars.⁸ A recent study has shown making all Alaska workplaces and indoor public places 100 percent smokefree would be expected to produce the following return on investment over five years:⁹



"Providing smokefree workplaces is one of the most important things we can do to improve the health of every Alaskan. It prevents death, disease, and reduces our costs."

— Dr. Jay Butler, former Senior Director for Community Health and Medical Director for Employee Health, Alaska Native Tribal Health Consortium

The adoption of smokefree and tobacco-free policies through local efforts across the state reflects the increasing public expectation and demand for 100 percent comprehensive smokefree workplaces and public places:

Demand for smokefree²

	Overall	Smokers
Secondhand smoke is harmful	90%	82%
All indoor work areas should be smokefree	83%	64%
People should be protected from secondhand smoke	87%	80%
Smoking is not allowed anywhere inside the home	89%	75%

"Smokefree workplaces are good for business but, more importantly, it's good for people. It's not just my 120 employees who are affected – it impacts their families as well."

— Pete Burns, Manager, Humpy's Great Alaskan Alehouse

E-CIGARETTES

In the absence of studies showing e-cigarette aerosol exposure as safe and with research demonstrating the presence of toxins, updates were made to existing local smokefree and tobacco-free policies to include e-cigarettes. These measures guarantee the public health standard — clean indoor air — and ensure effective enforcement of smokefree environments. In 2014, the following entities updated their policies:

- City and Borough of Juneau
- City of Kenai
- SouthEast Alaska Regional Health Consortium
- Akeela, Inc.
- Rural Alaska Community Action Program
- Kodiak Area Native Association
- Alaska School Activities Association's Tobacco, Alcohol, and Drug (TAD) Policy
- Alaska Association of School Boards tobacco-free schools

2014
FIN Electronic Cigarettes

1968
Virginia Superslims Cigarettes

New is just old.
Same addiction. Same company.
Don't let Big Tobacco fool you.

ALASKA'S TOBACCO QUIT LINE
1-800-QUIT-NOW
alaskaquitline.com

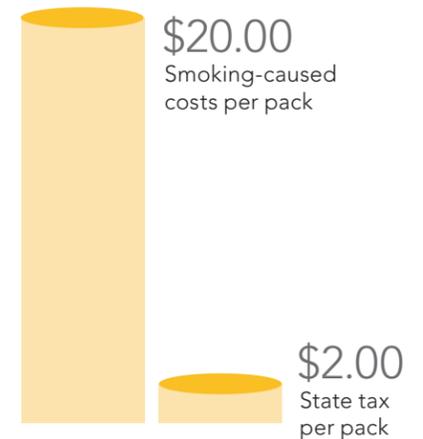
Partnership for a Tobacco-Free Southeast

INCREASING TOBACCO PRICES

Increasing the price of all tobacco products is proven to be one of the most effective steps to prevent young people from becoming tobacco users.¹⁰ Economic studies have shown that cigarette price increases reduce youth initiation and adult consumption.

- Aniak increased their tobacco prices with a cigarette tax of \$2.21 and other tobacco products taxed at 45 percent of wholesale price.
- The City and Borough of Petersburg approved a ballot measure to increase the price of tobacco by \$2.00 per pack and 45 percent of wholesale price of other tobacco products, including e-cigarettes, and a local license fee.

State tax vs. smoking-caused costs¹¹



ENGAGING OUR KIDS

Youth are the primary target of the tobacco industry, and most tobacco users start in their teens. Engaging young people in efforts to counter tobacco industry manipulations has proven successful in bringing about effective change in policies, initiating programs and preventing peer susceptibility to industry marketing.

"It is clear that price has a pronounced effect on the smoking prevalence of teenagers, and that the goals of reducing teenage smoking and balancing the budget would both be served ..."

— Philip Morris Research Executive Myron Johnston

"Young people are now considered not part of the problem, but part of the solution. They fight on behalf of their communities to develop policies that enhance tobacco control efforts. They help pass local policies, expose industry tactics, and take a stand against the tobacco industry ..."

— Centers for Disease Control and Prevention. *Best Practices User Guide: Youth Engagement-State and Community Interventions.*¹²



Reducing vendor tobacco sales to youth

Since 2003 the work of Alaska's Tobacco Enforcement program has reduced vendor tobacco sales to youth.¹³ Alaska's minimum legal sale age for tobacco and products containing nicotine is 19.



Every **10%** increase in the real price of cigarettes reduces the number of kids who smoke by **6-7%**¹⁰

EFFECTIVE STATEWIDE PROGRAMS

"Tobacco use screening and brief intervention by clinicians not only is a top-ranked clinical preventive service ... but also is a cost-saving measure ... 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."¹⁴

Helping Alaskans quit:

Alaska's Tobacco Quit Line is a free web, text, and toll-free telephone-based cessation program that provides coaching, self-guided quit materials, and nicotine replacement therapy to all Alaska adults who want to quit tobacco.

In FY14, 2,683 Alaskans received counseling and free nicotine replacement therapy. The program was expanded this year to include Web Coach and Text2Quit to give more support options for a successful quit attempt.

Since 1998, the tobacco industry has increased addiction components in tobacco products.¹ Cessation support is more vital now than ever before.

Progress in cessation indicators, Alaska 1996 & 2012¹⁵

2 OUT OF 3
Alaska smokers want to quit.

	1996	2012
Made quit attempt	45%	57%
Smoked daily	22%	15%
Quit ratio: (proportion of former smokers among ever smokers)	51%	60%
Never smoked regularly	46%	53%



Our voice

Sustained, hard-hitting media delivered across many communication platforms is essential to effectively counter the mega-million promotional effort by the tobacco industry.

\$1.68 Million

Alaska's Countermarketing FY14 Program⁷

\$20 Million

Tobacco Industry Annual Marketing in Alaska¹⁶

Training for effectiveness

Alaska's Tobacco Prevention and Control Program (TPC) invests in the training of grantees, coalition members and partners to implement evidence-based strategies in their work. Support is provided to any workplace, community, tribe, or organization interested in tobacco prevention and cessation policies. Through this training and technical assistance we are able to impact the most rural communities and strengthen programs in urban Alaska. In FY14, activities included:

- Three regional trainings in Juneau, Dillingham, and Fairbanks, with individualized training topics determined by each region's goals and needs.
- Annual three-day training in Anchorage with over 100 grantees, coalition members and partners.
- Four training webinars.
- Ongoing one-on-one technical support to grantees and coalitions.

Strengthening the message

Alaska's Tobacco Prevention and Control education outreach program provides essential support for the regional efforts that are having a significant impact on reducing tobacco-related disease and death in our state. 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, that public health marketing campaigns are needed to focus on preventing initiation and promoting cessation."¹⁴

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.

The sustained cessation and secondhand smoke campaigns continued through FY14, and technical assistance to grantees allowed them to tailor quit line promotions in a meaningful way for their residents. It also gave them the opportunity to develop new local messages to address tobacco prevention issues with regional sensitivity. In addition, the coalition framework motivated grantees to take ownership in the development of local communication messages unique to their regional issues and solution strategies.



NEW THREATS FROM BIG TOBACCO

Unfortunately, in the absence of regulation, the recent acquisition and creation of e-cigarette brands by tobacco companies has resulted in successful advertising tactics both in medium and message content. These tactics are strikingly similar to the banned tobacco marketing ads of yesteryear and have resulted in the increased use of e-cigarettes.

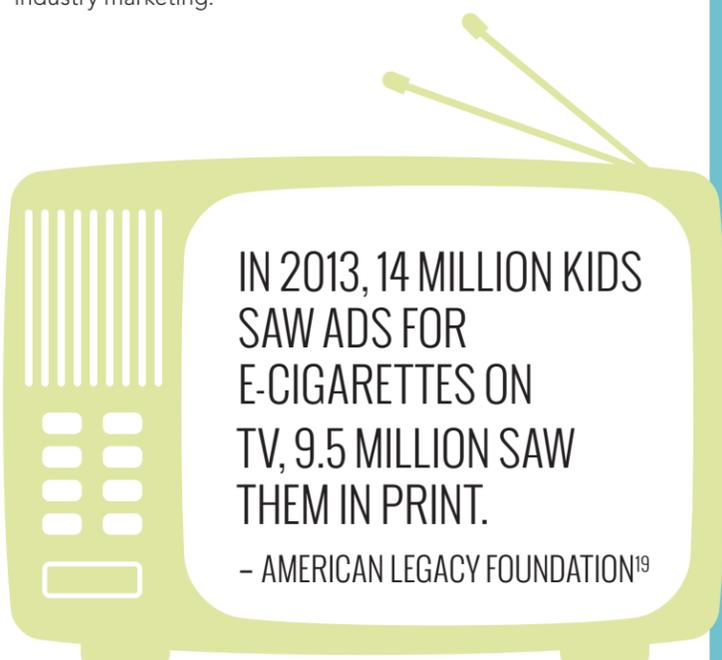
Adults

Between 2010 and 2013, there was a **four-fold increase in e-cigarette use among Alaskan adults.**¹⁷

Youth

According to a report by the Centers for Disease Control and Prevention (CDC), a recent study found that more than a quarter-million youth who had never smoked a cigarette used e-cigarettes in 2013. **This is a three-fold increase between 2011 and 2013.**¹⁸ The study's data show that youth who had never smoked conventional cigarettes but who used e-cigarettes were **almost twice as likely to intend to smoke conventional cigarettes** as those who had never used e-cigarettes.

Formative research with focus groups has shown Alaskans are looking for more information about these products and are supportive of community efforts to protect children from industry marketing.



Not harmless. Not healthy. Take it outside.

Studies have shown second-hand aerosol contains nicotine, ultrafine particles, and low levels of toxins that are known to cause cancer.^{20, 21, 22} While further research is needed to assess short-term or long-term health effects, Alaska communities, school districts, and workplaces are including e-cigarette use in their smokefree regulations, requiring product users to "take it outside", thereby protecting non-users from exposure to the toxins in the aerosol and from the risk of renormalizing conventional tobacco use.²³



"Clearly, ventilation is not a solution and e-cigarette use will have to be regulated indoors in the same manner as is done for tobacco smoking, which is prohibited indoors."³

Sources:
(1) Schripp, T., Markewitz, D., Uhde, E. and Salthammer, T. (2013). "Does e-cigarette consumption cause passive vaping?" *Indoor Air*, 23: 25-31.
(2) Williams W, Villarreal A, Bozhilov K, Liu S, Talbot P. (2013) "Metal and Silicate Particles Including Nanoparticles Are Present in Electronic Cigarette Cartomizer Fluid and Aerosol" *PLoS ONE* 8(3): e57987
(3) Offerman F. J. The Hazards of E-Cigarettes *ASHRAE J.* 2014; June: 38-44. (ASHRAE: American Society of Heating, Refrigerating and Air-Conditioning Engineers)

ENSURING A TOBACCO-FREE FUTURE

*"Of great concern, too many in our nation assume that past success in tobacco control guarantees future progress; nothing can be further from the truth. ... [We must] encourage and promote leadership throughout all sectors of society."*¹

— Howard Koh, former U.S. Assistant Secretary for Health, 2014

The evidence is clear that investing in state tobacco prevention and cessation programs modeled after the Centers for Disease Control and Prevention *Best Practices* guidelines does reduce the preventable disease and premature death caused by tobacco use and exposure to secondhand smoke. It is equally clear that the tobacco epidemic is far from over.

In order to continue to see declines in tobacco use, it is imperative to maintain our investment in effective program strategies. By working together, we can continue to protect our young people and ensure for them a tobacco-free future - free of the preventable disease, suffering and death that is guaranteed by tobacco use and exposure to secondhand smoke.

Alaskans owe much to those who have supported this effort and made the successes possible. It has been a leadership of many - the grant program staff in communities across the state, our civic leaders, and Alaska's legislature that established the Tobacco Use Education and Cessation Fund and appropriates funds each year to sustain the work that saves lives and returns the investment. Thank you. It is time to finish what we've started.

Let's make this generation tobacco-free.

Tobacco prevention in Alaska

- 1983 ► Anchorage Clean Indoor Air committee formed
- 1991 ► Alaska Tobacco Control Alliance (ATCA) formed by health organizations
- 1993 ► Alaska receives CDC funding for Tobacco Prevention and Control
- 1995 ► **Youth smoking rate 37%**
- 1996 ► **Adult smoking rate 28%**
► **Cigarette consumption — 129 packs sold per adult**
- 1997 ► Alaska tobacco tax \$1 per pack, 75% wholesale price on other tobacco products
- 1998 ► Alaska joins the National Master Settlement Agreement, restricts tobacco sales to minors
- 2001 ► **Tobacco sales to minors 36%**
► 3 communities receive cessation grants
► Alaska Legislature creates Tobacco Use Education and Cessation Fund
- 2002 ► Launch of Alaska's Tobacco Quit Line
- 2003 ► **Youth smoking rate down to 19% — a 50% reduction!**
► **Enforcement brings sales to minors down to 10%**
- 2004 ► Alaska tobacco tax \$2 per pack over 3 year period
- 2006 ► 4 cessation grants are awarded, 18 communities receive tobacco prevention grants, 5 school district grants are funded
- 2007 ► **Adult smoking rate down to 22%**
- 2009 ► Youth smoking rate down to 16%
► Cigarette consumption at 68 packs sold per adult — a 48% reduction from 1996
- 2011 ► Alaska Federation of Natives passes resolution in support of smokefree workplaces
- 2012 ► **Adult smoking rate down to 21% — a reduction of 31,000 adult smokers in Alaska resulted in 8,900 fewer tobacco-related deaths and \$396 million savings in healthcare costs now and in the future**
► **Cigarette consumption at 58 packs sold per adult — a 55% reduction from 1996**
- 2013 ► **Youth smoking rate down to 11% — reduced 70% since 1995**
- 2014 ► TPC program grantees work in 220 communities: 104 tribal tobacco-free and smokefree resolutions adopted, 33 school districts are tobacco-free, 10 communities are smokefree

SOURCES

1. U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: 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, 2014.
2. Alaska Department of Health and Social Services. Alaska Tobacco Facts Report – 2014. Anchorage, Alaska: Section of Chronic Disease Prevention and Health Promotion, Division of Public Health, Alaska Department of Health and Social Services; August 2014. Available at: http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2014_alaska_tobacco_facts.pdf
3. Alaska Youth Risk Behavior Survey, 2013
4. Annual Revenue equals FY14 taxes on tobacco products of \$66.9 million, plus Master Settlement payments of \$32.5 million (Revenue Sources Book, Fall 2014).
5. FY14 Tobacco Use Education and Cessation Fund appropriation of \$9.21 million and FY14 CDC grant of \$1.16 million.
6. Alaska 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
7. Alaska Tobacco Prevention and Control program records
8. American Cancer Society Cancer Action Network: 2014. *Tackling Tobacco Use at the State and Federal Levels* [Fact Sheet]. <http://www.acscan.org/content/wp-content/uploads/2013/06/Tackling-Tobacco-Two-Pager.pdf>. Accessed December 10, 2014.
9. American Cancer Society Cancer Action Network. *The Health and Economic Benefits of Making Alaska Smoke-Free* [Fact Sheet]. <http://www.acscan.org/pdf/tobacco/reports/Smoke-free-laws-report-AK.pdf>. Updated 2011. Accessed December 10, 2014.
10. Campaign for Tobacco-Free Kids. *Raising Cigarette Taxes Reduces Smoking, Especially Among Kids (and the Cigarette Companies Know it)* [Fact Sheet]. http://www.tobaccofreekids.org/research/factsheets/pdf/0146.pdf?utm_source=factsheets_finder&utm_medium=link&utm_campaign=analytics. Accessed October 11, 2012.
11. Alaska Department of Health and Human Services. Estimated smoking-caused costs per pack calculation based on data from the Center for Disease Control and Prevention's (CDC) Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) system and Alaska Department of Revenue, Tax Division.
12. Centers for Disease Control and Prevention. *Best Practices User Guide: Youth Engagement-State and Community Interventions*. 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.
13. Alaska Synar Compliance Database, 1996-2014
14. Centers 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.
15. Alaska Behavioral Risk Factor Surveillance System, 1996 (Standard Survey), and 2012 (Standard and Supplemental Surveys combined)
16. Campaign for Tobacco-Free Kids. *The Toll of Tobacco in Alaska* [Fact Sheet]. http://www.tobaccofreekids.org/facts_issues/toll_us/alaska. Accessed October 2014.
17. Alaska Behavioral Risk Factor Surveillance System, 2010 and 2013 (Standard and Supplemental Surveys combined)
18. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. (2014, August 25). *More than a quarter-million youth who had never smoked a cigarette used e-cigarettes in 2013* [Press Release]. Retrieved from <http://www.cdc.gov/media/releases/2014/p0825-e-cigarettes.html>
19. American Legacy Foundation. *Vaporized: E-cigarettes, Advertising and Youth*. May 2014. Retrieved from http://legacyforhealth.org/content/download/4542/63436/version/1/file/LEG-Vaporized-E-cig_Report-May2014.pdf
20. Williams, M, Villarreal, A, Bozhilov, K, Lin, S, Talbot, P. Metal and Silicate particles including nanoparticles are present in electronic cartomizer fluid and aerosol. *PLoS ONE*, Sept 2013.
21. Offerman F. J. The Hazards of E-Cigarettes *ASHRAE J.* 2014; June: 38-44. (*ASHRAE: American Society of Heating, Refrigerating and Air-Conditioning Engineers*)
22. Schripp, T, Markewitz, D, Uhde, E, Salthammer, T. Does e-cigarette consumption cause passive vaping? *Indoor Air*, 2013.
23. Fairchild, Amy L PhD, MPH, Bayer, Ronald PhD, Colgrove, James PhD, MPH, *The renormalization of Smoking? E-Cigarettes and the Tobacco "Endgame"*, *New England Journal of Medicine* January 23, 2014; 370: 293-295. Accessed from: <http://www3.med.unipmn.it/papers/2014/NEJM/2014-01-22/nejmp1313940.pdf>



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