

FY 2015
ANNUAL REPORT

ALASKA
Tobacco Prevention
and Control Program

CHOOSING WISELY



the leading cause of preventable death

“Tobacco prevention and control efforts need to be commensurate with the harm caused by tobacco use, or tobacco use will remain the largest cause of preventable illness and death in our nation for decades, even though we possess the knowledge and the tools to largely eliminate it.”

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

Alaska remains focused on the goal of a society free from tobacco-related death and disease. Tobacco use continues to addict too many of our children and exact too high a price from preventable illness, suffering and death. We have seen great progress from the Alaska Tobacco Prevention and Control (TPC) program’s commitment to strategically engage communities, tribes and stakeholders, arming them with education and supporting effective policy efforts. However, we have much work ahead. Alaska’s number one cause of preventable death continues to be tobacco use,¹ estimated at 573 deaths in 2012, a number far greater than other reported causes, as illustrated by the chart below.

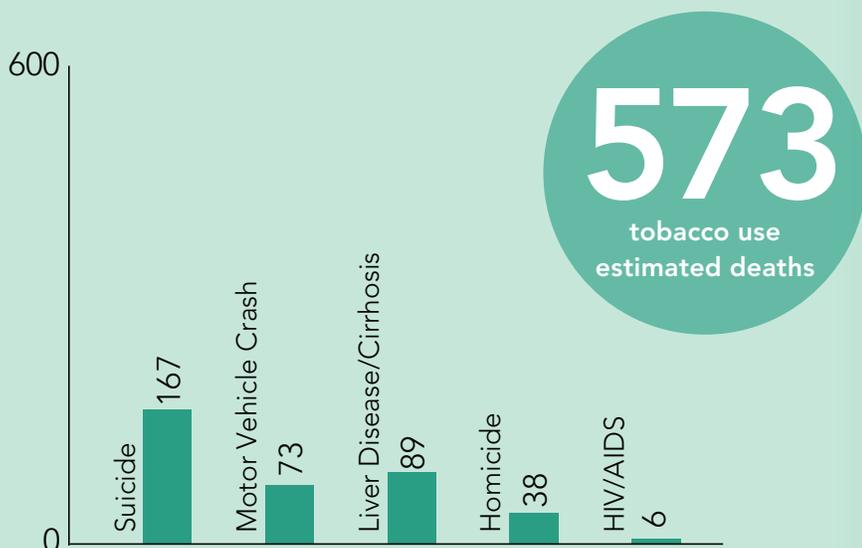
According to the 32nd tobacco-related Surgeon General’s report issued since 1964,² *“The century-long epidemic of cigarette smoking has caused an enormous, avoidable public health catastrophe in the United States.”* The toxins from cigarette smoke go everywhere the blood flows. Evidence has accumulated to link smoking to diseases of nearly all organs of the body, and exposure to secondhand smoke is a significant contributor to disease and death attributed to tobacco use.

Alaska’s commitment to a comprehensive tobacco prevention and control program is demonstrating results. This program is rated by the American Lung Association with an A for sustaining a working budget close to the Centers for Disease Control and Prevention Control’s (CDC) recommended level.³

Program efforts are being enacted by 25 local and regional grantees impacting more than 200 communities across the state. Grantees work as regional coalitions, addressing each region’s specific needs and providing tools and assistance to businesses, tribes, schools, organizations, and residents. The goal is to implement proven public health strategies designed to reduce tobacco’s impact and close the gap on tobacco-use disparities.

While challenges arise, more community members are doing their part and Alaskans are embracing smokefree and tobacco-free policies that will save lives and dollars.

Number of deaths due to selected causes per year, Alaska, 2012¹



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

we possess the **knowledge and the tools**

There are proven strategies that break the tobacco industry hold on Alaska's adults and children, making it easier for smokers who want to quit and providing less opportunity for kids to start nicotine use and become addicted. Programs and policies are put into place that have the greatest impact on the most Alaskans and that change the environment and access to tobacco, such as: tobacco-free and smokefree communities and multi-unit housing; tobacco-free tribes and schools; higher tobacco prices; and support for cessation.

Smokefree Alaska

50 cancer causing compounds

"Think of a lit cigarette as a miniature toxic waste dump. Secondhand smoke contains more than 50 cancer-causing chemicals. The toxins in secondhand smoke can cause heart disease and lung cancer in nonsmokers. Breathing secondhand smoke for even a short time could have immediate effects on your blood and blood vessels, potentially increasing the risk of a heart attack."

— Save Lives, Save Money: Make Your Business Smoke-Free
Centers for Disease Control and Prevention

Strengthening new and existing clean indoor air policies to include e-cigarette aerosol ("vapor")

With research demonstrating the presence of toxins in the aerosol emitted from e-cigarettes, many of Alaska's existing smokefree policies have been updated to prohibit the use of e-cigarettes as well. They include:⁷

Akeela Inc., Alaska Island Community Services, Alaska Native Tribal Health Consortium, Arctic Slope Native Association, City and Borough of Juneau, Craig Tribal Council, Nome, Organized Village of Kasaan, Palmer, Petersburg Borough, Providence Hospital, SouthEast Alaska Regional Health Consortium, Ukpeagvik Inupiat Corporation and the Village of Northway.



Alaska is now among only 14 remaining states where there is not a statewide 100 percent smokefree law in place for workplaces, restaurants or bars.⁴ Many Alaskan communities have enacted smokefree workplace policies, and the vast majority of Alaskans, including those who smoke, agree that:⁵

Secondhand smoke is harmful

86% smokers | all adults **92%**

All indoor work areas should be smokefree

76% smokers | all adults **87%**

People should be protected from secondhand smoke

78% smokers | all adults **88%**

Smoking is not allowed anywhere inside the home

71% smokers | all adults **90%**

"Smokefree workplace policies are about 9 times more cost-effective per new nonsmoker than are free nicotine replacement therapy programs."⁶

— Stanton Glantz, et. al., American Journal of Public Health, June 2005



Higher tobacco prices

Alaska communities are adopting tobacco taxes, including electronic cigarettes. The FY15 tax increases occurred in:⁷ City of Kotzebue, Juneau, Northwest Arctic Borough, Petersburg and Sitka.

Economic studies have shown that an increase in cigarette prices will reduce adult consumption and youth initiation.⁸



Every 10% increase in the price of cigarettes reduces the number of:

- kids who smoke by 6-7%
- pregnant women who smoke by 7%

For every pack of cigarettes, it costs Alaska \$20 in healthcare and lost productivity.⁹



Tobacco-free schools and campuses

In FY15 the University of Alaska system implemented their tobacco-free policy on all campuses.⁷

Out of Alaska's 55 public school districts, 39 now have tobacco-free policies in place.⁷

Restricting sales to youth

Alaska's compliance team works to ensure sales to youth are kept well below the 20 percent federally required non-compliance rate — at 5.5 percent in 2015, down from a high of 34 percent in 1996.¹⁰

Smokefree and tobacco-free tribes

120 tribes

There are 229 federally recognized tribes in Alaska, and currently more than half — 120 — have adopted smokefree and tobacco-free resolutions. TPC program grantees led the education drive that resulted in the pivotal October 2011 Alaska Federation of Natives Resolution supporting the right of all Alaskans to be protected from exposure to secondhand smoke, which was the catalyst for 112 of those resolutions.

Smokefree multi-unit housing

143 since 2007

Since Alaska's TPC grantees began working with housing authorities in **2007** to help them with smokefree policy implementation, the roster of smokefree properties has grown to 143,⁷ including 10 of Alaska's 14 housing authorities, privately operated affordable housing properties, senior housing residences, and commercial-rate properties.

Supporting tobacco users who want to quit

Alaska's Tobacco Quit Line is providing free cessation support for Alaska's adult tobacco and e-cigarette users who want to quit. In 2015, 2,507 tobacco users called Alaska's Tobacco Quit Line.⁷ The new Quit Line feature, Text2Quit, supported 738 new clients.⁷

2,507 calls from tobacco users

738 new clients via Text2Quit

ALASKA'S TOBACCO
QUIT LINE
1-800-QUIT-NOW

commensurate with the harm

“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.

\$517 million

reduction in Alaska’s healthcare costs now and in the future

Medical costs averted — lives saved

Sustained comprehensive tobacco prevention and control programs show significant results. Alaska’s TPC program realized a 27% reduction in adult tobacco use between 1996 and 2014, or 38,700 fewer adult smokers in 2014. This translates into 11,300 fewer tobacco-related deaths, and a reduction of \$517 million in healthcare costs now and in the future.¹¹

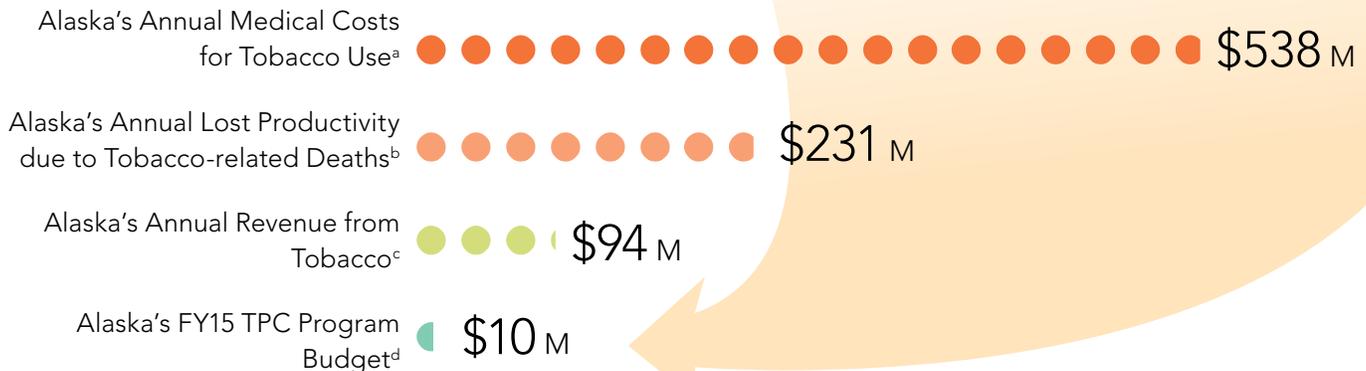
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Cost of tobacco use, tobacco-derived revenue, investment in tobacco prevention (dollars in millions – M)

The CDC’s 2014 evidence-based guidelines recommend that Alaska invest annually \$10.2 million or \$14 per capita for a fully funded and comprehensive program.¹² Alaska’s FY15 Tobacco Prevention and Control Program budget of \$10 million — or \$13.58 per capita — and the cost of tobacco use to Alaska along with the state’s Tobacco-Derived Revenue, are shown in Figure 1.



a. Campaign For Tobacco-Free Kids, *The Toll of Tobacco in Alaska*, updated 9/25/15. Underestimates total costs – doesn’t include lost productivity due to tobacco-related illness and costs due to secondhand smoke exposure, smoking caused fires, smokeless tobacco use, or cigar and pipe smoking. Updated to 2012 dollars using the Medical Consumer Price Index.
b. Calculation based on 2012 death data in CDC Smoking Attributable Mortality, Morbidity and Economic Costs program. Updated to 2012 dollars

using the Employment Cost index.
c. Annual Revenue equals FY15 taxes on tobacco products of \$65.2 million, plus FY15 Master Settlement payments of \$29.1 million (Revenue Sources Book, Fall 2015)
d. FY15 Tobacco Use Education and Cessation Fund appropriation of \$8.8 million plus FY15 CDC grants of \$1.22 million.

e-cigarettes: alarming addiction trend for kids

By 2013, Alaska's high school youth smoking rate was 11 percent, a decline of 70 percent since 1995, which is an amazing success. Unfortunately, we have seen no progress in youth smoking rates since (still 11 percent in 2015) and we now know that Alaska teens are using another nicotine delivery system, e-cigarettes, at a higher rate — 18 percent — than smoking.¹³



E-cigarettes (also known as e-hookahs, vape pens, vaporizers, e-cigars) — are electronic devices that allow users to inhale a heated aerosol containing *nicotine* and other substances. Using an e-cigarette is commonly referred to as “vaping”.

Sample of electronic smoking devices



Adapted from: Grana, Benowitz, & Glantz. (2013). Background Paper on E-cigarettes (Electronic Nicotine Delivery Systems). UCSF Center for Tobacco Control Research and Education. Hookah pen source: imperialcigs.com

Recent research presents disturbing implications for youth e-cigarette use

Nicotine is highly addictive and may harm adolescent brain development.² New data are showing that e-cigarettes have the potential to addict youth to nicotine and increase their uptake of tobacco products.¹⁴

Chemicals in the cloud — studies suggest that heated e-cigarette liquid creates an aerosol containing a variety of chemicals, heavy metals, toxins or carcinogens and ultrafine particles that can be inhaled deep into the lungs.¹⁵ While these chemicals are often at lower levels than those found in cigarette smoke, they are of concern in terms of health harms and require further study.

E-cigarette flavoring ingredients are not approved as safe for inhalation, only for eating, according to a recent statement by the Flavoring Extract Manufacturers Association.¹⁶

Unregulated product, unrestricted marketing

18 million high school youth exposed to e-cig ads

There are no regulations or standards related to the marketing, safety or cessation effectiveness of this product! The tobacco industry has accelerated advertising spending from \$6.4 million in 2011 to \$115 million in 2014, resulting in more than 18 million (7 in 10) US middle and high school youth exposed to e-cigarette ads in 2014.¹⁷

Some research indicates that e-cigarette nicotine levels differ from those claimed on the packaging.¹⁸ More than 450 brands of e-cigarettes, including those owned by major tobacco companies, are on the market, with over 7,000 youth-enticing flavors such as Cupcake, Fruit Squirts, Cotton Candy and Tutti Frutti.¹⁹

E-cigarette brands and respective tobacco companies

- Mark Ten by Altria (maker of Marlboro, Virginia Slims)
- blu by Imperial Brands (maker of Kool, Winston, Salem)
- Vuse by Reynolds American (maker of Camel)

choosing wisely

“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, 2010

Alaska’s continued success in reducing youth and adult tobacco use requires a vigilant focus to assist those who want to quit and ensure our children have the opportunity to remain tobacco-free. A sustained tobacco prevention effort also promises to alleviate the stress placed on our state budget by reducing the high cost of tobacco-related illness and lost productivity.

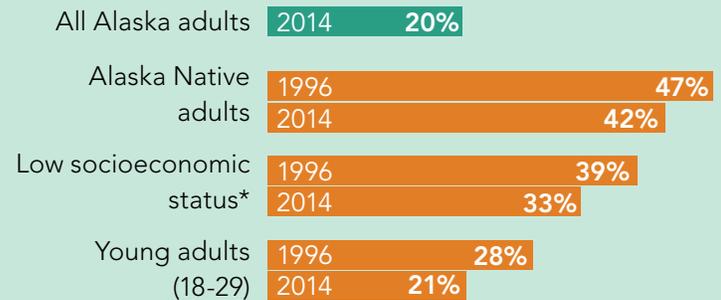
The Tobacco Prevention and Control Program is committed to the following four goals:

- Preventing youth initiation
- Eliminating exposure to secondhand smoke
- Promoting cessation in adults and youth
- Eliminating tobacco use disparities

Although progress has been made for some high-priority populations, strategy demands an aggressive and targeted approach to eliminate remaining health inequities.

Alaska’s leaders have chosen wisely by funding and sustaining a strategic and proven-effective comprehensive tobacco prevention and control program. Only with this sustained, comprehensive approach will we continue to bring about a further reduction in tobacco use, protect Alaskans from exposure to secondhand smoke in workplaces and public spaces, and provide economic benefits to the state in averted health care costs.

Adult smoking rates, select high risk groups, Alaska 1996 & 2014



Sources: Alaska Behavioral Risk Factor Surveillance System, 1996 & 2014
*Non-Native adults, age 25-64, who have less than a high school education or whose household income is less than 185% of the federal poverty level.



Sources:

- ¹ Alaska Tobacco Facts, 2015 Update
- ² U.S. Department of Health and Human Services (2014). *The Health Consequences of Smoking – 50 Year of Progress: A Report of the Surgeon General*. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health: Atlanta (GA). Accessed April 18, 2016. Available from: <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>.
- ³ American Lung Association. *State of Tobacco Control 2016*. Available from: <http://www.lung.org/our-initiatives/tobacco/reports-resources/sotc/>.
- ⁴ American Cancer Society Cancer Action Network. *Tobacco Control at the State and Federal Levels* [Fact Sheet]. Updated July 6, 2015. Accessed February 5, 2016. Available from: <http://www.acscan.org/content/wpcontent/uploads/2013/06/Tackling-Tobacco-Two-Pager.pdf>.
- ⁵ Alaska Behavioral Risk Factor Surveillance System, 2014.
- ⁶ Ong MK, Glantz SA. (2005). *Free nicotine replacement therapy programs vs implementing smoke-free workplaces: a cost-effectiveness comparison*. *Am J Public Health* 95(6):969-75.
- ⁷ Alaska Tobacco Prevention and Control program records.
- ⁸ Campaign for Tobacco-Free Kids (2016). *Raising Cigarette Taxes Reduces Smoking, Especially Among Kids (and the Cigarette Companies Know It)* [Fact Sheet]. Available from: <https://www.tobaccofreekids.org/research/factsheets/pdf/0146.pdf>.
- ⁹ Alaska Department of Health and Social Services. Estimated smoking 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.
- ¹⁰ Alaska Synar Compliance Database, 1996-2015.
- ¹¹ Alaska Department of Health and Social Services. Estimated smoking attributable deaths averted calculation based on: U.S. Department of Health and Human Services (2004). *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta (GA), Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 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 2014 Medical Consumer Price Index information from www.bls.gov/cpi/cpid10av.pdf.
- ¹² Centers for Disease Control and Prevention (2014), *Best Practices for Comprehensive Tobacco Control Programs—2014*. 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.
- ¹³ Alaska Youth Risk Behavior Survey, 1995, 2013 and 2015.
- ¹⁴ Leventhal AM et al. (2015). *Association of electronic cigarette use with initiation of combustible tobacco product smoking in early adolescence*. *JAMA*; 314(7): 700-707.
- ¹⁵ Schober, W., et al. (2014) *Use of electronic cigarettes (e-cigarettes) impairs indoor air quality and increases FeNO levels of e-cigarette consumers*. *Int J Hyg Environ Health*; 217(6):628-37.
- ¹⁶ Flavor and Extract Manufacturers Association of the United States (2013). *The Safety Assessment and Regulatory Authority to Use Flavors – Focus on E-Cigarettes*. Updated Mar 3, 2015. Accessed April 18, 2016. Available from: <https://www.femaflavor.org/safety-assessment-and-regulatory-authority-use-flavors-focus-e-cigarettes>.
- ¹⁷ Centers for Disease Control and Prevention (2014). *Vital Signs: Exposure to Electronic Cigarette Advertising Among Middle School and High School Students—United States, 2014*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Centers for Disease Prevention and Health Promotion. Updated January 5, 2016. Accessed February 12, 2016. Available from: <http://www.cdc.gov/vitalsigns/ecigarette-ads>
- ¹⁸ U.S. Food and Drug Administration. *E-Cigarettes: Questions and Answers*. September 9, 2010. Updated February 19, 2016. Accessed April 18, 2016. Available from: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm225210.htm>.
- ¹⁹ Zhu SH et al. (2014). *Four hundred and sixty brands of e-cigarettes and counting: implications for product regulation*. *Tobacco Control*; 23 Suppl 3:iii3- ii9.



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