“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.”

—Thomas Frieden, M.D., M.P.H., Former Director, Centers for Disease Control and Prevention

Progress is being made in Alaska’s ongoing work to address a leading cause of preventable death – tobacco use. The Alaska Tobacco Prevention and Control program has been committed over the years to strategies proven as the most effective in addressing this public health challenge and costly burden on the healthcare system. The Centers for Disease Control and Prevention outlines four goals for comprehensive tobacco control programs:

1. Prevent initiation among youth and young adults
2. Promote quitting among adults and youth
3. Eliminate exposure to secondhand smoke
4. Identify and eliminate tobacco-related disparities among population groups

In This Together
Alaska has achieved success over time with a sustained and strategic program to reduce tobacco use and help Alaskans quit tobacco. Health organizations, businesses, civic organizations and leaders, communities, tribes, and schools are all stakeholders in community, regional, and statewide collaboration to implement effective policies and programs.

The Leading Preventable Cause of Death

“For the U.S., the epidemic of smoking-caused disease in the 20th century ranks among the greatest public health catastrophes of the century, while the decline of smoking consequent to tobacco control is surely one of the public health’s greatest successes.”

There is much work ahead if we are to eliminate tobacco use as Alaska’s number one preventable cause of death. Smoking harms nearly every organ of the body, with exposure to secondhand smoke also recognized as responsible for disease and death. Alaska ranks as the state with the 6th highest proportion of smoking-related cancer deaths in adults 35 years and older.

Number of deaths due to selected causes per year, Alaska, 2012

![Diagram showing number of deaths due to selected causes per year, Alaska, 2012](image-url)

- Suicide: 167
- Motor Vehicle Crash: 73
- Liver Disease/Cirrhosis: 89
- Homicide: 38
- HIV/AIDS: 6

573 estimated deaths from smoking
Getting Results
Increased tobacco prices and smokefree and tobacco-free policies will save lives and dollars. Through these community efforts and accomplishments, Alaska will go a long way toward winning the battle.

We have had impressive results to date:6-7

- **31%** reduction in smoking prevalence among Alaska adults - 28% in 1996, now at 19% - THE LOWEST IT HAS EVER BEEN6
- **93%** of adults believe secondhand smoke is harmful6
- **70%** reduction in youth smoking prevalence - 37% in 1995, now at 11% in 2015
- **61%** reduction in annual cigarette packs sold per adult (50 packs in 2014 compared to 129 in 1996) – or 503 million fewer cigarettes sold in Alaska in 20146,7

RETURN on INVESTMENT
Alaska’s Tobacco Prevention and Control program realized a 31% reduction in adult cigarette smoking between 1996 (28%) and 2015 (19%),6 or 44,000 fewer adult smokers in 2015.6 This translates into 12,800 fewer smoking-related deaths, and a reduction of $599 million in healthcare costs now and in the future.9

- **12,800 fewer** smoking-related deaths
- **31% reduction** in adult smoking between 1996 (28%) and 2015 (19%)
- **44,000 fewer** adult smokers in 2015 than in 1996
- **$599 million** Reduction in healthcare costs now and in the future.
Smokefree – Protection from Exposure to Secondhand Smoke

Alaska is one of only 14 states without statewide smokefree laws that apply to restaurants, bars or workplaces. Many communities, tribes, businesses and organizations have enacted smokefree workplace policies to protect residents, workers and visitors from the toxic elements in secondhand smoke. Unfortunately, there are still too many communities in Alaska that lack the authorizing health powers to enact this life-saving measure for all their residents. The Tobacco Prevention and Control program has provided education over the years regarding this health hazard. Currently the vast majority of Alaskans, including those who smoke, agree with the following:

- Secondhand smoke is harmful
  - 85% smokers all adults 93%
- All indoor work areas should be smokefree
  - 76% smokers all adults 88%
- People should be protected from secondhand smoke
  - 84% smokers all adults 90%
- Smoking is not allowed anywhere inside the home
  - 75% smokers all adults 91%

New and updated smokefree air policies include protections from e-cigarette aerosol ("vapor")

The following organizations have joined a growing list of entities that prohibit the use of e-cigarettes in their existing smokefree policies: Petersburg Indian Association, Hoonah Indian Association, Organized Village of Kasaan, and the Bristol Bay Area Health Corporation.

Smokefree & Tobacco-Free Tribes

There are 228 federally recognized tribes in Alaska, and currently 59% – 134 – have adopted smokefree and tobacco-free resolutions, as shown in the graph below.

CONGRATULATIONS

PETERSBURG

Thank you, voters, for passing a tobacco tax to protect the health of our community.

PETERSBURG

CONGRATULATIONS

to King Cove and the Bristol Bay Borough for passing smokefree ordinances that will protect the health of our communities.

Now everyone has the right to breathe smokefree air.

Increased tobacco taxes are proven to:
- Reduce the number of youth who start to smoke
- Reduce consumption among current users
- Encourage tobacco users to quit
- Prevent relapse among people who have quit

Thank you for protecting the health of our communities.

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- Encourage tobacco users to quit
- Prevent relapse among people who have quit

Thank you for protecting the health of our communities.
"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.

## Fiscal Year 2016

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. Alaska’s FY16 Tobacco Prevention and Control Program budget of $9.78 million – or $13.30 per capita based on 2014 population – and the cost of tobacco use to Alaska along with the state’s Tobacco-Derived Revenue, are shown below.

### Alaska’s Annual Medical Costs for Tobacco Use

- Calculation based on CDC-revised smoking-attributable expenditures (SAE) method for 2005-2009, adjusted to 2012 dollars based on percent of annual increases in the SAE estimates.

**$538 M**

### Alaska’s Annual Lost Productivity due to Tobacco-related Deaths

- 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.

**$231 M**

### Alaska’s Annual Revenue from Tobacco

- Annual Revenue equals FY16 taxes on tobacco products of $68.3 million, plus FY16 Master Settlement payments of $30.4 million (Revenue Sources Book, Fall 2016).

**$98.7 M**

### Alaska’s FY16 TPC Program Budget

- FY16 Tobacco Use Education and Cessation Fund appropriation of $8.8 million plus FY16 CDC grants of $.97 million.

**$9.78 M**

---


c. Annual Revenue equals FY16 taxes on tobacco products of $68.3 million, plus FY16 Master Settlement payments of $30.4 million (Revenue Sources Book, Fall 2016).

d. FY16 Tobacco Use Education and Cessation Fund appropriation of $8.8 million plus FY16 CDC grants of $.97 million.*
Smokefree Alaska State Fair

The Breathe Free Mat-Su coalition supported the Alaska State Fair in establishing, first, a smokefree family day, and in the fall of 2016, a completely smokefree environment during the entire fair. This success was due in large part to the Alaska State Fair management and board, as well as the organized and dedicated volunteers and Matanuska Susitna Borough Tobacco Prevention and Control grantees.

Smokefree Multi-unit Housing

since 2007 220

Responding to a growing number of tenant complaints regarding secondhand smoke drifting into their apartments and condominiums, in 2007 Alaska’s Tobacco Prevention and Control program and the Alaska Tobacco Control Alliance formed the Alaska Smokefree Housing Partnership (ASHP). Housing authorities and commercial property owners/managers were provided smokefree policy resources and given support during implementation.

The American Lung Association, an Alaska Tobacco Prevention and Control Program grantee, developed a searchable website featuring smokefree properties and providing education and implementation materials for tenants and property managers/owners. The roster of smokefree properties continues to grow, with a record 220 properties in 2016. Included are 10 of Alaska’s 14 housing authorities, privately operated affordable housing properties, senior housing residences, and commercial-rate properties. ASHP members in 2009 provided the Alaska Housing Finance Corporation with presentations to the board of directors and housing managers as well as materials to begin their policy adoption. They have announced their housing properties will be smokefree in 2017.

Tobacco-Free Campuses – Schools, Businesses, Organizations

- The University of Alaska system tobacco-free policy on ALL campuses became complete with the inclusion of the Chukchi campus in Kotzebue, the Juneau campus and the Sitka Campus.¹¹
- Out of Alaska’s 54 public school districts, 41 now have tobacco-free policies in place.¹¹
- Bethel Youth Facility, Prince of Wales Vocational and Technical Education Center, the Sitka Community Hospital, Juneau Alliance for Mental Health, Inc., Wrangell’s Alaska Vistas tour company and Kadin Corporation, and RurAL CAP all adopted or enhanced a tobacco-free campus policy.¹¹
- Smokefree environment policies were adopted or strengthened at 14 behavioral health agencies, with most also prohibiting the use of e-cigarettes on their campus.¹¹

In 2016 the United States Department of Housing and Urban Development (HUD) issued a smokefree requirement – in buildings and within 25 feet of entrances – for all public housing authorities they fund, which will take effect in 2018.
Higher Tobacco Prices

Smoking costs Alaskans $20 in lost productivity and direct healthcare expenditures for every pack sold.12

![State tax vs. smoking-caused costs](image)

- **State tax per pack**: $2
- **Smoking-caused costs per pack**: $20

Economic studies demonstrate that cigarette price increases reduce adult consumption and youth initiation.3

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

- Adults who smoke by 3-5%13
- Pregnant women who smoke by 7%14

Youth may be even more responsive to price increases than adults.13

Alaska communities are adopting tobacco taxes, some of which include electronic cigarettes and other tobacco products.11 In FY16 the City of Kotzebue and the City and Borough of Sitka implemented taxes that included e-cigarettes and other tobacco products. Tax policies are a win-win for communities and states. The health benefit comes from deterring youth from starting and motivating tobacco users to quit, and the economic benefit comes with reduced healthcare costs and an increase in revenue.

- The Northwest Arctic Borough’s tobacco tax revenue since implementation (7/1/16 – 9/30/16) - approximately $140,000.
- Bethel’s 2016 tobacco tax revenue (1/1/16 - 11/11/16) - approximately $400,000.

Grant Community Outreach

Tobacco Prevention and Control program grantees engage communities in a variety of ways to expand their understanding of the health harms of tobacco use and exposure to secondhand smoke, to support protective policies, and rally youth to avoid using tobacco.11 Youth leaders and innovative programs gained national attention.

- 2016 brought a steady increase in tribal tobacco-free policies and upgraded tobacco-free school policies.
- There is a higher prevalence of cigarette smoking among Alaskans with behavioral health conditions. The American Lung Association of Alaska and Akeela, Inc. teamed up to help bring about an increase in nicotine addiction treatment in behavioral health settings.
- Tanana Chiefs Conference converted extensive communication materials, including tribal resolutions, into indigenous languages in a region with 42 villages, a first-of-its-kind effort that was honored with an award from the Centers for Disease Control and Prevention.

**Youth engagement** occurs through education programs that provide opportunities for young people to foster leadership skills and connect in local, state, and national partnerships.

- The Alaska Association of Student Governments’ 2016 spring conference, with over 400 high school students, focused on dual health themes, “I Won’t Smoke Today,” and “One Breath at a Time.”
- RurAL CAP coordinated the largest gathering of new Alaska Tobacco Control Alliance youth leaders in Fall and Spring trainings to plan for statewide outreach to decrease youth use of e-cigarettes and to show support for smokefree policies.
- A youth leader from Nenana’s Railbelt Mental Health and Addictions’ “People In Need of Knowledge (PINK)” youth movement was Alaska’s representative to the national Campaign for Tobacco-Free Kids annual symposium in Washington, DC.
- Nome’s Teens Against Tobacco Use (TATU) created community events for tobacco prevention outreach – their movie night drew in 300 community members and increased support for their work.
- Kenai Peninsula’s TATU group – one of the largest and most diverse in the state with more than 50 youth – engaged in peer-to-peer education opportunities as well as providing evidence of need for eliminating exposure to secondhand smoke.
Alaska Tobacco Prevention Policies

Public Health Region View

Statewide Outreach Partners
American Lung Association in Alaska
Akeela, Inc.
Alaska School Activities Association
Rural Alaska Community Action Program
Alaska Native Tribal Health Consortium – Behavioral Health Program

Legend

- Tribal Tobacco-free/Smokefree Resolution [129 out of 229]
- Strong Community Smokefree Workplace Law [18]

Tobacco-Free School Districts

Complete policies must include elements that protect:
- all students, staff and visitors on
- all school grounds and school sponsored events
- at all times

Gold, Silver and Bronze awards reflect increasing protective elements, with Gold as the desired status.

Alaska’s 54 School District Policies:

- **Gold (37)**
- **Silver (3)**
- **Bronze (1)**
- **Incomplete (13)**

As of 10-5-16
Supporting Tobacco Users Who Want to Quit

Alaska’s Tobacco Quit Line provides free cessation support for Alaska’s adult tobacco users (including cigarette smokers, smokeless tobacco users, and e-cigarette users), with a re-vamped, user-friendly website and introduction in April 2016 of Individual Services – an a la carte menu of options for Alaskans to select the right services for their needs.¹¹

- 2,523 tobacco users called Alaska’s Tobacco Quit Line in FY2016
- The new quit line feature, Text2Quit, supported 890 new clients
- The new Individual Services option gained popularity quickly and is now used by nearly half of quit line callers.

Quit Line calls from tobacco users in Y16 2,523

890 new clients via Text2Quit

effectively use of state grant resources.

Remarkable Cessation Success in Southwest Alaska

The Yukon-Kuskokwim Health Corporation (YKHC), headquartered in Bethel and serving 56 communities in one of the state’s largest and most challenging geographic regions, raised the bar for efforts to reduce or eliminate tobacco use.¹¹

Their commendable progress demonstrates a remarkably effective use of state grant resources.

YKHC – along with its partner, the Delta Tobacco Control Alliance (DTCA), a committed local tobacco prevention coalition – has made significant progress in a number of areas:

- Bethel was the first community in Alaska (1998) to pass a local workplace ordinance eliminating exposure to secondhand smoke.
- Bethel was the first rural community to enact a local tax on cigarettes and other tobacco products and a local licensing fee for tobacco retailers.
- The southwest region saw the highest number of tribal smokefree or tobacco-free policies of any region in the state.

YKHC went to the next level – they enhanced tobacco interventions with a customized electronic health system for faster, nearly automatic referral of tobacco-using patients to a cessation counselor. Cessation referrals in the first month increased five-fold (from 20 to 129); the following month increase was an additional 62% (209).

YKHC monthly cessation referrals increased from 20 to 160

Total referrals leveled to an average of about 160 per month – compared to the 20-per-month referral rate prior to the system change!
Alaska’s Tobacco Quit Line has launched a NEW suite of user-friendly services to help Alaskans quit tobacco.

Select the quitting program that is right for you.

**All Access**
Our most comprehensive package includes:
- ✓ Coaching Calls
- ✓ Web Coaching
- ✓ Text Messaging
- ✓ Email Support
- ✓ Free Patches, Gum or Lozenges
- ✓ Welcome Kit

**Web Coach**
Access helpful tools through this private online community:
- ✓ Web Coaching
- ✓ Text Messaging
- ✓ Email Support
- ✓ Quit Guide
- ✓ Free Patches, Gum or Lozenges

**Individual Services**
Select some or all of the following services:
- ✓ Text Messaging
- ✓ Email Support
- ✓ Quit Guide
- ✓ Free Patches, Gum or Lozenges

FREE

FREE

FREE

For more information, visit alaskaquitline.com.

PRAISE FROM QUIT LINE CALLERS: “The text to quit program has been instrumental in my quit and I see no need to go back to using tobacco.” | “You have been very patient and professional, to the point, and very detailed about what I need to do. I really appreciate that.” | “Quitting with the combination of patches and lozenges is helping me so much more than the other times when I tried with just the patch alone.” | “I don’t know who started this program - but it is awesome. It would have been hard to accomplish everything I have without it.” | “You are awesome! You helped me not think about smoking. Thank you so much.” | “This program has been great. All the coaches have been helpful, but this has been the most rewarding call yet, in terms of insight and learning. I was able to counteract thoughts I was having with “but” statements, which gave me a whole new perspective on things.” | “I just wanted to thank you for the help you are giving me.”

4th of July in McCarthy - promoting quitting with Alaska’s version of outdoor signs!
– Sheila Hurst, Copper River Native Association Tobacco Prevention Coordinator
“There is little doubt that the use of e-cigarettes by youth and young adults represents self-administration of the drug nicotine, and this self-administration of nicotine puts youth at risk for addiction and many related harmful consequences.”
— Vivek H. Murthy, M.D., M.B.A., Former U.S. Surgeon General

Nicotine is a highly addictive drug. It can be toxic to developing fetuses and impairs fetal brain development.\textsuperscript{3, 16} The impact of nicotine use on the developing adolescent brain has been shown to include disruption of the formation of brain circuits that control attention, learning, and susceptibility to addiction.

Restricting Sales to Youth

Alaska law prohibits selling nicotine products to youth under 19 years of age. Each year Alaska’s compliance team - investigators from the Department of Behavioral Health along with high school youth under the age of 18 – conducts investigations of tobacco vendors statewide to ensure sales to youth do not occur. The federal Synar law requires a non-compliance rate below 20%. Since 2003, Alaska has been successful at reducing sales to youth, eliminating risk of a federal penalty that could cost the state a loss of a portion of federal block grant funding.\textsuperscript{17}

\textbf{2016} tobacco sales to
youth non-compliance
rate – \textbf{5.4 \%} – down from an \textbf{all-time high of 34 percent in 1996}.\textsuperscript{18}
E-Cigarettes: Not Harmless, Not Healthy, Not for Kids

“All Americans need to know that e-cigarettes are dangerous to youth and young adults. Any tobacco use, including e-cigarettes, is a health threat, particularly to young people.”

— Vivek H. Murthy, M.D., M.B.A., Former U.S. Surgeon General

Alaska achieved great success in reducing the prevalence of smoking among high school youth by 70%, from 37% in 1995 to 11% in 2015. However, the prevalence of youth smoking has been static since 2013 and by 2015 more Alaska teens were using e-cigarettes (18%) than smoking (11%).

Alarmingly, e-cigarette use increased nationally among high school students from 1.5% in 2011 to 16.0% in 2015. Studies to date suggest e-cigarette use among youth may lead to the initiation of combustible tobacco products, and show cessation of combustible tobacco products is NOT the primary reason for e-cigarette use among youth and young adults.

While the Food and Drug Administration in August 2016 announced it would regulate e-cigarettes as tobacco products, there is currently NO REGULATION regarding the safety or reliability of contents or delivery systems, and no marketing restrictions. In Alaska, there are no vendor licensing requirements for e-cigarette retailers, and they are not subject to sales-to-youth compliance checks that help enforce the state’s tobacco sales law.

A 2016 preliminary e-cigarette compliance check in Alaska revealed that among the 23 vape shops investigated across the state, 6 shops (all in Anchorage) sold e-cigarette fluid to minors. Among the 33 convenience stores/gas stations investigated across the state, 3 sold e-cigarettes to minors.

Unrestricted Marketing

“Our children are not an experiment. We know enough about the health risks of youth use of e-cigarettes to take action.” — Vivek H. Murthy, M.D., M.B.A., Former U.S. Surgeon General

How it happens: In the unregulated environment of e-cigarette marketing, the tobacco industry is reinventing old marketing strategies, with heavy spending ($125 million alone in 2014), TV ads with celebrities, movies and sports and concert sponsorships - now illegal for other tobacco products - that were effective in gaining them teenage customers.

Flavorings, now prohibited for cigarettes due to their appeal to youth, are a major part of e-cigarette marketing. More than 85% of e-cigarette users ages 12-17 use flavored e-cigarettes, and flavors are one of the leading reasons for youth use. There are more than 450 different brands of e-cigarettes on the market today, and e-cigarettes come in over 7,500 different flavors. The CDC reports that in 2013 over 263,000 never-smoking youth used e-cigarettes – a three-fold increase from 79,000 youth in 2011.

E-Cigarette brands and their respective tobacco companies

<table>
<thead>
<tr>
<th>E-Cigarette Brand</th>
<th>Tobacco Company</th>
<th>Traditional Cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Ten</td>
<td>Altria</td>
<td>Marlboro, Virginia Slims</td>
</tr>
<tr>
<td>blu</td>
<td>Imperial Tobacco</td>
<td>Kool</td>
</tr>
<tr>
<td>Vuse</td>
<td>Reynolds American</td>
<td>Camel, Newport</td>
</tr>
</tbody>
</table>

What they are:
E-cigarettes (also known as e-cigs, e-hookahs, vape pens, vapes, vaporizers, cigalikes, e-cigars, mods, tank systems) are electronic devices that allow users to inhale a heated aerosol containing nicotine, flavorings and other substances. Using an e-cigarette is commonly referred to as “vaping”.

What they produce:
E-cigarettes generally emit lower levels of dangerous toxic elements than combusted cigarettes. However, in addition to nicotine, e-cigarette aerosols can contain propylene glycol, glycerin, flavorings, heavy metals, ultrafine particulates, and cancer-causing agents like acrolein. The long-term effects of exposure to these substances, even at low concentrations, are unknown.

19 Murthy, Vivek H. “All Americans need to know that e-cigarettes are dangerous to youth and young adults. Any tobacco use, including e-cigarettes, is a health threat, particularly to young people.”
23 Murthy, Vivek H. “Our children are not an experiment. We know enough about the health risks of youth use of e-cigarettes to take action.”
We Know How to Protect Health

The 2014 Surgeon General’s Report, *The Health Consequences of Smoking – 50 Years of Progress*, “strengthens our resolve to work together to accelerate and sustain what works – such as hard-hitting media campaigns, smokefree air policies, optimal tobacco excise taxes, barrier-free cessation treatment, and comprehensive statewide tobacco control programs funded at CDC-recommended levels.”³

— Boris D. Lushniak, M.D., M.P.H., Former Acting U.S. Surgeon General

Alaska has engaged in successful strategies to reduce the disease and premature death caused by tobacco use and secondhand smoke:

- Alaska’s 2015 overall adult smoking prevalence of 19% is the lowest it has been.
- The overall prevalence of youth smoking has dropped by 70%.
- Alaska’s Tobacco Quit Line services are more robust and responsive with new cessation options.
- There are more former smokers than current smokers.
- More than two thirds of current smokers want to quit.
- There are more smokefree and tobacco-free policies implemented for communities, tribes, organizations and housing.
- More Alaskans agree secondhand smoke is harmful – the highest number ever at 93%.

These successes are the result of a fully funded comprehensive program sustained over time.

The Tobacco Prevention and Control program continues to address high-priority populations in need of strategic support to reduce their high prevalence of tobacco use to ensure all Alaskans have a chance to live a healthy, tobacco-free life. Engaging Alaska Native communities to participate in cessation and prevention efforts holds promise, as does creating educational campaigns addressing behavioral health conditions, and redirecting young adults from e-cigarettes to cessation along with messages that counter industry marketing.

The Tobacco Prevention and Control Program “end game” strategies:

Alaska’s Tobacco Prevention and Control program, stakeholders, and civic leaders are responsive to and aligned with CDC’s 2014 call for an integrated national tobacco control strategy of expanded implementation of tobacco control measures. The new “end game” strategies meet the vision of a society free of tobacco-related death and disease. *The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General* provides the scientific foundation for critical tobacco control interventions Alaskans are implementing or working toward:

- Increasing the price of tobacco products prevents youth initiation and promotes cessation.
- Smoke-free laws protect against secondhand smoke exposure and reduce smoking.
- Mass media campaigns and comprehensive community and statewide tobacco control programs prevent youth initiation and reduce prevalence among youth and adults.
- Tobacco cessation treatments are effective in helping smokers quit.

Alaska leaders have honored this strategic and effective program with sustained funding and a commitment to the vision of a healthier, tobacco-free Alaska. Within this framework we can continue to protect our youth from nicotine addiction, bring about significant declines in tobacco use, eradicate exposure to the toxic elements in secondhand smoke, and realize significant economic benefits to the state in averted healthcare costs.

### Adult smoking rates, select high risk groups, Alaska 1996 & 2015

<table>
<thead>
<tr>
<th>Category</th>
<th>1996</th>
<th>2015</th>
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<tbody>
<tr>
<td>All Alaska adults</td>
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<tr>
<td>Alaska Native adults</td>
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<tr>
<td>Low socioeconomic status*</td>
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<td>Young adults (18-29)</td>
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<tbody>
<tr>
<td>2015</td>
<td>19%</td>
<td>47%</td>
<td>39%</td>
<td>28%</td>
</tr>
<tr>
<td>2015</td>
<td>19%</td>
<td>37%</td>
<td>34%</td>
<td>23%</td>
</tr>
</tbody>
</table>

*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:


7. Alaska Department of Revenue, Tax Division FY14 Reports.


12. 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.


