

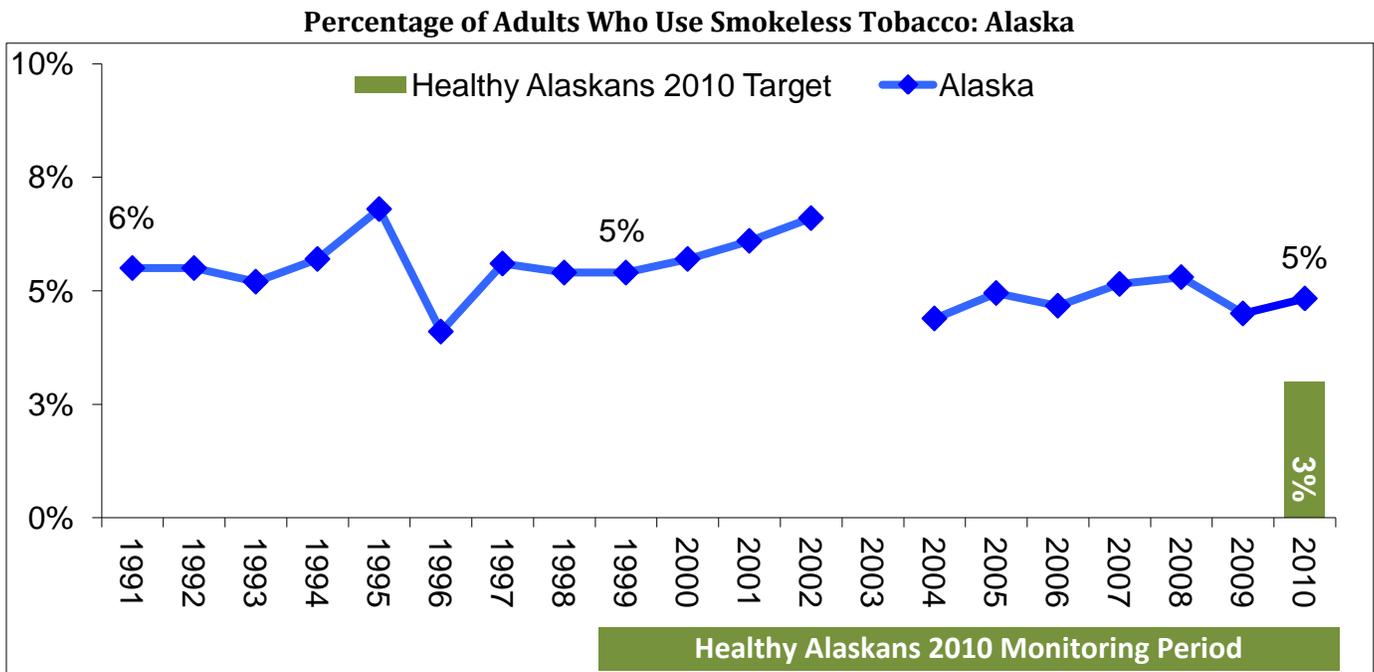
Alaska Health Status Indicators

Indicator: *Adult Smokeless Tobacco Use*

Why is this important?

Tobacco use is the leading cause of preventable disease and death in the United States.¹ There have been over 12 million tobacco-related deaths in the United States since the landmark 1964 Surgeon General's report, which broadcast that smoking was a cause of cancer.² Smokeless tobacco use causes oral, esophageal, and pancreatic cancer³, as well as contributing to non-cancerous oral health conditions, nicotine addiction, and heart disease.⁴ The use of tobacco products (both cigarettes and smokeless tobacco products, such as chewing tobacco) is responsible for 30% of all cancer deaths, 21% of all coronary heart disease deaths, and 18% of all stroke deaths.² For every one person who dies from tobacco use, another 20 suffer reduced quality of life from tobacco-related illness.⁵ In addition, tobacco use costs the US economy more than \$96 billion each year in direct medical expenses and another \$97 billion per year in lost productivity⁶; Alaska's share of these costs are approximately \$546 million annually.⁷

How are we doing?



The percentage of adult Alaskans who use smokeless tobacco has fluctuated between 4% and 7% from 1991 to 2010.

❖ **How is Alaska Doing Relative to the *Healthy Alaskans 2010* Target?**

The *Healthy Alaskans 2010* target for adult smokeless tobacco use prevalence is 3% or lower. Despite some variation in this rate over the *Healthy Alaskans 2010* monitoring period, the baseline and most recent prevalence rates are both 6%. **The *Healthy Alaskans 2010* target of 3% has not been met.**

❖ **How does AK compare with the US?**

Comparable US data are not available. However, 2009 BRFSS data using a slightly differently-worded question put Alaska (6.6%) as having one of the highest smokeless tobacco prevalence rates in the country (1.3% to 9.1%).

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❖ How are different populations affected?

Men are more likely to use smokeless tobacco (SLT; 8%) than are women (1%). Alaska Native adults (10%) and Alaskans living in rural areas of the state (13%) are more likely to use SLT than non-Native Alaskans (4%) or those living in more urban parts of the state (3% to 7%). Prevalence of SLT use is inversely related to education, and Alaskans with incomes below the poverty level use SLT more (8%) than do those above that threshold (4%). (Source: 2009 BRFSS)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners statewide, the Alaska Tobacco Prevention and Control (TPC) program provides leadership, coordinates resources, and promote efforts that support Alaskans in living healthy and tobacco-free lives. Specifically, the Alaska TPC provides funding and technical assistance for community-based, school-based and tobacco use cessation programs; provides media and other counter-marketing communications statewide; operates a tobacco quit-line that provides cessation counseling and nicotine replacement therapy (NRT) free of charge; ensures the ongoing surveillance of tobacco use trends in Alaska and the evaluation of program efforts; and supports tobacco-free partnership projects in Alaska. Additional information on current tobacco prevention efforts in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/tobacco/default.htm>.

Indicator Definition and Notes

Percentage of adults aged 18 years and older who answer “Yes” to both of the following questions:

- *Have you used or tried any smokeless tobacco products such as chewing tobacco, snuff, Iq'mik, or Blackbull?*
- *Do you currently use any smokeless tobacco products such as chewing tobacco, snuff, Iq'mik, or Blackbull?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services. Alaska data were obtained from the Standard AK BRFSS from 1991 through 2002, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

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3. International Agency for Research on Cancer. *Smokeless Tobacco and Some Tobacco-Specific N-Nitrosamines*. Lyon, France: World Health Organization International Agency for Research on Cancer; 2007. IARC Monographs on the Evaluation of Carcinogenic Risks to Humans Volume 89.
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6. U.S. Centers for Disease Control and Prevention (CDC). Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses-United States 2000-2004. *Morbidity and Mortality Weekly Report (MMWR)* 2008;57(45):1226-1228.
7. U.S. Centers for Disease Control and Prevention (CDC) Smoking-Attributable Mortality, Morbidity, and Economic Costs Application, updated with 2008 medical consumer price index. Available at <http://apps.nccd.cdc.gov/sammec/>.



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