

ALASKA

# Tobacco Prevention and Control Program

FY 2016  
ANNUAL REPORT

IN THIS TOGETHER



# THE Winnable Battle

*“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<sup>1</sup>

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.<sup>2</sup>

The Centers for Disease Control and Prevention outlines four goals for comprehensive tobacco control programs:<sup>2</sup>

- Prevent initiation among youth and young adults
- Promote quitting among adults and youth
- Eliminate exposure to secondhand smoke
- 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.

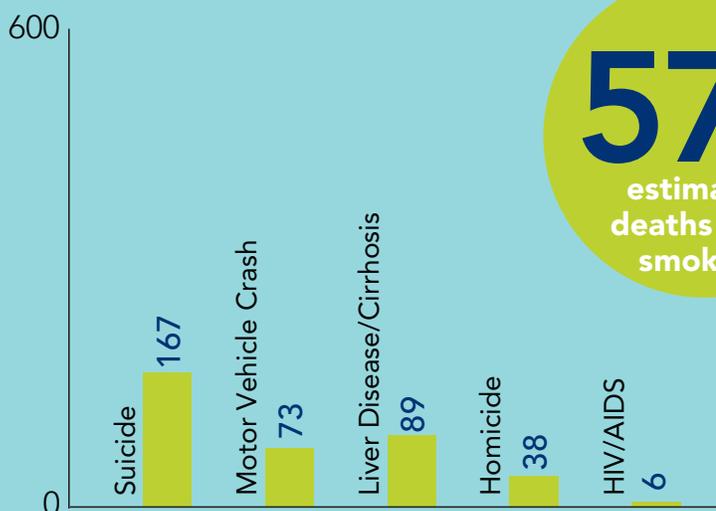
## The Leading Preventable Cause of Death

*“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.”<sup>3</sup>*

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.<sup>4</sup> Alaska ranks as the state with the 6th highest proportion of smoking-related cancer deaths in adults 35 years and older.<sup>5</sup>

**6<sup>th</sup>** where Alaska ranks among states for smoking-related deaths

Number of deaths due to selected causes per year, Alaska, 2012<sup>6</sup>



Heart Disease | Abdominal aortic aneurysm | Atherosclerosis | Cerebrovascular diseases (stroke) | Heart attack | Cancer | Bladder cancer | Cervical cancer | Esophageal cancer | Kidney cancer | Laryngeal cancer | Leukemia | Lung cancer | Oral cancer | Pancreatic cancer | Stomach cancer | 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

# Saving Lives Saving Dollars

Realizing a return on investment with sustained comprehensive tobacco prevention and control programs.

## 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:<sup>6,7</sup>



**31%**

reduction in smoking prevalence among Alaska adults - 28% in 1996, now at 19%

THE LOWEST IT HAS EVER BEEN<sup>6</sup>

**93%**

of adults believe secondhand smoke is harmful<sup>6</sup>



**70%**

reduction in youth smoking prevalence - 37% in 1995, now at 11% in 2015<sup>6</sup>

**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 2014<sup>6,7</sup>



## RETURN on INVESTMENT

Alaska's Tobacco Prevention and Control program realized a 31% reduction in adult cigarette smoking between 1996 (28%) and 2015 (19%),<sup>6</sup> or 44,000 fewer adult smokers in 2015.<sup>8</sup> This translates into 12,800 fewer smoking-related deaths, and a reduction of \$599 million in healthcare costs now and in the future.<sup>9</sup>

**12,800 fewer**  
smoking-related deaths

**31% reduction**  
in adult smoking between  
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**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.<sup>10</sup> 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:<sup>6</sup>



## 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.<sup>11</sup>

**CONGRATULATIONS PETERSBURG**

THANK YOU, voters, for passing a tobacco-free ordinance to protect the health of our community.

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

Partnership for a Tobacco-Free Southeast

**ALASKA QUITLINE**  
1-800-QUIT-NOW

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

Everyone has the right to breathe smokefree air. Smokefree public places help encourage tobacco users to quit and reduce the number of youth who start using tobacco. Thank you for protecting the health of our communities.

Bristol Bay Area Health Corporation  
Tobacco Prevention and Cessation Program (907) 842-9547

**ALASKA QUITLINE**  
1-800-QUIT-NOW  
alaskaquitline.com

## Smokefree & Tobacco-Free Tribes

# 134

Alaska 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.<sup>11</sup>



\*Pivotal October 2011 Alaska Federation of Natives Resolution supporting the right of all Alaskans to be protected from secondhand smoke.

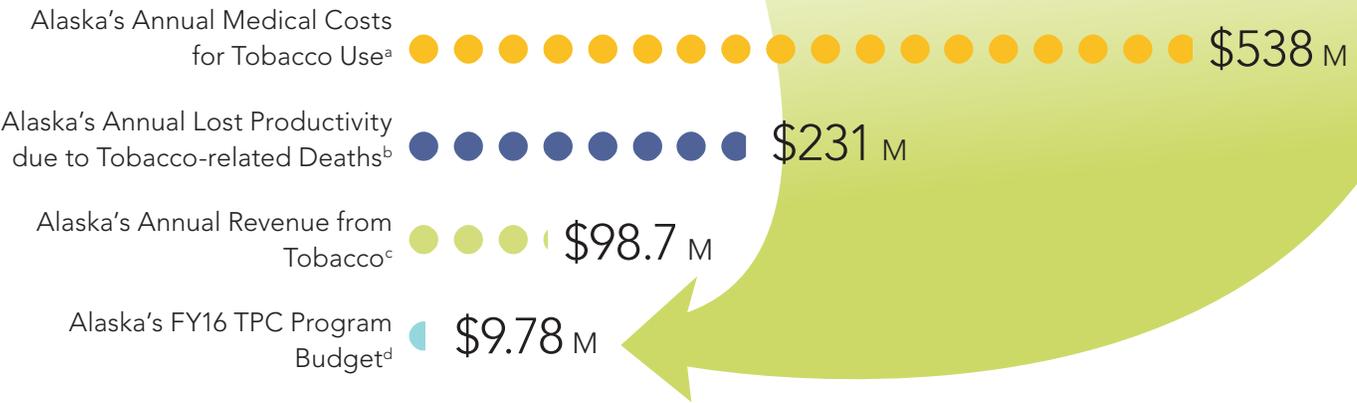
“The purpose of the Tobacco Use Education and Cessation Fund is to provide a source to finance the comprehensive smoking education, tobacco use prevention, and tobacco control program ... ”  
 (AS 37.05.580)

— 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.<sup>2</sup> 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.



a. 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.  
 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 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 \$0.97 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

# 220

since 2007

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.

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.



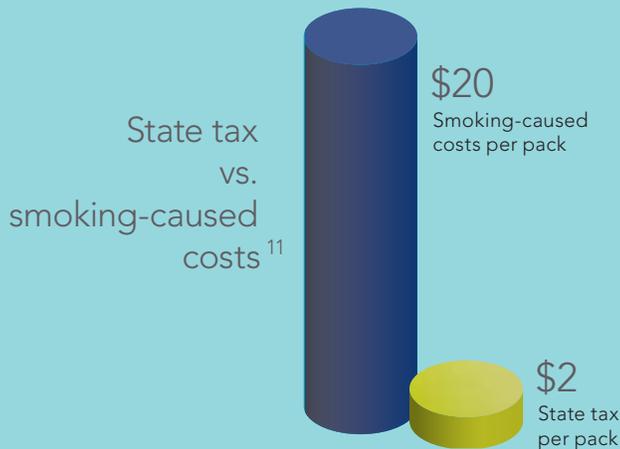
## Tobacco-Free Campuses – Schools, Businesses, Organizations

- 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.<sup>11</sup>
- Out of Alaska's **54** public school districts, **41** now have tobacco-free policies in place.<sup>11</sup>
- 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.<sup>11</sup>
- Smokefree environment policies were adopted or strengthened at **14** behavioral health agencies, with most also prohibiting the use of e-cigarettes on their campus.<sup>11</sup>



# Higher Tobacco Prices

Smoking costs Alaskans \$20 in lost productivity and direct healthcare expenditures for every pack sold.<sup>12</sup>

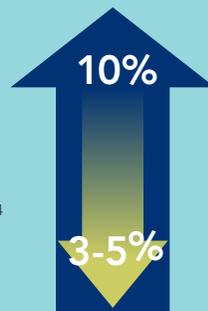


Economic studies demonstrate that cigarette price increases reduce adult consumption and youth initiation.<sup>3</sup>

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

- Adults who smoke by 3-5%<sup>13</sup>
- Pregnant women who smoke by 7%<sup>14</sup>

Youth may be even more responsive to price increases than adults.<sup>13</sup>



Alaska communities are adopting tobacco taxes, some of which include electronic cigarettes and other tobacco products.<sup>11</sup> 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.<sup>11</sup> 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

- ### Southwest Partners
- Saint Paul Pribilof
  - Saint George
  - Yukon-Kuskokwim Health Corporation
  - Bristol Bay Area Health Corporation
  - Southcentral Foundation





### Northern Region Partners

Maniilaq Association  
Nome Community Center  
North Slope Borough

### Interior Region Partners

Tanana Chiefs Conference  
Railbelt Mental Health & Addictions  
American Lung Association in Alaska

### Southcentral Region Partners

Alaska Family Services  
Mat-Su Borough School District  
American Lung Association in Alaska  
University of Alaska Anchorage – Department of Health Sciences

### Gulf Coast Region Partners

Bridges Community Resource Network, Inc.  
Kenaitze Indian Tribe  
Chugachmiut, Incorporated  
Kodiak Area Native Association  
Copper River Native Association

### Southeast Region Partners

National Council on Alcoholism & Drug Dependence  
Southeast Prevention Services  
Petersburg Indian Association  
SouthEast Alaska Regional Health Consortium  
Hoonah Indian Association  
Yakutat Tlingit Tribe

# 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.<sup>11</sup>

- **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

nearly 50% of clients use Individual Services **1/2**

## Among Alaska adult smokers, in 2015<sup>6</sup>

- 10% who were smoking in the past year have quit smoking
- 68% want to quit
- 59% made a quit attempt in the past 12 months (up from 45% in 1996)

**10%**

Those smoking in the last year who quit.

**68%**

Alaska smokers want to quit.

Made quit attempt in last 12 months

1996

2015

45%

59%

## 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.<sup>11</sup>

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

FREE

Our most comprehensive package includes:

- ✓ Coaching Calls
- ✓ Web Coaching
- ✓ Text Messaging
- ✓ Email Support
- ✓ Free Patches, Gum or Lozenges
- ✓ Welcome Kit

## Web Coach

FREE

Access helpful tools through this private online community:

- ✓ Web Coaching
- ✓ Text Messaging
- ✓ Email Support
- ✓ Quit Guide
- ✓ Free Patches, Gum or Lozenges

## Individual Services

FREE

Select some or all of the following services:

- ✓ Text Messaging
- ✓ Email Support
- ✓ Quit Guide
- ✓ Free Patches, Gum or Lozenges



For more information, visit [alaskaquitline.com](http://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

# Alaska's Youth Nicotine

*"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."<sup>15</sup>*

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

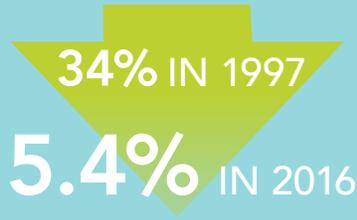
Nicotine is a highly addictive drug. It can be toxic to developing fetuses and impairs fetal brain development.<sup>3, 16</sup> The impact of nicotine use on the developing adolescent

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.<sup>17</sup>

**2016** tobacco sales to youth non-compliance rate – **5.4 %** – down from an **all-time high of 34 percent in 1996.**<sup>18</sup>



teen e-cigarette use in Alaska

# 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.”<sup>19</sup>*

— 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%).<sup>6</sup>

Alarming, 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.<sup>15</sup>

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.

## 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.<sup>20</sup> However, in addition to nicotine, **e-cigarette aerosols can contain propylene glycol, glycerin, flavorings, heavy metals, ultrafine particulates, and cancer-causing agents like acrolein.**<sup>21</sup> The long-term effects of exposure to these substances, even at low concentrations, are unknown.<sup>22</sup>

## Unrestricted Marketing

**“Our children are not an experiment. We know enough about the health risks of youth use of e-cigarettes to take action.”<sup>23</sup>** — 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.<sup>15</sup>

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.<sup>15</sup> There are more than 450

### E-cigarette brands and their respective tobacco companies

E-Cigarette Brand	Tobacco Company	Traditional Cigarettes
Mark Ten	Altria	Marlboro, Virginia Slims
blu	Imperial Tobacco	Kool
Vuse	Reynolds American	Camel, Newport

different brands of e-cigarettes on the market today, and e-cigarettes come in over 7,500 different flavors.<sup>24</sup> 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.<sup>25</sup>

# 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."*<sup>3</sup>

— 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 re-directing young adults from e-cigarettes to cessation along with messages that counter industry marketing.

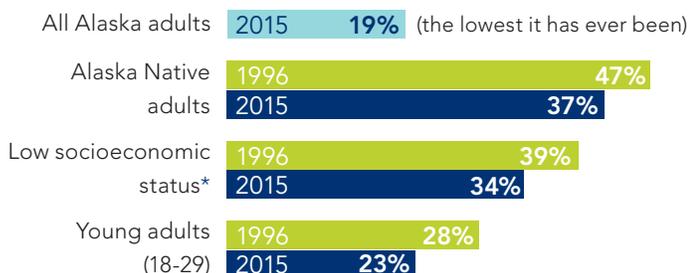
## The Tobacco Prevention and Control Program "end game" strategies:

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



Source: Alaska Behavioral Risk Factor Surveillance System, 1996 & 2015

\*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:

- <sup>1</sup> U.S. Department of Health and Human Services (2012). *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. Available from: <https://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/>.
- <sup>2</sup> 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.
- <sup>3</sup> U.S. Department of Health and Human Services (2014). *The Health Consequences of Smoking – 50 Year of Progress: 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. Available from: <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>.
- <sup>4</sup> U.S. Department of Health and Human Services (2010). *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. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK53017/>.
- <sup>5</sup> Lortet-Tieulent J., Goding Sauer, A, Siegel, RL, Miller, KD, Islami, F, Fedewa, SA, Jacobs, EJ, Jemal A (2016). *State-Level Cancer Mortality Attributable to Cigarette Smoking in the United States*. *JAMA Internal Medicine*, 176(12), 1792-1798. Doi: 10.1001/jamainternmed.2016.6530.
- <sup>6</sup> Alaska Tobacco Facts, 2016 Update.
- <sup>7</sup> Alaska Department of Revenue, Tax Division FY14 Reports.
- <sup>8</sup> Calculated using 2010 Census adult population total for Alaska, multiplied by the Alaska adult smoking prevalence for 1996, and for 2015, and subtracting the 2015 estimated number of smokers from the 1996 number (of smokers).
- <sup>9</sup> Dollar saved per fewer smoker multiplied by # fewer adult smokers. Methodology estimates former smoker healthcare excess costs, per <http://www.tobaccofreekids.org/research/factsheets/pdf/0277.pdf>. Adjusted from 2004 to 2015 dollars using medical consumer price index.
- <sup>10</sup> American Cancer Society Cancer Action Network: 2014. *Tackling Tobacco Use at the State and Federal Levels [Fact Sheet]*. Available from: <https://www.acscan.org/policy-resources/tackling-tobacco-use-state-and-federal-levels>. Accessed December 19, 2016.
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