

Tobacco Prevention and Control in Alaska

Preventing Addiction – Saving Lives



"Although great progress has been made, a challenging struggle remains ... We all need to strengthen our efforts to prevent young people from starting to smoke and to encourage smokers of all ages to quit."

— Richard H. Carmona, U.S. Surgeon General
The Health Consequences of Smoking: A Report of the Surgeon General

Annual Report
Fiscal Year 2005

INTROD



Youth smoking rates have been cut by half.
Adult smoking is the lowest on record.
Tobacco industry marketing is increasing.

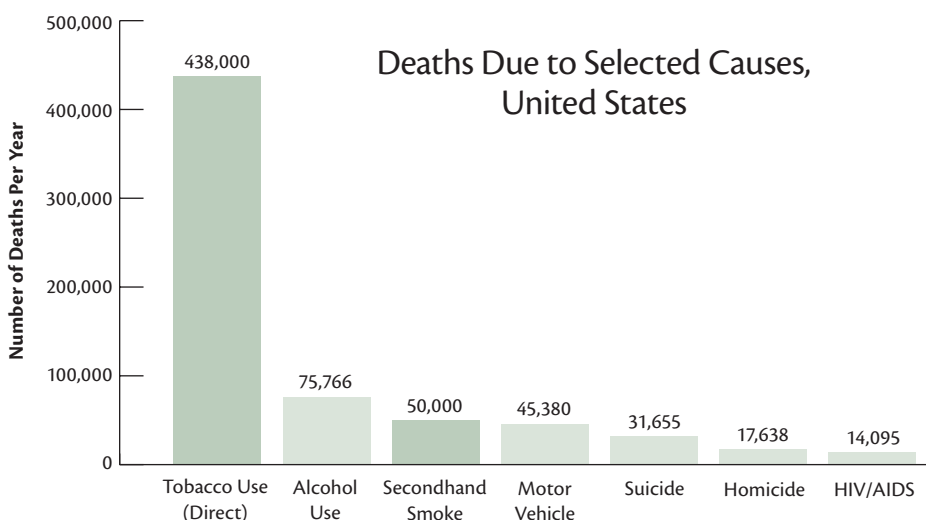
Contents

Introduction.	i
Best practices for Alaska	1
Status report FY05	2
Secondhand smoke	4
Smokeless tobacco	6
Costs vs. investments	8
FY05 budget.	9
Countermarketing	10
Cessation.	12
Community programs.	14
Enforcement.	16
Program evaluation	17
Looking forward	17

The effectiveness of comprehensive and sustained state tobacco prevention and control programs has been well-documented. These programs can reduce tobacco use, save lives and lower tobacco-caused costs.

This annual report for FY05 marks the sixth year since Alaska first committed to investing a meaningful portion of Alaska's tobacco-derived revenue in efforts to reduce tobacco use. Even as the tobacco industry has dramatically increased marketing over the same period, Alaska has gradually built its tobacco prevention and control capacity:

- ▶ Youth smoking rates in Alaska have been cut by half. The 2004 statewide adult smoking prevalence rate is the lowest on record.
- ▶ Smokeless tobacco use is down. Prenatal tobacco use has significantly declined.
- ▶ Use of the 24-hour statewide call-in quit line service has grown rapidly in response to demand for cessation support.
- ▶ Regional health care facilities continue to improve the quality of nicotine dependence treatment services.
- ▶ Broad public understanding exists of the deadly harm caused by exposure to secondhand smoke.
- ▶ Strong support for 100 percent smokefree workplace policies is found among nonsmokers and smokers alike.
- ▶ Data regarding both tobacco use and public understanding of tobacco health threats are being systematically collected.
- ▶ Program impact is evaluated to adapt, refine and improve ongoing tobacco use prevention and cessation efforts.



Sources: National Center for Health Statistics, Centers for Disease Control and Prevention 2005; Morbidity and Mortality Weekly Report, CDC 2004 Vol. 53 & 2005 Vol. 54; California Environmental Protection Agency 2005

U C T I O N

“Smoking is the leading preventable cause of death and disease, costing us too many lives, too many dollars and too many tears.”

— Secretary Tommy G. Thompson
U.S. Department of Health and Human Services

Apart from the human suffering, tobacco use in Alaska costs \$295 million per year in added medical expenses and lost worker productivity. Alaska’s tobacco prevention and control programs are helping to contain these costs.

While the state’s Tobacco Prevention and Control Program has made substantial progress, there is enormous work yet to be done. Tobacco remains the leading cause of preventable death in Alaska, with the incidence of tobacco-caused disease especially severe in rural areas.

Best Practices for Alaska

To reduce tobacco use and disparities, Alaska is building a tobacco control effort around four basic goals guided by the national Centers for Disease Control and Prevention (CDC) Best Practices for Comprehensive Tobacco Control Programs (1999):

- ▶ **Prevention:** Preventing Alaska’s youth from becoming addicted tobacco users.
- ▶ **Cessation:** Promoting cessation among young people and adults.
- ▶ **Secondhand smoke:** Eliminating non-smokers’ exposure to disease-causing secondhand smoke.
- ▶ **Reduce Disparities:** Address tobacco-related disparities within each goal above.

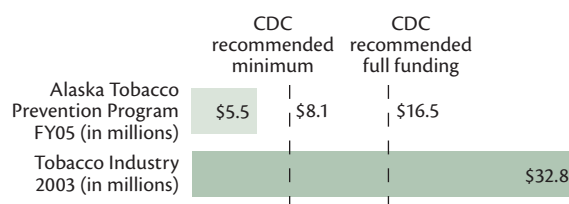
Efforts implemented through the Tobacco Prevention and Control Program involve several integrated, mutually reinforcing elements: aggressive countermarketing through mass media (TV, radio, and print); community-based programs to lead the way on local tobacco control priorities; enforcement to stop illegal sales to children; support for tobacco users who want to quit

(cessation); school programs; data collection and evaluation; and program administration.

For Alaska, the CDC Best Practices guidelines recommend an annual budget of \$16.5 million to support a fully funded, comprehensive effort and a minimum annual commitment of \$8.1 million.

In FY05, \$4.2 million was appropriated from the Alaska Tobacco Use Education and Cessation Fund to support tobacco prevention efforts. Alaska also received \$1.3 million in federal funds for tobacco control for a total budget of \$5.5 million. By contrast, tobacco industry expenditures on marketing and promotions in Alaska are estimated at more than \$30 million per year.

Alaska Tobacco Prevention Program Budget vs. Tobacco Industry Marketing in Alaska



Sources: Centers for Disease Control and Prevention (1999), Campaign for Tobacco Free Kids, U.S. Federal Trade Commission

Tobacco-caused Illness & Disease

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

Respiratory Disease

- ▶ Chronic obstructive pulmonary disease
- ▶ Respiratory infection (pneumonia)

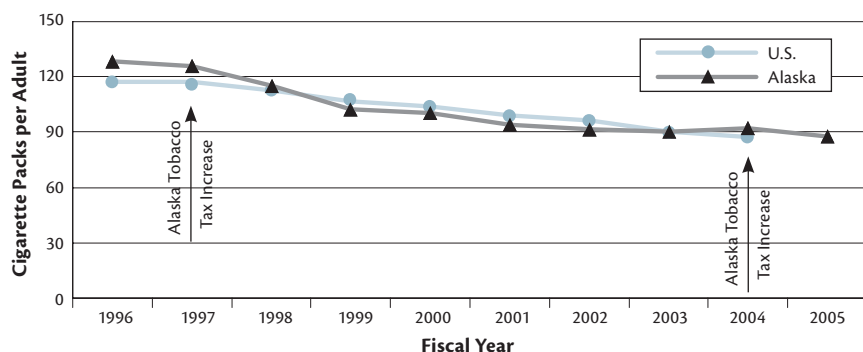
Reproduction and Development

- ▶ Impaired lung growth
- ▶ Early onset lung function decline
- ▶ Asthma
- ▶ Reduced fertility
- ▶ Low birth weight
- ▶ Pregnancy complications
- ▶ Sudden Infant Death Syndrome

Sources: Surgeon General’s Report 2004

STATUS RE

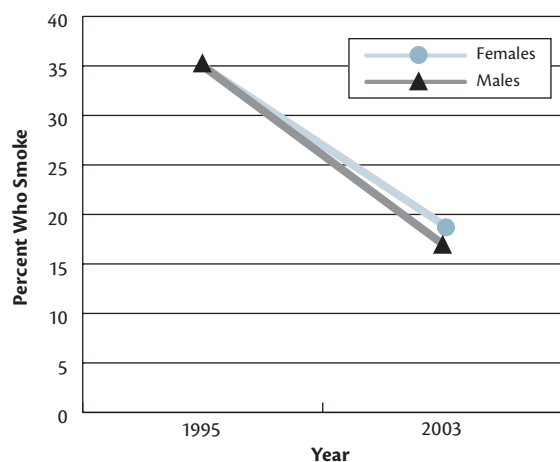
Annual Per Adult Sales of Cigarettes, By Fiscal Year,
Alaska and U.S., 1996-2005



Source: Alaska Department of Revenue

Despite a surge in tobacco industry marketing, adult smoking in Alaska has been reduced. Consumption of cigarettes has declined substantially. In the most recent statewide survey, 24% of adults reported being a smoker, the lowest percentage since the survey was first implemented in 1991. (Alaska Behavioral Risk Factor Surveillance System 2004)

High School Smoking in Alaska



Source: Alaska Youth Risk Behavior Surveillance 1995, 2003

The most current statewide data for youth smoking rates in Alaska indicate that high school smoking has been reduced by half. Efforts to obtain more current data on youth smoking rates in Alaska are ongoing.

Preventing Addiction & Saving Lives

The tobacco industry has more than doubled its marketing and promotional expenditures since 1998, the year of the multistate Master Settlement Agreement, to an all-time high of \$15.4 billion as last reported in 2003. Despite the surge in industry marketing, significant progress has been made to reduce tobacco use:

- ▶ **Public Education and Understanding:** Countermarketing media (TV, radio, print) and community-based programs have provided Alaskans with a solid understanding of the serious health threats from tobacco use as well as exposure to secondhand smoke.
- ▶ **Local Communities Lead the Way:** Communities across Alaska are taking steps to reduce tobacco use. Several local governments have recognized that taxing tobacco is one of the most effective means to prevent youth tobacco use. Increases have recently been adopted by Anchorage (\$1 per pack), the Matanuska-Susitna Borough (\$1 per pack) and Sitka (\$1 per pack).
- ▶ **Clearing the Air:** Many Alaska communities are working to reduce exposure to secondhand smoke. After three years of public education, Sitka took a major step forward with approval of an ordinance that will make restaurants and most other workplaces smokefree.
- ▶ **Tobacco Consumption Down:** Alaska's investment in a comprehensive, sustained effort has reduced tobacco consumption. Cessation support is available statewide. Youth smoking has been cut by half, saving nearly 11,000 lives. Adult smoking is at an all-time low (24 percent). Prenatal smoking and smokeless tobacco use is down.

PORTFY05

“Tobacco use remains the leading cause of preventable death in the United States, causing approximately \$157 billion in annual health related economic losses.”

— Richard H. Carmona, U.S. Surgeon General
The Health Consequences of Smoking: A Report of the Surgeon General

Alaskans Understand the Serious Threat From Secondhand Smoke

Secondhand smoke is harmful or very harmful ...

All respondents	93.3%
Smokers	86.8%

Secondhand smoke causes heart disease ...

All respondents	88.6%
Smokers	80.6%

Secondhand smoke causes lung cancer ...

All respondents	92.0%
Smokers	84.6%

Secondhand smoke causes SIDS ...

All respondents	69.2%
Smokers	55.4%

People should be protected from secondhand smoke ...

All respondents	90.3%
Smokers	80.6%

Source: Alaska Behavioral Risk Factor Surveillance System 2004

Alaska's Tobacco Use Education & Cessation Fund

The Alaska Legislature created the Tobacco Use Education and Cessation Fund in 2001 to provide a long-term funding source for comprehensive tobacco use prevention and control. AS 37.05.580.

Additional amendments to the fund in 2004 reinforced the Legislature's commitment with an express Statement of Intent to use tobacco-derived revenues within the fund: “to provide aggregate funding to meet the minimum amount of tobacco control programs recommended by [the CDC *Best Practices*]” for comprehensive tobacco control programs.

In FY05, the Alaska Legislature authorized \$4.2 million from the Tobacco Use Education and Cessation Fund to implement tobacco control efforts. Together with a federal grant, the FY05 state Tobacco Prevention and Control program budget totaled \$5.5 million.

Comprehensive Tobacco Prevention Key Elements

- ▶ Countermarketing (TV, radio and print)
- ▶ Community-based programs
- ▶ Cessation programs
- ▶ Restrict youth access to tobacco, enforce sales laws
- ▶ Clean indoor air policies
- ▶ Tobacco price increases
- ▶ School programs
- ▶ Research and data collection
- ▶ Program evaluation
- ▶ Management and administration

“Stealing”

Countermarketing Youth Prevention Ad



“Me and my friends use to steal cigarettes.”



75% of kids who smoke have parents who smoke.

“Sometimes we would even look for people to buy us cigarettes.”



“Now I have spots on my lungs. I wish I would'a never started.”



Funny how our kids pick up our little habits.

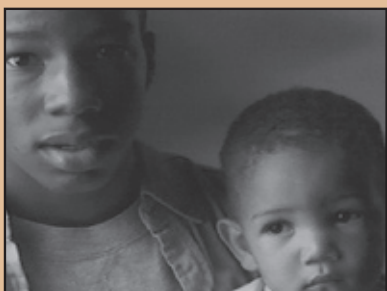
SECONDHA

"Tate Big Brother"

Countermarketing Secondhand Smoke Ad



"When I was growing up, you smoked ... in the house and I hated it, but there was nothing I could do."



"Now when you light up, I can leave. But not my little brother here."



"He's stuck breathing your smoke. And you know it's not good for him."



Let's take it outside

"Please, if you gotta smoke, don't do it around the kids. Please."

Secondhand smoke is a leading cause of preventable death that kills about 50,000 Americans each year (California EPA, June 2005). There is no safe level of exposure to the many carcinogens in secondhand smoke and even just a few minutes of exposure can increase the risk of a heart attack.

Annual estimated secondhand smoke deaths in Alaska exceed deaths from motor vehicle accidents and are approximately three times greater than deaths by homicide. Like active smoking, secondhand smoke generates substantial economic costs estimated at more than \$10 billion per year nationwide.

In 2005, the national American Society of Heating, Refrigerating and Air-Conditioning Engineers officially recognized that ventilation systems cannot control the health harms from tobacco smoke. ASHRAE endorses complete indoor smoking bans as the only effective means to protect public health.

"Annual estimated secondhand smoke deaths in Alaska exceed deaths from motor vehicle accidents ..."

Local communities throughout the United States have taken the lead in protecting workplace and public health through clean indoor air ordinances. In addition to hundreds of local communities, 10 states have enacted comprehensive workplace smoking bans that include restaurants and bars (California, Montana, Washington, Delaware, New York, Connecticut, Maine, Massachusetts, Rhode Island and Vermont). Nine of 13 Canadian provinces and eight nations (including Ireland, Italy, Norway, Sweden, Spain and New Zealand) have enacted workplace smoking bans that also cover restaurants and bars.

Numerous studies have been conducted to assess the economic consequences of smokefree laws. California was the first state to implement smokefree restaurants and bars in 1995 and 1998 respectively. Contrary to arguments made by the tobacco industry that projected economic harm, tax revenue data show that the effect was just the opposite: restaurant revenues and bar revenues have increased.

Today I inhaled ammonia.



Cigarette smoke contains 4,000 chemicals.

Secondhand smoke kills.



National Council on Alcohol & Drug Dependence (907) 463-3755

Secondhand smoke ad utilized in Sitka campaign.

"The Interview"

Countermarketing Secondhand Smoke Ad



"Well, You've got a lot of experience ... looks like you're a great fit for the job."

ND SMOKE

“The only means of effectively eliminating health risk associated with indoor smoking activity is to ban smoking activity.”

— American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc.
Position Document (June 2005)

Support for Smokefree Workplaces

There is broad support in Alaska for smokefree workplaces:

Smoking should not be allowed in indoor work areas ...

All respondents	81.3%
Smokers	60%

Source: Alaska Behavioral Risk Factor Surveillance System 2004

In Anchorage, research confirms support for smokefree workplaces:

Workers should not be required to breathe secondhand smoke at their job ...

All respondents	93.3%
Former smokers	95.1%
Current smokers	82.3%

Source: Hellenenthal & Associates 2005

One year following a comprehensive smoking ban, including bars and pubs, in Ireland:

Irish smokers report they ...

Regard the law as “good” or “very good”	83%
Support total ban in pubs	64%

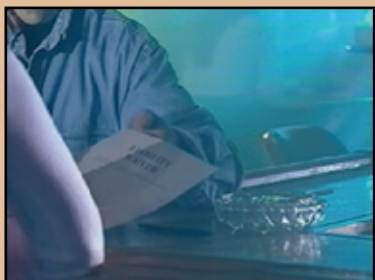
Source: Fong, et al, *Tobacco Control*, 2005

Smokefree Hospitality Industry

A comprehensive review of published studies assessing the impact of smokefree policies on the hospitality industry found no negative economic impact from the introduction of smokefree policies in restaurants and bars (Scollo, et al, *Tobacco Control*, 2003). The study concluded: “Policy-makers can act to protect workers and patrons from the toxins in secondhand smoke, confident in rejecting industry claims that there will be an adverse economic impact.”

“Every single fear injected into this argument in New York has not only not come to pass, but it’s been quite the opposite. Restaurants are busier than ever. Bars are busier than ever.”

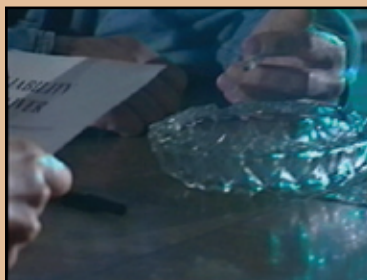
— Dan Meyer, President
Union Square Hospitality Group, New York



“I’ll just need to have you sign this liability waiver. It’s really nothing ...”



“... it just says you’re okay with daily exposure to 4,000 chemicals ... some known to cause cancer, heart disease ...”



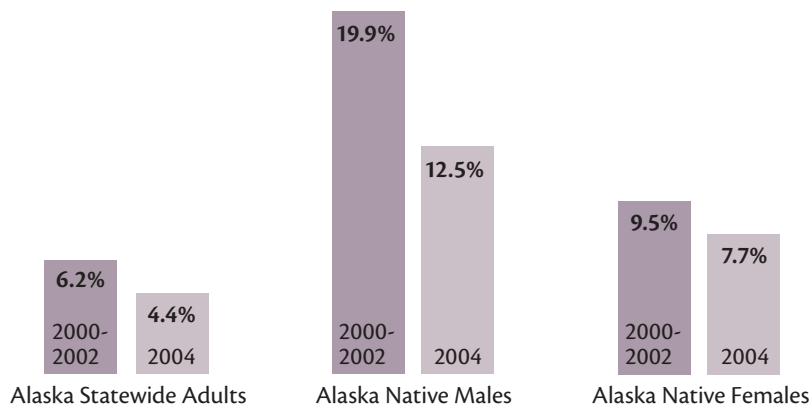
If you think all Alaskan workers are protected from the dangers of secondhand smoke, you’re wrong.



Everyone has the right to breathe smokefree air.

SMOKELESS

Smokeless Tobacco Use in Alaska Adults

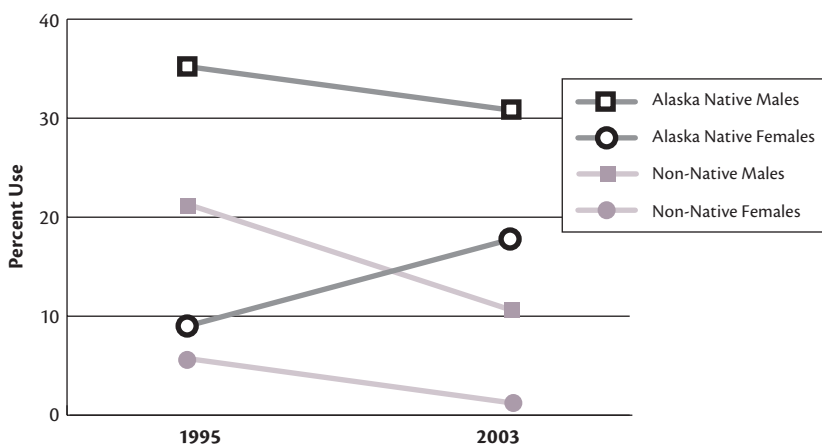


Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2004

The harm caused by use of smokeless tobacco products — also popularly referred to as “chew” or “dip” — is a very serious concern in Alaska. In 2004, 4.4 percent of Alaska adults reported use of smokeless tobacco, with use among men at 7.5 percent and women at 1 percent. Smokeless use rates are especially high among Alaska Native adults, with men at 12.5 percent and women at 7.7 percent. Compared to the United States as a whole, these rates are high, particularly among Alaska Native women.

Although use remains relatively high, significant progress has been made to reduce smokeless tobacco use in Alaska. Compared to data from 2000-2002, results in 2004 show a 27 percent drop in use among all Alaskan adults, a striking 37 percent drop among Alaska Native men, and a 19 percent decrease among Alaska Native women.

Alaska High School Smokeless Tobacco Use



Source: Alaska Youth Risk Behavior Surveys 1995 and 2003

Smokeless use by Alaska youth mirrors that of adults. Among U.S. high school students, 6.7 percent use smokeless tobacco. The most current data in 2003 documented relatively high Alaska student use at 11 percent overall. Use rates are highest among Alaska Native students, with males at 32 percent and females at 18 percent.

Alaska has also made progress in reducing youth smokeless tobacco. Compared to 1995 data, showing 16 percent use overall, 2003 data reflects a decline in student use rates, with one alarming exception — among Alaska Native female students, use nearly doubled in the same period. Efforts to obtain more current data regarding youth use of smokeless tobacco in Alaska are ongoing.



In rural Alaska, a popular form of smokeless tobacco is lqmik, which combines leaf tobacco and punk ash. Ash makes the nicotine more addictive.

TOBACCO

“The Surgeon General’s position on smokeless tobacco is clear — it is not a safe alternative to cigarette smoking.”

— Richard H. Carmona, U.S. Surgeon General

Community-based programs and statewide media messages are used to inform Alaskans of the serious hazards of smokeless tobacco, which include oral diseases, cancer (mouth, esophagus, pharynx, larynx, stomach, pancreas), and increased risk of heart disease.

The *Heartbeat Alaska* television program, broadcast throughout rural Alaska, was contracted to report on Alaska Native smokeless tobacco use. The documentary, which features rural Alaskans sharing their experiences with smokeless tobacco, its harms and their attempts to quit, is also being provided to local health care providers, clinics and community tobacco prevention and cessation programs across Alaska.

“Chewing Tobacco”: *Heartbeat Alaska* Documentary



“I started chewing when I was 10 years old.”

— Alexandra Oscar, Bethel



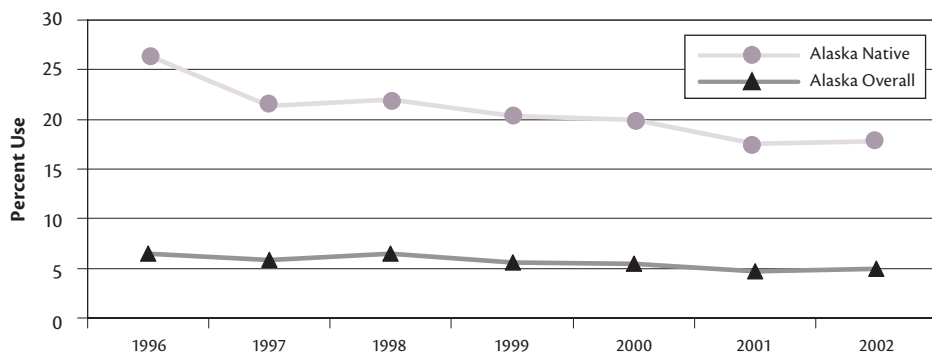
“If you can’t quit for yourself, do it for your family.”

— Richard Johnson, Dillingham



About 40 percent of those with oral cancer die within five years.

Alaska Prenatal Smokeless Tobacco Use



Source: Alaska Pregnancy Risk Assessment Monitoring System 1996-2002

Smokeless tobacco use during pregnancy by Alaska Natives has declined from 26.5% in 1996 to 17.8% in 2002. Nationwide, less than 1 percent (0.4%) of women report use of smokeless products during pregnancy.

Pregnant? Yes.

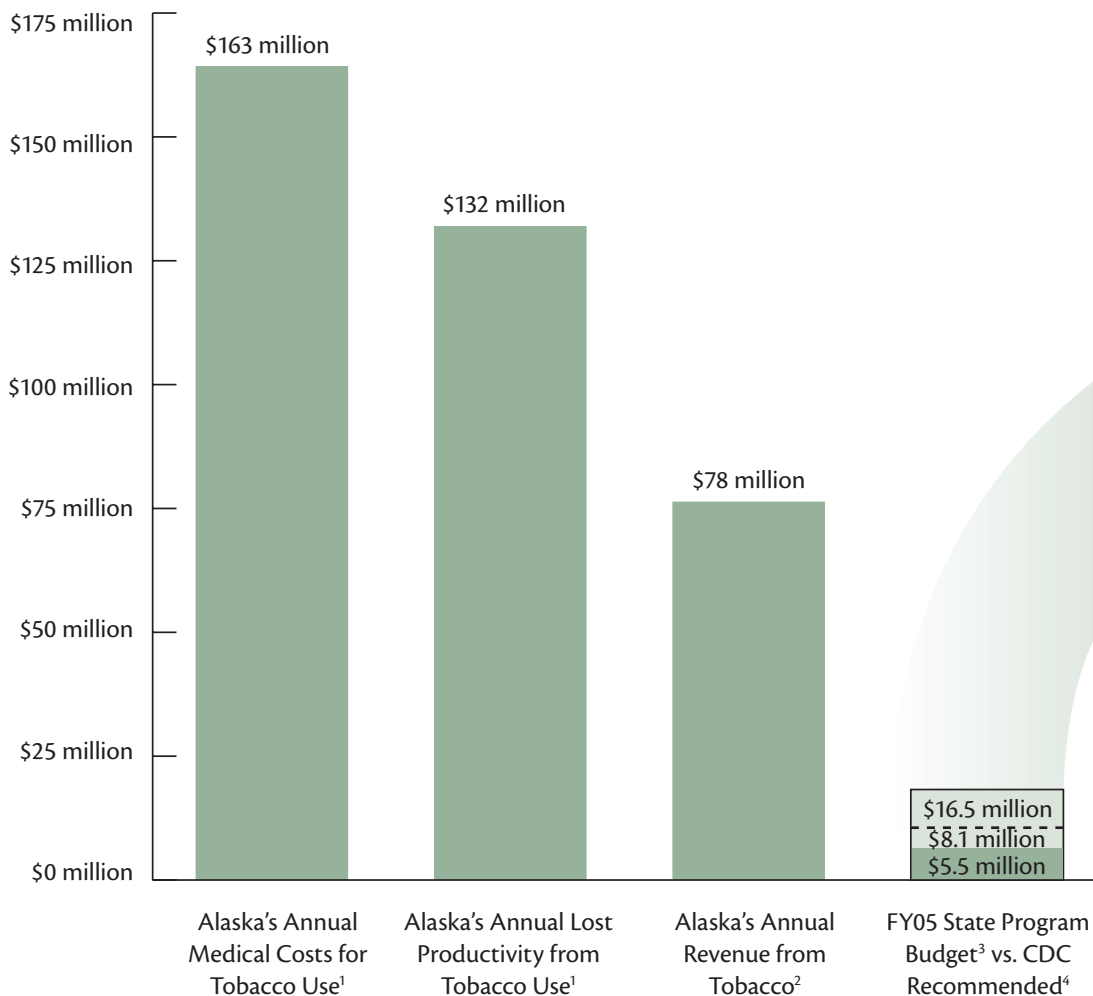


Tobacco? No!

Rural countermarketing poster

MEASUR

Cost vs. Investments: Cost of Tobacco Use, Tobacco-Derived Revenue & Investment



¹ CDC Smoking Attributable Mortality, Morbidity, and Economic Costs application: "Smoking-Attributable Expenditures, 2004."

² Annual Revenue equals FY05 taxes on tobacco products of \$56.2 million, plus master settlement payments of \$21.8 million (revenue sources, fall 2005).

³ FY05 Tobacco Use Education and Cessation Fund appropriation of \$4.2 million plus FY05 CDC grant of \$1.3 million.

⁴ Comprehensive program budget of \$16.5 million and minimum program budget of \$8.1 million recommended for Alaska by the CDC, based on *Best Practices for Comprehensive Tobacco Control Programs* 1999.

ING UP

“Tobacco use is Alaska’s number-one public health problem. In terms of deaths, chronic illness and disability, no other underlying cause comes close.”

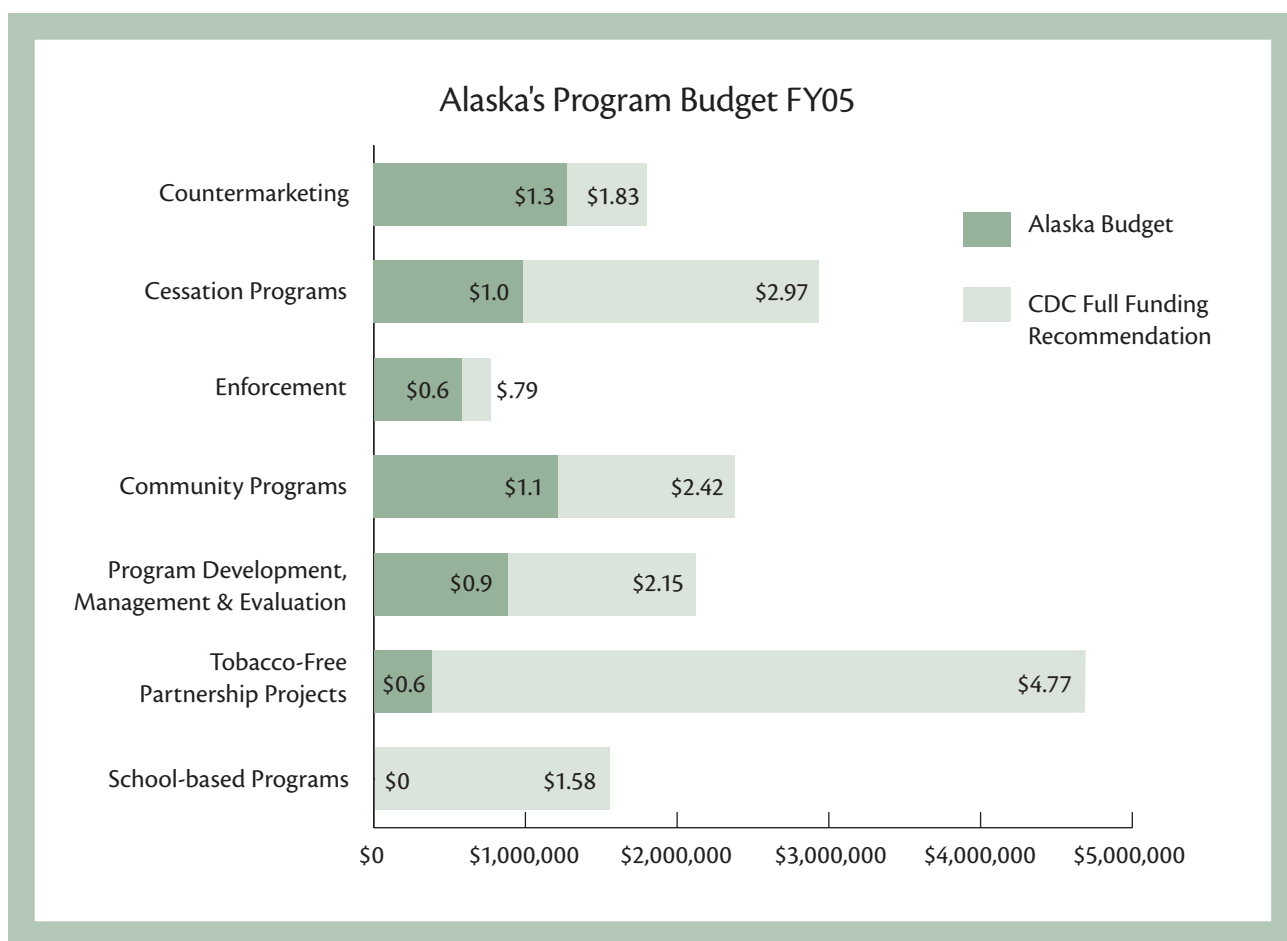
— *Tobacco in the Great Land*

Department of Health and Human Services, Section of Epidemiology 2004

ent in Tobacco Prevention

The use of tobacco products in Alaska generates enormous costs — direct medical expenditures and lost worker productivity total nearly \$300 million each year.

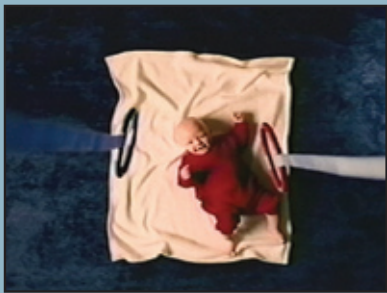
In FY05, Alaska received approximately \$78 million in tobacco-derived revenue; \$5.5 million was appropriated for FY05 tobacco prevention and cessation efforts. CDC *Best Practices* guidelines for Alaska’s comprehensive tobacco control program recommend \$16.5 million for a fully funded effort and a minimum of \$8.1 million.



COUNTERM

“Iron Cross”

Countermarketing Cessation Ad



When you quit smoking you reduce the chances your children will get ...



... asthma, bronchitis, pneumonia and other respiratory diseases.



And we all know how wonderful it is ...



... to have a strong, healthy baby.

Mass Media: Targeting with the Truth

A high-profile mass media (TV, radio, print) countermarketing campaign that tells the truth about tobacco is essential to support tobacco prevention and control efforts. The countermarketing campaign is especially important because the tobacco industry has dramatically increased its marketing expenditures.

The effectiveness of countermarketing efforts was reaffirmed by a recent study published in the professional journal *Archives of Pediatrics & Adolescent Medicine* (July 2005). The study involved more than 51,000 students and their exposure to anti-tobacco advertising in the 75 largest U.S. media markets. The study confirmed that youth exposed to state anti-tobacco ads are less likely to smoke or to think they will smoke in the future, and are more likely to recognize that smoking is addictive and harmful.

Countermarketing reinforces other elements of the tobacco prevention and control program effort by: educating about the health hazards of tobacco use and secondhand smoke; discouraging youth initiation; supporting the great majority of tobacco users who want to quit; and reinforcing community efforts to create tobacco-free environments.

In Alaska's larger communities (urban areas including Anchorage, Fairbanks, Matanuska Valley, Kenai Peninsula, and Juneau), countermarketing messages were placed on radio and television to reach specific target audiences.

These efforts were supplemented with public event activities (e.g., Alaska Aces hockey games promoting the Alaska Tobacco Quit Line).

In addition, the countermarketing program sponsored appearances by Dave Goerlitz, a former “Winston Man” who now speaks about his experience within the tobacco industry. His presentations to youth expose tobacco industry techniques that are used to get them to smoke. A videotape of the event was produced to use in other school-based education efforts.

Recognizing the high use of tobacco products in rural Alaska, there is also a special rural countermarketing effort.

This campaign targets media markets unique to rural Alaska and supplements TV and radio with media designed for specific regions or with particular cultural considerations.



Winston Man captures Alaska headlines.

ARKETING

"I appreciate all the ads that ATCA runs on TV. The kids watch them, and they make a difference."

— Tom Gamble, Sitka Tribal Council

Alaska's Countermarketing Campaign

Patterned after successful efforts in other states, Alaska's program communicates three basic messages through a reinforcing mixture of TV, radio and print media:

Target audience:	Health message:
Youth	"Don't start!"
Tobacco Users	"You can quit!"
General Public	"Secondhand smoke kills!"

Many ads come from the CDC Media Campaign Resource Center's supply of nearly 1,000 ads from around the country. States share costs, which gives Alaska access to high quality ads that would otherwise be prohibitively expensive. Focus group testing ensures that selected ads resonate with the target audience. Increased effectiveness is also achieved by creating new Alaska-specific, culturally relevant messages.

"Research shows that kids reached by state-sponsored anti-smoking TV ads are less likely to smoke or believe their friends smoke and more likely to perceive risk of addiction and harm from smoking ... state-sponsored anti-tobacco ads have played an important role in reducing youth smoking."

— Sherry Emery, author, "State Tobacco Counteradvertising and Adolescents"
Archives of Pediatrics & Adolescent Medicine July 2005

Evaluating Countermarketing Impact

The countermarketing program includes the annual Countermarketing Media Awareness Survey to monitor the effectiveness and impact of media placement. The survey tests viewer recall of countermarketing ads and documents public knowledge and attitudes concerning a variety of tobacco related issues as well as use of tobacco products.

In addition to verifying recall, the urban area surveys from 2001-2005 indicate a substantial decline in smoking status among adults who presently smoke, from 23.7 percent in 2001 to an all-time low of 17.3 percent (Hellenenthal & Associates 2005).



Fairbanks resident Jessica Garron and her daughter, Athena, the reason she quit smoking.

"Just a note to let you know your ad campaign is working. I quit last April, and still don't consider myself cured yet, but your ads on the radio are a great reminder to keep up what I started. It was your ad about seeing your family tomorrow that got me to do it in the first place. Thank you!"

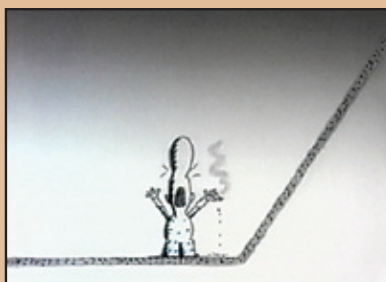
Jessica Garron, 29
(12 year smoker)

"P.S. Oh, and I ran 3 marathons this year — not something a 2-pack a day smoker can do ... at least not 3 times in 5 months!"

CESSATION

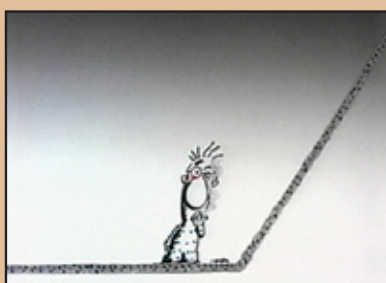
"You Can Succeed"

Countermarketing Cessation Ad



"What's the use – I can't quit!"

"It took you a long time to learn to smoke, right?"



"That's true, very true, but I worked at it."



"What makes you think you can quit ... just like that? Quitting takes practice!"



"Call us ... we'll show you how to quit slow ... slow, for good."

Helping People Quit

The vast majority of smokers (81 percent) want to quit and each year about half of smokers attempt to beat their addiction. The Alaska Tobacco Prevention and Control Program is helping those who want to quit.

Alaska smoker: quit intentions & quit attempts

Wanting to quit	81%
Attempting to quit	50%

Source: Alaska Behavioral Risk Factor Surveillance System 2004

The Alaska Tobacco Quit Line was established in 2002 as a free statewide service. It is managed by the Providence Alaska Call Center. Individuals seeking information, cessation counseling and support can call 24 hours a day. Published studies show that using nicotine replacement therapy can as much as double quit rates. In 2005, nicotine replacement therapy (dermal patches) was made more widely available to help quit line callers. Calls increased five-fold. The TPC Program anticipates an increase in the success of Quit Line callers who use nicotine replacement therapy.

Quitting is a Process ...

The quit continuum



The Alaska Tobacco Quit Line 1-888-842-QUIT (7848)



Trained cessation counselors provide information and support through the Alaska Tobacco Quit Line based at Providence Alaska Medical Center.

Cessation Supported by Countermarketing Program

The ability of the cessation program to help tobacco users is greatly strengthened by the countermarketing program.

Evaluation of Alaska Tobacco Quit Line call volume shows that when cessation ads are running, calls to the Quit Line increase substantially.

PROGRAMS

“Smoking is bad for you. If you already smoke, try to stop! It is hard but just try. Remember practice makes perfect! My grandpa died because he was smoking too much.”

— Kelsey Gryting Lien, Eagle River 2nd grader
Alaska Star & Military Weekly, Letter to the Editor 9/29/05

Local Cessation Programs

A three-year demonstration program that is nearing completion promotes changes recommended by the Public Health Service to increase tobacco cessation within rural clinics and tribal health care centers. With assistance from the Alaska Native Tribal Health Consortium, three regional health corporations have been instituting new practices and procedures to screen all patients for tobacco use:

- ▶ Bristol Bay Area Health Corporation
- ▶ SouthEast Alaska Regional Health Consortium
- ▶ Yukon-Kuskokwim Health Corporation

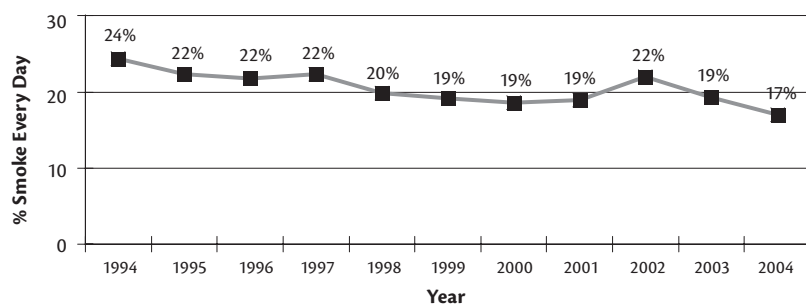
As these new systems are fully implemented, all patients will be routinely assessed for tobacco dependency and readiness to quit. As appropriate, these patients will then be directed to cessation services.

Alaska Smokers are Smoking Less

Despite the fact that the tobacco industry has greatly increased expenditures for marketing and promotion of tobacco products, Alaskans are smoking less. Data from the Alaska Behavior Risk Factor Surveillance Survey (2004) indicate that adult smoking is at an all-time low.

In addition, the data reflect a long-term decline in the percentage of adults who smoke every day. Because nicotine is extremely addictive, most tobacco users need an average of seven attempts to quit before they finally succeed. As smokers who want to quit reduce their smoking frequency, they are in a better position to break the cycle of addiction and succeed in their next attempt to quit.

Every Day Smoking Alaska Adults 1994-2004



Source: Alaska Behavioral Risk Factor Surveillance System 1994-2004

“Cigarette Pack”

Countermarketing Cessation Ad



“I know about lung cancer, strokes, heart disease, all that stuff.”



“I mean, they’re listed right on the side of the pack.”



“It still doesn’t make quitting any easier. But, I’m gonna keep at it.”



“If the reasons on the side of the pack don’t get to me, the reason on the front will!”

COMMUNITY

Sitka

After several years of building community awareness and understanding about the health harms from tobacco use and secondhand smoke, the community of Sitka responded with two public health advances:

- ▶ **Clean Indoor Air:** Sitkans approved a ballot initiative that prohibits smoking in public buildings and most enclosed workplaces. Extensive fact-based public education effectively provided information about the serious health hazards from exposure to secondhand smoke.
- ▶ **Youth Tobacco Prevention:** Voters approved a \$1 per pack tax on cigarettes that will help reduce youth smoking.

"I'm very pleased people voted to support a healthy community. The passage of clean indoor air legislation and a \$1 per pack tobacco tax sends a very strong message to make tobacco less available and less appealing. That's what this was about and why it was important."

— Dr. Ron Fribush
Sitka Emergency Room Physician

Tobacco Prevention at the Local Level

Communities throughout Alaska are working at the local level to; prevent tobacco use among children, help tobacco users quit, and educate about the disease and premature death caused by exposure to secondhand smoke. In FY05, the state Tobacco Prevention and Control program awarded 21 grants to community-based organizations to advance local tobacco prevention priorities. Examples include:

Anchorage: The Smokefree Anchorage Coalition provided community education regarding increased tobacco prices and youth tobacco use. The Anchorage Assembly unanimously adopted a \$1 per pack increase. Efforts continued to increase public awareness about the harm of secondhand smoke to workers not protected under the current Anchorage clean indoor air law. Discussions were initiated with area hospitals regarding establishment of smokefree campuses.

Fairbanks: Coalition efforts focused on raising awareness of the health hazards of tobacco use and exposure to secondhand smoke. The Tanana Chiefs Conference annual convention offered the opportunity to discuss cessation programs and clean indoor air policy development. Fairbanks policy makers and village leaders were provided with data about Alaska Native tobacco use rates, the need to counter tobacco industry promotions aimed at youth, and opportunities to replicate other Alaska tobacco prevention success models.

Juneau: Juneau coalition youth created a number of local counter-marketing ads and mobilized the community by providing tobacco prevention presentations in classrooms and health fairs. A high-profile tobacco counter-marketing campaign resulted in more than 300 public health messages delivered via radio, newspaper and television. Education supported community efforts to strengthen the Juneau clean indoor air ordinance.

Matanuska-Susitna Valley: Mat-Su's peer youth prevention program gave presentations regarding the hazards of tobacco use to middle school students. Tobacco prevention media literacy courses for 5th graders won rave reviews from students and teachers. Policy makers and the public were provided information showing that increased tobacco prices significantly reduce youth tobacco use. A borough \$1 per pack tobacco tax increase was passed by the assembly and supported in a borough-wide vote.

Nome: Community involvement in development and implementation helped Nome create their own "We Have A Choice" outreach and education campaign. Tobacco cessation planning resulted in policies for aiding youth, families and adults in cessation efforts. Program monitoring and assessment tools were developed to guide the local program plan.

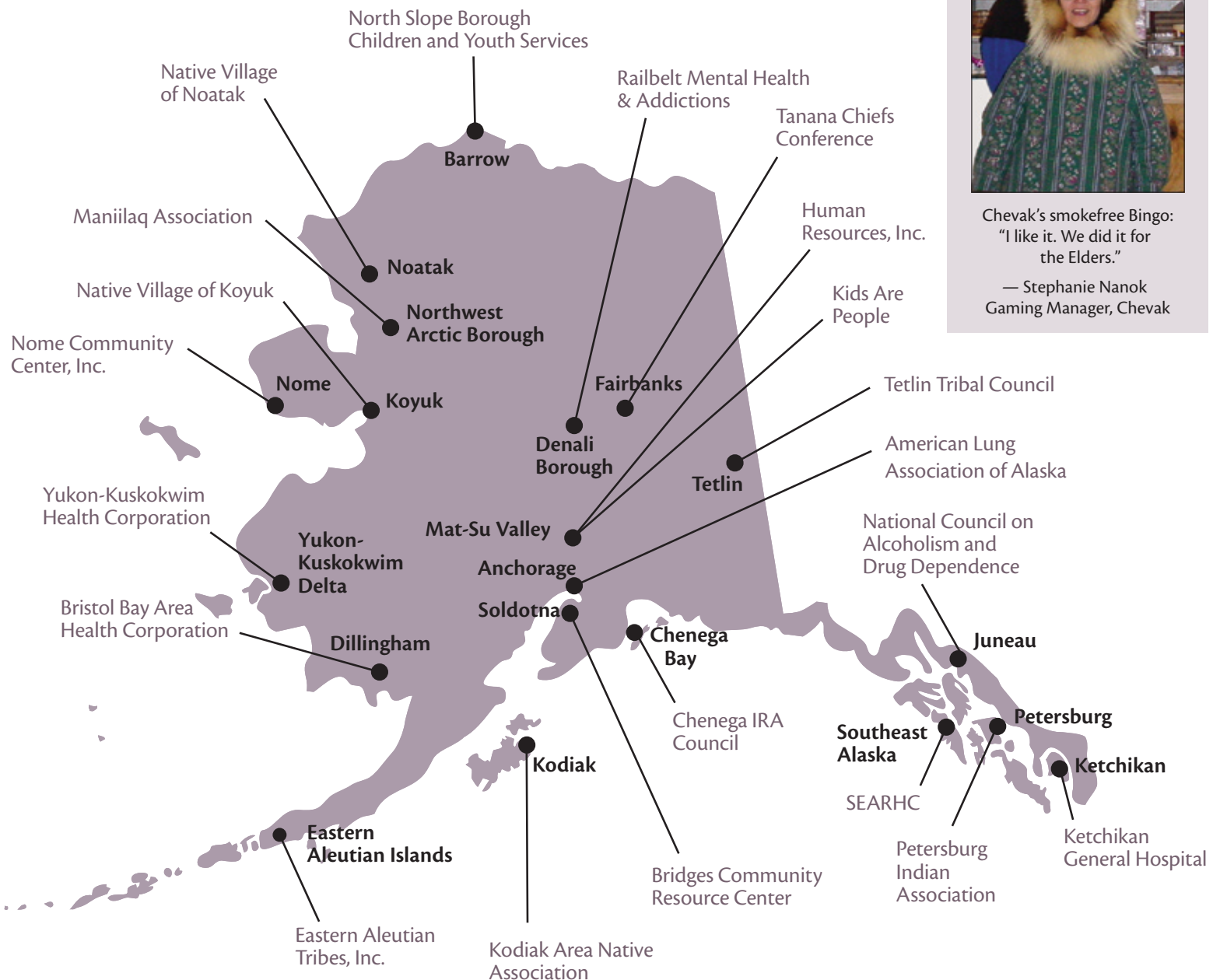


PROGRAMS

"I'm really glad the Nugget Restaurant & Bar went smokefree. My boss is happy too. Business is up and people tell me they really appreciate not having to breathe smoke to eat here."

— Cindy Garay, Sitka waitress

Community & Regional Grantees



Chevak's smokefree Bingo:
"I like it. We did it for the Elders."

— Stephanie Nanok
Gaming Manager, Chevak

ENFORCEMENT

"Still Can't Quit"

Countermarketing Youth Prevention Ad



"I'm 15 years old. I started smoking when I was 11."



"I'm addicted to cigarettes. I found out I was hooked about 3 weeks after I started."



"Now I have spots on my lungs. If I don't quit smoking they can turn to cancer."



"It scares me — and I still can't quit smoking."

Stopping Illegal Sales of Tobacco to Kids

Nearly all smoking starts in childhood. Of current Alaska smokers, 78 percent started before the age of 15 while 47 percent had already started at age 12. Active enforcement of laws against vendors who illegally sell tobacco to children is an important element of a comprehensive tobacco prevention program.

Under federal law (Synar Amendment), all states are required to: have and enforce the law regarding illegal sales to youth; conduct annual surveys to measure the effectiveness of compliance enforcement; and report annually to the federal Department of Health and Human Services.

Alaska has historically experienced substantial difficulty with vendor compliance, with an average violation rate at approximately 30 percent. This has resulted in federal fines of approximately \$1.5 million. Recognizing the need to curb further illegal sales, the legislature enacted changes to provide for temporary suspension of sales in the case of violations, implemented during 2002.

Year	Illegal Sales	Penalty
1999	34%	\$482,000
2000	36%	\$479,000
2001	28%	(penalty waived)
2002	30%	\$458,000
2003	10%	Compliance achieved
2004	12%	Compliance achieved
2005	9%	Compliance achieved

Following implementation of the new law, illegal sales dropped sharply. In 2003, sales violations measured 10 percent and for the first time met federal requirements. Illegal sales have been kept down each year since.

Compliance data for 2005 confirm that only a small minority (9 percent) of Alaska's approximately 1,700 retail tobacco vendors are now making sales to minors.

Cigarettes Purchased by High School Students

1995	29%
2003	13%

The enforcement program is working to effectively curb illegal youth sales. The success of the new law is reinforced by data collected through the Alaska Youth Risk Behavior Survey. Self-purchase of cigarettes by youth dropped from 29 percent before the law to 13 percent in 2003, after the new enforcement effort was implemented.

The compliance program uses a combination of elements to help keep illegal sales to a minimum:

- ▶ Compliance Checks & Enforcement – In FY05, over 400 compliance checks were conducted with youth under the direct supervision of program staff. Enforcement protocols require youth making a purchase attempt to disclose their true age if asked by a vendor.
- ▶ License Checks – Program staff visit retailers year-round to ensure that they are properly licensed to sell tobacco.
- ▶ Vendor Education & Training – License holders are notified regarding the opportunity for vendor and staff training, provided upon request to small vendors and large retailers alike.

LOOKING FORWARD

Looking Forward

Tobacco use remains by far the single largest preventable cause of death, claiming nearly 500 Alaskans per year directly and another 120 lives from secondhand smoke. Tobacco use costs Alaska nearly \$300 million a year. Since 1998, the tobacco industry has more than doubled its marketing and promotion expenditures to an all-time high of \$15.4 billion in 2003, the last year reported — about \$42 million per day. This means that the tobacco companies spend about \$25 for each \$1 that states collectively spend on tobacco prevention and control.

Experience with comprehensive tobacco prevention and control programs makes it clear that these programs can significantly reduce tobacco-caused disease and death. States with well-funded programs in California, Arizona, Oregon and Massachusetts reduced cigarette sales more than twice as much as the country overall (Farrelly et al, *Journal of Health Economics*, 2003).

Annual marketing increases by the tobacco industry means that investment in state tobacco prevention and control programs is more necessary than ever. Increased tobacco addiction, morbidity and mortality can be reliably expected where comprehensive tobacco prevention programs are not implemented and sustained. Indeed, data collected at the national level on youth tobacco use suggest that the substantial declines in teen smoking previously achieved are now threatened (Monitoring the Future Survey, University of Michigan, 2005).

In Alaska, renewed and expanded efforts are needed to offset the enormous increases in tobacco industry marketing and to meet the need for tobacco prevention and control services in both the larger urban areas as well as in smaller towns and villages spread across the state.

Even while this FY05 Annual Report describes some important public health advances in tobacco prevention and control, the tobacco-caused burden of disease and death is still unacceptably high. As stated by Richard H. Carmona, U.S. Surgeon General: "Although great progress has been made, a challenging struggle remains ... We all need to strengthen our efforts to prevent young people from starting to smoke and to encourage smokers of all ages to quit."

Program Evaluation

Effective tobacco prevention and control programs require a data collection (surveillance) and evaluation component to provide program managers and policy makers the ability to monitor and evaluate progress. In Alaska, basic data collection efforts include the Behavioral Risk Factor Surveillance Survey, the Youth Risk Behavior Survey, the Pregnancy Risk Assessment and Monitoring System and an annual Countermarketing Media Awareness Survey. Other research efforts regarding specific program elements are also used in evaluating program progress.

Michael Stark, Ph.D., a nationally recognized tobacco prevention and control program evaluation expert, has been contracted to guide the state program with research and analysis services, including:



Michael Stark, Ph.D., Director, Program Design and Evaluation Services, and his team begin work in Alaska.

- ▶ Evaluating effectiveness and satisfaction with the Alaska Tobacco Quit Line;
- ▶ Critical analysis of the Behavioral Risk Factor Surveillance Survey, Youth Risk Behavior Survey, and Countermarketing Media Awareness Survey;
- ▶ Preparation of a comprehensive study on the burden of tobacco use among populations in Alaska; and
- ▶ Assisting the TPC program staff in evaluating the community-based programs, cessation grantees and the counter-marketing program.

Alaska Tobacco Use Prevention & Control 2005 Program Partners

John Feringa

June 27, 1943 — April 24, 2004

At age 19 John Feringa met his future wife, Gayle. By then he was a committed Camel smoker. John was a "young, robust, strapping and handsome man" who laid carpet for a living, she recalls.



John Feringa started smoking when he was 6. His uncle would sneak cigarettes to him behind the barn.

John Feringa died in April 2004 at the age of 60 from chronic obstructive pulmonary disease and emphysema caused by a lifetime of smoking.

"It affects a whole lot more than the person who dies," said his wife, Gayle. "I miss his touch, his voice, and our time together. This loss could have been prevented."

By the time John was 48 the years of cigarette use began to take their toll. He couldn't lay carpet anymore — his body just wasn't strong enough. Eventually he was bedridden for 10 long years. In 1999 John received a lung transplant. After his transplant he was on life support time and again.



Akeela, Inc.

Alaska Department of Health & Social Services

Alaska Native Health Board

Alaska Native Tribal Health Consortium

Alaska Tobacco Control Alliance

American Cancer Society

American Heart Association

American Lung Association of Alaska

Bridges Community Resource Center

Bristol Bay Area Health Corporation

Chenega IRA Council

Eastern Aleutian Tribes, Inc.

Human Resources Inc.

Ketchikan General Hospital

Kids Are People — Breathe Free Mat-Su

Kodiak Area Native Association

Maniilaq Association

Native Village of Koyuk

Native Village of Noatak

National Council on Alcoholism & Drug Dependence

Nome Community Center, Inc

North Slope Borough Children & Youth Services

Petersburg Indian Association

Program Design & Evaluation Services

Providence Alaska Medical Center

Railbelt Mental Health & Addictions

SouthEast Alaska Regional Health Consortium

Tanana Chiefs Conference

Tetlin Tribal Council

Walsh Sheppard Flynn

Yukon-Kuskokwim Health Corporation



Frank H. Murkowski, Governor, State of Alaska
Karleen K. Jackson, Commissioner, Department of Health and Social Services



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