Tobacco Prevention and Control in Alaska

Past progress and challenges ahead

Annual Report
Fiscal Year 2006

INTRODUCTION

AP Images/Mark Duncan

"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."

— Vice Admiral Richard H. Carmona, M.D., M.P.H., FACS
U. S. Surgeon General, 2002-2006

Contents

Experience over the past decade shows that states making substantial investments in comprehensive, sustained tobacco use prevention and cessation efforts can significantly reduce tobacco use. Cigarette sales have dropped more than twice as fast in states with well-funded tobacco prevention programs compared to the rest of the country.

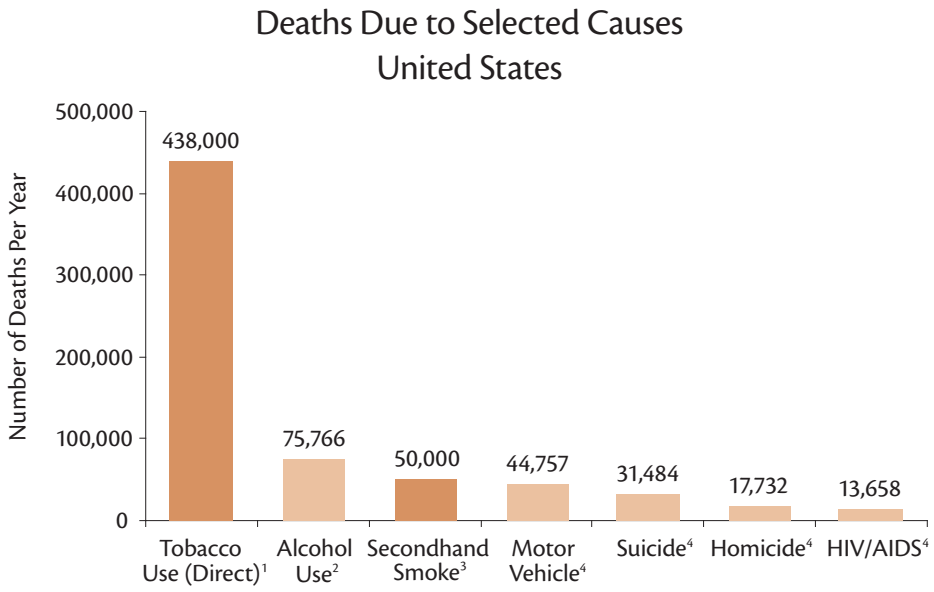
The 1998 Master Settlement Agreement (MSA) between the states and the tobacco industry and state taxes on tobacco products provide Alaska with an ongoing stream of annual payments. In recognition of the staggering toll of disease, death and related health-care costs resulting from tobacco use, a portion of this revenue is deposited into the Tobacco Use Education and Cessation Fund (AS 37.05.580) and invested in Alaska's tobacco prevention efforts.

Past Progress and Challenges Ahead

Based on the proven experience of other states and the best practices recommended by the national Centers for Disease Control and Prevention (CDC), Alaska has gradually built its efforts around four basic goals to reduce tobacco use and its associated disease and premature death.

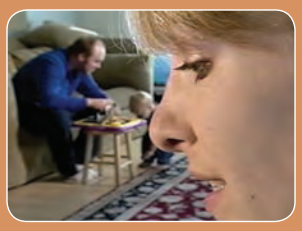
- **Prevention:** Preventing Alaskans from becoming addicted tobacco users.
- **Helping people quit:** Promoting cessation among young people and adults.
- **Clearing the air:** Supporting local efforts to reduce exposure to secondhand smoke.
- **Reducing disparities:** Addressing tobacco-related disparities within each goal above.

Significant progress is being made: overall tobacco consumption has been substantially reduced, smoking and smokeless tobacco use by Alaska youth has dropped significantly, the vast majority of smokers now want to quit, and cessation support services are available statewide.



Sources: [1] CDC. MMWR 2005;54:625-628; [2] CDC. MMWR 2004;53:866-870; [3] Cal/EPA, Office of Environmental Health Hazard Assessment. Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant. Sacramento, CA: California EPA. 2005; [4] Hoyert DL, Heron MP, Murphy SL, Kung H. Deaths: Final Data for 2003. National vital statistics reports; vol 54 no 13. Hyattsville, MD: National Center for Health Statistics. 2006.

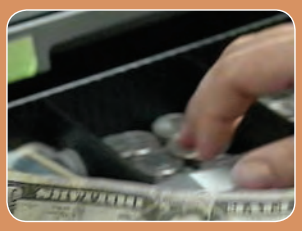
"Daddy, can we get this?" "No, Honey, can't spend the money right now."



"When are we going to be able to pay off the rest of this medical bill?" "Not this month, maybe next."

"It'll be about $475 to get it right." "Nah, can we just get it running right now?"

The average Alaska smoker spends nearly $3,000 each year on tobacco.



If you're ready to quit, the Alaska Tobacco Quit Line can help. Call 1-888-842-QUIT

Despite this progress, enormous challenges lie ahead. Tobacco use remains by far the leading cause of preventable death and the cause of enormous added health-care costs. Active smoking kills approximately 438,000 Americans each year — about half of long-term smokers will die from tobacco-caused disease. Secondhand smoke kills an additional 50,000 nonsmokers annually.

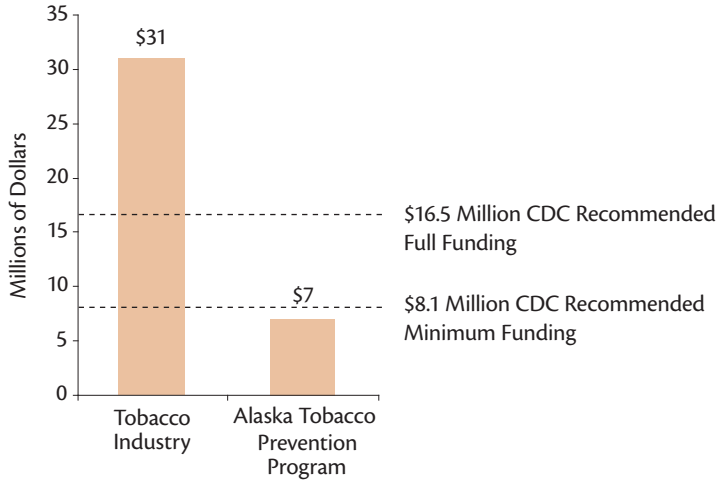
Even while the deadly toll of tobacco has been substantially reduced, it is important to recognize that this progress is constantly being undermined by aggressive and well-funded tobacco industry marketing. Their tactics present a unique public health challenge for states' efforts to reduce the disease and premature death caused by tobacco use — for instance, there is no large, well-funded industry actively promoting and profiting from the spread of Tuberculosis, Multiple Sclerosis or Polio.

Alaska Tobacco Prevention vs. Tobacco Industry Marketing

Since the 1998 multistate Master Settlement Agreement (MSA), the tobacco industry has more than doubled its nationwide marketing expenditures from $6.9 billion (1998) to $15.4 billion (2003).

The tobacco industry spends about $42 million each day to market its products, with an estimated $31 million per year directed at Alaska. Approximately half that amount — $16.5 million per year — is what the CDC recommends be spent in Alaska to support a fully-funded tobacco prevention effort, with minimum support at $8.1 million per year.

Alaska Tobacco Prevention vs. Tobacco Industry Marketing



Sources: Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs*, 1999; Campaign For Tobacco Free Kids; U. S. Federal Trade Commission.

Tobacco-caused Illness & Disease

Approximately 1,330 Americans die each day as a result of tobacco use — nearly one death each minute. Annually in the United States, tobacco use is directly responsible for approximately:

- 30% of all cancer deaths
- 21% of all coronary heart disease deaths
- 18% of all stroke deaths

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

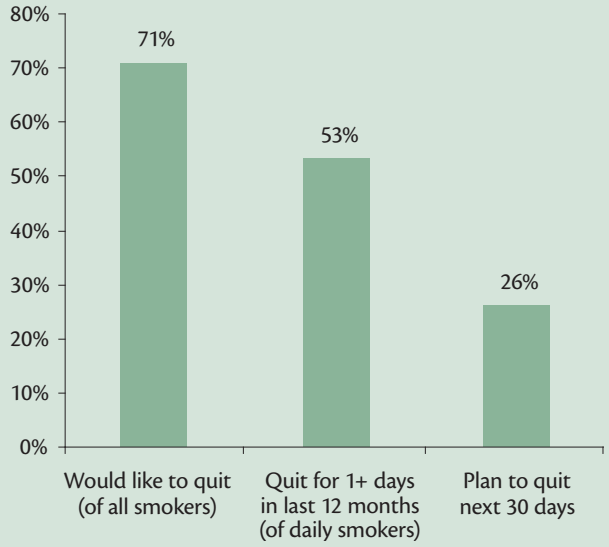
Respiratory Disease
- Chronic obstructive pulmonary disease
- Respiratory infection (pneumonia)

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

Source: U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General.* 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, 2004.

STATUS REPORT FY06

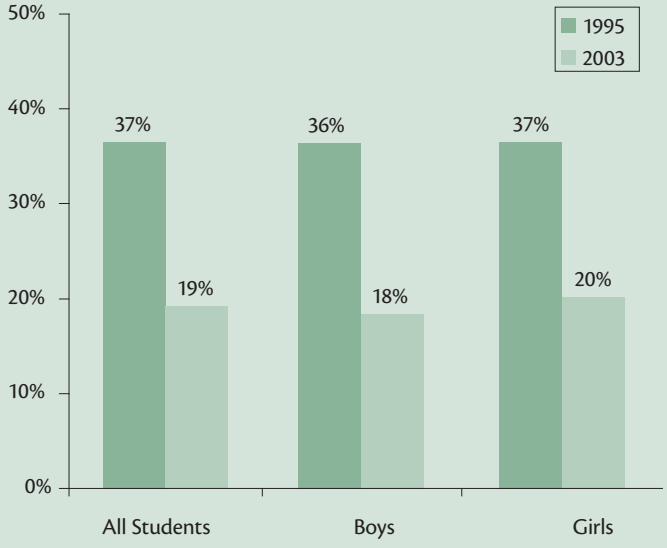
Alaska Quit Intentions and Quit Attempts



Source: Alaska Behavioral Risk Factor Surveillance System, Modified Survey, 2005 (for quit intentions); Modified and Regular Survey combined, 2005 (for quit attempts).

The vast majority of smokers want to quit their addiction. Approximately half of smokers have made a quit attempt within the past year while about one quarter of smokers plan to make a quit attempt within the next 30 days.

Smoking: Alaska Youth 1995 vs. 2003

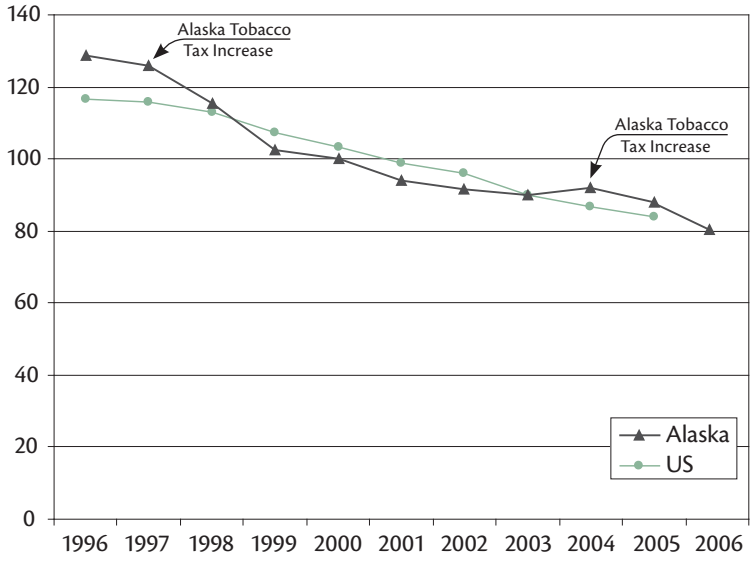


Source: Alaska Youth Risk Behavior Survey 1995, 2003.

As Alaska has gradually developed its tobacco use prevention and cessation efforts, significant progress has been made in reducing tobacco use and the associated disease and premature death:

- Overall cigarette consumption in Alaska has been reduced by more than one-third (down 38 percent from 1996 to 2006).
- Smoking among Alaska high school students has been cut by approximately half (from 37 percent to 19 percent between 1995 and 2003).

A Decade of Progress: Annual Per Adult Sales of Cigarettes Alaska and U.S. 1996–2006 by Fiscal Year



Source: Alaska Department of Revenue, Tax Division (for Alaska data); Orzechowski W, Walker R. The Tax Burden on Tobacco, vol 40. Washington, DC : Orzechowski & Walker, 2005 (for U.S. data).

- When surveyed in 2005, more than half (53 percent) of everyday adult smokers reported making one or more quit attempts in the past year.
- Use of smokeless tobacco products (or "chew") has been reduced among adults statewide in the period 2000–2002 to 2004–2005.
- Overall use of smokeless tobacco products (or "chew") has been reduced by nearly one-third (down 31 percent) among youth statewide from 1995 to 2003.

"Some of the heaviest smokers in Alaska are children."

"Of course the smoke they inhale is from someone else's cigarette."

"Smoke a pack a day at home, your kid inhales 50 packs a year."

"Never forget — secondhand smoke is a first-rate killer."

- Among pregnant women overall, smoking is significantly lower (1996 to 2003).
- Enforcement of laws regarding unlawful sales of tobacco to youth has reduced illegal sales from an average of about 30 percent (1996–2002) to an average of about 11 percent (2003–2006).
- Growing recognition of the deadly harms of secondhand smoke has resulted in broad support for smokefree workplaces among nonsmokers and smokers alike.
- A free statewide 24-hour telephone Quit Line (1-888-842-QUIT) is available to provide counseling, information and support to smokers, the majority of whom (71 percent) want to quit (2005).

Despite progress in many areas, one out of four adult Alaskans smokes (2005) and tobacco use remains the leading cause of preventable death in Alaska. Approximately 600 Alaskans die each year from diseases caused by direct tobacco use (487) and secondhand smoke (120), while tobacco use costs Alaska more than $320 million/year — $169 million in direct medical costs and an additional $160 million in lost productivity due to tobacco-related premature deaths.

Consumption of cigarettes in Alaska has declined greatly in the past decade, despite a surge in tobacco industry marketing and advertising in the same time frame. From 1996 to 2006, the per adult sales of cigarettes in Alaska declined by 38 percent. Alaska cigarette consumption through 2005 also declined more quickly than cigarette consumption nationwide.

Comprehensive Tobacco Prevention: Key Elements

- Community-based programs
- Preventing illegal sales to youth
- Cessation support
- Countermarketing (TV, radio, print)
- Smokefree workplaces
- School programs
- Tobacco price increases
- Data collection
- Program evaluation
- Management and administration

Maniilaq brings baseball to the Northwest Artic, raising awareness and creating community around tobacco-free lifestyles.

ILLEGAL TOBACCO SALES

Progress Reducing Illegal Sales

Despite extensive vendor education efforts, illegal vendor sales in Alaska have historically been as high as 36 percent. After several years of widespread violations, state law was amended in 2002 to ensure that violations result in a consistent temporary suspension of tobacco sales. The reformed compliance program quickly succeeded in reducing illegal sales.

Prior to 2002, illegal tobacco sales to kids averaged about 30 percent. These vendor sales to children not only contributed to youth addiction but also resulted in approximately $1.4 million in federal penalties against Alaska. Following implementation of the new law, illegal sales dropped sharply to an average of approximately 11 percent and have since met federal requirements.

Success of the compliance program is reinforced by data documenting that youth self-purchase of cigarettes also dropped from 27 percent before 2002 to 12 percent after state law was strengthened.

In Alaska, more than three-quarters (78 percent) of youth who smoke started before age 15 and nearly half (46 percent) started before age 13.

An important element of a comprehensive tobacco prevention program involves preventing the illegal sale of tobacco products to children. Federal law requires all states to:

- have and enforce laws to decrease illegal tobacco vendor sales to children,
- conduct annual statewide inspection surveys to accurately evaluate the extent of vendor violations, and
- report annually to the federal government on compliance rates (illegal sales).

Active enforcement of laws against vendors who illegally sell tobacco products to children is an essential part of an effective tobacco use prevention program.

Failure to meet the minimum compliance rate (i.e., illegal sales greater than 20 percent) can result in significant financial penalties to the state.

Education and Enforcement

The compliance program works with tobacco vendors using an ongoing combination of education and enforcement elements to help prevent illegal sales to children:

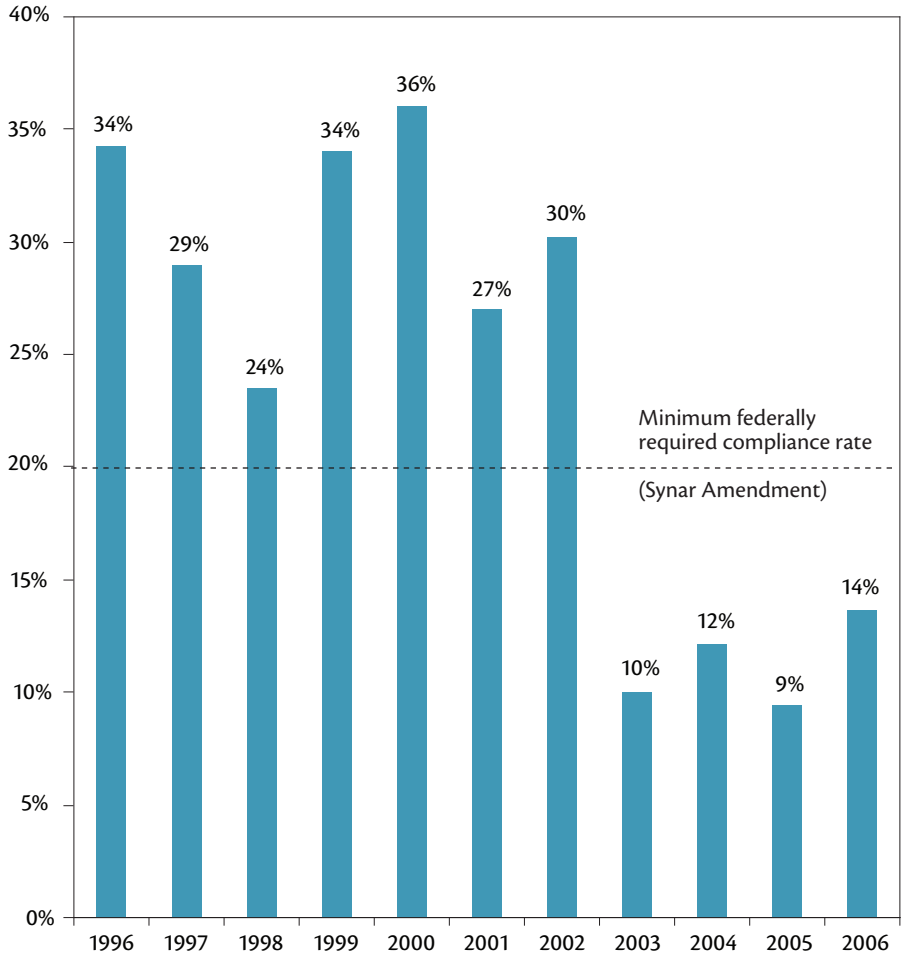
- Vendor Education & Training — License holders are notified regarding the opportunity for vendor and staff training, provided upon request to small vendors as well as large retailers.
- License Checks — Program staff visit retailers year-round to ensure that they are properly licensed to sell tobacco.
- Compliance Checks — There were more than 400 compliance checks throughout the state during FY06 involving purchase attempts by youth under direct supervision of compliance program staff.

Compliance check protocols require underage youth participating in purchase attempts to honestly disclose their true age if questioned by vendors. Businesses making even this minimum effort can avoid a violation.

The 2006 compliance check data confirm that the education and enforcement program is now working effectively to reduce illegal vendor sales to Alaska's children and that only a very small portion of the state's approximately 1,700 retail tobacco businesses are making illegal sales to children.

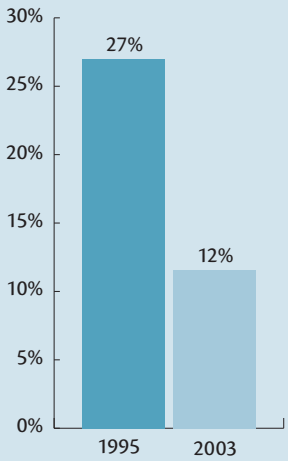
From the "Got Air?" campaign in the Aleutian Islands to the "Tobacco Free and Proud" games of the Northwest Arctic, Tobacco Prevention and Control grant programs work on youth prevention activities and support the enforcement program by monitoring tobacco vendors to prevent illegal sales to youth.

Percentage of Alaska Vendors Found Selling Tobacco to Minors: 1996–2006



Source: Alaska Synar Compliance Database, 1996-2006

Alaska High School Youth Bought Own Cigarettes, 1995 vs. 2003 (Past 30 Days)



- Regardless of race, high school student smokers were about half as likely to buy their own cigarettes in 2003 as they were in 1995.
- 95% of adults believe it is somewhat or very important for communities to keep stores from selling tobacco products to teenagers.

Source: Alaska Youth Risk Behavior Survey 1995, 2003; Alaska Behavioral Risk Factor Surveillance System, Modified Survey 2004.

SECONDHAND SMOKE

"[I]t is clear that banning smoking from the workplace is the only effective way to ensure that exposures are not occurring. Despite reductions in workplace smoking, significant worker safety issues remain that only smoking bans can address."

— U.S. Surgeon General Report 2006
The Health Consequences of Involuntary Exposure to Tobacco Smoke

Health education brochure that helped Sitka residents understand the need for a strong local clean indoor air policy.

Tens of thousands of nonsmokers are killed each year as a result of exposure to secondhand smoke. In Alaska, there are an estimated 120 secondhand smoke-caused deaths per year, more than motor vehicle accidents (117) and approximately three times greater than the number of homicides (41).

The Science is Clear — Secondhand Smoke Kills

The threat to nonsmokers from secondhand smoke was recognized by the U. S. Surgeon General in 1972 and subsequently was the focus of the entire 1986 Surgeon General's report, which concluded that secondhand smoke caused lung cancer in nonsmoking adults along with various respiratory harms in children.

When U. S. Surgeon General Richard Carmona released the most recent 2006 report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, he stated: "The debate is over. The science is clear. Secondhand smoke is not a mere annoyance but a serious health hazard that causes premature death and disease in children and nonsmoking adults."

The 2006 Surgeon General's Report: Key Findings

- Secondhand smoke kills approximately 50,000 nonsmokers each year in the United States, making secondhand smoke one of the nation's major causes of preventable death.
- In addition to causing lung cancer among nonsmokers, secondhand smoke has immediate adverse effects on the cardiovascular system and causes heart disease, which accounts for the greatest portion of secondhand smoke-caused death.
- There is no safe level of exposure to secondhand smoke and approximately 60 percent of nonsmokers in the United States show biologic evidence of exposure.
- Ventilation does not adequately protect health — indoor facilities must be completely smokefree to effectively prevent secondhand smoke exposure.
- Smokefree laws do not adversely impact the hospitality industry: "No peer-reviewed study using objective economic indicators such as sales tax revenues and employment levels found an adverse impact of smokefree laws on restaurants and bars."

There are now hundreds of local governments, 16 states and a number of entire countries, including England, Scotland, Ireland and Italy, that have strong clean indoor air laws including restaurants and bars.

"Look out for the tree!"

"What are you doing?"

"You're endangering my life ... just returning the favor."

Smokefree Workplaces Essential to Protect Health

The 2006 Surgeon General's report concluded: "Establishing smokefree workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace ... Exposure of nonsmokers to secondhand smoke cannot be controlled by air cleaning or mechanical exchange."

The Surgeon General's finding reaffirms the recommendation of the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE): "[n]o other engineering approaches, including current or advanced dilution ventilation, 'air curtains' or air cleaning technologies have been demonstrated or should be relied upon to control health risks from secondhand smoke" and that "the only means of eliminating health risks associated with indoor exposure is to ban all smoking activity."

Smokefree Laws Save Lives

A growing body of research shows that smokefree workplace laws not only have long-term health benefits but can also quickly begin to save lives. Research from Pueblo, Colorado, documented a 27 percent decline in heart attacks within 18 months following implementation of a comprehensive smokefree workplace law, reinforcing similar findings from Helena, Montana. Research in Italy, which eliminated indoor smoking in restaurants, cafes and bars in January 2005, came to the same conclusion — smokefree workplaces reduce heart attacks and save lives.

Anchorage Chamber of Commerce Backs Comprehensive Smokefree Workplaces

"[T]he Chamber testified in support of the ordinance ... the Business and Economic Development Committee and the Board [all] felt the positive benefits of creating smokefree workplaces are important to growing Anchorage into a Premier American City."

Anchorage Chamber of Commerce
2005–2006 Report to the Membership

Support for Smokefree Workplaces

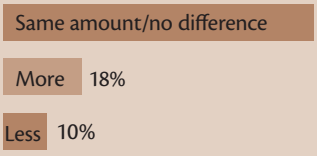
Alaskans recognize that secondhand smoke is dangerous and believe that people should be protected from exposure to secondhand smoke.

Secondhand smoke is harmful ...

People should be protected from secondhand smoke ...

Work places should be smokefree ...

If bars were smokefree, I would go out ...



Source: Alaska Behavioral Risk Factor Surveillance System, Modified Survey 2004 (for harms and protection from SHS), Modified Survey 2005 (for all else).

SMOKELESS TOBACCO

Alaska's Homemade Chew

A special challenge in rural Alaska involves the use of iqmik, a popular form of homemade smokeless tobacco that combines leaf tobacco with punk ash. The addition of ash to tobacco has the effect of making nicotine more addictive.

Peter Lupie, an elder featured in *The Dangers of Iqmik Use* brochure used in the Yukon Kuskokwim region.

"I thought I would never stop using iqmik because I had been chewing for 52 years. I stopped using iqmik in October 2000 when my doctor told me to quit because of health reasons. Ever since I stopped using iqmik, I can feel that I am in better health, and I don't tire so easily anymore. If I can do it, so can you!"

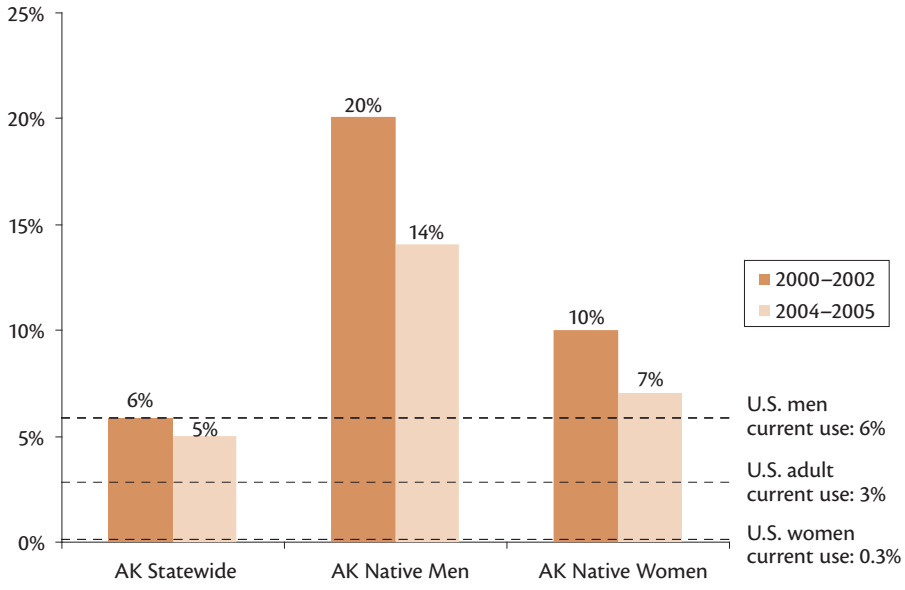
Adult Smokeless Tobacco Use

The use of smokeless tobacco — also known as "dip," "chew," or "spit tobacco" — is a significant problem in Alaska, with high use rates among both adults and youth. With more than two dozen cancer-causing agents (carcinogens), smokeless tobacco is a known cause of oral cancer. Smokeless tobacco also increases the risk of cardiovascular disease, including heart attack.

The most current data regarding smokeless tobacco use by Alaska adults indicate an overall reduction in adult use including apparent declines among Alaska Native men (down 30 percent) and Alaska Native women (down 30 percent).

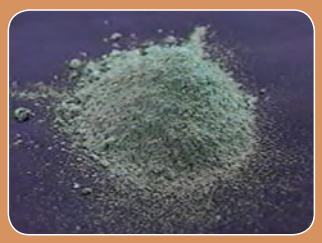
While this progress is welcome, Alaska smokeless tobacco use remains very high relative to the nation as a whole. Nationwide, an estimated 3 percent of adults use smokeless tobacco, with nearly all use among men (6 percent) rather than women (0.3 percent).

Smokeless Tobacco Use: Alaska Adults



Source: Alaska Behavioral Risk Factor Surveillance System, Regular Survey 2000–2002, Regular and Modified Surveys combined 2004–2005.

Fungus from local birch, alder or willow is burned, the ash ("punk ash") is mixed with the tobacco leaf, pre-masticated and put in a small container to be shared with others.

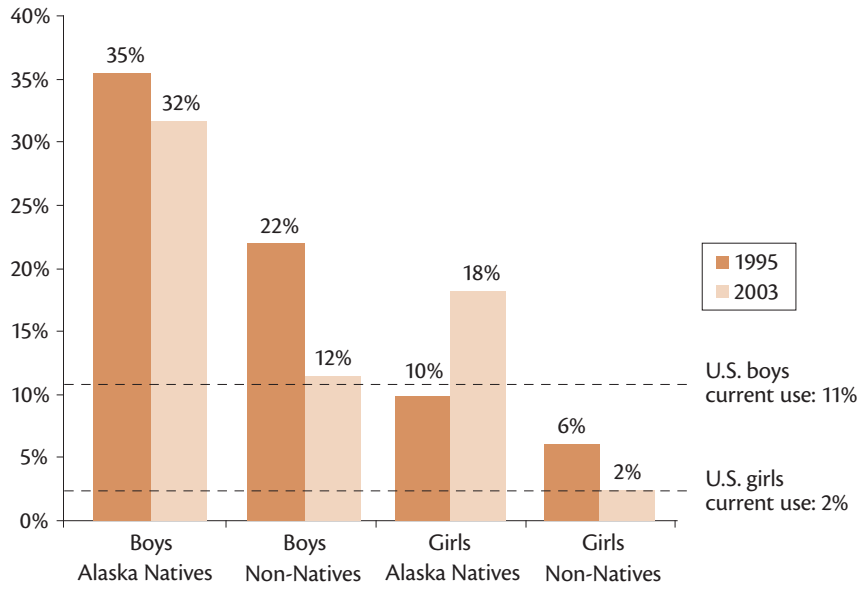


Youth Smokeless Tobacco Use

While the most recent data available indicate that smokeless use among Alaska youth overall declined from 16 percent (1995) to 11 percent (2003), these use rates are still very high relative to youth nationwide (7 percent).

Use of smokeless tobacco is especially high among Alaska Native youth, including approximately one-third of boys (32 percent) and nearly one-fifth of girls (18 percent). By contrast, smokeless use nationwide by high school boys (11 percent) and girls (2 percent) is far lower. Smokeless tobacco use in Alaska by non-Native girls (2 percent) is comparable with use rates nationwide (2 percent). A particular concern in Alaska, however, is extremely high smokeless tobacco use among Alaska Native girls (18 percent), which appears to have increased significantly (from 1995 to 2003).

Smokeless Tobacco Use: Alaska Youth



Source: Alaska Youth Risk Behavior Survey 1995, 2003.

Efforts to collect more current data on the use of smokeless tobacco by Alaska youth are ongoing.

Candy-flavored Tobacco

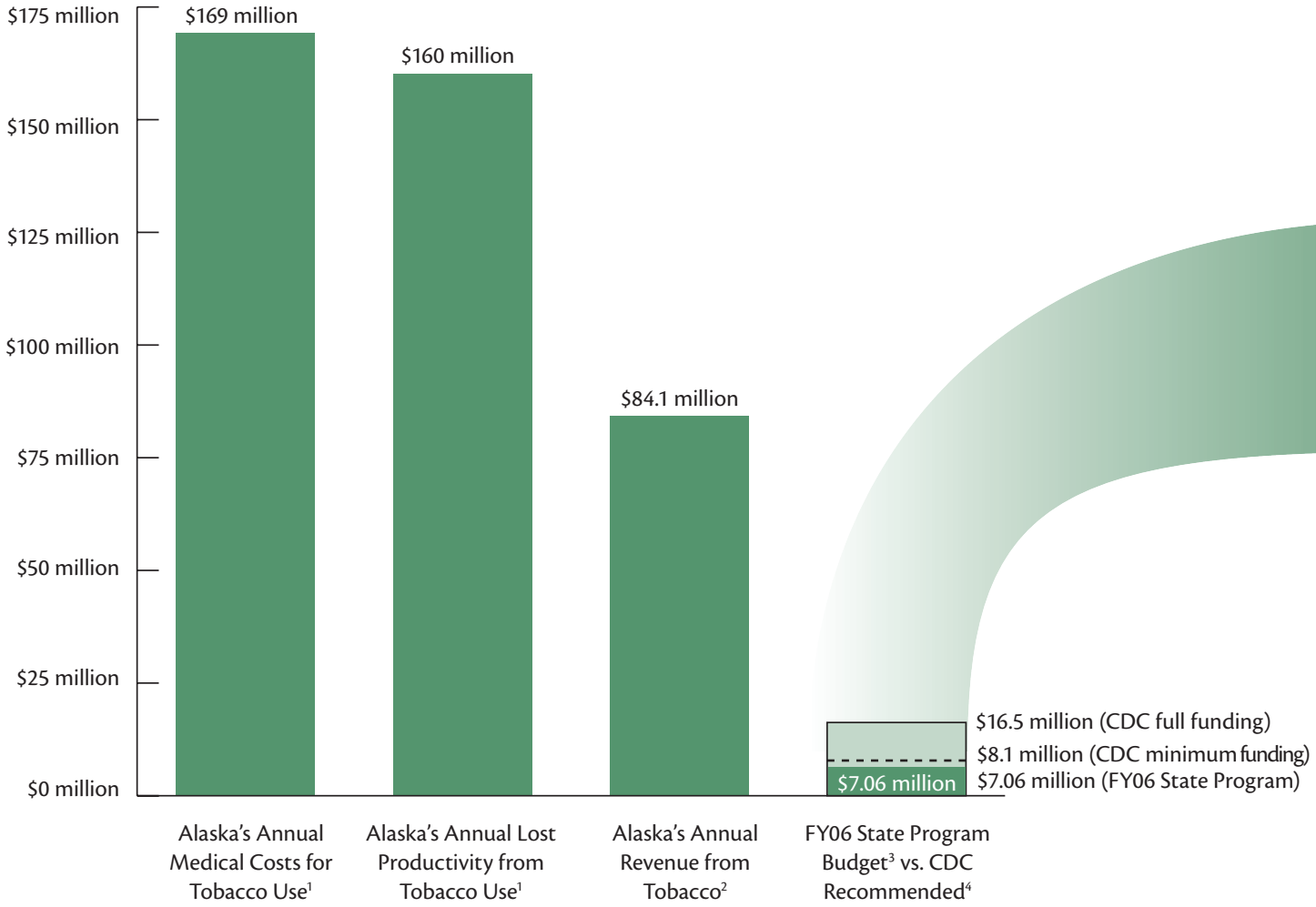
One of the tobacco industry's more effective efforts that attracts children involves the marketing of candy-flavored products. Internal tobacco industry documents reveal long-standing efforts to promote use of flavored starter products before graduation to stronger brands. As one industry sales representative stated:

"Cherry Skoal is for somebody who likes the taste of candy, if you know what I'm saying."

U. S. Smokeless Tobacco Company (UST) is the world's leading producer and marketer of moist smokeless tobacco with product line flavors that have included apple, peach, mint, vanilla and berry blend.

MEASURING UP

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



1. CDC Smoking Attributable Mortality, Morbidity, and Economic Costs application.
2. Annual Revenue equals FY06 taxes on tobacco products of $64.1 million, plus master settlement payments of $20 million (Revenue Sources Book, Fall 2006).
3. FY06 Tobacco Use Education and Cessation Fund appropriation of $5.67 million plus FY06 CDC grant of $1.39 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.*

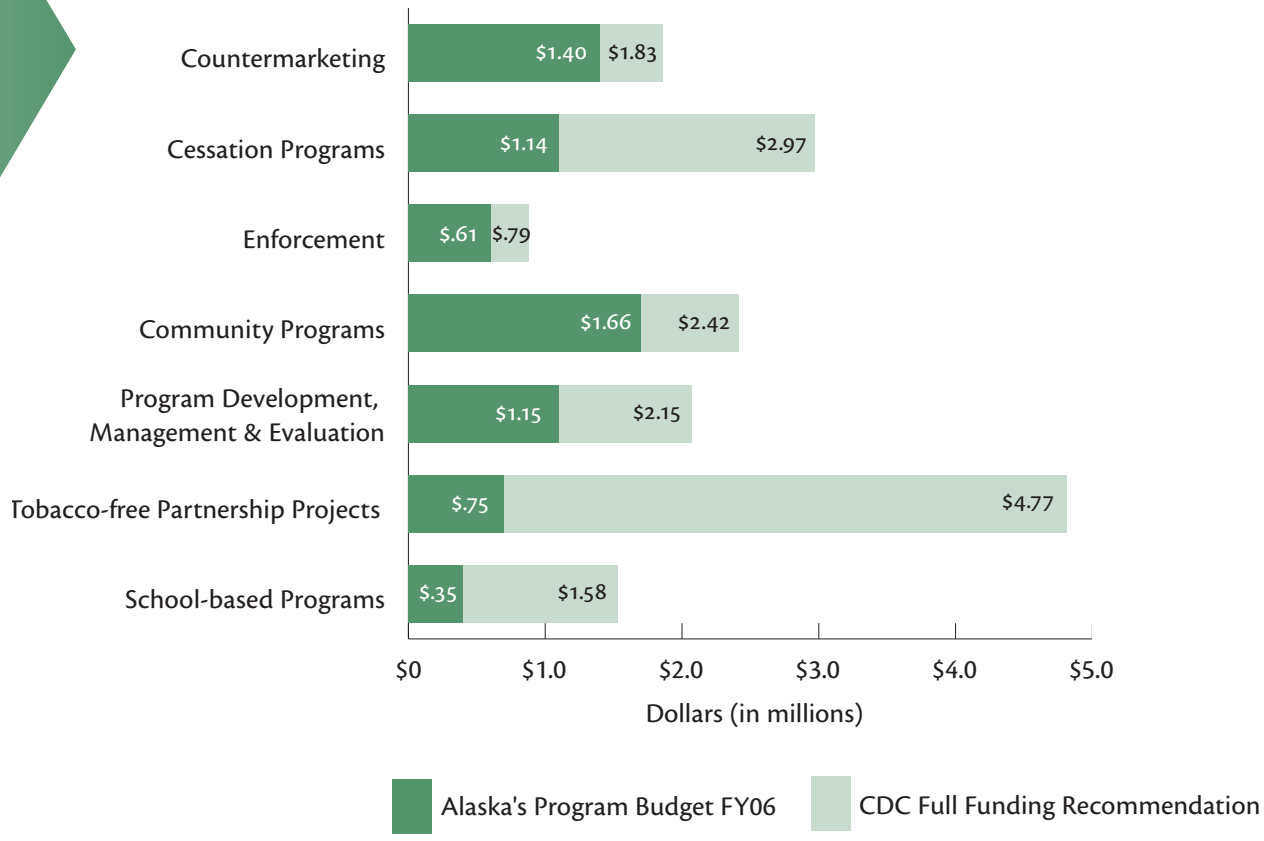
"Tobacco use is the single most preventable cause of disease, disability, and death in the U.S. … States that have dedicated funds to enacting comprehensive tobacco control programs have seen reductions in youth and adult smoking rates and decreases in cancers, heart attacks and low birth weight babies."

— William G. Plested, M.D.,
President, American Medical Association (December 2006)

The use of tobacco products in Alaska generates enormous costs — direct medical expenditures and lost worker productivity due to premature death total more than $320 million each year.

In FY06, Alaska received approximately $84 million in tobacco-derived revenue; $5.67 million in state general funding and $1.39 million in federal funding was appropriated for FY06 tobacco prevention and cessation efforts. CDC guidelines for Alaska's comprehensive tobacco control program recommend $16.5 million for a fully funded effort and a minimum of $8.1 million (*Best Practices for Comprehensive Tobacco Control Programs, 1999*).

Alaska Tobacco Prevention and Control Program Budget FY06



COUNTERMARKETING

"I've been a waitress for 40 years to earn a decent living for my daughter and myself."

"My doctor told me I had a smoker's tumor."

"And therefore, I'm dying. I never smoked a day in my life."

"I never smoked. The air was blue where I worked. I'm dying of lung cancer from secondhand smoke."

"[K]ids reached by state-sponsored anti-smoking TV ads are less likely to smoke ... state-sponsored anti-tobacco ads have played an important role in reducing youth smoking."

— "State Tobacco Counteradvertising and Adolescents"
Archives of Pediatrics & Adolescent Medicine (July 2005)

A key element of the national CDC best practices for tobacco use prevention is a strong countermarketing effort using mass media (TV, radio and print) to offset the influence of tobacco industry advertising.

Research confirms that mass media campaigns with messages exposing the truth about tobacco use, addiction and disease can provide a powerful antidote to the industry's relentless effort to addict youth. Countermarketing works in concert with other elements of a comprehensive program to: discourage youth initiation, educate about the health hazards of tobacco use/secondhand smoke and support the great majority of tobacco users who want to quit.

Alaska's Countermarketing Campaign

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

Target	Objective	Message
Youth	Prevention	"Don't start."
Tobacco Users	Cessation	"You can quit."
General Public	Clean Indoor Air	"Secondhand smoke kills."

To make cost-effective use of limited funds, many of the countermarketing ads placed in Alaska come from the CDC Media Campaign Resource Center's supply of more than 1,000 ads from around the country. This provides Alaska access to high-quality ads that would otherwise be prohibitively expensive. Additional focus group testing is used to assess the effectiveness of ads with Alaska audiences.

To ensure placement of ads with culturally relevant messages, new Alaska-specific ads are created and aired statewide. In addition, the mass media efforts are complemented by public event activities. In response to the unique challenge of high tobacco use in rural Alaska, there is a specific rural countermarketing element to the state tobacco prevention program.

Independent countermarketing efforts are more important than ever because the tobacco industry has dramatically increased its advertising and marketing expenditures while developing its own so-called "prevention" TV ads that are ineffective.

"What's up, Bro?"
"Hey man, you got an extra smoke?"

"Nah, I quit smoking."

"Seriously?"

"Wow, cool 4-wheeler — how can you afford that, man?"

"I told you, I quit smoking!"

Countermarketing: Fake vs. Real

Research published by the *American Journal of Public Health* in October 2006 examined the effectiveness of tobacco industry-sponsored "tobacco prevention" television advertising, including both youth-oriented and parent-oriented ads. The data that were used covered the period from 1999 to 2002, during the following tobacco company ad campaigns:

- Philip Morris — "Think Don't Smoke" (aimed at youth) and "Talk. They'll Listen" (aimed at parents), and
- Lorillard — "Tobacco is Whacko If You're a Teen" campaign (aimed at youth).

The study found that the tobacco industry's youth-oriented ads are ineffective and that the parent-oriented ads may have harmful effects on older youth, increasing their approval of smoking and their intention to smoke. While these youth-oriented ads are no longer running in the United States, some are being run in other countries.

This research affirms the need for comprehensive tobacco prevention programs that include effective, hard-hitting countermarketing messages.

"Aniak, Bethel, Cordova, King Cove, Nenana … the list has over 140 places where people just like you have called the Alaska Tobacco Quit Line."

"Have you called yet? What are you waiting for? Maybe to finish the carton you have, the pack you just bought, or the one in your hand right now."

"Please know that every cigarette you smoke is doing you damage. Call the Quit Line, make a plan for your last cigarette. The call is free. The service is free. Isn't it time?"

Countermarketing Provides Motivation to Quit

Bob Germain, from Southeast, wanted to quit smoking for his health. Then he added a financial incentive, saving the money he would have spent on cigarettes. Now he owns an all-terrain vehicle bought with his tobacco savings.

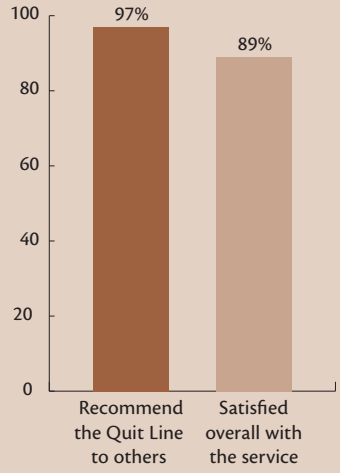
"The TV ad kind of made it a goal to quit … I bought the ATV after six months of not smoking. I saved and put down a payment and then came up with the rest of the money. It's definitely money I would have spent on cigarettes. It was kind of a reward for six months of not smoking."

HELPING PEOPLE QUIT

"We've come a long way since the first Quit Line call in January 2002. These survey results indicate that we are on the right track to helping tobacco users quit."

— Karleen K. Jackson,
Commissioner, Alaska Department of Health and Social Services

Satisfied Quit Line Customers



The evaluation of the Alaska Tobacco Quit Line is continuing, and additional results will focus on quit rates and satisfaction for special populations that use this cessation service.

Alaska Tobacco Quit Line — A Proven Success

The Alaska Tobacco Quit Line is a proven success. Managed by Providence Alaska Medical Center, the Quit Line is a free public service available to all Alaskans. Callers receive support from trained registered nurses staffing the hotline. In addition, the Alaska Tobacco Quit Line offers free nicotine-replacement therapy to callers who qualify in the counseling program.

Quit lines are an effective means to increase access to counseling services for tobacco cessation. Research has confirmed that quit lines are successful in promoting tobacco cessation among large numbers of people, including diverse and underserved populations, thus helping to diminish health disparities. Free nicotine replacement therapy, in conjunction with a quit line, has been proven to be an effective strategy to get large numbers of smokers to quit and succeed in the longer term.

Quitting isn't easy. It takes the typical smoker seven to 10 attempts before succeeding for good. Using services such as a quit line greatly increases the chance for success.

In FY06, the Alaska Tobacco Prevention and Control Program conducted the first phase of an evaluation of the Alaska Tobacco Quit Line to determine its effectiveness and customer satisfaction.

The study results show that, among quit lines, Alaska's cigarette quit rate compares favorably to quit rates in other states with larger markets, including Washington, New York and Oregon.

Alaska Tobacco Quit Line 3–month Quit Success

Source: Alaska Section of Epidemiology. Evaluation of the Alaska Quit Line: Bulletin No. 22, December 28, 2006.

Of Alaskans who called the Quit Line in 2005 and were surveyed at a three-month follow-up, 41 percent of smokers and 30 percent of smokeless tobacco users reported that they had successfully stopped using tobacco.

In addition, it was found that an overwhelming majority of Alaska Tobacco Quit Line callers were satisfied with the service and would recommend it to others.

The evaluation of the Alaska Tobacco Quit Line is continuing. Additional results will focus on quit rates and satisfaction for special populations that use this cessation service.

Local Cessation Programs

In addition to providing support to individuals, communities are working to implement systemwide changes throughout health-care delivery to: 1) assess tobacco dependence and 2) support all patients' efforts to quit tobacco.

"Six months ago, Claire made a promise to her family and to herself."

"The promise was she'd quit smoking by the time her next birthday came around."

"And she's already feeling better."

"She has more stamina,more energy, ..."

"... and her lungs are stronger than ever before."

Providing cessation services within all health-care systems is recommended by the U. S. Public Health Service Clinical Practice Guideline *Treating Tobacco Use and Dependence*.

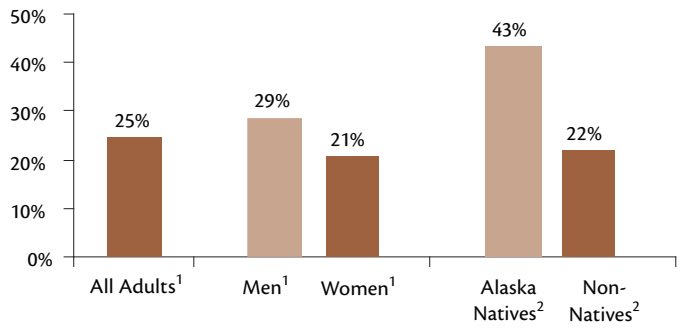
Community-based cessation grants allowed four rural clinics/tribal health-care centers to continue their commitment to provide cessation screening and treatment services for patients:

- Bristol Bay Area Health Corporation
- SouthEast Alaska Regional Health Consortium
- Yukon-Kuskokwim Health Corporation
- Human Resources, Inc. (Mat-Su Borough)

The development of the delivery of cessation services was supported by technical assistance from the Alaska Native Tribal Health Consortium through a contract with the state.

As these programs grow, more patients are screened by their primary provider and referred to their local clinic cessation service, resulting in increased awareness and attempts to quit using tobacco.

Smoking: Alaska Adults



[1] Alaska Behavioral Risk Factor Surveillance System, Regular and Modified combined (2005);

[2] Alaska Behavioral Risk Factor Surveillance System, Regular Survey (2003) and Regular and Modified Combined (2004-2005).

Quit Line Testimonial

Jason Dollard, 33 — Anchorage

A smoker since he was 23, Jason tried at least a dozen times to quit. "I saw quite a few TV ads that gave warnings about lung cancer and statistics on the damage of tobacco use." Wanting to be around to enjoy watching his 2-year-old daughter grow up, Jason called the Alaska Tobacco Quit Line.

"I was hoping to find someone who could help. A nurse answered and she got me started. She called me back. I liked getting check-up phone calls when I least expected it — it really helped me. I had several quit dates, and then on one of the dates — January 10, 2005 — I stopped! Now, I notice that when I go hiking, it seems easier, I'm not so out of breath."

COMMUNITY-BASED

Tobacco Prevention at the Local Level

Across Alaska, community-based tobacco prevention programs are working to reduce tobacco use, support cessation opportunities and educate about the harms of secondhand smoke.

In FY06, 19 community tobacco prevention programs were funded statewide. Some of the program successes are highlighted below.

Southcentral/Anchorage: The Smokefree Anchorage Coalition, with the support of more than 30 community organizations, including the Anchorage Chamber of Commerce, worked hard to educate the public that there is no safe level of exposure to secondhand smoke. The Anchorage Assembly passed a comprehensive smokefree workplace ordinance to protect all workers from secondhand smoke. Other efforts include educational media promoting youth events designed to prevent young people from starting tobacco use.

Interior/Fairbanks: The Tanana Chiefs Conference produced a half-hour documentary exploring the dangers of secondhand smoke. The program aired on TV throughout Alaska and has been distributed statewide to educators, health professionals and community organizations. Student-produced newsletters delivered tobacco prevention messages to the region's youth.

Bristol Bay/Dillingham: The Bristol Bay Area Health Corporation community-based tobacco prevention activities received strong support from local tribal, health and community leaders. Ten clean indoor air policies have been passed and implemented within the region. Tobacco use prevention information was distributed to the 32 communities served through locally produced radio and TV ads, radio shows and newspaper articles.

Kenai Peninsula/Soldotna: Bridges Community Resource Center engaged children in all area schools through live presentations, poster campaigns, and youth sports/events that were promoted as "tobacco-free." The program's comprehensive approach involved the community's leaders, health providers and clean indoor air coalition members in local activities and awareness-raising events like the implementation of a tobacco-free hospital campus.

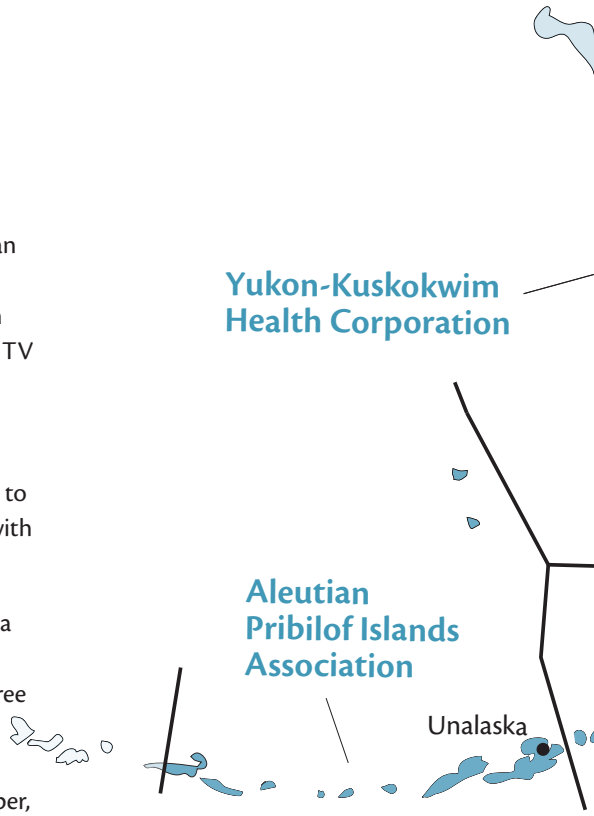
Northwest Alaska/Kotzebue: Maniilaq Association's community-centered tobacco education effort raised awareness among all residents about the harmful effects of tobacco use. Understanding the need for protection from exposure to secondhand smoke, local leaders acted to enforce the smokefree high school campus policy. The program focus on health and fitness gained popularity throughout the region, where widely attended events, sports and tournaments brought youth and adults together in tobacco-free activities.

Eastern Aleutian Islands: Eastern Aleutian Tribes, Inc., developed a comprehensive multimedia tobacco prevention campaign reaching throughout the islands via radio, TV and newspaper ads. The catchy campaign brand, *Got Air?*, was found on all media, shirts, water bottles and bumper stickers distributed regionwide. Regular staff visits to tobacco vendors monitored compliance with laws against sales to underage youth.

Southeast Alaska/Sitka: SouthEast Alaska Regional Health Consortium provided leadership by adopting the first tobacco-free hospital campus policy within the tribal health-care system network. Public health messages, delivered via radio, TV, newspaper, brochures and decals, promoted cessation programs as well as smokefree homes and cars. The youth tobacco prevention program involved a media campaign on tobacco price increases.

Yukon-Kuskokwim/Bethel: A comprehensive media strategy delivered tobacco prevention and cessation messages to 56 far-flung communities served by the Yukon Kuskokwim Health Corporation. Radio and TV ads were developed by local youth. Collaboration with local, state and federal health programs, along with health provider education, provided opportunities to reach more residents.

Bethel's clean indoor air policy was strengthened and communities seeking to adopt clean indoor air policies were supported with health information resources.

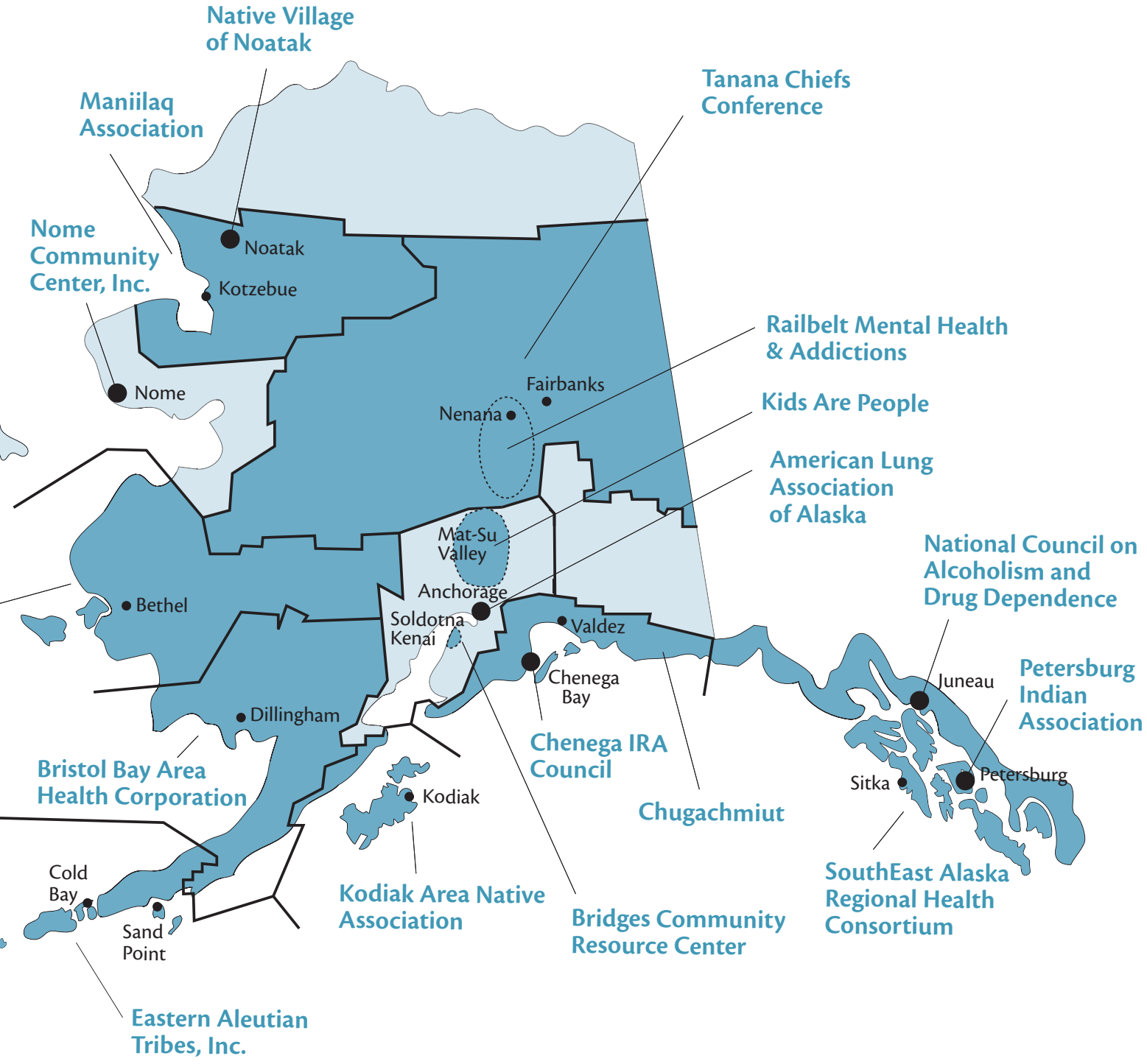


PROGRAMS

Community & Regional Grantees Map Key

- Regional grant service area
- Community grant service area

Community & Regional Grantees



LOOKING FORWARD

Alaska's Tobacco Use Education and Cessation Fund

The Alaska Legislature created the Tobacco Use Education and Cessation Fund to receive a portion of the state's tobacco-derived revenue in order to support tobacco use prevention and cessation efforts.

"It is the intent of the legislature to provide aggregate funding to meet the minimum amount of tobacco control programs recommended by the United States Department of Health and Human Services, Centers for Disease Control and Prevention, from tobacco taxes and other revenue sources accounted for in the Tobacco Use Education and Cessation Fund (TUECF) established in AS 37.05.580."

(HCS SB 1001 (Fin) am H - June 2004)

"Research shows us that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking ..."

— Dr. Corinne Husten,
Centers for Disease Control and Prevention

The evidence is clear that investing in state tobacco prevention and cessation programs modeled after the CDC best practices guidelines can reduce the disease and premature death caused by smoking, smokeless tobacco use and exposure to secondhand smoke.

Considerable progress has been made in Alaska, progress that translates into a decrease in significant suffering and lives lost from tobacco-caused illness along with a reduction in needless health-care costs.

It is equally clear that far more remains to be done in order to maintain Alaska's progress in the face of aggressive tobacco industry efforts to recruit new smokers to replace those who quit their addiction or die from tobacco-caused disease.

- Since the multistate Master Settlement Agreement (MSA) was adopted, tobacco industry marketing expenditures have increased 123 percent from $6.9 billion in 1998 to $15.4 billion in 2003.
- Advertising in high youth readership magazines sharply increased following the MSA and required litigation by the State Attorneys General to enforce the ban on marketing to children.
- The State of Massachusetts documented a significant increase in the nicotine yield of cigarettes between 1998 and 2004. The average increase was about 10 percent but increased yields ranged as high as 36 percent. Cigarette brands with higher yields are some of the same brands most popular among youth.

History of Tobacco

In the 1700s, Russian explorers introduced tobacco to Alaska's aboriginal people. In 1881, the first cigarette manufacturing machine made mass cigarette marketing possible. During the mid-1900s, cigarette sales reached an all-time high just as scientists were beginning to document the staggering burden of disease and premature death caused by tobacco.

1964 — **U.S. Surgeon General's report *Smoking and Health* conclusively identifies smoking as a cause of cancer and a serious health hazard.**

1986 — **U.S. Surgeon General reports secondhand smoke as a significant cause of lung cancer and respiratory illness.**

Considerable progress has been made in Alaska but the tobacco industry is not going away. Investing in tobacco use prevention and cessation efforts is as important today as ever.

- In August 2006, the tobacco industry was found guilty of widespread fraud and racketeering. Internal documents show that tobacco companies have deliberately and falsely marketed "low tar" and "light" cigarettes as less harmful while knowing otherwise and used false and misleading public statements to undermine the scientific consensus that secondhand smoke kills nonsmokers.

The tobacco industry is not going away. In August 2006, the U.S. District Court ruling found that the tradition of deception continues for the sake of profits at the expense of human health: "The evidence in this case clearly establishes that Defendants have not ceased engaging in unlawful activity," stated U. S. District Judge Gladys Kessler. "Their continuing conduct misleads consumers in order to maximize Defendants' revenues by recruiting new smokers (the majority of whom are under the age of 18), preventing current smokers from quitting, and thereby sustaining the industry."

Investing in tobacco prevention and cessation efforts is as important today as ever. Past experience in Alaska, as well as other parts of the country, has shown that comprehensive programs can effectively reduce tobacco-caused disease, save lives and lower health-care costs. Recognizing the need for such a continuing commitment, the Alaska State Legislature created the Tobacco Use Education and Cessation Fund (TUECF) to receive a portion of Alaska's tobacco-derived revenue. AS 37.05.580.

Looking forward, to safeguard the significant progress made to date as well as further reduce tobacco-caused disease and associated health-care costs, Alaska will require a continuing, sustained investment of funds from the TUECF in the state tobacco use prevention and cessation programs.

"[This case] is about an industry, and in particular these Defendants, that survives, and profits, from selling a highly addictive product which causes diseases that lead to a staggering number of deaths per year, an immeasurable amount of human suffering and economic loss, and a profound burden on our national health-care system. Defendants have known these facts for at least 50 years or more. Despite that knowledge, they have consistently, repeatedly, and with enormous skill and sophistication, denied these facts to the public, to the Government, and to the public health community ... In short, Defendants have marketed and sold their lethal products with zeal, with deception, with a single-minded focus on their financial success, and without regard for the human tragedy or social costs that success exacted ..."

U.S. District Judge Gladys Kessler, August 2006

1988 — U.S. Surgeon General reports nicotine is addictive. Congress acts to ban smoking on domestic airplanes.

1992 — Alaska health organizations form the Alaska Tobacco Control Alliance.

1995 — Alaska collects first statewide data on youth tobacco use through the Youth Risk Behavior Survey. Health groups in Alaska educate the public about the effectiveness of increasing tobacco taxes as a way of reducing youth tobacco use.

1997 — Alaska increases state cigarette tax to $1 per pack with a comparable increase in taxes on other tobacco products.

MEASURING OUTCOMES

Measuring program success is a critical part of the tobacco use prevention and cessation program. Data collection (surveillance) and evaluation activities provide objective information needed to monitor progress, adjust programs and demonstrate good stewardship.

Through publications such as *Tobacco in the Great Land, Alaska Tobacco Facts* and the yearly *Annual Report*, the tobacco program helps to engage and educate the community on tobacco-related health issues.

Efforts to measure outcomes in Alaska include:

- The Behavioral Risk Factor Surveillance System (BRFSS)
- The Youth Risk Behavior Survey (YRBS)
- The Pregnancy Risk Assessment Monitoring System (PRAMS)
- Hellenthal Countermarketing Awareness Survey
- Synar Survey — Illegal Vendor Sales of Tobacco to Youth

The Program Design and Evaluation Services team, with director Michael Stark, Ph.D. , far right, provides critical evaluation support for Alaska's Tobacco Prevention and Control program.

Additional sources of data that inform the program include: Department of Revenue data on tobacco sales; Alaska Bureau of Vital Statistics; CDC 's Smoking-Attributable Mortality, Morbidity and Economic Costs (SAMMEC); Alaska's hospital discharge data set; media focus group testing and local tobacco policy tracking.

A fully staffed evaluation team demonstrates the program's commitment to best practices in order to achieve and sustain success:

- The Tobacco Evaluation Lead coordinates evaluation of all program efforts, including cessation and prevention grants, media and technical assistance contracts, and the school-based tobacco prevention project.
- The Community and School Evaluation Specialist oversees evaluation of community-based prevention programs throughout Alaska, ensuring that goals are specific, measurable, achievable, relevant to tobacco prevention and time framed (SMART).
- Technical assistance contractor Michael Stark, Ph.D. , a nationally recognized tobacco prevention and control program evaluation expert, and his colleagues at Program Design and Evaluation Services (PDES) provide research and analysis services, including:
  - evaluation of the effectiveness and satisfaction with the Alaska Tobacco Quit Line;
  - critical analysis of the BRFSS, the YRBS and the Hellenthal Countermarketing Awareness Survey; and
  - preparation of focused studies on the burden of tobacco use among specific populations in Alaska.

1998

Alaska joins national Master Settlement Agreement (MSA) with the tobacco industry and starts receiving payments. Research shows tobacco prevention programs effectively reduce tobacco use.

1999

The national Centers for Disease Control and Prevention (CDC) publishes *Best Practices for Comprehensive Tobacco Control Programs* and recommends a minimum of $8.1 million per year for Alaska efforts. The Alaska Legislature authorizes $1.4 million for a tobacco prevention pilot program.

2001

Alaska Legislature creates the Tobacco Use Education and Cessation Fund (TUECF) to support comprehensive tobacco prevention efforts.

2002

Alaska tobacco prevention program efforts are strengthened based on the best practices experience documented by the CDC and other states.

PROGRAM PARTNERS

Alaska Tobacco Use Prevention and Control 2006 Program Partners

Akeela, Inc.
Alaska Department of Health and Social Services
Alaska Native Health Board
Alaska Native Tribal Health Consortium
Alaska Tobacco Control Alliance
Aleutian Pribilof Islands Association
AARP
American Cancer Society
American Heart Association
American Lung Association of Alaska
Bridges Community Resource Center
Bristol Bay Area Health Corporation
Chenega IRA Council
Chugachmiut
Eastern Aleutian Tribes, Inc.
Human Resources Inc.
Kids Are People
Kodiak Area Native Association
Maniilaq Association
Native Village of Noatak
National Council on Alcoholism and Drug Dependence
Nome Community Center, Inc.
Petersburg Indian Association
Program Design & Evaluation Services
Providence Alaska Medical Center
Railbelt Mental Health & Addictions
SouthEast Alaska Regional Health Consortium
Tanana Chiefs Conference
Walsh Sheppard Flynn
Yukon-Kuskokwim Health Corporation

Adults and youth from the Maniilaq region take part in an area-wide marathon, one of many sports events that focus on and promote a tobacco-free lifestyle.

2003

Data from the Alaska Youth Risk Behavior Survey document that youth smoking in Alaska has been reduced by nearly half since 1995. Effective enforcement efforts reduce illegal tobacco vendor sales from 30% to 10%.

2004

Alaska Legislature approves legislation to increase cigarette tax to $2 per pack over four years.

2006

U.S. Surgeon General report *The Health Consequences of Involuntary Exposure to Tobacco Smoke* documents that nearly 50,000 nonsmokers die annually from lung cancer and heart disease caused by secondhand smoke. U.S. District Court finds the tobacco industry guilty of massive fraud and racketeering that continues today.

Ruby Tansy John

September 27, 1943 – August 9, 1999

Ruby John, an Alaskan Native from the Ahtna region, passionate and effective advocate for her people, wife and mother, passed away at the young age of 55, after a lengthy struggle with lung, mouth and throat cancer.

During her lifetime, Ruby John gained recognition and respect for her intelligence, leadership and dedicated efforts to improve the lives of her fellow Alaskans. Born in Cantwell, Ruby attended elementary school in her home town, high school in Anchorage, and went on to earn a bachelor's degree in mathematics from the University of Alaska Fairbanks, where her interest and involvement in Alaska Native issues began. Within two years after her 1966 graduation, Ruby testified at the first congressional hearings held on land claims. She went on to serve on the Cantwell Native Council as well as the Ahtna Board of Directors. In addition she worked many years with her husband, Alec John of Copper Center, to manage a successful business in Cantwell and raise two sons, Alec and Jay.

As a smoker, Ruby understood the need to keep others from starting to use tobacco. According to son Jay, "She didn't want anyone to start because she knew how hard it was to stop. She would always be nice when she caught someone young smoking, but she would give them stern looks, along with her short, to-the-point words. If she could have stopped everyone from smoking, or just her sons, then she knew she made a difference."

As young men in their late 20s and early 30s, neither Alec nor Jay uses tobacco.

AMERICAN LUNG ASSOCIATION of Alaska
ALASKA NATIVE HEALTH BOARD
ALASKA TOBACCO CONTROL ALLIANCE
American Cancer Society
American Heart Association Learn and Live

Sarah Palin, Governor, State of Alaska
Karleen K. Jackson, Commissioner, Department of Health and Social Services

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