

ANNUAL REPORT:
2007
Update

“To effectively reduce tobacco use, states must maintain, over time, a comprehensive and integrated tobacco control strategy.”

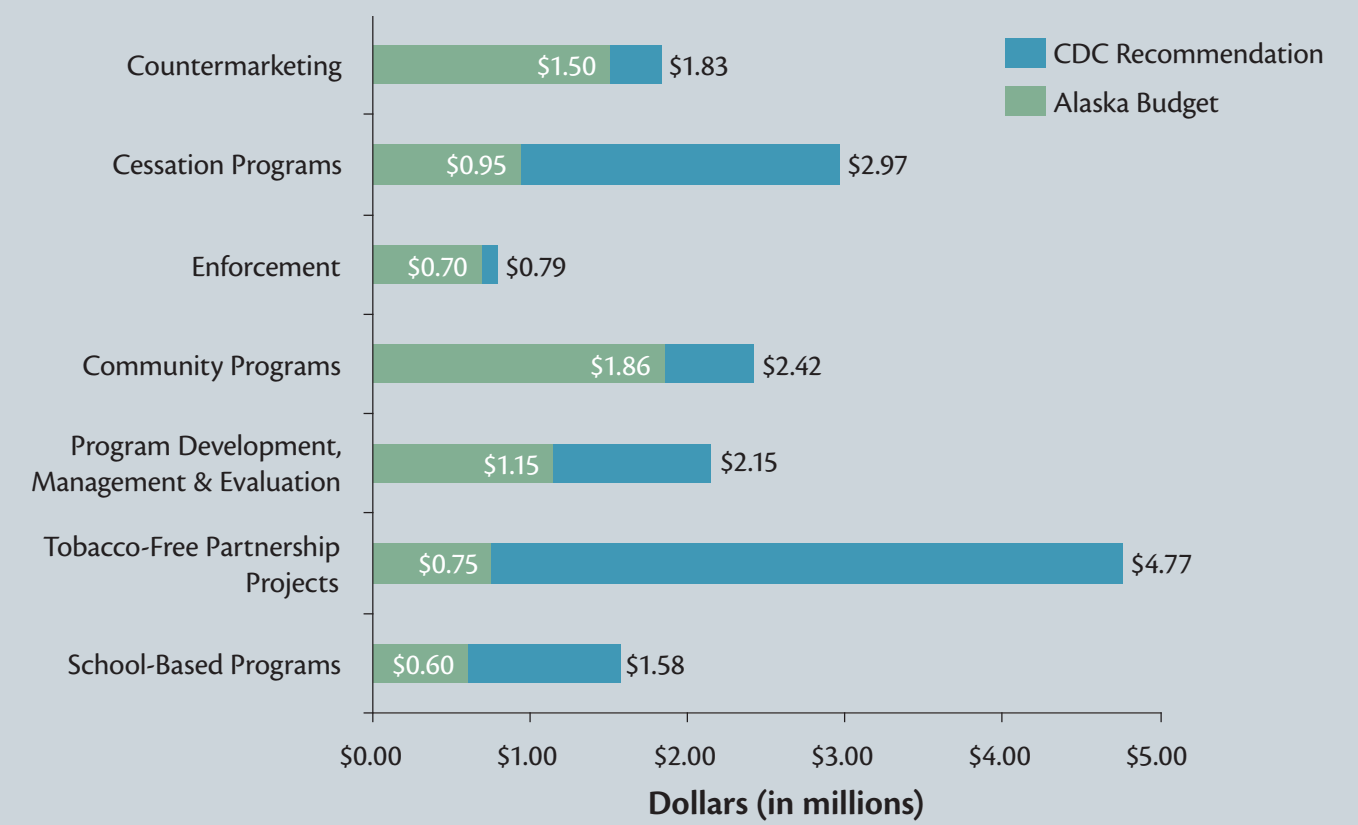
— *Ending the Tobacco Problem: A Blueprint for the Nation*
Institute of Medicine of the National Academies (2007)

Research and experience show that comprehensive, sustained tobacco prevention and control programs can effectively reduce the use of tobacco products.¹ While tobacco remains the leading cause of preventable death in Alaska — with economic costs estimated at more than \$370 million per year — significant progress is being made to reduce tobacco use and the associated disease and premature death.

Fiscal Year 2007

Using best practice guidelines provided by the national Centers for Disease Control and Prevention (CDC)², the State of Alaska continues to develop a tobacco prevention and control program comprised of several key, interrelated elements, including: counter-marketing, cessation, enforcement, community-based programs and evaluation. The CDC’s 1999 evidence-based guidelines recommended a \$16.5 million annual budget for a fully-funded Alaska effort and a minimum annual funding level of \$8.1 million. Alaska’s FY07 Tobacco Prevention and Control Program budget, relative to CDC’s full-funding recommendation, is shown in Figure 1.

Figure 1: Alaska Tobacco Prevention and Control Program Budget FY07



Reducing Tobacco Use in Alaska

Adults

During the past decade, cigarette consumption in Alaska has declined by more than one-third (down 38 percent from 1997 to 2007). Although approximately one-quarter (24 percent) of adult Alaskans smoke cigarettes — a rate higher than the nation as a whole — adult smoking varies markedly among Alaska adult populations:

- The percentage of higher-income Alaska adult smokers declined by nearly one-third between 1996 and 2006 (from 23 percent to 16 percent).
- The rate of smoking among Alaska Native adults is nearly twice as high as the smoking rate among non-Natives. However, higher-income Alaska Native adults are significantly less likely to smoke than those with fewer resources.
- Non-Native low-income Alaskans are twice as likely to smoke as those with higher incomes.



Smoking has declined by nearly one-third among Alaskan adults with higher incomes.



More Alaska Native infants are getting a better start in life with less prenatal use of smokeless tobacco by their moms.

Youth

Smoking among high school youth in Alaska declined by approximately half from 1995 (37 percent) to 2003 (19 percent). The most recent 2007 Youth Risk Behavior Survey (YRBS) found that high school smoking is holding at a lower rate of 18 percent even as tobacco industry expenditures on advertising and marketing has nearly doubled since 1998.

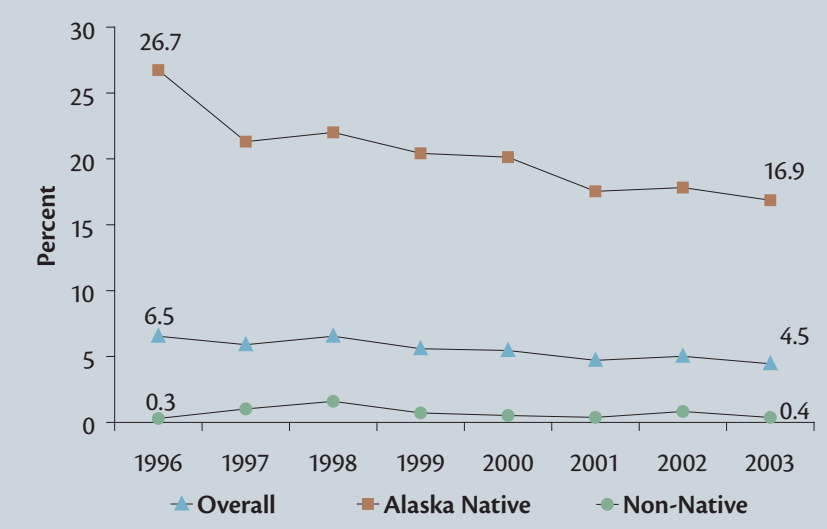
The overall Alaska youth smoking rate compares favorably to the national youth smoking rate of 23 percent (2005) although smoking among Alaska Native youth continues to exceed state and national averages. Reported smoking among Alaska Native youth declined from 44 percent in 2005 to 32 percent in 2007. The reported decline appears to reflect a meaningful reduction in smoking among Alaska Native youth.

Pregnant Women

There was a 37 percent decrease in the prenatal use of smokeless tobacco products among Alaska Native women delivering live-born infants between 1996 and 2003 (Figure 2).³

Figure 2: Prevalence of Prenatal Smokeless Tobacco Use by Race, Alaska, 1996-2003

Percent reporting prenatal smokeless tobacco use by birth year and birth certificate report of maternal race among women delivering a live-born infant.



Secondhand Smoke

“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 non-smoking adults.”

— U.S. Surgeon General Richard H. Carmona (June 2006)

U.S. Surgeon General Report on Secondhand Smoke

In June 2006, the U.S. Surgeon General released a comprehensive report finding that secondhand smoke kills approximately 50,000 non-smokers each year.⁴ Key report conclusions are: secondhand smoke has immediate adverse effects on the cardiovascular system and causes heart disease and lung cancer; secondhand smoke cannot be controlled by ventilation, air cleaning or mechanical air exchange; and peer-reviewed studies show that smoke-free policies and regulations do not have an adverse economic impact on the hospitality industry.

Alaska Communities Go Smokefree

In August 2006, the Anchorage Assembly enacted a comprehensive smokefree workplace ordinance, making all enclosed workplaces smokefree and providing protection for almost half of Alaska’s workers. This ordinance was supported by 72 percent of Anchorage voters in the April 2007 municipal election and took effect in July 2007. During FY07, local health agencies in Juneau continued work toward implementation of the city assembly-approved clean indoor air ordinance, to take effect in January 2008. Also in FY07, hospitals in many communities across Alaska continued the move to implement comprehensive tobacco-free campus policies, led by the example in the previous two years of SouthEast Alaska Regional Health Consortium, Central Peninsula General Hospital, Alaska Native Tribal Health Consortium and Southcentral Foundation.



Photo by John Callahan / Providence Health & Services Alaska

Providence Alaska Medical Center goes tobacco-free.

Richard H. Carmona U. S. Surgeon General Press conference — June 27, 2006



“Secondhand smoke is not a mere annoyance but a serious health hazard that causes premature death and disease in children and non-smoking adults.”



“There is no risk-free level of secondhand smoke exposure.”



“Smokefree environments are the only approach — the ONLY approach — that protects non-smokers from the dangers of secondhand smoke.”

Other Program Highlights

Changing Alaska’s Health Care Systems

In February 2007, six new Health System Cessation grants were awarded to:

- Ketchikan Indian Community Tribal Health Clinic
- Eastern Aleutian Tribes
- Alaska Island Community Services, Wrangell
- Tanana Chiefs Council/Chief Andrew Isaac Health Center, Fairbanks
- Maniilaq Association, Kotzebue
- Kodiak Area Native Association

The grants are designed to facilitate the identification and treatment of tobacco users, as well as improve the ability of health care centers to draw on private insurers and Medicaid for cessation treatment. These programs follow CDC-recommended best practices by building and integrating health systems to support asking and advising clients about tobacco use, and then referring them to cessation services, such as the Alaska Tobacco Quit Line.

Preventing Illegal Tobacco Sales to Children

The tobacco enforcement program continues to be successful in preventing illegal sales of tobacco products to children (Figure 3).

School-based Programs Get Started

The first-ever K-12 School Tobacco Prevention grants were awarded in FY07 with the goal of building a comprehensive tobacco prevention program. Five school districts representing seven communities — Juneau, Kashunamiut in Chevak, Lake & Peninsula in Nondalton & Chignik Lake, Sitka, and Yukon-Koyukuk in Allakaket & Nulatto — are participating. There is also a sixth school demonstration project in Nome, where the Nome Public School system is collaborating with the Nome Community Center.

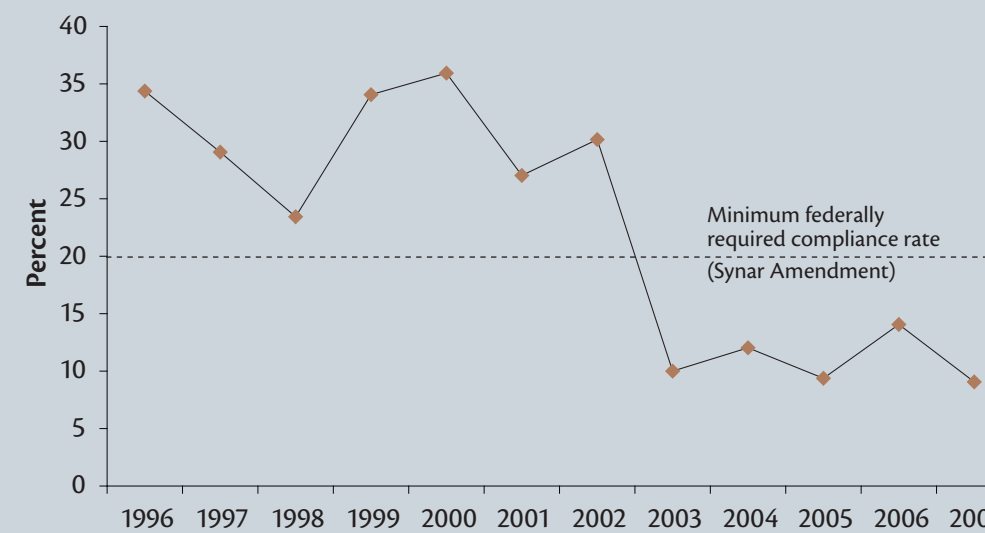
The Alaska Tobacco Quit Line



The Alaska Tobacco Quit Line provides statewide cessation services, including counseling and nicotine replacement therapy (NRT), and is available at no charge

to all Alaskans. An evaluation of the Quit Line completed in FY07 documented that, among those using the services, there was a high level of satisfaction (91 percent) as well as a high quit rate (39 percent). On-going efforts will tailor cessation services for specific populations around the state, including Alaska Natives, pregnant women, and rural populations.

Figure 3: Percentage of Alaska Vendors Found Selling Tobacco to Minors, 1996–2007



Source: Alaska Synar Compliance Database, 1996-2007.



A creative community effort to educate about tobacco-caused disease and death by the Bristol Bay Area Health Corporation in Dillingham.

References

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- ³ Perham-Hester, KA. Prenatal Smokeless Tobacco and Iq'mik Use in Alaska. *State of Alaska Epidemiology Bulletin* No. 28, October 10, 2007. Available at http://www.epi.hss.state.ak.us/bulletins/docs/b2007_28.pdf
- ⁴ The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. U.S. Department of Health and Human Services, 2006.



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