

ALASKA

Tobacco Prevention and Control Program



FY 2019
ANNUAL REPORT

Working to Create a Healthier Alaska

"We have more to do to help protect Americans from the dangers of tobacco and nicotine, especially our youth."

—Sylvia Burwell, Former Secretary, U. S. Department of Health and Human Services¹

Health begins where we live, learn, work and play—long before we need medical care. In Alaska we know health is more than something we get in hospitals and doctors' offices. It starts in our families, schools and workplaces, at our playgrounds, parks and in the air we breathe. The Tobacco Prevention and Control (TPC) Program mission is to coordinate and promote activities that help all Alaskans to live healthy and tobacco-free lives.²

The Tobacco Prevention & Control Program pulls from research to address four primary goals:²

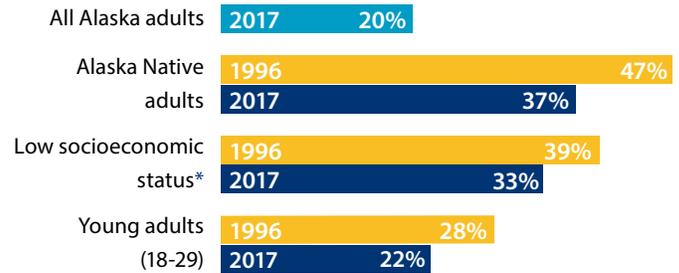
- Prevent youth from starting tobacco,
- Protect the public from secondhand smoke,
- Support people who want to quit tobacco,
- Give every Alaskan the opportunity to live a tobacco-free life.

The Program, partners and communities have worked together to make progress on these goals. As a result, Alaskans benefit from cleaner air in schools, on playgrounds, and at their jobs. More youth can look forward to a healthier future free of addiction to nicotine. Adults can find support to quit tobacco and start a healthier, smoke-free life.

A PREVENTABLE CAUSE OF DEATH

Tobacco use is the leading preventable cause of disease and death in the United States.³ Each year, smoking alone is linked to an estimated 700 deaths and \$575 million in health care costs in Alaska.⁴ 2 out of 3 Alaska

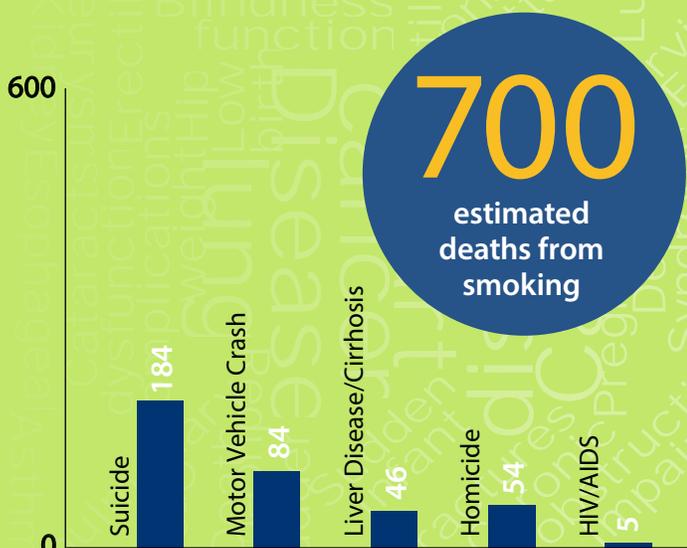
Adult smoking rates, select high risk groups, Alaska 1996 & 2017



Source: Alaska Behavioral Risk Factor Surveillance System, 1996 & 2017
*Non-Native adults, age 25-64, who have less than a high school education or whose household income is less than 185% of the federal poverty level.

smokers want to quit.⁴ Every year in Alaska, tobacco causes more deaths than suicide, motor vehicle crashes, chronic liver disease and cirrhosis, homicide, and HIV/AIDS combined.⁴ Smoking harms nearly every organ of the body, and breathing secondhand smoke can cause disease and death as well.⁵ E-cigarettes contain nicotine and other harmful chemicals,^{1,6} and smokeless tobacco products cause cancer of the mouth, esophagus, and pancreas and increase risk for death from heart disease and stroke.^{7,8}

Number of deaths due to selected causes per year in Alaska, 2013-2017⁴



RETURN on INVESTMENT

Because of declines in smoking since 1996, there are about 39,000 fewer Alaska adult smokers in 2017.⁴ This means Alaska will have 11,400 fewer deaths from smoking and avoid \$543 million in healthcare costs.^{4,8,9}

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Improved Health and Lower Medical Costs

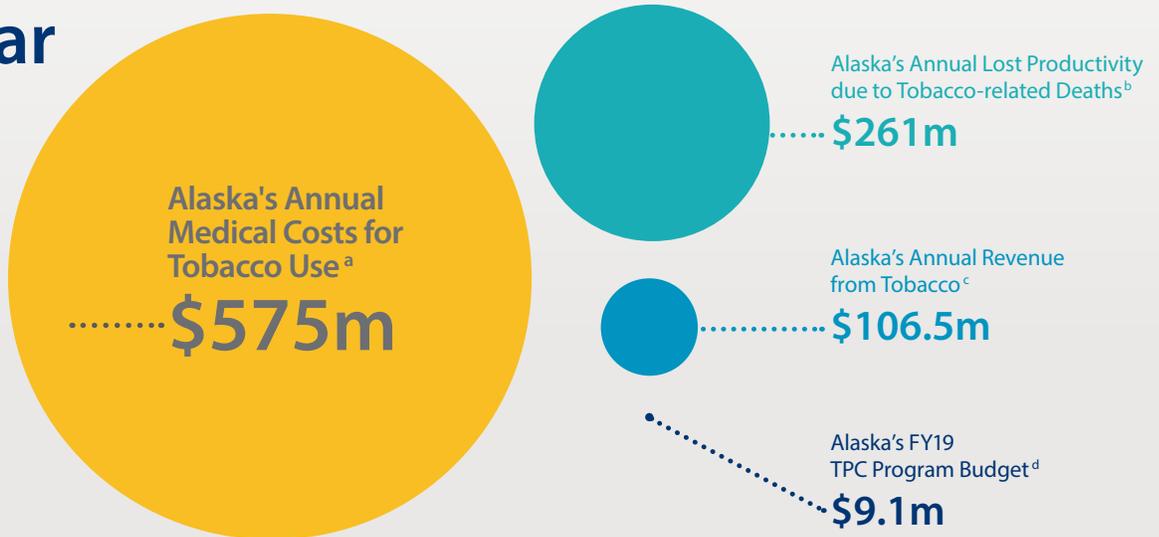
The Alaska Tobacco Prevention and Control (TPC) Program manages funding to reduce medical costs and lost productivity caused by health harms associated with tobacco use.⁴ While TPC has been able to maintain funding levels at or near the CDC recommendations, there have been decreases in Master Settlement and tax revenues

due to reductions in smoking.⁴ As a result, the Tobacco Prevention and Control Program has taken the initiative to reduce annual spending.⁴ While this action has improved the short-term sustainability of the fund, reduced funding in the long term threatens the capacity of TPC to continue to address tobacco use.⁴

COST OF TOBACCO USE, TOBACCO-DERIVED REVENUE, INVESTMENT IN TOBACCO PREVENTION (DOLLARS IN MILLIONS – m)

Fiscal Year 2019

The Centers for Disease Control and Prevention (CDC) has issued recommendations on the financial resources needed in each state to counter the aggressive marketing of tobacco products.²



a. Calculation based on CDC-revised smoking-attributable expenditures (SAE) method for 2014, reported in 2014 dollars.

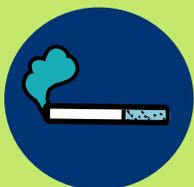
b. Calculation based on 2013-2017 average deaths using methods from CDC Smoking Attributable Mortality, Morbidity and Economic Costs program, updated to 2014 dollars using the Employment Cost Index.

c. Annual Revenue equals FY18 taxes on tobacco of \$55.5m (Revenue Sources Book, Fall 2018), plus FY18 Master Settlement Payment of \$51m (Kaiser Foundation, Annual Tobacco Settlement Received by State).

d. Alaska Tobacco Prevention and Control Program. *TPC Budget, FY19*. Internal document. Accessed March 11, 2020.

A LOOK at the NUMBERS

Each year, smoking alone is linked to an estimated 700 deaths and \$575 million in healthcare costs in Alaska.⁴ The TPC coordinates the efforts of local and national partnerships, and ensures efficient use of financial and other resources dedicated to tobacco prevention and control. The TPC Program's mission is to coordinate and promote activities that help Alaskans live healthy and tobacco-free lives. Supporting communities to make decisions on these topics has been an important part of the Program's work. These efforts help save Alaskan lives and dollars, as evidenced through years of improved outcomes.⁴



20%

of Alaska adults smoked in 2017, down from 28% in 1996⁴



10%

of Alaska youth smoked in 2017, down from 37% in 1995⁴



64%

reduction in annual cigarette packs sold per adult (46 packs in 2017 compared to 129 in 1996) – or 551 million fewer cigarettes sold in Alaska in 2017⁴



93%

of adults believe secondhand smoke is harmful⁴

Protecting Health through Smokefree Workplaces

“While Alaska has made great strides in tobacco prevention, and thousands of lives have been saved, there is still much work to do.” — Marge Stoneking regarding the American Lung Association in Alaska

A person’s job shouldn’t be hazardous to their health. Years of science have proved breathing secondhand tobacco smoke can cause heart disease, stroke, and cancer in non-smokers.^{10, 8} In Alaska, **9 out of 10 adults** recognize that breathing secondhand smoke is harmful to one’s health.⁴ As a result of the Smokefree Workplace Law passed in October 2018, more Alaskans will be protected from exposure to secondhand smoke and aerosol in their workplaces and public places.

The Smokefree Workplace Law has improved air quality for Alaskans across the state, and protects their right to breathe clean air in their workplaces,¹¹ but it doesn’t fully address secondhand smoke in all public places, such as schools campuses, hospital campuses, parks, apartment complexes, and community events. The State of Alaska TPC and their network of community partners provide education and assistance for protection from secondhand smoke in areas where people spend most of their time. While the law primarily covers indoor workplaces, TPC and partners are working in priority areas to expand protections to frequented outdoor areas. College campuses, for example, are not covered in the law but are still living and working areas for students, staff, and faculty. A smoke- and tobacco-free policy for a campus protects the health of these individuals, while reducing the influence of tobacco on young adults, during a time in their lives when they are likely to start using tobacco.¹² Comprehensive smoke-free laws improve public health by



reducing the public’s exposure to secondhand smoke and helping smokers quit or reduce their consumption,¹⁰ and may prevent youth from taking up smoking by making smoking less socially acceptable.¹² These policies also create welcoming environments for all to work in and enjoy.

VENTILATION is NOT the SAME as SMOKEFREE

There is no substitute for clean air. In 2006, The Surgeon General reported, “Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.”¹⁰ The American Society of Heating, Refrigeration, and Air Conditioning Engineers,¹³ which develops standards for building ventilation systems, similarly reported that ventilation and air-cleaning technologies cannot control the risks of indoor environmental tobacco smoke exposure, and that the only effective way to eliminate those risks is to ban smoking.^{10, 13}

LUNG CANCER SCREENING LEARNING COLLABORATIVE

Four out of five lung cancer deaths in the US are caused by smoking.¹² Screening has the ability to detect cancer early, when it is most treatable and survivable. However, not all tobacco users are appropriate for lung cancer screening. This type of screening can result in potential harms, such as positive test results that require further procedures but end up not being cancer, so it is important that only the people at highest risk get screened.¹⁵ Reports from the American College of Radiology’s Lung Cancer Screening Registry showed that Alaska could improve its efforts to screen only this highest risk group.¹⁶ In addition, many patients who were screened for lung cancer were not offered tobacco cessation services,¹⁷ which is a missed opportunity to help someone to quit.

In an effort to improve the quality of lung cancer screening in Alaska, the Tobacco Prevention and Control Program joined forces with the Comprehensive Cancer Control Program and the American Lung Association to organize a Lung Cancer Screening Learning Collaborative. The Learning Collaborative model is based on the *Institute for Healthcare Improvement’s Breakthrough*

*Series*¹⁸ and its goal is to improve the quality of lung cancer screening programs in Alaska in order to decrease the number of Alaskans who die from lung cancer.

The Learning Collaborative hosted a one-day training in November 2019, where health care providers from across the state learned about best practices for lung cancer screening and follow-up that follows national guidelines. With guidance from clinicians at the Alaska Native Medical Center and the Alaska Heart and Vascular Institute, the team surveyed lung cancer screening programs to better understand the challenges and barriers they face, as well as their different program structures and staffing. Results from the survey were shared with Learning Collaborative attendees, which led to robust open discussion. During the training, attendees learned where to access proven methods to help people quit all forms of tobacco products. This newly formed partnership plans to host subsequent Learning Collaborative meetings focused on how to engage primary care providers and raise public awareness.

(See figure on page 4 for pre and post collaborative survey results.)

Alaska's Tobacco Quit Line Services



Counseling and medication are both effective for treating tobacco dependence, and using them together is more effective than using either one alone.¹⁹

The majority of Alaska smokers want to quit, and more than half attempted to quit in the past year.⁴ However, not every attempt to quit is successful, and many tobacco users face the challenges of nicotine addiction.²⁰

Alaska's Tobacco Quit Line is ready and available to help those who want to quit using tobacco of any kind. All Alaskan adults are eligible for services, at no cost to the individual. The service is confidential, tailored to each person, and is proven to be more effective than trying to quit without help.¹⁹ In a survey of Alaska's Quit Line participants, 4 out of 5 of respondents said they were satisfied with the service.²¹

Alaska's Tobacco Quit line offers:

- Personal coaching
- Patches, lozenges or gum (Nicotine Replacement Therapy)
- Materials and resources
- Accessibility by phone, web or text
- Translation services

Not all tobacco users experience the same challenges. Alaska's Tobacco Quit Line uses a tailored approach to support each client based on their specific needs.

ENHANCED QUIT LINE SERVICES

Quit For Life Text Enrollment will be available through Alaska's Tobacco Quit Line, starting in January 2020. This enhanced service will allow participants to text the quitline to enroll and answer the intake questions.

Quit For Life Program For Pregnant Women is designed to help women navigate challenges with nicotine addiction during pregnancy and through breastfeeding. Mothers are connected with qualified quit coaches that can help them successfully quit using tobacco during pregnancy and after childbirth.

Providers can now enroll their patients. Preauthorization forms are now available for providers. This allows providers to preauthorize patches, lozenges and/or gum for patients who take prescription medications. Providers can fax information from the patient's electronic health record to the quitline to enroll the patient for services and bypass intake questions. Quit coaches begin counseling with the first call.

If you know someone who wants to quit tobacco, encourage them to contact **Alaska's Tobacco Quit Line** at **(800) QUIT-NOW, (800) 784-8669**, or visit www.alaskaquitline.com.

ALASKA'S QUIT LINE TESTIMONIALS

The following is a sampling of compliments received from participants to the Alaska Tobacco Quit Line from July to September of 2019:

"The coach I spoke to helped me set up a plan to get rid of all my tobacco products and lighters."

"Your somewhat persistent calling really did help."

"Very polite, professional and informative communication."

"So friendly and polite. Great program, thank you."

LUNG CANCER SCREENING LEARNING COLLABORATIVE PARTICIPANT SURVEY RESULTS*

■ pre-survey
■ post survey



Confident in ability to implement quality improvement effort in their lung cancer screening program



Know someone to reach out to when challenged in their lung cancer screening program



Can explain to a colleague what appropriate tobacco cessation counseling is



Can explain to a colleague why the lung cancer screening guidelines are important

(See story on page 3 about the Lung Cancer Screening Learning Collaborative.)

* Learning Collaborative participant responses rated somewhat agree or strongly agree¹⁷

Tobacco Taxes Help Reduce Consumption and Youth Smoking

Youth Cigarette and E-Cigarette Use

E-cigarettes are not taxed and are heavily marketed to youth, reversing years of progress.

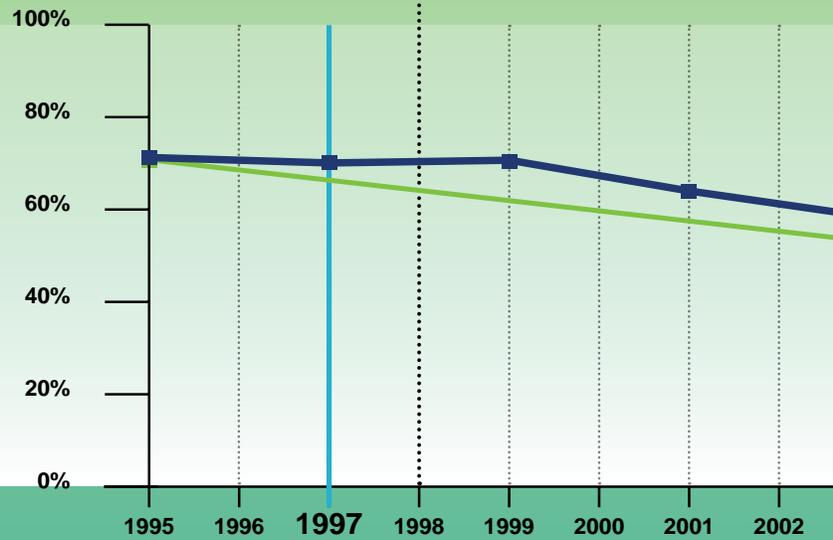
Alaska joins the Tobacco Master Settlement Agreement, restricts tobacco sales to those under 19 years of age.

Percent of Youth Who Ever Tried Cigarette Smoking*

- National
- Alaska

Percent of Youth Who Ever Tried E-Cigarettes

- National
- Alaska



Adult Cigarette Consumption

The number of cigarette packs sold per adult in Alaska has dropped 64.4% since 1996. This translates to 551 million fewer cigarettes sold in Alaska in 2017 than in 1996.

New Tobacco Taxes - Not including E-cigs
 \$1 per cigarette pack
 75% wholesale tobacco products

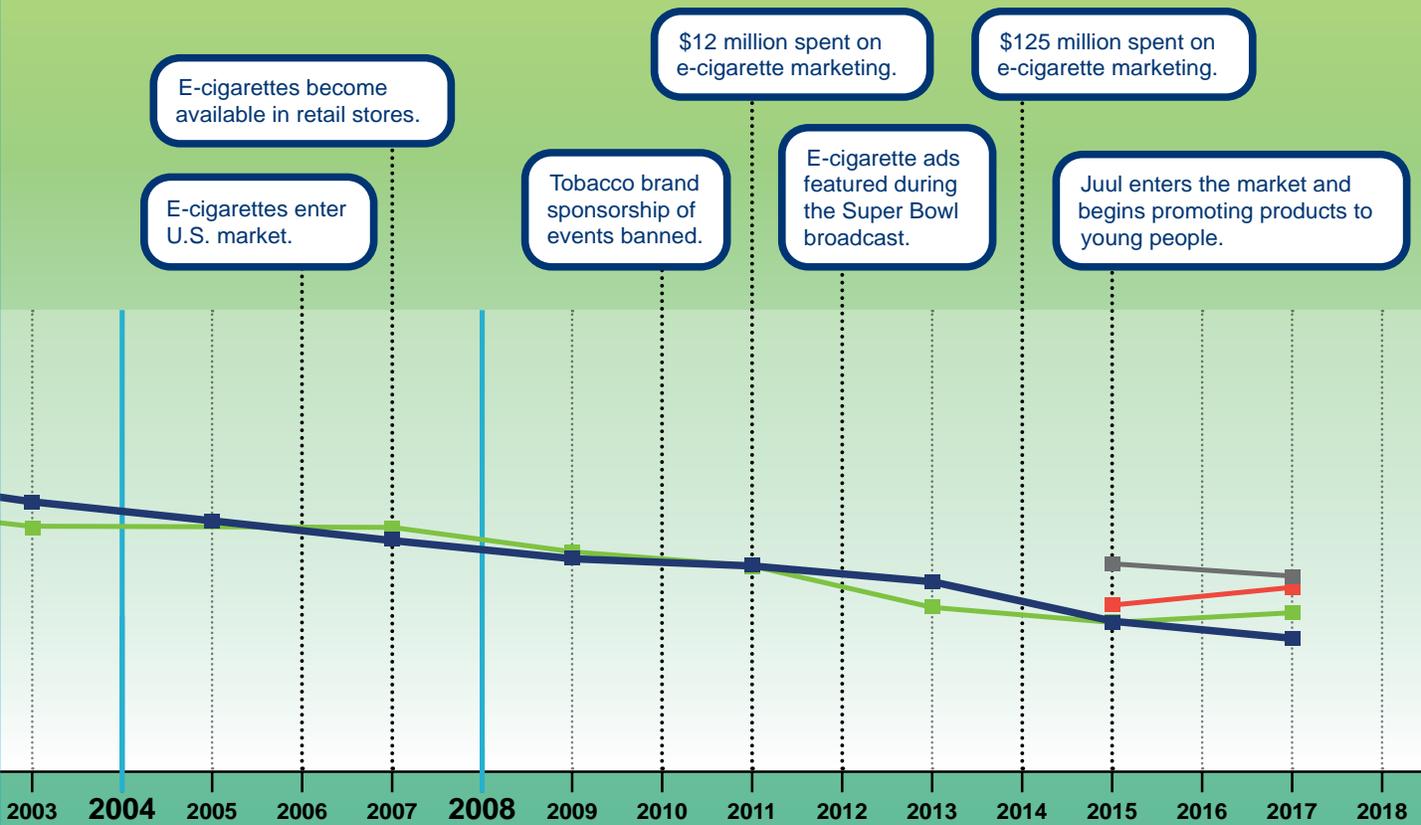
Cigarette Packs Per Adult

- Alaska

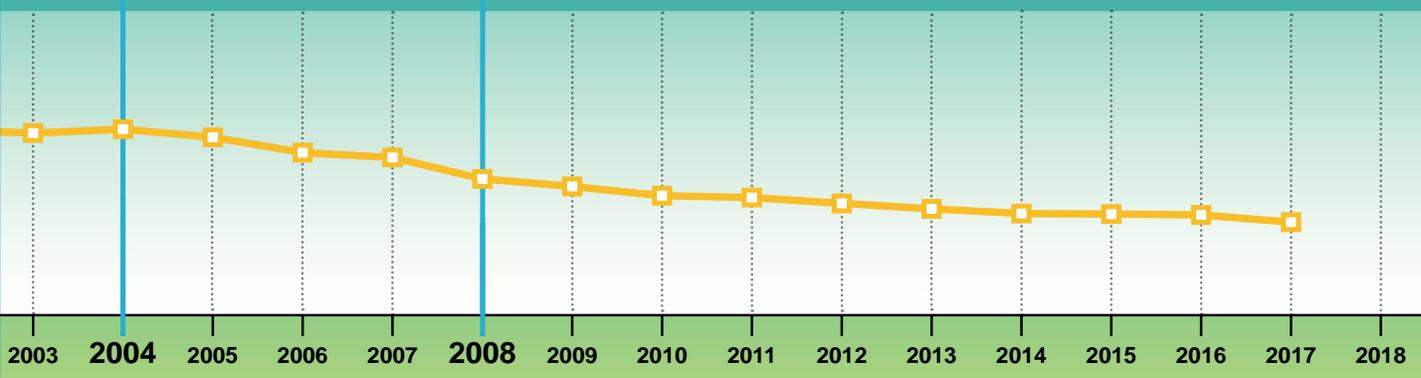


*Cigarette smoking, not including e-cigarettes.

e Adult Cigarette Smoking.



Increased Tobacco Taxes
 Tobacco tax increased to \$2 per pack over 3 year period.



Youth Tobacco Use in Alaska

*“Nicotine is uniquely harmful to the young, developing brain. We know that the brain continues to develop up to the age of 25. For the developing brain, [nicotine] can cause learning, attention and memory problems and it can prime the brain for future addiction.” — Jerome Adams, Surgeon General, 2018*²²

E-cigarette use among youth has been increasing nationwide and was deemed an epidemic by the Surgeon General in December 2018.²³ In 2017, 40% of Alaska high school students reported that they have tried an e-cigarette.⁴

Scientists are still studying e-cigarettes, and some of the long-term health effects are unknown.¹ Some e-cigarette ingredients include nicotine; ultrafine particles that can be inhaled deep into the lungs; flavorants such as diacetyl, which is a chemical linked to serious lung disease; volatile organic compounds such as benzene, which is found in car exhaust; and heavy metals such as nickel, tin, and lead.⁶

Teens are more sensitive to nicotine, and are more easily addicted than adults.⁶ Nicotine can harm the brain as it develops which continues until about age 25, alter cell functioning, and cause lifelong addiction.¹ A national survey found that 87% of adults who smoke daily had tried cigarettes by the time they were 18 years old, and 98% tried smoking by 26 years old.⁸

School administrators frequently request information on the harms of e-cigarettes, how to identify e-cigarette devices, how to address vaping in schools, and local and statewide youth tobacco laws.^{11, 24} TPC and its partners provide support to school districts on how they can structure school policies to address all forms of nicotine use. This support includes presentations to administrators, school nurses, and teachers on best practices for developing, implementing, and enforcing tobacco-free policies.

Parents should be aware that e-cigarettes are not harmless.⁶ Alaska’s Youth Access Law²⁴ was updated in 2019 to include e-cigarettes as a tobacco product, making it illegal for retailers to sell to anyone under the age of 19. Increasing the age to purchase tobacco is an evidence-based strategy to reduce youth tobacco use.³⁶ Interventions like this one can have even more impact when combined with other best practices to prevent youth from using tobacco, such as increasing the price of tobacco products.⁸

WHAT ALASKA COMMUNITIES CAN DO TO PROTECT YOUTH and YOUNG ADULTS:

Increase the prices of cigarettes and other tobacco products²⁵



- Youth are more responsive to price increases due to their lower incomes²⁶
- E-cigarettes aren't included in statewide tobacco product taxes²⁷
- Many Alaska communities have local e-cigarette taxes.²⁸

- Most adult daily smokers started smoking in their teens¹²
- Encourage compliance with the new federal legal minimum age to purchase tobacco of 21
- Support tobacco-free campus policies²⁹
- Support K-12 school district policies that include alternatives to suspension for students who use tobacco products.³⁰



Restrict youth and young adult access to tobacco products²⁵

Restrict access to flavored tobacco and e-cigarette products³¹



- Flavored tobacco products are especially appealing to young people³²
- An estimated 80% of tobacco users age 12-17 use flavored tobacco products.³³

EXAMPLES of BEST PRACTICES put into ACTION in ALASKA

Youth Engagement

Engaging youth in tobacco control is recommended as part of CDC's best practices for state TPC programs.^{34,35} TPC partners with RurAL CAP to educate and empower youth. RurAL CAP's Teen Ambassador Program, called Youth Encouraging Alaskans' Health (YEAH), promotes peer-to-peer tobacco education and prevention among Alaska youth. Teen Ambassadors visit schools and coordinate community education events to raise awareness about tobacco and nicotine use. Among their campaigns for 2019, ambassadors reached audiences of more than 300 individuals statewide. For more information on the Teen Ambassador Program or how to get involved: <https://ruralcap.com/yeah/>.



Tobacco21

Tobacco 21 refers to raising the age for legal purchase of all tobacco and nicotine products to 21. This includes cigarettes, smokeless tobacco and electronic nicotine vapor products. Tobacco 21 policies improve the health of youth and young adults by reducing smoking-related illnesses, as well as substantially reduce smoking-related deaths over time.³⁶ In recent years, Anchorage and Sitka joined over 500 cities and 18 states nationwide that had passed a Tobacco 21 policy.³⁷ On December 20, 2019, Tobacco 21 became a federal law and raised the tobacco purchasing age to 21 nationally.³⁸ To support implementation of this law, communities can update local ordinances to include enforcement, provide penalties that focus on retailers rather than youth or non-management employees, and require appropriate signage.³⁹ Enforcement at the community level can support compliance with the Tobacco 21 law.

Alternative to Suspension

Rather than suspending or fining students for nicotine or tobacco use on school campuses, schools can prevent youth tobacco use by using alternative to suspension programs to help youth learn about the harms of tobacco use and nicotine addiction in a supportive environment while also supporting their success in school.³⁰ INDEPTH (Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health) is the American Lung Association's alternative to suspension program.⁴⁰ In INDEPTH, trained program facilitators help youth analyze their personal tobacco use and nicotine dependence, as well as explore healthy alternatives.⁴⁰ INDEPTH was piloted at 11 schools across the nation, including 2 schools in Alaska. 60% of the students participating in the pilot said they were interested in quitting nicotine after completing the program.⁴¹

PROTECTING YOUTH: A SURVEY OF OVER 3,400 ALASKA ADULTS STATEWIDE SHOWED SUPPORT OF THESE THREE YOUTH ACCESS STRATEGIES:⁴²

59%

Support raising the legal age to purchase tobacco products to 21

21+

64%

Support increasing taxes on tobacco products

\$

51%

Support restricting sales of flavored e-cigarette products



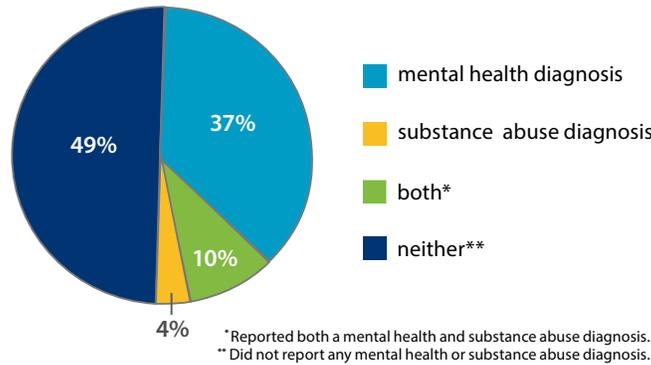
ENGAGE BEHAVIORAL HEALTH PARTNERS to REDUCE TOBACCO USE

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that providing help to quit tobacco during substance use disorder treatment, did not interfere with an individual's recovery.⁴³ In fact, those in tobacco use treatment had better outcomes for drug free days and abstinence.⁴⁴

One in ten Alaska adults reports poor mental health.⁴⁵ Alaska adults with poor mental health are nearly twice as likely to smoke as those without poor mental health. TPC is working with behavioral health providers and community partners to improve access to evidence-based tobacco cessation interventions for adults experiencing mental health and/or substance abuse challenges. Over half of FY2019 quitline enrollees reported ever being diagnosed with a mental health or substance abuse condition.⁴⁶

In August 2019, the Alaska Leadership Summit on Behavioral Health and Tobacco Use was hosted by the Smoking Cessation Leadership Center (SCLC), with financial and technical support from the SAMHSA and the CDC's National Behavioral Health Network (NBHN). These national

Over half of this year's callers to Alaska's Tobacco Quit Line had ever been diagnosed with a mental health or substance abuse condition.



organizations brought together 40 participants from communities throughout Alaska, including representatives from the Alaska Division of Public Health and Division of Behavioral Health, as well as decision-makers in healthcare and nonprofit organizations working with adults who experience mental health or substance use challenges. The goal of

the summit was to create a collaborative action plan to decrease smoking in this population.

In order to align strategies among state, local, and tribal agencies, summit participants formed three workgroups: Policy Implementation, Health Systems Change, and Education. Summit participants committed to a five-year plan to reduce smoking prevalence among adults in Alaska with poor mental health, and among those who binge drink.

The three workgroups will collaborate to educate and provide resources to providers, improve tobacco cessation referral processes in healthcare organizations, and address barriers to cessation for adults experiencing mental health or substance misuse challenges.



Smokefree workplaces make healthier communities.

ALASKA'S TOBACCO QUIT LINE
1-800-QUIT-NOW

Above images — Top from left: Zabeeda from ywca; Healthy Lung poster by Southeast Prevention Services; JoAnne Zito-Brause celebrates the signing of the Smokefree Workplace Law; 4th of July Fun Day. Bottom from left: 2019 YEAH youth group; Smokefree Workplace/Alaska's Tobacco Quit Line Ad.

Front cover image, courtesy Shayla Compton: 2018 YEAH Summit participants conducting a tobacco litter cleanup at the University of Alaska-Fairbanks.



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Additional sources, as requested.

State of Alaska
Michael J. Dunleavy, Governor

Department of Health and Social Services
Adam Crum, MSPH, Commissioner
Anne Zink, MD, FACEP, Chief Medical Officer

Division of Public Health
Heidi Hedberg, Director

April, 2020



PARTNERS IN TOBACCO PREVENTION ACROSS ALASKA



NORTHERN



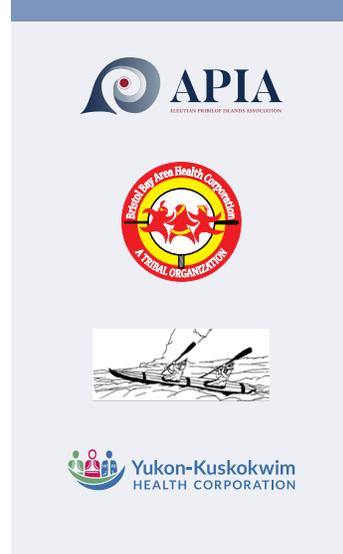
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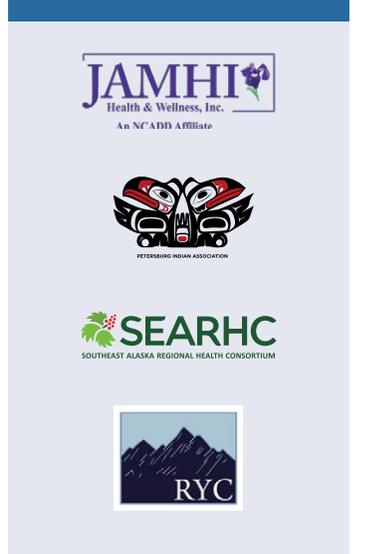
SOUTHCENTRAL



SOUTHWEST



SOUTHEAST



STATEWIDE PARTNERS AND GRANTEES

