



TOBACCO USE

TARGETING THE NATION'S LEADING CAUSE OF PREVENTABLE DEATH

2009

Success Stories

Alaska

Rates of tobacco use, both cigarettes and spit, have historically been higher in Alaska than in the rest of the nation. These rates are especially pronounced in the Alaska Native population, which has significantly higher rates of tobacco use than whites and other racial or ethnic groups in the state. Tobacco use costs the state more than \$148 million in lost productivity and more than \$132 million in health care costs annually.

To address this health problem, the Alaska Department of Health and Social Services has implemented a comprehensive tobacco control program based upon CDC's *Best Practices for Comprehensive Tobacco Control Programs—2007*. Program components include countermarketing, community-based programs, youth and school programs, eliminating exposure to secondhand smoke, eliminating health disparities, cessation, and evaluation. The program includes a free quitline for all Alaskans (1-888-842-QUIT) that includes individualized quit plans, personal quit coaches, and nicotine replacement therapy. Thousands of Alaskans have called the quitline since it was established in 2002, and a 2007 study documented a 40% quit rate.

Program components have been implemented in partnership with the Alaska Tobacco Alliance, local tobacco prevention and control coalitions, nonprofit and Alaska Native organizations and individuals, and schools, with support from legislators and local governments who have supported tobacco-use prevention efforts.

Alaska has seen progress as a result of its efforts. Data from the 2008 Alaska Behavioral Risk Factor Surveillance System, showed a significant reduction in tobacco use. The percentage of adult smokers in Alaska has declined by one-fifth since 1996 to 21.5% in 2007. This figure represents more than 27,000 fewer smokers and is expected to result in almost 8,000 fewer

tobacco-related deaths and \$300 million in averted medical costs. The data indicate that smoking is declining among adults in most age groups and regions of the state. Although smoking rates are still high among Alaska Native adults, they have dropped significantly among Alaska Native youth.

These decreases in smoking rates demonstrate the effectiveness of Alaska's comprehensive program. Reducing tobacco use in the Alaska Native population has long been a serious public health challenge, and any progress toward reducing prevalence rates in this population is a clear and measurable accomplishment. The recent increase in the Alaska program's funding demonstrates the support in state government for tobacco control programs that are proven to be effective.

Navajo Nation

Commercial tobacco-use prevalence rates are much higher in American Indian and Alaska Native populations than in the U.S. population as a whole. Some tribes have prevalence rates as high as 40%. However, efforts to reduce commercial tobacco consumption must be implemented in a culturally sensitive way to distinguish traditional or ceremonial use from commercial use.

The Navajo Nation Council proposed the Navajo Nation Commercial Tobacco-Free Act of 2008, which prohibited all commercial tobacco use, including cigarettes, pipes, cigars, and smokeless tobacco. The legislation would have made all "public places, places of employment, and shared public airspace within the Navajo Nation" 100% commercial tobacco-free.

The Tribal Council passed the legislation without proposed amendments that would have weakened it by exempting casinos, resorts, sporting arenas, and golf courses. However, the legislation was vetoed by the Navajo Nation president, and a subsequent attempt to override the veto was unsuccessful.





Although the legislation did not pass, the effort focused attention on commercial tobacco use in the Navajo Nation and possibly throughout other sovereign tribal nations. The partners who came together for this effort plan to try again in the future.

New York

More than 25,000 New Yorkers die from tobacco use each year, and the state annually incurs more than \$8 billion in medical costs related to tobacco use. In response, the New York Tobacco Control Program (NYTCP) established several ambitious goals, endorsed by the governor, to achieve by 2010—1 million fewer smokers, an adult prevalence rate of 14%, and a youth prevalence rate of 10%. Reaching these goals will require a comprehensive, evidence-based tobacco-control effort that focuses on sustaining funding and infrastructure.

According to CDC's *Best Practices*, the State of New York should be funding its tobacco control program with \$254.3 million each year. Although tobacco control funding in the state falls short of this recommendation, New York has seen an impressive increase in recent years—from \$32.5 million in 2000 to \$85.5 million in 2007. How did New York achieve such an increase—and sustain it—at a time when so many states have seen budgets drastically reduced?

NYTCP began requiring funded community partners to implement sustainability plans and to report on their activities. These sustainability activities include monthly communication with local legislators, including in-person office visits, as well as outreach to the media through letters to the editor and personal stories from those affected by tobacco use. The Center for a Tobacco Free New York and its partners also aggressively advocated for increases in the tax on tobacco products to bring funding for the statewide program closer to CDC-recommended levels. Independent evaluation reports of the statewide program have been published annually for the past 4 years, and the results of the program's effectiveness are shared widely with legislators and other decision makers.

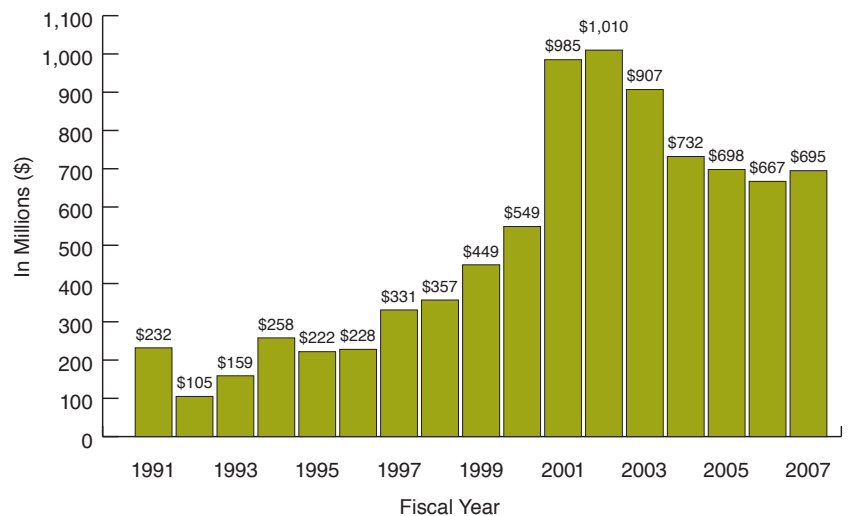
Through these efforts, NYTCP and its partners—national tobacco control experts, independent

evaluators, state-funded community representatives, policy makers, and the public—have been successful in repeating simple and direct key messages:

- Tobacco use is an epidemic that adversely affects every community in the state.
- Tobacco control works. New York is effectively implementing evidence-based interventions that get results. Prevalence in New York is lower than the national average—18.2% for adults and 16.2% for high school students.
- Evidence demonstrates that the longer states invest in comprehensive tobacco control programs the greater the impact. These programs also become more cost-effective over time.
- A huge unmet need exists, which can be better addressed with more financial resources.

In New York, tobacco is an \$8 billion problem—with a \$250 million solution.

Total Funding for State Tobacco Control Programs*



* Adjusted to April 2008 dollars.

Sources: ImpacTeen Project, CDC's Office on Smoking and Health, RTI International, Campaign for Tobacco-Free Kids, University of Illinois at Chicago, University of Buffalo.