

# ● core messages

The following are the key tobacco prevention-related messages developed for Alaska. To make your case for tobacco prevention and cessation successful, it is important to stay on message and be consistent.

You do not need to deliver these messages verbatim; however, it is most effective when they are conveyed in every interaction, whether in face-to-face interviews, public speaking opportunities or written communication.

Unless footnoted, all data are from Alaska Tobacco Facts 2015: [http://dhss.alaska.gov/dph/chronic/documents/tobacco/PDF/2015\\_aktobacco\\_facts.pdf](http://dhss.alaska.gov/dph/chronic/documents/tobacco/PDF/2015_aktobacco_facts.pdf).

## Table of Contents

- **Protecting Alaskans From Exposure to Secondhand Smoke**
  - Impact on Alaskans 1
  - Policies to Protect Alaskans 2
- **Tobacco Use/Impact**
  - Tobacco in Alaska 3
  - Youth Initiation 4
  - Cessation 5
  - Disparities in Tobacco Use and Impact 5
  - Smokeless Tobacco Use in Alaska 6
- **Tobacco Prevention**
  - Tobacco Prevention in Alaska 7
  - Tobacco Prevention Works 8
- **E-Cigarette Core Message**
  - Background on E-cigarettes 10
  - Alaska E-cigarette Use 10
  - Federal Regulation 11
  - Health Impacts and Safety 11
  - Secondhand Aerosol 12
  - Clean Indoor Air Policies 12
  - Cessation 13
  - Impact on Youth / Youth Initiation 13
  - Unrestricted Marketing 14

# ● core messages

## Tips for Successful Message Delivery

Add information, statistics and stories specific to your community or region. Regional fact sheets are available. Contact your grant program manager for more information.

Please write and speak with your audience in mind, address how your issue aligns with their values and interests, the information they need, the barriers that exist and the action you'd like them to take.

Always look for a human-interest angle to help personalize the story: "How does this new policy affect (Name)? How has she/he benefitted?"

Never miss the opportunity to add this big-picture message:

**“While Alaska has made great strides in tobacco prevention, and thousands of lives have been saved, there is still much work to do.”**

## Protecting Alaskans From Exposure to Secondhand Smoke

### Impact on Alaskans

*The evidence on the health risks associated with exposure to secondhand smoke is clear. Yet many Alaskans continue to be exposed, which leads to heart disease, other illnesses and death.*

- There is no risk-free level of secondhand smoke exposure. Even brief exposure can be dangerous.<sup>1</sup>
- Tobacco smoke contains more than 7,000 chemicals and compounds, including hundreds that are toxic and at least 69 that cause cancer.<sup>2</sup>
- Since 1964, approximately 2.5 million U.S. nonsmokers have died from health problems caused by exposure to secondhand smoke.<sup>3</sup>
- Exposure to secondhand smoke has an immediate adverse impact on the cardiovascular system, damaging blood vessels, making blood more likely to clot and increasing the risks for heart attack and stroke.<sup>1</sup>
- Nonsmokers who are exposed to secondhand smoke at home or work increase their heart disease and lung cancer risk by up to 30 percent.<sup>1</sup>
- Approximately 14,400 Alaska children are exposed to secondhand smoke in their homes each year.
- In 2014, approximately 21,000 Alaska adults who worked primarily indoors were exposed to secondhand smoke in the workplace.

# ● CORE messages

## **Policies to Protect Alaskans**

***One-hundred percent smokefree environments are the only way to completely protect nonsmokers from the harm of secondhand smoke. Alaskans support smokefree air, and every Alaskan deserves the right to breathe smokefree air.***

- Nearly all Alaska adults (92 percent) say secondhand smoke is harmful to one's health, and 88 percent agree people should be protected from secondhand smoke.
- Less than 50 percent of Alaskans live in a community protected by a comprehensive clean indoor air policy.<sup>4, 5</sup>
- Eliminating smoking in indoor spaces is the only way to fully protect Alaskans from secondhand smoke exposure. Separating smokers from nonsmokers, cleaning the air and ventilating buildings do not eliminate secondhand smoke exposure.<sup>1</sup>
- Alaska municipalities have varying levels of governance, with some areas overlapping others. Not all communities have the authority to eliminate smoking indoors. Smokefree policies do not harm business.<sup>6, 7</sup>
- In Anchorage, where a smokefree workplace policy protects all workplaces including restaurants and bars, 95 percent of all adults and 85 percent of smokers reported visiting hospitality venues as often or more often since smoking is not allowed.
  - One in five adults in Anchorage (19 percent) reported going more often to these establishments, since becoming smokefree.<sup>8</sup>

## Tobacco Use/Impact

### Tobacco in Alaska

*Reducing the use of tobacco in Alaska will dramatically improve the health and well-being of Alaskans and will help the state's economy.*

- Tobacco use remains the leading cause of preventable death in Alaska, causing nearly 600 deaths each year.
  - In 2012, 15% of all deaths in Alaska were caused by tobacco use.<sup>9</sup>
  - Tobacco use causes more deaths each year in Alaska than suicide, motor vehicle crashes, chronic liver disease and cirrhosis, homicide and HIV/AIDS combined.
- In 2012, tobacco use cost Alaskans an estimated \$769 million in:
  - Direct medical costs (\$538 million) and
  - Lost productivity (\$231 million).
- In 2014, 20 percent of Alaska adults were smokers and 5 percent used smokeless tobacco.
- In 2015, 11 percent of Alaska high school students smoked and 12 percent used smokeless tobacco.<sup>10</sup>

# ● CORE messages

## Youth Initiation

***Although tobacco use among Alaska’s high school youth has declined since 1995, we have seen no progress in youth smoking rates since 2013 and far too many youth still use smokeless tobacco and other tobacco products. Prevention and education efforts are necessary as long as Big Tobacco continues marketing to kids.***

- Eleven percent of high school students in Alaska smoke, and 12 percent use smokeless tobacco.<sup>10</sup>
- Eighteen percent of high school students currently use e-cigarettes.
- The younger someone starts smoking, the harder it is to quit.<sup>11-15</sup> Over half (54 percent) of adult smokers in Alaska were smoking regularly by the time they were 17 years old.<sup>8</sup>
- Among current high school smokers in Alaska, 35 percent started smoking before age 13.<sup>10</sup>
- Youth are more susceptible to cigarette advertising and marketing than adults.<sup>16</sup> Tobacco companies spend \$10.5 billion on product promotion annually—that is more than \$1 million per hour to market cigarettes, and much of that marketing directly reaches and influences kids.<sup>17</sup>
- Smokefree and tobacco-free policies, along with increasing tobacco prices through taxes and other measures, are two strategies proven to help prevent youth from smoking and shows kids that tobacco use is not the norm.<sup>18-21</sup>

## Cessation

***Tobacco is highly addictive and is the leading cause of preventable death. Alaska is making progress in motivating tobacco users to quit—and helping them stay quit.***

- The number one thing tobacco users can do to improve their health and extend their lives is to quit.<sup>22, 23</sup>
- Seventy-one percent of Alaska’s adult smokers want to quit, and 61 percent have tried to quit within the past year. Counseling and medication are proven to work.<sup>24</sup>
- Alaska’s Tobacco Quit Line is available to all Alaskans, regardless of income or insurance coverage. Call 1-800-QUIT-NOW, or visit Alaskaquitline.com. It’s free. It’s confidential. And it works.

## Disparities in Tobacco Use and Impact

***Minority and economically disadvantaged populations suffer from tobacco-related diseases and die from them at higher rates than the general population.***

- About two in five Alaska Native adults currently smoke, compared to one in five non-Natives (42 percent vs. 17 percent).
- Alaska Native youth are almost three times as likely to be current smokers than non-Native youth (20 percent vs. 7 percent).<sup>10</sup>
- Alaska Native adults and non-Native adults with lower income and/or fewer years of formal education are more likely to be smokers.
- The tobacco industry disproportionately targets lower income and ethnic groups.<sup>25, 26</sup>
- Alaska adults with behavioral health conditions are more likely to smoke.<sup>27</sup>
- People with low incomes smoke more, suffer more, spend more and die more from tobacco use.<sup>28</sup>



# ● CORE messages

## Smokeless Tobacco Use in Alaska

***Tobacco use in all forms is harmful to health and to the economy. Tobacco prevention and control efforts in Alaska should address all forms of tobacco.***

- One in twenty (5 percent) Alaska adults are smokeless tobacco users.<sup>8</sup>
- Alaska Native adults are more likely to use smokeless tobacco than non-Native adults (15 percent vs. 5 percent).
- In Alaska, men use smokeless tobacco more than women (8 percent vs. 2 percent), and Alaska Native women are at least as likely to use smokeless tobacco as non-Native men (10 percent vs. 7 percent).
- Men who smoke are increasingly likely to use smokeless tobacco but do not appear to be switching to smokeless tobacco exclusively.<sup>29</sup>
- Seventeen percent of adults who use smokeless tobacco and 43 percent of Alaska Native smokeless tobacco users are using tobacco in the form of iqmik or Blackbull, an Alaska-specific smokeless tobacco variant. Iqmik is prepared by mixing tobacco leaf with the ash of burned birch fungus.
- The use of iqmik is disproportionately high in the Southwest region of Alaska, especially among women.<sup>30</sup>
- Thirteen percent of Alaska high school students use smokeless tobacco.<sup>8</sup>
- Alaska Native girls have a higher prevalence of smokeless tobacco use than non-Native girls (28 percent vs. 2 percent). Alaska Native boys have a higher prevalence of smokeless tobacco use than non-Native boys (32 percent vs. 9 percent).<sup>10</sup>

## Tobacco Prevention

### Tobacco Prevention in Alaska

*While Alaska has made great strides in tobacco prevention, and thousands of lives have been saved, there is still much work to do.*

- Alaska has made progress in reducing tobacco use among both youth and adults.
  - Among Alaska youth:
    - Smoking among high school students has decreased more than 70 percent, from 37 percent in 1995 to 11 percent in 2015.
    - The percentage of Alaska Native high students who smoke has also decreased by nearly 68 percent, from 62 percent in 1995 to 20 percent in 2015.
  - Among Alaska adults:
    - Cigarette consumption has declined 67 percent between State Fiscal Years 1996 and 2014 —503 million fewer cigarettes were sold in 2014 compared to 1996.
    - Adult smoking prevalence has declined from 28 percent in 1996 to 20 percent in 2014.
    - The decline in adult smoking between 1996 and 2014 has resulted in an estimated 38,700 fewer adult smokers and over \$517 million in healthcare cost savings in Alaska.<sup>31</sup>
- Two out of three smokers want to quit but struggle to break the addiction.<sup>8</sup>

*continued on page 8*

### *Tobacco Prevention in Alaska, continued*

- Due to high smoking prevalence, Alaska Native adults and youth, adults of low socioeconomic status, and adults with behavioral health needs are priority populations for tobacco control.
- Smokeless tobacco use is also a concern, especially in Southwest Alaska and among Alaska Native adults and youth.

### **Tobacco Prevention Works**

#### ***We have good evidence regarding what works to reduce tobacco use.***

- Comprehensive tobacco prevention and control programs use a combination of strategies that work together to change social norms and support the non-use of tobacco. Strategies include counter-marketing, tobacco price increases, smokefree places, restricting youth access to tobacco products, and cessation support for tobacco users.<sup>32</sup>
- Implementation of comprehensive tobacco control programs substantially reduces tobacco use.<sup>33</sup>
- Program resources are primarily focused on community interventions in an effort to effect policy change.
- To be effective, tobacco prevention and control programs should be comprehensive, funded at recommended levels and maintained over time.<sup>33</sup>

- **e-cigarette**  
**core messages**

**Overarching Statement**

**E-cigarettes are neither harmless nor healthy.**

***E-cigarettes are not approved by the FDA for smoking cessation, they are not regulated for safety, numerous studies raise concern for their negative impact on health, and the long-term health implications of e-cigarette use are unknown.***

## Background on E-Cigarettes

*E-cigarettes—also known as electronic nicotine delivery systems (ENDS), e-hookahs, hookah pens, vape pens, vaporizers, e-cigars and e-pipes—allow users to inhale a heated aerosol containing nicotine and other substances<sup>34</sup>, an activity commonly referred to as “vaping.”*

- There are more than 450 different brands of e-cigarettes on the market today, and e-cigarettes come in over 7,500 different flavors.<sup>35</sup>
- Several brands are owned by major tobacco companies, such as Mark Ten (Altria), “blu” (Imperial Tobacco) and “Vuse” (Reynolds American).

## Alaska E-Cigarette Use

*E-cigarette use in Alaska is higher among youth (18 percent) than smoking (11 percent)<sup>36</sup> and has grown significantly among adults.<sup>37, 38</sup>*

- Among Alaska adults, the prevalence of e-cigarette use has grown significantly from less than 1 percent in 2010 to 7 percent in 2014.<sup>37, 38</sup>
- In Alaska, the prevalence of e-cigarette use is higher among high school students, with 18 percent reporting current use of e-cigarettes in 2015.<sup>36</sup>

## Federal Regulation

***E-cigarettes are not approved by the FDA for smoking cessation, although they have issued a proposed rule to regulate them.***

- There are no federal regulations or quality control measures for e-cigarettes and their contents, which may vary widely.<sup>39, 40</sup>
- Some research indicates that e-cigarette nicotine levels differ from those claimed on the packaging.<sup>34</sup>
- E-cigarettes meet the FDA's legal definition of a tobacco product, and the FDA has issued a proposed rule to regulate them.<sup>41</sup>

## Health Impacts and Safety

***E-cigarettes have not been proven safe to use—research to date on their health effects show possible health harms and the need for further study.***

- Nicotine is a highly addictive drug<sup>42</sup> and most e-cigarettes contain nicotine. Some research indicates that e-cigarette nicotine levels differ from those claimed on the packaging.<sup>34</sup>
- Nicotine is toxic to developing fetuses and impairs fetal brain and lung development.<sup>42, 43</sup>
- Poisonings have resulted among users and non-users due to swallowing of nicotine liquid, absorption through the skin, and inhalation. Nationally, e-cigarette exposure calls to poison centers increased from one per month in September 2010 to 215 per month in February 2014, and over half of those calls were regarding children ages 5 and under.<sup>44</sup>
- Because the adolescent brain is still developing, nicotine use during adolescence can disrupt the formation of brain circuits that control attention, learning and susceptibility to addiction.<sup>43</sup>
- Short term use of e-cigarettes has been shown to impair lung function, resulting in difficulty breathing.<sup>45</sup>

## Secondhand Aerosol

*E-cigarette aerosol is not harmless “water vapor” and is not as safe as clean air.*<sup>46</sup>

- E-cigarettes generally emit lower levels of dangerous toxic elements than combusted cigarettes.<sup>47</sup> However, in addition to nicotine, **e-cigarette aerosols can contain propylene glycol, glycerin, flavorings, heavy metals, ultra fine particulate, and cancer-causing agents like acrolein.**<sup>48</sup> The long-term effects of exposure to these substances, even at low concentrations, are unknown.<sup>49</sup>
- Some e-cigarette manufacturers claim that the use of propylene glycol, glycerin, and food flavorings is safe because they meet the FDA definition of “Generally Recognized as Safe” (GRAS). However, **GRAS status applies to additives for use in foods, NOT for inhalation.** The health effects of inhaling these substances are currently unknown.

## Clean Indoor Air Policies

*It is imperative that comprehensive smokefree workplace policies, as well as smokefree homes and vehicles, include protection against secondhand e-cigarette aerosol.*

- E-cigarette emissions are not free of toxic elements and a case can be made that the public should be protected from secondhand aerosol.<sup>48, 50</sup>
- Prohibitions on e-cigarette use in indoor areas where conventional smoking is not allowed could:<sup>46</sup>
  1. Preserve clean indoor air standards and protect bystanders from exposure to secondhand e-cigarette aerosol.<sup>46</sup>
  2. Support tobacco-free norms.<sup>46</sup>
- Communities have come to expect clean indoor air. E-cigarette use threatens this standard and makes enforcement confusing.
- Instead of comparing aerosol from e-cigarettes to secondhand smoke, we should be comparing it to clean air.

## Cessation

***E-cigarettes are not approved by the FDA for smoking cessation and currently the evidence is insufficient to conclude that e-cigarettes are effective for smoking cessation.***<sup>34, 51</sup>

- Seven medicines are approved by the FDA for smoking cessation, and are proven safe and effective when used as directed. The effectiveness of such FDA-approved medications are enhanced when used in combination with counseling support programs, such as those held in local health services or through a quitline.<sup>51, 52</sup>
- Tobacco and e-cigarette users can access FREE quitting help and FDA-approved nicotine replacement therapy (NRT) by calling Alaska's Tobacco Quit Line at 1-800-QUIT NOW (1-800-784-8669) or logging on to [alaskaquitline.com](http://alaskaquitline.com).

## Impact on Youth/Youth Initiation

***The prevalence of e-cigarette use is higher among Alaska high school youth than adults. Youth e-cigarette use may increase nicotine addiction among young people and may lead kids to try other tobacco products.***

- The high rate of e-cigarette use is a cause for concern since nicotine is a highly addictive substance and may have harmful effects on developing adolescent brains.<sup>42, 53, 54</sup>
- New data are showing that e-cigarettes have the potential to addict youth to nicotine and increase their uptake of tobacco products.<sup>55</sup>
- In 2015, 18 percent of Alaska high school students use e-cigs compared to 11 percent of Alaska teens who currently smoke cigarettes.<sup>36</sup>
- In 2015, 34 percent of Alaska Hispanic high school students currently use e-cigarettes, compared to 18 percent in non-Hispanic white students.<sup>36</sup>
- Nationally, the use of e-cigarettes among youth more than tripled

# ● CORE messages

from 4.5 percent in 2013 to 13.4 percent in 2014.<sup>54</sup>

- Nationally, more youth reported using e-cigarettes than conventional tobacco products.<sup>54</sup>

## **Unrestricted Marketing**

***E-cigarette advertising is unrestricted. Marketing tactics mirror strategies used in the past by tobacco companies, which are no longer allowed because of its appeal to youth.***

- Although the advertisement of cigarettes has been banned from television in the United States since 1971, e-cigarettes are now marketed on television and other mainstream media channels.<sup>56</sup>
- E-cigarettes are aggressively marketed using similar tactics as those proven to lead to youth cigarette smoking. Tactics include: candy-flavored products; youth-resonant themes such as rebellion, glamour, and sex; celebrity endorsements; and sports and music sponsorships.<sup>57, 58</sup>
- In a randomized controlled trial, adolescents who viewed e-cigarette TV advertisements reported a significantly greater likelihood of future e-cigarette use compared with the control group. They were also more likely to agree that e-cigarettes can be used in places where smoking is not allowed.<sup>59</sup>
- Spending on advertising of e-cigarettes tripled each year from 2011 (\$6 million) to 2013 (\$82 million). Sales of e-cigarettes also increased dramatically over a similar period.<sup>57, 60, 61</sup>
- E-cigarette marketing has included unproven claims of safety and use for smoking cessation, and statements that they are exempt from clean air policies that restrict smoking.<sup>42</sup>
- These messages could undermine clean indoor air standards, smokefree policy enforcement, and tobacco-free social norms.<sup>46</sup>
- Visual depictions of e-cigarette use in advertisements may serve as smoking cues to smokers and former smokers, increasing the urge to smoke and undermining efforts to quit or abstain from smoking.<sup>62</sup>

# core messages

- <sup>1</sup> U.S. Department of Health and Human Services, Publications and Reports of the Surgeon General, in *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. 2006, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health: Atlanta (GA).
- <sup>2</sup> U.S. Department of Health and Human Services, *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*. 2010, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health: Atlanta (GA).
- <sup>3</sup> U.S. Department of Health and Human Services, Reports of the Surgeon General, in *The Health Consequences of Smoking: A Report of the Surgeon General*. 2004, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health: Atlanta (GA).
- <sup>4</sup> Tobacco Prevention and Control Program records. 2012.
- <sup>5</sup> Alaska Department of Labor and Workforce Development. Population Estimates. 2011; Available from: <http://almis.labor.state.ak.us/pop/popest.htm>.
- <sup>6</sup> Eriksen, M. and F. Chaloupka, The economic impact of clean indoor air laws. *CA Cancer J Clin*. 2007. 57(6): p. 367-78.
- <sup>7</sup> Hahn, E.J., Smokefree legislation: a review of health and economic outcomes research. *Am J Prev Med*. 2010. 39(6 Suppl 1): p. S66-76.
- <sup>8</sup> Alaska Behavioral Risk Factor Surveillance System. 2014.
- <sup>9</sup> Alaska Bureau of Vital Statistics. 2012.
- <sup>10</sup> Alaska Department of Health and Social Services. Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. 2015 Alaska Youth Risk Behavior Survey Results. January 19, 2016; Available from: [http://dhss.alaska.gov/dph/Chronic/Documents/yrebs/2015AKTradHS\\_YRBS\\_SummaryTables.pdf](http://dhss.alaska.gov/dph/Chronic/Documents/yrebs/2015AKTradHS_YRBS_SummaryTables.pdf).
- <sup>11</sup> Breslau, N. and E.L. Peterson, Smoking cessation in young adults: age at initiation of cigarette smoking and other suspected influences. *Am J Public Health*. 1996. 86(2): p. 214-20.
- <sup>12</sup> Chen, J. and W.J. Millar, Age of smoking initiation: implications for quitting. *Health Rep*. 1998. 9(4): p. 39-46(Eng); 39-48(Fre).
- <sup>13</sup> D'Avanzo, B., C. La Vecchia, and E. Negri, Age at starting smoking and number of cigarettes smoked. *Ann Epidemiol*. 1994. 4(6): p. 455-9.
- <sup>14</sup> Everett, S.A., et al., Initiation of cigarette smoking and subsequent smoking behavior among U.S. high school students. *Prev Med*. 1999. 29(5): p. 327-33.
- <sup>15</sup> Khuder, S.A., H.H. Dayal, and A.B. Mutgi, Age at smoking onset and its effect on smoking cessation. *Addict Behav*. 1999. 24(5): p. 673-7.
- <sup>16</sup> Pollay, R., et al., The last straw? Cigarette advertising and realized market shares among youths and adults. *Journal of Marketing*. 1996. 60(2): p. 1-16.
- <sup>17</sup> U.S. Department of Health and Human Services, Reports of the Surgeon General, in *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. 2012, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health: Atlanta (GA).
- <sup>18</sup> Chaloupka, F.J., Macro-social influences: the effects of prices and tobacco-control policies on the demand for tobacco products. *Nicotine Tob Res*. 1999. 1 Suppl 1: p. S105-9.
- <sup>19</sup> Farkas, A.J., et al., Association between household and workplace smoking restrictions and adolescent smoking. *Jama*. 2000. 284(6): p. 717-22.

- <sup>20</sup> U.S. Department of Health and Human Services, Reducing Tobacco Use: A Report of the Surgeon General. 2000, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health: Atlanta (GA).
- <sup>21</sup> Tauras, J., P. O'Malley, and L. Johnston. The National Bureau of Economic Research. Effects of Price and Access Laws on Teenage Smoking Initiation: A National Longitudinal Analysis. 2001; Available from: <http://nber.org/papers/w8331>.
- <sup>22</sup> 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. The Health Benefits of Smoking Cessation: A Report of the Surgeon General. 1990 [cited 92 6]; 990-996]. Available from: <http://profiles.nlm.nih.gov/NN/B/B/C/T/>.
- <sup>23</sup> Taylor, D.H., Jr., et al., Benefits of smoking cessation for longevity. *Am J Public Health*. 2002. 92(6): p. 990-6.
- <sup>24</sup> Fiore, M., et al., Treating tobacco use and dependence: 2008 update U.S. Public Health Service Clinical Practice Guideline executive summary. *Respir Care*. 2008. 53(9): p. 1217-22.
- <sup>25</sup> Stoddard, J.L., et al., Targeted tobacco markets: outdoor advertising in Los Angeles minority neighborhoods. *Am J Public Health*. 1997. 87(7): p. 1232-3.
- <sup>26</sup> Laws, M.B., et al., Tobacco availability and point of sale marketing in demographically contrasting districts of Massachusetts. *Tob Control*. 2002. 11 Suppl 2: p. ii71-3.
- <sup>27</sup> State of Alaska Department of Health and Social Services, Behavioral Health Data Review for the Tobacco Prevention and Control Program. 2015, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion.
- <sup>28</sup> Centers for Disease Control and Prevention, Cigarette Smoking Among Adults – United States, 2008. *MMWR*. 2009. 58(44). Available from: <http://www.cdc.gov/mmwr/PDF/wk/mm5844.pdf>.
- <sup>29</sup> Maher, J.E., et al., Is smokeless tobacco use becoming more common among U.S. male smokers? *Trends in Alaska*. *Addict Behav*. 2012. 37(7): p. 862-5.
- <sup>30</sup> Alaska Behavioral Risk Factor Surveillance System. 2013-2014.
- <sup>31</sup> Alaska Department of Health and Social Services, Reductions in adult smokers calculated using 2010 census data from the Alaska Department of Labor and Workforce Development and smoking prevalence from the Alaska Behavioral Risk Factor Surveillance System. Estimated smoking-attributable deaths averted calculation based on: U.S. Department of Health and Human Services. The Health Consequences of Smoking: A Report of the Surgeon General. Atlanta, GA: 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. Calculation for estimated smoking cost savings based on: Hodgson, TA, Cigarette Smoking and Lifetime Medical Expenditures, *Millbank Quarterly*, 70(1):81-115, 1992, updated with 2010 Medical Consumer Price Index information from <http://www.bls.gov/cpi/cpid10av.pdf>.
- <sup>32</sup> U.S. Department of Health and Human Services, Best Practices for Comprehensive Tobacco Control Programs—2007. 2007, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health: Atlanta (GA).
- <sup>33</sup> Ending the Tobacco Problem: A Blueprint for the Nation. 2007, Institute of Medicine, National Academy of Sciences.
- <sup>34</sup> U.S. Food and Drug Administration. E-cigarettes: questions and answers. February 19, 2016 March 7, 2016]; Available from: <http://www.fda.gov/forconsumers/consumerupdates/ucm225210.htm>.
- <sup>35</sup> Zhu, S.H., et al., Four hundred and sixty brands of e-cigarettes and counting: implications for product regulation. *Tob Control*, 2014. 23 Suppl 3: p. iii3-9.

# ● core messages

- <sup>36</sup> Youth Risk Behavior Survey, 2015.
- <sup>37</sup> Alaska Behavioral Risk Factor Surveillance System, 2010.
- <sup>38</sup> Alaska Behavioral Risk Factor Surveillance System, 2014.
- <sup>39</sup> Cheng, T., Chemical evaluation of electronic cigarettes. *Tob Control*, 2014. 23 Suppl 2: p. ii11-7.
- <sup>40</sup> Grana, R., N. Benowitz, and S.A. Glantz, E-cigarettes: a scientific review. *Circulation*, 2014. 129(19): p. 1972-86.
- <sup>41</sup> U.S. Food and Drug Administration. Electronic Cigarettes (e-Cigarettes). 2015 July 27, 2015 March 17, 2016]; Available from: <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm172906.htm>.
- <sup>42</sup> U.S. Department of Health and Human Services, The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General. 2014, 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: Atlanta, Georgia.
- <sup>43</sup> England, L.J., et al., Nicotine and the Developing Human: A Neglected Element in the Electronic Cigarette Debate. *Am J Prev Med*, 2015. 49(2): p. 286-293.
- <sup>44</sup> Chatham-Stephens, K., et al., Notes from the field: calls to poison centers for exposures to electronic cigarettes--United States, September 2010-February 2014. *MMWR Morb Mortal Wkly Rep*, 2014. 63(13): p. 292-3.
- <sup>45</sup> Vardavas, C.I., et al., Short-term pulmonary effects of using an electronic cigarette: impact on respiratory flow resistance, impedance, and exhaled nitric oxide. *Chest*, 2012. 141(6): p. 1400-6.
- <sup>46</sup> Marynak, K., et al., State laws prohibiting sales to minors and indoor use of electronic nicotine delivery systems--United States, November 2014. *MMWR Morb Mortal Wkly Rep*, 2014. 63(49): p. 1145-50.
- <sup>47</sup> Goniewicz, M.L., et al., Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tob Control*, 2014. 23(2): p. 133-9.
- <sup>48</sup> Schober, W., et al., Use of electronic cigarettes (e-cigarettes) impairs indoor air quality and increases FeNO levels of e-cigarette consumers. *Int J Hyg Environ Health*, 2014. 217(6): p. 628-37.
- <sup>49</sup> Alaska Department of Health and Human Services, E-cigarettes: a review of the literature. 2015, Section of Chronic Disease Prevention and Health Promotion, Division of Public Health, Alaska Department of Health and Social Services: Anchorage, Alaska.
- <sup>50</sup> Lippi, G., et al., E-cigarettes and cardiovascular risk: beyond science and mysticism. *Semin Thromb Hemost*, 2014. 40(1): p. 60-5.
- <sup>51</sup> U.S. Food and Drug Administration. FDA 101: Smoking Cessation Products. February 19, 2016; Available from: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm198176.htm#learn>.
- <sup>52</sup> Fiore, M., et al., Treating tobacco use and dependence: 2008 update U.S. Public Health Service Clinical Practice Guideline executive summary. *Respir Care*, 2008. 53(9): p. 1217-22.
- <sup>53</sup> National Youth Tobacco Survey, 2013.
- <sup>54</sup> National Youth Tobacco Survey, 2014.
- <sup>55</sup> Leventhal, A.M., et al., Association of Electronic Cigarette Use With Initiation of Combustible Tobacco Product Smoking in Early Adolescence. *Jama*, 2015. 314(7): p. 700-7.
- <sup>56</sup> Bunnell, R.E., et al., Intentions to smoke cigarettes among never-smoking US middle and high school electronic cigarette users: National Youth Tobacco Survey, 2011-2013. *Nicotine Tob Res*, 2015. 17(2): p. 228-35.
- <sup>57</sup> Legacy, Vaporized: E-cigarettes, advertising, and youth. 2014.

# ● core messages

- <sup>58</sup> U.S. Department of Health and Human Services, Reports of the Surgeon General. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. 2012, Centers for Disease Control and Prevention: Atlanta, Georgia.
- <sup>59</sup> Farrelly, M.C., et al., A Randomized Trial of the Effect of E-cigarette TV Advertisements on Intentions to Use E-cigarettes. *Am J Prev Med*, 2015. 49(5): p. 686-93.
- <sup>60</sup> Kim, A.E., K.Y. Arnold, and O. Makarenko, E-cigarette advertising expenditures in the U.S., 2011-2012. *Am J Prev Med*, 2014. 46(4): p. 409-12.
- <sup>61</sup> Loomis, B.R., et al., National and State-Specific Sales and Prices for Electronic Cigarettes-U.S., 2012-2013. *Am J Prev Med*, 2016. 50(1): p. 18-29.
- <sup>62</sup> Maloney, E.K. and J.N. Cappella, Does Vaping in E-Cigarette Advertisements Affect Tobacco Smoking Urge, Intentions, and Perceptions in Daily, Intermittent, and Former Smokers? *Health Commun*, 2016. 31(1): p. 129-38.

- **core messages**

- **core messages**

