



ALASKA NATIVE HEALTH BOARD

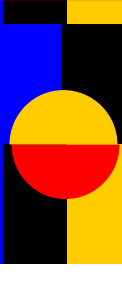
Clean Indoor Air Agreements Handbook for Alaska Native Communities



Assisting Rural Communities in Addressing Secondhand
Smoke in Public Areas

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January 2003



For assistance in Alaska call 1.800.478.2426

*Clean Indoor Air Agreements Handbook for
Alaska Native Communities: Assisting Rural
Communities in Addressing Secondhand
Smoke in Public Areas*

January 2003

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Inside the handbook

Letter from the President/CEO	4
Preface	5
Section I: Tobacco Use in Alaska Native Communities	6
Section II: Health Effects of Secondhand Smoke	3
Section III: Clean Indoor Air Agreements	12
A. Why work on a tobacco policy	
B. Benefits of Clean Indoor Air Community Agreements	
C. Bethel: An example of a smoke-free ordinance in rural Alaska	
D. What is right for your community	
E. Developing and Evaluating the Clean Indoor Air Agreement for Your Community	
Appendices	20
A. Factsheet: Secondhand Smoke	
B. Factsheet: Tobacco and Alaska Natives	
C. Talking Points on Secondhand Smoke and Clean Indoor Air Agreements	
D. Sample Customizable Clean Indoor Air Agreement	
E. Alaska State Legislated Actions on Tobacco Issues	
F. Web Resources	

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Dear Alaskan:

Tobacco use in Alaska Native communities has had and continues to have major devastating health, economic, and culture consequences. Unlike the American Indian communities in the lower 48, tobacco use was not a part of any Alaska Native traditions. The tobacco plant and commercial tobacco products were introduced into Alaska Native communities by non-Native explorers as a trade item, along side other social ills such as alcohol, and disease (small pox and tuberculosis). Since that time, tobacco use in Alaska Native communities has become a community norm for both men and women. Addiction and dependence to the drug nicotine of our community members is a reality to children, adults and elders alike.

This publication, *Clean Indoor Air Community Agreements Handbook for Alaska Native Communities: Assisting Communities in Addressing Secondhand Smoke in Public Areas*, is a compilation of data sources demonstrating the health consequences of exposure to secondhand smoke for Alaska Native communities and provides information on how communities can address the health issue of secondhand smoke through policy change.

The Alaska Native Support Center for Tobacco Programs, a program of the Alaska Native Health Board (ANHB), and funded by the Centers for Disease Control and Prevention, Office on Smoking and Health, presents this information for village and Alaska Native regional health organizations leaders and for village leaders and community members to assist in making informed decisions regarding tobacco issues.

Through ANHB's work with Alaska Native communities and organizations ANHB has identified a need for specific information on the effects and costs of tobacco and secondhand smoke on Alaska Native communities. ANHB has a long history of advocating for the health of Alaska Natives and encourages village and health organization leaders to use this information as they see fit.

Sincerely,

Cynthia Bender
President/CEO
Alaska Native Health Board

Alaska Native Health Board

Preface

Welcome from the Alaska Native Health Board (ANHB) Support Center for Tobacco Programs. Our mission is to assist Alaska Native tobacco prevention and control programs ability to promote quitting tobacco product use among adults and young people and eliminate exposure to secondhand smoke.

The Support Center has written this handbook to assist Alaska Native tobacco programs, policy makers, community leaders and health care providers to work towards community appropriate Clean Indoor Air Agreements aimed at eliminating all community member's exposure to secondhand smoke. Our hope is that you use this handbook and our staff as a resource for information on tobacco issues and developing community tobacco prevention and control agreements.

Tobacco use is the leading cause of preventable death in the United States. Tobacco use kills more people each year than alcohol, automobile accidents, AIDS, cocaine, heroin, huffing, and suicide combined (US Public Health Service). Tobacco use also contributes to many illnesses in the young, elderly and people with respiratory diseases. Secondhand smoke from tobacco products causes pneumonia and/or bronchitis among an estimated 150,000 to 300,000 children under 18 months of age per year (US EPA 1994). Secondhand smoke has been determined by the EPA as a Class A carcinogen.

In this handbook you will find tools to help develop, implement and evaluate Clean Indoor Air Agreements that will improve the health and wellness of the people in your community. Contact us at 1-800-478-2426 for additional technical assistance services that we can provide you in your community development work on tobacco prevention and control.

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SECTION I: TOBACCO USE IN ALASKA NATIVE COMMUNITIES

Key points:

1. A burning cigarette is a little toxic waste dump on fire, emitting benzene, formaldehyde, ammonia, cyanide, arsenic, and many of the same chemicals in diesel exhaust.
2. Secondhand smoke causes the same diseases in non-smokers as smokers: heart attacks, asthma attacks and other breathing problems (particularly in children), lung and other cancers.
3. There is no safe level of secondhand smoke. Restaurant, bar, and bingo workers involuntarily inhale enough secondhand smoke every day to suffer some of the same health effects observed in pack-a-day smokers.

Tobacco use causes enormous and unnecessary health risks and premature death among many of our Native people. Tobacco use disables our people; it dismembers our communities through disease and leading to other substance abuses. In addition, these effects spread beyond the tobacco user and are shown to harm affect our children and babies. The tobacco industry is not interested in the health of our Native people, the harms their products are doing to our communities, and the number of Native people affected by their product; their only interest is in making a profit.

TOBACCO USE IN ALASKA NATIVE COMMUNITIES

Alaska has one of the highest smoking prevalence rates in the United States.¹ *Alaska Natives have the highest rates of tobacco use* of any ethnic minority group in Alaska.²

Alaska Natives have the highest smoking rates of any racial group in the state. Nearly half (43%) of Alaska Native adults are current smokers.³

HEALTH EFFECTS OF SECONDHAND SMOKE

Secondhand tobacco smoke is by far the most dangerous air pollutant most Alaskans will ever encounter.

The health risks of smoking (increase risk of heart disease, cancer, respiratory disease, etc.) have been known for some time. Less well known, but just as dangerous are the health risks of breathing secondhand smoke.

Secondhand smoke is the combination of smoke that comes from the burning end of a cigarette, pipe or cigar and the smoke that is exhaled by the smoker. Secondhand smoke is a complex mixture of over 4,000

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compounds of irritating gases and cancer causing tar particles.

A little toxic waste dump on fire...

A burning cigarette puts thousands of poisons into the air. Because smokers only take a few puffs from each cigarette, it spends over 90% of the time smoldering and generating air pollution non-smokers are forced to breathe. In fact, ***most of the toxic chemicals produced by cigarettes end up in the air non-smokers breathe rather than being inhaled by the smoker.***

Because cigarette smoke is so complex and so toxic, ***it is impossible to remove the health danger for non-smokers with filters or ventilation.*** Big Tobacco, while hawking ventilation “solutions,” is always careful to include a small-print disclaimer saying it “does not purport to address health effects...” (For example: Philip Morris’s “Options” web site, accessed 12/26/01).

Secondhand smoke is both fatal and has numerous non-fatal health effects. Secondhand smoke chemicals include irritants and systemic toxicants, mutagens and carcinogens, and reproductive and developmental toxicants. ***Over 50 compounds in tobacco smoke are known to cause cancer.***

Exposure to secondhand smoke causes lung and nasal sinus cancer, heart disease, and Sudden Infant Death Syndrome. Serious impacts of secondhand smoke on children include asthma induction and exacerbation, bronchitis and pneumonia, middle ear infection, chronic respiratory symptoms, and low birth weight.⁴

"Second-hand smoke causes lung cancer - Nonsmokers are exposed to the same carcinogens as active smokers. Even the typical levels of passive exposure have been shown to cause lung cancer among never smokers. Second-hand tobacco smoke is carcinogenic to humans."⁵

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Secondhand tobacco smoke is by far the most dangerous air pollutant most Alaskans will ever encounter.

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Protecting Nonsmokers From Secondhand Smoke

Nonsmokers exposed to secondhand smoke absorb measurable amounts of nicotine and other tobacco components into their body. These compounds can cause permanent, harmful changes to cellular genetic material, reduces the blood's ability to deliver oxygen throughout the body, and reduces the heart's ability to use the oxygen it receives.

Secondhand smoke has been documented in multiple studies to be a cause of lung cancer, lung disease, and other cancers in nonsmoking adults. ***Secondhand smoke is the third leading cause of preventable death in this country, killing 53,000 non-smokers in the U.S. each year.*** For every eight smokers the tobacco industry kills, it takes one nonsmoker with them.⁶

Secondhand smoke represents the strongest source of indoor-air particulate pollution in buildings where smoking is allowed. This is because cigarettes, pipes and cigars produce clouds of tar particles. Higher levels of cancer causing agents are found in homes with secondhand smoke than in homes with wood stoves, or in outdoor urban environments with numerous diesel trucks and buses. Ventilation systems are not effective because they cannot remove the gaseous and particulate contaminants found in secondhand smoke. ***The most effective method of removing secondhand smoke from indoor air is to remove the source- the burning cigarette, pipe or cigar.***

Secondhand smoke represents the strongest source of indoor-air particulate pollution in buildings where smoking is allowed.

Sources for Section I

1. <http://www.cdc.gov/brfss/index.htm>

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2. <http://www.cdc.gov/brfss/index.htm>
3. Alaska Behavioral Risk Factor Surveillance Survey, 2000.
4. National Cancer Institute "Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency". Smoking and Tobacco Control Monograph 10.
5. The International Agency for Research on Cancer (IARC) of the World Health Organization, June 2002 monograph .
6. Glantz, S.A. & Parmley, W., "Passive Smoking and Heart Disease: Epidemiology, Physiology, and Biochemistry," *Circulation*, 1991; 83(1): 1-12; and, Taylor, A., Johnson, D. & Kazemi, H., "Environmental Tobacco Smoke and Cardiovascular Disease," *Circulation*, 1992; 86: 699-702

The following is a brief summary of the major research findings on the health effects of secondhand smoke. Secondhand smoke is the third leading cause of preventable death in the United States.

Notes

SECTION II: HEALTH EFFECTS OF SECONDHAND SMOKE

Key points:

1. Secondhand smoke causes 3,000 lung cancer deaths each year in the US.
2. Heart disease kills even more smokers than cancer.
3. Secondhand smoke can cause pneumonia, bronchitis, ear infections, chronic eye irritation and asthma in children.

Cancer...

Like smoking, breathing in secondhand smoke causes lung cancer.

- *Secondhand smoke causes some 3,000 lung cancer deaths each year in the United States, compared to a few hundred from all outdoor air pollution combined.*¹
- Secondhand smoke also causes nasal sinus cancer
- There is strong evidence that secondhand smoke causes cervical cancer.
- Evidence is also accumulating that secondhand smoke boosts the risk of breast cancer.

Heart disease...

Heart disease kills even more smokers than cancer.

- While lung cancer from secondhand smoke kills some 3,000 Americans each year, 35,000-62,000 more die from heart disease brought on by breathing secondhand smoke.²
- For every five or six active smokers who die due to heart disease, a non-smoker exposed to their secondhand smoke also dies from the exposure.
- Breathing secondhand smoke for just thirty minutes affects blood and blood vessels, including the vital coronary arteries, as much as being a smoker.
- Two hours of secondhand smoke exposure compromises control of the heart beat, boosting the risk of irregular beats (and sudden death) or a heart attack. Because of these effects, someone who has a heart attack when secondhand smoke is in the air will probably have a more severe attack and be more likely to die.²

Stroke...

Evidence is also emerging that secondhand smoke increases the risk of stroke. Strokes like heart attacks involve a blood clot in an artery, serving the brain — the

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causes and mechanisms are similar.

Protecting the Children from Toxic Smoke

Second hand smoke can make healthy children who are than two years old sick. The smoke can cause pneumonia, bronchitis, ear infections, and childhood asthma.

- Children of smokers have a greater chance of developing colds, asthma, bronchitis and pneumonia, chronic coughs, ear infections, chronic eye irritation and reduced lung function.³
- Secondhand smoke can lead to a buildup of fluid in the middle ear in children, the most common cause of hospitalization of children for an operation.⁴
- On average, secondhand smoke triggers 23 asthma attacks every hour in children and causes 20 infants to be hospitalized for lower respiratory tract infections everyday.⁵

Sources for Section II

1. United States Environmental Protection Agency, Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders, 1992. Ibid.
2. www.tobaccoscam.org
3. United States Environmental Protection Agency. (1986) Guidelines for Carcinogen Risk Assessment. (Federal Register 51:33992-34003), 1986.
4. United States Environmental Protection Agency, Secondhand Smoke, Washington D.C., July 1993.
5. www.cdc.gov/tobacco

A clean indoor air agreement or a “smoking policy” clearly states a community’s official position on tobacco use in public places, advertising and access and enforcement. A strong tobacco policy can and will protect all community members health and will strengthen educational programs. If your community already has a tobacco policy in place, this handbook may help

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SECTION III: CLEAN INDOOR AIR COMMUNITY AGREEMENTS

Key points:

1. A clean indoor air agreement or a “smoking policy” clearly states a community’s official position on tobacco use in public places, advertising and access and enforcement.
2. National studies document that along with increasing the cost of tobacco products, the most effective matter a community can address to affect tobacco usage is create, implement and enforce a clean indoor air community agreement.

improve that policy. If this is your community’s first tobacco policy, this handbook may help you decide what type of policy to work towards and how to make it work for your community.

Why work on a tobacco policy?

Alaska Native tribal governments that exist today are continuations of forms of governments that have been in existence for tens of thousands of years. While the structure and laws of tribal governments have changed recently, the purpose and intent has not - to make decisions that will benefit all the members of the tribe. Tribes are assuming management and decision making of tribal affairs, tribal leaders are planning for the current and future social, physical, mental, spiritual and cultural needs of the community. As tribes, cities and regions establish their goals for the future, goals that will affect and benefit our future generations, ***there is a need to consider how tobacco and its negative health effects are impacting our communities.*** There are a number of ways that tribal leaders can address the huge health cost effects of tobacco products.

Tribes need to take a leadership role against the effects of tobacco on Alaska Native families, communities and lives. Each tribe may vary in the extent of what they decide is right for their community, but even one small step such as a smokefree zone at community events, can help to prevent unnecessary disease and ***show the community how important the clean air is to the health of the community.***

There are a number of ways that villages can be strong health advocates; they include:

- Creating smoke free workplace policies
- Smoke free community events
- Offering tobacco cessation as a benefit to village employees
- Promoting tobacco cessation by posting pro-health messages

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- Mandating and maintaining smokefree public places
- Enforcing clean indoor air community agreements

National studies document that along with increasing the cost of tobacco products, the most effective matter a community can address to affect tobacco usage is create, implement and enforce a clean indoor air community agreement.

What is a Clean Indoor Air Community Agreement?

Clean Indoor Air Community Agreements (also known as “Smoking bans”, “Tobacco Policies”, and “Smoking Ordinances”) are community based and community driven guidelines designed by local individuals to protect the public from secondhand smoke and promote a community-wide non-smoking norm. Clean Indoor Air Community Agreements can take many forms:

- City ordinance
- Tribal resolution
- Community consensus

A community wide clean indoor agreement is necessary to protect the health of all community members. Many nonsmokers want protection from secondhand smoke. We all want to protect our children and secure a positive future and environment for them. A clean indoor air community agreement is essential in affecting the health and well-being of all Alaskans.

Benefits of Clean Indoor Air Community Agreements

Clean Indoor Air Community Agreements are able to dramatically affect the health of the entire community for the following reasons; the agreements:

- ***Protect the public from exposure to secondhand smoke*** in a more comprehensive way than voluntary workplace or business policies.
- ***Support and motivate smokers who want to quit.*** Evidence suggests that clean indoor air community agreements may reduce cigarette consumption (the number of cigarettes smoked), reduce smoking prevalence (the amount the people smoking), and increase smoking cessation (the number of people quitting).
- ***Set a positive example for children and teens.*** Do not single teens out or hold them to a double standard (all members of the community are not permitted to smoke in specified areas).
- ***Promote a community wide nonsmoking norm.***
- The process of getting ordinances passed educates communities on secondhand smoke, clean indoor air policy, tobacco industry tactics,

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and other tobacco issues in a more in-depth, intensive way than any alternative approach.

- State the tribe/village/city's official position on tobacco use in public places. This allows individuals and organizations to refer to an official community agreed upon statement during enforcement. Community members don't have to feel they are pushing their views on others and other individuals who are smoking will not feel that they are being singled out for their smoking; the community agreement pertains to everyone in the community.
- Public discussions on clean indoor air community agreements galvanize public support and build community coalitions.
- The experience of successfully advocating for ordinances empowers coalitions and communities to tackle other social health issues.
- ***The strongest, most effective clean indoor air community agreements typically originate at the local level, not the state level.***

BETHEL: AN EXAMPLE OF A SMOKE-FREE ORDINANCE IN RURAL ALASKA

The city of Bethel made history by becoming the first community in Alaska to pass a strong clean indoor air ordinance. The ordinance, which was approved by Bethel's City council in August 1998, went into effect October 22, 1998, and bans smoking in enclosed public spaces, restaurants, waiting areas, and all places of employment.

Due to the disturbing effects of secondhand smoke, many local governments have passed laws to protect nonsmokers from the health hazards of breathing secondhand smoke. The Bethel law allows exclusion in bars, private residences, and some other public places. Other Alaskan communities have followed Bethel's impressive lead by enacting similar clean indoor air ordinances. Workers and citizens are now protected from exposure to secondhand smoke in most indoor public places and restaurants in Barrow, Anchorage, and Juneau. Soldotna has regulations pertaining only to eating establishments.

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Designing the Right Clean Indoor Air Agreement for Your Community

- Gather information regarding community needs and uses of tobacco.
 - Where are people smoking?
 - What public buildings is smoking allowed in?
 - Are there exemptions to current no smoking polices?
 - If there are fines for breaking the no smoking policy, how are they collected?
 - What is the smoking rates of the young people in the community?
 - What are the smoking rates of the adults?
 - What is the chew rate of the young people in the community?
 - What is the chew rate of the adults in the community?
- Discuss and list the reason or reasons that your community interested in a tobacco policy
 - Talk with the community in an open meeting about the health effects of tobacco and secondhand smoke.
 - Other topics of discussion– youth smoking rates, proactive polices for community wellness, etc.
- Decide upon the right policy for your community
 - Gather information on the types of polices the community can have and who has the authority to implement them (the IRA council, the city, traditional council, etc.)
 - Work on reaching consensus among community members or city council members or tribal members regarding the type of policy and wording that is needed.

Developing and Evaluating the Clean Indoor Air Agreement for Your Community

Note: The following information on Community Assessment and Evaluation is taken from the Centers for Disease Control and Prevention publication “Introduction to Program Evaluation for Comprehensive Tobacco Control Programs” which can be found in it’s entirety at http://www.cdc.gov/tobacco/evaluation_manual/contents.htm

Step One: Engage Stakeholders

The first step in program evaluation is to engage the stakeholders. Stakeholders are people or organizations in the community who are invested in the program, are interested in the results of the evaluation, and have a stake in what will be done with the results of the evaluation. Their needs and interests should be represented throughout the program planning and evaluation process.

Stakeholders are important to program evaluation for several reasons. Con-

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sidering the perspectives and interests of your various stakeholders will increase the likelihood that your evaluation findings will be accepted and used. Tobacco prevention and control programs rely heavily on partnerships.

Stakeholders can be involved in the evaluation at various levels. For example, you may want to include coalition members in an evaluation team and engage them in question development, data collection, and analysis. In addition, it can be beneficial to engage your program's critics in the evaluation. In some cases, these critics can help you identify issues around program strategies and evaluation information that could be attacked or discredited, thus helping you strengthen the evaluation process. This information might also help you and others understand the opposition's rationale and could help you engage potential agents of change within the opposition.

Checklist for engaging stakeholders

- Identify stakeholders.
- Identify stakeholder role(s) in evaluation planning and implementation.
- Review the list of stakeholders to ensure all appropriate stakeholders are included.
- Represent individual stakeholders and stakeholder organizations.
- Understand and respect stakeholders' values.
- Create a plan for stakeholder involvement.
- Identify areas for stakeholder input.
- Bring stakeholders together as needed.
- Target key stakeholders for regular participation.
- Ask stakeholders to suggest evaluation questions

Step Two: Describe the Program

Once you have appropriate stakeholders at the table, you need to make sure that they all have the same knowledge and information about the program/policy that they view the program/policy. To do so, you will need to describe the program/policy's components and its possible effects clearly. This program/policy description should include the need, its expected effects, the proposed activities, the resources available, the program/policy's stage of development, and the social and political context in which it will be implemented.

Checklist for describing the program

- Document the need for the program.
- Document program resources.
- Note the program's stage of development.
- Explain the program context.
- List and describe program activities.

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- State program goals and objectives.

Step Three: Focus the Evaluation Design Process evaluation

Once you and your stakeholders have a clear understanding of your program, your evaluation team will need to focus the evaluation. The evaluation team must decide the purpose of the evaluation and the questions it wants answered. A focused evaluation gathers information for a specific purpose or use. Evaluation questions need to be discussed with and agreed upon by the stakeholders. After you have identified the evaluation users, you must determine what is important to them and design your evaluation questions to meet their needs. Because the questions your evaluation team and stakeholders agree on will affect the methods you use to gather data, you must decide which questions to ask before you choose your methods.

Besides having a specific purpose and use, your evaluation should also reflect the stage of your program's development.

Checklist for focusing the evaluation design

- Define the purpose(s) of your evaluation.
- Identify the use(s) of the evaluation results.
- Formulate the questions the evaluation will answer.
- Review evaluation questions with stakeholders.
- Include process and outcome evaluation.
- Review options for the evaluation design.
- Consider a goal-based evaluation model.
- Make sure that the evaluation design fits the evaluation questions.
- Collect baseline data.
- Plan how to compare your data with those of other communities, regions and with statewide data.
- Consider local or regional comparisons, or both.
- Document the need for the program.
- Document program resources.
- Note the program's stage of development.
- Explain the program context.
- List and describe program activities.
- State program goals and objectives.

Step Four: Gather Credible Evidence

When choosing outcomes to measure, keep in mind the purpose, users, and intended uses of the evaluation. In addition, the outcomes you choose should be relevant, important, and discrete. Although it may be tempting to evaluate only the long-term outcomes of your program, monitoring short-term and intermediate outcomes is also important so you can relate changes in health outcomes to program activities or identify gaps in the program. Moreover, demonstrating short-term impact may help justify continued or additional

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funding. Measuring the implementation of program activities is also important to ensure that the program is functioning as it should.

Checklist for gathering credible evidence

- Prepare to collect process and outcome data.
- Confirm the outcomes are logically linked to program activities.
- Link outcomes to indicators and data sources.
- Identify at least one indicator for each outcome.
- Pilot test new instruments to identify and/or control sources of error.
- Consider adding evaluation questions to already existing surveillance systems.
- Take into account available resources.

Step Five: Justify Conclusions

Data analysis is the process of organizing and classifying the information you have collected, tabulating it, analyzing it, comparing the results with other appropriate information, and presenting the results in an easily understandable manner.

After analyzing your findings, the next step is to examine your results and determine what they actually say about the program/policy. The purpose of the evaluation, the social and political context of your program, and the needs of the stakeholders are all issues to be considered in relation to your results.

Checklist for justifying your conclusions

- Analyze data using appropriate techniques.
- Check data for errors.
- Consider issues of context when interpreting data.
- Describe plausible mechanisms or pathways toward change.
- Consider alternative explanations.
- Compare evaluation results with those of similar programs.
- Compare actual with intended outcomes.
- Document potential biases.
- Examine the limitations of the evaluation.

Step Six: Ensure Use of Evaluation Findings, and Share Lessons Learned

Once you analyze and interpret your findings, you will need to make some recommendations for action based on those findings. These recommendations will depend on the audience. It is critical to involve your stakeholders in the early stages of the evaluation so that the recommendations that you eventually make are relevant and useful to them. You need to know the information your stakeholders want and what is important to them. Their

Alaska Native Health Board

feedback early on in the evaluation will make their eventual support of your recommendations more likely.

Checklist for ensuring that evaluation findings are used and sharing lessons learned

- Identify strategies to increase the likelihood that evaluation findings will be used.
- Identify strategies to reduce the likelihood that information will be misinterpreted.
- Prepare stakeholders for the eventual use of evaluation findings.
- Identify training and technical assistance needs.
- Use evaluation findings to promote your program.
- Use evaluation findings to enhance the public image of your policy.
- Disseminate procedures used and lessons learned to stakeholders.
- Present clear and succinct findings in a timely manner.
- Avoid jargon when preparing or presenting information to stakeholders.
- Disseminate evaluation findings in several ways.

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Just the Facts: Secondhand Smoke

- Secondhand smoke is also called environmental tobacco smoke (ETS); exposure to secondhand smoke can be called involuntary smoking or passive smoking. (1)
- Secondhand smoke is a mixture of the smoke given off by the burning end of a cigarette, pipe, or cigar, and the smoke exhaled from the lungs of smokers. (1)
- Nicotine is not the only toxin nonsmokers are exposed to in secondhand smoke. Smoke from the burning end of a cigarette contains over 4,000 chemicals and 40 carcinogens including: formaldehyde, cyanide, arsenic, carbon monoxide, methane and benzene. (2)
- Smoke-filled rooms can have up to six times the air pollution as a busy highway. (3)
- The United States Environmental Protection Agency (EPA) study of environmental tobacco smoke (ETS) states: ETS is a known human carcinogen that poses a serious public health threat and is a primary factor in the development of lower respiratory infections in children. (4)

Health Effects of Secondhand Smoke

- Secondhand smoke is the third leading cause of preventable death in this country. (5)
- Secondhand smoke kills 53,000 nonsmokers in the U.S. each year. (5)
- One nonsmoker dies of secondhand smoke for every eight smokers. (5)
- Persons exposed to environmental tobacco smoke (ETS) or secondhand smoke have a 20 to 30 percent greater risk of lung cancer than nonsmokers who have never been exposed to ETS. (6)
- Secondhand smoke causes heart disease, aggravates asthmatic conditions, and impairs blood circulation. (7)
- Children of smokers have a greater chance of developing colds, asthma, bronchitis and pneumonia, chronic coughs, ear infections, chronic eye irritation and reduced lung function. (8)
- Secondhand smoke can lead to a buildup of fluid in the middle ear in children, the most common cause of hospitalization of children for an operation. (8)
- On average, ETS triggers 23 asthma attacks every hour in children and causes 20 infants to be hospitalized for lower respiratory tract infections everyday. (9)
- Nonsmokers exposed to 20 or more cigarettes a day at home had twice the risk of developing lung cancer. (10)
- The separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to environmental tobacco smoke. (11)



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2. United States Environmental Protection Agency, Indoor Air Facts: Environmental Tobacco Smoke, 1989.
3. Centers for Disease Control, It's Time to Stop Being a Passive Victim, 1993.
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5. Glantz, S.A. & Pamley W. AHA Circulation, 1991: 83:1-12; and Taylor, A., Johnson, D. & Kazemi, H. AHA Circulation, 1992: 699-702. Ibid.
6. United States Environmental Protection Agency, Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders, 1992. Ibid.
7. American Cancer Society, The Smoke Around You: The Risks of Involuntary Smoking. No. 2060, 1995. 10. United States Environmental Protection Agency. (1986) Guidelines for Carcinogen Risk Assessment. (Federal Register 51:33992-34003), 1986.
8. United States Environmental Protection Agency, Secondhand Smoke, Washington D.C., July 1993.
9. Center for Disease Control and Prevention, Tobacco Information and Prevention Source page.
10. American Cancer Society, The Smoke Around You: The Risks of

Alaska's Tobacco Quit Line

888-842-QUIT

Help Available 24 hours a day, 7 days a week

Just the Facts: Tobacco and Alaska Natives

- One quarter of adult Alaskans smoke cigarettes. Only eleven of the other 49 states have higher smoking rates. Adult smoking rates remained constant throughout the 1990s.¹
- Alaska Natives have the highest smoking rates of any racial group in the state. Nearly half (43%) of Alaska Native adults are current smokers.¹
- 12% of Alaska Native use chewing tobacco, compared to 4% of all Alaskans.¹
- 52% of Alaska Native high school students use cigarettes.²
- 30% of Alaska Native high school students use chewing tobacco.²
- High rates of Sudden Infant Death Syndrome in Native babies and ear infections are thought to be directly related to high rates of smoking around children.

In Brief...

- Alaska Natives represent the state of Alaska's largest racial/ethnic group at 19% of Alaskan population.³
- In 2000, 43% of Alaska Native adults smoked cigarettes; 12% chewed.¹
- In 1999, Alaska Native high school students reported higher rates of use for both cigarette and chewing tobacco.²
- Social, economic, and psychosocial factors all contribute to the troubling patterns of tobacco use among Alaska Natives.



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APPENDIX C: TALKING POINTS ON SECONDHAND SMOKE AND CLEAN INDOOR AIR AGREEMENTS

- Tobacco smoke contains nearly 5,000 chemical compounds. To date, over 50 have been classified as carcinogens, which are cancer-causing agents.
- But smokers aren't the only ones affected by tobacco smoke. In fact, tobacco burns at a higher rate at the end of a cigarette, releasing more carcinogens and toxins into the air than are in the smoke that is actually inhaled by a smoker. Secondhand smoke

What is secondhand smoke?

- Two sources: smoke coming from a burning end of a cigarette and smoke exhaled from a person's mouth
Common names: sidestream smoke, involuntary smoking, passive smoking, and environmental tobacco smoke
- Secondhand smoke contains such poisons and irritants as carbon monoxide, formaldehyde, acrolein, ammonia, nitrogen oxides, benzene, pyridine, hydrogen cyanide, nicotine, as well as many known carcinogens.
- Nonsmokers who are exposed to tobacco smoke absorb carcinogens just as smokers do.

What are the health effects?

- So, what are the health effects? The Tobacco Industry would like you to believe there aren't any. But, secondhand smoke causes disease and death period. The scientific facts are in, the debate is over. The 1986 Report of the Surgeon General, the National Research Council, the U.S. Environmental Protection Agency, have all established that secondhand smoke causes lung cancer.
- The Environmental Protection Agency classifies secondhand smoke as a Group A Carcinogen – a substance known to cause cancer in humans. There is no safe level of exposure for Group A toxins.
- Secondhand smoke causes: lung cancer, nasal sinus and other cancers, heart disease, and it can worsen existing pulmonary symptoms.
- Inhaling secondhand smoke may represent a greater cause of cancer for the U.S. population

Alaska Native Health Board

than all other known agents in our general environment (National Academy of Sciences and the Environmental Protection Agency)

- It has also been linked with low infant birth weight, Sudden Infant Death Syndrome, middle ear infections, bronchitis, and pneumonia. Secondhand smoke has been found to double the risk of bronchitis and pneumonia and other respiratory tract illnesses in infants.
- Remember I said tobacco is the #1 leading cause of preventable death. Secondhand smoke is the third leading cause preventable of death in the United States. Altogether it causes more than 53,000 premature deaths annually in nonsmokers
- For every eight smokers who die from smoking, one nonsmoker dies too.

Exposure

Restaurants, bars, workplaces, homes, cars.

- Even most people who do not live around people who smoke have quantifiable levels of cotinine in their blood. Cotinine is the metabolic residue from the body's processing of inhaled nicotine. 37% of nonsmokers believe they are not exposed to tobacco smoke. However, when tested for cotinine test's revealed 88% of nonsmokers actually are exposed.
- Studies have found that children generally receive 50% more exposure than adults.
- Bar and restaurant workers are especially vulnerable to secondhand smoke exposure. Restaurant workers' exposure is 3 to 5 times higher than other workers. Bar workers' exposure is 4 to 6 times higher than other workers.
- The most heavily exposed restaurant workers breathe the equivalent of actively smoking 1.5 to 2 packs of cigarettes per day. (8 hour work shift)
- People who are routinely exposed to secondhand smoke, such as workers in bars and restaurants, can see their risk of lung cancer triple.

What can we do to protect ourselves, our children, and others?

- Some people believe installing special ventilation systems will help. The truth is, they are equipped to remove the odor of tobacco not the carcinogens or the health risks.
- Some people believe odor eaters or air cleaners will solve the problem. The truth is, even the most expensive particulate air cleaners cannot remove enough tar particles in room air to eliminate the cancer risk from environmental tobacco smoke.
- Some people choose to have non-smoking and smoking sections. The truth is, we are still not protected and neither are the workers. Having a smoking section in

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a restaurant is like trying to pour chlorine in only half a swimming pool.

*(The above may be removed if time does not permit. Replace with a short summary of how special ventilation systems, air cleaners, and non-smoking sections are **not effective** and **does not eliminate exposure** to secondhand smoke.)*

- The most effective way is to have a clean indoor air ordinance.

Economics:

- But won't businesses lose money if we enact a clean indoor air ordinance? This is what the Tobacco Industry would like you to believe. Once-secret internal tobacco industry documents make clear the real reason Big Tobacco is working so hard to stop the enactment of smokefree ordinances: "Financial impact of smoking bans will be tremendous. Three to five fewer cigarettes per day per smoker will reduce annual manufacturers' profits a billion dollars plus per year."
- When other cities around the U.S. have passed ordinances the Industry puts \$ into front groups who oppose the ordinance such as 'restaurants for fair businesses'. They state that businesses will lose 28% - 30% of their business. This is a common tactic used by the Tobacco Industry to scare local business owners in hundreds of communities. These studies are funded by the Tobacco Industry using subjective, verbal reports producing invalid results.
- In fact, numerous scientific studies show that such ordinances are neutral or have a positive effect on restaurant sales. Studies conducted by many independent research organizations indicate that smokefree ordinances have no significant effect on restaurant revenues as measured by sales tax revenues. (use this paragraph if time doesn't permit for studies below)
- Tax revenues from the state of California report there was an increase in business by 5% since the ordinance took affect.
- A recent study in four Texas cities with some of the strictest smokefree ordinances concluded that smoking ordinances are good for business. Researchers from the TX Dept. of Health used tax data to track sales in Plano, Arlington, Wichita Falls, and Austin before and after smoking rules went into effect. Findings were that total restaurant sales continued to climb in all four cities.
- Another study from researchers at the University of CA found that restaurant business in 15 towns that banned smoking did not differ from sales in 15 other towns with similar profiles that allowed smoking.

Alaska Native Health Board

Source: *Dallas Morning News* April 25, 2002

- *Smokefree Anchorage Ordinance: an economic impact analysis found no evidence of adverse effect from the ordinance and, in fact, documented employment increases across a wide range of eating and drinking establishment types. As a result of Anchorage's ordinance an additional 7,800 employees are now protected, over 18,000 businesses are now smokefree, there has been a virtual 100% compliance rate, and large community support and ownership (80% believe that the Assembly did the right thing by passing the smokefree air ordinance, with 64% feeling strongly about this.*

If smokefree ordinances were truly bad for businesses, local communities would not continue to pass them.

Enforcement

The cumulative experience of municipalities with smokefree ordinances shows that local smokefree ordinances are self-enforcing. Compliance is achieved by means of the following cost-effective measures:

- informing the general public and business community about the requirements of the ordinance
- posting "No Smoking" signs (we have thousands left over)
- removal of ashtrays

Wrap Up

- The bottom line is that smokefree ordinances are good for business. Despite the claims you will hear, the tobacco industry does not care about smokers or the business owners who have fallen victim to their misinformation campaigns. The only industry that loses is the tobacco industry. As a result, people smoke less, cessation rates increase, smoking is de-normalized, and teen smoking rates decrease.
- **Since there is no known safe level of exposure to secondhand smoke the** best approach is to have a clean indoor air ordinance, which bans smoking in all workplaces (depending on your ordinance).
- **(Clean indoor air ordinances are nothing new.)** There are over 1,300 local clean indoor air ordinances in the United States. In 1998, Alaska even made the list with Bethel passing a clean indoor air ordinance followed by Anchorage, Juneau, Soldotna and Barrow.

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APPENDIX D: SAMPLE CUSTOMIZABLE CLEAN INDOOR AIR COMMUNITY AGREEMENT TEMPLATE

Section 100. Title

An Ordinance Relating to Smoking Within the City of _____.

Section 101. Findings and Intent

The _____ [City Council or Village Council] does hereby find that:

1. Numerous studies have found that tobacco smoke is a major contributor to indoor air pollution, and that breathing secondhand smoke (also known as environmental tobacco smoke) is a cause of disease in healthy nonsmokers, including heart disease, stroke, respiratory disease, and lung cancer. The U.S. Surgeon General has determined that secondhand smoke is responsible for the early deaths of 65,000 Americans annually.
2. The Public Health Service's National Toxicology Program has listed secondhand smoke as a known carcinogen (U.S. DHHS, 2000, citing Cal. EPA, 1997).
3. Secondhand smoke is particularly hazardous to elderly people, individuals with cardiovascular disease, and individuals with impaired respiratory function, including asthmatics and those with obstructive airway disease. Children exposed to secondhand smoke have an increased risk of asthma, respiratory infections, sudden infant death syndrome, developmental abnormalities, and cancer.
4. The Americans With Disabilities Act, which requires that disabled persons have access to public places and workplaces, deems impaired respiratory function to be a disability.
5. The U.S. Surgeon General has determined that the simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to secondhand smoke. The Environmental Protection Agency has determined that secondhand smoke cannot be reduced to safe levels in business by high rates of ventilation. Air cleaners, which are only capable of filtering the particulate matter and odors in smoke, do not eliminate the known toxins in secondhand smoke.
6. A significant amount of secondhand smoke exposure occurs in the workplace. Employees who work in smoke-filled businesses suffer a 25-50% higher risk of heart attack and higher rates of death from cardiovascular disease and cancer, as well as increased acute respiratory disease and

Alaska Native Health Board

measurable decrease in lung function.

7. Smoke-filled workplaces result in higher worker absenteeism due to respiratory disease, lower productivity, higher cleaning and maintenance costs, increased health insurance rates, and increased liability claims for diseases related to exposure to secondhand smoke.
8. Smoking is a potential cause of fires; cigarette and cigar burns and ash stains on merchandise and fixtures causes economic damage to businesses.

Accordingly, the _____ [City Council or Village Council] finds and declares that the purposes of this ordinance are (1) to protect the public health and welfare by prohibiting smoking in public places and places of employment; and (2) to guarantee the right of nonsmokers to breathe smoke free air, and to recognize that the need to breathe smoke free air shall have priority over the desire to smoke.

Section 102. Prohibition of Smoking in City/Village Council Facilities

- A. Because we recognize the hazards caused by exposure to secondhand smoke, it shall be the policy of _____ [City or Village Council] to provide a smoke free environment for all employees and visitors. This policy covers the smoking of any tobacco products and applies to both employees and non-employee visitors to the city/village council facilities.

Section 103. Prohibition of Smoking in Places of Employment

- A. Smoking shall be prohibited in all enclosed facilities within places of employment without exception. This includes common work areas, meeting rooms, private offices, hallways, stairs, restrooms, vehicles and all other enclosed facilities.

Section 104. Application of Article to (City-Owned) Facilities

All enclosed facilities, including buildings and vehicles owned, leased, or operated by the [city/village council] of _____, shall be subject to the provisions of this Article.

Section 105. Prohibition of Smoking in Public Places

Smoking shall be prohibited in all enclosed public places within the _____ [City] of _____, including but not limited to, the following places:

1. Areas available to and customarily used by the general public in businesses and non-profit entities patronized by the public.
2. Bingo facilities when a bingo game is in progress.
3. Facilities primarily used for exhibiting a motion picture or other performance.

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4. Health care facilities
5. Licensed childcare and adult day care facilities.
6. Polling places
7. Restaurants, including attached bars.
8. This prohibition on smoking shall be communicated to all existing employees by the effective date of this Article and to all prospective employees upon their application for employment.

Section 106. Reasonable Distances

Smoking is prohibited within a reasonable distance of at least 25 feet outside an enclosed area where smoking is prohibited, so as to ensure that tobacco smoke does not enter the area through entrances, windows, ventilation systems, or other means.

Section 107. Where Smoking is Not Regulated

Unless other provisions of this Article address them the following areas shall be exempt from the provisions of section 105:

1. Private residences, except when used as a licensed childcare, adult day care, or health care facility.

Section 108. Enforcement

- A. This Article shall be enforced by _____[City Manager/ or Village Council President] or an authorized designee.
- B. Any citizen who desires to register a complaint under this Article may initiate enforcement with _____[City Manager/or Village Council President or an authorized designee].
- C. An owner, manager, operator, or employee of an establishment regulated by this Article shall inform persons violating this Article of the appropriate provisions.

Section 109. Definitions

1. “Business” means a sole proprietorship, partnership, joint venture, corporation, or other business entity formed for profit-making purposes, including retail establishments where goods or services are sold as well as professional corporations and other entities where other professional services are delivered.
2. “Employee” means a person who is employed by an employer in consideration for direct or indirect monetary wages or profit, and a person who volunteers his or her services for a non-profit entity.

Alaska Native Health Board

3. “Employer” means a person, business, partnership, association, corporation, including a municipal corporation, trust, or non-profit entity that employs the services of one or more individual persons.
4. “Enclosed Area” means all space between a floor and ceiling that is enclosed on all sides by solid walls or windows (exclusive of doorways), which extend from the floor to the ceiling.
5. “Health Care Facility” means an office or institution providing care or treatment of diseases, whether physical, mental, or emotional, or other medical, physiological, or psychological conditions, including but not limited to, clinics, homes for the aging or chronically ill, and all specialists within these professions. This definition shall include all waiting rooms, hallways, private rooms, and semiprivate rooms within health care facilities.
6. “Place of Employment” means an area under the control of a public or private employer that employees normally frequent during the course of employment, including, but not limited to, work areas, employee lounges, restrooms, conference rooms, meeting rooms, classrooms, hallways, and vehicles. A private residence is not a “place of employment” unless it is used as a children care, adult day care, or health care facility.
7. “Public Place” means an enclosed area to which the public is invited or in which the public is permitted, including but not limited to, educational facilities, health care facilities, reception areas, restaurants, retail food production and marketing establishments, retail service establishments, retail stores, and waiting rooms. A private residence is not a “public place” unless it is used as a childcare, adult day care, or health care facility.
8. “Restaurant” means an eating establishment, including but not limited to, coffee shops or sandwich stands; which gives or offers for sale food to the public, guests, or employees, as well as kitchens and catering facilities in which food is prepared on the premises for serving elsewhere. The term “restaurant” shall include an attached bar.
9. “Smoking,” means inhaling, exhaling, burning, or carrying any lighted cigar, cigarette, pipe, weed, plant, or other combustible substance in any manner or in any form.

Section 110. Posting of Signs

- A. “No Smoking” signs or the international “No Smoking” symbol shall be clearly posted in every public places and place of employment where smoking is prohibited by this Article, by the owner, operator, manager, or other person in control of that place.
- B. Every public place and place of employment where smoking is prohibited by this Article shall have posted at every entrance a sign clearly stating that smoking is prohibited.

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APPENDIX E: ALASKA STATE LEGISLATED ACTIONS ON TOBACCO USE

Source: American Lung Association website– State Legislated Actions on Tobacco Use (<http://slati.lungusa.org>)

Public Places

Smoking is prohibited entirely in elevators. Smoking is restricted to designated areas: in public transportation vehicles and waiting areas, courtrooms or jury rooms, correctional facilities, and grocery and retail food stores.

AK STAT. §18.35.300 et seq. (1990).

Government Buildings

Smoking is banned in rooms controlled by the state or a political subdivision of the state when a public meeting or assembly is in progress. Smoking is restricted to designated areas in buildings and other structures owned, leased, or operated by the state or a political subdivision of the state, including places of employment, offices, libraries, museums, theaters, concert halls, convention halls, gymnasiums, swimming pools, and other places of entertainment or recreation.

AK STAT. § 18.35.300 et seq. (1990).

Private Workplaces

Smoking is restricted to designated areas in places of employment. The employer shall post signs in areas prohibiting smoking.

AK STAT. §18.35.300 et seq. (1990).

Schools

Smoking in any form is prohibited in a public or private elementary or secondary school, preschool, or children's day care facility. The prohibition does not apply to a designated smoking areas in public or private elementary schools created by a collective bargaining agreement for employees made prior to August 14, 1990. These designated areas must be properly ventilated or equipped with an exhaust fan and located in a room where minors are not permitted.

AK STAT. §18.35.305 (1990).

Child Care Centers

Smoking is restricted to designated areas in public or private adult day care facilities. Smoking is pro-

Alaska Native Health Board

hibited entirely in childcare facilities, including private residences during the time they are being used for day care services.

AK STAT. §18.35.300 et seq. (1990).

Health Facilities

Smoking is prohibited entirely in public and private hospitals and in offices where health or dental care is practiced. Smoking is restricted to designated areas in nursing homes, rest homes or other residential health care institutions or facilities, and public or private mental health facilities.

AK STAT. §18.35.300 et seq. (1990).

Restaurants

Smoking is restricted to designated areas in food service establishments with a seating capacity of at least 50 persons.

AK STAT. §18.35.300 et seq. (1990).

Cigarette Tax

Cigarette tax rate per pack of 20: 1.00 dollar

Date last changed: October 1, 1997 -- 29 cents to 1.00 dollar.

Year first enacted: 1949

An excise tax of 12 mills on cigarettes imported or acquired in the state is to be deposited in the general fund. The taxes collected are to be accounted for separately and may be used by the legislature to fund health care, health research and health promotion and education programs.

AK STAT. § 43.50.190 (1997).

Other Tobacco Products Tax

Chewing tobacco and snuff: 75% of wholesale price.

Revenue Collected \$40,894,000

Compliance Enforcement/Penalty

Persons who negligently sell, exchange, or give a cigarette, a cigar, or a tobacco product to persons under 19 is guilty of a violation and upon conviction may be fined not less than \$300 if the person does not hold a business license endorsement. For business license endorsement holders, the fine is: \$1000 if the person has not been previously convicted of violating this section; \$2000 if the person has been previously convicted once within the past 24 months; \$5000 if the person has been previously convicted more than once within the past 24 months.

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AK STAT. § 11-76-100 and § 43.70.075 (2001).

Penalties to Minors

It is a violation for minors to knowingly possess tobacco products. AK STAT. § 11.76.105 (1995). A minor accused of violating this provision shall be charged, prosecuted, and sentenced in the district court in the same manner as an adult, and the minor's parent or guardian shall be present at all proceedings.

AK STAT. § 47.10.010 (1995).

Single Cigarettes

A person may not sell cigarettes to another person unless the cigarettes are sold in groups of at least 20 and the cigarettes are in the manufacturer's original cigarette pack or contained in a cigarette carton or box.

AK STAT. § 43.70.075 (2000).

Placement

A vending machine may be maintained only if it is on premises licensed as beverage dispensaries, clubs, or package stores, if it is as far as possible from the primary entrance and is directly and continually supervised by an employee of the premises when the machine is accessible to the public. Vending machines may also be located in an employee break room or other controlled area of a private workplace that is not generally considered a public place and the room or area contains a posted warning sign at least 11 inches by 14 inches indicating that possession of tobacco by a person under 19 years of age is prohibited.

AK STAT. § 11.76.100 et seq. (1998).

Failure to supervise such a machine or selling tobacco to a minor through the machine is punishable by a fine of not less than \$300 upon conviction.

AK STAT. § 11.76.107 (1992).

A vending machine may be maintained only if it is on premises licensed as beverage dispensaries, clubs, or package stores, if it is as far as possible from the primary entrance and is directly and continually supervised by an employee of the premises when the machine is accessible to the public. Vending machines may also be located in an employee break room or other controlled area of a private workplace that is not generally considered a public place and the room or area contains a posted warning sign at least 11 inches by 14 inches indicating that possession of tobacco by a person under 19 years of age is prohibited.

AK STAT. § 11.76.100 et seq. (1998).

Alaska Native Health Board

Requirements

A person who sells cigarettes, cigars, tobacco, or other products containing tobacco as a retailer must have a business license and a business license endorsement. A license endorsement is required for each location or outlet where tobacco products are offered for sale.

AK STAT. § 43.50.010 and AK STAT. § 43.70.075 (2001).
Fee \$100 annually for retailers and vending machine operators.

AK STAT. § 43.50.030 (2001)

Penalty for Sales to Minors

A license may be suspended for 20 days and a civil penalty of \$300 for a first offense, 45 days and a civil penalty of \$500 for the second offense within 24 months, and 90 days and a civil penalty of \$1000 for a third offense within 24 months, or one year and a civil penalty of \$2500 for an additional conviction within 24-months of selling or giving tobacco to a minor or failing to supervise a vending machine. A suspension or revocation applies only to the retail outlet in the location in which the violation occurs.

AK STAT. § 43.70.075 (2001).

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APPENDIX F: WEB RESOURCES

Alaska Resources:

Alaska Native Health Board
<http://www.anhb.org>

Alaskans for Tobacco Free Kids
<http://www.aktobaccofreekids.org/>

American Lung Association of Alaska
<http://www.aklung.org/tobacco.htm>

State of Alaska Tobacco Prevention and Control Unit
<http://www.hss.state.ak.us/dph/chems/tobacco/default.htm>

National Resources:

The National Tribal Tobacco Prevention Network
<http://www.tobaccoprevention.net>

Centers for Disease Control and Prevention, Tobacco Information and Prevention Source
<http://www.cdc.gov/tobacco/>

Action on Smoking and Health
<http://www.ash.org/>

American Lung Association
<http://www.lungusa.org>

Campaign for Tobacco Free Kids
<http://tobaccofreekids.org/>

University of Maryland School of Law
Legal Resource Center for Tobacco Regulation, Litigation & Advocacy
http://www.law.umaryland.edu/tobacco/ctr_links.asp

Group to Alleviate Smoking Pollution of Colorado
<http://www.gaspforair.org>

Tobacco Control Resource Center and Tobacco Products Liability Project
<http://www.tobacco.neu.edu/>

Alaska Native Health Board

U.S Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information

<http://www.health.org>

Smokefree Action Network

<http://www.smokefreeair.org/>

Smoke-Free Environments Law Project

<http://www.tcsg.org/sfelp/home.htm>

The Praxis Project

<http://www.thepraxisproject.org/>

Nimco, Inc. Tobacco health Education Products

<http://tobacco.nimcoinc.com/>

Tobacco Scam, how Bid Tobacco uses and abuses the restaurant industry

<http://www.tobaccoscam.ucsf.edu/>

Tobacco Web, Smoking and Tobacco Related Issues

<http://www.cancercouncil.com.au/cncrinfo/cncrsmrt/tobasmok/smokefree.htm>

University of California, San Francisco Legacy Tobacco Documents Library

<http://legacy.library.ucsf.edu/>

The Truth Campaign

<http://www.thetruth.com/>