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339



Alaska State Legislature

SENATE

Office of the President

P.O. Box V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

January 25, 1988

TO: Senator Paul Fischer, Chairman
Health, Education and Social Services Committee

FROM: Senator Jan Faiks
President of the Senate

SUBJECT: SB 339 "An Act relating to tobacco products."

Senate Bill 339 has been referred to your committee for consideration. The bill proposes changes to AS 11.76.100, relating to the offense of selling or giving tobacco to a minor.

Under current law, a person 19 years of age or older commits a violation if the person sells or gives cigars, cigarettes or tobacco to a person under 16 years of age.

There are several problems with current law. First, it only covers cigars, cigarettes and tobacco. It does not clearly prohibit adults from providing tobacco products such as snuff or certain other types of smokeless tobacco to underage individuals. As you know, these products are increasingly popular with our youth, and they pose clear health risks, such as cancer of the mouth, tongue and throat, as well as gum disease.

Second, while current law prohibits adults from providing tobacco to underage persons, it allows vending machines to dispense tobacco products. The predictable result of this is that most teenagers who smoke cigarettes obtain them from vending machines.

Third, current law allows the sale of tobacco to minors 16, 17 and 18 years of age.

SB 339 proposes to correct this situation. It repeals AS 11.76.100, and reenacts it as follows:

AS 11.76.100(a)(1): A person 19 years of age or older commits the offense of selling tobacco to a minor if the person knowingly sells, exchanges or gives a cigarette, a cigar, tobacco or a product containing tobacco to a person under 19 years of age.

AS 11.76.100(a)(2): A person 19 years of age or older commits the offense of selling tobacco to a minor if the person maintains a vending

machine that dispenses cigarettes, cigars, tobacco or tobacco products and that is accessible to persons under the age of 19.

AS 11.76.100(b): Selling or giving tobacco to a minor is a violation.

AS 11.76.100(c)(1): A person who maintains a vending machine is not in violation of this statute if only the person who owns or maintains the machine can operate the machine, either directly or through a remote control device that is inaccessible to the customer. As an example, vending machines behind the counter in a store or restaurant, or vending machines with a cut-off switch at the cash register would be allowed.

AS 11.76.100(c)(2): A person who maintains a vending machine is not in violation of this statute if the machine is located at a business establishment, place of employment or private club at which a person under the age of 19 is not employed and into which a person under 19 years of age is not allowed unless accompanied by a legal guardian 21 years of age or older. As an example, a machine in a bar would be deemed inaccessible to minors as a matter of law, as would a machine in a workplace where minors were not employed and which prohibited the entry of unaccompanied minors as a matter of company policy.

Please feel free to contact my office with questions or comments.

Position Paper

SB 339

For an Act entitled: "An Act relating to tobacco products."

This Act would repeal and reenact AS 11.76.100, which prohibits the selling or giving of tobacco to a minor. The Act prohibits maintaining a vending machine that dispenses tobacco products and that is readily accessible to minors, unless its operation is under the control of the owner of the machine or a person employed by the owner.

The purpose of this Act is to reduce the accessibility of tobacco products to minors under the age of 19 years.

Impact of Bill

Tobacco has been shown to be a highly addictive substance with numerous adverse health effects on the user. It has been cited by the Surgeon General of the United States Public Health Service as the number one cause of preventable disease in this country. The younger a person is when he/she begins the use of tobacco or other addictive substances, the more likely he/she is to abuse that product and suffer the adverse effects of that abuse.

Position

This bill should reduce significantly the accessibility of tobacco products to minors and reduce the resultant morbidity due to their use. The Department of Health and Social Services supports this legislation.

Recommended by:

Elizabeth Ward
Elizabeth Ward, M.N.
Director
Division of Public Health

Date:

January 22, 1988

Approved by:

Myra W. Munson
Myra W. Munson
Commissioner
Department of Health and
Social Services

Date:

January 25, 1988

Elementary Education

Lay Public Ignorant of Drug Prevention Success

by Mark S. Gold, M.D.

Everyone has an opinion about drug prevention. Some experts and journalists declare that prevention is impossible. Parents, acting on this theory, "look the other way" when their children "borrow" their liquor or return home smelling of alcohol or obviously having smoked marijuana.

Other parents, believing drug use to be inevitable and part of "normal" adolescence, try to procure the best, "clean" marijuana for their children, or they use drugs with their children. When drug use is considered by some experts to be normal, primary prevention becomes all the more difficult.

Primary prevention means prevention of drug use. To understand how primary prevention can work, we should study how it is already working. Lost in the shuffle of drug abuse statistics is the fact that 49 percent of United States high school seniors do not use, and have never used, marijuana. Eighty-three percent of high school seniors have never tried cocaine, even once, and 99 percent have never tried heroin!

Illicit drugs break down primary prevention efforts by pretending to be normative, but the use of them by the nation's young people is a real problem; it is neither normative nor normal.

A simple equation for conceptualization of prevention is: drug use/abuse/addiction = exposure X predisposition. Predisposition is the vulnerability to use and/or develop abnormal patterns of use when exposed to a particular drug. Predisposition is comprised of complex psychosocial and biological factors.

The vulnerability to develop alcoholism and abnormal use is inherited. The genetic predisposition is a biological (physical) vulnerability that is transmitted from parents to offspring. Evidence is growing

that the genetic predisposition for alcohol extends to other drugs such as cocaine and marijuana.

The majority of alcoholics under the age of 30 are addicted to at least one other drug, most often marijuana and followed by cocaine. Cigarettes also may be included in this vulnerability since nicotine is a drug and cigarettes are commonly used by alcohol/drug users. The biological vulnerability most likely resides in the brain, and drug

To prevent marijuana use we must prevent cigarette and alcohol use.

(and/or alcohol) addiction is in part a neurological disease.

To prevent marijuana use we must prevent cigarette and alcohol use. To prevent cocaine use we must prevent cigarette, alcohol, and marijuana use. With 91 percent of high school seniors having tried alcohol—85 percent using in the past year, 65 percent using in the past month, and 4.8 percent using every day—it is obvious where secondary prevention efforts should be focused.

Prevention efforts have been somewhat successful in reducing cigarette smoking among adults and new adolescent smokers. From a peak in 1976 of 76 percent of high school seniors having ever tried a cigarette in their lifetime, currently 68 percent have ever tried smoking. Daily cigarette smoking among high school seniors has dropped during this decade from 28.8 percent to 18.7 percent.

Secondary prevention requires early identification and interven-



tion. Early identification can be made by a pediatrician at an annual physical, or it can be made during a sports physical by the use of urinalysis.

Education with outpatient recovery programs can quickly help a drug-using adolescent and codependents when the diagnosis is made at an early phase of the illness.

Prevention programs in the schools should begin early in elementary schools with discussions of the body, the difference between medicine and drugs, and the proper way to fill, use, and discard prescription drugs. Shortly thereafter, the health effects of cigarette smoking and alcohol consumption should be stressed; this should include a discussion of the reasons why people start drinking or smoking. Children should be encouraged to help their parents stop smoking.

Educational prevention is the most effective when focusing elementary education first on cigarettes, then alcohol, then marijuana. Antidrug messages should be reinforced in biology and other subjects. The drug curricula should continue through senior high school, with an increase in experiential learning and exposure to real-life victims of addiction.

Children at risk (e.g. children with a family history of addiction, etc.) should be identified and receive additional individual and family prevention information. While drug prevention is not as precise a science as we would like, it is a lot more effective than professionals or the lay public recognize.

Mark S. Gold, M.D., is the author of the new "Facts About Drugs and Alcohol," Bantam Books, 1987.

Is There A Safe Tobacco?

Is there a way to use tobacco
without risking your health
and your life?

Should you switch from
cigarettes to another form
of tobacco use?

- Snuff? • Cigars? • Pipes?
- Chewing Tobacco?
- Clove Cigarettes?
- Low-Yield Cigarettes?

Take a look at

The Facts



SMOKELESS TOBACCO

As cigarette smoking becomes increasingly unpopular in American life, tobacco companies are trying hard to promote chewing tobacco and snuff.

They aim at two groups:

- Young people who may never have been regular smokers.
- Smokers and ex-smokers who want a substitute for cigarettes.

But how safe are these products?

Chewing tobacco is leaf tobacco chewed by placing a wad—called a “quid” or “chaw”—between the cheek and the teeth, and sucking on it.

Snuff is finely ground tobacco. It is “dipped” by placing a pinch between the lower lip and teeth. Although the practice is rare, it may also be breathed through the nose.

Chewing tobacco and snuff definitely are dangerous health hazards. Because they are not smoked, they increase the risk of disease in certain other parts of the body instead of the lungs.

The dangers of using smokeless tobacco stem from two facts:

- They can lead to nicotine addiction.

- They damage the delicate lining of the mouth and throat.

As a result, they can contribute to serious disease or death from oral cancers, heart disease, or stroke.

Some health problems linked to chewing tobacco and snuff

- Mouth cancer • Throat cancer • Gum disease

Other effects

- Bad breath • Stained teeth • Tooth loss
- Slow healing of mouth wounds • Lowered sense of taste and smell • Excess saliva, need to spit

Smokeless tobacco companies want you to believe chewing tobacco or dipping snuff is the “in” thing to do—that it makes you more attractive.

CIGARS AND PIPES

Pipe and cigar smokers have death rates that are lower than those of cigarette smokers, but higher than non-smokers. Since they tend to smoke less and usually do not inhale, pipe and cigar smokers have less risk of heart and lung disease. Those who switch from cigarettes to pipes and cigars, however, may inhale more than those who originally smoked cigars and pipes—or smoke more often.

Smoking pipes or cigars is far from safe. Here are the facts:

- Pipe and cigar smoke contain many of the same harmful ingredients as cigarette smoke, often in much higher amounts.
- People who *inhale* pipe or cigar smoke have greater risks of death from lung or heart disease than do cigarette smokers.
- Cigarette smokers who switch to pipes or cigars are likely to inhale the smoke—often unintentionally.
- Little cigars are especially dangerous. People tend to use them like cigarettes—

AMERICAN LUNG ASSOCIATION
The Christmas Seal People

AMERICAN LUNG ASS'N. OF ALASKA
605 BARROW ST., SUITE 2
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smoking more and inhaling the smoke—but they have higher nicotine and tar levels than cigarettes.

- Cigar smokers have slightly higher early death rates than pipe smokers. But the rates for both go up if they:
 - smoke more often.
 - smoke over a longer period of years.
 - begin at a young age.
 - inhale often or deeply.
- Pipe smokers have an especially high risk of getting lip cancer.
- Compared with cigarette smokers, pipe and cigar smokers have higher risks of dying from cancer of the mouth, throat, or larynx (voice box).

THE LONELY SMOKERS

Pipe and cigar smokers have a special social problem. Their smoke is even more offensive and irritating to nonsmokers than cigarette smoke. It is banned in more places—including airlines—and can be disturbing to spouses, best friends, coworkers.

One study showed the smoke from one cigar polluted the air more than 42 cigarettes in a half hour. What's in that smoke? There are some 4,000 chemicals, and nearly 50 cancer-causing substances.

A few of the 4,000 pollutants in tobacco smoke

Carbon monoxide	Vinyl chloride
Nitrites	Hydrocarbons
Ammonia	Volatile alcohols
Nitrosamines	Urethane
Hydrogen cyanide	Formaldehyde
Sulfur compounds	Hydrazine

The pollution created by tobacco smoking is one of the major reasons why smokers are becoming an increasingly lonely minority.

CLOVE CIGARETTES

Like cigars or pipes, clove cigarettes (which are also known as "kreteks" and usually imported from Indonesia) have a pungent odor. Recently they've become popular among young people, many of whom seem to think that they're "safe" because they're allegedly made of cloves.

But in fact clove cigarettes are usually 60 percent tobacco and 40 percent ground cloves, clove oil (eugenol), and other additives. So they may be just as hazardous as other tobacco cigarettes. And some scientists think they are even more hazardous—that they may cause more immediate injury to the lungs.

LOW-YIELD CIGARETTES

More than half of cigarette smokers now use brands that promote low tar and nicotine. Those cigarettes may or may not be less dangerous. That depends on how smokers use them. Most smoke more to compensate—to achieve certain nicotine levels or taste more flavor, for instance.

What do the labels mean?

Tar and nicotine ratings are estimates of what a cigarette may deliver. Although a standard smoking machine is used to arrive at the numbers, the actual amounts can vary widely from those numbers.

Smokers breathe in a greater amount of these dangerous products if they:

- inhale deeply.
- take more than one puff a minute.
- hold the smoke in their lungs longer.
- smoke the cigarette down too far.
- cover vent holes that are near the filter on some brands.

When smokers become addicted, their desire for nicotine often causes them to do these things unintentionally when they switch to lower-yield cigarette brands.

What's missing from cigarette labels?

What the labels fail to tell you may be as important to your health as what they say. More and more, makers of low tar cigarettes are using additives to try to improve taste and burning quality. They are not required to list those additives on cigarette labels, and the health effects of many of them are unknown.

How do "ultra low tar" brands work?

These brands usually depend on mixing air with the smoke. A ring of tiny vent holes near the filter causes the smoker to draw air and smoke together.

Some people block the holes, purposely or accidentally, defeating the purpose. A cigarette rated at 1 mg tar can yield 12 mg of tar or more. People also tend to over-smoke these brands to satisfy their desire for nicotine.

Low tar brands also fail to reduce health hazards caused by side-stream smoke, which enters the air directly from the burning end of the cigarette and is not filtered.

Tar is the weight of all the chemicals, less nicotine and moisture, that can be taken out of tobacco smoke. It is deposited in smokers' lungs. Some chemicals in tar are known to cause cancer.

Nicotine is the addictive drug in cigarettes. Evidence suggests that nicotine intake raises the risk of death from heart disease and stroke. In its pure form, nicotine is a strong poison. A small dose of it, injected directly into the bloodstream, would kill a person within one hour.

If you are using low-yield cigarettes as a step to quitting, these tips may help:

- Smoke as few cigarettes as possible.
- Take fewer puffs per cigarette.
- Inhale fewer puffs, and don't inhale deeply.

- Leave longer butts.
- Do not block vent holes.
- Take the cigarette out of your mouth between puffs.
- Smoke the lowest yield cigarette you can tolerate. When you've had time to adjust, switch down again.
- Keep quitting as your final goal—and get to that goal as soon as you can.
- Ask your local American Lung Association for help in quitting smoking. They have self-help manuals, group programs, and new video techniques. Find out which one—or several—work best for you.

These are the facts: There is no safe tobacco, either smokeless or regular.

Take care of your lungs.
They're only human.

AMERICAN



LUNG ASSOCIATION OF ALASKA

Dedicated to the prevention and control of lung disease

Sept. 9, 1987

Deborah Williams, Executive Director

UNDERAGE TOBACCO TEST FOLLOW-UP AND SUMMARY

In a two part study conducted by the American Lung Association of Alaska, two girls, both of whom were not old enough to legally purchase tobacco products, did successfully buy cigarettes 66 out of 69 attempts. The results of this test proved that the current laws regarding tobacco and minors are not adequate. Hopefully, based on the outcome of this experiment new legislation will be adopted, making the accessibility of tobacco to anyone under 19 years of age impossible, and cigarette vending machines banned.

THE TEST

In the first part of the experiment, a 14 year old girl was instructed to attempt to buy cigarettes from store clerks or attendants. No attempt was made to make her appear older. She successfully purchased cigarettes 47 out of 49 attempts, mainly at convenience stores. All establishments were selected according to driving convenience and the names of the offending establishments were not released or made public. This information was considered confidential and treated accordingly.

The second part of the study involved a 10 year girl who was instructed to enter establishments and attempt to purchase cigarettes from vending machines. She succeeded in 19 of those 20 attempts. During this part of the test we gained the shocking knowledge that in some instances cigarettes were being sold in candy vending machines.

The test was conducted on August 6th and 10th, with a press conference taking place on August 11th to reveal the results of the findings. The press conference was covered by all three TV stations, and both local newspapers. At this writing, new legislation regarding this matter is being considered.

The current age of which one can legally purchase tobacco products in Alaska is 16.

AMERICAN  LUNG ASSOCIATION OF ALASKA
Dedicated to the prevention and control of lung disease

Deborah Williams, Executive Director

August 11, 1987

UNDERAGE CIGARETTE BUYERS SUCCEED

On Monday August 10th, the American Lung Association of Alaska completed an important test. The test was conducted with two school-age girls: 14 year old Shelly Klingbell, a 9th grader at East High, and 10 year old Heather Timmerman, a 5th grader at Rabbit Creek Elementary School, neither were old enough to legally purchase cigarettes. In the first experiment, the 14 year old was instructed to attempt to purchase cigarettes from a clerk or store attendant. In the second part, the 10 year old was instructed to enter various establishments and attempt to buy cigarettes from a vending machine.

Shelly, 14, attempted to purchase cigarettes at 49 different stores; she succeeded at 47 of those. Not only regular cashiers, but also assistant managers sold her cigarettes. Surprisingly, out of the 49 stores only 4 of them asked her to produce ID, when she stated that she left her ID at home 2 of those stores still sold to her.

Heather, 10, attempted to buy cigarettes from vending machines at 20 establishments, and succeeded 19 times. At only 1 restaurant did a waitress tell her she couldn't buy. Heather stated at first she was nervous, but later in the test she said, "It's so easy, I don't even think about it anymore, and a lot of the machines are supervised. Heather, however was surprised that 3 of the machines sold not only cigarettes but also candy.

"I was appalled when I found out that many establishments sold cigarettes to minors!" stated an astonished Deborah Williams, Executive Director of The American Lung Association of Alaska. "Something has to be done, this is totally unacceptable." She notes.

- MORE -

AMERICAN  LUNG ASSOCIATION OF ALASKA
Dedicated to the prevention and control of lung disease

Deborah Williams, Executive Director

"This test proves that the current laws regarding tobacco and minors are inadequate and unacceptable. New legislation must be adopted which will prohibit the sale of tobacco in vending machines and which will raise the age at which minors can purchase tobacco to 19.", stated Paul Wrzesinske, Public Relations Director of the Lung Association. The current age to legally purchase cigarettes in Alaska is 16.

"Prior to this test we had only anecdotal evidence about how easy it was for people under 16 to purchase tobacco. We wanted to do a more comprehensive test. Originally we were planning on doing 50 vending machines and 50 over-the-counter sales. We only did 20 vending machines because it got to the point where it was so easy for the 10 year old to purchase the cigarettes that we were just wasting money.", noted Deborah Williams. "We have most definitely proved an important point, and we hope all Alaskans will join us in improving the laws on this matter." Cigarettes are the number one preventable cause of premature death and disability in the U.S., and 90% of all smokers people become addicted by the time they are 19 years old. 60% of all smokers start by the age of 14, studies show. The younger a person starts to smoke, the more likely one is to remain a smoker, smoke more heavily and die prematurely. "The time to stop the improper flow of cigarettes to children under 16 is now."

- END -

QUALITY SERVICES

Date OCT 07 1987

Palmer, Frontiersman

Client No. 0325

Youths find no problems in purchasing cigarettes

0325

On Monday, August 10, the American Lung Association of Alaska completed an important test. The test was conducted with two school-age girls: 14-year-old Shelley Kilgbell, a 9th grader at East High in Anchorage, and 10-year-old Heather Timmerman, a 5th grader at Rabbit Creek Elementary in Anchorage. Neither were old enough to legally purchase cigarettes. In the first experiment, the 14-year-old was instructed to attempt to purchase cigarettes from a clerk or store attendant. In the second part, the 10-year-old was instructed to enter various establishments and attempt to buy cigarettes from a vending machine.

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MAKING A MINOR POINT ABOUT CIGARETTES



Shelly Klingbell, 14, and Heather Timmerman, 10, pose with some of their haul of cigarette packs.

Anchorage Daily News/Erik H.

Undercover youths smoke out illegal sales

By HAL SPENCER
Daily News reporter

Ten-year-old Heather Timmerman was pretty scared the first couple of times she dropped coins into a vending machine and sauntered out with a pack of cigarettes.

"Then it was easy," she said Tuesday. "After the first few times, it didn't bother me."

Heather, a dainty redhead with an angelic smile, told reporters who showed up at the American Lung Association of Alaska headquarters that she bought cigarettes at 19 different vending machines around Anchorage on Monday without so much as a peep from proprietors within.

Only one of 20 proprietors at hotels, gas stations and other establishments told the child, "Don't do that. Get out of here," said Heather, a fifth-grader at Rabbit Creek Elementary School. Three of the vending machines also dispensed candy, she said.

Heather was part of an experiment, the results of which lung association Executive Director Deborah Williams will use to push for state laws making it tougher for Alaskans under 19 to

acquire and feed a nicotine habit.

"Studies have shown that if you're going to get the habit, your best chance of getting it is before age 18," Williams said.

Also part of Williams' experiment was 14-year-old Shelly Klingbell, a ninth-grader at East High School. Shelly last Thursday and on Monday graphically demonstrated that many Anchorage merchants don't much care about a state barring sale of cigarettes to youngster under 16.

Shelly visited 49 different stores — ranging from supermarkets to small convenience stores — and was able to buy cigarettes over the counter at 47 of them, she said. Shelly sat beside Heather, both behind a tableful of the cigarettes they had purchased.

"Not only regular cashiers, but also assistant managers sold Shelly cigarettes," Williams said. Even more surprising, she said, only four cashiers asked the teenager for identification, and two of them accepted the girl's ID that she had left her ID at home.

She declined to name any of the stores or other establishments in which the children bought cigarettes, saying she didn't want to embarrass them.

Williams said she was shocked and

dismayed at the ease with which minors can buy cigarettes.

"I think most people are aware they should not be selling to people under 16," she said. "There is clearly an economic motivation for selling to children."

Williams said the results of the experiment prove that Alaska's law against sale of cigarettes to minors is woefully inadequate.

Sale of cigarettes to youngsters under 16 in Alaska can result in fines of as much as \$300.

The lung association, Williams said, is seeking changes in the law to ban the sale of cigarettes from vending machines, to raise the legal purchase age to 19, and to increase the penalties to stiffer fines and even jail time.

Williams said her organization, perhaps through Rep. Johnny Ellis, D-Anchorage, will push for changes in the law in the next legislative session.

Shelly and Heather likely will testify about their experiences before a legislative committee, she said.

And what about the \$102 worth of cigarettes Shelly and Heather purchased with lung association money?

"We'll hang onto them" to display at future hearings, Williams said.

Client No. 0325

Youngsters go undercover to buy smokes; make a point

By Yereth Rosen

Times Writer

0325

Heather Timmerman doesn't look like your typical undercover agent.

She's red-haired and freckled and stands only 4 feet 6 inches tall. She's 10 years old and a rising fifth-grader at Rabbit Creek Elementary School.

She doesn't look like your typical cigarette smoker, either. But that didn't stop employees at 19 of 20 business establishments she visited Monday from allowing her to purchase cigarettes from vending machines.

On Monday, Heather and another girl, 14-year-old Shelly Klingbeil, took part in a sort of sting operation set up by the American Lung Association. While Heather worked the vending machines, Shelly managed to buy cigarettes over the counter at 17 of 49 stores she tested.

State law forbids children under 16 from purchasing cigarettes, while municipal codes limit purchase of cigarettes to those 18 and over. But the law, if Monday's test was any indica-

Continued from page B-1

don't want children to smoke, she said.

"What we have found with adults who smoke, I would say that probably 80 percent of them don't want kids to smoke," she said.

Studies show that 90 percent of the nation's adult smokers were addicted to the cancer-and disease-causing habit before they were 19, she said. By raising the legal age to 19, she said, the state will give youngsters an opportunity to escape the habit.

"We frankly feel that by the time you're 19, you appreciate the stupendous risks associated with cigarettes," Williams said.

Banning vending-machine cig-

arette sales might prove more difficult. No state currently bans the sale of cigarette by vending machine, Williams said, although Utah and Idaho place restrictions on where cigarette vending machines may be located.

But as Heather found Monday, it's a cinch for kids to buy cigarettes from vending machines.

"The first couple of times it was scary," Heather said. "But after a while it got really easy."

The only place she was prevented from buying a pack of cigarettes was the Lucky Wishbone restaurant. A waitress there appeared angry at the very thought of a grade-school child buying cigarettes, Heather said.

"She said, 'Don't do that, get out of here.'" Heather said.

See Minors, page B-2

tion, is widely ignored.

Deborah Williams, executive director of Alaska's office of the American Lung Association, said she was expecting a 50 percent purchase-success rate and was shocked to learn how easy it is for children to buy cigarettes.

"I was horrified, particularly with Heather," she said Tuesday, when the association's sting operation was announced.

The exercise with Heather and Shelly will be used to help the association lobby for two bills during the next legislative session, Williams said. The association wants Alaska legislators to raise the legal age for purchasing cigarettes to 19 and to ban the sale of cigarettes through vending machines.

Williams is optimistic about the chances of getting the legislation passed. Even though Alaska has a higher percentage of smokers than the nation as a whole, it has proved progressive in its adoption of smoking laws and ordinances, she said. And most adults, smokers or not,



Shelly Klingbeil, 14, left, and Heather Timmerman, 10, successfully purchased c.

ALASKA AREA SMOKELESS TOBACCO SURVEY RESULTS

Prepared by: Candy Schlife
August 12, 1986

SMOKELESS TOBACCO USAGE IN RURAL ALASKA

Candy Schlife, R.D.H.
Dental Prevention Specialist
Alaska Area Native Health Service

INTRODUCTION

The use of smokeless tobacco products is increasing. Sales of smokeless tobacco products have increased about 11 percent each year since 1974 with an estimated 12 million users in the United States in 1985.

A recent national survey indicated that 16 percent of males between 12 and 25 years of age had used some form of smokeless tobacco within the past year. Several studies have reported 25 to 35 percent of adolescent males currently use these products (1).

The primary purpose of this survey was to determine the use of smokeless tobacco in the youth of rural Alaska both Native and non-Native. Amount used, number of years used and awareness of health problems associated with the use of these products was also assessed.

METHODS

In the spring of 1986, a nine-question survey was distributed by the Indian Health Service Dental Programs in eight rural regions of the state. These surveys were self-administered by students in grades kindergarten through twelve. Data from about 5,000 surveys was compiled and will be reported here. The method of sampling was based upon those school administrators and dental programs who chose to participate in the survey. (Not all schools in all areas were asked to participate due to time and energy restraints). The perceived problem of use of smokeless tobacco products may have influenced some to participate. A random sample method was not used. The school system was chosen to administer the survey, therefore the sample size was limited to only 5 to 18 year-old children. Students attending school out of their region i.e. boarders were obviously not included. Since school attendance was crucial for participation in the survey there was no attempt to survey those students who had dropped out of school.

RESULTS

The total number of male and female respondents was 2,511 and 2,454 respectively. Of the 4,965 respondents, 34 percent of the males and 38 percent of the females indicated they used smokeless tobacco products. This is contrary to much data that supports substantially higher usage by male vs. female populations. According to a national survey only about two percent of the female population of all ages used smokeless tobacco products (1).

A user was defined as anyone who responded positively to the question, "Do you use smokeless tobacco products?". [Our survey indicated that 24 percent of the males age 5-12 years were users and 45 percent of the 13-18 year-old male students were users.] The percentage of females who regularly use was 22 percent for ages 5-12 years and 34 percent for ages 13-18. The highest user age group was 16 year-old males: 52.7 percent of this age population used. It is alarming to find that about 17 percent of the five-year old females and 10 percent of five-year old males are using these products and had been doing so for 1.3 - 1.5 years (Tables 2, 3)!]

Alaska
Native
Health
—
series

Higher use was seen in Interior and Northern Alaska (Yukon-Kuskokwim Delta Region, Bristol Bay Area, Kotzebue Service Unit, Barrow and Anchorage Service Units). Lower usage was seen in Southeast Alaska, Mt. Edgecumbe and Annette Island Service Units (Table 6). The number of surveys completed from the service units with a higher usage was also indicative of a greater percentage of the population surveyed (Table 5).

According to the survey, 45 percent of the males and 43 percent of the females had tried smokeless tobacco products.

Another item of concern was how much of these products was being used. The average male used 1.4 cans per week and the average female used 1.1 cans per week. National average = 1 can per week.

Copenhagen was the brand selected most often when asked to list brands used. Eighty-four percent of the users chose Copenhagen as the brand or one of the brands used. Copenhagen is U.S. Tobacco's strongest product (2). High use of Copenhagen may indicate a sophisticated and experienced user population. Many home-made versions were also reported.

Respondents were also asked how long they had used these products. The answers ranged from 1.3 years for the five-year old female users to 7.9 years for the eighteen-year old female users. The males length of use varied from 1.0 years in the five-year old males to 6.5 years in eighteen-year old male users. In looking at the average number of years which these products were used, we see that females in general have used these products longer than the males (Tables 3, 4). Use of these products showed a linear progression for both males and females with no particular "target age" or sharp rise in use by an age group. There was a slight increase in use in females from age 8 to 9 and 12 to 13 (Table 4). The average 18 year-old student has used these products for almost seven or eight years. This is compared to a 5 year-old user today who may have 13 to 14 years of use by the time he/she reaches age eighteen.

Scientific evidence is strong that the use of smokeless tobacco can cause cancer in humans, especially oral cancer. The degree it affects depends on many factors such as type of smokeless tobacco product used, frequency, duration, and site of action. Leukoplakia, gingival recession (root caries), staining of teeth and tooth abrasion have also been reported.

Respondents were finally asked if they were aware of any health problems associated with the use of smokeless tobacco products. The majority (60.1 percent) responded positively. Ninety-three percent of those who responded positively to awareness of health problems listed "cancer" as their answer or one of their answers.

A five-year old child probably cannot really comprehend what "cancer" means but this response is an indication that there is some level of awareness. The correlation of awareness of health problems and high usage rate is of concern. It was sad for this surveyor to look at responses of young children who were asking for help in trying to quit their addiction and didn't know what to do.

DISCUSSION

Once usage has been established, the fact of addiction must be addressed and intervention methods must be used.

It has been reported that the blood nicotine levels are similar to that of cigarette smoking and therefore one might expect a similar addiction in smokeless tobacco users. There is also evidence that nicotine may play a role in coronary artery and peripheral vascular disease, hypertension, peptic ulcers and fetal mortality and morbidity (1).

It has been reported in other articles that the number one factor in getting started with smokeless tobacco products is peer pressure. Pressure from older siblings may also be influential. Parental role models may also be a factor (not documented). The advertising campaigns of tobacco companies have been very effective in getting kids trying and hooked.

The job of educating parents as well as the children about the health problems associated with smokeless tobacco products is an important task of all health care providers. Communities need to be presented with this information and allowed to make a decision as to their perspective of the problem. Once it is perceived as a problem (education and awareness) they can then become part of the solution. There is a much greater chance for health behavior changes made with this approach.

We have a unique opportunity to educate and prevent a known negative health behavior. A multi-disciplinary approach involving Community Health Aides, Public Health Nurses, Health Educators, Dental and Medical Personnel, as well as community members, can play an important role in reducing the high usage rate in the rural population in Alaska.

References:

- 1 U.S. Department of Health and Human Services, The Health Consequences of Using Smokeless Tobacco. A Report of the Advisory Committee to the Surgeon General, April, 1986.
2. Youth Use of Smokeless Tobacco: More Than A Pinch Of Trouble National Program Inspection. January 1986.

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Smokeless Tobacco Users

by Service Unit

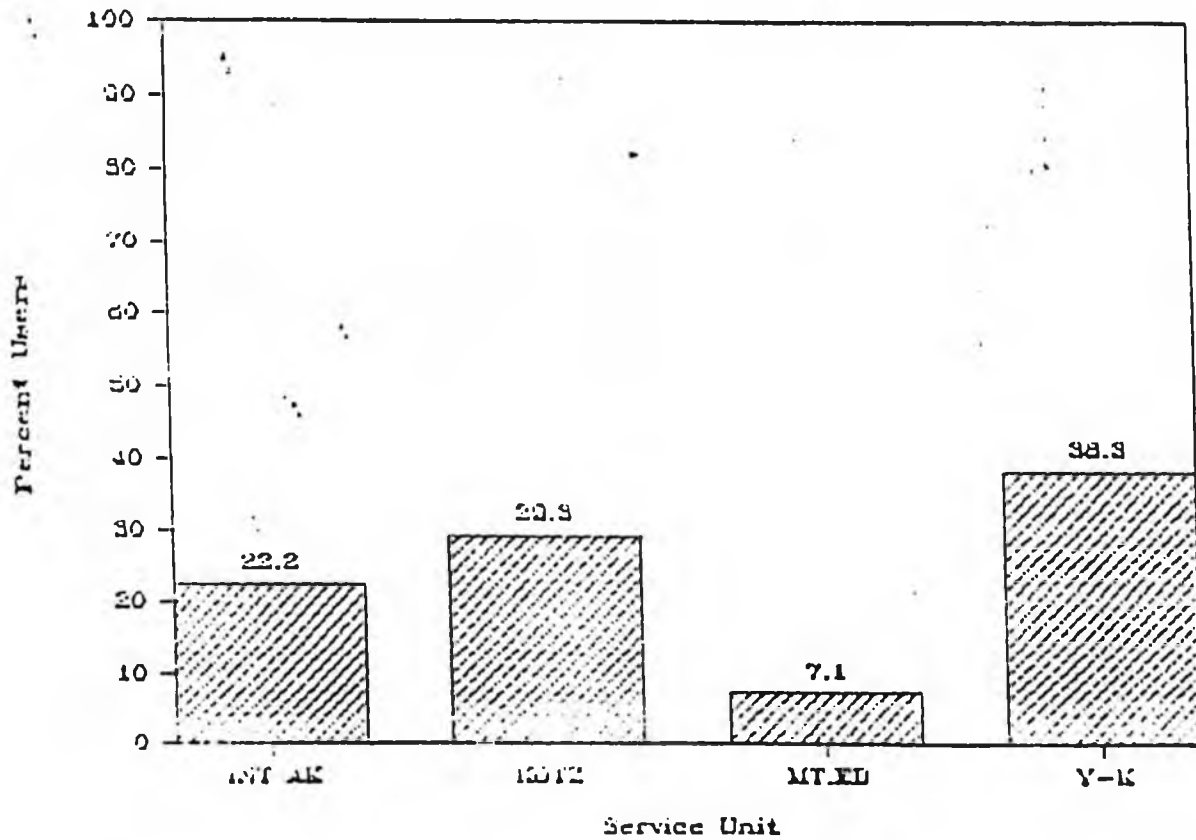
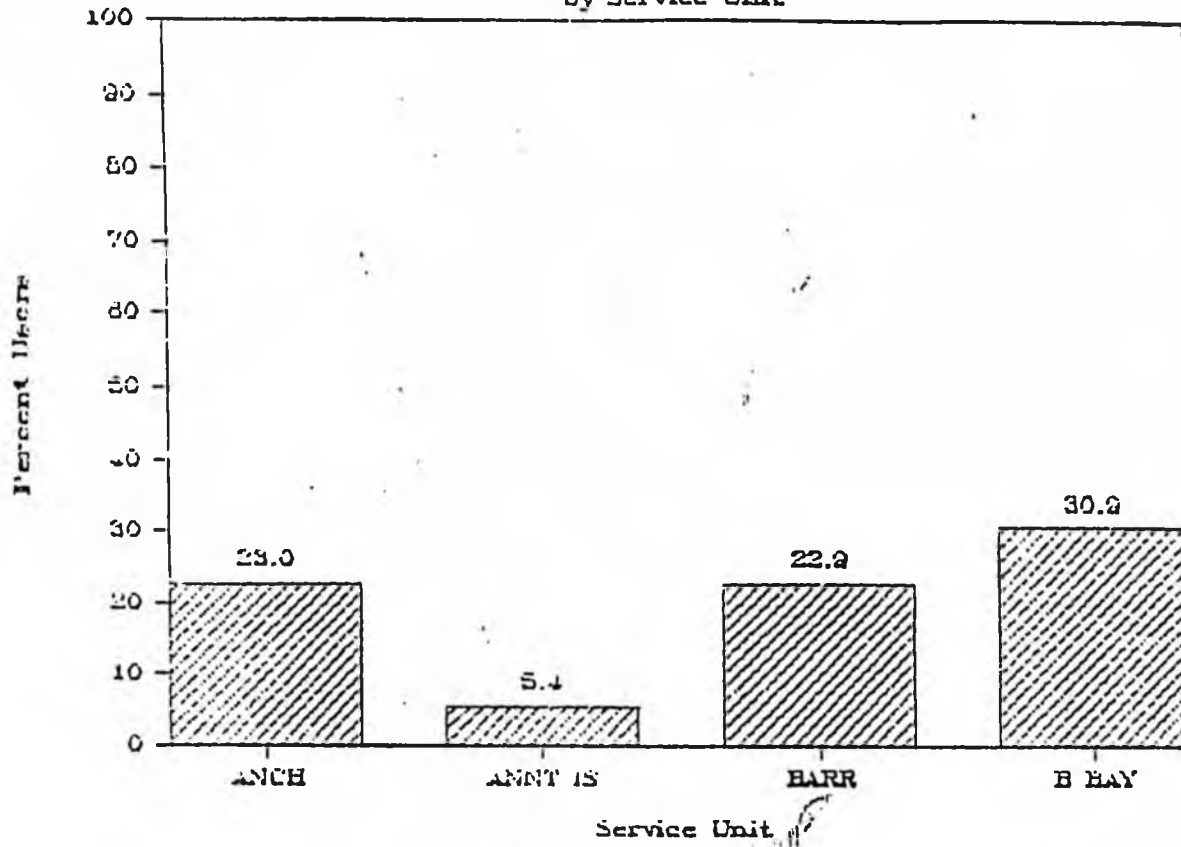


TABLE 5

SERVICE UNIT	NON-USERS	USERS	TOTAL	%USERS
ANCHORAGE	489	146	635	23.0
ANNETTE ISLAND	174	10	184	5.4
BARRON	316	94	410	22.9
BRISTOL BAY	284	127	411	30.9
INTERIOR AK*	443	133	576	22.2
KOTZEBUE	350	145	495	29.3
MT. EDGEWORTH	92	7	99	7.1
YUKON-KUSKOKWIM	1487	925	2412	38.3
TOTAL:	3640	1582	5222	30.3

* Numbers here represent total users and non-users. Sex was unintentionally left off on a majority of the surveys for Interior Alaska so these numbers are not included in any data which includes sex as a component of the results.

TABLE 4

Average Years Using Smokeless Tobacco by Age and Sex

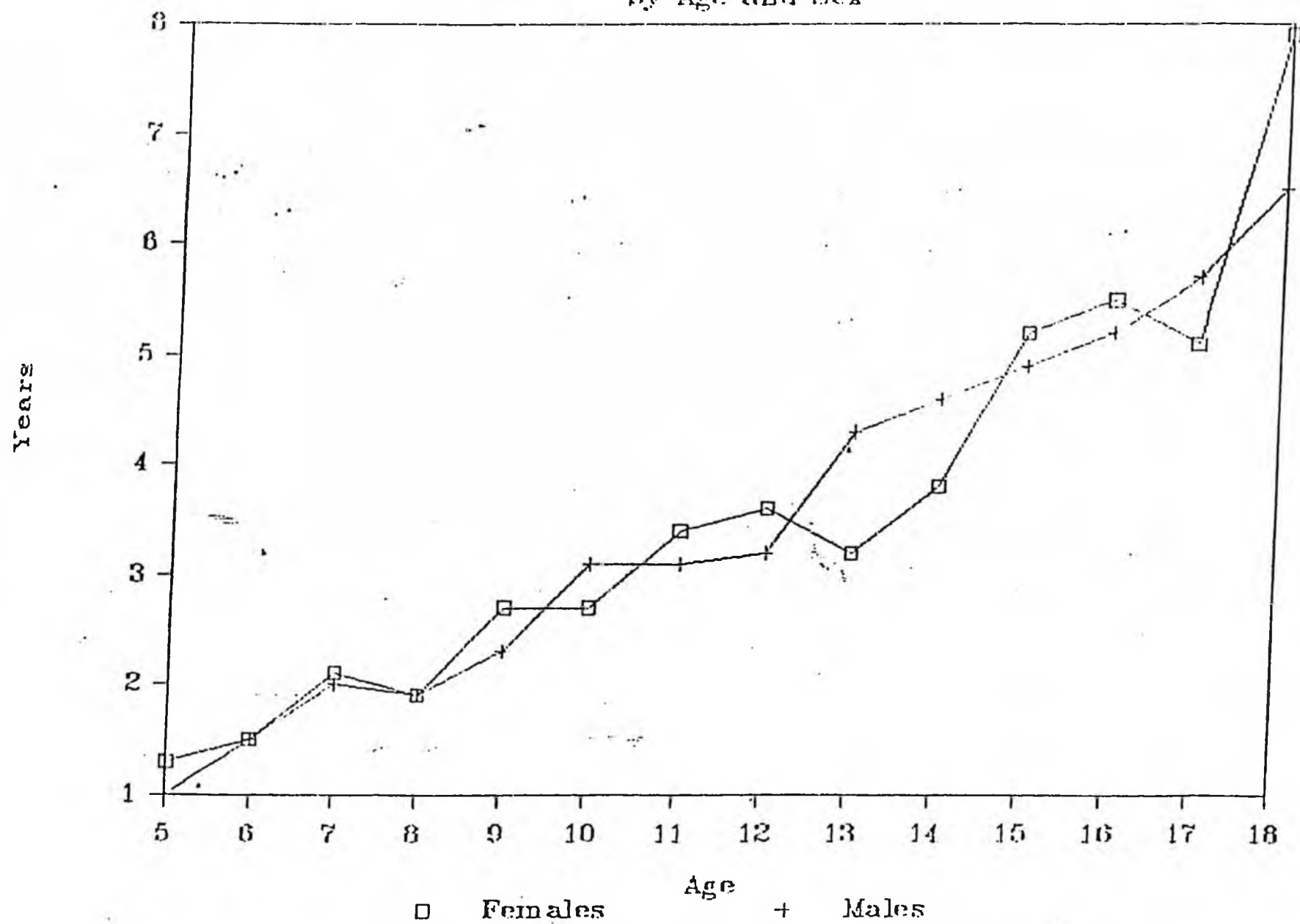


TABLE 3

AGE	SEX	NON-USERS	USERS	TOTAL	%USERS	CANS/WK	YRS USING
5	FEMALE	49	10	59	16.9	0.5	1.3
6	FEMALE	114	16	130	12.3	0.9	1.5
7	FEMALE	140	21	161	13.0	0.9	2.1
8	FEMALE	143	25	168	14.9	1.1	1.9
9	FEMALE	137	40	177	22.6	1.3	2.7
10	FEMALE	150	54	204	26.5	0.9	2.7
11	FEMALE	124	58	182	31.9	1.1	2.4
12	FEMALE	168	58	226	25.7	1.2	3.6
13	FEMALE	138	84	222	37.8	1	3.2
14	FEMALE	146	74	220	33.6	1.3	3.8
15	FEMALE	150	66	216	30.6	1.1	5.2
16	FEMALE	145	83	228	36.4	1.2	5.5
17	FEMALE	121	54	175	30.9	0.9	5.1
18	FEMALE	55	31	86	36.0	0.9	7.9
5	MALE	55	6	61	9.8	1.5	1
6	MALE	123	25	148	16.9	0.9	1.5
7	MALE	156	27	183	14.8	0.9	2
8	MALE	134	32	166	19.3	2.1	1.9
9	MALE	120	46	166	27.7	1.4	2.3
10	MALE	139	51	190	26.8	1.5	3.1
11	MALE	155	67	222	30.2	1.5	3.1
12	MALE	144	66	210	31.4	1.1	3.2
13	MALE	132	72	208	34.5	1.1	4.3
14	MALE	123	86	203	39.4	1.3	4.6
15	MALE	117	106	223	47.5	1.5	4.9
16	MALE	95	106	201	52.7	1.7	5.2
17	MALE	105	94	199	47.2	1.4	5.7
18	MALE	67	64	131	48.9	1.6	6.5

TABLE 1
Percent Users by Sex
All Ages

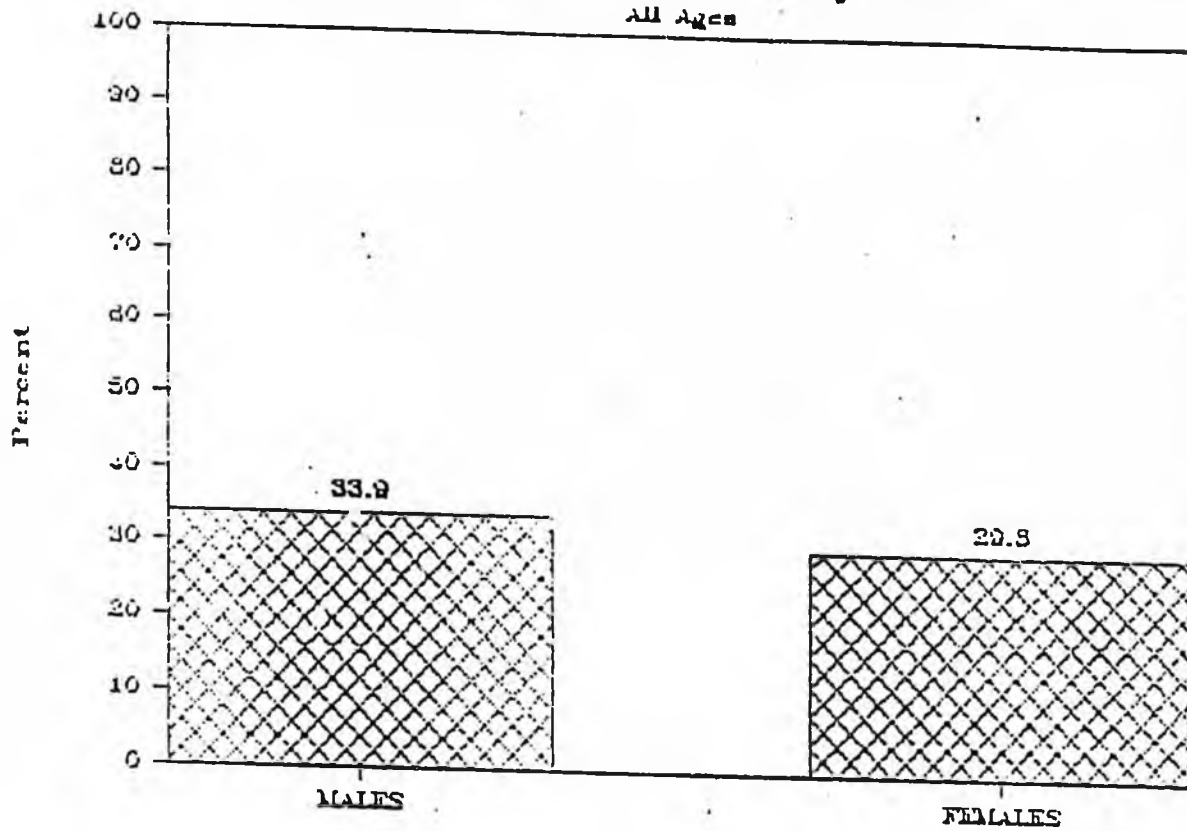
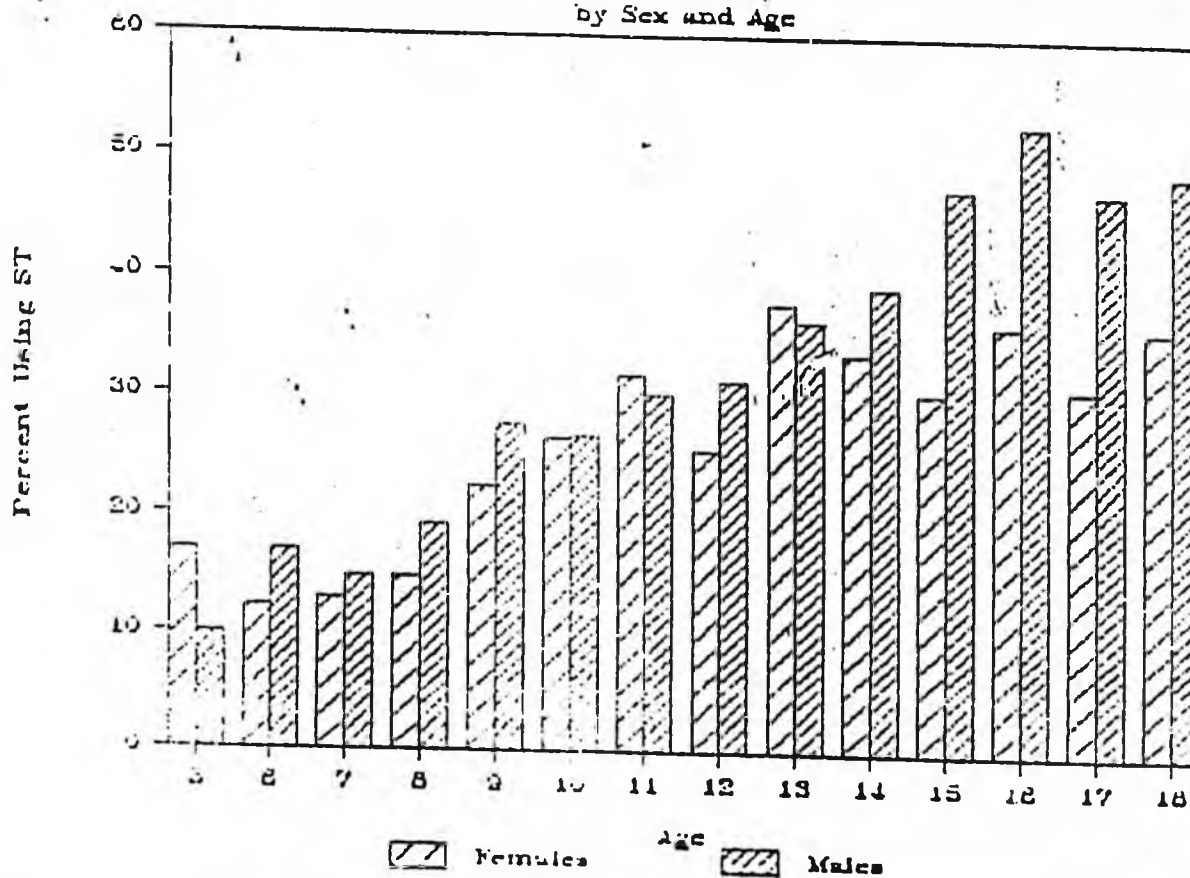


TABLE 2
Percentage of Smokeless Tobacco Users
by Sex and Age



2

TYLER DISTRIBUTING CO., INC.

VENDING, NOVELTY & WHOLESALE

BOX 96

KENAI, ALASKA 99611

Honorable Paul Fischer
P.O. Box V
Juneau, Alaska 99811

January 26, 1988

Dear Sir,

Senate Bill 339, An Act relating to tobacco products, has just come to my attention. As presented, the Bill raises several concerns. It would effectively prohibit the placement of cigarette Vending machines anywhere that was not a bar, private club, or attendant operated location. I feel this is a gross over-reaction to a problem that is:

A. Minor in scope. According to the National Automatic Merchandising Association, only 7% of the total annual domestic cigarette sales are transacted through vending machines. First, reduce this by those sales from machines inaccessible to teenagers. When you further subtract the legitimate sales of cigarettes to adults from machines that are openly accessible, it becomes apparent that the image of an adolescent surreptitiously buying cigarettes from a machine is more folklore than fact. Statistically speaking, outlawing cigarette machines will not seriously contribute to stemming teenage smoking.

B. Already Being Addressed, both by law and from within the vending industry itself. It is already illegal to sell cigarettes to minors, period. Surely it makes more sense to target and prosecute those isolated examples of machines that are allowed to make a significant number of sales to minors than it does to cripple an entire industry. Toward that end, the industry itself, by publishing advisories, statistics and materials, has been instrumental in helping vending operators deal with the problem. (See attachment as an example of an Industry Circular).

In addition to the above specific reservations, there are other broader considerations to be kept in mind.

I think you will agree that little-by-little, layer-by-layer, law-by-law, we have deepened the bureaucratic seas to the point that we are all in danger of foundering in them. Since sales of tobacco products to minors is already illegal, and since most "19 and under" establishments already discourage the sale of such products, I believe the proposed statute to be legally unnecessary and/or redundant.

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TYLER DISTRIBUTING CO., INC.

VENDING, NOVELTY & WHOLESALE

BOX 96


KENAI, ALASKA 99611

Anytime a saleable product is regulated, there are economic ramifications. After reading the Senate Bill 339 proposal, it is apparent its impact as presented on our company alone would result in the loss of 1½ jobs (payroll loss of approx. \$38,000.00), concomitant loss of City, Borough and State revenues from those jobs, and the direct loss to the State of possibly \$16,000.00 in taxes.

Frankly, I must question the spirit and handling of this proposal. I do not believe the sponsors of this Bill have allowed adequate time for public input. Though it may be fashionable to ally oneself with the Lung Association, this Bill does so at the expense of the convenience of rational, responsible, decision-making adults. I do not believe they should be penalized by an ill-concieved, ineffective law.

Thanks for your attention. If I may be on any help during the committee process, please don't hesitate to call.

Sincerely,


M. Wayne Prentice
V. President
Tyler Distributing, Inc.

4

The 6-Step Self-Regulation Program
For Cigarette Machine Operators

The sale of cigarettes to minors is prohibited by State law in all but a few of the States. Complete observance of the law is a "must".

Each operator should:

1. Survey his entire cigarette operation to determine the location of those machines to which minors are likely to have access.

As part of this survey maintain a permanent file record for each machine on location.
2. Post "Minors Are Forbidden" decals conspicuously on all machines.
3. Post on each machine the name, address, and phone number of the operator.
4. Solicit the location owner's cooperation to prevent minors from purchasing from machines to which minors have access. Re-position machines, where necessary, to assure adequate supervision.
5. Remove machines from locations where the sale of cigarettes to minors cannot be prevented.
6. Cooperate with competitors to achieve area-wide compliance of preventing the purchase of cigarettes by minors from vending machines. (As part of this step, establish local group liaison with police officials and offer cooperation in the enforcement of "sales to minors" laws.)

Published by National Automatic Merchandising Association.
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