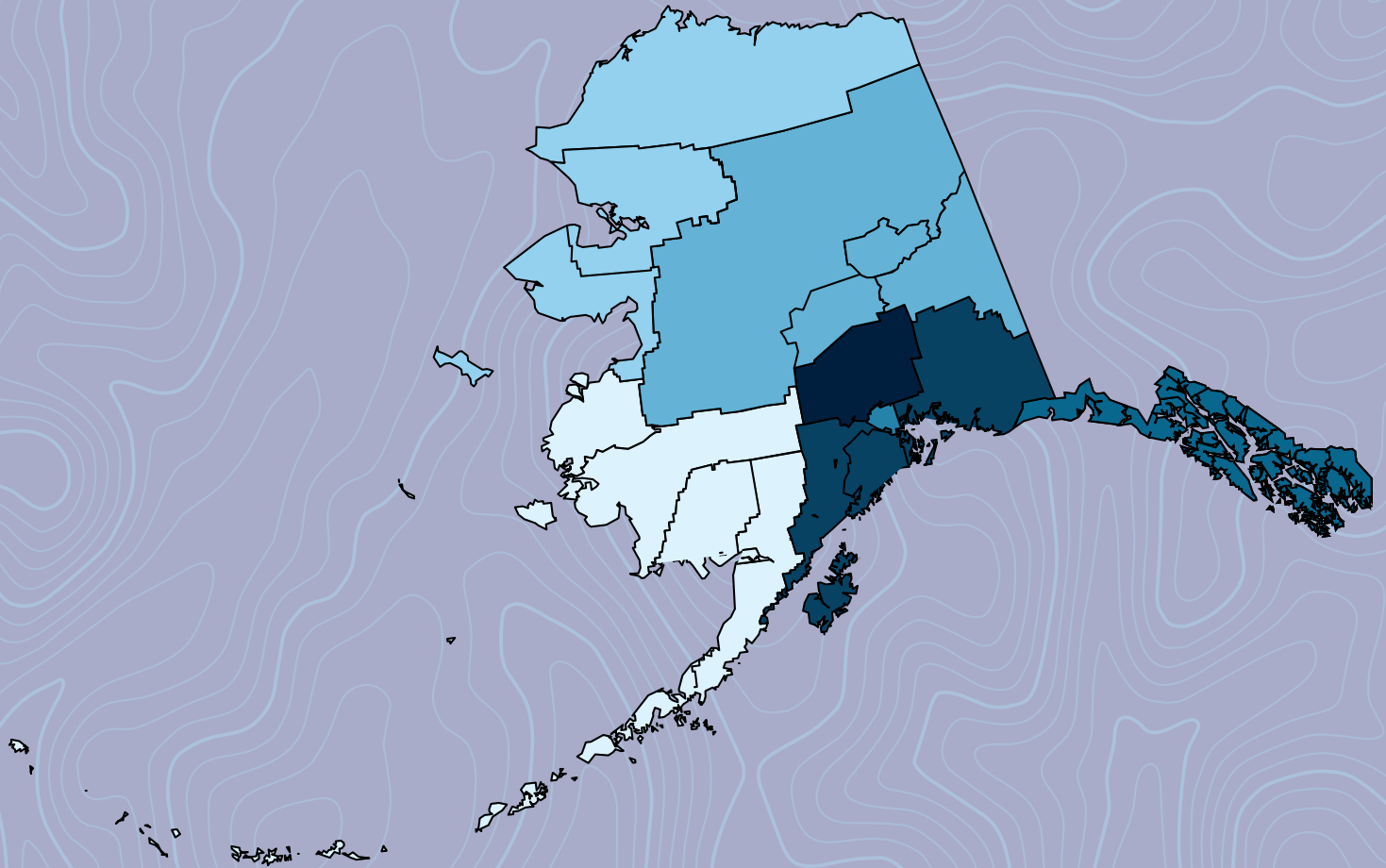


# ALASKA TOBACCO PREVENTION AND CONTROL REGIONAL PROFILES: ALASKA STATE



**FY2022**

# Alaska Tobacco Prevention and Control Regional Profiles: Alaska Statewide

December 2022

Produced by the Section of Chronic Disease Prevention and Health Promotion, Tobacco Prevention and Control Program through a contract with Program Design and Evaluation Services, Multnomah County Health Department and Oregon Public Health Division.

Major contributors include:

*Alaska DOH:* Andrea Fenaughty, PhD, Deputy Section Chief; Matthew Dungan, MPH, Tobacco Prevention and Control Program Epidemiologist.

*Program Design and Evaluation Services:* Julia Dilley, PhD; Kathryn Pickle, MPH; Chris Bushore, MPH; Erik Everson, MPH; Susan Richardson, MPH.

## **Acknowledgements**

*We would like to thank the following for their contribution to this report:*

Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion

Jodi Barnett, BRFSS Coordinator

Tazlina Mannix, YRBS Data Manager

Abigail Newby-Kew, Public Health Data Analyst

Alaska Department of Labor and Workforce Development

David Howell, State Demographer

## **Suggested Citation**

Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska Tobacco Prevention and Control Profile, FY2022 update*. Alaska Statewide: Alaska Department of Health; 2022.

## **Copyright Information**

All material in this document is in the public domain and may be reproduced or copied without permission; however, citation as to source is appreciated.

## Table of Contents

Purpose.....	2
Methods .....	4
Data sources .....	4
Analytic approaches.....	5
Limitations .....	6
Section 1. Overview .....	7
Section 2. Tobacco Use .....	12
Adult Tobacco Use .....	12
Youth Tobacco Use .....	20
Section 3. Preventing Youth Tobacco Use.....	28
Risk and Protective Factors .....	28
Youth Lifetime Tobacco Use.....	29
Tobacco Taxes.....	29
School Policies.....	30
Section 4. Helping People Quit.....	32
Quitting Indicators .....	32
Quitting Resources.....	33
Section 5. Eliminating Exposure to Secondhand Smoke.....	34
Secondhand Smoke Exposure .....	34
Secondhand Smoke Rules .....	35
Secondhand Smoke Attitudes .....	36
Secondhand Smoke Norms .....	38
Secondhand Smoke Policies.....	39

# Purpose

## ***Why tobacco prevention and control matters***

- The Centers for Disease Control and Prevention (CDC) has identified reducing tobacco use as one of the most important “winnable battles” in public health. A winnable battle is a priority with large impacts on health and known, effective strategies to address the priority.<sup>1</sup>
- Tobacco use can lead to death earlier than expected, as well as millions of dollars in avoidable medical care costs.
- Quitting the use of all tobacco products is the best thing that Alaska tobacco users can do to improve their health and the health of those around them.

## ***How tobacco prevention and control works***

The CDC offers guidance to states about how to reduce tobacco use and related health concerns through tobacco prevention and control programs, described in *Best Practices for Comprehensive Tobacco Control Programs, 2014*.<sup>2</sup> These best practices include comprehensive, sustained statewide tobacco control interventions that have been shown to reduce smoking rates, tobacco-related deaths, and diseases caused by smoking.

The State of Alaska Tobacco Prevention and Control (TPC) Program is designed as recommended in CDC’s best practices, with the following program components:<sup>3</sup> state and community interventions; mass-reach health communication interventions; cessation interventions; surveillance and evaluation; and infrastructure, administration, and management. Within this structure, the program uses multiple interventions shown to work: a free telephone line to help people quit tobacco use with coaching and nicotine replacement therapy; a marketing campaign designed to prevent and reduce tobacco use; and grants that promote tobacco-free policies in communities, schools and health care organizations. These program elements combine to address the goals of the TPC Program:

1. prevent youth from starting tobacco use
2. protect the public from exposure to secondhand smoke
3. promote quitting for tobacco users
4. identify and eliminate differences in tobacco use and related health problems between groups of people (sometimes called “inequities”)

---

<sup>1</sup> U.S. Centers for Disease Control and Prevention (CDC) *Winnable Battles*  
[https://www.cdc.gov/about/resources/pdf/WBGeneralFAQs\\_102010.pdf](https://www.cdc.gov/about/resources/pdf/WBGeneralFAQs_102010.pdf)

<sup>2</sup> U.S. CDC *Best Practices for Comprehensive Tobacco Control Programs – 2014*.  
[https://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/index.htm](https://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm)

<sup>3</sup> Alaska Tobacco Prevention and Control (TPC) Program, *FY2019 Annual Report*  
<http://dhss.alaska.gov/dph/Chronic/Pages/Tobacco/publications.aspx>

### ***How to use this report***

TPC compiles regional profiles because tobacco use and factors related to tobacco use may vary considerably by region. Programs that are planned based on good information about community settings and the people who live there may be more effective than programs planned based on statewide information alone. Program planners should use data from this report in combination with other sources, including the knowledge of people from communities they are seeking to serve.

This report summarizes available information that is meaningful for planning tobacco prevention and control efforts for individuals, communities, and the systems that serve them. Sections 3, 4, and 5 of this report specifically align with goals of the TPC Program.

- **Section 1. Region Overview:** Describes the region, including the communities, schools and people who live there.
- **Section 2. Measures of Tobacco Use:** Describes the current use of different tobacco or nicotine products (cigarettes, smokeless tobacco, vaping products) among adults and youth.
- **Section 3. Preventing Youth Use:** Shows that different groups of young people face higher or lower chances of using tobacco, and possible reasons for those differences; describes what policies are in place to prevent youth from starting to use.
- **Section 4. Helping People Quit:** Describes the percentage of adult tobacco users who are trying to quit and who have successfully quit.
- **Section 5. Eliminating Exposure to Secondhand Smoke:** Shows the percentage of adults and youth who are exposed to secondhand smoke and describes what policies are in place that protect people from exposure.
- **Appendices:** Technical documentation is provided to give additional detail about the information provided in this report. Information for all Alaska regions is included (not only the region for the individual profile). Appendices are available as a separate report alongside the regional reports posted on the TPC Program website. Appendix A includes tables of data for all regions and the state, with specific language from survey questions. Appendix B describes some of the analytical methods in detail (including how race and other variables are determined). Appendix C provides more detail about the data sources.

# Methods

## Data sources

This report includes information from three primary Alaska public health data sources. These sources are summarized in Table 1, and more information is included in the Appendix.

**Table 1:** Summary of key data sources used for this report

<b>Data Source (Abbreviation for report)</b>	<b>Description</b>
Alaska Youth Risk Behavior Survey (AK YRBS)	<p>YRBS data are collected from students in grades 9-12 using anonymous and voluntary school-based questionnaires. The survey is conducted in the spring of odd-numbered years and participation requires parental consent. The YRBS includes questions about tobacco use and related factors. Statewide estimates are from a sample of traditional high schools across the state; regional estimates are based on all participating traditional high schools in the region. Data from alternative schools and correctional schools are not included in this report.</p> <p>The 2021 Alaska Youth Risk Behavior Survey (YRBS) was canceled due to the challenges Alaska school districts and schools faced during the COVID-19 pandemic. For this reason, the most recent YRBS data is from 2019. The next Alaska YRBS is scheduled for the 2022-2023 school year.</p>
Alaska Behavioral Risk Factor Surveillance System (AK BRFSS)	<p>BRFSS data are collected from adults ages 18 and older through an anonymous telephone survey. It is coordinated and sponsored by the Centers for Disease Control and Prevention (CDC) and implemented in all states. BRFSS provides annual representative data in Alaska about adult health behaviors, preventative health practices, and chronic conditions.</p> <p>Alaska has historically added multiple questions about tobacco use to the state's survey. Data on tobacco product use are from related questions, which were asked of all respondents; estimates are reported for each available year between 2011-2020. Data on secondhand smoke and some quitting variables are from questions that were asked of a subset of respondents who received the dedicated tobacco questionnaire, some questions were asked on alternating or limited years; generally, the 3 most recent years of available data are combined (for example, 2018-2020) to provide enough data for regional-level reporting.</p>
Alaska Database for Policies on Tobacco (ADAPT)	<p>The Alaska TPC Program collects and maintains information on tobacco-related policies using the ADAPT database. Policies monitored include smokefree tribal resolutions, community ordinances, multi-unit housing policies, healthcare policies, K-12 school district policies, secondary education policies, and taxes. Policies are evaluated and scored in comparison to a model policy, by policy type.</p> <p>K-12 policies were systematically updated outside of ADAPT in June 2022. Other local policy information in this report was current in ADAPT as of June 2022.</p>

In addition to the primary data sources listed in Table 1, which appear in multiple sections of this report, other data sources that are referenced only once are cited as they appear in the text (for example, population data and Alaska's Tobacco Quit Line data). For all data sources in this report, people who report being American

Indian or Alaska Native (AIAN) are described using the term “Alaska Native” because this reflects the majority of that population; further detail about how race data are collected and reported for each dataset is available in the Appendix.

## Analytic approaches

*Survey estimates.* A great deal of this report relies on data collected through surveys. These data are referred to as “estimates” because we have responses from only a sample of the population and not the whole population. We match respondent characteristics such as age, gender, and race to known characteristics of the state population, and statistically adjust the estimates to represent the true population. Sometimes this is called “weighting” the data. For example, more women than men usually participate in surveys, so more survey respondents are women although the actual populations of women and men are about equal in size. Since women often report different information on surveys than men, statistical processes are used to create estimates that balance the answers from women and men equally when reporting on the whole population.

*Confidence intervals.* Our report uses 95% confidence intervals, especially when describing results from survey data. Confidence intervals show a range that is likely to contain the true value for the population; we can be 95% sure (95 out of 100 times) that the range of the interval contains the “true value” of the indicator being measured. Confidence intervals also help to compare whether results from one group are significantly different from another group: when confidence intervals for two estimates in the same data system do not overlap, those two estimates are “significantly” different from one another – meaning we can be reasonably sure there is a true difference. In this report, confidence intervals are shown visually in different ways: as shaded areas around lines in trend graphs, as “whiskers” around the estimates in bar graphs, and as a numeric range in tables. Although they look different, they mean the same thing.

Larger samples typically have smaller, more precise confidence intervals. Figures in this report that show trends in tobacco product use for the state and region show confidence intervals only for state-level data, in order to make the figures easier to view; regional confidence intervals will always be wider or larger. The confidence intervals for regional data are included in the technical appendix tables for this report. Whenever regional estimates are statistically different from the state based on formal statistical comparisons, that is noted in the text describing the data or figure. Although differences between the state and region may look large, they are not statistically significant unless noted in the text – in other words, they may be just chance differences.

*Suppression of small numbers.* Estimates from surveys with small numbers are suppressed based on guidelines from the State of Alaska. For BRFSS, a minimum denominator of 50 unweighted respondents is required for reporting; for YRBS, a minimum of 100 is required. Measures that do not meet these minimum denominator requirements are not included in this report. Estimates considered statistically unstable may be flagged when the relative standard error is >30% and flagged “very unstable” when the relative standard error is >50%. Estimates may be suppressed when the unweighted count in the numerator is <5.

*Rounded estimates for subgroups.* Survey data shown in figures or tables within the main body of this report are rounded to whole numbers. This is because survey estimates for smaller numbers of people in subgroups often have wider confidence intervals, so rounded estimates are one way of showing that subgroup estimates are less precise than estimates for the whole population. All estimates (including for subgroups) are reported to one decimal place, with confidence intervals, in the Appendix.

## Limitations

*Local area data.* Stakeholders working in tobacco control within local communities would likely be interested in more specific data about borough or census areas, cities, and villages. Most surveys do not have enough respondents to report local-level results. This report was designed to provide as much data as possible at the regional level, while maintaining high data quality. Some data may be available at a local level but not included in this report, because of concerns about confidentiality. For example, individual school data may be available and examined in partnership with school administrators, but it is not published in this report because it could contain identifiable information.

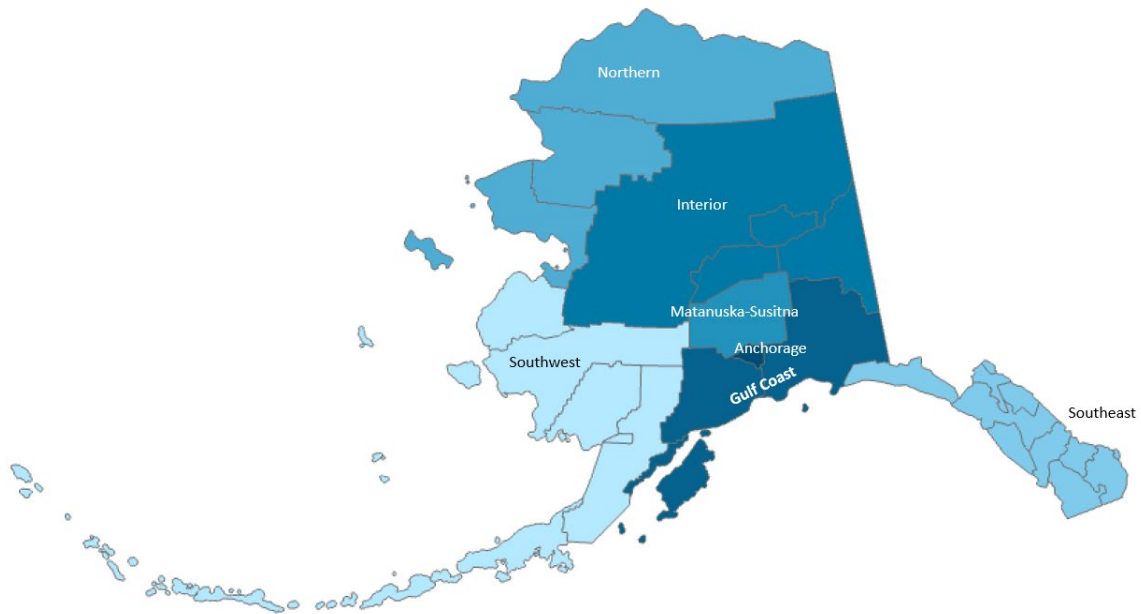
*YRBS regional data.* Official state estimates for YRBS data are based on a scientifically selected statewide sample of schools and students. Regional data include a combination of the scientific statewide sample, and schools that volunteered to participate as part of a local sample. For this reason, regional estimates may not be generalizable to all students in the region.



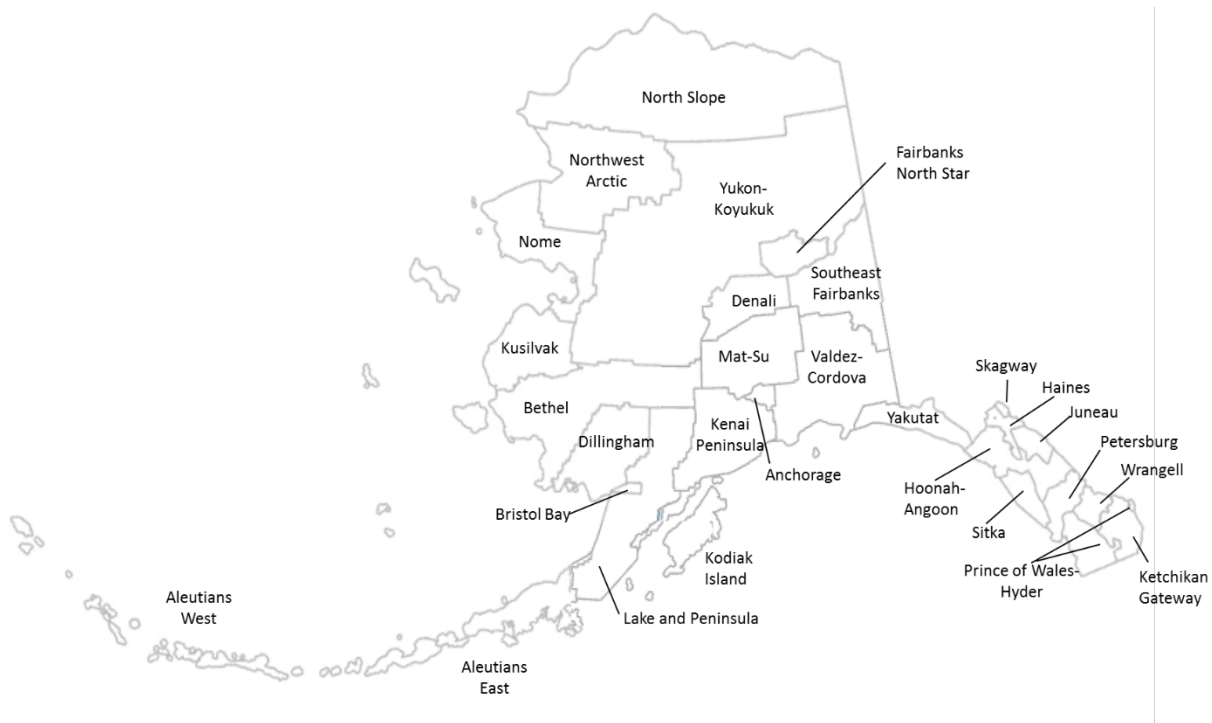
## Section 1. Overview

This report includes information about the State of Alaska.

**Figure 1:** Alaska has seven Public Health Regions.



**Figure 2:** There 29 Borough and Census Areas in Alaska.



**Table 2 series:** In Alaska, the Anchorage and Mat-Su Region makes up the largest percentage of the state's population (55%). About one in five people in Alaska are Alaska Native.

**Table 2a:** Total population size in State and Region

Geographic area	Total number	Percentage per population	Number of households
State of Alaska	734,323		255,173
Anchorage Region	291,845	36% of state	107,332
Matanuska-Susitna Region	108,805	15% of state	31,964
Gulf Coast Region	81,492	11% of state	29,385
Interior Region	111,306	15% of state	41,069
Northern Region	28,261	4% of state	6,563
Southeast Region	72,494	10% of state	28,599
Southwest Region	42,268	6% of state	10,623

**Table 2b:** Characteristics of people in State and Region

Geographic area	% Adult	Median age
State of Alaska	74%	36.0
Anchorage Region	75%	35.4
Matanuska-Susitna Region	71%	36.5
Gulf Coast Region	76%	40.7
Interior Region	75%	35.0
Northern Region	68%	31.5
Southeast Region	78%	40.8
Southwest Region	68%	31.7

**Table 2c:** Race/ethnicity of people in State and Region

Geographic area	Alaska Native	Black	Asian	Pacific Islander	White	Hispanic*
State of Alaska	19%	5%	8%	2%	66%	7%
Anchorage Region	12%	8%	12%	4%	64%	9%
Matanuska-Susitna Region	11%	2%	3%	1%	82%	5%
Gulf Coast Region	13%	2%	7%	1%	78%	5%
Interior Region	14%	6%	5%	1%	74%	7%
Northern Region	70%	2%	4%	1%	23%	3%
Southeast Region	21%	2%	8%	1%	67%	6%
Southwest Region	69%	3%	10%	1%	18%	4%

\*Hispanic ethnicity can be any race

**Table 2d:** Economic factors affecting people in State and Region

Geographic area	Unemployment March 2022	Poverty 2020
State of Alaska	5%	10%
Anchorage Region	4%	9%
Matanuska-Susitna Region	6%	9%
Gulf Coast Region	6%	10%
Interior Region	5%	8%
Northern Region	9%	16%
Southeast Region	5%	8%
Southwest Region	8%	22%

Sources: Table 2a, 2b, 2c, and unemployment in 2d: Alaska Department of Labor and Workforce Development, Research and Analysis Section; Table 2d poverty from U.S. Census Bureau American Community Survey 5-year estimates for 2016-2020, and 2020 federal poverty guidelines for Alaska. For more detail, see technical appendix for this report.

About 734,323 people lived in Alaska in 2021.

- The median age of the statewide population was 36.0 (Table 2b). The median age is lowest in the Northern and Southwest regions (31.5 and 31.7, respectively) and highest in the Southeast Region (40.8) and the Gulf Coast Region (40.7).
- 19% of those in Alaska are Alaska Native people (Table 2c). A majority of the people in the Northern and Southwest regions are Alaska Native (70% and 69%, respectively). A majority of people in the Mat-Su Region (82%), and the Gulf Coast Region (78%) are white.
- Statewide unemployment was lowest in the Anchorage Region, 4%, and highest in the Northern Region (9%) and Southeast Region (8%) (Table 2d).
- 10% of people in Alaska meet the federal definition for living in poverty. Poverty is lowest in the Interior and Southeast regions (8% for both) and highest in the Northern Region (16%) and the Southwest Region (22%) (Table 2d).

### ***Alaska Native Communities***

A variety of entities play a role in tobacco prevention and control in Alaska Native communities, establishing public policies, organizational rules, and practices for delivering services. There are 229 federally recognized tribes in Alaska,<sup>4</sup> but unlike other tribes in the United States, Alaska Native tribes do not have a land base (e.g., reservations).<sup>5</sup> Instead, Alaska Native land ownership and governance occur through separate entities.

*Alaska Native Regional Corporations* were established when the US Congress passed the Alaska Native Claims Settlement Act (ANCSA) in 1971. ANCSA provided for the establishment of 12 regional corporations, owned by Alaska Native shareholders, to manage their lands. Each of the 12 regions also has an Alaska Native regional non-profit organization that provides social services and health care for Alaska Native people. The regional corporations and associated non-profits are:

- Ahtna, Inc.; Copper River Native Association
- Aleut Corporation; Aleutian Pribilof Island Association
- Arctic Slope Regional Corporation; Arctic Slope Native Association
- Bering Straits Native Corporation; Kawerak, Inc.
- Bristol Bay Native Corporation; Bristol Bay Native Association
- Calista Corporation; Association of Village Council Presidents
- Chugach Alaska Corporation; Chugachmiut
- Cook Inlet Region, Inc. (CIRI); Cook Intel Tribal Council
- Doyon, Limited; Tanana Chiefs Conference
- Koniag; Kodiak Area Native Association
- NANA Regional Corporation (NANA); Maniilaq Association
- Sealaska Corporation; Central Council of the Tlingit and Haida Indian Tribes of Alaska

---

<sup>4</sup> Federal Register Vol 85, No 20. January 30, 2020. Bureau of Indian Affairs, U.S. Department of the Interior, 85 FR 5462. Document 2020-01707. <https://www.govinfo.gov/content/pkg/FR-2020-01-30/pdf/2020-01707.pdf>

<sup>5</sup> With one exception: Metlakatla Indian Community's Annette Island Reserve was established as the only Indian reservation in Alaska, as the community opted out of ANCSA.

These tribal healthcare systems play an important role in tobacco prevention and helping people quit. Alaska's Public Health Regions do not align with Alaska Native regional corporations, so some corporations span across multiple public health regions.

*Alaska Native village corporations* are owned by Alaska Native Tribe shareholders from specific communities, managing those lands and passing community policies for the people in these areas. Actions can include tribal resolutions or local taxes. Tribal resolutions express the consensus positions of the tribe as an entity. Resolutions can be passed by tribal governments to implement policies within a tribe, or to indicate support for a broader political priority, such as the recent passage of Alaska's smokefree air law.

## Regional School Enrollment

**Table 3.** School district enrollment summarized by Alaska regions.

Geographic Area	Number students in grades K-12	% Alaska Native students (K-12)	Total high school students (grades 9-12)
State of Alaska	127,509	21%	48,652
Anchorage Schools	42,701	9%	16,445
Mat-Su Borough Schools	18,957	9%	7,331
Gulf Coast Region Schools	12,576	11%	4,783
Interior Region Schools	27,229	13%	10,220
Northern Region Schools	6,126	85%	2,199
Southeast Region Schools	10,843	27%	4,482
Southwest Region Schools	9,077	90%	3,192

Source: Alaska Department of Education and Early Development: Assessment and Accountability, <http://education.alaska.gov/stats/Enrollment> is for October 1, 2021. Student race is based on self-identification according to five mutually exclusive categories, including American Indian/Alaska Native <https://education.alaska.gov/tls/Assessments/naep/orientation/l1s10006.htm>.

School systems play an important role in providing tobacco prevention education, establishing, and enforcing policies that keep youth from using tobacco, implementing interventions for youth who experiment with tobacco, and limiting adults from modeling tobacco use behaviors and exposing others to secondhand smoke.

About 127,509 students were enrolled in kindergarten through 12<sup>th</sup> grade in Alaska during October 2021.

- About 21% of Alaska K-12 school students are Alaska Native.
- High school students, who are more likely to use tobacco or nicotine products than younger students, make up 38% of the total student population in the state (48,652 of 127,509 total students).

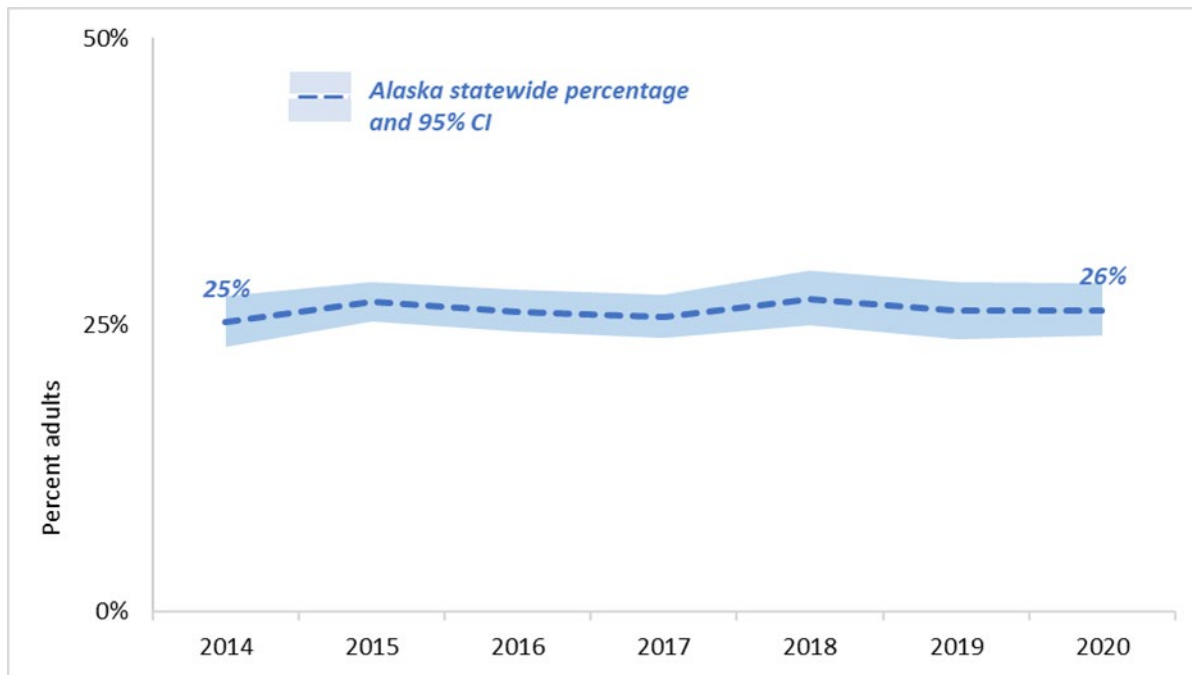
## Section 2. Tobacco Use

This section of the report describes tobacco and nicotine product use among adults and Alaska youth.

### Adult Tobacco Use

#### Current use of any tobacco products

**Figure 3.** The percentage of adults who use any tobacco or nicotine product did not significantly change during the last 7 years in Alaska.



Year	2014	2015	2016	2017	2018	2019	2020
State of Alaska	25%	27%	26%	26%	28%	26%	26%

Source: AK BRFSS. Includes the percentage of adults who used cigarettes, smokeless tobacco (including iqmik), or electronic vapor products in the past 30 days.

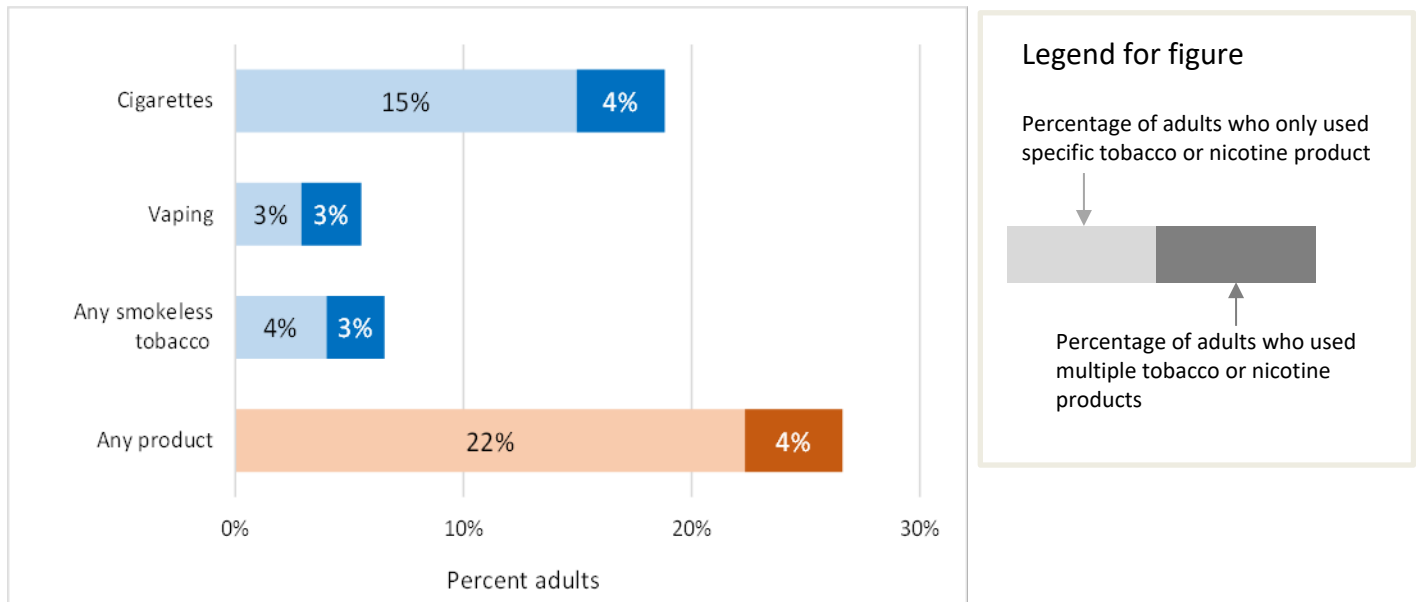
Reducing the use of any tobacco or nicotine product among adults is an important priority in the State of Alaska. The specific *Healthy Alaskans 2030*<sup>6</sup> priority indicator that is monitored to assess progress is: *Reduce the percentage of adults who currently smoke cigarettes or use electronic vapor products, or smokeless tobacco.*

- Between 2014 and 2020, the percentage of adults who currently use any tobacco or nicotine product remained stable. In 2020, 26% of adults statewide currently used some form of tobacco or nicotine.
- Based on the most recent three-year average of adults who use tobacco or nicotine, there are more than 144,900 adults in Alaska who are at risk for poor health outcomes due to using these products.

<sup>6</sup> For more information about Healthy Alaskans 2030, see <https://www.healthyalaskans.org/>

## Current use of specific tobacco products

**Figure 4.** Cigarettes remain the most commonly used tobacco product among adults in Alaska. Adults who vape are most likely to also use other tobacco products.



Product type	Only one product used	Used multiple products	Used alone or in combination*	% who used every day in past 30 days, among adults (not shown in figure above)
Cigarettes	15%	4%	19%	14%
Vaping products	3%	3%	6%	2%
Any smokeless tobacco	4%	3%	7%	4%
<b>Any tobacco product</b>	22%	4%	27%	—

Source: AK BRFSS, 2018-2020. Everyday use for any tobacco product was not calculated.

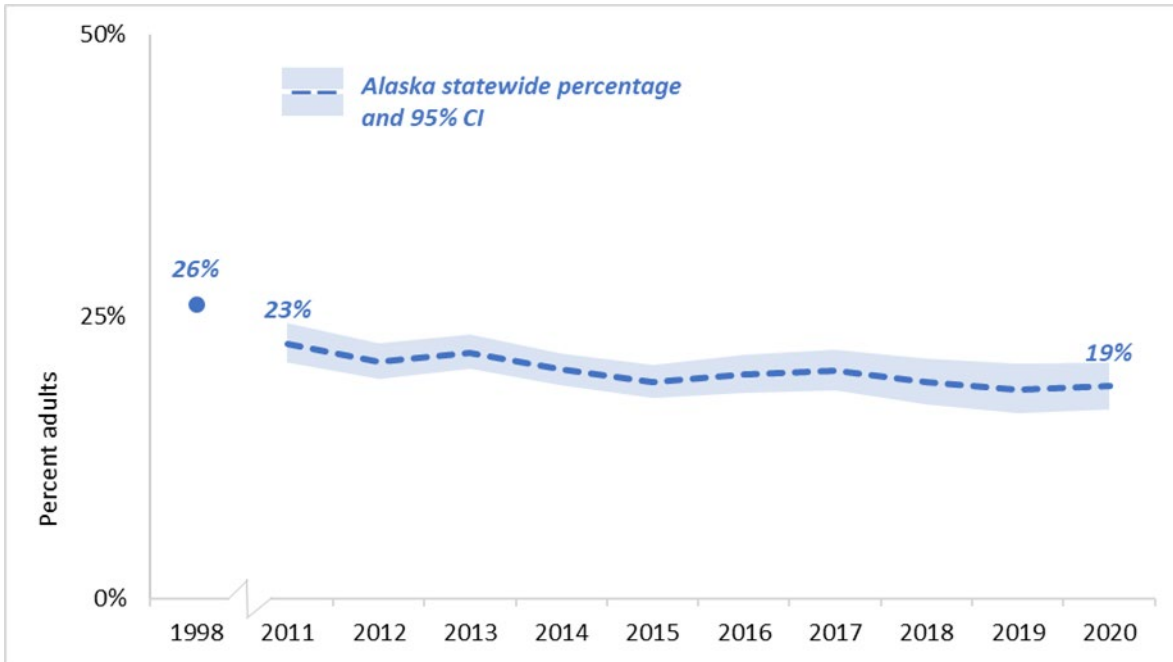
\*numbers may not match sum of "one product" and "multiple product" values due to rounding

In Alaska, 27% of adults currently used some form of tobacco or nicotine product in 2018-2020.

- Cigarettes are the most commonly used product. 19% of Alaska adults smoked cigarettes. Fewer adults used electronic vaping products like e-cigarettes (6%) or smokeless tobacco (7%).
- Most Alaska adults who smoked cigarettes or used smokeless tobacco did not use other tobacco or nicotine products. About half of adults who used vaping products were also using other tobacco products.
- Half or more Alaska adults who used cigarettes and smokeless tobacco used them every day, but less than half of adults who used vaping products used them every day.

## Cigarette smoking

**Figure 5.** The percentage of adults who smoke cigarettes decreased statewide during the past 10 years.



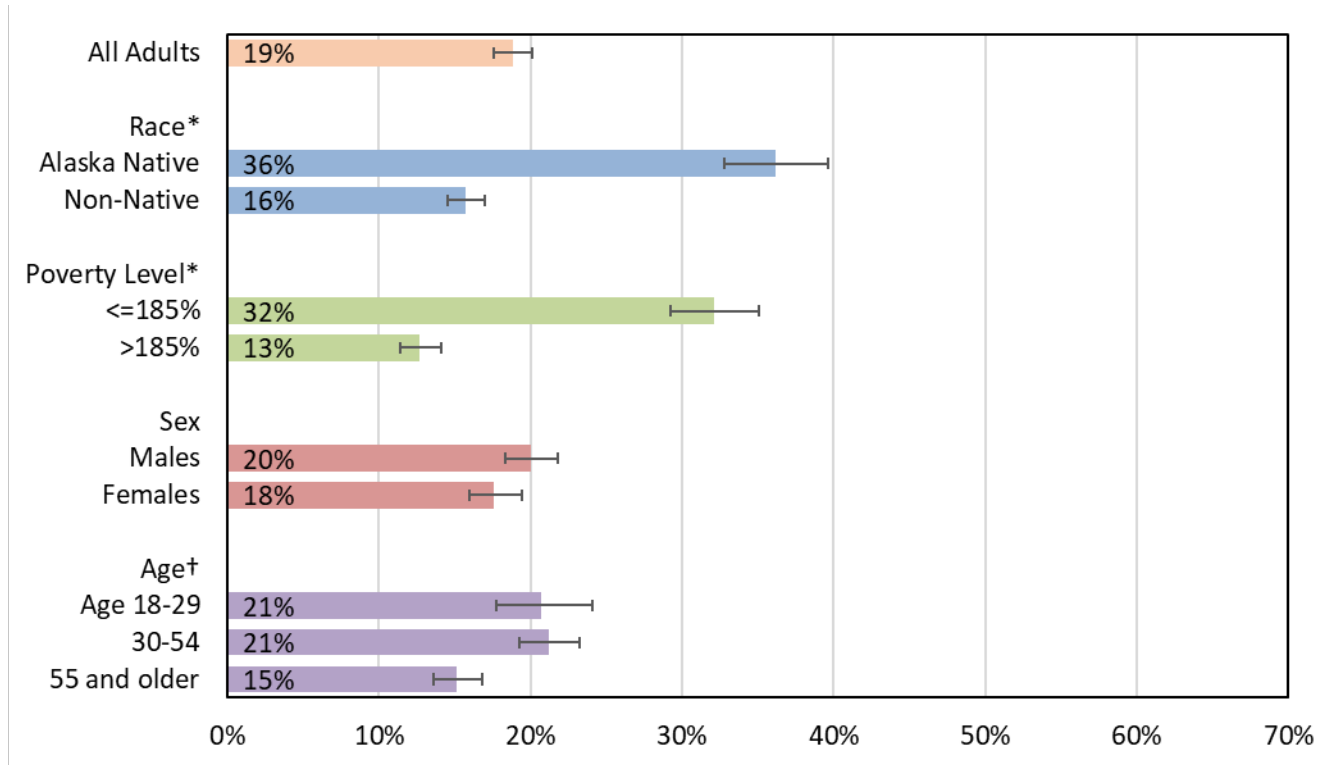
Year	1998	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
State of Alaska	26%	23%	21%	22%	20%	19%	20%	20%	20%	19%	19%

Source: AK BRFSS

- Adult smoking has declined significantly since the start of Alaska’s tobacco prevention and control efforts. Statewide, adult smoking declined from 26% in 1998 to 19% in 2020.
- Based on the most recent three-year average of adults who smoke, there are more than 102,400 adults in Alaska who are at risk for poor health outcomes due to smoking cigarettes.



**Figure 6.** In the Alaska, the percentage of adults who currently smoke cigarettes varies by subgroup.



Source: AK BRFSS, 2018-2020

\* Significant difference between or among subgroups

† Significant contrasts between ages 18-29 and 55 and older, and ages 30-54 and 55 and older

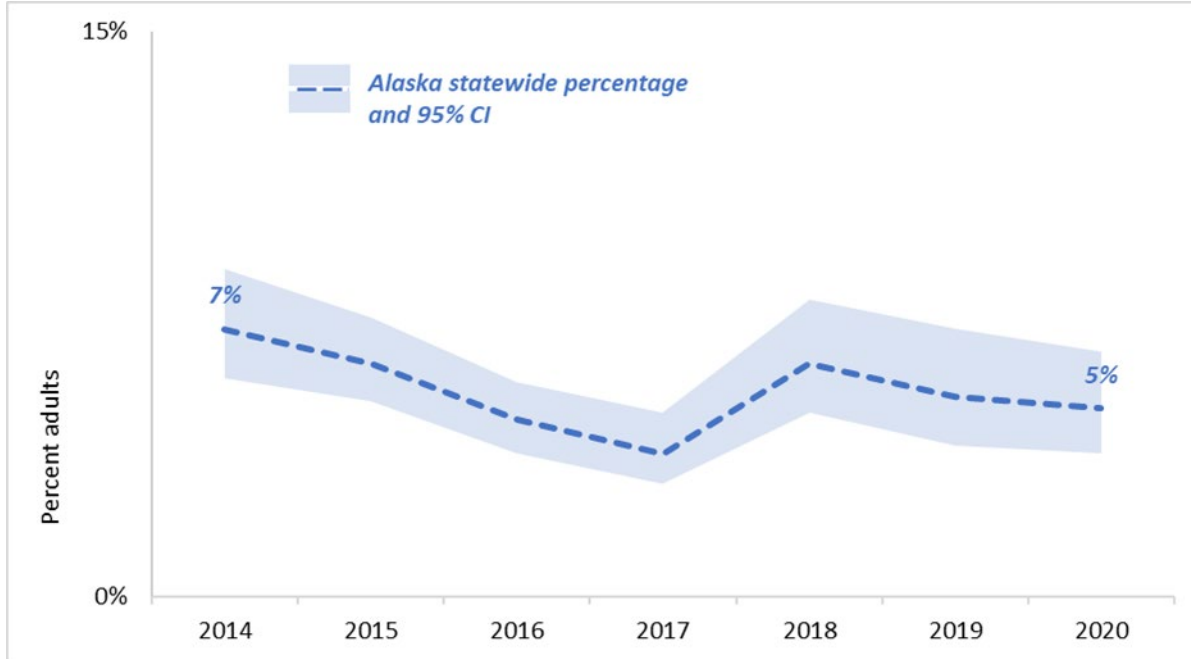
Within Alaska during 2018-2020, cigarette smoking was:

- Higher among Alaska Native people than among non-Native people (36% vs. 16%)
- Higher among people earning less than 185% of the poverty level than those earning more than 185% of the poverty level (32% vs. 13%)
- Similar among males and females (20% vs. 18%)
- Similar among adults 18-29 and adults 30-54 (21% for both), and higher among adults 18-29 than adults 55 and older (21% vs. 15%)
- Higher among adults 30-54 than adults 55 and older (21% vs. 15%)

## Electronic vapor product use

Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods. These products are battery-powered, and usually contain nicotine and flavors such as fruit, mint, or candy.

**Figure 7:** The percentage of adults who use electronic vapor products has not changed significantly during the past 7 years statewide.

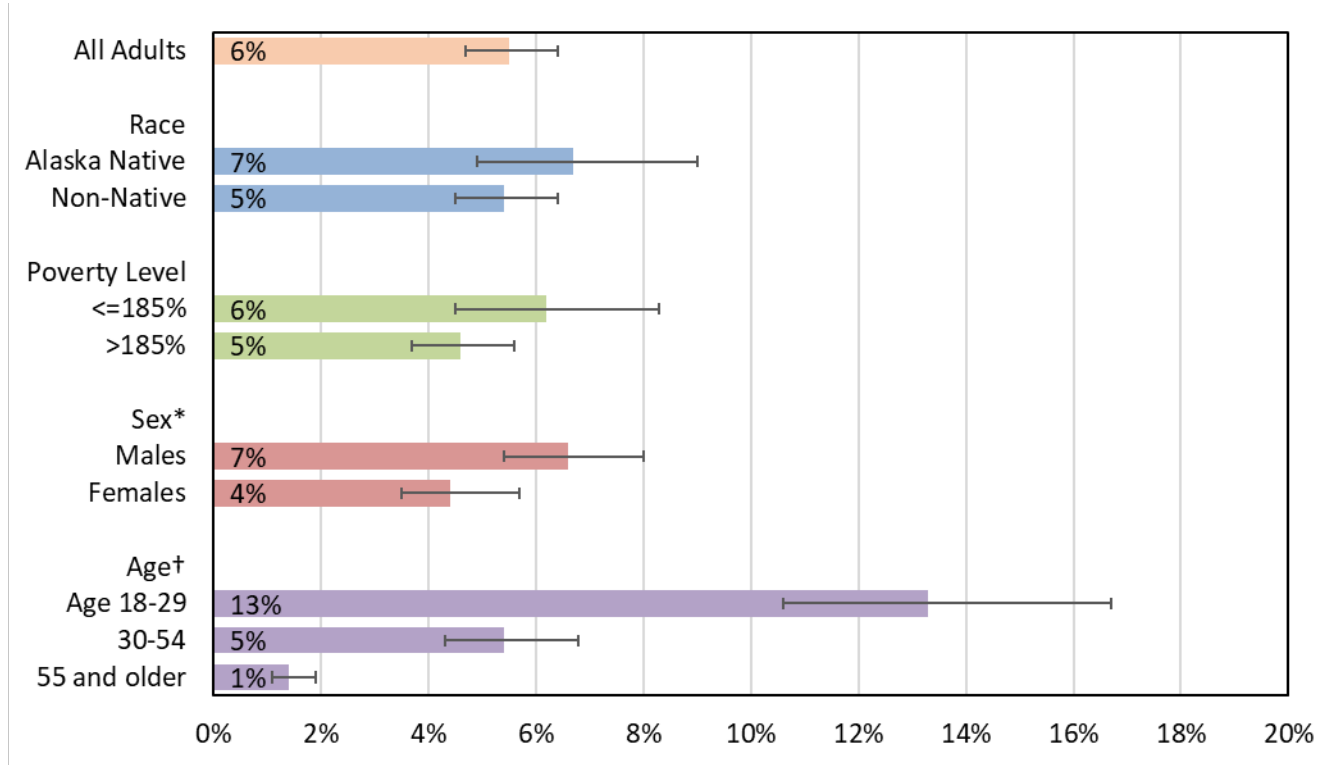


Year	2014	2015	2016	2017	2018	2019	2020
State of Alaska	7%	6%	5%	4%	6%	5%	5%

Source: AK BRFSS

- Use of electronic vapor products (such as e-cigarettes) has not changed significantly during the past seven years statewide, from 7% in 2014 to 5% in 2020.
- Based on the most recent three-year average of adults who use electronic vapor products, there are more than 30,000 adults in Alaska who are at risk for poor health outcomes due to vaping.

**Figure 8:** In Alaska, the percentage of adults who currently use e-cigarettes varies by age group and socioeconomic status (SES).



Source: AK BRFSS, 2018-2020

\* Significant difference between or among subgroups

† Significant contrasts between ages 18-29 and 30-54, ages 18-29 and 55 and older, ages 30-54 and 55 and older

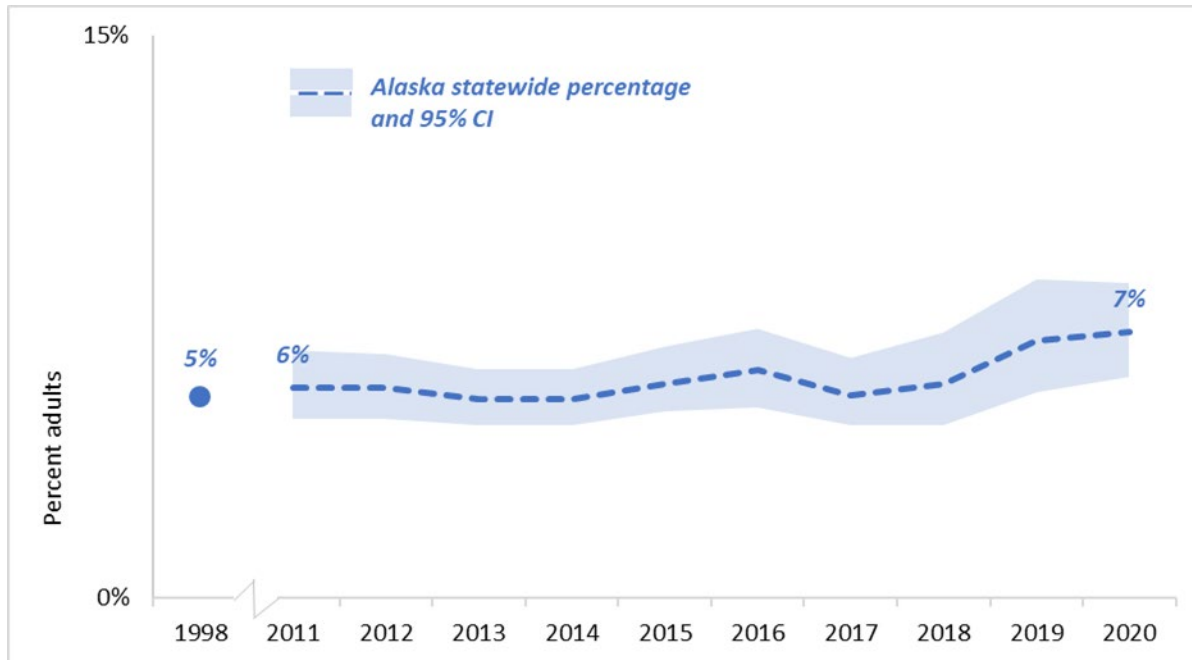
Within Alaska during 2018-2020, e-cigarette use was:

- Similar among Alaska Native people and non-Native people (7% and 5%)
- Similar among people earning less than 185% of the poverty level and those earning more than 185% of the poverty level (6% and 5%)
- Higher among males than females (7% vs. 4%)
- Higher among adults 18-29 than among adults 30-54 (13% vs. 5%), and higher among adults 18-29 than adults 55 and older (13% vs. 1%)
- Higher among adults ages 30-54 than adults ages 55 and older (5% vs. %)

## Smokeless tobacco use

Smokeless tobacco includes commercial products like chew, dip, snus, snuff, and dissolvable tobacco products. People in some regions of Alaska also use a unique traditional smokeless tobacco form called “iqmik” or “blackbull”, which is a mixture of tobacco leaf and punk ash.

**Figure 9:** The percentage of adults who use smokeless tobacco increased statewide during the past 10 years.

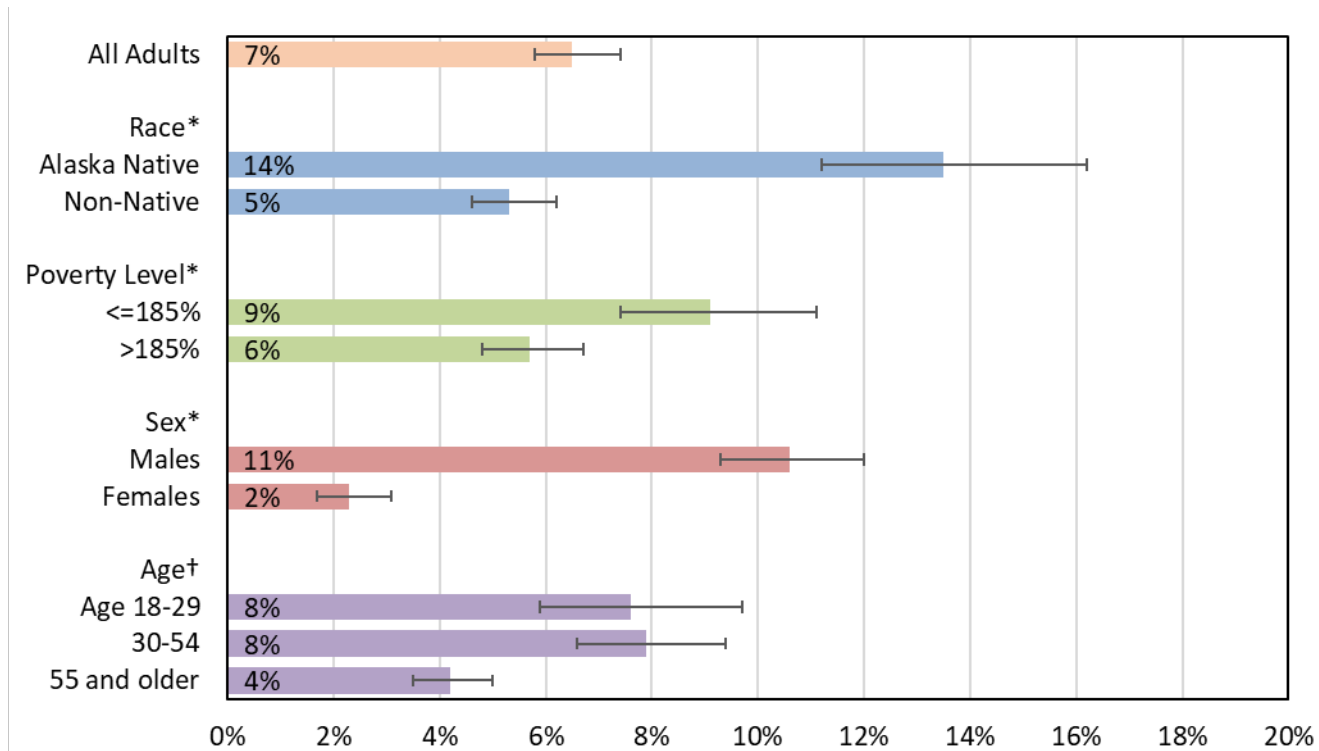


Year	1998	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
State of Alaska	5%	6%	6%	5%	5%	6%	6%	5%	6%	7%	7%

Source: AK BRFSS. Regional estimates are reported from 2011 because small numbers of surveys during early years do not allow for regional estimates.

- Statewide, smokeless tobacco use (including chew, dip, snus, snuff, and iqmik) among Alaska adults has increased in the past ten years, from 6% in 2011 to 7% in 2020.
- Based on the most recent three-year average of adults who use smokeless tobacco, there are more than 35,400 adults in Alaska who are at risk for poor health outcomes due to using smokeless tobacco.

**Figure 10:** In Alaska, the percentage of adults who currently use smokeless tobacco varies by gender, race, and age group.



Source:

Source: AK BRFSS, 2018-2020

\* Significant difference between or among subgroups

† Significant contrasts between ages 18-29 and 55 and older, ages 30-54 and 55 and older

Within Alaska during 2018-2020, smokeless tobacco use was:

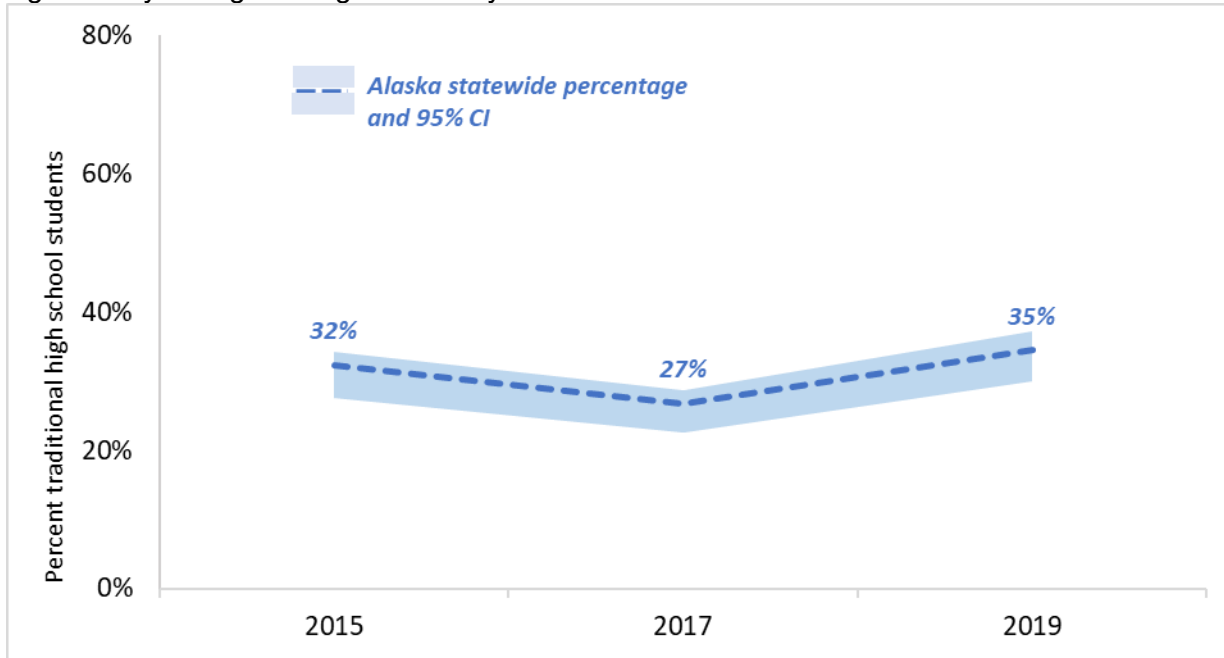
- Higher among Alaska Native people than non-Native people (14% vs. 5%)
- Higher among people earning less than 185% of the poverty level than those earning more than 185% of the poverty level (9% vs. 6%)
- Higher among males than females (11% vs. 2%)
- Similar among adults 18-29 and adults 30-54 (8% for both), and higher among adults 18-29 than adults 55 and older (8% vs. 4%),
- Higher among adults ages 30-54 than adults 55 and older (8% vs. 4%)

## Youth Tobacco Use

In the following charts, statewide YRBS data are reported for all available years. Statewide data are based on a sample designed to represent traditional high school students across the state.

### Current use of any tobacco products

**Figure 11.** The percentage of high school students who currently use any tobacco or nicotine product did not significantly change during the last 5 years in Alaska.



Year	2015	2017	2019
State of Alaska	32%	27%	35%

Source: AK YRBS, Alaska state sample of traditional high school students. Includes the percentage of students who used cigarettes, smokeless tobacco (including iqmik), electronic vapor products, or cigars in the past 30 days. Questions about electronic vapor product use were added to the Alaska YRBS in 2015. JUUL was added to these questions in 2019.

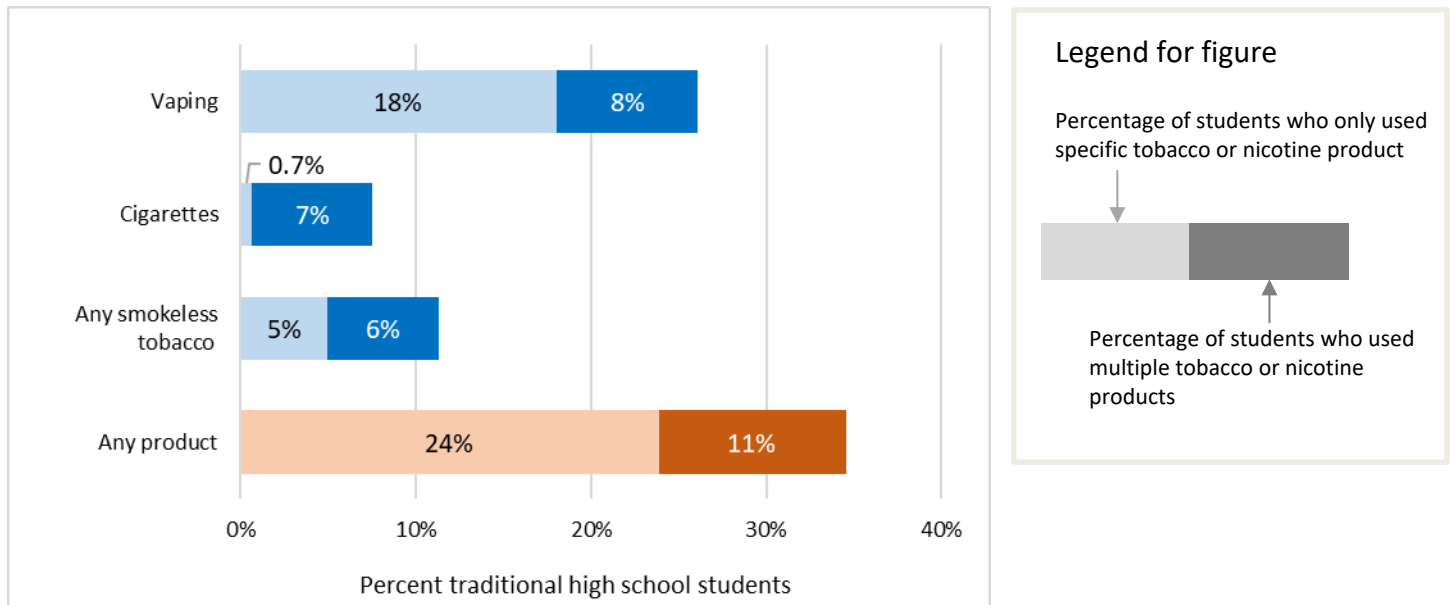
Reducing the use of any tobacco or nicotine product among youth is an important priority in the State of Alaska. The *Healthy Alaskans 2030*<sup>7</sup> priority indicator that is monitored to assess progress is: *Reduce the percentage of adolescents who have used electronic vapor products, cigarettes, smokeless tobacco, or other tobacco products in the last 30 days.*

- This measure is reported beginning in 2015, the first year that questions about e-cigarettes were added to the Alaska YRBS.
- Between 2015 and 2019, the percentage of high school students who currently used any tobacco or nicotine product statewide varied, but the change over time is not significant.
- Based on the most recent percentage of students who use tobacco or nicotine products, there are more than 13,300 students in Alaska who are at risk for poor health outcomes due to using these products.

<sup>7</sup> For more information about Healthy Alaskans 2030, see <https://www.healthyalaskans.org/>

## Current use of specific tobacco products

**Figure 12.** E-cigarettes were the most commonly used tobacco products among high school students in Alaska in 2019. Students who vape are the most likely to use those tobacco products exclusively.



Product type	Only one product used	Used multiple products	Used alone or in combination*	% who used 20+ of past 30 days, among high school students (not shown in figure above)
Vaping products	18%	8%	<b>26%</b>	7%
Cigarettes	0.7%	7%	<b>8%</b>	2%
Any smokeless tobacco	5%	6%	<b>11%</b>	4%
<b>Any tobacco product</b>	<b>24%</b>	<b>11%</b>	<b>35%</b>	--

Source: AK YRBS 2019, Alaska state sample of traditional high school students. 20-day use for any tobacco product was not calculated.

\*numbers may not match sum of "one product" and "multiple product" values due to rounding

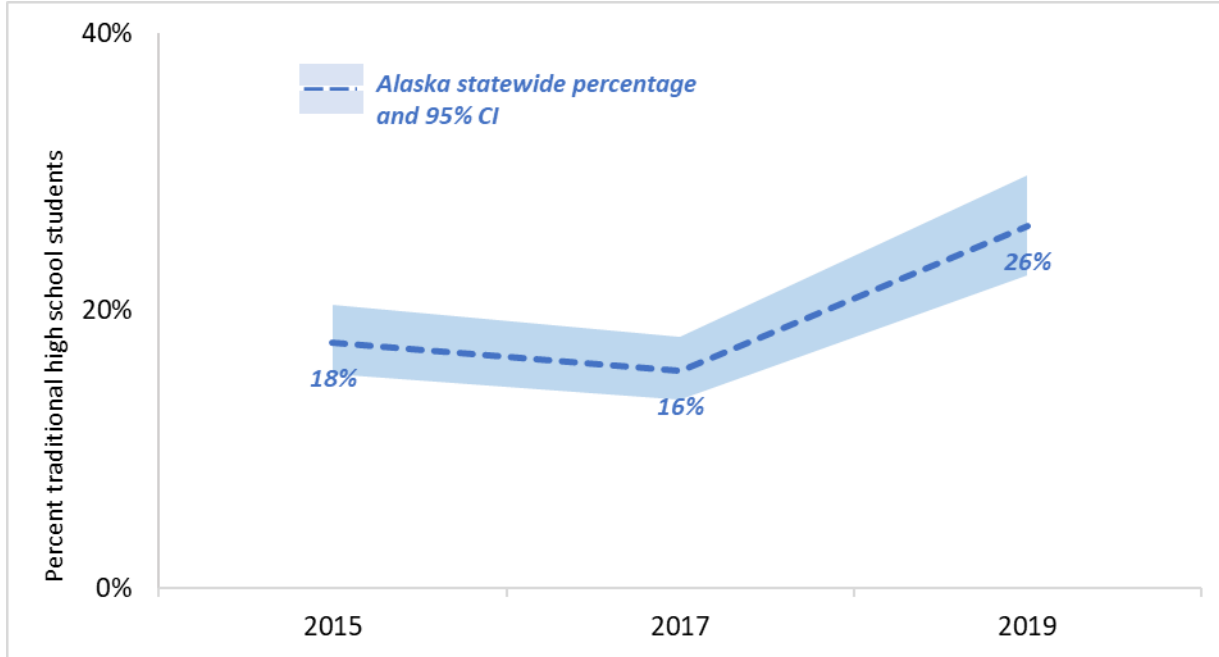
In Alaska, 35% of high school students currently used some form of tobacco or nicotine product in 2019.

- E-cigarettes were the most commonly used product (26% of all students); fewer students used cigarettes (8%) or smokeless tobacco (11%).
- Most students who used e-cigarettes used only those products (18% of students vaped only). Most students who currently used cigarettes or smokeless tobacco were using more than one product.
- 5% of students currently used cigars (data available in Appendix). Nearly all of the students surveyed who used cigars also used other tobacco or nicotine products.
- A minority of the students who used tobacco or nicotine products did so on most days: 7% of youth vaped on 20 or more of the past 30 days, and about 4% smoked cigarettes or used smokeless tobacco on most days.

## Electronic vapor product use

Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods. These products are battery-powered, and usually contain nicotine and flavors such as fruit, mint, or candy.

**Figure 13:** The percentage of high school students who currently use any e-cigarette product increased during the last 5 years in Alaska.



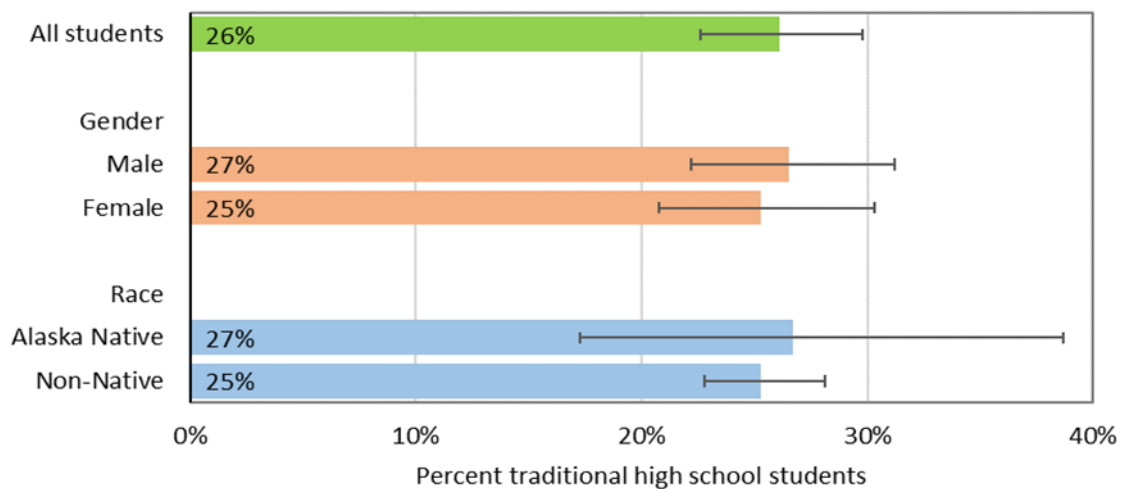
Year	2015	2017	2019
State of Alaska	18%	16%	26%

Source: AK YRBS, Alaska state sample of traditional high school students. These questions were added to the Alaska YRBS in 2015. JUUL was added to questions about electronic vapor product use in 2019.

- The percentage of high school students who currently vape increased statewide, from 18% in 2015 to 26% in 2019.
- Based on the most recent percentage of students who use e-cigarettes, there are more than 9,900 students in Alaska who are at risk for poor health outcomes due to vaping.



**Figure 14:** In Alaska, about one in four high school students is using e-cigarettes, regardless of gender or race.



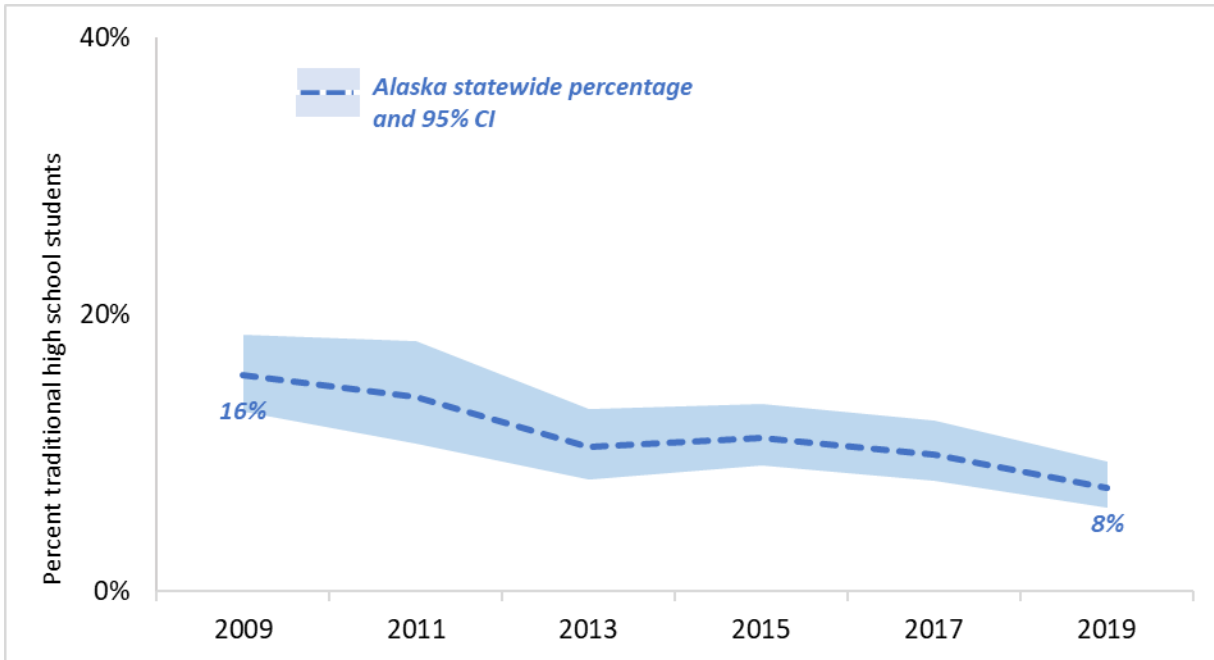
Source: AK YRBS 2019, Alaska state sample of traditional high school students

Within Alaska during 2019, e-cigarette use was not significantly different between groups of high school students:

- 27% among male students and 25% among female students
- 27% among Alaska Native students and 25% among non-Native students

## Cigarette smoking

**Figure 15:** The percentage of high school students who currently smoke cigarettes declined during the last 10 years in Alaska.

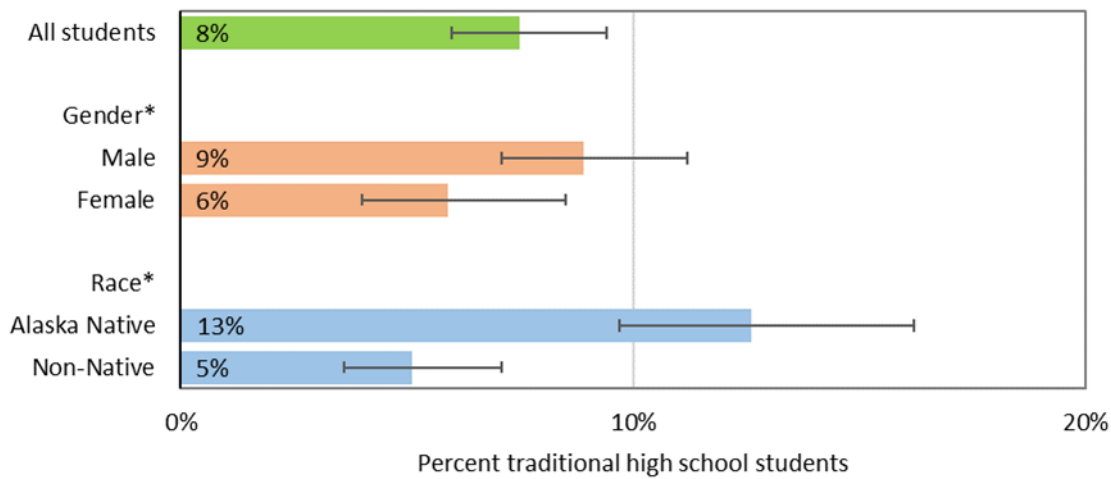


Year	2009	2011	2013	2015	2017	2019
State of Alaska	16%	14%	10%	11%	10%	8%

Source: AK YRBS, Alaska state sample of traditional high school students

- The percentage of high school students who smoke cigarettes statewide was cut in half during the past ten years, from 16% in 2009 to 8% in 2019.
- Based on the most recent percentage of students who smoke cigarettes, there are more than 3,000 students in Alaska who are at risk for poor health outcomes due to smoking.

**Figure 16:** In Alaska, the percentage of high school students who currently smoke cigarettes varies by gender and race.



Source: AK YRBS 2019, Alaska state sample of traditional high school students

\* Significant difference between or among subgroups

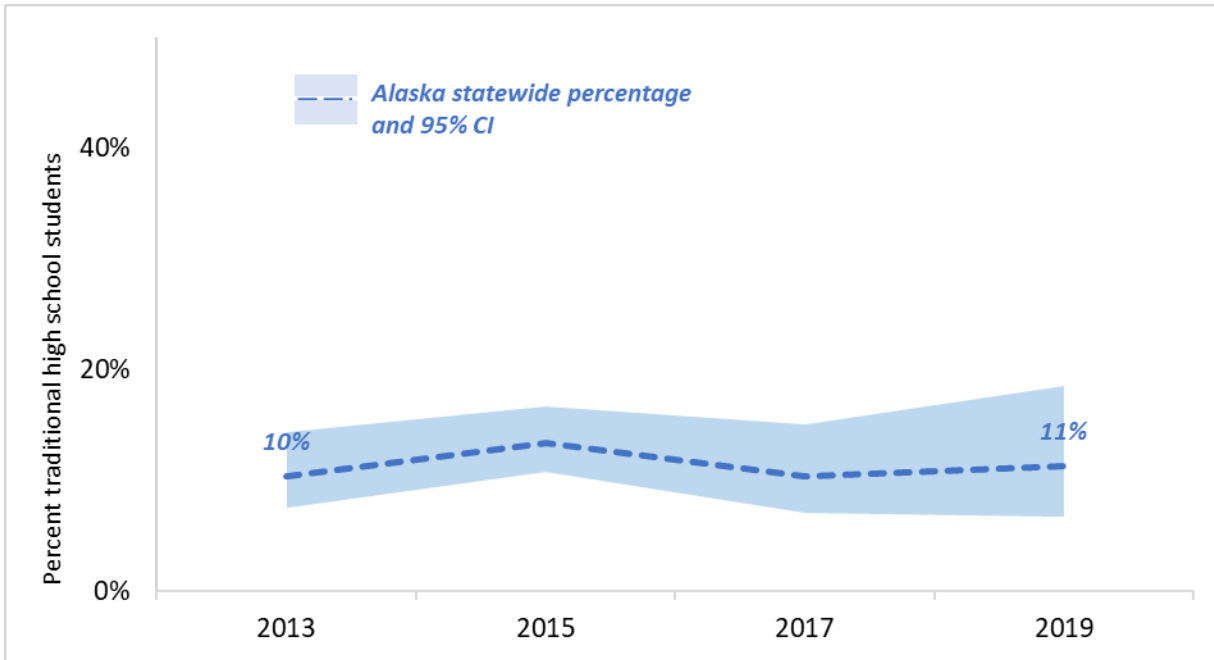
Within Alaska during 2019, cigarette smoking among groups of high school students was:

- Higher among male students than female students (9% vs. 6%)
- Higher among Alaska Native students than non-Native students (13% vs. 5%)

## Smokeless tobacco use

Smokeless tobacco includes commercial products like chew, dip, snus, snuff, and dissolvable tobacco products. People in some regions of Alaska also use a unique form of traditional smokeless tobacco called “iqmik” or “blackbull”, which is a mixture of tobacco leaf and punk ash.

**Figure 17:** The percentage of high school students who currently use smokeless tobacco remained stable during the last 7 years in Alaska.

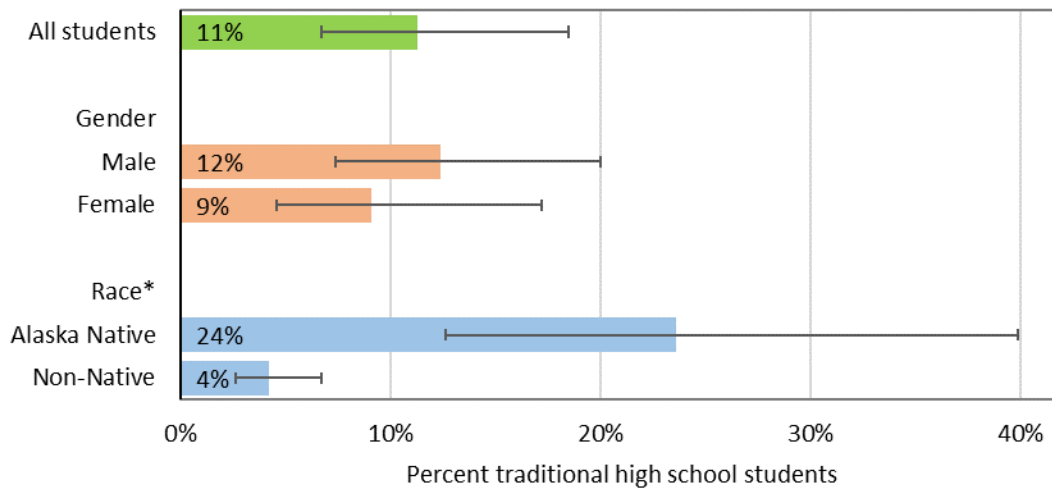


Year	2013	2015	2017	2019
State of Alaska	10%	13%	10%	11%

Source: AK YRBS, Alaska state sample of traditional high school students

- Smokeless tobacco products include chew, dip, snus, snuff, and iqmik. Data are shown from 2013 because this was the year iqmik was added to the questions about smokeless tobacco use.
- The percentage of high school students who used smokeless tobacco products remained stable statewide during the past seven years, from 10% in 2013 to 11% in 2019.
- Based on the most recent percentage of students using smokeless tobacco, there are more than 4,200 students in Alaska who are at risk for poor health outcomes due to using smokeless tobacco.

**Figure 18:** In Alaska, the percentage of high school students who currently use smokeless tobacco varies by race.



Source: AK YRBS 2019, Alaska state sample of traditional high school students

\* Significant difference among subgroups

Within Alaska in 2019, the percentage of high school students who used smokeless tobacco was:

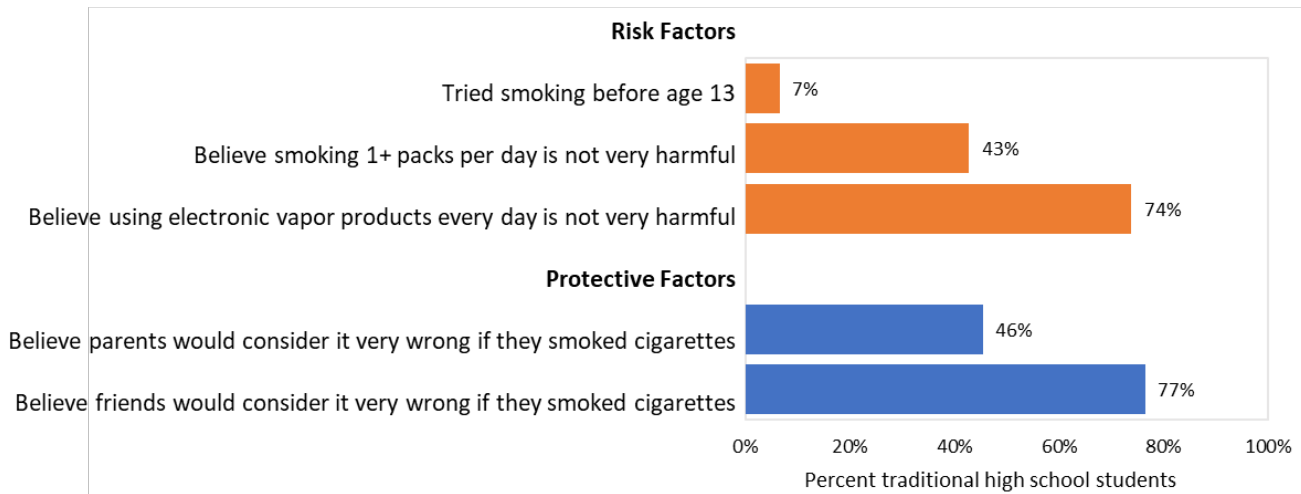
- Similar among male students and female students (12% and 9%)
- Higher among Alaska Native students than non-Native students (24% vs. 4%)

## Section 3. Preventing Youth Tobacco Use

### Risk and Protective Factors

*Risk factors* are measures associated with increased chances that youth will use tobacco. *Protective factors* are measures associated with reduced chances that youth will use tobacco. Prevention programs are often designed to decrease risk factors and enhance protective factors.<sup>8</sup>

**Figure 19:** In Alaska, both risk and protective factors for tobacco use are relatively common among high school students.



Source: AK YRBS 2019, Alaska state sample of traditional high school students

Risk factors among Alaska high school students include:

- 7% of Alaska students first tried smoking a cigarette before age 13.
- 43% of the state's students think that smoking one or more packs of cigarettes per day poses no risk or only slight risk to their health.
- Most students think that using e-cigarettes every day is not very harmful (74%).

Protective factors among Alaska high school students include:

- Almost half of Alaska students think their friends would consider it very wrong for them to smoke cigarettes (46%).
- Most of the state's students think their parents would consider it very wrong for them to smoke cigarettes (77%).

<sup>8</sup> For more on risk and protective factors, see this U.S. interagency website on youth prevention <https://youth.gov/youth-topics/youth-mental-health/risk-and-protective-factors-youth>

## Youth Lifetime Tobacco Use

**Table 4:** Many high school students in Alaska have tried using tobacco products.

<b>Indicator</b>	<b>State of Alaska</b>
Ever tried vaping products	46%
Ever tried cigarette smoking	28%

Source: AK YRBS 2019, Alaska state sample of traditional high school students

About half of high school students in Alaska have tried vaping products, and many have tried cigarette smoking.

- 46% of Alaska students have tried using e-cigarettes at least once.
- 28% of Alaska students have tried smoking cigarettes at least once.

## Tobacco Taxes

Tobacco price increases, including taxes, are proven to reduce both adult and underage smoking; increasing the price of tobacco products is especially effective in preventing youth from starting to use them.<sup>9</sup>

Alaska's statewide tobacco tax includes:

- \$2.00 for a pack of 20 cigarettes.
- 75% of wholesale price of other tobacco products, including cigars and chewing tobacco.

There is currently no statewide tax on e-cigarette products.

Municipalities and boroughs are also allowed to apply local taxes on cigarettes and other tobacco products or nicotine products. Based on information available in May 2020:

- The Anchorage Region has passed a local tobacco tax and a tax on other tobacco products.
- In the Gulf Coast Region, no communities have passed local-level cigarette or other tobacco taxes.
- In the Interior Region, three communities have some kind of local tobacco tax (City of Fairbanks, Fairbanks North Star Borough, and North Pole).
- The Mat-Su Region has passed a local tobacco tax.
- In the Northern Region, three communities have some kind of local tobacco tax (City of Utqiagvik (Barrow), City of Kotzebue, and Northwest Arctic Borough).
- In the Southeast Region, six communities have some kind of local tobacco tax (Haines Borough, City of Hoonah, City and Borough of Juneau, City of Kake, Petersburg Borough, and City and Borough of Sitka).
- In the Southwest Region, two communities have some kind of local tobacco tax (City of Aniak and City of Bethel).

---

<sup>9</sup> Community Guide to Preventive Services Task Force *Tobacco Use: Interventions to Increase the Unit Price for Tobacco Products*. Recommended (strong evidence), November 2012. <https://www.thecommunityguide.org/findings/tobacco-use-interventions-increase-unit-price-tobacco>

## School Policies

Policies that restrict tobacco use on school properties have multiple benefits: they protect people from being exposed to secondhand smoke, limit student access to tobacco products and opportunities to use them, and restrict adult modeling and normalization of tobacco use.

Model policies restrict use of all types of tobacco or nicotine products, by all types of people – including students, staff, and visitors – on school grounds, and at school events held in other locations. Policies should be visibly promoted through signs and communications and should outline supportive interventions for anyone who breaks the rules. Finally, resources should be in place to ensure the rules are enforced.

### Definitions of school policy ratings:

- **Comprehensive policy** contains at least 90% of the model policy elements.
- **Strong policy** contains at least 80% of the model policy elements.
- **Fair policy** contains at least 70% of the model policy elements.
- **Incomplete policy** contains less than 70% of the model policy elements.

### K-12 School district policies

*Note: related information on adult attitudes about smoking and tobacco use on school property is included in Section 5 of this report, Table 11 and Table 12.*

**Table 5.** In Alaska, 34 school districts have established a comprehensive tobacco policy.

	<i>Anchorage Region</i>	<i>Gulf Coast Region</i>	<i>Interior Region</i>	<i>Mat-Su Region</i>	<i>Northern Region</i>	<i>Southeast Region</i>	<i>Southwest Region</i>	<i>State of Alaska</i>
Total number of school districts	1	6	10	1	4	18	14	54
Number of districts with comprehensive policies	0	2	6	0	3	12	11	34 (63%)
Number of districts with strong policies	0	2	3	0	1	2	0	8 (15%)
Number of districts with fair policies	0	2	0	1	0	3	1	7 (13%)
Number of districts with incomplete policies	1	0	1	0	0	1	1	4 (7%)
Number of districts with missing policies	0	0	0	0	0	0	1	1 (2%)

Source: ADAPT, May 2022.



In Alaska, few high school students use tobacco on school property.

**Table 6:** High school students who used tobacco on school property in past 30 days

<i>Indicator</i>	<i>State of Alaska</i>
Cigarettes	2%
Smokeless tobacco (excluding iqmik)	6%
Iqmik	5%
Any: cigarettes, smokeless tobacco, or iqmik	8%

Source: AK YRBS 2019, Alaska state sample of traditional high school students

Few high school students in Alaska said they used tobacco products on school property during the past 30 days.

- 2% of Alaska students smoked cigarettes on school property.
- 6% of the state’s students used smokeless tobacco (excluding iqmik) on school property.
- 5% of students used iqmik on school property.
- 8% of students used cigarettes, smokeless tobacco, or iqmik on school property.
- No information is currently available about student use of e-cigarettes on school property.

### **Colleges, technical and vocational training schools**

In Alaska, six post-secondary institutions have adopted policies that restrict tobacco use on their campus.

- In the Anchorage Region, two adopted strong tobacco-free policies and one adopted an incomplete policy.
- In the Gulf Coast Region, one adopted a strong tobacco-free policy, one adopted a fair policy, and one adopted an incomplete policy.
- In the Interior Region, one adopted a strong tobacco-free policy.
- In the Mat-Su Region, one adopted a comprehensive tobacco-free policy and one adopted an incomplete policy.
- In the Northern Region, no information was available about any post-secondary institutions that have adopted policies.
- In the Southeast Region, one adopted a strong tobacco-free policy.
- In the Southwest Region, no information was available about any post-secondary institutions that have adopted policies.

## Section 4. Helping People Quit

### Quitting Indicators

In Alaska, many adults are trying to quit smoking.

**Table 7a:** Quit attempts, among people who smoke

<i>Indicator</i>	<i>State of Alaska</i>
Tried to quit in the past year	58%

**Table 7b:** Successful recent quitting, among people who smoked within the past year

<i>Indicator</i>	<i>State of Alaska</i>
Quit for 3+ months in the past year, at time of survey	9%

**Table 7c:** Successful long-term quitting, among people ages 25+ who were ever smokers

<i>Indicator</i>	<i>State of Alaska</i>
“Quit Ratio” – lifetime smokers who are now non-smokers	59%

Source: AK BRFSS 2018-2020

Most adults in Alaska who ever started smoking have already quit, and most who still smoke are trying to quit.

- More than half of Alaska adults who currently smoke cigarettes tried to quit in the past year (58%).
- Among the state’s adults who smoked cigarettes within the past year, about 9% have quit successfully.
- Among adults who have ever smoked, more than half quit successfully for the long-term (59%).

## Quitting Resources

Alaska’s Tobacco Quit Line (ATQL) provides quitting support including counseling and medication. All Alaska adults can get services all day, every day, by calling 1-800-QUIT NOW (1-800-784-8669) or enrolling online at [alaskaquitline.com](http://alaskaquitline.com). Some communities and health systems also have programs to support quitting. For more information about regional resources, visit <http://alaskaquitline.com/resources-and-quit-materials/>.

In Alaska, many adults have received advice and support to quit using tobacco.

**Table 8:** ATQL Awareness and Engagement, *among people who smoke*

<b>Indicator</b>	<b>State of Alaska</b>
Current smokers who are aware of the ATQL	85%
Number of people who received help from the ATQL in the past year	2,086
Estimated percentage of current adult smokers who called the ATQL in the past year**	2%

**Table 8:** Healthcare Provider Support, *among people who smoke*

<b>Indicator</b>	<b>State of Alaska</b>
Advised to quit by a healthcare provider, <i>among people who smoke</i>	41%
Advised to quit by a healthcare provider, <i>among people who smoke and who had a healthcare visit in past year</i>	69%

Source: Quitline awareness and advice are from AK BRFSS 2018-2020; quitline utilization and percent who called are from Alaska’s Tobacco Quit Line Annual Report, FY2021 (July 2020-June 2021).

\*\*Calculated as the number of people who received services, divided by the estimated number of adults who smoke cigarettes (population age 18 or older multiplied by the regional or state prevalence of cigarette smoking).

Resources are available to help quit tobacco in Alaska.

- Most Alaska adults who smoke cigarettes are aware of Alaska’s Tobacco Quit Line (85%).
- 2,086 Alaska adults got help from Alaska’s Tobacco Quit Line during the past year. This is 2% of the estimated number of adults who smoke in the state, which is similar to national utilization rates.
- 41% of adults who smoke said that their healthcare provider advised them to quit.
- 69% of adults who smoke and who had a healthcare visit in the past year said that their healthcare provider advised them to quit.

## Section 5. Eliminating Exposure to Secondhand Smoke

### Secondhand Smoke Exposure

In Alaska, some adolescents and adults are still exposed to smoke from other people's smoked tobacco products (secondhand smoke, or SHS).

**Table 9a:** Adolescent SHS exposure

<i>Indicator</i>	<i>State of Alaska</i>
Students were in the same room with someone who was smoking in the past week	27%

**Table 9b:** Adult SHS exposure at home

<i>Indicator</i>	<i>State of Alaska</i>
One+ people who smoke in the home including self, <i>all adults</i>	31%
Adult home SHS exposure, <i>all adults</i>	7%
Adult home SHS exposure, <i>among those who rent their home</i>	9%
Smoke drifts into home, <i>among those in multi-unit housing</i>	20%

**Table 9c:** Adult SHS exposure at work

<i>Indicator</i>	<i>State of Alaska</i>
Adults exposed to SHS at work, <i>among adults who work**</i>	6%
Exposed to SHS in work entryways, <i>among adults who work**</i>	20%

Source: Youth measure from AK YRBS 2019; statewide percentages are from the state sample of traditional high schools, regional percentages are from all participating traditional high schools in the region. Adult measures from AK BRFSS 2017-2019.

\*\*Alaska implemented a statewide clean indoor air law in 2018, and adult data reported here were collected prior to that law.

In Alaska, most adults reported no secondhand smoke exposure in homes and workplaces, however more adolescents reported exposure.

- 27% of Alaska high school students said they were in the same room with someone who was smoking a tobacco product in the past week.
- 31% of the Alaska adults live with one or more people who smokes (including themselves).
- 7% of the state's adults overall were exposed to secondhand smoke at home. Among those who rent their home, 9% of adults were exposed.
- Among those in multi-unit housing, 20% of adults experienced smoke drifting into their home.
- Among adults who work, 6% were exposed to secondhand smoke at work and 20% were exposed to secondhand smoke in work entryways.

## Secondhand Smoke Rules

In Alaska, most adults are protected by rules to prevent exposure to secondhand smoke at home and at work.

**Table 10a:** Home rules

<b>Indicator</b>	<b>State of Alaska</b>
Smoking is not allowed in the home	91%
<i>Among those who rent</i> , landlord has rules about smoking on the property	48%

**Table 10b:** Workplace rules

<b>Indicator</b>	<b>State of Alaska</b>
Smoking is not allowed in work areas, <i>among adults who work indoors</i>	87%
Perception that smoking is allowed in indoor work areas, in their community	3%

Source: AK BRFSS 2018-2020. Question about perception not asked in 2018.

In Alaska, most private homes and workplaces have a smoking ban.

- 91% of Alaska adults said that smoking is not allowed inside their home.
- Among the state's adults who rent, half said that their landlord has rules about smoking on the property (48%).
- Most adults who work indoors said that smoking is not allowed in their workplace (87%). Alaska's statewide law protecting indoor workers from secondhand smoke was implemented during July 2018, and future survey reports should show closer to 100% of indoor workers reporting they are protected from secondhand smoke at work.
- 3% of adults perceive that smoking is allowed in indoor work areas in their community.

## Secondhand Smoke Attitudes

In Alaska, most adults believe that secondhand smoke is harmful, and support rules that protect people from being exposed to secondhand smoke.

**Table 11a:** Attitudes about harm

<i>Indicator</i>	<i>State of Alaska</i>
Agree secondhand smoke is very/somewhat harmful to people's health	92%
Prefer to spend time where people are not smoking	85%

**Table 11b:** Knowledge of harm

<i>Indicator</i>	<i>State of Alaska</i>
Secondhand smoke causes lung cancer	79%
Secondhand smoke causes heart disease	70%
Secondhand smoke causes respiratory problems in children	92%
Secondhand smoke causes Sudden Infant Death Syndrome (SIDS)	39%

**Table 11c:** Support rules that protect people from secondhand smoke

<i>Indicator</i>	<i>State of Alaska</i>
Agree/strongly agree people should be protected from secondhand smoke	91%

**Table 11d:** Agree tobacco use should not be allowed at schools

<i>Indicator</i>	<i>State of Alaska</i>
On school grounds during school hours	95%
On school grounds after school hours	90%
At school-sponsored events, including those not on school grounds	82%

**Table 11e:** Agree tobacco use should not be allowed in healthcare settings

<i>Indicator</i>	<i>State of Alaska</i>
On hospital grounds, such as on walkways and outside building entrances	86%
On health clinic grounds, such as on walkways and outside building entrances	87%

Source: AK BRFSS 2018-2020.

In Alaska, most adults support rules that protect people from being exposed to secondhand smoke.

- Most adults in Alaska agree that secondhand smoke is harmful (92%). Most also prefer to spend time where people are not smoking (85%).
- 79% of Alaska adults think secondhand smoke causes lung cancer, 70% think secondhand smoke causes heart disease, 92% think secondhand smoke causes respiratory problems in children, and 39% think it causes Sudden Infant Death Syndrome (SIDS).
- A majority of adults agree that people should be protected from secondhand smoke in general (91%).
- Nearly all adults say that tobacco use should not be allowed on school grounds during school hours (95%). Most also agree that tobacco use should not be allowed after school hours (90%) or at school-sponsored events, including those not on school grounds (82%).

- Most adults support rules that do not allow tobacco use on hospital grounds (86%) and health clinic grounds (87%).

## Secondhand Smoke Norms

“Norms” are values, beliefs, attitudes, and expectations for behavior that are shared by most people in a group, such as a community. The following are indicators of perceived pro- or anti-tobacco community norms.

In Alaska, some adults report seeing smoking in school settings, and more report seeing it in healthcare settings.

**Table 12a:** Report seeing tobacco use in school settings, *among adults who have visited them*

<b>Indicator</b>	<b>State of Alaska</b>
Inside school but after school hours	3%
Outside on school grounds during school hours	17%
Outside on school grounds after school hours	24%
At school-sponsored events, including those not on school grounds	19%

**Table 12b:** Report seeing tobacco use in healthcare settings, *among adults who have visited them*

<b>Indicator</b>	<b>State of Alaska</b>
On hospital grounds	55%
On health clinic grounds	40%

**Table 12c:** Report seeing tobacco use in community settings, *all adults*

<b>Indicator</b>	<b>State of Alaska</b>
Saw smoking in indoor work areas	4%
Saw smoking in bars	6%

**Table 12d:** Aware of local tobacco prevention activities, *all adults*

<b>Indicator</b>	<b>State of Alaska</b>
Aware of a local group doing tobacco prevention in their community	45%

Source: AK BRFSS 2016-2018 for in school settings, 2017-2018 in healthcare settings, and 2019-2020 in community settings.

In Alaska, despite strong support for rules restricting smoking and protecting people from secondhand smoke (see prior section), many people still report seeing tobacco use in school and healthcare settings.

- Relatively few Alaska adults have seen someone using tobacco inside schools (3%). Somewhat more have seen tobacco use outside on school grounds during school hours (17%), outside on school grounds but after school hours (24%), or at school-sponsored events including those not on school grounds (19%).
- Over half of the state’s adults who visited a hospital in the past year have seen someone using tobacco there (55%), and fewer than half have seen tobacco use on health clinic grounds (40%).
- Relatively few adults have seen someone smoking in indoor work areas (4%) and in bars (6%).
- About half of adults said they know about a local group working on tobacco prevention in their community (45%).



## Secondhand Smoke Policies

Alaska has a statewide law that bans smoking and use of electronic vaping products (“e-cigarettes”) in enclosed public places and workplaces, including buses and taxis, stores, bars, and restaurants (Alaska Statute 18.35.301<sup>10</sup>, enacted July 17, 2018). Tribal governments, local municipalities, and organizations can pass policies that build on this statewide law, but cannot remove or weaken the state law.

The Alaska TPC Program collects information on a variety of local smokefree policies, including tribal resolutions, community ordinances, multi-unit housing policies, and healthcare policies.<sup>11</sup> Each of these policies are evaluated in comparison to a relevant model policy, scored based on how many model policy elements are included, and categorized as defined below.

### *Policy Strength Definitions:*

- **Comprehensive policy** contains at least 90% of the model policy elements.
- **Strong policy** contains at least 80% of the model policy elements.
- **Fair policy** contains at least 70% of the model policy elements.
- **Incomplete policy** contains fewer than 70% of the model policy elements.

### **Tribal Resolutions**

There are about 229 federally recognized tribes in Alaska. As of June 2020, 145 tribes were known to have tobacco-free or smokefree tribal resolutions on record (65%):

- In the Anchorage Region, no information was available about a resolution for the one federally recognized tribe.
- In the Gulf Coast Region, 18 tribes have tobacco-free or smokefree tribal resolutions on record.
- In the Interior Region, 11 tribes have tobacco-free or smokefree tribal resolutions on record.
- In the Mat-Su Region, one federally recognized tribe has a tobacco-free or smokefree tribal resolution on record.
- In the Northern Region, 23 tribes have tobacco-free or smokefree tribal resolutions on record.
- In the Southeast Region, 16 tribes have tobacco-free or smokefree tribal resolutions on record.
- In the Southwest Region, 76 tribes have tobacco-free or smokefree tribal resolutions on record.

### **Multi-Unit Housing Policies**

Policies that ban smoking in multi-unit housing, such as apartment buildings, duplexes, and public housing complexes, can protect families from secondhand smoke exposure within their homes, “drift” between units, and smoke residue left by former residents.

Model housing policies include:

- Prohibitions on all types of smoking and tobacco use, including e-cigarettes and marijuana, within indoor spaces and all outdoor spaces of the property
- Specific definition for “residents” that includes anyone living or staying in the property
- Statement that the policy applies to all current and new residents, guests, visitors, employees, contractors, volunteers, and vendors
- Requirement for posting “no smoking” signs, and for management to communicate the policy to employees and residents
- Inclusion of the policy within lease agreements

---

<sup>10</sup> <https://www.akleg.gov/basis/statutes.asp#18.35.301>

<sup>11</sup> Information about tobacco-related policies can be shared by emailing [tobacco@alaska.gov](mailto:tobacco@alaska.gov)

- Statement of penalties for violations

Based on information available in ADAPT (see ‘Methods’ section) during May 2020, 15 multi-unit housing properties in Alaska were identified as having smokefree addendums or policies in their leases.

- The Gulf Coast Region has four properties with smokefree addendums or policies.
- The Southeast Region has three properties with smokefree addendums or policies.
- The Anchorage Region, Northern Region, and Southwest Region each have two properties with smokefree addendums or policies.
- The Interior Region and the Mat-Su Region each have one property with smokefree addendums or policies.

### Healthcare Policies

Healthcare facilities exist to promote the health and wellbeing of the communities they serve. Policies that restrict smoking on healthcare campuses can protect people from exposure, including those who are vulnerable due to medical conditions.

Model healthcare policies include:

- Prohibiting all types of tobacco use, including e-cigarettes in all organization-controlled indoor and outdoor spaces, parking lots, vehicles, and sidewalks, by all employees, clients, patients, visitors, and vendors
- Prohibiting the sale, advertising, and transportation of tobacco products on organization-controlled properties and vehicles
- Requirements to post the policies
- Definitions of policy violations, clear penalties relevant to the individual (e.g., visitors, employees), and procedures for enforcement
- Identification of resources to help with quitting tobacco available to employees, patients, visitors, and vendors

**Table 13:** In Alaska, some healthcare facilities have policies to limit tobacco use on their campuses.

	<i>Anchorage Region</i>	<i>Gulf Coast Region</i>	<i>Interior Region</i>	<i>Mat-Su Region</i>	<i>Northern Region</i>	<i>Southeast Region</i>	<i>Southwest Region</i>	<i>State of Alaska</i>
Number of healthcare facilities known to have adopted policies	5	6	2	1	2	8	3	27
Number of facilities with comprehensive policies	0	0	1	0	1	0	0	2 (7%)
Number of facilities with strong policies	0	3	1	0	0	4	2	10 (37%)
Number of facilities with fair policies	2	1	0	1	0	0	0	4 (15%)
Number of facilities with incomplete policies	3	2	0	0	1	4	1	11 (41%)

Source: ADAPT, May 2020.

In Alaska, 27 healthcare facilities were identified as having adopted policies to reduce smoking on their campus.

- 2 facilities have comprehensive tobacco policies that include e-cigarettes.
- 10 facilities have strong tobacco-free policies.
- 4 facilities have fair tobacco-free policies.
- 11 facilities have adopted incomplete tobacco-free policies, meaning the policies lack key elements that are considered essential for effective policies.