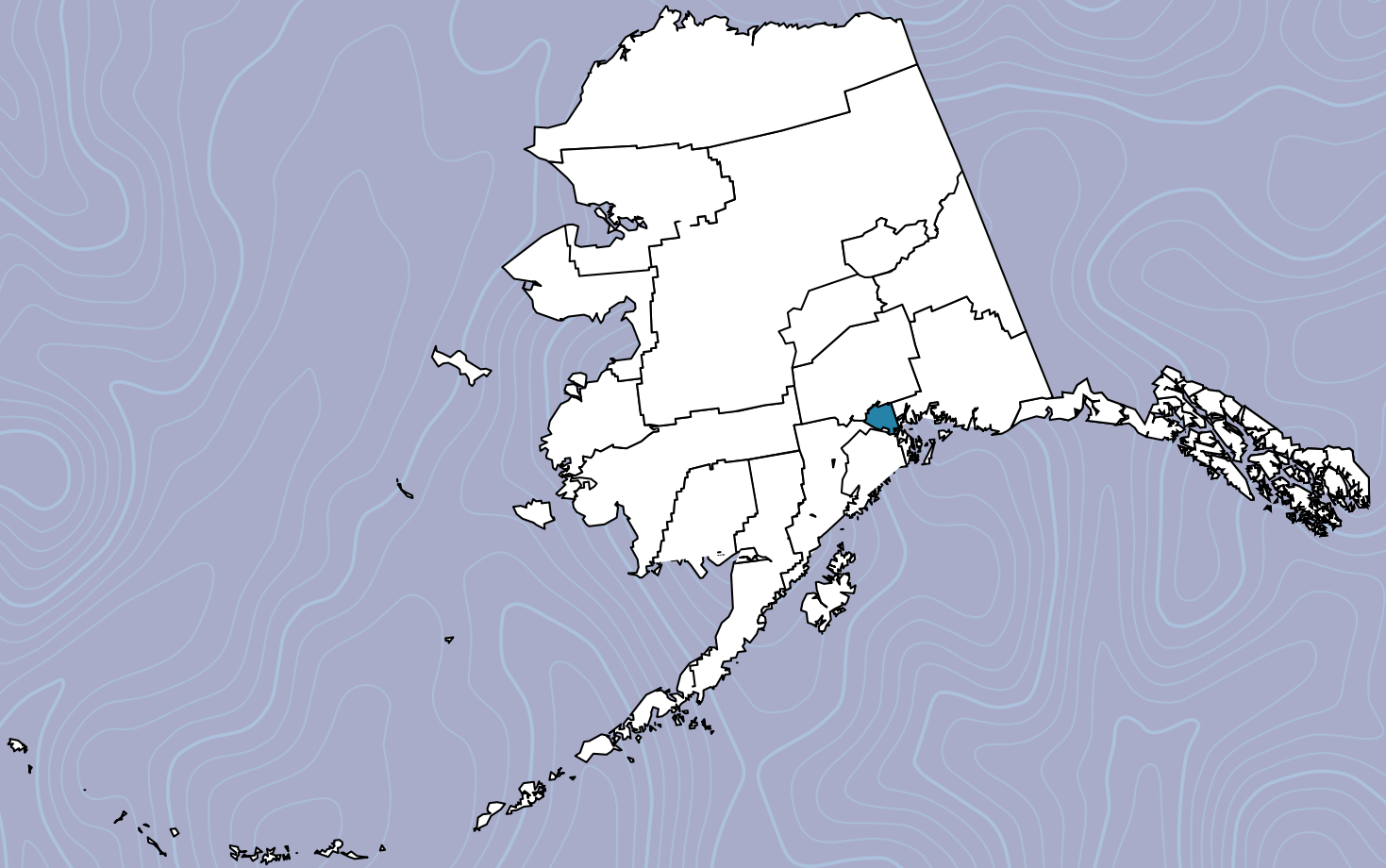


# ALASKA TOBACCO PREVENTION AND CONTROL REGIONAL PROFILE: **ANCHORAGE**



**FY2022**

# Tobacco Prevention and Control Regional Profile: Anchorage Region

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.

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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

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# 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”)

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<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. 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. 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> <p>Regional YRBS data are reported from the most recent AK YRBS only. In 2019, all 10 traditional high schools in the Anchorage Region’s single school district participated.</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 is 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 for state-level data only, 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.

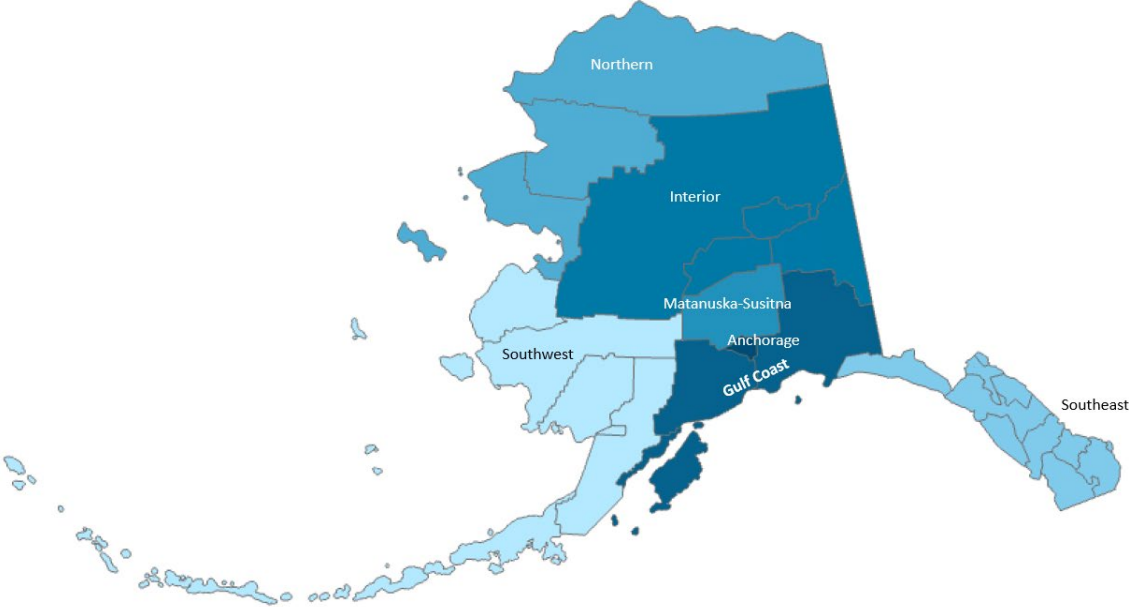
*YRBS regional data.* Official state estimates for YRBS data are based on a scientifically selected statewide sample of schools and students. Regional data include a combination of the scientific statewide sample, and schools in districts that volunteered to participate as part of a local sample. For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



# Section 1. Region Overview

This report includes information about the Anchorage Public Health Region.

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



**Figure 2:** There is one Borough in the Anchorage Region.



**Table 2 series:** The Anchorage Region makes up a large percentage of the state’s population. There is a smaller proportion of Alaska Native people in the Anchorage Region compared to the state overall.

**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	289,697	39% of state	106,970

**Table 2b:** Age distribution of people in State and Region

Geographic area	% Adult	Median age
State of Alaska	74%	36.0
Anchorage Region	75%	35.4

**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%

\*Hispanic ethnicity can be any race

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

Geographic area	Unemployment March 2022	Poverty 2019
State of Alaska	5%	10%
Anchorage Region	4%	9%

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 289,697 people lived in the Anchorage Region of Alaska in 2021, making up 39% of the state’s population.

- The median age in the region is similar to the statewide population (Table 2b).
- 12% of those in the Anchorage Region are Alaska Native people, fewer than the statewide percentage. A majority (64%) of people in Anchorage Region are White race; the region has more people who are Black and Asian than statewide (Table 2c).
- Unemployment was similar to the state within the Anchorage Region (Table 2d).
- Poverty was similar to the state within the Anchorage Region (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. 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. The Anchorage Region overlaps with the following ANCSA Alaska Native Regional Corporations and their related non-profit Alaska Native associations.<sup>6</sup>

- Cook Inlet Region, Incorporated (CIRI); Cook Inlet Tribal Council, Incorporated

*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.

- Eklutna is the only federally recognized tribe in the Anchorage Region.

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<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.

<sup>6</sup> Alaska Department of Commerce, Community and Economic Development, Division of Corporations, ANCSA Information. Retrieved from <https://www.commerce.alaska.gov/web/cbpl/corporations/ancsainformation.aspx>

### School Districts

**Table 3.** School district enrollment within the Anchorage Region makes up a large percentage of the state’s student population, but there are fewer Alaska Native students in the Anchorage Region.

<b>Geographic Area</b>	<b>Number students in grades K-12</b>	<b>% Alaska Native students (K-12)</b>	<b>Total high school students (grades 9-12)</b>
State of Alaska	127,509	21%	48,652
Anchorage School District	42,701	9%	16,445

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 42,701 students were enrolled in kindergarten through 12<sup>th</sup> grade in the Anchorage Region during October 2021, making up about 33% of Alaska’s student population.

- About 9% of Anchorage school students are Alaska Native.
- High school students, who are more likely to use tobacco or nicotine products than younger students, make up 39% of the total student population in the region.

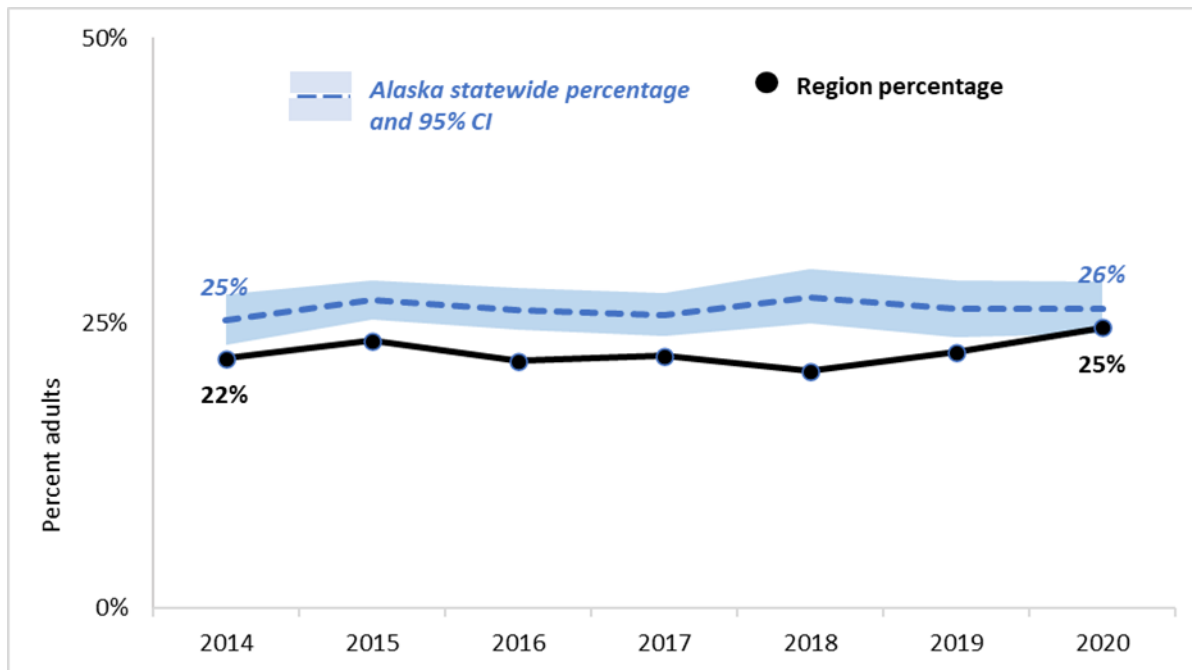
## Section 2. Tobacco Use

This section of the report describes tobacco and nicotine product use among adults and youth in the Anchorage Region and statewide.

### 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 the Anchorage Region.



Year	2014	2015	2016	2017	2018	2019	2020
Alaska statewide	25%	27%	26%	26%	27%	26%	26%
Anchorage Region	22%	23%	22%	22%	22%	22%	25%

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>7</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.*

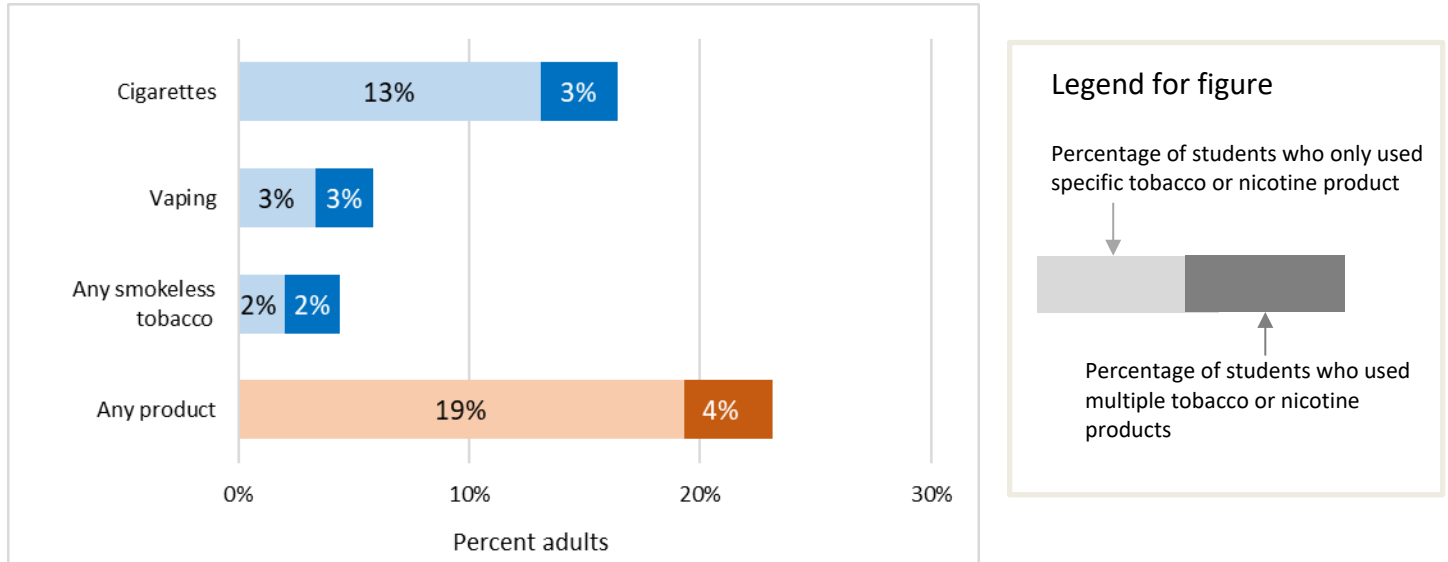
- Between 2014 and 2020, the percentage of adults statewide who currently use any tobacco or nicotine product remained stable. In 2020, 26% of adults statewide currently used some form of tobacco or nicotine.
- The percentage of adults who use tobacco or nicotine in the Anchorage Region has also been stable and is not significantly different from the statewide percentage. In 2020, 25% of adults in the Anchorage Region used tobacco or nicotine.

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

- Based on the most recent three-year average of adults who use tobacco or nicotine, there are more than 50,200 adults in the Anchorage Region who are at risk for poor health outcomes due to using these products.

### Current use of specific tobacco products

**Figure 4.** Cigarettes remain the most commonly used tobacco product among adults in the Anchorage Region. Adults who vape or use smokeless tobacco are 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	13%	3%	17%	12%
Vaping products	3%	3%	6%	2%
Any smokeless tobacco	2%	2%	4%	3%
<b>Any tobacco product</b>	19%	4%	<b>23%</b>	—

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

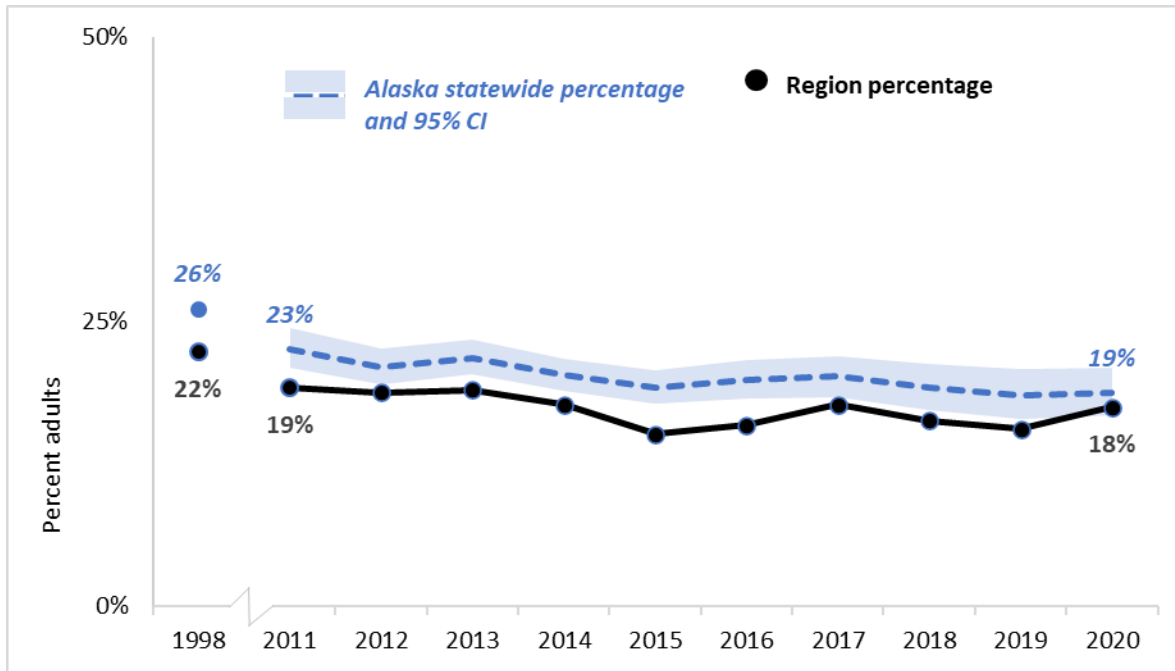
\*numbers may not match sum of “one product” and “multiple product” values due to rounding

In the Anchorage Region, 23% of adults currently used some form of tobacco or nicotine product in 2018-2020.

- Cigarettes are the most commonly used product. 17% of Anchorage Region adults smoked cigarettes. Fewer adults used electronic vaping products like e-cigarettes (6%) or smokeless tobacco (4%).
- Most Anchorage Region adults who smoked cigarettes did not use other tobacco or nicotine products. About half of adults who used smokeless tobacco or vaping products were also using other tobacco products.
- Most Anchorage Region adults who used cigarettes used them every day, about half of adults who used smokeless tobacco products did so every day, and less than half of those who vaped used those products every day.

## Cigarette smoking

**Figure 5.** The percentage of adults who smoke cigarettes decreased statewide during the past 10 years but did not significantly change in the Anchorage Region during that time.

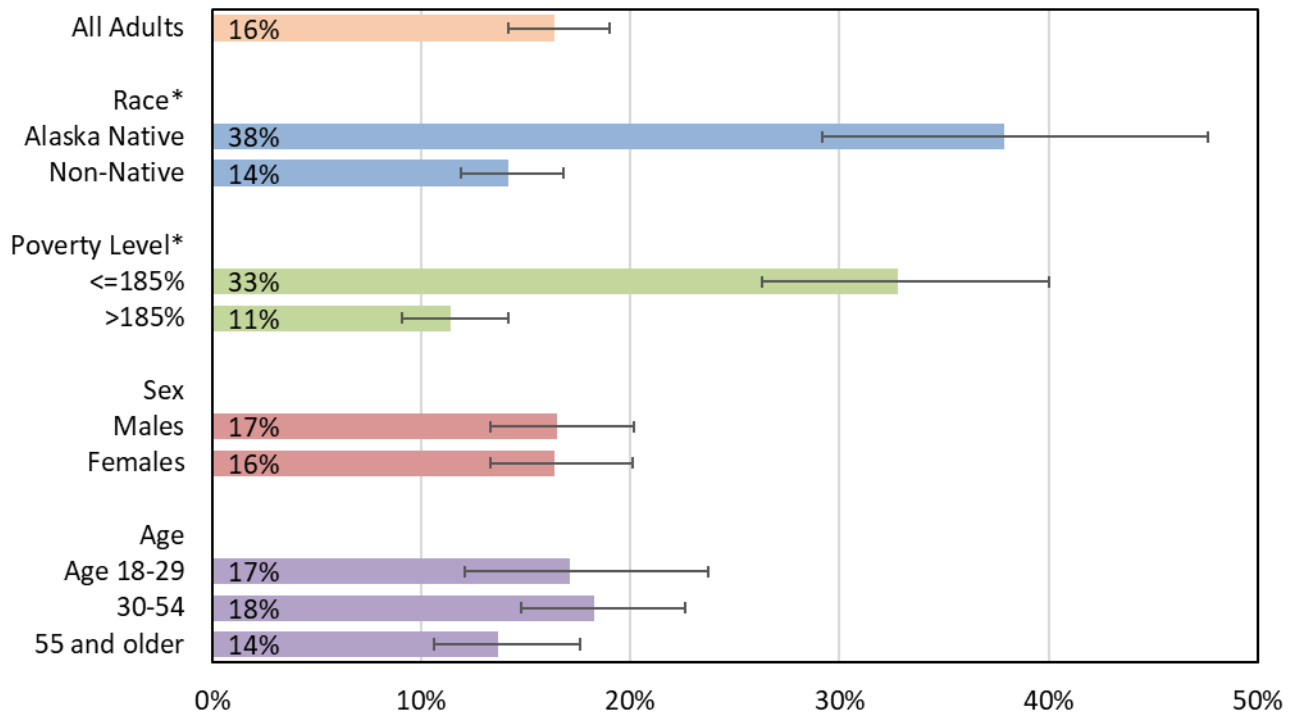


Year	1998	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Alaska Statewide	26%	23%	21%	22%	20%	19%	20%	20%	19%	19%	19%
Anchorage Region	22%	19%	19%	19%	18%	15%	16%	18%	16%	16%	18%

Source: AK BRFSS

- Adult smoking 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.
- In the Anchorage Region, 22% of adults were smoking in 1998, and 18% were smoking in 2020. Adult smoking in the Anchorage Region did not change significantly in the last 10 years.
- The percentage of adults who smoked in the Anchorage Region between 2011 and 2020 is not significantly different from statewide.
- Based on the most recent three-year average of adults who smoke, there are more than 36,500 adults in the Anchorage Region who are at risk for poor health outcomes due to smoking cigarettes.

**Figure 6.** In the Anchorage Region, the percentage of adults who currently smoke cigarettes varies by race and poverty level.



Source: AK BRFSS, 2018-2020

\* Significant difference between or among subgroups

Within the Anchorage Region during 2018-2020, cigarette smoking was:

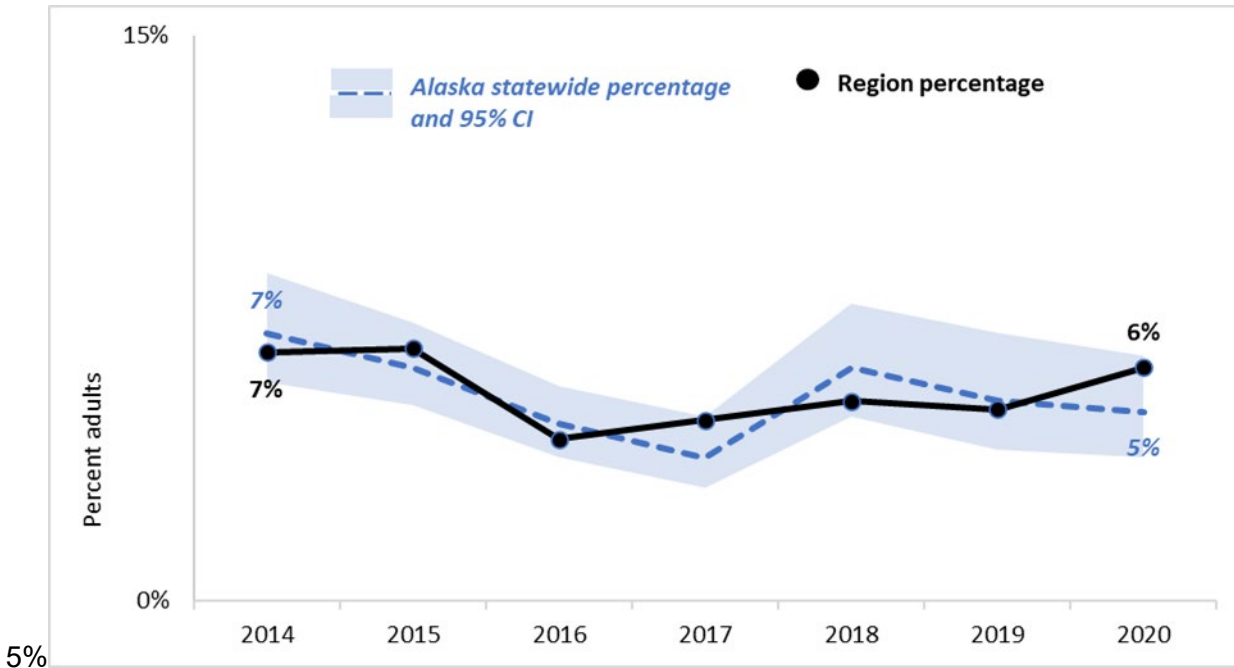
- Higher among Alaska Native people than among non-Native people (38% vs. 14%)
- Higher among people earning less than 185% of the poverty level than those earning more than 185% of the poverty level (33% vs. 11%)
- Similar among males and females (17% and 16%)
- Similar among adults 18-29 and adults 30-54 (17% and 18%), and not significantly different between adults 18-29 and adults 55 and older (17% and 14%)
- Not significantly different between adults 30-54 and adults 55 and older (18% and 14%)



## 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; use did not change significantly in the Anchorage Region.

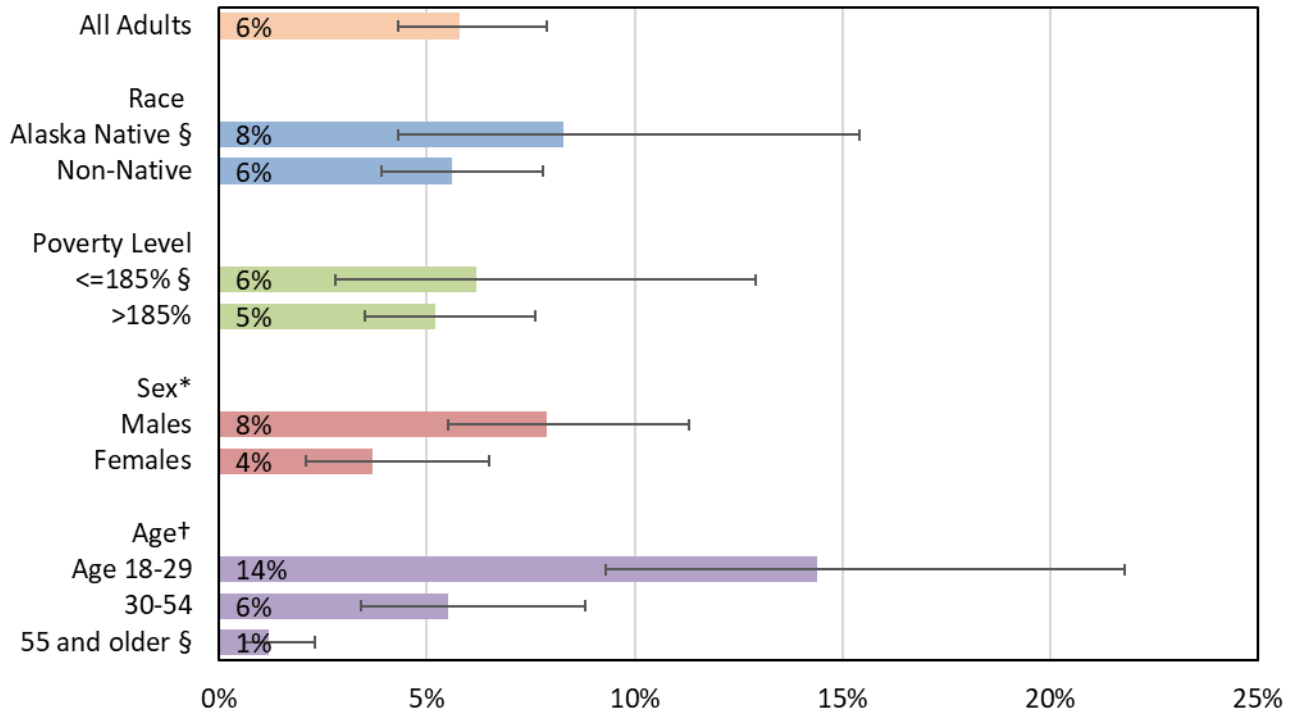


Year	2014	2015	2016	2017	2018	2019	2020
Alaska statewide	7%	6%	5%	4%	6%	5%	5%
Anchorage Region	7%	7%	4%	5%	6%	5%	6%

Source: AK BRFSS. Electronic vapor product use was asked consistently on the BRFSS beginning in 2014.

- 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.
- In the Anchorage Region, the percentage of adults using electronic vapor products was 7% in 2014 and 6% in 2020, with no significant change over this time period.
- For all recent years, the percentage of adults who use electronic vapor products in the Anchorage Region has been similar to the state; differences between the region and state are not statistically significant.
- Based on the most recent three-year average of adults who use electronic vapor products, there are more than 12,600 adults in the Anchorage Region who are at risk for poor health outcomes due to vaping.

**Figure 8:** In the Anchorage Region, the percentage of adults who currently use e-cigarettes varies by sex and age group.



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

§ Interpret this estimate with caution. See Appendix for additional detail.

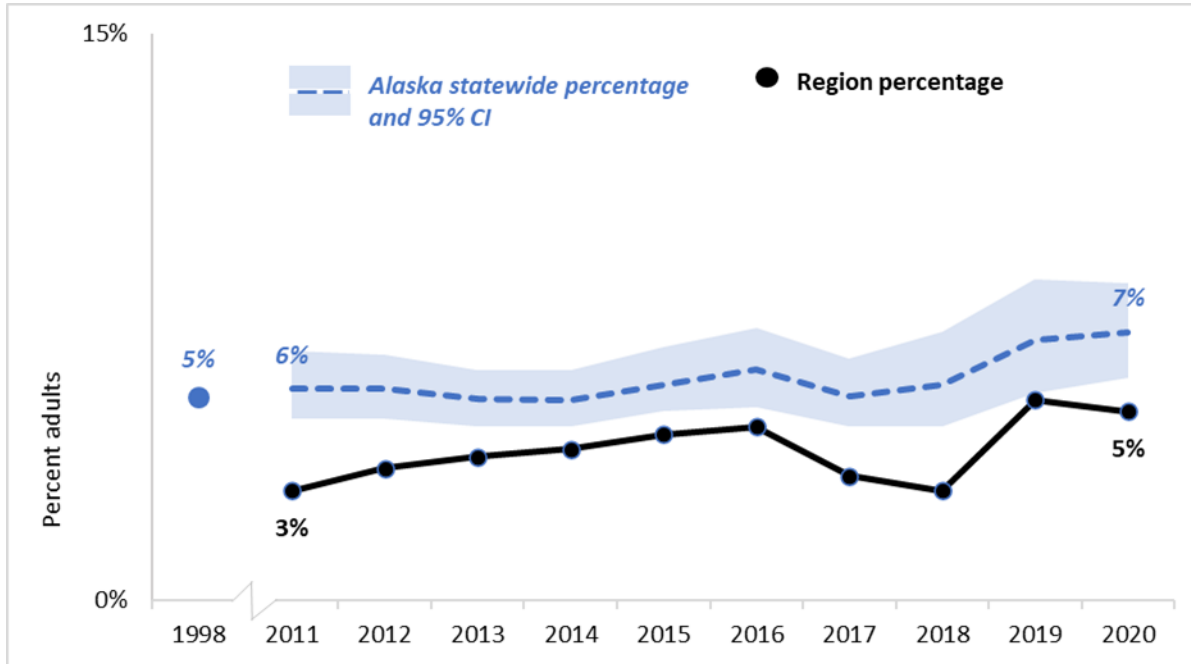
Within the Anchorage Region during 2018-2020, e-cigarette use was:

- Similar among Alaska Native people and non-Native people (8% and 6%)
- 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 (8% vs. 4%)
- Higher among adults 18-29 than among adults 30-54 (14% vs. 6%), and higher among adults 18-29 than adults 55 and older (14% vs 1%)
- Higher among adults ages 30-54 than adults ages 55 and older (6% vs. 1%).

## 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 but did not significantly change in the Anchorage Region during that time. The percentage of adults who use smokeless tobacco in the Anchorage Region is lower than statewide.

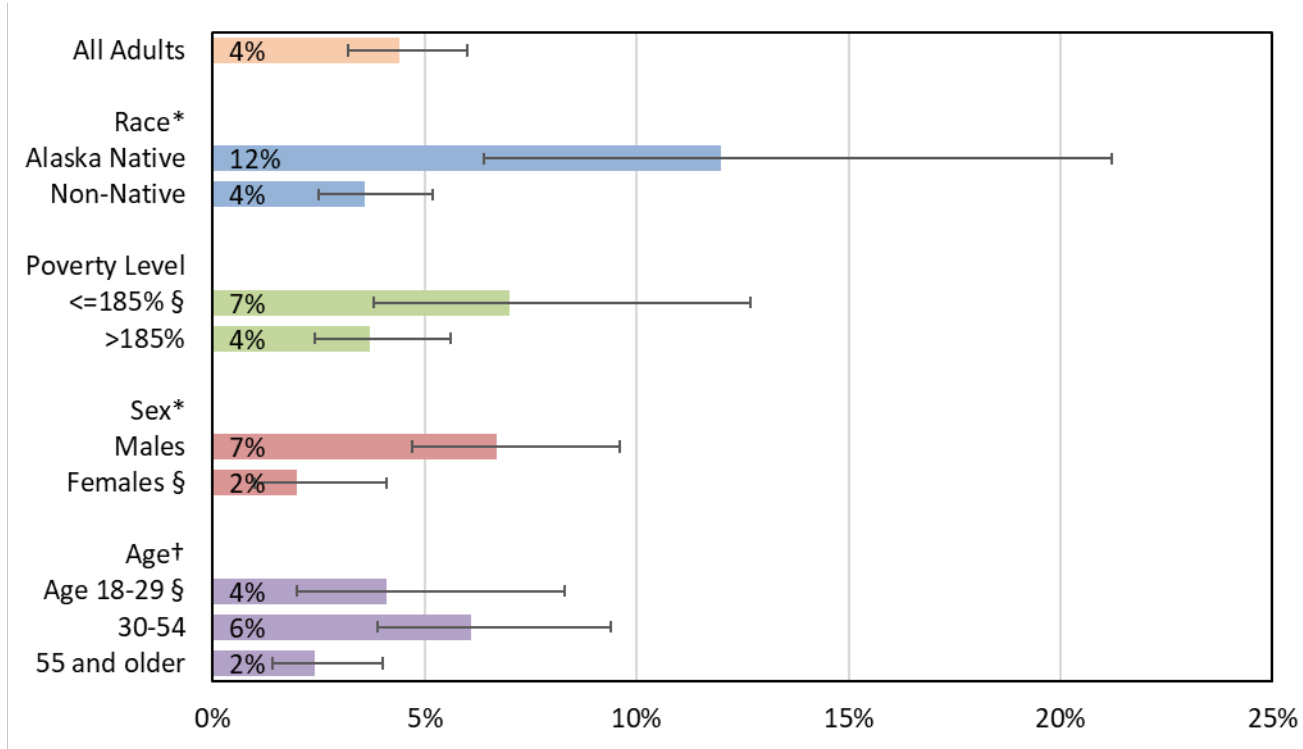


Year	1998	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Alaska statewide	5%	6%	6%	5%	5%	6%	6%	5%	6%	7%	7%
Anchorage Region	--	3%	4%	4%	4%	4%	5%	3%	3%	5%	5%

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.
- The percentage of adults who used smokeless tobacco has not changed greatly over time in the Anchorage Region: 3% used in 2011 and 5% used in 2020.
- Prior to 2020, the percentage of adults who use smokeless tobacco in the Anchorage Region was similar to the state, but in 2020, 5% of the Anchorage Region adults used smokeless tobacco, significantly lower than the statewide percentage (7%).
- Based on the most recent three-year average of adults who use smokeless tobacco, there are more than 9,600 adults in the Anchorage Region who are at risk for poor health outcomes due to using smokeless tobacco.

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



Source: AK BRFSS, 2018-2020

\* Significant difference between or among subgroups

† Significant contrasts between ages 30-54 and 55 and older

§ Interpret this estimate with caution. See Appendix for additional detail.

Within the Anchorage Region during 2018-2020, smokeless tobacco use was:

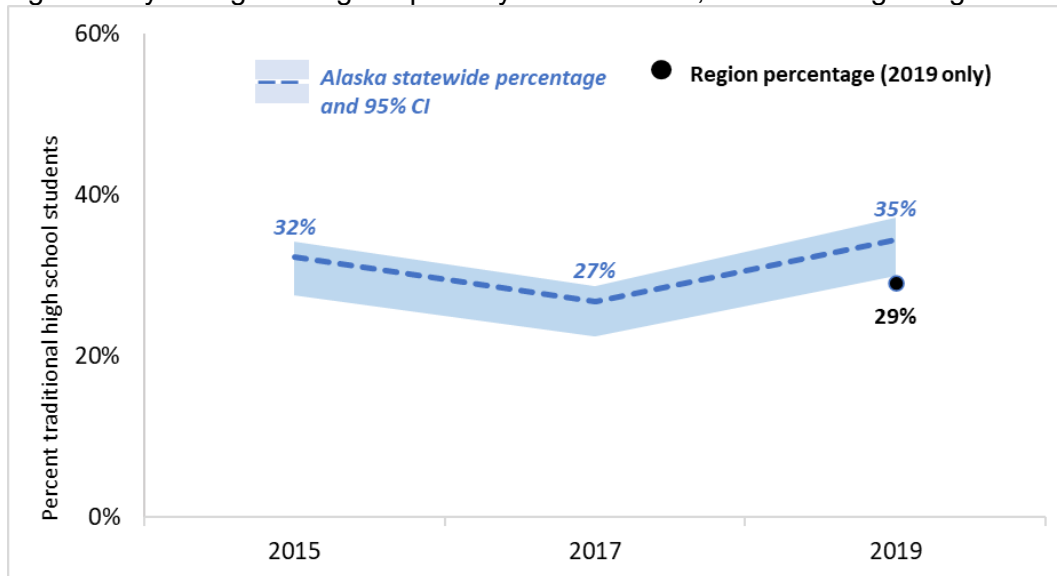
- Higher among Alaska Native people than non-Native people (12% vs. 4%)
- Similar among people earning less than 185% of the poverty level and those earning more than 185% of the poverty level (7% and 4%)
- Higher among males than females (7% vs. 2%)
- Similar among adults 18-29 and adults 30-54 (4% and 6%), and similar among adults 18-29 and adults 55 and older (4% and 2%).
- Higher among adults ages 30-54 than adults 55 and older (6% vs. 2%)

## Youth Tobacco Use

In the following charts, statewide YRBS data are reported for all available years and regional data are only reported for 2019. Statewide data are based on a sample designed to represent traditional high school students across the state, while regional data are limited to schools that voluntarily participate in the YRBS. Due to variations in school district, school, and student participation over time, differences in regional data from year to year may be driven more by changes in survey participation than by real changes in tobacco use among students. For this reason, data trends are presented for statewide but not regional estimates.

### 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 past 5 years in Alaska; the Anchorage Region was similar to the state in 2019.



Year	2015	2017	2019
Alaska statewide	32%	27%	35%
Anchorage Region	--	--	29%

Source: Alaska YRBS. 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>8</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.*

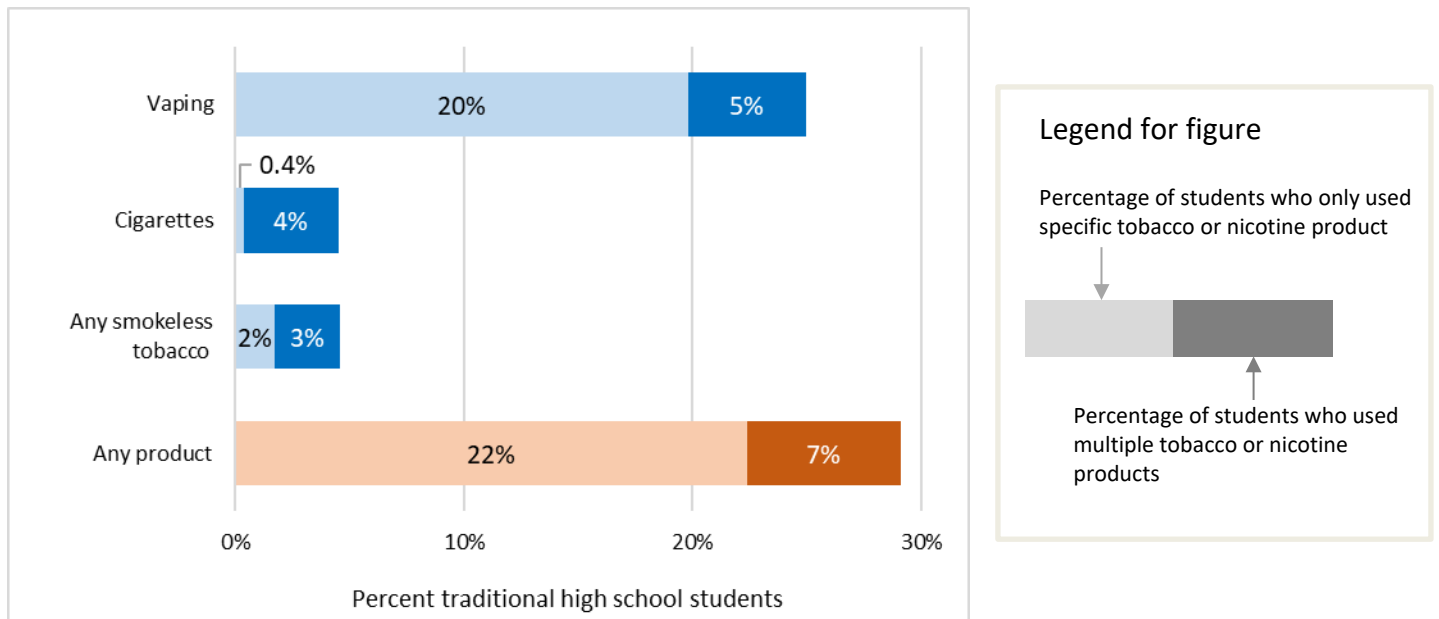
- This measure is reported beginning in 2015, the first year that questions about e-cigarettes were added to the Alaska YRBS.
- Between 2015 and 2019, the percentage of high school students who currently used any tobacco or nicotine product statewide varied, but the change over time is non-significant.
- In the Anchorage Region, 29% of students currently used a tobacco or nicotine product in 2019, which is not significantly different from the statewide percentage of 35%.

<sup>8</sup> For more information about Healthy Alaskans 2030, see <https://www.healthyalaskans.org/>

- Based on the most recent percentage of students who use tobacco or nicotine products, there are more than 3,900 students in the Anchorage Region who are at risk for poor health outcomes due to using these products.

## Current use of specific tobacco products

**Figure 12.** E-cigarettes were the most commonly used tobacco product among high school students in the Anchorage Region 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	20%	5%	<b>25%</b>	5%
Cigarettes	0.4%	4%	<b>5%</b>	1%
Any smokeless tobacco	2%	3%	<b>5%</b>	0.8%
<b>Any tobacco product</b>	<b>22%</b>	<b>7%</b>	<b>29%</b>	--

Source: AK YRBS 2019, all participating traditional high schools from the region. 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

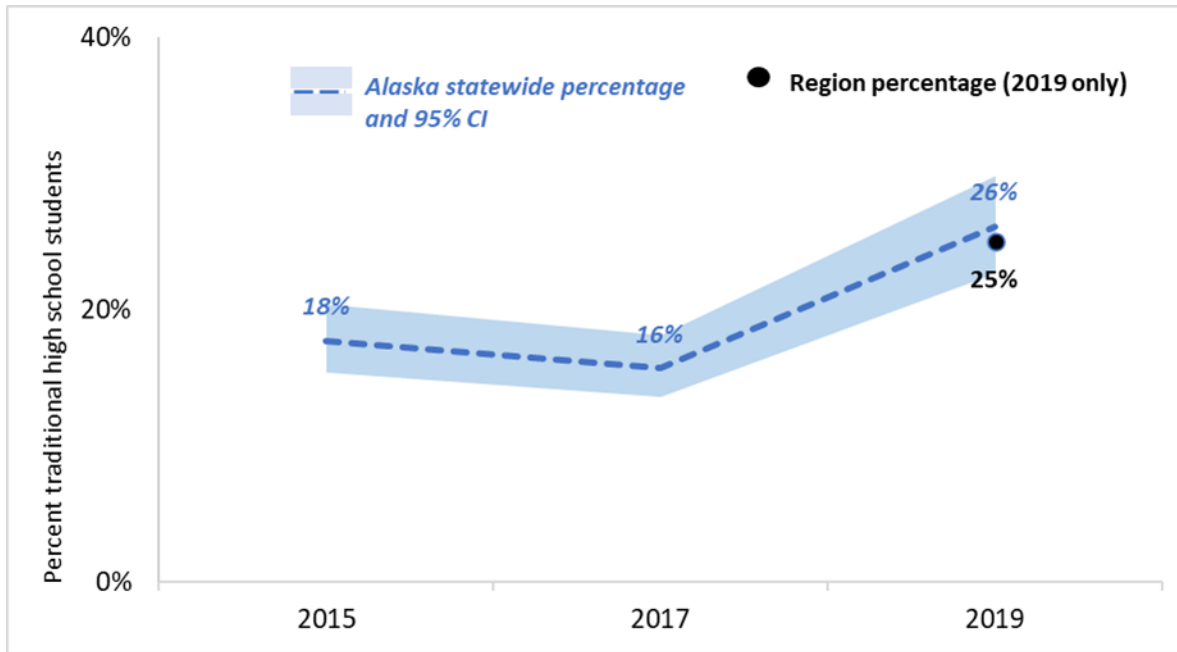
In the Anchorage Region, 29% of high school students currently used some form of tobacco or nicotine product in 2019.

- E-cigarettes were the most commonly used product (25% of all students); fewer students used cigarettes or smokeless tobacco (both 5%).
- Most students who used e-cigarettes used only those products (20% 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: 5% of youth vaped on 20 or more of the past 30 days, and about 1% 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 past 5 years in Alaska; the Anchorage Region was similar to the statewide percentage in 2019.



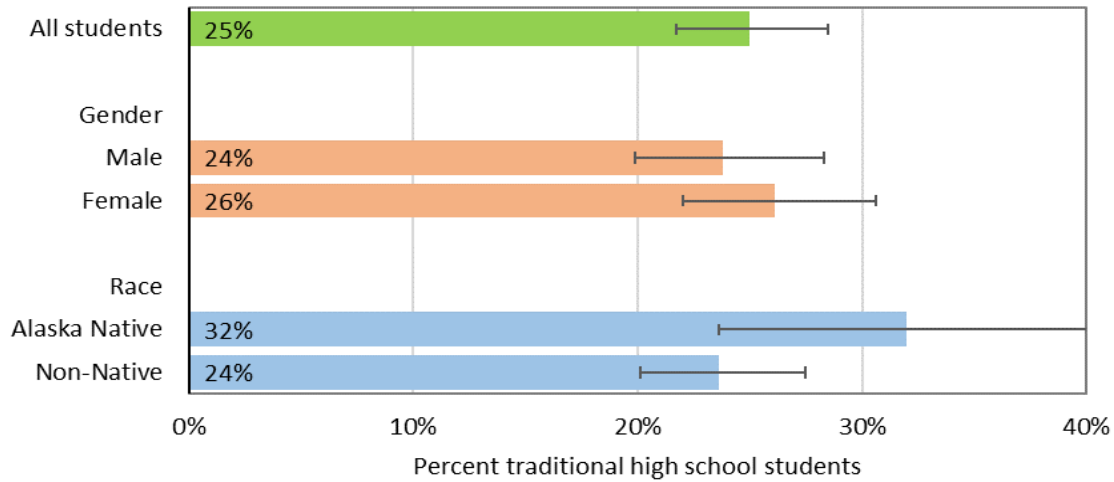
Year	2015	2017	2019
Alaska statewide	18%	16%	26%
Anchorage Region	--	--	25%

Source: AK YRBS, Alaska state sample of traditional high schools; all participating traditional high schools from the region. 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.
- In the Anchorage Region, 25% of students currently used an e-cigarette in 2019, which is not significantly different from the state percentage of 26%.
- Based on the most recent percentage of students who use e-cigarettes, there are more than 3,300 students in the Anchorage Region who are at risk for poor health outcomes due to vaping.



**Figure 14:** In the Anchorage Region, the percentage of high school students currently using e-cigarettes is similar among subgroups.



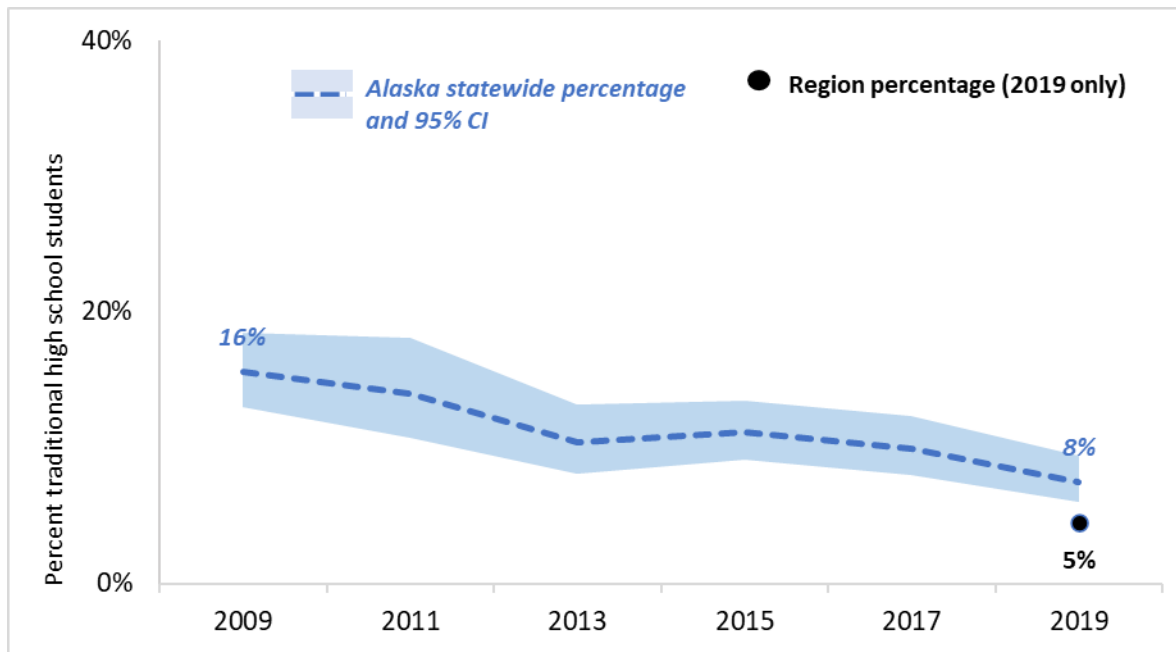
Source: AK YRBS 2019, all participating traditional high schools from the region

Within the Anchorage Region in 2019, e-cigarette use was not significantly different between groups of high school students:

- 24% among male students and 26% among female students
- 32% among Alaska Native students and 24% among non-Native students

## Cigarette smoking

**Figure 15:** The percentage of high school students who currently smoke cigarettes declined during the past 10 years in Alaska; the Anchorage Region was similar to the statewide percentage in 2019.

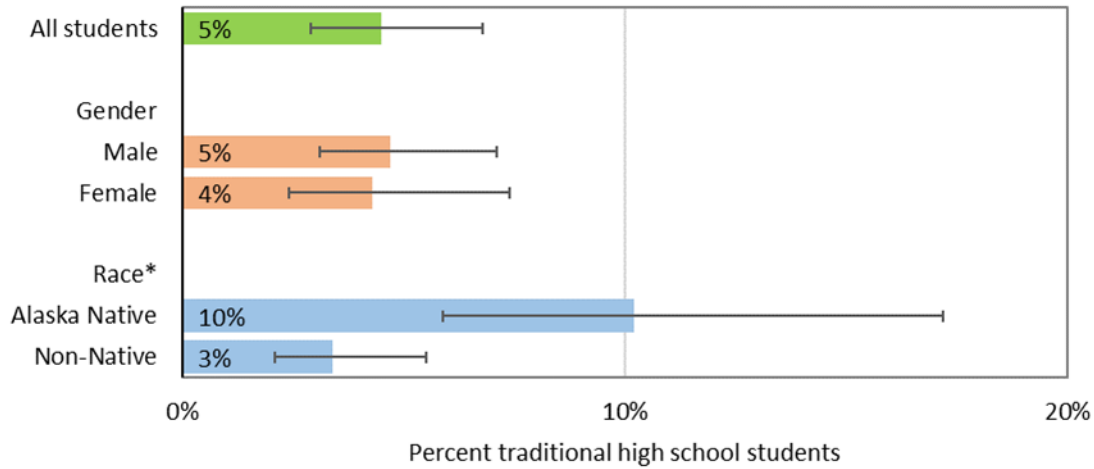


Year	2009	2011	2013	2015	2017	2019
Alaska statewide	16%	14%	10%	11%	10%	8%
Anchorage Region	--	--	--	--	--	5%

Source: AK YRBS, Alaska state sample of traditional high schools; all participating traditional high schools from the region

- 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.
- In the Anchorage Region, 5% of students smoked cigarettes in 2019, which is not significantly different from the state percentage of 8%.
- Based on the most recent percentage of students who smoke cigarettes, there are more than 600 students in the Anchorage Region who are at risk for poor health outcomes due to smoking.

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



Source: AK YRBS 2019, all participating traditional high schools from the region

\* Significant difference between or among subgroups

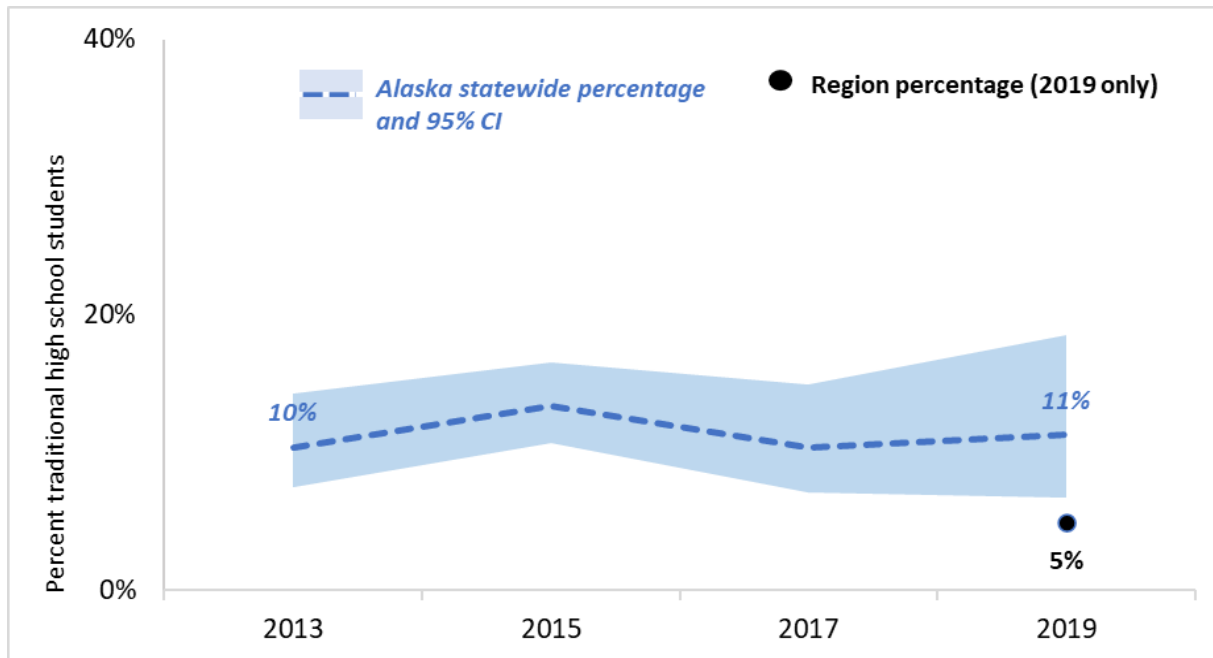
Within the Anchorage Region in 2019, cigarette smoking among groups of high school students was:

- Not significantly different between male and female students (5% and 4%)
- Higher among Alaska Native students than non-Native students (10% vs. 3%)

## 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 past 7 years in Alaska; the Anchorage Region was not significantly different from the statewide percentage in 2019.

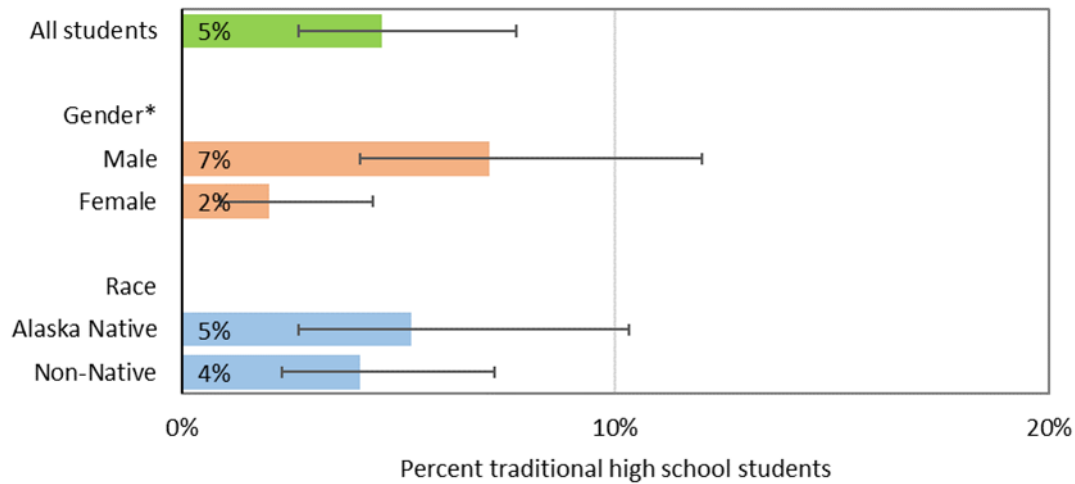


Year	2013	2015	2017	2019
Alaska statewide	10%	13%	10%	11%
Anchorage Region	--	--	--	5%

Source: AK YRBS, Alaska state sample of traditional high schools; all participating traditional high schools from the region

- 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.
- In the Anchorage Region, 5% of students used smokeless tobacco in 2019, which was not significantly different from the statewide percentage of 11%.
- Based on the most recent percentage of students using smokeless tobacco, there are more than 700 students in the Anchorage Region who are at risk for poor health outcomes due to using smokeless tobacco.

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



Source: AK YRBS 2019, all participating traditional high schools from the region

\* Significant difference among subgroups

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

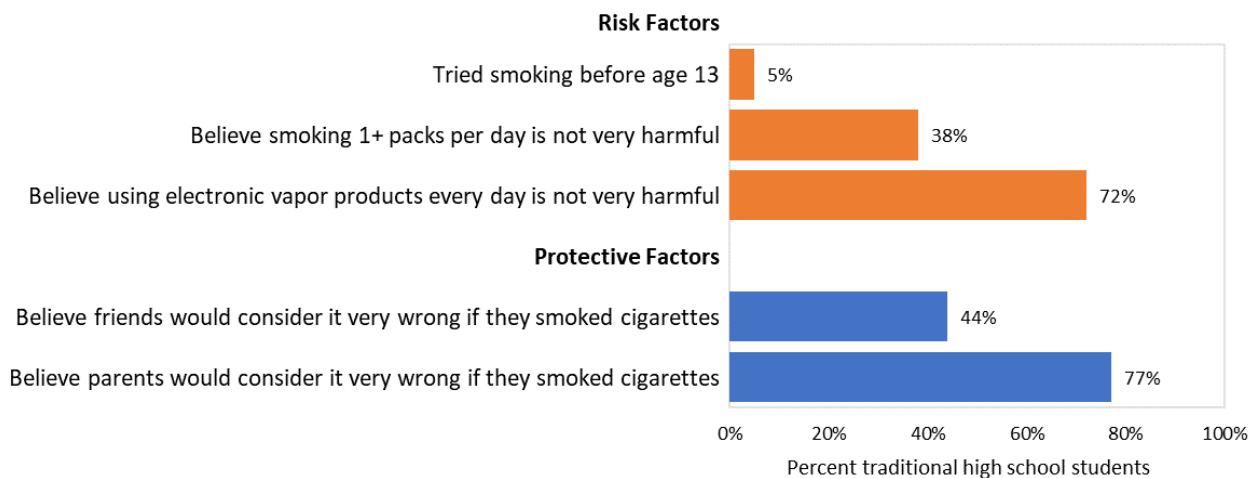
- Higher among male students than female students (7% vs. 2%)
- Similar among Alaska Native students and non-Native students (5% and 4%)

## 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>9</sup>

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



Source: AK YRBS 2019, all participating traditional high schools from the region

Risk factors among Anchorage Region high school students include:

- 5% of Anchorage Region students first tried smoking a cigarette before age 13. This is not significantly different from the statewide percentage of 7%.
- 38% of the region's students think that smoking one or more packs of cigarettes per day poses no risk or only slight risk to their health. This is not significantly different from the statewide percentage of 43%.
- Most students think that using e-cigarettes every day is not very harmful (72%). This is not significantly different from the statewide percentage of 73%.

Protective factors among Anchorage Region high school students include:

- Less than half of Anchorage Region students think their friends would consider it very wrong for them to smoke cigarettes (44%). This is similar to the statewide percentage of 46%.
- Most of the region's students think their parents would consider it very wrong for them to smoke cigarettes, the same as statewide (both 77%).

<sup>9</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 the Anchorage Region have tried using tobacco products.

<b>Indicator</b>	<b>Anchorage Region</b>	<b>State of Alaska</b>
Ever tried vaping products	47%	46%
Ever tried cigarette smoking	24%	28%

Source: AK YRBS 2019, Alaska state sample of traditional high schools; all participating traditional high schools from the region

About half of high school students in the Anchorage Region have tried vaping products, and many have tried cigarette smoking. These findings are not significantly different from statewide estimates.

- 47% of Anchorage Region students have tried using e-cigarettes at least once.
- 24% of the region’s 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>10</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 December 2020:

- Anchorage has a cigarette tax of \$2.39/pack, and a tax on other tobacco products of 55% of the wholesale price.
- E-cigarettes are taxed at 55% of wholesale.

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<sup>10</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 fewer 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.** The single school district in the Anchorage Region has established an incomplete tobacco policy, lacking many of the model policy elements.

<b>School district</b>	<b>Current policy status</b>	<b>K-12 enrollment</b>
Anchorage School District	Incomplete	45,218

Source: ADAPT, June 2022.



In the Anchorage Region, 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>Anchorage Region</i>	<i>State of Alaska</i>
Cigarettes	1%	2%
Smokeless tobacco (excluding iqmik)	2%	3%
Iqmik	1%	5%
Any: cigarettes, smokeless tobacco, or iqmik	4%	8%

Source: AK YRBS 2019, all participating traditional high schools from the region  
Percentages shown are among all traditional high school students.

Few high school students in the Anchorage Region said they used tobacco products on school property during the past 30 days. These results are not significantly different from statewide estimates.

- 1% of Anchorage Region students smoked cigarettes on school property.
- 2% of the region’s students used smokeless tobacco (excluding iqmik) on school property.
- 1% of students used iqmik on school property.
- 4% 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 the Anchorage Region, three post-secondary institutions have adopted policies that restrict tobacco use on their campuses:

- Alaska Pacific University and University of Alaska Anchorage (UAA) have adopted strong tobacco-free policies.
- Wayland Baptist University has an incomplete policy, missing key elements from the model policy such as specifying the types of tobacco or nicotine products that are included, specifying that the policy applies to staff and visitors as well as students, and prohibiting smoking or tobacco use in all locations under the control of the organization.

## Section 4. Helping People Quit

### Quitting Indicators

In the Anchorage Region, many adults are trying to quit smoking.

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

<b>Indicator</b>	<b>Anchorage Region</b>	<b>State of Alaska</b>
Tried to quit in the past year	63%	58%

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

<b>Indicator</b>	<b>Anchorage Region</b>	<b>State of Alaska</b>
Quit for 3+ months in the past year, at time of survey	13%	9%

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

<b>Indicator</b>	<b>Anchorage Region</b>	<b>State of Alaska</b>
“Quit Ratio” – lifetime smokers who are now non-smokers	60%	59%

Source: AK BRFSS 2018-2020

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

- More than half of Anchorage Region adults who currently smoke cigarettes tried to quit in the past year, not significantly different from the statewide estimate (63% and 58%).
- Among the region’s adults who smoked cigarettes within the past year, about 13% have quit successfully, not significantly different from the statewide percentage (9%).
- Among adults who have ever smoked, more than half quit successfully for the long-term, similar to the statewide estimate (60% and 59%).

## Quitting Resources

Alaska’s Tobacco Quit Line 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 the Anchorage Region, many adults have received advice and support to quit using tobacco.

**Table 8a:** Alaska’s Tobacco Quit Line (ATQL), *among people who smoke*

<b>Indicator</b>	<b>Anchorage Region</b>	<b>State of Alaska</b>
<i>People who smoke who are aware of the ATQL</i>	79%	85%
Number of people who received help from the ATQL in the past year	919	2,086
Estimated percentage of current adult smokers who called the ATQL in the past year**	3%	2%

**Table 8b:** Healthcare Provider Support

<b>Indicator</b>	<b>Anchorage Region</b>	<b>State of Alaska</b>
<i>Advised to quit by a healthcare provider, among people who smoke</i>	49%	41%
<i>Advised to quit by a healthcare provider, among people who smoke <u>and</u> who had a healthcare visit in past year</i>	72%	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 people in the Anchorage Region quit smoking.

- Most Anchorage Region adults who smoke cigarettes are aware of Alaska’s Tobacco Quit Line, however the percentage is still significantly lower than the statewide estimate (79% vs. 85%).
- 919 of the region’s adults got help from Alaska’s Tobacco Quit Line during the past year. This is 3% of the estimated number of adults who smoke in the region.
- About half of adults who smoke who had a healthcare visit in the past year said that their healthcare provider advised them to quit, not significantly different from the statewide estimate (49% and 41%).
- Over two-thirds of adults who smoke and who had a healthcare visit in the past year said that their healthcare provider advised them to quit, not significantly different from the statewide estimate (72% and 69%).

## Section 5. Eliminating Exposure to Secondhand Smoke

### Secondhand Smoke Exposure

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

**Table 9a:** Youth SHS exposure

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Students were in the same room with someone who was smoking in the past week	25%	27%

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
One+ people who smoke in the home including self, <i>all adults</i>	27%	31%
Adult home SHS exposure, <i>all adults</i>	6%	7%
Adult home SHS exposure, <i>among those who rent their home</i>	9%	9%
Smoke drift into home, <i>among those in multi-unit housing</i>	21%	20%

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Adults exposed to SHS at work, <i>among adults who work**</i>	4%	6%
Exposed to SHS in work entryways, <i>among adults who work**</i>	19%	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 the Anchorage Region, most adults reported no secondhand smoke exposure in homes and workplaces, however more youth reported exposure.

- 25% of Anchorage Region high school students said they were in the same room with someone who was smoking a tobacco product in the past week.
- 27% of Anchorage Region adults live with one or more people who smokes including themselves, significantly lower than the statewide estimate (31%).
- 6% of the region's adults overall were exposed to secondhand smoke at home, similar to the statewide estimate (7%). Among those who rent their home, 9% of adults were exposed, the same as the statewide estimate (9%).
- Among those in multi-unit housing, 21% of adults experienced smoke drifting into their home, similar to the statewide estimate (20%).
- Among adults who work, 4% were exposed to secondhand smoke at work, significantly lower than the statewide estimate (6%) and 19% were exposed to secondhand smoke in work entryways, similar to the statewide estimate (20%).

## Secondhand Smoke Rules

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

**Table 10a:** Home rules

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Smoking is not allowed in the home	91%	91%
<i>Among those who rent</i> , landlord has rules about smoking on the property	51%	48%

**Table 10b:** Workplace rules

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Smoking is not allowed in work areas, <i>among adults who work indoors</i>	89%	87%
Perception that smoking is allowed in indoor work areas, in their community	3%	3%

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

In the Anchorage Region, most private homes and workplaces have a smoking ban. These findings are similar to the statewide estimates.

- 91% of Anchorage Region adults said that smoking is not allowed inside their home.
- Among the region’s adults who rent, half said that their landlord has rules about smoking on the property (51%).
- Most adults who work indoors said that smoking is not allowed in their workplace (89%). 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 the Anchorage Region, 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>Anchorage Region</i>	<i>State of Alaska</i>
Agree secondhand smoke is very/somewhat harmful to people's health	92%	92%
Prefer to spend time where people are not smoking	89%	85%

**Table 11b:** Knowledge of harm

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Secondhand smoke causes lung cancer	83%	79%
Secondhand smoke causes heart disease	74%	70%
Secondhand smoke causes respiratory problems in children	93%	92%
Secondhand smoke causes Sudden Infant Death Syndrome (SIDS)	39%	39%

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Agree/strongly agree people should be protected from secondhand smoke	93%	91%

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
On school grounds during school hours	96%	95%
On school grounds after school hours	90%	90%
At school-sponsored events, including those not on school grounds	83%	82%

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
On hospital grounds, such as on walkways and outside building entrances	87%	86%
On health clinic grounds, such as on walkways and outside building entrances	88%	87%

Source: AK BRFSS 2018-2020

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

- Most adults in the Anchorage Region agree that secondhand smoke is harmful (92%), the same as the statewide percentage (92%). Most also prefer to spend time where people are not smoking (89%), significantly higher than the statewide estimate (85%)
- 83% of the region's adults think secondhand smoke causes lung cancer, 74% think it causes heart disease, and 93% think it causes respiratory problems in children. All three measures are significantly higher than the statewide estimates (79%, 70%, and 92%, respectively). 39% think secondhand smoke causes Sudden Infant Death Syndrome (SIDS), the same as the statewide estimate (39%).
- A majority of adults agree that people should be protected from secondhand smoke in general (93%), significantly higher than the statewide estimate (91%).

- Nearly all adults say that tobacco use should not be allowed on school grounds during school hours (96%). 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 (83%). All three measures are similar to statewide estimates (95%, 90%, and 82%, respectively).
- Most adults support rules that do not allow tobacco use on hospital grounds (87%) and health clinic grounds (88%). Both measures are similar to statewide estimates (86% and 87%, respectively).

## 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 the Anchorage Region, 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*

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Inside school but after school hours	3%	3%
Outside on school grounds during school hours	18%	17%
Outside on school grounds after school hours	24%	24%
At school-sponsored events, including those not on school grounds	19%	19%

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
On hospital grounds	64%	55%
On health clinic grounds	47%	40%

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Saw smoking in indoor work areas	4%	4%
Saw smoking in bars	5%	6%

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Aware of a local group doing tobacco prevention in their community	46%	45%

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

In the Anchorage Region, 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. Most results are not significantly different from those seen statewide.

- Relatively few Anchorage Region adults have seen someone using tobacco inside schools (3%). Somewhat more have seen tobacco use outside on school grounds during school hours (18%), outside on school grounds but after school hours (24%), or at school-sponsored events including those not on school grounds (19%).
- Two-thirds of the region’s adults who visited a hospital in the past year have seen someone using tobacco there (64%), and nearly half have seen tobacco use on health clinic grounds (47%). Seeing tobacco use on Anchorage Region hospital grounds and health clinic grounds are both significantly higher than statewide estimates (55% and 40%, respectively).
- Relatively few adults have seen someone smoking in indoor work areas (4%) and in bars (5%).
- About half of adults said they know about a local group working on tobacco prevention in their community (46%).



## 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>11</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 tobacco free tribal resolutions, community ordinances, multi-unit housing policies, and healthcare policies.<sup>12</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 is one federally recognized tribe in the Anchorage Region. As of June 2020, we do not have any information about tobacco-related tribal resolutions in the region.

### **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
- Statement of penalties for violations

Based on information available in ADAPT (see ‘Methods’ section) during June 2022, two multi-unit housing properties in the Anchorage Region have smokefree addendums or policies in their leases:

- The Cook Inlet Housing Authority and NeighborWorks Anchorage both have policies rated as incomplete because they lack definitions, specificity, “no smoking” signage, and/or enforcement.

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<sup>11</sup> <https://www.akleg.gov/basis/statutes.asp#18.35.301>

<sup>12</sup> Information about tobacco-related policies can be shared by emailing [tobacco@alaska.gov](mailto:tobacco@alaska.gov)

## 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 the Anchorage Region, some healthcare facilities have policies to limit tobacco use on their campuses.

Healthcare Facility	Current Policy Status
Alaska Native Tribal Health Consortium (ANTHC)	Fair
Southcentral Foundation	Fair
Alaska Native Health Board	Incomplete
Providence Health and Services Alaska	Incomplete
Providence St. Joseph Health (Anchorage)	Incomplete

Source: ADAPT, May 2020.

In the Anchorage Region, five healthcare facilities have adopted policies.

- Two are fair tobacco-free policies.
- Three facilities have adopted incomplete tobacco-free policies, meaning the policies lack key elements that are considered essential for effective policies.