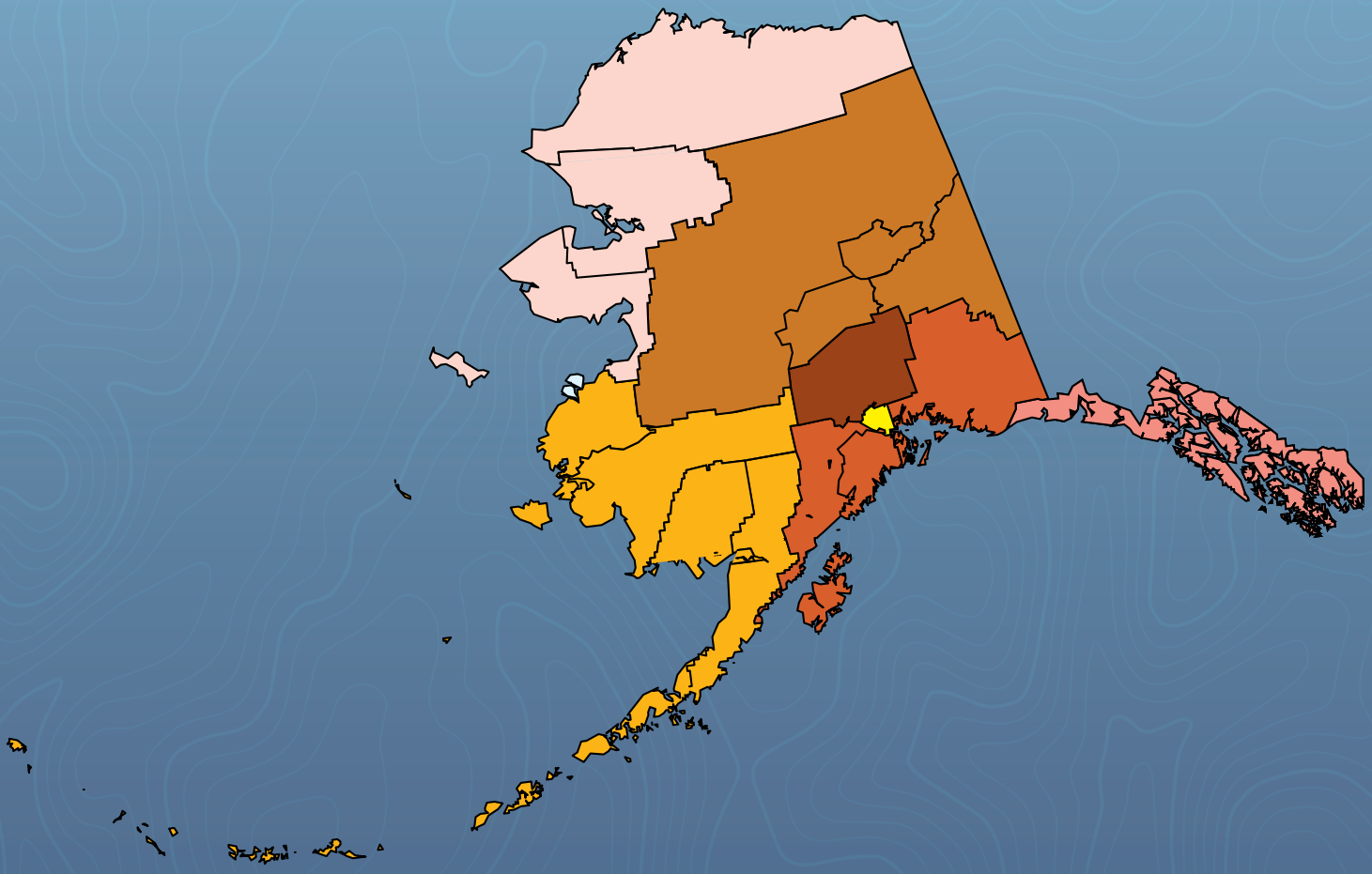
ALASKA TOBACCO PREVENTION AND CONTROL REGIONAL PROFILES: ALASKA STATE



FY2023

Tobacco Prevention and Control Regional Profile: Alaska Statewide

November 2023

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.

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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. [1]
- 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. [2] 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: [3] 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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[1] U.S. Centers for Disease Control and Prevention (CDC) *Winnable Battles*
https://www.cdc.gov/about/resources/pdf/WBGeneralFAQs_102010.pdf

[2] U.S. CDC *Best Practices for Comprehensive Tobacco Control Programs – 2014.*
https://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm

[3] 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 vary considerably by region. Programs planned on local information and with input from the people who live there will be more effective than programs planned 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 state by regions, 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 with additional detail about the information provided in this report is available on request, contact: tobacco@alaska.gov. Information for all Alaska regions is included. Appendices are available as a separate report alongside 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.

Other resources

The State of Alaska Department of Health provides some online systems that people can use to explore the data sources in this report. These are available at:

- Alaska Youth Risk Behavior Survey (AK YRBS) – Alaska high school students' risk and protective factor data https://health.alaska.gov/dph/Chronic/Pages/yrbs/yrbs19.aspx - select either "traditional high school" or "alternative high school" data dashboard links
- Alaska Behavioral Risk Factor Surveillance System (AK BRFSS) – Alaska adults' risk behavior data https://alaska-dph.shinyapps.io/BRFSS/
- Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) – Data on Alaska mothers' maternal behaviors and experiences during pregnancy https://health.alaska.gov/dph/wcfh/Pages/mchepi/prams/default.aspx

Methods

Data sources

This report includes information from four 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.

Data Source (Abbreviation for report)	***Description***
Alaska Youth Risk Behavior Survey **(AK YRBS)**	YRBS data are collected from students in grades 9-12 using anonymous and voluntary school-based questionnaires. It is coordinated and sponsored by the Centers for Disease Control and Prevention (CDC). 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 from 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 Alaska YRBS was conducted during the 2022-2023 school year with data scheduled to be available in fall 2024.
Alaska Behavioral Risk Factor Surveillance System **(AK BRFSS)**	BRFSS data are collected from adults ages 18 and older through anonymous telephone interviews using random-digit-dialing (RDD). Telephone numbers are sampled using a stratified sampling design defined by Alaska's seven public health regions. BRFSS provides annual representative data in Alaska about adult health behaviors, preventative health practices, and chronic conditions. It is coordinated and sponsored by the Centers for Disease Control and Prevention (CDC) and implemented in all U.S. states and some territories. BRFSS is Alaska's primary source of information about adult use of tobacco or nicotine products. Most regional data reported here are from combining years 2019-2021 together. Estimates from Alaska BRFSS in this report may be slightly different from those available online in the DOH Alaska BRFSS Data Center. Prior to 2021 the TPC program supported a version of the BRFSS questionnaire (supplemental) that mainly included tobacco questions; those data are included for analysis in this report but not included in the state's online data system.
Online Adult Tobacco Survey **(OATS)**	The TPC program designed OATS to complement BRFSS data by collecting detailed information about adult tobacco use and exposure. As of 2021, OATS data collection occurs in the spring of each year. Data are collected from Alaska adults ages 18 and older through an anonymous online survey. A random sample is drawn based on cell phone numbers, with oversampling to provide more surveys in rural regions. Selected respondents receive a text with a link to an online survey and a code to access the survey. OATS is used to report on detailed tobacco-related measures such as quitting, attitudes, and secondhand smoke exposure. Most regional data reported here are from combining years 2021-2022 together.
Alaska Database for Policies on Tobacco **(ADAPT)**	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.

Data Source (Abbreviation for report)	*Description*
	School district policies in this report reflect an assessment completed June 2022 with new criteria; however, ADAPT has not yet been updated with this information. Other local policy information, such as multi-unit housing and healthcare facilities in this report was current in ADAPT as of June 2022.

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" people because they reflect 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, although the actual populations of women and men in the state 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 YRBS, BRFSS, and OATS 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 different due to chance.

Trends. Regression tests were used to determine whether tobacco use prevalence indicators were changing over time. We used the 95% confidence level, with a p-value of $<.05$ to determine whether trends were significantly increasing or decreasing (different from "0" or a "flat" trend). The ability to detect significant trends depends both on the magnitude of the trend, and the size of the sample. In some cases, even though there doesn't appear to be much change and the estimates in the first and last years are the same or nearly the same, the overall trend may be significant because the small change is consistent over a large enough number of years. Although data may be available for longer periods of time, trend analyses in this profile focus primarily on identifying

significant changes during recent years, up to the past 10 years. Focusing on the most recent years helps to isolate current trends, which are most meaningful for program planning. For some indicators, we show pre-2000 prevalence estimates for comparison; this is when the TPC Program began a comprehensive program.

Combined year estimates. In order to report data by race-ethnicity groups and by sexual orientation, we combined years of data to increase the number of records contributing to the estimates. In those instances, we are reporting the average weighted mean estimate across the combined years.

Data suppression and statistical instability. Survey estimates based on a small number of responses are suppressed to protect participant anonymity and ensure high data quality. Data quality flags are included to indicate when a result is statistically unstable, meaning we have a lower level of confidence in the result as an estimate of the true percentage in the Alaska population. Small sample sizes often contribute to unstable estimates; unstable estimates should be interpreted with caution. Guidelines from the State of Alaska are outlined below.

Source	***Suppression Guidelines***	***Flagging for Unstable Estimates***
BRFSS and OATS	Estimates with a denominator less than 50, and/or relative standard error (RSE) greater than 0.5 are suppressed	Estimates with RSE between 0.3 and 0.5 are considered unstable.
YRBS	Estimates with a denominator less than 30 and/or numerator less than 5 are suppressed	Estimates with RSE between 0.3 and 0.5 are considered unstable. Estimates with RSE greater than 0.5 are considered very unstable.

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 are often 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 due to confidentiality concerns. 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 statewide 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.

Reporting biases. This report provides data from surveys. In these surveys, people are asked about their tobacco use behaviors; none of these surveys uses physical measures or other means to verify whether people have used tobacco or not. If people perceive societal disapproval, they may be less likely to accurately report their tobacco use. Sometimes this is called “social desirability bias”. Alaska’s surveys attempt to reduce these biases by making sure that participants know their information is anonymous, that accurate information is important for providing results that help the people of Alaska, and by using questions that are phrased neutrally and do not convey judgement about behaviors. However, it is possible that as tobacco use has become less common in society, people may feel uncomfortable reporting truthfully about their tobacco-related behaviors and this could affect the quality of our reporting.

Section 1. Region Overview

This report includes information about the State of Alaska.

Figure 1: Alaska has seven Public Health Regions.

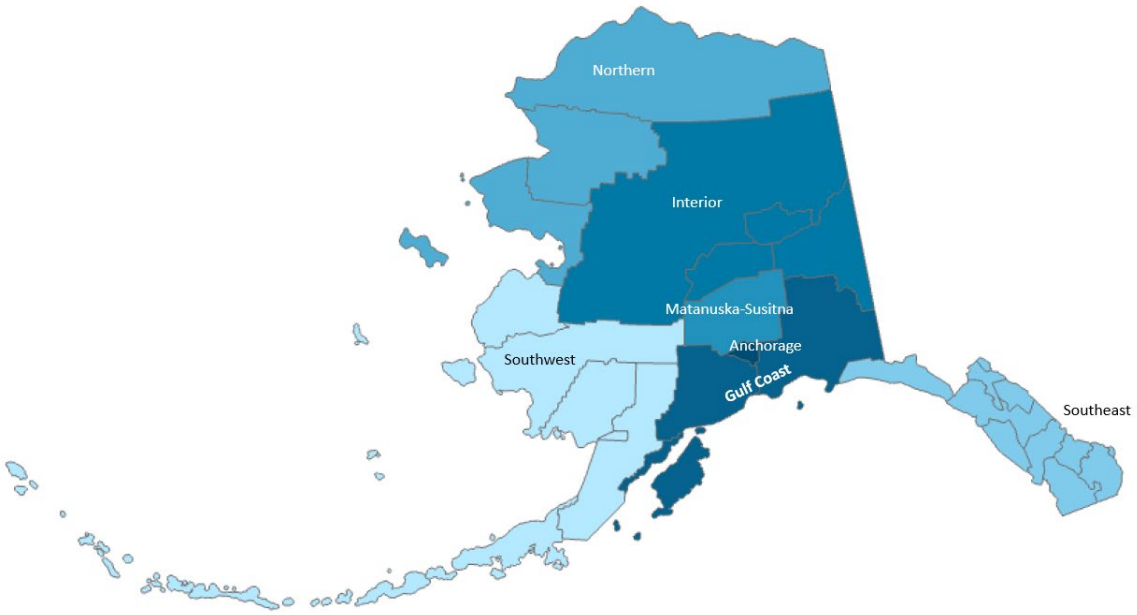


Figure 2: There are 29 Boroughs and/or Census Areas in Alaska.

Table 2 series: In Alaska, the Anchorage and Mat-Su regions make up the largest percentage of the state's population (54%). About 16% of people in Alaska are Alaska Native.

Geographic area	*Total population*	*Percentage per population*	*Number of households*
State of Alaska	736,556		260,561
Anchorage Region	289,810	39% of state	106,695
Gulf Coast Region	82,481	11% of state	30,722
Interior Region	110,588	15% of state	39,855
Matanuska-Susitna Borough	111,752	15% of state	38,056
Northern Region	27,774	4% of state	6,573
Southeast Region	72,218	10% of state	28,401
Southwest Region	41,933	6% of state	10,259

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

Geographic area	*% Age 18+*	*Median age*
State of Alaska	74%	36.5
Anchorage Region	75%	35.8
Gulf Coast Region	76%	40.9
Interior Region	75%	35.6
Matanuska-Susitna Borough	72%	36.7
Northern Region	68%	31.5
Southeast Region	78%	41.3
Southwest Region	68%	31.0

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

Geographic area	*Alaska Native*	*Black*	*Asian*	*Pacific Islander*	*White*	*Hispanic **
State of Alaska	16%	4%	7%	2%	65%	7%
Anchorage Region	9%	6%	10%	3%	63%	10%
Gulf Coast Region	9%	1%	6%	0.4%	77%	5%
Interior Region	11%	5%	3%	0.6%	73%	8%
Matanuska-Susitna Borough	7%	1%	2%	0.5%	82%	6%
Northern Region	69%	1%	3%	0.9%	20%	3%
Southeast Region	16%	1%	6%	0.8%	66%	6%
Southwest Region	69%	2%	9%	0.7%	14%	5%

*Hispanic ethnicity can be any race.

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

Geographic area	*Unemployment February 2023*	*Poverty 2021*
State of Alaska	5%	11%
Anchorage Region	3%	9%
Gulf Coast Region	6%	11%
Interior Region	5%	9%
Matanuska-Susitna Borough	6%	11%
Northern Region	7%	17%
Southeast Region	5%	9%
Southwest Region	7%	23%

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 2017-2021, and 2020 federal poverty guidelines for Alaska. See Appendix for additional detail.

An estimated 736,556 people lived in Alaska in 2022.

- The median age of the statewide population was 36.5 (Table 2b). The median age is lowest in the Northern (31.5) and Southwest regions (31.0) and highest in the Southeast Region (41.3) and the Gulf Coast Region (40.9).
- 16% of those in Alaska are Alaska Native people (Table 2c). A majority of the people in the Northern and Southwest regions are Alaska Native (69% for both). A majority of people in the Mat-Su Region (77%), and the Gulf Coast Region (82%) are white.
- Statewide unemployment was lowest in the Anchorage Region, 3%, and highest in the Northern and Southwest regions (7% for both) (Table 2d).
- 11% of people in Alaska meet the federal definition for living in poverty. Poverty is lowest in the Anchorage, Interior and Southeast regions (9% for each) and highest in the Northern Region (17%) and the Southwest Region (23%) (Table 2d).

Alaska Native Communities

There are 229 federally recognized Tribes in Alaska,[4] but unlike other Tribes in the United States, only one Alaska Native Tribe has a land base (e.g., reservation).[5] Instead, Alaska Native land ownership and governance occur through separate entities.

Alaska Native Regional Corporations were established when the U.S. 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.

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

Alaska's Public Health Regions do not geographically 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.

[4] 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

[5] 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.

School Districts

Table 3: School district enrollment and student population varies within the Anchorage Region.

Geographic Area	*Number students in grades K-12*	*% Alaska Native students (K-12)*	*Total high school students (grades 9-12)*
State of Alaska	128,088	21%	39,219
Anchorage School Districts	43,325	10%	13,174
Mat-Su Borough School Districts	12,621	12%	3,880
Gulf Coast Region School Districts	27,036	14%	8,415
Interior Region School Districts School Districts	374	62%	120
Northern Region School Districts	19,225	8%	5,845
Southeast Region School Districts	6,149	85%	1,776
Southwest Region School Districts	10,721	28%	3,658

Source: Alaska Department of Education and Early Development: Assessment and Accountability, http://education.alaska.gov/stats/ Enrollment is for October 1, 2022. 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 by 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 128,088 students were enrolled in kindergarten through 12th grade in the Alaska during October 2021.

- About 21% of Alaska school students are Alaska Native.
- High school students, who are more likely to use tobacco or nicotine products than younger students, make up 31% of the total student population in the state (39,219 of 128,088 students).

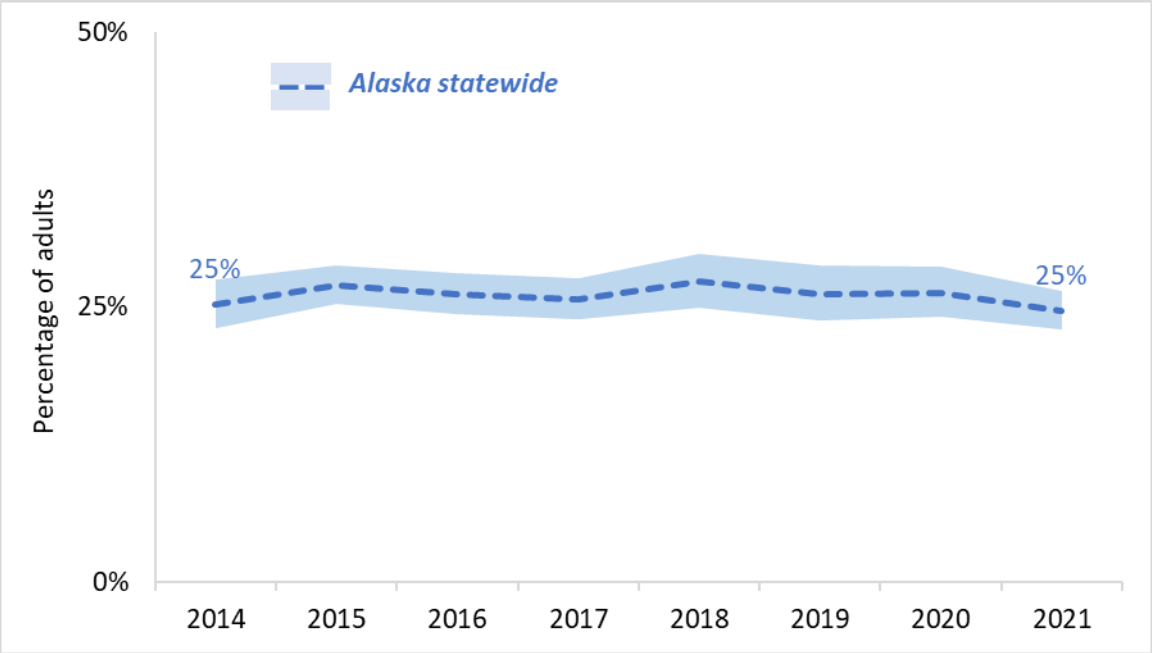
Section 2. Tobacco Use

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

Adult Tobacco Use

Current use of any tobacco products

Figure 3: The use of any tobacco or nicotine products among adults did not significantly change during the last 8 years in the Alaska.



Year	2014	2015	2016	2017	2018	2019	2020	2021
Alaska statewide	25%	27%	26%	26%	27%	26%	26%	25%

Source: AK BRFSS; estimates prior to 2021 include BRFSS supplemental data. Includes the percentage of adults who used cigarettes, smokeless tobacco (including iqmik), or electronic vapor products in the past 30 days.

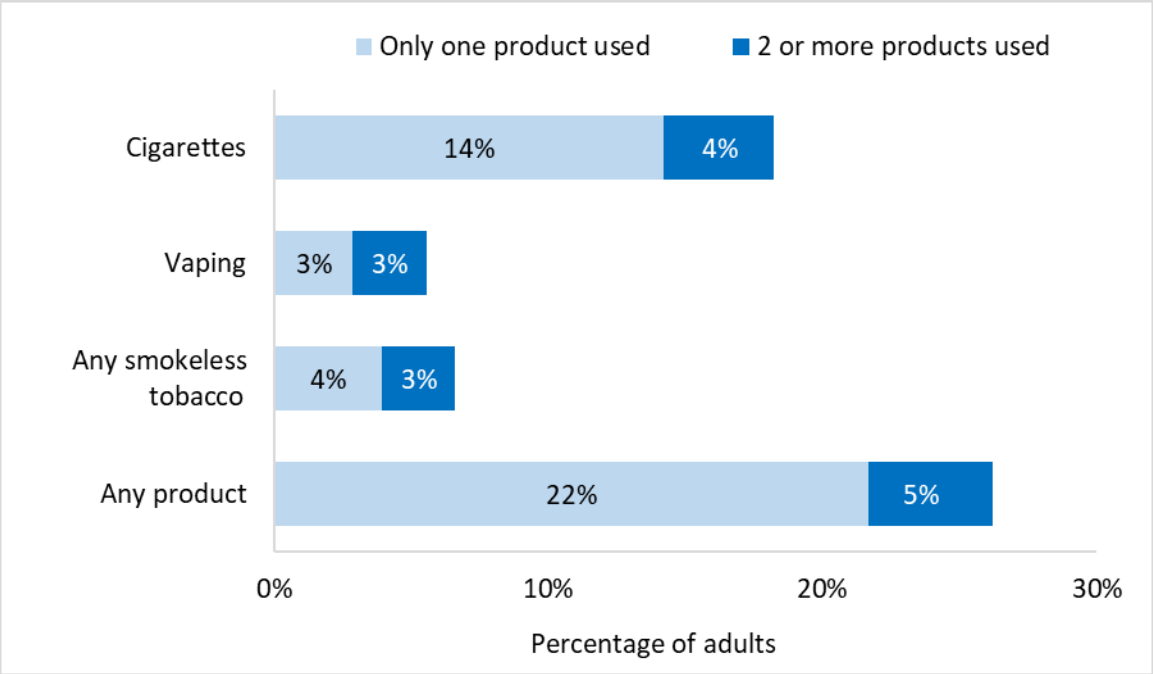
Reducing the use of any tobacco or nicotine product among adults is an important priority in the State of Alaska. The specific *Healthy Alaskans 2030*[6] priority indicator that is monitored to assess progress is: *Reduce the percentage of adults who currently smoke cigarettes or use electronic vapor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

- Between 2014 and 2021, the percentage of adults statewide who currently use any tobacco or nicotine product remained stable. In 2021, 25% 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 142,600 adults in Alaska who are at risk for poor health outcomes because they use tobacco or nicotine.

[6] 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 Alaska adults. Adults who vape are the most likely to also use other tobacco products.



Product type	*Only one product used*	*Used multiple products*	*Used alone or in combination**
Cigarettes	14%	4%	18%
Vaping products	3%	3%	6%
Any smokeless tobacco	4%	3%	7%
Any tobacco product	22%	5%	26%

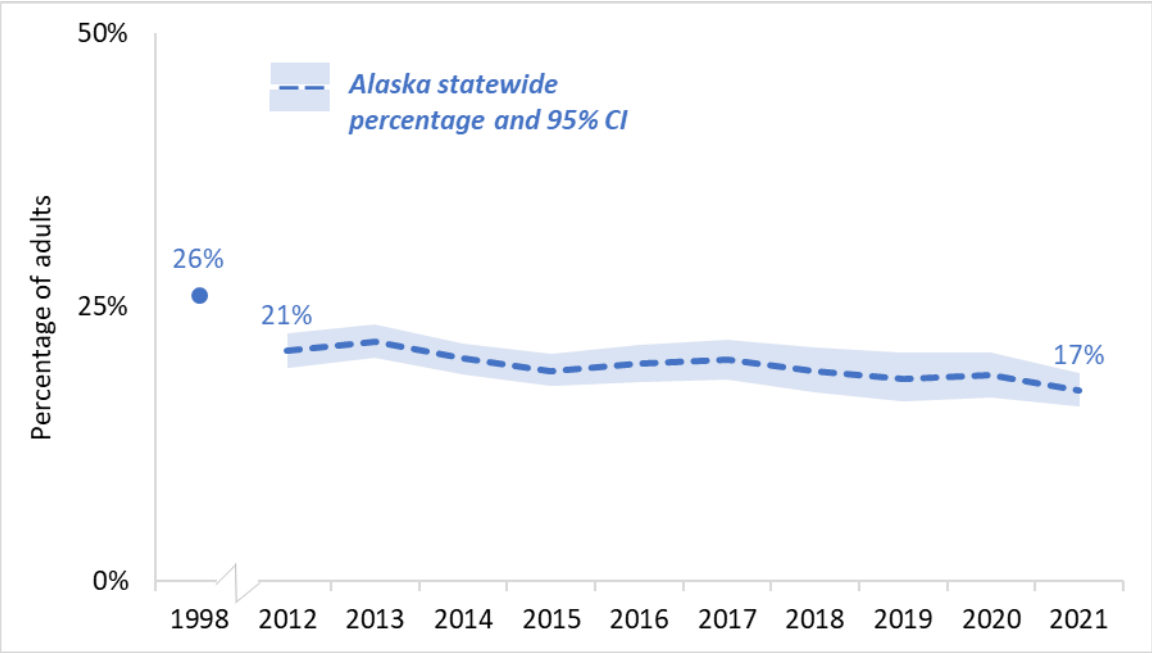
Source: AK BRFSS, 2019-2021; estimates prior to 2021 include BRFSS supplemental data.
*Numbers may not match the sum of "one product" and "multiple product" values due to rounding.

In Alaska, 26% of adults currently used some form of tobacco or nicotine product during 2019-2021.

- Cigarettes are the most commonly used product. 18% of Alaska adults smoked cigarettes. Fewer adults used electronic vaping products, like e-cigarettes (6%), and smokeless tobacco (7%).
- The majority of Alaska adults who smoked cigarettes did not use any other tobacco products.
- About half of adults who used smokeless tobacco or vaping products were also using other tobacco products.

Cigarette smoking

Figure 5: Cigarette smoking among adults decreased statewide during the past 10 years.

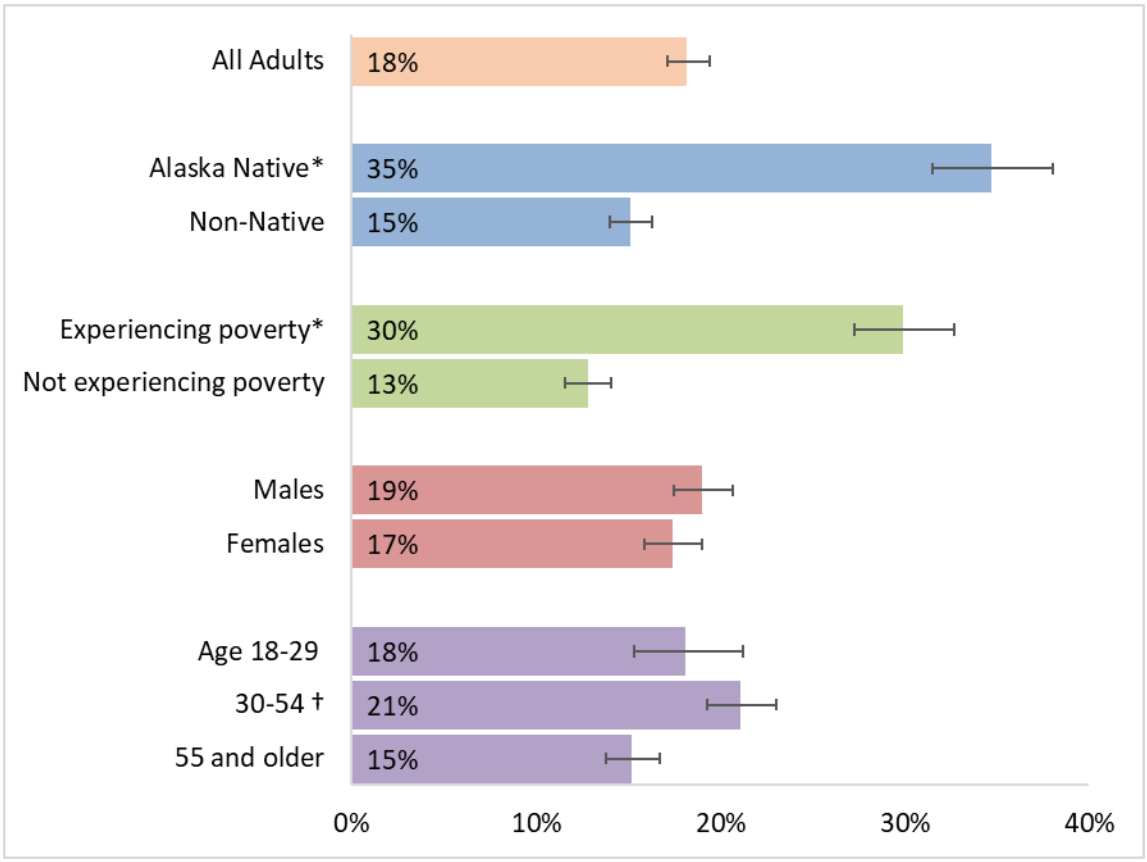


Year	*1998*	*2012*	*2013*	*2014*	*2015*	*2016*	*2017*	*2018*	*2019*	*2020*	*2021*
Alaska Statewide	26%	21%	22%	20%	19%	20%	20%	19%	19%	19%	17%

Source: AK BRFSS; estimates prior to 2021 include BRFSS supplemental data.

- Adult smoking declined significantly since the start of Alaska's tobacco prevention and control efforts. Statewide, adult smoking declined from 26% in 1998 to 17% in 2021.
- Among adults in 2019-2021 combined in Alaska, 13% smoked cigarettes daily and 5% smoked less than daily (data not shown).
- Based on the most recent three-year average of adults who smoke, there are more than 101,000 adults in Alaska who are at risk for poor health outcomes due to smoking cigarettes.

Figure 6: In Alaska, the percentage of adults who currently smoke cigarettes varies by race, poverty level, and age group.



Source: AK BRFSS, 2019-2021; estimates prior to 2021 include BRFSS supplemental data.
* Significant difference between or among subgroups.
† Significant differences between ages 30-54 and 55 and older.
People experiencing poverty have an income less than or equal to 185% of the federal poverty level within the past 12 months.

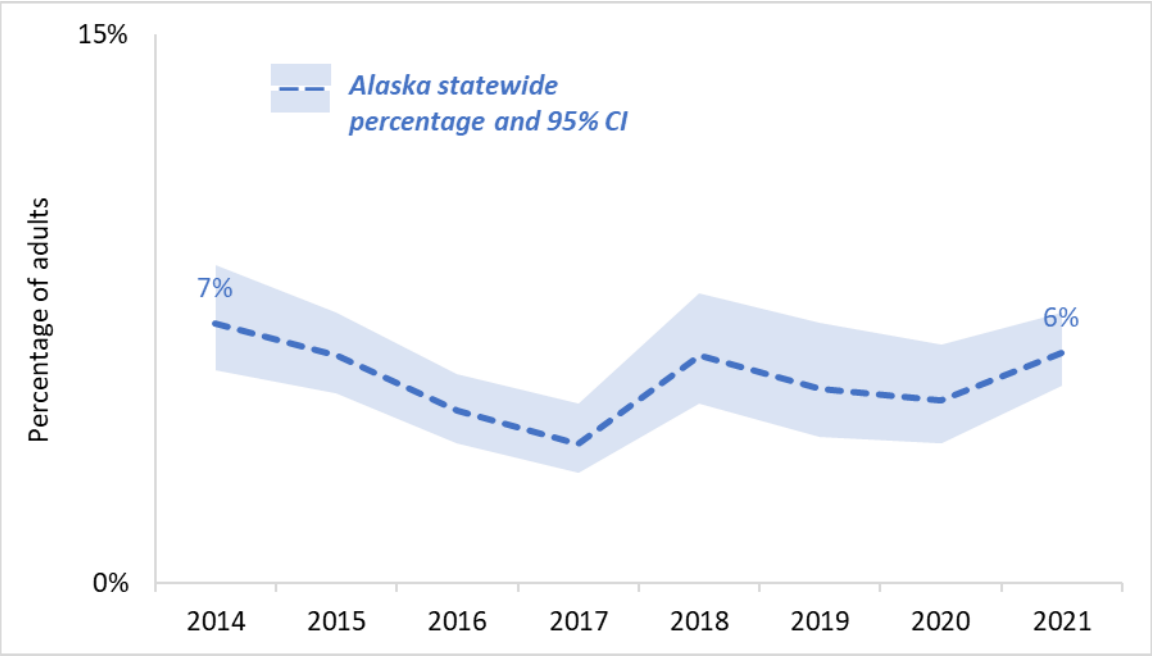
Within Alaska during 2019-2021, cigarette smoking was:

- higher among Alaska Native people than among non-Native people (35% vs. 15%); and
- higher among people experiencing poverty than those not experiencing poverty (30% vs. 13%); and
- similar among males and females (19% and 17%); and
- similar among adults 18-29 and adults 30-54 (18% and 21%); and
- similar among adults 18-29 and adults 55 and older (18% and 15%); and
- 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: Electronic vapor product use among adults has not changed significantly during the past 8 years statewide.

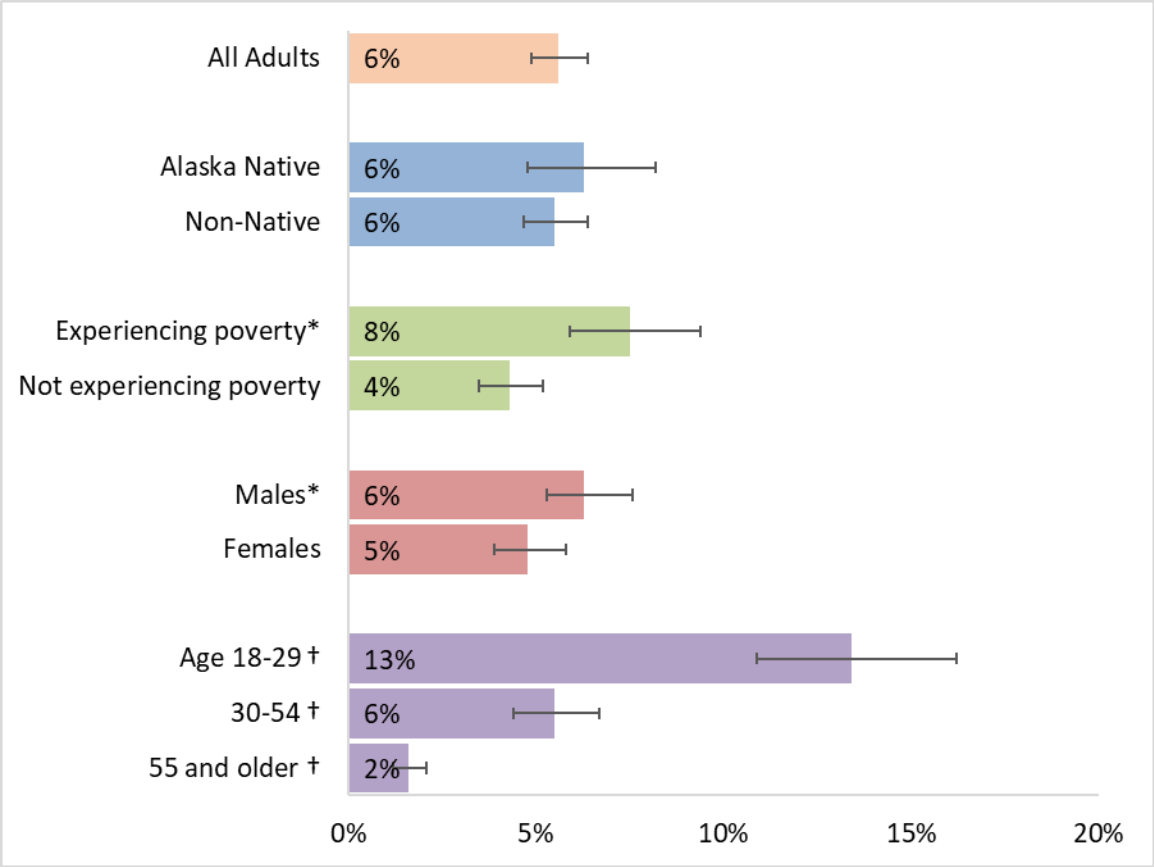


Year	*2014*	*2015*	*2016*	*2017*	*2018*	*2019*	*2020*	*2021*
Alaska statewide	7%	6%	5%	4%	6%	5%	5%	6%

Source: AK BRFSS; estimates prior to 2021 include BRFSS supplemental data. Electronic vapor product use was asked consistently on the BRFSS beginning in 2014.

- Use of electronic vapor products (such as e-cigarettes) among adults has not changed significantly during the past eight years statewide, from 7% in 2014 to 6% in 2021.
- Among adults in 2019-2021 combined statewide, 2% used electronic vapor products daily and 3% used less than daily (data not shown).
- Based on the most recent three-year average of adults who use electronic vapor products, there are more than 31,100 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 poverty level, sex and age group.



Source: AK BRFSS, 2019-2021; estimates prior to 2021 include BRFSS supplemental data.
* Significant difference between or among subgroups
† Significant differences between ages 18-29 and 30-54, ages 18-29 and 55 and older, and ages 30-54 and 55 and older.
People experiencing poverty have an income less than or equal to 185% of the federal poverty level within the past 12 months.

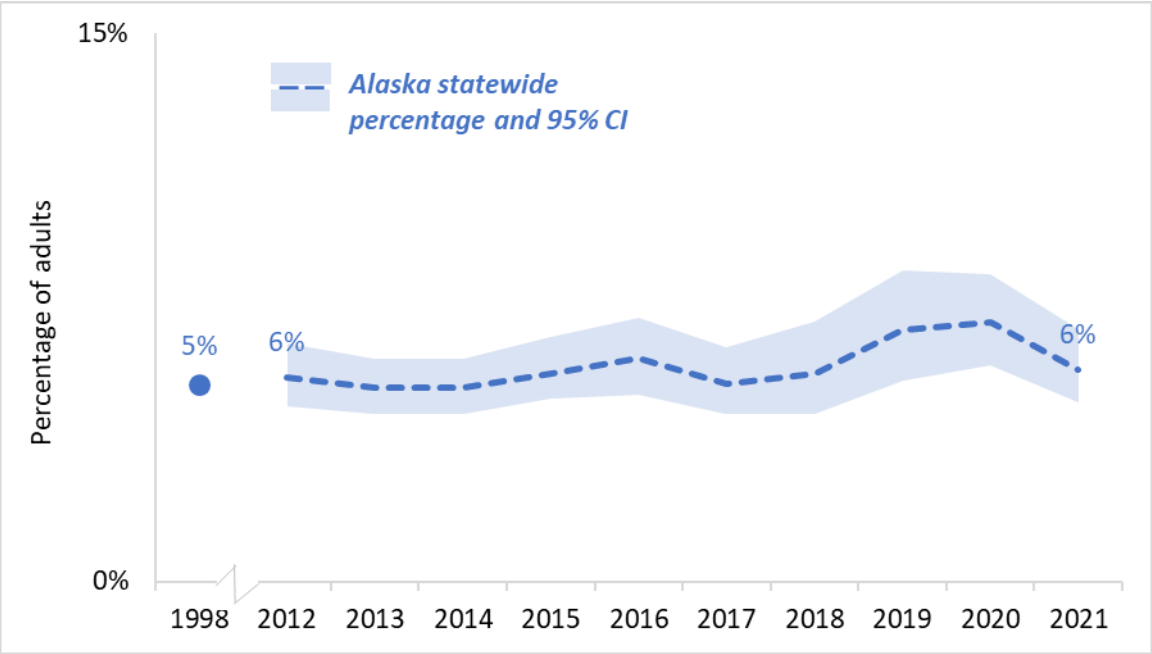
Within Alaska during 2019-2021, e-cigarette use was:

- similar among Alaska Native people and non-Native people (6% for both); and
- higher among people experiencing poverty than those not experiencing poverty (8% vs. 4%); and
- higher among males than females (6% vs. 5%); and
- higher among adults 18-29 than adults 30-54 (13% vs. 6%); and
- higher among adults 18-29 than adults 55 and older (13% vs. 2%); and
- higher among adults 30-54 than adults 55 and older (6% vs. 2%)

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: Smokeless tobacco use among adults has not changed much statewide in the past 10 years.



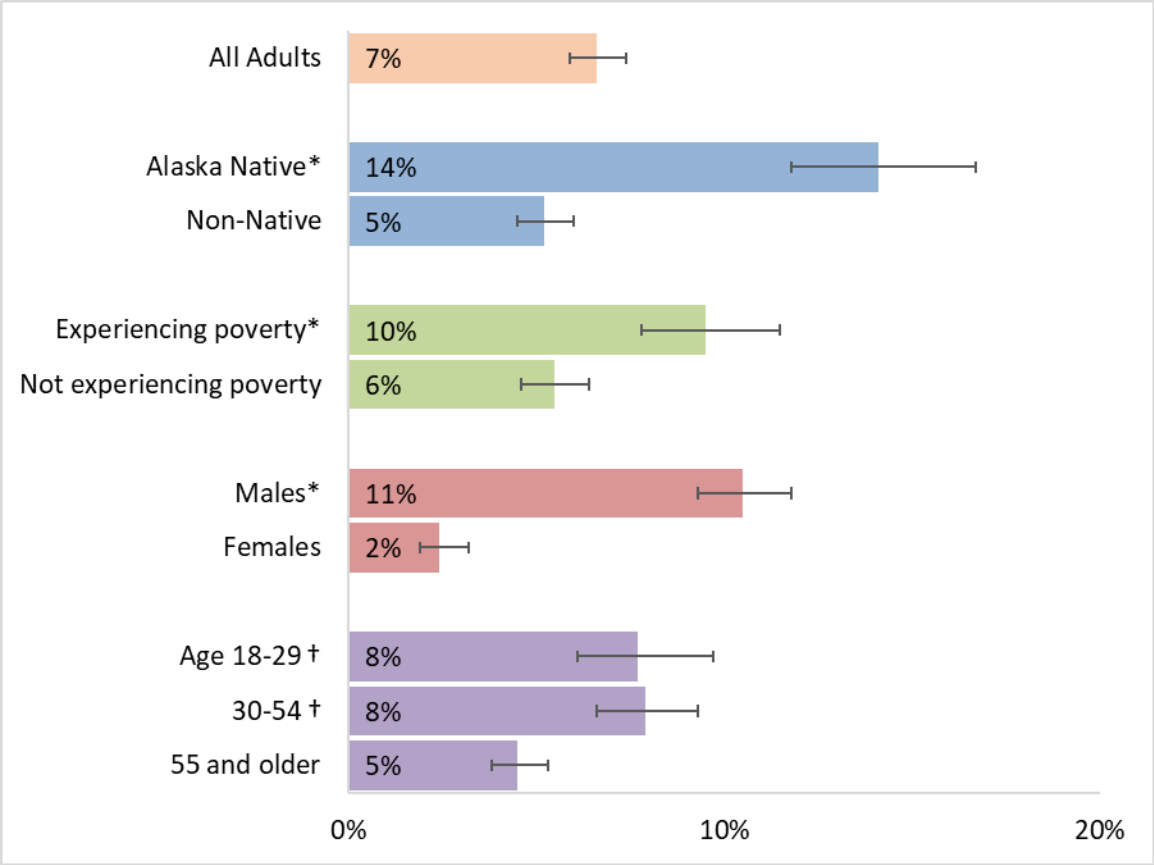
Year	*1998*	*2012*	*2013*	*2014*	*2015*	*2016*	*2017*	*2018*	*2019*	*2020*	*2021*
Alaska statewide	5%	6%	5%	5%	6%	6%	5%	6%	7%	7%	6%

Source: AK BRFSS; estimates prior to 2021 include BRFSS supplemental data. Regional estimates are reported from 2012 because small numbers of surveys during early years do not allow for regional estimates.

- Over the past 10 years the statewide prevalence of smokeless tobacco use (including chew, dip, snus, snuff, and iqmik) among Alaska adults has not changed meaningfully. The prevalence of smokeless tobacco use was 6% in both 2012 and 2021. Formal statistical testing does show significant but small increases over the whole period, likely driven by the trend between 2013 and 2019. [7]
- Among adults in 2019-2021 combined in Alaska, 4% used smokeless tobacco daily and 3% used less than daily (data not shown).
- Based on the most recent three-year average of adults who use smokeless tobacco, there are more than 36,600 adults in Alaska who are at risk for poor health outcomes due to smokeless tobacco use.

[7] The ability to detect significant trends depends both on the magnitude of the trend and the size of the sample. The state trend increase is minor but significant. See Appendix for additional detail.

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



Source: AK BRFSS, 2019-2021; estimates prior to 2021 include BRFSS supplemental data.
* Significant difference between or among subgroups.
† Significant differences between ages 18-29 and 55 and older and ages 30-54 and 55 and older.
People experiencing poverty have an income less than or equal to 185% of the federal poverty level within the past 12 months.

Within Alaska during 2019-2021, smokeless tobacco use was:

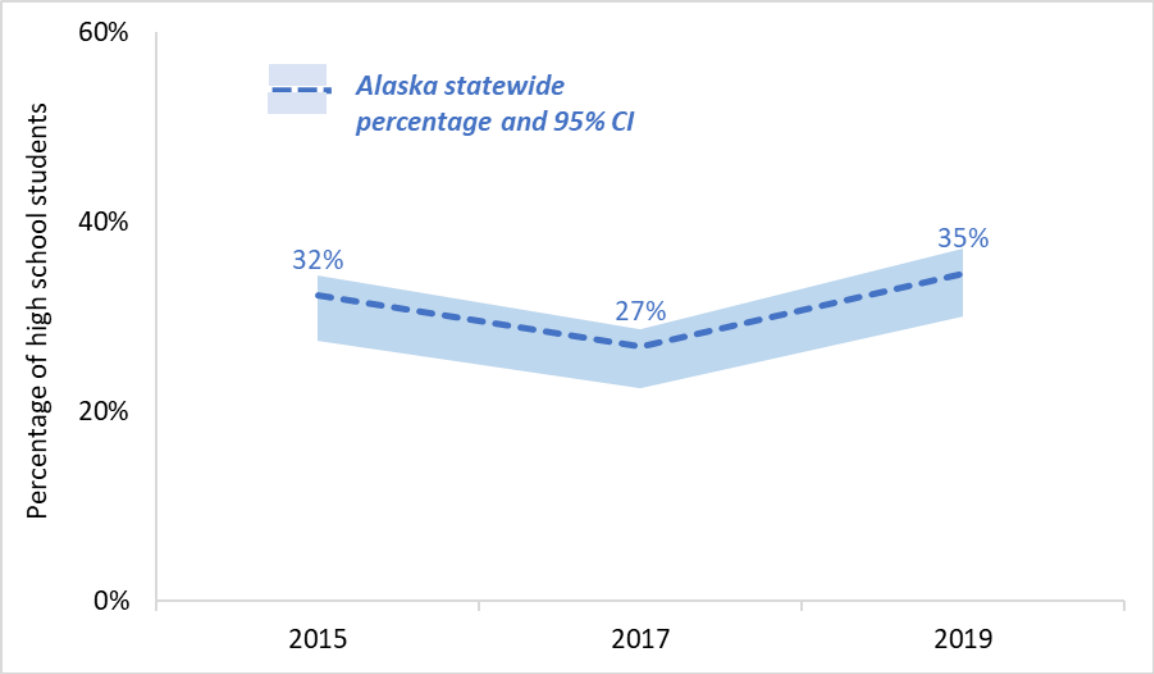
- higher among Alaska Native people than non-Native people (14% vs. 5%); and
- higher among people experiencing poverty than those not experiencing poverty (10% vs. 6%); and
- higher among males than females (11% vs. 2%); ands
- similar among adults 18-29 and adults 30-54 (8% for both); and
- higher among adults 18-29 than adults 55 and older (8% vs. 5%); and
- higher among adults ages 30-54 than adults ages 55 and older (8% vs. 5%)

Youth Tobacco Use

In the following charts, statewide Youth Risk Behavior Survey (YRBS) data trends are reported for all available years and demographic comparisons use data from 2019. 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 use of any tobacco or nicotine products among high school students did not significantly change during the past 5 years in Alaska.



Year	*2015*	*2017*	*2019*
Alaska statewide	32%	27%	35%

Source: AK YRBS, state sample of traditional high schools. 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.

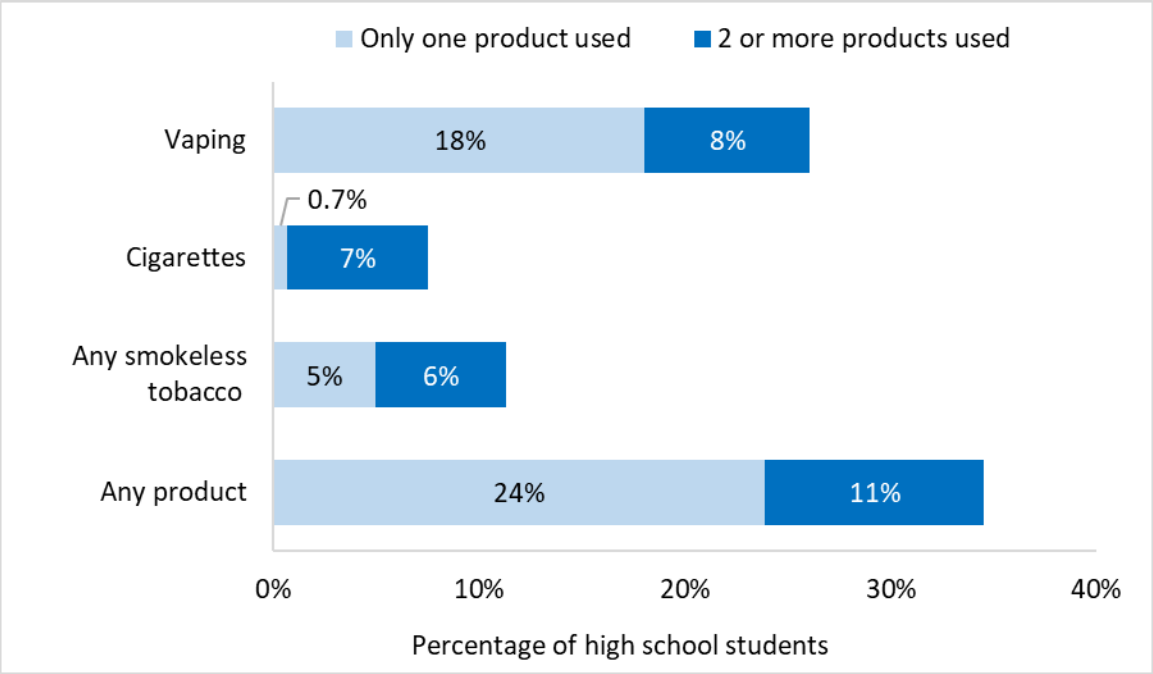
Reducing the use of any tobacco or nicotine product among youth is an important priority in the State of Alaska. The *Healthy Alaskans 2030*[8] priority indicator that is monitored to assess progress is: *Reduce the percentage of adolescents who have used electronic vapor products, cigarettes, smokeless 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.
- 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.

[8] 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**
Vaping products	18%	8%	26%
Cigarettes	0.7%	7%	8%
Any smokeless tobacco	5%	6%	11%
Any tobacco product	24%	11%	35%

Source: AK YRBS 2019 state sample of traditional high schools.
*Numbers may not match the sum of "one product" and "multiple product" values due to rounding.

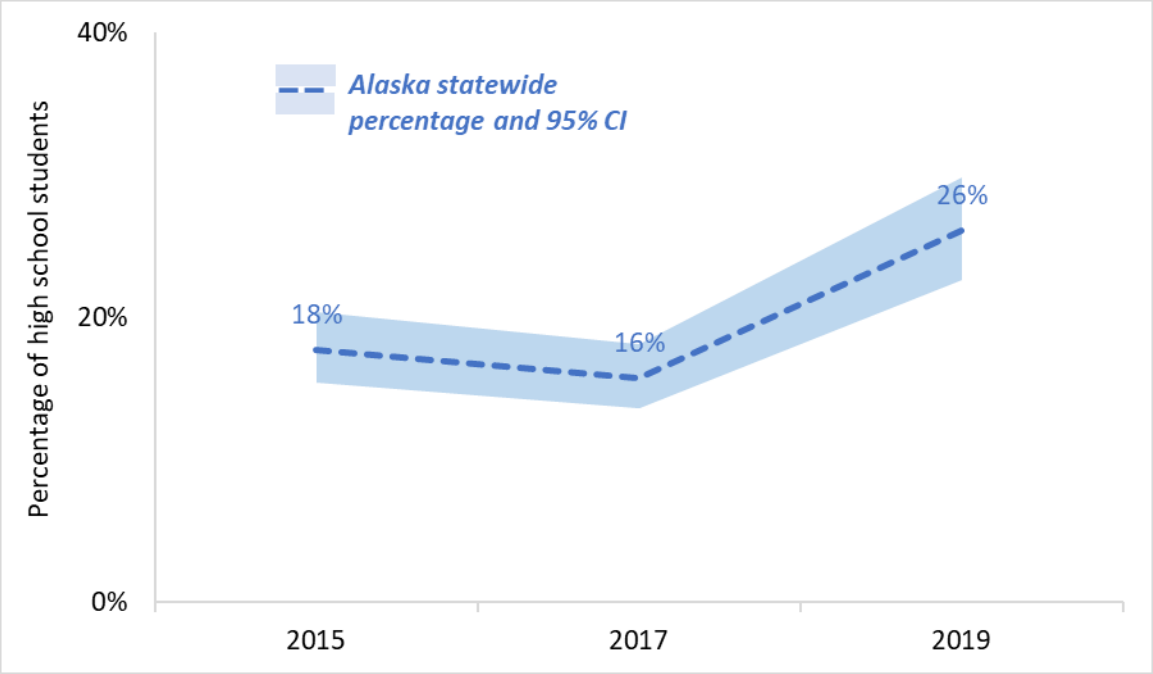
In Alaska, 35% of high school students currently used some form of tobacco or nicotine product in 2019.

- 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.

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: E-cigarette product use among high school students increased during the past 5 years in Alaska.

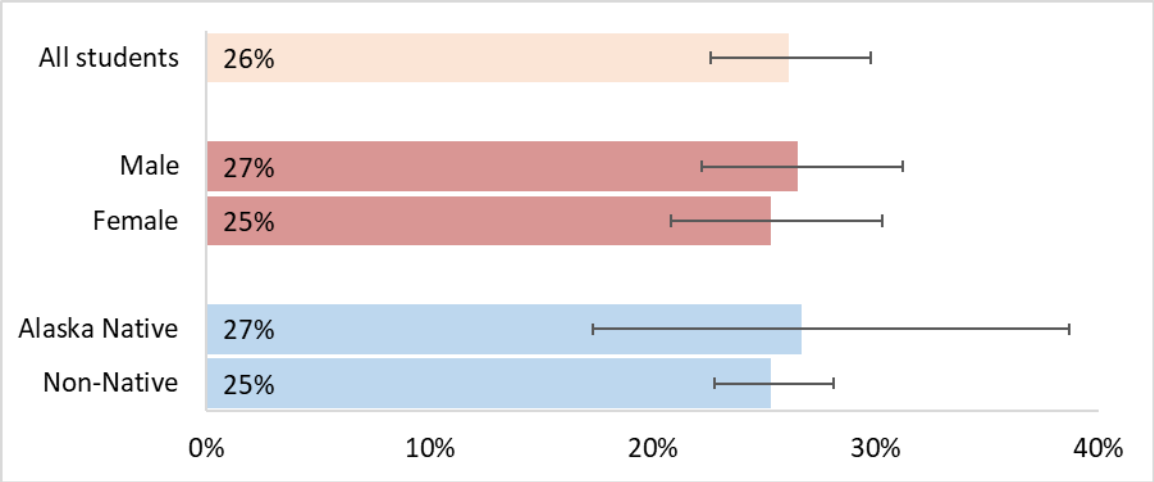


Year	*2015*	*2017*	*2019*
Alaska statewide	18%	16%	26%

Source: AK YRBS, Alaska state sample of traditional high schools. 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.
- Among students in Alaska in 2019, 7% used vaping products on 20 or more days in the past month and 19% used on 1-19 days (data not shown).
- 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, the percentage of high school students currently using e-cigarettes is similar among subgroups.



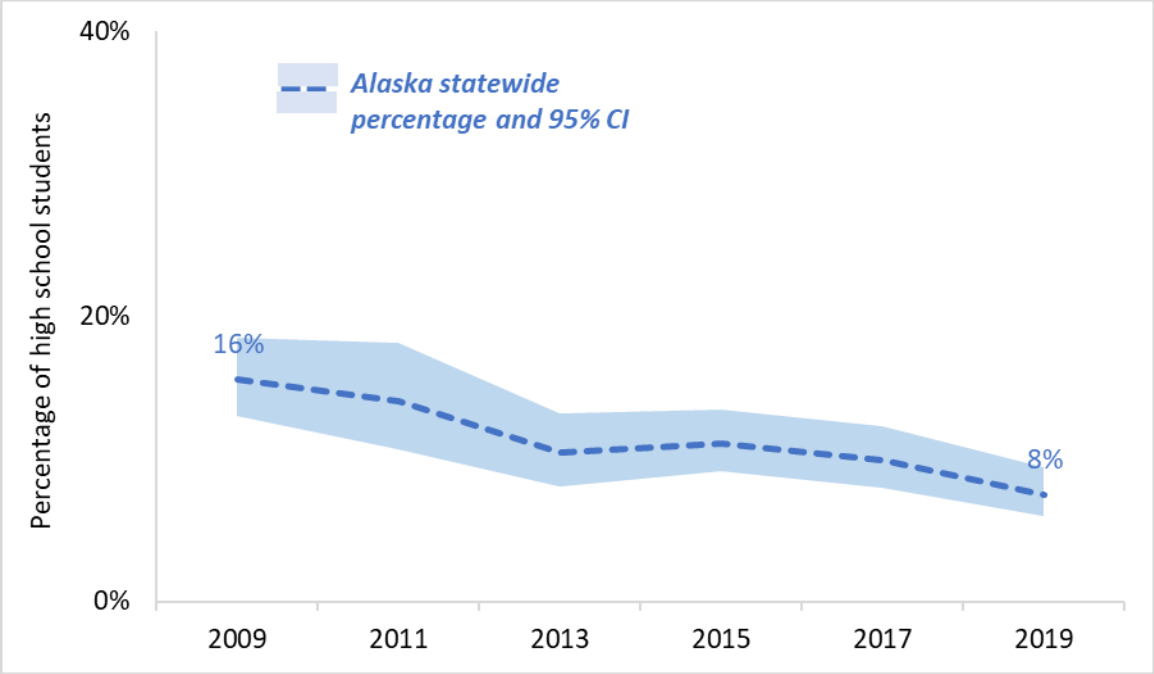
Source: AK YRBS 2019 state sample of traditional high schools.

Within Alaska in 2019, e-cigarette use was:

- similar among male students and female students (27% and 25%); and
- similar among Alaska Native students and non-Native students (27% and 25%)

Cigarette smoking

Figure 15: Cigarette smoking among high school students declined during the past 10 years in Alaska.

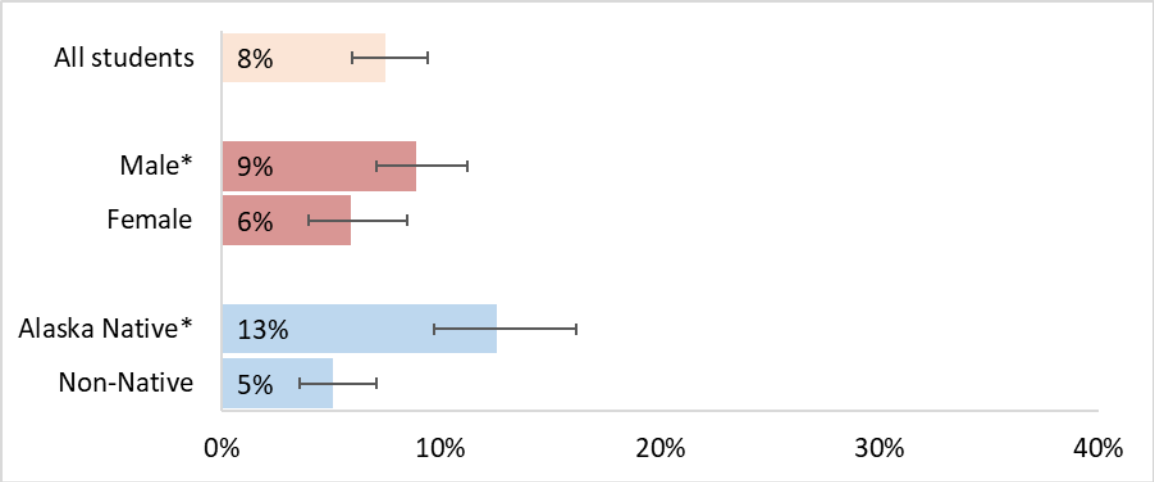


Year	*2009*	*2011*	*2013*	*2015*	*2017*	*2019*
Alaska statewide	16%	14%	10%	11%	10%	8%

Source: AK YRBS, Alaska state sample of traditional high schools.

- 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.
- Among students in Alaska in 2019, 2% smoked cigarettes on 20 or more days in the past month and 6% smoked on 1-19 days (data not shown).
- 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 sex and race.



Source: AK YRBS 2019 state sample of traditional high schools.
* Significant difference among subgroups.

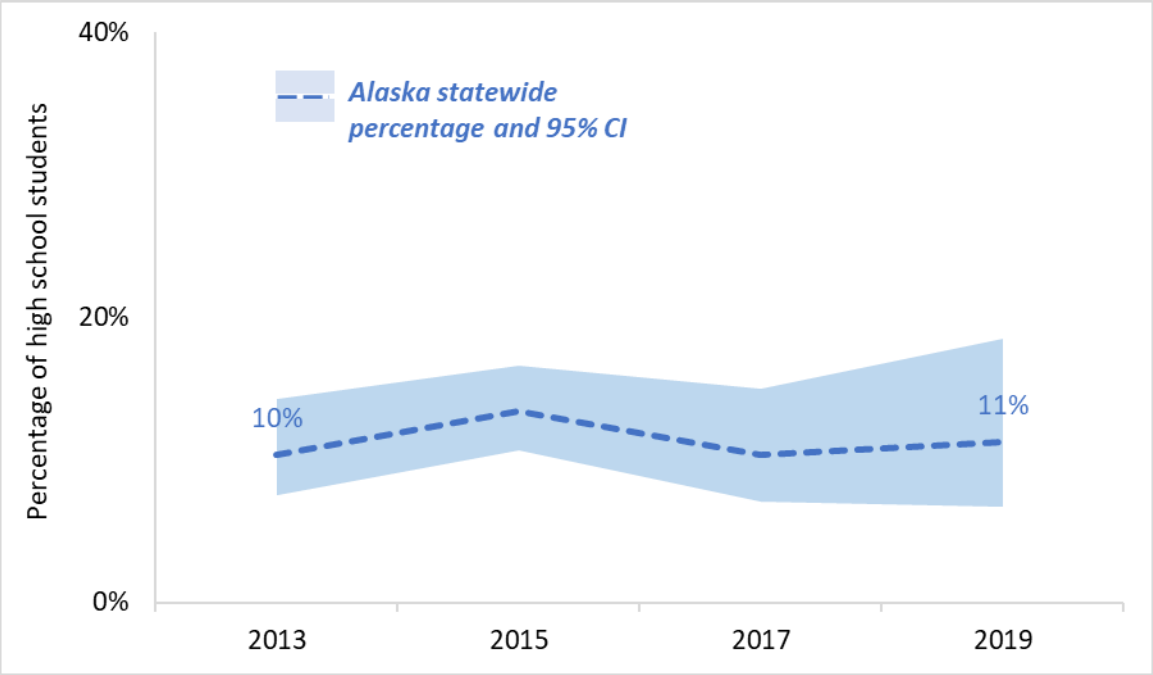
Within Alaska in 2019, cigarette smoking was:

- higher among male students than female students (9% vs. 6%); and
- 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: Smokeless tobacco use among high school students remained stable during the past 7 years in Alaska.

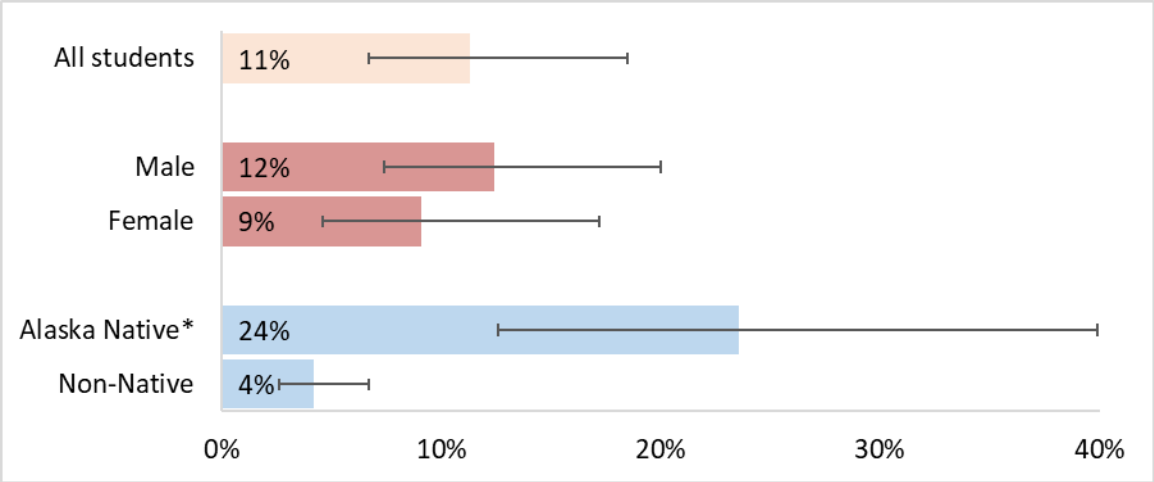


Year	*2013*	*2015*	*2017*	*2019*
Alaska statewide	10%	13%	10%	11%

Source: AK YRBS, Alaska state sample of traditional high schools.

- 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.
- Among students in Alaska in 2019, 4% used smokeless tobacco on 20 or more days in the past month and 7% used on 1-19 days (data not shown).
- 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, state sample of traditional high schools.
* Significant difference among subgroups.

Within Alaska in 2019, smokeless tobacco was:

- similar among male students than female students (12% and 9%); and
- higher among Alaska Native students than non-Native students (24% vs. 4%)

Section 3. Preventing Youth 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.[9]

Table 4 series: High school students in Alaska have risk factors for tobacco use and protective factors to help resist tobacco use.

Table 4a: Tobacco use risk factors

Indicator	*State of Alaska*
Tried smoking before age 13	7%
Believe there is not great risk in smoking 1+ packs per day	43%
Believe there is not great risk in using electronic vapor products every day	74%

Table 4b: Tobacco use protective factors

Indicator	*State of Alaska*
Believe friends consider it very wrong if they smoked cigarettes	46%
Believe parents consider it very wrong if they smoked cigarettes	77%

Source: AK YRBS 2019, Alaska state sample of traditional high schools.

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 believe there is not great risk to their health in smoking one or more packs of cigarettes per day.
- Most students believe there is not great risk in using e-cigarettes every day (74%).

Protective factors among Alaska high school students include:

- Less than 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%).

[9] 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 5: Many high school students in Alaska have tried using tobacco products.

Indicator	*State of Alaska*
Ever tried vaping products	46%
Ever tried cigarette smoking	28%

Source: AK YRBS 2019, Alaska state sample of traditional high schools.

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 the state'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. [10]

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 or nicotine products. Based on information available in June 2023:

- 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 City).
- 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 [formerly known as 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, three communities have some kind of local tobacco tax (City of Aniak, City of Bethel, and Unalaska).

[10] 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

Table 6: Many adults in Alaska support taxes or laws on e-cigarettes and vaping products.

Indicator	*State of Alaska*
Support special tax on e-cigarettes and e-cigarette products	64%
Support special tax on e-cigarettes and e-cigarette products if the proceeds go towards youth tobacco and e-cigarette prevention efforts	73%
Support a ban on the sale of flavored vaping products and/or e-liquid	57%

Source: OATS 2022.

Policies that increase price and decrease the appeal of tobacco products are effective for preventing youth from starting to use.

- 64% of Alaska adults support a special tax on e-cigarettes and e-cigarette products.
- About three-quarters of the state's adults support a special tax if funds would go towards youth tobacco and e-cigarette prevention efforts (73%).
- Over half of the state's adults support a law that does not allow the sale of flavored vaping products and/or e-liquid, so that only the tobacco flavor would be available (57%).

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 with alternative-to-suspension programs available to students who are caught using those products. Each of these school district 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.

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

Table 7. In Alaska, 37 school districts have established a comprehensive tobacco policy.

Indicator	*Anchorage Region*	*Gulf Coast Region*	*Interior Region*	*Mat-Su Region*	*Northern Region*	*Southeast Region*	*Southwest Region*	*State of Alaska*
Total number of school districts	1	6	10	1	4	18	14	54
Number of districts with comprehensive policies	0	3	9	1	2	13	9	37 (69%)
Number of districts with strong policies	1	2	0	0	2	1	0	6 (11%)
Number of districts with fair policies	0	1	0	0	0	0	1	2 (4%)
Number of districts with incomplete policies	0	0	1	0	0	4	3	8 (15%)
Number of districts with missing policies	0	0	0	0	0	0	1	1 (2%)

Source: TPC School Policy Assessment, May 2022

Table 8: In Alaska, few high school students used tobacco on school property in the past 30 days.

Indicator	*State of Alaska*
Cigarettes on school property	2%
Smokeless tobacco (excluding iqmik) on school property	6%
Iqmik on school property	5%
Any: cigarettes, smokeless tobacco, or iqmik on school property	8%

Source: AK YRBS 2019, Alaska state sample of traditional high schools.

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, eleven 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 and one adopted an incomplete policy.
- In the Southwest Region, no information was available about any post-secondary institutions that have adopted policies.

Source: TPC School Policy Assessment, May 2022

Section 4. Helping People Quit

Quitting Indicators

Table 9 series: In Alaska, many adults are trying to quit smoking.

Table 9a: Intentions to quit, *among people who smoke*

Indicator	*State of Alaska*
Would like to quit smoking	65%
Seriously considering stopping within 6 months	59%
Planning to stop within 30 days	27%

Table 9b: Quit attempts, *among people who smoke*

Indicator	*State of Alaska*
Tried to quit in the past year	53%

Table 9c: Successful recent quitting, among people who smoked within the past year

Indicator	*State of Alaska*
Quit for 3+ months in the past year, at time of survey	11%

Table 9d: Successful long-term quitting, among people ages 25+ who were ever smokers

Indicator	*State of Alaska*
"Quit Ratio" – percentage of people who ever smoked who are now non-smokers	62%

Source: OATS 2021-2022.

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

- About two-thirds of Alaska adults who currently smoke cigarettes would like to quit smoking (65%) and over half are seriously considering stopping in the next 6 months (59%). One-quarter of adults who currently smoke are planning to stop within the next 30 days (27%).
- More than half of the state's adults who smoke tried to quit in the past year (53%).
- Among adults who smoked cigarettes within the past year, about 11% have quit successfully.
- Among adults who have ever smoked, 62% have quit successfully for the long-term.

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. 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/.

Table 10 series: Many adults statewide have received advice and support to quit using tobacco.

Table 10a: Engagement with Alaska's Tobacco Quit Line (ATQL), *among people who smoke*

Indicator	*State of Alaska*
Number of people who received help from the ATQL in the past year	1,796
Estimated percentage of current adult smokers who called the ATQL in the past year**	2%
Heard about the ATQL	82%
Ever contacted the ATQL	23%

Table 10b: Healthcare Provider Support, *among people who smoke*

Indicator	*State of Alaska*
Saw a medical doctor or nurse in past year for any reason	68%
Advised to quit cigarette smoking by a medical doctor or nurse, *among those who saw a doctor or nurse in the past year*	50%
Saw any type of healthcare provider* in past year for any reason	81%
Advised to quit cigarette smoking by any type of healthcare provider*, *among those who saw any provider in past year*	51%

Source: OATS 2022.Quitline utilization is from Alaska's Tobacco Quit Line Annual Report, FY2022 (July 2021-June 2022).
*Any provider includes a medical doctor or nurse, Community Health Aide or Community Health Worker, mental health or behavioral health care provider, dentist or dental care provider, or another kind of health care provider.
**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), AK BRFSS, 2019-2021.

Resources are available to help people in Alaska quit smoking.

- 1,796 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.
- 82% percent of Alaska adults who smoke cigarettes are aware of Alaska's Tobacco Quit Line (ATQL).
- About one in five Alaska adults who smoke have contacted the ATQL (23%).
- Over two-thirds of the Alaska adults who smoke saw a medical doctor or nurse in the last year (68%). Among those who saw a doctor or nurse last year, half were advised to quit (50%).
- Most Alaska adults who smoke saw any type of healthcare provider – medical or another type of healthcare provider - in the last year (81%). Among those who saw any healthcare provider last year, half were advised to quit (51%).

Section 5. Eliminating Exposure to Secondhand Smoke

Secondhand Smoke Exposure

Table 11 series: In Alaska, some students and adults are still exposed to smoke from other people's smoked tobacco and marijuana products (secondhand smoke).

Table 11a: Youth secondhand smoke exposure

Indicator	*State of Alaska*
Students were in the same room with someone who was smoking in the past week	27%

Table 11b: Adult secondhand smoke exposure at home in the past 30 days

Indicator	*State of Alaska*
Adult home tobacco smoke exposure	
Among all adults	9%
Among those who rent their home	11%
Among those with children in the household	5%
Adult home tobacco vapor exposure	
Among all adults	9%
Among those who rent their home	14%
Among those with children in the household	8%
Adult home marijuana smoke exposure	
Among all adults	19%
Among those who rent their home	24%
Among those with children in the household	15%
Adult home marijuana vapor exposure	
Among all adults	12%
Among those who rent their home	15%
Among those with children in the household	11%
Tobacco smoke frequently drifts into home	
Among those in multi-unit housing	19%
Among those who rent their home	20%

Table 11c: Adult secondhand smoke exposure at work in the past 30 days

Indicator	*State of Alaska*
Adults exposed to tobacco smoke *indoors* at work	
Among adults who work indoors	11%
Among adults who mostly don't work indoors	26%

Source: Youth measure from AK YRBS 2019, statewide percentages are from the state sample of traditional high schools. Adult measures from OATS 2021-2022, except secondhand smoke at work among those who mostly don't work indoors was only asked in 2022.

In Alaska, youth and adults reported secondhand smoke exposure.

- About one-quarter of Alaska high school students were in the same room with someone who was smoking a tobacco product in the past week (27%).
- Some of the state's adults were exposed to secondhand tobacco smoke (9%), tobacco vapor (9%), and marijuana vapor (12%) at home. More were exposed to marijuana smoke at home (19%).
- About one-fifth of the state's adults who live in multi-unit housing (79% of the sample) experienced tobacco smoke drifting into their homes (19%). Among the state's adults who rent their homes (27% of the sample), 20% experienced tobacco smoke drifting into their homes.
- Adults who work were asked if they were exposed to secondhand smoke indoors at work. Among adults in Alaska who work indoors (78% of the sample), 11% were exposed to secondhand smoke at work. Among the state's adults who mostly don't work indoors, 26% were exposed to secondhand smoke at work.

Secondhand Smoke Rules

Table 12: In Alaska, most adults are protected by rules to prevent exposure to secondhand smoke at home.

Indicator	*State of Alaska*
Landlord has rules about smoking tobacco on the property	
Among those who rent	55%
Among those who rent with children in the household	53%
Landlord has rules about smoking marijuana on the property	
Among those who rent	42%
Among those who rent with children in the household	40%

Source: OATS 2021-2022.

In Alaska, some rental homes have smoking bans.

- Among people who rent their homes in Alaska, 55% live in housing where landlords have rules about smoking tobacco on the property.
- Somewhat fewer live in housing where landlords have rules about smoking marijuana on the property (42%).

Secondhand Smoke Attitudes

Table 13 series: In Alaska, most adults believe that secondhand smoke is harmful, and support rules that protect people from being exposed to secondhand smoke.

Table 13a: Attitudes about harm

Indicator	*State of Alaska*
Agree secondhand tobacco smoke is very/somewhat harmful to people's health	
Among all adults	94%
Among those with children in the household	96%
Agree nicotine vapor is very/somewhat harmful to people's health	
Among all adults	80%
Among those with children in the household	82%
Agree marijuana smoke is very/somewhat harmful to people's health	
Among all adults	60%
Among those with children in the household	60%

Table 13b: Support rules that protect people from secondhand smoke

Indicator	*State of Alaska*
Agree/strongly agree people should be protected from secondhand tobacco smoke	
Among all adults	93%
Among those with children in the household	94%
Agree/strongly agree people should be protected from nicotine vapor	
Among all adults	86%
Among those with children in the household	89%
Agree/strongly agree people should be protected from secondhand marijuana smoke	
Among all adults	84%
Among those with children in the household	85%

Source: OATS harm and protection from tobacco smoke questions from 2021-2022, harm and protection from nicotine vapor and marijuana smoke questions from 2022.

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 (94%). Somewhat fewer of the state's adults agree that secondhand nicotine vapor is harmful (80%) and only 60% of adults agree that secondhand marijuana smoke is harmful.
- A majority of the state's adults agree that people should be protected from secondhand tobacco smoke (93%), while slightly fewer agree that people should be protected from secondhand nicotine vapor (86%) and marijuana smoke (84%).

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, 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 facility policies.[11] 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, 149 Tribes were known to have tobacco-free (bans all tobacco and nicotine products) or smokefree (bans smoked tobacco products) 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, 20 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, 78 Tribes have tobacco-free or smokefree Tribal resolutions on record.
- Two policies are comprehensive; 113 policies are strong; 20 policies are fair; and 14 policies are incomplete.

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.

[11] Information about tobacco-related policies can be shared by emailing tobacco@alaska.gov

- 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, there were 23 known multi-unit housing properties in Alaska which had smokefree addendums or policies in their leases.

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

Healthcare Policies

Healthcare facilities exist to promote the health and well-being 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 14: In Alaska, some healthcare facilities have policies to limit tobacco use on their campuses.

Indicator	*Anchorage Region*	*Gulf Coast Region*	*Interior Region*	*Mat-Su Region*	*Northern Region*	*Southeast Region*	*Southwest Region*	*State of Alaska*
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.