Alaska Health Status Indicators

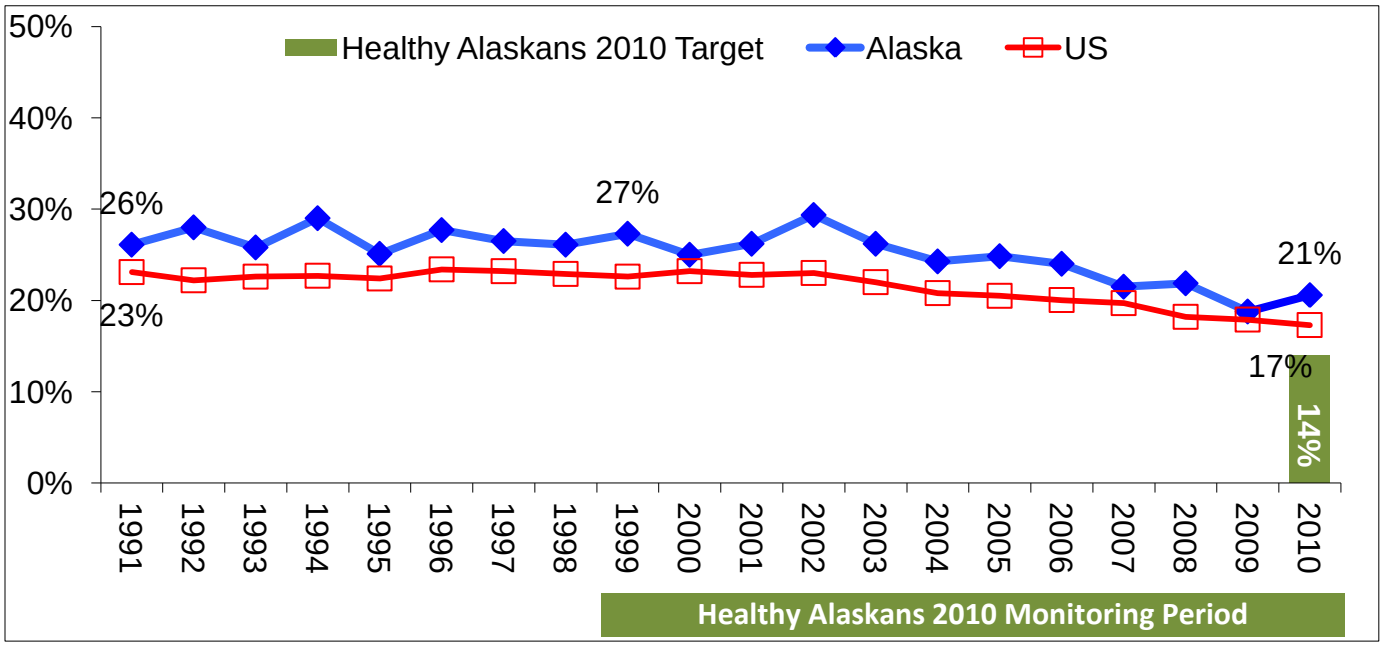
Indicator: *Adult Smoking*

Why is this important?

Tobacco use is the leading cause of preventable disease and death in the United States.[1] There have been over 12 million tobacco-related deaths in the United States since the landmark 1964 Surgeon General's report, which broadcast that smoking was a cause of cancer.[2] And smoking kills more than just those who choose to smoke. Exposure to secondhand smoke kills approximately 50,000 Americans every year.[3] The use of tobacco products (both cigarettes and smokeless tobacco products, such as chewing tobacco) is responsible for 30% of all cancer deaths, 21% of all coronary heart disease deaths, and 18% of all stroke deaths.[2] For every one person who dies from tobacco use, another 20 suffer reduced quality of life from tobacco-related illness.[4] In addition, tobacco use costs the US economy more than $96 billion each year in direct medical expensed and another $97 billion per year in lost productivity[3]; Alaska's share of these costs are approximately $546 million annually.[5]

How are we doing?

Percentage of Adults Who Smoke Cigarettes: Alaska and the U.S.



The percentage of adult Alaskans who smoke was relatively flat from 1991 (26%) through 2002 (29%), then dropped significantly over the subsequent 8 years to reach 21% in 2010.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010* Target?

The *Healthy Alaskans 2010* target for adult smoking prevalence is 14% or lower. Since the baseline measurement of 27% in 1999, the adult smoking rate has moved in the right direction, but has not yet met the Healthy Alaskans 2010 target. **The *Healthy Alaskans 2010* target of 14% has not been met.**

❖ How does AK compare with the US?

The Alaska adult smoking rate has somewhat paralleled, but been consistently above the US rate.

❖ How are different populations affected?

Alaska Native adults (41%) are approximately twice as likely as their non-Native counterparts (17%) in Alaska to smoke. Residents of rural region of the state (35%), Alaskans with relatively little income or education (32%), and young adults between the ages of 18 and 29 (32%) are also significantly more likely than their peers to be smokers. *(Source: 2010 BRFSS)*

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners statewide, the Alaska Tobacco Prevention and Control (TPC) program provides leadership, coordinates resources, and promote efforts that support Alaskans in living healthy and tobacco-free lives. Specifically, the Alaska TPC provides funding and technical assistance for community- based, school-based based and tobacco use cessation programs; provides media and other counter-marketing communications statewide; operates a tobacco quit-line that provides cessation counseling and nicotine replacement therapy (NRT) free of charge; ensures the ongoing surveillance of tobacco use trends in Alaska and the evaluation of program efforts; and supports tobacco-free partnership projects in Alaska. Additional information on current tobacco prevention efforts in Alaska is available at: http://www.hss.state.ak.us/dph/chronic/tobacco/default.htm.

Indicator Definition and Notes

Percentage of adults aged 18 years and older who answer "Yes" to the following question: *Have you smoked at least 100 cigarettes in your life?* and answer "Every day" or "Some days" to the following question: *Do you now smoke cigarettes every day, some days, or not at all?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 1991 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

1. U.S. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs-2007*. Atlanta; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007.
2. U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2004.
3. U.S. Centers for Disease Control and Prevention (CDC). Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses-United States 2000-2004. Morbidity and Mortality Weekly Report (MMWR) 2008;57(45):1226-1228.
4. U.S. Centers for Disease Control and Prevention (CDC). Cigarette smoking-attributable morbidity-United States, 2000. Morbidity and Mortality Weekly Report (MMWR) 2003; 52(35):842-844.
5. U.S. Centers for Disease Control and Prevention (CDC) Smoking-Attributable Mortality, Morbidity, and Economic Costs Application, updated with 2008 medical consumer price index. Available at http://apps.nccd.cdc.gov/sammec/.