

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



FY2023

Tobacco Prevention and Control Regional Profile: Anchorage Region

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”)

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 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 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/mchept/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. In 2019, all 10 traditional high schools in the Anchorage Region's single school district participated.
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 in 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.

<i>Source</i>	<i>Suppression Guidelines</i>	<i>Flagging for Unstable Estimates</i>
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 Anchorage Public Health Region. This region is made up of the Denali Borough, the Fairbanks North Star Borough, the Southeast Fairbanks Census Area, and the Yukon-Koyukuk Census Area.

Figure 1: Alaska has seven Public Health Regions.

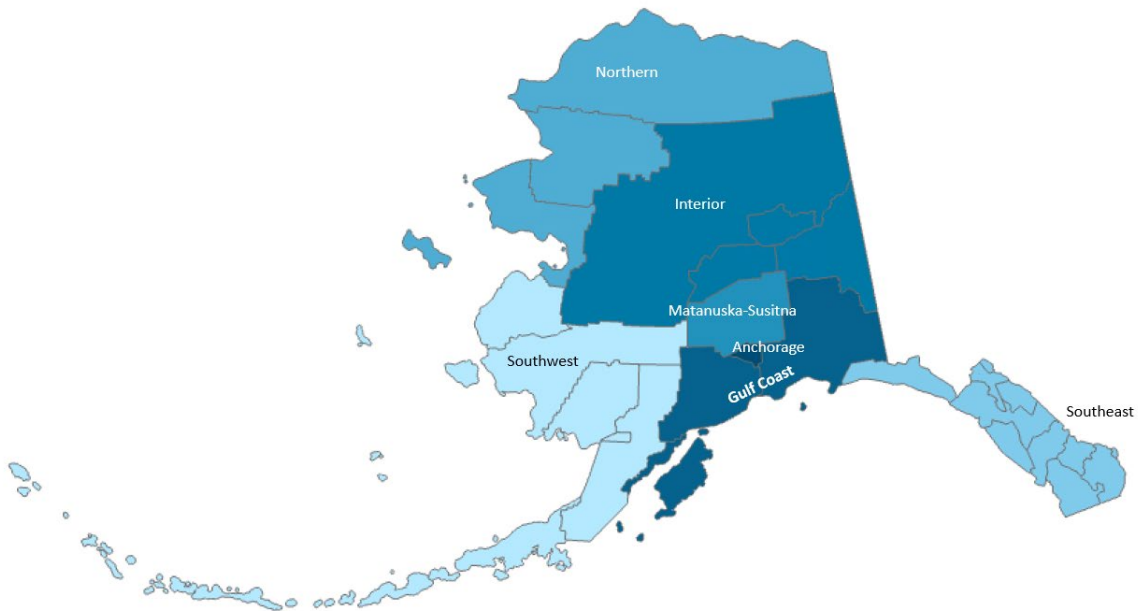


Figure 2: There is one Borough in the Anchorage Region.



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.

<i>Geographic area</i>	<i>Total population</i>	<i>Percentage per population</i>	<i>Number of households</i>
State of Alaska	736,556		260,561
Anchorage Region	289,810	39% of state	106,695

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

<i>Geographic area</i>	<i>% Age 18+</i>	<i>Median age</i>
State of Alaska	74%	36.5
Anchorage Region	75%	35.8

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

<i>Geographic area</i>	<i>Alaska Native</i>	<i>Black</i>	<i>Asian</i>	<i>Pacific Islander</i>	<i>White</i>	<i>Hispanic *</i>
State of Alaska	16%	4%	7%	2%	65%	7%
Anchorage Region	9%	6%	10%	3%	63%	10%

*Hispanic ethnicity can be any race.

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

<i>Geographic area</i>	<i>Unemployment February 2023</i>	<i>Poverty 2021</i>
State of Alaska	5%	11%
Anchorage Region	3%	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 2017-2021, and 2020 federal poverty guidelines for Alaska. See Appendix for additional detail.

An estimated 289,810 people lived in the Anchorage Region of Alaska in 2022, making up 39% of the state’s population.

- The median age in the region is similar to the statewide population (Table 2b).
- 9% of those in the Anchorage Region are Alaska Native people, fewer than the statewide percentage. A majority (63%) of people in Anchorage Region are White (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

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.

Alaska's Public Health Regions do not geographically 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.⁶

- 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.

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.

⁶ 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 and student population varies within the Anchorage Region.

<i>Geographic Area</i>	<i>Number students in grades K-12</i>	<i>% Alaska Native students (K-12)</i>	<i>Total high school students (grades 9-12)</i>
State of Alaska	128,088	21%	39,219
Anchorage School District	43,325	10%	13,174

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/11s10006.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 43,325 students were enrolled in kindergarten through 12th grade in the Anchorage Region during October 2021, making up about 34% of Alaska’s student population.

- About 10% 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 30% of the total student population in the region.

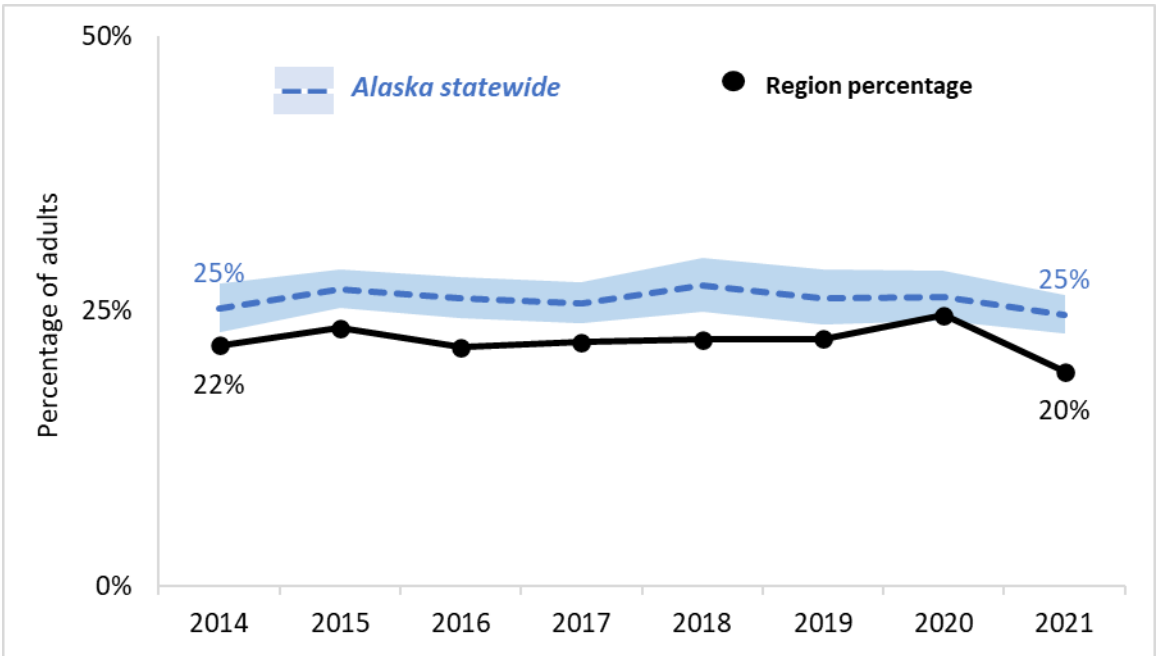
Section 2. Tobacco Use

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 use of any tobacco or nicotine products among adults did not significantly change during the last 8 years in the Anchorage Region.



Year	2014	2015	2016	2017	2018	2019	2020	2021
Alaska statewide	25%	27%	26%	26%	27%	26%	26%	25%
Anchorage Region	22%	23%	22%	22%	22%	22%	25%	20%

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.

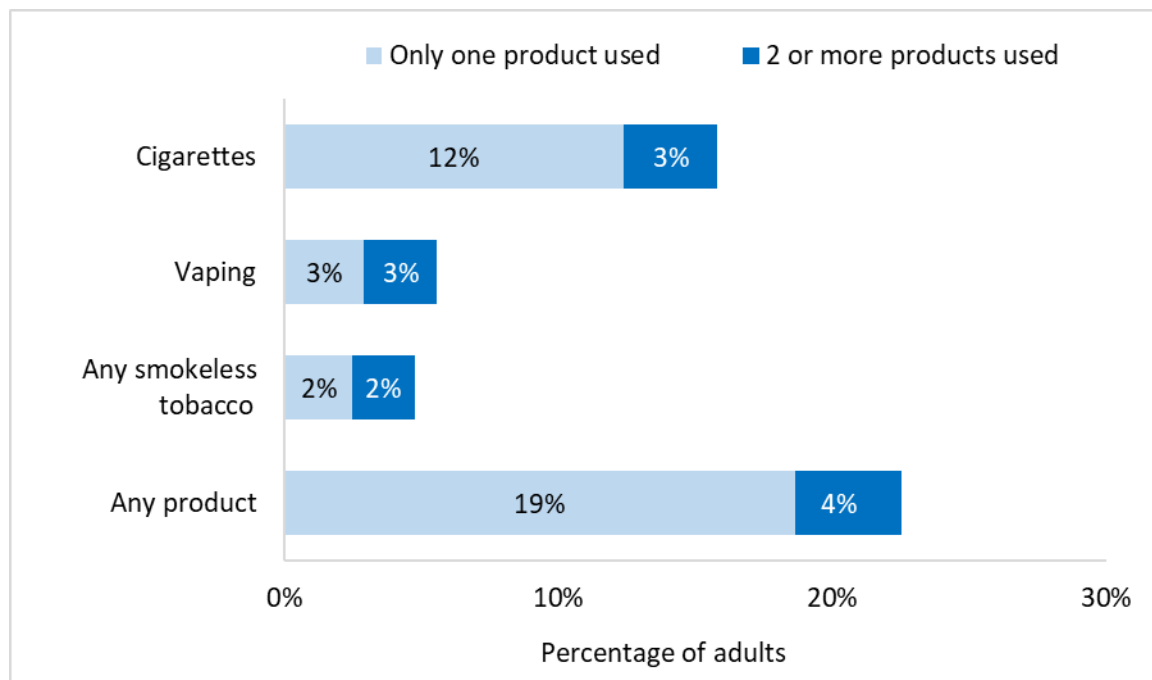
Reducing the use of any tobacco or nicotine product among adults is an important priority in the State of Alaska. The specific *Healthy Alaskans 2030*⁷ priority indicator that is monitored to assess progress is: *Reduce the percentage of adults who currently smoke cigarettes or use electronic vapor products 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.
- Between 2014 and 2021 the percentage of adults who use tobacco or nicotine in the Anchorage Region varied, but the change over time is non-significant. In 2021, 20% of adults in the Anchorage Region used tobacco or nicotine, significantly higher than the statewide percentage (25%).
- Based on the most recent three-year average of adults who use tobacco or nicotine, there are more than 48,100 adults in the Anchorage Region who are at risk for poor health outcomes because they use tobacco or nicotine.

⁷ For more information about Healthy Alaskans 2030, see <https://www.healthyalaskans.org/>
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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 are the most likely to also use other tobacco products.



<i>Product type</i>	<i>Only one product used</i>	<i>Used multiple products</i>	<i>Used alone or in combination*</i>
Cigarettes	12%	3%	16%
Vaping products	3%	3%	6%
Any smokeless tobacco	2%	2%	5%
Any tobacco product	19%	4%	22%

Source: AK BRFSS, 2019-2021; estimates prior to 2021 include BRFSS supplemental data.

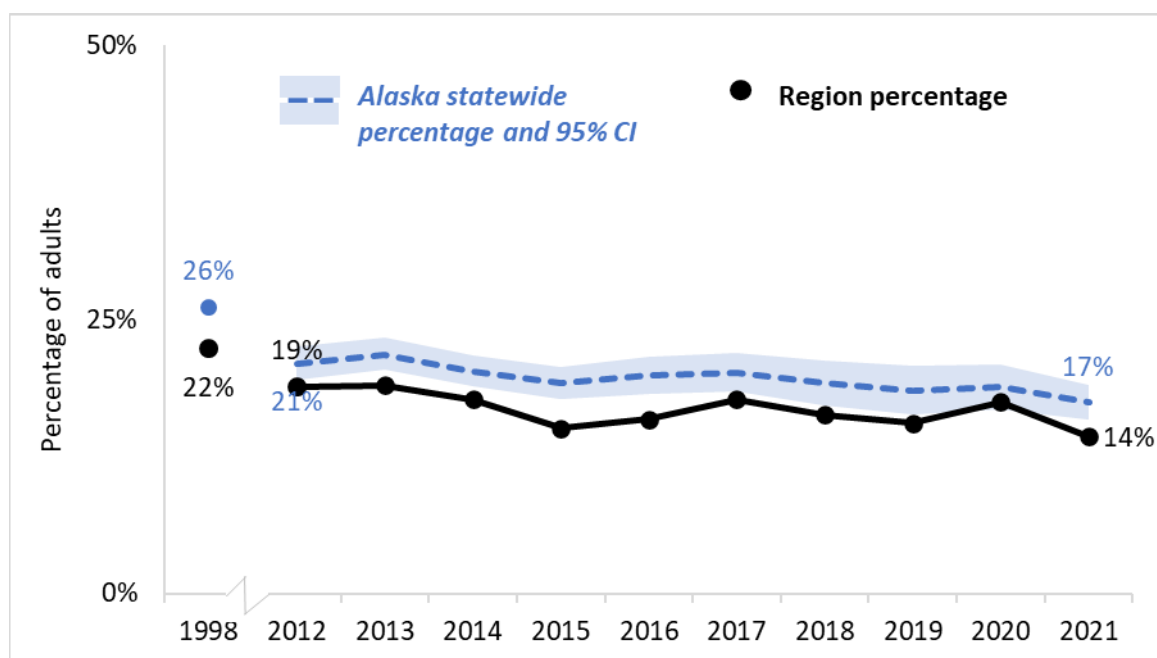
*Numbers may not match the sum of “one product” and “multiple product” values due to rounding.

In the Anchorage Region, 22% of adults currently used some form of tobacco or nicotine product during 2019-2021.

- Cigarettes are the most commonly used product. 16% of Anchorage Region adults smoked cigarettes. Fewer adults used electronic vaping products, like e-cigarettes (6%), and smokeless tobacco (5%).
- The majority of Anchorage Region adults who smoked cigarettes used only that tobacco product.
- 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 but did not significantly change in the Anchorage Region during that time.

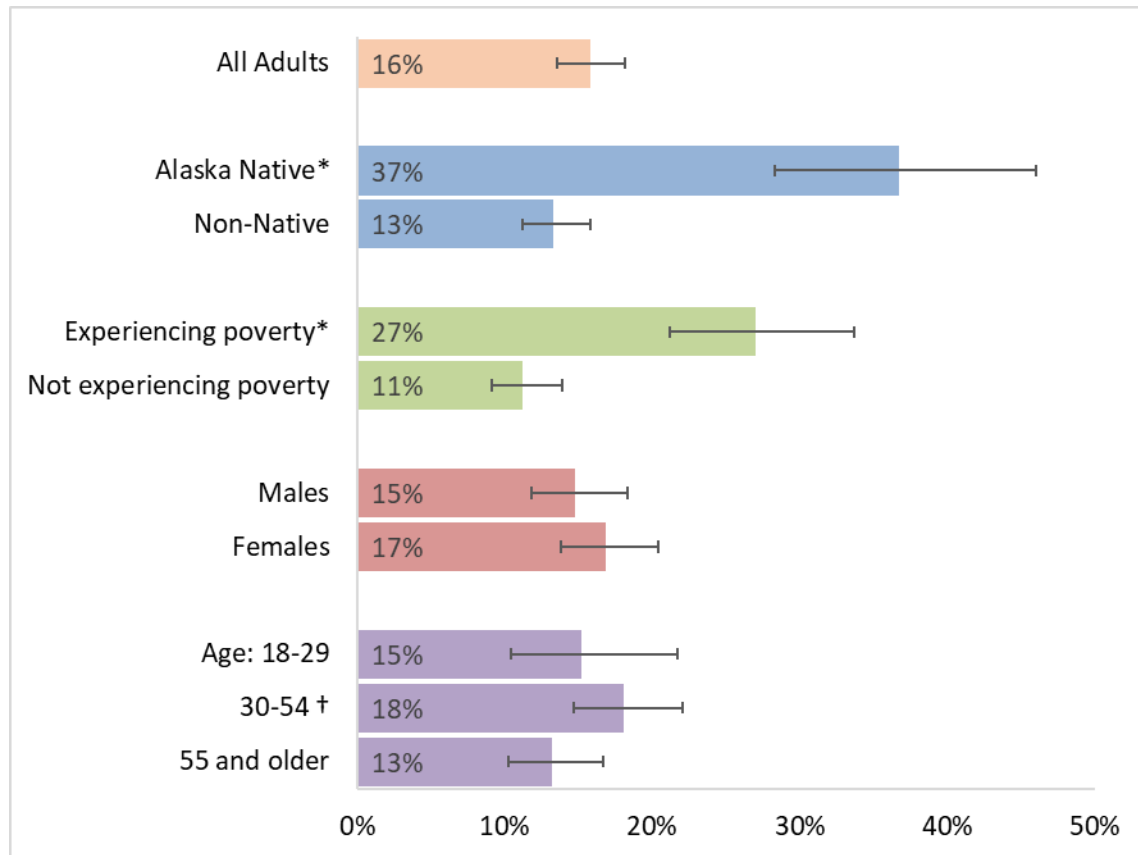


Year	1998	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Alaska Statewide	26%	21%	22%	20%	19%	20%	20%	19%	19%	19%	17%
Anchorage Region	22%	19%	19%	18%	15%	16%	18%	16%	16%	18%	14%

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.
- In the Anchorage Region, 22% of adults were smoking in 1998, and 14% were smoking in 2021. Adult smoking in the Anchorage Region did not change significantly in the last 10 years.
- In 2021, 14% of adults in the Anchorage Region smoked cigarettes, significantly lower than statewide (17%).
- Among adults in 2019-2021 combined in the Anchorage Region, 12% smoked cigarettes daily and 4% smoked less than daily (data not shown).
- Based on the most recent three-year average of adults who smoke, there are more than 34,400 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, 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.

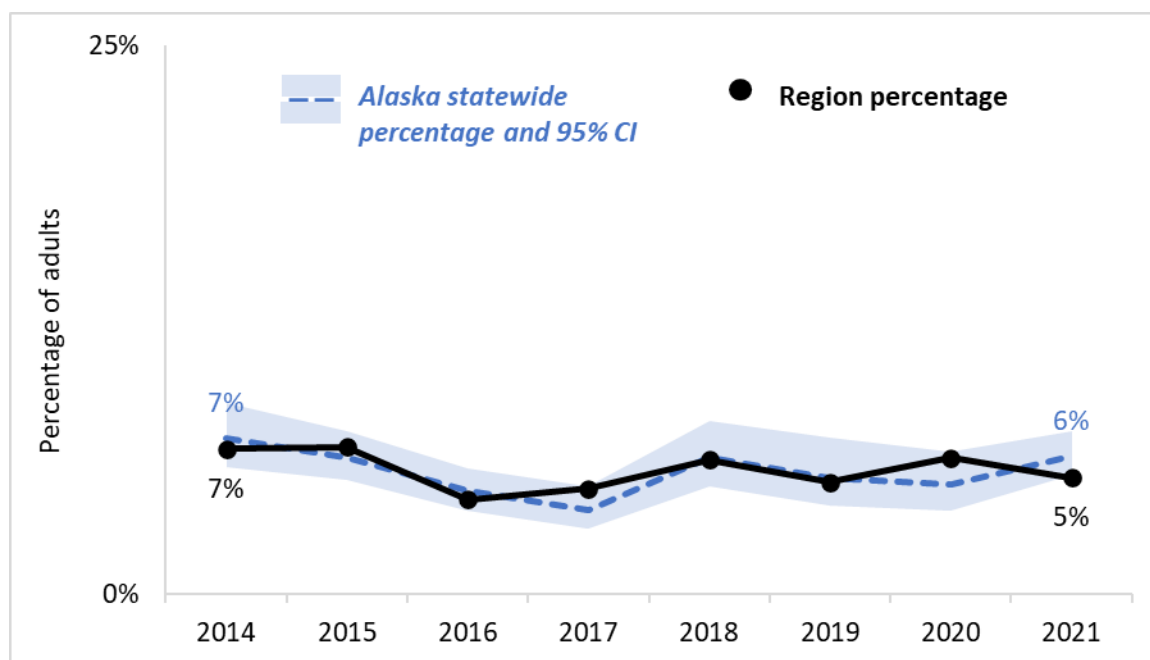
Within the Anchorage Region during 2019-2021, cigarette smoking was:

- higher among Alaska Native people than among non-Native people (37% vs. 13%); and
- higher among people experiencing poverty than those not experiencing poverty (27% vs. 11%); and
- similar among males and females (15% and 17%); and
- similar among adults 18-29 and adults 30-54 (15% and 18%); and
- similar among adults 18-29 and adults 55 and older (15% and 13%); and
- higher among adults 30-54 than adults 55 and older (18% vs. 13%)

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; use did not change significantly in the Anchorage Region.

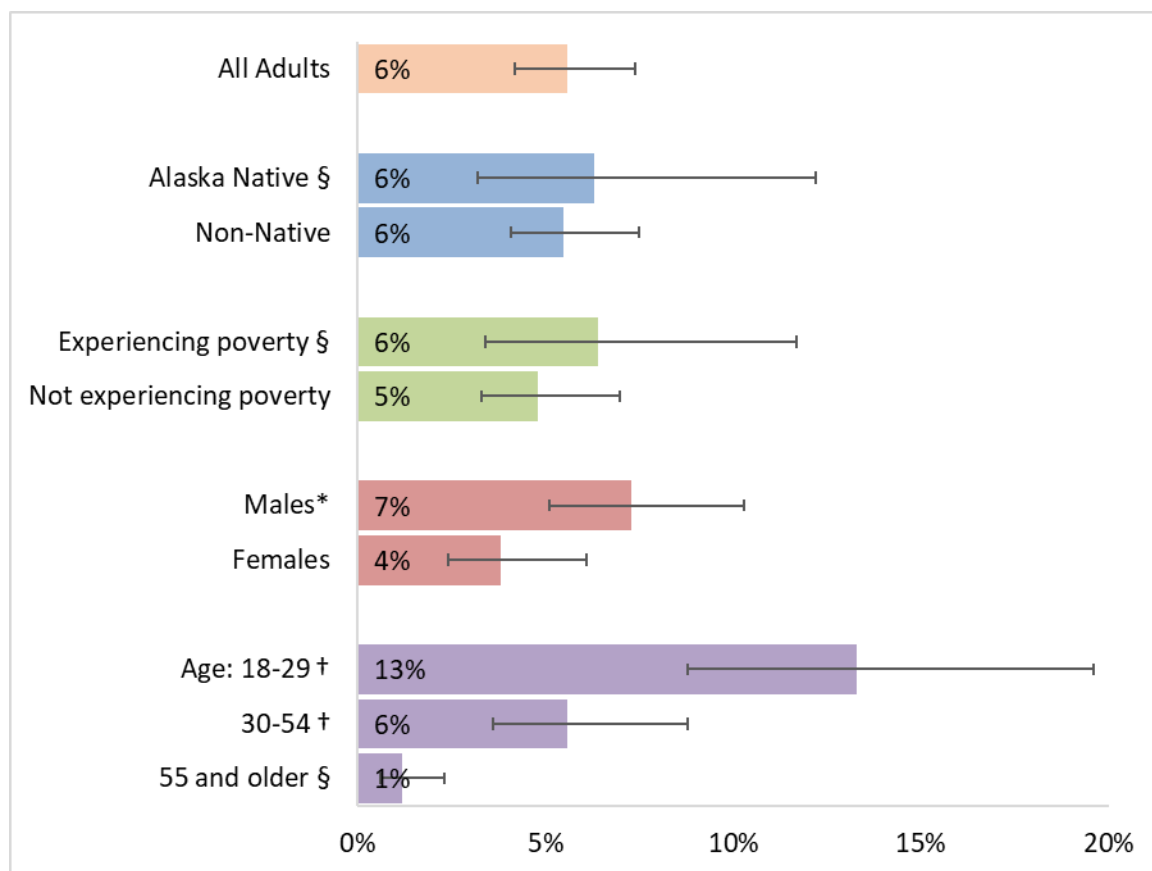


Year	2014	2015	2016	2017	2018	2019	2020	2021
Alaska statewide	7%	6%	5%	4%	6%	5%	5%	6%
Anchorage Region	7%	7%	4%	5%	6%	5%	6%	5%

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.
- In the Anchorage Region, 7% of adults used electronic vapor products in 2014 and 5% in 2021. This regional change is not statistically significant.
- 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.
- Among adults in 2019-2021 combined in the Anchorage Region, 2% used electronic vapor products daily and 4% 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 12,200 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, 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.

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

People experiencing poverty have an income less than or equal to 185% of the federal poverty level within the past 12 months.

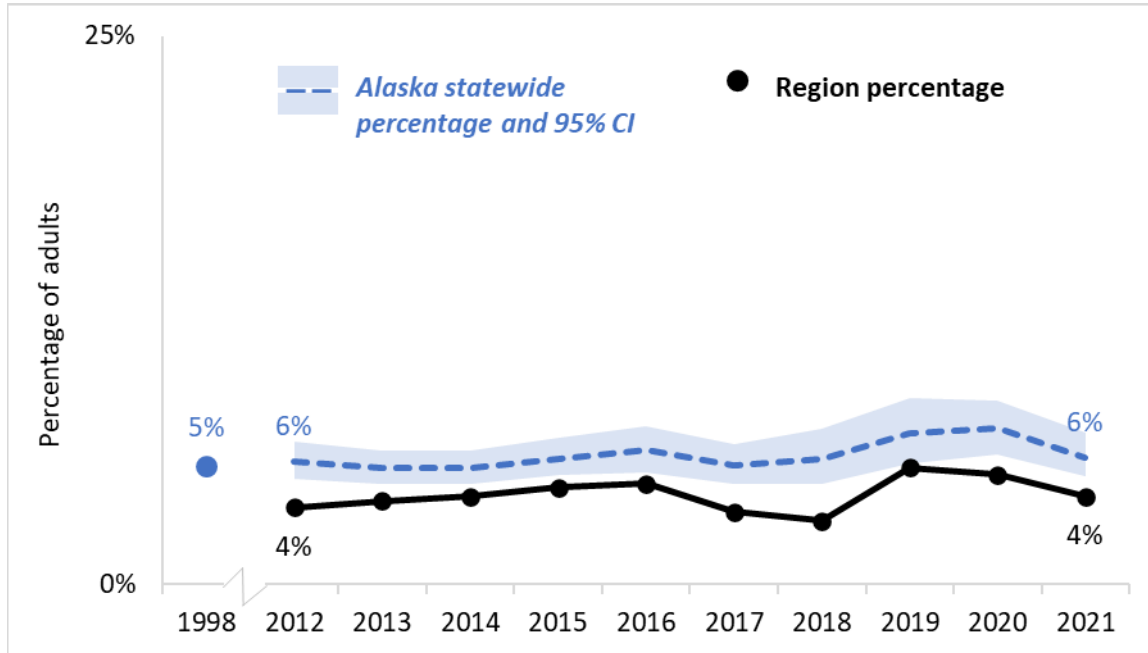
Within the Anchorage Region during 2019-2021, e-cigarette use was:

- similar among Alaska Native people and non-Native people (6% for both); and
- similar among people experiencing poverty and those not experiencing poverty (6% and 5%); and
- higher among males than females (7% vs. 4%); 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. 1%); and
- higher among adults 30-54 than adults 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: Smokeless tobacco use among adults has not changed much statewide or in the Anchorage Region in the past 10 years.



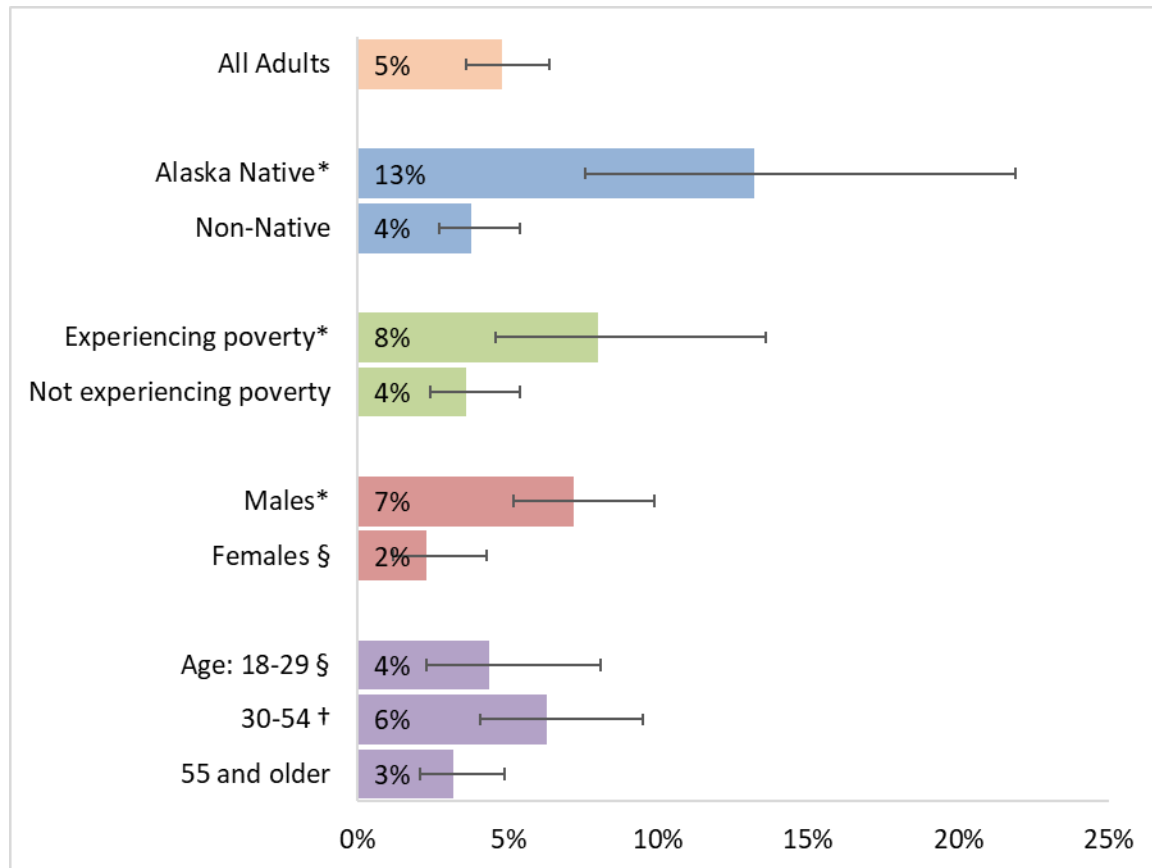
Year	1998	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Alaska statewide	5%	6%	5%	5%	6%	6%	5%	6%	7%	7%	6%
Anchorage Region	--	4%	4%	4%	4%	5%	3%	3%	5%	5%	4%

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 2019.⁸
- The percentage of adults who used smokeless tobacco has not changed over time in the Anchorage Region, 4% used in both 2012 and 2021.
- In 2021, 4% of adults in the Anchorage Region used smokeless tobacco, significantly lower than statewide (6%).
- Among adults in 2019-2021 combined in the Anchorage Region, 3% used smokeless tobacco daily and 2% 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 10,500 adults in the Anchorage Region who are at risk for poor health outcomes due to smokeless tobacco use.

⁸ 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; the trend in the region is statistically considered flat, due in part to smaller sample sizes that result in more fluctuation and larger confidence intervals (not shown here) in the regional annual estimates. See Appendix for additional detail.

Figure 10: In the Anchorage Region, 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 supplemental data.

* Significant difference between or among subgroups.

† Significant differences between ages 30-54 and 55 and older.

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

People experiencing poverty have an income less than or equal to 185% of the federal poverty level within the past 12 months.

Within the Anchorage Region during 2019-2021, smokeless tobacco use was:

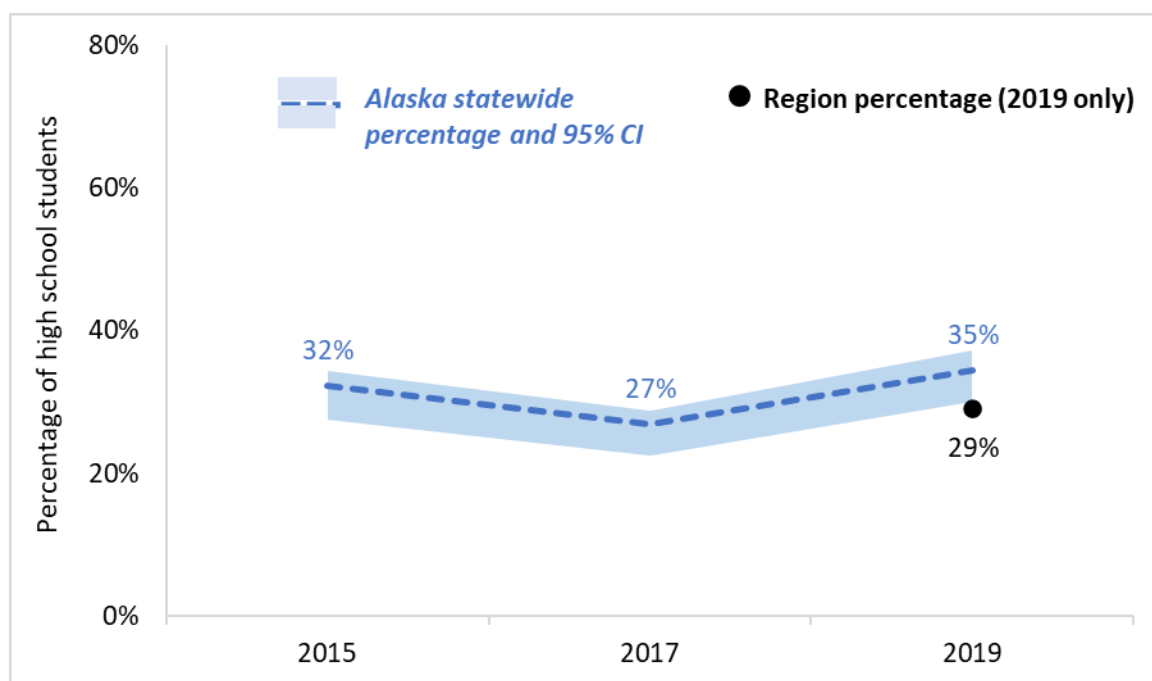
- higher among Alaska Native people than non-Native people (13% vs. 4%); and
- higher among people experiencing poverty than those not experiencing poverty (8% vs. 4%); and
- higher among males than females (7% vs. 2%); and
- similar among adults 18-29 and adults 30-54 (4% and 6%); and
- similar among adults 18-29 and adults 55 and older (4% and 3%); and
- higher among adults ages 30-54 than adults ages 55 and older (6% vs. 3%)

Youth Tobacco Use

In the following charts, statewide Youth Risk Behavior Survey (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 use of any tobacco or nicotine products among high school students did not significantly change during the past 5 years in Alaska; the Anchorage Region was not significantly different from the state in 2019.



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

Source: AK 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*⁹ 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.*

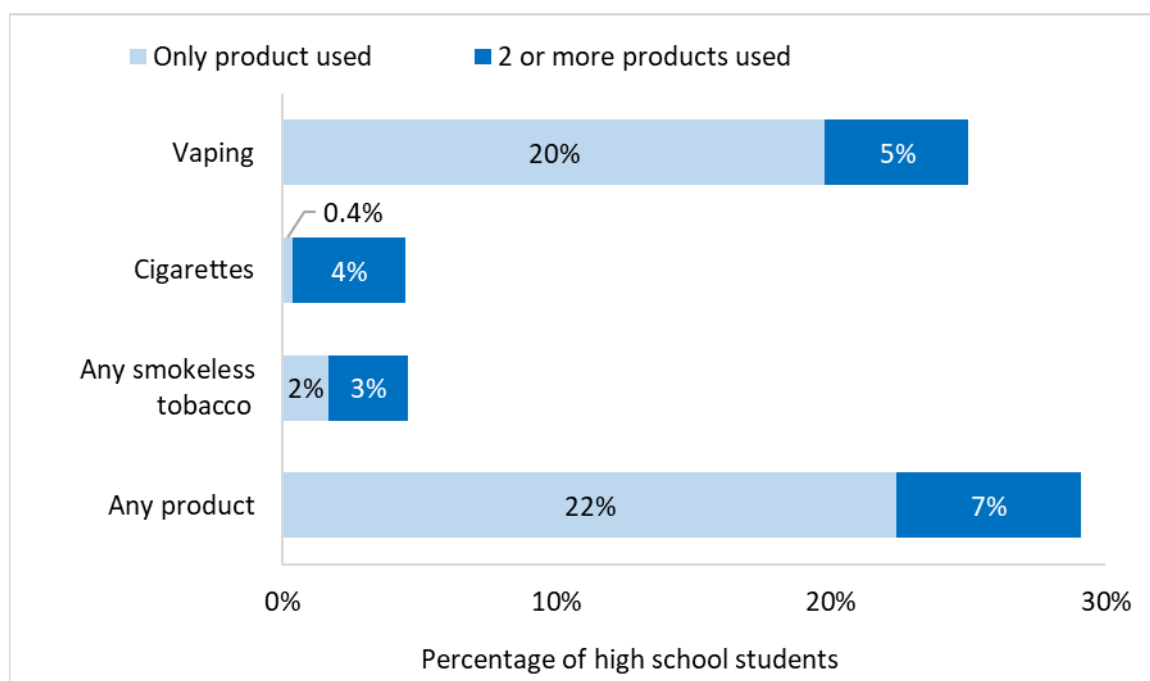
- This measure is reported beginning in 2015, the first year that questions about e-cigarettes were added to the Alaska YRBS.
- Between 2015 and 2019, the percentage of high school students who currently used any tobacco or nicotine product statewide varied, but the change over time is non-significant.

⁹ For more information about Healthy Alaskans 2030, see <https://www.healthyalaskans.org/>

- 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%.
- 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 products among high school students in the Anchorage Region in 2019. Students who vape are the most likely to use those tobacco products exclusively.



<i>Product type</i>	<i>Only one product used</i>	<i>Used multiple products</i>	<i>Used alone or in combination*</i>
Vaping products	20%	5%	25%
Cigarettes	0.4%	4%	5%
Any smokeless tobacco	2%	3%	5%
Any tobacco product	22%	7%	29%

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

*Numbers may not match the sum of “one product” and “multiple product” values due to rounding.

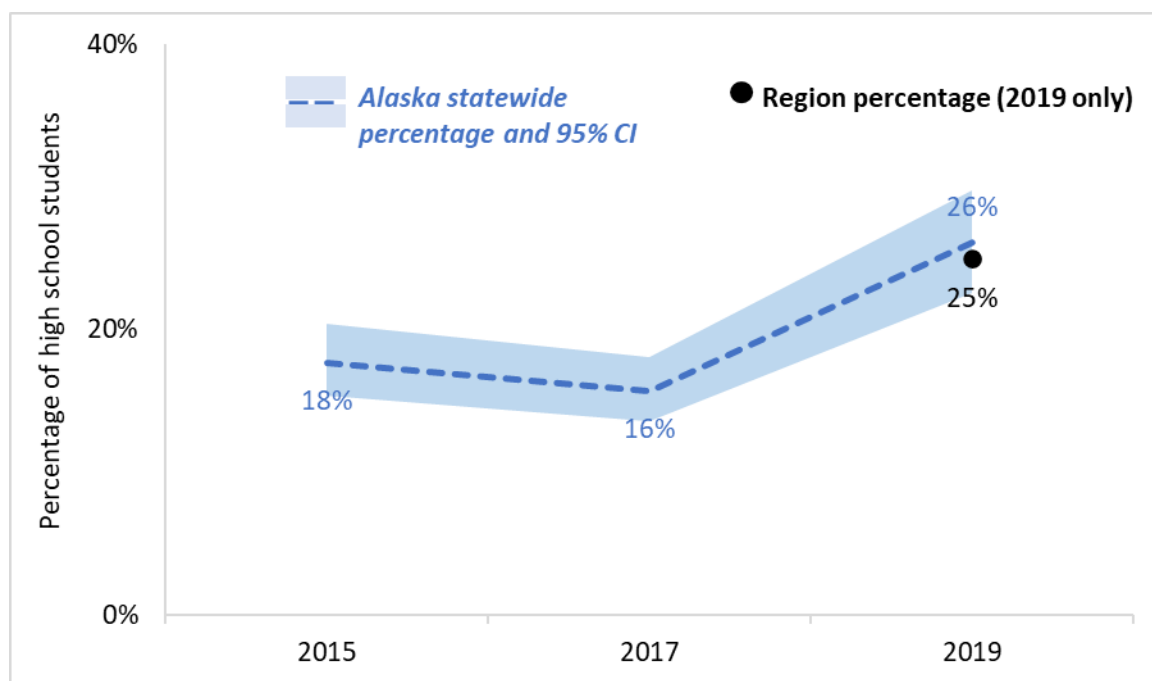
In the Anchorage Region, 29% of high school students currently used some form of tobacco or nicotine product in 2019.

- E-cigarettes were the most commonly used product (25% of all students); fewer students used cigarettes or smokeless tobacco (5% for each).
- Most students who used e-cigarettes used only those products (20% of students vaped only). Most students who used cigarettes or smokeless tobacco were also using other products.
- 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; the Anchorage Region was similar to the statewide percentage in 2019.

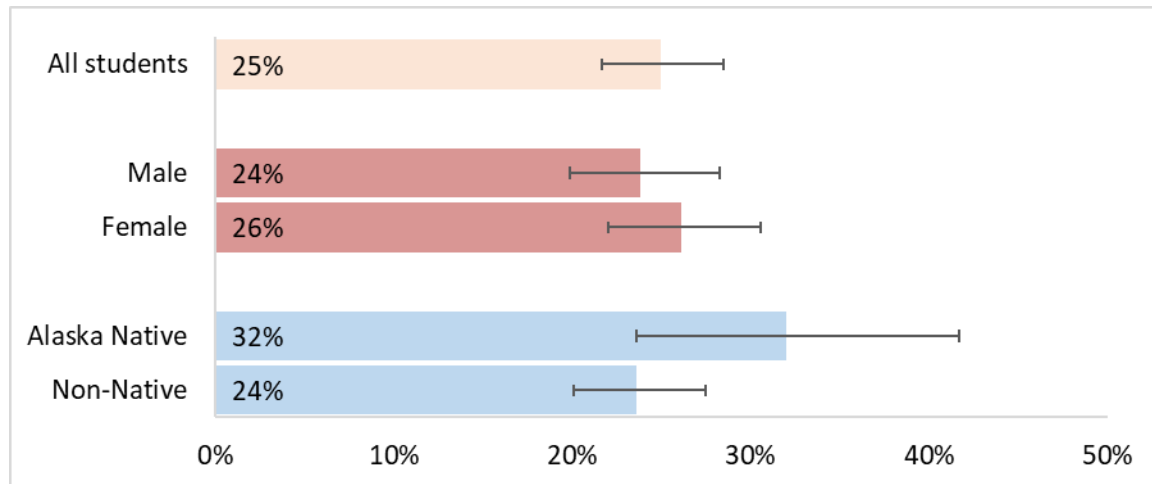


Year	2015	2017	2019
Alaska statewide	18%	16%	26%
Anchorage Region	--	--	25%

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%.
- Among students in the Anchorage Region, 5% used vaping products on 20 or more days in the past month and 20% used on 1-19 days (data not shown).
- 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.



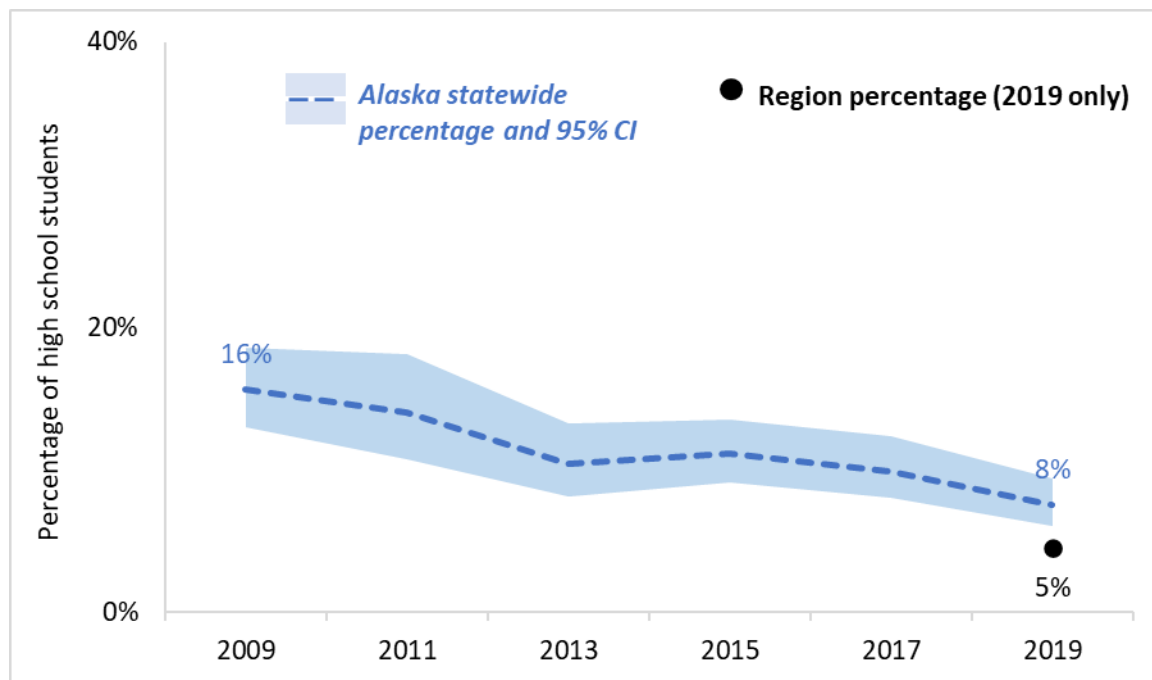
Source: AK YRBS 2019, all participating traditional high schools from the region.

Within the Anchorage Region in 2019, e-cigarette use was:

- similar among male students and female students (24% and 26%); and
- not significantly different among Alaska Native students and non-Native students (32% and 24%)

Cigarette smoking

Figure 15: Cigarette smoking among high school students declined during the past 10 years in Alaska; the Anchorage Region was similar to the statewide percentage in 2019.

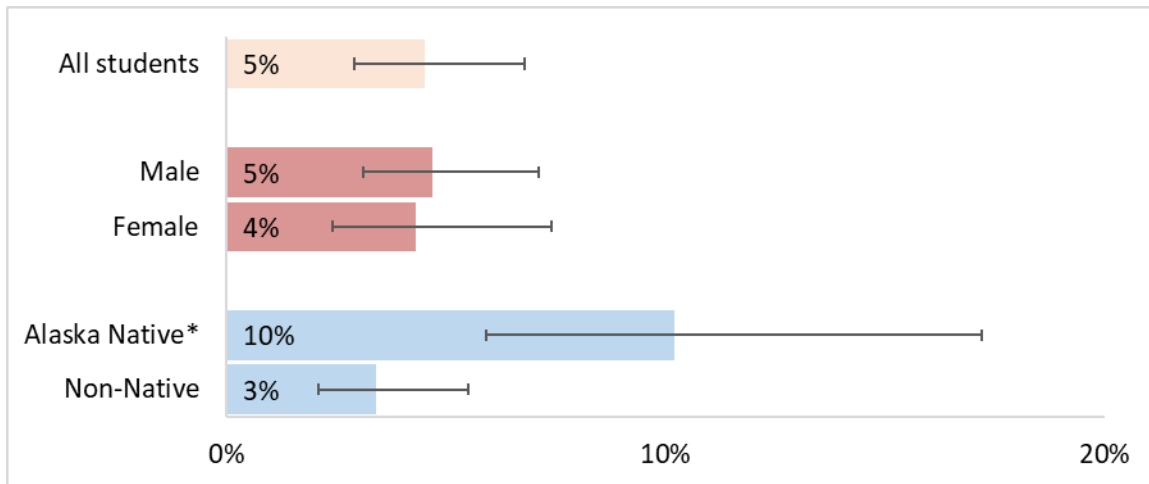


Year	2009	2011	2013	2015	2017	2019
Alaska statewide	16%	14%	10%	11%	10%	8%
Anchorage Region	--	--	--	--	--	5%

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%.
- Among students in the Anchorage Region, 1% smoked cigarettes on 20 or more days in the past month and 4% smoked on 1-19 days (data not shown).
- 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 among subgroups.

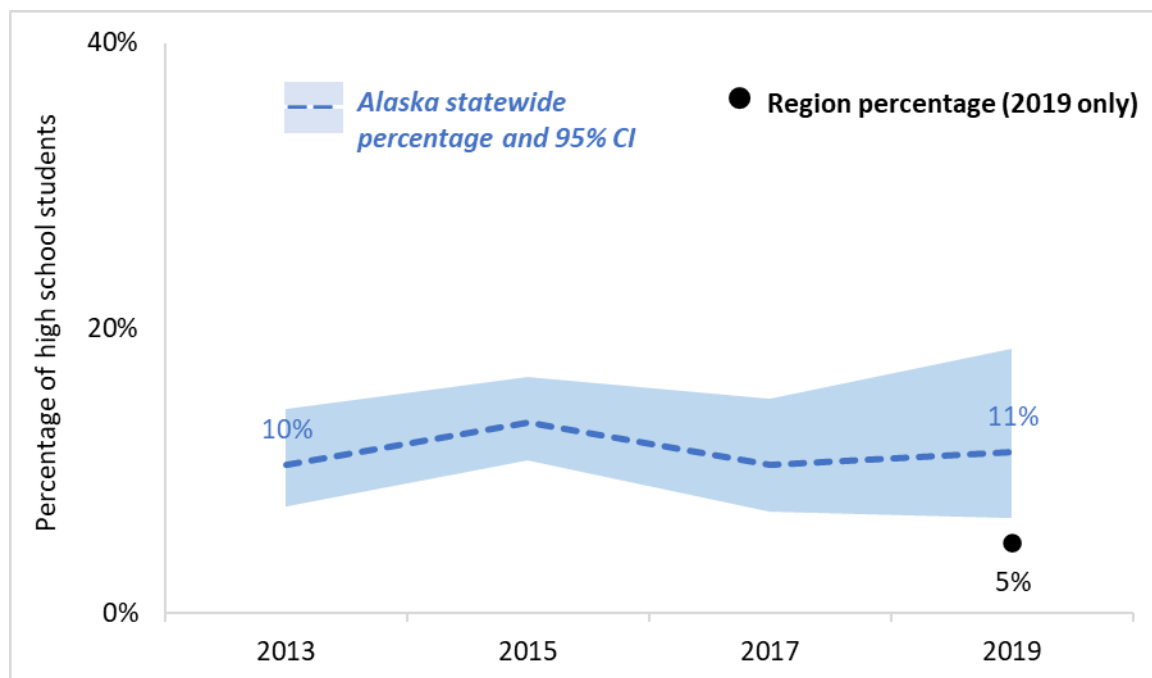
Within the Anchorage Region in 2019, cigarette smoking was:

- not significantly different between male students and female students (5% and 4%); and
- 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: Smokeless tobacco use among high school students remained stable during the past 7 years in Alaska; the Anchorage Region was not significantly different from the statewide percentage in 2019.

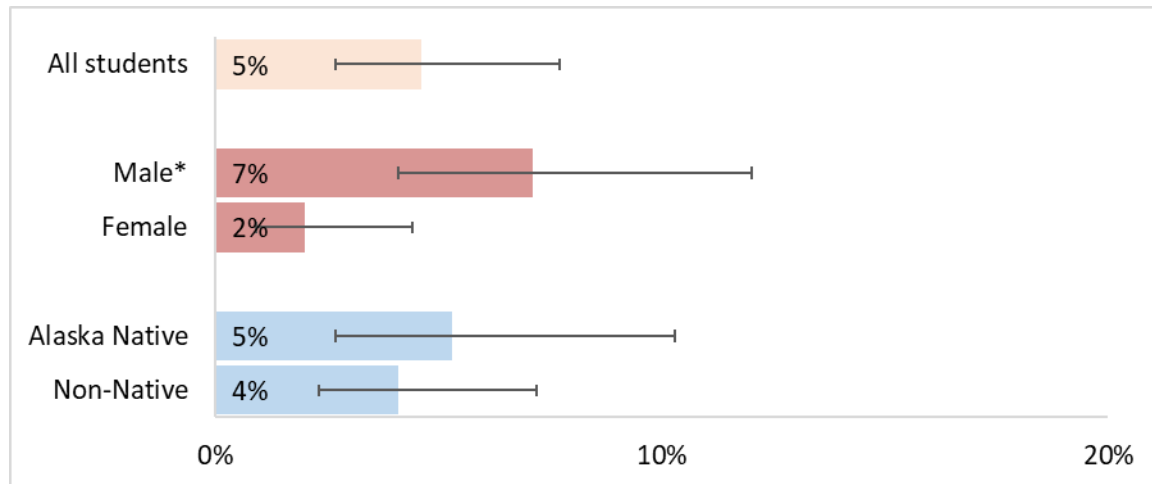


Year	2013	2015	2017	2019
Alaska statewide	10%	13%	10%	11%
Anchorage Region	--	--	--	5%

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%.
- Among students in the Anchorage Region, 1% used smokeless tobacco on 20 or more days in the past month and 4% used on 1-19 days (data not shown).
- 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 sex.



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

* Significant difference among subgroups.

Within the Anchorage Region in 2019, smokeless tobacco was:

- higher among male students than female students (7% vs. 2%); and
- similar among Alaska Native students and non-Native students (5% and 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.¹⁰

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

Table 4a: Tobacco use risk factors

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Tried smoking before age 13	5%	7%
Believe there is <u>not</u> great risk in smoking 1+ packs per day	38%	43%
Believe there is <u>not</u> great risk in using electronic vapor products every day	72%	74%

Table 4b: Tobacco use protective factors

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Believe friends consider it very wrong if they smoked cigarettes	44%	46%
Believe parents consider it very wrong if they smoked cigarettes	77%	77%

Source: AK YRBS 2019, Alaska state sample of traditional high schools; 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 similar to the statewide percentage of 7%.
- 38% of the region's students believe there is not great risk to their health in smoking one or more packs of cigarettes per day. This is not significantly different from the statewide percentage of 43%.
- Most students believe there is not great risk in using e-cigarettes every day (72%). This is similar to the statewide percentage of 74%.

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%).

¹⁰ 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 the Anchorage Region have tried using tobacco products.

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
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.¹¹

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 taxes include:

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

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Support special tax on e-cigarettes and e-cigarette products	69%	64%
Support special tax on e-cigarettes and e-cigarette products if the proceeds go towards youth tobacco and e-cigarette prevention efforts	76%	73%
Support a ban on the sale of flavored vaping products and/or e-liquid	59%	57%

Source: OATS 2022.

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

- 69% of Anchorage Region adults support a special tax on e-cigarettes and e-cigarette products, significantly higher than the statewide estimate (64%).
- About three-quarters of the region's adults support a special tax if funds would go towards youth tobacco and e-cigarette prevention efforts (76%), similar to the statewide percentage of 73%.
- Over half of the region'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 (59%), similar to the statewide percentage of 57%.

¹¹ 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 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. The single school district in the Anchorage Region has established a strong tobacco policy.

<i>School district</i>	<i>Current policy status</i>	<i>K-12 enrollment</i>
Anchorage School District	Strong	43,325

Source: TPC School Policy Assessment, May 2022

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

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

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

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.

Source: TPC School Policy Assessment, May 2022

Section 4. Helping People Quit

Quitting Indicators

Table 9 series: In the Anchorage Region, many adults are trying to quit smoking.

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Would like to quit smoking	68%	65%
Seriously considering stopping within 6 months	59%	59%
Planning to stop within 30 days	27%	27%

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Tried to quit in the past year	53%	53%

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Quit for 3+ months in the past year, at time of survey	7%	11%

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
“Quit Ratio” – percentage of people who ever smoked who are now non-smokers	61%	62%

Source: OATS 2021-2022.

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

- About two-thirds of Anchorage Region adults who currently smoke cigarettes would like to quit smoking (68%) and over half are seriously considering stopping in the next 6 months (59%). One-quarter of the region’s adults who currently smoke are planning to stop within the next 30 days (27%). These regional estimates are similar to statewide estimates.
- More than half of the region’s adults who smoke tried to quit in the past year (53%), which is the same as the statewide estimate.
- Among adults who smoked cigarettes within the past year, about 7% have quit successfully (for longer than 3 months), which is significantly lower than the statewide estimate of 11%.
- Among adults who have ever smoked, 61% have quit successfully for the long-term, which is similar to the statewide percentage of 62%.

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Number of people who received help from the ATQL in the past year	757	1,796
Estimated percentage of current adult smokers who called the ATQL in the past year**	2%	2%

Source: Quitline utilization is from Alaska's Tobacco Quit Line Annual Report, FY2022 (July 2021-June 2022).

**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.

- 757 Anchorage Region 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 region.

Section 5. Eliminating Exposure to Secondhand Smoke

Secondhand Smoke Exposure

Table 11 series: In the Anchorage Region, 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

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Adult home <u>tobacco smoke</u> exposure		
<i>Among all adults</i>	7%	9%
<i>Among those who rent their home</i>	8%	11%
<i>Among those with children in the household</i>	4%	5%
Adult home <u>tobacco vapor</u> exposure		
<i>Among all adults</i>	8%	9%
<i>Among those who rent their home</i>	12%	14%
<i>Among those with children in the household</i>	7%	8%
Adult home <u>marijuana smoke</u> exposure		
<i>Among all adults</i>	17%	19%
<i>Among those who rent their home</i>	22%	24%
<i>Among those with children in the household</i>	14%	15%
Adult home <u>marijuana vapor</u> exposure		
<i>Among all adults</i>	12%	12%
<i>Among those who rent their home</i>	14%	15%
<i>Among those with children in the household</i>	11%	11%
Tobacco smoke frequently drifts into home		
<i>Among those in multi-unit housing</i>	17%	19%
<i>Among those who rent their home</i>	21%	20%

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

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Adults exposed to tobacco smoke indoors at work		
<i>Among adults who work indoors</i>	10%	11%
<i>Among adults who don't mostly work indoors</i>	27%	26%

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 OATS 2021-2022, except secondhand smoke at work among those who don't mostly work indoors was only asked in 2022.

In the Anchorage Region, youth and adults reported secondhand smoke exposure.

- About one-quarter of Anchorage Region high school students were in the same room with someone who was smoking a tobacco product in the past week (25%), similar to the statewide percentage of 27%.
- Some of the region's adults were exposed to secondhand tobacco smoke (7%), tobacco vapor (8%), or marijuana vapor (12%) at home. More were exposed to marijuana smoke at home (17%).
- Exposure to tobacco smoke and marijuana smoke at home among the region's adults were significantly lower than the statewide percentages of 9% for tobacco smoke and 19% for marijuana smoke exposure. Exposure to tobacco vapor and marijuana vapor were similar to the statewide estimates.
- About one-fifth of the region's adults who live in multi-unit housing (29% of the sample) experienced tobacco smoke drifting into their homes (17%). Among the region's adults who rent their homes (30% of the sample), 21% experienced tobacco smoke drifting into their homes. These results are similar to statewide estimates.
- Adults who work were asked if they were exposed to secondhand smoke *indoors* at work. Among adults in the Anchorage Region who work indoors (83% of the sample), 10% were exposed to secondhand smoke at work. Among the region's adults who mostly don't work indoors, 27% were exposed to secondhand smoke at work. These results are similar to statewide estimates.

Secondhand Smoke Rules

Table 12: In the Anchorage Region, many adults who rent their homes are protected by landlord rules to prevent exposure to secondhand smoke at home.

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Landlord has rules about <u>smoking tobacco</u> on the property		
<i>Among those who rent</i>	57%	55%
<i>Among those who rent with children in the household</i>	52%	53%
Landlord has rules about <u>smoking marijuana</u> on the property		
<i>Among those who rent</i>	47%	42%
<i>Among those who rent with children in the household</i>	42%	40%

Source: OATS 2021-2022.

In the Anchorage Region, some rental homes have smoking bans.

- Among people who rent their home in the Anchorage Region, 57% live in housing where landlords have rules about smoking tobacco on the property. This is similar to the statewide percentage of 55%.
- Somewhat fewer live in housing where landlords have rules about smoking marijuana on the property (47%), which is significantly higher than the statewide percentage of 42%.
- Adults who rent their homes and have children in their household were similarly or less likely to have landlord rules restricting smoking on the property than renters in general.

Secondhand Smoke Attitudes

Table 13 series: 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 13a: Attitudes about harm

<i>Indicator</i>	<i>Anchorage Region</i>	<i>State of Alaska</i>
Agree secondhand <u>tobacco smoke</u> is very/somewhat harmful to people's health		
<i>Among all adults</i>	94%	94%
<i>Among those with children in the household</i>	96%	96%
Agree <u>nicotine vapor</u> is very/somewhat harmful to people's health		
<i>Among all adults</i>	82%	80%
<i>Among those with children in the household</i>	83%	82%
Agree <u>marijuana smoke</u> is very/somewhat harmful to people's health		
<i>Among all adults</i>	63%	60%
<i>Among those with children in the household</i>	64%	60%

Table 13b: 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 <u>tobacco smoke</u>		
<i>Among all adults</i>	94%	93%
<i>Among those with children in the household</i>	96%	94%
Agree/strongly agree people should be protected from <u>nicotine vapor</u>		
<i>Among all adults</i>	88%	86%
<i>Among those with children in the household</i>	90%	89%
Agree/strongly agree people should be protected from secondhand <u>marijuana smoke</u>		
<i>Among all adults</i>	84%	84%
<i>Among those with children in the household</i>	84%	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 the Anchorage Region, most adults support rules that protect people from being exposed to secondhand smoke. More adults perceive tobacco smoke as harmful and warranting protection than nicotine vapor or marijuana smoke.

- Most adults in the Anchorage Region agree that secondhand smoke is harmful (94%). Somewhat fewer of the region's adults agree that secondhand nicotine vapor is harmful (82%) and almost two-thirds of adults agree that secondhand marijuana smoke is harmful (63%). These estimates are similar to statewide estimates.
- A majority of adults agree that people should be protected from secondhand tobacco smoke (94%), this is significantly higher than the statewide percentage of 93%.
- Slightly fewer of the region's adults agree that people should be protected from secondhand nicotine vapor (88%) and marijuana smoke (84%). These estimates are similar to statewide estimates.

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.¹² 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, there were three known multi-unit housing properties in the Anchorage Region, which had smokefree addendums or policies in their leases:

- One policy is rated as comprehensive, closely mirroring the model policy.
- Two policies are rated as incomplete because they lack definitions, specificity, “no smoking” signage, and/or enforcement.

¹² Information about tobacco-related policies can be shared by emailing 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 14: In the Anchorage Region, some healthcare facilities have policies to limit tobacco use on their campuses.

<i>Healthcare Facility</i>	<i>Current Policy Status</i>
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.