

Alaska Tobacco Facts

The impact of tobacco on the lives of Alaska's people.



Alaska Tobacco Facts

June 2006 Update

Frank H. Murkowski, Governor
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1. Introduction

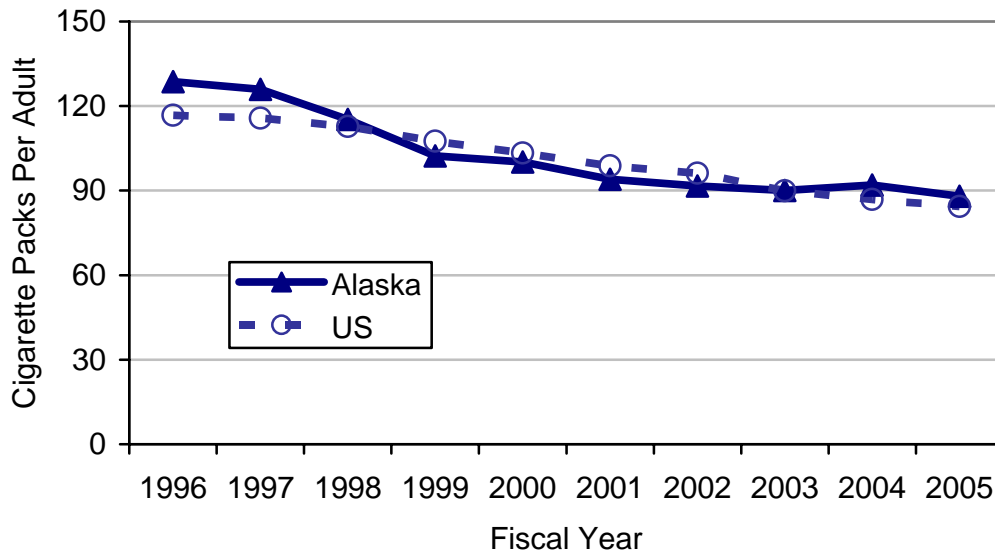
In 2004, the Alaska Division of Public Health produced *Tobacco in the Great Land* (www.epi.hss.state.ak.us/pubs/tobaccofeb04.pdf), a monograph intended to provide the reader with a comprehensive review of data related to tobacco use and its consequences in Alaska. *Alaska Tobacco Facts* is designed to be a brief, annual update to *Tobacco in the Great Land* that can be used to educate Alaskans about the toll that tobacco continues to take on the health and well-being of our citizens.

The following are highlights from *Alaska Tobacco Facts, June 2006 Update*:

- Per adult cigarette consumption declined 32% from State Fiscal Year (SFY) 1996 to SFY 2005; **240 million fewer** cigarettes were sold in 2005 compared to 1996.
- In 2004, tobacco use cost Alaskans \$169 million in direct medical expenditures and an additional \$160 million in lost productivity due to tobacco-related deaths.
- Although smoking rates in Alaska have remained relatively stable since 1991, the 2004 smoking prevalence estimate (24.3%) was the lowest since 1991.
- Fewer smokers than ever before smoke every day.
- Alaska Natives smoke at twice the rate of non-Natives, and this disparity has remained constant over the past decade—for both adults and youth.
- Alaskans with less education, with lower incomes, and who live in rural areas of the state also smoke more than their peers.
- The majority of Alaskan adult smokers want to quit, and nearly half of those who smoke every day tried to quit in the last 12 months.
- Smoking among high school students dropped from 36.5% in 1995 to 19.2% in 2003.
- Currently in Alaska approximately 20,000 adults and 4,400 high school students use smokeless tobacco.
- Eight out of ten smokers believe that secondhand smoke is harmful and that people should be protected from it.

2. Cigarette Consumption

**Annual Per Adult Sales of Cigarettes, By Fiscal Year,
Alaska and US (minus Alaska), 1996-2005**



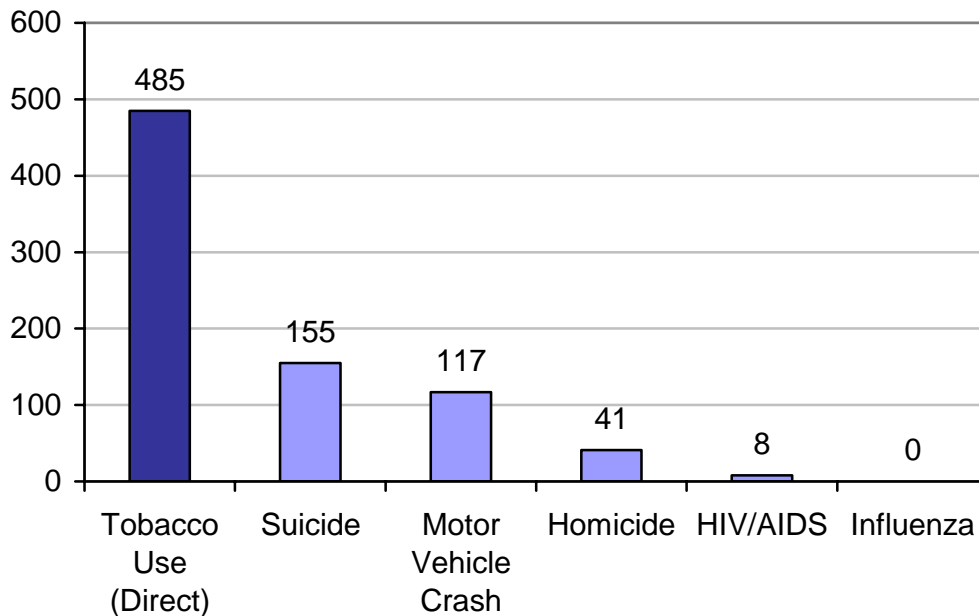
	Fiscal Year									
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Alaska	128.6	125.9	115.2	102.3	100.2	94.0	91.6	90.1	92.0	88.0
US minus AK	116.7	115.7	112.8	107.5	103.4	98.8	96.2	89.9	86.9	84.4

Sources: Alaska Department of Revenue, Tax Division; Orzechowski & Walker, *The Tax Burden on Tobacco*, 2005.

- Between State Fiscal Years (SFY) 1996 and 2005, the number of packs of cigarettes sold in Alaska per adult dropped from 128.6 to 88.0.
- This 32% drop in cigarette sales translates to 240 million fewer cigarettes sold in Alaska in 2005 compared to 1996.

3. Tobacco-Related Deaths and Economic Costs

**Number of Deaths Due to Selected Causes,
Alaska, 2004**

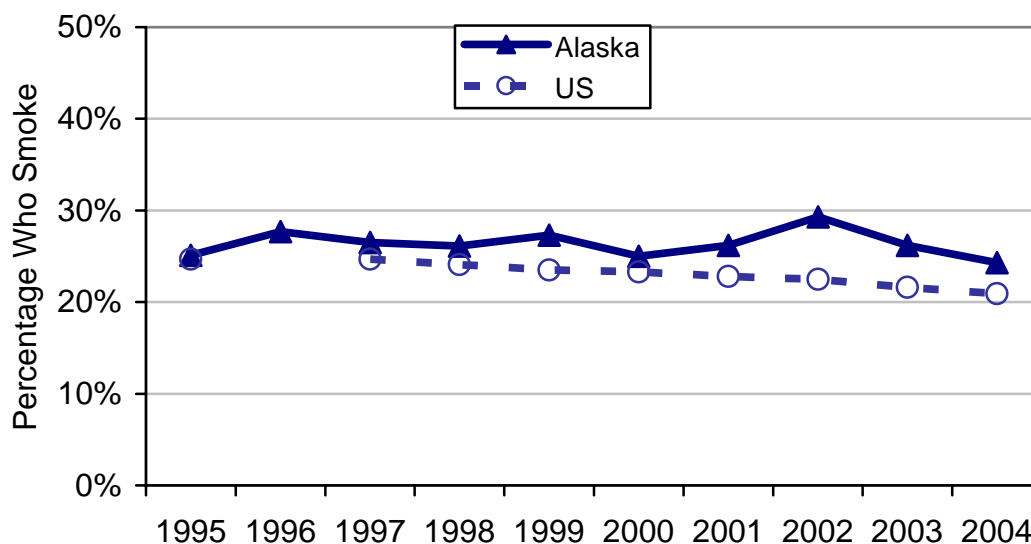


Sources: Alaska Bureau of Vital Statistics (deaths); Alaska Behavioral Risk Factor Surveillance System (smoking prevalence), combined Modified and Standard BRFSS Surveys; CDC, Smoking Attributable Morbidity, Mortality, and Economic Costs.

- In 2004, more Alaskans died from the effects of smoking than from suicide, motor vehicle crashes, homicide, HIV/AIDS, and influenza combined.
- In addition, an estimated 120 Alaskans die each year from exposure to secondhand smoke.
- In this same year, tobacco use cost Alaskans \$169 million in direct medical expenditures and an additional \$160 million in lost productivity due to tobacco-related deaths.
- This sums to an astounding \$329 million, which is certainly an underestimate as lost productivity from tobacco-related illness (other than death) is not included.

4. Adult Smoking

**Percentage of Adults Who Smoke, by Year
Alaska and US, 1995-2004**



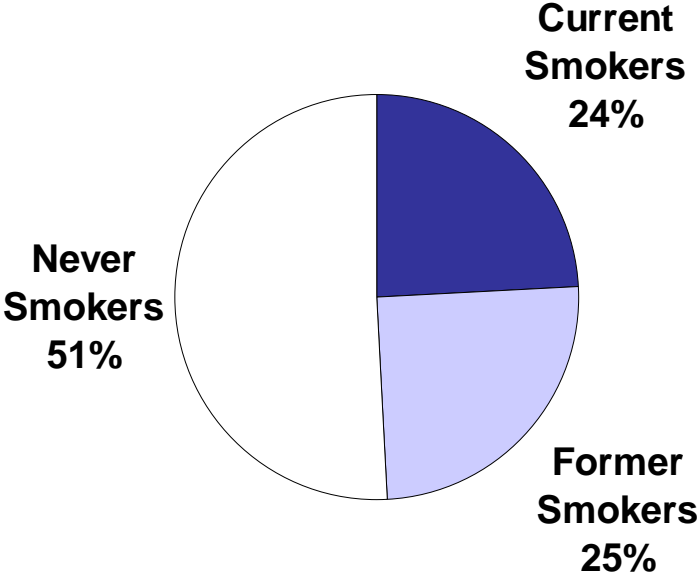
	Year									
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Alaska	25.1%	27.7%	26.5%	26.1%	27.3%	25.0%	26.2%	29.3%	26.2%	24.3%
US	24.7%	NA	24.7%	24.1%	23.5%	23.3%	22.8%	22.5%	21.6%	20.9%

Note: NA = Data not available.

Sources: Alaska Behavioral Risk Factor Surveillance System, Standard BRFSS Survey (1995-2003), combined Modified and Standard BRFSS Surveys (2004); National Health Interview Survey

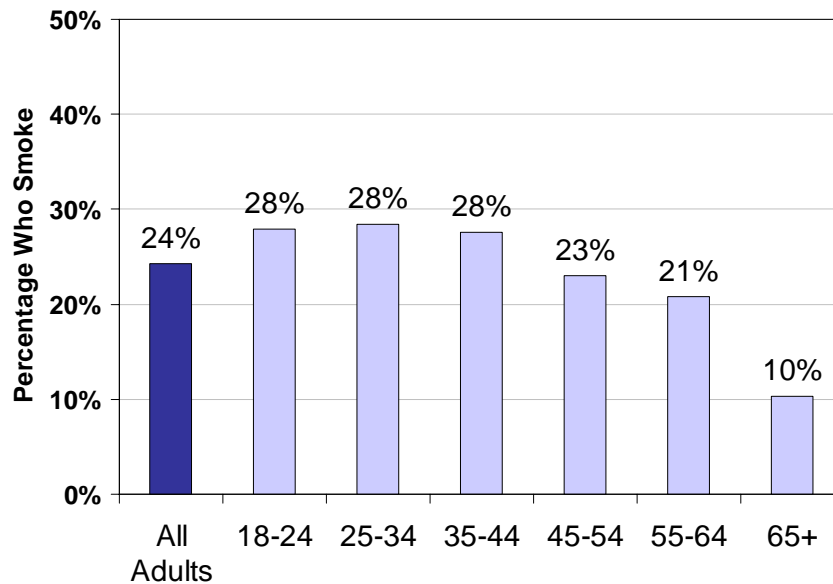
- Although smoking rates in Alaska have remained relatively flat since 1991, the 2004 adult smoking prevalence estimate (24.3%) was lower than any time since 1991.
- Nationally there has been a slight but significant decline in adults smoking over the same time period.
- There are 120,000 adult smokers in Alaska.
- Men (26.9%) are more likely than women (21.4%) to smoke.

Smoking Status of Adults, Alaska, 2004



Source: Alaska Behavioral Risk Factor Surveillance System, combined Modified and Standard BRFSS Surveys

Percentage of Adults Who Smoke, by Age Group, Alaska, 2004



Note: Throughout this report percentages are rounded to the nearest whole number in graphs and tables in which at least one category's prevalence estimate is based on fewer than 500 responses (per national BRFSS guidelines).

Source: Alaska Behavioral Risk Factor Surveillance System, combined Modified and Standard BRFSS Surveys

- Adults between the ages of 18 and 44 are the most likely to be smokers.
 - In previous years the 18-24 year old age group has experienced the highest smoking prevalence of all age groups. The fact that 18-24 year olds currently are smoking at the same level as the 25-34 and 35-44 year old age group might reflect the drop in high school smoking witnessed from 1995 to 2003.
- The median age Alaskan smokers began to smoke regularly is 17 years.

Percentage of Adults Who Smoke, by Education, Alaska, 2004

Education Level	Percentage
Less than high school graduate	45%
High school graduate or GED	33%
Some college	24%
College graduate	11%
All Adults	24%

Source: Alaska Behavioral Risk Factor Surveillance System, combined Modified and Standard BRFSS Surveys

Percentage of Adults Who Smoke, by Income, Alaska, 2004

Household Income Level	Percentage
Less than \$15,000	48%
\$15,000 - \$24,999	34%
\$25,000 - \$49,000	28%
\$50,000 - \$74,000	18%
\$75,000 or more	16%
All Adults	24%

Source: Alaska Behavioral Risk Factor Surveillance System, combined Modified and Standard BRFSS Surveys

- Alaskans with fewer years of education or less household income are more likely to be smokers.
- Over half of adult smokers are 'poor' (below 100% of the Federal poverty level) or 'near poor' (above 100% but below 200% of the Federal poverty level).

Source: Alaska Behavioral Risk Factor Surveillance System, 2004 combined Modified and Standard BRFSS Surveys

- Over half of unemployed adults in Alaska currently smoke; however, two-thirds of adult smokers are currently employed.

Source: Alaska Behavioral Risk Factor Surveillance System, 2004 combined Modified and Standard BRFSS Surveys

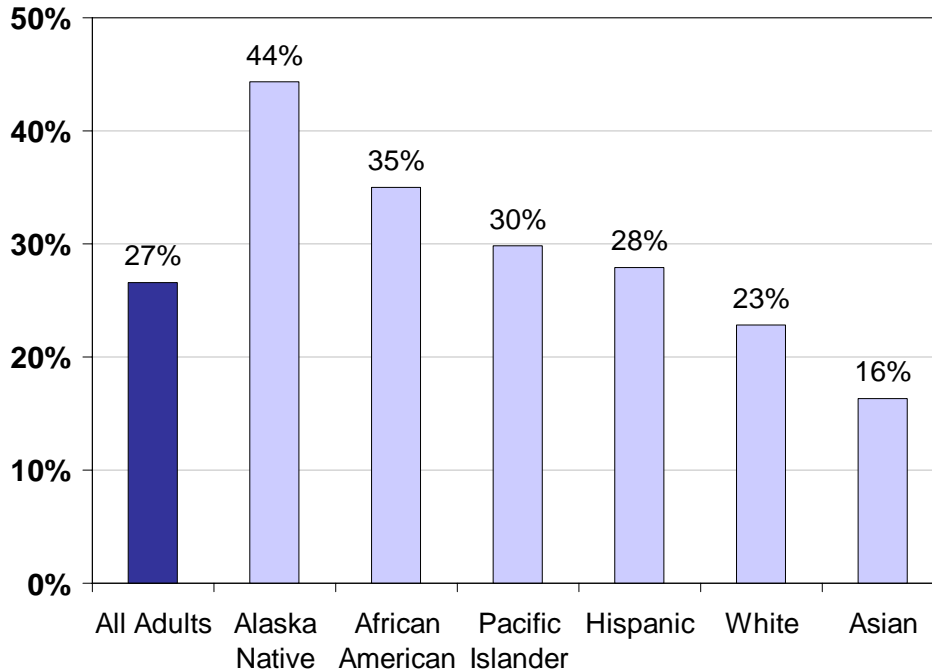
- **Percentage of Adults Who Smoke, by Region, Alaska, 2004**

BRFSS Region	Percentage
Anchorage and Vicinity	22.6%
Gulf Coast	26.4%
Southeast	22.8%
Rural	36.1%
Fairbanks and Vicinity	21.4%
All Adults	24.3%

Source: Alaska Behavioral Risk Factor Surveillance System, combined Modified and Standard BRFSS Surveys

- Residents of rural Alaska are more likely than residents of other regions of Alaska to smoke ('rural' defined as all regions of the state exclusive of Anchorage and vicinity, the Gulf Coast, Southeast Alaska, and Fairbanks and vicinity).

**Percentage of Adults Who Smoke, by Race/Ethnicity,
Alaska, 2002-2004**



Note: The racial categories of Alaska Native, African American, White, and Asian/Pacific Islander do not include respondents of Hispanic ethnicity.

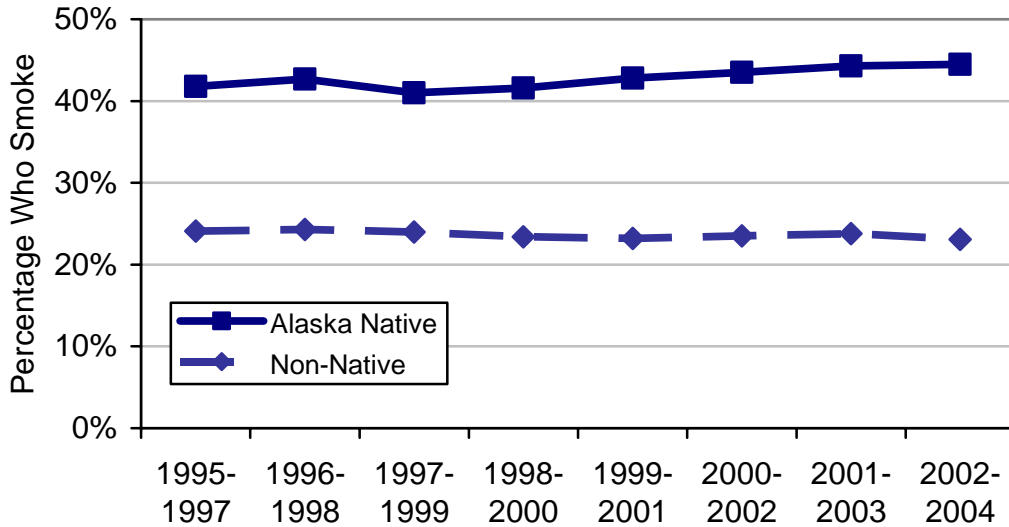
Source: Alaska Behavioral Risk Factor Surveillance System, combined Modified and Standard BRFSS Surveys

- Among adults, Alaska Natives are approximately twice as likely as White Alaskans to be current smokers.

**Number of Adult Smokers, by Race/Ethnicity,
Alaska, 2002-2004**

	Number of Adult Smokers
Alaska Native	30,000
White	74,000
Other Race Groups	16,000
Total	120,000

Percentage of Adults Who Smoke, by Year
Alaska Natives and Non-Natives, 1995-2004
(3-year moving averages)

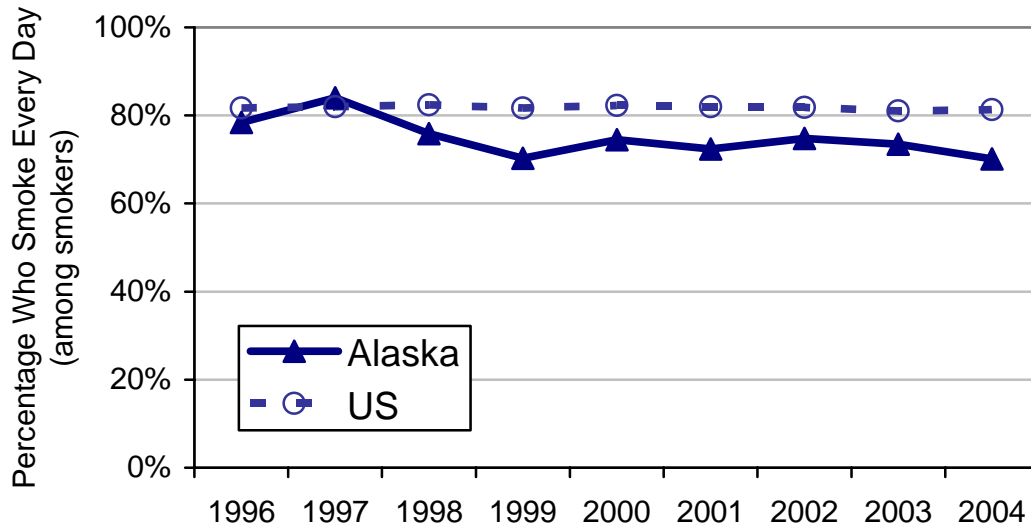


	3-Year Period							
	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004
Alaska Natives	41.8%	42.7%	41.0%	41.6%	42.8%	43.5%	44.3%	44.5%
Non-Natives	24.1%	24.3%	24.0%	23.4%	23.2%	23.5%	23.8%	23.1%

Source: Alaska Behavioral Risk Factor Surveillance System, combined Modified and Standard BRFSS Surveys

- Smoking prevalence has remained stable among both Alaska Natives and non-Native adults over the past decade.
- During this time the disparity between Alaska Native and non-Native adult smoking rates has remained relatively constant.

Percentage of Adult Smokers Who Smoke Every Day, by Year Alaska and United States, 1996-2004

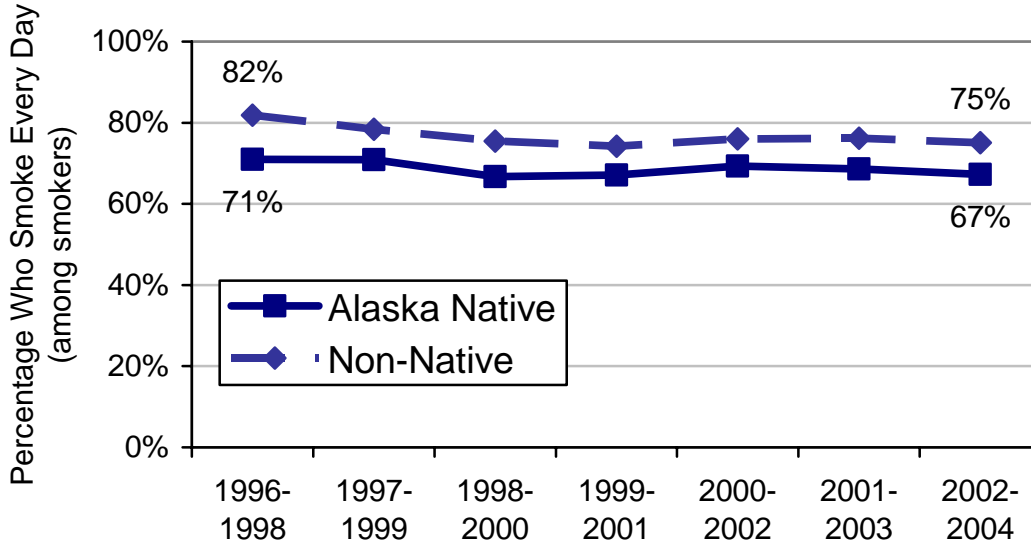


	Year									
	1996	1997	1998	1999	2000	2001	2002	2003	2004	
Alaska	78%	84%	76%	70%	75%	72%	75%	74%	70%	
US	82%	82%	82%	82%	82%	82%	82%	81%	81%	

Sources: Alaska Behavioral Risk Factor Surveillance System, Standard Survey (1996-2003), combined Modified and Standard BRFSS Surveys (2004); National Health Interview Survey

- The percentage of Alaskan smokers who smoke every day declined in the late 1990's and has remained relatively flat since that time; the comparable US percentage has not changed during this same time period.

**Percentage of Adult Smokers Who Smoke Every Day, by Year
Alaska Natives and Non-Natives, 1996-2004
(3-Year moving averages)**

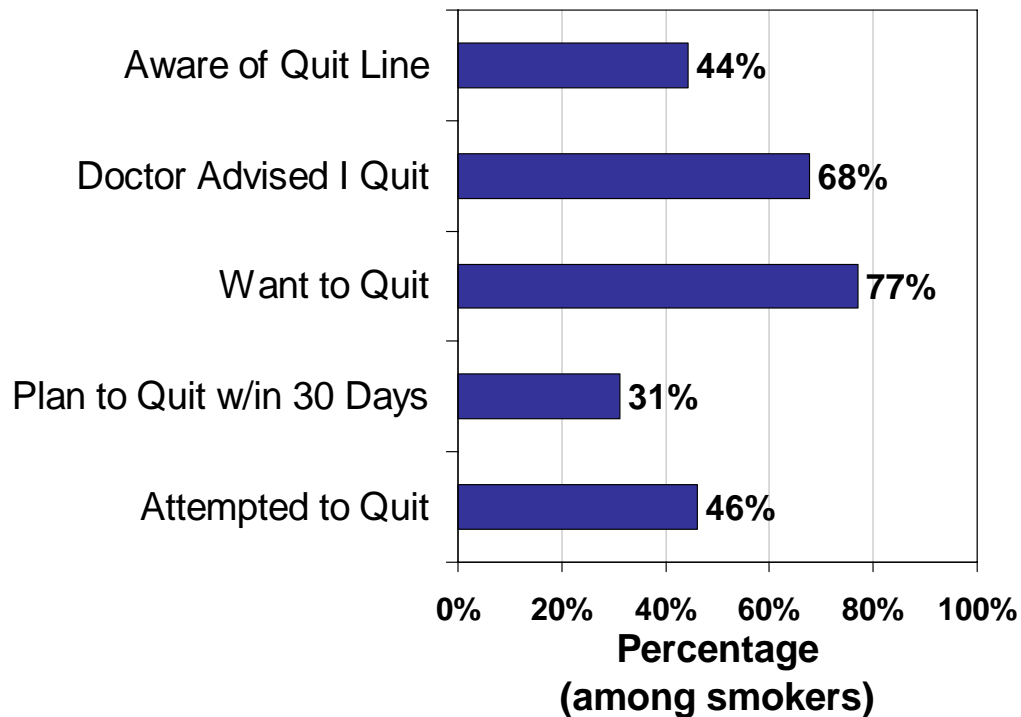


	3-Year Period						
	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004
Alaska Native	71%	71%	67%	67%	69%	69%	67%
Non-Native	82%	78%	76%	74%	76%	76%	75%

Source: Alaska Behavioral Risk Factor Surveillance System, Standard Survey (1996-2003), combined Modified and Standard BRFSS Surveys (2004)

- Compared to non-Native adult smokers in Alaska, Alaska Native adult smokers have consistently been less likely to smoke every day.

Percentage of Adult Smokers Endorsing Key Cessation Variables Alaska, 2004



Note: Quit attempt question was asked of only every day smokers.

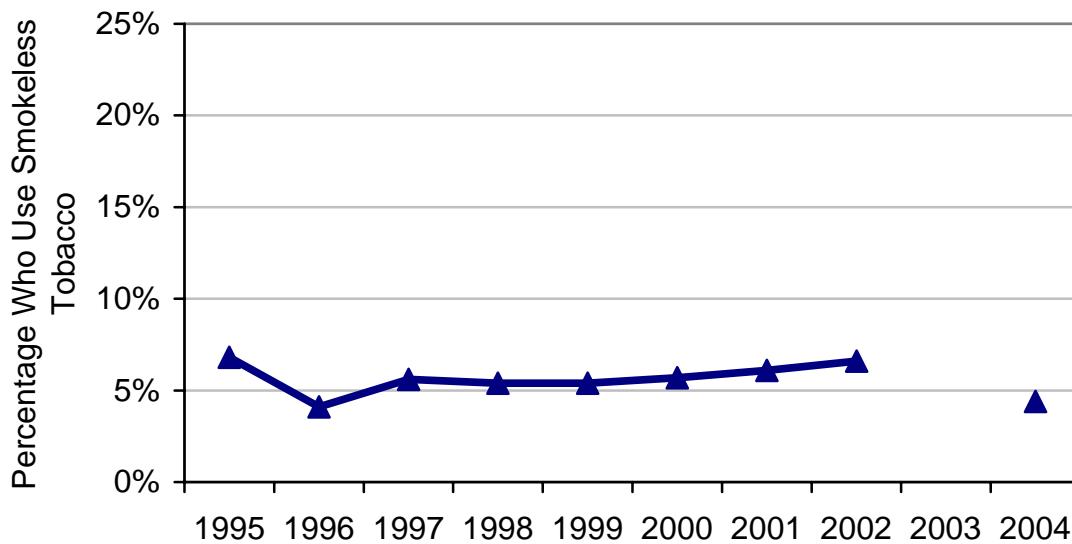
Sources: Alaska Behavioral Risk Factor Surveillance System, Modified Survey (except for 'Attempted to Quit' which was based on data from combined Modified and Standard BRFSS Surveys)

- Three quarters of Alaskan smokers want to quit, and nearly half of those who smoke every day tried to quit in the last 12 months.
- Many smokers are not aware of the Alaska Quit Line, and not all smokers are being advised by their health providers to quit smoking.
- Alaska Native and non-Native adult smokers did not differ significantly on any of these indicators.

5. Adult Smokeless Tobacco Use

- Currently in Alaska approximately 20,000 adults use smokeless tobacco.

**Percentage of Adults Who Use Smokeless Tobacco, by Year
Alaska, 1995-2004**

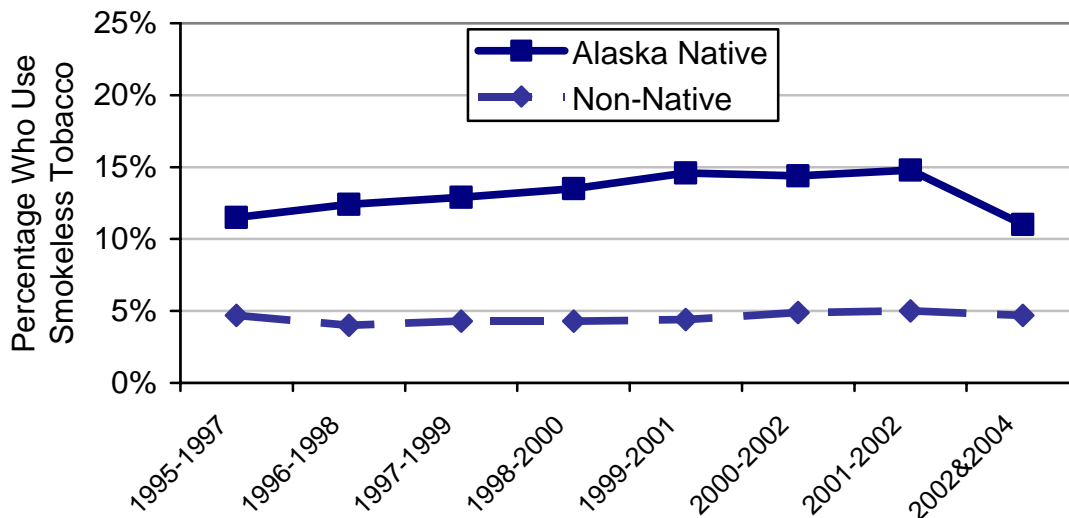


	Year									
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
All Alaskan Adults	6.8%	4.1%	5.6%	5.4%	5.4%	5.7%	6.1%	6.6%	NA	4.4%

Note: NA = Data not available.

Sources: Alaska Behavioral Risk Factor Surveillance System, Standard Survey (1995-2002), Modified Survey (2004)

**Percentage of Adults Who Use Smokeless Tobacco, by Year
Alaska Natives and Non-Natives, 1995-2004
(3-year averages)**



	3-Year Period							
	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001 & 2002	2002 & 2004
Alaska Native	11.5%	12.4%	12.9%	13.5%	14.6%	14.4%	14.8%	11.0%
Non-Native	4.7%	4.0%	4.3%	4.3%	4.4%	4.9%	5.0%	4.7%

Notes: Due to missing data for 2003, the two last time points are 2-year averages.

Source: Alaska Behavioral Risk Factor Surveillance System, Standard Survey (1995-2002), Modified Survey (2004)

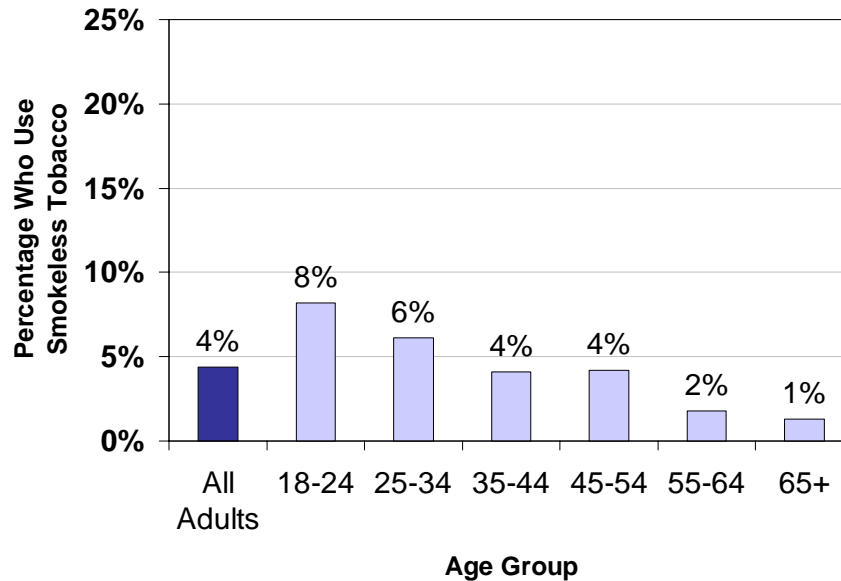
**Percentage of Adults Who Use Smokeless Tobacco, by Sex
Alaska Natives and Non-Natives, 2002 & 2004 Combined**

	Alaska Native	Non-Native	Total
Men	14.1%	8.9%	9.3%
Women	7.8%	0.2%	1.4%
Total	11.0%	4.7%	5.5%

Source: Alaska Behavioral Risk Factor Surveillance System, Standard Survey (2002), Modified Survey (2004)

- Adult Alaska Natives use smokeless tobacco more than adult non-Natives, and men use smokeless tobacco more than women, regardless of race.

Percentage of Adults Who Use Smokeless Tobacco, by Age Group Alaska, 2004



Source: Alaska Behavioral Risk Factor Surveillance System, Modified Survey

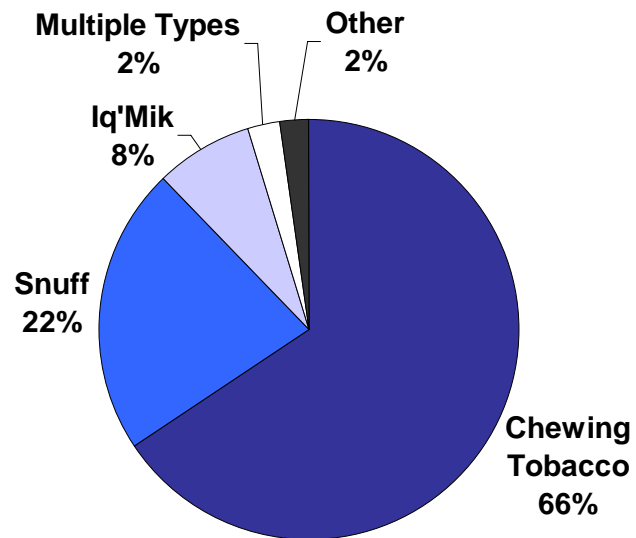
Percentage of Adults Who Use Smokeless Tobacco, by Region Alaska, 2004

BRFSS Region	Percentage
Anchorage and Vicinity	3%
Gulf Coast	5%
Southeast	4%
Rural	12%
Fairbanks and Vicinity	5%
All Adults	4%

Source: Alaska Behavioral Risk Factor Surveillance System, Modified Survey

- Young adults and rural Alaskans are the most likely to use smokeless tobacco, where 'rural' is defined as all regions of the state exclusive of Anchorage and vicinity, the Gulf Coast, Southeast Alaska, and Fairbanks and vicinity.

Type of Smokeless Tobacco Used by Adults, Alaska, 2004



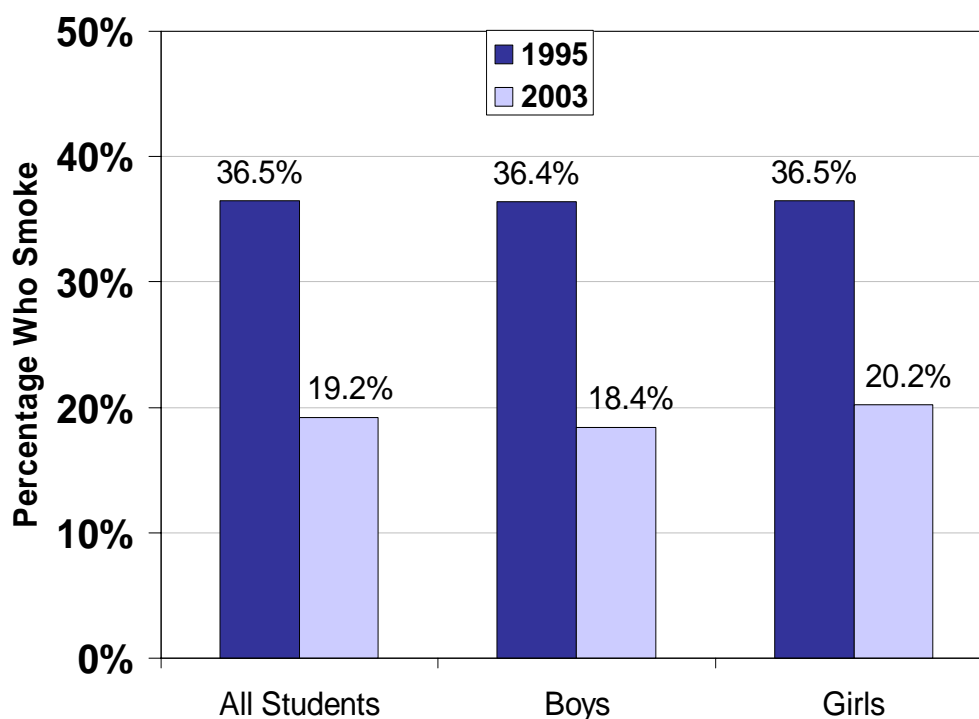
Source: Alaska Behavioral Risk Factor Surveillance System, Modified Survey

- Two-thirds of adult Alaskans using smokeless tobacco are using “chewing tobacco”.
- Eight percent of adult smokeless tobacco users are using tobacco in the form of Iq'mik or Blackbull, which is leaf tobacco mixed with ash created from burning a common tree fungus (i.e., “punk ash”).

6. Youth Smoking

Unfortunately, Alaska did not obtain statewide representative YRBS data for 2005. The data presented in the next two sections are from the 2003 Alaska YRBS, and were reported in a slightly different form in *Tobacco in the Great Land*.

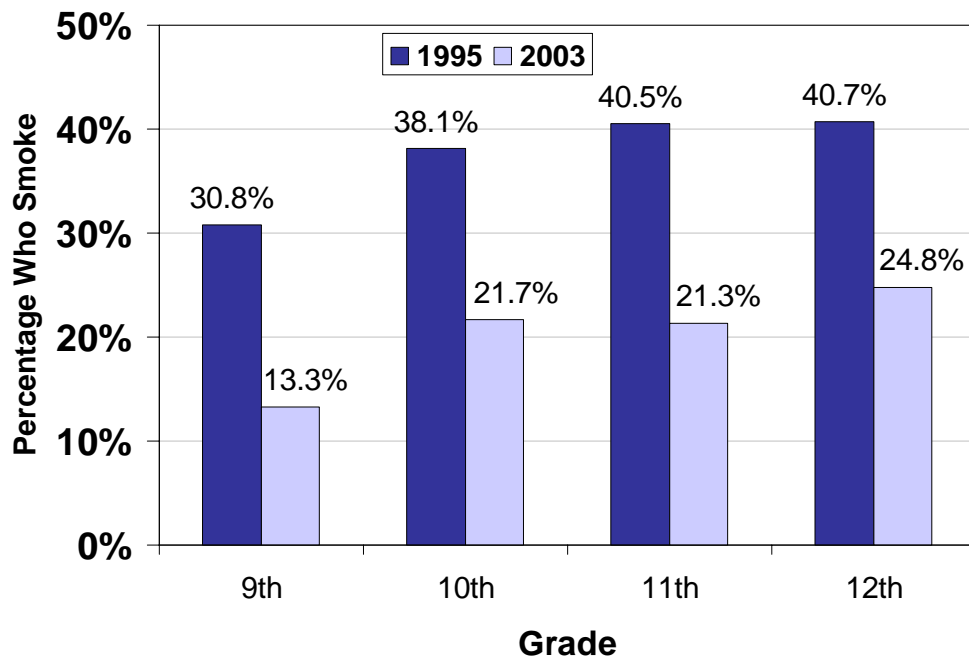
Percentage of High School Students Who Smoke, by Sex and Year Alaska, 1995 & 2003



Source: Alaska Youth Risk Behavior Survey

- Smoking among high school students dropped from 36.5% in 1995 to 19.2% in 2003.
- This represents a drop from over 12,000 youth smokers in 1995 to approximately 7,600 smokers in 2003.

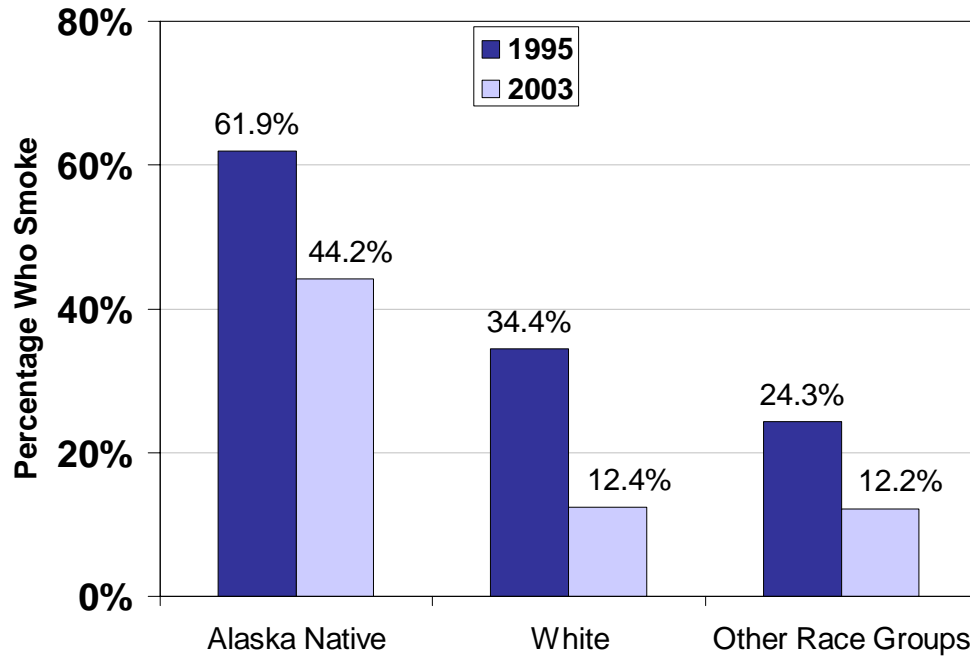
Percentage of High School Students Who Smoke, by Grade and Year Alaska, 1995 & 2003



Source: Alaska Youth Risk Behavior Survey

- Between 1995 and 2003, declines in youth smoking were in seen in each high school grade level.

Percentage of High School Students Who Smoke, by Race and Year Alaska, 1995 & 2003



Source: Alaska Youth Risk Behavior Survey

- The decline in youth smoking was experienced by students in all racial groups.

**Percentage of High School Students Who Smoke, by Sex and Grade
Alaska, 2003**

	9th Grade	10th Grade	11th Grade	12th Grade	Total
Girls	15.4%	23.1%	23.2%	22.4%	20.2%
Boys	11.2%	20.7%	19.5%	27.2%	18.4%
Total	13.3%	21.7%	21.3%	24.8%	19.2%

Source: Alaska Youth Risk Behavior Survey

**Percentage of High School Students Who Smoke, by Race and Sex
Alaska, 2003**

	Girls	Boys	Total
Alaska Native	48.7%	39.7%	44.2%
White	11.9%	12.8%	12.4%
Other Race Groups	9.7%	15.3%	12.2%
Total	20.2%	18.4%	19.2%

Source: Alaska Youth Risk Behavior Survey

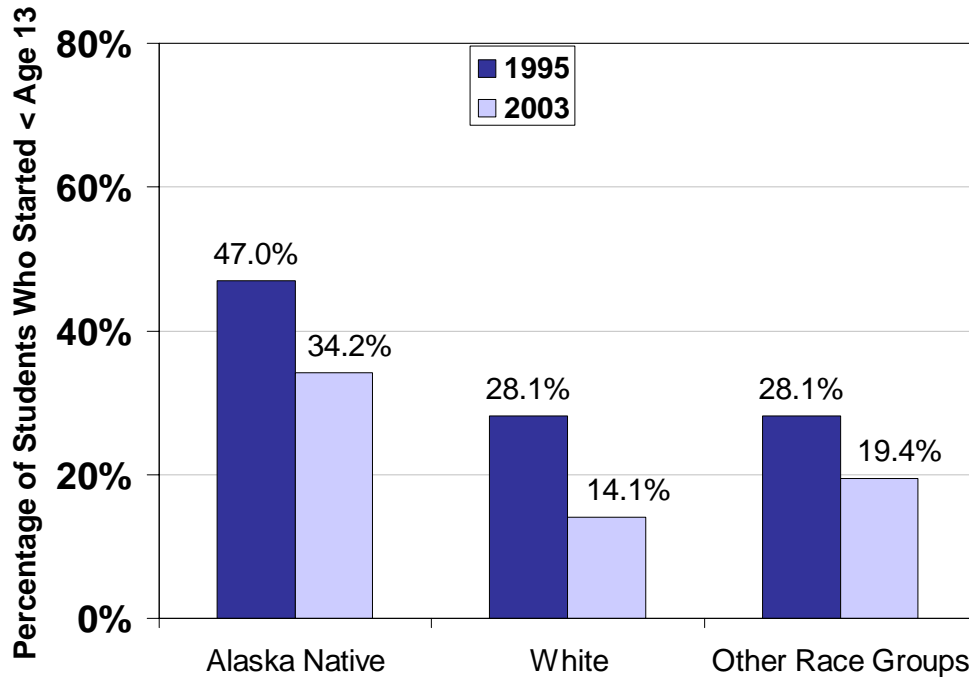
**Percentage of High School Students Who Smoke, by Race and Grade
Alaska, 2003**

	9th Grade	10th Grade	11th Grade	12th Grade	Total
Alaska Native	38.5%	47.8%	46.2%	45.6%	44.2%
White	8.0%	11.3%	14.7%	18.8%	12.4%
Other Race Groups	8.5%	16.1%	10.9%	22.2%	12.2%
Total	13.3%	21.7%	21.3%	24.8%	19.2%

Source: Alaska Youth Risk Behavior Survey

- Alaska Native high school students are 3.5 times as likely to smoke as students of other racial backgrounds.
- Non-Native high school students are increasingly likely to smoke as they progress through school grades.
- By the 10th grade, the Alaska Native smoking rate has reached its peak.

Percentage of High School Students Who Started Smoking Before Age 13, by Race and Year, Alaska, 1995 & 2003

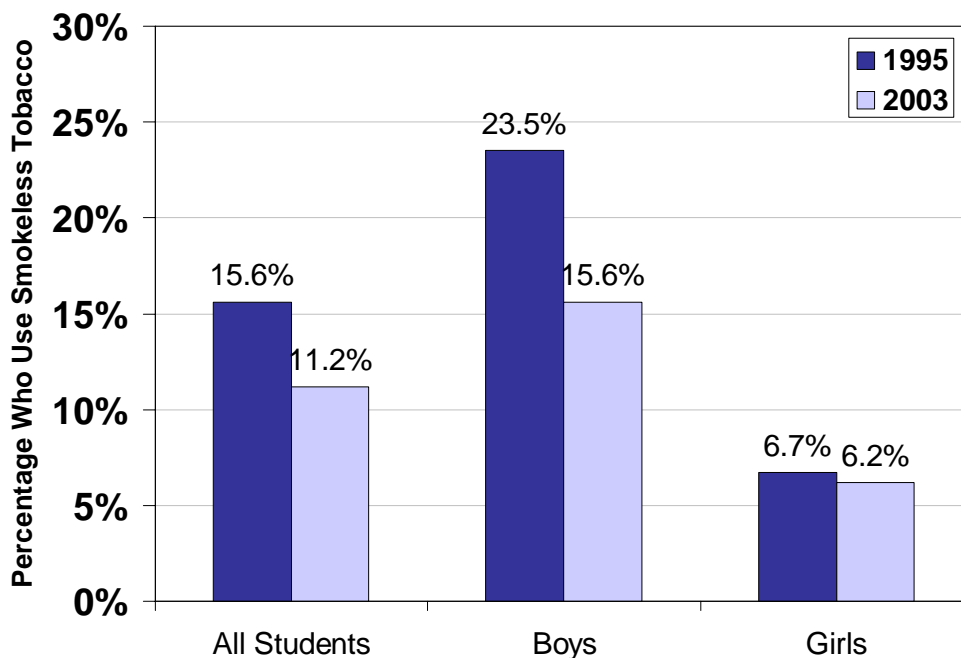


Source: Alaska Youth Risk Behavior Survey

- The proportion of high school students who started smoking before age 13 dropped from 30.7% in 1995 to 19.6% in 2003.
- This shift was seen in all race groups; however, among Alaska Natives over one-third of high school students still report having their first whole cigarette before age 13.

7. Youth Smokeless Tobacco Use

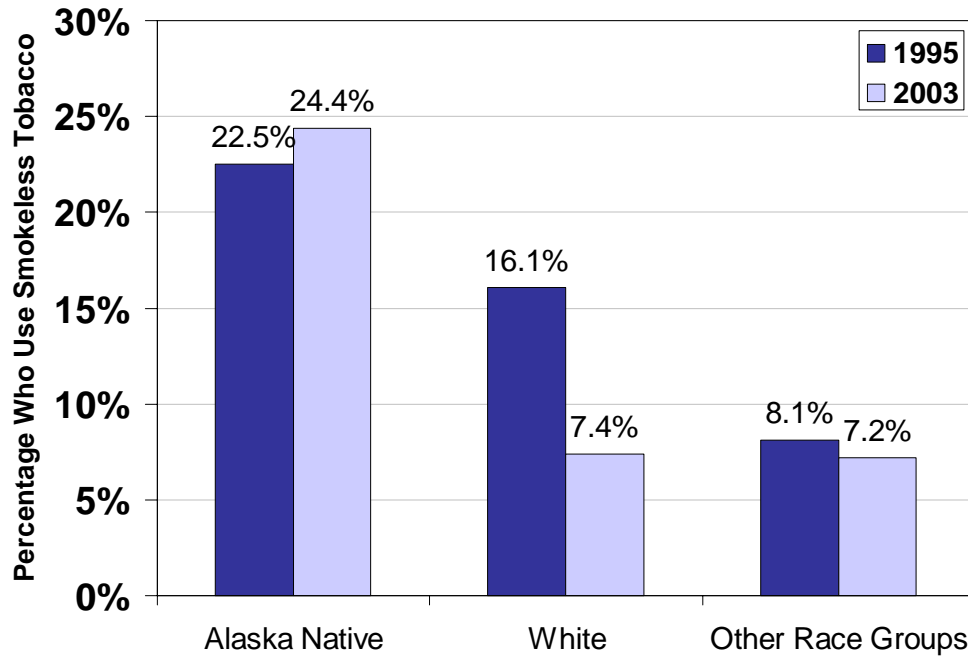
Percentage of High School Students Who Use Smokeless Tobacco, by Sex and Year Alaska, 1995 & 2003



Source: Alaska Youth Risk Behavior Survey

- Overall, use of smokeless tobacco among high school students dropped from 15.6% in 1995 to 11.2% in 2003; this was largely due to the decline in boys' use of smokeless tobacco during this time.
- In 2003, nearly 4,400 high school students used smokeless tobacco.

**Percentage of High School Students Who Use Smokeless Tobacco,
by Race and Year
Alaska, 1995 & 2003**



Source: Alaska Youth Risk Behavior Survey

- The largest drop in youth smokeless tobacco rates between 1995 and 2003 was seen among White students.

8. Youth Access to Tobacco

Percentage of High School Student Smokers Who Bought Their Own Cigarettes in the Past 30 Days, by Race and Year Alaska, 1995 & 2003

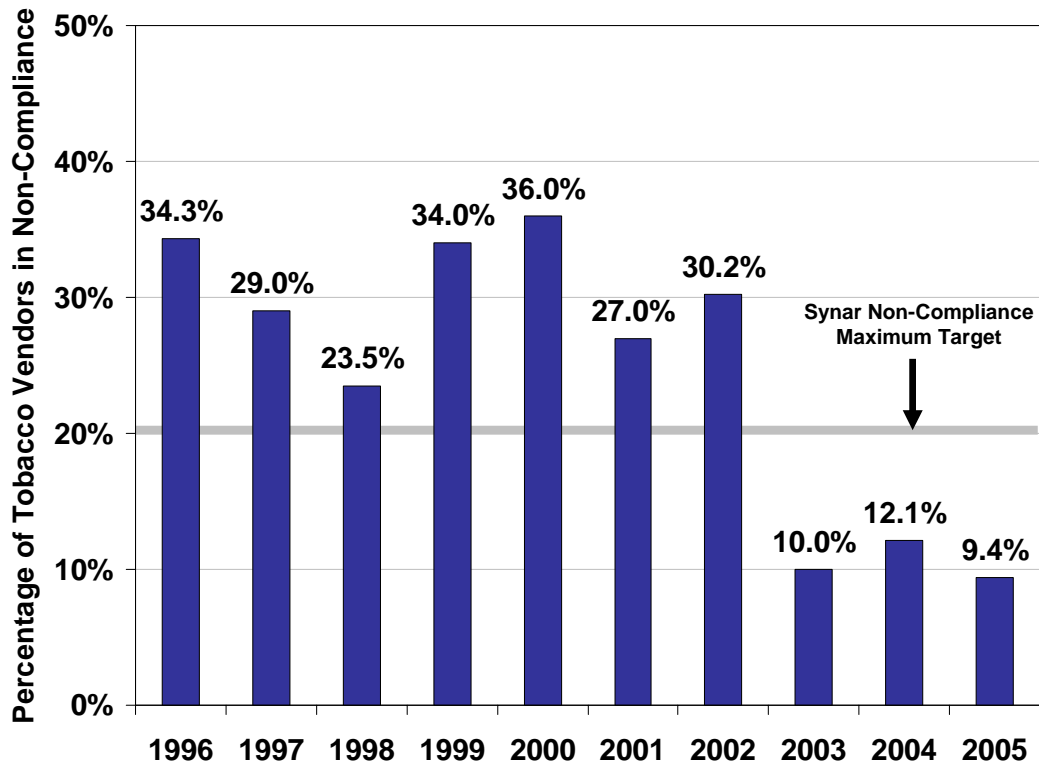
	1995	2003
Alaska Native	28.6%	11.5%
White	27.1%	13.6%
Other Race Groups	27.1%	13.6%
Total	27.1%	12.1%

Source: Alaska Youth Risk Behavior Survey

- Regardless of race, high school student smokers were about half as likely to buy their own cigarettes in 2003 as they were in 1995.
- 95.2% of adults believe it is somewhat or very important for communities to keep stores from selling tobacco products to teenagers.

Source: Alaska Behavioral Risk Factor Surveillance System, Modified Survey 2004

Percentage of Vendors Found Selling Tobacco to Minors, by Year Alaska, 1996-2005

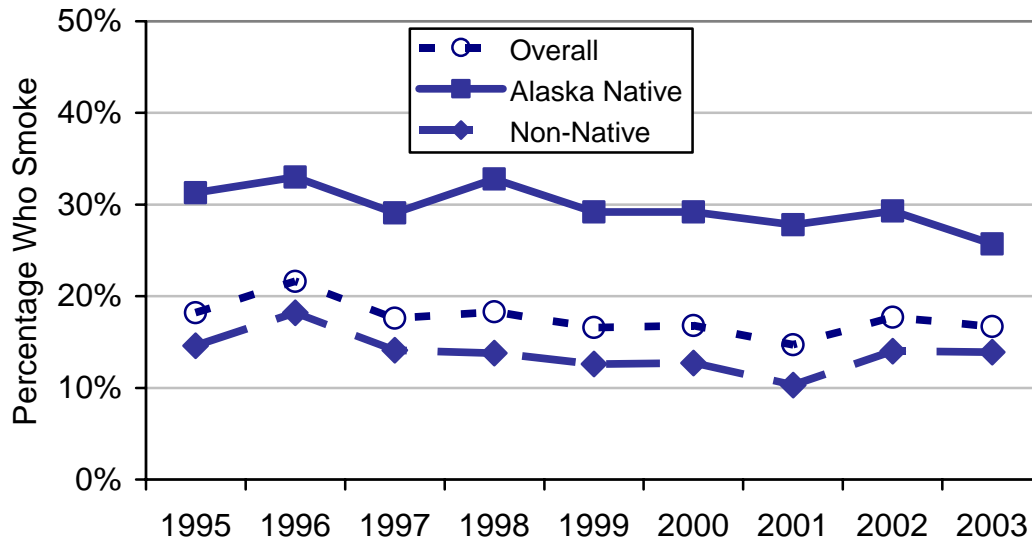


Source: Alaska Synar Compliance Database.

- As of 2003 Alaska has achieved the “20% or below” compliance rate established by the federal Synar amendment. This means fewer tobacco vendors statewide are selling tobacco products to minors compared to previous years.

9. Tobacco Use During Pregnancy

**Prenatal Smoking (last 3 months), by Year
Alaska, 1995-2003**

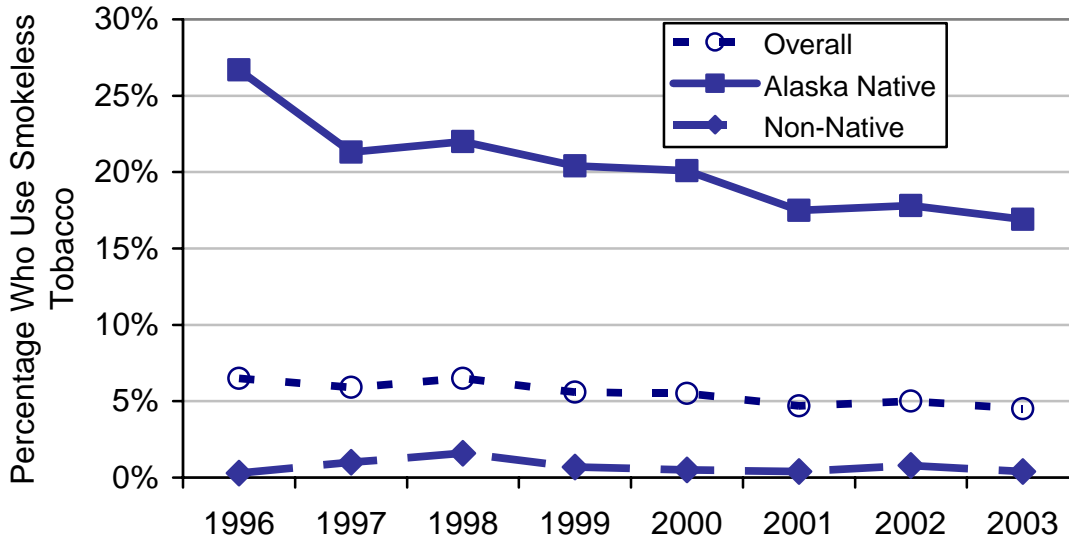


	Year									
	1995	1996	1997	1998	1999	2000	2001	2002	2003	
Overall	18.2%	21.6%	17.6%	18.3%	16.6%	16.8%	14.7%	17.7%	16.7%	
Alaska Native	31.3%	33.0%	29.1%	32.8%	29.2%	29.2%	27.8%	29.3%	25.7%	
Non-Native	14.6%	18.2%	14.1%	13.8%	12.6%	12.7%	10.3%	14.0%	13.9%	

Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS)

- In 2003, 16.7% of women who gave birth to a live-born infant smoked during the last 3 months of their pregnancy.
- Between 1995 and 2003 there was a statistically significant decline in prenatal smoking in women overall.

Prenatal Smokeless Tobacco Use, by Year Alaska, 1996-2003



	Year							
	1996	1997	1998	1999	2000	2001	2002	2003
Overall	6.5%	5.9%	6.5%	5.6%	5.5%	4.7%	5.0%	4.5%
Alaska Native	26.7%	21.3%	22.0%	20.4%	20.1%	17.5%	17.8%	16.9%
Non-Native	0.3%	1.0%	1.6%	0.7%	0.5%	0.4%	0.8%	0.4%

Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS)

- In 2003, 427 Alaska women used smokeless tobacco during their pregnancy that resulted in a live-born infant.
- Between 1996 and 2003 there was a statistically significant decline in prenatal smokeless tobacco use among Alaska Native women.
- For the years 2001 through 2003 combined, Alaska Native women (17.4%) were over 30 times as likely as non-Native women (0.5%) to use smokeless tobacco prenatally.
- Prenatal smokeless tobacco use is also more common among women who:
 - live in Southwest Alaska (43.0% vs. 1.4 - 6.4% for other Dept. of Labor regions, 2001-2003 data)

- have less than 12 years of education (8.2% vs. 6.3% of women with 12 years of education and 1.5% of women with >12 years of education, 2003 data)
- had their prenatal care paid for by Medicaid (7.9% vs. 1.4% of women with non-Medicaid prenatal payer sources, 2003 data)

Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS)

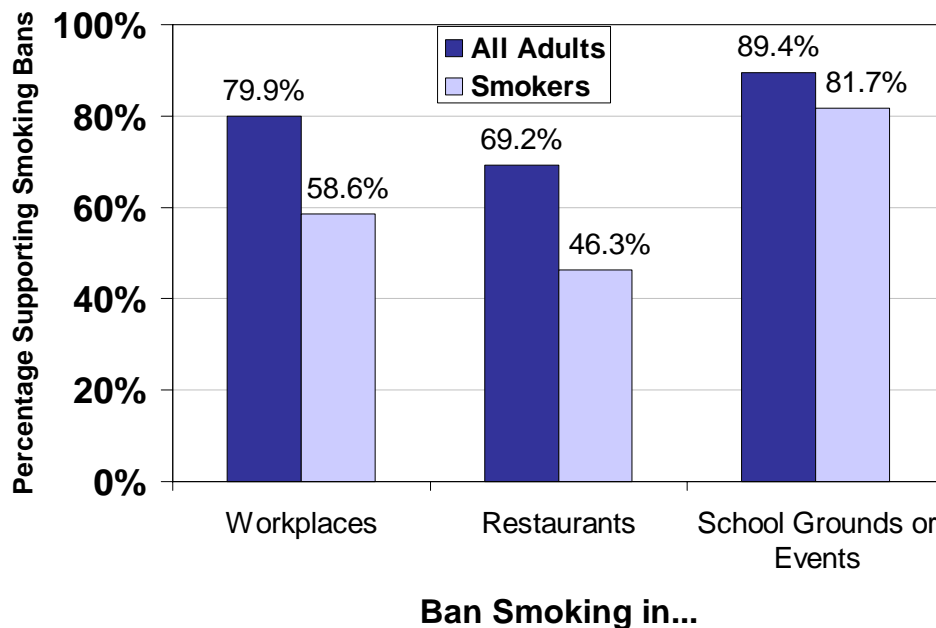
10. Secondhand Smoke

A recent survey on smokefree air policies in Alaska found that:

- 50 of the 182 surveyed communities have a written policy restricting tobacco use in indoor areas.
- The percent of the population covered by written smoke free air policies varies dramatically by region of state—from 81% in Anchorage and vicinity to only 30% in the Gulf Coast region.
- Bars, bingo halls, and restaurants are the indoor facilities most likely to still allow smoking some or all of the time.
- The vast majority (93%) of surveyed community members reported that smoking policies are generally followed in their community most of the time.

Sources: Marley, A. *Local Smokefree Air Policies in Alaska*. A presentation to the Alaska Tobacco Control Alliance, April 27, 2006; *Smokefree Air Policies: A Research Report Prepared by CRG Research*. December 30, 2005.

Percentage of Adults Who Support Full Smoking Bans in Selected Locations, by Smoking Status, Alaska, 2004



Source: Alaska Behavioral Risk Factor Surveillance System, Modified Survey

Indicators of Home Secondhand Smoke Exposure and Policy, by Select Demographics, Alaska, 2004

	Percentage with:	
	No Exposure at Home ^a	Full Smoking Ban in Home ^b
Smoking status		
Non-smokers	94%	89%
Smokers	52%	51%
Race		
Alaska Native	82%	77%
Non-Native	85%	81%
Education level		
Did not graduate H.S.	67%	61%
High school graduate	77%	77%
Some college	87%	83%
College graduate	92%	85%
Household Income		
Less than \$15,000	65%	54%
\$15,000-\$24,999	76%	71%
\$25,000-\$49,555	81%	79%
\$50,000-\$74,999	89%	84%
\$75,000 or more	89%	86%
All Adults	84%	80%

^aNo one (including respondent) smoked anywhere inside respondent's home in the past 30 days; ^bRules about smoking inside respondent's home best described as: "Smoking is not allowed anywhere inside your home".

Source: Alaska Behavioral Risk Factor Surveillance System, Modified Survey

- Non-smokers and adults with higher education and income levels are least likely to be exposed to secondhand smoke in their homes; these same groups are also most likely to have a smoking ban in their homes.

Indicators of Work Secondhand Smoke Exposure and Policy, by Select Demographics, Alaska, 2004

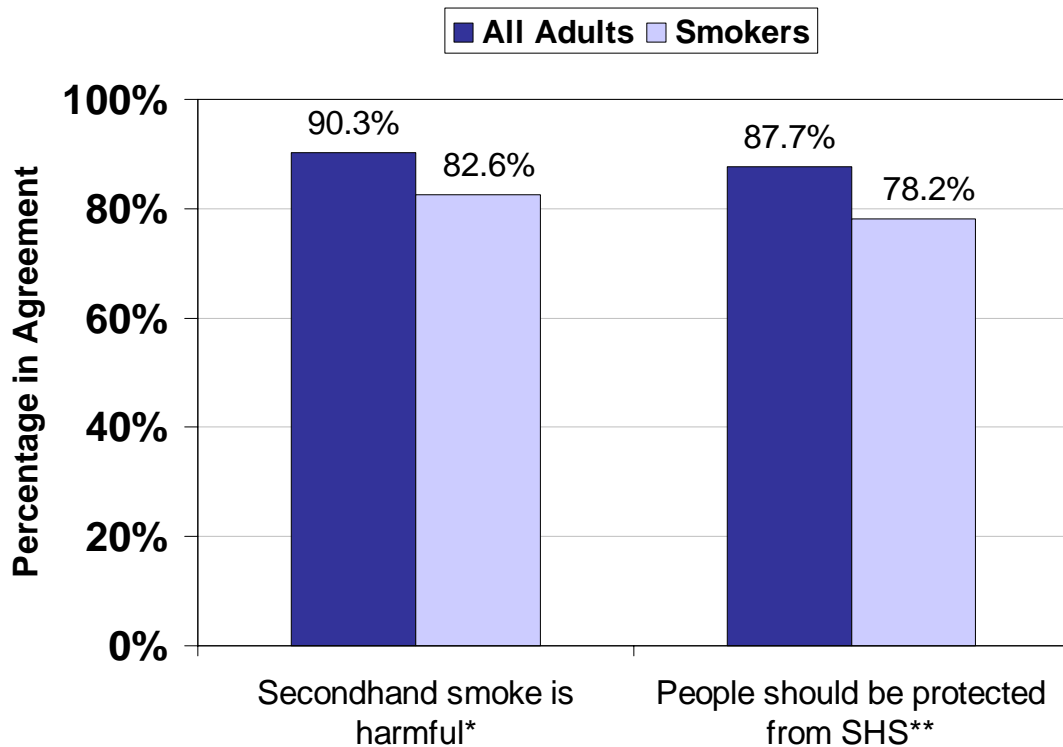
	Percentage with:	
	No Exposure at Work ^a	Full Smoking Ban at Work ^b
Sex		
Men	77%	78%
Women	85%	88%
Smoking status		
Non-smokers	87%	87%
Smokers	64%	70%
Race		
Alaska Native	80%	74%
Non-Native	82%	85%
Education level		
Did not graduate H.S.	73%	68%
High school graduate	75%	81%
Some college	80%	81%
College graduate	88%	89%
Household Income		
Less than \$15,000	79%	81%
\$15,000-\$24,999	78%	76%
\$25,000-\$49,555	80%	82%
\$50,000-\$74,999	75%	83%
\$75,000 or more	87%	89%
All Adults	82%	83%

^aNo one (including respondent) smoked anywhere inside respondent's workplace in the past 30 days. (Asked only of employed adults who work mostly indoors.); ^bRules about smoking inside respondent's workplace best described as: "Smoking is not allowed in any work areas".

Source: Alaska Behavioral Risk Factor Surveillance System, Modified Survey

- Non-smokers and women are least likely to be exposed to secondhand smoke in their workplaces.
- Workplace smoking bans are most common among non-smokers, women, non-Natives, college graduates, and those with household incomes above \$75,000.

Adults' Opinions on Harm from Secondhand Smoke, by Smoking Status, Alaska, 2004



* Percentage who say that secondhand smoke is somewhat harmful or very harmful; ** Percentage who agree or strongly agree that people should be protected from secondhand smoke.

Source: Alaska Behavioral Risk Factor Surveillance System, Modified Survey

- Most Alaskans—whether smokers or non-smokers—see secondhand smoke as a source of harm from which people should be protected.
- How would Alaskans respond if smoking was no longer allowed in bars?
 - 90% of all Alaskan adults say they would either go to bars just as often or even more if smoking was not allowed in bars.
 - 72% of adult **smokers** in Alaska say they would either go to bars just as often or more often if smoking was not allowed in bars.

Source: Alaska Behavioral Risk Factor Surveillance System, Modified Survey

11. Alaska Tobacco Prevention and Control Program

Currently, the Alaska TPC Program is located within the Department of Health & Social Services, Division of Public Health, in the Section of Chronic Disease Prevention and Health Promotion. In 1994, funding was received from the Centers for Disease Control and Prevention (CDC) to address the problem of tobacco use in Alaska by establishing a State of Alaska Tobacco Prevention and Control program. Since then, the tobacco prevention and control effort in Alaska has grown toward a comprehensive state tobacco prevention and control program, with local coalitions working on tobacco prevention and control, the involvement of tribal health and voluntary organizations, and with funds from national private foundations, and funds appropriated annually by the legislature from the national Tobacco Master Settlement Agreement (MSA) revenue and most recently a state tobacco tax.

In 1999, the State of Alaska joined 45 other states in the national multi-state Tobacco MSA with the tobacco industry, under which the state is entitled to receive approximately \$816 million over 25 years. The settlement funds to states are intended to support tobacco prevention and cessation programs.

During the 2001 legislative session, the Tobacco Use Education and Cessation Fund was established under AS 37.05.580. Each year, 20 percent of MSA funds are to be placed into the Tobacco Use Education and Cessation Fund to provide a source to finance the comprehensive smoking education, tobacco use prevention, and tobacco control program authorized by AS 44.29.020(A)(15). During the most recent legislative session, the Alaska Legislature authorized \$5.1 million in expenditures from this fund for FY06.

According to CDC *Best Practices for Comprehensive Tobacco Control Programs*¹, increasing excise taxes on cigarettes reduces tobacco consumption rates. In 1997, a \$0.71 per pack cigarette tax increase was implemented in Alaska. Between fiscal years 1995 and 2004, per capita taxable cigarette sales have decreased by 24%. Although adult smoking prevalence has remained steady between 24-27% since the early 1990s, youth prevalence has declined significantly since 1995. Furthermore, in 2005, the legislature increased the tobacco tax from \$1.00 per pack to \$2.00 per pack (\$.60 in 2005 and \$.20 each in 2006 and 2007). The first portion of the tax increase went into effect on January 1, 2005, and has made Alaska the state with the fifth-highest cigarette tax in the nation.

The TPC Program has four major public health goals based on recommendations from the CDC *Best Practices*, which also support program components to address the needs and conditions articulated in *Healthy Alaskans 2010 Plan*. The 4 major program goals follow.

Table 1: Goals for a comprehensive approach to reducing tobacco use
Goal 1: Preventing the initiation of tobacco use among young people
Goal 2: Promoting promote tobacco cessation among adults and young people
Goal 3: Eliminating exposure to secondhand smoke
Goal 4: Identifying and eliminating tobacco-related disparities in specific populations

The structure of Alaska's TPC Program is also based on guidance from the CDC *Best Practices*, which addresses nine components of comprehensive tobacco control programs.

¹ CDC, *Best Practices for Comprehensive Tobacco Control Programs* (1999). US 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.

Below are descriptions of each program component according to *Best Practices* recommendation areas; cases where there is no program component to match the *Best Practices* recommendation area are noted.

1. Community Programs to Reduce Tobacco Use:

In order to achieve the reductions in secondhand smoke (SHS) exposure and individual behavior change that supports non-use of tobacco, communities must change the way tobacco is promoted, sold and used. Communities must also change social norms around tobacco use by targeting tobacco-related knowledge, attitudes and practices.

Grants are provided to local organizations for staff, operating expenses, resource and educational materials, and education, training and media. These grantees organize their communities to establish plans of action, draw leaders into tobacco control activities and promote local tobacco control policies and ordinances. The TPC Program currently has community program grants in 16 communities/regions. Expected outcomes include the creation, implementation, and enforcement of population-based policies that protect residents from SHS, discourage youth initiation, and provide support for tobacco users to quit.

2. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases:

No Alaska Tobacco Prevention and Control (TPC) Program funds are currently expended in this area.² However, TPC Program staff are collaborating with other Chronic Disease Prevention and Health Promotion programs and Premera on a worksite health promotion demonstration project with small employers. This project aims to help organizations to develop or enhance healthy cultures by examining policies, and environmental supports within the organization that promote health, develop the infrastructure to sustain a healthy culture, support employees in being informed about their health, having healthy habits, following good preventive practices, and being informed health consumers.

3. School Programs:

Because most people who start smoking are younger than age 18, programs that prevent the onset of smoking during the school year are an important part of a comprehensive tobacco control program. Several studies have shown that school-based tobacco prevention programs that identify the social influences that promote tobacco use among youth and that teach skills to resist such influences can significantly reduce or delay adolescent smoking. During FY06, the TPC Program will fund youth targeted tobacco prevention and education demonstration projects in rural Alaska. Once these demonstration projects have been established, data sources, and key indicators will be identified for evaluation outcomes.

4. Enforcement:

All states are required by provisions of the Federal SYNAR Amendment to (1) have and enforce State-level minors' access laws to decrease the rate of sales to persons under the age of 18 to less than 20 percent, (2) conduct annual statewide inspection surveys that accurately measure the effectiveness of their enforcement efforts, and (3) report annually to the Secretary of Health and Human Services. Failure on the part of States to achieve announced performance targets may result a significant loss of Federal block grant dollars.

² *CDC Best Practices*, page 14, "When supported at a comprehensive level, State-based tobacco programs can address diseases such as cancer, cardiovascular disease, asthma, oral cancers, and stroke, for which tobacco is a major cause. However, few States have had the resources to link tobacco control activities to prevent tobacco-related disease."

Alaska's enforcement program was moved from the Division of Public Health to the Division of Behavioral Health in March 2004. As a result, the TPC Program currently receives notification from the Division of Behavioral Health as to whether the State has successfully enforced minors' access laws.

Current data indicate that after many years of exceeding the 20 percent vendor non-compliance rate, in 2003 Alaska met the Federal SYNAR Amendment performance target, reporting a 10% vendor non-compliance rate. Currently, the vendor non-compliance rate is at 9.4%. Since the TPC Program no longer manages SYNAR enforcement efforts, this component will not be addressed further in this plan.

5. Statewide Programs:

Statewide programs increase the capacity of local organizations by providing assistance and support around community development, promoting media advocacy, implementing clean indoor air policies and reducing minor's access to tobacco. Statewide programs also sponsor training, conferences, and Technical Assistance.

The Alaska TPC Program currently has the following statewide programs: technical assistance to community programs (State grantees) on action planning, coalition development; supporting communities on clean indoor air ordinances, and local policy change and promoting media advocacy; as well as general support, training, and other development to the statewide tobacco coalition (ATCA), and the development of an annual report for public education.

An additional statewide program the TPC Program is engaged in for FY 06 is the *Alaska Tobacco Disparities Project*. Alaska has been chosen as one of 11 states to be funded by the national Centers for Disease Control and Prevention (CDC) to participate in a strategic planning process, the result of which will be a set of recommendations for action that can be undertaken by the Alaska TPC Program and its statewide partners to reduce and eventually eliminate disparities in tobacco use due to race, region of residence, or socio economic status in the state of Alaska.

6. Counter marketing:

Counter-marketing consists of a wide range of efforts, including paid television, radio and print media. Research shows that counter-marketing promotes quitting, decreases the likelihood of initiation, and supports community efforts to create tobacco-free social norms. The TPC Program currently has two counter-marketing contractors, one for urban markets and the other for rural markets.

7. Cessation Programs:

Programs that assist both young and adult smokers quitting can produce significant health and economic benefits. Evidence-based clinical practice guidelines describe a variety of effective cessation strategies, including brief advice by medical providers to quit smoking, FDA approved pharmacotherapy (e.g., nicotine replacement therapy, NRT) and population based cessation helplines or *Quitlines*. System changes are critical to the broad-based success of cessation interventions.

The TPC Program currently funds: a statewide, toll-free *Alaska Quitline*; 3 health center grants, one cessation demonstration grant, and a technical assistance contract that insures a comprehensive tobacco cessation program in each health center following the US DHHS Clinical Guidelines; and, a cessation demonstration grant that will accommodate the clinical guidelines in a demonstration project setting. As part of an ongoing demonstration project, the

TPC Program also currently funds the provision of free NRT to all eligible *Alaska Tobacco Quitline* callers.

In 2004, the TPC Program began work with the Alaska Native Health Board to promote Medicaid coverage for tobacco cessation clinical interventions and counseling, medications, and Nicotine Replacement Therapy (i.e., patches). On May 18, 2006, the Alaska Medicaid Program began covering these services for a wide array of providers. The TPC Program is working with the Medicaid program, providers, and tobacco control advocates to make Alaska Medicaid recipients and providers aware that these services are covered.

8. Surveillance and Evaluation:

The Alaska Tobacco Prevention and Control Program has a surveillance and evaluation system in order to monitor and document program accountability. Surveillance is the monitoring of tobacco-related behaviors, attitudes and health outcomes at regular intervals. Through surveillance, the TPC Program monitors the achievement of the primary program goals, including decreasing the prevalence of tobacco use among young people and adults, per capita consumption, and exposure to secondhand smoke. In February 2004, the Tobacco Prevention and Control Program completed *Tobacco in the Great Land*, a comprehensive and detailed surveillance report.

Program evaluation uses surveillance data to assess program impact. In addition, program evaluation includes monitoring of program activities and outputs to track the progress of each program element in meeting annual performance measures. In a continuing effort to meet CDC surveillance and evaluation requirements, the TPC Program entered into an inter-governmental agreement, beginning FY 06 with Program Design and Evaluation Services Unit (PDES). PDES has lengthy experience evaluating state programs in Oregon, Washington and California and can effectively provide rigorous evaluation support related to the evaluation needs of the TPC Program.

9. Administration and Management:

An effective tobacco control program requires a strong management structure. The TPC Program must coordinate with other state agencies, the ATCA, numerous non-profit organizations intent on reducing tobacco use, the CDC, and other key stakeholders.

12. Data Sources

Tobacco Tax Data

Data on cigarette sales in Alaska were obtained from the Alaska Department of Revenue, Tax Division. In Alaska, a tobacco tax is levied on cigarettes and other tobacco products that are sold, imported, or transferred into the state. This tax, which currently amounts to \$1.60 for a pack of 20 cigarettes and 75 percent of wholesale price for cigars and chewing tobacco, is collected primarily from licensed wholesalers and distributors. Tobacco tax returns are filed monthly by the last day of the month following the month in which the sales were made. Alaska tax data may fail to account for tobacco products that are consumed here but are purchased out of state or through other means not captured by tax records (e.g., bought over the Internet).

Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC)

Estimates of Alaska's mortality and economic costs associated with tobacco use were calculated using a model developed at CDC known as Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC). The SAMMEC formula applies age- and sex-specific smoking-attributable fractions to mortality data for each smoking-related disease in the population under study, also taking into consideration the smoking prevalence for each population. The overall smoking-attributable mortality is the sum of the smoking-attributable deaths across all age groups and causes of death for both sexes combined. SAMMEC also provides estimates of smoking-attributed medical expenditures and for productivity losses due to smoking mortality. It does not currently allow estimates of morbidity-related productivity costs. In Alaska the estimates of adult medical expenditures attributable to smoking and the loss of productivity due to smoking-related mortality were calculated using such measures as the state's 2004 age- and sex-specific mortality rates for specified conditions, the 2004 BRFSS estimate of adult smoking prevalence, the 2001 present value for future earnings, and the 2001

US life expectancy. The 1998 estimate of total medical spending in Alaska, obtained from the Centers for Medicare and Medicaid Services, was used in estimating smoking-related medical expenditures. This estimate was then adjusted to 2004 using the medical consumer price index.

Data on specific causes of deaths from smoking-related diseases in Alaska were abstracted from death certificates, provided by the Alaska Bureau of Vital Statistics. The cause of death used in our analysis was the underlying cause, based on the Tenth Revision of the International Classification of Diseases (ICD-10). Deaths of Alaskan residents who died out of state were not included in the figures used to produce the SAMMEC estimates of tobacco-related deaths and the associated economic costs.

The estimates of current smoking prevalence used for the SAMMEC calculations were obtained from the Alaska BRFSS.

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS is an anonymous telephone survey conducted by the Alaska Division of Public Health in cooperation with the CDC. It aims to estimate the prevalence of behavioral risk factors in the general population that are known to be associated with the leading causes of morbidity and mortality in adults. The BRFSS has operated continuously in Alaska since it began in 1991.

The BRFSS uses a probability (or random) sample in which all Alaskan households have a known, nonzero chance of selection. The sample is stratified into five regions, with roughly equal numbers of interviews conducted in each region. This method deliberately over-samples rural areas of the state. Respondents are randomly selected from among the adult members of each household reached through a series of random telephone calls. Those living in institutions (i.e., nursing homes, dormitories) are not surveyed.

Interviews are conducted by trained college interns and administrative clerks, during weekdays, evenings, and weekends throughout the year. In addition to tobacco use, the

BRFSS questionnaire covers such topics as general health status, health care access, nutrition, physical activity, diabetes, alcohol use, women's health, injury prevention, and HIV/AIDS awareness. There are also questions on the demographic characteristics of respondents.

Alaska presently conducts two BRFSS surveys: the standard BRFSS and a modified BRFSS, which contains many tobacco questions adopted from the CDC's Adult Tobacco Survey. Both surveys are conducted throughout the year, using separate samples drawn using the same methodology. BRFSS data appearing throughout this report are identified as coming from either the modified survey ("Modified") or the standard and modified surveys combined ("Combined"). At present approximately 210 Alaskan adults are interviewed each month for the standard BRFSS, to reach an annual sample size of 2,500 (500 per region); the same number are interviewed for the modified BRFSS, for a total of 5,000 survey respondents.

Both the standard and modified BRFSS are weighted (separately) to compensate for the overrepresentation or under-representation of persons in various subgroups. The data are further weighted to adjust the distribution of the sample data so that it reflects the total population of the sampled area. In addition, a combined dataset (standard plus modified) is created of union of questions appearing on both surveys. This combined dataset is weighted separately.

Where possible, the combined dataset was used to provide the estimates contained in this report. In cases where questions appeared on only one or another of the BRFSS surveys, that particular dataset was used. Weighted percentages (and in some cases numbers) were reported, and 95% confidence intervals were used to determine the significance of differences between population subgroups.

Youth Risk Behavior Survey (YRBS)

The YRBS is a systematic survey of high school students investigating behaviors related to the leading causes of mortality, morbidity and social problems among youth. The Centers for Disease Control and Prevention sponsors national and state surveys

every two years, most recently in 2003. Alaska first participated in the YRBS in 1995. The next statewide survey with a statistically valid, representative sample was in 2003. Alaska was unsuccessful in its attempt to obtain a statewide representative sample in 2005.

The Alaska YRBS is conducted using a two-stage sampling design. Schools are selected first with a probability of inclusion proportional to the size of their enrollment. Once a school is chosen, classes are selected, with each student having an equal opportunity for inclusion. In 2003, active parental consent was required for each student participating in the YRBS. On the appointed survey day students completed written questionnaires and returned them in class in unmarked, sealed envelopes.

In the 2003 survey, 42 high schools from 19 districts were sampled, with 2,175 completed questionnaires sought. The overall response rate was 62 percent, with 90 percent of schools and 68 percent of students participating. Data were weighted to reflect the true distribution of Alaska high school students by sex and grade level.

Synar Compliance Data

The Center for Substance Abuse Prevention (CSAP) oversees implementation of the Synar Amendment, which requires states to have laws in place prohibiting the sale and distribution of tobacco products to persons under age 18. (Alaska, Utah, Alabama, and New Jersey have expanded this prohibition to persons under 19.) States are required to collect data on vendor compliance with underage sales laws, and must achieve a maximum sales-to-minors rate of not greater than 20 percent to avoid penalties. The sample from which these data are collected must reflect the distribution of the underage population throughout the state and the distribution of outlets that are accessible to youth throughout the state.

Alaska data on vendor sales of tobacco products to minors are obtained through the Alaska Department of Health and Social Services, Division of Behavioral Health's Tobacco Enforcement Program. A business license database provided by the Department of Occupational Licensing is used to identify outlets that are accessible to

youth. Each summer, eligible, trained, underage youth attempt to purchase tobacco products in the sampled establishments. Undercover Tobacco Enforcement staff monitor these transactions, noting whether sales occurred.

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS data were used in this report to document prenatal tobacco use. PRAMS is a population-based survey of Alaskan women who have recently delivered a live-born infant. Administered since 1990 by the Alaska Division of Public Health, PRAMS is conducted in collaboration with the CDC in 33 states to gather information on the health risk behaviors and circumstances of pregnant and postpartum women.

A stratified systematic sample is drawn each month from the state's live birth records for infants between two and six months of age. Sampled mothers receive a series of mailed questionnaires to solicit a response, and since 1997 telephone follow-up has been initiated among those who do not respond to the third mailed request.

In addition to maternal tobacco use, the PRAMS questionnaire addresses such topics as access to prenatal care, obstetric history, maternal use of alcohol, nutrition, economic status, maternal stress, and early infant development and health status. Survey responses are weighted so that reported prevalences accurately describe Alaskan women delivering a live-born infant during the year of the survey. In recent years the survey has had a response rate of approximately 80 percent.

Smokefree Air Policies

Data on the prevalence of clean indoor air policies throughout Alaskan communities were obtained from the results of a study conducted in 2005 by CRG Research for the Alaska Native Health Board. Tribal and city governments with populations of over 100 were targeted for this survey, and up to five call attempts were made before finding a contact non-responsive. A total of 267 tribal and city government entities were interviewed, representing 182 of 216 geographic communities in Alaska with populations over 100 (84%).

Tribal and/or city or village officials were interviewed via computer aided telephone interview (CATI). The existence, strength, coverage, and type (written versus unwritten) of clean indoor air policies was assessed, as well as the interviewees' opinions regarding compliance and enforcement of the policies and whether policy development assistance was desired.