

Tobacco in the Great Land

A Portrait of Alaska's Leading Cause of Death

February 2004

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Suggested Citation:

Peterson E, Fenaughty A, Eberhart-Phillips JE, Tobacco in the Great Land, A Portrait of Alaska's Leading Cause of Death

Anchorage, AK: Section of Epidemiology, Division of Public Health, Alaska Department of Health and Social Services, 2004.

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Acknowledgements

We would like to thank the following for their contribution to this report.

Department of Health and Social Services

Division of Public Health

Section of Epidemiology

Elvin Asay

Tammy Green

John Middaugh

Kathy Perham-Hester

Rocky Plotnick

Jill Hughes-Richey

Charles Utermohle

Stephanie Zidek-Chandler

Alaska Bureau of Vital Statistics

Phillip Mitchell

Section of Community Health and Emergency Medical Services

Alice Rarig

Department of Labor and Workforce Development

Section of Research and Analysis

Gregory Williams

Department of Revenue

Tax Division

Johanna Bales

Brett Fried

Alaska State Hospital and Nursing Home Association

Alaska Hospitals that participate in Alaska Hospital Discharge Data System

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Executive Summary

Tobacco use is Alaska's number-one public health problem. In terms of deaths, chronic illness and disability, no other underlying cause comes close. Tobacco cuts short the lives of more Alaskans than all infectious diseases combined. It leads to more deaths than all environmental toxins combined, more deaths than all other drug and alcohol use, and more deaths than all injuries – intentional or non-intentional – combined. The single best thing that Alaskans who use tobacco can do to improve their health is to quit smoking or chewing tobacco products. The single best thing that young people can do to improve their odds for a long and healthy life is never to use tobacco.

Control of the deadly tobacco epidemic in Alaska involves a partnership between state and local governments, voluntary associations, clinicians, and enlightened citizens who are mobilizing for change at the community level. The success of this partnership depends on access to complete and accurate information on the use of tobacco throughout our state. Many surveys have recently been conducted in Alaska to understand better who is using tobacco products, who is exposed involuntarily to tobacco smoke, and who is ready to accept and act on anti-tobacco public health messages. These surveys, which have added significantly to our understanding of tobacco use in Alaska, include:

- The Adult Tobacco Survey of approximately 2,500 randomly selected Alaskans aged 18 and older (2003)
- The Youth Risk Behavior Survey of approximately 1,500 randomly selected Alaskan high school students (1995 & 2003)
- The Behavioral Risk Factor Surveillance System, an annual survey of approximately 2,500 randomly selected Alaskan adults (1991-2002)
- The Pregnancy Risk Assessment Monitoring System, an annual survey of approximately 1,900 randomly selected Alaskan women who recently gave birth (1991-2000)
- The Health Care Provider Survey of 384 Alaskan clinicians, who shared how they approach patients on reducing tobacco use (2003)

In addition, ongoing data are available from the Alaska Department of Revenue on tobacco consumption in the state. There have also been privately funded surveys of tobacco media awareness in various Alaskan media markets by Hellenthal and Associates (2001-2003). Finally, data on the impact of tobacco on mortality, and the economic costs of fatal tobacco-related diseases, can be estimated for Alaska using a data system known as Smoking-Attributable Morbidity, Mortality and Economic Costs (SAMMEC).

Gathering useful data from each of these sources could be cumbersome for any Alaskans seeking a comprehensive overview of the tobacco problem in this state. This monograph is meant to

simplify that task, by collecting all that is known about tobacco use in Alaska into one easy-to-use resource. Data from the various streams have been pooled and arranged into three large groupings: adult data, youth data and environmental tobacco smoke (ETS) data. Results are presented graphically, along with insightful interpretations that put the numbers into perspective and take into account possible sources of bias and confounding factors.

The picture that emerges from this wide-ranging undertaking is of a state whose social and economic health is under severe threat from tobacco use. The toll of tobacco use in Alaska – past, present and future – is staggering. Unless smoking is vastly reduced, tens of thousands of Alaskans will die prematurely in the next 50 years because of tobacco. But tobacco's burden is not being borne evenly throughout the state's population. Alaska Natives, rural Alaskans and economically disadvantaged Alaskans stand to suffer more from tobacco use and its consequences than their non-native, urban and more advantaged counterparts. Even non-smokers are at risk of tobacco-related diseases, as shown by the widespread exposure to secondhand smoke reported by Alaskan adults and youth alike. A sharp cut in smoking by high school youth since 1995 provides the most hopeful sign that Alaska's grim present reality may one day be followed by a smoke-free future.

Important findings emerging from this monograph are numerous, and cannot all be listed here. This monograph highlights the health and economic burden of tobacco use in Alaska, including the following:

- Tobacco is the single largest killer of Alaskans, claiming nearly 500 lives per year directly, and an additional 120 lives through secondhand smoke.
- Tobacco-related deaths in Alaska exceed the combined total from motor vehicle crashes, suicides, homicides and air transport accidents.
- The impact of tobacco on mortality in Alaska is more than double that of alcohol.
- The annual economic cost of tobacco-related mortality exceeds \$260 million in Alaska. This is more than 50 times the amount the state spends on tobacco control and prevention activities.

Other key findings from this monograph are arranged here in the same groupings that comprise the main chapters: youth, adult and secondhand smoke. For high school youth, the essential findings in this monograph include the following:

- Smoking among high school youth in Alaska has been cut in half since 1995, with only 19 percent reporting that they have smoked at least one cigarette in the past month.
- Frequent smoking, in which students report using cigarettes on at least 20 days in the previous month, has fallen in Alaska from 21 percent in 1995 to just 8 percent.
- Nearly half of high school students in Alaska have never taken a single puff of a cigarette. Only 28 percent of students reported that in 1995.
- Alaska Native youth are three to four times as likely to smoke as non-native youth.

- Approximately 11 percent of Alaskan high school youth report using smokeless tobacco in the past month. Smokeless tobacco use is particularly high among Alaska Native youth, with rates of 32 percent among males and 18 percent among females.
- Alaskan students who report that their parents never talk to them about school are almost twice as likely to smoke as students whose parents do talk with them about school.
- Alaskan students who get mostly C's or worse in school are four times as likely to smoke as those who get mostly A's.
- Alaskan students who do not participate in after-school activities are almost twice as likely to smoke as students who participate in one or more such activities per week.
- Alaskan students older than 16 years of age who smoke are twice as likely to have used alcohol in the past month, and are four times as likely to have used marijuana during that time, compared to those who do not smoke.
- Alaskan students older than 16 years of age who smoke are three times as likely to have ever used inhalants, and four times as likely to have ever tried cocaine, heroin, methamphetamine or ecstasy, compared to those who do not smoke.
- Alaskan students older than 16 years of age who smoke are almost twice as likely to have had sex in the previous three months, compared to those who do not smoke.
- Alaskan students who smoke are twice as likely to have been in a physical fight in the past year, and four times as likely to have been driving while intoxicated during the past 30 days, compared to those who do not smoke.

For adults, the essential findings in this monograph include the following:

- Per capita cigarette consumption has dropped by 30 percent since introduction of a state wide excise tax in 1997.
- One in four Alaskan adults currently smokes cigarettes
- Among adults, Alaska Native smoking prevalence is nearly double that of Non-Natives.
- The average number of cigarettes that Alaskan adults are smoking appears to be decreasing.
- Smoking is markedly increased in Alaskan adults with low incomes and less educational attainment. It is also more common in younger adults, in the unemployed and in those living in rural parts of the state.
- Alaskan adults who smoke are more likely than nonsmokers to be physically inactive and to engage in binge drinking.

- More than 80 percent of Alaskan adults who smoke want to quit, with approximately half reporting that they have quit temporarily for at least one day in the past year.
- Smokers who have quit smoking permanently now outnumber smoking adults in Alaska.
- 86% of adult smokers in Alaska who have seen a health care provider in the last year were advised to quit smoking.
- Approximately 4 percent of Alaskan adults use smokeless tobacco, 7 percent of males and 1 percent of females. Among Alaska Natives the prevalence is 21 percent among males and 5 percent among females.
- Approximately 17 percent of new mothers in Alaska report that they smoked cigarettes during the last three months of pregnancy.

Regarding exposures and beliefs about environmental tobacco smoke, the essential findings in this monograph include the following:

- Approximately 1 in 6 Alaskan adults who do not smoke live with one or more smokers.
- Approximately 7 percent of Alaskan adults who hold jobs and do not smoke are exposed to secondhand smoke at work.
- Nearly three-quarters of Alaskan adults believe that smoking should not be allowed at all in restaurants. This includes nearly half of smokers.
- Nearly one-third of Alaskan adults say they would eat in restaurants more often if smoking were not permitted there. Only 8 percent say they would eat out less often.
- Nearly 90 percent of Alaskan adults believe that people should be protected from other people's cigarette smoke. This includes three-quarters of smokers.
- Nearly 50 percent of Alaskan high school youth who do not smoke say they have been exposed in the past week to secondhand smoke inside of buildings or cars.
- More than 95 percent of Alaskan high school youth say they believe that secondhand smoke is harmful. This view was even expressed by 89 percent of those youth who smoke.

These important results, and many others, await the reader in the pages that follow. Taken all together, the charts and tables in this monograph document the scope of the tobacco problem in Alaska, establish baselines for measuring future progress and identify areas to target new public health approaches.

Funding for tobacco prevention and control programs in Alaska falls short of the \$8.1 million recommended by the CDC as the minimum amount necessary to implement a comprehensive tobacco prevention and control program. The maximum amount of tobacco prevention and control funding in Alaska to date totals \$6.1 million, an amount that does not even begin to



approach the CDC recommended maximum of \$16.5 million.

Despite funding limitations, Alaska has established the foundation for a comprehensive tobacco prevention and control program. Current tobacco prevention and control efforts thrive on a strong partnership between state government and the Alaska Tobacco Control Alliance, whose members include the Alaska Native Health Board, the American Cancer Society, the American Heart Association, and the American Lung Association of Alaska. Components of the state tobacco program include an aggressive anti-tobacco media campaign aimed especially at preventing the uptake of tobacco by youth and promoting cessation among adults who smoke. The state also supports community-based advocacy programs that discourage the initiation of tobacco use by youth and advance the enactment of local ordinances that reduce environmental tobacco smoke exposure.

This monograph is dedicated to all those who have joined the struggle against tobacco-related disease because they care deeply about the health of Alaska's people. We hope this monograph will become a trusted sword in their daily battles against the scourge of tobacco use in this great state.



Section A: Introduction

Introduction: Tobacco in the United States

For decades, tobacco use has been the leading cause of preventable death and disease in the United States. All forms of tobacco are harmful. Smokeless tobacco use has been linked to cancer of the mouth and gum, along with periodontitis and tooth loss.¹ Cigar smoking causes several types of cancer, including that of the larynx, mouth, lung, and esophagus.² Cigarette smoking causes chronic lung disease, heart disease, stroke, and cancers of the lung, larynx, esophagus, pharynx, mouth, and bladder. It contributes to cancer of the pancreas, kidney, bladder, and cervix and is associated with stomach cancer.³

In the United States, tobacco use is directly responsible for over 80 percent of all deaths from chronic obstructive pulmonary disease, 30 percent of all cancer deaths, almost 90 (87) percent of all deaths due to lung cancer, over 20 percent of coronary heart disease deaths, and 18 percent of deaths due to stroke.⁴ The risk of dying from coronary heart disease or stroke, the leading and third leading causes of death in the United States, is twice as high among smokers as among those who have never smoked.⁵ Smokers have an extremely high risk of dying from lung cancer compared to non-smokers. Males who smoke are 22 times more likely to die from lung cancer than are male non-smokers, while the risk of dying from lung cancer is 12 times higher among female smokers than female non-smokers.⁶ In the United States, cigarette smoking alone is responsible for one in every five deaths, or a total of 435,000 adult deaths per year. It causes more deaths than AIDS, alcohol, homicide, suicide, other drugs, and motor vehicle related fatalities combined.⁷ If the 46.5 million adults in the United States who smoke continue smoking, half of them will eventually die from a tobacco related illness.⁸

In addition to the annual deaths that directly result from smoking, millions of Americans become ill each year due to smoking. In 2000, an estimated 8.6 million people living in the United States had at least one serious illness or condition attributable to smoking.⁹ The harmful effects of cigarettes are not limited to those who smoke. Smoking by pregnant women can lead to spontaneous abortion as well as stillbirths, premature births, low birth weight, and SIDS. Infants born to women who are exposed to secondhand smoke during pregnancy are at risk for low birth weight and intrauterine growth retardation.¹⁰ Exposure to secondhand smoke, or environmental tobacco smoke (ETS) has additional health consequences for children. Children exposed to ETS are at an increased risk of respiratory conditions such as asthma, bronchitis, pneumonia, smoke-related coughs and wheezing, and lower respiratory infections that are sometimes fatal. Exposure to ETS also increases the risk of middle ear infections in children.¹¹ The National Cancer Institute estimates that each year ETS exposure results in over 10,000 cases of low birth weight, 2,000 cases of SIDS, more than 8,000 new cases of asthma and up to 1 million cases of exacerbated asthma.¹²

The health risks of ETS exposure extend to adults as well. Cigarette smoke contains thousands of chemical compounds, at least 60 of which are known or probable carcinogens.¹³ ETS has been

identified as a human lung carcinogen, which causes 3,000 lung cancer deaths among non-smokers each year and can impair lung function among non-smoking adults.¹⁴ It also increases the risk of heart disease and results in 35,000 to 62,000 ischemic heart disease deaths in non-smokers each year in the United States.¹⁵

In addition to the personal suffering that accompanies each smoking-related death, cigarette smoking also creates substantial economic costs that are borne by the general population. From 1995-1999 smoking accounted for \$81.9 billion in mortality-related productivity losses, while in 1998 personal health care expenditures due to smoking totaled \$75.5 billion. These numbers translate into annual costs of \$1,760 in lost productivity and \$1,623 in excess medical expenditures for each of the nation's 46.5 million adult smokers.¹⁶ Neonatal expenditures due to smoking totaled \$366 million in 1996, or \$704 for each maternal smoker. When combined, the annual economic costs of smoking reached \$3,391 for each smoker.¹⁷ In 1999 approximately 22 billion packs of cigarettes were sold in the United States. The sale of each of those packs generated \$7.18 in health related costs, \$3.45 on smoking-related health care and \$3.73 in productivity losses.¹⁸

Overall in 2002, about 23% of adults in the United States were current smokers. However, not all population subgroups are equally likely to be smokers. More men (25.7%) than women (20.8%) smoke, although the difference in prevalence is not as large now as it was twenty years ago.¹⁹ The percentage of adults who are current smokers is highest among American Indians and Alaska Natives, and lowest among Asians and Pacific Islanders.²⁰ Recent studies suggest that a larger percentage of gay men and lesbians smoke than heterosexuals.²¹ Smoking rates also vary markedly with educational achievement. Persons with less than a high school education are more likely to smoke than those who complete high school, with the lowest smoking prevalence found among those with 16 or more years of education.²² Low socioeconomic status is also a risk factor for smoking; smoking prevalence decreases as total household income increases.²³

Since tobacco use generates such substantial health and economic costs, a reduction in tobacco use and the elimination of exposure to secondhand smoke would have tremendous benefits for the nation overall. The National Tobacco Control Program (NTCP), established through the Centers for Disease Control and Prevention (CDC) has identified four key goal areas in which work must be done in order to reduce, and eventually eliminate, the morbidity and mortality associated with tobacco use. These goal areas are: elimination of exposure to ETS, prevention of initiation of tobacco use among youth, promotion of cessation among youth and adults, and the identification and elimination of tobacco-related disparities in tobacco use among specific population groups.²⁴ To achieve each of these four goals, the CDC recommends that states implement comprehensive tobacco prevention and control programs that include the following elements: community programs to reduce tobacco use, chronic disease programs to reduce the burden of tobacco-related diseases, school programs, enforcement of tobacco control policies, counter-marketing, cessation programs, surveillance and evaluation, and administration and management.²⁵

State programs are encouraged to pursue population-based policy initiatives, especially those recommended by The Task Force on Community Preventive Services (TFPCS). The TFPCS strongly recommends the implementation of smoking bans and restrictions in public areas as a way to decrease exposure to ETS. Increasing the price of tobacco products through state and federal excise taxes is recommended to prevent initiation of tobacco use among youth and to

promote cessation among youth and adults.²⁶ Additional recommendations for preventing youth initiation include the development of policies that restrict tobacco advertising in schools and completely ban smoking on school grounds, the enforcement of laws prohibiting the sale of tobacco to minors, and a comprehensive media campaign conducted in collaboration with these other strategies. Additional policy initiatives recommended for promoting smoking cessation include reducing patient out-of-pocket costs for cessation therapies, implementing a multi-component patient telephone support system, and promoting tobacco cessation education for health care providers along with health care system protocols that identify and address tobacco use among adults who smoke or chew.²⁷

The ability of states to fund comprehensive tobacco prevention and control programs increased with the 1998 Master Settlement Agreement between participating states and tobacco manufacturers. The agreement required tobacco companies to make annual payments to the states to help defray the costs associated with tobacco use. In states that have used settlement or other funds to develop comprehensive programs, progress is being made toward eliminating the death and disease caused by tobacco use. A recent study shows that cigarette sales have dropped much more dramatically in those states that fund comprehensive programs than those that do not.²⁸ California, Florida, Washington, Oregon, and Massachusetts have implemented comprehensive tobacco prevention and control programs, and subsequent decreases in adult and youth smoking have occurred in those states. In California, a state that began substantial tobacco prevention and control work prior to the settlement with the tobacco companies, actual declines in the rates of lung and bronchial cancer have been achieved.²⁹

States that have implemented comprehensive tobacco prevention and control programs can expect to see reductions in state healthcare costs. Dramatic decreases in the costs associated with the primary smoking-related diseases, such as stroke, heart disease, and lung cancer are not realized for several years following a decline in adult smoking prevalence. Costs from smoking-related pregnancy and childbirth complications decrease immediately following a decline in maternal tobacco use. In California, for example, tobacco prevention and control efforts are estimated to have saved the state over \$3.0 billion in smoking-caused healthcare costs from 1990-1998.³⁰

As tobacco prevention and control programs seek to save lives and money, tobacco companies continue their efforts to retain their current customers and recruit new ones to replace those smokers who quit or die. Marketing and promotion is a tremendous part of this effort. Despite long-standing restrictions on tobacco advertising, cigarettes are among the most heavily advertised and promoted products in the United States, second only to automobiles.³¹ From 1999 to 2001 tobacco industry marketing expenditures increased from \$8.2 billion to \$11.22 billion per year. Annual expenditures of \$11.22 billion amount to daily expenditures of more than \$30 million dollars, meaning that the tobacco industry spends more in a day to market their deadly products than most states spend on tobacco prevention and control in an entire year.³² Given this level of tobacco promotion, reducing the toll of tobacco use will remain a challenge for tobacco prevention and control programs long into the future.

The prevention of tobacco use among youth is an essential part of any tobacco prevention and control effort. Tobacco addiction is often referred to as a pediatric disease because it primarily begins in childhood. In the United States, the majority of persons who try smoking do so before

high school graduation; 75% of persons who tried their first cigarette in 2,000 were less than 18 years old.³³ Experimentation with cigarette use often begins at ages well below 18 however. In 2001 over one-fifth (22.1%) of 9th-12th grade students nationwide had smoked a cigarette before age 13.³⁴ The process of nicotine addiction is fundamentally the same in adolescents as in adults, and nicotine addiction is more severe among people who start smoking at an early age than among those who begin later.³⁵ As a result, many of the young people who experiment with cigarettes become regular smokers. Of the 1.4 million persons who became daily smokers in 2001, over half (53%) were under 18 years of age.³⁶ That number translates into 2,000 new regular youth smokers in the United States each day, roughly two-thirds the number of persons who perished in the World Trade Center in 2001.

Smoking during childhood and adolescence can have immediate negative health consequences and puts youth at risk of developing severe health problems in adulthood. Cigarette smoking causes respiratory symptoms, such as cough and phlegm production, in preteen and teenage smokers. It increases the number and severity of respiratory illnesses experienced during childhood and adolescence, and it adversely affects lung function. The respiratory problems experienced by young smokers are risk factors for chronic respiratory illnesses, including chronic obstructive pulmonary disease, during adulthood. Physical fitness is compromised among young people who smoke; even smokers trained as endurance runners exhibit lower levels of performance and endurance than non-smokers. Youth smoking has been linked to an unfavorable lipid profile in children and adolescents, and it increases the risk of developing early atherosclerotic lesions. These cardiovascular risk factors can lead to the early onset of coronary heart disease and atherosclerosis.³⁷

Considerable scientific evidence exists to suggest that the health problems associated with smoking are directly related to the duration (years) and intensity (amount) of use. Younger smokers are more likely to become and remain current smokers as adults and to become heavy smokers. As a result, young smokers are exposed to the dangerous chemical compounds found in tobacco for a longer time than those who start later; youth who smoke heavily are exposed to higher levels of those compounds.

Smokeless tobacco use during childhood and adolescence is not a safe alternative to smoking; it also has short-term health consequences and increases the risk for serious health problems in adulthood. Adolescent smokeless tobacco users are at increased risk for gum recession and oral soft tissue lesions. Since smokeless tobacco use also results in nicotine addiction, adolescents who use smokeless tobacco are likely to continue use into adulthood, increasing their risk of developing cancers of the gum, mouth, pharynx, larynx, and esophagus. In addition, adolescent smokeless tobacco users are also more likely to become cigarette smokers than non-users.³⁸

Youth who use tobacco are also more likely to participate in other health compromising behaviors than their peers who do not use tobacco. Illegal drug use is often preceded by smoking, and is rare among youth who have never smoked.³⁹ Youth ages 12-17 who smoke are more likely to consume alcohol, use marijuana and other drugs, carry weapons, get into fights, and engage in higher-risk sexual behavior than their non-smoking peers. Smokeless tobacco users are also more likely than non-users to use cigarettes, marijuana, and alcohol.⁴⁰

To prevent tobacco use among youth, it is important to understand why young people begin

smoking. Although many youth experiment with tobacco use, not all those who try it become regular users. Childhood and adolescent tobacco use progresses through five stages.⁴¹ In the initial stage, young people develop attitudes and beliefs about smoking. Youth then try, experiment irregularly with, begin to use regularly, and finally become addicted to, tobacco products. The progression from trying a cigarette to becoming addicted generally takes three years and involves numerous sociodemographic, behavioral, environmental, and personal factors.⁴²

On an individual level, low self-esteem and self-image are risk factors for tobacco use initiation, as is a limited ability to refuse offers to use tobacco. Beliefs that tobacco serves a purpose, such as looking older, fitting in with a peer group, having fun, relieving boredom, or coping with a problem also contribute to the likelihood that adolescents will become tobacco users. Certain behavioral factors increase the risk that youth will use tobacco. Youth with low involvement in school and low levels of academic achievement are more likely to become regular tobacco users, compared to those with high levels of involvement and achievement.⁴³ The factors that influence tobacco use among youth extend beyond the individual, however. The environment in which a child grows up can also increase the risk of adolescent tobacco use. Approval and use of tobacco products by parents and siblings is a risk factor for tobacco use, as is a lack of parental support during adolescence. In addition, youth are more likely to use tobacco if they perceive tobacco use as normal and if they can easily access tobacco products. Low socioeconomic status is also a risk factor for adolescent tobacco use.⁴⁴

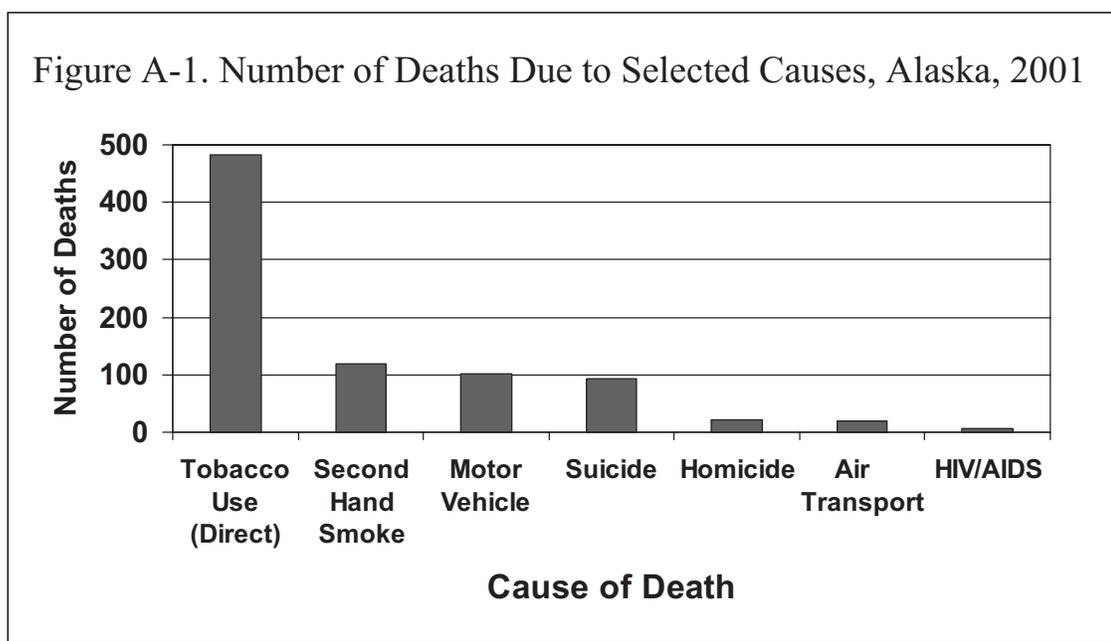
In addition to the numerous risk factors for tobacco use, adolescents are specifically targeted by the tobacco industry. For decades, tobacco companies have sought to recruit young smokers through advertising and promotional activities. To do so, they create images that portray tobacco use as a functional, desirable activity. The human models and cartoon characters found in tobacco advertising exhibit qualities that are known to resonate with young people, such as independence, youthfulness, adventurousness and health. By endowing cigarette models with characteristics that young people would like to possess, cigarette ads capitalize on the insecurities that come with adolescence by implying that smoking will allow youth to achieve their ideal self-image.⁴⁵ The sheer volume of ads, displays, and tobacco-related items seen by youth contribute to their perception that tobacco use is a normal, acceptable activity. This perception is reinforced by tobacco industry sponsorship of public sports and entertainment events. Youth are also exposed to high levels of tobacco use in Hollywood movies. Although tobacco industry executives promised to voluntarily ban product placement in movies in 1989 and were required by law to do so by provisions of the 1998 Master Settlement Agreement, smoking in Hollywood movies has doubled since 1990.⁴⁶ Smoking in youth-oriented PG-13 rated movies has also increased since the implementation of settlement restrictions. Comparisons of the top ten grossing films and top five video rentals from 1996, 1997, 1999, and 2000 reveal a 50% increase in both the total time and number of frames portraying tobacco use since the settlement went into effect.⁴⁷ Movie characters are portrayed as smoking at much higher rates than those actually found in the United States, furthering the misconception that smoking is a widespread habit among Americans.⁴⁸ Since the perceptions of tobacco use as common, functional, fun, and normal are risk factors for tobacco use, cigarette advertising and promotion itself constitutes a risk factor for smoking.⁴⁹

Understanding the factors that contribute to youth tobacco use is important, but public health

intervention is required to eliminate the problem. In the United States, 63.9% of high school students have tried smoking, 28.5% currently smoke, and 13.8% smoke frequently, having smoked on 20 of the past 30 days. Nearly ten percent (8.2%) of high school students nationwide currently use smokeless tobacco, and over one-third (33.9%) report use of any tobacco product.⁵⁰ These numbers represent a decline from peak tobacco use levels in 1996-1997, which is encouraging. Effective strategies must be employed, however, to ensure that the decline continues.

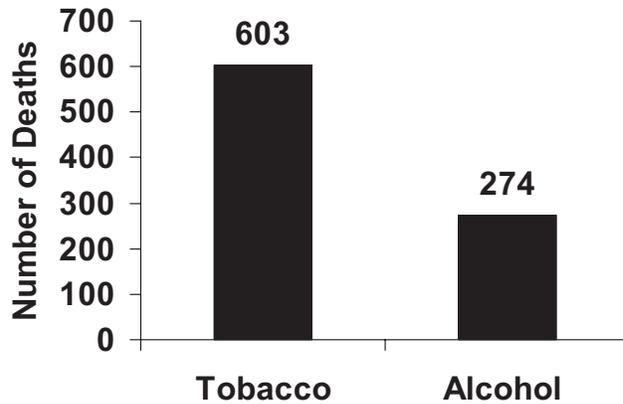
Introduction: Tobacco in Alaska

As is the case in the United States overall, tobacco use is the leading cause of preventable death in Alaska. Tobacco use was responsible for approximately one in every five deaths in Alaska in 2001. That year the direct use of tobacco alone was estimated to be responsible for more deaths than suicide, motor vehicle crashes, homicide, air transport crashes, and HIV/AIDS combined. When deaths from secondhand smoke are added, tobacco is responsible for twice as many deaths as the combined number of deaths from the categories listed above (Figure A-1).



Tobacco use is also estimated to cause more than twice as many deaths as alcohol, another substance that creates substantial death and disability (Figure A-2).

Figure A-2. Deaths Estimated to Be Attributable to Tobacco Use vs. Alcohol Use, Alaska, 2001



Tobacco use is not a risk factor for all illnesses, and it is not the only risk factor for many of the diseases to which it contributes. Among the types of cancer, respiratory illness, and cardiovascular disease for which tobacco is a known risk factor, however, it accounts for a substantial proportion of deaths. Of the 2,985 deaths in Alaska in 2001, 44% (1,317) were from conditions for which tobacco use is a known risk factor. Of those 1,317 deaths, an estimated 40% were caused by tobacco use (Table A-1). Direct tobacco use caused almost twenty percent (18%) of the deaths in adults ages 35 and older within Alaska in 2001. During the same year, approximately 2% of all infant deaths in Alaska were tobacco-related. In 2001, 296 Alaskan adults died from cancers for which tobacco use is a known risk factor. Over two-thirds of those deaths are estimated to be tobacco-related. In addition, 70% of deaths from respiratory illnesses for which tobacco is a risk factor were caused by tobacco use.

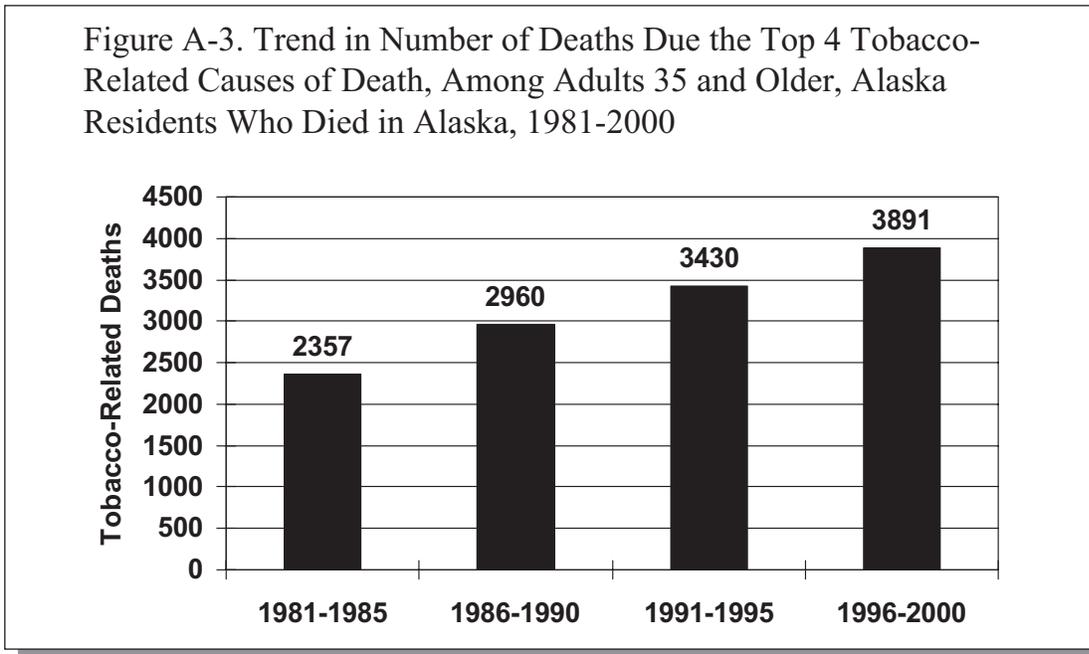
Table A-1. Number and percent of Deaths Due to Selected Causes Estimated to be Due to Tobacco Use, Alaska Residents¹, 2001

Causes of Death Associated with Tobacco Use	Total Deaths	Tobacco-Related Deaths	Percent Tobacco-Related Deaths
Malignant Neoplasms	296	204	69%
Lip, Oral cavity, Pharynx	15	12	80%
Esophagus	17	13	76%
Pancreas	39	10	26%
Larynx	1	1	100%
Trachea, Lung, Bronchus	195	162	83%
Cervix Uteri	4	0	0%
Kidney and Renal Pelvis	11	4	36%
Bladder	14	2	14%
Cardiovascular Disease	835	161	19%
Hypertension	29	1	3%
Ischemic Heart Disease	374	85	23%
Other Heart Disease	190	30	16%
Cerebrovascular Disease	157	23	15%
Atherosclerosis	59	11	19%
Aortic Aneurysm	18	11	61%
Other diseases of the circulatory system	8	0	0%
Respiratory Diseases	166	116	70%
Pneumonia, Influenza	33	5	15%
Bronchitis, Emphysema	21	21	100%
Chronic Airways Obstruction	112	90	80%
Infant Deaths	20	2	10%
Short Gestation/Low Birth Weight	5	0	0%
Respiratory Distress Syndrome	3	0	0%
Respiratory Conditions--Newborn	2	0	0%
Sudden Infant Death Syndrome	10	2	20%
Total	1317	483	37%

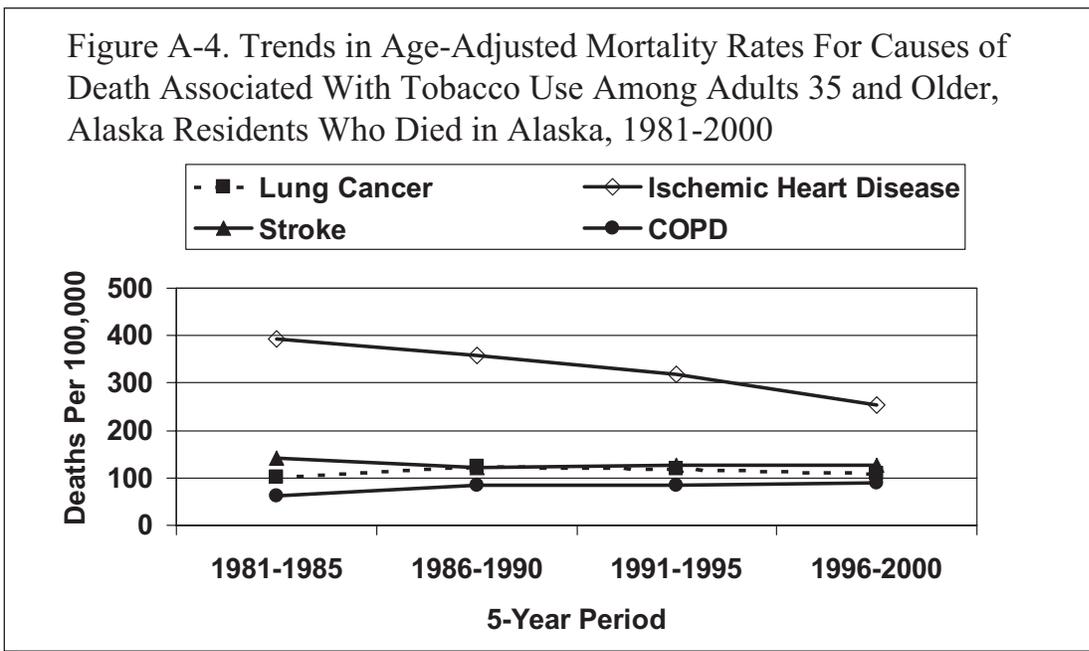
¹ Includes Alaska residents who died in other states.

The four primary tobacco-related causes of death in Alaska are lung cancer, ischemic heart disease, stroke, and chronic obstructive pulmonary disease. Deaths from these four causes among adults age 35 and older have nearly doubled over the past 20 years (Figure A-3). Overall, 41% to 44% of these deaths are estimated to have been tobacco-related.

Although looking at the absolute number of tobacco-related deaths gives us a picture of the health burden caused by tobacco, examination of mortality rates allows for comparisons across time, adjusting for growth in population size and changes in demographic make-up such as aging.

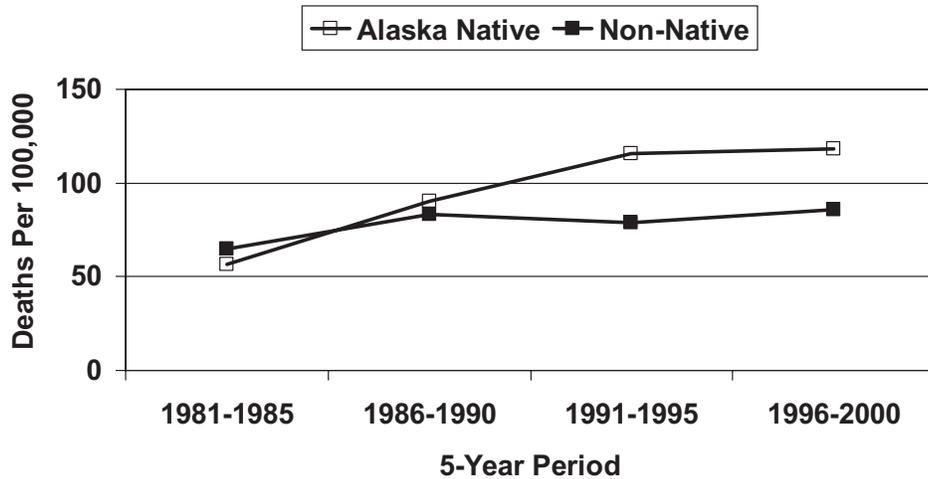


The trends in mortality rates from each of these causes of death have varied, as shown in Figure A-4. Age-adjusted rates of death due to ischemic heart disease have declined, as medical advances have led to increased survival among heart disease patients. Mortality rates from lung cancer and stroke have remained relatively constant, while the rate of death from chronic obstructive pulmonary disease has increased slightly since 1981.



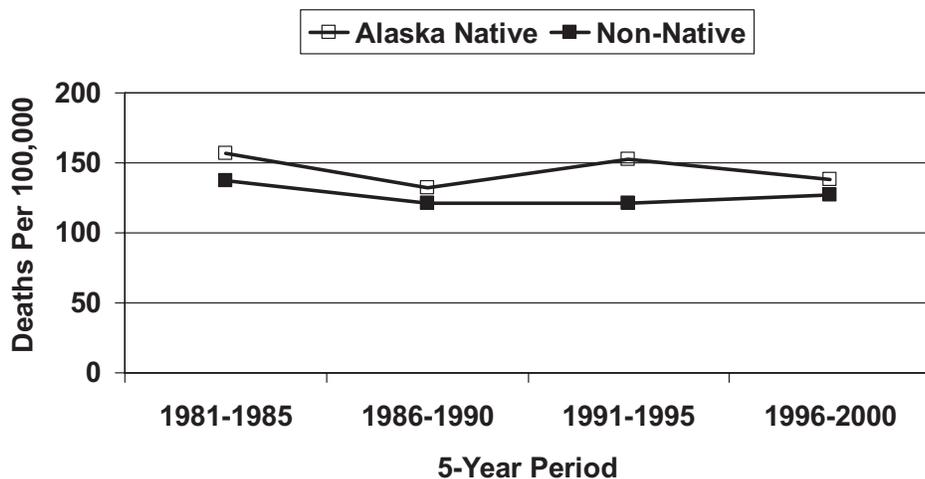
Chronic obstructive pulmonary disease mortality rates have doubled among Alaska Native adults ages 35 and older, with only a slight increase among Non-Native adults over the same time period (Figure A-5).

Figure A-5. Trend in Age-Adjusted COPD Mortality Rates Among Adults 35 and Older, By Race, Alaska Residents Who Died in Alaska, 1981-2000

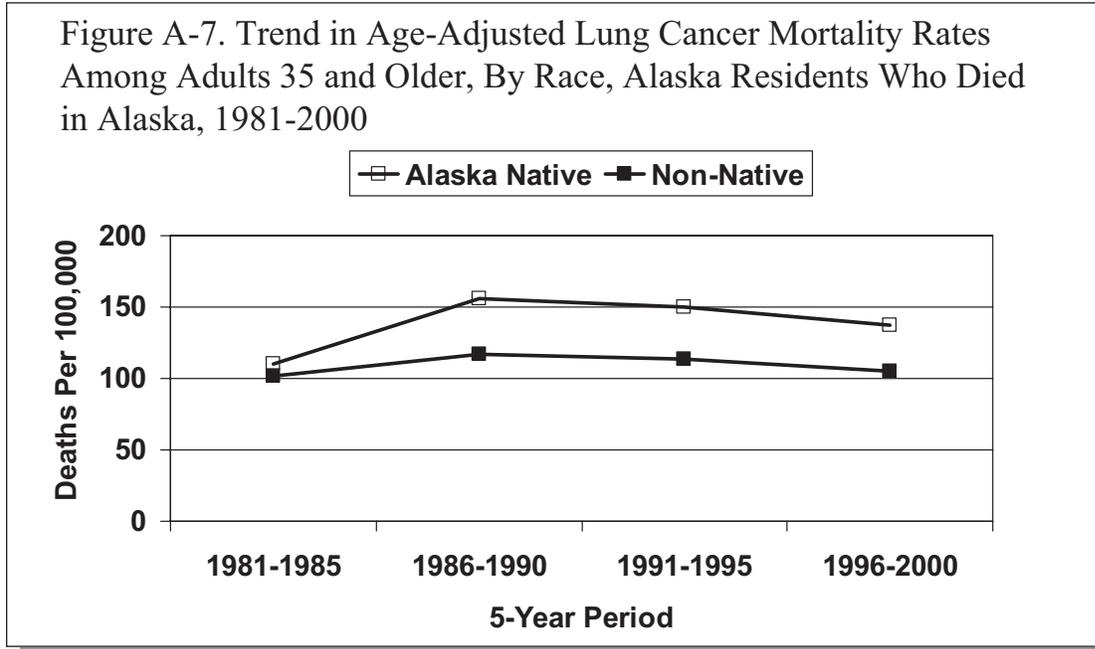


Mortality rates from stroke are similar for Alaska Native and Non-Native adults, and have remained relatively constant since 1981 (Figure A-6).

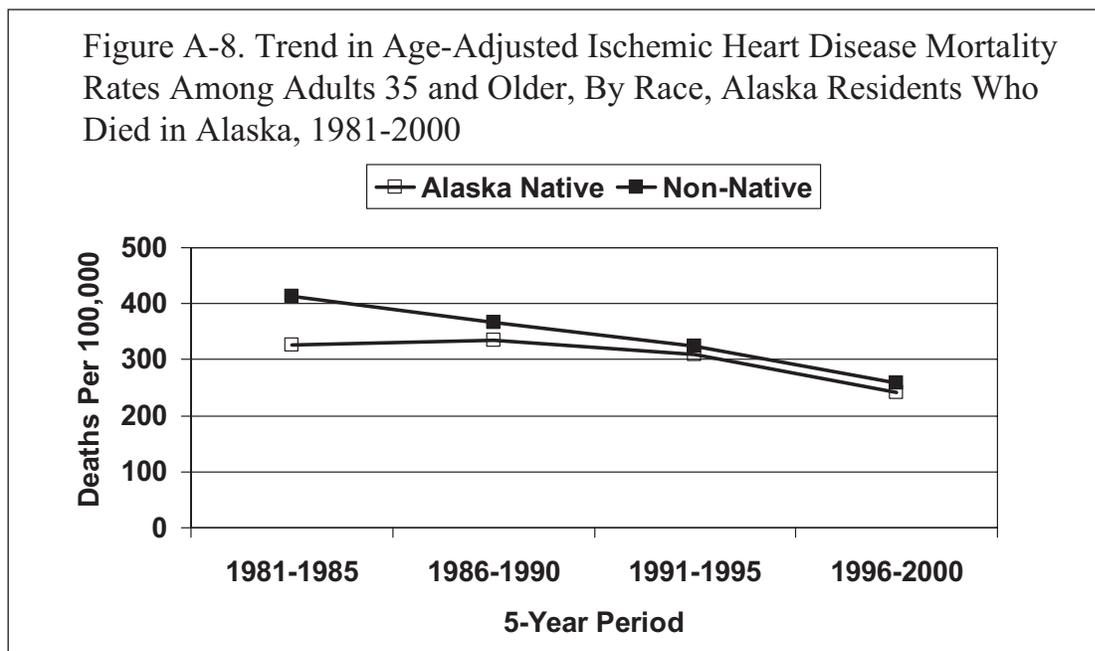
Figure A-6. Trend in Age-Adjusted Stroke Mortality Rates Among Adults 35 and Older, By Race, Alaska Residents Who Died in Alaska, 1981-2000



In the period from 1981-1985, lung cancer mortality rates among Alaska Native and Non-Native adults were nearly identical. Since the period 1986-1990, mortality from lung cancer among Alaska Native adults has remained consistently higher than among Non-Native adults (Figure A-7).

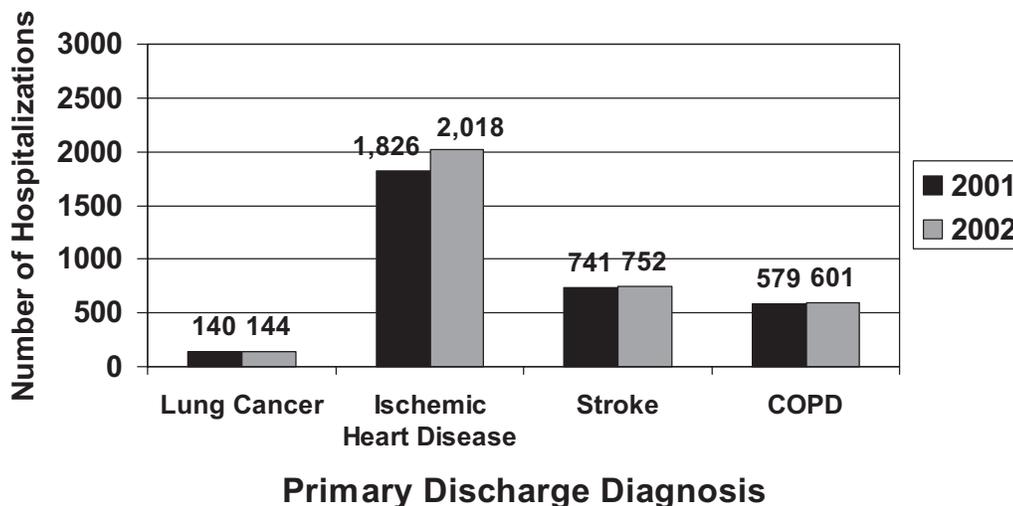


Historically, mortality rates from ischemic heart disease have been higher among Non-Native than Alaska Native adults. Since the late 1980s, however, the gap between Alaska Native and Non-Native mortality rates has closed, and rates for the two population groups are much more similar than they were in the past (Figure A-8).



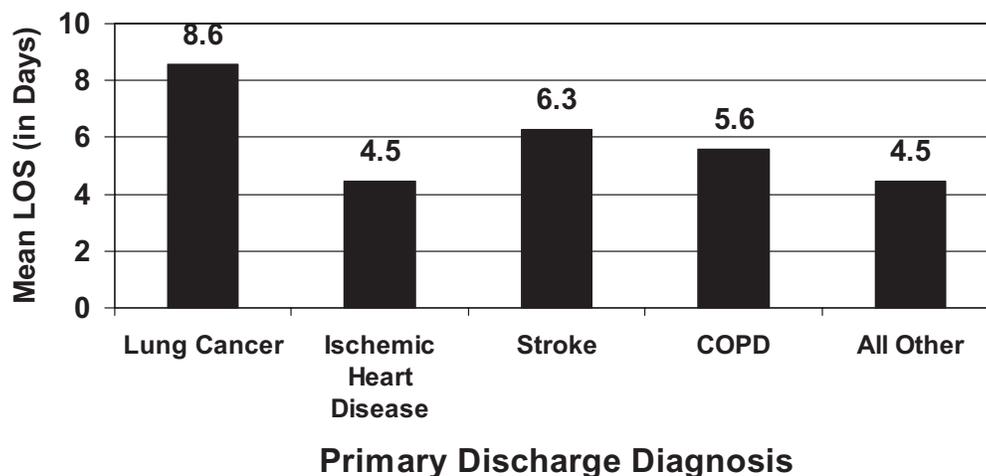
The four primary causes of tobacco-related death are all chronic conditions from which a person may suffer for years, undergoing repeated hospitalizations. Data are now available for over 80% of hospital discharges in Alaska. In 2001 and 2002, 6,801 hospitalizations for lung cancer, ischemic heart disease, stroke, and COPD occurred in the hospitals for which data are available, accounting for 8% of all hospitalizations in these locations (Figure A-9).

Figure A-9. Number of Hospitalizations Due to Diagnoses Associated With Tobacco Use, By Year, Alaska, 2001 & 2002



The average length-of-stay for a primary diagnosis of ischemic heart disease is equivalent to the average length of stay for all other conditions requiring hospitalization. Patients diagnosed with stroke and COPD had slightly longer average hospital stays than patients diagnosed with all other conditions, while the average length of stay for patients diagnosed with lung cancer was nearly twice as high as the average for all other causes combined (Figure A-10).

Figure A-10. Mean Length-of-Stay for Primary Discharge Diagnoses Associated With Tobacco Use, Alaska, 2001 & 2002



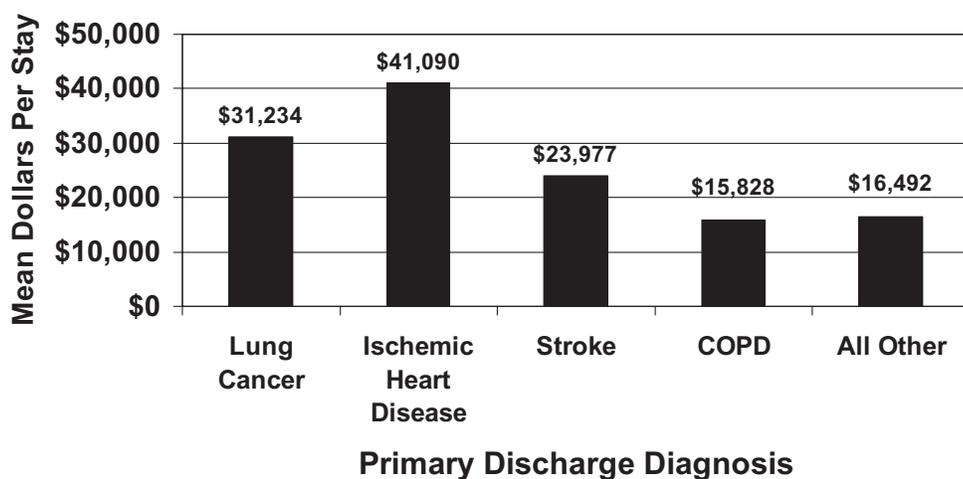
In addition to causing a substantial number of deaths, tobacco use creates an enormous economic burden within Alaska. In 1998, the most recent year for which medical expenditure data are available, tobacco use cost Alaskans approximately \$270 million, or \$400 per person. Direct medical expenditures due to tobacco totaled \$133 million, over \$200 per person, with an additional \$137 million in lost productivity costs due to premature death from tobacco use (Table A-2). Approximately 15% of the tobacco-related medical expenditures are paid by Medicaid, meaning that tobacco-related Medicaid payments totaled approximately \$20 million, or \$31 per person in 1998.⁵¹

Table A-2. Tobacco-Related Deaths and Economic Costs, Alaska
1998

<u>Direct Medical Expenditures</u>	
Ambulatory	\$54,000,000
Hospital	\$40,000,000
Prescription Drugs	\$9,000,000
Nursing Home	\$9,000,000
Other	\$20,000,000
Total Neonatal Expenditures	\$900,829
<hr/>	
Total direct economic costs due to tobacco	\$132,900,829

The average medical costs for the four primary health conditions related to tobacco use are high compared to the average costs for all other medical conditions. Each hospital stay for ischemic heart disease costs an average of over \$40,000, nearly three times the average cost incurred for all hospital stays resulting from all but the other three primary tobacco-related health conditions. Average costs for lung cancer and stroke also exceeded those for all other conditions (Figure A-11). When the average cost per stay is multiplied by the number of hospital visits per year, total costs from hospitalizations due to the four primary tobacco-related conditions in Alaska exceed \$110 million annually. Hospitalization costs for all other conditions total \$626 million annually. It is worth noting, however, that although these four health conditions account for only 8% of all hospitalizations each year, they account for 15% of annual hospital costs. Not all hospitalizations from these four causes are due to tobacco use, so only a portion of the \$110 million in costs is attributable to tobacco use. To date information on the percentage of hospitalizations due to these conditions, and therefore on actual costs attributable to tobacco, is unavailable. The fact remains, however, that the four primary health conditions associated with tobacco use are not only deadly but expensive to treat.

Figure A-11. Mean Charges for Primary Discharge Diagnoses Associated With Tobacco Use, Alaska, 2001 & 2002



In contrast to the high costs of tobacco use within Alaska, relatively little money is spent on tobacco prevention and control. The CDC has developed state specific recommendations on the minimum and maximum levels of funding that are needed to implement and maintain a comprehensive tobacco prevention and control program. The CDC recommended minimum for tobacco prevention and control funding in Alaska is \$8.1 million, or about \$13 per person per year, while the recommendation for a fully funded program is \$16.5 million, or \$26 per person each year. The highest level of tobacco prevention and control spending in Alaska to date occurred from July 1 2002 to June 30 2003, when Alaska spent a total of \$6.1 million in state and federal funds on tobacco prevention and control. This amount equates to approximately \$10 per person for the year.

At \$10 per person per year, tobacco prevention and control expenditures are approximately 4

times lower than tobacco marketing expenditures, which totaled \$40 per person per year in 2001, the most recent year for which marketing and promotional expenditure information is available.⁵² Based on Alaska's population, the \$40 per capita marketing expenditures amount to over \$25 million in tobacco promotion. This amount is over five times higher than the amount spent on tobacco prevention and control during the same year, and is twice as high as the total amount of tobacco settlement funding that has been appropriated for tobacco prevention and control since the implementation of the MSA in 1998.⁵³

Despite the funding limitations, some important advances in tobacco prevention and control have been made in Alaska. Prior to 1990, tobacco prevention and control efforts in Alaska were almost nonexistent. In 1992, a statewide coalition of organizations and individuals formed the Alaska Tobacco Control Alliance (ATCA). The alliance developed a set of by-laws, leadership positions, and standing committees, all of which support the organization's mission of encouraging, supporting, and coordinating efforts to control and prevent tobacco use in order to increase the years of healthy life for all Alaskans. In 1993, a State Tobacco Prevention and Control (TPC) Unit was created within State of Alaska Division of Public Health, which received start-up funding from the Centers for Disease Control and Prevention Office on Smoking and Health (CDC/OSH) in 1994.

Early tobacco prevention and control efforts paid off in 1997, when ATCA implemented a successful campaign to raise the statewide tobacco tax to \$1 per pack, which was the highest tax in the nation at the time. Additional state laws were passed that banned the placement of tobacco vending machines in locations where they could be accessed by youth and required that vendors restrict access to tobacco products in stores.

Alaska was one of 46 states that participated in the 1998 MSA with the nation's major tobacco companies. Under the MSA, major tobacco companies agreed to pay Alaska approximately \$25 million per year. While the MSA was designed to offset the tobacco-related costs incurred within the state, it did not require that funds be dedicated to tobacco prevention and control. During the 1999 legislative session ATCA partners mobilized to ensure that at least a portion of MSA funds were appropriated to tobacco prevention and control efforts. As a result, \$1.4 million was set aside in fiscal year 2000 to initiate a pilot program based on the CDC's tobacco prevention and control guidelines.

In FY00, the state TPC unit administered these funds to the American Lung Association of Alaska, which served as the fiscal agent for ATCA. The funding supported a statewide media counter-marketing campaign, a "quit kit" to help tobacco users interested in quitting, a cessation demonstration program, and a scholarship program to enable Alaskans to receive training and education in tobacco prevention and control.

In the years following initial state funding for tobacco prevention and control, the resources available for TPC activities have increased, as have program activities. In FY01 the Alaska Legislature created the Tobacco Use Education and Cessation Fund, which receives 20% of MSA funds each year. The legislation creating this fund provides that the 20% MSA payments can then be used to support comprehensive tobacco control efforts. The TPC unit continues to receive CDC funding, which is used for work in each of the four key goal areas identified by the CDC and listed previously.

The statewide counter-marketing campaign started in 2000 continues to provide messages on the importance of clean indoor air, cessation, and not initiating tobacco use. Regional and local organizations receive funding to build tobacco prevention and control coalitions within their communities and to work within health care centers to develop and implement comprehensive cessation systems. A statewide quit line, launched in 2002, provides free telephone-based cessation service to Alaskans.

Since 1999, clean indoor air ordinances have been implemented in Bethel, Anchorage, Barrow, Kenai, Soldotna, Dillingham, and Juneau. Clean indoor air initiatives are underway in Ketchikan, Sitka, Fairbanks, Palmer, and Homer.

The ultimate goal of these activities is to reduce the morbidity and mortality due to tobacco use within Alaska. To achieve this reduction, young people must make the decision not to smoke, adults who smoke must quit, and non-smokers must be protected from the harmful effects of secondhand smoke. The material presented in the following chapters examines trends and current patterns of tobacco use among Alaskan youth and adults, as well as important information on secondhand smoke. By identifying and understanding current knowledge, attitudes and behavior regarding tobacco use and secondhand smoke it will be possible to continue to develop and implement strategies that will lead to an eventual reduction in death and disability due to tobacco.



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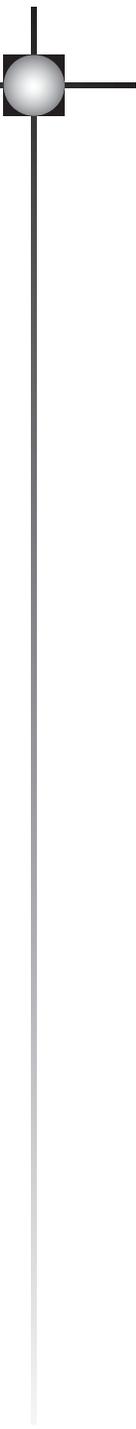
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Section B: Tobacco Use Among Youth

Summary

The data from the 2003 YRBS are extremely encouraging. Fewer Alaskan high school students are trying cigarettes at all, and the overall percentage of students who smoke is nearly half what it was 8 years ago. Those students who smoke are doing so less frequently and are smoking fewer cigarettes than they did in 1995. These changes mark important progress toward preventing death and disability among Alaskans; as fewer adolescents grow up to be smokers, fewer will be subject to the severe health risks associated with smoking.

Cigarette use has declined among male and female high school students yet there are still areas of concern. Over twice as many Alaska Native students smoke as do Non-Native students, and nearly half of all Alaska Native females smoke. Smoking prevalence among Alaska Native students peaks in 10th grade, at which point smoking among Non-Native students is still increasing. This trend suggests that the process of tobacco initiation begins at a younger age among Native students, leading to higher rates of addiction among younger students. In order to further examine the trends in smoking initiation among Alaska Native students, it is essential that middle school risk behavior information be collected.

Smokeless tobacco use remains a substantial problem in Alaska and must be addressed. Alaska now has one of the lowest percentages of students who are current smokers in the country, yet one of the highest percentages of students who use smokeless tobacco. Particularly upsetting is the fact that smokeless tobacco use has increased among Alaska Native females since 1995, while declining among Alaska Native males and Non-Native males and females.

The reductions in youth tobacco use will result in a decrease in the long-term burden of tobacco-related health conditions such as cancer, heart disease, stroke, and other respiratory conditions. To ensure that these reductions continue, and to make sure they benefit all segments of the population, it is important that tobacco prevention and control efforts continue, and that they strategically target the areas of concern that are identified within this report.

Data Sources

Data on youth tobacco use in Alaska come from the Youth Risk Behavior Survey (YRBS). The YRBS is a high school survey that was developed and implemented nationally by the Centers for Disease Control (CDC) in 1990. The survey is designed to monitor the risk behaviors that put youth at risk for health and social problems during and after adolescence. The CDC sponsors national and state surveys every two years, selecting representative samples of 9th through 12th grade students. The 2003 YRBS was administered to approximately 1,500 Alaskan high school students who were randomly selected from high schools throughout Alaska. The 2003 results are the first

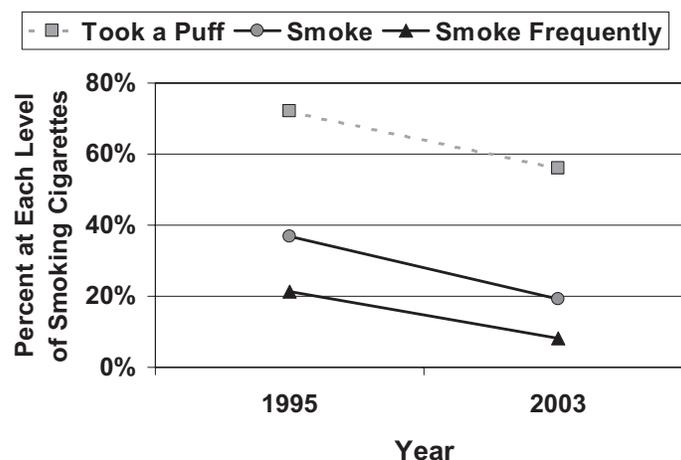
since 1995 to be statistically valid. The CDC provided standard cross-tabulations, along with a trend analysis report indicating whether trends observed among the overall student population are statistically significant. The sample size is large enough to allow for an analysis of the statistical significance of trends within the entire student population. When questions are analyzed by sex, race, age, or grade, however, the number of students within each subgroup is smaller, making statistically significant trends more difficult to detect. The results of the CDC trend analysis are provided when available.

Cigarette Smoking

Cigarette Smoking: Trends

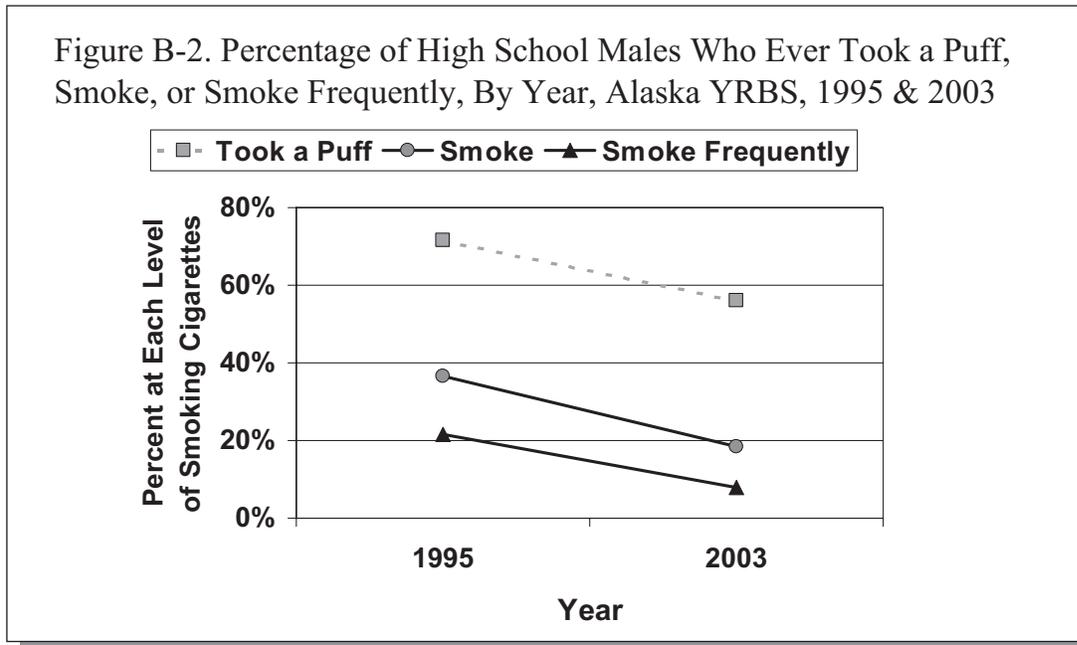
The trends in smoking among Alaskan high school students, shown in Figure B-1, represent substantial progress in preventing tobacco use among young people. Since 1995 the percentage of students who report that they smoke, defined as smoking one or more cigarettes in the past 30 days, has dropped dramatically. In 1995, 37% of Alaskan high school students smoked, compared to 19% in 2003. This change is statistically significant and represents substantial progress toward the Healthy Alaskans 2010 youth smoking prevalence target of 17%. It is also lower than the national smoking prevalence of 29%. The percentage of students who smoke frequently, having smoked on 20 of the past 30 days, is nearly one-third as high today as it was eight years ago, a change that is also statistically significant. In 1995 over one-fifth (22%) of Alaskan high school students smoked frequently, compared to 8% in 2003. The percentage of Alaskan students who smoke frequently is almost two times lower than the national average of 14%. In addition to these declines, a smaller proportion of Alaskan high school students reported in 2003 that they have even tried cigarettes. The percentage of high school students in Alaska who have ever taken a puff of a cigarette fell from 72% in 1995 to 56% in 2003, a statistically significant decline. Nationwide in 2001 64% of students said that they had tried smoking.

Figure B-1. Percentage of High School Youth Who Ever Took a Puff, Smoke, or Smoke Frequently, By Year, Alaska YRBS, 1995 & 2003

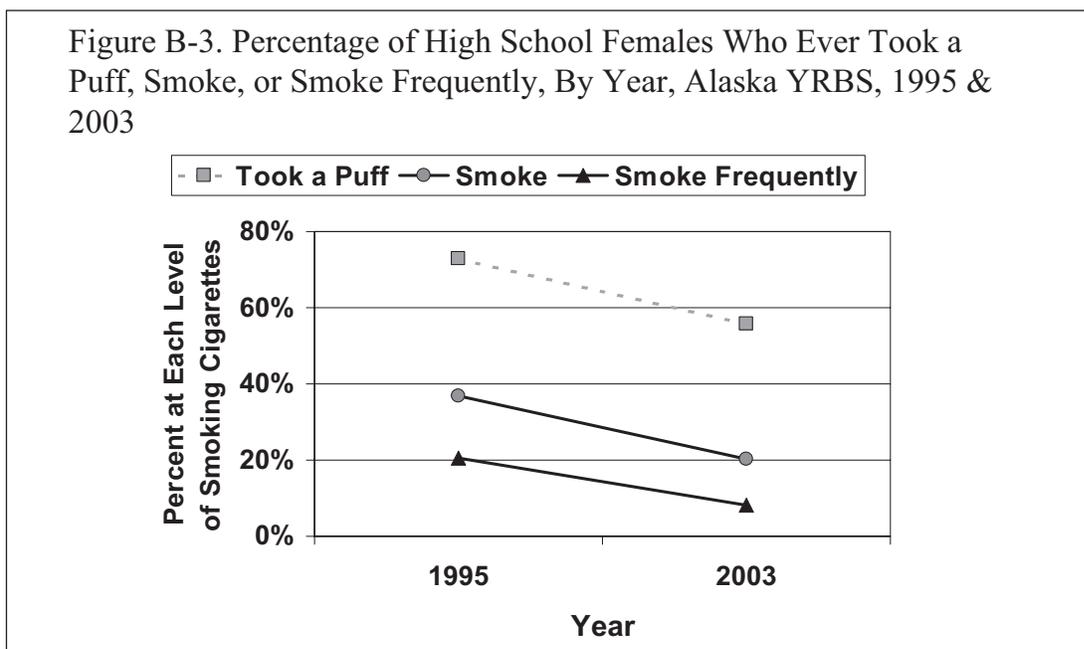




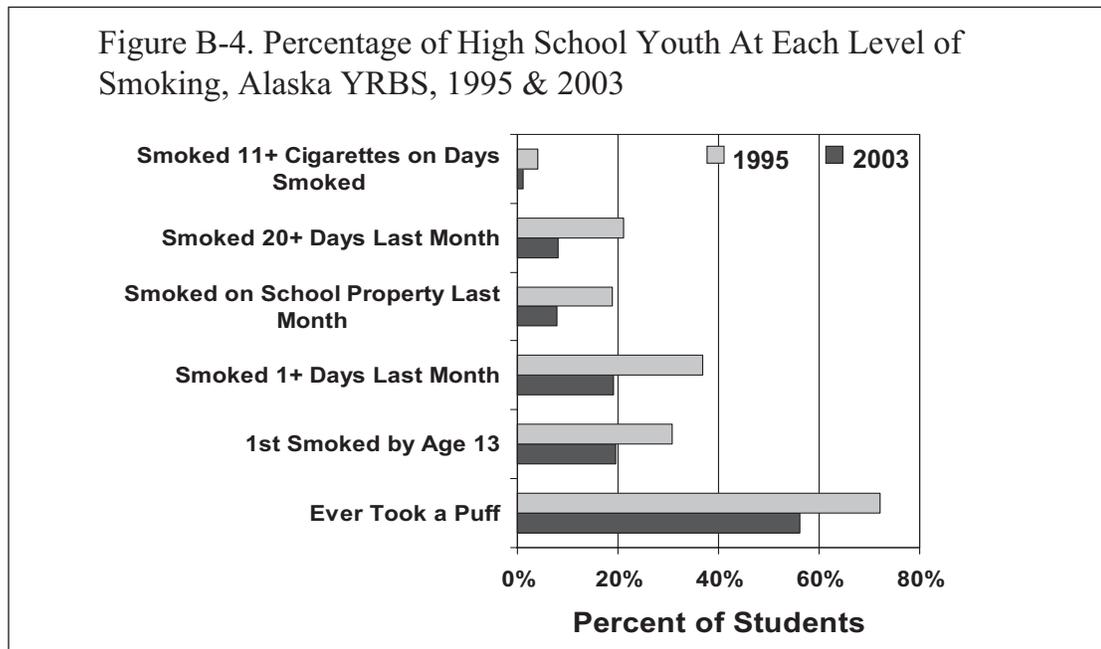
Since 1995, reductions in youth smoking have occurred among both male and female students. Figure B-2 shows changes in cigarette use among male students. In 2003, 56% of high school males had ever tried smoking, down from 72% in 1995. The percentage of males who smoke was half (18%) as large in 2003 as it was in 1995 (37%), while the percentage of males who smoke frequently dropped from 22% in 1995 to 8% in 2003.



Declines in smoking among females paralleled those among males, as illustrated in Figure B-3. The percentage of female high school students who ever tried smoking decreased from 73% in 1995 to 56% in 2003. The percentage of female high school students who smoke also declined; falling from 37% (1995) to 20% (2003). In addition, fewer female students smoke frequently now than in 1995, declining from 21% to 8%.



In addition to the fact that fewer students are smoking now than in 1995, students are less likely to have tried cigarettes at young ages and smoke fewer cigarettes in a day. In 1995 31% of Alaskan high school students had smoked an entire cigarette by the time they were thirteen, compared to 20% in 2003. The percentage of students who smoked more than half a pack (11 or more) of cigarettes a day also declined to very low levels, from 4% in 1995 to only 1% in 2003. Approximately half as many students reported that they had smoked cigarettes on school property in the past month in 2003 as in 1995, a decline that was also statistically significant. Figure B-4 shows these changes, along with the overall changes in current, frequent, and ever smoking.

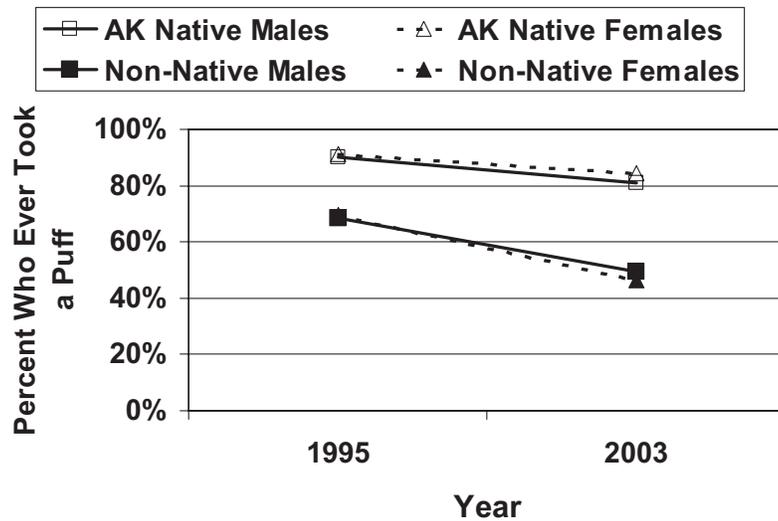


Cigarette Smoking: Experimentation

Figure B-5 shows the percentage of Native and Non-Native students who had ever tried smoking in 1995 and 2003. Experimentation with cigarettes declined among both Native and Non-Native males and females. More Alaska Native students have tried smoking than Non-Native students, however, and the percentage of Alaska Native students who have tried cigarettes remains extremely high. In 1995, 90% of Alaska Native males and 91% of Alaska Native females had ever tried smoking. In 2003 those percentages dropped to 81% among males and 84% among females. In contrast, half (50%) of all Non-Native males and 46% of Non-Native females had tried smoking in 2003, down from 67% and 70% for males and females respectively.



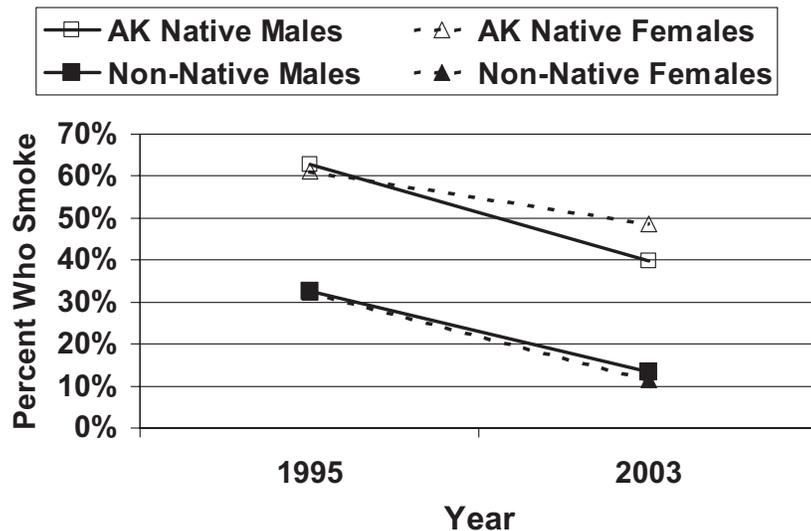
Figure B-5. Percentage of High School Youth Who Ever Took a Puff, By Sex, Race and Year, Alaska YRBS, 1995 & 2003



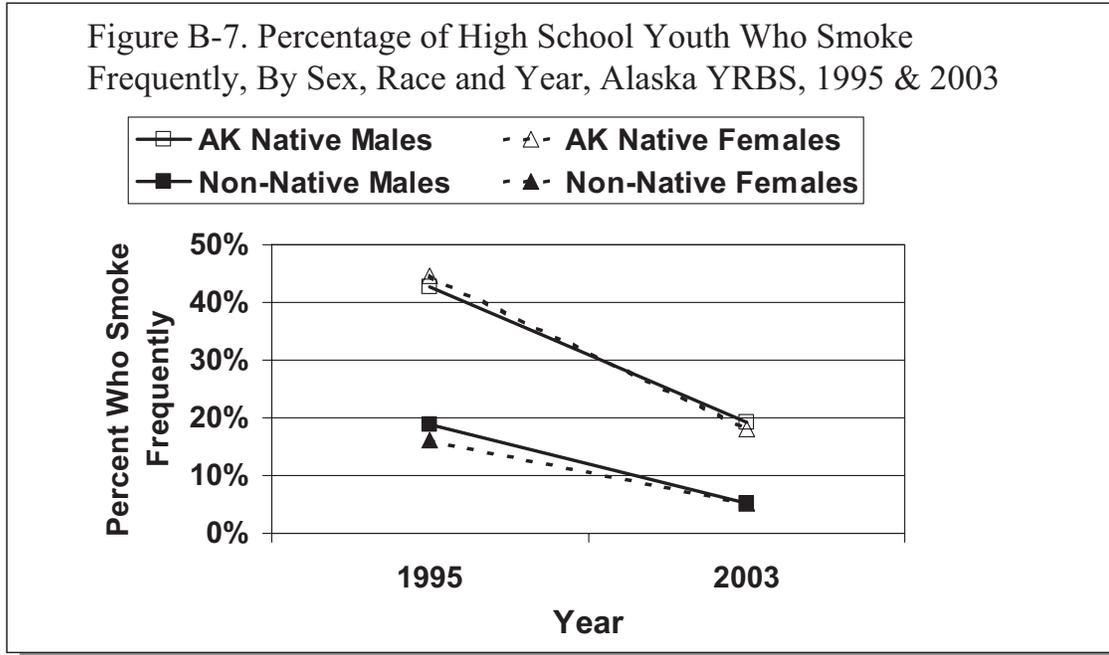
Cigarette Smoking: Current Use

Disparities between Alaska Native and Non-Native students are also evident when trends in current smoking are examined. The percentage of Alaska Native male and female smokers has declined, yet remains three times higher among Alaska Native males and over four times higher among Alaska Native females as among Non-Native males and females respectively (Figure B-6).

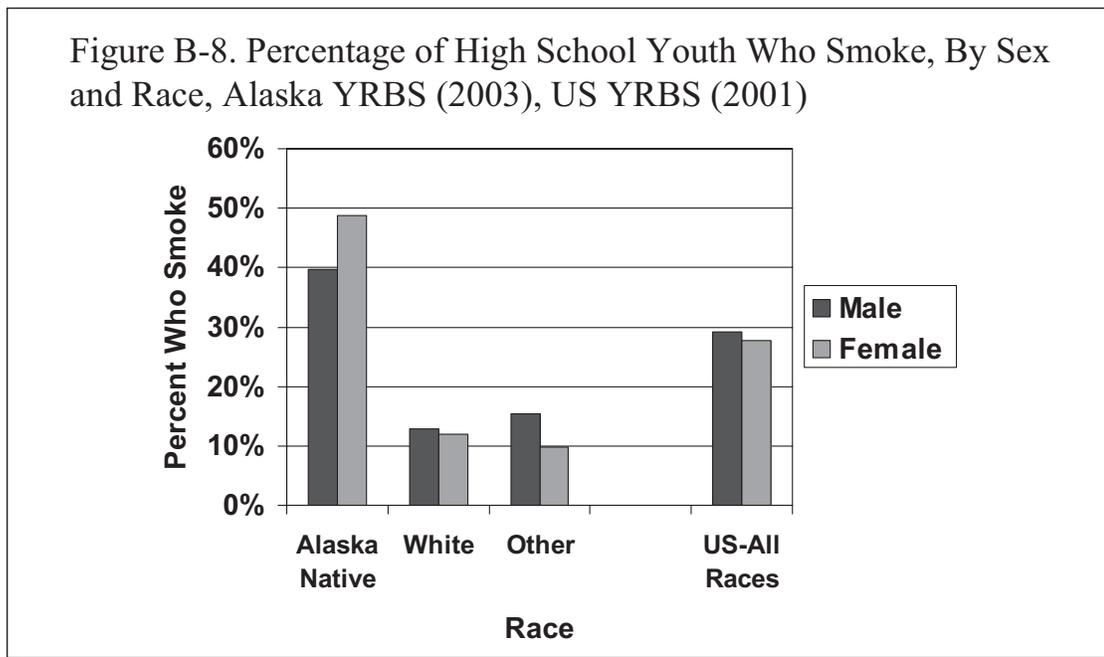
Figure B-6. Percentage of High School Youth Who Smoke, By Sex, Race and Year, Alaska YRBS, 1995 & 2003



The percentage of Alaska Native females and males who smoke frequently is also substantially higher than the corresponding percentage among Non-Native students of both sexes. Almost four times as many Alaska Native male and female students smoke frequently compared to Non-Native students, despite dramatic declines among students of both races (Figure B-7).

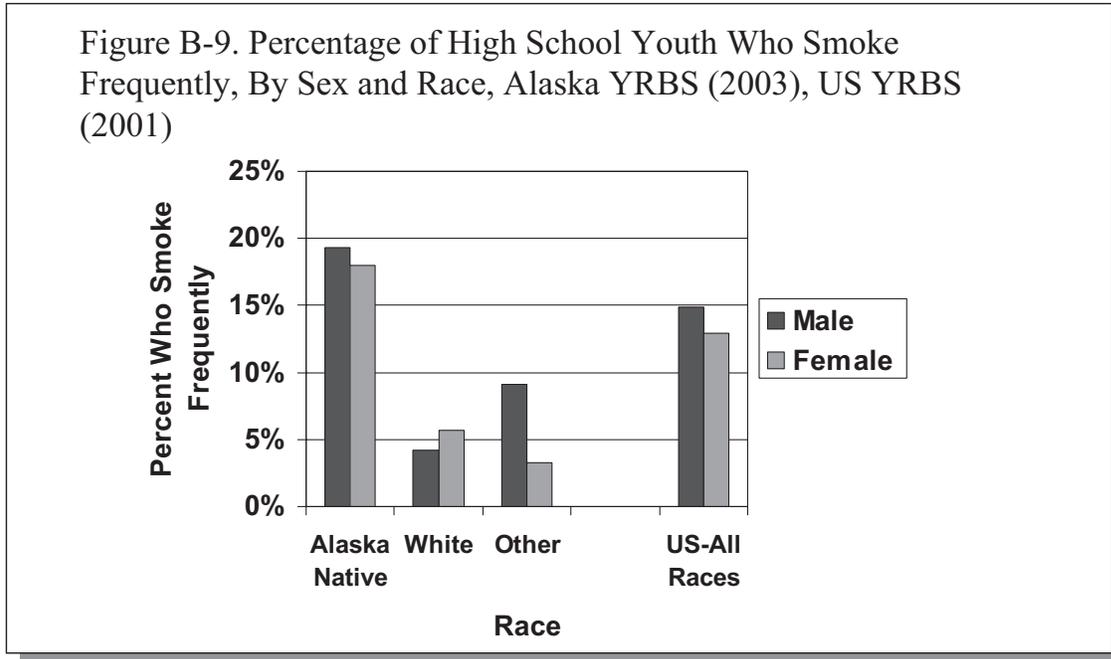


The disparity in tobacco use among Alaska Native compared to Non-Native students is further highlighted when national results are taken into consideration. The prevalence of smokers among the Alaska Native student population exceeds the national prevalence of 29% (males) and 27% (females), as shown in Figure B-8. In contrast, the percentage of White and other Non-Native students in Alaska who are current smokers is approximately half the national average (Figure B-8).





The percentage of Non-Native students in Alaska who smoke frequently is also much lower than in the United States overall, while the percentage of Alaska Native students who smoke frequently is similar to that found nationally (Figure B-9).



Figures B-10 and B-11 provide information on the association between cigarette smoking and age. The percentage of students who smoke increases with age among male and female students (Figure B-10). A similar trend is seen in the percentage of students who smoke frequently (Figure B-11).

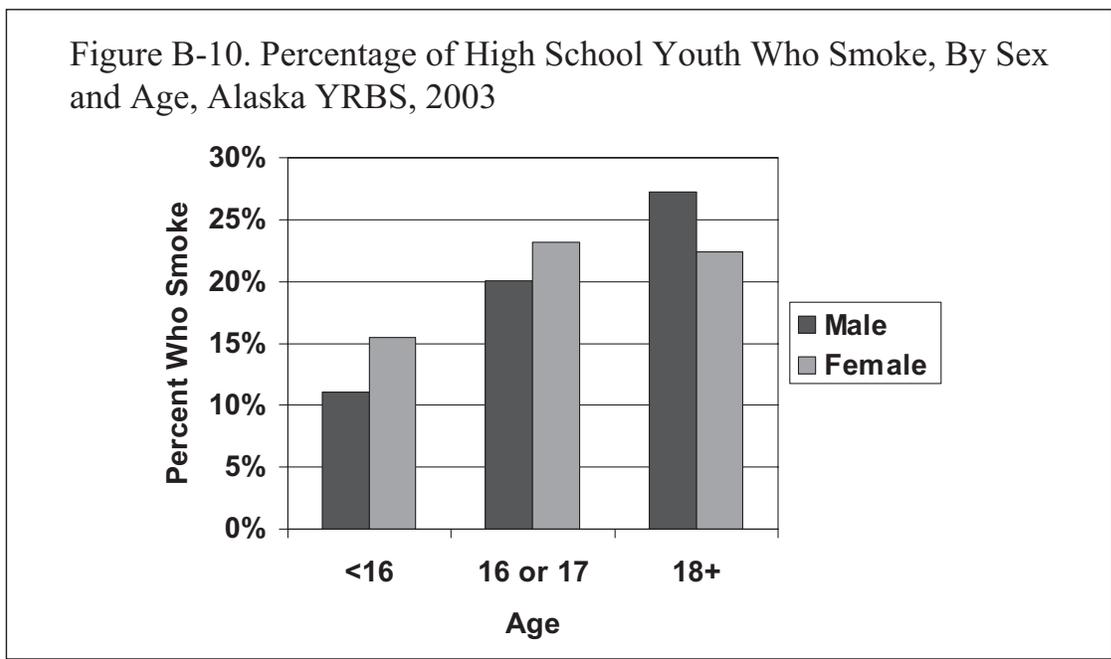
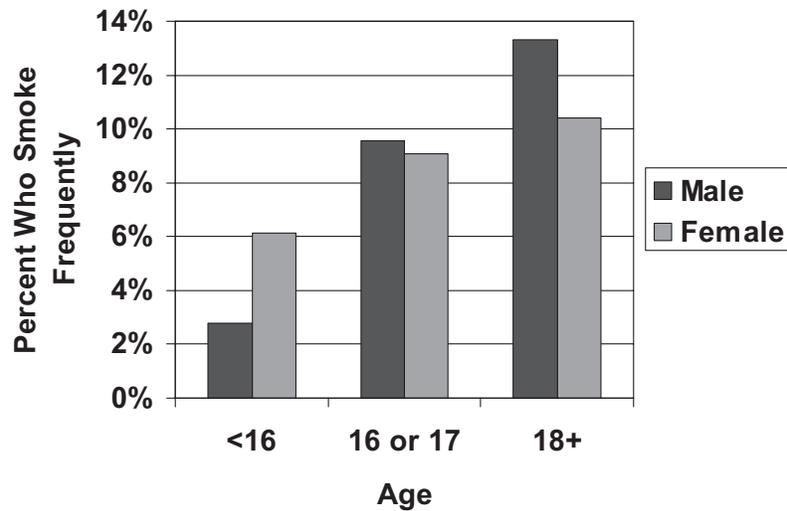
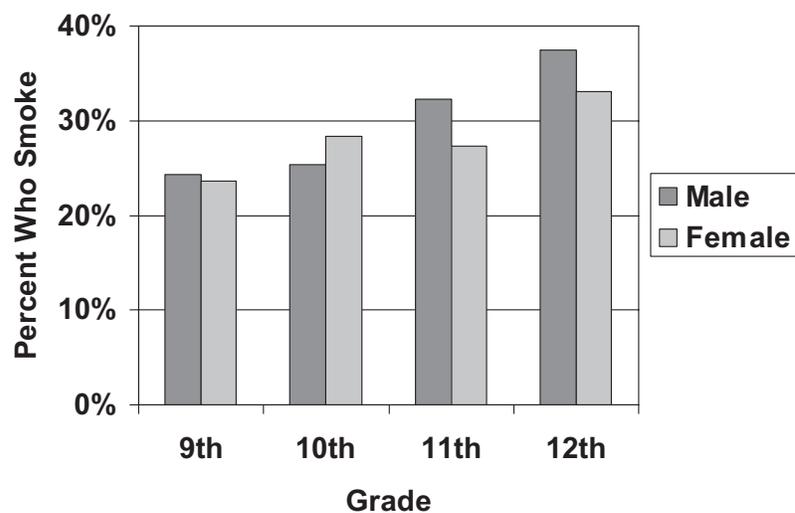


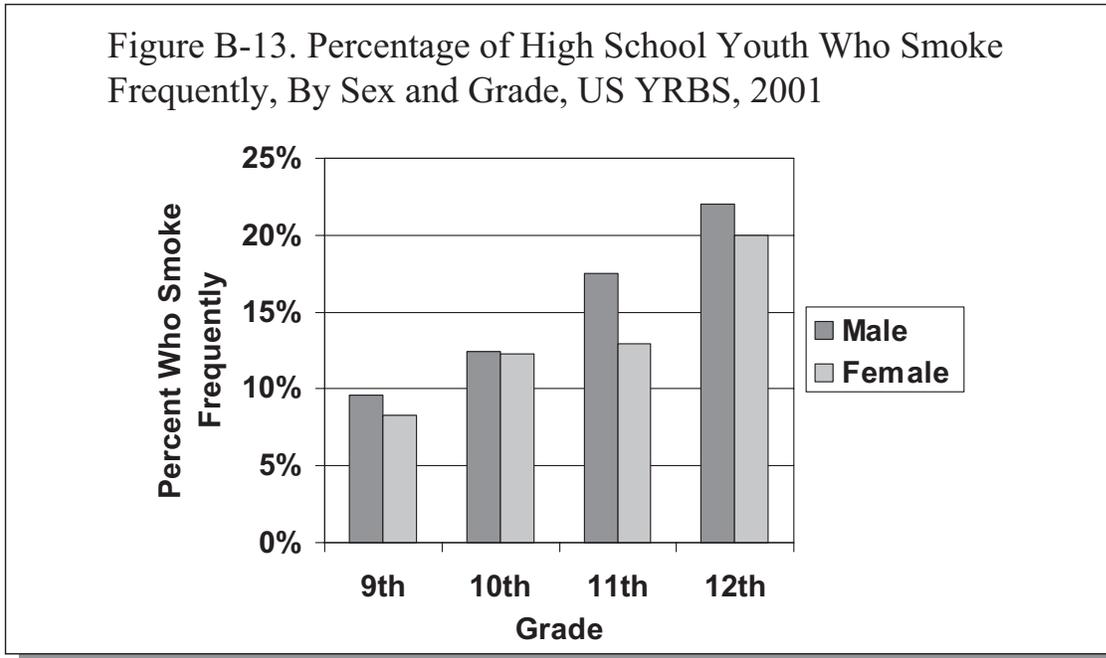
Figure B-11. Percentage of High School Youth Who Smoke Frequently, By Sex and Age, Alaska YRBS, 2003



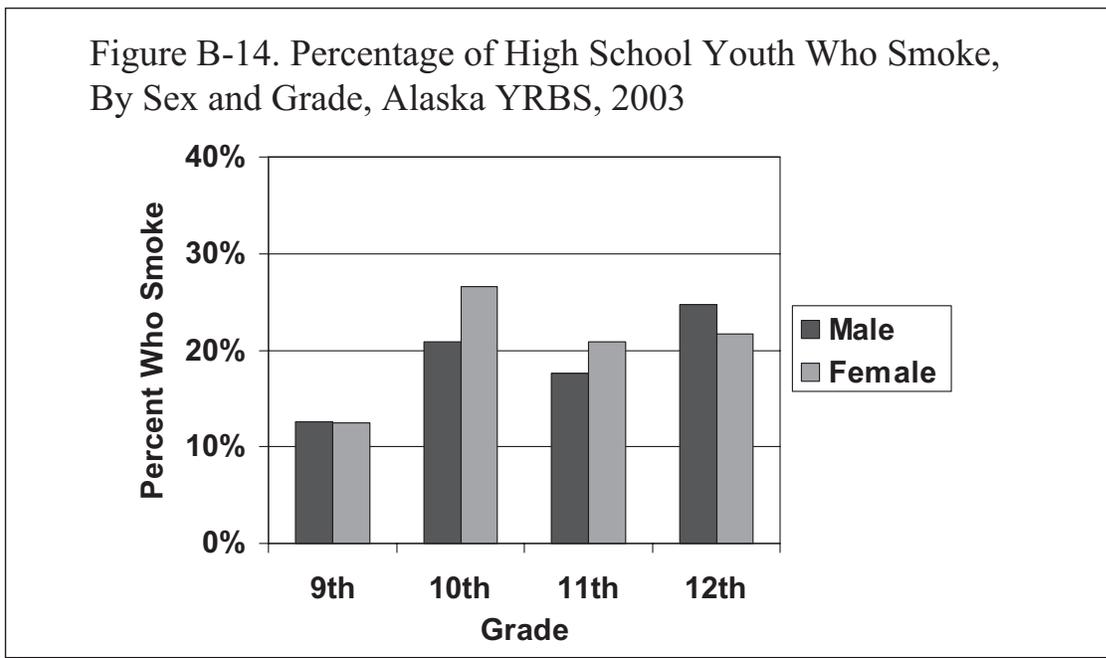
Because the percentage of students who smoke and who smoke frequently appears to increase with age, a similar pattern would be expected when looking at smoking by grade. In the United States as a whole, the percentage of students who smoke increases with grade (Figure B-12), as does the percentage of students who smoke frequently (Figure B-13).

Figure B-12. Percentage of High School Youth Who Smoke, By Sex and Grade, US YRBS, 2001



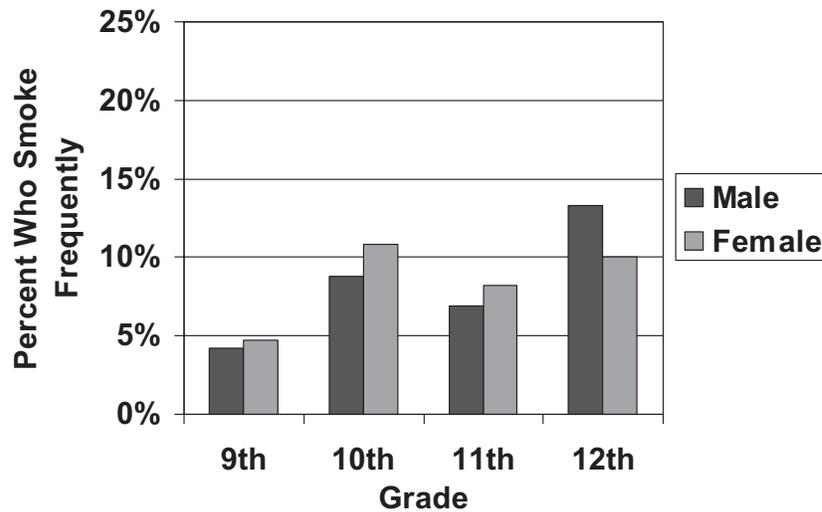


In Alaska, however, the percentage of students who smoke increases substantially from 9th to 10th grade, but does not continue to increase among high school juniors and seniors (Figure B-14).



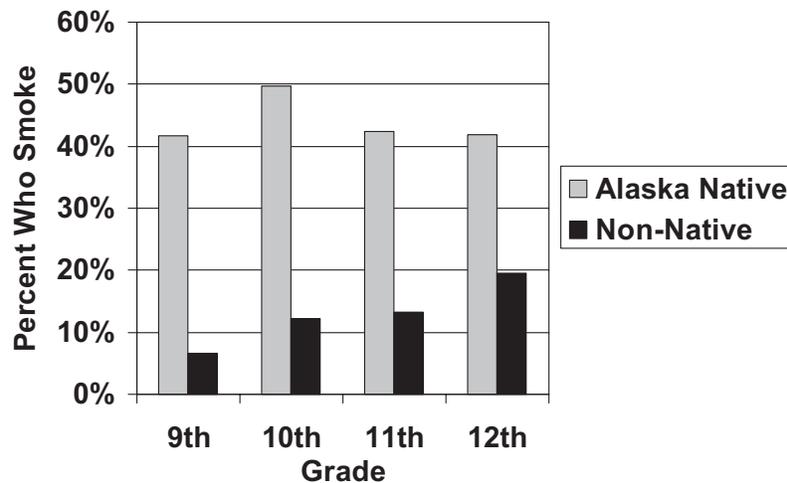
Similarly, the percentage of 10th grade students who smoke frequently is double the percentage of 9th grade students who smoke frequently, and is very close to the percentage of 11th and 12th grade students who smoke frequently (Figure B-15).

Figure B-15. Percentage of High School Youth Who Smoke Frequently, By Sex and Grade, Alaska YRBS, 2003

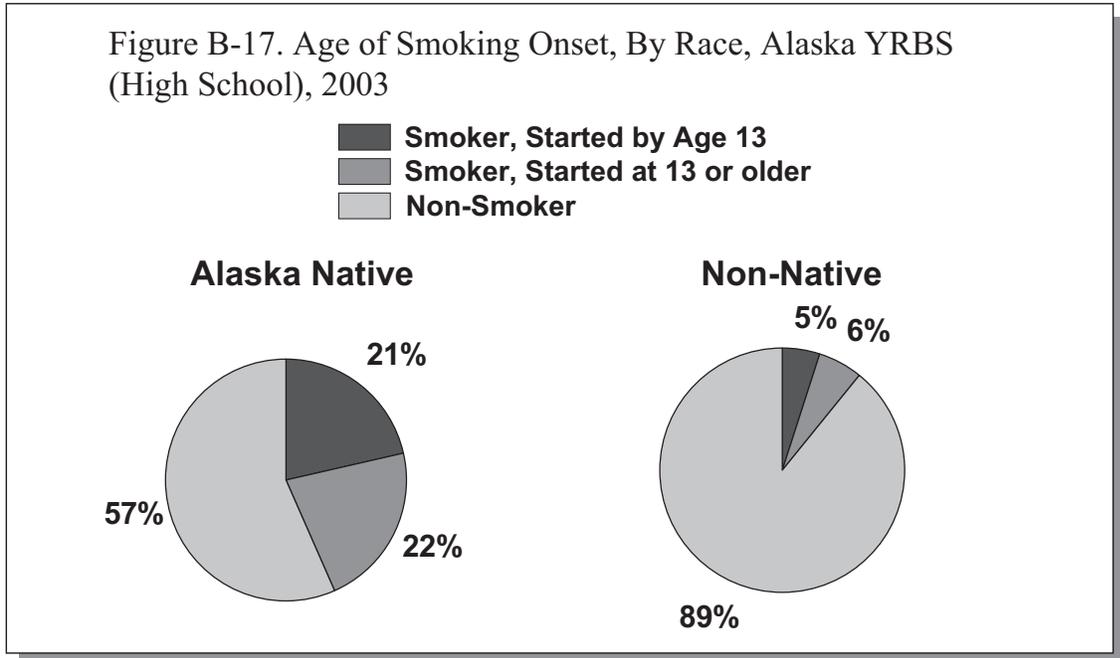


The discrepancy between Alaskan and national trends in smoking by grade might be due to different smoking patterns among Alaska Native high school students and Non-Native students. As shown in Figure B-16, smoking among Non-Native students increases with grade, while smoking among Alaska Native students peaks in 10th grade and levels off among high school juniors and seniors. This pattern suggests that smoking initiation occurs, and therefore peaks, at an earlier age among Alaska Native students than Non-Native students.

Figure B-16. Percentage of High School Youth Who Smoke, By Race and Grade, Alaska YRBS, 2003

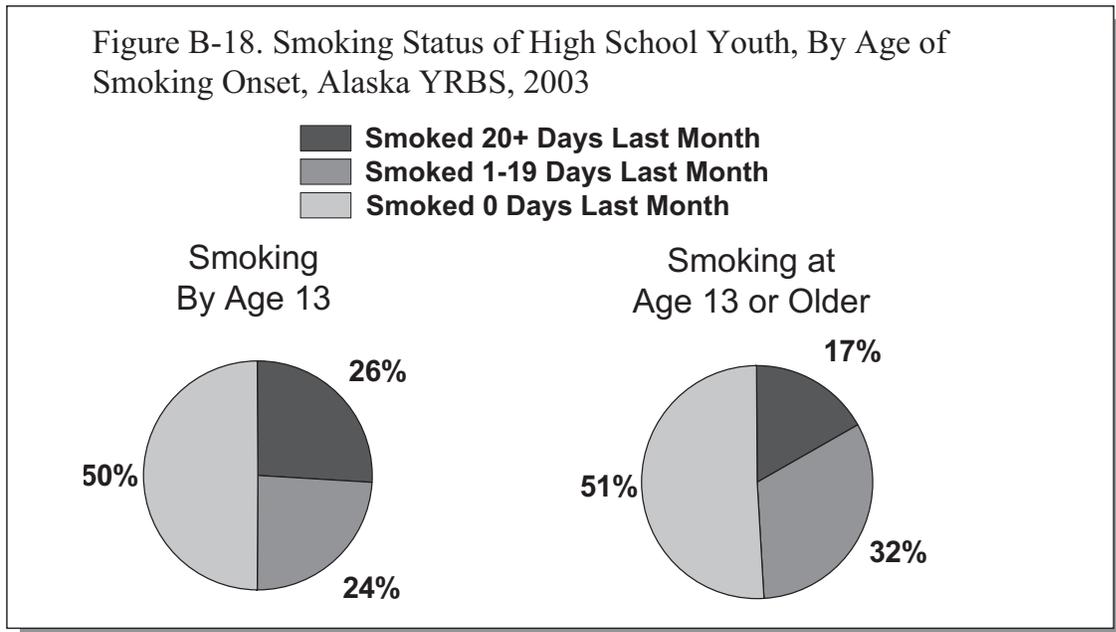


When the age of smoking onset is examined, it appears that Alaska Native students begin smoking at younger ages than Non-Native students. Over one fifth (21%) of Alaska Native high school students report smoking a cigarette before age 13, compared to only five percent of Non-Natives (Figure B-17).

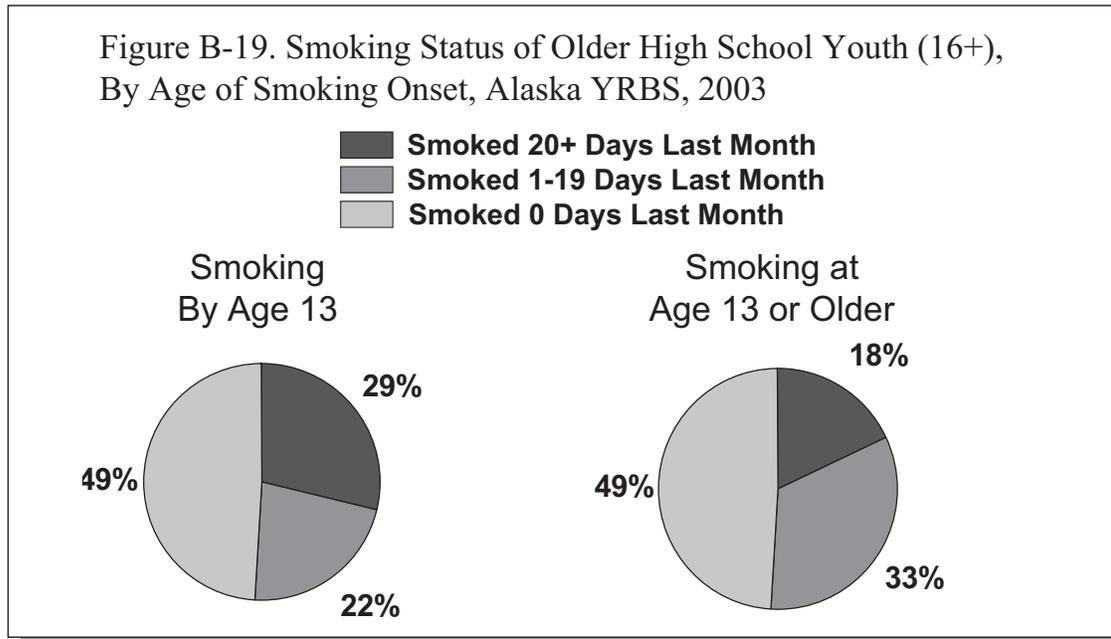


Risk behavior information among younger students is needed in order to determine whether the trend in current smoking observed in Non-Native high school students is comparable to a similar trend among Alaska Native middle school students.

The age at which students begin smoking appears to be associated with their subsequent use of tobacco products. Students who began smoking before age 13 were one and one half times more likely to smoke frequently than students who began smoking after age 13 (Figure B-18).



Since older students are more likely to use tobacco than younger students, it is possible that the apparent association between age of smoking onset and current use is solely due to age. When the smoking status of only older students is examined, however, the same association is found. In 2003, almost one third (29%) of older students who began smoking by age 13 were frequent smokers, compared to 18% of those who began smoking after age 13 (Figure B-19).



Cigarette Smoking: Behavioral Risk Factors

Many of the behavioral risk factors associated with youth smoking nationwide are also evident among Alaskan high school students. Male students who get mostly C's or worse in school are five times as likely to smoke as those who get mostly A's, while females who get C's are almost four times as likely to smoke as those who get A's (Figure B-20). Similarly, male students who get C's or worse are six times more likely to smoke frequently than those who get A's. Females who usually get C's or worse are almost 7 times more likely to smoke frequently than those who get A's (Figure B-21).



Figure B-20. Percentage of High School Youth Who Smoke, By Sex and Typical Letter Grades, Alaska YRBS, 2003

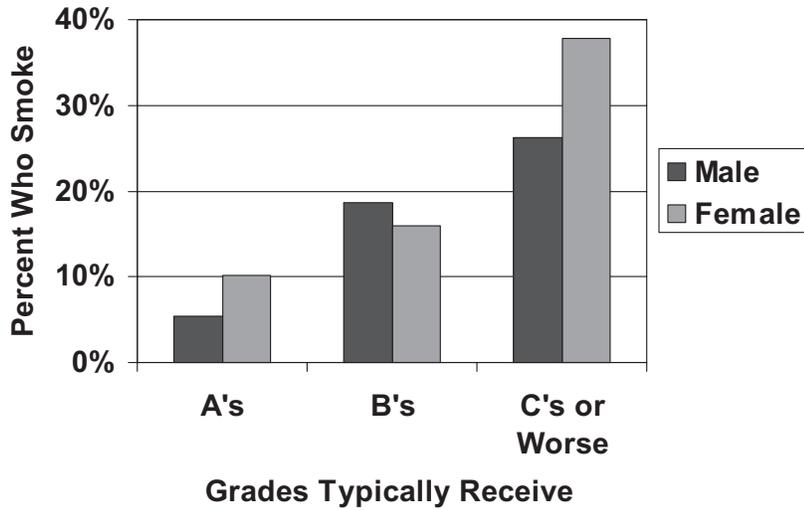
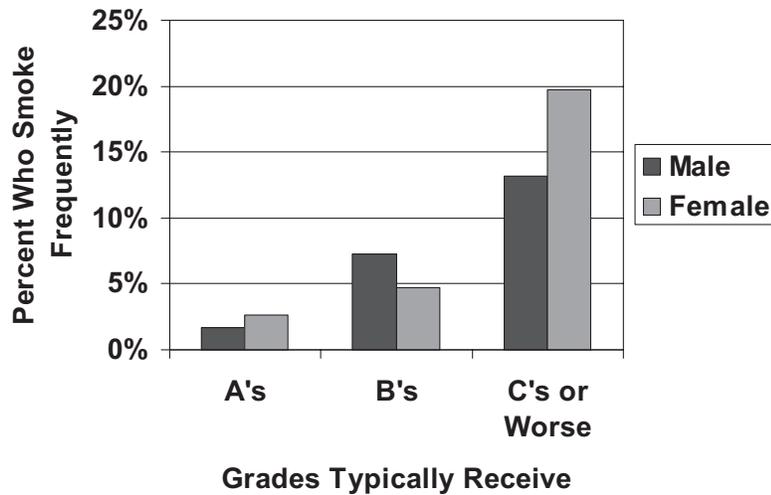


Figure B-21. Percentage of High School Youth Who Smoke Frequently, By Sex and Typical Letter Grades, Alaska YRBS, 2003



Students who are not involved in after school activities are nearly twice as likely to smoke as students who are involved in after school activities (Figure B-22). Students who do not participate in organized sports or volunteer are nearly one and one half times more likely to smoke than students who do. (Figures B-23 and B-24).

Figure B-22. Smoking Status By Involvement In After School Activities, Alaska YRBS (High School), 2003

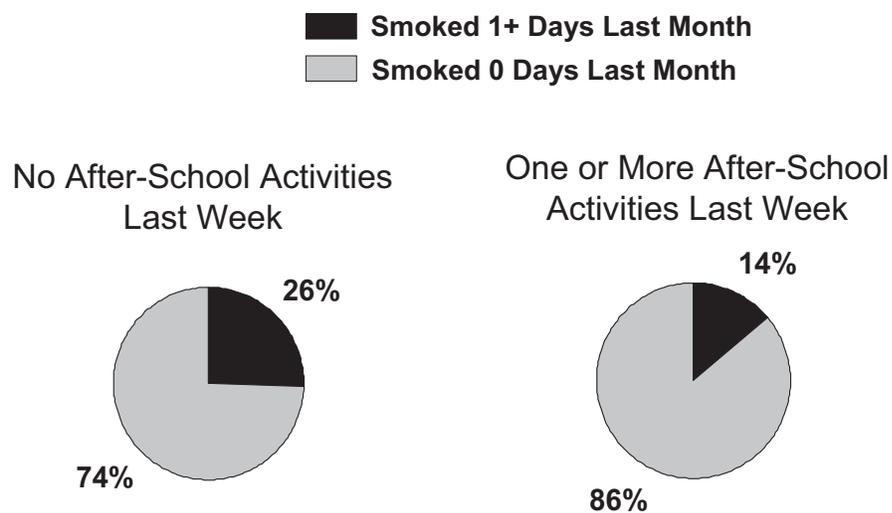
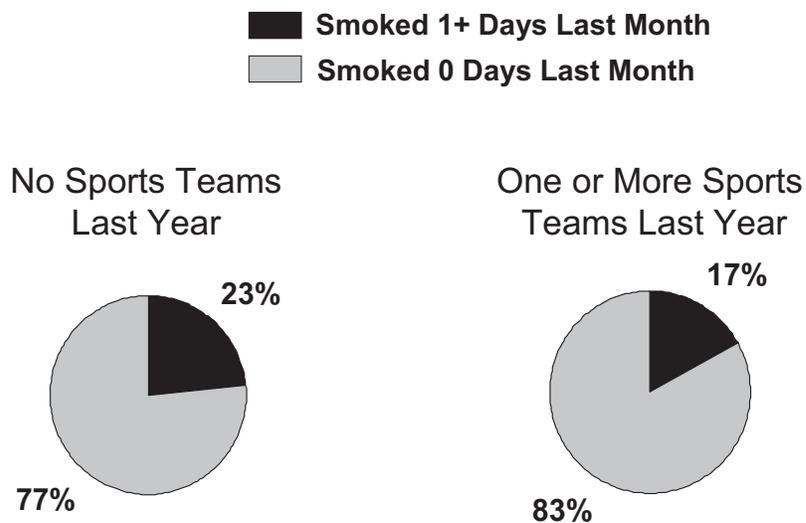
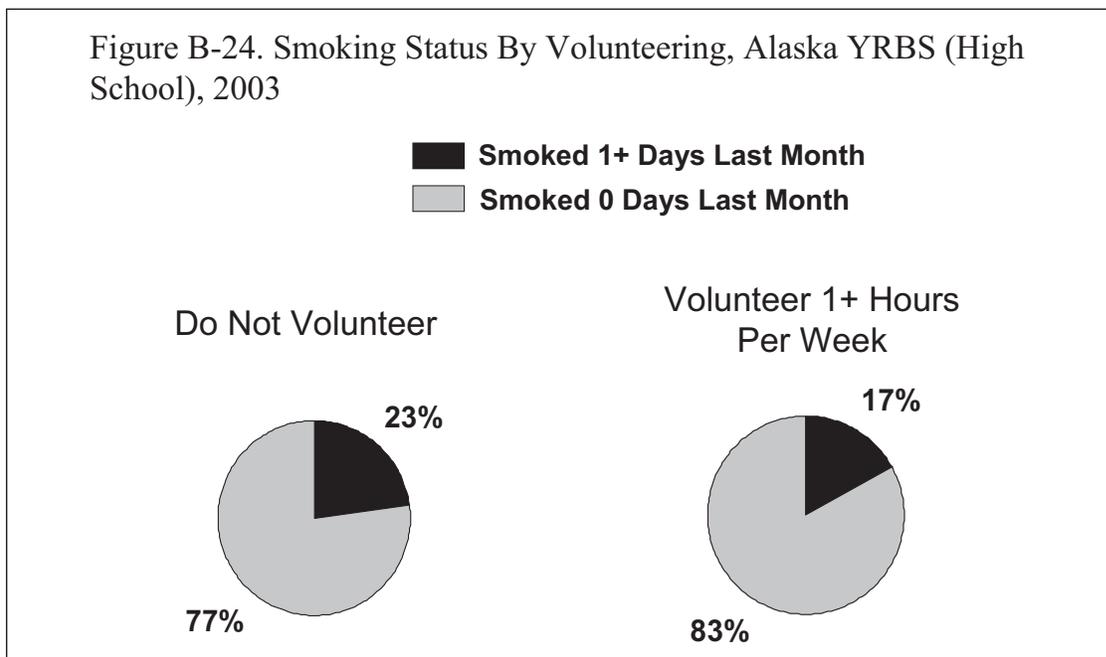


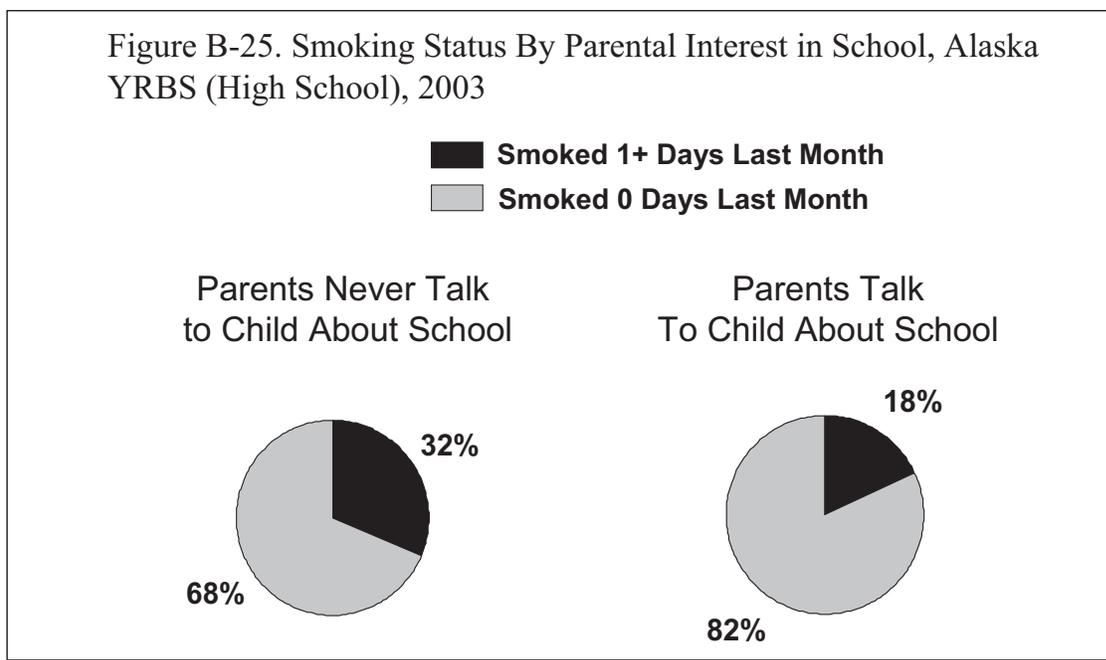
Figure B-23. Smoking Status By Involvement In Organized Sports, Alaska YRBS (High School), 2003



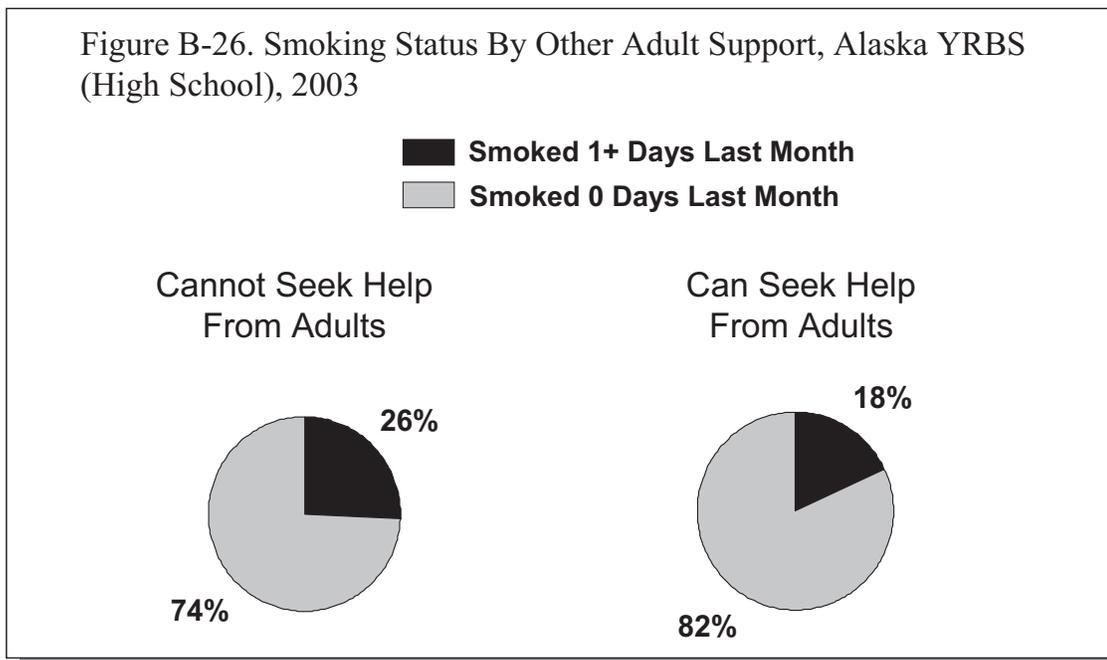


Cigarette Smoking: Environmental Risk Factors

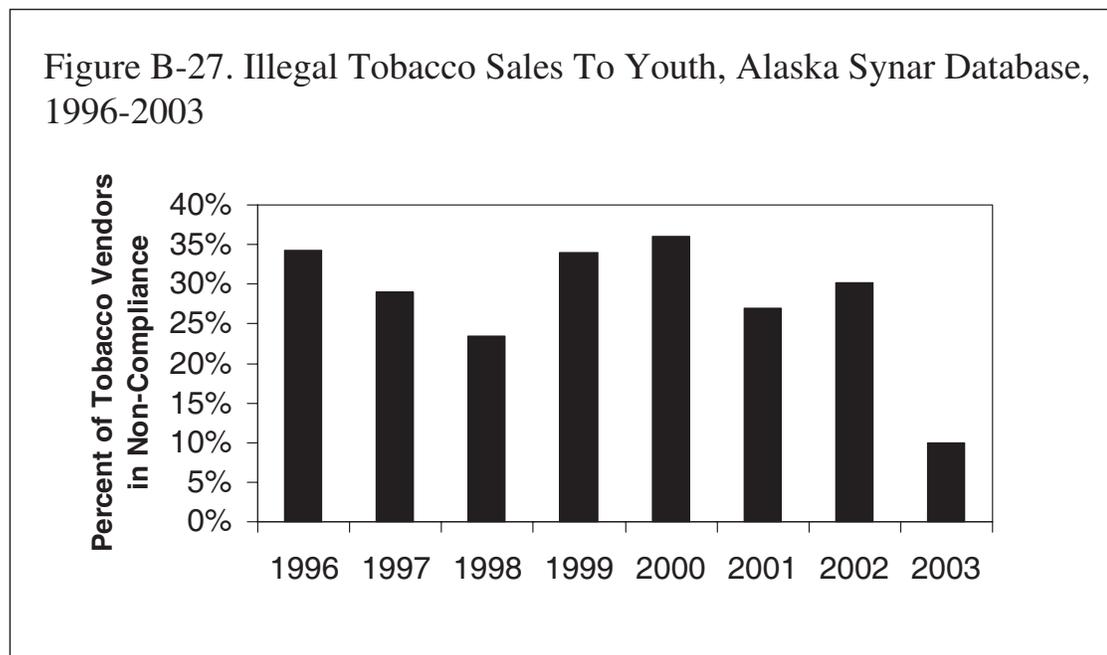
Students who perceive little support from their parents, teachers, and other adults within the community are more likely to smoke than those who do perceive adult support. As shown in Figure B-25, students who report that their parents never talk to them about school are almost twice as likely to smoke as those whose parents do talk to them about school.



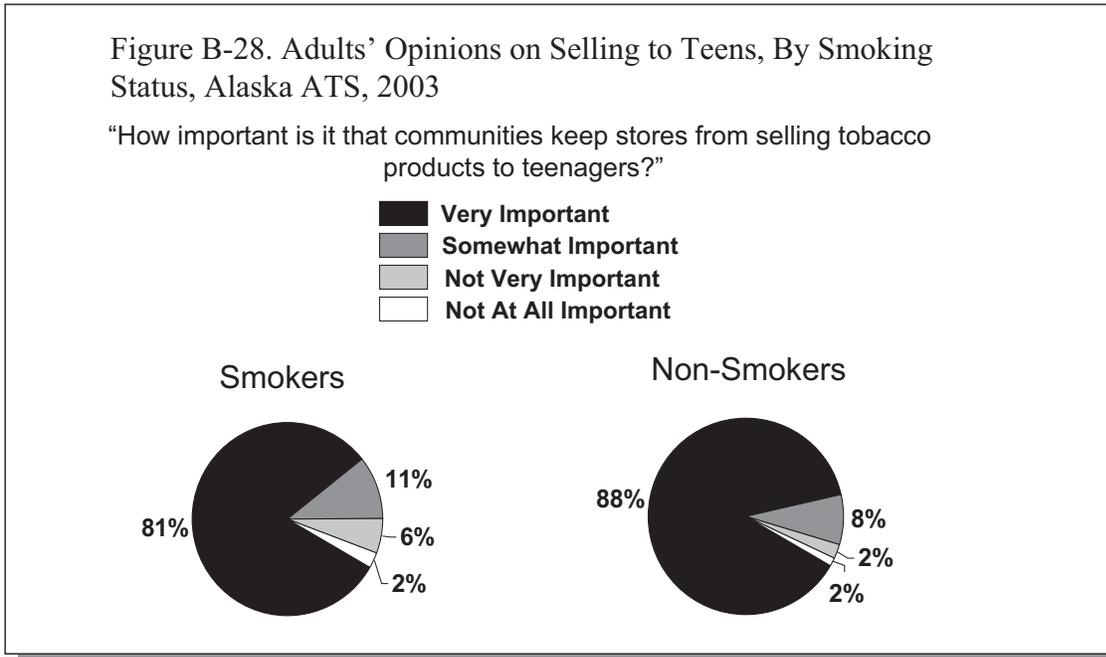
Students who believe that they can seek help from other adults are slightly less likely to smoke than students who do not feel they can seek help from adults (Figure B-26).



Easy access to tobacco products is also an environmental risk factor for youth smoking. Since 1995, it has become harder for youth to purchase tobacco in stores. In 2003, only 10% of licensed tobacco vendors in Alaska sold tobacco to minors, down from 30% in 2002 (Figure B-27).



In addition to decreases in illegal sales within Alaska, a high percentage of adults support restrictions on youth tobacco purchases. On the 2003 Adult Tobacco Survey (ATS) 95% of Alaskan adults said that they believed it was somewhat important or very important that communities keep stores from selling tobacco products to teenagers. Smokers were twice as likely as non-smokers to say that they believed it was not very important or not at all important to prevent youth from purchasing tobacco products in a store (Figure B-28).



Data from the 2002 Hellenthal and Associates Media Awareness Survey also show a high level of support for enforcement of laws preventing the sale of tobacco products to youth. In 2002, 66% of adults living in the primary media markets within Alaska said they believed youth access to tobacco was a problem in their community, while 72% said they agreed or strongly agreed with the statement that laws to keep kids from buying cigarettes need more active enforcement.

While decreases in illegal tobacco sales to minors are an important part of limiting access to tobacco products, non-retail sources of tobacco must be addressed as well. The percentage of students who reported on the YRBS that they usually buy cigarettes in a store was cut in half between 1995 and 2003, as shown in Figures B-29 and B-30. During the same time period, however, the percentage of students who said that someone else bought cigarettes for them increased from 26% to 35%.

Figure B-29. Usual Source of Cigarettes for High School Smokers, Alaska YRBS, 1995

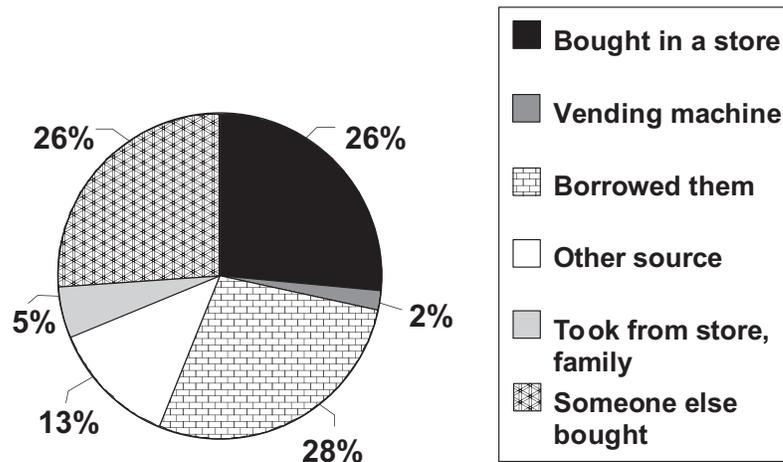
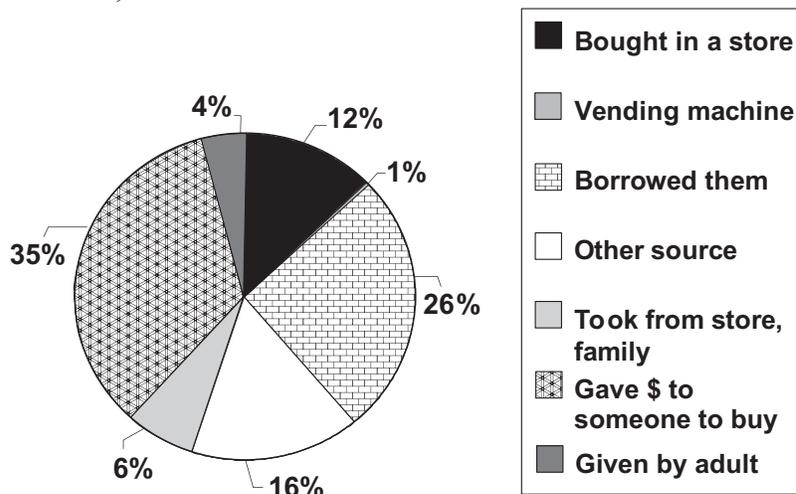


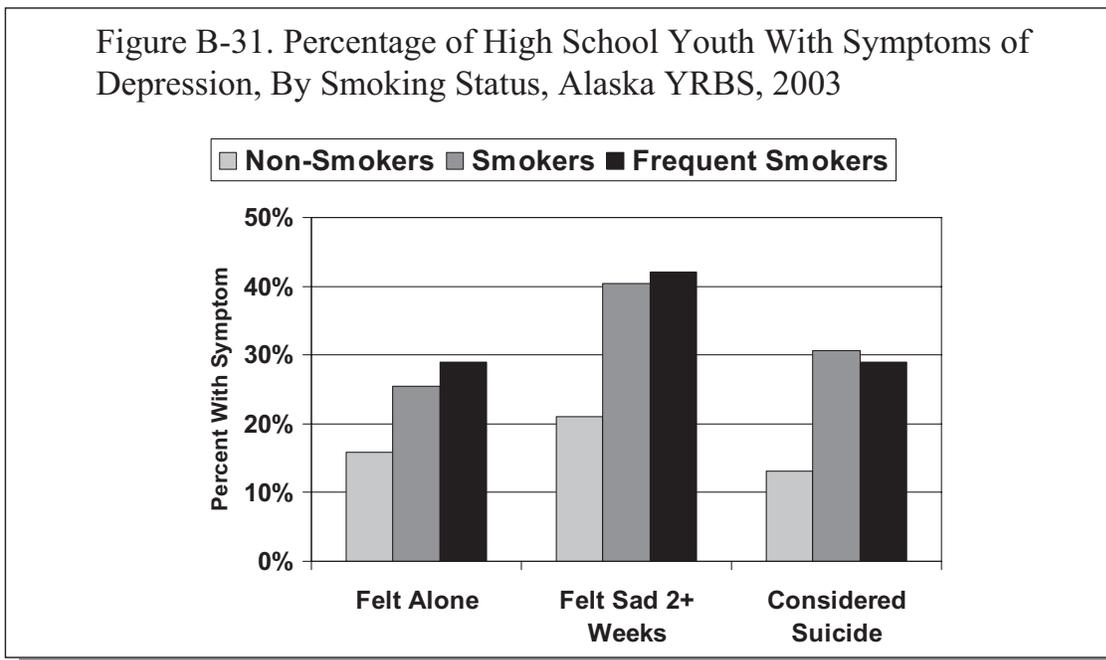
Figure B-30. Usual Source of Cigarettes for High School Smokers, Alaska YRBS, 2003



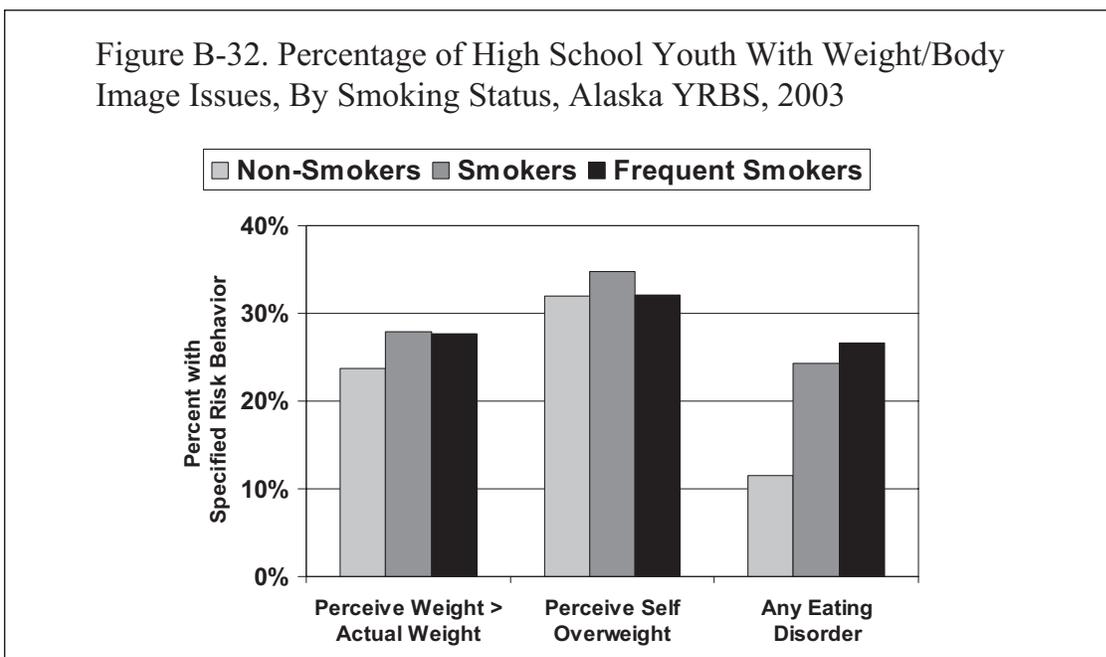


Cigarette Smoking: Personal Risk Factors

The YRBS contains several items that address some of the personal risk factors for smoking, such as low self-esteem and self-image. Higher percentages of students who smoke or smoke frequently report that they feel alone, have been sad for two consecutive weeks in the past year, and have considered suicide in the past year, compared to non-smokers (Figure B-31).



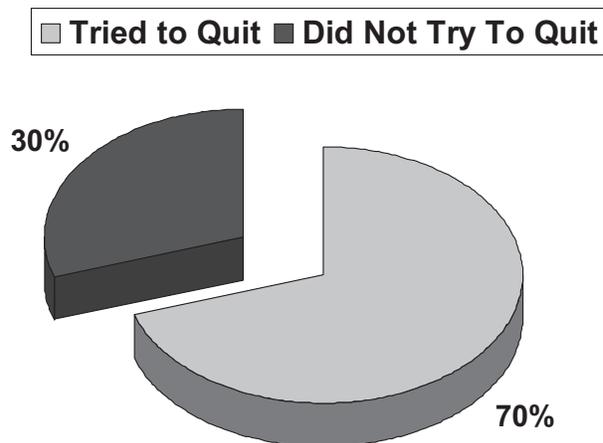
Perceptions of weight and body image can also be markers of self-esteem among adolescents. In Alaska, nearly twice as many students who smoke or smoke frequently have eating disorders as do non-smokers (Figure B-32).



Cigarette Smoking: Cessation

The desire to quit smoking appears to be great among high school students who smoke. In the past year, nearly three-quarters (70%) of high school smokers have tried to quit (Figure B-33).

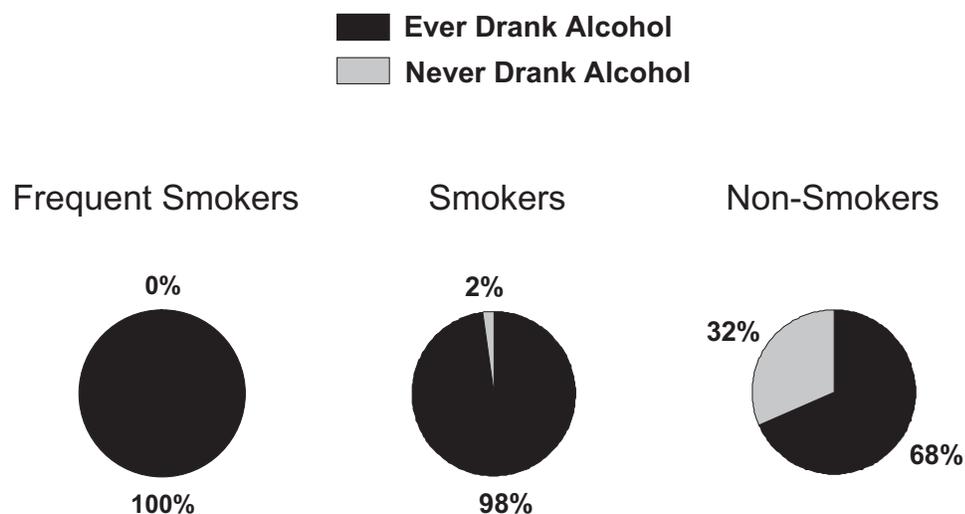
Figure B-33. Percentage of High School Smokers Who Tried Quitting in the Last 12 Months, Alaska YRBS, 2003



Cigarette Smoking: Correlations with Alcohol and Drug Use

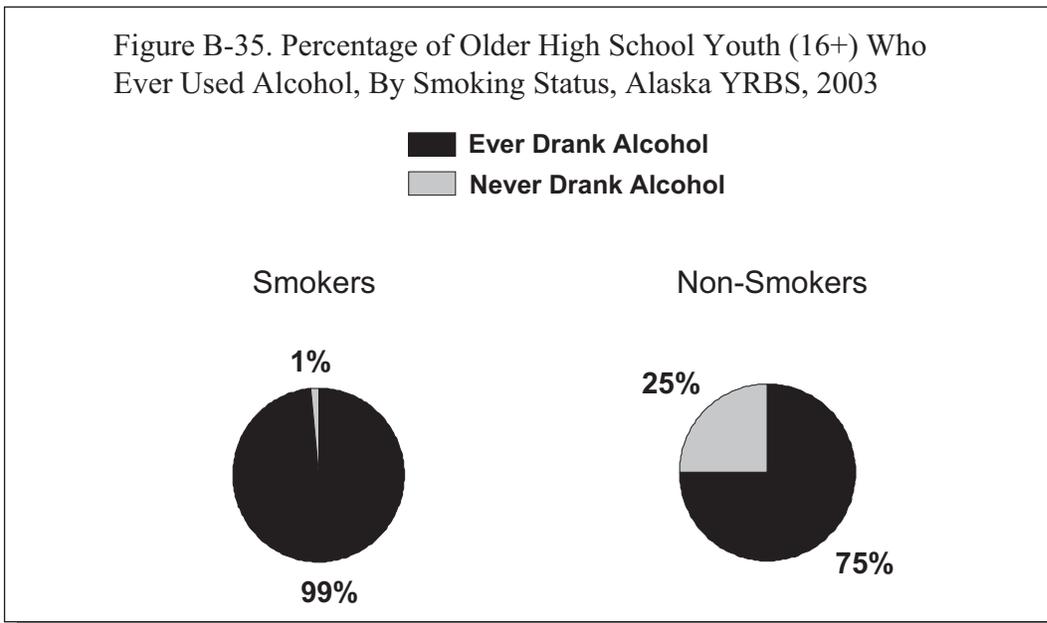
Those students who currently smoke are more likely than their non-smoking peers to have tried other substances associated with negative health and social consequences. Participation in such behaviors is elevated among those who smoke frequently. All frequent smokers and nearly

Figure B-34. Percentage of High School Youth Who Ever Used Alcohol, By Smoking Status, Alaska YRBS, 2003

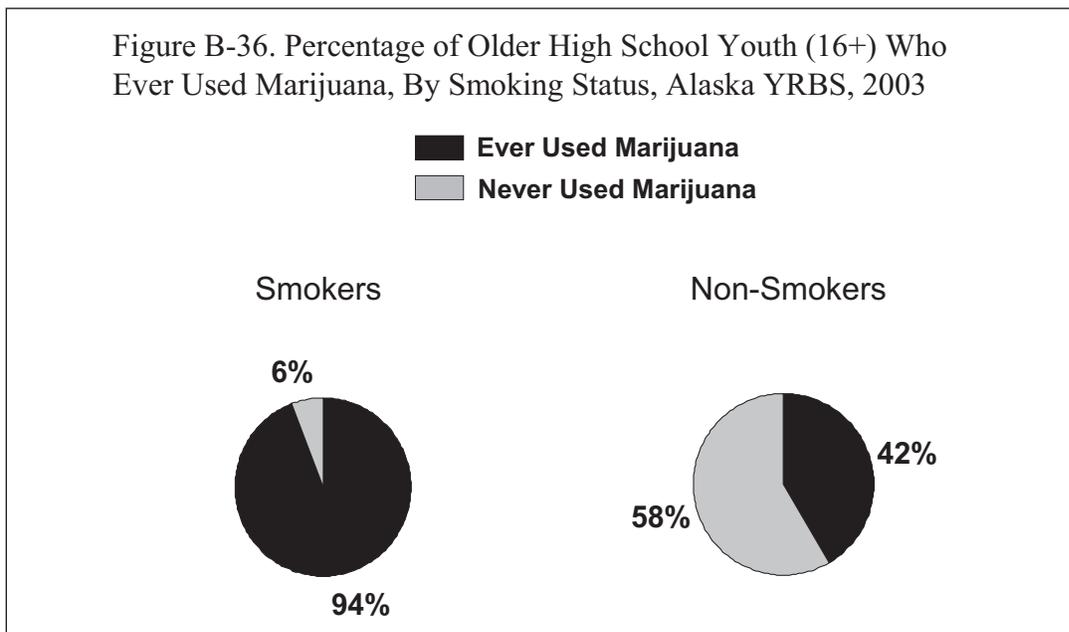


all current smokers (98%) have ever used alcohol, compared to 68% of students who do not currently smoke (Figure B-34).

Since the likelihood of smoking and experimentation with alcohol, marijuana and other drugs increases with age, it is possible that any apparent association between the use of tobacco and the use of any other substance may be at least in part due to age. When the analysis of smoking status and other substance use is restricted to those students 16 years of age and older, however, the association between smoking and alcohol remains. As shown in Figure B-35, 99% of current smokers ages 16 and older have ever used alcohol, compared with 75% of non-smokers of the same age.



Older students who smoke are more than twice as likely to have tried marijuana than their peers who do not smoke (Figure B-36).



They are three times as likely to have ever tried inhalants (Figure B-37) and nearly four times as likely to have ever used cocaine, heroin, methamphetamine, or ecstasy, compared to students their own age who do not smoke (Figure B-38).

Figure B-37. Percentage of Older High School Youth (16+) Who Ever Used Inhalants, By Smoking Status, Alaska YRBS, 2003

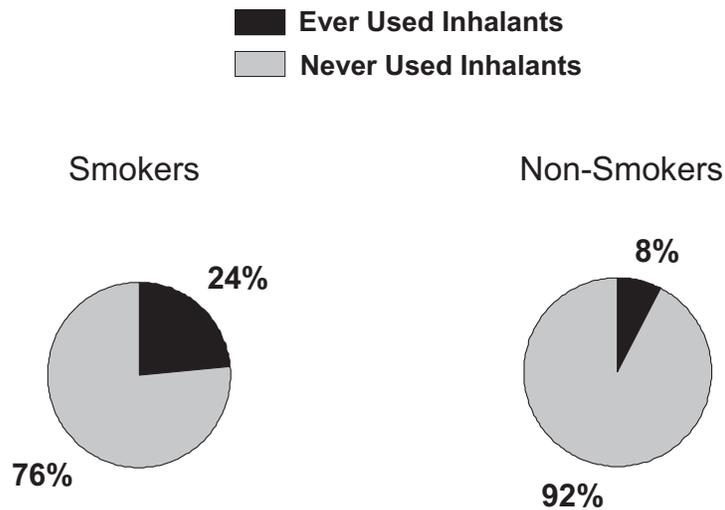
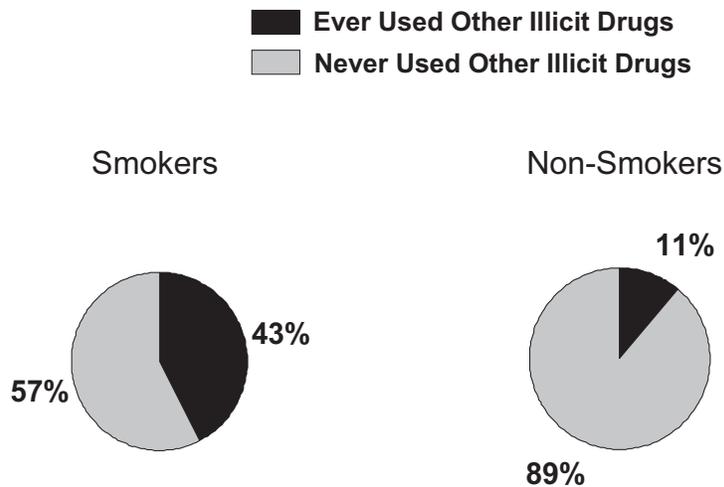
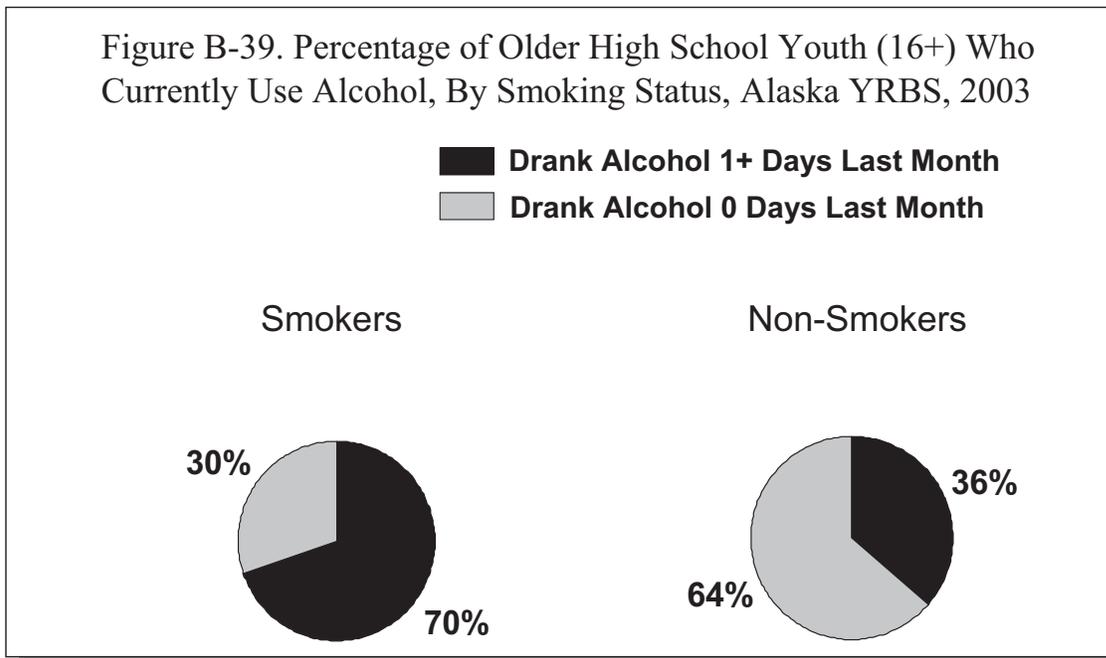


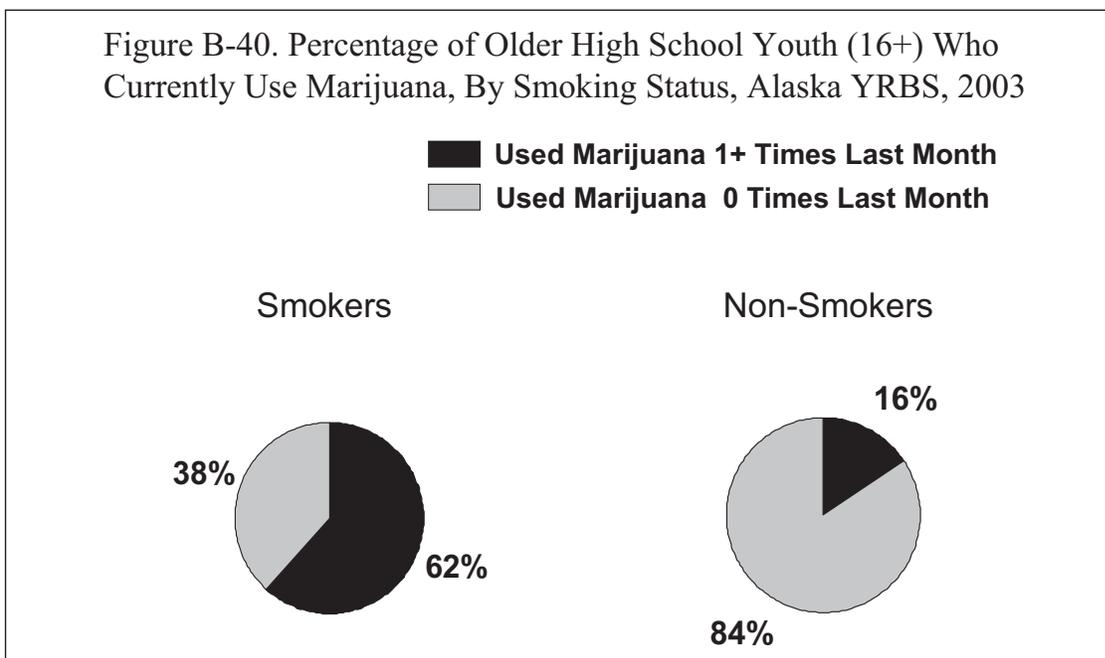
Figure B-38. Percentage of Older High School Youth (16+) Who Ever Used Cocaine, Heroin, Methamphetamine, or Ecstasy, By Smoking Status, Alaska YRBS, 2003



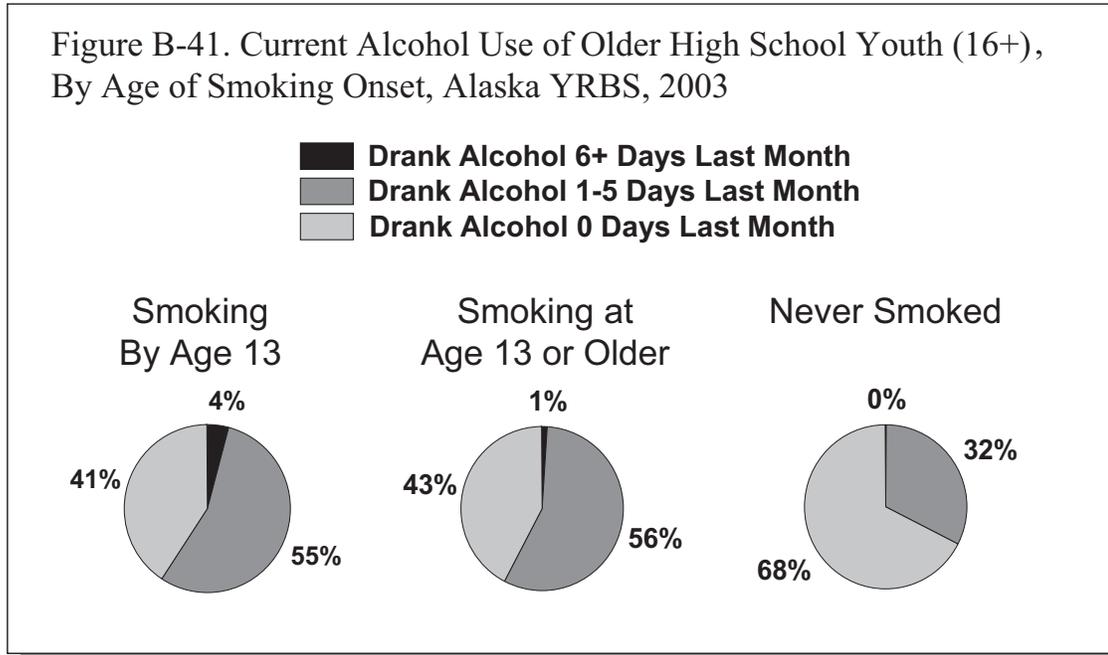
In addition to experimentation with alcohol and other drugs, older students who smoke are more likely to be current alcohol and marijuana users than their peers who do not smoke. Students ages 16 and older who smoke were twice as likely to have consumed alcohol in the past month as students who do not smoke (Figure B-39).



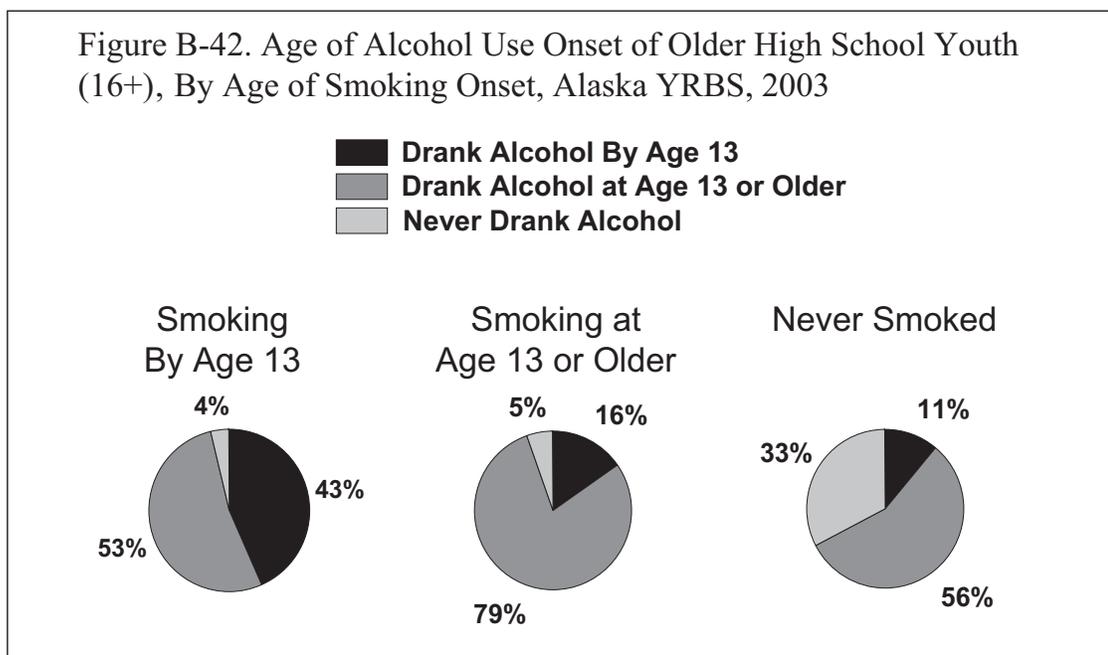
Among older students, 62% of current smokers have used marijuana in the past 30 days, a percentage that is nearly four times higher than that (16%) found among non-smokers (Figure B-40).



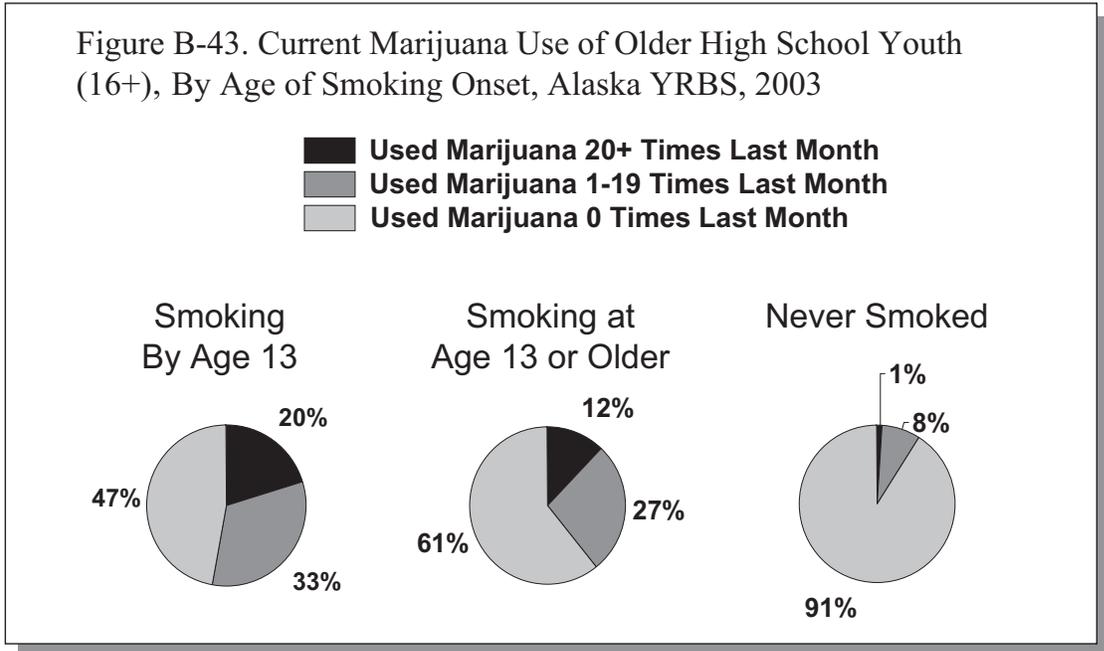
Older students who began smoking by age 13 were almost twice as likely to have used alcohol on one to five days in the past month, as were older students who had never smoked. They were also four times more likely to be frequent alcohol users, drinking on 6 or more of the past 30 days, than students who began smoking at age 13 or older (Figure B-41).



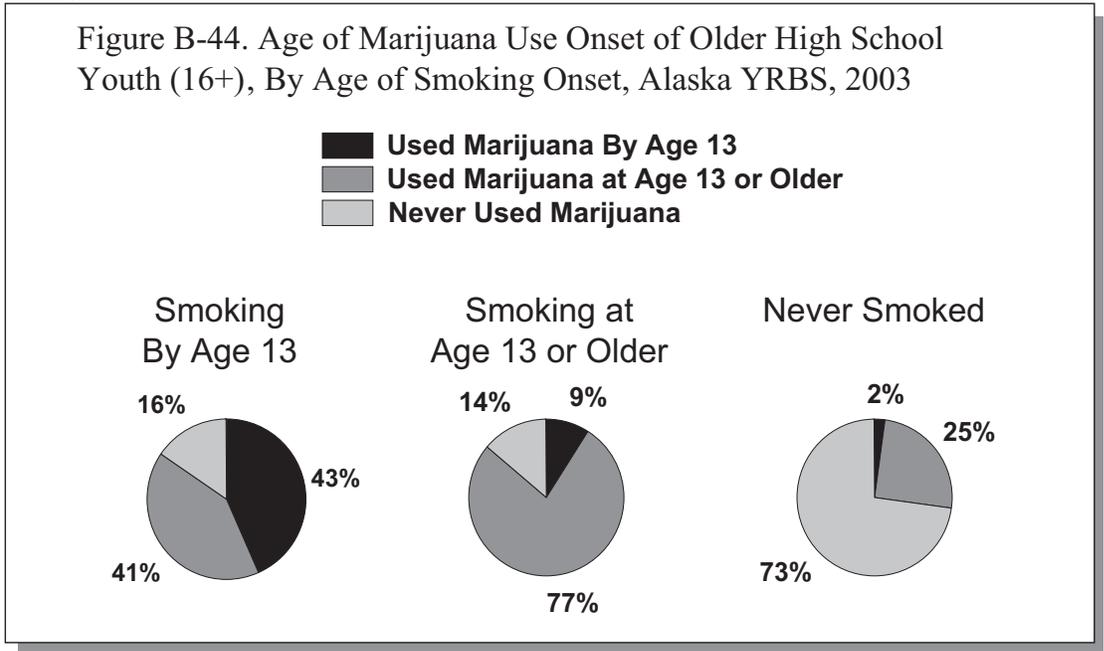
The age at which older students began smoking also appears to be associated with the age at which they began drinking alcohol. Older students who began smoking by age 13 were almost three times more likely to have also used alcohol by age 13 as those who began smoking after age thirteen, and almost four times more likely to have used alcohol by age thirteen than those who never smoked (Figure B-42).



The age of cigarette smoking onset was also linked to current marijuana use among older high school students. Older students who began smoking by age 13 were twenty times more likely to have used marijuana 20 or more times in the past 30 days as those who never smoked cigarettes, and almost twice as likely to have used marijuana 20 or more times in the past 30 days than students who began smoking cigarettes at age 13 or older. Older students who began smoking by the time they turned 13 were also 4 times more likely to have used marijuana 1-19 times as those who never smoked (Figure B-43).



As is the case with alcohol use, there appears to be a relationship between the age at which older students began smoking cigarettes and the age at which they began using marijuana. Older students who began smoking cigarettes by age 13 were almost five times more likely to have used marijuana by age 13 as those who began smoking at age 13 or older. Those same individuals were over twenty times more likely to have used marijuana by age 13 than those who never smoked (Figure B-44).



Cigarette Smoking: Correlations with Sexual Activity

Students age 16 and older who smoke are more likely to have ever had sex than those who do not smoke (Figure B-45), and are almost twice as likely to have had sex in the last three months than students who do not smoke (Figure B-46).

Figure B-45. Percentage of Older High School Youth (16+) Who Ever Had Sex, By Smoking Status, Alaska YRBS, 2003

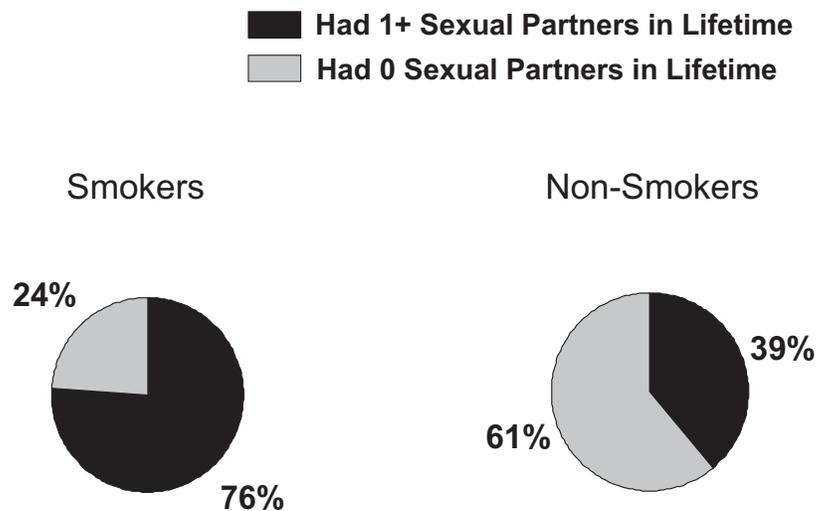
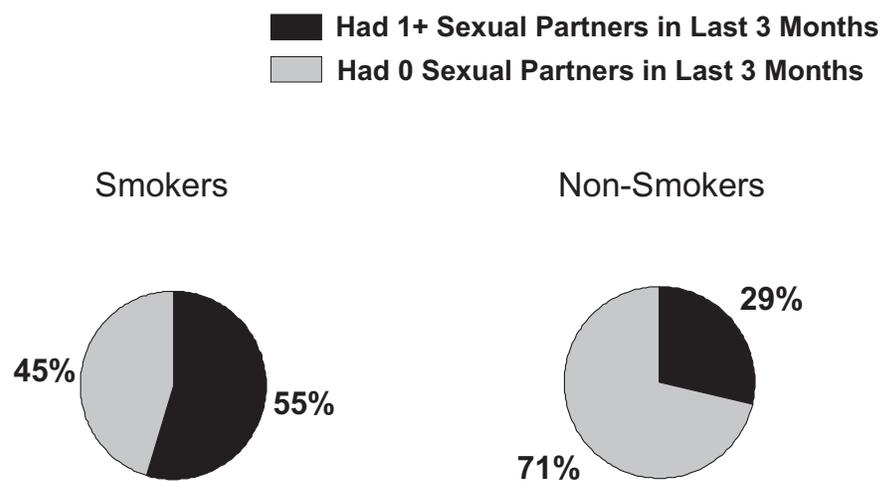
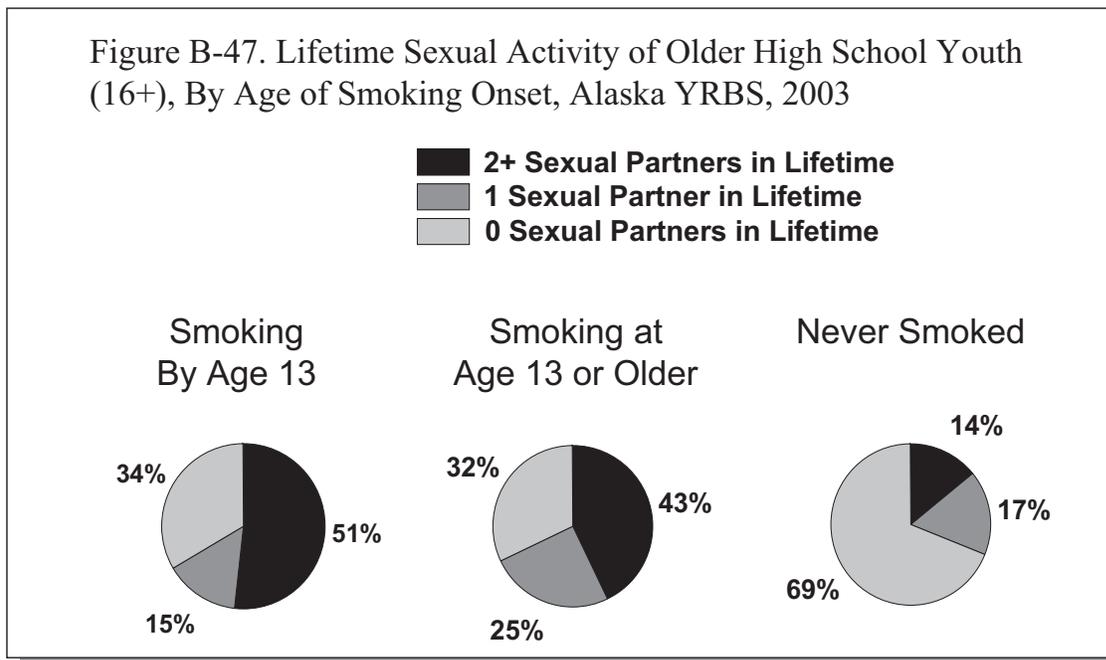


Figure B-46. Percentage of Older High School Youth (16+) Who Had Sex in the Past 3 Months, By Smoking Status, Alaska YRBS, 2003

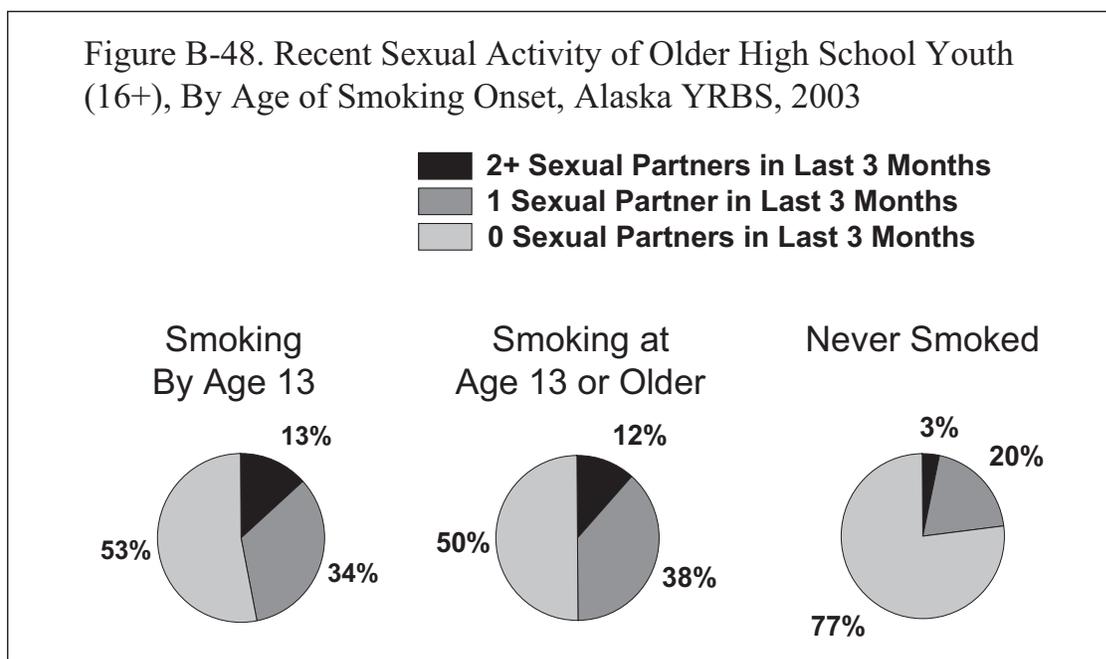


The age of smoking onset also appears to be related to sexual activity among older high school students. Older students who began smoking by age 13 were more likely to have had two or more sexual partners in their lifetime than those who began smoking after age 13. They were

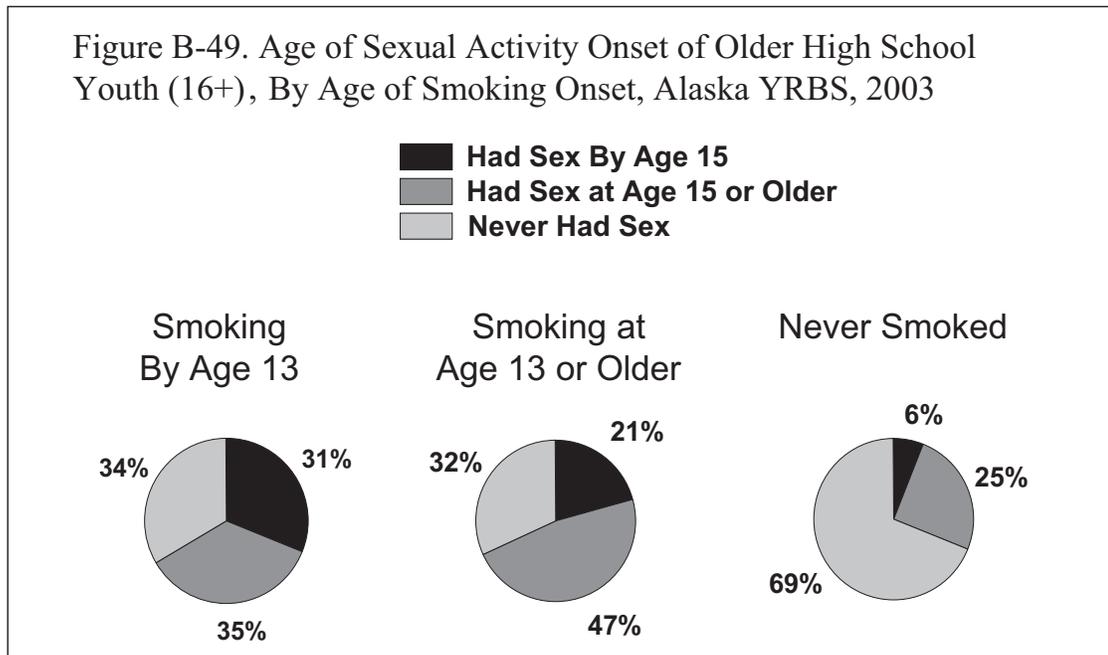
almost four times more likely to have had two or more sexual partners in their lifetime as older students who had never smoked (Figure B-47).



Older students who began smoking before age 13 also were also four times more likely to have had two or more sexual partners in the last three months as those students who never smoked (Figure B-48).

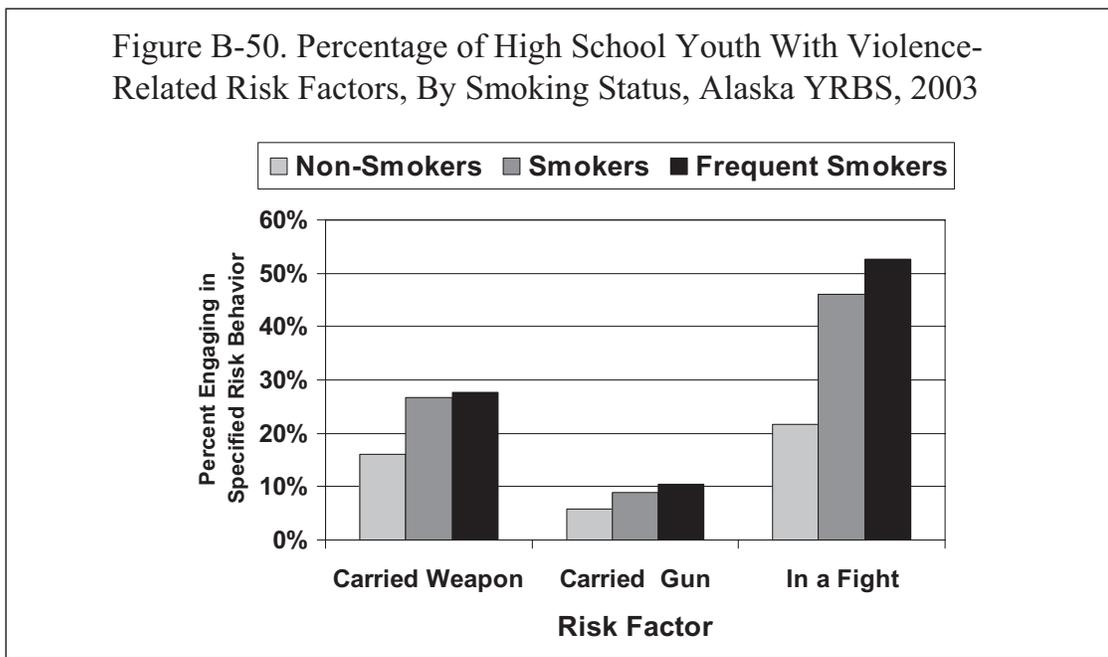


They were also five times more likely to have had sex by age 15 as older students who never smoked (Figure B-49).



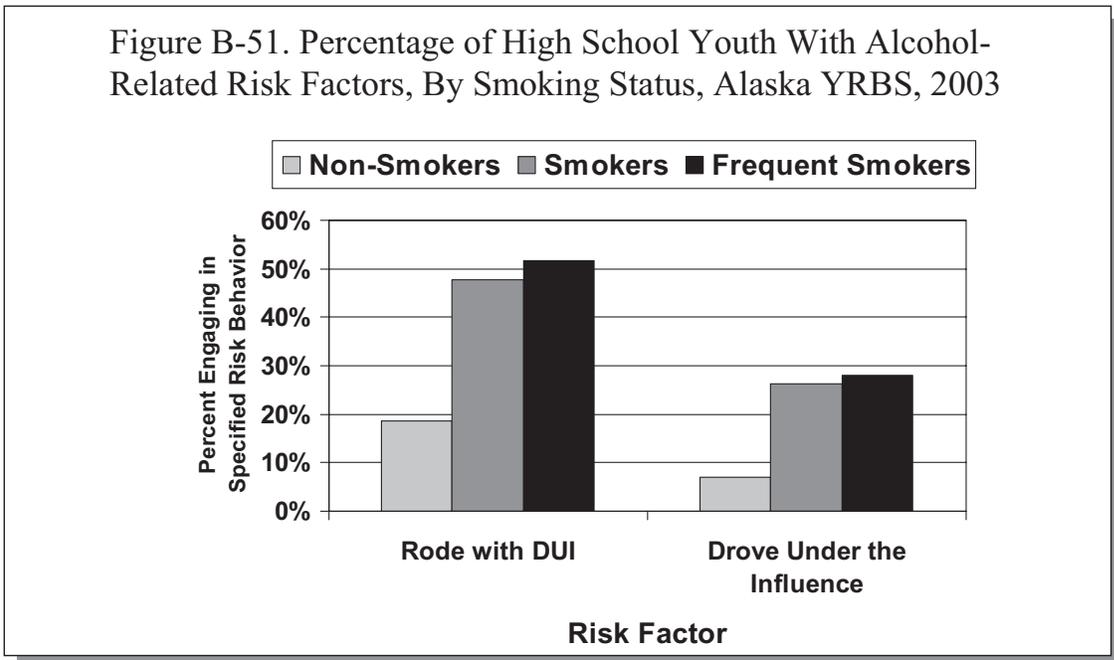
Cigarette Smoking: Correlations with Other Risk Behaviors

Students who smoke are slightly more likely to have carried a weapon or a gun and are almost two times more likely to have been in a fight in the past year than students who do not smoke (Figure B-50).

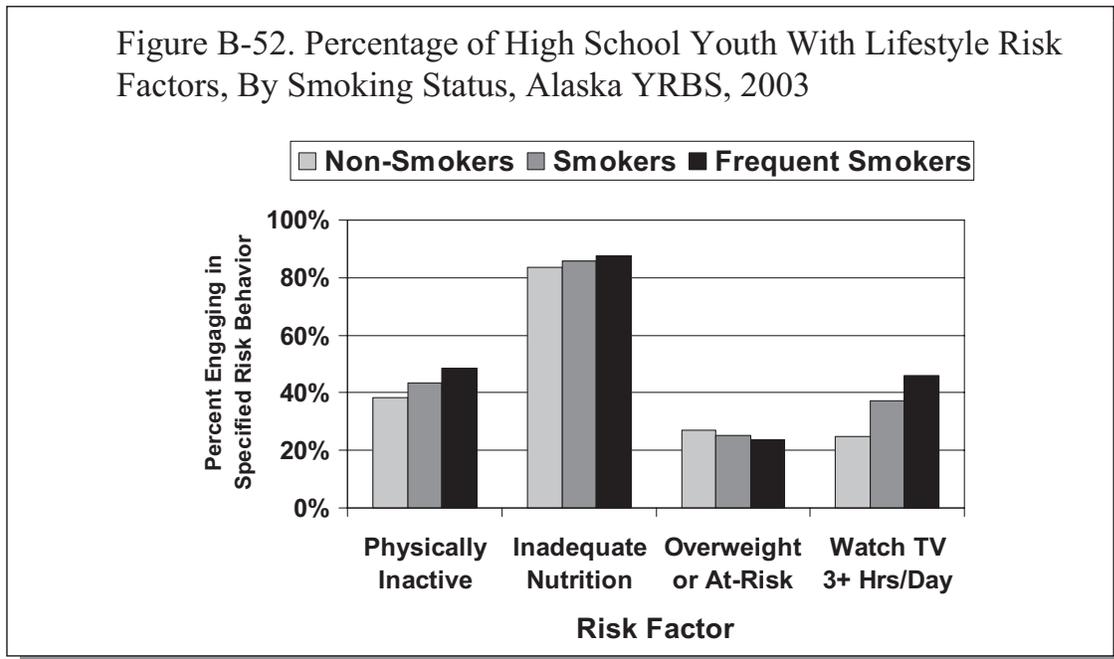




Students who smoke are also more likely to participate in dangerous alcohol-related behavior than their non-smoking peers. As shown in Figure B-51, high school students who smoke were more than two times as likely to have ridden in a car with someone who was drinking while driving and were nearly three times as likely to have driven after drinking themselves than non-smokers.



Current and frequent smokers are also slightly more likely to be physically inactive and watch three or more hours of television a day than students who do not smoke (Figure B-52).

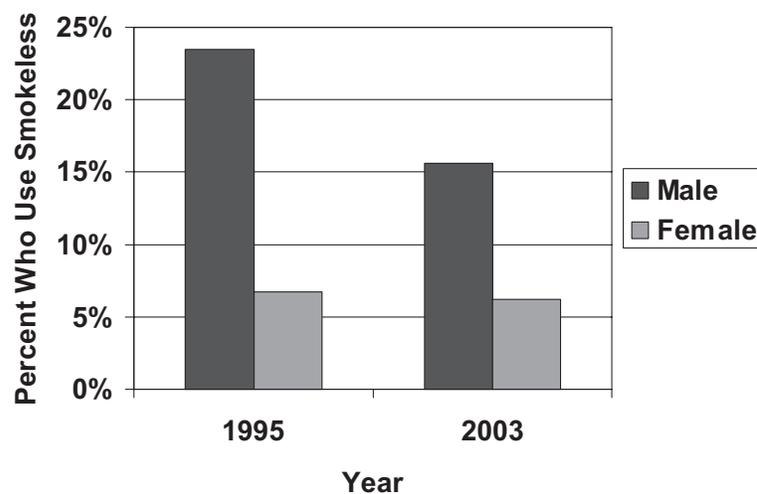


Smokeless Tobacco Use

Smokeless Tobacco: Trends

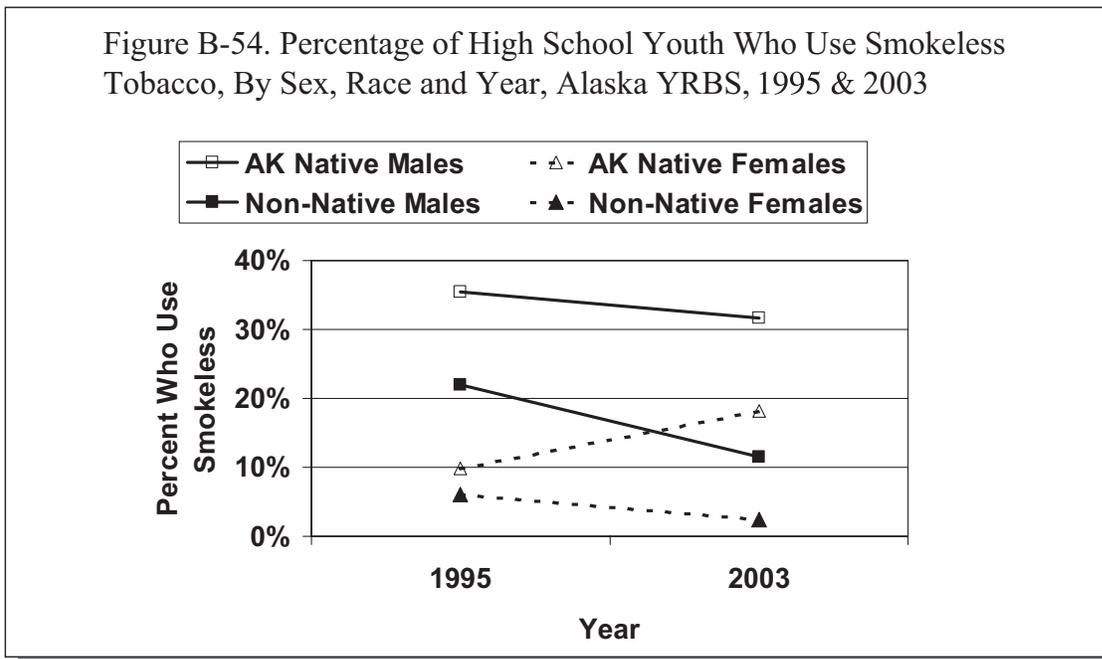
Smokeless tobacco use has declined slightly among Alaskan high school students since 1995, and the decline was statistically significant, but the change is not as dramatic as that seen in cigarette smoking. In 1995, 16% of Alaskan high school students were smokeless tobacco users, having used tobacco on one or more of the past 30 days, compared to 11% in 2003. In 2001, 8% of high school students nationwide were current smokeless tobacco users. Decreasing smokeless tobacco use among males appears to account for much of the overall drop in use over the past 8 years. Nearly one quarter (24%) of high school males were smokeless tobacco users in 1995, compared to 16% in 2003. Smokeless tobacco use among girls remained steady; 7% of high school girls in Alaska were smokeless tobacco users in 1995, compared to 6% in 2003 (Figure B-53). However, as subsequent graphs show, this apparent stability in smokeless tobacco use rates disappears when one considers both sex and race.

Figure B-53. Percentage of High School Youth Who Use Smokeless Tobacco, By Sex and Year, Alaska YRBS, 1995 & 2003



While smokeless tobacco use decreased among Alaska Native and Non-Native male students, the same trend was not observed among female students. While the percentage of Non-Native high school students who use smokeless tobacco decreased overall from 1995 to 2003, smokeless tobacco use nearly doubled among Alaska Native females during the same time period.

It is worth noting that this stands out as the only case where YRBS data show an increase in any type of tobacco use over the past 8 years in any of the sex by race groups (Figure B-54).



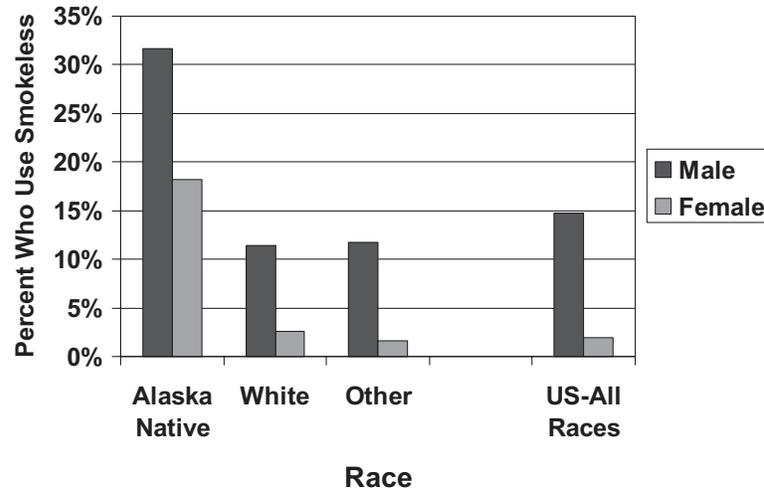
Smokeless Tobacco: Current Use

Smokeless tobacco use is a serious concern in Alaska. While Alaska now has the third lowest smoking prevalence in the nation, smokeless tobacco prevalence is much higher than in other states. Alaskan female high school students have the second highest smokeless tobacco prevalence in the nation, while boys in Alaska have the 8th highest chewing prevalence in the country. Overall, Alaska ranks 6th in the nation in the percentage of students who use smokeless tobacco.

The burden of smokeless tobacco use can be further assessed by examining the ratio of cigarette smoking to chewing within a state. A smoke to chew ratio of 1 would indicate that the percentage of students who smoke is equal to the percentage who chew. States with high smoke to chew ratios have a proportionally higher percentage of students who smoke than chew, while a low smoke to chew ratio indicates that the percentage of smokeless tobacco users is high, compared to the percentage of smokers. In Alaska, the smoke to chew ratio is the second lowest in the nation, with one smokeless tobacco user for approximately every two smokers. Among girls, the smoke to chew ratio is the lowest in the nation, with one smokeless tobacco user for every three smokers. Among Alaska males, there is almost one smokeless tobacco user for every smoker, the fourth lowest ratio in the nation.¹

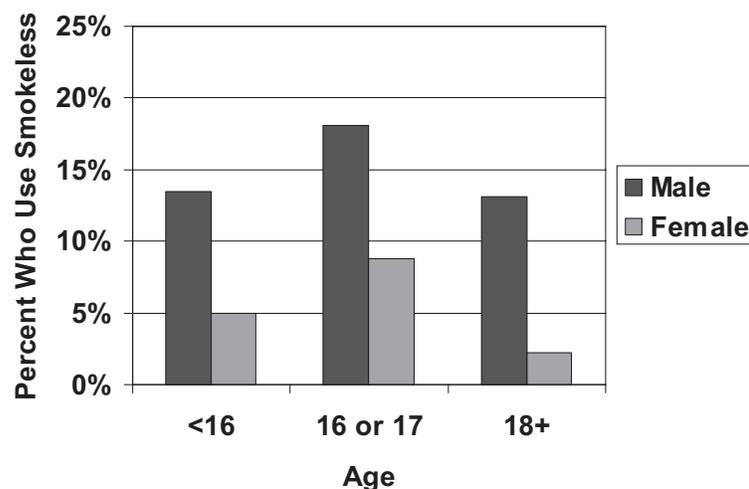
As is the case with cigarette smoking, smokeless tobacco use rates are higher among Alaska Native students than among Non-Native students. Currently, over one third (32%) of Alaska Native males and almost one-fifth (18%) of Alaska Native females use smokeless tobacco at least once a month. These rates are two and nine times higher than those found nationwide (Figure B-55), for males and females respectively.

Figure B-55. Percentage of High School Youth Who Use Smokeless Tobacco, By Sex and Race, Alaska YRBS (2003), US YRBS (2001)



Smokeless tobacco use is highest among male and female students in the 16 to 17 year old age group. Smokeless tobacco use is higher among male students of all ages than among female students. Roughly three times as many males less than sixteen years old and 18 and older are smokeless tobacco users than females in the same age categories (Figure B-56).

Figure B-56. Percentage of High School Youth Who Use Smokeless Tobacco, By Sex and Age, Alaska YRBS, 2003





The high levels of smokeless tobacco use found among students ages 16 and 17 correspond with high percentages of smokeless tobacco users in 10th and 11th grade. The pattern of smokeless tobacco use in Alaska parallels that found nationally for students in 9th through 11th grade. In grades 9 to 11, the percentage of male current smokeless tobacco users in Alaska is close to or slightly higher than the national average. For the same grades, the percentage of female current smokeless tobacco users is higher in Alaska than in the nation overall. Among high school seniors, however, the percentage of smokeless tobacco users in Alaska is lower than the national average for males and nearly identical to the national average for females (Figure B-57, B-58).

Figure B-57. Percentage of High School Youth Who Use Smokeless Tobacco, By Sex and Grade, Alaska YRBS, 2003

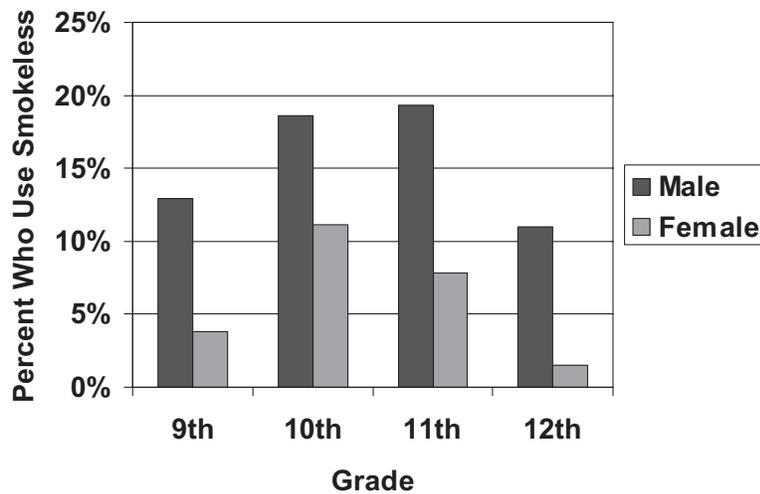
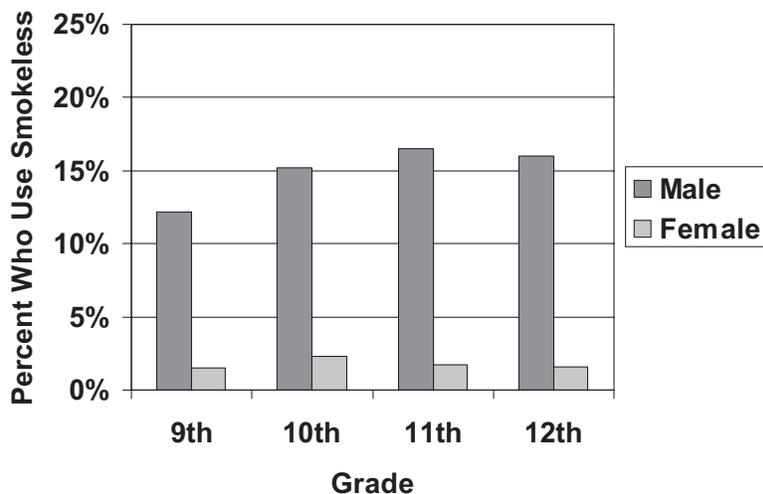


Figure B-58. Percentage of High School Youth Who Use Smokeless Tobacco, By Sex and Grade, US YRBS, 2001

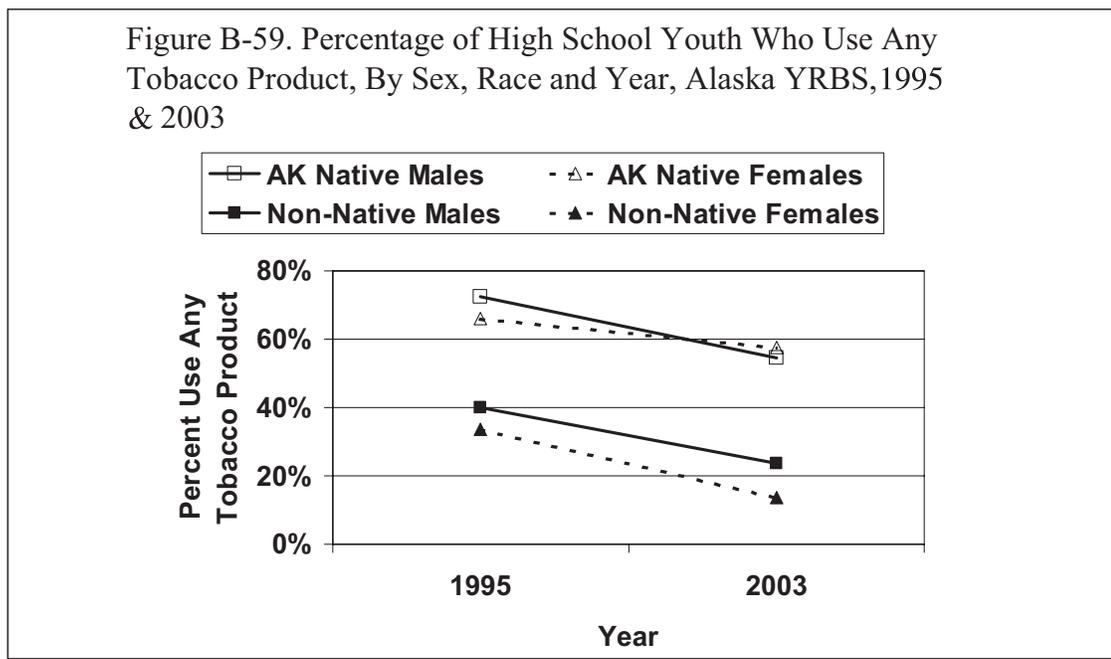


Use of Any Tobacco Product

The overall burden of tobacco use within a state can be assessed by looking at the use of any tobacco product, which combines information on smokeless tobacco use and cigarette smoking.

Use of Any Tobacco Product: Trends

Between 1995 and 2003, use of any tobacco product declined among Alaska Native and Non-Native males and females. In 1995, over 70% of Alaska Native males and 60% of Alaska Native females used any tobacco product. The percentage of use of any tobacco product among Non-Native males and females approached 40% in 1995. In 2003 over half of Alaska Native males and females reported that they had used any tobacco product in the past 30 days, compared to less than thirty percent of Non-Native males and females. In 2003, Alaska Native male students were twice as likely to use any tobacco product as Non-Native males, while Alaska Native female students were over four times more likely to use any tobacco product, compared to their Non-Native peers (Figure B-59).

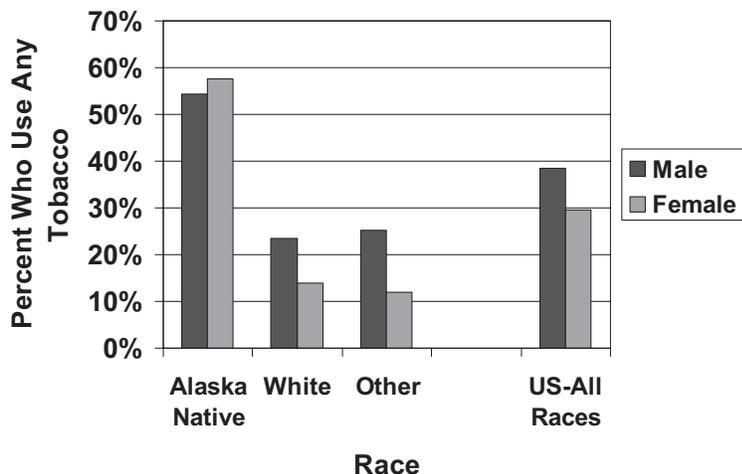


Use of Any Tobacco Product: Current Use

The use of any tobacco product is higher among Alaska Native male and female students than among students nationwide. Higher use rates are particularly noticeable among female students, as tobacco use is almost twice as prevalent among Alaska Native females as among female students in the nation overall (Figure B-60).

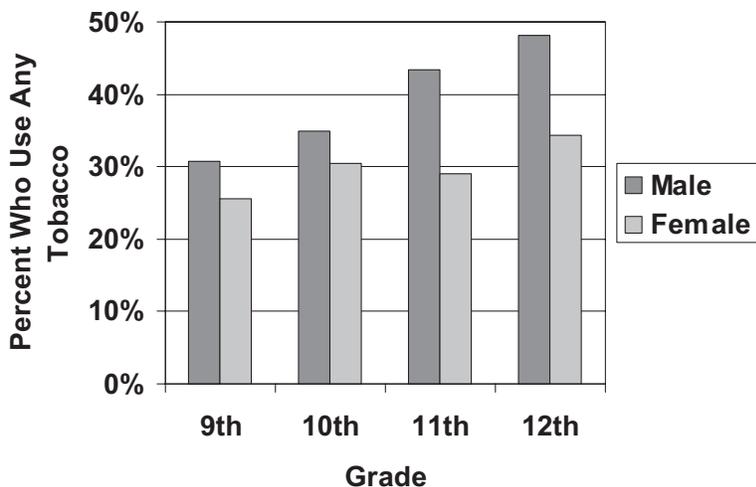


Figure B-60. Percentage of High School Youth Who Use Any Tobacco Product, By Sex and Race, Alaska YRBS (2003), US YRBS (2001)



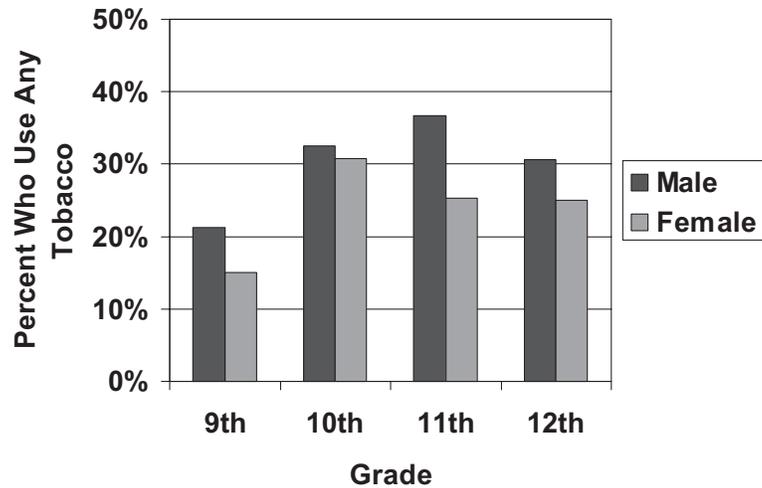
In the United States, the use of any tobacco product increases with grade among both males and females. Nationally, tobacco use peaks among high school seniors, with almost half (48%) of all male students currently using at least one tobacco product, while over one third (35%) of senior girls report using a tobacco product (Figure B-61).

Figure B-61. Percentage of High School Youth Who Use Any Tobacco Product, By Sex and Grade, US YRBS, 2001



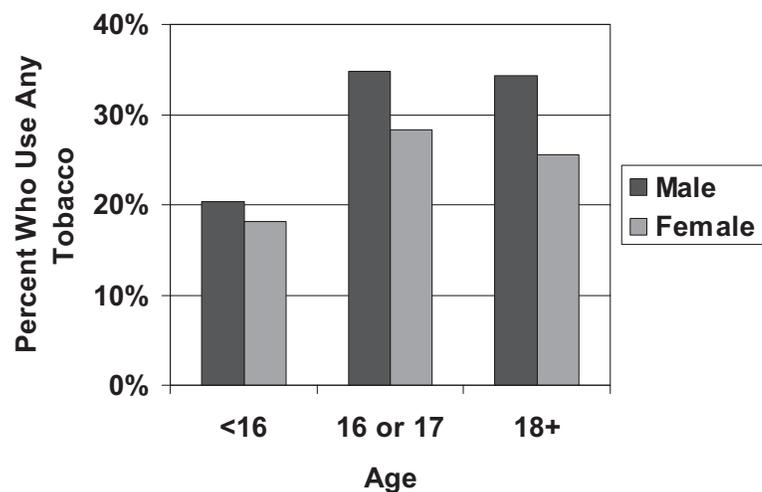
A smaller percentage of Alaskan male and female students use any tobacco product than in the country overall, while tobacco use appears to peak at an earlier age than in the rest of the nation. In 10th grade approximately 30% of both male and female students are current tobacco users, as is the case for 11th and 12th grade students (Figure B-62).

Figure B-62. Percentage of High School Youth Who Use Any Tobacco Product, By Sex and Grade, Alaska YRBS, 2003



The pattern in tobacco use by grade reflects a similar trend in tobacco use by age. Tobacco use is nearly twice as common among male and female students age sixteen and older as among students who are less than sixteen years old (Figure B-63).

Figure B-63. Percentage of High School Youth Who Use Any Tobacco Product, By Sex and Age, Alaska YRBS, 2003

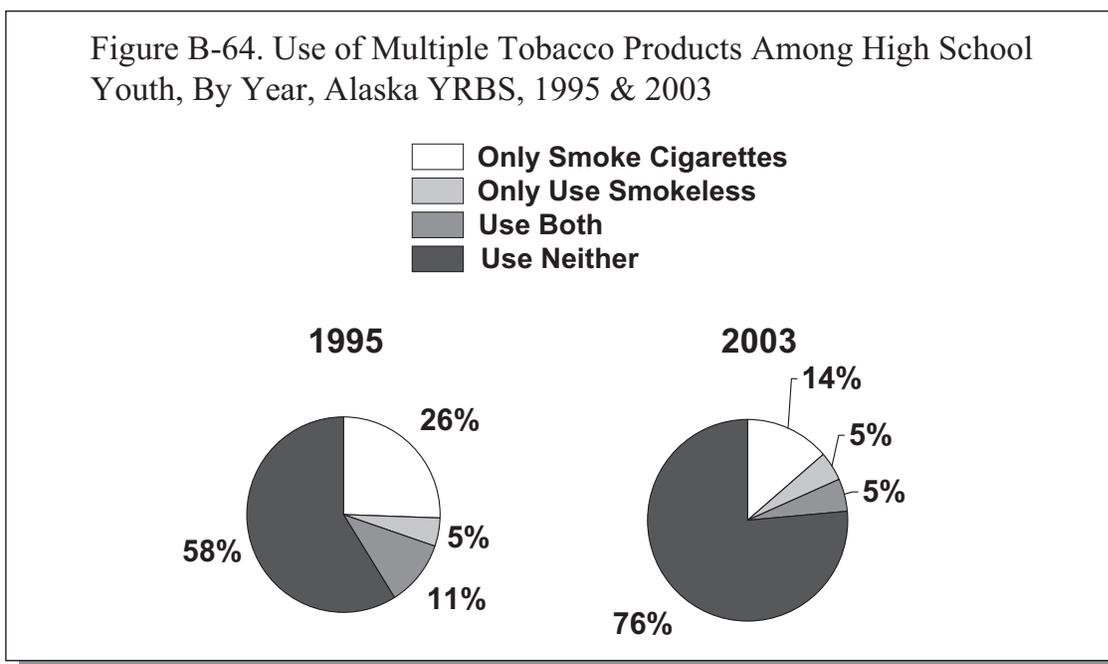




Use of Multiple Tobacco Products

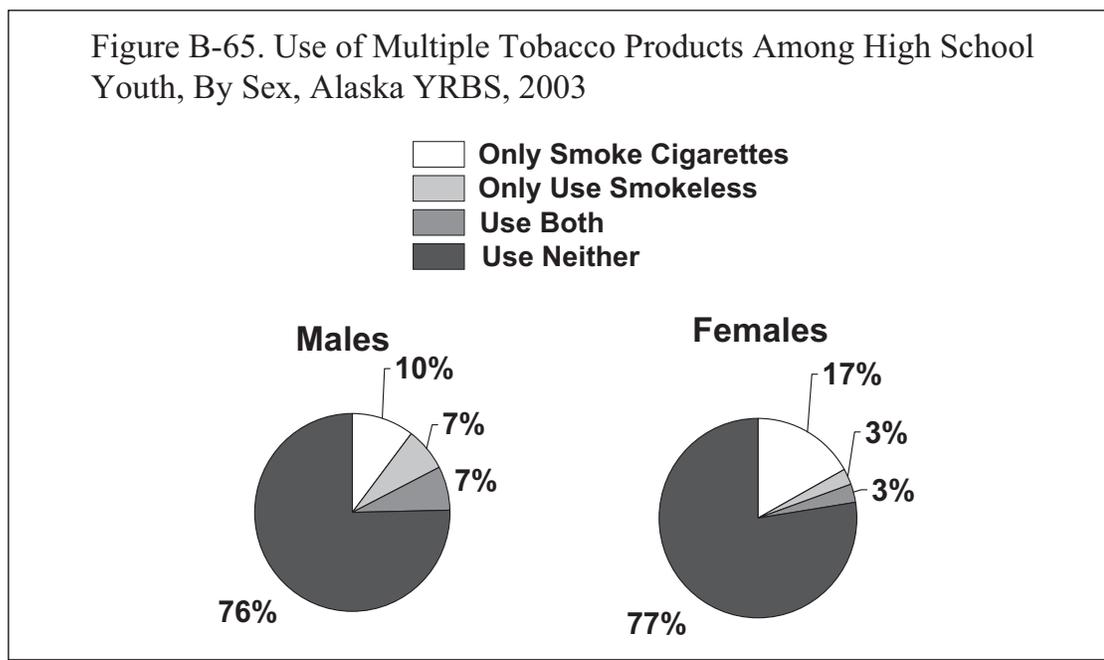
Use of Multiple Tobacco Products: Trends

The percentage of Alaskan high school students who both smoke cigarettes and chew tobacco has also declined since 1995, though the percentage of students who only smoke remains approximately twice as high as the percentage of students who both smoke and use smokeless tobacco. The proportion of students who only smoke compared to those who only use smokeless tobacco is also similar for 1995 and 2003. In 1995, 5 times more students only smoked than only used smokeless tobacco. In 2003 the percentage of students who only smoked was 3 times higher than the percentage of students who only used smokeless tobacco. Overall in Alaska in 2003, 53% of smokeless tobacco users said they also smoked (Figure B-64).



Use of Multiple Tobacco Products: Current Use

In 2003, male high school students in Alaska were about twice as likely to both smoke and chew, compared to female students (Figure B-65).



Youth Tobacco Use: Progress Toward Healthy Alaskans 2010 Goals

The completion of the 2003 YRBS survey allows for some comparisons to the Healthy Alaskans 2010 indicators. The chart below compares Healthy Alaskans indicators from 1995 and 2003, the only two years for which statewide statistically valid youth data are available. Data for some indicators are not available for 1995 or 2003; data from 1999 are used as baseline measures for those indicators. The Healthy Alaskans 2010 indicators for youth tobacco use are important markers in progress toward reducing the illness, disability, and death related to tobacco use and exposure to secondhand smoke. If fewer Alaskans begin using tobacco in childhood and adolescence, fewer will use it as adults, and fewer will suffer from the severe health problems tobacco causes. The 2003 YRBS results show that clear progress is being made toward reducing tobacco use among youth. It is also clear that there is still work to be done. With continued effort, many of the 2010 targets are within reach. Special attention must be paid, however, to the high rates of tobacco use among Alaska Native students, and to the high rates of smokeless tobacco use. Data on tobacco use must continue to be available for high school students, and must be collected for middle school students in order to continue monitoring progress toward the Healthy Alaskans goals.

Healthy Alaskans 2010 Indicators, Baseline Measures, and Current Results

Indicator	Alaska Data Source	U.S. Baseline	Alaska Baseline	Alaska Target Year 2010	Alaska Results 2003
1 Decrease the proportion of high school students who have used any tobacco products in the past 30 days (percent of students grades 9-12 who have smoked cigarettes or cigars or used chewing tobacco or snuff on one or more of the past 30 days)	YRBS	40% (1999)	42% (1995)	20%*	27%*
Alaska Native	YRBS		70% (1995)	20%	56%
2 Decrease the proportion of high school students who have smoked cigarettes on one or more of the past 30 days	YRBS	35% (1999)	37% (1995)	17%	19%
Alaska Native	YRBS		62% (1995)	17%	43%
3 Decrease the proportion of high school students who have used smokeless tobacco on one or more of the past 30 days	YRBS	8% (1999)	16% (1995)	8%	11%
Alaska Native	YRBS		23% (1995)	8%	25%

* Cigar use not included, students not asked whether they smoked cigars in 1995.

Endnotes: Section B

¹ Of the 22 states with weighted data from 2001 YRBS.



Section C: Adult Tobacco Use

Summary

Data on tobacco use among adults indicate that changes in adult behavior are occurring, although those changes are not as dramatic as those seen among youth. The most striking change regarding tobacco use among adults is a sharp decline in tobacco consumption, which is often used as an indicator of adult tobacco use. The prevalence of smoking among adults has not declined, nor has the average number of cigarettes smoked per day by those adults who smoke every day. Among adults who smoke, however, the percentage who smoke less than every day has increased, which corresponds to a decrease in the percentage of daily smokers. In addition, adults who smoke less than every day now smoke approximately half as many cigarettes on days they smoke than they did a decade ago.

Awareness of the health consequences of tobacco use is high among both smoking and non-smoking adults, and over 80% of adult smokers report that they would like to quit. Over half of all adult smokers report that they have tried to quit in the past year, a percentage that has remained relatively unchanged over the past 10 years.

Large disparities are evident in tobacco use rates within Alaska. The prevalence of smoking among Alaska Native adults is almost twice as high as that found among Non-Natives. Smoking rates are also high among adults with low incomes and limited formal education, as well as among younger adults, adults who are unemployed and adults living in rural areas.

Data Sources

Data on tobacco use among Alaskan adults come from two main sources. The Behavioral Risk Factor Surveillance System (BRFSS) is a data collection system that compiles information on health risk behaviors among the adult (age 18 and older) population. It is implemented by the State of Alaska Division of Public Health, in cooperation with the CDC. Survey data are collected monthly through the use of telephone interviews which address multiple health behaviors that put adults at risk for premature morbidity and mortality. The survey consists of core questions, which are designed by the CDC and allow for comparability with data from other states, and state added questions that are specific to Alaska. Three tobacco questions included on the core provide annual information on basic tobacco indicators. Additional tobacco questions have been asked on the BRFSS in previous years, but annual trend data is not available for all tobacco information of interest.

To gather additional information on adult attitudes, knowledge, and behaviors around tobacco use, Alaska conducted the Adult Tobacco Survey (ATS) in 2003. Like the BRFSS, the ATS is a telephone survey. It was conducted from January-August of 2003, and asked questions specific to tobacco. Because the timing and methodology of the two surveys differ slightly, ATS and BRFSS data cannot be directly compared or combined to measure trends. In addition, the responses

to questions asked on both surveys may not be identical, due to random variability and slight differences in survey methodology.¹ Other states that have conducted both the BRFSS and the ATS, such as California, have found a lower smoking prevalence rate on the ATS than the BRFSS. So although the ATS does not provide additional data points for trends in tobacco use, it does supplement the existing information on the knowledge, attitudes, and behaviors around tobacco use among adults.

Additional information on knowledge, attitudes, and behaviors around tobacco is available through media awareness surveys conducted by Hellenthal and Associates.

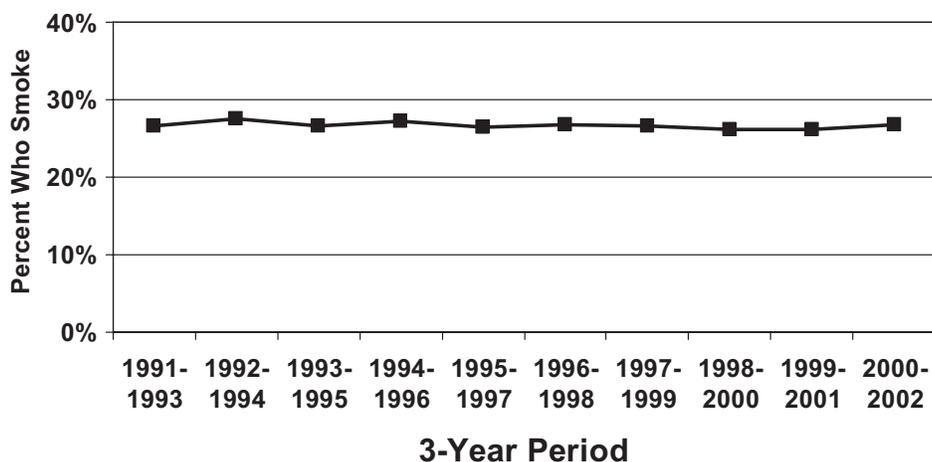
Data on tobacco sales within Alaska also provide an indication of tobacco use, and are compiled annually by the State of Alaska Department of Revenue.

Cigarette Smoking

Cigarette Smoking: Trends

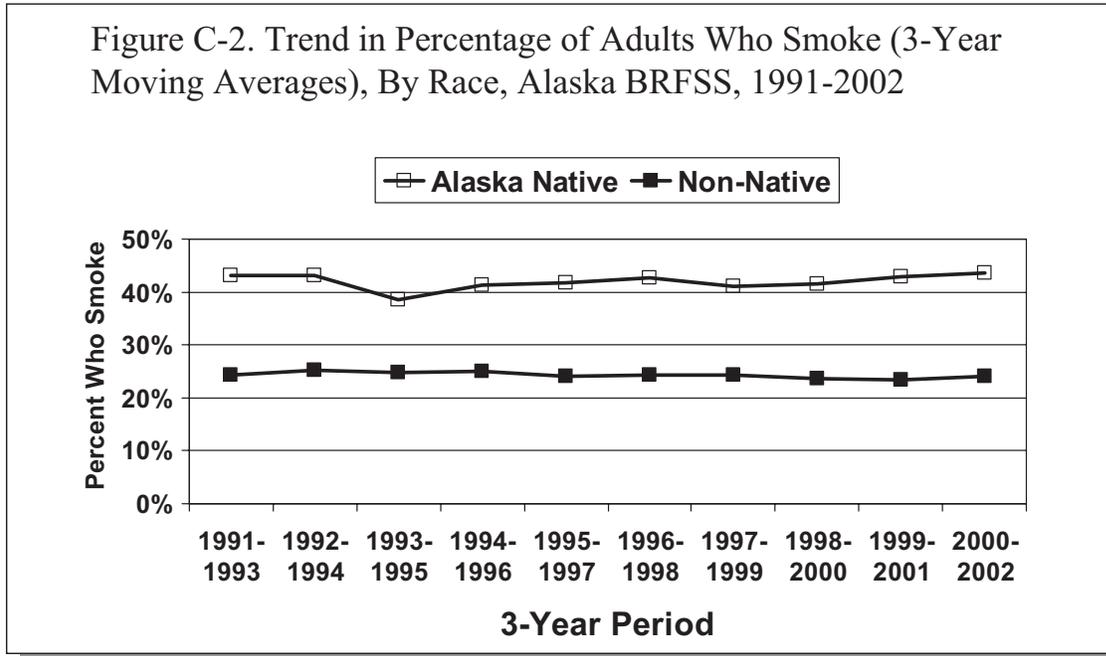
In Alaska over one-quarter (27%) of adults smoke, reporting on the BRFSS survey that they have smoked more than 100 cigarettes in their lifetime and now smoke some days or every day. This percentage has remained relatively constant since 1991. To minimize the effects of random variability, three-year moving averages are used to show trends in smoking prevalence from 1991-2002 (Figure C-1). The three-year average for 2000-2002 includes the 2002 prevalence estimate of 29%, which is the second-highest in the nation.²

Figure C-1. Trend in Percentage of Adults Who Smoke (3-Year Moving Averages), Alaska BRFSS, 1991-2002

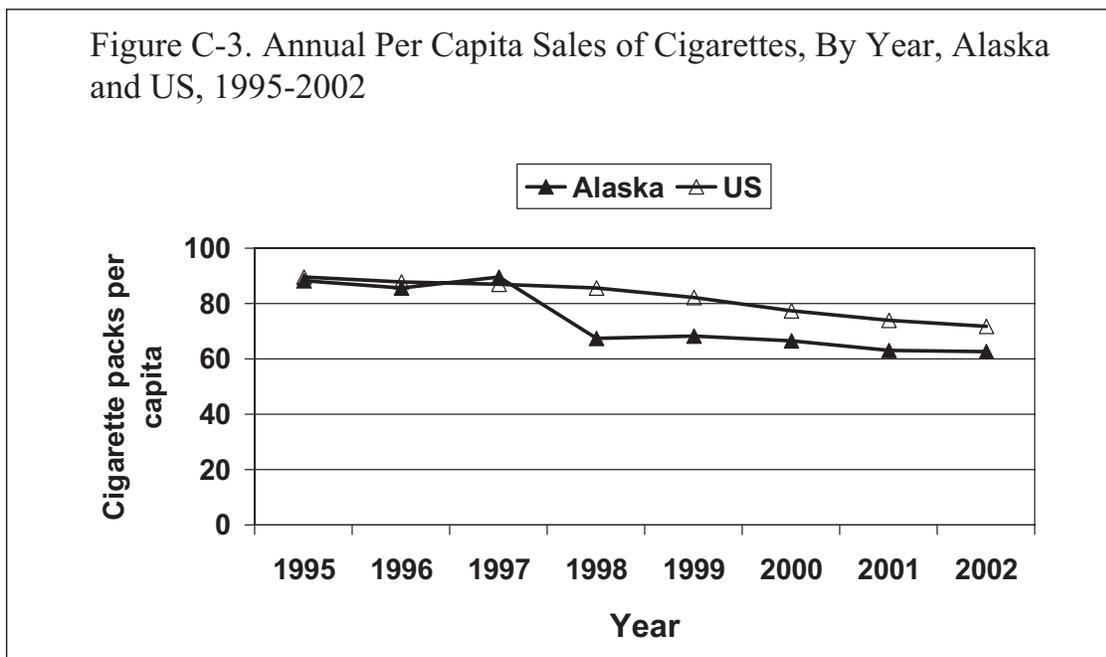




Three-year moving averages of the percentage of Alaska Native and Non-Native adults who smoke show a dramatic racial disparity in tobacco use. Since 1991, the percentage of Alaska Native adults who smoke has remained almost twice as high as the percentage of Non-Native smokers (Figure C-2).



While the percentage of adults who smoke has remained relatively constant over the past decade, cigarette sales in Alaska have been declining since 1997. Data from the Alaska Department of Revenue show that per capita cigarette sales in Alaska are lower than in the United States overall, although national sales have also decreased. Cigarette sales fell much more dramatically in Alaska than in the nation from 1997 to 1998, following the substantial tax increase in Alaska in 1997 (Figure C-3).



The overall change in Alaskan per capita cigarette sales from 1997 to 2002 represents a 30% reduction in per capita cigarettes sales, and means that 50 million fewer cigarettes are sold annually in Alaska now than in 1997 (Table C-1). It also translates into fewer packs of cigarettes sold per smoker per year, as the average number of packs sold per adult smoker each year has dropped from over 400 in 1995 to approximately 300, or less than a pack a day, in 2002 (Figure C-4).

Table C-1. Annual Per Capita Sales of Cigarettes in Alaska: Changes from 1997 to 2002

	Annual per capita consumption of cigarettes
1997	89.4 packs
2002	62.8 packs
Change: 1997 to 2002	30% reduction

Figure C-4. Packs of Cigarettes Consumed Per Smoker, By Year, Alaska, 1995-2001

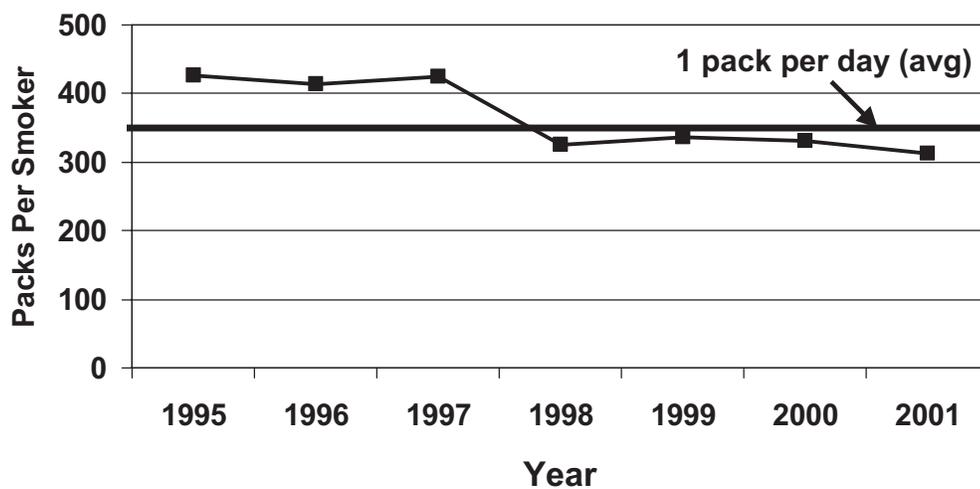
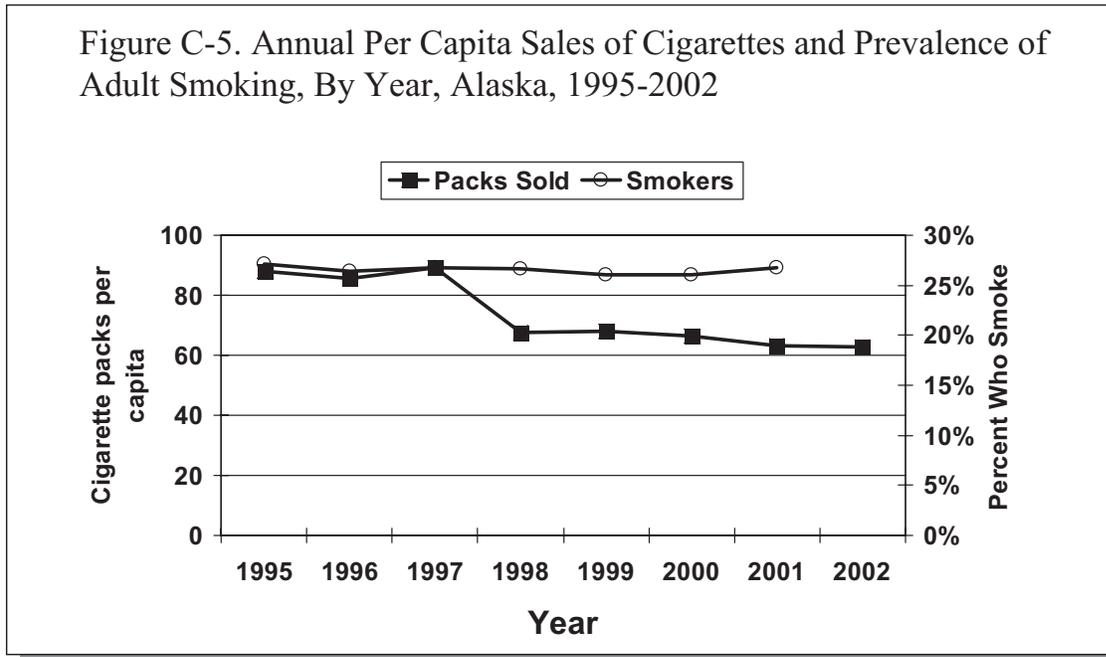
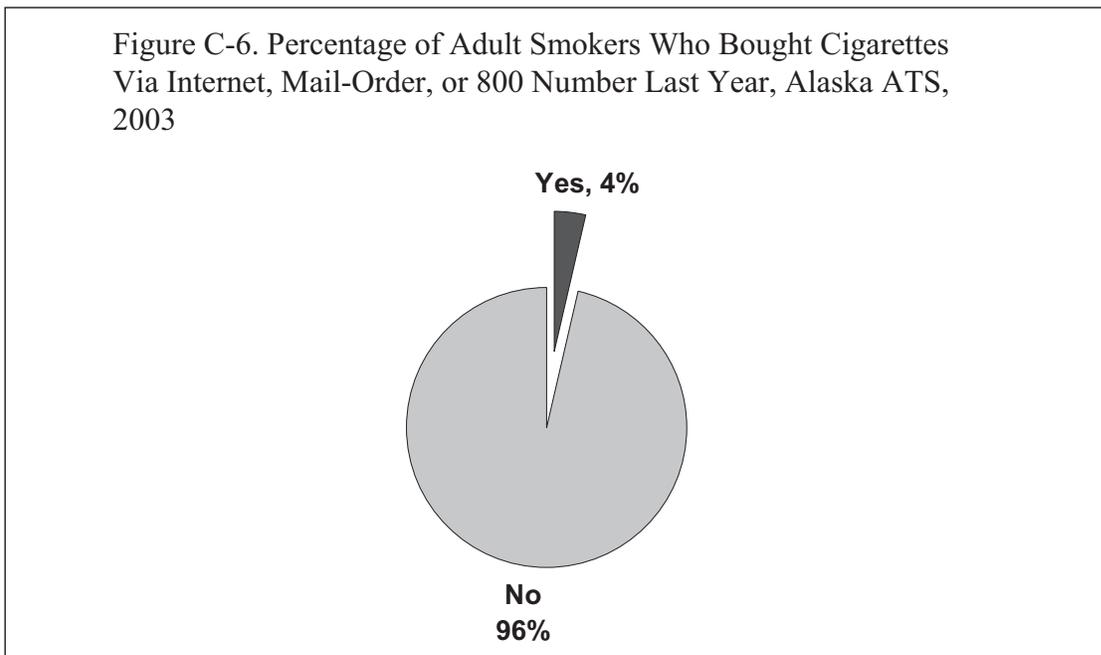


Figure C-5 shows the concurrent trends in smoking prevalence and cigarette sales from 1995 through 2001, and further illustrates the different trends in smoking prevalence and in cigarette

sales within Alaska.

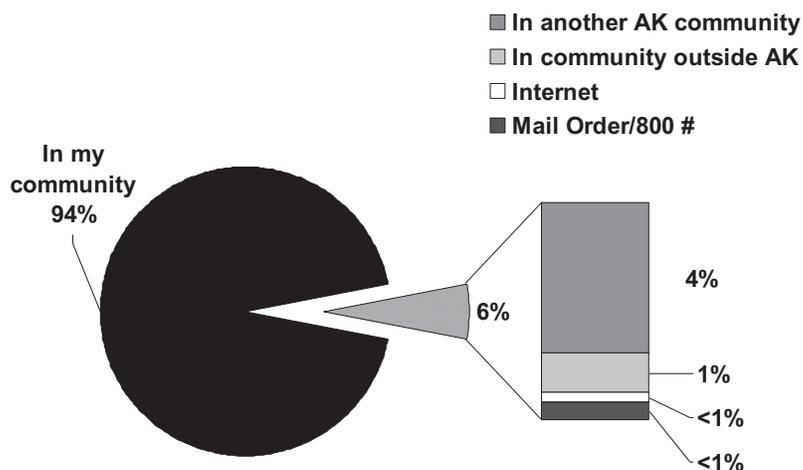


There are several possible explanations for the different trends observed in cigarette sales and smoking prevalence. One possibility is that Alaskans now buy a substantial proportion of their cigarettes from sources that are not taxable by the state and are therefore not reflected in state revenue data. Such sources include mail or phone order, the internet, and out-of-state sales. Information on cigarette sources has not been collected as part of on-going tobacco surveillance, so trend information is not available. The 2003 Adult Tobacco Survey, however, included a series of questions on where Alaskans purchase cigarettes. On the ATS, 4% of adults who smoke reported that they have purchased cigarettes over the internet or from a mail-order source or 800 number in the past year (Figure C-6).



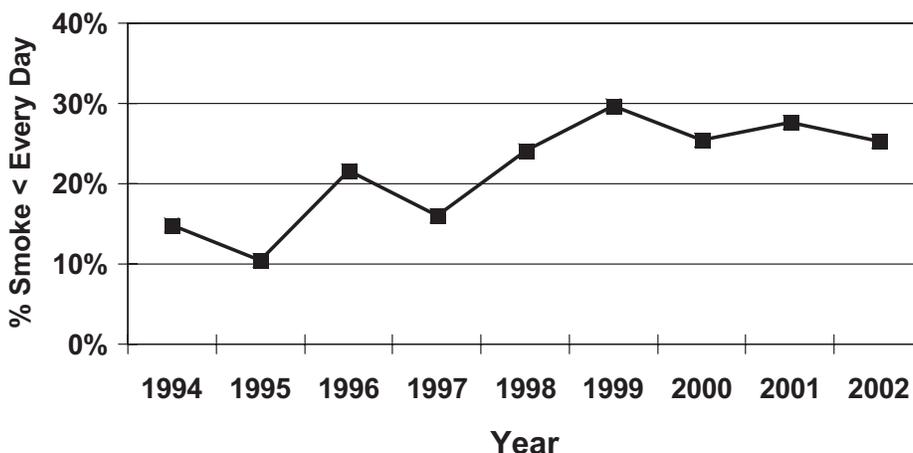
When asked about their usual source of cigarettes, nearly all (94%) adults who smoke report that they usually buy cigarettes in the community where they live, with only 2% reporting that they usually buy cigarettes through the internet, mail order, or outside of Alaska (Figure C-7). While these numbers could be higher than they were in the past, a very small percentage of adults who smoke appear to get their cigarettes from these non-taxable sources. As a result, it is unlikely that the 30% decline in cigarette sales in Alaska since 1997 is due entirely to cigarette purchases from the internet, mail-order or 800 number, or from out-of-state sales.

Figure C-7. Usual Source of Cigarettes Among Adult Smokers, Alaska ATS, 2003



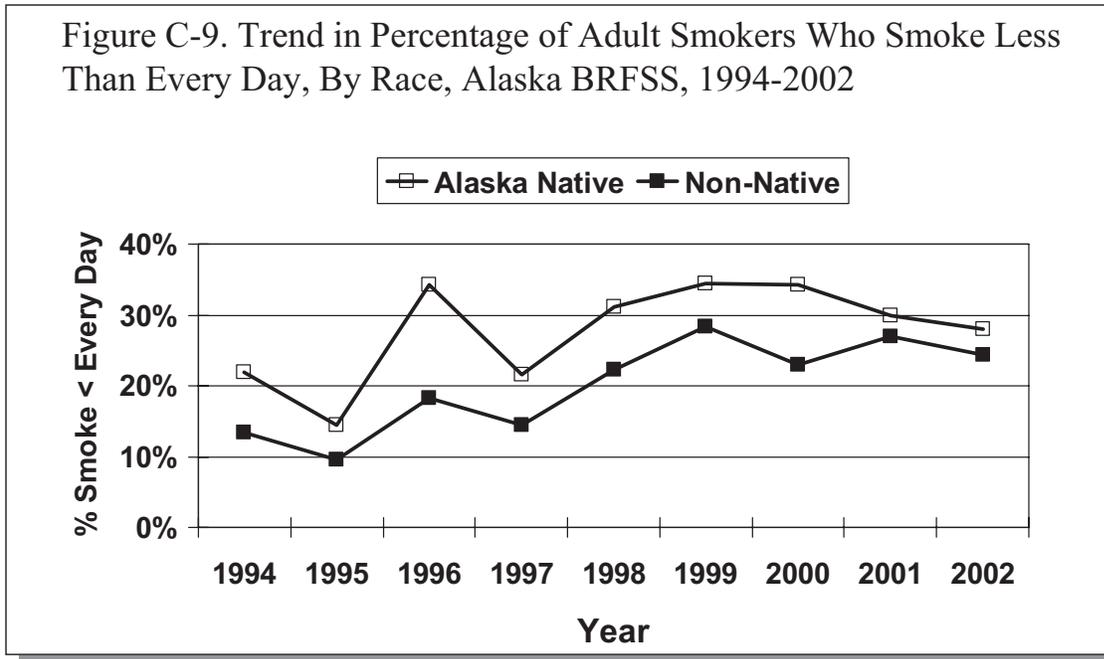
Another possible explanation for the discrepancy between declining sales and stable prevalence is that smoking patterns among adults in Alaska have changed. Data from the BRFSS do indicate shifting trends in adult smoking behavior. Between 1994 and 2002, the percentage of Alaskan adult smokers who do not smoke every day increased by approximately 10 percentage points, with a low of 10% in 1995 and a high of 30% in 1999 (Figure C-8).

Figure C-8. Trend in Percentage of Adult Smokers Who Smoke Less Than Every Day, Alaska BRFSS, 1994-2002

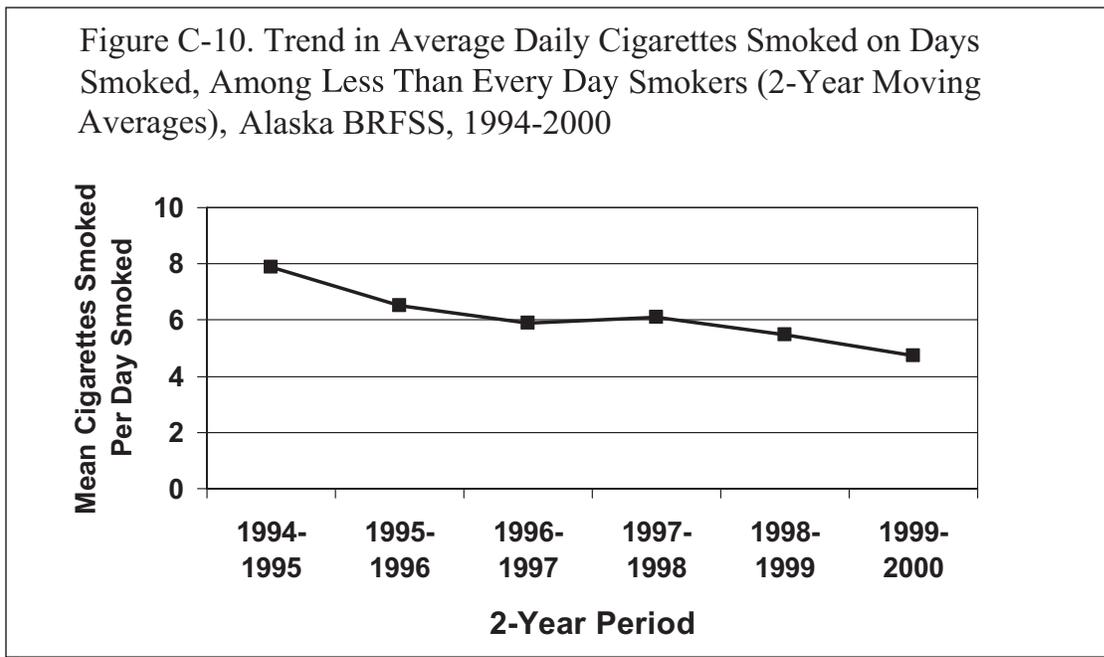




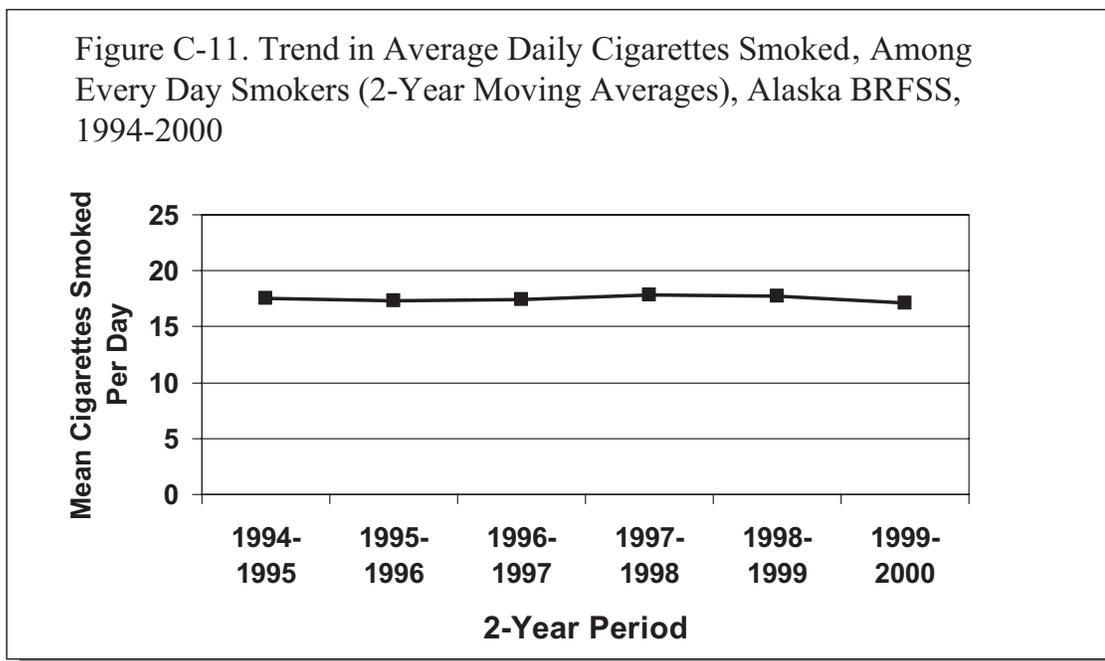
Although a much higher percentage of Alaska Native adults smoke than do Non-Native adults, the percentage of Alaska Native adult smokers who smoke less than every day has consistently been higher than that of Non-Native adults since 1994 (Figure C-9).



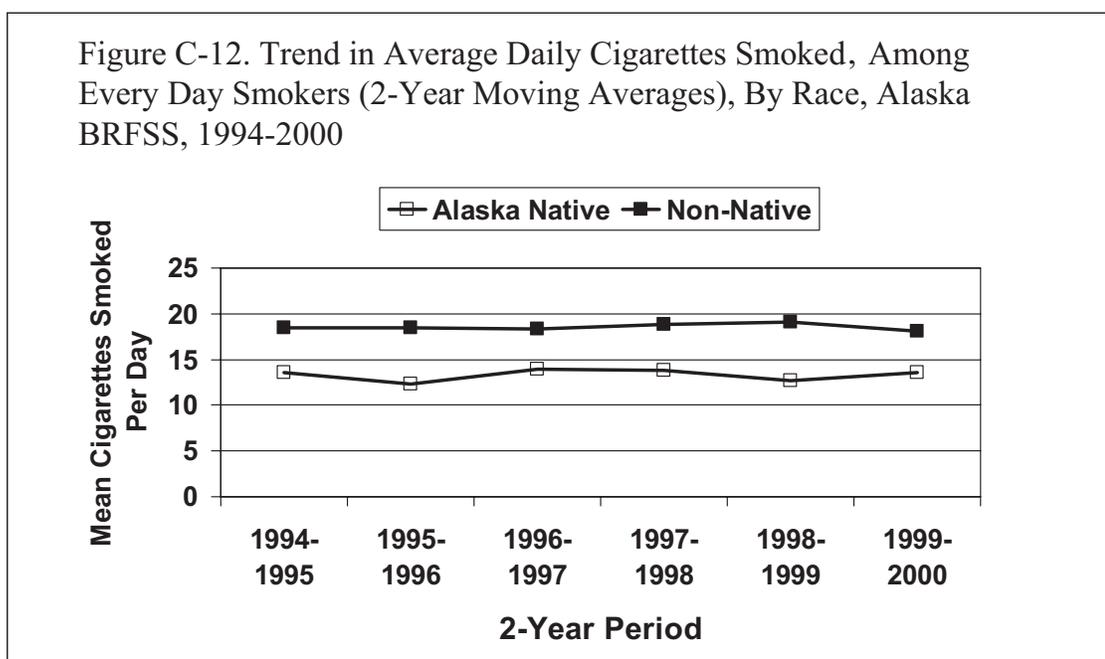
Additional changes appear to be occurring in the number of cigarettes smoked per day by those adults who do not smoke every day. Figure C-10 shows two-year moving averages of the number of cigarettes smoked by adults who smoke less than every day. In 1994-95, adults who did not smoke every day smoked an average of 8 cigarettes, or nearly half a pack, on days that they smoked. By 2000, the most recent year for which BRFSS data are available, that number had fallen to less than five cigarettes, or one quarter of a pack.



While the number of cigarettes smoked by adults who do not smoke every day has declined since 1994, the number of cigarettes smoked by adults who do smoke every day has remained constant, at 17 cigarettes, or nearly a pack, per day (Figure C-11).



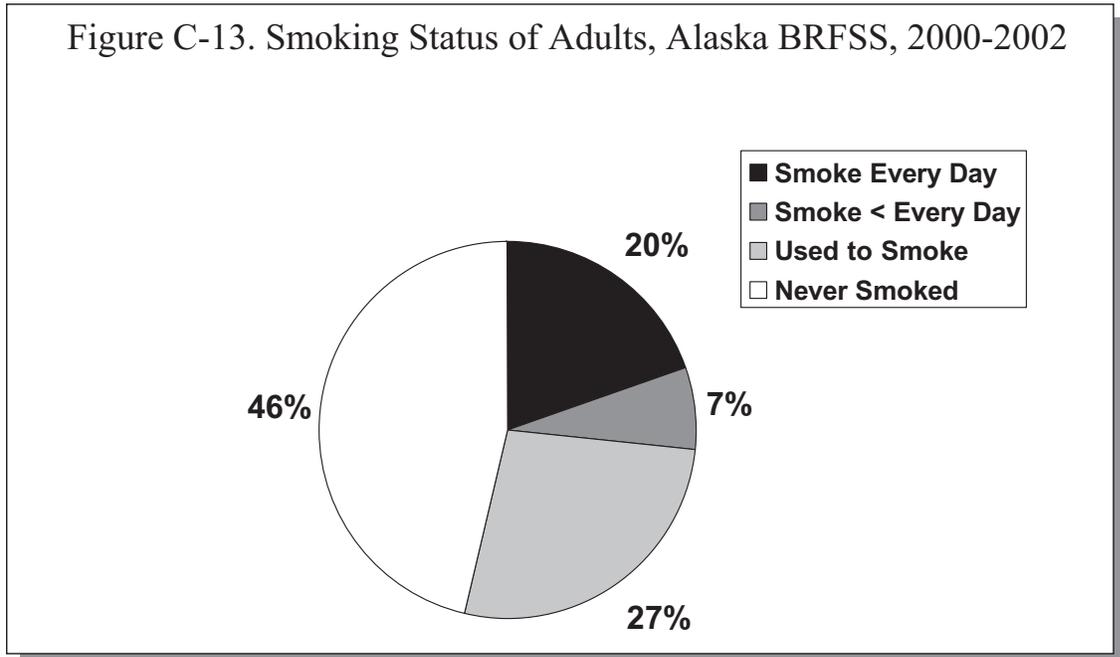
Among every day smokers, the average number of cigarettes smoked per day has been lower among Alaska Native adults than among Non-Native adults since 1994. Non-Native adults who smoke every day smoke nearly a pack a day, while Alaska Native adults who smoke every day smoke approximately three-quarters of a pack each day (Figure C-12).





Cigarette Smoking: Current Use

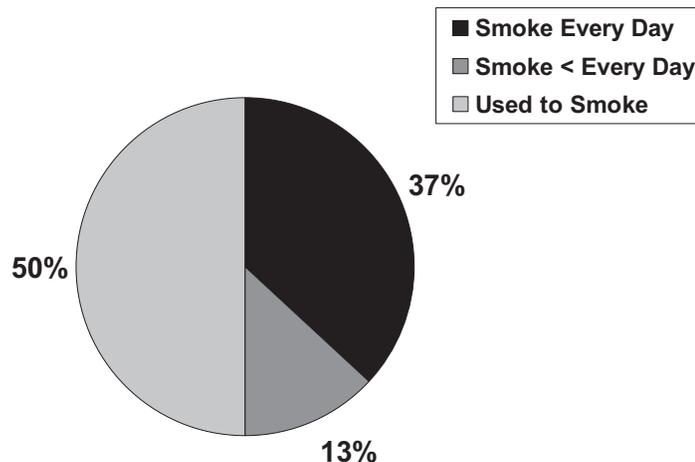
BRFSS results from 2000-2002 indicate that 27% of Alaskan adults are current smokers. One-fifth (20%) of adults report smoking every day, while 7% say they currently smoke some days. An additional 27% of Alaskan adults are former smokers, individuals who have smoked at least 100 cigarettes in their lifetime but do not smoke now (Figure C-13).



As is the case in several states that have conducted an Adult Tobacco Survey (ATS), the prevalence of current smoking found on the 2003 ATS was slightly lower (23%) than that found on the BRFSS. The percentage of former smokers was very similar (28%).

BRFSS results from 2000-2002 show that half of all Alaskan adults who have ever smoked, defined as having smoked at least 100 cigarettes in their lifetime, do not smoke now (Figure C-14).

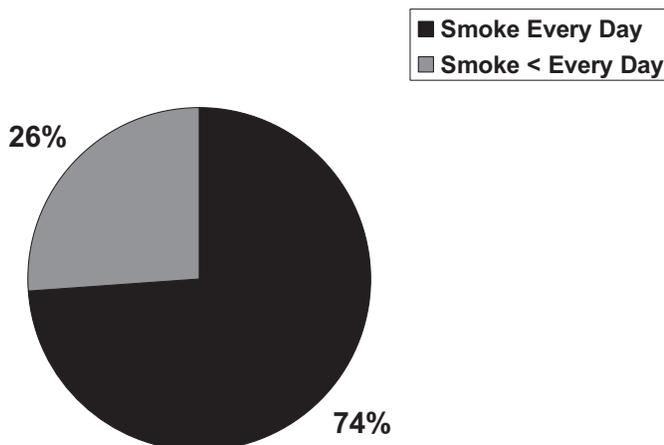
Figure C-14. Frequency of Cigarette Smoking Among Adults Who Ever Smoked, Alaska BRFSS, 2000-2002



Results from the ATS show a similar pattern, with a slightly larger percentage (54%) of those adults who had ever smoked reporting that they had quit. ATS data also indicate that adults who have quit smoking tend to be older than those who smoke now. The average age of adults who used to smoke is 48, compared to a mean age of 39 among adults who still smoke.

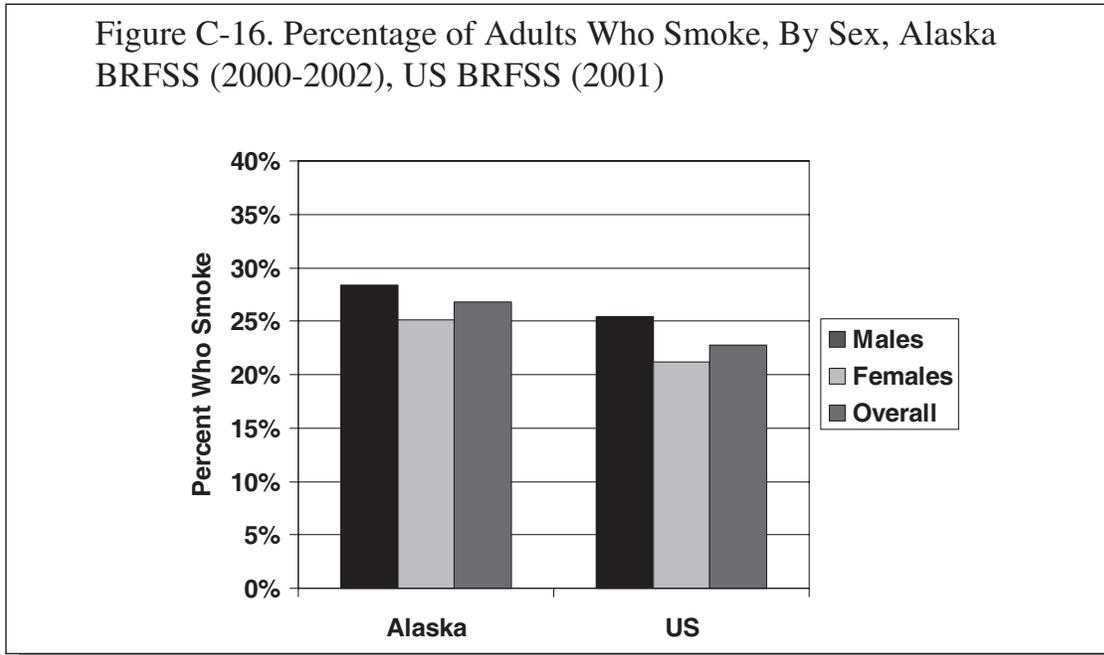
Among adults who currently smoke, nearly three-fourths (74%) reported that they smoke every day (Figure C-15), according to the results from the BRFSS in 2000-2002. Twenty-six percent of adults who smoke report that they smoke less than every day. As noted earlier, the proportion of adult smokers who smoke less than every day has increased since 1994.

Figure C-15. Frequency of Cigarette Smoking Among Adult Smokers, Alaska BRFSS, 2000-2002





Again, the 2003 ATS yielded similar results, with slightly more (77%) adults reporting that they smoke every day. BRFSS results from 2000-2002 show that the percentage of adult smokers in Alaska is slightly higher than that found in the United States in 2000. As is the case nationally, more Alaskan males than females smoke (Figure C-16).



Results from the 2003 ATS displayed a similar pattern, with overall prevalence numbers that were slightly lower than those observed on the BRFSS (25% for males, 23% for females).

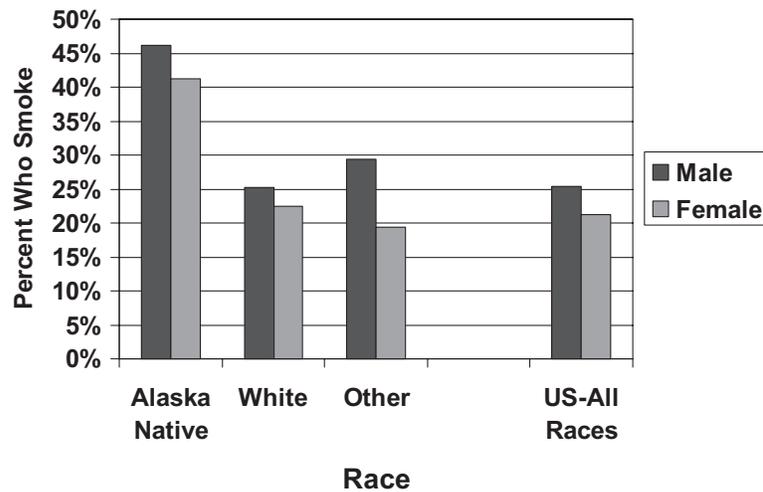
Nearly half (44%) of Alaska Native adults are current smokers, which is the highest smoking prevalence of any racial or ethnic group in Alaska. Asian/Pacific Islanders have the lowest smoking prevalence, at 14% (Table C-2).

Table C-2. Percentage of Adults Who Smoke, By Race and Ethnicity, Alaska BRFSS, 2000-2002

	AK (2000-2002)
White (n = 5,389)	24%
American Indian/Alaska Native (n = 1,505)	44%
African American (n = 156)	23%
Asian/Pacific Islander (n = 220)	14%
Hispanic (n = 247)	26%
All Adults	27%

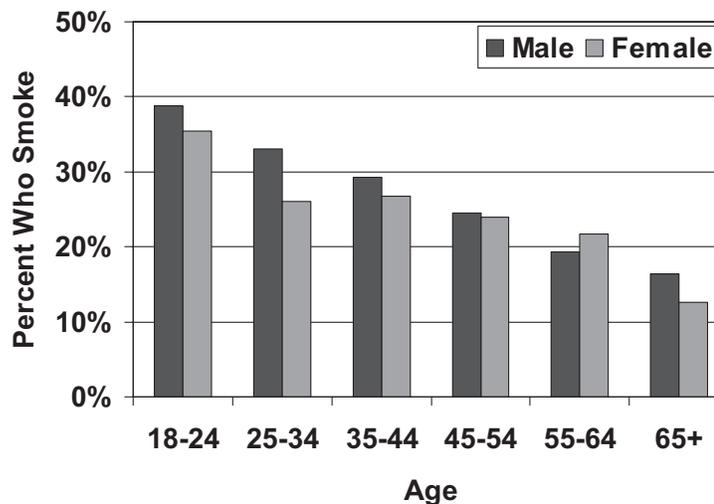
The percentage of Alaska Native male and female adults who smoke is nearly twice as high as the overall national prevalence, and is substantially higher than the percentage of White or other Non-Native Alaskan adults who smoke (Figure C-17).

Figure C-17. Percentage of Adults Who Smoke, By Sex and Race, Alaska BRFSS (2000-2002), US BRFSS (2001)



ATS data from 2003 exhibit the same disparity, as the prevalence of smoking among Alaska Native adults (42%) is twice as high that among Alaskans of other races (21% White, 19% Other races). In Alaska, as well as the United States, young adults are more likely to smoke than older adults. In Alaska nearly forty percent (37%) of adults age 18-24 smoke, compared to 14% of adults age 65 and older. BRFSS results from 2000-2002, shown in Figure C-18, show a decline in smoking prevalence with age, which occurs in both males and females.

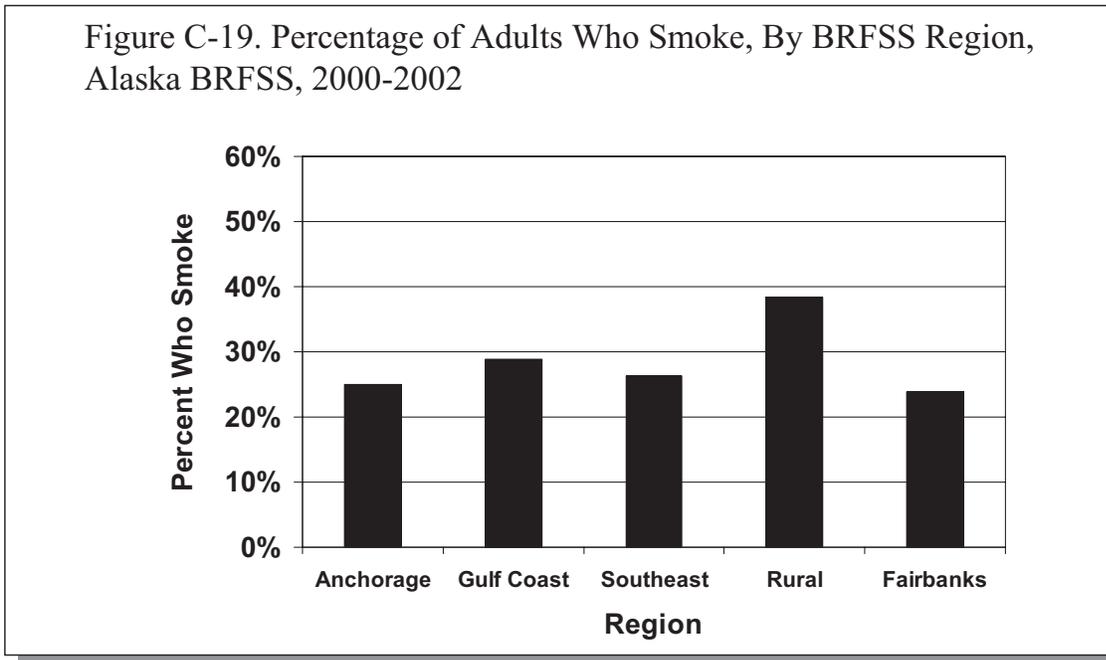
Figure C-18. Percentage of Adults Who Smoke, By Sex and Age, Alaska BRFSS, 2000-2002





A similar pattern in smoking by age group was observed in the ATS in 2003, although the decline among females was slightly less linear than that found in the BRFSS.

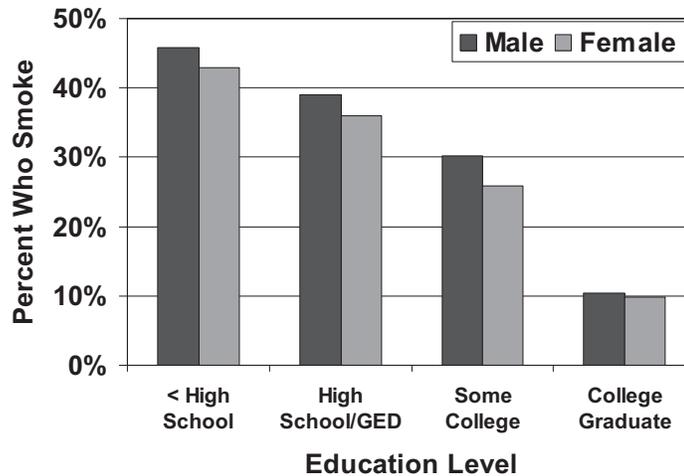
Aggregate data from the 2000-2002 BRFSS show that Alaskan adults who live in rural areas of Alaska are approximately one and one half times more likely to smoke than adults in Anchorage, Fairbanks, or Southeast Alaska. Gulf Coast residents have the second highest smoking prevalence in the state (Figure C-19).



Recent data from the 2003 ATS show a similar geographic distribution of smokers, with a smoking prevalence among rural residents that is almost twice as high as that found in Anchorage, Fairbanks, and Southeast Alaska. The prevalence of smoking in the Gulf Coast region was also higher than the prevalence in those three regions.

As is the case in the United States overall, Alaskan adults who spend fewer years in school are more likely to smoke than those who complete more years of formal education. Combined data from the 2000-2002 BRFSS show that males and females who do not finish high school are over four times more likely to smoke than males and females who graduate from college (Figure C-20). Nearly half of all Alaskans who have not finished high school smoke, compared to 32% nationally.

Figure C-20. Percentage of Adults Who Smoke, By Sex and Education Level, Alaska BRFSS, 2000-2002



When ATS data from 2003 are analyzed, a correlation between smoking and education is also found, though the overall percentage of adults who smoke in most categories is slightly lower. The percentage of college graduates who smoke is identical to that found on the 2000-2002 BRFSS.

Low socioeconomic status is a risk factor for smoking, and income is an important indicator of socioeconomic status. Data from the 2000-2002 BRFSS show that adults who make less than \$15,000 per year are twice as likely to smoke as those who make \$50,000 or more, a pattern also observed in the United States overall (Table C-3).

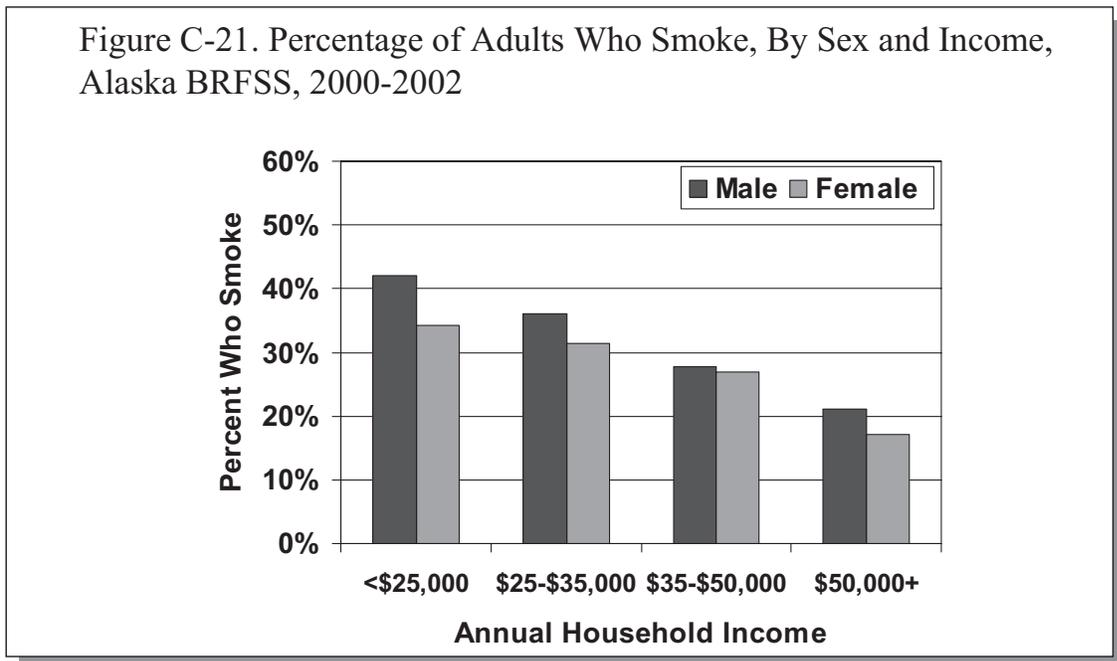
Table C-3. Percentage of Adults Who Smoke, By Income, Alaska BRFSS (2000-2002), US BRFSS (2000)

Annual Household Income	AK (2000-2002)	US (2000)
less than \$15,000 (n = 669)	41%	30%
\$15,000 - \$24,999 (n = 1,135)	36%	29%
\$25,000 - \$34,999 (n = 970)	34%	26%
\$35,000 - \$49,999 (n = 1,290)	27%	24%
\$50,000 or more (n = 2,856)	19%	17%
All Adults	27%	23%



ATS data from 2003 show the same relationship between smoking and income; nearly half (47%) of adults who make less than \$15,000 per year are smokers, compared to 18% of adults who make \$50,000 per year or more.

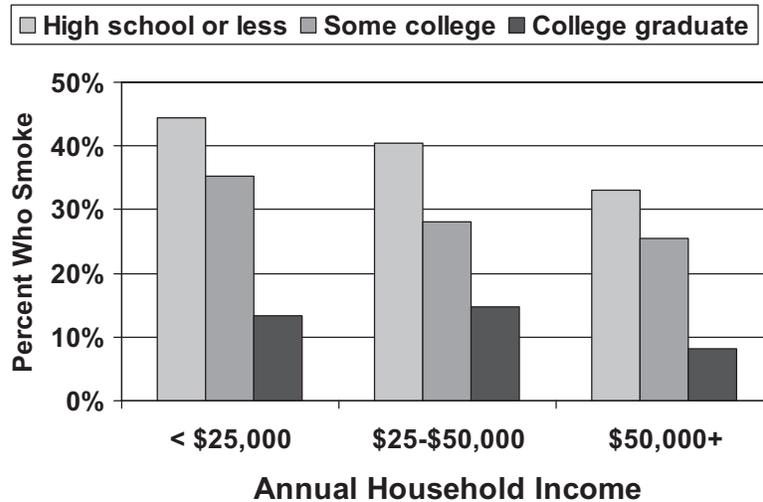
The correlation between income and smoking exists for both males and females. As BRFSS data from 2000-2002 show, the percentage of male and female smokers decreases as income increase (Figure C-21).



A similar connection between income and smoking is found on the ATS in 2003, though the relationship appears to be slightly more pronounced among males than females.

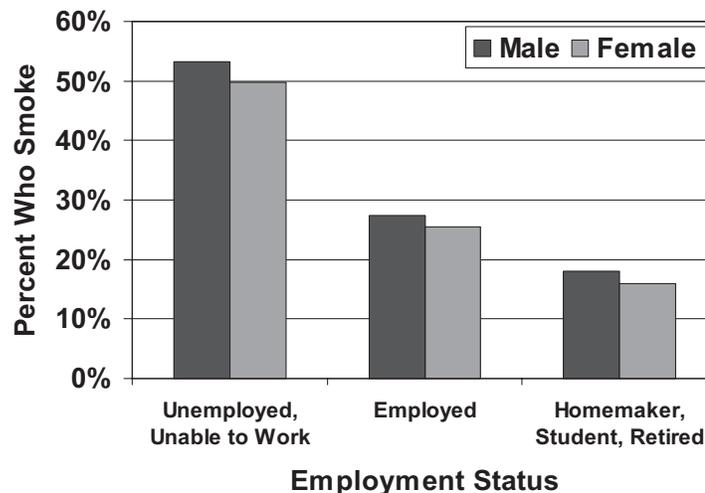
Within a given income range, the amount of formal education an adult has completed is associated with whether or not that adult is a smoker, as shown in Figure C-22. Combined data from the 2000-2002 BRFSS show that adults who complete high school or less are up to four times more likely to smoke than those who complete college, regardless of their overall income. Among adults who finish college, however, income is not associated with smoking.

Figure C-22. Percentage of Adults Who Smoke, By Education Level and Income, Alaska BRFSS, 2000-2002



Like income, employment is an indicator of socioeconomic status, and is related to smoking. BRFSS data from 2000-2002 show that males and females who are unemployed or unable to work are approximately twice as likely to smoke as are adults who currently have a job (Figure C-23).

Figure C-23. Percentage of Adults Who Smoke, By Sex and Employment Status, Alaska BRFSS, 2000-2002



Data from the 2003 ATS also found that twice as many unemployed male and female adults smoked as did males and females who had jobs, though the overall smoking prevalence in each group was slightly lower than that from the BRFSS.

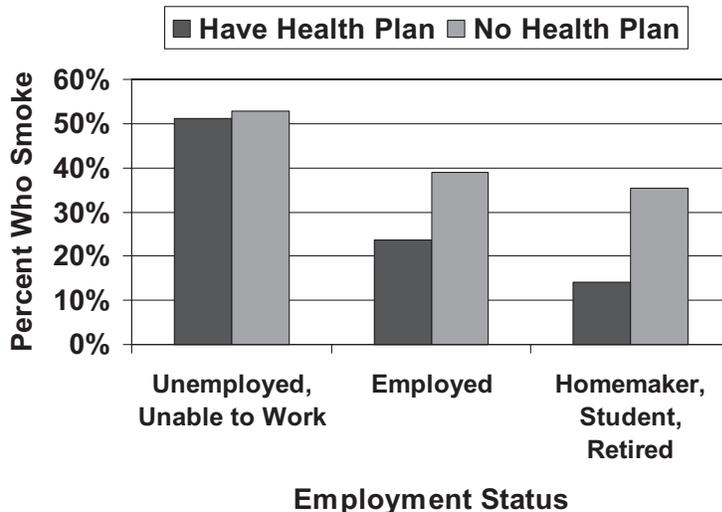
The BRFSS also provides information on health plan coverage, which can also be used to estimate socioeconomic status. From 2000-2002, 41% of adults without health plan coverage smoked, compared to 24% of adults who reported having a health plan (Table C-4).

Table C-4. Percentage of Adults Who Smoke, By Health Plan Status, Alaska BRFSS, 2000-2002

Any Health Plan (Insurance/HMO/Medicaid) (n = 6,195)	24%
No Health Plan (n = 1,395)	41%
All Adults	27%

As Figure C-24 indicates, adults who are unemployed smoke at high rates regardless of their health plan status. Among other groups of adults (employed, homemaker, student, and retired), those who do not have a health plan smoke more than those who do. The difference is especially pronounced among adults who are homemakers, students, or retired.

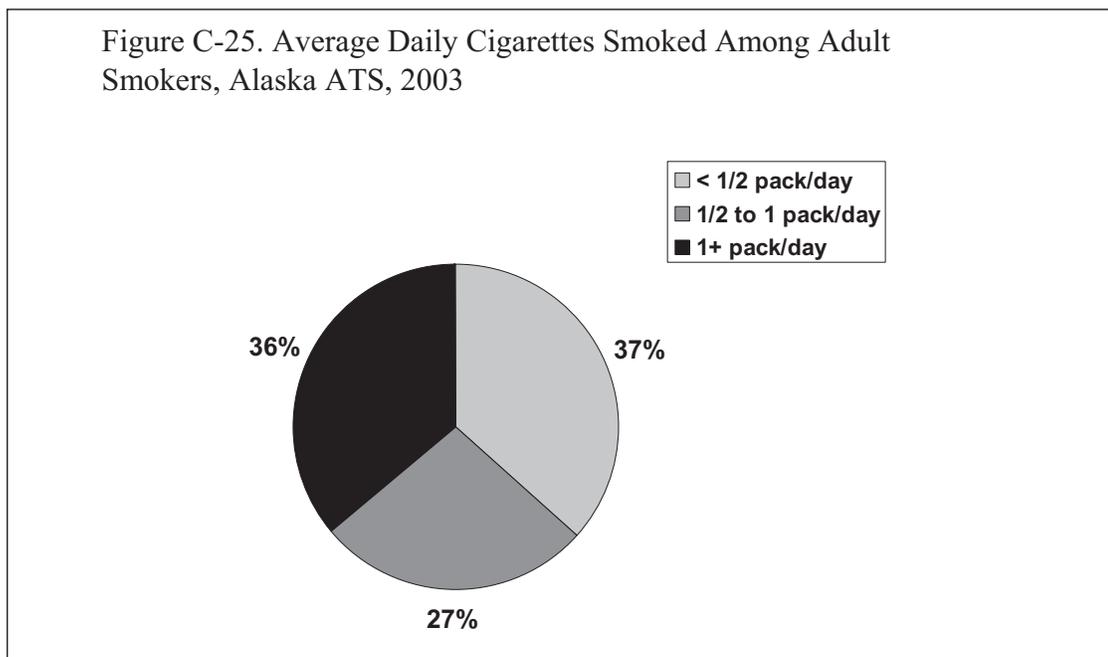
Figure C-24. Percentage of Adults Who Smoke, By Employment and Health Plan Status, Alaska BRFSS, 2000-2002



Cigarette Smoking: Indicators of Addiction

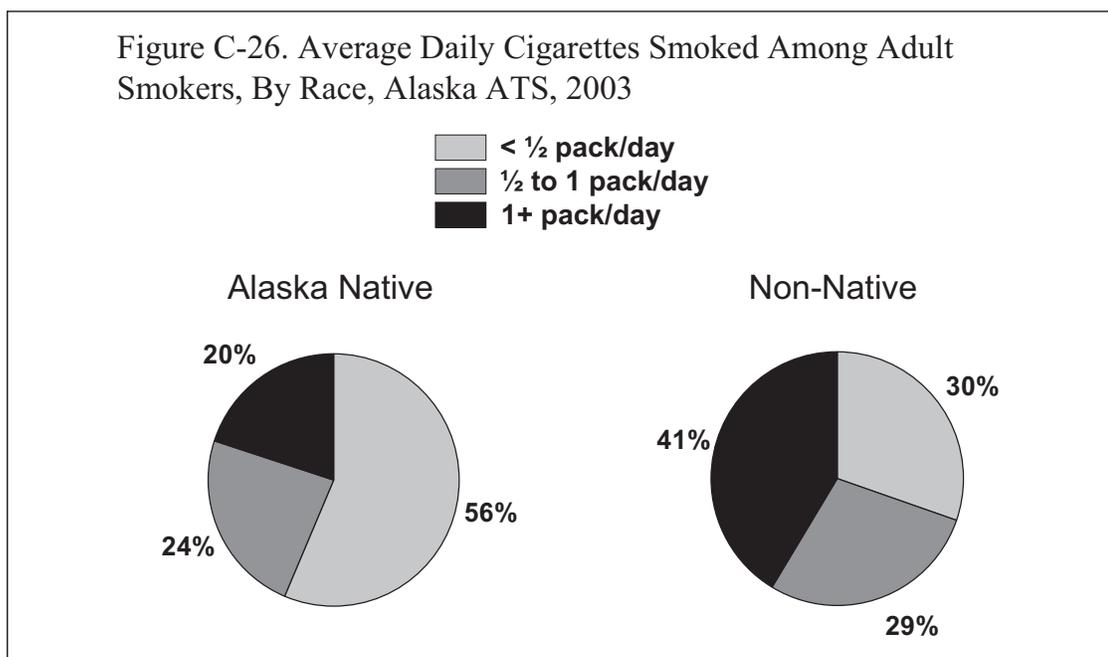
The number of cigarettes smoked per day is an important measure of tobacco addiction. Data from the 2003 ATS show that 37% of adult smokers smoke less than half a pack of cigarettes per day, while an almost equal proportion smoke one or more packs in a day (Figure C-25).

Figure C-25. Average Daily Cigarettes Smoked Among Adult Smokers, Alaska ATS, 2003

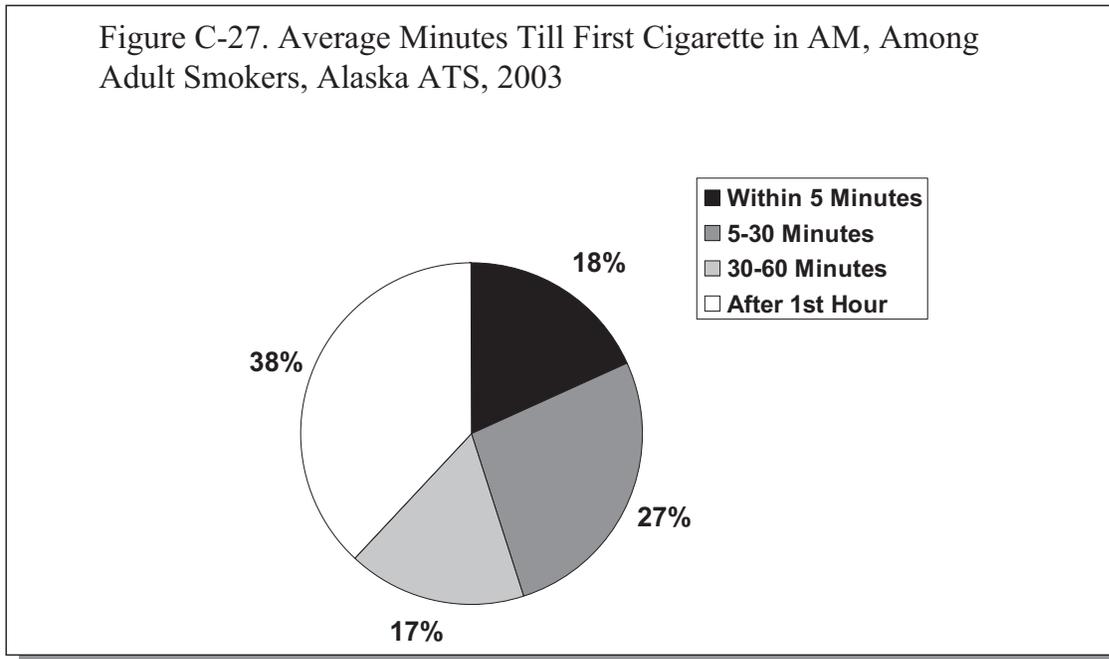


On days when they smoke, Alaska Native adults smoke fewer cigarettes than do Non-Native adults. Alaska Native adults are almost twice as likely to smoke less than half a pack of cigarettes a day as Non-Native adults, and are half as likely to smoke a pack or more of cigarettes each day (Figure C-26).

Figure C-26. Average Daily Cigarettes Smoked Among Adult Smokers, By Race, Alaska ATS, 2003



Another measure of the severity of tobacco addiction is the amount of time that elapses between waking up and having the first cigarette of the day. ATS results from 2003 indicate that nearly half (45%) of adult smokers have their first cigarette within 30 minutes of waking up, while almost one fifth (18%) do not wait more than five minutes before having their first cigarette (Figure C-27). No noticeable age, gender, or ethnic differences were observed in the time it takes adults to have their first cigarette in the morning.

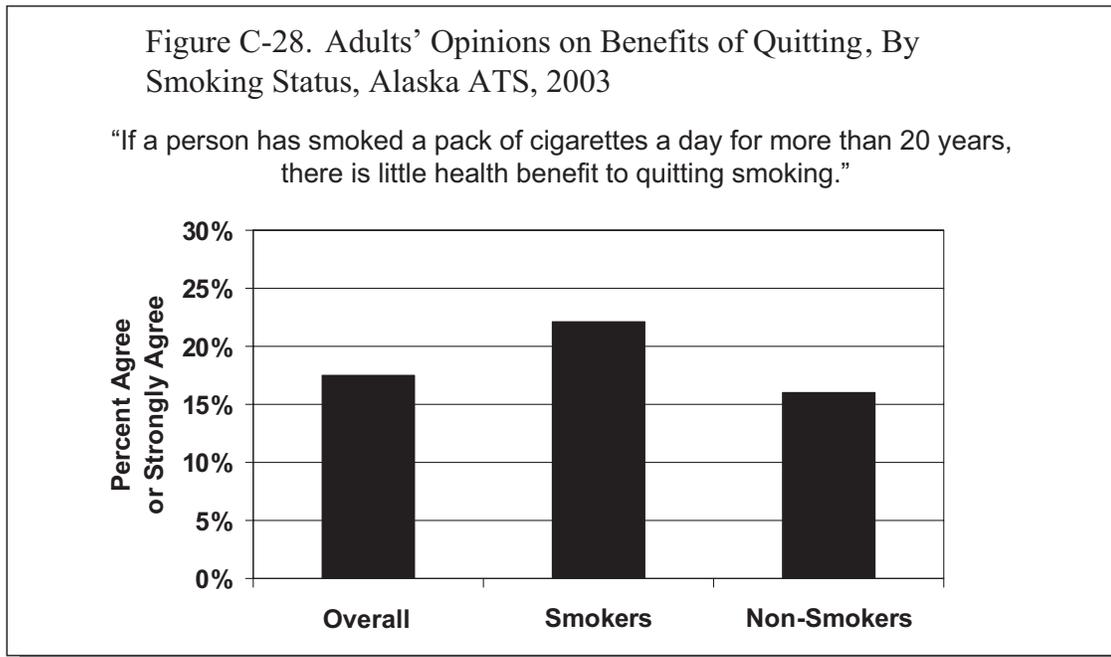


Cigarette Smoking: Health Risks

The addictive nature of cigarettes is underscored by the fact that adults continue to smoke even though the health consequences of smoking are well known. The 2002 Hellenthal and Associates Media Awareness Survey asked several questions regarding perceptions of the health risks of cigarette smoking. Survey results show that 75% of Alaskan adults understand that over 400,000 Americans die from smoking-related causes each year, while 94% mildly agree or strongly agree with the statement that every cigarette does a smoker damage. An equally high percentage (93%) of adults believe that a pregnant woman can harm her baby if she smokes cigarettes.

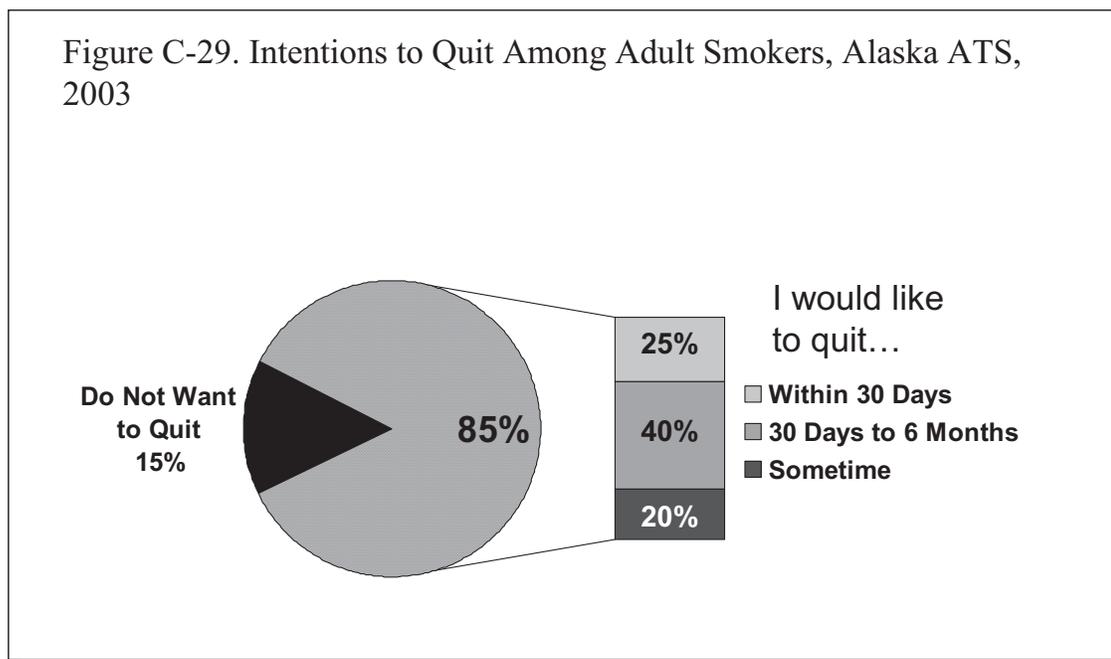
Although non-smoking adults were more likely to perceive smoking as a harmful behavior, adults who smoked also showed a strong understanding of the health consequences associated with smoking. Eighty-eight percent of smokers reported that they believed each cigarette they smoked was harmful, compared to 96% of adults who have never smoked. Nearly three-fourths (73%) of adults who smoke mildly agree or strongly agree with the statement that over 400,000 Americans die annually from smoking, compared to 77% of non-smokers. While 96% of adults who have never smoked believe that a pregnant woman can harm her baby by smoking, that belief is also expressed by 85% of adults who smoke.

The 2003 ATS collected information on the perceived health benefits of quitting smoking. A majority of Alaskan adults understand that quitting smoking provides health benefits, regardless of the amount of time a person has smoked before eventually quitting. However, nearly one-fifth of adults in Alaska reported that they agree with the statement that “If a person has smoked a pack of cigarettes a day for more than 20 years there is little health benefit to quitting smoking.” (Figure C-28).



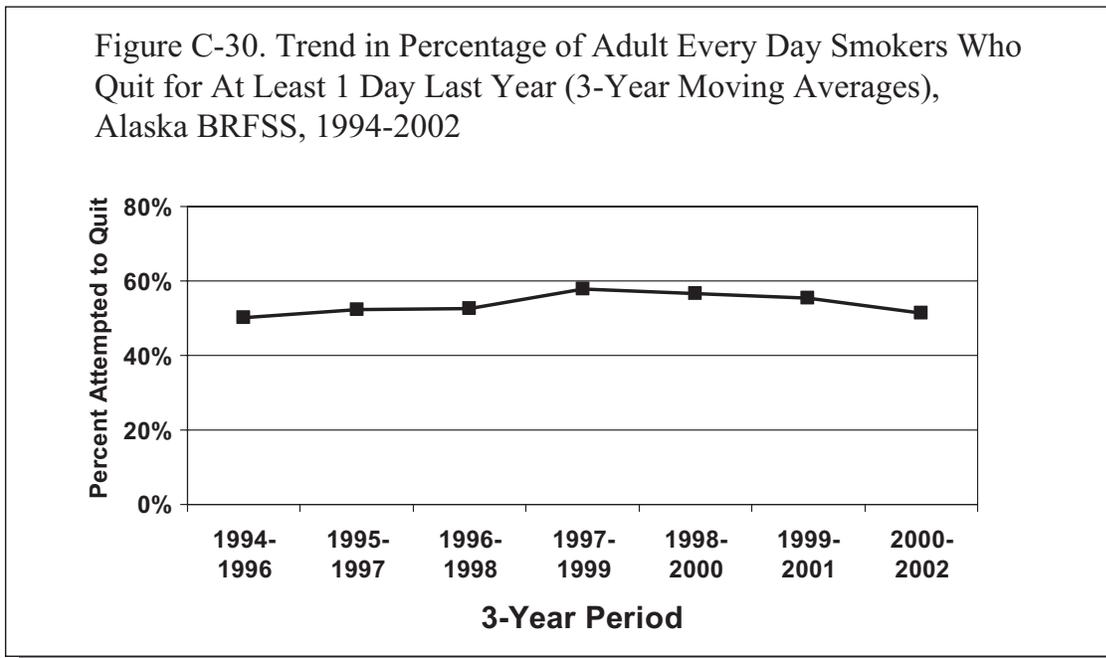
Cigarette Smoking: Cessation

The 2003 ATS results indicate that 85% of adult smokers in Alaska would like to quit. One in every four smokers say they are planning to quit within the next 30 days (Figure C-29).

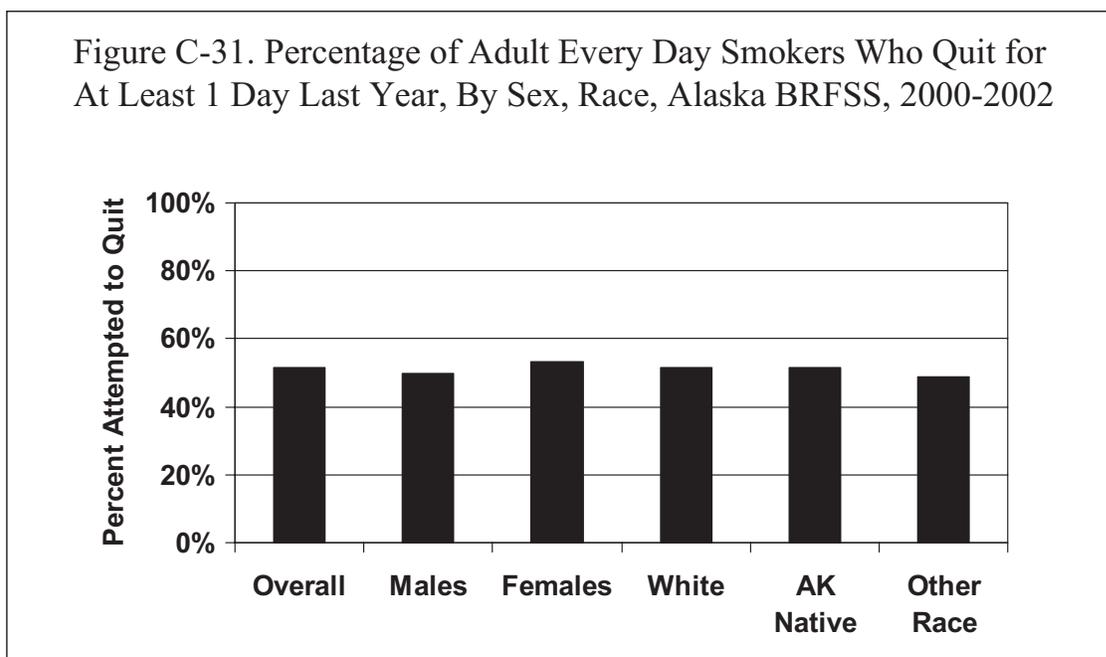




Trend information on quit attempts among adults who smoke every day is available through the BRFSS. The percentage of adults who smoke every day and reported that they stopped smoking for at least a day because they were trying to quit has remained fairly constant since 1994, as shown in Figure C-30.

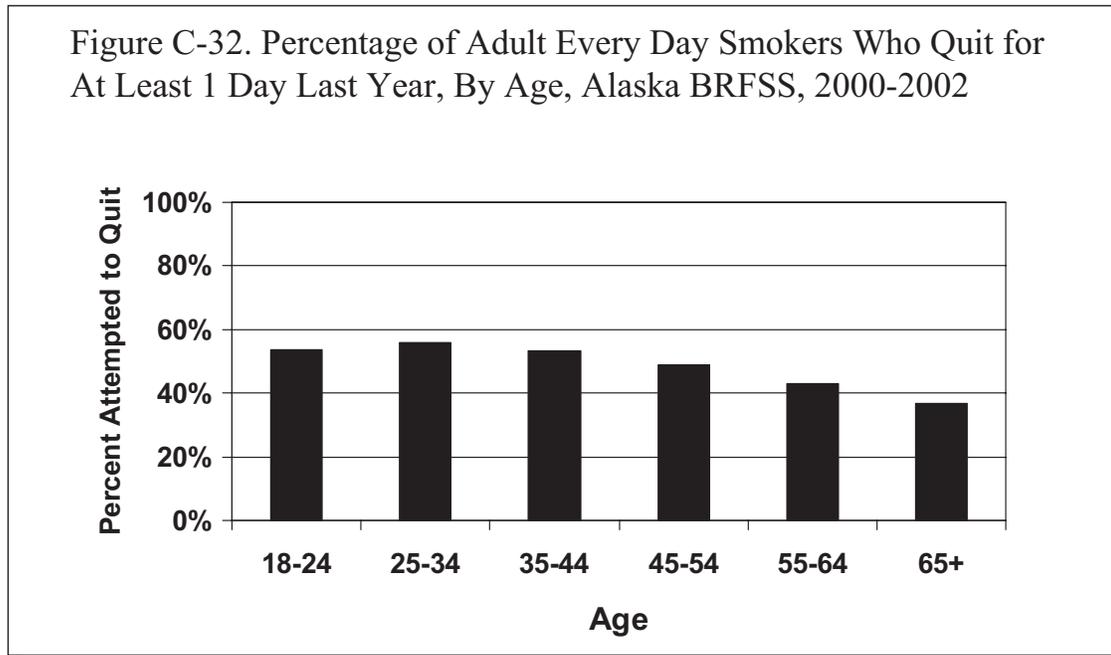


Combined data from the 2000-2002 BRFSS indicate that 51% of all adult every day smokers tried to quit in the year prior to their participation in the survey. Adult every day smokers of both sexes and all races were equally likely to have tried to quit (Figure C-31).



Recent data from the 2003 ATS show a very similar pattern. Half of all adult smokers tried to quit in 2002, with no noticeable differences between men and women or adults of different races.

Younger adult smokers are more likely to try to quit smoking than older adult smokers. BRFSS data from 2000-2002 show smokers age 18-34 were one and one half times more likely to have attempted to quit within the past year as adults who were age 65 or older (Figure C-32).

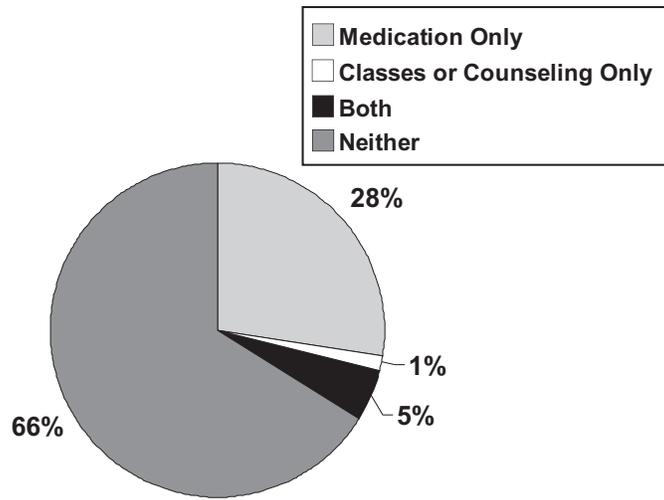


The 2003 ATS also collected information on quit attempts among adults, and presents a similar picture of quit attempts and age. Adults age 18-34 were one and one half times more likely to try to quit than those who were 55 and older, while fewer adults in the 35-44 and 45-54 year old age group surveyed on the ATS reported trying to quit in the past year than adults in the same age groups surveyed on the BRFSS.

The ATS gives information on types of quit aids used by smokers who tried to quit in the past year. Five percent of adult smokers who tried to quit smoking in the past year used a combination of medication such as nicotine replacement therapy (NRT), and cessation counseling services to assist them in their most recent quit attempt. Twenty-eight percent reported that they used only NRT, while 1% said they only attended cessation classes or utilized cessation counseling services. Two-thirds of smokers who tried to quit reported that they did not use either of those services (Figure C-33).

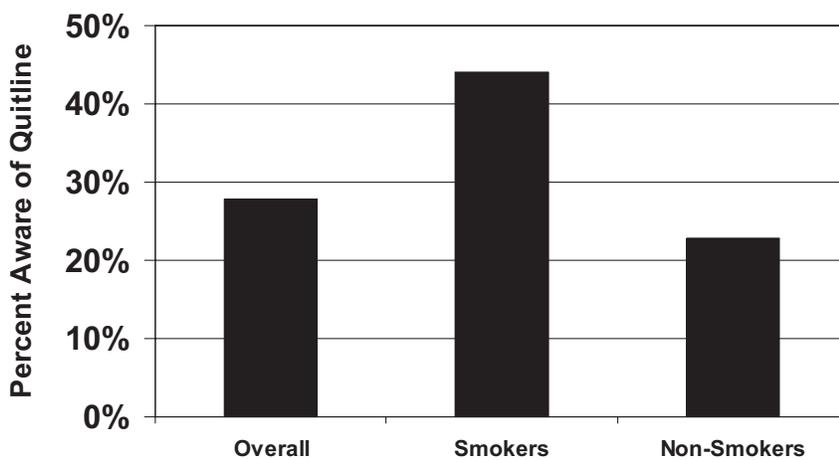


Figure C-33. Quit Aids Used By Adult Smokers Who Quit For at Least 1 Day Last Year, Alaska ATS, 2003



The Alaska Quitline is a telephone-based cessation counseling service available to Alaskan smokers who want to quit, and to anyone who wants information on tobacco use or cessation. In 2003, ATS results showed that 28% of all Alaskan adults are aware of the Quitline. Awareness of the Quitline was approximately twice as high among adults who smoke as among those who do not smoke (Figure C-34).

Figure C-34. Percentage of Adults Aware of the Alaska Quitline, By Smoking Status, Alaska ATS, 2003



Approximately half of adults who successfully quit smoking report that they quit ten or more years ago, while thirty percent say that they quit within the past 5 years (Figure C-35). Over 40% of Alaska Native adults former smokers reported that they had quit smoking within the past 5 years, compared to 30% of Non-Native adults (Figure C-36).

Figure C-35. When Quit Smoking for Good, Among Adult Former Smokers, Alaska ATS, 2003

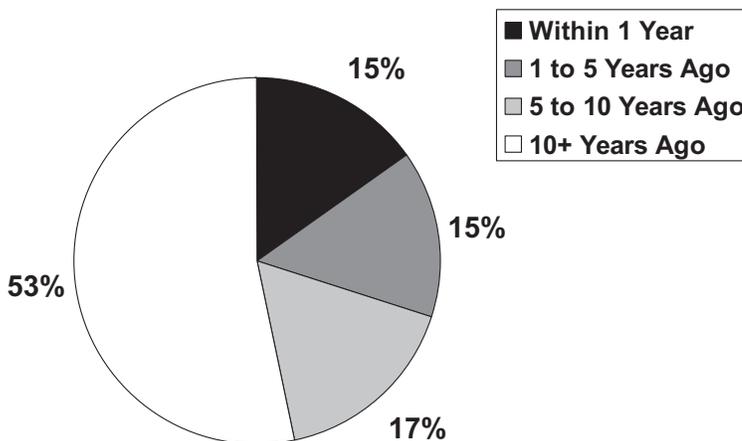
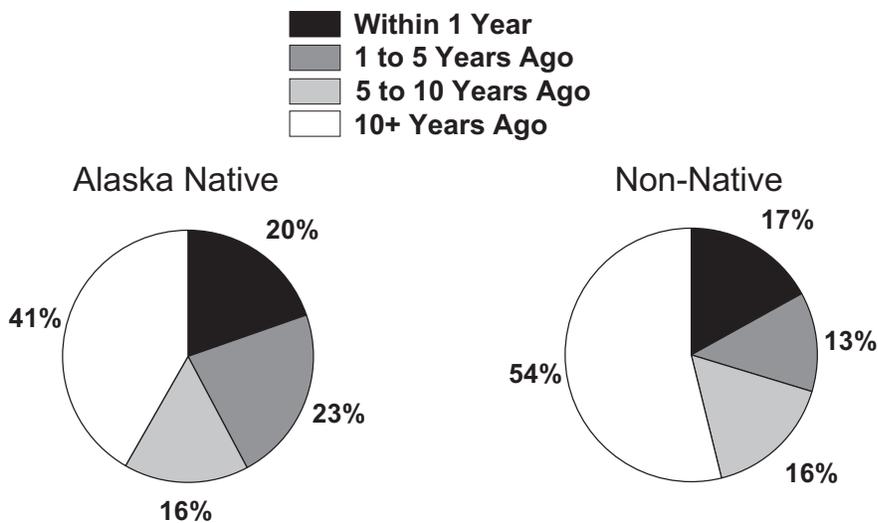


Figure C-36. When Quit Smoking for Good, Among Adult Former Smokers, By Race, Alaska ATS, 2003



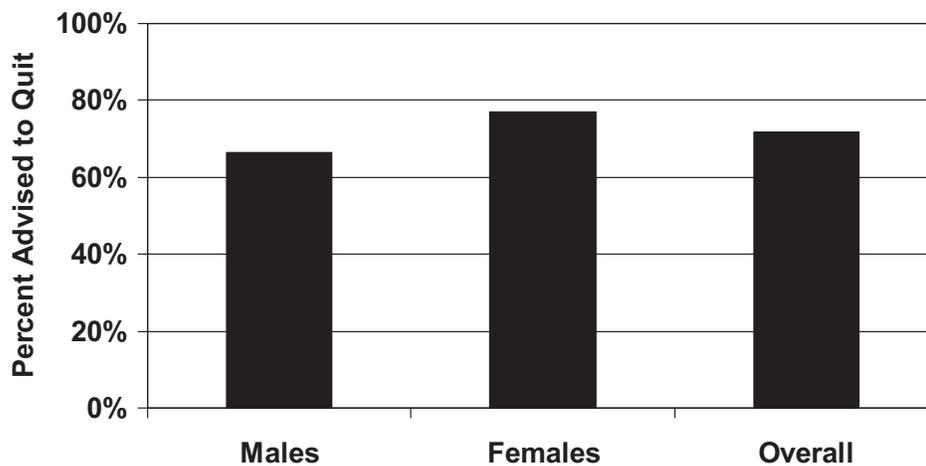


Cigarette Smoking: Health Care Provider Advice to Quit

Health Care providers play an important role in the cessation efforts of their adult patients who smoke. The Clinical Practice Guidelines for Treating Tobacco Use and Dependence (June 2000), recommend that every patient who uses tobacco be offered at least brief treatment at every visit, with more intensive interventions offered to tobacco users who are willing and motivated to quit.

In order to receive clinical assistance in a quit attempt, adults who smoke must have contact with the health care system. Data from the 2000-2001 BRFSS show that 58% of adults who smoke visited a health care provider in the past year. Of the adult smokers who visited a health care provider in 2000-2001, 72% reported that they had been advised to quit by their provider (Figure C-37). A higher percentage of females than males report being advised to quit, which could reflect differences in counseling protocol, but could also indicate gender differences in the nature of health care provider visits. If, relative to women, men visit health care providers more often for emergency reasons, rather than for routine care, smoking cessation may not be as high a priority as other urgent care needs.

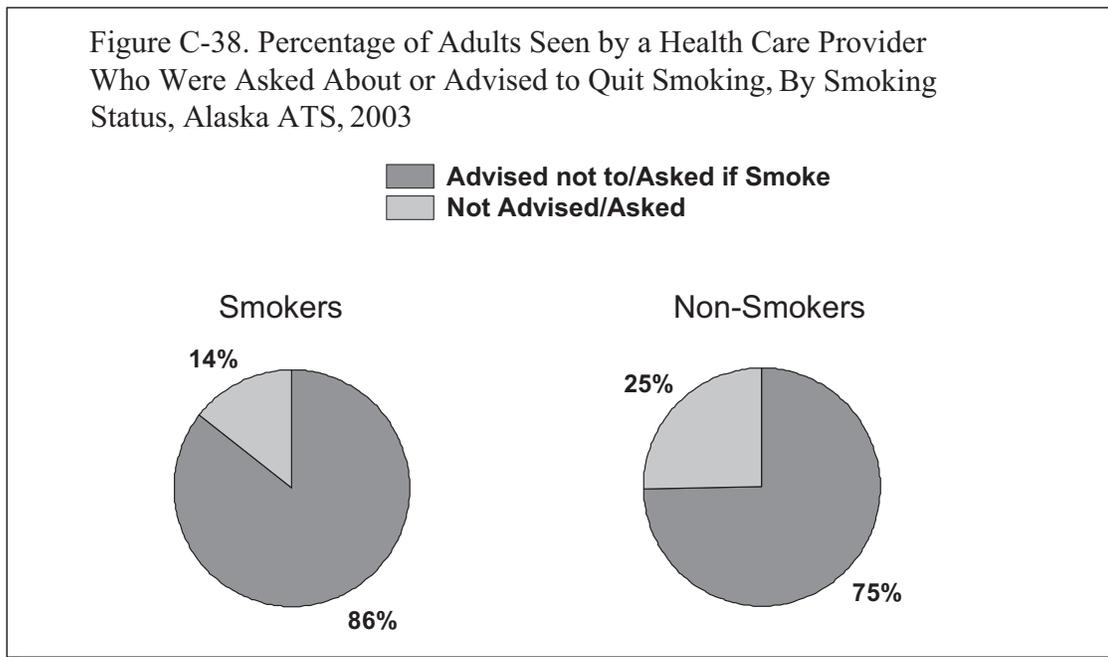
Figure C-37. Percentage of Adult Smokers Advised to Quit by Health Care Provider Last Year, By Sex, Alaska BRFSS, 2000 & 2001



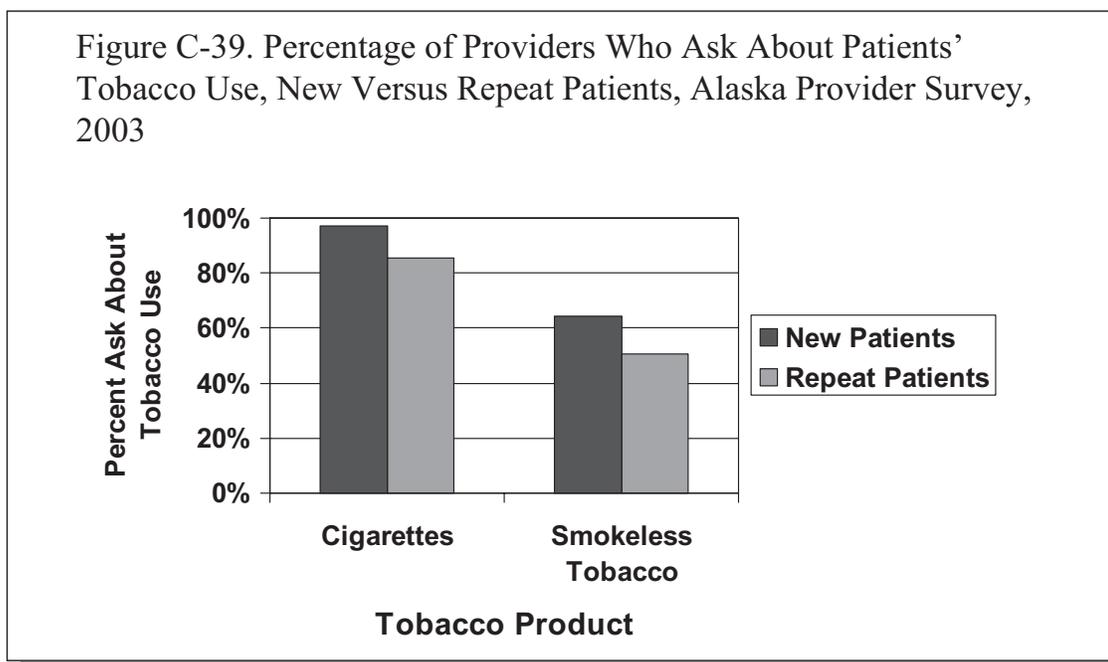
The 2003 ATS also assessed patient reports of provider practices around smoking cessation. Fifty-nine percent of adult smokers reported that they had seen a health care provider in the past year on the ATS. Of those adults, 67% reported that they had been advised to quit by their provider, with a higher percentage of females than males reporting that they had been advised to quit.

In order for patients to be advised to quit, health care providers must first learn whether they use tobacco. In 2003, 86% of adults who smoke that visited a health care provider reported that they were asked whether they smoked, or were advised to quit, which implies that their health care provider was already aware that they smoked.

Three quarters of adults who do not smoke report being asked whether they smoke (Figure C-38)



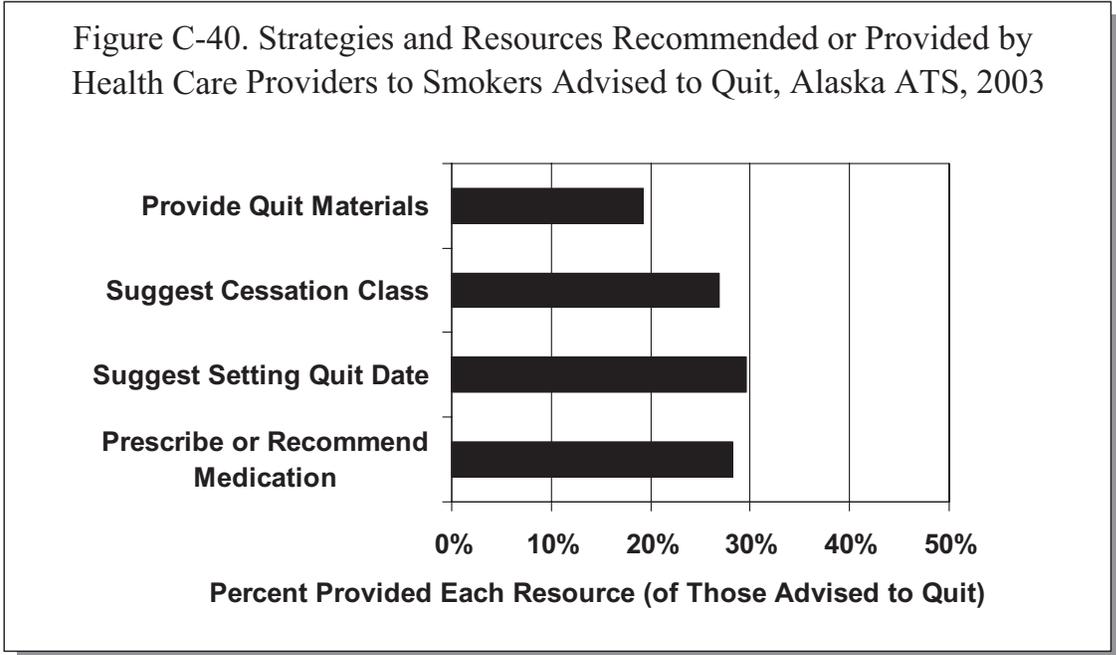
Information on health care provider intervention around smoking cessation is also available from the 2003 Health Care Provider Survey. The percentage of health care providers who report that they ask patients about tobacco use is high, compared to the 77% of adults who reported on the 2003 ATS that they were asked if they smoked or were advised to quit smoking by their provider. Ninety-seven percent and 86% of health care providers surveyed report that they ask their new and returning patients if they smoke, respectively (Figure C-39).



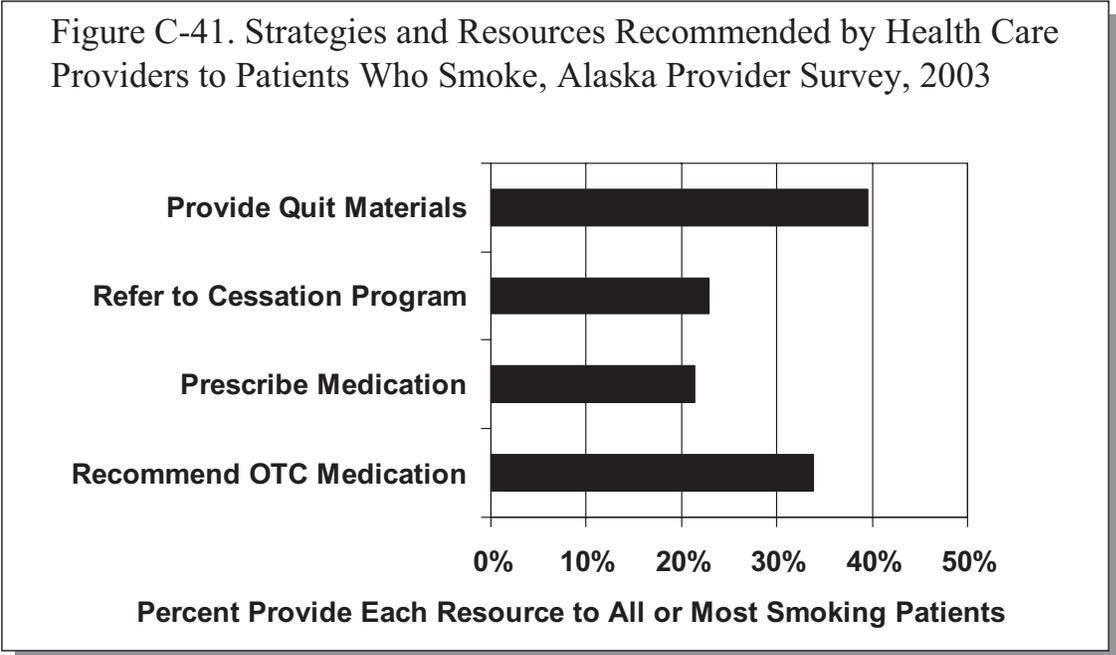
According to the Clinical Practice Guidelines for Treating Tobacco Use and Dependence, physicians should provide at least a brief cessation intervention at each visit, ranging from



encouragement to quit to prescribing NRT, depending on the patient’s willingness to quit. Of the adults who reported that they were advised to quit by a health care provider in 2003, 30% said their health care provider recommended that they set a quit date, while 28% reported that NRT was prescribed or recommended (Figure C-40). Between 10-18% of adults reported that their health care provider suggested or provided any two cessation interventions. The most frequently reported combination of strategies was setting a quit date and prescribing medication.



Health care providers were also asked about the resources they recommend to their patients. Forty percent of health care providers surveyed reported that they provide quit materials to all or most of their smoking patients, while over a third of those surveyed said they recommend over-the-counter nicotine replacement products. Relatively fewer health care providers reported referring patients to a cessation program or prescribing NRT, as shown in Figure C-41.

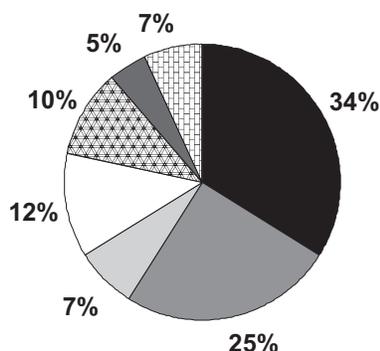


Cigarette Smoking: Source of Cigarettes

As mentioned previously, 4% of adult smokers reported that they bought cigarettes over the internet or through a mail order or 800 number source in the past year. Over 90% of adults who smoke say that they usually buy cigarettes within their community, while 98% buy their cigarettes in Alaska. Of those adults who usually buy cigarettes within Alaska, over half buy them at a convenience store, gas station, or supermarket. Smaller percentages of adults report that they usually buy cigarettes from liquor or drugstores, tobacco discount stores, military commissaries, or other discount stores (Figure C-42).

Figure C-42. Usual Type of Store for Purchasing Cigarettes, Among Adult Smokers, Alaska ATS, 2003

■ Convenience Store/Gas Station ■ Supermarket
 ■ Liquor/Drug Store □ Tobacco discount store
 ▨ Other discount store ■ Military commissary
 ▩ Other Store



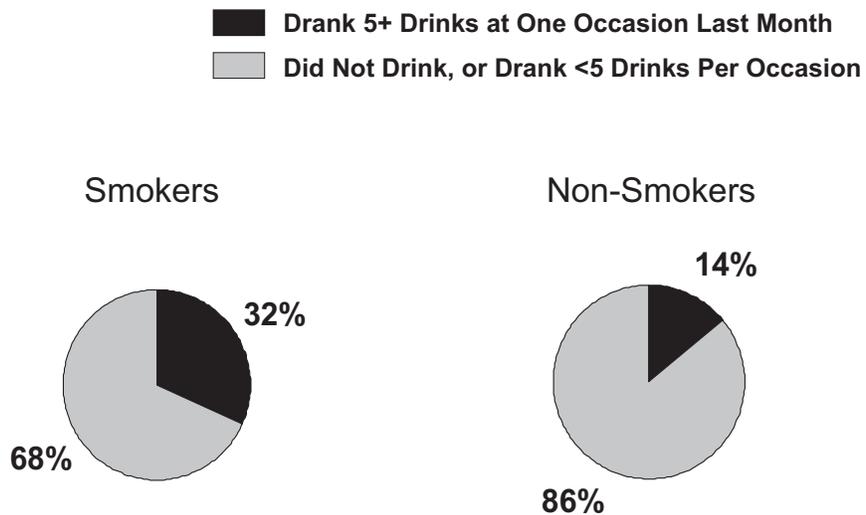
Cigarette Smoking: Correlations with Other Health Risk Behaviors

Because the BRFSS collects information on a variety of health risk behaviors, it is possible to look at the correlations between smoking and other behaviors that have negative health impacts.

BRFSS results from 2000-2002 show that adults who smoke were over twice as likely to report binge drinking in the month prior to the survey than adults who do not smoke (Figure C-43).

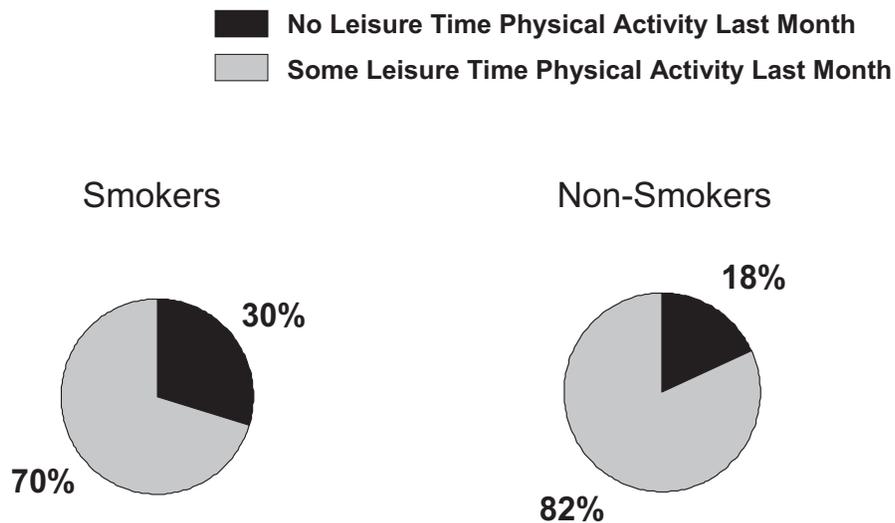


Figure C-43. Percentage of Adults Who Binge Drink, By Smoking Status, Alaska BRFSS, 2000-2002



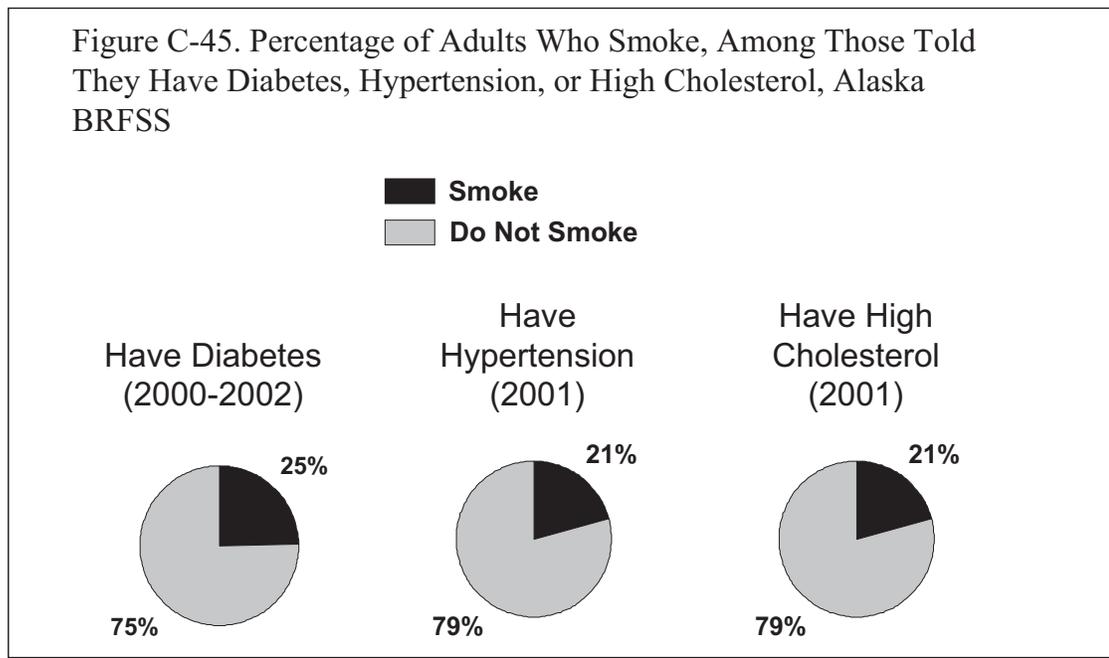
Adults who smoke were also one and one half times more likely to be physically inactive, compared to adults who do not smoke (Figure C-44).

Figure C-44. Percentage of Adults Who Are Physically Inactive, By Smoking Status, Alaska BRFSS, 2000-2002



Cigarette Smoking: Multiple Health Risk Factors

Of the Alaskan adults with diabetes, 25% smoke. Slightly over one-fifth of adults with hypertension and high cholesterol are smokers, as shown in Figure C-45.



Adults who currently smoke or used to smoke are slightly more likely to have hypertension, diabetes, or high cholesterol than adults who do not smoke. Thirty percent, 23%, and 5% of adults who smoke or used to smoke have high cholesterol, hypertension, and diabetes, respectively, compared to 27%, 20%, and 3% of never-smokers (Figures C-46, C-47, C-48).

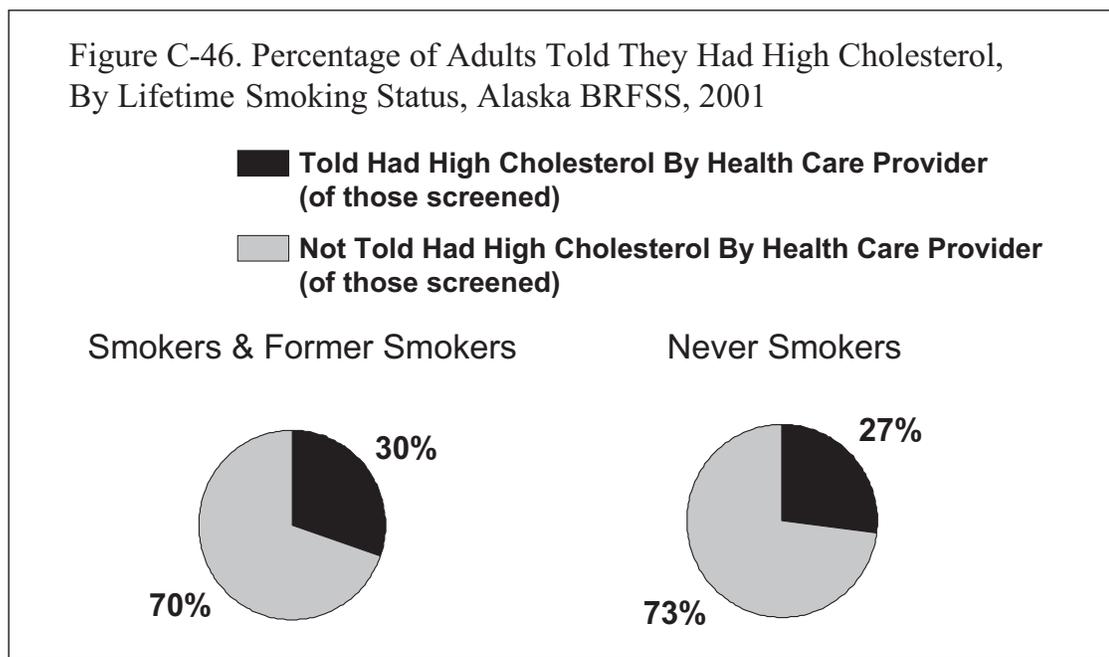
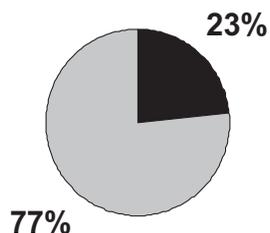




Figure C-47. Percentage of Adults Told They Had Hypertension, By Lifetime Smoking Status, Alaska BRFSS, 2001

Told Had Hypertension By Health Care Provider
 Not Told Had Hypertension By Health Care Provider

Smokers & Former Smokers



Never Smokers

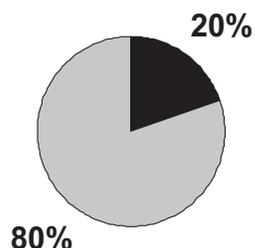
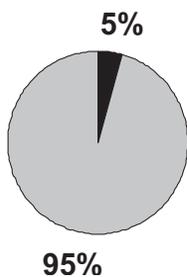


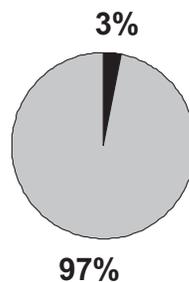
Figure C-48. Percentage of Adults Told They Had Diabetes, By Lifetime Smoking Status, Alaska BRFSS, 2000-2002

Told Had Diabetes
 Not Told Had Diabetes

Smokers & Former Smokers



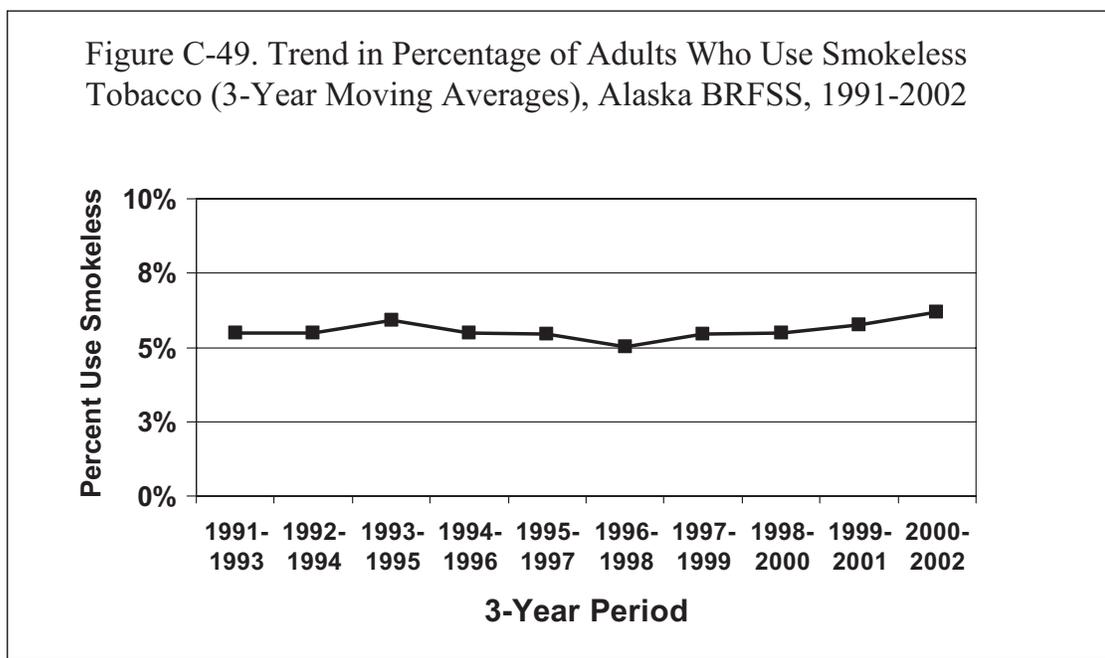
Never Smokers



Smokeless Tobacco

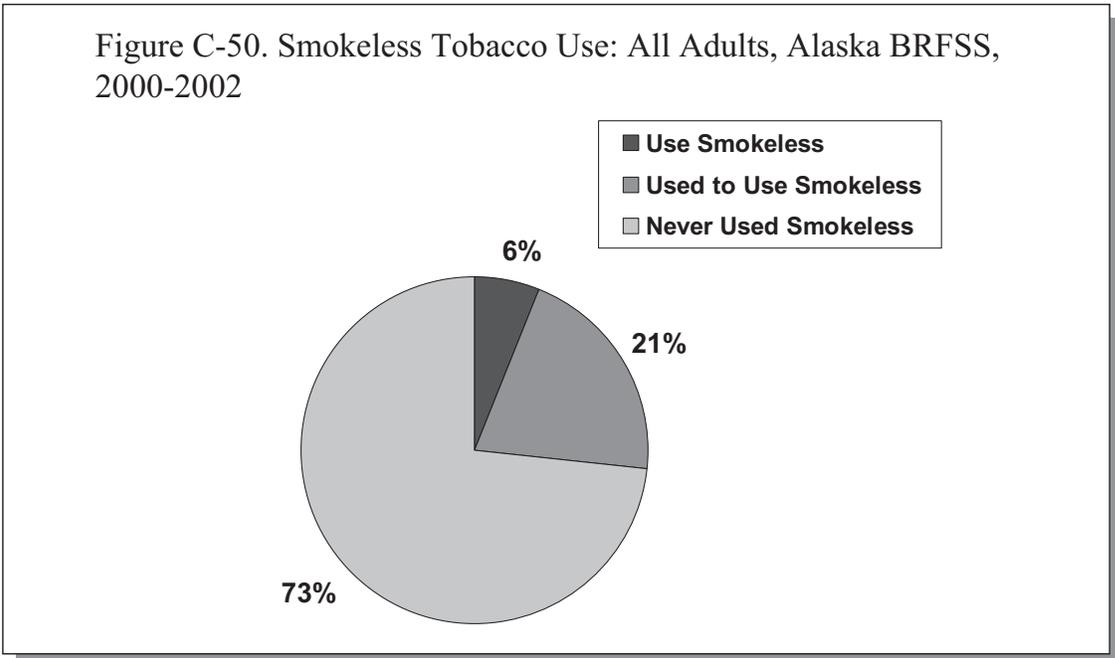
Smokeless Tobacco: Trends

The percentage of adults who use smokeless tobacco has been stable at about 6% since 1991. Figure C-49 shows the trend in smokeless tobacco use using three-year moving averages.



Smokeless Tobacco: Current Use

According to the combined results of the BRFSS for 2000 to 2002, 6% of Alaskan adults report that they currently use smokeless tobacco, and approximately one in five additional Alaskans report that they have tried smokeless tobacco, but do not use it now (Figure C-50). These results are comparable to those seen with the ATS, which found a 4% prevalence of current smokeless tobacco use and a 22% prevalence of former use.



Smokeless tobacco use is higher among males than females, with 10% of adult males reporting that they currently use smokeless tobacco, compared to 2% of adult females. Four times as many males as females have ever used smokeless tobacco but do not do so now (Figures C-51, C-52). These results are closely mirrored in the ATS, with a slightly lower prevalence of use among both males and females.

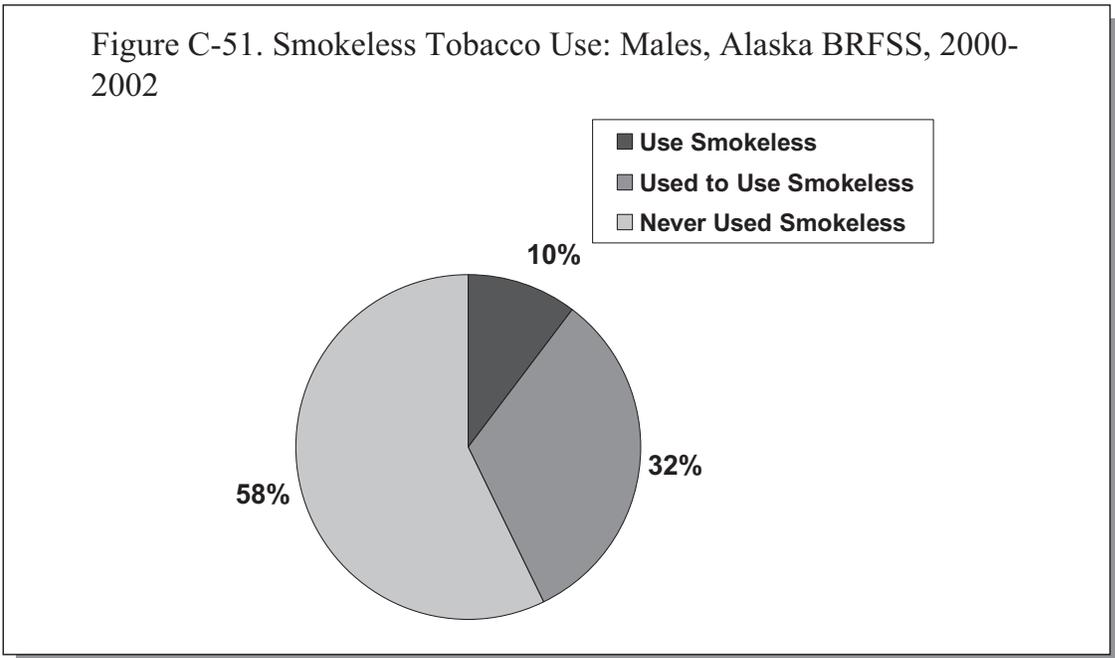
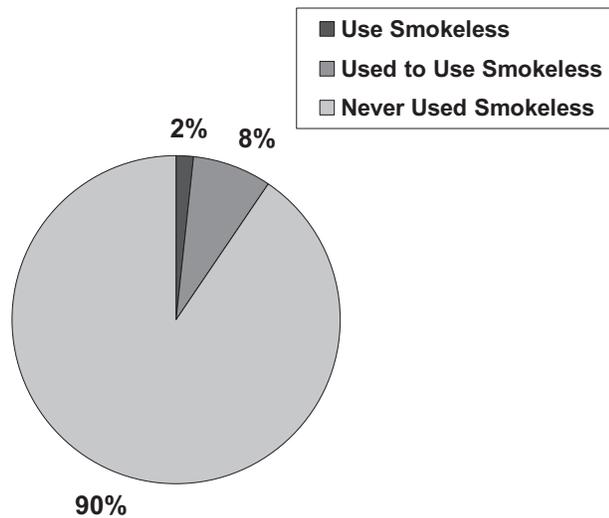
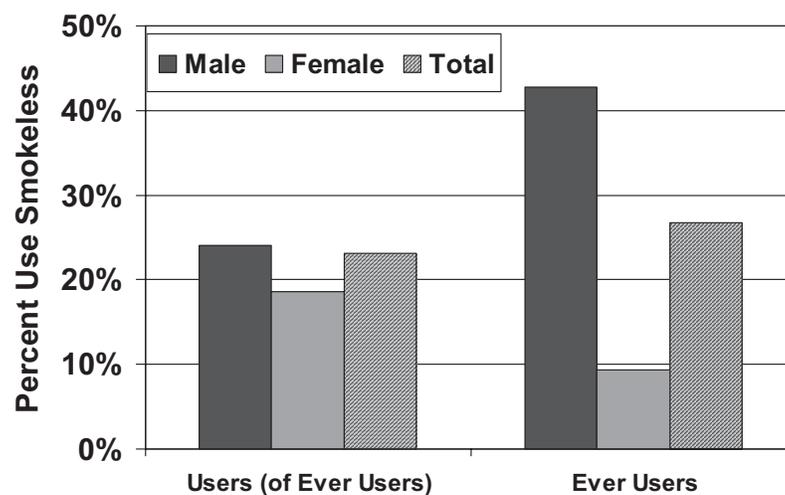


Figure C-52. Smokeless Tobacco Use: Females, Alaska BRFSS, 2000-2002



BRFSS results from 2000-2002 show that males are almost five times as likely as females to have ever used smokeless tobacco. Among those adults who have ever tried smokeless tobacco, however, females are almost as likely as males to use it now (Figure C-53). The ATS showed an identical pattern, with a somewhat lower prevalence of current use among those who have ever used in both sexes (17% in males, 12% in females).

Figure C-53. Smokeless Tobacco Use, By Sex, Alaska BRFSS, 2000-2002



Of the adults who say in the ATS that they use smokeless tobacco, over half (57%) say they use it every day, while 43% say they use it less than every day. Adults who use smokeless tobacco report doing so an average of 22 days per month.



Use of smokeless tobacco among adults in Alaska today is about twice as high as in the United States as a whole, where rates from the 1991 BRFSS are the most recent available (Table C-5). Looking only at adults who have ever used smokeless tobacco, the percentage of Alaskans who currently use it is similar to the United States overall for males. Among females, the Alaska prevalence is nearly five times that of the United States in 1999 (Table C-6).

Table C-5. Percentage of Adults Who Use Smokeless Tobacco, By Sex, Alaska BRFSS (2000-2002), US BRFSS 1991

	AK (2000-2002)	US (1991)
Men	10%	6%
Women	2%	1%
All Adults	6%	3%

Table C-6. Percentage of Adults Who Use Smokeless Tobacco (of Ever Users), By Sex, Alaska BRFSS (2000-2002), US BRFSS 1999

	AK (2000-2002)	US (1999)
Men	24%	24%
Women	19%	4%
All Adults	23%	22%

Alaska Native adults are about three times as likely to report using smokeless tobacco as other Alaskan adults, according to the 2000-2002 BRFSS (Figure C-54). When smokeless tobacco use is examined by race and sex, Alaska Native men are twice as likely as White men to use smokeless tobacco, and Alaska Native women are almost five times as likely as White women to use it (Figure C-55). The ATS shows similar patterns by race and sex, but the differences between Alaska Natives and other races are slightly more extreme, particularly among males.

Figure C-54. Percentage of Adults Who Use Smokeless Tobacco, By Race, Alaska BRFSS, 2000-2002

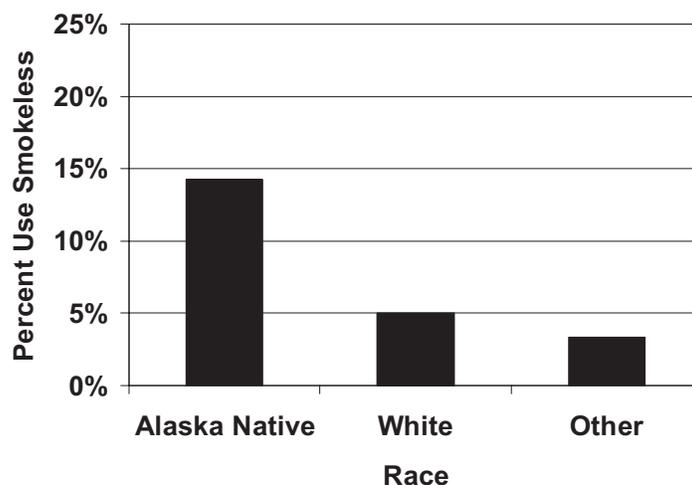
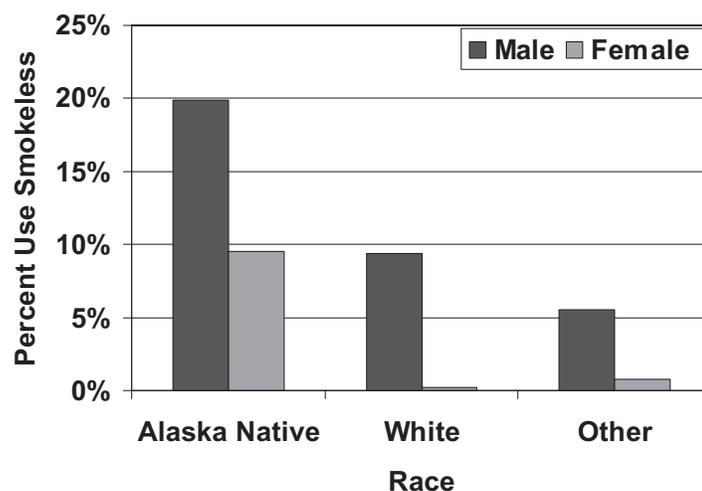


Figure C-55. Percentage of Adults Who Use Smokeless Tobacco, By Sex and Race, Alaska BRFSS, 2000-2002



Combined BRFSS data from 2000-2002 show that use of smokeless tobacco among adults varies greatly by age, with current use peaking in the 25-34 year-old age group (Figure C-56). That



same age group also has the highest prevalence of ever using smokeless tobacco, far surpassing older age groups whose members would have had more time to experiment with these products (Figure C-57). Some of the decline in older age groups seen in both figures may reflect the lower survival of smokeless tobacco users, or may indicate that the use of smokeless tobacco is a relatively new phenomenon. Very similar age patterns are seen in the ATS.

Figure C-56. Percentage of Adults Who Use Smokeless Tobacco, By Sex and Age, Alaska BRFSS, 2000-2002

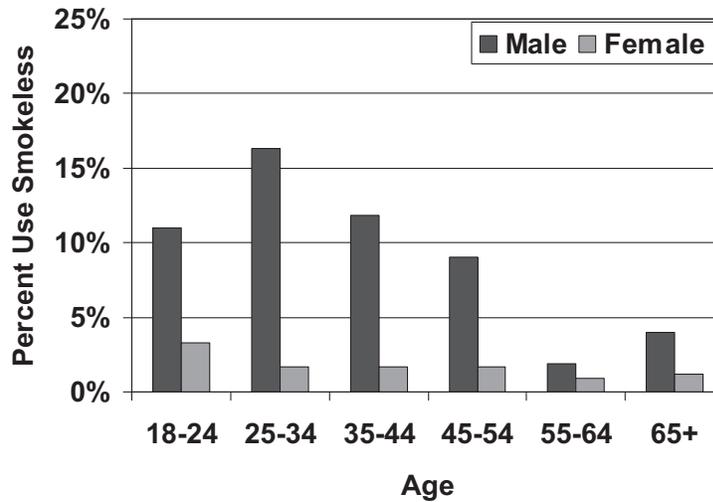
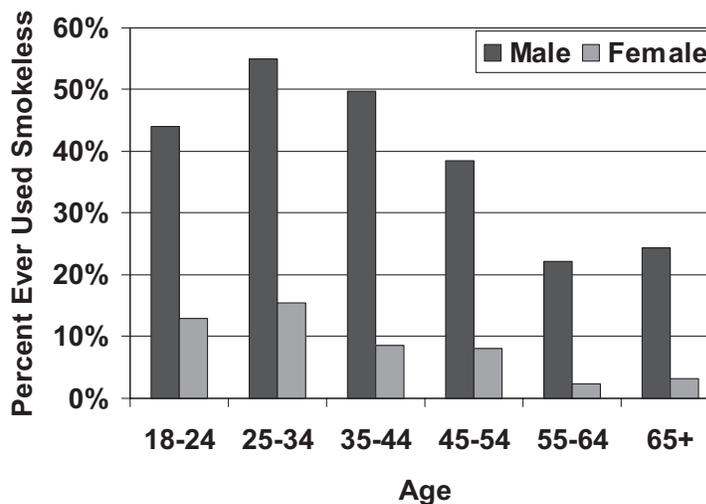
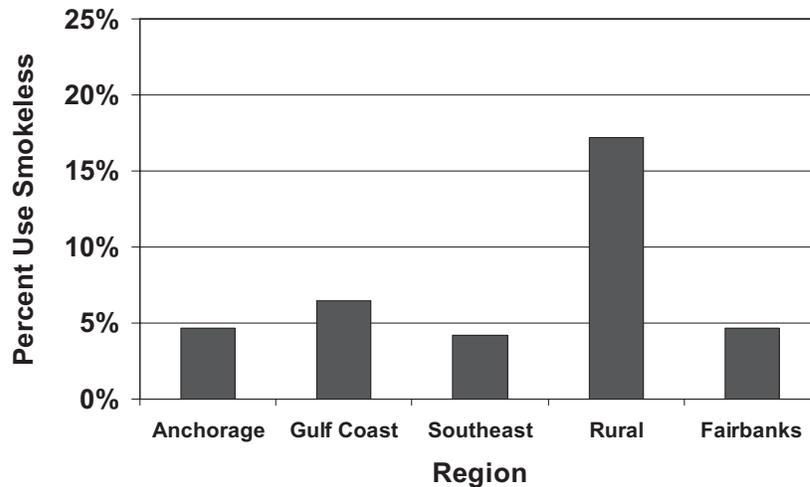


Figure C-57. Percentage of Adults Who Ever Used Smokeless Tobacco, By Sex and Age, Alaska BRFSS, 2000-2002



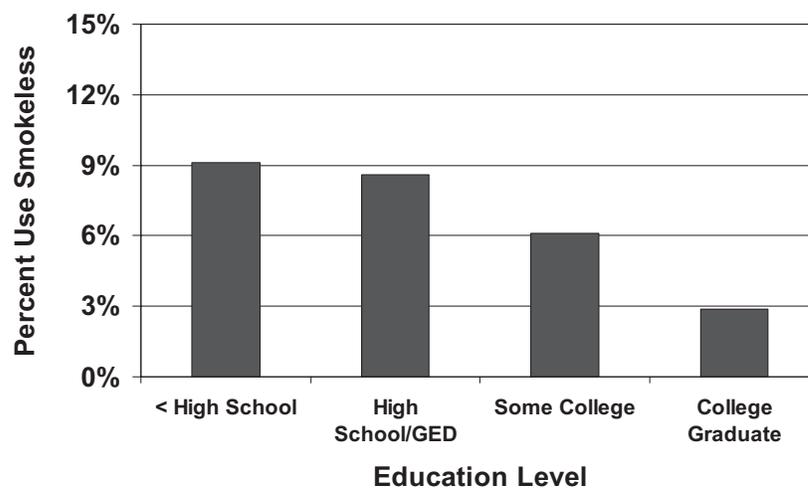
BRFSS results from 2000-2002 show that use of smokeless tobacco is far more common in rural Alaska than elsewhere in the state (Figure C-58). The percentage of smokeless tobacco users in rural Alaska is three times higher than that found in any region other than the gulf coast. A similar regional distribution is observed in the ATS, though the overall percentage of smokeless tobacco users is lower in most regions.

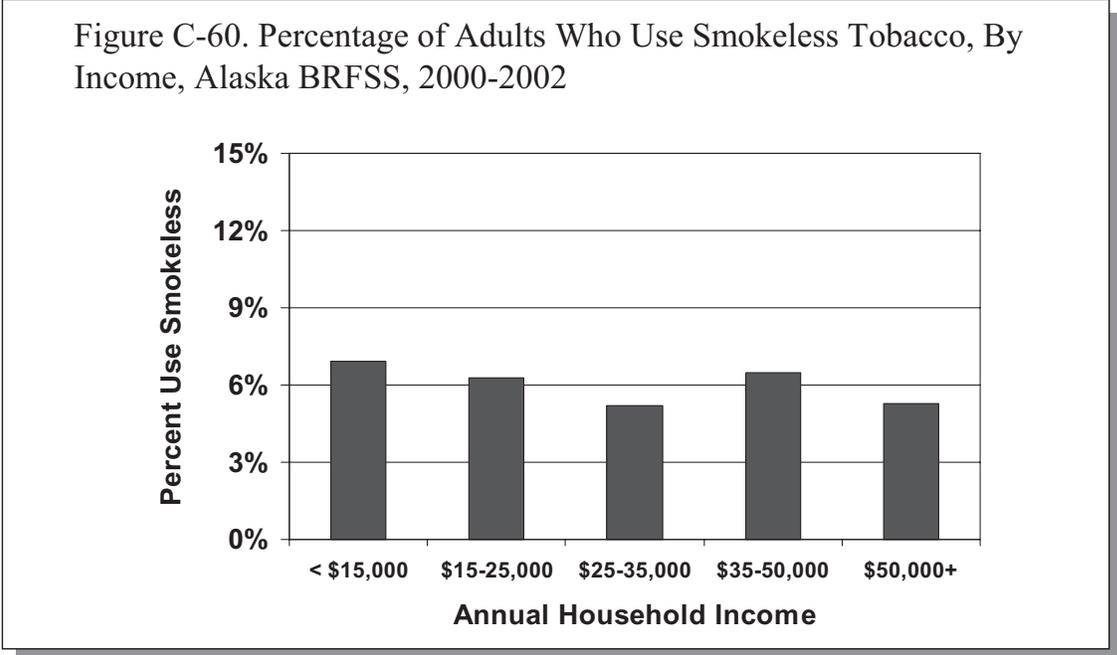
Figure C-58. Percentage of Adults Who Use Smokeless Tobacco, By BRFSS Region, Alaska BRFSS, 2000-2002



Alaskan adults with lower educational attainment and lower household incomes are more likely to report use of smokeless tobacco than those with higher education and income, according to results from the 2000-2002 BRFSS (Figures C-59 and C-60). Overall, education shows a stronger inverse association than does income; college graduates are three times less likely to use smokeless tobacco than adults who have not completed high school. Similar patterns are noted in the ATS.

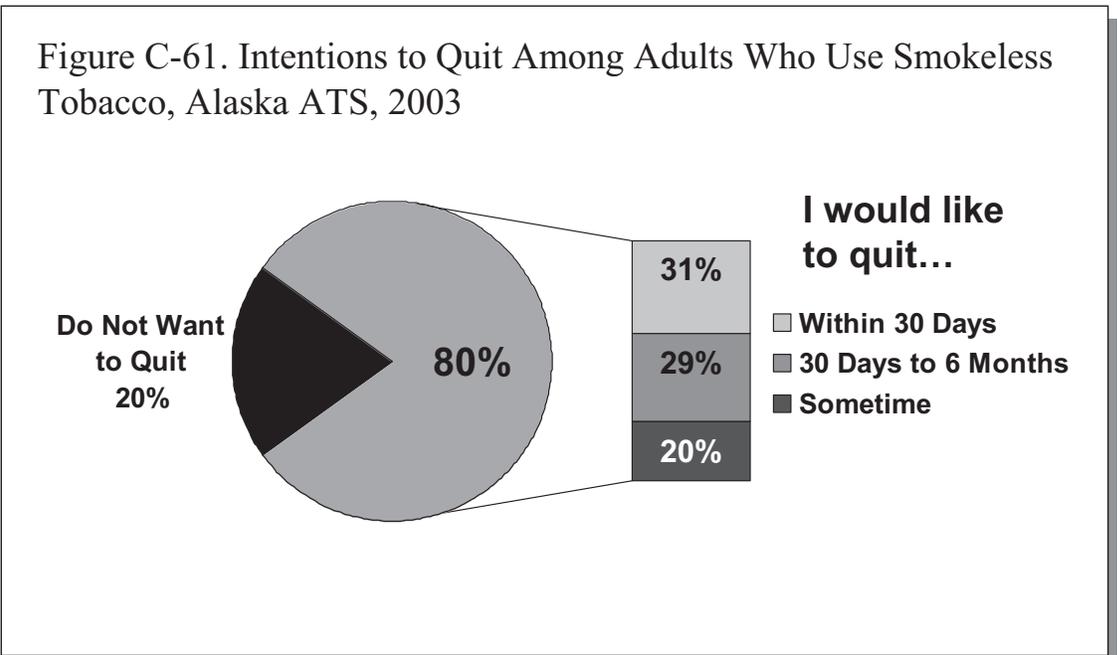
Figure C-59. Percentage of Adults Who Use Smokeless Tobacco, By Education Level, Alaska BRFSS, 2000-2002



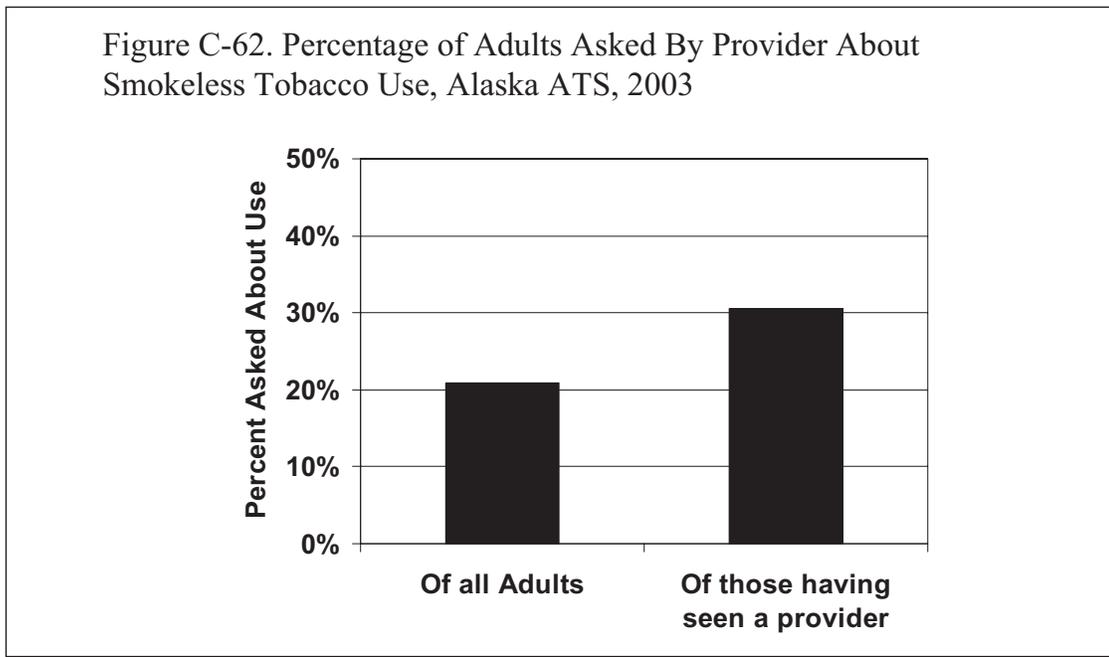


Smokeless Tobacco: Cessation

The 2003 ATS provides information on the percentage of adults who would like to quit using smokeless tobacco, and the timeframe in which they plan to do so. Eighty percent of smokeless tobacco users say they would like to quit. Nearly one-third (31%) report that they are planning to quit using smokeless tobacco within the next 30 days. An additional 29% report that they plan to quit within the next 6 months (Figure C-61).



The 2003 ATS also provides information on health care provider interventions with people who want to quit using smokeless tobacco. Of those adults who had seen a health care provider in the past year, 31% reported that they were asked whether they used smokeless tobacco (Figure C-62).



As is the case with smoking, the percentage of health care providers who report asking their patients about smokeless tobacco use is higher than the percentage of adults who report being asked if they use smokeless tobacco. On the 2003 health care provider survey, 64% of providers surveyed reported that they routinely ask new patients about tobacco use, and 51% said they ask return patients whether they use smokeless tobacco (Figure C-39).

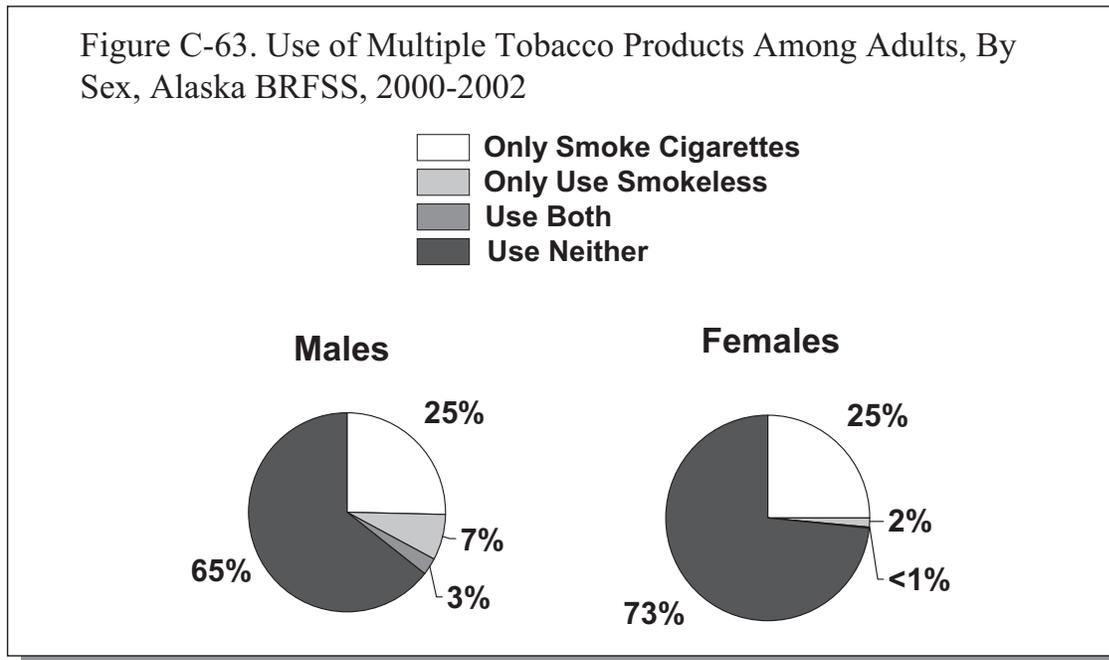


Multiple Tobacco Products

Multiple Tobacco Products: Current Use

BRFSS data from 2000-2002 indicate that the majority of adults who use tobacco use only one type of tobacco product. Three percent of males, and 1% of females, however, report that they both smoke and use smokeless tobacco (Figure C-63).

Figure C-63. Use of Multiple Tobacco Products Among Adults, By Sex, Alaska BRFSS, 2000-2002



Prenatal and Postpartum Tobacco Use

Data Sources

Data on prenatal and postpartum tobacco use among Alaskan women come from the Pregnancy Risk Assessment and Monitoring System (PRAMS). PRAMS collects population-based information on behaviors and circumstances that influence maternal and infant health. Each year, a sample of Alaskan women who recently delivered a live-born infant are asked about experiences before, during, and after pregnancy that may affect their health or that of their child. PRAMS was implemented in Alaska in 1990. It provides information on maternal prenatal and postpartum smoking, as well as prenatal smokeless tobacco use and infant exposure to ETS.

Prenatal and Postpartum Tobacco Use: Trends

Since 1991, the percentage of Alaskan women who smoked during the last three months of pregnancy has declined, although a higher percentage of women in Alaska smoke during pregnancy than in the nation overall (Figure C-64). While overall prenatal tobacco use declined among both white and Alaska Native women, only the decline among White women was statistically significant (Figure C-65).³ Postpartum tobacco use has remained relatively constant since 1991. Whether prenatally or postnatally, Alaska Native women are nearly twice as likely to smoke as White women (Figure C-66).⁴

Figure C-64. Trend in Prenatal Smoking, Alaska PRAMS (Last 3 Months of Pregnancy), vs. US NCHS (Anytime During Pregnancy), 1991-2000

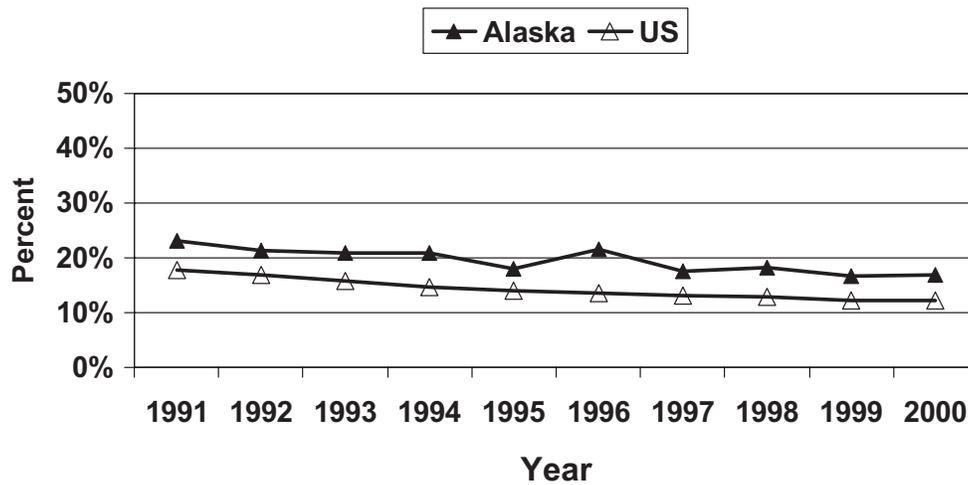




Figure C-65. Trend in Prenatal Smoking (Last 3 Months of Pregnancy), By Race, Alaska PRAMS, 1991-2000

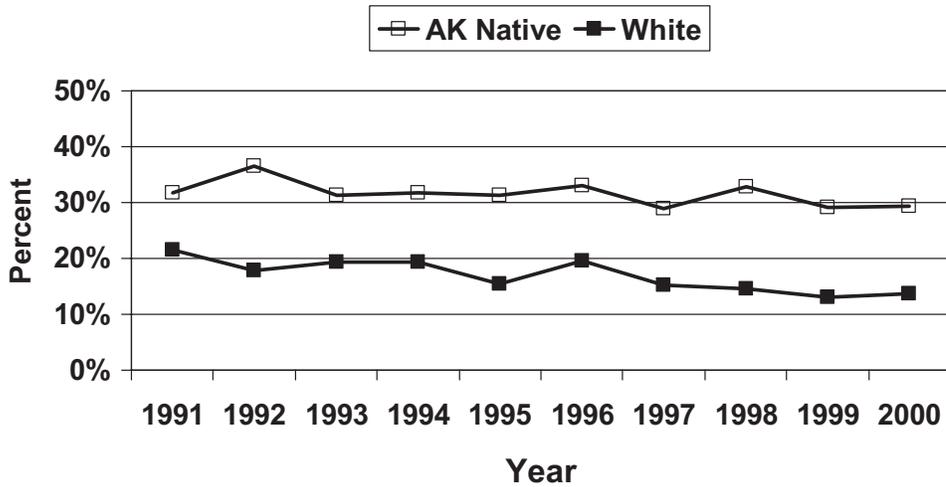
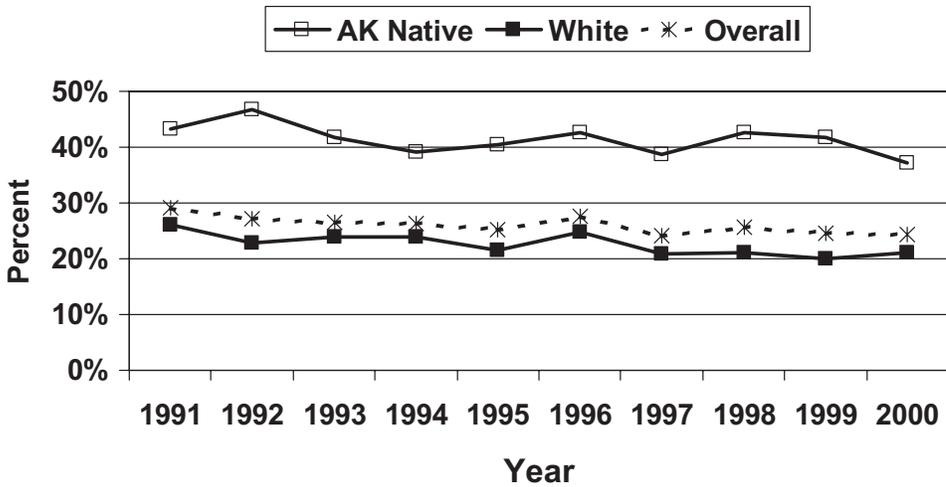
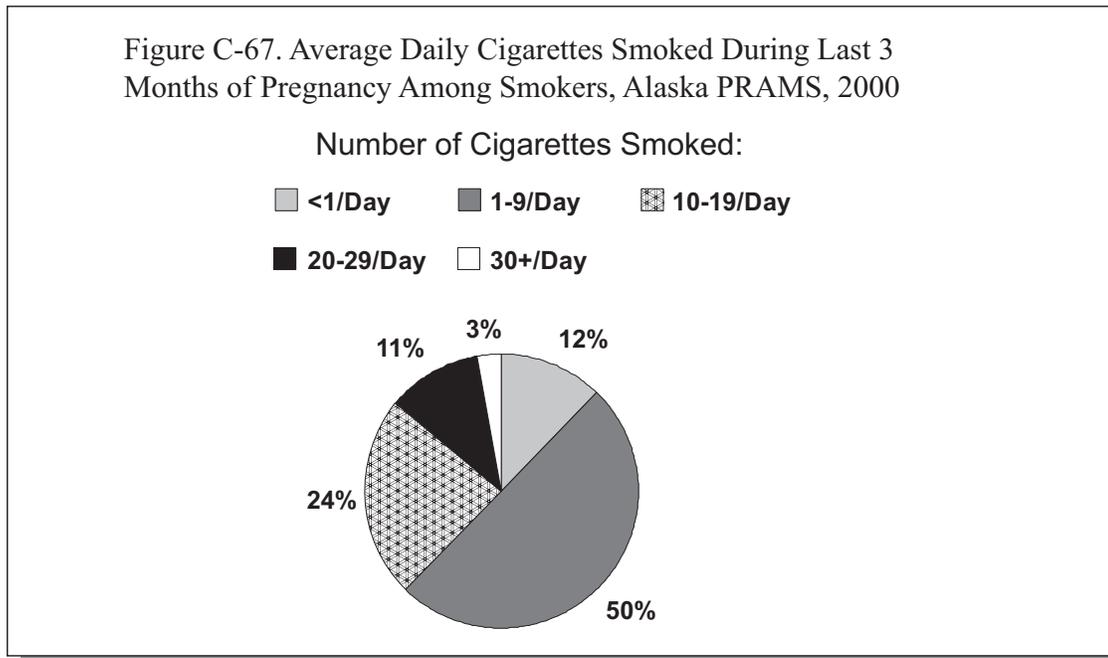


Figure C-66. Trend in Postpartum Smoking, By Race, Alaska PRAMS, 1991-2000

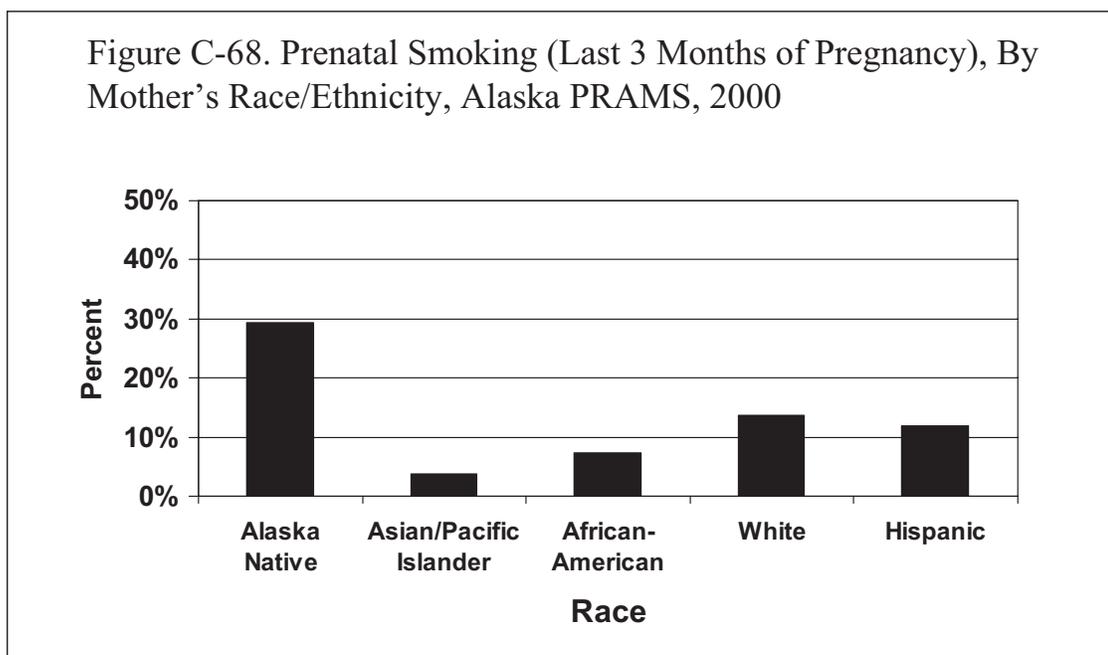


Prenatal and Postpartum Tobacco Use: Cigarette Smoking

An average of 62% of women smoked less than half a pack a day during their last three months of pregnancy, while 14% smoked a pack or more a day (Figure C-67).

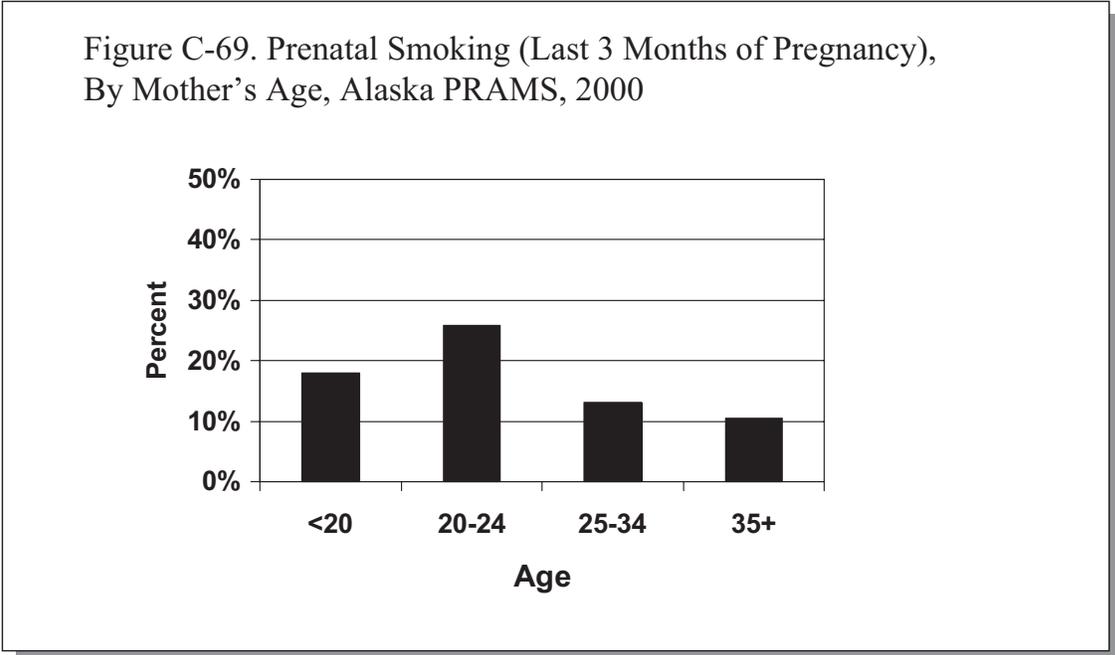


Alaska Native women are more likely than women of any other race to smoke during pregnancy. They are twice as likely to smoke during pregnancy as White women, and seven times more likely to smoke during pregnancy than Asian/Pacific Islander women (Figure C-68).

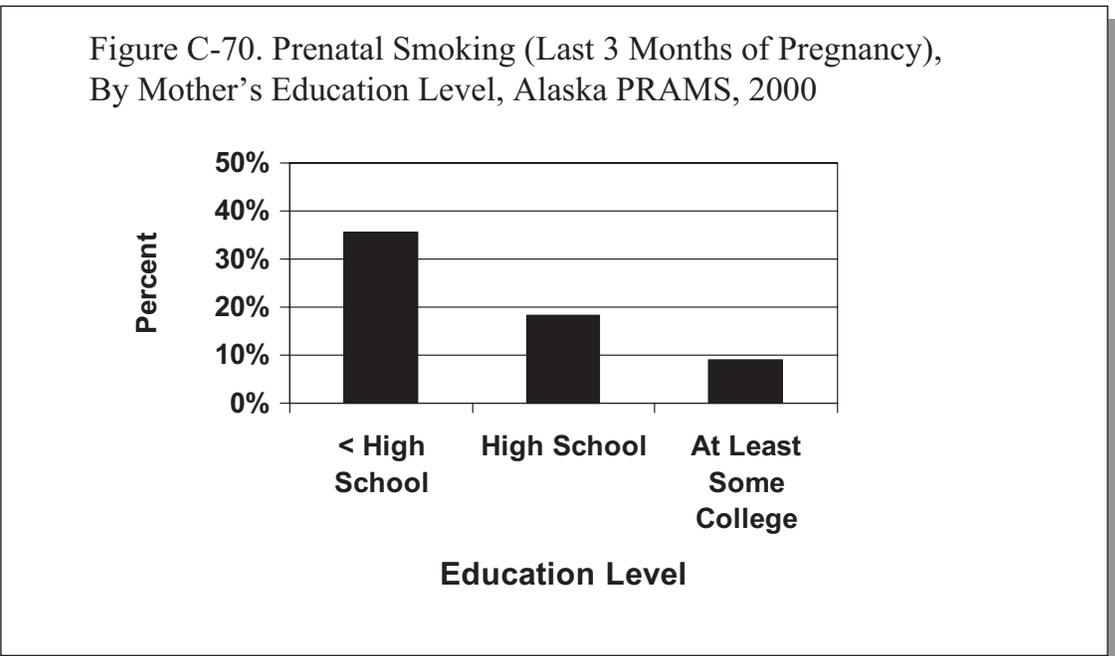




Prenatal smoking is more common among women under age 25 than women older than 25 years. Women in the 20-24 year-old age group were twice as likely to smoke as those ages 25-34. Women ages 35 and older had the lowest smoking prevalence, with 10% reporting that they smoked during pregnancy (Figure C-69).



Women with fewer years of formal education are more likely to smoke during pregnancy than those with more education. Women who do not finish high school are four times more likely to smoke during pregnancy than those who attend at least some college (Figure C-70).



Prenatal and Postpartum Tobacco Use: Postpartum Use

In 2000, almost one-quarter (24%) of postpartum women in Alaska indicated they currently smoked. On average these women were 15 weeks postpartum. Eighty percent of postpartum women who smoke reported that they would like to quit. Among those who want to quit, 85% said their top barrier to quitting was their addiction, or craving for a cigarette (Table C-7). Almost three-fourths (74%) of women who want to quit smoking reported that they would use a nicotine patch, gum, nasal spray, or inhaler as part of their cessation effort if cost were not an issue (Table C-8).⁴

Table C-7. Percentage of Postpartum Smoking Women* Who Report Selected Cessation Barriers, Alaska PRAMS, 2000

<i><u>Barriers to Quitting Smoking</u></i>	<i><u>Percent</u></i>
Craving for a cigarette	85.4
Loss of a way to handle stress	64.6
Other people around me smoke	62.9
Fear of gaining weight	48.8
Costs of medicines, products, or classes to help you quit	41.1
Lack of support from others to quit smoking	31.1
Some other reason	9.4

*With a desire to quit smoking in the next 6 months

Table C-8. Percentage of Postpartum Smoking Women* Who Report Use of Selected Cessation Aids, Alaska PRAMS, 2000

<i><u>Aids to Quitting Smoking</u></i>	<i><u>Percent</u></i>
Nicotine patch, gum, nasal spray, or inhaler	74.2
Zyban, or other non-nicotine prescription medicine	53.3
A quit smoking class or group	33.8
Books, pamphlets, videotapes, or audiotapes	29.6
A telephone helpline to quit smoking	23.9
Something else	25.9

*With a desire to quit smoking in the next 6 months



Prenatal and Postpartum Tobacco Use: Smokeless Tobacco

From 1996-2000, an average of 6% of Alaskan women reported that they had used smokeless tobacco products while they were pregnant. Even though prenatal smokeless tobacco use among Alaska Native women has decreased significantly since 1996, this group had the highest rate of prenatal smokeless tobacco use, with an average of 22% prevalence. Less than 3% of women of other races indicated that they used smokeless tobacco during pregnancy. In particular, the Yukon-Kuskokwim region stands out as having an extremely high prevalence of this type of prenatal tobacco use. The prevalence of prenatal smokeless tobacco use in the Yukon-Kuskokwim region was 57%, compared with the North/Northwest region, which had the second highest prevalence at 8%.⁵

Adult Tobacco Use: Progress Toward Healthy Alaskans 2010 Goals

Indicator	Alaska Data Source	U.S. Baseline	Alaska Baseline	Alaska Target Year 2010	Alaska Results 2000-2002
1 Reduce the percentage of adults who smoke cigarettes (percent of persons aged 18 years and older who currently smoke cigarettes)	BRFSS	23% (1999)	27% (1999)	14%	27%
Alaska Native	BRFSS		42% (1999)	14%	44%
2 Reduce the percentage of adults who use smokeless tobacco (percent of persons aged 18 years and older who currently use chewing tobacco, snuff, or both)	BRFSS		5% (1999)	3%	6%
Alaska Native	BRFSS		12%	3%	14%
3 Increase smoking cessation attempts among adults (percent of adults aged 18 years and older who smoke every day who quit for at least one day in the past 12 months)	BRFSS	51% (1999) NHIS	60%	90%	51%
Alaska Native	BRFSS		64%	90%	51%
Low Income Adults (household income <\$25,000/year)	BRFSS	53% (1999)	72%	90%	53%
4 Reduce the percentage of pregnant women who smoke cigarettes during the last 3 months of pregnancy	PRAMS	13% (1999) ⁶	23% (1991)	15% ⁷	17% (2000)

Endnotes: Section C

¹ See Appendix A for description of survey methodology.

² Centers for Disease Control and Prevention. State-Specific prevalence of current cigarette smoking among adults-United States, 2002. *MMWR*;52(53):1277-1280, 2003.

³ Schoellhorn J, Wiens HN, Perham-Hester KA. Alaska Maternal and Child Health Data Book 2003. Anchorage, AK: Maternal and Child Health Epidemiology Unit, Section of Maternal, Child and Family Health, Division of Public Health, Dept. of Health and Social Services, June 2003; p 52-53.

⁴ *Ibid.* p. 132-133

⁵ *Ibid.* p. 54

⁶ *Ibid.* p. 53

⁷ *Ibid.* p. 155



Section D: Environmental Tobacco Smoke

Summary

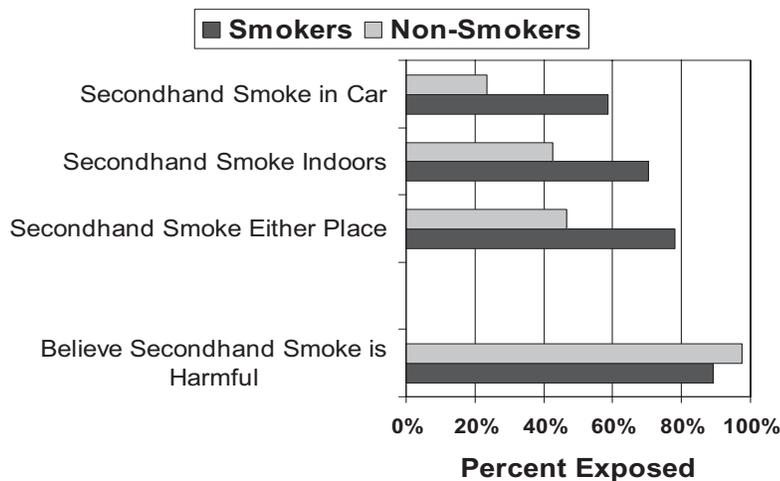
Eliminating exposure to secondhand smoke, also known as environmental tobacco smoke (ETS), is an essential component of any tobacco prevention and control effort. Although important advances have been made in protecting adults who do not smoke from the toxic effects of ETS, Alaskans of all ages continue to be exposed to ETS. Current survey tools allow us to capture exposure that occurs at home, work, and in vehicles. Approximately 25% of Alaskan adults are exposed to secondhand smoke in these locations, while almost half of all students have recently been exposed to ETS in buildings and cars.

Almost all adults and high school students believe that ETS is harmful. Over 85% of adults believe that people should be protected from ETS, including 76% of smokers. Alaskan adults also support policies that ban smoking in day care centers, malls, schools, restaurants and workplaces. Over 90% of adults reported that they would eat out as often as or more often than they currently do if smoking were completely banned in restaurants, while 70% of adults said they would go to bars as or more often than they currently do if smoking were prohibited. These results indicate that smoking in public places is becoming increasingly less acceptable, and underscores the need to continue efforts to create environments in which adults and children can breathe clean air.

Environmental Tobacco Smoke: Infants and Young People

An overwhelming majority of high school youth believe that secondhand smoke is harmful. Nearly all (98%) students who do not smoke believe that secondhand smoke is harmful, as do 89% of students who do smoke. A substantial percentage of youth continue to be exposed to

Figure D-1. Percentage of High School Youth Exposed to Secondhand Smoke in the Past Week, By Smoking Status, Alaska YRBS, 2003



secondhand smoke however. Almost half (47%) of students who do not smoke were exposed to ETS either in a car or indoors in the week preceding the survey (Figure D-1).

Secondhand smoke exposure among children ages 0-5 is not routinely measured using current surveillance tools. However, the 2003 ATS asks about adult exposure to ETS in homes where children under age five also live, and so provides an indication of whether or not smoking occurs in homes where small children live. In 2003, 13% of adults with children under age 5 reported that someone had smoked in their home in the past week, with 9% of adults with children under 5 reporting that someone had smoked in their home on every day of the past week.

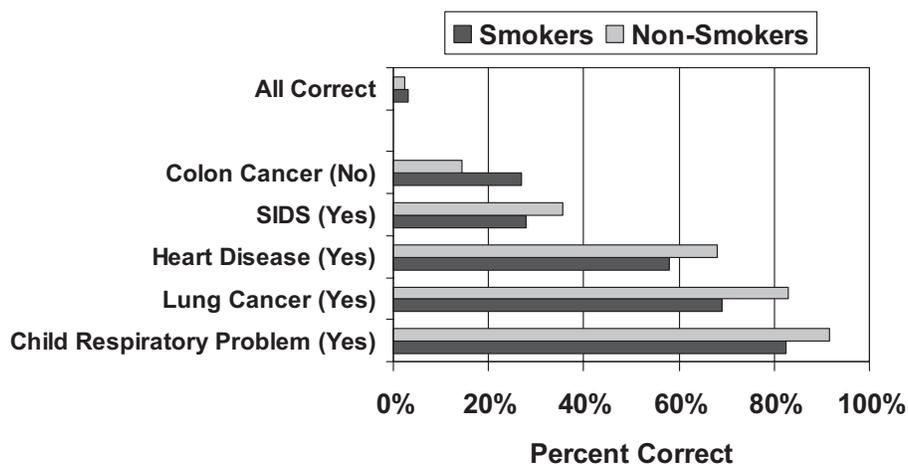
From 1996-2000, an average of 6% of Alaskan women who delivered live-born infants reported that their baby was in the same room as someone who was smoking on an average day.¹ Black mothers showed the highest prevalence of any ETS exposure for their newborns at 8%, while Alaska Native mothers reported the lowest prevalence of infant ETS exposure at 4%.²

Over the last five years, there has been a decreasing trend for any infant ETS exposure both in overall prevalence (from 9% in 1996 to 5% in 2000) and in mean number of hours exposed during an average day (6.4 hours in 1996 to 4.1 hours in 2000).

Environmental Tobacco Smoke: Health Risks

A majority of smoking and non-smoking adults correctly identified child respiratory problems, lung cancer, and heart disease as conditions caused by exposure to secondhand smoke. The percentage of non-smokers who linked these conditions to secondhand smoke was higher than that of smokers and child respiratory problems were the conditions most likely to be recognized as being caused by secondhand smoke among both groups. ETS exposure was less commonly identified as a cause of SIDS among both smokers and non-smokers, while almost one-third (27%) of smokers and 15% of non-smokers incorrectly identified secondhand smoke as a cause of colon

Figure D-2. Percentage of Adults Correctly Identifying Health Consequences of Secondhand Smoke, By Smoking Status, Alaska ATS, 2003

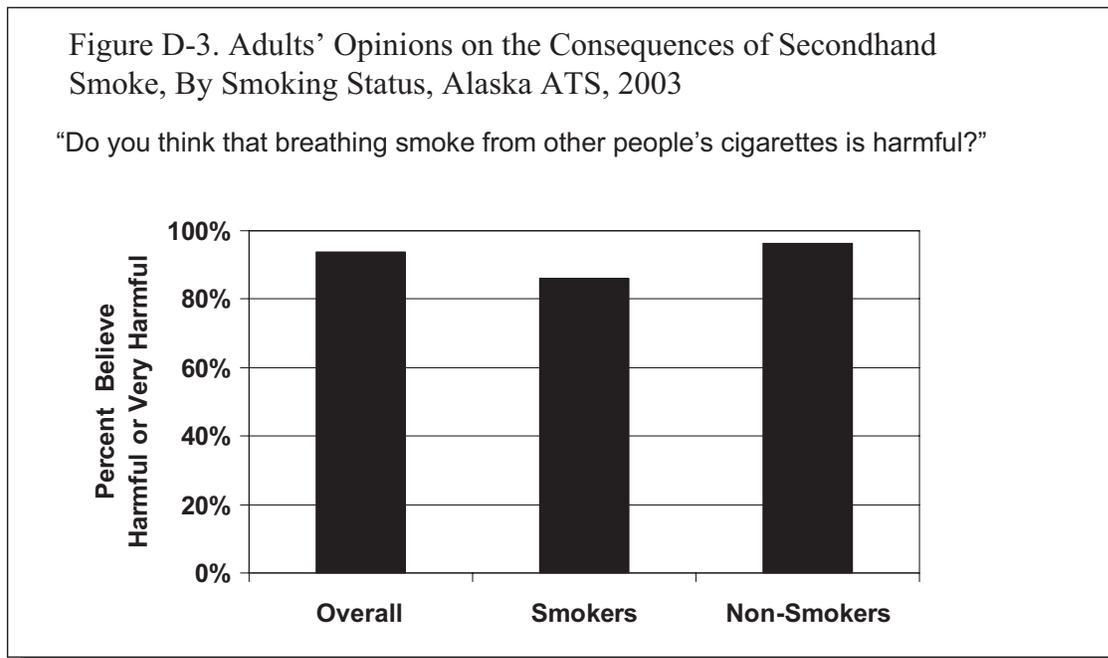




cancer. Less than five percent of smokers and non-smokers were able to correctly identify whether the five conditions asked about were linked to ETS (Figure D-2).

Adults who participated in the Hellenthal and Associates Media Awareness Survey in 2002 were asked about their perceptions of the effects of prenatal exposure to secondhand smoke. Eighty-two percent of adults, including 66% of adults who smoke, reported that they mildly or strongly agreed with the statement that “A pregnant woman can harm her unborn baby if she is exposed to secondhand smoke.”

On the 2003 ATS, when asked their opinions on the consequences of secondhand smoke, almost all (94%) adults responded that they believed secondhand smoke was harmful or very harmful. The percentage of non-smokers who believe that ETS is harmful is higher than the percentage of smokers who share the same belief, yet even a substantial majority (86%) of smokers believe that ETS is harmful (Figure D-3). Over two-thirds (69%) of non-smokers believe that ETS is very harmful, and less than half (47%) of smokers believe it is very harmful.



Data from the Hellenthal and Associates Media Awareness Survey also show high levels of awareness of the health consequences of secondhand smoke. In the 2002 survey, 86% of adults living in Alaska’s primary media markets said they mildly or strongly agreed with the statement that “Non-smokers can get fatal diseases from the smoke of other people’s cigarettes.” Over two-thirds (70%) of smokers agreed with that statement. In addition, 77% of smokers said they would be willing to quit smoking to protect the health of their family.

Environmental Tobacco Smoke: Indoor Smoking Restrictions

According to data from the 2003 ATS, an overwhelming proportion of adults believe that people should be protected from ETS. Over 80% of adults agreed or strongly agreed with the statement that “people should be protected from smoke from other people’s cigarettes” (Figure D-4). Although adults who smoke were over three times more likely than non-smokers to disagree with the above statement, 76% of smokers said they believed people should be protected from secondhand smoke (Figure D-5). These results are confirmed in the 2002 Hellenthal and Associates Media Awareness Survey, which showed that 78% of adults believe that people need protection from secondhand smoke, and that 70% think that smoking in public places should be controlled by law.

Figure D-4. Adults’ Opinions on Protection From Secondhand Smoke, By Smoking Status, Alaska ATS, 2003

“People should be protected from smoke from other people’s cigarettes.”

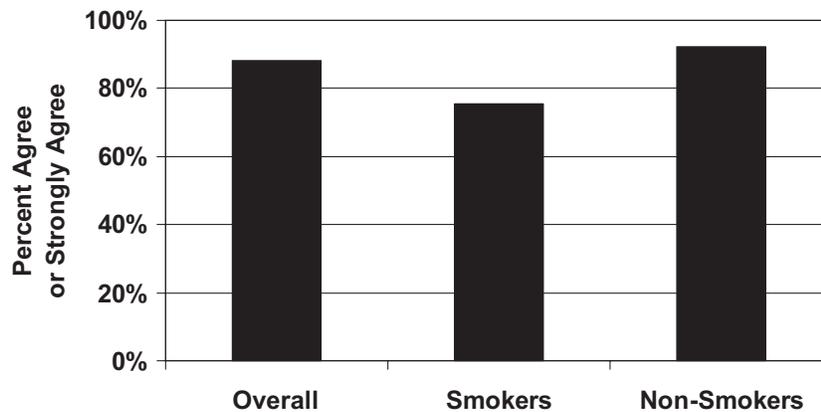
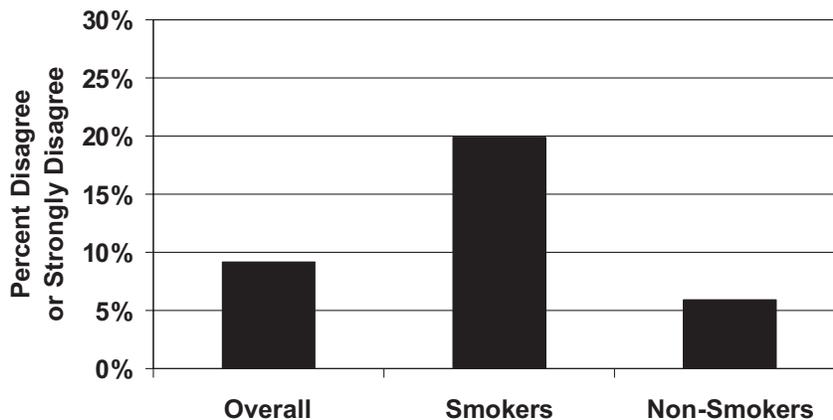


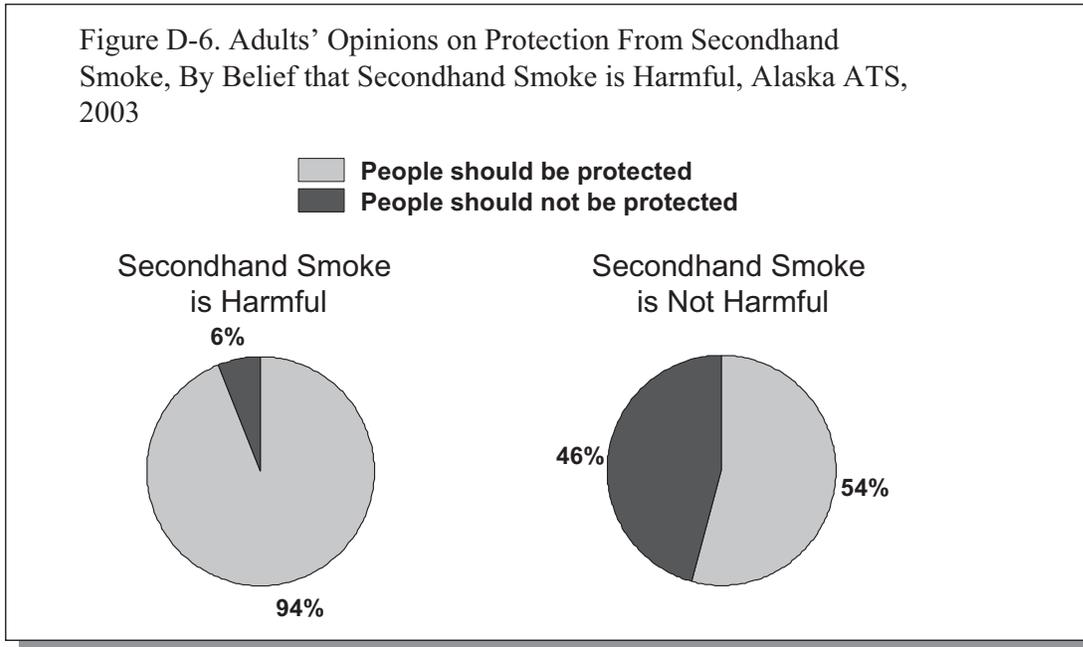
Figure D-5. Adults’ Opinions on Protection From Secondhand Smoke, By Smoking Status, Alaska ATS, 2003

“People should be protected from smoke from other people’s cigarettes.”

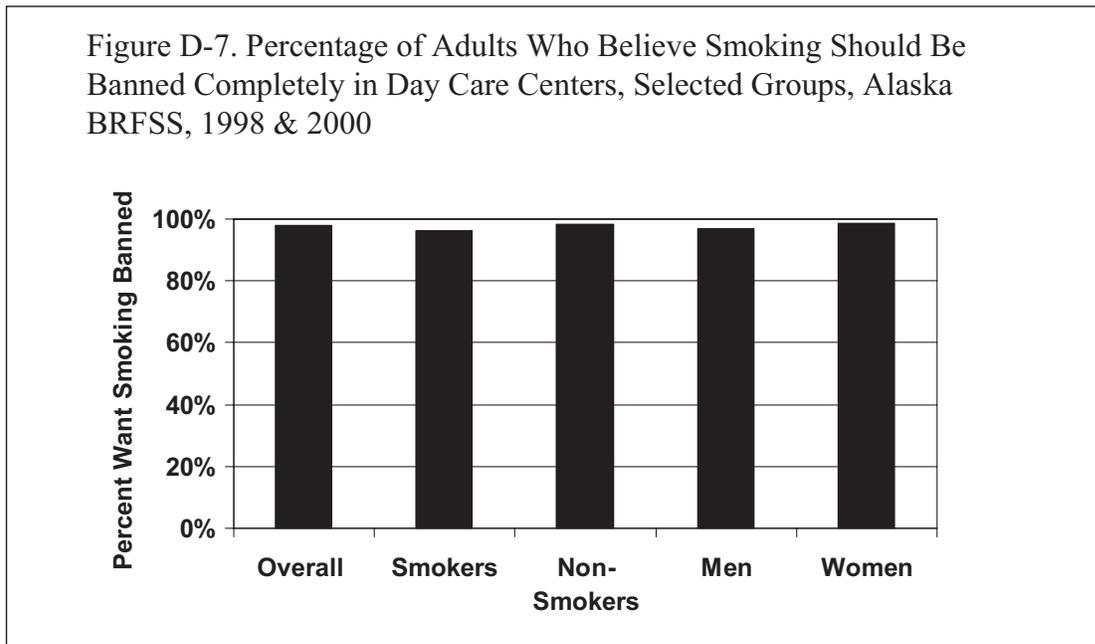




ATS data also show that adults who believe that secondhand smoke is harmful are almost twice as likely to believe that people should be protected from secondhand smoke as those who do not think it is harmful. Over half (54%) of adults who believe that secondhand smoke is not harmful still believe that people should be protected from it, while 6% of adults who think that secondhand smoke is harmful do not want people to be protected from it (Figure D-6).

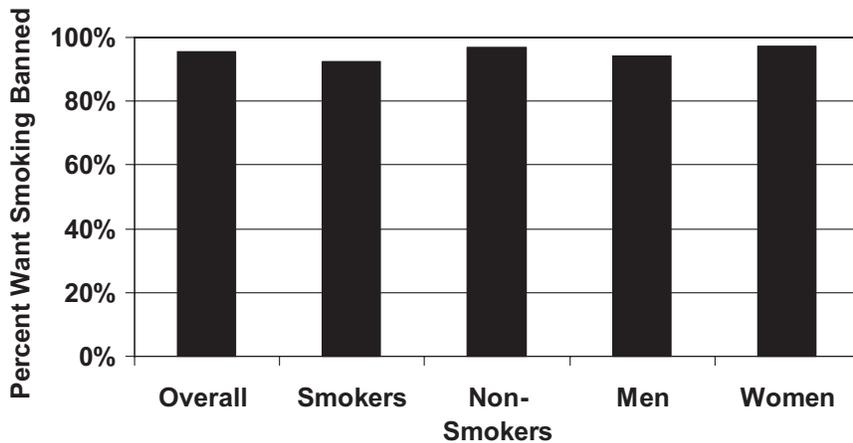


The vast majority of Alaskan adults support restrictions that would eliminate indoor exposure to ETS. Opinions on indoor smoking restrictions were collected in 1998 and 2000 using the BRFSS survey, and in 2003 as part of the ATS. Combined BRFSS data from 1998 and 2000 show strong support for restrictions on smoking around small children. Nearly all (98%) adults surveyed believed that smoking should be banned completely in day care centers. Support for such a ban was expressed by both males and females, as well as smokers and non-smokers (Figure D-7).



Adults expressed a similar level of support for smoking restrictions in schools; over 95% of all adults believe that smoking should be completely banned in schools. The level of support for a school smoking ban was almost as high among smokers as non-smokers, with over 92% of adults who smoke reporting that they did not think smoking should be allowed in schools (Figure D-8).

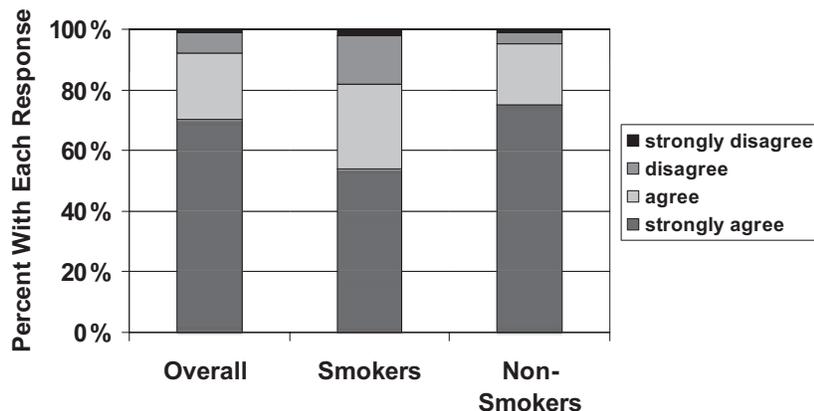
Figure D-8. Percentage of Adults Who Believe Smoking Should Be Banned Completely in Schools, Selected Groups, Alaska BRFSS, 1998 & 2000



Adults feel that bans on smoking in schools should cover school grounds entirely and extend to events held at the school. Over 90% of non-smokers and over 80% of smokers said they agreed or strongly agreed with the statement “Tobacco use by adults should not be allowed on school grounds or at any school events” (Figure D-9).

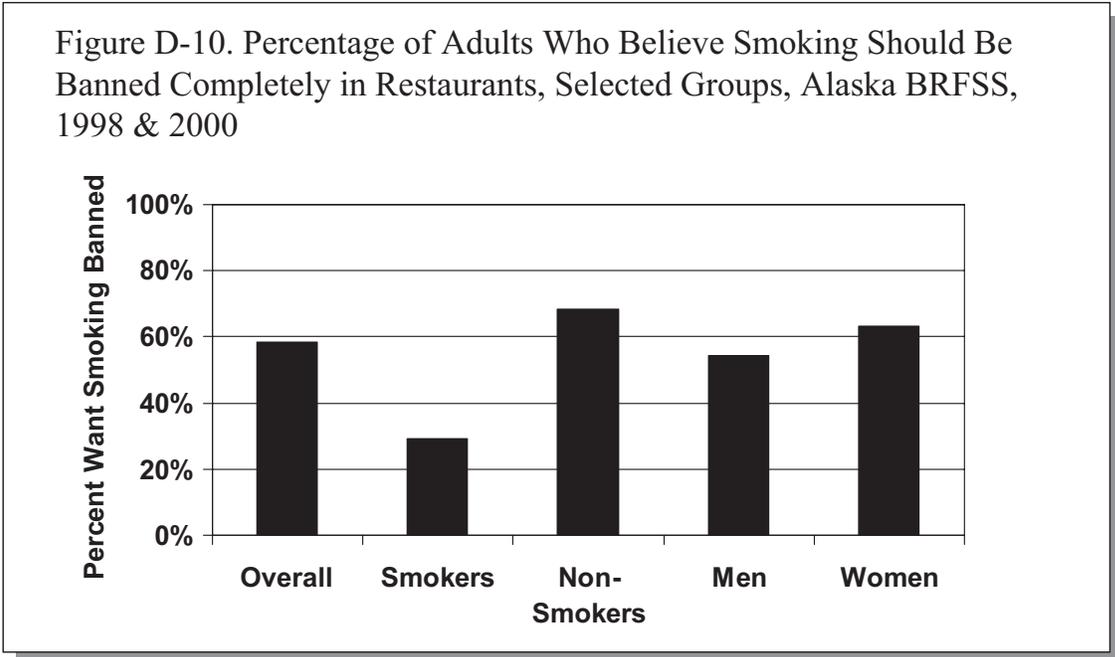
Figure D-9. Adults’ Opinions on Tobacco Use on School Grounds, By Smoking Status, Alaska ATS, 2003

“Tobacco use by adults should not be allowed on school grounds or at any school events.”

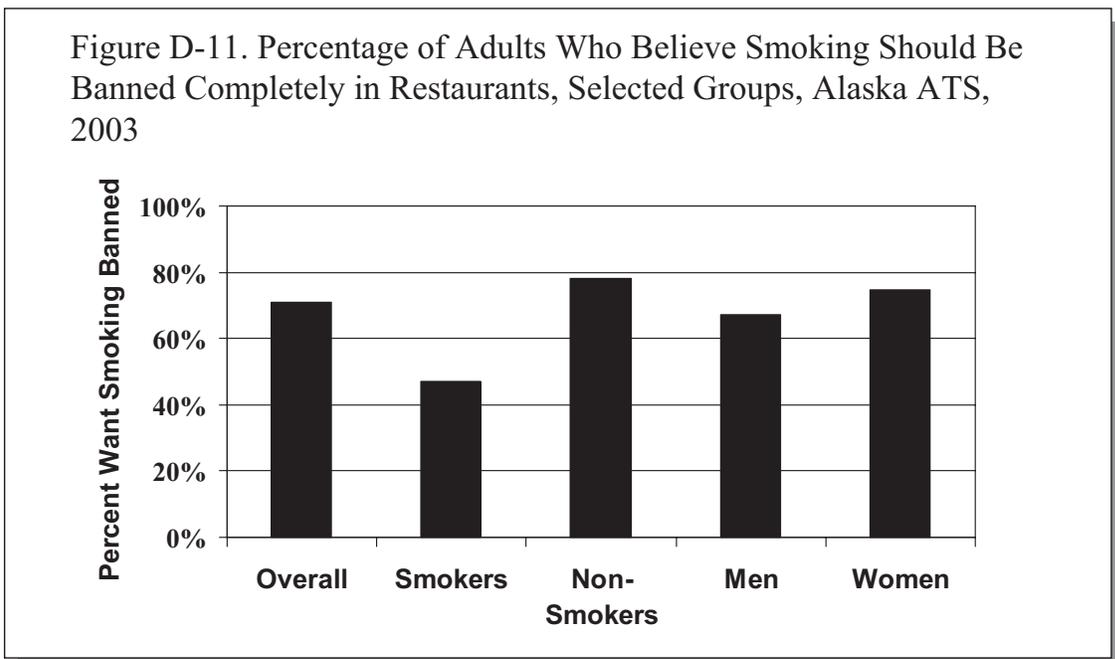




Combined BRFSS data from 1998 and 2000 indicate that over half of Alaskan adults support a complete smoking ban in restaurants. Adults who do not smoke were twice as likely as smokers to express support for a restaurant smoking ban (Figure D-10).



More recent data from the ATS indicates a similar pattern in terms of support for a complete smoking ban in restaurants. In 2003, over 70% of adults said that they believed smoking should be banned completely in restaurants. Support for such a ban was higher among non-smoking adults than among those who smoked, yet almost half (47%) of adult smokers said they supported such a ban (Figure D-11).



When asked to consider how a complete smoking ban in restaurants would affect their behavior, over 90% of Alaskan adults said that they would visit restaurants as often or more often than they currently do if a complete smoking ban were implemented (Figure D-12). Even 80% of smokers reported that they would visit restaurants as often or more often than they do now if smoking were not allowed in restaurants (Figure D-13).

Figure D-12. Reaction if Smoking Banned Completely in Restaurants, All Adults, Alaska ATS, 2003

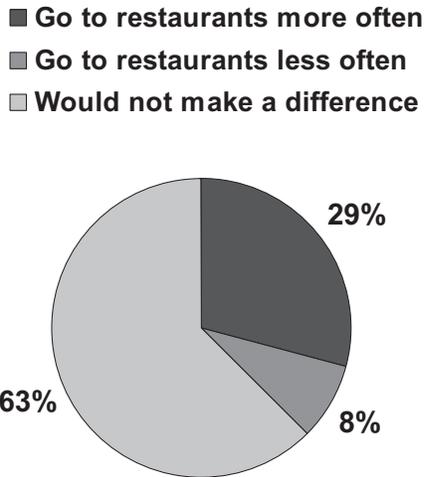
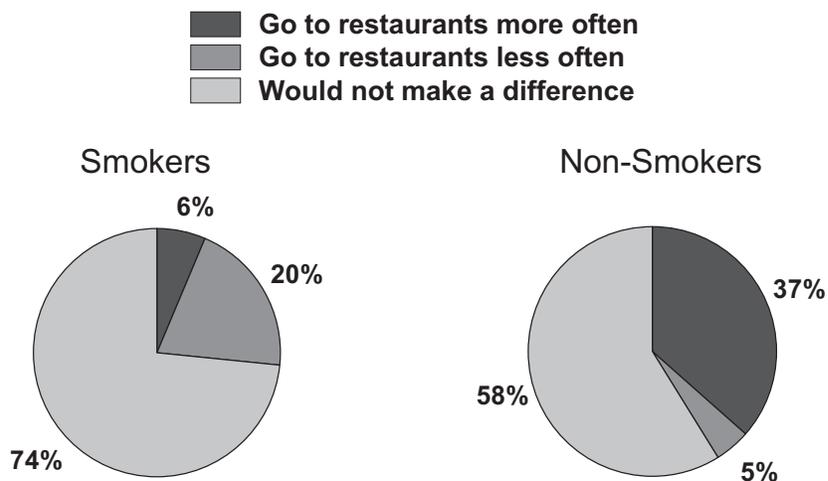


Figure D-13. Adults' Reaction if Smoking Banned Completely in Restaurants, By Smoking Status, Alaska ATS, 2003



A smaller percentage of Alaskan adults say they support a complete smoking ban in bars, with support for such a ban 5 times higher among non-smokers than smokers (Figure D-14). Adults overwhelmingly reported, however, that they would go to bars as often or more often than they



currently do if smoking was banned in bars. Only 9% of adults said they would go to a bar less often than they do now if smoking were prohibited (Figure D-15).

Figure D-14. Percentage of Adults Who Believe Smoking Should Be Banned Completely in Bars, Selected Groups, Alaska ATS, 2003

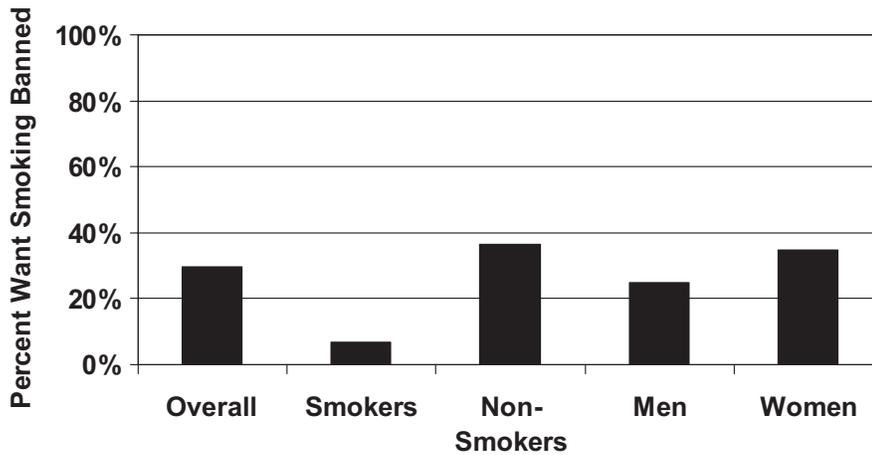
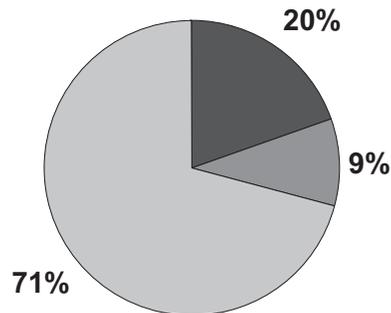
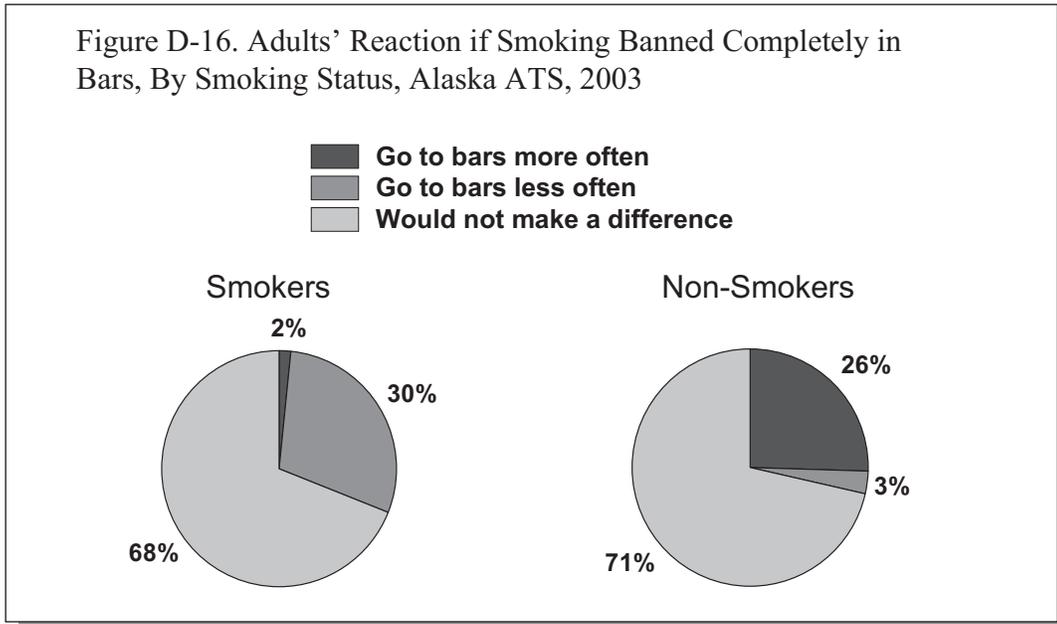


Figure D-15. Reaction if Smoking Banned Completely in Bars, All Adults, Alaska ATS, 2003

- Go to bars more often
- Go to bars less often
- Would not make a difference

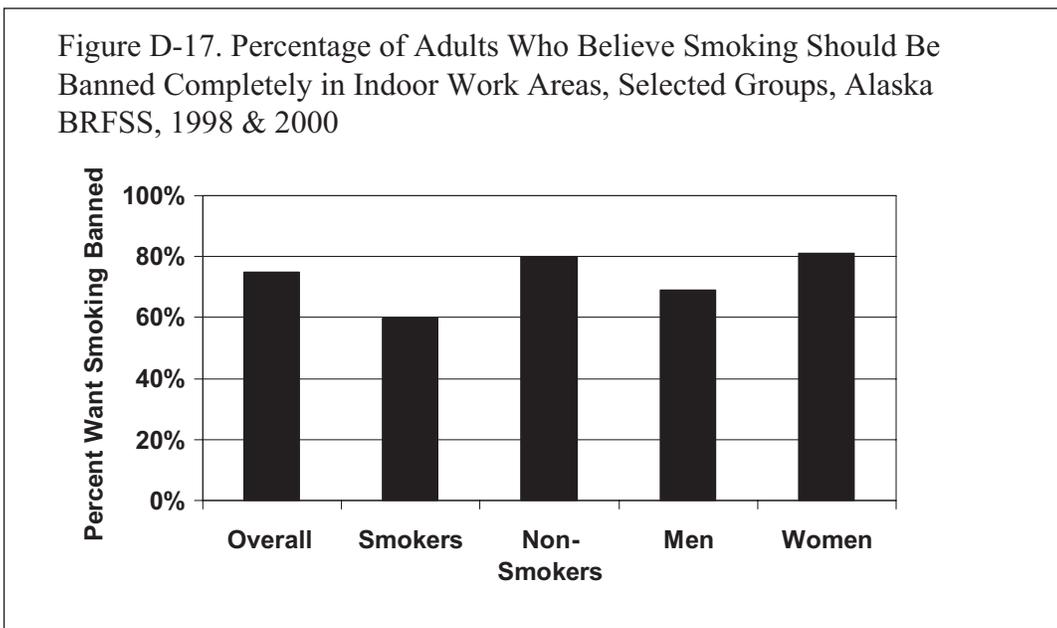


Even among smokers, a strong majority (70%) said that they would go to bars as often or more often than they currently do if they were not allowed to smoke (Figure D-16).



Data from the 2002 Hellenthal and Associates Media Awareness Survey show a similar preference for smoke-free social settings. Seventy-five percent of adults, including 26% of adults who smoke say that they prefer to socialize in places where people do not smoke. Almost two-thirds (61%) of adults say that they would avoid locations where smoking is allowed, while 69% report that they mildly or strongly disagree with the statement "I would avoid going someplace where smoking was restricted."

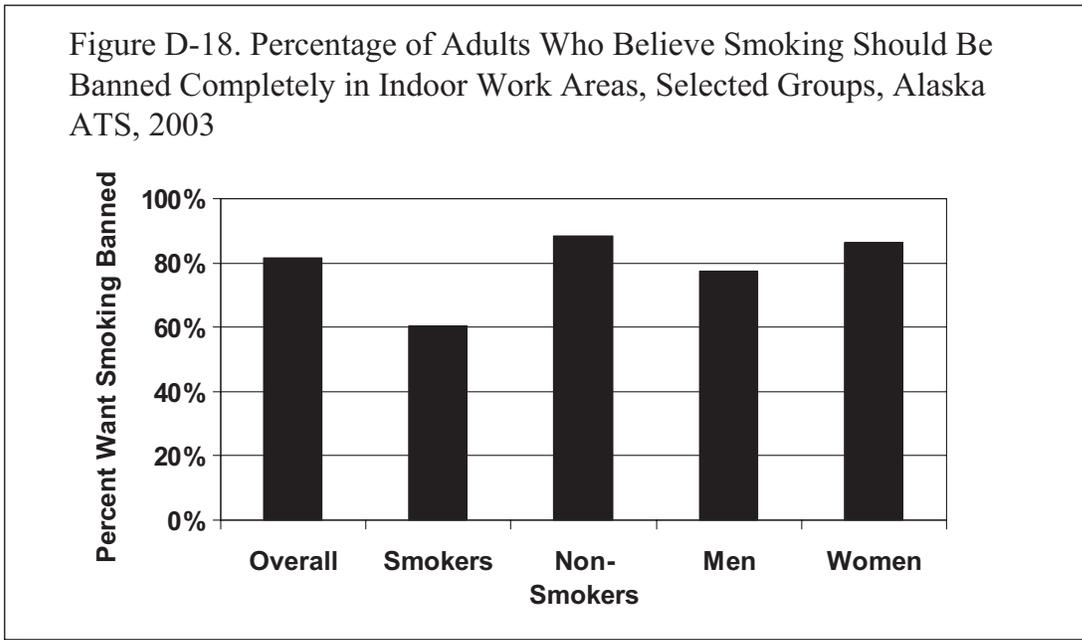
Alaskan adults also believe that indoor work areas should be free of secondhand smoke. Combined data from the 1998 and 2000 BRFSS show that 75% of adults believe that smoking should be banned completely in work areas. Non-smokers were more likely to support such a



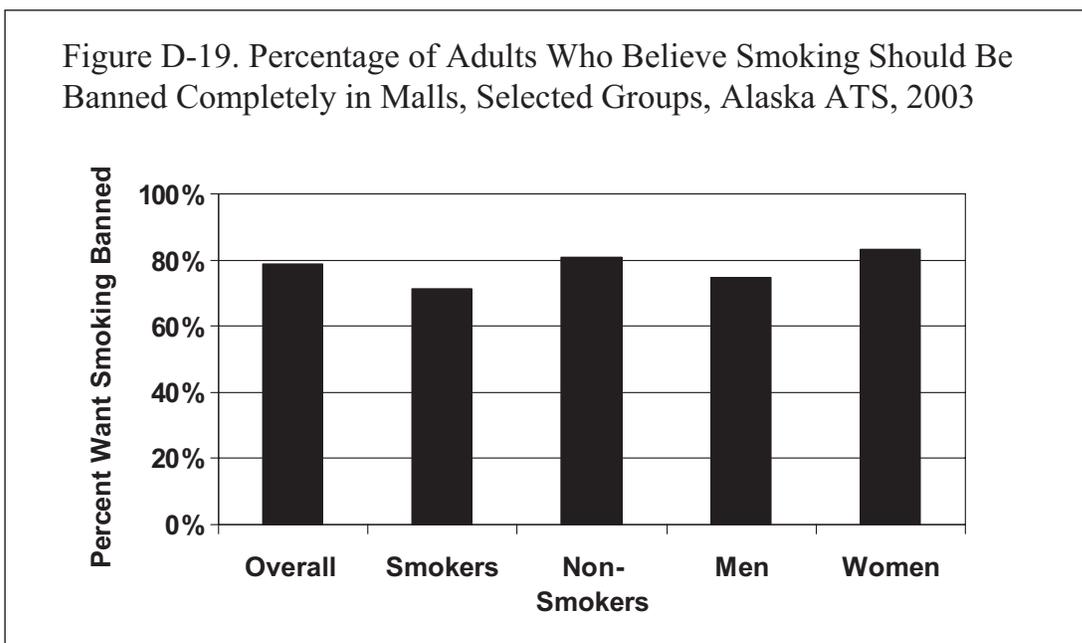


ban than were smokers, and women appeared more likely to want smoking banned in indoor workplaces than did men (Figure D-17).

Recent data from the ATS show that over eighty percent (82%) of adults support a complete smoking ban in indoor work areas. Over half (60%) of adults who smoke say they believe that smoking should not be allowed in indoor work areas, while almost ninety percent (88%) of non-smoking adults think that indoor work areas should be smoke-free (Figure D-18).

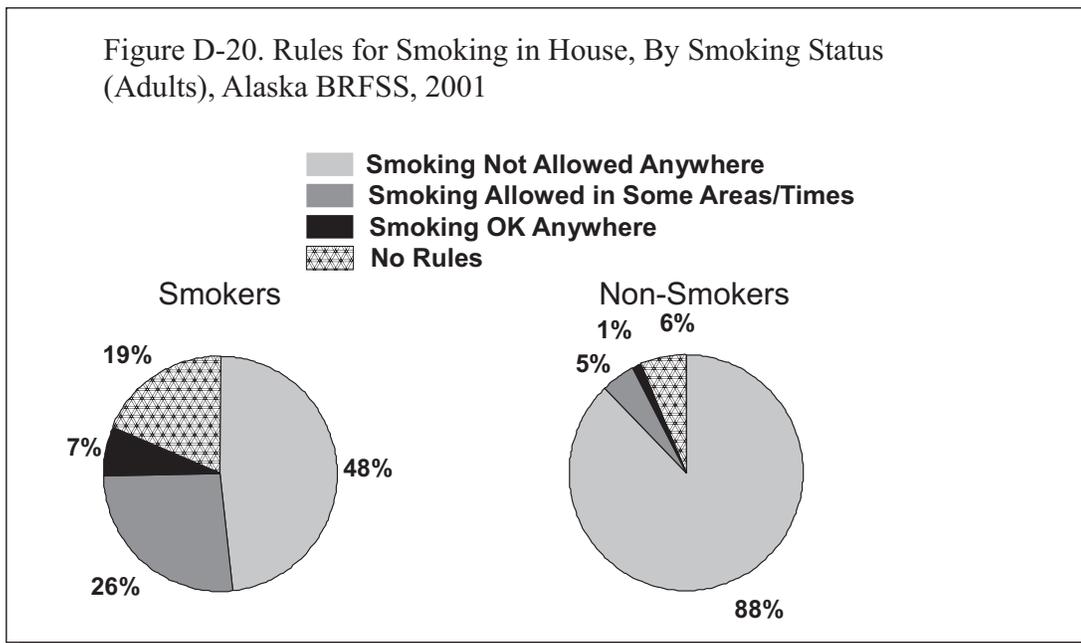


ATS data also indicate a high level of support for smoking bans in malls. Almost 80% (79%) of Alaskan adults believe that smoking should be banned in indoor shopping malls. Non-smokers were slightly more likely than smokers to support such a ban (Figure D-19).

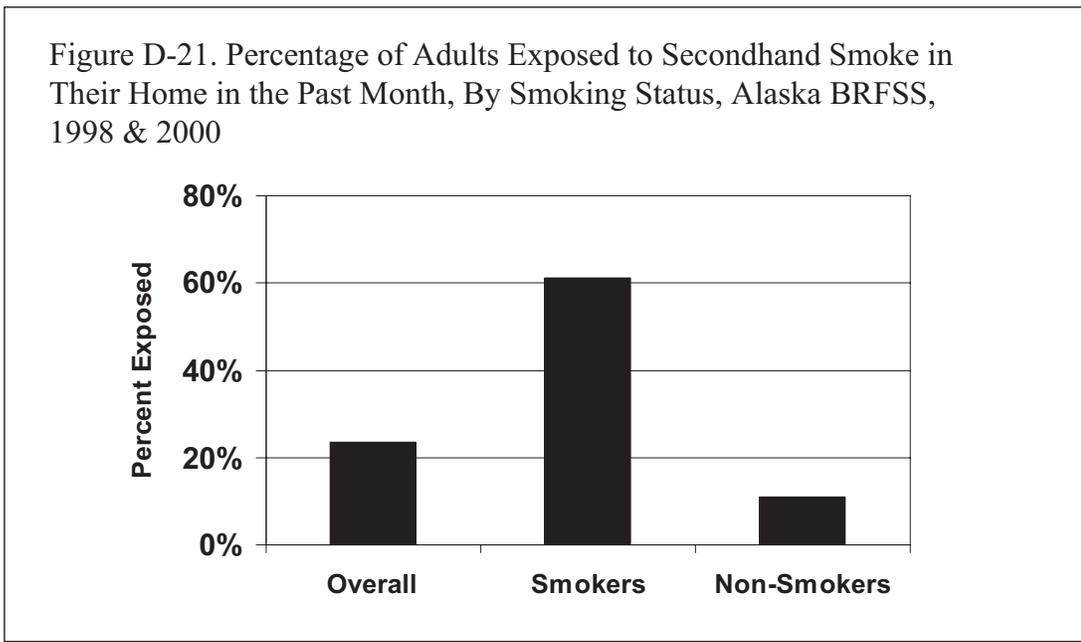


Environmental Tobacco Smoke: Exposure to ETS

An important way to eliminate exposure to ETS is to ensure that smoking is not allowed inside of homes. Over three-fourths (77%) of adults who participated in the 2001 BRFSS said that smoking was not allowed in their homes. Non-smokers were almost twice as likely to prohibit smoking in their homes as were smokers, yet almost half (48%) of adult smokers, said that smoking was not allowed anywhere inside their homes (Figure D-20).

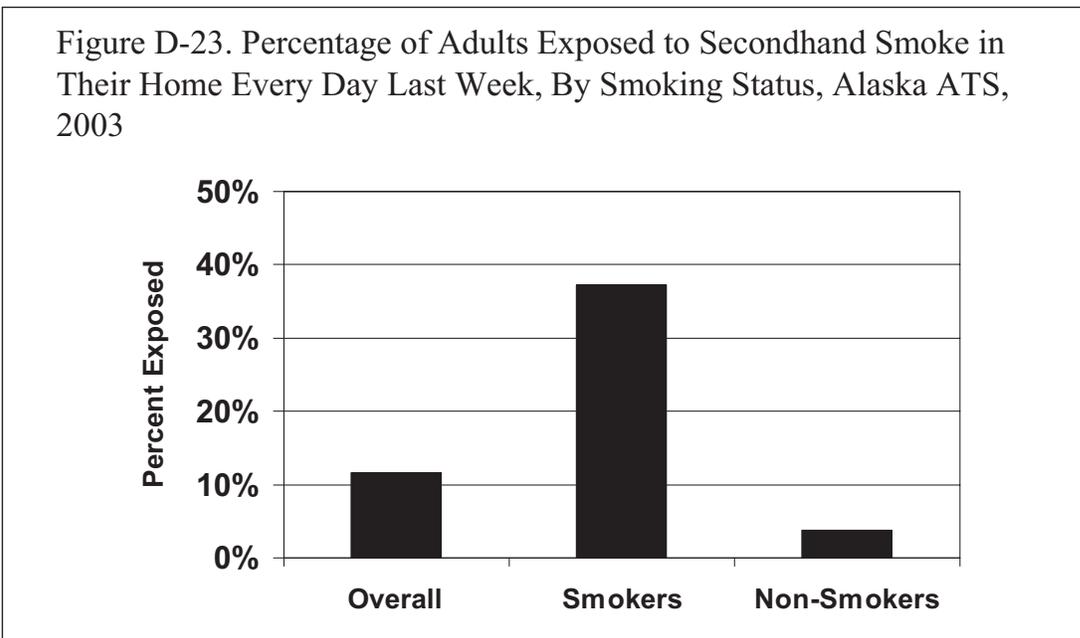
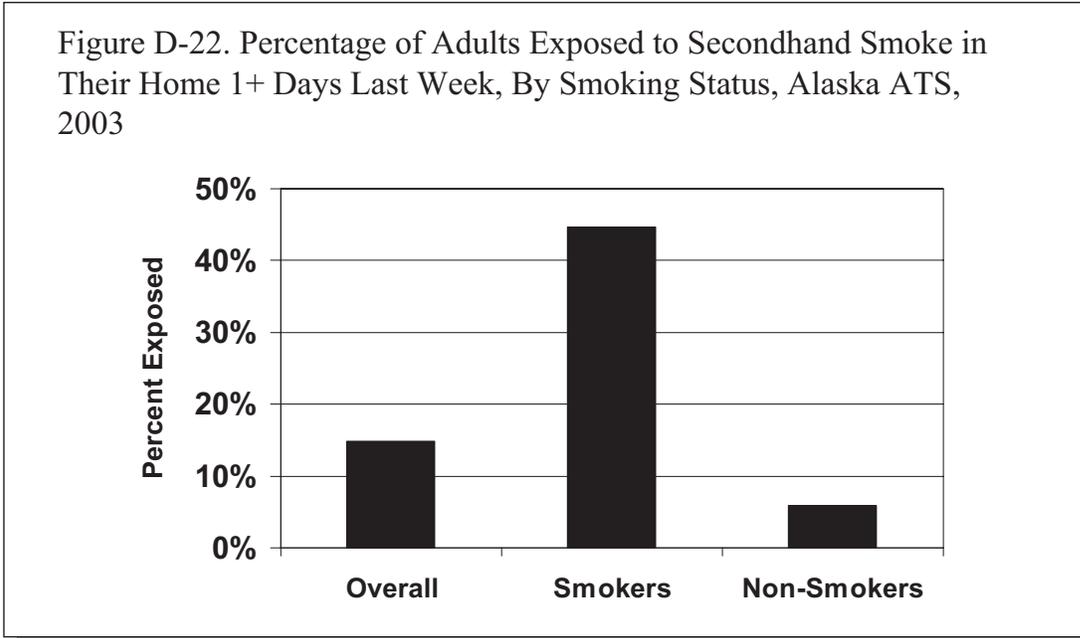


The percentage of adults who reported that they had been exposed to secondhand smoke in their home was roughly equivalent to the percentage of adults who reported that smoking was allowed in their home. Nearly one-fourth (24%) of adults said that they had been exposed to ETS in their home in the past month (Figure D-21).



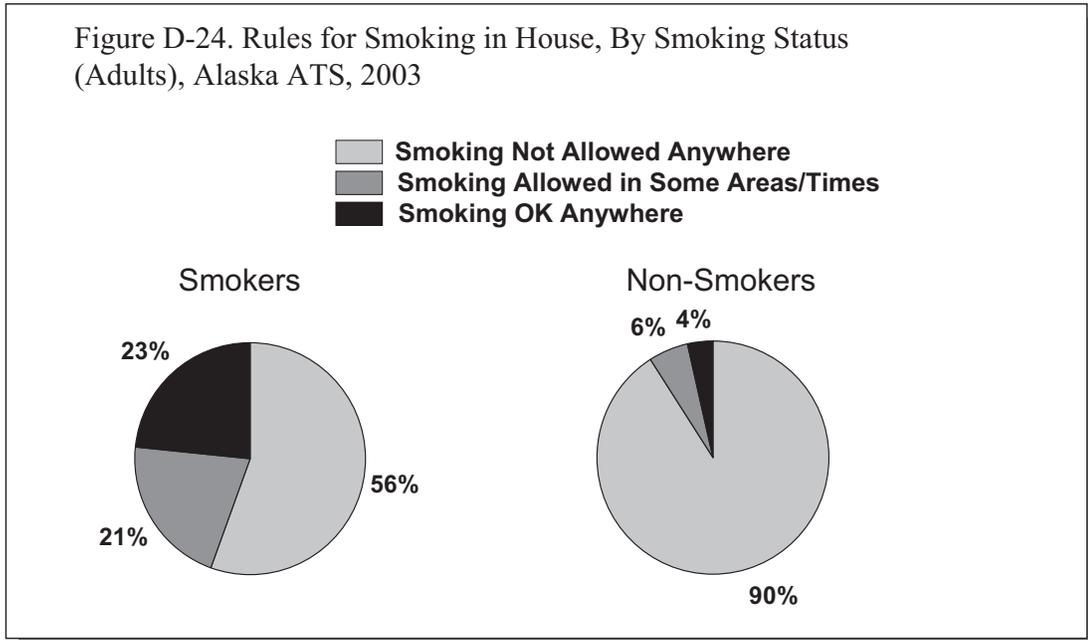


In 2003 the ATS collected information about home exposure to secondhand smoke within the past week. Fifteen percent of adults surveyed said that someone had smoked in their home at least once during the past week, while 12% reported that someone had smoked every day (Figures D-22, D-23).



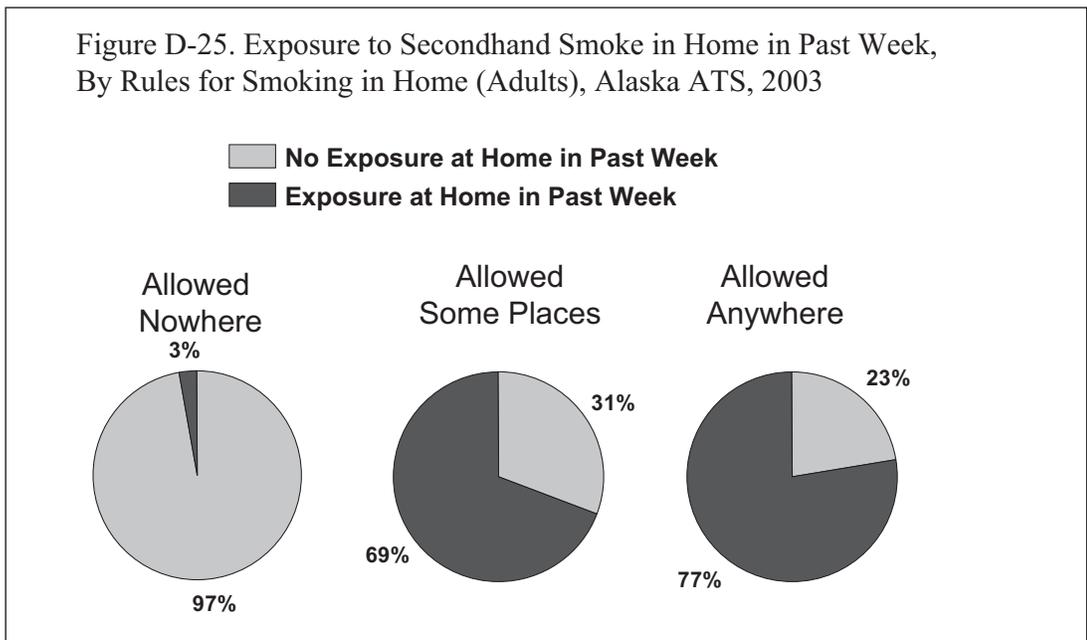
As with the BRFSS data, the percentage of adults who reported exposure to ETS within their home in the 2003 ATS was similar to the percentage who reported they allowed smoking in their home. Seventeen percent of adults said that smoking was allowed in some or all areas of their home, compared to 83% who said it was not allowed anywhere. Again, non-smokers were much

more likely to ban smoking inside their homes, but over half of adults who smoke reported that smoking is not allowed anywhere in their home (Figure D-24).



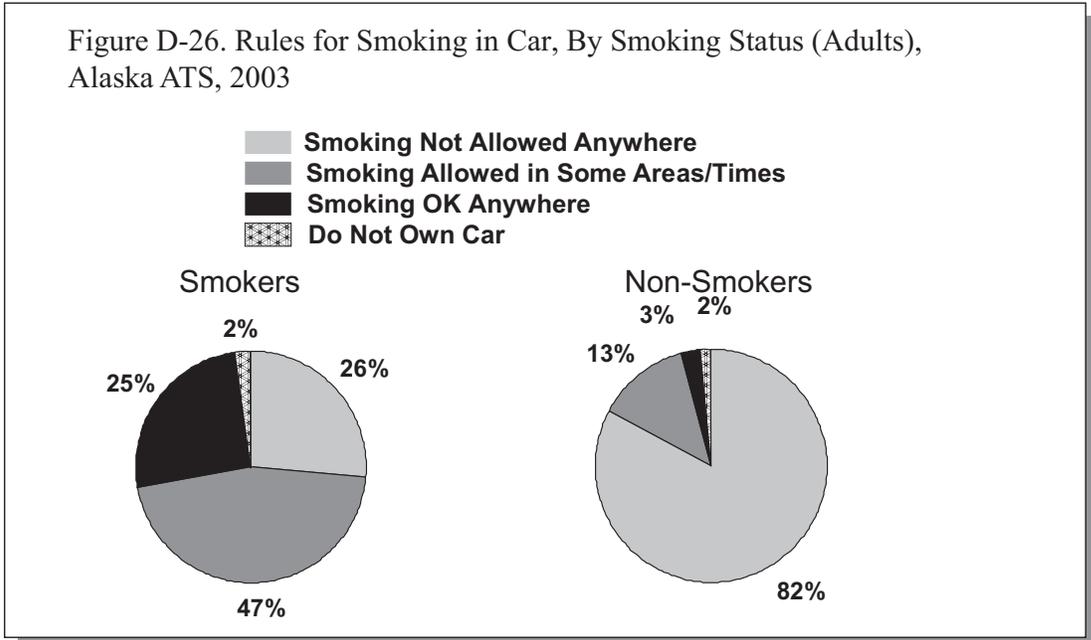
Similar results were reported in the 2002 Hellenthal and Associates Media Awareness Survey, which found that 80% of adults report that smoking is not allowed anywhere in their home.

ATS data from 2003 reveal that the percentage of adults who reported that they were exposed to ETS in homes, despite having a ban on smoking indoors, was relatively small. Three percent of adults who live in homes where smoking is completely banned reported that someone had smoked in their home in the past week (Figure D-25).

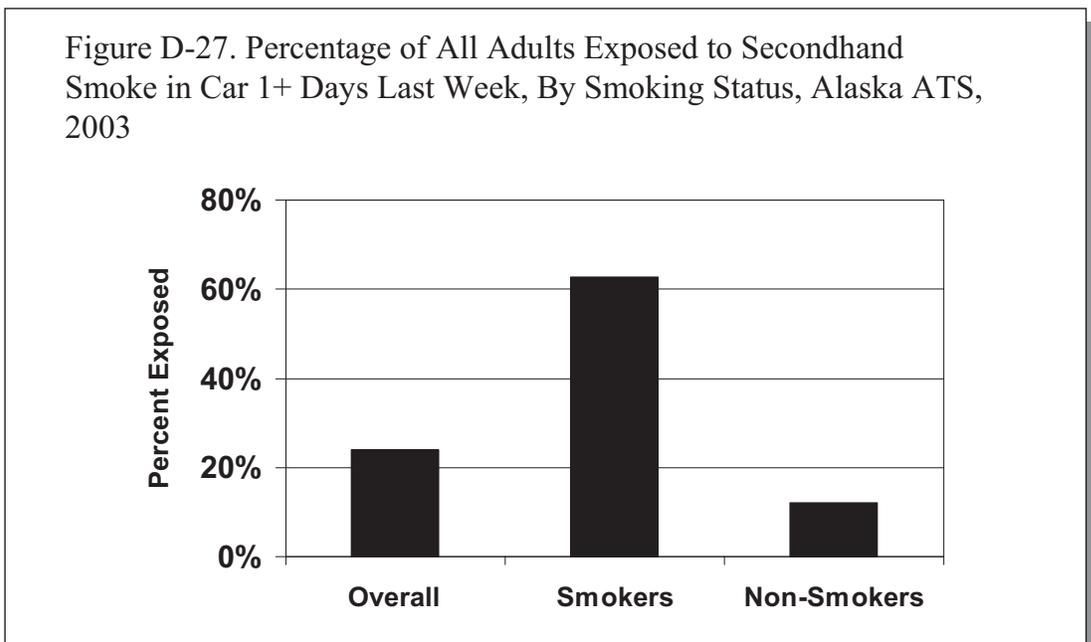




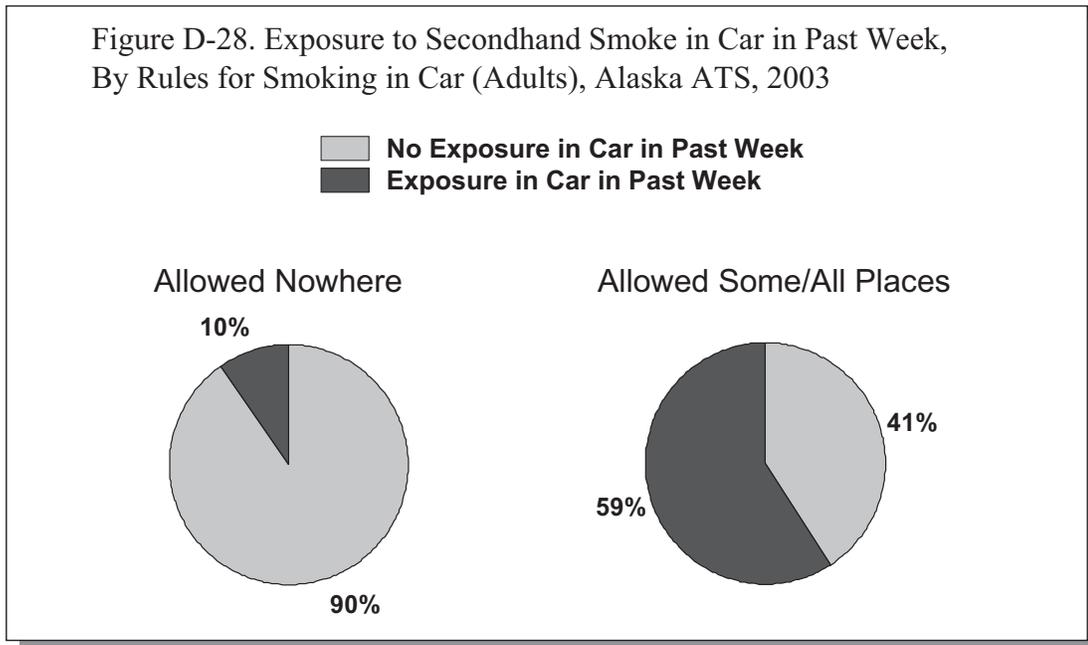
A smaller percentage of adults ban smoking in their cars than in their homes. Results from the 2003 ATS show that 70% of adults completely ban smoking within their family vehicles. Smokers are twice as likely as non-smokers to allow smoking in all enclosed vehicles or at all times (Figure D-26).



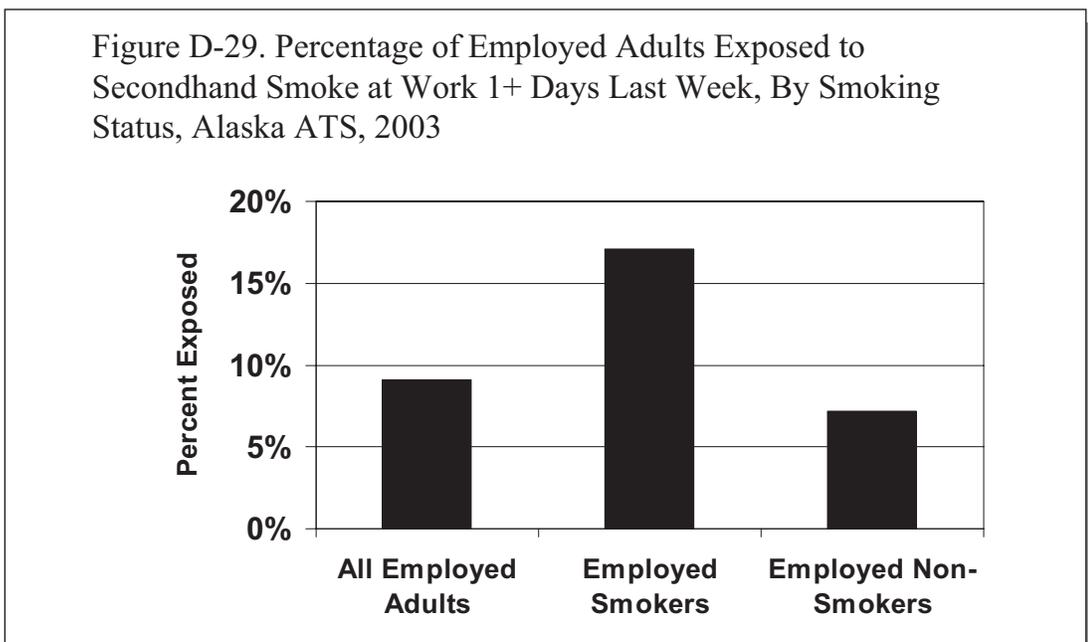
Not surprisingly, adults who currently smoke were 5 times more likely to have been exposed to ETS in a car than non-smoking adults, but approximately one in ten Alaskan adults who do not smoke had been in a car with someone who was smoking in the past week (Figure D-27). Data on ETS exposure in vehicles come from the 2003 ATS, as the BRFSS does not include a question on smoking in vehicles.



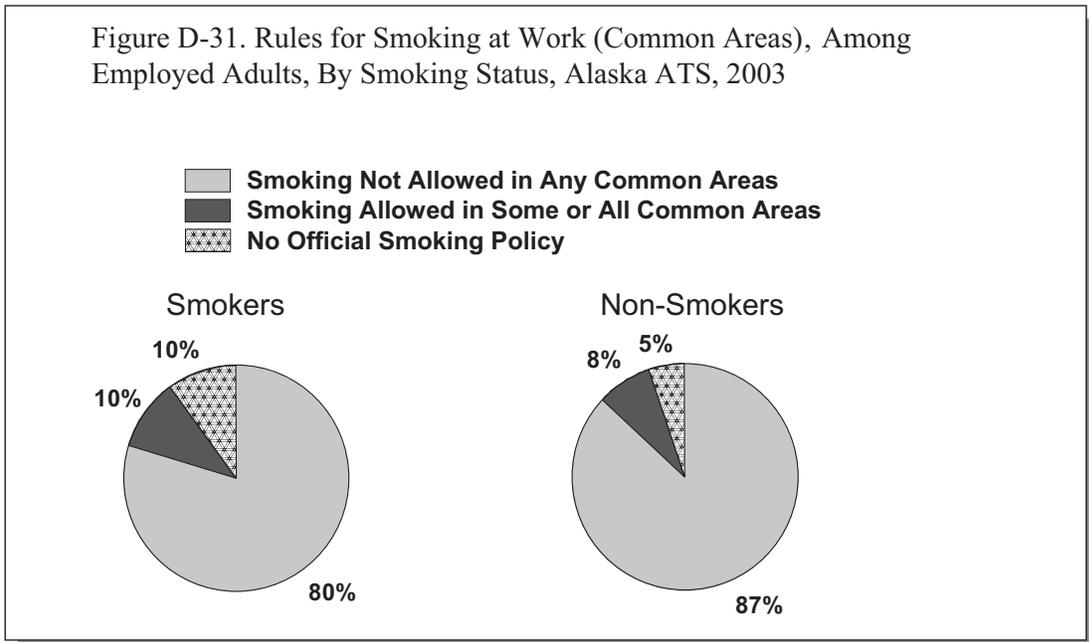
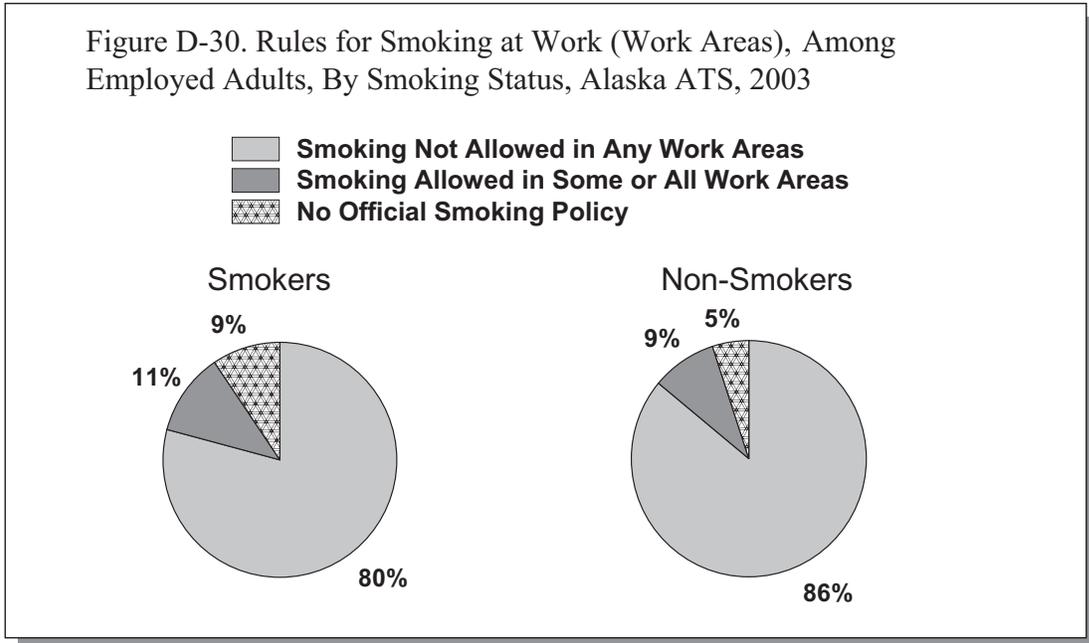
Adults who allow smoking in their cars were almost six times more likely to have been exposed to secondhand smoke in a car in the past week compared to adults who do not allow smoking in their vehicles. However, one in ten adults who report that smoking is not allowed in their vehicle said that they had been in a car with someone who was smoking during the past week (Figure D-28).



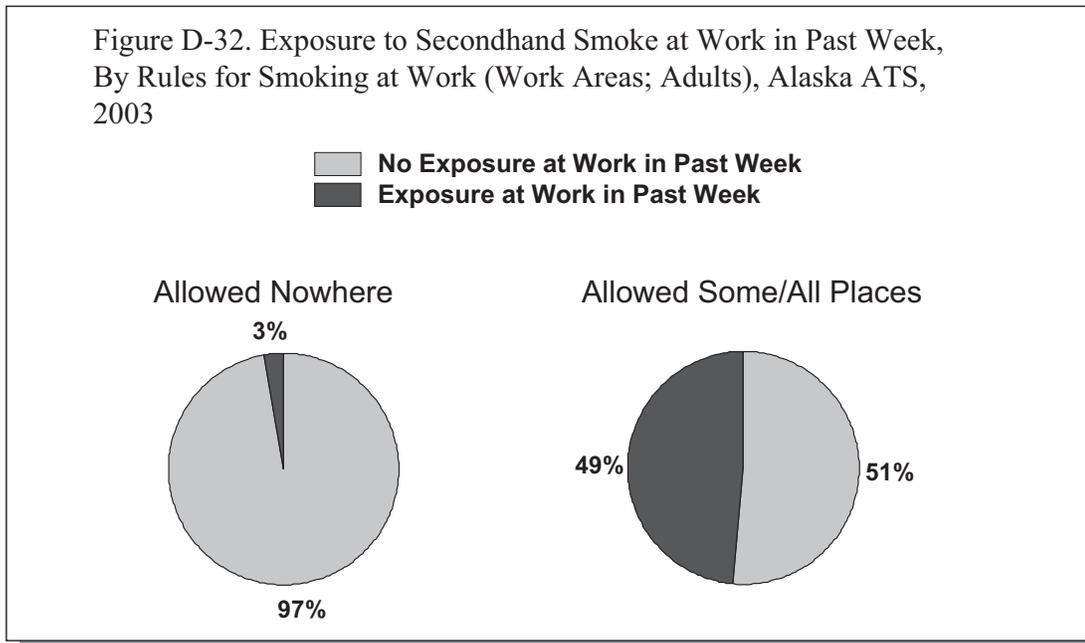
The 2003 ATS also collected information on workplace exposure to ETS. Among adults who are employed and work mostly indoors, 7% of non-smokers were exposed to ETS at work on one or more days during the past week (Figure D-29).



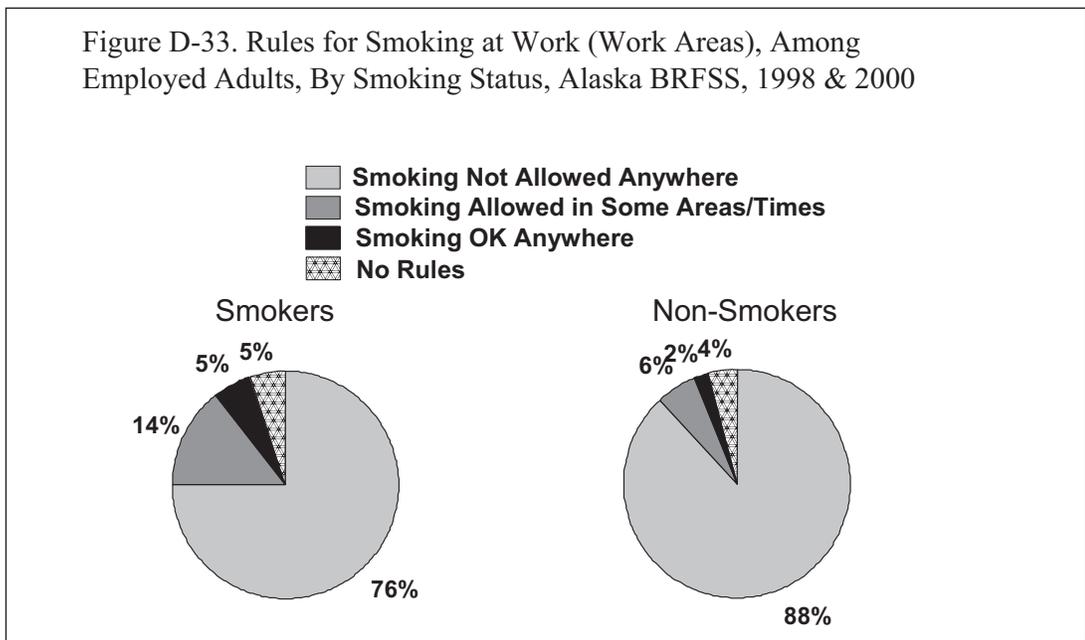
Overall, 85% of employed adults who work mostly indoors reported that smoking was not allowed in any work area, while 86% reported that smoking was not allowed in common areas at work. Current smokers were slightly more likely than non-smokers to work in places where smoking was allowed in work or common areas (Figures D-30 and D-31).

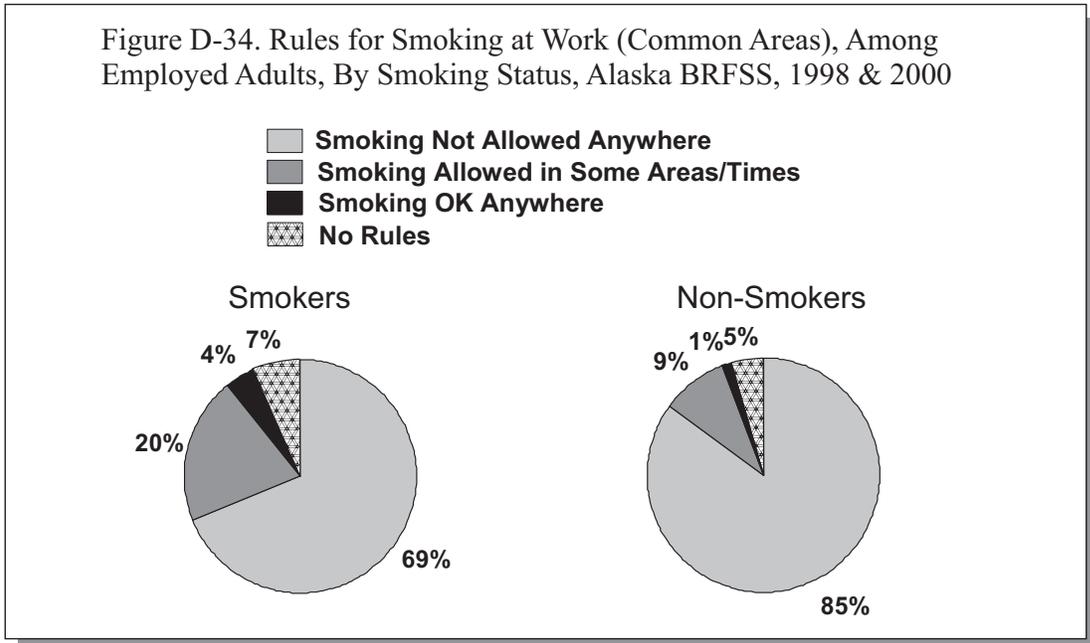


As is the case in ETS exposure in the home, workplace exposure to ETS was much lower in places where smoking was not allowed in any work area than in workplaces that allowed smoking in the work area (Figure D-32)

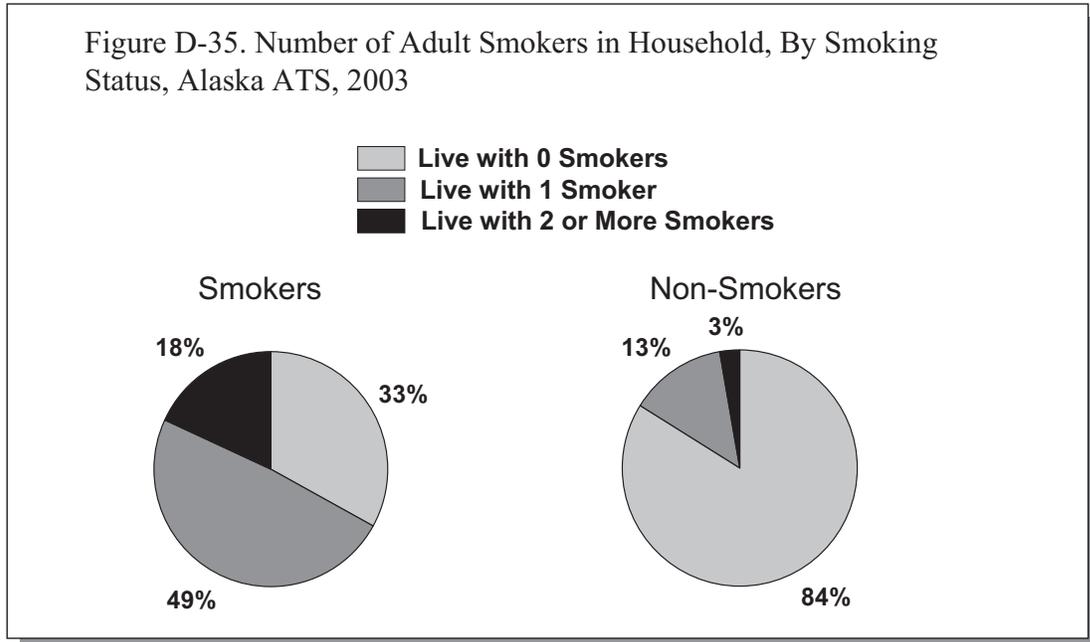


Workplace ETS exposure data is not available from the BRFSS, but survey respondents were asked about the official smoking policies in their workplaces in 1998 and 2000. In 1998 and 2000, approximately 85% of adults reported that smoking was not allowed at all in any work area, with 81% reporting that it was not allowed in common areas. Compared to adults who do not smoke, current smokers were twice as likely to work in places where smoking was allowed in work areas or common areas (Figures D-33 and D-34).



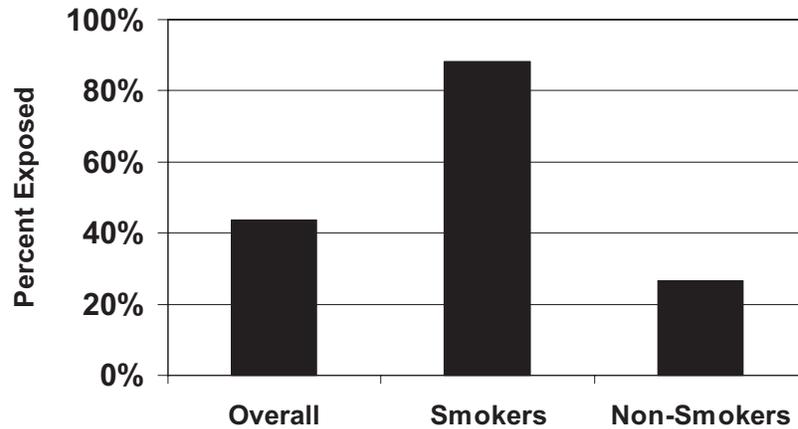


Non-smoking adults who live with smokers have the potential for exposure to ETS, unless smoking is completely banned in homes and cars. In Alaska approximately one in every six non-smoking adults lives with one or more smokers (Figure D-35).



The best overall measure of total adult exposure to ETS comes from the 2003 ATS, which measures exposure to ETS in the workplace, home, and car. When these results are combined, nearly thirty percent (27%) of adults who do not currently smoke report being exposed to secondhand smoke at least once in the past week (Figure D-36).

Figure D-36. Percentage of Adults Exposed to Secondhand Smoke at Home, Work, or in a Car 1+ Days Last Week, By Smoking Status, Alaska ATS, 2003



ETS: Progress Toward Healthy Alaskans 2010 Goals

Two of the Healthy Alaskans Indicators address ETS exposure. Protecting Alaskan adults and youth from ETS is a vital part of efforts to reduce death and disability from tobacco use.



Healthy Alaskans 2010 Indicators, Baseline Measures, and Current Results

Indicator	Alaska Data Source	U.S. Baseline	Alaska Baseline	Alaska Target Year 2010	Alaska Results
1 Reduce the proportion of children exposed to tobacco smoke at home (percent of households in which someone has smoked in the past 30 days and at least one child aged 0 to 4 lives in the home)	BRFSS	27% (1994) 0-6 year olds NHIS	23% (1998)	12%	Current BRFSS data not available 2003 ATS data show 13% of adults exposed to ETS at home have children under 5.
2 Increase the proportion of people who work in smoke-free environments	BRFSS (potential)		Developmental		ATS data from 2003 indicate that 9% of adults were exposed to ETS at work in the week preceding the survey

Endnotes: Section D

¹ Schoellhorn J, Wiens HN, Perham-Hester KA. Alaska Maternal and Child Health Data Book 2003. Anchorage, AK: Maternal and Child Health Epidemiology Unit, Section of Maternal, Child and Family Health, Division of Public Health, Dept. of Health and Social Services, June 2003; p 84.

² Ibid

Section E: Conclusion

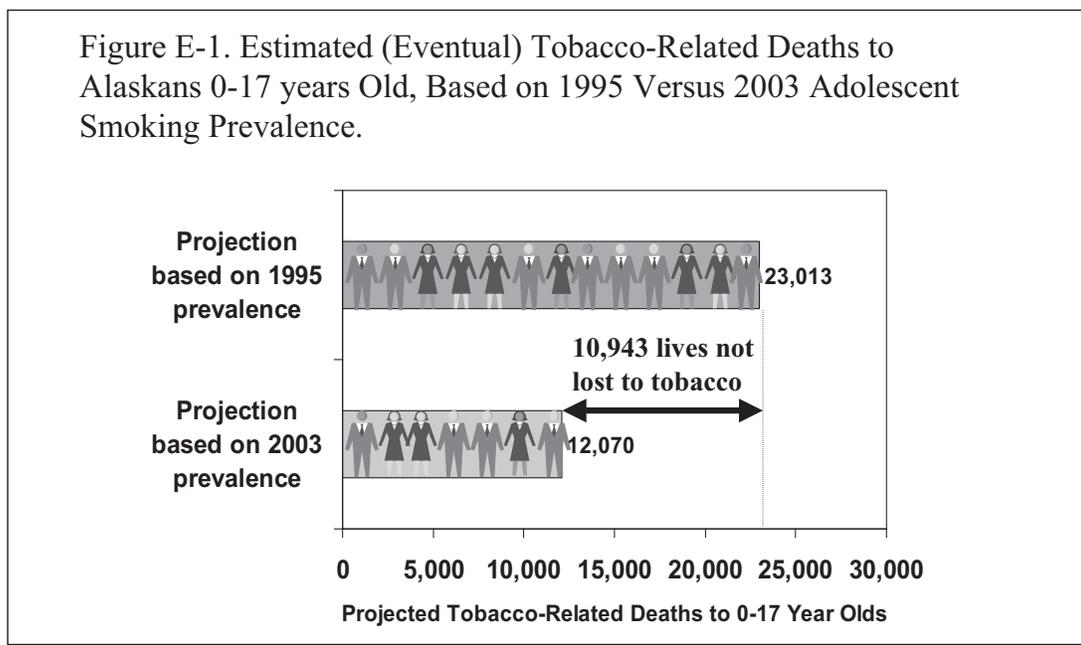
This report highlights important trends and current research on the attitudes, knowledge, and behavior of Alaskan adults and youth around tobacco and its use. While the information contained in this report can be used simply for reference purposes, it is hoped that it can also be utilized in tobacco prevention and control program efforts. Major program efforts addressing adult tobacco use, youth tobacco use, and secondhand smoke are summarized below, along with research showing progress and areas of concern in each of these categories.

Many of the best practices around preventing initiation and reducing tobacco use among youth have been implemented within Alaska. In 1997, the tobacco tax in Alaska was increased, a strategy that is recommended, and has been shown to be effective, in reducing youth tobacco prevalence. The Task Force for Community Preventive Services (TFCPS) also recommends the implementation of “extensive and extended” counter-marketing campaigns, particularly when they are conducted in conjunction with other efforts, as a means of reducing tobacco use among youth. A central component of tobacco prevention and control efforts in Alaska has been an aggressive counter-marketing campaign, designed to refute tobacco industry claims and insinuations that tobacco is glamorous, desirable, or necessary. Counter-marketing activities in Alaska have involved a statewide media campaign that utilizes print and electronic media to provide information on the dangers of tobacco use and secondhand smoke, as well as publication of cessation resources and strategies. The statewide campaign is supplemented by local print and radio messages, as well as statewide and local sponsorship and promotion of smoke-free events, activities, and locations.

As the TFCPS recommends, the counter-marketing campaign has been the centerpiece of many other strategies designed to reduce tobacco use among Alaskan youth. Many communities within Alaska have implemented clean indoor air ordinances; to date nearly half of all Alaskan residents live in areas with at least some level of protection from secondhand smoke. In these communities, youth benefit not only from reduced exposure to secondhand smoke in public places, but also from local acknowledgement that secondhand smoke is a health hazard from which residents should be protected. On a statewide level, increased attention has been paid to enforcing laws prohibiting the sale of tobacco to minors. This strategy is designed to create an atmosphere in which it is difficult for young people to get tobacco products and socially unacceptable to use them. Local community grant programs supplement statewide prevention and control efforts by tackling tobacco use within their communities. Some communities concentrate on developing and implementing policies around youth access to tobacco, while others recruit youth advocates for clean indoor air campaigns. Combined statewide and local program efforts are designed to promote an environment in which young people who do not use tobacco will not want to start and those who already use tobacco will be motivated to quit.

Data in this report indicate that tobacco prevention and control efforts among youth are having an impact. Since 1995, substantial declines have occurred in the percentage of Alaskan high school students who have ever tried smoking, who currently smoke, and who smoke frequently.

These changes in youth behavior will translate into saved lives. In 1995, the number of Alaskan youth who could be expected to eventually die from tobacco use was estimated to be over 20,000. In 2003, that number fell to approximately 12,000, meaning that nearly 11,000 Alaskan youth who would have eventually suffered a tobacco-related death will not do so now (Figure E-1).



While Alaska has made tremendous strides in tackling tobacco among youth, this report also identifies some areas of concern that must be addressed if additional gains are to be realized. Tobacco use among Alaska Native high school students, although declining, remains at extremely high levels. Nearly half of all Alaska Native high school females smoke, a percentage which is over four times higher than that found among Non-Native females. A similar pattern is evident among Alaska Native males, who are more than three times as likely to smoke as their Non-Native peers. Smokeless tobacco use is also particularly high among Alaska Native students, with 32 percent of males and 18 percent of females reporting that they use smokeless tobacco. In addition, smokeless tobacco use among Alaska Native females has increased since 1995, in contrast to the declines seen in smoking and among males.

The results presented above suggest that if the changes in youth behavior are to continue, concerted efforts must be made to address the high levels of tobacco use among Alaska Native youth, as well as the alarming increase in smokeless tobacco use among Alaska Native females. The fact that smoking has declined among Alaska Native male and female high school students since 1995 is encouraging, and indicates that smoking prevention efforts are having an impact. Efforts should be made to determine which tobacco prevention and control activities resonate the most strongly with the Alaska Native youth population, and to replicate and expand on those efforts. Current tobacco prevention and control strategies that target youth should be assessed to ensure that smokeless tobacco use is addressed through counter-marketing and policy work at the state and local levels. The fact that nearly half of all youth who smoke report that they usually get tobacco from an adult or someone else who is old enough to buy it for them suggests that more work needs to be done to convince adults that it is not acceptable for youth to use tobacco in any form.

Tobacco prevention and control efforts targeting adults in Alaska have also been modeled on best practice strategies. The 1997 tobacco tax increase, which had implications for adult behavior, is a recommended strategy for motivating adults to quit smoking and to dissuade them from starting. The use of broadcast and print media to encourage adults to quit, a component of Alaska's counter-marketing campaign since its inception, is also a strategy that the TFCPS recommends on the basis of strong evidence that, when implemented in conjunction with other program elements, is effective in promoting cessation among adults. The other two strategies strongly recommended by the TFCPS to promote cessation among adults are incorporating a telephone counseling and support service into program efforts, and developing health care systems that identify tobacco users and remind health care providers to counsel patients on their tobacco use. Alaska has taken steps to implement these recommendations as well. A statewide telephone quit line has been in operation for nearly two years, and provides counseling and information services to tobacco users, providers, and other interested parties. Three health care organizations in Alaska currently receive funding to develop and implement systematic procedures that identify tobacco users and ensure that providers use the principles established in the *Clinical Practice Guidelines: Treating Tobacco Use and Dependence* to address tobacco use among their patients. Prior grants have funded training in the use of this guideline, and a project is currently underway to develop a comprehensive approach to tobacco use and dependence among substance abuse counselors. When applied in combination, these strategies are designed to foster a desire to quit among tobacco users, and to provide every possible means of support to those adults who take steps to overcome their addiction to tobacco.

As is the case for youth, available data indicate that efforts to address tobacco use among adults are making progress. In the 6 years following the 1997 tobacco tax increase, cigarette purchases in Alaska have declined by 30%, with per capita cigarette consumption levels falling to lower levels than those found nationally. The percentage of adult smokers who smoke every day has decreased, and adults who smoke less than every day are smoking fewer cigarettes on days when they smoke. Data from both the 2003 ATS and the 2002 Hellenthal and Associates Media Awareness Survey indicate that high percentages of Alaskan adults, including those who smoke, are aware of the negative health consequences of smoking, and of the benefits of quitting. So although many adults continue to use tobacco products, the intensity of use appears to be declining and the message that smoking has negative consequences is being heard and understood.

The fact that nearly one-third of Alaskan adults continue to smoke, even when confronted with the knowledge that this behavior could kill them, is a testament to the addictive nature of nicotine products. It is also one of the primary challenges in reducing the toll of tobacco use in Alaska. Additional challenges include the disproportionately high rates of tobacco use among Alaska Native adults, adults with lower incomes, adults with lower educational achievement, and adults living in rural areas. Current counter-marketing and cessation strategies should be assessed to determine the degree to which they are relevant and accessible to each of the population groups with high rates of tobacco use. If access is found to be limited in any or all of these groups, program activities should be expanded in a targeted manner to reach those vulnerable subgroups. If current strategies are not found to be relevant to one or more of the population groups with high tobacco use rates, efforts should be made to design and implement counter-marketing or cessation strategies that will change behavior within the target group.

In Alaska, as in much of the country, efforts to reduce the health effects of exposure to secondhand smoke have revolved around implementing policies that restrict smoking in public places. Clean indoor air work occurs at the community level, through support of strong local alliances that advocate for clean indoor air policies within their communities. Policy efforts are enhanced and supported by local and statewide counter-marketing messages that reinforce knowledge of the hazards of secondhand smoke and the benefits of clean indoor air. Together, these strategies are intended to foster an environment in which no Alaskan adult or child will die from inhaling the toxic compounds contained in secondhand smoke.

Secondhand smoke currently kills approximately 120 Alaskans each year. Important steps are being taken in Alaska to bring that number to zero. Ten years ago not a single community in Alaska had a policy that protected its residents from the harmful effects of secondhand smoke. Today seven major communities within Alaska have formal policies that restrict smoking indoors, with numerous informal policies in place in small communities throughout the state. Data from the 2003 ATS, 2003 YRBS, and from the media awareness surveys conducted by Hellenthal and Associates also indicate that an overwhelming majority of Alaskan adults and youth understand that secondhand smoke is harmful. Support for policies protecting adults and children from exposure to secondhand smoke is also extremely high, reaching 90% among non-smokers and over 75% of smokers.

Despite awareness of the dangers of secondhand smoke, strong public support for eliminating that risk, and real progress in creating clean indoor air environments, there is still much work to be done. The scope of the formal smoking policies in Alaska varies, and with it the degree to which Alaskans are protected from secondhand smoke. To date not one community in Alaska has implemented a comprehensive ordinance banning smoking in all public locations and workplaces, and adults and children continue to be exposed to secondhand smoke at home and in their cars. Despite the fact that an overwhelming percentage of adults and youth understand that secondhand smoke is harmful, over one-quarter of adults and nearly half of Alaskan youth have been exposed to secondhand smoke in the past week alone.

Clean indoor air campaigns are a central component of current tobacco prevention and control efforts, and these efforts must be maintained if the percentage of Alaskans who are protected from secondhand smoke is to increase. Local and statewide partners must continue collaborating to synchronize statewide counter-marketing activities with local campaigns to strengthen existing ordinances and implement new ones in communities where citizens are not yet protected from secondhand smoke.

The information contained in this report indicates that real progress is being made in reducing the burden of tobacco use within Alaska. The report also shows that there is still work to be done. Tobacco is one of the most lucrative and heavily promoted consumer products available in the United States. It is also one of the most deadly. Over the course of the past century, tobacco products have been promoted as symbols of beauty, athleticism, independence, and sophistication. They have also claimed the lives of millions of adults and children who either use tobacco products or are exposed to the toxic compounds in secondhand smoke. As the health and economic toll of the tobacco epidemic has grown, efforts to combat it emerged and have gained momentum in recent years. Ensuring that the gains in tobacco prevention and control made in the past decade are not reversed will require continued vigilance and action.

Conclusion

The tobacco industry continues to aggressively market cigarettes and other forms of tobacco, spending progressively larger amounts of money each year to addict children and adults to products that will kill over one-third of them. In comparison, the amount that must be invested to reduce the human and economic costs of tobacco is minimal. For \$13 per person per year, comprehensive tobacco prevention and control efforts in Alaska could be funded at a minimal level. Thirteen dollars is an insignificant fraction of the cost associated with treating any of the major medical conditions caused by tobacco. It is also a small price to pay to save the lives of Alaskan adults and children who would otherwise die from tobacco use.

Appendix A: Methodology

This report was assembled from multiple existing data sources. Most of the information provided here was obtained from five large surveys of Alaskans aimed at measuring tobacco use across the state and in key populations. These surveys also provide invaluable data on involuntary exposures to tobacco smoke, the readiness of tobacco users to receive public health messages and the role of health care providers in reducing tobacco use and dependence. This appendix will briefly introduce the methods of each survey and discuss the monograph's other significant sources of data.

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.

A two-stage sampling design was used to select students for participation in the survey. Schools were selected first with a probability of inclusion proportional to the size of their enrollment. Once a school was chosen, classes were 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, and to compensate partially for discrepancies in race/ethnicity in the sample obtained. Our analysis reports the weighted percentages of responses to questions related to smoking and smokeless tobacco use, and compares the responses of subgroups of the survey population. Comparisons are also made with results of the 1995 survey.

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 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, occurring primarily in the evenings and on weekends, during the two weeks of every month specified by the CDC for all states. 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.

At present approximately 200 Alaskan adults are interviewed each month for the BRFSS, to reach an annual sample size of 2,500 (500 per region). Data are weighted 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. Our analysis reports the weighted percentages of responses to questions related to tobacco use, and compares the responses of subgroups of the survey population. As with the YRBS, all data in the BRFSS are obtained by self-report only.

Adult Tobacco Survey (ATS)

During 2003 the Alaska Division of Public Health conducted the ATS to understand better adult attitudes, knowledge and behaviors surrounding tobacco use throughout Alaska. Like the BRFSS, the ATS was an anonymous telephone survey of Alaskans 18 years of age and over. The ATS used a stratified random sampling design similar to the BRFSS, based on the same five regions, with an equal number of interviews conducted in each region. Respondents were randomly selected from the adult members of chosen households. Institutionalized persons were not included. Interviewers were hired among those conducting the BRFSS and were specifically trained in administering the ATS.

The ATS questionnaire was developed in consultation with chronic disease program leaders and partners from agencies outside of state government. It included more than 60 questions on such topics as current tobacco use, attempts at cessation, environmental tobacco smoke exposures, perceptions of risk and detailed demographic information.

In all, approximately 2,500 Alaskan adults participated in the ATS. As with the BRFSS, data from this sample were weighted to compensate for the overrepresentation or under-representation of persons in various subgroups. Our analysis reports the weighted percentages of responses, and compares the responses of subgroups of the survey population.

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS data were used in this report to document prenatal and postpartum 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. Our analysis reports the weighted percentages of responses on questions related to tobacco use, and compares the responses of subgroups of the survey population.

Health Care Provider Survey (HCPS)

In 2003 the Alaska Tobacco Prevention and Control Program initiated a survey of the state's primary health care providers, in conjunction with the state's Diabetes Prevention and Control Program. Those targeted to receive the mailed questionnaire included physicians in primary care specialties, physician assistants and nurses with advanced specialty training. Approximately half of the questionnaire dealt with treatment of diabetes, while the remainder asked providers questions describing their interventions around tobacco cessation.

In all, 1,185 of the 4-page questionnaires were sent out. Follow-up during a nine-month period included telephone calls and repeated mailings. A total of 478 completed questionnaires were returned. Analysis was limited to 384 respondents who reported that they were committing more than 50 percent of their time to direct patient care. Results were weighted according to region where the provider practiced to improve the generalization of responses. These regions were the same as those used in the BRFSS. Our analysis reports the weighted percentages of responses on questions related to tobacco cessation interventions.

Other sources of data

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. 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 2001 age- and sex-specific mortality rates for specified conditions, the 2001 BRFSS estimate of adult smoking prevalence, the 1999 present value for future earnings, and the 1999 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.

Data on specific causes of deaths from smoking-related diseases in Alaska over time 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 Ninth Revision of the International Classification of Diseases (ICD-9) for the years 1981 to 1998. In subsequent years ICD-10 was used to classify causes of death. Deaths of Alaskan residents who died out of state were included in the figures used to produce the SAMMEC estimates of tobacco-related deaths and the associated economic costs. The data used to calculate age-adjusted mortality rates for causes of death known to be associated with tobacco use were restricted to deaths of Alaska residents who died in Alaska.

Hospital discharge data for 2001 and 2002 were provided through an agreement between the Department of Health and Social Services and the Alaska State Hospital and Nursing Home Association (ASHNHA). The discharge database does not include information from 10 of the state's smaller hospitals for 2001 and nine hospitals for 2002. These excluded hospitals account for 15 to 20 percent of discharges statewide. The database does provide limited information on patients normally resident in Alaska who were hospitalized in the state of Washington, and our analysis includes those cases. In all cases, the primary diagnosis listed in the patient's medical record was used. Because the primary diagnosis describes only one immediate reason for each admission, our method may underestimate the impact of tobacco-related diseases on hospitalization. Cost analyses excluded those cases treated in military and Alaska Native hospitals where charge data were not recorded.

Data on tobacco sales in Alaska were obtained from the Department of Revenue. In Alaska, a tobacco tax is levied on cigarettes and other tobacco products that are imported or transferred into the state. This tax, which amounts to \$1.00 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.

Appendix B

Suggested Use of Data Tables

The data tables that follow have been included to provide the reader with more detailed information for each graph than could be easily provided within the figure itself.

The weighted percentages in the data tables are the numbers “behind” the data points in each corresponding graph. These are the best estimates of the actual prevalence of each tobacco-related indicator in the relevant population. Because the BRFSS, ATS, YRBS, and PRAMS have different sampling designs they use varying weighting formulas. The BRFSS and ATS data are weighted to be representative of the population of adult (18 and older), non-institutionalized Alaskans. The YRBS data are weighted to be representative of Alaskan high school students. The PRAMS data are weighted to be representative of Alaska resident women who have recently delivered a live-born infant.

The unweighted numerators and denominators in the data tables show the actual numbers of respondents who were asked each question or set of questions (denominator) and who gave each response (numerator). These numbers are included to provide the reader with information about sample size—both the overall sample size and the relative size of subgroups being compared. The reader is cautioned against dividing the unweighted numerator by the unweighted denominator, as the resultant fraction would not reflect the appropriate weighting scheme and thus not yield a prevalence estimate that is representative of the population. The data tables showing PRAMS data report weighted rather than unweighted numerators and denominators.

Indicator definitions or operationalizations are included in the footnotes of each data table to clarify the specific wording of questions asked and responses given. Data sources are also provided in the footnotes, so each source can be fully cited.

Data Table for Figure A-1. Number of Deaths Due to Selected Causes, Alaska Residents¹, 2001

Cause of Death	Number of Deaths
Tobacco Use (direct)	483
Second Hand Smoke ²	120
Motor Vehicle	101
Suicide	94
Homicide	21
Air Transport	20
HIV/AIDS	7
<hr/>	
<i>Total Tobacco-Related Deaths</i>	<i>603</i>

¹Includes Alaska residents who died in other states.

²Estimated by prorating the mid-range US ETS mortality estimate (53,000 deaths) reported in "Health Effects of Exposure to Environmental Tobacco Smoke", Final Report, September 1997, California Environmental Protection Agency, to the Alaska 2001 census population estimate.

Data Sources: Smoking-Attributable Morbidity, Mortality and Economic Costs (SAMMEC), Centers for Disease Control and Prevention; Alaska Bureau of Vital Statistics, 2001

Data Table for Figure A-4. Trends in Age-Adjusted Mortality Rates for Causes of Death Associated with Tobacco Use¹, Among Adults 35 and Older, Alaska Residents Who Died in Alaska, 1981-2000.

Years	Age-Adjusted Mortality Rates			
	Lung Cancer ²	Ischemic Heart Disease ³	Stroke ⁴	COPD ⁵
1981-1985	101.7	393.4	140.7	63.0
1986-1990	123.3	359.1	121.8	83.7
1991-1995	120.1	319.2	126.3	85.5
1996-2000	110.2	254.6	128.1	90.3

¹The 4 causes of death included in CDC's Smoking-Attributable Morbidity, Mortality and Economic Costs (SAMMEC) software program that accounted for the majority (>75%) of tobacco-related deaths in Alaska in 2001.

²Cancer of the trachea, lung, or bronchus = ICD-9 code 162 (1981-1998), ICD-10 codes C33-C34 (1999-2000), not comparability ratio modified.

³Ischemic heart disease = ICD-9 codes 410-414 (1981-1998), ICD-10 codes I20-I25 (1999-2000), not comparability ratio modified.

⁴Cerebrovascular disease = ICD-9 codes 430-438 (1981-1998), ICD-10 codes I60-I69 (1999-2000), not comparability ratio modified.

⁵Chronic bronchitis, emphysema, or chronic airways obstruction = ICD-9 codes 490-492,496 (1981-1998), ICD-10 codes J40-J42, J43, J44 (1999-2000), not comparability ratio modified.

Data Sources: Smoking-Attributable Morbidity, Mortality and Economic Costs (SAMMEC), Centers for Disease Control and Prevention; Alaska Bureau of Vital Statistics

Data Table for Figure A-5. Trend in Age-Adjusted COPD Mortality Rates Among Adults 35 and Older, By Race, Alaska Residents Who Died in Alaska, 1981-2000.

Age-Adjusted COPD ¹ Mortality Rate		
Years	Alaska Native	Non-Native
1981-1985	56.3	65.1
1986-1990	90.2	83.1
1991-1995	115.5	78.9
1996-2000	117.9	85.6

¹Chronic bronchitis, emphysema, or chronic airways obstruction = ICD-9 codes 490-492,496 (1981-1998), ICD-10 codes J40-J42, J43, J44 (1999-2000), not comparability ratio modified.

Data Source: Alaska Bureau of Vital Statistics

Data Table for Figure A-6. Trend in Age-Adjusted Stroke Mortality Rates Among Adults 35 and Older, By Race, Alaska Residents Who Died in Alaska, 1981-2000.

Age-Adjusted Stroke ¹ Mortality Rate		
Years	Alaska Native	Non-Native
1981-1985	156.9	137.1
1986-1990	131.9	121.1
1991-1995	152.3	120.8
1996-2000	138.2	127.0

¹Cerebrovascular disease = ICD-9 codes 430-438 (1981-1998), ICD-10 codes I60-I69 (1999-2000), not comparability ratio modified.

Data Source: Alaska Bureau of Vital Statistics

Data Table for Figure A-7. Trend in Age-Adjusted Lung Cancer Mortality Rates Among Adults 35 and Older, By Race, Alaska Residents Who Died in Alaska, 1981-2000.

Age-Adjusted Lung Cancer ¹ Mortality Rate		
Years	Alaska Native	Non-Native
1981-1985	110.6	101.3
1986-1990	156.3	117.0
1991-1995	150.1	113.3
1996-2000	137.4	105.2

¹Cancer of the trachea, lung, or bronchus = ICD-9 code 162 (1981-1998), ICD-10 codes C33-C34 (1999-2000), not comparability ratio modified.

Data Source: Alaska Bureau of Vital Statistics

Data Table for Figure A-8. Trend in Age-Adjusted Ischemic Heart Disease Mortality Rates Among Adults 35 and Older, By Race, Alaska Residents Who Died in Alaska, 1981-2000.

Years	Age-Adjusted Ischemic Heart Disease ¹ Mortality Rate	
	Alaska Native	Non-Native
1981-1985	326.4	414.1
1986-1990	335.3	365.6
1991-1995	309.0	323.5
1996-2000	241.3	258.4

¹Ischemic heart disease = ICD-9 codes 410-414 (1981-1998), ICD-10 codes I20-I25 (1999-2000), not comparability ratio modified.

Data Source: Alaska Bureau of Vital Statistics

Data Table for Figure B-1. Percentage of High School Youth Who Ever Took a Puff, Smoke, or Smoke Frequently, By Year, Alaska YRBS, 1995 & 2003

Level of Smoking	Prevalence of Each Level of Smoking					
	1995			2003		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Ever Took a Puff ¹	72.1%	1,142	1,609	56.1%	757	1,390
Smoke ²	36.5%	561	1,602	19.2%	252	1,408
Smoke Frequently ³	21.0%	314	1,602	8.0%	102	1,408

n_u = Unweighted number of high school students each year reporting having smoked cigarettes at the specified level.

N_u = Unweighted number of high school students each year responding to the questions (i.e., denominator).

¹Reported having ever taken a single puff from a cigarette.

²Reported having smoked cigarettes on at least 1 of the last 30 days.

³Reported having smoked cigarettes on at least 20 of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 1995, 2003

Data Table for Figure B-2. Percentage of High School Males Who Ever Took a Puff, Smoke, or Smoke Frequently, By Year, Alaska YRBS, 1995 & 2003

Level of Smoking	Prevalence of Each Level of Smoking					
	1995			2003		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Ever Took a Puff ¹	71.4%	564	803	56.1%	380	704
Smoke ²	36.4%	277	801	18.4%	121	715
Smoke Frequently ³	21.4%	159	801	7.9%	49	715

n_u = Unweighted number of high school males each year reporting having smoked cigarettes at the specified level.

N_u = Unweighted number of high school males each year responding to the questions (i.e., denominator).

¹Reported having ever taken a single puff from a cigarette.

²Reported having smoked cigarettes on at least 1 of the last 30 days.

³Reported having smoked cigarettes on at least 20 of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 1995, 2003

Data Table for Figure B-3. Percentage of High School Females Who Ever Took a Puff, Smoke, or Smoke Frequently, By Year, Alaska YRBS, 1995 & 2003

Level of Smoking	Prevalence of Each Level of Smoking					
	1995			2003		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Ever Took a Puff ¹	72.8%	573	800	55.7%	370	678
Smoke ²	36.5%	280	795	20.2%	131	688
Smoke Frequently ³	20.5%	153	795	8.2%	53	688

n_u = Unweighted number of high school females each year reporting having smoked cigarettes at the specified level.

N_u = Unweighted number of high school females each year responding to the questions (i.e., denominator).

³Reported having ever taken a single puff from a cigarette.

⁴Reported having smoked cigarettes on at least 1 of the last 30 days.

⁵Reported having smoked cigarettes on at least 20 of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 1995, 2003

Data Table for Figure B-4. Percentage of High School Youth at Each Level of Smoking, By Year, Alaska YRBS, 1995 & 2003

Level of Smoking	Prevalence of Each Level of Smoking					
	1995			2003		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Ever Took a Puff ¹	72.1%	1,142	1,609	56.1%	757	1,390
First Smoked by Age 13 ²	30.7%	481	1,621	19.6%	259	1,379
Smoke ³	36.5%	561	1,602	19.2%	252	1,408
Smoked at School ⁴	18.8%	291	1,616	7.8%	101	1,454
Smoke Frequently ⁵	21.0%	314	1,602	8.0%	102	1,408
11+ Cigarettes When Smoke ⁶	4.0%	64	1,606	1.2%	17	1,409

n_u = Unweighted number of high school students each year reporting having smoked cigarettes at the specified level.

N_u = Unweighted number of high school students each year responding to the questions (i.e., denominator).

¹Reported having ever taken a single puff from a cigarette.

²Reported having smoked a whole cigarette by age 13 years.

³Reported having smoked cigarettes on at least 1 of the last 30 days.

⁴Reported having smoked cigarettes on school property on at least 1 of the last 30 days.

⁵Reported having smoked cigarettes on at least 20 of the last 30 days.

⁶Reported smoking at least 11 cigarettes per day smoked in last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 1995, 2003

Data Table for Figure B-5. Percentage of High School Youth Who Ever Took a Puff, By Sex, Race¹, and Year, Alaska YRBS, 1995 & 2003

Group	Prevalence of Having Taken a Puff of a Cigarette					
	1995			2003		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Males						
Alaska Native	90.3%	77	87	81.0%	104	129
Non-Native	68.5%	481	705	49.6%	275	571
Females						
Alaska Native	91.2%	83	91	84.4%	125	150
Non-Native	69.5%	481	695	46.2%	242	522

n_u = Unweighted number of high school students each year in each sex-race category reporting having ever taken a single puff from a cigarette.

N_u = Unweighted number of high school students each year in each sex-race category responding to the question (i.e., denominator).

¹Students are allowed to list multiple races in response to the question: "How do you describe yourself?". A student is classified Alaska Native if he or she chooses Alaska Native race regardless of other race groups identified. All other students are classified as Non-Native.

Data Source: Alaska Youth Risk Behavior Survey, 1995, 2003

Data Table for Figure B-6. Percentage of High School Youth Who Smoke, By Sex, Race¹, and Year, Alaska YRBS, 1995 & 2003

Group	Prevalence of Smoking					
	1995			2003		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Males						
Alaska Native	62.7%	50	86	39.7%	46	122
Non-Native	32.5%	226	704	13.2%	75	587
Females						
Alaska Native	61.1%	53	91	48.7%	71	144
Non-Native	32.3%	224	690	11.4%	59	538

n_u = Unweighted number of high school students each year in each sex-race category reporting having smoked cigarettes on at least 1 of the last 30 days.

N_u = Unweighted number of high school students each year in each sex-race category responding to the question (i.e., denominator).

¹Students are allowed to list multiple races in response to the question: "How do you describe yourself?". A student is classified Alaska Native if he or she chooses Alaska Native race regardless of other race groups identified. All other students are classified as Non-Native.

Data Source: Alaska Youth Risk Behavior Survey, 1995, 2003



Data Table for Figure B-7. Percentage of High School Youth Who Smoke Frequently, By Sex, Race¹, and Year, Alaska YRBS, 1995 & 2003

Group	Prevalence of Smoking Frequently					
	1995			2003		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Males						
Alaska Native	42.7%	33	86	19.3%	22	122
Non-Native	18.3%	126	704	5.1%	27	587
Females						
Alaska Native	44.7%	36	91	18.0%	26	144
Non-Native	16.1%	114	690	5.2%	26	538

n_u = Unweighted number of high school students each year in each sex-race category reporting having smoked cigarettes on at least 20 of the last 30 days.

N_u = Unweighted number of high school students each year in each sex-race category responding to the question (i.e., denominator).

¹Students are allowed to list multiple races in response to the question: "How do you describe yourself?". A student is classified Alaska Native if he or she chooses Alaska Native race regardless of other race groups identified. All other students are classified as Non-Native.

Data Source: Alaska Youth Risk Behavior Survey, 1995, 2003

Data Table for Figure B-8. Percentage of High School Youth Who Smoke, By Sex and Race¹, Alaska YRBS (2003), US YRBS (2001)

Group	Prevalence of Smoking			
	Alaska ^a			US ^b
	Weighted %	n _u	N _u	Weighted %
Males				29.2%
Alaska Native	39.7%	46	122	
White	12.8%	58	469	
Other Race Groups	15.4%	17	118	
Females				27.7%
Alaska Native	48.7%	71	144	
White	11.9%	43	398	
Other Race Groups	9.7%	16	140	

n_u = Unweighted number of high school students in each sex-race category reporting having smoked cigarettes on at least 1 of the last 30 days.

N_u = Unweighted number of high school students in each sex-race category responding to the question (i.e., denominator).

¹Students are allowed to list multiple races in response to the question: "How do you describe yourself?". A student is classified Alaska Native if he or she chooses Alaska Native race, regardless of other race groups identified. A student is classified as White if he or she chooses White race, regardless of other non-Native groups identified. All other students (who choose neither Alaska Native nor White for either their sole race or for any of their multiple race groups) are classified as Other Race Groups.

Data Sources: ^aAlaska Youth Risk Behavior Survey, 2003; ^bUS Youth Risk Behavior Survey, 2001 (unweighted counts not available; prevalence by Alaska Native/White/Other not available).



Data Table for Figure B-9. Percentage of High School Youth Who Smoke Frequently, By Sex and Race¹, Alaska YRBS (2003), US YRBS (2001)

Group	Prevalence of Smoking Frequently			
	Alaska ^a			US ^b
	Weighted %	n _u	N _u	Weighted %
Males				14.9%
Alaska Native	19.3%	22	122	
White	4.2%	18	469	
Other Race Groups	9.1%	9	118	
Females				12.9%
Alaska Native	18.0%	26	144	
White	5.7%	16	398	
Other Race Groups	3.3%	7	140	

n_u = Unweighted number of high school students in each sex-race category reporting having smoked cigarettes on at least 20 of the last 30 days.

N_u = Unweighted number of high school students in each sex-race category responding to the question (i.e., denominator).

¹Students are allowed to list multiple races in response to the question: "How do you describe yourself?". A student is classified Alaska Native if he or she chooses Alaska Native race, regardless of other race groups identified. A student is classified as White if he or she chooses White race, regardless of other non-Native groups identified. All other students (who choose neither Alaska Native nor White for either their sole race or for any of their multiple race groups) are classified as Other Race Groups.

Data Sources: ^aAlaska Youth Risk Behavior Survey, 2003; ^bUS Youth Risk Behavior Survey, 2001 (unweighted counts not available; prevalence by Alaska Native/White/Other not available).

Data Table for Figure B-10. Percentage of High School Youth Who Smoke, By Sex and Age, Alaska YRBS, 2003

Age (in Years)	Prevalence of Smoking					
	Males			Females		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
<16	11.1%	31	286	15.5%	39	268
16 or 17	20.1%	59	316	23.2%	71	314
18+	27.2%	30	112	22.4%	21	106

n_u = Unweighted number of high school students in each sex-age category reporting having smoked cigarettes on at least 1 of the last 30 days.

N_u = Unweighted number of high school students in each sex-age category responding to the question (i.e., denominator).

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-11. Percentage of High School Youth Who Smoke Frequently, By Sex and Age, Alaska YRBS, 2003

Age (in Years)	Prevalence of Smoking Frequently					
	Males			Females		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
<16	2.8%	9	286	6.1%	16	268
16 or 17	9.6%	26	316	9.1%	28	314
18+	13.3%	14	112	10.4%	9	106

n_u = Unweighted number of high school students in each sex-age category reporting having smoked cigarettes on at least 20 of the last 30 days.

N_u = Unweighted number of high school students in each sex-age category responding to the question (i.e., denominator).

Data Source: Alaska Youth Risk Behavior Survey, 2003



Data Table for Figure B-12. Percentage of High School Youth Who Smoke, By Sex and Grade, US YRBS, 2001

Grade Level	Prevalence of Smoking ¹	
	Males	Females
	Weighted %	Weighted %
9th	24.3%	23.6%
10th	25.4%	28.4%
11th	32.3%	27.3%
12th	37.5%	33.1%

¹Reported having smoked cigarettes on at least 1 of the last 30 days.

Data Source: US Youth Risk Behavior Survey, 2001 (unweighted counts not available)

Data Table for Figure B-13. Percentage of High School Youth Who Smoke Frequently, By Sex and Grade, US YRBS, 2001

Grade Level	Prevalence of Smoking Frequently ¹	
	Males	Females
	Weighted %	Weighted %
9th	9.6%	8.3%
10th	12.4%	12.3%
11th	17.5%	12.9%
12th	22.0%	20.0%

¹Reported having smoked cigarettes on at least 20 of the last 30 days.

Data Source: US Youth Risk Behavior Survey, 2001 (unweighted counts not available)

Data Table for Figure B-14. Percentage of High School Youth Who Smoke, By Sex and Grade, Alaska YRBS, 2003

Grade Level	Prevalence of Smoking					
	Males			Females		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
9th	12.6%	32	263	12.5%	27	223
10th	20.9%	29	150	26.6%	38	150
11th	17.6%	28	163	20.8%	37	179
12th	24.7%	32	135	21.7%	25	126

n_u = Unweighted number of high school students in each sex-grade category reporting having smoked cigarettes on at least 1 of the last 30 days.

N_u = Unweighted number of high school students in each sex-grade category responding to the question (i.e., denominator).

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-15. Percentage of High School Youth Who Smoke Frequently, By Sex and Grade, Alaska YRBS, 2003

Grade Level	Prevalence of Smoking Frequently					
	Males			Females		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
9th	4.2%	11	263	4.7%	11	223
10th	8.8%	12	150	10.8%	15	150
11th	6.9%	10	163	8.2%	16	179
12th	13.3%	16	135	10.0%	10	126

n_u = Unweighted number of high school students in each sex-grade category reporting having smoked cigarettes on at least 20 of the last 30 days.

N_u = Unweighted number of high school students in each sex-grade category responding to the question (i.e., denominator).

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-16. Percentage of High School Youth Who Smoke, By Race¹ and Grade, Alaska YRBS, 2003

Grade Level	Prevalence of Smoking					
	Alaska Native			Non-Native		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
9th	41.6%	32	77	6.7%	27	409
10th	49.7%	41	83	12.3%	26	216
11th	42.5%	26	60	13.2%	38	276
12th	41.8%	15	37	19.6%	42	223

n_u = Unweighted number of high school students in each race-grade category reporting having smoked cigarettes on at least 1 of the last 30 days.

N_u = Unweighted number of high school students in each race-grade category responding to the question (i.e., denominator).

¹Students are allowed to list multiple races in response to the question: "How do you describe yourself?". A student is classified Alaska Native if he or she chooses Alaska Native race regardless of other race groups identified. All other students are classified as Non-Native.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-17. Age of Smoking Onset, By Race¹, Alaska YRBS (High School), 2003

Age of Smoking Onset	Alaska Native			Non-Native		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Smoker, Started by Age 13 ²	21.5%	57	266	5.7%	62	1,124
Smoker, Started at Age 13 or Older ³	22.2%	58	266	6.3%	68	1,124
Not a Smoker ⁴	56.3%	151	266	87.9%	994	1,124

n_u = Unweighted number of high school students in each race category reporting being in each smoking onset category.

N_u = Unweighted number of high school students in each race category responding to the questions (i.e., denominator).

¹Students are allowed to list multiple races in response to the question: "How do you describe yourself?". A student is classified Alaska Native if he or she chooses Alaska Native race regardless of other race groups identified. All other students are classified as Non-Native.

²Reported having (a) smoked cigarettes on at least 1 of the last 30 days and (b) smoked their first whole cigarette at age 12 or younger.

³Reported having (a) smoked cigarettes on at least 1 of the last 30 days and (b) smoked their first whole cigarette at age 13 or older.

⁴Reported having smoked cigarettes none of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-18. Smoking Status of High School Youth, By Age of Smoking Onset, Alaska YRBS, 2003

Smoking Status	Started Smoking by Age 13 ¹			Started Smoking at Age 13 or Older ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Smoked Cigarettes on 20+ Days ³	26.0%	59	245	16.7%	43	263
Smoked Cigarettes on 1-19 Days ⁴	24.1%	60	245	32.3%	84	263
Not a Smoker ⁵	49.9%	126	245	51.0%	136	263

n_u = Unweighted number of high school students in each smoking onset category reporting being in each smoking status category.

N_u = Unweighted number of high school students in each smoking onset category responding to the questions (i.e., denominator).

¹Reported having smoked their first whole cigarette at age 12 or younger (includes those who currently are non-smokers).

²Reported having smoked their first whole cigarette at age 13 or older (includes those who currently are non-smokers).

³Reported having smoked cigarettes on at least 20 of the last 30 days.

⁴Reported having smoked cigarettes on between 1 and 19 of the last 30 days.

⁵Reported having smoked cigarettes none of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-19. Smoking Status of Older High School Youth (16+), By Age of Smoking Onset, Alaska YRBS, 2003

Smoking Status	Started Smoking by Age 13 ¹			Started Smoking at Age 13 or Older ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Smoked Cigarettes on 20+ Days ³	29.0%	42	157	18.0%	35	203
Smoked Cigarettes on 1-19 Days ⁴	21.6%	36	157	32.6%	66	203
Not a Smoker ⁵	49.4%	79	157	49.4%	102	203

n_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category reporting being in each smoking status category.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category responding to the questions (i.e., denominator).

¹Reported having smoked their first whole cigarette at age 12 or younger (includes those who currently are non-smokers).

²Reported having smoked their first whole cigarette at age 13 or older (includes those who currently are non-smokers).

³Reported having smoked cigarettes on at least 20 of the last 30 days.

⁴Reported having smoked cigarettes on between 1 and 19 of the last 30 days.

⁵Reported having smoked cigarettes none of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-20. Percentage of High School Youth Who Smoke, By Sex and Typical Letter Grades, Alaska YRBS, 2003

Grades Typically Receive ¹	Prevalence of Smoking					
	Males			Females		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
A's	5.4%	11	199	10.2%	28	269
B's	18.6%	43	260	15.9%	38	246
C's or Worse	26.3%	49	206	37.8%	51	139

n_u = Unweighted number of high school students in each sex-letter grade category reporting having smoked cigarettes on at least 1 of the last 30 days.

N_u = Unweighted number of high school students in each sex-letter grade category responding to the question (i.e., denominator).

¹Self-reported letter grades the student mostly received during the last 12 months.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-21. Percentage of High School Youth Who Smoke Frequently, By Sex and Typical Letter Grades, Alaska YRBS, 2003

Grades Typically Receive ¹	Prevalence of Smoking					
	Males			Females		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
A's	1.7%	3	199	2.6%	7	269
B's	7.3%	15	260	4.7%	12	246
C's or Worse	13.2%	24	206	19.7%	25	139

n_u = Unweighted number of high school students in each sex-letter grade category reporting having smoked cigarettes on at least 20 of the last 30 days.

N_u = Unweighted number of high school students in each sex-letter grade category responding to the question (i.e., denominator).

¹Self-reported letter grades the student mostly received during the last 12 months.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-22. Smoking Status, By Involvement in After School Activities, Alaska YRBS (High School), 2003

Smoking Status	No After-School Activities Last Week ¹			One or More After-School Activities Last Week ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
	Smoker ³	25.6%	146	603	1.4%	100
Not a Smoker ⁴	74.4%	457	603	86.2%	684	784

n_u = Unweighted number of high school students in each after school activity category reporting being in each smoking status category.

N_u = Unweighted number of high school students in each after school activity category responding to the question (i.e., denominator).

¹Reported taking part in organized after school, evening, or weekend activities (such as school clubs, community center groups, music/art/dance lessons, drama, church, cultural or other supervised activities) none of the last 7 days.

²Reported taking part in organized after school, evening, or weekend activities (such as school clubs, community center groups, music/art/dance lessons, drama, church, cultural or other supervised activities) at least 1 of the last 7 days.

³Reported having smoked cigarettes on at least 1 of the last 30 days.

⁴Reported having smoked cigarettes none of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-23. Smoking Status, By Involvement in Organized Sports, Alaska YRBS (High School), 2003

Smoking Status	No Sports Teams Last Year ¹			One or More Sports Teams Last Year ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Smoker ³	23.2%	112	506	16.8%	137	888
Not a Smoker ⁴	76.8%	394	506	83.2%	751	888

n_u = Unweighted number of high school students in each sports team activity category reporting being in each smoking status category.

N_u = Unweighted number of high school students in each sports team activity category responding to the question (i.e., denominator).

¹Reported playing on no sports teams (including any teams run by school or community groups) in the last 12 months.

²Reported playing on one or more sports teams (including any teams run by school or community groups) in the last 12 months.

³Reported having smoked cigarettes on at least 1 of the last 30 days.

⁴Reported having smoked cigarettes none of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-24. Smoking Status, By Volunteering, Alaska YRBS (High School), 2003

Smoking Status	Do Not Volunteer ¹			Volunteer 1+ Hours Per Week ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Smoker ³	22.7%	89	431	17.0%	153	946
Not a Smoker ⁴	77.3%	342	431	83.0%	793	946

n_u = Unweighted number of high school students in each volunteer activity category reporting being in each smoking status category.

N_u = Unweighted number of high school students in each volunteer activity category responding to the question (i.e., denominator).

¹Reported spending no time (0 hours) during an average week helping other people without getting paid (such as helping elders or neighbors, watching young children, tutoring, helping out at a hospital, clinic, youth program, local agency, or doing other things) to make his/her community a better place for people to live.

²Reported spending 1 hour or more during an average week helping other people without getting paid (such as helping elders or neighbors, watching young children, tutoring, helping out at a hospital, clinic, youth program, local agency, or doing other things) to make his/her community a better place for people to live.

³Reported having smoked cigarettes on at least 1 of the last 30 days.

⁴Reported having smoked cigarettes none of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-25. Smoking Status, By Parental Interest in School, Alaska YRBS (High School), 2003

Smoking Status	Parents Never Talk to Child About School ¹			Parents Talk to Child About School ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Smoker ³	31.5%	28	100	18.1%	218	1,283
Not a Smoker ⁴	68.5%	72	100	81.9%	1,065	1,283

n_u = Unweighted number of high school students in each parental involvement category reporting being in each smoking status category.

N_u = Unweighted number of high school students in each parental involvement category responding to the question (i.e., denominator).

¹Reported her/his parents never talk with her/him about what she/he is doing in school.

²Reported her/his parents talk with her/him at least some of the time about what she/he is doing in school.

³Reported having smoked cigarettes on at least 1 of the last 30 days.

⁴Reported having smoked cigarettes none of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-26. Smoking Status, By Other Adult Support, Alaska YRBS (High School), 2003

Smoking Status	Cannot Seek Help from Any Other Adults ¹			Can Seek Help from at Least 1 Other Adult ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Smoker ³	25.8%	44	183	18.4%	191	1,121
Not a Smoker ⁴	74.2%	139	183	81.6%	930	1,121

n_u = Unweighted number of high school students in each adult support category reporting being in each smoking status category.

N_u = Unweighted number of high school students in each adult support category responding to the question, minus those responding "not sure" (i.e., denominator).

¹Reported not being comfortable seeking help from any adults (other than his/her parents) if he/she had an important question affecting his/her life.

²Reported being comfortable seeking help from at least 1 adult (other than his/her parents) if he/she had an important question affecting his/her life.

³Reported having smoked cigarettes on at least 1 of the last 30 days.

⁴Reported having smoked cigarettes none of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003



Data Table for Figure B-27. Illegal Tobacco Sales to Youth, Alaska, 1996-2003

Year	Percent of Tobacco Vendors in Non-Compliance
	%
1996	34%
1997	29%
1998	24%
1999	34%
2000	36%
2001	27%
2002	30%
2003	10%

Data Sources: US Department of Health & Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, 'State Synar Non-Compliance rate Table', (<http://www.prevention.samhsa.gov/tobacco/01synartable.asp>; 1996-2001); Department of Health & Social Services, Division of Public Health, Section of Epidemiology (2002-2003).

Data Table for Figure B-28. Adults' Opinions on Selling to Teens, By Smoking Status, Alaska ATS, 2003

Importance of Keeping Stores from Selling to Teens ³	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Very Important	81.2%	440	520	88.1%	1,482	1,679
Somewhat Important	10.5%	49	520	8.4%	139	1,679
Not Very Important	5.9%	17	520	2.0%	28	1,679
Not at All Important	2.4%	14	520	1.5%	30	1,679

n_u = Unweighted number of adults in each smoking status category with each response.

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes on some days or every day.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

³Response to question: "How important is it that communities keep stores from selling tobacco products to teenagers?"

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure B-29. Usual Source of Cigarettes for High School Smokers, Alaska YRBS, 1995

Usual Source for Cigarettes ¹	Weighted		
	%	n _u	N _u
Bought in a Store	27.1%	147	546
Bought from a Vending Machine	1.9%	11	546
Borrowed Them	27.9%	160	546
Took Them from a Store, Family Member	4.3%	26	546
Someone Else Bought Them	26.8%	137	546
Got Them Some Other Way	12.0%	65	546

n_u = Unweighted number of high school students reporting having smoked cigarettes on at least 1 of the last 30 days who give each response.

N_u = Unweighted number of high school students reporting having smoked cigarettes on at least 1 of the last 30 days responding to the question (i.e., denominator).

¹Response to the question: "During the past 30 days, how did you usually get your cigarettes?"

Data Source: Alaska Youth Risk Behavior Survey, 1995

Data Table for Figure B-30. Usual Source of Cigarettes for High School Smokers, Alaska YRBS, 2003

Usual Source for Cigarettes ¹	Weighted		
	%	n _u	N _u
Bought in a Store	12.1%	30	253
Bought from a Vending Machine	0.5%	2	253
Borrowed Them	26.3%	70	253
Took Them from a Store, Family Member	6.0%	15	253
Gave Someone Else \$ to Buy for Me	35.1%	83	253
Someone 18 or Older Gave to Me	3.9%	11	253
Got Them Some Other Way	16.1%	42	253

n_u = Unweighted number of high school students reporting having smoked cigarettes on at least 1 of the last 30 days who give each response.

N_u = Unweighted number of high school students reporting having smoked cigarettes on at least 1 of the last 30 days responding to the question (i.e., denominator).

¹Response to the question: "During the past 30 days, how did you usually get your cigarettes?"

Data Source: Alaska Youth Risk Behavior Survey, 2003 (response options differed slightly from 1995 to 2003)

Data Table for Figure B-31. Percentage of High School Youth with Symptoms of Depression, By Smoking Status, Alaska YRBS, 2003

Smoking Status	Prevalence of Symptom								
	Felt Alone ¹			Felt Sad for 2+ Weeks ²			Considered Suicide ³		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Non-Smokers ⁴	15.8%	181	1,132	21.0%	245	1,155	13.1%	153	1,153
Smokers ⁵	25.5%	65	244	40.4%	105	250	30.7%	78	250
Frequent Smokers ⁶	28.9%	31	98	42.0%	46	101	29.0%	32	100

n_u = Unweighted number of high school students in each smoking status category reporting each symptom.
 N_u = Unweighted number of high school students in each smoking status category responding to the question (i.e., denominator).

¹Agreed or strongly agreed with the statement: "I feel alone in my life".

²Reported that during the past 12 months, he or she felt so sad or hopeless almost every day for two weeks or more in a row that he or she stopped doing some usual activities.

³Reported that during the past 12 months, he or she seriously considered attempting suicide.

⁴Reported having smoked cigarettes none of the last 30 days.

⁵Reported having smoked cigarettes on at least 1 of the last 30 days (includes frequent smokers).

⁶Reported having smoked cigarettes on at least 20 of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-32. Percentage of High School Youth with Weight/Body Image Issues, By Smoking Status, Alaska YRBS, 2003

Smoking Status	Prevalence of Each Perception or Behavior								
	Perceive Weight Higher Than Actual Weight ¹			Perceive Self Overweight ²			Have Disordered Eating ³		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Non-Smokers ⁴	23.7%	270	1,121	32.0%	368	1,148	11.5%	132	1,150
Smokers ⁵	27.9%	72	244	34.7%	89	251	24.4%	62	250
Frequent Smokers ⁶	27.6%	29	98	32.1%	34	102	26.6%	28	101

n_u = Unweighted number of high school students in each smoking status category reporting each perception or behavior.

N_u = Unweighted number of high school students in each smoking status category responding to each question (i.e., denominator).

¹Reported a perceived weight status (very or slightly underweight, about the right weight, slightly or very overweight) heavier than actual weight status based on body mass index calculated from self-reported height and weight.

²Described weight as "slightly overweight" or "very overweight" (perceived weight status).

³Reported engaging in one or more of the following behaviors in the past 30 days: (a) went without eating for 24 hours or more to lose weight or to keep from gaining weight, (b) took diet pills, powders, or liquids without a doctor's advice to keep from gaining weight, or (c) vomited or took laxatives to lose weight or to keep from gaining weight.

⁴Reported having smoked cigarettes none of the last 30 days.

⁵Reported having smoked cigarettes on at least 1 of the last 30 days (includes frequent smokers).

⁶Reported having smoked cigarettes on at least 20 of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-33. Percentage of High School Smokers Who Tried Quitting in the Last 12 Months, Alaska YRBS, 2003

Attempted to Quit ¹	Weighted %	n _u	N _u
Yes	69.5%	167	247
No	30.5%	80	247

n_u = Unweighted number of high school students reporting having smoked cigarettes on at least 1 of the last 30 days with each response.

N_u = Unweighted number of high school students reporting having smoked cigarettes on at least 1 of the last 30 days responding to the question (i.e., denominator).

¹Reported trying to quit in the past 12 months.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-34. Percentage of High School Youth Who Ever Used Alcohol, By Smoking Status, Alaska YRBS, 2003

Alcohol Use	Frequent Smokers ¹			Smokers ²			Non-Smokers ³		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Ever ⁴	100.0%	100	100	97.8%	236	242	68.2%	682	1,013
Never ⁵	0.0%	0	100	2.2%	6	242	31.8%	331	1,013

n_u = Unweighted number of high school students in each smoking status category reporting being in each alcohol use category.

N_u = Unweighted number of high school students in each smoking status category responding to the question (i.e., denominator).

¹Reported having smoked cigarettes on at least 20 of the last 30 days.

²Reported having smoked cigarettes on at least 1 of the last 30 days.

³Reported having smoked cigarettes on none of the last 30 days.

⁴Reported having at least one drink of alcohol his or her lifetime.

⁵Reported having never had even a single drink in his or her lifetime.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-35. Percentage of Older High School Youth (16+) Who Ever Used Alcohol, By Smoking Status, Alaska YRBS, 2003

Alcohol Use	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Ever ⁵	98.7%	173	175	75.0%	452	602
Never ⁶	1.3%	2	175	25.0%	150	602

n_u = Unweighted number of older high school students (age 16 or older) in each smoking status category reporting being in each alcohol use category.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking status category responding to the question (i.e., denominator).

¹Reported having smoked cigarettes on at least 1 of the last 30 days.

²Reported having smoked cigarettes on none of the last 30 days.

⁵Reported having at least one drink of alcohol his or her lifetime.

⁶Reported having never had even a single drink in his or her lifetime.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-36. Percentage of Older High School Youth (16+) Who Ever Used Marijuana, By Smoking Status, Alaska YRBS, 2003

Marijuana Use	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Ever ³	94.3%	164	176	41.8%	279	664
Never ⁴	5.7%	12	176	58.2%	385	664

n_u = Unweighted number of older high school students (age 16 or older) in each smoking status category reporting being in each marijuana use category.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking status category responding to the question (i.e., denominator).

¹Reported having smoked cigarettes on at least 1 of the last 30 days.

²Reported having smoked cigarettes on none of the last 30 days.

³Reported having used marijuana at least 1 time in his or her lifetime.

⁴Reported having never used marijuana even a single time in his or her lifetime.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-37. Percentage of Older High School Youth (16+) Who Ever Used Inhalants, By Smoking Status, Alaska YRBS, 2003

Inhalant Use	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Ever ³	23.6%	44	179	7.6%	50	667
Never ⁴	76.4%	135	179	92.4%	617	667

n_u = Unweighted number of older high school students (age 16 or older) in each smoking status category reporting being in each inhalant use category.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking status category responding to the question (i.e., denominator).

¹Reported having smoked cigarettes on at least 1 of the last 30 days.

²Reported having smoked cigarettes on none of the last 30 days.

³Reported having sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high at least 1 time in his or her lifetime.

⁴Reported having never sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high even a single time in his or her lifetime.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-38. Percentage of Older High School Youth (16+) Who Ever Used Cocaine, Heroin, Methamphetamine, or Ecstasy, By Smoking Status, Alaska YRBS, 2003

Other Drug Use	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Ever ³	42.6%	79	180	11.1%	75	663
Never ⁴	57.4%	101	180	88.9%	588	663

n_u = Unweighted number of older high school students (age 16 or older) in each smoking status category reporting being in each other drug use category.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking status category responding to the question (i.e., denominator).

¹Reported having smoked cigarettes on at least 1 of the last 30 days.

²Reported having smoked cigarettes on none of the last 30 days.

³Reported having used cocaine, heroin, methamphetamine, or ecstasy at least 1 time in his or her lifetime.

⁴Reported having never used cocaine, heroin, methamphetamine, or ecstasy even a single time in his or her lifetime.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-39. Percentage of Older High School Youth (16+) Who Currently Use Alcohol, By Smoking Status, Alaska YRBS, 2003

Current Alcohol Use	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
User ³	69.6%	125	175	36.4%	233	641
Non-User ⁴	30.4%	50	175	63.6%	408	641

n_u = Unweighted number of older high school students (age 16 or older) in each smoking status category reporting being in each alcohol use category.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking status category responding to the question (i.e., denominator).

¹Reported having smoked cigarettes on at least 1 of the last 30 days.

²Reported having smoked cigarettes on none of the last 30 days.

³Reported having drunk alcohol on at least 1 of the last 30 days.

⁴Reported having drunk alcohol on none of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-40. Percentage of Older High School Youth (16+) Who Currently Use Marijuana, By Smoking Status, Alaska YRBS, 2003

Current Marijuana Use	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
User ³	61.7%	106	173	15.5%	107	664
Non-User ⁴	38.3%	67	173	84.5%	557	664

n_u = Unweighted number of older high school students (age 16 or older) in each smoking status category reporting being in each marijuana use category.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking status category responding to the question (i.e., denominator).

¹Reported having smoked cigarettes on at least 1 of the last 30 days.

²Reported having smoked cigarettes on none of the last 30 days.

³Reported having used marijuana at least once in the last 30 days.

⁴Reported not having used marijuana in the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-41. Current Alcohol Use of Older High School Youth (16+), By Age of Smoking Onset, Alaska YRBS, 2003

Days Used Alcohol Last Month ⁴	Started Smoking By Age 13 ¹			Started Smoking At Age 13 or Older ²			Never A Smoker ³		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u	Weighted %	n _u	N _u
6+ Days	4.1%	7	154	1.2%	3	215	0.2%	1	436
1 to 5 Days	55.0%	85	154	56.2%	125	215	32.2%	139	436
0 Days	40.9%	62	154	42.6%	87	215	67.6%	296	436

n_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category reporting each level of alcohol use.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category responding to the question (i.e., denominator).

¹Reported having smoked their first whole cigarette at age 12 or younger (includes those who currently are non-smokers).

²Reported having smoked their first whole cigarette at age 13 or older (includes those who currently are non-smokers).

³Reported never having smoked a whole cigarette.

⁴Reported number of days during the last 30 days that he or she had at least 1 drink of alcohol.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-42. Age of Alcohol Use Onset of Older High School Youth (16+), By Age of Smoking Onset, Alaska YRBS, 2003

Alcohol Use Onset	Started Smoking By Age 13 ¹			Started Smoking At Age 13 or Older ²			Never A Smoker ³		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u	Weighted %	n _u	N _u
By Age 13 ⁴	43.3%	69	158	15.6%	36	215	11.1%	45	397
At 13 or Older ⁵	53.2%	83	158	79.0%	168	215	56.2%	225	397
Never ⁶	3.5%	6	158	5.4%	11	215	32.8%	127	397

n_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category in each alcohol use onset category.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category responding to the question (i.e., denominator).

¹Reported having smoked their first whole cigarette at age 12 or younger (includes those who currently are non-smokers).

²Reported having smoked their first whole cigarette at age 13 or older (includes those who currently are non-smokers).

³Reported never having smoked a whole cigarette.

⁴Reported having had their first drink of alcohol other than a few sips at age 12 or younger (includes those who did not drink alcohol in the last 30 days).

⁵Reported having had their first drink of alcohol other than a few sips at age 13 or older (includes those who did not drink alcohol in the last 30 days).

⁶Reported never having had more than a few sips of alcohol.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-43. Current Marijuana Use of Older High School Youth (16+), By Age of Smoking Onset, Alaska YRBS, 2003

Times Used Marijuana Last Month ⁴	Started Smoking By Age 13 ¹			Started Smoking At Age 13 or Older ²			Never A Smoker ³		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u	Weighted %	n _u	N _u
20+ Times	20.4%	31	162	12.1%	28	218	1.1%	5	445
1 to 19 Times	32.5%	53	162	27.1%	61	218	8.1%	38	445
0 Times	47.1%	78	162	60.8%	129	218	90.7%	402	445

n_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category reporting each level of marijuana use.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category responding to the question (i.e., denominator).

¹Reported having smoked their first whole cigarette at age 12 or younger (includes those who currently are non-smokers).

²Reported having smoked their first whole cigarette at age 13 or older (includes those who currently are non-smokers).

³Reported never having smoked a whole cigarette.

⁴Reported number of times during the last 30 days that he or she used marijuana.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-44. Age of Marijuana Use Onset of Older High School Youth (16+), By Age of Smoking Onset, Alaska YRBS, 2003

Marijuana Use Onset	Started Smoking By Age 13 ¹			Started Smoking At Age 13 or Older ²			Never A Smoker ³		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u	Weighted %	n _u	N _u
By Age 13 ⁴	43.2%	68	165	9.3%	21	221	2.3%	9	446
At 13 or Older ⁵	41.2%	72	165	76.8%	168	221	25.0%	116	446
Never ⁶	15.6%	25	165	13.9%	32	221	72.7%	321	446

n_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category in each marijuana use onset category.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category responding to the question (i.e., denominator).

¹Reported having smoked their first whole cigarette at age 12 or younger (includes those who currently are non-smokers).

²Reported having smoked their first whole cigarette at age 13 or older (includes those who currently are non-smokers).

³Reported never having smoked a whole cigarette.

⁴Reported having tried marijuana for the first time at age 12 or younger (includes those who did not use marijuana in the last 30 days).

⁵Reported having tried marijuana for the first time at age 13 or older (includes those who did not use marijuana in the last 30 days).

⁶Reported never having tried marijuana.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-45. Percentage of Older High School Youth (16+) Who Ever Had Sex, By Smoking Status, Alaska YRBS, 2003

Lifetime Sexual Activity	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Ever ³	76.2%	131	170	39.0%	247	625
Never ⁴	23.8%	39	170	61.0%	378	625

n_u = Unweighted number of older high school students (age 16 or older) in each smoking status category with each response.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking status category responding to the question (i.e., denominator).

¹Reported having smoked cigarettes on at least 1 of the last 30 days.

²Reported having smoked cigarettes on none of the last 30 days.

³Reported having had sexual intercourse with at least 1 sexual partner in lifetime.

⁴Reported having never engaged in sexual intercourse.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-46. Percentage of Older High School Youth (16+) Who Had Sex in the Past 3 Months, By Smoking Status, Alaska YRBS, 2003

Recent Sexual Activity	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Yes ³	54.8%	94	170	28.7%	181	626
No ⁴	45.2%	76	170	71.3%	445	626

n_u = Unweighted number of older high school students (age 16 or older) in each smoking status category with each response.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking status category responding to the question (i.e., denominator).

¹Reported having smoked cigarettes on at least 1 of the last 30 days.

²Reported having smoked cigarettes on none of the last 30 days.

³Reported having had sexual intercourse with at least 1 sexual partner in the past 3 months.

⁴Reported not having had sexual intercourse in the past 3 months.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-47. Lifetime Sexual Activity of Older High School Youth (16+), By Age of Smoking Onset, Alaska YRBS, 2003

Lifetime Sexual Activity ⁴	Started Smoking By Age 13 ¹			Started Smoking At Age 13 or Older ²			Never A Smoker ³		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u	Weighted %	n _u	N _u
2+ Partners	51.7%	81	154	42.9%	90	208	14.1%	63	424
1 Partner	14.8%	24	154	25.0%	51	208	17.0%	73	424
0 Partners	33.5%	49	154	32.1%	67	208	68.9%	288	424

n_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category reporting each level of sexual activity.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category responding to the question (i.e., denominator).

¹Reported having smoked their first whole cigarette at age 12 or younger (includes those who currently are non-smokers).

²Reported having smoked their first whole cigarette at age 13 or older (includes those who currently are non-smokers).

³Reported never having smoked a whole cigarette.

⁴Reported number of sexual partners with whom he or she has had sexual intercourse in his or her lifetime.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-48. Recent Sexual Activity of Older High School Youth (16+), By Age of Smoking Onset, Alaska YRBS, 2003

Recent Sexual Activity ⁴	Started Smoking By Age 13 ¹			Started Smoking At Age 13 or Older ²			Never A Smoker ³		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u	Weighted %	n _u	N _u
2+ Partners	13.4%	22	155	11.7%	24	208	3.2%	14	424
1 Partner	33.6%	52	155	38.1%	78	208	19.7%	86	424
0 Partners	53.0%	81	155	50.2%	106	208	77.0%	324	424

n_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category reporting each level of sexual activity.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category responding to the question (i.e., denominator).

¹Reported having smoked their first whole cigarette at age 12 or younger (includes those who currently are non-smokers).

²Reported having smoked their first whole cigarette at age 13 or older (includes those who currently are non-smokers).

³Reported never having smoked a whole cigarette.

⁴Reported number of sexual partners with whom he or she has had sexual intercourse in the past 3 months.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-49. Age of Sexual Activity Onset of Older High School Youth (16+), By Age of Smoking Onset, Alaska YRBS, 2003

Sexual Activity Onset	Started Smoking By Age 13 ¹			Started Smoking At Age 13 or Older ²			Never A Smoker ³		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u	Weighted %	n _u	N _u
By Age 15 ⁴	31.2%	49	154	20.7%	43	209	6.0%	25	426
At 15 or Older ⁵	35.3%	56	154	47.3%	99	209	25.2%	112	426
Never ⁶	33.5%	49	154	32.0%	67	209	68.8%	289	426

n_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category reporting being in each sexual activity onset category.

N_u = Unweighted number of older high school students (age 16 or older) in each smoking onset category responding to the question (i.e., denominator).

¹Reported having smoked their first whole cigarette at age 12 or younger (includes those who currently are non-smokers).

²Reported having smoked their first whole cigarette at age 13 or older (includes those who currently are non-smokers).

³Reported never having smoked a whole cigarette.

⁴Reported having first had sexual intercourse at age 14 or younger.

⁵Reported having first had sexual intercourse at age 15 or older.

⁶Reported never having had sexual intercourse.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-50. Percentage of High School Youth with Violence-Related Risk Factors, By Smoking Status, Alaska YRBS, 2003

Smoking Status	Prevalence of Risk Factor								
	Carried a Weapon ¹			Carried a Gun ²			Got into a Fight ³		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Non-Smokers ⁴	16.1%	182	1,135	5.8%	67	1,135	21.7%	260	1,140
Smokers ⁵	26.8%	62	233	8.9%	21	237	46.1%	115	248
Frequent Smokers ⁶	27.6%	25	92	10.4%	10	92	52.6%	54	101

n_u = Unweighted number of high school students in each smoking status category reporting each risk factor.
N_u = Unweighted number of high school students in each smoking status category responding to each question (i.e., denominator).

¹Reported having carried a weapon, such as a gun, knife, or club, at least one of the last 30 days.

²Reported having carried a gun at least one of the last 30 days.

³Reported having gotten in a physical fight at least once in the last 12 months.

⁴Reported having smoked cigarettes none of the last 30 days.

⁵Reported having smoked cigarettes on at least 1 of the last 30 days (includes frequent smokers).

⁶Reported having smoked cigarettes on at least 20 of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-51. Percentage of High School Youth with Alcohol-Related Risk Factors, By Smoking Status, Alaska YRBS, 2003

Smoking Status	Prevalence of Risk Factor					
	Rode with DUI ¹			Drove Under the Influence ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Non-Smokers ³	18.7%	218	1,149	7.0%	79	1,134
Smokers ⁴	47.7%	121	251	26.2%	66	248
Frequent Smokers ⁵	51.7%	53	101	28.1%	30	100

n_u = Unweighted number of high school students in each smoking status category reporting each risk factor.

N_u = Unweighted number of high school students in each smoking status category responding to each question (i.e., denominator).

¹Reported having ridden in a car driven by someone who had been drinking alcohol at least once in the last 30 days.

²Reported having driven a car when he or she had been drinking at least once in the last 30 days.

³Reported having smoked cigarettes none of the last 30 days.

⁴Reported having smoked cigarettes on at least 1 of the last 30 days (includes frequent smokers).

⁵Reported having smoked cigarettes on at least 20 of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-52. Percentage of High School Youth with Lifestyle Risk Factors, By Smoking Status, Alaska YRBS, 2003

Smoking Status	Prevalence of Risk Factor					
	Physically Inactive ¹			Inadequate Nutrition ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Non-Smokers ⁵	38.4%	423	1,126	83.4%	928	1,121
Smokers ⁶	43.3%	104	246	85.9%	201	238
Frequent Smokers ⁷	48.5%	48	99	87.5%	81	93

(Continued)

Smoking Status	Prevalence of Risk Factor					
	Overweight or At-Risk ³			Watch TV 3+ Hours/Day ⁴		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Non-Smokers ⁵	26.9%	299	1,124	24.8%	284	1,142
Smokers ⁶	25.4%	60	244	37.4%	94	250
Frequent Smokers ⁷	22.9%	22	98	45.9%	46	102

n_u = Unweighted number of high school students in each smoking status category reporting each risk factor.
N_u = Unweighted number of high school students in each smoking status category responding to each question (i.e., denominator).

¹Reported having engaged in vigorous exercise less than 20 minutes a day for 3 days in the last week, and moderate exercise less than 30 minutes a day for 5 days a week.

²Reported eating fewer than 5 servings of fruits and vegetables per day in the last week.

³Reported height and weight consistent with a classification of being at-risk of overweight (body mass index between the 85th and 95th percentiles based on age and sex-specific growth charts) or overweight (body mass index at or above the 95th percentile based on age and sex-specific growth charts).

⁴Reported watching TV 3 hours or more per day on an average school day.

⁵Reported having smoked cigarettes none of the last 30 days.

⁶Reported having smoked cigarettes on at least 1 of the last 30 days (includes frequent smokers).

⁷Reported having smoked cigarettes on at least 20 of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-53. Percentage of High School Youth Who Use Smokeless Tobacco, By Sex and Year, Alaska YRBS, 1995 & 2003

Group	Prevalence of Smokeless Tobacco Use					
	1995			2003		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Male	23.5%	189	815	15.6%	112	741
Female	6.7%	53	801	6.2%	38	706

n_u = Unweighted number of high school students each year in each sex category reporting having used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on at least 1 of the last 30 days.

N_u = Unweighted number of high school students each year in each sex category responding to the question (i.e., denominator).

Data Source: Alaska Youth Risk Behavior Survey, 1995, 2003

Data Table for Figure B-54. Percentage of High School Youth Who Use Smokeless, By Sex, Race¹, and Year, Alaska YRBS, 1995 & 2003

Group	Prevalence of Smokeless Tobacco Use					
	1995			2003		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Males						
Alaska Native	35.4%	31	89	31.7%	43	131
Non-Native	21.9%	158	715	11.5%	68	603
Females						
Alaska Native	9.9%	9	94	18.2%	23	151
Non-Native	6.0%	43	693	2.4%	15	549

n_u = Unweighted number of high school students each year in each sex-race category reporting having used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on at least 1 of the last 30 days.

N_u = Unweighted number of high school students each year in each sex-race category responding to the question (i.e., denominator).

¹Students are allowed to list multiple races in response to the question: "How do you describe yourself?". A student is classified Alaska Native if he or she chooses Alaska Native race regardless of other race groups identified. All other students are classified as Non-Native.

Data Source: Alaska Youth Risk Behavior Survey, 1995, 2003

Data Table for Figure B-55. Percentage of High School Youth Who Use Smokeless Tobacco, By Sex and Race¹, Alaska YRBS (2003), US YRBS (2001)

Group	Prevalence of Smokeless Tobacco Use			US ^b Weighted %
	Alaska ^a			
	Weighted %	n _u	N _u	
Males				14.8%
Alaska Native	31.7%	43	141	
White	11.4%	54	483	
Other Race Groups	11.8%	14	120	
Females				1.9%
Alaska Native	18.2%	23	151	
White	2.6%	12	408	
Other Race Groups	1.6%	3	141	

n_u = Unweighted number of high school students each year in each sex-race category reporting having used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on at least 1 of the last 30 days.

N_u = Unweighted number of high school students each year in each sex-race category responding to the question (i.e., denominator).

¹Students are allowed to list multiple races in response to the question: "How do you describe yourself?". A student is classified Alaska Native if he or she chooses Alaska Native race, regardless of other race groups identified. A student is classified as White if he or she chooses White race, regardless of other non-Native groups identified. All other students (who choose neither Alaska Native nor White for either their sole race or for any of their multiple race groups) are classified as Other Race Groups.

Data Sources: ^aAlaska Youth Risk Behavior Survey, 2003; ^bUS Youth Risk Behavior Survey, 2001 (unweighted counts not available; prevalence by Alaska Native/White/Other not available).



Data Table for Figure B-56. Percentage of High School Youth Who Use Smokeless Tobacco, By Sex and Age, Alaska YRBS, 2003

Age (in Years)	Prevalence of Smokeless Tobacco Use					
	Males			Females		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
<16	13.5%	38	296	5.0%	12	274
16 or 17	18.1%	57	331	8.8%	24	322
18+	13.1%	17	114	2.2%	2	110

n_u = Unweighted number of high school students each year in each sex-age category reporting having used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on at least 1 of the last 30 days.

N_u = Unweighted number of high school students each year in each sex-age category responding to the question (i.e., denominator).

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-57. Percentage of High School Youth Who Use Smokeless Tobacco, By Sex and Grade, Alaska YRBS, 2003

Grade Level	Prevalence of Smokeless Tobacco Use					
	Males			Females		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
9th	12.9%	33	271	3.8%	9	228
10th	18.6%	27	154	11.1%	13	153
11th	19.3%	32	171	7.8%	13	186
12th	11.0%	17	137	1.5%	2	129

n_u = Unweighted number of high school students each year in each sex-grade category reporting having used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on at least 1 of the last 30 days.

N_u = Unweighted number of high school students each year in each sex-grade category responding to the question (i.e., denominator).

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-58. Percentage of High School Youth Who Use Smokeless Tobacco, By Sex and Grade, US YRBS, 2001

Grade Level	Prevalence of Smokeless Tobacco Use ¹	
	Males	Females
	Weighted %	Weighted %
9th	12.2%	1.5%
10th	15.2%	2.3%
11th	16.5%	1.7%
12th	16.0%	1.6%

¹Reported having used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on at least 1 of the last 30 days.

Data Source: US Youth Risk Behavior Survey, 2001 (unweighted counts not available)

Data Table for Figure B-59. Percentage of High School Youth Who Smoke Cigarettes or Use Smokeless Tobacco, By Sex, Race¹, and Year, Alaska YRBS, 1995 & 2003

Group	Prevalence of Smoking or Smokeless Tobacco Use					
	1995			2003		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Males						
Alaska Native	72.3%	60	88	54.4%	68	129
Non-Native	39.9%	279	706	21.5%	128	599
Females						
Alaska Native	66.1%	57	91	57.2%	82	146
Non-Native	33.7%	232	688	13.0%	69	542

n_u = Unweighted number of high school students each year in each sex-race category reporting having (a) smoked cigarettes on at least 1 of the last 30 days, or (b) used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on at least 1 of the last 30 days. (Because the 1995 YRBS did not include a question on cigar use, any comparisons of the prevalence of "any tobacco use" using 1995 and 2003 Alaska YRBS data must be limited to cigarettes smoking and smokeless tobacco use.) N_u = Unweighted number of high school students each year in each sex-race category responding to the questions (i.e., denominator). (Excludes respondents who had missing data on both questions, as well as those who reported no use of one type of tobacco product (cigarettes or smokeless) and had missing data for the other type.)

¹Students are allowed to list multiple races in response to the question: "How do you describe yourself?". A student is classified Alaska Native if he or she chooses Alaska Native race regardless of other race groups identified. All other students are classified as Non-Native.

Data Source: Alaska Youth Risk Behavior Survey, 1995, 2003

Data Table for Figure B-60. Percentage of High School Youth Who Use Any Tobacco Product, By Sex and Race¹, Alaska YRBS (2003), US YRBS (2001)

Group	Prevalence of Any Tobacco Use			
	Alaska ^a			US ^b
	Weighted %	n _u	N _u	Weighted %
Males				38.5%
Alaska Native	54.4%	56	117	
White	23.4%	96	464	
Other Race Groups	25.3%	24	113	
Females				29.5%
Alaska Native	57.7%	81	144	
White	14.0%	48	397	
Other Race Groups	11.9%	20	140	

n_u = Unweighted number of high school students in each sex-race category reporting having (a) smoked cigarettes on at least 1 of the last 30 days, (b) smoked cigars on at least 1 of the last 30 days, or (c) used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on at least 1 of the last 30 days.

N_u = Unweighted number of high school students in each sex-race category responding to the questions (i.e., denominator). (Excludes respondents who had missing data on all three questions, as well as those who had a combination of reports of no use and missing data across the three types of tobacco products.)

¹Students are allowed to list multiple races in response to the question: "How do you describe yourself?". A student is classified Alaska Native if he or she chooses Alaska Native race, regardless of other race groups identified. A student is classified as White if he or she chooses White race, regardless of other non-Native groups identified. All other students (who choose neither Alaska Native nor White for either their sole race or for any of their multiple race groups) are classified as Other Race Groups.

Data Sources: ^aAlaska Youth Risk Behavior Survey, 2003; ^bUS Youth Risk Behavior Survey, 2001 (unweighted counts not available; prevalence by Alaska Native/White/Other not available).

Data Table for Figure B-61. Percentage of High School Youth Who Use Any Tobacco Product, By Sex and Grade, US YRBS, 2001

Grade Level	Prevalence of Any Tobacco Use ¹	
	Males	Females
	Weighted %	Weighted %
9th	30.7%	25.6%
10th	34.9%	30.5%
11th	43.4%	29.0%
12th	48.2%	34.3%

¹Reported having (a) smoked cigarettes on at least 1 of the last 30 days, (b) smoked cigars on at least one of the last 30 days, or (c) used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on at least 1 of the last 30 days.

Data Source: US Youth Risk Behavior Survey, 2001 (unweighted counts not available)

Data Table for Figure B-62. Percentage of High School Youth Who Use Any Tobacco Product, By Sex and Grade, Alaska YRBS, 2003

Grade Level	Prevalence of Any Tobacco Use					
	Males			Females		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
9th	21.2%	55	265	15.0%	34	224
10th	32.5%	48	155	30.8%	43	151
11th	36.7%	64	172	25.3%	45	181
12th	30.6%	40	135	25.0%	29	128

n_u = Unweighted number of high school students in each sex-grade category reporting having (a) smoked cigarettes on at least 1 of the last 30 days, (b) smoked cigars on at least 1 of the last 30 days, or (c) used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on at least 1 of the last 30 days.

N_u = Unweighted number of high school students in each sex-grade category responding to the questions (i.e., denominator). (Excludes respondents who had missing data on all three questions, as well as those who had a combination of reports of no use and missing data across the three types of tobacco products.)

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-63. Percentage of High School Youth Who Use Any Tobacco Product, By Sex and Age, Alaska YRBS, 2003

Age (in Years)	Prevalence of Any Tobacco Use					
	Males			Females		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
<16	20.4%	59	291	18.2%	47	271
16 or 17	34.8%	112	316	28.3%	86	316
18+	34.3%	39	114	25.6%	24	107

n_u = Unweighted number of high school students in each sex-age category reporting having (a) smoked cigarettes on at least 1 of the last 30 days, (b) smoked cigars on at least 1 of the last 30 days, or (c) used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on at least 1 of the last 30 days.

N_u = Unweighted number of high school students in each sex-age category responding to the questions (i.e., denominator). (Excludes respondents who had missing data on all three questions, as well as those who had a combination of reports of no use and missing data across the three types of tobacco products.)

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-64. Use of Multiple Tobacco Products Among High School Youth, By Year, Alaska YRBS, 1995 & 2003

Multiple Product Use	1995			2003		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Only Smoke Cigarettes ¹	25.6%	386	1,591	13.5%	177	1,392
Only Use Smokeless ²	4.7%	69	1,591	4.8%	63	1,392
Use Both ³	10.8%	169	1,591	5.3%	68	1,392
Use Neither ⁴	59.0%	967	1,591	76.4%	1,084	1,392

n_u = Unweighted number of high school students each year reporting each combination of cigarette and smokeless tobacco use.

N_u = Unweighted number of high school students each year responding to the questions (i.e., denominator).

¹Reported having smoked cigarettes on at least 1 of the last 30 days, and having used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on none of the last 30 days.

²Reported having smoked cigarettes on none of the last 30 days, and having used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on at least 1 of the last 30 days.

³Reported having smoked cigarettes on at least 1 of the last 30 days, and having used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on at least 1 of the last 30 days.

⁴Reported having smoked cigarettes on none of the last 30 days, and having used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on none of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure B-65. Use of Multiple Tobacco Products Among High School Youth, By Sex, Alaska YRBS, 1995 & 2003

Multiple Product Use	Males			Females		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Only Smoke Cigarettes ¹	10.4%	66	700	16.8%	111	687
Only Use Smokeless ²	7.0%	48	700	2.6%	15	687
Use Both ³	7.4%	49	700	3.2%	19	687
Use Neither ⁴	75.3%	537	700	77.4%	542	687

n_u = Unweighted number of high school students in each sex category reporting each combination of cigarette and smokeless tobacco use.

N_u = Unweighted number of high school students in each sex category responding to the questions (i.e., denominator).

¹Reported having smoked cigarettes on at least 1 of the last 30 days, and having used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on none of the last 30 days.

²Reported having smoked cigarettes on none of the last 30 days, and having used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on at least 1 of the last 30 days.

³Reported having smoked cigarettes on at least 1 of the last 30 days, and having used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on at least 1 of the last 30 days.

⁴Reported having smoked cigarettes on none of the last 30 days, and having used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, on none of the last 30 days.

Data Source: Alaska Youth Risk Behavior Survey, 2003



Data Table for Figure C-1. Trend in Percentage of Adults Who Smoke (3-Year Moving Averages), Alaska BRFSS, 1991-2002

Years	Prevalence of Smoking		
	Weighted %	n_u	N_u
1991-1993	26.7%	1303	4593
1992-1994	27.6%	1323	4597
1993-1995	26.6%	1305	4593
1994-1996	27.2%	1332	4591
1995-1997	26.5%	1280	4602
1996-1998	26.8%	1405	5059
1997-1999	26.7%	1544	5574
1998-2000	26.1%	1678	6103
1999-2001	26.2%	1949	6983
2000-2002	26.8%	2111	7628

n_u = Unweighted number of adults each 3-year period reporting (a) having smoked 100 or more cigarettes in their lifetime and either (b1) currently smoking (1991-1995) or (b2) currently smoking cigarettes every day or some days (1996-2002).

N_u = Unweighted number of adults each 3-year period responding to the questions (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 1991-2002

Data Table for Figure C-2. Trend in Percentage of Adults Who Smoke (3-year Moving Averages), By Race¹, Alaska BRFSS, 1991-2002

Years	Prevalence of Smoking					
	Alaska Native			Non-Native		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
1991-1993	43.1%	380	922	24.3%	923	3671
1992-1994	43.1%	375	893	25.2%	948	3704
1993-1995	38.6%	377	928	24.7%	928	3665
1994-1996	41.4%	385	920	25.1%	947	3671
1995-1997	41.7%	385	946	24.2%	895	3656
1996-1998	42.6%	414	995	24.4%	991	4064
1997-1999	41.1%	457	1095	24.3%	1087	4479
1998-2000	41.6%	498	1167	23.7%	1180	4936
1999-2001	42.8%	591	1378	23.5%	1358	5605
2000-2002	43.5%	637	1505	24.1%	1474	6123

n_u = Unweighted number of adults each 3-year period reporting (a) having smoked 100 or more cigarettes in their lifetime and either (b1) currently smoking (1991-1995) or (b2) currently smoking cigarettes every day or some days (1996-2002).

N_u = Unweighted number of adults each 3-year period in each race category responding to the questions (i.e., denominator).

¹Alaska Native vs. all other race groups (Non-Native) as determined by response to the questions: "What is your race?" for 1991-2000 (only one response allowed), and "Which one of these race groups would you say best represents your race?" for 2001-2002.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 1991-2002

Data Table for Figure C-3. Annual Per Capita Sales of Cigarettes, Alaska and US: 1995-2002

Year	Alaska ^a			US ^b
	Annual # Packs Sold	July AK Population	Packs Per Capita	
1995	53,056,722	601,581	88.2	89.5
1996	51,944,968	605,212	85.8	87.7
1997	54,528,839	609,655	89.4	86.9
1998	41,731,061	617,082	67.6	85.8
1999	42,393,954	622,000	68.2	82.1
2000	41,683,247	627,697	66.4	77.4
2001	40,069,105	633,630	63.2	73.7
2002	40,449,647	643,786	62.8	71.7

Data Sources: ^aAlaska Department of Revenue, Division of Tax; ^b"Tax Burden on Tobacco", Orzechowski & Walker, 2002

Data Table for Figure C-4. Packs of Cigarettes Consumed Per Smoker, By Year, Alaska: 1995-2002

Year	Tax-Paid Cigarette Sales (in Packs) ^a	Estimated ¹ Adult Smokers ^b	Estimated ² Adolescent Smokers ^c	Estimated Total Smokers	Average Annual Packs Per Smoker
1995	53,056,722	110,533	13,814	124,347	427
1996	51,944,968	111,655	13,720	125,375	414
1997	54,528,839	114,551	14,095	128,646	424
1998	41,731,061	113,734	14,353	128,087	326
1999	42,393,954	112,350	13,990	126,340	336
2000	41,683,247	113,955	12,366	126,321	330
2001	40,069,105	118,010	10,253	128,263	312

¹Weighted number (3-year moving average) of adult Alaskans reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days.

²Based on the application of the prevalence of smoking (on at least 1 out of last 30 days) among high school youth (YRBS) to the total number of Alaskans aged 14-17.

Data Sources: ^aAlaska Department of Revenue, Division of Tax; ^bAlaska Behavioral Risk Factor Surveillance System; ^cAlaska Youth Risk Behavior Survey

Data Table for Figure C-6. Percentage of Adult Smokers Who Bought Cigarettes Via Internet, Mail-order, or 800 Number Last Year, Alaska ATS, 2003

Bought Cigarettes Via Internet, Mail-Order, or 1-800 Number in Past Year	Weighted %	n _u	N _u
Yes	3.6%	32	616
No	96.4%	579	616

n_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days who give each response.

N_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days responding to the question (i.e.,

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-7. Usual Source of Cigarettes, Among Adult Smokers, Alaska ATS, 2003

Where Do You Usually Buy Cigarettes?	Weighted %	n_u	N_u
In My Community	93.8%	551	606
In Another Community in Alaska	4.3%	35	606
In a Community Outside Alaska	1.1%	10	606
Via the Internet	0.3%	4	606
Via Mail Order or an 800 Number	0.5%	6	606

n_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days who give each response.

N_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days responding to the question (i.e.,

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-8. Trend in Prevalence of Adult Smokers Who Smoke Less Than Every Day, Alaska BRFSS: 1994-2002

Year	Prevalence of Smoking Less Than Every Day		
	Weighted %	n_u	N_u
1994	14.9%	72	442
1995	10.4%	45	416
1996	21.6%	102	453
1997	16.0%	77	403
1998	24.1%	130	549
1999	29.7%	158	592
2000	25.5%	133	537
2001	27.6%	212	820
2002	25.3%	191	754

n_u = Unweighted number of adults each year reporting (a) having smoked 100 or more cigarettes in their lifetime, and either (b1) having smoked cigarettes less than 30 days in past month (1994-1995) or (b2) currently smoking cigarettes some days (1996-2002).

N_u = Unweighted number of adults each year reporting (a) having smoked 100 or more cigarettes in their lifetime and either (b1) currently smoking (1994-1995) or (b2) currently smoking cigarettes every day or some days (1996-2002) (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 1994-2002 (questions only available as of 1994).

Data Table for Figure C-9. Trend in Percentage of Adult Smokers Who Smoke Less Than Every Day, By Race¹, Alaska BRFSS: 1994-2002

Year	Prevalence of Smoking Less Than Every Day					
	Alaska Native			Non-Native		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
1994	21.9%	26	113	13.3%	46	329
1995	14.4%	19	121	9.5%	26	295
1996	34.2%	40	139	18.2%	62	314
1997	21.7%	33	120	14.5%	44	283
1998	31.2%	39	155	22.3%	91	394
1999	34.5%	61	182	28.3%	97	410
2000	34.3%	52	161	23.0%	81	376
2001	29.9%	71	248	26.9%	141	572
2002	28.1%	67	228	24.4%	124	526

n_u = Unweighted number of adults each year in each race category reporting (a) having smoked 100 or more cigarettes in their lifetime, and either (b1) having smoked cigarettes less than 30 days in past month (1994-1995) or (b2) currently smoking some cigarettes days (1996-2002) .

N_u = Unweighted number of adults each year in each race category reporting (a) having smoked 100 or more cigarettes in their lifetime and either (b1) currently smoking (1994-1995) or (b2) currently smoking cigarettes every day or some days (1996-2002) (i.e., denominator).

¹Alaska Native vs. all other race groups (Non-Native) as determined by response to the questions: "What is your race?" for 1991-2000 (only one response allowed), and "Which one of these race groups would you say best represents your race?" for 2001-2002.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 1994-2002 (questions only available as of 1994).

Data Table for Figure C-10. Trend in Average Daily Cigarettes Smoked on Days Smoked, Among Those Smoking Less Than Every Day (2-Year Moving Averages) , Alaska BRFSS: 1994-2000

Years	Average Daily Cigarettes Smoked	
	Mean	N _u
1994-1995	7.9	115
1995-1996	6.5	141
1996-1997	5.9	165
1997-1998	6.1	189
1998-1999	5.5	273
1999-2000	4.7	277

N_u = Unweighted number of adults each 2-year period reporting (a) having smoked 100 or more cigarettes in their lifetime, and either (b1) having smoked cigarettes less than 30 days in past month (1994-1995) or (b2) currently smoking cigarettes some days (1996-2002) responding to the question (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 1994-2000 (question on number of cigarettes smoked only available from 1994-2000).

Data Table for Figure C-11. Trend in Average Daily Cigarettes Smoked, Among Every Day Smokers (2-Year Moving Averages) , Alaska BRFSS: 1994-2000

Years	Average Daily Cigarettes Smoked	
	Mean	N _u
1994-1995	17.6	737
1995-1996	17.3	716
1996-1997	17.5	667
1997-1998	17.9	731
1998-1999	17.8	842
1999-2000	17.1	832

N_u = Unweighted number of adults each 2-year period reporting (a) having smoked 100 or more cigarettes in their lifetime, and either (b1) having smoked cigarettes 30 out of the past 30 days (1994-1995) or (b2) currently smoking cigarettes every day (1996-2002) responding to the question (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 1994-2000 (question on number of cigarettes smoked only available from 1994-2000).

Data Table for Figure C-12. Trend in Average Daily Cigarettes Smoked, Among Every Day Smokers (2-year Moving Averages), By Race¹, Alaska BRFSS: 1994-2000

Years	Average Daily Cigarettes Smoked			
	Alaska Native		Non-Native	
	Mean	N _u	Mean	N _u
1994-1995	13.5	187	18.4	550
1995-1996	12.3	197	18.4	519
1996-1997	13.9	181	18.3	486
1997-1998	13.8	198	18.9	533
1998-1999	12.8	233	19.0	609
1999-2000	13.5	227	18.1	605

N_u = Unweighted number of adults each 2-year period in each race category reporting (a) having smoked 100 or more cigarettes in their lifetime, and either (b1) having smoked cigarettes 30 out of the past 30 days (1994-1995) or (b2) currently smoking cigarettes every day (1996-2002) responding to the question (i.e., denominator).

¹Alaska Native vs. all other race groups (Non-Native) as determined by response to the questions: "What is your race?" for 1994-2000 (only one response allowed), and "Which one of these race groups would you say best represents your race?" for 2001-2002.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 1994-2000 (question on number of cigarettes smoked only available from 1994-2000).

Data Table for Figure C-13. Smoking Status of Adults, Alaska BRFSS, 2000-2002

Smoking Status	Weighted		
	%	n_u	N_u
Smoke Every Day ¹	19.8%	1,575	7,628
Smoke < Every Day ²	7.0%	536	7,628
Used to Smoke ³	26.9%	2,039	7,628
Never Smoked ⁴	46.3%	3,478	7,628

n_u = Unweighted number of adults reporting being in each smoking status category.

N_u = Unweighted number of adults responding to the questions (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day.

²Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes some days (less than every day).

³Adults reporting having smoked 100 or more cigarettes in their lifetime but currently not smoking cigarettes any days.

⁴Adults reporting having smoked fewer than 100 cigarettes in their lifetime.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-14. Frequency of Cigarette Smoking Among Adults Who Ever Smoked, Alaska BRFSS, 2000-2002

Smoking Frequency	Weighted		
	%	n_u	N_u
Smoke Every Day ¹	36.9%	1,575	4,150
Smoke < Every Day ²	13.0%	536	4,150
Used to Smoke ³	50.1%	2,039	4,150

n_u = Unweighted number of adults reporting having smoked 100 or more cigarettes in their lifetime in each smoking status category.

N_u = Unweighted number of adults reporting having smoked 100 or more cigarettes in their lifetime responding to the questions (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day.

²Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes some days (less than every day).

³Adults reporting having smoked 100 or more cigarettes in their lifetime but currently not smoking cigarettes any days.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-15. Frequency of Cigarette Smoking Among Adult Smokers, Alaska BRFSS, 2000-2002

Smoking Frequency	Weighted		
	%	n_u	N_u
Smoke Every Day ¹	73.9%	1,575	2,111
Smoke < Every Day ²	26.1%	536	2,111

n_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days in each smoking status category.

N_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days responding to the questions (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day.

²Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes some days (less than every day).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-16. Percentage of Adults Who Smoke, By Sex, Alaska BRFSS (2000-2002), US BRFSS (2001)

Group	Prevalence of Smoking			
	Alaska ^a			US ^b
	Weighted %	n_u	N_u	Weighted %
Males	28.4%	1,028	3,525	25.4%
Females	25.2%	1,083	4,103	21.2%
Overall	26.8%	2,111	3,478	22.8%

n_u = Unweighted number of adults in each sex category reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days.

N_u = Unweighted number of adults in each sex category responding to the questions (i.e., denominator).

Data Sources: ^aAlaska Behavioral Risk Factor Surveillance System, 2000-2002; ^bUS Behavioral Risk Factor Surveillance System, 2001 (unweighted counts not available)

Data Table for Figure C-17. Percentage of Adults Who Smoke, By Sex and Race¹, Alaska BRFSS (2000-2002), US BRFSS (2001)

Group	Prevalence of Smoking			
	Alaska ^a			US ^b
	Weighted %	n _u	N _u	Weighted %
Males				25.4%
Alaska Native	46.1%	291	646	
White	25.3%	637	2,524	
Other Race Groups	29.4%	100	355	
Females				21.2%
Alaska Native	41.3%	346	859	
White	22.5%	651	2,865	
Other Race Groups	19.3%	86	379	

n_u = Unweighted number of adults in each sex-race category reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days.

N_u = Unweighted number of adults in each sex-race category responding to the questions (i.e., denominator).

¹Alaska Native vs. White vs. all other race groups (combined) as determined by response to the questions: "What is your race?" for 2000 (only one response allowed), and "Which one of these race groups would you say best represents your race?" for 2001-2002.

Data Sources: ^aAlaska Behavioral Risk Factor Surveillance System, 2000-2002; ^bUS Behavioral Risk Factor Surveillance System, 2001 (unweighted counts not available; prevalence by Alaska Native/White/Other not available).

Data Table for Figure C-18. Percentage of Adults Who Smoke, By Sex and Age, Alaska BRFSS, 2000-2002

Group	Prevalence of Smoking					
	Males			Females		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
18-24	38.9%	138	350	35.4%	147	393
25-34	33.1%	186	598	26.1%	235	821
35-44	29.2%	297	924	26.7%	291	1,058
45-54	24.4%	246	896	23.9%	225	907
55-64	19.3%	106	424	21.7%	110	485
65+	16.4%	44	305	12.6%	67	407

n_u = Unweighted number of adults in each sex-age category reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days.

N_u = Unweighted number of adults in each sex-age category responding to the questions (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-19. Percentage of Adults Who Smoke, By BRFSS Region, Alaska BRFSS, 2000-2002

Group	Prevalence of Smoking		
	Weighted %	n_u	N_u
Anchorage	25.1%	361	1,480
Gulf Coast	28.9%	418	1,528
Southeast	26.3%	395	1,538
Rural	38.4%	577	1,567
Fairbanks	23.8%	360	1,515

n_u = Unweighted number of adults in each region reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days.

N_u = Unweighted number of adults in each region responding to the questions (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-20. Percentage of Adults Who Smoke, By Sex and Education Level, Alaska BRFSS, 2000-2002

Group	Prevalence of Smoking					
	Males			Females		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Less than high school	45.8%	140	330	42.9%	118	299
High school graduate	39.0%	466	1,174	36.0%	479	1,292
Some college	30.2%	291	999	25.9%	338	1,288
College graduate	10.5%	130	1,016	9.8%	148	1,220

n_u = Unweighted number of adults in each sex-education level category reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days.

N_u = Unweighted number of adults in each sex-education level category responding to the questions (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-21. Percentage of Adults Who Smoke, By Sex and Income, Alaska BRFSS, 2000-2002

Group	Prevalence of Smoking					
	Males			Females		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
<\$25,000	42.0%	314	750	34.2%	391	1,054
\$25,000-\$34,999	36.1%	142	401	31.3%	172	569
\$35,000-\$49,999	27.8%	166	597	27.0%	187	693
\$50,000+	21.2%	318	1,496	17.2%	232	1,360

n_u = Unweighted number of adults in each sex-income level category reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days.

N_u = Unweighted number of adults in each sex-income level category responding to the questions (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-22. Percentage of Adults Who Smoke, By Education Level and Income, Alaska BRFSS, 2000-2002

Group	Prevalence of Smoking								
	High School or Less			Some College			College Graduate		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u	Weighted %	n _u	N _u
<\$25,000	44.4%	484	1,066	35.3%	175	507	13.4%	46	229
\$25-\$50,000	40.4%	349	898	28.0%	222	770	14.7%	96	592
\$50,000+	33.0%	236	730	25.4%	193	837	8.2%	121	1,289

n_u = Unweighted number of adults in each education-income level category reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days.

N_u = Unweighted number of adults in each education-income level category responding to the questions (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-23. Percentage of Adults Who Smoke, By Sex and Employment Status, Alaska BRFSS, 2000-2002

Group	Prevalence of Smoking					
	Males			Females		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Unemployed/Unable to Work	53.2%	202	376	49.8%	193	408
Employed	27.5%	736	2,675	25.5%	699	2,639
Homemaker/Student/Retired	18.1%	85	461	16.0%	186	1,041

n_u = Unweighted number of adults in each sex-employment status category reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days.
 N_u = Unweighted number of adults in each sex-employment status category responding to the questions (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-24. Percentage of Adults Who Smoke, By Employment and Health Plan Status, Alaska BRFSS, 2000-2002

Group	Prevalence of Smoking					
	Have a Health Plan			Do Not Have a Health Plan		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Unemployed/Unable to Work	51.2%	247	500	52.8%	144	272
Employed	23.8%	1,070	4,366	39.1%	354	927
Homemaker/Student/Retired	14.0%	211	1,315	35.5%	58	182

n_u = Unweighted number of adults in each health plan-employment status category reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days.
 N_u = Unweighted number of adults in each health plan-employment status category responding to the questions (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-25. Average Daily Cigarettes Smoked Among Adult Smokers, Alaska ATS, 2003

Average Packs/Day Smoked ¹	Weighted		
	%	n _u	N _u
Less than 1/2 pack	36.6%	209	590
More than 1/2 pack, less than 1 pack	27.3%	221	590
1 pack or more	36.1%	160	590

n_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days who give each response.

N_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days responding to the question (i.e., denominator).

¹Calculated based on reported average cigarettes smoked per day (among every day smokers), and (a) reported average cigarettes smoked per day on days smoked in past month and (b) reported average days smoked in past month (among those who smoke less than every day).

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-26. Average Daily Cigarettes Smoked Among Adult Smokers, By Race¹, Alaska ATS, 2003

Average Packs/Day Smoked ²	Alaska Native			Non-Native		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Less than 1/2 pack	56.5%	102	185	30.2%	119	405
More than 1/2 pack, less than 1 pack	23.6%	52	185	28.5%	108	405
1 pack or more	19.9%	31	185	41.3%	178	405

n_u = Unweighted number of adults in each race category reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days who give each response.

N_u = Unweighted number of adults in each race category reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days responding to the question (i.e., denominator).

¹Alaska Native vs. all other race groups (Non-Native) as determined by response to the question: "Which one of these race groups would you say best represents your race?".

²Calculated based on reported average cigarettes smoked per day (among every day smokers), and (a) reported average cigarettes smoked per day on days smoked in past month and (b) reported average days smoked in past month (among those who smoke less than every day).

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-27. Average Minutes Till First Cigarette in AM, Among Adult Smokers, Alaska ATS, 2003

How Soon After Waking Have First Cigarette	Weighted %	n_u	N_u
Within 5 Minutes of Waking	18.4%	114	599
Within 5 to 30 Minutes of Waking	26.7%	173	599
Within 30 to 60 Minutes of Waking	16.8%	87	599
After 1st Hour Awake	38.1%	225	599

n_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days who give each response.

N_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days responding to the question (i.e., denominator).

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-28. Adults' Opinions on Benefits of Quitting, By Smoking Status, Alaska ATS, 2003

Group	Prevalence of Belief That Quitting After 20 Years Not Beneficial		
	Weighted %	n_u	N_u
Smokers ¹	22.1%	132	575
Non-Smokers ²	16.0%	247	1,843
Overall	17.5%	384	2,430

n_u = Unweighted number of adults in each smoking status category reporting agreeing or strongly agreeing with the statement: "If a person has smoked a pack of cigarettes a day for more than 20 years, there is little health benefit to quitting smoking".

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-29. Intentions to Quit Among Adult Smokers, Alaska ATS, 2003

Intentions to Quit Smoking ¹	Weighted %	n _u	N _u
Do Not Want to Quit	14.6%	98	574
I would Like to Quit:			
Within 30 Days	25.2%	144	574
In 30 Days to 6 Months	40.7%	232	574
Sometime (not specified)	19.5%	100	574

n_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days in each quit intention category.

N_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently smoking cigarettes every day or some days responding to the questions (i.e., denominator).

¹Quit intentions determined from the combination of Yes and No responses to the following series of questions: (a) "Are you seriously considering stopping smoking within the next six months?", (b) "Are you planning to stop smoking within the next 30 days?", and (c) "Would you like to quit smoking?".

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-30. Trend in Percentage of Adult Every Day Smokers Who Quit For At Least 1 Day Last Year (3-Year Moving Averages), Alaska BRFSS: 1994-2002

Year	Prevalence of Having Attempted to Quit		
	Weighted %	n _u	N _u
1994-1996	50.2%	175	369
1995-1997	52.4%	374	738
1996-1998	52.7%	541	1088
1997-1999	58.0%	532	1043
1998-2000	56.6%	572	1092
1999-2001	55.4%	661	1173
2000-2002	51.4%	707	1252

n_u = Unweighted number of adults each 3-year period reporting (a) having smoked 100 or more cigarettes in their lifetime, and either (b1) having smoked cigarettes 30 out of the past 30 days (1994-1995) or (b2) currently smoking cigarettes every day (1996-2002) who also report having quit smoking for 1 day or longer in the past year. (As of 2001, the question specifies that the person quit smoking because they were trying to quit, thus allowing some day smokers to respond. This change should have little or no effect on the estimate of quit attempts among every day smokers.)

N_u = Unweighted number of adults each 3-year period reporting (a) having smoked 100 or more cigarettes in their lifetime, and either (b1) having smoked cigarettes 30 out of the past 30 days (1994-1995) or (b2) currently smoking cigarettes every day (1996-2002) responding to the question (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 1994-2002 (questions only available as of 1994).

Data Table for Figure C-31. Percentage of Adult Every Day Smokers Who Quit For At Least 1 Day Last Year, By Sex, Race¹ Alaska BRFSS, 2000-2002

Group	Prevalence of Having Attempted to Quit		
	Weighted %	n _u	N _u
Males	49.7%	378	753
Females	53.3%	433	819
White	51.7%	501	994
Alaska Native	51.4%	241	447
Other Race	48.9%	69	131
Overall	51.4%	811	1,572

n_u = Unweighted number of adults in each sex or race category reporting (a) having smoked 100 or more cigarettes in their lifetime, and (b) currently smoking cigarettes every day who also report having quit smoking for 1 day or longer in the past year. (As of 2001, the question specifies that the person quit smoking because they were trying to quit, thus allowing some day smokers to respond. This change should have little or no effect on the estimate of quit attempts among every day smokers.)

N_u = Unweighted number of adults in each sex or race category reporting (a) having smoked 100 or more cigarettes in their lifetime, and (b) currently smoking cigarettes every day responding to the question (i.e., denominator).

¹Alaska Native, White, and Other race groups as determined by response to the questions: "What is your race?" for 2000, and "Which one of these race groups would you say best represents your race?" for 2001-2002.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-32. Percentage of Adult Every Day Smokers Who Quit For At Least 1 Day Last Year, By Age Alaska BRFSS, 2000-2002

Age Group	Prevalence of Having Attempted to Quit		
	Weighted %	n_u	N_u
18-24	53.6%	111	181
25-34	56.0%	171	302
35-44	53.3%	236	436
45-54	49.0%	175	371
55-64	42.9%	77	104
65+	36.9%	31	86

n_u = Unweighted number of adults in each age category reporting (a) having smoked 100 or more cigarettes in their lifetime, and (b) currently smoking cigarettes every day who also report having quit smoking for 1 day or longer in the past year. (As of 2001, the question specifies that the person quit smoking because they were trying to quit, thus allowing some day smokers to respond. This change should have little or no effect on the estimate of quit attempts among every day smokers.)

N_u = Unweighted number of adults in each age category reporting (a) having smoked 100 or more cigarettes in their lifetime, and (b) currently smoking cigarettes every day responding to the question (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-33. Quit Aids Used By Adult Smokers Who Quit For at Least 1 Day Last Year, Alaska ATS, 2003

Quit Aids Used By Quit Attempters	Weighted		
	%	n_u	N_u
Nicotine Patch, Nicotine Gum, Other Medication (Only)	27.6%	76	302
Classes or Counseling (Only)	1.4%	5	302
Both Methods	5.1%	14	302
Neither Method	66.0%	207	302

n_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime, (b) currently smoking cigarettes every day, and (c) having quit smoking for 1 day or longer in the past year who reported having used one or more of the cessation aids described.

N_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime, (b) currently smoking cigarettes every day, and (c) having quit smoking for 1 day or longer in the past year responding to the questions (i.e., denominator).

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-34. Percentage of Adults Aware of the Alaska Quitline, By Smoking Status, Alaska ATS, 2003

Group	Prevalence of Awareness of Quitline		
	Weighted %	n_u	N_u
Smokers ¹	44.1%	239	609
Non-Smokers ²	22.8%	446	1,970
Overall	27.9%	692	2,591

n_u = Unweighted number of adults in each smoking status category reporting being aware of the Alaska Quitline.

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-35. When Quit Smoking for Good, Among Adult Former Smokers, Alaska ATS, 2003

How Long Ago Quit Smoking For Good	Weighted %	n_u	N_u
Within the Past Year	15.4%	102	759
Between 1 and 5 Years Ago	14.6%	120	759
Between 5 and 10 Years Ago	16.6%	115	759
10 or More Years Ago	53.4%	422	759

n_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently not smoking cigarettes any days who give each response.

N_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently not smoking cigarettes any days responding to the question (i.e., denominator).

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-36. When Quit Smoking for Good, Among Adult Former Smokers, by Race¹, Alaska ATS, 2003

How Long Ago Quit Smoking For Good	Alaska Native			Non-Native		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Within the Past Year	19.6%	26	135	16.9%	88	636
Between 1 and 5 Years Ago	22.6%	27	135	13.0%	93	636
Between 5 and 10 Years Ago	16.0%	27	135	16.2%	88	636
10 or More Years Ago	41.8%	55	135	54.0%	367	636

n_u = Unweighted number of adults in each race category reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently not smoking cigarettes any days who give each response.
N_u = Unweighted number of adults in each race category reporting (a) having smoked 100 or more cigarettes in their lifetime and (b) currently not smoking cigarettes any days responding to the question (i.e., denominator).

¹Alaska Native vs. all other race groups (Non-Native) as determined by response to the question: "Which one of these race groups would you say best represents your race?".

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-37. Percentage of Adult Smokers Advised to Quit By Health Care Provider Last Year, By Sex, Alaska BRFSS, 2000 & 2001

Group	Prevalence of Having Been Advised to Quit		
	Weighted %	n _u	N _u
Males	66.4%	278	448
Females	77.0%	415	552
Overall	71.7%	693	1,000

n_u = Unweighted number of adults in each sex category reporting (a) having smoked 100 or more cigarettes in their lifetime, (b) currently smoking cigarettes every day or some days, and (c) having seen a health care provider in the past year who report having been advised by their health care provider to quit smoking.
N_u = Unweighted number of adults in each sex category reporting (a) having smoked 100 or more cigarettes in their lifetime, (b) currently smoking cigarettes every day or some days, and (c) having seen a health care provider in the past year responding to the question (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000 & 2001 (question unavailable in 2002).

Data Table for Figure C-38. Percentage of Adults Seen By a Health Care Provider Who Were Asked About or Advised to Quit Smoking, By Smoking Status Alaska ATS, 2003

Group	Prevalence of Having Been Asked About or Advised Not to Smoke		
	Weighted %	n_u	N_u
Smokers ¹	85.6%	324	367
Non-Smokers ²	74.6%	1,024	1,423

n_u = Unweighted number of adults in each smoking status category reporting (a) having seen a health care provider in the past year who report either (b1) having been advised by their health care provider to quit smoking, or (b2) having been asked by their health care provider if they do smoke.

N_u = Unweighted number of adults in each smoking status category reporting having seen a health care provider in the past year responding to the questions (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes on some days or every day.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-39. Percentage of Providers Who Ask About Patients' Tobacco Use, New Versus Repeat Patients, Alaska Provider Survey, 2003

Group	Prevalence of Asking Patients About Tobacco Use					
	Cigarette Use			Smokeless Tobacco Use		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
New Patients	97.0%	373	382	64.3%	246	379
Repeat Patients	85.6%	329	383	50.8%	193	376

n_u = Unweighted number of health care providers reporting they ask their new versus repeat patients about each type of tobacco use.

N_u = Unweighted number of health care providers responding to the questions (i.e., denominator).

Data Source: Alaska Provider Survey, 2003

Data Table for Figure C-40. Strategies and Resources Recommended or Provided By Health Care Providers to Smokers Advised to Quit, Alaska ATS, 2003

Cessation Strategies and Resources	Weighted		
	%	n_u	N_u
Provide Self-Help Cessation Materials	19.2%	55	247
Suggest Cessation Classes or Counseling	26.9%	57	247
Suggest Setting a Specific Quit Date	29.6%	73	247
Prescribe or Recommend NRT or Other Medication	28.2%	72	247

n_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime, (b) currently smoking cigarettes every day or some days, (c) having seen a health care provider in the past year, and (d) having been advised to quit smoking by their health care provider who report having been provided with or recommended each cessation strategy or resource.

N_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime, (b) currently smoking cigarettes every day or some days, (c) having seen a health care provider in the past year, and (d) having been advised to quit smoking by their health care provider responding to the questions (i.e., denominator).

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-41. Strategies and Resources Recommended or Provided By Health Care Providers to Patients Who Smoke, Alaska Provider Survey, 2003

Cessation Strategies and Resources	Weighted		
	%	n_u	N_u
Provide Self-Help Cessation Materials	39.6%	153	377
Refer to Cessation Class Program	22.9%	86	379
Prescribe Medication	33.8%	130	380
Recommend OTC Medication	21.4%	82	376

n_u = Unweighted number of health care providers reporting they provided or recommended each smoking cessation strategy or resource to all or most of their patients who smoke.

N_u = Unweighted number of health care providers responding to the questions (i.e., denominator).

Data Source: Alaska Provider Survey, 2003

Data Table for Figure C-42. Usual Type of Store For Purchasing Cigarettes, Among Adult Smokers, Alaska ATS, 2003

In What Type of Store Do You Usually Buy Cigarettes?	Weighted		
	%	n_u	N_u
Convenience Store/Gas Station	33.8%	180	583
Supermarket	25.1%	197	583
Liquor/Drug Store	7.1%	29	583
Tobacco Discount Store	12.4%	55	583
Other Discount Store (e.g., Walmart)	10.1%	54	583
Military Commissary	4.6%	18	583
Other Store	6.9%	50	583

n_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime, (b) currently smoking cigarettes every day or some days, and (c) usually buying cigarettes in their own community who report each usual source (only one response allowed).

N_u = Unweighted number of adults reporting (a) having smoked 100 or more cigarettes in their lifetime, (b) currently smoking cigarettes every day or some days, and (c) usually buying cigarettes in their own community responding to the question (i.e., denominator).

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-43. Percentage of Adults Who Binge Drink, By Smoking Status, Alaska BRFSS, 2000-2002

Binge Drank ³ Last Month	Smokers ¹			Non-Smokers ²		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Yes	31.8%	614	2,059	13.9%	709	5,451
No	68.2%	1,445	2,059	86.1%	4,742	5,451

n_u = Unweighted number of adults in each smoking status category with each response.

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes on some days or every day.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

³Reported drinking 5 or more alcohol drinks at one occasion in the past 30 days.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-44. Percentage of Adults Who Are Physically Inactive, By Smoking Status, Alaska BRFSS, 2000-2002

No Leisure Time Physically Activity ³ Last Month	Smokers ¹			Non-Smokers ²		
	Weighted			Weighted		
	%	n _u	N _u	%	n _u	N _u
Yes	29.8%	631	2,111	18.0%	1,010	5,512
No	70.2%	1,480	2,111	82.0%	4,502	5,512

n_u = Unweighted number of adults in each smoking status category with each response.

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes on some days or every day.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

³Reported having engaged in no leisure time physical activity in the past 30 days.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-45. Percentage of Adults Who Smoke, Among Those Told They Have Diabetes, Hypertension, or High Cholesterol, Alaska BRFSS

Currently Smoke ⁴	Have Diabetes ¹ (2000-2002)			Have Hypertension ² (2001)			Have High Cholesterol ³ (2001)		
	Weighted			Weighted			Weighted		
	%	n _u	N _u	%	n _u	N _u	%	n _u	N _u
Yes	24.6%	74	317	20.9%	169	665	20.8%	156	636
No	75.4%	243	317	79.1%	496	665	79.2%	480	636

n_u = Unweighted number of adults reporting each chronic disease with each response.

N_u = Unweighted number of adults reporting each chronic disease responding to the question (i.e., denominator).

¹Adults reporting being told by a health care professional that they have diabetes (exclusive of gestational diabetes).

²Adults reporting being told by a health care professional that they have high blood pressure, or hypertension.

³Adults reporting being told by a health care professional that they have high cholesterol.

⁴Report having smoked 100 or more cigarettes in their lifetime and currently smoke cigarettes on some days or every day.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002 (data only available from 2001 for hypertension and high cholesterol questions).

Data Table for Figure C-46. Percentage of Adults Told They Had High Cholesterol, By Lifetime Smoking Status, Alaska BRFSS, 2001

Told Had High Cholesterol ³	Smokers & Former Smokers ¹			Never Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Yes	30.4%	378	1,123	26.8%	258	944
No	69.6%	745	1,123	73.2%	686	944

n_u = Unweighted number of adults in each smoking status category who reported (a) having seen a health care provider in the past year and (b) having their blood cholesterol screened with each result.
N_u = Unweighted number of adults in each smoking status category who reported (a) having seen a health care provider in the past year and (b) having their blood cholesterol screened responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime.

³Reported having been told by a health care professional that they have high cholesterol.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2001

Data Table for Figure C-47. Percentage of Adults Told They Had Hypertension, By Lifetime Smoking Status, Alaska BRFSS, 2001

Told Had Hypertension ³	Smokers & Former Smokers ¹			Never Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Yes	23.3%	394	1,598	19.9%	271	1,262
No	76.7%	1,204	1,598	80.1%	991	1,262

n_u = Unweighted number of adults in each smoking status category who reported having seen a health care provider in the past year with each result.

N_u = Unweighted number of adults in each smoking status category who reported having seen a health care provider in the past year responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime.

³Reported having been told by a health care professional that they have hypertension.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2001

Data Table for Figure C-48. Percentage of Adults Told They Had Diabetes, By Lifetime Smoking Status, Alaska BRFSS, 2001

Told Had Diabetes ³	Smokers & Former Smokers ¹			Never Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Yes	4.5%	186	4,144	3.0%	131	3,473
No	95.5%	3,958	4,144	97.0%	3,342	3,473

n_u = Unweighted number of adults in each smoking status category who reported having seen a health care provider in the past year with each result.

N_u = Unweighted number of adults in each smoking status category who reported having seen a health care provider in the past year responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime.

³Reported having been told by a health care professional that they have diabetes (exclusive of gestational diabetes).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2001

Data Table for Figure C-49. Trend in Percentage of Adults Who Use Smokeless Tobacco (3-Year Moving Averages), Alaska BRFSS, 1991-2002

Years	Prevalence of Smokeless Tobacco Use		
	Weighted %	n _u	N _u
1991-1993	5.4%	282	4,563
1992-1994	5.4%	266	4,566
1993-1995	5.8%	297	4,558
1994-1996	5.4%	275	4,541
1995-1997	5.4%	264	4,565
1996-1998	5.0%	260	5,038
1997-1999	5.4%	298	5,582
1998-2000	5.5%	347	6,118
1999-2001	5.7%	428	7,002
2000-2002	6.2%	476	7,644

n_u = Unweighted number of adults each 3-year period reporting currently using smokeless tobacco products such as chewing tobacco or snuff every day or some days.

N_u = Unweighted number of adults each 3-year period responding to the question (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 1991-2002

Data Table for Figure C-50. Smokeless Tobacco Use: All Adults, Alaska BRFSS, 2000-2002

Smokeless Tobacco Use	Weighted		
	%	n_u	N_u
Use Smokeless ¹	6.2%	476	7,644
Used to Use Smokeless ²	20.5%	1,502	7,644
Never Used Smokeless ³	73.3%	5,666	7,644

n_u = Unweighted number of adults reporting being in each smokeless tobacco use status category.

N_u = Unweighted number of adults responding to the questions (i.e., denominator).

¹Adults reporting currently using smokeless tobacco products such as chewing tobacco or snuff every day or some days.

²Adults reporting (a) having ever used or tried any smokeless tobacco products such as chewing tobacco or snuff but (b) currently not using smokeless tobacco products such as chewing tobacco or snuff at all.

³Adults reporting never having used or tried any smokeless tobacco products such as chewing tobacco or snuff.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-51. Smokeless Tobacco Use: Males, Alaska BRFSS, 2000-2002

Smokeless Tobacco Use	Weighted		
	%	n_u	N_u
Use Smokeless ¹	10.3%	363	3,528
Used to Use Smokeless ²	32.5%	1,170	3,528
Never Used Smokeless ³	57.3%	1,995	3,528

n_u = Unweighted number of adult males reporting being in each smokeless tobacco use status category.

N_u = Unweighted number of adult males responding to the questions (i.e., denominator).

¹Adults reporting currently using smokeless tobacco products such as chewing tobacco or snuff every day or some days.

²Adults reporting (a) having ever used or tried any smokeless tobacco products such as chewing tobacco or snuff but (b) currently not using smokeless tobacco products such as chewing tobacco or snuff at all.

³Adults reporting never having used or tried any smokeless tobacco products such as chewing tobacco or snuff.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002



Data Table for Figure C-52. Smokeless Tobacco Use: Females, Alaska BRFSS, 2000-2002

Smokeless Tobacco Use	Weighted		
	%	n_u	N_u
Use Smokeless ¹	1.7%	113	4,116
Used to Use Smokeless ²	7.6%	332	4,116
Never Used Smokeless ³	90.7%	3,671	4,116

n_u = Unweighted number of adult females reporting being in each smokeless tobacco use status category.
 N_u = Unweighted number of adult females responding to the questions (i.e., denominator).

¹Adults reporting currently using smokeless tobacco products such as chewing tobacco or snuff every day or some days.

²Adults reporting (a) having ever used or tried any smokeless tobacco products such as chewing tobacco or snuff but (b) currently not using smokeless tobacco products such as chewing tobacco or snuff at all.

³Adults reporting never having used or tried any smokeless tobacco products such as chewing tobacco or snuff.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-53. Smokeless Tobacco Use, By Sex, Alaska BRFSS, 2000-2002

Group	Prevalence of Current Smokeless Tobacco Use Among Ever Users			Prevalence of Lifetime Use of Smokeless Tobacco		
	Weighted			Weighted		
	%	n_{u1}	N_{u1}	%	n_{u2}	N_{u2}
Males	24.0%	363	1,533	42.7%	1,533	3,528
Females	18.6%	113	445	9.4%	445	4,116
Overall	23.1%	476	1,978	26.7%	1,978	7,644

n_{u1} = Unweighted number of adults in each sex category reporting ever having used or tried smokeless tobacco products such as chewing tobacco or snuff who report currently using smokeless tobacco products such as chewing tobacco or snuff every day or some days.

N_{u1} = Unweighted number of adults in each sex category reporting ever having used or tried smokeless tobacco products such as chewing tobacco or snuff responding to the question (i.e., denominator).

n_{u2} = Unweighted number of adults in each sex category reporting ever having used or tried smokeless tobacco products such as chewing tobacco or snuff.

N_{u2} = Unweighted number of adults in each sex category responding to the question (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-54. Percentage of Adults Who Use Smokeless Tobacco, By Race¹, Alaska BRFSS, 2000-2002

Group	Prevalence of Smokeless Tobacco Use		
	Weighted %	n_u	N_u
Alaska Native	14.2%	225	1,516
White	5.1%	220	5,393
Other	3.4%	31	735

n_u = Unweighted number of adults in each race category reporting currently using smokeless tobacco products such as chewing tobacco or snuff every day or some days.

N_u = Unweighted number of adults in each race category responding to the question (i.e., denominator).

¹Alaska Native, White, and Other race groups as determined by response to the questions: "What is your race?" for 2000 (only one response allowed), and "Which one of these race groups would you say best represents your race?" for 2001-2002.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-55. Percentage of Adults Who Use Smokeless, By Sex and Race¹, Alaska BRFSS, 2000-2002

Group	Prevalence of Smokeless Tobacco Use					
	Males			Females		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Alaska Native	19.9%	126	650	9.5%	99	866
White	9.4%	213	2,522	0.2%	7	2,873
Other Race Groups	5.5%	24	356	0.8%	7	379

n_u = Unweighted number of adults in each sex-race category reporting currently using smokeless tobacco products such as chewing tobacco or snuff every day or some days.

N_u = Unweighted number of adults in each sex-race category responding to the question (i.e., denominator).

¹Alaska Native vs. White vs. all other race groups (combined) as determined by response to the questions: "What is your race?" for 2000 (only one response allowed), and "Which one of these race groups would you say best represents your race?" for 2001-2002.

Data Sources: Alaska Behavioral Risk Factor Surveillance System, 2000-2002



Data Table for Figure C-56. Percentage of Adults Who Use Smokeless Tobacco, By Sex and Age, Alaska BRFSS, 2000-2002

Group	Prevalence of Smokeless Tobacco Use					
	Males			Females		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
18-24	11.0%	48	350	3.3%	18	394
25-34	16.3%	88	598	1.7%	29	821
35-44	11.8%	121	923	1.7%	37	1,062
45-54	9.0%	75	896	1.7%	19	910
55-64	1.9%	15	425	0.9%	6	486
65+	4.0%	15	308	1.2%	4	411

n_u = Unweighted number of adults in each sex-age category reporting currently using smokeless tobacco products such as chewing tobacco or snuff every day or some days.

N_u = Unweighted number of adults in each sex-age category responding to the question (i.e., denominator).

Data Sources: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-57. Percentage of Adults Who Ever Used Smokeless Tobacco, By Sex and Age, Alaska BRFSS, 2000-2002

Group	Prevalence of Lifetime Smokeless Tobacco Use					
	Males			Females		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
18-24	44.0%	164	350	13.0%	62	394
25-34	55.0%	325	598	15.4%	150	821
35-44	49.7%	477	923	8.6%	117	1,062
45-54	38.5%	352	896	8.1%	79	910
55-64	22.2%	116	425	2.4%	22	486
65+	24.4%	87	308	3.2%	9	411

n_u = Unweighted number of adults in each sex-age category reporting having ever used or tried smokeless tobacco products such as chewing tobacco or snuff.

N_u = Unweighted number of adults in each sex-age category responding to the question (i.e., denominator).

Data Sources: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-58. Percentage of Adults Who Use Smokeless Tobacco, By BRFSS Region, Alaska BRFSS, 2000-2002

Group	Prevalence of Smokeless Tobacco Use		
	Weighted %	n_u	N_u
Anchorage	4.7%	55	1,483
Gulf Coast	6.5%	73	1,531
Southeast	4.2%	50	1,537
Rural	17.2%	232	1,576
Fairbanks	4.7%	66	1,517

n_u = Unweighted number of adults in each region reporting currently using smokeless tobacco products such as chewing tobacco or snuff every day or some days.

N_u = Unweighted number of adults in each region responding to the question (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-59. Percentage of Adults Who Use Smokeless Tobacco, By Education Level, Alaska BRFSS, 2000-2002

Group	Prevalence of Smokeless Tobacco Use		
	Weighted %	n_u	N_u
Less than high school	9.1%	63	636
High school graduate	8.6%	225	2,471
Some college	6.1%	120	2,292
College graduate	2.9%	67	2,235

n_u = Unweighted number of adults in each education level category reporting currently using smokeless tobacco products such as chewing tobacco or snuff every day or some days.

N_u = Unweighted number of adults in each education level category responding to the question (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002



Data Table for Figure C-60. Percentage of Adults Who Use Smokeless Tobacco, By Average Annual Household Income Alaska BRFSS, 2000-2002

Group	Prevalence of Smokeless Tobacco Use		
	Weighted %	n_u	N_u
< \$15,000	6.9%	61	672
\$15,000-\$24,999	6.3%	84	1,141
\$25,000-\$34,999	5.2%	56	971
\$35,000-\$49,999	6.5%	71	1,292
\$50,000+	5.3%	135	2,857

n_u = Unweighted number of adults in each income level category reporting currently using smokeless tobacco products such as chewing tobacco or snuff every day or some days.

N_u = Unweighted number of adults in each income level category responding to the question (i.e., denominator).

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-61. Intentions to Quit Among Adults Who Use Smokeless Tobacco, Alaska ATS, 2003

Intentions to Quit Using Smokeless Tobacco ¹	Weighted %	n_u	N_u
Do Not Want to Quit	19.9%	22	105
I would Like to Quit:			
Within 30 Days	31.3%	29	105
In 30 Days to 6 Months	29.1%	29	105
Sometime (not specified)	19.7%	25	105

n_u = Unweighted number of adults reporting currently using smokeless tobacco products such as chewing tobacco or snuff every day or some days in each quit intention category.

N_u = Unweighted number of adults reporting currently using smokeless tobacco products such as chewing tobacco or snuff every day or some days responding to the questions (i.e., denominator).

¹Quit intentions determined from the combination of Yes and No responses to the following series of questions: (a) "Are you seriously considering stopping using smokeless tobacco within the next six months?", (b) Are you planning to stop using smokeless tobacco within the next 30 days?", and (c) "Would you like to quit using smokeless tobacco?"

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-62. Percentage of Adults Asked By Provider About Smokeless Tobacco Use, Alaska ATS, 2003

Prevalence of Being Asked About Smokeless Tobacco Use					
All Adults			Adults Who Saw A Health Care Provider in the Past Year		
Weighted %	n_u	N_{u1}	Weighted %	n_u	N_{u2}
20.9%	540	2,523	30.5%	540	1,771

n_u = Unweighted number of (a) adults reporting currently not using smokeless tobacco products such as chewing tobacco or snuff any days who report having been asked by a health care provider if they use smokeless tobacco, and (b) adults reporting currently using smokeless tobacco products such as chewing tobacco or snuff every day or some days who report being advised to quit by their health care provider (assumes that the provider was aware of, so did not need to ask about, use of smokeless).

N_{u1} = Unweighted number of adults responding to the questions (i.e., denominator).

N_{u2} = Unweighted number of adults who reported having seen a health care provider in the past year responding to the questions (i.e., denominator).

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure C-63. Use of Multiple Tobacco Products Among Adults, By Sex, Alaska BRFSS, 2000-2002

Tobacco Products Used	Males			Females		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Cigarettes Only ¹	25.4%	929	3,525	25.0%	1,067	4,103
Smokeless Tobacco Only ²	7.3%	304	3,525	1.5%	106	4,103
Both ³	3.0%	59	3,525	0.2%	615	4,103
Neither ⁴	64.3%	2,233	3,525	73.3%	2,923	4,103

n_u = Unweighted number of adults in each sex category reporting each combination of cigarette and smokeless tobacco use.

N_u = Unweighted number of adults in each sex category responding to the questions (i.e., denominator).

¹Adults reporting (a) having smoked 100 or more cigarettes in their lifetime, and (b) currently smoking cigarettes every day or some days, and (c) currently not using smokeless tobacco products such as chewing tobacco any days.

²Adults reporting (a) having smoked fewer than 100 cigarettes in their lifetime, or (b) currently not smoking cigarettes any days, and (c) currently using smokeless tobacco products such as chewing tobacco or snuff every day or some days.

³Adults reporting (a) having smoked 100 or more cigarettes in their lifetime, and (b) currently smoking cigarettes every day or some days, and (c) currently using smokeless tobacco products such as chewing tobacco or snuff some days or every day.

⁴Adults reporting (a) having smoked fewer than 100 cigarettes in their lifetime, or (b) currently not smoking cigarettes any days, and (c) currently not using smokeless tobacco products such as chewing tobacco or snuff any days.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2000-2002

Data Table for Figure C-64. Trend in Prenatal Smoking, Alaska PRAMS (Last 3 Months of Pregnancy) vs. US NCHS (Anytime During Pregnancy), 1991-2000

Year	Prevalence of Smoking			
	Alaska ^a		US ^b	
	Weighted %	n _w	N _w	Weighted %
1991	23.2%	2,616	11,257	17.7%
1992	21.3%	2,408	11,284	16.9%
1993	20.9%	2,242	10,715	15.8%
1994	20.8%	2,106	10,130	14.6%
1995	18.1%	1,752	9,657	13.9%
1996	21.6%	2,058	9,530	13.6%
1997	17.6%	1,692	9,638	13.2%
1998	18.3%	1,776	9,694	12.9%
1999	16.6%	1,604	9,637	12.3%
2000	16.8%	1,603	9,533	12.2%

n_w = Weighted number of women reporting having smoked cigarettes during the last 3 months of pregnancy.

N_w = Weighted number of women responding to question (i.e., denominator).

Data Sources: (a) Alaska Pregnancy Risk Assessment Monitoring System, 1991-2000; (b) US National Center for Health Statistics, 1991-2000 (weighted counts not available).

Data Table for Figure C-65. Trend in Prenatal Smoking (Last 3 Months of Pregnancy), By Race¹, Alaska PRAMS, 1991-2000

Year	Prevalence of Smoking					
	Alaska Native			White		
	Weighted %	n _w	N _w	Weighted %	n _w	N _w
1991	31.7%	804	2,533	21.6%	1,674	7,756
1992	36.5%	904	2,475	17.8%	1,411	7,936
1993	31.3%	723	2,311	19.4%	1,424	7,335
1994	31.7%	645	2,035	19.4%	1,384	7,149
1995	31.3%	641	2,051	15.4%	1,048	6,807
1996	33.0%	733	2,225	19.5%	1,274	6,541
1997	29.0%	655	2,254	15.2%	968	6,359
1998	32.8%	763	2,325	14.6%	941	6,458
1999	29.2%	688	2,353	13.0%	819	6,304
2000	29.4%	696	2,366	13.7%	844	6,186

n_w = Weighted number of women reporting having smoked cigarettes during the last 3 months of pregnancy.

N_w = Weighted number of women in race category responding to question (i.e., denominator).

¹Race is as recorded on the birth certificate for the pregnancy in question. Alaska Native includes American Indians.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System, 1991-2000

Data Table for Figure C-66. Trend in Postpartum Smoking, By Race¹, Alaska PRAMS, 1991-2000

Year	Prevalence of Smoking								
	Alaska Native			White			Overall		
	Weighted %	n _w	N _w	Weighted %	n _w	N _w	Weighted %	n _w	N _w
1991	43.2%	1,104	2,555	26.1%	2,027	7,780	29.1%	3,286	11,295
1992	46.8%	1,172	2,507	22.8%	1,808	7,928	27.2%	3,071	11,309
1993	41.8%	978	2,340	23.9%	1,741	7,279	26.5%	2,827	10,685
1994	39.2%	800	2,042	23.9%	1,699	7,117	26.3%	2,567	9,767
1995	40.4%	833	2,065	21.6%	1,475	6,826	25.2%	2,435	9,680
1996	42.6%	967	2,267	24.8%	1,622	6,531	27.6%	2,637	9,546
1997	38.6%	889	2,305	20.8%	1,336	6,417	24.2%	2,332	9,653
1998	42.6%	985	2,314	21.1%	1,361	6,443	25.6%	2,433	9,526
1999	41.7%	982	2,355	19.9%	1,252	6,288	24.6%	2,335	9,407
2000	37.1%	881	2,374	21.1%	1,305	6,187	24.4%	2,310	9,451

n_w = Weighted number of women reporting having smoked cigarettes during the last 3 months of pregnancy.

N_w = Weighted number of women in race category responding to question (i.e., denominator).

¹Race is as recorded on the birth certificate for the pregnancy in question. Alaska Native includes American Indians. Overall includes all racial groups (i.e. Alaska Native, White, and Other.)

Data Source: Alaska Pregnancy Risk Assessment Monitoring System, 1991-2000

Data Table for Figure C-67. Average Daily Cigarettes Smoked During Last 3 Months of Pregnancy Among Pregnant Smokers, Alaska PRAMS, 2000

Average Cigarettes/Day Smoked ¹	Weighted %	n _w	N _w
<1 Cigarette/Day	12.2%	195	1603
1-9 Cigarettes/Day	50.1%	803	1603
10-19 Cigarettes/Day	23.8%	381	1603
20-29 Cigarettes/Day	11.2%	179	1603
30+ Cigarettes/Day	2.7%	44	1603

n_w = Weighted number of smokers within each response category.

N_w = Weighted number of women who indicated they smoked some amount during the last 3 months of pregnancy (i.e., denominator).

¹Self-reported as number of cigarettes or packs of cigarettes smoked on an average day during the last 3 months of pregnancy.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System, 2000



Data Table for Figure C-68. Prenatal Smoking (Last 3 Months of Pregnancy), By Mother's Race/Ethnicity¹, Alaska PRAMS, 2000

Race/Ethnicity	Prevalence of Smoking		
	Weighted %	n _w	N _w
Alaska Native/American Indian	29.3%	696	2,366
Asian/Pacific Islander	3.7%	17	467
African-American	7.3%	29	400
White	13.6%	844	6,186
Hispanic (any race)	12.0%	66	552

n_w = Weighted number of women reporting having smoked cigarettes during the last 3 months of pregnancy.

N_w = Weighted number of women in race/ethnicity category responding to question (i.e., denominator).

¹Race and ethnicity as recorded on birth certificate for pregnancy in question.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System, 2000

Data Table for Figure C-69. Prenatal Smoking (Last 3 Months of Pregnancy), By Mother's Age, Alaska PRAMS, 2000

Age	Prevalence of Smoking		
	Weighted %	n _w	N _w
Less Than 20 Years Old	18.5%	197	1,058
20-24 Years Old	25.8%	660	2,563
25-34 Years Old	13.2%	616	4,655
35 Years or Older	10.4%	130	1,246

n_w = Weighted number of women reporting having smoked cigarettes during the last 3 months of pregnancy.

N_w = Weighted number of women in age category responding to question (i.e., denominator).

Data Source: Alaska Pregnancy Risk Assessment Monitoring System, 2000

Data Table for Figure C-70. Prenatal Smoking (Last 3 Months of Pregnancy), By Mother's Education Level, Alaska PRAMS, 2000

Education Level	Prevalence of Smoking		
	Weighted %	n_w	N_w
Less Than High School	35.5%	469	1,308
High School	18.3%	743	4,064
At Least Some College	9.0%	357	3,994

n_w = Weighted number of women reporting having smoked cigarettes during the last 3 months of pregnancy.

N_w = Weighted number of women in education level responding to question (i.e., denominator).

Data Source: Alaska Pregnancy Risk Assessment Monitoring System, 2000

Data Table for Figure D-1. Percentage of High School Youth Exposed to Secondhand Smoke in the Past Week, By Smoking Status, Alaska YRBS, 2003

Exposure to/Beliefs about Secondhand Smoke	Prevalence of Exposure/Belief					
	Smokers ¹			Non-Smokers ²		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Exposure in Car ³	61.8%	156	246	23.7%	270	1,143
Exposure Indoors ⁴	72.3%	182	247	42.8%	485	1,145
Exposure in Either Place ⁵	80.3%	202	248	47.0%	535	1,144
Exposure is Harmful ⁶	90.1%	223	247	97.5%	1,119	1,146

n_u = Unweighted number of high school students in each smoking status category reporting ETS exposure at each site or belief that ETS is harmful.

N_u = Unweighted number of high school students in each smoking status category responding to the questions (i.e., denominator).

¹Reported having smoked cigarettes on at least 1 of the last 30 days.

²Reported having smoked cigarettes on none of the last 30 days.

³Reported having ridden in a car with someone who was smoking cigarettes at least 1 day last week.

⁴Reported having been in the same room with someone who was smoking cigarettes at least 1 day last week.

⁵Reported having ridden in a car or been in the same room with someone who was smoking cigarettes at least 1 day last week.

⁶Responded either "definitely yes" or "probably yes" to the question: "Do you think the smoke from other people's cigarettes is harmful to you?"

Data Source: Alaska Youth Risk Behavior Survey, 2003

Data Table for Figure D-2. Percentage of Adults Correctly Identifying Health Consequences of Secondhand Smoke, By Smoking Status, Alaska ATS, 2003

Health Consequence of Secondhand Smoke? ³	Prevalence of Correct Response					
	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Colon Cancer (No)	26.9%	161	616	14.5%	306	1,983
SIDS (Yes)	27.9%	164	616	35.5%	666	1,983
Heart Disease (Yes)	58.0%	341	616	68.0%	1339	1,983
Lung Cancer (Yes)	68.9%	420	616	83.0%	1,617	1,983
Child Respiratory Problems (Yes)	82.5%	517	616	91.5%	1796	1,983
All Correct	3.2%	15	616	2.4%	49	1,983

n_u = Unweighted number of adults in each smoking status category with correct responses to each health consequence question.

N_u = Unweighted number of adults in each smoking status category responding to the questions, including those responding "Don't Know" (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

³Identified whether each health outcome was a consequence of breathing smoke from other people's cigarettes (outcomes presented in random order). Correct response indicated in parentheses.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-3. Adults' Opinions on the Consequences of Secondhand Smoke, By Smoking Status, Alaska ATS, 2003

Group	Prevalence of Belief That Secondhand Smoke is Harmful		
	Weighted %	n_u	N_u
Smokers ¹	86.1%	502	581
Non-Smokers ²	96.2%	1,845	1,925
Overall	93.9%	2,358	2,518

n_u = Unweighted number of adults in each smoking status category reporting that breathing smoke from other people's cigarettes is "Very harmful to one's health" or "Somewhat harmful to one's health".
 N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-4. Adults' Opinions on Protection from Secondhand Smoke, By Smoking Status, Alaska ATS, 2003

Group	Prevalence of Belief in Protection from Secondhand Smoke		
	Weighted %	n_u	N_u
Smokers ¹	75.6%	465	606
Non-Smokers ²	92.2%	1,775	1,939
Overall	88.3%	2,250	2,556

n_u = Unweighted number of adults in each smoking status category agreeing or strongly agreeing with the statement: "People should be protected from smoke from other people's cigarettes".
 N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003



Data Table for Figure D-5. Adults' Opinions on Protection from Secondhand Smoke, By Smoking Status, Alaska ATS, 2003

Group	Prevalence of Belief in No Protection from Secondhand Smoke		
	Weighted %	n_u	N_u
Smokers ¹	19.9%	115	606
Non-Smokers ²	5.9%	131	1,939
Overall	9.2%	247	2,556

n_u = Unweighted number of adults in each smoking status category disagreeing or strongly disagreeing with the statement: "People should be protected from smoke from other people's cigarettes".

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-6. Adults' Opinions on Protection from Secondhand Smoke, By Belief that Secondhand Smoke is Harmful, Alaska ATS, 2003

People Should Be Protected from Secondhand Smoke	Secondhand Smoke is Harmful ¹			Secondhand Smoke is Not Harmful ²		
	Weighted %	n_u	N_u	Weighted %	n_u	N_u
Agree or Neutral ³	93.8%	2,173	2,320	54.1%	74	155
Disagree ⁴	6.2%	147	2,320	45.9%	81	155

n_u = Unweighted number of adults in each secondhand-smoke-is-harmful category with each response on desired protection from secondhand smoke.

N_u = Unweighted number of adults in each secondhand-smoke-is-harmful category responding to the question (i.e., denominator).

¹Adults reporting that breathing smoke from other people's cigarettes is "Very harmful to one's health" or "Somewhat harmful to one's health".

²Adults reporting that breathing smoke from other people's cigarettes is "Not very harmful to one's health" or "Not at all harmful to one's health".

³Agree with, strongly agree with, or have a neutral response to the statement: "People should be protected from smoke from other people's cigarettes".

⁴Disagree or strongly disagree with the statement: "People should be protected from smoke from other people's cigarettes".

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-7. Percentage of Adults Who Believe Smoking Should Be Banned Completely in Day Care Centers, Selected Groups, Alaska BRFSS, 1998 & 2000

Group	Prevalence of Belief in Banning Smoking in Day Care Centers		
	Weighted %	n_u	N_u
Smokers ¹	96.1%	1,005	1,053
Non-Smokers ²	98.3%	2,886	2,922
Males	97.0%	1,797	1,868
Females	98.6%	2,087	2,120
Overall	97.7%	3,884	3,988

n_u = Unweighted number of adults in each smoking status or sex category reporting that smoking should not be allowed at all in day care centers.

N_u = Unweighted number of adults in each smoking status or sex category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Behavioral Risk Surveillance System, 1998 & 2000

Data Table for Figure D-8. Percentage of Adults Who Believe Smoking Should Be Banned Completely in Schools, Selected Groups, Alaska BRFSS, 1998 & 2000

Group	Prevalence of Belief in Banning Smoking in Schools		
	Weighted %	n _u	N _u
Smokers ¹	92.3%	971	1,053
Non-Smokers ²	96.8%	2,820	2,928
Males	94.3%	1,745	1,869
Females	97.2%	2,059	2,125
Overall	95.7%	3,804	3,994

n_u = Unweighted number of adults in each smoking status or sex category reporting that smoking should not be allowed at all in schools.

N_u = Unweighted number of adults in each smoking status or sex category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Behavioral Risk Surveillance System, 1998 & 2000

Data Table for Figure D-9. Adults' Opinions on Tobacco Use on School Grounds, By Smoking Status, Alaska ATS, 2003

Ban Tobacco on School Grounds? ³	Smokers ¹			Non-Smokers ²			Overall		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Strongly Disagree	1.9%	10	520	1.0%	20	1,686	1.2%	30	2,206
Disagree	16.3%	56	520	3.9%	66	1,686	6.8%	122	2,206
Agree	27.8%	146	520	20.1%	353	1,686	21.9%	499	2,206
Strongly Agree	54.0%	308	520	75.0%	1,247	1,686	70.2%	1,555	2,206

n_u = Unweighted number of adults in each smoking status category with each response.

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes on some days or every day.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

³Response to the statement: "Tobacco use by adults should not be allowed on school grounds or at any school events".

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-10. Percentage of Adults Who Believe Smoking Should Be Banned Completely in Restaurants, Selected Groups, Alaska BRFSS, 1998 & 2000

Group	Prevalence of Belief in Banning Smoking in Restaurants		
	Weighted %	n_u	N_u
Smokers ¹	68.4%	334	1,039
Non-Smokers ²	29.1%	2,033	2,902
Males	54.5%	1,030	1,850
Females	63.1%	1,346	2,104
Overall	58.6%	2,376	3,954

n_u = Unweighted number of adults in each smoking status or sex category reporting that smoking should not be allowed at all in restaurants.

N_u = Unweighted number of adults in each smoking status or sex category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Behavioral Risk Surveillance System, 1998 & 2000



Data Table for Figure D-11. Percentage of Adults Who Believe Smoking Should Be Banned Completely in Restaurants, Selected Groups, Alaska ATS, 2003

Group	Prevalence of Belief in Banning Smoking in Restaurants		
	Weighted %	n_u	N_u
Smokers ¹	47.2%	295	603
Non-Smokers ²	78.0%	1,501	1,962
Males	67.2%	777	1,178
Females	74.9%	1,030	1,399
Overall	70.9%	1,807	2,577

n_u = Unweighted number of adults in each smoking status or sex category reporting that smoking should not be allowed at all in restaurants.

N_u = Unweighted number of adults in each smoking status or sex category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-12. Reaction If Smoking Banned Completely in Restaurants, All Adults, Alaska ATS, 2003

If Smoking Banned in Restaurants Would You...	Weighted		
	%	n_u	N_u
Visit More	29.3%	741	2,581
Visit Less	8.3%	203	2,581
It Would Make No Difference	62.4%	1,637	2,581

n_u = Unweighted number of adults with each response.

N_u = Unweighted number of adults responding to the question (i.e., denominator).

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-13. Adults' Reaction If Smoking Banned Completely in Restaurants, By Smoking Status, Alaska ATS, 2003

If Smoking Banned in Restaurants Would You...	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Visit More	6.3%	54	615	36.5%	685	1,954
Visit Less	20.4%	122	615	4.5%	80	1,954
It Would Make No Difference	73.3%	439	615	59.0%	1,189	1,954

n_u = Unweighted number of adults in each smoking status category with each response.

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes on some days or every day.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-14. Percentage of Adults Who Believe Smoking Should Be Banned Completely in Bars, Selected Groups, Alaska ATS, 2003

Group	Prevalence of Belief in Banning Smoking in Bars		
	Weighted %	n _u	N _u
Smokers ¹	6.9%	424	608
Non-Smokers ²	36.6%	1,570	1,961
Males	24.8%	862	1,181
Females	34.7%	1,143	1,400
Overall	29.6%	2,005	2,581

n_u = Unweighted number of adults in each smoking status or sex category reporting that smoking should not be allowed at all in bars.

N_u = Unweighted number of adults in each smoking status or sex category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-15. Reaction If Smoking Banned Completely in Bars, All Adults, Alaska ATS, 2003

If Smoking Banned in Bars Would You...	Weighted		
	%	n_u	N_u
Visit More	19.8%	523	2,566
Visit Less	9.3%	242	2,566
It Would Make No Difference	70.9%	1,801	2,566

n_u = Unweighted number of adults with each response.

N_u = Unweighted number of adults responding to the question (i.e., denominator).

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-16. Adults' Reaction If Smoking Banned Completely in Bars, By Smoking Status, Alaska ATS, 2003

If Smoking Banned in Bars Would You...	Smokers ¹			Non-Smokers ²		
	Weighted			Weighted		
	%	n_u	N_u	%	n_u	N_u
Visit More	1.7%	15	609	25.5%	507	1,946
Visit Less	29.5%	181	609	3.1%	60	1,946
It Would Make No Difference	68.8%	413	609	71.4%	1,379	1,946

n_u = Unweighted number of adults in each smoking status category with each response.

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes on some days or every day.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-17. Percentage of Adults Who Believe Smoking Should Be Banned Completely in Indoor Work Areas, Selected Groups, Alaska BRFSS, 1998 & 2000

Group	Prevalence of Belief in Banning Smoking in Work Areas		
	Weighted %	n_u	N_u
Smokers ¹	59.8%	625	1,032
Non-Smokers ²	79.9%	2,330	2,893
Males	69.2%	1,263	1,832
Females	81.2%	1,704	2,106
Overall	75.0%	2,967	3,938

n_u = Unweighted number of adults in each smoking status or sex category reporting that smoking should not be allowed at all in indoor work areas.

N_u = Unweighted number of adults in each smoking status or sex category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Behavioral Risk Surveillance System, 1998 & 2000



Data Table for Figure D-18. Percentage of Adults Who Believe Smoking Should Be Banned Completely in Indoor Work Areas, Selected Groups, Alaska ATS, 2003

Group	Prevalence of Belief in Banning Smoking in Work Areas		
	Weighted %	n_u	N_u
Smokers ¹	60.4%	362	599
Non-Smokers ²	88.3%	1,677	1,937
Males	77.4%	878	1,162
Females	86.3%	1,171	1,386
Overall	81.7%	2,049	2,548

n_u = Unweighted number of adults in each smoking status or sex category reporting that smoking should not be allowed at all in indoor work areas.

N_u = Unweighted number of adults in each smoking status or sex category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-19. Percentage of Adults Who Believe Smoking Should Be Banned Completely in Malls, Selected Groups, Alaska ATS, 2003

Group	Prevalence of Belief in Banning Smoking in Malls		
	Weighted %	n_u	N_u
Smokers ¹	71.5%	424	608
Non-Smokers ²	80.9%	1,570	1,961
Males	74.6%	862	1,181
Females	83.2%	1,143	1,400
Overall	78.8%	2,005	2,581

n_u = Unweighted number of adults in each smoking status or sex category reporting that smoking should not be allowed at all in indoor shopping malls.

N_u = Unweighted number of adults in each smoking status or sex category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003



Data Table for Figure D-20. Rules for Smoking in House, By Smoking Status (Adults), Alaska BRFSS, 2001

Rules for Smoking in Your House	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Not Allowed Anywhere ³	48.3%	370	806	87.7%	1,594	1,834
Allowed in Some Areas ⁴	26.4%	210	806	4.9%	95	1,834
Allowed Anywhere ⁵	6.7%	65	806	1.0%	18	1,834
No Rules ⁶	18.6%	161	806	6.4%	127	1834

n_u = Unweighted number of adults in each smoking status category with each response.

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes on some days or every day.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

³Reported that smoking is not allowed anywhere inside his or her home.

⁴Reported that smoking is allowed in some places or at some times inside his or her home.

⁵Reported that smoking is allowed anywhere inside his or her home.

⁶Reported that there are no rules about smoking inside his or her home.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 2001

Data Table for Figure D-21. Percentage of Adults Exposed to Secondhand Smoke in Their Home in the Past Month, By Smoking Status, Alaska BRFSS, 1998 & 2000

Group	Prevalence of Exposure		
	Weighted %	n _u	N _u
Smokers ¹	61.1%	654	1,062
Non-Smokers ²	10.9%	321	2,948
Overall	23.6%	975	4,010

n_u = Unweighted number of adults in each smoking status category reporting that in the past 30 days anyone, including themselves, smoked cigarettes, cigars, or pipes anywhere inside their home.

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Behavioral Risk Surveillance System, 1998 & 2000

Data Table for Figure D-22. Percentage of Adults Exposed to Secondhand Smoke in Their Home 1+ Days Last Week, By Smoking Status, Alaska ATS, 2003

Group	Prevalence of Exposure		
	Weighted %	n_u	N_u
Smokers ¹	44.7%	269	606
Non-Smokers ²	5.9%	103	1,972
Overall	14.9%	372	2,588

n_u = Unweighted number of adults in each smoking status category reporting that on at least 1 of the past 7 days anyone, including themselves, smoked cigarettes, cigars, or pipes anywhere inside their home.

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-23. Percentage of Adults Exposed to Secondhand Smoke in Their Home Every Day Last Week, By Smoking Status, Alaska ATS, 2003

Group	Prevalence of Exposure		
	Weighted %	n_u	N_u
Smokers ¹	37.3%	221	606
Non-Smokers ²	3.8%	64	1,972
Overall	11.6%	285	2,588

n_u = Unweighted number of adults in each smoking status category reporting that on all 7 of the past 7 days anyone, including themselves, smoked cigarettes, cigars, or pipes anywhere inside their home.

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-24. Rules for Smoking in House, By Smoking Status (Adults), Alaska ATS, 2003

Rules for Smoking in Your House	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Not Allowed Anywhere ³	55.4%	330	612	90.7%	1,765	1,965
Allowed in Some Areas ⁴	21.2%	125	612	5.7%	119	1,965
Allowed Anywhere ⁵	23.3%	157	612	3.6%	81	1,965

n_u = Unweighted number of adults in each smoking status category with each response.

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes on some days or every day.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

³Reported that smoking is not allowed anywhere inside his or her home.

⁴Reported that smoking is allowed in some places or at some times inside his or her home.

⁵Reported that smoking is allowed anywhere inside his or her home.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-25. Exposure to Secondhand Smoke in Home in Past Week, By Rules for Smoking in Home (Adults), Alaska ATS, 2003

Exposure Last Week ⁴	Allowed Nowhere ¹			Allowed Allowed Some Places ²			Allowed Anywhere ³		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u	Weighted %	n _u	N _u
1+ Days	2.8%	49	2,094	69.3%	144	240	77.5%	179	234
0 Days	97.2%	2,045	2,094	30.7%	96	240	22.5%	55	234

n_u = Unweighted number of adults in each home-smoking-rules category with each response.

N_u = Unweighted number of adults in each home-smoking-rules category responding to the question (i.e., denominator).

¹Adults reporting that smoking is not allowed anywhere inside their home.

²Adults reporting that smoking is allowed in some places or at some times inside their home.

³Adults reporting that smoking is allowed anywhere inside their home.

⁴Number of days in the past week that someone smoked cigarettes, cigars, or pipes anywhere inside their home.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-26. Rules for Smoking in Car, By Smoking Status (Adults), Alaska ATS, 2003

Rules for Smoking in Your Car	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Never Allowed ³	26.3%	151	524	82.8%	1,364	1,690
Sometimes Allowed ⁴	45.8%	220	524	13.0%	224	1,690
Always Allowed ⁵	25.5%	133	524	2.7%	48	1,690
Do Not Own Car ⁶	2.3%	20	524	1.5%	54	1,690

n_u = Unweighted number of adults in each smoking status category with each response.
N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes on some days or every day.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

³Reported that smoking is never allowed in any enclosed vehicle.

⁴Reported that smoking is allowed sometimes or in some enclosed vehicles.

⁵Reported that smoking is allowed in all enclosed vehicles.

⁶Reported that the family does not own an enclosed vehicle.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-27. Percentage of Adults Exposed to Secondhand Smoke in A Car 1+ Days Last Week, By Smoking Status, Alaska ATS, 2003

Group	Prevalence of Exposure		
	Weighted %	n _u	N _u
Smokers ¹	62.7%	345	616
Non-Smokers ²	12.0%	238	1,979
Overall	24.0%	584	2,606

n_u = Unweighted number of adults in each smoking status category reporting that on at least 1 of the past 7 days anyone, including themselves, smoked cigarettes, cigars, or pipes anywhere inside a car in which they were riding.

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-28. Exposure to Secondhand Smoke in Car in Past Week, By Rules for Smoking in Car (Adults), Alaska ATS, 2003

Exposure Last Week ³	Never Allowed ¹			Allowed Some/All Times ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Yes	9.6%	160	1,762	59.2%	394	706
No	90.4%	1,602	1,762	40.8%	312	706

n_u = Unweighted number of adults in each car-smoking-rules category with each response.

N_u = Unweighted number of adults in each car-smoking-rules category who report owning a vehicle responding to the question (i.e., denominator).

¹Adults reporting that smoking is never allowed in their car.

²Adults reporting that smoking is sometimes or always allowed in their car.

³Reported that he or she was in a car with someone who was smoking cigarettes, cigars, or pipes in the past week.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-29. Percentage of Employed Adults Exposed to Secondhand Smoke at Work 1+ Days Last Week, By Smoking Status, Alaska ATS, 2003

Group	Prevalence of Exposure		
	Weighted %	n _u	N _u
Smokers ¹	17.1%	53	281
Non-Smokers ²	7.2%	84	1,114
Overall	9.1%	138	1,401

n_u = Unweighted number of adults in each smoking status category reporting that on at least 1 of the past 7 days anyone, including themselves, smoked cigarettes, cigars, or pipes anywhere in their work area.

N_u = Unweighted number of adults in each smoking status category who report being employed and working mostly indoors responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-30. Rules for Smoking at Work (Work Areas) Among Employed Adults, By Smoking Status, Alaska ATS, 2003

Rules for Smoking in Work Areas	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Not Allowed Anywhere ³	79.2%	210	279	86.0%	956	1,118
Allowed in Some/All Areas ⁴	11.4%	44	279	8.9%	101	1,118
No Official Policy ⁵	9.4%	25	279	5.1%	61	1,118

n_u = Unweighted number of adults in each smoking status category with each response.

N_u = Unweighted number of adults in each smoking status category who report being employed and working mostly indoors responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes on some days or every day.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

³Reported that smoking is not allowed anywhere in work areas.

⁴Reported that smoking is allowed in some or all work areas.

⁵Reported that there is no official policy on smoking in work areas.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-31. Rules for Smoking at Work (Common Areas) Among Employed Adults, By Smoking Status, Alaska ATS, 2003

Rules for Smoking in Common Areas	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Not Allowed Anywhere ³	79.6%	211	275	87.0%	955	1,108
Allowed in Some/All Areas ⁴	10.4%	35	275	7.7%	87	1,108
No Official Policy ⁵	10.0%	29	275	5.3%	66	1,108

n_u = Unweighted number of adults in each smoking status category with each response.

N_u = Unweighted number of adults in each smoking status category who report being employed and working mostly indoors responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes on some days or every day.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

³Reported that smoking is not allowed anywhere in common areas at work.

⁴Reported that smoking is allowed in some or all common areas at work.

⁵Reported that there is no official policy on smoking in common areas at work.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-32. Exposure to Secondhand Smoke at Work in Past Week, By Rules for Smoking at Work (Work Areas; Adults), Alaska ATS, 2003

Exposure Last Week ³	Never Allowed ¹			Allowed in Some/All Work Areas ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Yes	2.8%	32	1,165	48.7%	66	142
No	97.3%	1,133	1,165	51.4%	76	142

n_u = Unweighted number of adults in each work-smoking-rules category with each response.
N_u = Unweighted number of adults in each work-smoking-rules category who report being employed and working mostly indoors responding to the question (i.e., denominator).

¹Adults reporting that smoking is not allowed in any work areas.

²Adults reporting that smoking is allowed in some or all work areas at work.

³Reported that someone smoked cigarettes, cigars, or pipes at work in the past week.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-33. Rules for Smoking at Work (Work Areas) Among Employed Adults, By Smoking Status, Alaska BRFSS, 1998 & 2000

Rules for Smoking in Work Areas	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Not Allowed Anywhere ³	75.0%	502	660	88.1%	1,734	1,964
Allowed in Some Areas ⁴	14.3%	97	660	5.8%	122	1,964
Allowed in All Places ⁵	5.4%	22	660	2.0%	29	1,964
No Official Policy ⁶	5.3%	39	660	4.1%	79	1,964

n_u = Unweighted number of adults in each smoking status category with each response.
N_u = Unweighted number of adults in each smoking status category who report being employed and working mostly indoors responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes on some days or every day.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

³Reported that smoking is not allowed anywhere in work areas.

⁴Reported that smoking is allowed in some work areas.

⁵Reported that smoking is allowed in all work areas.

⁶Reported that there is no official policy on smoking in work areas.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 1998 & 2000

Data Table for Figure D-34. Rules for Smoking at Work (Common Areas) Among Employed Adults, By Smoking Status, Alaska BRFSS, 1998 & 2000

Rules for Smoking in Common Areas	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
Not Allowed Anywhere ³	6.9%	482	660	84.9%	1,693	1,963
Allowed in Some Areas ⁴	20.2%	107	660	9.2%	157	1,963
Allowed in All Places ⁵	4.2%	21	660	1.4%	27	1,963
No Official Policy ⁶	6.7%	50	660	4.5%	86	1,963

n_u = Unweighted number of adults in each smoking status category with each response.

N_u = Unweighted number of adults in each smoking status category who report being employed and working mostly indoors responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes on some days or every day.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

³Reported that smoking is not allowed anywhere in common areas at work.

⁴Reported that smoking is allowed in some common areas at work.

⁵Reported that smoking is allowed in all common areas at work.

⁶Reported that there is no official policy on smoking in common areas at work.

Data Source: Alaska Behavioral Risk Factor Surveillance System, 1998 & 2000

Data Table for Figure D-35. Number of Adult Smokers in Household, By Smoking Status, Alaska ATS, 2003

Number of Adult Smokers in Home ³	Smokers ¹			Non-Smokers ²		
	Weighted %	n _u	N _u	Weighted %	n _u	N _u
0 Smokers	33.0%	160	421	83.9%	1,162	1,403
1 Smoker	48.9%	201	421	13.2%	206	1,403
2+ Smokers	18.0%	60	421	2.9%	35	1,403

n_u = Unweighted number of adults in each smoking status category with each response.

N_u = Unweighted number of adults in each smoking status category who live with at least 1 other adult responding to the question (i.e., denominator).

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes on some days or every day.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

³Number of adults (other than respondent) living in respondent's household who smoke cigarettes, cigars, or pipes.

Data Source: Alaska Adult Tobacco Survey, 2003

Data Table for Figure D-36. Percentage of Adults Exposed to Secondhand Smoke at Home, Work, or in a Car 1+ Days Last Week, By Smoking Status, Alaska ATS, 2003

Group	Prevalence of Exposure		
	Weighted %	n_u	N_u
Smokers ¹	88.1%	435	502
Non-Smokers ²	26.6%	344	1,250
Overall	43.8%	781	1,759

n_u = Unweighted number of adults in each smoking status category reporting that on at least 1 of the past 7 days anyone, including themselves, smoked cigarettes, cigars, or pipes anywhere inside their home, in a car in which they were riding, or at their workplace.

N_u = Unweighted number of adults in each smoking status category responding to the question (i.e., denominator). (Excludes respondents who (a) had missing data for all 3 questions on exposure, or (b) had missing data on at least exposure question and indicated "no exposure" on the remaining exposure questions.)

¹Adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoking cigarettes every day or some days.

²Adults reporting having smoked fewer than 100 cigarettes in their lifetime and those reporting currently not smoking cigarettes any days.

Data Source: Alaska Adult Tobacco Survey, 2003



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June, 2006

This publication was released by the Alaska Department of Health & Social Services and was produced at a cost of \$9.68 per copy. It was designed by the Section of Epidemiology of the Alaska Division of Public Health. It was printed in Anchorage, AK (AS44.99.1400)