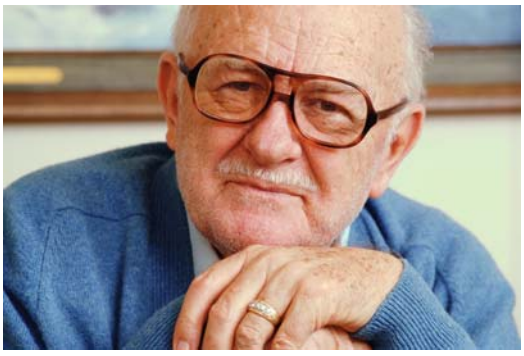
2005
West Virginia
Adult Tobacco Survey

January 2007

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Office of Epidemiology & Health Promotion
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Joe Manchin III, Governor
Martha Yeager Walker, Secretary

2005 West Virginia Adult Tobacco Survey

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Introduction

According to the 2004 Surgeon General's Report on Smoking[1] smoking causes more preventable, premature deaths than any other health-risk behavior in the United States. Smoking cigarettes harms nearly every organ in the body. New evidence shows that smoking causes more diseases than known previously, including stomach cancer, uterine cancer, cataracts, and worsened health status generally.

Reductions in adult tobacco use would result in decreased exposure to secondhand smoke, a serious health risk causing additional smoking-related diseases to smokers and non-smokers alike. Furthermore, when adults abstain from smoking, they model healthy behavior and promote to youth the fact that smoking is not a common or acceptable behavior.

On average, 11 West Virginians die every day because they smoked cigarettes. That's nearly 1 in 5 deaths in our state caused by smoking! Although the death certificates may list the cause of death as lung cancer, heart disease, emphysema, or asthma—"cigarette smoking" could just as well have been listed. Those who die from smoking-related diseases come from all walks of life, all professions, all socioeconomic groups, all family situations, all religions, all ethnic backgrounds. The loss of each of these lives to tobacco is immeasurable, and preventable.[2]

The direct health care costs of cigarette smoking in the state of West Virginia are staggering, estimated at over a billion dollars in 2004. Combined with mortality-related productivity losses, the total exceeds $2 billion ANNUALLY! Every resident smoker costs West Virginia's employers an average of $5,300 in extra healthcare costs, and almost every health insurer has premium differentials for smokers due to these additional costs.[3]

Spit tobacco use may lead to cancers of the mouth, throat, cheek, gums, lips, and tongue, leading to disfigurement and death. The prevalence of smokeless tobacco use among WV adult males is about 16 percent, which is twice the national average.[4] ("Smoking is Killing (and Costing) Us", August 2005; Behavioral Risk Factor Surveillance System (BRFSS), 2005). Research and clinical evaluation continues to show mounting evidence of a myriad of health problems caused by smokeless tobacco use.

It is undeniable that ANY and ALL tobacco use is habituating, addictive, and causes disease! The prevalence of tobacco use is much higher among adults with lower levels of education and lower incomes. The use of all tobacco products, in any form, places West Virginia residents at greater risk for negative health outcomes.[5]

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[1] U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA: U. S Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.

[2] West Virginia Department of Health and Human Resources. Tobacco Is Killing (And Costing Us). Charleston, WV: Bureau for Public Health, 2005.

[3] Ibid.

[4] West Virginia Bureau for Public Health. 2005 Behavioral Risk Factor Surveillance System Report. Charleston, WV: West Virginia Department of Health and Human Resources, 2007.

[5] West Virginia Department of Health and Human Resources. The Use of *Snus* as a Harm Reduction Product. Charleston, WV: Bureau for Public Health, 2006.

Importance of the Adult Tobacco Survey

The 2005 West Virginia Adult Tobacco Survey (WVATS) was conducted in the fall of 2005. It was designed to determine the prevalence of tobacco use and exposure to secondhand smoke in West Virginia, and to gather beliefs and opinions West Virginians have about tobacco and health. This report provides valuable data that can be used for planning and evaluation. It will also serve as a baseline; the WVATS will be conducted every two years provided funding remains available.

The WVATS is a primary tool to measure effectiveness of on-going adult tobacco prevention and cessation programs, especially those funded by the State Legislature through the West Virginia Department of Health and Human Resources' (DHHR) Division of Tobacco Prevention (DTP). Evaluating adult tobacco use and cessation is critical to reducing smoking-related morbidity and mortality, to limiting exposure to secondhand smoke, to limiting ill-health caused by habitual smokeless tobacco use, and to promoting reductions in youth smoking and other tobacco use.

West Virginia's Legislature and DHHR many years ago recognized and enabled local boards of health to promulgate locally enforced smoking prohibitions. DHHR has long supported a policy that the only way to effectively eliminate health risks associated with indoor exposure to secondhand smoke is to completely ban smoking indoors. This policy is based on strong scientific evidence, consensus of the medical community, and common accord of both private and public regulatory agency positions, that the only way to effectively eliminate health risks associated with indoor exposure to secondhand smoke is to completely prohibit smoking. (All references in this paragraph are from the DHHR Position Statement on Clean Indoor Air Regulation, revised March, 2006.)

West Virginia is a national leader in educating the public about secondhand smoke, and passage of locally enforced clean indoor air regulations. All counties have some type of smoking prohibition: local boards of health have passed regulations in 54 of 55 counties, and a comprehensive city regulation (in Marlinton) is in effect in the remaining county (Pocahontas). Six of the board of health regulations are comprehensive, inclusive of all workplaces, bars and restaurants, and have very few exemptions. In addition, many businesses in counties not covered by a comprehensive regulation prohibit smoking in their facilities. Several WVATS questions measured knowledge of the hazards of secondhand smoke (SHS). Ninety percent of respondents—including 83% of all smokers, recognized that SHS is harmful to health.

The growth of smoking prohibitions led us to investigate whether some smokers were using smokeless tobacco when they could not smoke, or preferred not to smoke. Twenty-two percent of current smokers indicated they did so *often, sometimes, or rarely.* The respective percents for men and women are 28 percent and 15 percent. This poly-tobacco use is a matter of significant concern, especially with the probability that these individuals are becoming addicted to two different tobacco products, both having significant health risks. Furthermore, this may exacerbate the challenges they may encounter when they try to quit all tobacco use.

Summary of Findings

Key findings of the 2005 West Virginia Adult Tobacco Survey include the following:

Patterns of Tobacco Use

- 25.4% of adult West Virginians are smokers. A slightly higher percentage of men smoke (27.9%) than women (23.0%).
- 23.3% of adults in West Virginia are former smokers, and 51.2% never smoked.
- The average adult smoker in West Virginia consumes about a pack a day. Women average just under, at 19 cigarettes, and men just over, at 22.
- Slightly more than a third (36.8%) light up within 5 minutes of waking.
- 16.0% of males and 2.6% of females report using spit tobacco.
- 22.5% of current smokers reported also using smokeless tobacco in certain situations. This includes 28.6% of male smokers and 15.5% of females.

Exposure to Secondhand Smoke, Clean Indoor Air and Other Smoking Restriction Policies

- 64.1% of West Virginia homes have rules that forbid smoking anywhere in the house. Only 18.6% had no rules about smoking.
- 29.5% of smokers do not allow smoking in their homes.
- 85.2% of non-smokers were not exposed to secondhand smoke in their home, compared to only 30.8% of smokers.
- 77.5% of employees who work indoors report that their employer forbids smoking anywhere in their work area; 81.0% report that smoking is not allowed in indoor public or common areas such as lobbies and lunchrooms.
- 92.1% of adults know that secondhand smoke is harmful to non-smokers.

Smoking Cessation

- 48.8% of all smokers in West Virginia made a quit attempt during the 12 months prior to the survey.
- 14.8% of smokers who tried to quit during that same time period were successful.

Health Status

- Only 35.0% of smokers rated their health as very good or excellent, compared to 43.8% of former smokers and 56.0% of those who had never smoked.

Methodology

The ATS was conducted by the Independent Data Collection Center (IDCC), in Gainesville, FL. Most of the questions were provided by the Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health, and are identical to questions appearing on ATS surveys in other states. CDC staff and consultants provided substantial assistance before, during, and after the survey was conducted. Four additional questions were included in the West Virginia survey. The Evaluation Oversight and Coordinating Unit (EOCU) at West Virginia University's Prevention Research Center provided oversight of the WVATS. This included several trips to the IDCC to train the interviewers and to conduct onsite monitoring of interviews.

The Survey was administered by telephone to 2008 West Virginians aged 18 and over. 818 males and 1190 females responded to the survey.

The sample of telephone numbers was provided by CDC, using GENESYS Sampling Systems. Random digit dialing (RDD) procedures were followed. Sample telephone numbers were grouped in replicates of 50. A replicate is a subset of a sample that in itself is a probability sample from a designated sampling frame or subframe. Each replicate contained telephone numbers from listed and non-listed numbers in West Virginia.

Using a conservative definition of response rates, we used CDC's recommended formula for the ATS, which is consistent with the American Association for Public Opinion Research's (AAPOR) Response Rate 4. In this method complete and partially completed interviews are the numerator. They were also placed into the denominator, as were households in which no interview was completed, along with calls made to locations where the eligibility could not be determined. The response rate was 36.5%.

Disposition of telephone numbers in the sample: WVATS 2005

Disposition	Number	Percent
Completed interview…….	2008	18.77
Terminated within questionnaire…….....	73	0.68
Refusal after respondent selection…….....	369	3.45
Selected respondent never reached or was reached but did not begin interview during interview period……	115	1.07
Selected respondent away from residence during entire interviewing period…...	87	0.81
Language problem after respondent selection…….....	12	0.11
Selected respondent physically or mentally unable to complete and interview during the entire interviewing period…….	48	0.45
Hang up or termination after number of adults recorded but before respondent selection……..	18	0.17
Household contact after number of adults recorded but before respondent selection…….	1	0.01
Household members away from residence during entire interviewing period…...	39	0.36
Hang up or termination, housing unit, unknown if eligible respondent.....	894	8.36
Household contact, eligibility undetermined……	350	3.27
Language problem before respondent selection…….....	44	0.41
Physical or mental impairment before respondent selection……..	32	0.30
Hang-up termination, unknown if private residence…….	649	6.07
Contact, unknown if private number…….	102	0.95
Telephone answering device, message confirms private residential status.....	368	3.44
Telecommunication technological barrier, message confirms private residential status…….....	43	0.40
Telephone answering device, not sure if private residence…….....	61	0.57
Telecommunication technological barrier, not sure if private residence….....	23	0.21
Telephone number has changed status from household or possible household to non-working during the interviewing period…….....	165	1.54
No answer……...	181	1.69
Busy…….	35	0.33
A listed number that was never called, although it should have been called…….	1	0.01
A not-listed one plus block number that was never called, although it should have been called……..	1	0.01
Out-of-state…….....	6	0.06
Household, no eligible respondent…….....	6	0.06
Not a private residence……	1325	12.38
Dedicated fax/data/modem line with no human contact…….....	187	1.75
Cellular telephone……...	50	0.47
Fast busy…….....	85	0.79
Non-working/disconnected number……	3322	31.05
Total……	10,700	100.00

Demographic Characteristics of the 2005 WVATS Sample

Demographic Characteristics	Number of Interviews	% Unweighted Sample	% Weighted Sample
Total	**2008**	**100.0%**	**100.0%**
Sex			
Male	818	40.7%	48.0
Female	1190	59.3%	52.0
Age			
18-24	90	4.5%	12.4%
25-34	208	10.4%	15.5%
35-44	295	14.7%	18.0%
45-54	404	20.1%	19.6%
55-64	418	20.8%	14.3%
65+	576	28.7%	19.6%
Unknown	17	0.8%	0.6%
Education			
<12 Years	248	12.4%	11.5%
HS Diploma or GED	816	40.6%	42.4%
Some College	458	22.8%	22.6%
College Graduate	457	22.8%	22.1%
Unknown	29	1.4%	1.4%
Household Income			
< $15,000	207	10.3%	7.8%
$15,000 - $24,999	415	20.7%	19.4%
$25,000 - $34,999	306	15.2%	16.1%
$35,000 - $49,999	267	13.3%	15.4%
$50,000 - $74,999	209	10.4%	11.0%
$75,000 +	223	11.1%	12.1%
Unknown	381	19.0%	18.2%

Smoking Prevalence

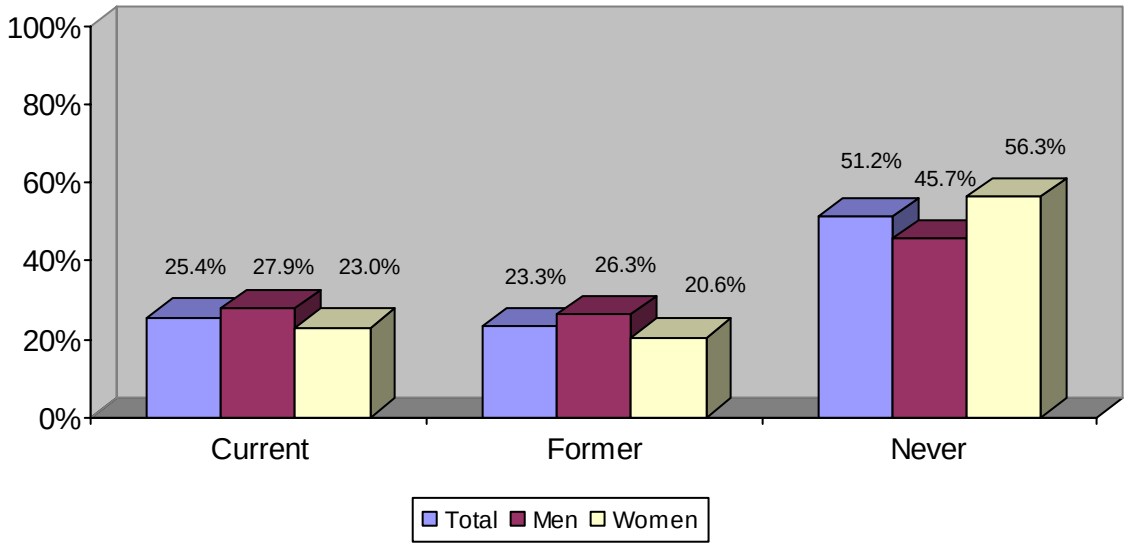
Current Cigarette Smoking

Characteristic	Men			Women			Total		
	# Resp.	%	95% CI	# Resp.	%	95% CI	# Resp	%	95% CI
TOTAL	**197**	**27.9**	**24.0-31.9**	**227**	**23.0**	**19.7-26.4**	**424**	**25.4**	**22.8-28.0**
Age									
18-24	23	46.1	38.2-61.8	12	35.1	17.1-53.0	35	40.7	29.1-52.4
25-34	27	32.8	21.2-44.3	44	40.1	30.2-50.0	71	36.4	28.9-44.0
35-44	37	28.6	20.1-37.1	44	26.6	19.1-34.1	81	27.6	21.9-33.2
45-54	46	27.4	19.8-34.9	49	21.5	15.5-27.6	95	24.4	19.6-29.2
55-64	43	27.9	18.8-36.9	48	19.3	13.9-24.6	91	23.5	18.2-28.9
65+	21	10.2	7.2-14.7	29	6.1	4.1-9.2	50	8.1	5.7-10.5
Education									
Less than H.S.	28	26.9	16.4-37.4	40	32.0	21.9-42.0	68	29.7	22.5-36.9
H.S. or G.E.D.	106	40.2	33.4-47.1	102	27.5	22.0-33.1	208	33.8	29.3-38.2
Some Post-H.S.	32	20.7	13.6-27.7	57	22.7	15.6-29.8	89	21.9	16.8-27.0
College Graduate	28	12.2	7.6-16.8	27	10.1	5.8-14.5	55	11.2	8.1-14.4
Income									
Less than $15,000	30	46.5	31.0-61.9	43	35.3	25.2-45.4	73	39.8	31.1-48.5
$15,000-24,999	50	39.3	29.4-49.3	60	30.7	23.1-38.2	110	34.7	28.5-40.9
$25,000-34,999	27	27.2	17.2-37.1	37	24.1	15.2-33.0	64	25.5	18.9-32.2
$35,000-49,999	30	31.4	20.5-42.4	21	20.2	10.1-30.2	51	26.2	18.6-33.7
$50,000-74,999	14	15.6	6.9-24.2	13	11.1	4.9-17.3	27	13.3	8.0-18.6
$75,000+	16	14.1	7.2-21.0	23	24.0	14.5-33.4	39	18.5	12.8-24.2

Cigarette smoking remains a major public health challenge in West Virginia, with 25.4% of adults being current cigarette smokers (27.9% men; 23.0% women). Rates are highest among adults in the lowest income groups. Prevalence by education ranges from 33.8% among those with a high school diploma/GED, to 11.2% among college graduates. Smoking prevalence declines with increasing age. While 40.7% of West Virginians between the ages of 18-24 are smokers, only 8.1% of persons 65 and over smoke.

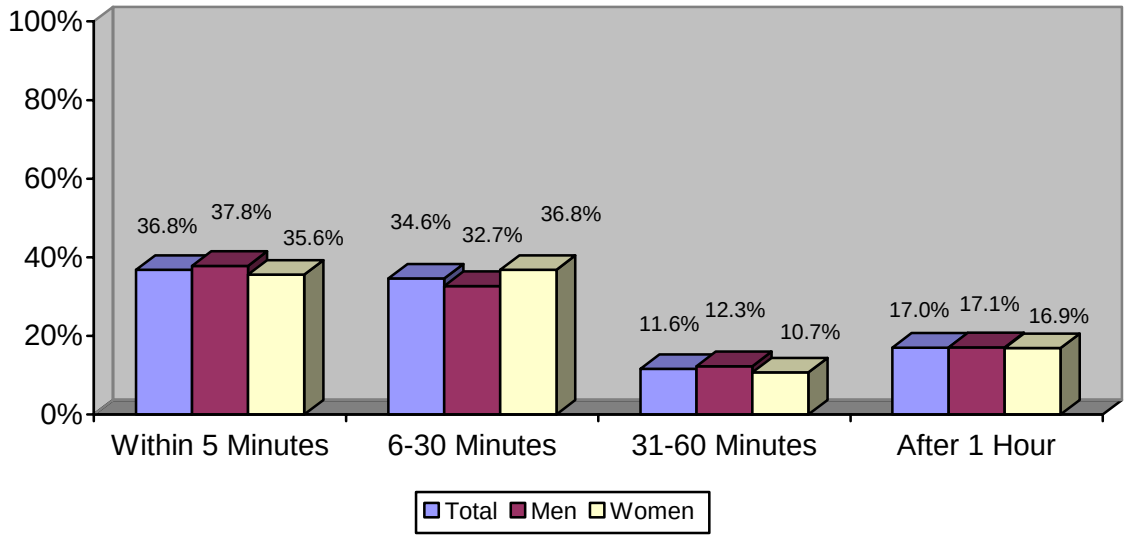
This prevalence estimate is much higher than the West Virginia Healthy People 2010 objectives, which have a target adult smoking rate of 20%.

Smoking Status of West Virginia Adults



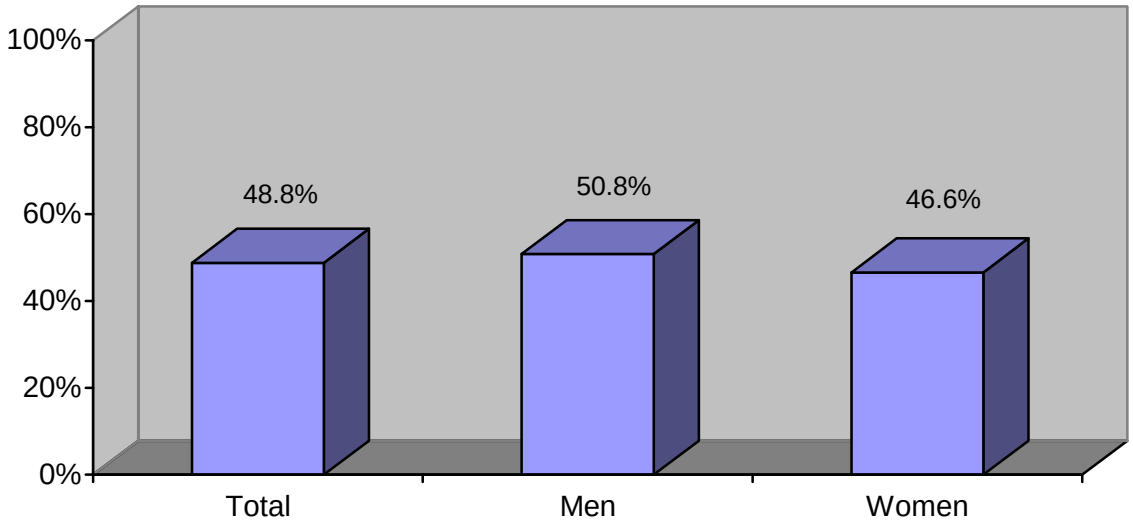
Women are more likely to be never smokers, but if they do smoke, they have greater difficulty quitting than men. Men have greater success in quitting, and therefore are more likely to be former smokers.

How Soon After Awakening Current Smokers Have Their First Cigarette

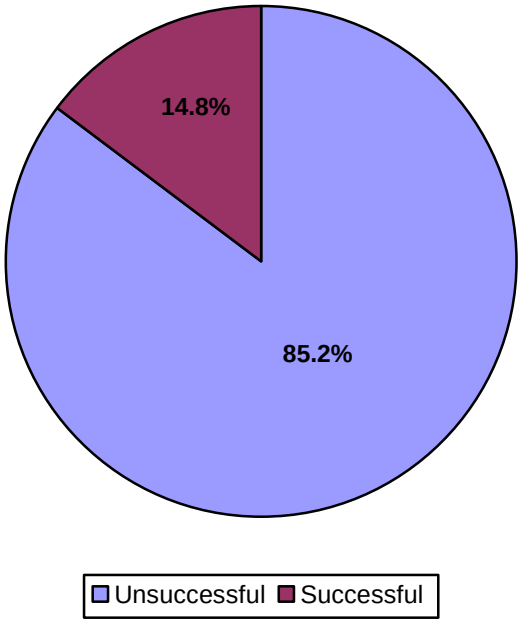


How soon after waking an individual craves nicotine is an indication of how strongly he or she is addicted. Over one-third (36.8%) of West Virginia adult smokers have their first cigarette almost immediately upon waking; 71.4% light up within 30 minutes.

Current Smokers Who Have Stopped Smoking for One Day or Longer In the Past 12 Months

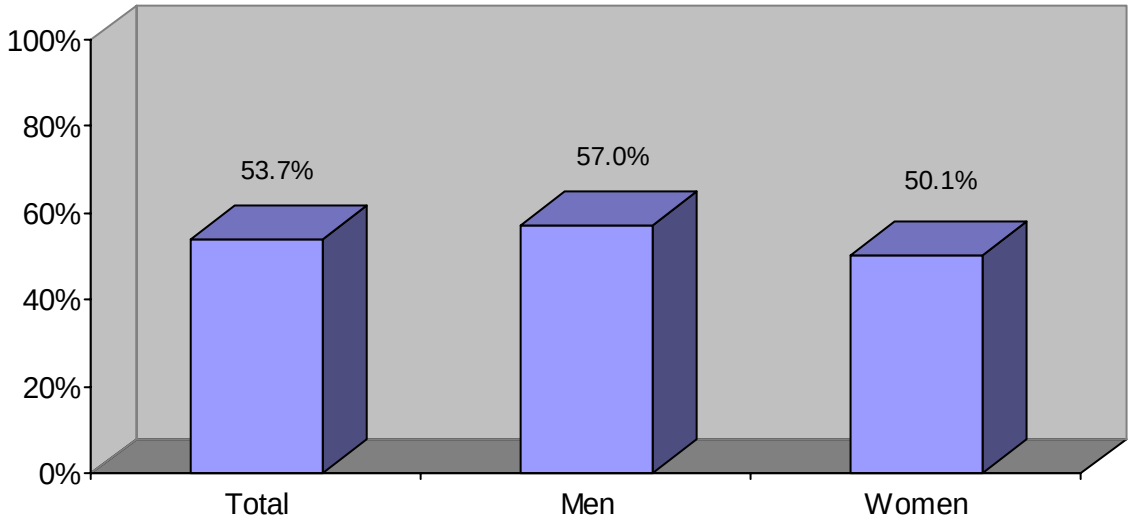


Result of Smoking Cessation Attempt in Previous 12 Months
(Among Current Smokers)



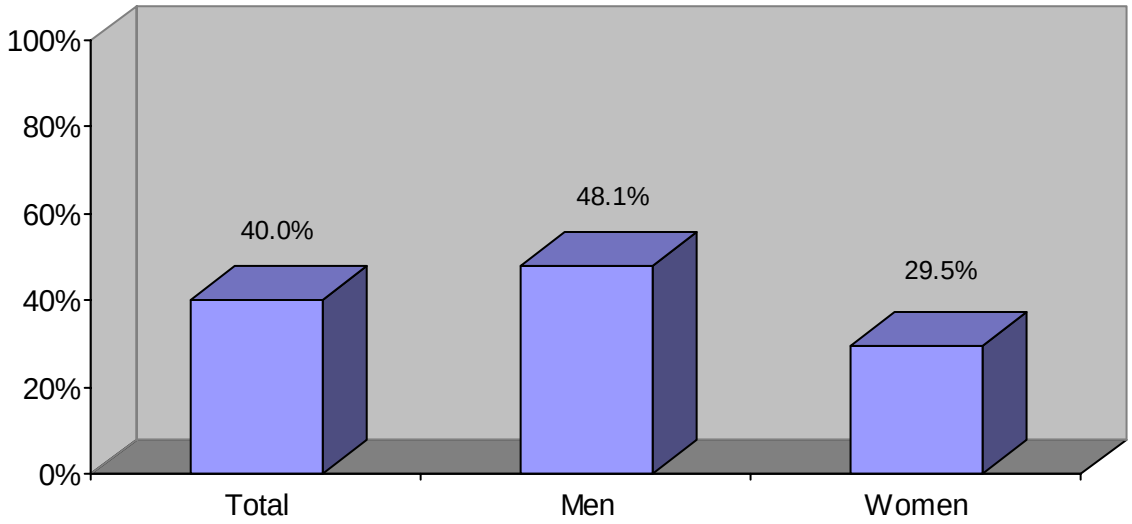
The data clearly show that smokers want to quit. Nearly half of all smokers in West Virginia made a quit attempt during the 12 months prior to the survey. But quitting is very difficult. Only 14.8% of smokers who tried to quit in the previous 12 months were successful.

Current Smokers Seriously Considering Quitting Within the Next Six Months



Current Smokers Planning to Stop Smoking Within the Next 30 Days

(Among Smokers Considering Quitting Within 6 Months)

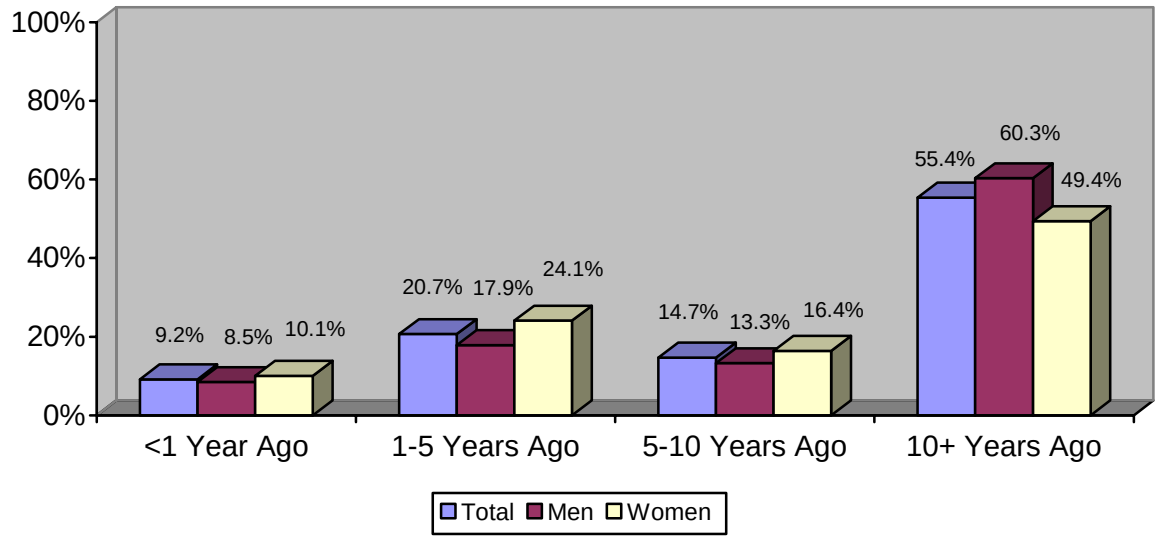


This desire to quit is also confirmed by smokers reporting their plans for the near future: 53.7% of current smokers reported that they were “seriously considering” stopping smoking in the next 6 months. In Stages of Change terms these are “contemplators.” Among the contemplators (which include 79.9% of those who tried to quit in the previous 12 months), 40.0% said they were planning to stop smoking in the next 30 days. This group of smokers is in the “preparation” stage.

The desire to quit smoking is both impressive and striking. It is impressive in that it demonstrates that most people who smoke want to quit. It is striking in that it underscores the addictive nature of tobacco. As pointed out in the landmark 1988 Surgeon General Report: *The Health Consequences of Smoking: Nicotine Addiction*, "The pharmacological and behavioral processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine."[6]

It is vital that West Virginia help these smokers quit and stay quit by allocating sufficient resources in a multi-pronged approach, including readily accessible quit line services. Examples of these resources include: free or minimal cost nicotine replacement therapy, individual coaching/counseling and/or group cessation such as Freedom from Smoking©, and/or brief counseling interventions from health care providers. It is critical that healthcare providers offer tobacco cessation advice and that they are aware of and encourage the use of West Virginia Tobacco Quit Line services.

Last Time Regularly Smoked Cigarettes
(Among Former Smokers)

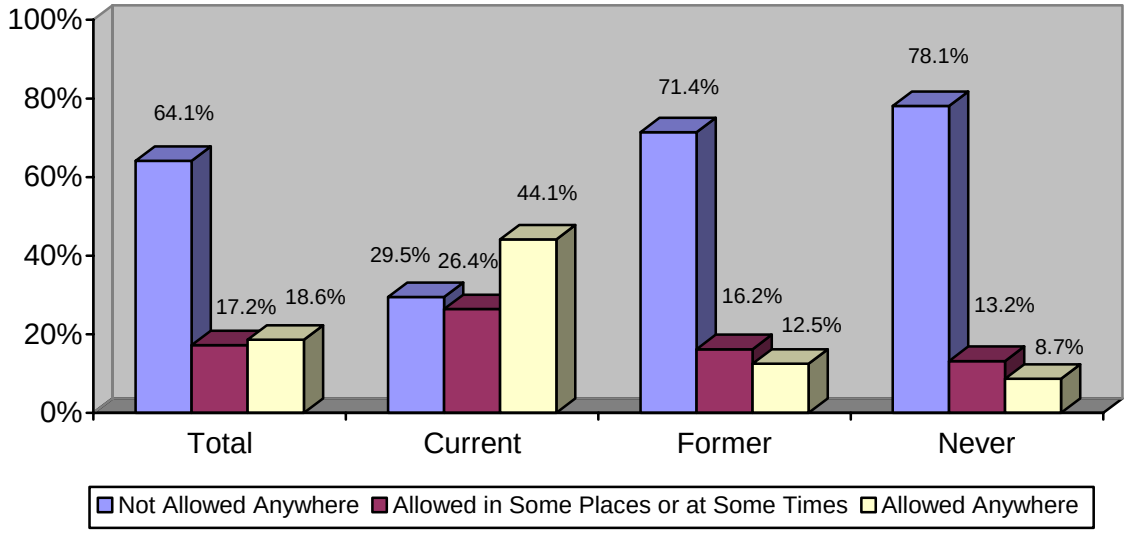


Among the 23.3% of adult West Virginians who are former smokers, 9.2% quit smoking in the previous 12 months. This group of recent quitters accounts for only 14.8% of all those who tried to quit in the past year; 85.2% of smokers who tried to quit failed to do so. Most smokers make an average of eight quit attempts before they become permanent non-smokers. It is important that DTP and its partners, especially clinicians and all health care providers, make every effort to encourage current smokers to keep trying to quit.

[6] U.S. Department of Health and Human Services. *The Health Consequences of Smoking - Nicotine Addiction: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Health Promotion and Education, Office on Smoking and Health, 1988.

Smoking Rules at Home

Rules about Smoking in the Home* by Smoking Status



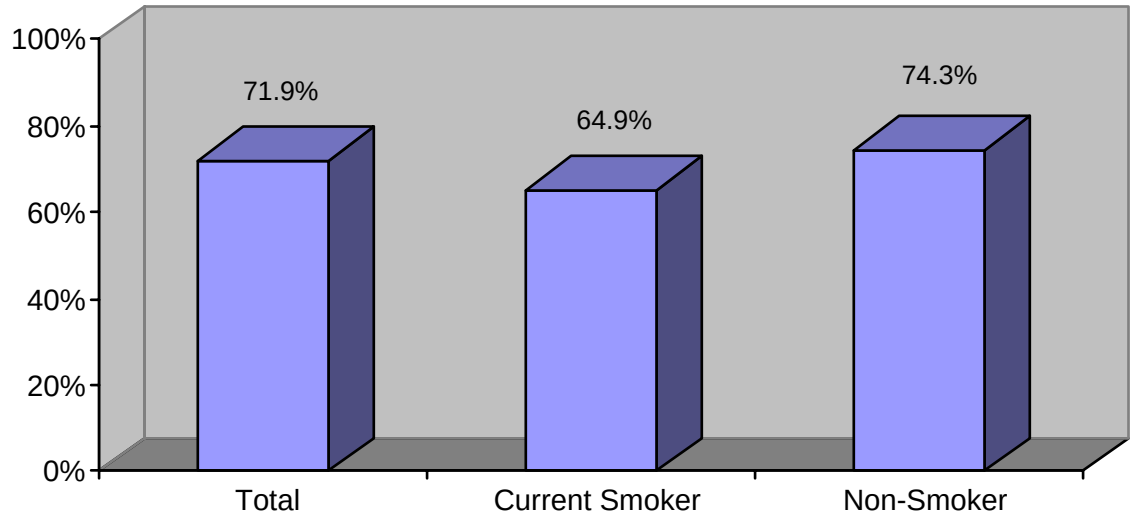
* Does not include decks, garages, or porches

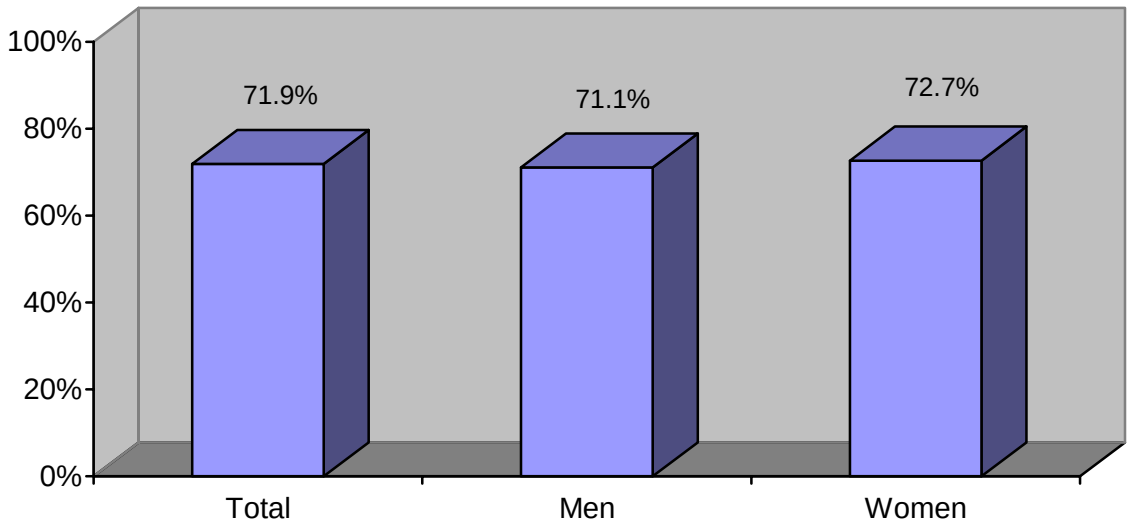
Education efforts regarding the hazards of secondhand smoke are succeeding. Nearly two-thirds of adults (64.1) stated that smoking is not allowed anywhere inside their homes. Interestingly, this includes 29.5% of smokers who participated in the WVATS. A common argument that the tobacco industry uses is that smoking prohibitions are unfair to smokers. The industry—which still publicly disputes the proven hazards of secondhand smoke—fails to give credit to the many smokers who opt for smoke-free restaurants (especially when going out with their families) and who elect not to expose household members, guests, and pets to the many hazards that their smoking presents to them.

West Virginia 2010 Healthy People Objectives call for increasing to 70% the number of homes with children where a voluntary policy prohibits smoking indoors.

Knowledge about Smoking

Adults Who Believe that Quitting Smoking Is Beneficial Even if a Person Has Smoked a Pack of Cigarettes a Day for 20 Years or Longer, by Smoking Status* and Gender





*The designation 'non-smoker' includes former smokers and never smokers.

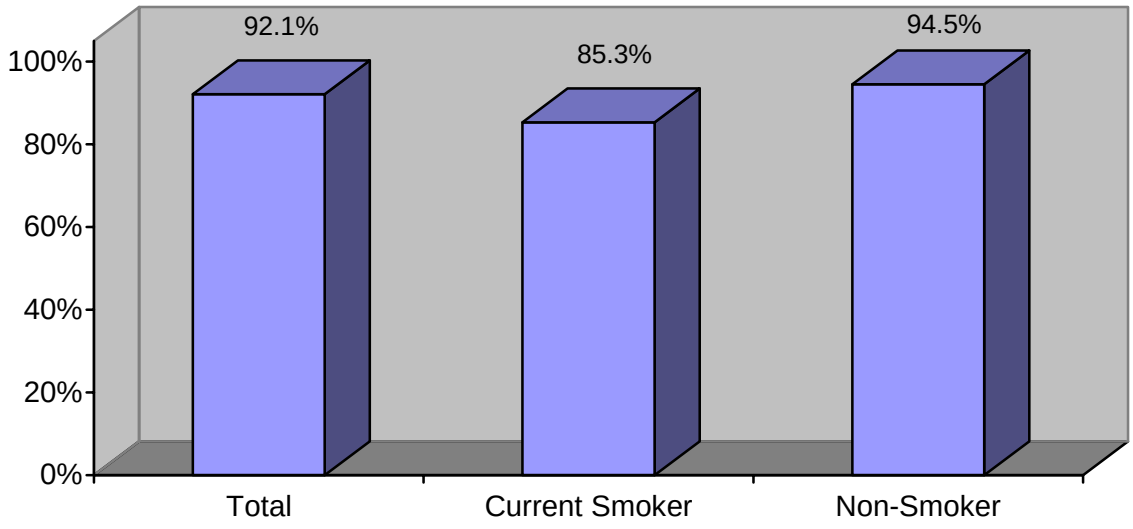
Most adults (71.9%) correctly believe that quitting smoking, even after having smoked for a long time, is beneficial to one's health. In other words, they believe it is never too late to quit smoking. This includes 64.9% of smokers.

Secondhand Smoke

Efforts to reduce secondhand smoke exposure in West Virginia span nearly 30 years. The first county regulation (Monongalia County) took effect in 1992. In the mid-1990s efforts were underway to eliminate secondhand smoke exposure. Public education efforts and development of local coalitions interested in clean indoor regulation have encouraged passage of some form of official smoking ban in every county in the state. This public knowledge is confirmed by the WVATS, with 92.1% of adults (and 85.3% of smokers) finding that breathing smoke from other people's cigarettes is harmful to one's health.

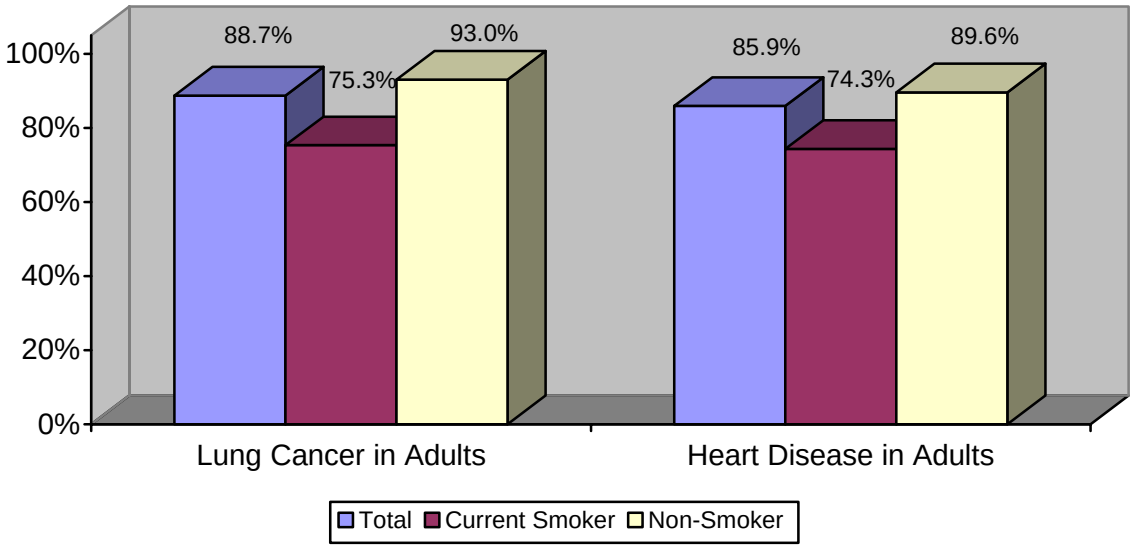
The following tables indicate that a high percentage of West Virginians recognize the impact of secondhand smoke on the health of nonsmokers. For the general question, "Do you believe that breathing smoke from other people's cigarettes is very harmful, somewhat harmful, not very harmful, or not harmful at all" we aggregated *"very harmful" and "somewhat harmful*" into the 'harmful' category, and "not very harmful" and "not harmful at all" into "not harmful."

Adults Who Believe that Secondhand Smoke is Harmful, by Smoking Status*

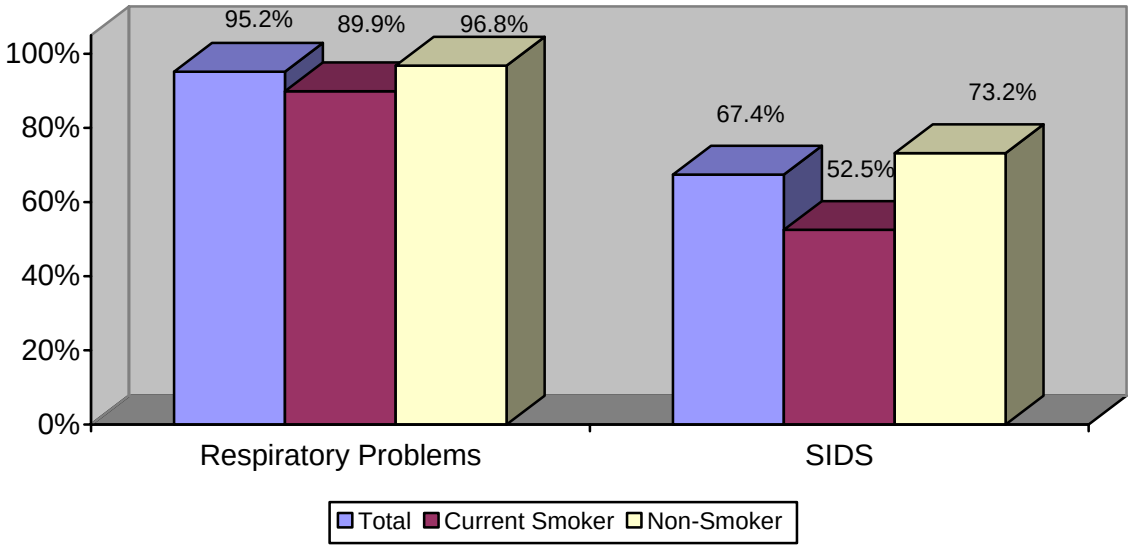


*The designation 'non-smoker' includes former smokers and never smokers.

Lung Cancer and Heart Disease in Adults



Respiratory Problems in Children and Sudden Infant Death Syndrome



The message is out. Most people, regardless of their smoking status, recognize that people who are exposed to secondhand smoke are susceptible to a variety of diseases and health conditions, including cancers, heart disease and respiratory problems.

Adults Who Reported that No One Smoked Anywhere inside Their Home in the Last Seven Days

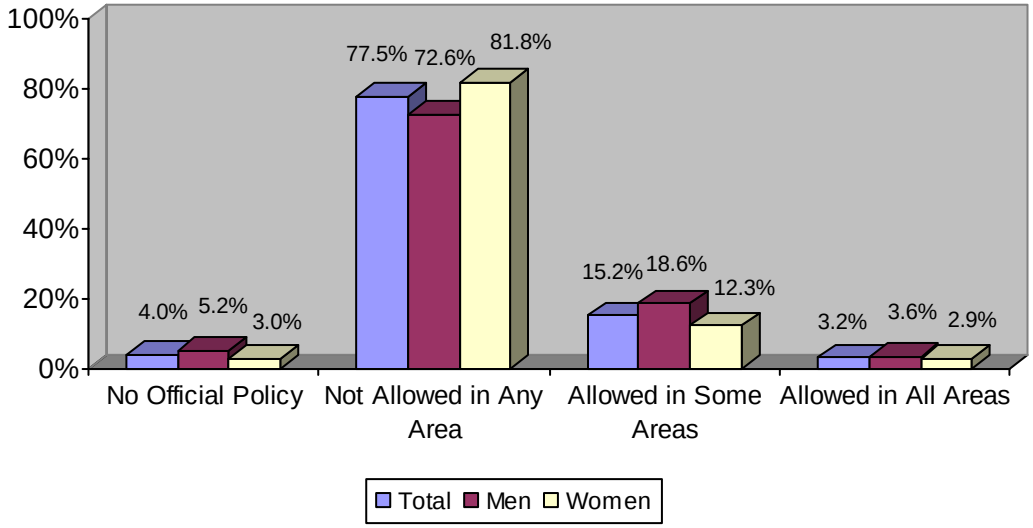
Characteristic	Men			Women			Total		
	# Resp.	%	95% CI	# Resp.	%	95% CI	# Resp.	%	95% CI
Current Smoker	64	33.0	24.8-41.2	67	28.4	21.3-35.6	131	30.8	25.3-36.4
Former Smoker	237	88.1	83.7-92.5	230	82.8	76.8-88.8	467	85.7	82.0-89.3
Non-Smoker	304	82.5	77.5-87.5	629	87.2	83.6-90.8	933	85.2	82.3-88.2
TOTAL	**606**	**70.2**	**66.2-74.1**	**926**	**72.7**	**69.2-76.2**	**1,532**	**71.5**	**68.9-74.1**

Adults Who Have Not Been in a Car with Someone Who Was Smoking in the Last Seven Days

Characteristic	Men			Women			Total		
	# Resp.	%	95% CI	# Resp.	%	95% CI	# Resp.	%	95% CI
Current Smoker	84	37.0	28.7-45.2	76	26.9	20.3-33.5	160	32.2	26.8-37.6
Former Smoker	229	86.7	82.1-91.2	222	79.8	73.6-86.1	451	83.5	79.7-87.3
Non-Smoker	291	78.8	73.4-84.2	617	84.9	81.1-88.8	908	82.3	79.1-85.5
TOTAL	**605**	**69.2**	**65.2-73.2**	**916**	**70.5**	**66.9-74.1**	**1,521**	**69.9**	**67.2-72.6**

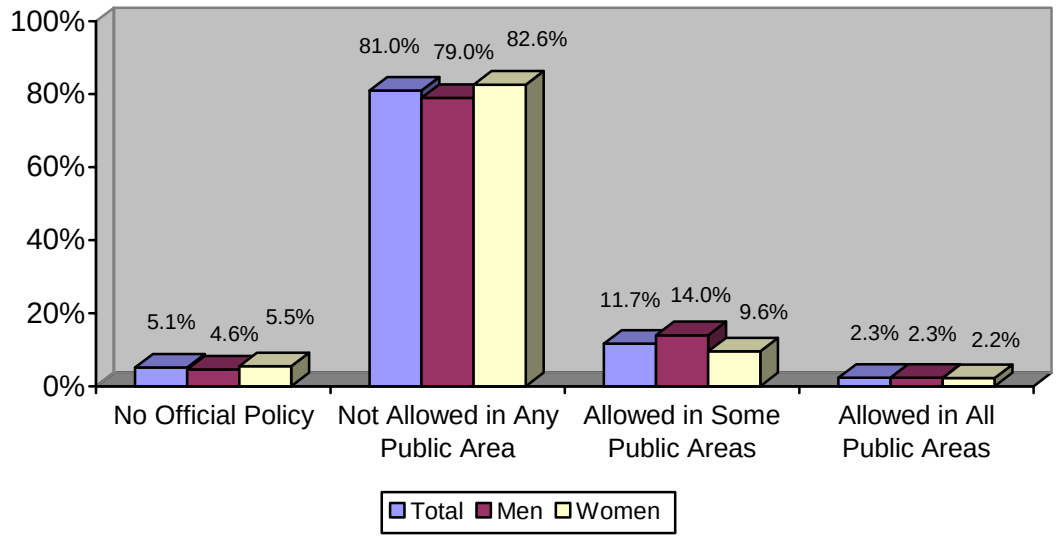
A large majority of adults in WV (71.5%) are **not** exposed to secondhand smoke in their homes. When smoking status is considered, about 85% of non-smokers were not exposed to secondhand smoke in their homes, compared to only 30.8% of smokers. Similar secondhand smoke exposure patterns exist for people riding in cars.

Official Workplace Smoking Policy for Work Areas*
(Among Adults Who Were Employed Indoors)



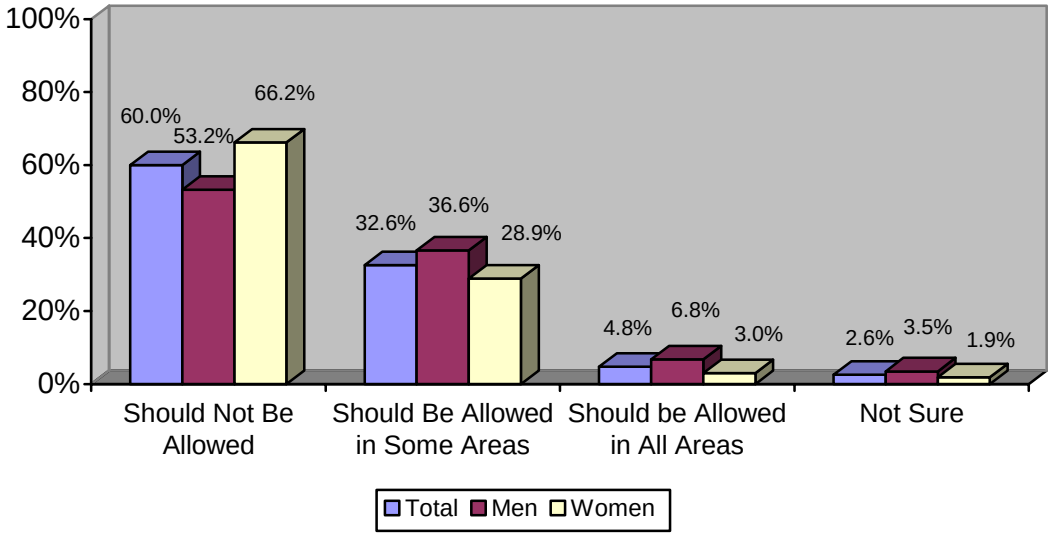
* Work areas are areas such as offices or desks where employees work.

Official Workplace Smoking Policy for Indoor Public or Common Areas*
(Among Adults Who Were Employed Indoors)



* Indoor public or common areas are areas such as lobbies, restrooms, and lunchrooms.

Opinions on Workplace Smoking Policies in Indoor Work Areas, by Gender
(Among All Adults)



Of the WVATS respondents who work indoors, 77.5% advised that their workplace has an official policy that forbids smoking in work areas. Likewise, 81.0% of them reported that their workplace bans smoking in any indoor public or common area. However, only 60.0% of West Virginia adults believe that workplaces should be completely smoke-free; almost a third (32.6%) of respondents believe that smoking should be permitted in some areas.

Spit Tobacco Prevalence

Current Spit Tobacco Use

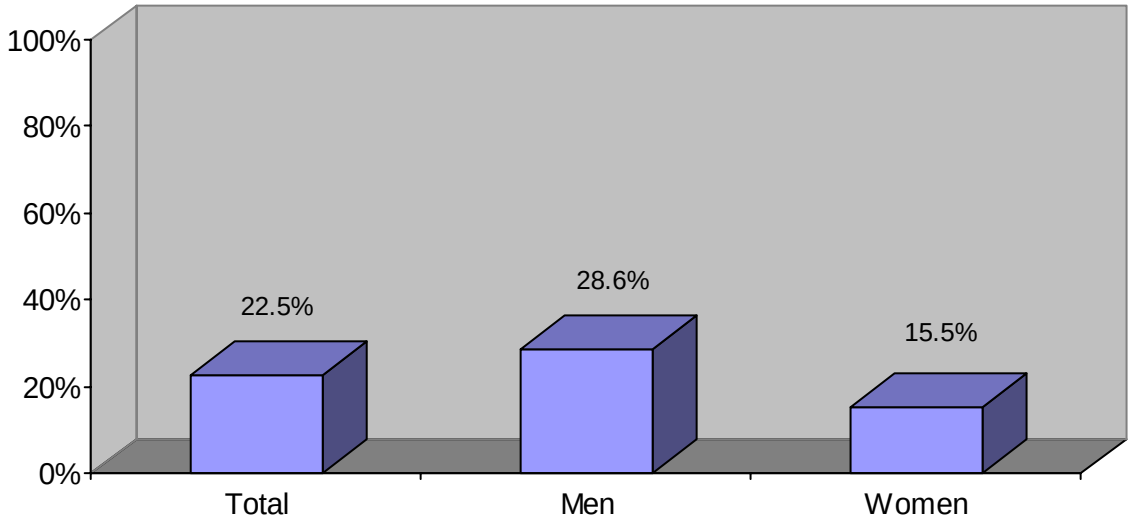
Characteristic	Men			Women			Total		
	# Resp.	%	95% CI	# Resp.	%	95% CI	# Resp.	%	95% CI
Current User	118	16.0	12.8-19.2	13	2.6	0.7-4.4	131	9.0	7.2-10.9
Former User	198	25.5	21.9-29.2	37	4.1	2.3-5.8	235	14.4	12.3-16.4
Never Used	501	58.4	54.4-62.5	1,139	93.4	90.9-95.9	1,640	76.6	74.1-79.1
TOTAL	**817**			**1,189**			**2,006**		

Spit tobacco use remains a major problem in West Virginia, with 16.0% of males reporting use, along with 2.6% of women.

The 2010 objective is to reduce spit tobacco use among males to 13%.

The traditional market for spit tobacco is adult males, most of whom adopted the behavior during childhood, often with the encouragement of relatives. There is some evidence that the use of spit tobacco may be expanding beyond this traditional market. Ironically, the rise of stronger smoking regulations may be contributing to this expansion. This concern led us looking into whether smokers may be opting to use smokeless tobacco in certain situations. Specifically, current smokers were asked: “Do you use smokeless tobacco in situations where you can’t smoke, or where you would prefer not to smoke?” Possible answers included, often, sometimes, rarely, or never.

Current Smokers Who Use Smokeless Tobacco in Situations Where Smoking Is Not Allowed or They Prefer Not to Smoke



Among current smokers, 22.5% reported using smokeless tobacco in certain situations. Even if they reported doing so "rarely" it is reasonable to consider that such a practice could increase in frequency. This includes 28.6% of male smokers and 15.5% of female smokers. Although we do not have any information on the tobacco use history of these respondents, it appears that a substantial portion of West Virginia smokers may have added a new form of tobacco to their lifestyle as a direct result of voluntary worksite policies, strong county regulations, and rules regarding smoking in the home.

Since the ATS was conducted, a new challenge to tobacco prevention arrived—namely a new smokeless tobacco known as *snus*. Snus originated in Sweden and its use is prohibited among all other member nations of the European Union. US companies are currently test marketing snus products in several cities. These products are aimed at women as well as men and have the "benefit" of not requiring one to expectorate. One "rationale" that the industry gives to encourage the use of snus is the notion that it is a substitute for cigarettes when smoking is not an option.

Unfortunately, there are some dentists and public health practitioners (while few in number) who advocate using snus or even smokeless tobacco as an alternative to smoking. The Division of Tobacco Prevention's position is clear and very strong: ALL tobacco products are harmful to health and should not be promoted as a safe alternative to smoking or other tobacco use.[7] The Department of Health and Human Resources' Division of Tobacco Prevention encourages and is prepared to help all tobacco users in their efforts to quit, and recommends that all tobacco use be avoided and discontinued. Several methods have been shown to be proven and effective for quitting cigarettes as well as other tobacco addictions. These methods include medicinal pharmacotherapy such as nicotine replacement therapy (NRT), proven cessation programs, individual and group counseling, and telephone or on-line tobacco cessation quit lines.

[7] West Virginia Department of Health and Human Resources. The Use of *Snus* as a Harm Reduction Product. Charleston, WV: Bureau for Public Health, 2006.

Summary of Main Findings from the 2005 Adult Tobacco Survey

Overview of Cigarette Use

Three out of four adults living in West Virginia do not smoke: 75% of adult West Virginians do not or no longer smoke. Men have a higher prevalence of smoking than women (28% for men; women 23%). Over half (51%) of West Virginians report that they have never smoked tobacco products.

Overview of Smokeless Tobacco Use

A high percentage of adults in West Virginia use **smokeless tobacco:** 16% of males and 3% of females report using smokeless tobacco.

Overview of BOTH smoking and smokeless tobacco use (poly-tobacco users)

An alarming number of West Virginia adults use both smoking and smokeless tobacco products**:** of current smokers, 22% report that they also use smokeless tobacco in certain situations. This includes 28% of male smokers and 16% of female smokers.

Overview of Smoking Restriction Policies in the Home

Smoking is overwhelmingly restricted in West Virginia homes: 85% of non-smokers reported no exposure to secondhand smoke in their own homes, compared to 31% of smokers. 64% of West Virginia homes have rules that forbid smoking anywhere in the house. Only 19% had no rules about smoking.

Overview of Smoking Restriction Policies in the Workplace

Smoking is also restricted in most West Virginia workplaces: of adults who work indoors, 81% report that smoking is not allowed in indoor public or common areas such as lobbies and lunchrooms. 78% of employees who work indoors report that their employer forbids smoking anywhere in their work area.

Overview of Smoking Cessation

Most of West Virginia's smokers want to quit: Nearly half of all smokers in West Virginia made a quit attempt during the 12 months prior to the survey, and 15% of these smokers reported they were successful in their quit attempt. Almost 54% of current smokers reported they were seriously considering quitting within 6 months, and, of these, 40% planned to quit within 30 days.

Conclusions from the 2005 Adult Tobacco Survey

The 2005 West Virginia Adult Tobacco Survey provides valuable data about tobacco use in terms of prevalence, policies, and knowledge. It is very encouraging to see that the overwhelming majority of West Virginians know that secondhand smoke harms nonsmokers, and that so many of them prohibit smoking at home. We expect that the proportion of smoke-free homes throughout the state will increase, just as we expect that West Virginia's local boards of health will strengthen their clean indoor air regulations.

The tobacco industry continues to oppose smoking prohibitions. For years, the industry disputed the conclusive evidence that secondhand smoke is a health hazard; they no longer take that position. The industry's primary argument now is that such prohibitions hurt smokers and 'discriminate' against them. In reality, it is smoking and secondhand smoking that hurts smokers, not the prohibitions.

Strong public knowledge that secondhand smoke is harmful, with 92.1% of adults (and 85.3% of smokers) finding that breathing smoke from other people's cigarettes is harmful to one's health, has led to a change in the social norm that smoking in public is now NOT acceptable. The vast majority of the public being supportive of public smoking prohibitions will continue to allow stronger, more comprehensive clean indoor air regulations to be passed in West Virginia.

Cigarette smoking prevalence remains high in West Virginia, with about one in four adults being current smokers. With regard to smokeless tobacco, nearly one in five males are regular users. We know from our data that most smokers have tried to quit. It is critical that our state continue to have the resources it needs so that it can help smokers and spit tobacco users quit when they elect to do so.

A new concern is with poly-tobacco users—the 22.1% of smokers who advise they have used smokeless tobacco in situations where they could not smoke, or chose not to smoke. We are concerned that some smokers may be adding a new risk to their health instead of quitting smoking. Moreover, in mid-2006 several tobacco companies began test marketing new forms of smokeless tobacco that have several consumers in mind—including smokers who may be persuaded that this new product, *snus*, is a "solution" to their desire for nicotine when smoking is not possible. Our message continues to be that there is no form of tobacco that is safe.

Provided funds are available, the West Virginia Adult Tobacco Survey will be conducted again in 2007, and in alternate years in the future. Doing so will enable us to measure progress and evaluate the effectiveness of our efforts to reduce all forms of tobacco use in our state.

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