

-THE CHALLENGE-

Current Needs

As with most states, West Virginia needs more funds for prevention and cessation efforts. Overall funding will significantly decrease with the expiration of the American Legacy Foundation grant. Currently, West Virginia is assessing alternative funding sources and is implementing cost-saving ideas.

The Burden

Youth Tobacco Use

Smoking prevalence among high school students in West Virginia showed a **statistically significant decline of 20%** from 1999 (42% measured by Youth Risk Behavior Survey--YRBS) to 2002 (34% measured by Youth Tobacco Survey--YTS). Though West Virginia has consistently ranked among the top five states in youth smoking, recent data reveal that a **declining trend** has begun. In 2000, West Virginia ranked the highest in the country at 39% (measured by YTS). Smokeless tobacco use among male high school students in West Virginia showed a similar **decline of more than 30%** from 1997 (31% measured by YRBS) to 2002 (22% measured by YTS). In 1999, West Virginia ranked third highest in the country in smokeless tobacco use among male high school students. *Note: The use of spit tobacco by adult women is less than 1% (2001 BRFSS) and it is 2.5% (2002 YTS) among high school girls. We have not seen increases in these rates so we approach spit tobacco use as a male behavior and do not include women and girls in reporting of these data.*

Adult Tobacco Use

West Virginia consistently ranks among the top six states nationwide in adult smoking prevalence. In 2001, West Virginia ranked fourth highest in the country with a rate of 28%, while the U.S. average was 23% as measured by Behavioral Risk Factor Surveillance System (BRFSS). Among all age groups, **young adults aged 18-24** had the highest increase among all adults, a 39% increase from 2000 (30%) to 2001 (41%). This accounted for almost two-thirds of the total increase in rates among all adults between 2000 and 2001.

Smokeless tobacco use among adult men in West Virginia, however, **has started to decline**. The prevalence **decreased by 4%** from 2000 (17.9%) to 2001 (17.1%). The 2000 rate was the highest in the nation among 18 states, and was more than twice the national average. West Virginia has ranked #1 in adult male spit tobacco use every year since 1990.

Maternal Smoking

In 1999, West Virginia ranked first nationwide in smoking during pregnancy with a prevalence rate of 26%. This was more than twice the U.S. maternal smoking prevalence rate of 12% according to *Smoking During Pregnancy in the 1990's*, published by CDC, National Center for Health Statistics, National Vital Statistics System, 2001. Unpublished focus group data involving pregnant smokers in West Virginia, conducted in 2000 and funded by the West Virginia Office of Maternal, Child and Family Health, illustrated the challenges we have in reaching this population. Many pregnant women indicated that their physicians had not counseled them to quit smoking, or had condoned their smoking as long as it was 10 cigarettes or less per day. It is critical for us to improve patient counseling by physicians and conduct public education campaigns to reduce smoking during pregnancy.

Exposure to Secondhand Smoke

In 1998-1999, about 64% of the West Virginia workforce was protected from secondhand tobacco smoke by work-site smoking policies, compared to 69% nationwide. In the residential setting, about 43% of West Virginians restrict smoking in their homes, compared to 61% of people nationwide, a difference of 30%. Forty-nine (September 2003) of West Virginia's 55 counties are covered by clean indoor air regulations. This means that approximately **1,637,794** (91%) of the state's 1,808,344 residents are provided with **some level of protection** from secondhand smoke in public places and workplaces.





Health Consequences of Tobacco Use

Approximately 4,000 West Virginians die each year from smoking-related diseases. **One in 5 deaths** in West Virginia is due to smoking. In 1999, the rate of smoking-attributable death was 20% higher than the national rate. It is estimated that, in West Virginia in 1999, smoking accounted for 1,262 (80%) of all deaths due to cancers of the trachea, lung or bronchus. It is also estimated that smoking accounted for 827 (17%) of all deaths from heart disease and 945 (80%) of all deaths due to chronic obstructive pulmonary diseases.

Measured in economic terms, the estimated annual direct health care costs from smoking-related diseases in West Virginia was \$897 million in 2001. This does not include economic costs of lost productivity from premature deaths of smokers, which is estimated at another \$906 million in 2001 in *Tobacco Is Killing and Costing Us*, published by WVBPH, 2002.

Women and Smoking

In West Virginia from 1980-2000, the death rate due to cancer of the lung and bronchus increased by 93% among females, compared to only a 9% increase among males. In the same time period, the death rate from emphysema increased by 94% among females, while the rate among males actually decreased by 50%.



Environment

The environment for tobacco prevention in West Virginia has changed dramatically over the last 14 years. We have come from a funding level of \$10,000 per year to \$7.7 million annually. The legislature passed the first state excise tax on smokeless tobacco products in 2001 and increased the state excise tax on cigarettes from 17 cents to 55 cents during the 2003 legislative session. West Virginia has protected local authority to regulate public health measures every year and county clean indoor air regulations are becoming stronger. The state has implemented major policy initiatives with Medicaid and the Public Employees Insurance Agency, covering cessation services for their tobacco users. The primary barrier to implementing a comprehensive statewide program is insufficient funding. West Virginia is funded at 54.6% of the minimum CDC recommended level (\$14.1 million).

During the 2000 legislative session, the TPP was allocated \$5.85 million from the state's MSA money to enhance tobacco control efforts -- the first time any West Virginia state funds were invested for this purpose. That same year, the TPP also received a grant award for \$750,000 per year for a three-year period from the American Legacy Foundation to implement a youth empowerment program through the West Virginia Youth Tobacco Prevention Campaign (WVYTPC). When combined with an award of \$1.1 million per year from the CDC, this brought the total funds available for tobacco prevention and control to \$7.7 million annually.

During June of 2000, the leadership for the TPP hosted a planning caucus to determine how the newly acquired MSA funds should be spent. The CDC's *Best Practices for Comprehensive Tobacco Control Programs* and the CTFWV's *Blueprint* guided this meeting. At that time, it was determined that the primary focus of these funds would be directed toward youth. It was also recommended that a portion of these funds should continue to support clean indoor air activities, cessation services should be established and the effectiveness of projects funded by the TPP should be monitored and assessed.

A major counter marketing campaign was launched in May 2002 and thousands of teens have signed up to participate in youth empowerment activities. In July 2000 the EOCU was created to monitor and assess the effectiveness of projects funded by the DTP, and as of July 2003, 49 of 55 counties were protected from secondhand smoke and quit line services were available at no cost to many West Virginia citizens.

While it is statistically significant that youth tobacco prevalence rates have decreased 20% since 1999, West Virginia continues to struggle with adult smoking and smokeless tobacco use, and hopes to apply more resources to these issues in the future.

There are many factors that may contribute to high rates of tobacco use in West Virginia:

- Although West Virginia receives about \$60 million each year from the Master Settlement Agreement, less than 10% (\$5.85 million) of that supports the budget for a statewide comprehensive tobacco prevention program. The minimum level recommended by CDC is \$14.1 million annually.
- In the year 2001, Campaign for Tobacco-Free Kids reported that the tobacco industry was spending \$60 million per year promoting its products in West Virginia -- twice as much as they spent in 1999.
- For 25 years low taxes helped to keep tobacco affordable, especially for youth. These low prices allowed many to become addicted before the excise taxes were increased. The excise tax on cigarettes had not been increased since 1978 until March of 2003. In May 2003 the tax increased from 17 cents to 55 cents. West Virginia was one of the last states to impose an excise tax on other tobacco products, equivalent to 17 cents on a can of snuff, in 2000.

There are many factors advantageous to West Virginia in helping to work toward achieving tobacco prevention success in the state:

- West Virginia was among the 17 ASSIST states, receiving significant funding from the National Cancer Institute from 1991-1998. The ASSIST project trained us in policy issues, which still remains the most cost-effective of all program components.
- There is a positive collaborative environment among all partners in West Virginia. The statewide Coalition for a Tobacco-Free West Virginia is a very strong organization with years of policy experience and successes.
- Because West Virginia demonstrates strong collaborative relationships, an ability to show need and a history of successfully implementing workplans, we are in a better position to obtain funding from many sources, including CDC and private foundations.

