



*Erie-Niagara
Tobacco Use
Survey*

2002-2003



Erie-Niagara Tobacco-Free Coalition

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Erie-Niagara Tobacco-Free Coalition Member Organizations

American Cancer Society
American Lung Association
American Heart Association
Amherst Youth Consortium
BlueCross/BlueShield of WNY
Boces
Boys & Girls Clubs of WNY
Catholic Charities
Cancer Information Services
Child & Family Services
Erie County Council for the Prevention of Alcohol & Substance Abuse
Erie County Health Department
Erie County Department of Senior Services
Erie County Youth Services
Kaleida Health
Medical Society of Erie County
Minority Health Coalition
New Voice Club
Niagara County Health Department
Niagara County Youth Bureau
Niagara Region PTA
Niagara Wellness Council
Mid-Erie Counseling & Treatment
Roswell Park Cancer Institute
New York State Department of Health
Wellness Institute of Greater Buffalo
Western Region PTA
YWCA of Buffalo & Erie County

2003-2004 Coalition Officers:

Stanton Hudson, Chair
Patricia Bax, Co-Chair
Olivia Belter, Secretary/Treasurer

ERIE-NIAGARA TOBACCO USE SURVEY, 2002-03

EXECUTIVE SUMMARY AND FINDINGS

The Erie-Niagara Tobacco-Free Coalition funded this project through a grant from the New York State Department of Health. The Coalition is committed to reducing the disease burden tobacco places on our community and has implemented several programs and services to address this goal.

As part of their efforts, the Coalition supported a random-digit dialed telephone tobacco use survey among adults in Erie and Niagara Counties between October, 2002 and March, 2003. The survey was implemented by researchers at Roswell Park Cancer Institute and Buffalo State College. There were two types of telephone interviews. First, we enumerated the smoking status and demographic information of all adults within each household contacted to estimate the smoking prevalence in the population. We have collected smoking status assessment surveys from 8,298 adults (4,448 in Erie County and 3,850 in Niagara County), and detailed interviews from 1,548 adults (840 in Erie County and 708 in Niagara County) identified from the household enumeration survey. The data were weighted to adjust for variable probabilities of inclusion in the sample and are representative of the Erie-Niagara County region.

The findings presented in this report show similar smoking prevalence rates for Erie and Niagara Counties compared with the National and New York State averages (1,2). There is substantial support for a variety of tobacco control policies among the residents of Erie and Niagara Counties. Although our results are encouraging, the members of our community still have an important role to play in the further reduction of tobacco use and exposure to secondhand smoke. Future directions include ongoing surveillance of tobacco use behaviors and attitudes and opinions of the residents of Erie and Niagara Counties to assess the effectiveness of policies aimed at reducing tobacco use and exposure to secondhand smoke.

HIGHLIGHTS

Highlights from our analysis of the tobacco use survey are listed below:

- 22.2% of adult residents are current smokers, 27.8% are former smokers, and 50.1% have never smoked. These smoking rates are similar to what is found in the United States overall where, in 2001, 22% were current smokers, 23% were former smokers, and 55% were never smokers. In New York State in 2001, 23% of adults were current smokers (1,2).
- 1 in 5 adults in Erie and Niagara Counties have ever used pipes, cigars, chewing tobacco, or snuff. 4% of people are now using one of these forms of tobacco.
- The top three brands smoked among current smokers are Marlboro (30%), Newport (18%), and Camel (4%).
- 55% of current smokers report they regularly purchased cigarettes on an Indian reservation in the past year because they are cheaper. This translates into an estimated 70,000 smokers in Erie County and 26,000 smokers in Niagara County. These smokers buy an average of 20 packs of cigarettes, or 2 cartons, with each trip to a reservation.
- If these smokers purchased just half of the cigarettes they smoked on Indian Reservations, it is estimated that New York State would lose out on \$24 million in sales and excise taxes each year. Erie County would lose out on \$1.9 million in sales tax and Niagara County would lose out on \$0.7 million each year.
- 82% of smokers report that price increases have affected their smoking behavior in the past year. The most frequently reported changes were reducing the number of cigarettes smoked per day (55%), making quit attempts (43%), and switching brands (33%).
- 52% of current smokers and recent former smokers have stopped smoking for one day or longer in the past 12 months because they were trying to quit. This represents an estimated 88,000 smokers in Erie and Niagara Counties who tried to quit in the past year.
- 17% of those who tried to quit in the past year are not smoking today.
- Promotions like nicotine patch and gum giveaways and quit and win contests are effective at getting smokers to think seriously about quitting.
- 53% of all the smokers in Erie and Niagara Counties received a doctor's advice to quit in the past year.
- 11% of employees reported exposure to secondhand smoke in their workspace in the last seven days. This translates into an estimated 45,000 exposed workers in Erie and Niagara Counties.
- 63% of Erie and Niagara County residents favor smoke-free bars and taverns.
- 33% of non-smoking residents reported they have avoided going to a restaurant, bar, bowling alley, casino, or bingo hall because of too much secondhand smoke in the past year. Specifically, this represents 142,000 people who have avoided smoky restaurants and 102,000 people who have avoided smoky bars and taverns.
- Most Erie and Niagara County residents support several tobacco control initiatives, including a law that requires disclosure of cigarette ingredients (95%), graphic warning labels on cigarette packs (91%), and limits on the number of tobacco outlets (70%).

BACKGROUND AND METHODS

Tobacco use is the leading preventable cause of death in the United States. The adverse health effects of tobacco use strike every population subgroup, including the onset of addiction in youth, adverse pregnancy outcomes in women, chronic disease in older adults, and respiratory ailments in non-smokers exposed to secondhand smoke.

Despite the enormity of the disease burden tobacco places on Western New York, there is no tobacco use data specific to Erie and Niagara Counties that is available to program developers and evaluators.

The goal of this study is to collect baseline adult tobacco use prevalence data as well as tobacco knowledge, attitude and belief data from representative samples of Erie and Niagara County adults. Study findings should be useful to those in a position to make decisions about how and where to allocate scarce resources for tobacco control.

THE PUBLIC HEALTH BURDEN OF SMOKING IN ERIE AND NIAGARA COUNTIES

Based on smoking-attributable mortality data adapted from the Centers for Disease Control and Prevention, 1,600 people die each year in Erie and Niagara Counties from cigarette smoking (3). In addition, an estimated 36,500 people in the region have a serious chronic condition such as emphysema, chronic bronchitis, heart attack, stroke, or cancer that is attributable to their smoking (4). This places a huge financial cost on our health care system as well enormous personal costs.

THE ERIE-NIAGARA TOBACCO-FREE COALITION

The Erie-Niagara Tobacco-Free Coalition funded this project through a grant from the New York State Department of Health. The Coalition has five objectives to reduce the disease burden of tobacco in our community. An overview of each of these objectives and an example of Coalition activity addressing each goal follows.

Objective #1: To eliminate exposure to secondhand smoke.

Coalition's activities addressing this objective include funding a study to assess the level of nicotine in the air in bars, restaurants, bowling alleys, and bingo halls in Erie and Niagara Counties. Results of this study showed that secondhand smoke was effectively eliminated in places where smoking was prohibited by law; however, exposure increased as the level of secondhand smoke protections decreased. Other activities include monitoring local cigarette promotions designed to market tobacco products to young adults, and a media campaign designed to educate the public about the dangers of secondhand smoke.



Media campaign to educate the public about the dangers of secondhand smoke.



A cigarette promotion night at a local bar.



Objective #2: To decrease the social acceptability of tobacco use.



A local media campaign informs smokers that Philip Morris now agrees that cigarettes cause disease as well as their past promise to stop selling cigarettes if they were ever to be found harmful. The ad concludes with a call to action to demand that Philip Morris keep its promise.

Advertisement from local media campaign.

Objective #3: To promote cessation from tobacco use.

The Coalition sponsored a Quit and Win program that offered smokers a chance to win a \$1,000 prize if they were able to quit smoking for an entire month. Concurrently, the Nicotine Patch and Gum Giveaway program was implemented that offered eligible Erie and Niagara County smokers a free two-week supply of nicotine replacement therapy to help those smokers who were trying to quit. Over 1,600 smokers participated in these programs.



The Quit and Win Contest.

Objective #4: To build an effective tobacco control infrastructure.

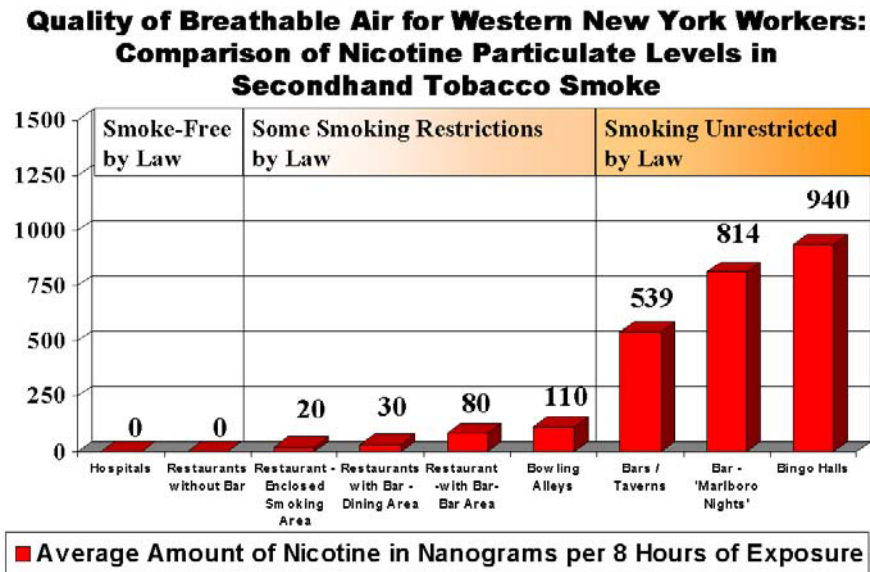
All community members and organizations are welcome to join the Coalition. Currently, there are 28 member organizations in the Coalition, which provide services to all of Erie and Niagara Counties. Building and maintaining this community network is essential to address the tobacco use problem in our community. Additionally, this survey represents an important element of local tobacco control infrastructure as it can help identify priority areas and be used to judge progress toward reducing tobacco-attributable disease.



Coalition members demand smoke-free bars.

Objective #5: To contribute to the science of tobacco control.

The lessons learned from implementing the Coalition’s programmatic activities not only benefit the local Coalition, but also public health practitioners around the country. For example, the nicotine air monitoring that the Coalition supported advances the science-base of how exposure to secondhand smoke is assessed, and results from this survey help us learn that smoke-free bars and restaurants are probably not going to be bad for business because most people favor these laws and thousands of people report they are now avoiding these places because of too much secondhand smoke.



Results from the nicotine air monitoring study.

THE SURVEY

There were two types of telephone interviews. First, we enumerated the smoking status and demographic information of all adults within each household contacted to estimate the smoking prevalence in the population. From this sample, we randomly selected one adult to complete a more detailed 25-minute tobacco use survey to assess knowledge, attitudes, beliefs and usage patterns. Current smokers were over sampled to account for 60% of subjects interviewed; former smokers accounted for 16% of the sample and never smokers accounted for 24%.

Households were called between 10:00 am and 8:45 pm Monday through Saturday, and between 1:00 pm and 8:45 pm on Sundays. Once an eligible household was identified, as many phone calls as were feasible during the study period were made to obtain an interview with the randomly selected person.

The survey questionnaire was designed to measure the following:

- Smoking prevalence
- Amount smoked
- Indicators of dependence
- Smoking cessation
- Medical assistance experience
- Price sensitivity and purchasing patterns
- Workplace and home exposure to secondhand smoke
- Exposure to tobacco-related advertising and promotion
- Product choice
- Attitudes, awareness and beliefs about nicotine delivery products (cigarettes, stop smoking medications, new products)
- Support for tobacco control policies
- Use of stop smoking medications and methods used to quit
- Use of local cessation services
- Use of other tobacco products
- Health effects

The survey included 150 questions, many of which were derived from the Centers for Disease Control and Prevention's Adult Tobacco Survey, the New York State Behavioral Risk Factor Surveillance System, and the Current Population Survey Tobacco Use Supplement (1, 2, 5). Appendix 1 describes how responses to questions in the survey were used to construct some of the measures of different tobacco use behaviors and attitudes.

THE STUDY POPULATION, CHARACTERISTIC OF RESPONDENTS

The study population includes adults age 18 and over residing in Erie or Niagara County. Smoking prevalence was estimated using a household enumeration technique where respondents were asked to enumerate all members of the household and indicate their smoking status. After these proxy surveys were completed, detailed tobacco use, knowledge, and attitudinal surveys were administered to one member randomly selected from the household.

Appendix 2 shows the un-weighted age, gender, and racial/ethnic characteristics of participants who completed the detailed interview, as well as educational status, smoking status, and county of residence. The data were weighted to adjust for variable probabilities of inclusion in the sample. The weights consist of household weights (the probability of selecting the household based on the number of telephone numbers in the household), person-level weights (as determined by the number of adults 18 and older living in the household), and post-stratification weights that adjust for the county of residence, gender, age, race/ethnicity and smoking status distribution of respondents. The overall weight for a particular individual is calculated as the product of each individual survey weight outlined above. Essentially, groups that are underrepresented in the survey relative to the population are given more weight in the analysis.

DATA COLLECTION

The survey was conducted between October, 2002 and March, 2003. Data collection was administered by the Center for Health and Social Research at Buffalo State College. Computer assisted telephone interviews were conducted in a sample of randomly selected telephone numbers purchased from Survey Sampling, Inc. Roswell Park's Institutional Review Board approved data collection procedures used in this survey.

COMPARISON STUDIES

Erie and Niagara County data are compared with national and New York State data. The National Health Interview Survey (NHIS) is conducted annually by the National Center for Health Statistics, and includes questions about tobacco use behaviors. More information on the NHIS can be found on the National Center for Health Statistics website: <http://www.cdc.gov/nchs/Default.htm> (1).

The New York State Behavioral Risk Factor Surveillance System is conducted by the Centers for Disease Control and Prevention annually, in collaboration with state and local health agencies. More information on the BRFSS can be found of the CDC website: <http://www.cdc.gov/brfss> (2).

RESULTS

Results are presented combining data for Erie and Niagara Counties, except where specifically noted. Detailed definitions of key measures are outlined in Appendix 1.

RESPONSE RATE

A total of 1,548 completed detailed tobacco use interviews were obtained among adults age 18 years and older in Erie and Niagara Counties between October 2002 and March 2003. The response rate for the survey was 60%, using the method of the American Association for Public Opinion Research that conservatively includes a proportion of cases of unknown eligibility in the denominator (6).

TOBACCO USE BEHAVIORS

Smoking prevalence by county, age, gender and race/ethnicity were based on data from 8,298 proxy interviews. Smoking prevalence by education, which was not assessed in the proxy interview, was based on data from 1,548 detailed interviews. Current smokers responded that they have smoked at least 100 cigarettes in their lifetime, and that they now smoke every day or on some days. Former smokers responded that they have smoked at least 100 cigarettes in their lifetime, and that they don't smoke on any days now. Never smokers responded that they have never smoked 100 cigarettes.

Figure 1 summarizes responses to questions about past and current smoking. The percentage of adults in Erie and Niagara Counties who are classified as current smokers is 22.2%; 27.8% are classified as former smokers. The smoking rate in Niagara County is 23.9%, compared to 21.4% in Erie County. Figures 2 through 5 present data on smoking status by demographic information. The highest smoking rate is found among those aged 18-24 and 25-44 (29%). The lowest smoking rate is found among those aged 65 years and older (10%). 25% of males and 20% of females are current smokers. 31% of African Americans are current smokers, compared with 25% of Hispanics and 21% of whites. Only 7% of those with 16 or more years of education are smokers, compared to 22% of those with less than 12 years of education.

The average number of cigarettes smoked per day by smokers in Erie and Niagara Counties is 16. 12% of current smokers smoke less than 5 cigarettes per day, 31% smoke from 5 to 14, 42% smoke from 15 to 24, and 16% smoke 25 or more cigarettes per day (Figure 6). 21% of current smokers report smoking on some days only (Figure 7). 22% of smokers in Erie County and 15% of the smokers in Niagara County smoke on some days only. Figures 8 through 11 summarize responses to questions about the frequency of smoking. The 18-24 age group has the highest rates of some day smoking (27%). Males and females have similar rates of someday smoking (21% and 20%, respectively). 15% of whites and 35% of non-whites report smoking on some days only. Those with 16 or more years of education have the highest rates of some day smoking (36%).

One in 5 adults in Erie and Niagara Counties have ever used pipes, cigars, chewing tobacco, or snuff. 4% of people are now using one of these forms of tobacco. Among those who have used any of these, the most commonly used were cigars (68%), followed by pipes (46%), chewing tobacco (19%) and snuff (12%). Figures 12 through 17 summarize responses to questions about use of other forms of tobacco. 20% of Erie County residents and 19% of Niagara County residents have ever used other forms of tobacco. Ever use of other forms of tobacco was most common in whites, males, those age 25 to 44 years old, and those with 13 to 15 years of education. 5% of Niagara County residents and 4% of Erie County residents currently use other forms of tobacco. Current cigarette smokers are most likely to also currently use other forms of tobacco (8%), compared with former smokers (6%) and never smokers (3%).

PURCHASING PATTERNS

82% of smokers report that price increases have affected their smoking behavior in the past year. Figure 18 summarizes the most frequently reported changes in smoking behavior due to price, which were reducing the number of cigarettes smoked per day (55%), making quit attempts (43%), and switching brands (33%). If tax-free cigarettes were to be sold in new casinos built in Niagara Falls and Buffalo, 33% of smokers report that they would purchase most of their cigarettes there. 32% of smokers have used coupons or promotional offers to purchase cigarettes in the past 12 months. 1% of current smokers with Internet access have purchased cigarettes over the Internet in the past 12 months.

55% of current smokers report they have regularly purchased cigarettes on an Indian reservation in the past year because they are cheaper (Figure 19). This translates into an estimated 70,000 smokers in Erie County and 26,000 smokers in Niagara County. These smokers buy an average of 20 packs of cigarettes, or 2 cartons, with each trip to an Indian Reservation. If these smokers purchased just half of the cigarettes they smoked on Indian Reservations, it is estimated that New York State would lose out on about \$24 million in sales and excise taxes each year. Erie County would lose out \$1.9 million in sales tax and Niagara County would lose out on \$0.7 million each year (Figure 20).

PRODUCT CHARACTERISTICS

30% of current smokers reported that their usual brand was Marlboro, followed by 18% who usually smoke Newport, 4% who usually smoke Camel or Winston, and 2% who report that their usual brand is Smokin' Joe's. 43% reported some other brand as their usual brand (Figure 21).

Figure 22 summarizes responses to questions about the type of cigarette smoked. Nearly all smokers report smoking a filtered cigarette (97%), 55% report smoking light or ultra-light cigarettes, and 36% report smoking menthol cigarettes. 9% of smokers have switched brands in the past year (Figure 23). Figure 24 presents data on the reasons given by smokers for switching brands; the main reason for switching brands among these smokers was price (44%).

DEPENDENCE

Of all current smokers, 23% have their first cigarette within 5 minutes of waking up, 29% have their first cigarette within 30 minutes, 14% within 60 minutes, and 34% have their first cigarette of the day over an hour after waking up (Figure 25). Figures 26 through 29 present data on the amount of time until the first cigarette of the day by demographic information. 47% of younger smokers and 36% of males report smoking their first cigarette of the day an hour after waking up. 22% of whites report smoking within 5 minutes of waking up, compared with 26% of non-whites. 50% of those with 16 or more years of education report smoking their first cigarette an hour or longer after waking up.

Figure 30 summarizes responses to questions about nicotine dependence and smoking behavior. Most smokers feel that they are addicted to cigarettes. 13% feel that they are not addicted at all. The majority of smokers report that they would put up with cold or rainy weather in order to smoke.

CESSATION ATTEMPTS

52% of current smokers and recent former smokers have stopped smoking for one day or longer in the past 12 months because they were trying to quit (Figure 31). This represents an estimated 88,000 people in Erie and Niagara Counties who have tried to quit in the past year. 66% of those aged 18-24 reported making a quit attempt in the past year. 51% of males and 53% of females have tried to quit in the past year. 50% of whites and 59% of non-whites have made a quit attempt within the past year. 60% of those with 16 or more years of education reported making a quit attempt in the past year (Figures 32 through 35). 17% of those who tried to quit in the past year report not smoking at all today (Figure 36). 11% of current smokers do not want to quit at all, 15% want to quit smoking “a little”. 30% of smokers want to quit “somewhat”, and 42% want to quit smoking “a lot” (Figure 37).

Many smokers report that promotions like nicotine patch and gum giveaways and quit and win contests would motivate them to think seriously about quitting (Figure 38). Figure 39 summarizes responses to questions about the New York State Smokers’ Quitline. 43% of Erie and Niagara County residents have heard of the NYS Smokers’ Quitline. 56% of smokers and 42% of former smokers have heard of the quitline. 4% of smokers in Erie and Niagara Counties report they have called the NYS Smokers’ Quitline. This represents an estimated 7,000 adult smokers in Erie and Niagara Counties.

METHODS USED TO QUIT AND PHYSICIAN ADVICE

Figure 40 summarizes responses to questions about the methods used by smokers to quit smoking. Among all those who tried to quit in the past year, the most common methods used during the last attempt were stop-smoking medications (36%), advice from friends/family (30%), counseling from a doctor (14%), self-help materials, like books and videos (10%), and alternative medications or methods like herbal products or acupuncture (9%).

81% of Erie and Niagara County smokers have seen a physician in the past year. Of all adults who smoke and have seen a physician in the past year, 83% were asked by their physician if they smoke. Of these adults, 79% were advised by their physician to quit smoking. This represents 53% of all the smokers in Erie and Niagara Counties who have received a doctor's advice to quit in the past year (Figure 41). 60% of smokers and 57% of recent former smokers feel that their physician has given little or no effort in helping them to stop smoking (Figure 42).

Figure 43 presents data on stop smoking medications. The most commonly used stop-smoking medication ever used by current and recent former smokers was the nicotine patch (26%), followed by nicotine gum (19%), and Zyban (12%). Figures 44 through 48 present data on use of stop smoking medications by demographic information. The medication use rate in Niagara County was 44%, compared to 38% in Erie County. 53% of those between the ages of 45 and 64 reported having used stop smoking medication. 39% of females and 37% of males reported using stop smoking medications. 42% of whites and 26% of blacks reported using stop smoking medications. Only 31% of those with 12 years or less of education report using medications to stop smoking.

BELIEFS ABOUT TOBACCO PRODUCTS

44% of current smokers believe that low-tar cigarettes are safer than cigarettes that are not low-tar. About one-quarter of current smokers believe that low-tar cigarettes are healthier than cigarettes that are not low-tar. 14% feel that smoking low-tar cigarettes will make it easier to quit smoking completely. A small percentage of current smokers believe that menthol cigarettes are safer, healthier, pose less of a cancer risk, are less addictive than non-menthol cigarettes, or that they will make it easier to quit smoking completely (Figure 49).

HEALTH EFFECTS FROM SMOKING

33% of former smokers believe that their past smoking has already affected their health (Figure 50). Figure 51 summarizes responses to questions about health problems related to smoking. 36% of former smokers aged 50 and over have been told that they have any tobacco-attributable disease; 17% have been told they have chronic bronchitis, and 10% have been told they have emphysema. 10% of current and former smokers aged 50 and over have been told by a doctor that they have had a stroke. Only 24% of those aged 50 and over who have never smoked have been told that they have any tobacco-attributable disease. Tobacco attributable diseases include stroke, heart attack, emphysema, chronic bronchitis, and cancer of the lung, bladder, mouth/pharynx, esophagus, cervix and larynx.

EXPOSURE TO SECONDHAND SMOKE

73% of non-smokers are bothered by secondhand smoke. Among those who are bothered, the most frequent complaints include the bad smell (91%), coughing (60%), watery eyes (58%), and nasal congestion (47%). 33% of non-smoking residents reported

they have avoided going to a restaurant, bar, bowling alley, casino, or bingo hall in the past year because of too much secondhand smoke. Specifically, this represents 142,000 people who have avoided smoky restaurants, and 102,000 people who have avoided smoky bars and taverns (Figure 52). Few people are leaving Erie County because of smoking regulations. In fact, some people are specifically seeking out establishments with smoke-free environments (Figures 53 and 54).

11% of employees reported exposure to secondhand smoke in their workspace in the last seven days (10% in Erie County and 15% in Niagara County). This translates into an estimated 45,000 exposed workers in Erie and Niagara Counties (Figure 55). 21% of workers (20% in Erie and 28% in Niagara) report that their worksite smoking policy allows smoking in some or all areas. Figures 56 through 59 summarize responses to questions about secondhand smoke exposure in the workplace. 24% of employees aged 18-24, and 28% of employees with less than 12 years of education report being exposed to secondhand smoke in the workplace. 11% of white workers and 14% non-white workers reported being exposed to secondhand smoke in the workplace. 12% of males and 9% of females reported being exposed to smoke in the workplace in the past 7 days.

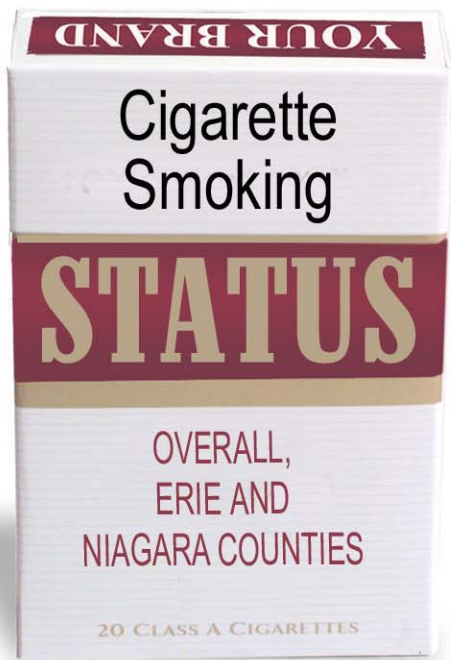
ADVERTISING AND PROMOTIONS

48% of current smokers have reported they received coupons from tobacco companies in the past year, and 30% have reported they received mailed advertisements promoting cigarettes. More than half (55%) of current smokers reported receiving any items from cigarette companies in the past year (Figure 60).

SUPPORT FOR TOBACCO CONTROL POLICIES

63% of residents (64% in Erie County and 59% in Niagara County) favor the strengthening of local, non-smoking laws to apply to stand-alone bars or taverns (Figure 61). Most Erie and Niagara County residents believe that money or gifts from tobacco companies influence politicians and support disclosure of these gifts (Figure 62). Figure 63 summarizes responses to questions about tobacco control initiatives, which are supported by most Erie and Niagara County residents, such as a law that requires disclosure of cigarette ingredients (95%), graphic warning labels on cigarette packs (91%), and limits on the number of tobacco outlets (70%).

Figure 1. Cigarette Smoking Status



- Never Smoker
- Former Smoker
- Current Smoker

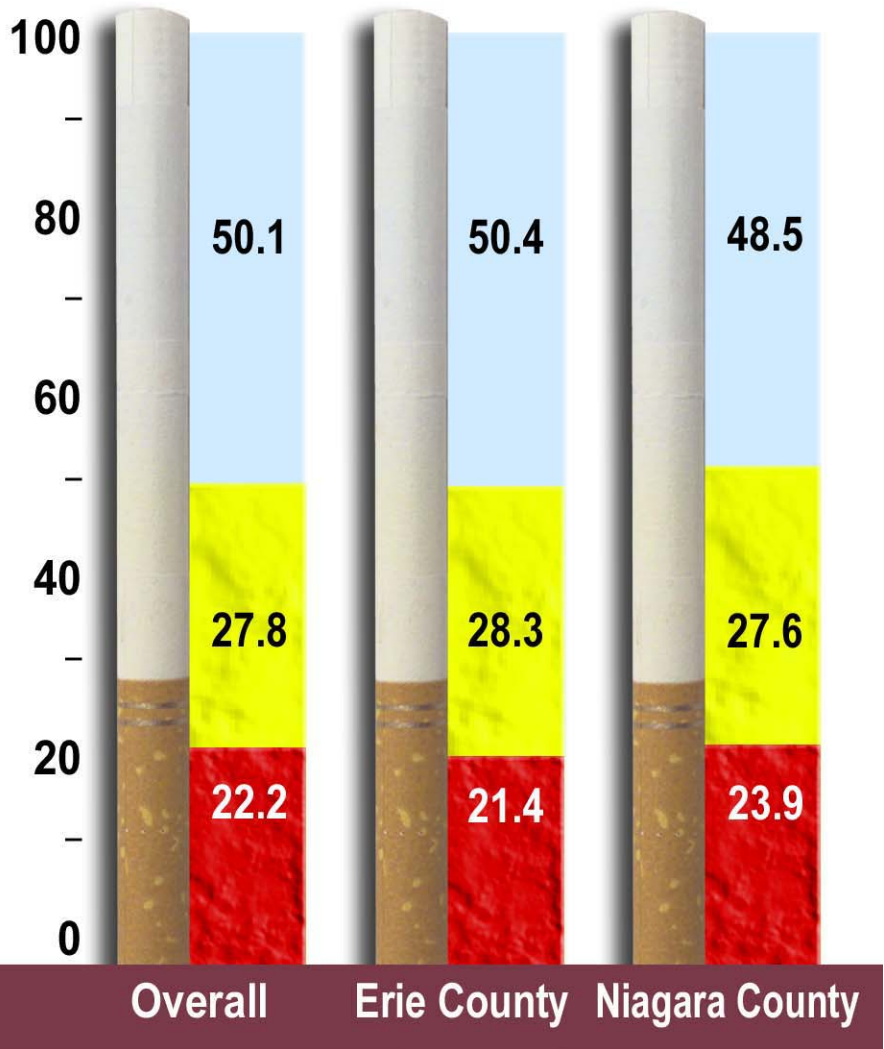


Figure 2. Smoking Status by Age

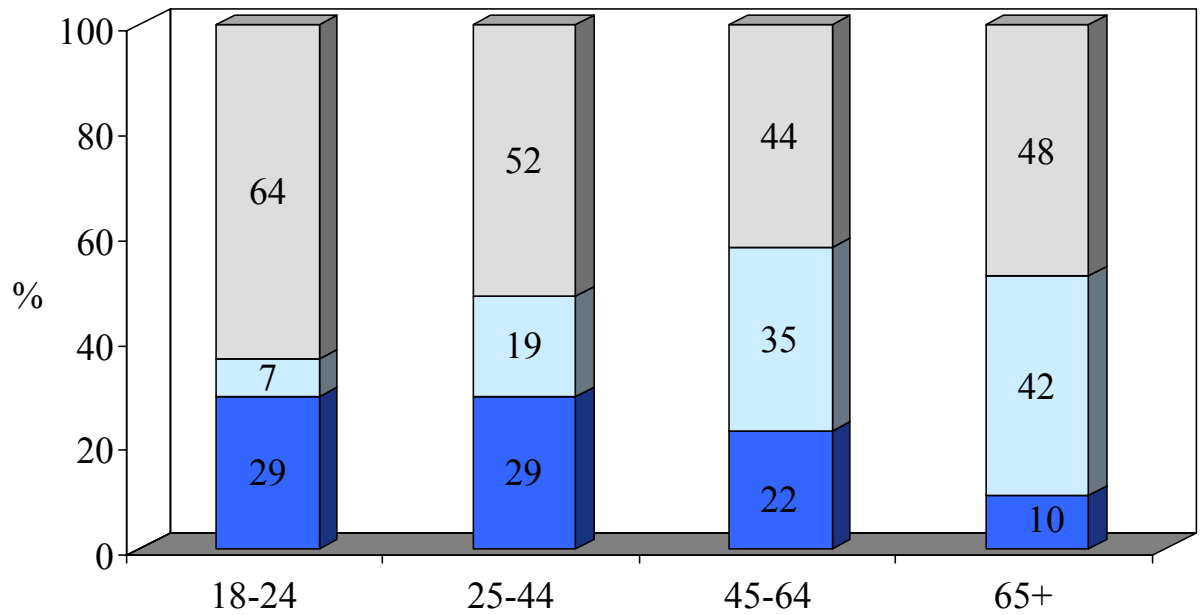


Figure 3. Smoking Status by Gender

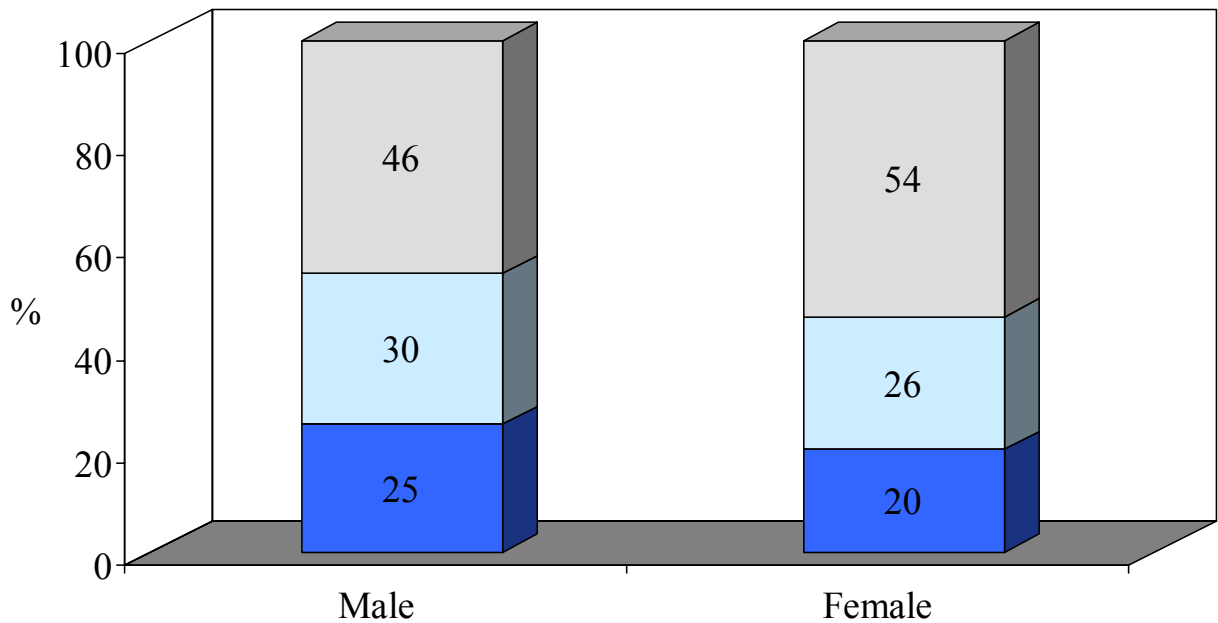


Figure 4. Smoking Status by Race/Ethnicity

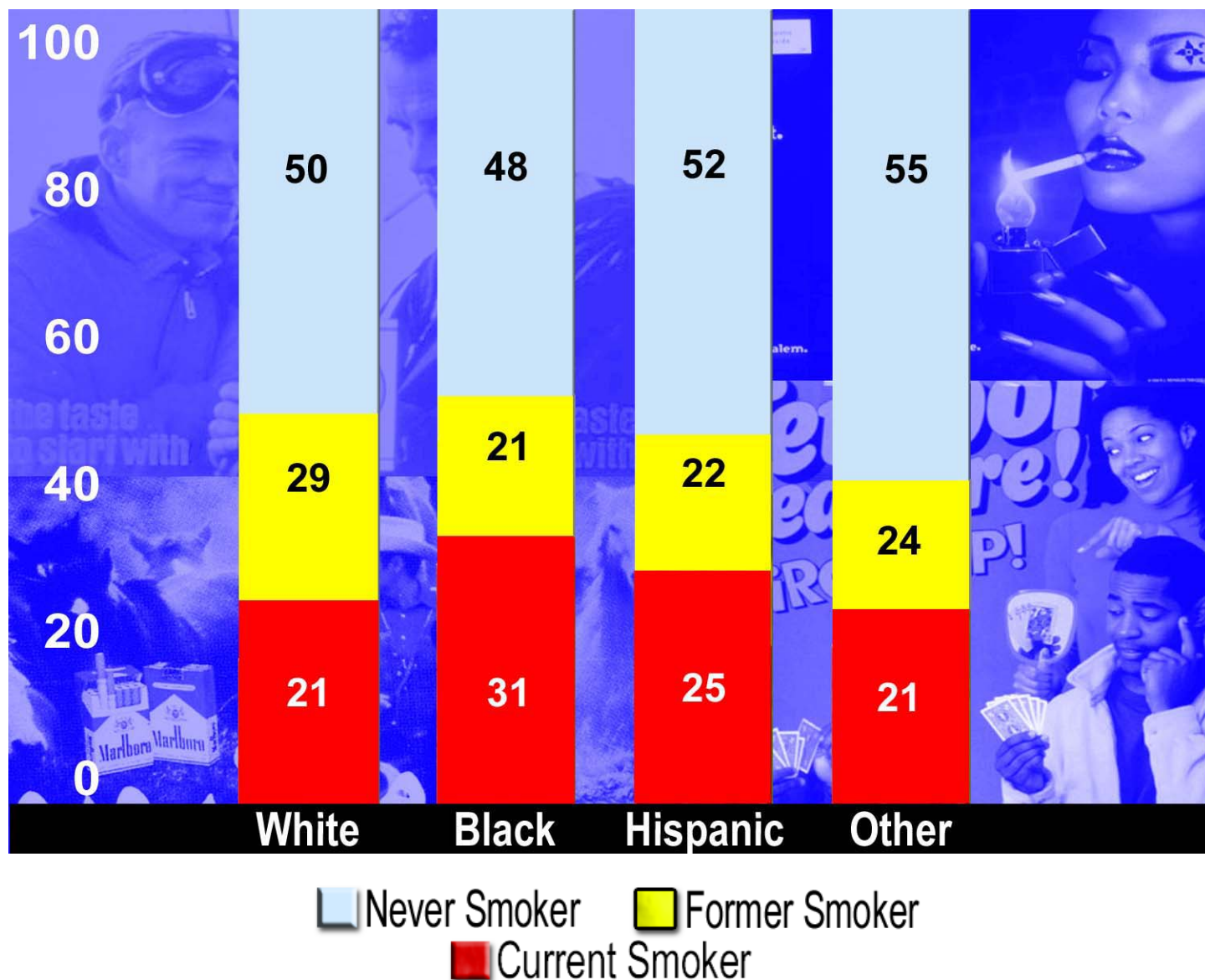


Figure 5. Smoking Status by Education

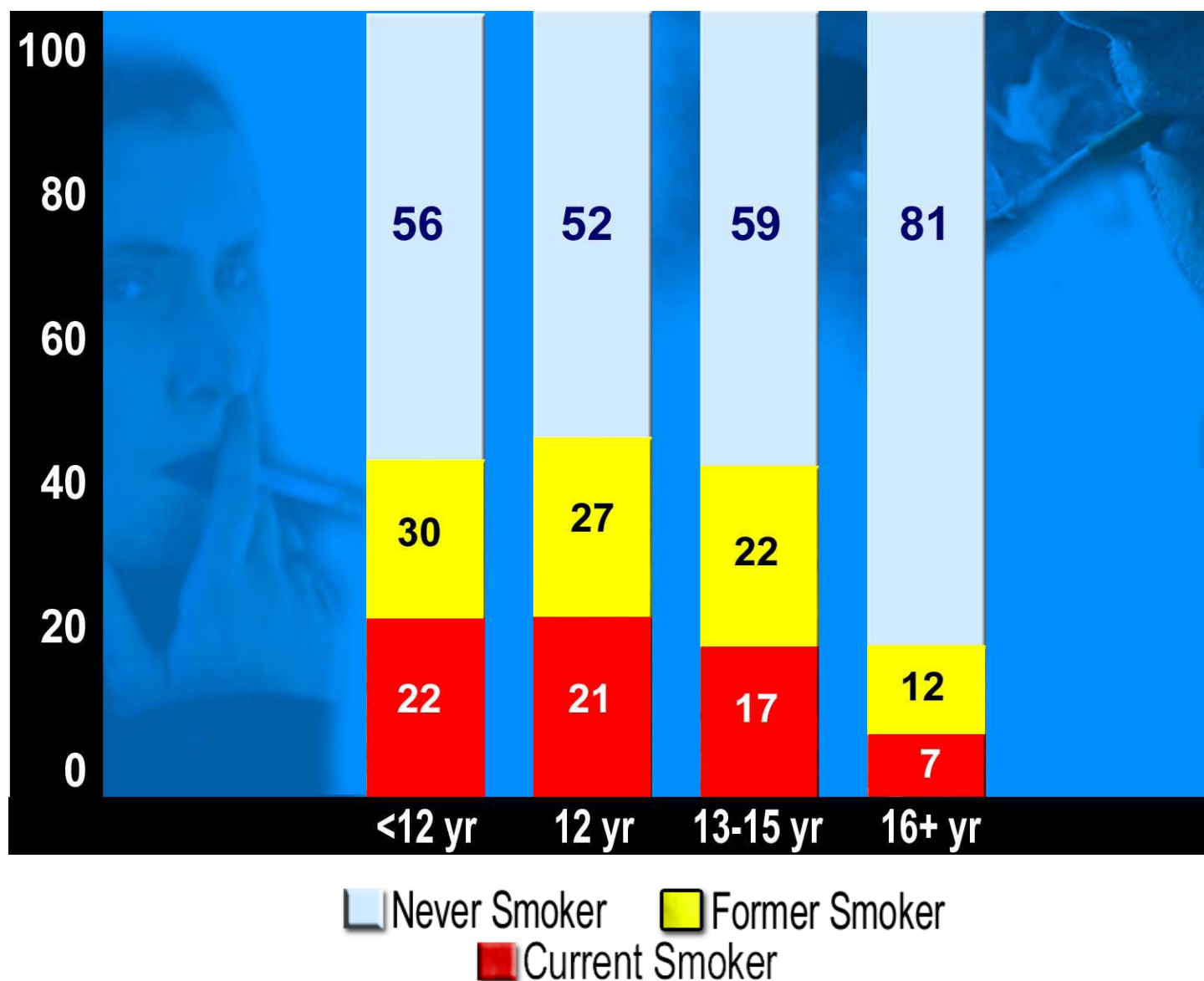


Figure 6. Number of Cigarettes Smoked per Day Among Current Smokers

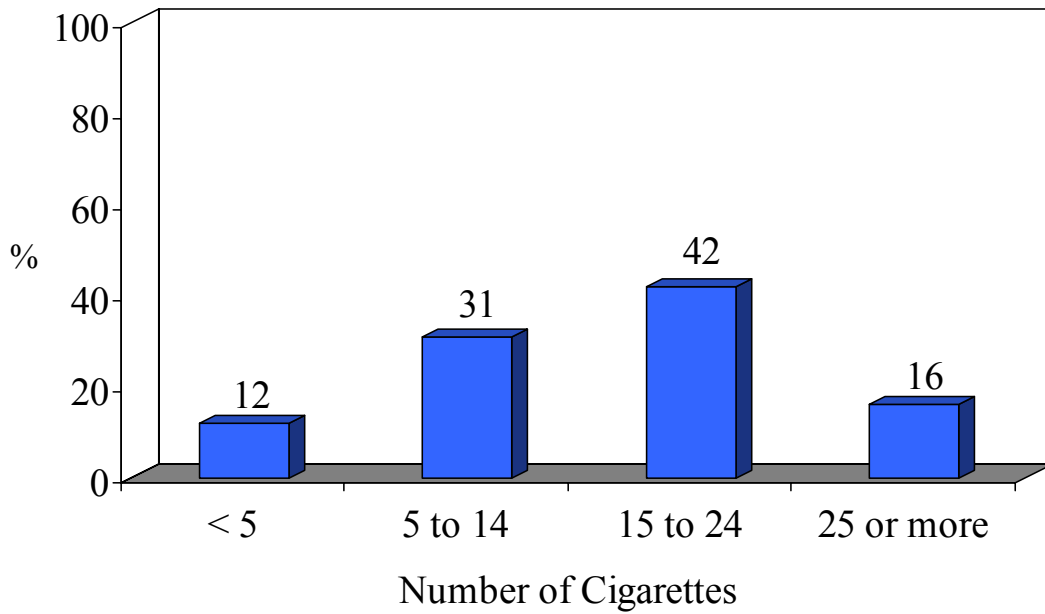


Figure 7. Every Day and Some Day Smoking Among Current Smokers

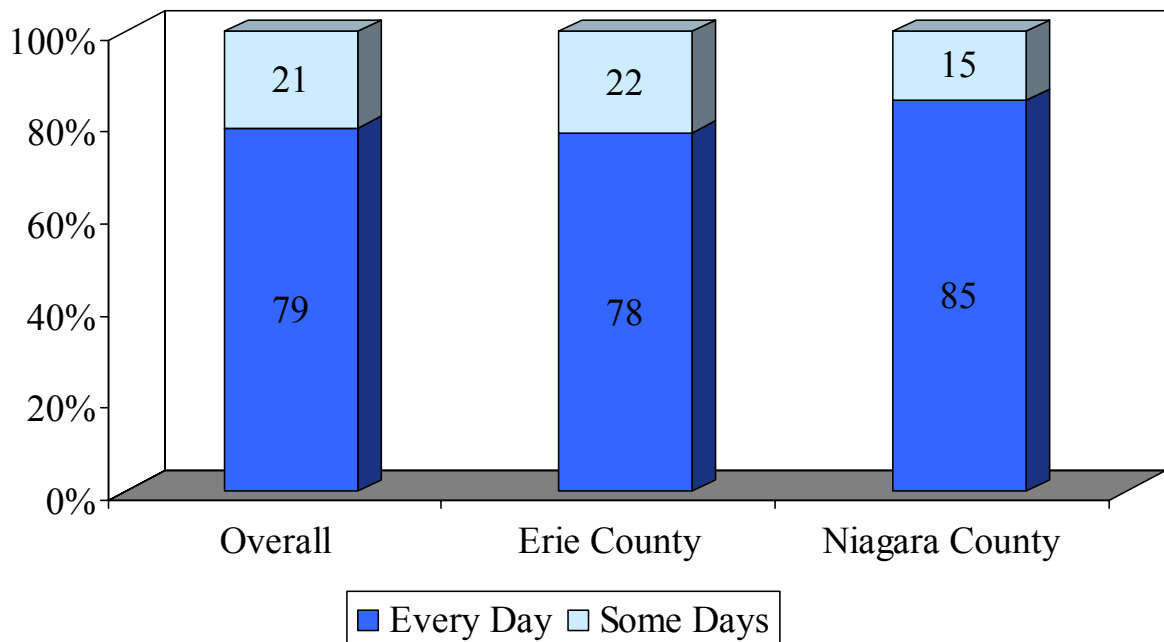


Figure 8. Every Day and Some Day Smoking Among Current Smokers by Age

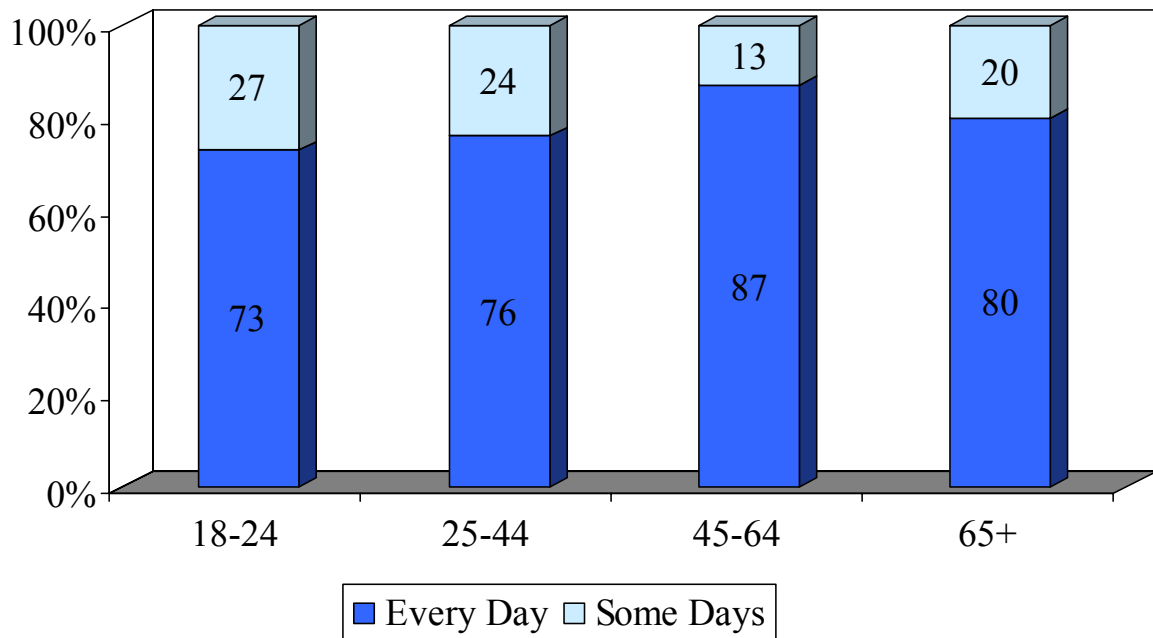


Figure 9. Every Day and Some Day Smoking Among Current Smokers by Gender

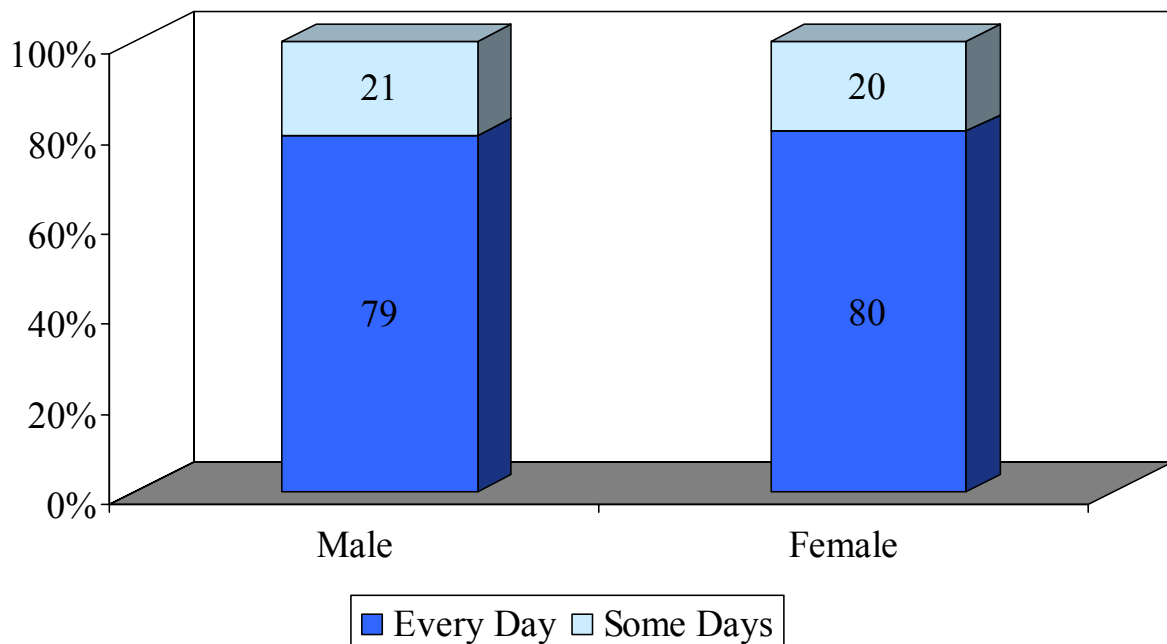


Figure 10. Everyday and Some day Smoking Among Current Smokers by Race/Ethnicity

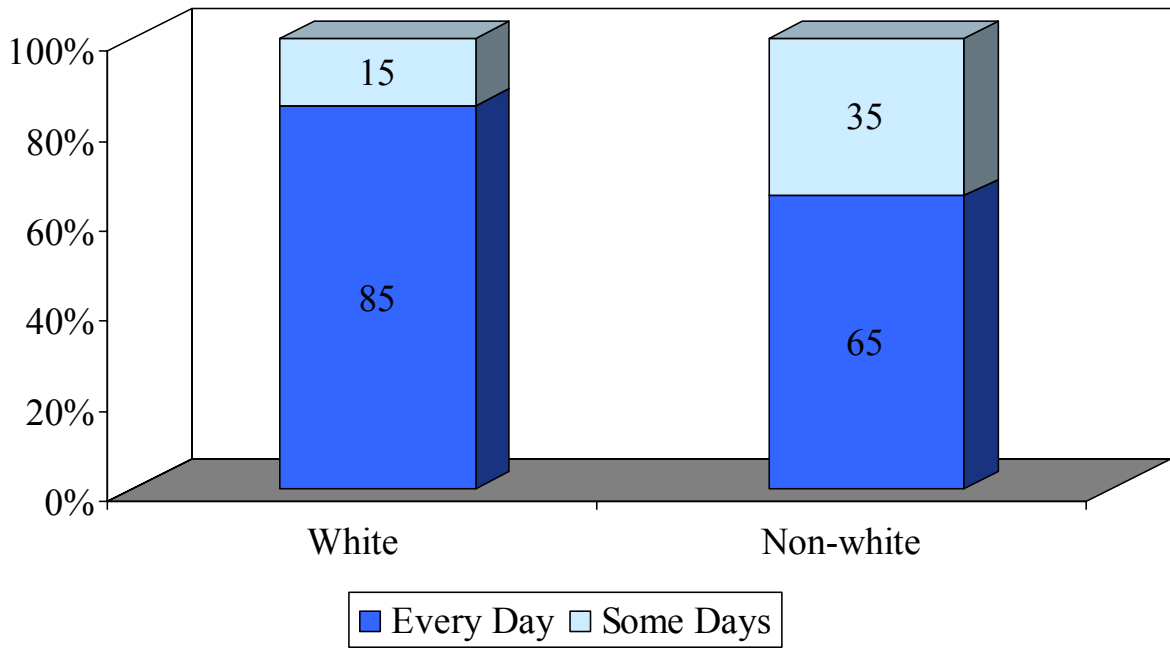


Figure 11. Everyday and Some day Smoking Among Current Smokers by Education

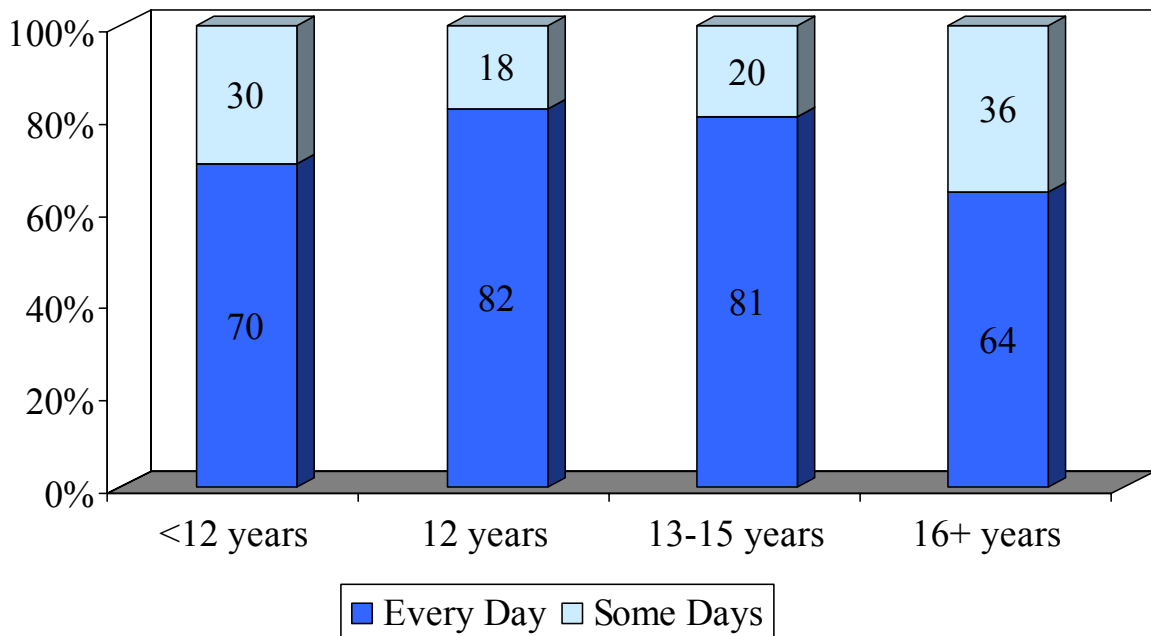


Figure 12. Ever and Current Use of Any Other Form of Tobacco by County

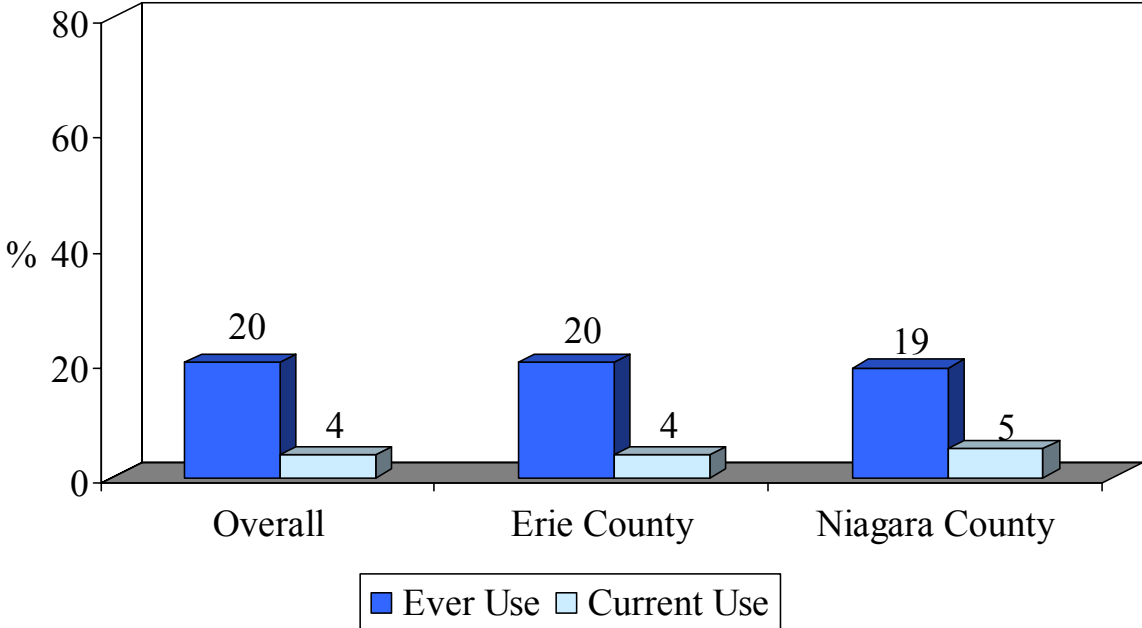


Figure 13. Ever and Current Use of Any Other Form of Tobacco by Age

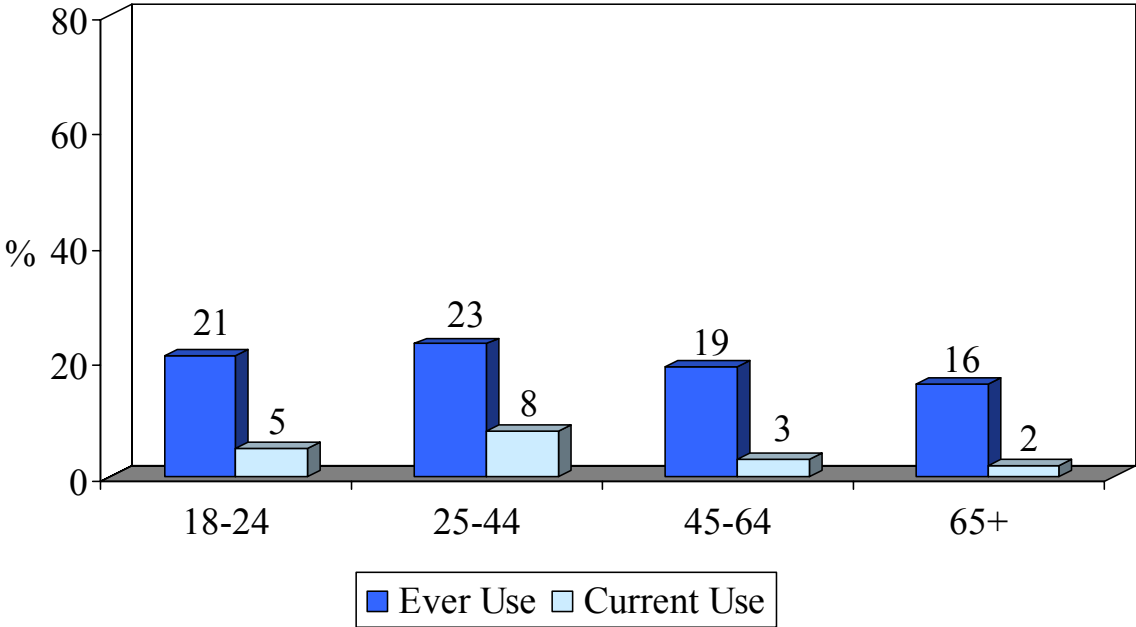


Figure 14. Ever and Current Use of Any Other Form of Tobacco by Gender

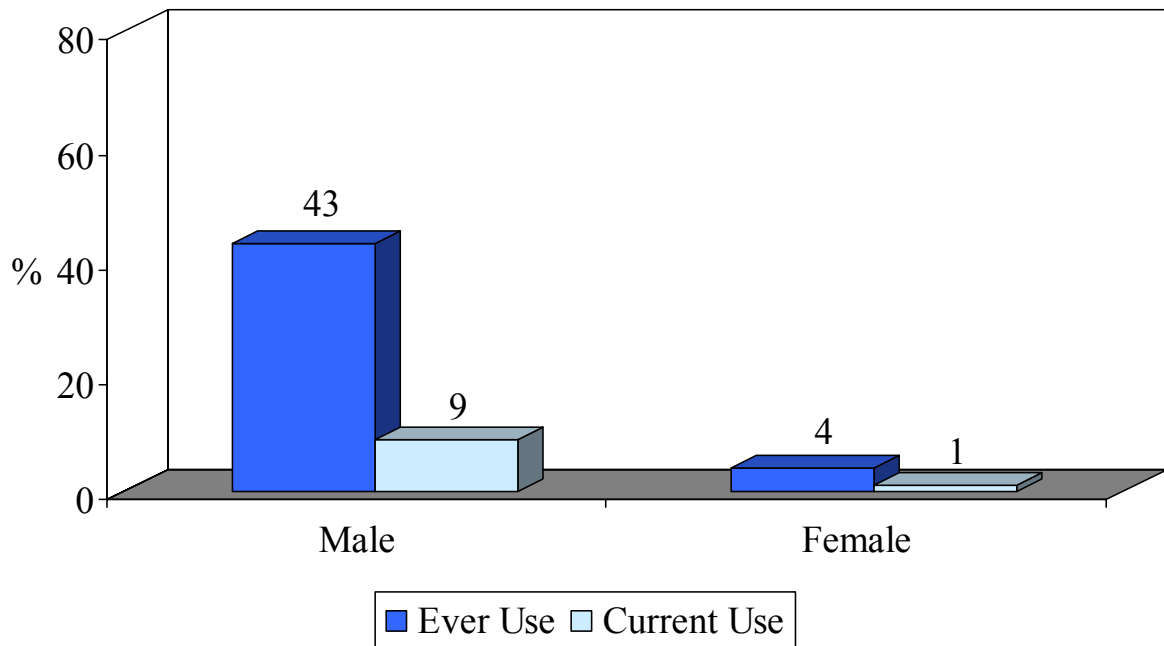


Figure 15. Ever and Current Use of Any Other Form of Tobacco by Race/Ethnicity

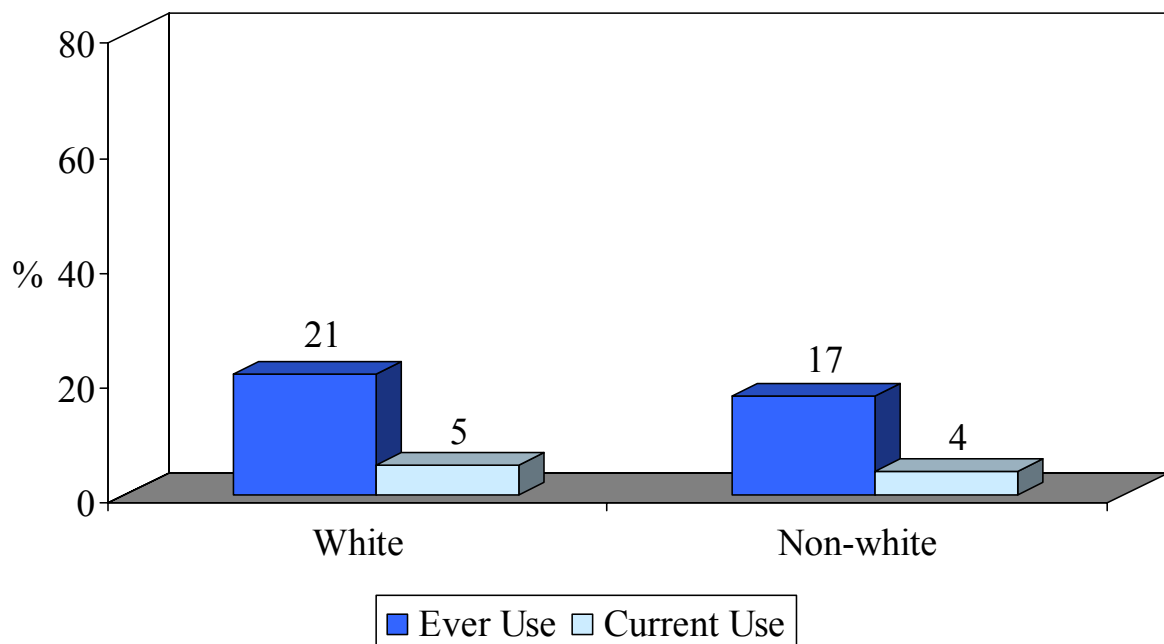


Figure 16. Ever and Current Use of Any Other Form of Tobacco by Education

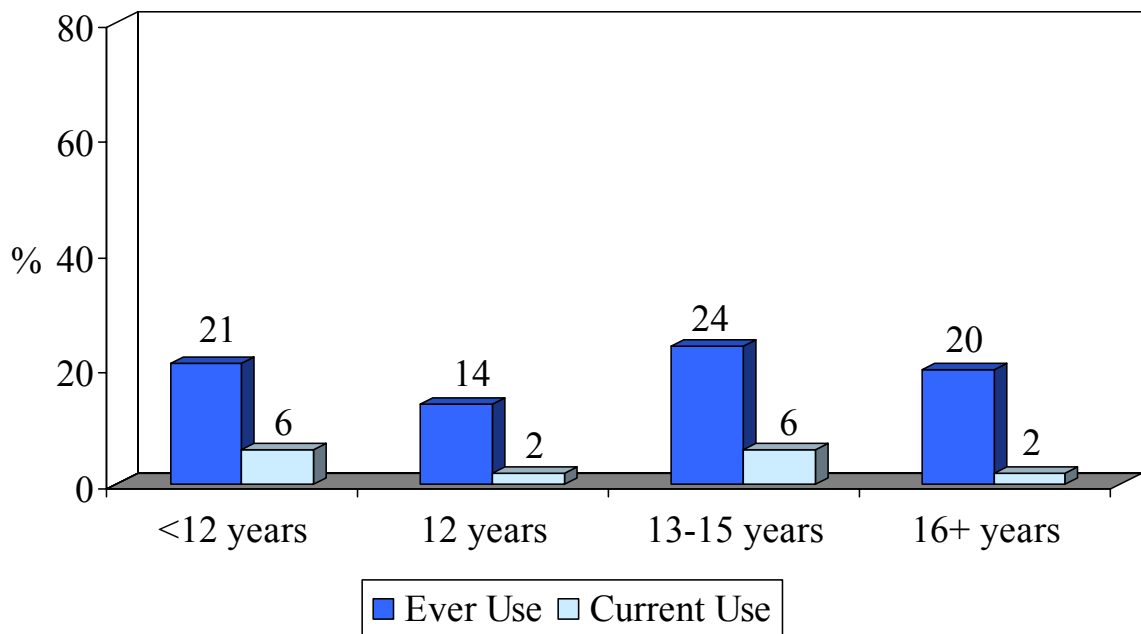


Figure 17. Ever and Current Use of Any Other Form of Tobacco by Cigarette Smoking Status

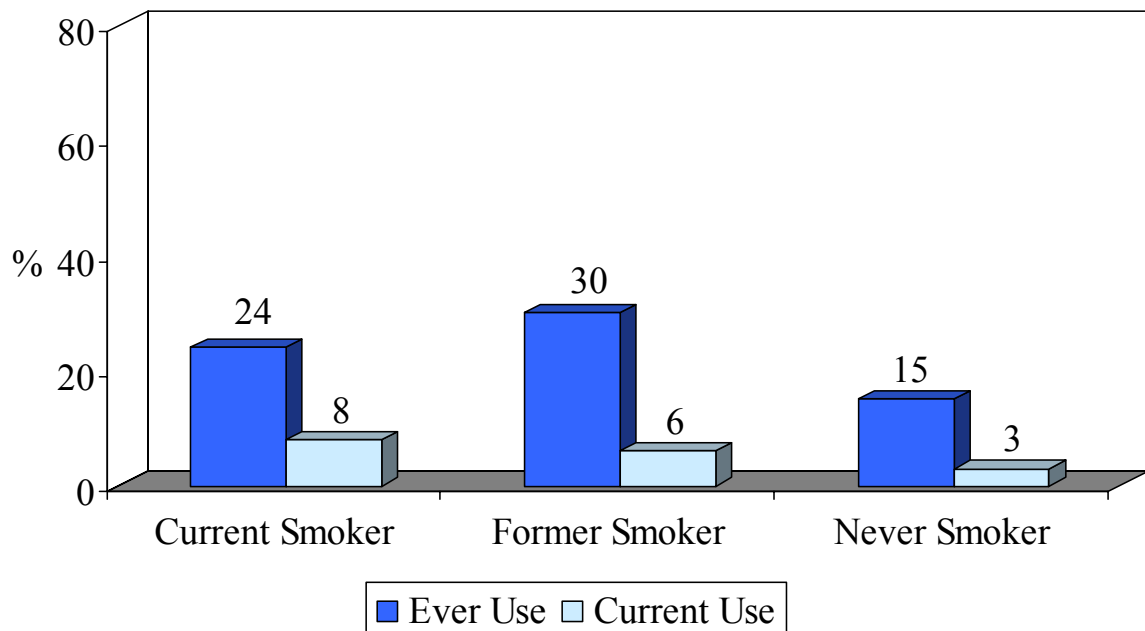


Figure 18. Self-report of Effect of Cigarette Price Increases on Smoking Behavior Among Current and Recent Former Smokers

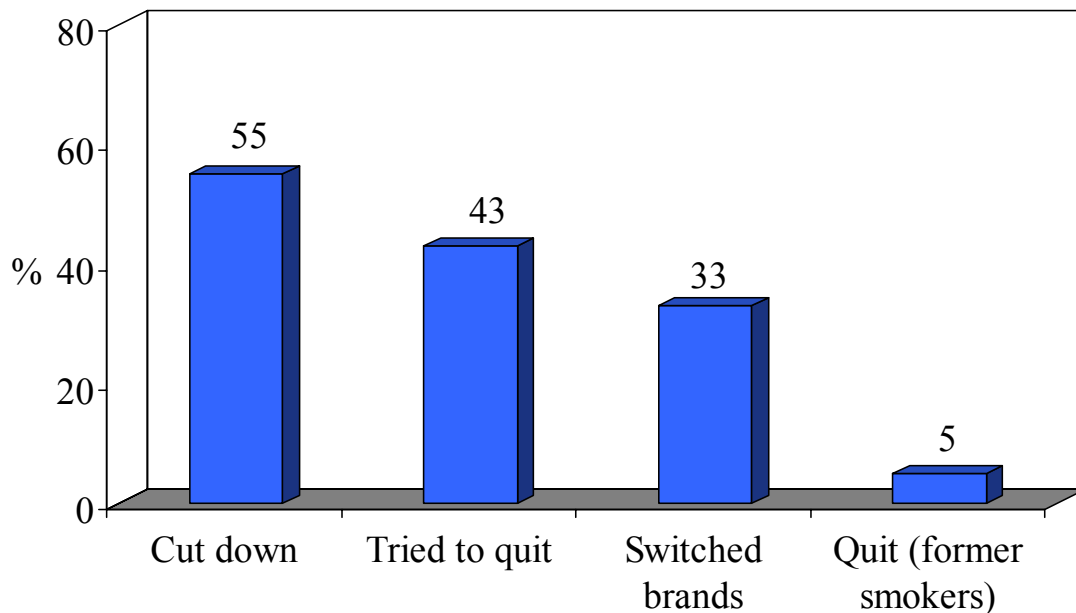


Figure 19. Percent of Smokers who Report Regularly Buying their Cigarettes at Indian Reservations

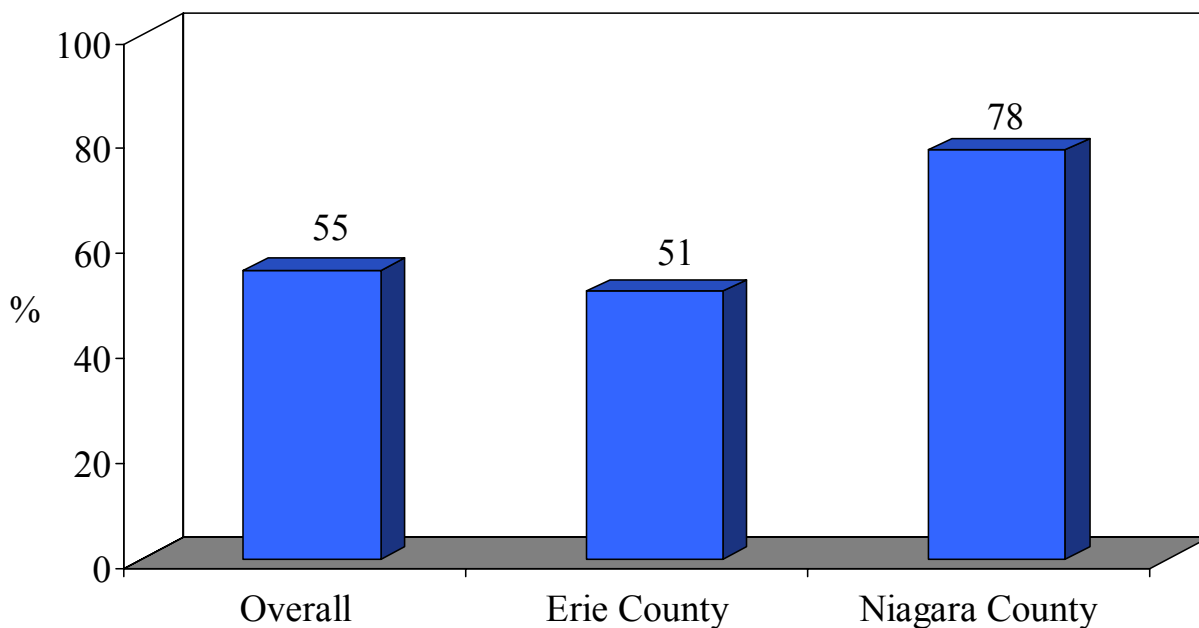
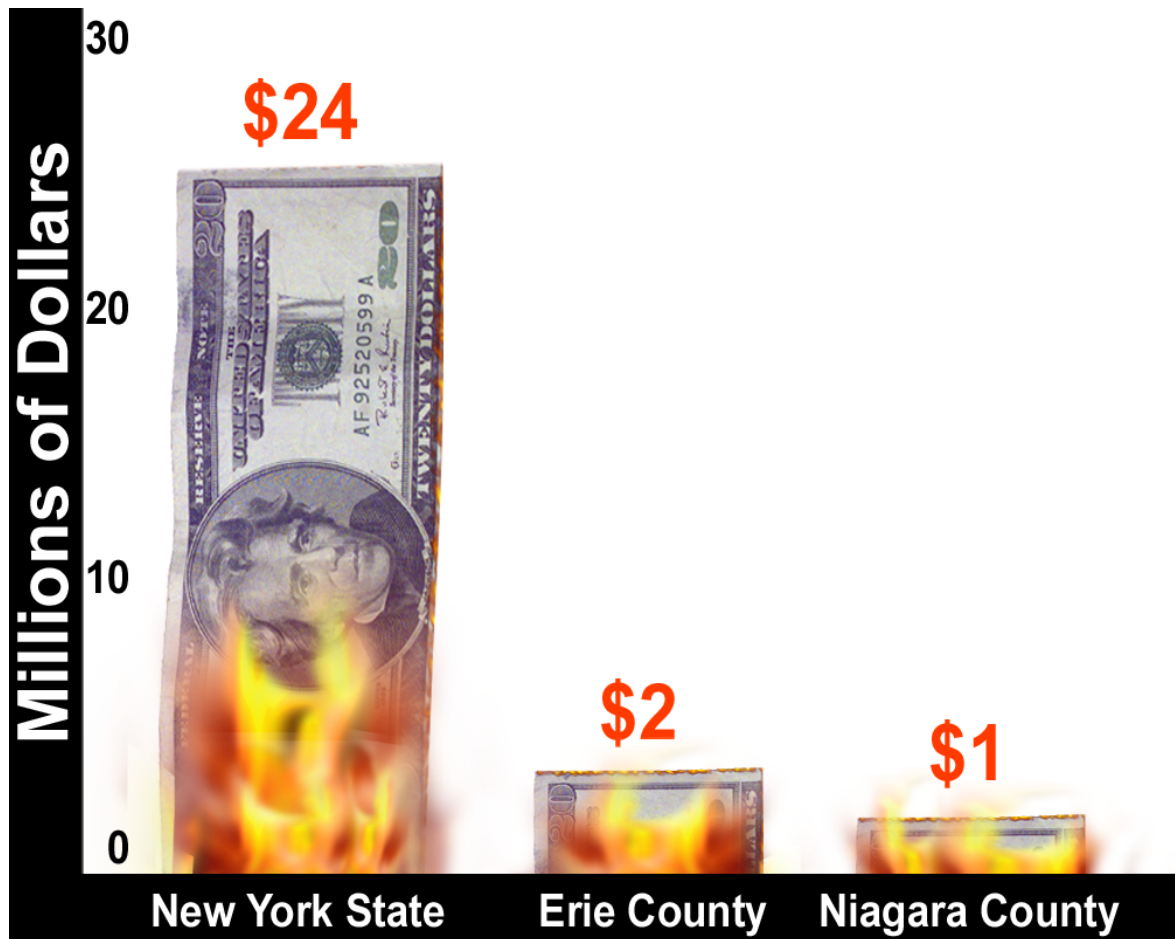


Figure 20. Sales Taxes and Excise Taxes Not Collected Each Year from Current Smokers who Reside in Erie or Niagara County who Regularly Purchase Cigarettes on Indian Reservations*



*Assuming these smokers buy 50% of the cigarettes that they smoke from Indian Reservations and that they smoke 16 cigarettes per day.

Figure 21. Usual Cigarette Brand Smoked Among Current Smokers

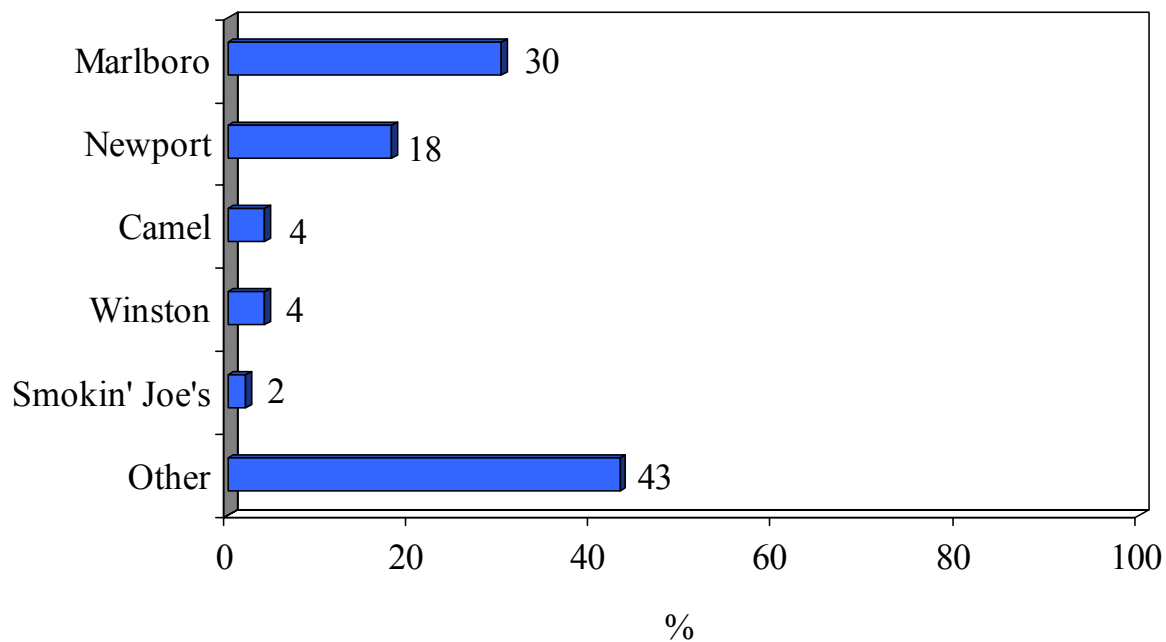


Figure 22. Cigarette Product Characteristics Among Current Smokers

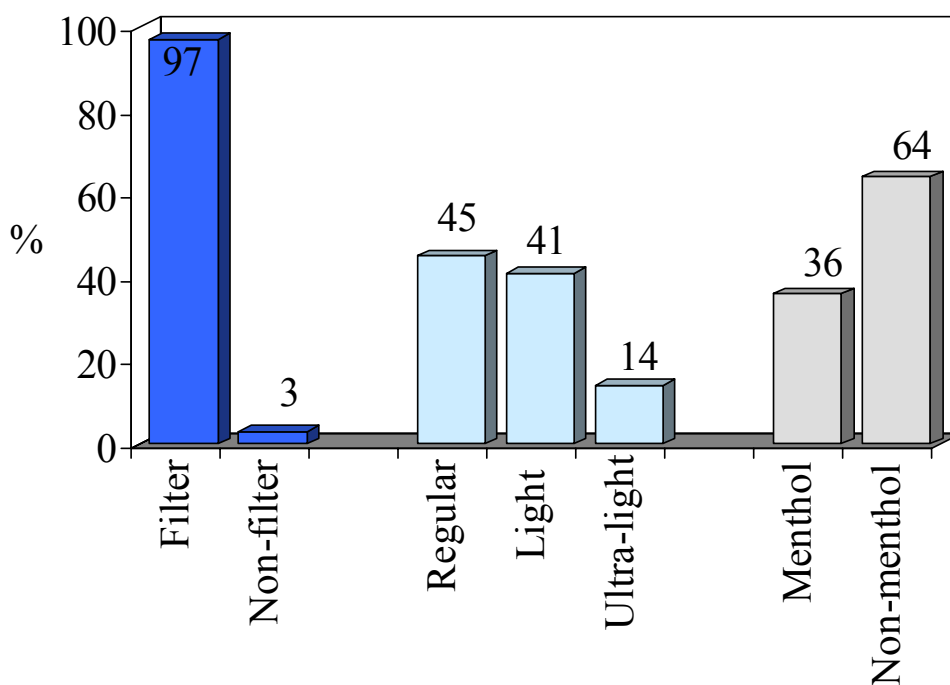


Figure 23. Prevalence of Brand Switching in the Past Year Among Current Smokers

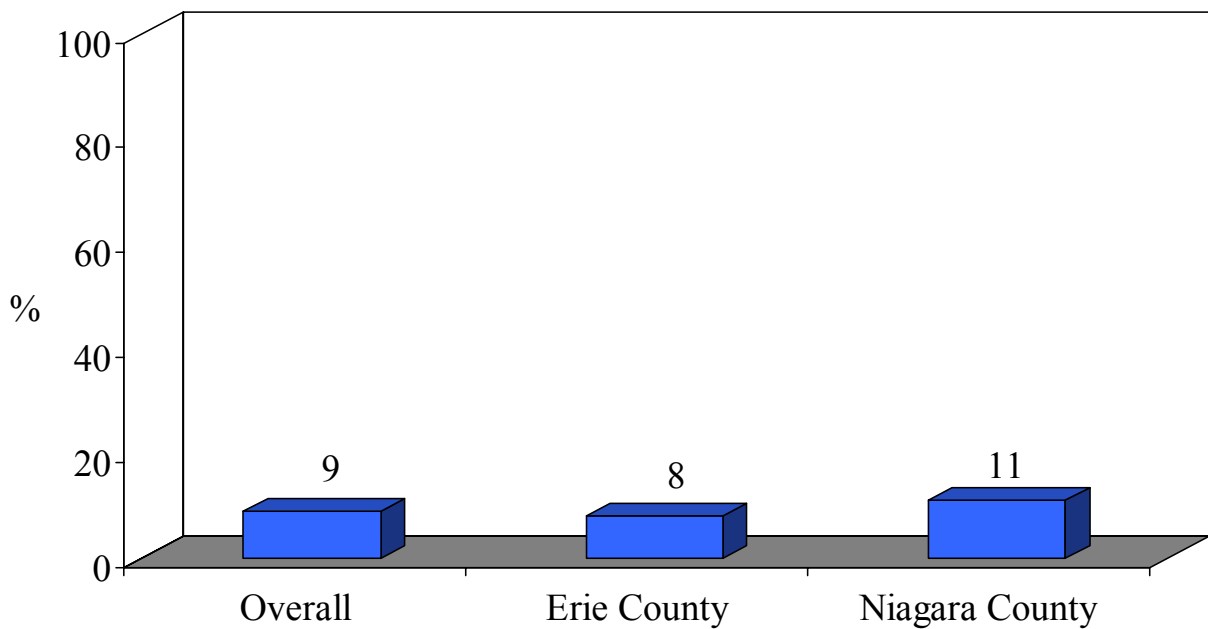


Figure 24. Reason for Switching Brands in the Past Year (Among those who switched)

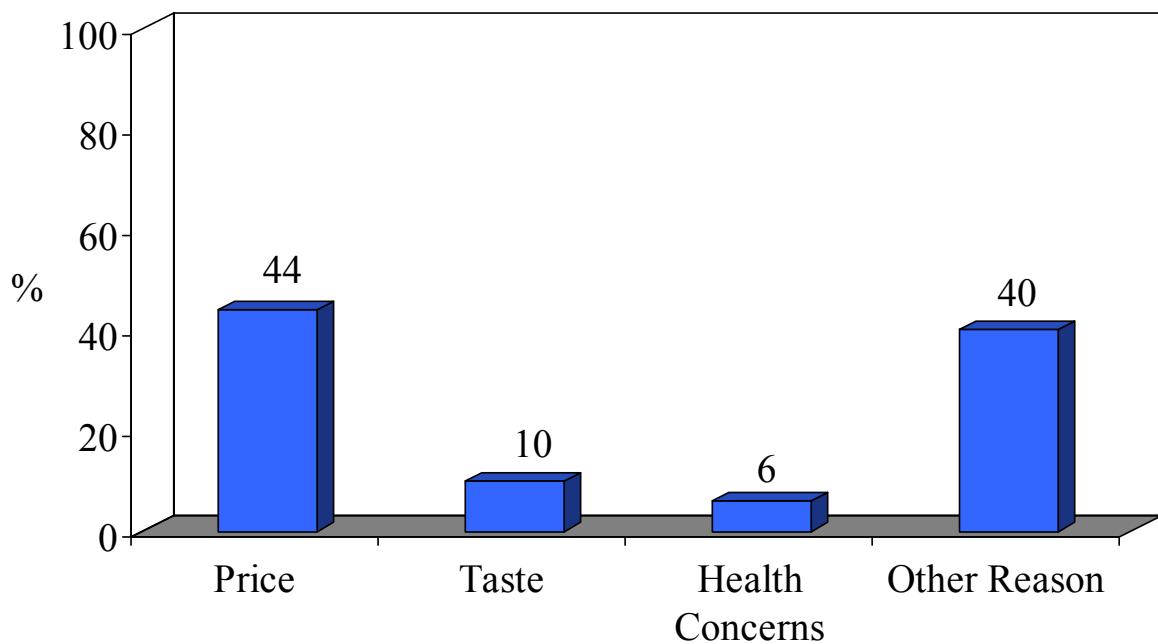


Figure 25. Time to First Cigarette After Waking by County

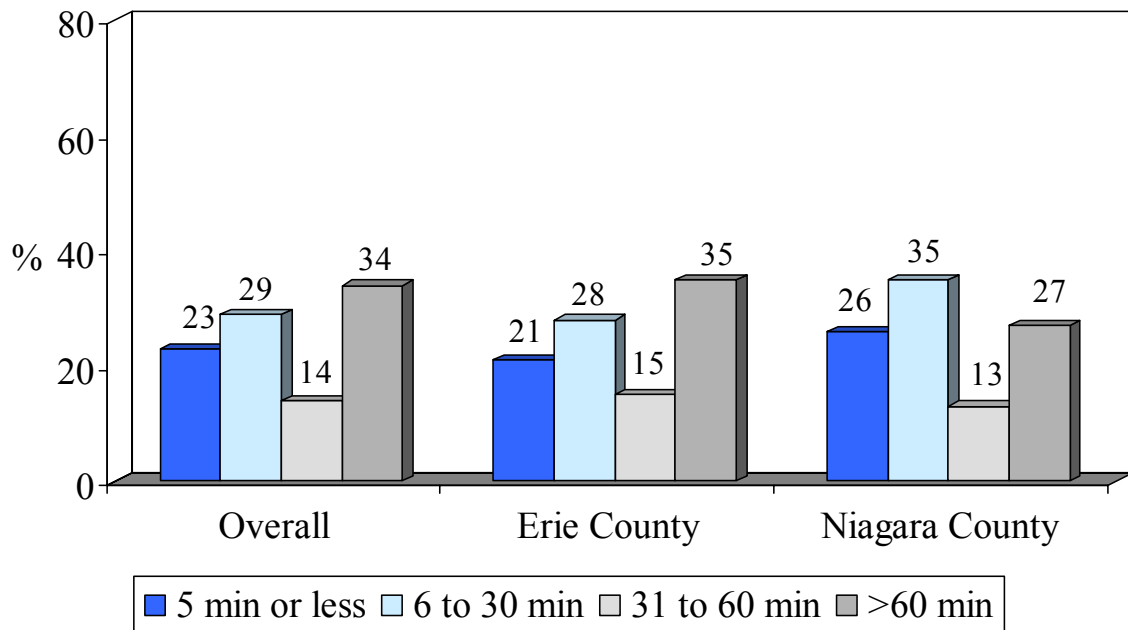


Figure 26. Time to First Cigarette After Waking by Age

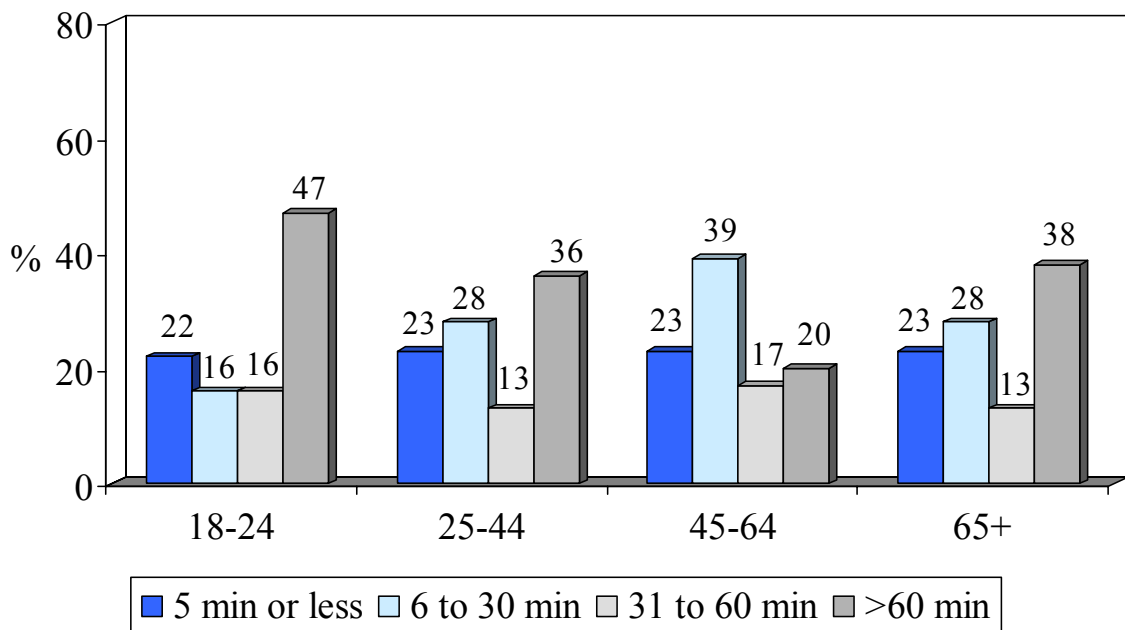


Figure 27. Time to First Cigarette After Waking by Gender

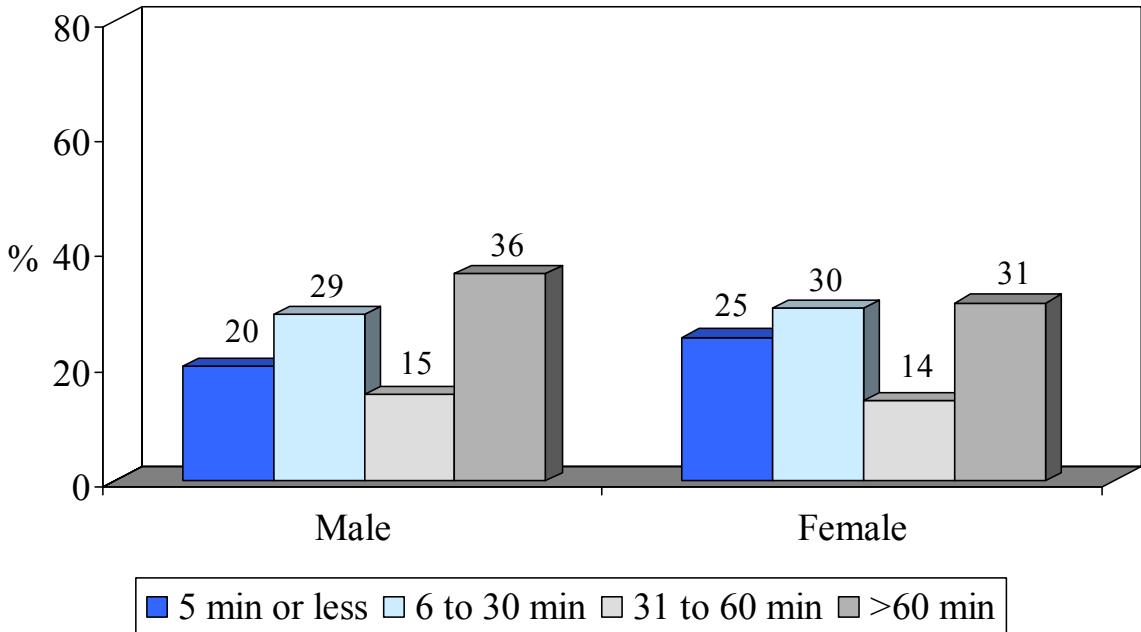


Figure 28. Time to First Cigarette After Waking by Race/Ethnicity

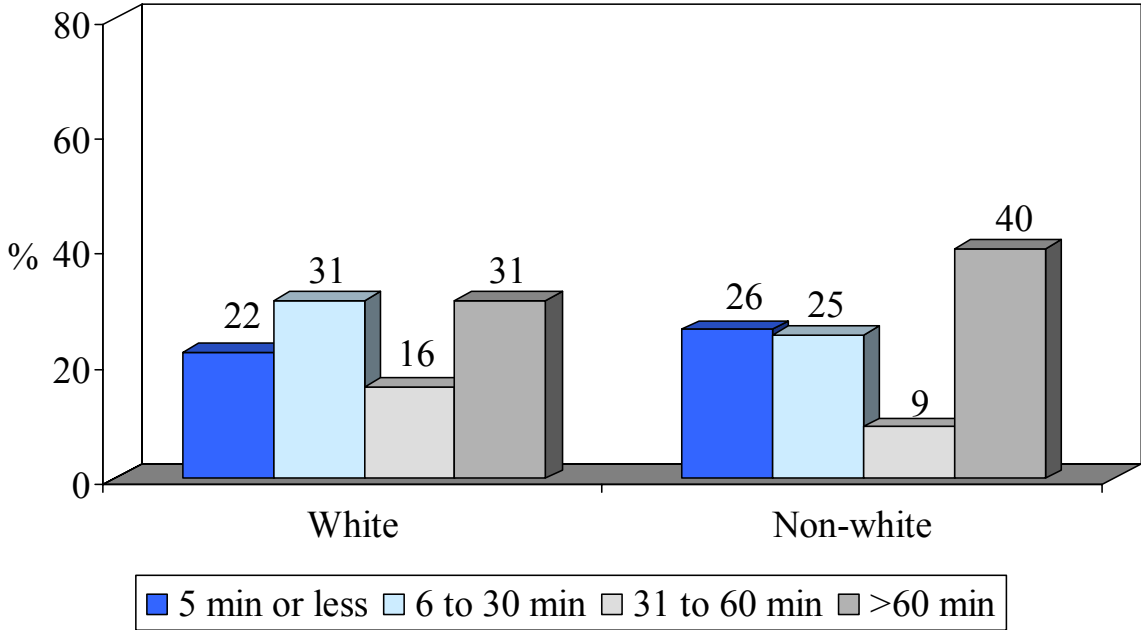


Figure 29. Time to First Cigarette After Waking by Education

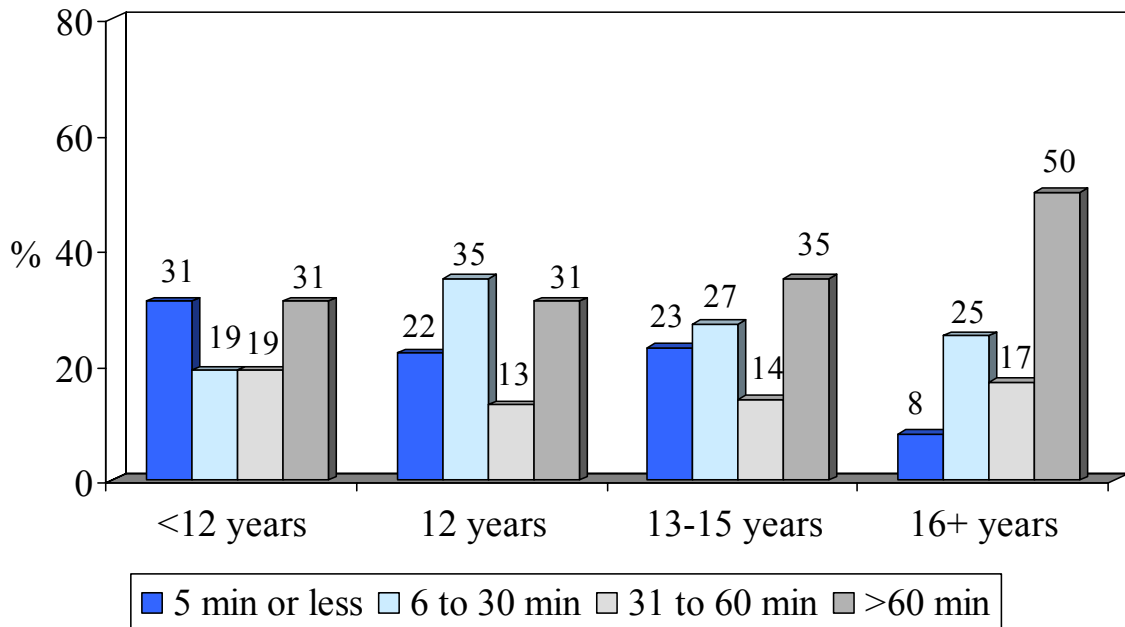


Figure 30. Percent of Smokers who Report Indicators of Dependence

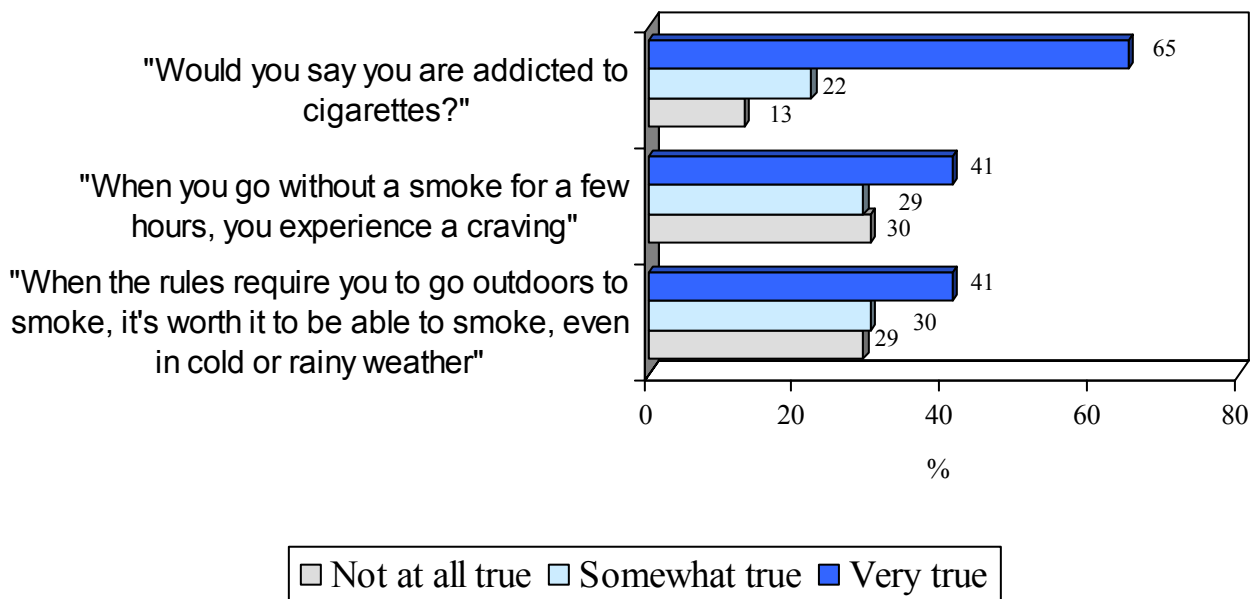


Figure 31. Percent of Current and Recent Former Smokers Who Have Stopped Smoking for One Day or Longer in the Past 12 Months Because They Were Trying to Quit by County

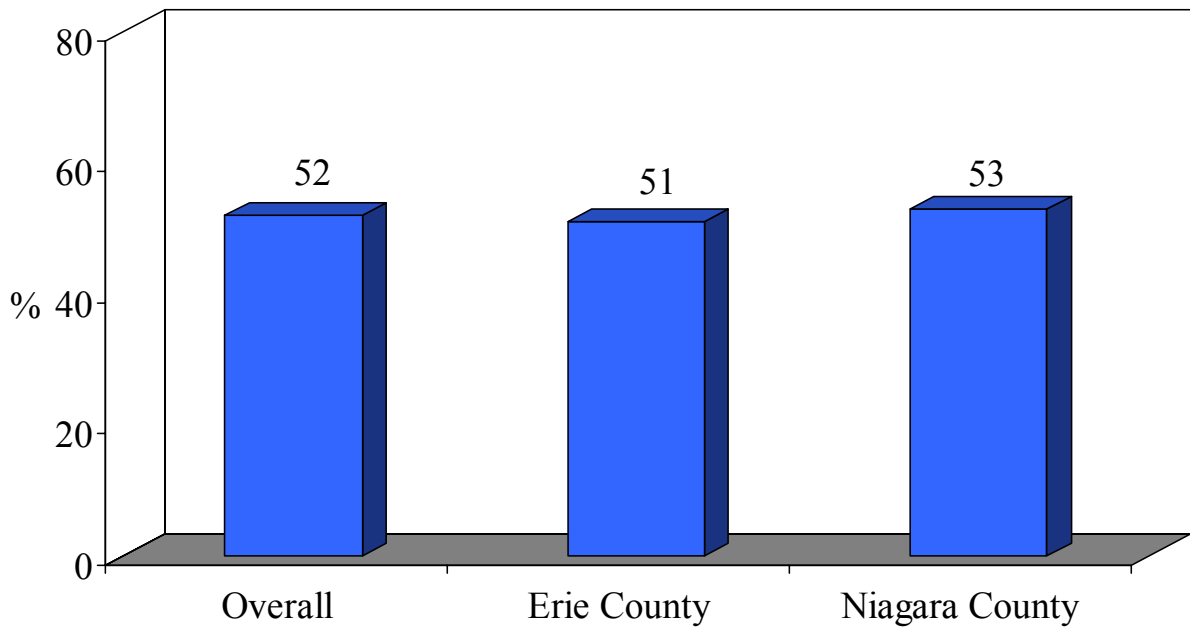


Figure 32. Percent of Current and Recent Former Smokers Who Have Stopped Smoking for One Day or Longer in the Past 12 Months Because They Were Trying to Quit by Age

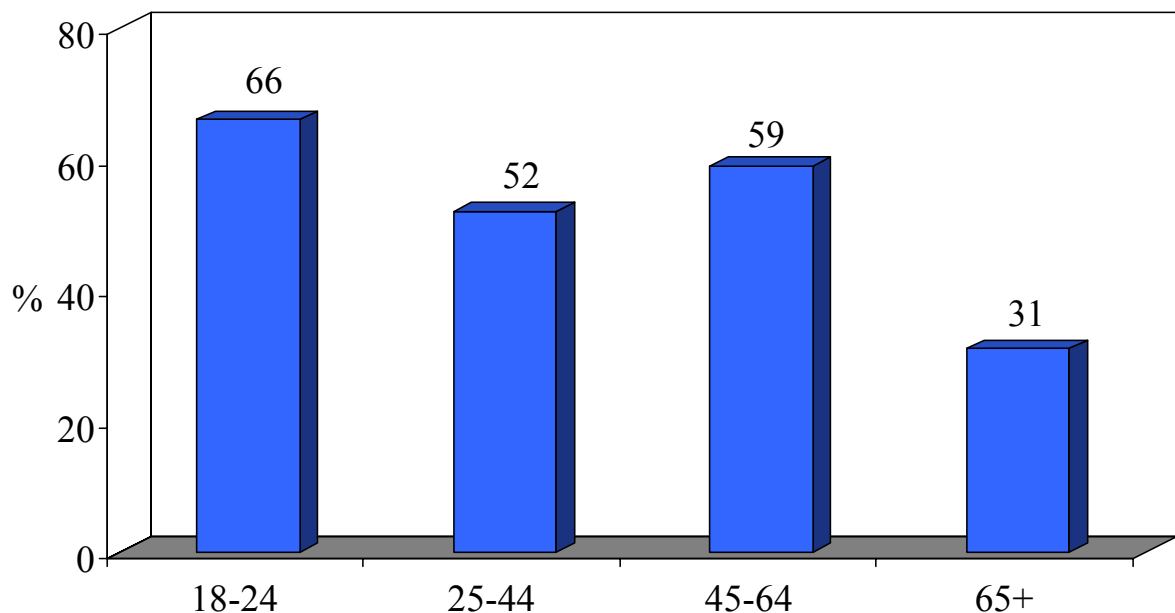


Figure 33. Percent of Current and Recent Former Smokers Who Have Stopped Smoking for One Day or Longer in the Past 12 Months Because They Were Trying to Quit by Gender

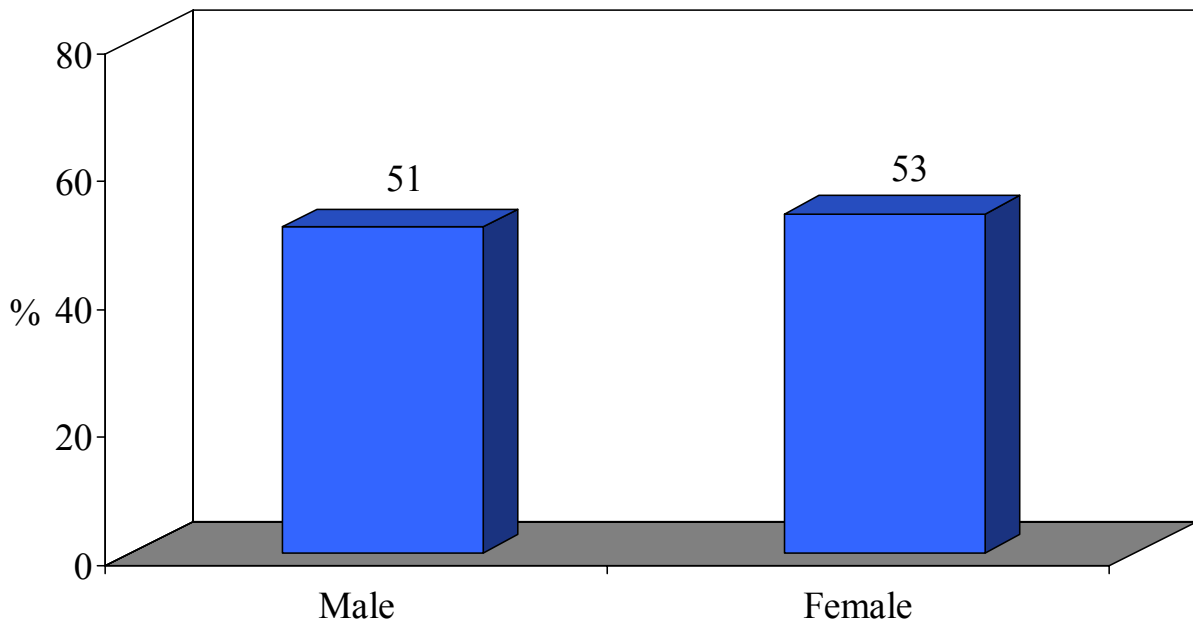


Figure 34. Percent of Current and Recent Former Smokers Who Have Stopped Smoking for One Day or Longer in the Past 12 Months Because They Were Trying to Quit by Race/Ethnicity

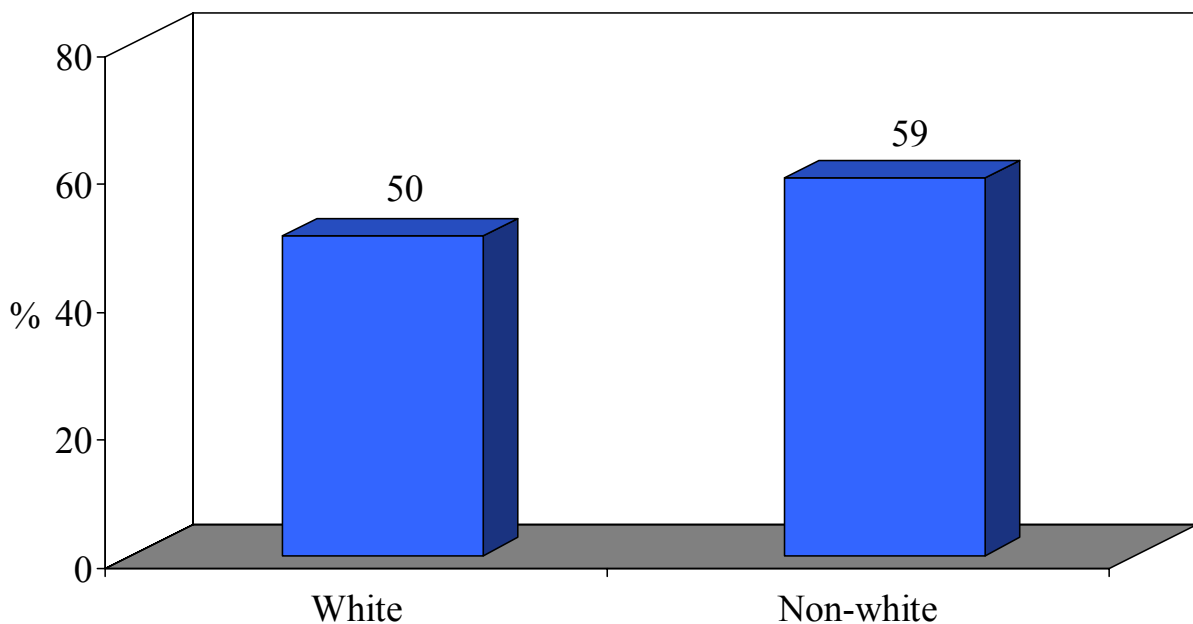


Figure 35. Percent of Current and Recent Former Smokers Who Have Stopped Smoking for One Day or Longer in the Past 12 Months Because They Were Trying to Quit by Education

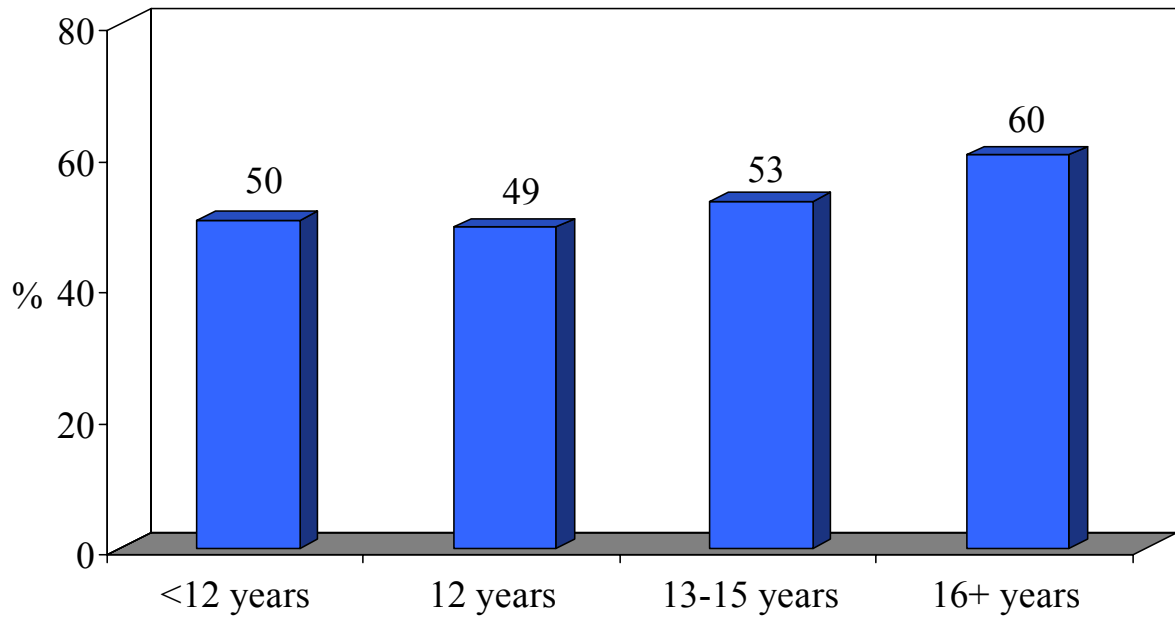


Figure 36. Percent of Smokers Who Have Made a Quit Attempt in the Past 12 Months Who Report Not Smoking at All

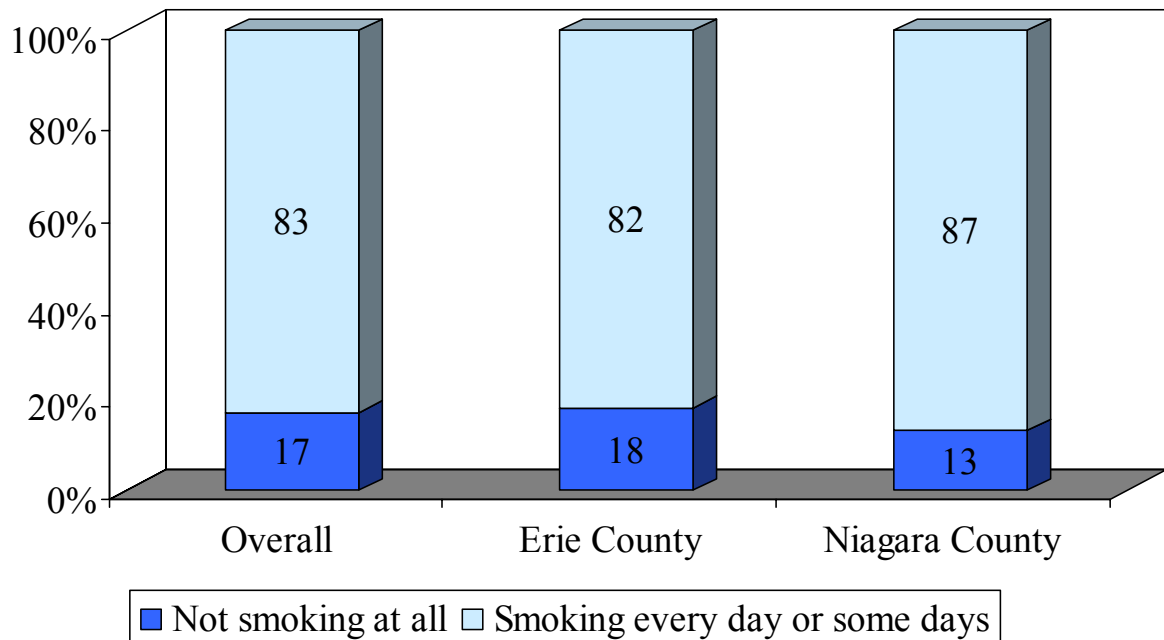


Figure 37. Desire to Quit Smoking Among Current Smokers

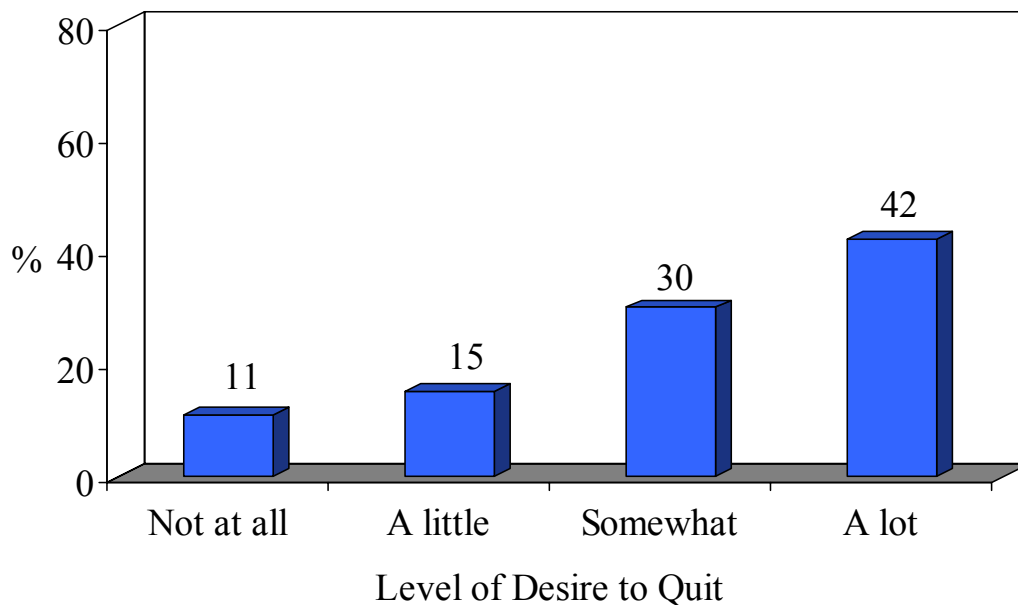


Figure 38. Erie and Niagara County Smokers Who Report They Would “think seriously about stopping smoking in the next 6 months” Because of...

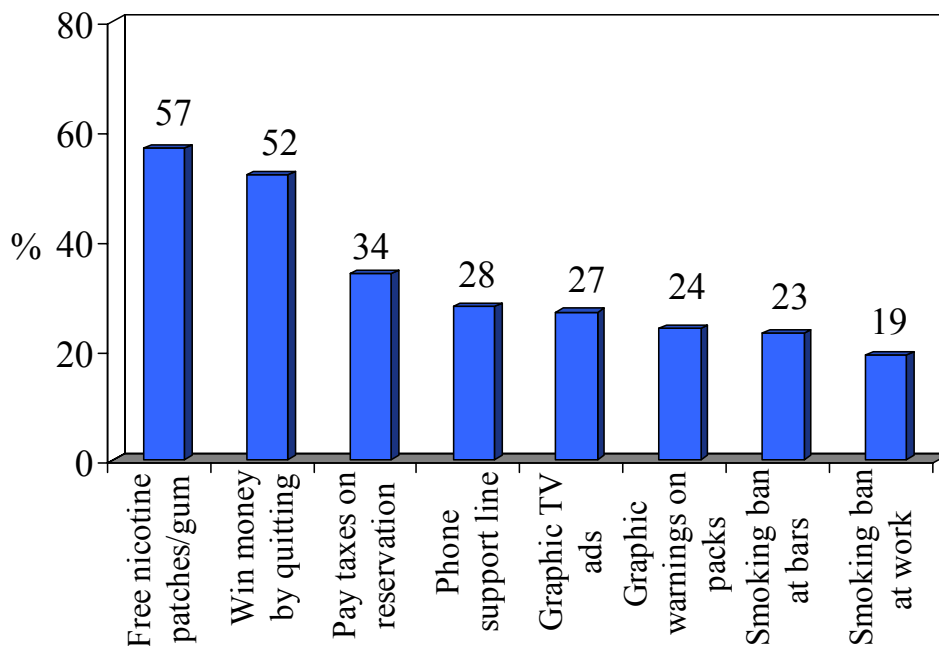


Figure 39. Percent of People Who Have Ever Heard of and Called the New York State Smokers' Quitline

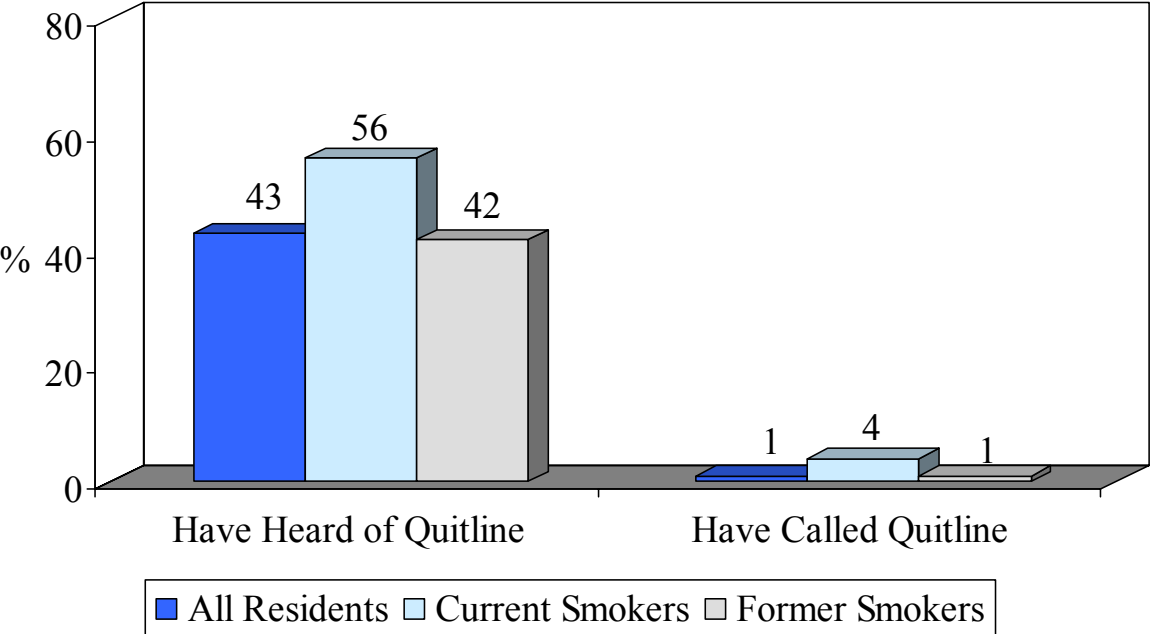


Figure 40. Methods Used on Last Quit Attempt Among Those who Tried to Quit in the Past 12 Months

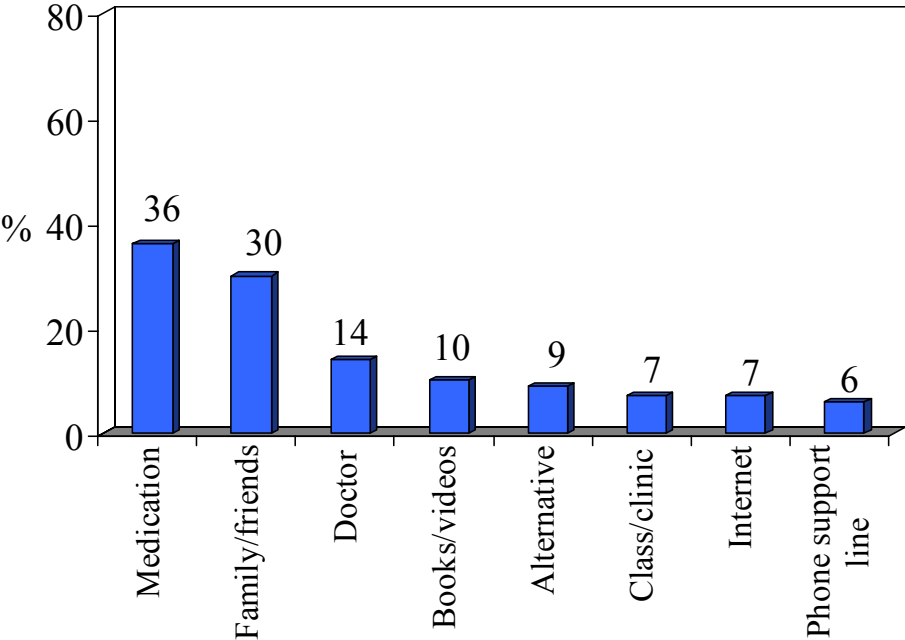


Figure 41. Percent of Smokers who Reported Receiving a Doctor's Advice to Quit Smoking in the Past 12 Months by County

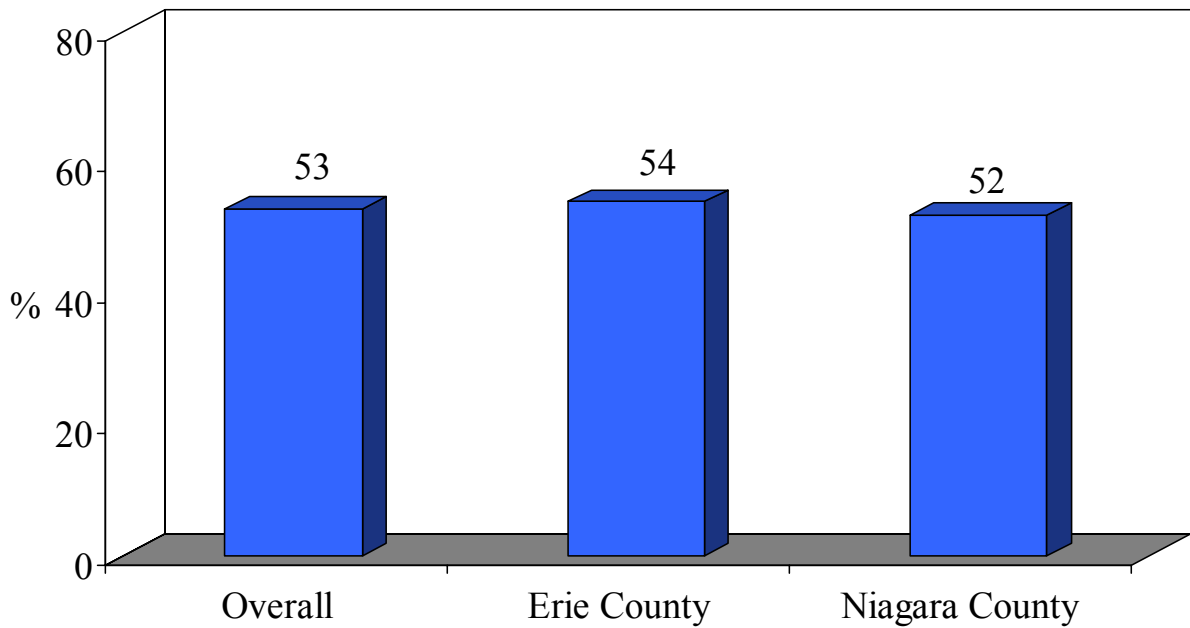


Figure 42. Percent of Smokers who Reported Their Physician Gave Little or No Effort in Helping Them to Stop Smoking (Among those who have seen a physician in the past 12 months)

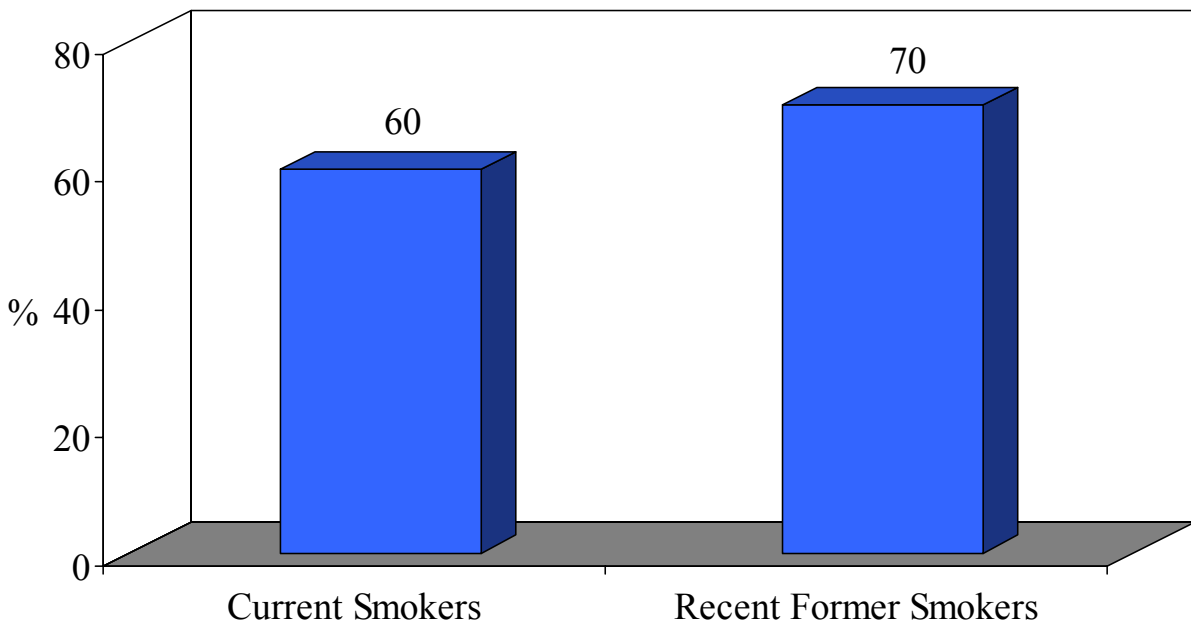


Figure 43. Ever and Past 12 Month Use of Stop Smoking Medications Among Current and Former Smokers

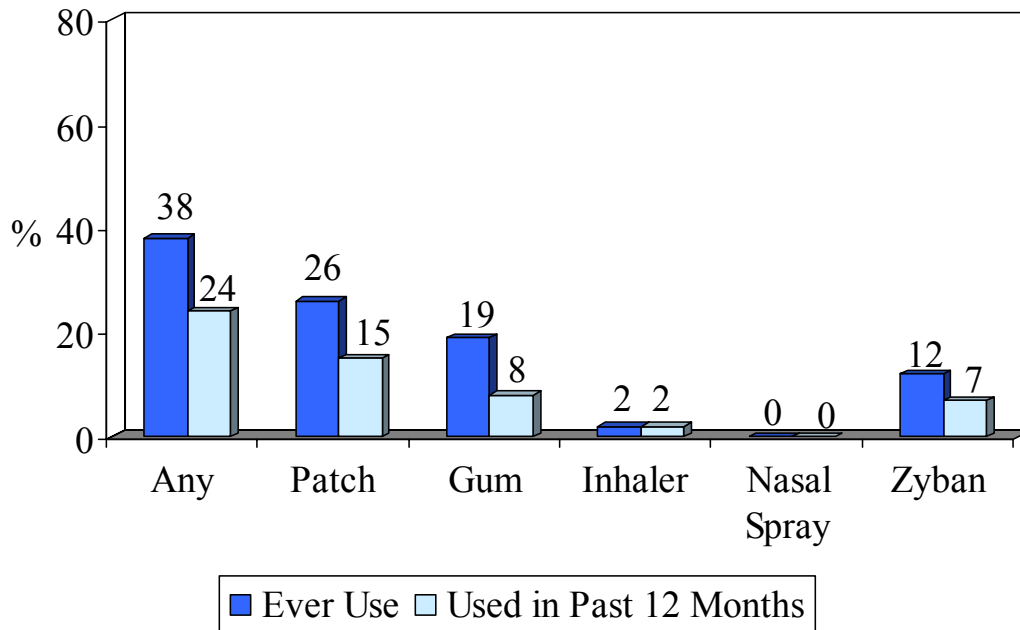


Figure 44. Ever Use of Stop Smoking Medications by County

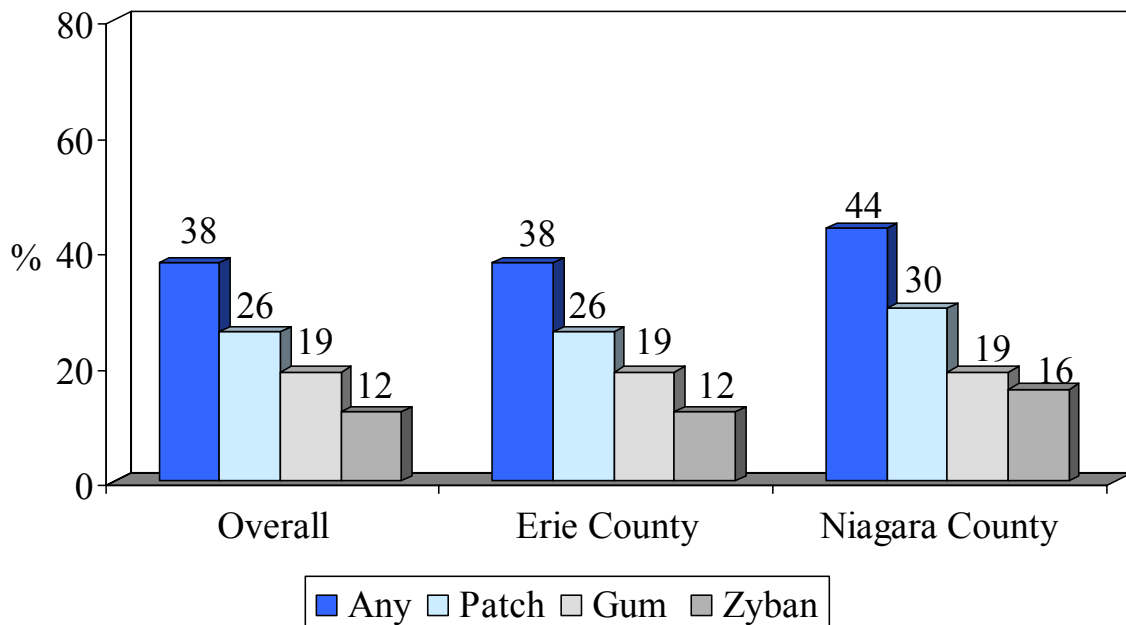


Figure 45. Ever Use of Stop Smoking Medications Among Current and Former Smokers by Age

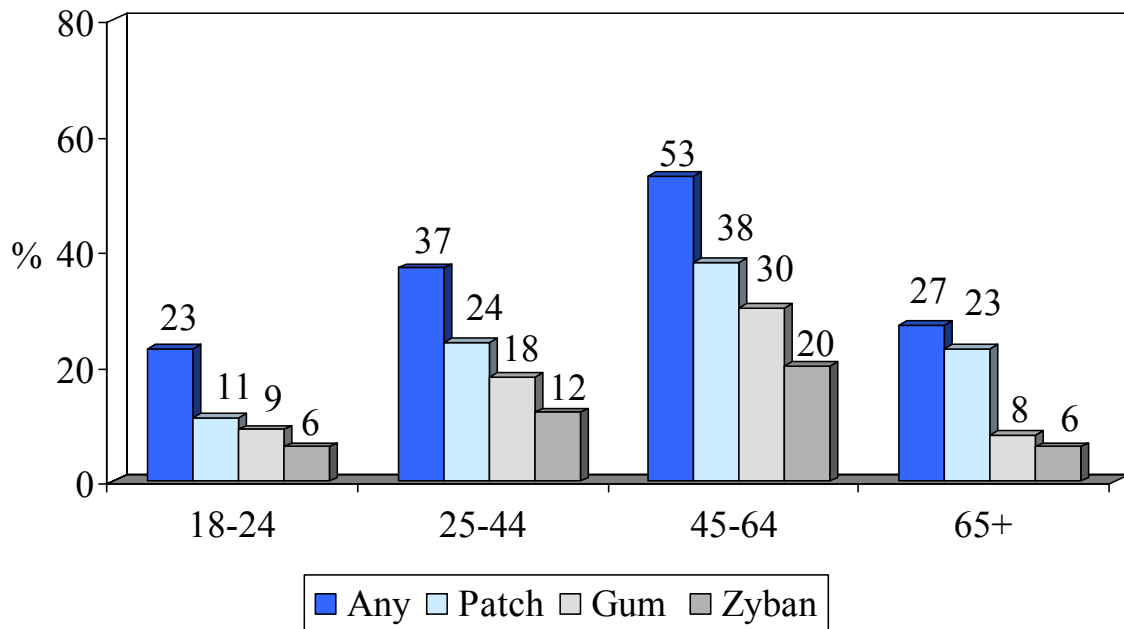


Figure 46. Ever Use of Stop Smoking Medications Among Current and Former Smokers by Gender

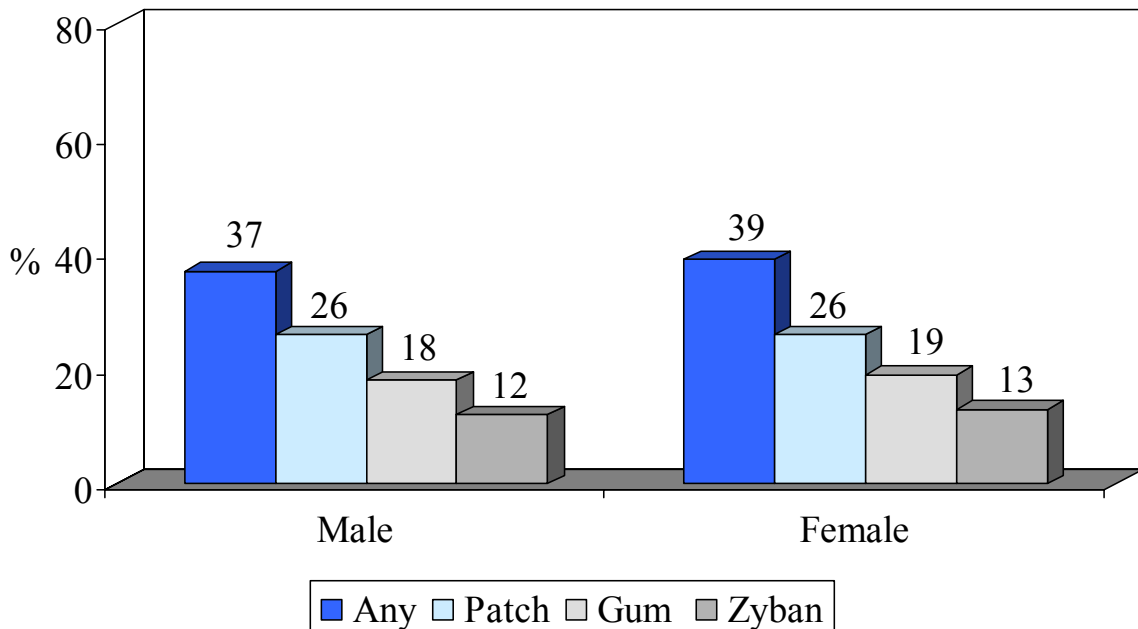


Figure 47. Ever Use of Stop Smoking Medications Among Current and Former Smokers by Race/Ethnicity

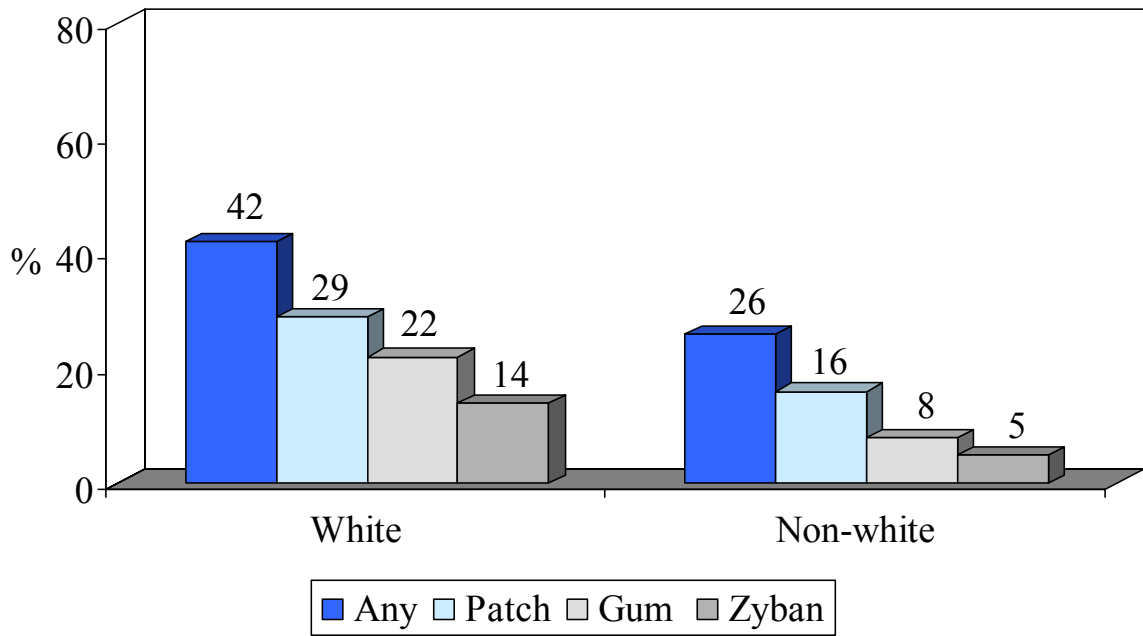


Figure 48. Ever Use of Stop Smoking Medications Among Current and Former Smokers by Education

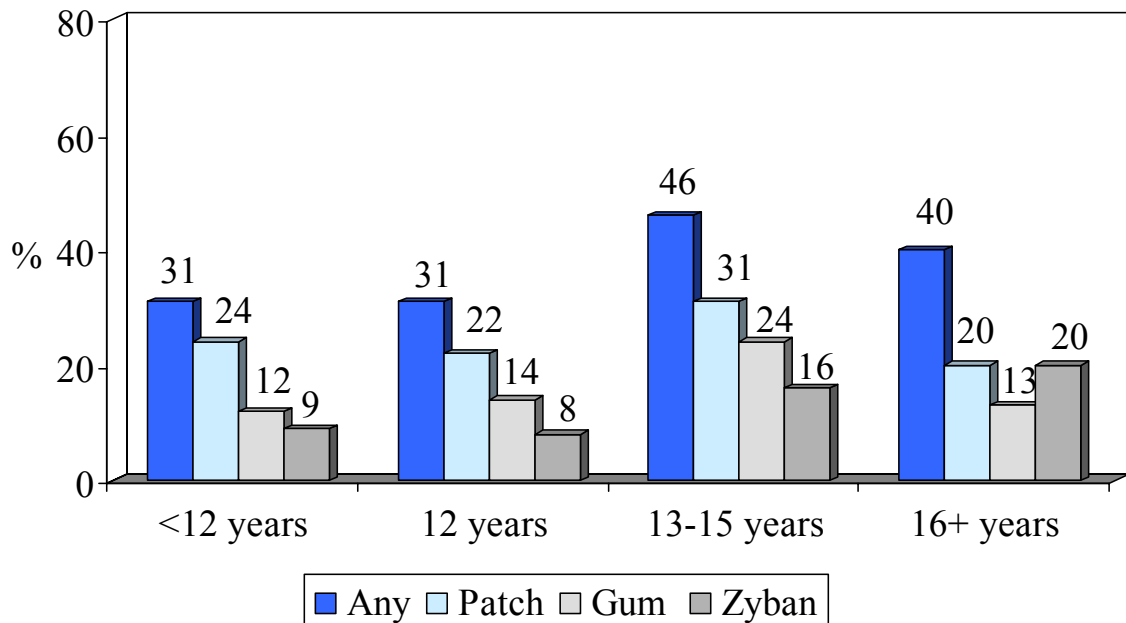


Figure 49. Percent of Erie And Niagara County Smokers Who Believe that Low-tar and Menthol Cigarettes are...

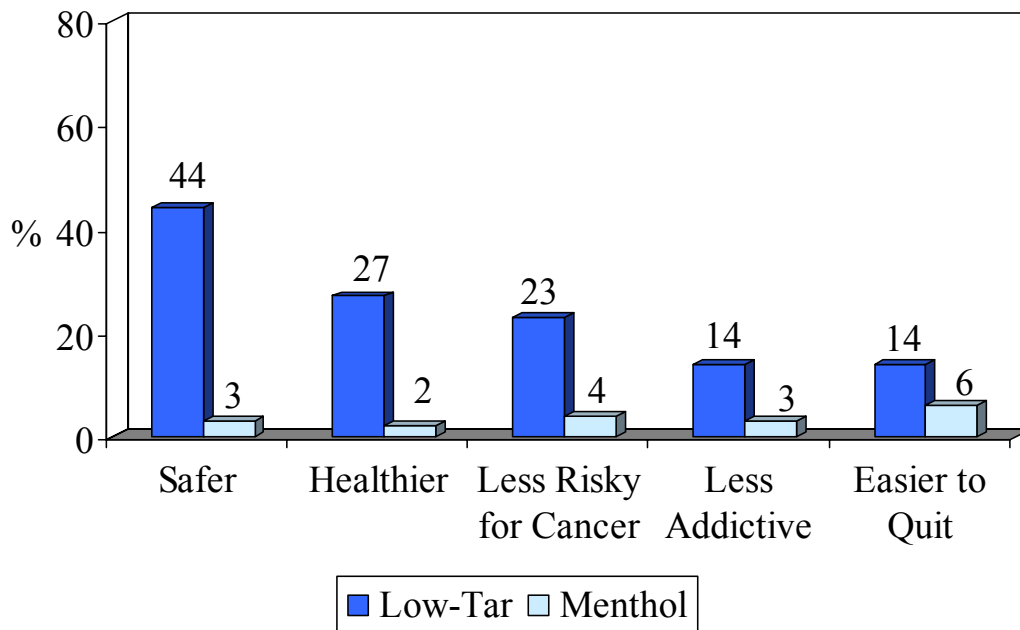


Figure 50. Percent of Former Smokers who Feel that Smoking has Already Affected their Health

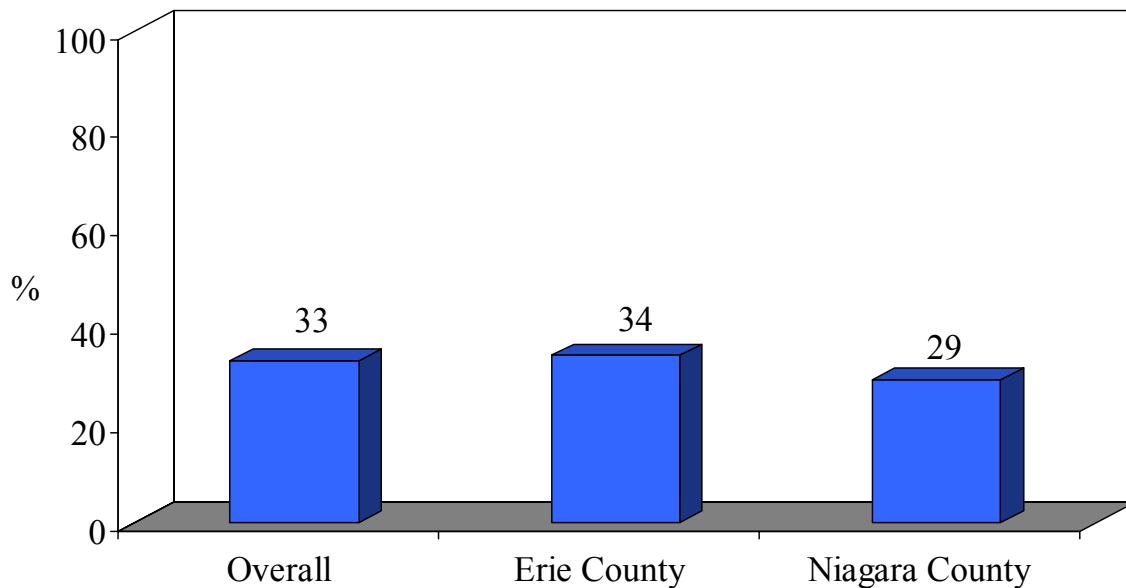
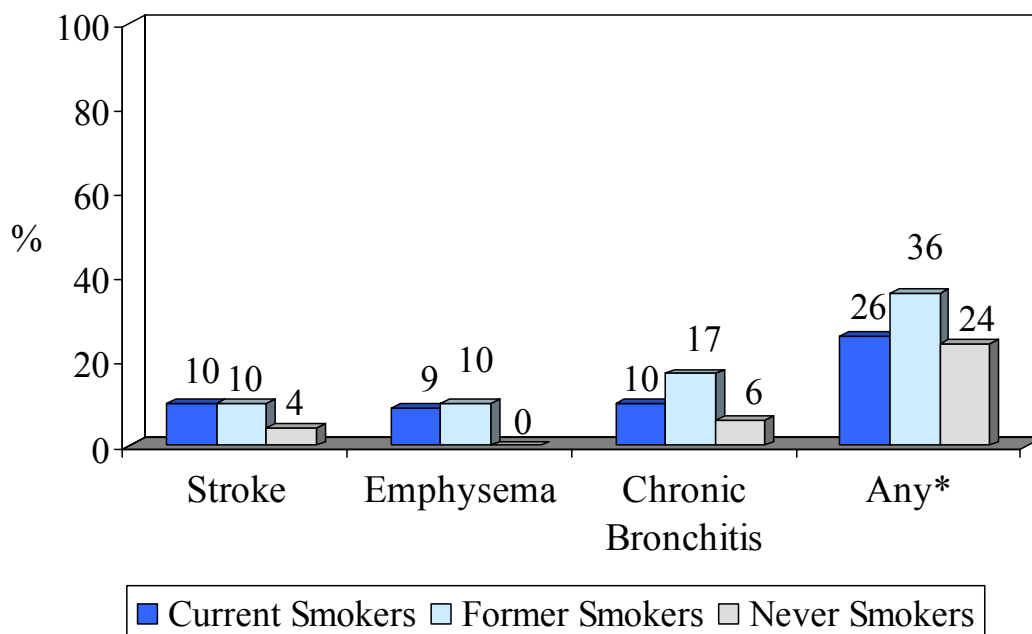


Figure 51. Percent of Erie/Niagara Residents Age 50 and Over Who Have Ever Been Told by a Doctor That They Have...



*Any of ten cigarette-attributable conditions: stroke, heart attack, emphysema, chronic bronchitis, and cancer of the lung, bladder, mouth/pharynx, esophagus, cervix, and larynx.

Figure 52. Number of Residents Who have Avoided Restaurants and Bars in the Past 12 Months Because of Secondhand Smoke

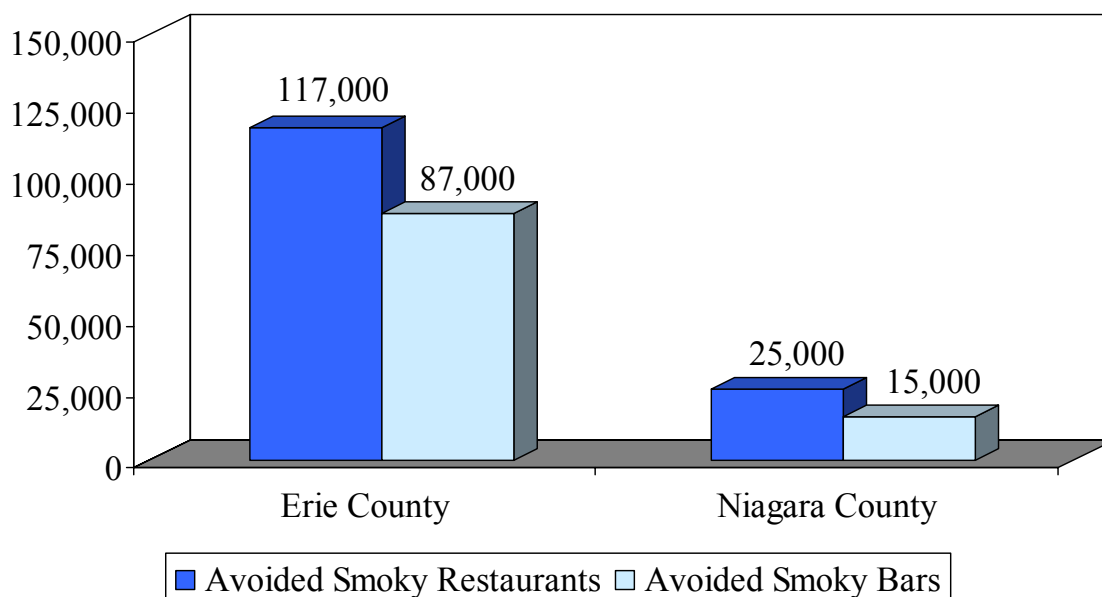


Figure 53. Percent of Smokers in Erie County Who Have Traveled Outside the County in the Past 12 Months to Dine in a Restaurant Where Smoking is Allowed

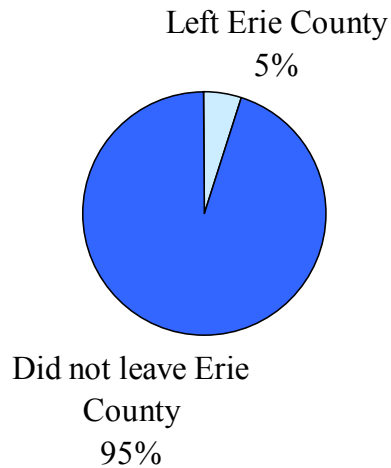


Figure 54. Percent of Non-smokers in Niagara County Who Have Traveled Outside the County in the Past 12 Months to Dine in a Smoke-free Restaurant

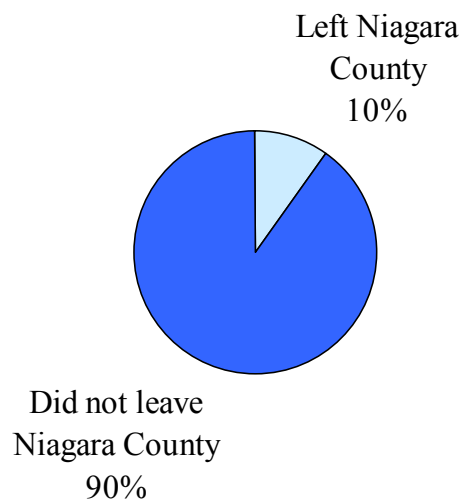


Figure 55. Number of Employees Who Report Exposure to Secondhand Smoke in the Workplace in the Past 7 Days

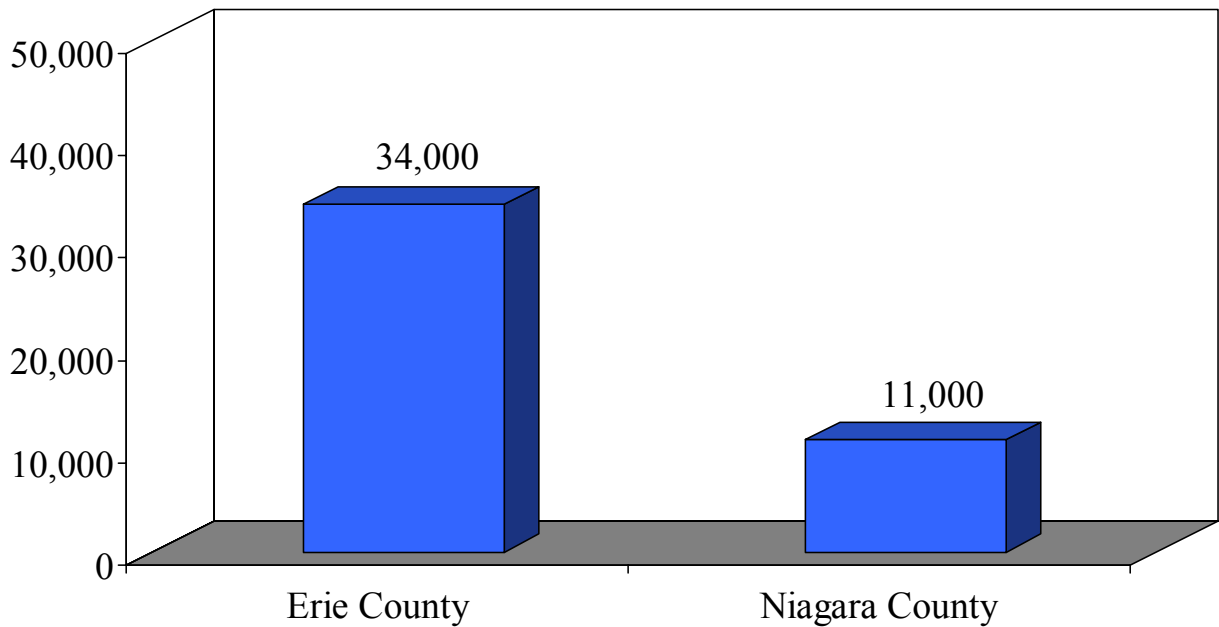


Figure 56. Percent of Workers Exposed to Secondhand Smoke in the Workplace in the Past 7 Days by Age

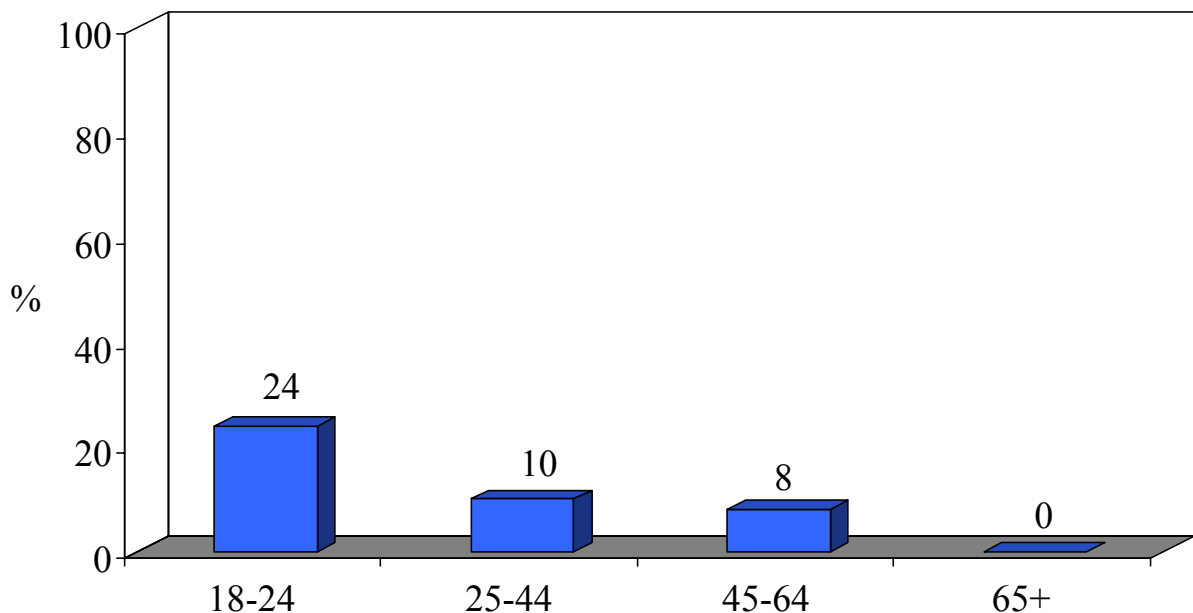


Figure 57. Percent of Workers Exposed to Secondhand Smoke in the Workplace in the Past 7 Days by Gender

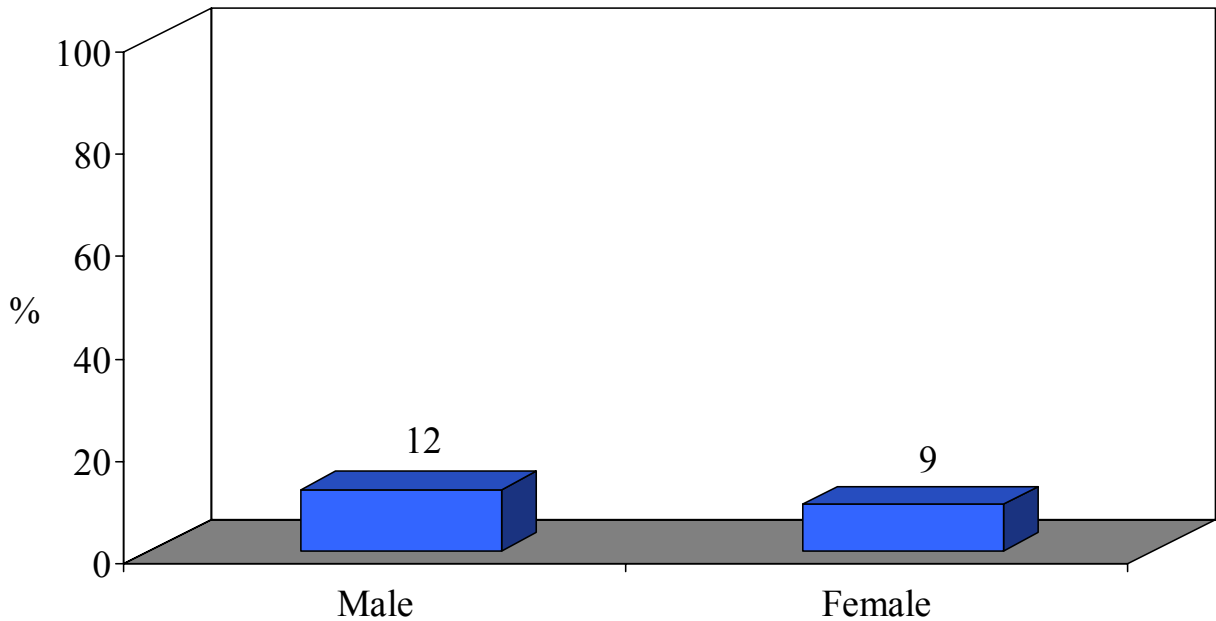


Figure 58. Percent of Workers Exposed to Secondhand Smoke in the Workplace in the Past 7 Days by Race/Ethnicity

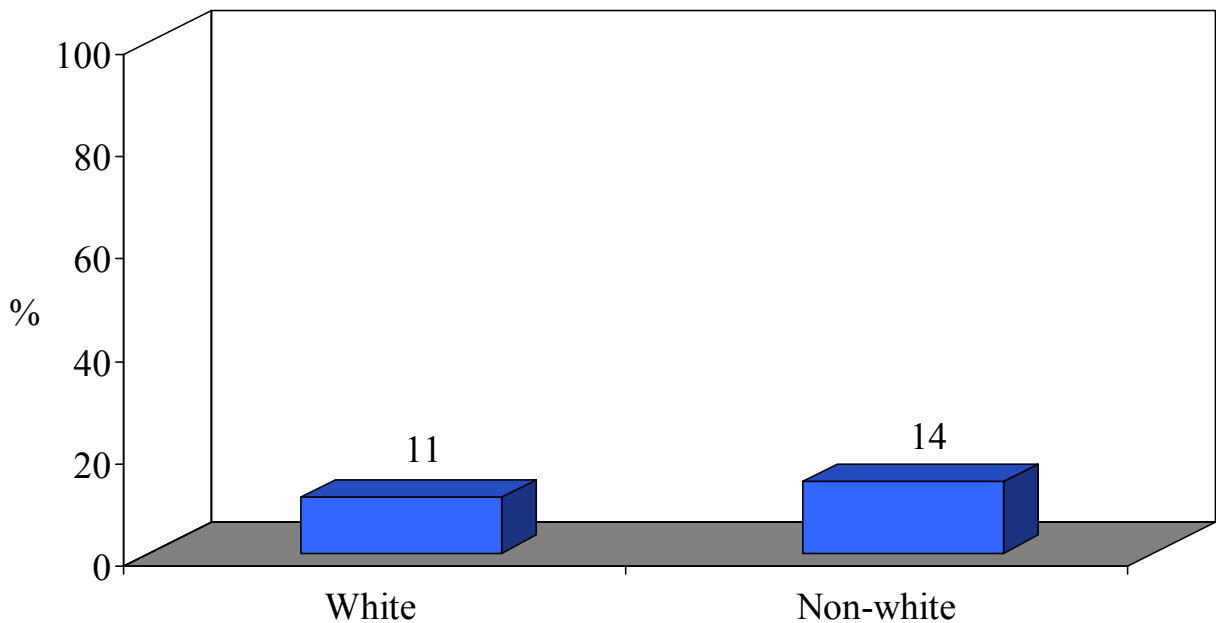


Figure 59. Percent of Workers Exposed to Secondhand Smoke in the Workplace in the Past 7 Days by Education

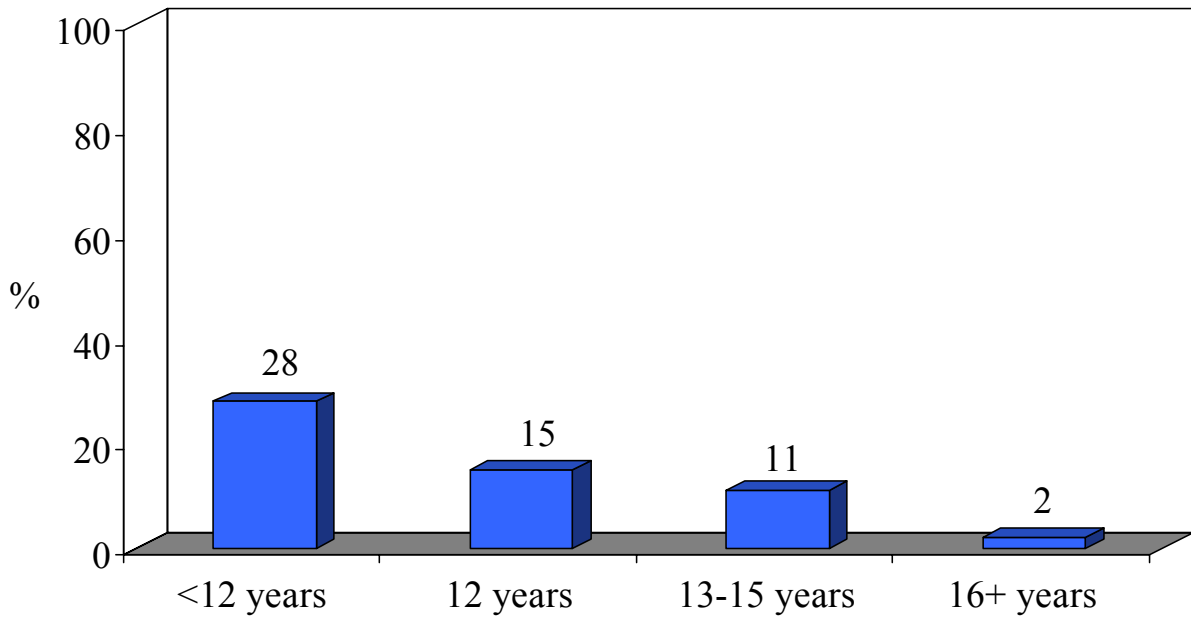


Figure 60. Percent of Smokers Who Have Received the Following From Cigarette Companies in the Past Year :

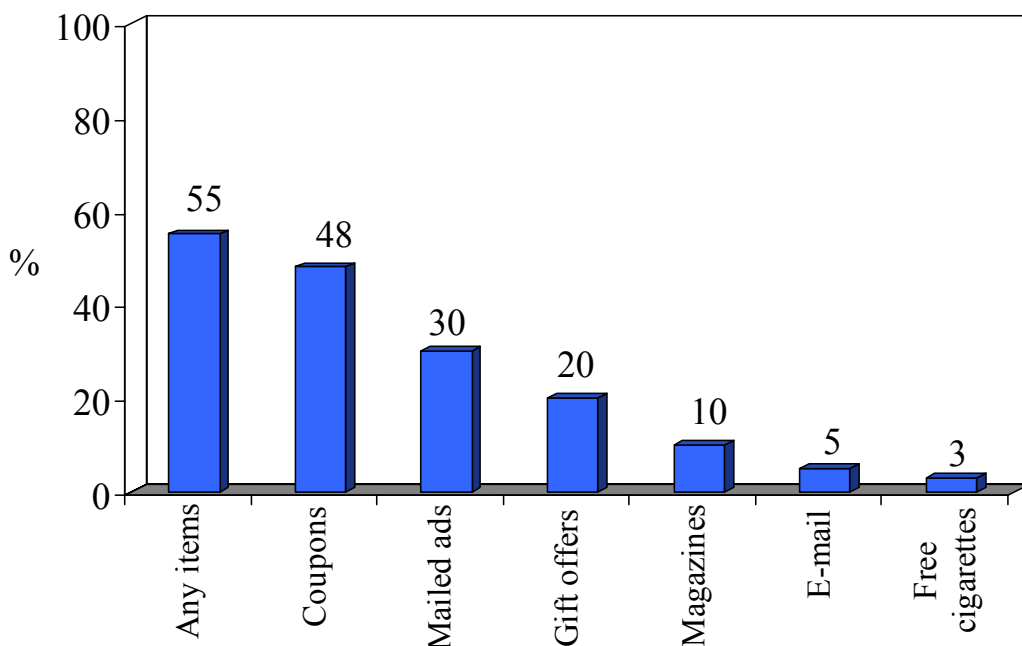


Figure 61. Percent of People who Favor Smoke-free Bars and Taverns

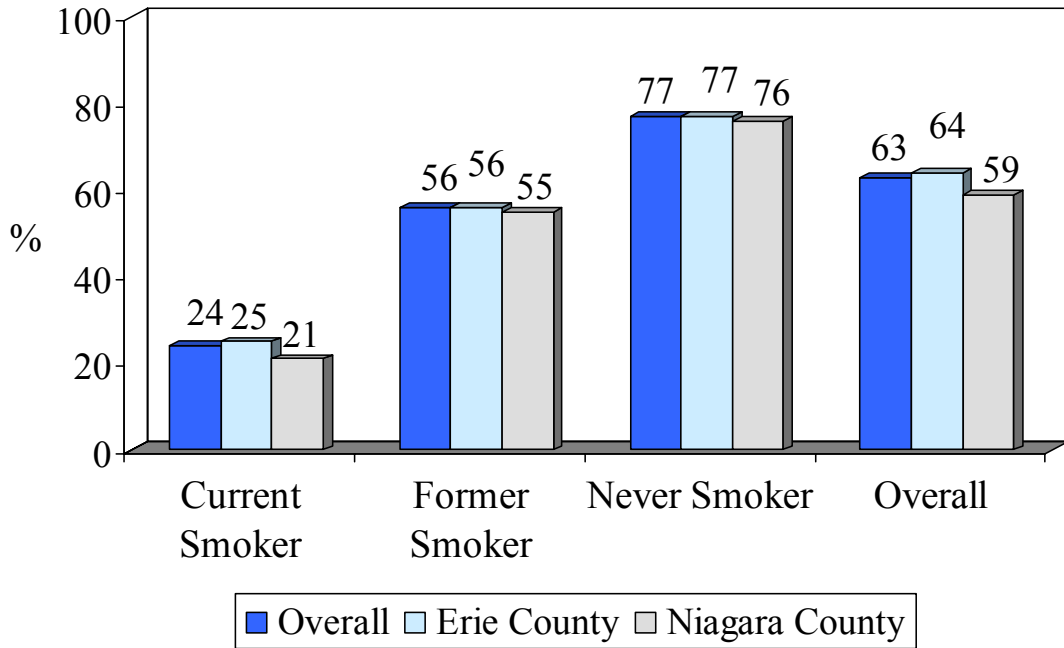


Figure 62. Percent of Erie and Niagara County Residents Who...

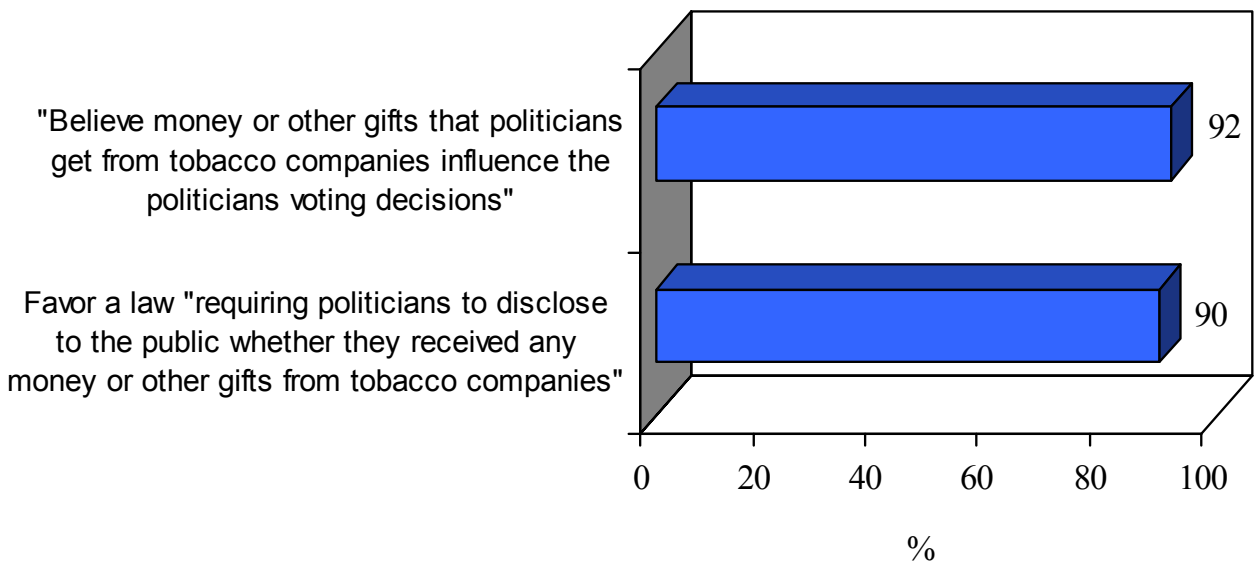
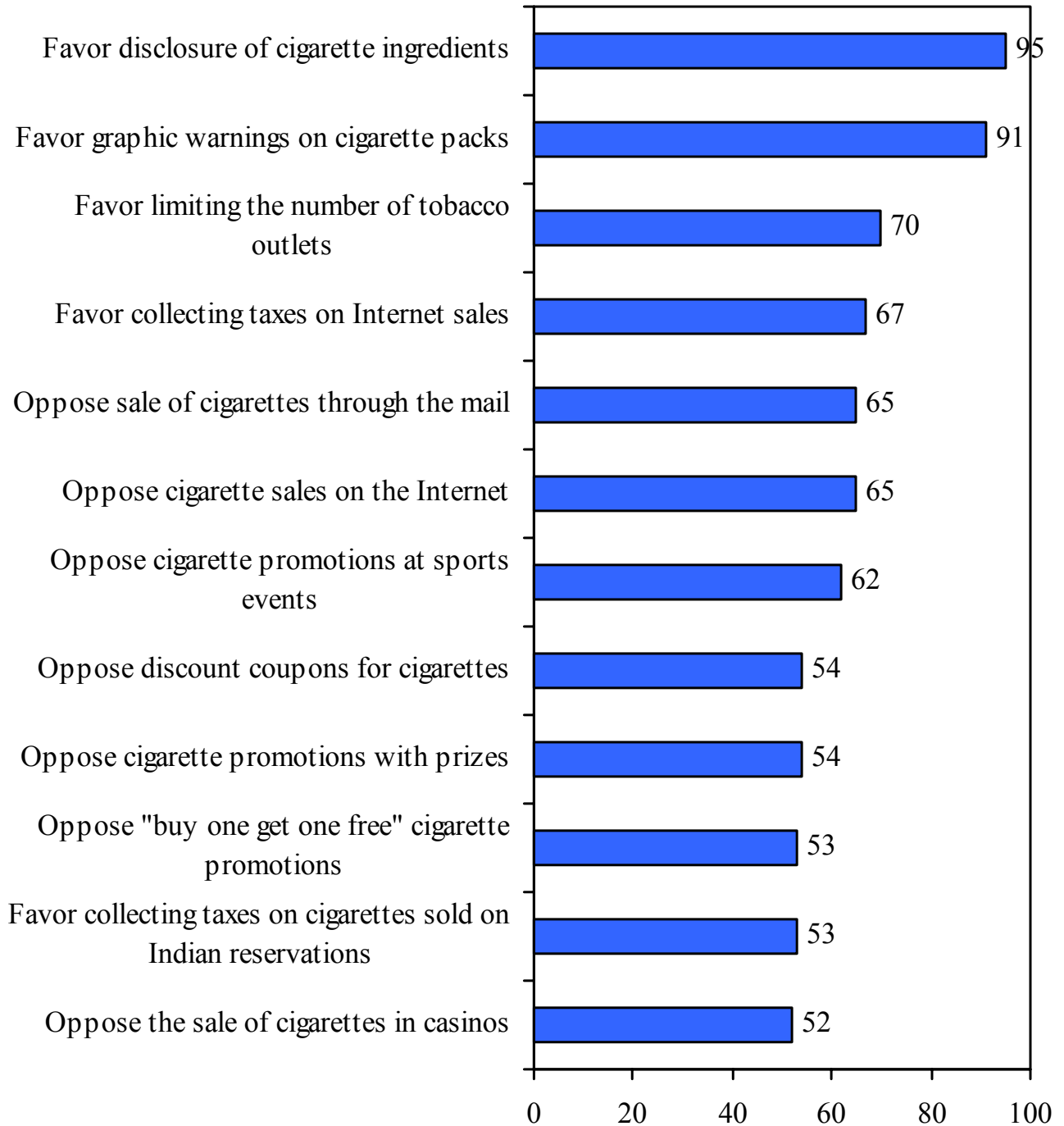


Figure 63. Percent of Erie and Niagara County Residents Who....



DISCUSSION

Tobacco use is the single leading preventable cause of death in the United States. This report provides the most comprehensive assessment of tobacco use in the Erie-Niagara region ever performed. These data are particularly useful for 1) identifying populations that are underserved, 2) assessing public support for tobacco control services and policies, and 3) serving as baseline data to evaluate the impact of tobacco control efforts.

More than one in five adults is a smoker and half of these people who continue to smoke will ultimately die from a cigarette-attributable disease (7). This represents a tremendous financial cost to our community as well as personal cost to those who are lost to tobacco and their family members.

Reducing the disease burden of tobacco on our community is a difficult task. We hope that the information in this report will highlight areas in need of particular attention and generate further discussion among community partners to identify effective ways to eliminate tobacco's disease burden. Opportunities exist for many individuals and organizations to contribute to this effort including health care and service providers, health departments, policymakers, community members and organizations, and individuals. Below are some ideas how these various constituents can work together to reduce tobacco use in our community.

Health Care and Service Providers

1. Many people use physicians' advice and prescription medications to quit smoking (Figure 40). Physicians play an important role in motivating quit attempts and should routinely seek opportunities to advise their smoking patients to quit and to prevent relapse in former smokers.
2. Health maintenance organizations and insurance companies should remove barriers for providers and individuals for cessation counseling and stop smoking medications.

Health Departments

3. Many smokers in Western New York are misinformed about the health risks of tobacco (Figure 49). Health Departments and other organizations should provide educational resources about tobacco and conduct media campaigns to convey this information to community members.
4. It is estimated that over 45,000 workers in Erie and Niagara Counties are exposed to secondhand smoke in the workplace every week (Figure 55). Existing regulations to reduce exposure to secondhand smoke should be enforced. Fines from violations of clean indoor air regulations should be used to educate merchants about the regulations and ways they can comply.

5. Many smokers have utilized cessation services, such as telephone help lines, effective stop smoking medications, booklets and videos, and stop smoking clinics (Figure 40). These services should be widely available to all community members.

Policy Makers

6. Efforts should be made to increase the price of cigarettes and decrease the cost of preventive and treatment options. Examples of strategies include increasing the excise tax of tobacco products, offering free or discounted nicotine replacement therapy to smokers, limiting tobacco sales to carton-only sales, and restricting the number of tobacco retail outlets in a given area.
7. Paying taxes on cigarettes purchased on Indian reservations, smoking bans in bars and worksites, and graphic warnings on cigarette packs and on television would all motivate smokers to think seriously about quitting (Figure 38).
8. 63% of Erie and Niagara County residents favor laws that prohibit smoking in bars and taverns (Figure 61). Rules that prohibit smoking in indoor worksites and public places reduce exposure to secondhand smoke and increase quitting among smokers and should be implemented by policy makers.
9. Resources from the county tobacco settlements should be earmarked for a comprehensive tobacco control program to reduce tobacco use in youth and adults.
10. False and deceptive tobacco advertisements should be stopped.

Community Members and Organizations

11. Most people believe that money or gifts that politicians receive from tobacco companies will influence the way that politicians will vote (Figure 62). Community members should demand that our decision makers do not accept funding, either directly or indirectly, from the tobacco industry.
12. More than half of Erie and Niagara County residents oppose cigarette promotions that encourage smoking (Figure 63). Local bars should not participate in cigarette 'bar promotion' events that market tobacco products and encourage young adults to smoke.
13. Community- leaders should demand that tobacco companies stop all 'buy one, get one free' cigarette promotions and ask local tobacco retail outlets to not participate in these promotions.

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Requests for additional information concerning this survey should be directed to Terry Alford, Coordinator of the Erie-Niagara Coalition, terry.alford@roswellpark.org.

APPENDIX 1: Definition of Measures

This appendix describes how responses to questions in the survey were used to construct some of the measures of tobacco use behaviors and attitudes that are cited in this report.

<i>Measure</i>	<i>Definition</i>
Smoking Status	
Current smoker	A response of ‘yes’ to the question - Have you ever smoked at least 100 cigarettes during your lifetime? -And- A response of ‘every day’ or ‘some days’ to the question - Do you now smoke cigarettes every day, some days, or not at all?
Recent former smoker	A response of ‘yes’ to the question - Have you ever smoked at least 100 cigarettes during your lifetime? -And- A response of ‘not at all’ to the question - Do you now smoke cigarettes every day, some days, or not at all? -And- A response of ‘every day’ or ‘some days’ to the question - Around this time last year, were you smoking cigarettes every day, some days, or not at all?
Long term former smoker	A response of ‘yes’ to the question - Have you ever smoked at least 100 cigarettes during your lifetime? -And- A response of ‘not at all’ to the question - Do you now smoke cigarettes every day, some days, or not at all? -And- A response of ‘not at all’ to the question - Around this time last year, were you smoking cigarettes every day, some days, or not at all?
Never smoker	A response of ‘no’ to the question - Have you ever smoked at least 100 cigarettes during your lifetime?

Purchasing Patterns

Purchase cigarettes on an Indian reservation

A response of 'Indian reservation' to the question -
From where are the cigarettes that you smoke usually purchased?

-And-

A response of 'yes' to the question –

In the past twelve months, have you cigarettes *regularly* been purchases, because they were cheaper, on an Indian reservation?

Secondhand Smoke Exposure

Exposed to secondhand smoke at work

A response of 'yes' to the question -

Are you currently employed outside your home?

-And-

A response of 'yes' to the question –

While working at your job, are you indoors most of the time?

-And-

A response of 'yes' to the question –

Your work area is defined as the space where you spend most of the time while on the job. As far as you know, in the past seven days, has anyone smoked in your work area?

APPENDIX 2: Characteristics of Survey Respondents

This appendix presents the characteristics of the survey respondents that completed the detailed tobacco use survey, before the data were weighted. Current smokers were over sampled to account for 60% of subjects interviewed; former smokers accounted for 16% of the sample and never smokers accounted for 24%.

