Update on Tobacco Prevention and Control in West Virginia

TOBACCO 101 AND MAINTAINING “BEST PRACTICES”

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Better Health Workgroup
Charleston, West Virginia
May 19, 2015
Economy of Tobacco in West Virginia
WV Demographics

Adult Smoking Prevalence – 27.3%
Male Smokeless Tobacco Prevalence – 18.2%
Population – 1.85 million
55 Counties - 63% rural

COUNTRY ROADS!
Wild and Wonderful!
# WV Minority Population Demographics

<table>
<thead>
<tr>
<th>Race</th>
<th>Population</th>
<th>% of total (WV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1,746,513</td>
<td>94.25%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>63,885</td>
<td>3.45%</td>
</tr>
<tr>
<td>Multi-racial (2 or more races)</td>
<td>25,499</td>
<td>1.38%</td>
</tr>
<tr>
<td>Asian</td>
<td>12,637</td>
<td>0.68%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>3,975</td>
<td>0.21%</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>485</td>
<td>0.03%</td>
</tr>
<tr>
<td>WV Total Population</td>
<td>1,852,994</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Based on the 2010 WV Census Data
## Smoking Prevalence & DTP Target Populations

### Various Target Population Categories/Smoking Rates/Total Population

*Based on 2013 Behavioral Risk Factor Surveillance Survey (BRFSS)*

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Current Smoking Prevalence</th>
<th>Number of Residents Who Smoke Cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults Age 18 and Older</td>
<td>27.3%</td>
<td>398,837</td>
</tr>
<tr>
<td>Young Adults (Age 18–24)</td>
<td>33.5%</td>
<td>57,982</td>
</tr>
<tr>
<td>Young Adults (Age 25–34)</td>
<td>36.8%</td>
<td>78,437</td>
</tr>
<tr>
<td>Adults with less than a high school education</td>
<td>38.8%</td>
<td>96,023</td>
</tr>
<tr>
<td>Adults who are Low SES</td>
<td>43.1%</td>
<td>55,983</td>
</tr>
<tr>
<td>Women of Child-Bearing Age (Age 18–44)</td>
<td>34.7%</td>
<td>104,518</td>
</tr>
<tr>
<td>African American Adults (Age 18 and Older)</td>
<td>30.9%*</td>
<td>15,100*</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual, and Transgendered Adults (LGBT) (Age 18 and Older)**</td>
<td>40.7%*</td>
<td>n/a</td>
</tr>
<tr>
<td>Adult Medicaid Enrollees (Age 18 and Older)</td>
<td>??</td>
<td>??</td>
</tr>
</tbody>
</table>
# West Virginia Adults Using Tobacco

# Adults who Smoke – 375,000 to 400,000
# Adult Males who use ST – 150,000 – 175,000
Cigarette Smoking is the Main Culprit
The 2013 WV Adult Smoking Rate is 27.3 percent

Males = 28.6 percent
Females = 26.1 percent

From 2013 WVBRFSS
Current Smoking Among West Virginia Adults 2000 - 2013

Prevalence of Current Cigarette Smoking Among West Virginia Adults, Compared to U.S. Adults

Current smoking is defined as having smoked 100 or more cigarettes in a lifetime and currently smoking cigarettes every day or some days. The U.S. (all states plus District of Columbia) average is the mean. Numbers inside boxes indicate West Virginia’s rank in current smoking prevalence compared to all other states plus District of Columbia (1 = highest prevalence). Confidence Interval brackets are indicated around each value.

Note: In 2011 there were changes made to the weighting methodology and the sample composition in the Behavioral Risk Factor Surveillance System (BRFSS), therefore the 2011 prevalence data and beyond is not directly comparable to previous years of BRFSS data.

Data Sources: West Virginia Health Statistics Center, Behavioral Risk Factor Surveillance System; U.S. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.
Most Prevalent Chronic Disease of West Virginia Adult Smokers is COPD

Prevalence of Current Cigarette Smoking Among West Virginia Adults Diagnosed with a Chronic Disease*, Compared to All West Virginia Adults

Current smoking is defined as having smoked 100 or more cigarettes in a lifetime and currently smoking cigarettes every day or some days. The current cigarette smoking prevalence for ALL ADULTS in West Virginia was 28.6% in 2011, 28.2% in 2012, and 27.3% in 2013. A diagnosis of chronic disease indicates that the respondent has been diagnosed by a doctor, nurse or other healthcare professional. Asthma diagnosis refers to those adults who currently have asthma. COPD represents Chronic Obstructive Pulmonary Disease; CVD (cardiovascular disease) includes heart attack (MI), angina/coronary heart disease, or stroke; Hypertension represents high blood pressure; Kidney disease does not include kidney stones, bladder infection or incontinence; Overweight (OW)/Obese is defined as BMI of 25 or higher, calculated from weight and height [Note: *BMI 30 or higher (obesity) is considered a chronic disease].

Data Source: West Virginia Health Statistics Center, Behavioral Risk Factor Surveillance System.
Just over 100,000 women (34.7%) of West Virginia’s adult women of childbearing age (age 18 – 44) are current cigarette smokers.
Percentage of West Virginia Women* Who Smoked During Pregnancy

*Note: Applies only to women who had a live birth.
West Virginia Adult Smokeless Tobacco Use Males 18+ ONLY Prevalence By County*

*From WV BRFSS data:
Combined years 2008 - 2010
Range from Ohio County (5.1%) to McDowell County (41.1%)
WV prevalence, 2008-2010: 16.7%

Updated 02/13/2013

Source: Health Statistics Center, WV Behavioral Risk Factor Surveillance System (BRFSS), 2013

*Note: Smokeless tobacco data is derived for some counties by grouping counties together to create a sample size to ensure reliable county level data.
First Warning Sign of Cancer?
Figure 1. Tobacco-Related Cancer Incidence Rates, WV and US, 2006-2010

- Lung and Bronchus: WV 66.6, US 85.7
- Urinary Bladder: WV 22.8, US 20.9
- Kidney and Renal Pelvis: WV 17.0, US 15.8
- Pancreas: WV 10.6, US 12.0
- Oral Cavity and Pharynx: WV 11.4, US 11.0
- Cervix: WV 9.9, US 8.0
- Stomach: WV 5.6, US 6.7
- Esophagus: WV 5.3, US 4.9
- Larynx: WV 5.3, US 3.8
- Acute Myeloid Leukemia: WV 4.1, US 3.7

Age Adjusted Rates per 100,000 Population
Lung cancer is the leading cause of cancer-related death in West Virginia.

Tobacco use accounts for 30% of all cancer deaths, and 85% - 90% of lung cancer deaths in WV.

Data Sources: WV Cancer Registry and WV Health Statistics Center
Wyoming County, WV
Smokeless/Chewing Tobacco Products
You “snus” - You lose!
The 2013 WV Adult Male Smokeless Tobacco Use Rate is 17.8 percent.

(from 2013 WVBRFSS)

Females = < 1 percent
YOU CHOOSE QUALITY
SATISFACTION SINCE 1822

WARNING:
This product is not a safe alternative to cigarettes.
Dual Tobacco Use in West Virginia

There are many tobacco users in West Virginia hooked on **TWO** very different types of tobacco products…
The 2013 WV adult dual* tobacco use rate is 9.7 percent.
(from 2013 WV BRFSS)

*Dual Use = “smokers who also report frequent ST use”
Prevalence of "Dual Use" Among West Virginia Adults: Current Smokeless Tobacco Use Among Current Cigarette Smokers, by Gender

"Dual Use" is defined as the use of smokeless tobacco every day or some days among current smokers (defined as adults who have smoked 100 or more cigarettes in their lifetime and are currently smoking cigarettes every day or some days). The population for this graph is adults 18 years and older, who are current cigarette smokers.

Italics indicates that the data is not reliable due to n<50, CI width>20, or RSE>30, and should be interpreted with caution.

Confidence Interval brackets are indicated around each value for prevalence among Adult Men.

Note: In 2011 there were changes made to the weighting methodology and the sample composition in the Behavioral Risk Factor Surveillance System (BRFSS), therefore the 2011 prevalence data and beyond is not directly comparable to previous years of BRFSS data.

Data Source: West Virginia Health Statistics Center, Behavioral Risk Factor Surveillance System.
Another “New / Worrisome” Tobacco Product

E-Cigarettes and other ‘Vaping’ Devices
Electronic Cigarettes
E-Cigs
More Modern E-Cigs - “Mods”
Anatomy of the Electronic Cigarette

LED lights up when the smoker draws on the cigarette

Sensor detects when smoker takes a drag

MICROPROCESSOR controls heater and light

Heater vaporises nicotine

CARTRIDGE holds nicotine dissolved in propylene glycol
E-Cigarette: Public Health Issues

- Yet to be regulated by FDA, other agencies
- Many manufacturers all over the world
- Unclear ingredients, safety, efficacy
- Little or no research to back claims
- Creates ‘cloud’ for existing and future regulations, work place smoking bans
- Defined as “tobacco product” in WV state code (during 2014 legislative session)
Smoking is now known to cause 13 different types of cancer—almost everywhere in the body. 1 out of 3 U.S. cancer deaths are tobacco-related.

**TWO** more smoking-related cancers are documented in the new SGR:
- Liver cancer
- Colorectal cancer*

*2nd deadliest behind lung cancer
KEY Best Practices Recommendations

- Reduce initiation of youth tobacco use
- Enable those who are using tobacco to readily quit
- Enable passage of comprehensive clean indoor air regulations
- Keep youth from initiating tobacco use
- Provide low-cost, readily available quitline and cessation services
- Eliminate tobacco-related disparities

- $27M recommended funding per year for West Virginia tobacco control efforts.
Analytic Framework for Comprehensive Tobacco Control Programs

Comprehensive Tobacco Control Programs
- Administration and Management
- Surveillance and Evaluation

Health Communication Interventions

State and Community Interventions

Cessation Interventions

Implementation and funding of cessation services such as Quitline

Community Coalitions and Programs

Development and dissemination of evidence-based information

Increased local awareness, motivation, and capacity to implement community programs and policies

- Increased adoption of policies to support quitting and utilization of cessation services
- Increased adoption of policies to raise tobacco product price
- Increased adoption of policies to reduce marketing, promotion, and availability of tobacco products
- Increased adoption of smoke-free policies in the home and community

Informed attitudes and intentions among people (including people who don’t use tobacco, tobacco users, and young people at risk) about tobacco use, tobacco cessation, secondhand tobacco smoke, and tobacco industry practices

Reduced Tobacco Use
- Increased Tobacco Use Cessation
- Reduced Initiation of Tobacco Use

Reduced Exposure to Secondhand Smoke

Reduced Morbidity and Mortality

Impact on Tobacco-Related Disparities

Key Potential Effect Modifier
- Level of funding

Diagram Key
- Interventions considered in this review
- Postulated intermediate outcomes
- Key potential effect modifiers
- Potential additional benefits
- Outcomes considered in the assessment of effectiveness
- $27M annual funding per year for WV tobacco control efforts.

Five Recommended Areas:
- State and Community Programs - $8.4M
- Cessation Interventions - $11.7M
- Mass-Reach Health Communication, Media-Support, and Interventions - $3.7M
- Surveillance and Evaluation - $2.4M
- Infrastructure, Administration, and Management - $1.2M

TOTAL - $27.4 Million
Division of Tobacco Prevention Funding History

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>FY09 - FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
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<tbody>
<tr>
<td>State Appropriation</td>
<td>$5,685,000.00</td>
<td>$5,260,488.00</td>
<td>$4,871,887.00</td>
<td>$4,871,887.00</td>
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<tr>
<td>Federal Appropriation</td>
<td>$1,168,000.00</td>
<td>$1,165,999.00</td>
<td>$1,170,999.00</td>
<td>$985,106.00</td>
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<tr>
<td>Total DTP Funding</td>
<td>$6,853,000.00</td>
<td>$6,428,487.00</td>
<td>$6,042,886.00</td>
<td>$5,856,993.00</td>
</tr>
</tbody>
</table>

minus +$2 million

Due to both State and Federal Funding cuts, the Division of Tobacco Prevention is working with nearly $1 million less annual funding than in recent years.
**DTP funding will be almost $6 million total for SFY16.**

Note: This is 20 percent of CDC Best Practices recommendation ($28M/year)

**Funding comes from:**

Centers for Disease Control and Prevention: $985,000

State General Revenue Funds: $4.8 Million

*No other funding as yet for SFY16*
Accounts for 28% of DTP program funding

There is now a smoking regulation or ban in EVERY county in WV!

51 counties now have bans that include restaurants

10 Regional Coordinators and an active local coalition in most all counties

92 percent of West Virginians report knowing that secondhand smoke is a toxic mix that is health harmful to non-smokers.

Over 73% of residents report their homes are smoke-free; or 1 million WV residents report they live in smoke-free homes.

Only 550,000 WV residents live in smoke-free counties

38% of smokers state that they don’t smoke in their homes.
Some RTPC duties include:
- Maintain tobacco prevention coalition & advocates in each county

- Work to strengthen/initiate CIA regulations in counties in the region

- Promote WV Quitline and offer cessation programming

- Promote SAVE FACE program (spit tobacco prevention)

- Assist youth program (RAZE) with promotion/ implementation

- Promote Smoke-Free Housing
We ARE Coalition Builders!
The Smoke-Free Initiative of West Virginia offers technical assistance and support to local health departments, businesses, and public/private housing tenants and managers regarding SHS protection. A full-time state coordinator who is a trained sanitarian provided consult, training and education.
Additional CIA Program Initiatives

**Against Tobacco College Campus Initiative**: Targeted tobacco prevention and cessation efforts on WV college campuses. Goal of smoke-free and tobacco free campus policies.

**Mini-Grant Initiative**: Small grants for community or county level projects related to secondhand smoke policy and enforcement.

MULTIPLE COLLABORATIVE AND PARTNERED INTERVENTIONS...

Additional Projects for SFY16:
Increased Emphasis on Smoke-Free Public Housing
AMERICANS FOR NONSMOKERS’ RIGHTS

proudly presents the

Local Control Leadership Award

to

West Virginia

In recognition of your hard work and determination in successfully defeating preemptive bills that aimed to erode local control of smokefree air. Thank you for your continuing leadership in protecting local control and fighting for everyone’s right to breathe healthy, smokefree air in West Virginia.

Cynthia Hallett, MPH
Executive Director

Presented on May 1, 2015
WV State Code (16-2-11[II]) states “that local boards of health shall provide...environmental health protection including the promoting and maintaining of clean and safe air.”

WV Department of Health and Human Resources endorses the enactment of clean indoor air regulations at the County Board of Health (BOH) level.

The legal authority for local BOH’s passing and enforcing these regulations has been upheld by WV Attorney General and multiple WV court decisions.
Getting Everyone Involved In Public Education
Just a few years ago...
Most WV Counties had Restaurant-Only Protection

Gray: Smoking Sections
Orange: Prohibits smoking in all areas of restaurants and non-hospitality workplaces
West Virginia Counties With All Workplace Protection

2002 - 2 Counties

<2% of West Virginians Protected – 29,400
25% of West Virginians Protected – 443,000
West Virginia Counties With All Workplace Protection

2013 - 24 Counties
45% of West Virginians Protected – 832,000
West Virginia Counties With All Workplace Protection

2014 – 30 Counties
56% of West Virginians Protected – 856,000
Smoke-Free West Virginia Casinos With All Workplace Protection 2015

July 2015

1 casino voluntary
2 casinos regulated
2 casinos still allow smoking
Tobacco Cessation Program

Accounts for 35% of DTP program funding
Incredibly successful statewide tobacco cessation quit line!
Multiple innovative programs and interventions helping people quit!

WV Quitline continues to offer FREE or Low Cost services!
*Thousands have quit, Average Quit Rate is 34 percent!

Return on Investment is SIGNIFICANT!
Every smoker who remains quit saves the State approximately $4,600 annually in health and occupational costs.
WV Tobacco Quitline

2013 Call Volume: 29,038
2013 BPH Enrollments: 7,162
2013 Medicaid Enrollments: 3,541

2014 Call Volume: 36,287
2014 BPH Enrollments: 4,178
2014 Medicaid Enrollments: 6,208

Note: BPH covers under and uninsured

Return on Investment for these two years is significant in that over 7,300 WV residents will successfully quit!

10,703 plus 10,786 = 21,489 enrollees
With 34% quit rate, 7,306 should quit
WV Quitline has existed since 2000. beBetter Health is the provider/vendor.


Remains one of the busiest per capita quitlines in the USA.

Quitline services continue to be offered to all West Virginians at no-cost. Services include four proactive calls from experienced, WV-based cessation coaches, unlimited reactive calls, and a choice of nicotine replacement therapy including patches, gum and lozenges.
Smokeless tobacco has been directly linked with cancer of the mouth, pharynx (throat) and the larynx (voice box). It can cause cancer of the esophagus, gum disease and tooth loss. The prevalence of smokeless tobacco use among WV adult males is about 17%, which is twice the national average. Usage rates in some professions, like the military or blue collar workers, is even higher.

The Save Face-Stop Spit Tobacco Program is an educational program overseen by the WVU School of Dentistry which addresses the high rate of spit tobacco use in West Virginia.

Armed with spit specific television and radio ads, and help from our Regional Networks, other partners, we are diligently working to reduce the spit tobacco use rate.
The Health Care Provider Training Program, managed by the WV Hospital Association with faculty from the Marshall University School of Medicine, offers accredited tobacco cessation training to hundreds of clinicians. The faculty includes experts in Pharmacology, Dentistry, and Obstetrics.

Attendees typically include, dentists, dental hygienists, nurses, physicians, physician assistants, pharmacists, medical students, and front office supervisors and staff.
Additional Cessation Program Initiatives

**Tobacco-Free Pregnancy Initiative**: Targeted tobacco cessation efforts in 10 high prevalence WV counties by trained coordinators.

**African-American Tobacco Prevention Initiative**: Targeted tobacco cessation and prevention in known high prevalence and WV population areas.

**Lesbian, Gay, Bisexual, and Transgendered Tobacco-Free Initiative**: Targeted tobacco cessation efforts throughout the State.

MULTIPLE COLLABORATIVE AND PARTNERED INTERVENTIONS...
Youth Tobacco Prevention Program

Accounts for 37% of DTP program funding

Raze is represented in 52 of 55 counties, and in almost every WV high school, many middle schools

160 Raze ‘crews’ statewide
Over 5000 teens actively involved

Raze and other youth initiatives continue to change the social norm about tobacco use!

Thousands of teens have proven to their peers and parents, other adults that tobacco use is **NOT** an acceptable practice!!
The goal of the Youth Program is to prevent young people from trying or using all tobacco products, and to assist youth who do use in quitting or reducing their use.

Raze©, is the thriving, ever-evolving youth-led tobacco WV prevention initiative which continues to expand in both schools and communities around the state.

RAZE is not an acronym . . .
Regional Tobacco Prevention Coordinators and Raze
Raze and Educating the Public
Of Course...Even at the Elementary School Level!
Raze at Tobacco-Free Day at the Capitol
Our HP2010 goal was to reduce the prevalence of current smoking among high school students in WV public schools to 23% or lower.

**THIS GOAL WAS MET!** The rate of current smokers among high school students decreased 42% (from 38.5% in 2000 to 22.3% in 2009).

**BUT WE OBVIOUSLY HAD MUCH MORE WORK TO DO!!**
According to the 2013 Youth Tobacco Survey (YTS), between 2000 and 2013 West Virginia experienced:

- A 124% increase in the percentage of high school students who never used ANY form of tobacco (46.1% in 2013; was 20.6 in 2000).
- A 107% increase in the percentage of high school students who have never tried cigarettes (53.2% in 2013; was 25.7% in 2000).
- A 52% decrease in the percentage of high school students who currently smoke cigarettes (18.6% in 2013; was 38.5% in 2000).
The West Virginia Youth Tobacco Survey (WVYTS) was conducted in 2000, 2002, 2005, and subsequent odd-numbered years. WVYTS was not conducted in middle schools in 2005. Current cigarette smoking is defined as having smoked cigarettes on one or more days in the past 30 days. The WVYTS population is public high school students, grades 9-12, and middle school students, grades 6-8. Confidence interval brackets are indicated around each value.

Data Source: West Virginia Division of Tobacco Prevention, West Virginia Youth Tobacco Survey.

Graph prepared by the West Virginia Health Statistics Center.
Prevalence of Not Smoking Among West Virginia Youth

The West Virginia Youth Tobacco Survey (WVYTS) was conducted in 2000, 2002, 2005, and subsequent odd-numbered years. The WVYTS was conducted in 2005 only for high school. Not current cigarette smoking is defined as not smoking a single cigarette in the past 30 days. The WVYTS population is public high school students, grades 9-12, and middle school students, grades 6-8. In 2000, about 104,604 students (grades 6-12) were not smoking, and in 2013, about 119,478 students (grades 6-12) were not smoking. In 2013, 86.3% of the students (grades 6-12) were not smoking. Confidence Interval brackets are indicated around each value.

Data Source: West Virginia Division of Tobacco Prevention, West Virginia Youth Tobacco Survey.
Graph prepared by the West Virginia Health Statistics Center.
Smokeless Tobacco Use in WV High School/Middle School Males

Prevalence of Current Smokeless Tobacco Use Among West Virginia Youth Males

The West Virginia Youth Tobacco Survey (WVYTS) was conducted in 2000, 2002, 2005, and subsequent odd-numbered years. The WVYTS was not conducted in middle schools in 2005. Current smokeless tobacco use is defined as use of smokeless tobacco on one or more days in the past 30 days. The WVYTS population for this graph is public high school students, grades 9-12, and middle schools, grades 6-8, males only. Confidence interval brackets are indicated around each value.

Data Source: West Virginia Division of Tobacco Prevention, West Virginia Youth Tobacco Survey.
Graph prepared by the West Virginia Health Statistics Center.
Prevalence of Never-Cigarette Smoking Among West Virginia Adults Age 18-24 and Age 25-34

Never-cigarette smoking is defined as smoking less than 100 cigarettes in a lifetime. The West Virginia Behavioral Risk Factor Surveillance System (BRFSS) population for this graph is adults age 18-24 years, and 25-34 years.
Confidence Interval brackets are indicated around each value for prevalence among All Adults Age 25-34.
Note: In 2011 there were changes made to the weighting methodology and the sample composition in BRFSS, therefore the 2011 prevalence data and beyond is not directly comparable to previous years of BRFSS data.
Data Source: West Virginia Health Statistics Center, Behavioral Risk Factor Surveillance System.
Since 2001, the WV Division of Tobacco Prevention has worked with the West Virginia Prevention Research Center (PRC) to assess the impact and effectiveness of the State’s tobacco prevention and cessation efforts. The PRC’s Evaluation Services Unit continues to provide technical assistance to DTP and its funded initiatives to ensure that efforts are responsive to community needs and remain grounded in science.

The evaluation specialists at the PRC are experienced evaluators who strive to contribute to the building of strong and healthy West Virginia communities through evaluation, surveillance, and research.
Since 2006, the WV Division of Tobacco Prevention has worked with the West Virginia Health Statistics Center (HSC) to collaboratively employ a full-time tobacco-specific epidemiologist who is solely dedicated to tobacco prevention/control efforts.

As a result, DTPs surveillance/data and evaluation are more comprehensive and supportive of Program needs.
When access to certain basic rights, such as good health, education, and fair and equal treatment, have been distributed unevenly or denied to certain groups, the problem becomes an issue of social justice.
The 2013 WV Adult Smoking Rate among those who are Low SES* is 43.1 percent

*Household Income < $25,000 and having < HS / GED education

From 2013 WVBRFSS
Study: Is Tobacco Use Hurting WV Business?

* This project resulted from supplemental cooperative funding from the Centers for Disease Control and Prevention (CDC) and the Patient Protection and Affordable Care Act (HHS RFA-DP09-9010201/FPHF11) that was awarded to address policy and change planning involving state tobacco cessation guidelines. The contents, findings of this research do not necessarily represent the official views of the CDC and/or the West Virginia Department of Health and Human Resources.
Economics of Cigarette Smoking

WV Business Study Research
Tobacco Is Killing (and Costing) Us
Cigarettes... KILL!

WEAPONS OF MASS DESTRUCTION!

3800 WV residents DIE each year from smoking!
1 in 5 WV Deaths Caused by Smoking

1 in 5 DEATHS IN WV IS CAUSED BY CIGARETTE SMOKING

(OF ADULTS AGE 35 AND OLDER.)
Each year, Smoking Costs West Virginia over $1.8 Billion!
Every West Virginia smoker who dies loses an average of 14.6 years of life due to premature death!
Each WV smoking-related death equals an average of $283,000 in lost wages.
Preventable “tobacco-related” costs...

Annual *preventable* costs total $4,676 for each smoker in WV!
Federal, state, and local taxes that raise prices on tobacco products improve public health by reducing initiation, prevalence, and intensity of tobacco use among young people.”

“For every 10 percent increase in cigarette prices, it is estimated there is a 3 – 5 percent reduction in overall cigarettes consumed, especially in youth and young adults.”

Cigarette Taxes in Appalachia

*National Average Tax is $1.50 per pack

Southern Tobacco States
State Tax (per pack)

- $4.65
- $1.60
- $2.00
- $1.25
- 55c
- 60c
- 62c
- 45c
- 57c
- 68c
- 43c
- 37c
- 30c*

The Appalachian Region as defined by the Appalachian Regional Commission.
“If [West Virginia] were to fully implement recommended prevention and cessation strategies, rates of tobacco use would decline precipitously. And, most important, we could prevent the staggering toll that smoking and tobacco use takes on our WV families and communities.”

Tobacco Continues to Kill and Cost Us in West Virginia: Viewing Tobacco Use as a Social Justice Issue in the Mountain State
By Bruce W. Adkins, M.S., PA
West Virginia Medical Journal, March 31, 2014
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