

PRIORITY: TOBACCO

According to the New York State Department of Health,

Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States, representing more than 5 million years of potential life lost. If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. Further, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die each year of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections. Asthma and other respiratory conditions often are triggered or worsened by tobacco smoke. Studies also have found that secondhand smoke exposure causes heart disease among adults.

Issues and Trends

Among adults in the U.S. who have ever smoked daily, 82 percent tried their first cigarette before age 18 years, and 53 percent became daily smokers before age 18 years. In New York State, there were important broad-based declines in cigarette smoking by middle school and high school students between 2000 and 2002, as measured by the *Youth Tobacco Survey* (YTS), and there were no significant increases in any indicator of cigarette use by New York State youth. Declines were evident by gender, race/ethnicity and region of the state. The results of the 2000 and 2002 YTS indicate that progress is being made toward the goals of reducing current smoking in children and adolescents in New York State. These changes are probably determined by multiple factors including raising the cost of cigarettes through excise tax increases, passage of strict clean indoor air policies in various counties throughout the state, and TCP interventions, such as the Youth Empowerment Program

(http://www.health.state.ny.us/nysdoh/tobacco/reports/trends/youth_tobacco_use_2000.htm).

The leading health indicator for tobacco in the *Healthy People 2010* Initiative is cigarette use, and the objectives selected to measure its progress are listed below.

27-1a. Reduce cigarette smoking by adults.

27-2b. Reduce cigarette smoking by adolescents

Figures 1 and 2 show rates of current cigarette use by middle and high school students in New York State by gender and race, for the years 2000, 2002 and 2004.

Figure 1. Current Use of Cigarettes by New York State Middle School Students by Gender and Race, Youth Tobacco Survey 2000-2004.

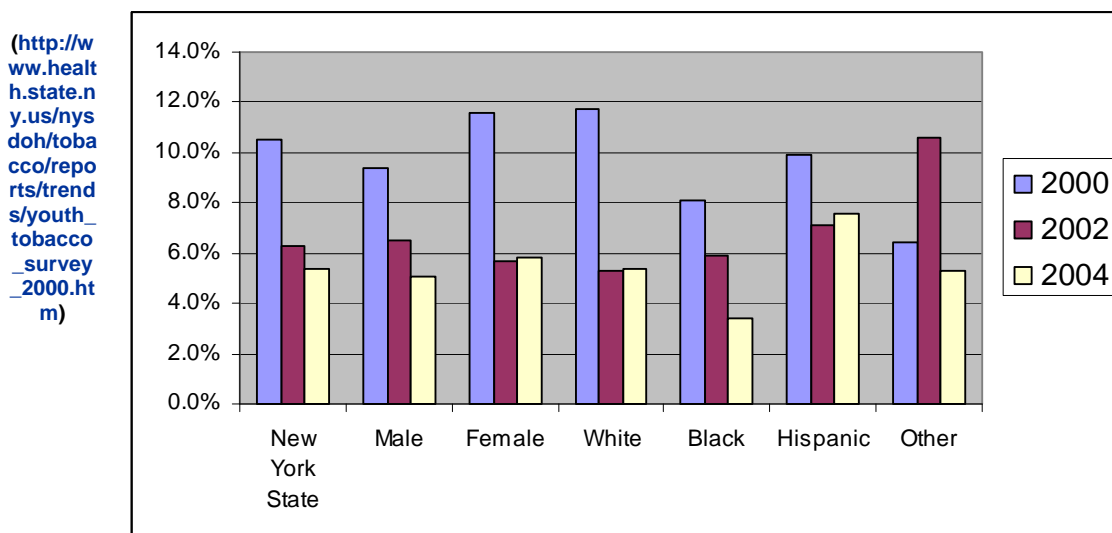
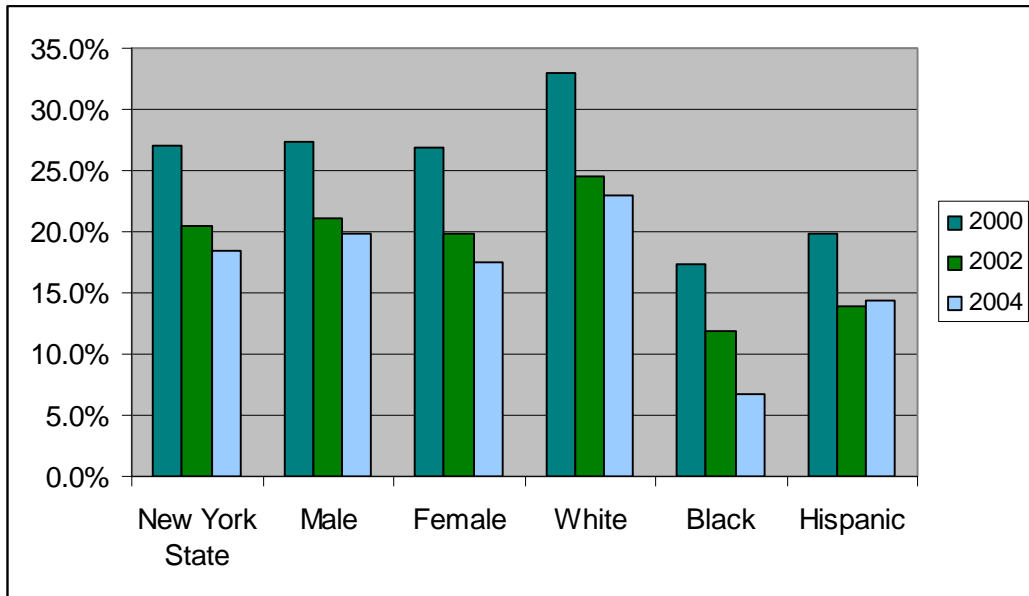


Figure 2. Current Use of Cigarettes by New York State High School Students by Gender and Race, Youth Tobacco Survey 2000-2004.



http://www.health.state.ny.us/nysdoh/tobacco/reports/trends/youth_tobacco_survey_2000.htm

Healthy People 2010 and Tobacco

The following chart presents the *Healthy People 2010* targets for the objectives pertinent to reducing tobacco use, along with baseline data for the year(s) indicated. This chapter will examine Chautauqua County data for the *Priority: Tobacco* indicators listed in **bold type**. Data for other indicators selected by the county also will be examined.

Healthy People 2010 Baselines and Targets for Priority: Tobacco

Objective	Reduction in Tobacco Use by Adults Aged 18 Years and Older	1998 Baseline*	2010 Target
		Percent	
27-1a.	Cigarette smoking	24	12
27-1b.	Spit tobacco	2.6	0.4
27-1c.	Cigars	2.5	1.2
27-1d.	Other products	(developmental)	
Objective	Reduction in Tobacco Use by Students in Grades 9 Through 12	1999 Baseline	2010 Target
		Percent	
27-2a.	Tobacco products (past month)	40	21
27-2b.	Cigarettes (past month)	35	16
27-2c.	Spit tobacco (past month)	8	1
27-2d.	Cigars (past month)	18	8
27-3	(developmental) Reduce initiation of tobacco use among children and adolescents.		
Objective	Increase in Average Age of First Tobacco Use	1997 Baseline	2010 Target
		<i>Average Age of First Cigarette Use, in Years</i>	
27-4a.	Adolescents aged 12 to 17 years	12	14
27-4b.	Young adults aged 18 to 25 years	15	17
27-5.	Increase smoking cessation attempts by adult smokers	41%**	75%
27-6.	Increase smoking cessation during pregnancy.	14%***	30%
27-7.	Increase tobacco use cessation attempts by adolescent smokers.	76%****	84%
Objective	Increase in Insurance Coverage of Evidence-Based Treatment for Nicotine Dependency	1998 Baseline (unless noted)	2010 Target
		Percent	
27-8a.	Managed care organizations	75 (1997–98)	100
		Number	

27-8b.	Medicaid programs in States and the District of Columbia	24	51
27-8c.	All insurance	(developmental)	
27-9.	Reduce Proportion of Children Who Are Regularly Exposed to Tobacco Smoke at Home.	27% *****	10%
27-10.	Reduce proportion of nonsmokers exposed to environmental tobacco smoke.	65% (serum nicotine level above 0.10 ng/mL)*	45%
27-11.	Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles and school events.	37% (1994) (middle through high school)	100%
27-12.	Increase proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas.	79% worksites (50+ employees) (1998-99)	100%
Objective	Jurisdictions With a 5 Percent or Less Illegal Sales Rate to Minors	1998 Baseline	2010 Target
		Number	
27-14a.	States and the District of Columbia	0	51
27-14b.	Territories	0	All
Objective	Increase in Adolescents' Disapproval of Smoking	1998 Baseline	2010 Target
		Percent	
27-17a.	8th grade	80	95
27-17b.	10th grade	75	95
27-17c.	12th grade	69	95
27-18.	(developmental) Increase number of Tribes, Territories, and States and the District of Columbia with comprehensive, evidenced-based tobacco control programs.		
27-19.	Eliminate laws that preempt stronger tobacco control laws.	30 states*****	Zero States
Objective	Increase in Combined Federal and Average State Tax	1998 Baseline	2010 Target
27-21a.	Cigarettes	\$0.63*	\$2
27-21b.	Spit tobacco	Developmental	

* Age adjusted to the year 2000 standard population.

** Stopped smoking for 1 day or longer because they were trying to quit in 1998 (age adjusted to the year 2000 standard population).

*** 14 percent of females aged 18 to 49 years stopped smoking during the first trimester of their pregnancy in 1998.

**** 76 percent of ever-daily smokers in grades 9 through 12 had tried to quit smoking in 1999.

***** 27 percent of children aged 6 years and under lived in a household where someone smoked inside the house at least 4 days per week in 1994.

***** In 1998, 30 states had preemptive tobacco control laws in the areas of clean indoor air, minors' access laws, or marketing (<http://www.healthypeople.gov/Document/word/Volume2/27Tobacco.doc>).

A. Health Data

1. Cigarette Smokers in Chautauqua County

In Table 1, the percentage of current smokers in Chautauqua and Cattaraugus counties (29.4%) is higher than in New York State, excluding New York City (22.1%). In addition, fewer current smokers in the two counties say they have attempted to quit smoking (52.7%) than in New York State (55.6%). Fewer residents of these two counties do not allow smoking anywhere in the home (58.7%) than in the state (68.3%), and there are fewer non-smokers or former smokers in the two counties (70.6%) than in New York State (77.9%).

Table 1. Smoking Behaviors in Chautauqua and Cattaraugus Counties and New York State, 2003.

	Percentage of Current Smokers*	Percent Who Have Attempted to Quit*	Smoking Not Allowed in Home*	Former or Never Smoked*
Chautauqua & Cattaraugus Counties	29.4%	52.7%	58.7%	70.6%
New York State (excluding New York City)	22.1%	55.6%	68.3%	77.9%
<i>Healthy People 2010</i> Target	13% (average of adult and 12-17 targets)	79% (average of adult and 12-17 targets)	-----	-----

* Weighted percent. Source: Expanded *BRFSS*, 2003. New York State Department of Health.

2. Adult Cigarette Smokers

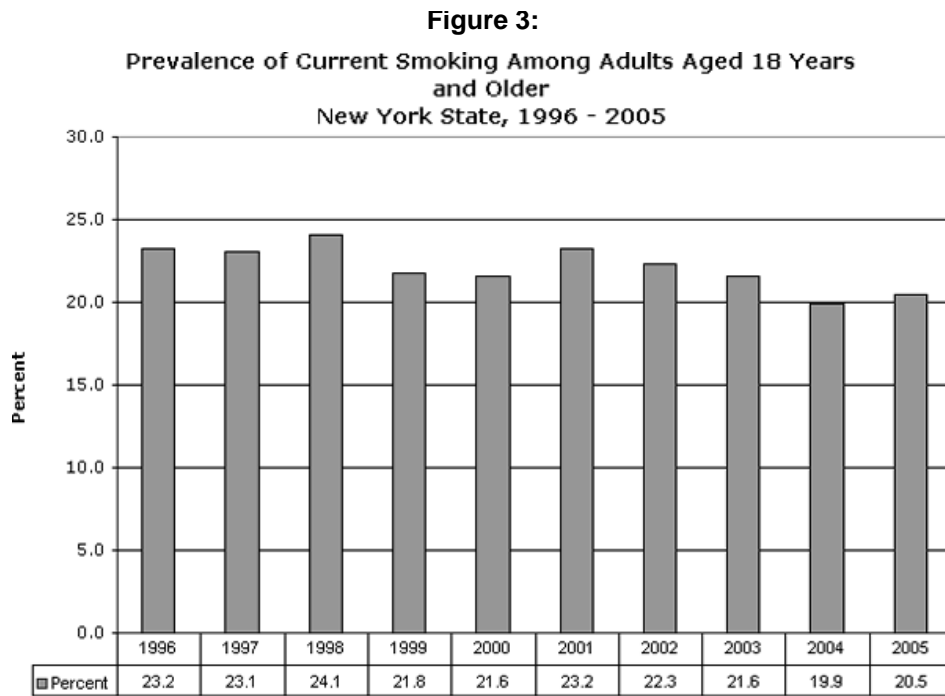
The *Healthy People 2010* goal for adults is to reduce the prevalence of cigarette smoking to 12%; the 1998 baseline is 24%. As Table 2 shows, the highest percentage of adult smokers in New York State is for ages 18-24 (26.6%). By age 65 and over, only 8.8 percent report being a current smoker.

Table 2. Percentages of New York State Adult Population Who are Current Smokers, by Age Group, 2005.

Age	Percent Who are Current Smokers*
18-24	26.6
25-34	21.5
35-44	24.3
45-54	21.9
55-64	20.7
65+	8.8
<i>Healthy People 2010</i> Target	12% of adults

* Weighted percent.
Source: *BRFSS*, 2005 (<http://apps.nccd.cdc.gov/brfss/>)

Figure 3, below, shows the rate of current smokers in New York State from 1996 to 2005.



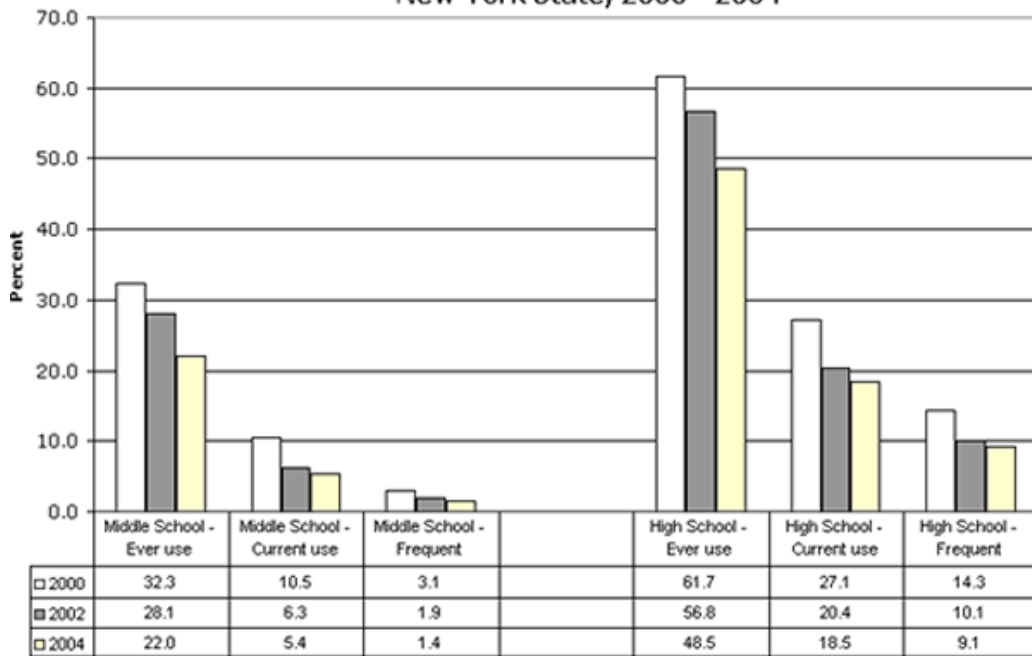
Source: BRFSS

Current Smoking = Persons reporting that they smoked at least 100 cigarettes in their lifetime and currently smoke.
http://www.health.state.ny.us/statistics/chac/general/adult_smoker.htm

3. Youth Cigarette Smokers

The prevalence of youth smoking in New York State has decreased between 2000 and 2004 for both middle school and high school students: 5.4% of middle school students currently (within last month) smoke (vs. 10.5% in 2000), and 18.5% of high school students are a current smoker (vs. 27.1% in 2000) (see Figure 4 below).

Figure 4.
Ever, Current, & Frequent Use of Cigarettes Among Middle and
High School Students
New York State, 2000 - 2004



Source: NYS Youth Tobacco Survey, 2000, 2002, and 2004

Note: Current Use - Smoked at least 1 cigarette on one or more of the past 30 days.

Frequent Use - Smoked cigarettes on 20 or more of the past 30 days.

http://www.health.state.ny.us/statistics/chac/general/current_smoke_hs_ms.htm

B. Unmet Needs

Summary: Tobacco in Chautauqua County

The percentage of current smokers in Chautauqua and Cattaraugus counties is higher than in New York State, excluding New York City. In the two counties, fewer current smokers say they have attempted to quit smoking, fewer residents do not allow smoking anywhere in the home, and there are fewer non-smokers or former smokers than in New York State.

Healthy People 2010

As emphasized in the 2010 Initiative,

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires—combined. The 2010 Initiative also points out that smoking is a major risk factor for heart disease, stroke, lung cancer, and chronic lung diseases—all leading causes of death. Smoking during pregnancy can result in miscarriages, premature delivery, and sudden infant death syndrome. Other health effects of smoking result from injuries and environmental damage caused by fires. Environmental tobacco smoke increases the risk of heart disease and significant lung conditions, especially asthma and bronchitis in children.

http://www.healthypeople.gov/document/html/uih/uih_bw/uih_4.htm#tobaccouse

C. Resources in Chautauqua County

The following are some of the Chautauqua County organizations, agencies and programs that offer health services and other forms of assistance for tobacco products use.

- American Cancer Society, Dunkirk and Jamestown
- American Lung Association
- Baby and Me Tobacco Free Program
- BlueCross BlueShield of Western New York, Alive and Lively program, Free & Clear program
- Brooks Memorial Hospital: Breathe Easy Program
- Chautauqua County Community Prevention Coalition, Jamestown
- Chautauqua County Dental Advisory Committee, Mayville
- Chautauqua County Health Department
- Chautauqua County Peer Education Project
- Chautauqua County Reality Check, Jamestown
- Chautauqua Lake Central School Health and Wellness Committee
- Chautauqua Alcoholism and Substance Abuse Council (CASAC), Dunkirk
- College Action Project
- Committed Quitters: 1-800-770-0708
- Community Health Network of Western New York
- Health Education Network, Fredonia
- Infant Mortality Review Committee, Mayville
- Mandated school district smoking and spit tobacco education programs (all county schools)
- NYS Smokers' Quitline: 1-866-NY QUITTS
- Seventh Day Adventist Services: Smoking Cessation program
- Tri-County Tobacco Control Coalition, Mayville
- United Way
- WCA Hospital-Wellness Program
- Western New York Public Health Alliance
- Westfield Memorial Hospital: Resolve to Quit Smoking Program
- Young Lungs at Play: Jamestown, Mayville, Cassadaga, Ellicottville, and Dunkirk

D. Opportunities for Action

Opportunities for action pertinent to tobacco use, particularly cigarette smoking in Chautauqua County, have been adapted from the *Healthy People 2010* Initiative and include the following.

- Develop education programs for school-aged youth that are proven effective in preventing initiation and in cessation, and include in quality health education curricula at the appropriate grade levels. The goals should be to prevent initiation among youth, provide knowledge about effective cessation methods, and increase understanding of the health effects of tobacco use.
- Link school-based anti-smoking activities (e.g., Baby and Me Tobacco Free, health class projects) to local programs and community activities such as nutrition education, community smokefree days, and events such as county fairs, local festivals and other community get-togethers.
- Reduce exposure to secondhand smoke in public facilities, private establishments and homes. Identify and reduce tobacco use among subpopulation groups (e.g., age, race/ethnicity, income/education).
- Develop community programs and media interventions appropriate to these subgroups. Ensure that tobacco control programs and materials are culturally and linguistically appropriate.
- Focus on changing social norms and environments in schools, workplaces, offices, homes and other private and public locales that support tobacco use.
- Encourage community participation (by religious organizations, gyms/fitness centers/other athletic facilities, youth groups, health care facilities, etc.) in anti-smoking activities.
- Establish and strengthen public and private partnerships (e.g., schools and workplaces, workplaces and colleges/universities, schools and health care facilities) to develop, implement and monitor local anti-smoking programs.
- Use data collection and evaluation techniques to monitor educational and interventional program impacts.
- Eliminate tobacco use and advertising in private and public facilities, particularly those in which children are likely to use or visit.
- Support legislation requiring product ingredient reporting in tobacco products.
- Coordinate statewide and local anti-smoking activities (e.g., smoke free days).
- Emphasize population-based interventions that focus on prevention of initiation, reduction of exposure to environmental tobacco smoke, and policy changes in health care systems to promote smoking cessation.
- Support anti-smoking campaigns that are combined with excise taxes legislation. Data from California and Massachusetts indicate that (1) increasing excise taxes on cigarettes is one of the most cost-effective short-term strategies to reduce tobacco consumption among adults and to prevent initiation among youth and (2) the ability to sustain lower consumption increases when the tax increase is combined with an anti-smoking campaign.