

Addressing Dual Tobacco Use in West Virginia

Report and Recommendations of the Expert Panel
Convened December 13, 2011 in Charleston, West Virginia

EXECUTIVE SUMMARY

West Virginia (WV) and southern Appalachia contend with high tobacco use rates and tobacco's anchor in culture and tradition. Implementation of any sort of prevention effort must address public opinion, political opportunities and roadblocks, and deep-rooted industry support. The Bureau for Public Health's Division of Tobacco Prevention continues to aggressively address the high prevalence of both smoking and smokeless tobacco (SLT) use in the state.

Tobacco use – including smoking and the use of other forms of tobacco - continues to be the most preventable cause of premature death and unnecessary health care expenses that cost West Virginia's economy billions of dollars per year. An alarming development noticed in state and national surveillance surveys, quitline enrollment data, and tobacco user interviews over the past decade is that dual tobacco use is increasing. For the purposes of this report, dual tobacco use is defined as adult male and female cigarette smokers who also use SLT on a frequent basis.

The Division has continued to keep this emerging public health issue in the forefront for both state and national discussion. Working with key partners, an Expert Panel Addressing Dual Tobacco Use in WV was convened on December 13, 2011 in Charleston. The meeting objectives were to explore the prevalence of dual tobacco use in WV, identify successes and challenges to addressing dual tobacco use in the state, and develop targeted recommendations to address dual tobacco use.

Key Findings of the Panel Include:

- Dual tobacco use is more common than many experts, state health officials believe be true;
- New SLT products have broad appeal, and their use is increasing among young adults and youth, including females;
- Many varying patterns of dual tobacco use can be identified but as of yet are unstudied;
- Both cigarette and SLT use have significant health risks; dual tobacco use poses additional risks, including potential delay in tobacco cessation;
- Passage of successful, comprehensive clean indoor air policies contribute to snus and SLT tobacco use, as some WV smokers use these products in seeking an alternate nicotine delivery method;
- Smokers' recognition of the hazard of secondhand smoke can also cause initiation of SLT use (in that smokers do not want to expose family members to tobacco smoke);
- Smokers who begin and maintain oral tobacco use are less likely to successfully quit smoking, and dual users are less likely to be able to quit tobacco completely compared to those who use one product or the other exclusively;
- Dual users are well aware of the health risks of smoking, smokeless use, and of likely hazards of dual tobacco use; and
- The cost of tobacco as a percentage of household income can be high. A significant increase in the West Virginia state tobacco tax would provide an added incentive for tobacco cessation.

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Prioritized Recommendations for Addressing Dual Tobacco Use in WV:

- 1) Allocate funding for the West Virginia Division of Tobacco Prevention in alignment with the U.S. Centers for Disease Control and Prevention (CDC) recommended Best Practices level of \$28 million annually. Sustain and/or increase funding support for tobacco prevention, especially cessation programming, from the CDC, private funders, and the State of West Virginia (at least \$28 million per year), and include suitable funding to address dual tobacco use.
- 2) Maintain a statewide West Virginia Tobacco Cessation Quitline with state-based, culturally knowledgeable, well-trained coaches who can readily counsel dual users.
- 3) Maintain and expand partnerships between the WV Quitline, local coalitions, churches, community-based agencies, and other agencies throughout the state to integrate a statewide dual tobacco use prevention/cessation message.
- 4) Develop a permanent, operational statewide research group to focus on dual tobacco use issues in West Virginia. Data collection and added surveillance efforts on dual tobacco use must be strengthened.
- 5) Maintain and expand a regional network of tobacco prevention professionals who can address dual use; continue to foster durable coalitions and grassroots support to increase policy initiatives and educational campaigns for tobacco prevention across the state.
- 6) Continue and expand healthcare provider education efforts to incorporate education on dual tobacco use.
- 7) Continue and expand policy efforts to include the passage of local clean indoor air and outdoor air policies that prohibit tobacco smoking in all public places. Continue to advocate for a comprehensive, statewide clean indoor air law that is non-preemptive and allows for a local regulation to be stronger than any state law.
- 8) Enact a \$2 tobacco tax on all individual tobacco products and assure that all SLT products are taxed equitably to cigarettes.

Implications for Other States and Agencies

While use of any single tobacco product remains a concern, the emergence of dual tobacco use must now be considered a public health concern. State tobacco control programs and any others addressing the dangers of tobacco use must now recognize the tobacco industry is producing and aggressively marketing new SLT products. New patterns of regular use of both cigarettes and one or more forms of SLT products are the result.

The emerging trends of dual use threaten to reverse progress toward reducing tobacco use and its health burden. There is now a need to monitor use of a combination of tobacco products, rather than monitoring use of each product in isolation. Dual use will also have significant implications on tobacco cessation both from a cessation program standpoint and the user's ability to quit. There is a need for accelerated research regarding long-term harm of recent and any future U.S.-made SLT products, and also investigation of SLT as a 'less harmful' product or tool for cessation.

Raising state tax rates on all other tobacco products to parallel increased cigarette taxes will not only bring more revenues, but would help promote tobacco cessation rather than partial or complete product substitution and sustained tobacco use. It is imperative that tobacco tax revenues be allocated for tobacco prevention and cessation programs in order to develop strategies to address emerging trends such as dual tobacco use.

The disparity and the high levels of smoking and other tobacco product use, now including dual tobacco use, place an emphasis on the need for more effective tobacco control policy, product price increases, and science-based interventions and cessation assistance. Failure to do so means that the disproportionately high rates of tobacco-related morbidity and mortality will continue, and that there will remain an associated escalating health care burden, especially for those in the low socioeconomic status population.

Panel participants hope that the recommendations of this report will be a catalyst for further addressing dual tobacco use as a genuine public health concern.