

Western New York Tobacco Partnership Evaluation

**Findings from the Western New York
Adult Tobacco Use Survey (2007)**



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Erie-Niagara Tobacco Free Coalition

The Erie-Niagara Tobacco-Free Coalition was established in 1993, as a result of a collaboration of health and service agencies interested in reducing the risk of cancer, heart, lung and other tobacco-related diseases in Erie and Niagara Counties by decreasing tobacco use and exposure to secondhand smoke.

The Coalition conducts activities to educate the public about the health risks of tobacco use; educates the public about the benefits and limitations of public policies that impact tobacco use; compiles and disseminates resource information on tobacco and health; provides training to health professionals, teachers and human service personnel; operates a speaker's bureau; sponsors public information campaigns and provides funding to schools and youth organizations for prevention programming. Today, over 30 health and service agencies are members of the Coalition.

The purpose of the Erie-Niagara Tobacco-Free Coalition is to reduce the risk of cancer, heart, lung and other tobacco-related diseases in Erie and Niagara Counties by reducing tobacco use in these counties and reducing the exposure of all residents to secondhand smoke.

Member Organizations

American Cancer Society
American Heart Association
Amherst Task Force for Healthy
Communities * Healthy Youth
Blue Cross/Blue Shield of WNY
Boys and Girls Clubs of WNY
Catholic Charities WIC
Community Health Connection of WNY
Erie County Council for the Prevention
of Alcohol & Substance Abuse
Erie County Department of Health
Erie County Department of Senior
Services
Erie County Reality Check
Erie County Youth Department
Independent Health
Kaleida Health

Medical Society of the County of Erie
Minority Health Coalition
New Voice Club
Niagara County Reality Check
Niagara County Department of Health
Niagara Regional PTA
Niagara Wellness Council
Niagara County Youth Bureau
Professional Nurses Association of
WNY
Roswell Park Cancer Institute
Theatre for Change, Inc.
Univera Healthcare
Wellness Institute of Buffalo
WNY Cessation Center-North
Western Region PTA
YWCA

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Executive Summary

Over the past several years, the Erie-Niagara Tobacco-Free Coalition has supported several tobacco related research initiatives in Erie and Niagara counties aimed at curbing tobacco dependence and eliminating exposure to secondhand smoke. This report presents findings from the most recent cohort component of the Western New York Adult Tobacco Use Survey, comprised of residents of the New York State Counties of Erie, Genesee, Niagara, and Orleans.

On the positive side, findings from the Adult Tobacco Use Survey reveal the following:

- Fifty-two percent of smokers reported making a quit attempt and 13% quit smoking over the past year.
- Over the past year, the proportion of everyday smokers decreased from 94% to 89%.
- Over the past year, an increase was observed in the proportion of current smokers who have ever heard of (86% to 90%) or called (10% to 12%) the New York State Smokers' Quitline.
- Smokers reported high awareness of anti-tobacco campaigns.
- The proportion of baseline smokers who reported using pharmacotherapy to help quit smoking at follow-up was 8 percent higher (21%) than what was observed in the 2006 Adult Tobacco Use Cohort Survey.
- The proportion of employed individuals who reported exposure to second smoke exposure in the workplace decreased from 15% to 11%.
- Over the past year, the proportion of individuals using smokeless tobacco significantly decreased from 12% to 7%.

On the negative side, findings from the 2006 Cohort Survey reveal the following:

- The proportion of current smokers who reported always purchasing their cigarettes on an Indian Reservation remained unchanged (59%).
- A majority of current smokers continue to receive coupons from tobacco companies (63%), with an increase being observed in the proportion of current smokers receiving e-mails from these companies (8% to 11%).
- The proportion of current smokers who reported residing in a home (28% to 29%) or car (17%) with a smoke-free policy remained unchanged.
- Only 9% of multiunit housing residents are currently covered by a policy prohibiting smoking in indoor personal living spaces.

In summary, this report shows that an increasing share of Western New York smokers are expressing a desire to quit smoking, making quit attempts and getting advice and support to quit from a wide range of sources (i.e., health care providers, the media, and the Quitline). Unfortunately, it appears that the marketing efforts of tobacco companies and local Indian smoke shops continues to be working in opposition of public health efforts to encourage smokers to quit by providing a ready source of inexpensive cigarettes. Consequently, there is a need for continued efforts centered upon reducing the cigarette price differentials that exist between regular tobacco product retailers and those from lower taxed and untaxed retail venues, and eliminating the advertising and promotional activities of the tobacco industry.

Background and Methods

1.1 Background

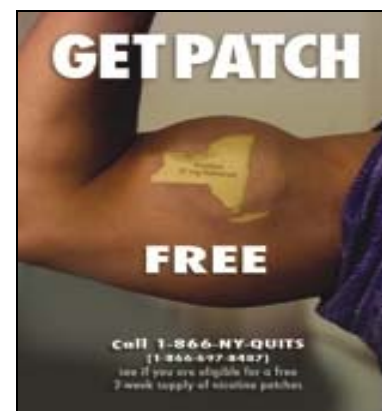
The prevalence of cigarette smoking in the United States has decreased from 25% in 1993 to approximately 20.1% in 2006 (1). Various tobacco-use prevention and control measures continue to be implemented with the goal of further reducing smoking prevalence, especially among those at highest risk for tobacco-related morbidity and mortality. However, to further reduce smoking prevalence among adults and to meet the national health objective of decreasing the prevalence of cigarette smoking among adults to 12% or less by 2010 (2), effective comprehensive tobacco surveillance and control initiatives should be fully implemented across all population subgroups.

In the Western New York (WNY) Region, smoking prevalence data continues to remain limited. However, recent estimates from the Center for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System indicate that approximately 279,000 of adults (24%) in Erie and Niagara Counties are current smokers (1). Moreover, smoking-attributable mortality data adapted from the CDC indicates that cigarette smoking and exposure to tobacco smoke results in approximately 1,600 premature deaths, 19,800 years of potential life lost (YPLL) and \$330 million in productivity losses annually in these two counties alone (3). This ultimately translates into a significant health burden for all of WNY.

In order to curb the incidence and prevalence of smoking in the WNY region, several interventional initiatives have been implemented with the ultimate goal of educating the public about the health risks associated with tobacco use and providing smokers with information and consultation on quitting smoking (4). The most notable of these interventional efforts include the New York State Smoker's Quitline, various anti-smoking mass media campaigns, smoking cessation counseling by trained health professionals, and the promotion of smoke-free housing.

The New York State Smokers' Quitline

The New York State Smokers' Quitline is a free and confidential service that provides effective stop smoking services to New Yorkers who want to stop smoking. The Quitline offers telephone counseling, a starter kit of free nicotine replacement medications for eligible smokers, as well as listings and referrals for local stop smoking programs.



Anti-Smoking Mass Media

The primary objectives of anti-smoking mass media campaigns are to intensify the community's knowledge of some of the major health effects of smoking, enhance smokers' awareness of the cumulative damage every cigarette smoked does to their health, increase the number of smokers likely to seriously consider quitting or making a quit attempt, and to prevent former smokers from relapsing.



Physician Cessation Counseling

The provision of smoking cessation counseling by trained health professional, including physicians and dentists, has been shown to be effective in the treatment of tobacco dependence. The U.S. Department of Health and Human Services currently recommends a five step process known as the "5-A's", which encourages physicians to ask their patients about tobacco use, advise them to quit, assess their willingness to do so, assist them in making a quit attempt, and to arrange for follow-up contact in order to prevent relapse (5).



Smoke-Free Housing

As more public smoking policies are implemented, a larger fraction of overall secondhand smoke exposure is now taking place in the home. Consequently, many of individuals, especially the 570,000 Erie and Niagara County residents who live in multiunit housing (6), are being involuntarily exposed to secondhand smoke in their personal living space. Research efforts are currently underway to help substantiate the implementation of smoke-free policies in multiunit housing facilities.



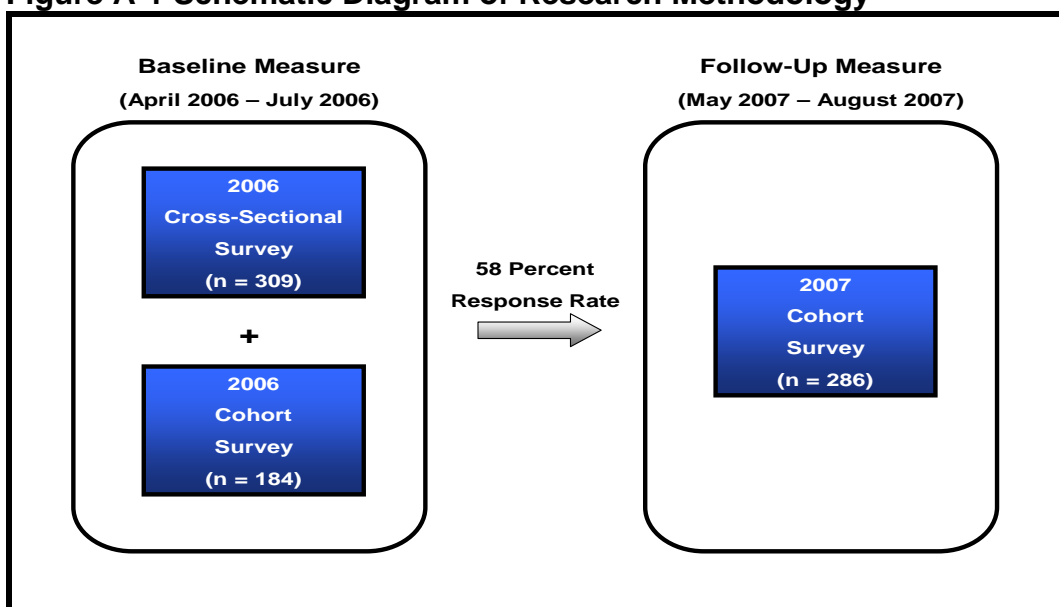
This report describes the efficacy of several interventional efforts, including those described above, in terms of smoking cessation, smoking reduction, quit attempts, and pharmacotherapy use. In addition, the report describes smokers' knowledge, beliefs, and attitudes pertaining to tobacco use among smokers in the WNY Counties of Erie, Niagara, Genesee, and Orleans.

1.2. The Study Population

The data in this report were obtained from three distinct sources, the 2006 WNY cross-sectional Adult Tobacco Use Survey, the 2006 WNY cohort Adult Tobacco Use Survey, and the 2007 WNY cohort Adult Tobacco Use Survey. Subjects included in the studies were adult smokers who live in Erie, Genesee, Niagara, and Orleans Counties at the time of interview.

Please refer to Figure A-1 for a schematic representation of the research methodology used to obtain the data contained within this report. Between April and June 2006, 428 individuals completed interviews as part of the 2006 WNY Adult Tobacco Use over-sample survey, of which 286 were available to be followed-up and 184 successfully completed the 2006 cohort survey. Between April 2006 and July 2006, 309 different subjects successfully completed the 2006 cross-sectional survey. Participants from the 2006 cross-sectional and 2006 cohort surveys were then followed-up between May 2007 and August of 2007 in the 2007 WNY Adult Tobacco Use Cohort Survey. A total of 286 individuals (275 smokers and 11 former smokers) were successfully followed up as part of the 2007 WNY Adult Tobacco Use Cohort Survey, resulting in an overall response rate of 61 percent. *Appendix I* shows the un-weighted distribution of smoking status, age, gender, education, ethnicity, and county of residence of these 286 study subjects at baseline and at follow-up.

Figure A-1 Schematic Diagram of Research Methodology



1.3. Data Collection

Data collection for the 2006 cross-sectional, 2006 cohort, and 2007 cohort surveys were administered by Survey Research and Data Acquisition Resource (SRDAR) at Roswell Park Cancer Institute. Roswell Park's Institutional Review Board approved the data collection procedures used in all three of these research evaluations.

1.4. The Survey

The New York State Adult Tobacco Survey (NYS ATS) is a random digit dialed tobacco use survey conducted quarterly in New York State. The sample frame is adult residents in New York State, with smokers being slightly over-sampled.

The Western New York Adult Tobacco Survey was established in 2005 with the ultimate goal of assessing the efficacy of various tobacco control interventions, as well as Western New Yorker's knowledge, attitudes, and beliefs about tobacco use. The sample frame was adult residents in the New York State Counties of Erie, Niagara, Genesee, and Orleans. Random digit dialing was used to recruit study participants.

The surveys asked questions pertaining to the following items:

- Tobacco Use
- Tobacco Dependence
- Cessation Attempts
- Cessation and Relapse
- Reasons and Methods Used to Quit
- Physician/Dentist Cessation Counseling
- The New York State Smokers' Quitline
- Employer Sponsored Cessation Programs
- Tobacco Product Characteristics
- Indian Reservation Purchase Patterns
- Advertising and Promotion
- Anti-Smoking Media Messages and Campaigns
- Secondhand Smoke Exposure and Policies
- Knowledge, Attitudes, and Beliefs About Tobacco Use
- Smokeless Tobacco Use

1.5. Statistical Analyses

The statistical analyses contained within this report were calculated using SPSS v 14.0. Except where specifically noted, basic descriptive statistics were used to calculate combined outcomes for all four counties. Statistically significant differences between groups were tested via a Chi Square Test at the $\alpha = 0.05$ level and are noted with an asterisk (*).

Results

Results are presented for the 286 members of the 2007 Adult Tobacco Use Cohort at baseline and follow-up combining data for *current smokers* within Erie, Niagara, Genesee, and Orleans Counties. Definitions of key measures are outlined in Appendix III. The findings are presented as follows:

- 2.1. Tobacco Use
- 2.2. Tobacco Dependence
- 2.3. Cessation Attempts
- 2.4. Cessation and Relapse
- 2.5. Reasons and Methods Used to Quit
- 2.6. Physician/Dentist Cessation Counseling
- 2.7. The New York State Smokers' Quitline
- 2.8. Employer Sponsored Cessation Programs
- 2.9. Tobacco Product Characteristics
- 2.10. Indian Reservation Purchase Patterns
- 2.11. Advertising and Promotion
- 2.12. Anti-Smoking Media Messages and Campaigns
- 2.13. Secondhand Smoke Exposure and Policies
- 2.14. Knowledge, Attitudes, and Beliefs About Tobacco Use
- 2.15. Smokeless Tobacco Use

2.1. Tobacco Use

Figure 1 shows the number of cigarettes smoked per day among current smokers at baseline (n=275) and follow-up (n=246). The percentages of everyday smokers at follow-up were 88%, 92%, 100%, and 73% in Erie, Niagara, Genesee, and Orleans Counties, respectively (*Figure 2*), with the combined percentage being lower at baseline (89%) than at follow-up (94%).

Figures 3 through *6* present the proportion of everyday smokers in all four counties by age, gender, ethnicity, and education. Smokers between the ages of 25 and 44 (*Figure 3*), females (*Figure 4*), and non-Hispanic Whites (*Figure 5*) had the highest proportions of everyday smoking among subgroups at both baseline and follow-up. In contrast, smokers with 12 years of education had the highest proportion of everyday smoking at baseline (96%), whereas those with less than 12 years of education had the highest proportion at follow-up (95%) (*Figure 6*).

Figure 1: Quantity of Cigarettes Smoked Per Day Among Current Smokers.

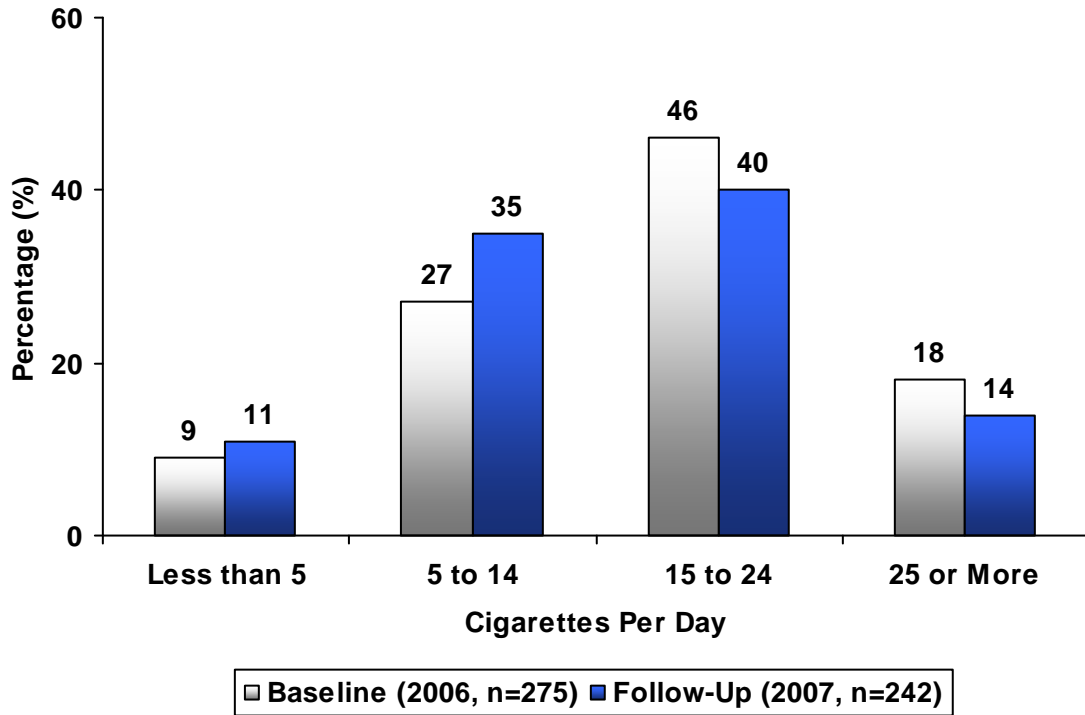


Figure 2: Everyday Smoking Among Current Smokers According to New York State County.

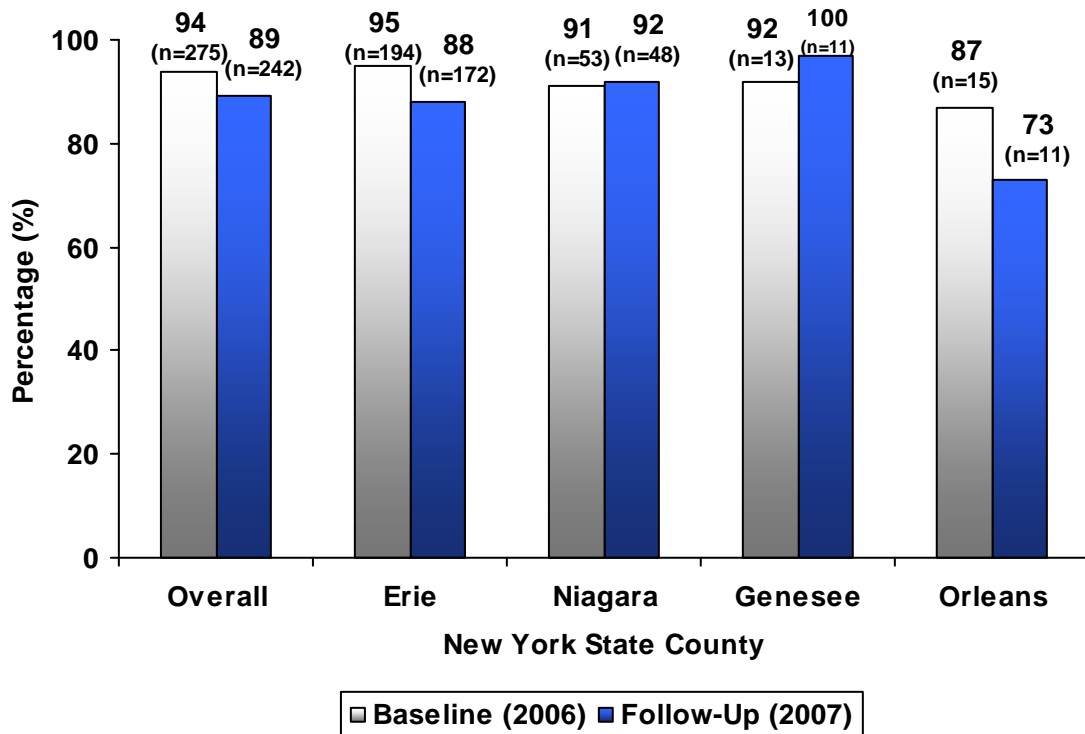


Figure 3: Everyday Smoking Among Current Smokers According to Age.

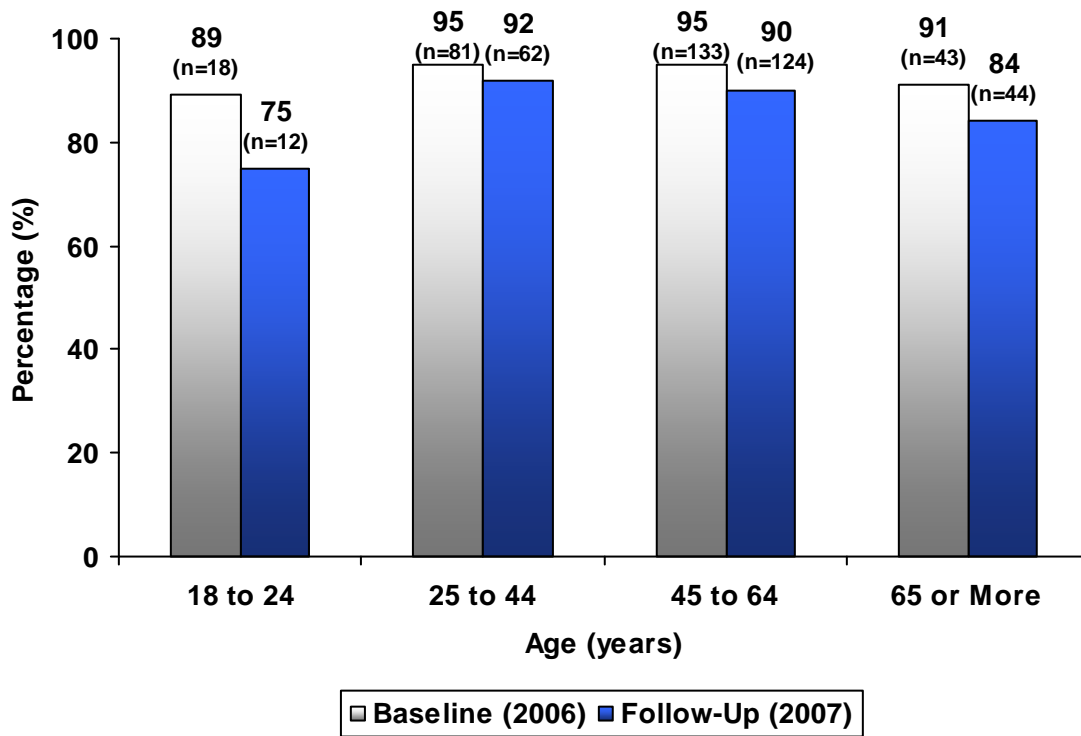


Figure 4: Everyday Smoking Among Current Smokers According to Gender.

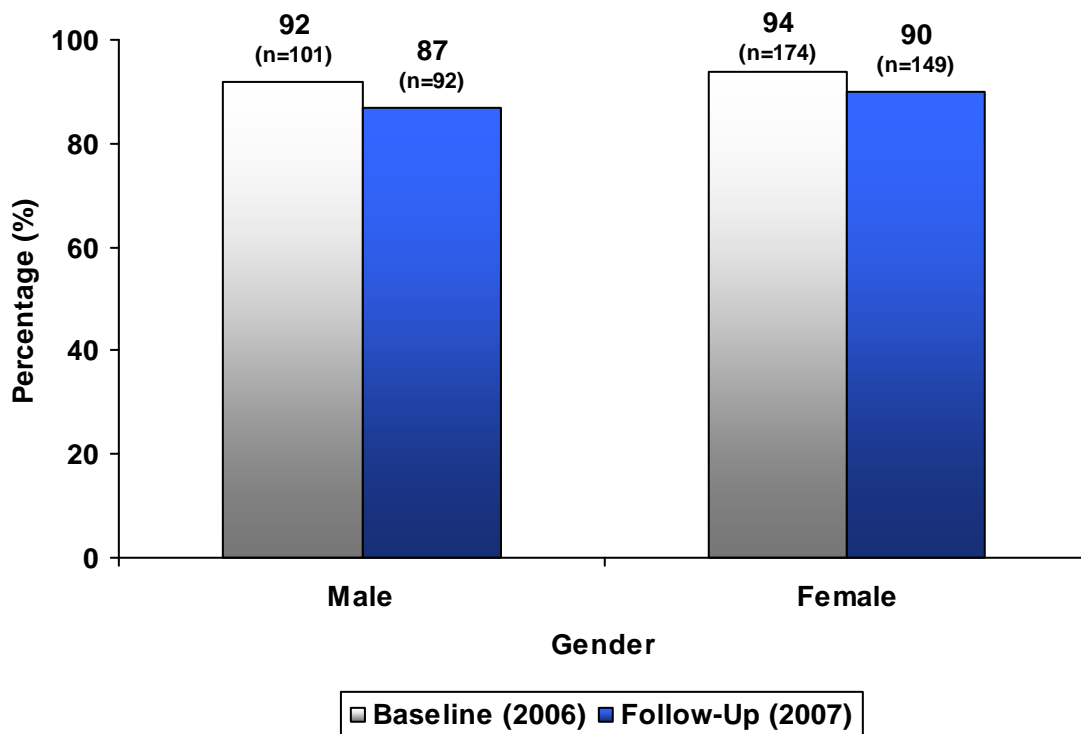


Figure 5: Everyday Smoking Among Current Smokers According to Ethnicity.

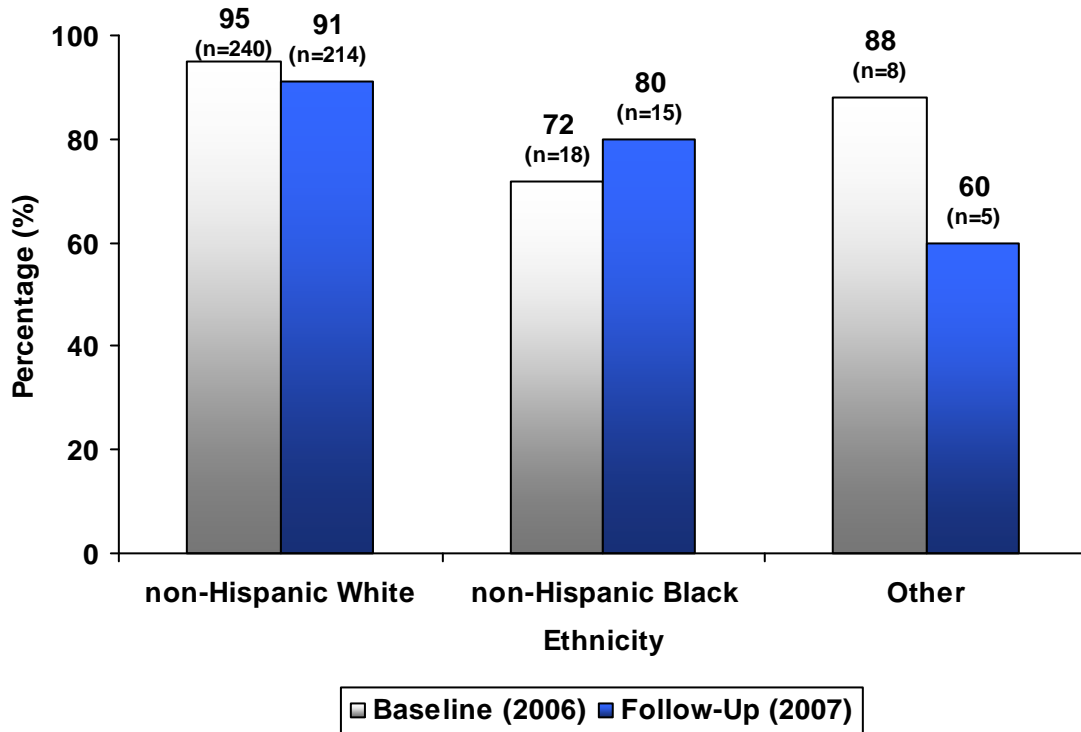
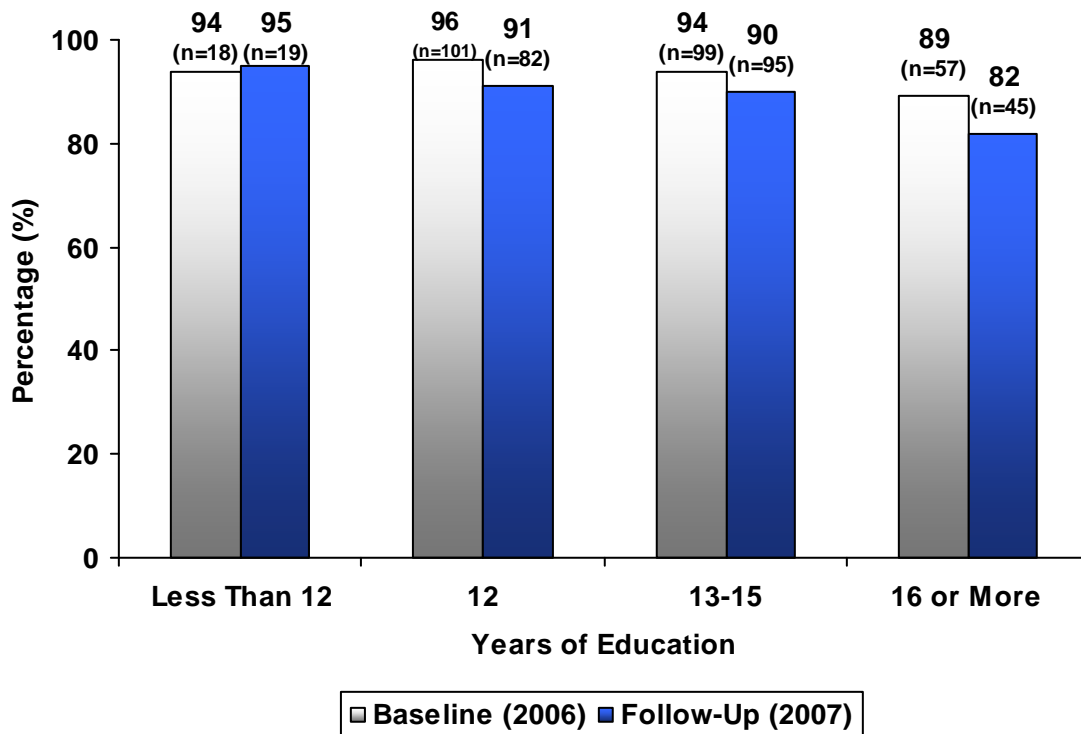


Figure 6: Everyday Smoking Among Current Smokers According to Years of Education.



2.2. Tobacco Dependence

A lesser proportion of current smokers smoked their first cigarettes within thirty minutes after waking at baseline (59%) compared with follow-up (63%) (Figure 7). Figures 8 through 11 present the proportion of current smokers who report smoking their first cigarette within thirty minutes after waking according to age, gender, ethnicity, and education. The frequency of individuals who smoke their first cigarette within 30 minutes after waking was highest for smokers between the ages of 46 and 64 (Figure 8), females (Figure 9), non-Hispanic Whites (Figure 10), and those with less than 12 years of education (Figure 11) at both baseline and follow-up.

Figure 7: Percent of Current Smokers Who Smoke Within 30 Minutes After Waking According to New York State County.

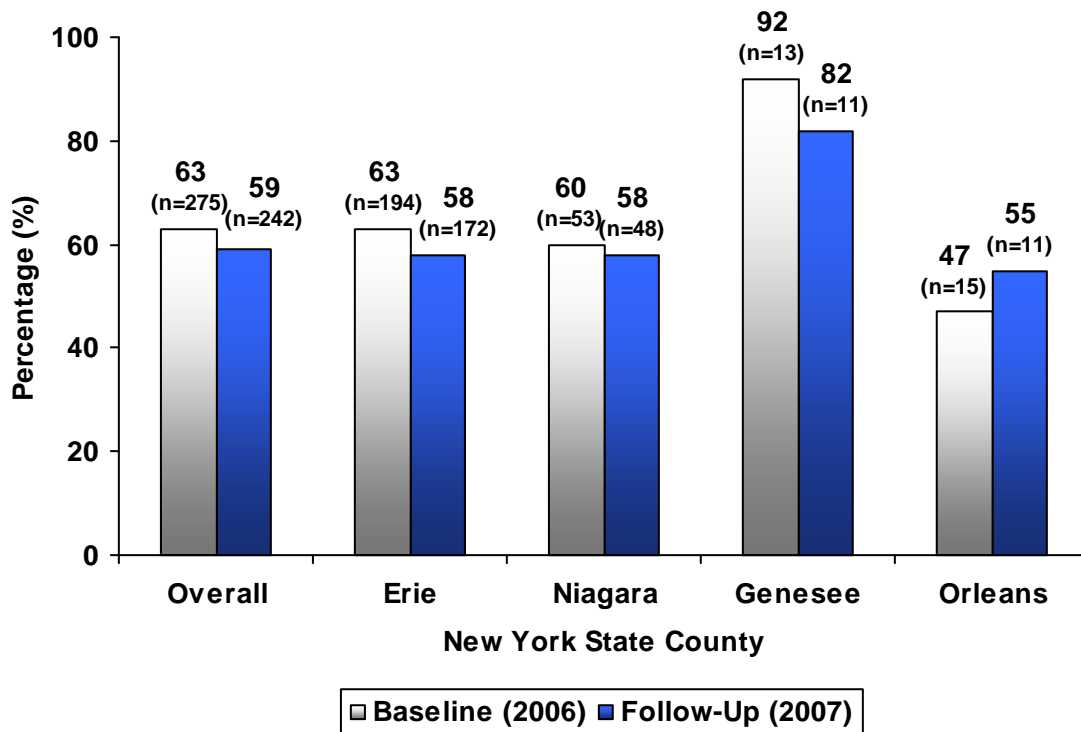


Figure 8: Percent of Current Smokers Who Smoke Within 30 Minutes After Waking According to Age.

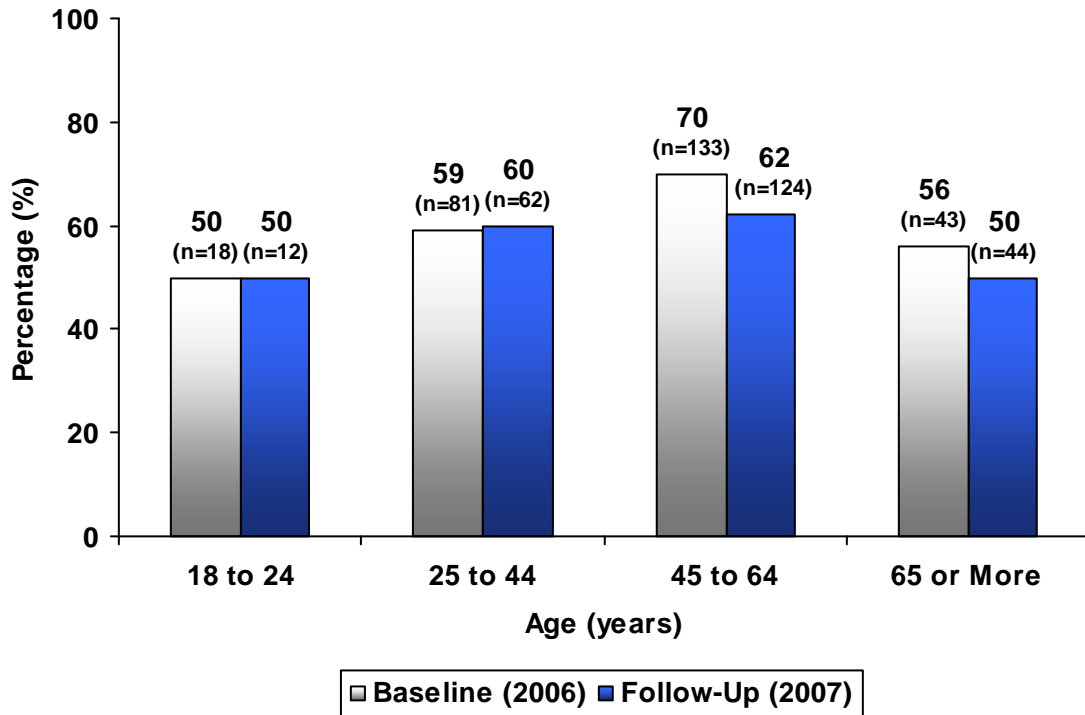


Figure 9: Percent of Current Smokers Who Smoke Within 30 Minutes After Waking According to Gender.

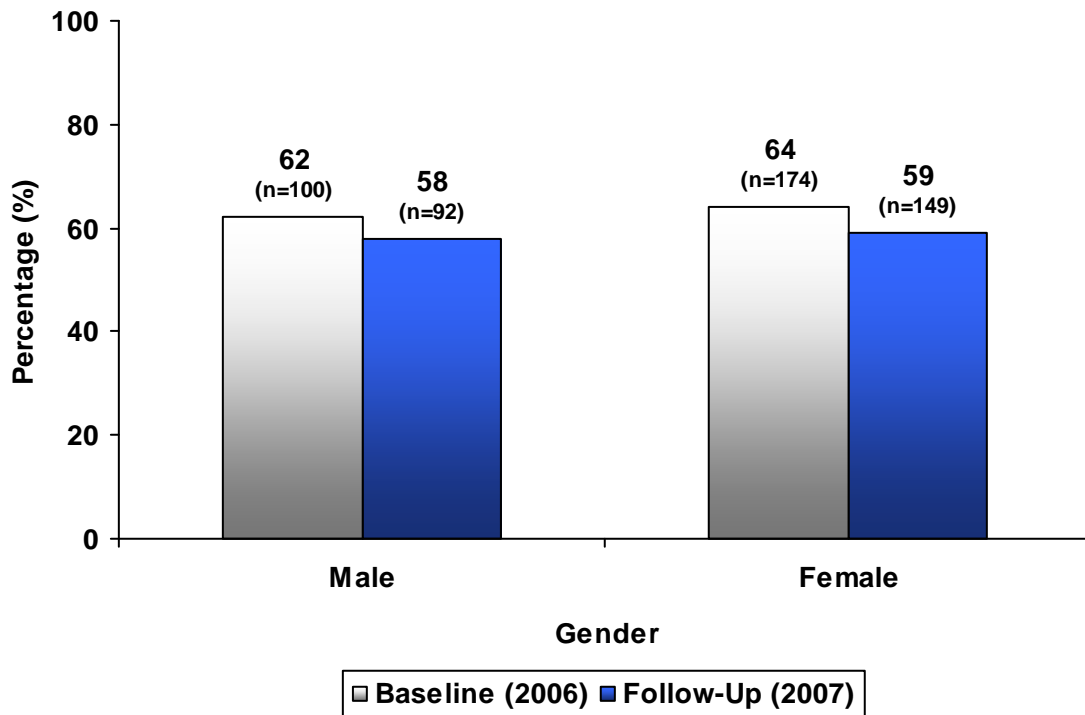


Figure 10: Percent of Current Smokers Who Smoke Within 30 Minutes After Waking According to Ethnicity.

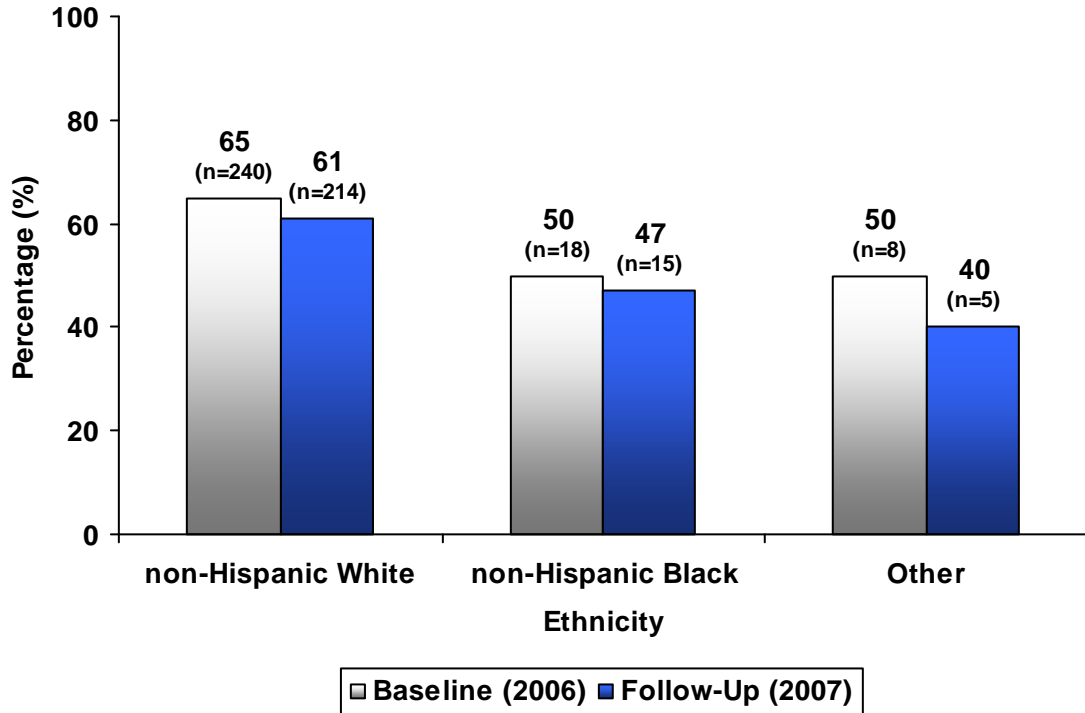
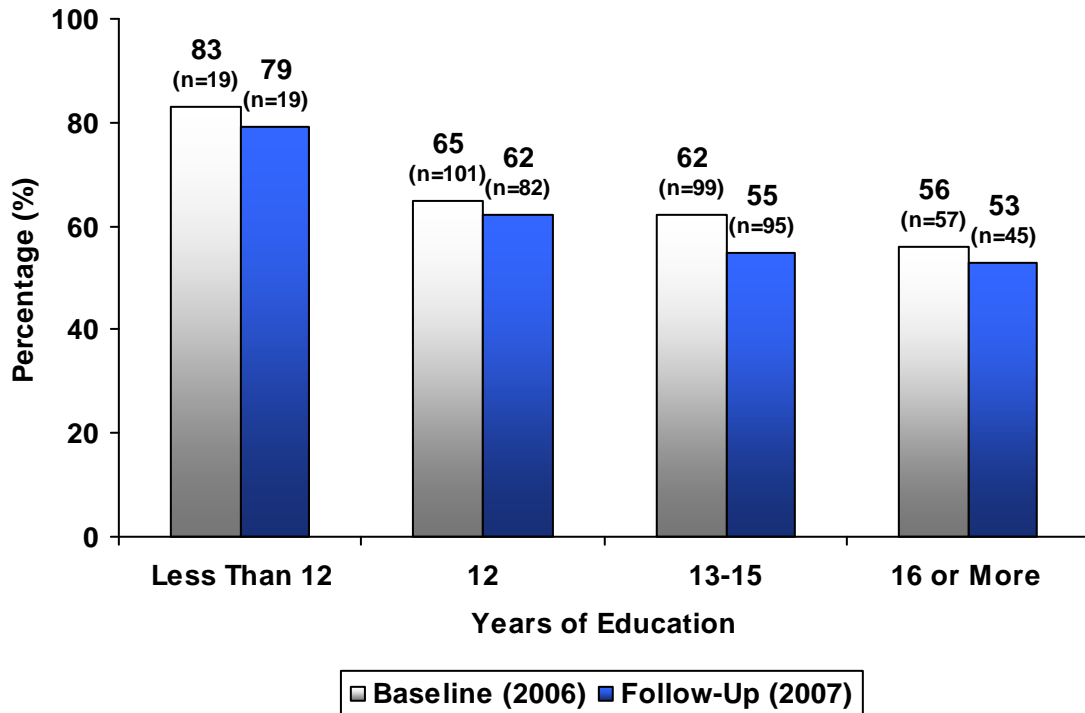


Figure 11: Percent of Current Smokers Who Smoke Within 30 Minutes After Waking According to Years of Education.



2.3. Cessation Attempts

The proportion of baseline smokers who subsequently reported making a quit attempt within the past 12 months at follow-up was 52% (*Figure 12*). This proportion was exactly the same the quit attempt rate observed in the 2006 WNY Cohort ATS. Erie County had the highest proportion of smokers reporting a quit attempt at follow-up (54%), followed by Orleans (53%), Niagara (47%), and Genesee (46%). The proportion of baseline smokers making a quit attempt at follow-up was higher for Orleans (53% vs. 33%) and Niagara (47% vs. 43%) in the 2007 Cohort Survey compared with the 2006 Cohort Survey, whereas the proportion was lower for Erie (54% vs. 55%) and Genesee (46% vs. 50%) Counties (*Figure 12*). No statistically significant difference was observed when those who received a transfer to the New York State Smokers' Quitline at baseline were excluded (*Figure 13*).

Figures 14 through 17 show the proportion of baseline smokers making a quit attempt at follow-up according to age, gender, ethnicity, and education. Baseline smokers between the ages of 25 and 44 (58%), females (54%), those with 'other' ethnicity (75%), and those with 13 to 15 years of education (57%) had the highest quit attempt rates at follow-up when compared with other demographic subgroups. Furthermore, individuals who reported their ethnicity as 'other' were significantly more likely to make a quit attempt at follow-up when compared with those who reported their ethnicity as 'non-Hispanic White' ($p < 0.05$) (*Figure 16*).

Forty-four and 40% of current smokers had "a lot" of desire to quit smoking at baseline and at follow-up, respectively, with the proportion of current smokers having no desire to quit smoking being less at follow-up (12%) than at baseline (15%) (*Figure 18*). In addition, the proportion of individuals believing that they would be 'very likely' to succeed in their next quit attempt was higher at follow-up (11%) than at baseline (5%) (*Figure 19*). Moreover, 37% and 43% of smokers reported that they intended to quit within the next month, whereas 71% and 64% reported that they intended to quit within the next six months at baseline and at follow-up, respectively (*Figure 20*).

Figure 12: Percent of Baseline Smokers Who Made a Quit Attempt at Follow-Up According to New York State County.

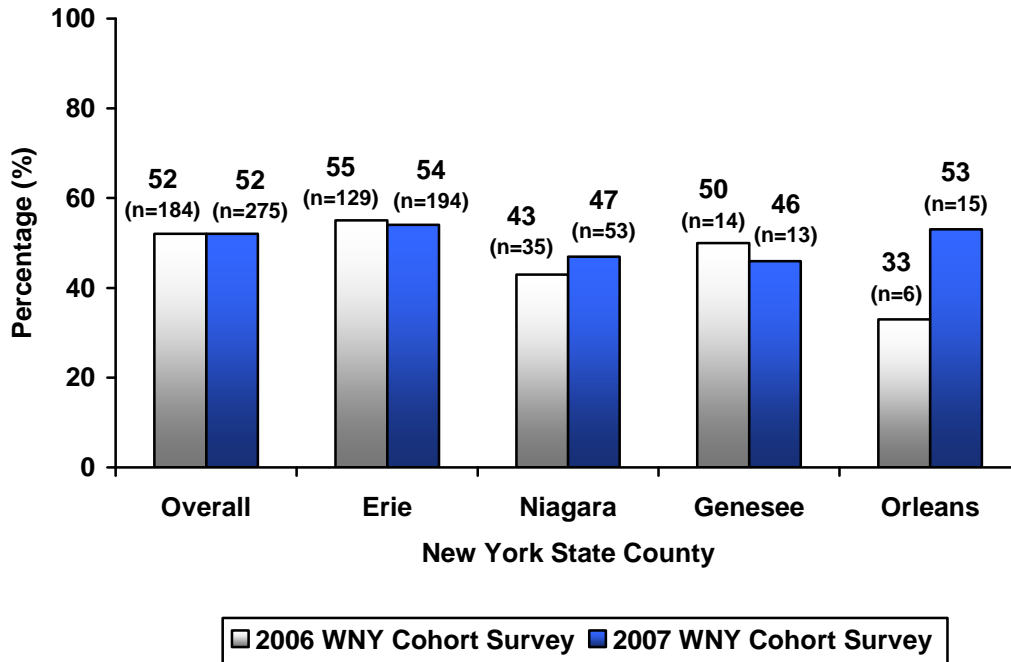
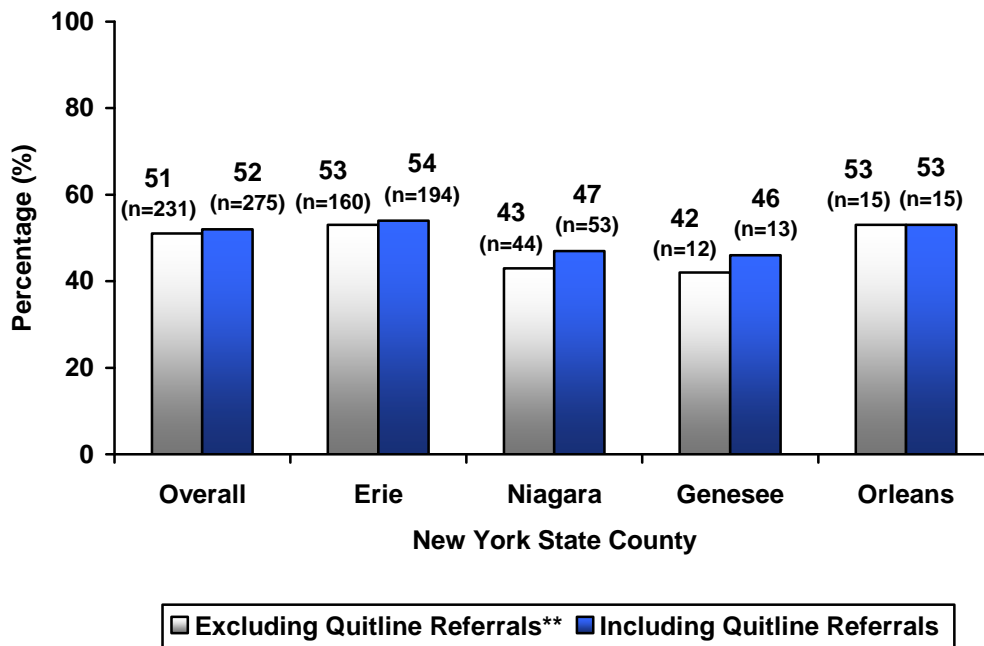


Figure 13: Percent of Baseline Smokers, Excluding Those Provided With Quitline Referral, Who Made a Quit Attempt at Follow-Up According to New York State County.



**Figures Exclude 44 current smokers from 2006 cohort survey who were provided with a warm transfer to the New York State Smokers' Quitline or were offered the Quitline number at baseline.

Figure 14: Percent of Baseline Smokers Who Reported Making a Quit Attempt According to Age.

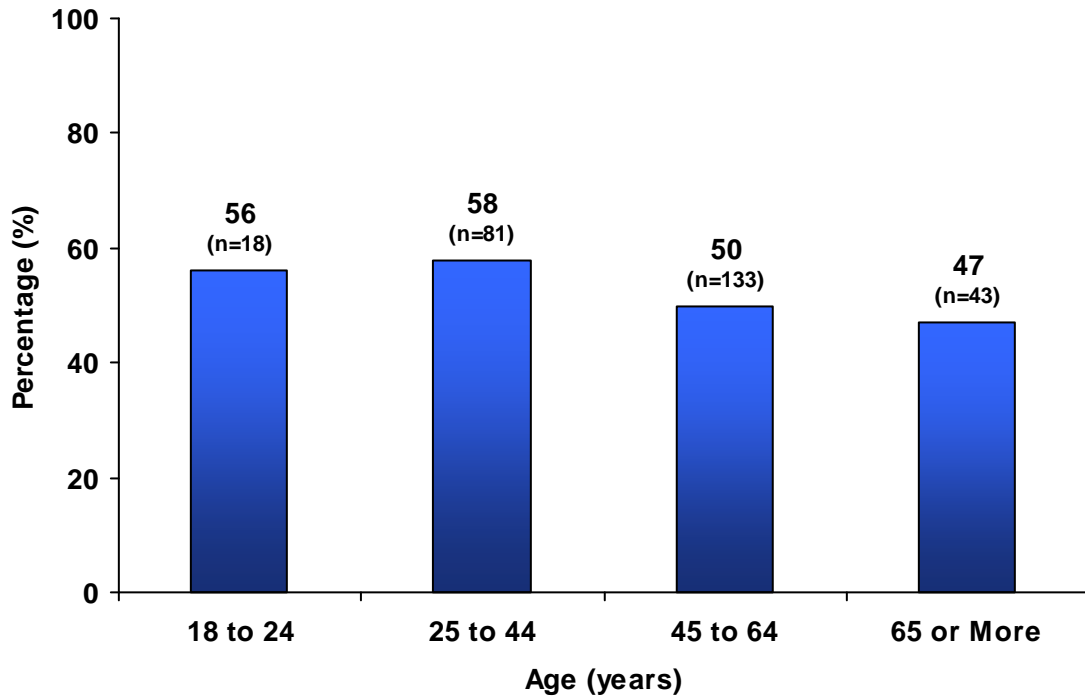


Figure 15: Percent of Baseline Smokers Who Reported Making a Quit Attempt According to Gender.

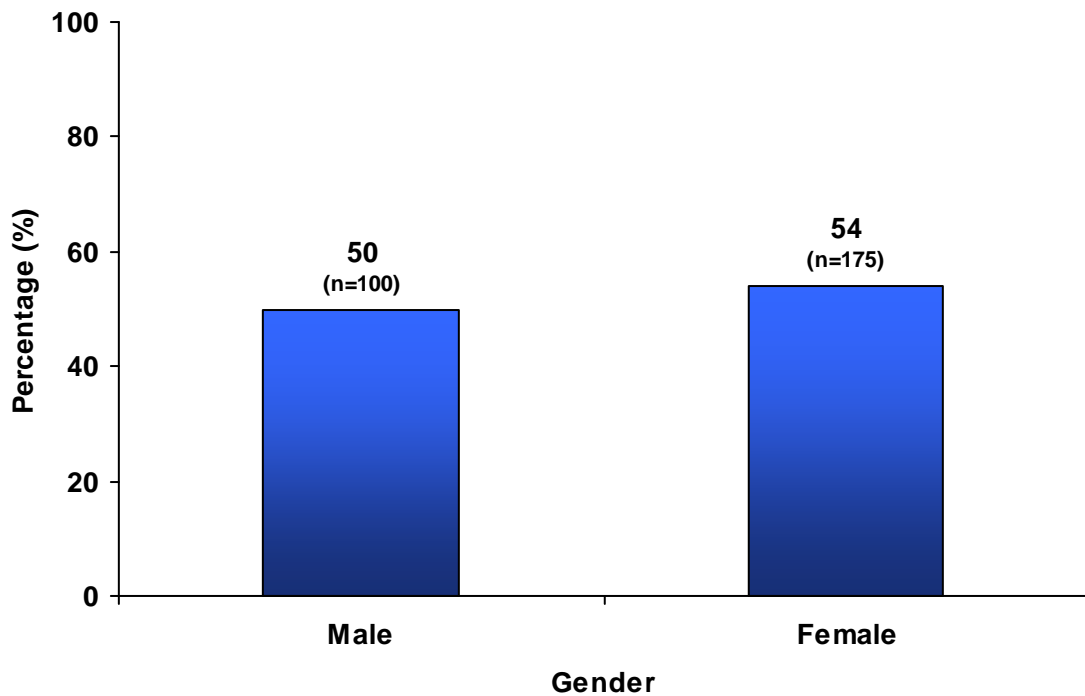
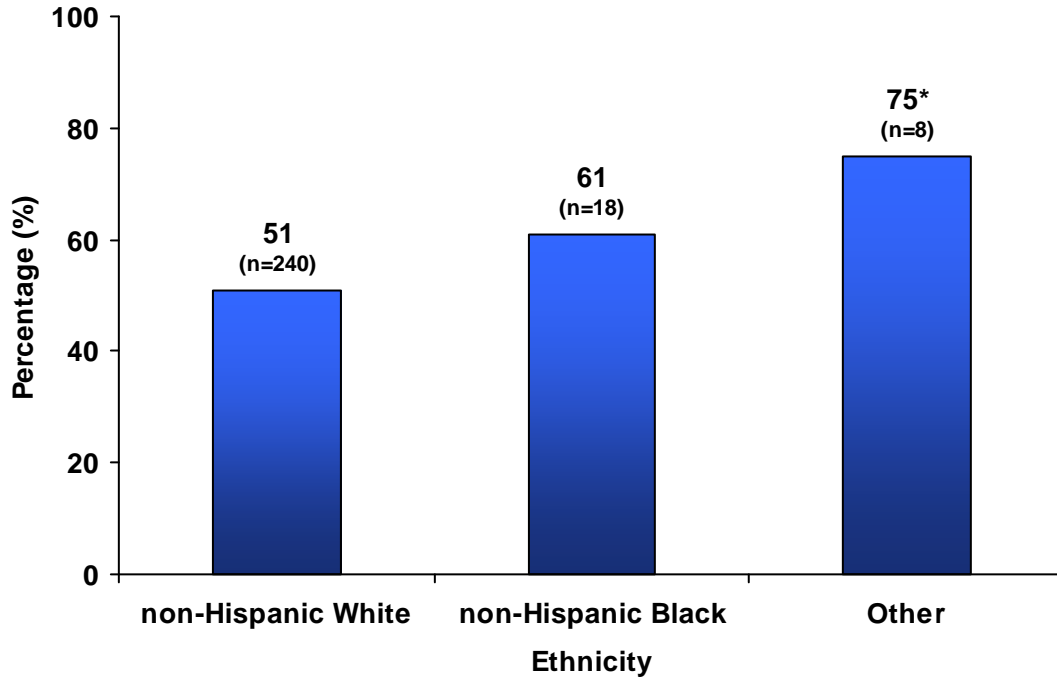


Figure 16: Percent of Baseline Smokers Who Reported Making a Quit Attempt According to Ethnicity.



*p<0.05 from Chi Square when compared with 'non-Hispanic White'

Figure 17: Percent of Baseline Smokers Who Reported Making a Quit Attempt According to Years of Education.

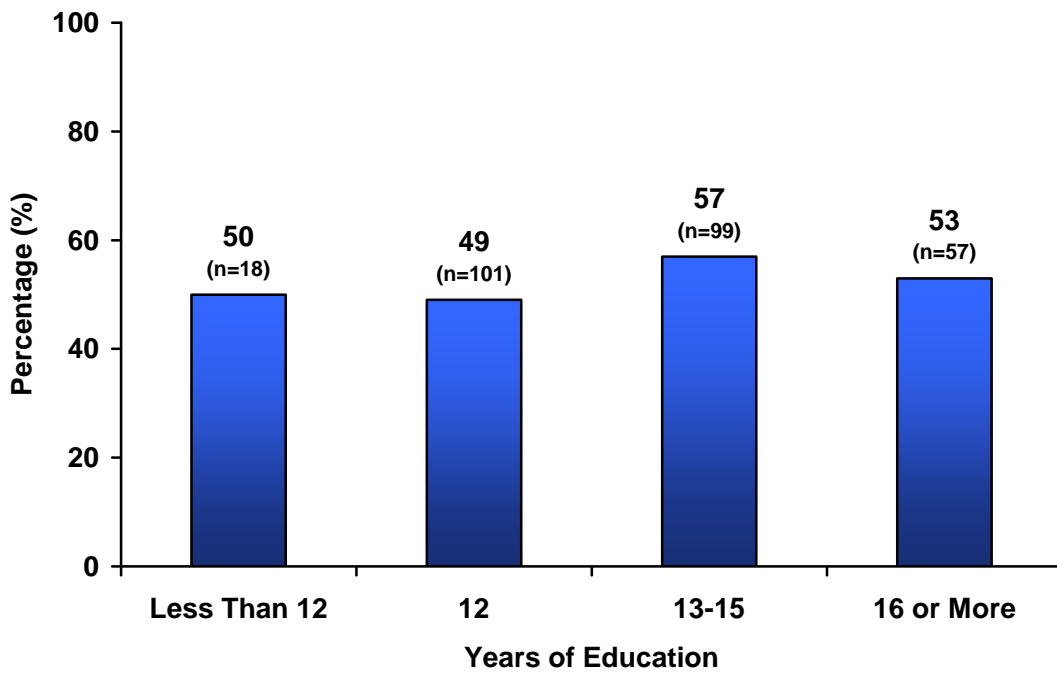


Figure 18: Desire to Quit Smoking Among Current Smokers.

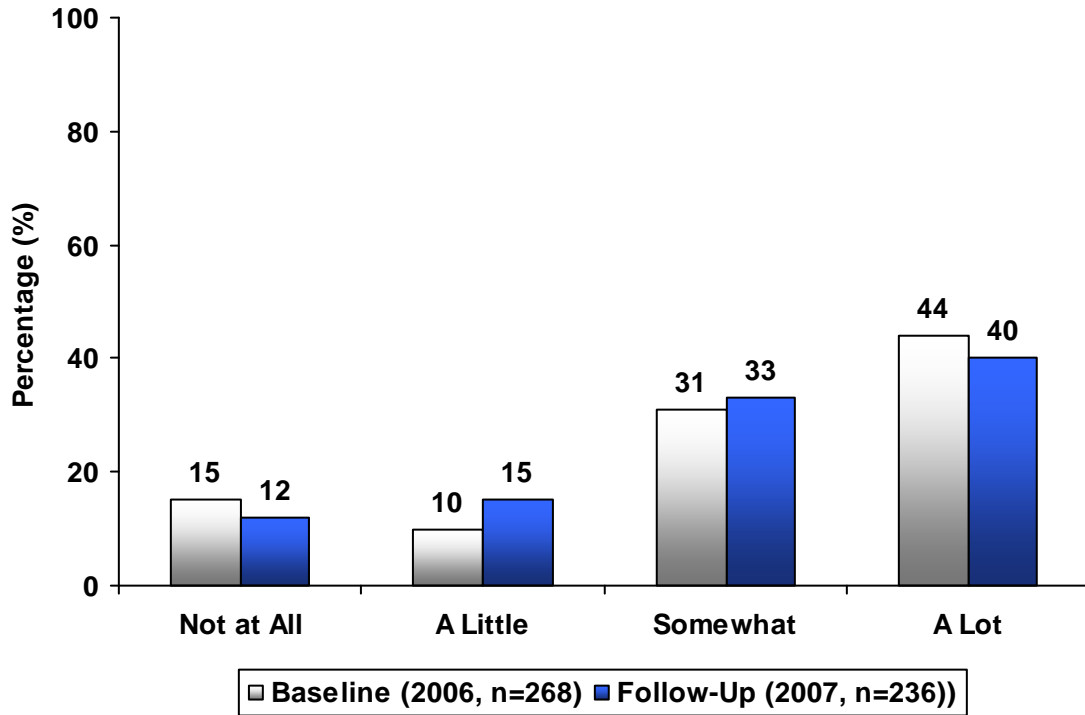


Figure 19: Self Efficacy About Quitting Among Current Smokers.

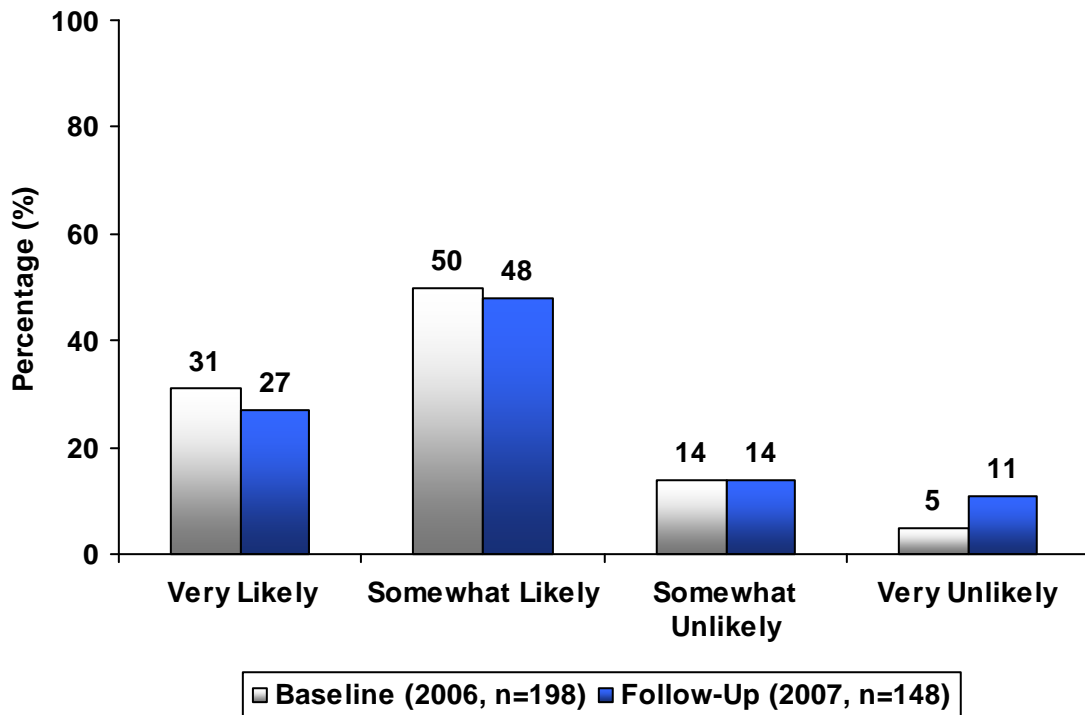
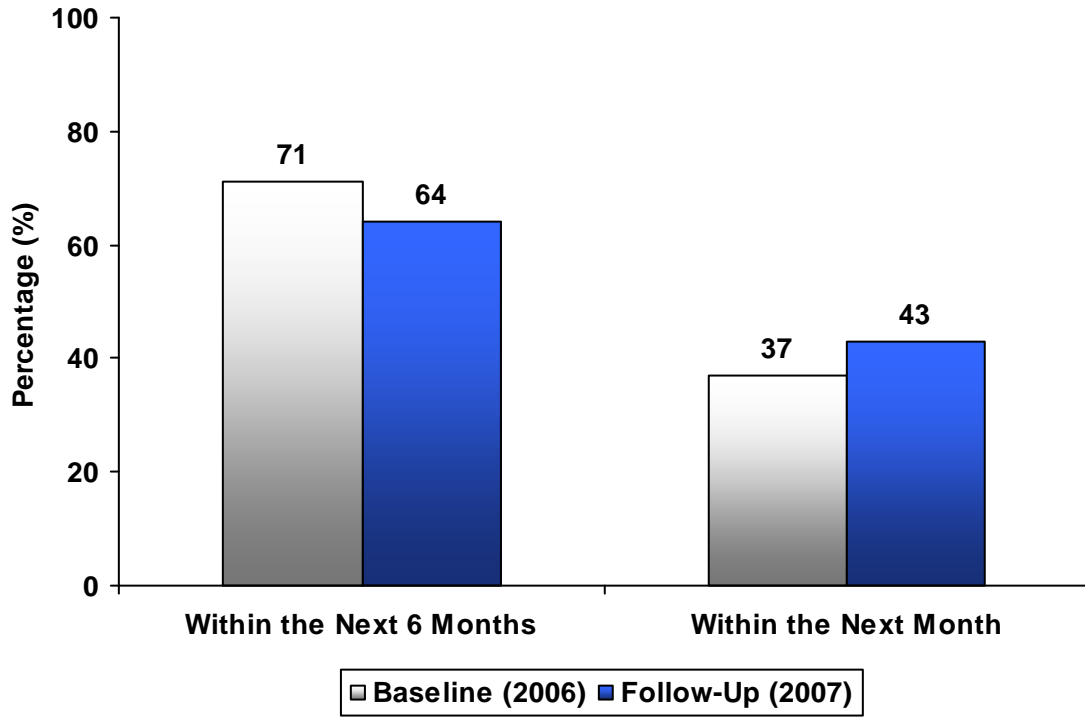


Figure 20: Intention to Quit Smoking Among Current Smokers.



2.4. Cessation Outcomes

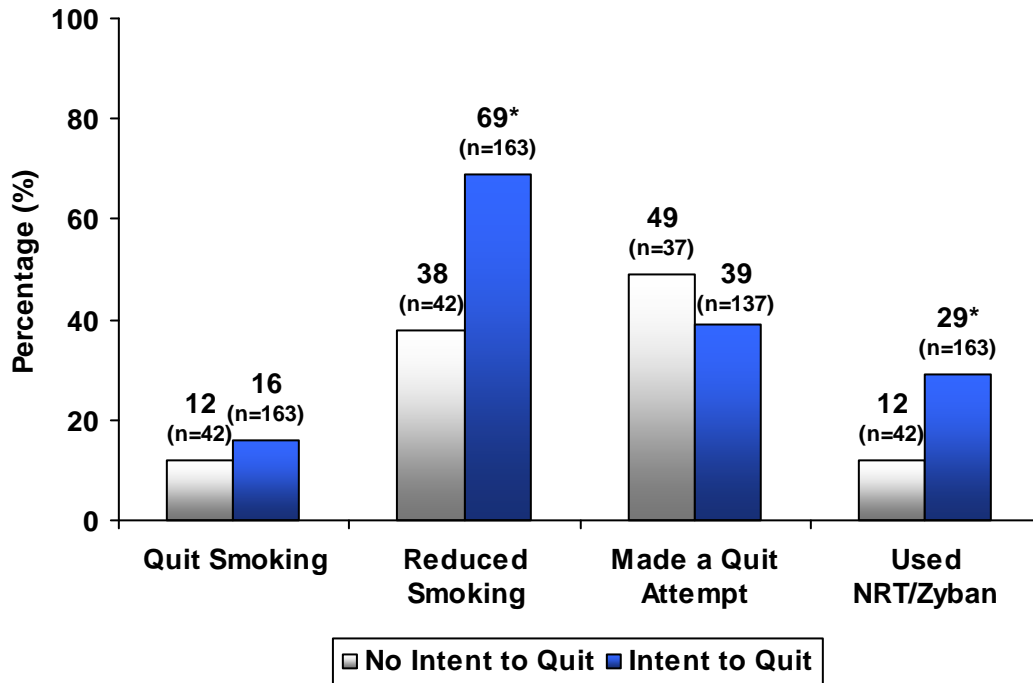
Figure 21 shows various follow-up outcomes in relation to intention to quit smoking within 6 months at baseline. Current Smokers with an intention to quit within 6 months at baseline were significantly more likely to reduce smoking (38% vs. 69%) and use Nicotine Replacement Therapy or Zyban (12% vs. 29%) when compared with those with no intention to quit.

Figure 22 shows the proportion of baseline smokers who subsequently quit smoking at follow-up. The overall quit rate among all four counties combined was 13%, with Erie, Niagara, Genesee and Orleans Counties having individual quit rates of 13%, 8%, 23% and 20%, respectively. When compared with quit rates observed in the 2006 WNY ATS Cohort, quit rates in the 2007 WNY ATS Cohort were higher for all counties except Niagara (9% vs. 8%). No statistically significant difference was observed when those who received a transfer to the Quitline at baseline were excluded (*Figure 23*). *Figures 24* through *27* show the proportion of baseline smokers who subsequently quit smoking at follow-up according to age, gender, ethnicity, and education. Baseline smokers between the ages of 25 and 44 (17%), females (15%), those with 'other' ethnicity (38%), and those with either 12 (14%) or 13 to 15 years of education (14%) had the highest quit rates at follow-up when compared with other demographic subgroups. Furthermore, individuals who reported their ethnicity as 'other' were significantly more likely to quit at follow-up when compared with those who reported their ethnicity as 'non-Hispanic White' ($p < 0.05$) (*Figure 26*).

Figure 28 shows the proportion of baseline smokers who subsequently reduced smoking, but did not quit smoking, at follow-up. The overall reduction rate among no-quitters in all four counties combined was 41%, with Erie, Niagara, Genesee and Orleans Counties having individual reduction rates of 41%, 43%, 20% and 58%, respectively. When compared with reduction rates observed in the 2006 WNY ATS Cohort, rates in the 2007 WNY ATS Cohort were higher for all counties except Niagara (47% vs. 43%). Moreover a statistically significant difference was observed between the reduction rate in Orleans County between the 2006 (20%) and 2007 (58%) surveys. No statistically significant difference being observed when those who received a transfer to the Quitline at baseline were excluded (*Figure 29*). *Figures 30* through *33* show the proportion of baseline smokers who subsequently reduced smoking at follow-up according to age, gender, ethnicity, and education. Baseline smokers between the ages of 18 and 24 (50%), males (44%), those with 'other' ethnicity (60%), and those with 13 to 15 years of education (46%) had the highest reductions rates at follow-up when compared with other demographic subgroups.

Figure 34 shows the proportion of baseline former smokers who subsequently relapsed at follow-up. Among the 11 former smokers in all four counties combined, 2 (18%) relapsed at follow-up.

Figure 21: Smoking Cessation Outcomes According to Intention to Quit Within 6 Months at Baseline.



*p<0.05 from Chi Square when compared with 'No Intent to Quit'

Figure 22: Percent of Baseline Smokers Who Quit Smoking at Follow-Up According to New York State County.

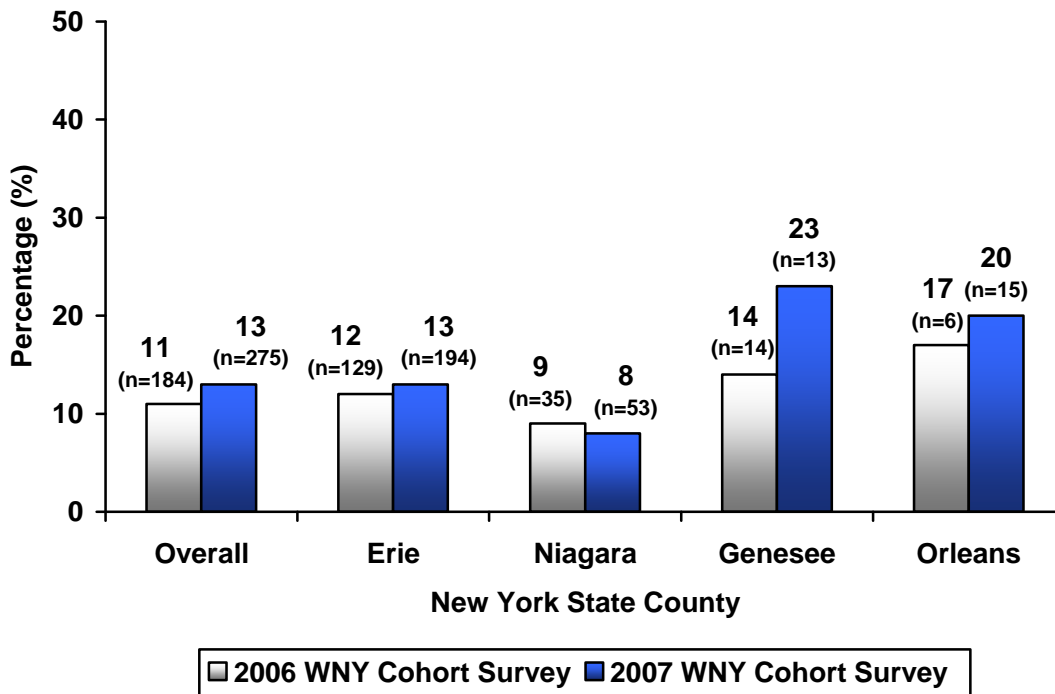
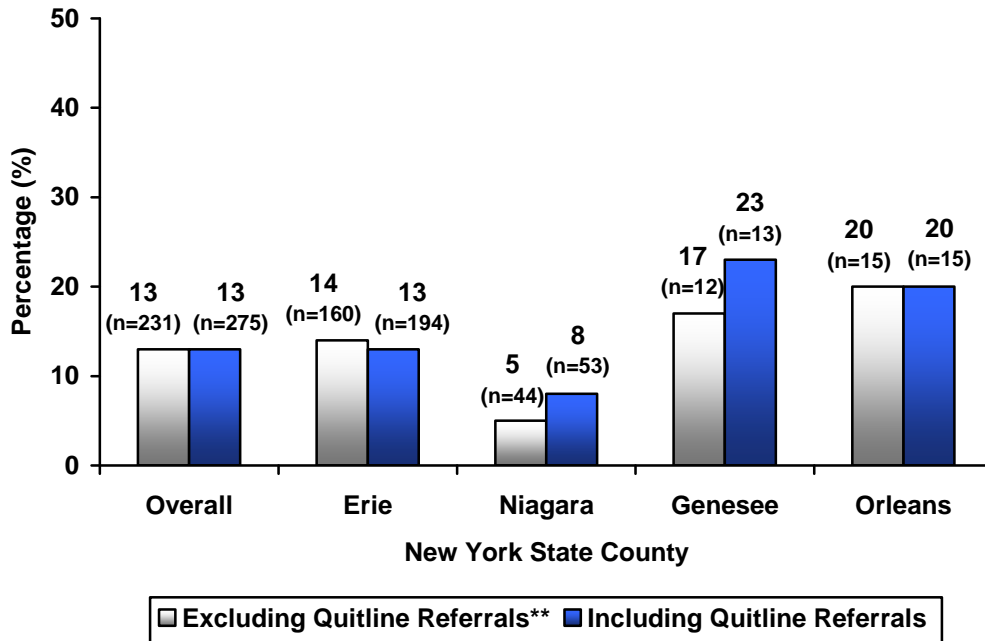


Figure 23: Percent of Baseline Smokers, Excluding Those Provided With Quitline Referral, Who Quit Smoking at Follow-Up According to New York State County.



**Figures Exclude 44 current smokers from 2006 cohort survey who were provided with a warm transfer to the New York State Smokers' Quitline or were offered the Quitline number at baseline.

Figure 24: Percent of Baseline Smokers Who Quit Smoking at Follow-Up According to Age.

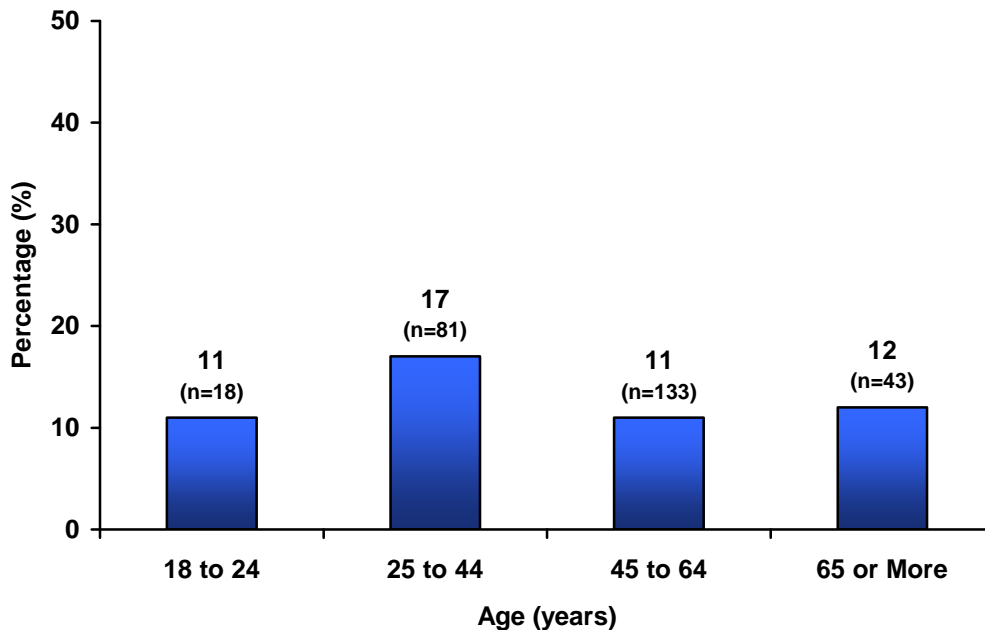


Figure 25: Percent of Baseline Smokers Who Quit Smoking at Follow-Up According to Gender.

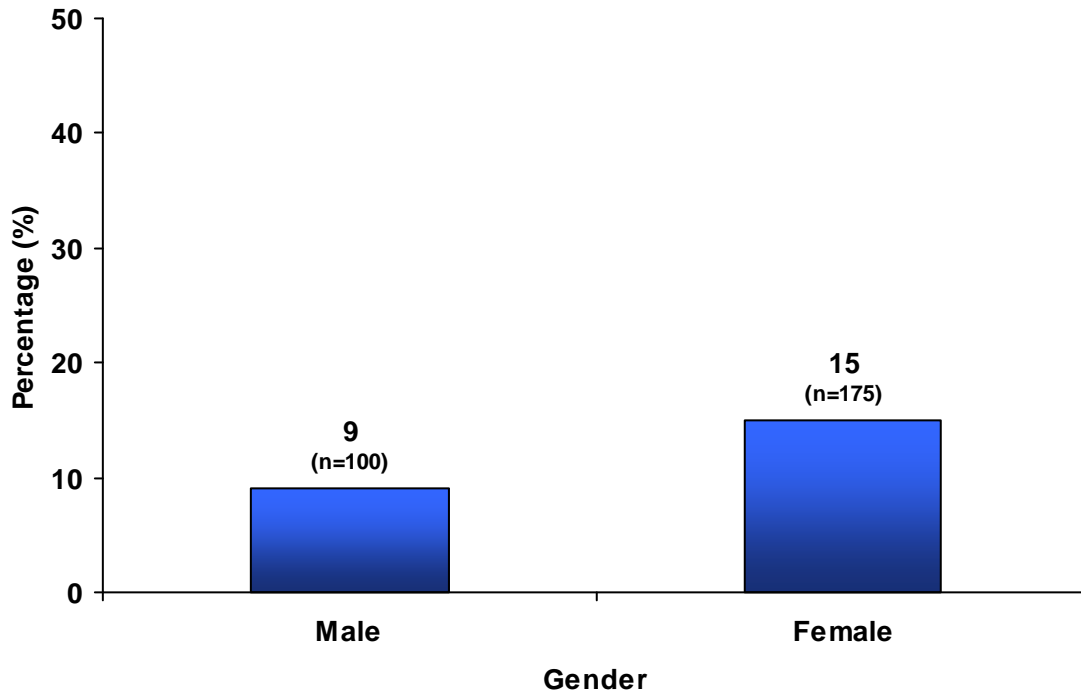
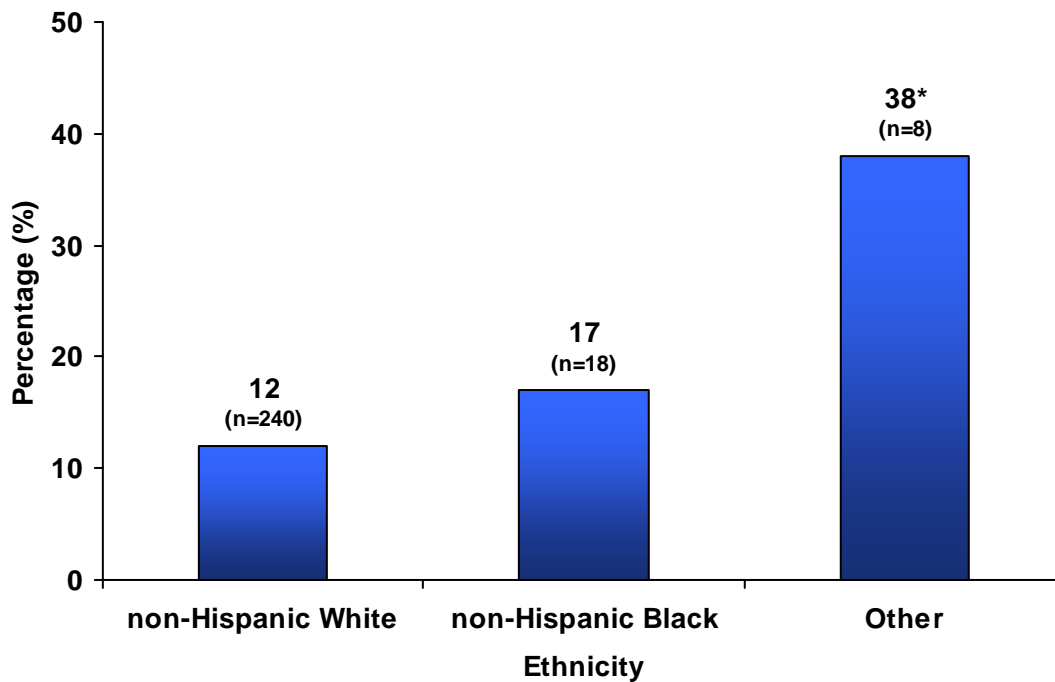


Figure 26: Percent of Baseline Smokers Who Quit Smoking at Follow-Up According to Ethnicity.



*p<0.05 from Chi Square when compared with 'non-Hispanic White'

Figure 27: Percent of Baseline Smokers Who Quit Smoking at Follow-Up According to Years of Education.

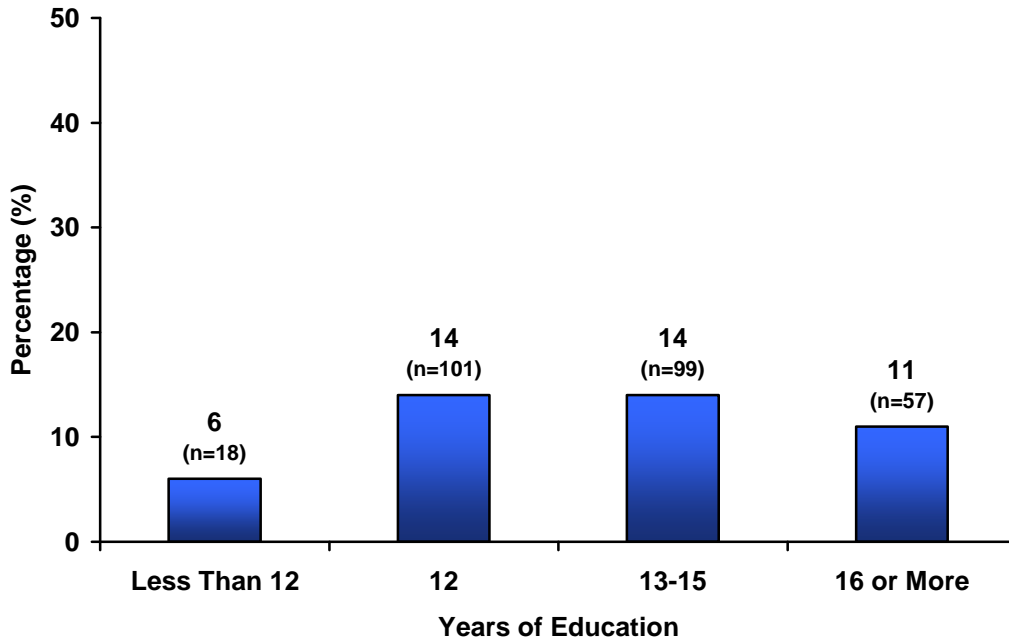
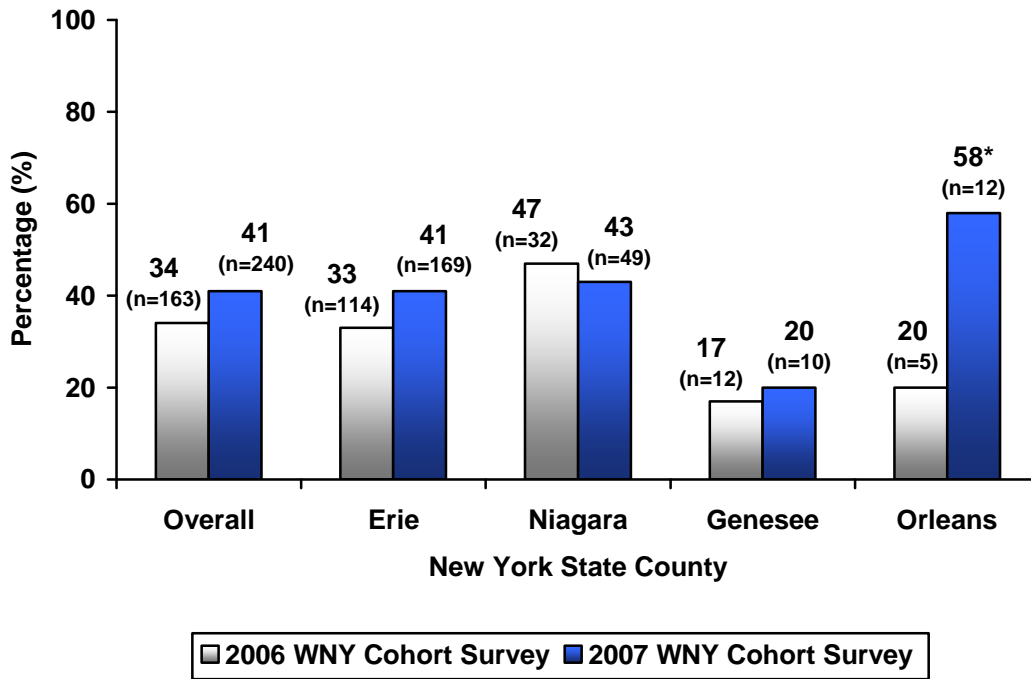
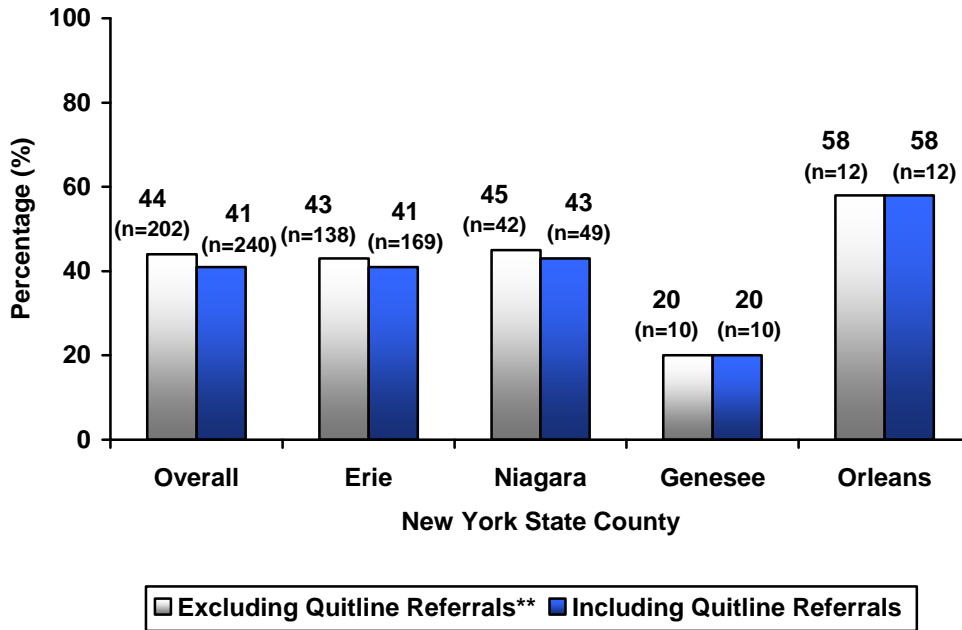


Figure 28: Percent of Continuing Smokers who Reduced Smoking at Follow-Up According to New York State County.



*p<0.05 from Chi Square when compared with '2006 WNY Cohort Survey'

Figure 29: Percent of Baseline Smokers, Excluding Those Provided With Quitline Referral, Who Reduced Smoking at Follow-Up According to New York State County.



**Figures Exclude 38 current smokers from 2006 cohort survey who were provided with a warm transfer to the New York State Smokers' Quitline or were offered the Quitline number at baseline.

Figure 30: Percent of Continuing Smokers Who Reduced Smoking at Follow-Up According to Age.

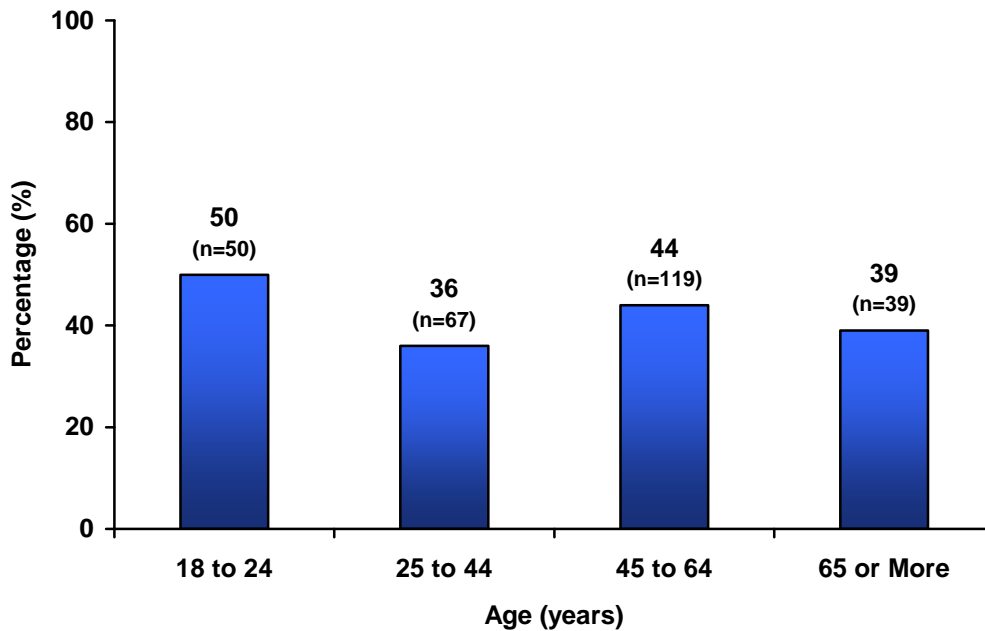


Figure 31: Percent of Continuing Smokers Who Reduced Smoking at Follow-Up According to Gender.

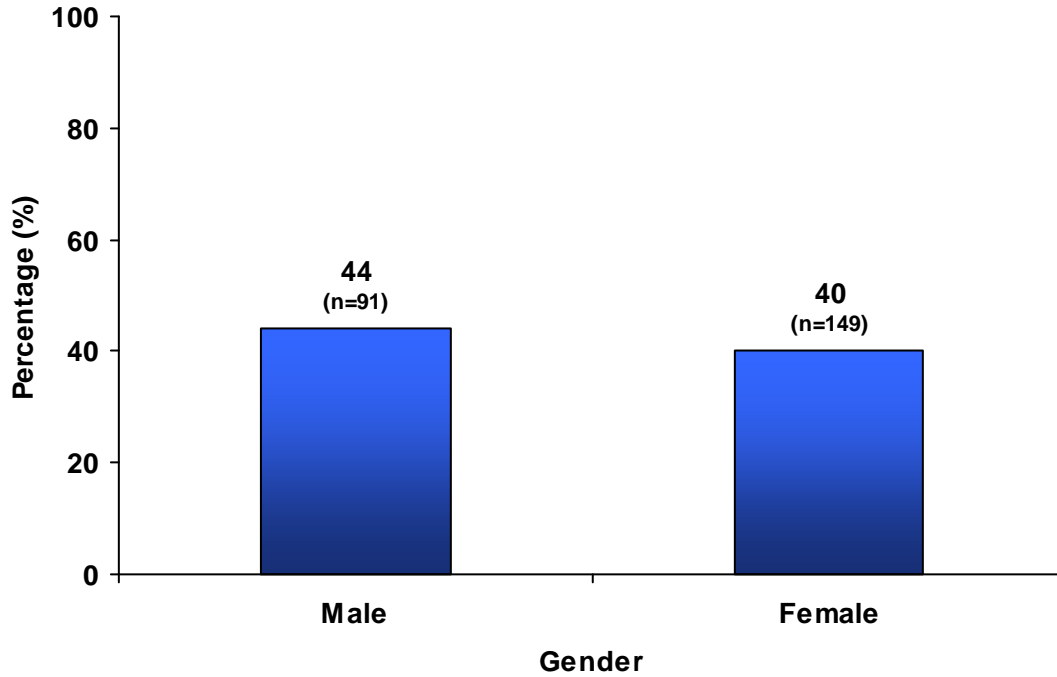


Figure 32: Percent of Continuing Smokers Who Reduced Smoking at Follow-Up According to Ethnicity.

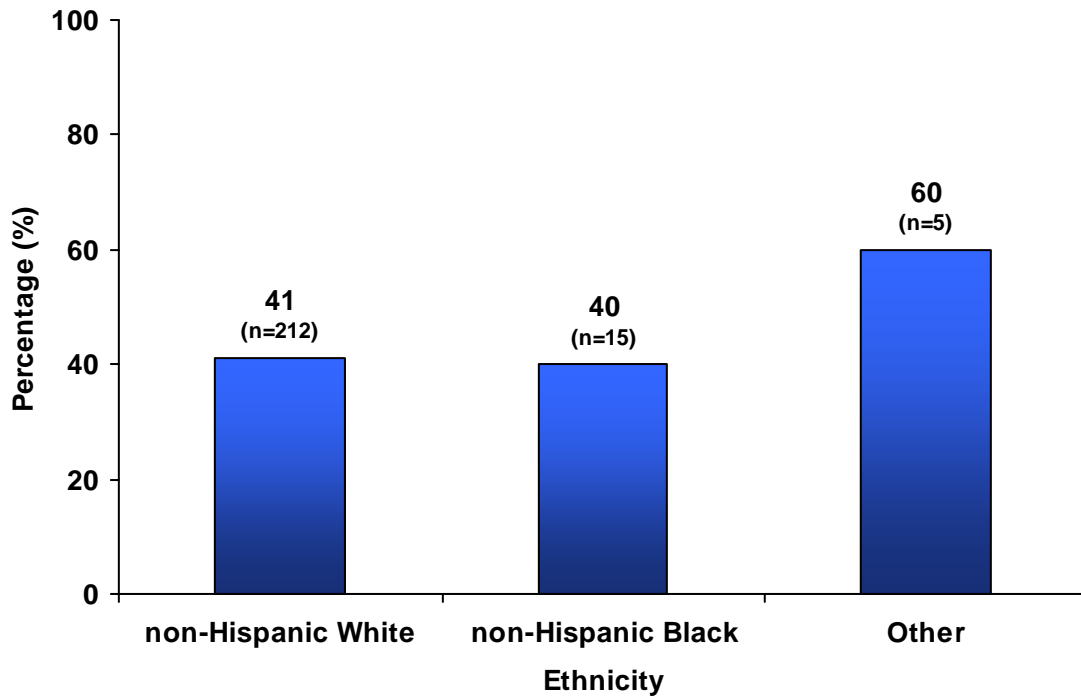


Figure 33: Percent of Continuing Smokers Who Reduced Smoking at Follow-Up According to Years of Education.

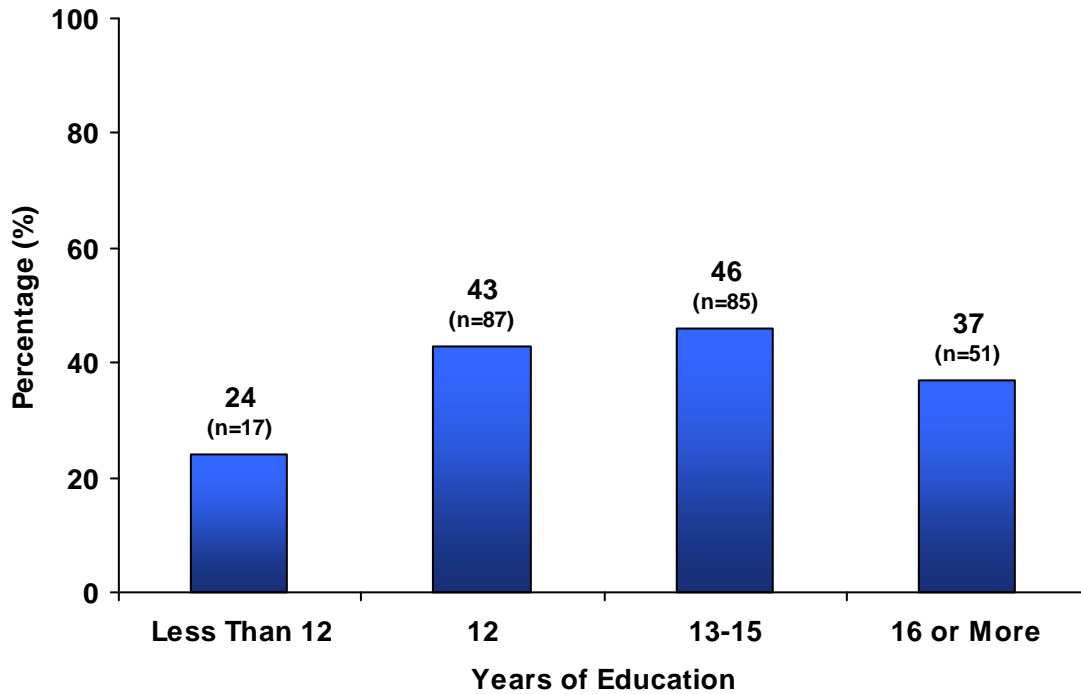
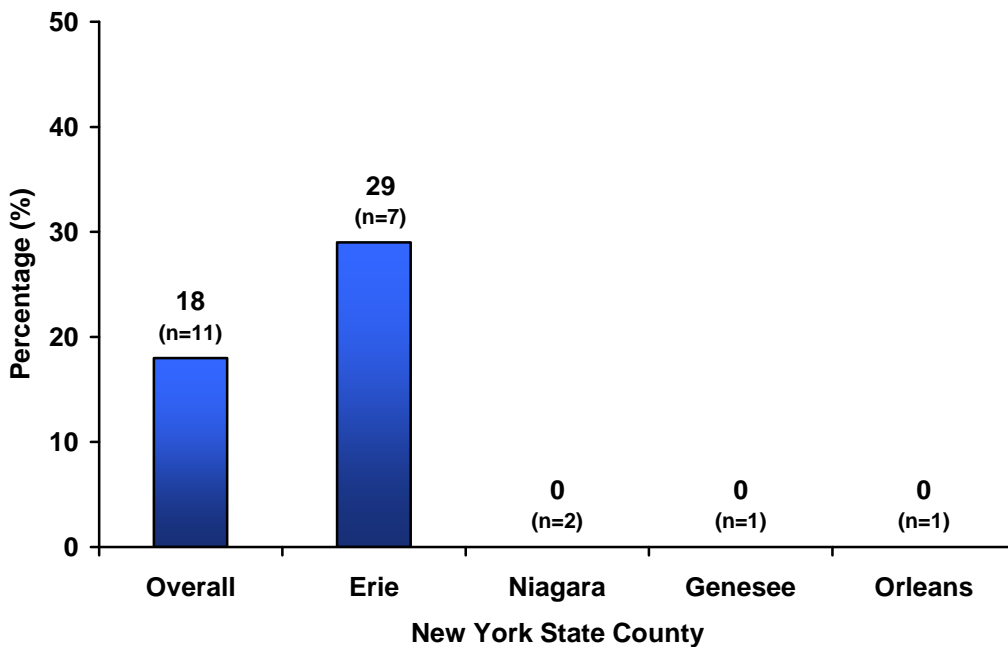


Figure 34: Percent of Baseline Former Smokers Who Relapsed at Follow-Up According to New York State County.



2.5. Reasons and Methods Used to Quit

Among current smokers who made quit attempts in the past year, the most common reasons for quitting at both baseline and follow-up were 'concern for future health' (91%, 92%), 'concern for present health' (90%, 88%), and 'encouragement from family and friends' (69%, 69%) (*Figure 35*).

Figures 36 and 37 present the methods used in the last quit attempt among current smokers who made a quit attempt in the last year. Support from family and friends was the most commonly used method of support for quitting at both baseline (43%) and follow-up (51%) (*Figure 36*). However, a statistically significant increase was observed in the proportion of current smokers who used a telephone quitline at baseline (7%) and follow-up (18%) ($p < 0.05$). Among those who made a quit attempt within the last year, the most common method used to quit at both baseline (60%) and follow-up (51%) was giving up smoking all at once (*Figure 37*). A statistically significant increase in the proportion of smokers using pharmacotherapy among those who made a quit attempt was observed between baseline and follow-up ($p < 0.05$). This difference was largely driven by the statistically significant increase in the proportion of current smokers who used the nicotine patch in a quit attempt within the last year (*Figure 38*).

Figure 39 shows the proportion of all baseline smokers who subsequently reported using pharmacotherapy in a quit attempt within the last year. The overall usage rate among all four counties combined was 21%, with Erie, Niagara, Genesee and Orleans Counties having individual rates of 23%, 17%, 31% and 0%, respectively. When compared with usage rates observed in the 2006 WNY ATS Cohort, rates in the 2007 WNY ATS Cohort were the same or higher for all counties, with a statistically significant increase being observed in Genesee County. No statistically significant difference being observed when those who received a transfer to the Quitline at baseline were excluded (*Figure 40*). *Figures 41 through 44* show the proportion of baseline smokers who subsequently quit smoking at follow-up according to age, gender, ethnicity, and education. Baseline smokers between the ages of 25 and 44 (26%), males (24%), those with 'other' ethnicity (38%), and those with less than 12 years of education (28%) had the highest pharmacotherapy usage rates at follow-up when compared with other demographic subgroups.

Figure 35: Reasons for Quitting Smoking Among Individuals Who Made a Quit Attempt Within the Past Year.

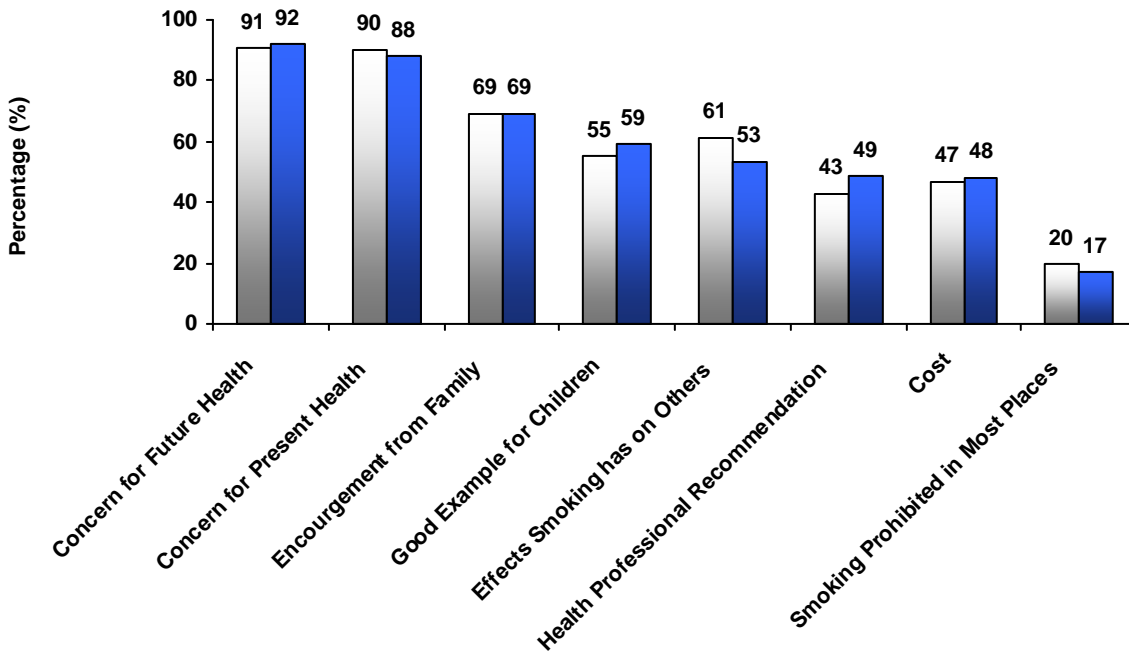
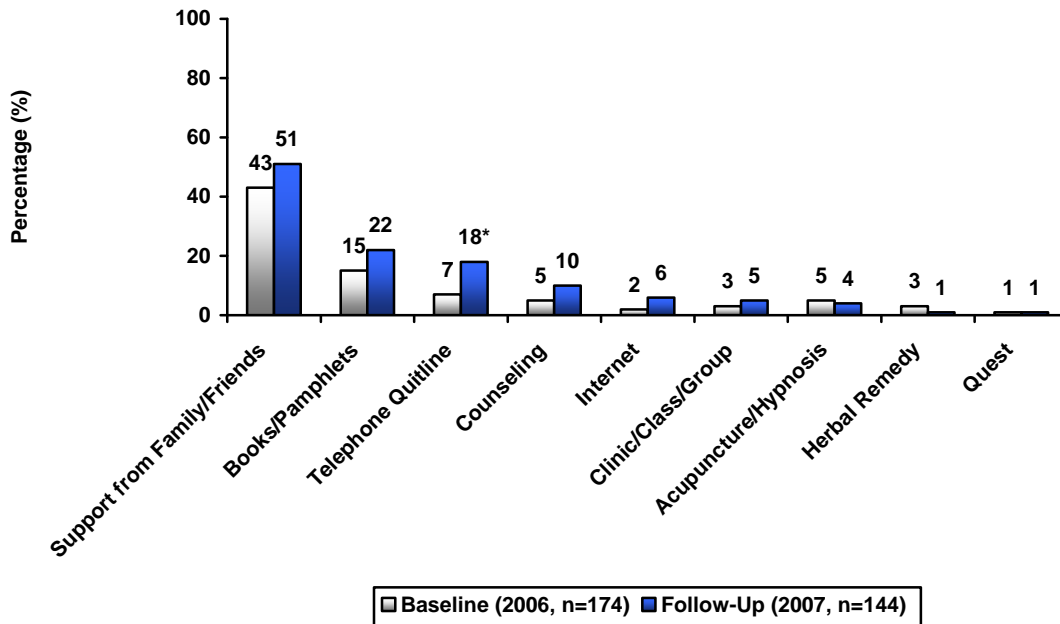


Figure 36: Support System Used in the Last Quit Attempt Among Smokers who Made a Serious Quit Attempt Within the Past Year.



*p<0.05 from Chi Square when compared with 'Baseline'

Figure 37: Methods Used in the Last Quit Attempt Among Individuals who Made a Serious Quit Attempt Within the Past Year.

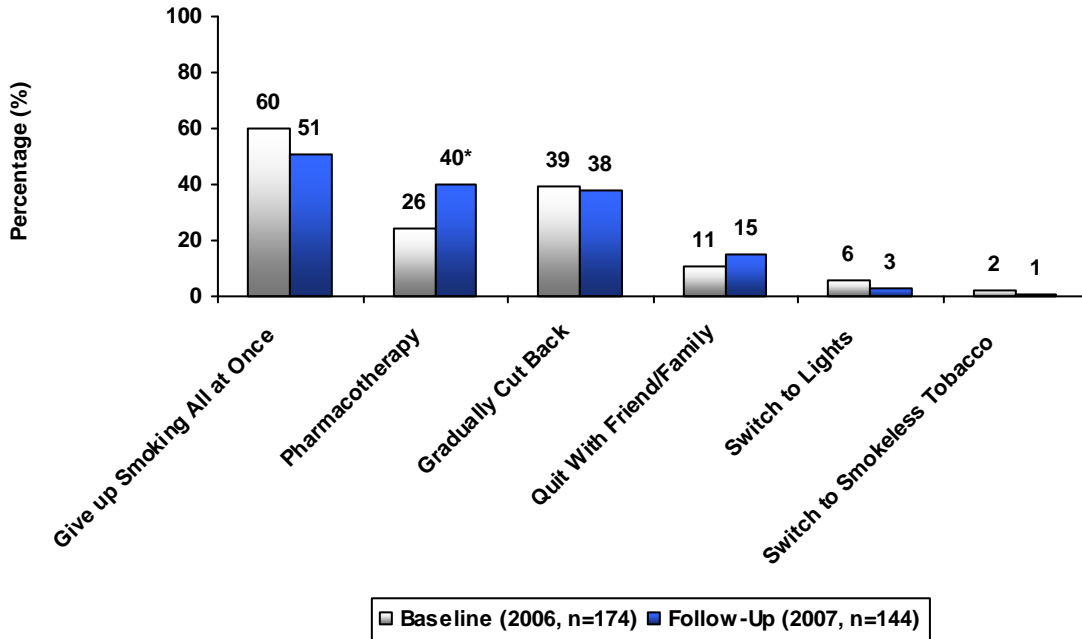
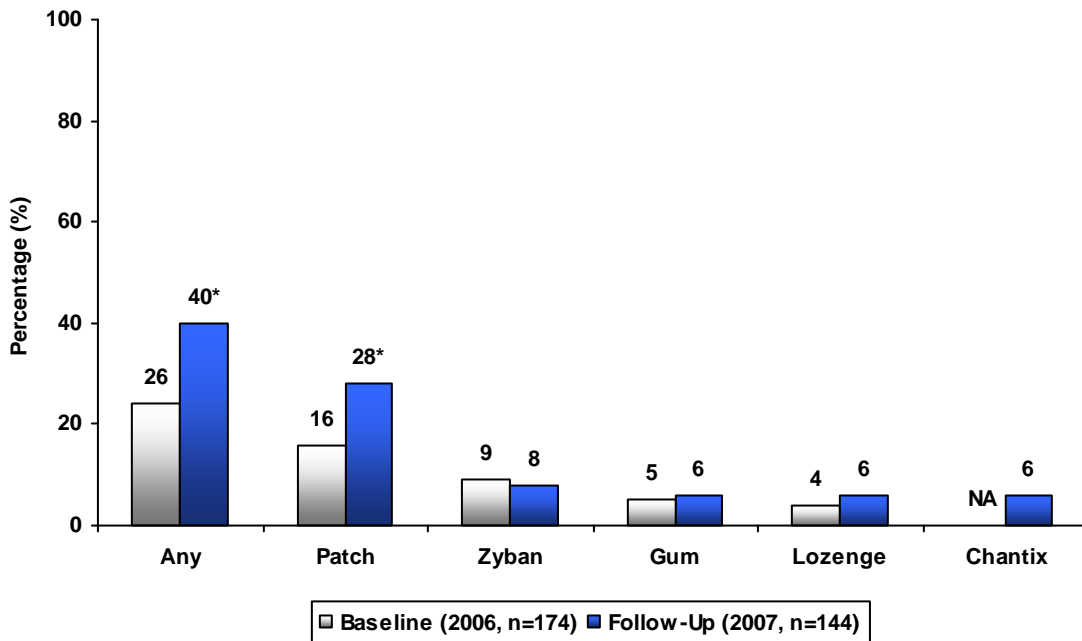
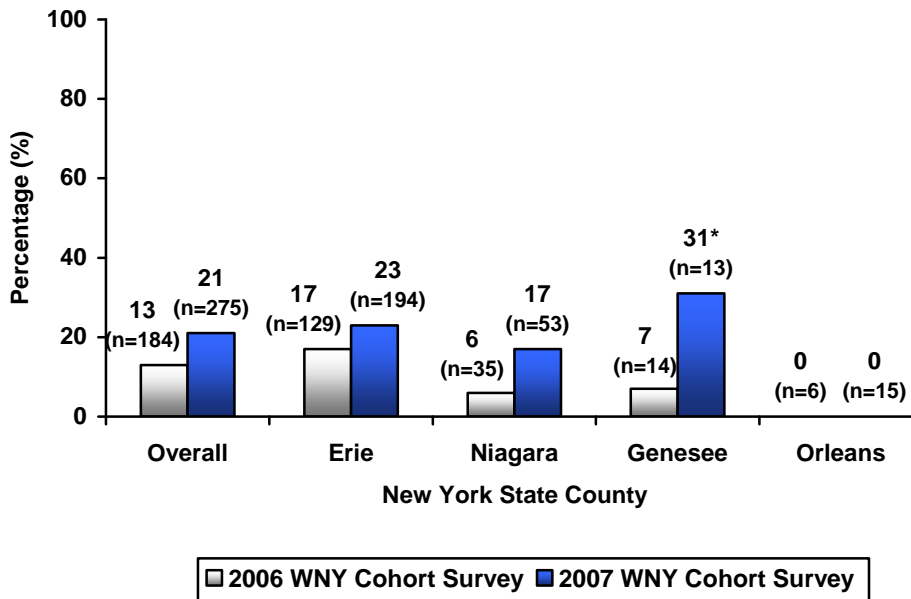


Figure 38: Pharmacotherapy Used in the Last Quit Attempt Among Individuals who Made a Serious Quit Attempt Within the Past Year.



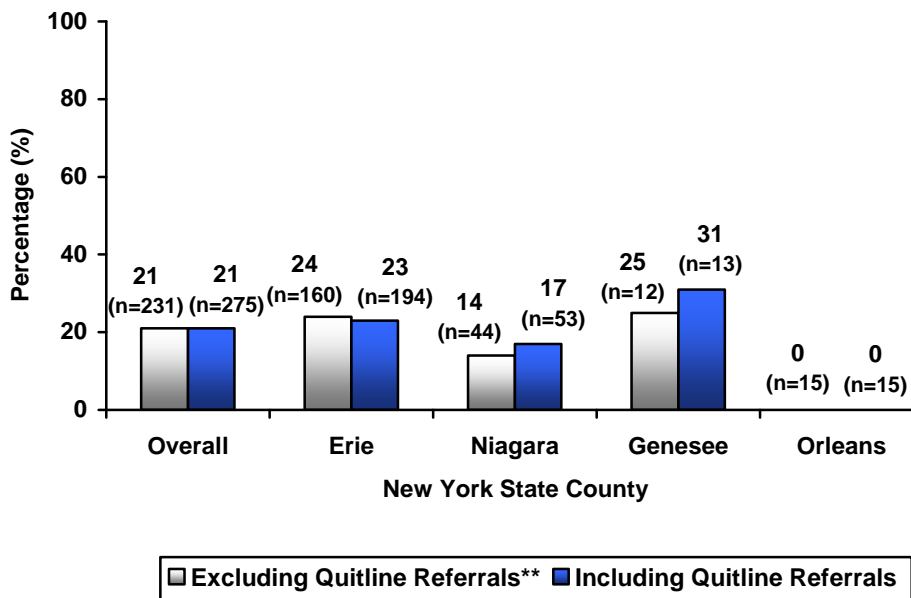
*p<0.05 from Chi Square when compared with 'Baseline'

Figure 39: Percent of Baseline Smokers Who Reported Using Nicotine Replacement Therapy or Zyban in a Serious Quit Attempt During the Past 12 Months.



*p<0.05 from Chi Square when compared with '2006 WNY Cohort Survey'

Figure 40: Percent of Baseline Smokers, Excluding Those Provided With Quitline Referral, Who Reported Using Nicotine Replacement Therapy or Zyban in a Serious Quit Attempt During the Past 12 Months According to New York State County.



**Figures Exclude 44 current smokers from 2006 cohort survey who were provided with a warm transfer to the New York State Smokers' Quitline or were offered the Quitline number at baseline.

Figure 41: Percent of Baseline Smokers Who Reported Using Nicotine Replacement Therapy or Zyban in a Serious Quit Attempt During the Past 12 Months According to Age.

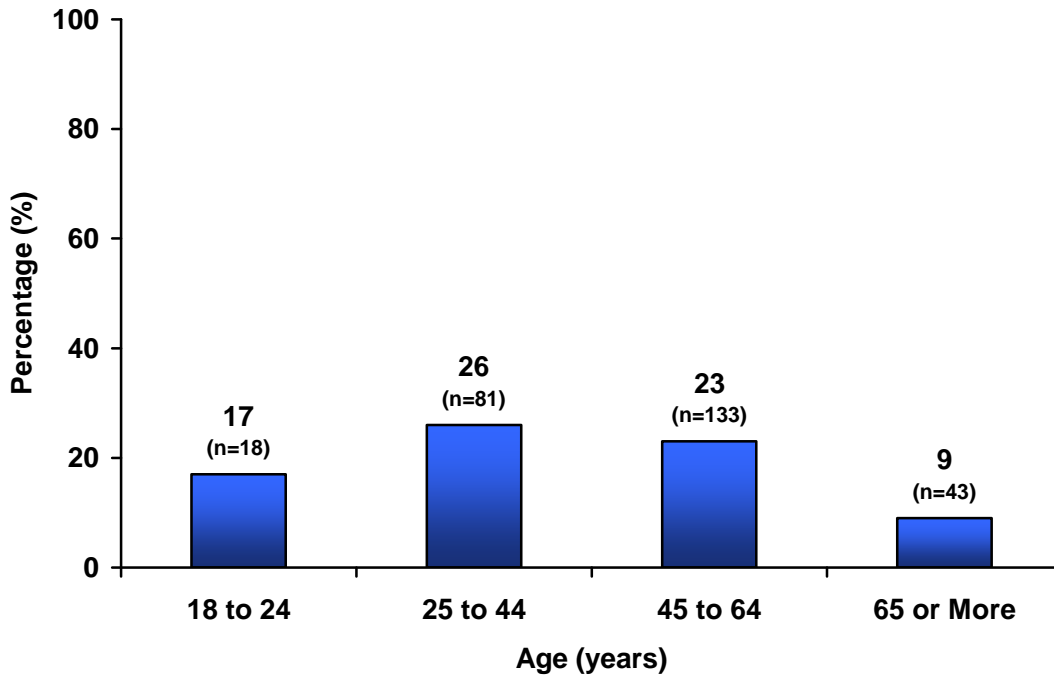


Figure 42: Percent of Baseline Smokers Who Reported Using Nicotine Replacement Therapy or Zyban in a Serious Quit Attempt During the Past 12 Months According to Gender.

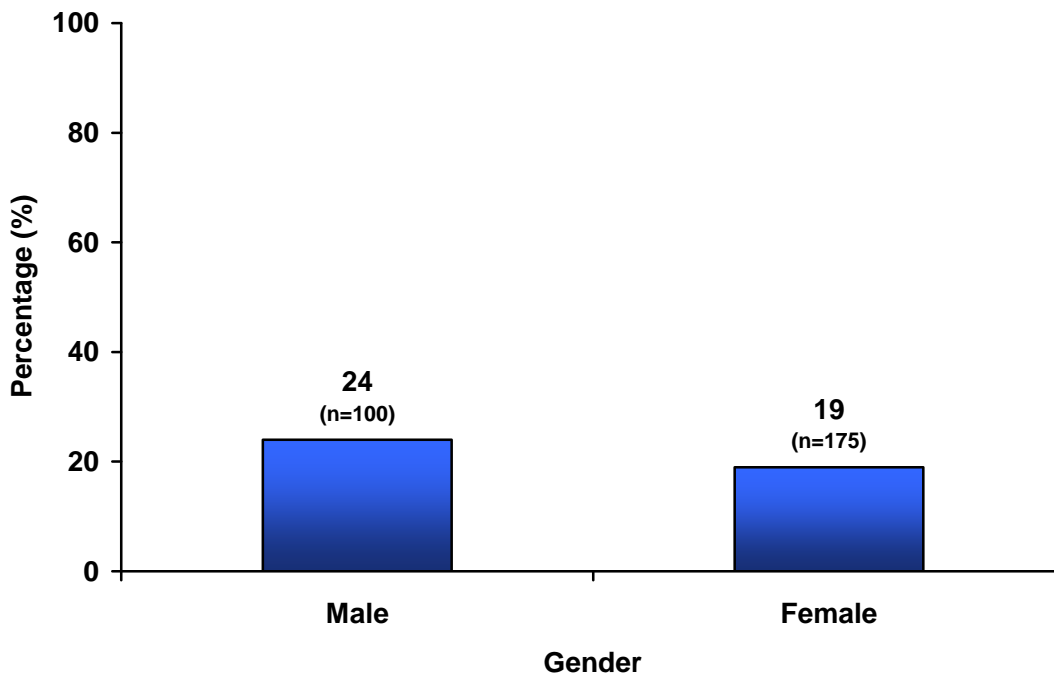


Figure 43: Percent of Baseline Smokers Who Reported Using Nicotine Replacement Therapy or Zyban in a Serious Quit Attempt During the Past 12 Months According to Ethnicity.

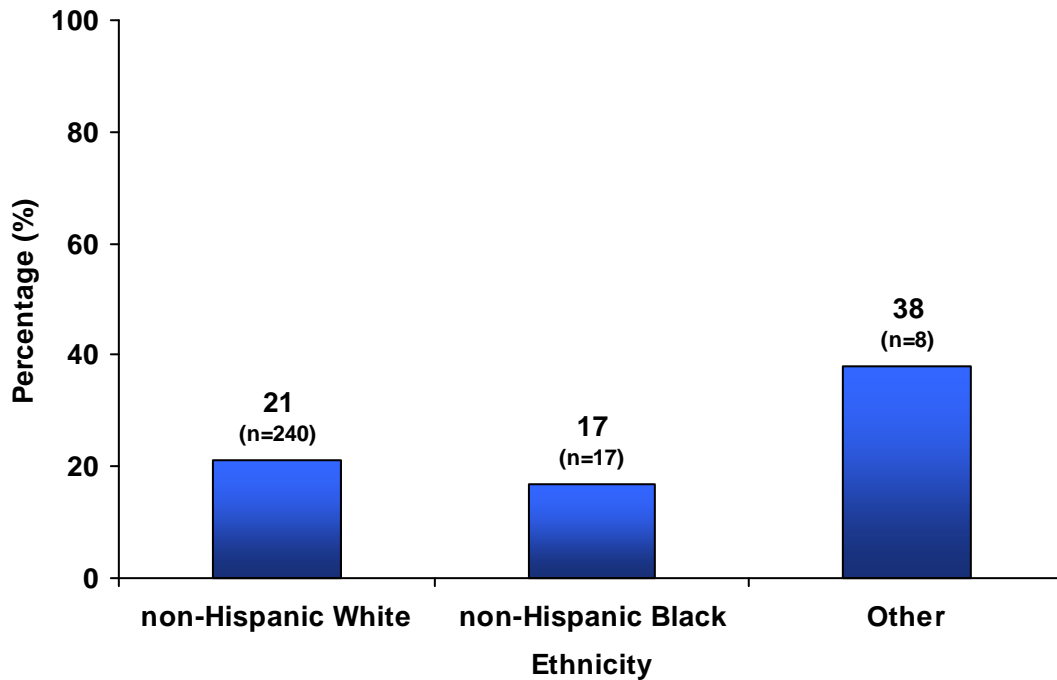
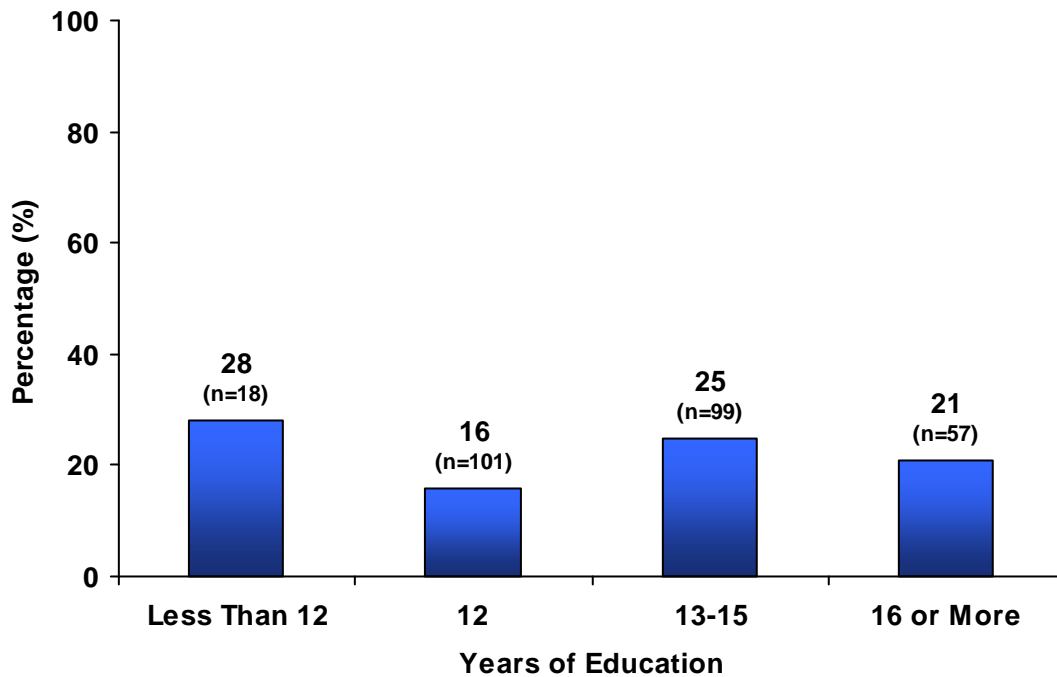


Figure 44: Percent of Baseline Smokers Who Reported Using Nicotine Replacement Therapy or Zyban in a Serious Quit Attempt During the Past 12 Months According to Years of Education.

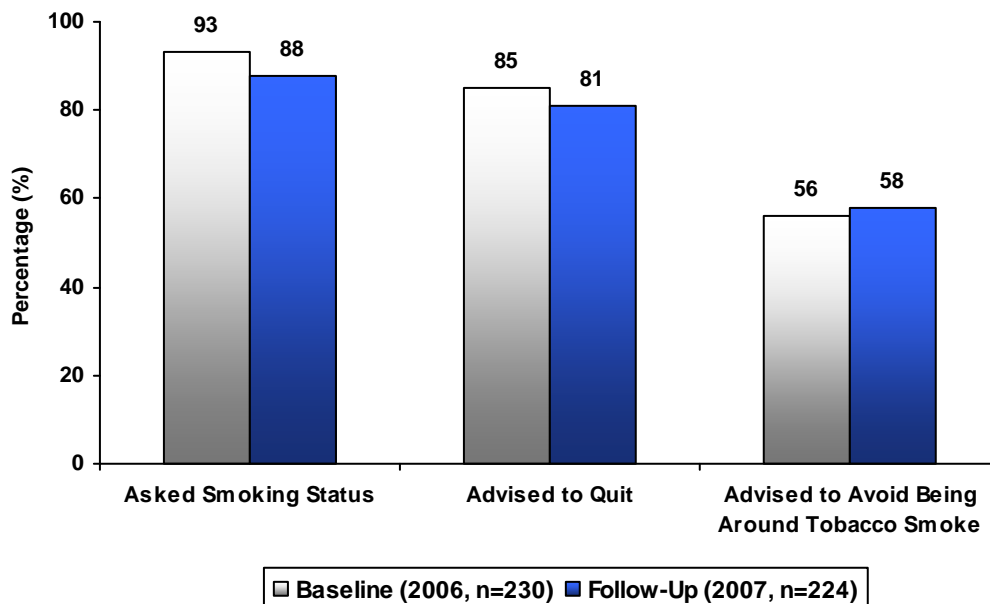


2.6. Physician/Dentist Cessation Counseling

Among current smokers who reported visiting a health professional within the past 12 months, a high proportion of smokers reported being asked about smoking status (93% and 88%) and advised to quit smoking (85% and 81%) at both baseline and follow-up. Moreover, a higher proportion of current smokers reported being advised to avoid being around tobacco smoke at follow-up (58%) than at baseline (56%) (Figure 45). No Statistically significant difference was observed in quit rates, reduction rates, quit attempt rates, or pharmacotherapy usage rates when comparing those who did and did not report being asked by a physician about smoking status (Figure 46) or being advised to quit smoking (Figure 47). Among those who were advised to quit, the most common method of further assistance provided by physicians was prescription of pharmacotherapy with a statistically significant increase being observed between baseline (33%) and follow-up (49%) ($p < 0.05$) (Figure 48).

In comparison, baseline smokers who reported being asked by a dentist about smoke status (Figure 49) and advised to quit smoking at baseline (Figure 50) were significantly more likely to reduce the quantity of cigarettes they smoked at follow-up ($p < 0.05$).

Figure 45: Percent of Current Smokers who Received Advice About Smoking from a Health Professional Among Those Who Visited a Health Professional Within the Past Year.



NB: Females were significantly more likely to be asked about smoking status. Those who smoked more cigarettes per day were significantly more likely to be advised to quit smoking.

Figure 46: Smoking Cessation Outcomes According to Being Asked by a Physician About Smoking Status at Baseline.

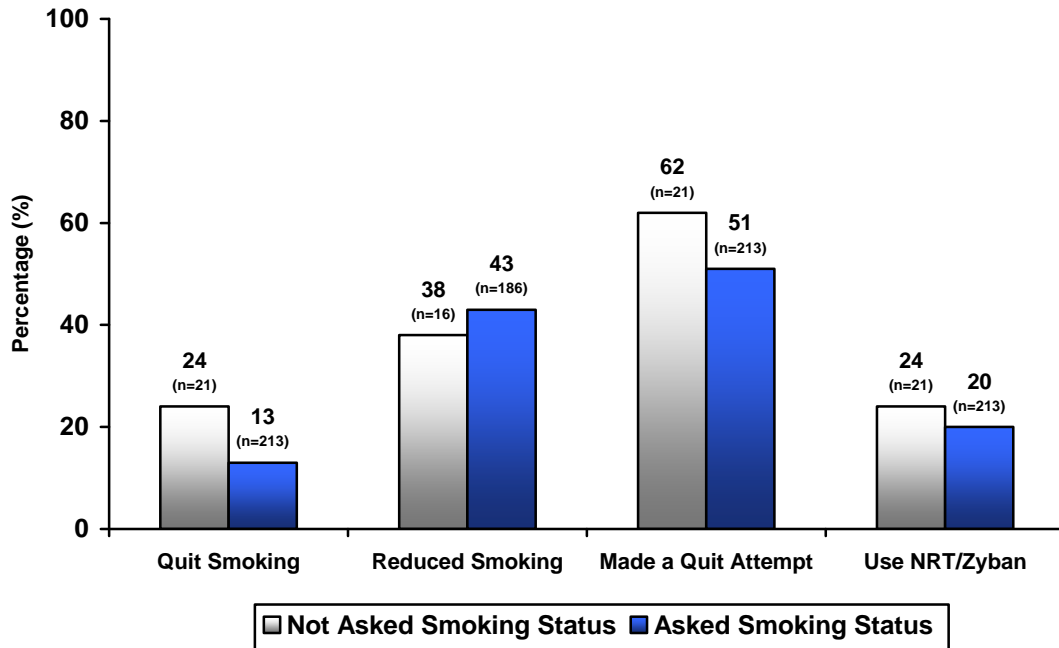


Figure 47: Smoking Cessation Outcomes According to Being Advised by a Physician to Quit Smoking at Baseline.

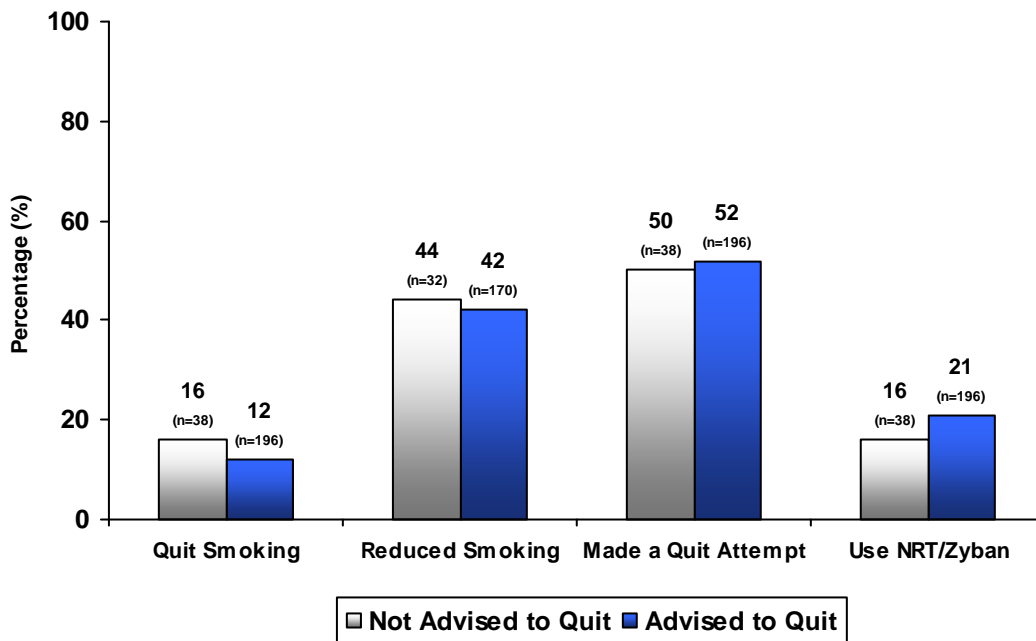
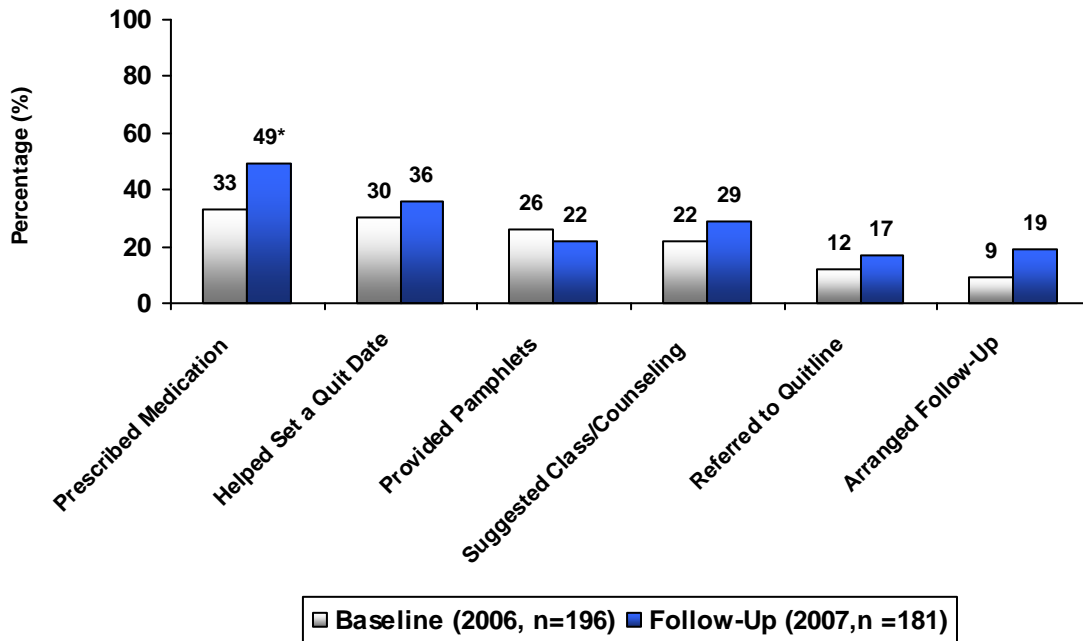
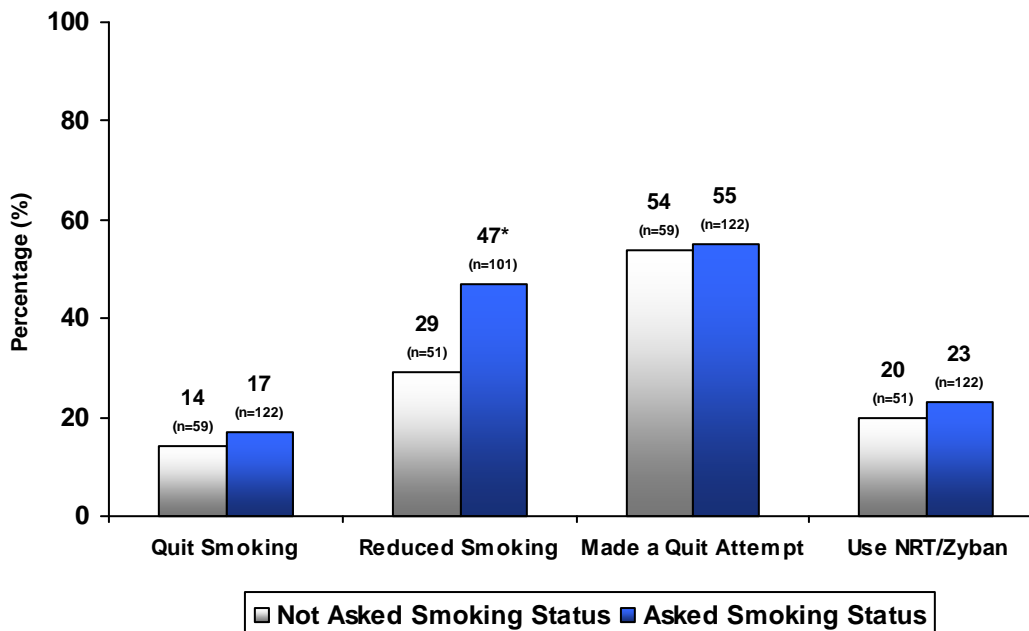


Figure 48: Further Assistance Provided by Physicians Among Smokers Who Visited a Physician and Were Advised to Quit Smoking Within the Past Year.



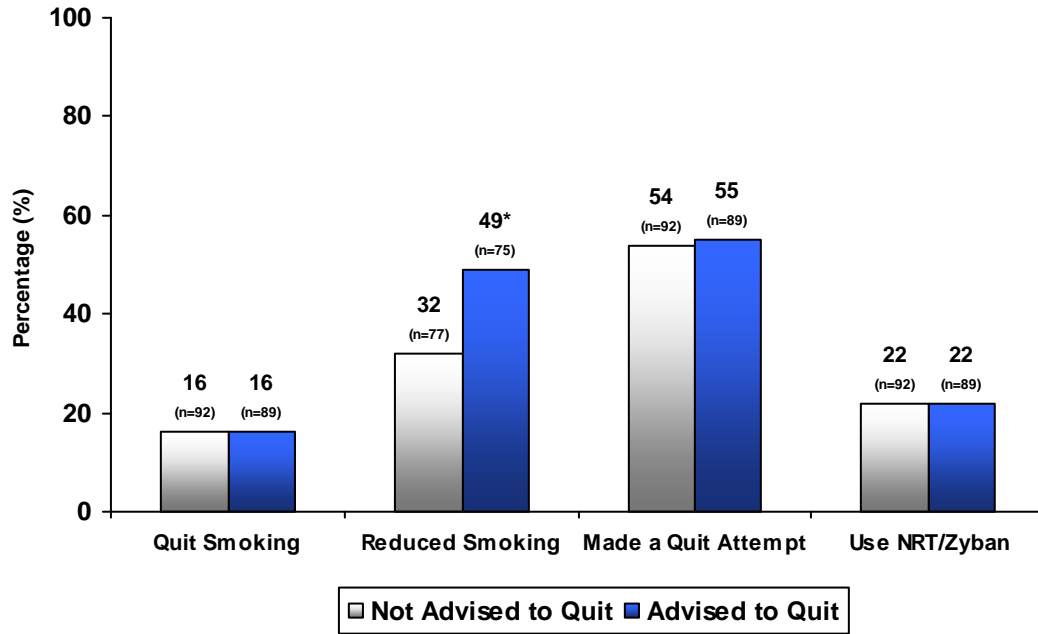
*p<0.05 from Chi Square when compared with 'Baseline'

Figure 49: Smoking Cessation Outcomes According to Being Asked by a Dentist About Smoking Status at Baseline.



*p<0.05 from Chi Square when compared with 'Not Asked Smoking Status'

Figure 50: Smoking Cessation Outcomes According to Being Advised by a Dentist to Quit Smoking at Baseline.



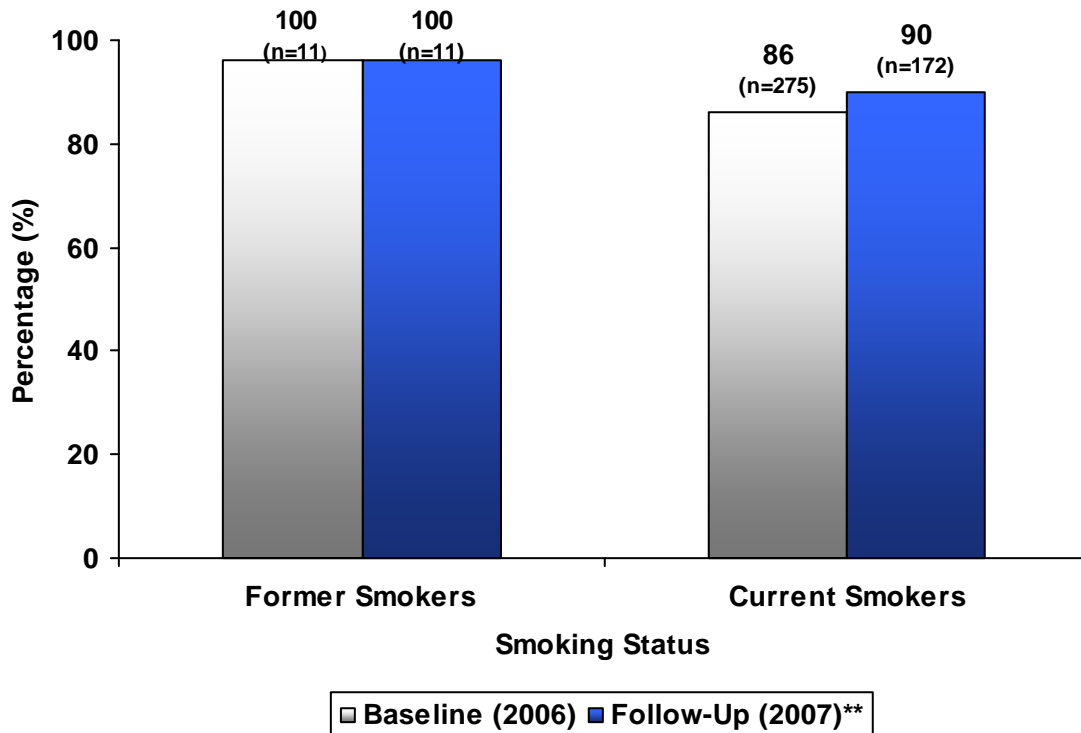
*p<0.05 from Chi Square when compared with 'Not Advised to Quit'

2.7. New York State Smokers' Quitline

One-hundred percent of former smokers and 90% of current smokers reported having ever heard of the New York State Smokers' Quitline at follow-up, compared with 100% and 86% at baseline (*Figure 51*). The most common methods of hearing about the Quitline was via television and radio, with statistically significant increase in the proportion of current smokers hearing about the Quitline at follow-up via radio (25% vs. 48%), billboards (13% vs. 41%), magazines/newspapers (11% vs. 36%), and from a health professional (11% vs. 34%) ($p < 0.05$) (*Figure 52*). No Statistically significant difference was observed in quit rates, reduction rates, quit attempt rates, or pharmacotherapy usage rates between those who have and have not heard of the Quitline (*Figure 53*).

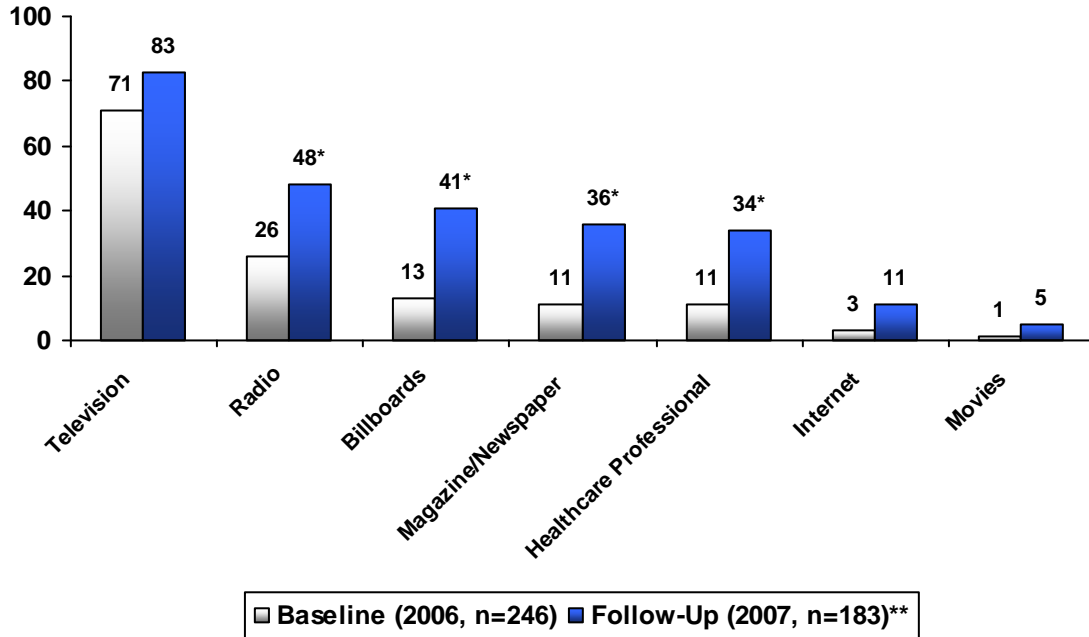
Furthermore, 25% percent of former smokers and 12% of current smokers reported having called the New York State Smokers' Quitline within the past year at follow-up, compared with 9% and 10% at baseline (*Figure 54*). Current Smokers who reported calling the Quitline at baseline were significantly more likely to make a quit attempt and to use pharmacotherapy at follow-up ($p < 0.05$) (*Figure 55*).

Figure 51: Percent of Current Smokers and Former Smokers who Have Ever Heard of the New York State Smokers' Quit-line.*



**Figure Excludes 84 Members of the 2006 WNY Cohort who Were Offered Quitline Services Upon Completion of the Baseline Survey

Figure 52: Methods by Which Individuals Have Heard About New York State Smokers' Quitline.



* p<0.05 from Chi Square Test Compared with Baseline

**Figure Excludes 84 Members of the 2006 WNY Cohort who Were Offered Quitline Services Upon Completion of the Baseline Survey

Figure 53: Smoking Cessation Outcomes According to Having Heard About New York State Smokers' Quitline.

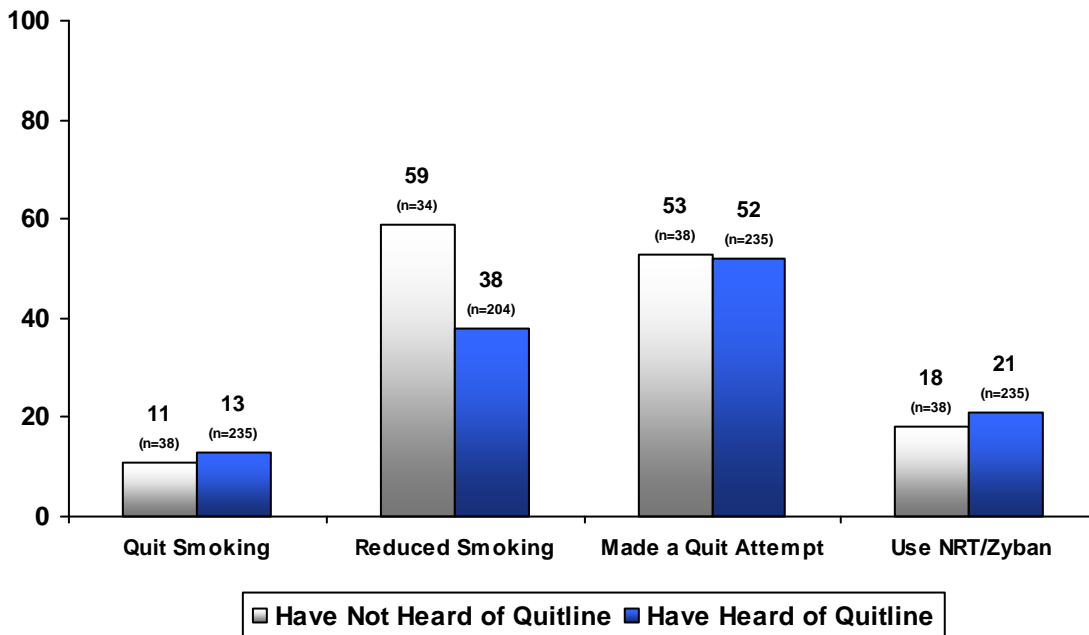
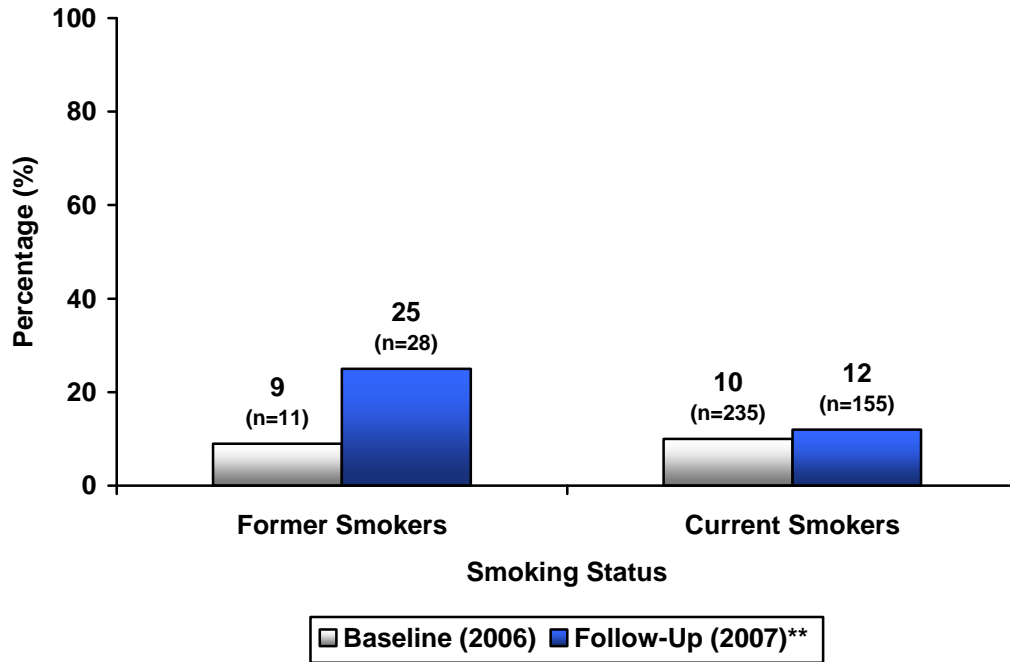
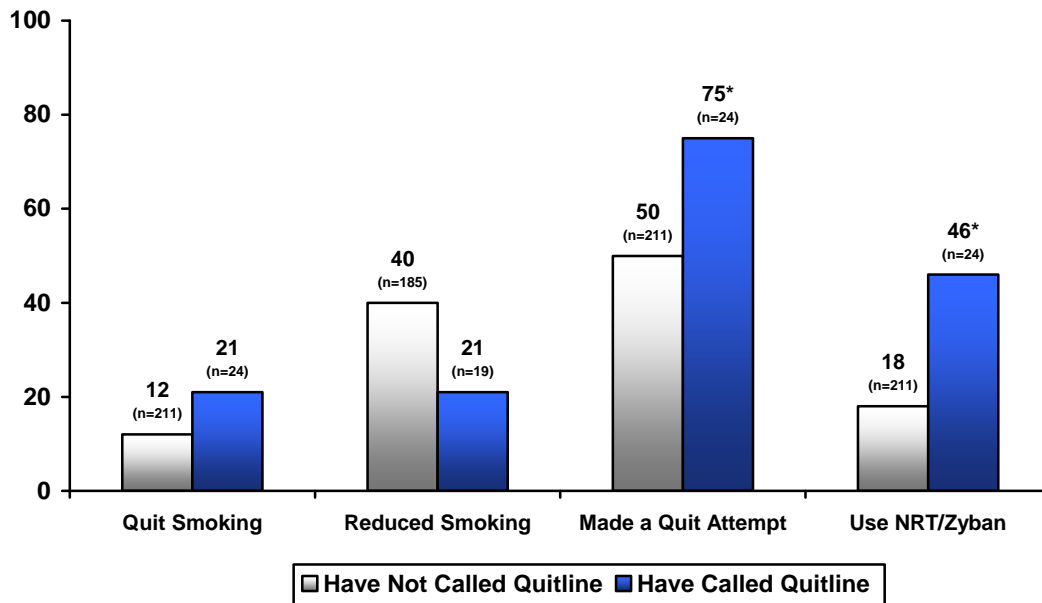


Figure 54: Percentage of Current Smokers and Former Smokers who Have Called the New York State Smokers' Quit-line in the Past Year Among Those who Have Heard of the Quitline.



**Figure Excludes 84 Members of the 2006 WNY Cohort who Were Offered Quitline Services Upon Completion of the Baseline Survey

Figure 55: Smoking Cessation Outcomes According to Having Called the New York State Smokers' Quitline Within the Past Year.



*p<0.05 from Chi Square when compared with 'Have Not Called Quitline'

2.8. Employer Sponsored Cessation Programs

Among those who are employed, 20% and 16% reported that their employers offered a stop smoking program or other help to employees who want to quit smoking at follow-up and at baseline, respectively (*Figure 56*). No Statistically significant difference was observed in quit rates, reduction rates, quit attempt rates, or pharmacotherapy usage rates between those whose employers did and did not offer a stop smoking program (*Figure 57*).

Figure 56: Percent of Individuals Whose Employer Offered Help to Employees who Want to Quit Smoking Within the Past Year Among Those Employed for Wages.

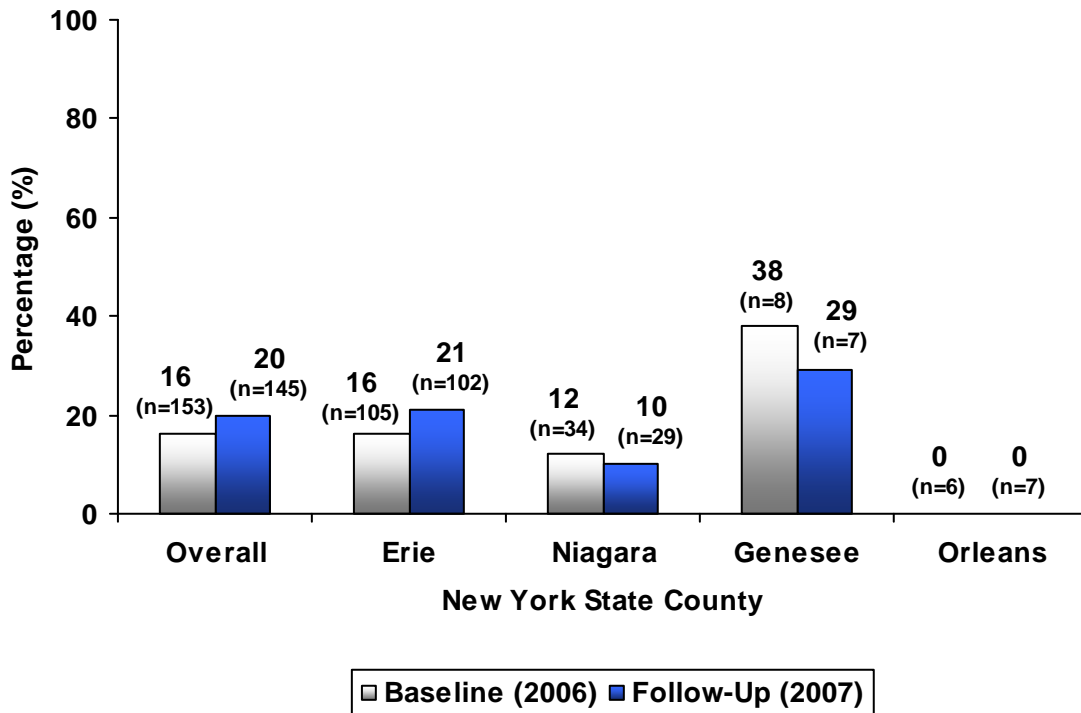
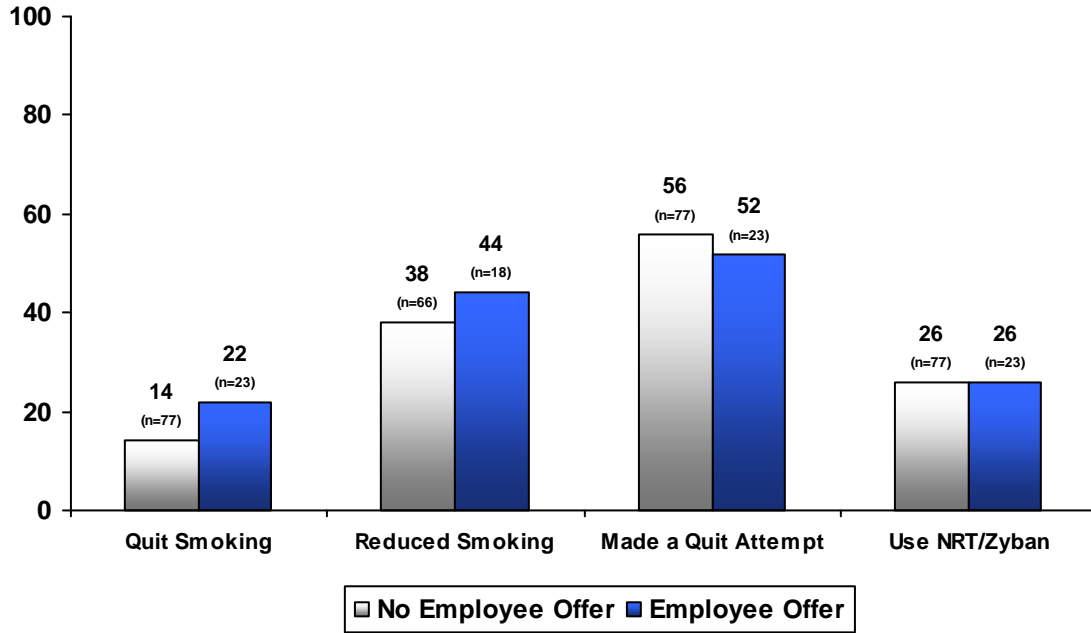


Figure 57: Smoking Cessation Outcomes According to Employer Offered Help to Employees who Want to Quit Smoking Within the Past Year.



2.9. Tobacco Product Characteristics

Figure 58 presents the usual brands of cigarettes smoked by current smokers for all four counties combined. Marlboro was the most common brand at both baseline and follow-up (28% vs. 29%), followed by Newport (11% vs. 10%).

Among current smokers, 18% baseline smokers and 21% of follow-up smokers reported that they switched their usual brand of cigarettes in the past year (Figure 59). Orleans County had the highest proportion of brand switching at follow-up (27%), whereas Niagara County had the highest proportion at baseline (28%). The most common reason for switching brands was cost at both baseline (56%) and follow-up (42%) (Figure 60).

Figure 58: Most Common Usual Cigarette Brand Among Current Smokers.

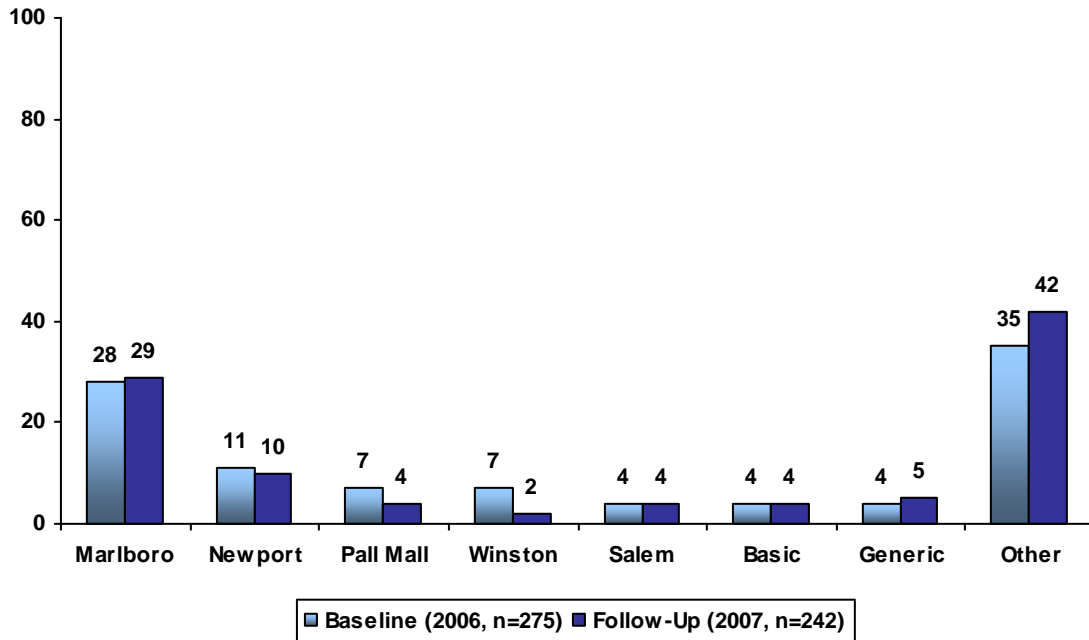


Figure 59: Percent of Current Smokers who Report Brand Switching Within the Past Year According to New York State County.

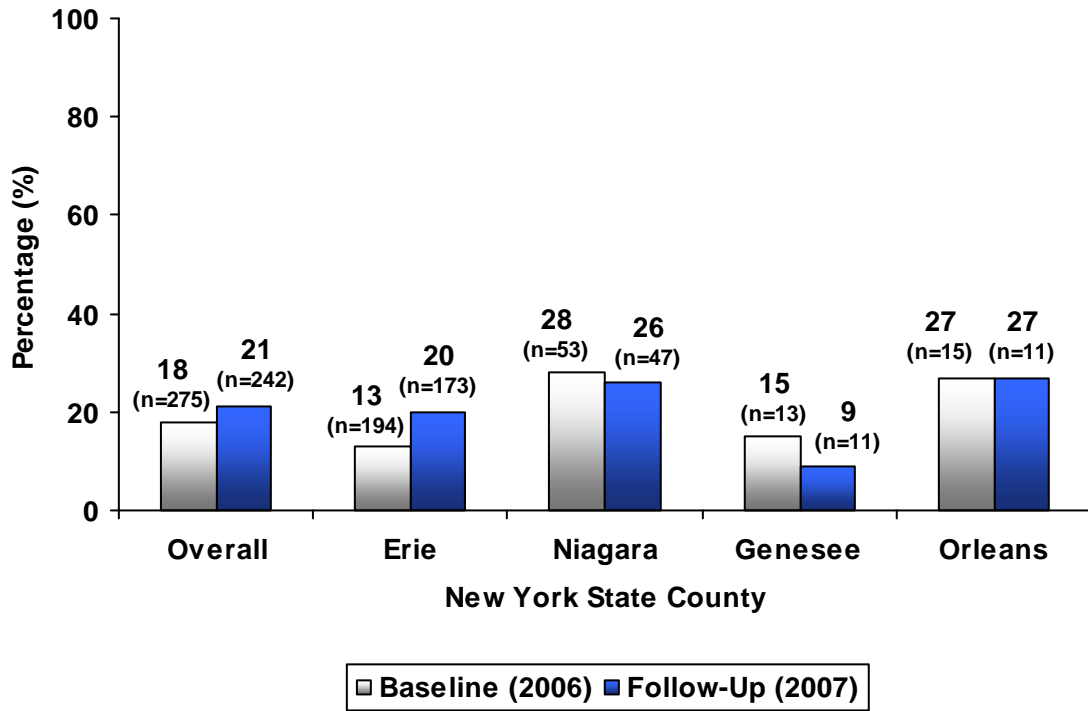
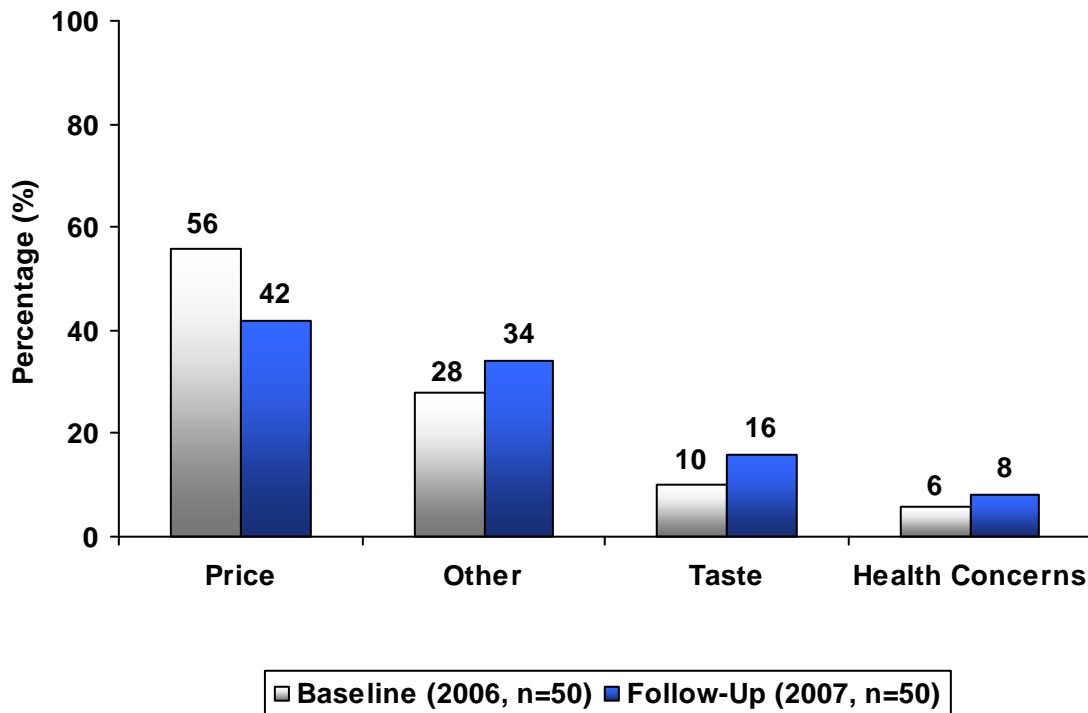


Figure 60: Reasons for Switching Brands in the Past Year Among Those Who Switched.



2.10. Indian Reservation Purchase Patterns

There was no change in the proportion of smokers who purchased their cigarettes at an Indian Reservation ‘all the time’ at baseline and at follow-up (59%). The proportion of current smokers who purchased their cigarettes at Indian Reservations ‘all the time’ was higher at follow-up for all counties except Niagara, where the proportion decrease from 77% at baseline to 62% at follow-up (*Figure 61*). *Figures 63 through 67* show the proportion of current smokers who purchase their cigarettes at Indian Reservations ‘all the time’ according to age, gender, ethnicity, education, and cigarettes per day. Current smokers between ages 65 years of age or more (*Figure 62*), females (*Figure 63*), and those who smoke 25 or more cigarettes per day (*Figure 64*) had the highest proportion of ‘all the time’ reservation purchases at both baseline and follow-up. In contrast, current smokers with less than 12 years of age had the highest proportion of ‘all the time’ reservation purchases at baseline (61%), whereas those with 12 years of education had the highest proportion at follow-up (67%) (*Figure 65*). Moreover, a statistically significant increase was observed among current smokers self-identifying as having an ‘other’ race from baseline (38%) and follow-up (100%) (*Figure 66*). The most common Indian Reservation where cigarettes were purchased was ‘Smokin’ Joe’s’ (*Figure 67*).

Although no statistically significant difference was observed in quit rates, reduction rates, or pharmacotherapy usage rates according to the purchase of cigarettes on Indian Reservations, those who have ever purchased cigarettes on an Indian Reservation were significantly less likely to make a quit attempt compared to those who have never purchased cigarettes on an Indian Reservation (*Figure 68*).

The proportion of current smokers who support a New York State Law to start collecting taxes on cigarettes sold to non-Indians on Indian Reservations was 12% at baseline and 10% at follow-up (*Figure 69*).

Figure 61: Purchase of Cigarettes ‘All the Time’ at Indian Reservations Among Current Smokers.

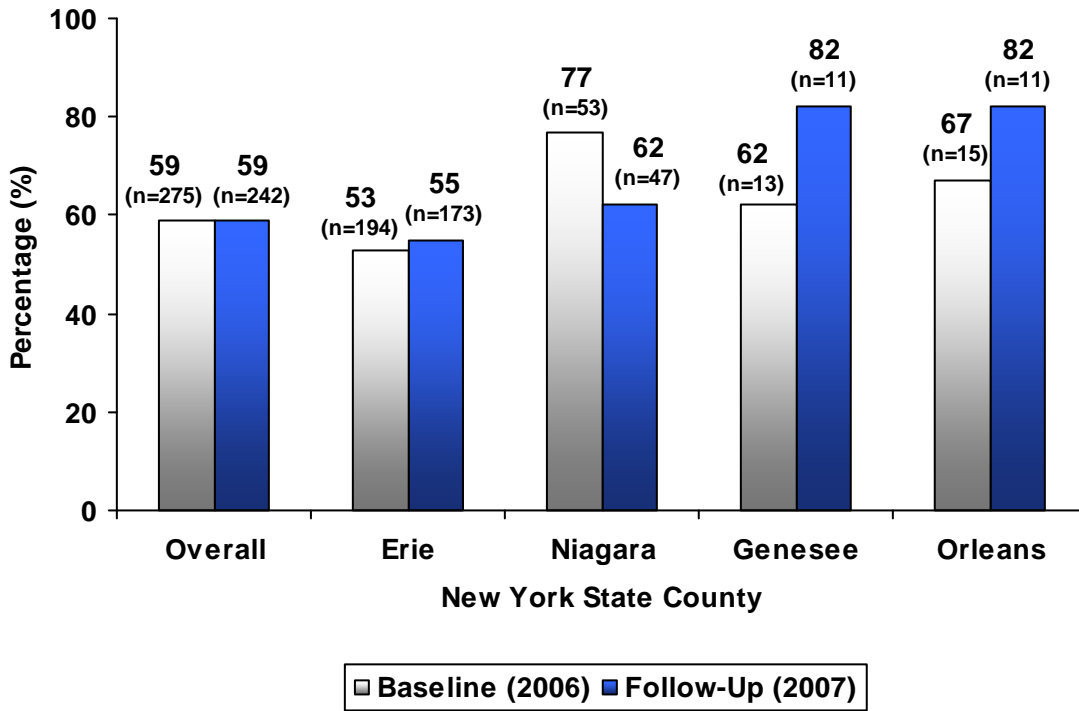


Figure 62: Purchase of Cigarettes ‘All the Time’ at Indian Reservations Among Current Smokers According to Age.

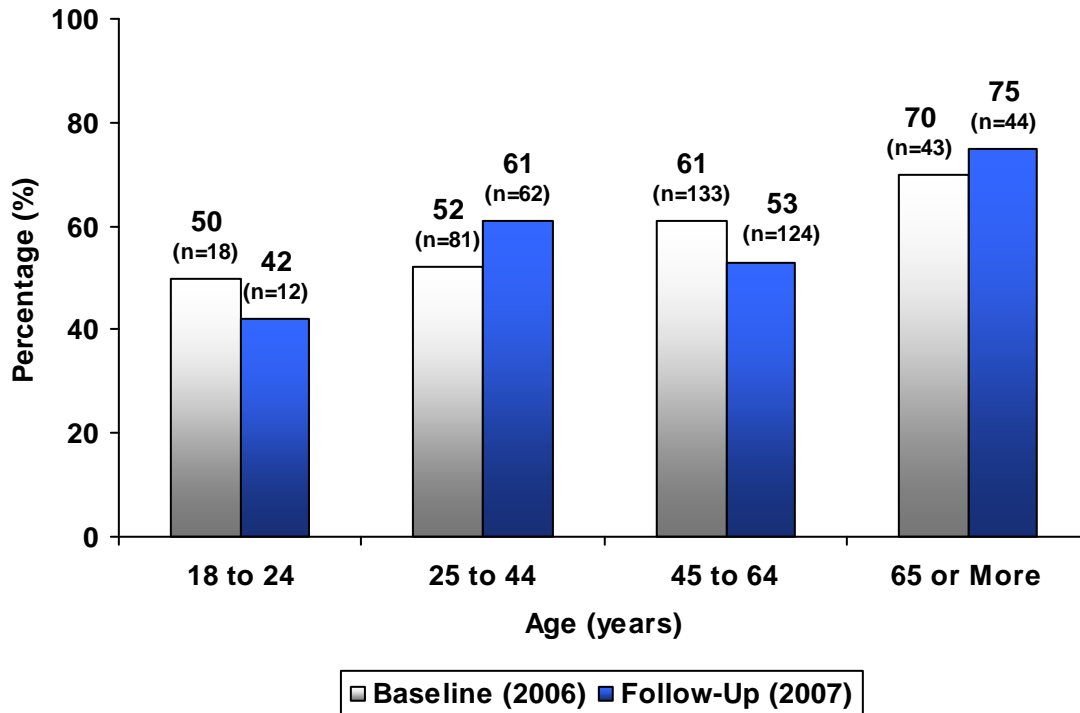


Figure 63: Purchase of Cigarettes ‘All the Time’ at Indian Reservations Among Current Smokers According to Gender.

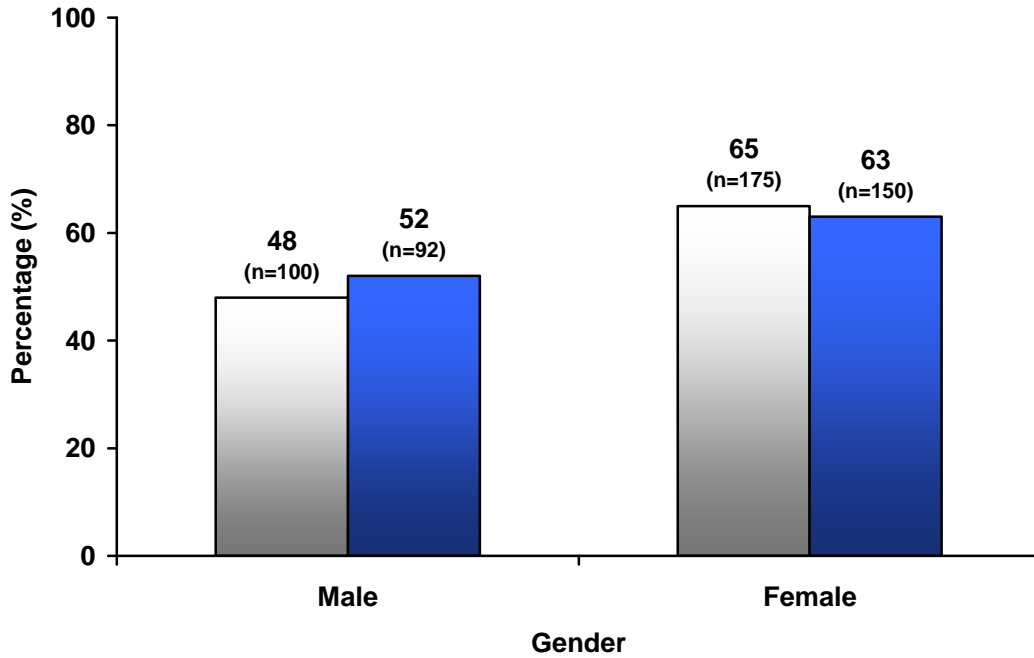


Figure 64: Purchase of Cigarettes ‘All the Time’ at Indian Reservations Among Current Smokers According to Cigarettes Per Day.

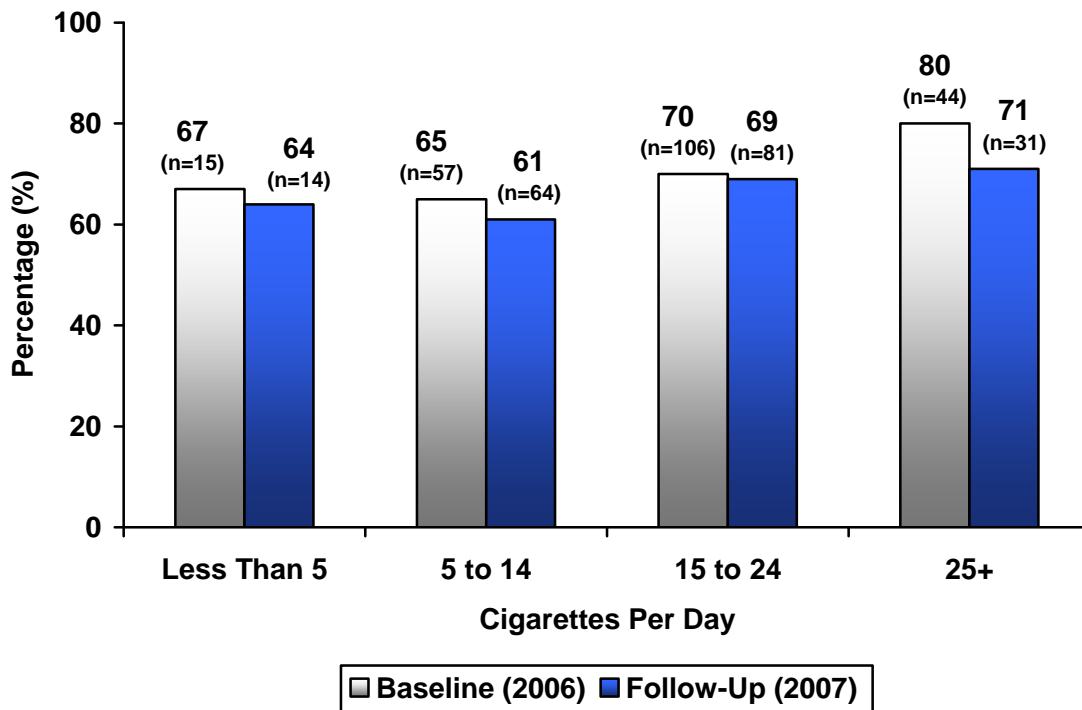


Figure 65: Purchase of Cigarettes ‘All the Time’ at Indian Reservations Among Current Smokers According to Education.

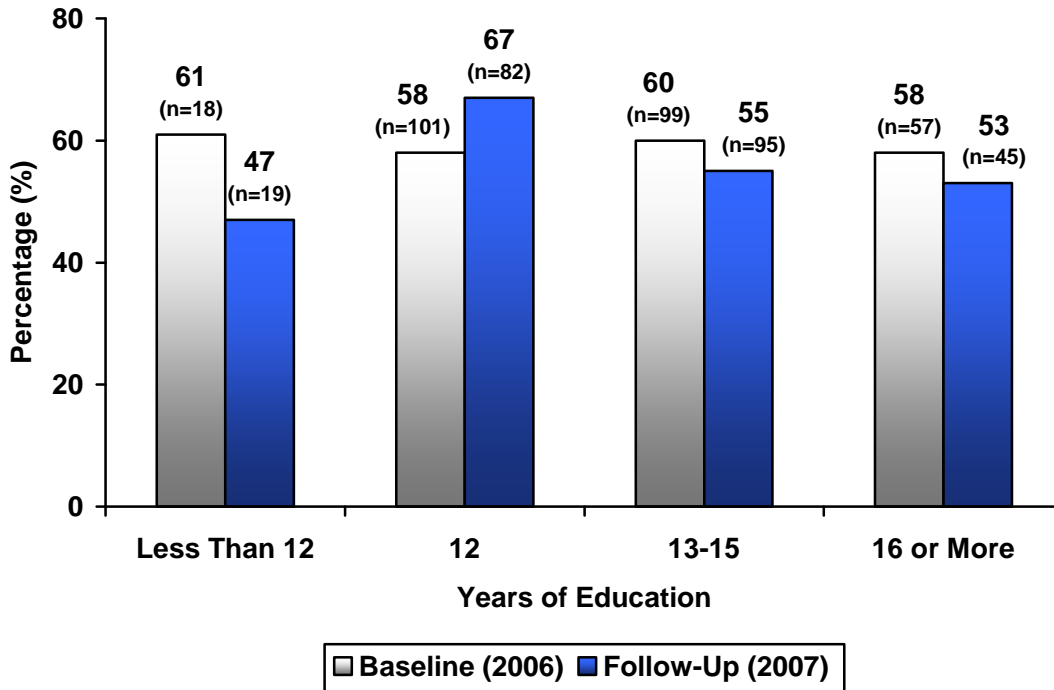
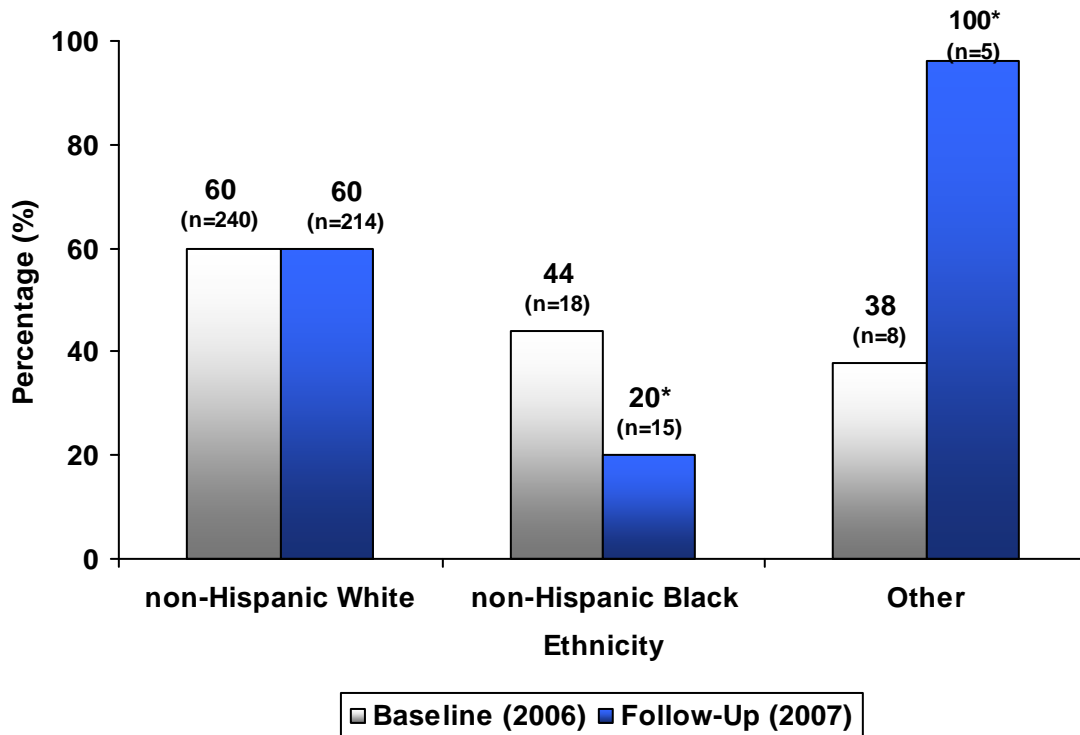


Figure 66: Percent of Current Smokers Who Smoke Within 30 Minutes After Waking According to Ethnicity.



*p<0.05 from Chi Square when compared with ‘Baseline’

Figure 67: Most Common Indian Reservation Outlets Where Cigarettes Were Purchased Among Current Smokers who Have Ever Purchased from an Indian Reservation (2007 Follow-Up Only, n=216).

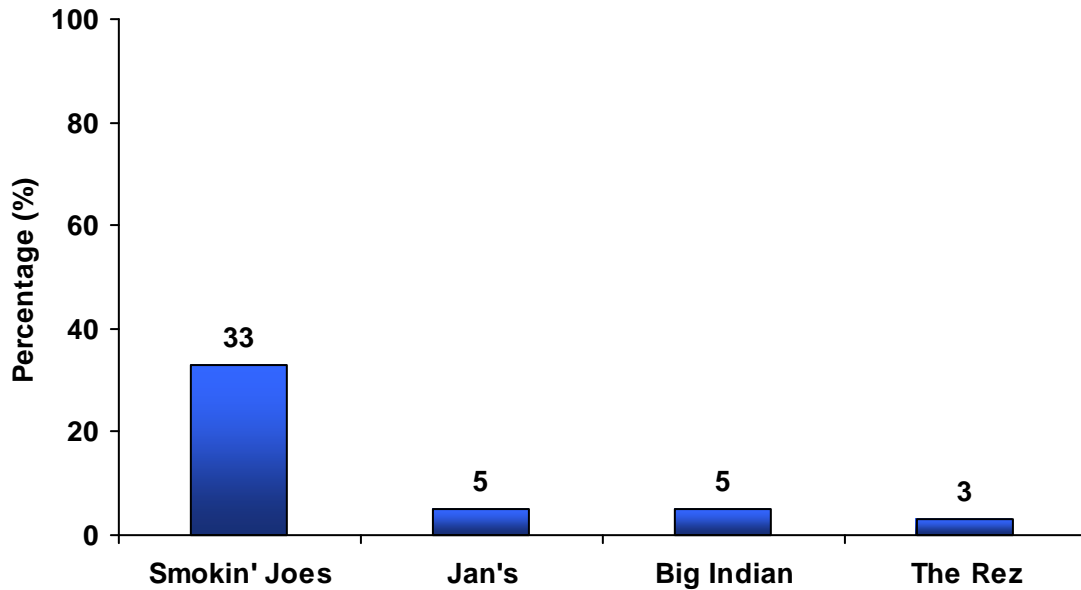
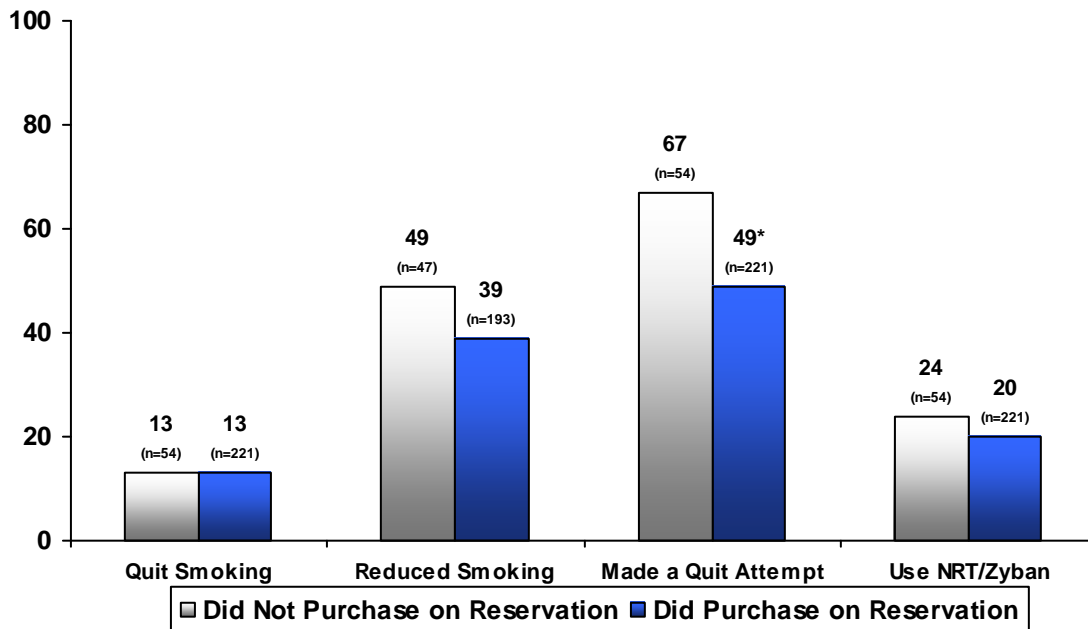
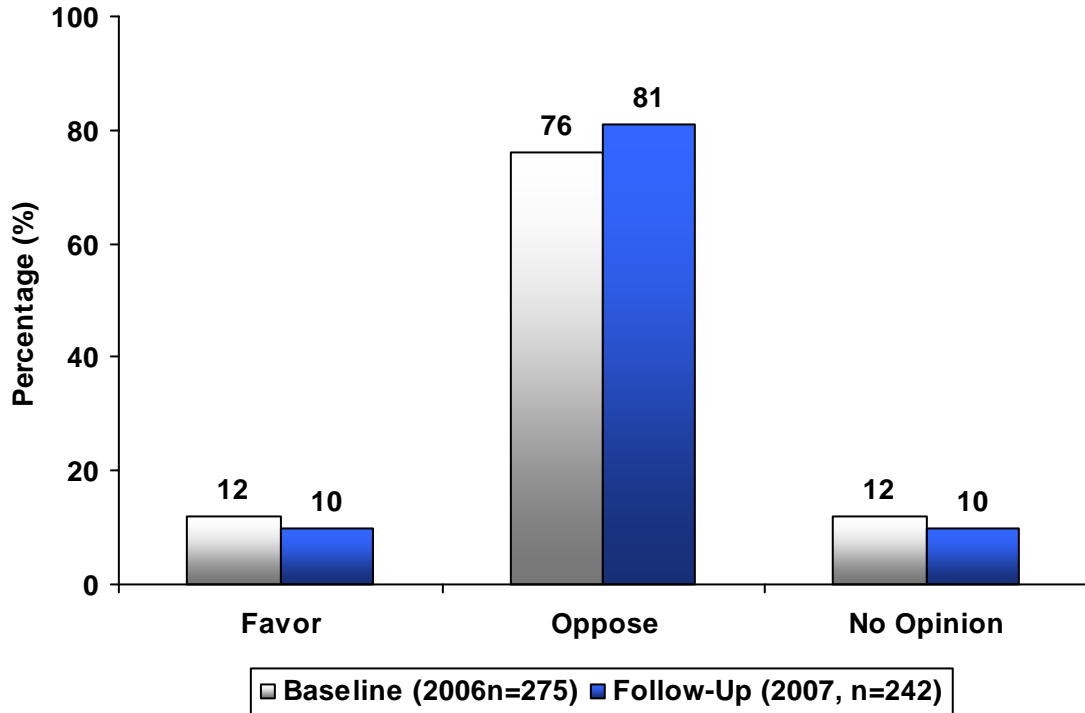


Figure 68: Smoking Cessation Outcomes According to Purchase of Cigarettes on an Indian Reservation Within the Past Year.



*p<0.05 from Chi Square when compared with 'Did Not Purchase on Reservation'

Figure 69: Support for New York State Law to Collect Taxes Cigarettes Sold to Non-Indians on Indian Reservations Among Current Smokers.



2.11. Advertising and Promotion

A smaller proportion of overall current smokers reported receiving coupons at follow-up (63%) than at baseline (73%) (Figure 70). The largest proportion of current smokers reported receiving coupons from Philip Morris at both baseline (25%) and follow-up (21%), followed by Reynolds American (14% vs. 10%) and Lorillard (4% vs. 5%) (Figure 71).

In contrast, a greater proportion of overall current smokers reported receiving coupons at follow-up (11%) than at baseline (8%), with a statistically significant increase being observed in Genesee County (0% vs. 27%) (Figure 72).

Although there was no difference in the proportion of current smokers who reported seeing 'a lot' of cigarette advertisements in convenience stores and gas stations within the past 30 days at baseline and follow-up, there was a decrease in the proportion of current smokers who reported seeing 'none at all' at baseline (10%) and follow-up (7%) (Figure 73).

Figure 70: Percent of Current Smokers who Received Coupons from Tobacco Companies According to New York State County.

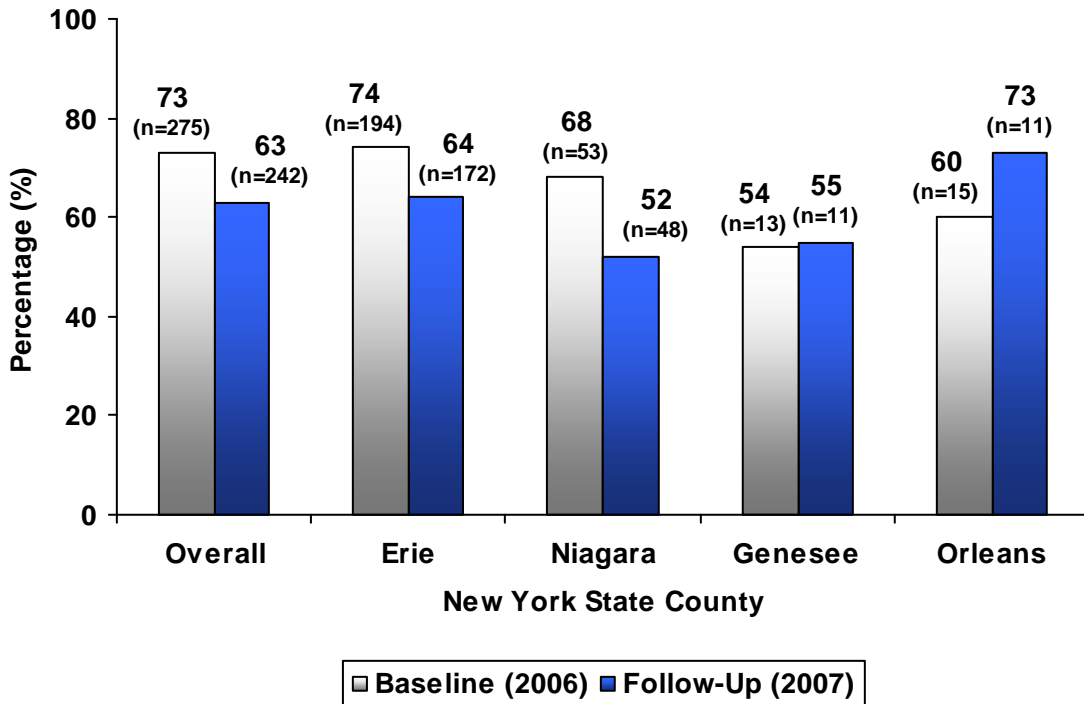


Figure 71: Percent of Current Smokers who Received Coupons from Tobacco Companies According to Major Tobacco Company.

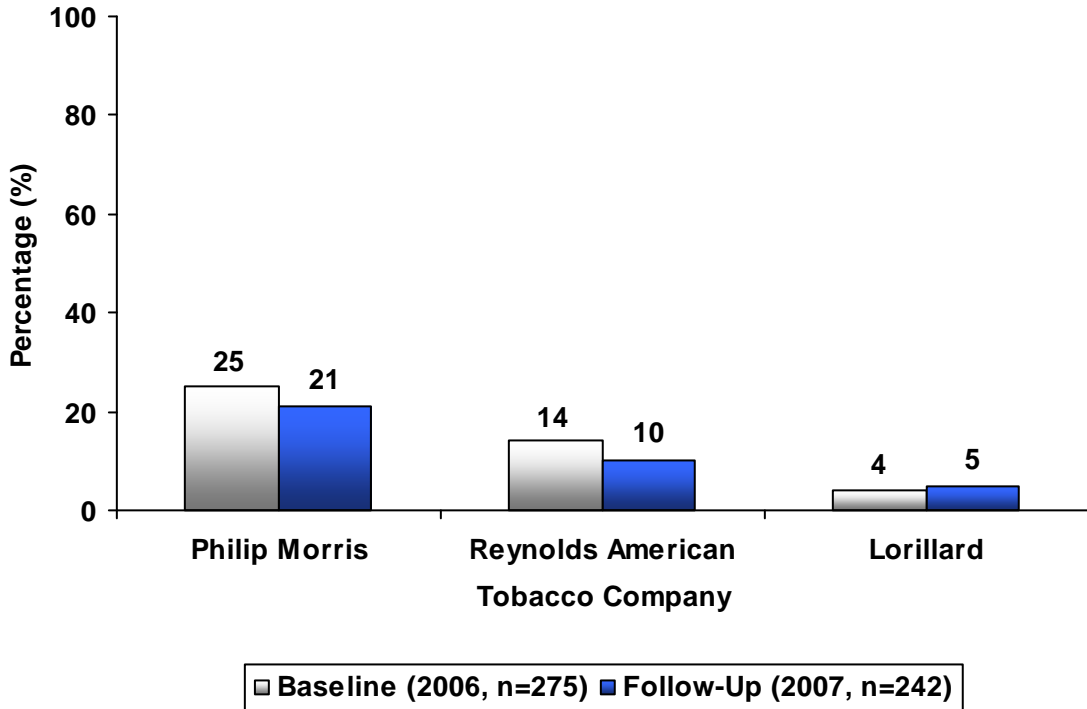
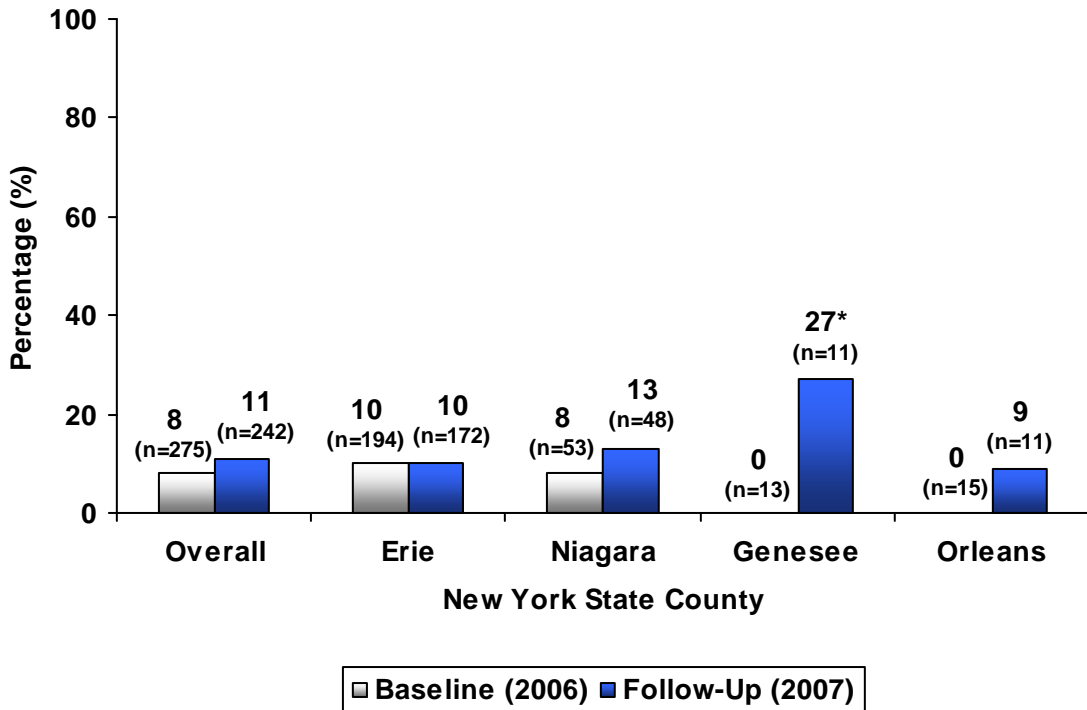
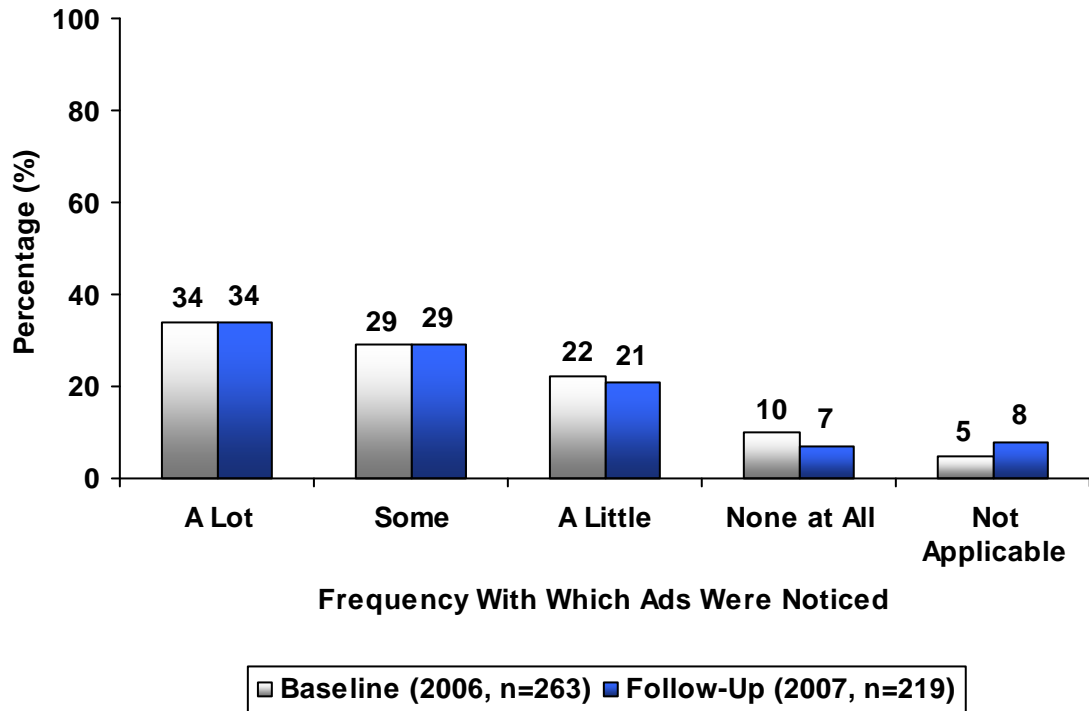


Figure 72: Percent of Current Smokers who Received E-Mails from Tobacco Companies According to New York State County.



*p<0.05 from Chi Square when compared with 'Baseline'

Figure 73: Percent of Current Smokers who Noticed Cigarette Ads in Convenience Stores or Gas Stations Within the Past 30 Days.



2.12. Anti-Smoking Media Messages and Campaigns

The majority of current smokers noticed anti-smoking messages on T.V. at both baseline (82%) and follow-up (79%), followed by billboards (63% vs. 59%), and newspapers or magazines (57% vs. 52%) (*Figure 74*).

More than half of current smokers reported having seen or heard the slogan “I love smoke-free New York” at both baseline (56%) and follow-up (64%) (*Figure 75*).

The ‘Rick Stoddard’ advertisements, which feature a man talking about his wife who died from smoking cigarettes, had the greatest proportion (70%) of awareness of any of the assessed anti-smoking media advertisements. The advertisements with the lowest report of awareness from current smokers were ‘Man Being Tempted by Woman’ (8%) and ‘Woman Jumping Out Window’ (8%), both of which were part of the Legacy Foundations ‘Become an eX’ campaign (*Figure 76*). However, the advertisements with the greatest confirmed awareness, or those in which the respondent could correctly identify at least one aspect of the advertisement, were ‘Man With Vacuum Cleaner’ (91%) and ‘Trucks in Tunnel’ (81%). The ‘Quit the Smokes’ campaign had the lowest confirmed awareness of any of the advertisement campaigns (38%) (*Figure 77*).

Those with confirmed awareness of the ‘Man Being Tempted by Woman’ advertisement were significantly more likely to make a quit attempt (94% vs. 50%) and use pharmacotherapy (64% vs. 19%) at follow-up when compared to current smokers who did not see or had no confirmed awareness of the advertisement (*Figure 78*). Similarly, those with confirmed awareness of the ‘Woman Jumping Out Window’ advertisement were significantly more likely to reduce smoking at follow-up (69% vs. 40%) (*Figure 79*). Likewise, those with confirmed awareness of the ‘Trucks in Tunnel’ advertisement were significantly more likely to reduce smoking (54% vs. 38%) and use pharmacotherapy (33% vs. 18%) at follow-up (*Figure 80*). However, there were no significant differences in smoking cessation outcomes observed for the ‘Man Watching Smokers Through Window’ (*Figure 81*), ‘Quit the Smokes’ (*Figure 82*), ‘Rick Stoddard’ (*Figure 83*), ‘Fluffy Quits’ (*Figure 84*), or ‘Man With Vacuum Cleaner’ (*Figure 85*) advertisements.

Figure 74: Percent of Current Smokers Who Have Notice Anti-Cigarette Advertisements Within the Past Year According to Location of Advertisements.

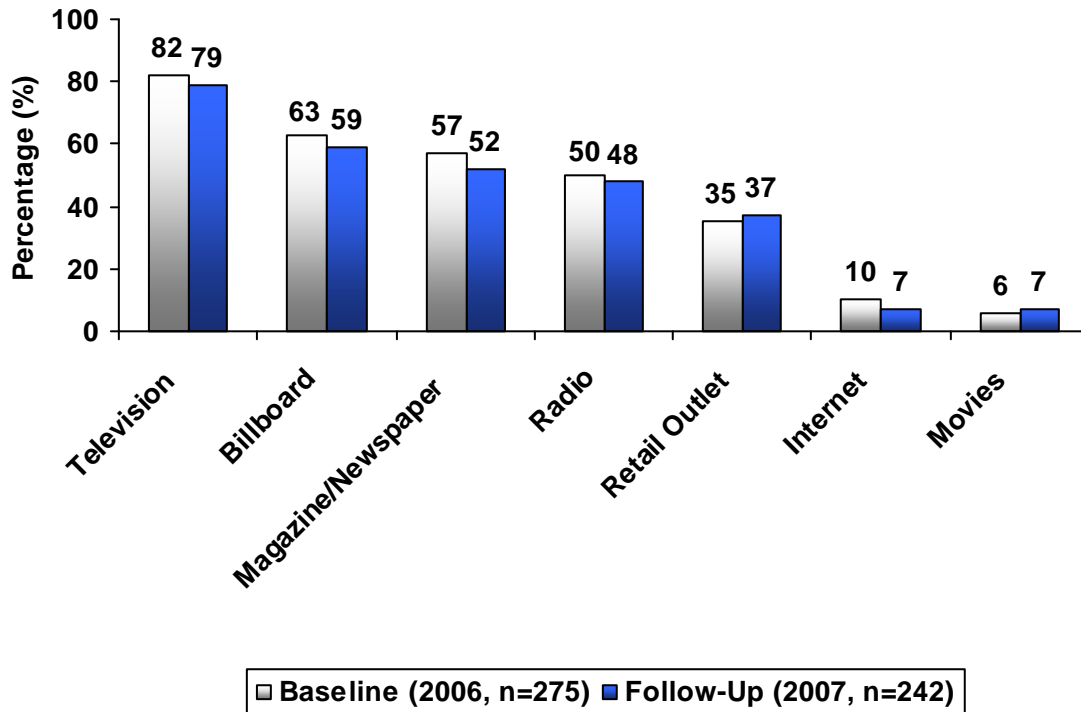


Figure 75: Percent of Current Smokers who Have Ever Seen or Heard the Slogan, “I love Smoke-Free New York”.

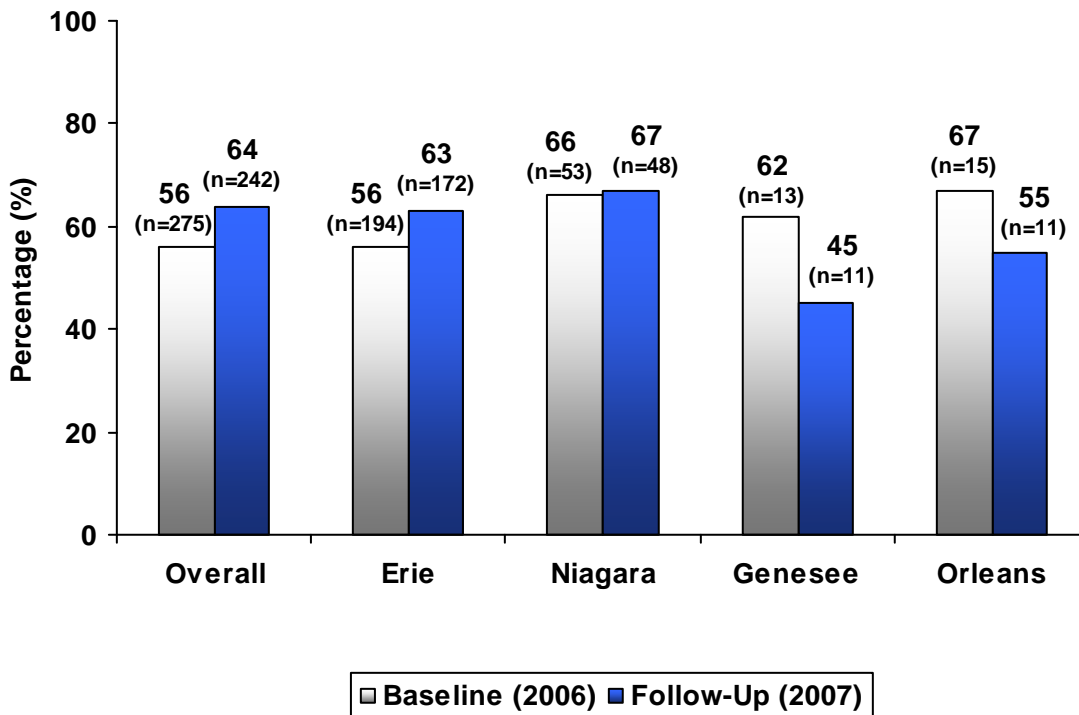


Figure 76: Percent of Current Smokers Who Reported Seeing Local Tobacco Control Media Campaigns (2007, n=276).

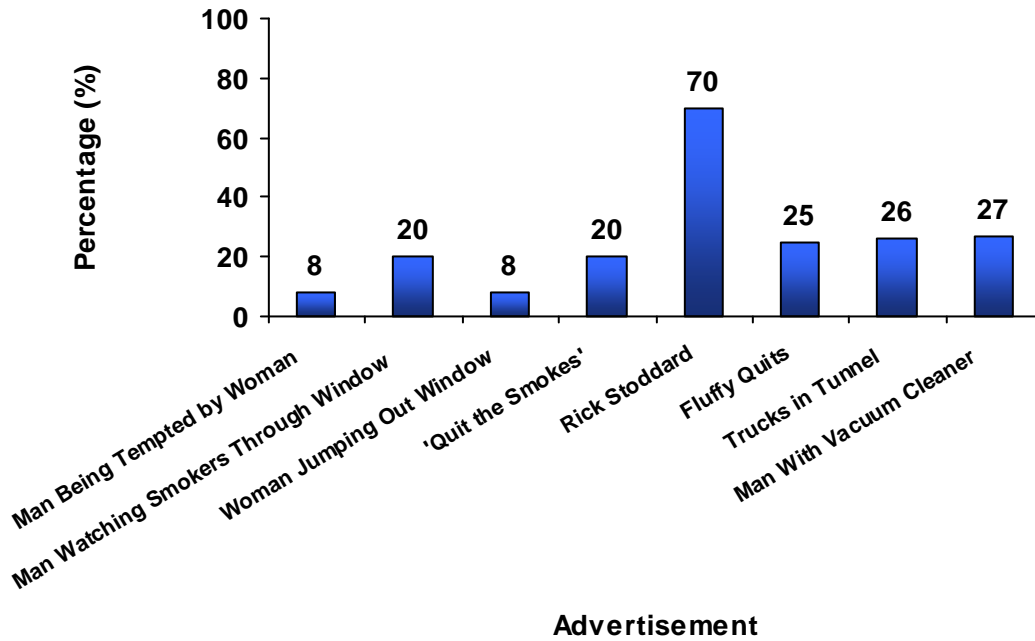
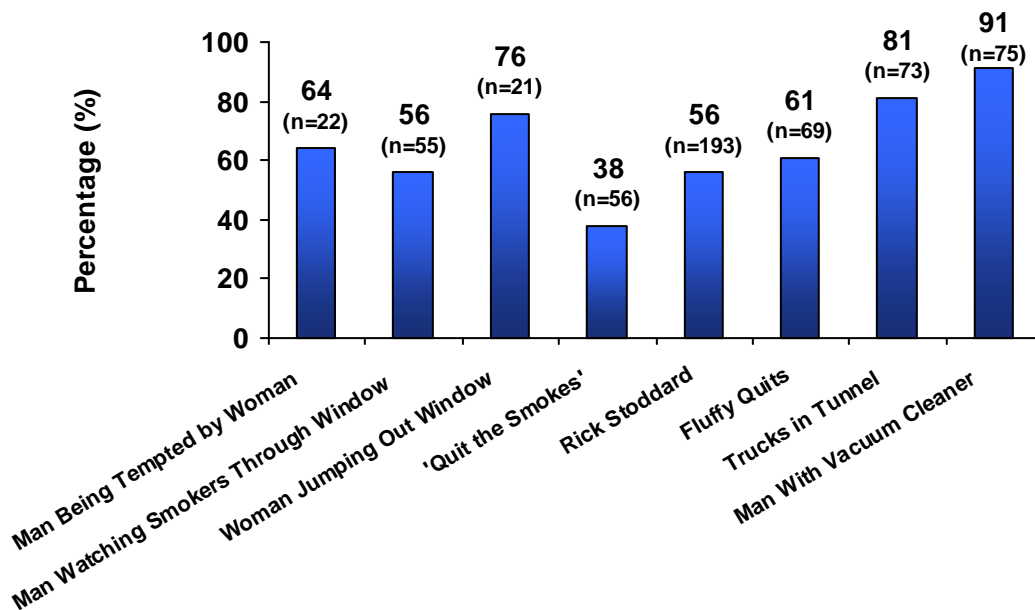
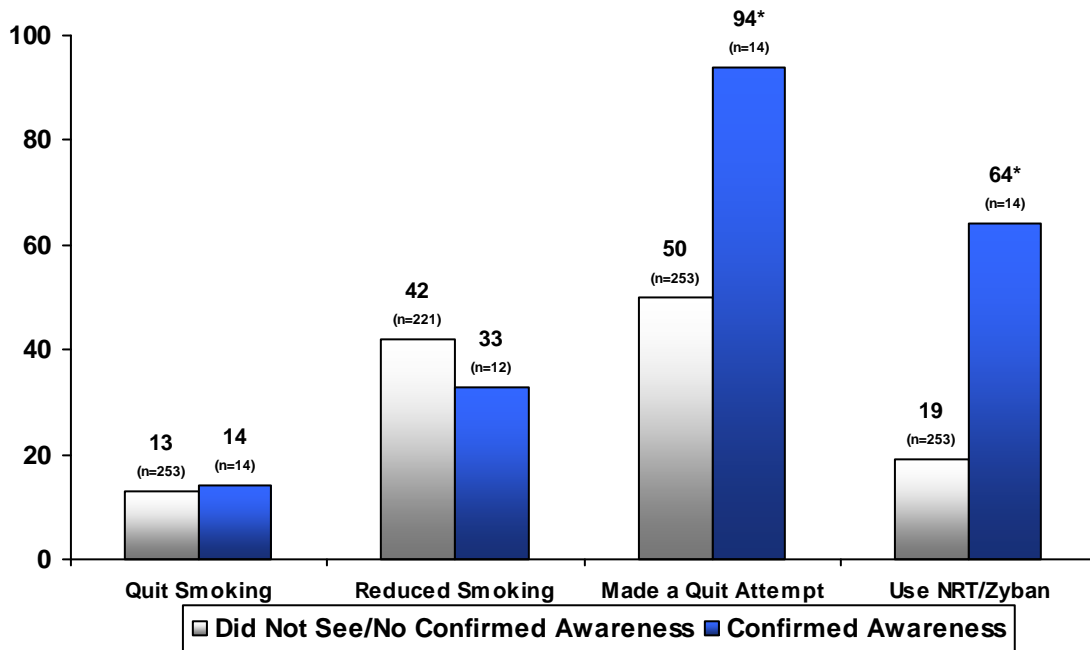


Figure 77: Confirmed Awareness Among Current Smokers Who Reported Seeing Local Tobacco Control Media Campaigns.**



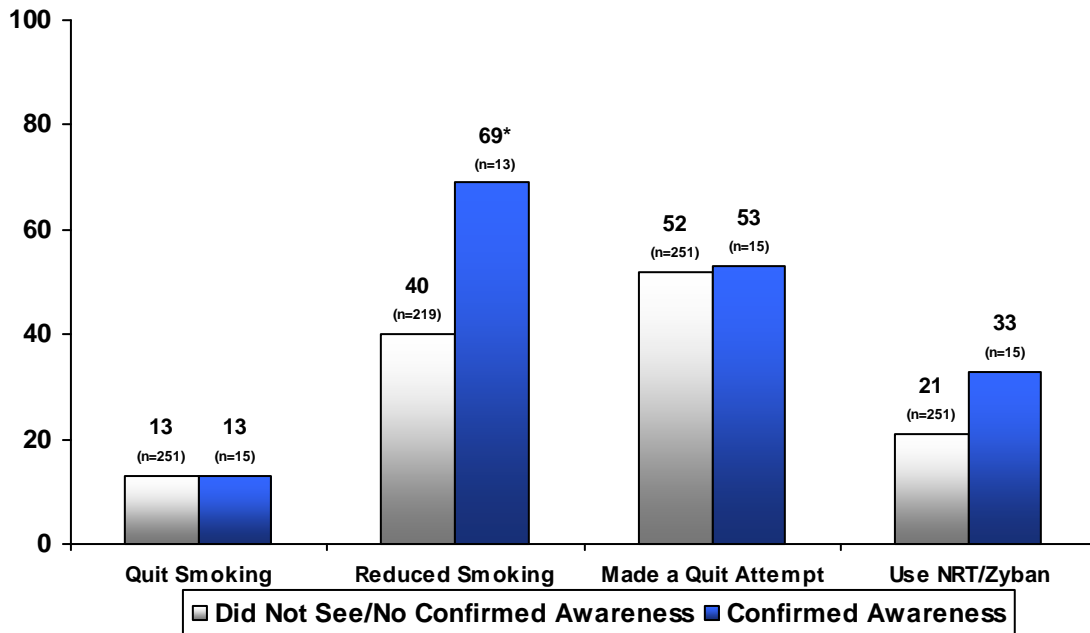
**Defined as Seeing the Advertisement and Correctly Describing Some Aspect of It.

Figure 78: Smoking Cessation Outcomes According to Confirmed Awareness of 'Man Being Tempted by Woman' Television Campaign.



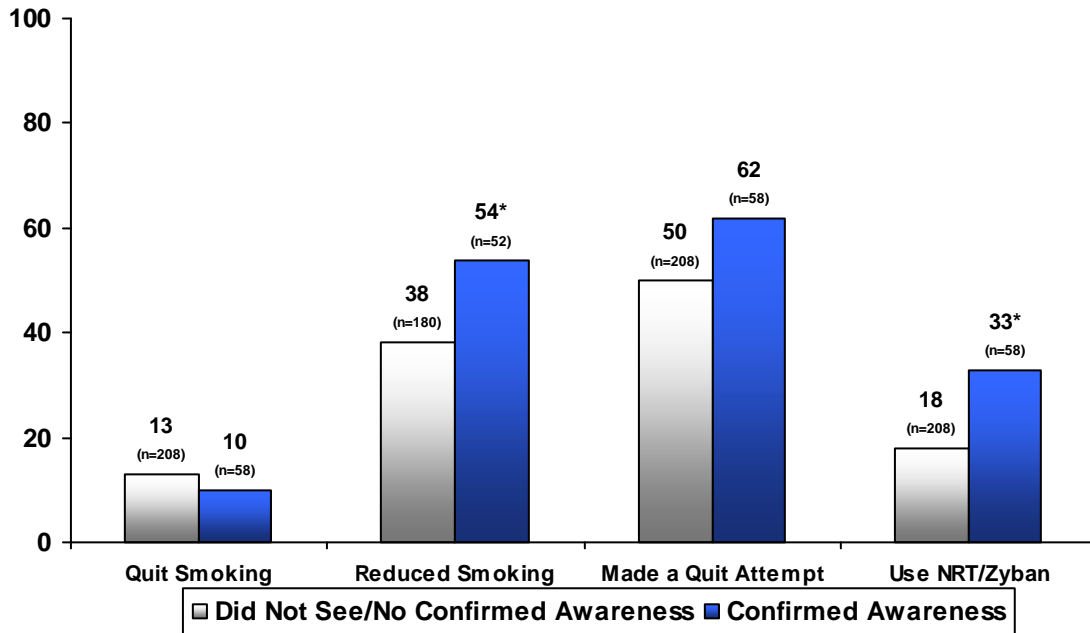
*p<0.05 from Chi Square compared with 'Did Not See/No Confirmed Awareness'

Figure 79: Smoking Cessation Outcomes According to Confirmed Awareness of 'Woman Jumping Out Window' Television Campaign.



*p<0.05 from Chi Square compared with 'Did Not See/No Confirmed Awareness'

Figure 80: Smoking Cessation Outcomes According to Confirmed Awareness of 'Trucks in Tunnel' Television Campaign.



*p<0.05 from Chi Square compared with 'Did Not See/No Confirmed Awareness'

Figure 81: Smoking Cessation Outcomes According to Confirmed Awareness of 'Man Watching Smokers Through Window' Television Campaign.

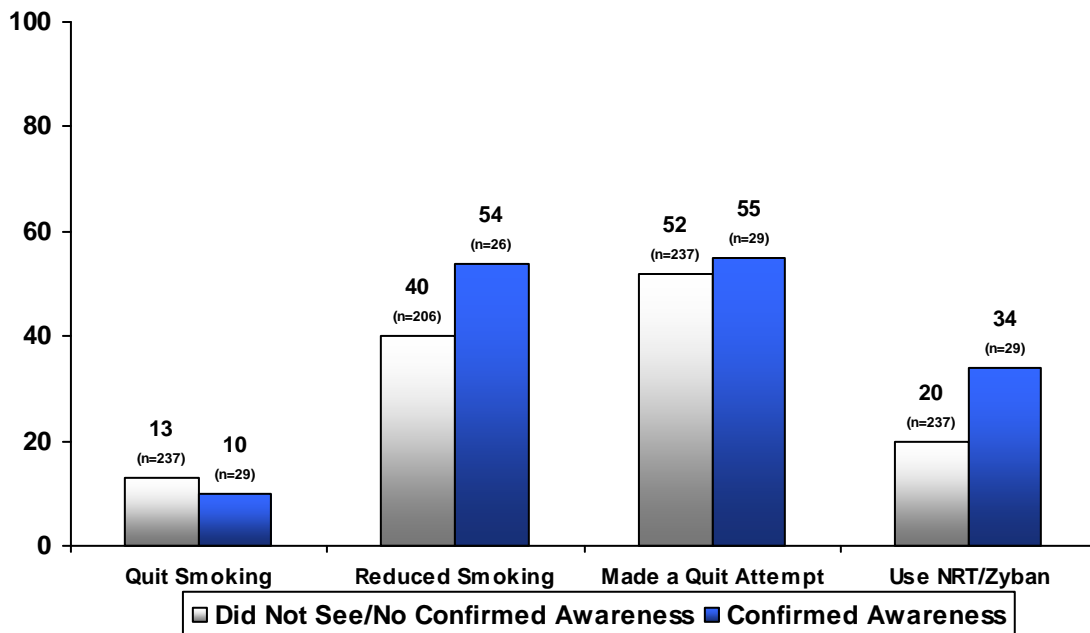


Figure 82: Smoking Cessation Outcomes According to Confirmed Awareness of 'Quit the Smokes' Television Campaign.

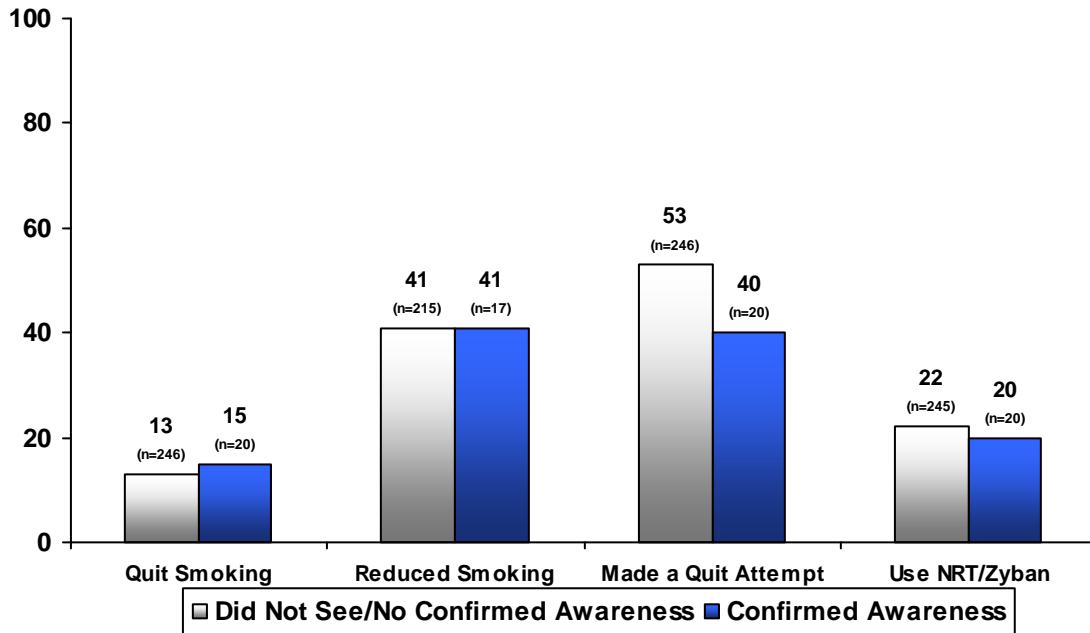


Figure 83: Smoking Cessation Outcomes According to Confirmed Awareness of 'Rick Stoddard' Television Campaign.

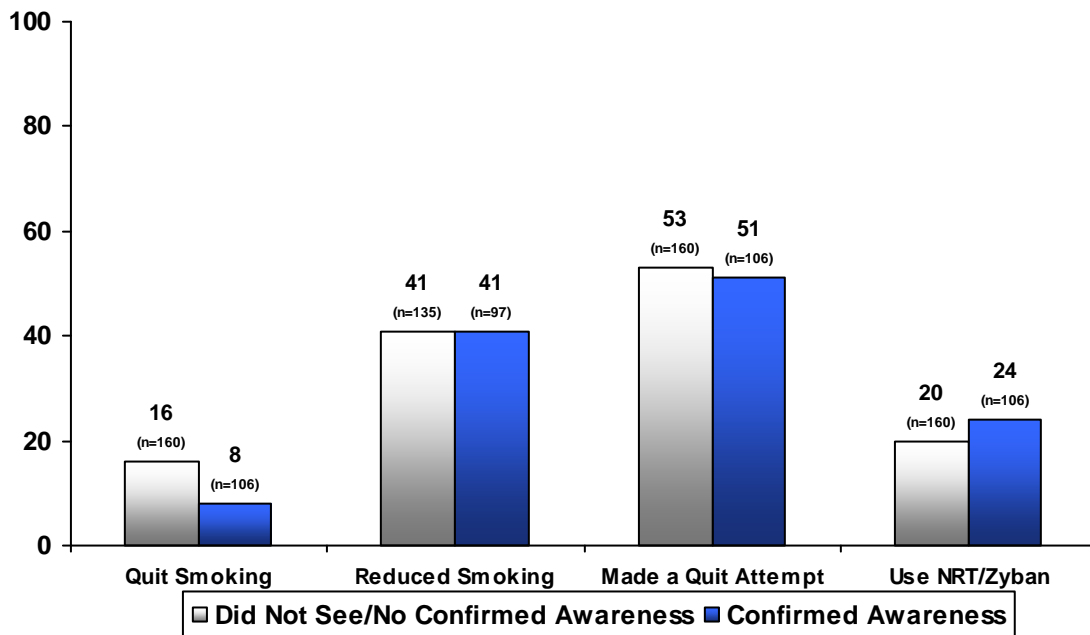


Figure 84: Smoking Cessation Outcomes According to Confirmed Awareness of 'Fluffy Quits' Television Campaign.

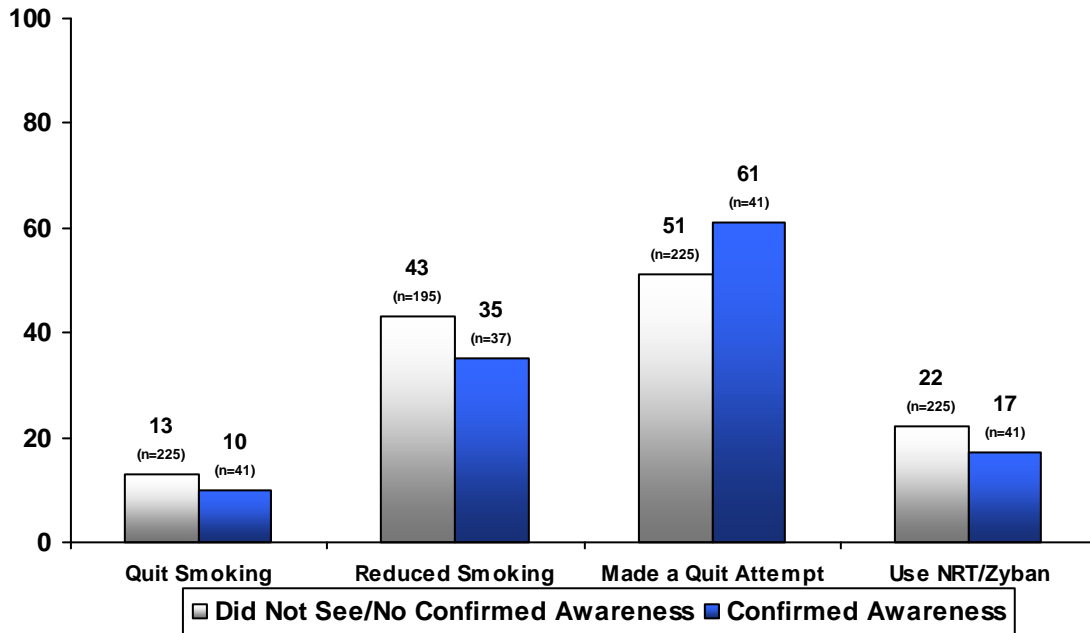
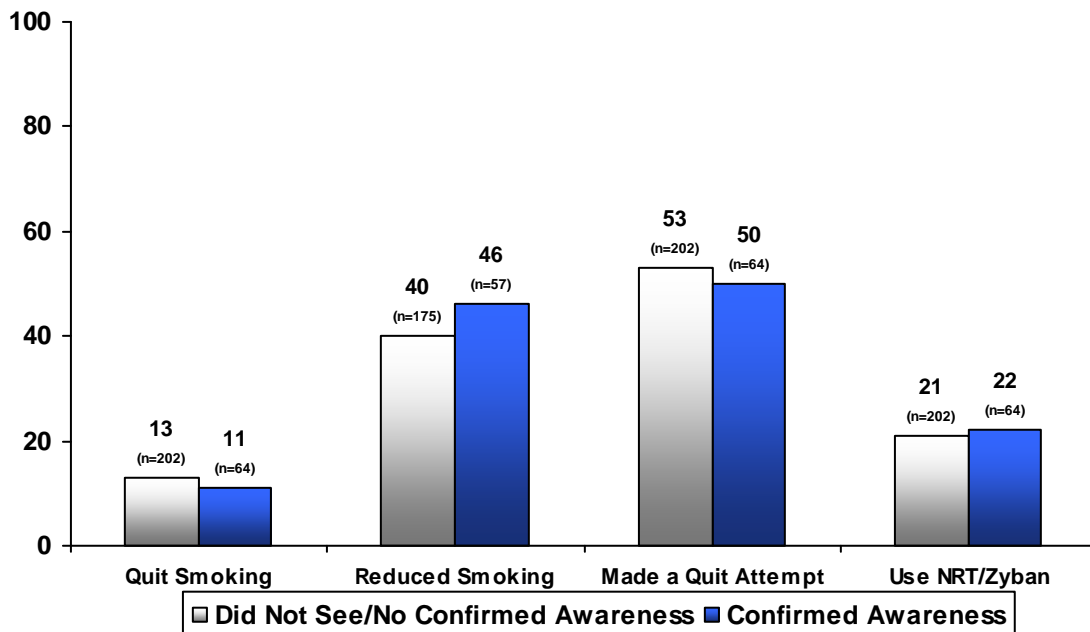


Figure 85: Smoking Cessation Outcomes According to Confirmed Awareness of 'Man With Vacuum Cleaner' Television Campaign.



2.13. Secondhand Smoke Exposure and Policies

Approximately one-third of current smokers reported smoking is not allowed anywhere inside their home (28% vs. 29%), with slightly less reporting having smoke-free cars (17%, 17%) at both baseline and follow-up (*Figure 86*). There was no statistically significant difference in smoking cessation outcomes at follow-up among current smokers who reported that smoking was not allowed inside their home at follow-up (*Figure 87*). However, current smokers who reported having a smoke-free car at baseline were significantly more likely to make a quit attempt at follow-up (79% vs. 47%) (*Figure 88*).

Among employed individuals, the proportion who report being exposed to secondhand smoke in the workplace was lower at follow-up (11%) than at baseline (15%) (*Figure 89*). Niagara County had the highest proportion who reported being exposed to secondhand smoke at both baseline (23%) and follow-up (17%). *Figures 91 through 94* present the percent of employees exposed to secondhand smoke in their workplace in the last 7 days by age, gender, ethnicity, and education. Individuals between the ages of 18 to 24 (*Figure 90*), and males (*Figure 91*) had the highest proportion of workplace exposure at both baseline and follow-up. In contrast, those who self-reported themselves as non-Hispanic Black had the highest proportion at baseline (40%), while non-Hispanic Whites had the highest proportion at follow-up (11%) (*Figure 92*). Those with less than 12 years of education had the highest proportion at baseline (20%) compared with those with 12 years at follow-up (18%) (*Figure 93*).

The greatest proportion of current smokers supported a law banning smoking in entrance ways of public buildings at both baseline (61%) and follow-up (64%). The least proportion of current smokers supported a law banning smoking in outdoor public places at both baseline (16%) and follow-up (19%) (*Figure 94*).

Among the 80 current and former smokers who reported in living in some form of multi-unit housing 9% of current smokers and 7% of former smokers reported having a building policy that prohibits smoking in indoor living spaces (*Figure 95*). Among these individuals with a policy, 22% of current smokers and 29% of former smokers reported smelling secondhand smoke in their living unit within the past 30 days (*Figure 96*). Among these individuals, 57% report tenant compliance with the policy and 71% report that the policy is adequately being enforced in their building (*Figure 97*). Among those multi-unit housing residents with shared spaces, balconies (58%) and patios (52%) were the most common sources of secondhand smoke exposure within the past 30 days (*Figure 98*).

Among multi-unit housing residents, 57% of current smokers and 79% of former smokers support a ban on smoking in all indoor shared spaces (*Figure 99*). When compared with current smokers, former smokers were significantly more likely to support a ban on smoking in all indoor living spaces (43% vs. 20%) and a ban on smoking in all outdoor areas (21% vs. 85%) surrounding their building.

Figure 86: Percent of Current Smokers with Smoke-Free Homes and Cars.

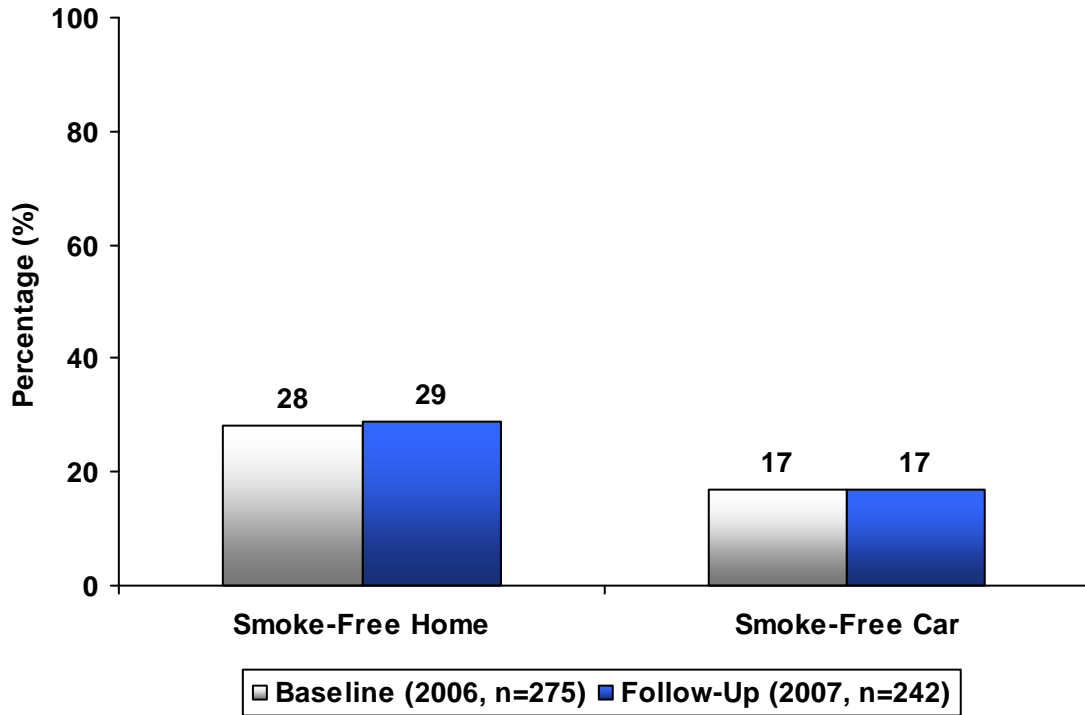


Figure 87: Smoking Cessation Outcomes According to Smoke-Free Home Status at Baseline.

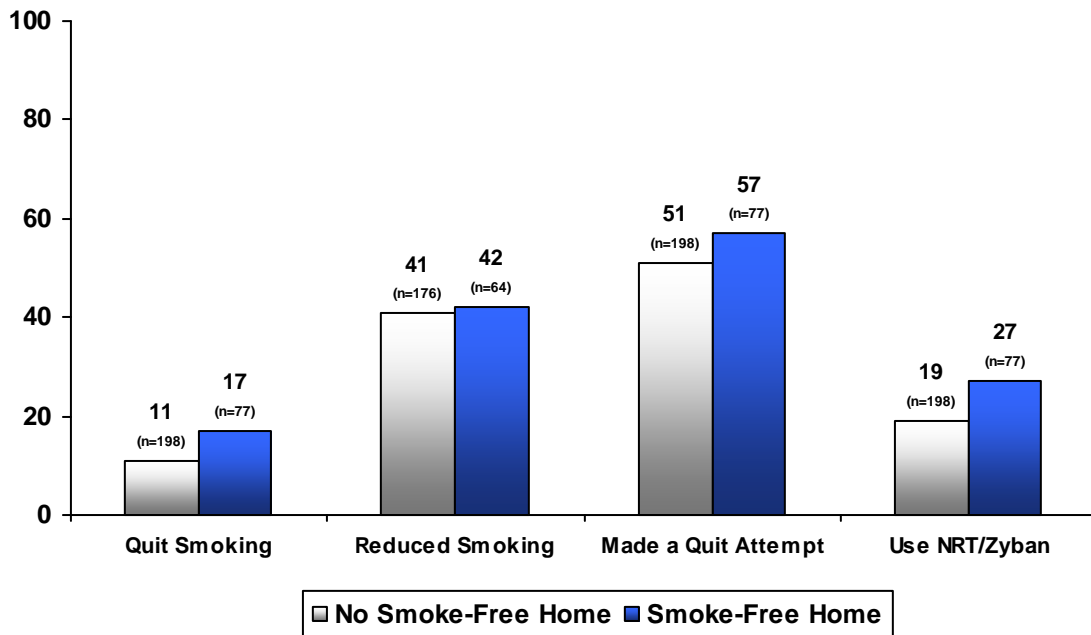
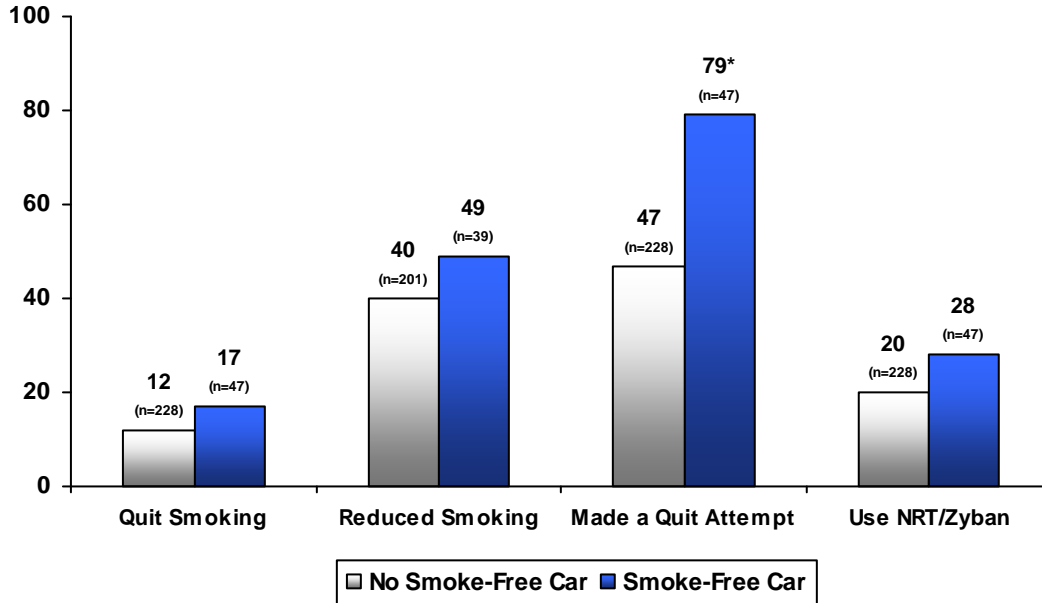
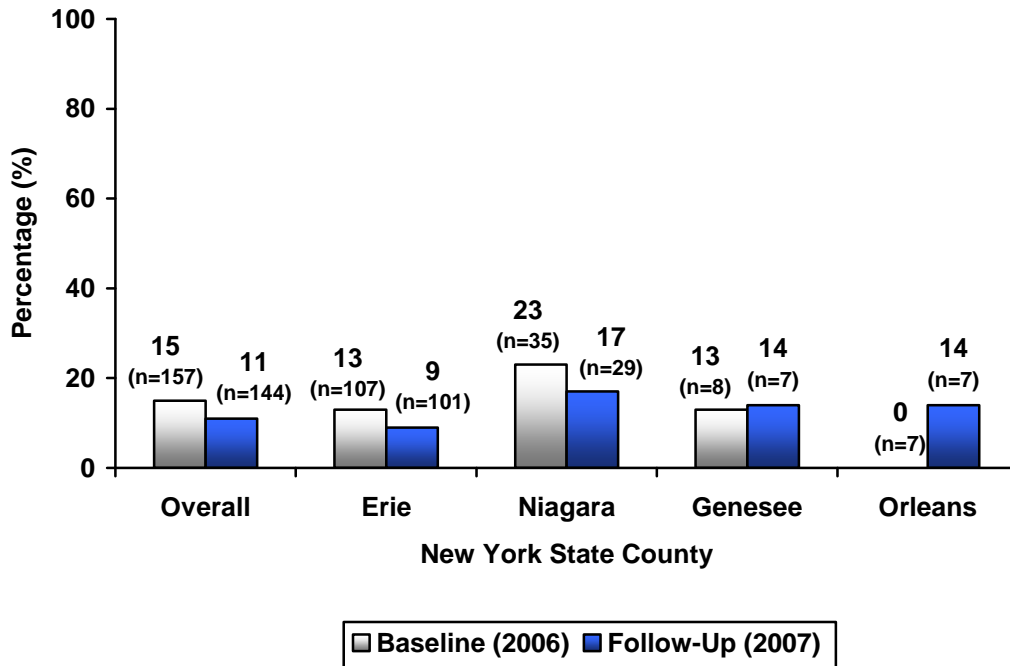


Figure 88: Smoking Cessation Outcomes According to Smoke-Free Car Status at Baseline.



*p<0.05 from Chi Square when compared with 'No Smoke-Free Car'

Figure 89: Percent of Workers Exposed to Secondhand Smoke in Their Work Area in the Last 7 Days.



Note: High rates of overall occupational exposure are largely driven by Niagara County. This trends suggests a certain class of employees are being exposed, likely those employed by the many reservation-owned establishments throughout Niagara County.

Figure 90: Percent of Worker's Exposed to Secondhand Smoke in Their Work Area in the Last 7 Days According to Age.

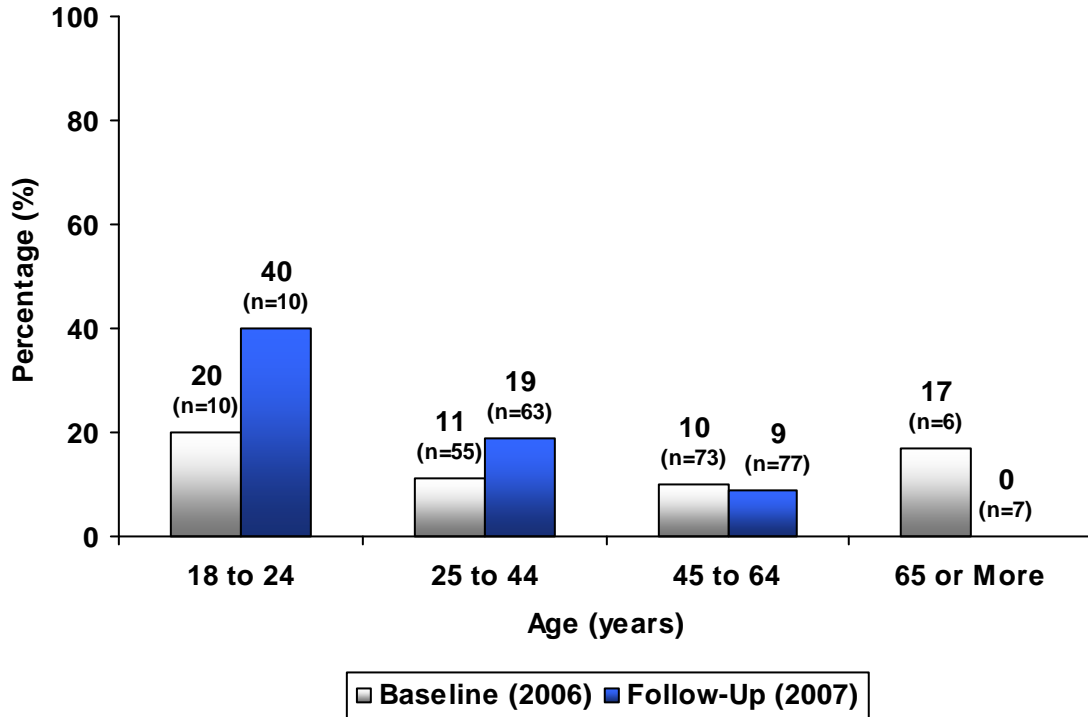


Figure 91: Percent of Worker's Exposed to Secondhand Smoke in Their Work Area in the Last 7 Days According to Gender.

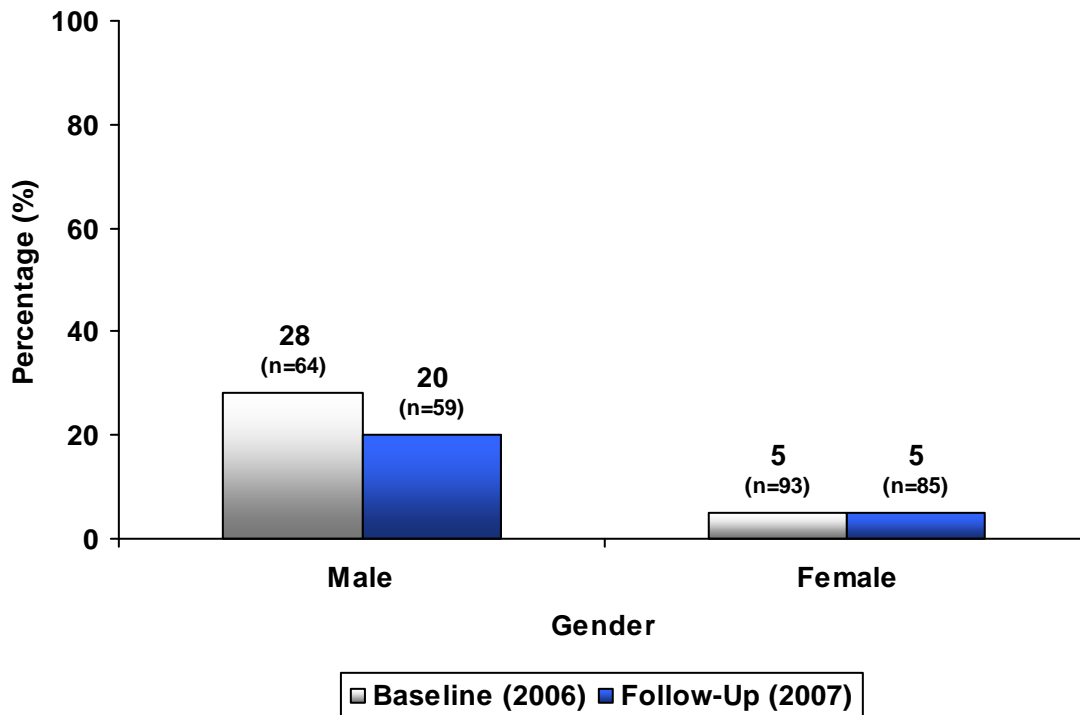


Figure 92: Percent of Worker's Exposed to Secondhand Smoke in Their Work Area in the Last 7 Days According to Ethnicity.

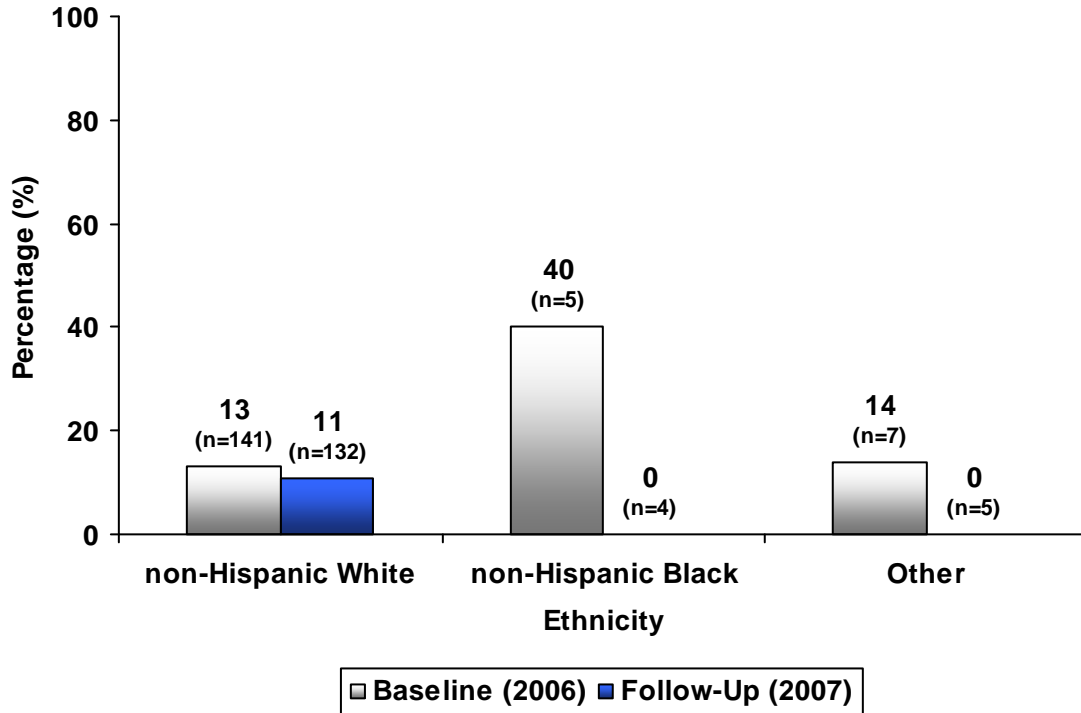


Figure 93: Percent of Worker's Exposed to Secondhand Smoke in Their Work Area in the Last 7 Days According to Education.

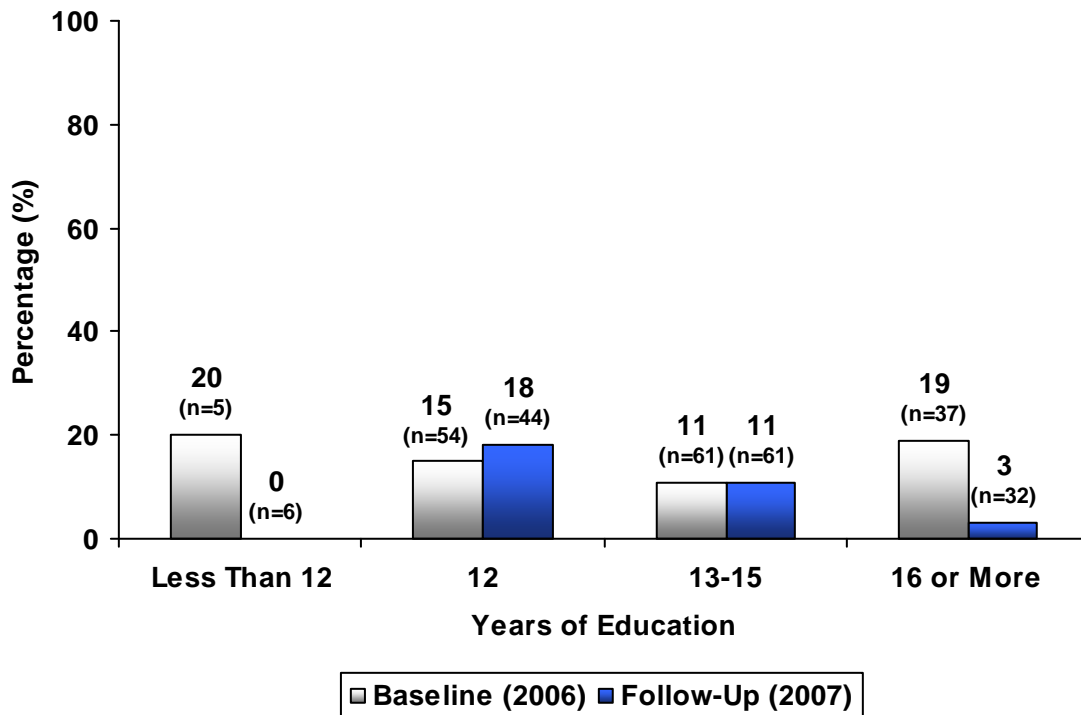


Figure 94: Percent of Current Smokers Who Favor Secondhand Smoke Policies.

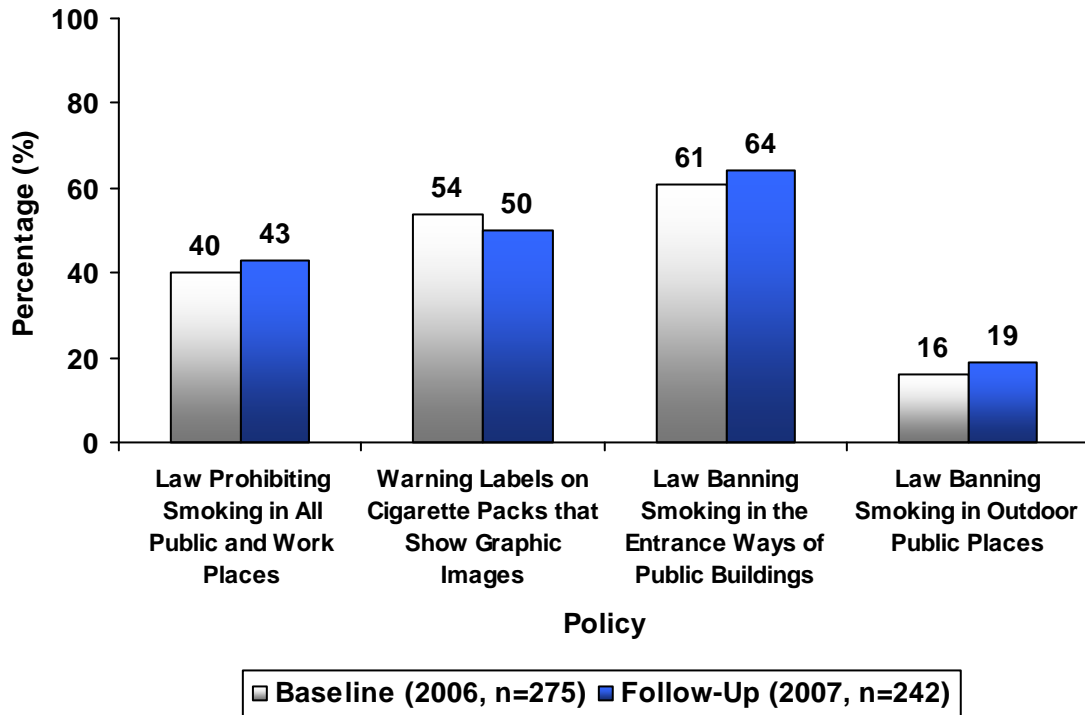


Figure 95: Proportion of Multiunit Housing Tenants with Building Policy that Prohibits Smoking in Indoor Living Spaces (2007, n=79).

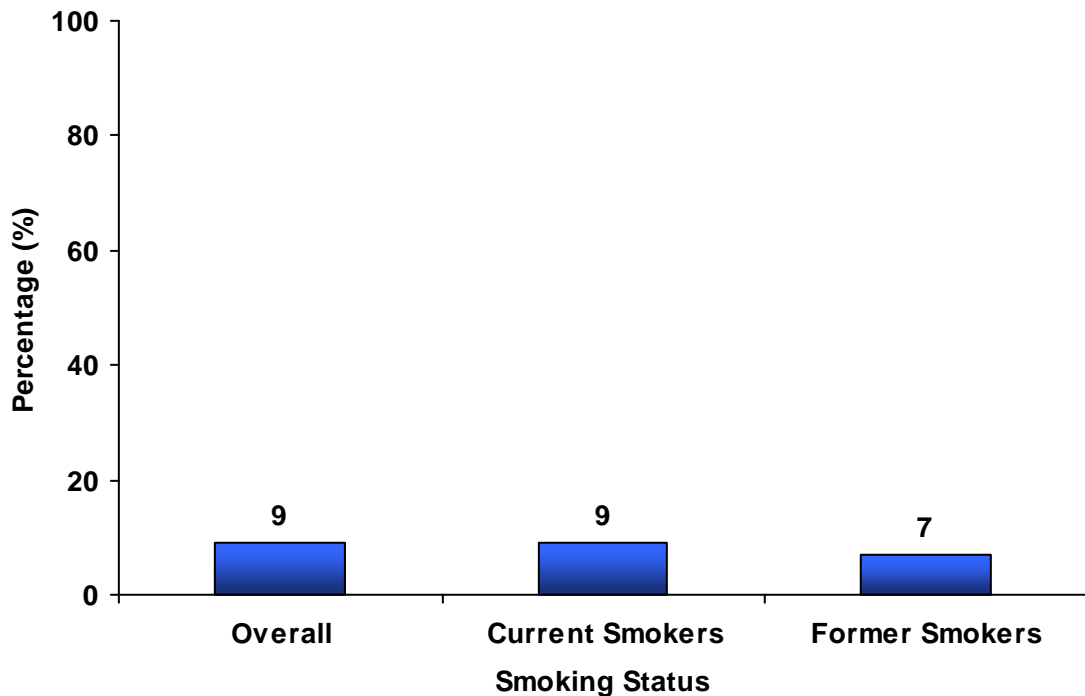


Figure 96: Proportion of Multiunit Housing Tenants with Smoke-Free Building Policy that Have Smelled Secondhand Smoke in Their Personal Living Space Within the Past 30 Days (2007, n=79).

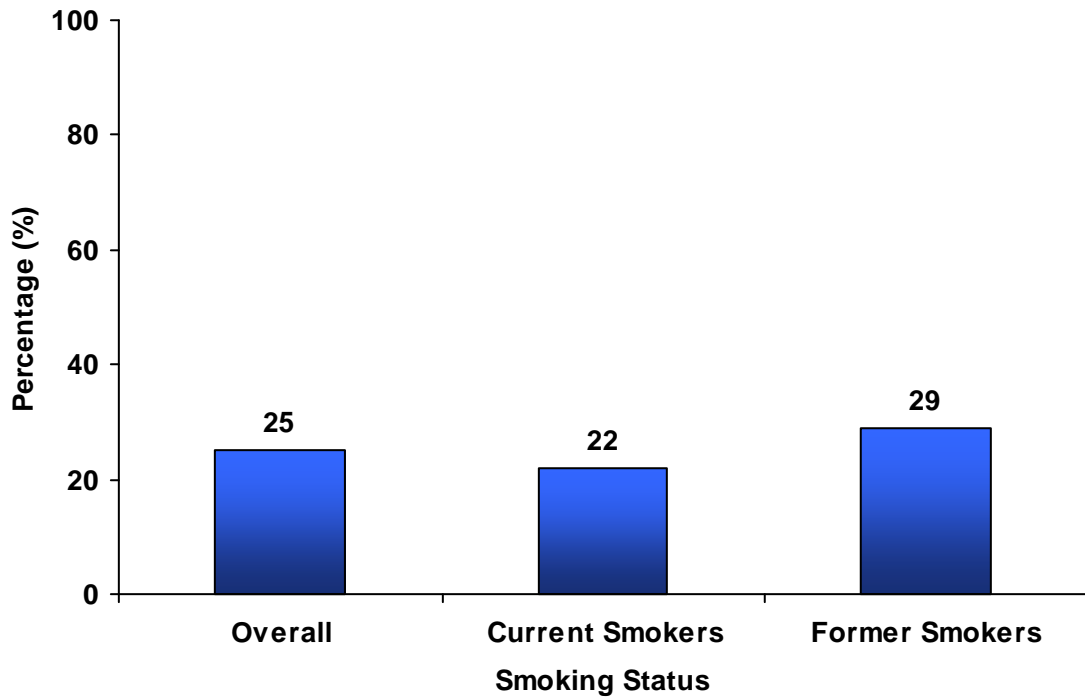


Figure 97: Tenant Compliance and Policy Enforcement in Buildings With Policies Prohibiting Smoking in Personal Living Spaces (2007, n=7).

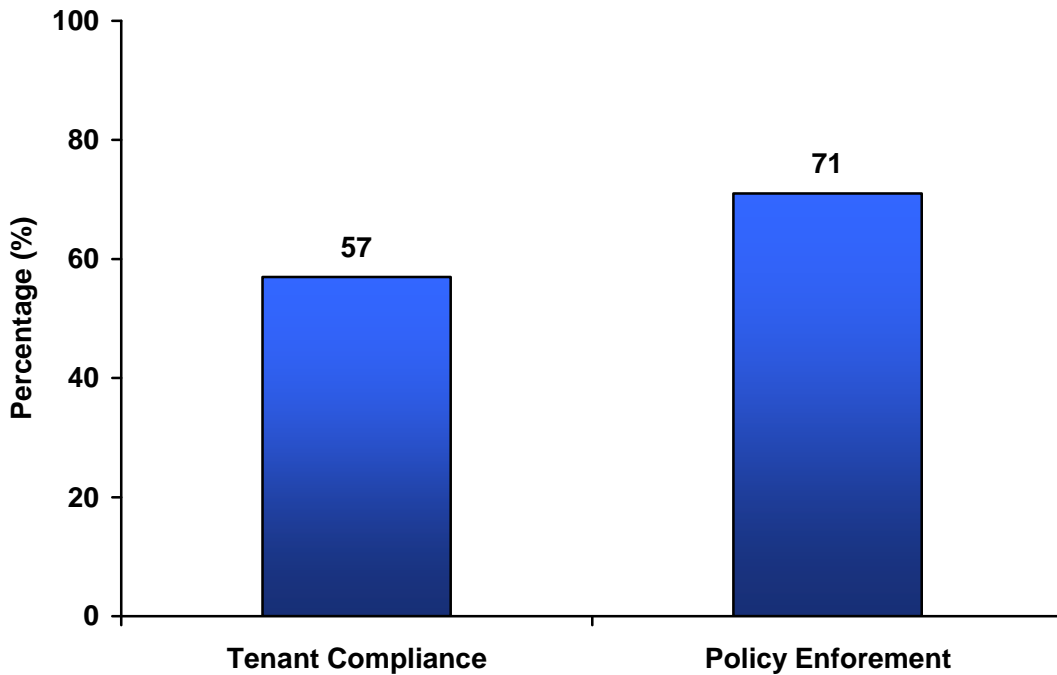


Figure 98: Secondhand Smoke Exposure in The Past Month Among Multiunit Housing Residents According to Exposure Location.

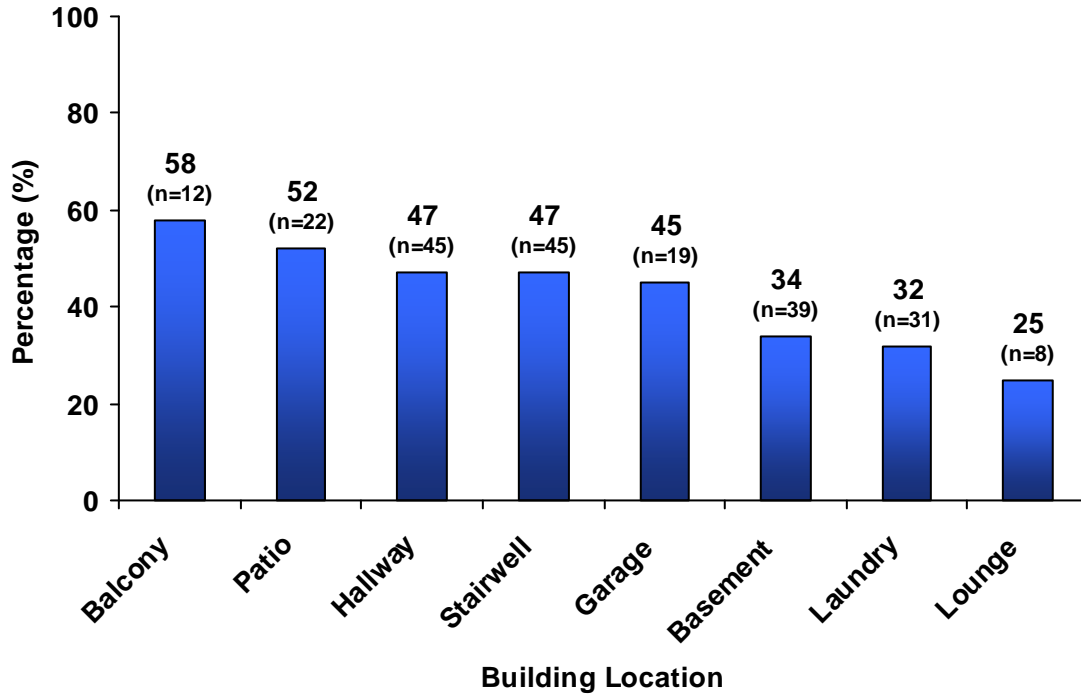
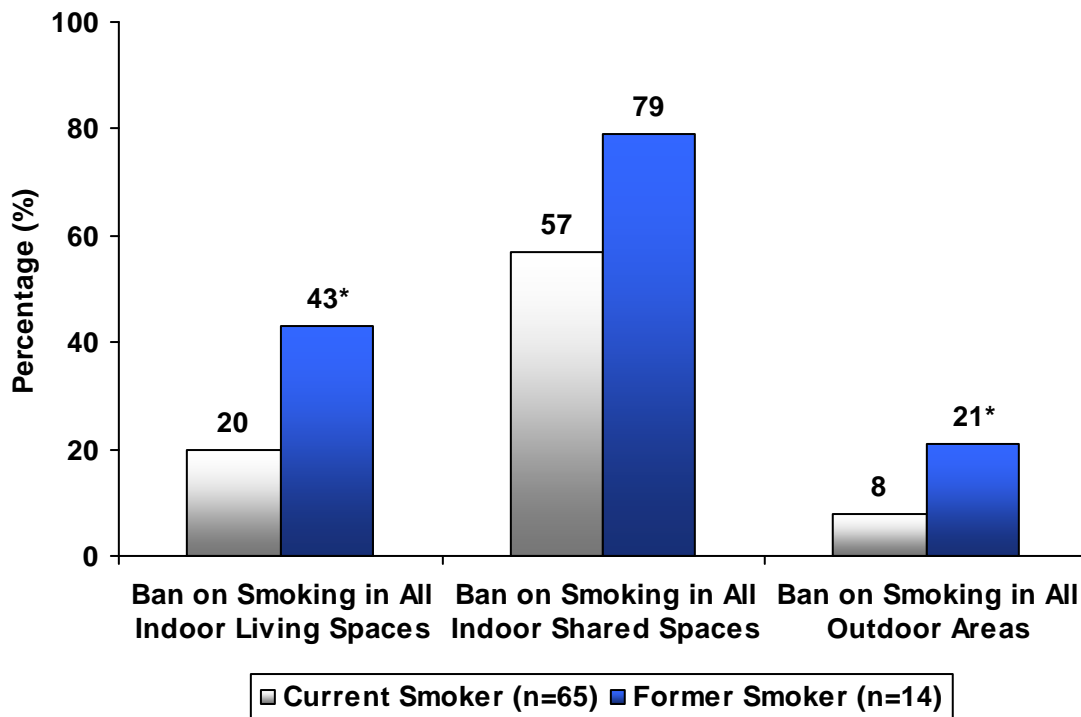


Figure 99: Support for Smokefree Policies Among Multiunit Housing Residents.



*p<0.05 from Chi Square when compared with 'Current Smoker'

2.14. Knowledge, Attitudes, and Beliefs About Tobacco Use

Findings related to current smokers' knowledge, attitudes and beliefs about smoking are present in *Table I*.

The majority of current smokers believe that every cigarette you smoke is doing your body damage at both baseline (86%) and follow-up (84%) with three-quarters believing that smokers have a higher risk for lung cancer (78%, 76%) and slightly less believing that smokers have a higher risk for heart attacks (66%, 62%) and other cancers (51%, 55%). Likewise, 67% of current smokers believe breathing others cigarette smoke can cause lung cancer at both baseline and follow-up, whereas far less believe it can cause Sudden Infant Death Syndrome (SIDS) (23% vs. 28%).

Moreover, 77% and 81% of respondents believe that smoking low tar cigarettes will not lead to decreased health risks at baseline and follow-up, respectively, with 47% and 50% of respondents believing the government should only allow the sale of less dangerous cigarettes, and 60% and 57% preferring to quit rather than switch to low tar cigarettes. In comparison, less than one-third of respondents believe that nicotine does not cause cancer at both baseline (21%) and follow-up (22%) and that switching to low nicotine brands doesn't ease quitting (79% vs. 85%).

Approximately half of current smokers believe that tobacco companies should pay for the costs of stop smoking treatments at baseline (54%) and follow-up (54%), with slightly less believing the tobacco companies have started taking responsibility for the harm caused by smoking (44% vs. 43%).

Among current smokers, 35% and 39% believe that tobacco advertising in stores should "not be allowed at all" at baseline and follow-up, respectively. In addition, nearly three-quarters of current smokers believe movies rated G, PG, and PG-13 should not show smoking (75% vs. 71%). However, close to one-third of respondents believe smoking in the movies doesn't encourage teen smoking (31% vs. 36%), with slightly less believing adults smoking in the movies are attractive (11% vs. 6%).

Table I: Percentage of current smokers who agree with statements pertaining to tobacco product consumption and promotion.

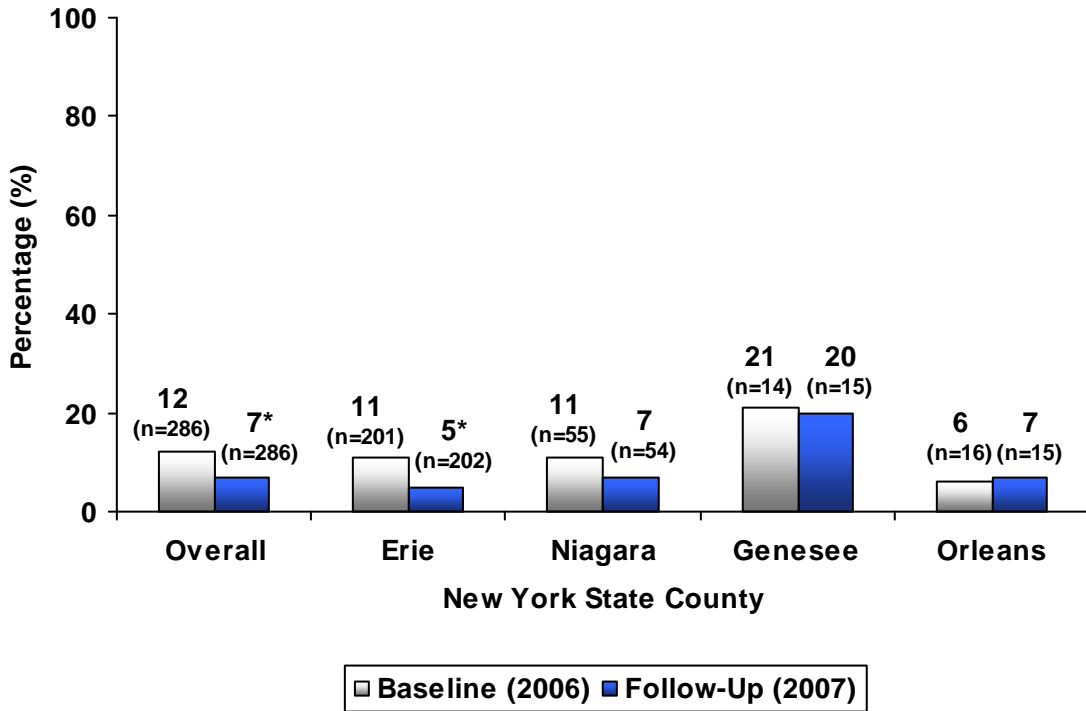
Belief/Attitude	Baseline	Follow-up
i. Adverse Health Outcomes		
<i>Every cigarette you smoke is damaging your body</i>	86	84
<i>Smoking increases the risk of heart attack</i>	66	62
<i>Smoking increases the risk of lung cancer</i>	78	76
<i>Smoking increases the risk of other cancers</i>	51	55
ii. Low Tar Cigarettes		
<i>Smoking low tar cigarettes does not decrease health risk</i>	77	81
<i>Would rather quit than smoke less dangerous cigarettes</i>	60	57
<i>Government should only allow the sale of less dangerous cigarettes</i>	47	50
iii. Nicotine		
<i>Switching to low nicotine brand does not ease quitting</i>	79	85
<i>Nicotine does not cause cancer</i>	21	22
iv. Secondhand Smoke		
<i>Breathing secondhand smoke can cause lung cancer</i>	67	67
<i>Breathing secondhand smoke can cause Sudden Infant Death Syndrome</i>	23	28
v. The Tobacco Industry		
<i>Tobacco companies should pay for the cost of stop-smoking treatments</i>	54	54
<i>Tobacco companies are now taking responsibility for the harm caused by smoking</i>	44	43
vi. Retail Tobacco Advertising		
<i>Tobacco product advertising should not be allowed in retail outlets</i>	35	39
vii. Smoking in the Movies		
<i>Movies rated G, PG, and PG-13 should not show smoking</i>	75	71
<i>Smoking in the movies does not encourage teen smoking</i>	31	36
<i>Adults smoking in the movies are attractive</i>	11	6

2.15. Smokeless Tobacco Use

A statistically significant decrease in the proportion of respondents reported use of other tobacco products (chewing tobacco, snuff, dip, cigars, cigarillos, little cigars, pipes, bidis, clove cigarettes or kreteks) was observed between baseline (12%) and follow-up (7%) (*Figure 100*). The most common form of smokeless tobacco used was cigars/cigarillos, with a statistically significant reduction being observed between baseline (8%) and follow-up (4%) (*Figure 101*).

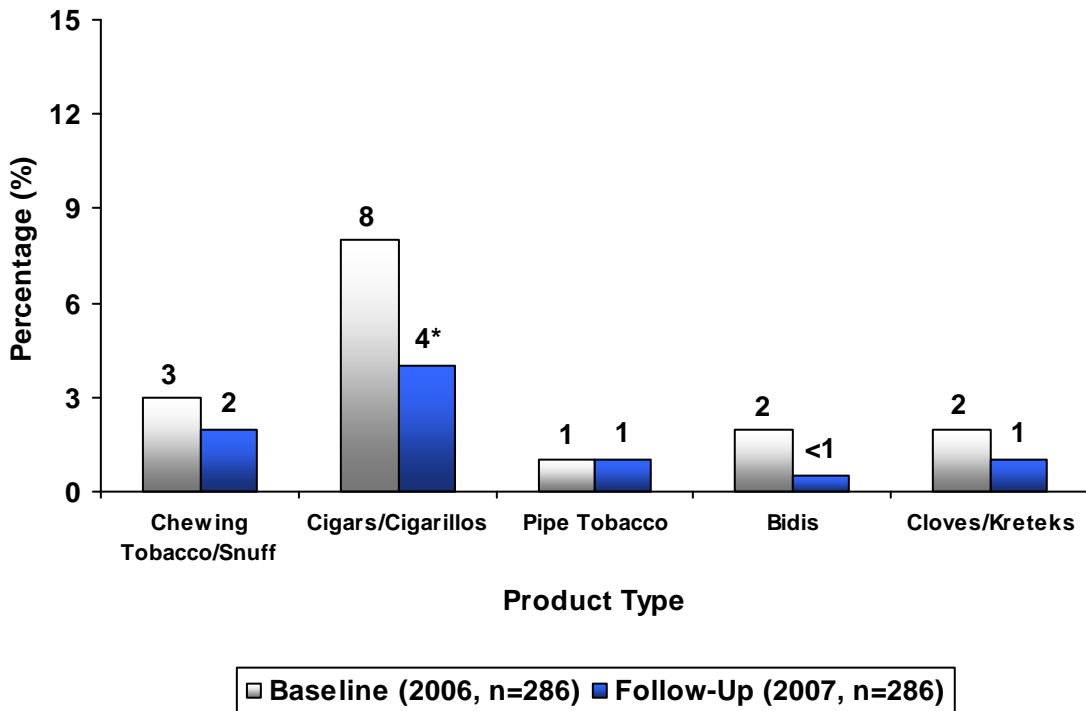
Figures 8 through 10 present the use of any other form of tobacco by age, gender, ethnicity, and education. The rates of current use of other tobacco products were highest among those 18 to 24 years of age (*Figure 102*), males (*Figure 103*), and non-Hispanic Blacks (*Figure 104*) at both baseline and follow-up. Although individuals with less than 12 years of education had the highest proportion of smokeless tobacco use at baseline (16%), a statistically significant reduction was observed at follow-up (5%) (*Figure 105*).

Figure 100: Current Use of Any Other Form of Tobacco.



*p<0.05 from Chi Square when compared with 'Baseline'

Figure 101: Current Use of Any Other Form of Tobacco by Product Type.



*p<0.05 from Chi Square when compared with 'Baseline'

Figure 102: Current Use of Any Other Form of Tobacco According to Age.

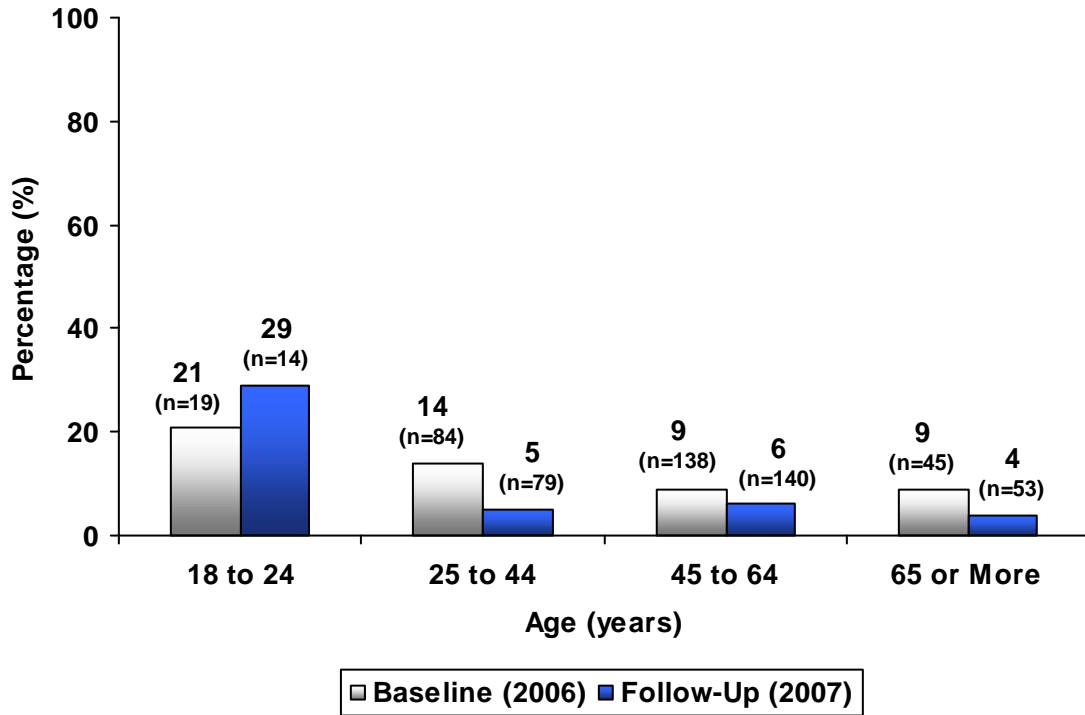


Figure 103: Current Use of Any Other Form of Tobacco According to Gender.

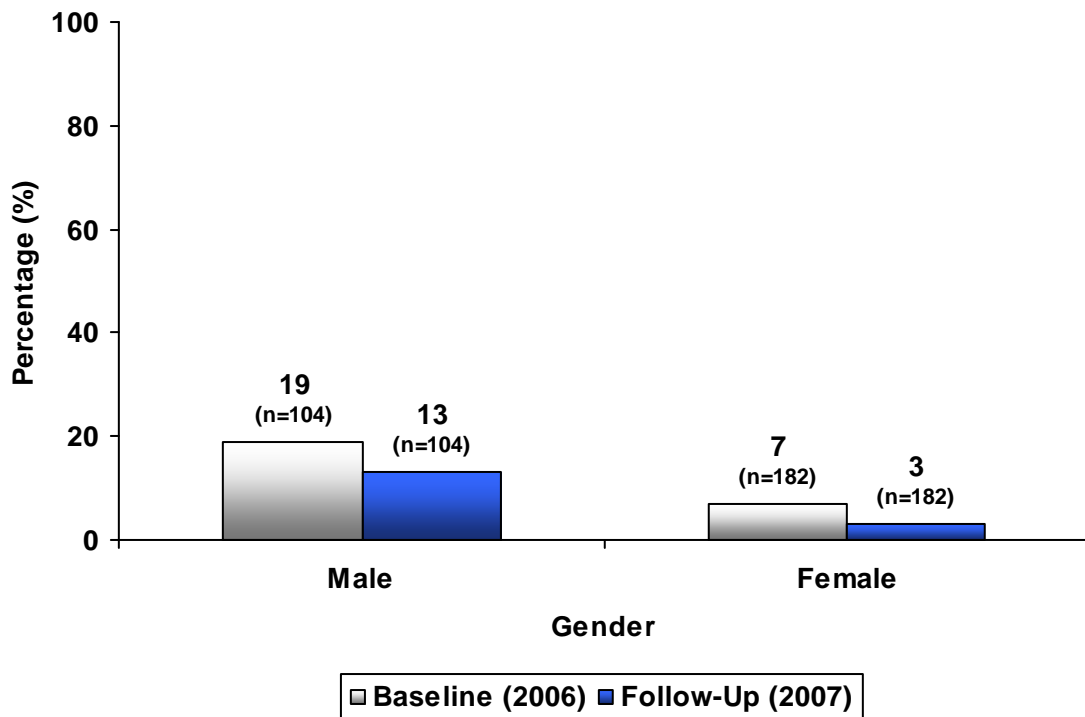


Figure 104: Current Use of Any Other Form of Tobacco According to Ethnicity.

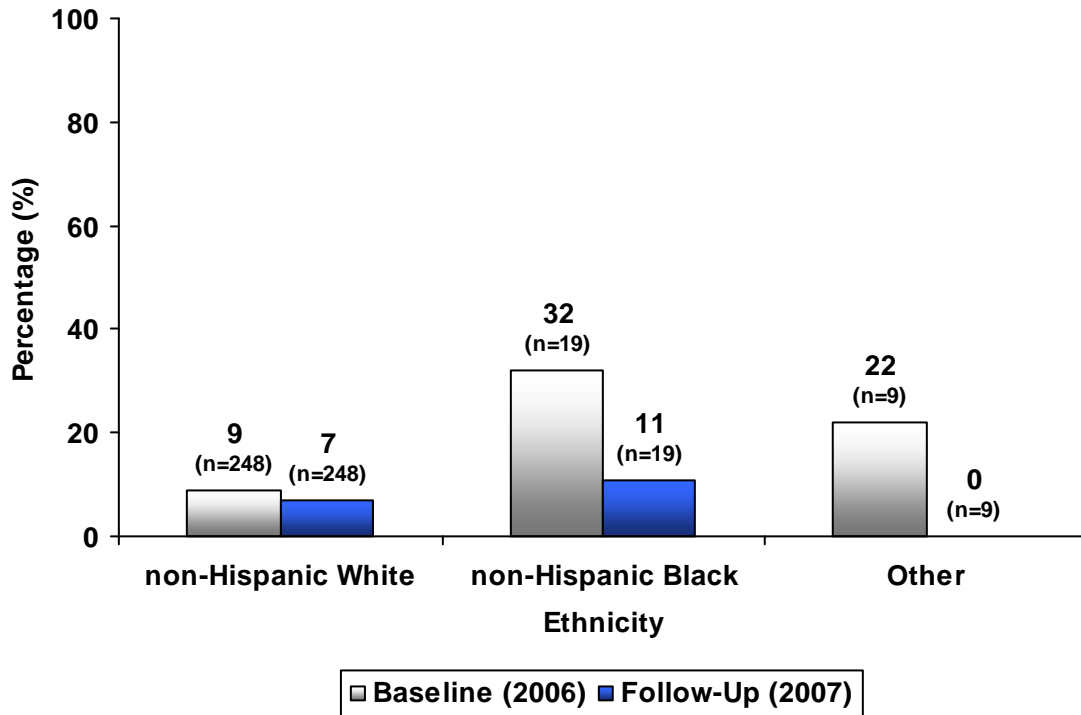
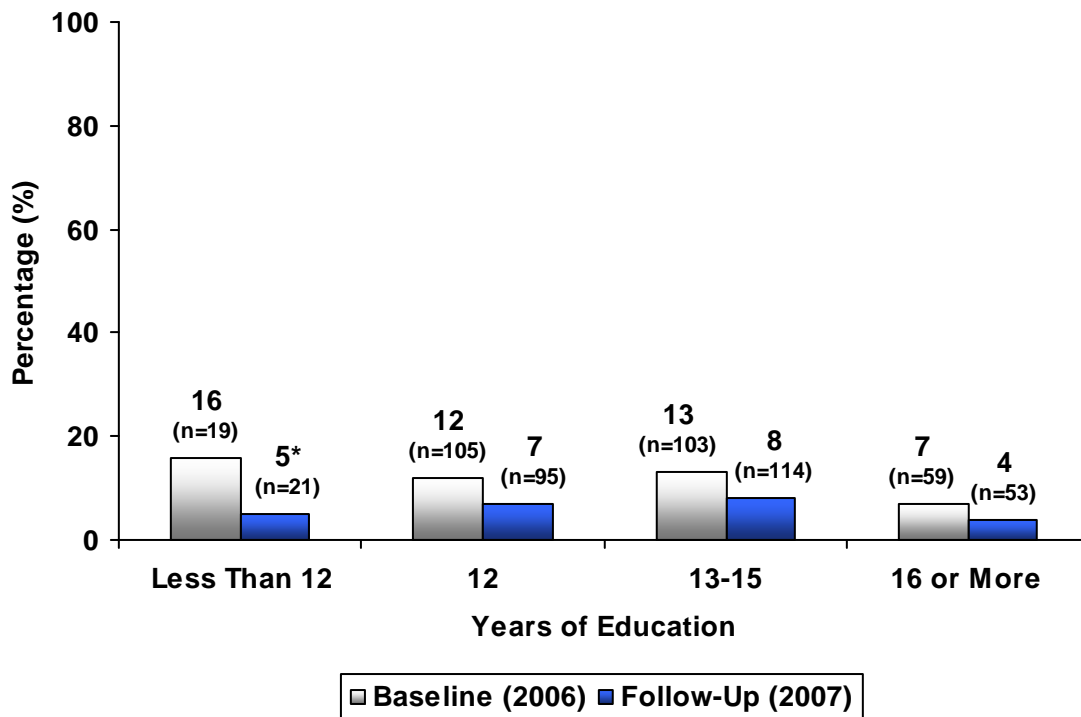


Figure 105: Current Use of Any Other Form of Tobacco According to Education.



*p<0.05 from Chi Square when compared with 'Baseline'

Discussion

The results of 2007 Western New York Adult Tobacco Use Cohort Survey provide useful information for key stakeholders involved with tobacco control policy and promotion throughout the region.

On the positive side, findings from survey reveal that an increasing share of Western New York smokers are expressing a strong desire to stop smoking, are making efforts to quit, and are getting advice and support to quit from a wide range of sources, including health professionals, the media, and the New York State Smokers' Quitline.

Unfortunately, on the negative side, the marketing efforts of national tobacco companies and local level Indian Reservation outlets continue to promote tobacco use by providing a readily available source of inexpensive cigarettes (7). Consequently, there is a need for collaborative initiatives centered upon reducing the cigarette price differentials that exist between regular tobacco product retailers and those from lower taxed and untaxed retail venues, and reducing or eliminating the advertising and promotional activities of the tobacco industry. In order to address these issues, the Erie-Niagara Tobacco-Free Coalition will be continuing its efforts to educate the public about the health risks of tobacco use and the benefits of smoke-free lifestyle. Details of the coalition's work plan for the upcoming year can be found at: www.stopthebutts.org.

References and Resources

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2. US Department of Health and Human Services. Healthy people 2010: understanding and improving health. 2nd ed. Washington, DC: US Department of Health and Human Services; 2000.
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6. United State Census Bureau. 2006 American Community Survey Data Profile Highlights. Available at: <http://factfinder.census.gov>.
7. New York State Department of Health. Cigarette Purchasing Patterns Among New York Smokers: Implications for Health, Price, and Revenue. Roswell Park Cancer Institute and RTI International. March 2006. Available at: http://www.health.state.ny.us/prevention/tobacco_control/docs/cigarette_purchasing_patterns.pdf.

Further Informational Resources

Van Deusen A, Hyland A, Abrams S, Celestino P, Mahoney M, Cummings KM. Smokers' acceptance of 'cold calls' offering quitline services. *Tobacco Control*. 2007.

Van Deusen A, Hyland A, Abrams S, Celestino P, Mahoney M, Cummings KM. Smokers' acceptance of 'cold calls' offering quitline services. 2007 National Conference on Tobacco or Health. Minneapolis MN. October 24-26.

Fix B, King B, Li Q, Van Deusen A, Alford T, Blair L, Cummings KM, Hyland A. Adult Low/Untaxed Cigarette Purchasing Patterns: Results from the Western New York Adult Tobacco Survey. 2007 National Conference on Tobacco or Health. Minneapolis, Minnesota.

King B, Van Deusen A, Cummings KM, Mahoney MC, Alford T, Hyland AJ. Secondhand Smoke Exposure Among Multiunit Housing Residents in Western New York. 2007 State University of New York at Buffalo J. Warren Perry Lecture. Buffalo, New York.

Erie-Niagara Tobacco-Free Coalition. Western New York Tobacco Partnership Evaluation: Results of the 2005/2006 New York State Adult Tobacco Survey. Roswell Park Cancer Institute. 2007.

Smoke Free NOW. Surveillance of Western New York Tobacco Retailer Practices-Findings from Genesee, Orleans, and Wyoming Counties. Roswell Park Cancer Institute. 2007.

Tri-County Tobacco-Free Coalition. Surveillance of Western New York Tobacco Retailer Practices-Findings from Allegany, Cattaraugus, and Chautauqua Counties. Roswell Park Cancer Institute. 2007.

Erie-Niagara Tobacco-Free Coalition. Exposure and Confirmed Awareness of Anti-Tobacco Television Advertisements: The Western New York Adult Tobacco Use Survey. Roswell Park Cancer Institute. 2006.

Appendix I

Characteristics of Survey Respondents

Figure A1: Smoking Status of Survey Respondents

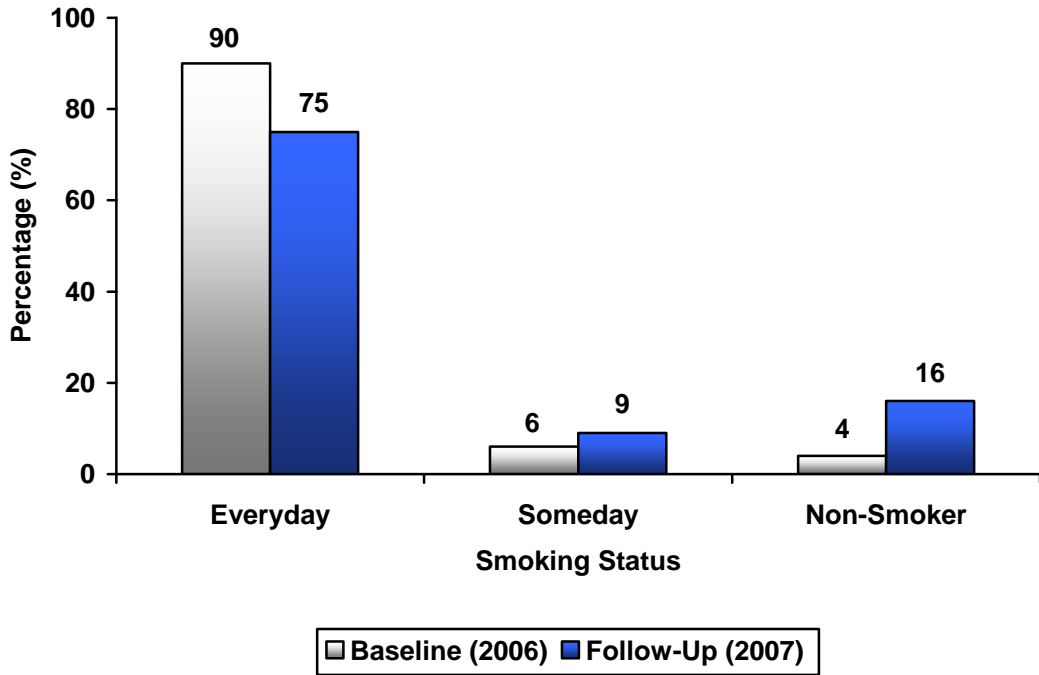


Figure A2: County of Survey Respondents (Current Smokers Only)

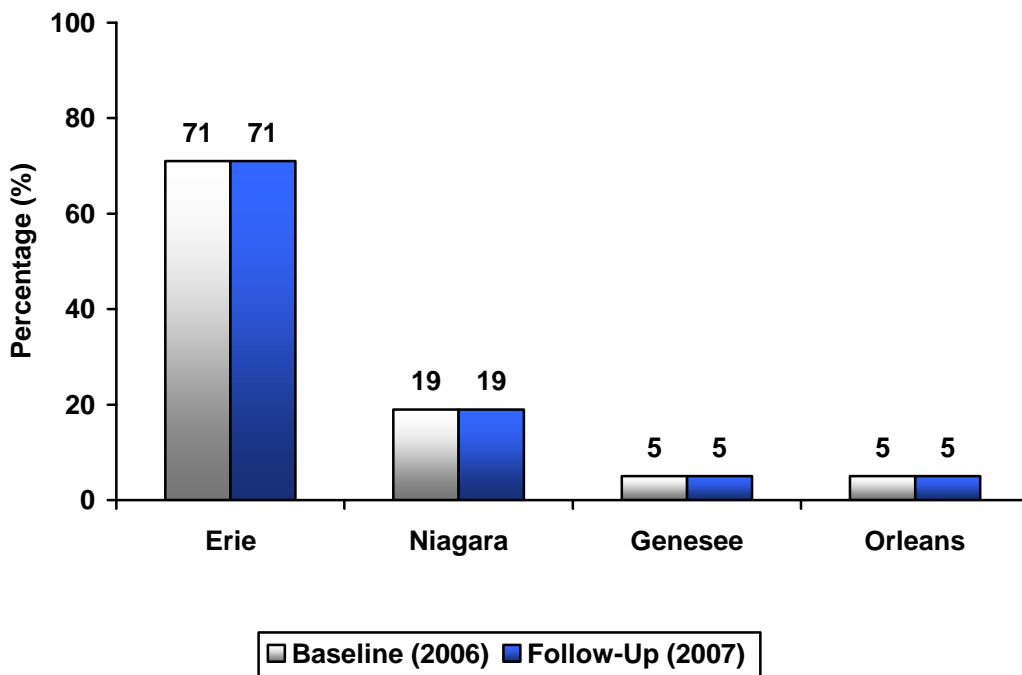


Figure A3: Gender of Survey Respondents (Current Smokers Only)

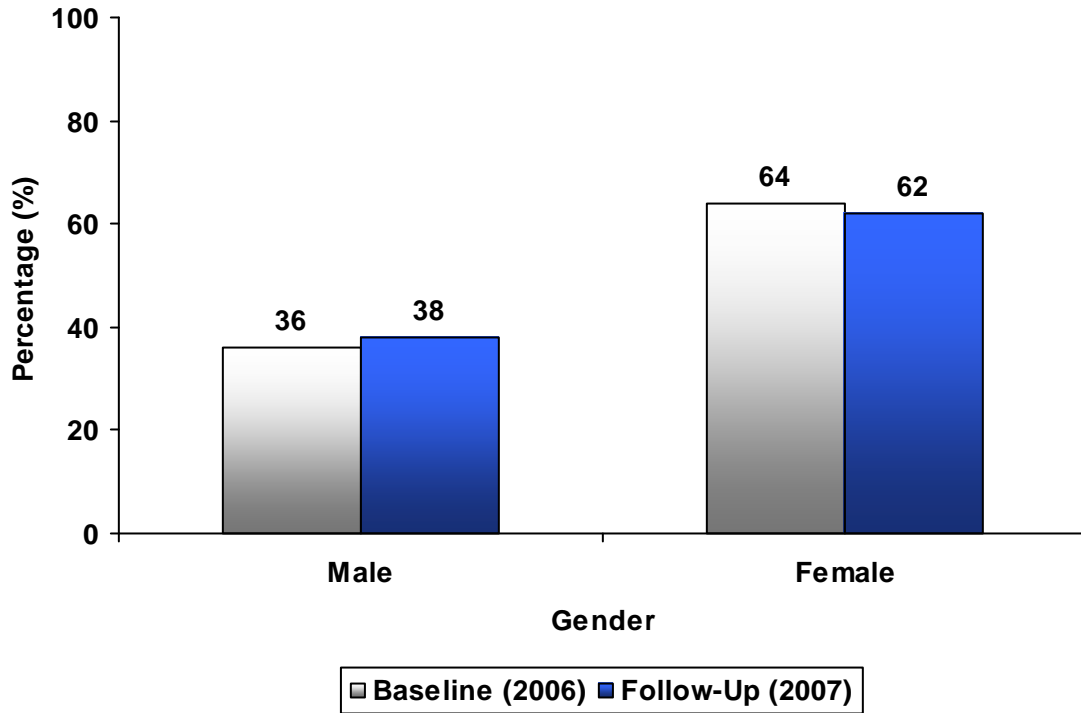


Figure A4: Education of Survey Respondents (Current Smokers Only)

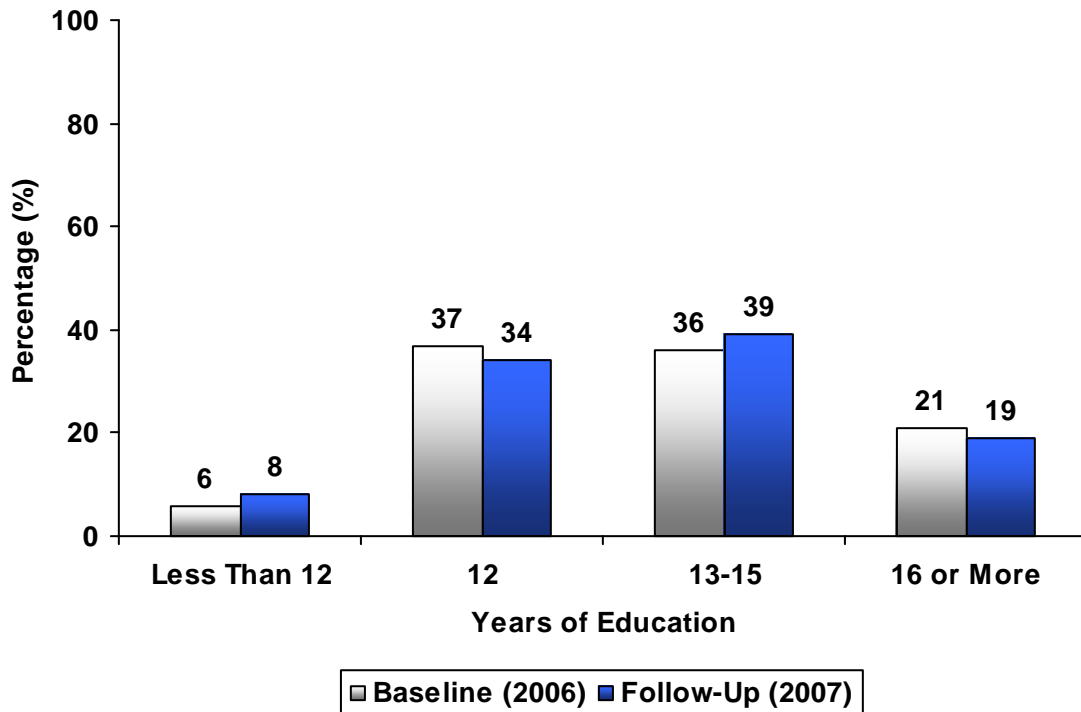
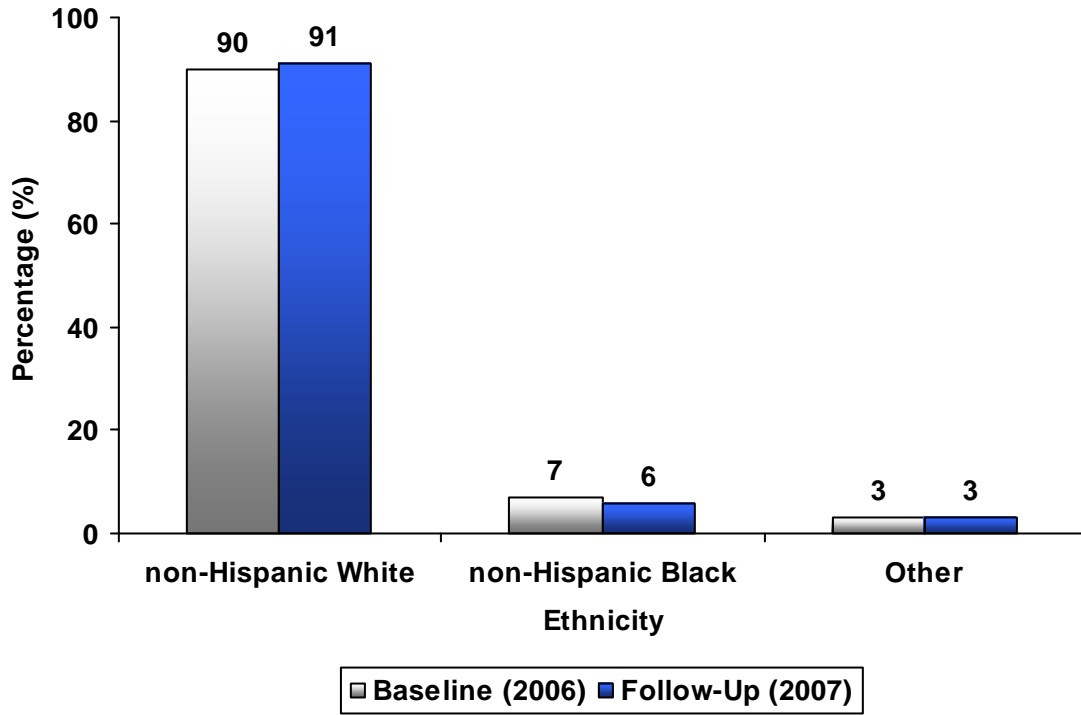


Figure A5: Ethnicity of Smoking Survey Respondents



Appendix II

Definition of Measures

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

Tobacco Use

<i>Measure</i>	<i>Definition</i>
Current Smoker	A response of “yes” to the question, <i>Have you smoked at least 100 cigarettes in your life?</i> -and- A response of “every day” or “someday” to the question, <i>Do you now smoke cigarettes everyday or some days?</i>

Tobacco Dependence

<i>Measure</i>	<i>Definition</i>
Smoke Within 30 minutes of waking up	A response of “within 5 minutes” or “6-30 minutes” to the question, <i>On the days that you smoke, how soon after you wake up do you have your first cigarette?</i>

Cessation Attempts

<i>Measure</i>	<i>Definition</i>
Making a Quit Attempt	A response of “yes” to the question, <i>During the past 12 months did you, at anytime, make an effort to try to stop smoking?</i>
Desire to Quit Smoking	A response of “somewhat” or “a lot” to the question, <i>How much do you want to quit smoking?</i>
Intention to Quit Smoking	A response of “yes” to either of the questions, <i>Are you seriously considering stopping smoking within the next six months? Within the next 30 days?</i>
Self-Efficacy in regards to Quit Smoking	A response of “very likely”, “somewhat likely”, “somewhat unlikely”, or “very unlikely” to the question, <i>If you decided to give up smoking altogether in the next 12 months, how likely do you think you would be to succeed?</i>

Cessation and Relapse

<i>Measure</i>	<i>Definition</i>
Quit Smoking	<p>A baseline response of “yes” to the question, <i>Have you smoked at least 100 cigarettes in your life?</i></p> <p>-and-</p> <p>A baseline response of “every day” or “someday” to the question, <i>Do you now smoke cigarettes everyday, some days or not at all?</i></p> <p>-and-</p> <p>A follow-up response of “never” to the question, <i>Do you now smoke cigarettes everyday, some days or not at all?</i></p>
Relapse	<p>A baseline response of “never” to the question, <i>Do you now smoke cigarettes everyday, some days or not at all?</i></p> <p>-and-</p> <p>A follow-up response of “every day” or “someday” to the question, <i>Do you now smoke cigarettes everyday, some days or not at all?</i></p>

Reduced Smoking

A numerical response to the question, **On average, on the days that you smoke, about how many cigarettes did you smoke a day?**

-and-

A follow-up response of “every day” or “someday” to the question, **Do you now smoke cigarettes everyday, some days or not at all?**

-and-

A numerical follow-up response less than the numerical response indicate at baseline to the question **On average, on the days that you smoke, about how many cigarettes did you smoke a day?**

Quit Attempt

A baseline response of “every day” or “someday” to the question, **Do you now smoke cigarettes everyday, some days or not at all?**

-and-

A follow-up response of “yes” to the question, **During the past 12 months did you, at anytime, make an effort to try and quit smoking?**

Use of NRT or Zyban

A baseline response of “every day” or “someday” to the question, **Do you now smoke cigarettes everyday, some days or not at all?**

-and-

A follow-up response of “yes” to the question, **During the past 12 months did you, at anytime, make an effort to try and quit smoking?**

-and-

A follow-up response of “yes” to the question, **The last time you tried to quit smoking, did you use the nicotine patch, nicotine gum, or any other medication to help you quit?**

Reasons and Methods Used to Quit

<i>Measure</i>	<i>Definition</i>
Reasons/Methods for Quitting	<p>A response of “yes” to the question, <i>During the past 12 months did you, at any time, make an effort to try to stop smoking?</i></p> <p>-and-</p> <p>Any response to the question, <i>The last time you tried to quit smoking, did you use any of the following methods or strategies to try to quit</i></p>
Use of pharmacotherapy	<p>A response of “yes” to the question, <i>During the past 12 months did you, at any time, make an effort to try to stop smoking?</i></p> <p>-and-</p> <p>A response of “yes” to the question, <i>The last time you tried to quit smoking did you use nicotine gum? nicotine patch? nicotine lozenges? nicotine nasal spray? nicotine inhaler? Bupropion, Zyban, or Wellbutrin? any other?</i></p>
Advice from physician	<p>A response of “yes” to the question, <i>In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?</i></p> <p>-and-</p> <p>A response of “yes” to any components of the question, <i>When a doctor, nurse, or health professional advised you to quit smoking, did he/she do any of the following?</i></p>
Employer offered stop smoking program	<p>A response of “yes” to the question, <i>Are you currently employed for wages?</i></p> <p>-and-</p> <p>A response of “yes” to the question, <i>Within the past 12 months, has your employer offered any stop smoking program or any other help to employees who want to quit smoking?</i></p>

Physician Counseling

<i>Measure</i>	<i>Definition</i>
Advised About Exposure to Tobacco Smoke	<p>A baseline response of “yes” to the question, <i>In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?</i></p> <p>-and-</p> <p>A baseline response of “yes” to the question, <i>In the past 12 months, has a doctor, nurse, or other health professional advised you to avoid being around tobacco smoke?</i></p>
Asked About Smoking Status	<p>A baseline response of “yes” to the question, <i>In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?</i></p> <p>-and-</p> <p>A baseline response of “yes” to the question, <i>In the past 12 months, has a doctor, nurse, or other health professional asked if you smoke?</i></p>
Advised to Quit Smoking	<p>A baseline response of “yes” to the question, <i>In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?</i></p> <p>-and-</p> <p>A baseline response of “yes” to the question, <i>In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?</i></p>

Dentist Counseling

<i>Measure</i>	<i>Definition</i>
Asked about Smoking Status	<p>A baseline response of “yes” to the question, <i>In the past 12 months, have you seen a dentist or dental hygienist to get any kind of care for yourself?</i></p> <p>-and-</p> <p>A baseline response of “yes” to the question, <i>In the past 12 months, has a dentist or dental hygienist asked if you smoke?</i></p>

Advised about Smoking Status

A baseline response of “yes” to the question, ***In the past 12 months, have you seen a dentist or dental hygienist to get any kind of care for yourself?***

-and-

A baseline response of “yes” to the question, ***In the past 12 months, has a dentist or dental hygienist advised you to quit smoking?***

Awareness and Use of the New York State Smokers’ Quit line

<i>Measure</i>	<i>Definition</i>
Awareness	A baseline response of “yes” to the question, <i>Have you heard of the New York State Smoker’s Quitline?</i>
Use	A baseline response of “yes” to the question, <i>In the past 12 months, have you called the New York State Smokers’ Quitline?</i>

Employer Sponsored Cessation Programs

<i>Measure</i>	<i>Definition</i>
Employer offered stop smoking program	A baseline response of “yes” to the question, <i>Are you currently employed for wages?</i>
	-and-
	A baseline response of “yes” to the question, <i>Within the past 12 months, has your employer offered any stop smoking program or any other help to employees who want to quit smoking?</i>

Tobacco Product Characteristics

<i>Measure</i>	<i>Definition</i>
Usual cigarette brand	A response to the question, <i>What is your usual brand of cigarettes?</i>
Brand Switching	A response of “yes” to any of the question, <i>Have you switched brands or type of cigarettes in the past 12 months?</i>

Purchase of Cigarettes on Indian Reservations

<i>Measure</i>	<i>Definition</i>
Purchase at Indian Reservations	A baseline response of “yes” to the question, <i>In the past 12 months, have you or a friend or relative purchased cigarettes for your own use at an Indian Reservation?</i>

Advertising and Promotions

<i>Measure</i>	<i>Definition</i>
Received coupons	A response of “yes” to the question, <i>Do you currently receive things like coupons or other promotional items in the mail from tobacco companies?</i>
Received e-mails	A response of “yes” to the question, <i>Do you get e-mail from companies trying to sell you cigarettes?</i>

Anti-Smoking Media Messages and Campaigns

Measure	Definition
Exposure to <i>Man Being Tempted by Woman</i>	A response of “yes” to the question, <i>Have you recently seen an anti-smoking as on TV that shows a man being followed by an attractive woman?</i>
Confirmed Awareness of <i>Man Being Tempted by Woman</i>	<p>A response of “yes” to the question, <i>Have you recently seen an anti-smoking ad on TV that shows a man being followed by an attractive woman?</i></p> <p>-and-</p> <p>A response of “the woman is trying to get the man to smoke cigarettes”, “the man is trying to resist the seduction of cigarettes”, “the woman says ‘Hi Nathan, You know you want me’”, “As the man leaves the room the woman says ‘you’ll come back, you always so’”, “As the man is driving in his car, the woman cozies up to him on the seat and plays with his hair”, “The woman says ‘you can have me right here in the car Nathan you need me Nathan’”, “He turns around and the woman has disappeared”, “A cigarettes pack lying on the back seat”, “The man looks at the cigarette pack on the back seat” to the question, <i>What happens in this ad?</i></p>
Exposure to <i>Man Watching Smokers Through Window</i>	A response of “yes” to the question, <i>Have you recently seen a series of anti-smoking or anti-tobacco ads on TV that shows a man standing at a window looking out at a group of people smoking?</i>
Confirmed Awareness <i>Man Watching Smokers Through Window</i>	<p>A response of “yes” to the question, <i>Have you recently seen a series of anti-smoking or anti-tobacco ads on TV that shows a man standing at a window looking out at a group of people smoking?</i></p> <p>-and-</p> <p>A response of “the man is in an office standing at a copier”, “The man begins smashing things”, “The man pulls a water fountain out of the wall”, “The screen flashes back to the man standing at the copier who hasn’t moved”, “Another man says ‘Hey, I’m gonna need that stuff by noon’”, “The man continues looking at the smokers outside”, to the question <i>What happens in this ad?</i></p>

Exposure to *Woman Jumping Out Window*

A response of “yes” to the question, ***Have you recently seen an anti-smoking as on TV that shows a woman getting out of bed to answer a phone call?***

Confirmed Awareness *Woman Jumping Out Window*

A response of “yes” to the question, ***Have you recently seen an anti-smoking ad on TV that shows a woman getting out of bed to answer a phone call?***

-and-

A response of “she looks out the window and sees a man smoking in the rain”, “She sees the man throw his cigarette on the street”, “The woman jumps through the window and lands on the car below”, “The woman bends down to get the cigarette butt that was left by the man”, “She takes a puff of the cigarette”, “The screen cuts back to the woman still standing at her window”, to the question ***What happens in this ad?***

Exposure to *Quit the Smokes*

A response of “yes” to the question, ***Have you recently seen an anti-smoking ad on TV that shows a woman getting out of bed to answer a phone call?***

Confirmed Awareness of *Quit the Smokes*

A response of “yes” to the question, ***Have you recently seen an anti-smoking ad on TV that shows a woman getting out of bed to answer a phone call?***

-and-

A response of “Money falls from above”, “Win \$500 flashes across the screen”, “1-800-Quit-Now flashes across the screen”, “A no smoking symbol flashes across the screen”, “The Quitline would send an entry form”, “The Quitline would send a quit kit”, “The Quitline would send 2 week supply of nicotine patches”, “Need to be 18 years old”, “Need to smoke everyday”, “January 15th-February 15th”, to the question ***What happens in this ad?***

Exposure to *Rick Stoddard*

A response of “yes” to the question, ***In February of this year, did you see a commercial on TV that featured a man talking about his wife who died from smoking cigarettes?***

Confirmed Awareness of *Rick Stoddard*

A response of “yes” to the question, ***In February of this year, did you see a commercial on TV that Featured a man talking about his wife who died from smoking cigarettes?***

-and-

A response of “ Man in black shirt talks about how his wife died from smoking cigarettes”, “Man said his wife was 46 when she died; he never thought of 23 as middle-aged”, “Old family pictures flash across the screen while the man is talking”, “Old family pictures flash across the screen while the man is talking”, “At end of commercial ‘To see if you are eligible for free nicotine patches’ flashes across screen with phone number to call, 1-866-NY-QUITS”, “At end of commercial, phone number 1-866-NY-QUITS flashes on the screen” to the question ***What happens in this ad?***

Exposure to *Fluffy Quits*

A response of “yes” to the question, ***Since January of this year, have you seen any billboards, transit signs, flyers, newspaper advertisements or postings about the dangers of secondhand smoke to pets?***

Confirmed Awareness of *Fluffy Quits*

A response of “yes” to the question, ***Since January of this year, have you seen any billboards, transit signs, flyers, newspaper advertisements or postings about the dangers of secondhand smoke to pets?***

-and-

A response of “sad-looking dog”, “Cats”, “Bunny”, “Hamster”, “Secondhand Smoke Facts”, “Fluffyquits.com website”, “Chance to win a free t-shirt”, “make pledge to keep pets smoke-free”, “chance to win prizes”, “1-800-QUIT-NOW phone number” to the question ***What do you remember from this ad?***

Exposure to *Trucks in Tunnel*

A response of “yes” to the question, ***Have you recently seen an anti-smoking ad on TV that shows two trucks going through a tunnel?***

Confirmed Awareness of *Trucks in Tunnel*

A response of “yes” to the question, ***Have you recently seen an anti-smoking ad on TV that shows two trucks going through a tunnel?***

-and-

A response of “the ad shows a set of blurry headlights straight ahead”, “A woman says that the truck represents a regular cigarette”, “The ad shows a person standing at the end of the tunnel and the truck is about to go through the person”, “The ad shows second truck behind the first and the second truck represents a light cigarette”, “The woman asks if you can see a difference between the two trucks”, “The woman says that tobacco companies confirm that light cigarettes can deliver the same amount of tar and toxins as regular cigarettes”, “The woman at the end of the tunnel turns around as the trucks come towards her and says ‘we though you should know while there’s still time to stop’”, “The woman at the end of the tunnel steps to the side and the trucks pass without incident”, “Ending screen shows ‘light or regular. Both deadly” to the question ***What happens in this ad?***

Exposure to *Man With Vacuum Cleaner*

A response of “yes” to the question, ***Have you recently seen an anti-smoking ad on TV that shows a man with a vacuum cleaner?***

Confirmed Awareness of *Man With Vacuum Cleaner*

A response of “yes” to the question, ***Have you recently seen an anti-smoking ad on TV that shows a man with a vacuum cleaner?***

-and-

A response of “The ad shows a man sitting in a blue room with a red vacuum cleaner”, “The man asks if you know how some tobacco companies fool you with light cigarettes by using vents like the ones in the vacuum cleaner”, “The man looks at the vents in the vacuum’s hose and says, ‘They use filters to let in air. In lab tests this gives them lower tar and nicotine numbers’”, “The man turns off the vacuum as he says that tar is what gives cigarettes their flavor”, “The mans says ‘cigarette makers place the vents where cigarette smokers fingers cover them up’ and he places his fingers over the vacuum’s vents”, “The man takes out the vacuum bag and dumps the dust on the ground as he says ‘your lungs get more of everything else’”, ‘The screen goes black but you hear the man cough because of the dust from the vacuum cleaner” to the question ***What happens in this ad?***

Secondhand Smoke Exposure and Policies

<i>Measure</i>	<i>Definition</i>
Smoke-free home	A response of “smoking is not allowed anywhere inside the home” to the question, <i>Which statement best described the rules about smoking in your home?</i>
Smoke-free car	A response of “smoking is never allowed in my car” to the question, <i>Which statement best described the rules about smoking in your family car or cars?</i>
Exposed to secondhand smoke at work	A response of “yes” to the question, <i>Are you currently employed for wages?</i>
Favor Smoke-Free Policies	A response of “definitely yes” or “probably yes” to the questions, <i>Are you personally in favor, opposed to, or indifferent to the New York State law prohibiting smoking in all public and work places, including bars and restaurants?, Would you be in favor of a law banning smoking in outdoor public places such as beaches or parks?, Would you be in favor of a law banning smoking in the entrance ways of public buildings and workplaces?</i>

Smoke-Free Building Policy

A response of “yes” to the question, ***Is there a building policy that prohibits smoking in your indoor personal living space such as your living room and bedroom?***

Smell of Secondhand Smoke

A response of “yes” to the question, ***Is there a building policy that prohibits smoking in your indoor personal living space such as your living room and bedroom?***

-and-

A response of “yes” to the question, ***Can you smell secondhand smoke in your personal living space?***

Tenant Compliance/Policy Enforcement

A response of “yes” to the question, ***Is there a building policy that prohibits smoking in your indoor personal living space such as your living room and bedroom?***

-and-

A response of “yes” to the questions, ***To your knowledge, are tenants generally compliant with the smoke-free policy in their personal living space?, Is the policy enforced?***

Secondhand Smoke Exposure in Last Month

A response of “yes” to the question, ***Does your multiunit building have shared hallways?/shared laundry room?/lobby?/lounge or common area?/patio?/balcony?/stairwell?/garage or carport?/basement?***

-and-

A response of “yes” to the question, ***During the last months of living in your unit, has secondhand smoke entered this area?***

Support for Smoke-Free Policies

A response of “duplex”, “double or other multi-family home”, “apartment building”, “condominium”, or “townhouse” to the question, ***What type of residence do you reside in?***

-and-

A response of “definitely yes” or “probably yes” to the questions, ***Would you be in favor of a policy in your residential building that bans smoking in all indoor personal living spaces such as living room and bedrooms?, Would you be in favor of a policy in your residential building that bans smoking in all indoor shared spaces such as common hallways, stairwells and lobbies?, Would you be in favor of a policy in your residential building that bans smoking in all outdoor areas, such as balconies and patios?***

Knowledge, Attitudes, and Beliefs

<i>Measure</i>	<i>Definition</i>
Belief that smoking increases the risk of adverse health outcomes	A response of “higher” to the questions, <i>Do you think your risk of having a heart attack/lung cancer/other cancers besides lung cancer] is higher, lower, or about the same as other people who are your age and don’t smoke?</i>
Perceptions of portrayal of smoking in the movies	A response of “strongly agree” or “agree” to the questions, <i>Movies rated G, PG, and PG-13 should not show actors smoking, Actors smoking in movies do not encourage smoking among teens, or Adults I see smoking in movies are attractive to me.</i>
Breathing cigarette smoke causes lung cancer/SIDS	A response of “strongly agree” or “agree” to the questions, <i>Would you say that breathing smoke from other people’s cigarettes causes [lung cancer, SIDS]?</i>
Perceptions on the extent to which tobacco companies should be responsible for the harm and costs associated with smoking.	A response of “strongly agree” or “agree” to the questions, <i>Tobacco companies are now taking responsibility for the harm caused by smoking and Tobacco companies should pay for the costs of stop-smoking treatments.</i>
Perceptions About the effects of smoking, nicotine, and switching to low nicotine cigarettes.	A response of “each and every cigarette you smoke damages your body”, “switching to a low nicotine cigarette brand does not improve your chances of quitting smoking”, and “ the nicotine in cigarettes is the chemical that causes most of the cancer in smokers” to the question, <i>In your opinion, which of the following statements is nearest to the truth?</i>
Perceptions About Low Tar Cigarettes.	A response of “your chances of becoming ill from smoking are not chanced much by smoking light, low-tar cigarette brand” and “If there were a less dangerous cigarette, I would still try to quit rather than switch to the less dangerous cigarettes to the question, <i>In your opinion, which of the following statements I nearest to the truth</i> and a response of “strongly agree” or “agree” to the question, <i>If cigarette companies made a cigarette that was less dangerous than current ones, should the government require that only the less dangerous cigarettes be sold.</i>

Smokeless Tobacco Use

<i>Measure</i>	<i>Definition</i>
Current Use of Any Other Form of Tobacco	A response of “yes” to any of the following questions, <i>Please tell me whether or not you now use any of the following tobacco products: chewing tobacco snuff, or dip? Cigars, cigarillos, or little cigars? Pipe tobacco? Flavored cigarettes from India called Bidis? Clove cigarettes or Kreteks?</i>

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