Wyoming Survey & Analysis Center
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2025 Wyoming Adult Commercial Tobacco and Nicotine Survey

Wyoming Adults' Use of and Attitudes About Commercial Tobacco and Nicotine Products

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Executive Summary

The 2025 Wyoming Adult Commercial Tobacco and Nicotine Survey (formerly known as the Wyoming Adult Tobacco Survey) provides insights into how Wyoming adults use and perceive commercial tobacco and nicotine products. The survey, conducted by the Wyoming Survey & Analysis Center (WYSAC), tracks progress toward commercial tobacco and nicotine prevention goals.

Cigarettes, ENDS (Electronic Nicotine Delivery Systems), and nicotine pouches are the most commonly used products in Wyoming.

Stopping youth from starting to use commercial tobacco is a key strategy for tobacco prevention. Almost all adults (91%) who ever smoked started before age 21, with an average age of 16.

Key Findings

➔ **ENDS:**
- Most adults (69%) have never tried ENDS, but current use has increased from 7% in 2015 to 10% in 2025, matching the 2025 cigarette smoking rate of 10%.
- Perceived harm of ENDS use has increased from 35% of adults saying it is very harmful in 2017 to 72% in 2025.

➔ **Cigarette Smoking:**
- Current smoking rate is 10% in 2025, down from a recent peak of 21% in 2006.
- Nearly all adults (98%) acknowledge that smoking cigarettes is harmful.

➔ **Secondhand Smoke:**
- Most adults (87%) support smokefree indoor air policies for restaurants, while 85% support similar policies in workplaces. Support for smokefree bars and casinos/clubs is over 50%.
- Most employed adults (91%) report working in smokefree indoor workplaces.
- About one in three adults (33%) report exposure to secondhand smoke in public places.

➔ **Quitting Efforts:**
- About half of adults who smoke (53%) want to quit, and many (81%) have tried at some time in their life.
- About 55% of current adult ENDS users have tried to quit.

➔ **Emerging Commercial Tobacco and Nicotine Products:**
- The use of new and emerging products remains low among Wyoming adults with the exception of nicotine pouches. One in twenty adults (5%) reports using nicotine pouches, similar to the rate for smokeless tobacco (4%).

There has been a decline in cigarette smoking rates but a rise in ENDS use among Wyoming adults. Public awareness of the harms of smoking is high, and there is considerable support for smokefree policies. Preventing new commercial tobacco or nicotine use, especially among youth, requires targeted efforts and continuous monitoring of emerging products.

Background

In this report, we refer to the use of commercial tobacco, not ceremonial or traditional use of tobacco by Indigenous Peoples such as the Eastern Shoshone or Northern Arapaho. Smoking refers to the use of commercial cigarettes. Smokeless tobacco refers to commercial products such as chew, moist snuff, and snus. Legally, the U.S. Food and Drug Administration has deemed electronic nicotine delivery systems (ENDS, also known as e-cigarettes or vaping devices) to be commercial tobacco products and subject to their regulation. Wyoming Statute (Wyo. Stat. § 14-3-301, 2013/2023) also includes ENDS in the legal definition of commercial tobacco products.

Smoking is the leading preventable cause of death in the United States, annually causing more than 480,000 deaths (U.S. Department of Health and Human Services [USDHHS], 2014). In Wyoming, smoking leads to approximately 800 deaths from smoking-related illnesses each year (Centers for Disease Control and Prevention [CDC], 2014a). In addition, scientists have known since the 1950s that smoking can cause lung cancer. The Surgeon General widely publicized this link between smoking and cancer in the landmark 1964 report Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service (U.S. Department of Health, Education, and Welfare, 1964). Since then, further research has established that smoking cigarettes and breathing secondhand smoke cause multiple cancers and chronic diseases (USDHHS, 2010, 2014).

The Surgeon General declared vaping (the use of ENDS) an epidemic among youth and young adults in 2018 (USDHHS, 2018). Research indicates that vaping can lead to cigarette smoking (Berry et al., 2019; Hair et al., 2021). However, the CDC also states that vaping could be better than smoking for non-pregnant adult smokers if they completely switch from smoked commercial tobacco products to ENDS (CDC, 2024e). More research is needed to learn about the long-term effects of vaping and breathing secondhand aerosol exhaled by someone who is using ENDS.

Certain groups of people are more at risk of suffering the impacts of commercial tobacco use than others. Research has repeatedly shown that commercial tobacco companies have targeted promotional efforts toward specific neighborhoods, people with lower incomes, people of color, Indigenous People, people experiencing behavioral health conditions, and other communities (D'Silva et al., 2018; Farber & Folan, 2017; Lee et al., 2015; Prochaska et al., 2017). As a result, people in these groups are more likely to smoke. That puts these populations at a higher risk of smoking-related disease and death.

JUUL's rapid rise in the ENDS market raised significant concerns about its targeted marketing towards youth and young adults. JUUL uses approaches similar to traditional cigarette advertising, such as lower prices, price discounts, and attractive advertising. The Federal Trade Commission reported that e-cigarette companies, including JUUL, spent over $859 million on advertising and promotions in 2021, focusing on price discounts, promotional allowances, and point-of-sale advertising—all strategies that appeal to youth by making e-cigarettes more accessible and affordable (Counter Tobacco, 2024). A large portion of JUUL's X (formerly Twitter) followers were underage, indicating exposure of minors to age-restricted content (Kim et al., 2019). JUUL's marketing

attracted high school and college students (Willis & Mindicino, 2020). As a result, increased exposure to ENDS marketing is linked to high usage among youth, suggesting effective targeting of this demographic and contributing to youth experimentation, sustained use, and difficulties in quitting (Mantey et al., 2016). A significant portion of JUUL's 2018 profits came from underage users, highlighting the need for stricter regulations to prevent youth e-cigarette use (Kaplan et al., 2021).

The Wyoming Department of Health, Public Health Division, Substance Use and Tobacco Prevention Program (SUTPP) funds the Adult Commercial Tobacco and Nicotine Survey to inform public health programming across the state. By capturing information on current patterns of use, identifying emerging product trends, and monitoring progress towards health goals, survey findings directly guide decision-making and strategic prevention efforts. The SUTPP has four main goals:

- ➔ Preventing initiation of commercial tobacco use
- ➔ Eliminating exposure to secondhand smoke for people who do not smoke
- ➔ Promoting quitting among adults and young people
- ➔ Identifying and eliminating disparities related to commercial tobacco use

The SUTPP uses various strategies to focus on reducing the impact of commercial tobacco and nicotine use in Wyoming by achieving these goals. The SUTPP monitors its progress on these goals by tracking the use and availability of commercial tobacco and nicotine products, including cigarettes, ENDS, and other forms of commercial tobacco.

The achievement of commercial tobacco prevention outcomes is the collective result of the work of many organizations over time. The efforts of state government programs, including the SUTPP, multiple federal agencies, county prevention specialists, and other groups have all played a part in Wyoming's commercial tobacco prevention and control. Key federal agencies include the U.S. Food and Drug Administration (FDA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the CDC. Non-governmental groups include the Robert Wood Johnson Foundation, the Campaign for Tobacco-Free Kids, the American Nonsmokers' Rights Foundation, the American Cancer Society, and the American Lung Association. Changes also reflect the influences of the commercial tobacco and nicotine industry, such as changes in marketing practices or the release of new products such as ENDS.

The Wyoming Survey & Analysis Center (WYSAC) at the University of Wyoming administers the Wyoming Adult Commercial Tobacco and Nicotine Survey under contract to the Wyoming Department of Health, Public Health Division (WDH-PHD). Its purpose is to collect state- and county-level data about commercial tobacco and nicotine use, the previously listed four specific goals, and the broader goal of reducing disease and death related to commercial tobacco and nicotine use. In addition to analyzing the 2025 data, WYSAC used data from previous survey versions to analyze trends.

2025 Survey Methods

This report summarizes results from the 2025 Wyoming Adult Commercial Tobacco and Nicotine Survey and trend analyses using previous versions of the survey.

In this section, WYSAC provides a general summary of the methods used to collect and analyze the data for the 2025 survey. For statistical analysis, WYSAC performed logistic regression and multinomial logistic regression to identify associations with time. Relationships and linear trends noted as significant in the body of the report are statistically significant, $p < .05$.

Appendix A provides tables reporting Wyoming's state-level unweighted counts, weighted percentages, and 95% confidence intervals (CIs) for weighted percentages for every survey item and WYSAC-calculated variable.

Appendix B provides the technical details of the methods used to collect the data for the 2025 survey as reported by WYSAC.

Appendix C provides details of statistical analyses summarized in the body of this report.

WYSAC purchased a random sample of telephone numbers in Wyoming and, beginning in 2023, requested that the sample include the following:

- ➔ Email and postal mail addresses linked to those phone numbers when available.
- ➔ An additional, separate stratum of phone numbers intended to reach American Indian respondents to increase participation and improve representation of Wyoming's American Indian population.

First, on April 1, 2025, WYSAC sent an email with an invitation to complete the survey online when emails were available for the numbers selected. On April 7, 2025, WYSAC sent an email reminder to those who had not responded to the first email invite.

Second, on April 5, 2025, WYSAC mailed an invitation to complete the survey online to people with postal addresses on the list and who either did not have an email address or had undeliverable email addresses from the initial email invites. On April 15, 2025, WYSAC sent a second invitation letter to those who had not responded.

Finally, WYSAC called people who had not completed a survey online regardless of whether they had email or postal addresses in the sample list. Trained WYSAC telephone interviewers conducted the telephone interviews. Calling began on April 3, 2025, and ended on June 12, 2025. WYSAC completed 2,484 surveys. Survey participants completed 1,868 surveys online. WYSAC callers completed 616 surveys (89% on cell phones; 11% on landlines).

This three-tier approach maintained the basic sampling process as in previous versions of the survey and sped up data collection by providing adults with options on how to respond.

In some figures and tables, percentages may not total 100% because respondents could choose more than one response. Occasionally, rounding of the actual percentages may result in reporting percentages that do not total 100.

Key Limitations

Most Adult Commercial Tobacco and Nicotine Survey items have been tested and validated by the CDC and reused over time. However, the survey relies on self-reported data, respondents' memory of events, and their interpretation of the survey items. Therefore, the results presented here might include recall errors or respondent bias (such as not reporting behaviors that might be perceived as embarrassing or unpopular).

Unlike survey iterations before 2023, which were conducted exclusively via phone, the 2025 survey used two response modes: online and phone. In 2025, 75% of respondents completed the survey online, while 25% responded via phone. WYSAC examined the demographic characteristics of respondents (unweighted frequencies) by mode:

- ➔ The online survey had a lower proportion of young adults (ages 18-29) than the phone survey.
- ➔ The online survey had a higher proportion of women than the phone survey.
- ➔ The online survey had a lower proportion of American Indian respondents than the phone survey.
- ➔ The online survey had a lower proportion of respondents with low income (annual household income less than $30,000) than the phone survey.

Because of its complex skip pattern, the survey does not ask every question of every respondent. For example, people who have never smoked are not asked about quitting smoking. In some cases, fewer than 50 people were asked a question. Estimates generated from such small groups are extremely imprecise, so WYSAC does not report them in the body of the report. This practice follows the example set by the CDC in reporting Behavioral Risk Factor Surveillance System (BRFSS) statistics (https://www.cdc.gov/brfss/brfssprevalence/).

Additionally, while the 2025 survey collected data on respondents' industry and occupation, it did not sample a sufficiently large number of adults from specific industries or occupations to produce reliable estimates. As a result, WYSAC did not report industry or occupational differences in prevalence of tobacco or nicotine use, secondhand exposure, or quitting behaviors. These data are available upon request.

Electronic Nicotine Delivery Systems (ENDS)

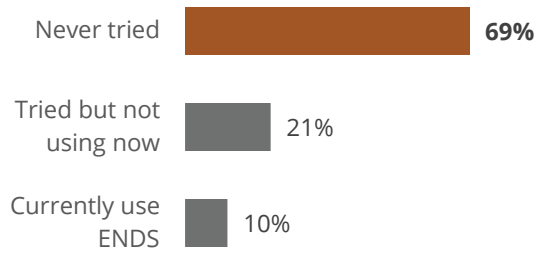
2025 ENDS Use in Wyoming

In previous iterations of the Wyoming Adult Commercial Tobacco and Nicotine Survey, ENDS use has been more common among young adults than among other adults. A limitation of the survey is the difficulty of getting young adults to respond. With a small subset of the respondents being young adults, reporting on the total adult population is necessary. That may hide some key findings that would be clearer in a survey of only young adults.

Most Wyoming adults (69%) have never tried ENDS, and few are current ENDS users (10%; Figure 1). For this report, current ENDS users are the respondents who said they use ENDS every day or some days.

Figure 1: Most Adults Have Never Tried ENDS

2025 Wyoming adult ENDS use

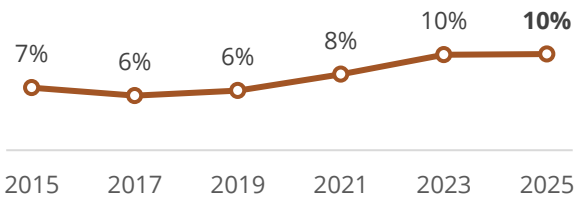


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However, current ENDS use has increased significantly from 7% in 2015 to 10% in 2025. ENDS use is now matching the cigarette smoking rate (10% in 2025; Figure 2).

Figure 2: Adult ENDS Use Has Increased Since 2015

Percentage of adults who currently use ENDS in survey years



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Flavored ENDS Use

In 2025, the use of flavored ENDS was common for Wyoming adults:

➔ 93% of adults who currently use ENDS had used products flavored to taste like mint, candy, fruit, chocolate, or other flavors besides tobacco in the past 30 days.

➔ 33% of adults who currently use ENDS had used products flavored to taste like menthol in the past 30 days.

➔ 47% of adults who had tried ENDS in their lifetime did so for the flavoring.

Wyoming adults' use of flavored ENDS products has not significantly changed between 2017 and 2025, despite regulations implemented by the FDA in 2020 that partially banned ENDS flavors except menthol and tobacco. However, the ban has loopholes. It only applies to cartridge-style ENDS devices, like JUUL. These products have closed, pre-filled e-liquid cartridges that the user replaces when empty. The ban does not include ENDS with refillable e-liquid tanks or single-use or disposable products, like Juice Head. According to the FDA, these exceptions avoided restricting all flavor options for adults who may be using ENDS to stop smoking (FDA, 2020). However, research shows that youth and young adults are using menthol instead of mint and are switching to the types of ENDS that can still have flavors (Truth Initiative, 2020).

Reasons for Trying ENDS

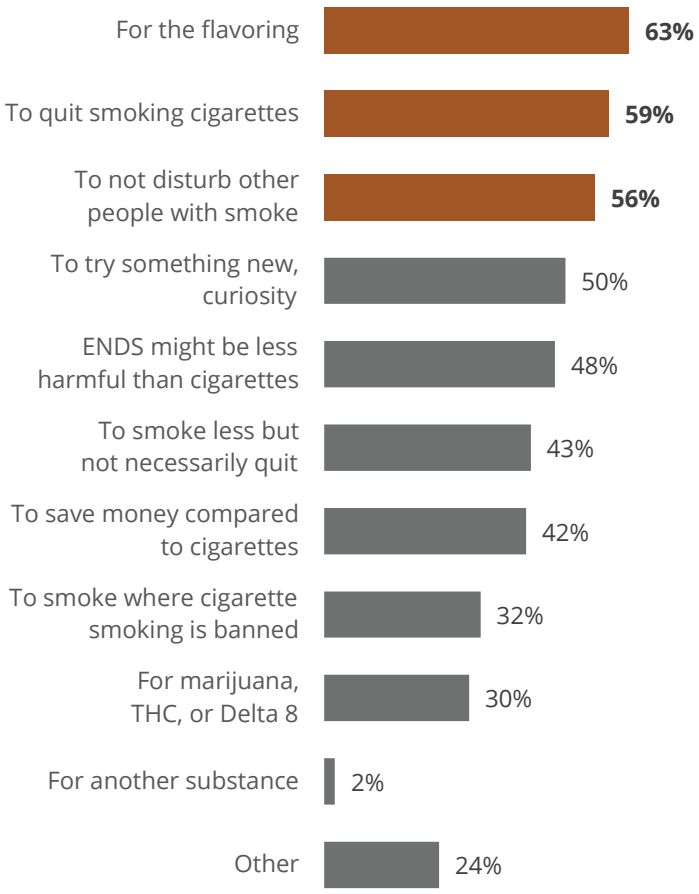
For adults, the top three reasons for trying ENDS were for the flavoring (63%), to quit smoking cigarettes (59%), and to not disturb other people with smoke (56%; Figure 3). The pattern of these results has not changed significantly since these questions were first asked in 2015, except the "for the flavoring" response, which was added in 2017.

However, comparisons using data between 2015 and 2025 may indicate some emerging trends among adults who currently use ENDS. There was a significant decrease in trying ENDS because they think ENDS might be less harmful than cigarettes, from 64% in 2015 to 48% in 2025.

Some research suggests that use of ENDS with nicotine is associated with quitting smoking. The CDC has said that adults who smoke may see benefits from completely switching from

Figure 3: Adults Who Use ENDS Often Do So for the Flavor and to Avoid Smoking Near Others

Reasons for using ENDS among adults who currently use ENDS



Note: Percentages do not add up to 100% because respondents could choose more than one response option.

In the 2025 Wyoming Adult Commercial Tobacco and Nicotine Survey, WYSAC added two new response options: (1) "For marijuana, THC, or Delta-8" and (2) "For another substance," replacing the previous response option "For a drug other than nicotine (for example, marijuana)."

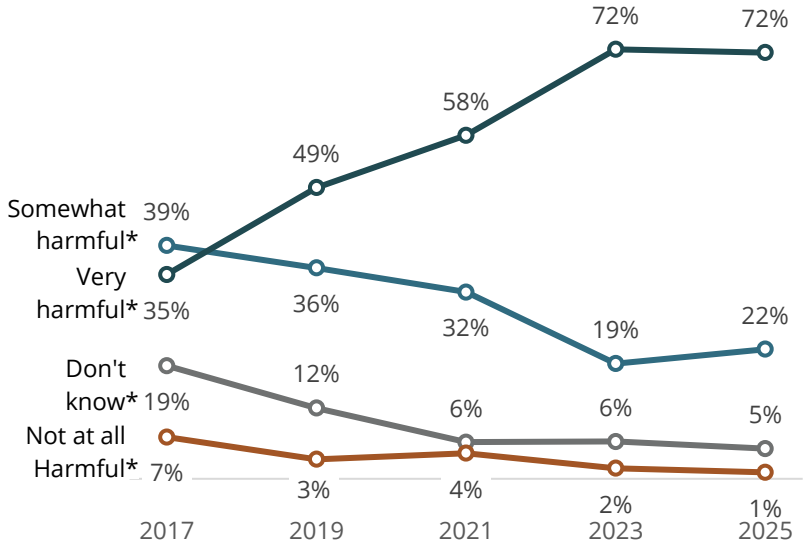
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smoking to ENDS (CDC, 2024e). However, there is not enough evidence to be sure (CDC, 2020, 2024e). More research is needed to learn if ENDS are a broadly successful tobacco-related harm reduction tool. The FDA has not approved ENDS as a cessation aid (CDC, 2024e).

Do People Think ENDS Use Is Harmful?

Figure 4: Compared to 2017, More Adults See ENDS Use as Very Harmful

Percentage of adults who think using e-cigarettes or vape pens is harmful to one's health



Note: *denotes a significant change over time 2017-2025.

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The survey includes a question regarding how harmful people think ENDS use is to one's health. Perceived harmfulness of ENDS has significantly increased since 2017, with most adults saying it is very harmful (72%; Figure 4).

One reason for this change may be that the public health community, including the SUTPP and county partners, sponsored media messaging about the harms of ENDS use after 2017.

This increased perception of harm may also be a factor in fewer adults trying ENDS because they think ENDS might be less harmful than cigarettes (see Reasons for Trying ENDS).

Starting ENDS Use

Findings about first using cigarettes or ENDS are somewhat limited because many people in the Wyoming Adult Commercial Tobacco and Nicotine Survey sample would have started using commercial tobacco or nicotine before ENDS became commonly used in the US (roughly 2012). Adults who had ever tried smoking (see Table 1 for a summary of the four smoking status categories) and had also tried ENDS were asked whether they used cigarettes or ENDS first. In 2025, 17% of adults who currently smoke and had also tried ENDS used ENDS first, with no significant change from 2017 to 2025. Similarly, 13% of adults who used to smoke and had also tried ENDS used ENDS first, also with no significant change. Among adults who experimented with smoking and had also tried ENDS, those who used ENDS first increased significantly from 18% in 2017 to 41% in 2019 and remained relatively stable from 2019 to 2025 (37%).

Table 1: Definitions of Smoking Status

Responses to the survey led to four key categories of smoking status

	Adults Who Currently Smoke	Adults Who Used to Smoke	Adults Who Experimented with Smoking	Adults Who Never Smoked
Now smoke daily or some days	Yes			
Smoked at least 100 cigarettes in lifetime	Yes	Yes		
Ever tried smoking	Yes	Yes	Yes	

Note: Adults who currently smoke and adults who used to smoke together make up adults who smoke or have smoked regularly.

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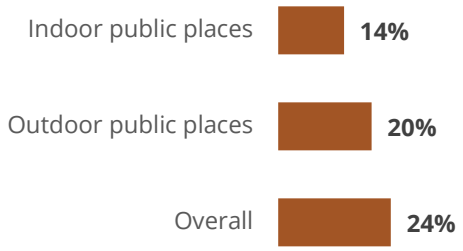
Eliminating Secondhand Exposure

Exposure to Secondhand ENDS Aerosol in Public Places

About one in four (24%) adults were exposed to secondhand aerosol from ENDS use in public places, indoors or outdoors (Figure 5). Fewer (14%) adults reported breathing someone else's secondhand aerosol in indoor public places. One in five (20%) adults were exposed to secondhand aerosol in outdoor public places. These may be underestimates if the short-lived cloud or smell from secondhand aerosol is not noticed.

Figure 5: About One in Four Adults Were Exposed to Secondhand ENDS Aerosol in Public Places

Percentage of adults who had been exposed to someone else's secondhand ENDS aerosol in indoor or outdoor public places in the past seven days



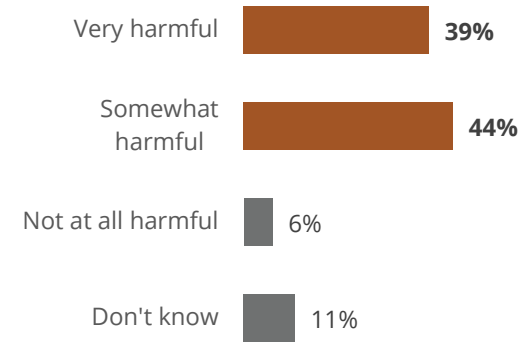
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Opinions About the Harms of Secondhand ENDS Aerosol

In 2025, most (83%) adults thought that breathing someone else's secondhand aerosol was very or somewhat harmful (Figure 6). Consistent with a lack of firm research findings, a few (11%) said they were unsure about the harmfulness of secondhand aerosol.

Figure 6: Most Adults Think that Secondhand ENDS Aerosol Is Harmful

Percentage of adults who think breathing vapor or aerosol from other people's e-cigarettes or vape pens is harmful to one's health



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Conclusion

These findings reflect the total adult population of Wyoming. Surveys focused on young adults or youth may find different patterns.

Current ENDS use among adults has increased since 2015, now matching the cigarette smoking rate (10% in 2025).

Many adults who currently use ENDS tried ENDS for the flavor, to not disturb other people with smoke, or to quit smoking cigarettes. Current research (CDC, 2020, 2024e) does not show a consistent benefit of using ENDS to quit smoking. The FDA has not approved ENDS as a cessation aid (CDC, 2024e).

The perceived harm of ENDS has grown over time. Compared to 2017, more Wyoming adults said vaping is harmful.

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Cigarette Smoking and Use of Other Commercial Tobacco and Nicotine Products

Cigarette Smoking in 2025

Wyoming Adult Commercial Tobacco and Nicotine Survey responses were divided into four key categories of smoking status, described in Table 2.

Table 2: Definitions of Smoking Status

Responses to the survey led to four key categories of smoking status

	Adults Who Currently Smoke	Adults Who Used to Smoke	Adults Who Experimented with Smoking	Adults Who Never Smoked
Now smoke daily or some days	Yes			
Smoked at least 100 cigarettes in lifetime	Yes	Yes		
Ever tried smoking	Yes	Yes	Yes	

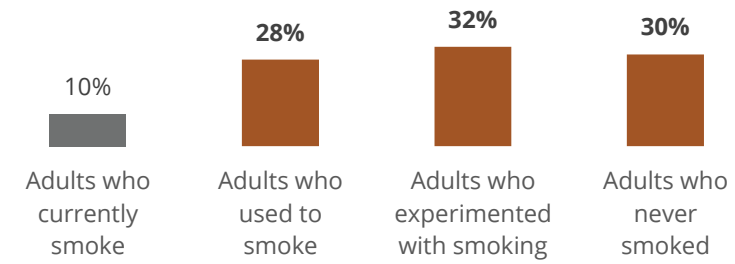
Note: Adults who currently smoke and adults who used to smoke together make up adults who smoke or have smoked regularly.

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Most (90%) adults do not currently smoke, and nearly two in three (62%) adults have never smoked regularly. That is, they have not smoked at least 100 cigarettes in their lifetime. About one in three (30%) adults had never tried smoking or (32%) had experimented with smoking and nearly one in three (28%) used to smoke (Figure 7). Although current cigarette smoking has decreased from 21% in 2006 to 10% in 2025, one in 10 Wyoming adults currently smoke.

Figure 7: Most Adults Do Not Currently Smoke

2025 Wyoming adult smoking status



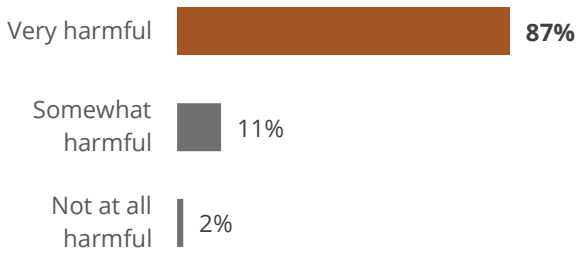
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Do People Think Smoking Cigarettes Is Harmful?

About sixty years ago (January 11, 1964), the U.S. Surgeon General first released an official report documenting links between smoking and two diseases: cancer and chronic bronchitis (U.S. Department of Health, Education, and Welfare, 1964). Since then, the list of smoking-related diseases has grown dramatically (USDHHS, 2014). Additionally, SUTPP, CDC, county, and other public health efforts have worked to educate the public about the potential harms of commercial tobacco use. Key components of these education efforts include warning labels on packaging and advertising, sharing research findings, and sharing educational content in various forms from print to social media (CDC, 2024a; USDHHS, 2014). These efforts have succeeded in Wyoming; in 2025, only 2% of adults said smoking was "not at all harmful" (Figure 8).

Figure 8: Almost All Adults Know Smoking Cigarettes Is Harmful

Percentage of adults who think smoking cigarettes is harmful to one's health



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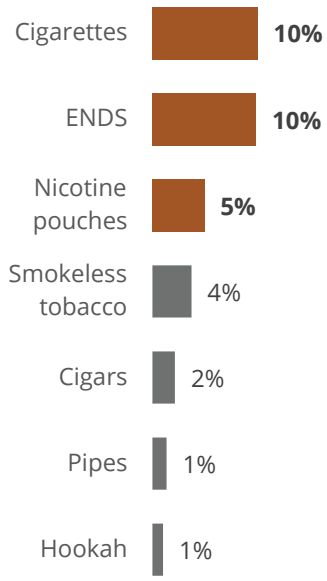
Other Commercial Tobacco and Nicotine Products (Including ENDS)

In 2025, about one in four (24%) Wyoming adults use one or more types of commercial tobacco and nicotine products. These include cigarettes, smokeless tobacco, cigars, pipes, hookah, ENDS, and new and emerging products such as heated tobacco, nicotine pouches, dissolvable nicotine, nicotine gels, and any other types. This overall rate has remained relatively stable since questions about new and emerging products were first asked in 2021, when 28% of adults reported using these products.

Among the 24% of Wyoming adults who use some form of commercial tobacco or nicotine, cigarettes, ENDS, and nicotine pouches were the most commonly used commercial tobacco and nicotine products among Wyoming adults. Cigarettes was the most used product throughout the history of the Wyoming Adult Commercial Tobacco and Nicotine Survey until ENDS use matched smoking in 2025 (Figure 9).

Figure 9: Cigarettes, ENDS, and Smokeless Tobacco Were the Most Commonly Used Established Commercial Tobacco and Nicotine Products Among Adults

Percentage of adults reporting current cigarette, ENDS, smokeless tobacco, or other commercial tobacco and nicotine use



Note: Cigars also include cigarillos and very small cigars that look like cigarettes. Prior to 2023 ATS, two separate item sets asked about lifetime and past 30-day use of smokeless tobacco: (1) chewing tobacco, moist snuff, or dip and (2) snus. Starting in 2023, WYSAC consolidated these items, combining chewing tobacco, moist snuff, or dip and snus under the term smokeless tobacco. In 2025 Wyoming Adult Commercial Tobacco and Nicotine Survey, WYSAC replaced the word "snuff" with "moist snuff" to increase clarity.

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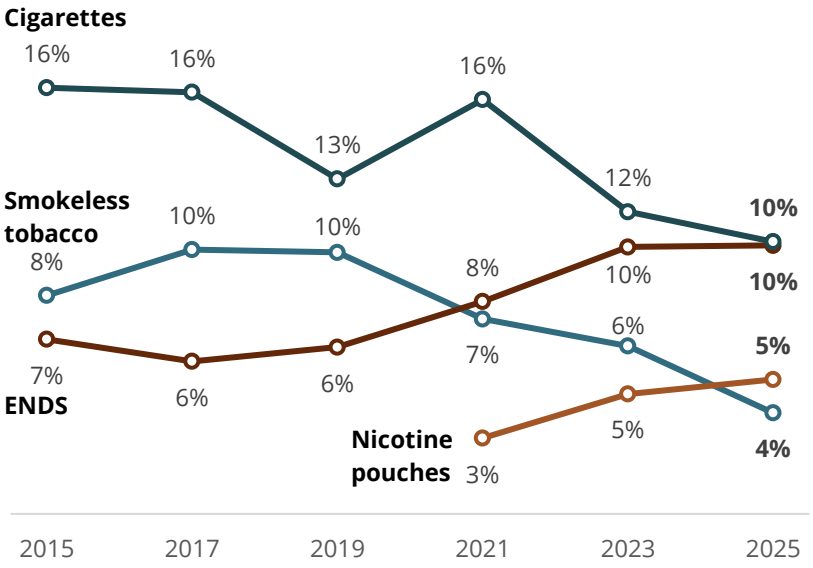
From 2015 to 2025, current ENDS use increased from 7% to 10% and is now at the same level as cigarette use. The use of cigars and smokeless tobacco has significantly decreased since 2010, while the use of regular pipes and hookah have remained consistent.

The use of new and emerging commercial tobacco and nicotine products remains lower among adults. The most common of these emerging products was nicotine pouches, such as ZYN or on!; 5% of adults used these products. The use of nicotine pouches among Wyoming adults has significantly increased from 3% in 2021 to 5% in 2025, making the use of nicotine pouches comparable to smokeless tobacco. Surveys specific to youth or young adults, who might be more likely to try new and emerging products, have shown similar increases with one survey showing an increase in reported nicotine pouch use of nearly 4 times between 2022 and 2023 among youth and young adults in the U.S. (CDC Foundation, 2025).

Wyoming's commercial tobacco and nicotine landscape is changing (Figure 10). Cigarette smoking has fallen, vaping is now just as common as smoking, and nicotine pouches are emerging as a newer product being used at a similar rate as smokeless tobacco.

Figure 10: Wyoming's Commercial Tobacco and Nicotine Landscape Is Changing

Percentage of adults reporting current cigarette, ENDS, smokeless tobacco, or nicotine pouch use



Note: Nationally, vaping became more common among youth by 2018 as ENDS devices such as JUUL (introduced in 2015) became widely used (Cullen et al., 2018; Fadus et al., 2019).

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Conclusion

The public is very aware that smoking is harmful. Only 2% of adults said that smoking is not at all harmful.

The adult smoking rate, as measured by the Wyoming Adult Commercial Tobacco and Nicotine Survey, has decreased significantly to 10% compared to 21% in 2006. Since 2010, the use of other commercial tobacco and nicotine products has remained fairly consistent or decreased, except for ENDS and nicotine pouches. ENDS use is now at the same level as cigarette use, and nicotine pouch use is about the same level as smokeless tobacco use.

In 2025, cigarettes, ENDS, and nicotine pouches were the most commonly used commercial tobacco and nicotine products for adults.

Cigarettes, ENDS, and nicotine pouches were the three most commonly used commercial tobacco and nicotine products among adults. ENDS and nicotine pouches are a subject of concern for youth and young adults because of national trends showing increased use (Gentzke et al., 2022; CDC Foundation, 2025) and the potential for them to lead to cigarette smoking (Berry et al., 2019; Hair et al., 2021). Their relative use rate is also increasing.

There is developing evidence that newer commercial tobacco and nicotine products (such as nicotine pouches) may become more commonly used than more established types (such as smokeless tobacco, hookah, or cigars).

Commercial Tobacco and Nicotine Taxes

Preventing new cigarette smoking and decreasing the use of other commercial tobacco and nicotine products are key goals of the SUTPP.

According to the CDC, increasing commercial tobacco product prices is an effective way to prevent youth from starting to smoke (CDC, 2014b). It also encourages adults to quit smoking (CDC, 2015a).

Taxes are one way that federal and state governments can influence commercial tobacco prices. Nationally, every 10% increase in cigarette prices decreases cigarette use by 3–5%. Raising cigarette prices prevents youth and people with lower incomes from smoking and reduces the average number of cigarettes smoked (USDHHS, 2014).

In one study of adults aged 50 years and older, a $1 increase in the price of cigarettes was associated with a 6% higher quit rate (Stevens et al., 2017). Increasing cigarette taxes could encourage quitting among adults and could decrease the risk of smoking-related diseases.

Commercial Tobacco and Nicotine Tax Rates

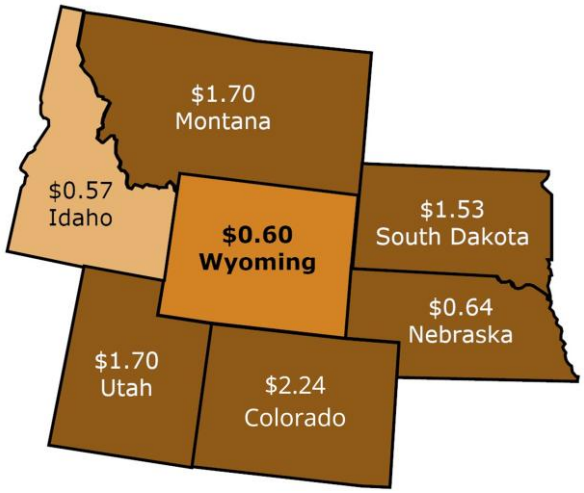
Cigarettes

At the time of data collection, Wyoming's cigarette excise tax was $0.60 per pack, the second lowest among neighboring states (Figure 11). Wyoming ranks 45th out of the 50 states and the District of Columbia on cigarette taxes and 52nd out of the 58 states and territories (CDC, 2025). Wyoming's cigarette excise tax has not changed since 2003.

Smokeless Tobacco

At the time of data collection, Wyoming's smokeless tobacco (chewing tobacco, dip, or snus) tax had a minimum tax of $0.60 per ounce, with an additional $0.60 per ounce for packaging larger than one ounce.

Figure 11: Wyoming's Cigarette Tax Second Lowest Among Neighboring States



Source: CDC, 2025.

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Electronic Nicotine Delivery Systems (ENDS)

Since July 2020 and through the time of data collection, Wyoming has had a default ENDS tax at the rate of 15% of the wholesale purchase price. If the tax is not paid by the wholesaler, consumers pay 7.5% of the retail purchase price (Wyo. Stat. § 39-18-104(g)-(h), 2020).

Support for Evidence-Based Policy

About half of adults support tax increases for each major class of commercial tobacco: cigarettes (53%) and smokeless tobacco (chewing tobacco, moist snuff, dip, or snus; 54%). More than half of adults supported a tax increase for ENDS (59%; Table 3).

Table 3: About Half of Adults Supported Increasing the Taxes on Cigarettes or Smokeless Tobacco, and Over Half Supported a Tax Increase for ENDS Products

Percentage of adults who would support an increase in the tax on cigarettes, chewing tobacco, moist snuff, dip, or snus, and ENDS.

Response	Cigarettes	Chewing tobacco, moist snuff, dip, or snus	ENDS
For an increase	53%	54%	59%
Against an increase	25%	27%	23%
Don't know	21%	20%	18%

Note: Percentages do not add up to 100% because of rounding.

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Costs of Smoking

Smoking is the leading preventable cause of illness and death in the United States. In 2018, the costs of smoking-related illness totaled more than $600 billion. These costs included more than $240 billion for direct medical care and more than $372 billion in lost productivity (CDC, 2024f).

Conclusion

Wyoming's cigarette excise tax has remained at $0.60 per pack since 2003. About half of Wyoming adults support increasing taxes on commercial tobacco or nicotine.

Higher commercial tobacco taxes are an evidence-based way to keep youth from starting to smoke (CDC, 2014b). Increasing commercial tobacco product pricing through taxation, minimum price laws, or other means is an evidence-based strategy for encouraging people to quit using commercial tobacco products (CDC, 2015a). Wyoming could further reduce negative outcomes from smoking by raising its commercial tobacco or nicotine taxes.

Preventing New Commercial Tobacco Use

The SUTPP has the goal of reducing the health burdens of commercial tobacco use by preventing new commercial tobacco use. A success related to this goal was raising the legal age of purchase from 18 (or 19 in some areas) to 21 (see https://tobacco21.org/). Federal law implemented this change in 2019 (FDA, 2025), and Wyoming law followed in 2020 (Wyo. Stat. § 14-3-305). Broad surveys, such as the Wyoming Adult Commercial Tobacco and Nicotine Survey, with few young adults in the sample. are not strong methods for showing short-term effects of Tobacco 21, though patterns in the data may change over time.

A key limitation of this section's findings is that many survey questions ask about events (such as when someone first smoked a whole cigarette) that happened years before data collection. Responses to such questions are especially vulnerable to memory errors. However, precise recall is not critical to the conclusions in this report.

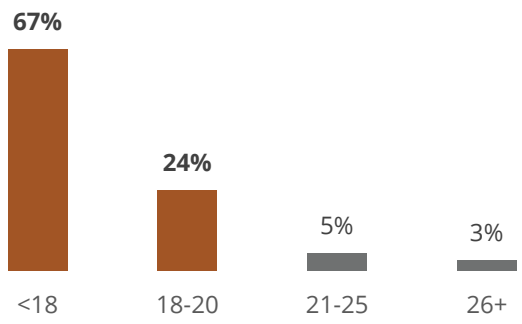
Age of Smoking a Whole Cigarette for the First Time

The age of first smoking a whole cigarette is related to long-term smoking habits. Those who start smoking at an early age are more likely to smoke as adults (CDC, 2014b).

In 2025, among adults who had ever smoked an entire cigarette, almost all (91%) smoked their first one before the age of 21 (Figure 12). Moreover, the vast majority of them smoked their first cigarette before they were 18, with an average age of 16. This pattern has remained consistent since similar questions were first asked in 2010.

Figure 12: Almost All Smoking Begins Before the Age of 21

Age of smoking first whole cigarette, of those who had smoked a whole cigarette



Note: Percentages do not add up to 100% because of rounding.

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Conclusion

The vast majority of adults who have ever smoked an entire cigarette first smoked when they were under the legal minimum age of 21, with the largest group starting before the age of 18. Wyoming Adult Commercial Tobacco and Nicotine Survey data are consistent with other research findings that the earlier someone starts smoking, the more likely they are to continue smoking (Dierker et al., 2012; Sharapova et al., 2020). Wyoming may benefit from continued commercial tobacco prevention efforts focusing on youth, though the survey may not show results until years after success with youth happens.

The vast majority of adults who smoke started when they were younger than 21.

Eliminating Exposure to Secondhand Smoke for People Who Do Not Smoke

Support for Smokefree Indoor Air Policies at Restaurants, Workplaces, Casinos and Clubs, and Bars

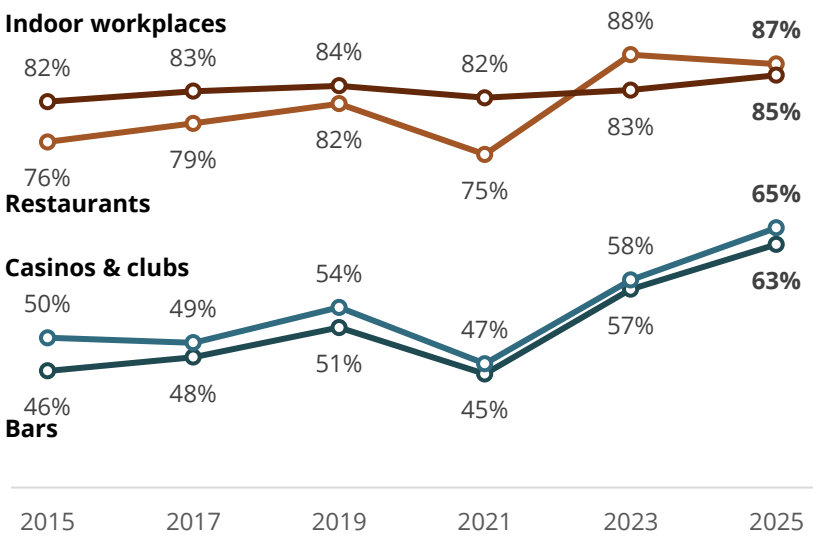
The Wyoming Adult Commercial Tobacco and Nicotine Survey questions about smokefree indoor air policies asked adults if they think smoking should be allowed indoors at workplaces, restaurants, bars, and casinos and clubs. Casinos and clubs were combined in one item on the survey, so WYSAC treated them as a single venue type.

In 2025, most adults (87%; Figure 13) supported smokefree indoor air policies for restaurants. Most (85%) adults supported smokefree indoor air policies for workplaces. More than half (65%) of adults supported smokefree indoor air policies for casinos and clubs. More than half (63%) of adults supported smokefree indoor air policies for bars.

Support for smokefree indoor workplaces has remained stable since 2015. Support for smokefree indoor air policies for restaurants, casinos and clubs, and bars significantly increased between 2015 and 2025. For casinos and clubs, the increase in support from 2023 to 2025 was also significant.

Figure 13: Adult Support for Smokefree Indoor Air Policies Remained Strong

Percentage of adults who said that smoking should never be allowed in restaurants, bars, indoor workplaces, or casinos and clubs



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Support for Other Smokefree Air Policies

Commercial Tobacco-Free School Policies

In 2025, most adults (84%; Figure 14) thought that commercial tobacco should be completely banned at schools. This high level of support has been consistent since 2010.

Figure 14: Most Adults Support Commercial Tobacco-Free Schools

Percentage of adults who said commercial tobacco use should be completely banned on school grounds, including fields and parking lots, and at all school events, including for teachers and other adults



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Smokefree Park Policies

In 2025, the majority of Wyoming adults (86%) thought smoking should be restricted at outdoor parks, at least in some manner. This is a significant increase from 82% in 2015. About two in five (43%; Figure 15) adults thought that smoking should never be allowed, significantly higher than in 2023. Meanwhile, another two in five (43%) thought that smoking should be allowed only at some times or in some places, which was significantly lower than in 2023.

Figure 15: Most Adults Think Smoking Should Be Restricted in Parks in Some Manner

Percentage of adults who said that smoking at parks should never be allowed or be allowed only at some times or in some places



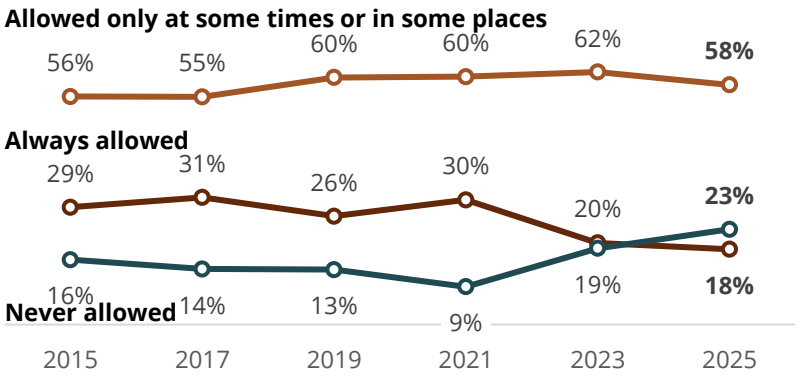
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Smokefree Outdoor Workplace Policies

Support for policies making outdoor workplaces smokefree was substantially lower than support for policies making indoor workplaces smokefree. In 2025, only 23% (Figure 16) of adults supported a smokefree air policy for outdoor workplaces, compared to 85% for indoor workplaces. However, support for such a policy has increased significantly since its recent low of 9% in 2021.

Figure 16: Support for Smokefree Outdoor Workplaces Increased Since Its Recent Low in 2021

Percentage of adults who said that smoking outdoors at workplaces should be always allowed, allowed only at some times or in some places, or never allowed



Note: Percentages do not add up to 100% in some years because of rounding.

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Exposure to Secondhand Smoke

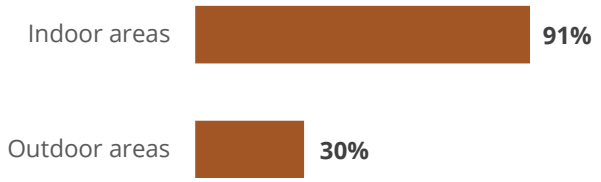
Smoking Policies at Work

In 2025, most employed adults (91%; Figure 17) reported that smoking was never allowed in indoor areas (including inside a vehicle) at their place of work. This is a significant increase from 87% in 2019.

About one in three (30%; Figure 17) adults reported that smoking was not allowed in outdoor areas. This has significantly increased since 2012 (25%). Workers are better protected by smoking regulations indoors than outdoors.

Figure 17: Most Adults Are Protected by Smokefree Indoor Air Regulations at Their Workplace

Percentage of employed adults who responded that smoking was never allowed indoors or outdoors at their workplaces



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Exposure to Secondhand Smoke at Work and in Public Places

In 2025, most employed adults (81%) were not exposed to secondhand smoke at their workplace. Still, 19% of employed adults reported experiencing secondhand smoke indoors or outdoors at their workplace. There has been no significant change between 2015 and 2025.

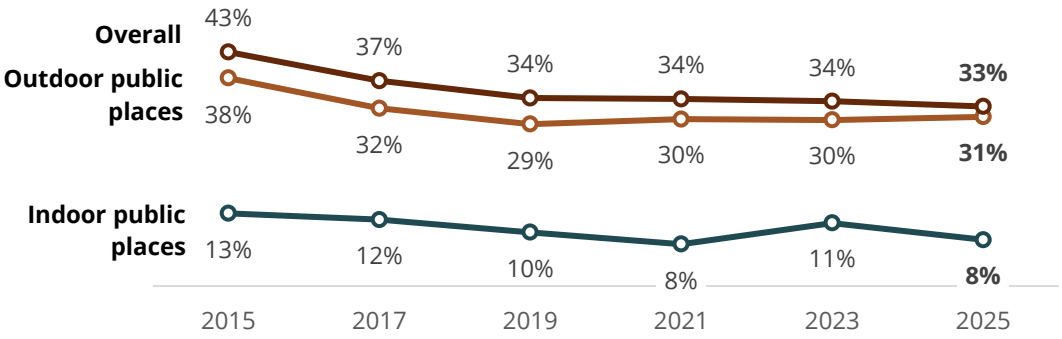
In 2025, about one in three adults (33%; Figure 18) reported breathing someone else's secondhand smoke in public places, indoors or outdoors. Most adults (67%) were not exposed to secondhand smoke. Almost one in three adults (31%) reported exposure to secondhand smoke in outdoor public places. Fewer adults (8%) reported exposure to secondhand smoke in indoor public places. Although still a cause for concern, exposure to secondhand smoke has significantly decreased in public places, indoors or outdoors, between 2015 and 2025.

In 2025, the chances of being exposed to secondhand smoke while in a public place were not significantly different between adults who currently smoke and those who do not smoke:

- ➔ 36% of adults who currently smoke reported exposure to secondhand smoke
- ➔ 32% of adults who do not smoke reported exposure to secondhand smoke

Figure 18: Most Secondhand Smoke Exposure Occurs in Outdoor Public Places

Percentage of adults who had been exposed to someone else's smoke in indoor or outdoor public places in the past seven days. Overall combined exposure at indoor and outdoor public places.



Note: Prior to 2023, the questions asked for the number of days exposed to secondhand smoke in the past seven days. Starting from 2023, the questions simply asked whether respondents were exposed to secondhand smoke in the past seven days.

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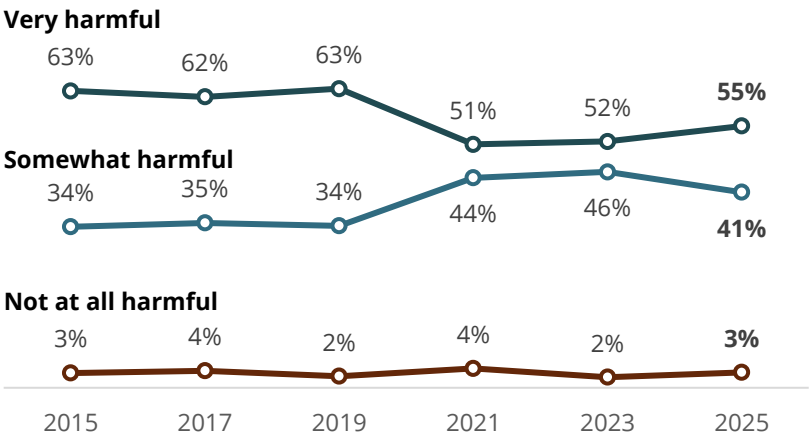
Opinions About the Harms of Secondhand Smoke

Over the years, nearly all adults have thought that exposure to secondhand smoke is harmful to one's health. In 2025, 97% (Figure 19) believed secondhand smoke was very or somewhat harmful to one's health. Only 3% believed that it was not harmful. These perceptions of harm have not changed significantly between 2015 and 2025.

However, opinions about the harmfulness of secondhand smoke have shifted in recent years. Adults who think breathing secondhand smoke is very harmful significantly decreased between 2019 and 2025.

Figure 19: Most Adults Think Secondhand Smoke Is Harmful

Percentage of adults who think breathing smoke from other people's cigarettes or from other tobacco products is harmful to one's health



Note: Percentages do not add up to 100% in some years because of rounding.

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Conclusion

Over the years, exposure to secondhand smoke has significantly decreased in public places, indoors or outdoors. Two in three adults reported not being exposed to secondhand smoke in public places, indoors or outdoors.

Adults have consistently and strongly supported smokefree indoor air policies for workplaces and restaurants. In addition, support for smokefree indoor air policies for casinos and clubs and bars has increased. Wyoming adults continue to support a complete ban on commercial tobacco use at schools. Most adults thought that smoking should be restricted at parks, at least in some manner. Most employed adults are not exposed to secondhand smoke at work, indoors or outdoors.

Support for smokefree outdoor workplace policies has increased since its recent low in 2021.

Wyoming still has room for improvement. Smoking policies in outdoor areas, including at work and in public places, are less protective of adults. Adult support for outdoor policies at work and indoor air policies at adult-oriented establishments has increased. Wyoming may benefit from focusing on prevention efforts in these areas. Recent decreases in reports of seeing secondhand smoke as "very harmful" may indicate a need for revisiting education about the harms of secondhand smoke.

Promoting Quitting

Quitting commercial tobacco and nicotine products is difficult because they rapidly deliver addictive nicotine to the brain (CDC, 2024d, 2024g). Regular use leads to dependence, and quitting often leads to withdrawal. Use of these products can also become part of a person's daily routine, making it even harder to stop.

The SUTPP has the goal of reducing the health burdens of commercial tobacco and nicotine use by promoting and supporting quitting among adults and youth.

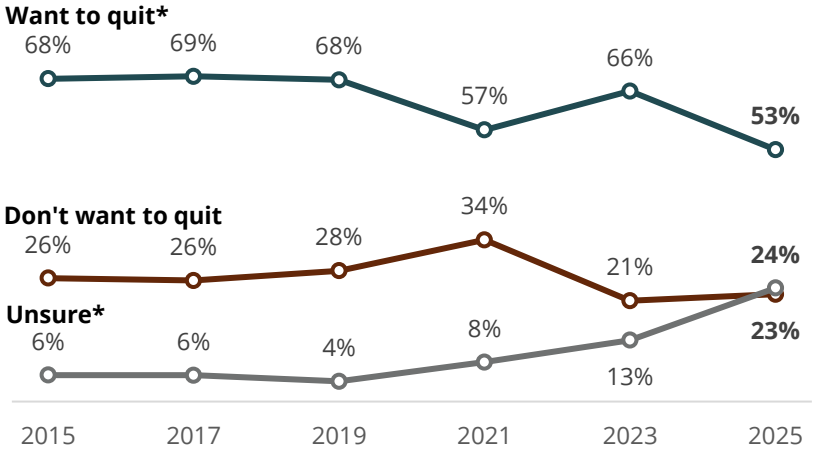
In this section, WYSAC explores the desire to quit among adults who currently use commercial tobacco and their quit attempts. WYSAC looks at awareness of quitlines, use of quit aids, and barriers to quitting. This section also covers visits to healthcare providers and conclusions and recommendations based on the data and best practices in helping people quit.

Efforts to Quit Smoking

Desire to Quit Among Adults Who Smoke

Figure 20: About Half of Adults Who Smoke Want to Quit

Percentage of adults who smoke who want to quit smoking cigarettes for good from 2015 to 2025



Note: *denotes a significant change over time 2017-2025.

Percentages do not add up to 100% in some years because of rounding.

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About half (53%) of adults who currently smoke want to quit smoking cigarettes. This was a significant decrease from 68% in 2015. The 13 percentage-point difference between 2023 and 2025 was not significant. About one in four adults who currently smoke were unsure about whether they want to quit smoking cigarettes. This was a significant increase from 6% in 2015 (Figure 20).

Quit Attempts Among Adults Who Smoke

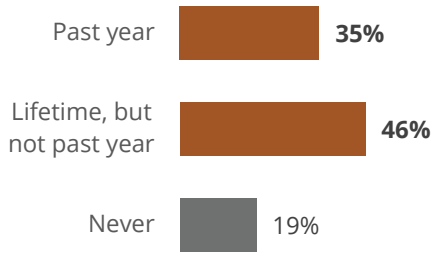
At some point in their lives, the majority (81%) of adults who currently smoke had stopped smoking for at least one day because they were trying to quit for good.

About one in three (35%) adults who currently smoke have tried to quit smoking at least once in the past year because they were trying to quit for good (Figure 21).

Smokers' quit attempts have not changed significantly between 2010 and 2025.

Figure 21: Most Adults Who Smoke Have Tried to Quit

Percentage of adults who smoke who tried to quit in the past year, tried in their lifetime but not in the past year, or never tried to quit



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Aids to Quit Smoking

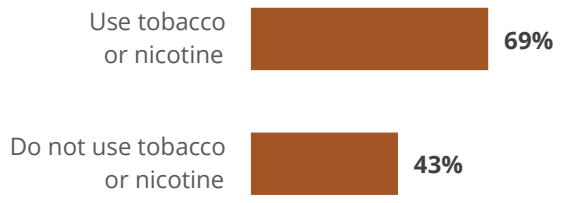
Awareness of Quitlines

Most (69%) adults who use commercial tobacco or nicotine (including ENDS) were aware of telephone quitline services (Figure 22). About two in five (43%) adults who do not use commercial tobacco or nicotine were aware of telephone quitline services.

This may demonstrate the success of media campaigns by SUTPP and their partners, including county-level efforts.

Figure 22: Most Adults Who Use Commercial Tobacco or Nicotine Were Aware of the Quitline

Percentage of adults who were aware of telephone quitline services by commercial tobacco or nicotine use



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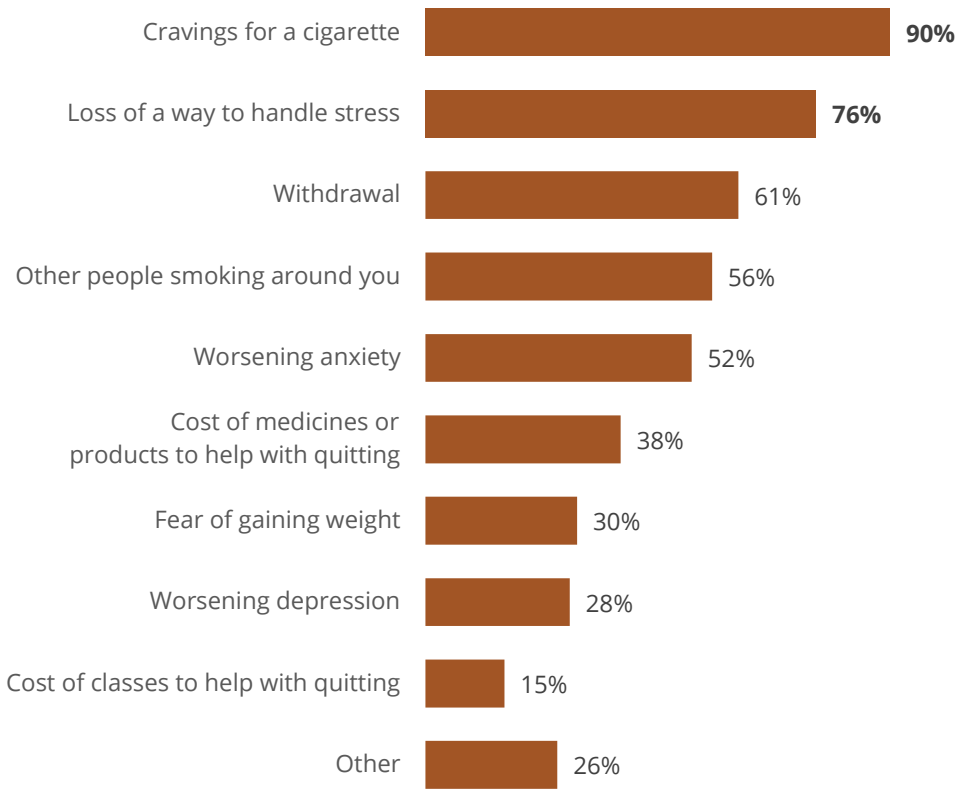
Obstacles to Quitting Cigarettes Among Adults Who Smoke

Cravings for a cigarette were the most common obstacle for adults who smoke and tried to quit in their lifetime or wanted to quit (90%; Figure 23). The second most common obstacle to quitting cigarettes was the loss of a way to handle stress (76%). The Wyoming Quit Tobacco (WQT) program specifically targets the most common obstacles to quitting smoking (https://www.quitwyo.org). In particular, the medications provided are designed to reduce cravings. Coaching can include strategies to deal with other obstacles, such as losing a way to handle stress.

In addition, 56% reported that other people smoking around them is an obstacle to quitting smoking. These adults could benefit from increased smokefree air policies in their environments.

Figure 23: Most Obstacles to Quitting Smoking Are Addressed by the WQT

Percentage of adults who smoke and had tried to quit in their lifetime or wanted to quit who faced obstacles to quitting smoking



Note: Percentages do not add up to 100% because respondents could choose more than one option.

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Quitting ENDS Use

In 2025, about half (55%) of adults who currently used ENDS had tried to quit in the past year or in their lifetime (Figure 24).

Health Professionals' Involvement in Quitting Commercial Tobacco or Nicotine Use

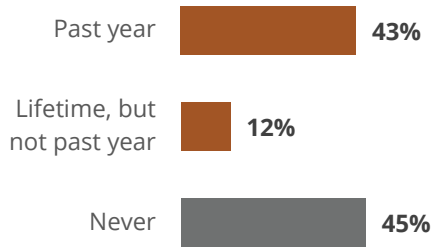
Visits with Health Professionals

The 2025 Wyoming Adult Commercial Tobacco and Nicotine Survey asked respondents if they had seen a health professional (a doctor, dentist, nurse, or another health professional) in the past year and, if so, if the health professional asked if they smoked cigarettes or used any other commercial tobacco or nicotine products, including ENDS.

In 2025, 25% of adults used commercial tobacco or nicotine (including those who smoked in the past year). Most of these adults had seen a health professional in the past year (87%; Figure 25). Those who did not see a health professional (13%) missed an opportunity to discuss tobacco and nicotine use and quitting with their provider, a key intervention point. Commercial tobacco or nicotine use was not related to the likelihood of seeing a health professional.

Figure 24: About Half of Adults Who Currently Used ENDS Tried to Quit in the Past Year or in Their Lifetime

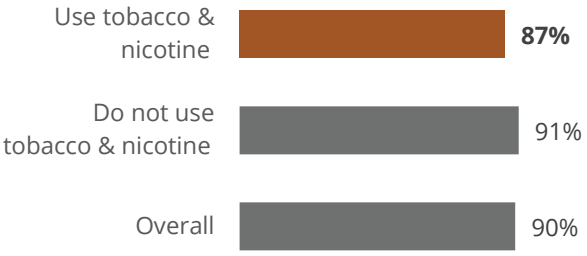
Percentage of adults who currently use ENDS who tried to quit in the past year, tried in their lifetime but not in the past year, or never tried to quit



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Figure 25: Most Adults Who Use Commercial Tobacco or Nicotine See a Health Professional

Percentage of adults who had seen a health professional by commercial tobacco or nicotine use status



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Patient Experiences with Health Professionals' Support for Quitting Commercial Tobacco and Nicotine Use

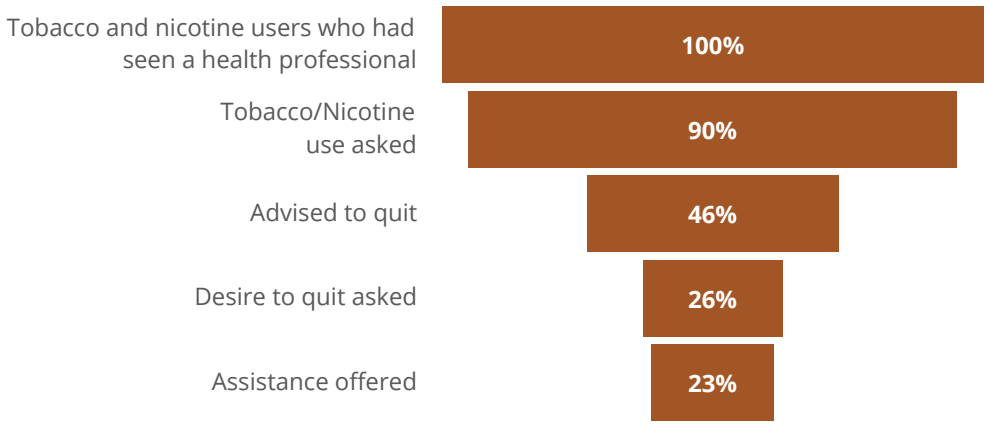
Adults are often asked about their commercial tobacco or nicotine use when visiting a health professional. In 2025, 78% of all adults were asked if they smoked cigarettes or used any other commercial tobacco or nicotine products. Adults who used commercial tobacco or nicotine (90%) were more likely to be asked if they smoked cigarettes or used any other commercial tobacco or nicotine products than adults who did not use commercial tobacco or nicotine (73%).

WYSAC does not know to what extent health professionals use medical records to screen for commercial tobacco or nicotine use during a visit. This may have been a limitation when health professionals did not ask about commercial tobacco or nicotine use because they already had records of it.

About a quarter (23%) of commercial tobacco or nicotine users were offered assistance with quitting, even when focusing on those who say a professional asked them about their commercial tobacco or nicotine use (Figure 26).

Figure 26: About One Fourth of Adults Who Use Commercial Tobacco or Nicotine Received Assistance from Health Professionals

Percentage of adults who use commercial tobacco or nicotine who had seen a health professional in the past year



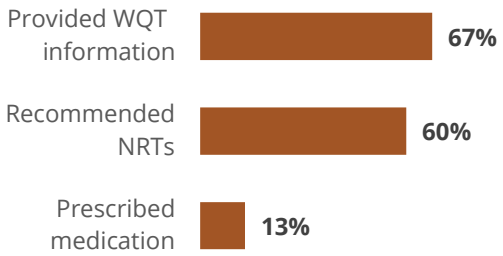
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When adults who use commercial tobacco or nicotine were offered assistance, health professionals provided WQT information (67%; Figure 27), recommended nicotine replacement therapies (NRTs) (60%), and prescribed medication (13%). The percentage of adults who received WQT information significantly decreased from 87% in 2021 to 67% in 2025. The percentage of adults who were prescribed medication also significantly decreased from 39% in 2021 to 13% in 2025. Healthcare providers offering support such as NRT, prescription medication, and referral to quitline services such as WQT align with best practices for support of quitting. Opportunities exist to increase the number of adults who are offered assistance by their healthcare provider to quit.

Figure 27: Medication is the Least Frequently Offered Quit Aid

Percentage of adults who use commercial tobacco or nicotine who were advised to quit and were offered assistance by a health professional to help them quit

A health professional …



Note: Respondents were allowed to indicate more than one response.

Medication may include Wellbutrin, Zyban, bupropion, Chantix, or varenicline.

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Conclusion

Most smokers want to quit smoking cigarettes or have tried to quit at some point in their lives. When they try to quit or want to quit, adults who use commercial tobacco or nicotine face obstacles such as cravings for a cigarette, loss of a way to handle stress, and others smoking around them. The WQT program is designed to assist with all of these obstacles.

Most adults who use commercial tobacco or nicotine are aware of quitline services.

Education and media emphasizing how the WQT program addresses common barriers to quitting smoking may increase enrollment in the WQT program. Additionally, the use of WQT program offerings (such as NRT and medications) can then increase the chances of adults quitting.

Many adults who currently use ENDS want to quit. Among adults who currently use ENDS, about half had tried to quit ENDS in the past year or in their lifetime.

Visits to health professionals are opportunities for connecting current commercial tobacco or nicotine users to available resources and addressing barriers to quitting. Most adults were asked by a health professional if they used commercial tobacco or nicotine products. Adults who use commercial tobacco or nicotine were less likely to report that health professionals followed up or offered help with quitting than they were to report being asked about their use. Greater collaboration with health professionals could result in more commercial tobacco or nicotine users becoming aware of, and receiving, services that could increase their chances of quitting (CDC, 2015a).

Opportunities exist to increase the number of adults who are offered assistance by their healthcare provider to quit.

Identifying and Eliminating Commercial Tobacco and Nicotine-Related Disparities Among Populations of Focus

Addressing populations disproportionately impacted by commercial tobacco or nicotine use is the fourth goal of the SUTPP.

Starting in 2019, the SUTPP identified four populations of focus in Wyoming that were disproportionally impacted by commercial tobacco or nicotine use: people with low incomes, people who self-identify as American Indian, people reporting behavioral health conditions, and young adults (aged 18-29). The sampling methods described in the 2025 Survey Methods section included extra effort to recruit people identified as American Indian in the sampling frame WYSAC purchased.

For ENDS within each population, WYSAC analyzed three key indicators: the prevalence of use, ENDS quit attempts, and exposure to secondhand ENDS aerosol in public places.

For commercial tobacco within each population, WYSAC analyzed three key indicators: the prevalence of smoking cigarettes, smoking quit attempts, and exposure to secondhand smoke at work.

Because the Wyoming Adult Commercial Tobacco and Nicotine Survey is primarily designed to obtain state-level data for the full adult population, WYSAC does not recruit people from these populations of focus in a way that allows for all analyses in the main body of the report or for intersectionality (such as estimates for young adults with low incomes). Specifically, because of the small number of survey respondents who currently use commercial tobacco or nicotine products within each population of focus, there is a high degree of uncertainty around the estimates for most of these groups. Therefore, WYSAC took a cautious approach and chose not to provide interpretations for statistical tests in which WYSAC had a low degree of confidence, including when fewer than 50 adults responded to a question. Because of this issue, WYSAC does not report ENDS quit attempts among all populations of focus (including adults with low annual household income, American Indian adults, adults who reported behavioral health conditions, and young adults) or cigarette quit attempts among these populations, except for adults with behavioral conditions.

Proportion plots in the following sections are adapted from a template distributed by Stephanie Evergreen: https://stephanieevergreen.com/proportion-plots/

Population of Focus: Adults with Low Annual Household Income

A common measure for identifying people with low incomes would be the poverty level. However, this varies by the size of household and other factors not included in the Wyoming Adult Commercial Tobacco and Nicotine Survey. Based on practical considerations such as survey sample size and other standard indicators, WYSAC and the SUTPP used a threshold of $30,000 in annual household income to identify adults with a low annual household income.

For context, in 2024, the median household income in Wyoming was $75,532 (U.S. Census Bureau, 2024). By definition, half of the adults in the state have an annual income less than the median.

ENDS and Adults with Low Annual Household Income

Evidence on ENDS marketing targeting people with low income is limited and inconclusive, as research has yielded mixed results (Addo Ntim et al., 2022). More research is needed to understand if the ENDS industry is using focused marketing toward people with low incomes.

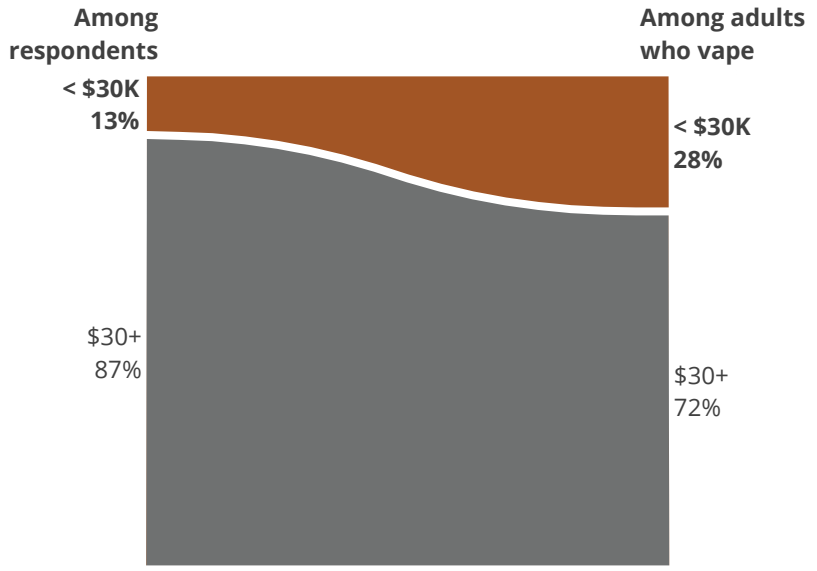
ENDS Use

In 2025, adults with annual household incomes less than $30,000 were significantly more likely to use ENDS every day or some days (24%) than those with higher incomes (9%).

Figure 28: Adults Living in Households Making Less than $30,000 per Year Were Overrepresented Among Adults Who Use ENDS

Distribution of annual household income among all adults and adults who use ENDS

If there was no disparity, the proportions on each side of the graph would be equal, or the line would be straight.



Note: The commercial tobacco industry has targeted lower-income households (Lee et al., 2015).

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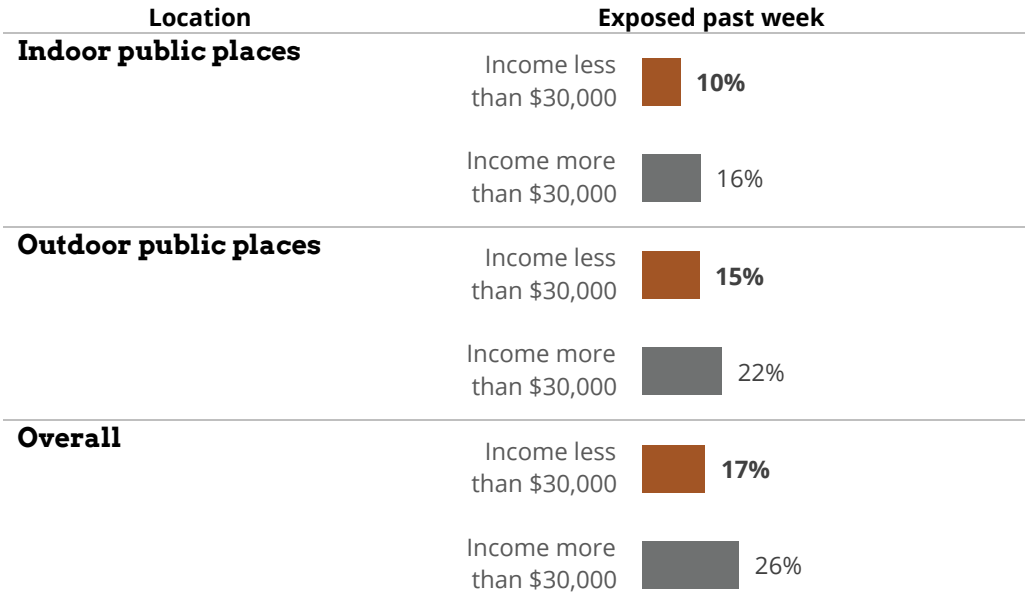
Adults living in households making less than $30,000 per year were overrepresented among adults who use ENDS. While only 13% of survey respondents were living in households with an income of less than $30,000, they made up 28% among adults who currently use ENDS (Figure 28).

Exposure to Secondhand Aerosol in Public Places

Partly because the survey did not sample a large number of adults with an annual income of less than $30,000, the differences in secondhand aerosol exposure in public places (indoors or outdoors) by household income in the last seven days were not significant (Figure 29).

Figure 29: Exposure to Secondhand ENDS Aerosol in Public Places Was About the Same for Adults Living in Households Making Less than $30,000 per Year and Those Making $30,000 or More

Percentage of adults who had been exposed to someone else's ENDS aerosol in public places in the past seven days by annual household income



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Cigarettes and Adults with Low Annual Household Income

Commercial tobacco industry marketing has a documented history of targeting lower-income neighborhoods (Lee et al., 2015). This targeted marketing has included giving free cigarettes to children in low-income neighborhoods. Along with the increased marketing, low-income neighborhoods typically have a higher commercial tobacco outlet density than higher-income neighborhoods (CDC, 2024c; Truth Initiative, 2018). With the commercial tobacco industry's pointed strategies toward people with lower incomes, adults with lower incomes have a disproportionately high rate of commercial tobacco or nicotine use.

Cigarette Use

In 2025, adults with annual household incomes less than $30,000 were significantly more likely to smoke cigarettes every day or some days (29%) than those with higher incomes (9%; see Table 4 for a summary of the four smoking status categories).

Table 4: Definitions of Smoking Status

Responses to the survey led to four key categories of smoking status

	Adults Who Currently Smoke	Adults Who Used to Smoke	Adults Who Experimented with Smoking	Adults Who Never Smoked
Now smoke daily or some days	Yes			
Smoked at least 100 cigarettes in lifetime	Yes	Yes		
Ever tried smoking	Yes	Yes	Yes	

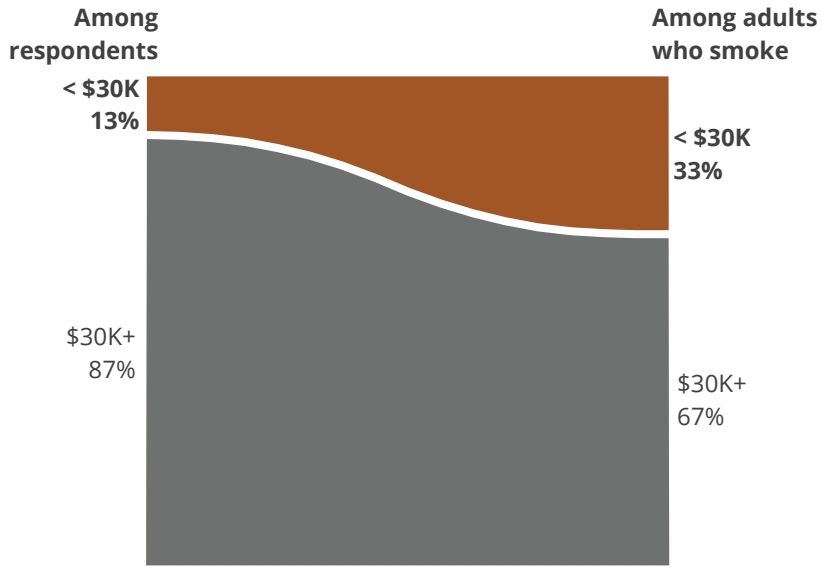
Note: Adults who currently smoke and adults who used to smoke together make up adults who smoke or have smoked regularly.

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Figure 30: Adults Living in Households Making Less than $30,000 per Year Were Overrepresented Among Adults Who Smoke

Distribution of annual household income among all adults and adults who smoke

If there was no disparity, the proportions on each side of the graph would be equal, or the line would be straight.



Note: The commercial tobacco industry has targeted lower-income households (Lee et al., 2015).

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Adults living in households making less than $30,000 per year were overrepresented among adults who smoke. While only 13% of survey respondents were living in households with an income of less than $30,000, they made up 33% of adults who currently smoke in the survey (Figure 30).

Exposure to Secondhand Smoke at Work

In 2025, 37% of adults with an annual household income of less than $30,000 were exposed to someone else's secondhand smoke at work. Among adults with an annual household income of $30,000 or more, 19% reported being exposed to secondhand smoke at work. Partly because the survey did not sample a large number of adults with an annual income of less than $30,000, the difference in exposure by household income was not significant.

Conclusion

The 2025 Wyoming Adult Commercial Tobacco and Nicotine Survey data highlights the impact of the commercial tobacco industry's targeted efforts to engage already vulnerable populations in commercial tobacco use (Lee et al., 2015). People with an annual income of less than $30,000 are disproportionately affected by smoking.

Adults with an annual income of less than $30,000 are significantly more likely to use ENDS every day or some days than those with an annual income greater than $30,000. Commercial tobacco is marketed at a higher rate in low-income neighborhoods (Lee et al., 2015).

Partly due to the low sample size of adults with an annual income of less than $30,000, differences in exposure to secondhand ENDS aerosol in public places were not significant.

Adults with an annual income of less than $30,000 are significantly more likely to smoke every day or some days than those with an annual income greater than $30,000. Commercial tobacco is marketed at a higher rate in low-income neighborhoods (Lee et al., 2015).

Partly due to the low sample size of adults with an annual income of less than $30,000, the difference in exposure to secondhand smoke at work was not significant.

Population of Focus: American Indians

WYSAC acknowledges that different terms, such as Native American, refer to the Indigenous Populations of the U.S. when not referring to specific tribes. In this report, the use of the term American Indian mirrors the survey question (which does not ask about tribal affiliation) used for the Wyoming Adult Commercial Tobacco and Nicotine Survey.

WYSAC considered respondents as American Indian when they self-identified as American Indian or multiracial, including American Indian, regardless of whether they reported Hispanic ethnicity. This approach allowed for a larger sample from which to draw conclusions.

ENDS and American Indians

ENDS Use

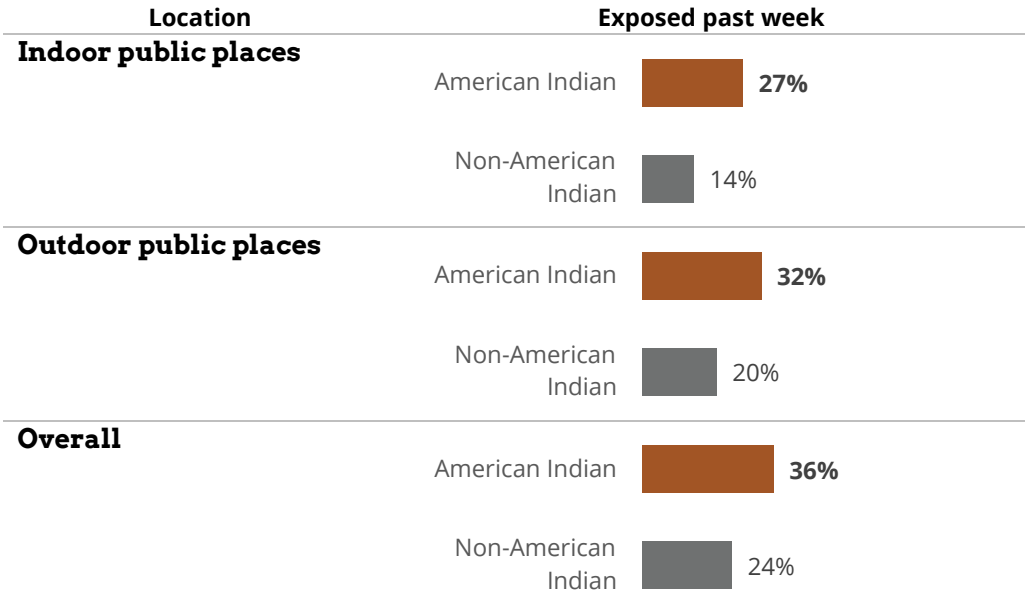
In 2025, 10% of American Indian adults used ENDS every day or some days. Among non-American Indian adults, 10% reported using ENDS every day or some days. The difference in ENDS use between American Indian adults and non-American Indian adults was not significant.

Exposure to ENDS Aerosol in Public Places

Partly because the survey did not sample a large number of American Indian adults, the differences in secondhand aerosol exposure in public places (indoors or outdoors) between American Indian and non-American Indian adults in the last seven days were not statistically significant, though the estimates may look quite different (Figure 31).

Figure 31: Exposure to Secondhand ENDS Aerosol in Public Places Was About the Same Between American Indian Adults and Non-American Indian Adults

Percentage of adults who had been exposed to someone else's ENDS aerosol in public places in the past seven days by American Indian self-identification



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Cigarettes and American Indians

Commercial tobacco companies have long used the ceremonial significance of tobacco to encourage American Indians to use their commercial tobacco products (D'Silva et al., 2018). Commercial tobacco companies have a history of targeting this community, beginning with using American Indian imagery and symbols in marketing, often depicting negative stereotypes. The commercial tobacco industry misled these communities by providing financial support for their cultural events and providing highly discounted prices on commercial tobacco or nicotine products (Lempert & Glantz, 2019). The commercial tobacco industry's focused efforts have contributed to disproportionately high smoking rates for American Indians (D'Silva et al., 2018).

Cigarette Use

In 2025, 14% of American Indian adults smoked cigarettes every day or some days. Among non-American Indian adults, 10% reported smoking every day or some days (see Table 5 for a summary of the four smoking status categories). Partly because the survey did not sample a large number of American Indian adults, the difference in cigarette use between American Indian adults and non-American Indian adults was not significant.

Table 5: Definitions of Smoking Status

Responses to the survey led to four key categories of smoking status

	Adults Who Currently Smoke	Adults Who Used to Smoke	Adults Who Experimented with Smoking	Adults Who Never Smoked
Now smoke daily or some days	Yes			
Smoked at least 100 cigarettes in lifetime	Yes	Yes		
Ever tried smoking	Yes	Yes	Yes	

Note: Adults who currently smoke and adults who used to smoke together make up adults who smoke or have smoked regularly.

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Conclusion

The 2025 sample did not show disproportionate rates of ENDS use and cigarette smoking among American Indians, but findings were limited by small sample size.

Continuing to partner with representatives from the two main tribes in Wyoming (Northern Arapaho and Eastern Shoshone) will support sensitive approaches to reducing the burdens of commercial nicotine use and secondhand exposure for this population.

Population of Focus: Behavioral Health

For this report, we use the term "behavioral health" and recognize that subject matter experts may use, and distinguish between, terms such as behavioral or mental health, and these may have changed over time. The survey question used to identify this population from the Adult Commercial Tobacco and Nicotine Survey is as follows: "Do you have any mental health conditions, such as an anxiety disorder, depression disorder, bipolar disorder, schizophrenia, attention-deficit/hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), or substance use disorder?" About 26% of adults reported having at least one behavioral health condition.

People experiencing behavioral health conditions have been harmed by unjust practices related to the sale of commercial tobacco and nicotine. These practices include promoting the false idea that tobacco and nicotine can be used to treat behavioral or mental health conditions and promoting unhealthy policies in behavioral healthcare facilities (CDC, 2024d). These misperceptions may affect healthcare providers' willingness to offer cessation treatments to adults with behavioral health conditions and increase smoking among people with behavioral health conditions (CDC, 2024b).

As with any self-report data, it is possible that people under-reported health conditions on the Wyoming Adult Commercial Tobacco and Nicotine Survey, especially those conditions that may have a stigma attached such as behavioral health conditions.

ENDS and Behavioral Health

Historically, the commercial tobacco industry has targeted people experiencing behavioral health conditions (such as depressive disorder, bipolar disorder, substance use disorder, and psychotic disorder; Campbell et al., 2016; Prochaska et al., 2017). The ENDS industry might also be targeting those experiencing behavioral health conditions by claiming health benefits of using ENDS (Spears et al., 2019). Medical research, however, has shown that vaping is associated with higher incidence of reported depression among adults (Obisesan et al., 2019) and youth (Lechner et al., 2017). More research is needed to understand if the ENDS industry is also using focused marketing toward people experiencing behavioral health conditions.

ENDS Use

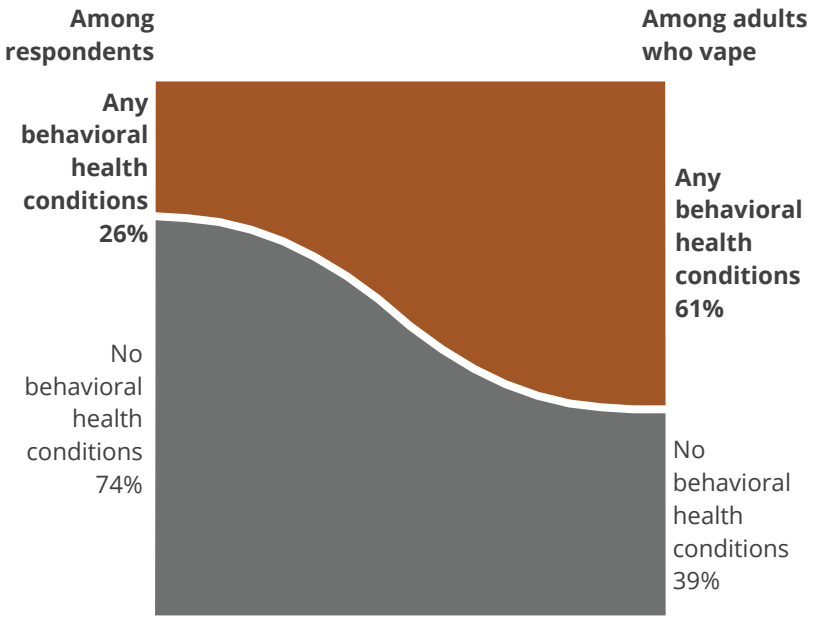
In 2025, adults who said they had at least one behavioral health condition were significantly more likely to use ENDS every day or some days than adults who did not have at least one behavioral health condition: 24% of adults who reported having behavioral health conditions used ENDS every day or some days, compared to 5% of adults who did not report having behavioral health conditions.

Adults with behavioral health conditions were overrepresented among adults who use ENDS. While only 26% of survey respondents said they had a behavioral health condition, they made up 61% of adults who currently use ENDS in the survey (Figure 32).

Figure 32: Adults with Behavioral Health Conditions Were Overrepresented Among Adults Who Use ENDS

Distribution of behavioral health conditions among all adults and adults who use ENDS

If there was no disparity, the proportions on each side of the graph would be equal, or the line would be straight.



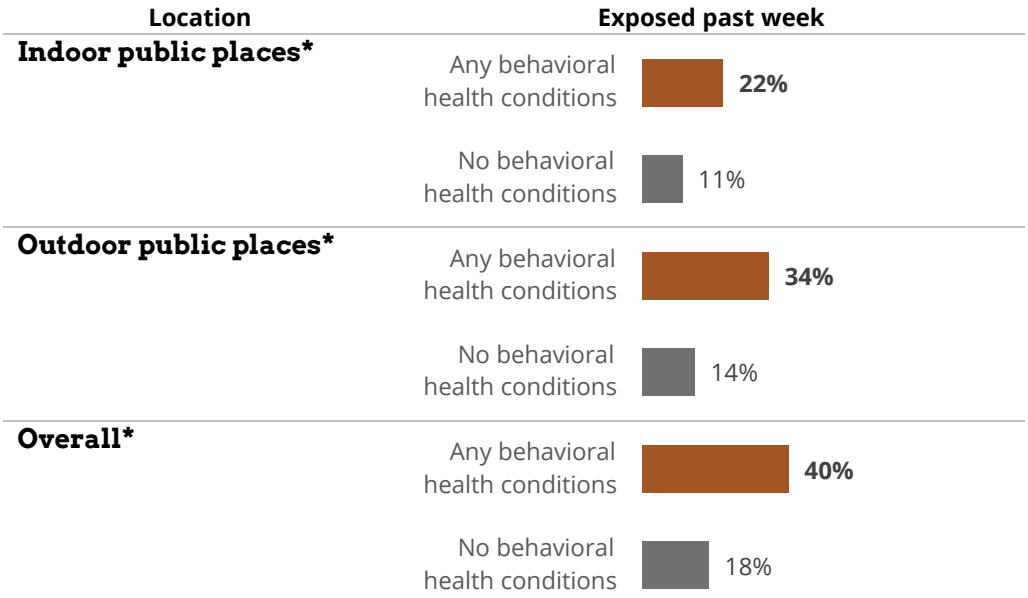
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Exposure to Secondhand Aerosol in Public Places

In 2025, 40% of adults who reported having behavioral health conditions reported being exposed to someone else's ENDS aerosol in public places, indoors or outdoors, in the past seven days. Overall, exposure to secondhand aerosol in public places was significantly more likely for adults who reported behavioral health conditions than those who did not report behavioral health conditions (Figure 33). In indoor public places, adults who reported behavioral health conditions were significantly more likely to report exposure to secondhand aerosol (22%) than adults who did not report behavioral health conditions (11%). In outdoor public places, adults who reported behavioral health conditions were significantly more likely to report exposure to secondhand aerosol (34%) than adults who did not report behavioral health conditions (14%).

Figure 33: Exposure to ENDS Aerosol in Public Places Was Significantly Higher for Adults Who Reported a Behavioral Health Condition

Percentage of adults who had been exposed to someone else's ENDS aerosol in public places in the past seven days by behavioral health condition.



Note: * indicates a significant difference by behavioral health condition.

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Cigarettes and Behavioral Health

Historically, the commercial tobacco industry has targeted people experiencing behavioral health conditions (such as depressive disorder, bipolar disorder, substance use disorder, and psychotic disorder; Campbell et al., 2016; Prochaska et al., 2017).

For this reason, studies (such as the Substance Abuse and Mental Health Services Administration [SAMHSA], 2020, and Talati et al., 2016) have demonstrated an association between cigarette smoking and behavioral health conditions. People who report behavioral health conditions are more likely to smoke, and adults with these conditions who smoke tend to smoke more cigarettes than adults who do not report behavioral health conditions (National Institute on Drug Abuse [NIDA], 2023).

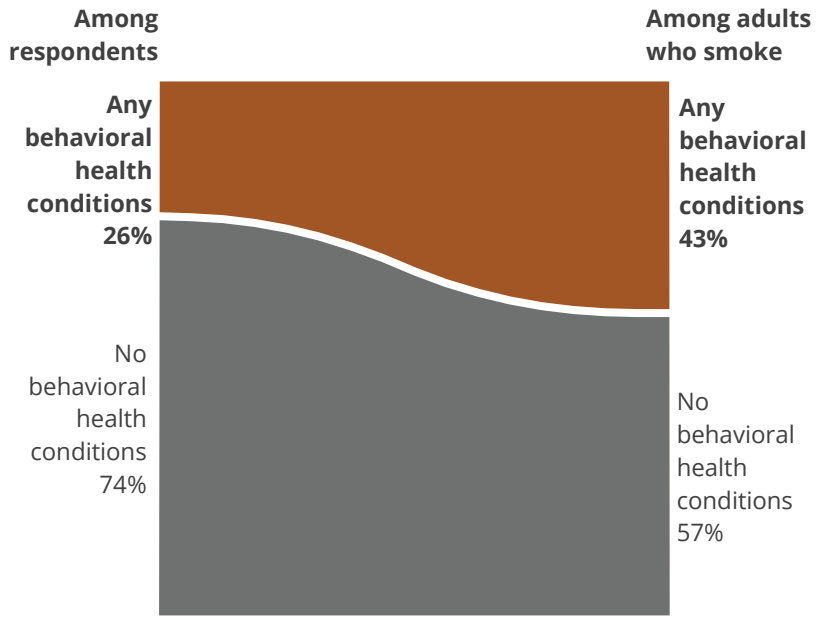
Cigarette Use

In 2025, adults with behavioral health conditions were significantly more likely to smoke cigarettes (18%) than adults with no behavioral health conditions (8%).

Figure 34: Adults with Behavioral Health Conditions Were Overrepresented Among Adults Who Smoke

Distribution of behavioral health conditions among all adults and adults who smoke

If there was no disparity, the proportions on each side of the graph would be equal, or the line would be straight.



Note: Adults with behavioral health conditions have been targeted by commercial tobacco companies (Prochaska et al., 2017).

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Adults with behavioral health conditions were overrepresented among adults who smoke. While only 26% of adults who responded to the survey reported having behavioral health conditions, they made up 43% of adults in the survey who smoke. (Figure 34; see Table 6 for a summary of the four smoking status categories).

Table 6: Definitions of Smoking Status

Responses to the survey led to four key categories of smoking status

	Adults Who Currently Smoke	Adults Who Used to Smoke	Adults Who Experimented with Smoking	Adults Who Never Smoked
Now smoke daily or some days	Yes			
Smoked at least 100 cigarettes in lifetime	Yes	Yes		
Ever tried smoking	Yes	Yes	Yes	

Note: Adults who currently smoke and adults who used to smoke together make up adults who smoke or have smoked regularly.

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Quit Attempts: Lifetime and Past Year

Partly because the survey did not sample a large number of adults with behavioral health conditions, the difference in quit attempts (including lifetime and past year) between adults who smoke and who reported behavioral health conditions and those who did not report such conditions was not statistically significant, though the estimates may look quite different.

Lifetime quit attempts:

- ➔ 76% of adults who reported behavioral health conditions had stopped smoking for at least one day because they were trying to quit for good, and
- ➔ 85% of adults who did not report behavioral health conditions had stopped smoking for at least one day because they were trying to quit for good.

Past year quit attempts:

- ➔ 18% of adults who reported behavioral health conditions had tried to quit smoking at least once in the past year, and
- ➔ 47% of adults who did not report behavioral health conditions had tried to quit smoking at least once in the past year.

Exposure to Secondhand Smoke at Work

Adults who reported behavioral health conditions were more likely to be exposed to secondhand smoke at work (33%) than those who did not report such conditions (12%; Figure 35).

Figure 35: Exposure to Secondhand Smoke at Work Is Significantly Higher for Adults Who Reported a Behavioral Health Condition

Percentage of adults who had been exposed to secondhand smoke at work by behavioral health condition



Note: * indicates a significant difference by behavioral health condition.

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Conclusion

People experiencing behavioral health conditions are disproportionately affected by smoking and ENDS use. Particularly for cigarette smoking, this is likely related at least in part to the commercial tobacco industry's targeted marketing (Campbell et al., 2016; Prochaska et al., 2017). More research is needed to understand if the ENDS industry is also using focused marketing toward people experiencing behavioral health conditions.

Adults who reported behavioral health conditions were more likely to use ENDS than those who did not report a behavioral health condition. They are also more likely to report being exposed to someone else's ENDS aerosol in public places, particularly indoors.

Adults who report behavioral health conditions are more likely to smoke cigarettes than those who do not report such conditions. They are also more likely to be exposed to secondhand smoke at work than those who did not report such a condition. Because the survey included too few employed respondents from specific industries or occupations to produce reliable estimates and comparisons, we cannot explore whether workplace factors explain this relationship.

In 2025, the survey sampled too few adults who smoke and reported behavioral health conditions to detect a disparity in smoking quit attempts.

Population of Focus: Young Adults

WYSAC considered respondents as young adults when they were between the ages of 18 and 29.

ENDS and Young Adults

Young adults (aged 18-29) are a population of focus because young adulthood is an impressionable stage when people may begin a lifelong smoking or vaping habit (Biener & Albers, 2004; Lee et al., 2020). Additionally, nicotine use as the brain develops through the age of 25 (roughly) can change the brain to make it more vulnerable to additional addictions, cause difficulties in attention and

thinking, and increase risk for behavioral health issues (USDHHS, 2016). Much like the commercial tobacco industry has targeted youth (Farber & Folan, 2017), the ENDS industry has targeted young adults with advertising and marketing that are attractive to them and has used social media as a pathway to reach young adults (Lee et al., 2020; Willis & Mindicino, 2020). The ENDS industry's focused efforts have contributed to disproportionately higher ENDS use rates for young adults (Do et al., 2022).

ENDS Use

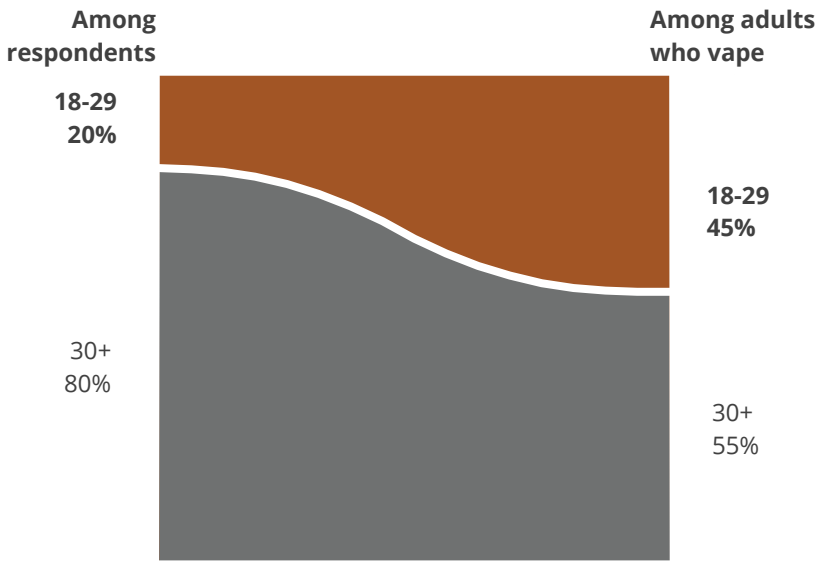
Young adults (24%) were significantly more likely to use ENDS than other adults (7%). ENDS use may lead to later initiation of smoking, but more research is needed to investigate this potential pathway to smoking and, potentially, other commercial tobacco or nicotine products.

Young adults were overrepresented among adults who used ENDS every day or some days. While only 20% of adults who responded to the survey reported being ages 18-29, they made up 45% of adults who currently used ENDS in the survey (Figure 36).

Figure 36: Young Adults (Ages 18–29) Were Overrepresented Among Adults Who Currently Use ENDS

Distribution of age among all adults and adults who use ENDS

If there was no disparity, the proportions on each side of the graph would be equal, or the line would be straight



Note: The ENDS industry has targeted young adults (Lee et al., 2020).

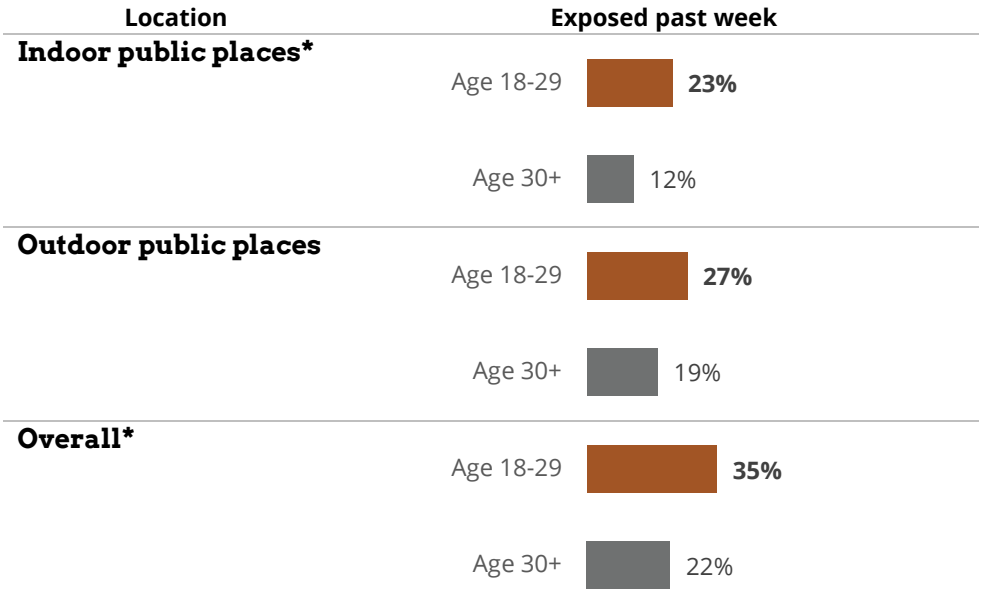
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Exposure to ENDS Aerosol in Public Places

In 2025, young adults (35%) were more likely to report being exposed to someone else's ENDS aerosol in public places, indoors or outdoors, in the past seven days, compared to other adults (22%; Figure 37). In indoor public places, young adults (23%) were significantly more likely to report exposure to secondhand aerosol. Partly because the survey did not sample a large number of young adults, the difference in exposure in outdoor public places in the last seven days between young adults and other adults was not statistically significant, though the estimates may look quite different.

Figure 37: Exposure to ENDS Aerosol in Public Places Was Significantly Higher for Young Adults

Percentage of adults who had been exposed to someone else's ENDS aerosol in public places in the past seven days by age



Note: * indicates a significant difference by age.

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Cigarettes and Young Adults

Wyoming Adult Commercial Tobacco and Nicotine Survey data (see Preventing New Commercial Tobacco Use) show that most adults who smoke start smoking as youths or young adults. Young adulthood is an impressionable stage when people may begin a lifelong smoking habit, or a habit that had begun during adolescence could become set (Biener & Albers, 2004; Lee et al., 2020), making them a population of focus. The commercial tobacco industry has targeted young adults with advertising and marketing that promises to help them create the attractive, successful, and popular personas they seek (Farber & Folan, 2017). Industry campaigns promote messages, values, and product features designed specifically for young adults (Lee et al., 2020). Commercial tobacco

companies place these campaigns in places young adults frequent most, such as colleges, fraternities, and bars (Ling & Glantz, 2002). With such targeted industry efforts, young adults are a population of focus and require equally targeted efforts for control strategies aimed at commercial tobacco and nicotine prevention.

Cigarette Use

The smoking rate of young adults (3%) was significantly lower than the smoking rate of other adults (12%; Figure 38).

Young adults were more likely to have never tried a cigarette: 55% of young adults have never tried a cigarette, compared to 23% of other adults. Because so few adults begin smoking after the age of 21 (see the Preventing New Commercial Tobacco Use section), this difference between age cohorts may indicate that experimentation with cigarettes is becoming less common over time.

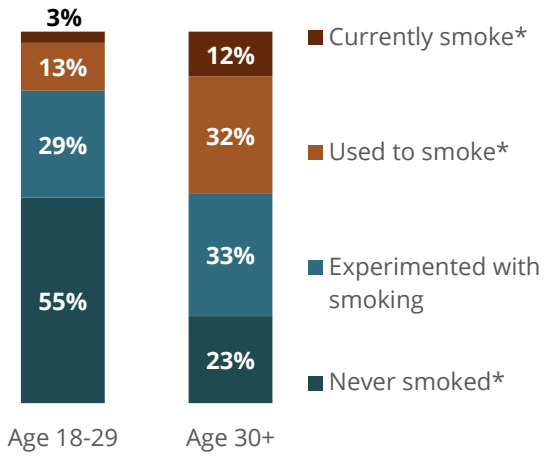
Young adults were significantly less likely to have smoked regularly and then quit (13%), compared to other adults (32%).

As shown in the ENDS Use section above, young adults are more likely to use ENDS (24%), which may lead to later initiation of smoking cigarettes. More research is needed to investigate this potential pathway to smoking or the use of new and emerging commercial nicotine products (such as nicotine pouches). Research about potentially complex relationships between the use of various commercial tobacco and nicotine products is currently lacking.

Table 7 details the four categories of smoking status used in Figure 38.

Figure 38: Young Adults Are More Likely to Have Never Tried a Cigarette

Smoking status by age: Adults or young adults who currently smoke, used to smoke, experimented with smoking, or never smoked



Note: * indicates a significant difference by age.

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Table 7: Definitions of Smoking Status

Responses to the survey led to four key categories of smoking status

	Adults Who Currently Smoke	Adults Who Used to Smoke	Adults Who Experimented with Smoking	Adults Who Never Smoked
Now smoke daily or some days	Yes			
Smoked at least 100 cigarettes in lifetime	Yes	Yes		
Ever tried smoking	Yes	Yes	Yes	

Note: Adults who currently smoke and adults who used to smoke together make up adults who smoke or have smoked regularly.

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Exposure to Secondhand Smoke at Work

In 2025, 23% of young adults were exposed to someone else's secondhand smoke at work. Partly because the survey did not sample a large number of young adults, the difference in exposure between young adults and other adults was not significant.

Conclusion

The 2025 Wyoming Adult Commercial Tobacco and Nicotine Survey data highlight the impact of the commercial tobacco industry's targeted efforts to engage already vulnerable populations in commercial tobacco or nicotine use.

Young adults were significantly more likely to use ENDS than other adults (age 30 and older).

Young adults were significantly more likely than other adults to have been exposed to secondhand ENDS aerosols in public places in the last week. Without details about where survey respondents work, we cannot explore the reasons for this relationship.

Young adults were more likely to have never tried a cigarette compared to other adults.

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Appendix A: 2025 Wyoming Adult Commercial Tobacco and Nicotine Survey Frequency Tables

Appendix A consists of tables reporting Wyoming's state-level unweighted counts, weighted percentages, and 95% confidence intervals (CIs) for weighted percentages for every survey item and WYSAC-calculated variable. The unweighted counts represent the number of respondents who gave each response. The weighted 2025 Wyoming Adult Commercial Tobacco and Nicotine Survey (formerly known as the Adult Tobacco Survey) data are reflective of the Wyoming adult population; therefore, WYSAC uses them when reporting percentages and throughout the body of the report. Using a logit transform, Stata's confidence intervals for percentages will range between 0% and 100% and do not cross those endpoints. WYSAC did not report confidence intervals and used "--" for categories where no respondents selected a response option or where all respondents selected the same option. In these cases, there was insufficient variability in responses to calculate a meaningful confidence interval. Cues for telephone interviewers are included in the spreadsheet to clarify the interviewees' experiences. Similar text was used in the online survey.

In 2025, for randomly sampled phone numbers with a valid email or postal address, WYSAC offered the option to complete the survey online, rather than by phone with an interviewer. Therefore, there are three tables for each variable: an overall table of estimates, a table of estimates for online respondents, and a table of estimates for telephone respondents. WYSAC suppressed tables for questions with fewer than 50 respondents and for variables calculated from such questions. Additionally, WYSAC suppressed tables for phone and online respondents when either mode had fewer than 50 respondents, while retaining the overall table if it included 50 or more respondents.

WYSAC lists questions and response options in the order they were asked of the 2,484 respondents (except where the response option order was randomized, as indicated in the tables). WYSAC also includes the abbreviated variable names used in the data file in parentheses following each question.

WYSAC generally treated responses of "don't know/not sure" and "refused/no answer/blank" as missing data. However, if "don't know/not sure" accounted for at least 5% of all responses, including "don't know/not sure," then WYSAC did not treat the answers as missing. For example, WYSAC treated "don't know/not sure" as a valid response for the item about opinions on whether using ENDS is harmful to one's health (see wyharmecig_dk). Overall, this item included 161 respondents who answered "don't know/not sure" while 2,321 respondents provided their opinions. For this item, "don't know/not sure" accounted for about 6% (161/2,482) of all responses.

The survey involved a complex skip pattern; certain respondents were asked particular questions based on their answers to earlier survey questions. Respondents who were not asked a particular question are excluded from the percentage calculations. In the tables, "system missing" generally means that respondents were not asked a given question based on their prior responses. For example, smokers who had not tried to quit in the past year were not asked about what they used to try to quit smoking in the past year. They appear in the "system missing" row of the relevant tables. Any other respondents without a recorded answer are also included in the totals for system missing.

Percentages will not total 100% on variables where respondents could choose more than one response option. On other items, reported percentages may not total 100% because of rounding. Estimates with few observations in the frequency column may appear as 0% due to rounding.

The survey reminded respondents that tobacco use in the survey referred specifically to commercial tobacco and not the ceremonial, sacred, or traditional use of tobacco by some American Indian communities. Traditional tobacco is tobacco and/or other plant mixtures grown or harvested and used by American Indians and Alaska Natives for ceremonial or medicinal purposes. Additionally, WYSAC categorized smoking status into four groups (Table A1):

Table A1: Definitions of Smoking Status

Responses to the survey led to four key categories of smoking status

	Adults Who Currently Smoke	Adults Who Used to Smoke	Adults Who Experimented with Smoking	Adults Who Never Smoked
Now smoke daily or some days	Yes			
Smoked at least 100 cigarettes in lifetime	Yes	Yes		
Ever tried smoking	Yes	Yes	Yes	

Note: Adults who currently smoke and adults who used to smoke together make up adults who smoke or have smoked regularly.

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As a general reference, Table A2 shows the smoking rate for the overall sample. Tables for telephone and online respondents are in the spreadsheet.

Table A2: Current smoking status (Calculated)

Calculated percentages of all respondents

	Estimate	Lower CI	Upper CI	Frequency
Currently smoke every day or some days	10%	8%	13%	156
Currently do not smoke	90%	87%	92%	2,307
Valid total	100%			2,463
Unknown				21
System missing				0
Total				2,484

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The size and number of the tables for this appendix would not be conducive to printing, so they are available online here: https://wysac.uwyo.edu/wysac/reports/View/7747

Appendix B: 2025 Adult Commercial Tobacco and Nicotine Survey Data Collection Methods

Summary and Limitations

In this appendix, WYSAC provides the technical details of the methods used to collect the data for the 2025 Wyoming Adult Commercial Tobacco and Nicotine Survey (formerly known as the Adult Tobacco Survey) as reported by WYSAC's Survey Research Center experts Brian Harnish and Michael Dorssom.

Protocols for the 2025 survey, the 2010 National Adult Tobacco Survey, and other earlier iterations of the survey (2002, 2004, annually 2006–2009, 2012, 2015, 2017, 2019, 2021, and 2023) were generally similar in that they were based on a random sample of telephone numbers for noninstitutionalized adults 18 years of age and older in Wyoming, which allowed WYSAC to perform analyses of trends for comparable questions on the surveys. Beginning in 2023, for sampled phone numbers with valid email or postal addresses, WYSAC has offered an option to complete the survey online.

Built upon the 2023 questionnaire and the CDC's National Adult Tobacco Survey, the 2025 survey items have been tailored by WYSAC and the SUTPP to address specific data needs while maintaining a foundation in nationally validated metrics. The changes made for the 2025 survey reflect an emphasis on collecting data that the SUTPP can use to assess their efforts and on reducing the burden of data collection for people who complete the survey. The 2025 survey included the following key changes:

- ➔ Changing the survey name from "Wyoming Adult Tobacco Survey" to "Wyoming Adult Commercial Tobacco and Nicotine Survey"
- ➔ Modifying introductory text to mention nicotine in addition to commercial tobacco (for example, replacing "tobacco" with "tobacco or nicotine")
- ➔ Replacing the word "snuff" with "moist snuff" in questions about the use of smokeless tobacco (chewing tobacco, snuff, dip, or snus) and in a question about support for increasing Wyoming's smokeless tobacco tax
- ➔ Modifying a question about reasons for using ENDS by adding two reasons "For marijuana, THC, or Delta 8" and "For another substance" while removing a reason "For a drug other than nicotine (for example, marijuana)"
- ➔ Adding "on!" to the list of brands in the question about lifetime use of nicotine pouches

- ➔ Replacing the word "tobacco" with "tobacco or nicotine" in questions about awareness of quitlines and patient experiences with healthcare providers
- ➔ Adding a question about the respondent's occupation
- ➔ Adding a question about the industry in which the respondent works
- ➔ Replacing the word "tobacco" with "tobacco and nicotine" in the question about support for completely banning commercial tobacco at schools
- ➔ Dropping a question about gender
- ➔ Modifying a question about sex assigned at birth by removing two response options "intersex" and "a sex not listed"
- ➔ Dropping a question about whether self-identified men have sex with men
- ➔ Modifying a question about sexual orientation by removing the phrase "any other part of the LGBQ+ community"

Data Limitations

Most Adult Commercial Tobacco and Nicotine Survey items have been tested and validated by the CDC and reused over time. However, the survey relies on self-reported data, respondents' recollection of past events, and their interpretation of the survey items. Therefore, the results presented in WYSAC's reporting might include recall errors or respondent bias (such as underreporting undesirable behaviors).

The Adult Commercial Tobacco and Nicotine Survey does not look at causation. While correlation can imply causation in some cases, it is important to remember that the survey cannot show causation.

Unlike survey iterations before 2023, which were conducted exclusively via phone, the 2025 survey used two response modes: online and phone. In 2025, 75% of respondents completed the survey online, while 25% responded via phone. WYSAC examined the demographic characteristics of respondents (unweighted frequencies) by mode:

- ➔ The online survey had a lower portion of young adults (ages 18-29) than the phone survey.
- ➔ The online survey had a higher proportion of women than the phone survey.
- ➔ The online survey had a lower proportion of American Indian respondents than the phone survey.
- ➔ The online survey had a lower proportion of respondents with low income (annual household income less than $30,000) than the phone survey.

Also, not all estimates have the same level of precision due to survey skip pattern, analysis of subgroups, and the combination of both. For example, questions asked only of smokers tend to have smaller sample sizes than other questions asked of everyone. A small sample size reduces the precision of an estimate. Estimates for small subgroups, such as African Americans in Wyoming, are less precise than estimates for larger subgroups, such as white Americans. In some cases, fewer than

50 people were asked an item. Estimates generated from such small groups are extremely imprecise, so WYSAC does not report them in the body or appendices of the re-port. WYSAC is available to discuss estimates for these items.

The remainder of this appendix is the technical summary produced by WYSAC's Survey Re-search experts noted above.

Approach and Methodology

Questionnaire Design

The questionnaire used for the 2025 Wyoming Adult Commercial Tobacco and Nicotine Survey (ACTNS; formerly Adult Tobacco Survey [ATS]) is based on the master list of core and supple-mental questions originally from CDC Office on Smoking and Health (OSH) State Adult Tobacco Survey Questions. The questionnaire used for the 2025 iteration is based on the questionnaire used in the 2023 iteration, with slight modifications to a few questions of interest, including changes to how sex at birth and sexual orientation data are collected. The 2023 iteration of the survey underwent a significant change in that a dual-mode was introduced and was used again in 2025. The questionnaire was programmed for web data collection, as well as computer-aided tele-phone interviews. Where possible, questions were identical in both modes, and all efforts were made to stay as consistent as possible in cases where mode differences necessitated wording changes to either questions or choices.

Sample Design

The WY-ACTNS is an overlapping dual-frame Random Digit Dialing (RDD) telephone survey. "Dual-frame" refers to sampling both the landline and cell phone frames. "Overlap" refers to the telephone survey methodology where dual users, individuals who can be reached on both the cell phone and the landline frames, can come from either frame.[1]

The eligible population was noninstitutionalized adults 18 years of age and older. Sufficient data was collected to make precise estimates of various smoking-related health outcomes for the Wyoming state population. This data will be combined with data from other iterations of the WY-ACTNS to estimate WY-ACTNS outcomes for all 23 Wyoming counties.

For landline telephone numbers, one adult aged 18 or older was randomly selected from households with at least one adult aged 18 or older. Cell phones were treated as a single-user device. The adult aged 18 or older reached via a cell phone that answered the phone was selected. For records with an email address and/or a mailing address appended, those who had completed the survey online were treated as single users and no random selection within the household was performed.

Telephone sample for this project was purchased from our scientific survey sample vendor, Marketing Systems Group (MSG). The two frames utilized were Listed Landline frame (Listed LL), and the Advanced Cellular Frame (ACF). The Listed LL frame consists of all listed landline telephone numbers in Wyoming. The Advanced Cellular Frame, a proprietary MSG product, includes both listed and RDD frames, providing the best opportunity to include nearly every cellular telephone in

[1] An overlap design is distinguished from a screened design. In a screened design dual-users selected from the cell phone frame are screened out.

our target geography. Importantly, this frame includes the in-ward migration population in Wyoming that may have a number from another geography.

Based on historical eligibility and response rates, both sample frames were stratified by county to secure the target number of completions at the county level and maintain the desired cellular-to-landline ratio. In addition to county-level stratification, a targeted American Indian (AI) oversample stratum was created to improve the likelihood of obtaining a representative sample of Wyoming's AI population.

For both sample frames (Listed LL and ACF), MSG appended known mailing address and known email address, where possible. MSG updates this information daily from over 200 authoritative sources, such as those used in identity authentication and validation of digital transactions.

Sample Management

Upon receipt of the survey sample from MSG, email invitations were fielded to all who had a valid email address associated with the phone record. Then, an invitation letter that encouraged completing the survey on the web was sent to all with a valid mailing address appended (who did not respond to the email, if applicable). Sample with no email or mailing address information was fielded immediately in the phone mode. For records with email append and/or mailing address append, records were moved to the phone mode after the email and/or mailing efforts occurred and no final disposition was achieved.

In the telephone mode, sample was released and worked, following CDC guidelines[2]. For the landline sample, only numbers which were not pre-screened as disconnected, cellphone, or businesses were released for calling. For the cellular sample, MSG's screening service was used to prescreen non-working cellular numbers from the cellular sample prior to telephone fielding. All numbers were attempted until a final disposition was achieved for most sample members. Final disposition codes were assigned to telephone numbers which had not already received a final disposition only after 8 or more call attempts consist of at least 3 weekday calls, 3 weeknight calls, and 3 weekend calls. The rules governing the assignment of final disposition codes are imbedded in the Ci3 program of the questionnaire and follow the CDC guidelines.

The CDC's guidelines require attempting soft refusals again in an effort at refusal conversion. These were handled by our most experienced and specially trained interviewers. These numbers were attempted until receiving a second refusal (final), a completed survey, or other final disposition.

In total, 92,820 cellular telephone numbers were generated for this study from the ACF frame and 12,837 landline telephone numbers were generated from the Listed LL frame. After removing those sample members pre-screened by the sample provider as disconnected, non-working, or business

[2] See Guidelines for Conducting General population State Adult Tobacco Telephone Surveys, November 2011.

numbers, 46,542 valid cellular numbers and 12,837 valid landline numbers remained for fielding (59,379 total records).

A total of 26,689 sample records had an email match to which were sent a single email invitation and one reminder. A total of 33,130 records had a valid mailing address match, making them eligible for a paper invite to the web – this includes all of the 26,689 sample members with an email address. Paper invitations were sent to all records for which no final disposition was achieved during the email effort. Finally, a total of 20,296 attempts were made by phone to those that did not respond via email or letter in an effort to reach a final disposition. Some numbers were called up to 11 times before they were assigned a final disposition code, which resulted in a 3.81 average number of call attempts per record.

Fielding Period

Individuals who had valid emails were invited to complete the survey via email. Initial email invites were emailed to individuals on 4/1/2025. An email reminder was sent to those who did not respond to the initial email invite on 4/7/2025.

On 4/5/2025, invite letters that encouraged individuals to complete the survey via the web were mailed to individuals who had mailing addresses and either did not have an email address or had undeliverable email addresses from the initial email invites. A second invitation letter was mailed to those who had not responded on 4/15/25.

Sample members who did not have email or mailing information were fielded in the phone mode at the project start. After completion of the email and mailing efforts, all records with no final disposition were moved to the phone mode. Well-trained WYSAC telephone interviewers conducted the telephone interviews. Most callers have significant experience on previous Adult Tobacco Surveys conducted by WYSAC for other states in recent years. Calling began on 4/3/2025 and concluded on 6/12/2025. Throughout the fielding period, calling took place on Sunday through Thursday evenings until 9 PM, as well as Friday and Saturday afternoons beginning at noon.

Response Rates

A total of 2,484 surveys were completed during the fielding period. A total of 1,868 surveys were completed via the web. A total of 549 surveys were completed on cellular phones, while 67 surveys were completed on landlines. The average phone interview length was 17 minutes and 47 seconds. Response rates are reported by sample frame, regardless of mode of completion.

The AAPOR3 response rate formula is:

$$e = \frac{r + n}{r + n + i}$$

$$\text{AAPOR3RR} = \frac{r}{r + n + e * u}$$

Where, *r*=respondents, *n*=nonrespondents, *u*=unknown response status, and *i*=ineligible. Response rates are presented in Tables B1 and B2. The overall response rate is the weighted average of the response rates in the three frames by listed/not-listed combinations, where the weight is the total sample fielded.

Table B1: Response Rates with Percentages

Frame	Respondent (%)	Nonrespondent (%)	Unknown (%)	Ineligible (%)	E (%)	AAPOR RR3
Landline	35.2	10.1	39.7	15.0	75.1	46.8
Cell	8.4	7.5	61.2	22.9	40.9	20.5
Overall						23.3

Table B2: Response Rates with Quantities

Frame	Respondent	Nonrespondent	Unknown	Ineligible	E (%)	AAPOR RR3
Landline	825	237	932	353	75.1	46.8
Cell	1,659	1,481	12,130	4,545	40.9	20.5
Overall						23.3

Appendix C: Statistical Analysis Methods and Detailed Results

Appendix C provides details of statistical analyses summarized in the body of the report. WYSAC does not provide interpretations of the statistical test results in Appendix C because they are provided in the body of the report.

WYSAC analyzed the data using Stata, version 16.1 with the complex sample survey methods available in that statistical package. Relationships and linear trends noted as significant in the body of the report are statistically significant, $p < .05$.

WYSAC generally treated responses of "don't know/not sure" and "refused/no answer/blank" as missing data. However, if "don't know/not sure" accounted for at least 5% of all responses, including "don't know/not sure," then WYSAC did not treat the answers as missing. For example, WYSAC treated "don't know/not sure" as a valid response for the item about opinions on whether using ENDS is harmful to one's health (see wyharmecig_dk). Overall, this item included 161 respondents who answered "don't know/not sure" while 2,321 respondents provided their opinions. For this item, "don't know/not sure" accounted for about 6% (161/2,482) of all responses.

For statistical analysis, WYSAC performed logistic regression and multinomial logistic regression to identify associations with time (difference since a reference year or other changes over time longer than two years).

WYSAC also used logistic regression and multinomial logistic regression to test for associations between a dependent variable and respondent's characteristics (independent variables) such as smoking status for different demographic groups. Details about how we defined each group are in the main body of the report, with brief reminders in these appendices. For logistic regression, a model is a contrast between a given outcome and the base outcome of a dichotomous dependent variable with the outcome of interest coded as 1 and the base outcome coded as 0. For multinomial logistic regression, a dependent variable has more than two categorical outcomes. A multinomial logistic regression model with a three-category dependent variable has two contrasts, each comparing a given outcome and a selected base outcome.

For logistic and multinomial logistic regression analyses, WYSAC centered the year variable at 2000 by subtracting 2000 from each year value (for example, 2025 becomes 25). This centering does not change the relationship between year and the dependent variable (the slope) but changes the intercept, making 0 correspond to the year 2000 instead of Year 0. This approach generally reduces intercept values, avoiding extremely large or small intercepts that might be expressed in scientific notation, which can be difficult to interpret.

Each table within this appendix reports the coefficients (Bs) for each level of independent variable (except for reference groups), their standard errors (SEs), Odds Ratios (ORs) for logistic regression,

relative-risk ratios (RRR) for multinomial logistic regression, t-statistics, and their p-values. When an independent variable is dummy coded, its reference group is indicated in the table.

Because odds ratios from logistic regression are less intuitive than relative risk, and thus less useful to lay audiences of the main report body, WYSAC provides odds ratios in this appendix for technical audiences and relative risk estimates in the main body.

When a multinomial logistic regression model was statistically significant, WYSAC additionally calculated a table of average marginal effects to help with interpretation; in the table, coefficients (Bs) are the average marginal effects. However, when the model was not statistically significant, WYSAC did not generate the table of average marginal effects. WYSAC presents the tables in the order the relevant summaries appear in the main body of the report.

Electronic Nicotine Delivery System (ENDS)

2025 ENDS Use in Wyoming

Table C1. Logistic Regression of Current ENDS Use: Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	0.065	0.019	1.067	3.504	<0.001
Intercept	-3.776	0.364	0.023	-10.369	<0.001

Table C2. Logistic Regression of Current ENDS Use: Difference Between 2023 and 2025

Variable	B	SE	OR	t	p
2023 (reference)					
2025	0.007	0.238	1.007	0.028	0.977
Intercept	-2.175	0.175	0.114	-12.394	<0.001

Flavored ENDS Use

Table C3. Logistic Regression of Flavored ENDS Use in the Past 30 Days Among Adults Who Currently Use ENDS: Change over Time 2017–2025

Variable	B	SE	OR	t	p
Year	0.080	0.056	1.084	1.448	0.149
Intercept	0.131	1.159	1.140	0.113	0.910

Table C4. Logistic Regression of Menthol ENDS Use in the Past 30 Days Among Adults Who Currently Use ENDS: Difference Between 2023 and 2025

Variable	B	SE	OR	t	p
2023 (reference)					
2025	-0.311	0.500	0.732	-0.623	0.534
Intercept	-0.412	0.340	0.663	-1.212	0.228

Table C5. Logistic Regression of Trying ENDS for the Flavoring Among Adults Who Had Tried ENDS in Their Lifetime: Change over Time 2017–2025

Variable	B	SE	OR	t	p
Year	0.024	0.025	1.024	0.955	0.339
Intercept	-0.723	0.517	0.485	-1.398	0.162

Reasons for Trying ENDS

Table C6. Logistic Regression of the Reason for Using ENDS Among Adults Who Currently Use ENDS: For the Flavoring: Change over Time 2017–2025

Variable	B	SE	OR	t	p
Year	-0.003	0.048	0.997	-0.065	0.948
Intercept	0.594	1.011	1.811	0.587	0.557

Table C7. Logistic Regression of the Reason for Using ENDS Among Adults Who Currently Use ENDS: To Quit Smoking Cigarettes: Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	0.018	0.035	1.018	0.517	0.605
Intercept	-0.000	0.690	1.000	-0.000	1.000

Table C8. Logistic Regression of the Reason for Using ENDS Among Adults Who Currently Use ENDS: To Not Disturb Other People with Smoke: Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	0.024	0.035	1.025	0.689	0.491
Intercept	-0.343	0.693	0.710	-0.495	0.621

Table C9. Logistic Regression of the Reason for Using ENDS Among Adults Who Currently Use ENDS: ENDS Might Be Less Harmful than Cigarettes: Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	-0.085	0.038	0.918	-2.241	0.025
Intercept	1.865	0.742	6.457	2.513	0.012

Do People Think ENDS Use Is Harmful?

Table C10. Multinomial Logistic Regression of Opinion on Whether Using ENDS Is Harmful to One's Health: Change over Time 2017–2025

Variable	B	SE	RRR	t	p
Not at all harmful					
Year	-0.024	0.056	0.976	-0.429	0.668
Intercept	-0.549	1.042	0.578	-0.527	0.599
Somewhat harmful					
Year	0.098	0.021	1.103	4.560	<0.001
Intercept	-0.845	0.416	0.430	-2.029	0.043
Very harmful					
Year	0.278	0.020	1.321	14.125	<0.001
Intercept	-3.971	0.384	0.019	-10.330	<0.001
Don't know (base outcome)					

Table C11. Marginal Effects of Year on Opinion on Whether Using ENDS Is Harmful to One's Health: Change over Time 2017–2025

Variable	B	SE	t	p
Not at all harmful	-0.007	0.001	-4.924	<0.001
Somewhat harmful	-0.024	0.002	-9.781	<0.001
Very harmful	0.048	0.002	19.894	<0.001
Don't know	-0.017	0.001	-11.340	<0.001

Starting ENDS Use

Table C12. Logistic Regression of Using ENDS Before Ever Trying Cigarette Smoking Among Adults Who Currently Smoke: Change over Time 2017–2025

Variable	B	SE	OR	t	p
Year	-0.003	0.040	0.997	-0.085	0.932
Intercept	-1.168	0.804	0.311	-1.453	0.146

Table C13. Logistic Regression of Using ENDS Before Ever Trying Cigarette Smoking Among Adults Who Used to Smoke: Change over Time 2017–2025

Variable	B	SE	OR	t	p
Year	0.006	0.043	1.006	0.134	0.894
Intercept	-1.640	0.927	0.194	-1.769	0.077

Table C14. Logistic Regression of Using ENDS Before Ever Trying Cigarette Smoking Among Adults Who Experimented with Smoking: Difference Between 2017 and 2019

Variable	B	SE	OR	t	p
2017 (reference)					
2019	1.173	0.451	3.233	2.603	0.009
Intercept	-1.550	0.292	0.212	-5.313	<0.001

Table C15. Logistic Regression of Using ENDS Before Ever Trying Cigarette Smoking Among Adults Who Experimented with Smoking: Change over Time 2019–2025

Variable	B	SE	OR	t	p
Year	0.004	0.078	1.004	0.052	0.959
Intercept	-0.382	1.719	0.683	-0.222	0.824

Eliminating Secondhand Exposure

Exposure to Secondhand ENDS Aerosol in Public Places

Table C16. Logistic Regression of Secondhand ENDS Aerosol Exposure in Indoor Public Places: Change over Time 2021–2025

Variable	B	SE	OR	t	p
Year	-0.067	0.045	0.935	-1.502	0.133
Intercept	3.421	1.035	30.612	3.305	<0.001

Table C17. Logistic Regression of Secondhand ENDS Aerosol Exposure in Indoor Public Places: Difference Between 2023 and 2025

Variable	B	SE	OR	t	p
2023 (reference)					
2025	-0.024	0.184	0.977	-0.128	0.898
Intercept	-1.766	0.130	0.171	-13.606	<0.001

Table C18. Logistic Regression of Secondhand ENDS Aerosol Exposure in Outdoor Public Places: Difference Between 2023 and 2025

Variable	B	SE	OR	t	p
2023 (reference)					
2025	-0.007	0.166	0.993	-0.044	0.965
Intercept	-1.359	0.111	0.257	-12.249	<0.001

Table C19. Logistic Regression of Secondhand ENDS Aerosol Exposure in Indoor or Outdoor Public Places: Difference Between 2023 and 2025

Variable	B	SE	OR	t	p
2023 (reference)					
2025	0.048	0.151	1.049	0.315	0.753
Intercept	-1.174	0.104	0.309	-11.302	<0.001

Opinions About the Harms of Secondhand ENDS Aerosol

Table C20. Multinomial Logistic Regression of Opinion on Harmfulness of Secondhand ENDS Aerosol Exposure: Difference Between 2023 and 2025

Variable	B	SE	RRR	t	p
Not at all harmful					
2023 (reference)					
2025	-0.413	0.328	0.661	-1.262	0.207
Intercept	-0.155	0.229	0.856	-0.676	0.499
Somewhat harmful					
2023 (reference)					
2025	-0.098	0.162	0.907	-0.603	0.546
Intercept	1.505	0.113	4.506	13.356	<0.001
Very harmful					
2023 (reference)					
2025	-0.048	0.160	0.953	-0.304	0.762
Intercept	1.335	0.112	3.799	11.903	<0.001
Don't know (base outcome)					

Quitting ENDS Use

Table C21. Logistic Regression of Trying to Quit ENDS Use in the Past Year or in Their Lifetime Among Adults Who Currently Use ENDS: Difference Between 2023 and 2025

Variable	B	SE	OR	t	p
2023 (reference)					
2025	-0.369	0.476	0.691	-0.776	0.438
Intercept	0.565	0.335	1.759	1.686	0.092

Cigarette Smoking and Use of Other Commercial Tobacco and Nicotine Products

Cigarette Smoking in 2025

Table C22. Logistic Regression of Current Smoking: Change over Time 2006–2025

Variable	B	SE	OR	t	p
Year	-0.037	0.005	0.964	-6.963	<0.001
Intercept	-1.118	0.073	0.327	-15.298	<0.001

Do People Think Smoking Cigarettes Is Harmful?

Table C23. Multinomial Logistic Regression of Opinion on Whether Smoking Cigarettes Is Harmful to One's Health: Difference Between 2023 and 2025

Variable	B	SE	RRR	t	p
Not at all harmful (base outcome)					
Somewhat harmful					
2023 (reference)					
2025	-1.352	0.870	0.259	-1.554	0.120
Intercept	3.343	0.619	28.291	5.397	<0.001
Very harmful					
2023 (reference)					
2025	-1.592	0.851	0.204	-1.871	0.061
Intercept	5.606	0.603	271.965	9.293	<0.001

Other Commercial Tobacco and Nicotine Products (Including ENDS)

Table C24. Logistic Regression of Current Use of Any Tobacco or Nicotine Products: Change over Time 2021–2025

Variable	B	SE	OR	t	p
Year	-0.049	0.036	0.952	-1.359	0.174
Intercept	0.088	0.826	1.092	0.106	0.916

Table C25. Logistic Regression of Current Use of Any Tobacco or Nicotine Products: Difference Between 2023 and 2025

Variable	B	SE	OR	t	p
2023 (reference)					
2025	-0.110	0.145	0.896	-0.755	0.450
Intercept	-1.024	0.104	0.359	-9.848	<0.001

Table C26. Logistic Regression of Current Smoking: Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	-0.048	0.013	0.953	-3.687	<0.001
Intercept	-0.870	0.244	0.419	-3.562	<0.001

Table C27. Logistic Regression of Current ENDS Use: Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	0.065	0.019	1.067	3.504	<0.001
Intercept	-3.776	0.364	0.023	-10.369	<0.001

Table C28. Logistic Regression of Chewing Tobacco, Snuff, Dip, or Snus Use in the Past 30 Days: Change over Time 2010–2025

Variable	B	SE	OR	t	p
Year	-0.037	0.011	0.963	-3.466	<0.001
Intercept	-1.798	0.192	0.166	-9.381	<0.001

Table C29. Logistic Regression of Chewing Tobacco, Snuff, Dip, or Snus Use in the Past 30 Days: Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	-0.074	0.014	0.929	-5.253	<0.001
Intercept	-1.038	0.258	0.354	-4.025	<0.001

Table C30. Logistic Regression of Cigar Use in the Past 30 Days: Change over Time 2010–2025

Variable	B	SE	OR	t	p
Year	-0.059	0.017	0.942	-3.414	<0.001
Intercept	-2.039	0.317	0.130	-6.437	<0.001

Table C31. Logistic Regression of Regular Pipe Use in the Past 30 Days: Change over Time 2010–2025

Variable	B	SE	OR	t	p
Year	-0.026	0.045	0.975	-0.569	0.569
Intercept	-4.093	0.800	0.017	-5.119	<0.001

Table C32. Logistic Regression of Water Pipe Use in the Past 30 Days: Change over Time 2010–2025

Variable	B	SE	OR	t	p
Year	-0.062	0.044	0.940	-1.404	0.160
Intercept	-3.771	0.690	0.023	-5.465	<0.001

Table C33. Logistic Regression of Current Nicotine Pouch Use: Change over Time 2021–2025

Variable	B	SE	OR	t	p
Year	0.140	0.068	1.151	2.073	0.038
Intercept	-6.380	1.591	0.002	-4.009	<0.001

Preventing New Commercial Tobacco Use

Age of Smoking a Whole Cigarette for the First Time

Table C34. Logistic Regression of Smoking a Whole Cigarette for the First Time Before Age 21: Change over Time 2010–2025

Variable	B	SE	OR	t	p
Year	-0.001	0.012	0.999	-0.057	0.955
Intercept	2.305	0.191	10.028	12.080	<0.001

Eliminating Exposure to Secondhand Smoke for People Who Do Not Smoke

Support for Smokefree Indoor Air Policies at Restaurants, Workplaces, Casinos and Clubs, and Bars

Table C35. Logistic Regression of Support for Smokefree Indoor Workplace Policies: Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	0.017	0.012	1.017	1.455	0.146
Intercept	1.271	0.221	3.563	5.759	<0.001

Table C36. Logistic Regression of Support for Smokefree Indoor Workplace Policies: Difference Between 2023 and 2025

Variable	B	SE	OR	t	p
2023 (reference)					
2025	0.151	0.177	1.163	0.856	0.392
Intercept	1.613	0.130	5.016	12.368	<0.001

Table C37. Logistic Regression of Support for Smokefree Indoor Restaurant Policies: Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	0.069	0.011	1.072	6.226	<0.001
Intercept	0.091	0.206	1.095	0.440	0.660

Table C38. Logistic Regression of Support for Smokefree Indoor Restaurant Policies: Difference Between 2023 and 2025

Variable	B	SE	OR	t	p
2023 (reference)					
2025	-0.114	0.190	0.892	-0.600	0.548
Intercept	2.004	0.139	7.420	14.459	<0.001

Table C39. Multinomial Logistic Regression of Support for Smokefree Indoor Bar Policies: Change over Time 2015–2025

Variable	B	SE	RRR	t	p
Allowed					
Year	0.010	0.021	1.010	0.467	0.641
Intercept	2.128	0.391	8.399	5.439	<0.001
Never allowed					
Year	0.070	0.021	1.073	3.390	<0.001
Intercept	1.075	0.388	2.930	2.771	0.006
Don't know (base outcome)					

Table C40. Marginal Effects of Year on Support for Smokefree Indoor Bar Policies: Change over Time 2015–2025

Variable	B	SE	t	p
Allowed	-0.013	0.002	-6.745	<0.001
Never allowed	0.015	0.002	7.612	<0.001
Don't know	-0.002	<0.001	-2.163	0.031

Table C41. Multinomial Logistic Regression of Support for Smokefree Indoor Bar Policies: Difference Between 2023 and 2025

Variable	B	SE	RRR	t	p
Allowed					
2023 (reference)					
2025	-0.083	0.328	0.921	-0.252	0.801
Intercept	2.381	0.243	10.811	9.779	<0.001
Never allowed					
2023 (reference)					
2025	0.175	0.318	1.191	0.550	0.582
Intercept	2.736	0.235	15.423	11.632	<0.001
Don't know (base outcome)					

Table C42. Logistic Regression of Support for Smokefree Indoor Casino and Club Policies: Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	0.053	0.008	1.055	6.404	<0.001
Intercept	-0.911	0.159	0.402	-5.733	<0.001

Table C43. Logistic Regression of Support for Smokefree Indoor Casino and Club Policies: Difference Between 2023 and 2025

Variable	B	SE	OR	t	p
2023 (reference)					
2025	0.296	0.122	1.345	2.422	0.015
Intercept	0.317	0.088	1.374	3.626	<0.001

Support for Other Smokefree Air Policies

Commercial Tobacco-Free School Policies

Table C44. Logistic Regression of Support for Tobacco-Free Schools: Change over Time 2010–2025

Variable	B	SE	OR	t	p
Year	-0.011	0.009	0.990	-1.233	0.218
Intercept	1.968	0.154	7.155	12.818	<0.001

Table C45. Logistic Regression of Support for Tobacco-Free Schools: Difference Between 2023 and 2025

Variable	B	SE	OR	t	p
2023 (reference)					
2025	-0.169	0.179	0.844	-0.945	0.345
Intercept	1.847	0.137	6.342	13.461	<0.001

Smokefree Park Policies

Table C46. Logistic Regression of Support for Smokefree Parks (1 = Smoking Should Never Be Allowed or Restricted in Some Manner vs. 0 = Smoking Should Always Be Allowed): Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	0.033	0.012	1.034	2.810	0.005
Intercept	0.919	0.219	2.507	4.194	<0.001

Table C47. Multinomial Logistic Regression of Support for Smokefree Parks: Difference Between 2023 and 2025

Variable	B	SE	RRR	t	p
Always allowed (base outcome)					
Allowed only at some times or in some places					
2023 (reference)					
2025	-0.183	0.202	0.832	-0.908	0.364
Intercept	1.281	0.154	3.601	8.298	<0.001
Never allowed					
2023 (reference)					
2025	0.162	0.202	1.176	0.804	0.422
Intercept	0.938	0.152	2.554	6.171	<0.001

Table C48. Marginal Effects of Year on Support for Smokefree Parks: Difference Between 2023 and 2025

Variable	B	SE	t	p
2023 (reference)				
2025				
Always allowed	0.003	0.023	0.131	0.895
Allowed only at some times or in some places	-0.075	0.029	-2.600	0.009
Never allowed	0.072	0.027	2.632	0.009

Smokefree Outdoor Workplace Policies

Table C49. Multinomial Logistic Regression of Support for Smokefree Outdoor Workplace Policies: Change over Time 2021–2025

Variable	B	SE	RRR	t	p
Always allowed (base outcome)					
Allowed only at some times or in some places					
Year	0.126	0.039	1.134	3.209	0.001
Intercept	-1.898	0.892	0.150	-2.128	0.033
Never allowed					
Year	0.347	0.046	1.415	7.536	<0.001
Intercept	-8.317	1.061	<0.001	-7.839	<0.001

Table C50. Marginal Effects of Year on Support for Smokefree Outdoor Workplace Policies: Change over Time 2021–2025

Variable	B	SE	t	p
Always allowed	-0.030	0.006	-4.652	<0.001
Allowed only at some times or in some places	-0.005	0.007	-0.745	0.457
Never allowed	0.035	0.005	7.295	<0.001

Table C51. Logistic Regression of Support for Smokefree Outdoor Workplace Policies: Change over Time 2021–2025

Variable	B	SE	OR	t	p
Year	0.255	0.035	1.291	7.400	<0.001
Intercept	-7.515	0.805	<0.001	-9.338	<0.001

Exposure to Secondhand Smoke

Smoking Policies at Work

Table C52. Logistic Regression of Smoking Prohibited Indoors at Work (1 = Smoking Never Allowed vs. 0 = Smoking Always Allowed or Allowed in Some Manner): Change over Time 2019–2025

Variable	B	SE	OR	t	p
Year	0.091	0.040	1.095	2.254	0.024
Intercept	0.214	0.872	1.239	0.245	0.806

Table C53. Logistic Regression of Smoking Prohibited Outdoors at Work (1 = Smoking Never Allowed vs. 0 = Smoking Always Allowed or Allowed in Some Manner): Change over Time 2012–2025

Variable	B	SE	OR	t	p
Year	0.027	0.008	1.028	3.204	0.001
Intercept	-1.458	0.153	0.233	-9.506	<0.001

Exposure to Secondhand Smoke at Work and in Public Places

Table C54. Logistic Regression of Workplace Secondhand Smoke (SHS): Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	-0.022	0.015	0.978	-1.465	0.143
Intercept	-0.985	0.279	0.373	-3.535	<0.001

Table C55. Logistic Regression of SHS Exposure in Indoor Public Places: Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	-0.043	0.014	0.958	-3.057	0.002
Intercept	-1.300	0.261	0.273	-4.980	<0.001

Table C56. Logistic Regression of SHS Exposure in Outdoor Public Places: Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	-0.027	0.009	0.974	-2.859	0.004
Intercept	-0.230	0.176	0.794	-1.304	0.192

Table C57. Logistic Regression of SHS Exposure in Indoor or Outdoor Public Places: Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	-0.038	0.009	0.963	-4.168	<0.001
Intercept	0.168	0.171	1.183	0.981	0.327

Table C58. Logistic Regression of SHS Exposure in Indoor or Outdoor Public Places: Difference by Current Smoking Status in 2025

Variable	B	SE	OR	t	p
Adults who currently smoke	0.187	0.283	1.206	0.662	0.508
Adults who do not currently smoke (reference)					
Intercept	-0.743	0.098	0.476	-7.609	<0.001

Opinions About the Harms of Secondhand Smoke

Table C59. Logistic Regression of Opinion on Harmfulness of Secondhand Smoke (1 = Very or Somewhat Harmful vs. 0 = Not at All Harmful): Change over Time 2015–2025

Variable	B	SE	OR	t	p
Year	0.009	0.029	1.009	0.313	0.754
Intercept	3.252	0.537	25.836	6.061	<0.001

Table C60. Multinomial Logistic Regression of Opinion on Harmfulness of Secondhand Smoke: Change over Time 2015–2025

Variable	B	SE	RRR	t	p
Not at all harmful (base outcome)					
Somewhat harmful					
Year	0.038	0.029	1.039	1.286	0.198
Intercept	1.764	0.548	5.837	3.222	0.001
Very harmful					
Year	-0.010	0.029	0.990	-0.358	0.720
Intercept	3.121	0.541	22.674	5.768	<0.001

Table C61. Marginal Effects of Year on Opinion on Harmfulness of Secondhand Smoke: Change over Time 2015–2025

Variable	B	SE	t	p
Not at all harmful	-0.000	<0.001	-0.317	0.751
Somewhat harmful	0.011	0.002	5.585	<0.001
Very harmful	-0.011	0.002	-5.400	<0.001

Table C62. Multinomial Logistic Regression of Opinion on Harmfulness of Secondhand Smoke: Change over Time 2019–2025

Variable	B	SE	RRR	t	p
Not at all harmful (base outcome)					
Somewhat harmful					
Year	0.018	0.064	1.018	0.285	0.776
Intercept	2.219	1.390	9.195	1.596	0.111
Very harmful					
Year	-0.030	0.064	0.971	-0.465	0.642
Intercept	3.568	1.383	35.429	2.579	0.010

Table C63. Marginal Effects of Year on Opinion on Harmfulness of Secondhand Smoke: Change over Time 2019–2025

Variable	B	SE	t	p
Not at all harmful	<0.001	0.002	0.144	0.885
Somewhat harmful	0.011	0.004	2.653	0.008
Very harmful	-0.012	0.004	-2.681	0.007

Promoting Quitting

Efforts to Quit Smoking

Desire to Quit Among Adults Who Smoke

Table C64. Multinomial Logistic Regression of Desire to Quit Among Adults Who Currently Smoke: Change over Time 2015–2025

Variable	B	SE	RRR	t	p
Want to quit					
Year	-0.193	0.047	0.825	-4.147	<0.001
Intercept	5.858	0.927	349.920	6.322	<0.001
Do not want to quit					
Year	-0.179	0.048	0.836	-3.732	<0.001
Intercept	4.722	0.961	112.405	4.914	<0.001
Don't know (base outcome)					

Table C65. Marginal Effects of Year on Desire to Quit Among Adults Who Currently Smoke: Change over Time 2015–2025

Variable	B	SE	t	p
Want to quit	-0.013	0.006	-2.183	0.029
Do not want to quit	-0.002	0.005	-0.403	0.687
Don't know	0.015	0.005	3.378	<0.001

Table C66. Multinomial Logistic Regression of Desire to Quit Among Adults Who Currently Smoke: Difference Between 2023 and 2025

Variable	B	SE	RRR	t	p
Want to quit					
2023 (reference)					
2025	-0.823	0.538	0.439	-1.530	0.126
Intercept	1.621	0.414	5.059	3.919	<0.001
Do not want to quit					
2023 (reference)					
2025	-0.552	0.589	0.576	-0.937	0.349
Intercept	0.496	0.466	1.643	1.065	0.287
Don't know (base outcome)					

Quit Attempts Among Adults Who Smoke

Table C67. Multinomial Logistic Regression of Quit Attempts Among Adults Who Currently Smoke: Change over Time 2010–2025

Variable	B	SE	RRR	t	p
Never tried to quit (base outcome)					
Tried to quit in lifetime, not past year					
Year	0.020	0.030	1.021	0.688	0.491
Intercept	0.579	0.530	1.784	1.092	0.275
Tried to quit in past year					
Year	0.005	0.029	1.005	0.176	0.860
Intercept	0.801	0.511	2.228	1.567	0.117

Table C68. Multinomial Logistic Regression of Quit Attempts Among Adults Who Currently Smoke: Difference Between 2023 and 2025

Variable	B	SE	RRR	t	p
Never tried to quit (base outcome)					
Tried to quit in lifetime, not past year					
2023 (reference)					
2025	-0.309	0.511	0.734	-0.604	0.546
Intercept	1.194	0.341	3.301	3.498	<0.001
Tried to quit in past year					
2023 (reference)					
2025	-0.654	0.568	0.520	-1.151	0.250
Intercept	1.254	0.389	3.503	3.227	0.001

Health Professionals' Involvement in Quitting Commercial Tobacco or Nicotine Use

Visits with Health Professionals

Table C69. Logistic Regression of Seeing a Healthcare Provider in the Past Year: Association with Tobacco/ENDS Use in 2025

Variable	B	SE	OR	t	p
Used tobacco/ENDS	-0.466	0.284	0.628	-1.638	0.101
Did not use tobacco/ENDS (reference)					
Intercept	2.341	0.185	10.392	12.636	<0.001

Patient Experiences with Health Professionals' Support for Quitting Commercial Tobacco and Nicotine Use

Table C70. Multinomial Logistic Regression of Patients Being Asked by Health Professional About Tobacco or Nicotine Use: Association with Tobacco/ENDS Use in 2025

Variable	B	SE	RRR	t	p
Patients being asked					
Used tobacco/ENDS	1.177	0.324	3.246	3.633	<0.001
Did not use tobacco/ENDS (reference)					
Intercept	1.170	0.111	3.221	10.558	<0.001
Patients not being asked (base outcome)					
Unknown					
Used tobacco/ENDS	-0.225	0.655	0.799	-0.344	0.731
Did not use tobacco/ENDS (reference)					
Intercept	-1.802	0.255	0.165	-7.060	<0.001

Table C71. Marginal Effects of Year on Patients Being Asked by Health Professional About Tobacco/Nicotine Use: Association with Tobacco/ENDS Use in 2025

Variable	B	SE	t	p
Used tobacco/ENDS				
Patients being asked	0.168	0.032	5.230	<0.001
Patients not being asked	-0.142	0.031	-4.584	<0.001
Unknown	-0.026	0.011	-2.467	0.014
Did not use tobacco/ENDS (reference)				

Identifying and Eliminating Commercial Tobacco and Nicotine-Related Disparities Among Populations of Focus

Population of Focus: Adults with Low Annual House Household Income

ENDS and Adults with Low Annual Household Income

Table C72. Logistic Regression of Current ENDS Use: Difference Between Annual Household Income <$30,000 and $30,000+ in 2025

Variable	B	SE	OR	t	p
<$30,000	1.175	0.435	3.238	2.699	0.007
$30,000+ (reference)					
Intercept	-2.312	0.173	0.099	-13.324	<0.001

Table C73. Logistic Regression of Secondhand ENDS Aerosol Exposure in Indoor Public Places: Difference Between Annual Household Income <$30,000 and $30,000+ in 2025

Variable	B	SE	OR	t	p
<$30,000	-0.482	0.420	0.618	-1.146	0.252
$30,000+ (reference)					
Intercept	-1.674	0.144	0.188	-11.658	<0.001

Table C74. Logistic Regression of Secondhand ENDS Aerosol Exposure in Outdoor Public Places: Difference Between Annual Household Income <$30,000 and $30,000+ in 2025

Variable	B	SE	OR	t	p
<$30,000	-0.409	0.478	0.664	-0.856	0.392
$30,000+ (reference)					
Intercept	-1.287	0.130	0.276	-9.864	<0.001

Table C75. Logistic Regression of Secondhand ENDS Aerosol Exposure in Indoor or Outdoor Public Places: Difference Between Annual Household Income <$30,000 and $30,000+ in 2025

Variable	B	SE	OR	t	p
<$30,000	-0.548	0.442	0.578	-1.240	0.215
$30,000+ (reference)					
Intercept	-1.032	0.117	0.356	-8.827	<0.001

Cigarettes and Adults with Low Annual Household Income

Table C76. Logistic Regression of Current Cigarette Smoking: Difference Between Annual Household Income <$30,000 and $30,000+ in 2025

Variable	B	SE	OR	t	p
<$30,000	1.457	0.350	4.293	4.157	<0.001
$30,000+ (reference)					
Intercept	-2.346	0.159	0.096	-14.762	<0.001

Table C77. Logistic Regression of Secondhand Smoke (SHS) Exposure at Work: Difference Between Annual Household Income <$30,000 and $30,000+ in 2025

Variable	B	SE	OR	t	p
<$30,000	0.942	0.610	2.565	1.545	0.123
$30,000+ (reference)					
Intercept	-1.467	0.155	0.231	-9.479	<0.001

Population of Focus: American Indians

ENDS and American Indians

Table C78. Logistic Regression of Current ENDS Use: Difference Between American Indian and Non-American Indian in 2025

Variable	B	SE	OR	t	p
American Indian	-0.059	0.476	0.942	-0.124	0.901
Non-American Indian (reference)					
Intercept	-2.161	0.164	0.115	-13.145	<0.001

Table C79. Logistic Regression of Secondhand ENDS Aerosol Exposure in Indoor Public Places: Difference Between American Indian and Non-American Indian in 2025

Variable	B	SE	OR	t	p
American Indian	0.835	0.485	2.304	1.721	0.085
Non-American Indian (reference)					
Intercept	-1.810	0.135	0.164	-13.370	<0.001

Table C80. Logistic Regression of Secondhand ENDS Aerosol Exposure in Outdoor Public Places: Difference Between American Indian and Non-American Indian in 2025

Variable	B	SE	OR	t	p
American Indian	0.637	0.458	1.891	1.391	0.164
Non-American Indian (reference)					
Intercept	-1.377	0.127	0.252	-10.878	<0.001

Table C81. Logistic Regression of Secondhand ENDS Aerosol Exposure in Indoor or Outdoor Public Places: Difference Between American Indian and Non-American Indian in 2025

Variable	B	SE	OR	t	p
American Indian	0.546	0.438	1.726	1.246	0.213
Non-American Indian (reference)					
Intercept	-1.134	0.113	0.322	-10.020	<0.001

Cigarettes and American Indians

Table C82. Logistic Regression of Current Cigarette Smoking: Difference Between American Indian and Non-American Indian in 2025

Variable	B	SE	OR	t	p
American Indian	0.345	0.459	1.412	0.752	0.452
Non-American Indian (reference)					
Intercept	-2.164	0.144	0.115	-15.069	<0.001

Table C83. Logistic Regression of Secondhand Smoke Exposure at Work: Difference Between American Indian and Non-American Indian in 2025

Variable	B	SE	OR	t	p
American Indian	1.608	0.474	4.992	3.389	0.001
Non-American Indian (reference)					
Intercept	-1.506	0.158	0.222	-9.518	<0.001

Population of Focus: People with Behavioral Health Conditions (BHCs)

ENDS and Behavioral Health

Table C84. Logistic Regression of Current ENDS Use: Difference Between Adults with BHCs and Those with No BHCs in 2025

Variable	B	SE	OR	t	p
With BHCs	1.745	0.347	5.724	5.029	<0.001
No BHCs (reference)					
Intercept	-2.885	0.267	0.056	-10.789	<0.001

Table C85. Logistic Regression of Secondhand ENDS Aerosol Exposure in Indoor Public Places: Difference Between Adults with BHCs and Those with No BHCs in 2025

Variable	B	SE	OR	t	p
With BHCs	0.834	0.294	2.302	2.840	0.005
No BHCs (reference)					
Intercept	-2.100	0.144	0.122	-14.545	<0.001

Table C86. Logistic Regression of Secondhand ENDS Aerosol Exposure in Outdoor Public Places: Difference Between Adults with BHCs and Those with No BHCs in 2025

Variable	B	SE	OR	t	p
With BHCs	1.143	0.269	3.138	4.253	<0.001
No BHCs (reference)					
Intercept	-1.789	0.144	0.167	-12.446	<0.001

Table C87. Logistic Regression of Secondhand ENDS Aerosol Exposure in Indoor or Outdoor Public Places: Difference Between Adults with BHCs and Those with No BHCs in 2025

Variable	B	SE	OR	t	p
With BHCs	1.093	0.245	2.982	4.462	<0.001
No BHCs (reference)					
Intercept	-1.507	0.128	0.222	-11.784	<0.001

Cigarettes and Behavioral Health

Table C88. Logistic Regression of Current Cigarette Smoking: Difference Between Adults with BHCs and Those with No BHCs in 2025

Variable	B	SE	OR	t	p
With BHCs	0.914	0.287	2.495	3.181	0.001
No BHCs (reference)					
Intercept	-2.421	0.186	0.089	-12.996	<0.001

Table C89. Multinomial Logistic Regression of Cigarette Quit Attempt Among Adults Who Currently Smoke Cigarettes: Difference Between Adults with BHCs and Those with No BHCs in 2025

Variable	B	SE	RRR	t	p
Never tried to quit (base outcome)					
Tried to quit in lifetime, not past year					
With BHCs	-0.083	0.733	0.920	-0.113	0.910
No BHCs (reference)					
Intercept	0.950	0.405	2.585	2.343	0.019
Tried to quit in past year					
With BHCs	-1.433	0.777	0.239	-1.843	0.065
No BHCs (reference)					
Intercept	1.162	0.430	3.197	2.704	0.007

Table C90. Logistic Regression of Secondhand Smoke Exposure at Work: Difference Between Adults with BHCs and Those with No BHCs in 2025

Variable	B	SE	OR	t	p
With BHCs	1.322	0.321	3.752	4.123	<0.001
No BHCs (reference)					
Intercept	-2.030	0.231	0.131	-8.784	<0.001

Population of Focus: Young Adults

ENDS and Young Adults

Table C91. Logistic Regression of Current ENDS Use: Difference Between Ages 18-29 and Ages 30+ in 2025

Variable	B	SE	OR	t	p
18-29	1.395	0.351	4.034	3.971	<0.001
30+ (reference)					
Intercept	-2.573	0.205	0.076	-12.536	<0.001

Table C92. Logistic Regression of Secondhand ENDS Aerosol Exposure in Indoor Public Places: Difference Between Ages 18-29 and Ages 30+ in 2025

Variable	B	SE	OR	t	p
18-29	0.731	0.339	2.077	2.156	0.031
30+ (reference)					
Intercept	-1.959	0.134	0.141	-14.627	<0.001

Table C93. Logistic Regression of Secondhand ENDS Aerosol Exposure in Outdoor Public Places: Difference Between Ages 18-29 and Ages 30+ in 2025

Variable	B	SE	OR	t	p
18-29	0.446	0.329	1.562	1.354	0.176
30+ (reference)					
Intercept	-1.459	0.131	0.232	-11.177	<0.001

Table C94. Logistic Regression of Secondhand ENDS Aerosol Exposure in Indoor or Outdoor Public Places: Difference Between Ages 18-29 and Ages 30+ in 2025

Variable	B	SE	OR	t	p
18-29	0.620	0.291	1.858	2.132	0.033
30+ (reference)					
Intercept	-1.259	0.119	0.284	-10.618	<0.001

Cigarettes and Young Adults

Table C95. Multinomial Logistic Regression of Smoking Status: Difference Between Ages 18-29 and Ages 30+ in 2025

Variable	B	SE	RRR	t	p
Adults who currently smoke					
18-29	-2.250	0.493	0.105	-4.566	<0.001
30+ (reference)					
Intercept	-0.664	0.159	0.515	-4.163	<0.001
Adults who used to smoke					
18-29	-1.755	0.491	0.173	-3.574	<0.001
30+ (reference)					
Intercept	0.297	0.105	1.346	2.821	0.005
Adults who experimented with smoking					
18-29	-0.990	0.289	0.372	-3.427	<0.001
30+ (reference)					
Intercept	0.340	0.101	1.404	3.354	<0.001
Adults who never smoked (base outcome)					

Table C96. Marginal Effects of Age on Smoking Status: Difference Between Ages 18-29 and Ages 30+ in 2025

Variable	B	SE	t	p
18-29				
Adults who currently smoke	-0.091	0.020	-4.480	<0.001
Adults who used to smoke	-0.187	0.056	-3.359	<0.001
Adults who experimented with smoking	-0.041	0.057	-0.716	0.474
Adults who never smoked	0.318	0.065	4.918	<0.001
30+ (reference)				

Table C97. Logistic Regression of Secondhand Smoke Exposure at Work: Difference Between Ages 18-29 and Ages 30+ in 2025

Variable	B	SE	OR	t	p
18-29	0.334	0.380	1.396	0.879	0.380
30+ (reference)					
Intercept	-1.537	0.165	0.215	-9.302	<0.001