

ADULT SMOKING ON THE DECLINE, BUT DISPARITIES REMAIN

Introduction

The decline in smoking in the United States, from 42.4% at its peak in 1965 to 19.3% in 2010, represents one of the most significant public health achievements of the last half century.¹ California has been a national leader in these efforts. In 1988, it established the first comprehensive state tobacco control program and implemented aggressive tobacco control measures that have driven the rate of smoking down to 13.7% in 2011, the second lowest rate in the nation behind Utah.² This, in turn, has led to a more rapid decline in lung cancer deaths than in other regions of the country.³ Similarly, Los Angeles County has one of the lowest rates of smoking among large metropolitan areas in the U.S.⁴

Despite this progress, the rate of decline in tobacco use has slowed or stalled in recent years. Nationally, the percentage of adults who are current smokers decreased from 20.9% in 2005 to 19.3% in 2010.⁵ In Los Angeles County, the percentage of adults who are current smokers remained unchanged at 14.3% in 2002 and 2007. However, results of the most recent Los Angeles County Health Survey (LACHS) suggest that the rate may again be dropping.

Disparities in Smoking Rates

- Overall, 13.1% of adults (18 years and older) were current smokers in 2011, representing the first time the number of adult smokers in the County fell below one million since the LACHS was initiated in 1997 (Table 1).

1 Prevalence of Cigarette Smoking Among Adults (18+ years old), LACHS 2011

TABLE

| | Percent (%) | 95% CI | Est # |
|---|-------------|------------|---------|
| Los Angeles County | 13.1 | 12.0 -14.2 | 942,000 |
| Gender | | | |
| Male | 16.4 | 14.5 -18.3 | 570,000 |
| Female | 10.0 | 8.8 -11.2 | 372,000 |
| Race/Ethnicity | | | |
| Latino | 11.9 | 10.2 -13.7 | 374,000 |
| White | 15.2 | 13.4 -17.1 | 348,000 |
| African American | 17.2 | 13.6 -20.7 | 106,000 |
| Asian/Pacific Islander | 9.2 | 6.5 -11.9 | 102,000 |
| Education | | | |
| Less than high school | 11.6 | 9.2 -13.9 | 191,000 |
| High school | 17.0 | 14.2 -19.8 | 272,000 |
| Some college or trade school | 14.2 | 12.2 -16.3 | 284,000 |
| College or post graduate degree | 10.0 | 8.3 -11.6 | 189,000 |
| Federal Poverty Level [§] | | | |
| 0-99% FPL | 14.6 | 12.1 -17.1 | 250,000 |
| 100-199% FPL | 14.5 | 12.0 -17.1 | 241,000 |
| 200-299% FPL | 11.9 | 9.3 -14.6 | 115,000 |
| 300% or above FPL | 11.8 | 10.2 -13.3 | 337,000 |
| Service Planning Area | | | |
| Antelope Valley | 15.6 | 11.4 -19.7 | 40,000 |
| San Fernando | 13.8 | 11.3 -16.3 | 220,000 |
| San Gabriel | 10.9 | 8.6 -13.2 | 141,000 |
| Metro | 14.9 | 11.6 -18.1 | 126,000 |
| West | 9.7 | 6.2 -13.3 | 49,000 |
| South | 13.3 | 9.9 -16.8 | 89,000 |
| East | 14.4 | 10.9 -17.9 | 132,000 |
| South Bay | 13.0 | 10.2 -15.8 | 145,000 |

[§] Based on U.S. Census 2009 Federal Poverty Level (FPL) thresholds which for a family of four (2 adults, 2 dependents) correspond to annual incomes of \$21,756 (100% FPL), \$43,512 (200% FPL) and \$65,268 (300% FPL). [These thresholds were the values at the time of survey interviewing.]

1. Centers for Disease Control and Prevention. *Ten Great Public Health Achievements — United States, 2001–2010*. MMWR 2011;60:619-623.

2. Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System*. <http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=TU&yr=2011&qkey=8161&state=All>. Accessed October 11, 2012.

3. Tobacco Education and Research Oversight Committee. *Saving Lives, Saving Money: Toward a Tobacco-Free California 2012-2014 – Master Plan Executive Summary*. Sacramento, CA: Tobacco Education and Research Oversight Committee. 2012.

4. Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System*. <http://apps.nccd.cdc.gov/BRFSS-SMART/ListMMSAQuest.asp?yr2=2010&MMSA=All&cat=TU&qkey=4396&grp=0>. Accessed October 11, 2012.

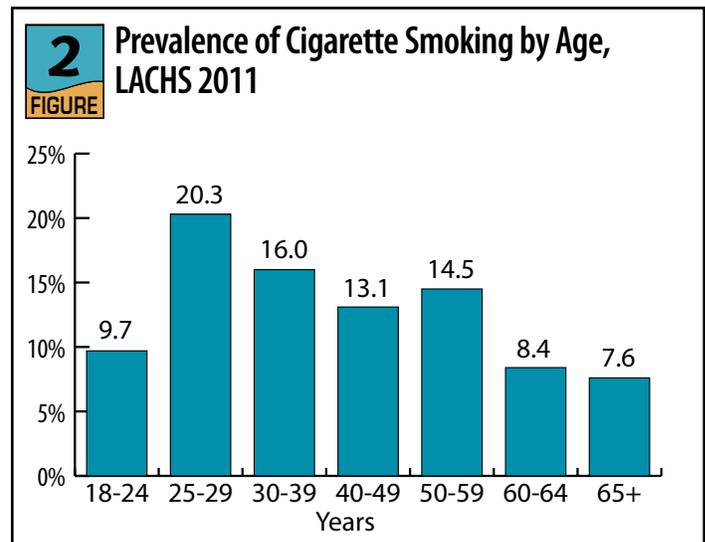
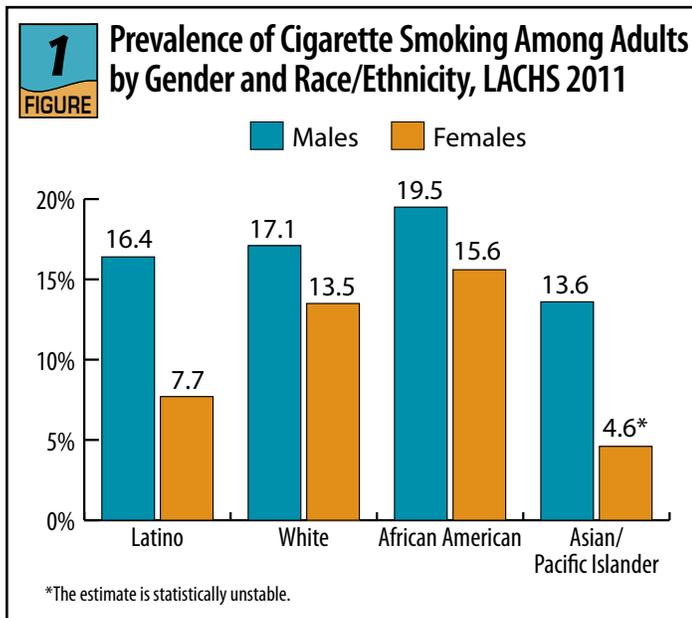
5. Centers for Disease Control and Prevention. *Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years — United States, 2005–2010*. MMWR 2011;60:1207-1212.



- The rate of smoking was higher among men (16.4%) than women (10.0%).
- Among both men and women, the rate was highest among African Americans (19.5% and 15.6%, respectively) (Figure 1).

Large Variations Across Age Groups

- The smoking rate was low among 18 to 24 year olds (9.7%) but then peaked among adults in the 25 to 29 year age group (20.3%; Figure 2).
- The smoking rate gradually declined with age among those 30 years and older.



- The rate was highest among those living below 100% of the federal poverty level (FPL; 14.6%) and lowest among those living at 300% or above the FPL (11.8%).
- The smoking rate was highest in the Antelope Valley Service Planning Area (SPA; 15.6%) and lowest in the West SPA (9.7%).
- The smoking rate was high among methamphetamine, cocaine, or ecstasy users (59.8%), heavy drinkers (38.4%), those <300% FPL and homeless in the past five years (31.2%), those suffering from anxiety (28.3%) or depression (22.1%), and the gay, lesbian, bisexual population (20.6%).

Discussion

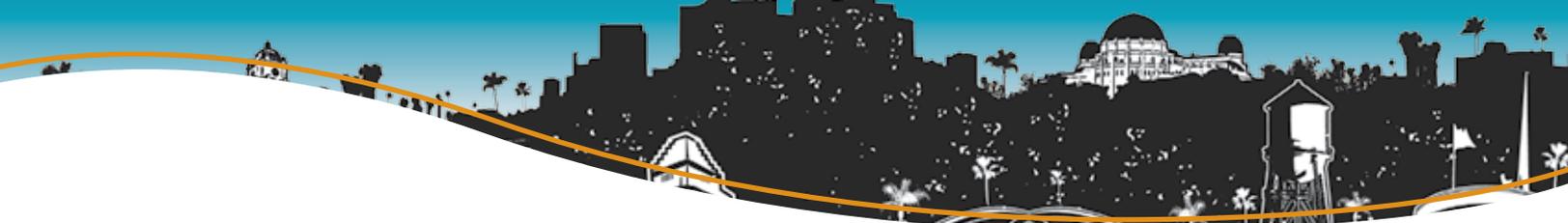
Results of the 2011 LACHS indicate a recent decline in smoking among adults in LA County. The true decline may in fact be even larger than the observed decrease due to changes in survey methodology for the 2011 LACHS.⁶⁻⁸ Despite this promising trend, it is important to note that 1 out of every 7 deaths (nearly 8,600 deaths annually) and \$4.3 billion in medical care and lost productivity costs are directly linked to cigarette smoking in LA County each year.⁹ In addition, the 2011 LACHS found stark disparities in smoking rates that highlight the need for focused prevention efforts and tobacco cessation services, particularly for the African American population, those living in or near poverty, the gay, lesbian, bisexual, and transgendered populations, those with mental health conditions, and those with substance use disorders.

6. Two methodologic changes were implemented in the 2011 LACHS to maintain the accuracy and representativeness of the data collected. These changes were adding cellular telephone households and adopting an improved weighting methodology. These changes may result in small changes in prevalence estimates from previous survey years (see references 7 and 8).

7. Centers for Disease Control and Prevention. Methodologic Changes in the Behavioral Risk Factor Surveillance System in 2011 and Potential Effects on Prevalence Estimates. *MMWR* 2012;61:410-413.

8. 2011 Los Angeles County Health Survey (LACHS), Survey Methodology Report, June 2012. Available at: www.publichealth.lacounty.gov/ha

9. Max W, Rice DP, Zhang X, Sung H-Y, Miller L. The cost of smoking in California, 1999. Sacramento, CA: California Department of Health Services, 2002.



The disproportionately high rate of smoking in the 25 to 29 year old age group is also a cause for concern. The reason for the large increase is unclear, although it may reflect the intensive targeting of this age group by the tobacco industry in their marketing efforts.¹⁰ The much lower smoking rate in the 18-24 year old age group is reassuring, as is the continuing downward trend in youth (ages 14-17 years) smoking from 14.5% in 2001 to 9.1% in 2011.¹¹ This trend may reflect the success of prevention efforts in the adolescent population as well as the tobacco industry's shift in marketing away from this group.

Priority Recommendations

- Mandate that all health insurance plans include coverage for nicotine replacement products and all other evidence-based tobacco cessation services.
- Since being the first state to enact an excise tax on cigarettes in 1988, California has fallen well below the national average in the level of state taxation. The Community Guide found that higher tobacco taxes are effective in decreasing the number of people who start smoking and increasing the number of people who quit.¹² Efforts to raise taxes begin at the state level, but communities can inform legislators regarding the benefits of such legislation and mobilize support around related ballot initiatives.
- Continue to implement hard-hitting media campaigns to counter the influence of tobacco industry marketing, particularly in the young adult population and in communities that are targeted by the industry.

(continued on back page)

10. U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

11. Youth Risk Behavioral Survey. Center for Disease Control and Prevention. Available at: <http://www.cdc.gov/healthyyouth/yrbps/publications.htm>.

12. Guide to Community Preventive Services. www.thecommunityguide.org.



on the web



The mission of the **Tobacco Control and Prevention Program**, in LA County's Department of Public Health, is to reduce tobacco-related death, disease, and disability in LA County through comprehensive County-wide tobacco control and prevention services and programs.

www.publichealth.lacounty.gov/tob

Centers for Disease Control and Prevention (CDC), Office on Smoking and Health (OSH)

leads and coordinates strategic efforts to prevent tobacco use among youth, promote smoking cessation among youth and adults, protect nonsmokers from secondhand smoke, and eliminate tobacco-related health disparities.

www.cdc.gov/tobacco/

California Tobacco Control Program seeks to achieve a tobacco-free California and to reduce illness and premature deaths attributable to tobacco by implementing programs to reduce tobacco use and exposure to secondhand tobacco smoke.

www.cdph.ca.gov/programs/Tobacco

American Legacy Foundation is a national public health organization dedicated to helping young people quit using tobacco. Its two main goals are to provide all young people with the knowledge and tools to reject tobacco and to eliminate disparities in access to tobacco prevention and cessation services.

www.legacyforhealth.org

Campaign for Tobacco-Free Kids is a national non-governmental program designed to free America's youth from tobacco and to create a healthier environment by altering the public's acceptance of tobacco, countering tobacco industry marketing, and changing public policies at federal, state, and local levels.

www.tobaccofreekids.org

California Smokers' Helpline (1-800-NO-BUTTS) is a free statewide quit smoking service. The Helpline offers self-help materials, referral to local programs, and one-on-one, telephone counseling to quit smoking. Helpline services have been proven in clinical trials to double a smoker's chances of successfully quitting.

www.californiasmokershelpline.org



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- Expand outreach to mental health and alcohol/drug treatment providers to promote tobacco-free policies in and around their facilities and the provision of cessation services.
- Increase access to and utilization of effective tobacco cessation services, including use of the California Smokers' Helpline, particularly in communities with high rates of tobacco use.
- Expand tobacco education and increase enforcement of tobacco control policies in schools.
- Support the efforts of cities to adopt and implement tobacco control policies, particularly in cities with high rates of tobacco use.

For additional information about the LA County Health Survey, visit: www.publichealth.lacounty.gov/ha

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The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the County. The 2011 survey collected information on a random sample of 8,036 adults and 6,013 children. The survey was conducted for the Los Angeles County Department of Public Health by Abt SRBI Inc., and was supported by grants from First 5 LA, the Los Angeles County Department of Mental Health, and Department of Public Health programs including the Tobacco Control and Prevention Program, the Emergency Preparedness and Response Program, Substance Abuse Prevention and Control, and Environmental Health.