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Smoking Prevalence and Efforts to Quit Smoking Among Los Angeles County Adults

Tobacco use is the leading preventable cause of death in the United States.[1] Each year approximately 430,000 Americans die from using tobacco products, accounting for nearly 20% of all deaths nationally. Tobacco use is a major risk factor for heart disease, stroke, emphysema, and cancers of the lung, pharynx, oral cavity, esophagus, pancreas, and bladder.[3] These and other illnesses associated with tobacco use result in health care expenditures of more than $53 billion annually in the United States.[4]

In Los Angeles County, tobacco use is responsible for approximately 11,000 deaths each year. Moreover, the top five causes of death in the county are each significantly associated with tobacco use (Figure 1).[5,6] Tobacco-related illness costs the county an estimated $3.1 billion per year, of which $1.2 billion is spent on direct medical services.[7]

This report presents findings from the Los Angeles County Health Survey, a biennial population-based telephone survey of randomly selected adults (18 years and older) in the county. The 1997 survey included 8,003 adults and was conducted in the spring of 1997; the 1999 survey included 8,354 adults and was conducted in the fall of 1999. In each survey, respondents provided information on lifetime

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2. *Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz ER, Heyman RB, Holbrook J, Jaen CR, Kottke TE: Smoking Cessation, Clinical Practice Guideline No. 18. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care and Policy and Research. (AHCPR publication no. 96-0692). 1996.*

3. *Centers for Disease Control and Prevention. A Report of the Surgeon General, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1998.*

4. *Miller V, Ernst C, Collin F. Smoking-Attributable Medical Care Costs in the United States. Social Science & Medicine. 1999;48: 375-391.*

5. *Los Angeles County Department of Health Services, The Burden of Disease in Los Angeles County: A Study of the Patterns of Morbidity and Mortality in the County Population, UCLA Center for Health Policy Research, Los Angeles, CA; January, 2000.*

6. *McGinnis JM, Foege WH. Mortality and Morbidity Attributable to Use of Addictive substances in the United States. Proceedings of the Association of American Physicians. 1999;111(2):109-118.*

7. *Pierce JP, Gilpin EA, Emery SL, Farkas AJ, Zhu SH, Choi WS, Berry CC, Distefan JM, White MM, Soroko S, Narvarro A. "Tobacco Control in California: Who's Winning the War? An Evaluation of the Tobacco Control Program, 1989-1996". La Jolla, CA: University of California, San Diego, 1998.*

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The Los Angeles County Health Survey is a biennial, 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 most recent survey was conducted for the Department of Health Services between September 1999 and April 2000 by Field Research Corporation. Support for the survey was also provided by the California Department of Health Services, the Los Angeles County Department of Public Social Services, and Los Angeles County Medicaid Demonstration Project.

The 1999-2000 survey collected information on a random sample of 8,354 adults and 6,016 children. Interviews were offered in English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese. Among households contacted and eligible for participation, the response rate was 55%. To adjust for differential rates of participation, results were weighted by selected demographic variables using 1998 census projections for the Los Angeles County population.

The findings in this report are subject to several limitations. In any survey that includes sampling, some degree of error (referred to as "sampling error") is introduced by chance alone, even when the sample is chosen randomly. In the present survey, if 50% of the overall sample of adults answered "yes" to a specific question, the sampling error would be plus or minus 1.2 percentage points at the 95% confidence level. This means that if all adults in the population were asked the above question, there is a 95% chance that the result would be between 48.8% and 51.2%. Because the sample sizes of subgroups are smaller than the overall sample, results for these subgroups have larger sampling errors and wider confidence levels. For all results presented in this report, confidence levels are available.

There are a number of other possible sources of error in any survey. For example, questions may be misunderstood, respondents may not provide accurate information, and errors may occur in the processing of data. In addition, surveys administered by telephone miss those who are homeless and others without telephone service. The survey professionals working on this study made every effort to minimize these sources of error.

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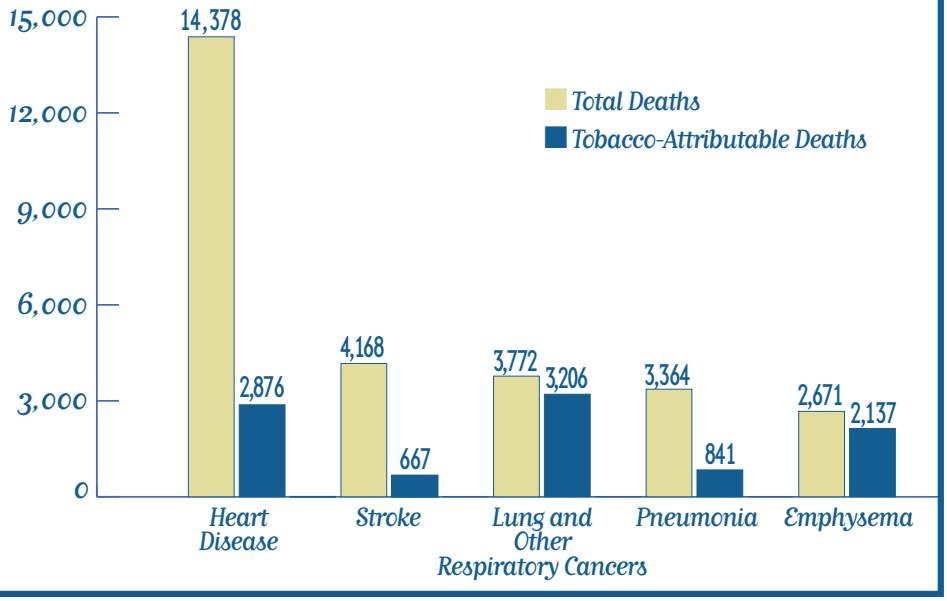
Figure 1. *Top 5 Causes of Death and Smoking-Attributable Deaths, Los Angeles County, 1999*



and current cigarette smoking behaviors, including the number of cigarettes smoked per day and the frequency of smoking. Current smokers were defined as "heavy smokers" if they smoked at least one pack (20 cigarettes) per day. In the 1999 survey, individuals who identified themselves as current smokers were also asked if a doctor had talked with them about quitting smoking, if they had attempted to quit in the past year and, if so, the number of attempts and types of cessation methods used.

Prevalence of Cigarette Smoking

- The prevalence of cigarette smoking in the adult population in Los Angeles County did not change from 1997 to 1999 (18% in each year). However, the total number of adults who smoke increased by 80,000 over this time period due to population growth.
- No significant changes in smoking prevalence were observed from 1997 to 1999 by gender, race/ethnicity, age, education or poverty level (see Table 1).
- The prevalence of smoking was significantly higher in men (22%) than women (14%) in 1999.
- Smoking prevalence was significantly lower among Latinas (9%) and Asian women (9%) than African-American (21%) and white (19%) women in 1999.
- In both men and women, the prevalence of smoking was lower among college graduates than those with less than a college education (Table 1).

Smoking Prevalence by Service Planning Area

- No statistically significant changes in smoking prevalence were observed between 1997 and 1999 in the county's Service Planning Areas (SPAs)

Table 1. *Prevalence of Cigarette Smoking, Los Angeles County, 1997 and 1999.*

		1997		1999	
		Percent	(±95% CI)	Percent	(±95% CI)
Los Angeles County		18%	±1	18%	±1
Male		22%	±2	22%	±1
Race/Ethnicity	White	23%	±2	23%	±2
	African-American	22%	±5	22%	±5
	Latino	22%	±3	22%	±2
	Asian	23%	±5	22%	±5
Female		14%	±1	14%	±1
Race/Ethnicity	White	18%	±2	19%	±2
	African-American	20%	±3	21%	±3
	Latino	10%	±1	9%	±1
	Asian	9%	±3	9%	±3
Age Group					
	18-24	18%	±3	17%	±2
	25-29	19%	±3	17%	±2
	30-39	18%	±2	18%	±2
	40-49	21%	±2	22%	±2
	50-64	20%	±2	21%	±2
	65 or over	12%	±2	10%	±2
Education					
	Less than high school	19%	±2	17%	±2
	High school	20%	±2	23%	±2
	Some college/trade school	21%	±2	19%	±2
	College/post-college	14%	±1	13%	±1
Household Income					
	Below 200% FPL	20%	±1	19%	±1
	Above 200% FPL	17%	±1	18%	±1

Source: Los Angeles County Health Survey

with the exception of the West SPA where the prevalence increased from 13% in 1997 to 19% in 1999 (Table 2).

- In 1999, the prevalence of smoking ranged from a high of 24% in the Antelope Valley SPA to a low of 15% in the San Gabriel SPA.

- The largest number of adults who smoked in 1999 was in the San Fernando SPA (270,000 smokers), followed by the South Bay and San Gabriel SPAs (210,000 smokers in each area).

Table 2. *Smoking Prevalence by Service Planning Area, Los Angeles County, 1997 and 1999.*

	1997			1999		
	Percent	(±95% CI)	Estimate	Percent	(±95% CI)	Estimate
SPA 1 - Antelope Valley	21%	±7	38,000	24%	±4	54,000
SPA 2 - San Fernando	19%	±2	250,000	18%	±2	267,000
SPA 3 - San Gabriel	19%	±2	235,000	15%	±2	208,000
SPA 4 - Metro	19%	±3	157,000	20%	±2	169,000
SPA 5 - West	13%	±3	64,000	19%	±3	102,000
SPA 6 - South	19%	±3	115,000	19%	±3	118,000
SPA 7 - East	19%	±3	167,000	17%	±2	162,000
SPA 8 - South Bay	17%	±2	183,000	18%	±2	210,000
County Total	18%	±1	1,209,000	18%	±1	1,290,000

Source: Los Angeles County Health Survey

> *"Tobacco use is still the number one cause of preventable premature mortality in the county."*

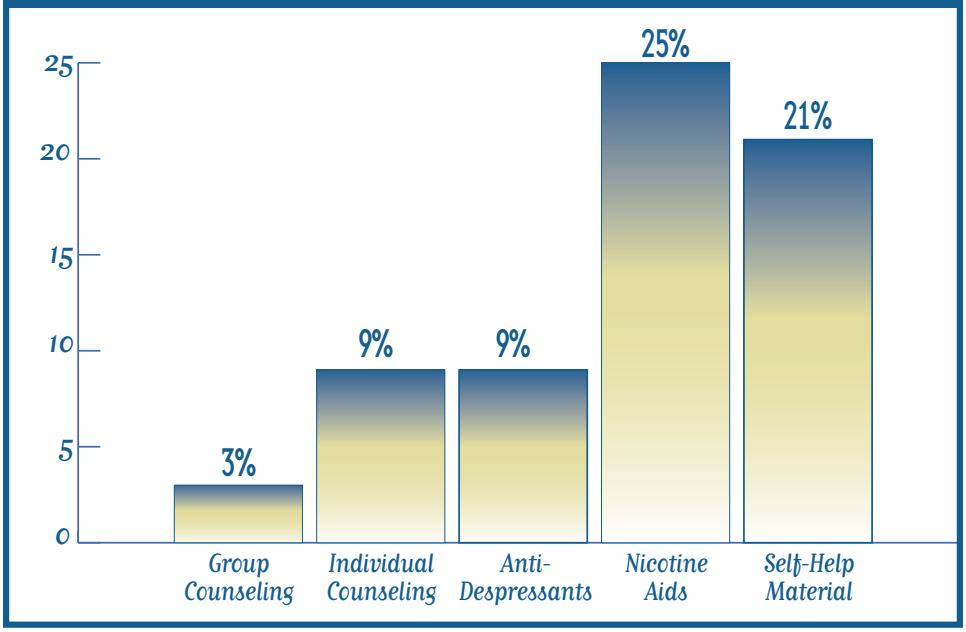
Trends in Heavy Smoking

- The percentage of smokers who were heavy smokers (a pack or more per day) was similar in 1997 (26%) and 1999 (27%).
- The percentage who were heavy smokers was similar for men (28%) and women (26%) in 1999.
- The percentage who were heavy smokers was higher in whites (45%) than in African-Americans (17%), Asians/Pacific Islanders (17%), and Latinos (9%) in 1999. This pattern was also found in 1997.

Attempts to Quit Smoking

- In 1999, half of current smokers reported that they tried to quit smoking in the past year (Table 3). Of these, 38% reported trying to quit one time, 24% two times, and 37% three or more times during the past year.
- Persons 18-29 years of age were more likely to have tried to quit smoking in the past year (59%) than those 30 years of age and older (47%).
- Among those who tried to quit smoking, 25% reported using nicotine aids (such as patches or gum), 21% self-help materials, 9% anti-depressant medications prescribed by a physician, 9% one-on-one counseling, and 3% group counseling (Figure 2).

Figure 2. ***Use of Different Smoking Cessation Treatments Among Adults Who Tried To Quit, Los Angeles County, 1999***



Source: Los Angeles County Health Survey

Discussion with a Doctor About Quitting Smoking

Approximately 75% of smokers reported seeing a health care provider in the past year. Within this group:

- 56% reported that a doctor had talked with them in the past year about quitting smoking (Table 3).
- Latinos (40%) were less likely than whites (61%), African-Americans (69%), and Asians/Pacific Islanders (62%) to report that a doctor had talked with them about quitting smoking.

Table 3. *Efforts to Quit Smoking, Los Angeles County, 1999.*

	Attempted to Quit Smoking in the Past Year		*Discussed Quitting Smoking With a Doctor in the Past Year*	
	Percent	(±95% CI)	Percent	(±95% CI)
Los Angeles County	50%	±3	56%	±3
Gender				
Male	50%	±4	54%	±5
Female	50%	±4	59%	±4
Race/Ethnicity				
Latino	50%	±5	40%	±6
White	48%	±4	61%	±4
African American	56%	±8	69%	±8
Asian	51%	±10	62%	±12
Age Group				
18-29	59%	±5	46%	±7
30-49	49%	±4	55%	±5
50-64	44%	±6	64%	±6
65 and over	48%	±9	69%	±9
Education				
Less than high school	51%	±6	43%	±7
High school	52%	±5	56%	±6
Some college/trade school	47%	±5	62%	±5
College/post-college	50%	±6	61%	±6
Poverty				
Below 200% FPL	53%	±4	53%	±5
Above 200% FPL	48%	±3	58%	±4

Source: Los Angeles County Health Survey

- The percentage who had talked with a doctor about quitting smoking in the past year was highest among those 65 years and older (69%) and lowest among those 18-29 years of age (46%).
- Persons with fewer years of formal education were less likely to have talked with a doctor about quitting smoking than those with more years of education (Table 3).

Lack of health insurance and other barriers to health care can reduce opportunities for smokers to receive physician counseling and encouragement to quit smoking. Among all smokers in 1999:

- The percentage who had talked to a doctor about quitting smoking in the past year was lower among those without health insurance (30%) than those with private insurance (49%) or Medi-Cal (52%) coverage.
- Those without a regular source of health care were less likely to have talked to a doctor about quitting smoking in the past year (17%) than those with a regular provider (53%).

Discussion

In 1988, California voters passed Proposition 99, the California Tobacco Tax Initiative. This initiative established a 25-cent tax on every pack of cigarettes

Tobacco Control & Prevention Program

The Los Angeles County Tobacco Control and Prevention Program (TCP) is part of the Division of Chronic Disease Prevention and Health Promotion in the Department of Health Services. It was established in December of 1989 as a result of the 1988 tobacco tax initiative, Proposition 99/AB75. The goal of TCP is to reduce tobacco-related morbidity and mortality in Los Angeles County through health policies, services, education, and media. The TCP focuses on the three priority areas of the California State Tobacco Control Section which are:

1. *Protect people from exposure to second-hand tobacco smoke*
2. *Reduce youth access to tobacco products*
3. *Reveal and counter tobacco industry influences*

For further information about the TCP program, please call (213) 351-7786.

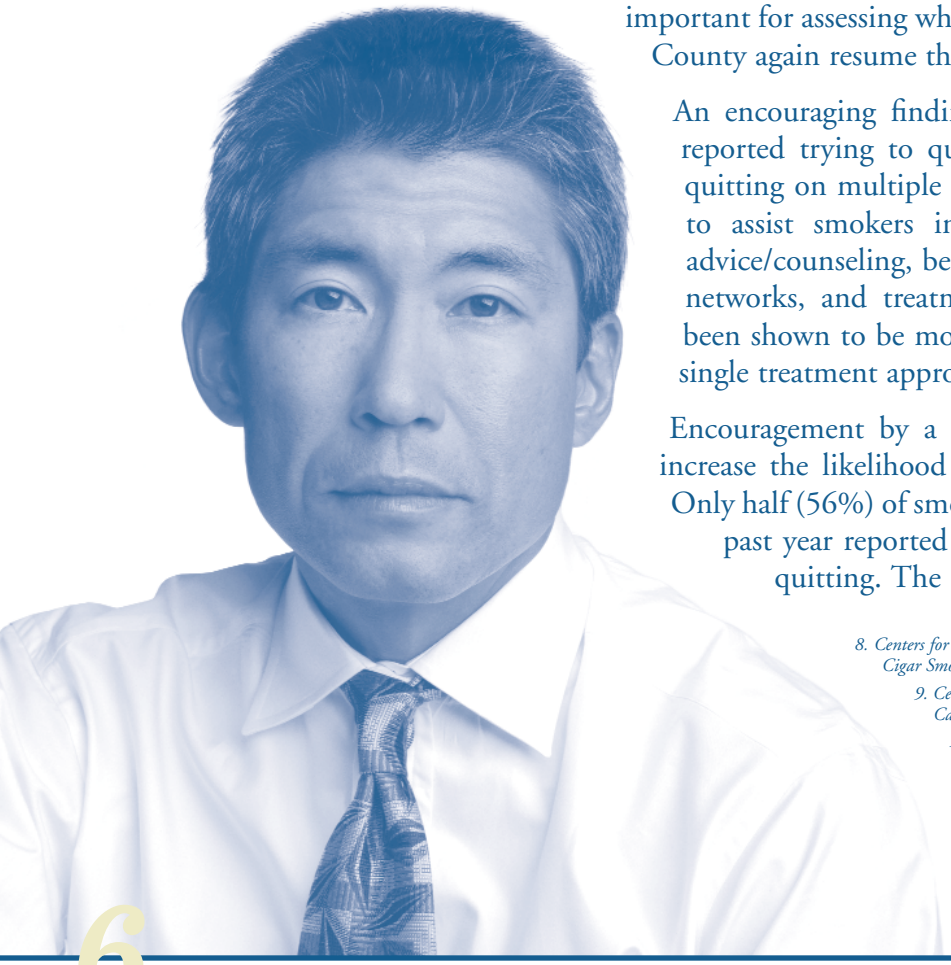
Cessation Information

For help in quitting smoking call 213-738-2351, 1-800-NO-BUTTS, or see the following Web sites:

- ➜ www.cancer.org/tobacco/quitting.html
- ➜ www.lapublichealth.org/tobacco
- ➜ www.nicotine-anonymous.org
- ➜ www.nobutts.ucsd.edu

sold in the state and specified that the revenue generated be used to develop a comprehensive statewide tobacco control program. Following implementation of Proposition 99, adult smoking in California dropped by more than 40% between 1989 and 1996.[7] By 1998, California had the third lowest adult smoking rate in the nation.[8] In addition, the rate of lung cancer in California declined by 14.0% from 1988 to 1997 compared to only 2.7% in other regions of the United States, a difference that has been attributed in part to the aggressive tobacco control efforts in the state.[9] Similar declines in smoking prevalence and lung cancer incidence were also observed in Los Angeles County.

Despite these favorable trends, the results of the present survey suggest that the prevalence of smoking is no longer declining among adults in the county. From 1997 to 1999, the rate of smoking remained steady in all major demographic groups and the total number of adult smokers increased slightly due to population growth. The percentage of smokers who reported heavy smoking was also unchanged during this time period. These findings are of concern given that the tobacco industry raised cigarette prices an average of 45 cents per pack in 1999 to cover costs associated with the Master Tobacco Settlement Agreement,[10] and an additional 50-cent increase was placed on each pack with the passage of the statewide Proposition 10 initiative. Data from the 1999 survey may have been collected too soon to accurately gauge the impact of these price changes on smoking behavior. Past price increases, concomitant with public health efforts to curb smoking, have been accompanied by declines in cigarette consumption and smoking prevalence. Therefore, future surveys will be important for assessing whether or not adult smoking rates in Los Angeles County again resume their downward decline.



An encouraging finding of the survey is that one-half of smokers reported trying to quit smoking in the past year and many tried quitting on multiple occasions. A number of strategies are available to assist smokers in their efforts to quit, including physician advice/counseling, behavioral and cognitive therapies, social support networks, and treatment with medications. These strategies have been shown to be more effective when used in combination than as single treatment approaches.[11]

Encouragement by a health care provider has also been shown to increase the likelihood that smoking cessation efforts are successful. Only half (56%) of smokers who had seen a health care provider in the past year reported that their providers had talked to them about quitting. The percentage was even lower among Latinos and

8. Centers for Disease Control and Prevention. State-Specific Prevalence of Current Cigarette and Cigar Smoking Among Adults—United States, 1998. MMWR 1999;48:1034-1039.

9. Centers for Disease Control and Prevention. Declines in Lung Cancer Rates—California, 1988-1997. MMWR 2000;49:1066-1069.

10. Magzamen S, Glantz SA. Analysis of Proposition 28: Repeal of Proposition 10 Tobacco Surtax Initiative Statute. Institute for Health Policy Studies, School of Medicine, University of California, San Francisco, CA, January 2000.

11. U.S. Department of Health and Human Services. Reducing Tobacco Use: 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, 2000.

those in younger age groups, highlighting the importance of identifying local barriers to receiving provider-counseling, such as language barriers, inadequate time and resources, and other factors that may prevent providers from counseling their patients and patients from seeking advice.

An important limitation of the survey is that smoking rates among adolescents under 18 years of age in Los Angeles County were not assessed. In addition, no other reliable estimates of youth smoking rates are currently available in the county. Recent national studies have found increasing levels of smoking among both high school and college students.[12,13] In the national study of high school students, the prevalence of current cigarette smoking increased from 27.5% in 1991 to 36.4% in 1997, suggesting that recent tobacco control strategies have not adequately addressed the needs of this population.

The findings presented in this report highlight the need for continued intensive tobacco control efforts in the county (see Sidebar). To have the greatest possible impact, these efforts should include not only prevention and cessation programs targeted to individuals, but also community-level interventions that 1) influence social norms regarding the undesirability of tobacco use, 2) promote enforcement of existing tobacco control laws, and 3) encourage the development of new laws and policies that prohibit or discourage the use of tobacco products. The California and Los Angeles County experiences in the late-1980's to mid-1990's provide an important example of how such combined approaches can have a measurable beneficial impact at the population level.

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Tobacco Control Commitment

Despite a lower smoking prevalence in Los Angeles County and California compared to other parts of the U.S., tobacco use is still the number one cause of preventable, premature mortality in the county.

Effective tobacco control requires continued commitment through partnerships among local health departments, community-based agencies, voluntary associations, and health care organizations. Specific recommendations regarding selected interventions to reduce exposure to secondhand smoke and tobacco use were developed by the Task Force on Community Preventive Services and can be found in the November 10, 2000 supplement to the MMWR.

U.S. Surgeon General Recommendations[8]

1. Train healthcare providers to ask smoking status, advise the smoker to quit, assess patient's readiness to quit and assist the patient with quitting.

2. Make low and no cost treatments available to smokers wishing to quit, including making tobacco dependence treatment and counseling a reimbursed health benefit.

12. *Centers for Disease Control and Prevention. Tobacco Use Among High School Students—United States, 1997. 1998:47:229-233.*

13. *Wechsler H, Rigotti NA, Gledhill-Hoyt J, Lee H. Increased Levels of Cigarette Use Among College Students: A Cause for National Concern. JAMA 1998;280:1673-1678.*

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Summary:

Issue 5

Los Angeles County Health Survey

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- The prevalence of cigarette smoking in the adult population in Los Angeles County did not change from 1997 to 1999 (18% in each year).
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- In 1999, half of current smokers reported that they tried to quit smoking in the past year. Of these, 38% reported trying to quit one time, 24% two times, and 37% three or more times during the past year.
- Among those who tried to quit smoking, 25% reported using nicotine aids (such as patches or gum), 21% self-help materials, 9% anti-depressant medications prescribed by a physician, 9% one-on-one counseling, and 3% group counseling.