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LA HEALTH

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ADULT SMOKING

According to the results of the 2002-03 Los Angeles County Health Survey, 15.6% of adults 18 years and older (or an estimated 1,066,000 adults) currently smoke cigarettes, a significant decrease from the 18% of adults who reported smoking in 1997 and 1999 (Table 1). This decline means that approximately 175,000[1] fewer adults are smoking in LA County than if the rate of smoking had remained the same as in previous years. The smoking rate is now at the lowest level seen since the late 1980s when tracking was first initiated statewide, and is substantially lower than the national smoking prevalence of 23%.[2]

Breaking the Habit

Nearly three out of four (71%) adult smokers in Los Angeles County reported cutting down or trying to quit (stopping smoking for more than one day) smoking during the past year. The percentage of smokers who reported cutting down or trying to quit was highest among African-Americans (77%) and Asians/Pacific Islanders (77%) followed by Latinos (75%) and Whites (64%). Young adults aged 18-24 had the highest attempt rate (79%) for smoking reduction and/or cessation (Figure 1). The most frequently reported method of trying to quit was "cold turkey" (without the help of any outside aids), followed by nicotine replacement (e.g., nicotine patch, gum, or inhaler) and use of self-help materials (Figure 2).

Findings also revealed that approximately half (51%) of current smokers who had visited their health care

1. *Calculation based on 2002 population estimates.*
2. *CDC. Cigarette smoking among adults—United States, 2001. MMWR 2003; 52: 953-956.*

TABLE 1

Prevalence of Cigarette Smoking Among Adults (18+ years), 1997-2002

County	1997 Percent	1999 Percent	2002 Percent	2002 Est. Number
LA County	18.2%	18.1%	**15.6%**	**1,066,000**
Gender				
Male	22.2%	22.1%	**20.1%**	**667,000**
Female	14.3%	14.2%	**11.4%**	**400,000**
Race/Ethnicity				
Latino	15.6%	15.4%	**13.3%**	**369,000**
White	20.6%	20.9%	**17.6%**	**425,000**
African-American	20.5%	21.4%	**20.0%**	**131,000**
Asian/Pac. Islander	16.8%	15.2%	**14.0%**	**137,000**
Age Group				
18-24	17.7%	16.9%	**15.0%**	**143,000**
25-29	19.4%	16.5%	**18.6%**	**134,000**
30-39	18.3%	18.4%	**15.6%**	**238,000**
40-49	20.6%	22.3%	**18.2%**	**247,000**
50-59	22.3%	21.6%	**17.5%**	**165,000**
60-64	15.1%	19.8%	**14.8%**	**48,000**
65 and over	11.5%	10.0%	**8.9%**	**91,000**
Federal Poverty Level[1]				
0-99% FPL	19.5%	18.3%	**18.5%**	**270,000**
100% or above FPL	18.0%	18.1%	**14.8%**	**797,000**
Service Planning Area				
Antelope Valley	21.4%	24.4%	**20.6%**	**43,000**
San Fernando	18.8%	18.1%	**15.1%**	**221,000**
San Gabriel	18.6%	15.4%	**14.8%**	**186,000**
Metro	18.8%	20.3%	**17.0%**	**144,000**
West	13.3%	19.2%	**14.3%**	**73,000**
South	18.9%	19.1%	**14.2%**	**87,000**
East	19.0%	17.1%	**15.0%**	**131,000**
South Bay	17.4%	18.4%	**16.9%**	**181,000**

1. *Based on 2002 Federal Poverty Level (FPL) thresholds which for a family of four (2 adult, 2 dependents) correspond to an annual income of $18,859 (100% FPL).*

FIGURE 1 Percentage of Smokers Who Cut Down and/or Tried to Quit Smoking in the Past Year by Age Group, 2002

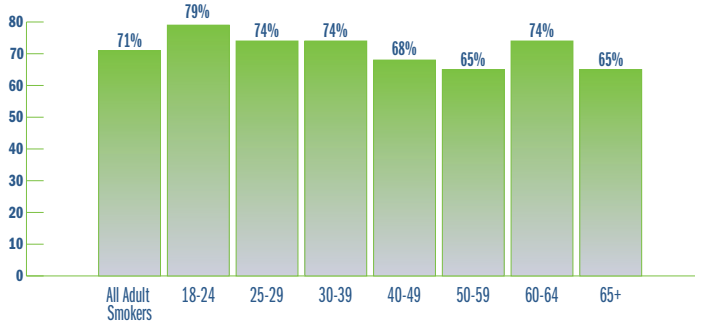
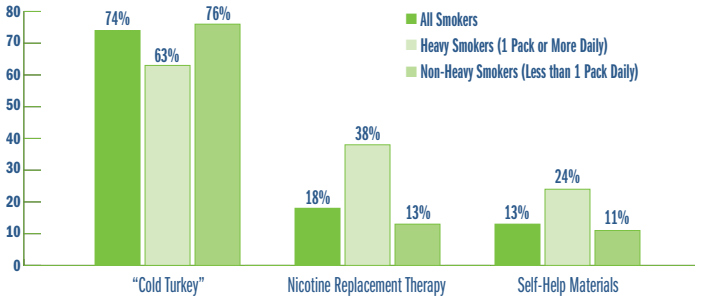


FIGURE 2 Most Common Methods† Used by Smokers to Try to Quit Smoking, 2002



† Percentages do not add up to 100% because respondents indicated all the different methods they had used in the past year to try to quit smoking.

practitioner within the last year were advised to quit smoking. CDC's Clinical Best Practice Guidelines encourage health care practitioners to make screening and counseling for cigarette use a routine part of patient visits.[3] These brief interventions could result in substantial reductions in smoking rates.

Reasons for Decline

The observed declines in smoking and evidence of smokers cutting down and/or trying to quit highlight the continued success of local and statewide efforts to reduce tobacco use. Stricter tobacco control laws have contributed to the decline in smoking. In addition, the higher prices of tobacco products may have produced further reductions in smoking (since 1999, the cost of cigarettes in California has increased by $1.20 per pack[4]). California's tobacco control efforts have been funded by the passage of Proposition 99 (in 1989) and Proposition 10 (in 1999), which increased the tax on cigarettes and allocated part of the resulting revenues for community-based tobacco prevention and for tobacco-related disease research. One example of the many funded efforts to reduce tobacco use is the statewide media campaign. Utilizing culturally relevant methods to target both adults and youth, this campaign has aimed to shift social norms against tobacco use. Studies have shown that the media campaign was directly responsible for reducing cigarette sales, increasing cessation attempts among smokers, and raising awareness about the dangers of secondhand smoke.[5,6]

Disparities in Smoking

The prevalence of smoking in 2002 was nearly two times higher among men (20%) than women (11%) (Figures 3a and 3b). Among men, the prevalence was similar among all racial/ethnic groups, although both Whites and Latinos showed significant declines in smoking from 1997 to 2002 (Figure 3a). Among women, the prevalence was more than two times higher among African-Americans (19%) and Whites (16%) than among

FIGURE 3a Percentage of Male Cigarette Smokers by Race/Ethnicity, 1997–2002

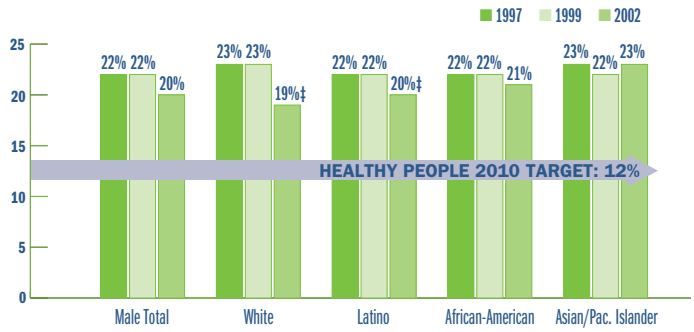
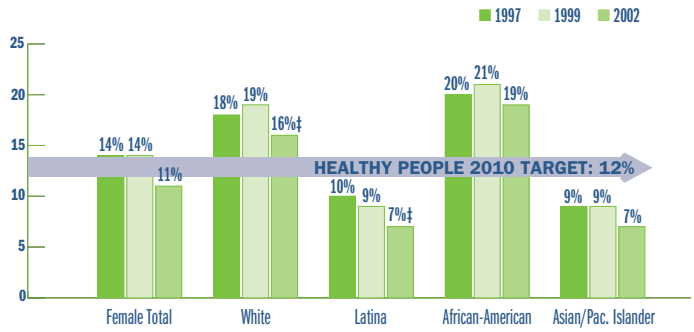


FIGURE 3b Percentage of Female Cigarette Smokers by Race/Ethnicity, 1997–2002



‡ From 1997 to 2002, trend analysis revealed significant declines (p<.05).

3. Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Services. June 2000.

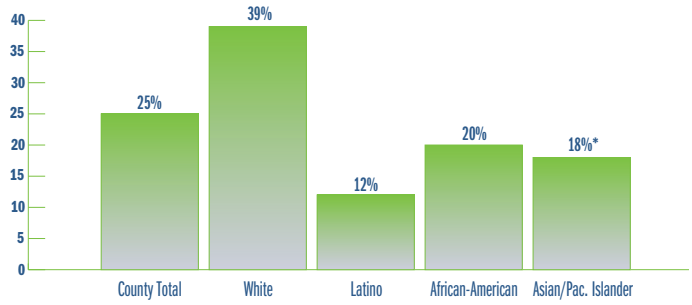
4. Campaign for Tobacco-Free Kids. State Cigarette Prices, Taxes, and Costs per Pack. Available at: http://www.tobaccofreekids.org/research/factsheets/pdf/0207.pdf. Last accessed December 2, 2003.

5. Hu T, Sung H, Keeler T. Reducing cigarette consumption in California: Tobacco taxes versus an anti-smoking media campaign. American Journal of Public Health. 1995; 85 (9): 1218-1222.

6. Pierce JP, Evans N, Farkas AJ, et al. Tobacco use in California: An evaluation of the tobacco control program, 1989-1993. La Jolla, CA: University of California, San Diego; 1994.

FIGURE 4

Percentage of Smokers Who Smoke Heavily (One Pack or More Daily), 2002



**Estimate based on small sample size (n<20) and should be viewed with caution.*

Latinas (7%) and Asians/Pacific Islanders (7%). White and Latino women also showed significant declines in smoking cigarettes from 1997 to 2002 (Figure 3b).

Of particular concern is the increase in smoking prevalence among 25 to 29 year olds from 1999 to 2002. In addition, although a decline in smoking was observed among adults with incomes above the poverty level, no decline was seen among those living in poverty.

One-in-four adult smokers were heavy smokers (those who smoke a pack or more per day), and heavy smoking was higher among Whites (39%) than African-Americans (20%), Asians/Pacific Islanders (18%*) and Latinos (12%) (Figure 4). Heavy smokers (57%) were less likely to cut back or attempt to quit smoking as compared to non-heavy smokers (75%), suggesting that they may have a more difficult time quitting because they are more heavily dependent. It is promising that a higher percentage of heavy smokers (38%) than non-heavy smokers (13%) have used nicotine substitutes in the past year (Figure 2), which have been associated with improved cessation rates.[3,7,8]

**Estimate based on small sample size (n<20) and should be viewed with caution.*

Ongoing Efforts Needed

Cigarette smoking is the leading preventable cause of death (causing approximately 440,000 deaths in the U.S. each year[9]) and exposure to secondhand smoke kills up to 65,000 Americans each year.[10] Despite the efforts to reduce the smoking burden, economic costs related to smoking in LA County are estimated at $4.3 billion each year, including $2.3 billion in health care expenditures and $2.0 billion in indirect costs (e.g., lost productivity due to illness and premature death).[11]

Results of the survey indicate that nearly one-in-six young adults aged 18 to 24 years reported cigarette smoking. Also, 48% of all adult smokers reported that they started smoking cigarettes fairly regularly before the age of 18. Results from the 2003 Youth Risk Behavior Survey (YRBS)[12] found that 14% of high school students in the Los Angeles Unified School District have smoked cigarettes in the past month. These findings highlight the critical importance of

on the web

Tobacco Control Section 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.
http://www.dhs.ca.gov/tobacco/

American Legacy Foundation is a national public health organization dedicated to helping young people quit using tobacco. The 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.
http://www.americanlegacy.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.
http://www.tobaccofreekids.org/

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.
http://www.cdc.gov/tobacco/

National Institute on Drug Abuse (NIDA) service focusing on nicotine addiction and other dangers of tobacco use. NIDA is a part of the National Institutes of Health (NIH), which is the principal biomedical and behavioral research agency of the United States Government.
http://smoking.drugabuse.gov/

Tobacco Free Initiative (TFI) is a World Health Organization (WHO) cabinet project created to focus international attention, resources, and action on the global tobacco pandemic that kills 4.9 million people per year.
http://www.who.int/tobacco/en/

7. Lawrence D, Graber J, Mills SL, et al. Smoking cessation interventions in U.S. racial/ethnic minority populations: an assessment of the literature. Preventative Medicine. 2003; 36: 204-216.

8. Lancaster T, Stead L, Silagy C., and Sowden A. Effectiveness of interventions to help people stop smoking: findings from the Cochrane Library. British Medical Journal. 2000; 321(7257): 355-358.

9. CDC. Annual smoking-attributable mortality, years of potential life lost, and economic costs - United States, 1995-1999. MMWR 2002; 51: 300-303.

10. National Cancer Institute. Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph No 10. US Department of Health and Human Services, Public Health Services, National Institutes of Health, National Cancer Institute, 1999. (NIH Publication No 99-4645.).

11. Max W, Rice D, Zhang X, Sung H, and Miller L. The Cost of Smoking in California, 1999. California Department of Health Services, Sacramento (2002).

12. The YRBS was developed by the Centers of Disease Control and Prevention, and completed by 1063 students in 18 public high schools in Los Angeles.

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maintaining tobacco control and prevention interventions among adolescents and young adults.

The Healthy People 2010 national goal is to reduce cigarette smoking among adults (aged 18 years and older) to 12% or less.[13] In Los Angeles County, only two population groups currently meet this goal—Latinas and Asian/Pacific Islander women. In order to reduce the substantial toll of tobacco-related illness and death across all population subgroups, continued vigorous and comprehensive tobacco control efforts are needed. Such efforts should include countering pro-tobacco industry influences, decreasing the availability of tobacco products, reducing exposure to secondhand smoke, and promoting smoking cessation services that combine tobacco education and pharmacologic treatment.

13. U.S. Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

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 2002–2003 survey collected information on a random sample of 8,167 adults and 5,995 children. Interviews were offered in English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese. The most recent survey was supported by grants from First 5 LA, the California Department of Health Services through grants to the Family Health, Tobacco Control and Prevention, and Alcohol and Drug Programs, and the Public Health Response and Bioterrorism Preparedness federal grant. The survey was conducted for the Los Angeles County Department of Health Services between October 2002 and March 2003 by Field Research Corporation.

For additional information about the L.A. Survey: www.lapublichealth.org/ha

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