

# **Epi Data Brief**

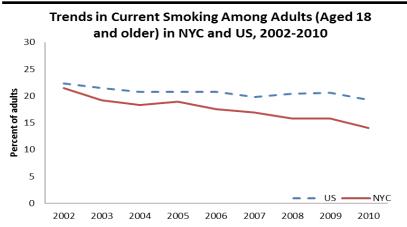
New York City Department of Health and Mental Hygiene

November 2011, No. 12

## Trends in Cigarette Use among Adults in New York City, 2002-2010

Smoking Trends: National vs. New York City 1,2,3,4

- Smoking is a leading cause of preventable death in the United States (US) and New York City (NYC), killing more than 7,000 New Yorkers aged 35 and older annually<sup>1</sup>. It is estimated that about one-third of NYC smokers will die prematurely from a smoking-related illness<sup>2</sup>.
- From 2002-2010, the NYC adult smoking prevalence has declined 35%, from 22% to 14%. There are now about 850,000 smokers in NYC, representing 450,000 fewer smokers than 2002<sup>3</sup>, a decrease that could prevent up to 149,000 premature deaths in the future<sup>2</sup>.
- Nationally, the adult smoking prevalence has declined 13% from 22% in 2002 to 19% in 2010<sup>4</sup>. The adult smoking rates in NYC have been lower than the national rates since 2003.



Sources: Community Health Survey (CHS), 2002-2010; National Health Interview Survey, 2002–2010 Community Health Survey data are age-adjusted to the US 2000 Standard Population.

## Characteristics of New Yorkers Who Still Smoke<sup>3</sup>

- In 2010, the smoking rate was higher among those with lower education, with 17% of those with a high school education or less reporting being current smokers versus 12% of those with at least some college education.
- Whites had a higher prevalence of smoking (16%) than Blacks (12%) and Asians (11%) and were not different from Hispanics (16%); Hispanics had a higher prevalence of smoking than Asians but were not different from Blacks.

#### **Data Sources**

<sup>1</sup>VS: Summary of Vital Statistics 2009, NYC DOHMH. For details, visit

http://www.nyc.gov/html/doh/downloads/pdf/vs/2009sum.pdf.

<sup>2</sup>CDC. Annual smoking-attributable mortality, years of potential life lost, and economic costs - United States, 1995–1999. MMWR. 2002;51:300–303.

<sup>3</sup>CHS: The CHS is a telephone health survey of about 10,000 adults aged 18+, conducted annually by the Health Department. 2010 data are age adjusted, except for age-specific estimates, to the US 2000 Standard population. For survey details, visit <a href="https://www.nyc.gov/health/survey">www.nyc.gov/health/survey</a>

<sup>4</sup>NHIS: The National Health Interview Survey administered by the CDC's National Center for Health Statistics, is based on household interviews of the civilian non-institutionalized population. For survey details, visit http://www.cdc.gov/nchs/nhis.htm

5YRBS: The YRBS is a self-administered survey conducted in NYC public high schools every other year by the Department of Education and the Health Department. For survey details, visit

www.nyc.gov/html/doh/html/episrv/episrv-youthriskbehavior.shtml

#### **Definitions**

Smoking prevalence among adults is measured in the CHS as the number of people who have smoked 100 cigarettes in their lifetime and currently smoke on all or some days. Smoking prevalence among youths is based on the number of YRBS respondents who smoked cigarettes on 1+ days in the past 30 days. Heavy smokers smoke 11 cigarettes or more daily. Light smokers smoke 10 or fewer cigarettes daily. Non-Daily smokers smoke 10 cigarettes or less on some days. An imputed variable was used for cigarettes per day in cases of missing data (69 cases in 2010).

**Heavy Drinking** is defined as an average of more than 2 alcoholic drinks per day for men or more than 1 alcoholic drink per day for women. **Binge Drinking** is defined as five or more alcoholic drinks on one occasion in the past 30 days.

Non-specific psychological distress as measured by the K6 scale is defined as feelings of anxiety, depression and other emotional problems.

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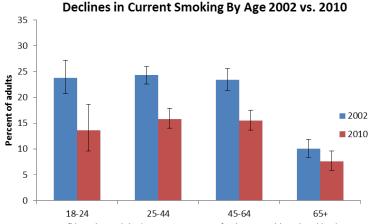
Acknowledgements: Catherine Corey, Christa Myers, Hannah Seoh, Carolyn Greene, Bonnie Kerker Epi Data Brief, No. 12 Page 2

### **Declines in Smoking<sup>3,5</sup>**

Since 2002, declines in smoking prevalence have been greatest in Staten Island (50% decline) compared with all other boroughs (Bronx: 36% decline, Brooklyn: 29% decline, Manhattan: 39% decline, Queens: 32% decline).



The decline in current smoking among young adults aged 18-24 between 2002 and 2010 is likely due to the large decline in smoking among youth (52% decline between 2001-



Bars are 95% confidence intervals (CIs). CIs are a measure of estimate precision. The wider the CI, the more imprecise the estimate.

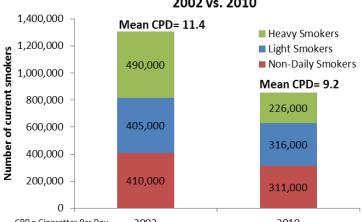
Source: Community Health Survey 2002, 2010.

2009) rather than increases in smoking cessation among young adults during this time period.

## Heavy Smokers vs. Light Smokers<sup>3</sup>

- Since 2002 the number of heavy smokers has declined by more than half, from 490,000 in 2002 to 226,000 in 2010.
- In 2010 the majority of smokers (73%) were classified as non-daily or light smokers.
- Whites accounted for 54% of heavy smokers 41% of non-daily smokers and 31% of light daily smokers in 2010.
- In 2010, non-daily smokers were more likely to make a quit attempt (73%) than light (52%) and heavy (55%) smokers.
- Heavy smokers in 2010 were more likely to smoke within an hour of waking up (86%) compared to light smokers (59%) and nondaily smokers (21%).

#### Cigarettes Smoked Per Day By Type of Smoker, 2002 vs. 2010



CPD = Cigarettes Per Day 2002 2010 Source: Community Health Survey 2002, 2010. Data are age-adjusted to the US 2000 Standard

## Smoking, Alcohol Use and Mental Health<sup>3</sup>

- In 2010, smoking rates remained higher among adults who drank heavily and adults with nonspecific psychological distress (NSPD) (14% citywide vs. 33% heavy drinkers and 27% NSPD).
- During 2002-2010, the smoking rate among men who drank heavily declined 40% (from 45% in 2002 to 27% in 2010).
- During 2002-2010, the smoking rate among women with NSPD declined 34% (from 31% in 2002 to 21% in 2010).

#### Current Smoking By Heavy Drinking & Non-Specific Psychological Distress, 2002 vs. 2010 50 45 40 Percent of adults 35 30 25 20 15 2002 10 2010 5 0 **Current Smoking Current Smoking** Current Smoking Overall Among Heavy Drinkers Among NSPD

Bars are 95% confidence intervals (CIs). CIs are a measure of estimate precision. The wider the CI, the more imprecise the estimate Source: Community Health Survey 2002, 2010. Data are age-adjusted to the US 2000 Standard

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- For complete tables of data presented in this Brief, visit www.nyc.gov/html/doh/downloads/pdf/epi/datatable12.pdf
- · Visit EpiQuery the Health Department's online, interactive health data system at www.nyc.gov/health/EpiQuery My Community's Health: Data and Statistics at www.nyc.gov/health/nycommunityshealth.