

Who's Still Smoking? Cigarette Use Among Adults in New York City

Smoking is still the leading cause of preventable death in New York City. In 2005, smoking accounted for an estimated 4,800 deaths among men and 3,300 deaths among women (excluding deaths due to second-hand smoke exposure).

Following the launch of intensive tobacco control efforts, including higher taxes on cigarettes (2002), the Smoke Free Air Act (2002), and expanded cessation services such as free nicotine patch giveaways (annually since 2003), impressive declines in adult smoking have occurred. There are 240,000

fewer smokers in New York City today than there were 4 years ago.

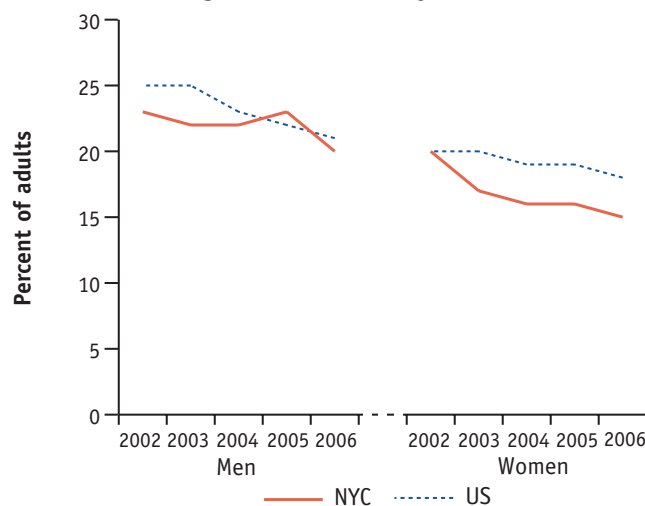
Despite this success, smoking has not declined equally for all groups; ongoing examination of specific populations is important to design and target new interventions.

This report presents trends in smoking among adults in New York City, risk factors related to smoking, and recommendations for future prevention, cessation, and research efforts.

Smoking dropped overall, but remains higher among men

- The overall smoking rate among adults in New York City is 17.5%.
- Smoking dropped from 20% in 2002 to 15% in 2006 among women, and from 23% to 20% among men during the same period.
- Men are more likely than women to be heavy daily smokers (7% vs. 5%), defined as more than 1/2 pack per day.
- Since 2002, smoking declined in the following groups of men: 18- to 24-year-olds (24% to 17%), residents of the Bronx (27% to 20%) and Queens (22% to 18%). Older men, and men in Brooklyn, Staten Island and Manhattan continue to smoke at levels similar to 2002.
- Among women, smoking fell in all age groups except 65+, and in all boroughs except Staten Island.
- Nationally, smoking also dropped between 2002 and 2006, but less than in New York City. National declines were larger among men (25% to 21%) than women (20% to 18%).

Smoking in NYC and US, by sex, 2002–2006



Note: This report is based on the 2002 through 2006 New York City Community Health Survey, in which adults age 18 and older representing every neighborhood of New York City were interviewed by telephone about their health and the health of their families. For full survey details, see: nyc.gov/health/survey. Other data sources include 2005 New York City Vital Statistics data; smoking related mortality was estimated using the SAMMEC system developed by the Centers for Disease Control and Prevention. U.S. smoking rates are from the annual Behavioral Risk Factor Surveillance Survey. For more information, visit: <http://www.cdc.gov/brfss>.

Low-income New Yorkers and residents of Staten Island are most likely to smoke; in most groups, smoking is higher among men

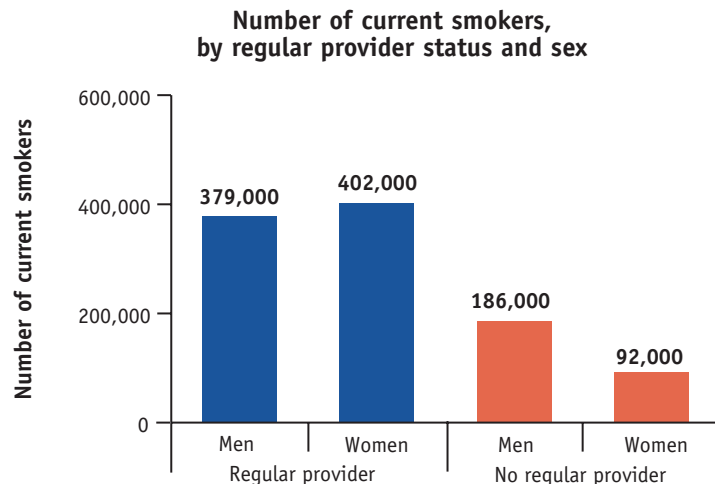
- Current smoking levels are approximately equal among racial/ethnic groups, with the exception of Asians, who have the lowest rate (11%). This is largely due to the very low rate among Asian women (5%).
- Smoking is more common among US-born than foreign-born adults, particularly for women.
- Both men (29%) and women (25%) who live on Staten Island are more likely to smoke than residents of other boroughs.
- Smoking is more common among adults with low incomes (<200% of poverty level) compared to adults with higher income.
- Smoking rates are lowest among adults 65 and older. In every age group, men smoke as much as or more than women.

	% who currently smoke		
	Total	Men	Women
All New Yorkers	17.5	20	15
Race/Ethnicity			
White	20	21	18
Black	18	21	16
Hispanic	17	19	15
Asian	11	16	5
Nativity			
U.S.-born	21	21	22
Foreign-born	12	18	7
Borough			
Bronx	19	20	18
Brooklyn	17	21	13
Manhattan	16	18	14
Queens	16	18	15
Staten Island	27	29	25
Income (% of poverty level)			
<200	20	24	18
200–399	16	17	15
400+	16	18	14
Age Group			
18–24	16	17	14
25–44	20	24	16
45–64	19	21	17
65 and older	10	10	10

New adult smokers: About 5% of current smokers began in the past 3 years. Almost two thirds of these new smokers are men, and three fourths are between 18 and 24 years old.

Most smokers have a regular health care provider ...but almost 200,000 men who smoke do not

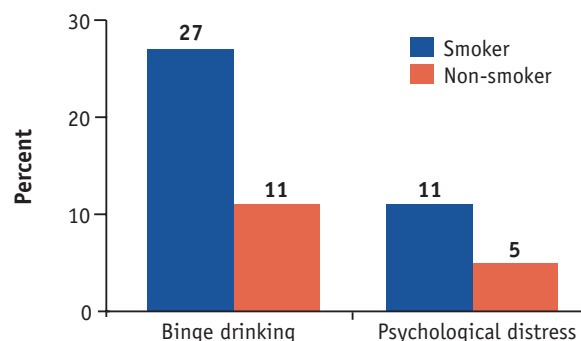
- Of the 1.1 million current smokers in New York City, about three fourths (781,000) have a regular health care provider. Expanding medical training and support may help to reach this group of smokers.
- Almost 300,000 smokers, including 1 out of every 3 male smokers, do not have a regular provider. This suggests that men, in particular, could benefit from cessation efforts outside the health care system.



Binge drinking* and psychological distress** are more common among adults who smoke

- Overall, 14% of adult New Yorkers binge drink, including almost 330,000 smokers. Binge drinking is more than twice as common among smokers as non-smokers (27% vs. 11%).
- About 1 in 3 male smokers binge drinks (34%), compared to 1 in 6 female smokers (17%).
- Approximately 6% of adult New Yorkers suffer from psychological distress, including 120,000 smokers. Smokers are about twice as likely as non-smokers to report experiencing psychological distress (11% vs. 5%).
- Smoking's association with binge drinking and with psychological distress is strongest among 18- to 24-year-olds. In this age group, smokers are 4 times more likely than non-smokers to report binge drinking (57% vs. 14%) and almost 3 times more likely to report psychological distress (8% vs. 3%).

Percent reporting binge drinking and psychological distress, by smoking status



* Binge drinking is defined as consuming 5 or more drinks on one occasion within a month.

** Psychological distress is measured by Kessler's K6 scale, which asks questions related to feelings of anxiety and depression.

Most smokers tried to quit in the past 12 months, but of those who tried, only 1 out of 6 succeeded

- About two thirds of adults who smoked in the past year (65%) tried to quit. Only 17% of these New Yorkers were successful.
- Black (69%) and Hispanic (70%) smokers are more likely to attempt to quit than whites (60%), but less likely to succeed.
- Lower-income adults are more likely to try to quit, but successful quitting is most common among adults in the highest income bracket.
- Quit attempts are higher among 18–24 year olds (74%) than those 65 and older (58%), but both groups succeed at similar rates.
- Adults with psychological distress are less likely to successfully quit than those without.

	% of adult smokers who tried to quit	% of those who tried that succeeded*
Overall	65	17
Sex		
Male	63	16
Female	66	18
Race/Ethnicity		
White	60	22
Black	69	14
Hispanic	70	14
Asian	61	22
Income (% of poverty level)		
<200	68	15
200–399	69	15
400+	60	23
Age Group		
18–24	74	20
25–44	66	16
45–64	63	14
65 and older	58	22
Psychological Distress		
Yes	68	12
No	64	18

Source: CHS 2005–06

* Successful quitters are those who were not smoking at the time of our survey. Since former smokers sometimes resume smoking, these figures overestimate reductions in smoking.

Recommendations

Policymakers should support targeted tobacco control efforts, inside and outside of the health care system.

- Support increases in cigarette tax.
- Target smoking cessation activities to groups with the highest rates of smoking as well as those who have tried to quit with limited success.
- Fund programs that reach smokers outside of health care settings, such as television ads and public transportation campaigns.

Health care providers should assess and treat smoking and related health needs.

- Conduct comprehensive health assessments, including screening for smoking, alcohol dependency, and mental health issues such as depression.
- Treat for nicotine addiction as needed, and counsel or refer for related behavioral factors as appropriate.

Current smokers can access smoking cessation services, either through their provider or by calling 311.

- Consider using nicotine replacement therapy such as the patch or gum, and other medications, such as bupropion or varenicline — they can double your chances of quitting successfully.
- Speak to your provider about issues that make quitting more difficult for you, such as stress, depression, and excessive drinking.
- Ask a smoker to quit with you, or find someone who has already quit who you can talk to for support.

For more information:

www.nyc.gov/html/doh/downloads/pdf/chi/chi24-4.pdf

Call 311 for help to quit smoking, including low-cost cessation services, or to find a provider.

A report from the New York City Community Health Survey



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