

Disparities in Tobacco Product Use in the United States

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Overview



Tobacco use is the single most preventable cause of disease, disability, and death in the U.S.

38M



Nearly **38 million** U.S. adults smoked in 2016.¹



480,000

Cigarette smoking kills about **480,000** people in the U.S. each year.²



2 in 5

About **two in every five children** are exposed to secondhand smoke.³



1 vs. 30

For every one smoking-related death, **at least 30** people live with a serious smoking-related illness.²

\$300B



Each year, cigarette smoking costs the U.S. more than **\$300 billion**, including \$170 billion in direct medical costs and \$156 billion in lost productivity.^{2,4}

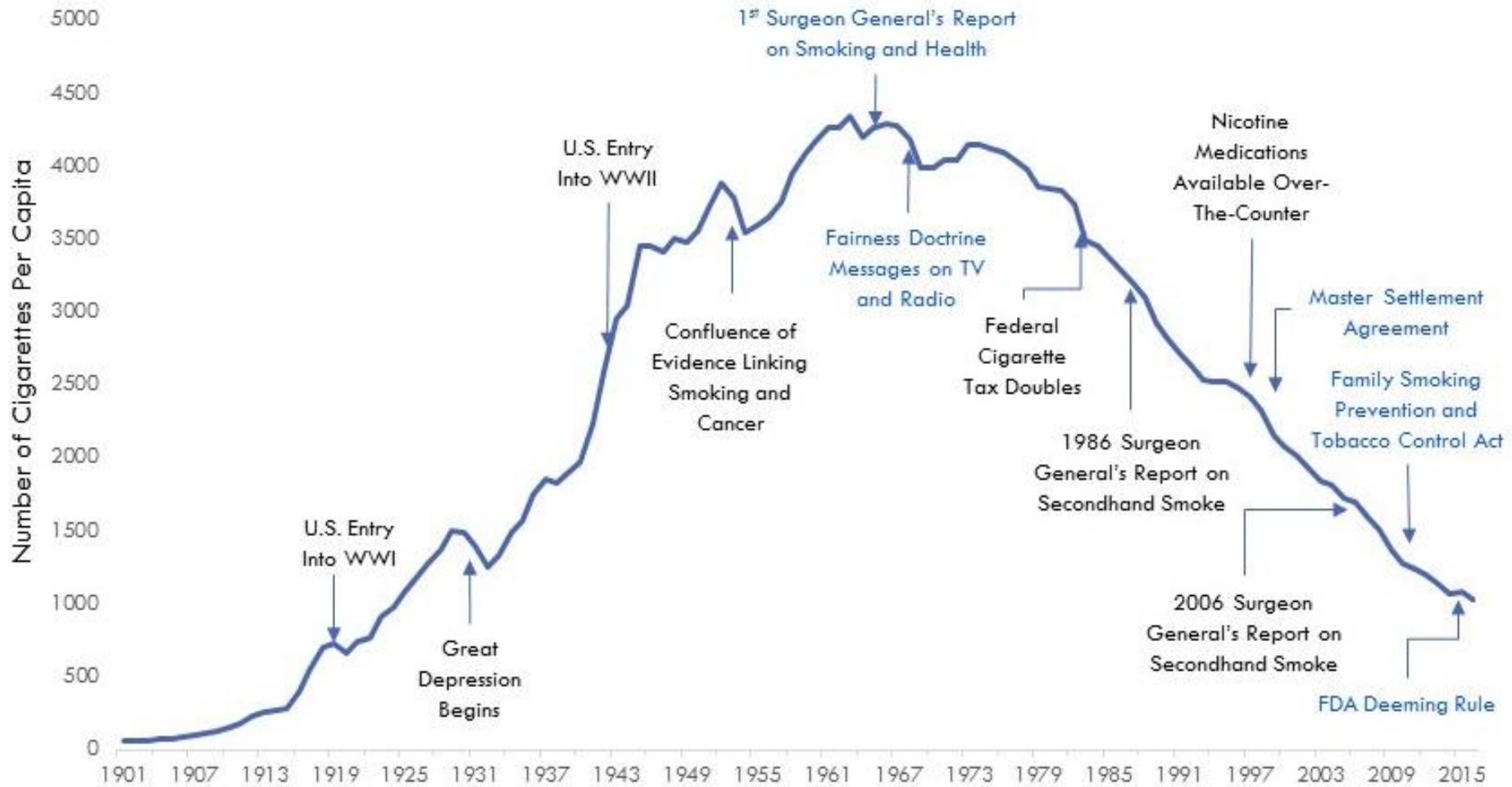
1. Jamal A, Phillips E, Gentzke AS, et al. Current Cigarette Smoking Among Adults — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:53–59.

2. USDHHS. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014.

3. Homa D, Neff L, King B, et al. Vital Signs: Disparities in Nonsmokers' Exposure to Secondhand Smoke – United States, 1999–2012. MMWR 2015;64(04):103–108.

4. Xu X, Bishop EE, Kennedy SM, Simpson SA, Pechacek TF. Annual healthcare spending attributable to cigarette smoking: an update. Am J Prev Med 2015; 48(3):326–33.

Adult per capita cigarette consumption and major smoking-and-health events – U.S., 1900-2016



Tobacco-Related Disparities

Tobacco control policies have changed social norms and have led to large declines in tobacco use.

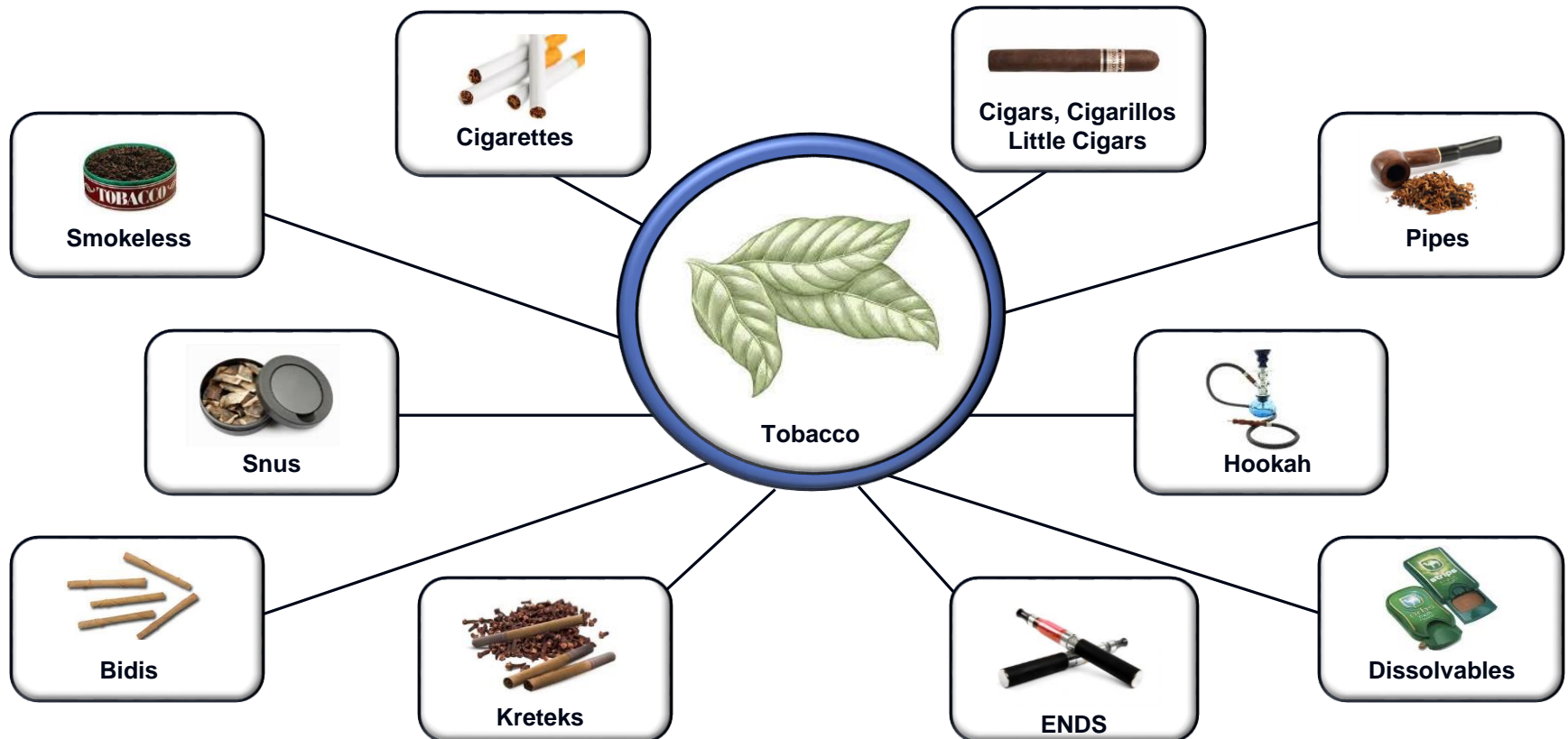
Despite reductions among the general population, tobacco use is still higher among some groups.

CDC's *Best Practices*:

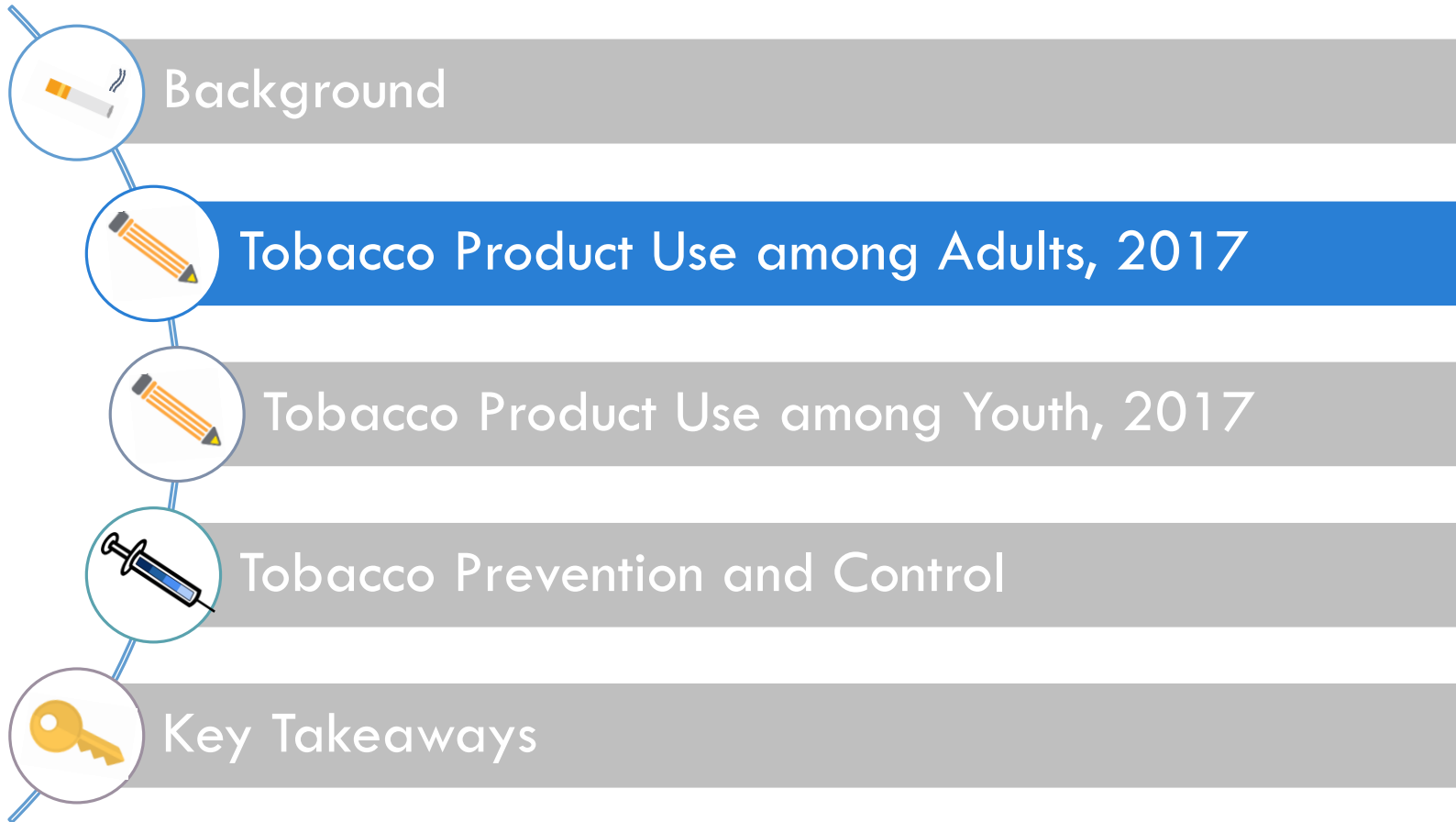
Differences that exist among population groups with regard to key tobacco-related indicators

- Patterns, prevention, and treatment of tobacco use
- Incidence, morbidity, mortality, and burden of tobacco-related illnesses
- Capacity, infrastructure, and access to resources
- Secondhand smoke exposure

The Evolving Tobacco Product Landscape



Overview



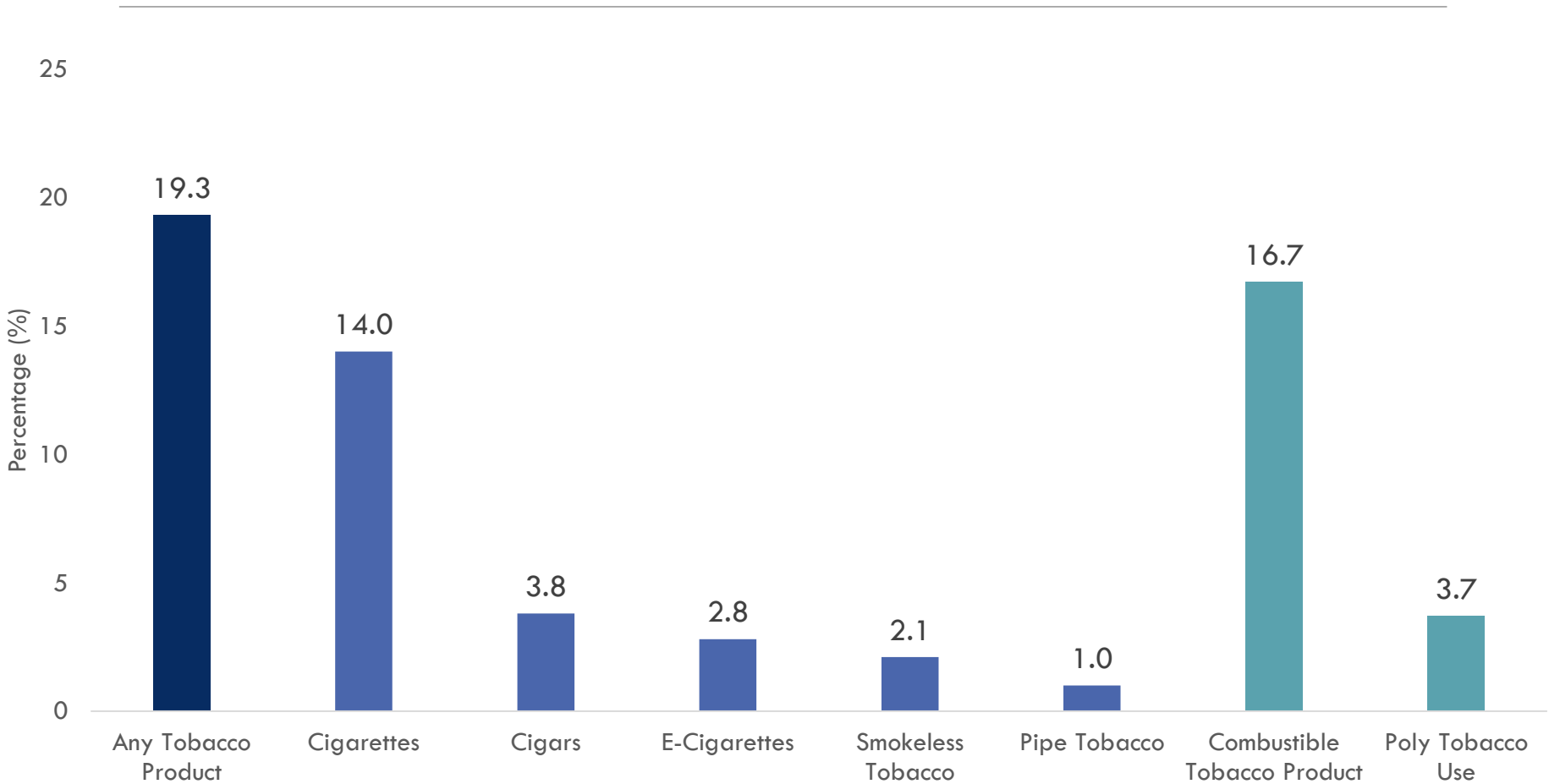


National Health Interview Survey

- ① Used to assess smoking prevalence since 1965, and serves as the standard for Healthy People 2020
 - ② Is an annual, nationally representative, in-person survey of the noninstitutionalized U.S. civilian population
 - ③ Is a cross-sectional, annual survey of adults aged 18 years or older
- Consists of two parts:
- ④
 - A set of basic health and demographic items (known as the Core questionnaire)
 - One or more sets of questions on current health topics, including tobacco use



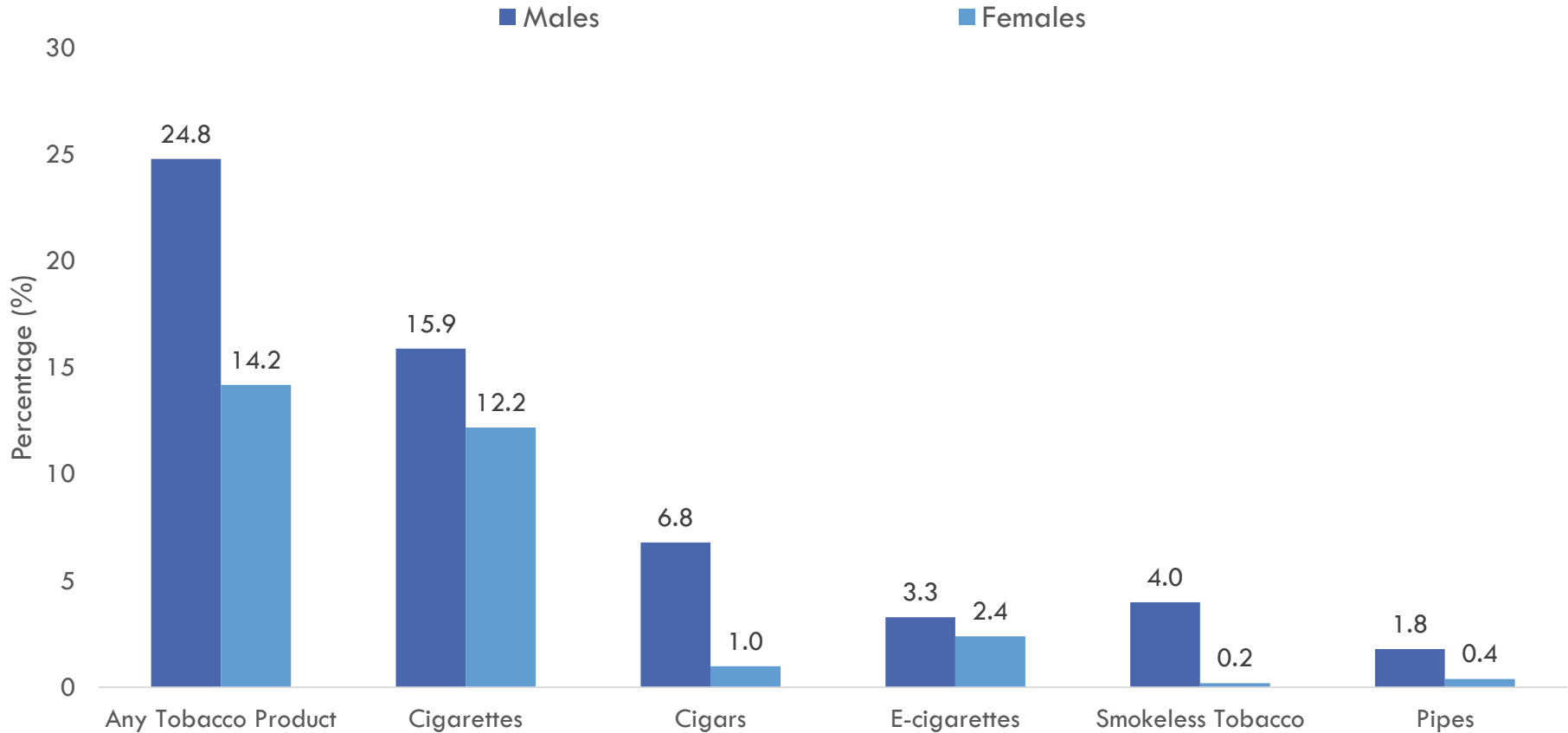
Overall prevalence of tobacco product use among U.S. adults National Health Interview Survey (NHIS), 2017





Who do we still need to reach?

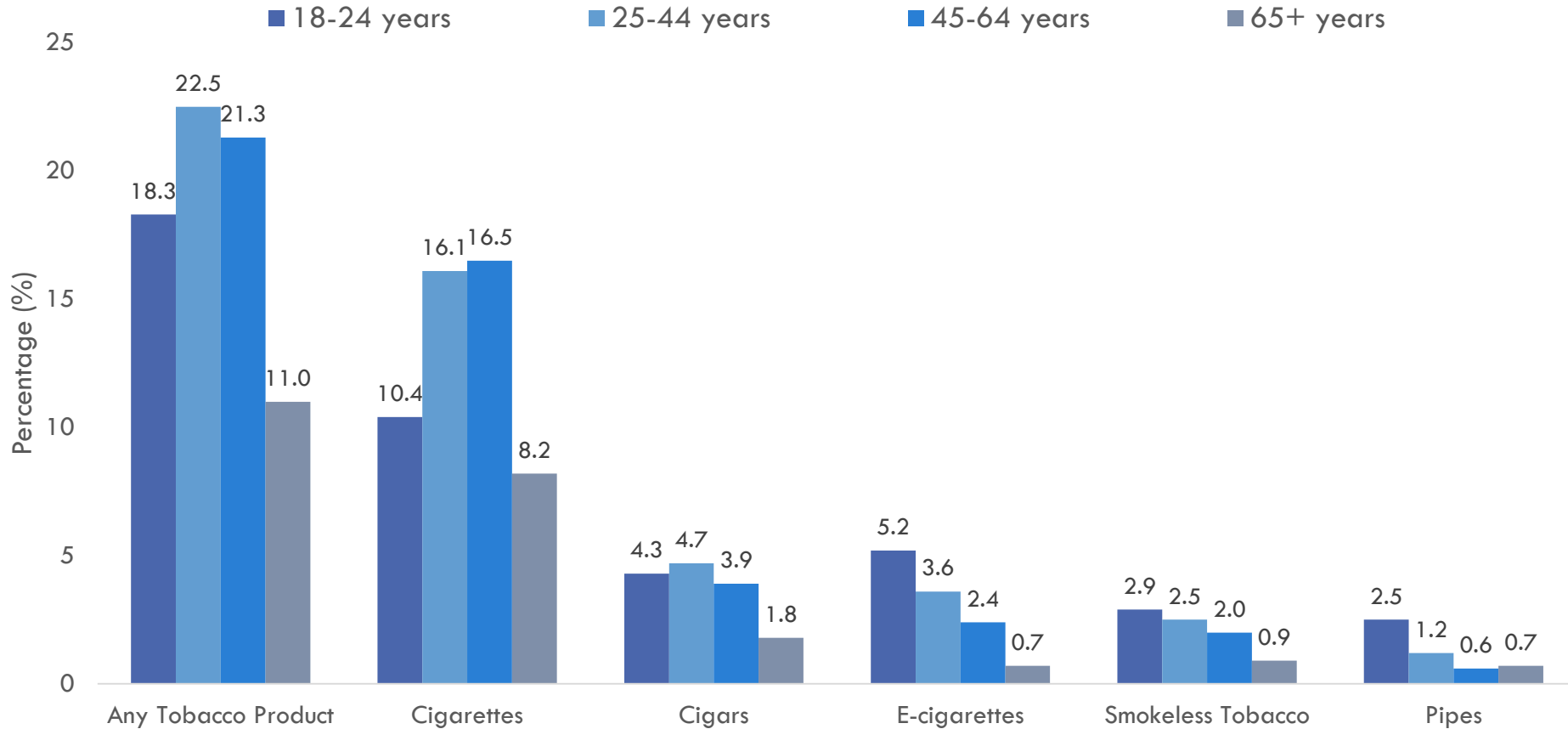
Prevalence of tobacco product use among U.S. adults, **by sex** — National Health Interview Survey (NHIS), 2017





Who do we still need to reach?

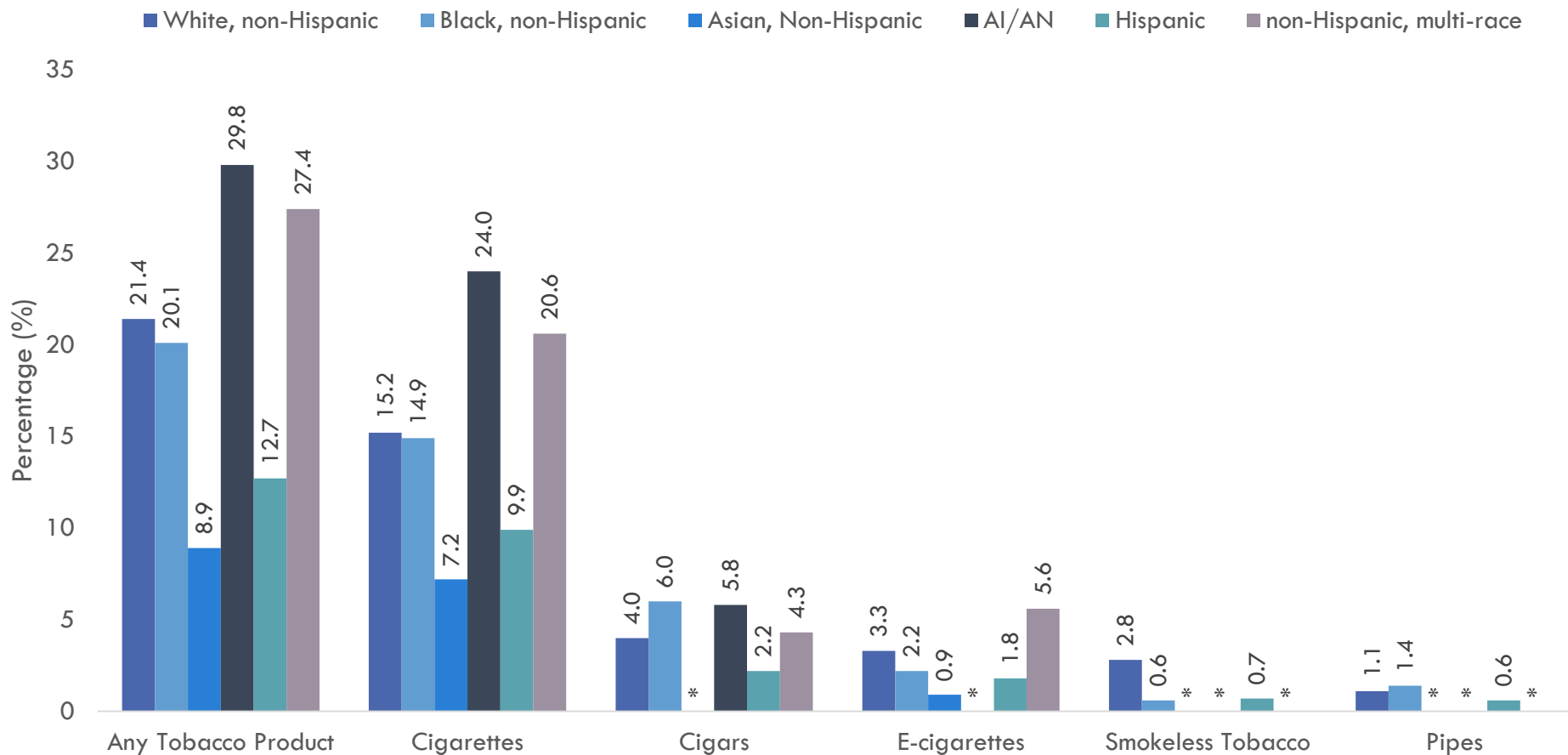
Prevalence of tobacco product use among U.S. adults, **by age** — National Health Interview Survey (NHIS), 2017



Who do we still need to reach?



Prevalence of tobacco product use among U.S. adults, by race/ethnicity — National Health Interview Survey (NHIS), 2017

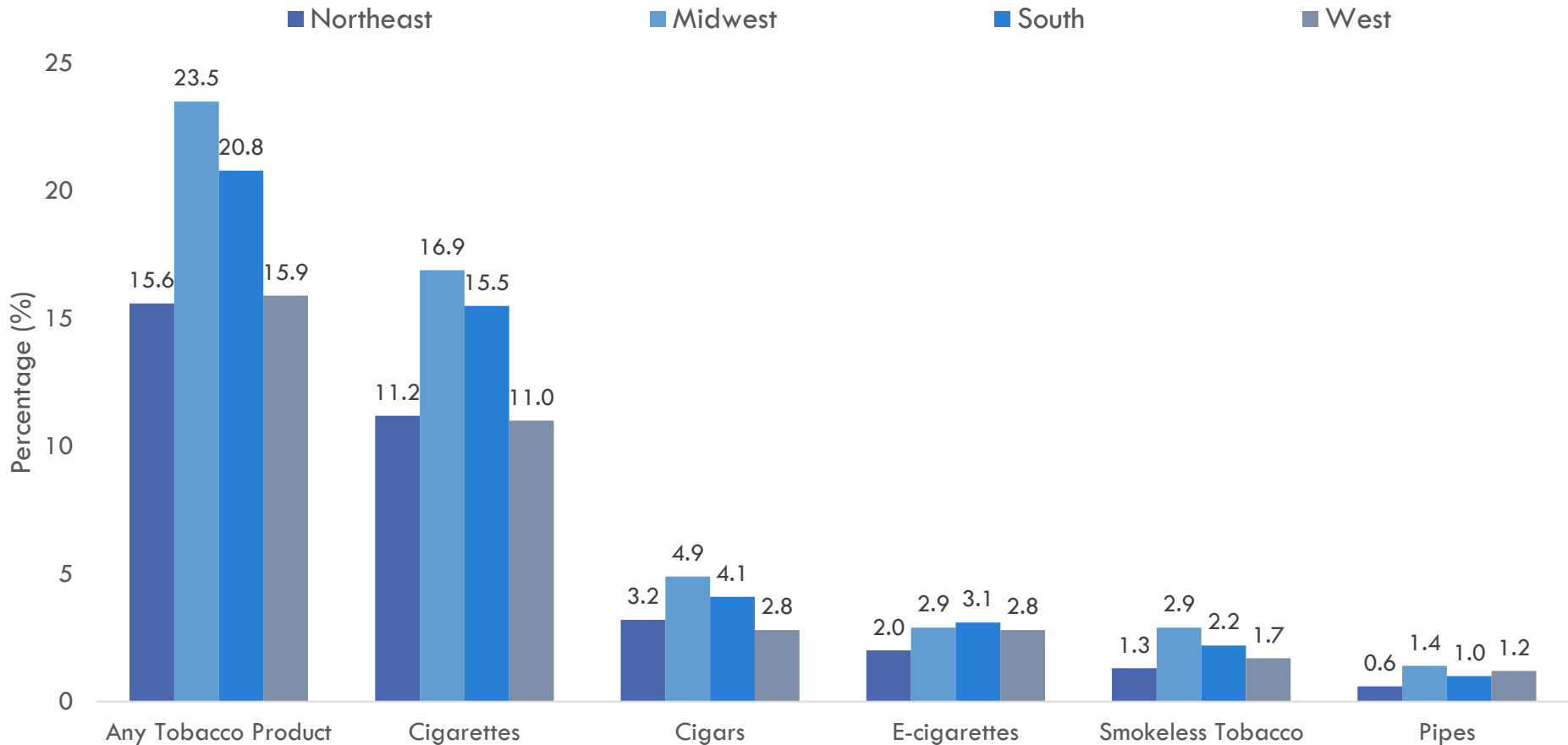


* RSE ≥30% or n<50, not presented

Who do we still need to reach?



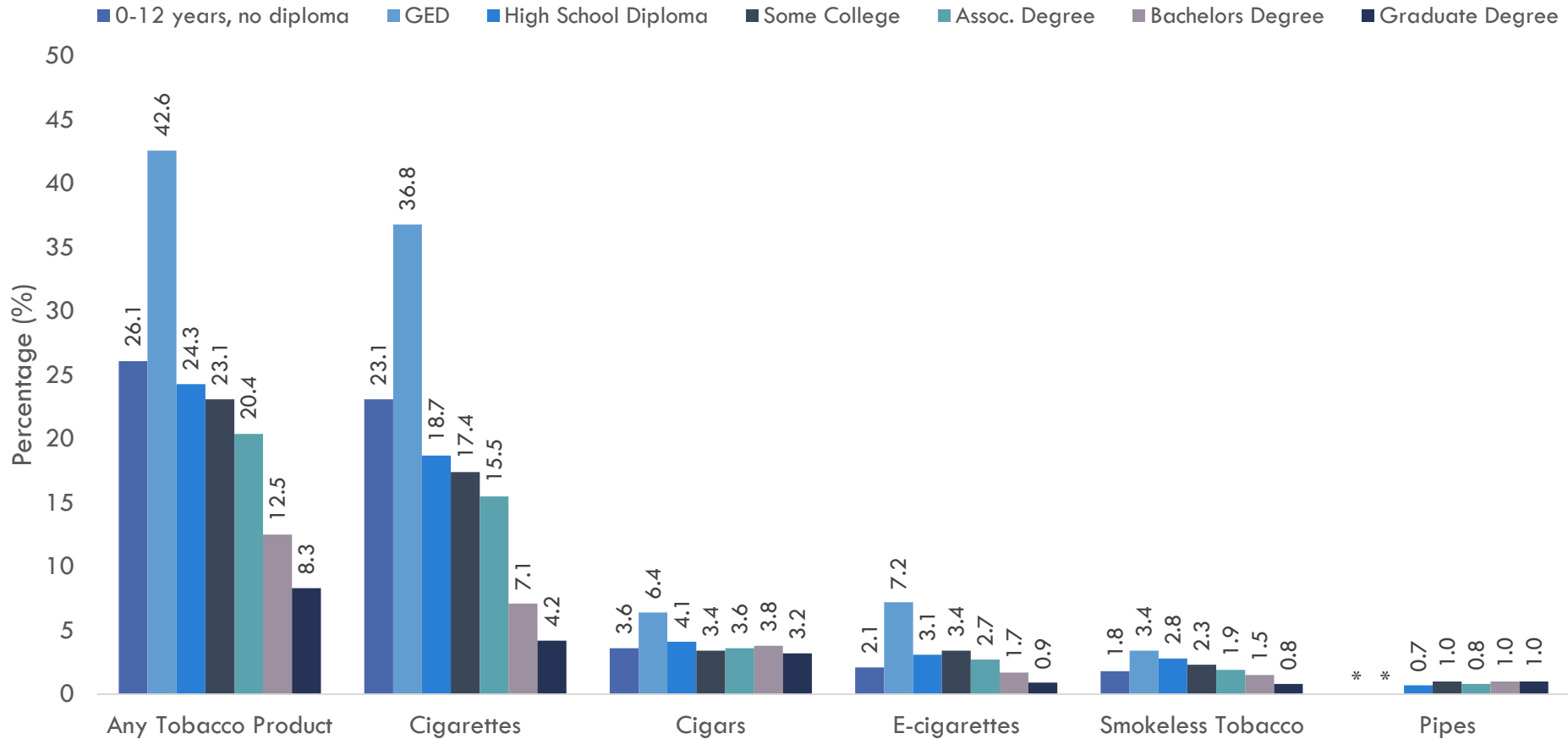
Prevalence of tobacco product use among U.S. adults, **by Census region** — National Health Interview Survey (NHIS), 2017





Who do we still need to reach?

Prevalence of tobacco product use among U.S. adults, **by education** — National Health Interview Survey (NHIS), 2017

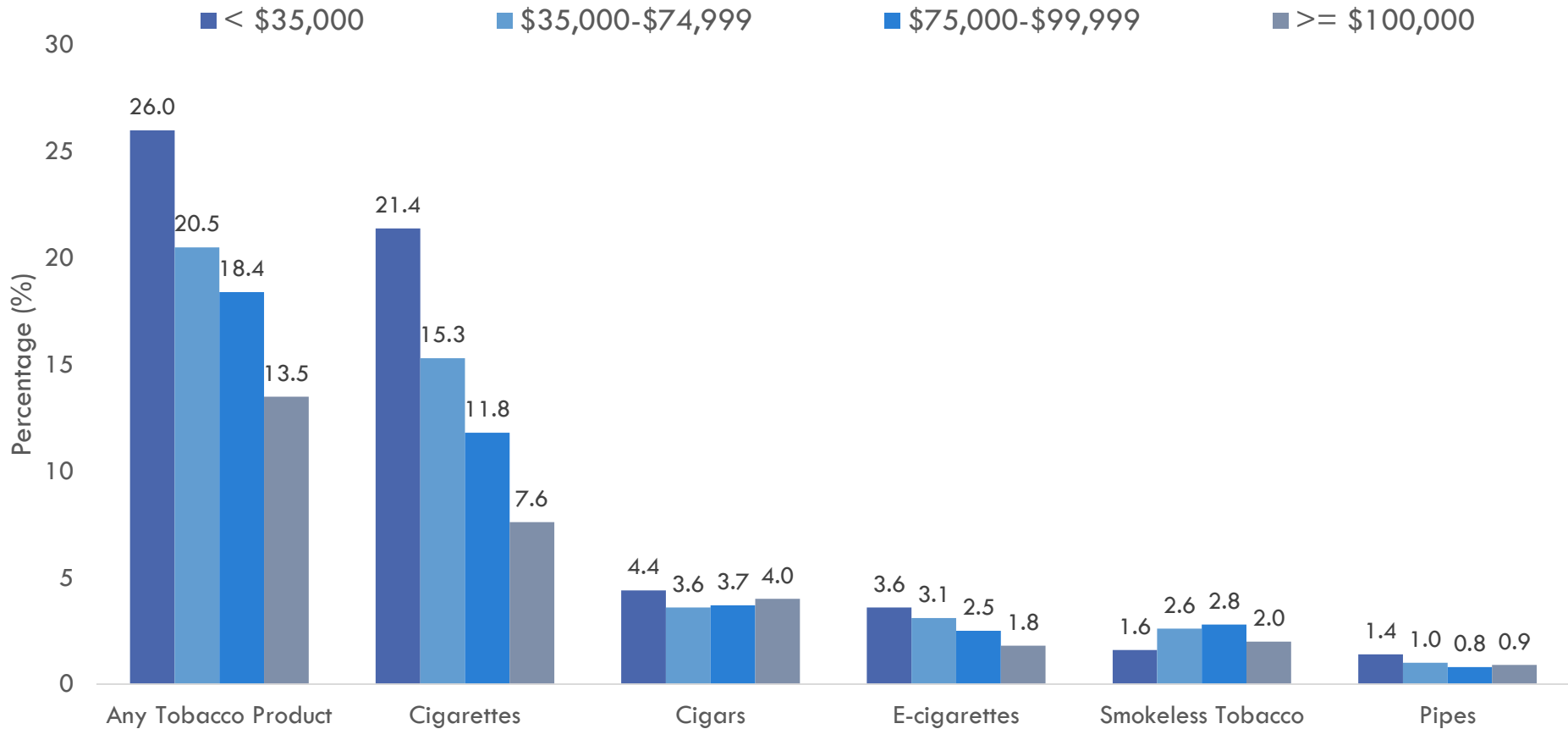


* RSE \geq 30% or n<50, not presented



Who do we still need to reach?

Prevalence of tobacco product use among U.S. adults, **by income** — National Health Interview Survey (NHIS), 2017

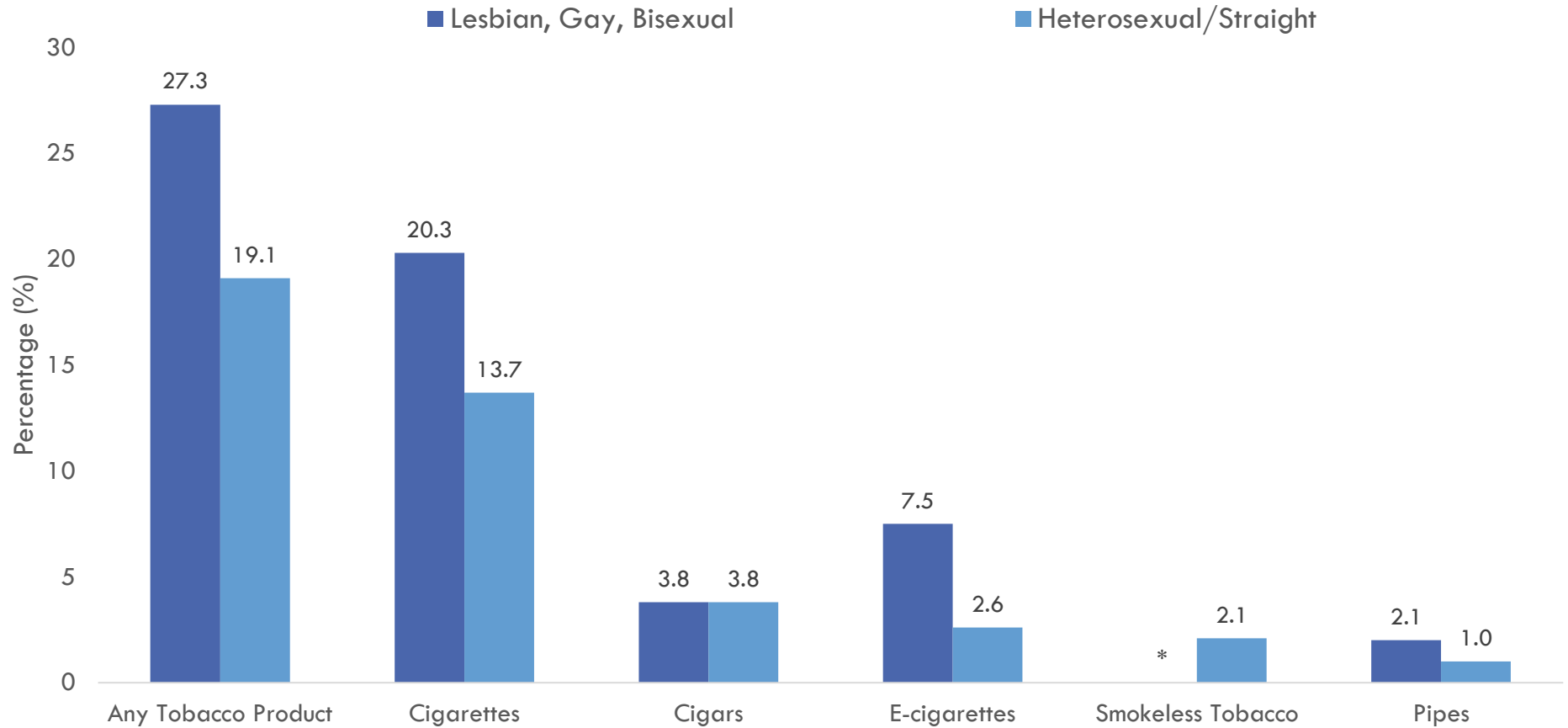


* RSE ≥30% or n<50, not presented



Who do we still need to reach?

Prevalence of tobacco product use among U.S. adults, **by sexual orientation** — National Health Interview Survey (NHIS), 2017

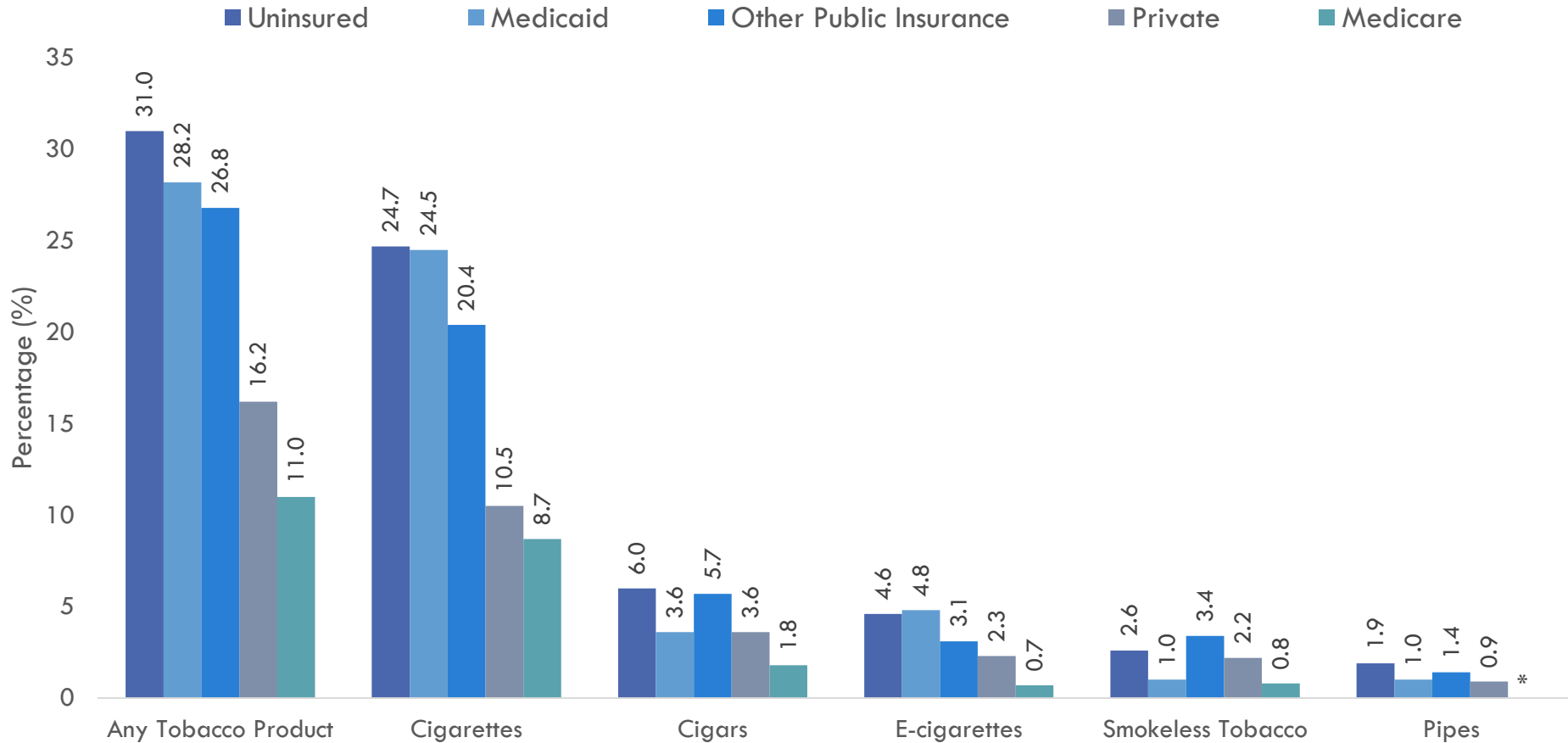


* RSE $\geq 30\%$ or $n < 50$, not presented



Who do we still need to reach?

Prevalence of tobacco product use among U.S. adults, **by health insurance** — National Health Interview Survey (NHIS), 2017

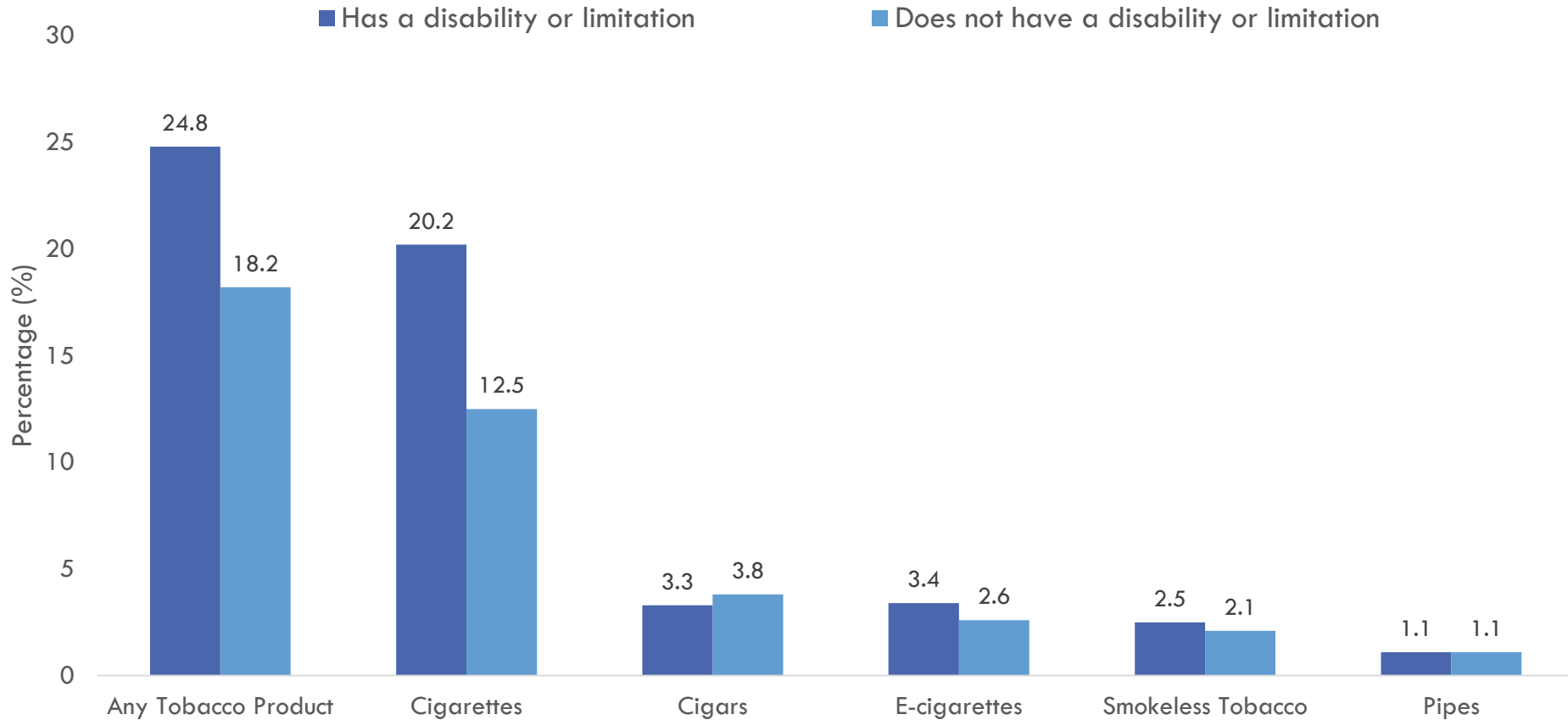


* RSE $\geq 30\%$ or $n < 50$, not presented



Who do we still need to reach?

Prevalence of tobacco product use among U.S. adults, **by disability/limitation status**[†] — National Health Interview Survey (NHIS), 2017

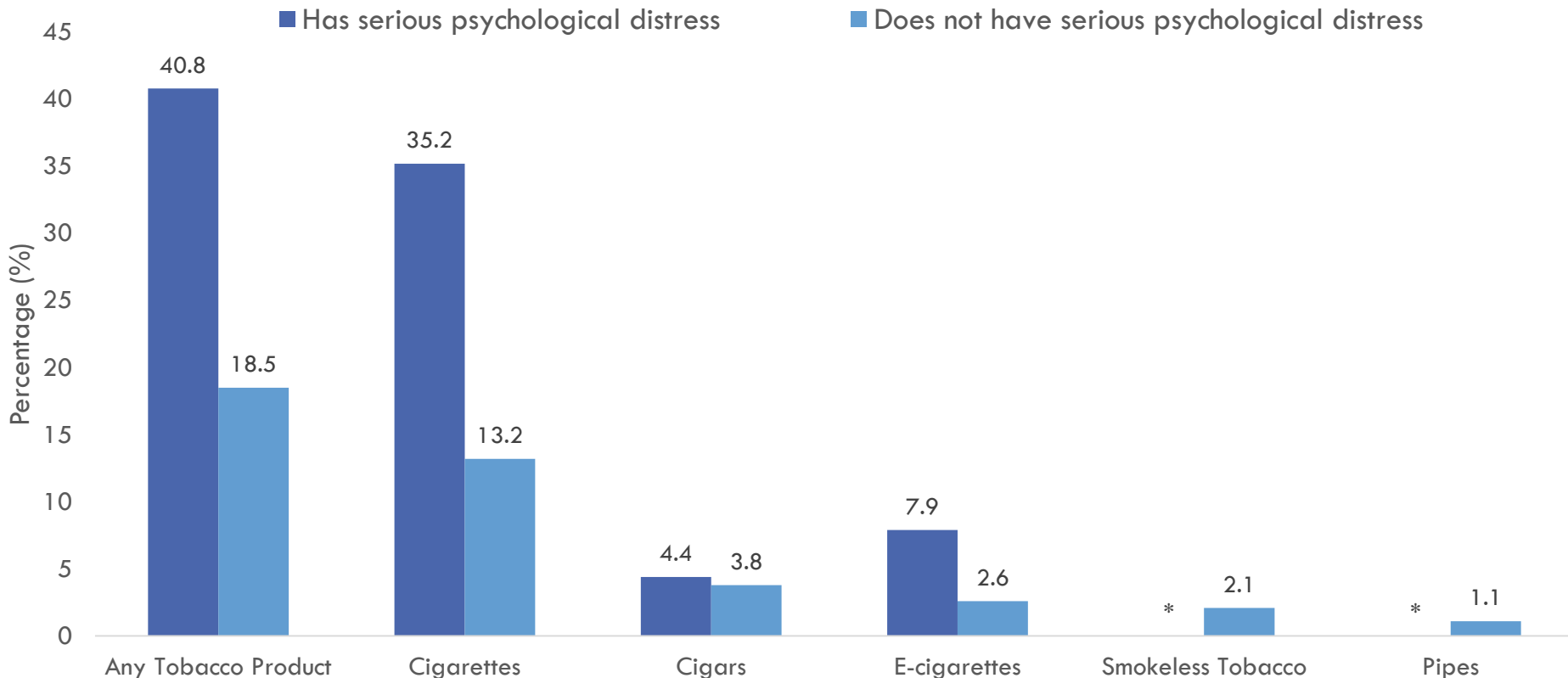


[†] Disability/Limitation: Self-reported presence of impairment: vision, hearing, cognition, movement, activities of daily living, or instrumental activities of daily living.



Who do we still need to reach?

Prevalence of tobacco product use among U.S. adults, **by serious psychological distress**[†]
— National Health Interview Survey (NHIS), 2017



[†] The Kessler psychological distress scale is a series of questions asking about feelings of sadness, nervousness, restlessness, worthlessness, and feeling like everything is an effort in the past 30 days.

* RSE $\geq 30\%$ or $n < 50$, not presented

Who do we still need to reach?

Any tobacco product use among U.S. adults — NHIS, 2017



Race/Ethnicity

29.8% American Indian/Alaska Native
21.4% White
8.9% Asian



Education level

42.6% GED
8.3% Graduate degree



Annual Household Income

26.0% < \$35,000
13.5% ≥ \$100,000



Health insurance coverage

31.0% Uninsured
28.2% Medicaid
16.2% Private



Disability/limitation

24.8% Disability/limitation
18.2% No Disability/limitation



Sexual orientation

27.3% Lesbian/Gay/ Bisexual
19.1% Heterosexual



Serious psychological distress (SPD)

40.8% Yes – SPD present
18.5% No – SPD present

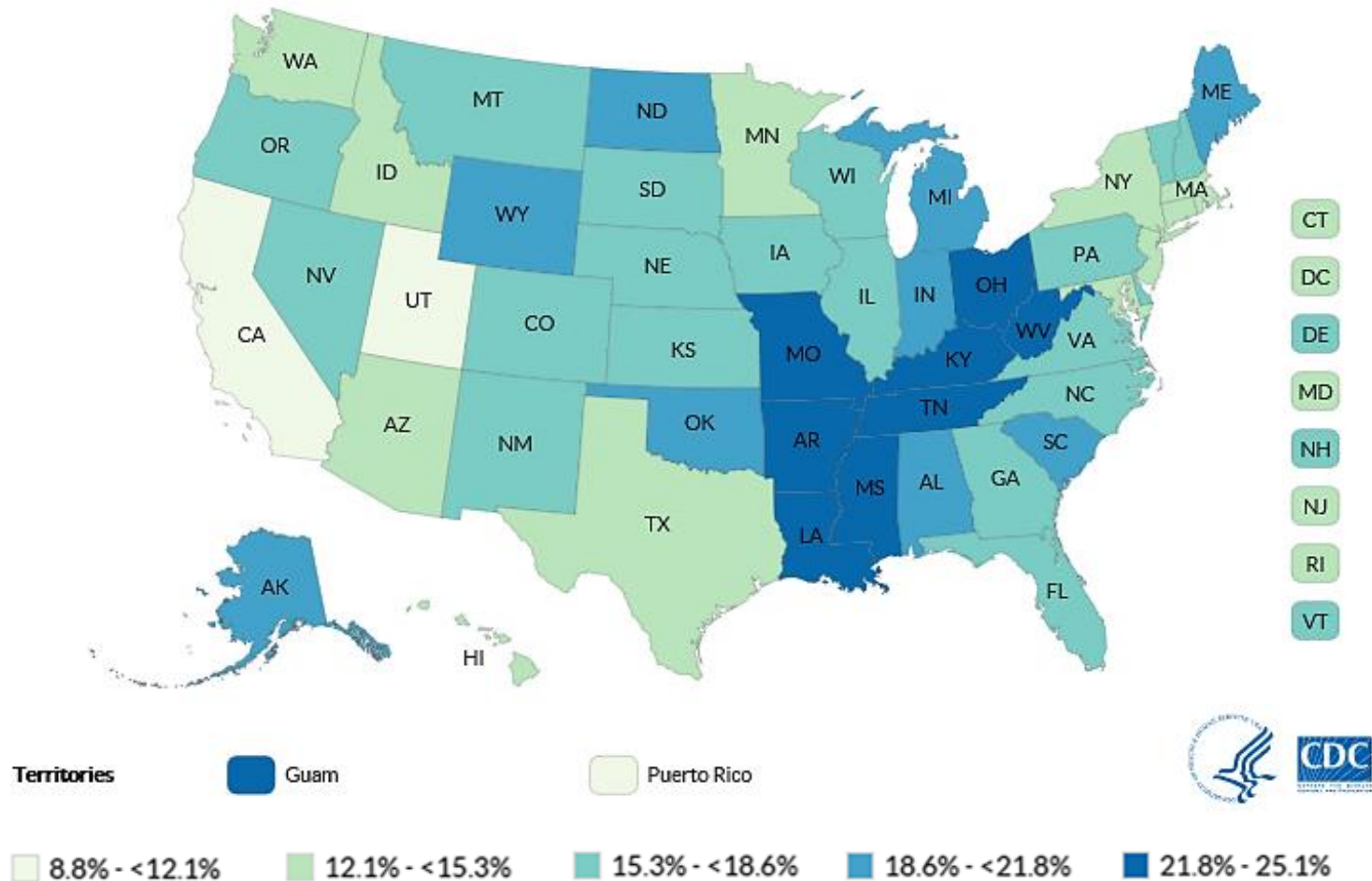
**State Specific Estimates of E-cigarette Use among Adults, United States, 2016
Behavioral Risk Factor Surveillance System**

- ① Established in 1984 in 15 states; currently collects data in all 50 states, D.C., and three U.S. Territories
- ② **Objective:** collect uniform state-specific data on health risk behaviors, chronic diseases and conditions, access to health care, and use of preventive health services
- ③ Cross-sectional, annual survey of adults aged 18 years or older
- ④ Data can be analyzed in aggregate or at the state-level or territorial-level



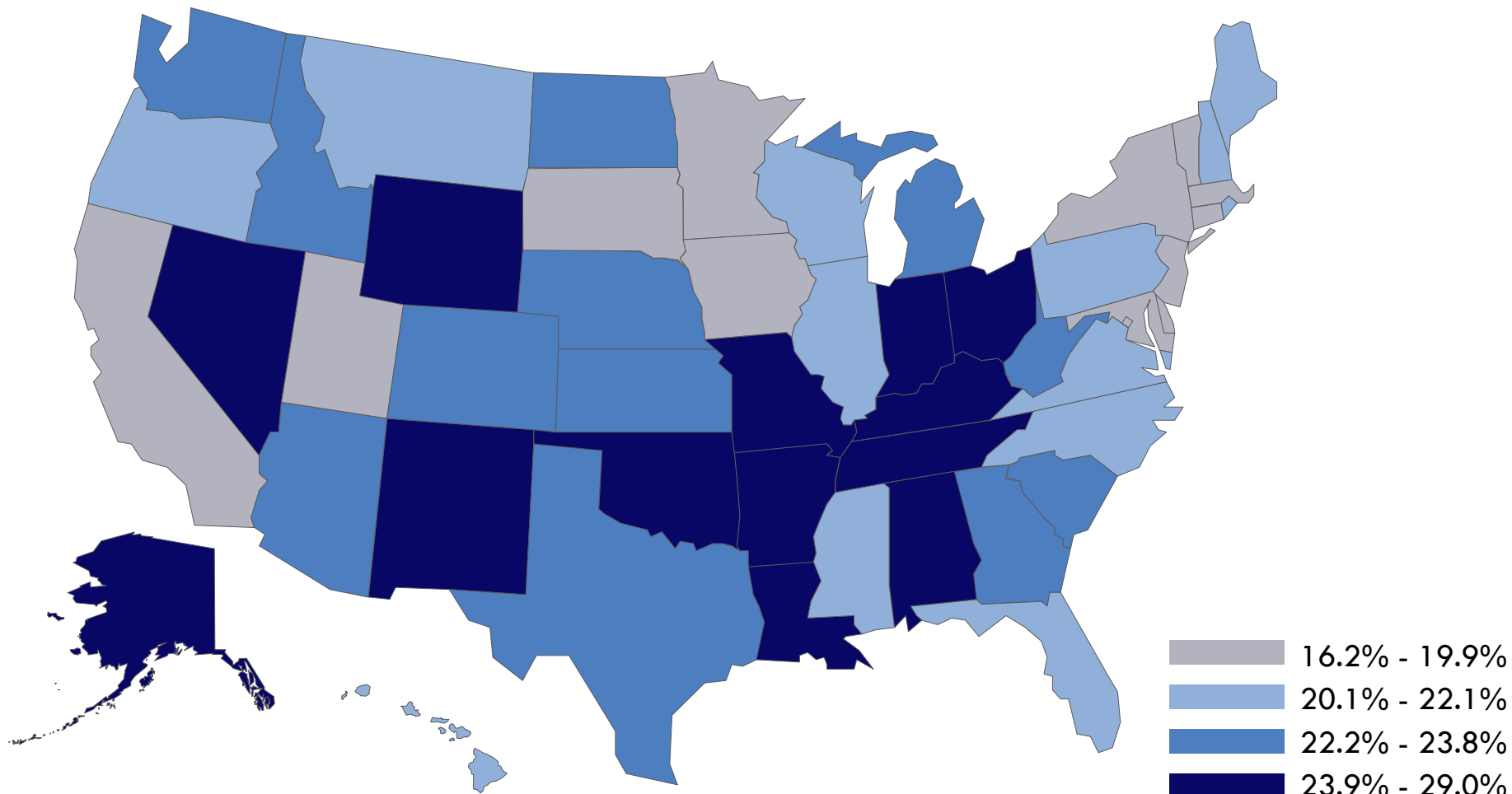
Disparities in Smoking, by State: Adults

Current Cigarette Use Among Adults (Behavior Risk Factor Surveillance System) 2016



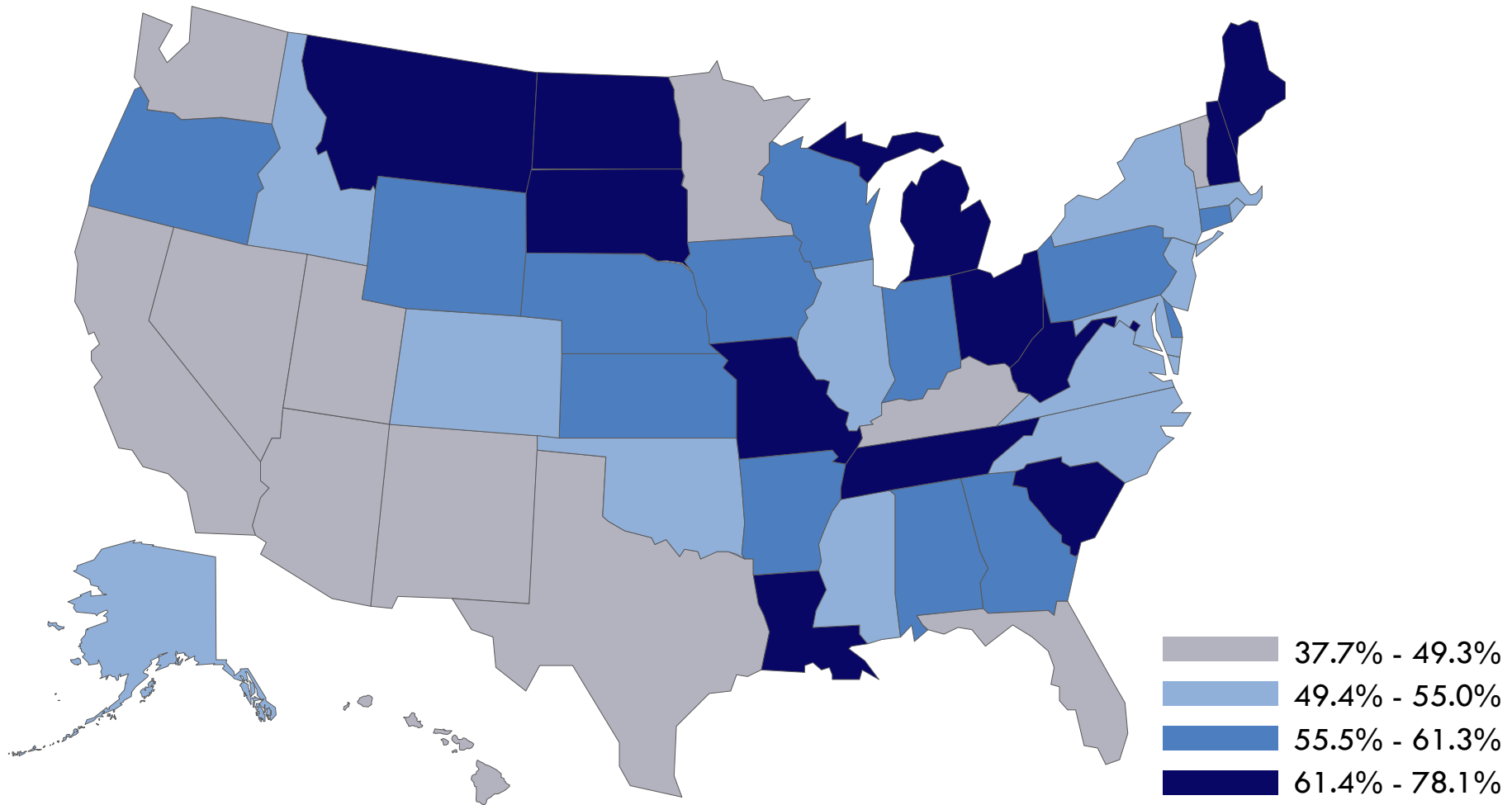
Ever E-cigarette Use Among U.S. Adults

2016 BRFSS State-Specific Data



Current Cigarette Smoking Among U.S. Adult E-Cigarette Users

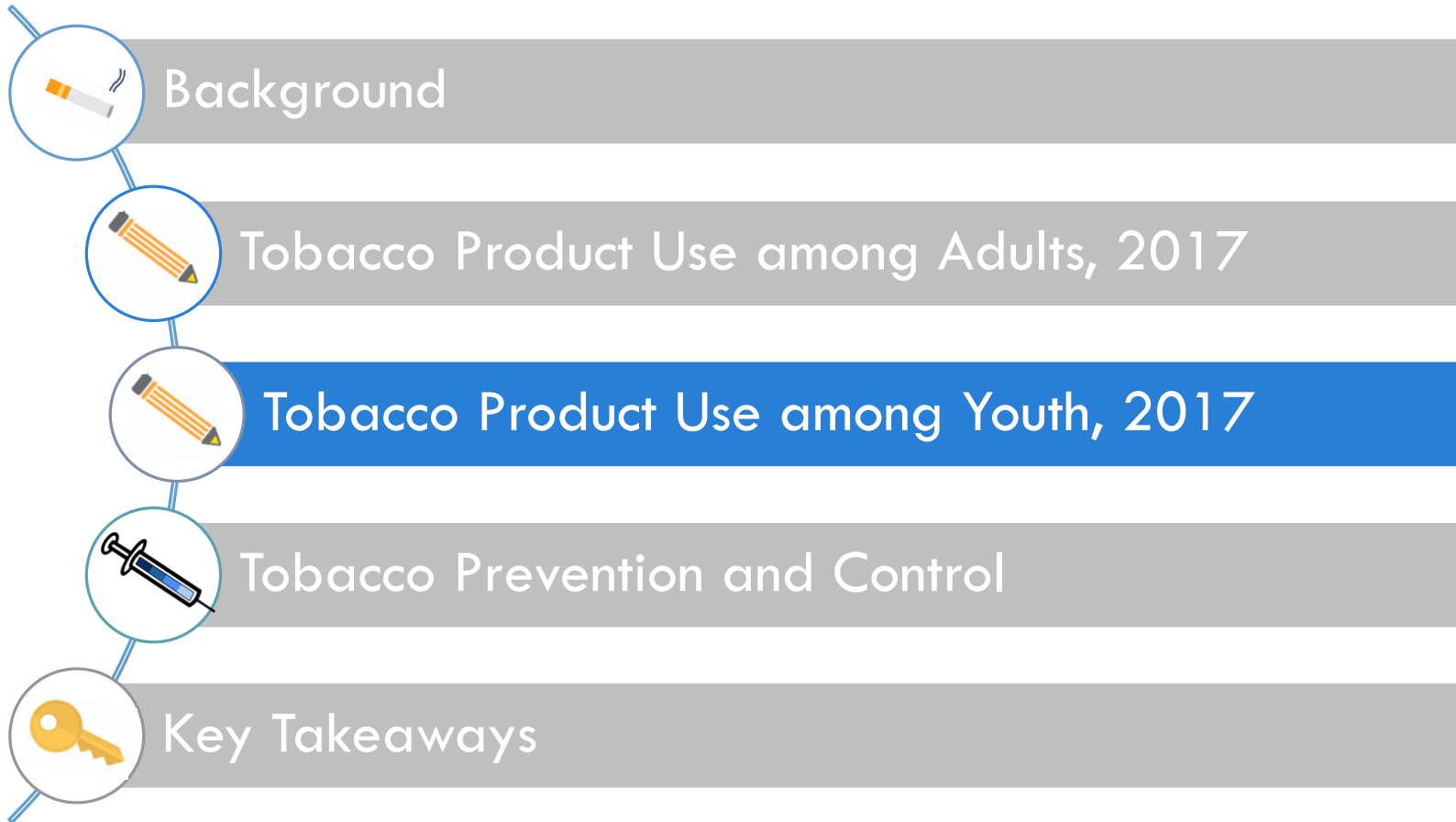
2016 BRFSS State-Specific Data



Current e-cigarette users: Persons who reported using e-cigarettes or some other electronic “vaping” product “some days” or “every day”

Current cigarette smokers: Persons who smoked at least 100 cigarettes in their lifetime and reported currently smoking “some days” or “every day”

Overview



The National Youth Tobacco Survey (NYTS)

Nationally representative survey of US middle and high school students



Cross-sectional, school-based, self-administered



U.S. public and private schools:

Middle school (grades 6-8)

High school (grades 9-12)



3-Stage cluster-based sampling

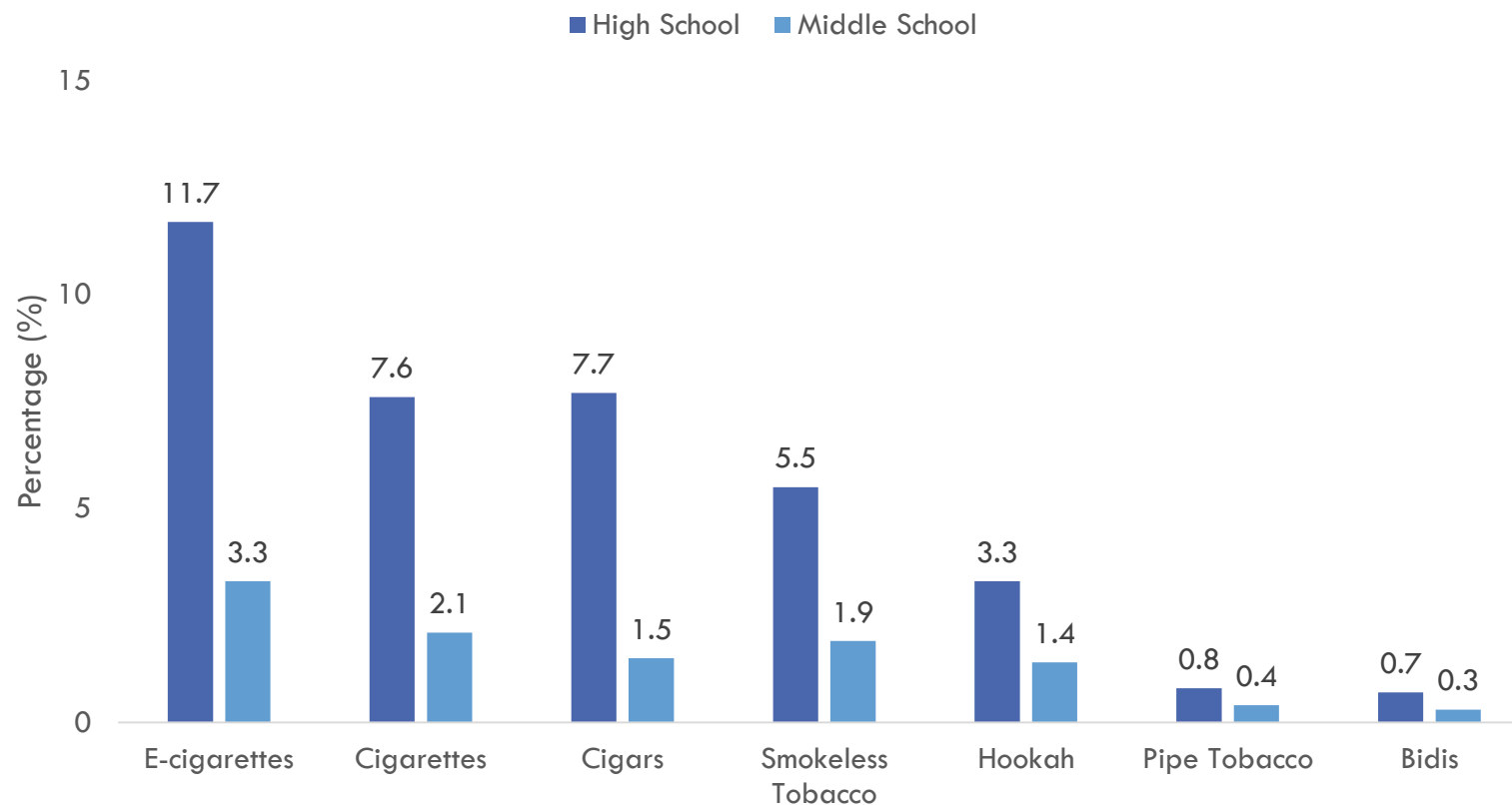
Counties - Schools - Classes



As of 2011, implemented annually in collaboration between CDC and FDA

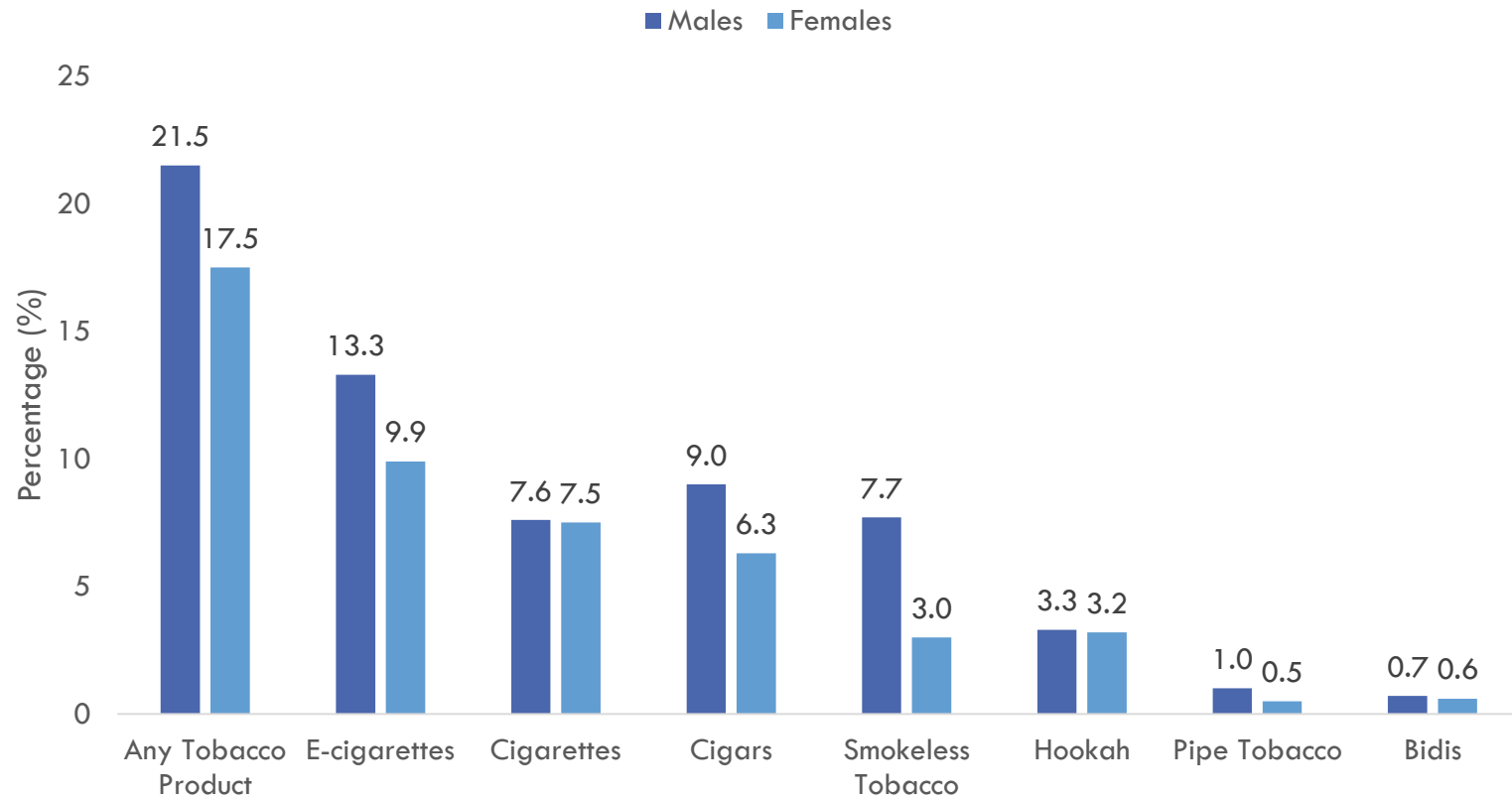


Prevalence of current (past 30-day) tobacco product use among U.S. middle and high school students – NYTS 2017



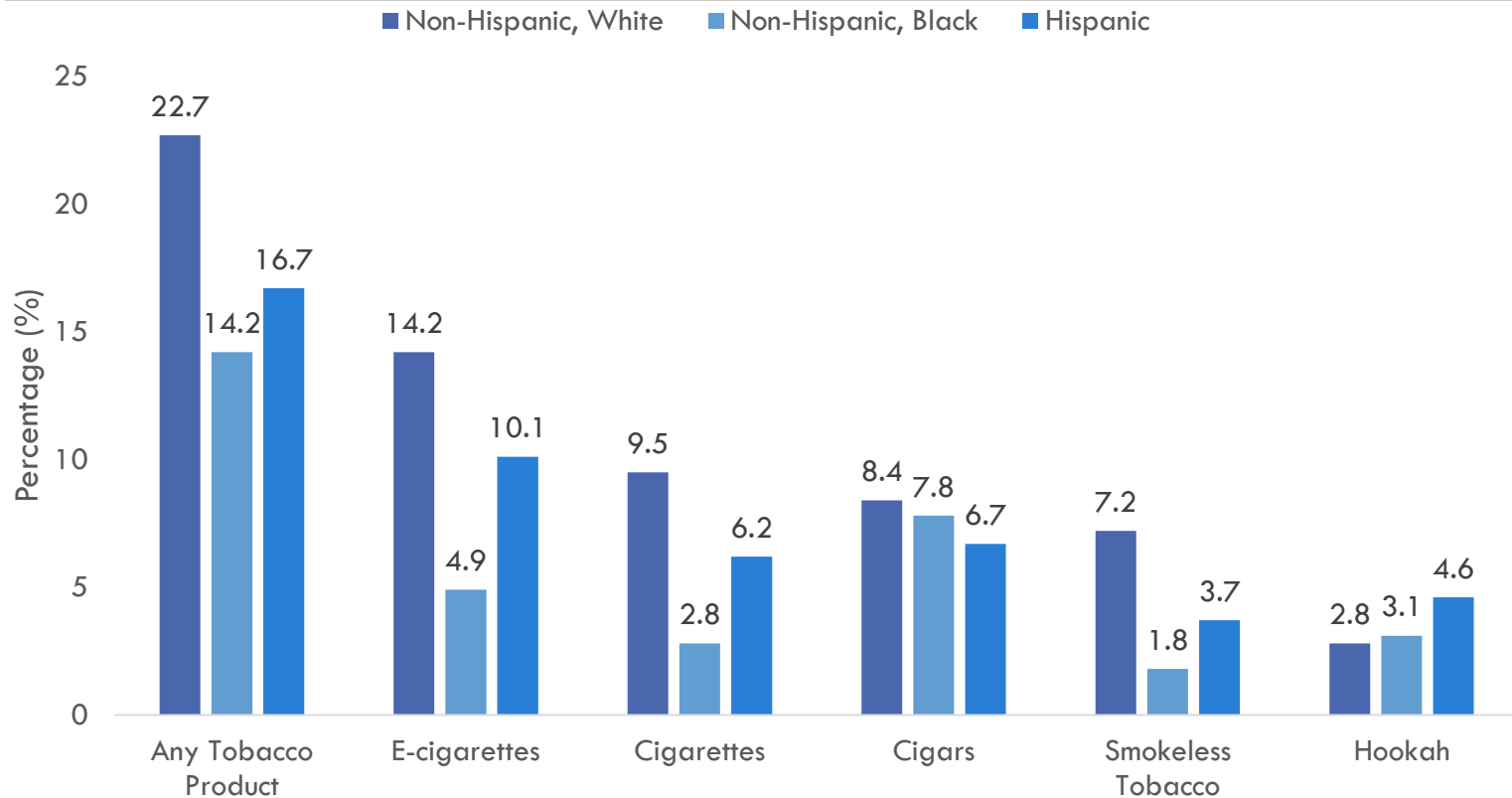


Prevalence of current (past 30-day) tobacco product use among U.S. high school students, by sex – NYTS 2017





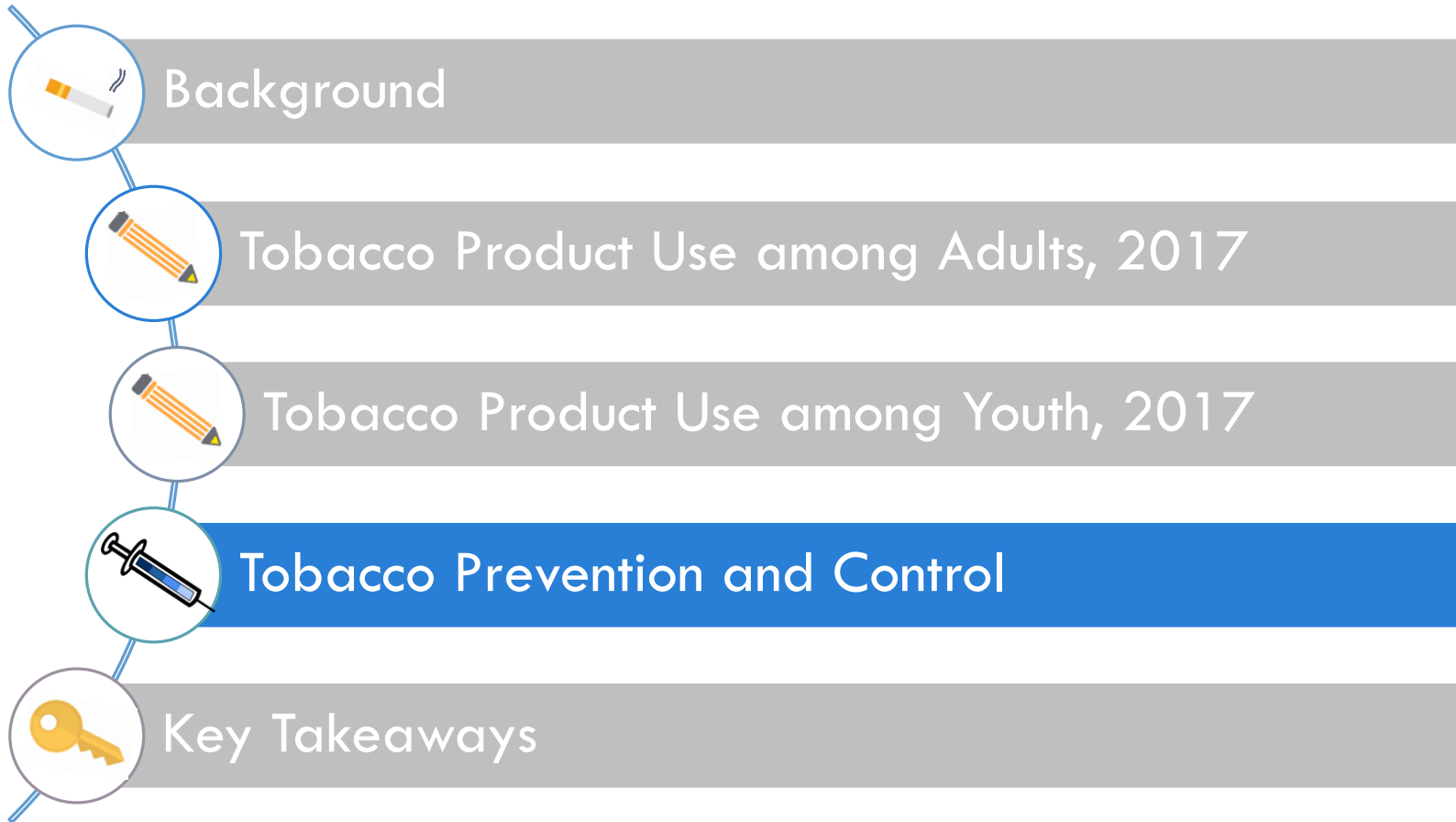
Prevalence of current (past 30-day) tobacco product use* among U.S. high school students, by race/ethnicity† – NYTS 2017



* Pipe tobacco and Bidis are omitted due to statistically unreliable data (sample size <50 or relatively standard error >0.3) in stratified analyses.

† Non-Hispanic, Other respondents are omitted due to statistically unreliable data (sample size <50 or relative standard error >0.3) in stratified analyses.

Overview



The Landscape is Evolving.....

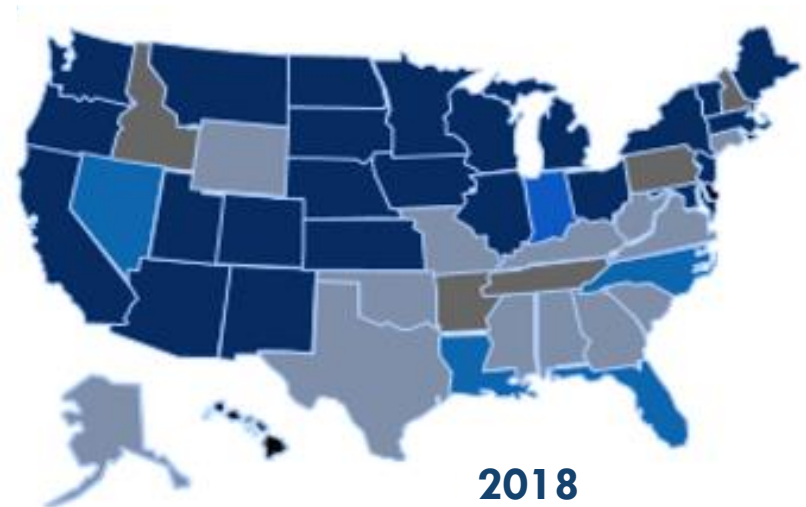


..... So Must We.

“Tobacco Control Vaccine”

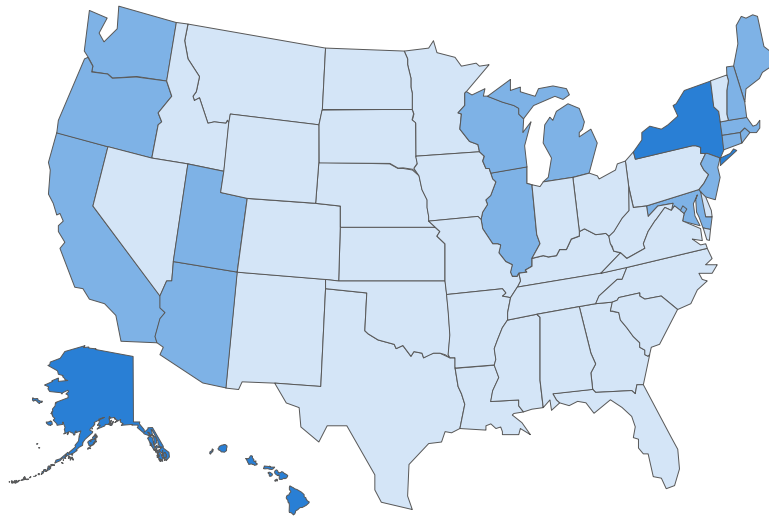


Comprehensive Smoke-Free Laws: United States 2000-2018

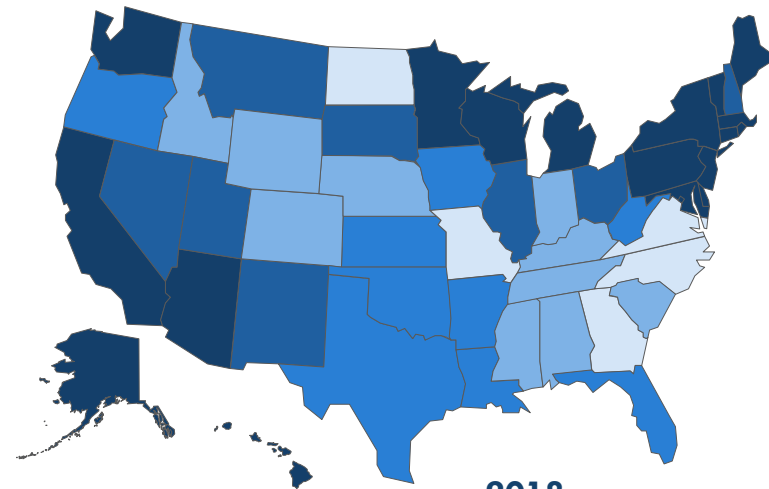


Source: CDC STATE System

Cigarette Excise Taxes United States 2000-2018



2000

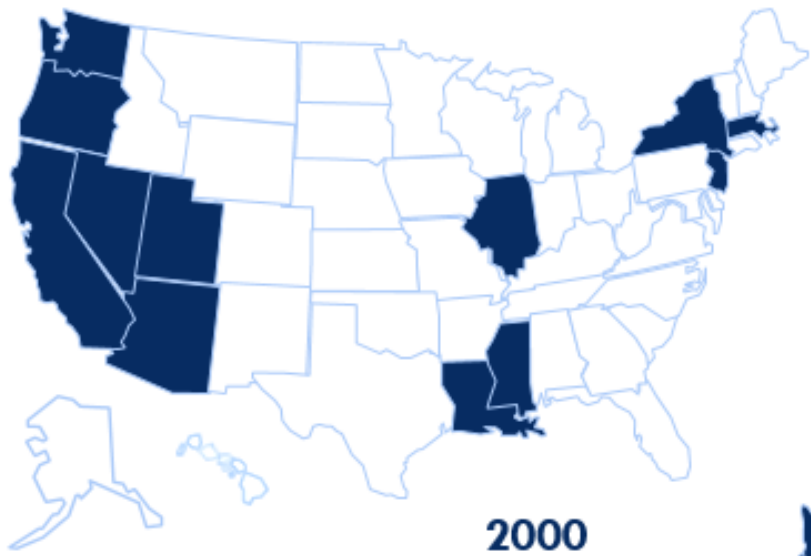


2018

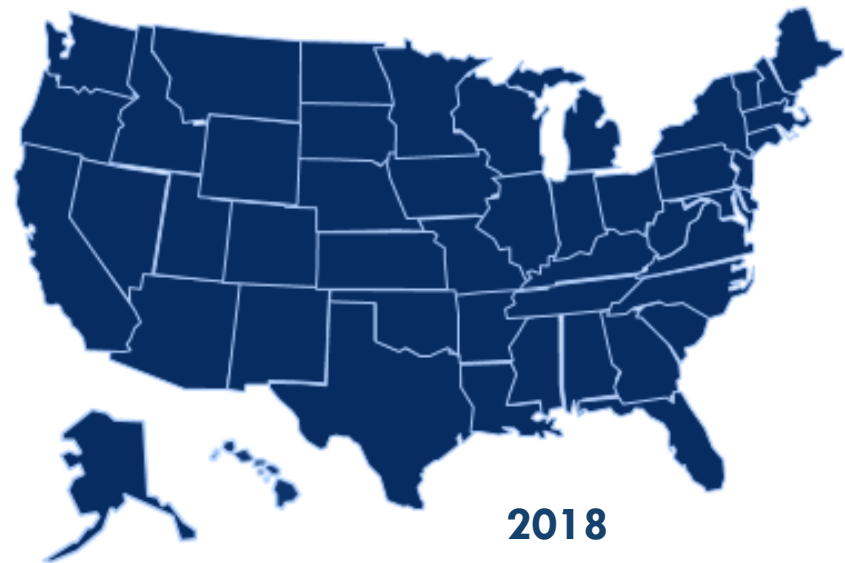


Source: CDC STATE System

Tobacco Quitlines: United States 2000-2018



-  No State Tobacco Quitline
-  State Tobacco Quitline



Source: North American Quitline Consortium

National Media Campaigns: Tips[®], Truth[®], The Real Cost

A TIP FROM A FORMER SMOKER

Be prepared. Your lung cancer can spread to your brain.

Rose, age 59, Texas

Smoking caused Rose's lung cancer. She had to move from the small town she loved to get the treatment she needed, including chemo, radiation and having part of her lung removed. Recently, her cancer spread to her brain. You can quit.

CALL 1-800-QUIT-NOW.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
CDC.gov/tips

#CDCTips

CDC

VIDEOS

IT'S NOT A GOINCIDENCE

Black neighborhoods have more tobacco ads than other neighborhoods.

[CHECK IT OUT](#) →

Truth
Initiative[®]

GIVE ME YOUR MONEY, KID

You wouldn't take it from a tiny bully, but when you're hooked on tobacco, you're taking it from a cigarette.

Find out how tobacco can control you.
TheRealCost.gov

THE REAL COST

FDA



Takeaways

- 1 Tobacco use is the leading cause of preventable disease, disability, and death in the United States.
- 2 Cigarette smoking is down, but very large disparities in tobacco-related burdens exist across certain groups, such as AI/AN, low SES, those with mental illness, and among LGB populations.
- 3 It is important for surveillance systems to have robust sample sizes and appropriate questions to effectively assess tobacco use among these sub-populations.
- 4 The sustained implementation of population-based strategies, in coordination with the regulation of tobacco products, are critical to reducing tobacco use and youth initiation.

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www.cdc.gov/tobacco



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

