

Sustaining State Programs



for Tobacco Control

D A T A H I G H L I G H T S
2 0 0 4



back of front cover

Sustaining State Programs for Tobacco Control

Data Highlights 2004

For further information, please contact

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health
4770 Buford Highway N.E. • Mailstop K-50 • Atlanta, GA 30341-3717
Telephone 770/488-5705 press 3 for a Specialist
www.cdc.gov/tobacco/sustaining_states
e-mail: tobaccoinfo@cdc.gov

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

Table of Contents

Why is Tobacco Control and Prevention Important?	5
What is the Purpose of This Document?.....	5
Table 1: Prevalence, Smoking Attributable Deaths, Try to Quit, Projected Deaths.....	6
Table 2: Smoking Prevalence Among Adult Population Groups	8
Table 3: Secondhand Smoke Policies, Costs of Smoking	10
Sample Messages for Data Measures	12
Data Sources and Definitions.....	13
Adults.....	13
All	13
Youth.....	14
Smoking Prevalence Among Adult Population Groups	15
Percent of People Protected by Non-Smoking Policies	15
Cigarette Price Per Pack, Medical and Productivity Costs Per Pack, and Cigarette Consumption	15
Medicaid Costs.....	16
References.....	17

Why is Tobacco Control and Prevention Important?

- Tobacco use is the single most preventable cause of death and disease, causing approximately 440,000 deaths annually in the United States.¹ Smoking is a major risk factor for cancer, heart, and lung disease.² For every one person who dies of a smoking-attributable disease, there are 20 more people who are suffering with at least one serious illness from smoking.³
- Cigarette smoking among adults declined by almost 50 percent since 1965; however, 46.2 million adults in this country – or more than one in five Americans – are current cigarette smokers. Seventy percent of smokers, or 32 million people, want to quit, but fewer than five percent of smokers who try to quit are able to stay tobacco free for 3-12 months.⁴
- Since 1997 there has been a reverse to the rapid rise in smoking among youth that occurred in the early to mid 90's and youth smoking prevalence is at its lowest since monitoring began in 1976. Although about one in four U.S. high school students still smoke cigarettes, there has been a significant downward trend among this group since 1997. If teen smoking continues to decline at the current rate, the U.S. could reach the national health objective for high school students (16 percent) by 2010. However, every day an estimated 4,400 young people try cigarettes for the first time.⁵
- *Healthy People 2010* objectives strive to eliminate health disparities and reduce the burden of disease among all population groups. Health disparities exist within specific segments of the population and may be associated with gender, race or ethnicity, education or income, age, geographic location, or sexual orientation. Disparities clearly exist among population groups related to tobacco use; however, approaches to eliminate those disparities are still being developed.⁶ The first step in eliminating these disparities is to identify which groups are experiencing a higher burden of disease, an increase in tobacco use, or difficulty in accessing tobacco control programs.
- Many people experience decreased quality of life due to the adverse health consequences of tobacco use and society will ultimately bear substantial direct and indirect economic costs from these diseases. Direct medical expenditures attributed to smoking have risen since the early 1990s and now total more than \$75 billion per year. In addition to direct medical expenditures, smoking results in 5.6 million years of potential life lost and \$82 billion in lost productivity.⁷ As states struggle to curb Medicaid costs, it is important to note that about 14% of all Medicaid expenditures are related to smoking.⁸ Future changes in the direction of smoking-attributable costs will depend on investment in tobacco control. Without comprehensive, sustained efforts to reduce rates of tobacco use, health care costs related to tobacco will continue to increase.⁹
- We have the ability to dramatically reduce the health and economic burden of tobacco use by implementing proven strategies. Achieving this goal will require collaboration among state decision makers, public health officials, business leaders and community members. Data from California and Massachusetts have shown that investment in comprehensive tobacco control programs can produce substantial reductions in tobacco use.⁹ The goal of comprehensive tobacco control programs is to reduce disease, disability, and death related to tobacco use by:¹⁰
 - Preventing the initiation of tobacco use among young people.
 - Promoting quitting among young people and adults.
 - Eliminating nonsmokers' exposure to secondhand smoke.
 - Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

What is the Purpose of This Document?

Many states are experiencing decreased funding for tobacco control. In partial response to this, we have prepared the following data tables to help you emphasize why comprehensive tobacco control is important. In addition to providing data around the four major goal areas, we have also included sample statements on how to interpret and cite these statistics. There are a broad range of measures that reflect the impact of tobacco use, particularly among disparate populations.

Table 1: Prevalence, Smoking Attributable Deaths, Try to Quit, Projected Deaths

State	Adults			All	Youth			
	Prevalence of smoking (%)	Number of smokers	Try to quit (%)	Smoking-attributable deaths	Prevalence of smoking (%) <i>(Grades 9-12)</i>	Number of smokers <i>(Grades 9-12)</i>	Projected to start Smoking	Projected to die from smoking
Alabama	24.4	813,428	50.9	7,608	25.5	49,145	330,140	105,645
Alaska	29.4	129,205	49.5	459	36.5	10,613	67,927	21,737
Arizona	23.5	929,388	50.5	7,112	NA	NA	412,191	131,901
Arkansas	26.3	529,406	51.9	4,914	34.7	44,029	226,970	72,630
California	16.4	4,169,121	62.3	38,302	21.6	NA	1,795,009	574,403
Colorado	20.4	678,339	51.2	4,298	25.4	48,784	311,723	99,751
Connecticut	19.5	495,344	59.3	4,824	22.0	37,743	227,291	72,733
Delaware	24.7	148,322	50.4	1,211	25.9	8,328	59,926	19,176
D.C.	20.4	91,757	58.9	726	14.7	1,921	22,470	7,191
Florida	22.1	2,805,914	48.0	28,755	17.8	113,998	927,863	296,916
Georgia	23.3	1,436,948	55.4	10,763	23.7	90,894	585,948	187,503
Hawaii	21.1	195,437	42.4	1,095	24.5	11,973	85,729	27,433
Idaho	20.6	195,497	53.2	1,510	19.1	13,694	94,129	30,121
Illinois	22.9	2,104,988	50.1	18,522	29.2	161,154	934,048	298,895
Indiana	27.7	1,253,290	52.4	10,316	31.6	86,393	571,437	182,860
Iowa	23.1	505,574	46.6	4,626	26.7	41,880	206,202	65,985
Kansas	22.1	434,233	44.2	4,774	21.1	28,144	188,060	60,179
Kentucky	32.6	994,540	45.6	7,809	34.2	57,531	342,918	109,734
Louisiana	23.9	773,102	53.4	6,441	36.4	79,012	337,443	107,982
Maine	23.6	231,932	56.7	2,143	24.8	15,629	91,252	29,201
Maryland	22.0	869,487	52.3	6,837	19.3 public	44,673	351,053	112,337
Massachusetts	19.0	918,533	56.0	9,016	20.7	54,321	356,762	114,164
Michigan	24.2	1,783,414	56.1	14,800	25.7	111,250	811,175	259,576
Minnesota	21.7	799,865	53.1	5,633	32.4	80,672	385,404	123,329
Mississippi	27.4	569,432	53.9	4,980	23.1	28,163	255,307	81,698
Missouri	26.6	1,109,136	44.5	10,303	30.3	77,447	461,721	147,751

NA: not available. Survey data and/or weighted sample not available.

Table 1: Prevalence, Smoking Attributable Deaths, Try to Quit, Projected Deaths

State	Adults			All Smoking-attributable deaths	Youth			
	Prevalence of smoking (%)	Number of smokers	Try to quit (%)		Prevalence of smoking (%) <i>(Grades 9-12)</i>	Number of smokers <i>(Grades 9-12)</i>	Projected to start Smoking	Projected to die from smoking
Montana	21.3	142,632	45.0	1,439	28.5	13,074	56,351	18,032
Nebraska	22.8	287,749	52.2	2,452	28.2	24,604	119,954	38,385
Nevada	26.0	418,824	49.5	3,359	25.2	21,553	181,912	58,212
New Hampshire	23.2	218,666	56.7	1,698	25.3	14,895	103,551	33,136
New Jersey	19.1	1,209,280	55.2	10,776	29.4	89,584	548,654	175,569
New Mexico	21.2	281,080	50.0	2,117	30.1	21,669	135,587	43,388
New York	22.4	3,171,022	58.0	24,605	21.7	173,398	1,325,387	424,124
North Carolina	26.4	1,631,113	53.2	11,556	27.8	86,629	648,581	207,546
North Dakota	21.5	102,205	47.1	860	35.3	12,990	39,771	12,727
Ohio	26.6	2,237,373	46.7	19,003	25.7	159,655	968,231	309,834
Oklahoma	26.7	684,063	48.1	5,800	24.0	41,636	283,994	90,878
Oregon	22.4	586,865	52.5	4,991	NA	NA	253,197	81,023
Pennsylvania	24.6	2,283,960	49.8	19,843	27.6	116,876	936,921	299,815
Rhode Island	22.5	180,955	61.7	1,714	24.8	10,337	71,368	22,838
South Carolina	26.6	810,416	53.6	6,013	36.0	62,445	306,674	98,136
South Dakota	22.6	124,817	52.0	1,079	33.1	13,393	60,429	19,337
Tennessee	27.8	1,202,829	48.1	9,662	32.4	78,770	401,031	128,330
Texas	22.9	3,516,691	47.5	24,203	28.4	297,264	1,514,595	484,670
Utah	12.7	197,289	66.2	1,229	8.3	11,667	95,472	30,551
Vermont	21.2	98,203	51.8	828	23.7	7,389	43,966	14,069
Virginia	24.6	1,333,831	50.5	9,177	NA	NA	514,249	164,560
Washington	21.5	960,908	52.7	7,780	NA	NA	439,026	140,488
West Virginia	28.4	396,502	43.5	3,850	33.7	26,630	153,139	49,004
Wisconsin	23.4	940,213	51.7	7,877	27.1	75,068	449,456	143,826
Wyoming	23.7	86,570	53.9	739	28.4	8,343	35,015	11,205
Median, Total, National	23.1	48,069,688	52.0	442,398	22.9	3,109,506	20,126,608	6,440,514

NA: not available. Survey data and/or weighted sample not available.

Table 2: Smoking Prevalence Among Adult Population Groups

State	Race/Ethnicity (%)					Education (%)			Household Income (%)		Age (%)		
	White	African American	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	< 12 years	12 years	>12 years	<35K	35K+	18-29	30-44	45+
Alabama	24.3	20.8	31.8	NA	39.1	31.6	25.5	17.9	29.7	19.7	31.4	26.6	20.0
Alaska	23.9	21.0	33.4	17.7	43.1	44.9	40.2	19.6	41.4	23.1	39.4	28.9	24.2
Arizona	24.3	16.5	15.9	36.8	15.8	36.4	27.1	19.1	25.3	21.1	28.8	24.6	20.1
Arkansas	26.3	21.2	22.3	NA	44.7	32.9	30.4	19.0	33.5	19.7	34.4	29.7	21.0
California	17.2	20.7	16.2	11.2	31.9	17.5	22.9	14.0	20.8	14.1	17.8	19.9	13.2
Colorado	20.8	22.8	22.1	15.9	NA	32.7	28.0	15.0	27.2	16.8	24.6	22.8	16.4
Connecticut	20.0	19.2	21.8	14.0	45.5	27.5	22.4	15.7	27.8	17.3	26.9	21.6	15.4
Delaware	25.5	24.3	21.7	7.7	NA	29.0	30.4	17.7	32.6	21.7	33.1	27.7	19.1
D.C.	15.2	23.7	21.0	20.5	NA	32.2	28.6	17.6	27.4	16.1	17.1	26.4	18.6
Florida	23.9	17.8	18.0	19.0	37.0	29.9	26.7	18.2	24.6	21.8	22.1	28.6	18.7
Georgia	25.0	19.9	20.4	11.7	46.1	34.1	28.9	17.0	29.4	20.0	25.5	23.5	21.9
Hawaii	20.0	17.7	21.4	17.7	NA	19.4	27.7	15.4	25.2	15.1	29.4	21.2	17.1
Idaho	19.5	NA	21.8	16.6	41.3	33.5	26.8	14.4	25.8	15.3	26.0	24.1	15.7
Illinois	23.2	24.9	20.5	15.5	54.8	29.1	27.4	18.1	29.1	20.5	26.7	24.4	20.0
Indiana	27.4	27.2	26.5	22.6	46.8	42.4	31.3	19.0	34.7	23.4	36.3	31.9	21.1
Iowa	22.2	43.9	28.4	NA	NA	33.2	26.6	17.0	28.7	20.1	30.4	28.3	17.2
Kansas	21.9	23.0	20.6	26.2	33.9	32.8	27.0	16.6	26.1	19.5	28.1	23.0	18.8
Kentucky	31.4	36.4	37.5	NA	54.0	45.6	34.6	22.5	41.1	26.8	38.1	37.8	26.8
Louisiana	25.3	22.0	24.4	19.2	42.5	32.5	25.1	18.7	28.4	19.5	28.4	26.4	20.1
Maine	23.8	NA	26.9	NA	35.2	34.6	26.2	17.4	29.4	18.7	35.0	30.2	15.9
Maryland	21.0	24.3	20.0	11.4	32.7	39.4	27.3	15.9	30.3	19.1	29.4	24.4	17.2
Massachusetts	19.5	19.5	18.0	11.8	29.2	27.7	25.9	14.1	24.1	16.7	23.8	22.1	15.0
Michigan	24.5	27.1	29.9	8.7	36.6	33.9	30.2	17.7	31.7	20.9	30.2	28.7	18.7
Minnesota	21.5	28.6	26.5	20.0	57.8	35.1	26.5	16.7	29.1	18.5	30.6	23.5	16.4
Mississippi	27.9	22.8	26.5	NA	NA	34.2	26.9	21.7	33.1	20.8	36.3	30.5	21.0
Missouri	25.5	30.5	26.3	12.4	48.1	34.8	30.9	21.0	33.6	22.0	32.1	34.0	19.7

NA: Not available. Data are shown only for demographic groups with at least 50 respondents.

Table 2: Smoking Prevalence Among Adult Population Groups

State	Race/Ethnicity (%)					Education (%)			Household Income (%)		Age (%)		
	White	African American	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	< 12 years	12 years	>12 years	<35K	35K+	18-29	30-44	45+
Montana	20.5	NA	23.3	NA	44.1	38.0	25.7	15.8	27.7	15.6	24.6	23.4	18.9
Nebraska	21.3	27.5	22.3	8.1	NA	27.0	25.6	18.4	29.0	18.9	29.6	24.5	18.6
Nevada	26.0	28.8	21.7	21.2	34.6	27.7	29.1	21.7	32.2	23.0	34.3	25.6	22.3
New Hampshire	23.6	NA	28.1	13.9	35.3	37.7	31.4	15.7	32.6	19.7	32.2	24.8	18.7
New Jersey	21.5	19.3	17.4	10.6	19.9	26.5	24.2	14.7	21.6	18.1	26.3	18.9	16.3
New Mexico	21.8	22.0	23.9	18.9	17.6	28.5	23.2	16.8	27.5	14.6	26.7	21.5	18.6
New York	24.1	19.2	21.8	13.7	37.9	29.1	27.3	16.9	27.4	20.5	26.5	26.7	17.9
North Carolina	27.3	21.8	24.2	17.1	35.4	30.6	30.8	18.9	32.4	21.6	32.5	30.2	20.8
North Dakota	20.5	NA	28.3	NA	49.6	23.8	25.1	18.1	26.2	18.4	25.7	25.3	17.4
Ohio	27.2	23.3	22.3	19.3	55.8	41.9	30.7	19.5	32.4	23.1	33.4	31.8	20.5
Oklahoma	27.5	25.0	22.5	19.8	39.9	33.3	31.4	20.2	33.3	21.2	31.7	31.3	21.6
Oregon	21.1	NA	19.3	15.6	31.5	31.6	27.1	15.9	31.4	15.4	30.2	25.3	17.3
Pennsylvania	23.4	32.5	28.8	33.5	27.2	34.3	28.1	17.5	30.9	20.8	32.7	30.6	18.2
Rhode Island	23.1	25.2	16.8	33.2	57.6	29.4	27.8	15.8	27.8	20.5	28.7	28.0	16.4
South Carolina	27.1	22.5	34.0	NA	47.5	40.7	28.8	20.1	33.3	22.1	33.2	29.4	21.9
South Dakota	21.1	NA	26.7	NA	43.7	29.7	25.0	16.3	28.1	19.4	32.3	25.7	16.4
Tennessee	26.9	22.9	15.5	NA	NA	38.0	31.9	20.8	34.5	24.0	29.9	33.6	23.3
Texas	23.8	21.7	20.4	7.8	49.3	24.9	29.2	18.8	28.3	19.0	24.4	24.4	20.9
Utah	12.5	NA	15.8	13.0	19.2	38.6	19.6	8.5	17.1	10.2	12.5	15.3	11.0
Vermont	21.2	NA	26.9	NA	51.5	35.8	26.0	13.9	28.9	17.0	32.0	24.5	15.2
Virginia	23.3	20.2	24.8	27.6	NA	34.4	31.0	18.2	29.9	21.7	32.5	28.6	18.1
Washington	21.4	19.7	20.9	17.8	35.9	36.9	25.8	16.3	27.9	18.2	28.7	22.5	17.5
West Virginia	28.0	17.7	44.2	NA	NA	34.2	29.1	21.6	34.4	22.1	39.9	33.6	21.5
Wisconsin	22.9	26.9	26.0	7.6	39.5	32.1	26.3	16.8	30.1	19.7	35.0	26.0	16.7
Wyoming	21.6	NA	30.6	NA	53.0	38.8	28.8	17.8	29.7	18.6	29.2	27.3	19.1
Median	23.3	22.8	22.3	16.6	39.9	33.2	27.3	17.6	29.1	19.7	29.9	26.0	18.7

NA: Not available. Data are shown only for demographic groups with at least 50 respondents.

Table 3: Secondhand Smoke Policies, Costs of Smoking

State	Policies		Costs of Smoking				
	People Protected by Non-Smoking Policies		Cigarette Price Per Pack, Medical and Productivity Costs Per Pack, and Cigarette Consumption			Medicaid Costs	
	Worksite (%)	Home (%)	Cigarette Price Per Pack	Smoking Attributable Medical and Productivity Costs Per Pack	Cigarette Consumption (Pack Sales)	Smoking-Attributable Medicaid Costs Per Pack	Smoking-Attributable Medicaid Costs Per Capita
Alabama	63.9	58.1	\$3.28	\$8.71	84.80	\$0.58	\$64.93
Alaska	73.6	61.5	\$4.59	\$7.30	63.70	\$1.75	\$156.82
Arizona	68.7	71.5	\$3.85	\$9.40	52.00	\$1.06	\$73.22
Arkansas	63.5	53.2	\$3.52	\$8.34	87.20	\$0.95	\$109.69
California	77.6	74.3	\$4.08	\$13.38	35.80	\$2.21	\$106.18
Colorado	72.8	67.0	\$3.26	\$7.29	66.20	\$1.00	\$87.54
Connecticut	73.8	61.0	\$4.32	\$10.73	66.40	\$1.74	\$153.18
Delaware	70.8	55.4	\$3.23	\$4.76	142.40	\$0.64	\$118.41
D.C.	74.6	57.1	\$3.81	\$17.82	44.40	\$2.83	\$156.85
Florida	69.0	66.8	\$3.39	\$9.15	77.90	\$0.90	\$89.73
Georgia	66.6	62.2	\$3.16	\$7.54	79.50	\$0.74	\$78.56
Hawaii	72.2	64.7	\$4.54	\$9.47	51.10	\$1.71	\$113.07
Idaho	71.4	71.8	\$3.18	\$7.01	63.30	\$0.92	\$78.99
Illinois	67.5	54.6	\$4.04	\$9.03	70.90	\$1.63	\$154.75
Indiana	58.3	50.1	\$3.57	\$5.73	121.40	\$0.60	\$98.22
Iowa	69.9	54.5	\$3.31	\$7.31	85.40	\$1.11	\$123.83
Kansas	73.4	59.6	\$3.73	\$7.92	77.50	\$0.86	\$89.38
Kentucky	57.1	39.7	\$2.98	\$5.88	140.80	\$0.78	\$141.80
Louisiana	64.2	56.7	\$3.33	\$7.27	97.00	\$1.41	\$185.34
Maine	75.3	55.4	\$4.18	\$9.69	79.60	\$1.95	\$196.34
Maryland	81.7	64.9	\$4.01	\$11.58	56.00	\$1.46	\$107.61
Massachusetts	77.3	62.0	\$4.84	\$14.05	55.50	\$2.72	\$194.14
Michigan	61.0	53.5	\$4.35	\$8.72	78.10	\$1.33	\$138.94
Minnesota	74.3	63.4	\$3.52	\$8.52	71.00	\$1.21	\$113.66
Mississippi	61.5	54.4	\$3.19	\$7.88	91.50	\$0.93	\$115.12
Missouri	65.9	54.9	\$3.08	\$7.72	99.20	\$0.88	\$114.52

Table 3: Secondhand Smoke Policies, Costs of Smoking

State	Policies		Costs of Smoking				
	People Protected by Non-Smoking Policies		Cigarette Price Per Pack, Medical and Productivity Costs Per Pack, and Cigarette Consumption			Medicaid Costs	
	Worksite (%)	Home (%)	Cigarette Price Per Pack	Smoking Attributable Medical and Productivity Costs Per Pack	Cigarette Consumption (Pack Sales)	Smoking-Attributable Medicaid Costs Per Pack	Smoking-Attributable Medicaid Costs Per Capita
Montana	69.1	61.4	\$3.22	\$7.74	74.40	\$0.91	\$88.50
Nebraska	67.6	59.6	\$3.87	\$7.31	77.30	\$0.94	\$96.04
Nevada	48.9	64.5	\$3.31	\$7.75	82.20	\$0.65	\$70.74
New Hampshire	74.3	61.0	\$3.58	\$5.34	131.60	\$0.64	\$109.83
New Jersey	72.9	62.4	\$4.63	\$10.76	58.40	\$1.80	\$137.81
New Mexico	68.3	63.0	\$3.35	\$8.94	52.20	\$1.78	\$125.41
New York	72.6	58.8	\$5.68	\$14.97	46.50	\$5.70	\$346.42
North Carolina	60.9	52.1	\$3.07	\$6.59	98.50	\$0.88	\$113.23
North Dakota	65.8	58.2	\$3.60	\$9.17	68.50	\$1.01	\$89.57
Ohio	63.2	51.0	\$3.59	\$7.72	96.80	\$1.19	\$153.72
Oklahoma	67.3	54.2	\$3.21	\$7.11	102.00	\$0.57	\$76.54
Oregon	66.3	71.1	\$4.05	\$8.67	66.60	\$1.14	\$99.10
Pennsylvania	68.9	57.1	\$3.98	\$8.46	86.90	\$1.48	\$166.27
Rhode Island	72.3	61.8	\$4.42	\$9.75	74.70	\$2.09	\$198.87
South Carolina	64.4	60.6	\$3.11	\$7.09	97.50	\$0.91	\$115.78
South Dakota	60.0	57.0	\$3.41	\$7.99	75.40	\$0.93	\$93.88
Tennessee	63.4	52.9	\$3.27	\$7.79	103.40	\$1.06	\$142.60
Texas	66.4	65.9	\$3.53	\$9.11	58.30	\$1.20	\$95.19
Utah	84.4	81.7	\$3.81	\$6.43	40.10	\$1.05	\$59.60
Vermont	77.1	61.3	\$3.90	\$7.02	93.00	\$1.16	\$138.51
Virginia	70.5	58.4	\$3.08	\$6.29	92.10	\$0.56	\$66.96
Washington	73.9	68.8	\$4.77	\$12.70	45.00	\$2.22	\$131.55
West Virginia	63.5	42.5	\$3.05	\$7.78	110.70	\$1.06	\$149.47
Wisconsin	64.4	55.4	\$3.95	\$8.30	75.30	\$1.08	\$107.82
Wyoming	66.1	59.9	\$3.14	\$5.89	93.20	\$0.74	\$90.90
National	69.0	61.1	\$3.72	\$8.61	79.80	\$1.31	\$122.06

Sample Messages for Data Measures

Prevalence of smoking among adults and number of smoking adults:

- <X> percent or (<Y#>) adults in <State> smoke.

Number of projected deaths among smokers:

- Tobacco-related illnesses are the leading cause of preventable death in <State>, killing an estimated <X#> people annually.

Prevalence of smoking among youth and number of smoking youth (grades 9-12):

- Each day, approximately 4,400 youths in the United States aged 12-17 try their first cigarette and an estimated 2,000 become daily smokers. In <State> alone, <X> percent of all high school students (grades 9-12) are current smokers.

Number of youth projected to start smoking:

- <X#> youth under age 18 in <State> could become future smokers if current smoking patterns are not reduced.

Number of projected deaths among youth smokers:

- <X#> youth under age 18 in <State> could die prematurely from a smoking-related illness if current smoking patterns are not reduced.

Number of daily smokers who try to quit:

- Among those adults that smoke every day in <State>, <X> percent tried to quit.

Prevalence of smoking by:

- Race/Ethnicity*
 <Race3> have the highest smoking estimate (<X> percent) in <State> compared to <Race2> (<Y> percent) and <Race1> (<Z> percent).
- Education*
 <X> percent of <State> residents aged 25 and older with less than a high school degree currently smoke, compared to <X> percent with more than a high school degree.
- Household Income*
 <X> percent of <State> residents whose household income is less than \$35,000 per year currently smoke, compared to <Y> percent of <State residents> whose household income is \$35,000 or more.
- Age*
 In <State>, smoking estimates are highest among those aged <Age3> (<X> percent) and lowest among those aged <Age1> (<Z> percent).

Note: to determine if the above differences are statistically significant, tests of significance should be calculated.

People protected by non-smoking policies at worksite/home:

- In <State>, <X> percent of employees report that non-smoking policies protect them from exposure to second hand smoke in the worksite.
- <X> percent of residents in <State> reported they had a rule that smoking was not allowed in their home.

Economic impact of tobacco use:

- In 2002, each pack of cigarettes sold in <state> costs an estimated <x#2> in smoking-attributable direct medical expenses and lost productivity.
- In <State>, people consumed <X> packs of cigarettes in 2002.
- In <State>, smoking-attributable Medicaid costs per pack of cigarettes was <x #1> in 2002.
- In 2002, smoking attributable Medicaid costs in <State> was <x #1> per adult.

Data Sources and Definitions

Adults

Prevalence of Smoking

- Source of Data: Centers for Disease Control and Prevention (CDC). State-specific prevalence of current cigarette smoking among adults-United States, 2002. Morbidity & Mortality Weekly Report (MMWR), 2004; 52:1277-80.
- Current smokers are defined as adults aged 18+ who reported ever smoking at least 100 cigarettes and who currently smoke every day or some days.

For comparison purposes, the median for all states is presented.

Number of Smokers

- Source of Data: Behavioral Risk Factor Surveillance System (BRFSS) 2002 (unpublished data). Data are weighted to 2002 adult 18+ state population estimates generated from Claritas, a marketing information resources company.
- Current smokers are defined as adults aged 18+ who reported ever smoking at least 100 cigarettes and who currently smoke every day or some days.

For comparison purposes, the total for all states is presented.

Try to Quit

- Source of Data: CDC. State-specific prevalence of current cigarette smoking among adults-United States, 2002. MMWR 2004; 52:1277-80.
- Among current smokers who smoke every day, attempt to quit is defined as those who had stopped smoking for 1 day or longer.

For comparison purposes, the median for all states is presented.

All

Smoking-Attributable Deaths

- Source of Data: State Tobacco Activities Tracking and Evaluation (STATE). <http://www2.cdc.gov/nccdphp/osh/state/>.
- This data is for all persons in the state and comprised of the following three types of deaths: 1) smoking related disease for adults 35 years of age and older, 2) smoking related disease for infants, and 3) deaths from cigarette related fires.

For comparison purposes, the total number of deaths from the following source is presented: CDC. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs-United States, 1995-1999. MMWR, 2002; 51:300-3. This is comprised of the following four types of deaths: 1) smoking related disease for adults 35 years of age and older, 2) smoking related disease for infants, 3) deaths from cigarette related fires, and 4) secondhand smoke deaths.

Youth

Prevalence of Smoking (Grades 9-12), Number of Smokers (Grades 9-12)

- Source of Data: State specific data are from the Youth Tobacco Survey (YTS) or Youth Risk Behavior Surveillance System (YRBS), most recent year (unpublished and published data). Data from surveys included in this report had an overall response rate of at least 60%. Thus, the data were weighted and can be generalized to all high school students in the state.
- Current smokers are defined as those students who reported smoking cigarettes on 1 or more of the past 30 days preceding the survey. Estimates apply to youth in school in grades 9-12.

For comparison purposes for youth smoking prevalence, the national estimate from the 2002 National Youth Tobacco Survey (NYTS) is presented.

YTS 2002	YTS 2001	YRBS 2001	YTS 2000	YRBS (other years)
Alabama	Georgia	Arkansas	California	Alaska (1995)
Connecticut	New Hampshire	Idaho	Colorado	Louisiana (1997)
Delaware	Pennsylvania	Maine	Washington, DC	New Mexico (1991)
Florida		Michigan	Hawaii	South Carolina (1999)
Illinois		Missouri	Indiana	
Iowa		Montana	Minnesota	
Kansas		Nevada	Tennessee	
Kentucky		North Dakota		
Maryland		New Jersey		
Massachusetts		Rhode Island		
Mississippi		South Dakota		
Nebraska		Texas		
New York		Utah		
North Carolina		Vermont		
Ohio		Wyoming		
Oklahoma				
West Virginia				
Wisconsin				

- Source of Data: CDC. Tobacco Use Among Middle and High School Students-United States, 2002. MMWR, 2003; 52:1096-8.
- Current smokers are defined as those students who reported smoking cigarettes on 1 or more of the past 30 days preceding the survey. Estimates apply to youth in school in grades 9-12.

For comparison purposes for total number of smokers, the above referenced national prevalence estimate is multiplied against total school enrollment (grades 9,10,11,12) in the 2001-2002 academic year from the National Center for Education Statistics:

<http://nces.ed.gov/ccd/bat/index.asp>

Youth Projected to Start Smoking

- Source of Data: The average prevalence of smoking among adults aged 18-30 years for each state from the 2001-2002 BRFSS was used to estimate the future prevalence of smoking during early adulthood for the birth cohorts currently aged 0-17 years of age. The number of persons aged 0-17 years in each state was obtained from U.S. Census Bureau data (July 1, 2002 estimates). The following source also provides a more complete description of methodology: CDC. Projected Smoking-Related Deaths Among Youth-United States. MMWR, 1996; 45 (44):977-4.

For comparison purposes, the total for all states is presented.

Youth Projected to Die From Smoking

- Source of Data: This measure is calculated from the estimates of *Youth Projected to Start Smoking* as well as estimates of premature deaths attributable to smoking among continuing smokers and among those who quit after age 35. The following source also provides a more complete description of methodology: CDC. Projected Smoking-Related Deaths Among Youth-United States. MMWR, 1996; 45 (44):977-4.

For comparison purposes, the total for all states is presented.

Smoking Prevalence Among Adult Population Groups

Race/Ethnicity

- Source of Data: CDC. BRFSS 2001-2002 (unpublished data). Data are shown only for demographic groups with at least 50 respondents. Readers should interpret demographic group estimates with caution, because the number of respondents, particularly among racial/ethnic subgroups, may be small.

Education

- Source of Data: CDC. BRFSS, 2002 (unpublished data). Data on education are presented for persons aged 25 years or older.

Household Income, Age

- Source of Data: CDC. BRFSS, 2002 (unpublished data).

For comparison purposes, the median for all states is presented.

Note: there are a broad range of measures that reflect the impact of tobacco use. Although prevalence of current cigarette smoking is presented, it is only one of many measures used to identify tobacco-related disparities.

Percent of People Protected by Non-Smoking Policies

Worksite, Home

- Source of Data: Worksite and home data were calculated using Current Population Survey data from 1998-1999. For worksites, the data were collected from self-respondents 15 years and older who reported having a worksite policy stating that smoking was not allowed in indoor public or common areas and work areas. The following source also provides a more complete description of methodology: Shopland D, Gerlach K, Burns D, Hartman A, Gibson J. State specific trends in smoke-free workplace policy coverage: the current population survey tobacco use supplement, 1993 to 1999. *Journal of Occupational and Environmental Medicine* 2001; 43 (8): 680-6.
- For homes, data were collected from self-respondents 15 years and older who reported having a rule that smoking was not allowed anywhere in their home.

For comparison purposes, the prevalence for all states is presented.

Cigarette Price Per Pack, Medical and Productivity Costs Per Pack, and Cigarette Consumption

Cigarette Price Per Pack

- Source of Data: Orzechowski & Walker, Virginia. "Tax Burden on Tobacco Volume 37, 2002"

For comparison purposes, the state average is presented.

Smoking Attributable Medical and Productivity Costs Per Pack

- Source of Data: CDC. “Tobacco Control State Highlights 2002: Impact and Opportunity.”
- State cost per pack accounts for direct medical expenses and lost productivity expenses. Direct medical expenses are updated from 1998 to 2002 dollars, and lost productivity costs are updated from 1999 to 2002 dollars, using the Medical Consumer Price Index and the Wage Consumer Price Index.

For comparison purposes, the state average is presented.

Cigarette Consumption (Pack Sales)

- Source of Data: Orzechowski & Walker, Virginia. “Tax Burden on Tobacco Volume 37, 2002”
- Cigarette consumption is the quantity of cigarettes consumed per person in 2002. It is measured as total tax paid sales divided by the state’s total population using Census Bureau population numbers.

For comparison purposes, the national figure for 2002 is taken from Orzechowski & Walker (see above reference) and is calculated as the weighted average of all state estimates.

Medicaid Costs

Smoking-Attributable Medicaid Costs Per Pack, Smoking-Attributable Medicaid Costs Per Capita

- Source of Data: CDC. “Tobacco Control State Highlights 2002: Impact and Opportunity.”
- Smoking attributable Medicaid costs are updated from 1998 to 2002 dollars, using the Medical Consumer Price Index. 2002 Census Bureau state population numbers for adults 18+ used for per capita estimates.

For comparison purposes, the state average of data is presented.

References

1. CDC. Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States, 1995–1999. *MMWR* 2002;51:300–3.
www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm
2. US Department of Health and Human Services. *Women and smoking: a report of the Surgeon General*. Washington, DC: US Government Printing Office, 2001.
www.cdc.gov/tobacco/sgr/sgr_forwomen/index.htm
3. CDC. Cigarette smoking-attributable morbidity—United States, 2000. *MMWR* 2003;52:842–44.
www.cdc.gov/mmwr/preview/mmwrhtml/mm5235a4.htm
4. CDC. Cigarette smoking among adults—United States, 2001. *MMWR* 2003;52:953–6.
www.cdc.gov/mmwr/preview/mmwrhtml/mm5240a1.htm
5. CDC. Tobacco use among middle and high school students—United States, 2002. *MMWR* 2003;52:1096–8.
www.cdc.gov/mmwr/preview/mmwrhtml/mm5245a2.htm
6. U.S. Department of Health and Human Services. *Healthy People 2010*. Conference edition; two volumes. Washington, DC: U.S. Government Printing Office, 2000.
www.healthypeople.gov/Publications/
7. CDC. Cigarette smoking-attributable morbidity—United States, 2000. *MMWR* 2003;52:842–44.
www.cdc.gov/mmwr/preview/mmwrhtml/mm5235a4.htm
8. Miller L, Zhang X, Novotny T, Rice D, Max W. State estimates of Medicaid expenditures attributable to cigarette smoking, fiscal year 1993. *Public Health Reports* 1998;113:140–51.
9. Farrelly, M.C., Pechacek, T.F., Chaloupka, F.J., 2004. The impact of tobacco control program expenditures on aggregate cigarette sales: 1981–2000. *Journal of Health Economics* 22, 843–859.
10. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—August 1999*. Atlanta: 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, 1999.

back of page 17

front of back cover

