



Colorado Department
of Public Health
and Environment

BRIEF

HEALTH STATISTICS SECTION

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Who's Still Smoking in Colorado? Colorado Quit Rates Rank Below National Average

Tobacco use is the single leading cause of preventable illness and death in the United States. Each year, more than 430,000 Americans, including 4,700 Coloradans, die prematurely from smoking-related diseases. Today, nearly a quarter of U.S. adults and about a third of U.S. youths continue to smoke. In addition, smoking rates among young adults between the ages of 18-24 years have increased in recent years. The increases may be attributed to the aging of high school students whose smoking rates were high during the 1990s or the initiation of smoking among young adults. Disparities in smoking rates also exist among persons of different educational levels and racial and ethnic groups. Smoking prevalence is highest among persons with lower educational attainment (9-11 years) and among American Indians/Alaskan Natives.

Smoking rates have held steady in the past nine years, demonstrating the need for policy changes that encourage quitting and improve access to proven cessation interventions. Currently in the United States, more than 45.8 million non-institutionalized adults age 18 and older in the United States report smoking everyday or some days (22.5 percent), including 24.3 million men (24.8 percent) and 21.5 million women (20.3 percent).

During 1999, roughly 668 thousand (22.5 percent) adult smokers lived in Colorado. There was little difference in smoking behavior between men (22.8 percent) and women (22.1 percent) in Colorado (Figure 1). Smoking levels also did not vary substantially among age groups in Colorado, except for lower smoking levels among those age 65 years or older (Figure 2). Smoking was greatest among those with a high school education or less (Figure 3).

Master Tobacco Settlement Agreement in Colorado

Early in 2000, the Colorado legislature enacted Senate Bill 71 pursuant to the monies received by the state from the Master Settlement Agreement between the tobacco industry and the states' attorneys general. Under SB 71, approximately \$11.5 million were allocated for fiscal year 2000-2001 for tobacco education, prevention and cessation. Based on best practices identified by the Centers for Disease Prevention and Control and successful programs in other states, the State Tobacco Education and Prevention Partnership (STEPP) at the Colorado Department of Public Health and Environment is working to develop funding priorities for its *Comprehensive Tobacco Use Prevention and Reduction Plan for Colorado*. These efforts are being guided by input from a 23-member advisory board — representing all areas of the state, a wide range of expertise (public health, medical, education, mental health and research) and communities disproportionately affected by tobacco.

Research has shown that smoking cessation has major and immediate benefits for smokers of all ages. After one year of quitting cigarettes, the excess risk of heart disease from smoking is reduced by about half. After ten years, the risk of lung disease for former smokers is less than half that of a continuing smoker. In five to 15 years, the risk of stroke for former smokers returns to the level of individuals who have never smoked.

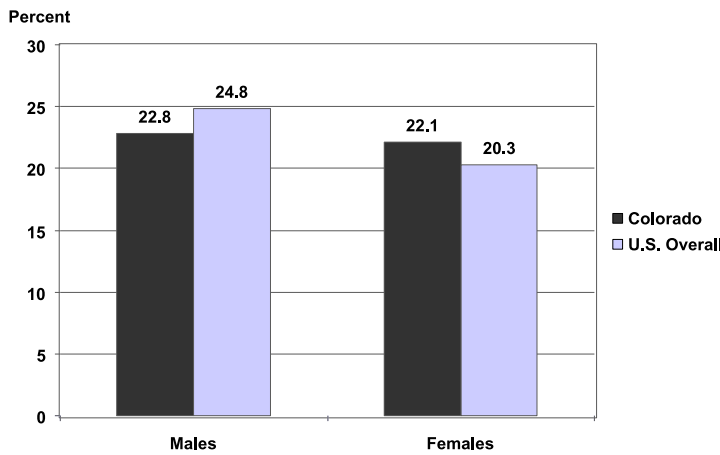
Quit Rates in Colorado

Nationwide, in 1999, 52.3 percent of every day smokers quit smoking for a day or longer, or roughly 18.6 million Americans. By gender, age group and educational level,

Colorado adult every day smokers were below national averages in quit attempts, with only 43.7 percent quitting for a day or longer (Figures 4, 5, 6). The lag among Colorado’s female every day smokers was even greater, with only 38.7 percent attempting to quit compared to 51 percent nationally (Figure 4).

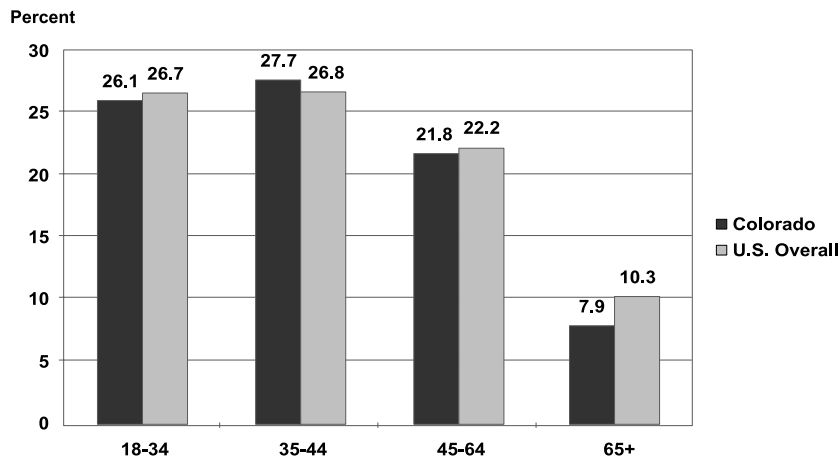
Several methods are available that can help smokers quit. Less intensive interventions, such as physicians advising their patients to quit smoking, can produce cessation rates of 5 to 10 percent per year. More intensive interventions that combine both behavioral counseling and pharmacological treatment can produce 20 to 25 percent quit rates in one year.

Figure 1 Prevalence of current cigarette smoking* among adults in Colorado, by sex Behavioral Risk Factor Surveillance System, 1999



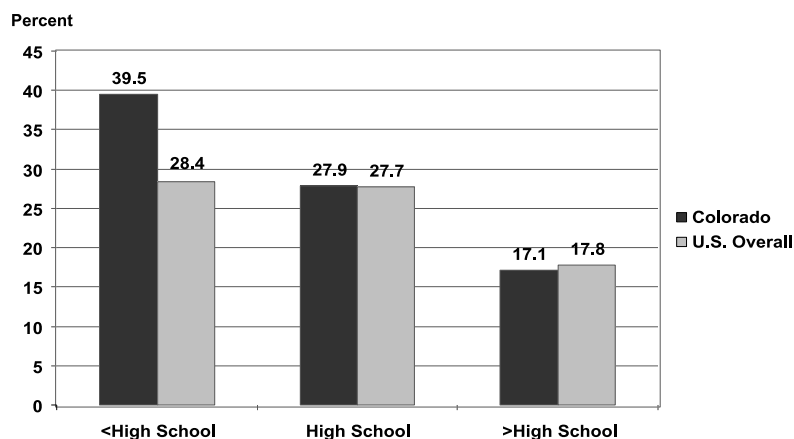
Weighted to provide estimates representative of the non-institutionalized adult population. * Persons age 18 years or older who reported having smoked 100 or more cigarettes and who reported smoking every day or some days.

Figure 2 Prevalence of current cigarette smoking* among adults in Colorado, by age Behavioral Risk Factor Surveillance System, 1999



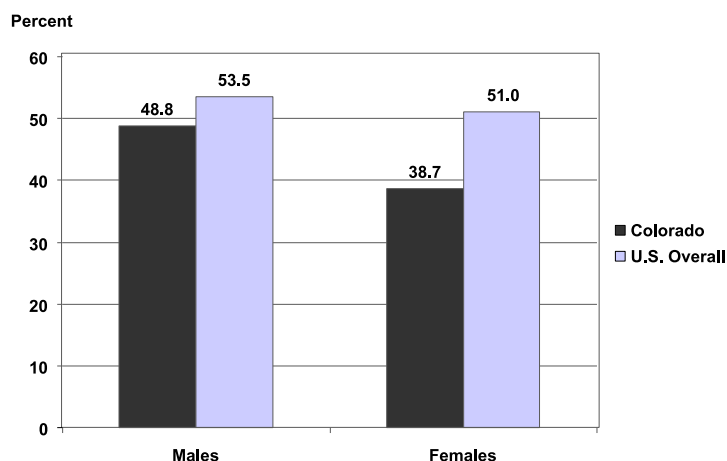
Weighted to provide estimates representative of the non-institutionalized adult population. * Persons age 18 years or older who reported having smoked 100 or more cigarettes and who reported smoking every day or some days.

Figure 3 Prevalence of current cigarette smoking* among adults in Colorado, by education
Behavioral Risk Factor Surveillance System, 1999



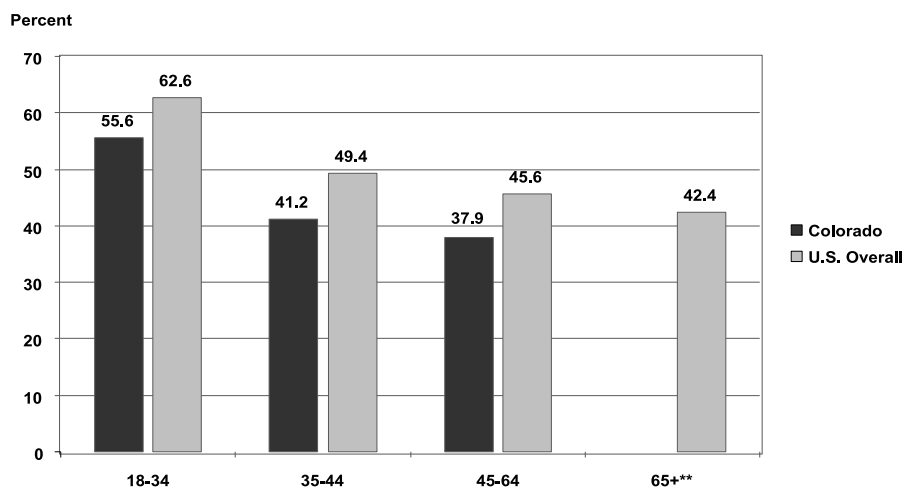
Weighted to provide estimates representative of the non-institutionalized adult population. * Persons age 18 years or older who reported having smoked 100 or more cigarettes and who reported smoking every day or some days.

Figure 4 Prevalence of adult smokers who quit for one day or longer in the past year* in Colorado, by sex
Behavioral Risk Factor Surveillance System, 1999



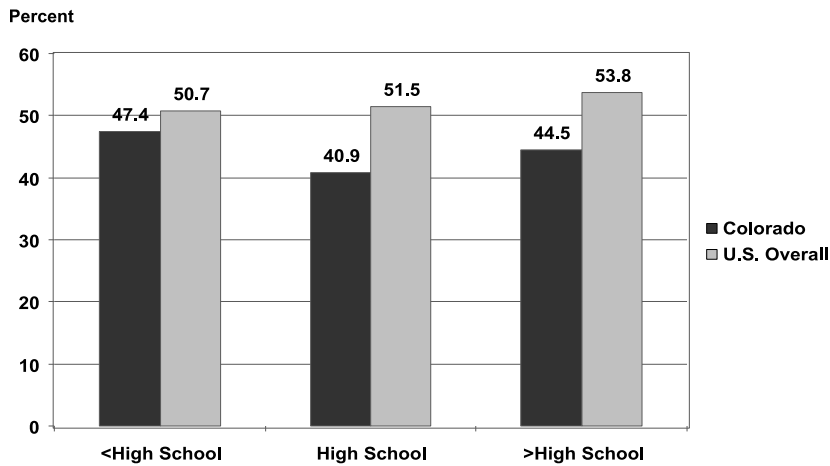
Weighted to provide estimates representative of the non-institutionalized adult population. * Persons age 18 years or older who reported having smoked 100 or more cigarettes and who reported smoking every day.

Figure 5 Prevalence of adult smokers who quit for one day or longer in the past year* in Colorado, by age
Behavioral Risk Factor Surveillance System, 1999



Weighted to provide estimates representative of the non-institutionalized adult population. * Persons age 18 years or older who reported having smoked 100 or more cigarettes and who reported smoking every day. **Estimates that had fewer than 50 respondents in a category are considered unstable and are not shown.

Figure 6 Prevalence of adult smokers who quit for one day or longer in the past year* in Colorado, by education Behavioral Risk Factor Surveillance System, 1999



Weighted to provide estimates representative of the non-institutionalized adult population. * Persons age 18 years or older who reported having smoked 100 or more cigarettes and who reported smoking every day.

Healthy People 2010 identifies tobacco-related objectives as key for improving the nation’s health. The plan targets the reduction of adult tobacco use from 24 percent in 1997 to 12 percent by 2010. In addition, it strives to increase smoking cessation attempts by adult smokers from 43 percent in 1997 to 75 percent by 2010. Smoking rates among adults could be substantially reduced within the decade if the nation would fully implement tobacco prevention and control approaches proven to be effective. Comprehensive programs have been shown to be effective in reducing average cigarette consumption per person. Such population-

based approaches emphasize prevention of initiation, reduction of exposure to environmental tobacco smoke, and systems changes to promote smoking cessation.

For more information on tobacco use prevention and control nationwide, visit the Web page for the Tobacco Information and Prevention Source of the CDC's Office on Smoking and Health at www.cdc.gov/tobacco. For more information on Colorado’s efforts in this area, visit the State Tobacco Education and Prevention Partnership website at www.cdphe.state.co.us/pp/tobacco.

References

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- U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta (GA): CDC; 2000. www.cdc.gov/tobacco/sgr_tobacco_use.htm.