

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey of adults developed by the Centers for Disease Control and Prevention and conducted in all 50 states, the District of Columbia, and several US Territories. The New York BRFSS is administered by the New York State Department of Health to provide statewide and regional information on behaviors, risk factors, and use of preventive health services related to the leading causes of chronic and infectious diseases, disability, injury, and death.

Cigarette Smoking New York State Adults, 2020

Introduction and Key Findings

Annually, it is estimated that cigarette smoking causes more than 480,000 deaths in the United States (US).¹ In NYS, smoking and secondhand smoke kill over 22,000 people each year.² In 2020, the novel coronavirus (SARS-CoV-2 or COVID-19) was among the top three leading causes of death in the US.³ Adults of any age who currently smoke or who are former smokers, as well as those living with certain underlying medical conditions that are often caused by smoking, such as cancer and COPD, are at increased risk of severe illness from COVID-19. Smoking harms nearly every organ of the body, causes multiple diseases, including cancer, heart disease, stroke, diabetes, and respiratory disease, and diminishes overall health status.¹ An estimated 30% of all cancer deaths are related to cigarette smoking, and about 90% of all lung cancer deaths are caused by smoking.^{1,4} Women who smoke during pregnancy are at risk for ectopic pregnancy and babies are at increased risk for low birth weight and birth defects, such as orofacial clefts. Secondhand smoke causes numerous health problems for adults, infants, and children, including more frequent and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Smoking costs the US hundreds of billions of dollars each year. In NYS, smoking-attributable healthcare expenditures declined by \$2.5 billion from 2011 to 2017, consistent with declines in adult smoking prevalence; however, \$9.7 billion a year is still spent on preventable smoking-related healthcare expenditures.² In the US, thousands of young people start smoking cigarettes every day.⁵ It is well established that most cigarette smokers want to quit smoking.

While adult smoking rates have declined substantially over the past two decades, there are significant disparities in the burden of tobacco. Tobacco use disproportionately affects communities who have been targeted with advertising and marketing by the tobacco industry including people in low-income communities, racial and ethnic minorities, the LGBTQIA+ community⁶, and people living with mental illness and substance use disorders.⁶ The tobacco industry spends billions of dollars each year on marketing cigarettes.⁷ Although targeted marketing is a normative business practice, when used to promote consumer products that kill up to half of their users, regulatory action, denormalization of these marketing practices, and community mobilization are warranted.⁸

The NYS Department of Health is committed to reducing the burden of tobacco and addressing disparities in tobacco use. The aim of NY's Tobacco Control Program is to reduce illness, disability and death related to tobacco use and secondhand smoke exposure, alleviate the social and economic burdens caused by tobacco use, and advance health equity. The NY Tobacco Control Program uses an evidence-based, policy-driven, and cost-effective approach to decrease tobacco initiation by youth, motivate smokers to quit, and eliminate exposure to secondhand smoke. The NYS 2019-2024 Prevention Agenda's Prevent Chronic Diseases Action Plan sets an objective to decrease the prevalence of cigarette smoking among adults to 11.0% by 2024.

Key Findings

The prevalence of cigarette smoking among NYS adults in 2020 is 12.0% (Figure 1). The prevalence of adult smoking decreased by 15% from 14.1% in 2017 to 12.0% in 2020 (Figure 2). Statewide, smoking rates remain highest among adults enrolled in Medicaid (22.9%); adults who are unemployed (20.2%); adults with an annual household income of less than \$25,000 (20.0%); adults reporting frequent mental distress (19.7%); adults with less than a HS education (19.0%); and adults living with disability (17.4%) (Figure 2, Table 1). The smoking rate among young adults (18-24 years of age) has reached a new low of 5.5%.

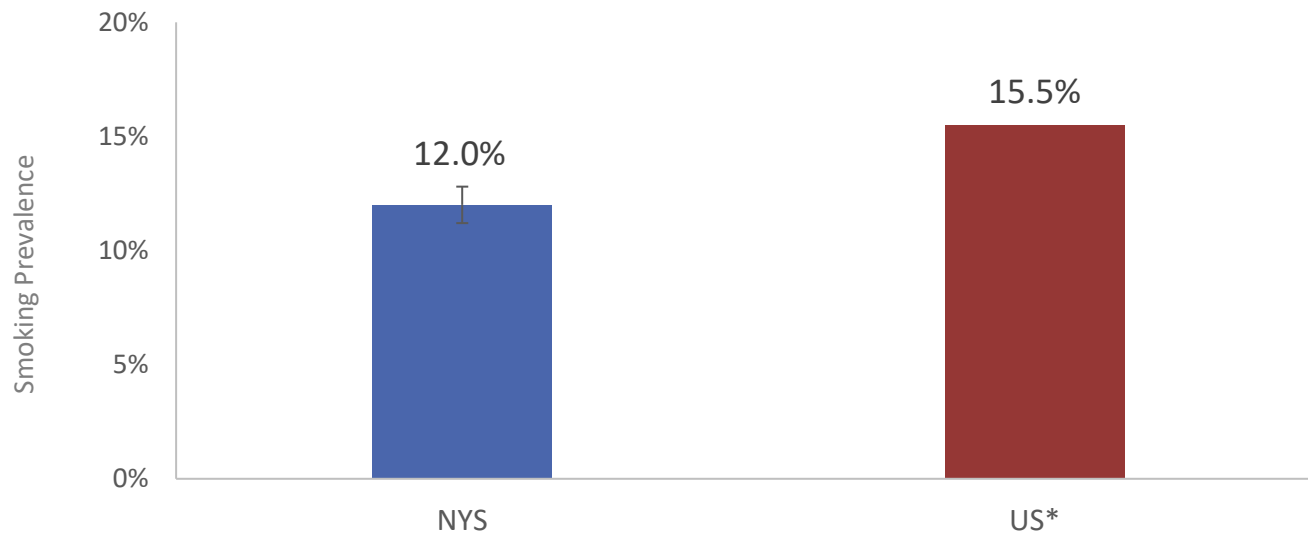
BRFSS Questions

- Have you smoked at least 100 cigarettes in your entire life?
- Do you now smoke cigarettes every day, some days, or not at all?

Note: BRFSS defines "current smoker" as an adult over the age of 18 who has smoked at least 100 cigarettes in their lifetime and currently smokes on at least some days.

⁶LGBTQIA+ is an acronym used to describe the lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual or allied community. In NYS we recognize the term LGBTQIA+ as the most inclusive way to acknowledge and respect the diversity of bodies, genders, and relationships.

Figure 1. Prevalence of Current Smoking in NYS and US, BRFSS 2020



*U.S. data point is the median value for all states and D.C. combined. Confidence interval is not used with the median value.

Figure 2. Trends in the Prevalence of Current Smoking among All Adults and Adults in Demographic Groups with the Highest Smoking Rates in NYS, BRFSS 2017-2020

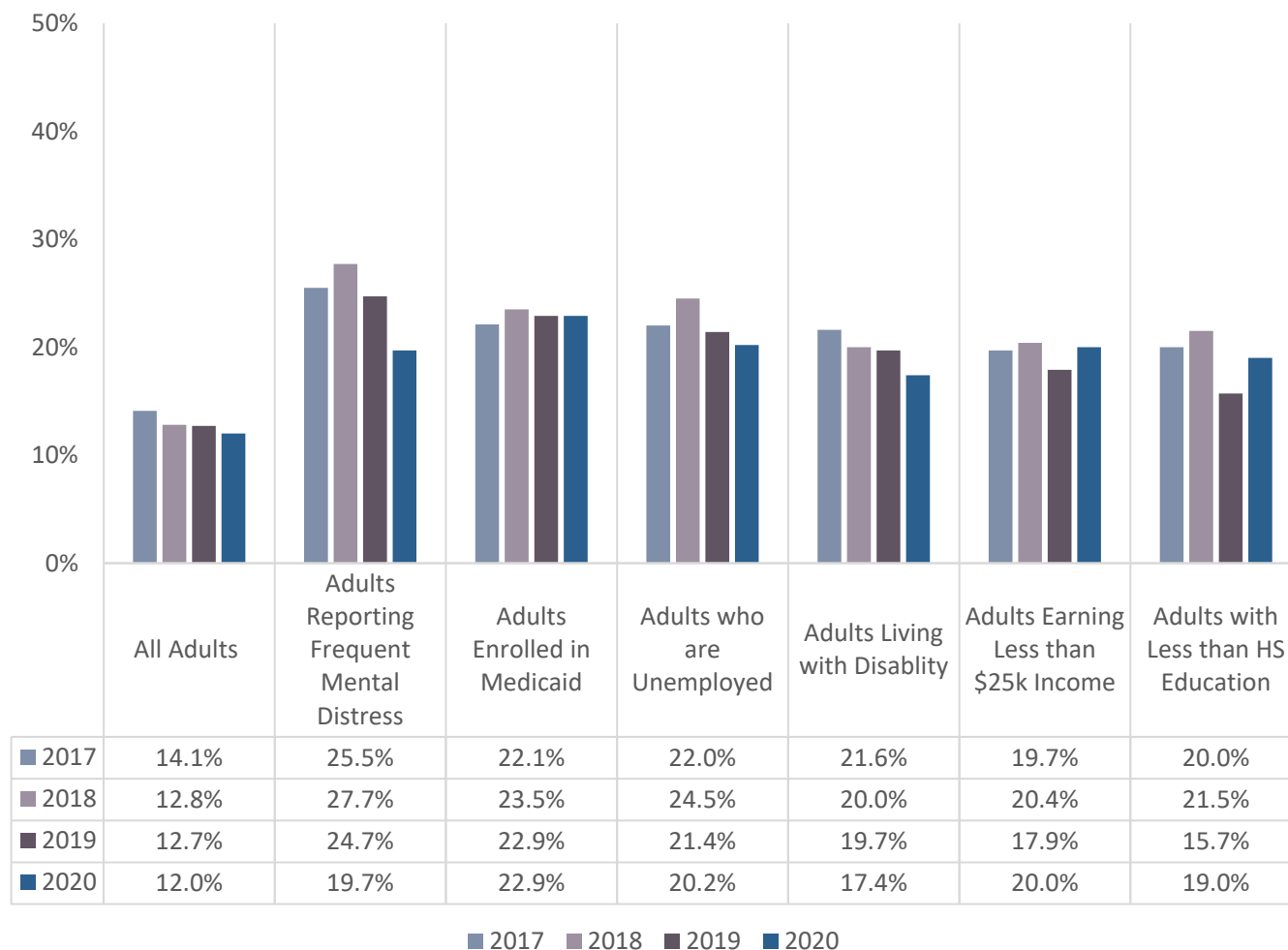


Table 1. Prevalence of Current Cigarette Smoking by Demographic Groups in NYS, BRFSS 2020

	Percent ^a	95% CI ^b	Estimated Weighted Number of People
Total New York State	12.0	[11.2,12.8]	1,700,000
Region			
New York City	10.1	[9.0,11.3]	614,000
NYS excluding NYC	13.4	[12.3,14.5]	1,086,000
Sex			
Male	14.2	[12.9,15.5]	963,000
Female	10.0	[9.0,10.9]	737,000
Race and Ethnicity			
White, Non-Hispanic	12.5	[11.5,13.5]	970,000
Black, Non-Hispanic	12.3	[10.0,14.7]	235,000
Other Race or Multiracial, Non-Hispanic	10.8	[8.2,13.4]	171,000
Hispanic	11.4	[9.3,13.5]	292,000
Age			
18 - 24	5.5	[3.6,7.3]	89,000
25 - 34	13.2	[10.8,15.6]	336,000
35 - 44	16.7	[14.4,18.9]	358,000
45 - 54	15.9	[13.7,18.2]	336,000
55 - 64	15.5	[13.6,17.5]	352,000
65+	6.8	[5.8,7.8]	213,000
Education			
Less than High School (H.S.)	19.0	[15.9,22.1]	341,000
H.S. or GED	15.8	[14.1,17.5]	582,000
Some Post H.S.	13.7	[12.0,15.3]	514,000
College Graduate	5.4	[4.7,6.1]	259,000
Annual Household Income			
Less than \$25,000	20.0	[17.8,22.2]	558,000
\$25,000 - 34,999	13.8	[10.8,16.7]	130,000
\$35,000 - 49,999	15.2	[12.2,18.2]	187,000
\$50,000 - 74,999	12.9	[10.6,15.3]	194,000
More than \$75,000	7.3	[6.2,8.4]	337,000
Employment Status			
Employed/Self-Employed	11.7	[10.6,12.8]	877,000
Not in Labor Force	10.2	[9.1,11.3]	511,000
Unemployed	20.2	[16.8,23.7]	297,000
Frequent Mental Distress ^c			
Yes	19.7	[16.9,22.6]	349,000
No	10.8	[10.0,11.7]	1,311,000
Disability Status ^d			
Yes	17.4	[15.5,19.3]	559,000
No	10.5	[9.6,11.3]	1,134,000
Health Care Coverage – Type			
Medicaid	22.9	[19.7,26.1]	431,000
Medicare	10.0	[8.5,11.4]	237,000
No Insurance	14.2	[11.6,16.8]	209,000
Private Insurance	10.0	[9.0,11.1]	669,000
Other	10.7	[7.8,13.6]	71,000

a Percentages are weighted to population characteristics.

b Confidence Interval

c Frequent mental distress is defined as yes if respondents report problems with stress, depression, or emotions on at least 14 of the previous 30 days (formerly referred to as poor mental health).

d Disability status is defined as yes if respondents report having at least one type of disability (cognitive, independent living, self-care, mobility, vision, or hearing).

References

1. Centers for Disease Control and Prevention. Health Effects of Cigarette Smoking. 2021. Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm [Accessed 2022 April 14]
2. New York State Department of Health. The Health and Economic Burden of Smoking in New York. New York, 2020. Retrieved from https://www.health.ny.gov/prevention/tobacco_control/reports/docs/health_and_economic_burden.pdf [Accessed 2022 April 14]
3. Murphy, S.L., Kochanek, K.D., Xu, J.Q., Arias, E. Mortality in the United States, 2020. NCHS Data Brief, no 427. Hyattsville, MD: National Center for Health Statistics. 2021. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db427.pdf> [Accessed 2022 April 14]
4. Jacobs, E.J., Newton, C.C., Carter, B.D., Feskanich, D., Freedman, N.D., Prentice, R.L., Flanders, W.D. What Proportion of Cancer Deaths in the Contemporary United States is Attributable to Cigarette Smoking? *Annals of Epidemiology*. 2015 Mar;25(3):179-182.e1. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/25487970/> [Accessed 2022 April 14]
5. Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data>
6. Truth Initiative. Achieving Health Equity in Tobacco Control. December 2015. Retrieved from [HealthEquitySGR5.indd \(truthinitiative.org\)](HealthEquitySGR5.indd (truthinitiative.org)) [Accessed 2022 April 14].
7. Centers for Disease Control and Prevention. Tobacco Industry Marketing. 2021. Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/marketing/index.htm [Accessed 2022 April 14]
8. Lee, J. G., Henriksen, L., Rose, S. W., Moreland-Russell, S., & Ribisl, K. M. (2015). A Systematic Review of Neighborhood Disparities in Point-of-Sale Tobacco Marketing. *American Journal of Public Health*, 105(9), e8–e18. doi:10.2105/AJPH.2015.302777. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4529779/> [Accessed 2022 April 14].

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