



**Adult Tobacco Use and Exposure  
Colorado 2008**

June 2009

## Contents

<b>Summary of significant findings</b> .....	2
<b>About the Colorado Tobacco Attitudes and Behaviors Survey (TABS)</b> .....	5
<b>About this report</b> .....	6
<b>Introduction</b> .....	7
<b>Current cigarette smoking prevalence and disparities</b> .....	9
<b>Declining consumption among continuing smokers</b> .....	13
<b>Steady rates of quit attempts and increasing treatment use</b> .....	18
<b>Secondhand smoke: increased protection, decreasing exposure, continuing disparities</b> .....	22
<b>No migration from cigarettes to other forms of tobacco</b> .....	27
<b>Smoking and mental illness or mental limitations</b> .....	30
<b>‘Ad’ding it up</b> .....	32
<b>References</b> .....	33

## Summary of significant findings

This report focuses on changes and patterns in tobacco use during 2005-08, especially among populations in Colorado that have disparately large tobacco burdens and which are designated for priority attention from the state's tobacco control program. In addition to these priority populations, men and young adult (aged 18-24) nonstudents are summarized here because they have higher smoking prevalence than their counterparts and smoking and cessation patterns that warrant intervention. Unless otherwise noted, changes occurred during 2005-08.

### *General population*

- In 2008, overall smoking prevalence remained unchanged at 18.1%.
- Daily smoking decreased to 70.9% of smokers, down from 76.9%; cigarettes per day decreased to 15.4, down from 16.7.
- Per capita cigarette consumption decreased by a factor of 10.1% during 2006-08.
- Among quit attempters, use of nicotine replacement therapy (NRT) increased to 19.9%, up from 16.3%; counseling increased to 3.7%, up from 2.5%; and ever-use of the Colorado QuitLine increased to 12.8%, up from 8.5%.
- Chantix® (not marketed in 2005) was used by 6.4% of quit attempters in 2008.
- Referral to cessation treatment increased to 41.2% of smokers who were advised to quit, up from 32.0%.
- Smoke-free homes and autos increased, but lower rates remained among households with smokers.
- In 2008, four in ten Coloradans (39.6%) reported bothersome exposure to smoke outside of work and home, with almost one-third (30.2%) reporting exposure at public parks or elsewhere outdoors.
- In 2008, one in five men (20.8%) and one-third of current smokers (33.6%) had ever smoked a hookah, or waterpipe. The overall rate among adults was 15.2%.

### *Low socioeconomic status (SES) population*

- Smoking prevalence was almost three times as high as non-low SES populations, at 29.2%.
- Daily smoking decreased to 71.5% of smokers, down from 78.7%.
- In 2008, the rate of successful quit attempts was lower at 5.4% compared to 14.0% among non-low SES populations.
- Among quit attempters, use of NRT increased to 18.9%, up from 12.3%.
- In 2008, fewer homes had smoke-free rules at 78.5% of households compared to 89.8% among non-low SES households; more reported recent smoking occurring in their homes at 17.4% compared to 6.9% among non-low SES households.

### *Hispanic population*

- Smoking prevalence decreased among Spanish speakers to 13.0%, down from 18.9%.
- Daily smoking decreased among English speakers to 55.1% of smokers, down from 75.2%.
- In 2008, smokers were more likely than their Anglo counterparts to make a quit attempt at 76.2%, compared to 62.0%.

- In 2008, smokers had fewer successful quit attempts than their Anglo counterparts at 4.2%, compared to 12.1%.
- In 2008, quit attempters were less likely to use NRT than their Anglo counterparts at 8.9%, compared to 22.3%.
- Ever-use of the Colorado QuitLine increased among Spanish-dominant Hispanics to 7.6% of quit attempters, up from 0.7%; in 2008, Hispanic smokers overall were less likely than Anglos to use the QuitLine at 5.5% compared to 14.5%.

*Black or African-American (AA) population*

- Smoking prevalence was similar to Anglos at 20.2%.
- The frequency of non-daily smoking increased to 18.0 days per month, up from 11.7 and 6.0 cigarettes per day, up from 2.3.
- NRT use increased to 29.2% of quit attempters, up from 5.3%.
- In 2008, smokers had fewer successful quit attempts than their Anglo counterparts, at 3.5% compared to 12.1%.
- In 2008, fewer homes had smoke-free rules at 76.1% of households compared to 85.6% among Anglo households; more reported recent smoking occurring inside homes at 17.8% of households compared to 11.2% among Anglos households.

*Native American/Alaska Native population*

- Smoking prevalence was two and a half times higher than among Anglos, at 42.6%.
- Daily smoking decreased to 75.6% of smokers, down from 86.0%.
- Daily cigarettes per day decreased to 15.0, down from 19.7.
- Ever-use of the Colorado QuitLine increased to 24.8% of quit attempters, up from 11.1%.

*Asian American/Pacific Islander population*

- Smoking prevalence was similar to the rate among Anglos, at 13.4%.

*Mental illness and/or mental limitations (MI/L) population*

- In 2008, smoking prevalence was twice as high as among the non-MI/L population, at 34.3%.
- In 2008, use of cessation treatments was similar to rates among the non-MI/L population.
- In 2008, fewer homes had smoke-free home rules (77.8% of households compared to 86.1% of non-MI/L households); more had recent smoking occurring inside homes (20.6% compared to 10.2%); and fewer adults had smoke-free vehicle rules, at 55.9% compared to 74.3%.

*Substance abuse disorder population*

- TABS does not collect data to identify this population.

*People with disability population*

- Smoking prevalence was twice as high as among the non-disabled population, at 35.6%.
- Daily smoking decreased to 79.3% of smokers, down from 88.6%.

- Ever-use of the QuitLine was higher than among the non-disabled population, at 24.5% of quit attempters compared to 12.1%.

#### *Spit tobacco population*

- Spit tobacco use was highest among cigarette-smoking men, at 10.3%.
- Prevalence of every day spit tobacco use decreased slightly among men to 3.0%, down from 4.4%.

#### *Gay, lesbian, or bisexual (GLB\*) population*

- Smoking prevalence was twice as high as among heterosexuals, at 38.4%.
- Daily smoking decreased to 65.9% of smokers, down from 80.0%.
- Ever-use of the QuitLine was lower than in the heterosexual population at 4.9% of quit attempters compared to 12.4%.
- Use rates of NRT, Chantix®, counseling, and anti-depressant medication for smoking cessation were similar to rates among the heterosexual population.
- Fewer homes had smoke-free rules (67.9% of households compared to 85.8% of heterosexual households), more had recent smoking occurring inside homes (23.0% of households compared to 10.9% of heterosexual households), and fewer adults had smoke-free vehicles rules, at 59.0% compared to 72.9% of heterosexual adults.

#### *Men*

- Smoking prevalence was one-third higher than among women, at 20.6%.
- In 2008, men smoked more cigarettes per day than women, at 16.5 (daily smokers) and 4.9 (nondaily smokers) compared to 14.1 and 3.7 cigarettes per day among women.
- Ever-use of the QuitLine was lower than among women at 9.9% of quit attempters compared to 16.7%.

#### *Young adult (18-24 years old) non-students*

- Smoking prevalence was twice as high as among young adult students at 35.6%.
- There was no evidence of decreased initiation of smoking.
- Quit attempts decreased to 64.3% of smokers, down from 84.9%.
- In 2008, cessation treatment use was lower among 18-24 year old students and nonstudents than among other age groups: 10.1% of quit attempters used NRT, 0.3% used Chantix®, 1.6% used counseling, and 6.2% used QuitLine

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\* TABS does not ask about transgender identity.

## **About the Colorado Tobacco Attitudes and Behaviors Survey (TABS)**

The adult Colorado Tobacco Attitudes and Behaviors Survey (TABS) was conducted in 2001, 2005, and 2008. The survey was funded in 2001 by tobacco litigation settlement proceeds and in 2005 and 2008 by a voter-approved tobacco tax increase. In all three survey years, TABS randomly selected adults (aged 18+) from all Colorado households with telephones, and respondents were interviewed in their choice of English or Spanish. In 2008, a cell phone survey component was added to reach cell phone-only households (those with only a cell phone and no landline) and cell phone-mainly households (those with both landline and cell phones who most often use the cell phone).

The cell phone sample was added in 2008 due to the large number of estimated cell phone-only or cell phone-mainly households in Colorado. An estimated 14.3-15.2% of Colorado households in 2008 used only or mainly cell phones.<sup>1,2</sup> In 2005, only 5% to 6% of U.S. households were cell phone-only households. Cell phone-only respondents are more likely to be young and to participate in risky behaviors such as binge drinking and smoking.<sup>3</sup> The absence of these households from the TABS 2005 survey may mean that smoking prevalence was slightly underestimated in 2005. However, the potential difference due to the exclusion of cell-phone households is small enough that the overall smoking prevalence in 2005 compared to 2008 would remain statistically unchanged.

In all three waves, the sample was designed to include extra interviews with smokers and former smokers, African American adults, and adults living in certain parts of the state. This "oversampling" allows for more precise analysis of attitudes and behaviors among these groups. The total number of interviews was 13,006 in 2001, 12,257 in 2005, and 14,156 in 2008, of which 1,533 were completed by cell phone.

## About this report

This report of TABS 2008 results focuses on progress made during the three-year period between the 2005 and 2008 waves, as well as overall progress since 2001. The report provides details about cigarette smoking prevalence and cessation, exposure to secondhand smoke, attitudes toward new smoking laws, and use of other tobacco products, with an emphasis on disparities in tobacco burdens among Colorado's priority populations.

Throughout the report, numbers are compared between years and between population groups to identify areas of change or disparities. Some apparent differences between years represent real change, while others may be chance findings that occur when studying samples instead of the whole population. This report uses a "95% confidence" standard ( $p < 0.05$ ) to decide between the two possibilities. A rate that appears in a **boxed bold** in charts is significantly different during 2005-2008. Differences during 2001-2008 or between population groups will be described in the text or noted in the charts. Rates that are described as "unchanged" are not *significantly* different. Any apparent gap between them falls within the margins of error.

Differences between years may arise from shifts in the population. For this report, tests of differences were adjusted ("standardized") to avoid being misled by possible shifts from year to year in the population mix of genders and ethnicities. These adjustments were *not* used to generate the rates shown in the report, which are estimates of the actual rate for the population in the year they represent.

## Introduction

Nationally, an estimated 46 million people or 20.6% of all adults aged 18 years and older currently smoke cigarettes.<sup>4</sup> Cigarette smoking remains the leading cause of preventable death in the United States.<sup>5</sup> Approximately 443,000 deaths or 1 of every 5 deaths in the United States each year are attributed to cigarette smoking.<sup>6,7</sup>

In 1998, the Surgeon General's report, *Tobacco Use Among U.S. Racial/Ethnic Minority Groups*, was the first to provide comprehensive information on tobacco use among four U.S. ethnic minorities: African Americans, Hispanics, Asian Americans, and Native Americans. The report affirmed that much more work was needed to address disparities in tobacco use among these typically disadvantaged populations.<sup>8</sup>

In 2006, Colorado became one of ten states to receive support from the Centers for Disease Control and Prevention (CDC) to develop a Tobacco Disparities Strategic Plan. The plan proposes statewide efforts to target and eliminate tobacco disparities among ten populations:<sup>9</sup> Hispanics, African Americans, Native Americans, Asian Americans and Pacific Islanders, people with mental illnesses, people with substance abuse disorders, people with disabilities, people with a low socioeconomic status, spit tobacco users, and the gay, lesbian, bisexual, and transgender (GLBT) population. These ten populations had higher than average rates of tobacco use and exposure to secondhand smoke, and lower access to tobacco-related health care; they are also targeted by tobacco industry marketing.<sup>10</sup>

Non-Anglo populations have significantly increased rates of tobacco use and exposure, and some groups are also at higher risk of tobacco-related health problems. African Americans have twice the rate of cerebrovascular disease, including stroke, as Anglos. Smoking increases the risk for stroke.<sup>11</sup> Thus, African Americans may be at higher risk for smoking-related strokes. Some Native American and Alaska Native tribes use tobacco in religious or medicinal contexts, but these populations have elevated tobacco-related health issues due to tobacco use outside these contexts.<sup>12</sup> Asian Americans are at higher risk of smoking, although those who spend a longer time in the United States and those who become proficient in English are less likely to smoke.<sup>13</sup>

The Hispanic population continues to be one of the most disadvantaged with regard to tobacco use, particularly in Colorado. Comprising 14% of the nation's population, Hispanics are the second largest ethnic group in the United States.<sup>14</sup> In Colorado, the proportion of Hispanics is considerably larger than the national average and has grown in recent years to make up 19.6% of the population, compared to 17.1% in 2000.<sup>15</sup> The tobacco burden among Hispanics is especially concerning in light of this population growth as well as less use of cessation treatments<sup>16</sup> and less success in quitting.<sup>17</sup> The tobacco industry disproportionately markets to Hispanic communities.<sup>18</sup> Acculturation, or assimilation into American culture, seems to be associated with increased tobacco use. Young Hispanics are particularly vulnerable to the influence of smoking peers as they Americanize.<sup>19,20,21</sup>

People with psychiatric disorders or mental illness and substance use disorders have national rates of smoking that are two to four times average rates. Some people with psychiatric illnesses



may be more vulnerable to smoking because they are genetically predisposed to both smoking and psychiatric disorders. Smoking may also be an effort among some to self-medicate, or a response to the same stressor that evokes psychiatric symptoms. More than 75% of people recovering from drug or alcohol addictions smoke; smoking can enhance the desired effect of other drugs, or may mitigate the effects of drug withdrawal. Smoking cessation in people with psychiatric or substance use disorders is complicated and may depend on the ability to treat the primary disorder.<sup>22</sup>

Nationally, smokers who are physically disabled are about 50% more likely to smoke than non-disabled adults, although they are also more likely to visit a doctor and receive advice to quit.<sup>23</sup>

Smoking prevalence is directly associated with indicators of low socioeconomic status (SES),<sup>24</sup> including low educational level<sup>25,26,27</sup> and low income.<sup>25,27</sup> Low SES smokers have lower cessation rates. Living in poverty is associated with persistent smoking across all ages.<sup>28</sup> At the same time, quit attempts are no less common among low SES smokers.<sup>25,29</sup> These results suggest that smoking prevalence remains elevated among low-SES populations because they experience less cessation success, a possibility supported by at least one intervention study.<sup>30</sup>

Spit tobacco contains 28 carcinogens, leads to various oral cancers, and increases vulnerability to smoking and nicotine addiction.<sup>31</sup> In Colorado, spit tobacco is widely used among men on the West slope and in the southeastern corner of the state.

Smoking rates among GLBT populations are about twice as high as among heterosexuals. In a literature review, rates for GLBT youth ranged from 38% to 59% (compared to 28% to 35% nationally for youth) and 11% to 50% among adults (compared to 28% nationally).<sup>32</sup> A recent study from Washington and Oregon found that GLB men and women were less likely to quit (except bisexual men) than heterosexual smokers. Attitudes about and knowledge of second-hand smoke dangers were similar between GLB men and women compared to heterosexual men and women; bisexual women had higher exposure to SHS in the home.<sup>33</sup>

In sum, disparities in tobacco use and cessation behavior are often striking, tell a deeper story than overall measures, and guide interventions. This report will focus on many of the disparities in Colorado tobacco use and behaviors.

## Current cigarette smoking prevalence and disparities

During 2005-08 in Colorado, current smoking<sup>\*</sup> prevalence was unchanged overall and among all population groups except Spanish-language Hispanics (13.0%, down from 18.9%). Significant disparities remained by age, ethnicity, and socioeconomic indicators. In 2008, smoking prevalence was still higher among the following groups:

- men compared to women;
- 18-24 year olds compared to adults older than 45;
- 18-24 year old nonstudents compared to 18-24 year old students;
- English-dominant Hispanics<sup>†</sup> and American Indians/Alaska Natives compared to white non-Hispanics (hereafter, “Anglos”);
- gay/lesbian/bisexuals (GLB) compared to heterosexuals;
- adults with low socio-economic status (SES)<sup>‡</sup> compared to non-low SES;
- adults with mental illness and/or mental health limitations compared to those without.

The table on the next page shows the numbers and percentages of current smokers in Colorado by demographic characteristics.

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\* Current smoking is defined as smoking at least 100 cigarettes in lifetime and currently smoking every day or some days.

† Represented by TABS respondents who completed the survey in English and reported “English” or “English and Spanish equally” as the primary language at home. “Spanish-dominant Hispanics” are represented by TABS respondents who completed survey in Spanish or reported Spanish as their primary language at home.

‡ low SES is defined as <HS education, no insurance, <200% Federal Poverty Level (FPL) or being disabled

Changing and Unchanged Burdens: Current Cigarette Smoking in 2001, 2005 and 2008						
group	number that smoked			percent that smoked		
	2001	2005	2008	2001	2005	2008
all adults	613,984	585,035	646,007	19.7	<b>17.3</b>	18.1
SEX						
women*	296,187	254,686	280,064	19.1	<b>15.0</b>	15.7
men	317,798	330,348	365,943	20.3	19.5	<b>20.6</b>
AGE GROUP						
18-24	126,710	110,311	106,903	30.2	<b>24.5</b>	<b>25.1</b>
student*	26,284	33,990	35,896	21.9	16.7	16.2
non-student	100,338	75,844	68,321	33.8	30.7	<b>35.6</b>
25-44	285,981	249,424	296,829	20.9	<b>17.7</b>	<b>20.8</b>
45-64*	164,568	190,522	201,700	17.8	17.7	16.2
65+	36,725	34,778	40,575	9.2	7.8	<b>8.8</b>
ETHNICITY						
Anglo*	459,915	405,147	448,163	19.1	<b>15.6</b>	16.8
Hispanic (English)	88,547	91,644	108,005	22.1	24.4	<b>26.9</b>
Hispanic (Spanish)	10,354	30,798	27,362	18.4	18.9	<b>13.0</b>
Black or African American	19,713	24,387	24,741	17.8	19.4	20.2
American Indian	15,445	11,590	11,794	36.4	34.9	<b>42.6</b>
Asian American	9,731	5,841	10,239	16.4	14.4	13.4
All Other	10,279	11,128	15,702	29.0	29.9	<b>27.4</b>
SEXUAL ORIENTATION						
heterosexual*	n/a	382,363	561,276	n/a	16.8	17.6
gay/lesbian/bisexual	n/a	12,384	34,935	n/a	35.8	<b>38.4</b>
MENTAL ILLNESS and/or LIMITATIONS						
no*	n/a	n/a	520,432	n/a	n/a	16.5
yes	n/a	n/a	108,006	n/a	n/a	<b>34.3</b>
DISABLED/UNABLE TO WORK						
not disabled*	584,211	549,096	581,827	19.2	<b>16.8</b>	17.7
disabled	28,461	34,789	33,615	43.6	38.7	<b>35.6</b>
SOCIO-ECONOMIC STATUS (SES)†						
not low SES*	250,982	213,499	200,655	14.2	12.0	11.4
low SES	277,875	307,100	386,802	33.1	<b>27.9</b>	<b>29.2</b>
<b>bold</b> means significant change from previous survey year, adjusted for age, sex, and ethnicity <b>red</b> means significantly higher than reference group (an asterisk * marks reference groups) in 2008 <b>green</b> means significantly lower than reference group (an asterisk * marks reference groups) in 2008 † low SES is defined as <HS education, no insurance, <200% Federal Poverty Level (FPL) or being disabled						

Four Colorado counties house 42.5% of adults and 47.7% of adult smokers: Denver (14.5%), Adams (11.7%), Arapahoe (11.0%), and Jefferson (10.5%).

*Characteristics of Colorado smokers*

<b>Characteristics of smokers and the general population, Colorado 2008</b>		
	gen. pop.	smokers
<b>SEX</b>		
men	49.8%	56.6%
women	50.2%	43.4%
<b>AGE GROUP</b>		
18-24	11.9%	16.5%
student	6.4%	5.7%
non-student	5.5%	10.8%
25-44	40.1%	45.9%
45-64	34.9%	31.2%
65+	13.1%	6.3%
<b>ETHNICITY</b>		
Anglo	74.8%	69.4%
Hispanic (English)	11.2%	16.7%
Hispanic (Spanish)	5.9%	4.2%
African American	3.5%	3.8%
American Indian	0.8%	1.8%
Asian American	2.1%	1.6%
All Other	1.6%	2.4%
<b>SEXUAL ORIENTATION</b>		
heterosexual	97.2%	94.1%
gay/lesbian/bisexual	2.8%	5.9%
<b>MENTAL HEALTH ILLNESS/LIMITATIONS</b>		
no	90.9%	82.8%
yes	9.1%	17.2%
<b>DISABLED/UNABLE TO WORK</b>		
not disabled	97.2%	94.5%
disabled	2.8%	5.5%
<b>SOCIOECONOMIC STATUS</b>		
non-low SES	56.9%	34.2%
low SES	43.1%	65.8%

The table to the left compares smokers to the general population, taking into account the total size of various population groups. This perspective allows programs that target specific groups of smokers to estimate the total potential reach. It also shows that some populations with high smoking prevalence represent small proportions of smokers overall.

As the table to the left shows, the low SES population includes nearly two-thirds of Colorado smokers, making it an important population to characterize. "Low SES" in this report is defined by the characteristics in the table below.

Percent of the "low SES" population (by survey year) who are:			
	2001	2005	2008
<200% FPL	69.9%	68.1%	72.5%
uninsured	43.1%	53.1%	50.2%
<HS grad	23.1%	30.0%	27.6%
disabled	7.8%	8.3%	7.5%

In 2008, nearly three-fourths of the low SES group has income below 200% of the federal poverty level (FPL). Half are uninsured, and more than one-fourth have less than a high school education (or have a general education diploma [GED]). One in 14 are disabled; more than three-fourths (77.3%) of the disabled population also has at least one other low SES characteristic.

In 2008, low SES smokers were comprised of a similar proportion of men and women compared to non-low SES smokers. Low SES smokers were younger than their non-low SES counterparts with 21.1% aged 18-24, 49.1% aged 25-44, 25.5% aged 45-64 and 4.2% aged 65+.

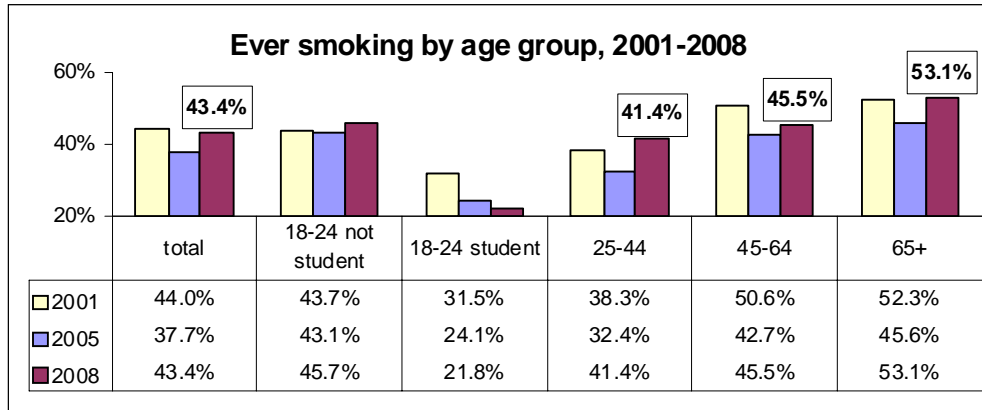
Race/ethnicity of low SES smokers was as follows: 64.5% Anglo, 19.5% Hispanic (English), 6.4% Hispanic (Spanish), 4.6% African-American, 1.6% American Indian, and 1.2% Asian American.

More than half (56.7%) of people with mental illness and/or mental health limitations have one or more low SES characteristics. The disabled and the mental illness/limitations populations appear to be fairly distinct: among people reporting a disability, 35.6% reported mental illness and/or limitations; among people with mental illness/limitations, only 10.8% also reported a disability.

*Ever-smoking*

Ever-smoking\* increased overall during 2005-08 (43.4%, up from 37.7%). As most initiation in ever-smoking happens in the 18-24 year old group, ever-smoking is presented in the chart to the right by age.

Among most groups the increase in ever-smoking appeared to be a “re-bound” from an unex-



plained decrease that occurred during 2005. An exception was ever-smoking among 18-24 year olds who did not experience an increase overall (33.0%, unchanged from 34.6% in 2005). Ever-smoking among young adult students decreased during 2001-2008 (21.8%, down from 31.5% in 2001). This finding suggests that initiation is slowly decreasing among young adults in Colorado. Among 18-24 year old nonstudents, however, the rate remained steady during 2001-08 and was twice as high as the rate among students in 2008 (45.7% vs. 21.8%).

In charts and graphs, numbers that are shown in **boxed bold** typeface are significantly changed during 2005-2008, unless otherwise noted.

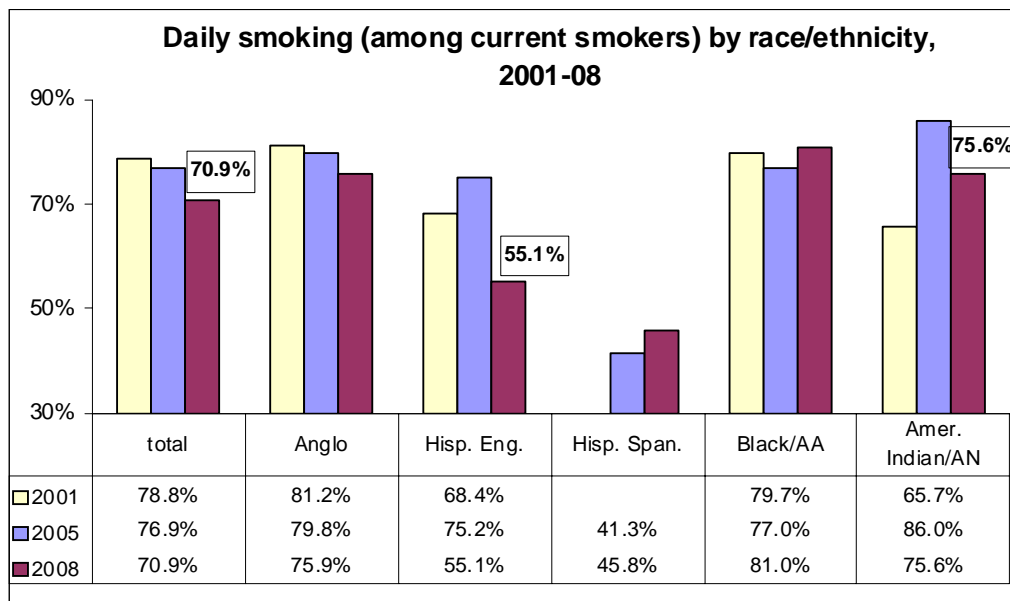
\* Ever smoking is defined as having smoked at least 100 cigarettes in lifetime.

## Declining consumption among continuing smokers

States with highly successful tobacco control programs, such as California, have reported reductions in cigarette consumption among continuing smokers.<sup>34</sup> While many smokers who reduce their cigarette consumption might inhale more deeply or more often, or smoke each cigarette further down, evidence suggests that reducing cigarette consumption can encourage cessation<sup>35,36,37</sup> and reduce harm.<sup>38,39</sup> Reductions in cigarette consumption often follow enactment of smoke-free workplace laws. The Colorado Clean Indoor Air Act of 2006 prohibits smoking in most indoor spaces, including workplaces. Enacted between the 2005 and 2008 waves of TABS, the law may partly account for declining cigarette consumption during that period. Consumption is reported here in terms of daily vs. nondaily smoking, number of cigarettes smoked per day, and per capita annual sales of cigarettes.

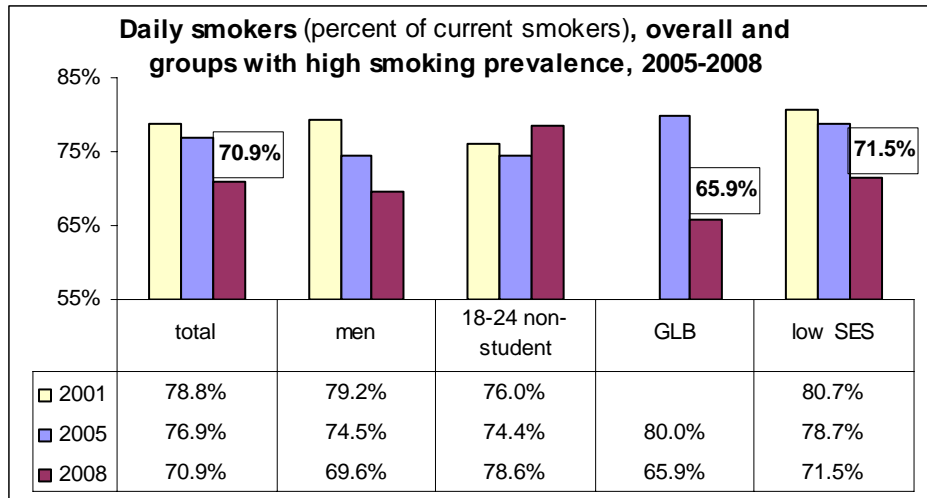
### *Daily smoking*

The proportion of current smokers who smoke daily decreased in Colorado during 2005-08. Seven in 10 smokers smoked daily in 2008 (70.9%, down from 76.9%).

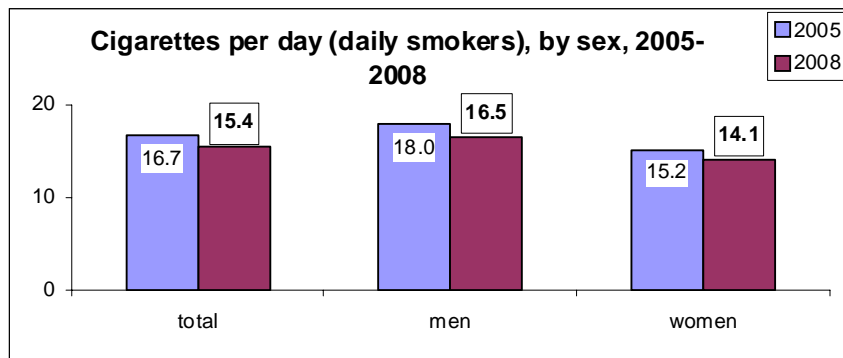


During 2005-08, daily smoking decreased among two race/ethnic groups with high overall smoking prevalence: English-dominant Hispanic smokers (55.1%, down from 75.2%) and American Indian/Alaska Native smokers (75.6%, down from 86.0%). In 2008, only about half of all Hispanic smokers smoked daily, significantly fewer than among Anglo smokers (53.2% vs. 75.9%). While both English-dominant and Spanish-dominant Hispanic smokers were less often daily smokers than Anglo smokers, no significant difference existed between the two Hispanic groups.

The chart below highlights additional groups with high smoking prevalence. GLB and low SES smokers reported a decrease in daily smoking during 2005-08 while men and 18-24 year old non-students did not. Young adult student smokers were half as likely to smoke daily as nonstudent smokers (37.4% vs. 78.6%).

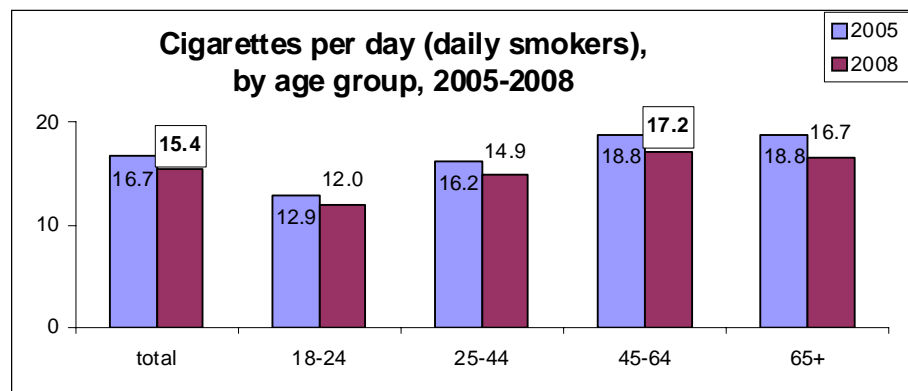


During 2005-08, daily smokers reduced their daily cigarette consumption to 15.4 cigarettes per day (CPD), down from 16.7 CPD.

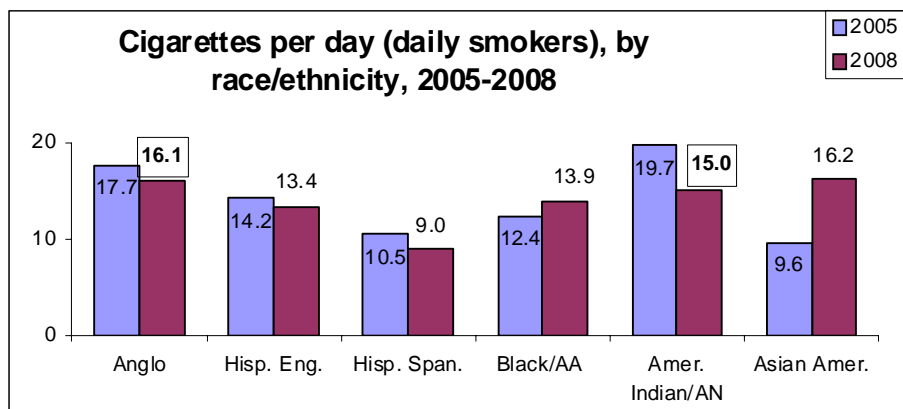


Reductions in CPD occurred among both sexes. In 2008, women daily smokers smoked fewer CPD than men smokers.

Reductions in CPD also occurred among smokers aged 45-64. In 2008, young adult daily smokers smoked fewer cigarettes than other age groups. CPD was similar for student and nonstudent daily smokers.



Reductions in CPD also occurred among Anglo smokers and American Indian/Alaska Native smokers. In 2008, Spanish-dominant Hispanic daily smokers smoked fewer cigarettes per day than Anglo daily smokers (9.0 vs. 16.1) and than English-dominant Hispanic smokers (9.0 vs. 13.4).

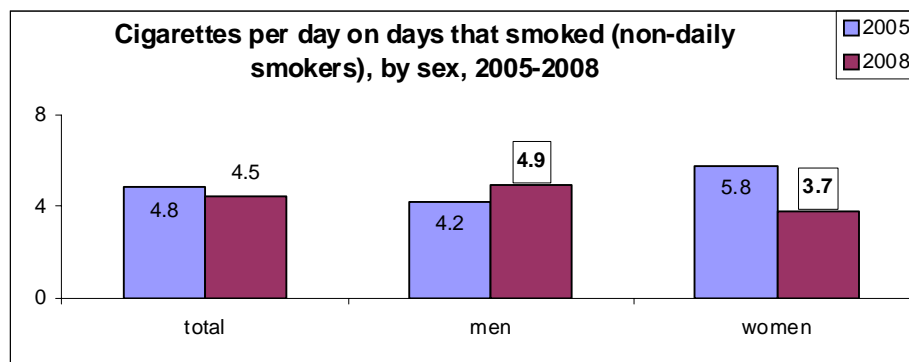


GLB daily smokers reported a large decrease in CPD during 2005-08 from 20.0 CPD to 13.4 CPD; no difference in CPD was found between GLB and heterosexual daily smokers in 2008. Both low SES and non-low SES daily smokers reported small decreases in CPD of approximately one cigarette fewer per day. No difference in CPD was found between the two groups in 2008.

*Nondaily smoking*

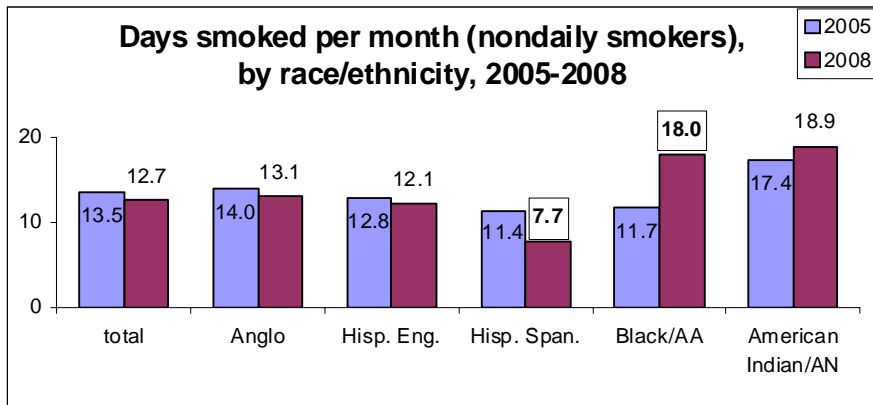
Among nondaily smokers during 2005-08, no overall change occurred in the number of smoking days per month or CPD on smoking days (12.7 days per month; 4.5 CPD on days smoked).

Male nondaily smokers reported a slight increase in CPD, while females reported a 35% decrease and smoked fewer CPD than men in 2008.



No differences in non-daily smoking occurred by age group or by young adult student status. Nonstudents reported fewer smoking days during 2005-08 (13.6 vs. 18.7).

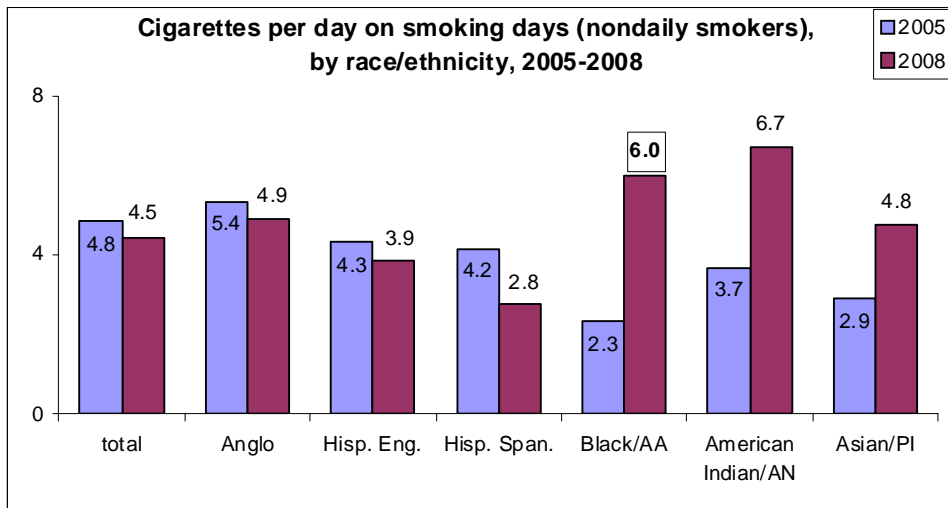




Spanish-dominant Hispanic nondaily smokers reported a 30% decrease in smoking days per month, to a rate below that among Anglos in 2008 (7.7 vs. 13.1 days per month). Black/AA and American Indian/Alaska Native nondaily smokers reported more smoking days per

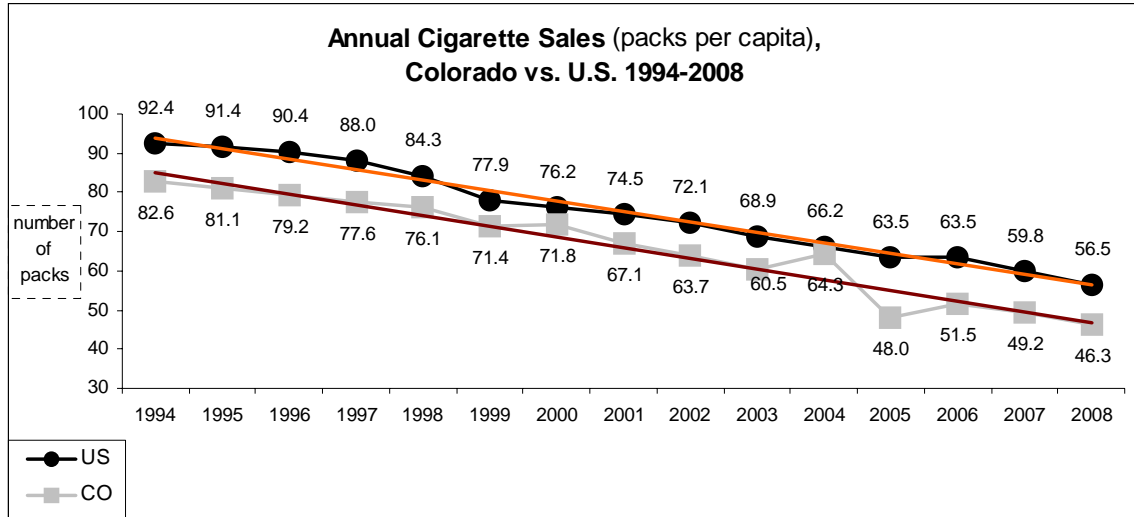
month than Anglo nondaily smokers (18.0 and 18.9 days, respectively, vs. 13.1 days). Black/AA nondaily smokers reported a 50% increase in smoking days per month (above) and a large increase in CPD on smoking days (6.0, up from 2.3 in 2005). Spanish-dominant Hispanic nondaily smokers smoked fewer cigarettes per day than Anglos (2.8 vs. 4.9 in 2008).

During 2005-08, no change occurred in days per month or cigarettes per day among GLB nondaily smokers; no difference was found in either measure compared to heterosexual non-daily smokers.



In 2008, low SES nondaily smokers reported more smoking days (13.5 vs. 10.7) per month and more CPD (4.8 vs. 3.7) than non-low SES nondaily smokers. No change occurred in either measure during 2005-2008.

In addition to decreases in daily smoking and CPD, decreased cigarette consumption was also reflected in sales data from the Colorado Department of Revenue. During 2006-2008, per capita cigarette consumption declined by 10.1%. Colorado has maintained its 10-pack-per-year lead over the U.S. level across the past 15 years.\*

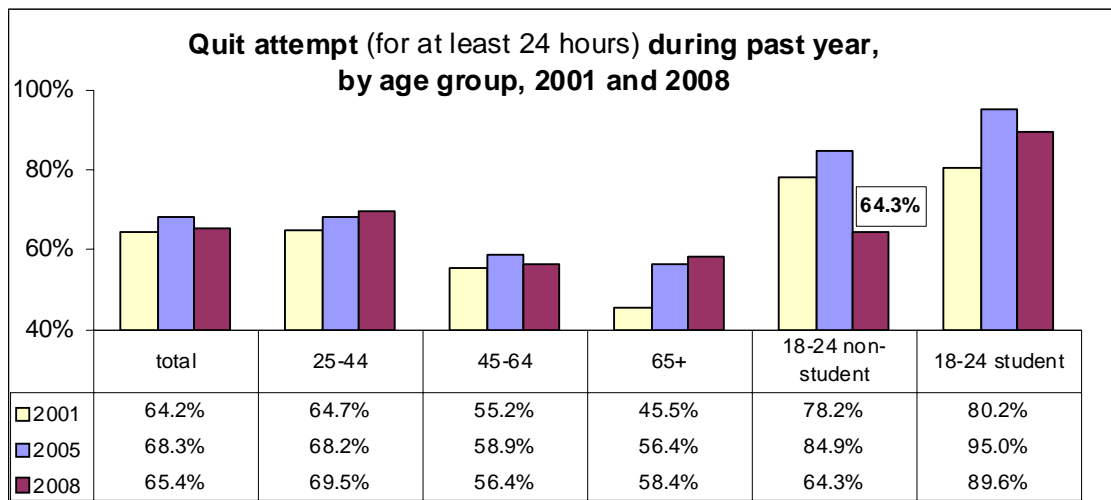


\* The sharp increase/decrease pattern seen in 2004-05 for Colorado occurred immediately before and after a 64-cent cigarette tax increase became effective, and is typically seen around substantial cigarette tax increases.

## Steady rates of quit attempts and increasing treatment use

Cessation among current smokers is the quickest way to decrease smoking prevalence. While many quit attempts are unsuccessful, successful cessation reduces smoking prevalence immediately among all age groups, while decreased initiation of smoking reduces smoking prevalence only among young adults.

Attempts to quit are obviously an important link from smoking to long-term cessation. However, the impact of failed quit attempts and the relationship between number of previous attempts and eventual successful cessation are not well known.

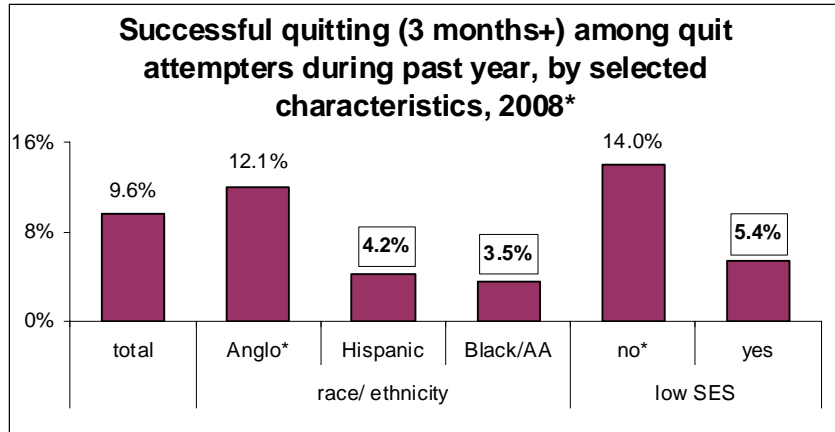


During 2005-08, the proportion of smokers who quit smoking for at least 24 hours (“quit attempt”) during the past year remained steady (65.4%, similar to 68.3%). While men and women reported the same chance of making a quit attempt, men reported fewer attempts during 2005-08 (65.4% vs. 70.6%). The proportion also decreased among young adult non-student smokers (64.3%, down from 84.9%). In general, smokers less than 45 years old were more likely than older smokers to report a quit attempt.

In 2008, Hispanic smokers were more likely than Anglo smokers to report a quit attempt (76.2% vs. 62.0% among Anglos). Similar quit attempt rates were reported between GLB and heterosexual smokers as well as between smokers of low and non-low SES.

Among smokers who made a quit attempt because they were “trying to quit for good,” the median number of attempts was 1.7. More than one-third (35.1%) tried once during the year, one-third tried 2-3 times (34.8%), and one-third tried four or more times (30.0%). This suggests that approximately two-thirds of “serious” quit attempters make more than one attempt per year.

The rate of successful quitting (at least three months without smoking) remained level during 2005-08 and did not vary by sex, age group, or student status. In 2008, 9.6% of quit attempters were successful. Success varied significantly by race/ethnicity and socio-economic level as shown in the chart to the left. Success did not vary among GLB compared to heterosexual smokers.



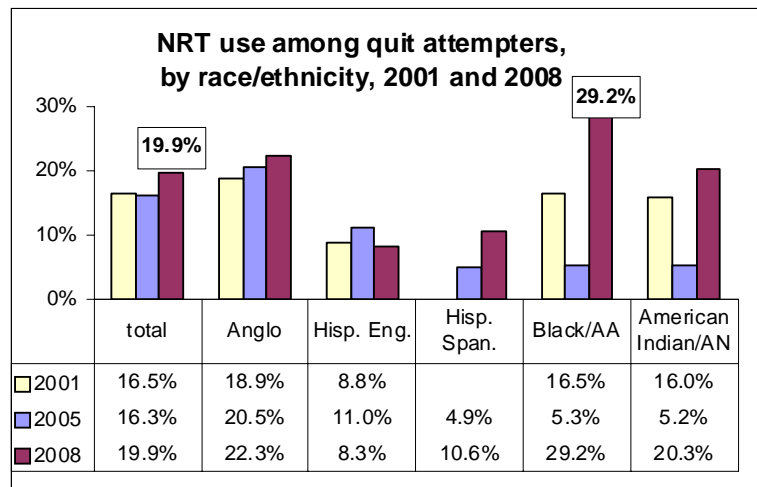
\*Bold differences are between bold group and group with asterisk

Use of cessation treatment during quit attempts doubles or triples a quit attempter's chance of success compared to placebo or not using treatment. Using counseling or a quitline in addition to using medication increases the chance of success compared to one treatment alone.<sup>40</sup>

Use of nicotine replacement therapy (NRT) in quit attempts increased overall during 2005-08 (19.9%, up from 16.3%). Use was similar among men and women in 2008 and did not change in either group separately during 2005-08. NRT use also did not change among individual age groups; in 2008, use was lower among young adults (18-24) compared to adults aged 25-64 (10.1% vs. 21.6%) but did not vary by student status.

NRT use increased during 2005-08 among black/AA quit attempters (29.2%, up from 5.3%). It remained lower among Hispanics than among Anglos (8.9% vs. 22.3%) in 2008.

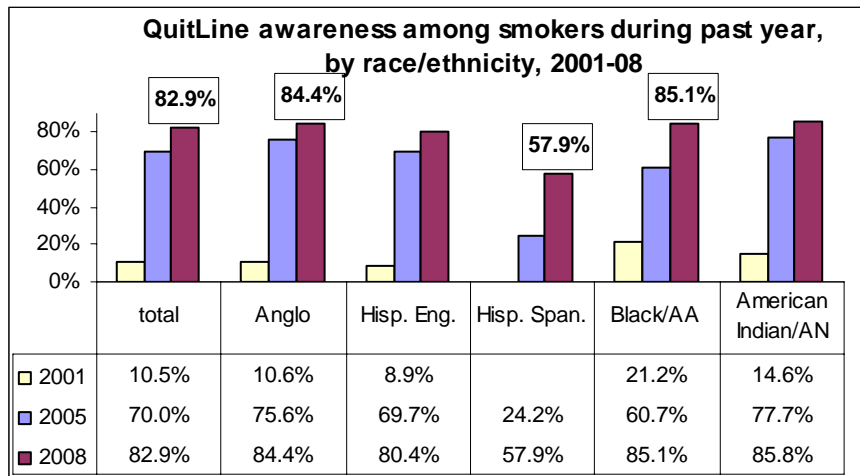
NRT use did not change among GLB or heterosexual smokers and did not vary between the two groups in 2008. NRT use increased among low SES smokers during 2005-08 (18.9%, up from 12.3%), eliminating the gap in NRT use between SES groups.



In 2008, 6.4% of quit attempters used the newer cessation support medication Chantix®. The highest prevalence of use occurred among those with Medicare insurance (18.7%) and 45-64 year old quit attempters (13.5%). Low rates occurred among young adults (0.3%), Hispanics (0.9%), those with Medicaid (1.9%) or no insurance (2.9%), and low SES quit attempters (4.5%). Use was similar among men and women (5.6% and 7.5%, respectively); Anglos and

blacks/African Americans (8.4% and 7.2%, respectively); and GLB and heterosexual quit attempters (6.1% and 6.7%, respectively).

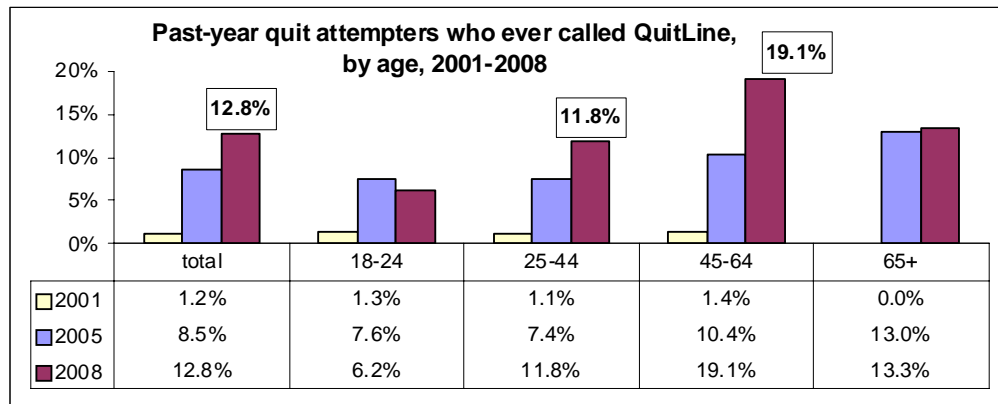
Use of counseling among quit attempters increased slightly (3.7%, up from 2.5% in 2005). Counseling was less likely to be used in 2008 among adults aged 18-24 (1.6%) or 25-44 (2.3%) and those without insurance (2.4%) compared to their counterparts. Otherwise, counseling use was similar by sex, race/ethnicity, GLB/heterosexual orientation, and SES.



Most Colorado smokers had heard of the QuitLine; awareness increased during 2005-08 (82.9%, up from 70.0%). In 2008, awareness was similar by sex and age groups less than 65 years old. Smokers aged 65 and older were less aware of the QuitLine

than young adult students (78.9% vs. 93.7%). Students aged 18-24 had the highest awareness of any group (93.7%, up from 72.5% in 2005). Awareness increased but remained lower among Spanish-dominant Hispanic smokers (57.9%, up from 24.2%) than Anglo smokers. Awareness among rural smokers (76.9%, up from 66.4%) also increased but remained lower than among non-rural smokers (76.9% vs. 84.8%). QuitLine awareness did not vary by GLB/heterosexual orientation or SES. Levels of awareness were similar among quit attempters and all smokers, suggesting that awareness is not an obstacle to making a quit attempt.

In 2008, 12.8% of quit attempters reported having ever called the QuitLine (up from 8.5% in 2005) and 7.4% of quit attempters called during the past year. Overall, 12.2% of all smokers in 2008 had ever called the QuitLine and 6.7% called it during the past year.

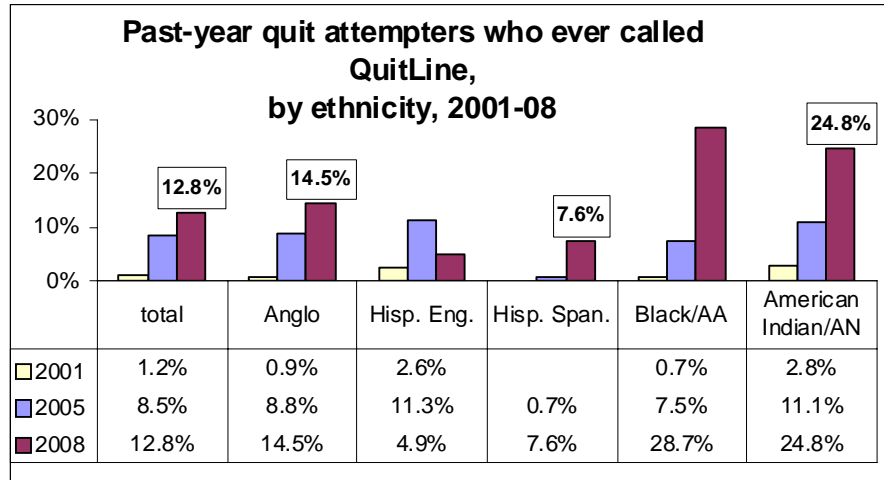


Groups of quit attempters with increases in ever-calling during 2005-08 included:

- men (9.9%, up from 7.3%);
- women (16.7%, up from 10.2%);
- 25-44 year olds (11.8%, up from 7.4%);
- 45-64 year olds (19.1%, up from 10.4% and higher than the rate among 25-44 year olds);
- Anglos (14.5%, up from 8.8%);
- Spanish-dominant Hispanics (7.6%, up from 0.7%);
- American Indians/Alaska Natives (24.8%, up from 11.1%);
- Low SES (14.3%, up from 6.9% and similar to the rate among non-low SES).

Having ever called the QuitLine was *less* common in 2008 among the following groups of quit attempters:

- men (9.9% vs. 16.7% among women);
- young adults (6.2%, similar between student and nonstudent vs. 14.4% among 25-64 year olds);
- Hispanics (5.5% vs. 14.5% among Anglos);
- GLB quit attempters (4.9% vs. 12.4% among heterosexuals).



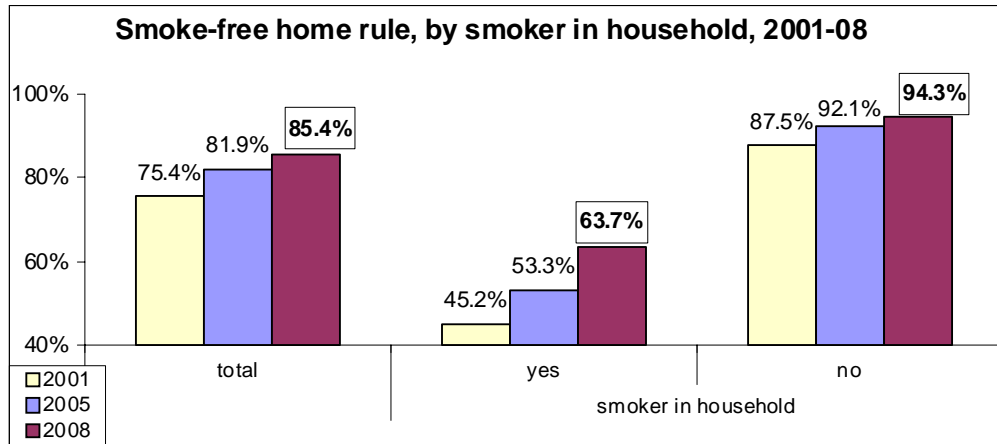
Almost half (47.9%) of current smokers expected never to call the QuitLine, a much larger proportion than those who expected never to quit (10.8%). Compared to their counterparts, a larger proportion of men (53.4%), Hispanics (63.4%), and GLB smokers (78.2%) expected never to call the QuitLine. In 2008, 14.9% of smokers had heard of the Colorado’s website for smoking cessation support ([www.coquitline.org](http://www.coquitline.org)), and 1.9% had visited the website.

In 2008, nearly three-fourths (72.7%) of smokers, but fewer than two-thirds (60.7%) of low SES smokers reported having a home computer with internet access.

In 2008, approximately six in ten smokers who saw a doctor or other healthcare provider reported being advised to quit smoking (61.3%, similar to 61.2%<sup>41</sup> in 2005). Among the smokers who received this advice, 31.7% reported trying to quit afterward (unchanged from 2005), while referral to cessation treatment increased by a factor of 30% (41.2%, up from 32.0% in 2005). Referrals to the Colorado QuitLine increased (33.5%, up from 26.5%), as did prescriptions for nicotine patches (33.4%, up from 13.4% in 2005) while referral to a class or group declined sharply (4.6%, down from 14.1%). Referral to internet cessation treatment was rare (0.5%, unchanged from 2005).

## Secondhand smoke: increased protection, decreasing exposure, continuing disparities

Smoke-free home rules and smoke-free behavior inside homes increased overall and among

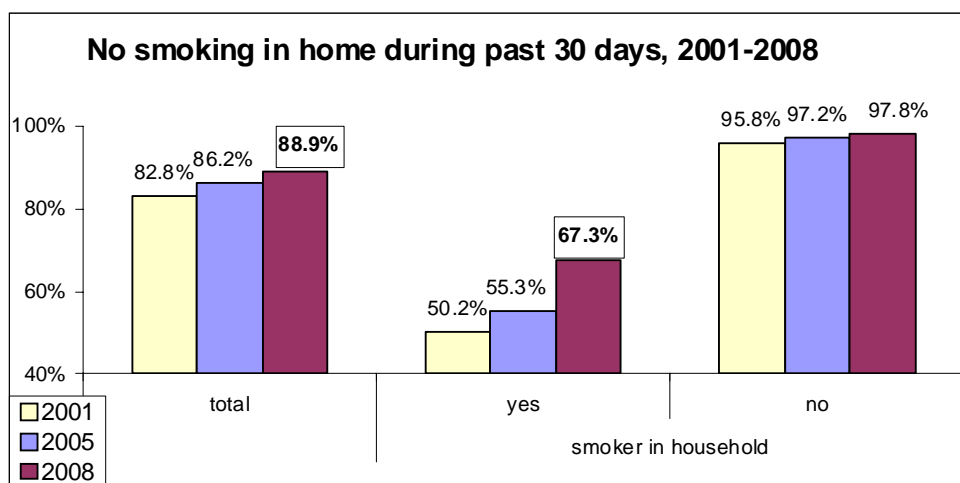


households with smokers during 2005-08. In 2008, virtually no smoking behavior occurred in homes where no smokers lived, while rules still increased slightly in these house-

holds. Only two-thirds of smoker households reported smoke-free behavior in their homes.

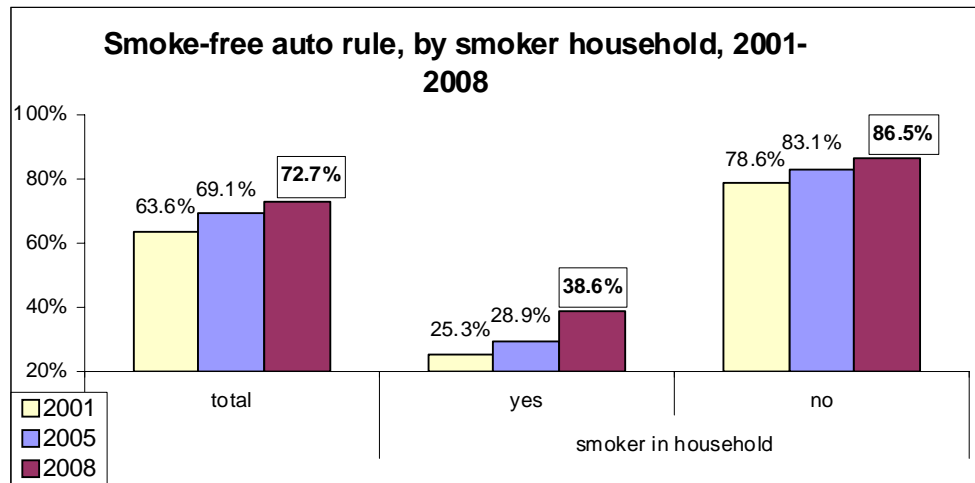
Where households had smoke-free rules, nearly all reported that it was very easy or somewhat easy to eliminate smoking in the home; this perception was similar in smoker (92.3%) and non-smoker households (95.1%).

In 2008, 18-24 year olds (81.2%) and those aged 45-64 (83.6%) or 65 and older (83.8%) were all slightly less likely than 25-44 year olds (88.8%) to report smoke-free home rules. Black/AA households were less likely than Anglo households to have smoke-free home rules (76.1% vs. 85.6%) and more likely to report smoking occurring inside the home (17.8% vs. 11.2%). Low SES households were less likely than other households to have smoke-free home rules (78.5% vs. 89.8%) and much more likely to report smoking occurring inside the home (17.4% vs. 6.9%).



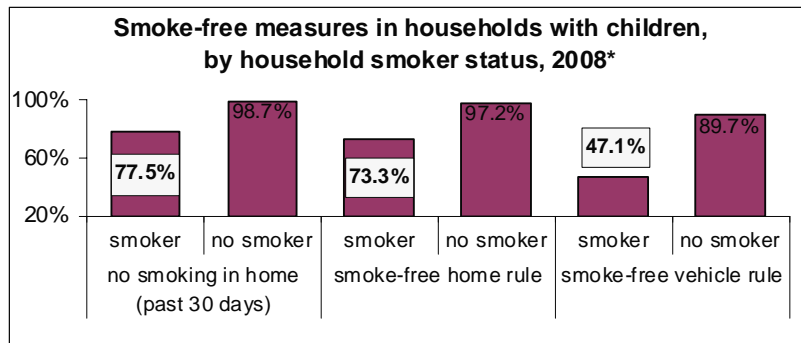
Among both smoker and nonsmoker households, those with rules were much more likely than those without rules to report no smoking occurring inside the home.

Smoke-free vehicle rules also increased among both smoker and nonsmoker households. In 2008, smokers were approximately 40% less likely to have smoke-free auto rules than to have smoke-free home rules. In 2008, men were less likely



than women to report smoke-free auto rules (68.7% vs. 76.8%); young adults were approximately 25% less likely than older adults to report smoke-free auto rules (56.6% among young adults; 73.5%-79.6% among older age groups). In 2008, American Indian/Alaska Native populations were less likely than Anglos to report smoke-free auto rules (58.1% vs. 73.3%); otherwise smoke-free auto rules were similar across other race/ethnic groups. Low SES households were less likely to have auto rules than non-low SES (61.5% vs. 79.4%).

One of the most important populations to protect from secondhand smoke (SHS) is children. While all measures of SHS protection improved in smoker-households with children, a large gap remained between smoker and nonsmoker households.



\*bold differences are between smoker and no smoker

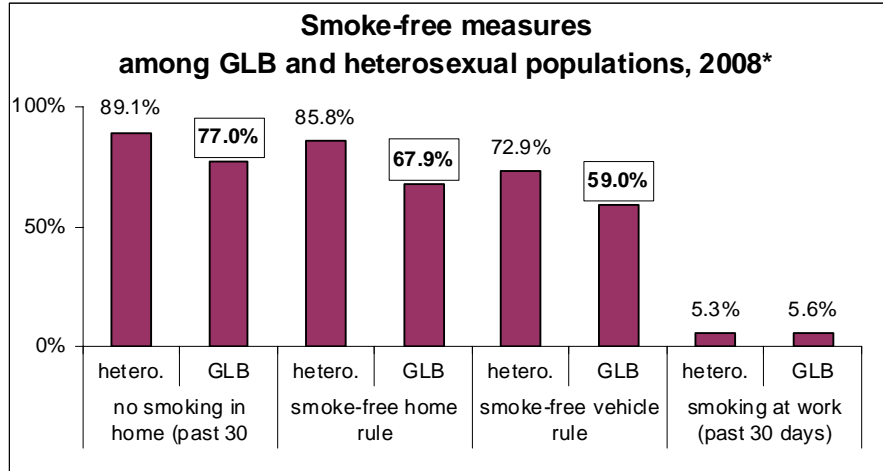
18-24 student	41.2%
18-24 non-student	59.1%
25-65	28.8%
Anglo	27.8%
Hispanic (English)	45.3%
Hispanic (Spanish)	29.8%
black/African Amer.	34.2%
Amer. Indian/AN	53.1%
Asian/PI	36.3%
mental illness/limit	55.1%
no MI/L	28.9%
low SES	46.0%
not low SES	20.3%
disabled	44.8%
not disabled	31.2%

Among almost all priority populations, children are more likely to live in a household with a smoker compared to their counterparts, and are therefore less likely to be protected from SHS.\*

\* The sample of GLB households with children was too small for estimating a percentage.

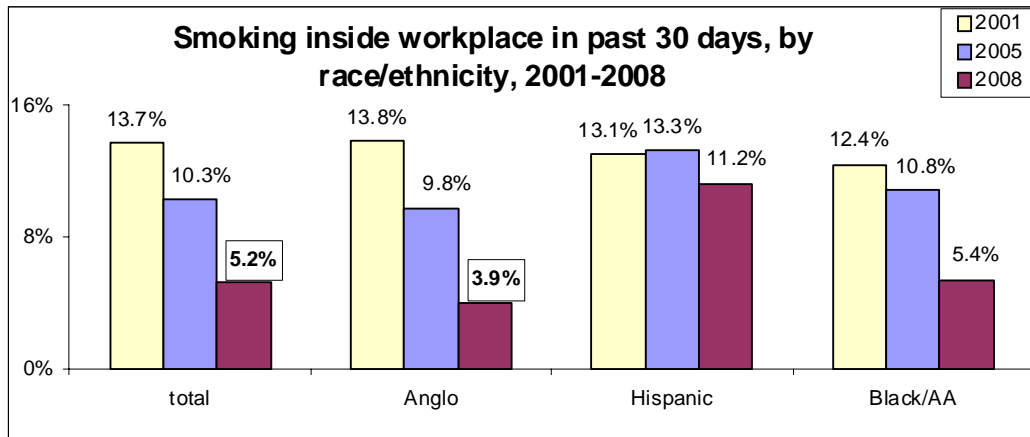


In 2008, GLB populations did not improve significantly on any measure of SHS protection and remained less protected than the heterosexual population. Smoking at work was equally uncommon among both populations.



\*bold differences are between GLB and heterosexual populations

During 2005-08, exposure to smoke at work, measured by reported smoking inside the workplace in the past 30 days, decreased (5.2%, down from 10.3%), presumably reflecting effects of the Colorado Clean Indoor Act of 2006. However, in 2008 men were more likely to report that somebody smoked in the workplace in the past 30 days than women (8.0% vs. 2.8%); Hispanics were more likely than Anglos (11.2% vs. 3.9%); current smokers were more likely than non-

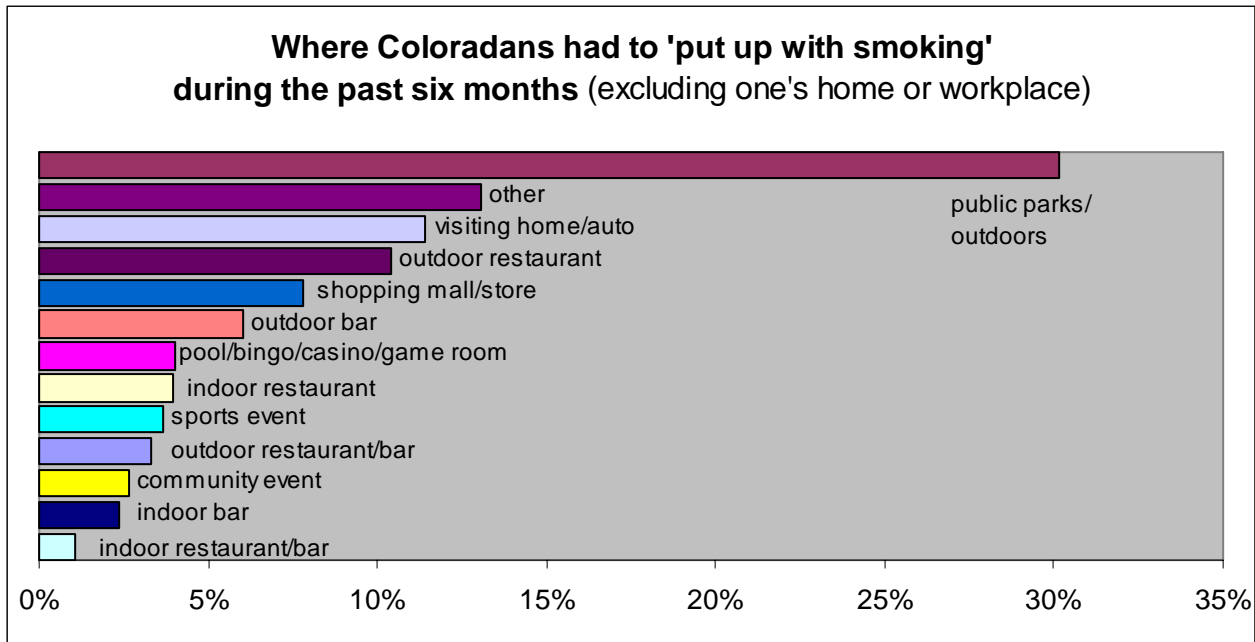


smokers (11.3% vs. 3.9%), and low SES were more likely than non-low SES adults (9.1% vs. 3.5%). No difference in smoking inside the workplace occurred between age groups or by GLB/heterosexual orientation.

When smoking was reported inside the workplace, it most often occurred daily (66.8%). Nonsmokers usually reported that workplace smokers were other employees (71.2%) or customers/non-employees (21.9%). About half of smokers (52.8%) reported that they were the workplace smokers, and 59.7% reported that other employees smoked in the workplace.

In 2008, an estimated 19.4% of smokers and 13.6% of nonsmokers were employed as drivers of a vehicle. Only 31.4% of smokers employed as drivers reported an official smoke-free vehicle policy (similar to 41.7% in 2005), a sharp contrast to the rate among nonsmokers employed as drivers (86.9%, up from 79.4%).

In 2008, approximately 28.8% of Coloradans asked someone not to smoke around them or their family (similar to 30.7% in 2005). Asked an additional question in 2008, 39.6% of Coloradans (41.2% of nonsmokers and 32.3% of smokers) reported having to “put up with” smoking around them outside their home and workplace during the previous six months. This unwanted exposure occurred most often at public parks or outdoors (30.2%). Homes and autos belonging to others (11.4%) and outdoor restaurants (10.4%) were also common sources of exposure. Indoor restaurants and bars were the least common sources of exposure, suggesting compliance with Colorado Clean Indoor Air Act.



Smoke-free environments are known to influence some smokers to smoke less or to quit. In 2008, one-fourth (24.3%) of Colorado smokers reported smoking less since the smoke-free law took effect. More than one in ten (12.8%) reported increased desire to quit. The number of smokers who quit in response to the smoke-free law is not known.

A potential public health concern related to smoke-free policies is the possibility that some smokers might use smokeless tobacco products where smoking isn't allowed but continue smoking elsewhere. In 2008, 18.1% of Colorado smokers reported having used smokeless tobacco during the previous year in a situation in which they could not smoke. Men were three times as likely as women to report this substitution (25.8% vs. 8.0%). Also, one in six smokers (16.8%) said they would “definitely” or “probably” switch from cigarettes to smokeless tobacco if they believed using the latter would have fewer health consequences. This intention was similarly common among most demographic groups. However, as is shown later in the spit tobacco section, there is little evidence so far that this intention is being carried out in Colorado.

Nonsmoking social norms may encourage smokers to quit.<sup>42,43</sup> In 2008, about half of Colorado smokers perceived that nonsmoking social norms were strong: 49.6% reported that their families and close friends very much wanted them to quit smoking. Young smokers were less likely to report strong nonsmoking social norms (31.3%). One-fourth (26.4%) of smokers reported weak nonsmoking social norms.

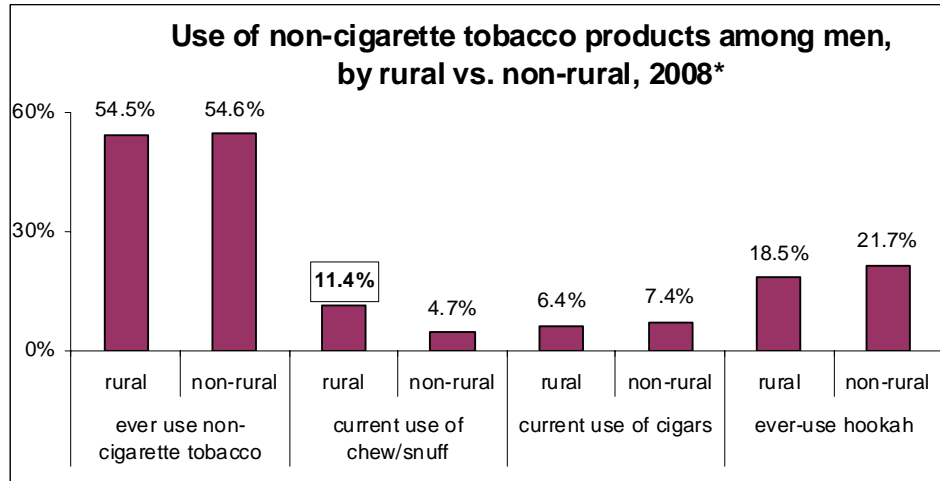
In 2008, Colorado smokers reported paying an average of \$3.98 for a pack of cigarettes – slightly less than the inflation-adjusted price they paid in 2005.

## No migration from cigarettes to other forms of tobacco

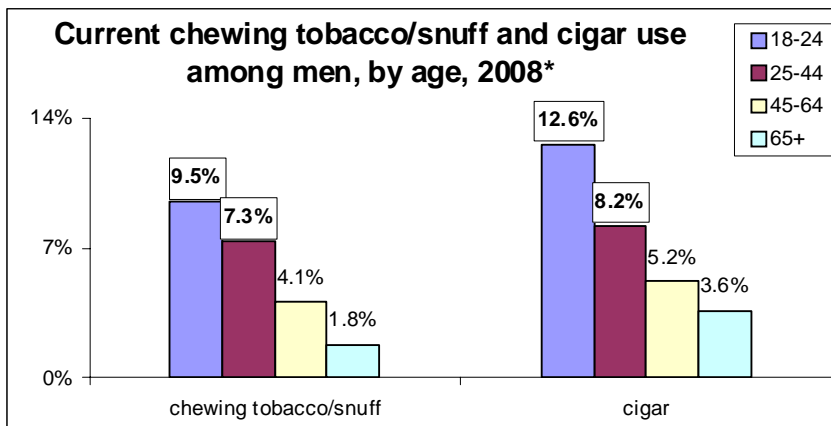
Ever-use of non-cigarette tobacco products was unchanged during 2005-08, at one-third of adults (32.6% in 2008).

Current use of chewing tobacco or snuff also remained steady during 2005-08 (3.1% every day or some days in 2008). It remained predominantly a male behavior (5.8% in 2008) and was evenly split between every day and some day use. Every day use decreased slightly among men (3.0%, down from 4.4% in 2005). Current use (every day and some days) was higher among rural men than non-rural men (11.4% vs. 4.7%); lower among black/AA men than Anglo men (0.4% vs. 6.5%); lower among GLB than heterosexual men (1.5% vs. 6.3%) and did not vary significantly among men by SES status or mental illness/limitations.

Current cigar smoking was also primarily a male behavior and did not change significantly during 2005-08 (7.2% every day or some days in 2008). Most men (6.3%) used cigars on some days while only 0.9% used cigars every day. Current use was lower among GLB compared to heterosexual men (3.6% vs. 7.6%) and did not vary among men by race/ethnicity, SES status, or mental illness/limitations.



\*bold differences are between rural and non-rural men for use of each product



Cigar smoking and chewing tobacco/snuff use were both more common among men younger than 45 than among men aged 45+ year olds. No difference was found on either measure by student status among young adults.

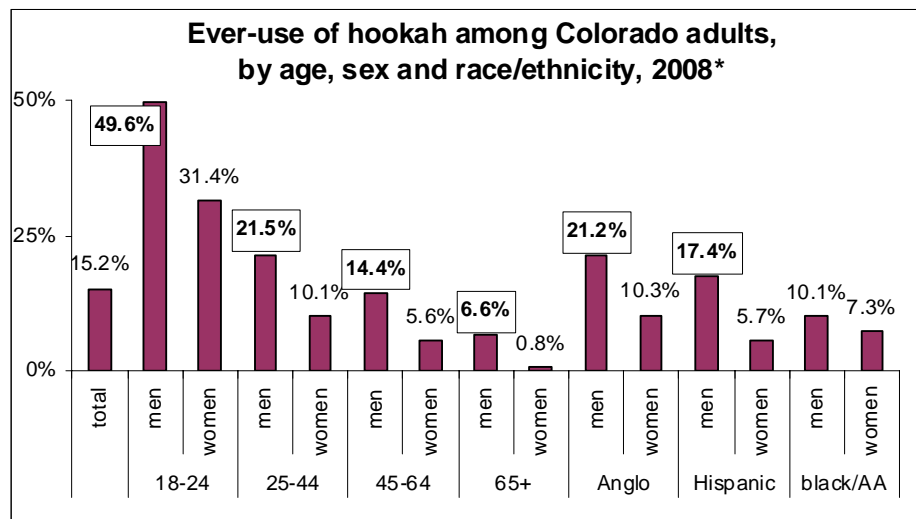
\*bold differences are between the bolded group and each of the two oldest age groups; cigar use between 25-44 and 45-64 was marginally significant ( $p=0.07$ )

A public health concern, discussed earlier, is that cigarette smokers might switch to smokeless tobacco use as smoke-free areas become more common. In 2008, male cigarette smokers were more likely than male former smokers to also use chewing tobacco or snuff (10.3% vs. 5.8%); former smokers and nonsmokers had similar chewing tobacco/snuff use rates (5.8% vs. 4.1%). If smokers were switching to chewing tobacco or snuff, the rate among former smokers might be higher than that among the other two groups. In addition, chewing tobacco/snuff use did not increase during 2005-08, neither overall nor among men of any smoking status (current, former, never); use among never-smoking men declined slightly (4.1%, down from 6.2%). Again, if switching was occurring, chewing tobacco/snuff use among former smokers would be increasing over time. Although nearly one in five Colorado smokers now reports using smokeless tobacco when smoking isn't possible, the other available evidence from current chewing tobacco/snuff use suggests that Colorado smokers are not switching from cigarettes to smokeless tobacco.

*Ever-use of hookahs (waterpipes)*

The practice of smoking tobacco through hookahs is a relatively recent arrival to Colorado. Despite impressions and misinformation to the contrary, the practice is at least as harmful as cigarette smoking, if not more so. Hookah use requires inhaling not only tobacco toxins but also toxic chemicals from the water-pipe fuel; communicable diseases can be transmitted among users of a shared mouthpiece or multiple mouthpieces connected to a single water bowl.<sup>44</sup> The extent of hookah among adults has not been studied nationally.<sup>45</sup>

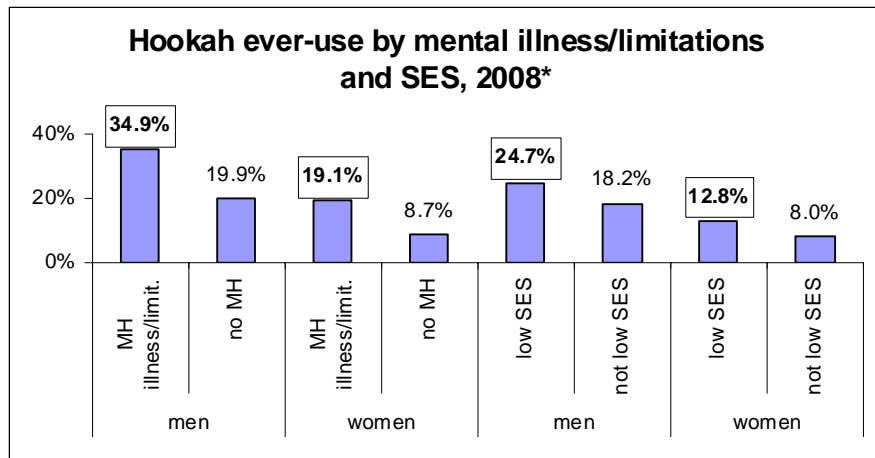
In 2008, ever-use of hookah in Colorado was more than three times as common among current smokers compared to non-smokers (33.6% vs. 9.1%) and twice as common compared to former smokers (33.6% vs. 15.8%).



\*bold differences are between men and women in each population

Ever-use was also twice as common among men compared to women (20.8% vs. 9.6%), consistent with published reports that three-fourths of waterpipe users are men.<sup>46</sup> Ever-use decreased significantly with age and was not different among young adult students compared to non-students. Hookah ever-use was less common among black/AA men than Anglo men and among Hispanic women compared to Anglo women. GLB women were four times as likely as heterosexual women to have ever used hookah (38.6% vs. 9.2%); no significant difference was found between GLB and heterosexual men.

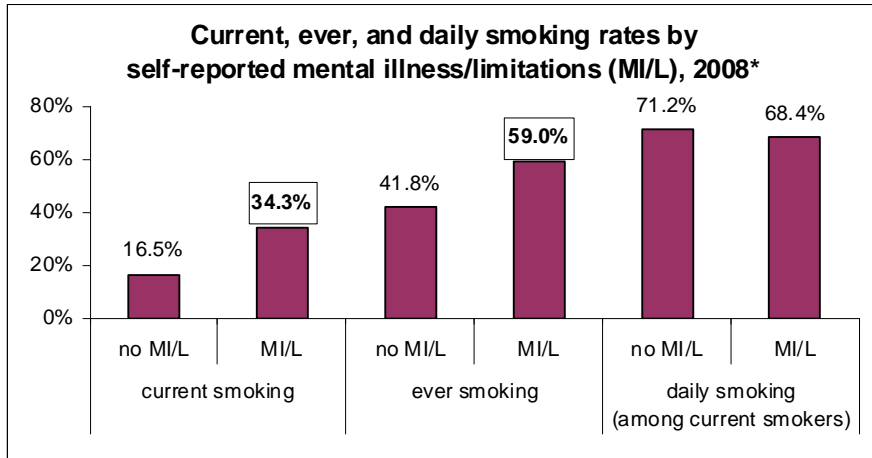
Hookah ever-use was significantly more common among both men and women with mental illness/limitations and low SES compared to their counterparts.



\*bold differences are between MH groups or SES groups by men and women

## Smoking and mental illness or mental limitations

In 2008, TABS added a short series of questions about diagnosed mental illness, symptoms, and self-perceived mental limitations. Responses provide a detailed picture of smoking behaviors and SHS exposure among this population for the first time in Colorado.



Among adults reporting a diagnosed mental illness or perceived mental limitations, current smoking was more than twice as common, and ever-smoking was 40% more common, than among other adults. Among current smokers, daily smoking was similarly common in both groups.

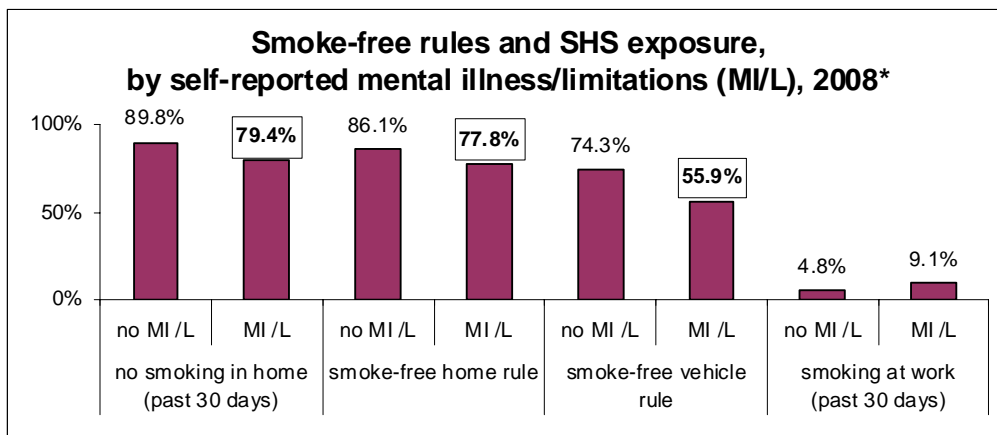
\*bold differences are between MI/L and no MI/L groups

No difference was found in number of smoking days smoked or CPD between nondaily smokers with or without mental illness/limitations.

Cessation behavior was not significantly different by mental health status, including:

- quit attempts and successful quitting (for at least 3 months);
- seeing a doctor, doctor's advice to quit, referral to cessation, and referral to QuitLine;
- use of NRT, counseling, cessation anti-depressants, and ever calling the QuitLine.

Use of Chantix® was slightly less common among smokers with mental illness or limitations (3.9% vs. 7.0%).



In contrast to cessation behaviors, prevalence of SHS rules and exposure differed significantly by mental health status on most measures.

\*bold differences are between MI/L and no MI/L groups

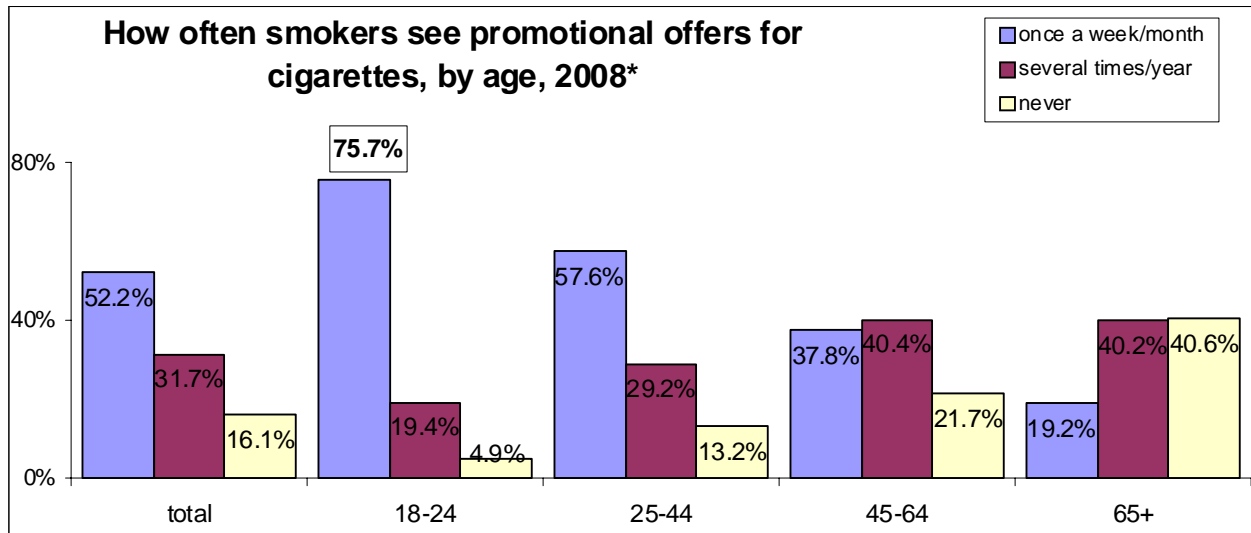
Also, perceived importance of smoke-free apartment buildings was slightly less common among people with mental illness or limitations (70.8% very or somewhat important, vs. 79.9% among non-MI/L).

People with mental illness or limitations were three times as likely as others to report that their friends and relatives smoke (17.3% vs. 5.8% among non-MI/L). No difference by mental health status was seen in the perceived acceptability of smoking among close friends and family members.



## ‘Ad’ding it up

Cigarette companies directly target continuation of smoking by discounting cigarettes to undermine the effect of increased cigarette prices on cessation. While many priority populations are known to be targeted by the industry, Colorado’s young adults were strikingly targeted with coupons and price discounts in 2008. Three-fourths of young adults (75.7%) report seeing such offers once a month or more often, and half of young adults (51.7%) – students and non-students alike – reported taking advantage of the offers often or every time they see them.



\*bold differences are between 18-24 year olds and the other age groups

Men were more likely than women to report seeing promotional cigarette offers (57.7% vs. 45.0%). No differences occurred in seeing promotional offers between race/ethnicities or GLB vs. heterosexual populations. While SES did not affect seeing promotional offers, low SES smokers were more likely than other smokers to take advantage of the offers (46.1% vs. 36.6%).

## References

- <sup>1</sup> Blumberg SJ, Luke JV, Davidson G, Davern ME, Yu T, Soderberg K. 2009. Wireless substitution: State-level estimates from the National Health Interview Survey, January–December 2007. National health statistics reports; no 14. Hyattsville, MD: National Center for Health Statistics.
- <sup>2</sup> Macro International Inc. 2008 Colorado Tobacco Attitudes and Behaviors Survey Methodology Report. Burlington, Vermont. 2009.
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