Tobacco Use in the United States

Background

Tobacco use is the leading cause of preventable death and disease in the United States, yet an estimated 45.1 million American adults, or 20.9% of the population, are current smokers.

Smoking trends

Adult smoking prevalence has declined dramatically over the past 50 years. In 1964, 42.4% of adults smoked compared to 2005 when approximately 20% of adults smoked. The tobacco cessation field had great success reducing prevalence during this period. However, the last few years show a leveling off of this trend in the general population, with disproportionably higher rates among low-income smokers and racial/ethnic minorities. Healthy People 2010 objectives aim to reduce the prevalence of cigarette smoking to 12% and to increase cessation attempts among adult smokers to 75%.

Current cigarette use

Recent data from the CDC indicate that in 2005:

- 20.9% of adults in the United States smoke cigarettes (45.1 million people).
- Men (23.9%) are more likely to smoke than women (18.1%).
- Native Americans/Alaska Natives (32%) are most likely to smoke followed by whites (21.9%), African Americans (21.5%), Hispanics (16.2%), and Asians (13.3%).
- People with less education and lower incomes are more likely to smoke than their higher educated, wealthier peers.
- Smoking prevalence is highest among adults with a General Education Development (GED) diploma (43.2%) and adults with 9-10 years of education (32.6%).
- Smoking prevalence is lower among adults with a college degree (10.7%) or a graduate college degree (7.1%).
- Adults who live below the poverty line are more likely to smoke (29.9%) than among those living above the poverty level (20.6%).

Other tobacco use

- In 2005, an estimated 5.6%, or 13.6 million Americans, 12 years of age or older, were current cigar users.[2]
- Nationally, an estimated 3% of adults are current smokeless tobacco users. Smokeless tobacco use is much higher among men (6%) than women (0.4%).[2]
- Use of low-tar products increases dramatically as age, education level, and income level increase, and is higher among women than men.[3]
- Many smokers consider smoking low-yield cigarettes, menthol cigarettes, or additive-free cigarettes to be safer than smoking regular cigarettes.[3,4]
- Many smokers of low-tar cigarettes may have switched to such brands instead of quitting. Smokers may be misled by the implied promise of reduced toxicity underlying the marketing of such brands.[5]

Quit attempts and treatment

- 70% of smokers want to quit, with 42.5% reporting a serious quit attempt in the past year.[1]
- Less than a third of smokers who try to quit each year use an effective science-based product or service.[6]
- The annual quit rate in the United States is 2.5%.[6]
- An estimated 46.5 million adults were former smokers in 2005.[1]
- Smokers with the least income and education are least likely to use effective treatments and quit successfully.[7]
- Studies have found rates of provider advice and/or proven treatment use to be lowest among African American, Latino, and uninsured, low-income and/or Medicaid/Medicare smokers.[8, 9, 10, 11]
- Brief clinical interventions by health care providers can increase the chances of successful cessation, as can counseling and behavioral cessation therapies.[12]
- Treatments with more person-to-person contact and intensity (e.g., more time with counselors) are more effective. Individual, group, or telephone counseling are all effective.[12]
- Pharmacological therapies found to be effective for treating tobacco dependence include nicotine replacement products (e.g., gum, inhaler, patch) and non-nicotine medications, such as Bupropion SR (Zyban®) and Varenicline Tartrate (Chantix™).[12]

Economic costs of tobacco use

- An estimated 372 billion cigarettes were consumed in the United States in 2006.[13]
- Total United States expenditures on tobacco were estimated to be $88.8 billion in 2005, of which $82 billion were on cigarettes.[14]
- For 1997–2001, cigarette smoking was estimated to be responsible for $167 billion in annual health-related economic losses in the United States ($75 billion in direct medical costs, and $92 billion in lost productivity), or about $3,702 per adult smoker.[1, 15]

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