

KEY TOBACCO CONTROL OUTCOME INDICATORS

NEW YORK STATE
DEPARTMENT OF HEALTH
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1. INTRODUCTION

Each year, approximately 25,432 New Yorkers die prematurely as a result of smoking.¹ These deaths translate to 339,646 years of life lost.¹ Evidence-based tobacco control programs and policy interventions can reduce this burden. Evidence suggests that state tobacco control programs are effective in reducing youth and adult smoking prevalence and overall cigarette consumption.^{2,5} Mass media campaigns, smoke-free air laws, cigarette excise taxes, health care reminder systems, and telephone-based smoking cessation counseling are examples of effective interventions available to state tobacco control programs. New York State has developed and implemented a comprehensive, multicomponent tobacco control program built on evidence-based interventions and promising new practices.

The New York Tobacco Control Program's (NY TCP's) mission is to reduce tobacco-related morbidity and mortality and the social and economic burden caused by tobacco use. This report illustrates trends in key outcome indicators as a way of tracking progress by NY TCP in reducing the health and economic burden of tobacco.

Using the Centers for Disease Control and Prevention's (CDC's) *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs*⁶ as a guide, NY TCP and RTI identified 80 outcomes of interest using 20 different data sources, ranging from publicly available data sets (e.g., Census, Consumer Price Index) to data collected by NY TCP (e.g., New York Adult Tobacco Survey, New York Youth Tobacco Survey, Retail Tobacco Advertising Survey) or other New York Department of Health (NYSDOH) program (Behavioral Risk Factor Surveillance System).

¹ Centers for Disease Control and Prevention (CDC). (2007). *Smoking-attributable mortality, morbidity, and economic costs (SAMMEC): Adult SAMMEC and maternal and child health (MCH) SAMMEC software*. <http://www.cdc.gov/tobacco/sammec>.

² Farrelly, M. C., Crankshaw, E. C., & Davis, K. C. (2008). Assessing the effectiveness of the mass media in discouraging smoking behavior. In National Cancer Institute (Ed.), *The role of the media in promoting and reducing tobacco use* (pp. 479–546). Tobacco Control Monograph No. 19. NIH Pub. No. 07-6242. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute.

³ Farrelly, M. C., Pechacek, T. F., & Chaloupka, F. J. (2003). The impact of tobacco control expenditures on aggregate cigarette sales. *Journal of Health Economics*, 22, 843–59.

⁴ Taurus, J. A., Chaloupka, F. J., Farrelly, M. C., Giovino, G. A., Wakefield, M., Johnston, L. D., et al. (2005). State tobacco control spending and youth smoking. *American Journal of Public Health*, 95(2), 338–344.

⁵ U.S. Department of Health and Human Services. (2000). *Reducing tobacco use: A report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention.

⁶ Starr, G., Rogers, T., Schooley, M., Porter, S., Wiesen, E., & Jamison, N. (2005). *Key outcome indicators for evaluating comprehensive tobacco control programs*. Atlanta, GA: Centers for Disease Control and Prevention.

The measures of interest are presented in seven sections:

- Tobacco Use (Section 3),
- Cessation (Section 4),
- Secondhand Smoke (Section 5),
- Media (Section 6),
- Attitudes and Beliefs (Section 7),
- Policy (e.g., prices, minor access laws) (Section 8), and
- Costs of Smoking (Section 9).

Section 2 presents brief descriptions of the data sets and our analytic methods.

2. DATA AND METHODS

2.1 Data

This section presents brief summaries of the data sources used for this report. The data sources are presented in alphabetical order. The descriptions include information on the developing agency, dates of availability, and topics of interest.

2.1.1 Adult Tobacco Survey

The Adult Tobacco Survey (ATS) was developed by the New York Tobacco Control Program (NY TCP) in partnership with RTI International. The survey is fielded quarterly to the noninstitutionalized adult population, aged 18 years or older, in New York State. Since Quarter 3, 2003, the ATS has assessed (a) adult attitudes and beliefs toward, and use of, tobacco; (b) purchasing behavior and cessation attempt behavior among adult smokers; (c) health status and health-related problems among all respondents; (d) attitudes toward, and exposure to, secondhand smoke; (e) perceptions of risk related to tobacco use; (f) recollection of exposure to tobacco or antitobacco advertising; and (g) attitudes toward newly enacted secondhand smoking policies. Questions meant to address each of these topics are included for multiple quarters. Some measures have been included since inception (e.g., current smoking status); however, many questions are included for a shorter period of time and may be rotated in and out of the survey instrument as necessary.

2.1.2 Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) was developed by the Centers for Disease Control and Prevention (CDC) in 1984. The survey is a state representative survey of health risk behaviors, preventive health practices, and health care access. When the BRFSS was first initiated, 15 states collected surveillance data on risk behavior such as smoking and drinking for the adult, civilian, noninstitutionalized population aged 18 years or older through monthly telephone interviews. The number of states included in the BRFSS increased over time. Since 1995, 50 states, the District of Columbia, and 3 territories participated in the survey. Today the BRFSS is the largest continuously conducted telephone health survey in the world.⁷ It has been conducted in New York State since 1985. A core set of tobacco-related questions are used in the BRFSS to develop estimates of smoking prevalence in New York. The New York State Department of Health (NYSDOH) works with CDC to conduct the BRFSS in New York, with CDC providing support for instrument development, sampling, and data weighting.

⁷ Centers for Disease Control and Prevention. (2010). Health risks in the United States. Behavioral Risk Factor Surveillance System: At a glance, 2010. Retrieved from <http://www.cdc.gov/chronicdisease/resources/publications/AAG/brfss.htm#aag>.

2.1.3 Census Bureau: Population

The Census Bureau's Population Estimate Program reports total resident population estimates for the nation, states, and counties. Annual population estimates for New York State were obtained from the NST-EST2009-01 list. This list includes annual population estimates for 2000 through 2009.

2.1.4 Center for Environmental Health: Tobacco Product Youth Access Law Compliance

Data on compliance with tobacco product youth access laws are collected annually by NYSDOH's Center for Environmental Health (CEH). Compliance checks are commissioned and carried out by NYSDOH, independently of RTI. CEH, often through local health departments, inspects every New York retailer at least once each fiscal year to determine if stores are selling to anyone younger than 18 years old; any inspection that reveals a retailer selling to minors results in a fine or penalty for the store and is flagged as an incident of noncompliance. Compliance rates are then calculated by RTI as the percentage of compliance checks in which the retailer correctly refused sale of cigarettes to the underage youth purchaser.

2.1.5 Consumer Price Index

The Consumer Price Index (CPI), as reported by the Bureau of Labor Statistics, represents the change in prices paid by urban consumers for a representative basket of goods and services. This representative basket includes food and beverages, housing, apparel, transportation, medical care, recreation, education and communication, and other goods and services. Prices for the goods and services included are collected in 87 urban areas throughout the country and from about 23,000 retail and service establishments. Data on rents are collected from about 50,000 landlords or tenants.

2.1.6 Federal Trade Commission: Tobacco Industry Marketing Expenditures

The Federal Trade Commission compiled information on domestic sales and advertising and promotional activity for U.S.-manufactured cigarettes between 1963 and 2006. The five major cigarette manufacturers in the United States (i.e., Altria Group; Houchens Industries, Inc.; Loews Corp.; Reynolds American, Inc.; and Vector Group Ltd.) were required to submit special reports containing this information.⁸

2.1.7 Health Care Organization and Provider Study

RTI developed the New York Health Care Organization and Provider Study (HCOPS) as part of the evaluation of NY TCP's Tobacco Cessation Center Initiative. The study gathers key information about system-level and provider-level adherence to recommendations set forth

⁸ Federal Trade Commission. (2009). Federal Trade Commission cigarette report for 2006. Retrieved from <http://www.ftc.gov/os/2009/08/090812cigarettereport.pdf>.

in the 2008 Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence, which are promoted by NY TCP-funded Tobacco Cessation Centers. The study involves statewide assessment of hospitals and medical practices through interviews with key staff who were most knowledgeable about tobacco screening and assessment systems, policies, and practices at their organization. In addition, the study uses surveys of health care providers (i.e., physicians, nurses, physician assistants, and nurse practitioners) in participating health care organizations to assess providers' adherence to the guideline's clinical intervention recommendations and provider awareness of systems in place at their organization to support guideline-concordant care. Three waves of data collection have been completed—in 2004/2005, 2007, and 2009—allowing for analysis of trends in key variables.

2.1.8 Licensed Tobacco Retailers

The database of licensed tobacco retailers is collected and maintained by the Department of Tax and Finance of New York. This database includes contact information (e.g., store name and address) for each licensed tobacco retailer in New York State. Using the physical address, rather than the mailing address, each retailer is identified as residing in one of New York's eight geographic areas.

2.1.9 National Adult Tobacco Survey

The National Adult Tobacco Survey (NATS) was developed by NY TCP in partnership with RTI. Similar to the ATS, the survey is fielded quarterly to the noninstitutionalized adult population, aged 18 years or older, in all states except New York State. Since Quarter 4, 2007, NATS has assessed (a) adult attitudes and beliefs toward, and use of, tobacco; (b) purchasing behavior and cessation attempt behavior among adult smokers; (c) health status and problems among all respondents; (d) attitudes toward, and exposure to, secondhand smoke; (e) perceptions of risk related to tobacco use; (f) recollection of exposure to tobacco or antitobacco advertising; and (g) attitudes toward newly enacted secondhand smoking policies. Questions meant to address each of these topics are included for multiple quarters. Some measures have been included since inception (e.g., current smoking status); however, many questions are included for a shorter period of time.

2.1.10 National Health Interview Survey

The National Health Interview Survey (NHIS) is administered by the National Center for Health Statistics, part of CDC. Since 1957, the survey has monitored health trends in the civilian, noninstitutionalized population. NHIS is revised every 10 to 15 years to better reflect the changing atmosphere of health concerns. The most recent revision was implemented in 1997 and includes four core components: Household, Family, Sample Adult, and Sample Child. These components track key demographic and health-related measures for the household, the family, a randomly selected adult, and a randomly selected child (if any children are present).

2.1.11 New York State Smokers' Quitline

The New York State Smokers' Quitline (NYSSQL) was established in 2000 to provide smoking cessation assistance to eligible New Yorkers. NYSSQL data contain records for every incoming and outgoing call attempt to or from the Quitline as well as data related to the 2-week nicotine replacement therapy (NRT)/satisfaction survey. The NRT/satisfaction data reflect completed 2-week follow-up interviews among clients who received NRT through their initial counseling session. In addition, NYSSQL data include information related to the 3- and 12-month evaluation surveys. These data reflect completed follow-up evaluations among a random sample of clients receiving an initial counseling session.

2.1.12 Nielsen Media Research and HN Media & Marketing: Gross Rating Points

Nielsen Media Research and HN Media & Marketing provide data to NYSDOH and RTI. These data summarize retrospective NY TCP countermarketing efforts by outlining television (a) air dates, (b) gross rating points (GRPs), and (c) markets for which particular advertisements were broadcast. Nielsen Media Research provided this information between 2001 and 2005, while HN Media & Marketing currently provide these data (i.e., 2006 to date). The data are organized for analytic purposes into monthly, quarterly, ad-level, and market-level data sets.

2.1.13 Office of Fire Prevention and Control: Reduced Ignition Propensity Legislation

The Reduced Ignition Propensity Legislation (RIPL) data set was developed by RTI to measure the effect of the RIPL enactment. Monthly fire-related data were requested from New York State's Office of Fire Prevention and Control for 2000 through 2008. The data measure the frequency and percentage of (a) cigarette-related fires, (b) cigarette-related civilian and fire-safety injuries and fatalities, and (c) monetary loss due to cigarette-related fires.

2.1.14 Retail Advertising Tobacco Survey

The Retail Advertising Tobacco Survey (RATS) was developed by NY TCP in partnership with RTI. The survey is an observational study of licensed tobacco retailers in New York State. Since 2004, surveyors have obtained data on interior and exterior advertising, prices, and promotions. Retailers are identified as convenience-only, convenience/gas combinations, small grocery, large grocery, pharmacy, mass merchandiser, tobacco specialty, and other.

2.1.15 ScanTrack™ Data

ScanTrack™ retail scanner data contain information about consumer purchases at the point of sale, available since 1994. The data are collected by the Nielsen Company at the store checkout register when a smoker purchases cigarettes. A computer reads the universal

product code; looks it up in a database; and records the price, type of cigarettes, and any promotional information. Nielsen combines the store data with data from other similar stores and uses proprietary statistical methods to project aggregate sales, prices, and promotional activity for all similar stores in the market area. Nielsen collects data in four retail channels: supermarkets, convenience stores, drug stores, and mass merchandisers. Data are collected quarterly except for convenience stores, which are collected weekly. Data are aggregated to the market level for 54 market areas in the United States (i.e., 52 non-overlapping market areas, one additional market area representing the remainder of the United States, and one market area for the total United States).

2.1.16 Smoking-Attributable Mortality, Morbidity, and Economic Costs

The Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) application was developed in 1987 by CDC to estimate the disease impact of smoking for the nation, states, and large populations. The adult SAMMEC application allows users to estimate (a) smoking-attributable mortality (SAM), (b) smoking-attributable years of potential life lost (YPLL), (c) health care expenditures, and (d) productivity losses for persons aged 35 years or older. The application also provides estimates of direct health care expenditures for persons aged 18 years or older.

2.1.17 Tax Burden on Tobacco

The Tax Burden on Tobacco, published by Orzechowski and Walker, contains self-reported consumption and prices from surveys of smokers and administrative data (e.g., prices and sales) on tax-paid removals from warehouses. Each annual edition presents data from 1955 through the most recent year available. *The Tax Burden on Tobacco* also contains detailed tables on local tax rates, local tax dollars collected, and taxes as a percentage of retail prices. Cigarette prices reported in *The Tax Burden* are constructed from responses to a mail survey of retailers using a sampling universe supplied by the tobacco industry. Prices are weighted to account for price discounts, brands, and cigarette characteristics.

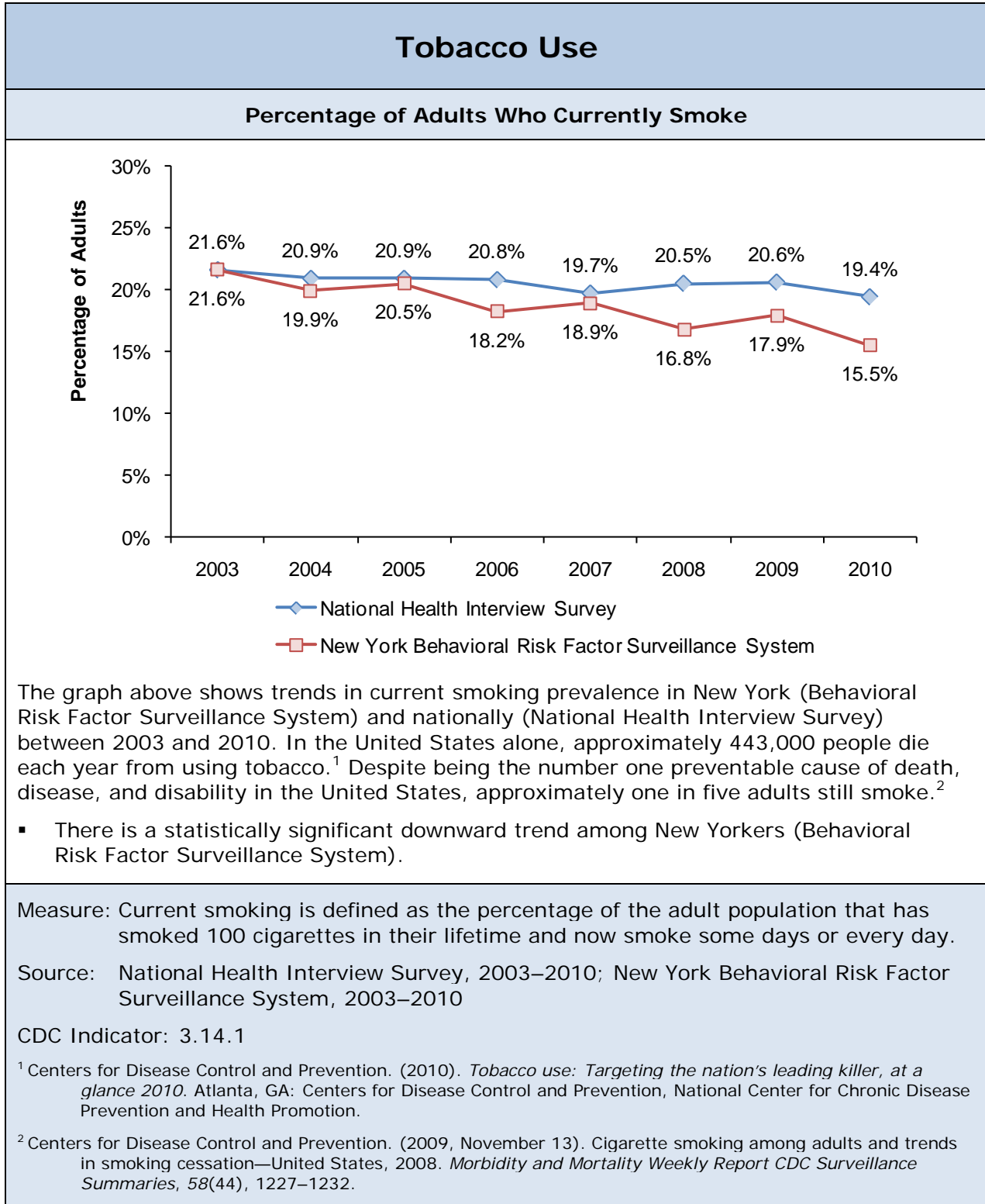
2.1.18 Youth Tobacco Survey

The Youth Tobacco Survey (YTS) was developed by CDC in collaboration with U.S. states to provide information on trends in youth tobacco use, access, and perceptions and to evaluate the cumulative effectiveness of tobacco use reduction programs. Starting in 2000, NYSDOH has conducted the YTS biennially to produce separate estimates for New York City, the rest of the state, and the state as a whole. The universe for the New York YTS consists of students in grades 6 through 12 attending public, parochial, and private schools in New York. Indicators assessed by the New York YTS include (a) tobacco use, (b) secondhand smoke exposure, (c) social network influences, (d) prevalence of cigarette smoking on school property, and (e) exposure to pro-tobacco messages.

2.2 Methods

We test each outcome for linear trends to assess whether there have been significant increases or decreases in the outcome over time. When possible, we also test for significant differences between New York and the rest of the United States. We highlight outcomes with statistically significant trends ($p < 0.05$) and differences ($p < 0.05$).

3. TOBACCO USE



Tobacco Use

Percentage of New York Adults Who Currently Smoke by Demographics

Category	Estimate [95% CI]
Overall	15.5% [14.4, 16.5]
Age	
18–24	15.4% [10.5, 20.2]
25–39	19.0% [16.4, 21.7]
40–64	16.6% [15.3, 18.0]
65 or older	7.5% [6.4, 8.5]
Race/Ethnicity	
White	16.0% [14.8, 17.2]
African American	14.2% [11.4, 17.1]
Hispanic	16.0% [12.4, 19.6]
Gender	
Female	13.0% [11.9, 14.1]
Male	18.1% [16.3, 19.9]
Education	
Less than high school	24.0% [19.5, 28.6]
High school diploma or GED	22.3% [19.8, 24.8]
Some college	18.2% [16.0, 20.4]
College degree or higher	8.2% [7.1, 9.4]
Income	
Less than \$25,000	22.1% [19.4, 24.8]
\$25,000–\$49,999	19.4% [16.8, 22.0]
\$50,000–\$74,999	14.5% [11.9, 17.0]
\$75,000 and more	11.4% [9.7, 13.0]
Employment	
Employed	15.0% [13.6, 16.4]
Not employed	24.7% [19.8, 29.5]
Not in the labor force ^a	13.8% [12.3, 15.3]

^a "Not in the labor force" includes students, homemakers, retirees, and those who are unable to work.

The table above presents current smoking prevalence in New York in 2010 by demographic characteristics. Despite being the leading preventable cause of death, disease, and disability in the United States, approximately one in five adults nationally still smoke.¹

Measure: Current smoking is defined as the percentage of the adult population that has smoked 100 cigarettes in their lifetime and now smoke some days or every day.

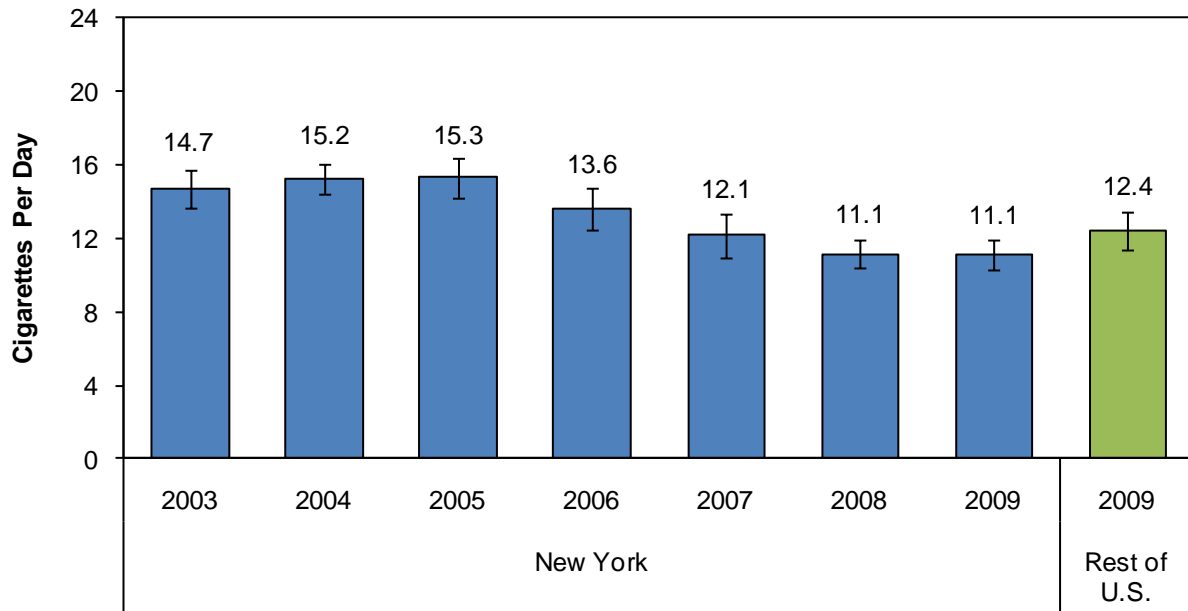
Source: New York Behavioral Risk Factor Surveillance System, 2010

CDC Indicator: 3.14.1

¹ Centers for Disease Control and Prevention. (2009, November 13). Cigarette smoking among adults and trends in smoking cessation—United States, 2008. *Morbidity and Mortality Weekly Report CDC Surveillance Summaries*, 58(44), 1227–1232.

Tobacco Use

Average Number of Cigarettes Smoked per Day among Current Smokers



The graph above shows the trend in the number of cigarettes smoked per day among current smokers in New York between 2003 and 2009 and the 2009 estimate for the rest of the United States. Reductions in daily cigarette consumption among current smokers have been shown to increase the likelihood of smoking cessation.^{1,2}

- There is a statistically significant downward trend among New York smokers.

Measure: Number of cigarettes smoked per day among current smokers is defined by responses to “On average, in the past 30 days, about how many cigarettes a day do you now smoke?,” “During the past 30 days, on how many days did you smoke cigarettes?” and “On the average, on the days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?”

Source: New York Adult Tobacco Survey, 2003–2009; National Adult Tobacco Survey, 2009

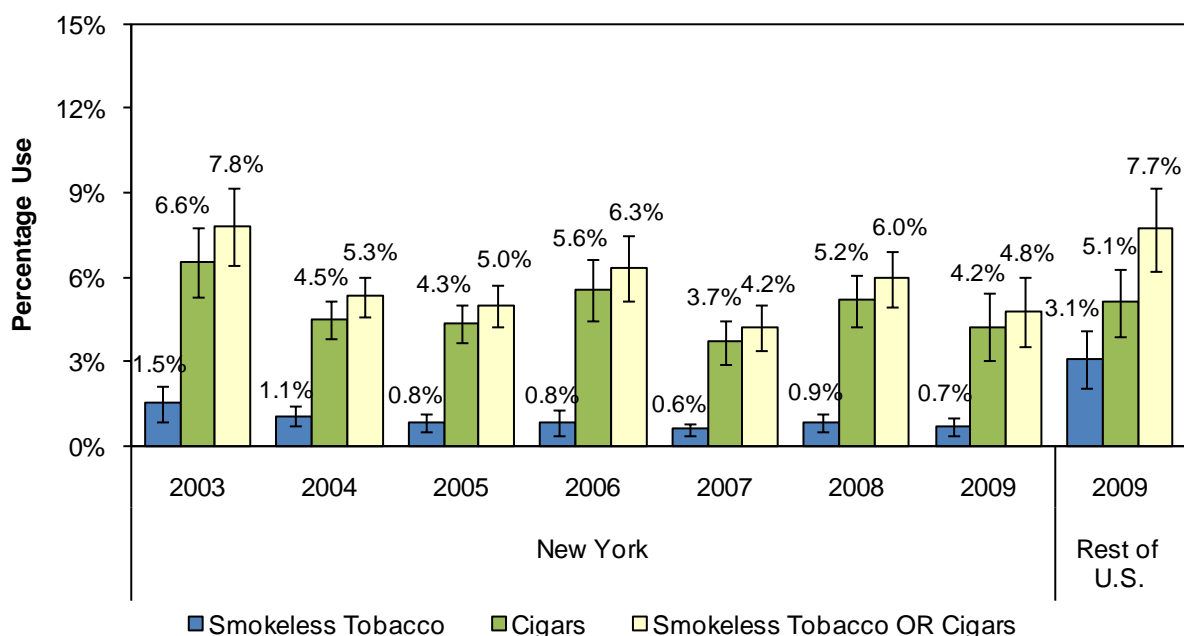
CDC Indicator: 2.8.2

¹ Hyland, A., Levy, D. T., Rezaishiraz, H., Hughes, J. R., Bauer, J. E., Giovino, G. A., & Cummings, K. M. (2005, June). Reduction in amount smoked predicts future cessation. *Psychology of Addictive Behaviors, 19*(2), 221–225.

² Farrelly, M. C., Evans, W. N., & Sfekas, A. E. (1999). The impact of workplace smoking bans: Results from a national survey. *Tobacco Control, 8*(3), 272–277.

Tobacco Use

Percentage of Adults Who Use Smokeless Tobacco or Cigars



The graph above shows the trend in smokeless tobacco and cigar use in New York between 2003 and 2009 and the 2009 estimate for the rest of the United States. Using smokeless tobacco significantly increases one's risk for developing oral cavity, pharynx, and pancreatic cancer. Additionally, those who smoke cigars regularly are at an increased risk for developing lung, oral cavity, larynx, esophagus, and possibly pancreatic cancer.¹

- There is a statistically significant difference between smokeless tobacco use in New York (0.7%) and the rest of the United States (3.1%) in 2009.
- There is a statistically significant difference between cigar use in New York (4.2%) and the rest of the United States (5.1%) in 2009.

Measure: Smokeless tobacco use is defined by responding "Yes" to "Do you now use chewing tobacco, snuff, or dip?" Cigar use is defined by responding "Yes" to "Do you now use cigars, cigarillos, or little cigars?" Smokeless tobacco or cigar use is defined as responding "Yes" to using smokeless tobacco or cigars.

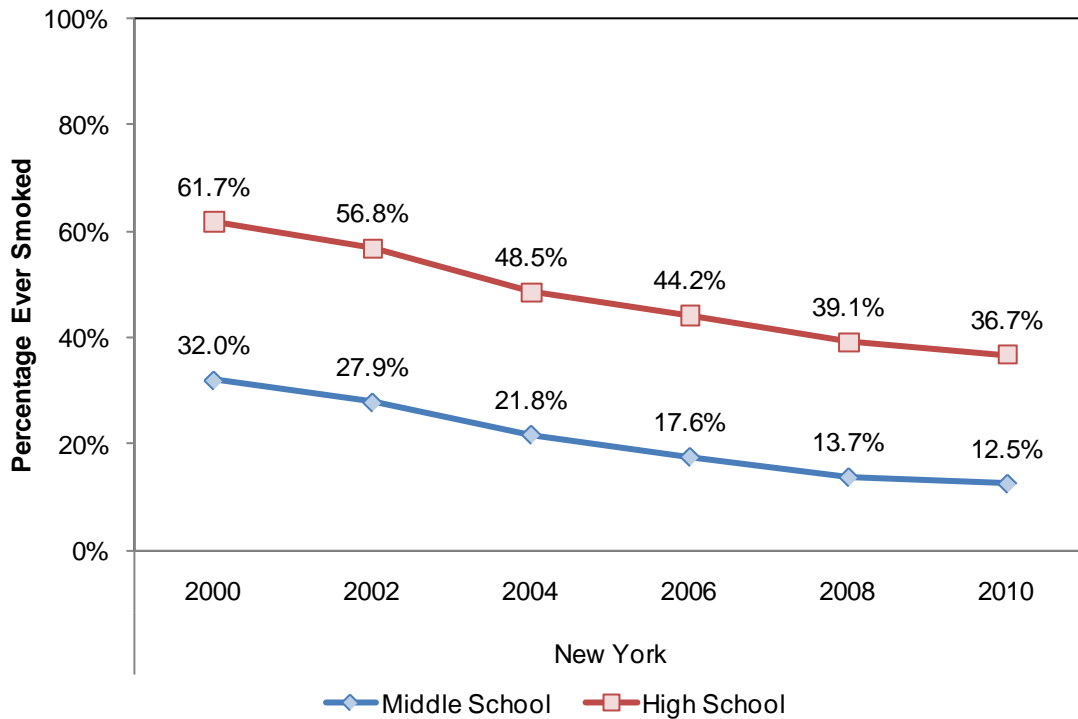
Source: New York Adult Tobacco Survey, 2003–2009; National Adult Tobacco Survey, 2009

CDC Indicator: 3.14.1

¹ American Cancer Society. (2010). *Cancer facts & figures 2010*. Atlanta, GA: American Cancer Society.

Tobacco Use

Percentage of New York Middle School and High School Students Who Have Ever Smoked a Cigarette



The graph above shows the trend in ever smoking among middle school and high school students in New York between 2000 and 2010. The vast majority of adult smokers begin smoking in adolescence; reducing adolescent initiation of cigarette smoking may reduce the number of adult smokers.¹

- There is a statistically significant downward trend among middle school students.
- There is a statistically significant downward trend among high school students.

Measure: Ever use of cigarettes among middle and high school students is defined by responding "Yes" to "Have you ever tried cigarette smoking, even one or two puffs?"

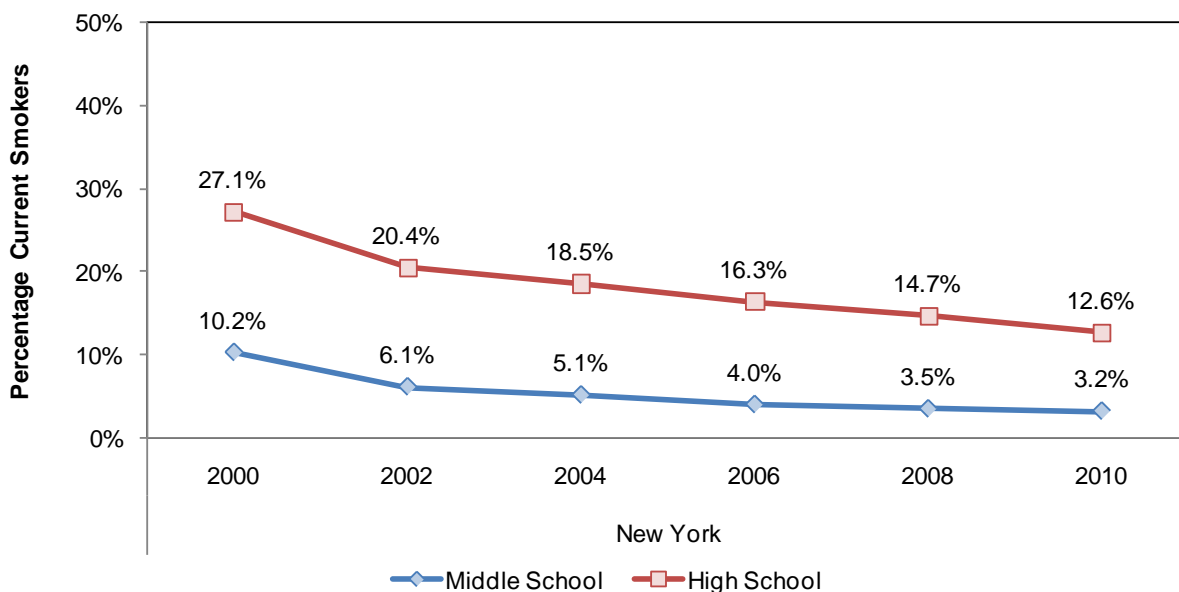
Source: New York Youth Tobacco Survey 2000–2010

CDC Indicator: 1.13.2

¹ U.S. Department of Health and Human Services. (1994). *Preventing tobacco use among young people: A report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention.

Tobacco Use

Percentage of New York Middle School and High School Students Who Are Current Cigarette Smokers



The graph above shows the trend in current smoking among middle school and high school students in New York between 2000 and 2010. Most adult smokers begin smoking as adolescents. If young people can be kept from using tobacco, their chances of smoking as adults are greatly reduced.¹

- There is a statistically significant downward trend among middle school students.
- There is a statistically significant downward trend among high school students.

Measure: Current smoking among middle and high school students is defined by responding "1 or 2 days," "3 to 5 days," "6 to 9 days," "10 to 19 days," "20 to 29 days," or "all 30 days" to the question "During the past 30 days, on how many days did you smoke cigarettes?"

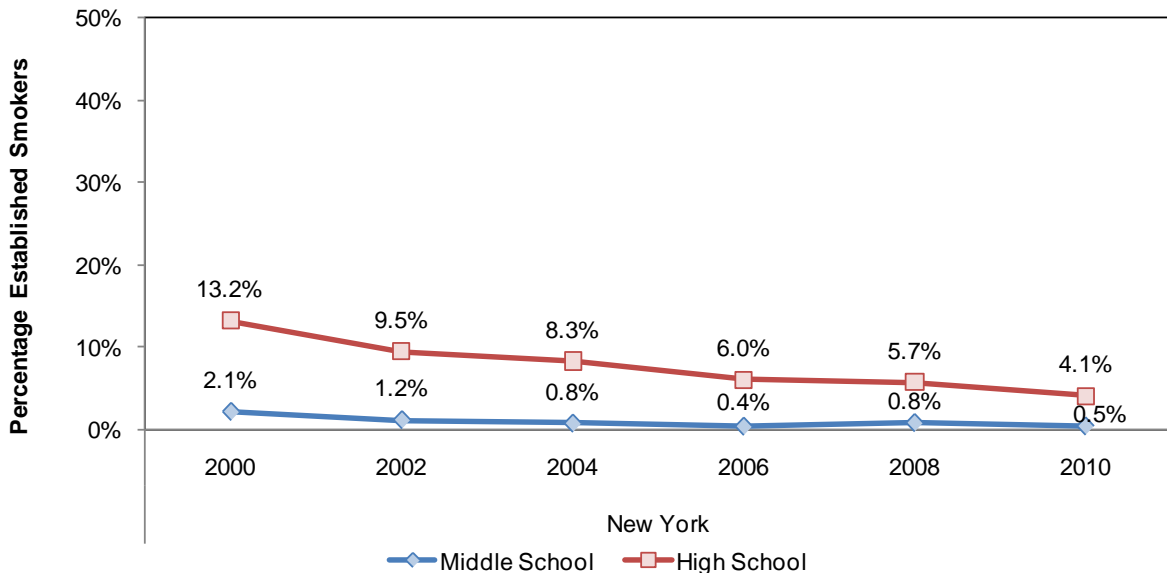
Source: New York Youth Tobacco Survey, 2000–2010

CDC Indicator: 1.14.1

¹ U.S. Department of Health and Human Services. (1994). *Preventing tobacco use among young people: A report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention.

Tobacco Use

Percentage of New York Middle School and High School Students Who Are Established Smokers



The graph above shows the trend in established smoking among middle school and high school students in New York between 2000 and 2010. Long-term addiction to nicotine is more likely in those who begin smoking at an early age. If young people can be kept from using tobacco, their chances of smoking as adults are greatly reduced.¹

- There is a statistically significant downward trend among middle school students.
- There is a statistically significant downward trend among high school students.

Measure: Established smoking among middle and high school students is defined by responding "100 to 200 cigarettes (5–10 packs)" or "More than 200 cigarettes (more than 10 packs)" to the question "About how many cigarettes have you smoked in your entire life?" In addition, students responded "20 to 29 days" or "all 30 days" to the question "During the past 30 days, on how many days did you smoke cigarettes?"

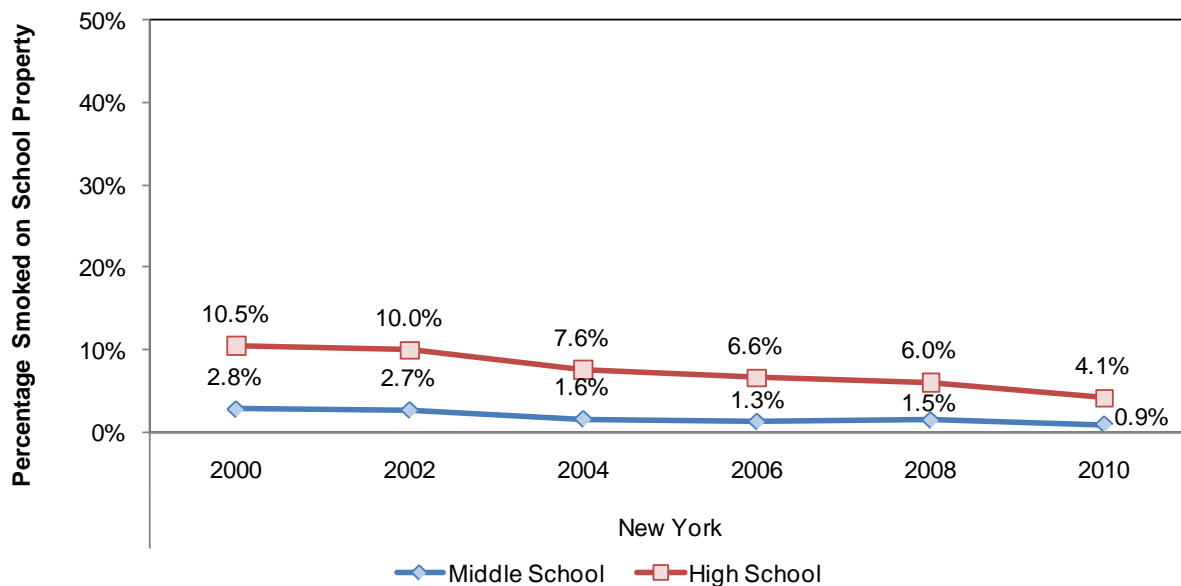
Source: New York Youth Tobacco Survey, 2000–2010

CDC Indicator: 1.14.2

¹ U.S. Department of Health and Human Services. (1994). *Preventing tobacco use among young people: A report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention.

Tobacco Use

Percentage of New York Middle School and High School Students Who Reported Smoking on School Property in the Past 30 Days



The graph above shows the trend in smoking on school property among middle school and high school students in New York between 2000 and 2010. As compliance with tobacco-free policies strengthens and antitobacco attitudes and beliefs become the social norm, adolescents' use of and access to tobacco products are likely to decline.¹

- There is a statistically significant downward trend among middle school students.
- There is a statistically significant downward trend among high school students.

Measure: Past-month smoking on school property by middle and high school students is defined by responding "1 or 2 days," "3 to 5 days," "6 to 9 days," "10 to 19 days," "20 to 29 days," or "all 30 days" to the question "During the past 30 days, on how many days did you smoke cigarettes on school property?"

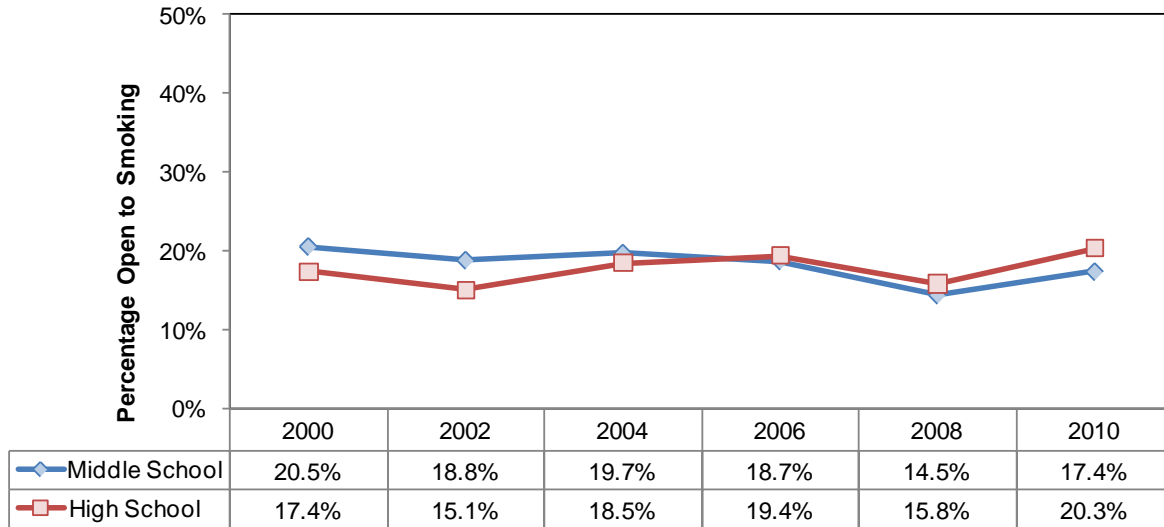
Source: New York Youth Tobacco Survey, 2000–2010

CDC Indicator: 1.7.10

¹ Weber, M. D., Bagwell, D. A., Fielding, J. E., & Glantz, S. A. (2003). Long-term compliance with California's smoke-free workplace law among bars and restaurants in Los Angeles County. *Tobacco Control*, 12, 269–273.

Tobacco Use

Percentage of New York Middle School and High School Never Smokers Who Are Open to Smoking



New York

The graph above shows the trend in middle and high school never smokers in New York who are open to smoking between 2000 and 2010. Adolescents are less likely to try smoking if they make a firm decision to be smoke-free. Not making a firm decision to be smoke-free increases the chances that a young person will experiment with smoking more than if the young person has family or close friends who smoke.¹

- There is a statistically significant downward trend among middle school students.

Measure: Middle and high school students who have never smoked are defined as open to smoking by responding “yes” to the question “Do you think that you will try a cigarette soon?”; “definitely yes,” “probably yes,” or “probably not” to the question “Do you think you will smoke a cigarette at anytime during the next year?”; and “definitely yes,” “probably yes,” or “probably not” to the question “If one of your best friends offered you a cigarette, would you smoke it?”

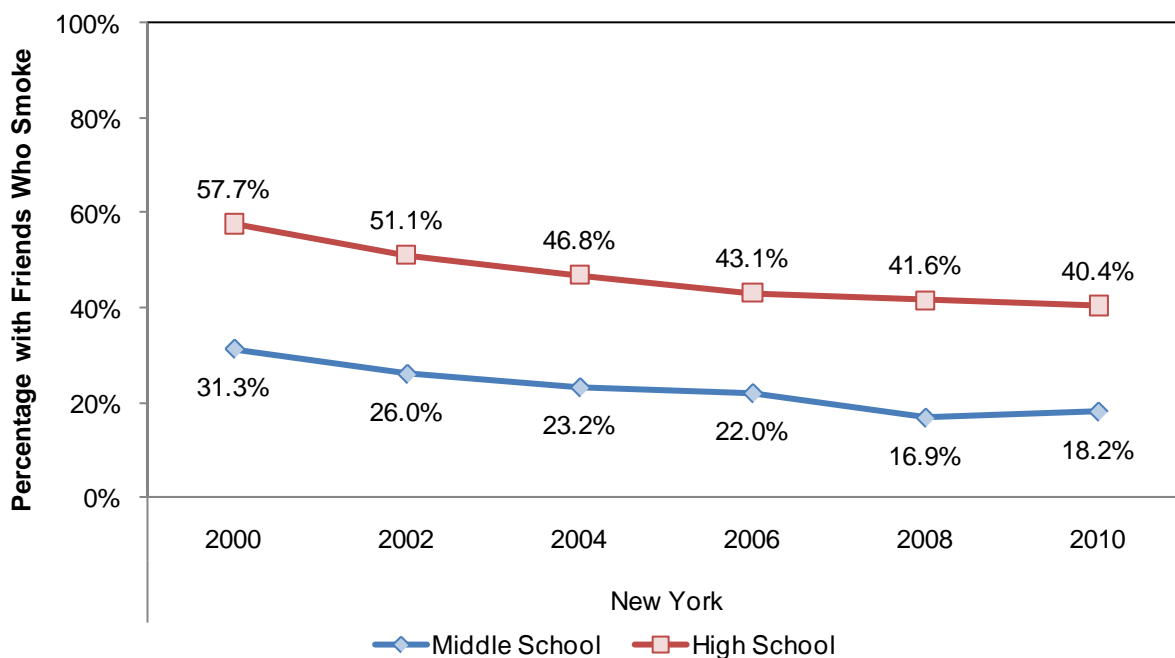
Source: New York Youth Tobacco Survey, 2000–2010

CDC Indicator: 1.10.5

¹ Pierce, J. P., Choi, W. S., Gilpin, E. A., Farkas, A. J., & Merritt, R. K. (1996). Validation of susceptibility as a predictor of which adolescents take up smoking in the United States. *Health Psychology, 15*(5), 355–361.

Tobacco Use

Percentage of New York Middle School and High School Students Who Have at Least One Close Friend Who Smokes



The graph above shows the trend in middle school and high school students in New York who have at least one close friend who smokes between 2000 and 2010. Peer smoking leads to an increase in an adolescent's probability of smoking. The likelihood that an adolescent will smoke increases by three percentage points for every 10% increase in the proportion of smoking classmates.¹

- There is a statistically significant downward trend among middle school students.
- There is a statistically significant downward trend among high school students.

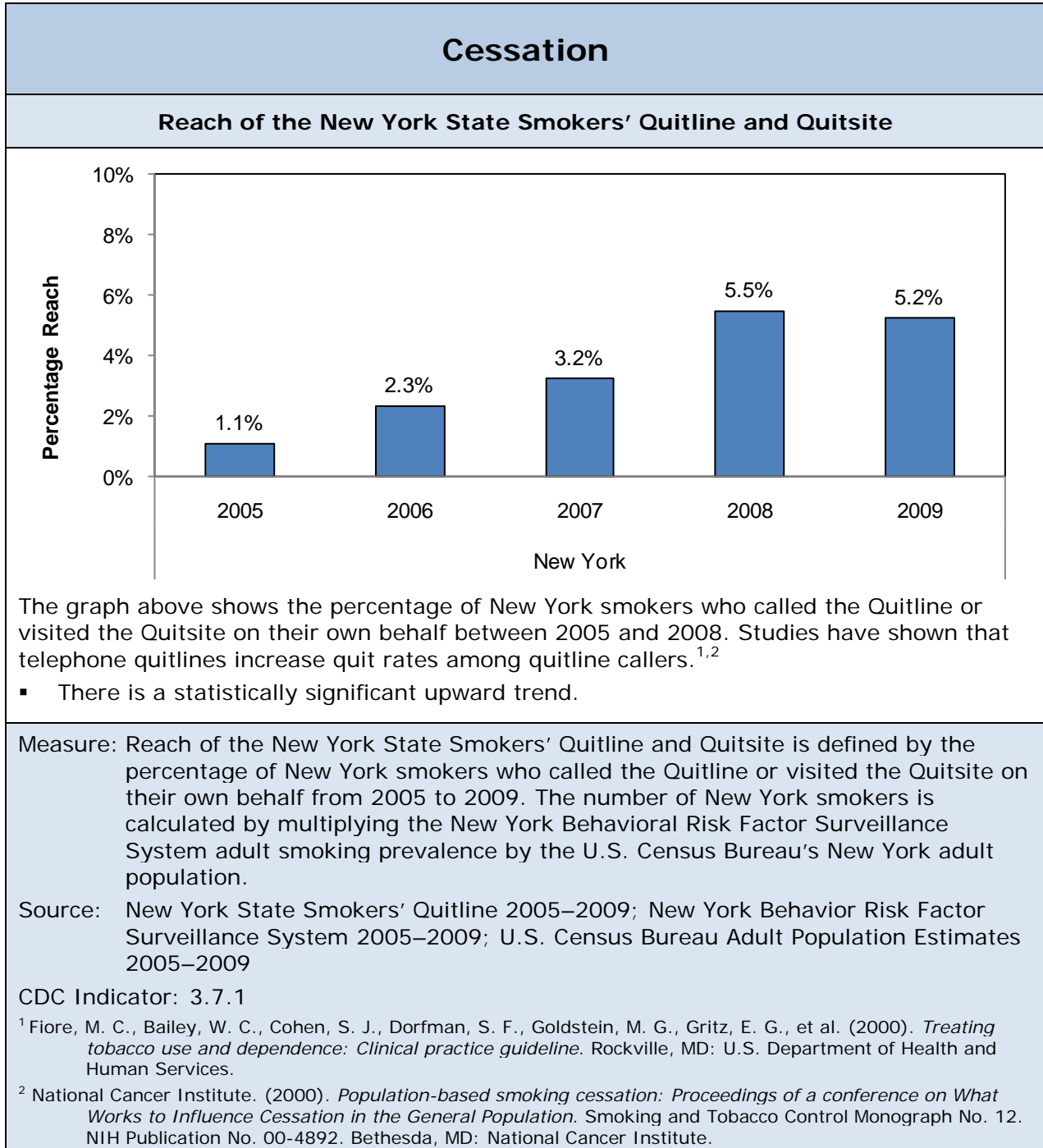
Measure: Percentage of New York middle school and high school students who have at least one close friend who smokes, by year. Having a friend who smokes is defined by responding "one," "two," "three," or "four" to the question "How many of your four closest friends smoke cigarettes?"

Source: New York Youth Tobacco Survey, 2000–2010

CDC Indicator: 1.10.5

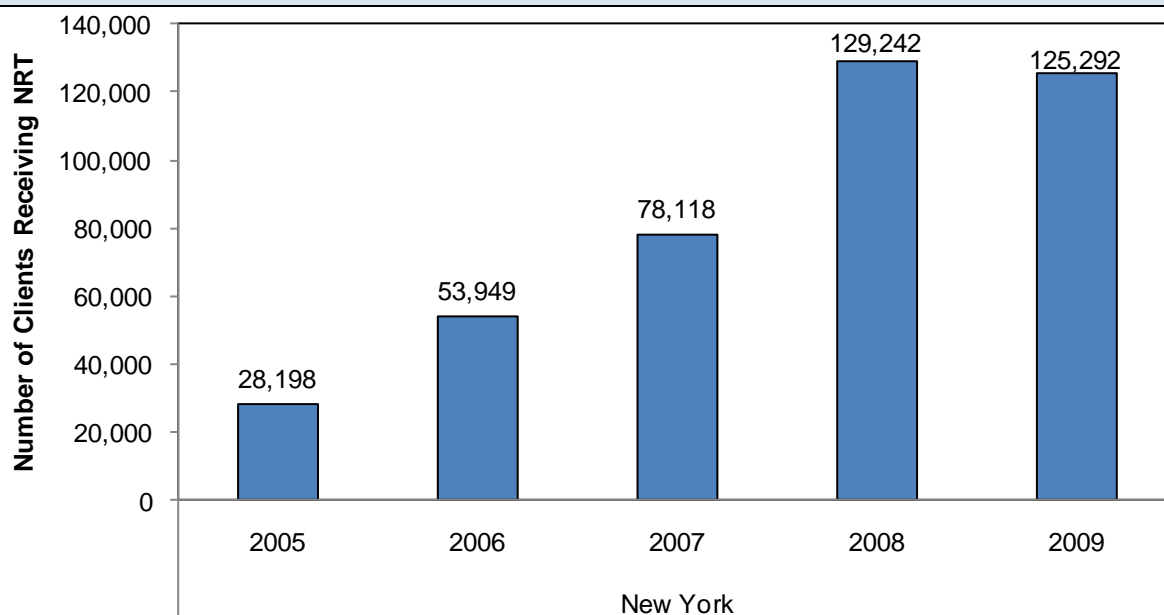
¹ Fletcher, Jason. (2010). Social interactions and smoking: Evidence using multiple student cohorts, instrumental variables, and school fixed effects. *Health Economics*, 19, 466–484.

4. CESSATION



Cessation

Number of New York State Smokers' Quitline and Quitsite Clients Receiving Free Nicotine Replacement Therapy



The graph above shows the trend in the number of New York State Smokers' Quitline and Quitsite clients receiving free nicotine replacement therapy (NRT) between 2005 and 2009. Every year, almost half of all U.S. smokers attempt to quit, but only about 5% are still abstinent 1 year later. Services such as quitlines, counseling, pharmacotherapy, and a combination of these cessation services significantly increase abstinence rates among smokers.¹

- There is a statistically significant upward trend.

Measure: The number of New York State Smokers' Quitline and Quitsite clients receiving free NRT is defined as the number of callers calling on their own behalf who request and receive an NRT shipment.

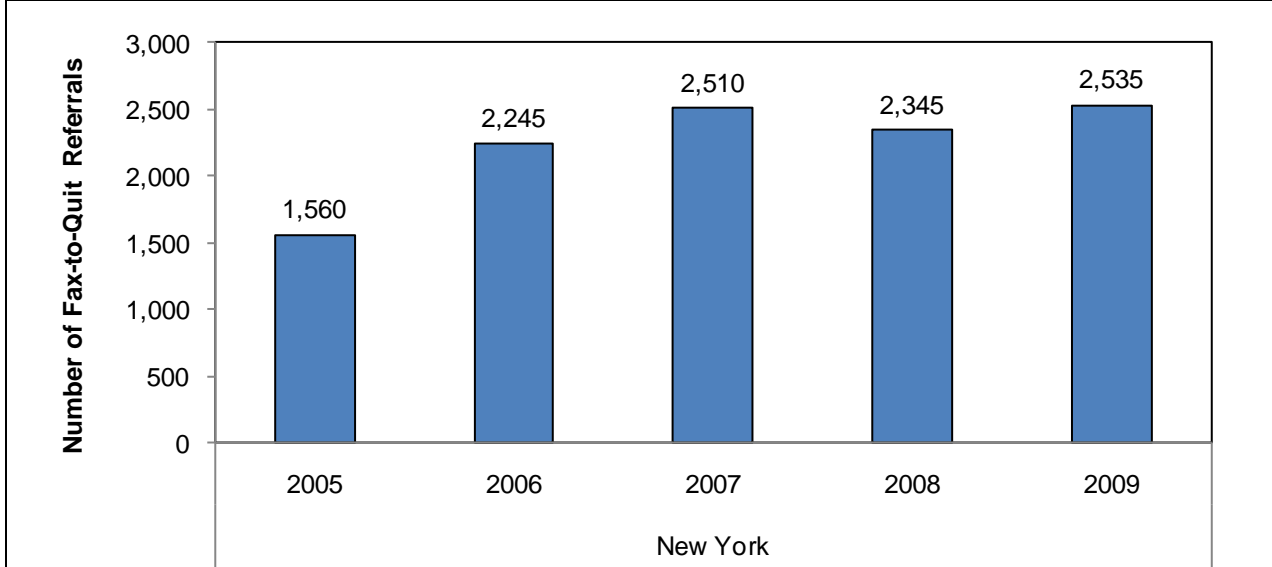
Source: New York State Smokers' Quitline, 2005–2009

CDC Indicator: 3.8.4

¹ Fiore, M. C., Bailey, W. C., Cohen, S. J., Dorfman, S. F., Goldstein, M. G., Gritz, E. G., et al. (2000). *Treating tobacco use and dependence: Clinical practice guideline*. Rockville, MD: U.S. Department of Health and Human Services.

Cessation

Number of New York State Smokers' Quitline Fax-to-Quit Referrals



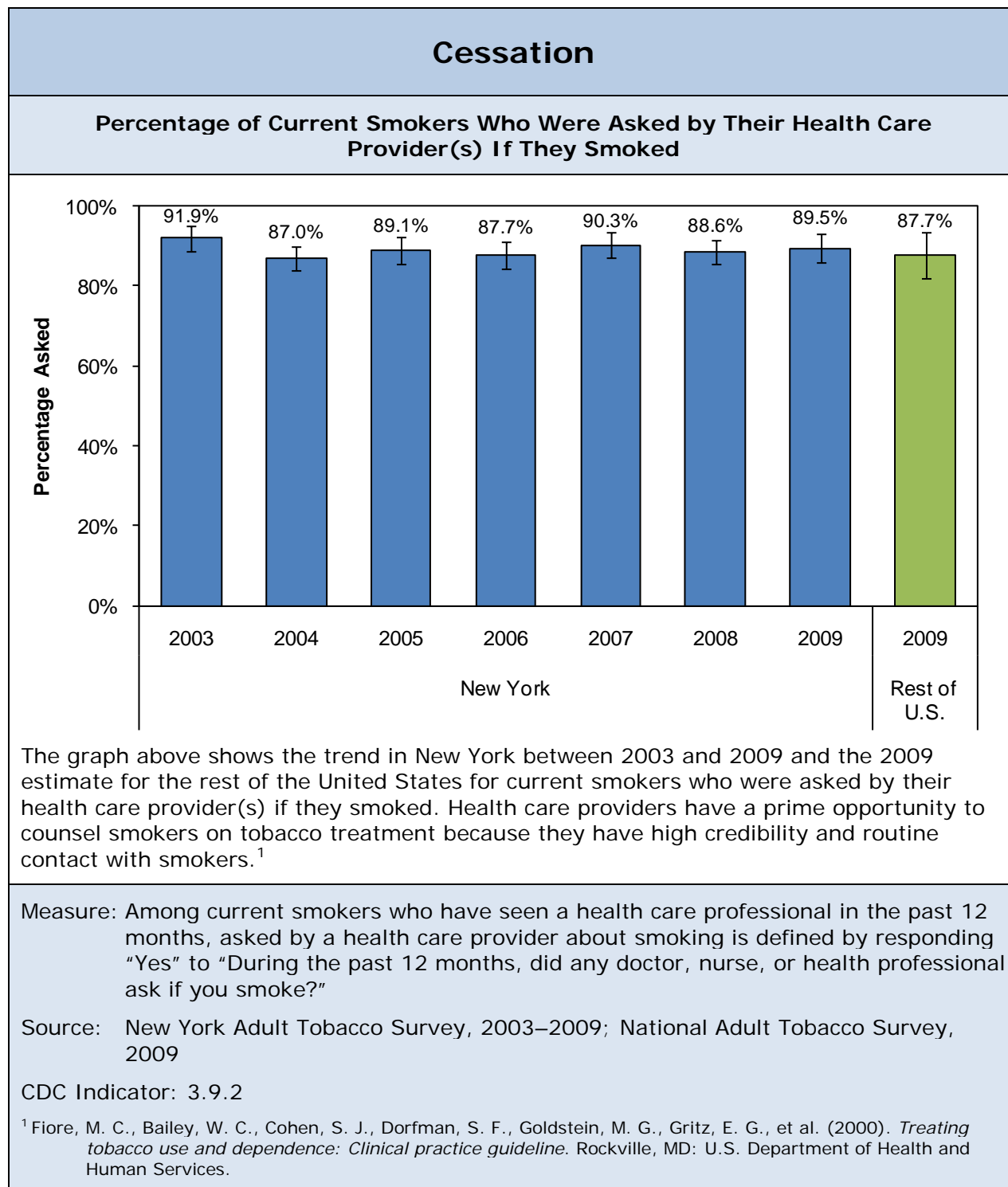
The graph above shows the trend in the number of New York State Smokers' Quitline Fax-to-Quit referrals between 2005 and 2009. Self-reports indicate that smokers are motivated to quit smoking upon receiving quit recommendations from their physicians. Clinician advice on treating tobacco dependence results in a decrease in the number of cigarettes smoked daily, an increase in quit attempts, and an increase in aspirations to quit.¹

Measure: The number of New York State Smokers' Quitline callers participating in Fax-to-Quit is defined as the number of callers who were referred by their health care provider to the Quitline through the Fax-to-Quit program that resulted in a completed intake interview.

Source: New York State Smokers' Quitline, 2005–2009

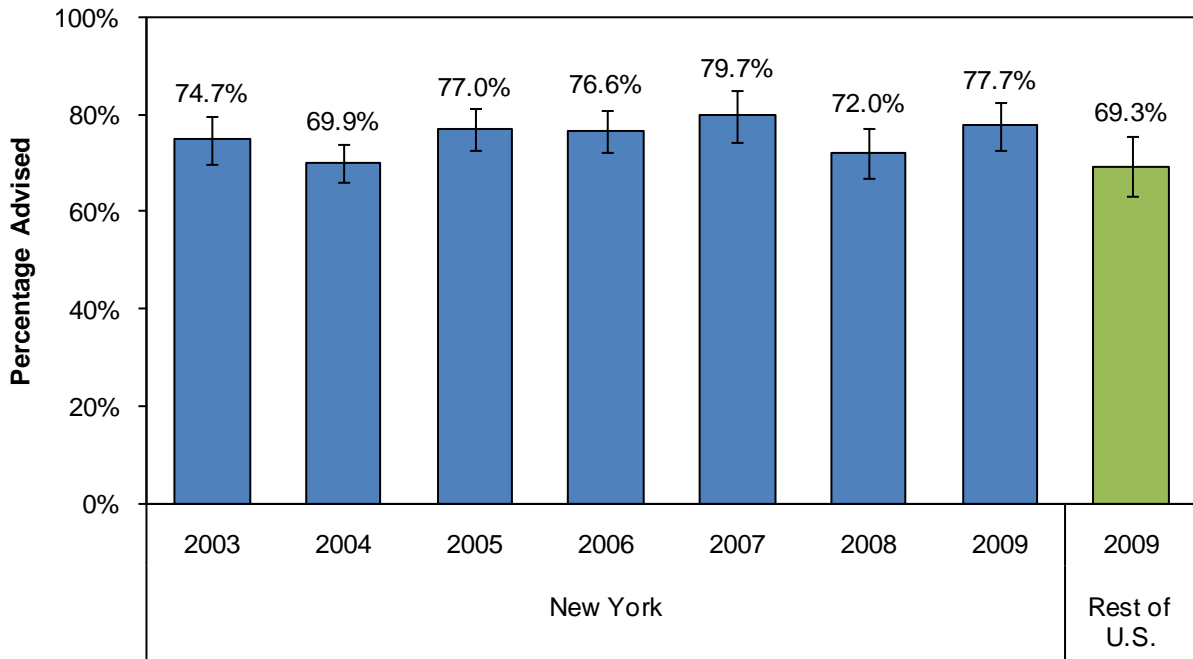
CDC Indicator: 3.8.4

¹ Fiore, M. C., Bailey, W. C., Cohen, S. J., Dorfman, S. F., Goldstein, M. G., Gritz, E. G., et al. (2000). *Treating tobacco use and dependence: Clinical practice guideline*. Rockville, MD: U.S. Department of Health and Human Services.



Cessation

Percentage of Current Smokers Who Were Advised by Their Health Care Provider(s) to Quit Smoking



The graph above shows the trend in New York between 2003 and 2009 and the 2009 estimate for the rest of the United States for current smokers who were advised by their health care provider(s) to quit smoking. Self-reports indicate smokers are motivated to quit smoking upon receiving quit recommendations from their physicians. Clinician advice on treating tobacco dependence results in a decrease in the number of cigarettes smoked daily, an increase in quit attempts, and an increase in aspirations to quit.¹

- There is a statistically significant difference between current smokers in New York and those in the rest of the United States in 2009.

Measure: Among current smokers who have seen a health care professional in the past 12 months, advised by a health care provider about smoking is defined by responding “Yes” to “In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?”

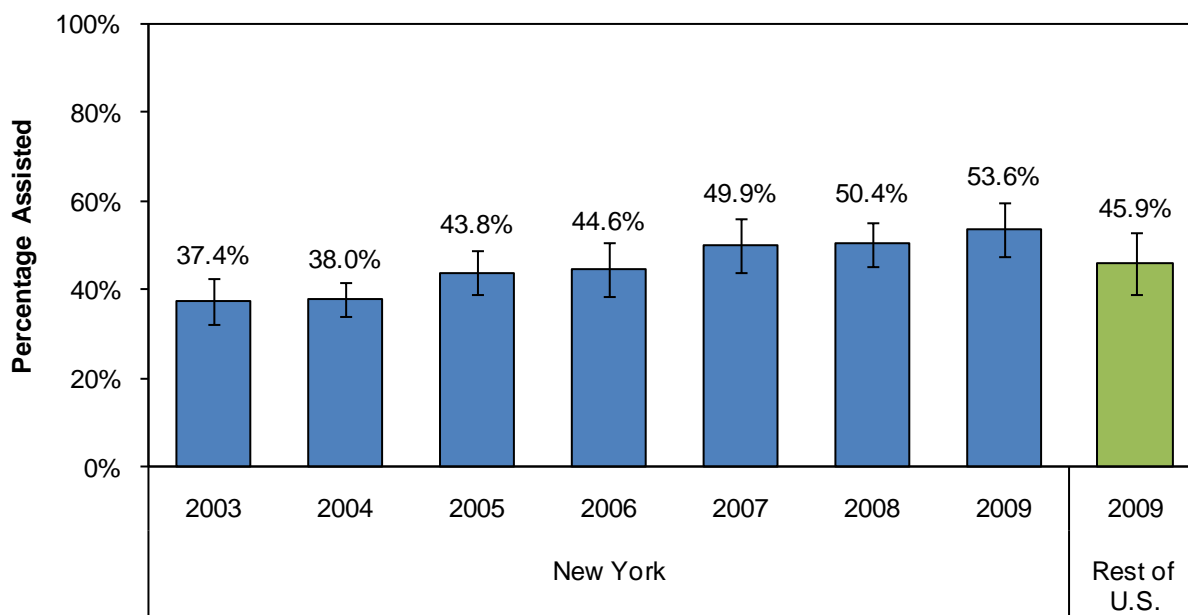
Source: New York Adult Tobacco Survey, 2003–2009; National Adult Tobacco Survey, 2009

CDC Indicator: 3.9.3

¹ Fiore, M. C., Bailey, W. C., Cohen, S. J., Dorfman, S. F., Goldstein, M. G., Gritz, E. G., et al. (2000). *Treating tobacco use and dependence: Clinical practice guideline*. Rockville, MD: U.S. Department of Health and Human Services.

Cessation

Percentage of Adult Current Smokers Who Were Assisted by Their Health Care Provider(s) with Smoking Cessation



The above graph shows the trend in New York between 2003 and 2009 and the 2009 estimate for the rest of the United States for current smokers who were assisted by their health care provider(s) with smoking cessation. Clinician advice on treating tobacco dependence results in a decrease in the number of cigarettes smoked daily, an increase in quit attempts, and an increase in aspirations to quit. Rigorous training for clinicians to identify and counsel smokers are evidenced to have a higher success rate in helping smokers quit than clinicians without such training.¹

- There is a statistically significant upward trend among New York smokers.

Measure: Among current smokers who have seen a health care professional in the past 12 months, assisted by a health care provider with smoking cessation is defined by responding "Yes" to "When a doctor, nurse, or other health professional advised you to quit smoking, did he/she do any of the following: recommend a nicotine patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban or Chantix; set a specific quit date; smoking cessation class, program, or counselling; call telephone quit line; provide booklet, videos, or other materials; schedule a follow-up visit to discuss progress?"

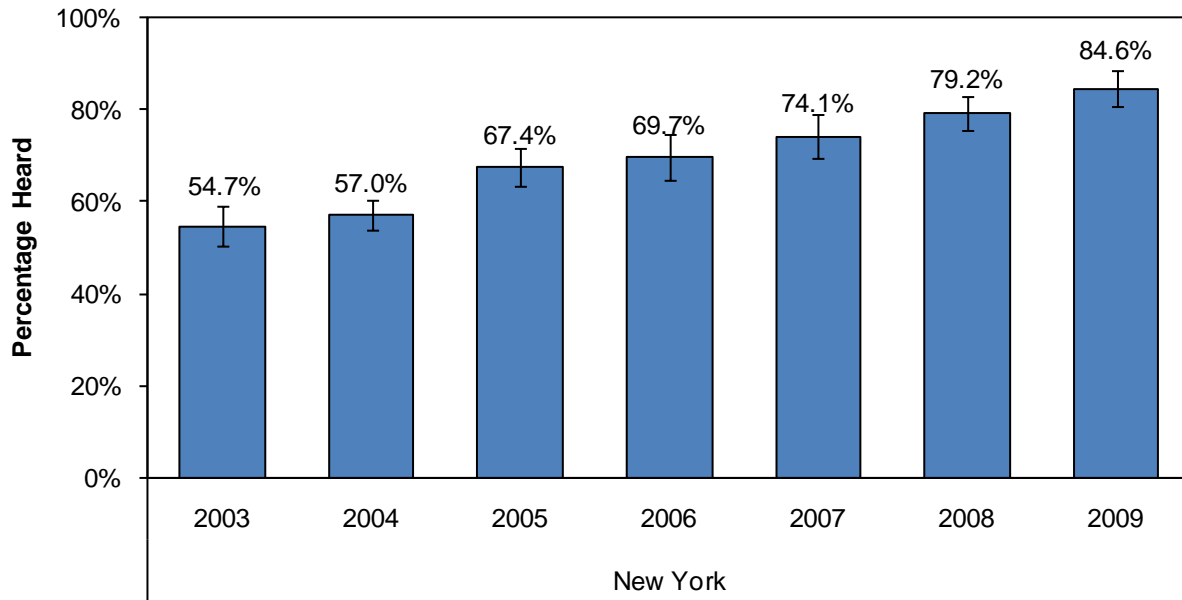
Source: New York Adult Tobacco Survey, 2003–2009; National Adult Tobacco Survey, 2009

CDC Indicator: 3.9.5

¹ Fiore, M. C., Bailey, W. C., Cohen, S. J., Dorfman, S. F., Goldstein, M. G., Gritz, E. G., et al. (2000). *Treating tobacco use and dependence: Clinical practice guideline*. Rockville, MD: U.S. Department of Health and Human Services.

Cessation

Percentage of Adult Current Smokers Who Report That They Have Heard of the New York State Smokers' Quitline



The graph above shows the trend in adult current smokers who report that they have heard of the New York State Smokers' Quitline between 2003 and 2009. Increased awareness of quitlines is associated with an increase in the use of quitlines.¹

- There is a statistically significant upward trend among New York smokers.

Measure: The percentage of current smokers who have heard about the New York State Smokers' Quitline is defined by responding "Yes" to "Have you heard of the New York State Smokers' Quitline?"

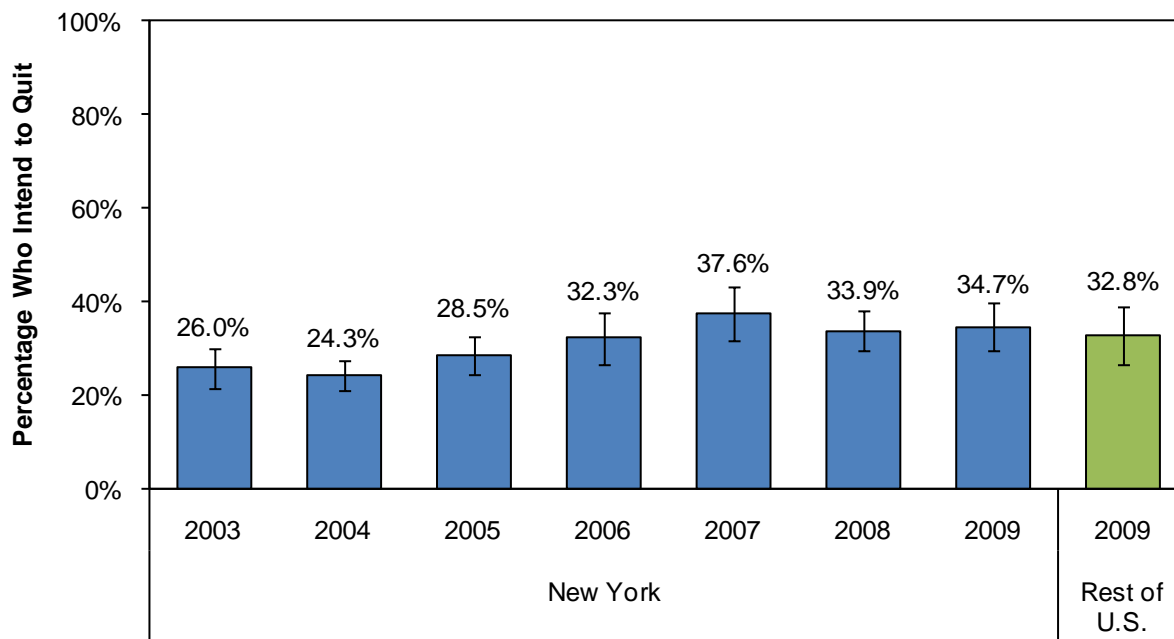
Source: New York Adult Tobacco Survey, 2003–2009

CDC Indicator: Not Applicable

¹ RTI International. (2009, July). *Fifth Annual Independent Evaluation of New York's Tobacco Control Program*. Prepared for the New York State Department of Health.

Cessation

Percentage of Adult Current Smokers Who Intend to Make a Quit Attempt in the Next 30 Days



The graph above shows the trend in New York adult current smokers who intend to make a quit attempt in the next 30 days between 2003 and 2009 and the 2009 estimate for the rest of the United States. Smokers who report intentions to quit smoking are more likely to actually make quit attempts.^{1,2}

- There is a statistically significant upward trend among New York smokers.

Measure: Among current smokers, intentions to quit are defined by responding "A little," "Somewhat," or "A lot" to "How much do you want to quit smoking?"; "Yes" to "Are you seriously considering stopping smoking within the next six months?"; and "Yes" to "Are you planning to stop smoking within the next 30 days?"

Source: New York Adult Tobacco Survey, 2003–2009; National Adult Tobacco Survey, 2009

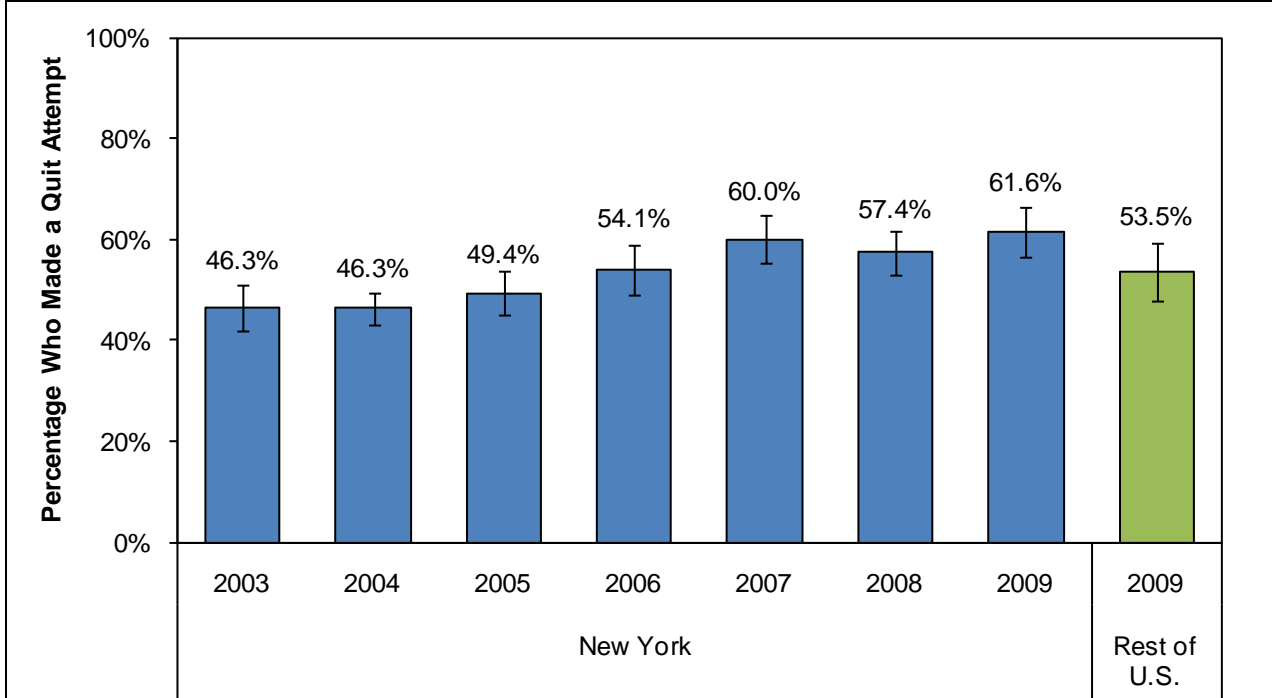
CDC Indicator: 3.8.3

¹ U.S. Department of Health and Human Services. (2000). *Reducing tobacco use: A report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention.

² Hellman, R., Cummings, K. M., Haughey, B. P., Zielezny, M. A., & O'Shea, R. M. (1991). Predictors of attempting and succeeding at smoking cessation. *Health Education Research*, 6(1), 77–86.

Cessation

Percentage of Adult Current Smokers Who Made a Quit Attempt in the Past 12 Months



The graph above shows the trend in New York adult current smokers who made a quit attempt in the past 12 months between 2003 and 2009 and the 2009 estimate for the rest of the United States. Every year, almost half of all U.S. smokers attempt to quit, but only about 5% are still abstinent 1 year later. In many cases, giving up tobacco permanently requires several quit attempts.¹

- There is a statistically significant upward trend among New York smokers.
- There is a statistically significant difference between smokers in New York and those in the rest of the United States in 2009.

Measure: Among current smokers, making a quit attempt is defined by responding “Yes” to “During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?”

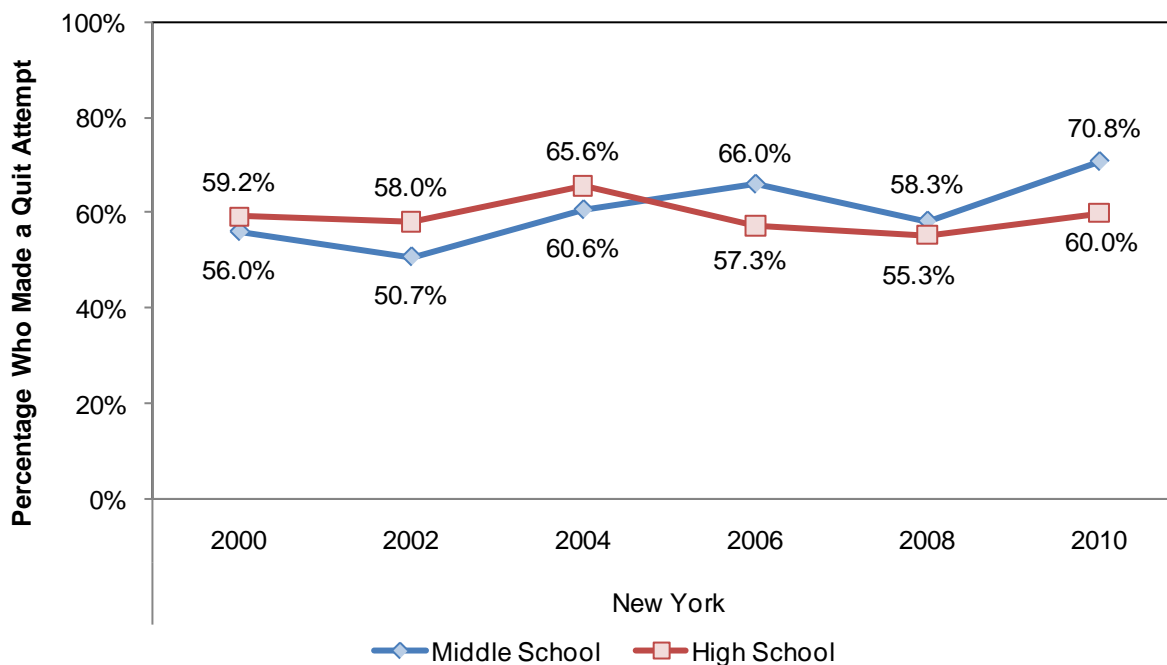
Source: New York Adult Tobacco Survey, 2003–2009; National Adult Tobacco Survey, 2009

CDC Indicator: 3.11.1

¹ Fiore, M. C., Bailey, W. C., Cohen, S. J., Dorfman, S. F., Goldstein, M. G., Gritz, E. G., et al. (2000). *Treating tobacco use and dependence: Clinical practice guideline*. Rockville, MD: U.S. Department of Health and Human Services.

Cessation

Percentage of New York Middle School and High School Current Smokers Who Have Made a Quit Attempt in the Past Year



The graph above shows the trend in middle school and high school current smokers in New York who have made a quit attempt in the past 12 months between 2000 and 2010. In many cases, giving up tobacco permanently takes several quit attempts. Higher smoking cessation rates and lower rates of prevalence are positively correlated with quit attempts.¹

Measure: Middle and high school student quit attempts are defined by responding "1 time," "2 times," "3 to 5 times," "6 to 9 times," or "10 or more times" to the question "How many times during the past 12 months have you stopped smoking for 1 day or longer because you were trying to quit smoking?"

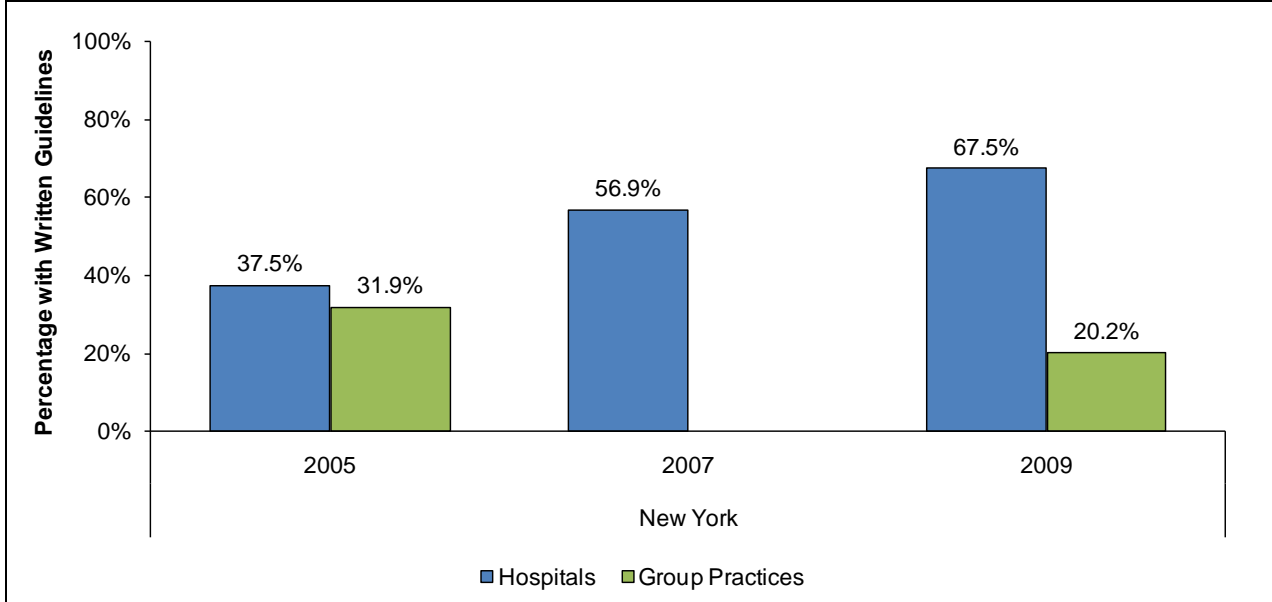
Source: New York Youth Tobacco Survey, 2000–2010

CDC Indicator: 3.11.2

¹ Fiore, M. C., Bailey, W. C., Cohen, S. J., Dorfman, S. F., Goldstein, M. G., Gritz, E. G., et al. (2000). *Treating tobacco use and dependence: Clinical practice guideline*. Rockville, MD: U.S. Department of Health and Human Services.

Cessation

Percentage of Health Care Organizations with Written Guidelines Regarding Tobacco Use Identification and Treatment



The graph above shows the trend in New York hospitals and group practices with written guidelines regarding tobacco use identification and treatment between 2005 and 2009. Of note, group practice data are not available for 2007. The Public Health Service Guideline, *Treating Tobacco Use and Dependence: 2008 Update*, details clinical and systems interventions that can help increase tobacco cessation,¹ and implementing written guidelines, policies, or procedures is one means to formalize expectations of health care providers.

- There is a statistically significant upward trend among hospitals.

Measure: The percentage of hospitals and group practices with written guidelines is determined by response to “Does your [hospital/practice] have written clinical guidelines or protocols for diagnosing and treating tobacco dependence?”

Source: Health Care Organization and Provider Study, 2005–2009

CDC Indicator: Not applicable

¹ U.S. Department of Health and Human Services. (2008, May). *Treating tobacco use and dependence: 2008 update. Clinical practice guideline*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.

Cessation

Percentage of New York Hospitals that Require Providers to Conduct Specific Tobacco Use Identification and Treatment Practices

Required Practices	2005	2007	2009
Hospitals			
Ask new patients about their tobacco use status	86.6%	87.6%	95.8%
Include tobacco use status as a vital sign ^a	36.8%	51.1%	71.1%
Document patient's tobacco use status	89.8%	83.8%	93.2%
Strongly advise all patients who use tobacco to quit ^a	43.9%	61.9%	75.9%
Assess tobacco users' readiness to quit	31.4%	37.8%	40.2%
Ask for a quit date for those patients ready to quit	8.1%	6.5%	9.4%
Provide brief advice to quit using tobacco	47.1%	52.5%	59.7%
Provide brief tobacco cessation counseling		48.3%	51.1%
Document cessation advice or counseling	71.4%	70.9%	88.6%
Arrange for follow-up with patients who are trying to quit using tobacco	22.6%	17.0%	26.6%
Offer NRT or other stop-smoking medications when appropriate ^a	15.8%	26.3%	43.8%

^aStatistically significant upward trend.

The table above shows the percentage of New York hospitals that require providers to conduct specific tobacco use identification and treatment practices between 2005 and 2009. Evidence-based clinical interventions for patients who use tobacco includes a model called the "5 A's," which provides a structured framework to guide clinicians (Ask about tobacco use, Advise to quit, Assess willingness to make a quit attempt, Assist in quit attempt, and Arrange follow-up). Even minimal intervention by clinicians (e.g., less than 3 minutes) can increase patient tobacco quit rates.¹

- There is a statistically significant upward trend among hospitals that require providers to include tobacco use status as a vital sign.
- There is a statistically significant upward trend among hospitals that require providers to strongly advise all patients who use tobacco to quit.
- There is a statistically significant upward trend among hospitals that require providers to offer NRT or other stop-smoking medications when appropriate.

Measure: Required practices are defined by response to "The next set of questions is about required or recommended practices for health care providers at your hospital. For each of the following, please tell me whether it is a required practice for your providers, a recommended practice, or neither."

Source: Health Care Organization and Provider Survey, 2005–2009

CDC Indicator: Not applicable

¹ U.S. Department of Health and Human Services. (2008, May). *Treating tobacco use and dependence: 2008 update. Clinical practice guideline*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.

Cessation

Percentage of New York Group Practices that Require Providers to Conduct Specific Tobacco Use Identification and Treatment Practices

Required Practices	2005	2009
Group Practices		
Ask new patients about their tobacco use status ^a	81.6%	58.9%
Include tobacco use status as a vital sign	34.1%	46.3%
Document patient's tobacco use status	72.6%	65.1%
Strongly advise all patients who use tobacco to quit	50.9%	55.4%
Assess tobacco users' readiness to quit	30.6%	43.5%
Ask for a quit date for those patients ready to quit	8.0%	8.6%
Provide brief advice to quit using tobacco	44.4%	29.0%
Provide brief tobacco cessation counseling		35.9%
Document cessation advice or counseling	65.0%	59.5%
Arrange for follow-up with patients who are trying to quit using tobacco	23.0%	35.4%
Offer NRT or other stop-smoking medications when appropriate	20.5%	28.0%

^aStatistically significant downward trend.

The table above shows the percentage of New York group practices that require providers to conduct specific tobacco use identification and treatment practices in 2005 and 2009. Evidence-based clinical interventions for patients who use tobacco includes a model called the "5 A's," which provides a structured framework to guide clinicians (Ask about tobacco use, Advise to quit, Assess willingness to make a quit attempt, Assist in quit attempt, and Arrange follow-up). Even minimal intervention by clinicians (e.g., less than 3 minutes) can increase patient tobacco quit rates.¹

- There is a statistically significant downward trend among group practices that require providers to ask new patients about their tobacco use status.

Measure: Required practices are defined by response to "The next set of questions is about required or recommended practices for health care providers at your practice. For each of the following, please tell me whether it is a required practice for your providers, a recommended practice, or neither."

Source: Health Care Organization and Provider Study, 2005 and 2009

CDC Indicator: Not applicable

¹ U.S. Department of Health and Human Services. (2008, May). *Treating tobacco use and dependence: 2008 update. Clinical practice guideline*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.

Cessation

Percentage of New York Health Care Organizations with Systems Regarding Tobacco Use Identification and Treatment

Health Care Organization	System	2005	2007	2009
Hospitals	Cue "ask"	96.2%	94.7%	98.2%
	Cue "advise"	69.8%	71.7%	68.1%
	Document status	96.4%	97.0%	100.0%
	Document intervention ^a	77.5%	79.8%	93.5%
Group Practices	Cue "ask"	79.8%		90.7%
	Cue "advise"	36.6%		52.3%
	Document status	83.6%		93.5%
	Document intervention ^a	48.6%		84.2%

^aStatistically significant upward trend.

The table above shows the percentage of New York health care organizations with systems regarding tobacco use identification and treatment between 2005 and 2009. Provider reminder systems are effective in increasing health care provider delivery of advice to quit to tobacco-using patients.¹ The Public Health Service Guideline, *Treating Tobacco Use and Dependence: 2008 Update*, recommends a systems strategy of implementing a tobacco user identification system in every clinic.²

- There is a statistically significant upward trend among hospitals with a system to document tobacco use cessation interventions.
- There is a statistically significant upward trend among group practices with a system to document tobacco use cessation interventions.

Measure: Systems defined by "Now I would like to ask about systems that your [hospital/practice] may have in place. By systems, I mean formalized processes or procedures such as a standard intake or visit form or a database identification system. In your [hospital/practice], is there a system to cue or prompt providers to ask patients about tobacco use status, cue or prompt providers to advise cessation, document tobacco use status, or document tobacco use cessation intervention?"

Source: Health Care Organization and Provider Study, 2005–2009

CDC Indicator: Not applicable

¹ Hopkins, D. P., Briss, P. A., Ricard, C. J., Husten, C. G., Carande-Kulis, V. G., Fielding, J. E., et al. (2001). Reviews of evidence regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. *American Journal of Preventive Medicine*, 20(2S), 16–66.

² U.S. Department of Health and Human Services. (2008, May). *Treating tobacco use and dependence: 2008 update. Clinical practice guideline*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.

Cessation

Mean Number of 5A's Conducted by New York Health Care Organizations

Health Care Organization	System	2005	2007	2009
Hospitals	Physicians	3.1	2.5	2.7
	Registered nurses	1.3	1.5	1.6
	Physicians assistants or nurse practitioners	2.3	2.0	2.2
Group Practices	Physicians	2.3		2.4
	Registered nurses	1.2		1.1
	Physicians assistants or nurse practitioners	2.5		2.2

The table above shows the average number of 5A's conducted by New York health care organizations between 2005 and 2009. Although health care providers have limited time to interact with patients, conducting tobacco dependence interventions can positively impact a variety of health outcomes, and a meta-analysis has found that a variety of types of clinicians can effectively intervene with patients.¹

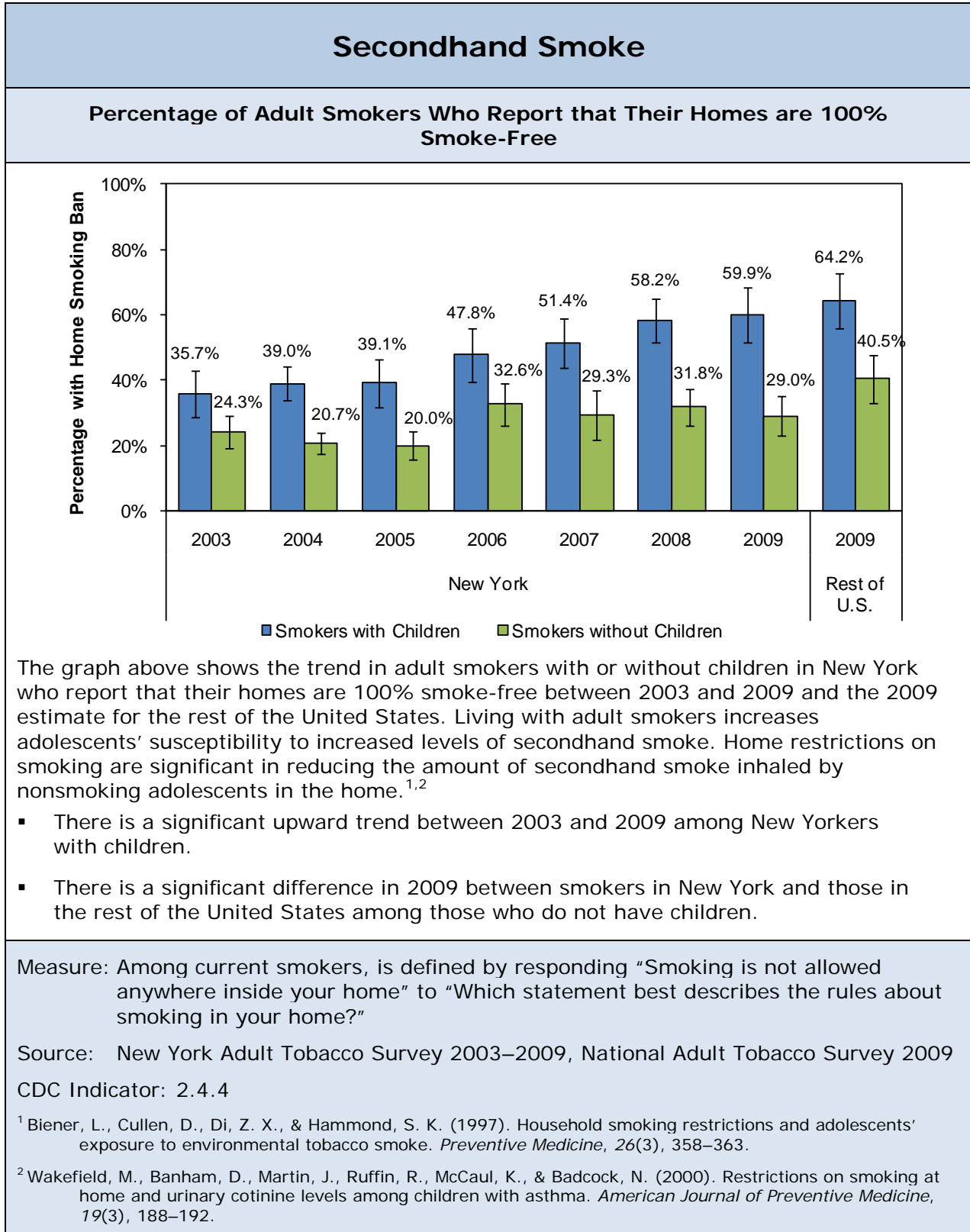
Measure: Mean number of 5 A's is defined by responding "all or most" to each of the following questions: During the past month, for how many patients did you ascertain their tobacco use status?; During the past month, for how many of your patients who are tobacco users did you advise to quit using tobacco at all or most visits?; During the past month, for how many of your patients who are tobacco users did you ask whether or not they were ready to quit?; During the past month, for how many of those tobacco users who were ready to quit did you provide brief counseling to assist in quit attempt?; and During the past month, for how many of those tobacco users who were ready to quit did you arrange follow-up contact in person or via telephone?

Source: Health Care Organization and Provider Study, 2005–2009

CDC Indicator: Not applicable

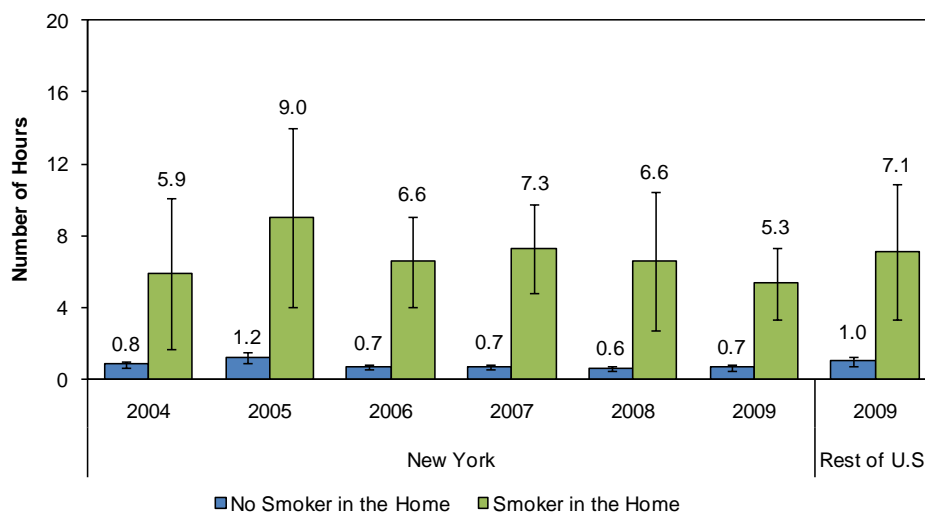
¹ U.S. Department of Health and Human Services. (2008, May). *Treating tobacco use and dependence: 2008 update. Clinical practice guideline*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.

5. SECONDHAND SMOKE



Secondhand Smoke

Average Number of Hours Adult Nonsmokers Were Exposed to Secondhand Smoke by Presence of Smokers



The graph above shows the trend in the number of hours adult nonsmokers in New York were exposed to secondhand smoke by the presence of smokers in the home between 2004 and 2009 and the 2009 estimate for the rest of United States. Studies show that children and adults exposed to secondhand smoke are more susceptible to multiple health problems.¹ Lung cancer and heart disease in adults and asthma, upper and lower respiratory tract infections, and ear infections in children are some of the serious health problems that result from secondhand smoke exposure.^{1,2}

- There is a statistically significant downward trend among New York nonsmokers who do not live with a smoker.
- Among nonsmokers who do not live with a smoker, there is a statistically significant difference between those in New York and those in the rest of the United States in 2009.

Measure: Among nonsmokers who do or do not live with a smoker, the number of hours exposed to secondhand smoke is defined by the question, "During the past 7 days, approximately how many hours (total in a week) did you spend in a room (either work or home) where someone else has been smoking?"

Source: New York Adult Tobacco Survey, 2003–2009; National Adult Tobacco Survey, 2009

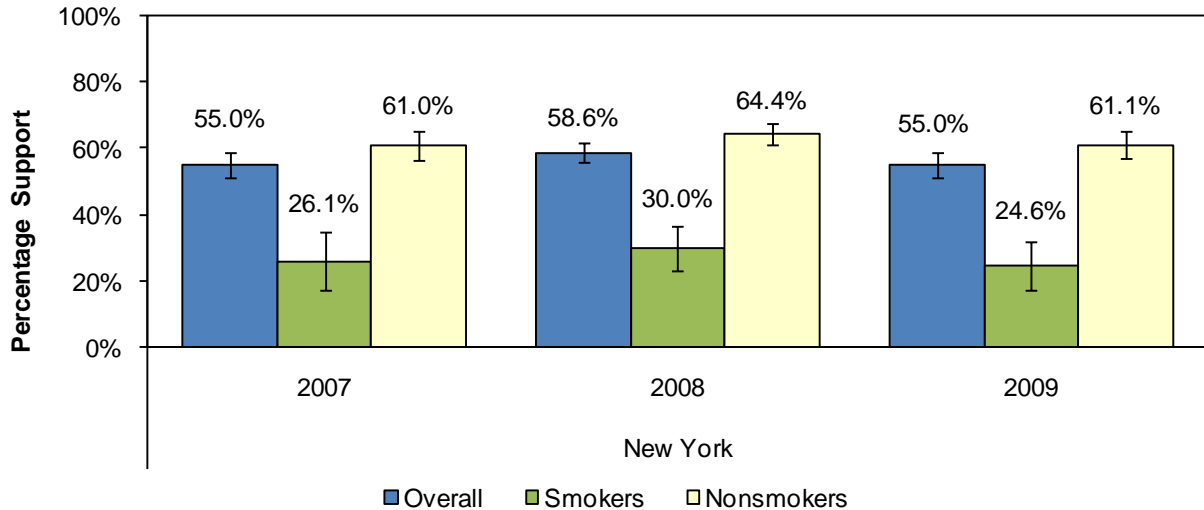
CDC Indicator: 2.7.3

¹ U.S. Environmental Protection Agency. (1992). *Respiratory health effects of passive smoking: Lung cancer and other disorders*. Publication No. EPA/600/6-90/006F. Washington, DC: EPA Office of Research and Development.

² Environment, Health and Safety Online. (1993). *Respiratory health effects of passive smoking: An EPA fact sheet*. Retrieved from <http://www.ehso.com/SmokingRespHealth.htm>.

Secondhand Smoke

Percentage of Adults Who Support a Residential Building Smoking Ban among Those Living in a Multi-Unit Dwelling



The graph above shows the trend in support for a residential building smoking ban among New York adults living in a multi-unit dwelling between 2007 and 2009. National and international studies provide evidence that smoke-free legislation will be supported by the public majority.^{1,2} Awareness and support of antitobacco policies increases the likelihood that more antitobacco policies will be advocated.³

Measure: Percentage of adults who support a residential building smoking ban among those living in a multi-unit dwelling, by year. Among those living in a multi-unit dwelling, support for a residential smoking ban is defined by responding “Probably yes” or “Definitely yes” to the question “Would you be in favor of a policy in your residential building that bans smoking in all personal living spaces such as apartments, private balconies and patios?”

Source: New York Adult Tobacco Survey, 2007–2009; National Adult Tobacco Survey, 2009

CDC Indicator: Not applicable

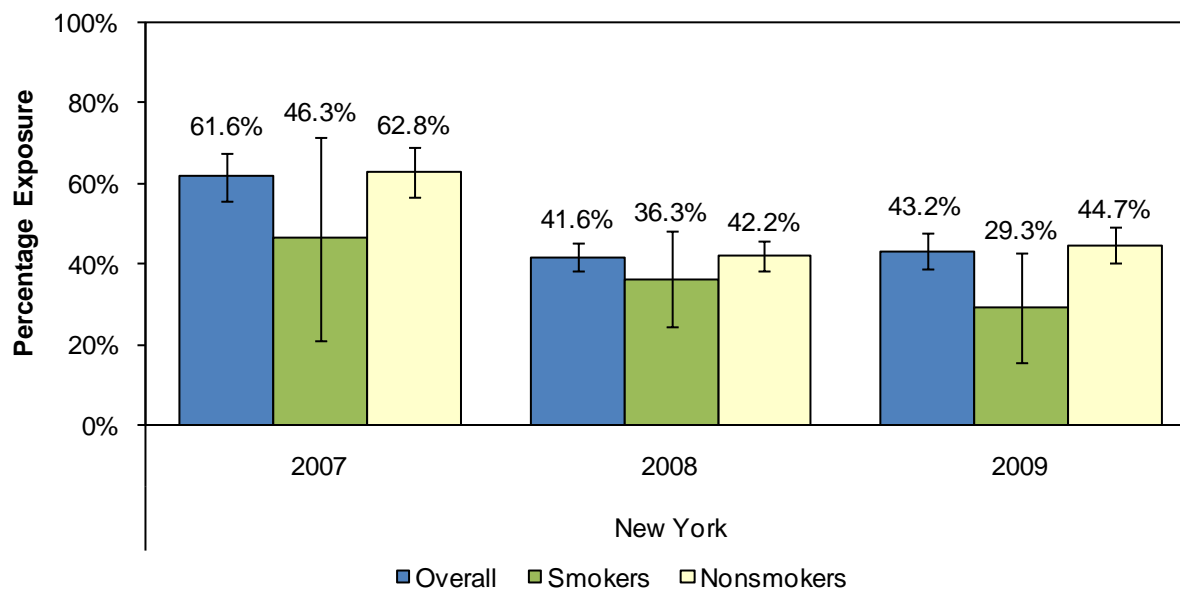
¹ New York State Department of Health (2006). The health and economic impact of New York’s Clean Indoor Air Act (PDF–377.32 KB). New York: New York State Department of Health.

² Fong, G. T., Hyland, A., Borland, R., Hammond, D., Hastings, G., McNeill, A., et al. (2006). Reductions in tobacco smoke pollution and increases in support for smoke-free public places following the implementation of comprehensive smoke-free workplace legislation in the Republic of Ireland: Findings from the ITC Ireland/UK survey. *Tobacco Control*, 15(Suppl III), iii51–iii58.

³ Unger, J. B., Rohrback, L. A., Howard, K. A., Cruz, T. B., Johnson, C. A., & Chen, X. (1999). Attitudes toward anti-tobacco policy among California youth: Associations with smoking status, psychosocial variables and advocacy actions. *Health Education Research: Theory and Practice*, 14(6), 751–763.

Secondhand Smoke

Percentage of Adults Exposed to Secondhand Smoke among Those Living in a Multi-Unit Dwelling and Have a Home Smoking Ban



The graph above shows the trend in exposure to secondhand smoke among New York adults living in a multi-unit dwelling who have a home smoking ban between 2007 and 2009. Although having a home smoking ban should protect occupants from secondhand smoke, smoke from other apartments can intrude through doorways and vents in multi-unit dwellings.

- There is a statistically significant downward trend overall, among smokers, and among nonsmokers.

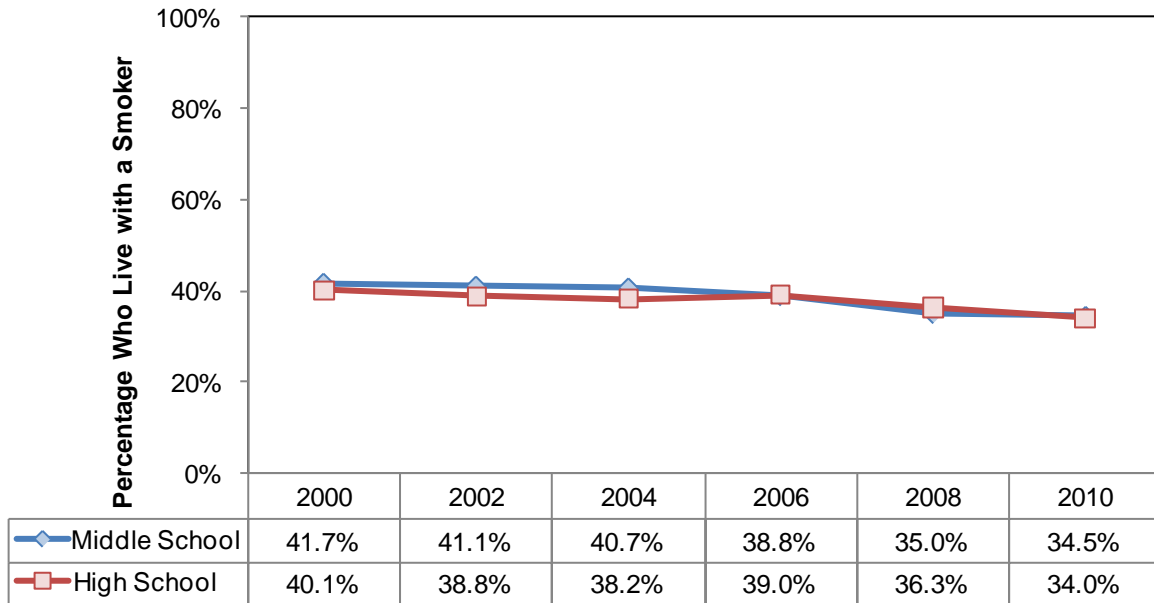
Measure: Among those living in a multi-unit dwelling and who have a home smoking ban, exposure to secondhand smoke is defined by responding "daily," "a few times a week," "once a week," "once every couple of weeks," or "once a month or less" to the question "During the last 12 months of living in your unit, how often has secondhand smoke entered into your personal living space from somewhere else in or around the building?"

Source: New York Adult Tobacco Survey, 2007–2009

CDC Indicator: Not applicable

Secondhand Smoke

Percentage of New York Middle School and High School Students Who Live with a Current Smoker



New York

The graph above shows the trend in New York middle school and high school students who lived with a current smoker between 2000 and 2010. Adolescents are primarily exposed to secondhand smoke in their household.¹ Children exposed to secondhand smoke are at an increased risk for developing lower respiratory infections and ear infections and for having exacerbated effects of asthma if asthmatic.¹ In addition, children living in a household with a smoker are more likely to try smoking.²

- There is a statistically significant downward trend among middle school students.
- There is a statistically significant downward trend among high school students.

Measure: Living with a current smoker among middle and high school students is defined by responding “yes” to the question “Does anyone who lives with you now smoke cigarettes?”

Source: New York Youth Tobacco Survey, 2000–2010

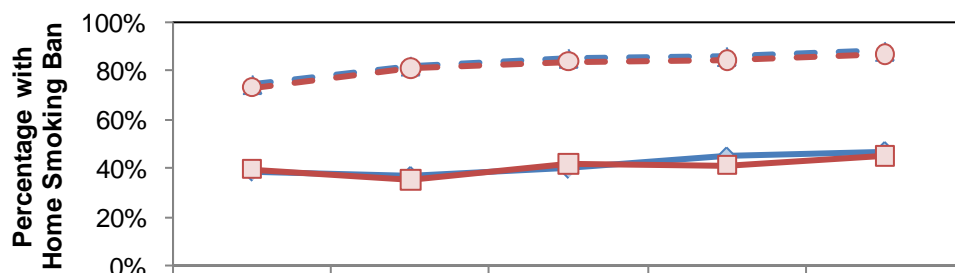
CDC Indicator: Not applicable

¹ U.S. Department of Health and Human Services. (2006). *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General*. 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.

² Gilman, S. E., Rende, R., Boergers, J., Abrams, D. B., Buka, S. L., Clark, M. A., et al. (2009, February). Parental smoking and adolescent smoking initiation: An intergenerational perspective on tobacco control. *Pediatrics*, 123(2), e274–e281.

Secondhand Smoke

Percentage of New York Middle School and High School Students Who Live in a Household Where Smoking is Not Allowed Anywhere Inside the Home



	2002	2004	2006	2008	2010
—△— Middle School—Does Not Live with Smoker	74.4%	82.0%	85.1%	85.9%	88.0%
—○— High School—Does Not Live with Smoker	73.2%	80.9%	83.8%	84.2%	86.7%
—◇— Middle School—Lives with Smoker	38.9%	36.9%	40.0%	44.7%	46.9%
—□— High School—Lives with Smoker	39.8%	35.4%	41.8%	41.3%	45.0%

New York

The graph above shows the trend in New York middle school and high school students who live in a household where smoking is not allowed anywhere inside the home between 2002 and 2010. The Surgeon General has concluded that indoor smoking bans are the only way to protect nonsmokers from exposure to secondhand smoke. Household smoking bans help protect nonsmoking inhabitants from the harmful effects of secondhand smoke. Some studies suggests that smoke-free rules at home decrease the risk that adolescents will smoke and aid smokers in quitting.¹

- There is a statistically significant upward trend among middle school students who do and do not live with a smoker.
- There is a statistically significant upward trend among high school students who do and do not live with a smoker.

Measure: Percentage of New York middle school and high school students who live in a household where smoking is not allowed anywhere inside the home, by year and presence of smoker in the household. Living in a household where smoking is not allowed is defined by responding "smoking is not allowed anywhere inside my home" to the question "Which statement best describes the rules about smoking inside your home?"

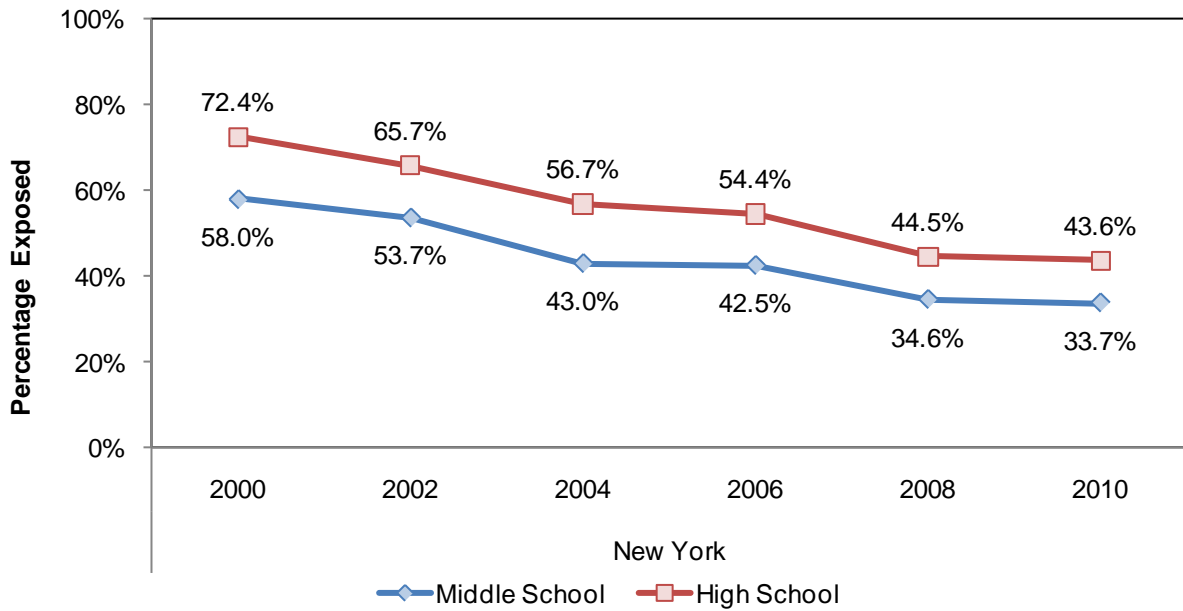
Source: New York Youth Tobacco Survey, 2002–2008

CDC Indicator: 2.4.4

¹ U.S. Department of Health and Human Services. (2006). *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General*. 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.

Secondhand Smoke

Percentage of New York Middle School and High School Students Who Were in a Room Where Someone Was Smoking on at Least 1 Day in the Past 7 Days



The graph above shows the trend in New York middle school and high school students who were in a room where someone was smoking on at least 1 day in the past 7 days between 2000 and 2010. Children exposed to secondhand smoke are at increased risk for developing lower respiratory infections, ear infections, and for having exacerbated effects of asthma if asthmatic. The Surgeon General has declared that any exposure to secondhand smoke is risky.¹

- There is a statistically significant downward trend among middle school students.
- There is a statistically significant downward trend among high school students.

Measure: Past-week indoor exposure to smoking is defined by responding "1 or 2 days," "3 or 4 days," "5 or 6 days," or "7 days" to the question "During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?"

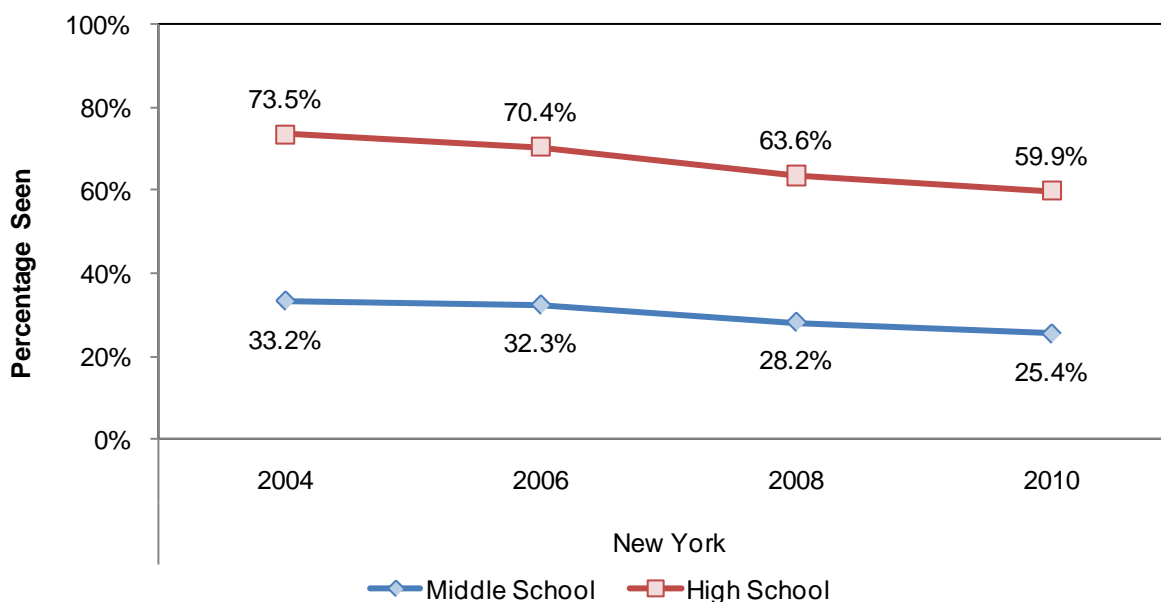
Source: New York Youth Tobacco Survey, 2000–2010

CDC Indicator: 2.7.3

¹ U.S. Department of Health and Human Services. (2006). *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General*. 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.

Secondhand Smoke

Percentage of New York Middle School and High School Students Who Saw Other Students Smoking on School Property in the Past 30 Days



The graph above shows the trend in New York middle school and high school students who saw other students smoking on school property in the past 30 days between 2004 and 2010. Peer smoking leads to an increase in an adolescent's probability of smoking. The likelihood an adolescent will smoke increases by three percentage points for every 10% increase in the proportion of smoking classmates.¹

- There is a statistically significant downward trend among middle school students.
- There is a statistically significant downward trend among high school students.

Measure: Percentage of middle and high school students who saw other students smoking on school property is defined by responding "yes" to the question "During the past 30 days, have you seen other students smoking cigarettes on school property?"

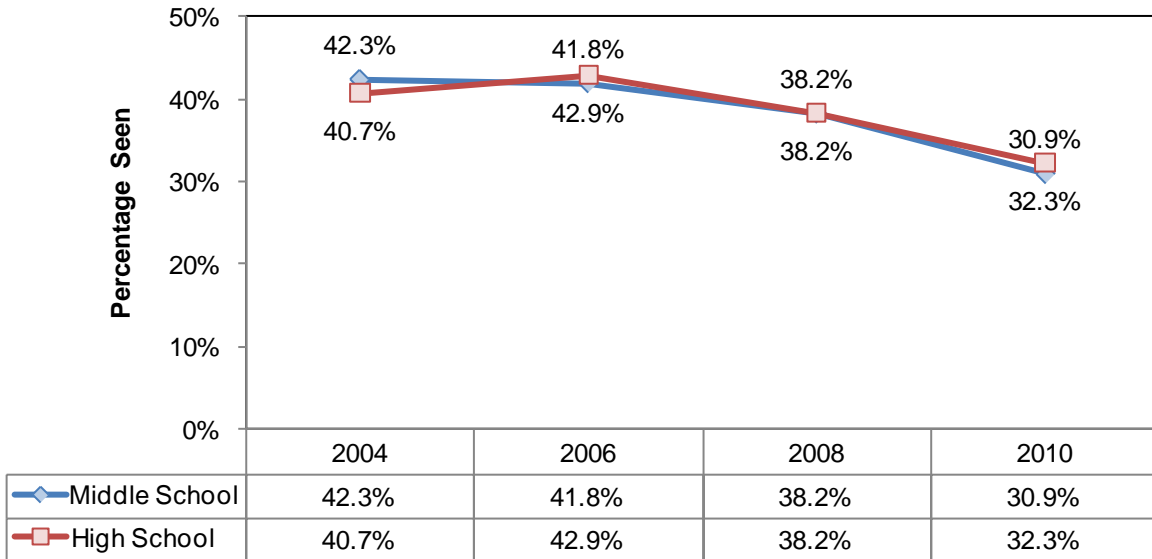
Source: New York Youth Tobacco Survey, 2004–2010

CDC Indicator: 1.7.10

¹ Fletcher, Jason. (2010). Social interactions and smoking: Evidence using multiple student cohorts, instrumental variables, and school fixed effects. *Health Economics*, 19, 466–484.

Secondhand Smoke

Percentage of New York Middle School and High School Students Who Saw Adults Smoking on School Property in the Past 30 Days



New York

The graph above shows the trend in New York middle school and high school students who saw adults smoking on school property in the past 30 days between 2004 and 2010. Adolescents are more likely to smoke as a result of seeing teachers smoking outside on school grounds during school hours.¹

- There is a statistically significant downward trend among middle school students.
- There is a statistically significant downward trend among high school students.

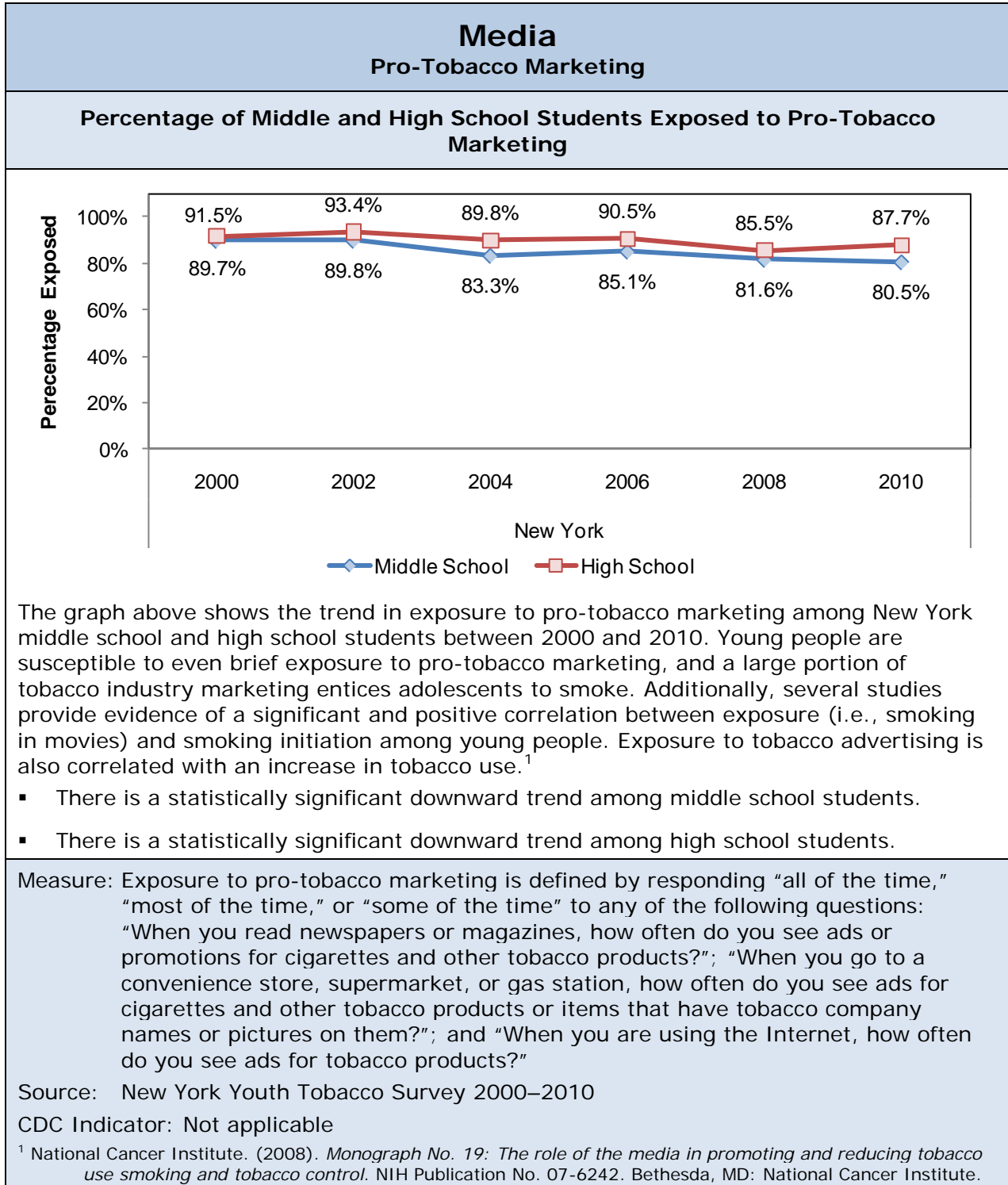
Measure: Percentage of middle and high school students who saw adults smoking on school property is defined by responding “yes” to the question “During the past 30 days, have you seen adults smoking cigarettes on school property?”

Source: New York Youth Tobacco Survey, 2004–2010

CDC Indicator: 1.7.10

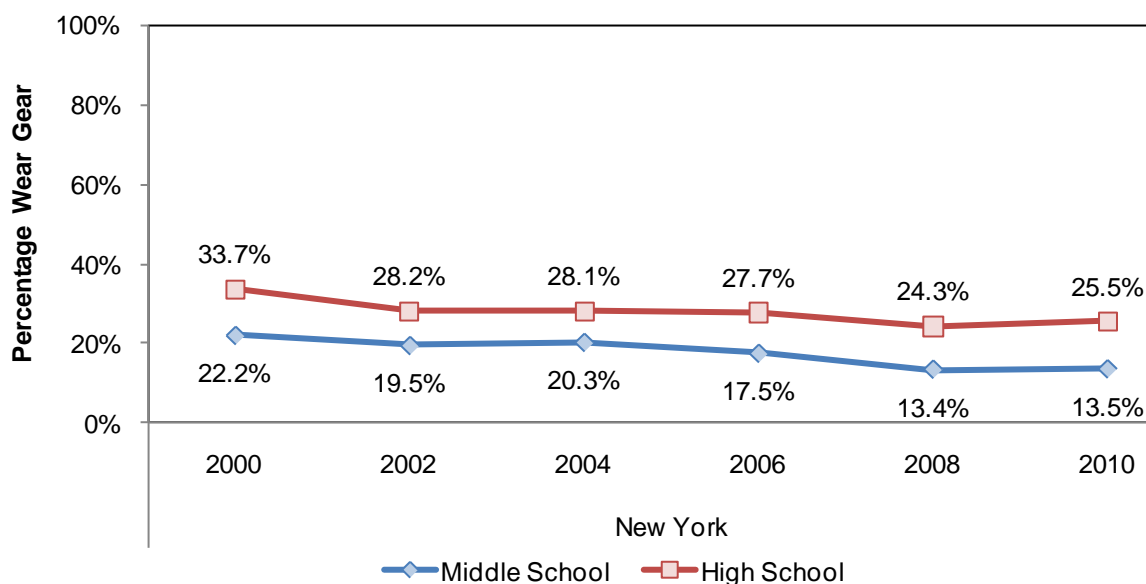
¹ Feighery, E., Borzekowski, D., Schooler, C., & Flora, J. (1998, June). Seeing, wanting, owning: The relationship between receptivity to tobacco marketing and smoking susceptibility in young people. *Tobacco Control*, 7(2), 123–128.

6. MEDIA



Media Pro-Tobacco Marketing

Percentage of New York Middle School and High School Students Who Would Ever Use or Wear Something That Has a Tobacco Company Name or Picture On It, such as a Lighter, T-Shirt, Hat, or Sunglasses



The graph above shows the trend in New York middle school and high school students who would ever use or wear something that has a tobacco company name or picture on it between 2000 and 2010. Evidence shows that adolescents who are exposed to and participate in tobacco company promotions are twice as likely to smoke more than 100 cigarettes in their lifetime than adolescents who are not familiar with cigarette marketing.^{1,2}

- There is a statistically significant downward trend among middle school students.
- There is a statistically significant downward trend among high school students.

Measure: Willingness to use or wear tobacco company gear among middle and high school students is defined by responding "definitely yes" or "probably yes" to the question "Would you ever use or wear something that has a tobacco company name or picture on it such as a lighter, t-shirt, hat, or sunglasses?"

Source: New York Youth Tobacco Survey 2000–2010

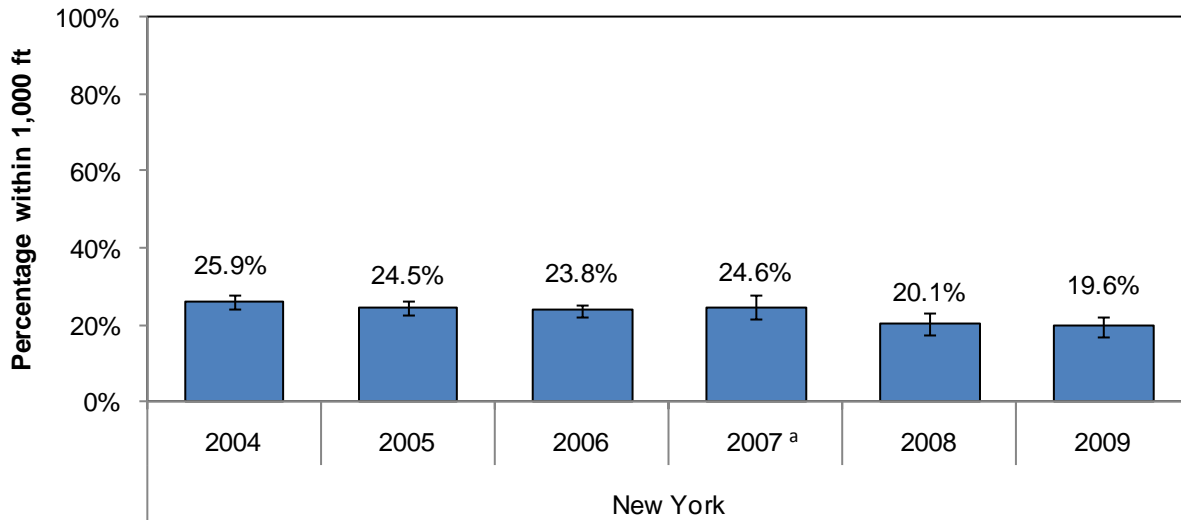
CDC Indicator: 1.9.3

¹ Biener, L., & Siegel, M. (2000). Tobacco marketing and adolescent smoking: More support for a causal inference. *American Journal of Public Health, 90*(3), 407–411.

² Sargent, J. D., Dalton, M., Beach, M., Bernhardt, A., Heatherton, T., & Stevens, M. (2000). Effect of cigarette promotions on smoking uptake among adolescents. *Preventive Medicine, 30*(4), 320–327.

Media Pro-Tobacco Marketing

Percentage of New York Licensed Tobacco Retailers Located within 1,000 Feet of a School



^a Proximity to school confirmed with GIS mapping of retailers for January through March 2007; thus, a partial year is presented in the above figure for 2007.

The graph above shows the percentage of New York licensed tobacco retailers located within 1,000 feet of a school between 2004 and 2009. Evidence suggests that exposure to cigarette ads increases smoking initiation among adolescents and efforts to reduce smoking initiation among adolescents can be accomplished by reducing their exposure to cigarette marketing.^{1, 2}

- There is a statistically significant downward trend.

Measure: Licensed tobacco retailer proximity to a school is defined by responding “yes” to “Is the store located within 1,000 feet of a school?” and then confirmed with Geographical Information System (GIS) mapping of retailers and schools.

Source: Retail Tobacco Advertising Survey 2004–2009

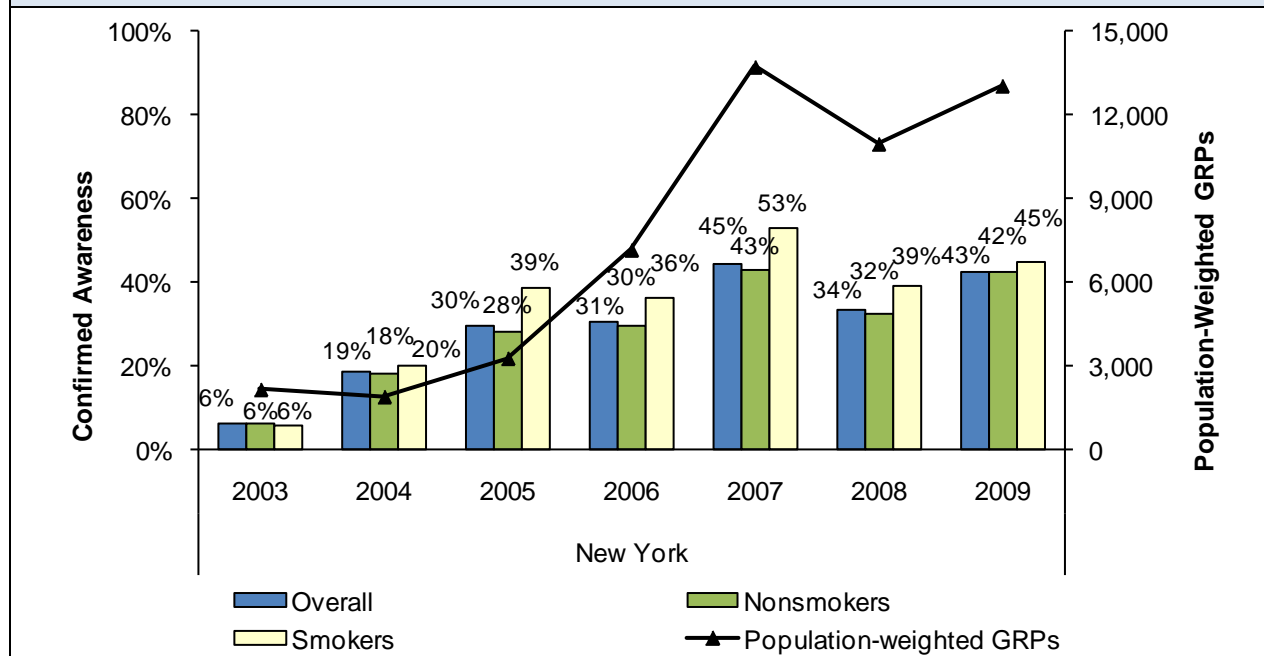
CDC Indicator: 1.9.7

¹ Glanz, K., Sutton, N. M., & Jacob Arriola, K. R. (2006). Operation storefront Hawaii: Tobacco advertising and promotion in Hawaii stores. *Journal of Health Communication, 11*(7), 699–707.

² Henriksen, L., Schleicher, N. C., Feighery, E. C., & Fortmann, S. P. (2010). A longitudinal study of exposure to retail cigarette advertising and smoking initiation. *Pediatrics, 126*, 232–238.

Media Antitobacco Marketing

Confirmed Awareness of NY TCP Television Advertisements and Annual Gross Rating Points (GRPs) in New York



The graph above presents trends in confirmed awareness of antitobacco advertisements by smoking status and annual gross rating points (GRPs) between 2003 and 2009 in New York. Mass antitobacco media campaigns can change adolescent attitudes concerning tobacco use, decrease initiation rates among them, and support cessation rates among adult smokers.¹ Evidence from California’s antitobacco media campaign shows that it increased awareness and decreased the prevalence of tobacco use. This antitobacco campaign increased adult future quit attempts and discouraged adolescents from experimenting with tobacco use.²

- There is a statistically significant upward trend in confirmed awareness overall, among smokers, and among nonsmokers.
- There is a statistically significant upward trend in population-weighted GRPs.

Measure: Confirmed awareness of NY TCP television advertisements is defined by correctly identifying “What happened in this ad” without prompting from the surveyor.

Source: Adult Tobacco Survey, 2003–2009; Nielsen, 2001–2005; HN Media, 2006–2009

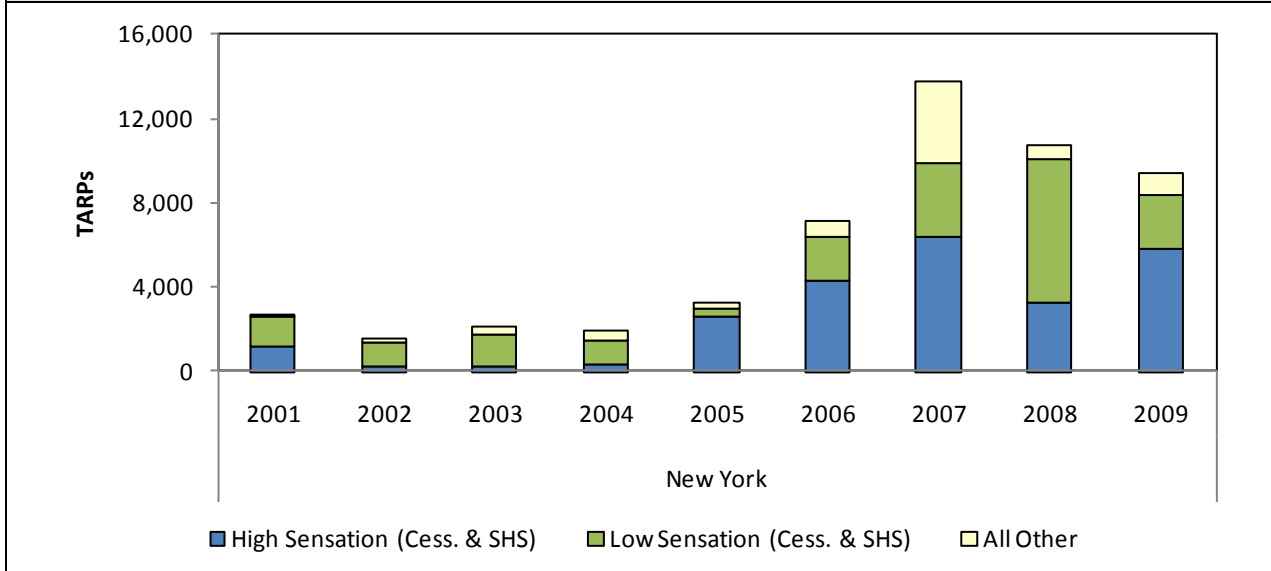
CDC Indicator: 1.6.1

¹ National Cancer Institute. (2008). *Monograph No. 19: The role of the media in promoting and reducing tobacco use smoking and tobacco control*. NIH Publication No. 07-6242. Bethesda, MD: National Cancer Institute.

² Hong, Liu, & Tan, Wei. (2009). The effect of anti-smoking media campaign on smoking behavior: The California experience. *Annals of Economics and Finance*, 10–1, 29–47.

Media Antitobacco Marketing

New York Population Weighted Target Audience Rating Points by Sensation Value



The graph above presents trends in population weighted target audience rating points (TARPs) for cessation (Cess.), secondhand smoke (SHS), and all other paid television advertisements by sensation value between 2001 and 2009 in New York. TARPs are used to measure exposure to antitobacco advertising. Higher TARPs correspond to greater awareness. Evidence shows that antitobacco commercials portraying strong negative emotions and/or graphic images result in higher TARPs (i.e., exposure) and significantly reduce smoking prevalence among youth.^{1,2}

- There is a statistically significant upward trend among high sensation ad TARPs.

Measure: Each advertisement is coded for topic (e.g., cessation, secondhand smoke, industry manipulation), emotional type (positive, negative, neutral) and strength (none to some emotion and a lot of emotion), presence of statistics and graphic images, and target audience (adult and/or youth). An advertisement is defined as “high sensation” if the content is graphic and evokes a lot of emotion from the viewer. All other advertisements are considered “low sensation.”

Source: Nielsen, 2001–2005; HN Media, 2006–2009

CDC Indicator: Not applicable

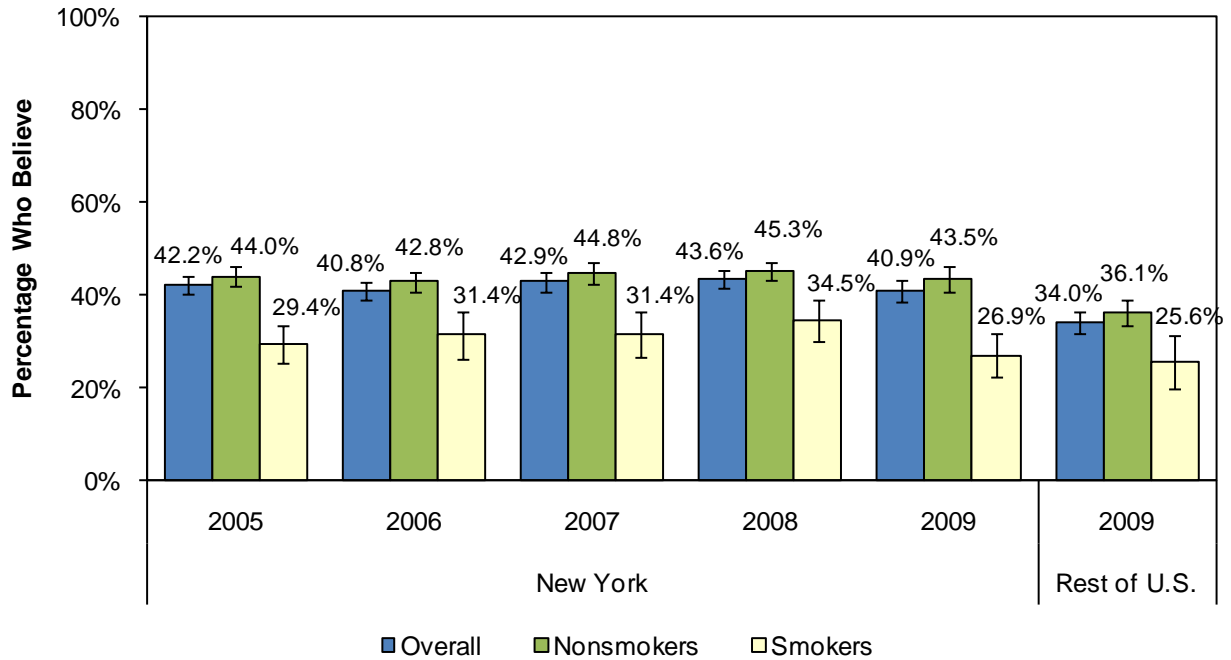
¹ Farrelly, M. C., Davis, K. C., Haviland, M. L., Messeri, P., & Healtton, C. G. (2005, March). Evidence of a dose—response relationship between “truth” antismoking ads and youth smoking prevalence. *American Journal of Public Health, 95*(3), 425–431.

² Davis, K. C., Nonnemaker, J. M., & Farrelly, M. C. (2007, November). Association between national smoking prevention campaigns and perceived smoking prevalence among youth in the United States. *Journal of Adolescent Health, 41*(5), 430–436.

7. ATTITUDES AND BELIEFS

Attitudes and Beliefs

Percentage of Adults Who Believe that Tobacco Use is among the Most Important Health Problems in Their Community



The graph above shows the trend in New York adults who believe that tobacco use is among the most important health problems in their community between 2005 and 2009 and the 2009 estimate for the rest of the United States, by smoking status. Efforts to control tobacco use should focus on nurturing a social environment that encourages cessation and non-initiation through changes in attitudes and beliefs.¹

- There is a statistically significant difference between New Yorkers and the rest of the United States in 2009.
- There is a statistically significant difference between New York nonsmokers and nonsmokers in the rest of the United States in 2009.

Measure: The belief that tobacco use is among the most important health problem is defined by responding "among the most important health problems" to the question "Thinking about all the health problems in your community, how important is addressing the problem of tobacco use?"

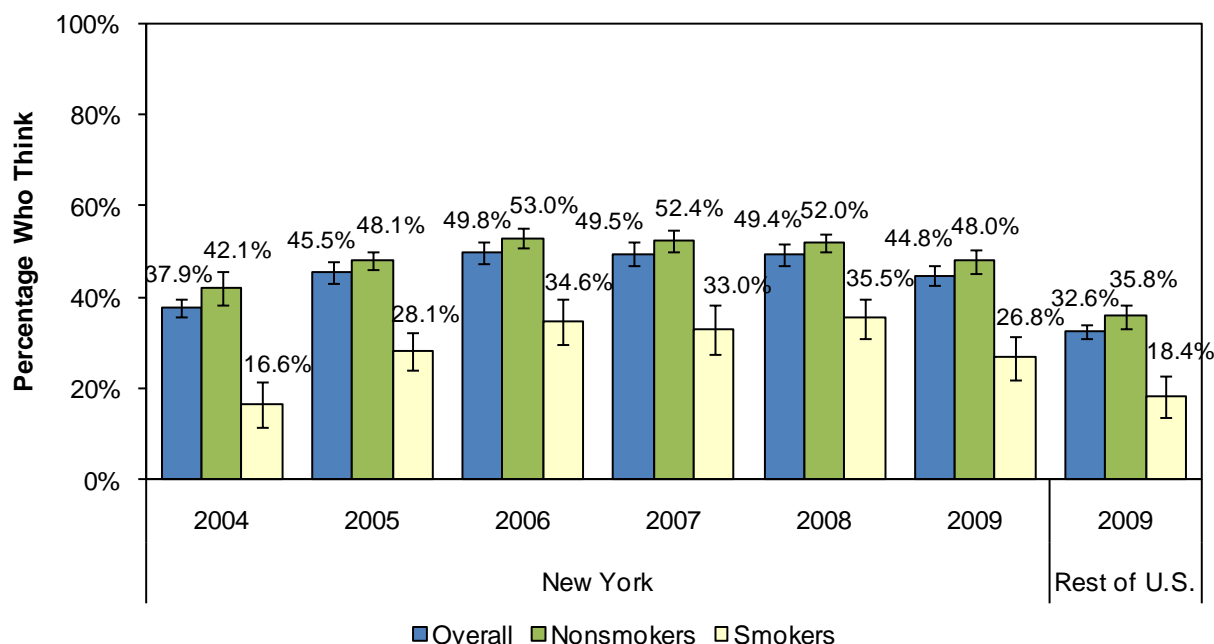
Source: New York Adult Tobacco Survey, 2005–2009; National Adult Tobacco Survey, 2009

CDC Indicator: Not applicable

¹ National Cancer Institute. (1991). *Monograph No. 1: Strategies to control tobacco use in the United States: A blueprint for public health action in the 1990's*. NIH Publication No. 92-3316. Bethesda, MD: National Cancer Institute.

Attitudes and Beliefs

Percentage of Adults Who Think Tobacco Advertising in Stores Should Be Eliminated



The graph above shows the trend in New York adults who think tobacco advertising in stores should be eliminated between 2004 and 2009 and the 2009 estimate for the rest of the United States, by smoking status. Evidence suggests that only comprehensive bans on tobacco advertising and promotion reduce tobacco use.¹

- There is a statistically significant difference between adults in New York and those in the rest of the United States in 2009.

Measure: The percentage of adults who think tobacco advertising in stores should be eliminated is defined by responding “Not allowed at all” to “Some stores have tobacco advertising that is visible from the outside such as on the building, in the parking lot, or in store windows. Stores may also have tobacco advertising inside such as displays by the cash registers. Do you think tobacco advertising in stores should be: Always allowed, Allowed only on the inside of the store, Allowed ONLY on the outside of the store, or Not allowed at all?”

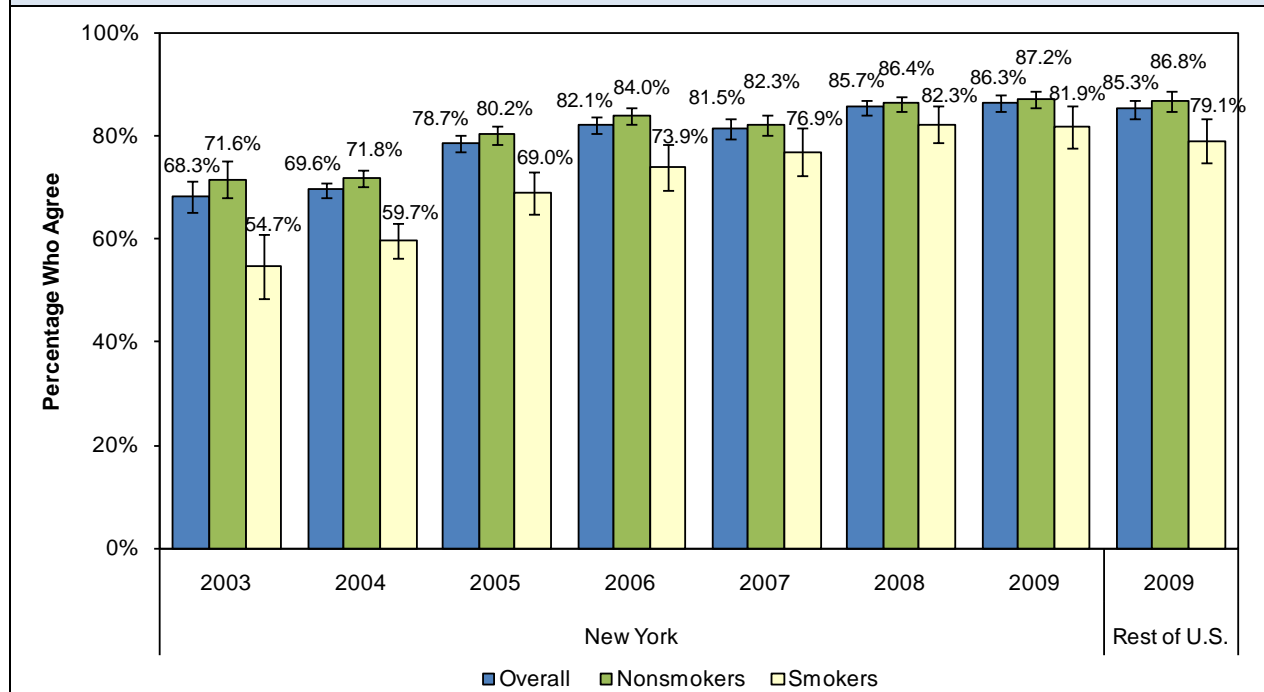
Source: New York Adult Tobacco Survey, 2005–2009; National Adult Tobacco Survey, 2009

CDC Indicator: Not applicable

¹ National Cancer Institute. (2008, June). *Tobacco Control Monograph No. 19: The role of the media in promoting and reducing tobacco use*. NIH Pub. No. 07-6242. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute.

Attitudes and Beliefs

Percentage of Adults Who Agree that Movies Rated G, PG, or PG-13 Should Not Show Actors Smoking



The graph above shows the trend of New York adults who agree that youth-rated movies should not show actors smoking between 2003 and 2009 and the 2009 estimate for the rest of the United States, by smoking status. Evidence suggests that there is a causal relationship between exposure to smoking in movies and youth initiation.¹ Furthermore, efforts to control tobacco use should focus on nurturing a social environment that encourages cessation and non-initiation through changes in attitudes and beliefs.²

- There is a statistically significant upward trend among New Yorkers overall, among nonsmokers, and among smokers.

Measure: The percentage of adults who agree that movies rated G, PG, or PG-13 should not show actors smoking is defined by responding “strongly agree” or “agree” to the statement “Movies rated G, PG, and PG-13 should not show actors smoking.”

Source: New York Adult Tobacco Survey 2005–2009, National Adult Tobacco Survey 2009

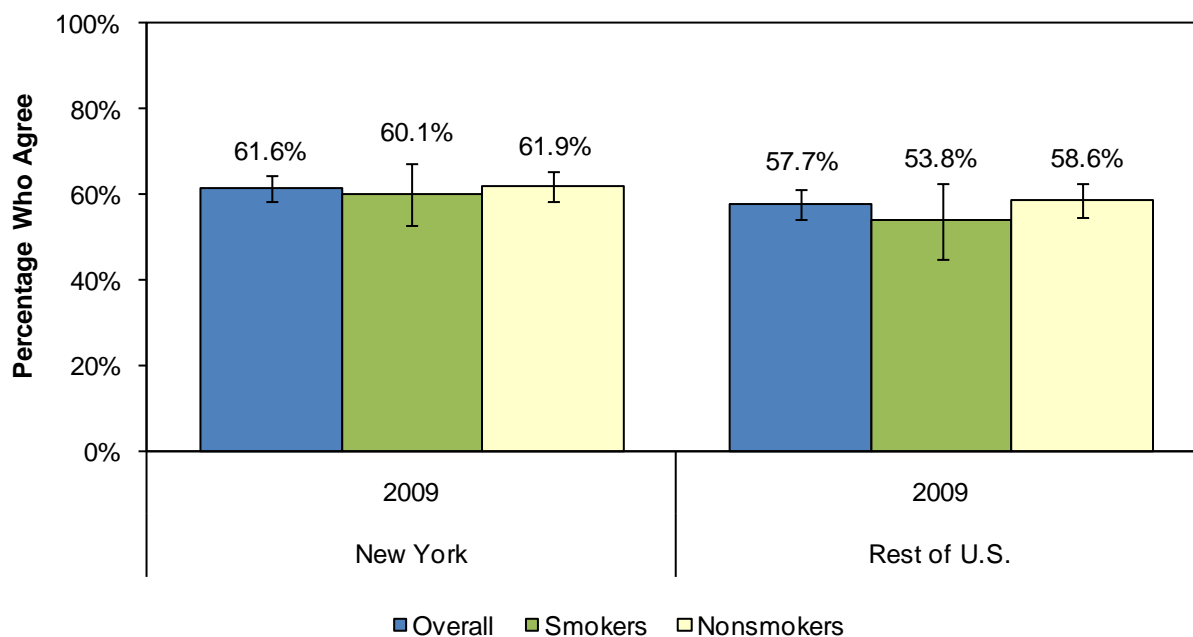
CDC Indicator: Not applicable

¹ National Cancer Institute. (2008). *Monograph No. 19: The role of the media in promoting and reducing tobacco use smoking and tobacco control*. NIH Publication No. 07-6242. Bethesda, MD: National Cancer Institute.

² National Cancer Institute. (1991). *Monograph No. 1: Strategies to control tobacco use in the United States: A blueprint for public health action in the 1990’s*. NIH Publication No. 92-3316. Bethesda, MD: National Cancer Institute.

Attitudes and Beliefs

Percentage of Adults Who Are in Favor of Changing the Movie Rating System So that Movies Showing Actors Smoking Would Not Be Eligible for a G, PG, or PG-13 Rating



The graph above shows the percentage of adults in New York and the rest of the United States who are in favor of changing the movie rating system so that movies showing actors smoking would not be eligible for a G, PG, or PG-13 rating. Evidence suggests that there is a causal relationship between exposure to smoking in movies and youth initiation.¹ Furthermore, efforts to control tobacco use should focus on nurturing a social environment that encourages cessation and non-initiation through changes in attitudes and beliefs.²

Measure: The percentage of adults who are in favor of changing the movie rating system so that movies showing actors smoking would not be eligible for a G, PG, or PG-13 rating is defined by responding "somewhat in favor" or "strongly in favor" to "What is your opinion about changing the movie rating system so that any movie showing actors smoking would not be eligible for a G, PG, or PG-13 rating?"

Source: New York Adult Tobacco Survey, 2009; National Adult Tobacco Survey, 2009

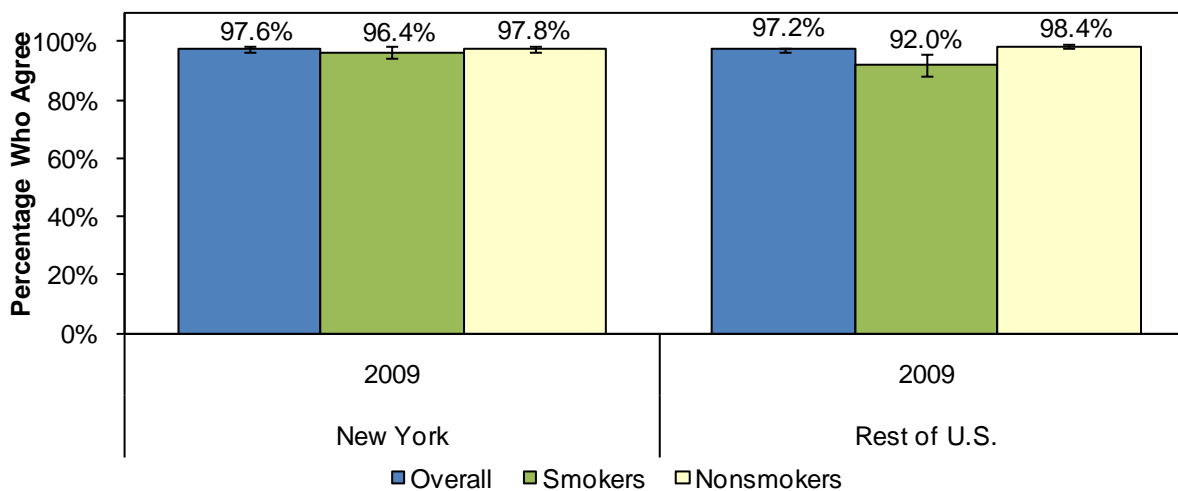
CDC Indicator: Not applicable

¹ National Cancer Institute. (2008). *Monograph No. 19: The role of the media in promoting and reducing tobacco use smoking and tobacco control*. NIH Publication No. 07-6242. Bethesda, MD: National Cancer Institute.

² National Cancer Institute. (1991). *Monograph No. 1: Strategies to control tobacco use in the United States: A blueprint for public health action in the 1990's*. NIH Publication No. 92-3316. Bethesda, MD: National Cancer Institute.

Attitudes and Beliefs

Percentage of Adults Who Agree that Parents Who Live with Their Children Should Avoid Smoking Around Their Children in Their Homes



The graph above shows the percentage of adults in New York and the rest of the United States who agree that parents who live with their children should avoid smoking around their children in their homes. The Surgeon General has declared that any exposure to secondhand smoke is risky.¹ Furthermore, efforts to control tobacco use should focus on nurturing a social environment that encourages cessation and non-initiation through changes in attitudes and beliefs.²

Measure: The percentage of adults who agree that parents who live with their children should avoid smoking around their children in their homes is defined by responding "strongly agree" or "agree" to the statement "Parents who live with their children should avoid smoking around their children in their homes."

Source: New York Adult Tobacco Survey, 2009; National Adult Tobacco Survey, 2009

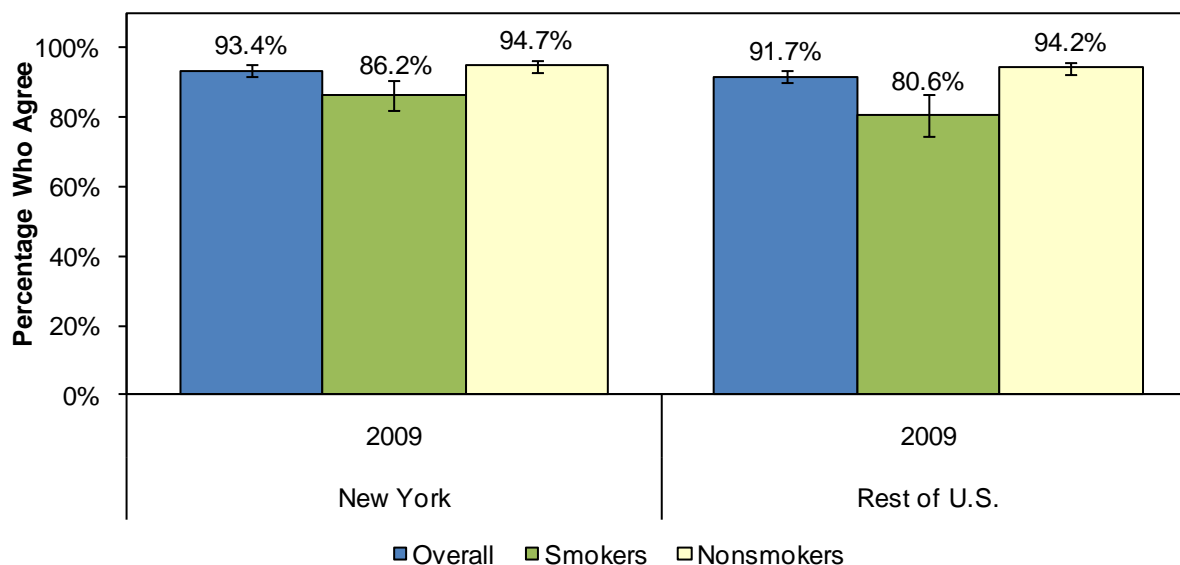
CDC Indicator: Not applicable

¹ U.S. Department of Health and Human Services. (2006). *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General*. 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.

² National Cancer Institute. (1991). *Monograph No. 1: Strategies to control tobacco use in the United States: A blueprint for public health action in the 1990's*. NIH Publication No. 92-3316. Bethesda, MD: National Cancer Institute.

Attitudes and Beliefs

Percentage of Adults Who Agree that Adults Should Avoid Smoking Around Other People in their Home



The graph above shows the percentage of adults in New York and the rest of the United States who agree that adults should avoid smoking around other people in their home. The Surgeon General has declared that any exposure to secondhand smoke is risky.¹ Furthermore, efforts to control tobacco use should focus on nurturing a social environment that encourages cessation and non-initiation through changes in attitudes and beliefs.²

Measure: The percentage of adults who agree that adults should avoid smoking around other people in their home is defined by responding “strongly agree” or “agree” to the statement “Adults should avoid smoking around other people in their home.”

Source: New York Adult Tobacco Survey 2009, National Adult Tobacco Survey 2009

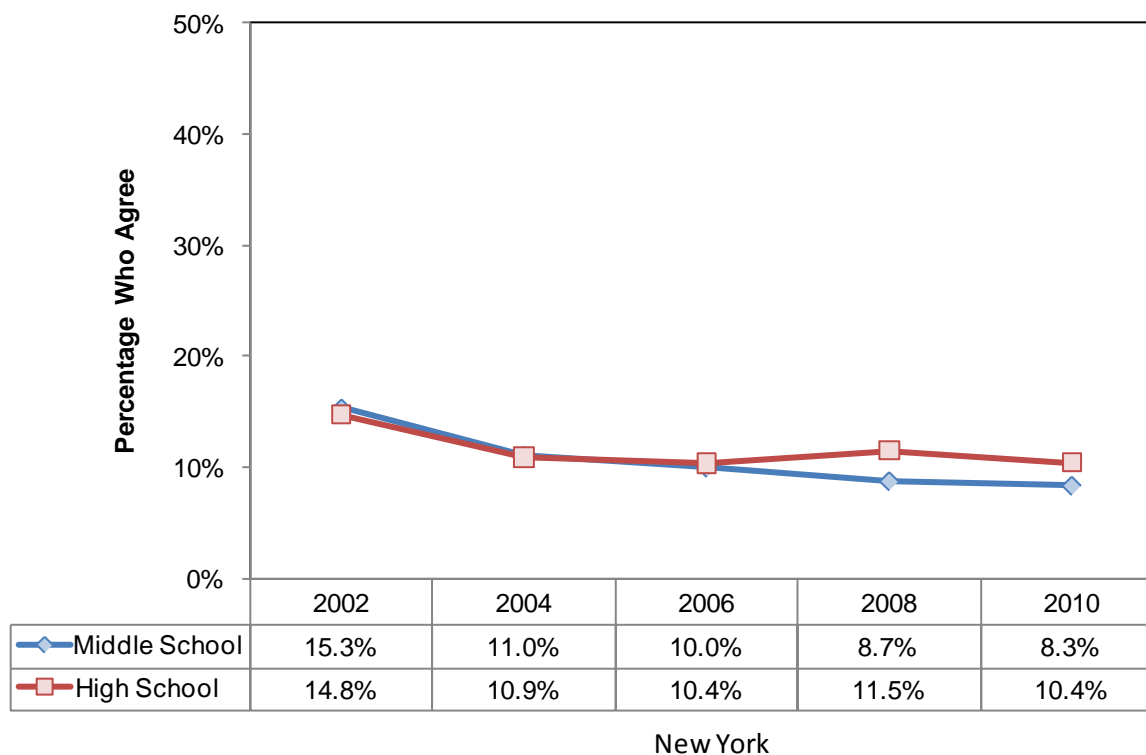
CDC Indicator: Not applicable

¹ U.S. Department of Health and Human Services. (2006). *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General*. 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.

² National Cancer Institute. (1991). *Monograph No. 1: Strategies to control tobacco use in the United States: A blueprint for public health action in the 1990's*. NIH Publication No. 92-3316. Bethesda, MD: National Cancer Institute.

Attitudes and Beliefs

Percentage of New York Middle School and High School Students Who Think Smoking Cigarettes Makes Young People Look Cool or Fit In



The graph above shows the trend in New York middle school and high school students who think smoking cigarettes makes young people look cool or fit in, between 2002 and 2010. Adolescents who view smoking as the social norm and as having positive social consequences, such as increasing one's popularity and making them look cool, are more susceptible to trying smoking.¹

- There is a statistically significant downward trend among middle school students.
- There is a statistically significant downward trend among high school students.

Measure: Percentage of New York middle school and high school students who think smoking cigarettes makes young people look cool or fit in, by year. Belief that smoking makes youth look cool is defined by responding "definitely yes" or "probably yes" to the question "Do you think smoking cigarettes makes young people look cool or fit in?" This question was not asked in the 2000 YTS.

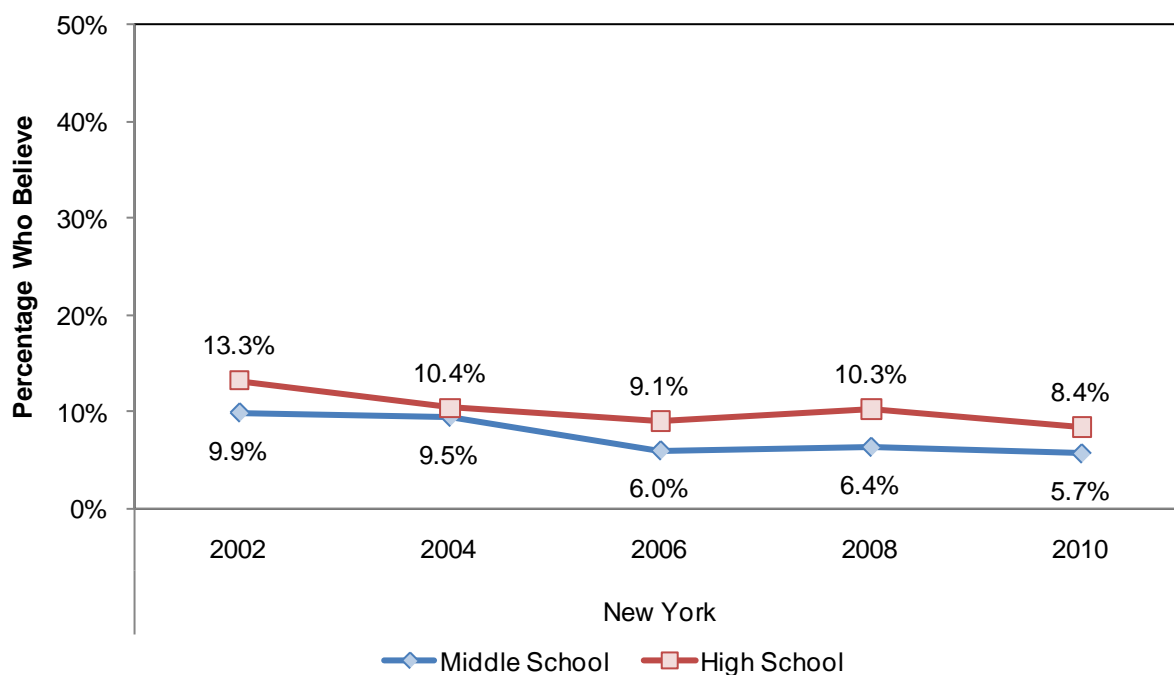
Source: New York Youth Tobacco Survey 2002–2010

CDC Indicator: 1.10.1

¹ Unger, J. B., Rohrbach, L. A., Howard-Pitney, B., Ritt-Olson, A., & Mouttapa, M. (2001). Peer influences and susceptibility to smoking among California adolescents. *Substance Use and Misuse*, 36(5), 551–571.

Attitudes and Beliefs

Percentage of New York Middle School and High School Students Who Believe Smoking for 1 or 2 Years and then Quitting is Safe



The graph above shows the trend in New York middle school and high school students who believe smoking for 1 or 2 years and quitting is safe, between 2002 and 2010. Symptoms of addiction, such as irritability, anxiety, and unsuccessful quit attempts, can become manifest within days and weeks after occasional smoking first begins. Immediate health effects of first smoking include damage to brain cell receptors and problems with the respiratory, cardiovascular, gastrointestinal, immune, and metabolic systems.¹

- There is a statistically significant downward trend among middle school students.
- There is a statistically significant downward trend among high school students.

Measure: Percentage of middle school and high school students who believe smoking for 1 or 2 years and quitting is safe is defined by the responding "definitely yes" or "probably yes" to the question "Do you think it is safe to smoke for only a year or two, as long as you quit after that?"

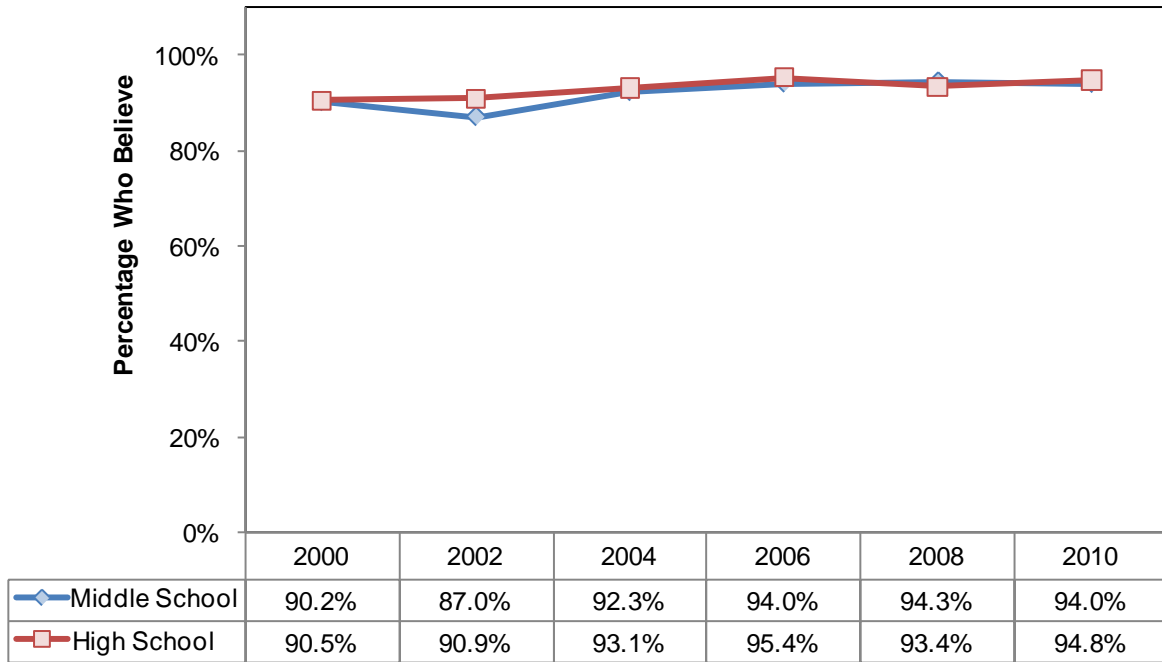
Source: New York Youth Tobacco Survey, 2002–2010

CDC Indicator: Not applicable

¹ Campaign for Tobacco Free Kids. (2009). *Factsheet: Smoking's immediate effects on the body*. Last updated September 22, 2009.

Attitudes and Beliefs

Percentage of New York Middle and High School Students Who Believe the Smoke from Other People’s Cigarettes Is Harmful to Your Health



New York

The graph above shows the trend in New York middle and high school students who believe that smoke from other people’s cigarettes is harmful to your health, between 2000 and 2010. Children exposed to secondhand smoke are at an increased risk for developing lower respiratory infections and ear infections and for having exacerbated effects of asthma if asthmatic. The Surgeon General has declared that any exposure to secondhand smoke is risky.¹

- There is a statistically significant upward trend among middle school students.
- There is a statistically significant upward trend among high school students.

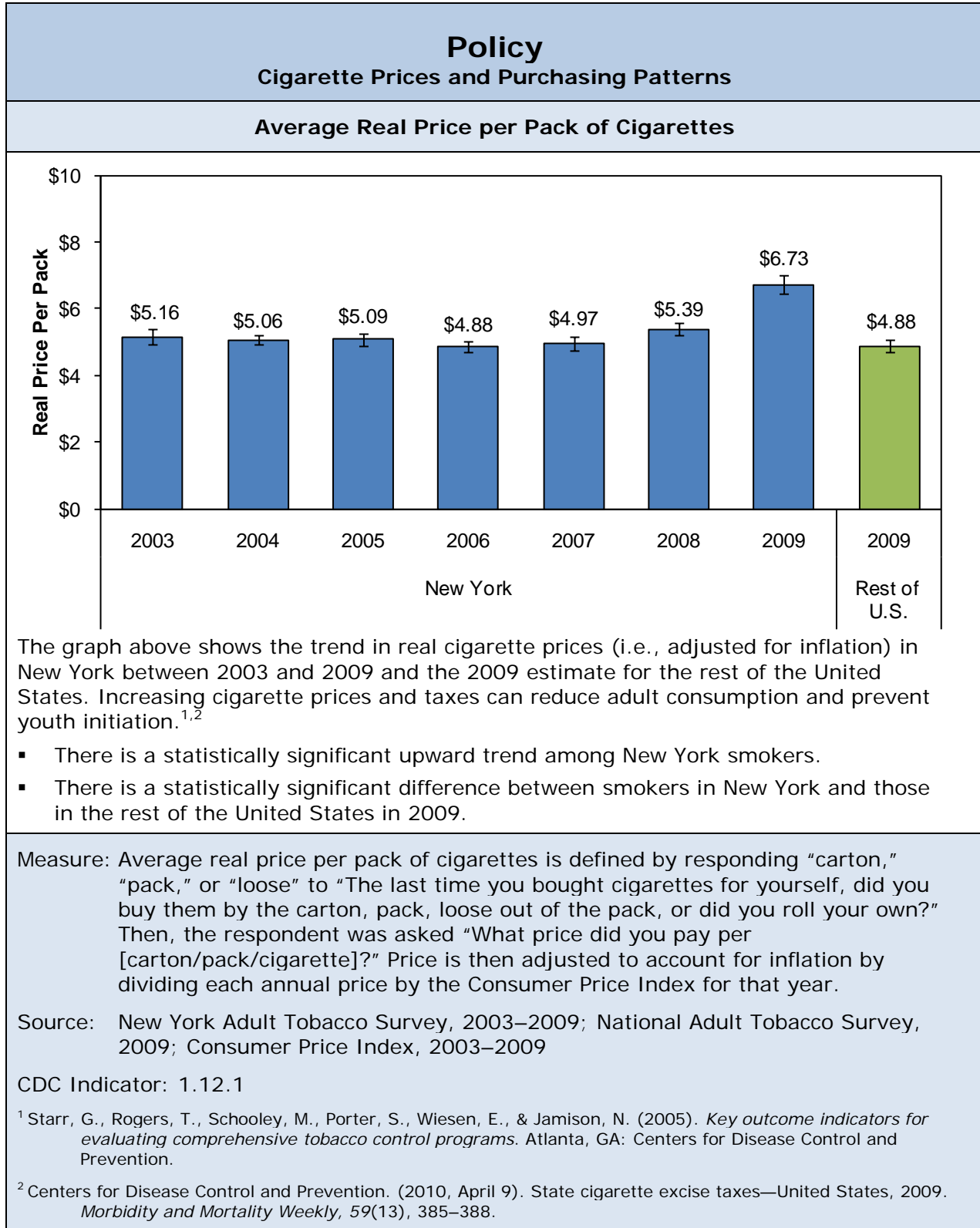
Measure: The percentage of middle and high school students who believe the smoke from other people’s cigarettes is harmful to your health is defined by responding “definitely yes” or “probably yes” to the question “Do you think the smoke from other people’s cigarettes is harmful to you?”

Source: New York Youth Tobacco Survey, 2000–2010

CDC Indicator: 2.3.5

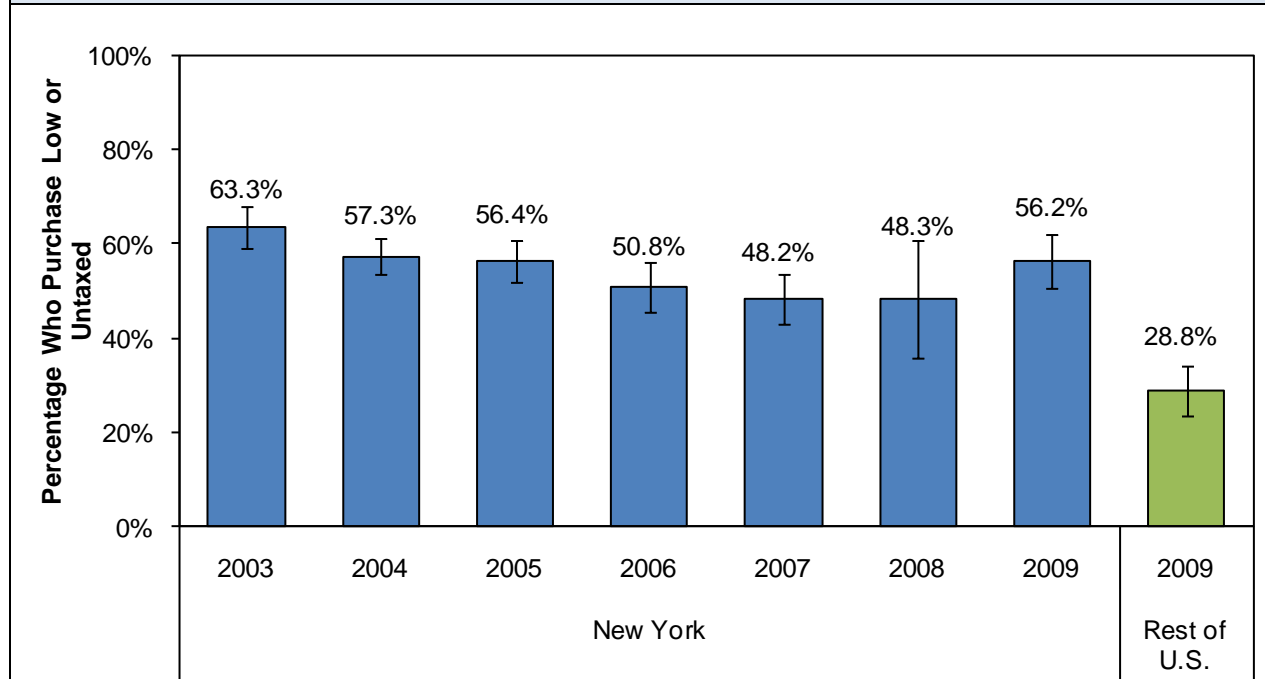
¹ U.S. Department of Health and Human Services. (2006). *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

8. POLICY



Policy
Cigarette Prices and Purchasing Patterns

Percentage of Adult Smokers Who Purchased from Low or Untaxed Sources in the Past 12 Months



The graph above shows the trend in New York smokers who purchased cigarettes from low or untaxed sources in the past 12 months between 2003 and 2009 and the 2009 estimate for the rest of the United States. Tax avoidance weakens the public health benefits of higher cigarette prices. States can increase their revenues from tobacco tax increases by lessening evasion of the tobacco tax.¹

- There is a statistically significant downward trend among New York smokers.
- There is a statistically significant difference between smokers in New York and those in the rest of the United States in 2009.

Measure: Purchases from low or untaxed sources is defined by responding “yes” to “In the past 12 months, have you or a friend or relative purchased cigarettes for your own use...” from an Indian reservation, a duty-free shop, outside the state or country, through use of a toll-free number, or from a Web site or on the Internet?

Source: New York Adult Tobacco Survey, 2003–2009; National Adult Tobacco Survey, 2009

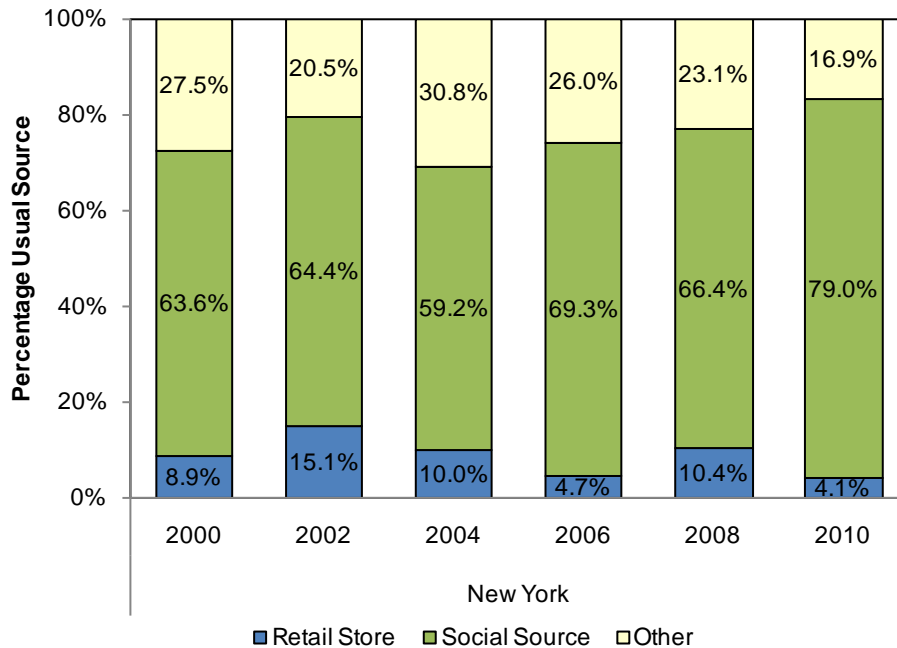
CDC Indicator: Not Applicable

¹ Farrelly, M. C., Nimsch, C. T., & James, J. (2003, May). *State cigarette excise taxes: implications for revenue and tax evasion* (final report). Research Triangle Park, NC: RTI International.

Policy

Cigarette Prices and Purchasing Patterns

Usual Source of Cigarettes for New York Middle School Students



The graph above shows the trends in New York middle school students' usual source for cigarettes between 2000 and 2010. Evidence indicates that the reduction of illegal tobacco sales is not a sufficient method for reducing tobacco access and use among adolescents.¹

Measure: Usual source of cigarettes among middle school students is defined by responses to the question "During the past 30 days, how did you get your own cigarettes?" Usual source as a retail store is defined by responding "I bought them in a store such as a convenience store, supermarket, or gas station." Usual source as a social source is defined by responding "I gave someone else money to buy them for me," "I got them from someone else," "I stole them," or "a person 18 years old or older gave them to me." Usual source as "other" is defined by responding "I bought them from a vending machine," "I bought them over the Internet," or "I got them some other way."

Source: New York Youth Tobacco Survey 2000–2010

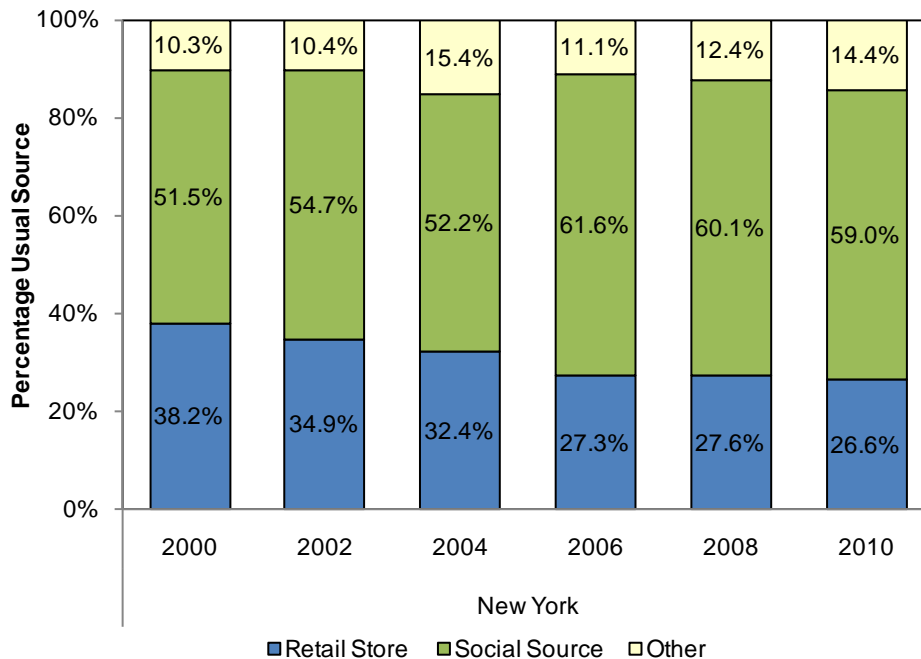
CDC Indicator: 1.11.2, 1.11.4

¹ Rigotti, N. A., DiFranza, J. R., Chang, Y., Tisdale, T., Kemp, B., & Singer, D. E. (1997). The effect of enforcing tobacco-sales laws on adolescents' access to tobacco and smoking behavior. *New England Journal of Medicine*, 337, 1044–1051.

Policy

Cigarette Prices and Purchasing Patterns

Usual Source of Cigarettes for New York High School Students



The graph above shows the trends in New York high school students' usual source for cigarettes between 2000 and 2010. Evidence indicates that the reduction of illegal tobacco sales is not a sufficient method for reducing tobacco access and use among adolescents.¹

- There is a statistically significant downward trend among high school students that usually obtain their cigarettes from a retail store.
- There is a statistically significant upward trend among high school students that usually obtain their cigarettes from a social source.

Measure: Usual source of cigarettes among high school students is defined by responses to the question "During the past 30 days, how did you get your own cigarettes?" Usual source as a retail store is defined by responding "I bought them in a store such as a convenience store, supermarket, or gas station." Usual source as a social source is defined by responding "I gave someone else money to buy them for me," "I got them from someone else," "I stole them," or "a person 18 years old or older gave them to me." Usual source as "other" is defined by responding "I bought them from a vending machine," "I bought them over the Internet," or "I got them some other way."

Source: New York Youth Tobacco Survey 2000–2010

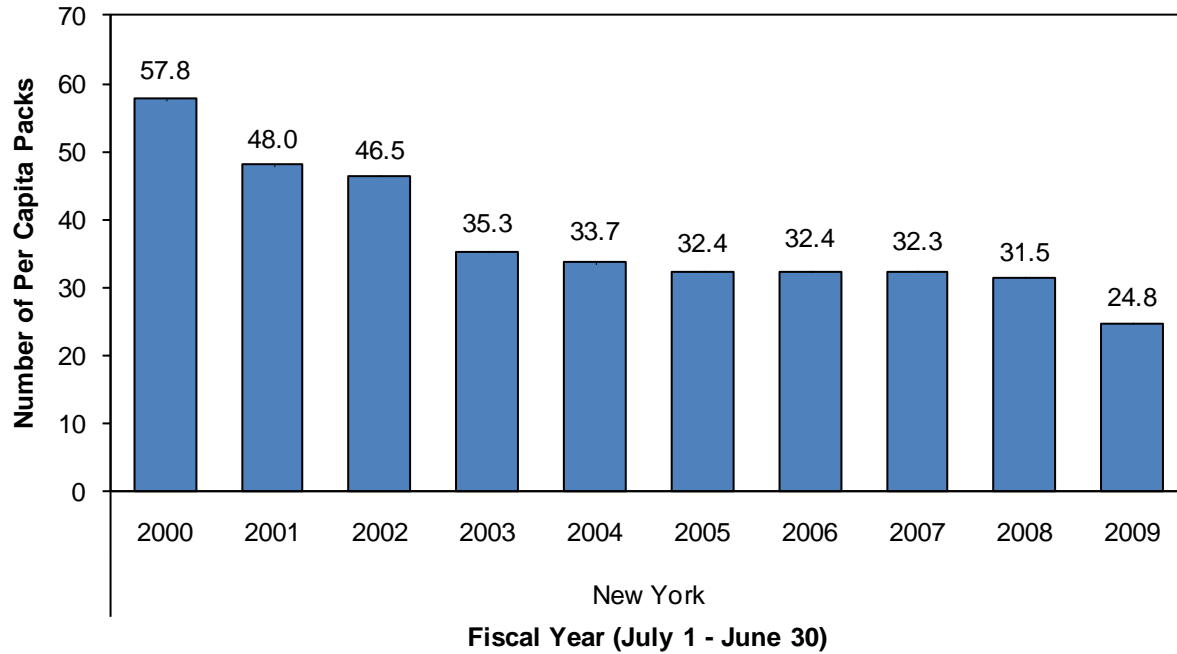
CDC Indicator: 1.11.2, 1.11.4

¹ Rigotti, N. A., DiFranza, J. R., Chang, Y., Tisdale, T., Kemp, B., & Singer, D. E. (1997). The effect of enforcing tobacco-sales laws on adolescents' access to tobacco and smoking behavior. *New England Journal of Medicine*, 337, 1044–1051.

Policy

Cigarette Prices and Purchasing Patterns

New York Per Capita Sales of Cigarette Packs



The graph above shows the trend in New York per capita sales of cigarette packs between fiscal years 2000 and 2009. Increasing cigarette prices and taxes can reduce adult consumption and prevent youth initiation.^{1,2}

- There is a statistically significant downward trend.

Measure: Per capita sales of cigarettes is defined as the number of tax-paid cigarette packs sold divided by the total population as reported by the Census Bureau.

Source: Tax Burden on Tobacco, 2000–2009

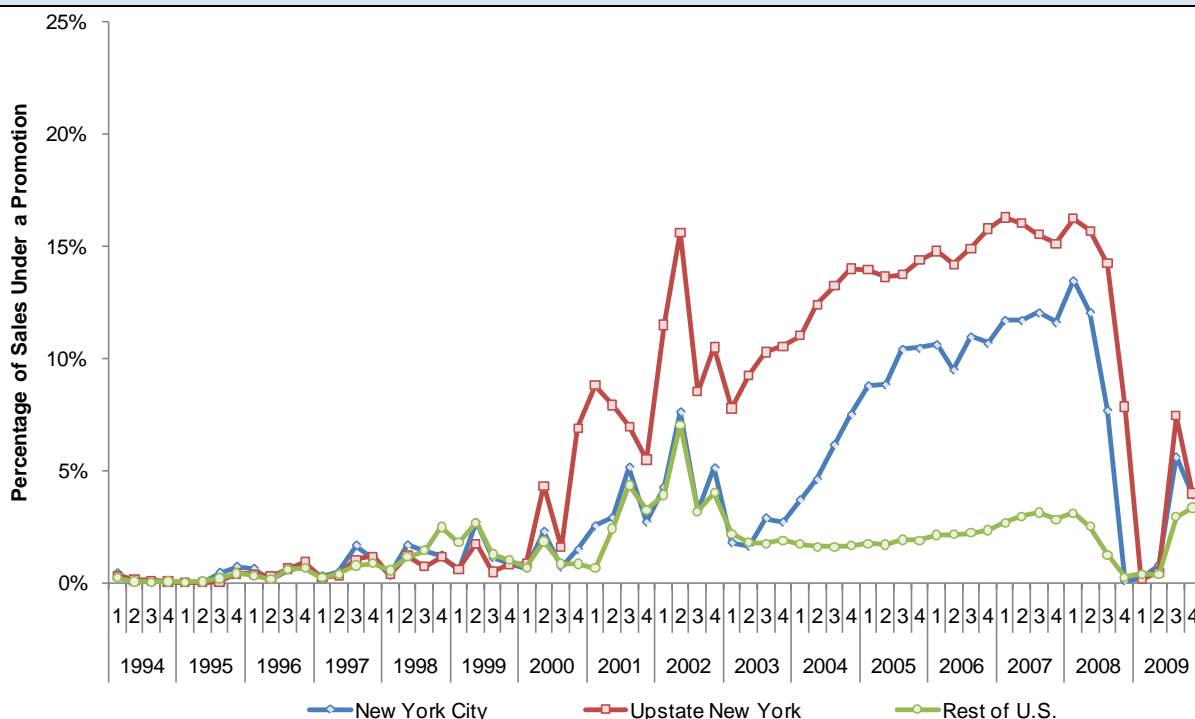
CDC Indicator: 2.8.1

¹ Starr, G., Rogers, T., Schooley, M., Porter, S., Wiesen, E., & Jamison, N. (2005). *Key outcome indicators for evaluating comprehensive tobacco control programs*. Atlanta, GA: Centers for Disease Control and Prevention.

² Centers for Disease Control and Prevention. (2010, April 9). State cigarette excise taxes—United States, 2009. *Morbidity and Mortality Weekly*, 59(13), 385–388.

Policy Cigarette Prices and Purchasing Patterns

Percentage of Grocery Store Sales Under a Promotion



The graph above shows the trends in grocery store promotional sales between 1994 and 2009 for New York City, upstate New York, and the rest of the United States. Increasing cigarette prices and taxes can reduce adult consumption and prevent youth initiation.^{1,2} Promotions are one avenue for lowering effective cigarette prices.

- Promotional sales increased between 2000 and 2007; however, promotional sales decreased precipitously in 2008, for no known reason.
- Promotional sales remain relatively low in the rest of the United States compared with the New York markets.

Measure: A sale under a promotion is defined as any cigarette sale that offers a price discount (e.g., cents off), a promotional item (e.g., free lighter or ashtray), or additional packs (e.g., “buy-one-get-one-free”). The percentage of sales sold with a promotion is calculated as the number of packs sold under a promotion divided by the total number of packs sold.

Source: Scanner Data, 1994–2008

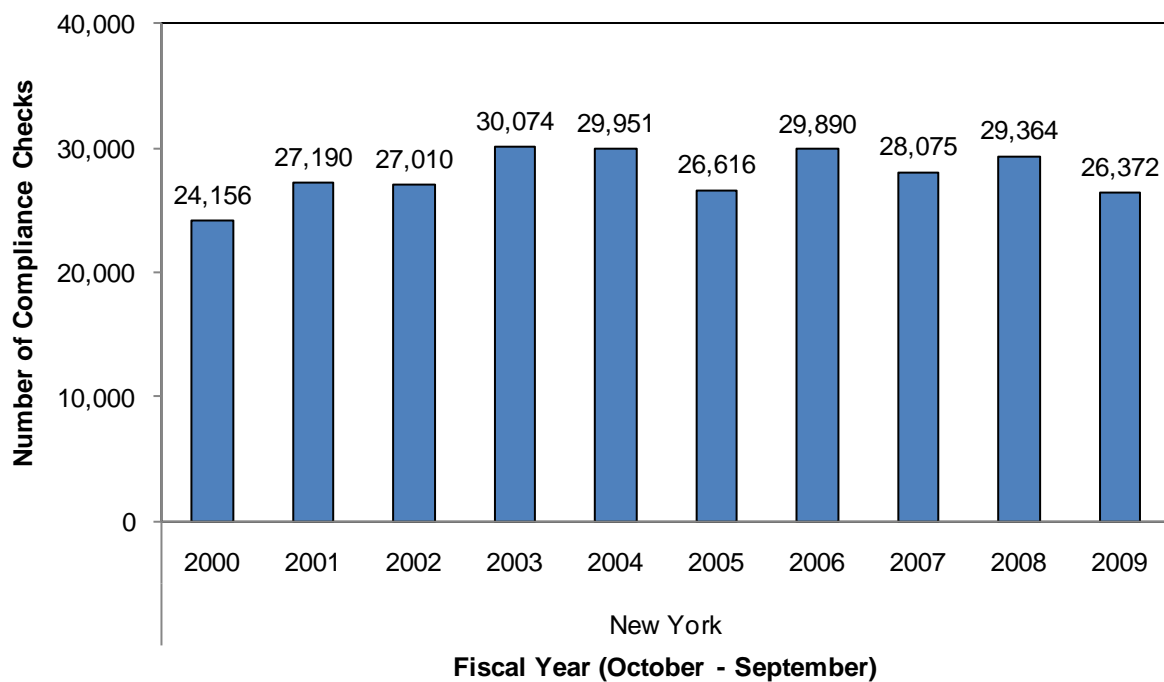
CDC Indicator: 1.9.1

¹ Starr, G., Rogers, T., Schooley, M., Porter, S., Wiesen, E., & Jamison, N. (2005). *Key outcome indicators for evaluating comprehensive tobacco control programs*. Atlanta, GA: Centers for Disease Control and Prevention.

² Centers for Disease Control and Prevention. (2010, April 9). State cigarette excise taxes—United States, 2009. *Morbidity and Mortality Weekly*, 59(13), 385–388.

Policy Compliance

Number of Compliance Checks Conducted by the New York State Department of Health Center for Environmental Health



The graph above shows the trend in number of compliance checks conducted by the New York State Department of Health Center for Environmental Health between fiscal years 2000 and 2009. Enforcing laws aimed at prohibiting the sale of tobacco products to young people has been shown to increase compliance among store clerks and decrease illegal purchases by minors.^{1,2}

Measure: Number of compliance checks conducted by enforcement agencies, by year. Compliance checks are conducted annually by the Center for Environmental Health (CEH), part of the New York State Department of Health. CEH inspects every licensed tobacco retailer in New York at least once each year. To check compliance, CEH has someone younger than 18 years of age attempt to buy cigarettes from the retailer, assessing whether the retailer successfully requests identification and refuses the sale.

Source: Center for Environmental Health, FY2000–FY2009

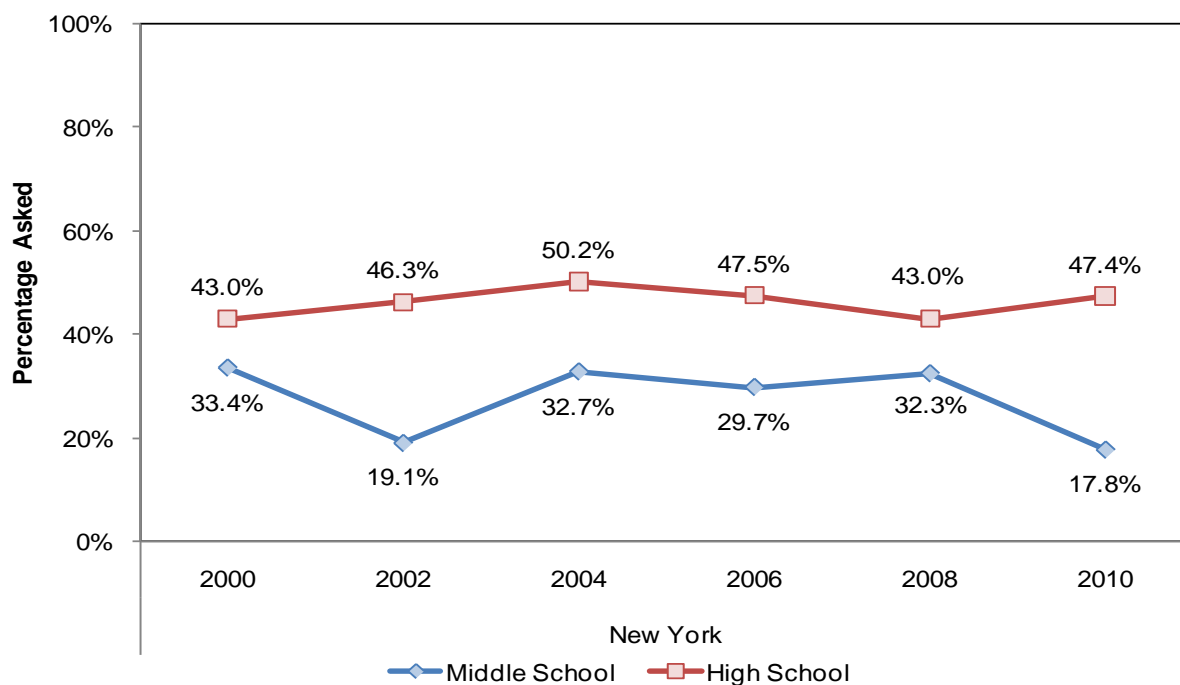
CDC Indicator: 1.8.5

¹ Rigotti, N. A., DiFranza, J. R., Chang, Y., Tisdale, T., Kemp, B., & Singer, D. E. (1997). The effect of enforcing tobacco-sales laws on adolescents' access to tobacco and smoking behavior. *New England Journal of Medicine*, 337, 1044–1051.

² DiFranza, J., & Coleman, M. (2001, December). Sources of tobacco for youths in communities with strong enforcement of youth access laws. *Tobacco Control*, 10(4), 323–328.

Policy Compliance

Percentage of New York Middle and High School Students Asked to Show Proof of Age When Purchasing Cigarettes, among All Youth Aged 17 or Younger Who Attempted to Purchase Cigarettes



The graph above shows the trends among all New York middle and high school students aged 17 or younger who tried to purchase cigarettes in the past 30 days and were asked to show proof of age when purchasing cigarettes between 2000 and 2010. Enforcing laws aimed at prohibiting the sale of tobacco products to young people has been shown to increase compliance among store clerks and decrease illegal purchases by minors.^{1,2} The increase in compliance leads to a small yet significant decline in youth tobacco use.¹

Measure: The percentage of all middle school and high school students aged 17 or younger who tried to purchase cigarettes in the past 30 days and were asked to show proof of age when purchasing cigarettes is defined by responding "Yes, I was asked to show proof of age" to the question "When you bought or tried to buy cigarettes in a store during the past 30 days, were you ever asked to show proof of age?"

Source: Youth Tobacco Survey, 2000–2010

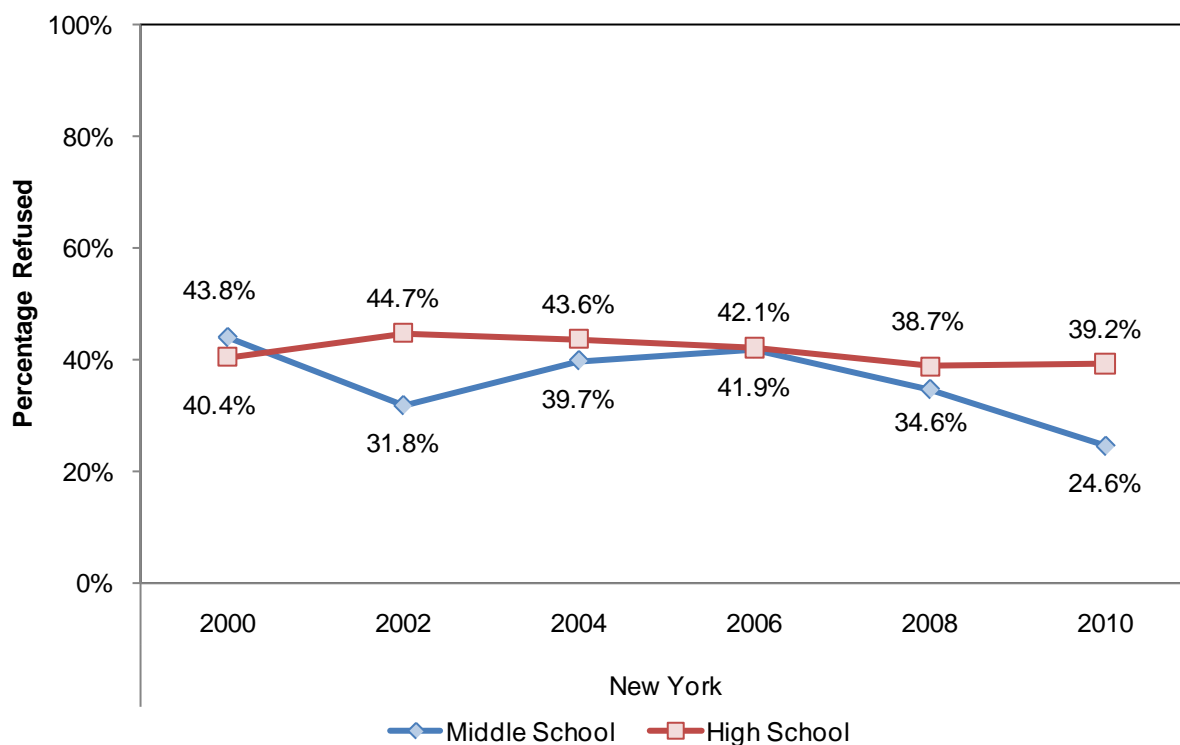
CDC Indicator: 1.11.3

¹ Rigotti, N. A., DiFranza, J. R., Chang, Y., Tisdale, T., Kemp, B., & Singer, D. E. (1997). The effect of enforcing tobacco-sales laws on adolescents' access to tobacco and smoking behavior. *New England Journal of Medicine*, 337, 1044–1051.

² DiFranza, J., & Coleman, M. (2001, December). Sources of tobacco for youths in communities with strong enforcement of youth access laws. *Tobacco Control*, 10(4), 323–328.

Policy Compliance

Percentage of New York Middle and High School Students Refused Purchase of Cigarettes due to Age, among All Youth Aged 17 or Younger Who Attempted to Purchase Cigarettes



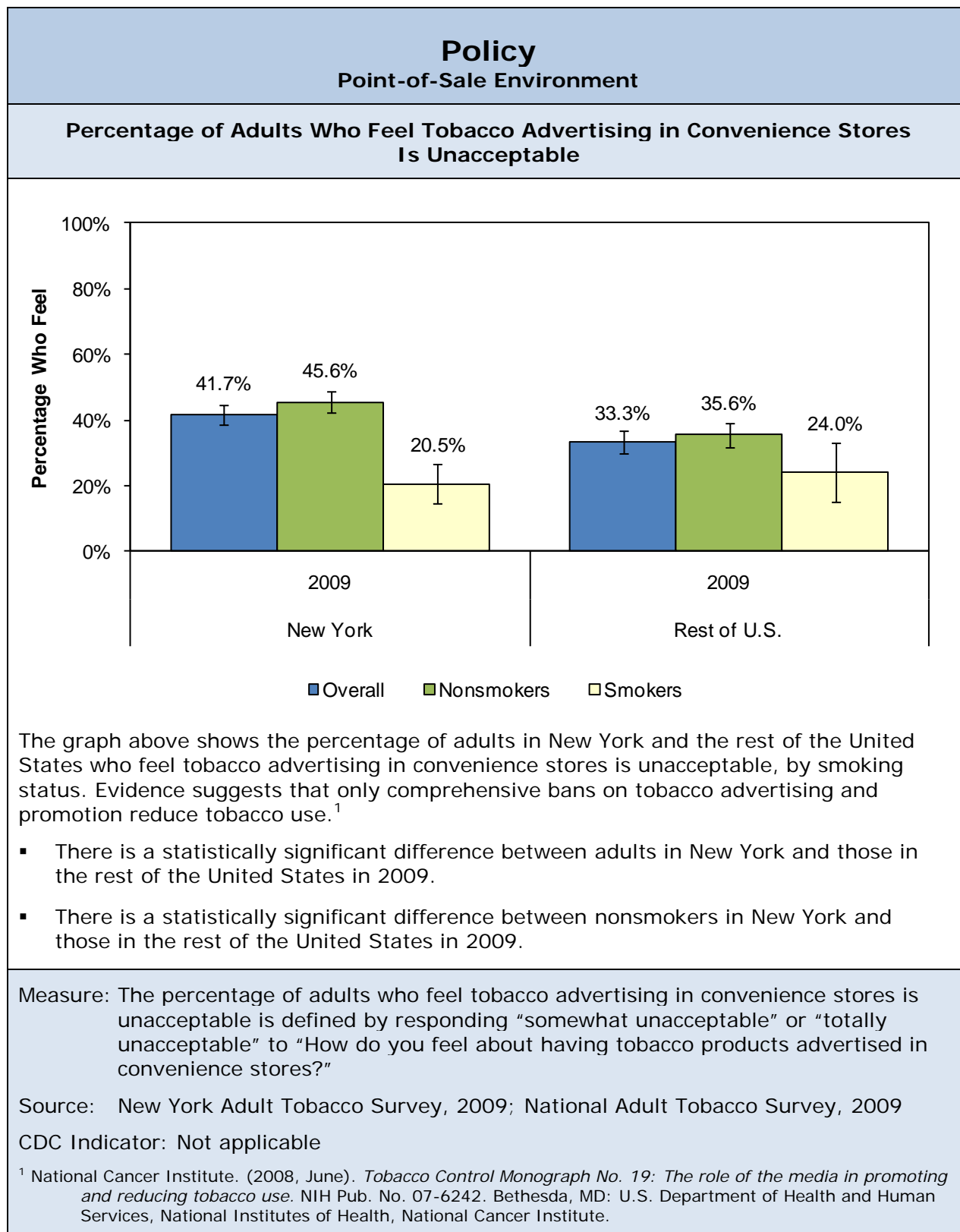
The graph above shows the trends among all New York middle school and high school students aged 17 or younger who tried to purchase cigarettes in the past 30 days and were refused purchase due to age when purchasing cigarettes between 2000 and 2010. Evidence suggests that about 25% of smokers younger than age 18 buy their cigarettes from stores; therefore, efforts to further increase compliance have the potential to reduce young people's access to tobacco products.¹

Measure: Percentage of all New York middle school and high school students aged 17 or younger who tried to purchase cigarettes in the past 30 days and were refused cigarettes due to age, by year. Refusal due to age is defined by responding "Yes, someone refused to sell me cigarettes because of my age" to the question "During the past 30 days, did anyone ever refuse to sell you cigarettes because of your age?"

Source: Youth Tobacco Survey, 2000–2008

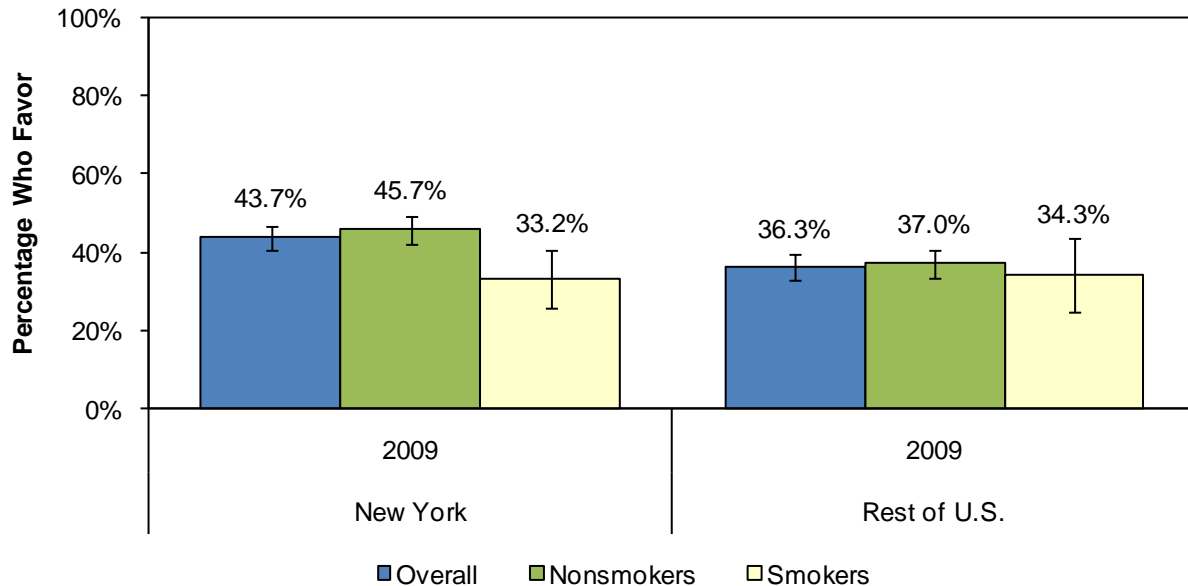
CDC Indicator: 1.11.3

¹ Jones, S. E., Sharp, D. J., Husten, C. G., & Crosssett, L. S. (2002). Cigarette acquisition and proof of age among US high school students who smoke. *Tobacco Control*, 11, 20–25.



Policy Point-of-Sale Environment

Percentage of Adults Who Are in Favor of a Ban on Tobacco Advertising in Convenience Stores



The graph above shows the percentage of adults in New York and the rest of the United States who are in favor of a ban on tobacco advertising in convenience stores, by smoking status. Evidence suggests that only comprehensive bans on tobacco advertising and promotion reduce tobacco use.¹

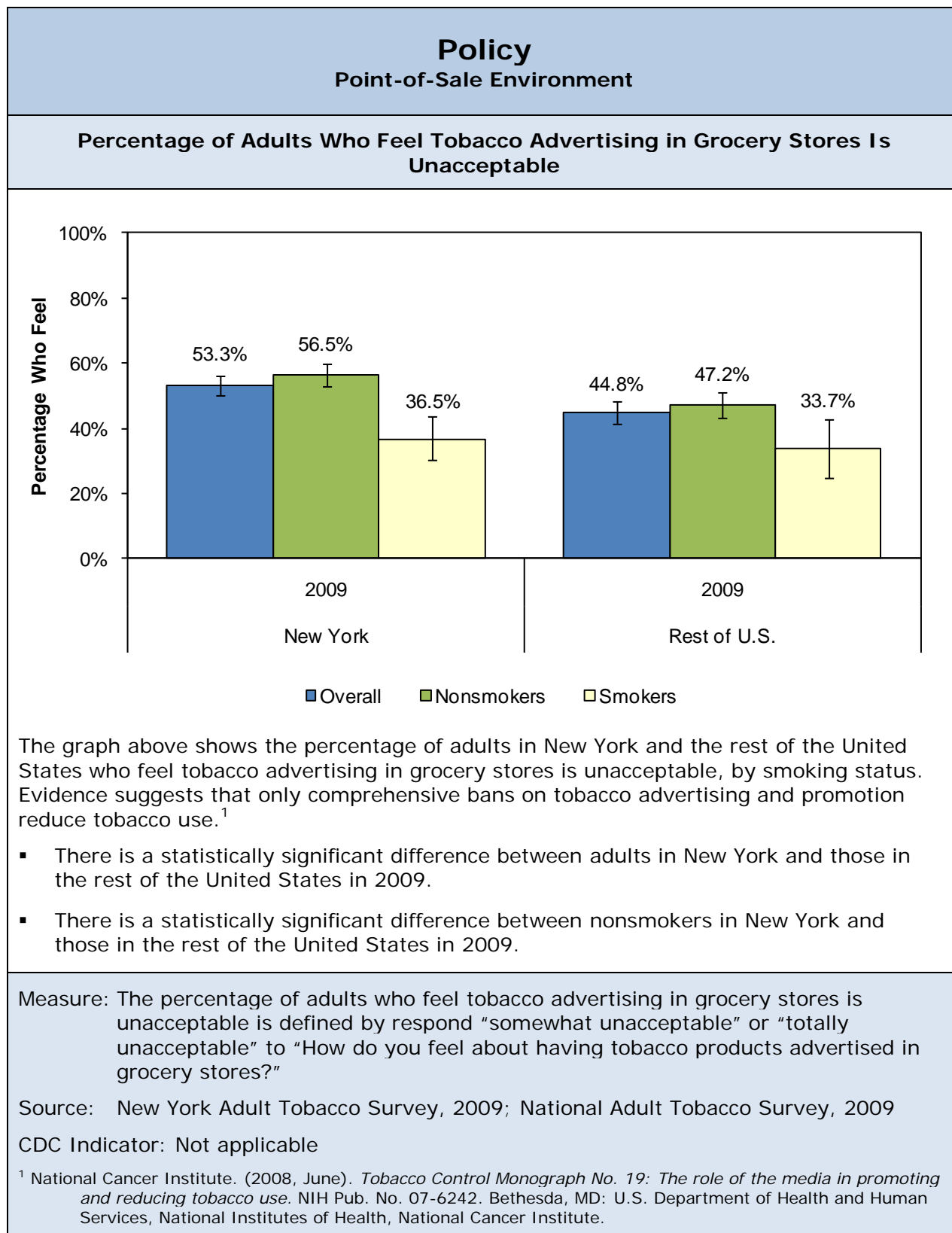
- There is a statistically significant difference between adults in New York and those in the rest of the United States in 2009.
- There is a statistically significant difference between nonsmokers in New York and those in the rest of the United States in 2009.

Measure: The percentage of adults who are in favor of a ban on tobacco advertising in convenience stores is defined by responding “strongly in favor” or “somewhat in favor” to the question “What is your opinion about a policy that would ban tobacco advertising in convenience stores?”

Source: New York Adult Tobacco Survey, 2009; National Adult Tobacco Survey, 2009

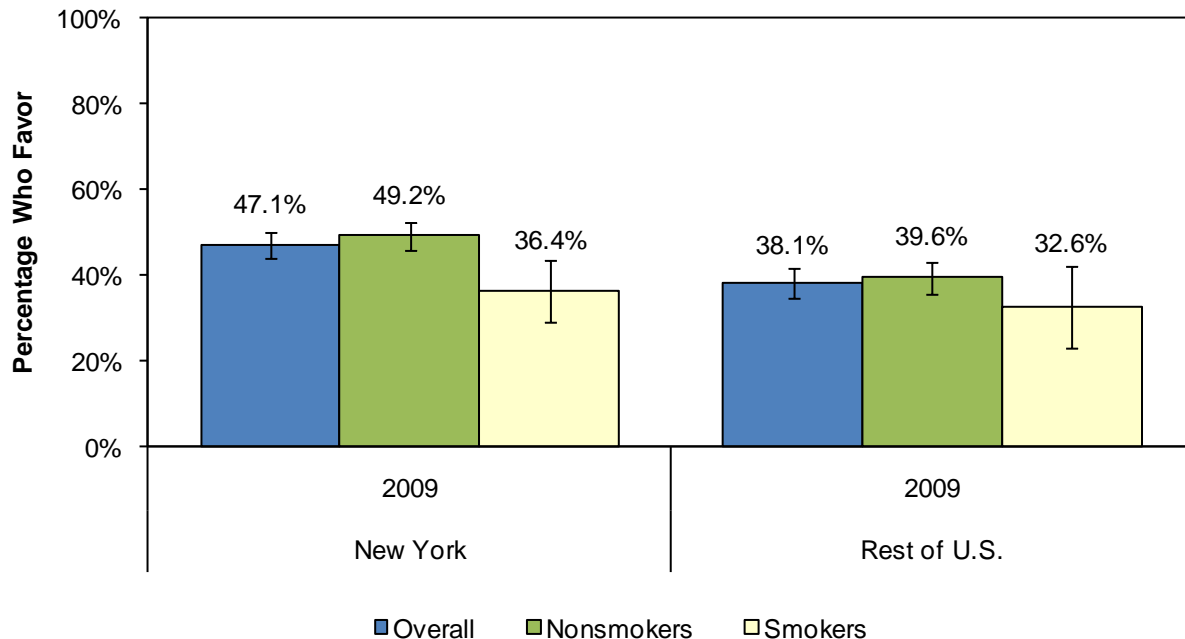
CDC Indicator: Not applicable

¹ National Cancer Institute. (2008, June). *Tobacco Control Monograph No. 19: The role of the media in promoting and reducing tobacco use*. NIH Pub. No. 07-6242. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute.



Policy Point-of-Sale Environment

Percentage of Adults Who Are in Favor of a Ban on Tobacco Advertising in Grocery Stores



The graph above shows the percentage of adults in New York and the rest of the United States who are in favor of a ban on tobacco advertising in grocery stores, by smoking status. Evidence suggests that only comprehensive bans on tobacco advertising and promotion reduce tobacco use.¹

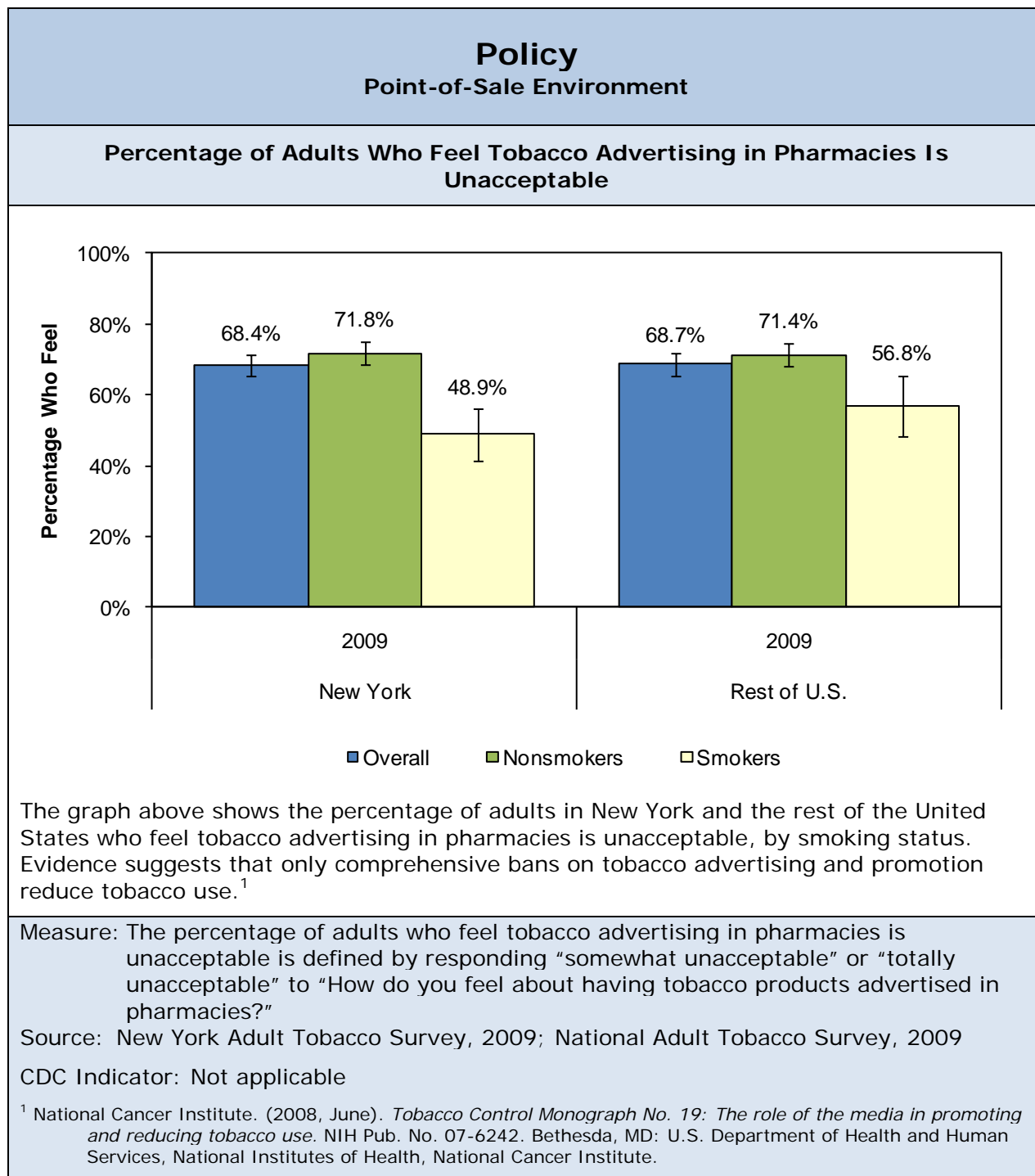
- There is a statistically significant difference between adults in New York and those in the rest of the United States in 2009.
- There is a statistically significant difference between nonsmokers in New York and those in the rest of the United States in 2009.

Measure: The percentage of adults who are in favor of a ban on tobacco advertising in grocery stores is defined by responding "somewhat in favor" or "strongly in favor" to "What is your opinion about a policy that would ban tobacco advertisements from grocery stores?"

Source: New York Adult Tobacco Survey, 2009; National Adult Tobacco Survey, 2009

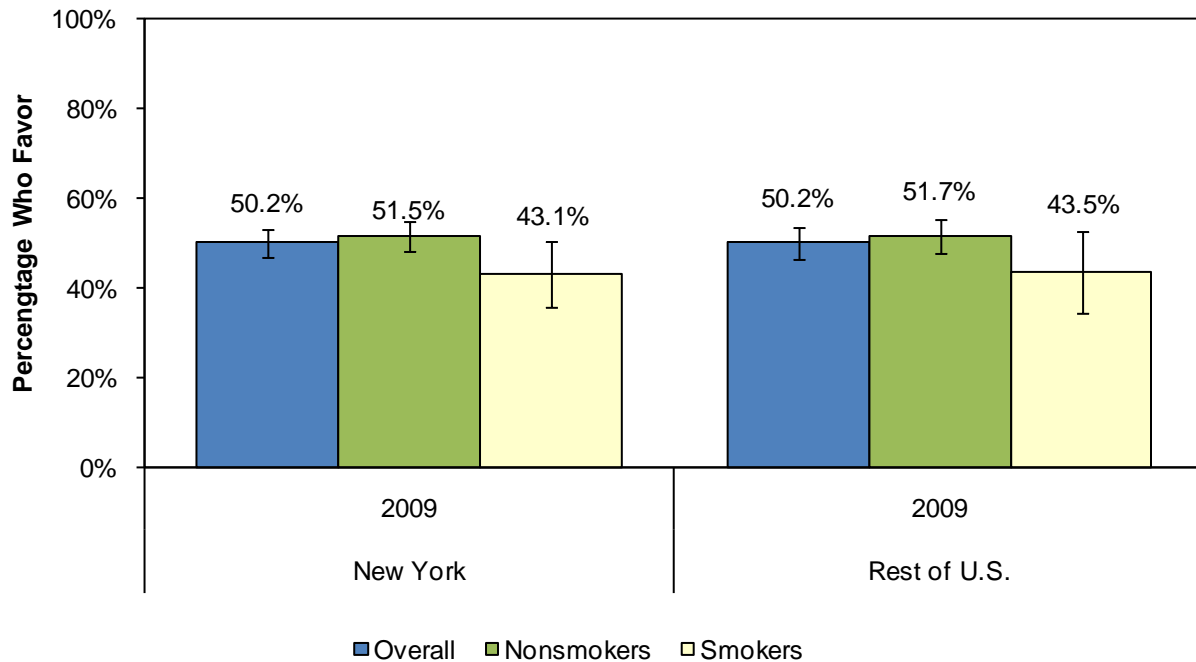
CDC Indicator: Not applicable

¹ National Cancer Institute. (2008, June). *Tobacco Control Monograph No. 19: The role of the media in promoting and reducing tobacco use*. NIH Pub. No. 07-6242. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute.



Policy Point-of-Sale Environment

Percentage of Adults Who Are in Favor of a Ban on Tobacco Advertising in Pharmacies



The graph above shows the percentage of adults in New York and the rest of the United States who are in favor of a ban on tobacco advertising in pharmacies, by smoking status. Evidence suggests that only comprehensive bans on tobacco advertising and promotion reduce tobacco use.¹

Measure: The percentage of adults who are in favor of a ban on tobacco advertising in pharmacies is defined by responding “somewhat in favor” or “strongly in favor” to “What is your opinion about a policy that would ban tobacco advertisements from pharmacies?”

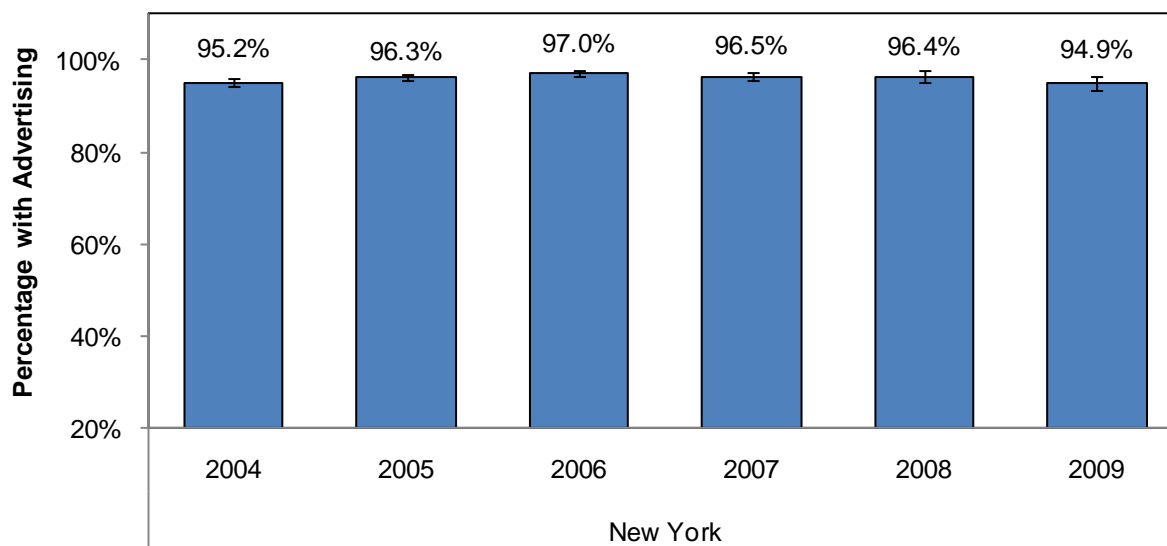
Source: New York Adult Tobacco Survey, 2009; National Adult Tobacco Survey, 2009

CDC Indicator: Not applicable

¹ National Cancer Institute. (2008, June). *Tobacco Control Monograph No. 19: The role of the media in promoting and reducing tobacco use*. NIH Pub. No. 07-6242. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute.

Policy Point-of-Sale Environment

Percentage of New York Retailers with Interior or Exterior Advertising



The graph above shows the percentage of New York retailers with interior or exterior advertising between 2004 and 2009. In the United States, in-store cigarette promotions make up 81% of cigarette manufacturer's marketing expenditures. This is because retail stores are the principal means of communication with smokers and potential smokers. Ads endorsing smoking influence all customers regardless of their smoking status.¹ Adolescents are more likely to initiate smoking when exposed to point-of-sale advertising for cigarettes; frequency of exposure increases this risk.^{2,3} Young people are susceptible to even brief exposure to pro-tobacco marketing and a large portion of tobacco industry marketing entices adolescents to smoke.³

Measure: Prevalence of interior or exterior advertising in store is defined by responding "yes" to "Does the store have interior cigarette advertising?" or responding "Yes" to "Does the store have exterior cigarette advertising?"

Source: Retail Tobacco Advertising Survey, 2004–2009

CDC Indicator: 1.9.1

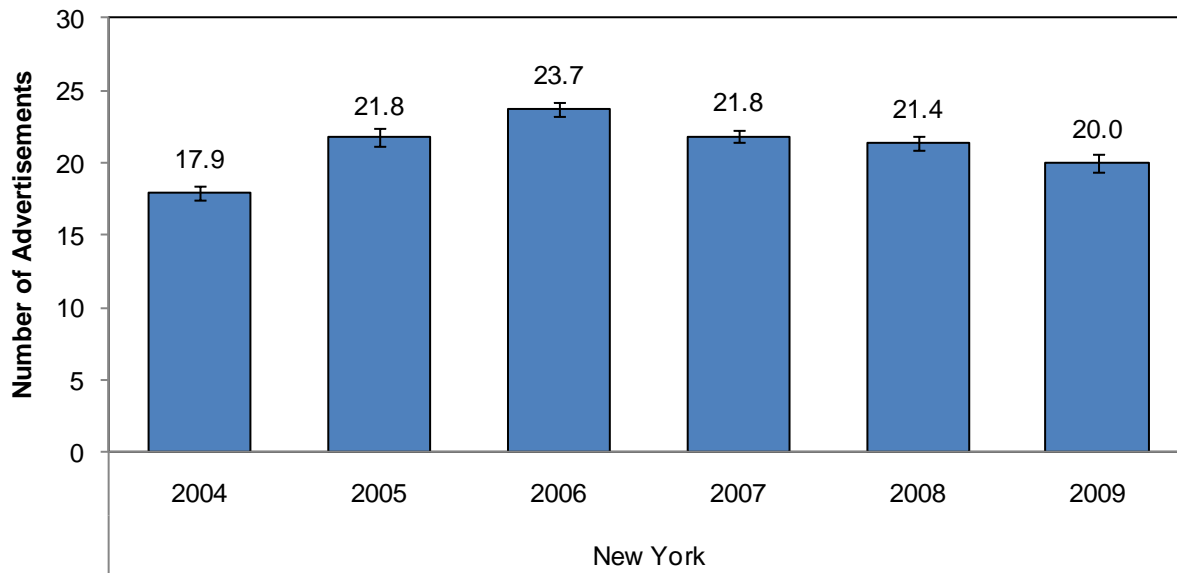
¹ Feighery, E. C., Ribisl, K. M., Clark, P. I., & Haladjian, H. H. (2003). How tobacco companies ensure prime placement of their advertising and products in stores: Interviews with retailers about tobacco company incentive programmes. *Tobacco Control*, 12(2), 184–188.

² Henriksen, L., Schleicher, N. C., Feighery, E. C., & Fortmann, S. P. (2010). A longitudinal study of exposure to retail cigarette advertising and smoking initiation. *Pediatrics*, 126, 232–238.

³ National Cancer Institute. (2008, June). *Monograph No. 19: The role of the media in promoting and reducing tobacco use*. NIH Pub. No. 07-6242. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute.

Policy Point-of-Sale Environment

Average Number of Interior and Exterior Advertisements in New York



The graph above shows the average number of interior or exterior advertisements in New York licensed tobacco retailers between 2004 and 2009. In the United States, in-store cigarette promotions make up 81% of cigarette manufacturers' marketing expenditures; this is because retail stores are the principal means of communication with smokers and potential smokers. Ads endorsing smoking influence all customers regardless of their smoking status.¹ Adolescents are more likely to initiate smoking when exposed to point-of-sale advertising for cigarettes; frequency of exposure increases this risk.^{2,3} Young people are susceptible to even brief exposure to pro-tobacco marketing and a large portion of tobacco industry marketing entices adolescents to smoke.³

- There is a statistically significant upward trend.

Measure: Average number of advertisements is defined by "How many interior cigarette ads do you count?," "Count the number of cigarette ads on/affixed to the building," and "Count the number of cigarette ads not on/affixed to the building."

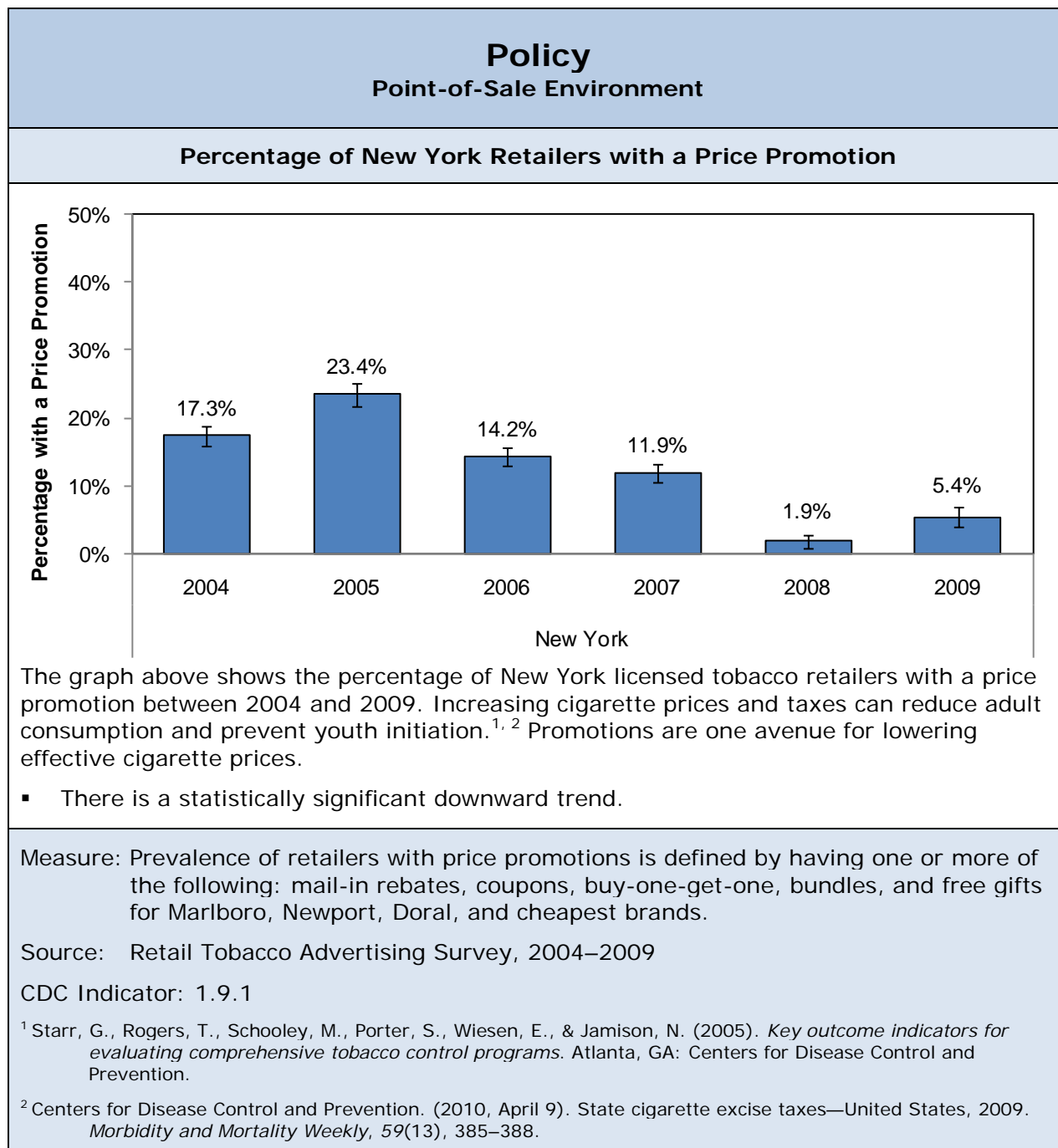
Source: Retail Tobacco Advertising Survey, 2004–2009

CDC Indicator: 1.9.1

¹ Feighery, E. C., Ribisl, K. M., Clark, P. I., & Haladjian, H. H. (2003). How tobacco companies ensure prime placement of their advertising and products in stores: Interviews with retailers about tobacco company incentive programmes. *Tobacco Control*, 12(2), 184–188.

² Henriksen, L., Schleicher, N. C., Feighery, E. C., & Fortmann, S. P. (2010). A longitudinal study of exposure to retail cigarette advertising and smoking initiation. *Pediatrics*, 126, 232–238.

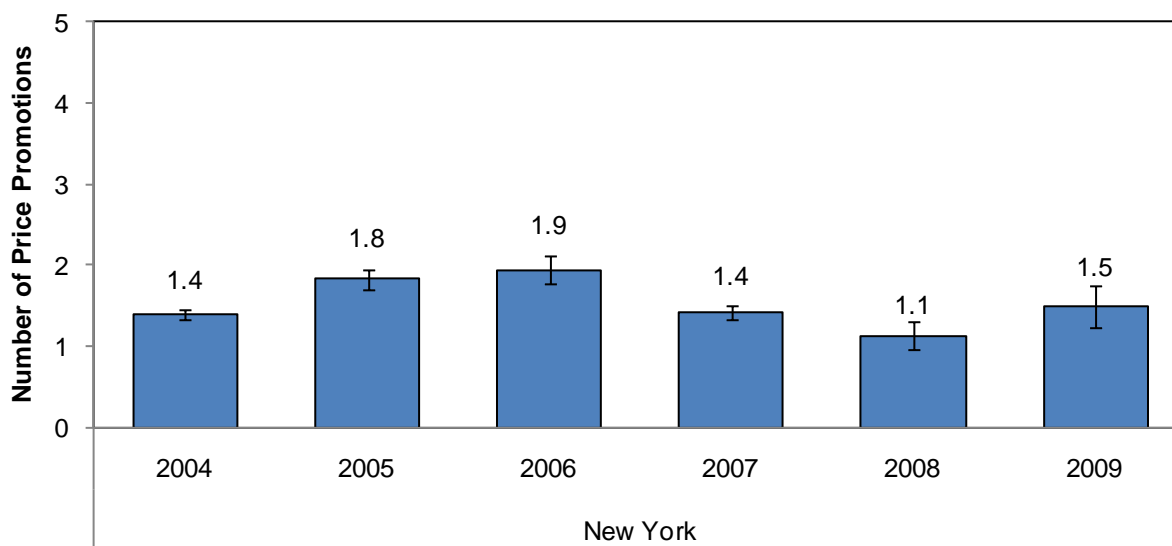
³ National Cancer Institute. (2008, June). *Monograph No. 19: The role of the media in promoting and reducing tobacco use*. NIH Pub. No. 07-6242. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute.



Policy

Point-of-Sale Environment

Average Number of Price Promotions in New York



The graph above shows the average number of price promotions at any given time, among New York licensed tobacco retailers with a promotion between 2004 and 2009. Increasing cigarette prices and taxes can reduce adult consumption and prevent youth initiation.^{1,2} Promotions are one avenue for lowering effective cigarette prices.

Measure: Average number of price promotions at any given time is defined by the number of mail-in rebates, coupons, buy-one-get-ones, bundles, and free gifts for Marlboro, Newport, Doral, and cheapest brands among retailers with a price promotion.

Source: Retail Tobacco Advertising Survey, 2004–2009

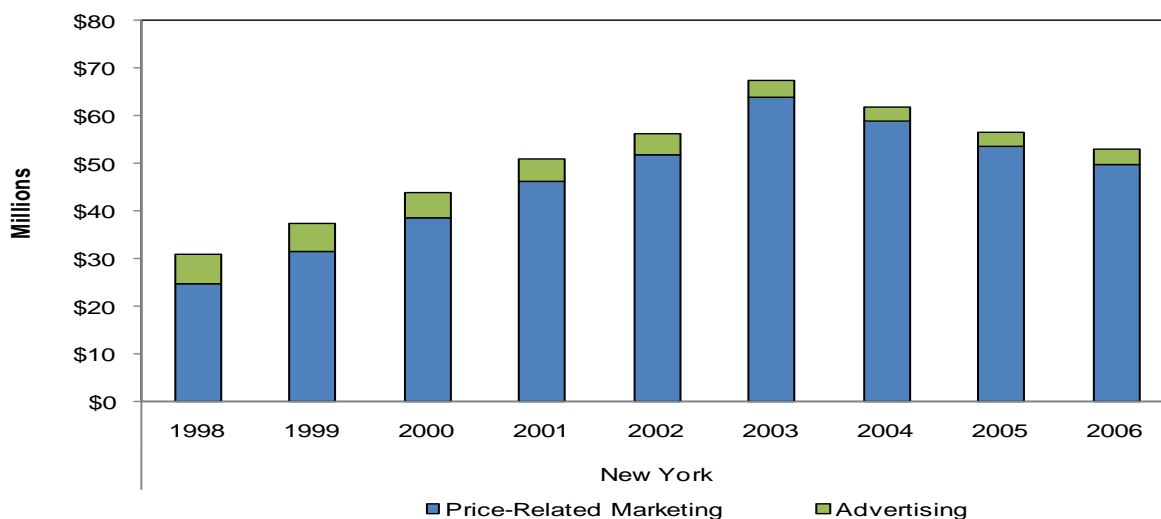
CDC Indicator: 1.9.1

¹ Starr, G., Rogers, T., Schooley, M., Porter, S., Wiesen, E., & Jamison, N. (2005). *Key outcome indicators for evaluating comprehensive tobacco control programs*. Atlanta, GA: Centers for Disease Control and Prevention.

² Centers for Disease Control and Prevention. (2010, April 9). State cigarette excise taxes—United States, 2009. *Morbidity and Mortality Weekly*, 59(13), 385–388.

Policy Point-of-Sale Environment

Tobacco Industry Marketing Expenditures in New York



The graph above shows estimated tobacco industry marketing expenditures in New York by type and year. In the United States, in-store cigarette promotions made up 81% of cigarette manufacturers' marketing expenditures in 2006. This is because retail stores are the principal means of communication with smokers and potential smokers. Ads endorsing smoking influence all customers regardless of their smoking status.¹ Of note, these estimates may be lower than actual expenditures given that New York appears to have a higher proportion of cigarettes sold under a promotion than the rest of the United States (see page 8-6).

- There is a statistically significant upward trend among price-related marketing.
- There is a statistically significant downward trend among advertising.

Measure: Tobacco industry marketing expenditures in New York, by type and year. Tobacco industry marketing expenditures is defined by multiplying price-related marketing and advertising by the percentage of the adult population living in New York State. Price-related marketing includes promotional allowances, price discounts, retail value added, coupons, and specialty item distribution. Advertising includes outdoor, point-of-sale, magazine, newspaper, transit, Internet, and all other advertising. Advertising also includes public entertainment support, direct mailings, and free sample distribution.

Source: Federal Trade Commission, 1998–2006; U.S. Census Bureau Adult Population Estimates 1998–2006

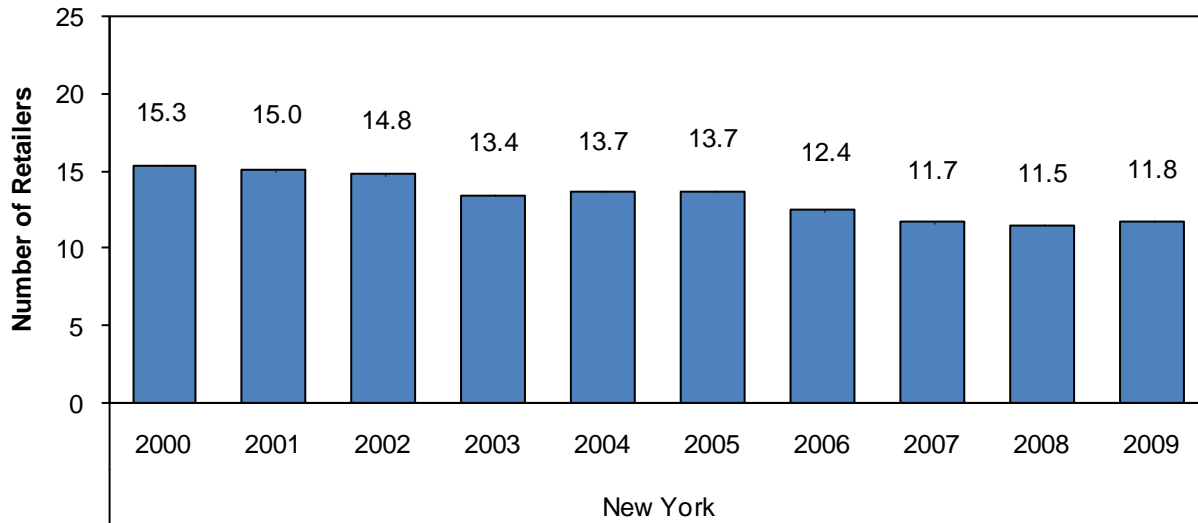
CDC Indicator: Not applicable

¹ Feighery, E. C., Ribisl, K. M., Clark, P. I., & Haladjian, H. H. (2003). How tobacco companies ensure prime placement of their advertising and products in stores: Interviews with retailers about tobacco company incentive programmes. *Tobacco Control*, 12(2), 184–188.

Policy

Point-of-Sale Environment

Number of Licensed Tobacco Retailers in New York per 10,000 People



The graph above presents the number of licensed tobacco retailers in New York per 10,000 people between 2000 and 2009. Evidence suggests that adolescent smoking increases with the density of licensed tobacco retailers.¹

- There is a statistically significant downward trend.

Measure: The number of retailers in New York per 10,000 people is defined by calculating the number of retailers divided by the total population. Of note, licensed tobacco retailers with P.O. Box facility addresses are excluded.

Source: Licensed Tobacco Retailers, 2000–2009; Census 2000–2008

CDC Indicator: Not applicable

¹ Novak, S. P., Reardon, S. F., Raudenbush, S. W., & Buka, S. L. (2006). Retail tobacco outlet density and youth cigarette smoking: A propensity-modeling approach. *American Journal of Public Health, 96*, 670–676.

Policy
Point-of-Sale Environment

Number of Licensed Tobacco Retailers in New York per 10,000 People by Geographic Area

Region	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Buffalo	12.1	12.2	11.4	10.8	10.6	10.7	8.9	8.4	9.0	9.2
Hudson Valley	15.1	14.8	14.4	12.9	14.3	14.2	12.8	12.2	11.9	12.0
North Capital	14.5	14.6	13.8	12.7	14.1	14.0	11.9	11.2	11.2	11.2
North Central	12.2	11.5	11.2	10.3	11.6	11.6	9.7	9.0	9.3	9.2
NYC-Long Island	17.0	16.6	16.5	14.8	14.7	14.7	13.8	12.9	12.4	12.8
Rochester	11.8	11.5	11.1	10.3	10.3	10.4	8.9	8.3	8.8	9.0
South Capital	14.6	14.7	14.2	13.2	14.2	14.2	12.1	12.0	11.6	11.7
South Central	11.4	10.8	10.5	9.9	10.6	10.7	9.3	8.8	9.1	9.2

The table above presents the number of licensed tobacco retailers in New York per 10,000 people by area and year. Evidence suggests that adolescent smoking increases with the density of licensed tobacco retailers.¹

- There is a statistically significant downward trend across all regions.

Measure: Number of licensed tobacco retailers in New York per 10,000 people, by area and year. The number of retailers per 10,000 people is defined by calculating the number of retailers in each of the eight New York Tobacco Control Program areas divided by the total population for each area. Of note, licensed tobacco retailers with P.O. Box facility addresses are excluded.

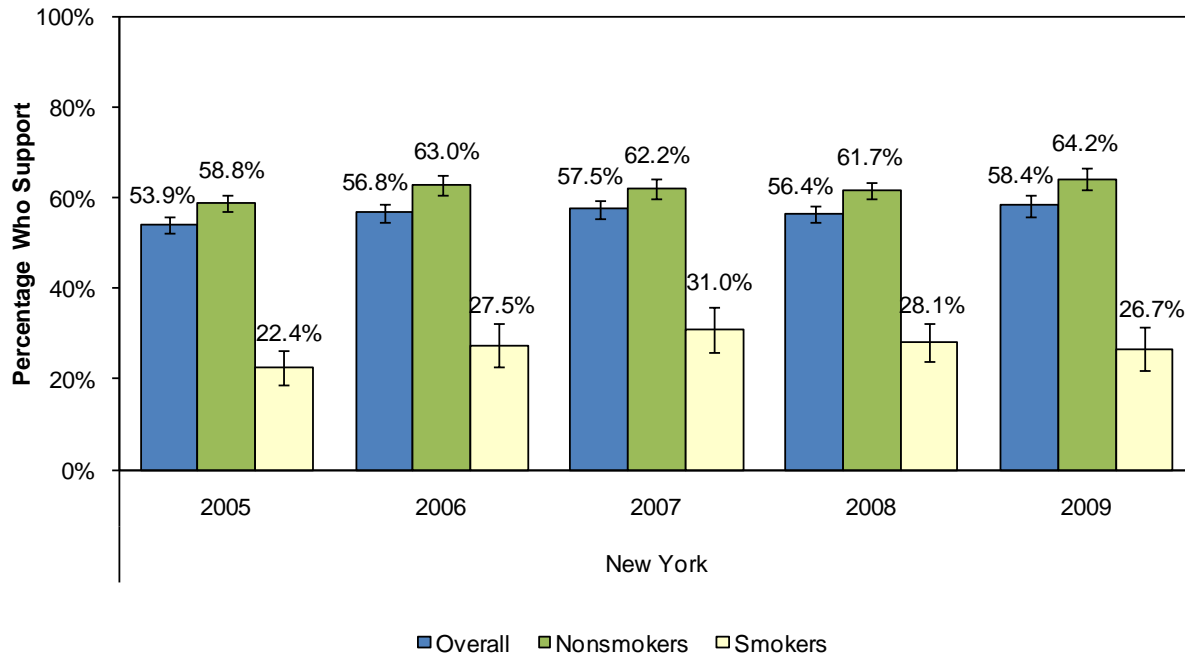
Source: Licensed Tobacco Retailers, 2000–2009; Census 2000–2008

CDC Indicator: Not applicable

¹ Novak, S. P., Reardon, S. F., Raudenbush, S. W., & Buka, S. L. (2006). Retail tobacco outlet density and youth cigarette smoking: A propensity-modeling approach. *American Journal of Public Health, 96*, 670–676.

Policy Smoke-free Outdoor Spaces

Percentage of New York Adults Who Support a Ban on Smoking in Outdoor Public Places



The above graph shows the trend in New York adults who support a ban on smoking in outdoor places (e.g., beaches and parks) between 2005 and 2009, by smoking status. Smoke-free policies require support from the public as well as business leaders and policy makers.^{1, 2}

- There is a statistically significant upward trend among New Yorkers overall, among nonsmokers, and among smokers.

Measure: The percentage of adults who support a ban on smoking in outdoor public places is defined by responding “probably yes” or “definitely yes” to “Would you be in favor of a law banning smoking in outdoor public places such as beaches or parks?”

Source: New York Adult Tobacco Survey, 2009; National Adult Tobacco Survey, 2009

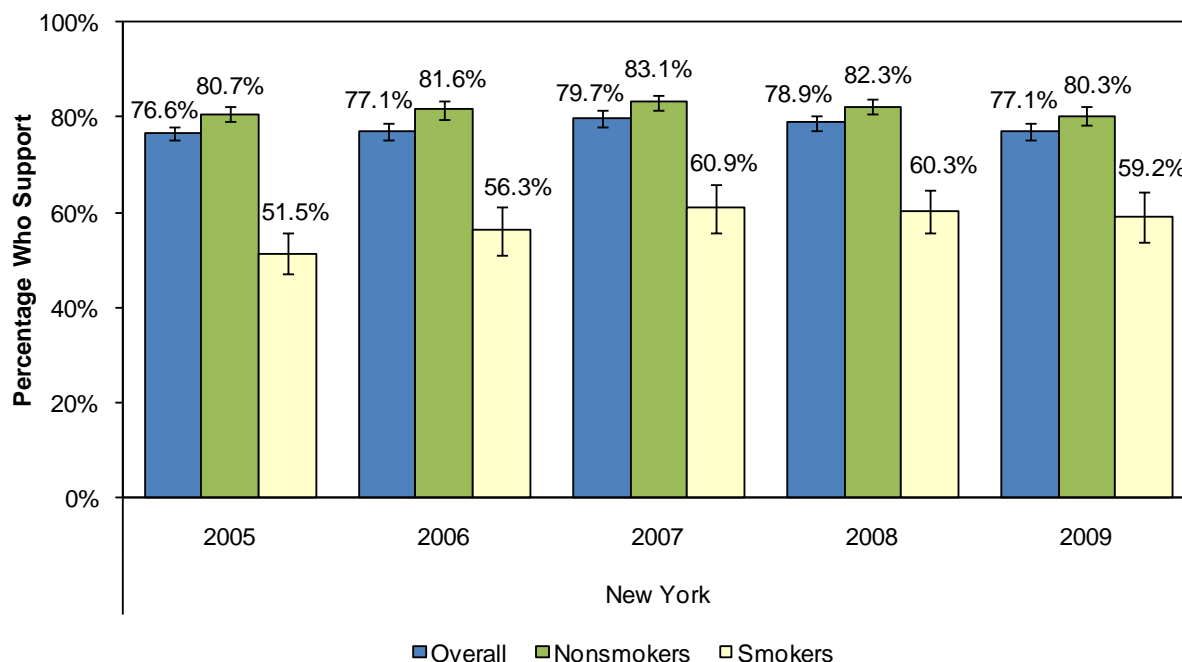
CDC Indicator: 2.3.7

¹ U.S. Department of Health and Human Services. (2000). *Reducing tobacco use: A report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention.

² Thomson, G. W., & Wilson, N. (2004). Public attitudes about tobacco smoke in workplaces: The importance of workers’ rights in survey questions [letter]. *Tobacco Control*, 13(2), 206–217.

Policy Smoke-free Outdoor Spaces

Percentage of New York Adults Who Support a Ban on Smoking in Building Entrances



The graph above shows the trend in New York adults who support a ban on smoking in building entrances between 2005 and 2009, by smoking status. Smoke-free policies require support from the public as well as business leaders and policy makers.^{1, 2}

Measure: The percentage of adults who support a ban on smoking in building entrances is defined by responding “probably yes” or “definitely yes” to “Would you be in favor of a law banning smoking in the entrance ways of public buildings and workplaces?”

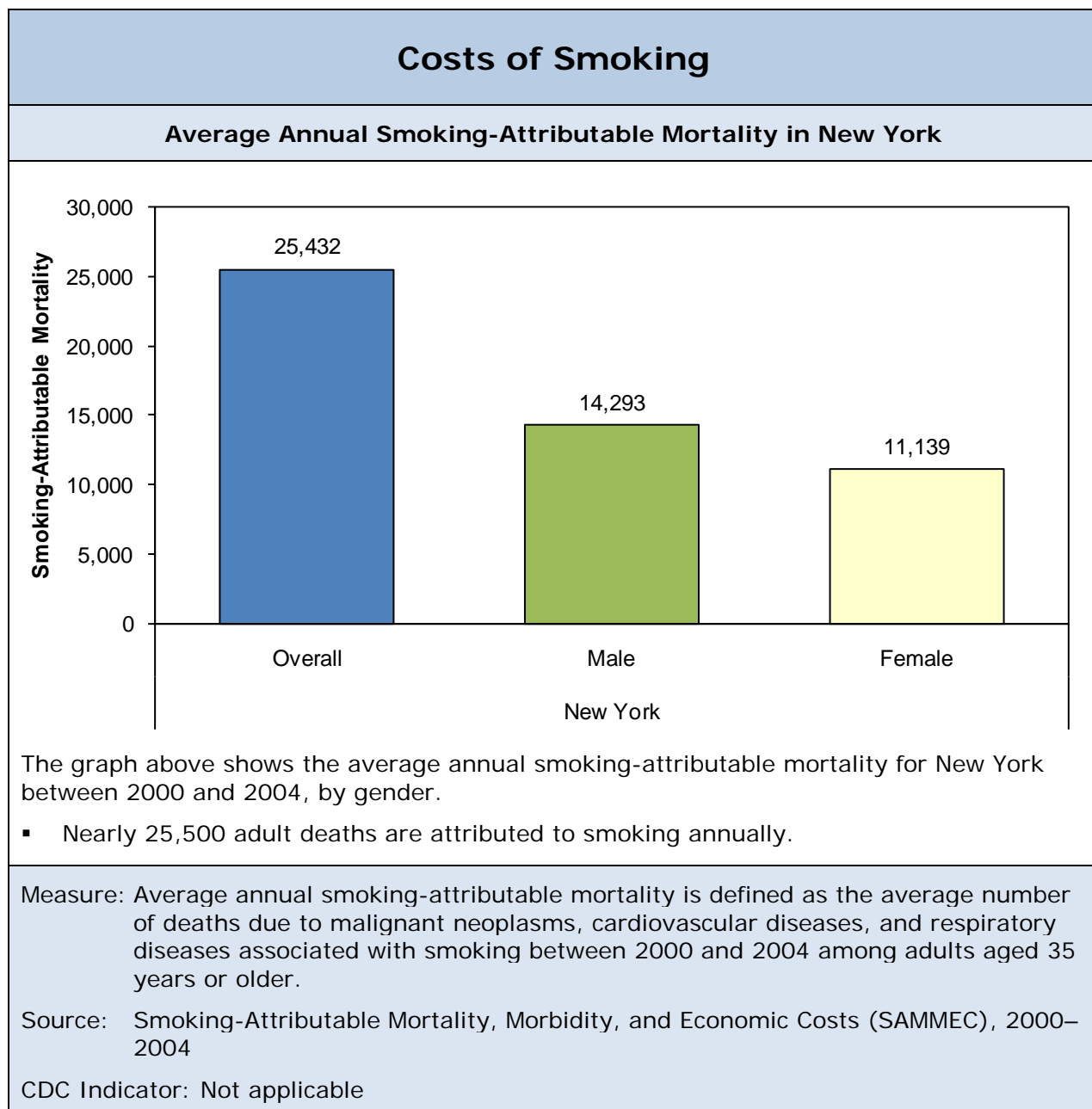
Source: New York Adult Tobacco Survey, 2009; National Adult Tobacco Survey, 2009

CDC Indicator: 2.3.7

¹ U.S. Department of Health and Human Services. (2000). *Reducing tobacco use: A report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention.

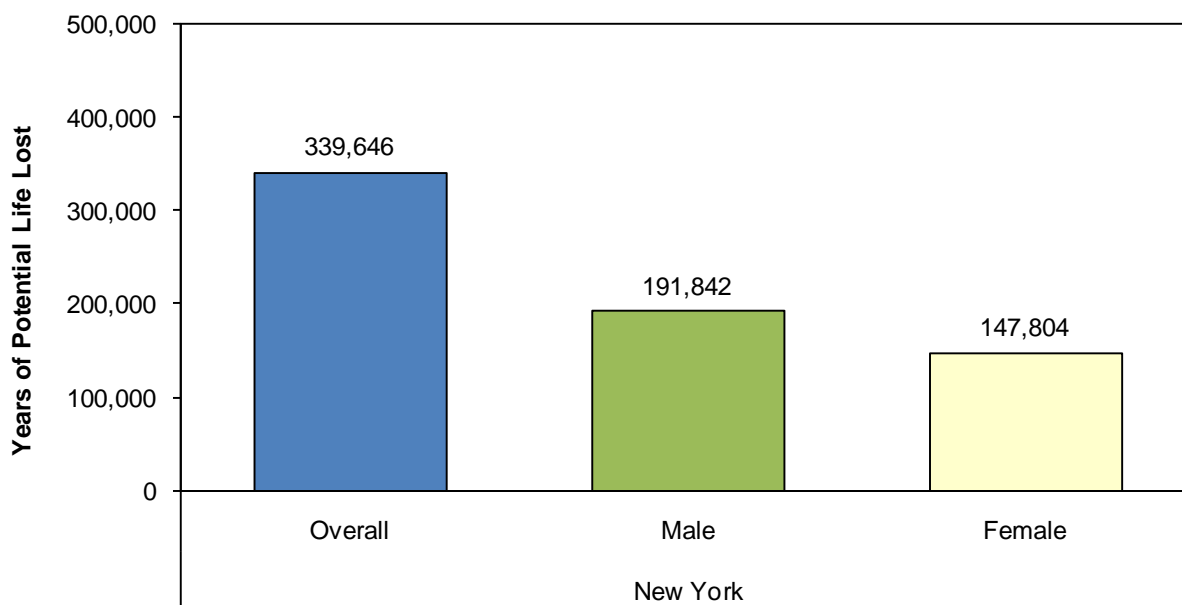
² Thomson, G. W., & Wilson, N. (2004). Public attitudes about tobacco smoke in workplaces: The importance of workers’ rights in survey questions [letter]. *Tobacco Control*, 13(2), 206–217.

9. COSTS OF SMOKING



Costs of Smoking

Average Annual Smoking-Attributable Years of Potential Life Lost in New York



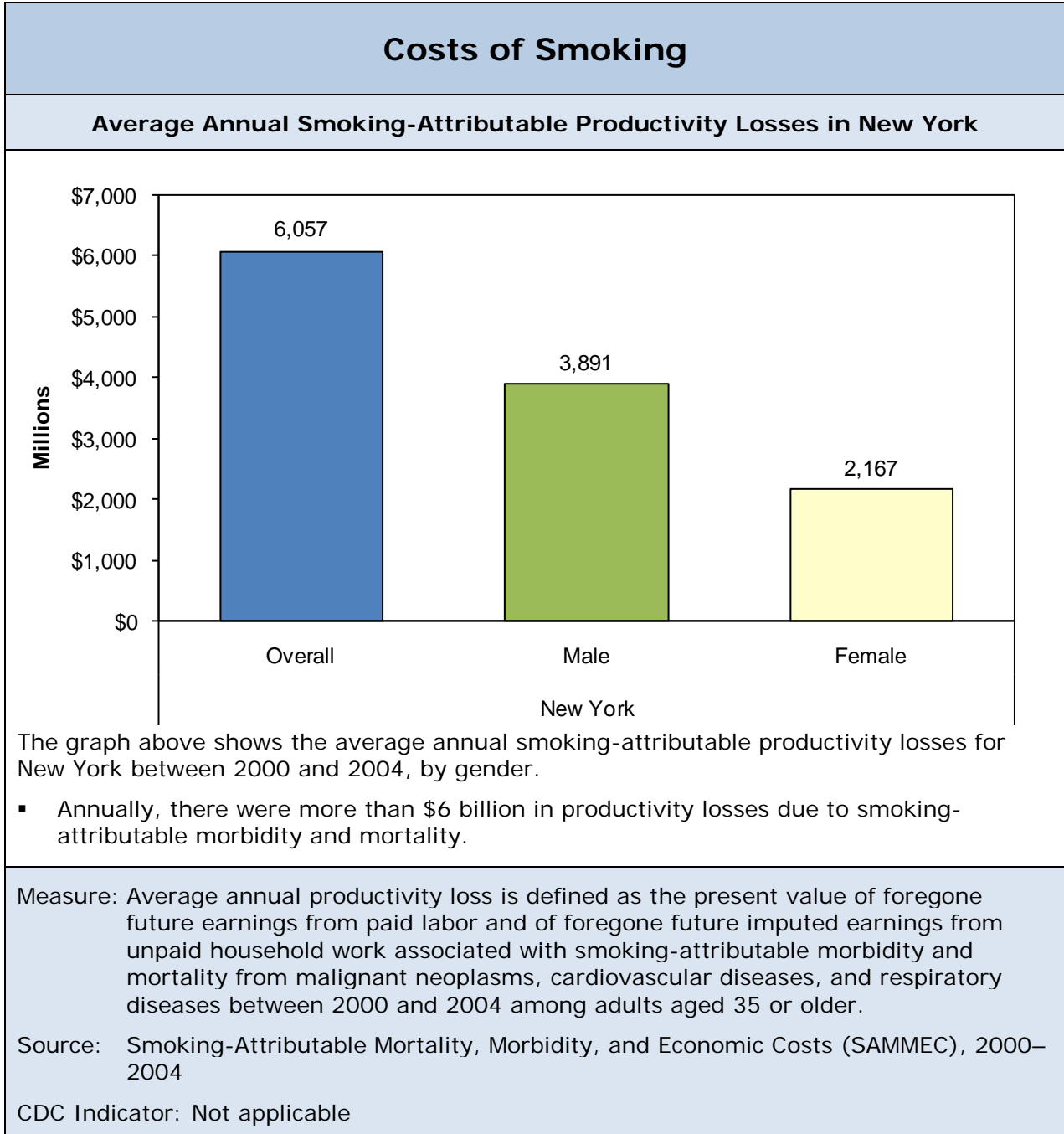
The graph above shows the average annual smoking-attributable years of potential life lost (YPLL) for New York between 2000 and 2004, by gender.

- Nearly 340,000 YPLL were lost annually due to smoking-attributable mortality.

Measure: Average annual YPLL is defined as the average number of years of potential life lost due to smoking-attributable mortality from malignant neoplasms, cardiovascular diseases, and respiratory diseases between 2000 and 2004 among adults aged 35 or older.

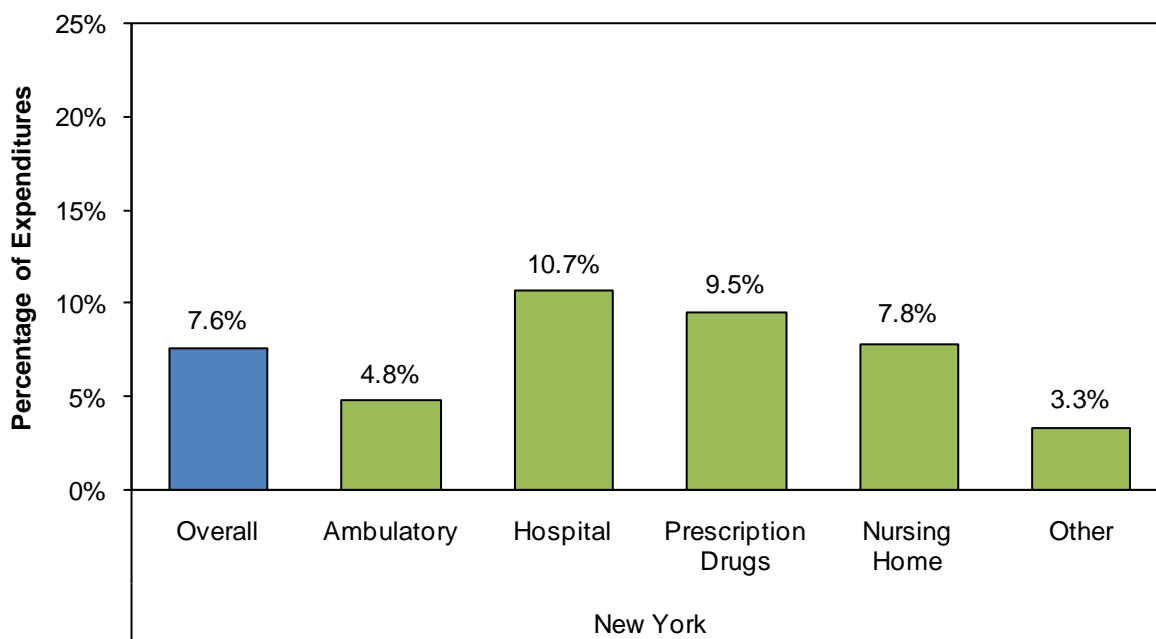
Source: Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC), 2000–2004

CDC Indicator: Not applicable



Costs of Smoking

Average Annual Smoking-Attributable Fractions of Personal Health Care Expenditures in New York



The graph above shows the fraction of total health care expenditures on ambulatory services, hospital services, prescription drugs, nursing homes, and other categories due to smoking-attributable causes in New York in 2004.

- Overall, 7.6% of all ambulatory, hospital, prescription drug, nursing home, and other expenditures combined may be attributed to smoking-related causes.

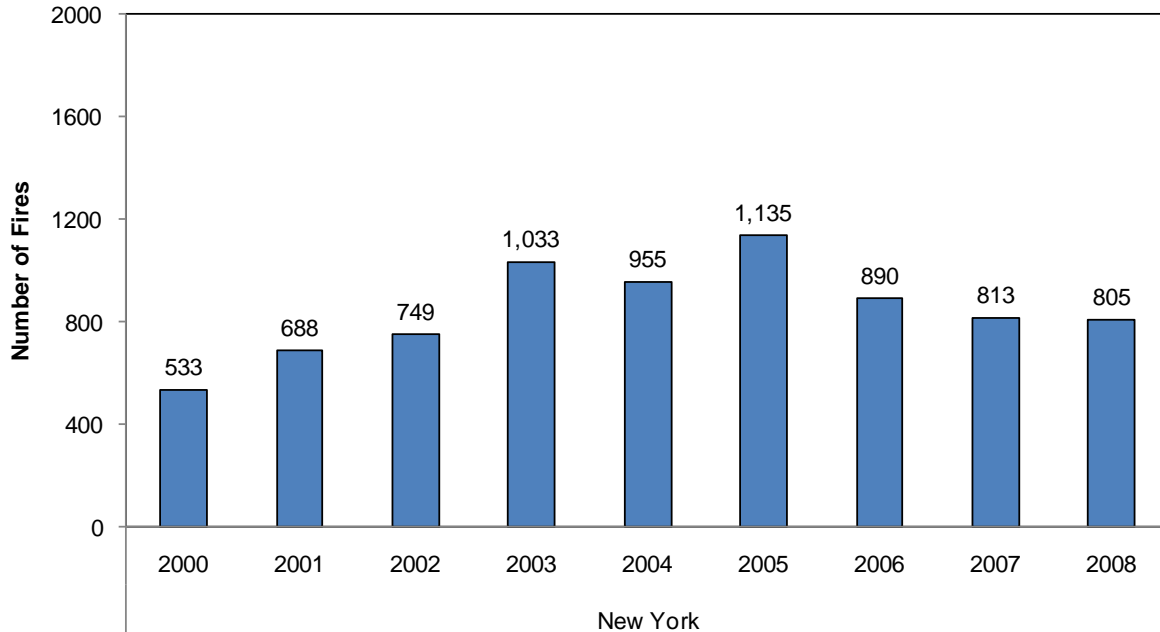
Measure: Fractions of personal health care are defined as the percentage of total ambulatory, hospital, prescription drugs, nursing homes, and other categories expenditures attributed to smoking, among adults aged 18 or older.

Source: Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC), 2004

CDC Indicator: Not applicable

Costs of Smoking

Frequency of Cigarette-Related Fires in New York



The graph above shows the number of cigarette-related fires in New York from 2000 to 2008. New York's reduced ignition propensity legislation (RIPL) was enacted June 28, 2004. The RIPL requires all cigarettes sold to be "fire-safe." In other words, the cigarettes must self-extinguish if left unattended. Reduced propensity cigarettes reduce the risks of smoking-material fires because if not smoked the burning stops and the cigarettes have less of an opportunity to cause fires.¹

Measure: Number of cigarette-related fires is defined as the number of smoking-materials fires reported by fire departments to the Office of Fire Prevention and Control.

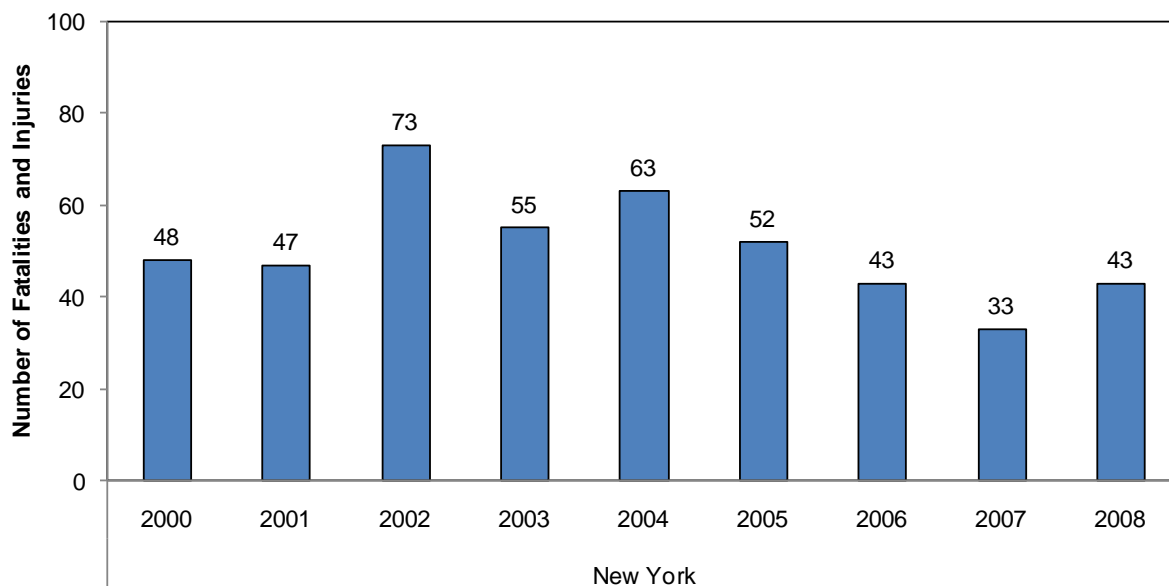
Source: Office of Fire Prevention and Control, 2000–2008

CDC Indicator: Not applicable

¹ Hall, J. R. Jr. (2010, March) The smoking-material fire problem. *National Fire Protection Association: Fire Analysis and Research Division*. Retrieved from <http://www.nfpa.org/assets/files//PDF/OS.Smoking.pdf>.

Costs of Smoking

Number of Cigarette-Related Fire Fatalities and Injuries in New York



The graph above shows the number of cigarette-related fire fatalities and injuries in New York from 2000 to 2008. New York's reduced ignition propensity legislation (RIPL) was enacted June 28, 2004. In 2007, approximately 720 civilian fire-related deaths and 1,580 civilian fire-related injuries in the United States occurred from smoking-material fires. The RIPL requires all cigarettes sold to be "fire-safe." In other words, the cigarettes must self-extinguish if left unattended. Reduced propensity cigarettes reduce the risks of smoking-material fires because if not smoked the burning stops and the cigarettes have less of an opportunity to cause fires.¹

Measure: Number of cigarette-related fire fatalities and injuries is defined as the number of civilian and fire-safety fatalities and injuries due to smoking-materials fires reported by fire departments to the Office of Fire Prevention and Control.

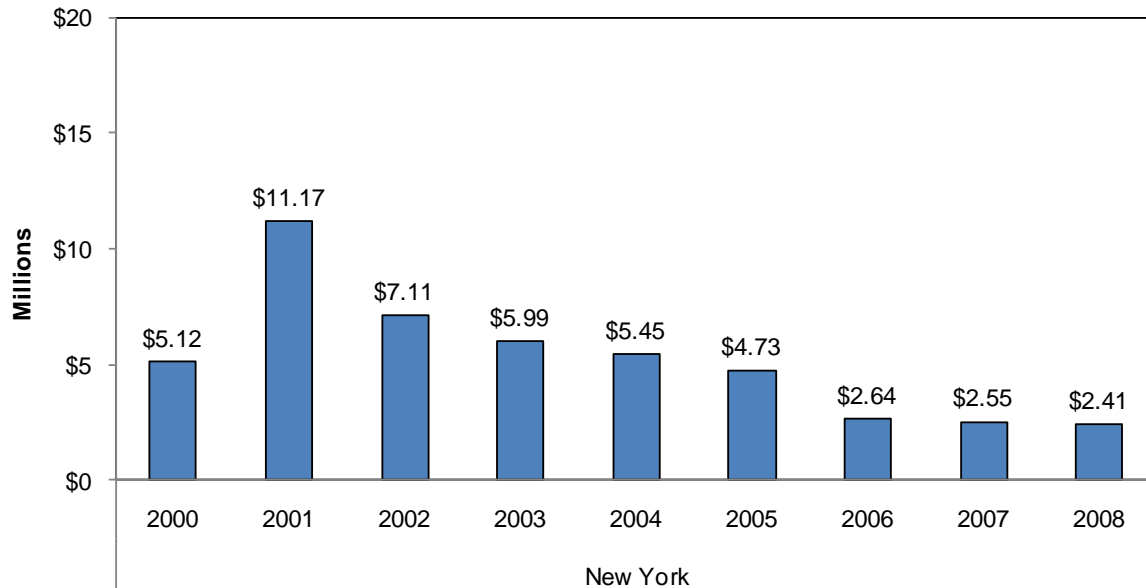
Source: Office of Fire Prevention and Control, 2000–2008

CDC Indicator: Not applicable

¹ Hall, J. R. Jr. (2010, March) The smoking-material fire problem. *National Fire Protection Association: Fire Analysis and Research Division*. Retrieved from <http://www.nfpa.org/assets/files//PDF/OS.Smoking.pdf>.

Costs of Smoking

Real Monetary Loss due to Cigarette-Related Fires in New York



The graph above shows real monetary loss due to cigarette-related fires in New York from 2000 to 2008. New York's reduced ignition propensity legislation (RIPL) was enacted June 28, 2004. The National Fire Protection Association estimated a national monetary loss of \$530 million due to direct property damage in smoking-material fires in 2007. The RIPL requires all cigarettes sold to be "fire-safe." In other words, the cigarettes must self-extinguish if left unattended. Reduced propensity cigarettes reduce the risks of smoking-material fires because if not smoked the burning stops and the cigarettes have less of an opportunity to cause fires.¹

- There is a statistically significant downward trend.

Measure: Real monetary loss, in 2007 dollars, is defined as the amount lost in a cigarette-related fire as reported by fire departments to the Office of Fire Prevention and Control.

Source: Office of Fire Prevention and Control, 2000–2008

CDC Indicator: Not applicable

¹ Hall, J. R. Jr. (2010, March) The smoking-material fire problem. *National Fire Protection Association: Fire Analysis and Research Division*. Retrieved from <http://www.nfpa.org/assets/files//PDF/OS.Smoking.pdf>.



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