

# L.A. Health

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## Smoking And Tobacco Use Among Adults In Los Angeles County



The Los Angeles County Health Survey is a population-based telephone survey of 8,004 households in Los Angeles County, examining health and health-related issues for children and adults. The survey was conducted for the Los Angeles County Department of Health Services in the spring of 1997 by Field Research Corporation with assistance from local universities. Additional support for the survey was provided by the California Department of Health Services and The California Endowment.

Tobacco use is the leading cause of preventable death and illness in the United States, resulting in an estimated 430,000 deaths and over \$50 billion in direct health care expenditures each year.<sup>1</sup> Tobacco use is a major cause of heart disease, emphysema and other respiratory diseases, and many cancers including those of the lung, esophagus, pancreas and bladder, and other illnesses such as stomach ulcers.<sup>2</sup> Although most tobacco users smoke cigarettes, cigar and pipe smokers and users of smokeless tobacco are also at increased risk for serious illness and death from cancers of the mouth, throat, and esophagus.<sup>3</sup> In addition, “second-hand” or environmental tobacco smoke causes lung cancer and cardiovascular disease in non-smoking adults.<sup>4</sup> In children, exposure to environmental tobacco smoke can cause bronchitis and pneumonia, increase the risk for asthma, and increase the severity of symptoms in children already diagnosed with asthma.<sup>5</sup>

This report presents estimates of the prevalence of cigarette smoking in the Los Angeles County adult population over the age of 18. These estimates were derived from a random-digit dialed telephone survey of 8,004 adults in Los Angeles County conducted in the spring of 1997. The results are weighted to the gender, age, and racial/ethnic distribution of the county adult population to correct for differential levels of participation.

1. Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz ER, Heyman RB, Holbrook J, Jaen CR, Kottke TE: *Smoking Cessation, Clinical Practice Guideline No 18*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research. (AHCPR publication no. 96-0692). 1996.
2. *A Report of the Surgeon General, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, April 1998.*
3. Fielding JE, Husten CG, Eriksen MP. *Tobacco: Health Effects and Control*. In: Wallace RB (ed). *Public Health and Preventive Medicine*, 14th ed. Stamford, Conn: Appleton and Lange; 1998: 829-830.
4. *The final report, Effects of Exposure to Environmental Tobacco Smoke, Office of Environmental Health Hazard Assessment, California Environmental Protection Agency, February 1997.*
5. *Children and Tobacco: The Facts, Centers for Disease Control Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, January 1994 and July 1996.*

Percentages in this report are based on the responses of those surveyed and were weighted to the most recent data available for the Los Angeles County population. When possible, data were weighted to the 1996 Current Population Survey data for Los Angeles County.

In any survey that involves sampling, some degree of error is introduced by the sampling process, even when the sample is chosen randomly. In the present survey, if 50% of the overall sample of adults answered "yes" to a specific question, the sampling error would be plus or minus 1.2 percentage points at the 95% confidence level. This means that there is a 95% chance that had the entire adult population been interviewed using the same questionnaire and methods, the result would be between 48.8% and 51.2%.

There are a number of other possible sources of error in any survey. For example, some households don't have telephones, questions may be misunderstood, respondents may not provide accurate information, and errors may occur in the processing of data. The survey professionals working on this study made every effort to minimize such errors.

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Tobacco use patterns were obtained by asking respondents whether they ever used tobacco (all types) and whether they currently smoke cigarettes, cigars, a pipe, or chew smokeless tobacco. Current cigarette smokers were asked how many cigarettes, on average, they smoke per day. In addition, all respondents were asked about exposure to environmental tobacco smoke, including the frequency and place of exposure (at home or outside the home).

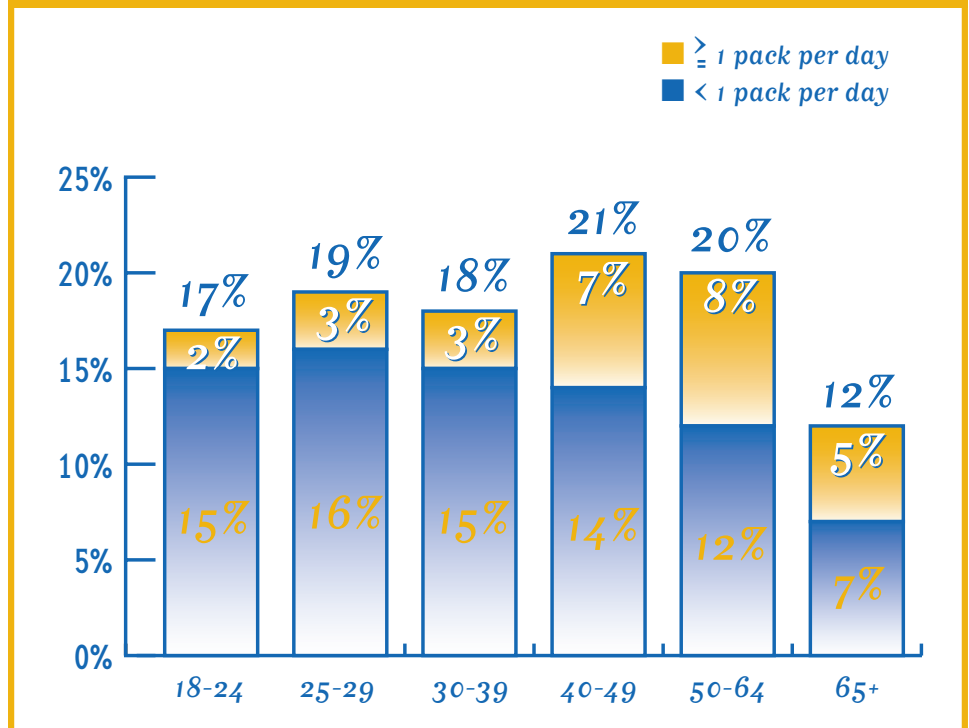
**One-Fifth Of Los Angeles County Adults Use Tobacco.**

One in five (20%) Los Angeles County residents 18 years or older uses tobacco. Eighteen percent smoke cigarettes, 2% smoke cigars, and less than 1% use a pipe or smokeless tobacco. Among tobacco users, 91% smoke cigarettes only and 9% use other tobacco products. Since the vast majority of tobacco users are cigarette smokers, the remainder of this report focuses exclusively on this group.

The prevalence of cigarette smoking is 17% among 18-24 year olds, peaks at 20-21% among persons ages 40-64 years, and then declines to 12% among persons ages 65 and older (Figure 1). The quantity of cigarettes smoked per day also increases with age. Higher proportions of persons ages 40 and older smoke a pack or more per day compared to persons ages 39 and younger.

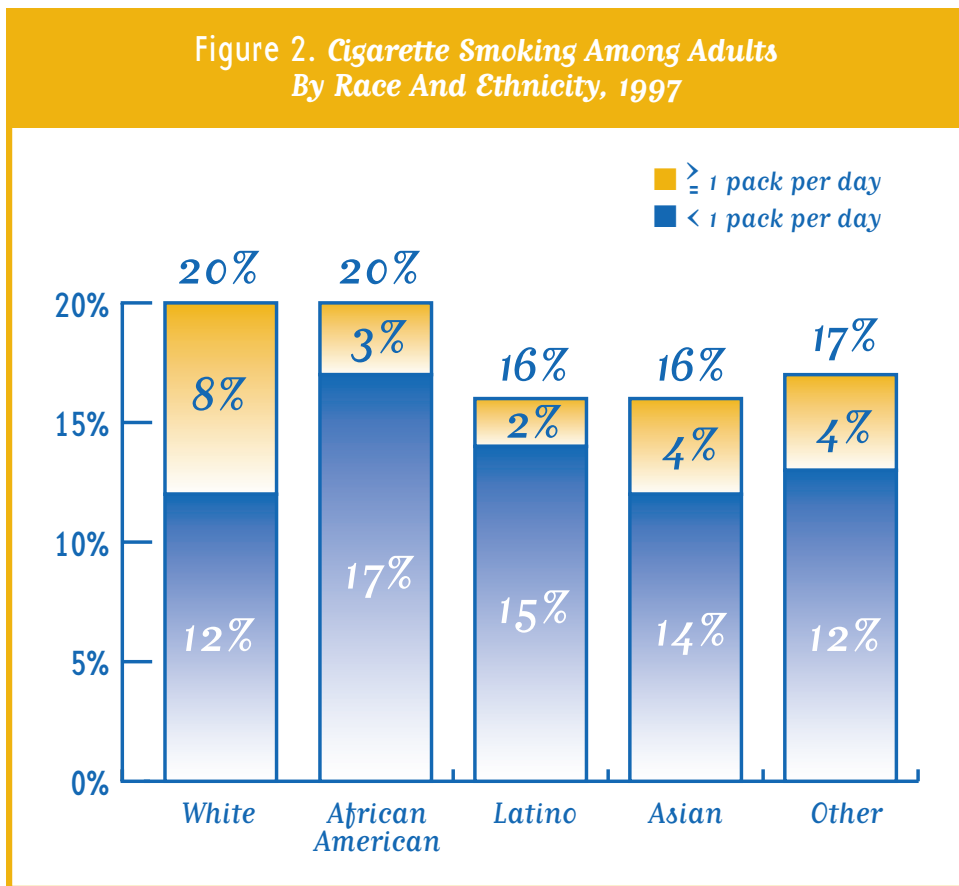
The prevalence of cigarette smoking is 20% in whites and African-Americans, and 16% in Asians and Latinos (Figure 2).

**Figure 1. Cigarette Smoking Among Adults By Age, 1997**



Source: Los Angeles County Health Survey, 1997

- The quantity smoked per day also varies by race/ethnicity; a greater proportion (39%) of white smokers consume a pack or more per day than Asian (24%), African-American (14%), and Latino smokers (10%).
- Cigarette smoking is more prevalent in men (22%) than women (14%). This gender difference is most pronounced among Asians and Latinos; 23% of Asian men and 22% of Latino men are smokers compared to 9% of Asian women and 9% of Latinas (Table 1).
- The prevalence of cigarette smoking is lower among those with a college or post-graduate degree (14%) than among those without a college degree (20%).
- Smoking prevalence is 17% among those living above 200% of the federal poverty level and 20% among those below 200% of poverty.



Source: Los Angeles County Health Survey, 1997

The prevalence and quantity of smoking varies by geographic region (Table 2). The overall prevalence of smoking ranges from a high of 21% in the Antelope Valley Service Planning Area (SPA) to a low of 13% in the West SPA. The proportion of heavy smoking (one or more packs per day) among all smokers is highest in the San Fernando and San Gabriel Valleys, the South Bay and the West SPA's and lowest in the Antelope Valley and South SPA's.

- The prevalence of smoking is lower for those who rate their health as "excellent or very good" (15%) than for those who rate their health as "fair or poor" (19%) or "good" (23%) (Table 1).
- The rate of smoking is 42% among persons who report having "smoking-related" lung disease, 17% among persons who report having hypertension, and 15% among persons who report having heart disease.

Smoking rates are higher among those who report having lung disease, hypertension, and heart disease but also report not currently receiving medical treatment for these conditions compared to those who have these diseases and are being treated. Fifty-nine percent of people who have lung disease but are not currently being treated are smokers compared to 26% who have lung disease and are being treated. This pattern is similar for persons with hypertension and heart disease.

**Table 1. Estimated Number And Percentage Of Adult Cigarette Smokers By Select Characteristics, 1997.<sup>1</sup>**

	Percentage	Estimated Number
County	18%	1,190,000
<b>Gender</b>		
Male <sup>3</sup>	22%	731,000
White	22%	318,000
African American	22%	58,000
Latino	22%	261,000
Asian	23%	82,000
Other	15%	6,000
Female <sup>3</sup>	14%	460,000
White	18%	238,000
African American	20%	71,000
Latino	9%	119,000
Asian	9%	24,000
Other	19%	5,000
<b>Education</b>		
Less than high school	18%	236,000
High school	20%	292,000
Some college	21%	370,000
College/post college	14%	286,000
<b>Poverty Level</b>		
Above 200%	17%	665,000
Below 200%	20%	525,000
<b>Self-Perceived Health Status</b>		
Excellent/very good	15%	520,000
Good	23%	409,000
Fair/poor	19%	259,000
<b>Weight status</b>		
Overweight <sup>2</sup>	18%	539,000
Not overweight <sup>2</sup>	19%	599,000
<b>Exercise</b>		
High	19%	606,000
Moderate	15%	234,000
Low	19%	349,000

1. The percentages and numbers reported reflect the best estimates of cigarette packs smoked by adults, 18 years and older, in each SPA and health district. These estimates should not be considered exact population numbers but, should be used as trend data for planning purposes.  
 2. Overweight is defined as Body Mass Index (BMI) >=25.  
 3. Male and Female totals are for all Los Angeles County regardless of the answer to race/ethnicity. For example, the sum across all ethnic groups does not equal the sum of both genders.

### One In Ten Nonsmokers Is Exposed To Environmental Tobacco Smoke

Many nonsmokers in Los Angeles County report being frequently exposed to environmental tobacco smoke. A total of 63% of nonsmokers report being exposed to environmental tobacco smoke outside the home; 53% are exposed “only occasionally” and 10% report being exposed to smoke “all or most of the time.” About one quarter of nonsmokers in Los Angeles County are exposed to environmental tobacco smoke in their homes; 18% are exposed only occasionally and 6% report being exposed to smoke “all or most of the time.”

### Discussion

The prevalence of cigarette smoking in Los Angeles County decreased from an estimated 22% in 1990 to 18% in 1997.<sup>6</sup> Smoking rates in Los Angeles County are similar to the most recent California estimates from 1997 (18% overall—22% for men and 15% for women) and lower than in most other parts of the United States.<sup>7</sup> U.S. smoking rates in the 1990’s have shown minimal decreases after precipitous declines between 1974 and 1990, when U.S. smoking rates declined from 43% to 28% among men, and from 32% to 23% among women.<sup>8</sup>

General declines in smoking may be attributed to several factors, including increased scientific evidence translated into public education about the harms of tobacco use, decreased social acceptability of smoking, changes in tobacco policies that have limited smoking in public, and increases in the price of tobacco products.<sup>9</sup>

6. Health Status Report (unpublished). Los Angeles County Department of Health Services 1995.  
 7. State-specific Prevalence among Adults of Current Cigarette Smoking and Smokeless Tobacco Use and Per Capita Tax-Paid Sales of Cigarettes—United States, 1997. *MMWR*. November 6, 1998 (Vol. 47, No. 43), U.S. Centers for Disease Control and Prevention (CDC).  
 8. Health, United States, 1998. With Socioeconomic Status and Health Chartbook. U.S. Department of Human Services, Centers for Disease Control and Prevention. DHHS publication number (PHS) 98-1252.  
 9. Most County Adults Support Tobacco Control Laws, *LA Health* (Vol. 2, Issue 2), 1999. Office of Health Assessment and Epidemiology, Los Angeles County Department of Health Services.

Source: Los Angeles County Health Survey, 1997

Among Los Angeles County residents, the estimated future impact of the recent tax increase (Proposition 10) on tobacco products sold in California will be to reduce the number of smokers by approximately 3% (75,500 fewer smokers) and smoking-related deaths by more than 24,000 for the current cohort of smokers ages 18-30.<sup>10</sup>

An important public health concern is that smoking in young people increased in the 1990's. Data from the Youth Risk Behavior Survey (YRBS), a nationwide survey of high school students sponsored by the U.S. Centers for Disease Control and Prevention, show that U.S. smoking rates among students in grades 9–12 increased by 8% from 1991 to 1995.<sup>11</sup> Data from the California Tobacco Surveys show that the prevalence of current smoking (past 30 days among kids who have ever smoked a cigarette) is 18% among youth ages 16–17, 10% among ages 14–15, and 2% among ages 12–13.<sup>12</sup> In addition, among 9–12th graders at Los Angeles Unified School District, 26% of males and 19% of females report initiating smoking prior to age 13.<sup>13</sup>

These data highlight the urgent need for more effective strategies to reduce and prevent tobacco use among youth with the objective of preventing the initiation of tobacco use and, among smokers, intervening as early in the smoking behavior continuum as possible. Once adolescents have established a pattern of regular use, nicotine dependence as well as social factors compel their behavior. Social factors such as cigarette advertising and promotion, smoking by adults and older siblings, access to cigarettes, price of

**Table 2. Estimated Number And Percentage Of Adult Cigarette Smokers By SPA, 1997.<sup>1</sup>**

Geographic Area	Percent	(± 95% Confidence Interval) <sup>2</sup>	Estimated Number
<b>County</b>	<b>18%</b>	<b>(±1%)</b>	<b>119,000</b>
<b>ANTELOPE VALLEY<sup>2</sup></b>	<b>21%</b>	<b>(±7%)</b>	<b>38,000</b>
SAN FERNANDO VALLEY	19%	(±2%)	250,000
EAST VALLEY	20%	(±4%)	57,000
GLENDALE	18%	(±5%)	45,000
SAN FERNANDO	18%	(±5%)	45,000
WEST VALLEY	19%	(±3%)	102,000
<b>SAN GABRIEL VALLEY</b>	<b>18%</b>	<b>(±2%)</b>	<b>226,000</b>
ALHAMBRA	18%	(±5%)	49,000
EL MONTE	17%	(±4%)	52,000
FOOTHILL	20%	(±5%)	43,000
PASADENA	14%	(±5%)	13,000
POMONA	19%	(±4%)	69,000
<b>METRO</b>	<b>18%</b>	<b>(±3%)</b>	<b>156,000</b>
CENTRAL	15%	(±5%)	35,000
HOLLYWOOD/WILSHIRE	19%	(±4%)	71,000
NORTHEAST	21%	(±6%)	48,000
<b>WEST<sup>2</sup></b>	<b>13%</b>	<b>(±3%)</b>	<b>64,000</b>
<b>SOUTH</b>	<b>19%</b>	<b>(±3%)</b>	<b>115,000</b>
COMPTON	19%	(±6%)	33,000
SOUTH	22%	(±7%)	22,000
SOUTHEAST	13%	(±8%)	12,000
SOUTHWEST	19%	(±5%)	47,000
<b>EAST</b>	<b>19%</b>	<b>(±3%)</b>	<b>166,000</b>
BELLFLOWER	23%	(±4%)	56,000
EAST LOS ANGELES	17%	(±7%)	25,000
SAN ANTONIO	18%	(±5%)	49,000
WHITTIER	17%	(±5%)	37,000
<b>SOUTH BAY</b>	<b>17%</b>	<b>(±2%)</b>	<b>178,000</b>
HARBOR	18%	(±6%)	24,000
INGLEWOOD	17%	(±4%)	45,000
LONG BEACH	18%	(±4%)	55,000
TORRANCE	16%	(±4%)	54,000

1. The percentages and numbers reported reflect the best estimates of cigarette-smoking adults, 18 years and older in each SPA and health district. These estimates should not be considered exact population numbers but, should be used as trend data for planning purposes. The actual percentages and numbers may be lower or higher based on the confidence interval reported for each area. We are 95% confident that the actual percentage of overweight adults in each area is within the range of the confidence interval presented for that area.

2. The Antelope Valley and West SPAs each contain only one health district.

10. Proposition 10: A Public Health Impact Report (unpublished). Los Angeles County Department of Health Services, October 1998.

11. Tobacco Information and Prevention Source (TIPS). U.S. Centers for Disease Control web site ([www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)) reporting data from the Youth Risk Behavioral Survey, 1991 and 1995.

12. California Tobacco Surveys: Regional Adolescent Cigarette Use 1990 to 1996 (unpublished). A report prepared by the Tobacco Control Policies Project, University of California, San Diego.

13. Youth Risk Behavioral Survey (YRBS) 1995. Centers for Disease Control and Prevention, 1995, and Los Angeles Unified School District.

Source: Los Angeles County Health Survey, 1997

## California Smokers Help Line:

1-800-7NO-BUTT (1-800-766-2888)

### Internet sites:

→ **CDC Tobacco Information and Prevention Source**

<http://www.cdc.gov/nccdphp/osh/>

Latest news and research; tips and answers to frequently asked questions; great resource links; user-friendly for health professionals and interested individuals.

→ **Action on Smoking and Health**

<http://ash.org>

Anti-smoking advocacy news.

→ **Nicotine Anonymous on the Net**

<http://www.nicotine-anonymous.org>

On-line meetings; information about the support group.

→ **American Cancer Society: Information on the Great American Smoke-Out**

<http://www.cancer.org/gasp/>

General information; easy quit-smoking tips; download the *Commit to Quit* contract.

→ **NicNet**

<http://tobacco.arizona.edu/>

Latest trends; special sections on policy and prevention; tobacco news.

→ **Health Education Resource Library**

<http://www.nau.edu/~fronske/broch.html#smoke>

Excellent step-by-step instructions; simple on-line brochures.

cigarettes, peer pressure, and exposure to effective counter advertising and school-based prevention programs can influence patterns of initiation.<sup>14, 15</sup>

Many effective and safe methods for smoking cessation exist, and medical care providers need to be aware of their patient's needs and how best to deliver smoking cessation services. National guidelines for clinicians recommend universal assessment of smoking status during routine health care visits and that at least a minimal smoking cessation intervention is offered to every patient who smokes.<sup>1</sup> Cessation interventions include brief counseling and assessment, nicotine replacement therapy (nicotine patches, gum, or nasal sprays), clinician-delivered informational and social support, linkage with other professional and community resources, and ongoing support for those patients who make efforts to quit. The most effective cessation interventions combine counseling with both behavioral and pharmacological modalities.<sup>16</sup>

Smoking interventions need to address differences in smoking patterns by race/ethnicity and gender with services and messages marketed to specific groups. While smoking prevalence overall is higher for men than women, these differences are most pronounced among Latinos and Asians. Although the overall prevalence of smoking varies little by race/ethnicity, whites smoke more heavily than non-whites.

Community-based projects must employ a variety of strategies to reduce and prevent smoking among youth and adults including anti-smoking media and public relations campaigns, business education, enforcement of local laws and ordinances, and culturally appropriate cessation services. Preventing and reducing tobacco use and protecting nonsmokers from environmental tobacco smoke are priorities for the Los Angeles County Department of Health Services. Examples of such efforts are described on page 7 of this publication.

14. Selected Cigarette Smoking Initiation and Quitting Behaviors among High School Students—United States, 1997. *MMWR*. May 22, 1998 (Vol 47, No. 19), U.S. Centers for Disease Control and Prevention.

15. Tobacco Use among Middle and High School Students—Florida, 1998 and 1999. *MMWR*. April 2, 1999 (Vol 48, No. 12), U.S. Centers for Disease Control and Prevention.

16. Jorenby DE. New Developments in Approaches to Smoking Cessation. *Current Opinion in Pulmonary Medicine*. 1998, 4:103-106.

# Tobacco Control Strategies

The Los Angeles County Department of Health Services currently contracts with 83 community-based agencies to reduce tobacco use through strategies consistent with guidelines stipulated by the California Department of Health Services and the Tobacco Tax and Health Protection Act of 1988. The community-based projects employ the following strategies to control tobacco use:

## 1. Eliminate The Availability Of Tobacco Products To Minors

Merchant outreach and education programs: Education is provided to merchants regarding the laws governing the sale of tobacco products to minors and how those laws specifically apply to their businesses. The projects also work with retailers to replace signage promoting cigarette use with “pro-health” messages and eliminate self-service displays for tobacco products.

### Example of Project:

*The T.H.E. Clinic staff hire and train youth to contact merchants in an effort to assist them in complying with the tobacco control laws regarding youth access to tobacco products. They work with very small “mom and pop” retailers in ethnic minority communities. They report that many of these small retailers are simply not aware of many of the tobacco control laws governing youth access. Retailers informed of the laws and consequences of not complying are more likely to comply.*

## 2. Protect Californians From The Effects Of Secondhand Smoke

The California Smoke-Free Workplace Law AB13/3037 prohibits smoking in the workplace. Outreach and education activities are designed to educate employers and business owners regarding the law. For example, business owners may request assistance in developing written smoke-free policies for their employees, or developing a policy designating smoking areas, interoffice complaint procedures and penalties for smoking in smoke-free areas. Taverns, bars and gaming clubs are a particular focus for education regarding the smoke free workplace law. If outreach and education are successful, employee complaints reported to DHS Tobacco Control Program will decrease and business compliance with the Smoke-Free Workplace Law will increase.

### Examples of Projects:

*Health Dimensions, Inc. contacts large businesses and assists them in understanding smoke-free workplace laws and developing written company policies. In most cases, the business owners are aware of the law, but may need assistance in actually writing a no-smoking policy. Health Dimensions, Inc. has had extensive training in how to approach and work with large companies regarding tobacco control laws.*

*The Tarzana Treatment Center, Inc. educates bar and tavern owners and managers about the smoke free bar law (AB 3037). Priority is given to establishments where patrons or employees have lodged two or more complaints with the DHS Tobacco Control Program.*

## 3. Countering The Promotion Of Tobacco Use By The Tobacco Industry

Early interventions for children and teens focuses on youth who are at high-risk for continuing and initiating regular smoking. The objective of these early intervention programs is to increase the number of youth who challenge the messages used in targeted marketing of tobacco products to youth through billboards, movies and print media. These programs focus on youth leadership skills and building self esteem so that the youth themselves become the agents of change in their communities.

### Examples of Projects:

*The East Valley Health Center, West San Gabriel Valley Boys and Girls Club and the Girls Club of Los Angeles are funded by the Tobacco Control Program to develop and implement early intervention strategies for children and teens. These agencies have implemented programs to recruit and train youth leaders to educate their peers, policy makers and the community regarding the negative influences of pro-tobacco advertising in their neighborhoods.*

*On September 9, 1998, youth leaders from these three agencies participated in a Los Angeles City Council hearing regarding the passage of the City Billboard Ordinance. Youth spokespersons from these agencies gave testimony expressing the importance of the ordinance in reducing the influence that the tobacco industry has on youth through advertising. The Los Angeles City Billboard Ordinance was passed in September of 1998.*

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# Summary:

## LOS ANGELES COUNTY HEALTH SURVEY

Issue 3

- One in five (20%) Los Angeles County residents 18 years or older use tobacco. Eighteen percent smoke cigarettes, 2% smoke cigars, and less than 1% use a pipe or smokeless tobacco.
- Cigarette smoking is more prevalent in men (22%) than women (14%), a difference most pronounced among Asians and Latinos; 23% of Asian men and 22% of Latino men are smokers compared to 9% of Asian women and 9% of Latinas.
- More whites smoke heavily compared to other groups; among smokers, 39% of whites smoke a pack or more per day compared to 24% of Asians, 14% of African-Americans, and 10% of Latinos.
- The prevalence of smoking is lower for those who rate their health as “excellent or very good” (15%) than for those who rate their health as “fair or poor” (20%) or “good” (23%).
- Many nonsmokers in Los Angeles County report being frequently exposed to environmental tobacco smoke; 10% report being exposed to smoke in their home “all or most of the time” and 6% report being exposed outside the house “all or most of the time.”