

# 2006 CONNECTICUT ADULT TOBACCO SURVEY



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TOBACCO USE PREVENTION & CONTROL

CONNECTICUT DEPARTMENT OF  
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JULY 2008

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

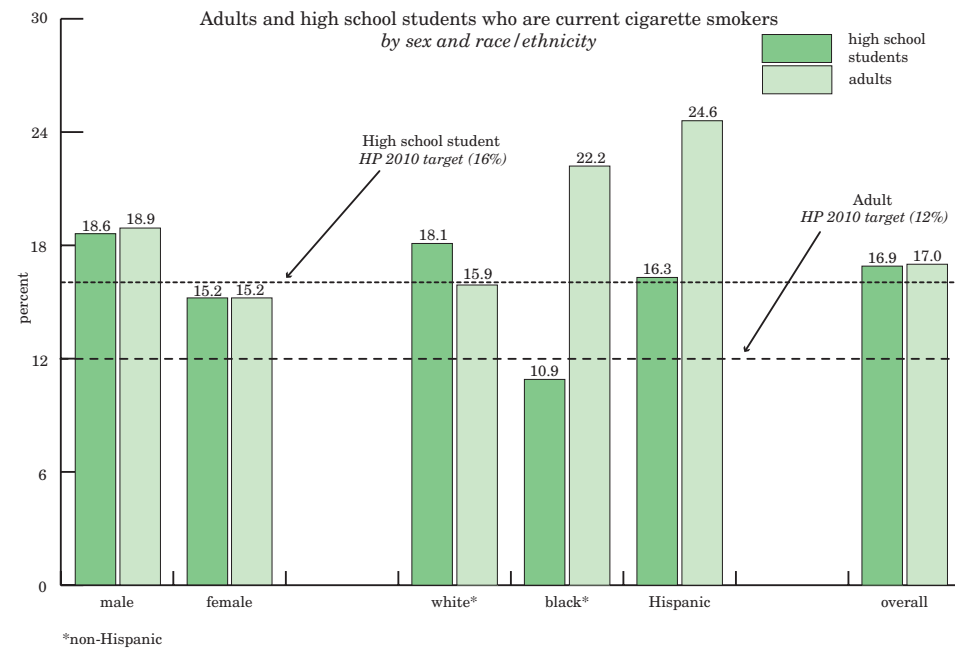
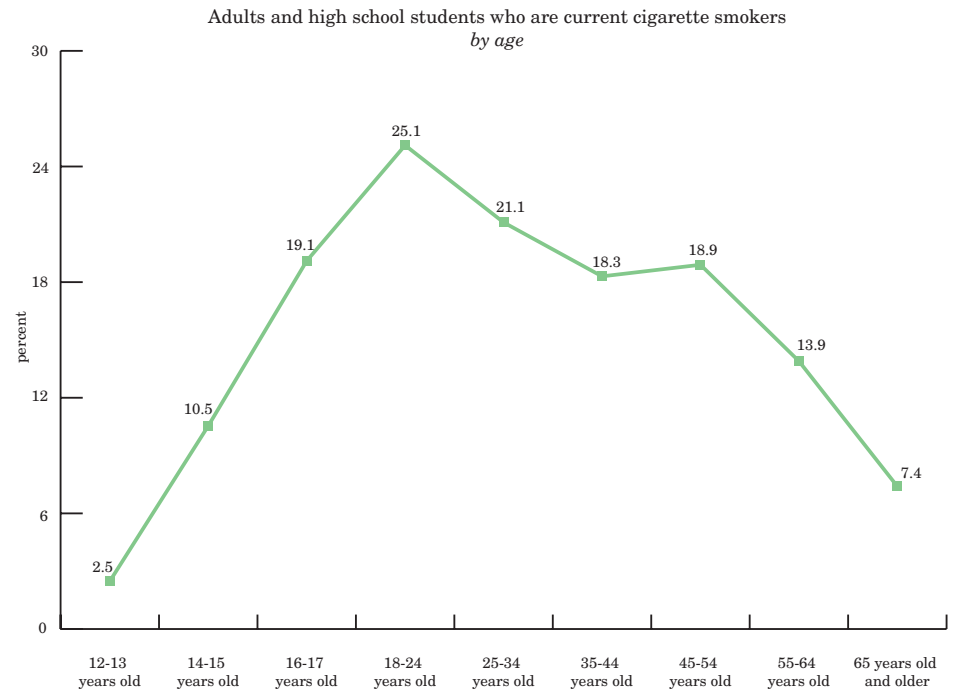
## CIGARETTE SMOKING,<sup>†</sup> (continued)

- ❖ Between the ages of 12 and 24, the rate of cigarette smoking increases 10-fold from 2.5% to 25.1%<sup>‡</sup>
- ❖ The rate of cigarette smoking is about 70% lower among adults age 65 and older (7.4%) than it is among those who are 18-24 years old (25.1%)
- ❖ Cigarette smoking among white adults (15.9%) is less prevalent than it is among white high school students (18.1%), although the difference is not statistically significant
- ❖ The rate of cigarette smoking among black adults (22.2%) is twice that of black high school students (10.9%). The rate is also higher among Hispanic adults (24.6%) than it is among Hispanic high school students (16.3%). None of the differences are statistically significant
- ❖ Among adults who are not students, non-smokers (66.3%) are significantly more likely than current smokers (48.1%) to be married and significantly less likely than current smokers to be divorced (7.8% and 14.2%)—data not shown on graphs
- ❖ Women and high school girls (15.2%) have the same cigarette smoking rate
- ❖ The rate of cigarette smoking among high school boys (18.6%) is similar to the rate among men (18.9%)
- ❖ The cigarette smoking rate for high school students (16.9%) is nearly equal to that for adults (17%)

**Note:** A youth current smoker is defined as a student who smoked on 1 or more of the 30 days prior to the survey, while an adult current smoker is defined as a person age 18 or older who has smoked at least 100 cigarettes in his or her lifetime and smoked on 1 or more of the 30 days prior to the survey.

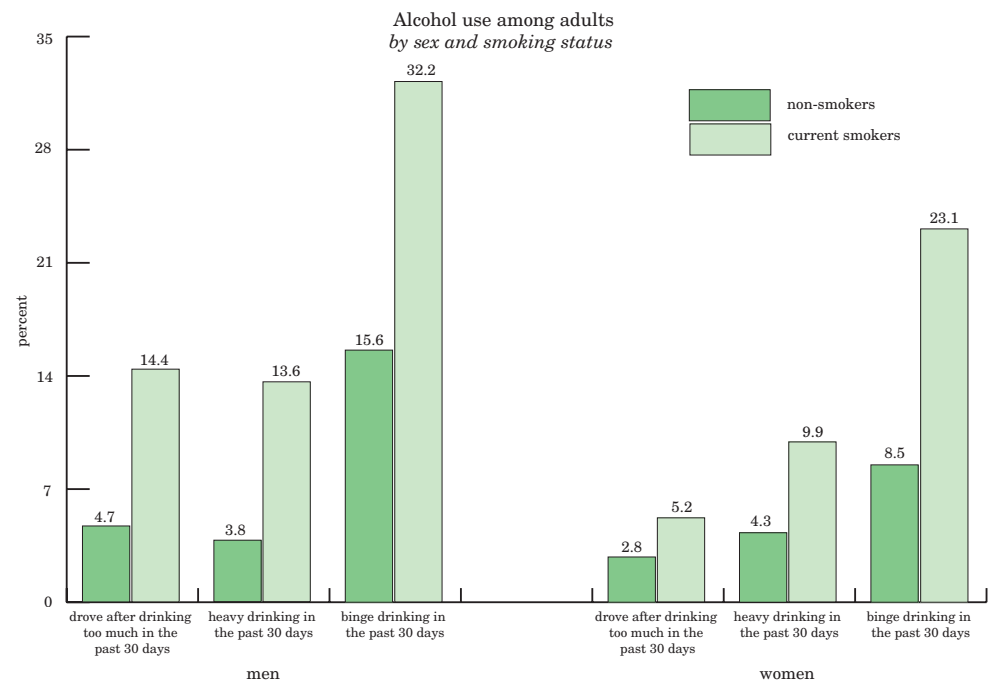
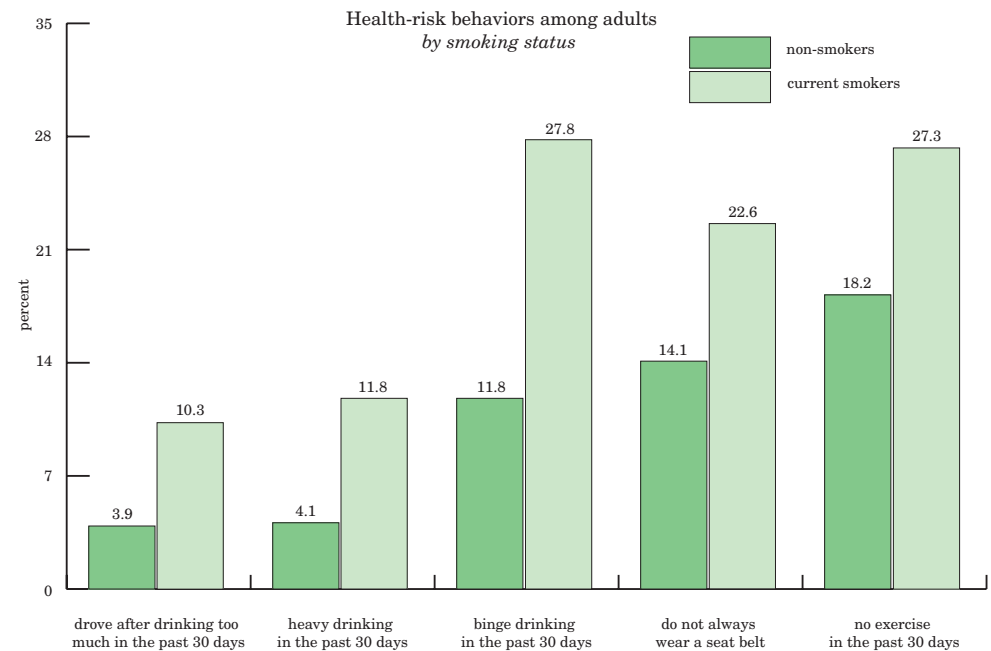
<sup>†</sup>All high school data from 2007 Connecticut School Health Survey, Tobacco Component; State of Connecticut Department of Public Health.

<sup>‡</sup>Data for age groups 12-13, 14-15, and 16-17 from the 2007 Connecticut School Health Survey, Tobacco Component; State of Connecticut Department of Public Health.



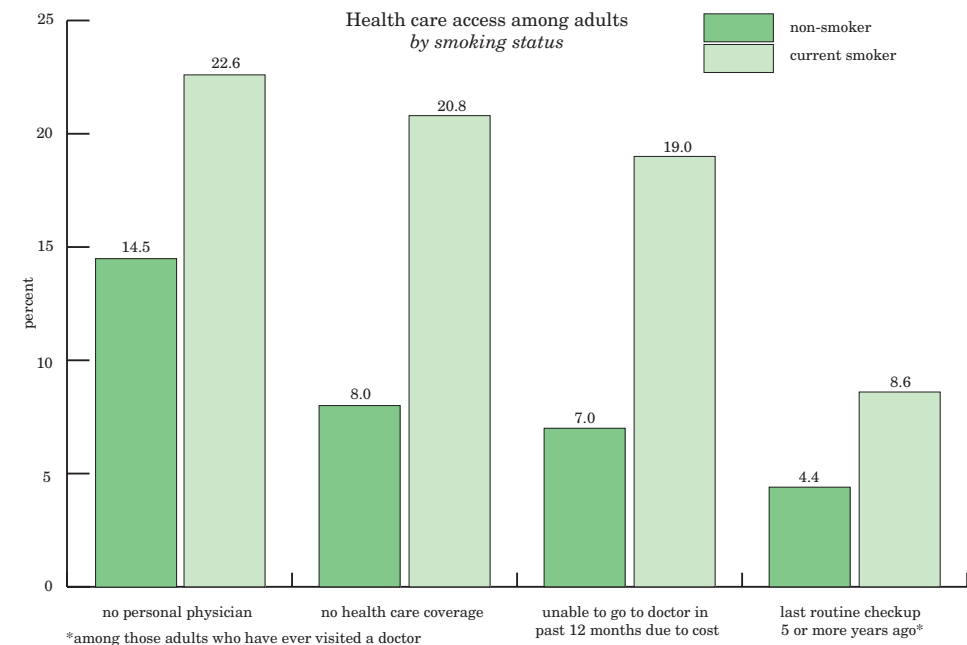
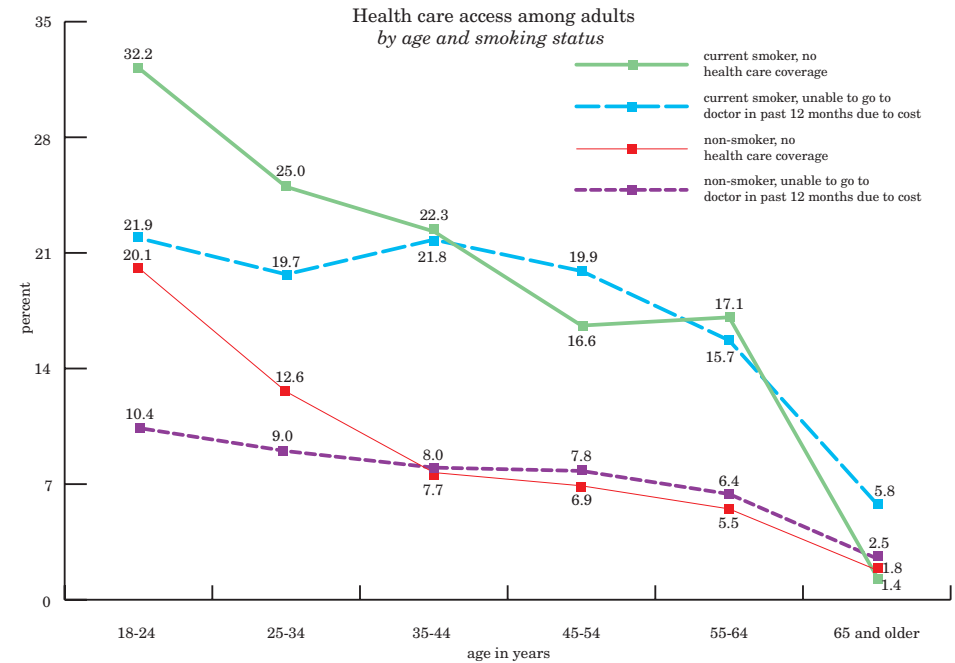
## HEALTH-RISK BEHAVIORS

- ❖ Current smokers (10.3%) are significantly more likely than non-smokers (3.9%) to have driven at least once in the past 30 days after drinking too much
- ❖ Current smokers (11.8%) are almost three times more likely than non-smokers (4.1%) to be heavy drinkers; the difference is statistically significant
- ❖ Adults who are heavy drinkers (36.9%) are significantly more likely than adults who are not heavy drinkers (15.6%) to be current smokers—*data not shown on graphs*
- ❖ Current smokers (27.8%) are significantly more likely than non-smokers (11.8%) to have engaged in binge drinking in the past 30 days
- ❖ Adults who are binge drinkers (32.1%) are significantly more likely than adults who are not binge drinkers (14.1%) to be current smokers—*data not shown on graphs*
- ❖ Current smokers (27.3%) are 50% more likely than non-smokers (18.2%) to have had no exercise in the past 30 days; the difference is statistically significant
- ❖ Men who are current smokers (14.4%) are four times more likely than men who are non-smokers (4.7%) to have driven at least once in the past 30 days after drinking too much; the difference is statistically significant
- ❖ Women who are current smokers (5.2%) are about twice as likely as women who are non-smokers (2.8%) to have driven at least once in the past 30 days after drinking too much
- ❖ Men who smoke (13.6%) are 3.5 times more likely than men who do not smoke (3.8%) to be heavy drinkers, and they are twice as likely to be binge drinkers (32.2% and 15.6%); both differences are statistically significant
- ❖ Women who smoke are more than twice as likely as women who do not smoke (4.3%) to be heavy drinkers, and they are nearly three times more likely to be binge drinkers (23.1% and 8.5%); both differences are statistically significant



## HEALTH CARE ACCESS

- ❖ Among adults who are 18-24 years old, current smokers (32.2%) are 60% more likely than non-smokers (20.1%) to have no health insurance coverage
- ❖ Among adults who are 65 years old or older, current smokers (5.8%) are more than twice as likely as non-smokers (2.5%) to have, at least once in the past 12 months, been unable to go to the doctor because of cost
- ❖ Current smokers (22.6%) are nearly 60% more likely than non-smokers (14.5%) to have no personal physician; the difference is statistically significant
- ❖ Current smokers (20.8%) are about 2.5 times more likely than non-smokers (8%) to have no health insurance coverage; the difference is statistically significant
- ❖ Current smokers (19%) are almost three times more likely than non-smokers (7%) to have, at least once in the past 12 months, been unable to go to the doctor because of cost; the difference is statistically significant
- ❖ Current smokers (8.6%) are twice as likely as non-smokers (4.4%) to have had their last routine checkup five or more years ago; the difference is statistically significant



# 2006

# ADULT TOBACCO SURVEY REPORT

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## TABLE OF CONTENTS

<b>Acknowledgements</b> .....	1
<b>Table of Contents</b> .....	2
<b>Introduction</b> .....	3
<b>Executive Summary</b> .....	4
<b>Prevalence of Tobacco Use</b>	
Cigarette Smoking.....	6
Four-Level Smoking Status .....	9
Daily Cigarette Smoking.....	10
Income and Employment Issues.....	11
<b>Tobacco Use Cessation</b>	
Smoking Cessation.....	12
Quit Attempts .....	13
Former Smokers .....	14
<b>Secondhand Smoke</b>	
Attitudes about Secondhand Smoke .....	15
Observed Non-Compliance with Connecticut’s Clean Indoor Air Act .....	17
<b>Health Issues</b>	
Health Concerns .....	18
Health-Risk Behaviors .....	20
Health Care Access.....	21

<b>Tobacco Trends</b>	
Trends in Cigarette Smoking .....	22
Trends in Cigarette Consumption and Quitting .....	24
Adult Cigarette Smoking Update.....	25
<b>Technical Notes</b>	
Survey Instrument and Sampling Design ....	26
Survey Notes.....	27
Demographic Characteristics of Survey Respondents.....	28
<b>Glossary of Terms</b> .....	29

## INTRODUCTION TO THE 2006 CONNECTICUT ADULT TOBACCO SURVEY

*Tobacco use causes 440,000 deaths every year in the United States and secondhand smoke claims another 50,000 lives every year. These smoking-related deaths account for more deaths than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires combined. Still, today, more than one out of five adults smokes—about 44.5 million people in the US. Almost half of them will die prematurely of tobacco-related disease if nothing is done. On top of the lives lost to tobacco, the financial losses amount to billions of dollars. Lost work productivity as a result of death from tobacco use is more than \$92 billion annually. Private and public health care expenditures for smoking-related health conditions are estimated to be \$89 billion per year. The Social Security Administration pays between \$0.6 and \$3.7 billion per year in survivor insurance to children who have lost a parent to smoking-related death.*

*Although the downward trend in tobacco use since 1964 has been described as one of the 10 greatest achievements in public health in the 20th century, this rate of progress is unlikely to continue in the coming decade. Current trends suggest that the annual rate of cessation among smokers remains fairly low, that the decline in the initiation rate has slowed, and that overall adult prevalence may be flattening out around 20%. These trends suggest that substantial and sustained efforts will be required to further reduce the prevalence of tobacco use and thereby reduce tobacco-related morbidity and mortality.<sup>†</sup>*

The Connecticut Adult Tobacco Survey (ATS) is a telephone-based survey that was co-administered with the Connecticut Behavioral Risk Factor Surveillance System Survey (BRFSS) in 2006. The BRFSS collects self-reported information on health-risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Data are gathered from randomly selected adults age 18 and older, through a continuous cycle of monthly telephone surveys. All 50 states, the District of Columbia, and four US territories currently conduct the survey, in collaboration with and with the support of the Centers for Disease Control and Prevention (CDC). More than 350,000 adults are interviewed each year in the US, making the BRFSS the largest telephone health survey in the world. States use data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs; data are also used to support health-related legislative efforts. The methodology for conducting the BRFSS surveys has been standardized by the CDC in the BRFSS User's Guide and related policy memos.<sup>‡</sup>

DPH contracts with MACRO International, Inc. to conduct the BRFSS. For the 2006 survey year, 8,501 Connecticut adults completed the BRFSS. Of that number, 3,659 completed the BRFSS/ATS as a split survey conducted between July and December 2006 (see *Survey Instrument & Sampling Design* for more details, p. 26). The 2006 ATS was made up of 32 questions, developed by the CDC and the Connecticut Department of Public Health (DPH). Question topics included cigarette use prevalence, cessation, secondhand smoke, and tobacco-related health issues.<sup>§</sup> When sample size and prevalence rates allow, results are presented by sex and race/ethnicity (white non-Hispanic, black non-Hispanic, and Hispanic). To help the reader discern true differences between comparison groups, findings that are statistically significant on the  $p < 0.05$  level are emphasized as “significant” differences. Also, throughout this data report, comparisons are made between Connecticut and US adults and between Connecticut adults and Connecticut high school students. All of the national data used in this report are from CDC, *Behavior Risk Factor Surveillance System Survey Data*, US Department of Health and Human Services, CDC, [1990-2006], and all the Connecticut high school data are from the *2007 Connecticut School Health Survey Report, Tobacco Component*, DPH.

For the reader's convenience, a *Glossary of Terms* is provided in the back of this report. Also, unless otherwise noted, all data in this report are referring to Connecticut adults who are 18 years old or older. Additionally, cigarettes are the only type of tobacco discussed; no data for any other type of tobacco are presented.

In this report, a reference to *Healthy People 2010 (HP 2010)* objectives is made where appropriate. *HP 2010* is a US Department of Health and Human Services national strategy for improving the health of American people. *HP 2010* includes 21 specific objectives that are associated with reducing illness, disability, and death that result from tobacco use and environmental tobacco smoke (secondhand smoke) exposure.

<sup>†</sup> *Ending the Tobacco Problem: A Blueprint for the Nation*, Report Brief, May 2007, the National Academy of Sciences, Institute of Medicine of the National Academies, p. 1.

<sup>‡</sup> Guide available at: [http://www.cdc.gov/brfss/technical\\_infodata/quality.htm](http://www.cdc.gov/brfss/technical_infodata/quality.htm)

<sup>§</sup> To view the 2006 Connecticut ATS survey questionnaire, visit [www.ct.gov/dph](http://www.ct.gov/dph).

# 2006 CONNECTICUT ADULT TOBACCO SURVEY REPORT EXECUTIVE SUMMARY

The Connecticut Adult Tobacco Survey (ATS) was co-administered with the Connecticut Behavioral Risk Factor Surveillance System Survey (BRFSS) from July through December 2006. The ATS consisted of responses from a representative sample of 3,659 adults (age 18 years and older). The data were weighted (see *Survey Instrument & Sampling Design* for more details, p. 26) and analyzed for this report. These weighted results were used to make important inferences concerning cigarette use and other health risk behaviors among all adults in the State of Connecticut.

## Prevalence

2006 ATS data suggest that adult smokers in Connecticut tend to be young (age 18-24), male, and Hispanic. It should be noted, however, that among current smokers in Connecticut, Hispanic (54.5%) adults are less likely than black (64.8%) adults and significantly less likely than white (74.2%) adults to be regular (i.e., daily) smokers.<sup>†</sup> For the US, cigarette smoking is most common among adults who are young (age 18-24), male, and black. But, the data also show that in Connecticut and across the nation, cigarette smoking is a substantial problem, regardless of age, gender, race, or ethnicity. An estimated 17% of adults in Connecticut are current cigarette smokers; this is approximately 455,850 adults. Women (15.2%) are significantly less likely than men (18.9%) to smoke cigarettes. Both men and women smoke cigarettes at rates that are lower than US averages. Hispanic (24.6%) adults are significantly more likely than their white (15.9%) counterparts to smoke cigarettes. Although black (22.2%) adults are more likely than white (15.9%) adults to smoke, the difference is not statistically significant.

However, there are some positive signs that smoking among Connecticut's adults is decreasing. The rate of cigarette smoking has fallen significantly from 22.1% in 1990 to the 2006 rate of 17%. Women are smoking at a rate (15.2%) that is the lowest it has been in at least 16 years. Although the current rate for men (18.9%) is lower than it has been over most of the past 15 years, it has not changed significantly. Smoking among white adults (15.9%) is at the lowest rate it has been since 1995, while among Hispanic adults (24.6%) it is at the highest it has been since 2000. Smoking prevalence among black adults has fluctuated widely between 1995 and 2006, yet none of the changes have been statistically significant.

## Cessation

Data from the ATS indicate that the majority of adult current smokers have had at least one quit attempt in the past 12 months. Those that tried to quit tend to be younger adults, and these younger smokers are also more likely than older adults to be seriously thinking about quitting soon. Approximately, 60% of adult smokers tried to quit in the past 12 months, while close to 90% expect to quit smoking someday. Unfortunately, only about 46% of adult current smokers think they are very likely to succeed if they decided to give up smoking entirely. Eight out of 10 smokers between the ages of 35 and 44 are seriously considering quitting smoking in the next six months. Among men who are current smokers, 60% of those between the ages of 35 and 44 stopped smoking for a day or longer in the past 12 months in an attempt to quit, while only about 40% of those who are 65 or older tried to quit in the past 12 months. Among women who are current smokers, 62% of those who are between the ages of 18 and 34 tried to quit in the past 12 months, while under 50% of those who are 65 or older tried to quit. Nearly 86% of black men who are current smokers tried to quit smoking cigarettes in the past 12 months. In comparison, the rate for adult male current smokers overall who tried to quit in the past year is only about 54%.

<sup>†</sup> For more details on Connecticut's adult Hispanic population, see *Survey Notes*, p. 27.

Over the past 15 years, there have been few changes in adult cigarette consumption. Between 1990 and 2006, the average number of cigarettes smoked per day by an adult current smoker ranged from 16.7 to 18.3. Currently, the average daily consumption is 17.3 cigarettes. Between 2003 and 2006, there have been only slight changes in the percentage of adult current smokers who tried to quit smoking cigarettes in the past 12 months; the rate for adults ranged from a low of 54.1% in 2004 to a high of 56.2% in 2003, although none of the fluctuations are statistically significant.

## Secondhand Smoke

It appears that most adults in Connecticut are aware of the dangers associated with breathing secondhand smoke. Nearly 95% of adults believe that secondhand smoke is very harmful or harmful to one's health. Over 66% of non-smokers and about 46% of current smokers believe that breathing secondhand smoke is very harmful. These beliefs seem to be reflected in their smoking policies at home, since non-smokers (83.9%) are significantly more likely than current smokers (50.2%) to have a rule that smoking is not allowed anywhere inside their homes.

Also, about 95% of adults who are non-smokers agree that smoking should not be allowed on school grounds or at any school events, compared to approximately 84% of current smokers; the difference is statistically significant.

## Health Issues

Data collected from the ATS suggest that current smokers are more likely than non-smokers to have medical problems, to engage in health-risk behaviors, and to have less access to health care. For example, current smokers (43.1%) are nearly twice as likely as non-smokers (22.5%) to have felt down, depressed, or hopeless for at least one day during the past two weeks, and the difference is statistically significant. Current smokers (34.8%) are significantly more likely than non-smokers (27.1%) to have had at least one day during the past two weeks when they had little interest or pleasure in doing things. Current smokers (9.1%) are approximately three times more likely than non-smokers (3.3%) to be dissatisfied or very dissatisfied with life, and the difference is statistically significant. Current smokers (17%) are also significantly more likely than non-smokers (10.3%) to rate their general health as fair or poor.

As far as health-risk behaviors, current smokers (10.3%) are significantly more likely than non-smokers (3.9%) to have driven at least once in the past 30 days after drinking too much. Current smokers (11.8%) are also significantly more likely than non-smokers (4.1%) to be heavy drinkers, and current smokers (27.8%) are significantly more likely than non-smokers (11.8%) to have engaged in binge drinking in the past 30 days.

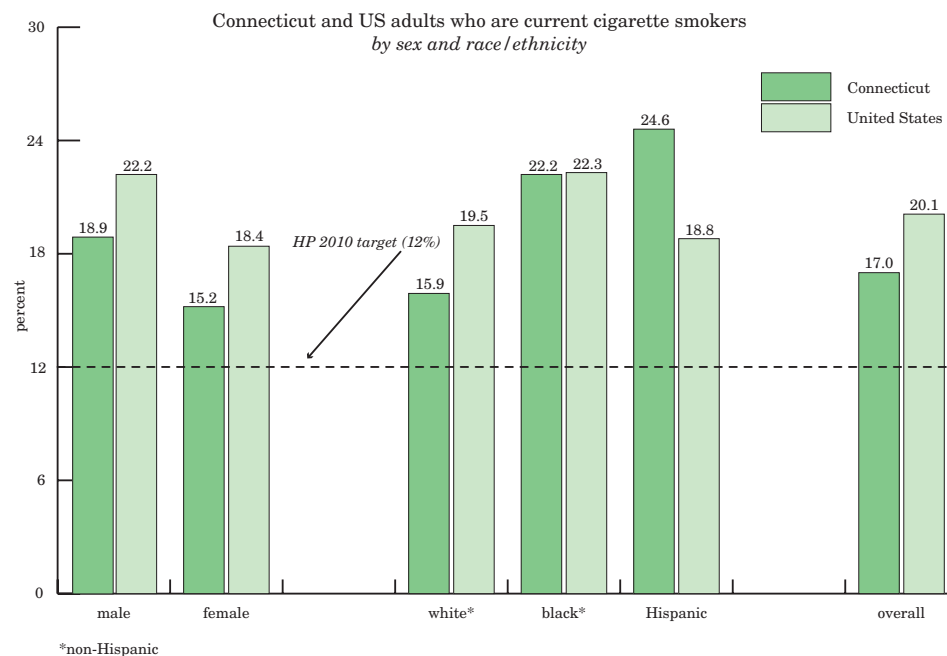
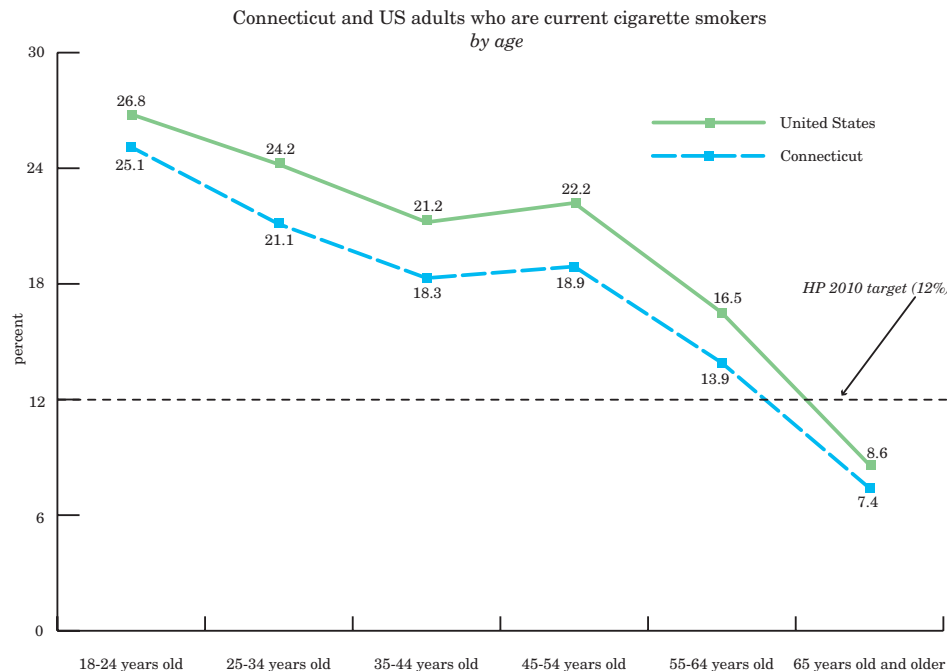
Access to health care appears to be more problematic for smokers. Current smokers (22.6%) are nearly 60% more likely than non-smokers (14.5%) to have no personal physician, and the difference is statistically significant. Current smokers (19%) are almost three times more likely than non-smokers (7%) to have, at least once in the past 12 months, been unable to go to the doctor because of cost. Additionally, current smokers (8.6%) are significantly more likely than non-smokers (4.4%) to have had their last routine check-up five or more years ago.



# ***PREVALENCE OF TOBACCO USE***

## CIGARETTE SMOKING

- ❖ Approximately 455,850 adults in Connecticut (17%) currently smoke cigarettes
  - ❖ 242,110 men (18.9%) and
  - ❖ 213,740 women (15.2%)
- ❖ The cigarette smoking rates for Connecticut adults in all six age groups are lower than US averages
- ❖ In Connecticut, young adults (age 18-24) have the highest smoking rate of all the adult age groups (25.1%). Their rate is significantly higher than those in the 55-64 (13.9%) and the 65 and older (7.4%) age groups
- ❖ The current smoking rate of 17% is the 4<sup>th</sup> lowest in the nation<sup>†</sup>
- ❖ The average adult smoker in Connecticut spends about \$1,825 per year on cigarettes<sup>‡</sup>—*data not shown on graphs*
- ❖ Connecticut adult smokers consumed about 142 million packs of cigarettes in 2006, and the State's smoking-attributable economic costs and productivity losses are estimated to be more than \$2.6 billion<sup>§</sup>—*data not shown on graphs*
- ❖ Women (15.2%) in Connecticut are significantly less likely than their male counterparts (18.9%) to smoke cigarettes
- ❖ In Connecticut, Hispanic adults (24.6%) are more likely than white (15.9%) and black (22.2%) adults to smoke cigarettes. The rate among Hispanic adults is significantly higher than that among white adults
- ❖ Approximately 345,800 white adults, 26,340 black adults, and 58,300 Hispanic adults in Connecticut smoke cigarettes
- ❖ Hispanic adults (24.6%) in Connecticut smoke cigarettes at a higher rate than the national average for their group (18.8%)
- ❖ In Connecticut, college graduates (9.1%) are significantly less likely than those without a high school degree (33.5%) and those with only a high school degree (23.8%) to smoke—*data not shown on graphs*
- ❖ The *Healthy People 2010* objective for cigarettes is to reduce use among adults to no more than 12%. In Connecticut, cigarette use ranges from 7.4% among adults aged 65 years old and older to 25.1% among 18-24 year old adults



\*non-Hispanic

<sup>†</sup> Centers for Disease Control and Prevention (CDC), *Behavioral Risk Factor Surveillance System Survey* data, Atlanta, GA: U.S. Department of Health and Human Services, CDC [2006].

<sup>‡</sup> Estimated from *Campaign for Tobacco-Free Kids*, "State Cigarette Prices, Taxes, and Costs Per Pack," November 27, 2007/Ann Boonn.

<sup>§</sup> US Centers for Disease Control and Prevention (CDC), "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs-United States 1995-1999," *Morbidity and Mortality Weekly Report (MMWR)*, April 12, 2002.

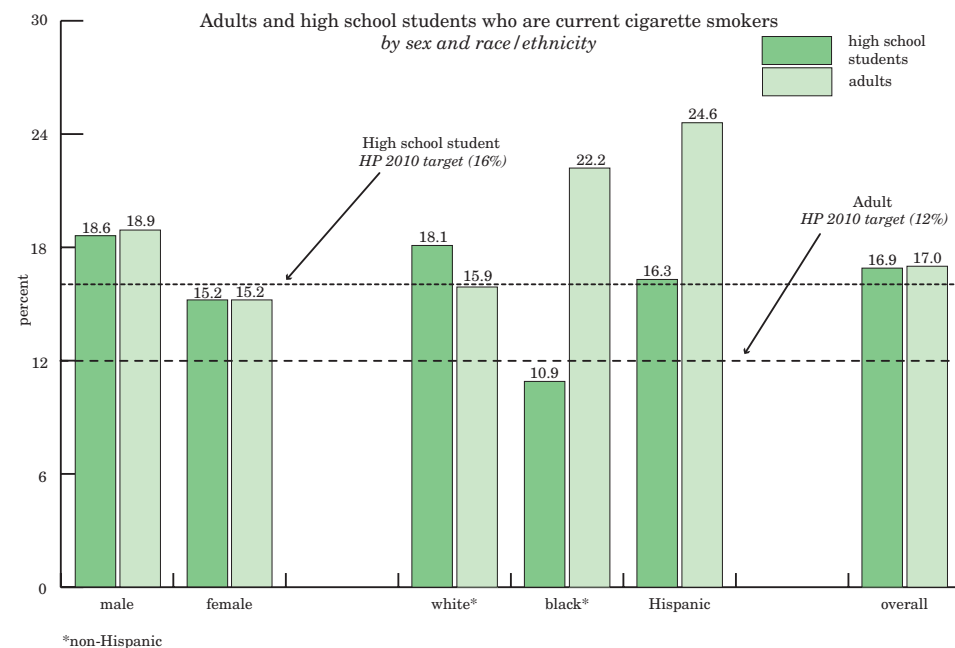
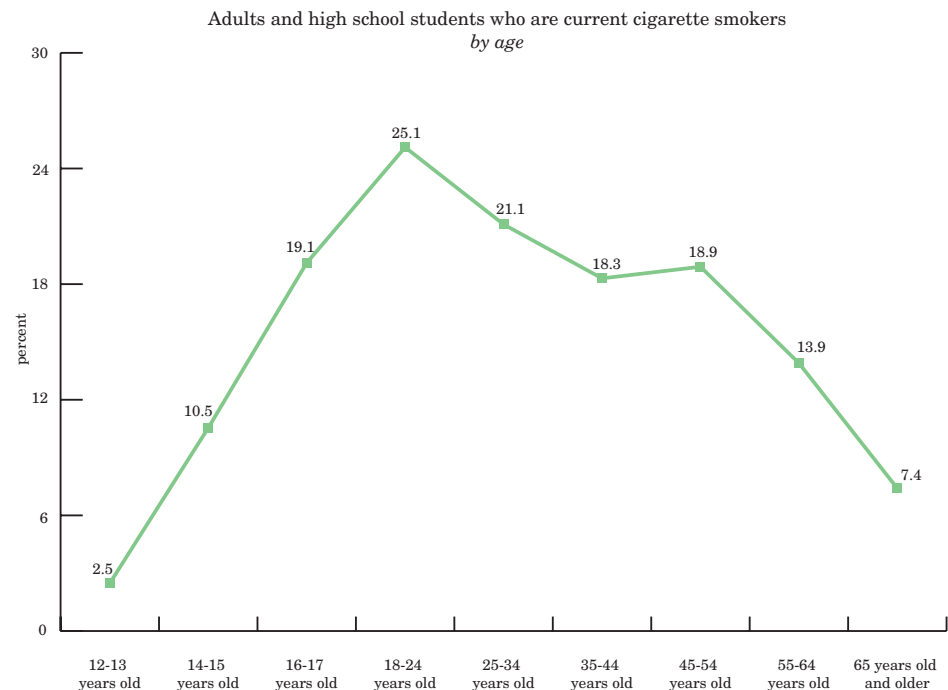
## CIGARETTE SMOKING,<sup>†</sup> (continued)

- ❖ Between the ages of 12 and 24, the rate of cigarette smoking increases 10-fold from 2.5% to 25.1%<sup>‡</sup>
- ❖ The rate of cigarette smoking is about 70% lower among adults age 65 and older (7.4%) than it is among those who are 18-24 years old (25.1%)
- ❖ Cigarette smoking among white adults (15.9%) is less prevalent than it is among white high school students (18.1%), although the difference is not statistically significant
- ❖ The rate of cigarette smoking among black adults (22.2%) is twice that of black high school students (10.9%). The rate is also higher among Hispanic adults (24.6%) than it is among Hispanic high school students (16.3%). None of the differences are statistically significant
- ❖ Among adults who are not students, non-smokers (66.3%) are significantly more likely than current smokers (48.1%) to be married and significantly less likely than current smokers to be divorced (7.8% and 14.2%)—data not shown on graphs
- ❖ Women and high school girls (15.2%) have the same cigarette smoking rate
- ❖ The rate of cigarette smoking among high school boys (18.6%) is similar to the rate among men (18.9%)
- ❖ The cigarette smoking rate for high school students (16.9%) is nearly equal to that for adults (17%)

**Note:** A youth current smoker is defined as a student who smoked on 1 or more of the 30 days prior to the survey, while an adult current smoker is defined as a person age 18 or older who has smoked at least 100 cigarettes in his or her lifetime and smoked on 1 or more of the 30 days prior to the survey.

<sup>†</sup>All high school data from 2007 Connecticut School Health Survey, Tobacco Component; State of Connecticut Department of Public Health.

<sup>‡</sup>Data for age groups 12-13, 14-15, and 16-17 from the 2007 Connecticut School Health Survey, Tobacco Component; State of Connecticut Department of Public Health.

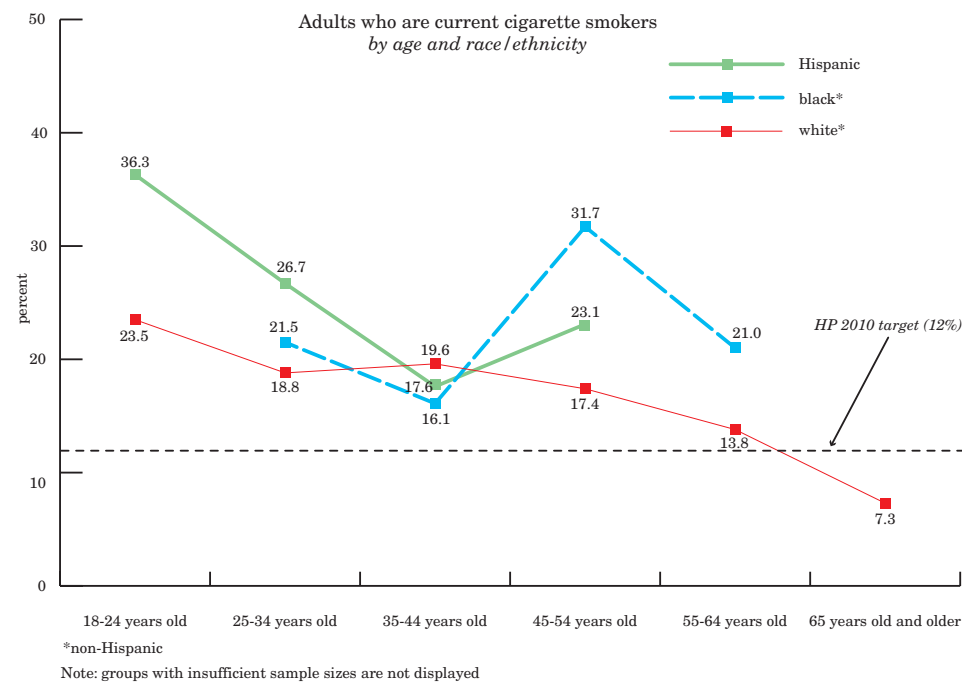
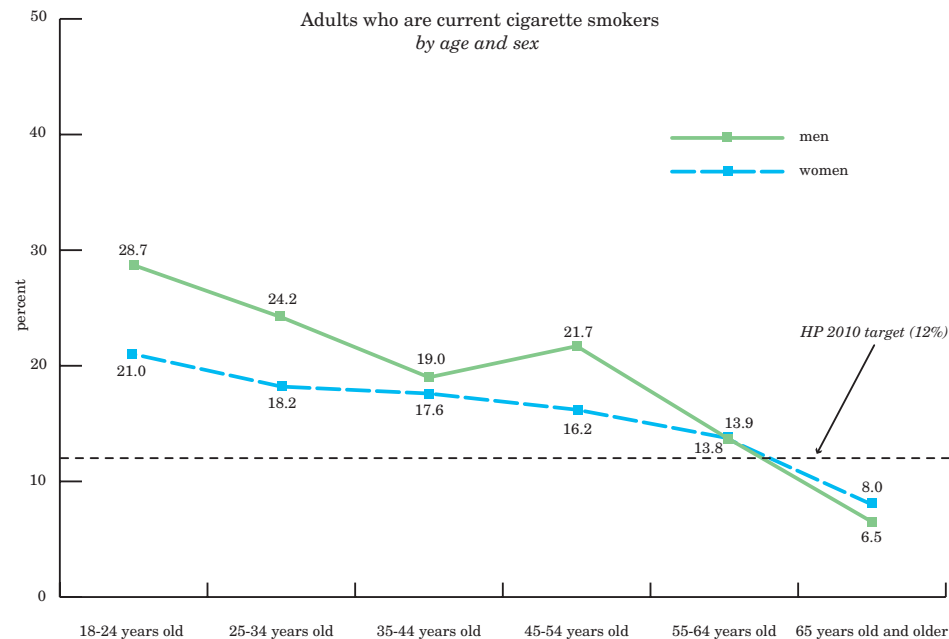




## CIGARETTE SMOKING, (continued)

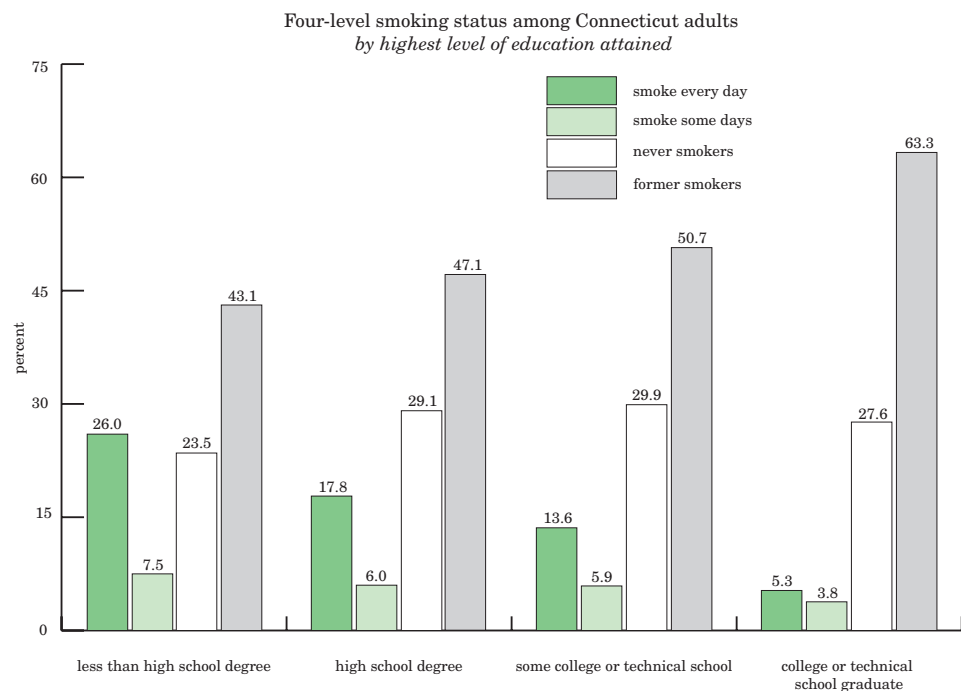
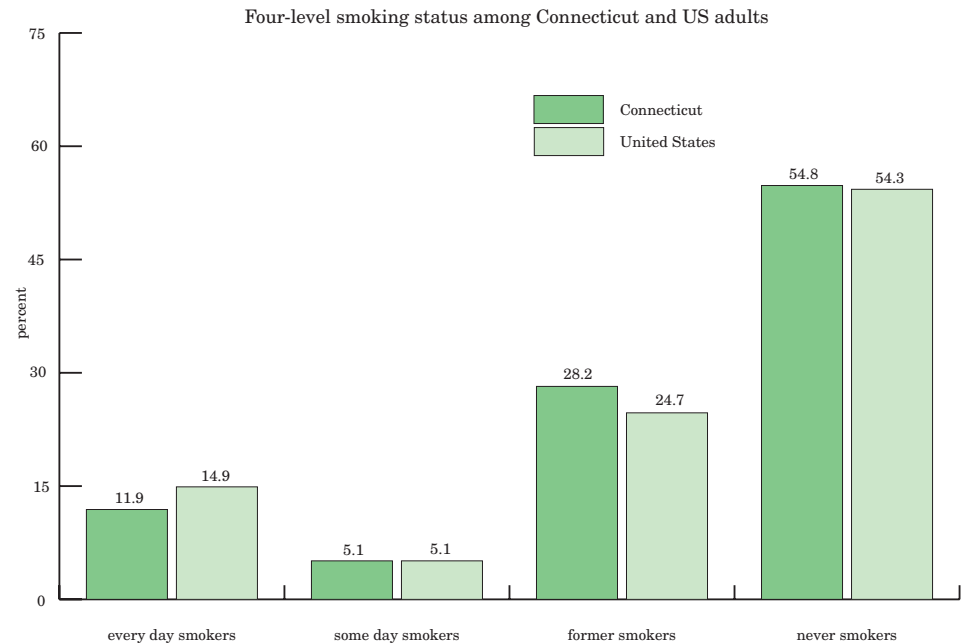
- ❖ The cigarette smoking rate for men who are 55-64 years old (13.9%) is significantly lower than it is for men who are 18-24 (28.7%), 25-34 (24.2%), and for those who are 45-54 (21.7%)
- ❖ Men who are 65 and older are significantly less likely than men between the ages of 18 and 64 to be current cigarette smokers
- ❖ Women who are 65 and older (6.5%) are less likely than their male counterparts (8%) to smoke cigarettes, although the difference is not statistically significant
- ❖ The rate of cigarette smoking among women who are 65 and older is significantly lower than the rates for women in all five of the other age groups
- ❖ White adults (17.4%) between the ages of 45 and 54 are significantly less likely than black adults (31.7%) in that age group to currently smoke cigarettes
- ❖ Among white adults, those who are 55-64 years old (13.8%) have a cigarette smoking rate that is significantly lower than the rates for those between 18-24 (23.5%) and those between 35-44 (19.6%). Furthermore, those who are 65 and older have a cigarette smoking rate that is significantly lower than the rates in all five of the other age groups
- ❖ Among black adults, there are no statistically significant differences in the cigarette smoking rates between any of the age groups. The same is true among Hispanic adults<sup>†</sup>

<sup>†</sup> applies to groups for which sufficient data are available



## FOUR-LEVEL SMOKING STATUS

- ❖ Slightly more than one in nine (11.9%) adults in Connecticut smoke every day; for the US, the number is more than one in seven (14.9%)
- ❖ The majority (54.8%) of adults in Connecticut have never smoked cigarettes
- ❖ More than one-quarter (28.2%) of adults in Connecticut are former smokers
- ❖ As education level increases among adults, the percentage who smoke every day steadily decreases
- ❖ Adults with less than a high school education (26%) are nearly five times more likely than adults who are college or technical school graduates (5.3%) to smoke every day; the difference is statistically significant
- ❖ The percentage of adults who are former smokers does not vary significantly between any of the education groups



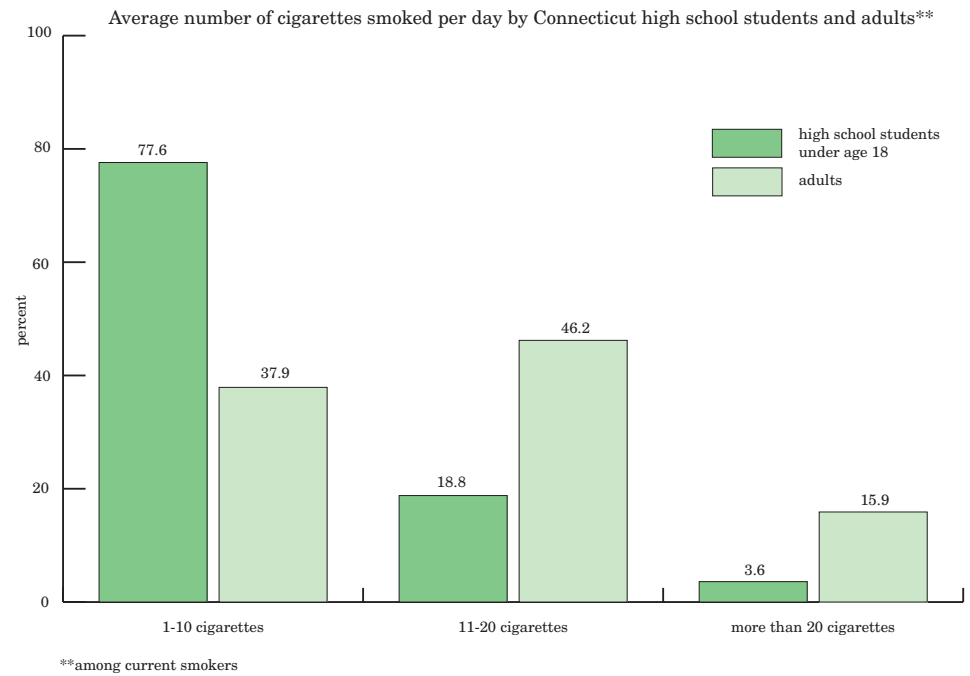
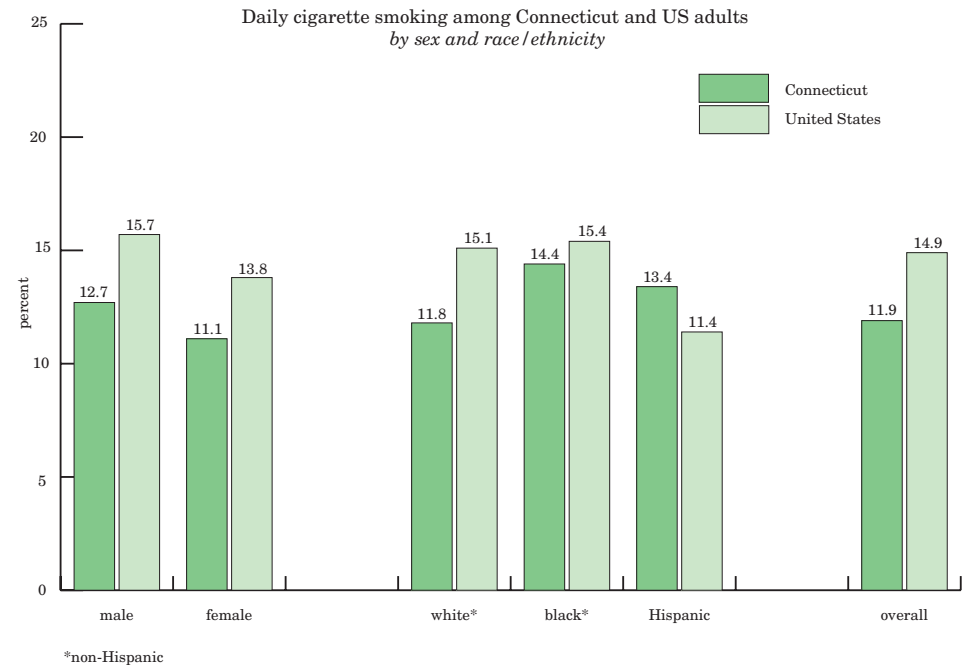
## DAILY CIGARETTE SMOKING

- ❖ Approximately 320,000 adults (11.9%) in Connecticut smoked at least one cigarette per day on all 30 of the 30 days prior to the survey (daily smoking)
- ❖ In Connecticut, men (12.7%) are more likely than women (11.1%) to be daily smokers, but the difference is not statistically significant
- ❖ About 70% of adult current smokers are daily smokers—*data not shown on graphs*
- ❖ White adults (11.8%) in Connecticut are less likely than black (14.4%) and Hispanic (13.4%) adults to smoke daily; although there are no statistically significant differences between any of the groups
- ❖ Among current smokers, white (74.2%) adults are more likely than black (64.8%) and Hispanic (54.5%) adults to smoke daily; the difference between white and Hispanic adults is statistically significant—*data not shown on graphs*
- ❖ Among Hispanic adults, the prevalence of daily smoking among those in Connecticut (13.4%) is higher than the US average (11.4%)
- ❖ In Connecticut, less than 4% of current smokers in high school<sup>†</sup> smoke an average of more than 20 cigarettes<sup>‡</sup> per day; that number quadruples to nearly 16% for Connecticut adults
- ❖ Nearly 80% of high school smokers under age 18 smoke an average of 10 or fewer cigarettes per day.<sup>§</sup> By adulthood, over 60% smoke 11 or more cigarettes per day

<sup>†</sup> 2007 Connecticut School Health Survey, Tobacco Component; State of Connecticut Department of Public Health.

<sup>‡</sup> 20 cigarettes = 1 pack

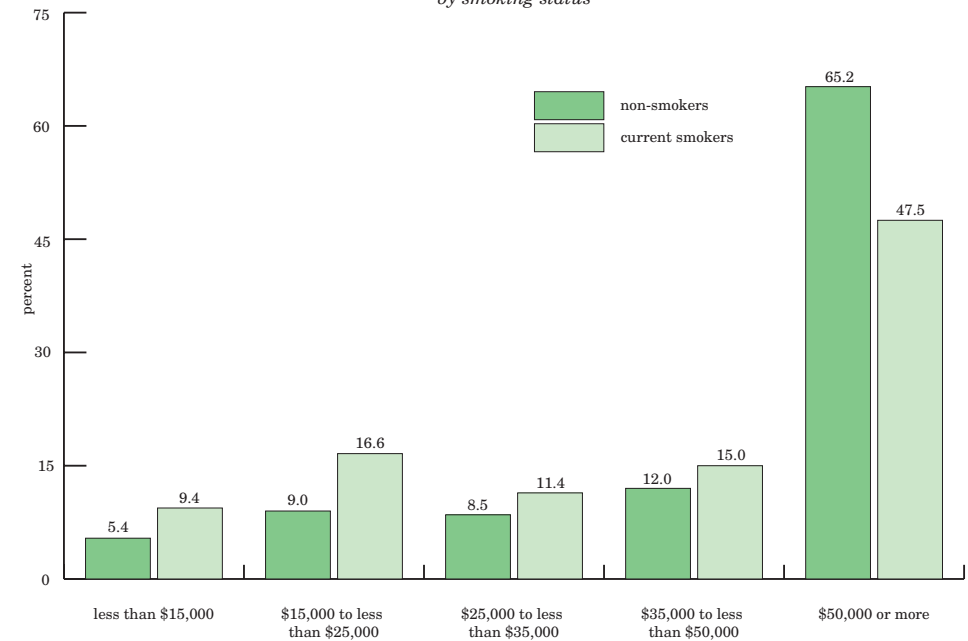
<sup>§</sup> 2007 Connecticut School Health Survey, Tobacco Component; State of Connecticut Department of Public Health.



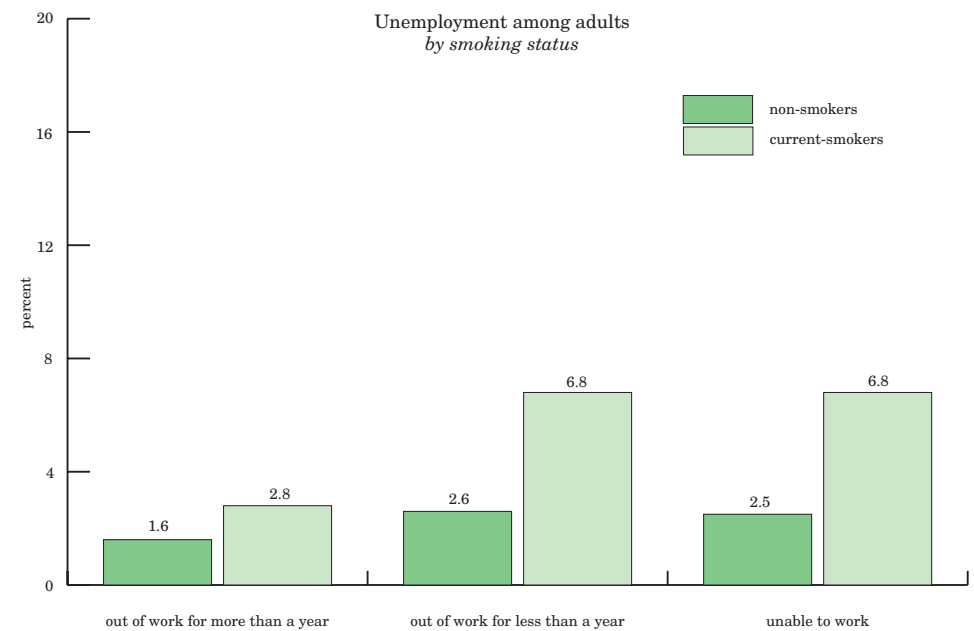
## INCOME AND EMPLOYMENT ISSUES

- ❖ Current smokers (9.4%) are significantly more likely than non-smokers (5.4%) to report an annual household income of less than \$15,000
- ❖ Non-smokers (65.2%) are significantly more likely than current smokers (47.5%) to report an annual household income of \$50,000 or more
- ❖ Among adults who are employed for wages or are self-employed, non-smokers (57.7%) are significantly more likely than current smokers (34.9%) to report an annual household income of \$75,000 or more—*data not shown on graphs*
- ❖ Current smokers (2.8%) are 75% more likely than non-smokers (1.6%) to presently be out of work for more than a year
- ❖ Current smokers (6.8%) are nearly three times more likely than non-smokers (2.5%) to be unable to work; the difference is statistically significant

Reported annual household income among adults  
by smoking status



Unemployment among adults  
by smoking status





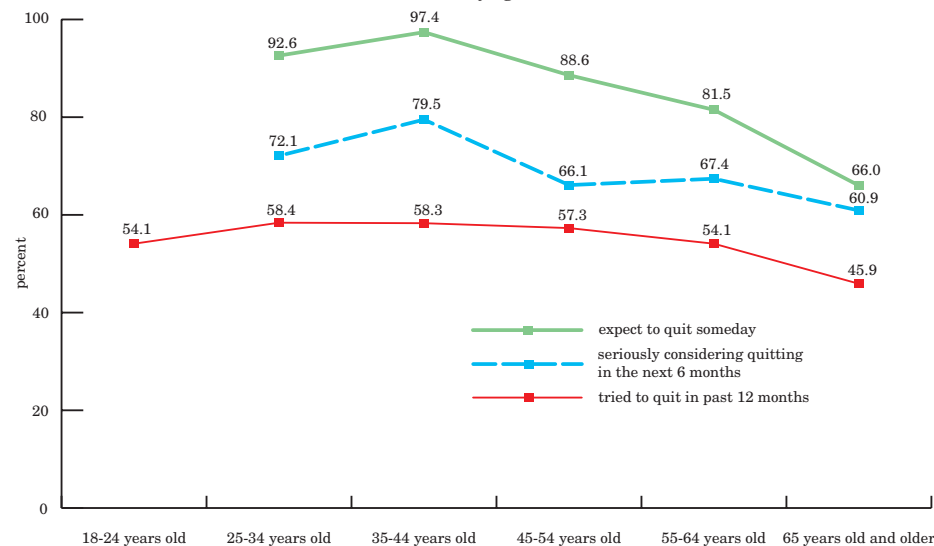
# *TOBACCO USE CESSATION*

## SMOKING CESSATION

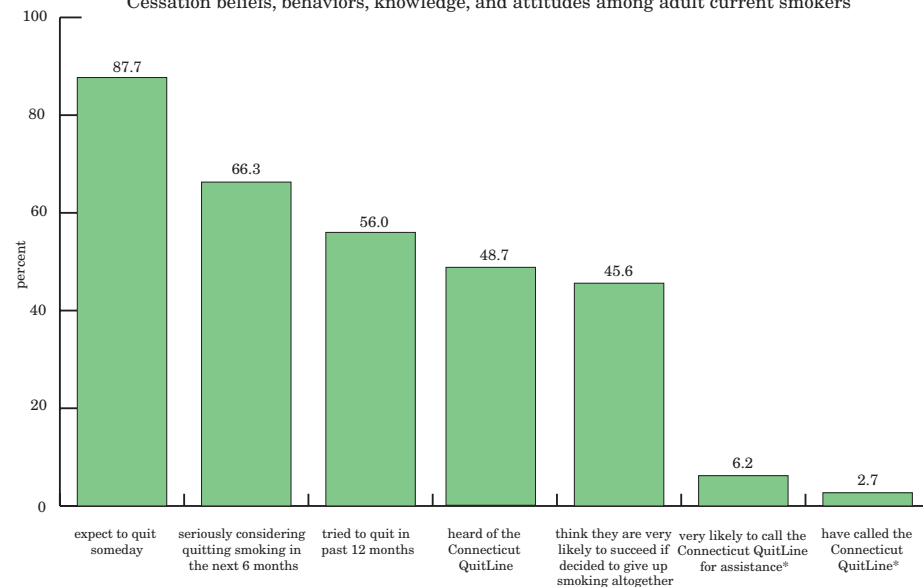
- ❖ Current smokers in the 35-44 year old age group (97.4%) are the most likely to say that they expect to quit someday; those in the 65 years old and older group (66%) are the least likely<sup>†</sup>
- ❖ Nearly 80% of current smokers in the 35-44 year old age group are seriously considering quitting smoking in the next six months
- ❖ Nearly 60% of current smokers between the ages of 25 and 54 tried to quit smoking in the past 12 months
- ❖ Current smokers were asked if they agree or disagree with the following statement, “People who care about me are upset about my smoking.” Of those who said they agree with the statement, 72.6% said they were seriously considering quitting smoking in the next six months, compared to 45.8% of those who said they disagree with the statement. The difference is statistically significant—*data not shown on graphs*
- ❖ Less than one-half (45.9%) of current smokers age 65 and older tried to quit smoking in the past 12 months
- ❖ Slightly more than 6 in 100 current smokers who are aware of the Connecticut QuitLine say they are very likely to call for assistance in quitting
- ❖ Less than 3 in 100 current smokers who are aware of the Connecticut QuitLine have called it for assistance in quitting

<sup>†</sup> Data are not available for the 18-24 year old age group.

Cessation beliefs and behaviors among adult current smokers by age

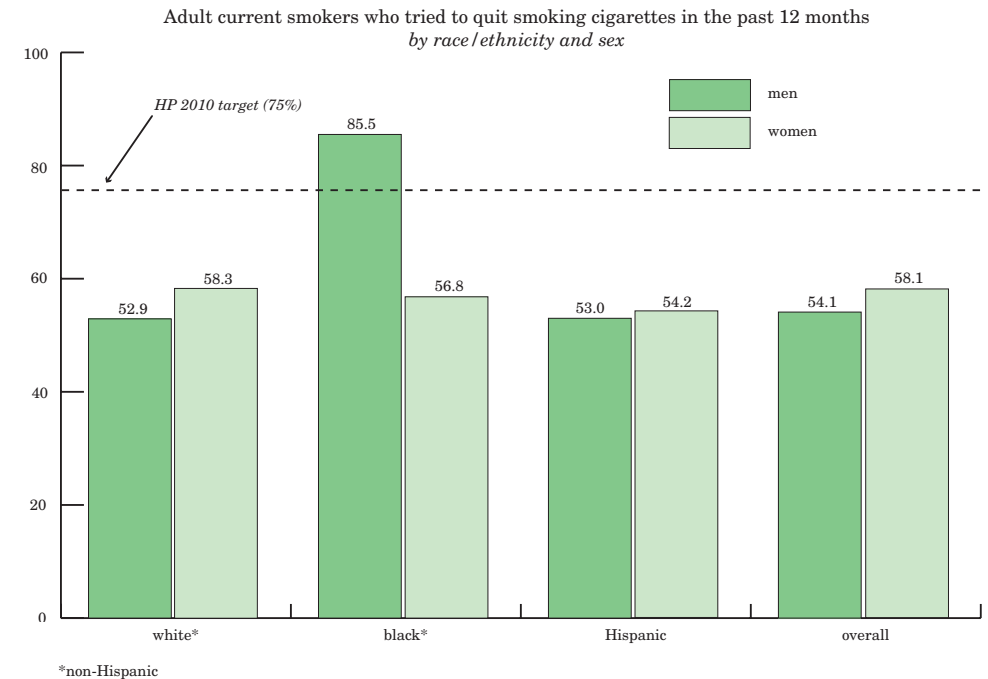
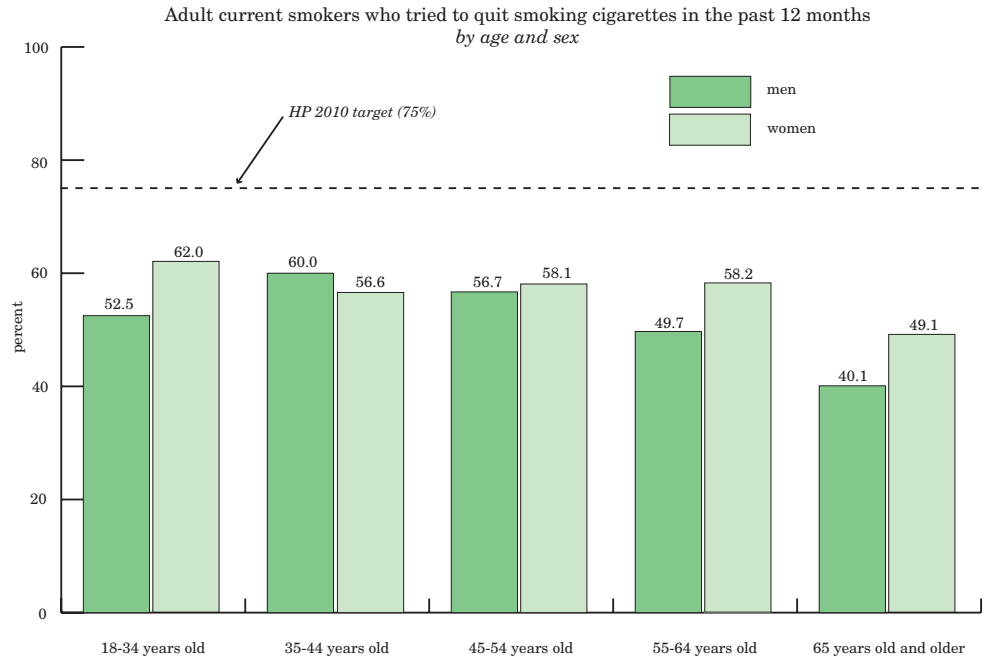


Cessation beliefs, behaviors, knowledge, and attitudes among adult current smokers



## QUIT ATTEMPTS

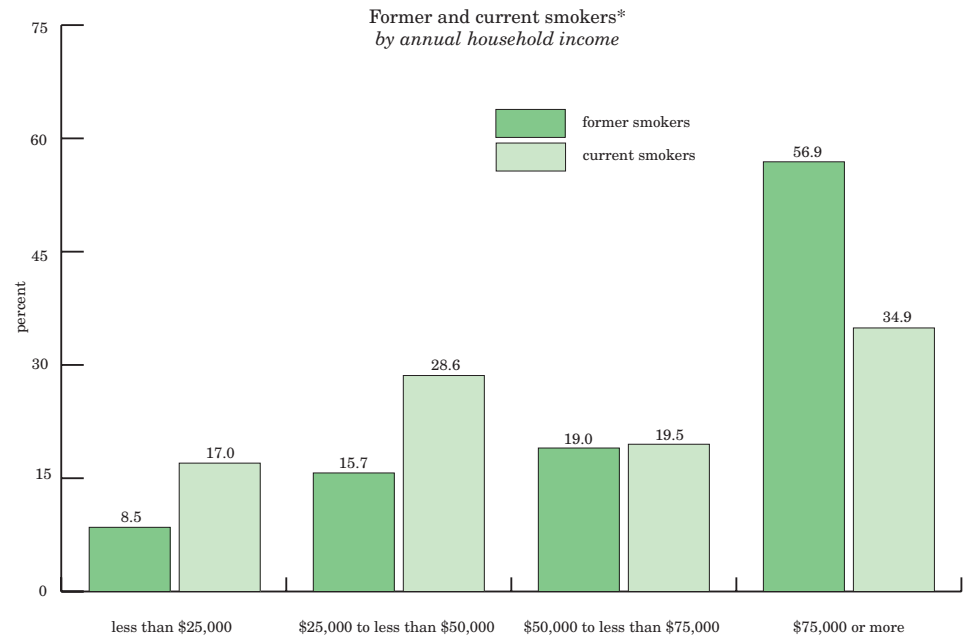
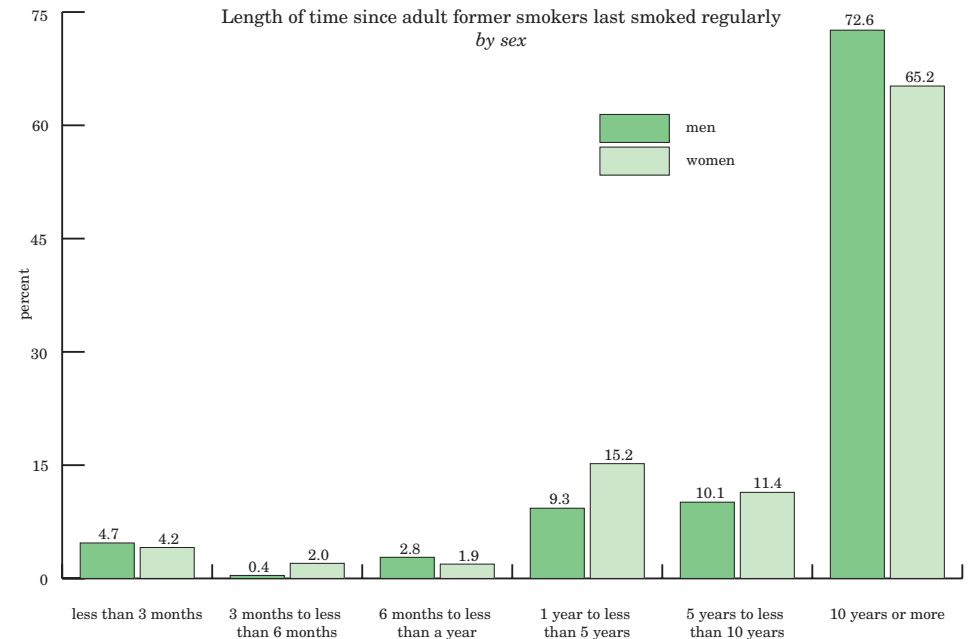
- ❖ Among men who are current smokers, those in the 35-44 year old age group (60%) are the most likely of all the age groups to have stopped smoking cigarettes for a day or longer in the past 12 months in an attempt to quit smoking entirely, while those who are 65 years old or older (40.1%) are the least likely to have tried to quit
- ❖ Among women who are current smokers, those in the 18-34 year old age group (62%) are the most likely of all the age groups to have stopped smoking cigarettes for a day or longer in the past 12 months in an attempt to quit smoking entirely, while those who are 65 years old or older (49.1%) are the least likely to have tried to quit
- ❖ None of the age groups have reached the *Healthy People 2010* target quit rate of 75%
- ❖ Among men who are current smokers, black adults (85.5%) are significantly more likely than their white (52.9%) and Hispanic (53%) counterparts to have tried to quit smoking cigarettes in the past 12 months
- ❖ Among women who are current smokers, white adults (58.3%) are slightly more likely than black (56.8%) and Hispanic (54.2%) adults to have tried to quit smoking cigarettes in the past 12 months, although there are no statistically significant differences between any of the race/ethnic groups
- ❖ Black men (85.5%) who are current smokers have exceeded the *Healthy People 2010* target quit rate of 75%





## FORMER SMOKERS

- ❖ Approximately 372,000 men and 385,000 women in Connecticut are former smokers—*data not shown on graphs*
- ❖ Nearly three-quarters of men (72.6%) and about two-thirds of women (65.2%) who are former smokers last smoked regularly 10 or more years ago
- ❖ Among former smokers, about 83% of men and 77% of women have been smoke-free for 5 years or more
- ❖ Among adults who are employed for wages or are self-employed, former smokers (56.9%) are significantly more likely than current smokers (34.9%) to report an annual household income of \$75,000 or more
- ❖ Among adults who are employed for wages or are self-employed, current smokers (17%) are twice as likely as former smokers (8.5%) to report an annual household income of less than \$25,000, and the difference is statistically significant

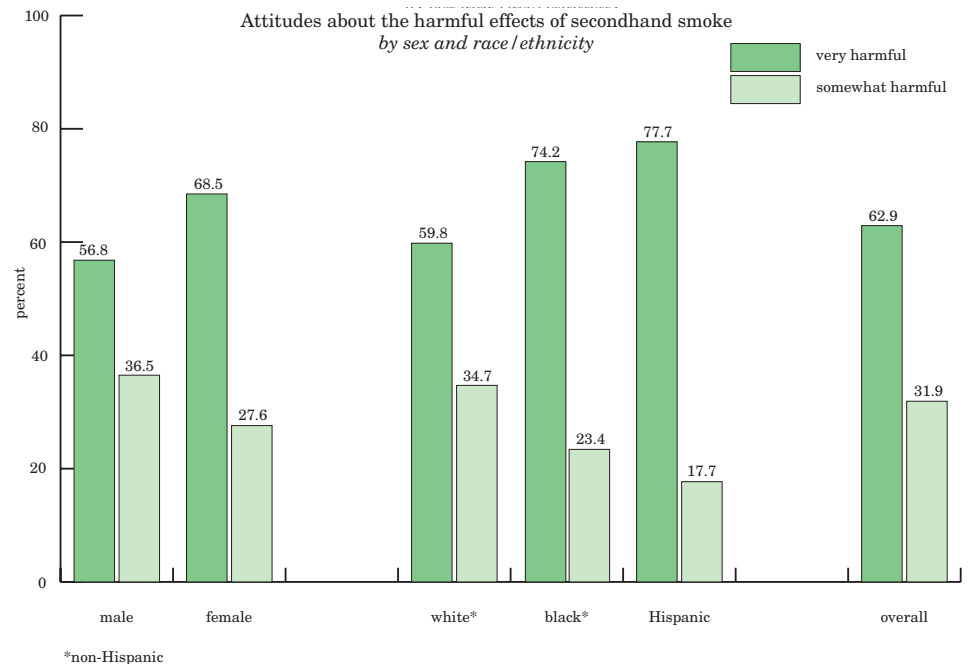
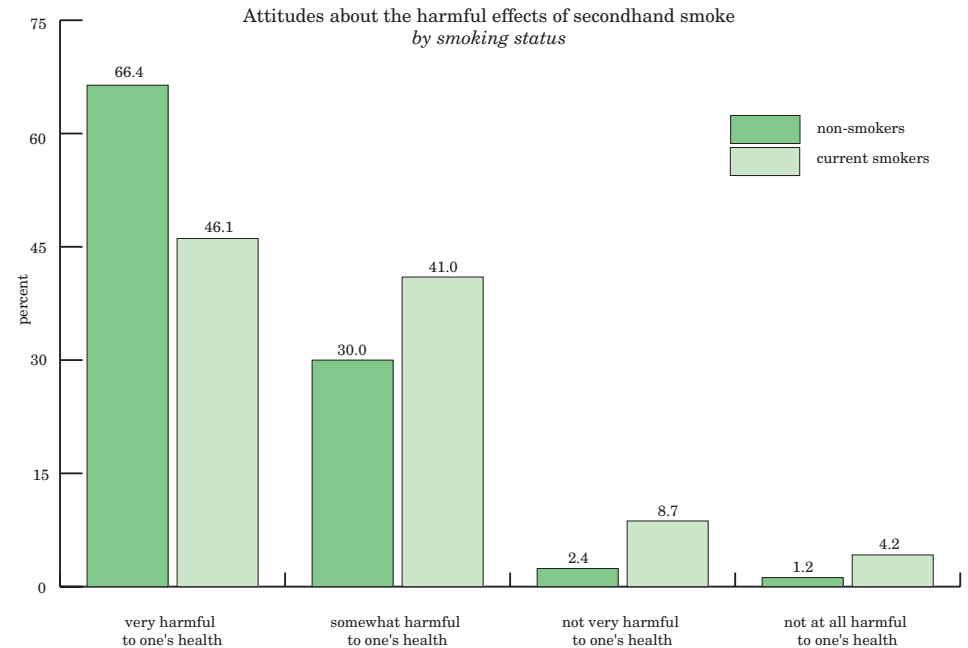


\*among adults employed for wages or self-employed

# *SECONDHAND SMOKE*

## ATTITUDES ABOUT SECONDHAND SMOKE

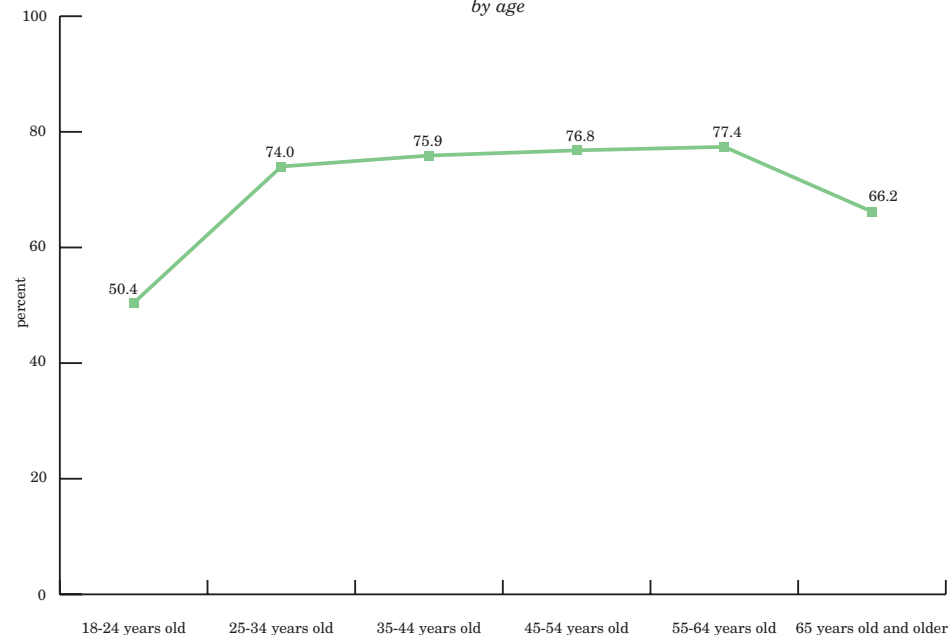
- ❖ Non-smokers (66.4%) are about 44% more likely than current smokers (46.1%) to believe that secondhand smoke (also called environmental tobacco smoke or ETS) is very harmful
- ❖ Current smokers (12.9%) are approximately four times more likely than non-smokers (3.6%) to believe that breathing cigarette smoke is not harmful to one's health; the difference is statistically significant
- ❖ Non-smokers (83.9%) are significantly more likely than current smokers (50.2%) to have a rule that smoking is not allowed anywhere inside their homes—*data not shown on graphs*
- ❖ Nearly 95% of adults in Connecticut believe that breathing smoke from other people's cigarettes is harmful to one's health
- ❖ Women (68.5%) are about 20% more likely than men (56.8%) to believe that breathing cigarette smoke is very harmful, and the difference is statistically significant
- ❖ Black (74.2%) and Hispanic (77.7%) adults are significantly more likely than white (59.8%) adults to believe that secondhand smoke is very harmful to one's health



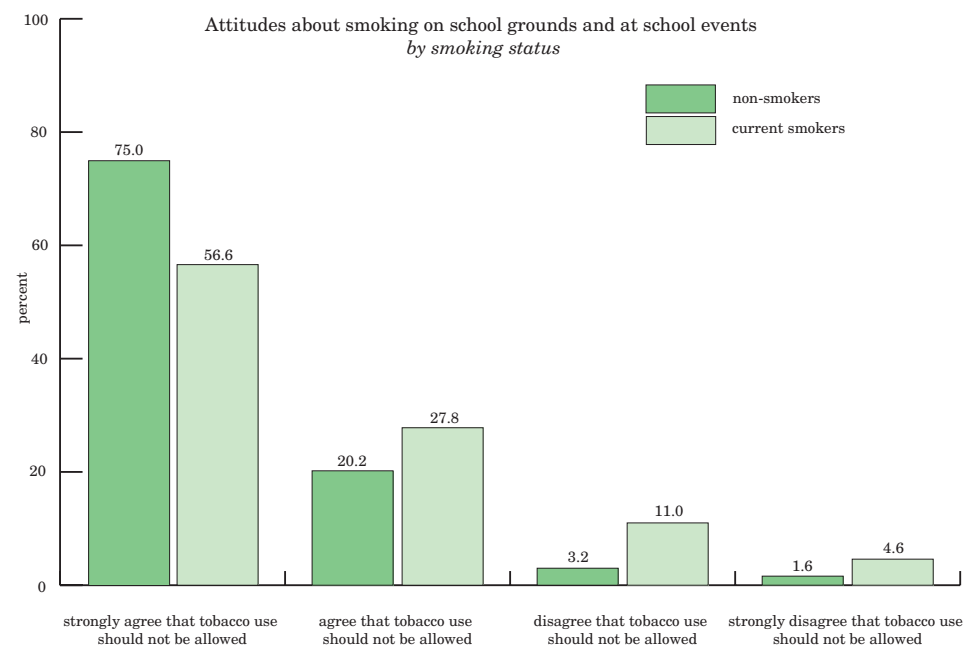
## ATTITUDES ABOUT SECONDHAND SMOKE, (continued)

- ❖ Only about one-half of adults in the 18-24 year old age group strongly agree that tobacco use should be prohibited on school grounds and at school events
- ❖ Despite having the lowest smoking rate of all the age groups, adults 65 and older are less likely than adults in all the other age groups older than 24 to strongly agree that tobacco use should not be allowed on school grounds and at school events
- ❖ About 95% of adults who are non-smokers agree that smoking should not be allowed on school grounds and at school events, compared to approximately 84% of current smokers; the difference is statistically significant
- ❖ Current smokers (15.6%) are over three times more likely than non-smokers (4.8%) to disagree that there should be a smoking ban on school grounds and at school events

Adults who strongly agree that tobacco use should not be allowed on school grounds or at any school event  
by age



Attitudes about smoking on school grounds and at school events  
by smoking status

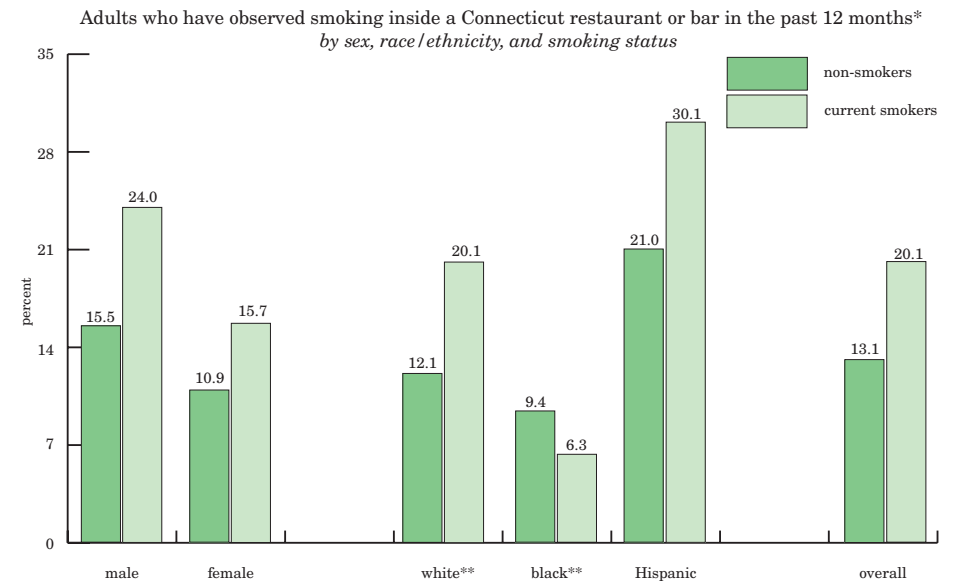
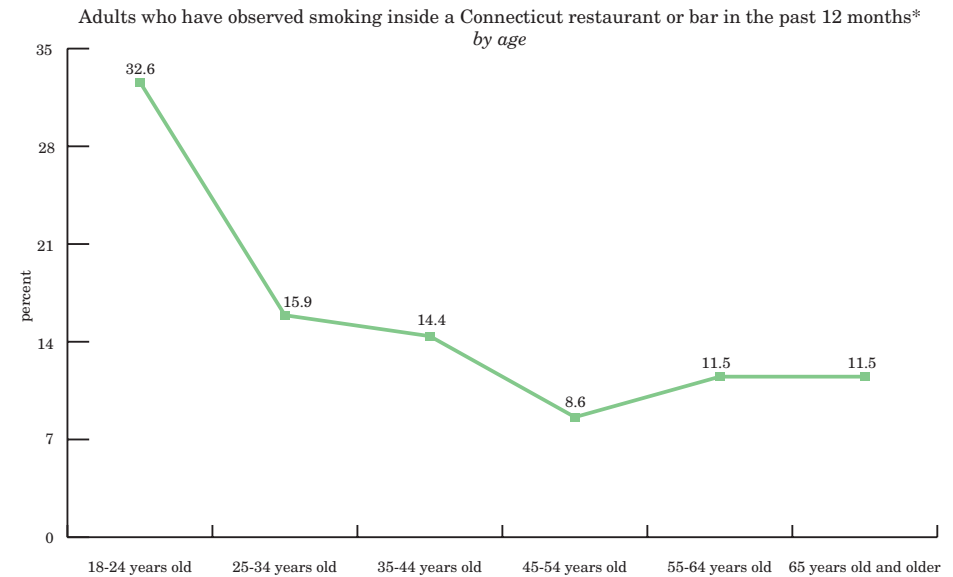


## OBSERVED NON-COMPLIANCE WITH CONNECTICUT'S CLEAN INDOOR AIR ACT†

*Note: all of the following data are for adults who go to Connecticut restaurants or bars*

- ❖ Nearly one-third (32.6%) of adults who are 18-24 years old observed smoking inside a Connecticut restaurant or bar in the past 12 months
- ❖ Non-smokers (13.1%) are less likely than current smokers (20.1%) to have observed smoking inside a Connecticut restaurant or bar in the past 12 months
- ❖ Nearly one-quarter (24%) of men who are current smokers saw smoking in a Connecticut restaurant or bar in the past 12 months
- ❖ Among both non-smokers and current smokers, black adults are less likely than their white and Hispanic counterparts to have seen smoking inside a Connecticut restaurant or bar in the past year

† Connecticut's Clean Indoor Air Act (smoking ban) was fully enacted in April 2004. It is Connecticut General Statute 19a-342, which prohibits smoking in workplaces with five or more employees and in all restaurants and bars. The primary reason behind the law is to protect employees from health risks associated with secondhand smoke.



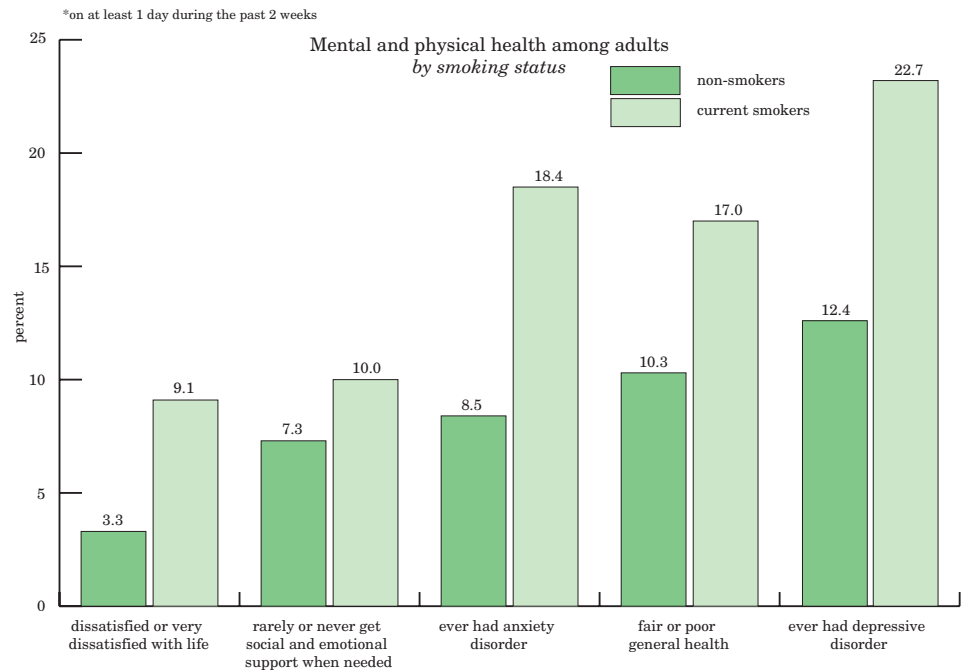
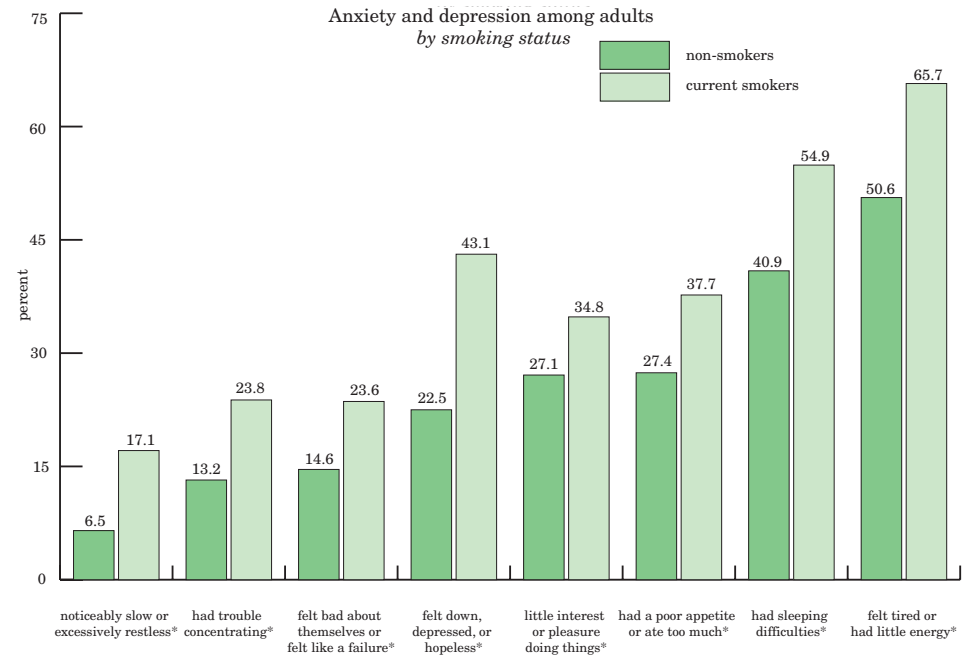
\*among adults who go to Connecticut restaurants and bars

\*\*non-Hispanic

# *HEALTH ISSUES*

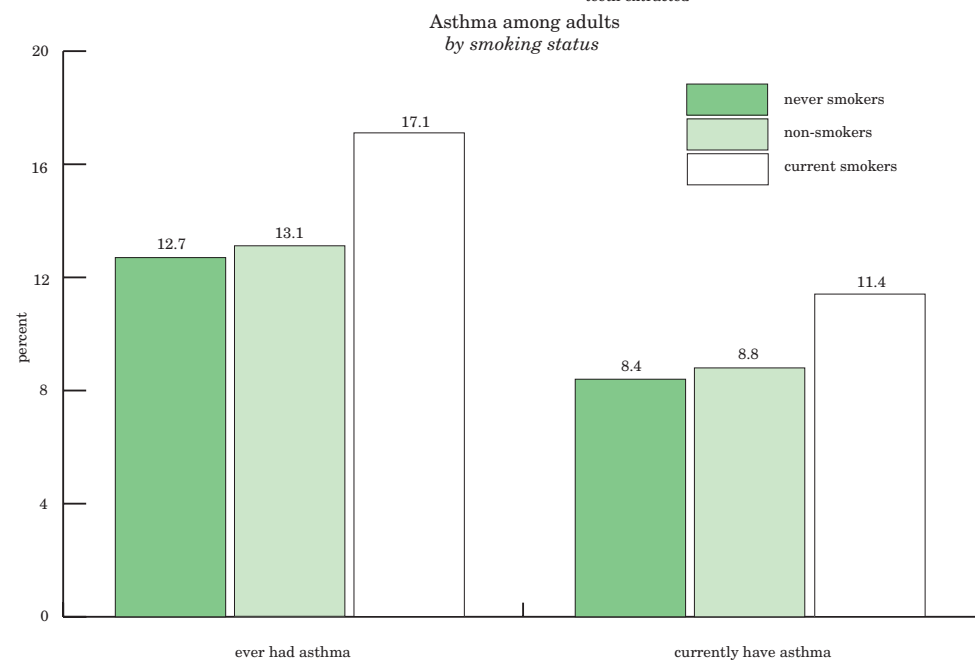
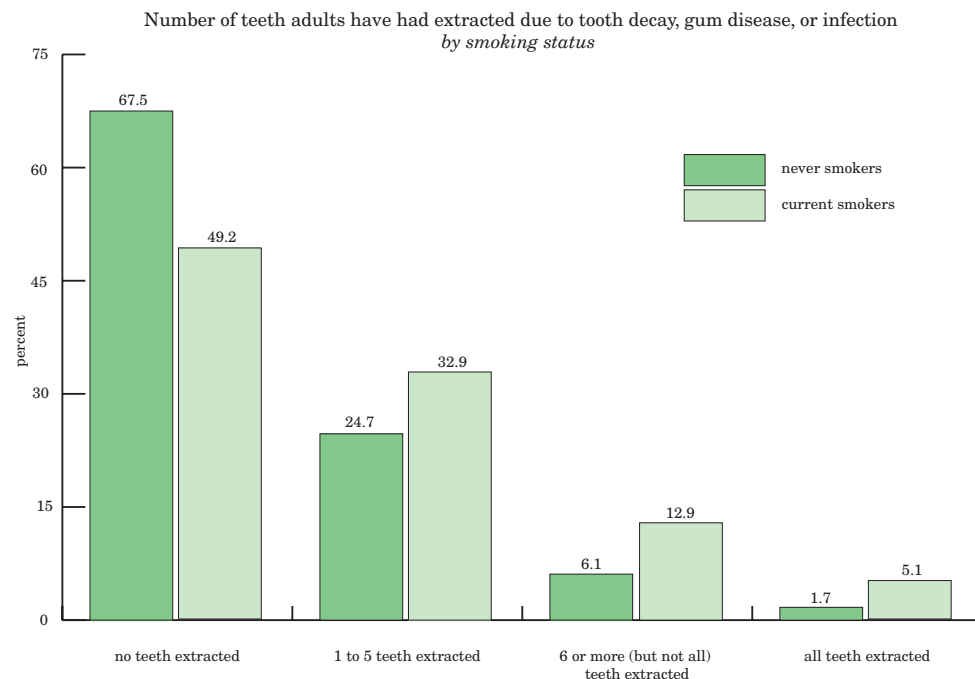
## HEALTH CONCERNS

- ❖ On at least one day in the past two weeks, current smokers (17.1%) were about 2.5 times more likely than non-smokers (6.5%) to have been excessively fidgety or restless, or to have moved or talked so slowly that people noticed. The difference is statistically significant
- ❖ Current smokers (43.1%) are nearly twice as likely as non-smokers (22.5%) to have felt down, depressed, or hopeless for at least one day during the past two weeks. The difference is statistically significant
- ❖ Current smokers had an average of 5 days in the past 30 days when their mental health was not good, compared to 2.5 days for non-smokers; the difference is statistically significant—*data not shown on graphs*
- ❖ Current smokers (34.8%) are significantly more likely than non-smokers (27.1%) to have had at least one day during the past two weeks when they had little interest or pleasure in doing things
- ❖ Current smokers had an average of nearly 4.5 days in the past 30 days when their poor mental or physical health kept them from doing their usual activities, compared to 3 days for non-smokers; the difference is statistically significant—*data not shown on graphs*
- ❖ Current smokers (65.7%) are significantly more likely than non-smokers (50.6%) to have had at least one day during the past two weeks when they felt tired or had little energy
- ❖ Current smokers (9.1%) are nearly three times more likely than non-smokers (3.3%) to be dissatisfied or very dissatisfied with life, and the difference is statistically significant
- ❖ Current smokers (73.6%) are significantly less likely than non-smokers (83.2%) to always or usually get social and emotional support when needed—*data not shown on graphs*
- ❖ Non-smokers (8.5%) are half as likely as current smokers (18.4%) to have ever had an anxiety disorder; the difference is statistically significant
- ❖ Adults who have ever had an anxiety disorder (30.2%) are significantly more likely than adults who have never had an anxiety disorder (14.8%) to be current smokers—*data not shown on graphs*
- ❖ Current smokers (17%) are significantly more likely than non-smokers (10.3%) to rate their general health as fair or poor



## HEALTH CONCERNS, (continued)

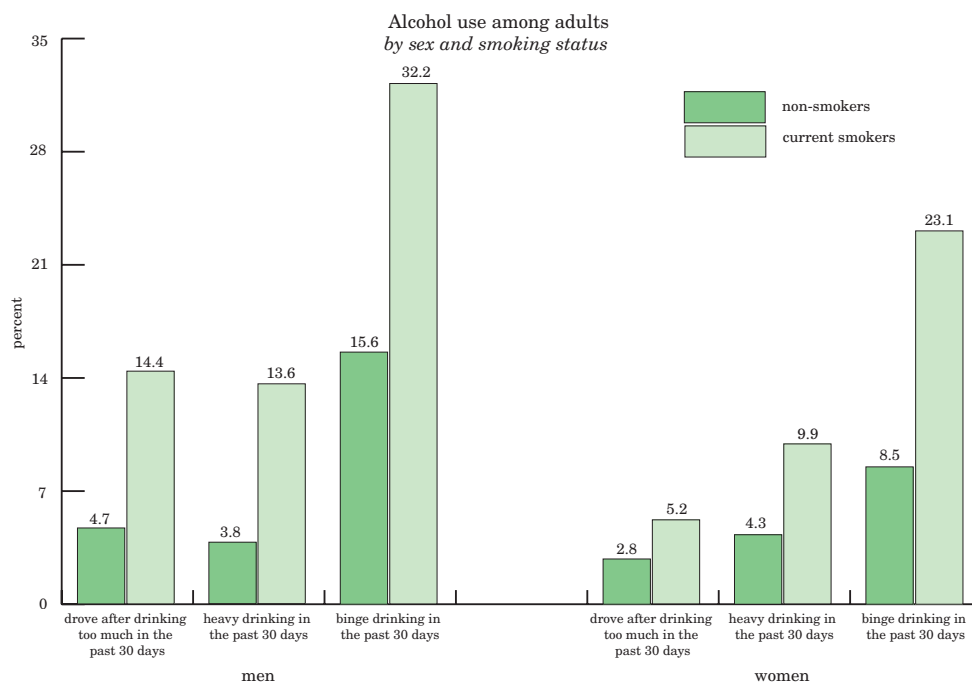
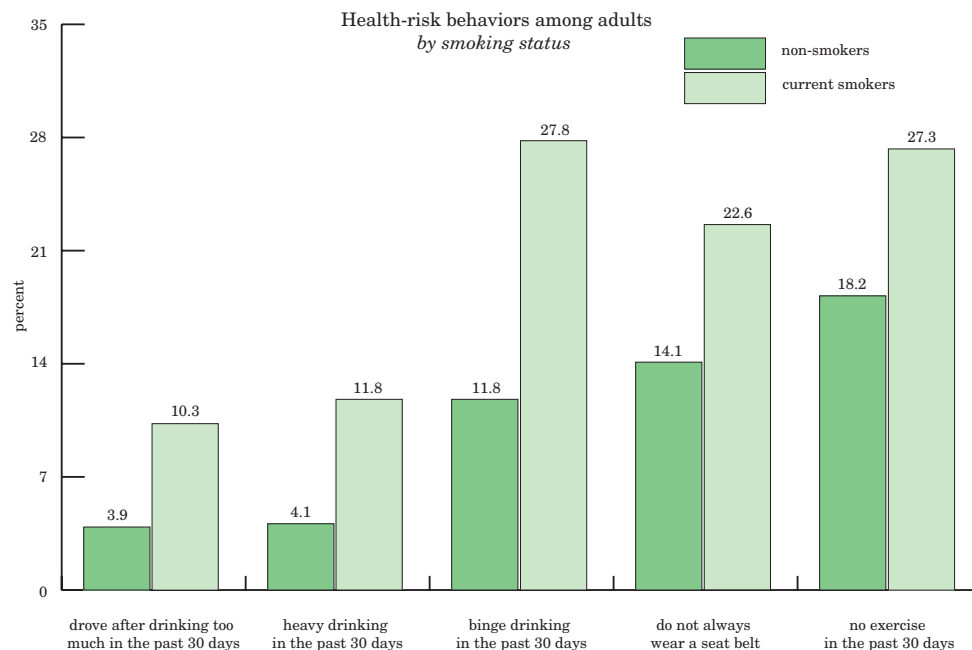
- ❖ Current smokers (22.7%) are almost twice as likely as non-smokers (12.4%) to have ever had a depressive disorder; the difference is statistically significant
- ❖ Adults who have ever had a depressive disorder (26.4%) are significantly more likely than adults who have never had a depressive disorder (14.6%) to be current smokers—*data not shown on graphs*
- ❖ Never smokers (67.5%) are significantly more likely than current smokers (49.2%) to have had none of their teeth extracted because of tooth decay, gum disease, or infection
- ❖ Current smokers (12.9%) are more than twice as likely as never smokers (6.1%) to have had six or more (not all) of their teeth extracted due to disease; the difference is statistically significant
- ❖ Current smokers (5.1%) are three times more likely than never smokers (1.7%) to have had all of their teeth extracted, and the difference is statistically significant
- ❖ Among adults age 65 and older, current smokers (24.5%) are significantly more likely than non-smokers (11.9%) to have had all of their natural teeth extracted—*data not shown on graphs*
- ❖ Current smokers (17.1%) are more likely than never smokers (12.7%) and non-smokers (13.1%) to have ever had asthma
- ❖ Current smokers (11.4%) are significantly more likely than never smokers (8.4%) and non-smokers (8.8%) to currently have asthma





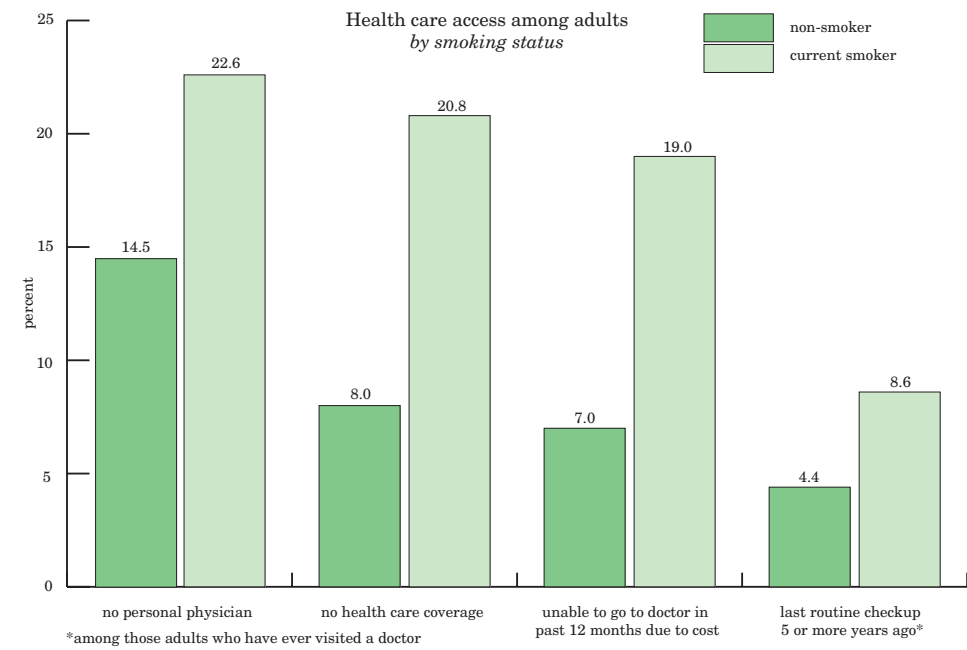
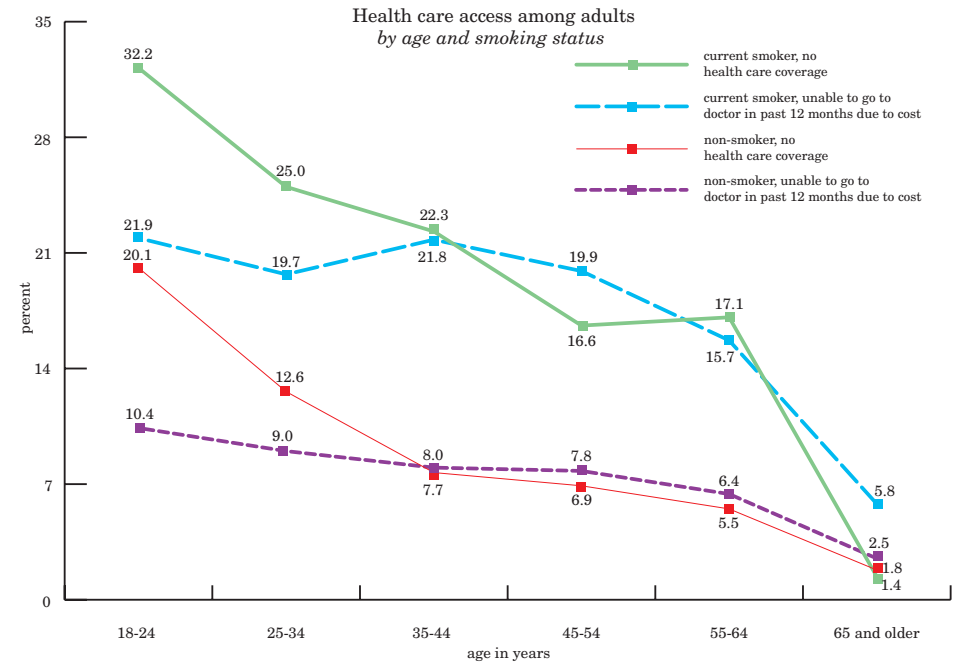
## HEALTH-RISK BEHAVIORS

- ❖ Current smokers (10.3%) are significantly more likely than non-smokers (3.9%) to have driven at least once in the past 30 days after drinking too much
- ❖ Current smokers (11.8%) are almost three times more likely than non-smokers (4.1%) to be heavy drinkers; the difference is statistically significant
- ❖ Adults who are heavy drinkers (36.9%) are significantly more likely than adults who are not heavy drinkers (15.6%) to be current smokers—*data not shown on graphs*
- ❖ Current smokers (27.8%) are significantly more likely than non-smokers (11.8%) to have engaged in binge drinking in the past 30 days
- ❖ Adults who are binge drinkers (32.1%) are significantly more likely than adults who are not binge drinkers (14.1%) to be current smokers—*data not shown on graphs*
- ❖ Current smokers (27.3%) are 50% more likely than non-smokers (18.2%) to have had no exercise in the past 30 days; the difference is statistically significant
- ❖ Men who are current smokers (14.4%) are four times more likely than men who are non-smokers (4.7%) to have driven at least once in the past 30 days after drinking too much; the difference is statistically significant
- ❖ Women who are current smokers (5.2%) are about twice as likely as women who are non-smokers (2.8%) to have driven at least once in the past 30 days after drinking too much
- ❖ Men who smoke (13.6%) are 3.5 times more likely than men who do not smoke (3.8%) to be heavy drinkers, and they are twice as likely to be binge drinkers (32.2% and 15.6%); both differences are statistically significant
- ❖ Women who smoke are more than twice as likely as women who do not smoke (4.3%) to be heavy drinkers, and they are nearly three times more likely to be binge drinkers (23.1% and 8.5%); both differences are statistically significant



## HEALTH CARE ACCESS

- ❖ Among adults who are 18-24 years old, current smokers (32.2%) are 60% more likely than non-smokers (20.1%) to have no health insurance coverage
- ❖ Among adults who are 65 years old or older, current smokers (5.8%) are more than twice as likely as non-smokers (2.5%) to have, at least once in the past 12 months, been unable to go to the doctor because of cost
- ❖ Current smokers (22.6%) are nearly 60% more likely than non-smokers (14.5%) to have no personal physician; the difference is statistically significant
- ❖ Current smokers (20.8%) are about 2.5 times more likely than non-smokers (8%) to have no health insurance coverage; the difference is statistically significant
- ❖ Current smokers (19%) are almost three times more likely than non-smokers (7%) to have, at least once in the past 12 months, been unable to go to the doctor because of cost; the difference is statistically significant
- ❖ Current smokers (8.6%) are twice as likely as non-smokers (4.4%) to have had their last routine checkup five or more years ago; the difference is statistically significant





# ***TOBACCO TRENDS***

## TRENDS IN CIGARETTE SMOKING

- ❖ The State cigarette tax was increased from \$0.40 to \$0.50 per pack in 1994 when the adult smoking rate was 19.9%. The tax was raised again in 2002 and 2003. After these increases, the rate fell to its low of 16.5% in 2005. This rate is significantly lower than the rates from 1990 through 1993 and the rates from 1995 through 2002
- ❖ The 2006 rate is significantly lower than the rates from 1990 through 1993 and the rates from 1995 through 2001
- ❖ Between 2003 and 2007, the State of Connecticut collected more than \$1.3 billion in cigarette tax revenue.<sup>†</sup> The State has also received an estimated \$1 billion in Tobacco Settlement funds since 1998<sup>‡</sup>
- ❖ In July 2007, the State cigarette tax was raised from \$1.51 to \$2.00 per pack. As a result of the increase, between July 2007 and December 2007, the State collected about \$36 million more in cigarette tax revenue than during the same period in 2006<sup>§</sup>
- ❖ Between 1990 and 2006, the current cigarette smoking rate among adults in Connecticut ranged from a low of 16.5% in 2005 to a high of 22.8% in 1999. For the US, during that same time period, the median rate ranged from a low of 20% in 2006 to a high of 23.4% in 1996—*US data not shown on graphs*
- ❖ The trend in cigarette smoking among Connecticut high school students is similar to the adult trend. The 2007 youth rate (16.9%)<sup>\*\*</sup> is significantly lower than it was in 2000 (25.6%),<sup>††</sup> and the 2006 adult rate (17%) is significantly lower than it was in 2000 (19.9%)

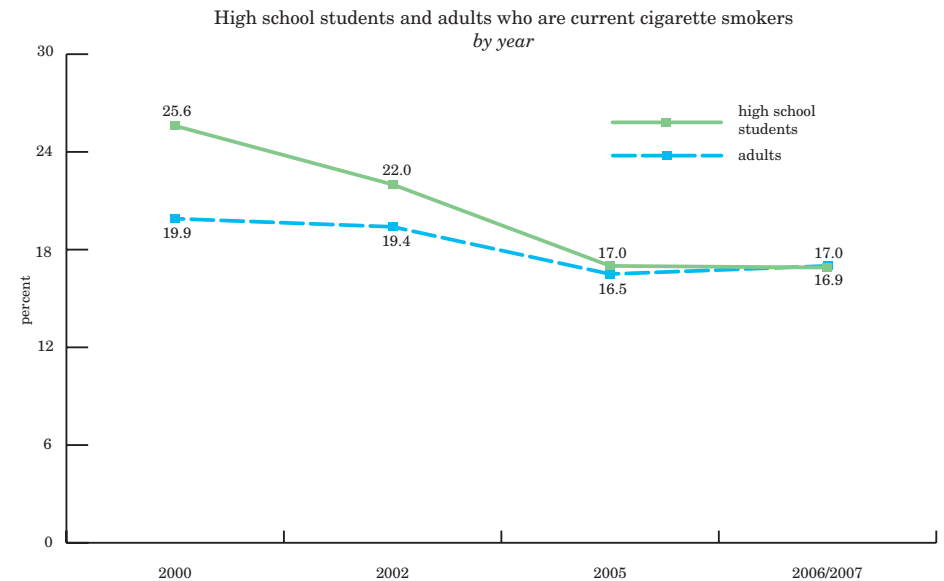
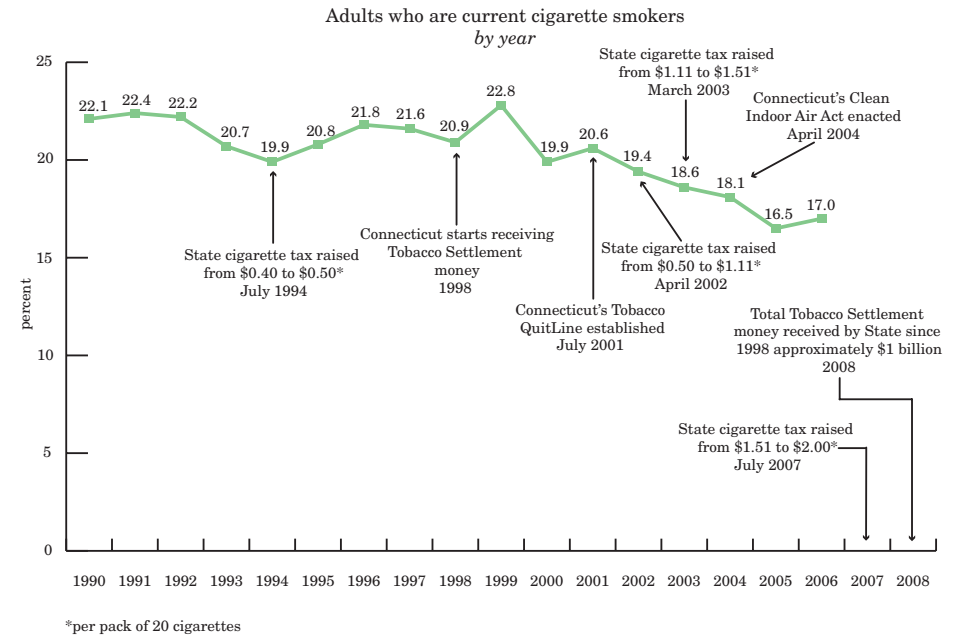
<sup>†</sup> State of Connecticut Department of Revenue Services, Statistical Reports, Cigarette Stamp Reports, 2003-2007.

<sup>‡</sup> [www.tobaccofreekids.org/reports/settlements](http://www.tobaccofreekids.org/reports/settlements), 2008.

<sup>§</sup> State of Connecticut Department of Revenue Services, Statistical Reports, Cigarette Stamp Reports, 2006-2007.

<sup>\*\*</sup> 2007 Connecticut School Health Survey, Tobacco Component; State of Connecticut Department of Public Health.

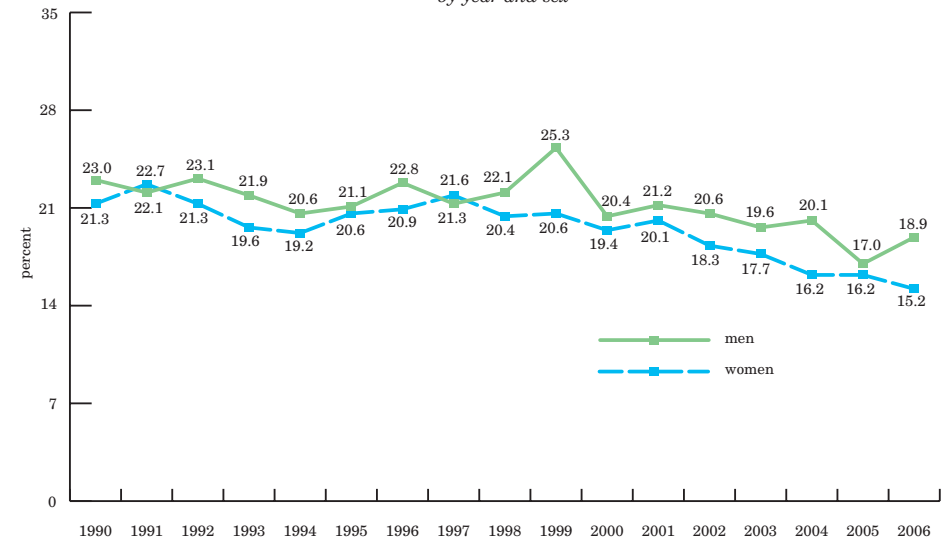
<sup>††</sup> 2000 Connecticut Youth Tobacco Survey; State of Connecticut Department of Public Health.



## TRENDS IN CIGARETTE SMOKING, (continued)

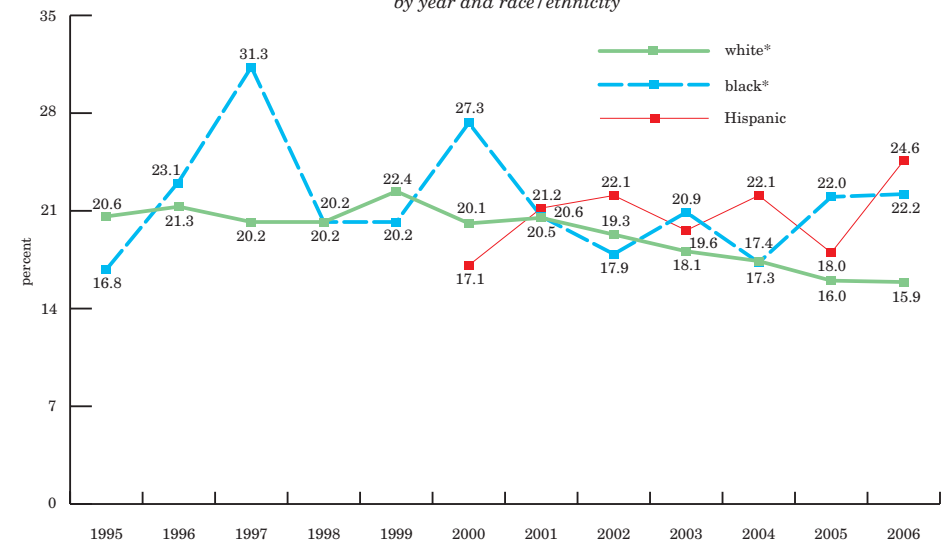
- ❖ Between 1990 and 2006, the current cigarette smoking rate for men peaked at 25.3% in 1999 and fell to its low of 17% in 2005; this rate of 17% is significantly lower than their rates in 1990, 1992, 1999, and 2001. The current rate of 18.9% is significantly lower than it was in 1999 but is statistically similar to the rates in every other year
- ❖ Between 1990 and 2006, the current cigarette smoking rate for women peaked at 22.7% in 1991 and has fallen to its low of 15.2% in 2006; this rate of 15.2% is significantly lower than their rates in 1990 through 2001
- ❖ In 2006, the rate of cigarette smoking among women (15.2%) was significantly lower than the rate among men (17%); otherwise, there are no statistically significant differences in the rates between the two groups in any of the other years (1990-1995)
- ❖ Between 1995 and 2006, the current cigarette smoking rate among white adults reached a high of 22.4% in 1999, and now, in 2006, is at its low of 15.9%. This rate of 15.9% is significantly lower than all of their rates from 1995 through 2002
- ❖ Between 1995 and 2006, the current cigarette smoking rate among black adults reached a high of 31.3% in 1997 and was at its low of 16.8% in 1995
- ❖ While the cigarette smoking rate among black adults has fluctuated widely in the years from 1995 through 2006, none of the changes have been statistically significant
- ❖ By year, from 1995 through 2006, there have been no statistically significant differences in the current cigarette smoking rates between white and black adults
- ❖ The 2006 rate of current cigarette smoking among Hispanic adults (24.6%) is the highest it has been since 2000, although none of the changes in their cigarette smoking rates between 2000 and 2006 are statistically significant

Adults who are current cigarette smokers  
by year and sex



Source: BRFSS (1990-2005), 2006 ATS

Adults who are current cigarette smokers  
by year and race/ethnicity



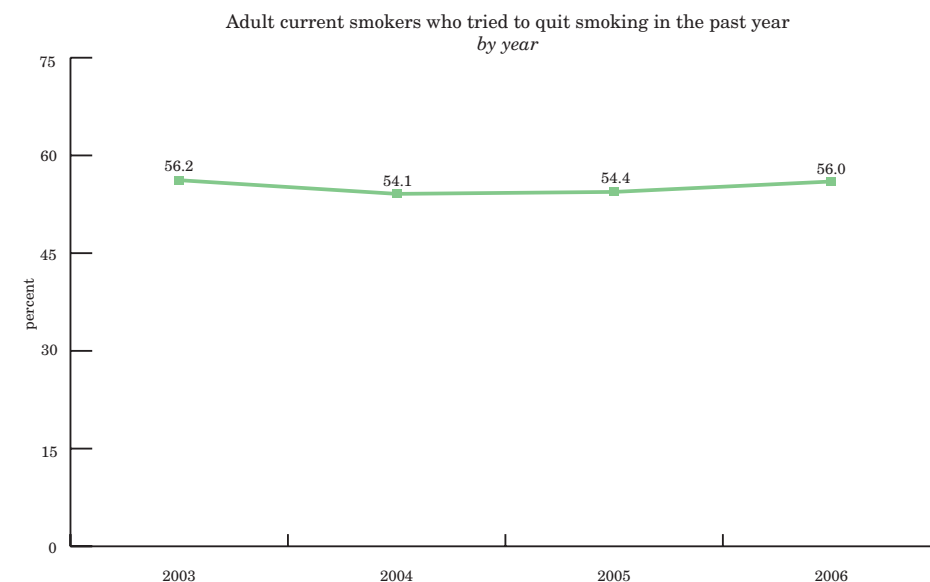
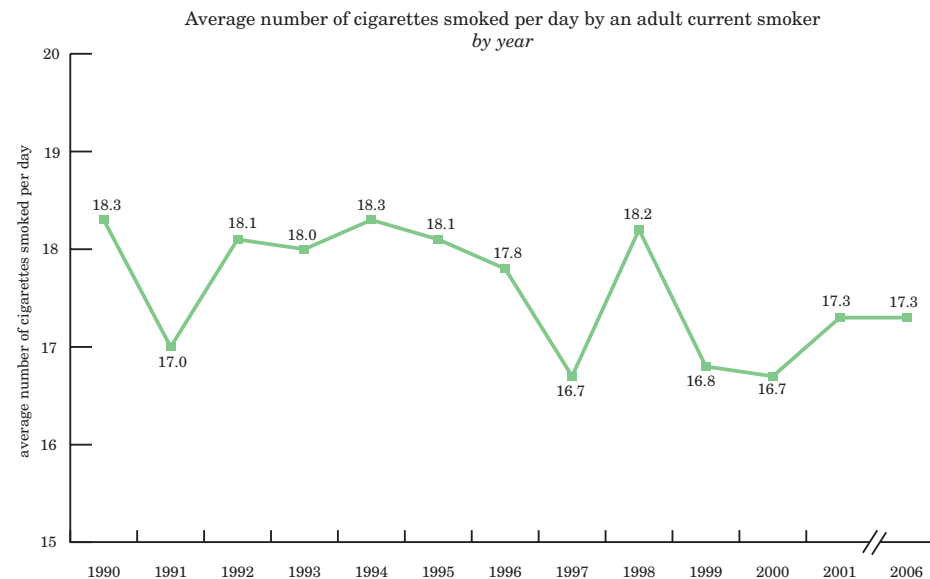
Source: BRFSS (1995-2005), 2006 ATS

\*non-Hispanic

Note: Data for adult Hispanic current smokers are not available for 1995 and 1997-1999; in 1996, the current cigarette smoking rate for adult Hispanics was 23.3%, but the data point is not shown on this graph.

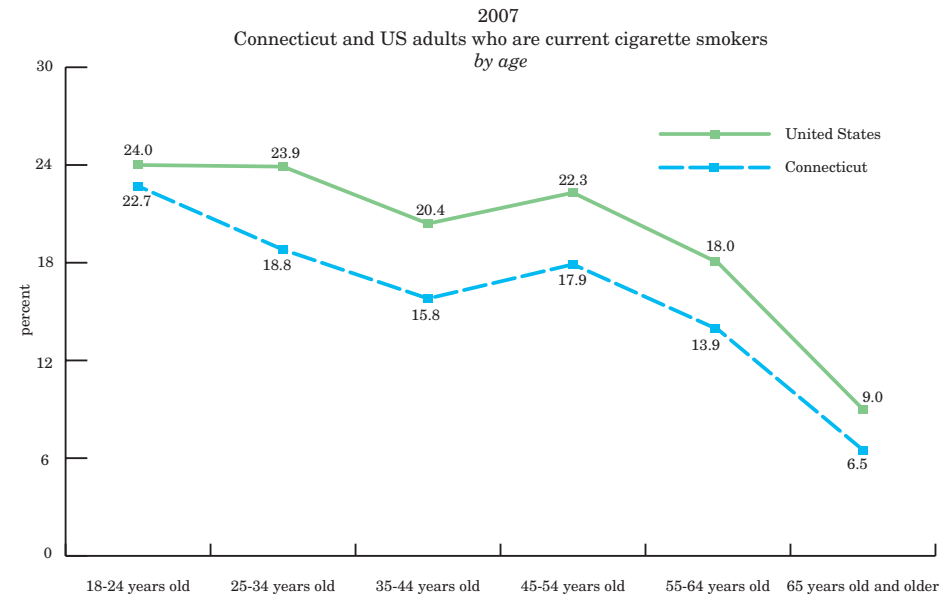
## TRENDS IN CIGARETTE CONSUMPTION AND QUITTING

- ❖ Between 1990 and 2006, the average number of cigarettes smoked per day by an adult current smoker ranged from 16.7 to 18.3
- ❖ Each month in Connecticut, adult current smokers smoke a total of approximately 237 million cigarettes, which is equivalent to nearly 12 million packs—*data not shown on graphs*
- ❖ The percentage of adult current smokers who tried to quit smoking cigarettes in the past 12 months remained relatively unchanged between 2003 and 2006

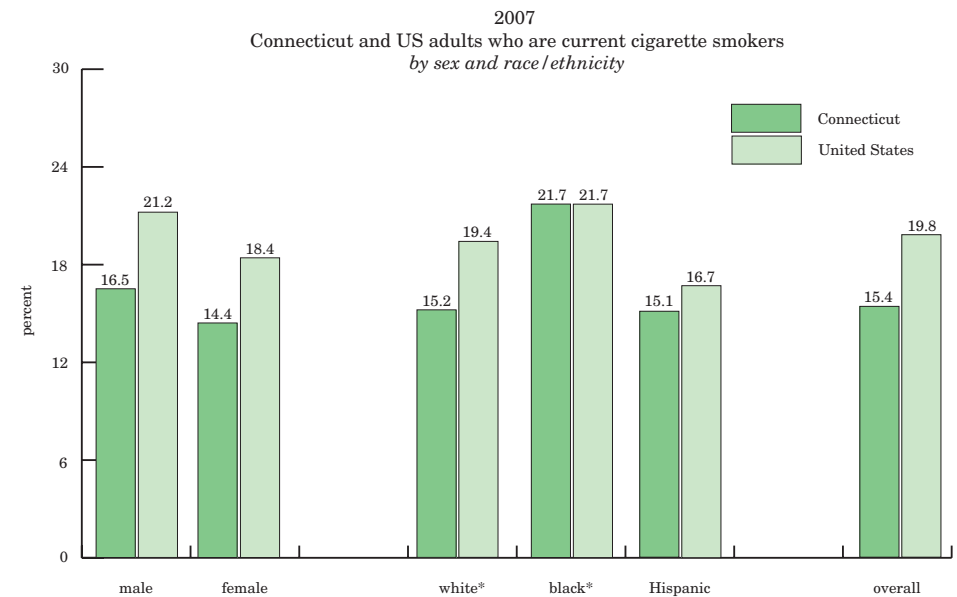


## ADULT CIGARETTE SMOKING UPDATE

- ❖ 2007 cigarette smoking rates among Connecticut adults in all age groups are lower than national rates
- ❖ Between 2006 and 2007, the current cigarette smoking rate among Connecticut adults between the ages of 55 and 64 was unchanged, but it decreased in all other age groups—2006 data not shown on graphs
- ❖ 2007 Cigarette smoking rates for Connecticut men (16.5%) and women (14.4%) are lower than they are for their US counterparts (21.2% and 18.4%, respectively)
- ❖ The 2007 cigarette smoking rate among Hispanic adults (15.1%) in Connecticut is significantly lower than their 2006 rate (24.6%)—2006 data not shown on graphs
- ❖ Connecticut white (15.2%) and Hispanic (15.1%) adults have lower cigarette smoking rates than their US counterparts (19.4% and 16.7%, respectively) have, while black Connecticut adults smoke at the same rate as black adults nationally (21.7%)
- ❖ The overall cigarette smoking rate for US adults (19.8%) is nearly 30% higher than it is for Connecticut adults (15.4%)
- ❖ Connecticut's 2007 adult current cigarette smoking rate of 15.4% is the 3rd lowest in the nation behind Utah (11.7%) and California (14.3%)—Utah and California data not shown on graphs



Source: 2007 BRFSS



\*non-Hispanic

Source: 2007 BRFSS





# *TECHNICAL NOTES*

## ADULT TOBACCO SURVEY INSTRUMENT & SAMPLING DESIGN

The 2006 Adult Tobacco Survey (ATS) is based on a core questionnaire developed by the Office on Smoking and Health at the Centers for Disease Control and Prevention (CDC). The Connecticut instrument was revised by the Connecticut Department of Public Health (DPH) to allow for state-specific data collection. The Connecticut ATS is a telephone survey containing 32 questions that gather information on prevalence of cigarette smoking, cigarette purchase patterns, smoking cessation, secondhand smoke, workplace tobacco policies and exposure, smoking risk perceptions and social influences, and youth-related smoking issues.

The 2006 ATS was administered as part of the Connecticut Behavioral Risk Factor Surveillance System Survey (BRFSS). Sampling was done following BRFSS protocol, which mandates a probability sample of all households with telephones in the State of Connecticut. In such a sample, each household with a telephone in the state has a known chance of being selected for the study. The CDC manages sampling for the BRFSS for all states, using a consistent design and a single source for sample telephone numbers. A total of 3,659 Connecticut adults completed the ATS. Not all questions were administered to all respondents; some questions were administered only to respondents with certain characteristics, determined by responses to previous questions.

Once collected, the survey data were weighted by CDC to adjust for the differences in the probabilities of selection of each respondent. The data were directly weighted for the probability of selection of a telephone number, the number of adults in a household, and the number of telephones in a household. A further post-stratification adjustment was also made to ensure that the sample proportions of selected demographic characteristics (gender and age) reflect the estimated sample proportions in the population. Therefore, data in this report are representative of all adults, age 18 and older, in Connecticut.

DPH further analyzed the data using SUDAAN® (Software for the Statistical Analysis of Correlated Data) software.

## ADULT TOBACCO SURVEY NOTES

The Connecticut Department of Public Health (DPH) contracts with MACRO International, Inc. to conduct the Behavioral Risk Factor Surveillance System Survey (BRFSS), and in 2006, the Adult Tobacco Survey (ATS). For the 2006 survey year, 8,501 Connecticut adults completed the BRFSS. Of that number, 3,659 completed the BRFSS/ATS as a split survey conducted between July and December 2006. The ATS was made up of 32 questions, developed by the Centers for Disease Control and Prevention and DPH. Question topics included cigarette use prevalence, cessation, secondhand smoke, and tobacco-related health issues. The survey questionnaire can be viewed at [www.ct.gov/dph](http://www.ct.gov/dph).

It is important to note that recent studies indicate that 13.6% of all households in the US have only cell telephones and do not have a land telephone line.<sup>†</sup> Therefore, surveys such as the BRFSS, which currently rely on reaching their respondents by way of land telephone lines, will have some difficulty reaching younger, minority, and mobile populations who are less likely to have a land telephone line. Additionally, the Hispanic population is younger than the general Connecticut and US populations. Cigarette smoking is higher among younger age groups, which will, in part, account for the higher smoking prevalence rate among Hispanics. For these reasons, caution should be used when interpreting data for the Connecticut Hispanic population.

When sample size and prevalence rates allow, results are presented by sex and race/ethnicity (white non-Hispanic, black non-Hispanic, and Hispanic). To help the reader discern true differences between comparison groups, findings that are statistically significant on the  $p \leq 0.05$  level are emphasized as “significant” differences. Results are suppressed if the sample size for a group is fewer than 30.

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<sup>†</sup> <http://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless200712.pdf>

2006 BRFSS/ATS Demographic Characteristics of Respondents						
Category	BRFSS**		ATS**		State of Connecticut 2006 population estimates (age 18 and older)	
	n	%	n	%	n	%***
<b>Sex</b>						
male	3,314	47.8	1,389	47.8	1,287,318	47.9
female	5,187	52.3	2,270	52.3	1,399,625	52.1
<b>Race/Ethnicity</b>						
white*	6,754	82.0	2,871	81.0	2,053,286	76.4
black*	569	4.5	250	4.4	202,510	7.5
Hispanic	701	9.0	317	10.2	204,664	7.6
other*	339	4.5	155	4.4	226,483	8.4
<b>Age</b>						
18-24	331	10.7	131	10.3	319,432	9.1
25-34	910	16.1	370	15.3	407,930	11.6
35-44	1,490	20.1	635	21.1	545,542	15.6
45-54	1,895	20.4	824	21.0	551,480	15.7
55-64	1,556	14.7	663	14.1	392,094	11.2
65 and older	2,319	18.0	1,036	18.2	470,465	13.4

Total # of Respondents	8,501	3,659
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\*non-Hispanic

\*\*Figures represent unweighted sample size and weighted percent

\*\*\*as a percent of the entire State population age 18 and older

# ***GLOSSARY OF TERMS***

## *Glossary of Terms*

**Adult:** age 18 years or older.

**Anxiety disorder:** includes acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, post-traumatic stress disorder, or social anxiety disorder.

**Binge drinking:** adult males consuming five or more alcoholic drinks on one occasion; adult females consuming four or more alcoholic drinks on one occasion.

**Connecticut QuitLine:** a telephone-based counseling program, funded by the Connecticut Department of Public Health; a clinically proven, comprehensive approach to tobacco cessation, which addresses all three clinical aspects of tobacco dependence: physical, psychological, and behavioral.

**Current cigarette smoker (adult):** a person, age 18 years or older, who has smoked at least 100 cigarettes in his/her lifetime and smoked cigarettes on 1 or more of the 30 days prior to the survey.

**Current cigarette smoker (youth):** a child who smoked cigarettes on 1 or more of the 30 days prior to the survey.

**Daily smoking:** smoking at least one cigarette per day on all 30 of the 30 days prior to the survey.

**Depressive disorder:** includes depression, major depression, dysthymia, or minor depression.

**Environmental Tobacco Smoke (ETS):** (also known as secondhand smoke) a complex mixture of gases and particles that come from a burning cigarette, cigar, or pipe tip (sidestream smoke) and exhaled as mainstream smoke. ETS is a known human carcinogen (cancer-causing agent). More than 50 compounds in ETS have been identified as known or reasonably anticipated human carcinogens. ETS contains at least 250 chemicals that are known to be toxic or carcinogenic.

**Frequent cigarette smoking:** smoking cigarettes on 20 or more of the 30 days prior to the survey.

**Heavy drinkers:** adult males consuming more than two alcoholic drinks per day; adult females consuming more than one alcoholic drink per day.

**High school:** grades 9, 10, 11, and 12.

**No exercise:** not doing any physical activity (outside of exercise done as part of a regular job).

**Non-smokers:** adults who did not smoke at all in the 30 days prior to the survey.

**Overall:** the entire group of adults or high school students.

**Quit rate:** the percentage of current smokers who quit smoking for a day or longer in the past year in an attempt to quit smoking entirely.

**Race/ethnicity:** For this report, the following three classifications were used:

- **White:** white, non-Hispanic
- **Black:** black or African American, non-Hispanic
- **Hispanic:** Hispanic or Latino

Other race groups were not discussed due to small sample sizes.

**Secondhand Smoke (SHS):** (also known as environmental tobacco smoke) a complex mixture of gases and particles that come from a burning cigarette, cigar, or pipe tip (sidestream smoke) and exhaled as mainstream smoke. SHS is a known human carcinogen (cancer-causing agent). More than 50 compounds in SHS have been identified as known or reasonably anticipated human carcinogens. SHS contains at least 250 chemicals that are known to be toxic or carcinogenic.

**Significant differences:** reflect a statistical probability of  $p \leq 0.05$  that the difference seen between categories is due to chance. Conversely, when the term “no significant difference” or “insignificant” is used, the 95% confidence intervals around the point estimates overlap, making it impossible to tell whether a true difference exists.

**Tobacco Settlement:** (also known as the Master Settlement Agreement (MSA)) an agreement signed in November 1998 by the attorneys general in 46 states and 5 U.S. territories, and by the tobacco industry. The agreement resolved lawsuits filed by the attorneys general against the tobacco industry and provided funds to the states to compensate them for taxpayer money that was spent on patients and family members with tobacco-related diseases. Among many other provisions, the agreement required that tobacco billboard advertising be taken down, that tobacco companies stop using cartoon characters to sell cigarettes, and that tobacco companies make many of their internal documents available to the public. The tobacco companies also agreed not to target youth in the advertising, marketing, and promotion of their products. The MSA also called for the creation of a foundation (the *American Legacy Foundation*) to counter the use of tobacco.







**LEAD BY EXAMPLE.  
BE TOBACCO FREE.**

**TOBACCO USE PREVENTION & CONTROL**

