The 1998-1999 NCI Tobacco Use Supplement to the Current Population Survey (TUS-CPS): Representative Survey Findings¹

Anne Hartman, Gordon Willis, Deirdre Lawrence, Stephen Marcus Division of Cancer Control and Population Sciences National Cancer Institute

> James T. Gibson Information Management Services, Inc.

> > May 2, 2002

1. Introduction: The TUS-CPS

This document presents the results of several analyses of data from the Tobacco Use Supplement to the 1998-1999 Current Population Survey (TUS-CPS). The TUS-CPS is a Federal tobacco survey that has been sponsored by the National Cancer Institute and administered as a part of the CPS, a continuing monthly labor force survey conducted by the U.S. Census Bureau². Although several Federal surveys are used to track tobacco usage in the U.S. population, the TUS-CPS is a key source of data on smoking, other tobacco use, workplace and home smoking rules, and attitudes toward tobacco control policies. Each TUS cycle involves a large, nationally representative sample of about 240,000 individuals 15 years of age and older. Over the 1990s the TUS-CPS was administered in 1992-93, 1995-96, and 1998-99, and therefore provides nearly a decade of tobacco-related trend data.

TUS-CPS data can be used by researchers to compute estimates of tobacco use at the national and state levels, to monitor progress in the control of tobacco use for tobacco-related research, and to evaluate tobacco programs. Although the TUS has changed slightly between 1992 and the present, it has generally contained about 40 items, covering the following topics:

- Cigarette smoking prevalence
- Smoking history
- Current and past cigarette consumption
- Cigarette smoking quit attempts and intentions to quit
- Medical and dental advice to quit smoking
- Cigar, pipe, chewing tobacco and snuff use
- Workplace smoking policies
- Smoking rules in the home
- Attitudes toward smoking in public places
- Opinions about the degree of youth access to tobacco in the community
- Attitudes toward the advertisement and promotion of tobacco

¹This document is the downloadable version of information contained on the NCI Website: http://riskfactor.cancer.gov/studies/tus-cps/.

²The CPS is sponsored by the U.S. Bureau of Labor Statistics, but conducted by the Census Bureau. Starting in 2001, sponsorship of the TUS-CPS is shared between NCI and the Centers for Disease Control and Prevention (CDC).

Results of analyses of past Tobacco Use Supplements are contained in NCI's Tobacco Monographs and in other scientific and technical publications (see Section 4 of this document: *Additional reports based on TUS-CPS data*).

For more detailed information about the TUS-CPS, including instructions for obtaining 1998-1999 or earlier data files, and for a summary of plans for surveys conducted between 2000 - 2009, see: http://riskfactor.cancer.gov/studies/tus-cps/.

2. Sample data tables

The tables presented in this report summarize several key analyses of the 1998-1999 TUS-CPS data files, and are intended to provide, to potential data users, examples of the types of information that are available, in the hope of encouraging further analysis. Tables 1-4 contain simple parameter estimates (percentages), but omit measures of variance or confidence intervals; these may be computed by accessing the Census Bureau's technical documentation (available on the Internet through the Website listed above).

2.1. Smoking prevalence. As an example of the analysis of cigarette smoking prevalence, Table 1 contains estimates for several categories of smoking behavior. Smoking status was determined by asking: "Do you now smoke cigarettes everyday, some days, or not at all?" Current smoking is therefore represented as the sum of Everyday and Some-day smoking. Former smokers are defined as those who have smoked 100 or more cigarettes, but who were no longer smoking at the time of the interview, and Never smokers were defined as those who had smoked less than 100 cigarettes in their lifetime. Notes pertaining to region, race/ethnicity, and data weighting are contained in Section 3.

³Respondents are first asked "Have you smoked at least 100 cigarettes in your entire life," and those who answer <u>yes</u> are then asked whether they smoke everyday, some days, or not at all.

Table 1. 1998-1999 Tobacco Use Supplement, Current Population Survey (TUS-CPS): Smoking status - Estimates of the percentage of the U.S. household population, 18 or older, within smoking category.*

	Smoking Status (%)						
	Current=	Every + day	Some day	Former	Never	Population Size (thousands)	Sample Size
Total	21.4	17.5	4.0	21.4	57.2	197,365	224,902
Male	24.0	19.6	4.5	25.0	51.0	94,369	105,176
Female	19.1	15.5	3.6	18.1	62.9	102,996	119,726
Region: Northeast Midwest South West	21.0 23.5 22.3 18.3	17.1 19.6 18.5 13.8	3.8 4.0 3.8 4.5	23.0 21.8 20.2 21.4	56.0 54.7 57.6 60.2	38,222 45,707 69,847 43,589	47,161 53,343 69,139 55,259
Race/Ethnicity: White Black Amer. Indian / Alaska Native Asian / Pacific Islander Hispanic	22.5 21.6 33.4 12.7 15.5	18.9 16.5 26.8 9.6 9.9	3.6 5.1 6.6 3.2 5.6	24.4 13.0 20.3 11.0 12.7	53.1 65.5 46.3 76.3 71.7	145,958 22,513 1,477 7,297 20,120	175,378 20,487 2,372 8,027 18,638
Age: 18-24 25-44 45-64 65+	23.0 25.0 22.1 9.9	17.5 20.1 18.7 8.2	5.5 4.9 3.4 1.7	6.5 14.9 28.6 36.8	70.6 60.1 49.2 53.3	25,391 82,422 57,366 32,186	25,231 91,874 68,022 39,775
Education** <12 years 12 years 13-15 years 16+ years	25.8 26.7 22.0 10.6	21.8 22.8 17.9 7.6	4.0 4.0 4.1 3.1	22.6 23.7 25.3 22.4	51.6 49.6 52.7 67.0	28,372 56,211 42,586 44,806	31,859 66,265 49,988 51,559

^{*}Based on the 1998-1999 CPS Tobacco Use Supplement questions:

a) Have you smoked at least 100 cigarettes in your entire life?; and b) Do you now smoke cigarettes every day, some days, or not at all?

^{**}For analysis involving educational level, only respondents 25 or older are included, as many respondents between 18 and 24 have not yet completed formal education/training.

2.2 Smoking restriction at home and at work. Table 2 reflects the percentage of survey respondents self-reporting: a) that smoking is not allowed inside their home, and b) that cigarette smoking is not allowed in their place of business.

Home-ban values are determined from the item: "Which statement best describes the rules about smoking in your home: No one is allowed to smoke anywhere, smoking is permitted in some places or at some times, or smoking is permitted anywhere?" Responses of "No one is allowed to smoke anywhere" are tabulated for this table.

Restriction of smoking at work was determined by asking respondents who worked indoors (and who were not self-employed or otherwise working in home environments) three questions (see Table footnote for question wording).

Table 2. 1998-1999 Tobacco Use Supplement, Current Population Survey (TUS-CPS): Estimates of the percentage of the 18+ population living in households in which cigarette smoking is not allowed, and working in environments in which smoking is not allowed.

	Smoking not allowed at home* (%)	Population Size (thousands)	Sample Size	Smoking not allowed at work** (%)	Population Size (thousands)	Sample Size
Total	61.1	195,777	174,189	68.9	94,727	81,602
Male	60.0	93,631	74,809	63.5	44,463	33,733
Female	62.1	102,146	99,380	73.7	50,264	47,869
Region: Northeast Midwest South West	59.4 54.4 59.7 71.8	37,767 45,361 69,302 43,347	35,626 42,573 53,658 42,332	72.3 65.4 66.5 73.9	18,241 23,547 32,856 20,084	16,866 21,365 24,288 19,083
Race/Ethnicity: White Black Amer. Indian / Alaska Native Asian / Pacific Islander	59.5 57.1 51.8 73.7	144,640 22,442 1,632 7,109	138,676 15,500 1,817 5,077	69.5 68.8 59.3 70.6	69,617 11,263 687 3,935	64,610 7,414 748 2,770
Hispanic	73.6	19,954	13,119	64.3	9,226	6,060

^{*}Based on question: "Which statement best describes the rules about smoking in your home: No one is allowed to smoke anywhere, smoking is permitted in some places or at some times, or smoking is permitted anywhere."

^{**} Assessed by asking: "Does your place of work have an official policy that restricts smoking in any way?";
"Which of these best describes your place of work's smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?"; and "Which of these best describes your place of work's smoking policy for work areas" [with response categories: "Not allowed in *any* (public/work) areas/Allowed in *some* (public/work) areas/Allowed in *all* (public/work) areas"].

2.3. Attitudes toward cigarette smoking in public places. Table 3 illustrates the percentage of the household population believing that each of a variety of public areas should be smoke-free. The values presented are determined by tabulating answers of "not allowed at all" from the TUS-CPS question: "In (PUBLIC AREA), do you think that smoking should be allowed in all areas, allowed in some areas, or not allowed at all?"

Table 3. 1998-1999 Tobacco Use Supplement, Current Population Survey (TUS-CPS): Attitudes toward smoking in public places-- Estimates of the percentage of the U.S. household population, 18 or older, who believe that public areas should be smoke-free.*

Public area:	Total (%)	Male (%)	Female (%)
Restaurants	51.9	48.9	54.6
Hospitals	83.0	81.2	84.7
Indoor work areas	68.2	63.4	72.5
Bars and cocktail lounges	29.8	27.1	32.3
Indoor sporting events	71.7	67.8	75.2
Indoor shopping malls	69.4	66.0	72.5
Population size** (thousands)	191,095	91,770	99,325
Sample size**	169,732	73,218	96,514

^{*}Assessed by asking: "In (PUBLIC AREA), do you think that smoking should be allowed in all areas, allowed in some areas, or not allowed at all?"

^{*}Table was updated in May 2002.

^{**}Based on sample size applying to the item in the series having the fewest respondents providing other than a Don't Know or Refusal response.

2.4. Cigarette smoking cessation behavior. Two measures of smoking cessation behavior are represented in Table 4. Both measures involve individuals who were daily smokers one year prior to the CPS interview. The first column is a measure of any cessation activity within the past year -- it combines: a) daily smokers having one or more (24-hour or longer) quit attempts in past year, b) current some-day smokers who had previously smoked daily, c) former smokers who quit less than 3 months prior to the interview, and d) former smokers who quit 3 or more months prior to interview (for more information on this definition of quitting behavior, see Shopland, Burns, Amacher, and Ruppert, 2000, Chapter 2).

The second column, labeled "Had quit smoking for 3+ months," is the subset of former daily smokers who at the time of the interview had not smoked within the previous three months, and who are considered by definition to represent former smokers.

Table 4. 1998-1999 Tobacco Use Supplement, Current Population Survey (TUS-CPS): Estimates of cigarette quitting and quit attempts in the U.S. household population, 25 years and older.

Those smoking everyday one year previously who at the time of the TUS-CPS interview						
	Had <u>any</u> cessation activity in the past year, including quitting* (%)	Had quit smoking for 3+ months* (%)	Population Size (thousands)	Sample Size		
Total	36.6	5.0	31,569	29,284		
Male	36.2	5.0	16,874	13,968		
Female	37.0	5.0	14,695	15,316		
Region: Northeast Midwest South West	37.9 35.5 34.9 40.4	4.9 4.5 4.6 6.6	6,088 8,065 11,847 5,570	5,993 7,532 9,665 6,094		
Race/Ethnicity: White Black Amer. Indian / Alaska Native Asian / Pacific Islander Hispanic	36.0 39.4 34.8 38.8 38.4	5.2 4.0 4.3 4.3 4.6	25,332 3,472 380 637 1,748	24,740 2,433 428 478 1,205		
Age: 25-44 45-64 65+	38.5 34.6 32.8	4.5 5.2 7.2	17,331 11,413 2,824	15,467 10,845 2,972		
Education <12 years 12 years 13-15 years 16+ years	31.9 35.1 40.2 41.4	4.1 4.4 5.6 7.2	6,243 13,133 8,365 3,828	5,612 12,341 7,866 3,465		

^{*}See text preceding table for definitions of quitting behavior.

3. Technical notes for Tables 1-4.

- a. Table 1 data are weighted for the sample design and for CPS Smoking Supplement non-response. Values in Tables 2 through 4 are weighted for the sample design and for Smoking Supplement self-response.
- b. Tabled values may not sum exactly to 100% due to rounding error.
- c. Standard errors and confidence intervals are omitted; these may be derived by consulting tabled values contained in the Source and Accuracy Statement (Attachment 17) of the technical documentation for TUS-CPS data that is available from the Census Bureau.
- d. Region: Northeast = Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont; Midwest = Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin; South = Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia; West = Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming
- e. White = White/Non-Hispanic; Black = Black/Non-Hispanic

4. Additional reports based on TUS-CPS data

Centers for Disease Control and Prevention. State Tobacco Control Highlights—1999. Atlanta: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. CDC Publication No. 099-5621, 1999.

Cummings KM, Shopland DR. Trends in smoking initiation among adolescents and young adults--United States, 1980-1989. *MMWR*, 44(28): 521-525, 1995.

Farkas AJ, Gilpin EA, Distefan JM, Pierce JP. The effects of household and workplace smoking restrictions on quitting behaviours. *Tobacco Control*; 8:261-265, 1999.

Farrelly MC, Evans WN, Sfekas, AES. The impact of workplace smoking bans: results from a national survey. *Tobacco Control*; 8:272-277, 1999.

Gerlach KK, Shopland DR, Hartman AM, Gibson JT, Pechacek TF. Workplace smoking policies in the United States: results from a national survey of over 100,000 workers. *Tobacco Control*; 6:199-206, 1997.

Gilpin EA, Stillman FA, Hartman AM, Gibson JT, Pierce JP. Index for US state tobacco control initial outcomes. Am J Epidemiol;152:727-38, 2000.

Gower KB, Burns DM, Shanks TG, Vaughn JW, Anderson CM, Shopland DR, Hartman AM. Section III. Workplace smoking restrictions, rules about smoking in the home and attitudes toward smoking restrictions in public places. In Shopland DR, Hobart R, Burns DM and Amacher RH, eds. National Cancer Institute. *State and Local Legislative Action to Reduce Tobacco Use*. Smoking and Tobacco Control Monograph No. 11. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 00-4804, August 2000.

Kerner JF, Breen N, Tefft MC, Silsby J. Tobacco use among multi-ethnic Latino populations. Ethnicity and Disease; 8:167-183, 1998.

Shopland DR, Burns, DM, Amacher RH and Ruppert W (eds.). National Cancer Institute. Population Based Smoking Cessation: Proceedings of a Conference on What Works to Influence Cessation in the General Population. Smoking and Tobacco Control Monograph No.12. Bethesda, MD: U.S. Department of Health and Human Services, National Cancer Institute, NIH Pub. No. 00-4892, November 2000.

Shopland DR, Gerlach KK, Burns DM, Hartman AM, Gibson JT. State-specific trends in smoke-free workplace policy coverage: The Current Population Survey Tobacco Use Supplement, 1993 to 1999. *J Occup Environ Med*; 43: 680-686, 2001.

Shopland DR, Hartman AM, Gibson JT, Mueller MD, Kessler LG, Lynn WR. Cigarette Smoking Among U.S. Adults by State and Region: Estimates From the Current Population Survey. *JNCI*, 88(23): 1748-1758, 1996.

Shopland DR, Hartman AM, Repace JL, Lynn WR. Smoking behavior, workplace policies, and public opinion regarding smoking restrictions in Maryland. *MMJ*; 44:99-104, 1995.

Stillman F, Hartman A, Graubard B, Gilpin E, Chavis D, Garcia J, Wun LM, Lynn W, Manley M. The American Stop Smoking Intervention Study (ASSIST): conceptual framework and evaluation design. *Evaluation Review*;23(3):259-80, 1999.

Sweeney CT, Shopland DR, Hartman AM, Anderson CM, Gower KB, Burns DM. Gender differences in workplace smoking policies: results from the Current Population Survey. *JAMWA*; 55:311-315, 2000.

U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General.* Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1998.