



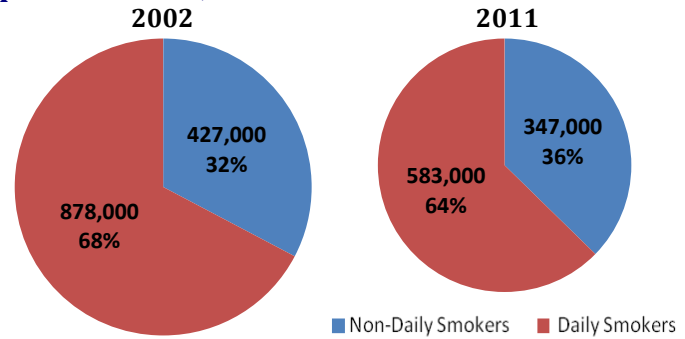
Qualitative Data on Young Adult, Non-Daily Smokers in New York City

In New York City, the rate of smoking among adults has declined from 21.5% in 2002 to 14.8% in 2011, a 31% decrease. In 2011, more than one third (36%) of current smokers were non-daily smokers (reported smoking on some days but not all). Nationally, the percent of non-daily smokers among current smokers was 22%, according to the 2010 National Health Interview Survey (NHIS). Research shows that non-daily smoking is a relatively stable pattern of smoking, representing a chronic, low-level form of cigarette consumption with clear health effects. Even low levels of tobacco smoke exposure have been shown to carry increased risks of cardiovascular disease and all-cause mortality.^{1,2} Non-daily smokers often do not identify themselves as smokers – nor do they recognize the health risks posed by occasional smoking.

As smoking declines overall, non-daily smoking remains a problem

- In New York City, the percent of daily smokers among all adults decreased from 14.5% in 2002 to 9.3% in 2011, a 36% decline.
- The percent of non-daily smokers among adults decreased less rapidly during the same time period, from 7.0% to 5.5% in 2011, a 21% change.
- Among smokers, the proportion of non-daily smokers remained relatively stable at approximately one third from 2002 to 2011 (36% of smokers reported occasional smoking in 2011).

Types of smokers, 2002 vs. 2011



Total Smokers = 1,305,000 Total Smokers = 930,000

Estimated numbers and percentages out of the total NYC smoker population aged 18 years and older. Percents are age-adjusted to the Year 2000 US Standard Population. Beginning with CHS 2011, the estimated number of people represents the population growth per Census 2010.

Source: Community Health Survey, 2002, 2011

Using qualitative research to examine non-daily smoking among young adults

In order to better understand the behaviors, attitudes and beliefs of non-daily smokers, six focus groups (8 participants each) were conducted in July 2011 among non-daily smokers ages 18 to 30, who were current students at the City University of New York (CUNY). Recruitment flyers offering a \$50 incentive for participation were posted at multiple CUNY campuses. All participants had smoked at least 100 cigarettes in their lifetime. Non-daily smoking was defined as smoking at least one cigarette per week most weeks, but less than daily smoking. Participants were asked open-ended questions about their smoking behaviors, self-identification as a smoker, and attitudes that allowed for rich descriptions of their experiences and opinions. This Brief presents the emergent themes from the focus groups, paired with related information from the scientific literature on non-daily smokers and from a population-based survey of NYC adults.

How Qualitative Research Helps Us Learn About Health Behaviors

Qualitative research (focus groups, in-depth interviews and participant observation) provides rich descriptions of experiences, opinions and shared meanings. Qualitative data describe systems of communication, relationships and behavior, and allow for unexpected information and themes to emerge. Qualitative data facilitate a better understanding of how people make sense of their world and can be used to inform programs, messages and research. The data presented here represent common themes discussed by participants of this study, focusing on the complex relationships between personal and social meanings of smoking, individual and cultural practices, and the environment in which these meanings and practices exist.

Related Reference: Ulin, PR, Robinson, ET, Tolley EE. 2005. *Qualitative Methods in Public Health Research*. San Francisco: Josse-Bass.

Using Quantitative Data to Provide Context for Qualitative Data

Published results from previous quantitative studies conducted among non-daily smokers and data from large population-based surveys of NYC adults are included in this report to provide context on topics related to the common themes that emerged from the focus groups.

Quantitative Data Source – Community Health Survey: New York City smoking estimates are from the Community Health Survey 2002 and 2011, an annual telephone survey of adult New Yorkers conducted by the Health Department. Starting in 2011, CHS weighting methods were updated to incorporate Census 2010 data and additional demographic characteristics. For more information, visit nyc.gov/health/survey.

How young adult non-daily smokers assess their health risks

Theme: Non-daily smokers do not perceive their risk of smoking-related illness to be high. Health care providers do not consider them to be smokers, diminishing smokers' concerns about health impact.

Focus Group Findings	Evidence from the Literature
<p>“There’s a significantly lower risk for all different diseases compared to daily smokers. The impact of my smoking is minimal. Studies focus on regular smokers. There’s no research on sometimes smokers like us.” (Female)</p>	<p>Although cutting back on the number of cigarettes smoked can decrease some health risks, it does not eliminate them. According to a recent Surgeon General report, <i>there is no safe level of exposure to tobacco smoke</i>. Any exposure to tobacco smoke, even an occasional cigarette, is harmful; risks are not limited to heavy or long-term smokers.³</p>
<p>“I was at the doctor’s office for something, and I told her, ‘well, I had a cigarette last week.’ And she was like, ‘yeah, so no, you’re not a smoker.’ That was her response!” (Female)</p>	<p>Health care providers may not characterize non-daily smokers as smokers, which may contribute to diminished health concerns among non-daily users.⁴</p>
<p>“There’s a little thing you fill out at the doctor’s, ‘how many packs a day do you smoke?’ So I put in zero because I don’t smoke a pack a day at all, so I told him I smoke maybe two cigarettes a day and he’s, like, ‘oh, okay. That’s okay. Oh, you’re fine.’” (Male)</p>	<p>NYC Community Health Survey 2010 data indicate that the percent of adult smokers advised to quit by a health care professional was lowest among non-daily smokers compared with light and heavy daily smokers (44% vs. 60% and 65%, respectively).³</p>

The role of tobacco industry marketing

Theme: Tobacco industry marketing may impact young adult non-daily smokers.

Focus Group Findings	Evidence from the Literature
<p>“I still buy into the cool factor of cigarettes. When I’m outside smoking, I’m presenting myself in a different way. My whole sense of identity shifts in some interesting way.” (Female)</p>	<p>Cigarette sales and tobacco advertisements and promotions are common in bars, cafes and nightclubs. Tobacco companies appeal to social smokers with tactics such as cigarette giveaways and event sponsorship.⁵</p>
<p>“In high school I thought that menthols were less severe. I really like the smell and the taste. It’s just like why I smoke and chew gum.” (Female)</p>	<p>Tobacco companies manipulate the characteristics of cigarettes, including menthol content, thereby facilitating smoking initiation and nicotine dependence.⁶</p>

Quitting can be challenging for young adult non-daily smokers

Theme: Despite an expressed desire to quit, non-daily smokers have difficulty doing so. Non-daily smokers believe they would be more likely to quit smoking if not for the abundance and availability of cheap, loose cigarettes.

Focus Group Findings

Evidence from the Literature

“How come I cannot stick to [quitting]? How come I don't have actually control over it? Even though I would say that my body is not addicted to it... I am. I mean, my mind is, and I hate it.”
(Female)

Withdrawal symptoms have been reported in smokers of fewer than five cigarettes per day.⁷

“[Loosies] are everywhere... at the Chinese take-out, at grocery stores, across the street from my house, at corner stores. Bodegas will sell you one from the pack so you don't have to buy the whole thing.”
(Female)

The availability of single cigarettes or “loosies” may promote smoking in some cases. Single cigarettes have been shown to be a trigger for smokers who otherwise would have quit, making it more difficult to sustain cessation, and leading to relapse.⁴

Alcohol and tobacco are often used together among young adult non-daily smokers

Theme: Dual use of tobacco and alcohol is problematic for non-daily smokers. Although participants do not smoke daily, when triggered by alcohol use, they smoke heavily.

Focus Group Findings

Evidence from the Literature

“Drinking not only creates the trigger, but also... I'm dulled. My other senses are dulled so it doesn't feel as unhealthy to me.”
(Female)

Non-daily smoking has been associated with excessive alcohol use, particularly binge drinking, on US college campuses.⁸

“I'm more of a smoker if I'm drinking... I will smoke an entire pack of cigarettes in one night if I'm drinking.”
(Male)

When drinking and smoking occur together, the non-daily smoker is more likely to smoke more than when not drinking.⁹

References

¹Schane RE, Ling PM, Glantz SA. Health effects of light and intermittent smoking: a review. *Journal of the American Heart Association* 2010, 121:1518-1522.

²Luoto R, Uutela A, Puska P. Occasional smoking increases total and cardiovascular mortality among men. *Nicotine Tob Res* 2000;2:133-139.

³U.S. Department of Health and Human Services. *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*. Atlanta, GA: 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, 2010.

⁴Schane RE, Glantz SA, Ling PM. Social smoking: Implications for public health, clinical practice, and intervention research. *Am J Preventive Medicine*. 2009;37(2): 124-131.

⁵Shahmir, S., et al., *Tobacco sales and promotion in bars, cafes and nightclubs from large cities around the world*. *Tobacco control*, 2011. 20(4): p. 285-90.

⁶Anderson, S.J., *Menthol cigarettes and smoking cessation behaviour: a review of tobacco industry documents*. *Tobacco control*, 2011. 20 Suppl 2: p. ii49-56.

⁷DiFranza J. Thwarting science by protecting the received wisdom on tobacco addiction from the scientific method. *Harm Reduction Journal* 2010;7:26.

⁸Piasecki TM, McCarthy DE. Alcohol consumption, smoking urge, and the reinforcing effects of cigarettes: An ecological study. *Psychology of Addictive Behaviors*. 2008; 22(2): 230-239.

⁹Campbell ML, Bozec LJ, McGrath D, Barret SP. Alcohol and tobacco co-use in nondaily smokers: An inevitable phenomenon? *Drug and Alcohol Review*. 2011 May 27. Epub ahead of print, accessed 7/26/2011.

Authored by: Jessica Steier and Micaela H. Coady

MORE New York City Health Data and Publications

- For complete tables of data presented in this Brief, visit www.nyc.gov/html/doh/downloads/pdf/epi/datatable19.pdf
- Visit EpiQuery – the Health Department's online, interactive health data system at www.nyc.gov/health/EpiQuery

My Community's Health: Data and Statistics at www.nyc.gov/health/mycommunityhealth.