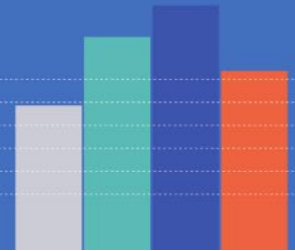




Cheryl Bettigole, MD MPH
Acting Health Commissioner

CHART



Tobacco Use in Philadelphia

Tobacco use is a leading cause of chronic health conditions and premature mortality in the US and is a health justice issue, exacerbating inequities in health. Philadelphia has one of the highest rates of tobacco use among large American cities and is the poorest big city in America, with about one in four residents living in poverty. An outcome of complex factors including structural racism, poverty is linked to poor health outcomes and harmful health behaviors including smoking. Though Philadelphia has seen decreases in smoking rates in the past decade, disparities persist by sex and poverty status. This issue of CHART highlights recent trends in smoking and other tobacco use in Philadelphia, compared to trends in the US.

KEY TAKEAWAYS

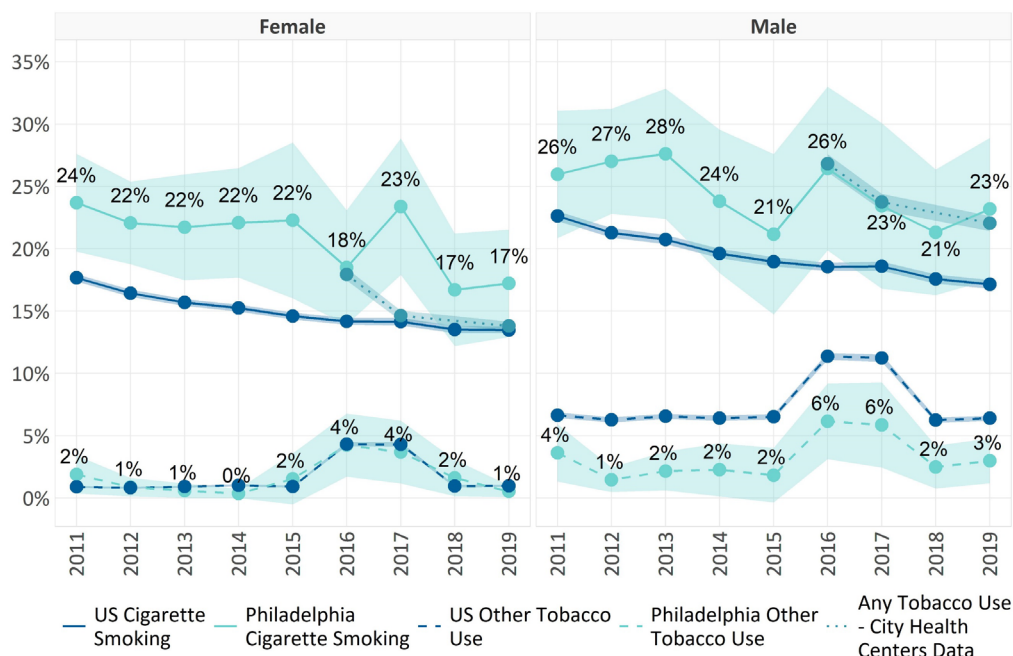
Cigarette smoking has declined in Philadelphia over the past decade but remains higher than the national average.

The declines in smoking have been largest among non-Hispanic Black Philadelphians.

Philadelphians living in or near poverty smoke at higher rates than Philadelphians not in poverty.

Cigarette smoking rates in Philadelphia are declining but remain above the national average

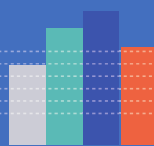
Smoking prevalence among adults by sex



- Cigarette smoking rates among adults in Philadelphia are higher than the national average for women (17% vs. 14% in 2019) and for men (23% vs. 17% in 2019) according to the Behavioral Risk Factor Surveillance Survey (BRFSS), a representative telephone survey on health behaviors.
- The prevalence of cigarette smoking in Philadelphia has gradually declined, from 24% in 2011 to 17% in 2019 among women, and from 26% in 2011 to 23% in 2019 among men.
- Estimates of tobacco use from Philadelphia's Ambulatory Health Service (AHS), a network of city health centers providing free and low-cost care to all residents, show a similar trend, with declines between 2016 and 2019.
- The use of other tobacco products, such as e-cigarettes (vaping) and smokeless tobacco, peaked in 2016-2017 in Philadelphia and the US. Among men, use of these products was less common in Philadelphia than in the country as a whole.

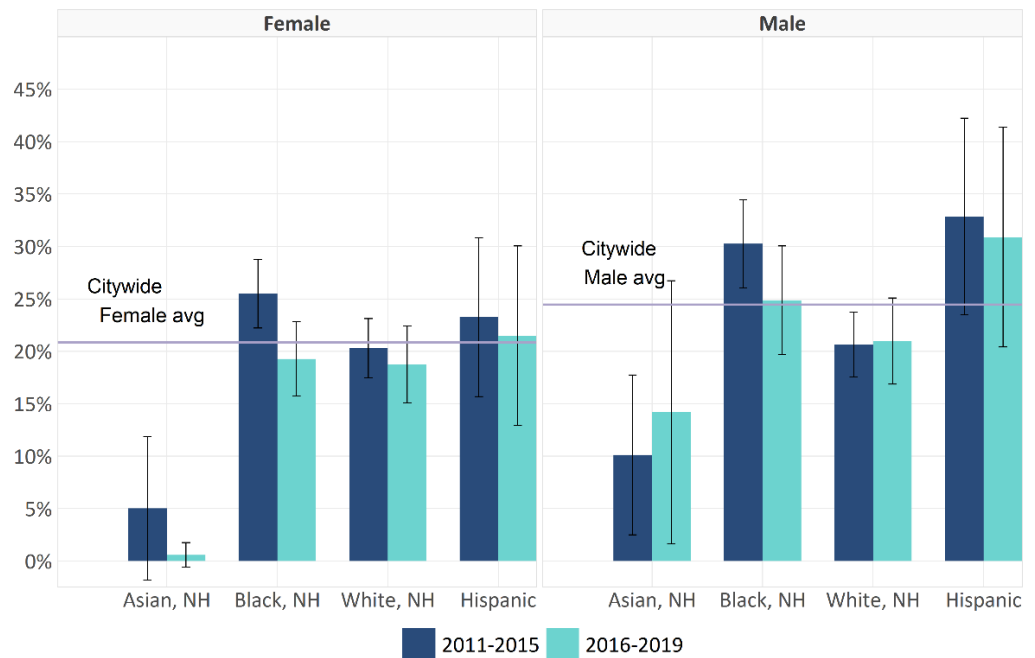
Data sources: The Behavioral Risk Factor Surveillance System (BRFSS), 2011 – 2019, for cigarette smoking and other tobacco use. Ambulatory Health Services (AHS) citywide clinic data, 2016, 2017, and 2019, for any tobacco use.

Note: Error bands represent 95% confidence intervals.



Smoking declines were largest among non-Hispanic Black Philadelphians

Cigarette smoking in Philadelphia by race/ethnicity and sex

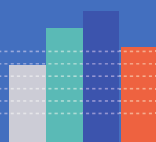


- There was a significant decline in smoking prevalence in the past decade among non-Hispanic Black women (from 25% in 2011-2015 to 19% in 2016-2019) and non-Hispanic Black men (from 30% to 25%). Smoking behavior among other race/ethnicity groups did not significantly change.
- Men in Philadelphia are more likely to smoke than women are, a trend that holds in earlier data (2011-2015) and later data (2016-2019), and in each race/ethnicity group.

Data source: The Behavioral Risk Factor Surveillance System (BRFSS), 2011 - 2019.

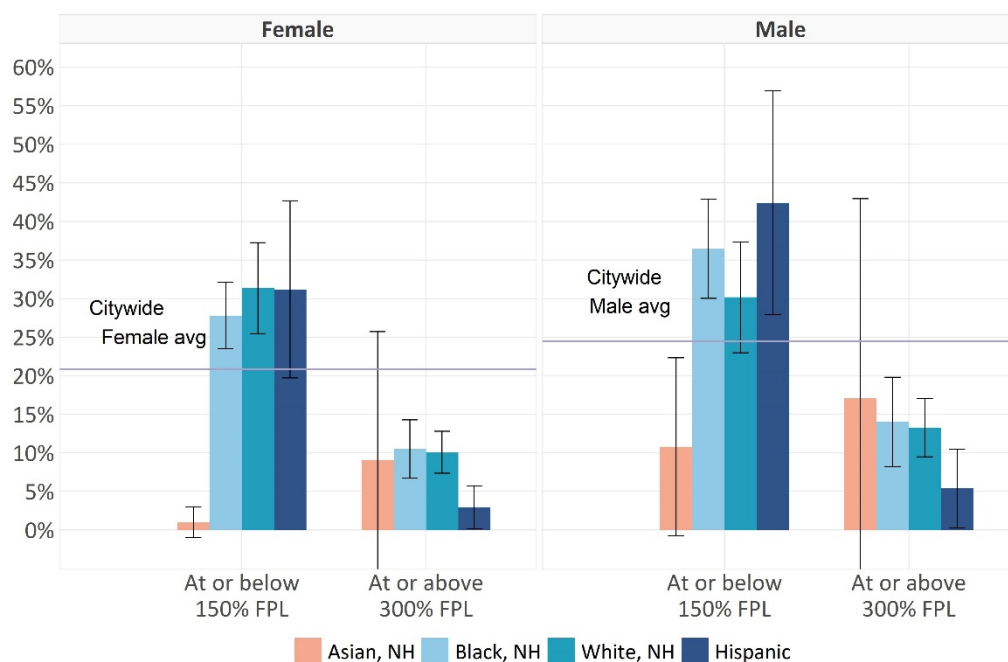
Note: Error bars represent 95% confidence intervals. The citywide male and female averages are for 2011-2019.

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Differences in smoking rates by poverty status are larger than differences by race/ethnicity

Cigarette smoking in Philadelphia by income, race/ethnicity, and sex



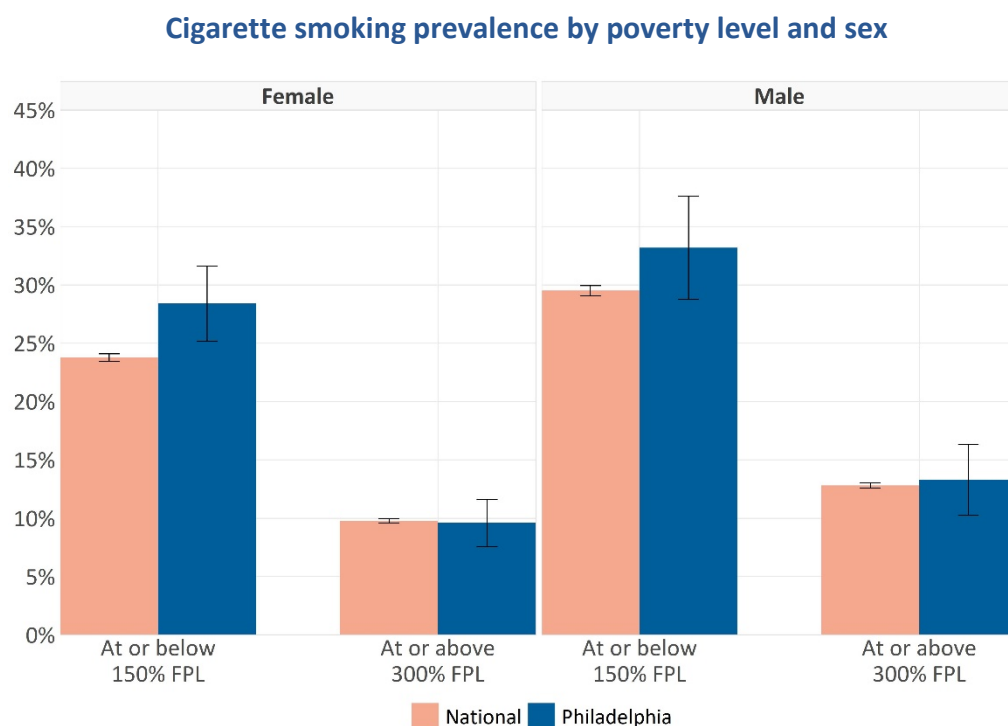
- Smoking rates among those living in or near poverty, with incomes lower than 150% of the federal poverty line (150% FPL was equivalent to \$38,625 for a family of four in 2019), were higher than smoking rates among those with incomes equal to or greater than 300% of the federal poverty line (equivalent to \$77,250 in 2019).
- This pattern held for men and women of all race/ethnicity groups, except for non-Hispanic Asian Philadelphians, for whom the sample size was too small to detect a meaningful difference by poverty status.
- Differences in smoking rates by poverty status are larger than differences by race/ethnicity.

Data source: The Behavioral Risk Factor Surveillance System (BRFSS), 2011-2019.

Note: Error bars represent 95% confidence intervals. The citywide male and female averages are for 2011-2019.

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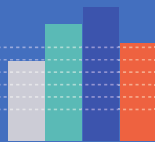
Among those living in or near poverty, smoking rates in Philadelphia are higher than the national rate



- Among those living in or near poverty, with incomes lower than 150% of the federal poverty line, cigarette smoking rates in Philadelphia are higher than the national rate for both men and women. This disparity does not exist among higher incomes—smoking rates among those with incomes at or above 300% of the federal poverty line are nearly identical in Philadelphia and the US as a whole.

Data source: The Behavioral Risk Factor Surveillance System (BRFSS).

Note: Error bars represent 95% confidence intervals.



WHAT CAN BE DONE

The Health Department is:

- Implementing regulations that limit the density of retailers permitted to sell tobacco in the city and near our schools with a focus on improving equity across neighborhoods and addressing the disproportionate location of tobacco retail and its concomitant advertising in communities of color.
- Conducting youth tobacco compliance checks to ensure that stores do not sell tobacco products to minors.
- Denying tobacco permit renewals to retailers who repeatedly sell tobacco to children.
- Running mass media campaigns to promote quitting.
- Working with partners across the city to expand smoke-free and vape-free spaces.
- Working with other city departments and agencies to take a data-informed approach to reducing the city's high rates of poverty and the long-term impact of racism on the health of the city's communities of color.

Health care providers should:

- Screen, assess, treat, and refer all patients for tobacco use disorder treatment.
- Offer FDA-approved cessation products and referrals to cessation programs for patients interested in help quitting. Free treatment is available for any Pennsylvania resident by calling 1-800-Quit-Now.
- Counsel all pre-teens and teens about the dangers of these products.

People can:

- Avoid all tobacco products. There is no safe level of tobacco product use.
- Keep your home, vehicles, and workplaces completely smoke- and vape-free.
- Report any retailer selling tobacco products illegally by texting "SALES" to 1-888-99-SMOKE
- Ask your physical health or behavioral health provider for help quitting if you smoke or vape.
- Use FDA approved cessation medications and counseling for tobacco use. E-cigarettes are not approved by the FDA to help people quit smoking because they have not been shown to be effective.
- Talk to the children and teens in your life about the dangers of tobacco and vaping products.

Resources:

For help quitting:

1-800-Quit-Now
SmokeFreePhilly.org
sepatobaccofree.org/quitting

For information on e-products:

behindthehazephilly.com

To report illegal tobacco sales to youth, of loosies, or at an unlicensed retailer:

Call or text "SALES" to 1-888-99-SMOKE or go to
<http://smokefreephilly.org/report-illegal-activity/>

Additional resources:

SmokeFreePhilly.org/resources/downloadable-media



REFERENCES

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Shusted, C. S., & Kane, G. C. (2020). Linkage Between Poverty and Smoking in Philadelphia and Its Impact on Future Directions for Tobacco Control in the City. *Population Health Management*, 23(1), 68–77. <https://doi.org/10.1089/pop.2019.0006>

TECHNICAL NOTES

1. Due to data inconsistencies, 2018 Ambulatory Health Services data are not shown.

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