



New York State Behavioral Risk Factor Surveillance System Brief

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey of adults developed by the Centers for Disease Control and Prevention conducted in all 50 States, the District of Columbia, and several US Territories. The New York Behavioral Risk Factor Surveillance System is administered by the New York State Department of Health to provide statewide and regional information on behaviors, risk factors, and use of preventive health services related to the leading causes of chronic and infectious diseases, disability, injury, and death.

Cigarette Smoking

New York State Adults, 2024

Introduction

Cigarette smoking is the leading cause of preventable death and disease in the United States.¹ In New York, smoking and secondhand smoke exposure kill over 30,000 people each year.² Although most adults who smoke cigarettes want to quit, the highly addictive nicotine in tobacco can make it hard to quit. Smoking harms nearly every organ of the body, causes multiple diseases, including cancer, heart disease, stroke, diabetes, respiratory disease, and diminishes overall health status.¹ An estimated 30% of all cancer deaths are related to cigarette smoking, and 80 to 90% of all lung cancer deaths are caused by smoking.^{1,3} Secondhand smoke exposure increases the risk of respiratory infections, ear infections, more frequent and severe asthma, and sudden infant death syndrome. Smoking costs the United States over \$240 billion in healthcare spending annually.⁴ In New York, \$9.7 billion is spent a year on preventable smoking-related healthcare expenditures.⁵

Health Equity

Communities who have been disproportionately targeted with advertising and marketing by the tobacco industry include people who are African American, Native American/Alaskan Native and other racial and ethnic minorities; people who identify as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ+); people living with mental illness and substance use disorders; and people who live in lower-income communities. This specific type of industry targeting has contributed to inequities in exposure to tobacco-related marketing, in patterns of tobacco use, and in tobacco-related health outcomes.^{6,7} The New York State Department of Health is committed to reducing the burden of commercial tobacco and addressing commercial tobacco-related health disparities through evidence-based, policy-driven, and cost-effective approaches to decrease tobacco initiation by youth, motivate people who smoke to quit, and eliminate exposure to secondhand smoke.



Key Findings

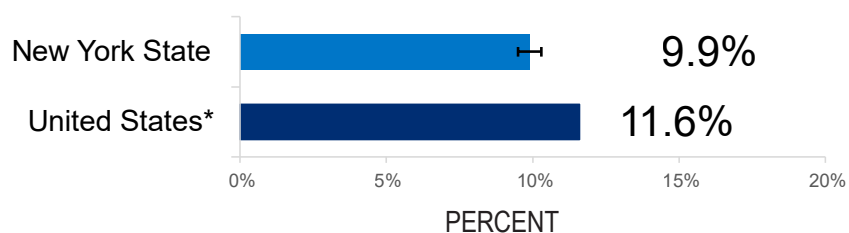
- Approximately 1.4 million, or 9.9%, of New York State adults currently smoke cigarettes (Table 1).
- Statewide, smoking rates were higher among adults reporting concurrent substance use, including past 30-day cannabis use (20-30 days: 30.0%; 1-19 days: 16.4%); current e-cigarette use (24.2%); and excessive alcohol use (17.6%) (Figure 4, Table 1).
- Groups with higher smoking rates also include adults: reporting frequent mental distress (18.4%); with an annual household income of less than \$25,000 (16.7%); with less than a high school education (16.5%); enrolled in Medicaid (15.7%); and living with a disability (15.6%) (Figure 3, Table 1).
- Adults between the ages of 18-24 years, 25-34 years and 65 years and up had significantly lower smoking rates (4.6%, 8.6%, and 8.1%, respectively) compared to adults between the ages of 35-44 years (12.3%), 45-54 years (12.6%), and 55-64 years (13.8%) (Figure 2, Table 1).



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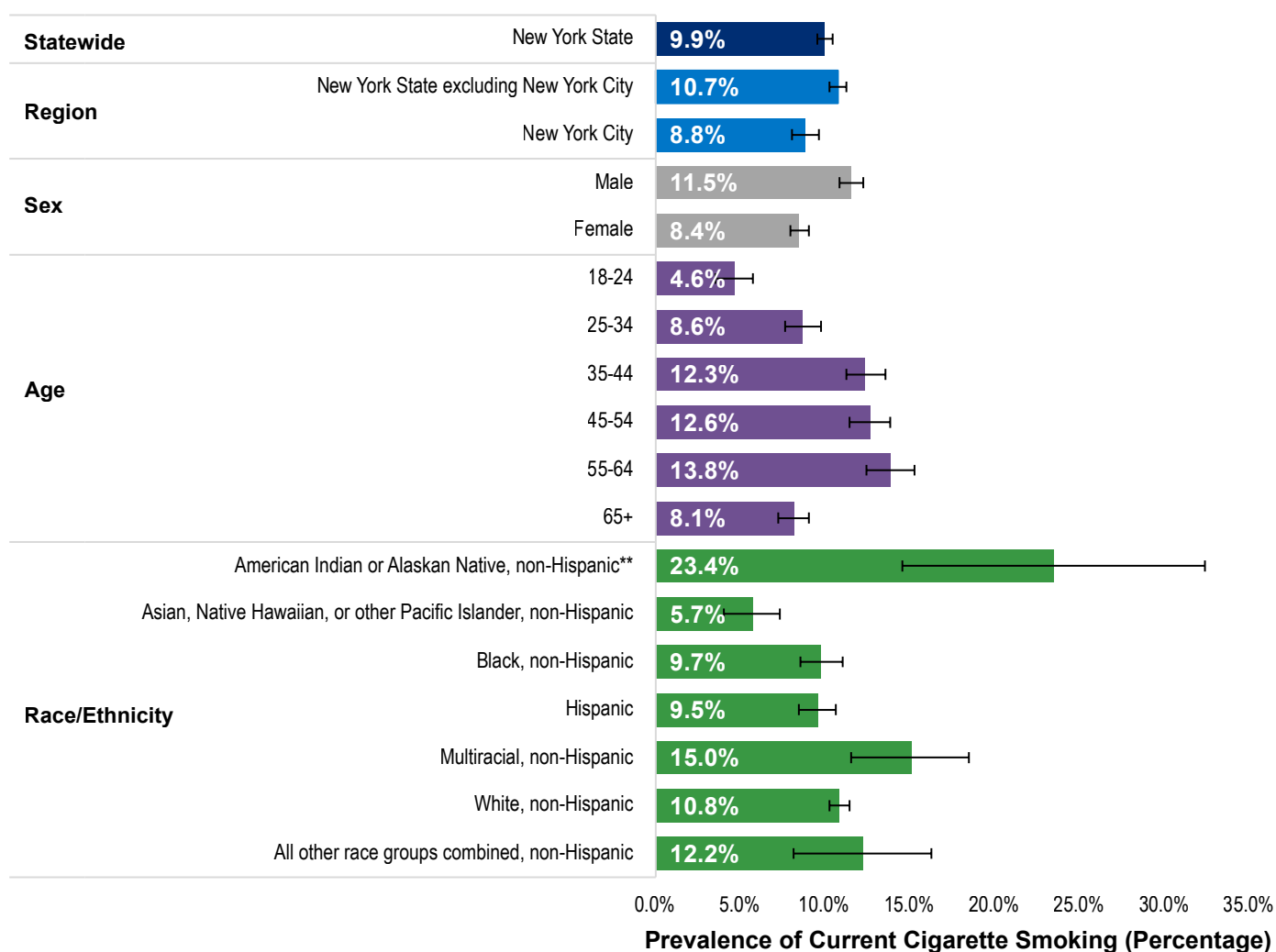


Figure 1. Prevalence of Current Smoking Among Adults in New York State and the United States, Behavioral Risk Factor Surveillance System, 2024



*Median percent; includes data from all 50 states and the District of Columbia.

Figure 2. Prevalence of Current Smoking Among New York State Adults Overall and by Region, Age, Sex, Race/Ethnicity, Behavioral Risk Factor Surveillance System, 2024



**The New York State Behavioral Risk Factor Surveillance System does not distinguish between commercial and sacred tobacco use, which refers to traditional tobacco use by some indigenous communities and tribal nations. Current tobacco use rates among American indigenous communities in New York State should thus be interpreted with caution. Sacred tobacco is used for spiritual, medicinal, and ceremonial purposes. When used for this purpose, it is not associated with addiction or adverse health outcomes.

Figure 3. Prevalence of Current Smoking Among New York State Adults by Select Demographic and Health Characteristics, Behavioral Risk Factor Surveillance System, 2024

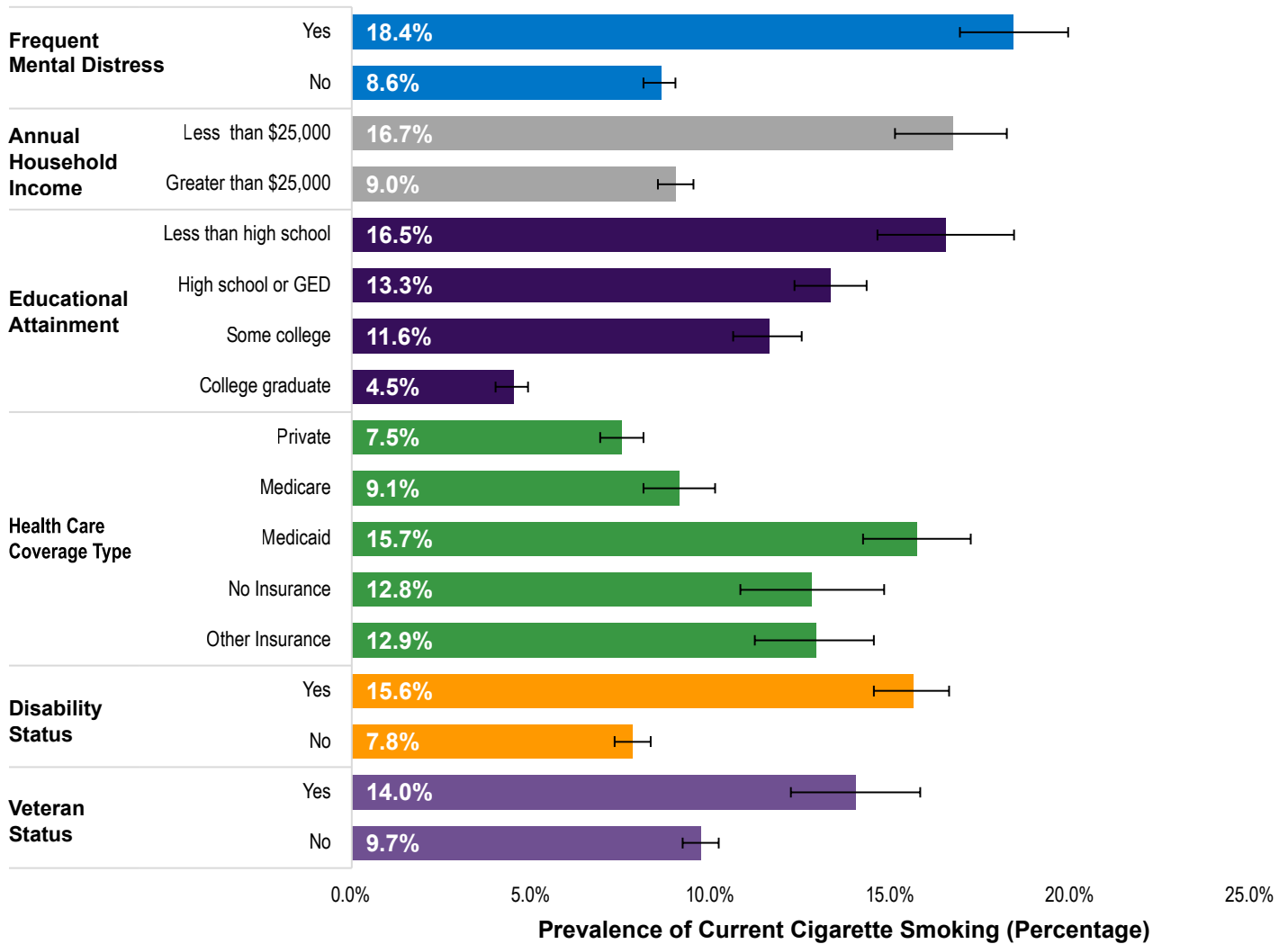


Figure 4. Prevalence of Current Smoking among New York State Adults with Concurrent Substance Use, Behavioral Risk Factor Surveillance System, 2024

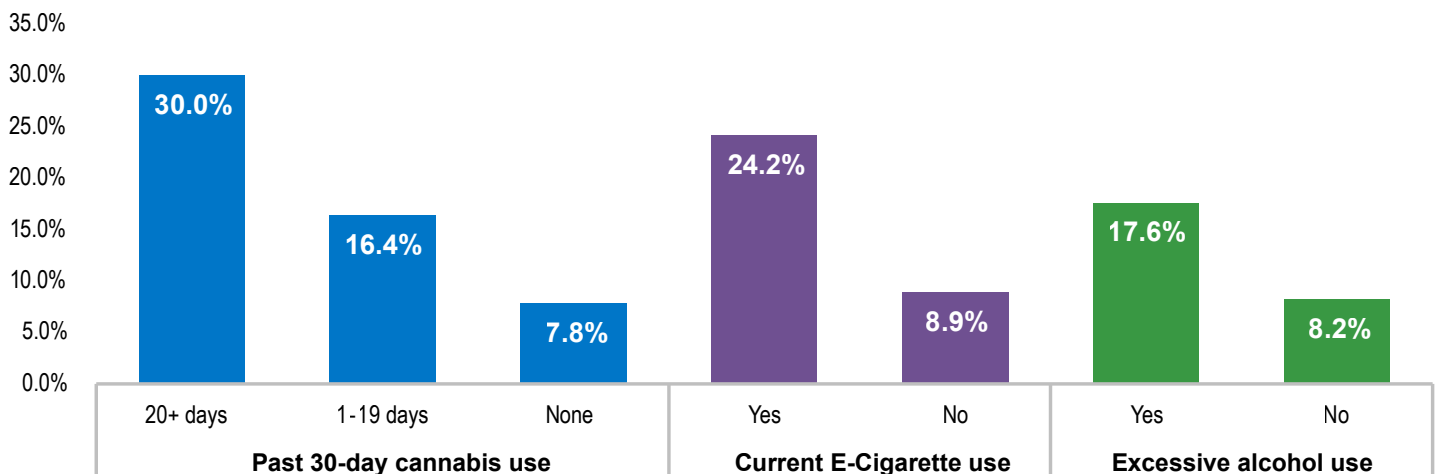


Table 1. Prevalence of Current Cigarette Smoking by Demographic Groups and Health Characteristics in New York State, Behavioral Risk Factor Surveillance Survey, 2024

New York State (NYS) [n=40,461]	Percent ^a 9.9	95% CI ^b 9.5-10.4	Weighted Frequency 1,400,000
Region			
New York State excluding New York City (Rest of State)	10.7	10.2-11.2	889,000
New York City	8.8	8.0-9.6	515,000
Sex			
Male	11.5	10.8-12.2	797,000
Female	8.4	7.9-9.0	606,000
Race/ethnicity			
American Indian/Alaska Native, non-Hispanic ^c	23.4	14.5-32.3	8,000
Asian, Native Hawaiian or other Pacific Islander, Non-Hispanic	5.7	4.0-7.3	81,000
Black, Non-Hispanic	9.7	8.5-11.0	174,000
Hispanic	9.5	8.4-10.6	243,000
Multiracial, non-Hispanic	15.0	11.5-18.4	45,000
White, non-Hispanic	10.8	10.2-11.4	796,000
All other race groups combined, non-Hispanic ^d	12.2	8.1-16.2	23,000
Age (Years)			
18-24	4.6	3.5-5.7	75,000
25-34	8.6	7.6-9.7	207,000
35-44	12.3	11.2-13.5	275,000
45-54	12.6	11.4-13.8	242,000
55-64	13.8	12.4-15.2	313,000
65+	8.1	7.2-9.0	273,000
Educational attainment			
Less than High School	16.5	14.6-18.4	274,000
High School or GED	13.3	12.3-14.3	465,000
Some College	11.6	10.6-12.5	418,000
College Graduate	4.5	4.0-4.9	233,000
Annual household income			
Less than \$25,000	16.7	15.1-18.2	341,000
\$25,000 to \$34,999	13.8	12.0-15.5	177,000
\$35,000 to \$49,999	12.1	10.5-13.8	149,000
\$50,000 to \$74,999	10.9	9.6-12.2	171,000
More than \$75,000	6.6	5.9-7.2	344,000
Missing ^e	8.0	7.1-9.0	221,000
Health care coverage type			
Private	7.5	6.9-8.1	463,000
Medicare	9.1	8.1-10.1	270,001
Medicaid	15.7	14.2-17.2	306,000
No Insurance	12.8	10.8-14.8	107,000
Other Insurance ^f	12.9	11.2-14.5	158,000
Employment status			
Employed/Self-Employed	9.3	8.7-9.8	735,000
Unemployed	10.4	9.6-11.2	523,000
Not in the labor force	13.6	11.5-15.7	128,000

Table 1. Prevalence of Current Cigarette Smoking by Demographic Groups and Health Characteristics in New York State, Behavioral Risk Factor Surveillance Survey, 2024

New York State (NYS) [n=40,461]	Percent ^a 9.9	95% CI ^b 9.5-10.4	Weighted Frequency 1,400,000
Frequent mental distress^g			
Yes	18.4	16.9-19.9	363,000
No	8.6	8.1-9.0	138,000
Disability status^h			
Yes	15.6	14.5-16.6	595,000
No	7.8	7.3-8.3	793,000
Identifies as LGBTQIⁱ			
Yes	11.6	10.0-13.2	155,000
No	9.9	9.4-10.5	1,100,000
Reported as Veteran			
Yes	14.0	12.2-15.8	114,000
No	9.7	9.2-10.2	1,300,000
Past 30-day cannabis use			
20+ days	30.0	26.0-34.0	280,000
1-19 days	16.4	13.4-19.3	178,000
None	7.8	7.1-8.6	848,000
Current E-Cigarette use			
Yes	24.2	21.8-26.6	214,000
No	8.9	8.5-9.4	1,100,000
Excessive alcohol use^j			
Yes	17.6	16.1-19.1	356,000
No	8.2	7.8-8.7	929,000

Notes: ^aPercentages are weighted to population characteristics. ^bConfidence Interval. ^cThe New York State Behavioral Risk Factor Surveillance System does not distinguish between commercial and sacred tobacco use, which refers to traditional tobacco use by some indigenous communities and tribal nations. Current tobacco use rates among American indigenous communities in New York State should thus be interpreted with caution. Sacred tobacco is used for spiritual, medicinal, and ceremonial purposes. When used for this purpose, it is not associated with addiction or adverse health outcomes. ^dIncludes individuals who identify as other race categories that are not of Hispanic origin. ^e“Missing” category included because more than 10% of the sample did not report income. ^fOther insurance includes TRICARE, VA/Military, Indian Health Service, state sponsored health plan, or other government plan. ^gFrequent mental distress is defined as yes if respondents report problems with stress, depression, or emotions on at least 14 of the previous 30 days. ^hDisability status is defined as yes if respondents report having at least one type of disability (cognitive, independent living, self-care, mobility, vision, or hearing). ⁱIdentifies as LGBTQI is defined as yes if respondents identified as being lesbian, gay, bisexual, intersex, or other sexual orientation OR transgender. ^jRespondents who reported either binge or heavy drinking. Binge drinking is defined as consuming 4 or more drinks for women and 5 or more drinks for men on a single occasion. Heavy drinking is defined as consuming 8 or more drinks per week for women and 15 or more drinks per week for men.

References



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Behavioral Risk Factor Surveillance System Survey Questions



Current Smoker

- Have you smoked at least 100 cigarettes in your entire life?
- Do you now smoke cigarettes every day, some days, or not at all?

The Behavioral Risk Factor Surveillance System defines “current smoker” as an adult over the age of 18 who has smoked at least 100 cigarettes in their lifetime and currently smokes on at least some days.

Suggested Citation



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Program Contributions



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