

# Smoking in the United States Workforce

Findings from the National Health and Nutrition Examination Survey (NHANES) 1999-2002, the National Health Interview Survey (NHIS) 2006, and the Tobacco Use Supplement to the Current Population Survey (TUS-CPS) 2003





# Smoking in the United States Workforce

**O**ne hundred thirty-five million adults aged 20 to 64 years are currently employed in the United States. Twenty-three percent of these workers are current smokers, down from 27% a decade ago. Smoking rates vary considerably by occupation and demographic factors. Blue-collar and service workers have higher smoking rates, 30% and 28%, respectively, than white-collar workers, 18%, and men have a higher prevalence of smoking than women, 25% vs 20%. Smoking rates are lowest among employees in Utah (10%) and highest in Kentucky (30%).

Smoking reduces productivity and therefore impacts the bottom line. Smokers have almost twice the absenteeism (6.0 workdays per year) of never-smokers (those who have never smoked) (3.2 workdays per year) and present twice the work limitations compared with never-smokers (6% vs 3%). Many workers smoke even after learning they have a serious disease: 43% of workers with diagnosed chronic obstructive pulmonary disease currently smoke and 1 in 4 workers with ischemic heart disease currently smoke.

Quitting smoking is difficult. About half (51%) of all workers who smoked in the past year tried to quit, but only 1 in 5 (20%) succeeded. Heavy smokers (20 or more cigarettes per day) are less likely than other smokers to attempt to quit (40% vs 54% in the past year) but are more likely to succeed (26% vs 17% in the past year). Among all workers who attempted to quit smoking in the past year, 65% tried more than once and 18% more than 5 times.

This issue of Pfizer Facts presents new analyses of national databases to gain insight into the burden of smoking among workers in the United States. We present analyses of the National Health and Nutrition Examination Survey (NHANES) 1999–2002, the National Health Interview Survey (NHIS) 2006, the Tobacco Use Supplement to the Current Population Survey (TUS-CPS) 2003, the National Comorbidity Survey-Replication (NCS-R), 2001–2003, and the Behavioral Risk Factor Surveillance System (BRFSS) 2006 in order to heighten awareness pertaining to the burden of smoking for employers and employees alike.

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# Highlights

## Demographic profile

- In 2007, the US workforce includes 135 million adults aged 20 to 64 years, 53% are men.
- 25% of workers are employed in blue-collar occupations, another 16% are employed in service occupations, and 58% are employed in white collar occupations.

## Prevalence of smoking

- The percentage of workers who smoke has declined from 27% to 23% over the last decade (1997 to 2006).
- 37% of smokers smoke a pack (20 cigarettes) or more per day.
- Smoking is more common among men than women (25% vs 20%).
- Hispanic workers are much less likely to smoke than non-Hispanic whites or non-Hispanic blacks (16% vs 25% and 23%, respectively).
- The smoking rate among blue-collar (30%) and service workers (28%) is considerably higher than among white-collar workers (18%).
- College-educated workers smoke less than those with only a high school diploma—17% vs 30%—or those with less than high school—17% vs 33%.
- Smoking varies significantly by state, being lowest in Utah (10%) and California (15%), and highest in Kentucky (30%), West Virginia (27%), and Oklahoma (27%).
- Many workers smoke even after learning they have a serious respiratory disease: 43% of workers with diagnosed chronic obstructive pulmonary disease smoke.
- 1 in 4 workers who has been diagnosed with ischemic heart disease currently smokes.

## Absenteeism and work limitations

- Smokers lose an average of 6.0 workdays per year, almost twice the absenteeism of those who have never smoked (3.2 workdays per year).
- Smokers are twice as likely as never-smokers to report being limited in the amount or type of work they can do, 6% vs 3%.
- Smoking exacerbates the effect of chronic disease on productivity: workers with ischemic heart disease who smoke are about twice as likely to be limited in their activities compared with those who formerly smoked or never smoked, 29% vs 15% and 14%, respectively.

## Smoking policies in the workplace

- 9 of 10 workers are employed at establishments that have official smoking restriction policies, but even in workplaces with the most stringent policies, smoking prevalence among workers is 16%.
- In establishments that do not have policies restricting smoking, 30% of workers smoke.



## Smoking cessation

- 45% of workers who have ever smoked have stopped. Of those who currently smoke, most have tried to quit—84% at least once in their lifetime, and 22% 5 or more times.
- Among current smokers, 43% plan to quit in the next 6 months, while an additional 6% express a strong interest in quitting in the indefinite future.
- In the past year, about half (51%) of all workers who smoked tried to quit, but only 1 in 5 (20%) succeeded.
- Heavy smokers (20 or more cigarettes per day) are less likely than other smokers to attempt to quit (40% vs 54% in the past year) but are more likely to succeed (26% vs 17% in the past year).

## Behavioral risk factors and obesity

- Smokers in the workforce are much more likely to be heavier drinkers than either former or never-smokers (19% vs 8% and 4%, respectively), and are more likely to report not exercising (46% vs 32% and 31%).



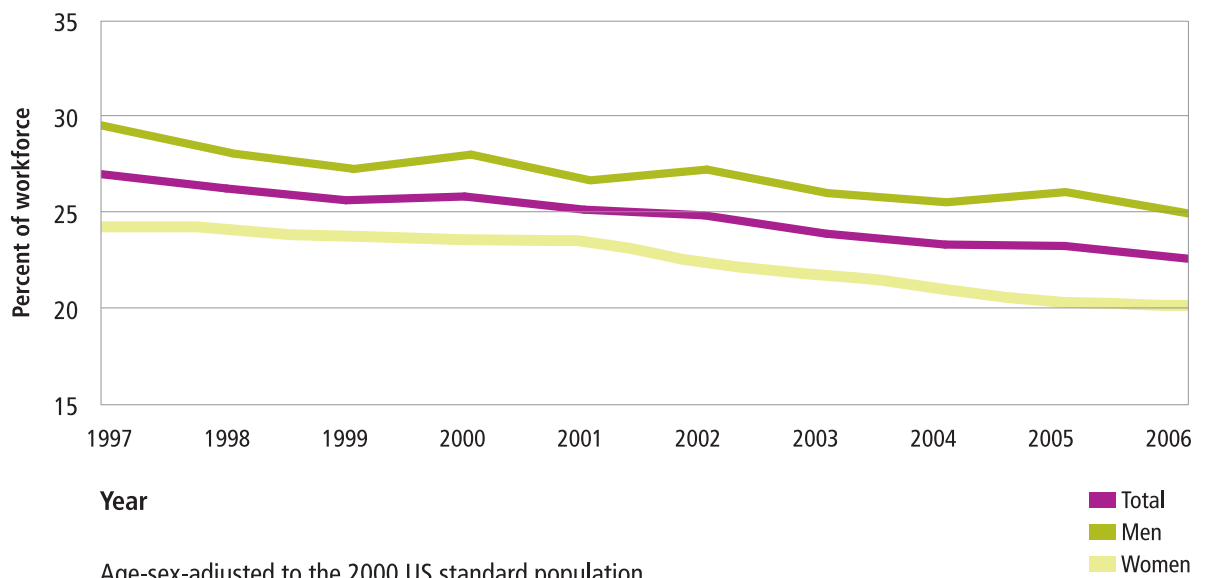
## Demographic profile

One hundred thirty-five million adults aged 20 to 64 years—75% of the noninstitutional civilian population in this age group—are currently employed in the United States. Almost half (47%) are women, 12% are non-Hispanic black, 14% are Hispanic, and 53% are aged 40 to 64 years. Twenty-five percent of workers are employed in blue-collar occupations, another 16% are employed in service occupations, and 58% are employed in white-collar occupations.

# Prevalence of smoking

Over the last decade (1997 through 2006) the prevalence of smoking in the workforce has declined from 27% to 23%.\* While rates have decreased for both men and women, smoking continues to be more common among men (25% vs 20%).

## Prevalence of smoking in the US workforce by gender



\* Note:

NHIS 2006 was used to estimate the percentage of workers who smoke. Estimates of smoking rates differ somewhat by source; for example, in 2003 they ranged from 19.6% based on TUS-CPS, to 26.2% based on NCS-R.

## Smoking in the United States Workforce

Among workers who smoke, 37% smoke a pack (20 cigarettes) or more per day.

### Smoking frequency and quantity among smokers in the US workforce



Source: NHIS 2006

Eighteen percent of the workforce are former smokers, with a slightly higher percentage of men than women in this category (20% vs 16%). Three of 5 (60%) workers (55% of men and 64% of women) have never smoked.

Workers aged 20 to 39 have a higher prevalence of smoking than workers aged 40 to 64, 24% vs 21%. A closer look shows that men aged 20 to 24 and 25 to 29 have the highest prevalence of smoking, 34% and 29%, respectively.

Smoking behavior differs by race and ethnicity. Hispanic workers are much less likely than either non-Hispanic whites or non-Hispanic blacks to smoke, (16% vs 25% and 23%, respectively).

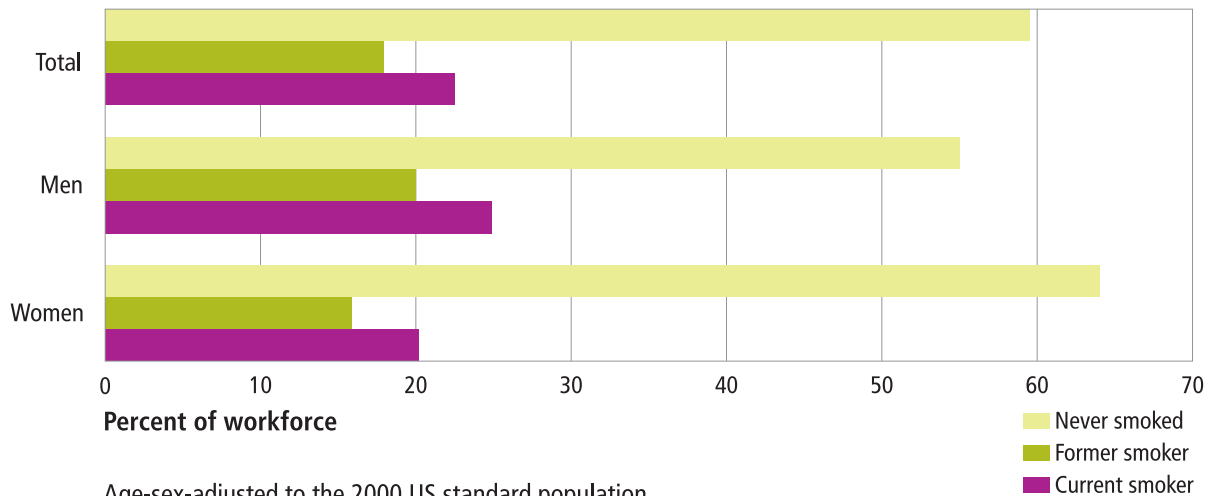
With respect to occupational categories, the prevalence of smoking among blue-collar (30%) and service workers (28%) is considerably higher than among white-collar workers (18%).

## Smoking in the United States Workforce

Education is strongly associated with smoking. College-educated workers are much less likely to smoke than those with less formal education—17% vs 30% (high school diploma) and 33% (less than high school).

Smoking prevalence differs regionally, being lowest in Utah (10%) and California (15%), and highest in Kentucky (30%), West Virginia (27%), and Oklahoma (27%). In general, smoking prevalence is lower in the West and Northeast regions compared with the South and Midwest.

### Smoking status in the US workforce by gender

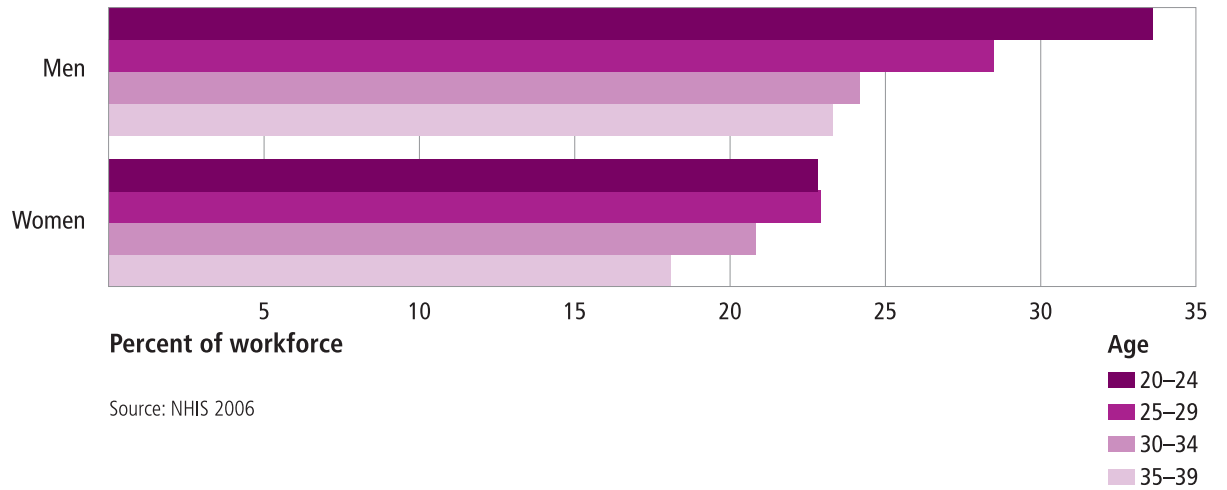


### Smoking status in the US workforce by age

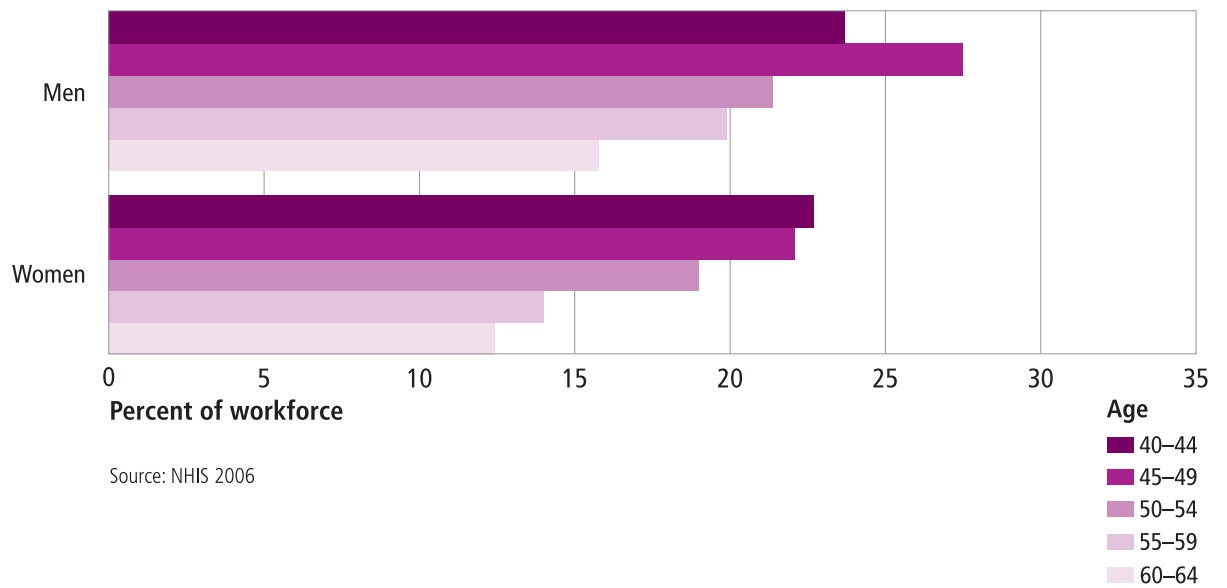


## Smoking in the United States Workforce

### Prevalence of smoking in the US workforce among workers aged 20 to 39 years by gender

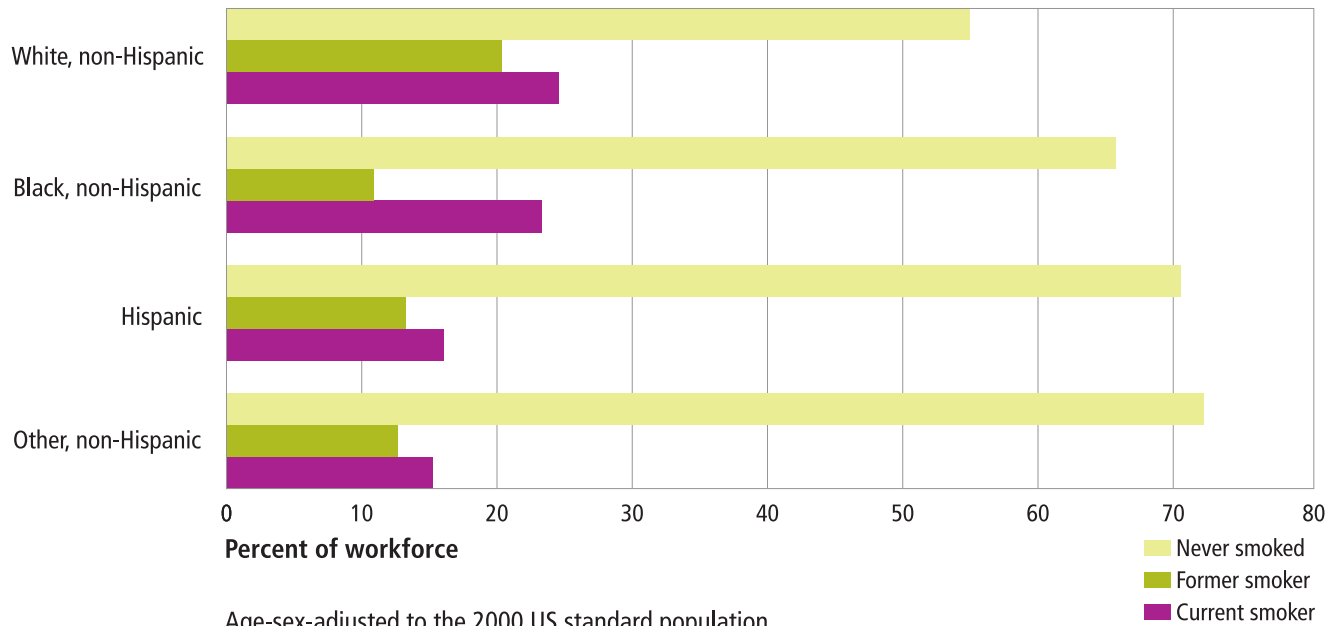


### Prevalence of smoking in the US workforce among workers aged 40 to 64 years by gender



## Smoking in the United States Workforce

### Smoking status in the US workforce by race



### Smoking status in the US workforce by occupational group





## Smoking in the United States Workforce

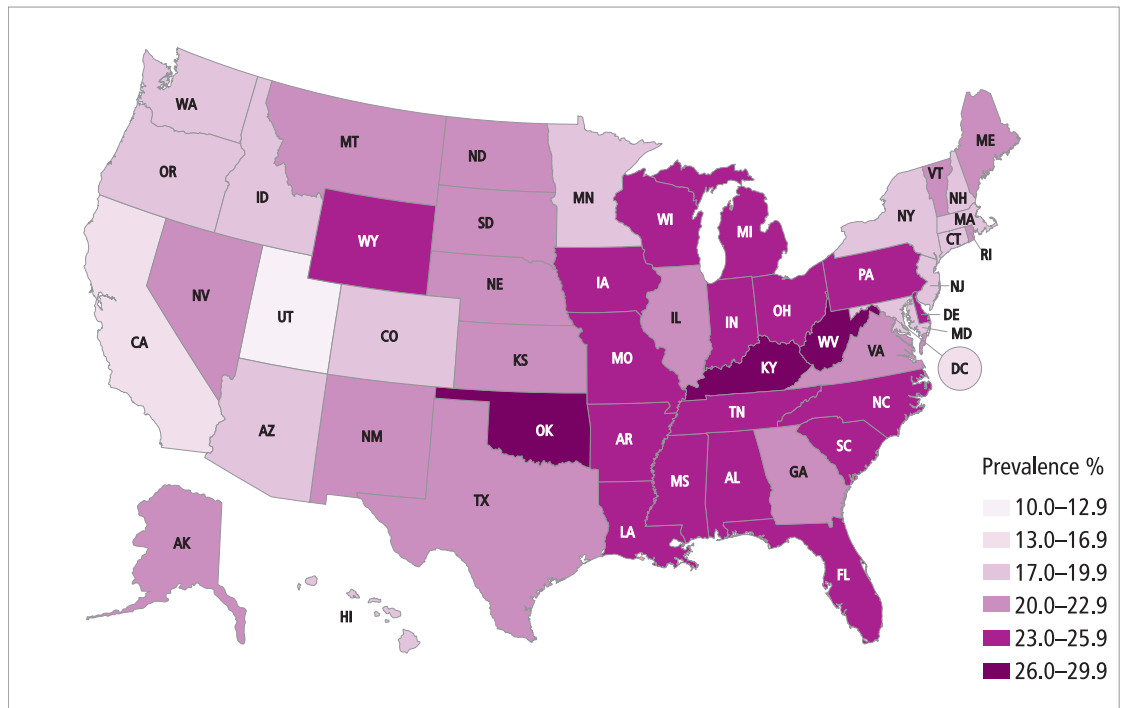
### Smoking status in the US workforce by education



Age-sex-adjusted to the 2000 US standard population  
 GED: General Education Diploma

Source: NHIS 2006

### Prevalence of smoking in the US workforce by state



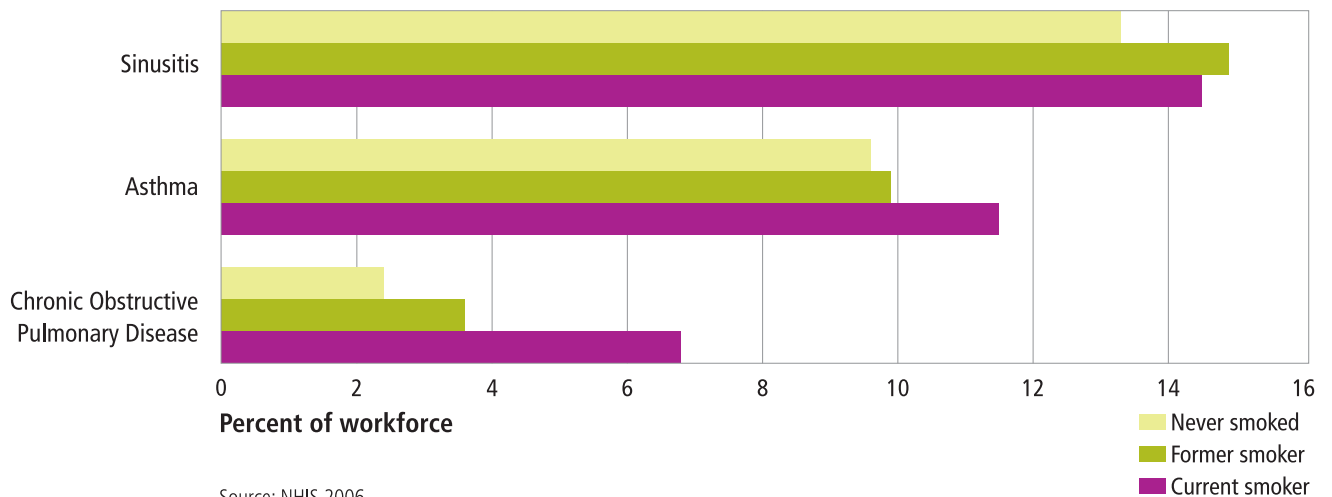
Age-sex-adjusted to the 2000 US standard population

Source: BRFSS 2006

## Smoking in the United States Workforce

Current smokers generally have a higher prevalence of respiratory disease than former smokers or those who have never smoked. The prevalence of chronic obstructive pulmonary disease (COPD) among smokers is 7%, compared with 4% for former smokers and 2% for never-smokers.

### Prevalence of selected respiratory conditions among US workers by smoking status

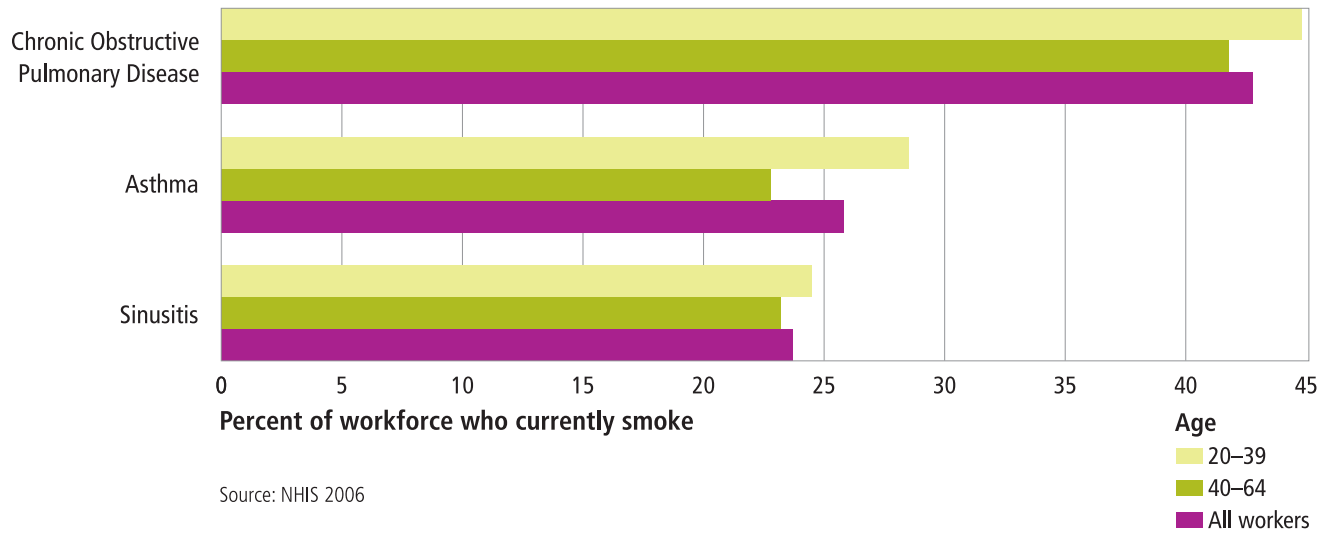


Even after becoming aware that they have a serious respiratory condition, many workers smoke. The prevalence of smoking among workers with diagnosed COPD is 43%, and about 1 in 4 workers with diagnosed asthma (26%) and sinusitis (24%) smoke.

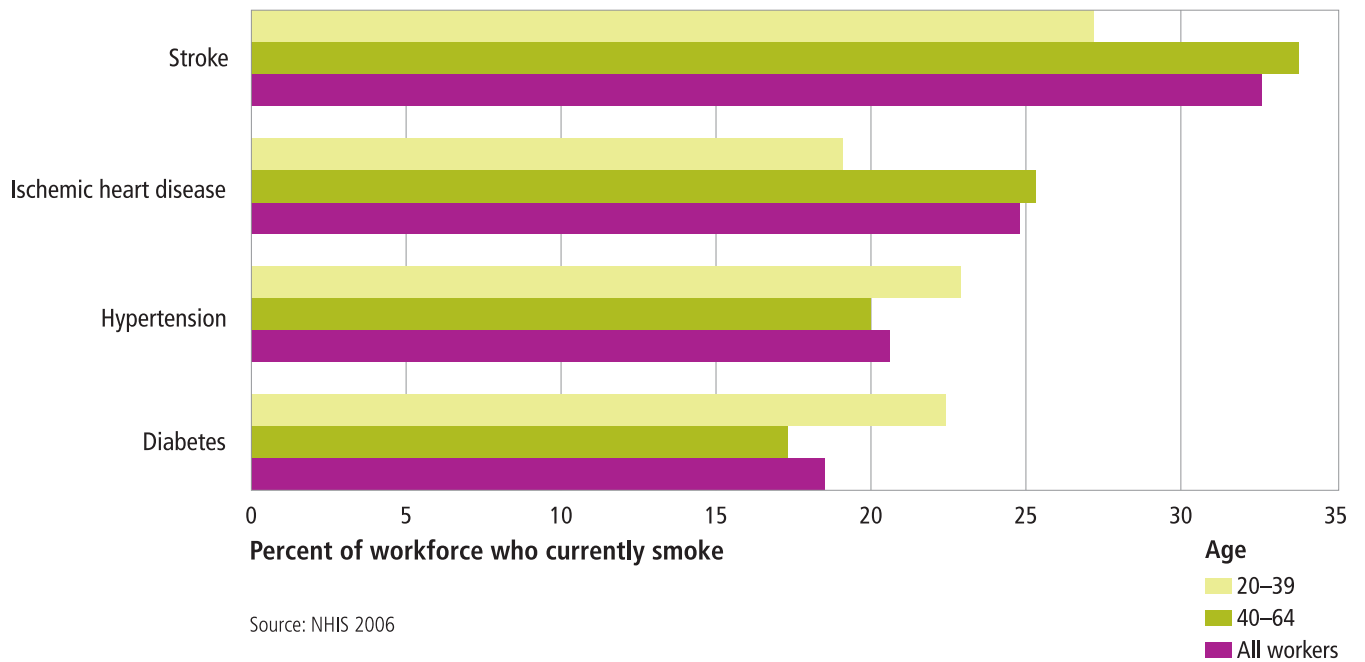
It is also not uncommon for workers diagnosed with cardiovascular disease to smoke; the prevalence of smoking by disease is 33% for stroke, 25% for ischemic heart disease, 21% for hypertension, and 19% for diabetes.

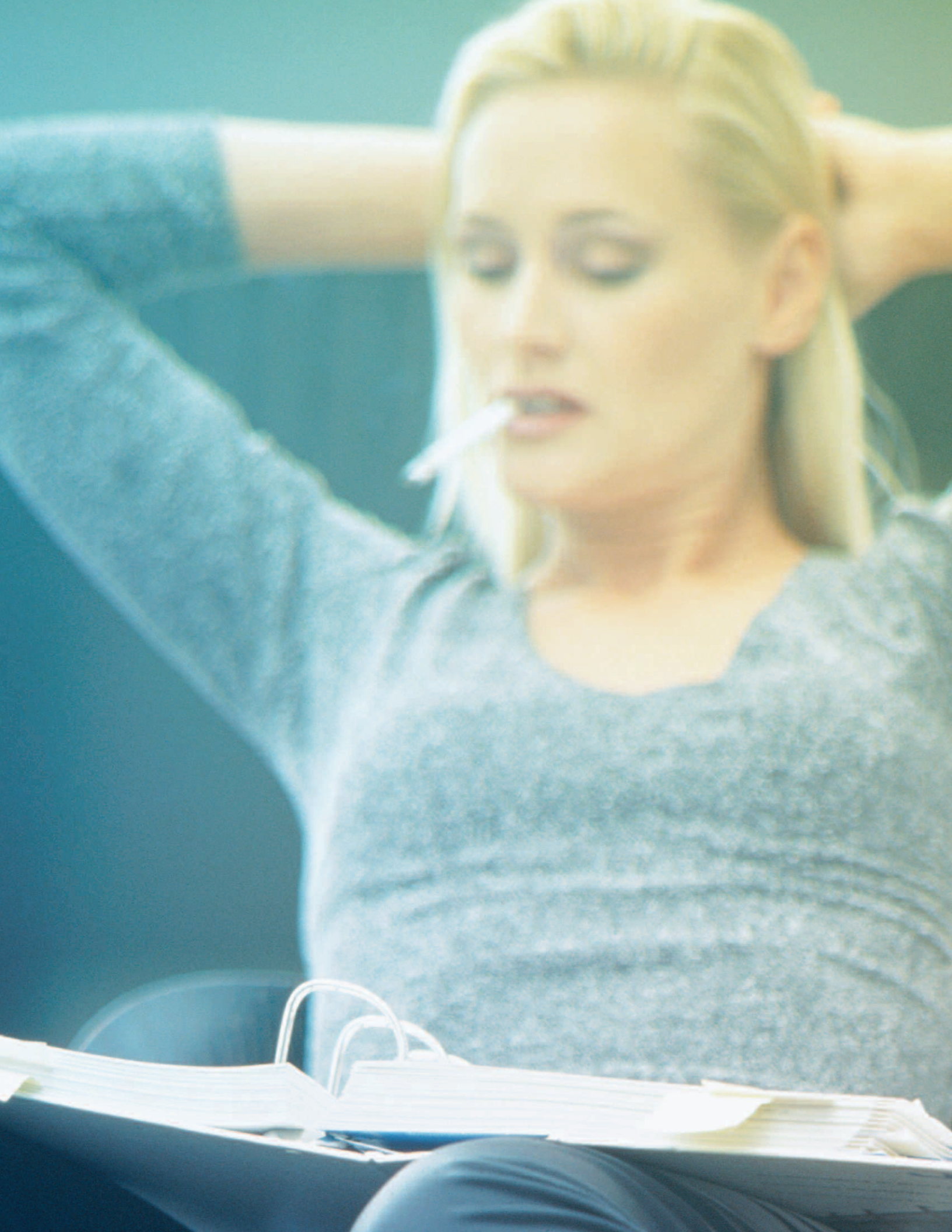
## Smoking in the United States Workforce

### Prevalence of smoking among US workers with diagnosed respiratory conditions by age



### Prevalence of smoking among workers with diagnosed cardiovascular or metabolic conditions by age



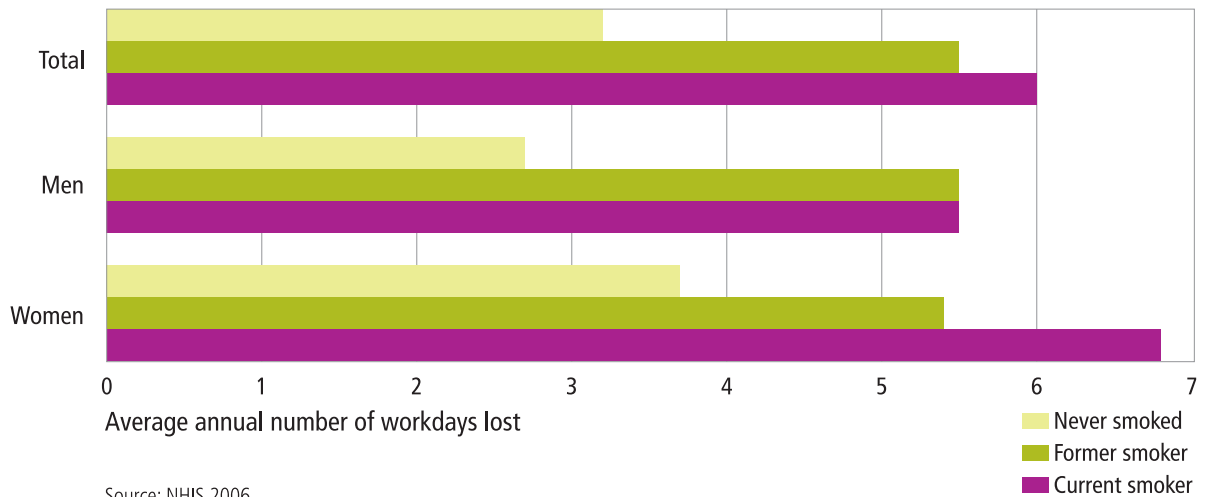


## Absenteeism and work limitations

Smoking is associated with reduced productivity. Absenteeism and work limitations (ie, workers who report being unable or limited in the kind or amount of work they can do because of a physical, mental, or emotional problem) are higher in current smokers than in former smokers, and higher in former smokers than in never-smokers. The negative effect of smoking on productivity is observed for younger and older workers, among both men and women.

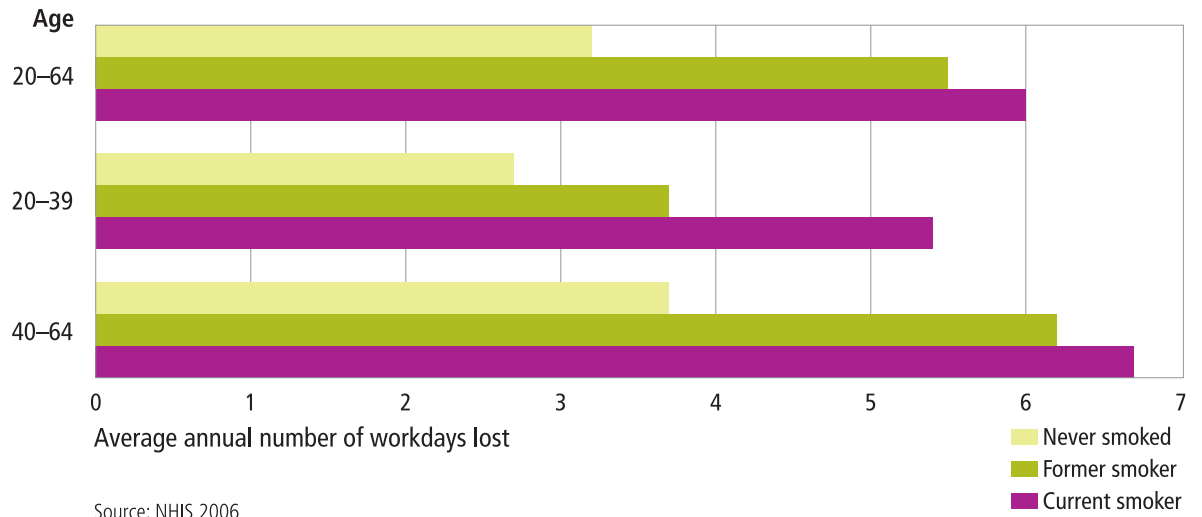
Overall, workers who smoke lose an average of 6.0 workdays per year, slightly more than former smokers (5.5 days) and almost twice the average absenteeism of never-smokers (3.2 days). Current smokers are also more likely than former smokers and never-smokers to have work limitations (6% vs 5% and 3%, respectively). Among older workers, current smokers report nearly twice the work limitations as never-smokers.

Average number of days lost from work per year among US workers by smoking status and gender

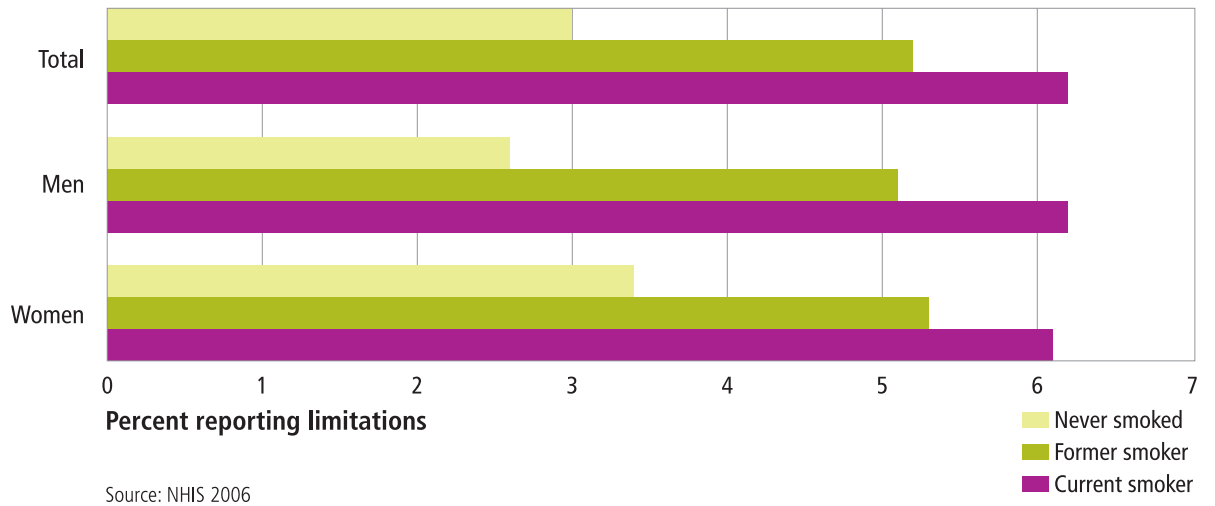


## Smoking in the United States Workforce

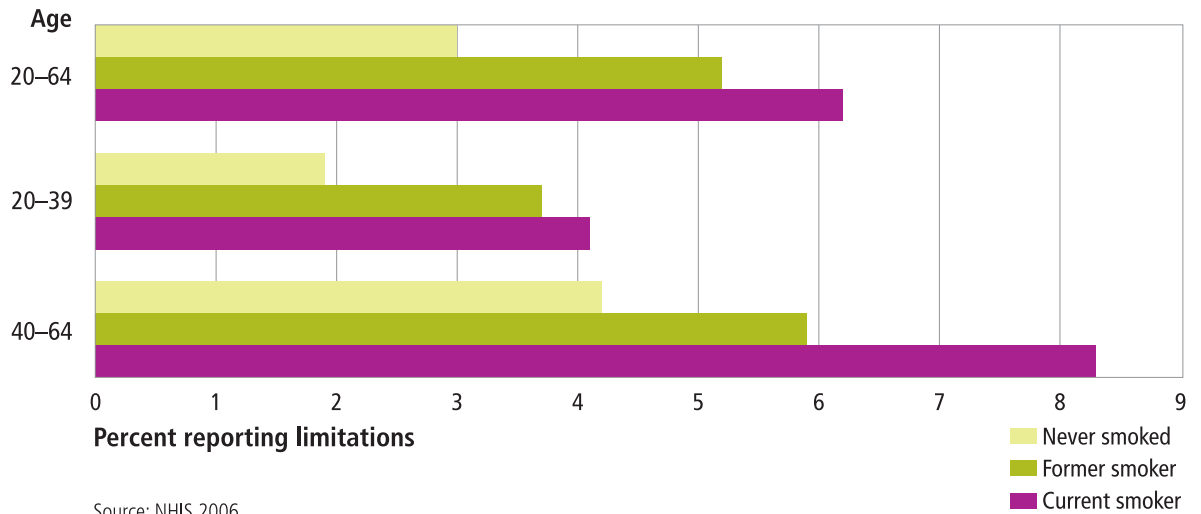
### Average number of days lost from work per year among US workers by smoking status and age



### Work limitations in the US workforce by smoking status and gender



Work limitations in the US workforce by smoking status and age



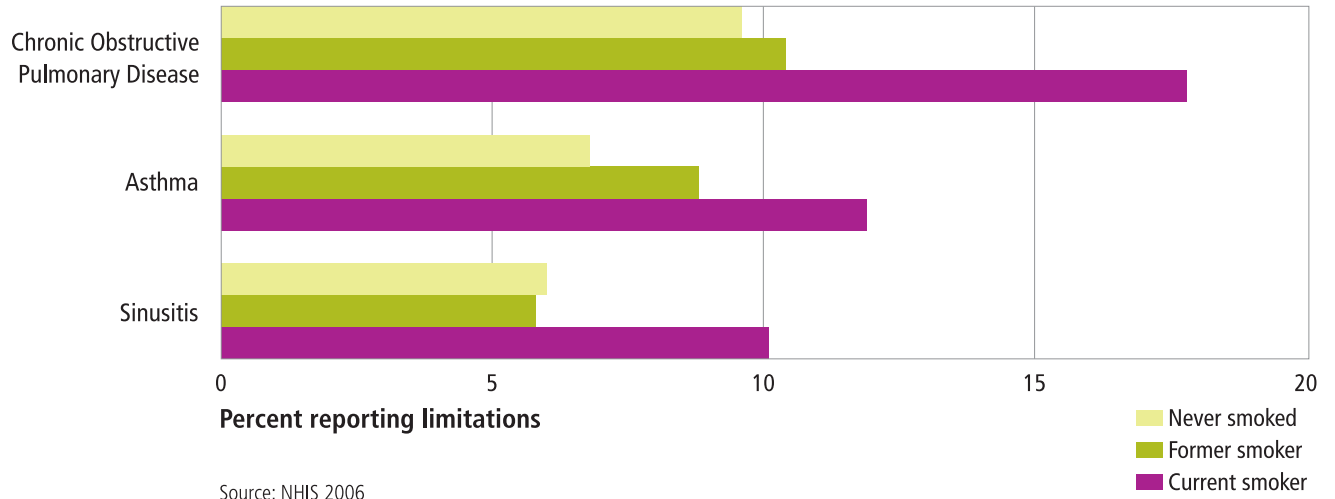
Having a chronic disease reduces worker productivity, and the effect is exacerbated by smoking. Among workers with diagnosed respiratory, cardiovascular, or metabolic conditions, current smokers report higher rates of work limitations than former smokers and those who have never smoked.

Among workers with respiratory conditions, current smokers with COPD report the highest rate of work limitations: 18% of current smokers are limited in their work activity compared with 10% each of former smokers and never-smokers.

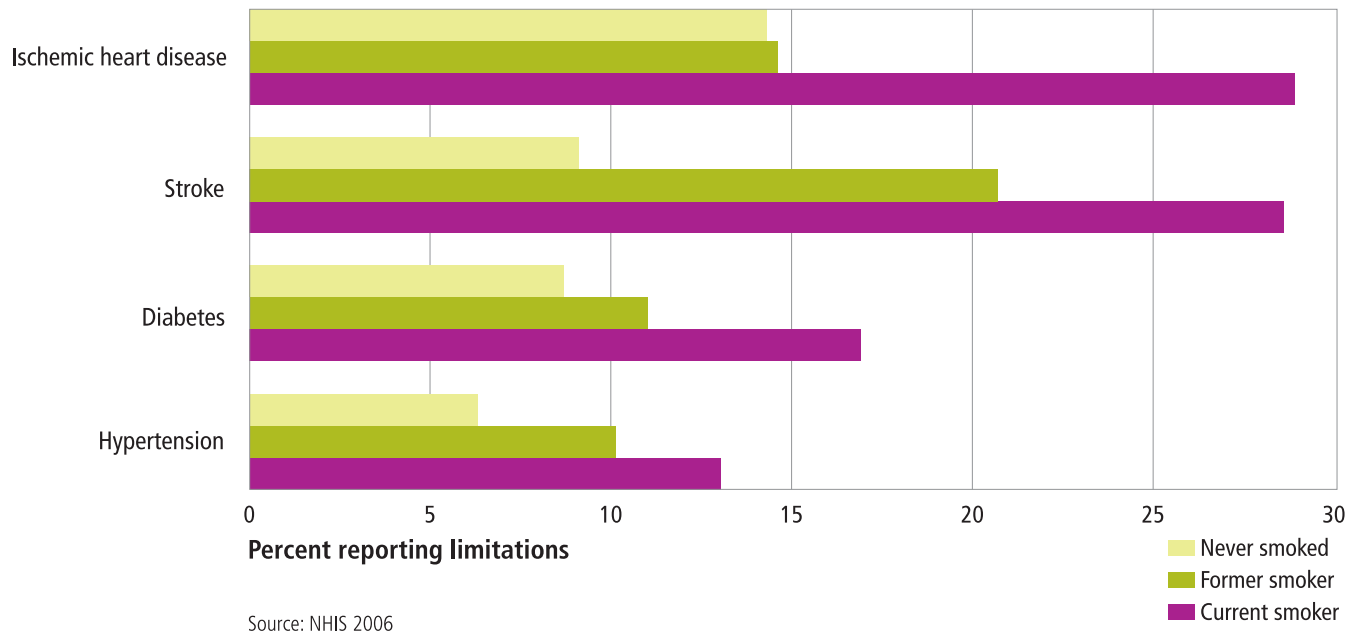
Workers with ischemic heart disease who smoke are about twice as likely to be limited in their work as those who formerly smoked or never smoked, 29% vs 15% and 14%, respectively. Similar patterns hold for stroke (29% vs 21% and 9%), diabetes (17% vs 11% and 9%), and hypertension (13% vs 10% and 6%).

## Smoking in the United States Workforce

### Work limitations in the US workforce by diagnosed respiratory conditions and smoking status



### Work limitations in the US workforce by diagnosed cardiovascular or metabolic conditions and smoking status





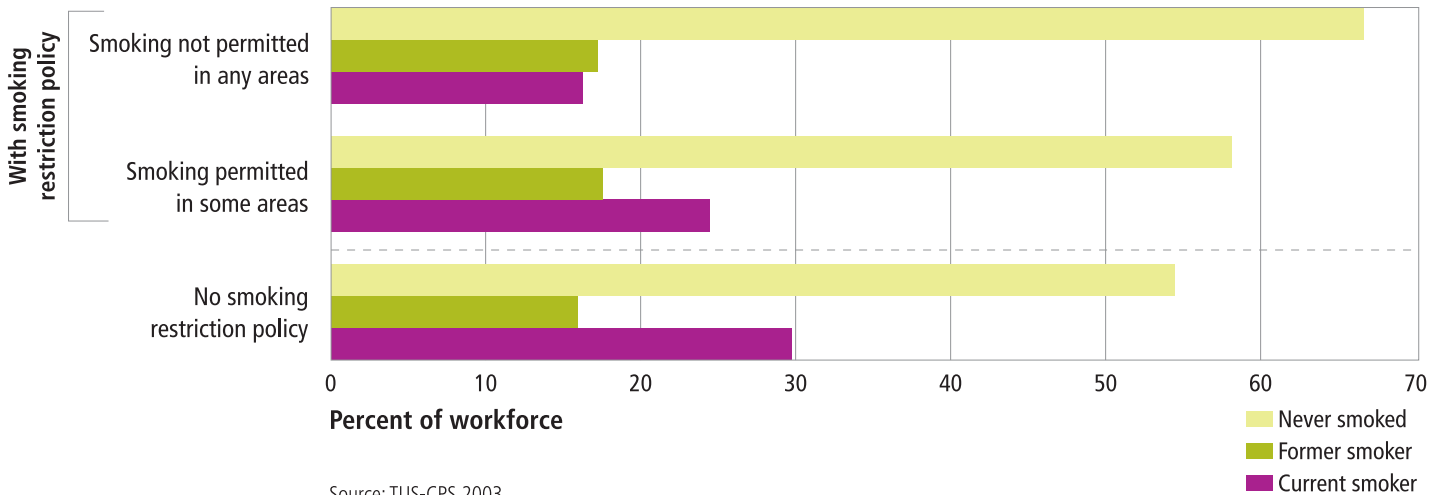




## Smoking policies in the workplace

Ninety-one percent of the workforce is employed at establishments that have official smoking restriction policies. Nevertheless, even in workplaces with the most stringent policy—smoking not permitted in any work area, or in any indoor public or common area (eg, lobby, restroom, lunchroom)—the prevalence of smoking is 16%. In establishments with less restrictive smoking policies, or none at all, the prevalence of smoking among workers increases to 24% and 30%, respectively.

Percent of workers employed at workplaces with smoking restrictions





## Smoking cessation

*“To cease smoking is the easiest thing I ever did.  
I ought to know because I’ve done it a thousand times.”*

*~Mark Twain, attributed\**

Forty-five percent of workers who have ever smoked have stopped. Of those who currently smoke, most have tried to quit—84% at least once in their lifetime, and 22% 5 or more times.

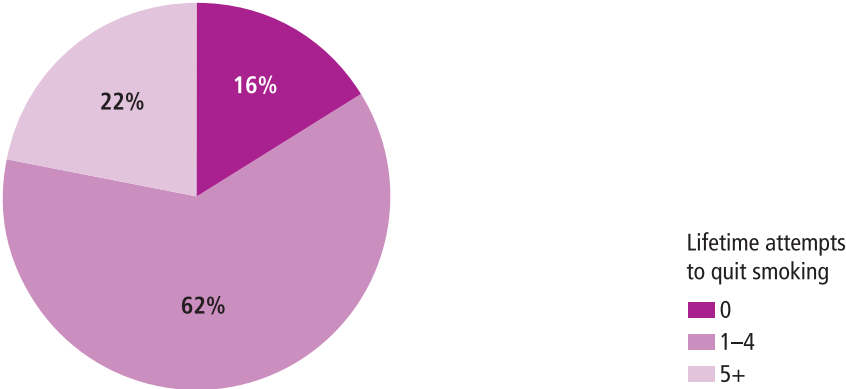
Among current smokers, 43% plan to quit in the next 6 months, while an additional 6% express a strong interest in quitting in the indefinite future. About two-thirds (68%) of smokers who report any interest in quitting say they would be “somewhat” or “very likely” to succeed if they made the attempt.

Of workers who tried to quit smoking in the past year, 65% tried more than once and 18% more than 5 times. Actual success rates are much lower than predicted, however. In the past year about half (51%) of all workers who smoked tried to quit, but only 1 in 5 (20%) succeeded. Younger smokers were more likely to attempt to quit in the past year than older smokers (55% vs 46%) but were about as likely as older smokers to succeed (21% vs 18%). Heavy smokers (20 or more cigarettes per day) are less likely than other smokers to attempt to quit (40% vs 54% in the past year) but are more likely to succeed (26% vs 17% in the past year). This pattern holds for men and women.

\* Twain, Mark. Encyclopedia Britannica. 2007. Available at: <http://www.britannica.com/ebc/article-9381401>. Accessed August 30, 2007.

Smoking in the United States Workforce

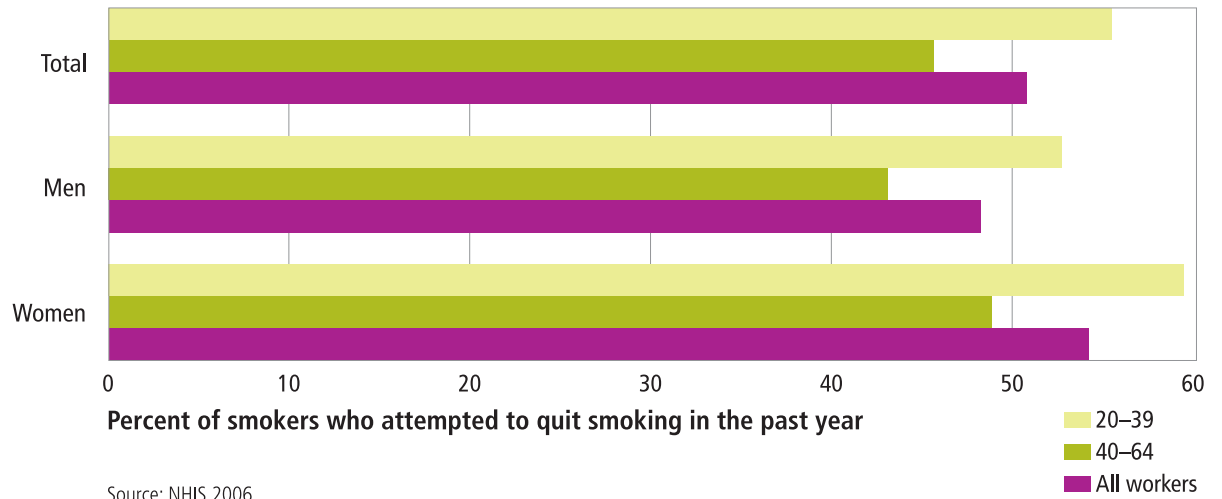
Number of lifetime attempts to quit smoking among current smokers in the US workforce



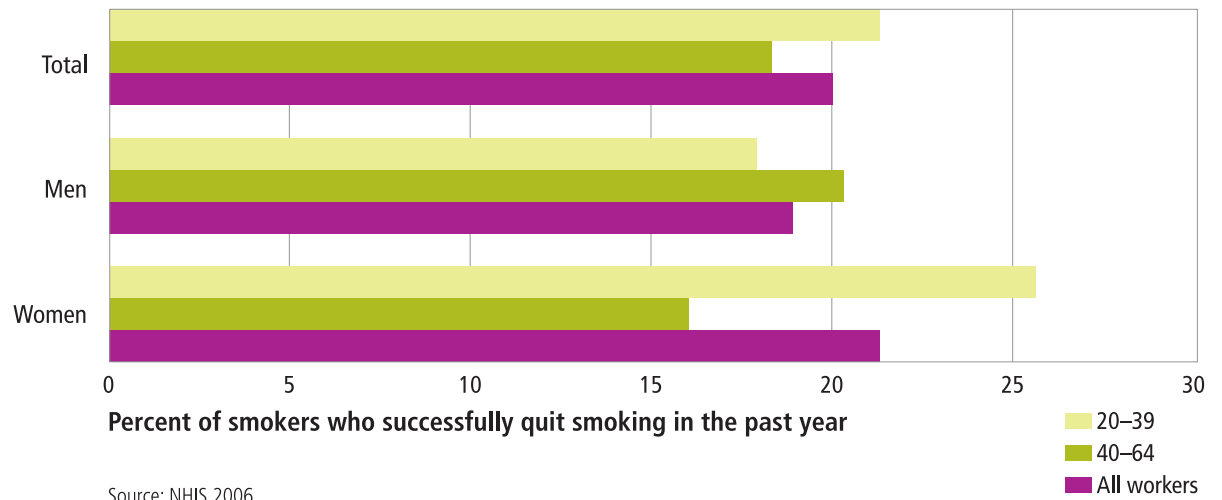
Source: NCS-R-2001-2003

## Smoking in the United States Workforce

### Percent of smokers who attempted to quit in the past year by gender and age

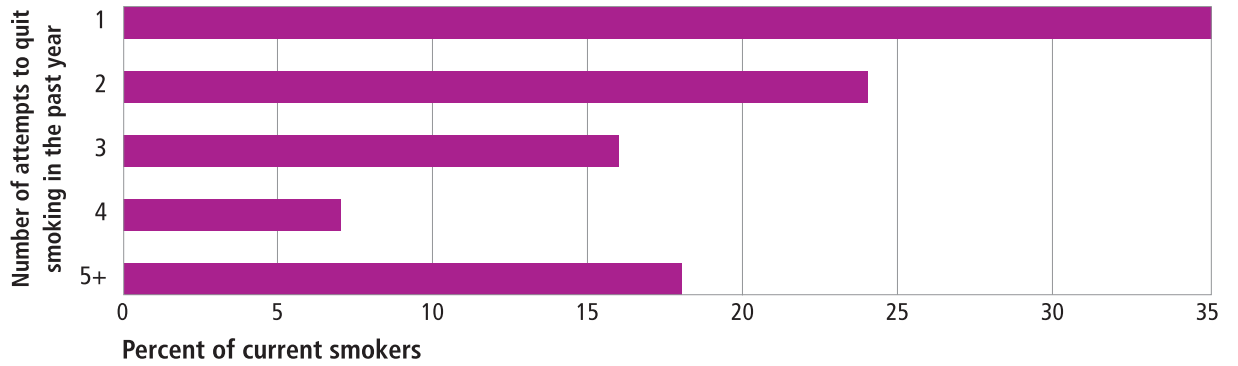


### Percent of smokers who successfully quit in the past year by gender and age



## Smoking in the United States Workforce

### Number of attempts made by current smokers who tried to quit in the past year

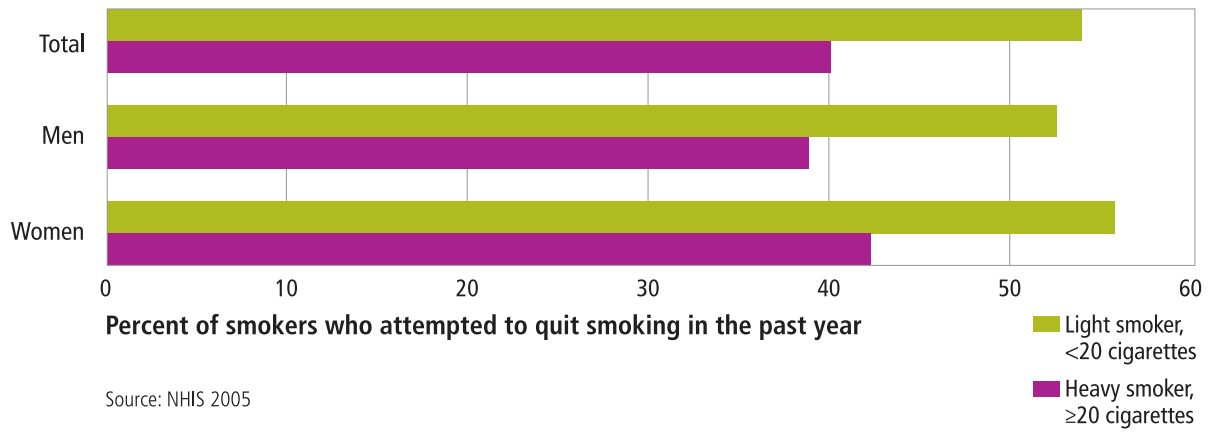


Source: TUS-CPS 2003

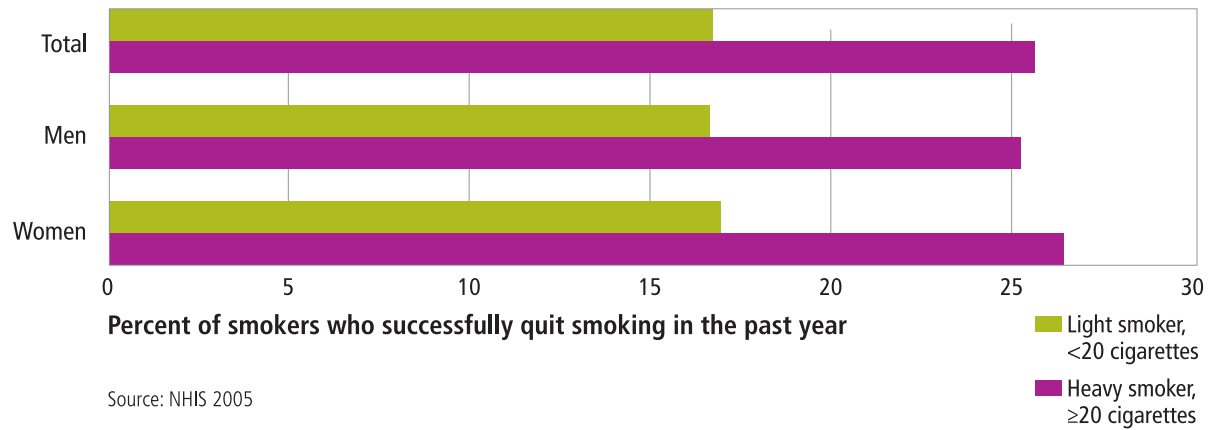


## Smoking in the United States Workforce

### Percent of smokers who attempted to quit in the past year by cigarettes smoked per day

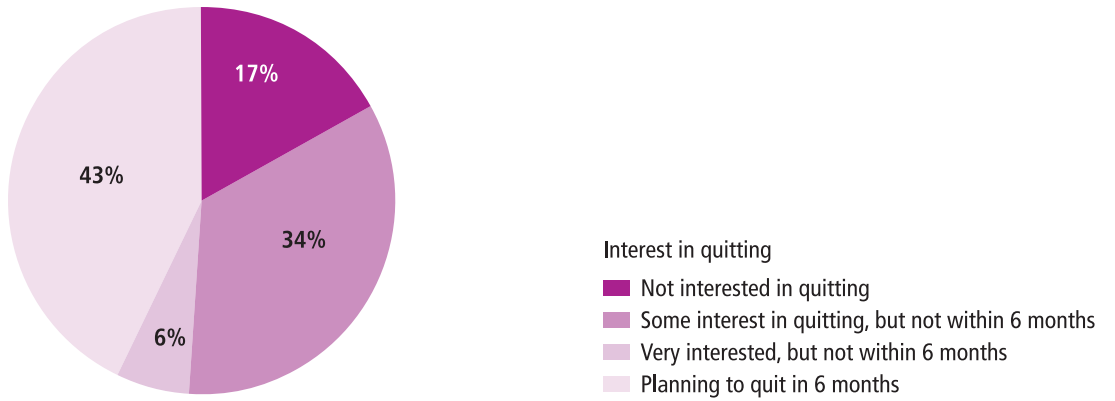


### Percent of smokers who successfully quit in the past year by cigarettes smoked per day



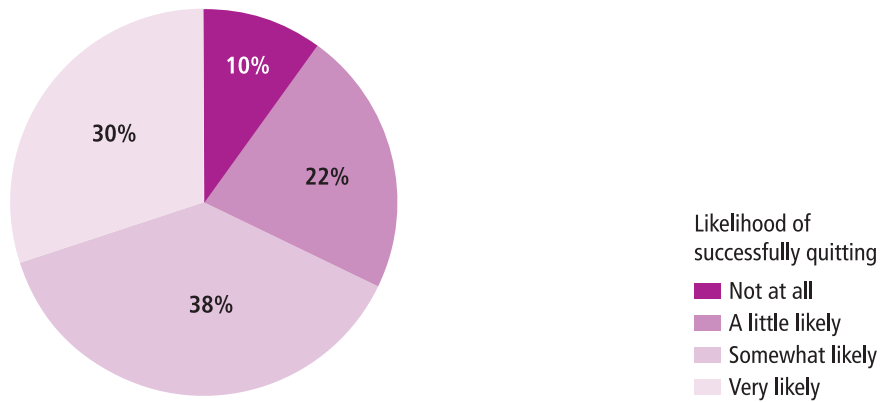
## Smoking in the United States Workforce

### Percent of smokers in the US workforce who are interested in quitting



Source: TUS-CPS 2003

### Perceptions of the likelihood of successfully quitting in the future among smokers in the US workforce



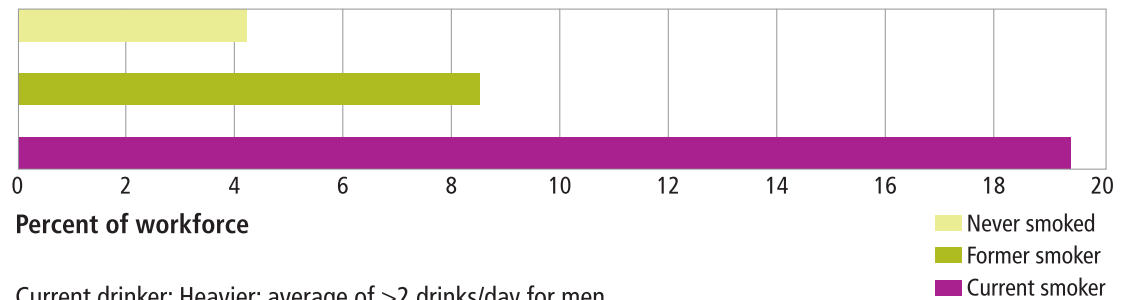
Source: TUS-CPS 2003



## Behavioral risk factors and obesity

Smokers in the workforce are much more likely to be heavier drinkers than either former or never-smokers (19% vs 8% and 4%, respectively), and are more likely to report not exercising (46% vs 32% and 31%). Obesity is problematic for the workforce in general, although smokers have a lower prevalence of obesity than former smokers or never-smokers (23% vs 34% and 31%, respectively).

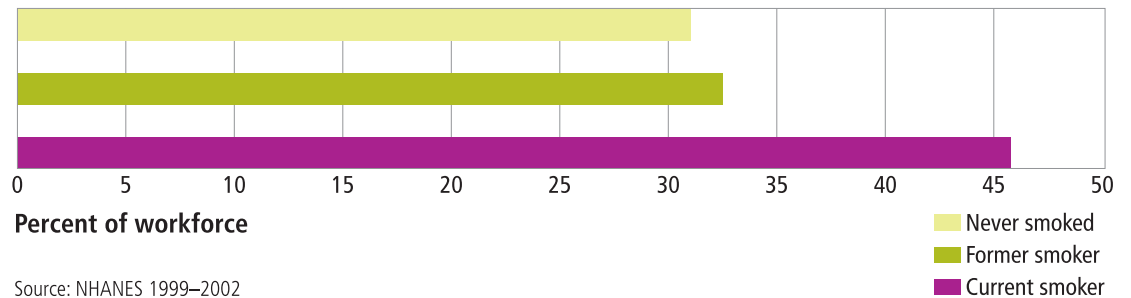
### Prevalence of heavier alcohol consumption in the US workforce by smoking status



Current drinker: Heavier: average of >2 drinks/day for men, average of >1 drink/day for women

Source: NHANES 1999–2002

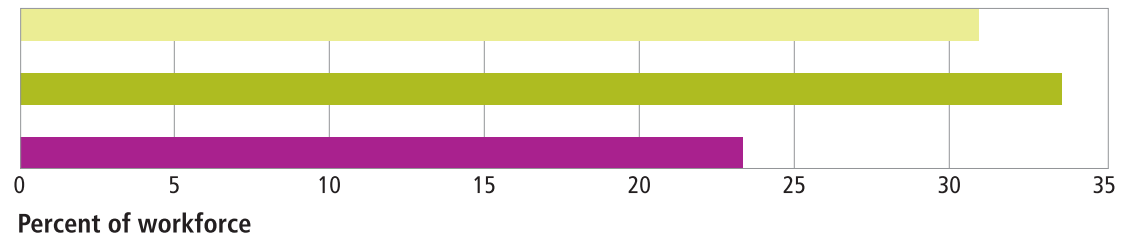
### Prevalence of lack of exercise in the US workforce by smoking status



Source: NHANES 1999–2002

## Smoking in the United States Workforce

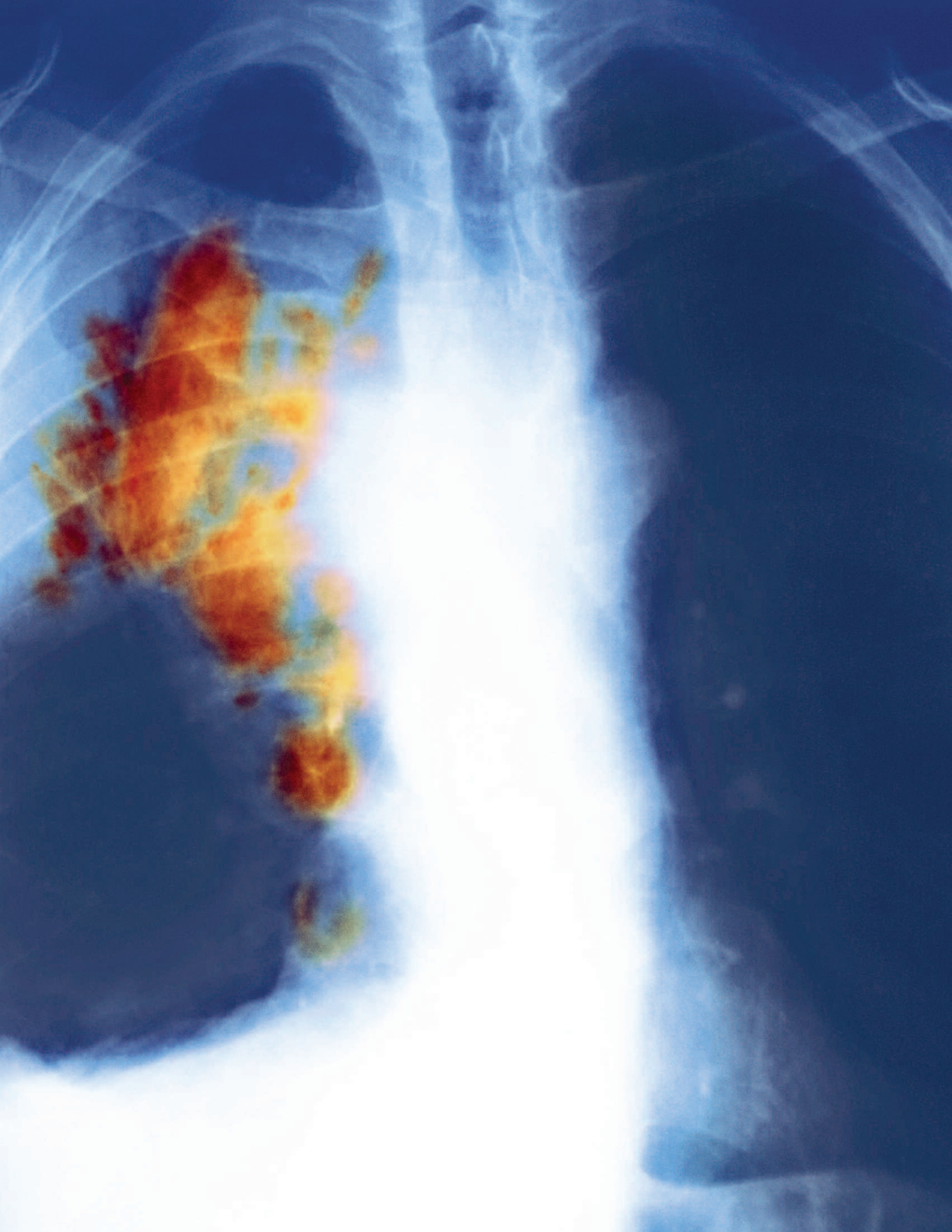
### Prevalence of obesity in the US workforce by smoking status



Obese: Body Mass Index (BMI)  $\geq 30.0$

Source: NHANES 1999–2002

Never smoked  
Former smoker  
Current smoker



## Appendix I: Methods

### Data sources

#### **National Health and Nutrition Examination Survey (NHANES), 1999–2002**

US Department of Health and Human Services  
Centers for Disease Control and Prevention  
National Center for Health Statistics

The National Health and Nutrition Examination Survey (NHANES) is a sample survey designed to obtain nationally representative information on the health and nutrition of the civilian, noninstitutionalized population in the United States. It is conducted by the National Center for Health Statistics (NCHS), a part of the Centers for Disease Control and Prevention (CDC).

The NHANES 1999–2002 sample survey included approximately 10,000 people and the subset used in these analyses was restricted to working adults aged 20 through 64 years. The sample size for these analyses was 4913 working adults: 2575 men and 2338 women. NHANES staff conducted surveys in households, administering questionnaires that included demographic, socioeconomic, dietary, and health history questions. Medical examinations were conducted in mobile vans and included measurements of blood pressure, lipid levels, and glucose levels.

Working persons aged 65 and older were excluded from the analyses due to small sample size, 192 men and 109 women, and small representation within the US workforce (4.3% of the workforce 20 and older).

#### **National Health Interview Survey (NHIS), 2006**

US Department of Health and Human Services  
Centers for Disease Control and Prevention  
National Center for Health Statistics

NHIS is a nationally representative interview survey based on a sample of the noninstitutionalized US population, including approximately 23,000 persons over the age of 20. The sub-sample of 15,307 employed adults aged 20 through 64 years were selected for these analyses, 7521 men and 7786 women.

### **Tobacco Use Supplement to the Current Population Survey (TUS-CPS), 2003**

US Department of Commerce  
National Cancer Institute,  
US Census Bureau, and  
Centers for Disease Control and Prevention

The Tobacco Use Supplement to the Current Population Survey (TUS-CPS) is a survey of tobacco use co-sponsored by the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC). It has been administered as part of the Current Population Survey since 1992–1993. The TUS-CPS is a key source of national, state, and sub-state level data on smoking and other tobacco use in US households. It provides data on a nationally representative sample of about 240,000 civilian, non-institutionalized individuals ages 15 years and older. About 75% of respondents complete the survey by telephone; the remainder complete it in person. Working adults aged 20 through 64 years were selected for these analyses. The sample size was 108,374, consisting of 52,277 men and 56,097 women.

### **National Comorbidity Survey-Replication (NCS-R), 2001–2003**

National Institute of Mental Health  
National Institute on Drug Abuse  
Substance Abuse and Mental Health Services Administration  
Robert Wood Johnson Foundation  
John W. Alden Trust

The baseline National Comorbidity Survey (NCS), fielded from 1990 to 1992, was a nationally representative mental health survey using a fully structured research diagnostic interview to assess the prevalences and correlates of DSM-III-R Disorders. An NCS Replication survey (NCS-R) was carried out between 2001 and 2003 in a new national sample of 10,000 respondents to obtain more information about a number of topics either not covered in the baseline NCS or covered in less depth. Prevalence estimates from NCS-R data use the DSM-IV criteria. The NCS-R, 2001–2003 included 5879 working adults aged 20 through 64 years: 2895 men; 2984 women.

### **Behavioral Risk Factor Surveillance System (BRFSS), 2006**

US Department of Health and Human Services  
Centers for Disease Control and Prevention

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Conducted by the 50 state health departments as well as those in the District of Columbia, Puerto Rico, Guam, and the US Virgin Islands with support from the CDC, BRFSS provides state-specific information about issues such as asthma, diabetes, health care access, alcohol use, hypertension, obesity, cancer screening, nutrition and physical activity, tobacco use, and more. Working adults aged 20 through 64 years from the 50 states and the District of Columbia were selected for these analyses; the sample size was 178,089, consisting of 77,127 men and 100,962 women.



### Definitions

**Workforce, or employed persons:** Persons employed at the time of the NHANES, NHIS, TUS-CPS or NCS-R survey.

### Smoking status

**NHANES, NHIS, TUS-CPS and BRFSS surveys:**

- A current smoker is a person who smokes every day or some days and who has smoked at least 100 cigarettes in his or her lifetime.
- A former smoker is a person who is not a current smoker, but has smoked at least 100 cigarettes in his or her lifetime.
- A person is classified as “never” having smoked if the person has not smoked more than 100 cigarettes in his or her lifetime.

**NCS-R survey:**

- A current smoker is a person who reported being a current smoker.
- A former smoker is a person who reported being an ex-smoker.
- A person is classified as “never” having smoked if he or she reported smoking never or only a few times.

**Heavy smoker:** A current smoker who smokes 20 cigarettes or more per day or former smoker who smoked 20 cigarettes per day.

**Light smoker:** A current smoker who smokes less than 20 cigarettes per day.

### Smoking policies, absenteeism, and work limitations

**Smoking restriction policy (2003 TUS-CPS):** A respondent’s place of work was classified as:

- “Can smoke anywhere” if the respondent reported no official employer policy that restricts smoking.
- “Can’t smoke in any area” if there is an official policy to restrict smoking and workers are not allowed to smoke in any area.
- “Can smoke in some, but not all, areas” if there is an official policy that restricts smoking and workers are allowed to smoke in some, but not all, public areas and work areas.

**Work limitations:** Persons were classified as having work limitations if they reported in the NHIS interview ‘Unable to work’ or ‘Limited in work’ when asked if they are limited in the kind OR amount of work they can do because of a physical, mental, or emotional problem.

**Absenteeism:** Average number of days lost from work per year is calculated if a person reported in the NHIS interview a positive number of days they missed work from a job or business because of an illness or injury during the past 12 months (maternity leave not included).

### Smoking cessation

**Attempted to quit smoking:** Persons were classified in this manner if they reported in the NHIS 2006 interview to have stopped smoking for more than a day because of a desire to quit smoking.

**Successfully quit:** Persons were classified in this manner if they reported in the NHIS 2006 interview to be a former smoker who stopped smoking because of a desire to quit smoking.

**Number of lifetime attempts to quit:** Classified in the NCS-R 2003 as the number of different times a smoker made a serious attempt to quit smoking.

**Number of attempts to quit smoking during last 12 months:** Categorization based on TUS-CPS survey question to assess the frequency during the past 12 months that a smoker stopped smoking for one day or longer because of a desire to quit smoking.

**Interest in quitting in the next 6 months:** Categorization based on TUS-CPS survey question as to whether the smoker was seriously considering quitting smoking within the next 6 months, together with degree of interest in quitting, on 1-10 scale.

**Perceptions of likelihood of successfully quitting in the future:** Categorization based on TUS-CPS survey question addressed to smokers interested in quitting of how likely they would be to succeed if they did try to quit smoking in the next 6 months.

### Medical conditions (from NHIS)

*Self-reported in NHIS:*

**Asthma:** Persons were classified as having asthma if they were told by a physician that they have asthma.

**Chronic obstructive pulmonary disease:** Persons were classified as having COPD if they were told by a physician that they have emphysema or chronic bronchitis.

**Sinusitis:** Persons were classified as having sinusitis if they were told by a physician that they have sinusitis.

**Diabetes:** Persons were classified as having diabetes if they were told by a physician that they have diabetes.

**Hypertension:** Persons were classified as having hypertension if they were told by a physician that they have hypertension.

**Ischemic Heart Disease (IHD):** Persons were classified as having IHD if they were told by a physician that they had angina or a heart attack, or coronary heart disease.

**Stroke:** Persons were classified as having had a stroke if they were told by a physician that they had a stroke.

### Behavioral risk factors and obesity

**Alcohol Consumption (NHANES):** Heavier consumption (an average of more than 2 drinks per day for men, an average of more than 1 drink per day for women); infrequent to moderate (2 or fewer drinks per day for men, 1 or fewer drinks per day for women); former drinker (no drinks in the past year, but 12 or more in a lifetime); lifetime abstainer (less than 12 drinks in a lifetime).

**Body Mass Index (BMI):** BMI was calculated as weight in kilograms divided by the square of height in meters, based on measurements during the NHANES survey.

- *Underweight:* A person was classified as underweight if his/her BMI was less than 18.5
- *Normal weight:* A person was classified as normal weight if his/her BMI was greater than or equal to 18.5 and less than 25.0.
- *Overweight:* A person was classified as overweight if his/her BMI was greater than or equal to 25.0 and less than 30.0
- *Obese:* A person was classified as obese if his/her BMI was greater than or equal to 30.0

**Exercise:** Exercise behavior was captured by NHANES questions asking the frequency of moderate or vigorous exercise. Responses were categorized into 3 groups: none, 1 to 2 days per week, and 3 or more days per week.



## Appendix II: Data tables

Smoking status of US workforce, age 20–64			
Category	Current smoker (%)	Former smoker (%)	Never-smoker (%)
<b>Total adults, age 20–64</b>	22.5	17.9	59.5
20–39	24.4	12.0	63.6
40–64	21.0	23.9	55.1
<b>Men, age 20–64</b>	24.9	20.0	55.0
20–24	33.6	5.6	60.8
25–29	28.5	10.4	61.0
30–34	24.2	17.2	58.6
35–39	23.0	15.2	61.8
40–44	23.7	16.9	59.4
45–49	27.5	24.2	48.3
50–54	21.4	29.5	49.1
55–59	19.9	37.6	42.5
60–64	15.8	43.2	40.0
<b>Women, age 20–64</b>	20.2	15.9	64.0
20–24	22.8	8.1	69.1
25–29	22.9	11.6	65.5
30–34	20.8	10.5	68.7
35–39	18.1	16.7	65.2
40–44	22.7	14.8	62.5
45–49	22.1	19.9	58.1
50–54	18.9	18.8	62.2
55–59	14.0	21.8	64.2
60–64	12.4	32.3	55.3
<b>White non-Hispanic</b>	24.6	20.4	55.0
<b>Black non-Hispanic</b>	23.3	10.9	65.8
<b>Hispanic</b>	16.1	13.3	70.6
<b>Other</b>	15.2	12.6	72.2
<b>White-collar</b>	17.8	18.5	63.7
<b>Service group</b>	28.0	17.7	54.3
<b>Blue-collar/farm worker</b>	29.7	17.2	53.2
<b>Less than high school</b>	32.6	15.7	51.7
<b>High school diploma (including GED)</b>	30.4	18.2	51.4
<b>More than high school</b>	17.2	18.2	64.6

Source: NHIS 2006

## Smoking in the United States Workforce

Prevalence of condition in smokers and nonsmokers			
Condition	Current smoker (%)	Former smoker (%)	Never-smoker (%)
Chronic Obstructive Pulmonary Disease	6.8	3.6	2.4
Asthma	11.5	9.9	9.6
Sinusitis	14.5	14.9	13.3

Source: NHIS 2006

Average number of lost workdays per year			
Category	Current smoker (%)	Former smoker (%)	Never-smoker (%)
Total adults, age 20–64	6.0	5.5	3.2
20–39	5.4	3.7	2.7
40–64	6.7	6.2	3.7
Men, age 20–64	5.5	5.5	2.7
20–39	4.7	3.8	2.2
40–64	6.4	6.2	3.2
Women, age 20–64	6.8	5.4	3.7
20–39	6.5	3.7	3.2
40–64	7.1	6.3	4.1

Source: NHIS 2006

Percent limited in the amount or type of work they can do			
Category	Current smoker (%)	Former smoker (%)	Never-smoker (%)
Total adults, age 20–64	6.2	5.2	3.0
20–39	4.1	3.7	1.9
40–64	8.3	5.9	4.2
Men	6.2	5.1	2.6
Women	6.1	5.3	3.4
Condition			
COPD	17.8	10.4	9.6
Asthma	11.9	8.8	6.8
Sinusitis	10.1	5.8	6.0
Ischemic heart disease	28.9	14.6	14.3
Stroke	28.6	20.7	9.1
Diabetes	16.9	11.0	8.7
Hypertension	13.0	10.1	6.3

Source: NHIS 2006

## Smoking in the United States Workforce

Smoking status of persons working in establishments with/without official smoking policy			
Workplace smoking policy	Current smoker (%)	Former smoker (%)	Never-smoker (%)
Smoking not permitted in any areas	16.2	17.2	66.6
Smoking permitted in some areas	24.4	17.5	58.1
No smoking restriction policy	29.7	15.9	54.4

Source: TUS-CPS 2003

Percent of workforce with behavioral risk factors and obesity, by smoking status			
Behavioral risk factors and obesity	Current smoker (%)	Former smoker (%)	Never-smoker (%)
Current heavier drinker	19.4	8.5	4.2
Lack of exercise	45.8	32.5	31.0
Obesity	23.3	33.6	30.9

Source: NHANES 1999–2002

Smoking cessation efforts among workers in past year			
Cessation activity	Total (%)	Men (%)	Women (%)
<b>Attempted to quit smoking in the past year, by age</b>			
20–64	50.7	48.2	54.2
20–39	55.5	52.7	59.4
40–64	45.6	43.1	48.8
<b>Successfully quit smoking in past year, among those who tried, by age</b>			
20–64	20.0	18.9	21.3
20–39	21.3	17.9	25.6
40–64	18.3	20.3	16.0
<b>Attempted to quit in the past year, by cigarettes smoked per day</b>			
Light smoker	53.9	52.5	55.7
Heavy smoker	40.0	38.8	42.2
<b>Successfully quit in the past year, among those who tried, by cigarettes smoked per day</b>			
Light smoker	16.7	16.6	16.9
Heavy smoker	25.6	25.2	26.4

Source: NHIS 2006 (attempted and successfully quitting by age)  
 NHIS 2005 (attempted and successfully quitting by cigarettes smoked per day)

## Smoking in the United States Workforce

Smoking prevalence over time			
Year	Total (%)	Men (%)	Women (%)
1997	26.9	29.5	24.3
1998	26.2	28.1	24.3
1999	25.5	27.3	23.8
2000	25.8	28.0	23.5
2001	25.1	26.6	23.5
2002	24.7	27.3	22.2
2003	23.8	26.0	21.6
2004	23.3	25.5	21.0
2005	23.2	26.1	20.3
2006	23.0	24.9	20.2

Source: NHIS 1997–2006

Percent of workers with diagnosed chronic conditions who smoke, by age			
Condition	Total (%)	Age 20–39 (%)	Age 40–64 (%)
COPD	42.8	44.8	41.8
Asthma	25.8	28.5	22.8
Sinusitis	23.7	24.5	23.2
Stroke	32.6	27.2	33.8
Ischemic heart disease	24.8	19.1	25.3
Hypertension	20.6	22.9	20.0
Diabetes	18.5	22.4	17.3

Source: NHIS 2006



## Smoking in the United States Workforce

Quantity of cigarettes smoked	Percent of current smokers
Smoke every day, 20 or more	37.1
Smoke every day, less than 20	42.9
Smoke some days	20.0

Source: NHIS 2006

Interest in quitting in the next 6 months	Percent of current smokers
Not interested in quitting	17.3
Some interest, but not within 6 months	33.5
Very interested, but not within 6 months	6.3
Planning to quit in 6 months	42.8

Source: TUS-CPS 2003

Perceptions of likelihood of success among those interested in quitting in the future	Percent of current smokers
Not at all	10.4
A little likely	21.6
Somewhat likely	38.5
Very likely	29.6

Source: TUS-CPS 2003

Number of attempts made by current smokers who tried to quit in the past year	Percent of current smokers
1	34.6
2	24.3
3	16.1
4	6.9
5+	18.2

Source: TUS-CPS 2003

Smoking in the United States Workforce

Number of lifetime attempts to quit smoking	Percent of current smokers
0	15.8
1-4	61.9
5+	22.3

Source: NCS-R 2001-2003



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