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November 2017

TUS-CPS

The 2014-2015 Tobacco Use Supplement to the Current Population Survey

TOBACCO USE SUPPLEMENT
CURRENT POPULATION SURVEY

U.S. Department of Health & Human Services | National Institutes of Health

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The 2014-2015 Tobacco Use Supplement to the Current Population Survey

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This document updates the previous version (August 2017) with several clarifications and minor corrections.

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BACKGROUND

Since 1992, the Tobacco Use Supplement to the Current Population Survey (TUS-CPS) an NCI-sponsored survey, has served as a key source of national, state, and sub-state data on tobacco use and cessation behaviors, social norms (e.g., voluntary home smoking rules), tobacco-related attitudes, and policies in the United States. The TUS is conducted every 3-4 years (during 3 non-consecutive months) and is part of the CPS, a monthly survey conducted by the U.S. Census Bureau for the U.S. Bureau of Labor Statistics. In each wave, the TUS-CPS collects nationally and state representative data from about 240,000 non-institutionalized civilian adults in U.S. households (data collected between 1992 and 2006 also included youth ages 15–17).

Unique Features of the TUS-CPS

Several Federal surveys are used to study adult tobacco use in the U.S. population, and the selection of a particular data source depends on the investigator's purposes, especially concerning the relationship of tobacco use with other behavioral and health measures. For example, for basic estimation of current cigarette smoking, researchers often rely on current data from the National Health Interview Survey (the U.S. Department of Health and Human Services' [DHHS] Healthy People Objectives Data Source) conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention (CDC) (https://www.cdc.gov/nchs/nhis/index.htm). For collection of continuous U.S. state-based health risk behavior data related to chronic disease prevalence, the CDC conducts the telephone-based Behavioral Risk Factor Surveillance System survey (https://www.cdc.gov/brfss/factsheets/pdf/BRFSS-History.pdf). Further, as a primary source of information on the prevalence, patterns, and consequences of tobacco-related behavior in the context of alcohol and other drug use in the U.S. population age 12 and older, the National Survey on Drug Use and Health (NSDUH) is conducted by the DHHS Substance Abuse and Mental Health Services Administration.

Especially due to its large sample size and incorporation into the CPS survey, the TUS provides a unique opportunity for tracking long-term trends in tobacco use, cessation attempts, and tobacco-related policies; evaluation of tobacco control programs/interventions; study of tobacco-related health disparities; and conduct of other tobacco control research. TUS-CPS data can be analyzed at the U.S. and state levels, and at some sub-state levels. Further, although tobacco researchers have access to a variety of sources when conducting population surveillance, the TUS-CPS affords additional unique analytic opportunities. In particular, a range of novel analyses can be conducted through linkage of TUS-CPS data to the CPS's detailed occupational, employment, and economic data contained within the same TUS-CPS file; to other CPS supplements; and through linkage of its tobacco control data to the National Longitudinal Mortality Study, which contains cancer incidence, cause-specific mortality data, and Medicare screening, diagnosis, treatment, and health care cost data.

Researchers have utilized previous TUS-CPS data for a range of analyses, with resultant articles appearing in a wide variety of outlets, including: (1) academic journals devoted to tobacco control, substance use, and addiction (*Nicotine and Tobacco Research, Tobacco Control, Addiction*); (2) public health, health economics, and policy-oriented journals (*The American Journal of Public Health, Preventive Medicine, Public Health Reports, Health Economics, Health Policy, Economic Inquiry, Applied Economics, Journal of Epidemiology and Community Health)*; (3) cancer and other medically oriented journals (*The Journal of the National Cancer Institute, Cancer Causes and Control, Journal of Oncology, Lancet, Journal of the American Medical Association*); and (4) statistical journals (*Public Opinion Quarterly, Survey Research Methods, Journal of the Royal Statistical Society*). Further, in support of NCI and CDC's cancer prevention implementation and dissemination activities, TUS-CPS data are also available on the "State Cancer Profiles" website (https://statecancerprofiles.cancer.gov/data-topics/screening-risk-factors.html, and an online bibliography is available at https://cancercontrol.cancer.gov/brp/tcrb/tus-cps/publications.html).

TUS-CPS Questionnaire Content

Topics covered in the questionnaire include:

- Current cigarette smoking status, amount smoked, and smoking history
- Menthol cigarette smoking: current use (since 2003), history of use (since 2010-2011), and reason for use (2010-2011 only)
- Quit attempts and intention to quit smoking
- Medical/dental/health professional advice to quit
- Nicotine dependence (since 2003)
- Cost of cigarettes and purchase location (since 2003)
- Cigar, pipe (hookah/waterpipe since 2010) and smokeless tobacco current use and history of use
- Emerging products and those that potentially reduce health consequences to users (since 2003)
- E-cigarette use (since 2011)
- Smoking restrictions (workplace and home)
- Attitudes toward smoke-free policies in public places and other contexts

New TUS-CPS Questionnaire Content, 2014-2015. Major new content of the 2014-2015 survey wave includes detailed information on attitudes toward smoking restrictions in multi-unit housing. In addition, the Food and Drug Administration, Center for Tobacco Products (FDA/CTP) co-sponsored the 2014-2015 TUS-CPS survey wave to allow for collection of data on core tobacco use patterns and more detailed information on use of non-cigarette products (e.g., e-cigarettes) and use of flavored tobacco products.

Data Access. Currently data files are available for 2014-2015 (July 2014, January 2015, and May 2015), 2010-2011, 2010-2011 Special Longitudinal Cohort, 2006-2007, 2003, 2001-2002, 2000, 1998-1999, 1995-1996, and 1992-1993. The data and technical documentation for the 2014-2015 Tobacco Use Supplements are available for download from the Current Population

Survey FTP Page (http://thedataweb.rm.census.gov/ftp/cps_ftp.html#cpssupps). For more detailed information about the TUS-CPS generally, including instructions for obtaining earlier data files and questionnaires, see: http://cancercontrol.cancer.gov/brp/tcrb/tus-cps.

HIGHLIGHTS FROM THE 2014-2015 WAVE OF TUS-CPS

This report presents the results of several initial analyses of data from the 2014-2015 TUS-CPS wave, the most recent available dataset. The 2014-2015 survey wave was conducted with co-sponsorship from the FDA/CTP. The results presented in this report are intended to provide examples of the types of information that are available to data users for their own exploration and for more complex multivariate analyses.

Regional Patterns in Cigarette Smoking, 2014-2015 TUS-CPS

Table 1. Tobacco Use Supplement to the Current Population Survey, 2014-2015: Estimates of Cigarette Smoking (Never, Current, and Former), Total United States, by Sex and Region

	Never		Current		Former		Total	
	Percentage	95% CI	Percentage	95% CI	Percentage	95% CI	Sample Size	Population Estimate
Total	67.6	67.3–67.9	13.7	13.5–13.9	18.7	18.5–18.9	163,073	239,864,988
Male	62.8	62.4–63.2	15.4	15.1–15.7	21.8	21.5–22.1	72,946	115,306,491
Female	72.0	71.7–72.3	12.2	11.9–12.5	15.8	15.5–16.0	90,127	124,558,497
Northeast	66.6	65.9–67.4	12.7	12.3–13.2	20.6	20.0–21.2	28,222	43,245,527
Midwest	62.7	62.1–63.4	16.2	15.7–16.7	21.1	20.6–21.6	35,696	50,828,400
South	68.0	67.5–68.5	14.9	14.5–15.4	17.0	16.7–17.4	58,327	89,489,287
West	72.0	71.4–72.6	10.3	9.9–10.7	17.7	17.2–18.2	40,828	56,301,774

Notes:

1. Current smoking = Smoked at least 100 cigarettes in lifetime, and now smokes every day or some days; Former Smoking = Smoked at least 100 cigarettes in lifetime and currently not smoking at all; Never smoking = Did not smoke 100 or more cigarettes in lifetime.
2. Percentage values are weighted estimates.
3. Sample and population estimates combine all values of smoking status (i.e., denominator values).

Smoking Prevalence. Overall, estimates of cigarette smoking prevalence from the 2014-2015 TUS-CPS (i.e., 13.7% current every-day or some-day smokers) mirror those obtained from the CDC National Center for Health Statistics' (NCHS) National Health Interview Survey (NHIS) (https://www.cdc.gov/nchs/nhis/index.htm), Although the TUS-CPS point estimates have consistently been a few percentage points lower than those obtained from the NHIS (likely for a variety of reasons involving differences between surveys in technical and survey administration features), patterns of use with respect to key demographic variables such as sex, age, and race/ethnicity are consistent between surveys, as are overall trends in smoking over time.

Further, due to its large sample size, the TUS-CPS provides a detailed snapshot of cigarette smoking rates across states and major regions of the United States. In particular, as shown in Table 1:

- There is a higher estimated percentage of current smokers in the Midwest (16.2%) than in the South (14.9%), Northeast (12.7%), or West (10.3%)

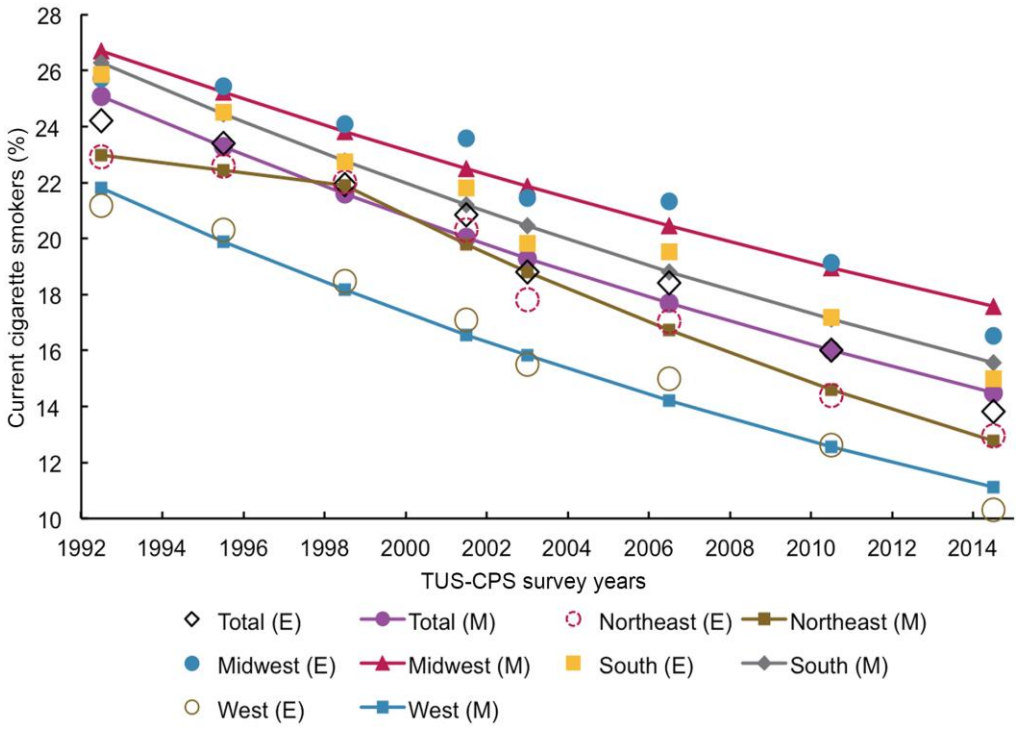
- There is a higher estimated percentage of former smokers in the Midwest (21.1%) and Northeast (20.6%) than in the South (17.0%) or West (17.7%).

However, these estimates, likes the others contained within this report, represent the results of univariate analyses and do not adjust for factors that may differ across region, such as race/ethnicity, age, or educational level. Further multivariate analyses are necessary to disentangle these potentially complex relationships.

Trends in Regional Patterns of Cigarette Smoking

As Figure 1 illustrates, the percentage of adult cigarette smokers declined by almost 50% between 1992 and 2015, and has declined in every region (Northeast, Midwest, South and West).

Figure 1. Tobacco Use Supplement to the Current Population Survey: Total U.S. and Regional Trends in Current (Every Day or Some Day) Cigarette Smoking Prevalence, 1992–2015



Notes:

1. With the exception of 2003, each listed year represents a TUS-CPS wave that spans two nominal years (e.g., 2014 = 2014-2015 wave).
2. Data are age-adjusted to control for overall changes over time in age of the U.S. household population.
3. (E) = direct estimate from TUS-CPS survey data; (M) = modeled trend line based on Joinpoint software analysis (https://surveillance.cancer.gov/joinpoint).

Variation in Price Per Pack of Cigarettes Across States

Table 2 illustrates state-specific means for reported price paid per pack of cigarettes in 2014-2015; additionally, the map in Figure 2 provides an illustration of state variation in estimates of cigarette pack price by quartile ranking.

Table 2. Mean Price (in Dollars) Paid Per Pack of Cigarettes by State, 2014-2015 TUS-CPS

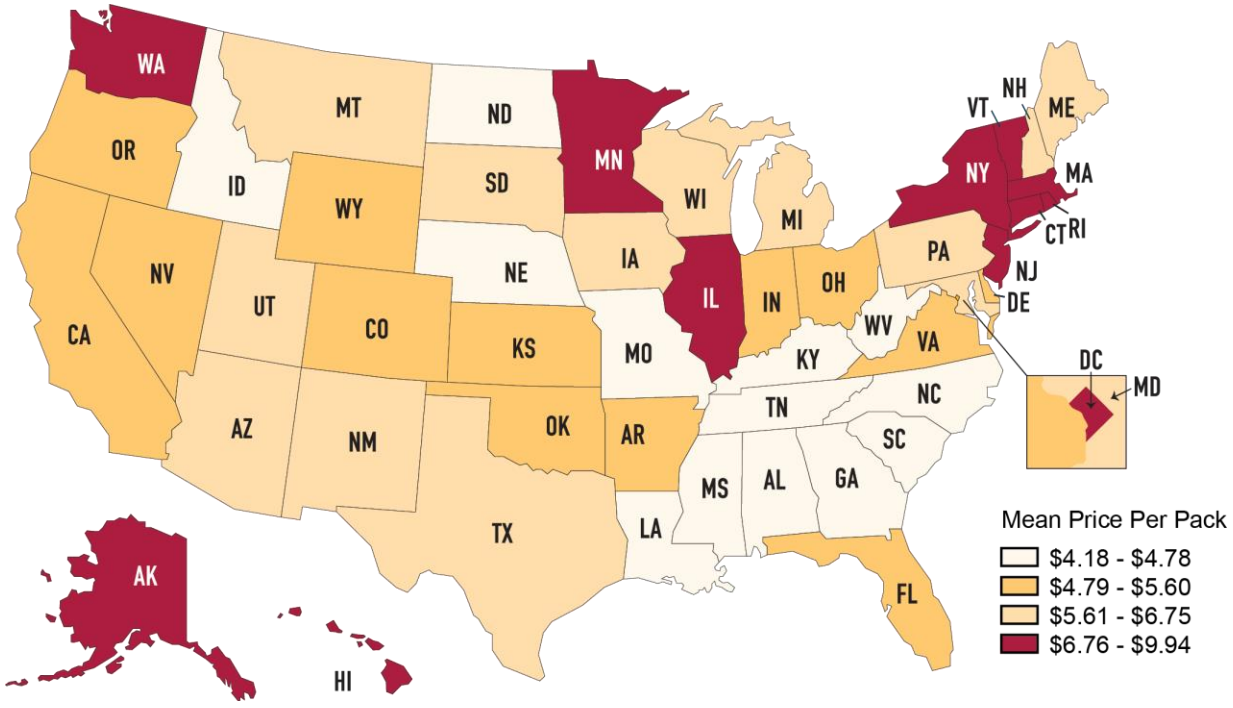
State	Mean ($)	95% CI	Sample Size	Population Size
Total U.S.	5.89	5.85–5.93	15,722	22,662,671
Alabama	4.64	4.47–4.80	345	480,832
Alaska	8.73	8.45–9.01	196	59,455
Arizona	6.45	6.22–6.68	166	364,939
Arkansas	5.04	4.92–5.16	338	296,254
California	5.60	5.51–5.69	666	1,632,875
Colorado	5.23	5.08–5.38	205	356,727
Connecticut	8.25	7.97–8.53	207	256,941
Delaware	5.58	5.48–5.69	201	65,319
District of Columbia	7.15	6.96–7.33	259	46,914
Florida	5.27	5.15–5.39	494	1,206,386
Georgia	4.62	4.50–4.74	319	692,738
Hawaii	7.96	7.65–8.26	132	73,491
Idaho	4.74	4.65–4.82	198	101,003
Illinois	6.96	6.70–7.22	396	804,438
Indiana	5.20	5.11–5.28	350	682,727
Iowa	5.75	5.60–5.90	230	242,517
Kansas	5.10	4.97–5.22	248	232,913
Kentucky	4.34	4.21–4.47	335	463,568
Louisiana	4.64	4.53–4.76	418	449,021
Maine	6.38	6.15–6.60	224	109,585
Maryland	6.55	6.37–6.74	216	363,045
Massachusetts	8.94	8.69–9.20	213	417,276
Michigan	6.15	6.03–6.27	416	857,140
Minnesota	7.42	7.15–7.69	286	402,371
Mississippi	4.78	4.65–4.92	444	321,803
Missouri	4.18	4.05–4.32	244	471,003
Montana	5.85	5.68–6.01	322	93,411
Nebraska	4.71	4.56–4.86	241	156,136
Nevada	5.18	5.01–5.34	212	207,441
New Hampshire	5.88	5.75–6.00	256	105,549
New Jersey	7.64	7.44–7.83	215	517,475
New Mexico	6.01	5.86–6.17	234	146,078

State	Mean ($)	95% CI	Sample Size	Population Size
New York	9.94	9.70–10.18	457	1,177,231
North Carolina	4.65	4.57–4.74	373	837,713
North Dakota	4.76	4.67–4.86	246	64,249
Ohio	5.29	5.21–5.37	600	1,180,519
Oklahoma	4.91	4.81–5.00	305	353,850
Oregon	5.41	5.28–5.53	211	298,431
Pennsylvania	5.91	5.81–6.01	486	1,076,578
Rhode Island	8.20	8.03–8.36	174	79,913
South Carolina	4.70	4.58–4.82	312	442,644
South Dakota	5.73	5.60–5.87	290	87,635
Tennessee	4.62	4.51–4.72	352	626,576
Texas	5.82	5.74–5.90	783	1,851,512
Utah	6.04	5.89–6.20	122	117,555
Vermont	7.61	7.41–7.80	239	52,462
Virginia	4.84	4.72–4.97	285	582,288
Washington	7.56	7.32–7.80	224	396,459
West Virginia	4.40	4.31–4.49	416	217,387
Wisconsin	6.75	6.59–6.91	314	482,877
Wyoming	5.00	4.88–5.12	307	59,424

Note:

1. Population size refers to the estimated number of current cigarette smokers who purchase their own cigarettes.

Figure 2. Mean Price Per Pack of Cigarettes by State Quartile, 2014-2015 TUS-CPS



Overall, concerning cigarette pack price:

- In 2014-2015, the overall estimate of the U.S. average price paid across all states was $5.89 per pack of cigarettes.
- In 2014-2015, 15 states had an average price paid lower than $5.00. The states with the lowest average price paid were:
  - Missouri ($4.18)
  - Kentucky ($4.34)
  - West Virginia ($4.40)
  - Tennessee ($4.62)
  - Georgia ($4.62)
- In 2014-2015, five states had an average price paid higher than $8.00. The states with the highest average price paid were:
  - New York ($9.94)
  - Massachusetts ($8.94)
  - Alaska ($8.73)
  - Connecticut ($8.25)
  - Rhode Island ($8.20)
- The average price paid was higher in the Northeast ($7.97) than in the South ($5.07), Midwest ($5.83), or West ($5.90) (data not shown).
- By race/ethnicity, non-Hispanic whites ($5.76) reported a lower average price paid than non-Hispanic Asian/Pacific Islanders ($6.74) and Hispanics ($6.48) (data not shown).

Nicotine Dependence (Cigarettes)

As a measure of dependence, 56.6% of every-day smokers report smoking their first cigarette within the first 30 minutes of waking; rates are similar for males and females (Table 3).

Table 3. Estimates of Smoking First Cigarette (By Every-Day Smokers) Within First 30 Minutes of Waking, Total United States, by Sex, 2014-2015 TUS-CPS

Sex	Percentage (Weighted)	95% C.I.	Sample Size (Unweighted)	Population Size (Weighted)
Male	56.9%	55.6–58.1%	5,202	7,549,173
Female	56.3%	54.9–57.6%	5,273	6,577,182
Total	56.6%	55.6–57.5%	10,475	14,126,355

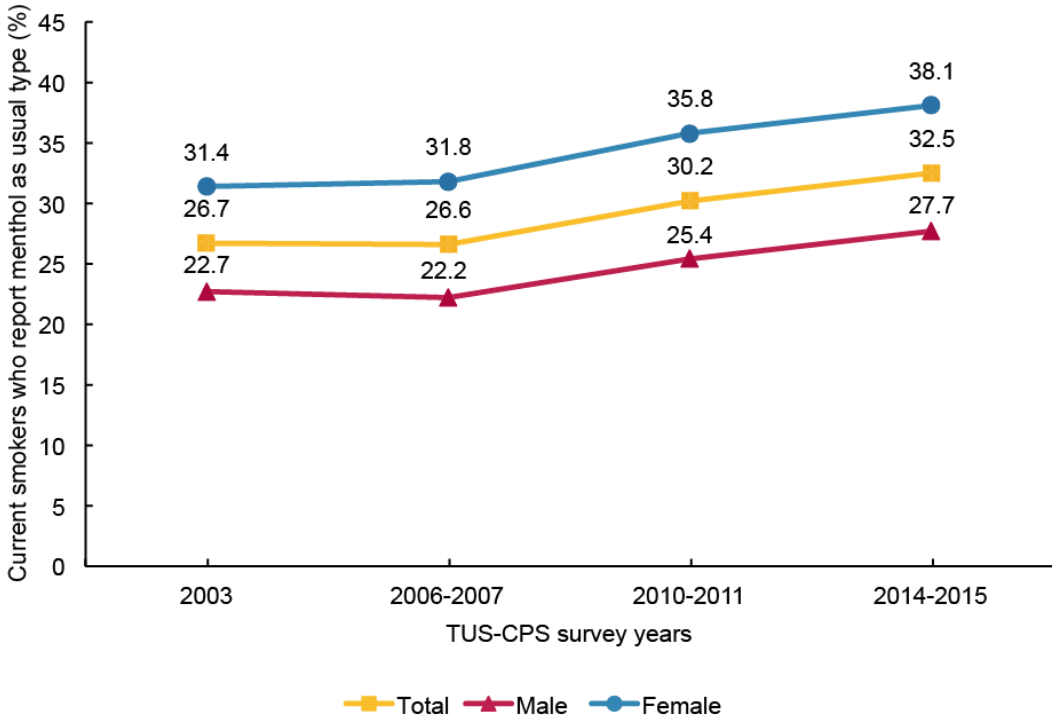
Note:

1. Sample and population size estimates correspond to the percentage values shown in the weighted percentage column (i.e., numerator values, rather than total denominator values, are presented).

Menthol Cigarette Smoking

In the 2014-2015 TUS-CPS, nearly one-third (32.5%) of current smokers reported that their usual type of cigarette was menthol. As shown in Figure 3, the percentage of current cigarette smokers who reported that their usual cigarette brand was mentholated has been increasing over the time period tracked by the TUS-CPS: The estimated proportion of menthol cigarette use was 26.7% in 2003, 26.6% in 2006-2007, 30.2% in 2010-2011, and 32.5% in 2014-2015. Further, reported menthol use among females has been higher than among males over all four TUS-CPS waves. For 2014-2015, the estimated prevalence for females was 38.1%, and 27.7% for males.

Figure 3. Trends in Percentage of Current Smokers Reporting Menthol as Usual Type of Cigarette, Total United States, by Sex, TUS-CPS 2003–2015



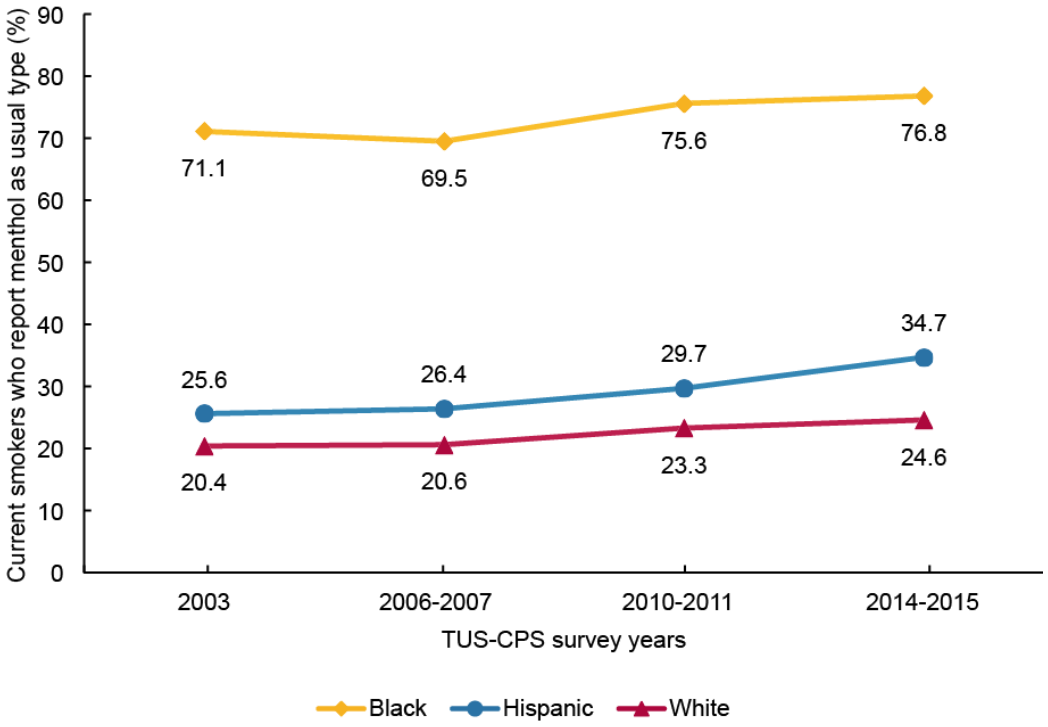
Note:

1. For 2014-2015, 95% confidence intervals = total: 31.7–33.3; female: 36.9–39.3; male: 26.6–28.7; values for other years available upon request.

Race/Ethnicity Trends in Menthol Use, 2003–2015

Questions on menthol were added to TUS-CPS in 2003. Differences in menthol cigarette use over time between blacks and whites have been pronounced. Black smokers have consistently reported by far the highest prevalence of menthol cigarette use, and this prevalence has generally increased over TUS-CPS wave. Concerning group-specific trends, increases in relative use of menthol cigarettes over time have been higher for Hispanics (9 percentage points) than for either white or black non-Hispanic groups (Figure 4).

Figure 4. Trends in Percentage of Current Smokers Reporting Menthol as Usual Type of Cigarette, by Race/Ethnicity, TUS-CPS 2003–2015



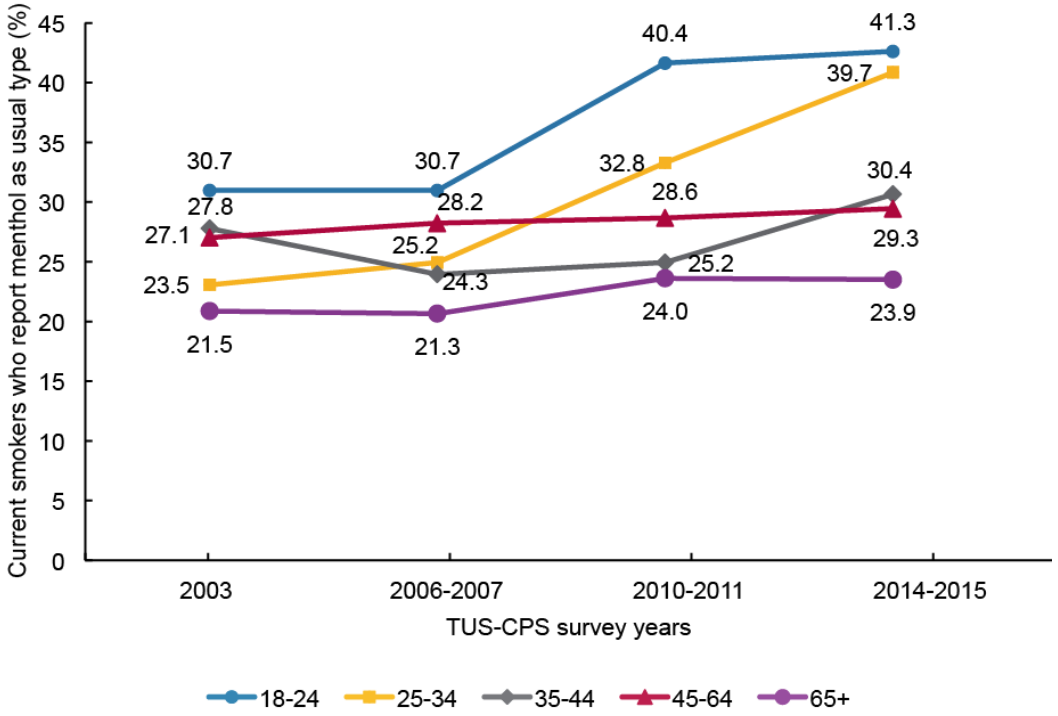
Note:

1. For 2014-2015, 95% confidence intervals = white: 23.8-25.4: black: 74.8–78.7; Hispanic: 32.1–37.4; values for other years available upon request.

Age Trends in Menthol Use, 2003–2015

Figure 5 demonstrates that the prevalence of menthol use is higher for young adult smokers than for older adult smokers—especially for more recent TUS-CPS waves.

Figure 5. Trends in Percentage of Current Smokers Reporting Menthol as Usual Type of Cigarette, by Age Group, TUS-CPS 2003–2015



Note:

1. For 2014-2015, 95% confidence intervals = 18–24: 38.3–44.4; 25–34: 37.9–41.5; 35–44: 28.7–32.1; 45–64: 28.2–30.4; 65+: 21.9–25.9; values for other years available upon request.

Use of E-cigarettes, 2014-2015

- In 2014-2015, the estimated prevalence of e-cigarette use (every day or some day) was 11.5% for current cigarette smokers, 3.3% for former cigarette smokers, and 0.3% for never smokers (Table 4).
- The overall national estimate of never-cigarette smokers who reported any e-cigarette use was approximately 469,000.

Table 4. Percentage Reporting Any Current E-cigarette Use, by Sex, TUS-CPS 2014-2015

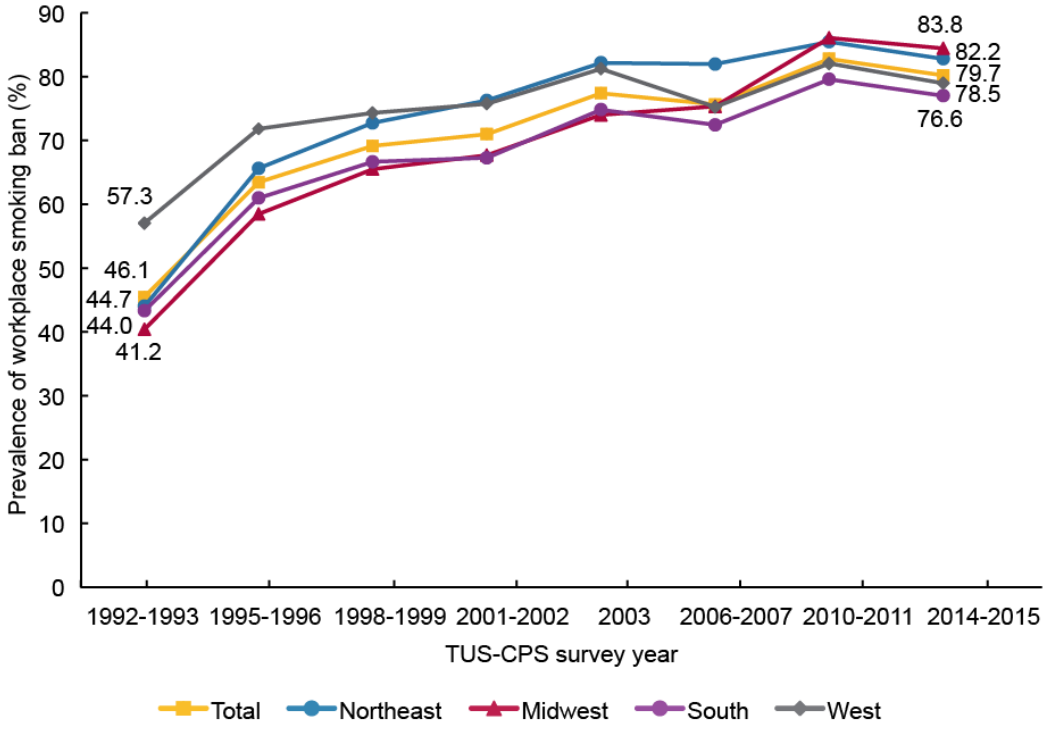
Cigarette Smoking Status	Sex	Currently Using e-Cigarettes (%)			
		Percentage (Weighted)	95% CI	Sample Size (Unweighted)	Population Size (Weighted)
Current	Total	11.5	11.0–12.0	2,535	3,669,910
	Male	10.5	9.8–11.1	1,132	1,795,826
	Female	12.7	11.9–13.5	1,403	1,874,084
Former	Total	3.3	3.1–3.5	989	1,455,093
	Male	3.5	3.2–3.8	529	865,328
	Female	3.0	2.7–3.4	460	589,765
Never	Total	0.3	0.2–0.3	247	468,808
	Male	0.4	0.4–0.5	146	321,747
	Female	0.2	0.1–0.2	101	147,061
Total	Total	2.4	2.3–2.4	3,771	5,593,811
	Male	2.6	2.5–2.7	1,807	2,982,900
	Female	2.1	2.0–2.2	1,964	2,610,910

Notes:
1. Sample and population size estimates correspond to the percentage values shown in the weighted percentage column (i.e., numerator values, rather than total denominator values, are presented).
2. Current e-cigarette use = used an e-cigarette at least one time, and now use every day or some days.

Workplace Smoking Policies

Overall, the estimated prevalence of workplace smoking bans (i.e., smoking is not allowed in any common area or work area) in the U.S. has increased substantially since 1992-1993 (Figure 6). For the most recent (2014-2015) TUS-CPS wave, there were higher reported rates of workplace smoking bans in the Midwest (83.8%) and Northeast (82.2%) than in the West (78.5%) and South (76.6%).

Figure 6. Trends in Workplace Smoking Ban, by Region, TUS-CPS 1992–2015



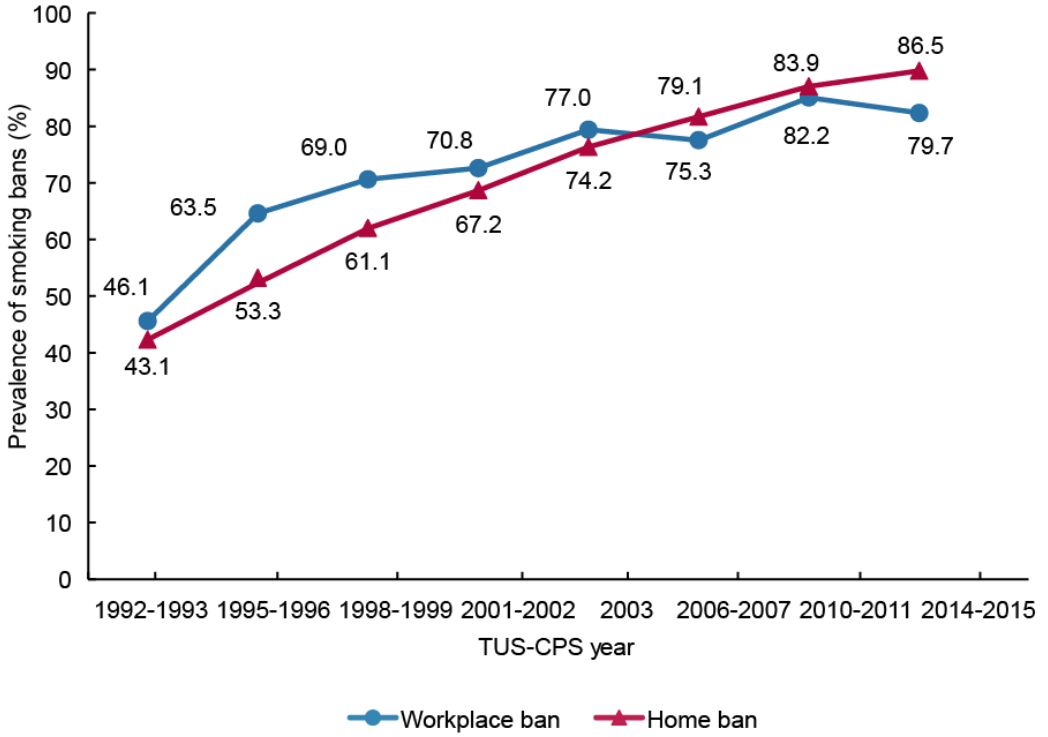
Note:
1. Confidence intervals for estimates are available upon request.

Home Versus Workplace Smoking Policy

Trends in smoking policies in both homes and workplaces are illustrated in Figure 7 and Table 5.

- The prevalence of home smoking rules (i.e., no one is allowed to smoke anywhere inside the home) in the U.S. has grown steadily over time. In 1992-1993, only about 43% of all respondents reported a home smoking ban. In contrast, in 2014-2015, more than 86% of all respondents reported a home smoking ban (Figure 7).
- Smoking status is a strong predictor of whether a home smoking ban is reported, with current smokers far less likely to report a ban than former/never smokers. Nevertheless, more than half of all current smokers reported having a home smoking ban in the most recent (2014-2015) TUS-CPS wave (Table 5).
- Estimates of reporting a home-smoking ban for the 2014-2015 TUS-CPS wave indicate that the West has the highest percentage of home smoking bans (91.4%), followed by the Northeast (85.9%), South (85.4%), and Midwest (83.6%) (Table 5).
- Looking across the home-ban and workplace-ban trends over time, it appears that workplace smoking bans initially increased faster than home bans, but home smoking bans then caught up and overtook workplace bans (Figure 7).

Figure 7. Home and Workplace Smoking Bans Across TUS-CPS Waves, 1992–2015



Note:
1. Confidence intervals for estimates are available upon request.

Demographic Patterns in Home and Workplace Smoking Bans. As shown in Tables 5 and 6, for 2014-2015, former and never smokers (combined) reported a higher rate of having smoking bans—both in homes (91.7%) and at work (80.7%)—than did current smokers (home = 53.3%; work = 72.6%).

Further, the reported differences between smokers and former/never smokers are much higher for home than for workplace smoking bans.

Table 5. Demographic Associations for Home Smoking Bans, 2014-2015 TUS-CPS

	Percentage With a Home Smoking Ban	95% CI	Sample Size (Unweighted)	Population Size (Weighted)
Total	86.5	86.3–86.7	160,262	235,686,661
Male	85.4	85.1–85.7	71,503	113,044,332
Female	87.5	87.2–87.8	88,759	122,642,330
Northeast	85.9	85.2–86.5	27,660	42,389,911
Midwest	83.6	83.0–84.1	35,063	49,879,908
South	85.4	85.0–85.8	57,439	88,143,802
West	91.4	91.0–91.8	40,100	55,273,041
White (NH)	86.0	85.7–86.2	117,202	152,934,135
Black (NH)	81.3	80.5–82.1	15,950	27,453,054
Hispanic	91.0	90.4–91.6	16,911	36,833,293

	Percentage With a Home Smoking Ban	95% CI	Sample Size (Unweighted)	Population Size (Weighted)
American Indian/Alaska Native (NH)	80.5	77.8–83.0	1,528	1,659,587
Asian/Pacific Islander (NH)	92.3	91.3–93.2	6,736	13,664,281
2 or More Races (NH)	83.4	81.0–85.5	1,935	3,142,312
Current Smoker	53.3	52.4–54.1	22,423	31,790,564
Former/Never Smoker	91.7	91.5–91.9	137,839	203,896,097

Notes:
1. Sample and population estimates represent all respondents, independent of smoking ban status (i.e., denominator values).
2. NH = non-Hispanic.

Table 6. Demographic Associations for Workplace Smoking Bans, 2014-2015 TUS-CPS

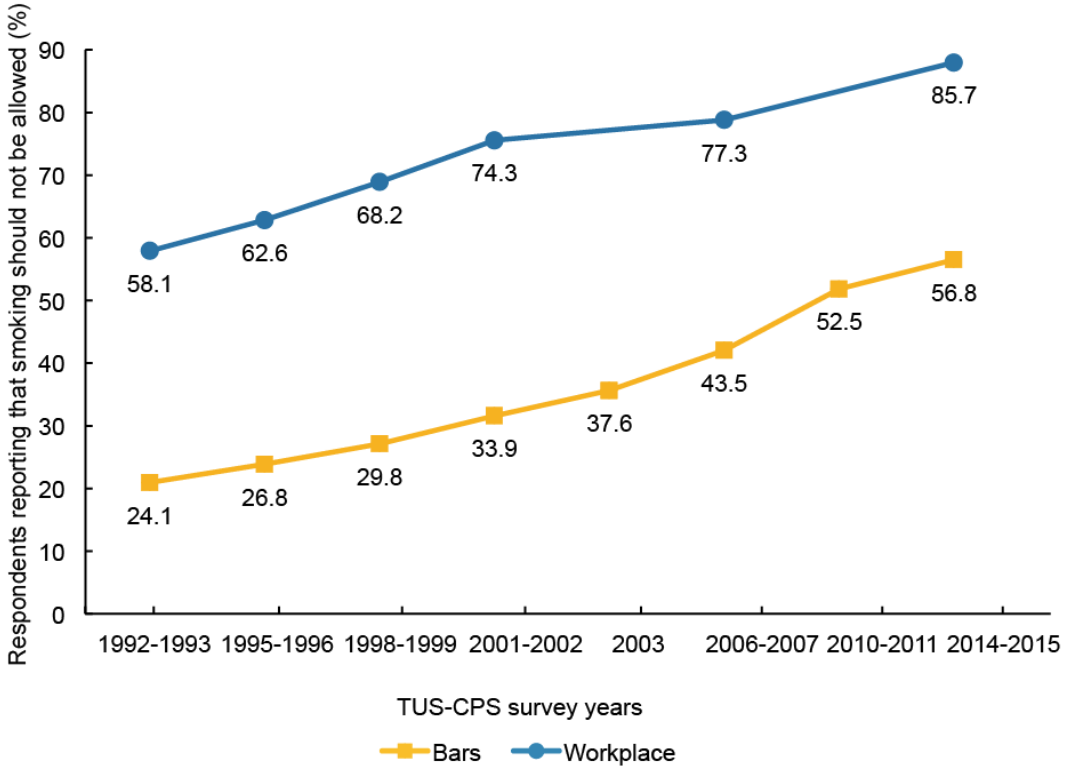
	Percentage With a Workplace Smoking Ban	95% CI	Sample Size (Unweighted)	Population Size (Weighted)
Total	79.7	79.3–80.1	69,059	105,227,174
Male	76.9	76.3–77.5	30,393	50,460,694
Female	82.3	81.8–82.7	38,666	54,766,480
Northeast	82.2	81.3–83.1	12,323	19,456,803
Midwest	83.8	83.0–84.6	16,355	24,170,826
South	76.7	75.8–77.3	23,884	38,182,538
West	78.5	77.5–79.5	16,588	23,417,007
White (NH)	81.7	81.2–82.1	50,094	68,373,732
Black (NH)	77.9	76.7–79.1	6,733	12,173,570
Hispanic	73.4	72.1–74.6	7,280	15,618,501
American Indian/Alaska Native (NH)	71.4	66.0–76.3	583	664,322
Asian/Pacific Islander (NH)	78.7	77.0–80.2	3,536	6,960,777
2 or More Races (NH)	78.0	74.2–81.4	833	1,436,273
Current Smoker	72.6	71.4–73.8	8,912	12,948,452
Former/Never Smoker	80.7	80.3–81.1	60,147	92,278,723

Notes:
1. Sample and population estimates represent all respondents, independent of workplace ban status (i.e., denominator values).
2. NH = non-Hispanic.

Trends in Attitudes Toward Place-Specific Smoking: Indoor Work Areas and Bars/Cocktail Lounges

A look at trends over the 25-year period (1992-1993 through 2014-2015), as seen in Figure 8, reveals that support for banning smoking in indoor work areas has nearly doubled. In 2014-2015, 85.7% of respondents supported banning smoking in indoor workplaces. Support for banning smoking in bars and cocktail lounges has grown over time as well. In 2014-2015, nearly 6 in 10 respondents (56.8%) supported banning smoking in bars/cocktail lounges.

Figure 8. Trends in Attitudes Toward Smoking Bans in Indoor Workplaces and in Bars/Cocktail Lounges, TUS-CPS 1992–2015



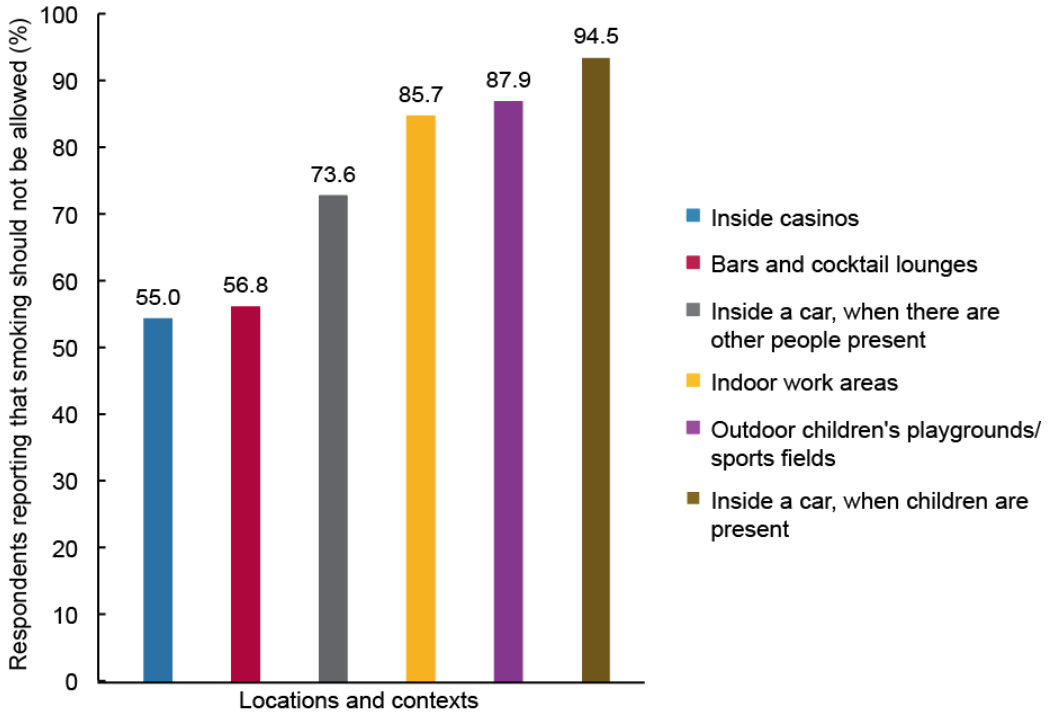
Notes:

1. Data for attitudes toward banning smoking in indoor workplaces were not collected by TUS-CPS in either the 2003 or 2010-2011 waves.
2. Confidence intervals for estimates are available upon request.

Attitudes Toward Smoking Bans in Other Locations and Contexts, 2014-2015

Figure 9 illustrates that attitudes related to where smoking should be banned varied based on the location of cigarette smoke exposure, with the highest percentage of respondents stating that smoking should be banned in settings involving children, including inside a car when children are present (94.5%), or in outdoor children's playgrounds/sports fields (87.9%). Although support for smoking bans inside casinos was the lowest reported, more than half (55%) of respondents reported that smoking should not be allowed inside casinos.

Figure 9. Attitudes Toward Smoking Bans in Multiple Locations and Contexts, TUS-CPS 2014-2015, Total Sample

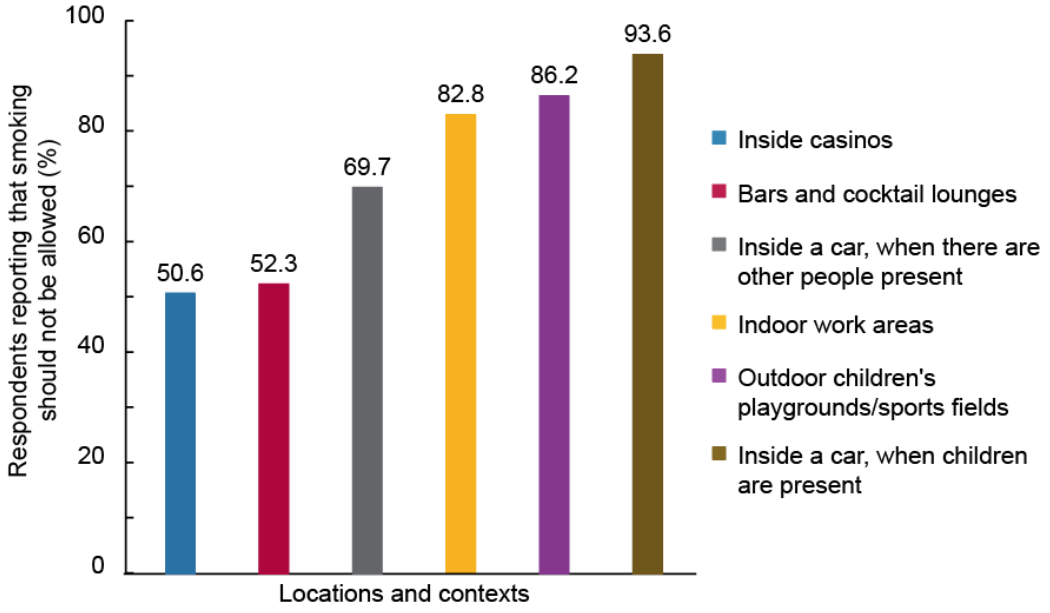


Note:

1. Confidence intervals for estimates are available upon request.

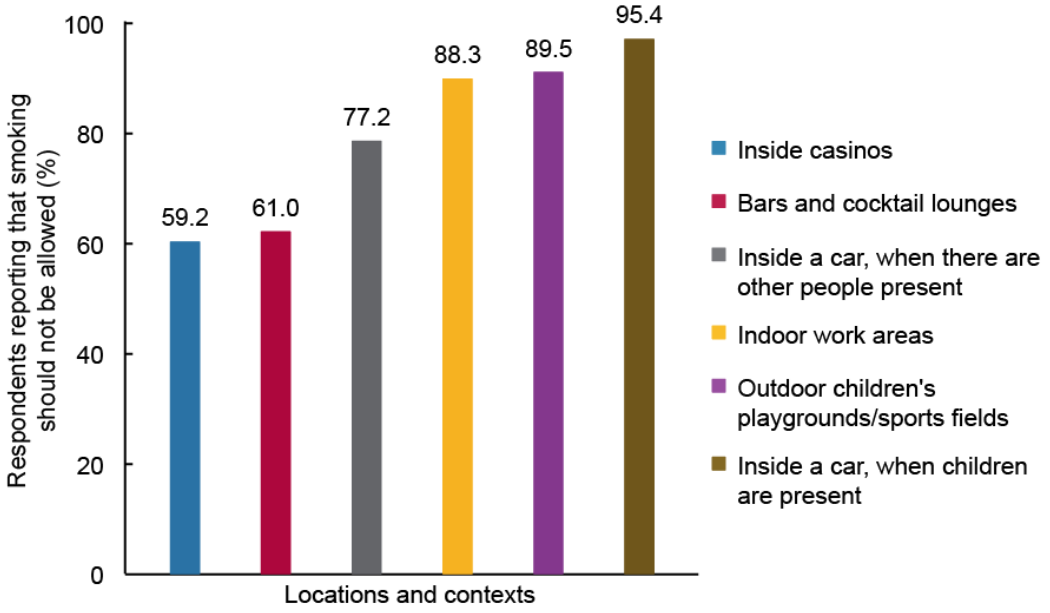
Figures 10 and 11 illustrate that women are generally more supportive of smoking bans than men, although the differences are not large.

Figure 10. Attitudes Toward Smoking Bans in Multiple Locations and Contexts, TUS-CPS 2014-2015, Males



Note:
1. Confidence intervals for estimates are available upon request.

Figure 11. Attitudes Toward Smoking Bans in Multiple Locations and Contexts, TUS-CPS 2014-2015, Females

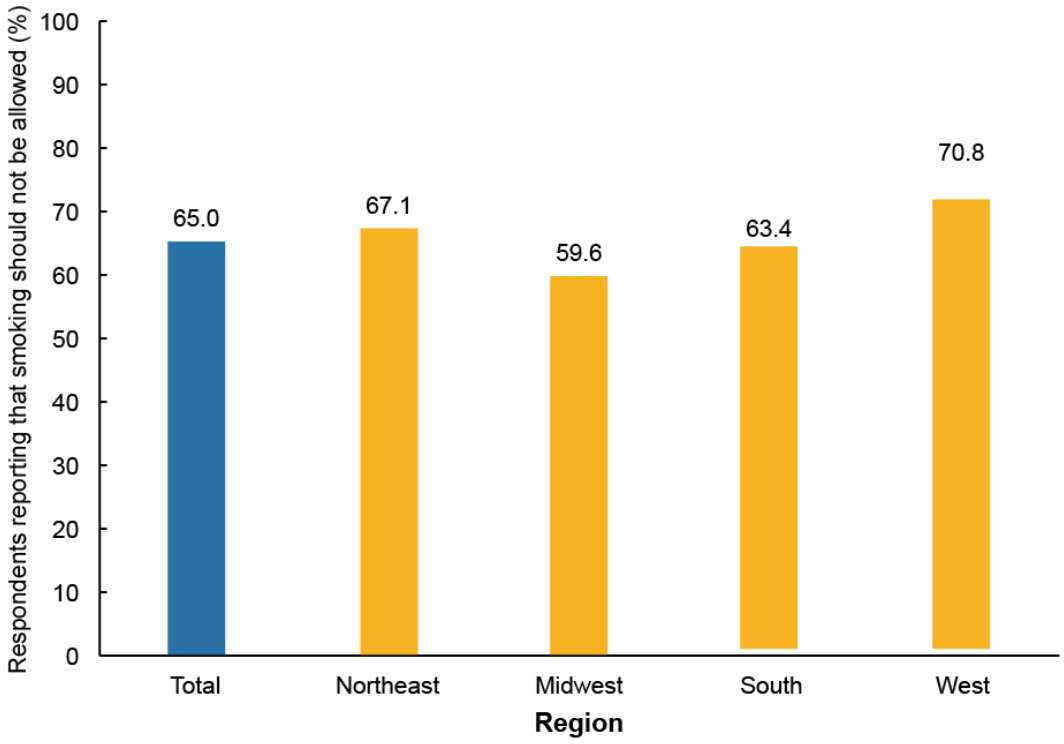


Note:
1. Confidence intervals for estimates are available upon request.

Attitudes Toward Smoking Bans in Apartments/Living Areas Within Multi-Unit Housing Structures

Figures 12–14 illustrate regional attitudes related to whether smoking should be disallowed within *apartments and living areas* within multi-unit housing, overall and by sex, as reported by all household respondents to the 2014-2015 TUS-CPS. (Note that this analysis could also be conducted for residents of multi-unit house, through linkage to the CPS Annual March Social and Economic Supplement [ASEC].)

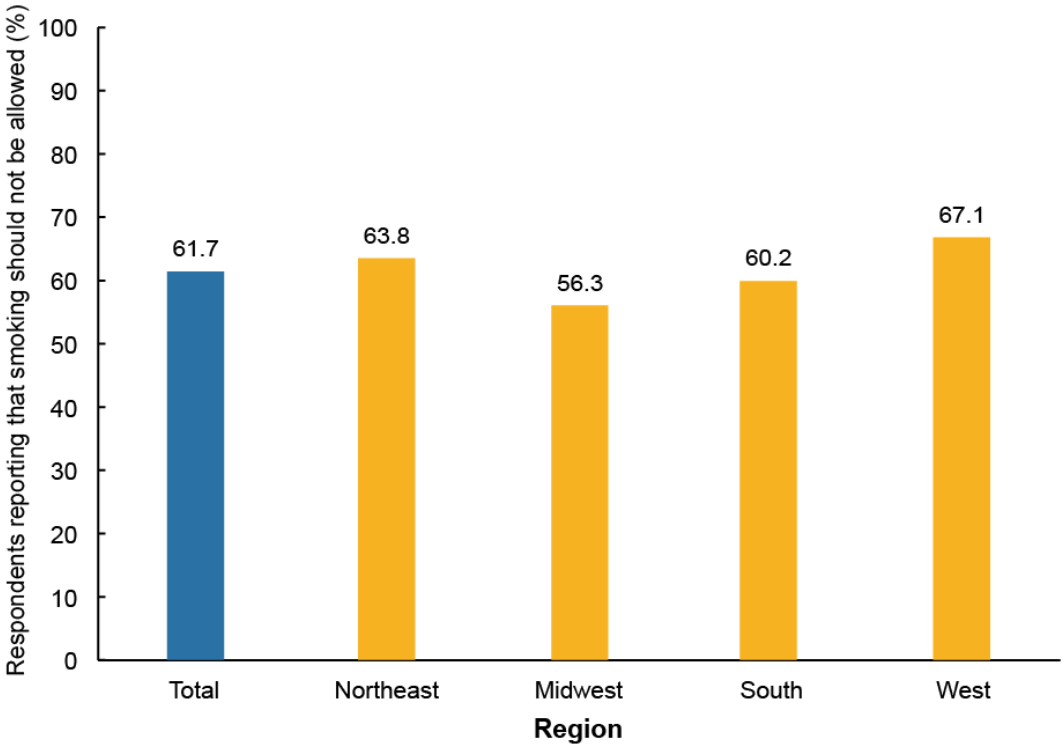
Figure 12. Regional Attitudes Toward Smoking Bans in Apartments/Living Areas Within Multi-Unit Housing Structures, 2014-2015 TUS-CPS, Total U.S. Sample



Notes:

1. Based on total sample size of 155,079 (NE = 26,655; Midwest = 33,827; South = 55,663; West = 38,934).
2. Confidence intervals for estimates are available upon request.

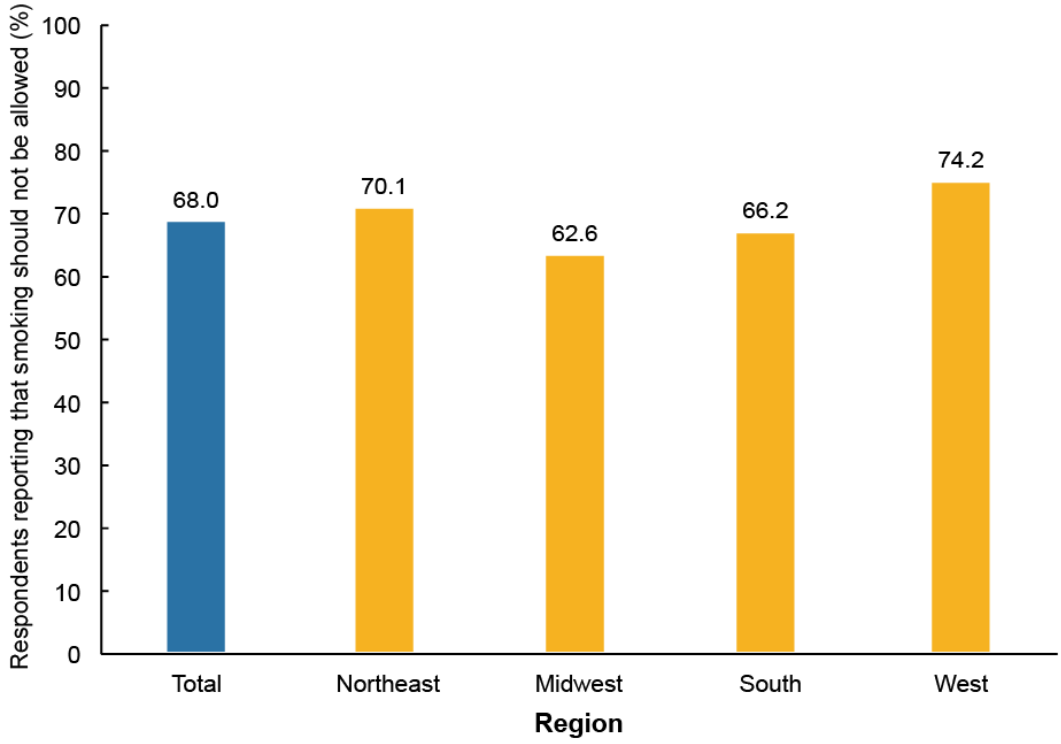
Figure 13. Regional Attitudes Toward Smoking Bans Within Apartments/Living Areas Within Multi-Unit Housing Structures, 2014-2015 TUS-CPS, Males



Notes:

1. Based on total sample size of 68,921 (NE = 11,830; Midwest = 15,175; South = 24,306; West = 17,610).
2. Confidence intervals for estimates are available upon request.

Figure 14. Regional Attitudes Toward Smoking Bans Within Apartments/Living Areas Within Multi-Unit Housing Structures, 2014-2015 TUS-CPS, Females



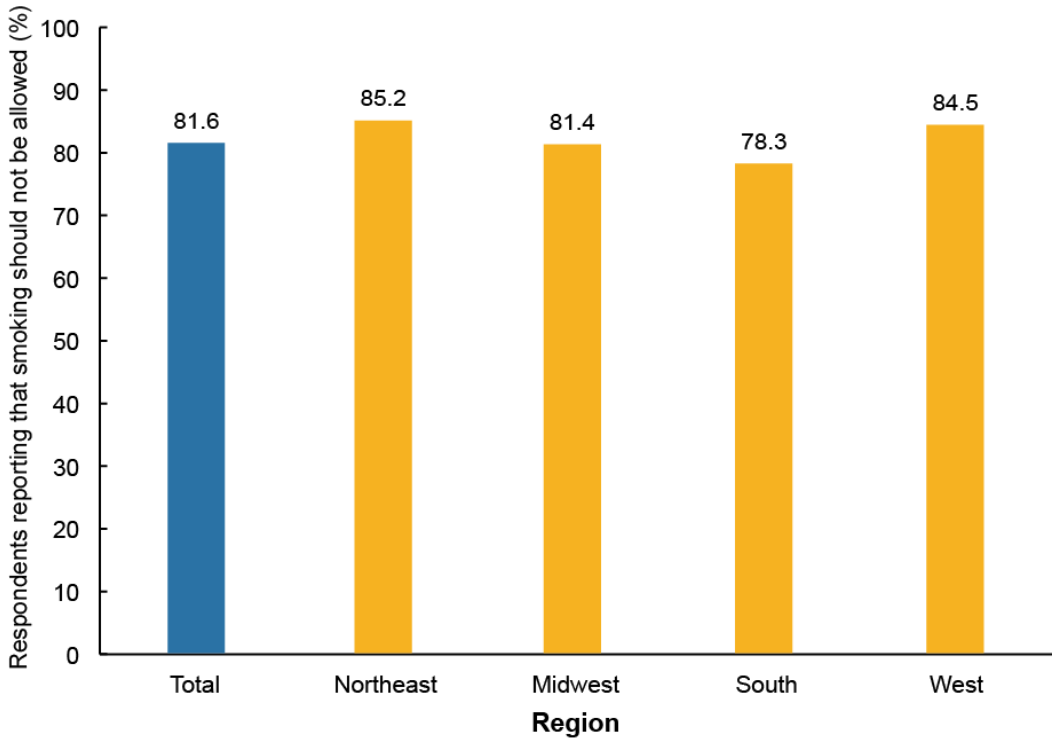
Notes:
1. Based on total sample size of 86,158 (NE = 14,825; Midwest = 18,652; South = 31,357; West = 21,324).
2. Confidence intervals for estimates are available upon request.

Based on estimates from the 2014-2015 TUS-CPS, approximately 65% of the U.S. adult population believes that smoking should not be allowed at all inside apartments or living areas within buildings with multiple apartments or living areas. Several demographic differences are apparent, however: As observed for other attitudes, estimates are greater for females than males (68.0% versus 61.7%); and greater in the West (70.8%) than in the Midwest (59.6%). Furthermore, the estimate was highest for women living in the West (74.2%), and lowest for men in the Midwest (56.3%).

Attitudes Toward Smoking Bans in Common Areas Within Multi-Unit Housing Structures

Similarly, Figures 15–17 reveal regional attitudes toward smoking *within common areas* located in multi-unit housing (as opposed to within apartments and private living areas). A high percentage (81.6%) of respondents supported smoke-free policies in common areas within multi-unit structures.

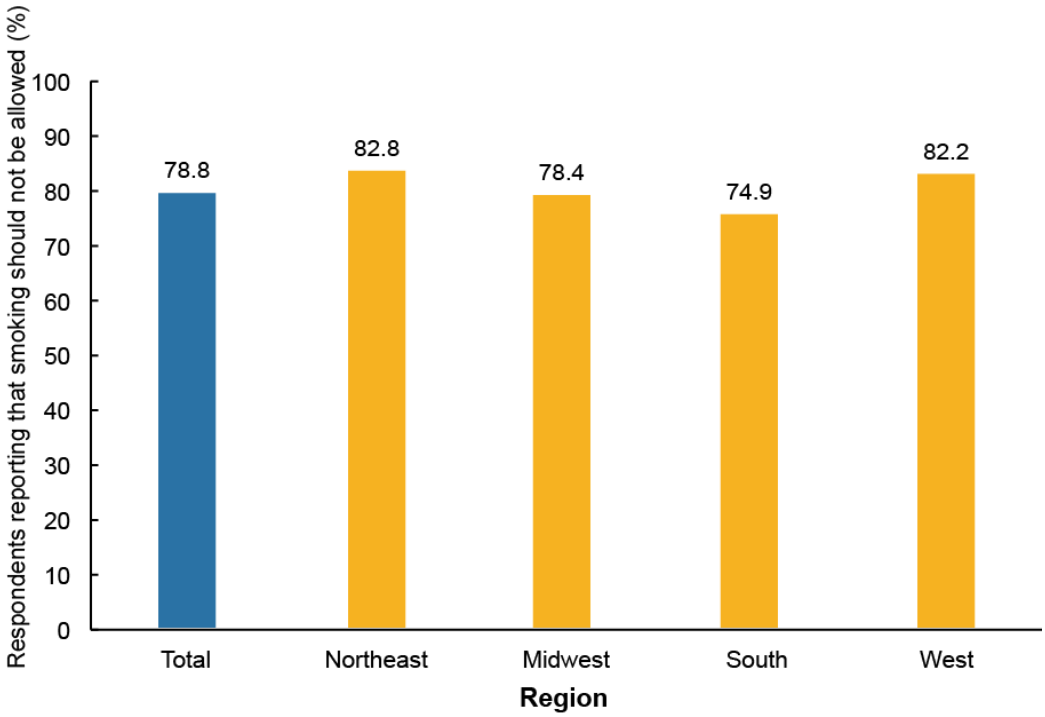
Figure 15. Regional Attitudes Toward Smoking Bans Within Common Areas in Multi-Unit Housing Structures, 2014-2015 TUS-CPS, Total Sample



Notes:

1. Based on total sample size of 157,248 (NE = 27,071; Midwest = 34,286; South = 56,415; West = 39,476).
2. Confidence intervals for estimates are available upon request.

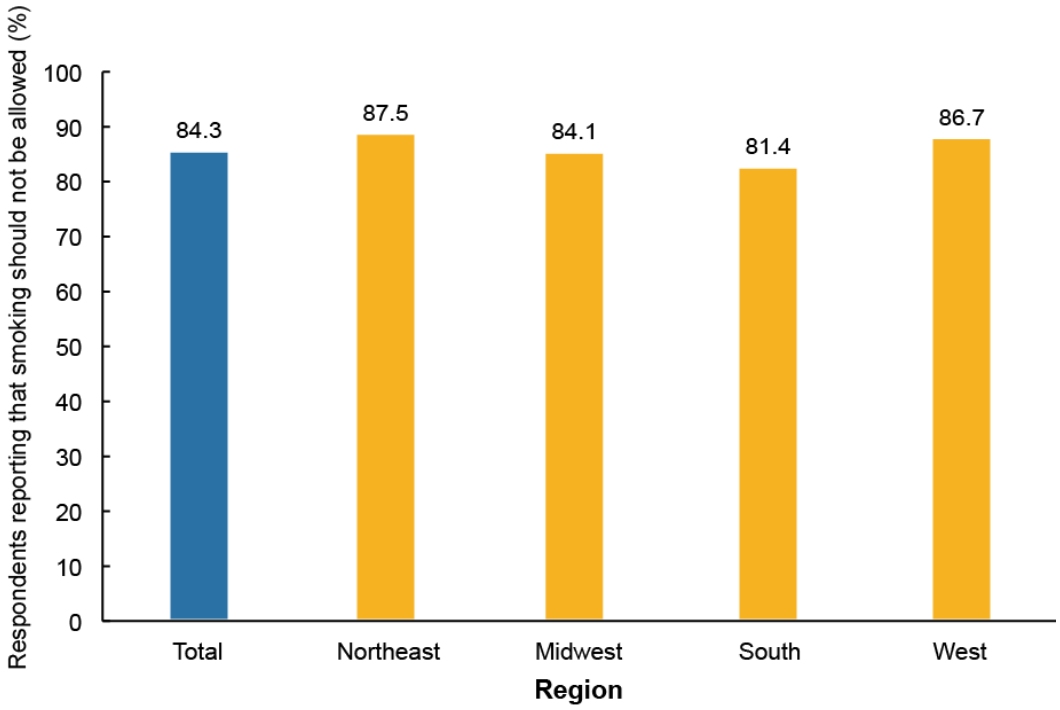
Figure 16. Regional Attitudes Toward Smoking Bans Within Common Areas in Multi-Unit Housing Structures, 2014-2015 TUS-CPS, Males



Notes:

1. Based on total sample size of 69,980 (NE = 12,048; Midwest = 15,404; South = 24,654; West = 17,874).
2. Confidence intervals for estimates are available upon request.

Figure 17. Regional Attitudes Toward Smoking Bans Within Common Areas in Multi-Unit Housing Structures, 2014-2015 TUS-CPS, Females



Notes:

1. Based on total sample size of 87,268 (NE = 15,023; Midwest = 18,882; South = 31,761; West = 21,602).
2. Confidence intervals for estimates are available upon request.

CONCLUSION

The analyses presented above provide a snapshot of the information available from the 2014-2015 TUS-CPS, either alone or in combination with earlier years of TUS data. Interested researchers are encouraged to investigate the data for estimates, associations, and trends.

TECHNICAL NOTES FOR TABLES AND FIGURES

- Data are presented for self-respondents. "Population" refers to the U.S. non-institutionalized civilian population ages 18+, unless otherwise noted.
- Data are weighted for both the CPS sample design and for Tobacco Use Supplement non-response.
- Table values may not sum to 100.0% due to rounding.
- Tables in this document contain simple parameter estimates (percentages and means) and measures of variance in the form of confidence intervals. These confidence intervals were estimated using replicate weights. Replicate weights necessary for complex analysis such as regression or analysis of variance are available from the Census FTP site for 2010-2011 and 2014-2015, and are available from NCI for prior TUS-CPS waves.

- Regions: *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.

ACKNOWLEDGMENTS

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TUS-CPS

TOBACCO USE SUPPLEMENT

CURRENT POPULATION SURVEY

November 2017