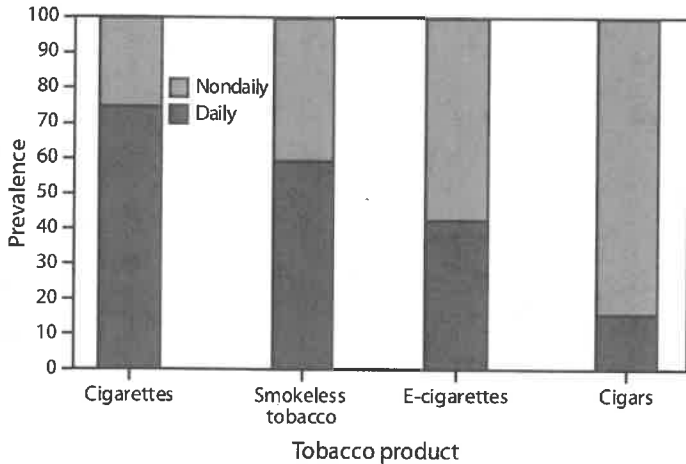
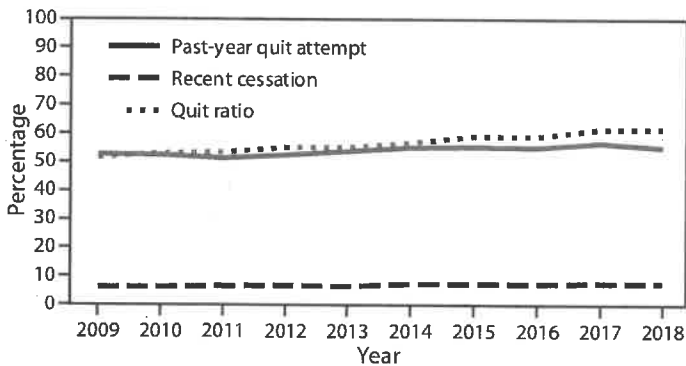


FIGURE 1. Prevalence of daily* and nondaily† use of selected tobacco products[‡] among adults aged ≥18 years who currently use each tobacco product — National Health Interview Survey, United States, 2018



* Smoking cigarettes every day at the time of the survey among persons who reported having smoked ≥100 cigarettes during their lifetime or use of e-cigarettes, cigars, or smokeless tobacco every day at the time of survey.
 † Smoking cigarettes on some days at the time of survey among persons who reported having smoked ≥100 cigarettes during their lifetime or use of e-cigarettes, cigars, or smokeless tobacco on some days at the time of survey.
 ‡ Daily use estimates for pipe use were unstable (relative standard error >30%); neither daily use nor nondaily use is presented.

FIGURE 2. Prevalence of past-year quit attempts* and recent cessation† and quit ratio[‡] among cigarette smokers aged ≥18 years — National Health Interview Survey, United States, 2009–2018



* Percentage of current cigarette smokers who reported they stopped smoking for >1 day during the past 12 months because they were trying to quit smoking and former smokers who quit during the past year.
 † Percentage of former cigarette smokers who quit smoking for ≥6 months during the past year, among current smokers who smoked for ≥2 years and former smokers who quit during the past year.
 ‡ Percentage of persons who ever smoked (≥100 cigarettes during lifetime) who have quit smoking.

among persons aged 18–24 years is higher than that among other adult age groups, and e-cigarette use in this age group increased from 5.2% in 2017 (2) to 7.6% in 2018. During 2014–2017 there had been a downward trajectory of adult

Summary

What is already known about this topic?

Cigarette smoking is the leading cause of preventable disease and death in the United States. Adult cigarette smoking prevalence has declined; however, new tobacco products, including e-cigarettes, have entered the U.S. market.

What is added by this report?

In 2018, approximately 20% of U.S. adults currently used any tobacco product; cigarette smoking reached an all-time low (13.7%). During 2009–2018, significant increases in three cigarette cessation indicators occurred. During 2017–2018, e-cigarette and smokeless tobacco product use prevalence increased.

What are the implications for public health practice?

Continued surveillance is critical to informing tobacco control efforts at the national, state, and local levels. Coordinated efforts and regulation of all tobacco products are needed to reduce tobacco-related disease and death in the United States.

e-cigarette use (2,8), but during 2017–2018 a significant increase in adult e-cigarette use was detected for the first time. This increase might be related to the emergence of new types of e-cigarettes, especially “pod-mod” devices, which frequently use nicotine salts as opposed to the free-base nicotine used in other e-cigarettes and tobacco products. Sales of JUUL, a pod-mod device, increased by approximately 600% from 2016 to 2017, making it the dominant e-cigarette product in the United States by the end of 2017 (9). Further research is needed to monitor patterns of e-cigarette use and the relationship between use of e-cigarettes and other tobacco products (e.g., cigarette smoking).

The findings in this report are subject to at least three limitations. First, responses were self-reported and were not validated by biochemical testing. However, self-reported smoking status correlates highly with serum cotinine levels (10). Second, because NHIS is limited to the noninstitutionalized U.S. civilian population, the results are not generalizable to institutionalized populations and persons in the military. Finally, the NHIS Sample Adult response rate of 53.1% might have resulted in nonresponse bias.

Coordinated efforts at the local, state, and national levels are needed to continue progress toward reducing tobacco-related disease and death in the United States. Proven strategies include implementation of tobacco price increases, comprehensive smoke-free policies, high-impact antitobacco media campaigns, barrier-free cessation coverage, and comprehensive state tobacco control programs, combined with regulation of the manufacturing, marketing, and distribution of all tobacco products (1,4).