

# TOBACCO



Colorado  
State Epidemiological  
Outcomes Workgroup

In early 2021, the Colorado State Epidemiological Outcomes Workgroup (SEOW) published this five-part document as an overview of opioid, marijuana, alcohol, and tobacco use and related harms in Colorado. Each substance is presented in its own profile, with a demographics profile provided for additional state context. The profiles were designed to be readily usable to all people working in fields related to substance use. They include many data sources and aim to present the most current and actionable findings.

This profile is a snapshot of tobacco use and health effects among Coloradans, including data on e-cigarette use. Data are presented for adults and youth, with a special section on youth risk and protective factors related to tobacco use.

Certain considerations were taken into account in compiling these data, including timeframe and the intended audience. First, the profiles contain all publicly available data. This ensures that anyone can access the original source for more information on any data point in the profile. It was also important to use a timespan in which the most complete data could be found within and across substances. Lag-time for data to become publicly available can vary widely. While the profiles were in development during the summer and fall of 2020, the most complete data were found and used for calendar year 2019. Exceptions include figures/charts featuring trend data prior to 2019, data collected biennially for which 2018 was the most recent year, and aggregate data when no single year yields a large enough sample size to make definitive statements. All Healthy Kids Colorado Survey (HKCS) data presented are for high school students, grades

9th - 12th. Each page includes data sources and years. For more detailed information on references, please see our [references page](#).

The SEOW compiled the profiles with deliberate attention to our intended audience. They were designed to be practical and useful for all Coloradans who are interested in talking to others in their communities about substance use and related harms. This includes anyone from youth groups and community organizations to school superintendents and state legislators. The five profiles can be used as stand-alone products or in conjunction with each other, as hard copy hand-outs or as a part of presentations.

WE STRONGLY RECOMMEND REVIEWING AND USING THE **DEMOGRAPHICS PROFILE** TO PROVIDE IMPORTANT CONTEXT TO DATA PRESENTED IN THE SUBSTANCE PROFILES.

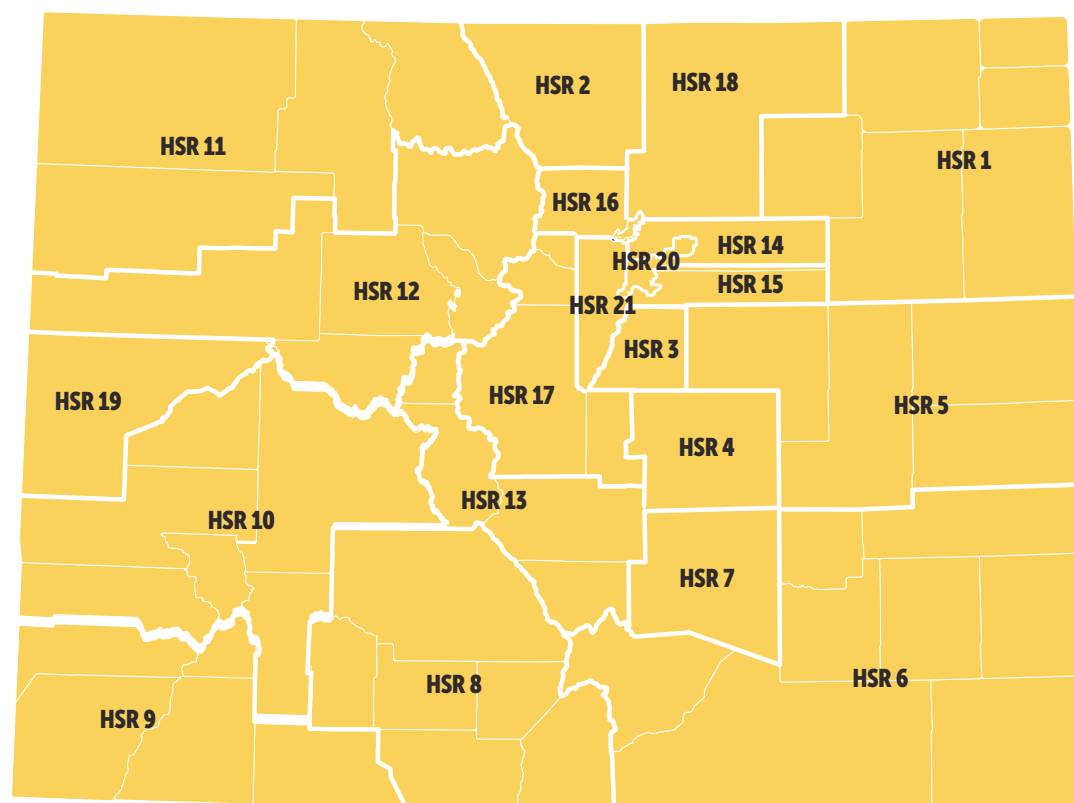
We hope the profiles facilitate conversation among Coloradans about the state of our state. For this reason, the profiles feature data from a variety of sources, include regional data when available, and introduce easily relatable use of benchmarks, such as national comparisons.

The SEOW partnered with The Evaluation Center – University of Colorado Denver on the development of the profiles, including the interpretation and visualization of data.

**For more information, contact SEOW representative Sharon Liu ([sharon.liu1@state.co.us](mailto:sharon.liu1@state.co.us)) at the Colorado Department of Human Services, Office of Behavioral Health.**

## Colorado is divided into 21 Health Statistics Regions (HSR)

The boundaries of these regions were developed by the Colorado Department of Public Health and Environment and local public health professionals and agencies based on demographic and statistical criteria. Data within Colorado are frequently collected and presented at the HSR level.



### HSR Key

**HSR 1:** Logan, Morgan, Phillips, Sedgwick, Washington, Yuma

**HSR 2:** Larimer

**HSR 3:** Douglas

**HSR 4:** El Paso

**HSR 5:** Cheyenne, Elbert, Kit Carson, Lincoln

**HSR 6:** Baca, Bent, Crowley, Huerfano, Kiowa, Las Animas, Otero, Prowers

**HSR 7:** Pueblo

**HSR 8:** Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache

**HSR 9:** Archuleta, Dolores, La Plata, Montezuma, San Juan

**HSR 10:** Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel

**HSR 11:** Jackson, Moffat, Rio Blanco, Routt

**HSR 12:** Eagle, Garfield, Grand, Pitkin, Summit

**HSR 13:** Chaffee, Custer, Fremont, Lake

**HSR 14:** Adams

**HSR 15:** Arapahoe

**HSR 16:** Boulder, Broomfield

**HSR 17:** Clear Creek, Gilpin, Park, Teller

**HSR 18:** Weld

**HSR 19:** Mesa

**HSR 20:** Denver

**HSR 21:** Jefferson

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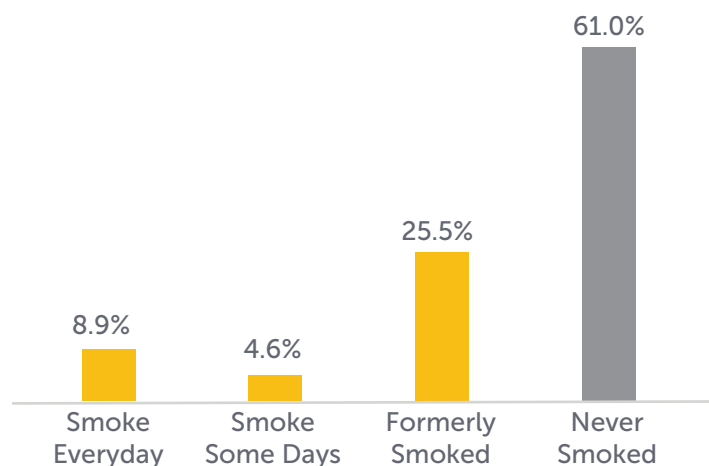


# ADULT CONSUMPTION



**13.5%**  
of adults in Colorado  
currently use cigarettes.

In addition to the 13.5% that currently smoke, **25.5% of Coloradans formerly smoked.**

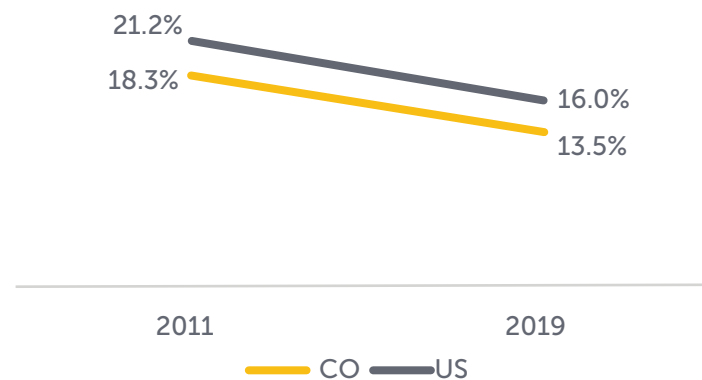


This amounts to almost

**40%**  
of adults smoking cigarettes  
currently or in the past.

There is no safe level of exposure to tobacco smoke. Any exposure to tobacco smoke—even an occasional cigarette or exposure to secondhand smoke—is harmful, according to the Surgeon General and Centers for Disease Control and Prevention.

Cigarette use in **Colorado** is declining similarly to national use.



ADULT CIGARETTE USE IN COLORADO  
DECLINED **26.2%** SINCE 2011.

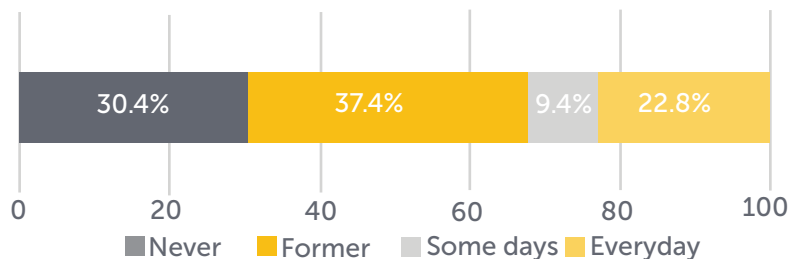


## 6.4% OF COLORADO ADULTS CURRENTLY USE E-CIGARETTES.



E-cigarettes simulate the experience of tobacco smoking.  
Many even look like a cigarette.  
Other common terms: Vapes, vaporizers, vape pens, hookah pens, electronic cigarettes, and e-pipes.

Nearly one out of three e-cigarette users never smoked cigarettes.



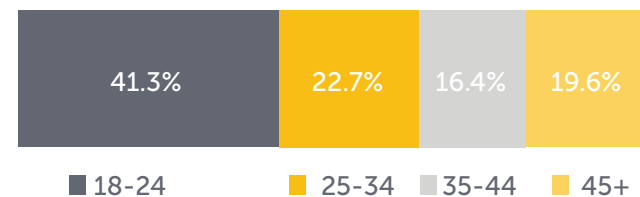
The percentage of former smokers and never smokers who use e-cigarettes is increasing.

CONSISTENT WITH CIGARETTE USE,  
**E-CIGARETTE USE IS MORE COMMON AMONG MALES THAN FEMALES.**

**8.1%**  
of males

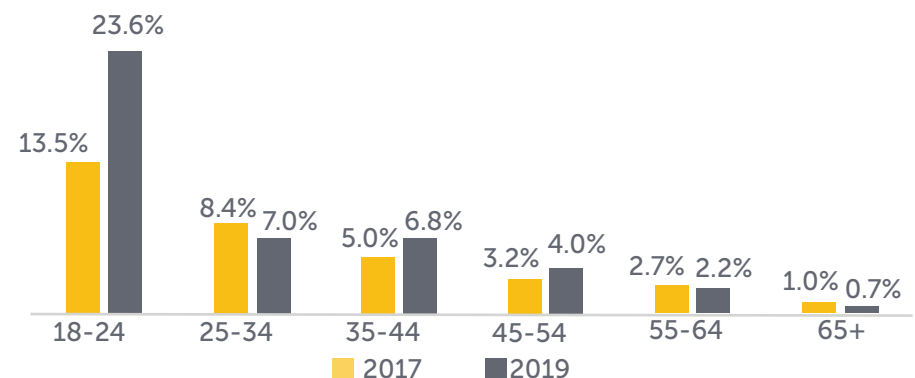
**4.8%**  
of females

ADULTS AGES 18-24 MAKE UP **41.3%** OF PEOPLE WHO USE E-CIGARETTES.



Among 18-24 year olds who use e-cigarettes 52% have never used cigarettes.

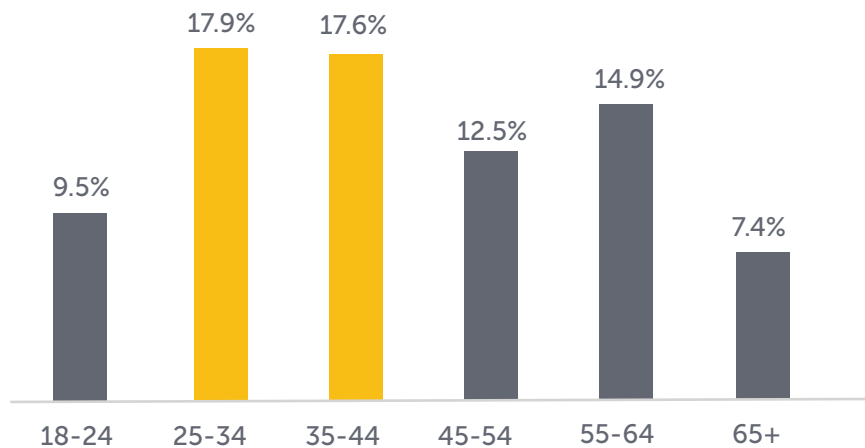
Since 2017, use among 18-24 year olds increased significantly.



## Cigarette smoking in Colorado is more common among males.

**15.1%** of males  
use cigarettes compared to  
**11.9%** of females.

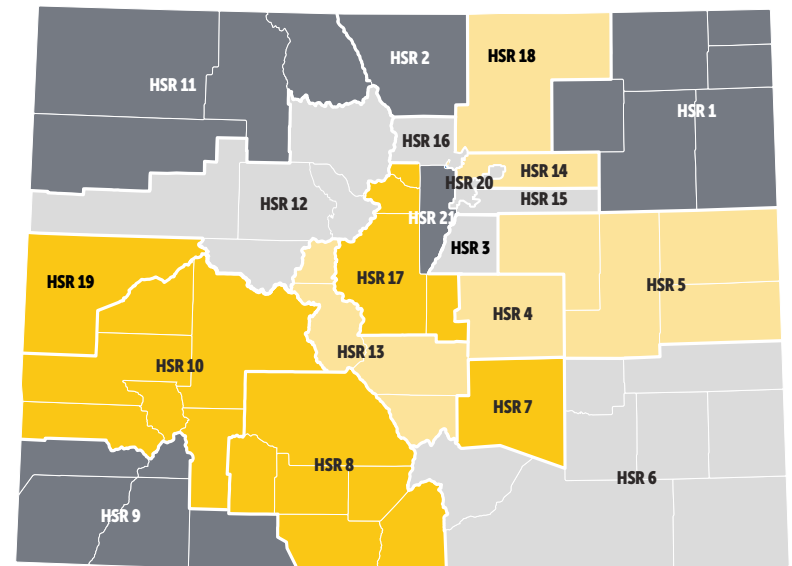
Smoking cigarettes is most common among  
**25-44 year olds** in our state.



## THE PREVALENCE OF CIGARETTE SMOKING IN COLORADO REGIONS

ranges from

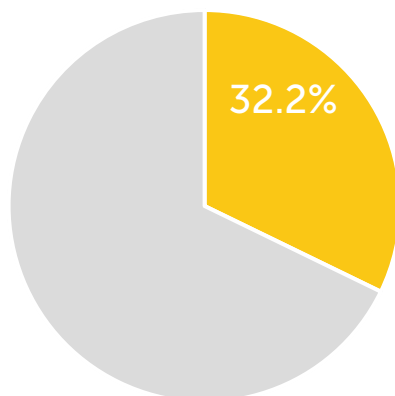
**LESS THAN 8% TO ALMOST 25%.**



QUARTILE 1:	QUARTILE 2:	QUARTILE 3:	QUARTILE 4:
7.77% – 12.55%	12.56% – 13.95%	13.96% – 15.77%	15.78% – 24.47%

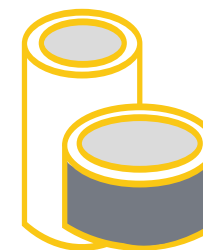
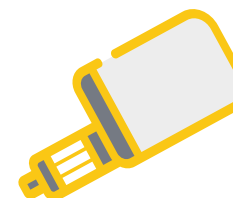
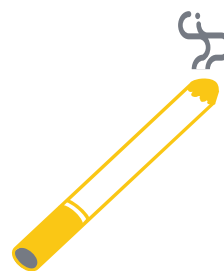


**AMONG E-CIGARETTE USERS  
IN COLORADO 32.2% ALSO USE  
CIGARETTES.**



**18.6% of Coloradans  
use tobacco.**

Including cigarettes, e-cigarettes, and chewing tobacco.

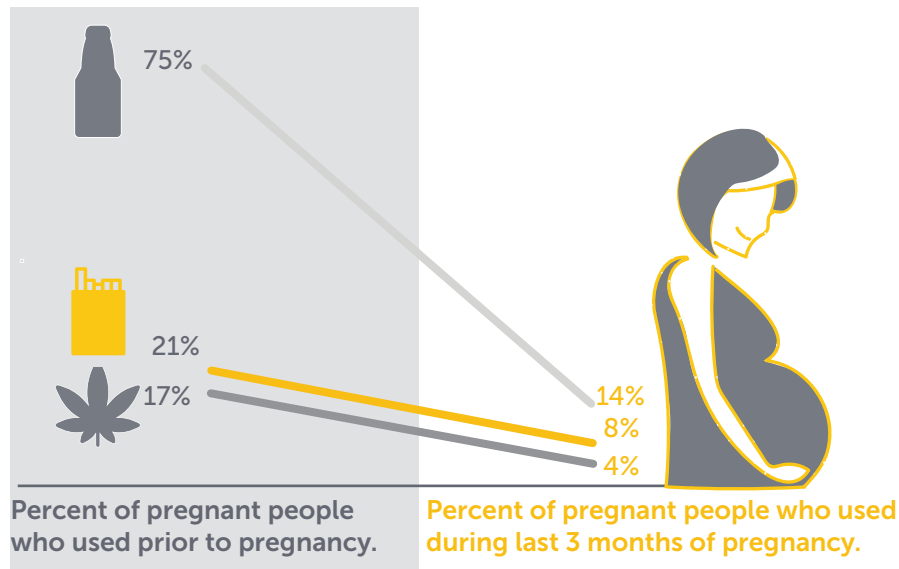


**SMOKELESS TOBACCO (CHEW, SNUFF, SNUS)  
IS USED BY**

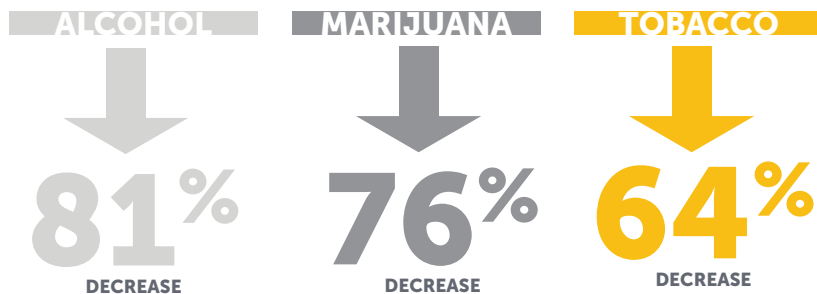
**3.9% OF COLORADANS.**

**2.2% every day  
and  
1.7% some days**

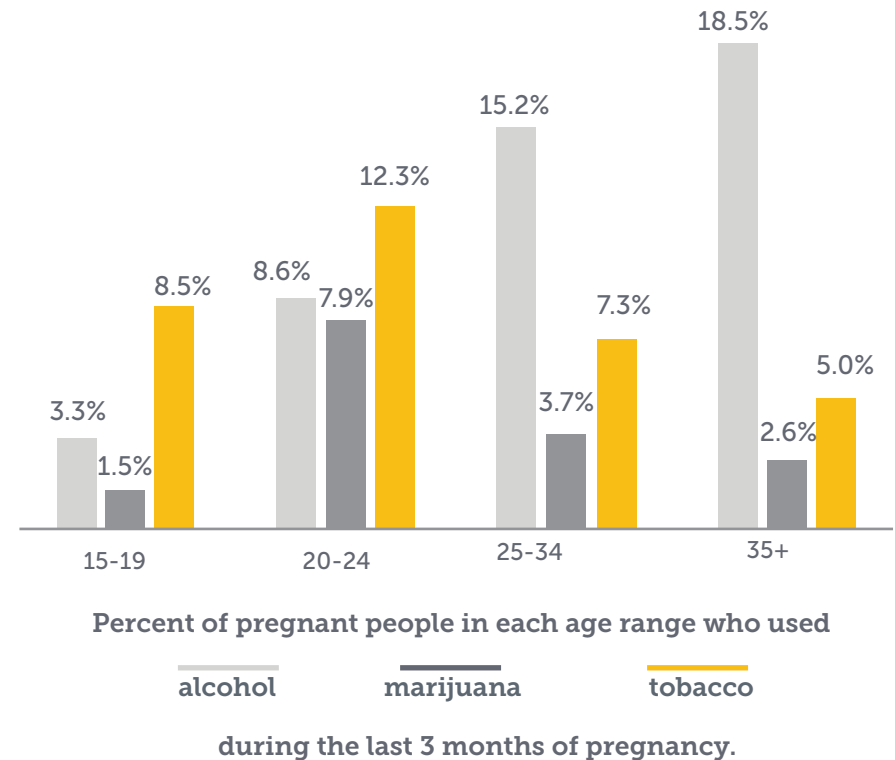
**Most pregnant people in Colorado did not use any substance during the last 3 months of pregnancy.**



**ALL THREE SUBSTANCES SEE LARGE DECREASES IN USE DURING PREGNANCY.**



\*Cigarettes or e-cigarettes combined



According to the Health eMoms survey, **ONLY 2.4% OF POSTPARTUM PEOPLE REPORT USING TOBACCO OR E-CIGARETTES AS A COPING ACTIVITY WHEN FEELING DOWN OR DEPRESSED.**

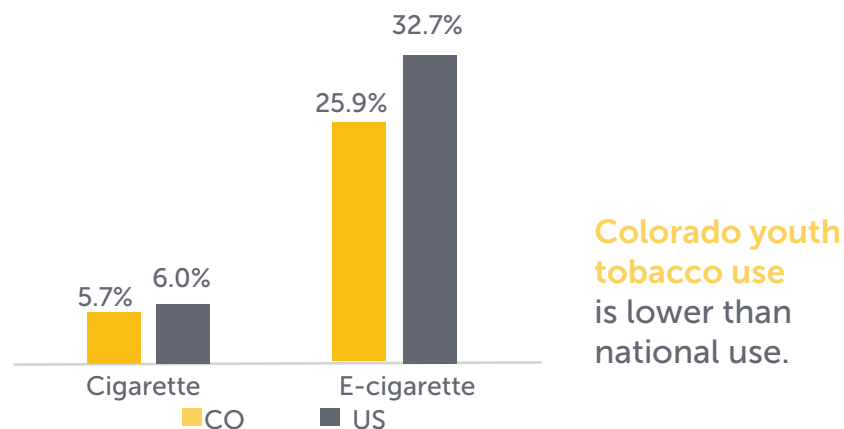
TOBACCO USE INCLUDES CIGARETTES OR E-CIGARETTES.



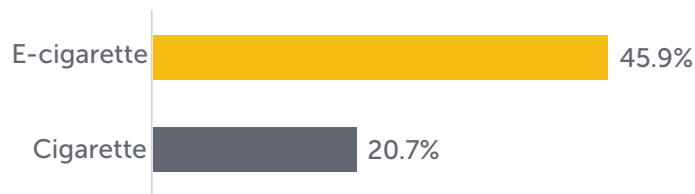
# YOUTH CONSUMPTION

Among high school students in 2019

**26% use e-cigarettes**  
and  
**6% use cigarettes.**



**MORE THAN 2X**  
AS MANY COLORADO HIGH SCHOOL  
STUDENTS HAVE EVER USED E-CIGARETTES  
COMPARED TO CIGARETTES.

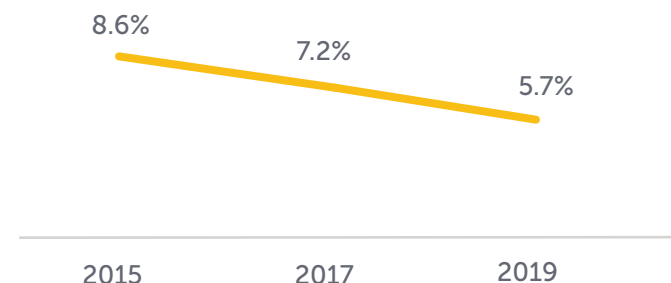


Research points to e-cigarettes potentially being an entry point to additional tobacco use and nicotine addiction.\*

After declining in 2017, the number of Colorado high school students who ever used cigarettes significantly increased in 2019.

\*Temple, J.R. et al. 2017. E-cigarette use of young adults: motivations and associations with combustible cigarette, alcohol, marijuana, and other illicit drugs.

**Current cigarette use continues to decline among Colorado youth.**



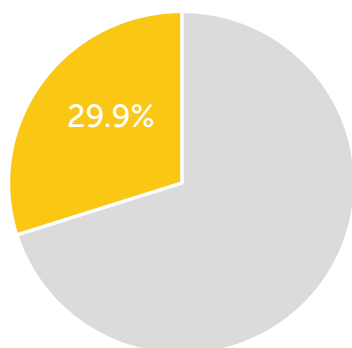
Cigar and chewing tobacco use is also declining.

E-cigarette use in Colorado is unchanged since 2015; however, use nationally is increasing.

**93.3%**  
MOST COLORADO YOUTH  
DO NOT  
CURRENTLY USE  
CIGARETTES.



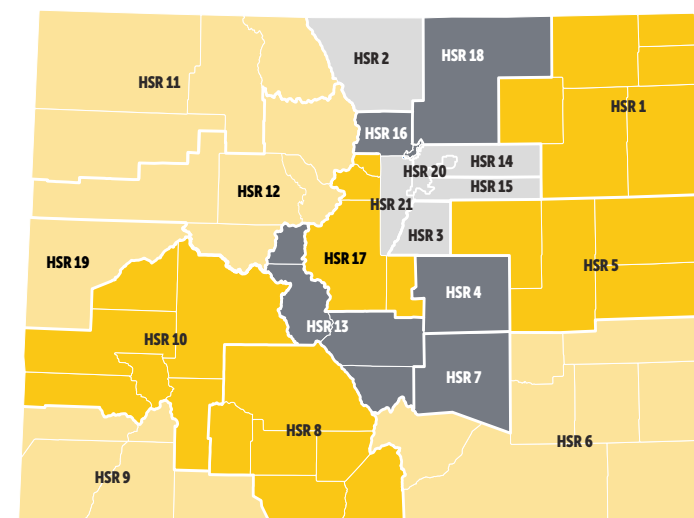
Use is **higher** among males  
(6.8%) than females (4.6%).



AMONG HIGH SCHOOL  
STUDENTS WHO SMOKE  
CIGARETTES  
**29.9%**  
SMOKE MENTHOLS.

Among students who are lesbian, gay, bisexual or unsure of their sexual orientation, use significantly declined, yet remains higher than among their peers who identify as heterosexual.

**PREVALENCE OF YOUTH  
CIGARETTE SMOKING  
REACHES ALMOST 11% IN  
SOME REGIONS.**



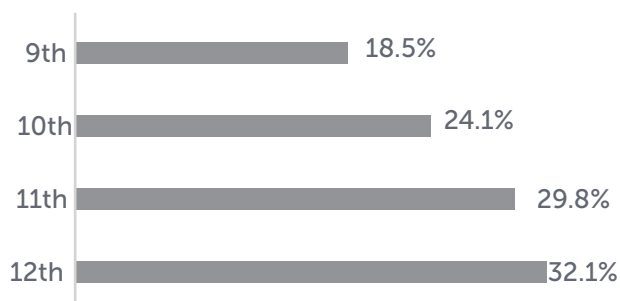
QUARTILE 1:	QUARTILE 2:	QUARTILE 3:	QUARTILE 4:
4.10% – 5.20%	5.21% – 6.80%	6.81% – 8.50%	8.51% – 10.70%

**25.9%**  
OF YOUTH CURRENTLY USE  
E-CIGARETTES.



Use is **similar** among males (25.5%)  
and females (26.4%).

USE INCREASES AS GRADE  
LEVEL INCREASES.



Among e-cigarette users  
**17.9% also use  
cigarettes**

(compared to 1.3%  
of non e-cigarette users)

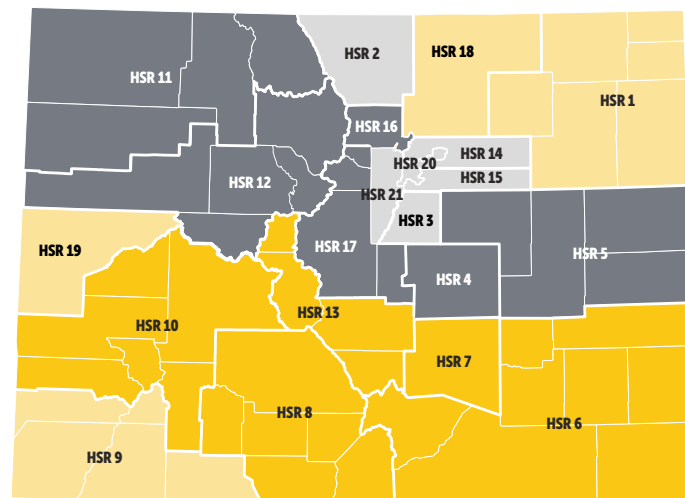
**AND**

**54.8% also use  
marijuana**

(compared to 8.5%  
of non e-cigarette users)

Similar to cigarettes and other substances,  
use is higher among lesbian, gay, or bisexual youth,  
who may not have access to the same protective factors as their peers who  
identify as heterosexual, increasing their risk of susceptibility to substance use.

**PREVALENCE OF YOUTH  
E-CIGARETTE SMOKING  
EXCEEDS  
40% IN SOME REGIONS.**



QUARTILE 1:	QUARTILE 2:	QUARTILE 3:	QUARTILE 4:
19.5% – 26.0%	26.1% – 28.6%	28.7% – 31.6%	31.7% – 40.7%

## Early initiation

USE BEFORE 13:

**13.2%**

of students tried  
**e-cigarettes**  
before age 13.

**7.6%**

7.6% of students tried  
**cigarettes**  
before age 13.

According to the National Institute on Drug Abuse, research suggests that adolescence (at about age 13) is a risky period for drug abuse due to the challenges youth face at this age, coupled with the greater exposure to drugs.

## Access

EASY TO GET:

**63.2%**

of students report that it would be  
"sort of easy" or "very easy" to get  
**e-cigarettes**  
if they wanted.

**52.3%**

52.3% of students report that it would  
be "sort of easy" or "very easy" to get  
**cigarettes**  
if they wanted.

**YOUTH CONSIDER  
E-CIGARETTES EASIEST TO ACCESS**  
followed, in order by:  
ALCOHOL,  
CIGARETTES,  
MARIJUANA, and  
PRESCRIPTION PAIN RELIEVERS

## Perception of peer use

INACCURATE PERCEPTIONS:

**88%**

of students overestimate  
how many of their peers use  
**e-cigarettes.**

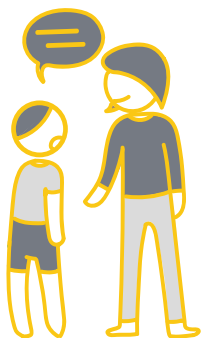


Students who overestimate  
how many of their peers use e-  
cigarettes are significantly less  
likely to consider limited use of  
e-cigarettes risky and more  
likely to use e-cigarettes  
themselves.

**90%** OF STUDENTS  
**THINK THEIR PARENT  
OR GUARDIAN  
WOULD FEEL IT IS**

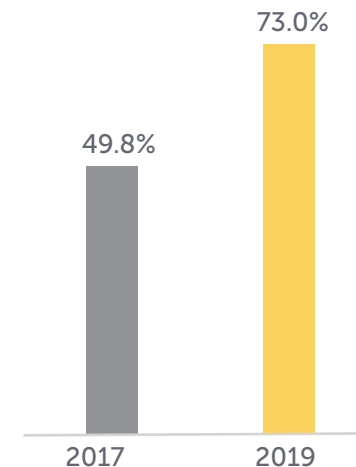
**67%** OF STUDENTS  
**THINK IT IS WRONG  
FOR SOMEONE THEIR  
AGE TO USE  
E-CIGARETTES.**

**73%** OF STUDENTS  
**THINK PEOPLE WHO  
USE E-CIGARETTES  
DAILY  
HAVE MODERATE OR GREAT  
RISK OF HARM.**

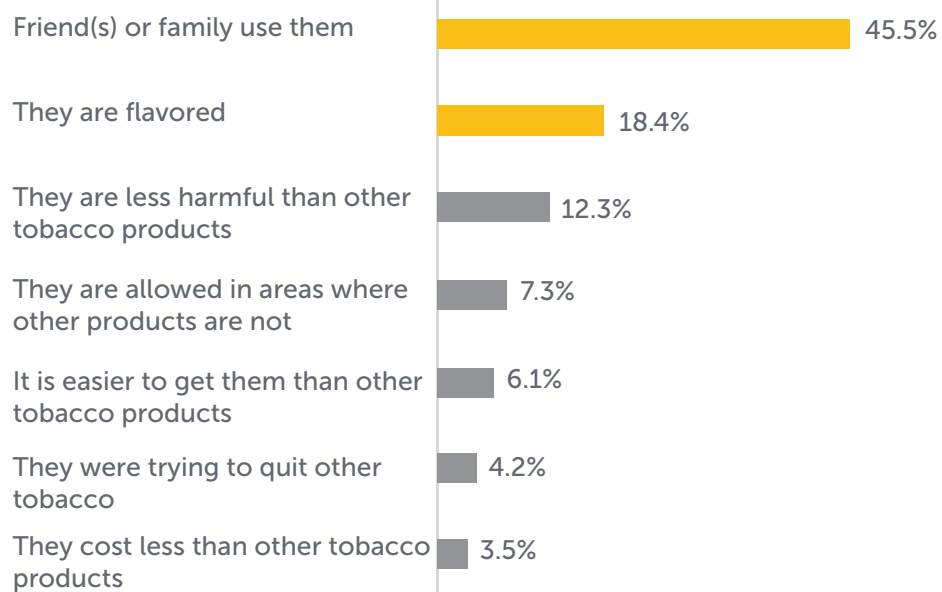


**Perception of harm  
from using  
e-cigarettes daily  
significantly increased.**

Perception of harm from breathing  
second hand vapor also significantly  
increased (from 40.9% to 55.1%).



The top two reasons youth use e-cigarettes are  
**FAMILY OR FRIENDS USE THEM** and  
**THEY ARE FLAVORED.**





## USE OF E-CIGARETTES DIFFERS AMONG YOUTH WHO REPORT THE PRESENCE OF PROTECTIVE FACTORS IN THEIR LIFE.

### AMONG STUDENTS WHO:

have an adult to go to for help with a serious problem,

23.6% use e-cigarettes

COMPARED TO

32.0%

who do not report this protective factor.



think family has clear rules about alcohol and drug use,

24.7% use e-cigarettes

COMPARED TO

40.0%

who do not report this protective factor.



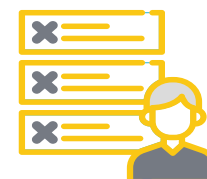
when not home, their parents/guardians know where they are and who they are with,

24.8% use e-cigarettes

COMPARED TO

46.0%

who do not report this protective factor.



participate in extracurricular activities,

24.5% use e-cigarettes

COMPARED TO

30.2%

who do not report this protective factor.

feel safe at school,

25.1% use e-cigarettes

COMPARED TO

34.5%

who do not report this protective factor.

think their teacher notices when they're doing a good job and lets them know,

22.2% use e-cigarettes

COMPARED TO

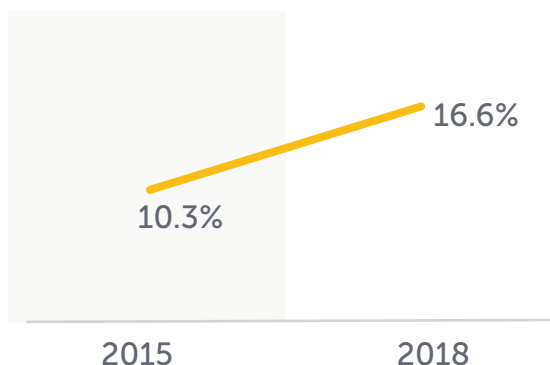
30.4%

who do not report this protective factor.



# HARMFUL EFFECTS

**SUCCESSFUL QUITTING  
SIGNIFICANTLY INCREASED** AMONG ADULTS  
(AT LEAST THREE MONTHS ABSTINENT)  
**FROM 10.3% IN 2015 TO 16.6% IN 2018.**



During the same time  
**QUIT SUCCESS RATES  
AMONG ADULT SMOKERS OF  
LOW SOCIO-ECONOMIC STATUS  
MORE THAN DOUBLED  
from  
7.2% to 15.7%.**

From 2011-2019 past year quit attempts remained flat, close to 70%.

**11.9%**  
of households with smokers and  
children report  
**smoking occurred in the home**  
in the past 30 days.

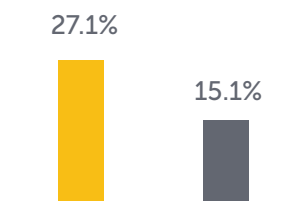


**36.9%**  
of households with smokers and  
children report  
**smoking occurred in the car**  
in the past 30 days.

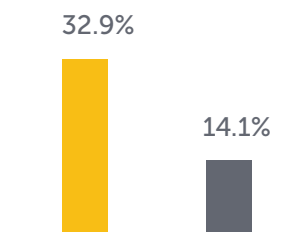


Compared to adults who do not use tobacco,  
**ADULTS WHO USE TOBACCO**  
 are more likely to:

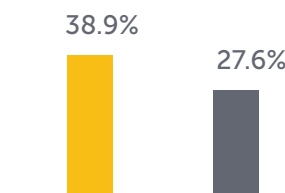
have been told they  
**HAVE A DEPRESSIVE  
 DISORDER.**



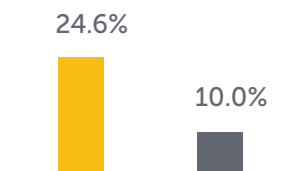
currently  
**BINGE  
 DRINK.**



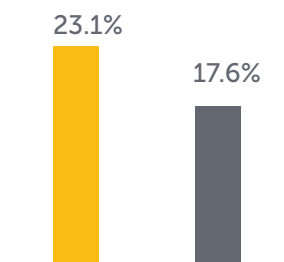
currently  
**USE  
 MARIJUANA.**



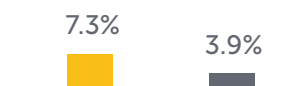
experienced 14+ days  
 in the past 30-days of  
**POOR MENTAL HEALTH.**



currently  
**NOT HAVE PHYSICAL  
 ACTIVITY OR EXERCISE.**



have ever been  
 diagnosed with  
**COPD.**



AMONG YOUTH WHO CURRENTLY USE,  
**HALF TRIED TO QUIT**  
 CIGARETTES (48%) OR E-CIGARETTES (53%).

**19%**

of youth who use  
e-cigarettes

HAVE INTOLERABLE  
 CRAVINGS AFTER A FEW  
 HOURS.

**17%**

of youth who use  
e-cigarettes

REACH FOR THEM  
 WITHOUT THINKING  
 ABOUT IT.

MAJOR DEPRESSIVE EPISODES\* ARE  
 MORE COMMON AMONG YOUTH WHO  
 USE TOBACCO.

**52%**

among youth who used any tobacco  
 COMPARED TO

**29%**

among youth who do not use any tobacco.



\*Where they felt so sad or hopeless and stopped  
 doing usual activities almost every day for 2+  
 consecutive weeks during the past 12 months.

## KEY TERMS

Aggregate	A mathematical computation using a set of values rather than a single value.
Average	A calculated central value of a set of numbers
Electronic cigarette	A battery-powered device that heat a liquid into an aerosol that the user inhales. Usually containing nicotine derived from tobacco, flavorings, and other additives. Can also be used as a delivery system for marijuana and other illicit drugs.
Health Statistics Region	A geographic grouping based on demographic profiles and statistical criteria. Colorado has 21 Health Statistics Regions which correspond with existing county boundaries.
Nicotine	A highly addictive chemical compound present in the tobacco plant. Tobacco products, including cigarettes, cigars, smokeless tobacco, hookah tobacco, and most e-cigarettes, contain nicotine.
Per capita	Per unit of population
Prevalence	The proportion of a population who have specific characteristics in a given time period. Prevalence may be reported as a percentage (5%, or 5 people out of 100), or as the number of cases per 10,000 or 100,000 people.
Proportion	Two ratios that have been set equal to each other
Protective Factors	Characteristics within the individual or conditions in the family, school or community that help someone cope successfully with life challenges.
Quartile	A group that contains 25% of the data set
Ranking	Relative position
Rate	The ratio between two related quantities
Risk Factors	Characteristics within the individual or conditions in the family, school, or community that increase the likelihood someone will engage in unhealthy behaviors.
Tobacco	A plant that contains the chemical compound of nicotine. Products derived from tobacco are made for human consumption.
Significance	The probability is less than .05 that the difference or relationship happened by chance



**We appreciate your feedback!**

[Click here](#) or scan above to take a one-minute survey.

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on the Colorado SEOW and additional  
publications, please visit our website:  
**[www.coloradoseow.org](http://www.coloradoseow.org)**