



CVP

Center for Vulnerable Populations
at San Francisco General Hospital and
Trauma Center

CHARM

Center for Health And Risk in
Minority youth and young adults

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Issue Brief: Chronic Disease — Young Adult Tobacco Use

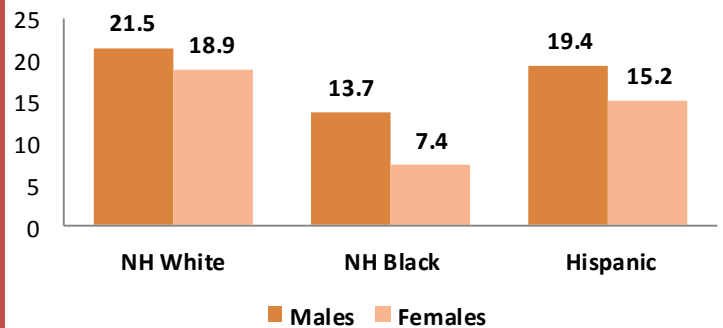
February 2013

Youth smoking still matters

Key Insights

- In the United States, every day more than 3800 kids try their first cigarette, and over 1000 kids become daily smokers¹
- Of every 3 young smokers, one will eventually die of smoking-related cause¹
- LGBT youth smoking (38-59%) is estimated to be higher than heterosexual youth smoking (28-35%)²
- Smoking rates vary widely based on education level and race/ethnicity^{3,4,5,6}

% of U.S. 9 - 12 graders reporting current cigarette use, 2011



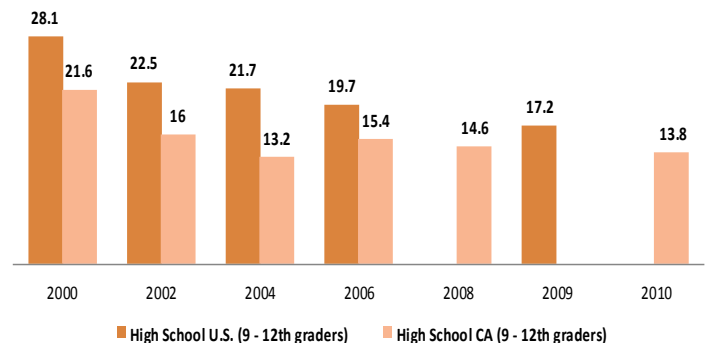
Source: Go AS, Mozaffarian D, Roger VL, et al. Heart disease and stroke statistics—2013 update: a report from the American Heart Association. *Circulation* 2013;127:e6–245. <http://circ.ahajournals.org/content/127/1/e6.full.pdf+html>

- As of 2010, about 37 percent of high school students had smoked a cigarette by age 13-14⁷
- In California, 64 percent of smokers start by the age of 18 and 96 percent start by age 26⁷

Why youth smoking matters

- In the United States, every day more than 3800 kids try their first cigarette, and over 1000 kids become daily smokers¹
- 88% of smokers smoke their first cigarette before age 18, and most people who don't start smoking by age 25 never will¹
- Of every 3 young smokers, one will eventually die of a smoking-related cause like cancer or heart disease¹
- Problems like asthma, impaired lung function and growth, and early signs of heart disease are seen even in young adult smokers

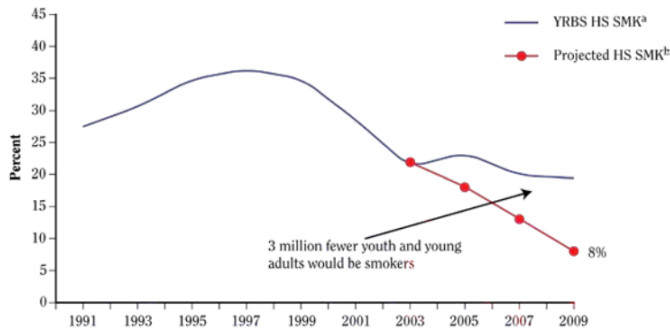
30 day smoking prevalence (%) for California and U.S. high school students 2000-2010



Source: California Department of Public Health, California Tobacco Control Program. State Health Officer's Report on Tobacco Use and Promotion in California: Sacramento, CA 2012. <http://www.cdph.ca.gov/Documents/EMBARGOED%20State%20Health%20Officers%20Report%20on%20Tobacco.pdf>

- Adolescents and young adults can show symptoms of nicotine addiction within weeks of beginning to smoke, even if they only smoke occasionally⁸

Current high school cigarette smoking and projected rates if decline had continued; National Youth Risk Behavior Survey (YRBS); United States, 1991–2009



Source: U.S. Surgeon General. 2012. Preventing Tobacco Use Among Youth and Young Adults. http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/sgr_2012_chapt3.pdf

- The graph above shows that decline in high school smoking rates has leveled off¹
- Smoking increases coughing, phlegm, and severe wheezing in young adults¹
- Smoking in adolescence and young adulthood damages the cardiovascular system, increasing risk of stroke and coronary heart disease¹
- Smoking causes tooth decay, gum disease, oral infections, and bad breath⁹
- Most youth smokers want to quit¹
- Tobacco marketing drives youth smoking¹

Tobacco marketing to youth

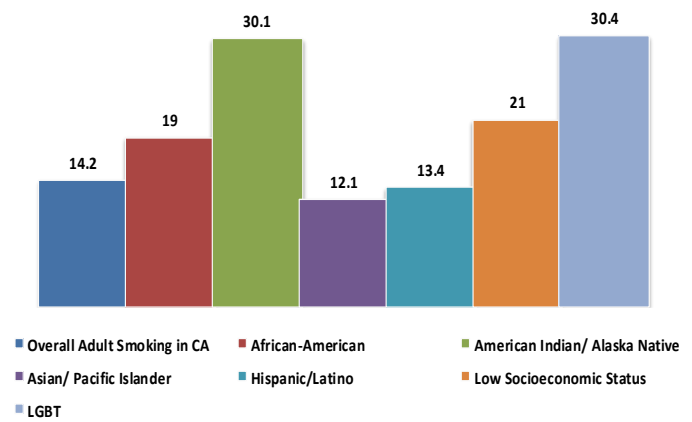
- The tobacco industry has historically targeted adolescents and young adults through multiple strategies, including selling flavored/sweet cigarettes and placing cigarette advertisements at a low height to be more easily seen by teens and children¹⁰
- Tobacco advertising often uses imagery of social acceptance, popularity, and “coolness” to make smoking appealing to youth and young adults¹⁰
- Depictions of smoking in the movies causes smoking initiation among young people^{11,12}
- The tobacco industry promotes events at bars

and clubs so that smoking will be viewed as a normal part of adult social life¹³

Disparities by race and ethnicity

- African-Americans are more impacted by overall smoking-related disease and deaths^{5,6}
- American Indians in California have highest smoking prevalence and also highest rates of heart disease⁵

Adult smoking prevalence in California (%)



Source: California Department of Health Services/Tobacco Control Section. 2006. Communities of Excellence in Tobacco Control, Module 3: Priority Populations Speak about Tobacco Control. Sacramento, CA: CDHS/TCS. <http://www.cdph.ca.gov/programs/tobacco/Documents/CTCPCX2006-Module3.pdf>

- Smokers of menthol cigarettes⁶
 - Tend to be young/members of ethnic minorities
 - Experience worse health outcomes compared to smokers of non-menthol cigarettes
 - Have a more difficult time quitting

Disparities by socioeconomic status and education

- People who live below the federal poverty level smoke at substantially higher rates than those living at or above the poverty level (28.9% of adults below poverty level smoke vs. 18.3% of those living at or above poverty level)^{3,4}

- Rates of adult smoking also vary widely by education level attained.^{3,4}
 - 25.1% of adults with less than a high school education smoke
 - 9.9% of adults with a college education smoke
 - 6.3% of adults with a graduate degree smoke
- Because of increased smoking levels, people of low SES suffer more from smoking-related cancers and cardiovascular disease^{3,4}
- Higher exposure to secondhand smoke and lower access to health care have negative impact for this population^{3,4}

Disparities in LGBT smoking

- In the U.S., LGBT adult cigarette smoking is 32.8% compared to 19.5% in heterosexual adults²
- LGBT youth smoking (38-59%) is estimated to be higher than heterosexual youth smoking (28-35%)²
- LGBT men and women are 2-3 more times likely to experience an asthma attack compared to heterosexual smokers²

Additional Resources

Examples of targeted advertising: search by brand on www.trinketsandtrash.org

UCSF Center for Tobacco Control and Research
<http://tobacco.ucsf.edu/>

Commune

<http://jointhecommune.com/category/tobacco>

References

¹U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.
<http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/>

²LEGACY. *LGBT Communities and Smoking Fact Sheet* <http://www.legacyforhealth.org/LGBT.aspx>

³LEGACY. *Socio-Economic Status and Smoking*. http://www.tobaccopreventionnetworks.org/atf/cf/%7B8E933A1E-91B6-4509-932B-3CE06BF55CA6%7D/Legacy_Low%20SES%20Factsheet_0311.pdf

⁴*Tobacco and Socioeconomic Status (Campaign for Tobacco-Free Kids, 2012)* <http://www.tobaccofreekids.org/research/factsheets/pdf/0260.pdf>

⁵California Department of Health Services/Tobacco Control Section. 2006. *Communities of Excellence in Tobacco Control, Module 3: Priority Populations Speak about Tobacco Control*. Sacramento, CA: CDHS/TCS. <http://www.cdph.ca.gov/programs/tobacco/Documents/CTCPCX2006-Module3.pdf>

⁶California Department of Health. *California Tobacco Control Program, The Impact of Menthol on Public Health. Fact Sheet, August, 2011.*
<http://www.cdph.ca.gov/programs/tobacco/Documents/Menthol%20Fact%20sheet-1-4.pdf>

⁷California Department of Public Health, California Tobacco Control Program. *State Health Officer's Report on Tobacco Use and Promotion in California: Sacramento, CA 2012.* <http://www.cdph.ca.gov/Documents/EMBARGOED%20State%20Health%20Officers%20Report%20on%20Tobacco.pdf>

⁸DiFranza JR, Rigotti NA, McNeill AD, Ockene JK, Savageau JA, St Cyr D, Coleman M. Initial symptoms of nicotine dependence in adolescents. *Tob Control*. 2000 Sep;9(3):313-9.

⁹Johnson, GK & Slach, NA. Impact of tobacco use on periodontal status. *Journal of Dental Education* 2001 Apr;65(4):313-21.

¹⁰Ling PM, Glantz SA. Why and how the tobacco industry sells cigarettes to young adults: evidence from industry documents. *American Journal of Public Health*. June 2002. 92(6): 908-916. PMC1447481.

¹¹Song AV, Ling PM, Glantz SA. Smoking in movies and increased smoking among young adults. *Am J Prev Med*. 2007 Nov;33(5):396-403. Erratum in: *Am J Prev Med*. 2008 Jan;34(1):86.

¹²National Cancer Institute. *The Role of the Media in Promoting and Reducing Tobacco Use. Tobacco Control Monograph No. 19*. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute. NIH Pub. No. 07-6242, June 2008.

¹³Sepe E, Ling PM, Glantz SA. Smooth Moves: Tobacco bar and nightclub promotions that target young adults. *American Journal of Public Health*. March 2002. 92(3): 414-419. PMC1447091.