

POINTS OF INTEREST



Recent Trends in Young Adult and Youth Smoking

The number one cause of preventable disease and death in the United States is tobacco. Tobacco use contributes to diseases such as heart disease, lung and esophageal cancer, and chronic lung disease. Smoking also contributes to cancers of the bladder, pancreas, kidney, and many other adverse health outcomes. In 2002, nearly 18,000 new cases of lung cancer alone will be reported and will account for over 14,000 deaths. Tobacco use kills more people every year than alcohol, cocaine, heroin, homicide, suicide, car accidents, fires, and AIDS combined.

Every year, the California Department of Health Services Tobacco Control Section funds and develops questions pertaining to tobacco use and cigarette smoking on the California Behavioral Risk Factor Surveillance System (BRFSS), the California Adult Tobacco Survey (CATS), and the California Youth Tobacco Survey (CYTS). Researchers combine the BRFSS and CATS data to produce a larger sample and more precise estimates of adult population characteristics such as smoking prevalence. The results discussed for California adults throughout this report are from the combined BRFSS/CATS data. Findings reported for California youth, aged 16 to 17, are from CYTS data. In addition, to account for sex, race, and age differences observed between the sample and California population, data were weighted to the 1990 California population.*

Since 1996, smoking prevalence among California adults has declined from 18.6 percent to 17.4 percent. This trend has not been the same for young Californians aged 18 to 24. Among young Californians, smoking prevalence has increased 3 percentage points between 1996 and 2001, from 20.6 percent to 23.6 percent.

Smoking prevalence among young adult females aged 18 to 24 steadily increased between 1996 and 2000. Conversely, smoking prevalence in young adult males declined between 1998 and 2000. However, in 2001, smoking prevalence increased dramatically for young males while it significantly decreased for young

females. Prevalence for males aged 18 to 24 was nearly double that of their female counterparts in 2001: 30.1 percent vs. 15.8 percent respectively.

In contrast to young adult tobacco use, smoking prevalence** for California youth (both males and females) aged 16 to 17 decreased notably between 1996 and 2001, from 20.7 percent to 13.0 percent. Prevalence for male youth aged 16 to 17 decreased 5.5 percentage points between 1996 and 2001, from 20.5 percent to 15.0 percent. The decline was more marked for female youth, nearly twice that of males (10.1 percentage points over the same time period). Specifically, between 1996 and 2001, smoking prevalence dipped from 20.9 percent to 10.8 percent for female youths aged 16 to 17.

Despite these trends in tobacco use for young adults aged 18 to 24, overall smoking prevalence in California declined from 26.2 percent in 1985 to 17.4 percent in 2001. Although California continues to be among the nation's leaders in tobacco control, as measured by smoking prevalence, more can be done to combat this deadly habit among California youth and young adults.

* 1990 is the most recent census data currently available from the California Department of Finance.

** CYTS respondents are current smokers if they have smoked in the past 30 days.

Sources:

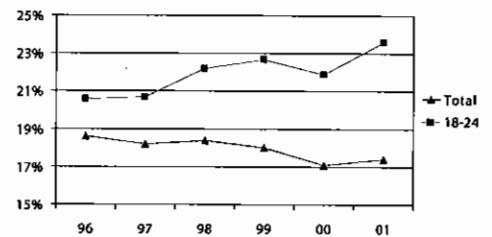
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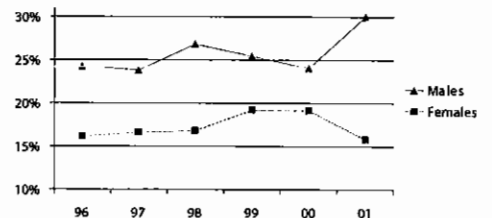


Smoking Prevalence of All California Adults (18+) vs. Young Adults (18-24)
California BRFSS and CATS, 1996-2001



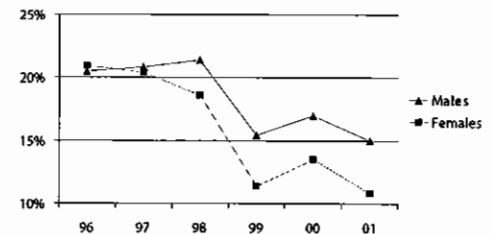
Weighted to the 1990 California population
Source: California Department of Health Services, Cancer Surveillance Section, Survey Research Group

Smoking Prevalence of Young Adults (18-24) by Gender
California BRFSS and CATS, 1996-2001



Weighted to the 1990 California population
Source: California Department of Health Services, Cancer Surveillance Section, Survey Research Group

Past 30 Day Smoking Prevalence of Youth (16-17) by Gender
California Youth Tobacco Survey, 1996-2001



Weighted to the 1990 California population
Source: California Department of Health Services, Cancer Surveillance Section, Survey Research Group

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BRFSS is an ongoing effort by the California Department of Health Services (CDHS), in conjunction with the U.S. Centers for Disease Control and Prevention (CDC), and the Public Health Institute, to assess the prevalence of and trends in health-related behaviors in the California population aged 18 years and older. It is supported in part by funds from the Cooperative Agreement No. U58/CCU910655-09 from CDC, and in part by funds from the CDHS, Tobacco Control Section, and other programs and state departments. Data are collected monthly from a random sample of California adults living in households with telephones. The BRFSS database contains information on Californians from 1984 through the present.

The BRFSS questionnaire is developed each year by CDC in collaboration with participating state agencies. Wherever possible, questions have been selected from previously conducted national surveys for comparability. The questionnaire has three components. The first component consists of a core set of questions that is administered by all states participating in the BRFSS collection effort.

The second component of the questionnaire consists of a series of topical modules developed by CDC. States have the option of adding as many modules as they wish to the core questionnaire each year. California has used several of the CDC modules, although the same modules have not been used consistently across all years of the survey.

The final component of the questionnaire consists of questions designed and administered by individual states to address issues of local concern. These have been revised annually in California to address the needs of as many programs as possible. However, the time constraints of a telephone interview have limited the number of questions that can be placed on the survey in any one year.

Participants in the California BRFSS are asked about a wide variety of behaviors such as seat belt use, exercise, weight control, diet, tobacco and alcohol consumption, utilization of cancer screening procedures, and other preventive measures. They also are asked for basic demographic information such as age, race/ethnicity, marital and employment status, household income, and education. Participation in the BRFSS is completely voluntary and anonymous.

The age, race/ethnicity, and sex characteristics of the BRFSS sample differ to some extent from the age, race/ethnicity, and sex characteristics of the California population. Weighting adjustments are used to compensate for these differences. Prior to analyzing the BRFSS data, the sample is weighted so that age, race/ethnicity, and gender composition match that of the California population. This allows the findings to be generalized to the California population.

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