

Tobacco use is an addictive behavior with complex social, economic, political, and behavioral interrelationships. During the 20th century, the U.S. and other developed nations experienced an epidemic of diseases caused by tobacco use. These include cancers, heart disease, stroke, and respiratory diseases.

Cigarette smoking causes more than 430,000 deaths each year in the United States. This is approximately 20% of all U.S. deaths. In Utah in 1990, it is estimated that 13.4% of all deaths were due to smoking and that 14,572 years of life were lost due to smoking induced premature death.¹

Adults

Adult smoking trends are monitored using the state-based Behavioral Risk Factor Surveillance System (BRFSS), which is supported and coordinated by CDC. Utah has participated in the BRFSS since 1984.

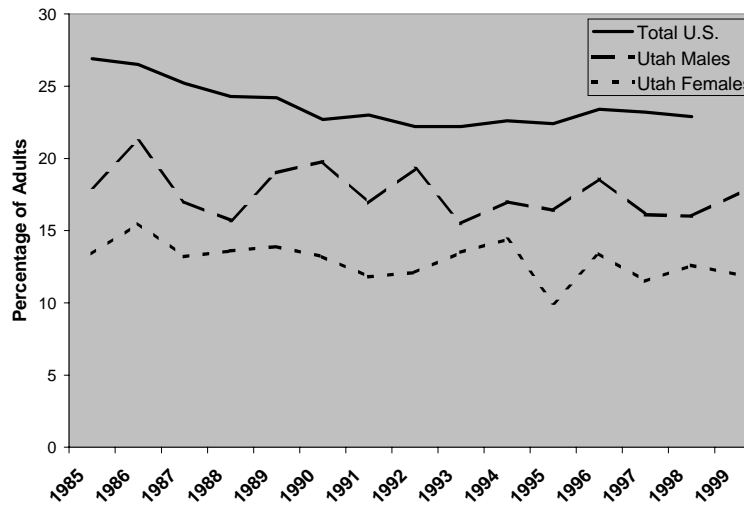
- Utah has the lowest smoking rate of all states, but according to BRFSS data, the percentage of adults age 18 years and over in Utah who smoke cigarettes has remained essentially unchanged, while smoking prevalence has decreased in other states.
- Although Utah's smoking rate is low, the medical costs associated with smoking are substantial. A recent UDOH report estimated the tobacco-related health care costs paid by Utah State Government in 1998 to be between \$14.3 million and \$20.6 million. These costs were primarily those incurred by the state for the Medicaid program and the state employees' health insurance plans.
- Smoking intensity appears to have decreased, with the percentage of Utah smokers who smoked ≥ 1 pack per day decreasing from 23.4% in 1992 to 14.3% in 1998.
- In State Fiscal Year 1998, cigarette consumption, as measured by tax receipt data, decreased by 3.9% from an average

consumption of 97.7 million packs per year from 1995-1997 to 94.0 million packs in 1998.

- Smoking has been prohibited in most public places since 1995 by Utah's Indoor Clean Air Act, and the taxes on a pack of cigarettes increased in July 1997 from 26.5¢ to 51.5¢. These two factors may help to explain the decrease in intensity of smoking for Utah smokers.

Cigarette Smoking Rates

Percentage of adults who reported having ever smoked 100 cigarettes, and currently smoke all or most days, by sex, Utah 1985-1999, and U.S.



Source: Utah Behavioral Risk Factor Surveillance System, 1985-1999

Youth

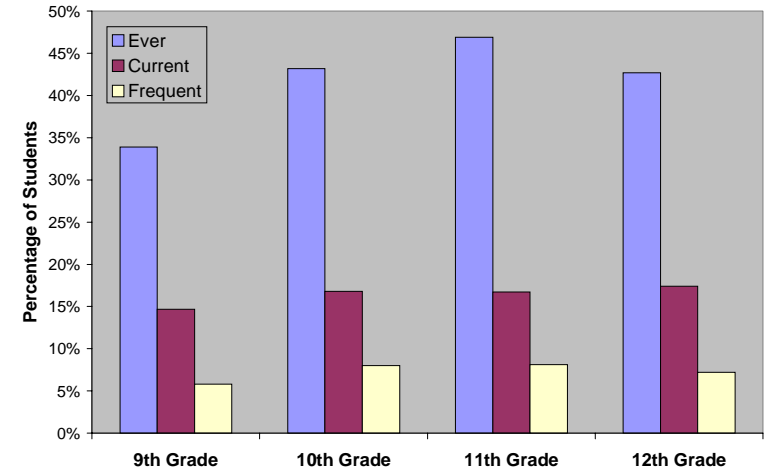
Nationally, nearly 3,000 youth become regular smokers every day. Between 80 and 90 percent of all smokers begin by age 18, and one-third of present youth smokers will die prematurely from a tobacco-caused disease. Several factors contribute to youth smoking, including peer influence, parental smoking, product availability, and advertising. Tobacco advertising and mar-

keting have been specifically targeted at children. Teen smoking rates are monitored using the school-based Youth Risk Behavior Survey (YRBS), a system established by CDC in 1990 to monitor the prevalence of youth behaviors that influence health. The YRBS is conducted every other year.

- YRBS data indicate that Utah teen smoking rates have remained constant from 1991 to 1997. Other Utah data, however, indicate there may have been an increase in youth smoking.
- In 1997, 17% of male and 15% of female Utah high school students reported smoking in the 30 days before the survey, compared to 38% of males and 35% of females nationally.
- In Utah, in 1997, 25% of high school students reported smoking their first cigarette before the age of 15.

Youth Smoking

Percentage of youth grades 9-12 who reported ever, current, and frequent smoking, Utah 1997.



Ever - ever tried cigarette smoking, even one or two puffs; Current - smoked ≥ 1 cigarette in the past 30 days; Frequent - smoked >20 days in the past 30 days
Source: Utah Youth Risk Behavior Survey 1997

¹ Calculated by using life expectancy at age of death



Pregnant Women

Women who smoke during pregnancy significantly increase the risk of spontaneous abortions, pre-term births, low birth weight babies and fetal and infant deaths. Tobacco use during pregnancy is recorded on the Utah birth certificate, but it is thought to be underreported.

- According to 1998 Utah birth certificate data, 9% of infants born in 1998 were exposed to tobacco prior to their birth.
- From 1989-1997, the incidence of low birth weight was much higher (12.5%) for infants born to mothers who reported tobacco use, compared with those who didn't (5.4%).
- In 1999, Utah started the Utah Pregnancy Risk Assessment and Monitoring System (PRAMS), which will provide more reliable data regarding the risk status of pregnant women.

Environmental Tobacco Smoke

As early as 1975, there was evidence in the scientific literature that environmental tobacco smoke (ETS) was a cause of respiratory and cardiac disease. In 1986, the Surgeon General and the National Academy of Sciences concluded that secondhand smoke is a cause of lung cancer in non-smokers.

- According to 1998 BRFSS data, approximately 10% of respondents reported that someone smoked cigarettes, cigars, or pipes inside their home. As many as 117,600 Utah children may be exposed to ETS in their homes.

Smoking Attributable Mortality

Calculation of smoking-attributable mortality estimates the proportion of deaths due to diseases caused by cigarette smoking.

- In Utah in 1998, 14% (232 of 1,626) of ischemic heart disease deaths were due to smoking and 73% (288 of 395) of cancers of the lung, bronchus, or trachea were attributable to smoking.

Tobacco Prevention and Control Program

The UDOH Tobacco Prevention and Control Program staff develop prevention and control interventions for use by local health departments and other interested agencies. The staff also advise interested parties in policy development related to tobacco control and prevention.

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Additional information about this topic can be obtained from the Tobacco Prevention and Control Program, Utah Department of Health, P. O. Box 142106, Salt Lake City, Utah 84114-2106, (801) 538-6120, FAX (801) 538-9303, website: <http://hlunix.hl.state.ut.us/cfhs/tpcp/index.html>; or the Office of Public Health Assessment, Utah Department of Health, P. O. Box 142101, Salt Lake City, Utah 84114-2101, (801) 538-6108, FAX (801) 536-0947 or (801) 538-9346, email: phdata@doh.state.ut.us.

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