

CIGARETTE SMOKING

The use of tobacco products, such as cigarettes, can lead to a variety of illnesses and conditions, including cancer, heart disease, and lung disease.¹ Smoking is the leading preventable cause of death and disease in the United States, accounting for more than 1,200 deaths each day. Cigarette smoking among adolescents can result in both immediate and long-term damage. Adolescents who smoke face reduced lung function and slowed lung growth, which may increase their risk for chronic obstructive pulmonary disease. The earlier the age of initiation, the more likely individuals will develop nicotine addiction, which prolongs cigarette use. Almost 9 out of 10 cigarette users started smoking by age 18.²

The rate of past month cigarette use among adolescents aged 12–17 years declined by nearly half, from 13.0 to 6.6 percent, between 2002 and 2012 (figure 1). Current cigarette use in 2012 varied by age, with rates of 13.6 percent among youth aged 16–17 years, compared to 4.6 percent of youth aged 14–15 years and 1.2 percent of youth aged 12–13 years.

While cigarette use rates were similar for adolescent males and females (6.8 and 6.3 percent, respectively), past-month use varied by race and ethnicity. Rates were highest among non-Hispanic American Indian/Alaska Native (11.8 percent), non-Hispanic White (8.2 percent),

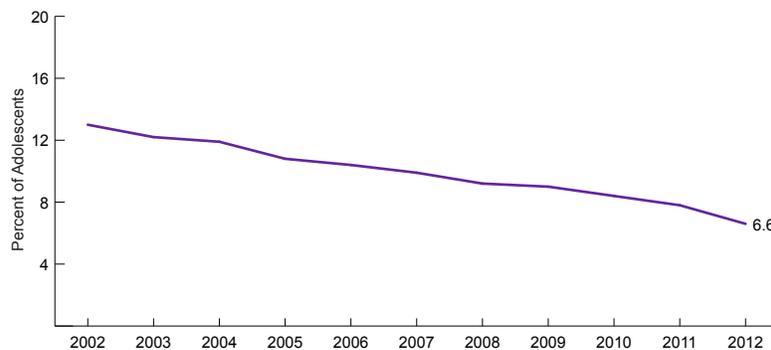
and non-Hispanic youth of multiple races (7.5 percent) while lowest among non-Hispanic Asian youth (1.7 percent).

The rate of past-month cigarette use was greater in nonmetro counties (9.0 percent) than in both large metro (5.6 percent) and small metro counties (7.1 percent; figure 2).

The rate of past year initiation of cigarette use among adolescents was 4.1 percent. Rates of past year initiation have only recently started to decline, with rates falling from 4.9 percent in 2010 to 4.1 percent in 2012.

Prevention strategies must focus on reducing initiation and continuation of cigarette use as well as promoting cessation. More than 80 percent of smokers under 18 years of age used cigarettes from the top three most advertised brands.³ Health communication interventions have been shown to effectively decrease tobacco use initiation and prevalence as well as increase cessation, especially as part of a set of comprehensive tobacco control measures.² Successful messages used emotional appeal through personal testimonials or graphic images of harms caused by tobacco and also provided cessation services information.⁶ Smoke-free policies have been shown to effectively reduce tobacco-related morbidity and mortality,⁷ in addition to reducing tobacco use initiation and prevalence and increasing

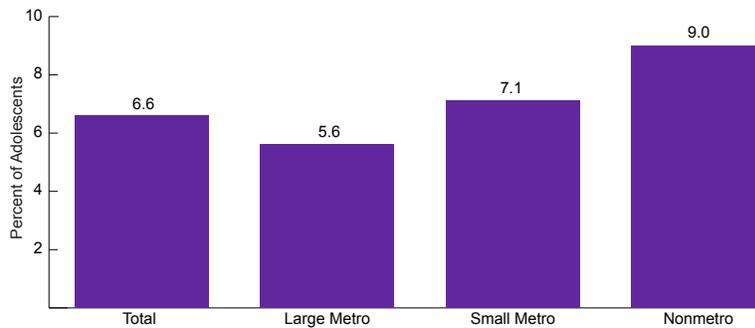
Figure 1. Past Month Cigarette Use Among Adolescents Aged 12–17 Years, 2002–2012



cessation. Smoking may be restricted to designated outdoor locations or even completely banned. Initiation, prevalence, and intensity of cigarette smoking can be reduced by increasing tobacco prices.⁴ In addition, clinicians can play a role in promoting cessation as part

of comprehensive pediatric care. Adolescents should be screened for tobacco use at every clinical encounter, and receive appropriate guidance regarding the risks of tobacco use and benefits of tobacco cessation.⁵

Figure 2. Past Month Cigarette Use Among Adolescents Aged 12–17 Years, by Urban/Rural Residence,* 2012



*Urban/rural residence is determined based on metropolitan statistical area (MSA), which is defined by having at least one urbanized area of 50,000 or more population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties. Large Metro includes persons living in an MSA of 1 million or more population; Small Metro areas have a population of less than 1 million. Nonmetro consists of persons not living in an MSA.

Data Sources

Figure 1 and 2. Substance Abuse and Mental Health Services Administration. *Results from the 2012 National Survey on Drug Use and Health: detailed tables*, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2013. Available at: <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/DetTabs/NSDUH-DetTabsTOC2012.htm>. Accessed March 7, 2014.

Endnotes

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Suggested Citation

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