

## TOBACCO

Tobacco use is the single most preventable cause of death and disease and is responsible for about one of every seven deaths (14%) in San Francisco and one of five deaths in California and in the U.S.<sup>1</sup> Health problems caused by tobacco include heart disease, cancer, respiratory illness, and stroke, and smokeless tobacco use causes oral cancer and other oral health problems. In addition, exposure to environmental tobacco smoke is responsible for some lung cancer deaths in nonsmokers.<sup>2</sup>

It is estimated that one-third of adolescents who begin smoking will eventually die from tobacco-related illnesses.<sup>3</sup> Many studies have shown that individuals who develop a tobacco addiction experience tremendous difficulties and high failure rates when attempting to quit.<sup>4</sup> The overwhelming evidence of the addictive nature of nicotine underscore the need to prevent tobacco use among young people through enforcement of youth access laws, effective prevention education programs in the schools and community, and media campaigns targeted at youth.<sup>5</sup>

### Data Sources

Data for this section were from 2 sources:

- The 1997 San Francisco Youth Risk Behavior Survey (YRBS) conducted by the San Francisco Unified School District (in conjunction with the federal Centers for Disease Control). The YRBS asked students to report their history of and current use of cigarettes and smokeless tobacco products. In addition, the survey asked students about attempts to quit smoking and methods of obtaining tobacco products.
- The California Tobacco Survey (CTS) conducted by the California Department of Health Services, Tobacco Control Program (1990; 1993; 1996). The CTS was designed to provide statewide estimates of tobacco use trends including estimates of attitudes, behavior, and media exposure regarding smoking and tobacco use. Due to the small sample size, estimates for the county level, especially data pertaining specifically to adolescents is limited. Data was collected via household telephone interviews.

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<sup>1</sup> Centers for Disease Control and Prevention. "Cigarette Smoking-Attributable Mortality and Years of Potential Life Lost - United States, 1990." Morbidity and Mortality Weekly Report. 1993. San Francisco estimate is for the period 1990 to 1995.

<sup>2</sup> Environmental Protection Agency. Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders. EPA/600/6-90, 1992.

<sup>3</sup> Johnston, L.D., O'Malley, P.M., and Bachman, J.G. National Trends In Drug Use and Related Factors Among American High School Students and Youth Adults, 1975-1986. U.S. Department of Health and Human Services (DHHS) Publication No. (ADM) 87-1535, Rockville, MD: National Institute on Drug Abuse, 1987.

<sup>4</sup> U.S. Department of Health and Human Services. The Health Consequences of Smoking: Nicotine Addiction. A Report to the Surgeon General, 1988. DHHS Publication No. (CDC) 88-8406; 1988.

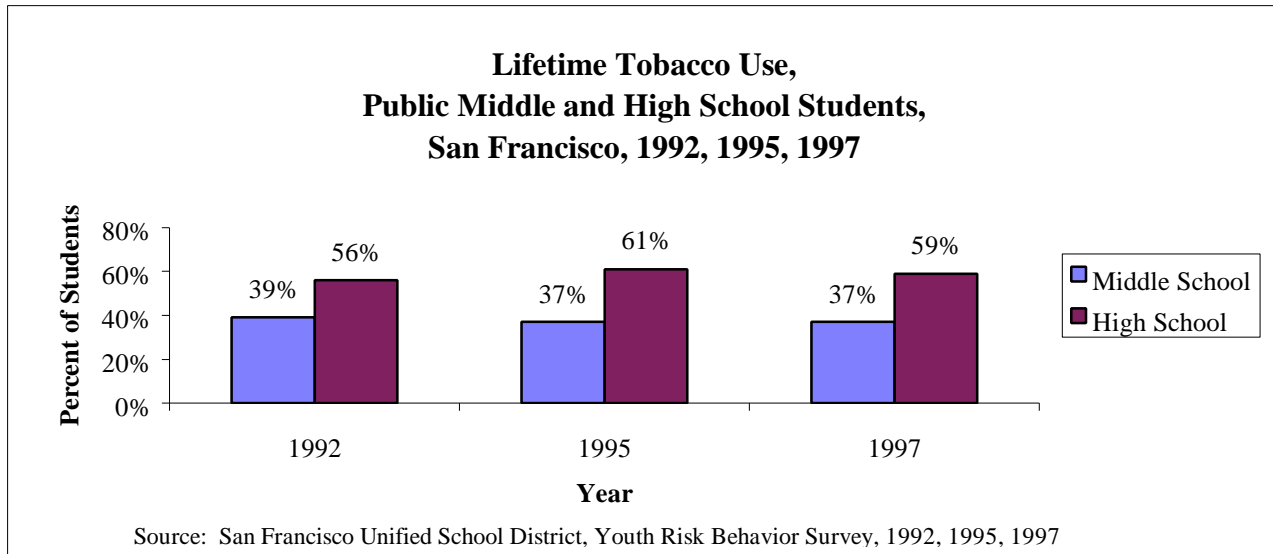
U.S. Department of Health and Human Services. The Health Benefits of Smoking Cessation. A Report to the Surgeon General, 1988. DHHS Publication No. (CDC) 90-8416; 1990.

Hunt, W.A., Barnett, L.W., Branch, L.G. "Relapse Rates in Addiction Programs." Journal of Clinical Psychology, 1971; 27 (4): 455-456.

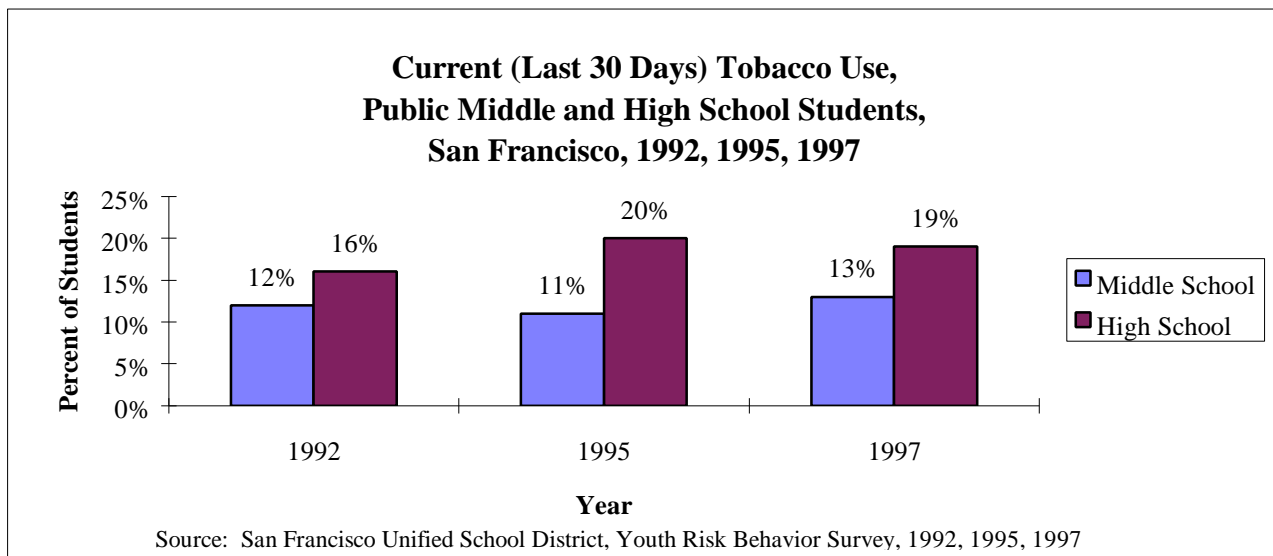
<sup>5</sup> Proposition 99 established as a key objective for the California Tobacco Control Program the prevention of the onset of tobacco use in young people.

### Estimates of Smoking Prevalence

The 1997 San Francisco YRBS estimated that over one-third (37%) of middle school students and over half (59%) of high school students reported that they had tried smoking at least once in their lifetime.

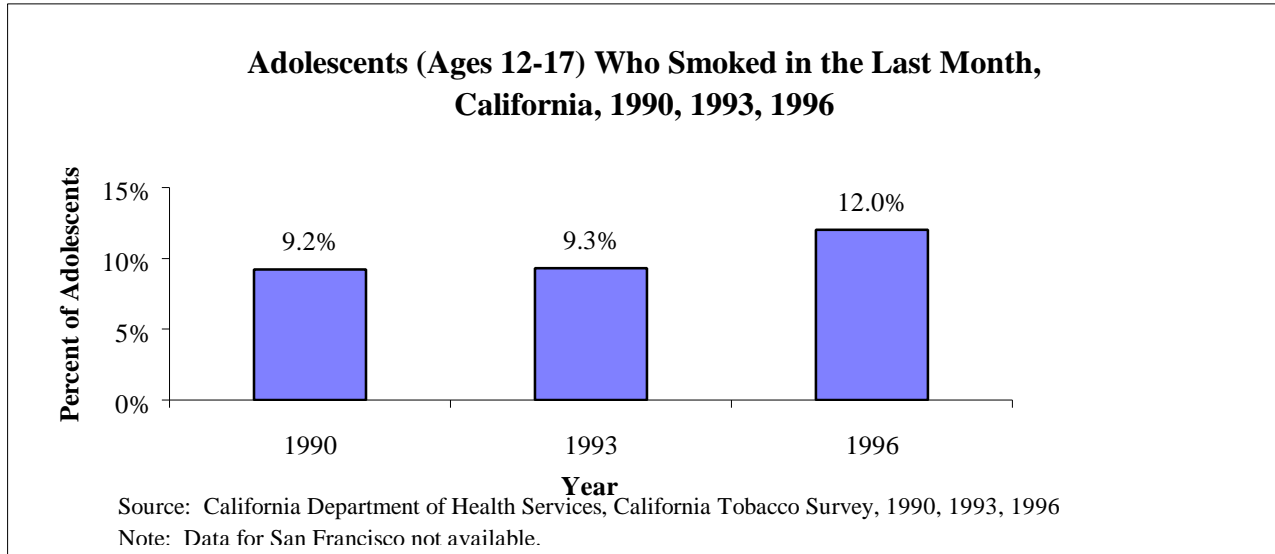


Estimates of smoking prevalence in the last 30 days among adolescents varies depending on the survey. According to the 1997 YRBS, 13% of San Francisco's middle school students reported that they had smoked cigarettes during the past 30 days; over half (57%) of these recent smokers had smoked five days or less. Nearly one in five San Francisco high school students (19%) reported that they had smoked cigarettes at least once in the previous month, including 5% who had smoked regularly (daily), and 9% who had smoked cigarettes on school property.



The California Tobacco Survey (CTS), conducted by the California Department of Health Services, provided an alternate estimate of smoking prevalence among youth. County level estimates are not available due to the small sample size. The percentage of adolescents ages 12 to 17 statewide who smoked in the past month remained constant at 9.2% and 9.3% in 1990 and 1993 but increased by three percentage points to 12.0% in 1996. The CTS report acknowledged the variation between school

surveys, which tend to provide inflated estimates, and household surveys which tend to provide deflated estimates of smoking prevalence.<sup>6</sup>



Among subgroups of adolescents statewide, the CTS reported that Asians, Hispanics, and those with better than average school performance showed increases in smoking rates by over 50%.

### **Smokeless Tobacco Use**

According to the 1997 YRBS, 8.5% of middle school students reported that they used chewing tobacco or snuff (such as Redman, Skoal Bandits, or Copenhagen) at least once in their lifetime. Two percent of high school students reported that they had used smokeless tobacco during the past 30 days. According to the 1993 CTS, 7% of adolescent males (ages 12 to 17) in San Francisco reported using chewing tobacco or snuff in the previous 30 days, compared to 14% of their counterparts in the rest of California.

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<sup>6</sup> California Department of Health Services, Tobacco Control Program, 1996 California Tobacco Survey: Early Results; California Department of Health Services, "California Announces New Rates of Smoking For Adults and Youth" (press release), March 25, 1997.