Youth Tobacco Product Use in the United States: Prevalence, Correlates, and Emerging Trends

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Overview

1. Background
2. Patterns of Use
3. Implications for Policy
4. Considerations and Conclusions
1 Background
50 Years of Death

Major Conclusion: “The burden of death and disease from tobacco use in the United States is overwhelmingly caused by cigarettes and other combusted tobacco products; rapid elimination of their use will dramatically reduce this burden.”

Since 1964, over 20 million Americans died because of smoking, including:

- 2.5 million nonsmokers
- 108,000 babies
- 86,000 residential fires
- 6.58 million from cancers
- 7.8 million from cardiovascular disease & metabolic diseases
- 3.8 million from pulmonary diseases


Note: Estimates since 1992 include some-day smoking. 2015 estimate come from NHIS Early Release of Selected Estimates data

Source: 1965-2014 data from National Health Interview Survey (NHIS)
YOUTH AND TOBACCO USE

Youth use of tobacco in any form is unsafe.

If smoking continues at the current rate among youth in this country, **5.6 million of today’s Americans younger than 18 will die early from a smoking-related illness.**

Nearly **9 out of 10** cigarette smokers first tried smoking by age **18**, and **99%** first try smoking by age **26**.

Each day in the United States, **more than 3,200 youth aged 18 years or younger** smoke their first **cigarette**, and **an additional 2,100 youth and young adults** become daily cigarette smokers.

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Past Year Initiation of Cigarette Smoking Among Youth & Young Adults: 2004-2013


Initiation is defined as smoking cigarettes for the first time in the past year.
What Factors Lead to Youth Smoking?

- Youth-appealing flavors
- Youth-resonating themes
- Low prices/price promotions
- Ease of access
- Exposure to ads
- Health claims
- Ease of product use

Patterns of Use
Percentage of High School Students who used Tobacco in the preceding 30 days, by Tobacco product—NYTS U.S. 2011-2015

In 2015, about 25 of every 100 high school students used some type of tobacco product.

Adult Per Capita Cigarette Consumption and Major Smoking-and-Health Events—U.S., 1900-2015

Percent of Middle School Students who currently use any tobacco products in the past 30 days, National Youth Tobacco Survey, 2011–2015

In 2015, about 7 of every 100 middle school students used some type of tobacco product.

Patterns of Youth Cigarette Smoking
Current Cigarette Smoking Among U.S. Youth, 2000-2015

Past 30 Day Cigarette Smoking Among U.S. Youth, by **School Level** - NYTS 2000-2015

Source: CDC. National Youth Tobacco Survey.

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Source: CDC. National Youth Tobacco Survey.
Past 30 Day Cigarette Smoking Among High School Students – United States, 2015

*On at least 1 day during the 30 days before the survey

State Youth Risk Behavior Surveys, 2015
Patterns of Youth Cigar Smoking
Current Cigar* Smoking Among U.S. Youth, 2000-2015

* Includes Cigars, Cigarillos, and Little Cigars


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Source: CDC. National Youth Tobacco Survey.

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Source: CDC. National Youth Tobacco Survey.
Past 30 Day Cigar* Smoking Among High School Students – United States, 2015

*Cigars, cigarillos, or little cigars on at least 1 day during the 30 days before the survey

State Youth Risk Behavior Surveys, 2015
Patterns of Youth Smokeless Tobacco Use
Current Smokeless Tobacco Use Among U.S. Youth, 2000-2015


* Includes Chew, Dip, and Snuff

Source: CDC. National Youth Tobacco Survey.

* Includes Chew, Dip, and Snuff

Source: CDC. National Youth Tobacco Survey.

* Includes Chew, Dip, and Snuff

Source: CDC. National Youth Tobacco Survey.
Past 30 Day Smokeless Tobacco* Use Among High School Students – United States, 2015

*Chewing tobacco, snuff, or dip on at least 1 day during the 30 days before the survey

State Youth Risk Behavior Surveys, 2015
Patterns of Youth Waterpipe/Hookah Tobacco Smoking
Past 30 Day Waterpipe/Hookah Smoking Among U.S. Middle and High School Students, 2011-2015


*“Non-Hispanic Others” includes Non-Hispanic Asians, Non-Hispanic American Indians/Alaska Native, Non-Hispanic Native Hawaiian/Other Pacific Islanders, and Non-Hispanics with multiple races.

Patterns of Youth E-cigarette Use


*“Non-Hispanic Others” includes Non-Hispanic Asians, Non-Hispanic American Indians/Alaska Native, Non-Hispanic Native Hawaiian/Other Pacific Islanders, and Non-Hispanics with multiple races.

“Dual Use” Prevalent Among Youth

About half of middle school and high school students who used tobacco products in 2015 were current users of two or more tobacco products.

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7.CDC. Tobacco Use Among Middle and High School Students—United States, 2013. MMWR, 2014;63(45):1021–6
Frequency of current use of tobacco products among middle and high school students, by number of days of use – United States, 2014

Source: National Youth Tobacco Survey, United States, 2014
Product, Price, Promotion, Placement

PRODUCT – Certain features of cigarettes appeal to younger smokers

PRICE – Younger smokers are more price sensitive

PROMOTION – Youth are more sensitive to advertising and promotional campaigns

PLACEMENT – Strategic location of images of smoking and youth oriented brands in media, advertising, and retail environments

Facilitators to Reducing Tobacco Use

- Tobacco more expensive and less accessible
- Smoke-free policies
- Counter-marketing and promotion restrictions
- Easy access to help
“Tobacco Control Vaccine”

- Tobacco Price Increases
- Cessation Access
- 100% Smoke-Free Policies
- Hard Hitting Media Campaigns

Minimum Age of Sale for Tobacco Products, September 2016

Local Momentum:

Tobacco 21 Population Covered: 61,411,590
Tobacco 21 Cities and Counties Covered: 195

Source: http://tobacco21.org/
4 Considerations and Conclusions
Total Funding for State Programs
Adjusted to FY2009 Dollars

Source: Project ImpacTEEN; University of Illinois at Chicago; University at Buffalo, State University of New York
*High school students who smoked on 1 or more of the 30 days preceding the survey—United States, CDC. Youth Risk Behavior Survey, 1993-2009.
Tobacco Industry is Outspending Prevention Efforts 20:1

Eliminating the Tobacco Epidemic

New “end game” strategies have been proposed with the goal of eliminating tobacco smoking.

- Reducing Nicotine Yields
- Reducing Product Toxicity
- Prohibiting Sales to Future Generations
- Gradual Supply Reduction
- Banning Cigarettes and/or Cigarettes + Other Tobacco Products
- Selling tobacco through a not-for-profit agency

### 2014 SGR Recommendations Toward End Game

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<th>Recommendation</th>
<th>Description</th>
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<td>Sustain high-impact media campaigns such as <em>Tips</em> for 12 months/year for 10+ years</td>
<td>Effectively implement FDA’s authority for tobacco product regulation to reduce product addictiveness and harmfulness</td>
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<td>Raise excise taxes – at least $10 per pack is most effective</td>
<td>Expand tobacco control and prevention research to increase understanding of the ever changing landscape</td>
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<td>Fulfill opportunity of the ACA to provide access to barrier-free, proven tobacco use cessation treatment</td>
<td>Fully fund comprehensive statewide tobacco control programs at CDC-recommended levels</td>
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<td>Expand cessation in primary and specialty care settings</td>
<td>Extend comprehensive smoke-free indoor protections to 100% of the U.S. population</td>
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Conventional cigarette smoking has declined considerably among U.S. youth. The use of other conventional tobacco products, including cigars and smokeless tobacco, has declined overall, but not among all population groups. The use of emerging tobacco products, including hookah and e-cigarettes, has increased in recent years. In 2015, one-quarter of U.S. youth used any tobacco product, and about half of youth tobacco users reported using 2 or more tobacco products. Preventing tobacco use among youth is critical to ending the tobacco epidemic. End Game options should come as an integrated national tobacco control strategy, which is based on a foundation of enhanced implementation of the proven strategies that we know work to address the tobacco epidemic, as well as advancement of promising interventions to address emerging issues.
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.