

Facts and Trends

Cigarette Smoking Among Youth — United States, 1989

In 1988, an estimated 434 000 persons in the United States died as a result of cigarette smoking [1]. About three fourths of adults who have ever been regular cigarette smokers reported trying their first cigarette before their 18th birthday (National Institute on Drug Abuse [NIDA], unpublished data), and about half of them had become regular smokers by that time [2] (NIDA, unpublished data). This report, based on the Teenage Attitudes and Practices Survey (TAPS), presents the prevalence of self-reported smoking among US adolescents aged 12–18 years during 1989.

In 1989, the TAPS focused on adolescents' knowledge, attitudes, and practices regarding tobacco use. The sample described in this report includes all youth aged 12–18 years who were living in households. Questionnaires were administered by computer-assisted telephone interviewing and mail (for homes without telephones and for initial nonrespondents). Adolescents were sampled from households that had participated in the second half of the 1988 National Health Interview Survey (NHIS) and the first half of the 1989 NHIS. During this period, the household participation rate was 95%. Data were obtained from 9965 (82.4%) of 12 097 adolescents in the NHIS households and were adjusted to provide national estimates. Confidence intervals (CIs) were calculated by using the Software for Survey Data Analysis [3]. Participants were asked the following questions about cigarette smoking behavior: 'Think about the last 30 days. On how many of these days did you smoke?' and 'Now, think care-

fully about the last SEVEN days. Did you smoke cigarettes on any of THOSE days?'

Respondents who were still in school or who had already graduated from high school were classified as 'school attenders/high school (HS) graduates.' Respondents who were not attending school at the time of the survey and who had not completed the 12th grade were classified as 'dropouts.' Among youth 17–18 years of age, 2355 (80.8%) were enrolled in school, 489 (16.8%) were dropouts, and 69 (2.4%) had completed high school and were not currently in school.

Overall, 15.7% of respondents reported smoking on 1 or more days during the month, and 11.5% reported smoking on 1 or more days during the week before the survey (Table 1). Patterns were similar by gender in all categories, except among persons 18 years of age. The prevalence of smoking was higher among white youth than among black youth. Although the prevalence of smoking in the past month was lower among Hispanic (11.7%) than among non-Hispanic (16.1%) youth, the prevalence of smoking in the past week was similar in each group (9.3% and 11.8%, respectively). Prevalence of smoking in the past month and in the past week increased directly by age.

Among youth 17–18 years of age, the prevalence of smoking during the previous week was substantially higher among dropouts (43.3% [95% CI = ±4.9%]) than among school attenders/HS graduates (17.1% [95% CI = ±1.7%]) Among school attenders/HS graduates, the prevalence of smoking during

Table 1. Percentage of youth aged 12–18 years^a who reported cigarette use during the 30 days and the week preceding the survey, by gender, race, Hispanic ethnicity, and age—United States, Teenage Attitudes and Practices Survey^b, 1989.

Characteristic	Smoked during preceding 30 days		Smoked during preceding week		Characteristic	Smoked during preceding 30 days		Smoked during preceding week	
	%	(95% CI) ^c	%	(95% CI)		%	(95% CI) ^c	%	(95% CI)
Gender					Age (yrs)				
Male	16.0	(±1.1)	11.8	(±1.0)	12	2.4	(±0.8)	0.7	(±0.4)
Female	15.3	(±1.2)	11.2	(±1.1)	Male	2.2	(±1.0)	0.8	(±0.6)
					Female	2.6	(±1.3)	0.6	(±0.5)
Race					13	5.2	(±1.2)	2.5	(±0.9)
White	17.6	(±0.9)	13.1	(±0.9)	Male	4.6	(±1.5)	1.6	(±0.9)
Male	17.9	(±1.3)	13.4	(±1.1)	Female	5.7	(±1.9)	3.5	(±1.5)
Female	17.4	(±1.3)	12.8	(±1.2)	14	10.4	(±1.8)	7.1	(±1.5)
Black	6.1	(±1.2)	3.5	(±0.8)	Male	9.7	(±2.3)	5.9	(±1.8)
Male	7.2	(±1.8)	4.2	(±1.3)	Female	11.1	(±2.6)	8.5	(±2.4)
Female	5.0	(±1.5)	2.7	(±1.1)	15	16.0	(±2.0)	11.6	(±1.8)
Other	12.1	(±4.7)	10.0	(±4.3)	Male	16.4	(±2.7)	11.9	(±2.4)
Male	11.1	(±6.7)	8.9	(±6.7)	Female	15.7	(±2.9)	11.3	(±2.5)
Female	13.4	(±5.5)	11.3	(±5.0)	16	19.0	(±2.1)	13.7	(±1.9)
Hispanic origin					Male	18.9	(±2.8)	13.2	(±2.5)
Hispanic	11.7	(±2.1)	9.3	(±2.0)	Female	19.0	(±3.0)	14.1	(±2.7)
Male	11.8	(±3.0)	9.3	(±2.7)	17	24.3	(±2.5)	17.9	(±2.1)
Female	11.7	(±3.2)	9.3	(±2.9)	Male	23.6	(±3.1)	18.2	(±2.8)
Non-Hispanic	16.1	(±0.9)	11.8	(±0.8)	Female	25.1	(±3.7)	17.5	(±3.2)
Male	16.5	(±1.2)	12.1	(±1.0)	18	30.6	(±2.7)	25.4	(±2.6)
Female	15.8	(±1.2)	11.4	(±1.1)	Male	34.6	(±3.8)	29.1	(±3.7)
					Female	26.2	(±3.4)	21.3	(±3.2)
					Total	15.7	(±0.8)	11.5	(±0.7)

^aAs of November 1, 1989.

^bEstimates based on weighted data; sample size = 9965 respondents.

^cConfidence Interval.

the previous week was similar by gender (males, 17.5% [95% CI = ±2.3%]; females, 16.7% [95% CI = ±2.3%]). However, dropouts who were male (51.7% [95% CI = ±6.6%]) were more likely to report having smoked during the previous week than were dropouts who were female (33.3% [95% CI = ±6.5%]). Among school attenders/HS graduates, 19.3% (95% CI = ±1.9%) of whites and 5.7% (95% CI = ±2.8%) of blacks reported smoking during the previous week. Similarly, dropouts who were white (46.1% [95% CI = ±5.2%]) were more likely to report having smoked during the previous

week than were dropouts who were black (17.1% [95% CI = ±9.3%]).

Editorial Note: The findings in this report are consistent with findings from three other recent national surveys that measure smoking by youth: rates of smoking are similar for males and females and higher for whites than blacks [4,5] (J.G. Bachman, L.D. Johnston, P.M. O'Malley, University of Michigan, unpublished data, 1990). In addition, the findings from TAPS confirm previous reports of higher smoking rates among dropouts [6] and suggest gender and racial differences in smok-

ing prevalence among dropouts. Differences in overall prevalence estimates between surveys may be explained by the mode of data collection (i.e., household interview vs. school-based, self-administered questionnaire) [7], composition of the samples, varying response rates, and the wording of questions [8].

Cigarette use among U.S. youth appears to have declined sharply in the late 1970s and stabilized in the 1980s [9,10], especially among white youth [2]. The findings from TAPS underscore the need for interventions that focus on both in-school and out-of-school youth. The national health objectives for the year 2000 have established four relevant targets for this problem:

- establish tobacco-free environments in all elementary, middle, and secondary schools and include tobacco use prevention programs in school curricula (objective 3.10);
- enact and enforce state laws nationwide prohibiting the sale and distribution of tobacco products to youth aged < 19 years (objective 3.13);
- implement state plans nationwide to reduce tobacco use, especially among youth (objective 3.14); and
- eliminate or severely restrict all forms of tobacco product advertising and promotion to which youth ≤ 18 years of age are likely to be exposed (objective 3.15) [11].

To help achieve these and other smoking-related objectives the Public Health Service has developed and implemented several programs. For example, the National Cancer Institute and the American Cancer Society have recently initiated the American Stop Smoking Intervention Study for Cancer Prevention (Project ASSIST) in 17 states. This demonstration project is designed to disseminate various interventions to prevent and stop tobacco use among adults and youth throughout the nation. CDC provides states with technical assistance to develop and con-

duct targeted interventions to reduce tobacco consumption among youth. During the 1990s, intensive collaborative efforts will be necessary to reduce tobacco use among U.S. youth.

References

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