

TOBACCO USE

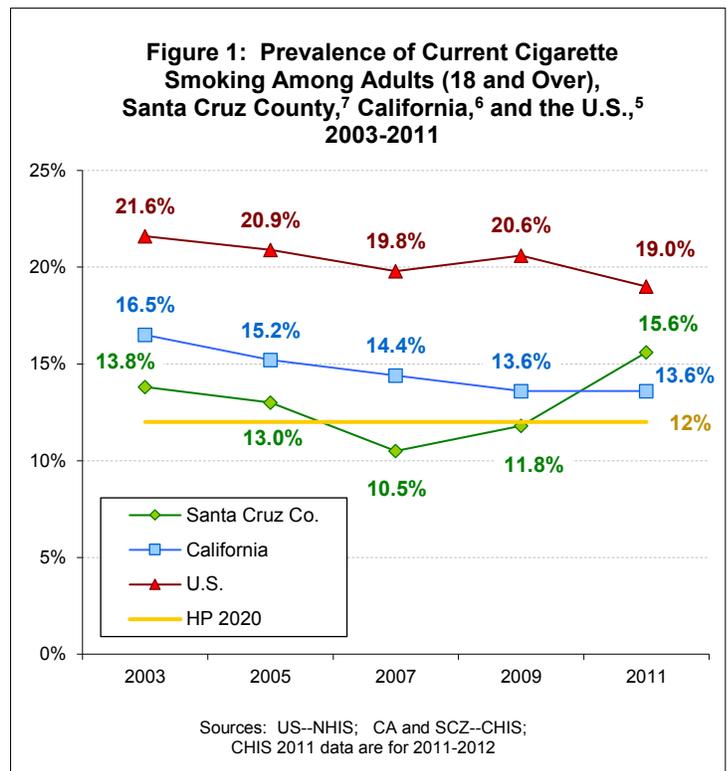
ADULT SMOKING

Smoking is the leading cause of death in the developed world. According to the U.S. Surgeon General, “Smoking harms nearly every organ of the body, causing many diseases and reducing the health of smokers in general.”¹ Cigarette smoke contains over 4,000 chemicals, at least 250 of which are known to harm not only the smoker but also those exposed to environmental smoke.² Non-smokers inhale many of the same chemicals as smokers, including side-stream smoke, which is unfiltered, unlike secondhand smoke exhaled by the smoker. Sidestream smoke can contain benzene, arsenic, and numerous nitrogen compounds.² Non-smokers are also exposed to “third-hand smoke,” chemicals that attach to a smoker’s clothing, hair, and skin and are passed to a non-smoker through direct contact.³ Overall, cigarette smoking and exposure to tobacco smoke cause at least 480,000 premature deaths per year in the United States⁴ – almost 20% of all deaths. Fortunately, “Quitting smoking has immediate as well as long-term benefits, reducing risks for diseases caused by smoking and improving health in general.”¹

The prevalence of U.S. adult smoking has dropped from 42.4% in 1964, when the first surgeon general’s report on tobacco was presented, to 19.0% in 2011.⁵ Santa Cruz County and California residents smoke less than the U.S. population (Figure 1).⁵⁻⁷ For the last decade, Santa Cruz County adult current smoking rates have usually been lower than state rates and have varied around the HP 2020 goal of less than 12% (the county data in Figure 1 vary from year to year because of the limited CHIS sample size for Santa Cruz County).⁷ Based on respondents between 2006 and 2012 to the U.S. Behavioral Risk Factor Surveillance System (BRFSS), 10.1% of adults in Santa Cruz County were current smokers, compared to 12.9% of Californians.⁸

Much of the continuing improvements are attributable to legislation focused on preventing secondhand smoke exposure and making smoking a less attractive habit. In 1985, Santa Cruz County helped lead the way to providing secondhand smoke protections; by the 1990s, each city jurisdiction in Santa Cruz County had also passed an ordinance establishing smoke-free workplaces and enclosed public places.

Figure 1: Prevalence of Current Cigarette Smoking Among Adults (18 and Over), Santa Cruz County,⁷ California,⁶ and the U.S.,⁵ 2003-2011



In 1995, the State of California established statewide protections.⁹ In 2008, a state law took effect that bans smoking in cars when children under the age of 18 are present.¹⁰

More recently, there has been a movement to expand secondhand smoke protection to outdoor areas such as parks and beaches. In 2009, the cities of Santa Cruz and Capitola mandated smoke-free status for public gathering areas such as the municipal wharf, outdoor dining areas, outdoor common areas in multi-unit housing facilities (only in the city of Santa Cruz), the West Cliff Drive recreational trail, Pacific Avenue, and the Esplanade.¹¹ Unfortunately, current smoke-free laws have not addressed smoking in the home; 6.5% of Santa Cruz adults still smoke in their homes, putting family members at risk.⁷

The Cities of Watsonville, Santa Cruz, Capitola, and Scotts Valley, as well as the County of Santa Cruz, have all adopted new tobacco retailer licensing ordinances in recent years.^{12,13,17}

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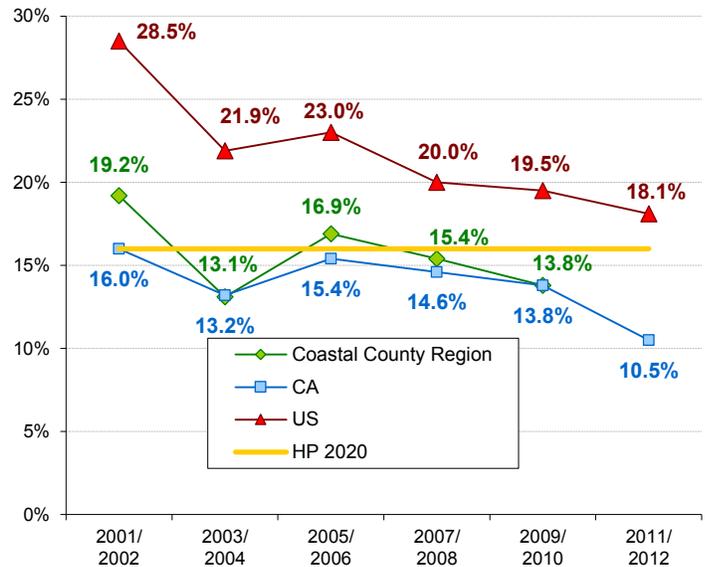
ADOLESCENT SMOKING

Many adult smokers are introduced to tobacco as adolescents, leading to a lifetime of exposure to chemicals that can cause cancer, heart disease, and lung disease not only for the smoker but for those around them as well. Fortunately, the prevalence of smoking among adolescents in the U.S. has been trending down since the 1990s,⁵ and California and Santa Cruz County both have lower prevalences of adolescent smoking than the U.S. (Figure 2).¹⁵

The prevalence of smoking among adolescents in the Central Coast Region (Santa Cruz, Monterey, San Benito, San Luis Obispo, Santa Barbara and Ventura Counties) reflects statewide rates (Figure 2).¹⁵ The prevalence of adolescents in the region who use smokeless tobacco has remained well below the HP 2020 goal of 6.9%, but did not decrease from 2002 to 2010.¹⁵

In 2012, the Surgeon General released a report focusing on tobacco use among youth and young adults.¹⁶ This report highlights the inverse correlation between tobacco product prices and adolescent tobacco use. Products that can be sold cheaply are more attractive to youth. One example is the development of cigarillos, which are cigars that are the size of cigarettes. Cigarillos are not subject to the same strict tobacco legislation as cigarettes, so they are less heavily taxed and may be sold individually, making cigarillos more affordable for youth. Additionally, many cigarillos are designed to appeal to youth, often flavored and designed to look like candy. In 2009, 28.6% of U.S. high school students had ever smoked cigars.¹⁶

Figure 2: Prevalence of Current Cigarette Smoking Among High School Students, Coastal County Region,¹⁵ California,¹⁵ and the U.S.,⁵ 2001/02 - 2011/12



*Coastal County Region includes Santa Cruz, Monterey, San Benito, San Luis Obispo, Santa Barbara, and Ventura Counties.
Note: U.S. data are collected during odd years, while California data are collected during even years.

ELECTRONIC CIGARETTES (e-CIGARETTES)

Possibly the fastest-growing nicotine threat in the U.S. is e-cigarettes, electronic devices that vaporize nicotine and other chemicals for inhalation. Some jurisdictions do not yet regulate the composition of, access to, or usage of e-cigarettes. The State of California does prohibit sales to minors, and the cities of Santa Cruz, Watsonville, and Scotts Valley prohibit their use wherever cigarette smoking is prohibited.¹⁷ Nevertheless, the usage of e-cigarettes by teens is increasing rapidly, and more teens now use e-cigarettes than use tobacco cigarettes.¹⁸ Tobacco companies originally marketed e-cigarettes as a safer alternative and a smoking cessation tool, but it appears probable that they are primarily another powerful nicotine addiction gateway, likely to increase overall smoking rates rather than reduce them.

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