

## Trends In Tobacco Use (1990-2006) and Patterns of Tobacco Use Among Rhode Island Adults in 2006

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**Tobacco use is the single leading cause of preventable illness and death in the United States and in Rhode Island.**<sup>1</sup> Each year, more than 435,000 Americans and approximately 1,900 Rhode Islanders die prematurely from smoking-related diseases. Annual health care costs in Rhode Island directly caused by smoking are estimated to be \$506 million,<sup>2</sup> not counting costs linked to exposure to secondhand smoke, smoking-caused fires, spit tobacco use, or cigar and pipe smoking.<sup>2</sup>

This report presents survey data on the trend in cigarette smoking among Rhode Island adults from 1990 – 2006, and on the patterns of adult tobacco use and associated health risks in Rhode Island in 2006.

### METHODS

Tobacco use rates were calculated using self-reported data from Rhode Island's **Behavioral Risk Factor Surveillance System (BRFSS)**, a telephone survey administered in all 50 states and 4 US territories with funding and specifications from the **Centers for Disease Control and Prevention (CDC)**.<sup>3</sup> The BRFSS monitors the population ages 18 and older for access to health care, certain health conditions, and behaviors that contribute to the leading causes of disease and death in the US, including tobacco use. Rhode Island has participated in the BRFSS since 1984.

From 1990 to 1997, Rhode Island's BRFSS had an annual sample size of approximately 1,800. Between 1998 and 2005, RI's BRFSS sample size varied between 3,600 and 4,500. Each year's data are weighted to be representative of the age, sex and race composition of Rhode Island's adult population.

The BRFSS has asked the same "core" tobacco questions each year since 1990. A person is identified as a "current smoker" if he/she had ever smoked 100 cigarettes and now smokes every day or some days. "Sedentary lifestyle" is defined as engaging in no leisure time physical activity or exercise in the past 30 days. "Chronic drinking" is defined for men as consuming 2 or more alcoholic drinks each day; for women, 1 or more alcoholic drinks each day. Indicators of poor quality of life or poor mental health include: 14 or more days in the past month of pain-related activity limitations, lack of sleep, lack of energy, poor mental health, feeling sad/blue/depressed, and feeling worried/tense/anxious.<sup>4</sup> Two other mental health indicators are having "ever been told you have an anxiety disorder", and having "ever been told you had a depressive disorder". "Error" bars on the charts represent the 95% confidence limits around the estimates.

### RESULTS

#### Smoking trend, 1990 - 2006

From 1990 to 2006, smoking rates among RI adults dropped from 25.6% to 19.2%. (Figure 1) Between 1992 and 2001, annual rates fluctuated between 22% and 25%. Since 2001 smoking rates have dropped in each successive year.

#### Current smoking in 2006

About 1 of every 5 adults in Rhode Island, or roughly 160,000 persons, is a current cigarette smoker. There is no significant difference in smoking rates between men and women. Smoking rates are highest among adults ages 18 – 24 (35%), non-White non-Hispanics (26%), adults who are not college graduates (25%), adults in households with incomes less than \$25,000 (28%), never married and divorced/separated adults (28%), and among persons either unemployed (28%) or unable to work (37%). The lowest smoking rates are associated with being 65 or older (9%), being a college graduate (10%), or having a household income of \$50,000 or more. (Figure 2) More than half (60%) of all smokers reported that they quit smoking for one day or longer during the past year. (Figure 3)

Smokers are at greater risk than non-smokers for having a sedentary lifestyle (35% vs 22%). Eleven percent of smokers are chronic drinkers compared with 5% of other adults. A greater proportion of smokers than non-smokers lack access to dental care (29% vs 17%) and to a regular medical provider (25% vs 11%). (Figure 3)

Smokers have higher rates than non-smokers for each of 8 indicators of poor quality of life and poor mental health. (Figure 3) Almost one-third of smokers had been told they had a depressive disorder at some time in their lives; nearly one-quarter had been told they had an anxiety disorder at some time in their life.

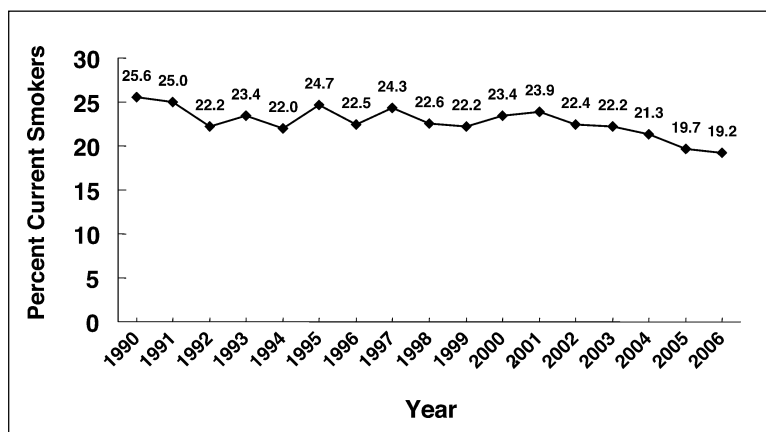


Figure 1. Annual current smoking prevalence, ages 18 and older, Rhode Island, 1990 – 2006.

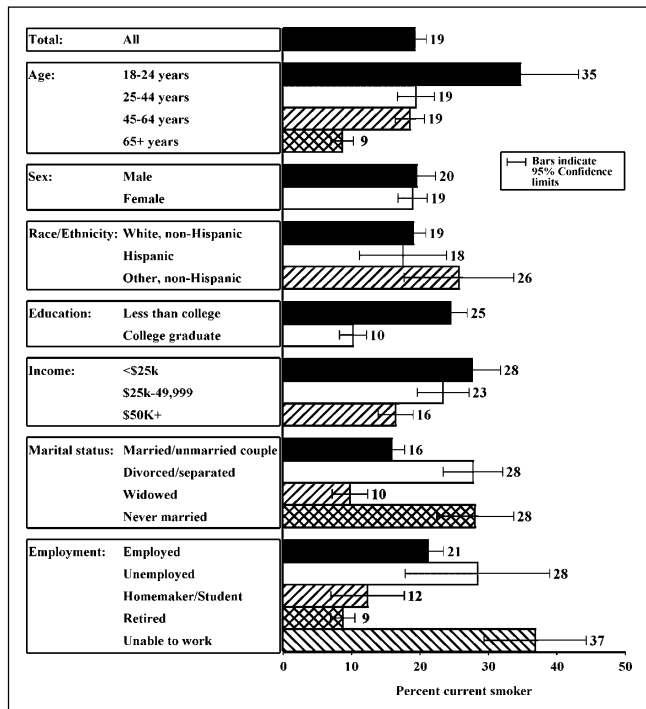


Figure 2. Current smoking among Rhode Island adults (ages 18 and older) within demographic subgroups, 2006.

More than a third of smokers, compared with about a quarter of non-smokers, reported not getting enough sleep for 14 or more days in the past month or not feeling very healthy or full of energy. (Figure 3)

### DISCUSSION

The state of Rhode Island has enacted measures to discourage tobacco use. The state has increased cigarette taxes each year since 1994. The most recent increase of \$.75 per pack, enacted in 2004, brought the retail price to \$6.10 per pack in 2005 (compared to \$1.84 in 1994). The Rhode Island Smoke Free Public Place and Workplace Law, which went into effect March 1, 2005, banned smoking in all public and workplaces. Rhode Island was the seventh state to do so. In 2006 the legislature mandated tobacco treatment coverage by all state health insurers, both public and private. During February 2005, just prior to implementation of the public and workplaces smoking ban, and during March 2005, the Health Department's 1-800-Try-To-Stop line received about 1,500 calls each month, an eight-fold increase in the number of calls received from people wanting to stop smoking.

Although smoking rates in Rhode Island's adult population overall have been decreasing since 1990, smoking rates among some demographic groups remain high. Smokers are at increased health risk due to sedentary lifestyles, chronic drinking, and poor mental health. The poor mental health of smokers observed in the BRFSS data is substantiated by other studies.<sup>5</sup> One report estimates that "the mentally ill carry the burden of nearly half of all US tobacco consumption".<sup>5</sup>

Using nationally proven best practices, the **Rhode Island Tobacco Control Program (RITCP)** works in partnership with community based organizations, voluntary agencies, health care providers, and state-wide partners to prevent and control to-

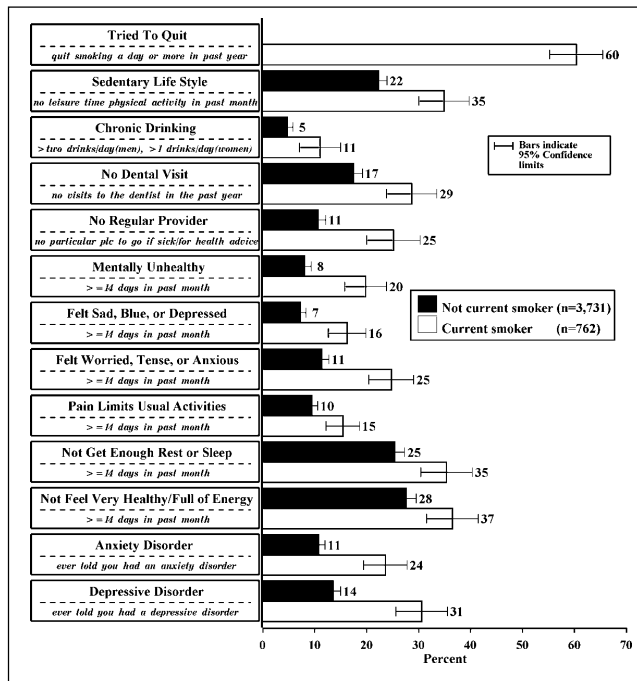


Figure 3. Health risks among Rhode Island adults by smoking status, 2006.

bacco use, aiming specifically to reduce youth initiation of tobacco use, to eliminate exposure to second hand smoke, and to promote cessation.

### REFERENCES

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### ACKNOWLEDGEMENT

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