## A Dangerous Trend – Smokeless Tobacco Use Among High School Athletes

Past 30-day use of combustible tobacco products dropped from 2001 to 2013 among all high school students (31.5% to 19.5%), while past 30-day use of smokeless tobacco remained unchanged among non-athletes (5.9%), and increased among athletes (10.0% to 11.1%).

## **Smokeless tobacco is NOT without risk**



## SMOKELESS TOBACCO USE CAN...

Lead to **nicotine addiction** 



**Cause cancer** of the mouth, esophagus and pancreas





Increase the risk for death from heart disease and stroke

































of students who currently use e-cigarettes have used **flavored** e-cigarettes. (1.6 million)

61%

of students who currently use hookah have used flavored hookah. (1 million)

64%

of students who currently use cigars have used **flavored** cigars. (910,000)







Source: Morbidity and Mortality Weekly Report (MMWR)







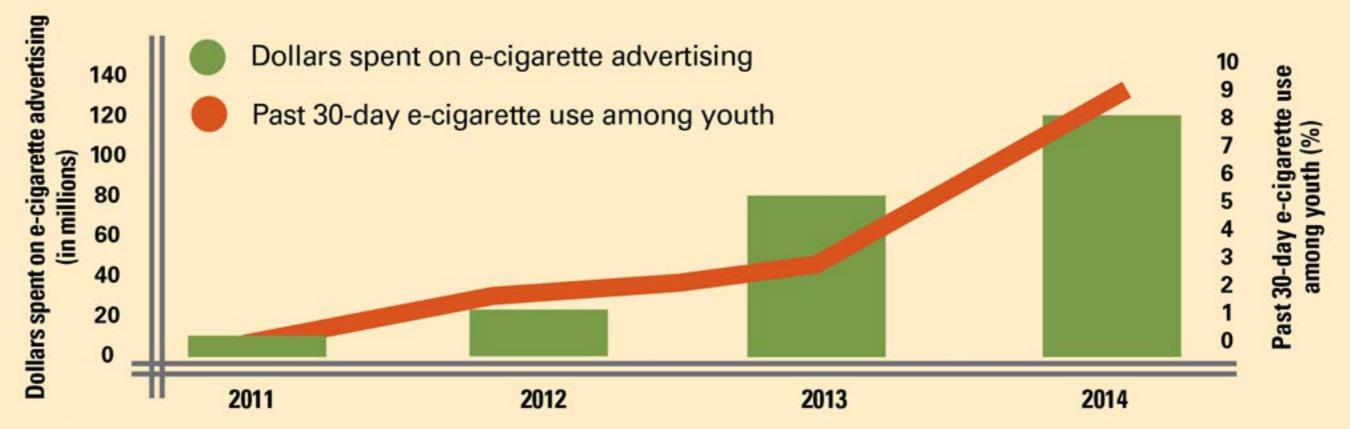








### E-cigarette use among youth is rising as e-cigarette advertising grows







#### Commercial Tobacco Disparities among American Indian / Alaska Natives in California



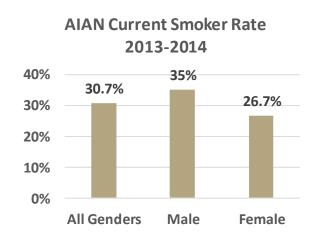
A fact sheet by the CRIHB Research & Public Health Department

December 2015



Traditional tobacco has been used by many American Indian nations since the beginning of time. Many tribes have stories of how tobacco was given to them as a gift from the Creator. Traditional tobacco (nicotiona rustica) is grown and gathered or harvested by American Indians for ceremonial, spiritual, and medicinal purposes. Tobacco was not traditional to Alaskan Natives. Although tobacco has the power to heal in its traditional form, it has the power to harm and bring death when abused commercially.

Commercial tobacco has been engineered, grown, and sold for profit by companies to be used recreationally and habitually. It is often in the form of cigarettes, chew, snuff, cigar, hookah, pipes, and other commercially sold products. The nicotine in commercial tobacco is highly addictive. Commercial tobacco use has been linked to several types of cancer, pulmonary and cardiovascular disease, as well as diabetes, and is a leading health risk factor for American Indians and Alaska Natives (AIAN).

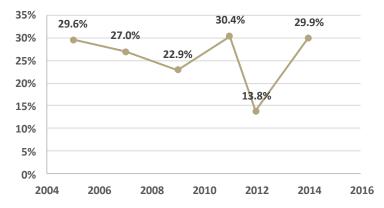


Current smoker rate is defined as having smoked at least 100 cigarettes during a lifetime and currently smoking everyday or somedays. This rate includes adults and teens. The smoking rate for adults and teens in 2013-2014 was 30.7% for AIAN in California. For females, the current smoking rate of 26.7% was significantly less than the rate for males, 35%. AIAN have the highest smoker rate of all ethnicities in California.

In comparison, the smoking rate for White Non Latino (WNL) adults and teens in California in 2013-2014 was 12.5%, with a rate of 12.8% for females and 13.9% of males.

The smoking rate for AIAN in California declined from 2005-2009. During this time, emphasis there was strong on commercial tobacco prevention in California Indian country. The strong emphasis ended in 2010, and since then, the smoking rate greatly increased, before a sharp decline in 2012. In 2014, the smoking rate increased to 29.9%. The current smoking rate exceeds 2005 levels.

#### **AIAN Smoking Rate Trends 2005-2014**



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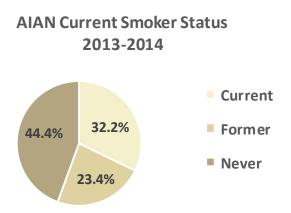
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Current smoker status is defined as currently smoking cigarettes everyday or someday. In California, 32.2% of AIAN are currently smoking, and 23.4% are former smokers. Overall, 55.6% of AIAN have a history of smoking, compared to 44.4% that have never smoked.

In comparison, WNL have a current smoker status of 13.9%, and a former smoker status of 29.5%. Overall, 43.4% of WNL have a history of smoking compared to 56.6% that have never smoked. WNL have a significantly higher rate that have never smoked than AIAN.



# Stopped Smoking for 1 or More Days to Quit 2013-2014 61.9% 54.8% 40% AIAN WNL

For current AIAN smokers, 61.9% stopped smoking for one or more days in an attempt to quit smoking. In comparison, only 54.8% of WNL made an attempt to quit smoking. AIAN are more likely to make an attempt to quit smoking than WNL.

#### Notes

All data was taken from the California Health Interview Survey. It was accessed from http://ask.chis.ucla.edu on 8/25/15. The California OMB/Department of Finance definition of race was used for all queries.

The State of California has changed its reporting from Non Hispanic White to White Non Latino.

Data from 2013 and 2014 was pooled together for AIAN only and WNL to give a larger sample size for AIAN