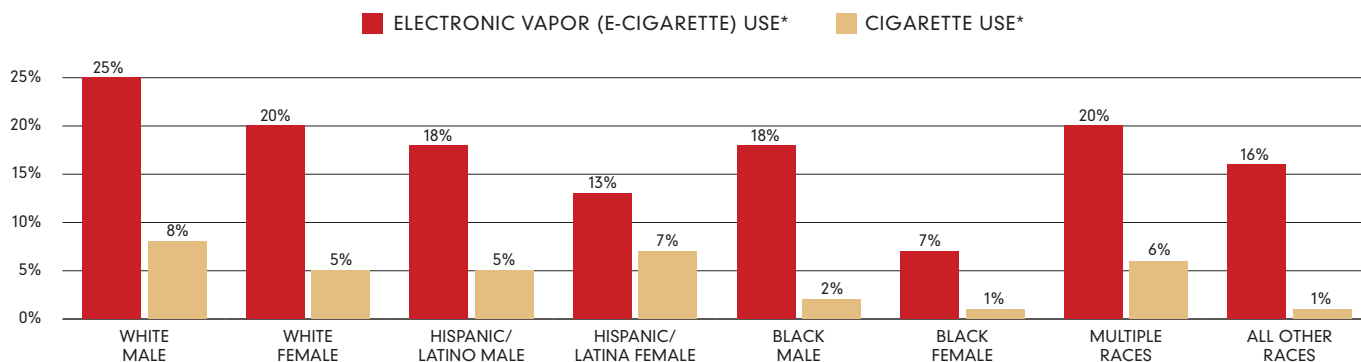


November 2018

## TRENDS AND FACTORS RELATED TO YOUTH TOBACCO USE

Nationally and in Rhode Island, tobacco use rates vary by race, ethnicity, and gender and higher rates of tobacco use are found among youth who experience certain influencing factors.<sup>1</sup> These factors include historic and emerging advertising trends, community acceptance, and social factors and stressors that influence initiation and continuation.<sup>2,3,4,5</sup>

## AMONG HIGH SCHOOL STUDENTS IN 2017, WHITE MALES REPORT HIGHEST USE, BLACK FEMALES REPORT LOWEST USE OF BOTH CIGARETTES AND E-CIGARETTES



Source: Rhode Island Department of Health, *Youth Risk Behavior Survey*, 2017.

Notes: \*Use is defined as currently smoking cigarettes or using electronic vapor products at least one day during the 30 days before the survey.

- In Rhode Island high schools in 2017, male students reported smoking cigarettes or cigars or using smokeless tobacco (16%) and using electronic vapor products (22%) at higher rates than female students (7% and 17%).<sup>6</sup>
- Despite tobacco industry marketing efforts targeting Black communities to initiate and continue smoking menthol tobacco products, Black high school students have historically and currently report smoking cigarettes or cigars or using smokeless tobacco (9%) and e-cigarettes (12%) at lower rates than Hispanic/Latino high school students (10% smoking cigarettes or cigars or using smokeless tobacco and 16% using e-cigarettes) and White high school students (13% smoking cigarettes or cigars or using smokeless tobacco and 23% using e-cigarettes).<sup>7,8</sup>
- Black female high school students report the lowest rates of smoking cigarettes or cigars or using smokeless tobacco (1%) and using e-cigarettes (7%).<sup>9</sup>
- Survey data of Rhode Island Native American youth is not available due to insufficient sampling, however, a national survey released in 2017, found that American Indian or Alaskan Native high school students reported higher rates of using any tobacco product including e-cigarettes (35%) than their Asian (6%), Black (15%), Hispanic (17%), and White (22%) peers.<sup>10</sup> In some Native American communities, tobacco is used in ceremonial practices to protect and heal sick individuals and can be used as an educational tool linked to storytelling.<sup>11</sup> Some tobacco companies target American Indian/Alaska Native communities through advertising campaigns featuring symbols or names with special meaning to this group or promote tobacco products as “natural” cigarettes.<sup>12</sup>

## FACTORS INFLUENCING INITIATION AND USE OF TOBACCO PRODUCTS, INCLUDING E-CIGARETTES, AMONG YOUTH

### MENTAL HEALTH

Youth who experience depression, anxiety, and stress are more likely to initiate smoking and become regular users.<sup>13,14</sup> In 2017, 27% of Rhode Island high school students who reported feeling sad or hopeless also reported currently using e-cigarettes compared to 17% of their peers who did not report feeling sad or hopeless.<sup>15</sup>

### BULLYING

Both youth who bully others and youth who are victims of bullying have higher rates of tobacco use. These students may initiate use to gain peer acceptance and/or to relieve stress.<sup>16</sup> In 2017, 31% of Rhode Island high school students who reported being bullied at school or online reported using e-cigarettes compared to 17% of students who did not report being bullied.<sup>17</sup>

### LGBTQ+ DISCRIMINATION

Discrimination, family rejection, emotional abuse, social stigma and isolation may contribute to higher rates of tobacco use among lesbian, gay, bisexual, and transgender youth, and youth who are unsure of their sexuality.<sup>18</sup> In Rhode Island in 2017, 52% of lesbian, gay, and bisexual youth reported having ever tried/used an e-cigarette compared to 39% of their peers.<sup>19</sup>

### RURAL COMMUNITIES

Industry marketing that perpetuates a culture of tobacco in rural communities contributes to a social norm of smoking.<sup>20</sup> In the 2013-2014 school year, 10% of rural high school students in Rhode Island reported currently smoking cigarettes compared to 9% of students statewide and 5% of students in the four core cities.<sup>21</sup>

Notes: Feeling sad or hopeless is defined as two or more consecutive weeks in a row in the last 12 months in which the student felt so sad or hopeless they stopped doing some normal activities. Bullied is defined as being bullied on school grounds or electronically in the last 12 months. Use is defined as currently smoking a cigarette or using an e-cigarette at least one day during the 30 days before the survey. The Rhode Island Department of Health defines Burrillville, Coventry, Charlestown, Exeter, Foster, Glocester, Hopkinton, Jamestown, Little Compton, New Shorham, Portsmouth, Richmond, Scituate, Tiverton, West Greenwich, and Westerly as rural communities. The four core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

## ACCESS INFLUENCES YOUTH INITIATION

Experimentation with and initiation of tobacco products among youth can be attributed to the ease of access to tobacco products through retailers despite laws prohibiting sales to minors.<sup>22</sup> In 2017, 26% of Rhode Island high school students under age 18 who use tobacco products reported purchasing tobacco products at a retail establishment.<sup>23</sup> In FFY 2018, 12% of retail tobacco outlet inspections resulted in retailer violation.<sup>24</sup>

Note: Retailor violations rates are the percentage of inspected retail outlets that sold tobacco products to an inspector under age 18.

### References

<sup>1,6,8,9,23</sup> 2017 Youth Risk Behavior Survey, Rhode Island Department of Health.

<sup>2,7,11,13,22</sup> Preventing tobacco use among youth and young adults: A report of the Surgeon General. (2012). Rockville, MD: U.S. Department of Health and Human Services. Centers for Disease Control and Prevention.

<sup>3,20</sup> Cutting tobacco's rural roots: Tobacco use in rural communities. (2012). Washington, DC: American Lung Association.

<sup>4,16</sup> Weiss, J. W., Cen, S., Mouttapa, M., Johnson, A. C., & Unger, J. (2011). Longitudinal effects of hostility, depression, and bullying on adolescent smoking initiation. *Journal of Adolescent Health, 48*(6), 591-596.

<sup>5,14</sup> Center for Disease Control and Prevention. (n.d.). *Youth and tobacco use*. Retrieved November 5, 2018, from [www.cdc.gov](http://www.cdc.gov)

<sup>10</sup> Centers for Disease Control and Prevention. (n.d.). *2017 Youth Risk Behavior Survey currently used tobacco results*. Retrieved November 5, 2018, from [www.cdc.gov](http://www.cdc.gov)

<sup>12</sup> Centers for Disease Control and Prevention. (n.d.). *American Indians/Alaska Natives and tobacco use*. Retrieved November 13, 2018, from [www.cdc.gov](http://www.cdc.gov)

<sup>15,17,19</sup> Rhode Island Department of Health analysis of data from the 2017 Youth Risk Behavior Survey.

<sup>18</sup> Dai, H. (2017). Tobacco product use among lesbian, gay, and bisexual adolescents. *Pediatrics, 139*(4), 1-8.

<sup>21</sup> 2013-2014 SurveyWorks!, Rhode Island Department of Elementary and Secondary Education.

<sup>24</sup> Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. (2017). *Annual Synar report: FFY 2018, RI*. Retrieved November 5, 2018, from [www.bhddh.ri.gov](http://www.bhddh.ri.gov)



Rhode Island KIDS COUNT  
One Union Station  
Providence, RI 02903

Phone: 401-351-9400  
[rikids@rikidscount.org](mailto:rikids@rikidscount.org)  
[www.rikidscount.org](http://www.rikidscount.org)



We'd like to thank CVS Health for its support of this publication.