

# MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

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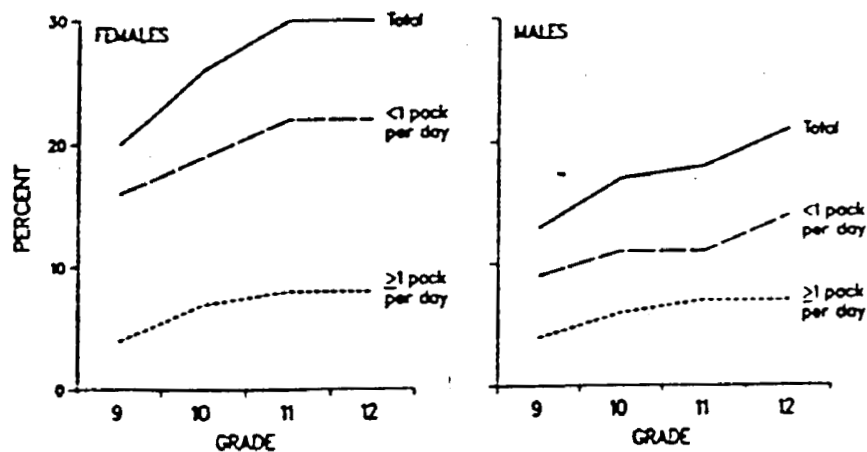
## Perspectives in Disease Prevention and Health Promotion

### Cigarette Smoking among Public High School Students — Rhode Island

From July 1983 through December 1984, as part of a health-risk survey, information was obtained from 11,657 Rhode Island public high school students about their cigarette smoking practices. Overall, 22.3% of these students reported that they smoked cigarettes. Cigarette smoking increased by grade and was more common among females (26.5%) than among males (17.5%). The difference between females and males was due primarily to a larger proportion of females who reported smoking less than one pack per day (Figure 1).

During this period, 19 (63.3%) of the 30 public high schools in Rhode Island took part in this health-risk assessment program. The ongoing program provides both prevalence estimates of cigarette smoking and other health-related behaviors and counseling to students with unhealthy behaviors. More than 99% of the students attending the 19 schools participated in the program. The 11,657 participants constituted 26.3% of all public high school students in Rhode Island. The participating students were demographically similar to all Rhode Island public high school students but were somewhat more likely to be female, other than white, and from low-income communities (Table 1).

FIGURE 1. Prevalence of cigarette smoking among public high school students, by grade and sex — Rhode Island, 1983-1984



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**Cigarette Smoking — Continued**

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**Editorial Note:** Cigarette smoking is presently the largest single cause of preventable morbidity and mortality in the United States (1). The prevalence of smoking has slowly declined over the past 2 decades, and over 30 million Americans have quit smoking since the first Surgeon General's report on smoking and health was released in 1964 (2). It has been estimated that, from 1964 to 1978, more than 200,000 premature deaths were prevented because some people stopped smoking, and others did not start (3). Nevertheless, approximately one-third of the U.S. adult population still smokes cigarettes, and there is some evidence that the prevalence of smoking is actually increasing among young white females (4). In addition, it has been estimated that at least 12 million people used smokeless tobacco (snuff and chewing tobacco) in the United States in 1985 (5). Use is increasing, especially among male adolescents and young male adults. Therefore, continued and even greater efforts to prevent the initiation of any tobacco use and to assist in the cessation of tobacco use are needed.

Smoking is an addictive behavior. Experimentation and adoption of the habit usually occur during adolescence; therefore, prevention programs frequently focus on this group. Rhode Island's data-collection system represents one approach to collecting data on smoking habits

TABLE 1. Demographic characteristics of adolescents completing health-risk assessments and of all students enrolled in public high schools — Rhode Island, July 1983-December 1984

Characteristic	Percentage of health-risk assessment respondents (n = 11,657)	Percentage of all Rhode Island public high school students* (n = 44,404)
<b>Sex</b>		
Male	46.4	49.5
Female	53.6	50.5
<b>Grade</b>		
9th	22.1	26.6
10th	26.3	25.7
11th	23.9	24.4
12th	27.8	23.4
<b>Race/ethnicity</b>		
White	83.2	91.3
Black	5.5	4.4
Hispanic	4.0	2.5
Asian	2.8	1.5
Native American	1.2	0.3
Other	3.4	—
<b>Income level†</b>		
High	21.5	23.6
Medium	37.3	42.0
Low	41.2	34.4

\*Data from the annual school census of the Rhode Island Department of Education, 1984.

†Income level based on median income for the community in which the high school is located, using 1980 U.S. Census data.

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**Cigarette Smoking - Continued**

of teenagers. The data are self-reported and may underestimate the true prevalence of cigarette smoking. Although not a state-wide random sample, the demographic characteristics of the participants are similar to those of all public high school students, and the data probably are a good representation for the state-wide public school population.

The National Institute on Drug Abuse (NIDA) collects data each year on a national cross-section of public and private high schools (6). Among high school seniors in 1983, NIDA estimates a prevalence of daily cigarette smoking of 19% for males and 22% for females. This gender difference is less than that seen in Rhode Island. However, the categories of number of cigarettes smoked in the NIDA survey and the Rhode Island program are different, so direct comparison is not possible.

The Rhode Island data confirm that smoking among high school students is more common among young females than young males. Continued efforts to prevent the onset of smoking among young people are necessary. Because of the growing use of smokeless tobacco among children and adolescents (5), these efforts should also be directed toward preventing the use of smokeless tobacco products in this age group. The Rhode Island program is an example of one method to monitor the overall effect of these efforts.

**References**

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**Deaths due to Chronic Obstructive Pulmonary Disease and Allied Conditions**

In 1984, chronic obstructive pulmonary disease (COPD) and allied conditions were the eleventh leading cause of years of potential life lost before age 65 (YPLL) in the United States, accounting for 123,000 YPLL (see Table V, page 517). The category "COPD and allied conditions" is composed of a variety of diseases, including bronchitis, emphysema, asthma, bronchiectasis, extrinsic allergic alveolitis, and chronic airway obstruction not specifically labeled as one of the preceding conditions. Chronic airway obstruction was responsible for the most deaths and YPLL in 1983 (Table 2). Because the causes of death in this category are probably the same as in the bronchitis and emphysema category, for this report, those three categories are combined as COPD.

From 1979 through 1983, the last year for which age-, sex-, race-, and cause-specific mortality data are available, both YPLL and YPLL rates per 100,000 population for COPD did not vary appreciably (Figure 2). Rates for males were roughly twice those for females. White



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