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Introduction

Despite recent declines in smoking and significantly lower smoking rates compared to the national average, tobacco use remains a serious public health concern in Utah. Approximately 190,000 adults and more than 14,000 middle and high school students are current smokers. The Centers for Disease Control and Prevention estimates that more than 1,150 Utahns die each year from tobacco-related causes. Diseases caused by smoking include esophageal, laryngeal, lung, oral, and throat cancers; cervical, kidney, pancreatic, bladder and stomach cancers; acute myeloid leukemia; pneumonia; chronic lung disease; cataracts; periodontitis; aortic aneurysm; and coronary heart and cardiovascular disease.

Secondhand smoke, also known as environmental tobacco smoke (ETS), is associated with an increased risk for lung cancer and coronary heart disease in non-smoking adults and an increased risk for sudden infant death syndrome (SIDS), asthma, bronchitis, ear infections, and pneumonia in young children. In Utah, 16,000 children (0-17) live in homes where someone smokes inside the home.

In Utah, smoking during pregnancy has declined by one third since 1999. Since smoking among pregnant women affects the health of the mother and the baby, quitting smoking during pregnancy is particularly important. Currently, five percent of women in Utah report that they smoked while they were pregnant. Women who smoke during pregnancy are more likely than non-smokers to have a miscarriage or ectopic pregnancy. Babies of women who smoked during pregnancy are more likely to have lower birth weight, respiratory distress, and other health complications.

Tobacco use presents a significant economic burden for Utah. With more than 200,000 youth and adult smokers, the Centers for Disease Control and Prevention estimates that Utah incurs $663 million in smoking-attributable medical and productivity costs each year. The tobacco industry spends an estimated $57.9 million annually to market its deadly products in Utah.

The Utah Tobacco Facts Report provides an overview of tobacco use as well as health and economic indicators associated with smoking among Utah’s adult and youth populations.
Since 1990, per capita cigarette consumption has decreased by 48% in Utah and 40% in the U.S. Utah’s 2009 consumption (27.6 packs per capita) was less than half of the U.S. 2009 consumption (62.1 packs per capita).

Whereas Utah’s per capita cigarette sales increased slightly from the early- to mid-90s, significant declines have been observed since 1997.

From 1990 to 2000, Utah’s cigarette excise tax was increased three times (from $0.23 to $0.27 in 1991; from $0.27 to $0.52 in 1997; from $0.52 to $0.70 in 2002). During the 2010 legislative session, the Utah legislature passed a per pack tax increase of $1 that took effect on July 1, 2010. This tax increase makes Utah’s state cigarette tax 17th highest among all states.
Since 1999, Utah’s adult smoking rate declined by 30%. Utah’s smoking rate continues to be lower than the smoking rates of other states.

In 2009, approximately 190,000 Utah adults were current smokers.

At 11%, Utah’s male smoking rate is significantly higher than the female smoking rate of 8%.

In 2009, 2.6% of Utah adults reported use of smokeless tobacco (chewing tobacco, snuff, dip, or snus). The rate of smokeless tobacco use was significantly higher for males (4.5%) than for females (0.5%).

The Utah BRFSS asked about smokeless tobacco use in 2006 and 2009. In 2006, the overall use rate was 1.7%. However, 2006 and 2009 data are not directly comparable since the 2006 question did not include snus (moist smokeless tobacco, usually sold in small pouches).

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* Adult “current smoking” is defined as having smoked at least 100 cigarettes in one’s lifetime and currently smoking every day or some days.

^ The number of adult smokers is based on the 2009 crude adult smoking rate of 9.8% and the age 18+ 2009 population estimate from the Governor’s Office of Planning and Budget.

^^ BRFSS: Behavioral Risk Factor Surveillance System

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www.tobaccofreeutah.org
Utahns between the ages of 18 and 64 reported comparable smoking rates.

At 3.9%, Utahns who were 65 or older reported the lowest rate of current smoking.

Less formal education is linked to an increased risk for smoking.

Utahns (age 25+) with less than a high school education reported a smoking rate of 27% compared to a rate of only 3% among Utahns with a college degree.

Utahns with an annual household income of less than $25,000 reported a smoking rate of 20%. In comparison, the smoking rate for Utahns with an annual household income of $25,000 to less than $50,000 was 12%.

At 7%, the smoking rate for Utahns with an annual household income of $50,000 to less than $75,000 was comparable to the 6% smoking rate of those with an annual household income of $75,000 or more.
Figure 8. Percentage of Adults (18+) Who Reported Current Smoking by Race and Ethnicity, Utah, 2007-2009 (age-adjusted).

Source: BRFSS

- Utah American Indians reported higher smoking rates compared to other racial and ethnic population groups. Asians, Blacks or African Americans, Hispanic persons, Pacific Islanders, and Whites reported comparable smoking rates.

- Due to small numbers of survey respondents, rates for American Indians, Asians, Blacks/African Americans and Pacific Islanders/Native Hawaiians have high variability and may be unreliable.

Figure 9. Percentage of Adults (18+) Who Reported Current Smoking by Local Health District, Utah, 2009 (age-adjusted).

Source: BRFSS (*This estimate has a relative standard error of >30% and does not meet UDOH standards for reliability.)

- Smoking rates varied significantly by local health district. At 18% and 17%, Southeastern Utah’s and TriCounty’s smoking rates were comparable to the national rate. Rates of less than 10% were reported by residents of Bear River, Davis County, Summit County, Utah County, and Wasatch County Health Districts.

- Utah adults who live in the least populated areas of the state reported higher smoking rates than residents of urban or rural areas. Urban and rural smoking rates were comparable.

Figure 10. Percentage of Adults (18+) Who Reported Current Smoking by Geographic Location, Utah, 2009 (age-adjusted).

Source: BRFSS

- Frontier areas are defined as areas with 6 or fewer residents per square mile. Rural areas are defined as areas with more than 6, but fewer than 100 residents per square mile. Urban areas are defined as areas with 100 or more residents per square mile.
- From 2007 to 2009, more than 70% of Utah adult smokers reported that they wanted to quit smoking in the next six months. Nearly 60% said that they intended to quit in the next 30 days.

- In 2009, 57% of Utah’s daily smokers reported that they stopped smoking for one day or longer during the past year because they wanted to quit. The higher reported quit attempt rate in 2002 could be due, in part, to a 2002 state cigarette tax increase.

- In 2009, 67% of current smokers who had seen a healthcare provider in the past year reported that their healthcare provider had advised them to quit smoking.

- From 2004 to 2006, approximately 30% of current smokers who had seen a healthcare provider in the past year reported that their provider recommended or discussed medications to assist with quitting. In 2009, 46% of current smokers reported such discussions.
To better target public health programs by geographic area, the Utah Department of Health conducts BRFSS data analysis by small areas with population sizes ranging from approximately 20,000 to 60,000. Pages 9-12 show smoking rates by small area.


<table>
<thead>
<tr>
<th>State Rank</th>
<th>State, Health District, or Small Area</th>
<th>2007 Population 18+</th>
<th>Number of Adults at Risk for Smoking</th>
<th>Crude Rate</th>
<th>Age-adjusted Rate</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Bear River HD</td>
<td>108,068</td>
<td>7,057</td>
<td>6.53</td>
<td>6.22</td>
<td>4.57</td>
<td>3.87 - 5.27</td>
</tr>
<tr>
<td>4 Roy/Hooper (9)</td>
<td>29,635</td>
<td>4,659</td>
<td>15.72</td>
<td>14.58</td>
<td>13.85</td>
<td>13.12 - 14.58</td>
</tr>
<tr>
<td>5 South Ogden (8)</td>
<td>27,578</td>
<td>3,497</td>
<td>12.68</td>
<td>12.14</td>
<td>11.59</td>
<td>10.93 - 12.86</td>
</tr>
<tr>
<td>6 South Jordan (35)</td>
<td>24,438</td>
<td>728</td>
<td>3.17</td>
<td>2.81</td>
<td>2.53</td>
<td>2.29 - 2.85</td>
</tr>
<tr>
<td>7 Layton (12)</td>
<td>53,642</td>
<td>3,996</td>
<td>7.45</td>
<td>7.02</td>
<td>4.94</td>
<td>4.59 - 5.31</td>
</tr>
<tr>
<td>8 Cedar City (60)</td>
<td>2,061</td>
<td>769</td>
<td>3.74</td>
<td>3.34</td>
<td>3.04</td>
<td>2.75 - 3.36</td>
</tr>
<tr>
<td>9 Logan (3)</td>
<td>50,616</td>
<td>2,202</td>
<td>4.35</td>
<td>3.95</td>
<td>3.59</td>
<td>3.16 - 4.03</td>
</tr>
<tr>
<td>10 Other Cache/Rich Co. (4)</td>
<td>24,915</td>
<td>1,557</td>
<td>6.25</td>
<td>5.23</td>
<td>3.05</td>
<td>2.88 - 3.22</td>
</tr>
<tr>
<td>11 Bear River HD</td>
<td>22,867</td>
<td>12,611</td>
<td>5.84</td>
<td>5.18</td>
<td>3.86</td>
<td>3.50 - 4.24</td>
</tr>
<tr>
<td>12 South Ogden (8)</td>
<td>27,578</td>
<td>3,497</td>
<td>12.68</td>
<td>12.14</td>
<td>11.59</td>
<td>10.93 - 12.86</td>
</tr>
</tbody>
</table>

* Note: The combined age-adjusted rate for the East Orem, West Orem, and Provo BYU Area is 2.4% (2006-2009).
* Use caution in interpreting; the estimate has a relative standard error greater than 30% and does not meet UDOH standards for reliability.
** The estimate has been suppressed because the relative standard error is greater than 50% or when the relative standard error cannot be determined.

Note: The combined age-adjusted rate for the East Orem, West Orem, and Provo BYU Area is 2.4% (2006-2009).
Figure 15. Current Cigarette Smoking by Small Area, Utah Adults Aged 18+, 2006-2009 (age-adjusted).

Note: For the names of the small areas, please see page 9 of this report. The small area numbers are listed in parentheses next to the small area names.

Source: BRFSS

- Small Areas with adult smoking rates higher than the state include Tooele County; TriCounty HD; Carbon/Emery Counties, Grand/San Juan Counties; Sevier/Piute/Wayne Counties; and numerous small areas on the Wasatch front shown in more detail on page 11.
Figure 16. Current Cigarette Smoking by Small Area, Wasatch Front, Adults Aged 18+, 2006-2009 (age-adjusted).

Small Areas located on the west side of the Wasatch Front tended to have higher smoking rates compared to small areas on the east side. At 25.6%, Magna had the highest adult smoking rate of all small areas in the state.

Source: BRFSS

Note: For the names of the small areas, please see page 9 of this report. The small area numbers are listed in parentheses next to the small area names.
Eight of Utah’s small areas reported estimated smoking rates that were higher than the U.S. rate of 19.04%. Five of these areas are located in the Salt Lake Valley Health District. The other three areas are Carbon/Emery Counties, the TriCounty Health District and Ben Lomond.
According to Utah birth certificate data, the percentage of women who smoked during their pregnancies has declined since 1999. In 2008, the self-reported smoking rate for pregnant women was 5.4%.

The Pregnancy Risk Assessment Monitoring System (PRAMS) asks women about their smoking behaviors before, during, and after pregnancy. In 2008, 5% of Utah’s pregnant women reported that they smoked during the last trimester.

Many women who quit smoking during their pregnancy are still quit three to seven months postpartum. In 2008, 7% of women were smoking again three to seven months after giving birth.

Smoking during pregnancy varied significantly by education. Women with a high school education or less smoked at a rate of 15%, whereas women who were college graduates smoked at a rate of less than 1%.

Source: PRAMS (**The estimate for college graduates has been suppressed because the relative standard error was greater than 50% or could not be determined.)
Youth Tobacco Use

- At 8.5%, the current rate of cigarette smoking among Utah high school students continues to be significantly lower than the national youth smoking rate (19.5%).

- From 2003-2009, cigarette smoking among Utah youth leveled off after significant declines since 1993.

- The current smoking rate for female high school students has fallen to less than 7% in the past three years. Male high school students reported an increase in smoking since 2001.

- While cigar use among high school students in Utah has remained unchanged, smokeless tobacco use appears to be increasing. The YRBS survey did not ask about the use of snus, a new moist smokeless tobacco product, usually sold in small pouches, that is placed under the lip against the gum.

*Note: Current smoking among high school students is defined as having smoked one or more cigarettes during the past 30 days.*
Experimentation with tobacco use increases with age. In 2009, the percentage of 6th grade students who ever smoked was 4%. The percentage for 12th grade students was 21%.

In 2009, the greatest relative increase in smoking experimentation occurred between 8th (10%) and 10th grades (17%).

Since 2005, the reported rate of high school students who ever smoked has declined from 20% in 2005 to 16% in 2009.

The reported rate of high school males who have ever tried smoking remained the same from 2007 to 2009.

Current smokeless tobacco (SLT) use and cigarette smoking increased by grade level. Cigarette smoking remained higher than SLT use in all grades.

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Note: The Youth Risk Behavior Survey (YRBS) has been administered in Utah high schools since 1991. This report uses YRBS data to show tobacco use trends among high school students. Due to larger sample sizes compared to the YRBS, Prevention Needs Assessment (PNA) data are used to show detailed analysis.
Current smoking prevalence by race/ethnicity ranged from 6% among White high school students to 12% among American Indian high school students.

African American, Asian, and White students reported comparable rates.

At 24% and 23%, Southeast and Tooele reported the highest rates of smoking experimentation among students in grades 8, 10, and 12. Six additional health districts reported rates around 20%. At 8%, Utah County had the lowest smoking experimentation rate in the state.

At 10-11%, high school students in Summit and Tooele health districts reported the highest smoking rates. The lowest rates were reported by students from Utah County, Davis County, and Bear River Health District (3-5%).
The tobacco products most frequently tried by Utah students were cigarettes and cigars. Sixteen percent of 8th, 10th, and 12th graders had tried cigarettes, 14% had tried cigars.

- Males in grades 8, 10, and 12 were almost twice as likely to have ever tried smokeless tobacco compared to females.

- Current smoking rates for male and female students in grades 8, 10, and 12 were comparable. However, male students were 3.2 times more likely to currently use smokeless tobacco than females.

- Fewer than 1% of students reported smoking bidis (small, thin, often flavored, hand-rolled cigarettes imported primarily from India and other Southeast Asian countries.)

- Nearly 70% of Utah youth smokers preferred the most advertised brands, Marlboro and Camel. Seventeen percent listed no usual brand.

*Bidis (or Beedies) are small brown cigarettes from India which consist of tobacco wrapped in a leaf and tied with a thread.

*Kreteks (also called “clove cigarettes”) are cigarettes containing tobacco and clove extract.
A quarter of Utah students in grades 8, 10, and 12 reported that it is very easy to obtain cigarettes as a minor.

The percentage of students in grades 8, 10, and 12 who reported that getting cigarettes as a minor would be very hard has increased slightly since 2007.

More than half of youth who reported current smoking said they got cigarettes by borrowing them. 44% reported that they gave someone money to buy them and 38% got them from someone older than 18.

33% of youth smokers reported that they bought cigarettes in a store.

The percentage of tobacco retail outlets that sold tobacco to underage youths during compliance checks has declined by 61% since 2001.

The 2010 rate of illegal tobacco sales to minors is at its lowest recorded level at 6.2%. 
In 2009, 85% of Utah youth in grades 8, 10, and 12 reported that they would definitely not smoke in the next year.

Nearly 8% of Utah youth reported that they will definitely or probably smoke within the next year.

In 2009, 83% of students in grades 8, 10, and 12 reported that they would definitely not smoke, even if their best friend offered them a cigarette.

Males and females reported comparable response results when asked if they would smoke if their best friend offered them a cigarette.

Nearly 69% of students believe that there is no or very little chance that smoking will make young people look cool.

More than 12% of Utah youth in grades 8, 10, and 12 think there is at least some chance that smoking will make them look cool.
- Nearly 15% of Utah students in grades 8, 10, and 12 who smoke were not able to go more than three hours without feeling like they needed a cigarette.

- Nearly half of all youth smokers reported that they can go one week or more before they feel like they need a cigarette.

- More than half of current smokers in grades 8, 10, and 12 reported that they would like to quit smoking.

- The desire to quit was comparable for male and female youth who smoke.

- Nearly 60% of Utah youth smokers reported that they had made an attempt to quit smoking in the past year.

- At 64%, female youth were somewhat more likely to report a quit attempt compared to male youth (56%).

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**Figure 39. Percentage of Students in Grades 8, 10, and 12 Who Reported Current Smoking by How Long They Can Go Before They Feel Like They Need a Cigarette by Gender, Utah, 2009.**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 Hour</td>
<td>3.0</td>
<td>4.7</td>
<td>1.4</td>
</tr>
<tr>
<td>1-3 Hours</td>
<td>11.9</td>
<td>8.0</td>
<td>15.8</td>
</tr>
<tr>
<td>&gt; 3 Hours But &lt; 1 Day</td>
<td>10.1</td>
<td>9.4</td>
<td>12.4</td>
</tr>
<tr>
<td>1 Day</td>
<td>8.0</td>
<td>6.3</td>
<td>9.6</td>
</tr>
<tr>
<td>Several Days</td>
<td>17.9</td>
<td>18.3</td>
<td>17.5</td>
</tr>
<tr>
<td>1 Week or More</td>
<td>48.3</td>
<td>53.3</td>
<td>43.3</td>
</tr>
</tbody>
</table>

*Source: PNA*

**Figure 40. Percentage of Students in Grades 8, 10, and 12 Who Reported Current Smoking and Would Like to Quit by Gender, Utah, 2009.**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Want to Quit Smoking</td>
<td>52.4</td>
<td>51.3</td>
<td>53.6</td>
</tr>
</tbody>
</table>

*Source: PNA*

**Figure 41. Percentage of Students in Grades 8, 10, and 12 Who Reported Current Smoking Who Have Tried to Quit in the Last Year by Gender, Utah, 2009.**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Made Quit Attempt</td>
<td>59.7</td>
<td>56.3</td>
<td>63.6</td>
</tr>
</tbody>
</table>

*Source: PNA*
Youth reporting exposure to secondhand smoke in cars during the past seven days increased from 12% in 6th grade to 16% in 10th and 12th grade.

Nearly one third of Utah’s 12th graders reported that they were in the same room with someone who smoked in the past week.

Youth exposure to secondhand smoke inside a room nearly doubled from 6th grade to 12th grade.

More than 85% of Utah students in grades 8, 10, and 12 reported that they believed that secondhand smoke was harmful.

Female students were somewhat more likely than male students to report that secondhand smoke was harmful.

More than 10% of Utah youth believed that secondhand smoke was definitely not harmful.
Secondhand Smoke

- Since 2001, the percentage of Utahns who reported that they established rules against smoking inside their homes increased from 87% to 93%.

- The percentage of Utah children under 17 who were exposed to cigarette smoke in their home has decreased by 68% since 2001. (*UHAS data were not collected in 2002).

- In 2008, approximately 16,000 Utah children lived in homes where somebody smoked inside the home during the past 30 days.

- The percentage of children exposed to cigarette smoke in their homes was highest in Southeastern Utah Health District and lowest in Utah County.
## Medical and Economic Costs

### Table 2. Medical and Economic Costs of Smoking for Utah Adults

<table>
<thead>
<tr>
<th>Annual Deaths Related to Smoking (SAM - Smoking-attributable Mortality 1997-2001)</th>
<th>1,156</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Annual Smoking-attributable Medical Expenditures, 1998</td>
<td>$369 million</td>
</tr>
<tr>
<td>Average Annual Smoking-attributable Productivity Losses, 1997-2001</td>
<td>$294 million</td>
</tr>
</tbody>
</table>

### Table 3. Smoking-Attributable Expenditures (SAEs), per Pack and Capita, Utah Adults, 2004

<table>
<thead>
<tr>
<th>Medical Costs per Pack</th>
<th>$4.30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Productivity Costs per Pack</td>
<td>$3.40</td>
</tr>
<tr>
<td>Total (Medical Costs per Pack and Productivity Costs per Pack)</td>
<td>$7.70</td>
</tr>
<tr>
<td>Medicaid Cost per Pack</td>
<td>$1.20</td>
</tr>
<tr>
<td>Medicaid Cost per Capita</td>
<td>$63.07</td>
</tr>
</tbody>
</table>


### Table 4. Annual Business Expenditures Related to Smoking, U.S. Adults, 1995-1999

<table>
<thead>
<tr>
<th>Direct Medical Expenditure per Smoker</th>
<th>$1,623</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost Productivity per Smoker</td>
<td>$1,760</td>
</tr>
<tr>
<td>Total Annual Cost per Smoker</td>
<td>$3,383</td>
</tr>
</tbody>
</table>

**Conclusions**

Although Utah tobacco use rates have declined and continue to be significantly lower than national averages for adult and youth tobacco use, a long-term commitment to tobacco control is necessary to continue to save lives, reduce smoking-related healthcare costs and loss of productivity, and counter the tobacco industry’s efforts to recruit new tobacco users.

The Utah Department of Health, Tobacco Prevention and Control Program (TPCP) uses state and federal funds to prevent initiation of tobacco use among young people, promote quitting of tobacco use among young people and adults, eliminate nonsmokers’ exposure to secondhand smoke, and identify and eliminate disparities related to tobacco use.

For additional information regarding TPCP programs, see the TPCP’s Annual Report at www.tobaccofreeutah.org/tpcpfy10report.pdf or contact:

Utah Department of Health  
Division of Disease Control and Prevention  
Bureau of Health Promotion  
Tobacco Prevention and Control Program  
POB 142106  
SLC, UT 84114-2106  
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www.tobaccofreeutah.org  
www.health.utah.gov

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