

Behavioral Risk Factor Surveillance System

TREND IN ADULT CURRENT USE OF E-CIGARETTES

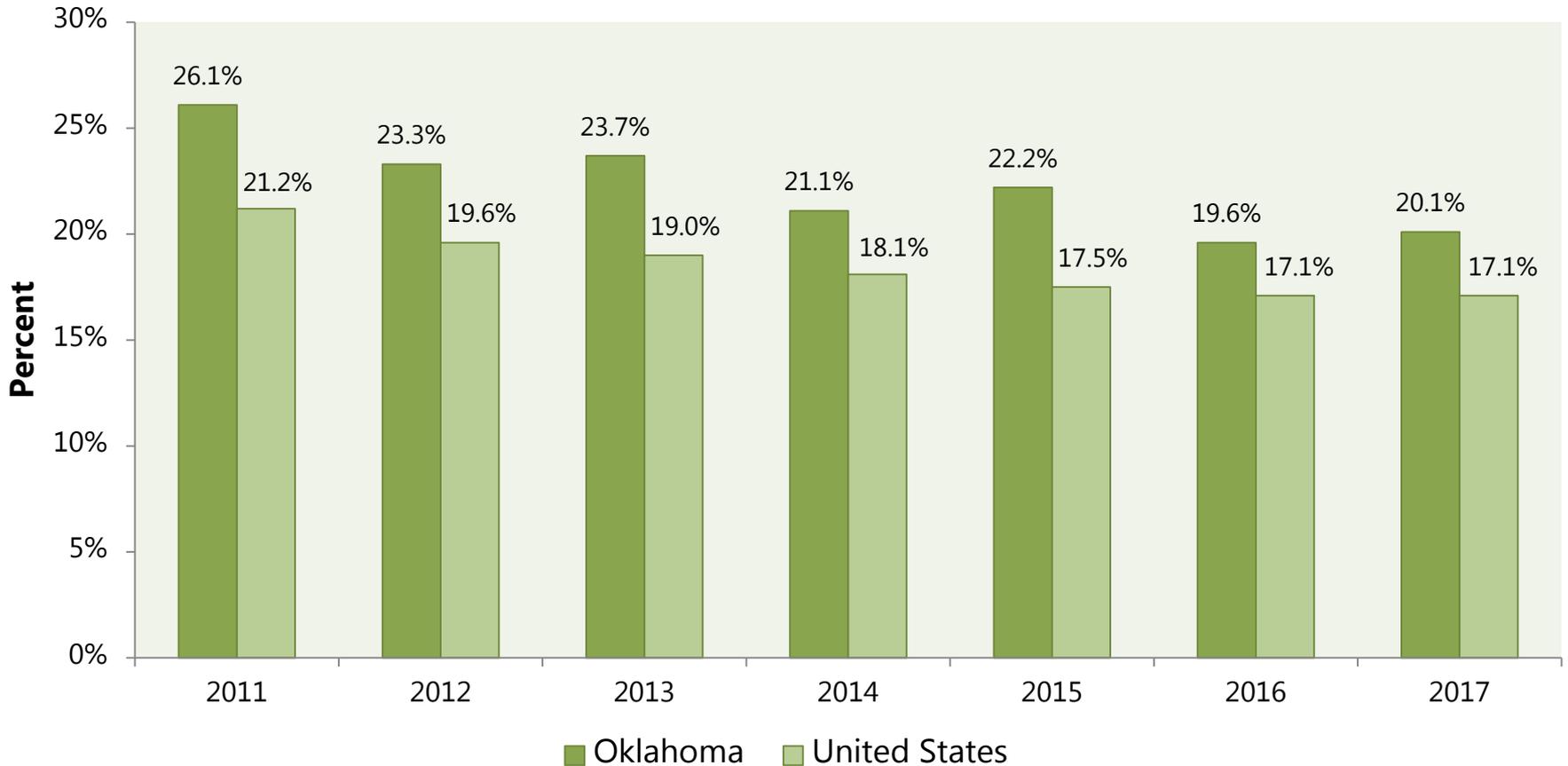


BURDEN OF SMOKING OKLAHOMA & US - 2017

- The smoking prevalence in Oklahoma was 20.1% in 2017;¹ equivalent to approx. 577,000 adults who were current smokers or 1 in 5 adults who were current smokers.
- The smoking prevalence in the US was 17.1% in 2017.¹



Although Oklahoma's adult smoking prevalence of 20.1% remains higher than the US prevalence of 17.1%, declining rates show progress over time. For Oklahoma, this was a 23% decrease in prevalence from 2011.



Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2017



BURDEN OF SMOKING - OKLAHOMA

- Smoking is a major contributor of leading causes of deaths in Oklahoma, causing about 1 of 5 deaths. Furthermore, it is responsible for:
 - 1 in 5 cardiovascular diseases deaths in Oklahoma,²
 - 1 in 3 cancer deaths in Oklahoma,³
 - 8 in 10 COPD related deaths in Oklahoma.²
- Oklahoma ranks 39th in the nation for smoking prevalence.¹



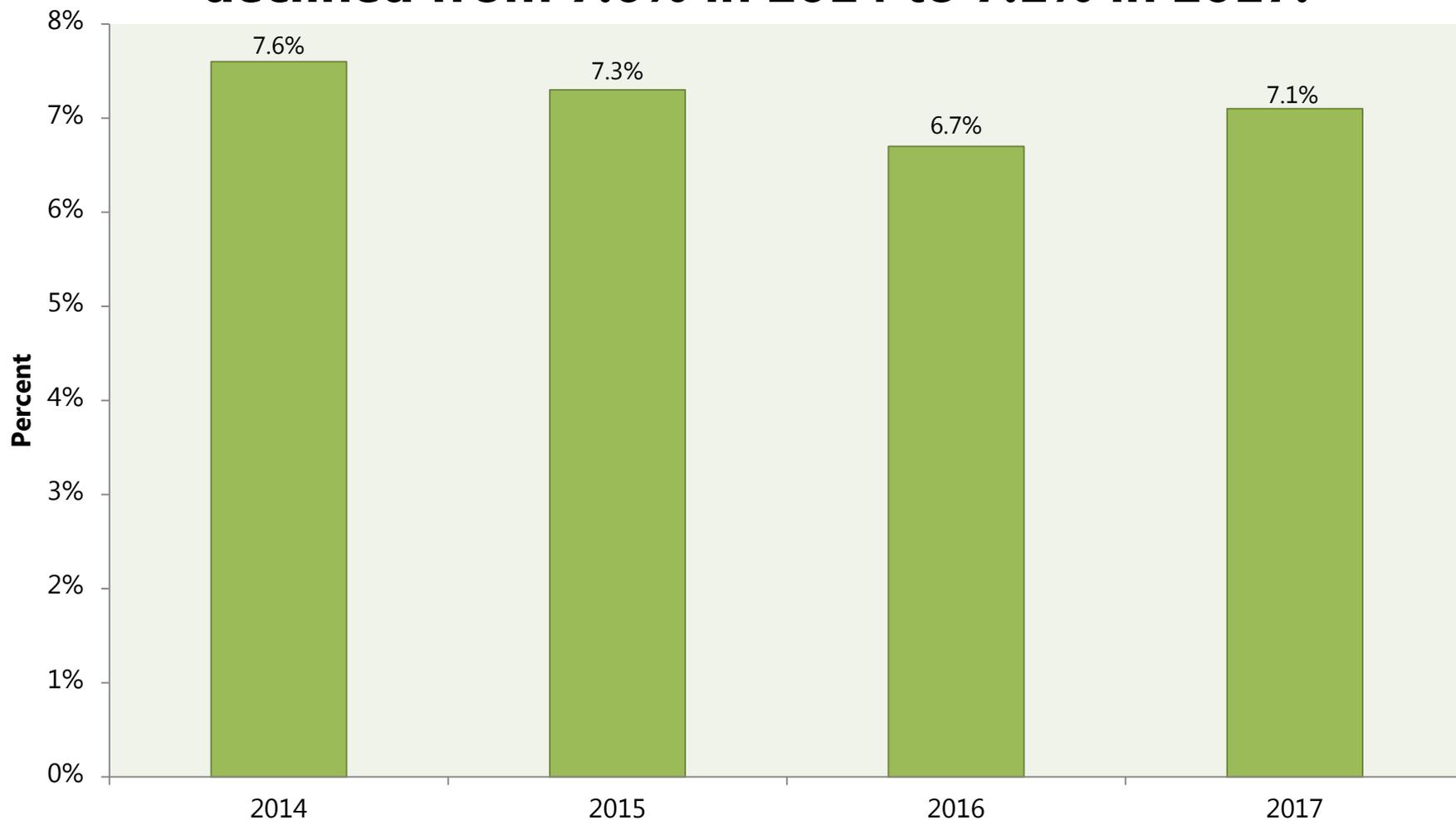
CURRENT USE OF E-CIGARETTES

- Prevalence of e-cigarettes usage in Oklahoma was 7.1% in 2017;¹ equivalent to approx. 203,000 adults who were current e-cigarettes users in Oklahoma or 1 in 14 adults.
- The prevalence of e-cigarettes use increased by 6% (6.7% in 2016 to 7.1% in 2017).
- *In 2016, among the adult e-cigarettes users;
 - 54.5% were current smokers; equivalent to 104,000 adults.
 - 45.5% were former smokers or those adults who never smoked; equivalent to 88,000 adults.
- Prevalence of e-cigarettes usage in the US was 4.6% in 2017. Oklahoma has had the highest prevalence of e-cigarettes use in the nation for the second year in a row.

*2017 BRFSS data currently unavailable for adult e-cigarettes users who were current smokers, former smokers, or never smoked. US BRFSS data is also currently unavailable.



Oklahoma's adult e - cigarettes prevalence has declined from 7.6% in 2014 to 7.1% in 2017.



Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2017



CURRENT USE OF E-CIGARETTES

- Among Oklahoma adults, the most commonly used product after cigarettes is e-cigarette, used by 1 in 14 (7.1%) adults or approx. 203,000 adults.¹
- Adults 18-24 years old continue to have the highest prevalence of e-cigarette usage (15.4%) compared to other age groups.¹
- Adults with less than a high school education have higher prevalence of e-cigarettes usage (12.1%) compared to other groups.¹
- In 2017, approximately, 68.4% of Oklahoma adults supported prohibiting the use of e-cigarettes or vapor devices in indoor places or workplaces.

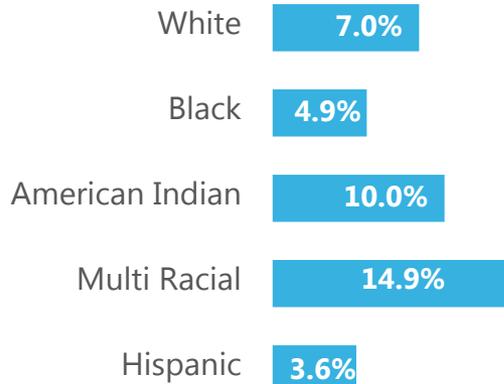
*2017 BRFSS data currently unavailable for Oklahoma adults supporting prohibiting the use of e-cigarettes or vapor devices in indoor places or workplaces



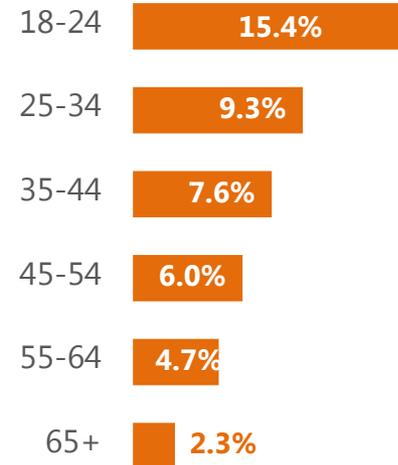
WHO IS USING E-CIGARETTES?



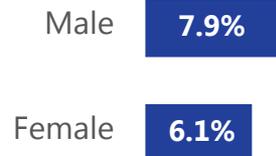
Race/Ethnicity



Age Group



Gender



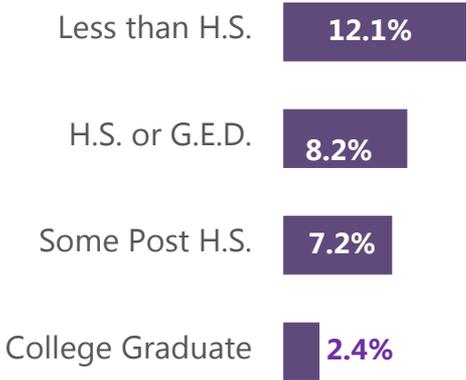
Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2017



WHO IS USING E-CIGARETTES?



Education



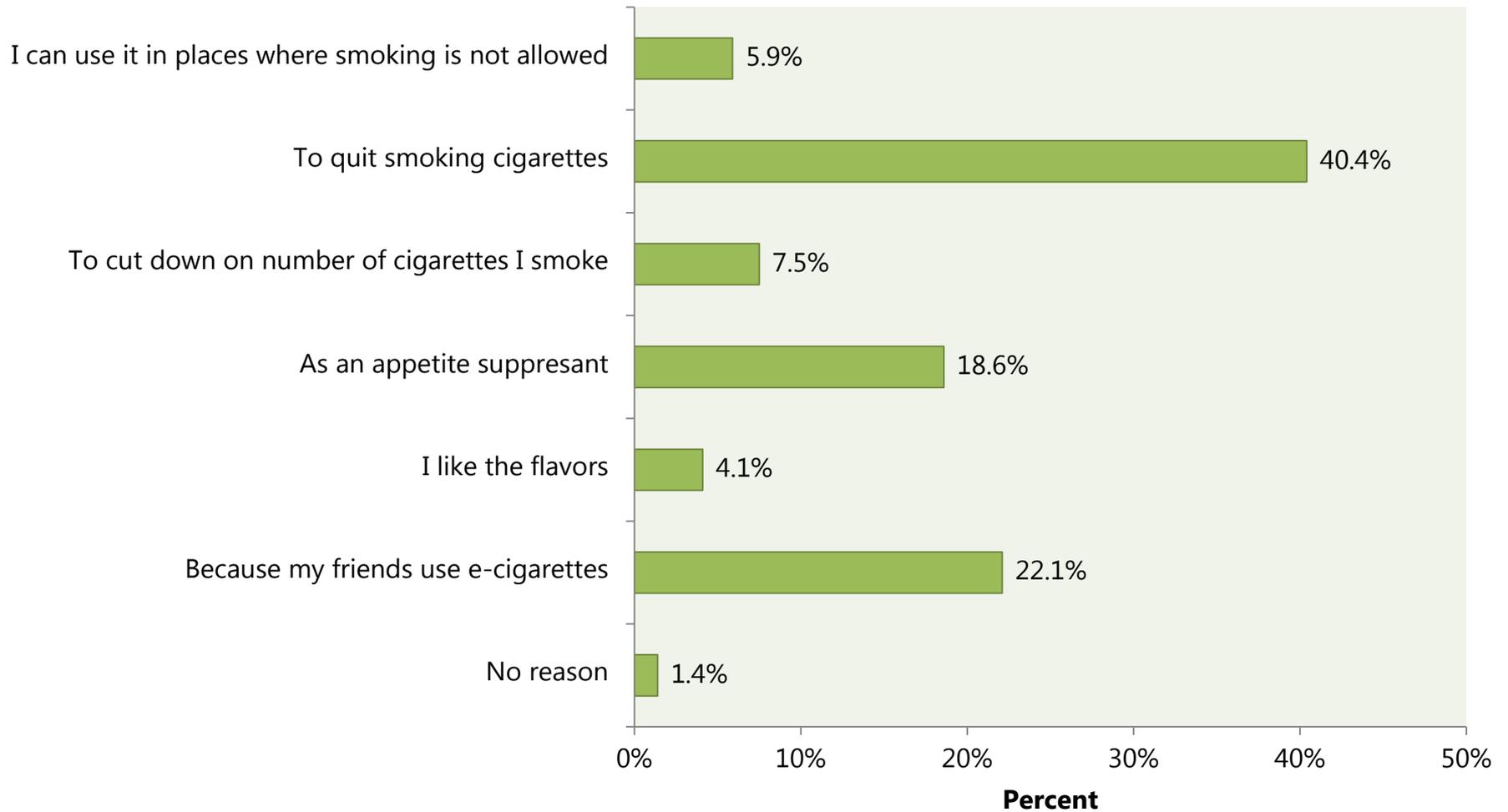
Income



Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2017



Reasons for using e-cigarettes or vapor devices, 2015 – 2017



Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2015-2017



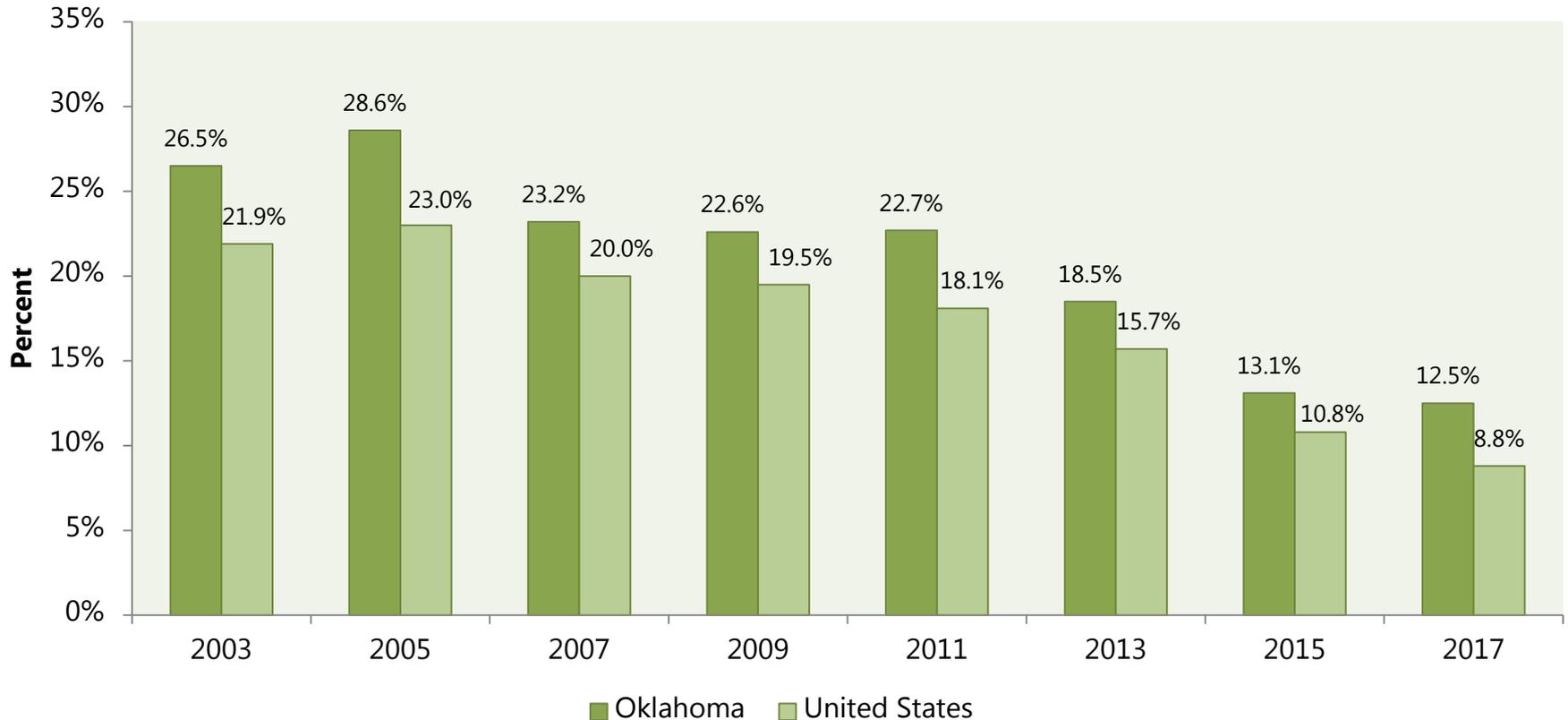
Youth Risk Behavior Surveillance System

TREND IN YOUTH CURRENT USE OF ELECTRONIC VAPOR PRODUCTS



Since 2003, the percentage of high school students who currently smoke cigarettes has been decreasing both in Oklahoma and nationally.

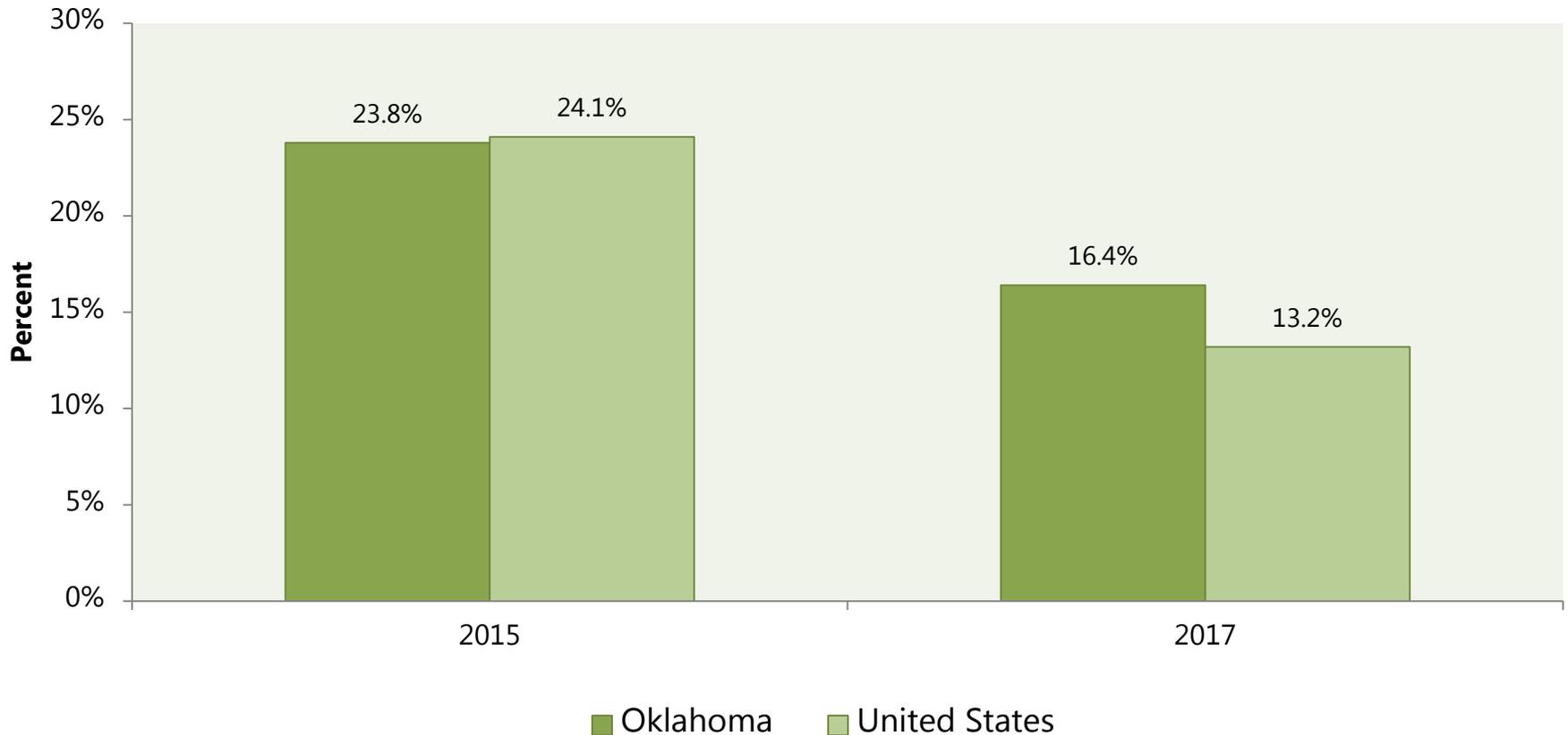
In 2003, more than 1 in 4 Oklahoma high school students (26.5%) were current smokers. By 2017, this percentage had declined to 1 in 8 high school students (12.5%).



Source: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System, 2017



The prevalence of national and Oklahoma current electronic vapor products use declined in 2017.



Source: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System, 2017



CURRENT USE OF ELECTRONIC VAPOR PRODUCTS

- In 2017, 1 in 4 (26%) or approximately 40,000 Oklahoma high school students were still using tobacco products. However, this number declined from 2015 when 1 in 3 (31.4%) or approximately 56,000 high school students reported using tobacco products.⁴
- Electronic vapor products were the most commonly used tobacco product among Oklahoma high school students, used by 1 in 6 (16.4%) or approximately 26,000 high school students.⁴
 - Among current users of electronic vapor products, 10.3% or approximately 2,600 high school students reported that they usually get their own electronic vapor products by buying them in a store.



CURRENT USE OF ELECTRONIC VAPOR PRODUCTS

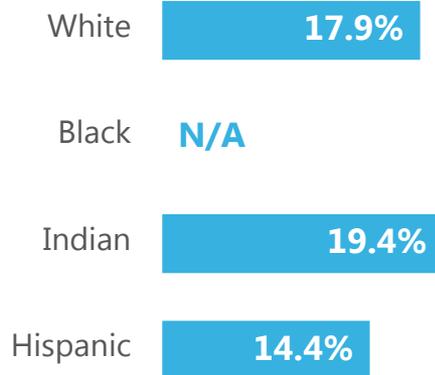
- Among Oklahoma high school students, the most commonly used product after electronic vapor products were cigarettes.⁴
- Since 2003, the percentage of high school students who smoke cigarettes has been decreasing in Oklahoma. In 2017, 1 in 8 (12.5%) or approximately 22,000 high school students were still smoking cigarettes. However, 1 in 2 (45.3%) high school students reported that they tried to quit smoking in the past year.⁴



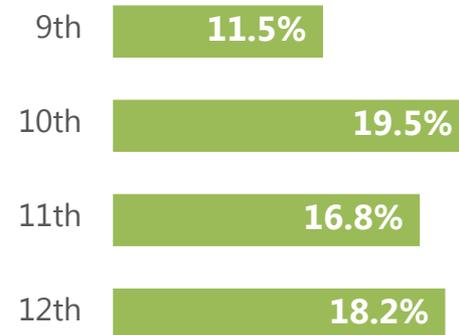
WHO IS USING ELECTRONIC VAPOR PRODUCTS AMONG YOUTH?



Race/Ethnicity



Grade



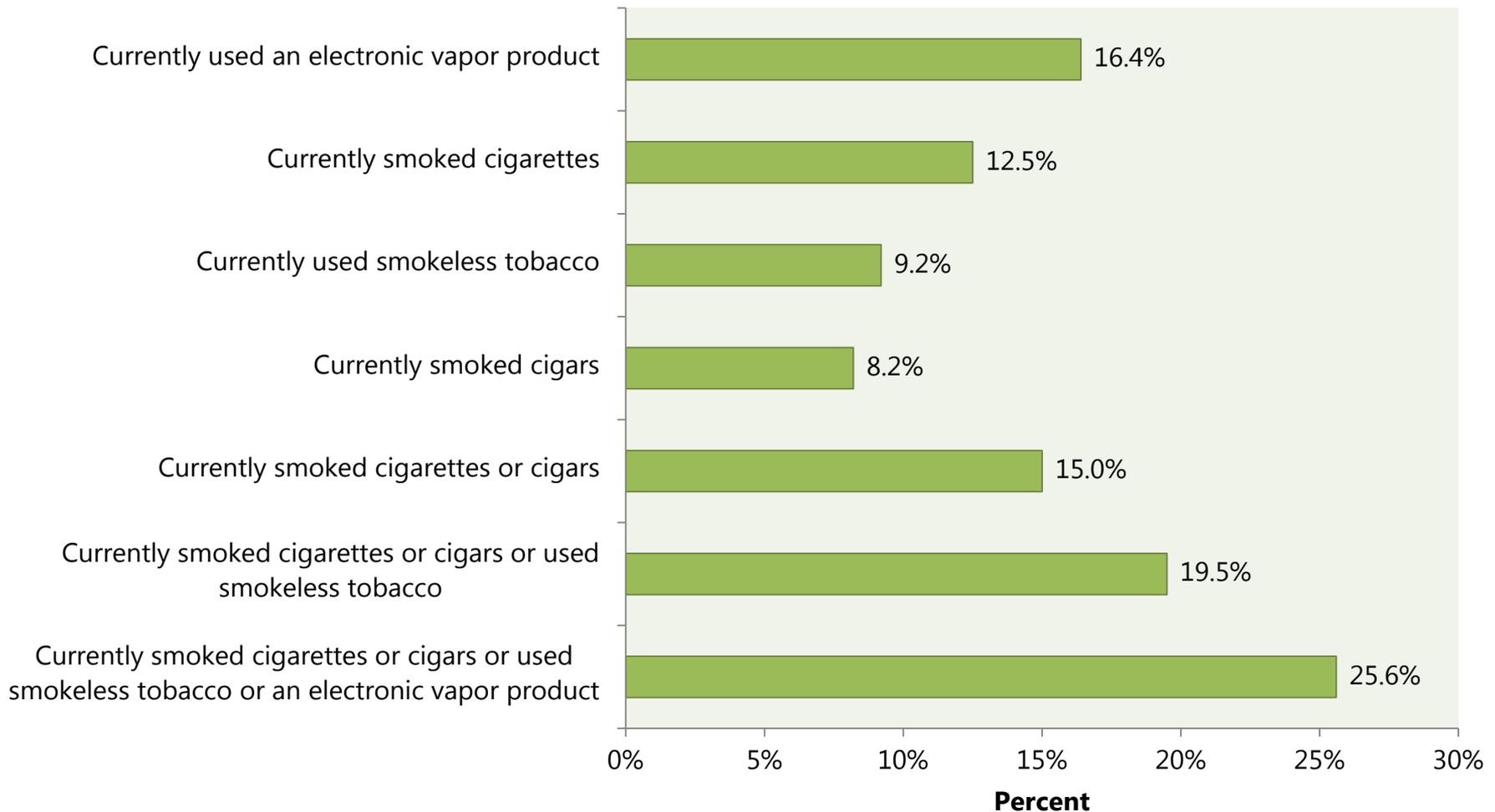
Gender



Source: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System, 2017



Tobacco Products Use Among High School Students



Source: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System Data, 2017



REFERENCES

1. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2017
2. Laura A. Beebe, Ph.D. and Andrea L. Lorden, Ph.D. Smoking-Attributable Mortality and Economic Costs – Oklahoma, 2015. University of Oklahoma Health Sciences Center.
3. Lortet-Tieulent J, Goding Sauer A, Siegel RL, Miller KD, Islami F, Fedewa SA, Jacobs EJ, Jemal A. State-Level Cancer Mortality Attributable to Cigarette Smoking in the United States. *JAMA Intern Med.* 2016;176(12):1792-1798.
doi:10.1001/jamainternmed.2016.6530
4. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System, 2017

