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Smoking in America:

35 Years after the Surgeon General's Report

A Report on the 2000 National Social Climate Survey

Robert Cameron McMillen
Liesel Ashley Ritchie
Wolfgang Frese
Arthur G. Cosby

Arthur G. Cosby, Director
SOCIAL SCIENCE RESEARCH CENTER

MISSISSIPPI STATE UNIVERSITY



EXECUTIVE SUMMARY

Smoking in America: 35 Years after the Surgeon General's Report

In 1964, the U.S. Surgeon General formally announced the health risks of tobacco, thereby providing the impetus for one of the most intensive public health interventions in the history of the United States. Spanning several decades, the tobacco control movement has developed an increasingly effective series of social programs and policies designed to encourage nonsmoking and protect nonsmokers from environmental tobacco smoke. In the years following the initiation of the tobacco control movement, the percentage of current cigarette smokers in the American adult population has decreased dramatically from 42.2 percent in 1965 to 22.7 percent in 1999. This decrease translates into about 40 million fewer adult smokers in the United States today than had the rate remained at 42.2 percent. As the Office of Smoking and Health of the CDC notes, "This achievement has few parallels in the history of public health. It was accomplished despite the addictive nature of tobacco and the powerful economic forces promoting its use."

In the 35 years following the release of the historic 1964 Surgeon General's Report on Smoking and Health, the antismoking campaign has been a major success. In 1997, the state of Mississippi won an historical settlement against the tobacco industry; several other states followed this precedent. A coalition of 46 state Attorneys General reached a Master Settlement Agreement with the tobacco companies in 1998. These settlements have provided resources for the implementation of a national tobacco control program directed by the American Legacy Foundation, as well as the resources for several state-level comprehensive tobacco control programs.

To our knowledge, the present project is the most comprehensive survey of the extent to which tobacco control impacts the daily lives of Americans; it is also the first project to describe the social climate of tobacco control since most of these comprehensive programs were implemented. The 2000 National Social Climate Survey adds new knowledge about the public health movement by determining the degree to which tobacco control practices, beliefs, and norms have become ingrained in the societal fabric of America. The Social Climate Survey monitors tobacco control in the social institutions of everyday life - the American family, the American school, the workplace, government, health care, recreation/leisure, and mass media.

There is substantial variability in the penetration of tobacco control across social institutions. Americans are very supportive of tobacco control measures within the family, education, and government institutions that restrict youth access to tobacco but fail to generalize this support for restrictions on youth exposure to environmental tobacco smoke, adult role models, tobacco advertisements, and tobacco logos. Some aspects of tobacco control had considerable impact upon the institutions of the workplace, health and medical care, and government and political order; yet there remains substantial work to be done. Also, tobacco control has met the most resistance in the institutions of recreation, sports, and, notably, leisure and mass communication and culture.

Although important gains have been made by the tobacco control movement, the progress has not been universally realized across society. Because 46 million American adults continue to smoke cigarettes, it is clear there is substantial unfinished business for tobacco control. This report investigates one aspect of the unfinished business for tobacco control: the current social climate for tobacco control in American society. In July 2000, the National Social Climate Survey was conducted by the Social Science Research Center at Mississippi State University to determine tobacco use, norms, practices, and beliefs throughout the fabric of American society. Seven social institutions are included in our approach: American family life, education, work, recreation and leisure, government, health, and mass communication. In each of these, tobacco use and tobacco control have evolved. It is these institutional beliefs, norms, and practices that form the essence of the ingrained status of tobacco use in the social fabric of American society. By monitoring the social climate, it becomes possible to identify the arenas in which tobacco control has been successfully ingrained in the fabric of society. Telephone interviews were conducted with 1,503 American adults obtained through random digit dialing survey techniques (confidence level of $\pm 2.5\%$).

The following classification scheme is used to categorize the degree to which these aspects of tobacco control impact the daily lives of Americans.

**Heuristic Classification Scheme for Assessing
the Societal Dominance of Normative Beliefs, Health Beliefs, and Practices**

Universal	Universal normative beliefs, health beliefs, and practices Held by the overwhelming majority of society members: 85-100%
Predominant	Predominant normative beliefs, health beliefs, and practices Held by a predominance of society members: 65-84%
Contested	Contested normative beliefs, health beliefs, and practices Held by half of society members: 35-64%
Marginal	Marginal normative beliefs, health beliefs, and practices Held by 0-34% of society members

Families and Youth

The overarching finding of this survey is that the success of the tobacco control movement varies drastically among the institutional arenas of American society. The greatest success, for example, has been the incorporation of the strong intolerance of youth tobacco use into the fabric of society. Practically all American adults support norms restricting youth access to tobacco products and recognize the negative health effects of second-hand smoke on youth. Although the vast majority of Americans support restricting youth access to tobacco, there remains significant work to be done in tobacco control on youth issues. It is especially disturbing that ten percent of U.S. adults reject this particular aspect of tobacco control. This translates into roughly 18 million adults who believe that parents should allow their children to smoke cigarettes and fail to recognize the health risks to children of smoke from a parent's cigarette. Moreover, approximately 20 to 30 percent of households fail to restrict youth exposure to tobacco. More than 21 million households allow smoking in the presence of children, while more than 30 million households continue to allow cigarette smoking in the home and the family vehicle. Although the number of Americans who fail to support these aspects of tobacco control is diminishing, there remains a very large, high risk group of adults that continues to place youth at risk.

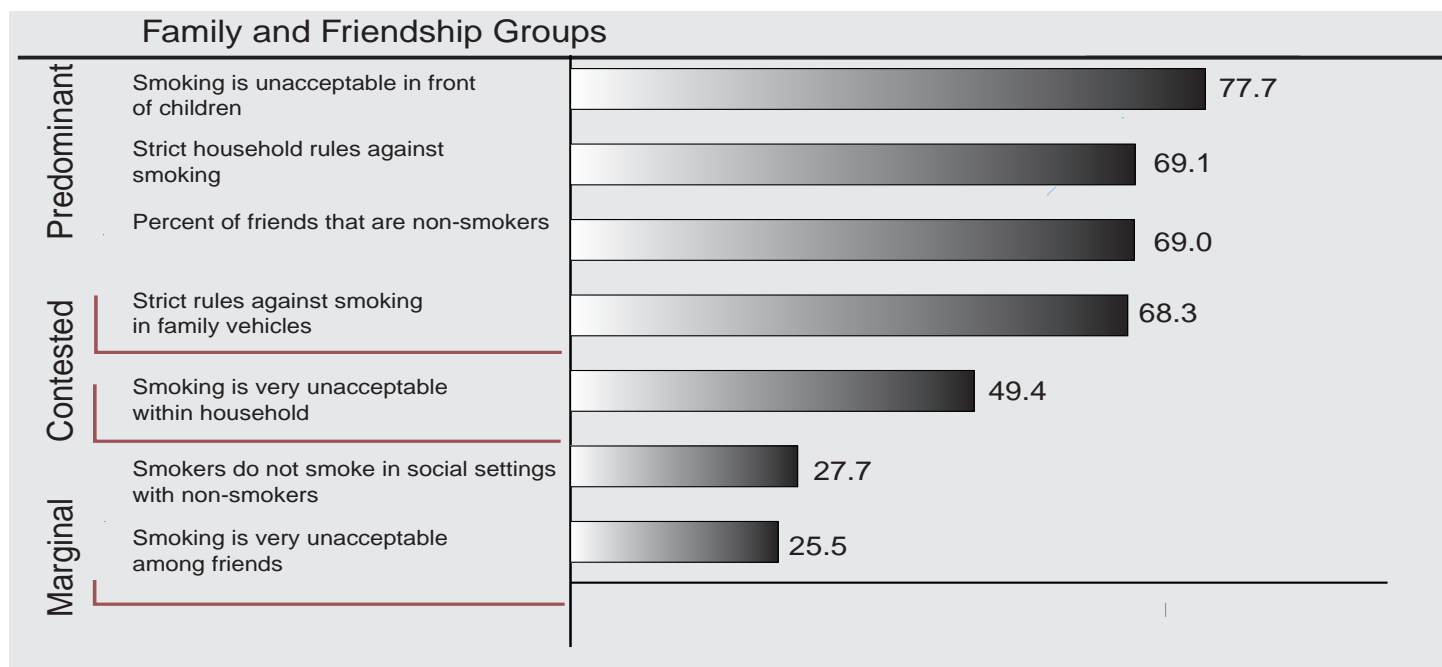
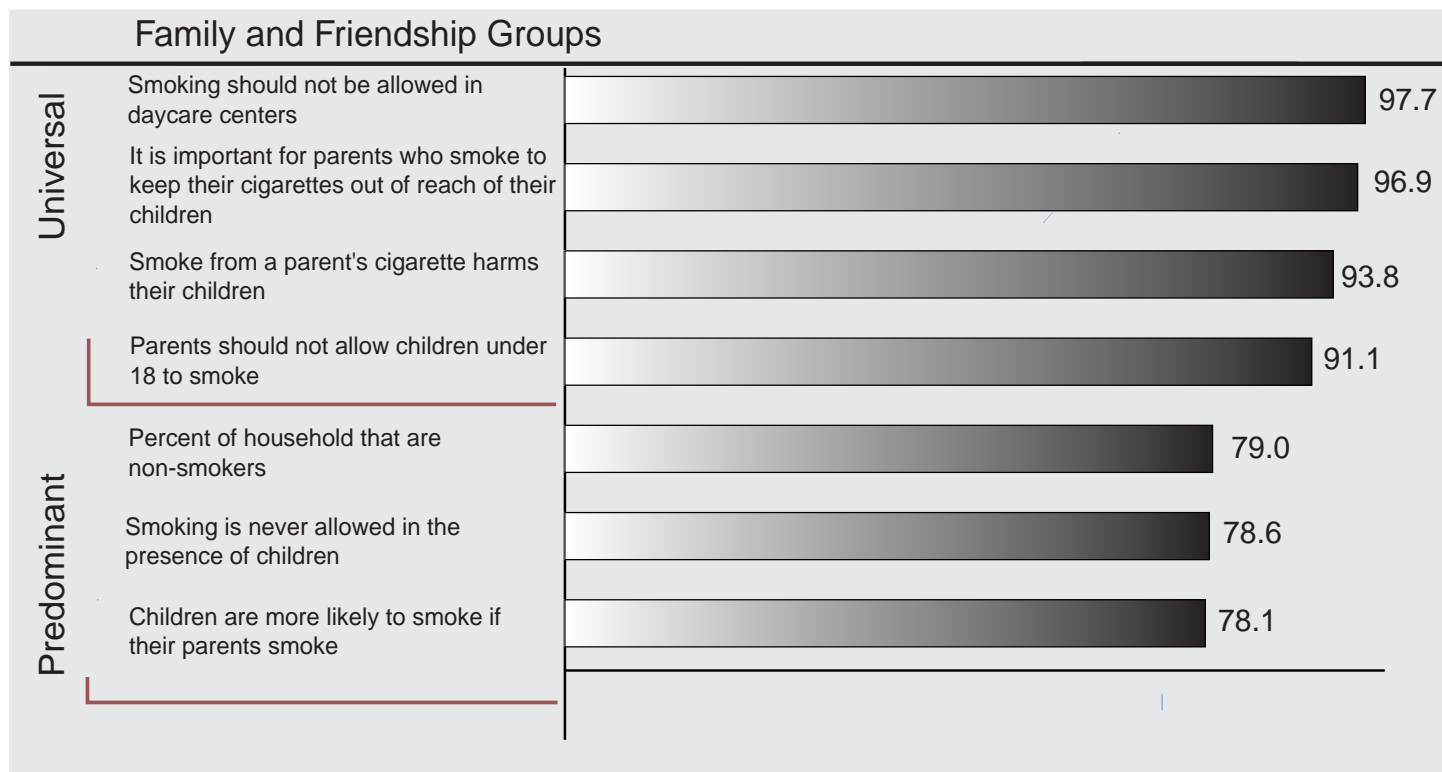
The Unfinished Business: American Families

- 18 million American adults (8.9 percent) do not believe that parents should keep their children from smoking
- 21.6 million households (21.4 percent) allow smoking in the presence of children
- 31 million households allow cigarette smoking in family homes (30.9 percent) and vehicles (31.8 percent)
- 12.8 million American adults (6.3 percent) do not believe second-hand smoke harms babies and children

Note that these numbers are based upon U.S. Census 1999 population estimates for residents 18 years of age and older. Numbers for households are based upon U.S. Census 1998 estimates of households.

Families and Youth

Percentage of respondents who support normative beliefs, recognize health risks, or report restrictions on tobacco use.



Education

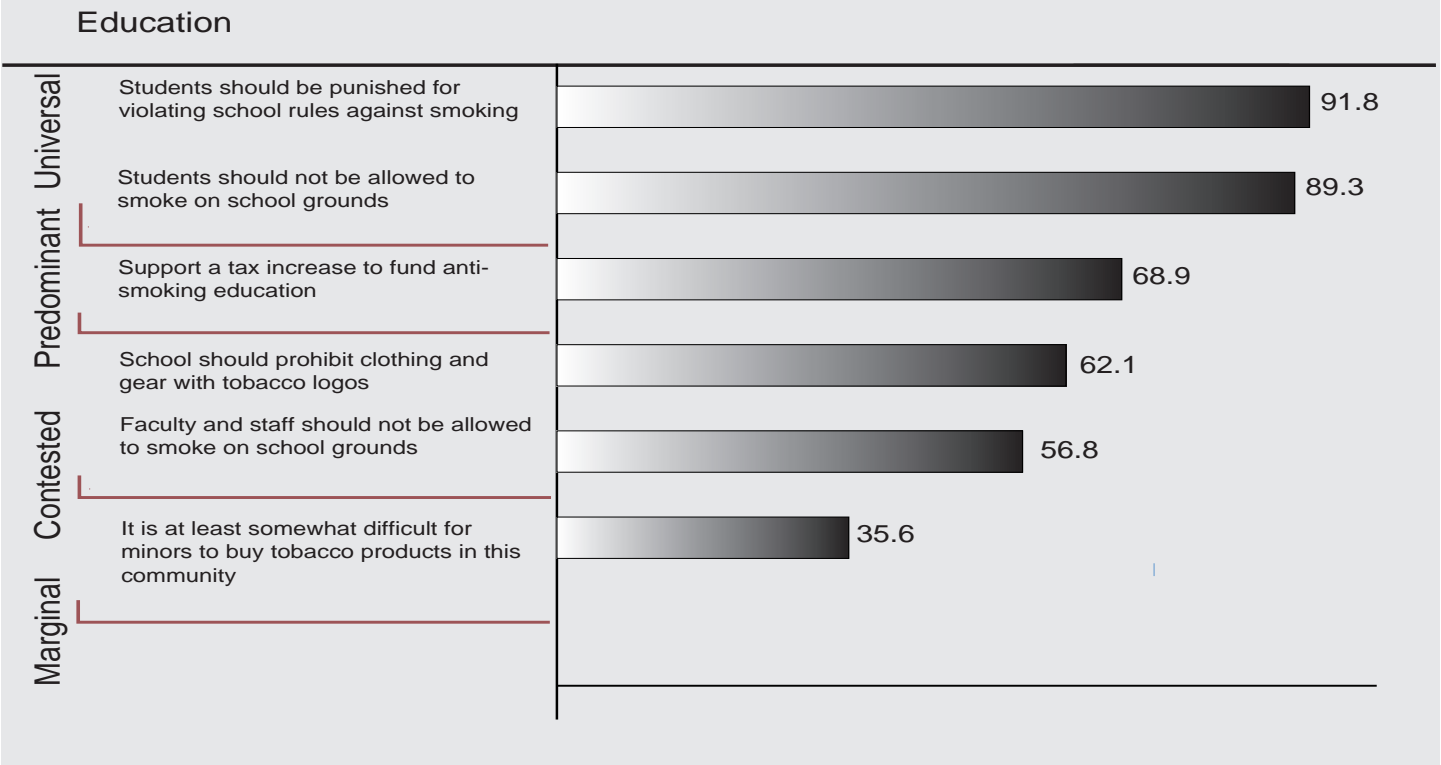
It is also alarming that people appear to make an unfortunate distinction between youth smoking behavior and youth exposure to tobacco. While typically 90 percent of Americans support issues related to restricting youth access, there is substantially less support for restricting youth exposure to adult smokers. Aside from the obvious health risks of environmental tobacco smoke, parents who smoke increase the likelihood that their children will also smoke cigarettes. This distinction between youth use and youth exposure to tobacco is also present in the educational institution. While 90 percent of adults believe that students should not be allowed to smoke on school grounds, less than half as many support restricting youth exposure to tobacco logos and adult cigarette smoking on school grounds.

The Unfinished Business: In Schools

- 87.5 million American adults (43.2 percent) believe that faculty and staff should be allowed to smoke on school grounds
- 78.8 million American adults (38.9 percent) believe that schools should allow students to wear tobacco logos on campus
- 20 million American adults (10 percent) believe that students should be allowed to smoke on school grounds

Education

Percentage of respondents who support normative beliefs, recognize health risks, or report restrictions on tobacco use.



Health & Medical Care

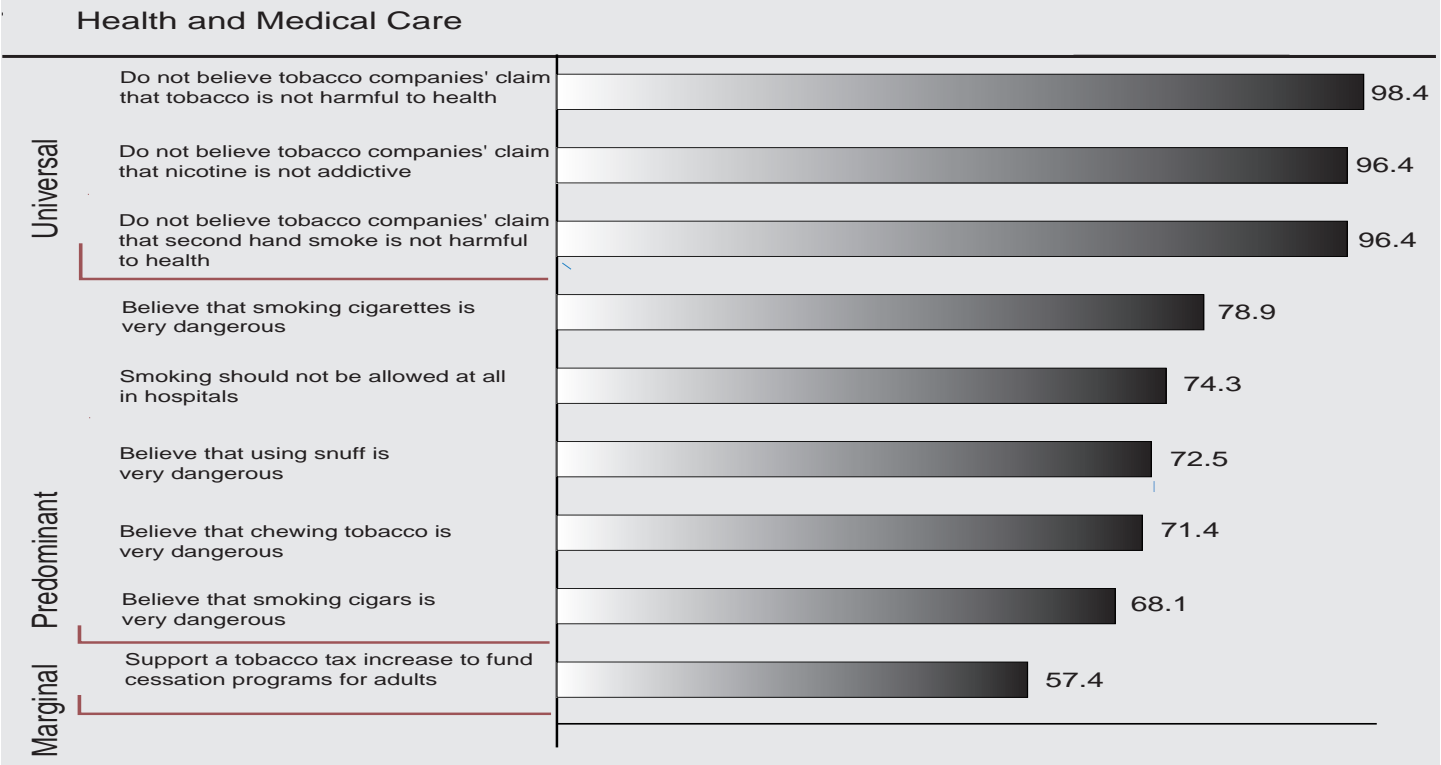
Tobacco use has been identified as the number one cause of death in the United States, accounting for as much as 20 percent of American deaths. Most Americans have apparently identified smoking as being dangerous to their health. Almost 98 percent reported that cigarette smoking was either very dangerous or somewhat dangerous. The softness in this otherwise encouraging finding is that about 20 percent qualified their response by indicating that Americans number one cause of death was “somewhat dangerous.” Also, there was tendency to view chewing tobacco, cigars, and snuff as having lower health risks. Interestingly, relatively few Americans tended to believe tobacco companies in their claims that tobacco is not harmful to health, that nicotine is not addictive, and that second-hand smoke is not harmful to health.

Unfinished Business: Health

- 42.7 million American adults (21.1 percent) believe that cigarette smoking is either only somewhat dangerous or not very dangerous
- 55.7 million American adults (27.5 percent) believe that using snuff is either only somewhat dangerous or not very dangerous
- 57.9 million American adults (28.6 percent) believe that chewing tobacco is either only somewhat dangerous or not very dangerous
- 64.6 million American adults (31.9 percent) believe that cigar smoking is either somewhat dangerous or not very dangerous

Health & Medical Care

Percentage of respondents who support normative beliefs, recognize health risks, or report restrictions on tobacco use.



Role of Government

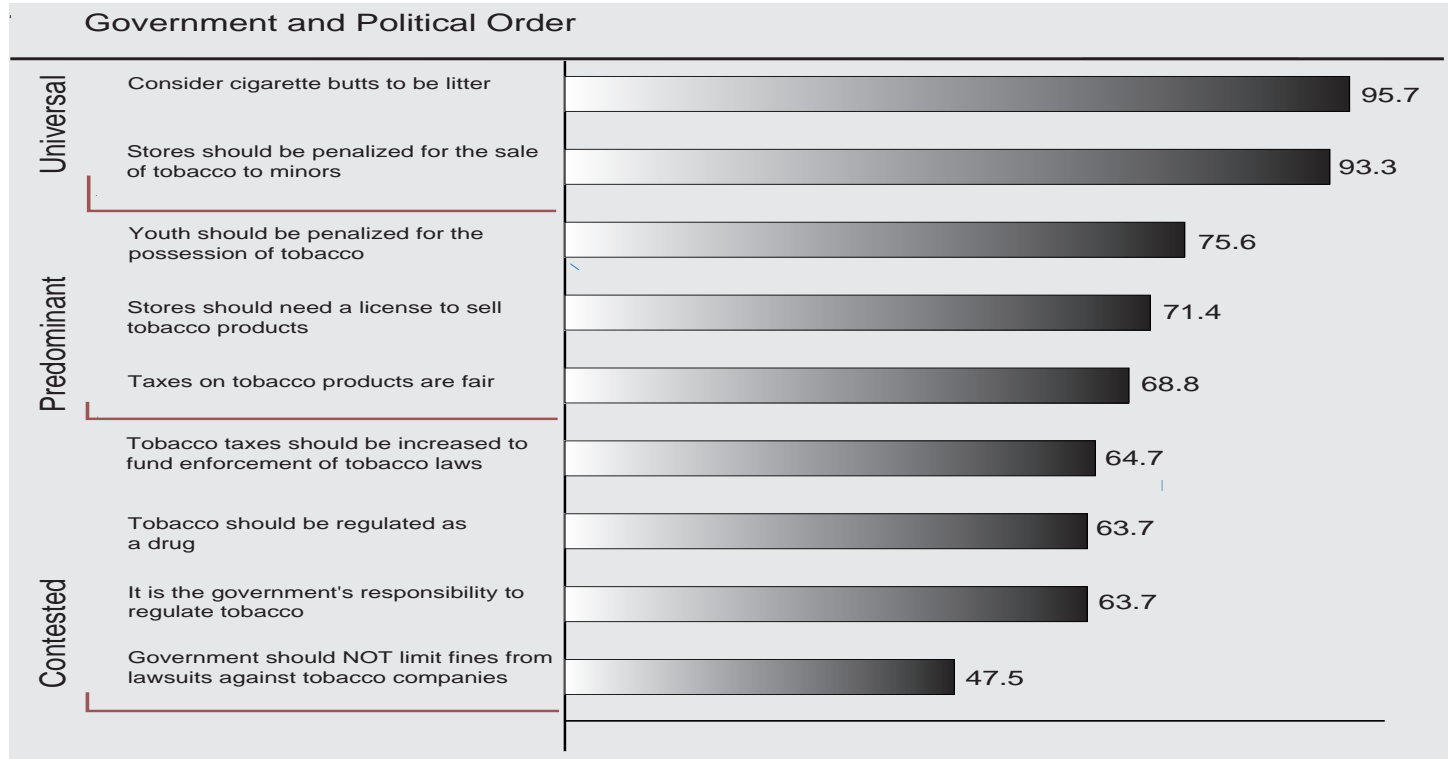
Youth access restrictions to tobacco products are also endorsed within the government and political institution. More than 93 percent of American adults agree that stores should be penalized for the sale of tobacco products to minors. However, fewer respondents – 75.6 percent – agree that minors should be penalized for the possession of tobacco products. Apparently, Americans are less willing to hold minors accountable for violating tobacco laws. Although most adults support government restrictions on youth access, there is substantially less support for government regulation of tobacco. Roughly 50 million American adults do not believe that the government should have a role in regulating tobacco. It is somewhat ironic, however, that 72.3 million American adults believe that government should protect tobacco companies from excessive lawsuit fines.

The Unfinished Business: The Government

- 50.0 million American adults (36.3 percent) do not believe that tobacco should be regulated as a drug
- 50.0 million American adults (36.3 percent) do not believe that it is the responsibility of government to regulate tobacco
- However, 72.3 million American adults (52.5 percent) do believe that the government should limit fines from lawsuits against tobacco companies

Role of Government

Percentage of respondents who support normative beliefs, recognize health risks, or report restrictions on tobacco use.



Work

Although the tobacco control movement has had success in the work site, more than one-third of American adults report that they do not work in a smokefree work site. That is, approximately 47 million adults are potentially exposed to second-hand smoke at their place of employment. Almost two-thirds of respondents report that tobacco use is acceptable among their co-workers. Moreover, American adults report that, on average, 43 percent of their co-workers are smokers; yet only 23.2 percent report that their employer offers a smoking cessation program.

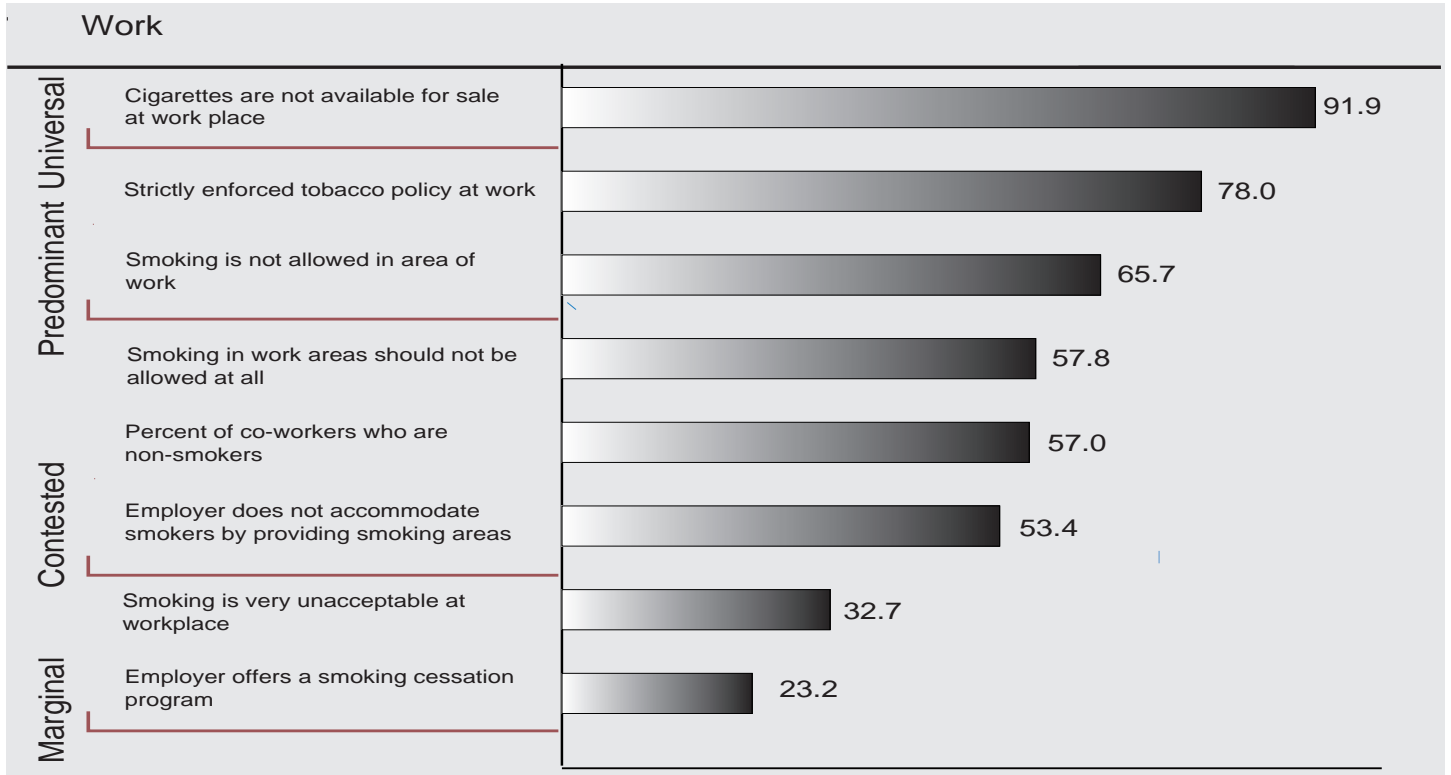
The Unfinished Business: The Work Site

- 47.2 million American adults (34.3 percent) do not work in a smokefree environment
- 63.7 million American adults (46.3 percent) report that tobacco use is an acceptable or very acceptable practice among their co-workers
- 105.7 million American adults (76.8 percent) report that their employer does not provide a smoking cessation program

These numbers are based upon the Bureau of Labor Statistics 1998 estimates of the civilian labor force for people 16 years and older. Because these estimates include people 16 and 17 years of age these numbers may be slightly inflated.

Work

Percentage of respondents who support normative beliefs, recognize health risks, or report restrictions on tobacco use.



Recreation, Sports, & Leisure

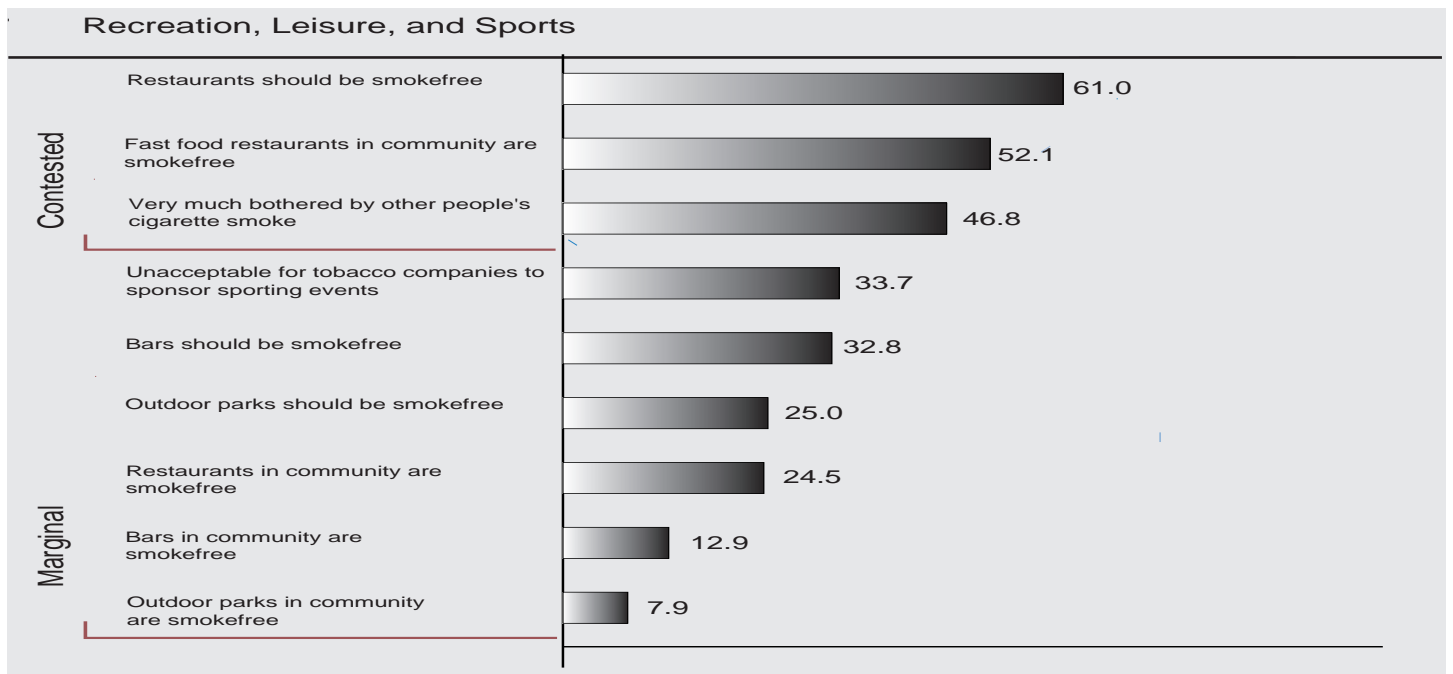
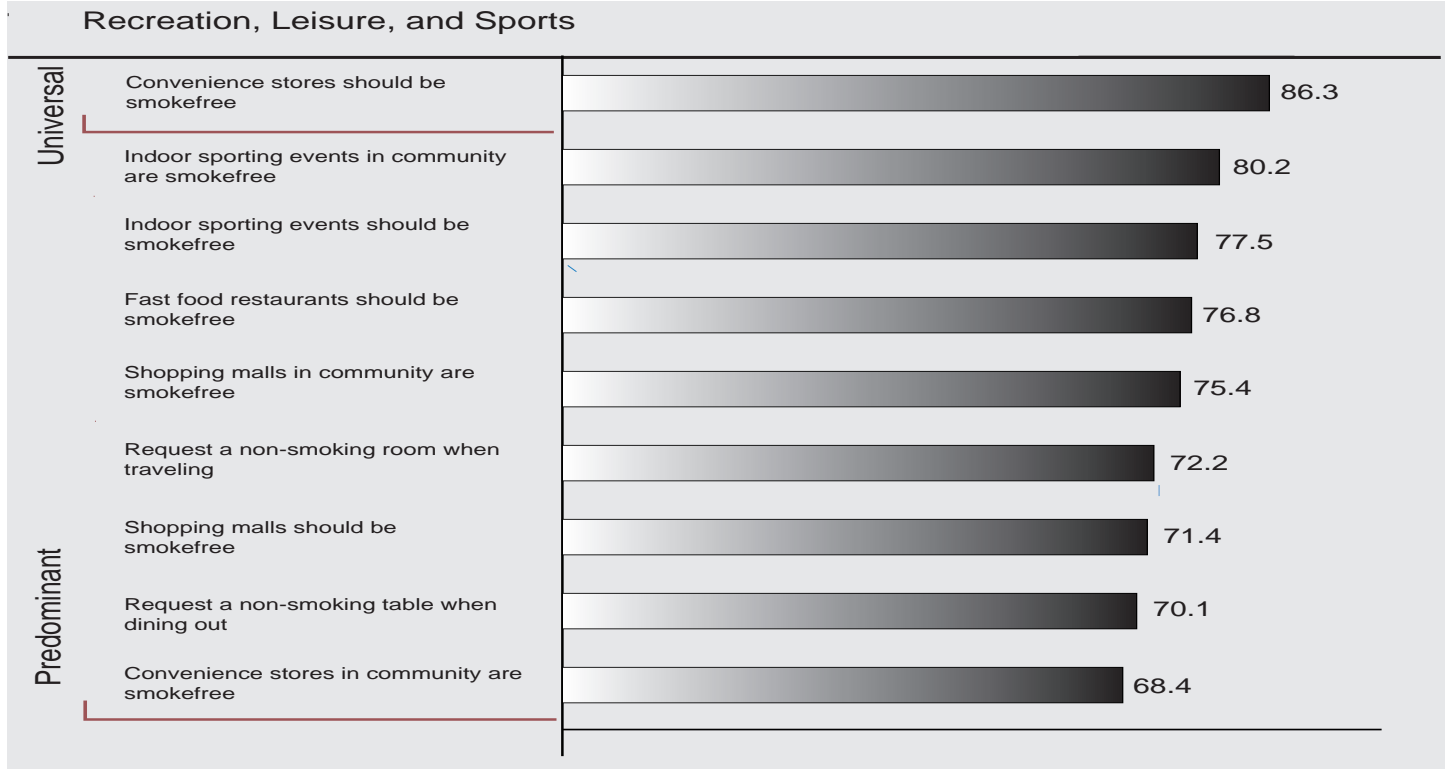
Recreation, sports, and leisure areas have been less impacted by the tobacco control movement than other institutional areas. Although many American adults support norms for smokefree recreational settings, a substantial subset oppose this norm. In fact, very few settings of these types are actually smokefree. A majority of American adults support smoking restrictions in shopping malls, convenience stores, restaurants, and indoor sporting events. However, bars and taverns are clearly seen as culturally appropriate places to smoke, as is the case with outdoor sporting events.

The Unfinished Business: Recreation, Sports, and Leisure

- 136 million American adults (67.2 percent) believe smoking should be allowed in bars and taverns
- 79 million American adults (39.0 percent) believe smoking should be allowed in restaurants
- 45.6 million American adults (22.5 percent) believe smoking should be allowed at indoor sporting events
- 47 million American adults (23.2 percent) believe smoking should be allowed in fast food restaurants
- 57.9 million American adults (28.6 percent) believe smoking should be allowed in shopping malls
- 27.7 million American adults (13.7 percent) believe smoking should be allowed in convenience stores

Recreation, Sports, & Leisure

Percentage of respondents who support normative beliefs, recognize health risks, or report restrictions on tobacco use.



Mass Communication

The tobacco industry has been successfully vilified in the eyes of most American adults. More than 80 percent of adults reject the tobacco companies' claims that they do not target youth with their ads. There is widespread disbelief of the claim that tobacco ads do not encourage kids to smoke and the claim that ads only target adult smokers. Most American adults – 92.7 percent – also reject the claim that tobacco companies do not manipulate the level of nicotine in cigarettes. However, despite this widespread distrust of tobacco companies and suspicion towards their marketing strategies, American adults are reluctant to support restrictions that would limit the ability of tobacco companies to advertise to the youth market. Only slightly more than half of respondents support a ban on tobacco advertisements through direct mailers, billboards, Internet sites, and at sporting and cultural events. Furthermore, less than half support a ban on tobacco advertisements in stores or in magazines.

The Unfinished Business: Mass Communication and Culture

- 34 million American adults (16.8 percent) believe the tobacco companies' claim that they only market to adult smokers
- 31.6 million American adults (15.6 percent) also believe the tobacco companies' claim that tobacco ads do not encourage kids to smoke
- 14.8 million American adults (7.3 percent) accept the claim that tobacco companies do not manipulate the level of nicotine in cigarettes
- Despite widespread suspicion of tobacco marketing strategies, more than 97.8 million American adults (48.3 percent) support tobacco advertisements at sporting and cultural events
- More than 118 million (58.3 percent) support tobacco advertisements in magazines
- More than 111.8 million (55.2 percent) support tobacco advertisements in convenience and grocery stores

Mass Communication

Percentage of respondents who support normative beliefs, recognize health risks, or report restrictions on tobacco use.

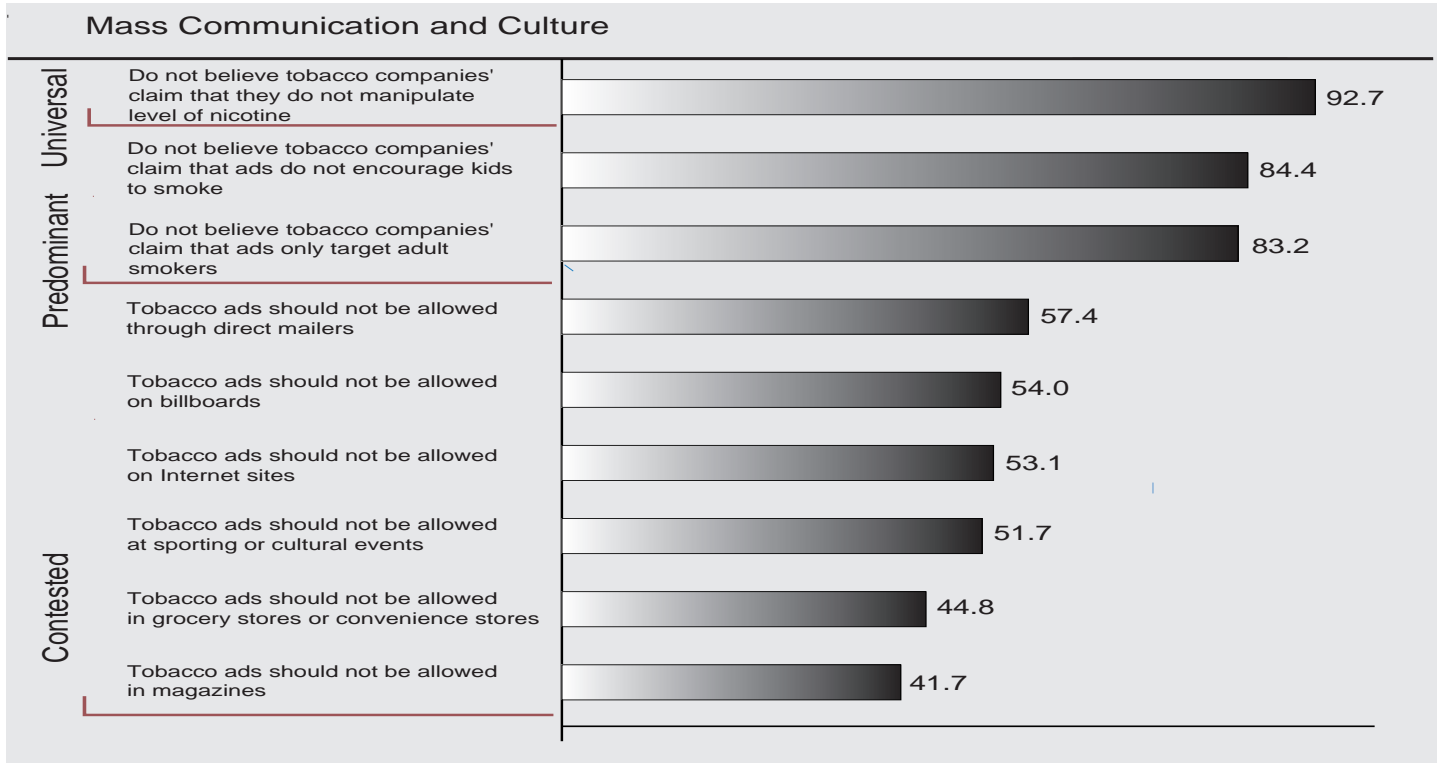


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FOREWORD

The origins of this study can be traced to research associated with the tobacco settlement in Mississippi. Both the Mississippi Tobacco Control Foundation – Partnership for a Healthy Mississippi and the Mississippi State Department of Health were interested in the degree to which their efforts were impacting the culture of Mississippi. We developed the social climate approach to help answer their questions and have now extended that research to a national assessment.

Tobacco control programs are becoming increasingly comprehensive, and targeting broader objectives such as social and political change. Prevalence rates and per capita consumption measures are frequently the yardsticks with which tobacco control programs are evaluated. However, comprehensive tobacco control programs have moved toward logic models that incorporate intermediate desirable outcomes that focus on attitude and behavior change. To enhance the evaluation of progress toward these goals, we designed the Social Climate Survey to measure and ultimately monitor the fundamental position of tobacco control in society.

The concept of social institutions, taken from the sociological literature, provides the framework for our methodology. As a fundamental component of a society, social institutions emerge as clusterings of beliefs, norms, and practices in order to meet the needs of society. To illustrate, the institution of family and friendship groups provides the nurturing necessary to produce and raise new members of a society; the education institution then shapes the individual into a potentially productive member of society. Seven social institutions are included in our approach -- each of which meets specific needs of society. These institutions are: 1) Family and Friendship Groups, 2) Education, 3) Government and Political Order, 4) Work, 5) Health and Medical Care, 6) Recreation, Leisure, and Sports, and 7) Mass Communication and Culture. Moreover, in each of these institutional areas, beliefs, norms, and practices about tobacco use and tobacco control have evolved. It is these institutional beliefs, norms, and practices that form the essence of the ingrained status of tobacco use in the social fabric of American society. The Social Climate Survey consists of a set of questions designed to measure the norms, practices, and beliefs concerning tobacco within each of these institutions.

By asking this series of questions to a random sample of American adults, we can measure the extent to which tobacco control and tobacco use are ingrained in the social institutions that influence decisions about tobacco. Although we survey from an adult population, please note that the Social Climate Survey is not intended as an adult tobacco survey of an individual. Each individual respondent serves as a proxy for each social institution impacting his/her life by providing information about the norms, practices, and beliefs within these institutions.

This Social Climate Survey provides an image of how ingrained tobacco control is in American society. Some issues are fully ingrained into society, such as norms against smoking in day care centers, and are thus considered to be universally accepted. Other issues are strongly supported, but continue to be rejected by a small, but nontrivial segment of society. These issues are considered as predominant cultural norms, beliefs, and practices. Contested issues, on the other hand, are areas of tobacco control in which there remain substantial differences of opinion across society. The support and opposition for these controls are roughly matched across society. Finally, some tobacco control issues, such as norms against smoking in bars, are supported by only a small segment of society and are considered to be culturally marginal norms, practices, or beliefs.

By identifying universal, predominant, contested, and marginal aspects of the social climate, it becomes possible to develop more informed tobacco control efforts. It is not necessary to target culturally universal norms, practices, and beliefs because these aspects of tobacco control are already deeply ingrained. Norms, practices, and beliefs that are predominantly ingrained in the social climate may serve as anchors for campaign efforts to target contested aspects of the social climate. Finally, this approach can identify those aspects of the social climate which are only marginally ingrained and likely to be very resistant to interventions.

It has been almost 40 years since the Surgeon General warned of the health risks of tobacco use. In the years following the 1964 warning, an impressive body of health research has defined the health impacts of tobacco use, such as heart disease, cancer, lung disease, and birth complications. Whereas the tobacco companies were once able to claim that there was no conclusive evidence of the health risks of tobacco, today these findings reveal a clear message that the use of tobacco products causes major negative health impacts. Moreover, our research demonstrates that the vast majority of American adults recognize these dangers despite tobacco companies' claims to the contrary. Tobacco control has recently witnessed two other major accomplishments. First, the tobacco companies have been hit with massive compensatory and punitive fines resulting from lawsuits by former smokers, as well as massive settlement expenses with individual states to cover health expenses related to tobacco use. Second, national and state agencies have implemented promising multicomponent programs to prevent and reduce youth tobacco use. These programs are funded in large part from settlement fines against the tobacco companies.

Although the tobacco control movement has had many successes -- particularly in the latter part of this decade -- our Social Climate Survey indicates that there remains work to be done. There are many aspects of tobacco that should be universally agreed upon and universally understood, but are not. One strength of our Social Climate Approach is the ability it provides to identify gaps where tobacco control has yet to become accepted at all, as well as to identify discrepancies in acceptance of tobacco control. This report summarizes the national Social Climate in the year 2000 and identifies discrepancies between social institutions and across social groups in the extent to which tobacco control is an ingrained component of society.

ACKNOWLEDGMENT

The Social Climate Survey and Smoking in America: 35 Years after the Surgeon General's Report was supported by funds from the Social Science Research Center at Mississippi State University. The Social Climate Survey of Tobacco Control is an attempt to contribute to the understanding of tobacco control through the introduction of an institutional-based perspective that stresses not simply individual variations in behaviors and attitudes, but rather attempts to use cross-sectional survey data for the measurement of societal norms, practices, and beliefs surrounding tobacco. This technique is primarily one of a shift in focus and interpretation rather than basic survey methodology.

The design of the survey instrument was based on an extensive review of extant instruments such as the California Adult Tobacco Survey and the Current Population Survey - Tobacco Supplement for the purposes of data set comparisons, supplemented by additional items needed to flesh out the social climate concept. The reliance on existing measurements was greatly enhanced by the review and excellent advice of Terri Pechacek and Gabrielle Starr of the Centers for Disease Control and Prevention (CDC). With their advice, we duplicated the CDC protocol for estimating tobacco prevalence. Also, Bernard Ellis and Associates brought together an outstanding, nationally recognized group of consultants who generously shared their assessments of early versions of the survey instrument. It has benefited greatly from the reviews by Elaine Bratic Arkin, Robert C. Hornik, William D. Novelli, John P. Pierce, K. Michael Cummings, Charles Ksir, Daniel E. McGoldrick, Cheryl L. Perry, and Bernard H. Ellis.

Ellen Jones and Sheila Keller, at the Mississippi State Department of Health, and Nicole Boyd and Kelly Dumas, at the Partnership for a Healthy Mississippi, have worked closely with us in the development of a social climate survey. In the Social Science Research Center, our colleagues Martin Levin, Alicia Falls, Lesli Hutchins, Caryn Dampier, Jay Ritchie, Jon Carr, Florence Walden Mannino, David McMillen, and Angie Williams made numerous, valuable contributions. Finally, Jeffrey Kosmacher and John McGauley of Gehrung Associates, and Maridith Geuder of University Relations at Mississippi State University have effectively helped to shape the final report.

ABOUT THE AUTHORS



Dr. Robert Cameron McMillen

*Ph.D., Social Psychology,
University of Georgia*
Assistant Research Professor, SSRC

Dr. McMillen is a Research Scientist with a specialty in attitude research and health-related issues; and has extensive experience with survey development, complex sampling methods, and variance estimation software. His research projects address tobacco control, community health, and end of life issues. Along with colleagues, Dr. McMillen has developed a Social Climate Approach to monitor the extent to which tobacco control is ingrained into our culture. This approach also allows researchers to identify regional and demographic disparities in support for tobacco control. Other current projects involve the development and analysis of the North Mississippi Health Services Community Health Assessment; and the survey of end of life issues -- such as advanced directives and organ donation.

Dr. McMillen also holds the position of Lecturer in the Department of Psychology at Mississippi State University, where he teaches courses in statistics, experimental design, and social psychology. Dr. McMillen is a graduate of Rhodes College in Memphis, Tennessee, and holds a Master of Science degree in experimental psychology from Mississippi State University and a Doctoral degree in social psychology from the University of Georgia.

ABOUT THE AUTHORS



Ms. Liesel Ashley Ritchie

M.A., History,
Mississippi State University
Research Fellow, Research
Scientist, and Coordinator of Decision
Support Laboratory, SSRC

For the past three years, Ms. Ritchie has served as Principal Investigator on a variety of diverse evaluation and research projects with the National Aeronautics and Space Administration and the Mississippi State Department of Health. In working with these and other organizations seeking improvement-oriented evaluation processes, she relies heavily on the Utilization-Focused Evaluation approach. Her current projects with NASA include evaluation of the Gulf Coast Education Initiative, evaluation and research for the Commercial Remote Sensing National Workforce Development Education and Training Initiative, the NASA/Stennis Space Center Mississippi Educator Awareness Survey, and the Human Exploration and Development of Space (HEDS) Enterprise national inventory of NASA education programs. In addition to her extensive work with NASA, Ms. Ritchie has recently completed the Benchmark Evaluation Report for the Mississippi Tobacco Pilot Program. This report provides the Mississippi State Department of Health with an overview of the state's efforts to prevent tobacco use among youth, as well as recommendations for future evaluation direction. Ms. Ritchie is also the Coordinator for the SSRC's Decision Support Laboratory, a face-to-face electronic meeting system designed to facilitate group processes using portable networked personal computers. In this position, she has had the opportunity to work with numerous organizations, including the City of Jackson, The Partnership for a Healthy Mississippi, Mississippi's Institutes of Higher Learning, the Dauphin Island Sea Lab, the Mississippi/Alabama Sea Grant Consortium, and Mississippi's Department of Marine Resources. Ms. Ritchie currently serves as Chair of the American Evaluation Association's Graduate Student Association. She is a two-time recipient of Vice President Al Gore's National Performance Review "Hammer Award" for her contributions to NASA's Education Programs, and has an excellent graduate assistant team.

ABOUT THE AUTHORS



Dr. Wolfgang Frese

*Ph.D., Development Sociology,
Cornell University*

Coordinator of SRU, and Research Fellow
and MAFES Scientist, SSRC;
and Professor of Sociology, Anthropology and
Social Work, MSU

Dr. Frese has served as Coordinator of Survey Research since the inception in 1982 of the Survey Research Unit in the Social Science Research Center. The Survey Research Unit has gone from a six telephone interviewing station, paper-and-pencil operation, to a 13 station computerized (CATI) telephone survey operation. The SRU also performs several mail surveys. The SRU conducts between 10 and 15 local, statewide, and national surveys a year for local, state, and federal agencies as well as for private corporations and individuals. In addition, the SRU helps fund an MSU student health practices survey every three years and a Mississippi poll at least every two years. The SRU facilities are also used for teaching purposes for both graduate and undergraduate students enrolled in Sociology and Political Science research methods classes. Prior to coming to MSU in 1972, Dr. Frese held professorial positions at Ithaca College and Alfred University. His research has been published in journals such as: American Educational Research Journal, American Sociological Review, College Student Journal, Deviant Behavior, Journal of Criminal Justice, Journal of Marriage and the Family, The Journal of Vocational Behavior, Social Psychology Quarterly, Sociological Forum, Sociology of Education, The Southern Journal of Educational Research, Southern Rural Sociology, and Urban Life. Dr. Frese is coauthor of two books, *The Rendezvous: A Case Study of An After-Hours Club* and *Making Life Plans: Race, Gender and Career Decisions*. His current research activities are focused on why people own firearms, farm crime, gambling, and student health practices.

ABOUT THE AUTHORS



Dr. Arthur G. Cosby

Ph.D., Sociology,

Mississippi State University

Director and Research Fellow, SSRC; and
Professor of Sociology, Anthropology and
Social Work, MSU

Dr. Cosby has served as Director of MSU's Social Science Research Center (SSRC) since 1985. During his term as Director, the SSRC has grown into a research enterprise with over 35 research fellows, over 65 sponsored research projects, and an annual budget of approximately \$6.4 million dollars. Within the SSRC, he has provided administrative support in establishing a state-of-the-art computer assisted telephone interview facility (Survey Research Unit or SRU), the Decision Support Laboratory (DSL), the Societal Monitor Laboratory (SML), a remote data facility (Delta Data Center), and the Secure Data Laboratory (SDL). Prior to his SSRC appointment, he was the head of the Department of Sociology, Anthropology and Social Work at MSU and Bailey Professor of Sociology. He has also served as MSU's Director of University Centers and Institutes.

Other academic positions have included professorial positions at Louisiana State University and Texas A&M University. He has served as Principal Investigator or Co-Principal Investigator on such research projects as The Southern Youth Study, The Career Decisions and Development of Rural Youth, The Delta Project, The Mississippi Adult Literacy Assessment, The Family Preservation and Support Services Project, The 1996 National Survey of Gaming and Gambling, The Commercial Geo-Spatial Electronic Journal, and The Overall Evaluation of the Mississippi Pilot Tobacco Control Project. He has served as associate editor of Rural Sociology and on the editorial board of Sociological Spectrum. Dr. Cosby is a member of numerous professional organizations and is past-President of the Mid-South Sociological Association. His research is published in Sociology Spectrum, Rural Sociology, Sociology and Social Research, Deviant Behavior, Sex Roles, Social Science Quarterly, Sociology of Work and Occupations, Youth and Society, Integrated Education, Journal of Vocational Behavior, Adolescence, Human Mosaic, Journal of College and University Personnel, and a number of applied publications. Dr. Cosby is the Executive Director of the Rural Health, Safety and Security Institute.

CHAPTER 1

INTRODUCTION AND METHODS

INTRODUCTION

What We Know About Tobacco Use

Beginning in 1964, a series of reports from the Office of the U.S. Surgeon General have synthesized researched-based knowledge about the health consequences of smoking and other forms of tobacco use. Efforts to highlight the negative effects of tobacco products commenced, beginning immediately with the Federal Cigarette Labeling and Advertising Act of 1965 followed by the Public Health Smoking Act of 1969. These activities initiated one of the most successful campaigns in the history of public health. Over the last several decades, an impressive body of health research has defined the health impacts of tobacco use on the American population. Few topics have been as carefully and thoroughly researched, and even fewer research findings have converged on such a consistent set of results.

These findings bring with them a clear message that use of tobacco products bring major negative health impacts. Cancer, cardiovascular diseases, and a number of other health problems have been linked to tobacco use (U.S. Department of Health & Human Services, 1982, 1983, 1984, 1985, 1990). The life span and quality of life of individuals throughout the country who use tobacco products – as well as nonsmokers in environments of second-hand smoke – have been substantially decreased (CDC, 1993; Thun, Day-Lally, Calle, Flanders, & Heath, 1995; U.S. Department of Health & Human Services, 1986). Perhaps most importantly, tobacco has been recognized as the primary cause of preventable death in the United States (U.S. Department of Health & Human Services, 1989).

And yet, there remains a substantial subculture that has remained untouched by these advances. Although there are some differences with respect to race/ethnicity, gender, and region, the magnitude of tobacco use in these subpopula-

tions is sufficiently large that practically no sector of the U.S. population escapes the impact of the problem. Reports on smoking prevalence of different subgroups from the 1998 National Health Interview Survey (CDC, 2000) show (a) slightly higher smoking rates for adult males (26.4 percent) than adult females (22.0 percent), (b) much higher smoking rates for adults with no high school diploma or GED (36.8 percent) versus those with a Bachelor's degree or higher (11.3 percent), (c) only slight differences in rates between African-American and white adults, and (d) higher rates for adults who live below the poverty level (32.3), compared with those who live above the poverty level (23.5 percent).

From a broad perspective, two general categories of public health approaches have emerged to reduce and limit the use of tobacco. The first of these is targeted for current users and involves a wide array of intervention approaches (U.S. Department of Health & Human Services, 1990). The second general category is the reduction and prevention of tobacco use. The most prevalent tobacco prevention programs are found in the public schools. Although evaluations of various individual school programs show inconclusive results as to the effectiveness of their influence on the desired outcome (a reduction in teen smoking), the results of four different meta-analyses have yielded similar results, which provide empirical evidence of efficacy of peer led prevention programs designed to develop skills to deal with the social influence of tobacco usage (Bruvold, 1993; Rooney, 1992; Rundall and Bruvold, 1988).

The Surgeon General's Report (U.S. Department of Health & Human Services, 1994) stressed that these

school-based programs, although important, need more sustained and comprehensive efforts to effect long-term change. Community, environmental, legislative, policy-based, and other social interventions are recommended to ensure success. Other recommended strategies for a comprehensive approach to tobacco prevention include increased tobacco prices, reduced access to and appeal of tobacco products, mass media campaigns and school-based tobacco use prevention programs, increased indoor smokefree environments, effective regulation of tobacco products, decreased use of tobacco products by role models, including parents and teachers, development and dissemination of effective youth cessation programs, and increased parental involvement and support (Best, Thomson, Santi, & Smith, 1988; Flay, 1985; Botvin, 1986). These messages introduced a process of societal change reflected in increased awareness and support for tobacco control.

No single factor is likely to emerge as the “magic bullet” that will lead to the near total prevention of tobacco use among youths. Rather, the literature taken collectively argues for a broad-based strategy that incorporates approaches at the individual, organizational, and societal levels. In somewhat simplified terms the prevention strategy would involve a change in the social climate -- a strategy that involves changes in beliefs, knowledge, as well as behaviors that are incorporated into an individual’s view of appropriate and acceptable behavior and to the rules and regulations that structure our organizations and ultimately in the manner in which we see tobacco use as a part of the social environment. The impetus for our social climate approach was derived, in part, from recent reports outlining these promising public health strategies to reduce and prevent the use of tobacco products (U.S. Department of Health & Human Services, 1989).

The Social Climate Approach

One suggested prevention strategy involves changes in the knowledge, normative beliefs, behaviors, and institutional practices that are incorporated into an

individual’s view of appropriate and acceptable behavior. The ultimate goals of these strategies are to denormalize tobacco use and to improve the social climate of tobacco control through social and political changes. Prevalence rates and per capita consumption measures are frequently the yardsticks with which tobacco control programs are evaluated. However, comprehensive tobacco control programs have moved toward logic models that incorporate intermediate desirable outcomes that focus on attitude and behavior change. To enhance the evaluation of progress toward these goals, we designed the Social Climate Survey to measure, and ultimately monitor the fundamental position of tobacco control in society.

We developed this Social Climate Approach as both an evaluation tool and as a research tool. As an evaluation tool, the annual Social Climate Survey provides the data necessary to monitor the social penetration of tobacco control over time. Data from this survey can also inform programmatic priority settings by identifying norms and practices that have resisted change efforts. To illustrate, tobacco control has successfully integrated itself into some aspects of the family institution but has had much less impact on the institution of recreation, sports, and leisure. In addition to the unevenness in the penetration of tobacco control across social institutions, the Social Climate Survey can also reveal disparities in the acceptance across demographic groups.

As a research tool, the Social Climate Survey allows researchers to examine the social influences of institutional practices, as well as peer and family influences, on an individual’s normative beliefs and decisions about tobacco use. Tobacco use is partially a socially motivated behavior. Indeed, research on tobacco use and prevention frequently highlights the social forces surrounding tobacco use (see Chassin, Presson, & Sherman, 1990 for a review), particularly the social influence stemming from peer groups (e.g., Evans et al., 1978; Flay et al., 1983; Glynn, 1989; Moskowitz, 1983). With regard to peer and parental practices, numerous studies have dem-

onstrated a significantly increased risk of smoking for adolescents with smoking parents or peers (e.g., Biglan, Duncan, Ary, & Smolkowski, 1995; Cresswell, Huffman, & Stone, 1970; Flay et al., 1983; Isohanni, Moilanen, & Rantakallio, 1991). It appears that norms and beliefs influence youth smoking as well. Research suggests an association between parental attitudes toward smoking and the increased risk of adolescent smoking (Newman & Ward, 1989). The norms and beliefs of friendship groups have also been linked to increased likelihood of youth smoking (Morgan & Grube, 1991). In recent years, researchers have recognized the need for theory driven research to integrate the extensive empirical evidence of the impact of peers and parents on the risk of youth cigarette smoking within a contextual framework (e.g., Duncan, Duncan, Biglan, & Ary, 1998; Tyas & Pederson, 1998).

One promising approach by researchers at the Oregon Research Institute has been to develop a social context model of substance use that integrates several parental practices and peer behavior variables (Biglan, Duncan, Ary, & Smolkowski, 1995; Duncan & Duncan, 1996; Duncan, Duncan, Biglan, & Ary, 1998; Duncan, Tildeley, Duncan, & Hops, 1995). As demonstrated through longitudinal studies that tracked substance use and risk factors, this social context model accounts for a significant amount of variation in the initiation and trajectory of substance use. To date, the social context model has focused primarily on individual risk factors such as family conflict/cohesion, parenting practices, associations with deviant peers, and peer substance use, as well as contextual characteristics such as socioeconomic status and crime rates.

Our social climate approach recognizes the additional need to address the cognitive and social influences of normative beliefs and institutional practices on decisions about tobacco, as well as addressing the impact of individual behavioral risk factors. Normative influence arises from the standards and rules shared by members of a group that guide and/or constrain behavior or through beliefs about what is an appropriate behavior. People form beliefs about a be-

havior by observing the behavior of other people, as well as through their beliefs about what other people think is appropriate behavior (Cialdini & Trost, 1998), i.e., people observe others in order to determine what behaviors are normative in a given situation (e.g., Sherif, 1935). The social climate is expected to vary across social and demographic groups, thereby leading people to experience different normative pressures. We assume that these social climate variations are an important element in terms of understanding tobacco use and as a means of studying the change in social norms surrounding tobacco.

An Institutional Perspective on Social Climate

Social scientists typically conceptualize societal changes as occurring through changes in social institutions, such as the family, school, work place, and government. As a fundamental component of a society, these social institutions emerge as clusterings of beliefs, norms, and practices. Moreover, beliefs, norms, and practices about tobacco use and tobacco control have evolved in each of these institutional areas which then shape the status of tobacco use in the social fabric of American society (see Figure 1).

In perhaps oversimplified terms, social scientists believe that there are fundamental needs that must be met in order for modern societies to persist. Social institutions emerge as clusterings of beliefs, norms, and practices to meet these needs. For example, the procreation and nurturing of children to replenish society requires the establishment of the institution of the family and friends; the need for production and distribution of goods and services requires the development of institutions of the economy and workplace; the need for learning and teaching requires the institution of education; the need for collective decision making and order requires the institution of government and politics;

the need to care for the sick and elderly requires an institution of health and medical care; the need for diversion and entertainment requires an institution of recreation, leisure, and sports; and finally, in the modern information world, the need for information requires the institution of mass culture and communication.

In each of these institutional areas, beliefs, norms and practices about tobacco use and tobacco control use have evolved. It is these institutional beliefs, norms, and practices that are the essence of the ingrained status of tobacco use in the fabric of American society. The Social Climate Survey is an effort to measure, and ultimately monitor the fundamental position of tobacco control and tobacco. A major research goal is to develop a set of survey questions that measure important aspects of tobacco control and tobacco use in each institution. There are several advantages to monitoring the status of the social climate of tobacco control across a number of these dimensions and then periodically conducting follow-up monitoring to assess the dynam-

ics of tobacco control. The focus on social climate may identify sociocultural and psychological factors related to vulnerabilities, and possibly resistance, with respect to tobacco use and addiction.

Tobacco control and tobacco use is not carried out in a vacuum. Youth and adults make choices about tobacco use in the social context of institutional beliefs, norms, and practices. The Social Climate Survey gives us a better understanding of the institutional circumstances in which these issues occur. Among other uses, the survey findings provide information about the degree to which a representative cross-section of Americans live in smokefree homes, move about in privately owned smokefree vehicles, work in smokefree environments, dine in smokefree restaurants, as well as, their attitudes and knowledge about a variety of other tobacco-related issues. It is also worth noting that all Americans do not share the same social context. To that end, the survey results have been carefully structured to allow comparisons of social climate circumstances between such major classifications as sex, race, education level, residence, age, and smoking status.

1

An Institutional Perspective of the Social Climate for Tobacco Control and Tobacco Use



METHODS

The concept and design of the Social Climate Survey were developed by a group of scientists at the SSRC. The Social Climate Survey measures the acceptability of tobacco use and the support for tobacco control in the following social institutions: family and friendship groups; education; workplace; government and political order; health and medical care; recreation, leisure and sports; and mass culture and communication.

The development of the survey was determined not only from a review of extant measurement instruments in the tobacco prevention research, but also from a panel of consultants who have substantial expertise in the various areas of tobacco control research. Comments and reviews were then solicited from other senior scientists at the SSRC, the MSDH, the CDC's Office of Smoking and Health, and a panel of expert consultants.

Scientists at the SSRC developed many of the items included in the survey. Others were selected from existing measurement instruments with established validity. That is, the Social Climate Survey includes items from the Behavioral Risk Factor Surveillance System, the Current Population Survey - Tobacco Use Supplement, and the California Adult Tobacco Survey.

Data Collection

Data collection for the 2000 U.S. Social Climate Survey was done via telephone interviews with a simple random sample of adults living in the United States (including Alaska and Hawaii). The data were collected in July of 2000 by the Survey Research Unit in the Social Science Research Center at Mississippi State University. Households were selected using random digit dialing procedures. (This includes households with unlisted numbers.) Within a household the adult to be interviewed was selected by asking to speak with the person in the household who is 18 years of age or older, and who will have the next birthday. Of the households contacted, 1,503 completed the interview and 504 (25.1) refused to participate. The sampling error (binomial questions with 50/50 split) for the total data set is no larger than ± 2.5 percent (95 percent confidence interval).

Sample Characteristics

Of the 1,503 respondents, 595 (39.6 percent) were male and 906 (60.3 percent) were female. The racial composition of the sample is as follows: white = 1,209 (80.4 percent), African American = 146 (9.7 percent), Asian or Pacific Islander = 25 (1.7 percent), American Indian or Alaskan Native = 15 (1.0 percent), other races = 3 (.2 percent), Hispanic (recoded from Other) = 69 (4.6 percent), and unknown (i.e., did not answer the question on race) = 36 (2.4 percent).

The sample was weighted by race and gender within each census region, based upon 1998 U.S. Census estimates to ensure that it is representative of the U.S. population. Characteristics of the original sample are compared with the weighted sample in Table 2. The results presented in this report are based on the weighted sample; the maximum sampling error for each subpopulation is presented in Table 3.

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Comparison of Characteristics of the Original and Weighted Samples			
Sample Characteristic		Original Sample	Weighted Sample
Rural/Urban	Rural	30.6	29.7
	Urban	69.4	70.3
Region	Northeast	18.4	18.8
	Midwest	24.4	22.6
	South	39.6	35.4
	West	17.6	23.2
Smoking Status	Non-Smoker	76.1	75.9
	Smoker	23.9	24.1
Gender	Male	39.6	49.5
	Female	60.3	50.4
	Unknown (refused to answer)	.1	.1
Race	White	80.4	76.5
	African American	9.7	11.8
	Asian or Pacific Islander	1.7	2.7
	American Indian or Alaskan Native	1.0	1.8
	Other Race	.2	.2
	Hispanic (recoded from other)	4.6	4.6
	Unknown (refused to answer)	2.4	2.4
Age	18-24 years of age	11.6	12.0
	25-44 years of age	36.4	37.2
	45-64 years of age	34.1	33.8
	65 years of age and older	17.9	17.0
Education	Not a high school graduate	9.4	9.1
	High school graduate	31.7	30.6
	Some college	25.2	25.7
	College graduate	33.7	34.6

Presentation

This report provides a substantial array of descriptive information that can be used to depict many important social and cultural dimensions of tobacco use and tobacco control. Note that estimates exclude respondents who chose not to answer the question or responded, “Don’t know.” Each chapter provides summary information on one social institution and a series of tables for each variable in that particular social institution. Estimated statistics are provided for the total sample population, and by rural/urban status, regional status, smoking status, sex, race, age, and education. Each response variable was regressed on this set of demographic variables. The effect of each demographic variable was tested against the full regression model in order to detect differences by rural and urban residence, regional status, smoking status, sex, race, age, and education.

Respondents who described their place of residence as a) a farm, b) rural, but not on a farm, c) a town under 2,500 population were classified as rural. Respondents who described their place of residence as a town or a city larger than 2,500 were classified as urban. FIPS codes were used to determine the state in which a respondent resided. States were categorized into the four census regions: northeast, midwest, south, and west. Smoking status was determined by the protocol used by the Behavioral Risk Factor Surveillance System (BRFSS) and the National Health Interview Survey (NHIS). Respondents who reported smoking at least 100 cigarettes in their entire lifetime and currently smoked everyday or some days were classified as current smokers. Finally, age and education categories mirror those used by the BRFSS.

Heuristic Classification Scheme

There are social science principles that can be introduced to both improve and refine the interpretation of the survey results. Social scientists are keenly aware that norms, practices, and beliefs (in this case, tobacco use and tobacco control) can occur at various degrees of acceptance. More to the point, a governmental norm such as regulating tobacco as a drug can vary between societal groups and over time. In the 1960s, few Americans would have indicated that tobacco should be regulated as a drug, while today our survey indicates about 60 percent maintain such a position. Acceptance can also vary at the same time across cultural groups. For example, Europeans may be less likely to endorse the norm of regulating tobacco as a drug compared to extant norms reflected in the U.S. estimates.

The following heuristic approach has been developed to assist in interpreting these norms, practices, and beliefs. There are certain norms, practices, and beliefs that are so widely accepted within a society that they can be said to be universal in their acceptance. Practically all respondents maintain that smoking should be banned in child care centers; hence, this norm can easily be treated as a universal norm. Americans who believe

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Weighted Sample Size and Maximum Sampling Error

Sample Characteristic		Weighted Sample Size	Maximum Sampling Error (Binomial Items with a 50/50 Split)
Rural/Urban	Rural	447	4.6
	Urban	1,055	3.0
Region	Northeast	282	5.8
	Midwest	339	5.3
	South	532	4.2
	West	348	5.3
Smoking Status	Non-Smoker	1,140	2.9
	Smoker	362	5.2
Gender	Male	743	3.6
	Female	757	3.6
Race	White	1,149	2.9
	African American	177	7.4
Age	18-24 years of age	181	7.3
	25-44 years of age	558	4.1
	45-64 years of age	508	4.3
	65 years of age and older	255	6.1
Education	Not a high school graduate	134	8.5
	High school graduate	449	4.6
	Some college	378	5.0
	College graduate	509	4.3

that individuals should be allowed to smoke in a day care or who would actually engage in the practice of smoking in a day care center would typically be seen as odd, peculiar, or even deviant with regard to this issue. Such universal norms are powerful influences on behavior and help us define the appropriateness of our actions. For sake of convenience, in organizing the Social Climate Survey data, percentage endorsements of 85 percent or greater were used to classify responses as universal norms, practices, and beliefs.

In modern complex society, many norms, practices, and beliefs are not universally held. Some norms, practices, and beliefs are endorsed by a predominance of societal members and hence, represent a very strong and substantial influence. These predominant norms, practices, and beliefs, for the purpose of this study, refer roughly to acceptance in the range between 65 and 84 percent.

In the predominant category, there is both a clear majority of members endorsing the specific normative issue but there is also a definite identifiable minority who hold contrasting and usually contradictory positions. In a dynamic society such as the United States, norms, practices, and beliefs are often in rapid transition. In such instances of rapid change, we can find a great deal of divergence and differences in individual acceptance of normative structures. When norms, practices, and beliefs are roughly divided among the members of society, they are essentially contested. As tobacco use transitions from being generally acceptable to substantially less acceptable, once marginal are now more likely to be predominant or at least contested norms, practices, and beliefs.

Heuristic Classification Scheme for Assessing the Societal Dominance of Normative Beliefs, Health Beliefs, and Practices	
Universal	Universal normative beliefs, health beliefs, and practices Held by the overwhelming majority of society members: 85-100%
Predominant	Predominant normative beliefs, health beliefs, and practices Held by a pre-dominance of society members: 65-84%
Contested	Contested normative beliefs, health beliefs, and practices Held by half of society members: 35-64%
Marginal	Marginal normative beliefs, health beliefs, and practices Held by 0-34% of society members

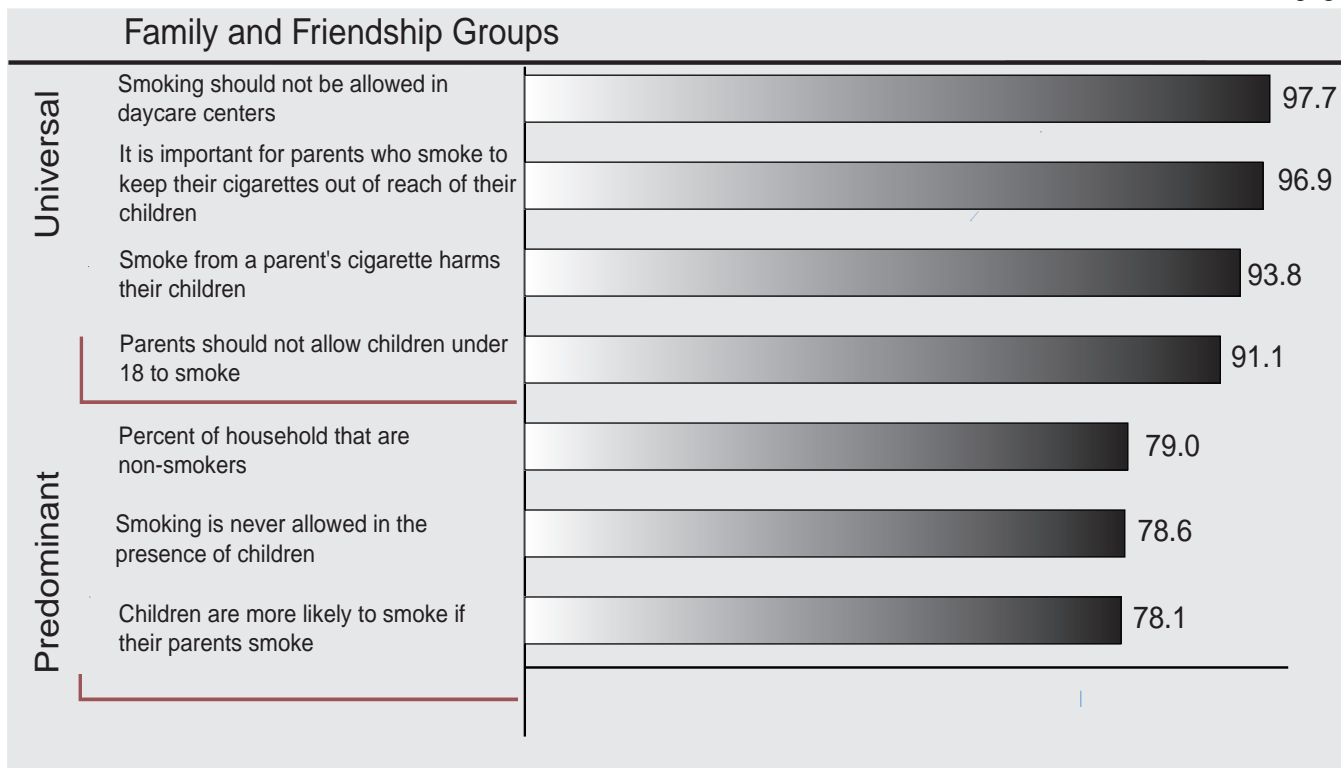
CHAPTER 2

FAMILY AND FRIENDSHIP GROUPS

There are strong and consistent norms for controlling access and availability of tobacco products to the youth population. In practically every assessment where age was either explicitly stated or implied, the survey indicated that universal or predominant normative structures were deeply ingrained in the social and cultural fabric of the United States. To illustrate, norms associated with bans on smoking in day care centers, norms on age restrictions of tobacco use, and the belief that second-hand smoke from a parent's cigarette is harmful to children were universally endorsed. This support for tobacco control within the household did not, however, extend to restrictions on youth exposure to tobacco. More than 30 percent of households permit smoking in some parts of the home, as well as permit smoking in the family vehicle. A quarter of adults believe that it is acceptable to smoke in the presence of children, and nearly as many adults allow people to do so in their home. Finally, less than half of households view tobacco use as very unacceptable.

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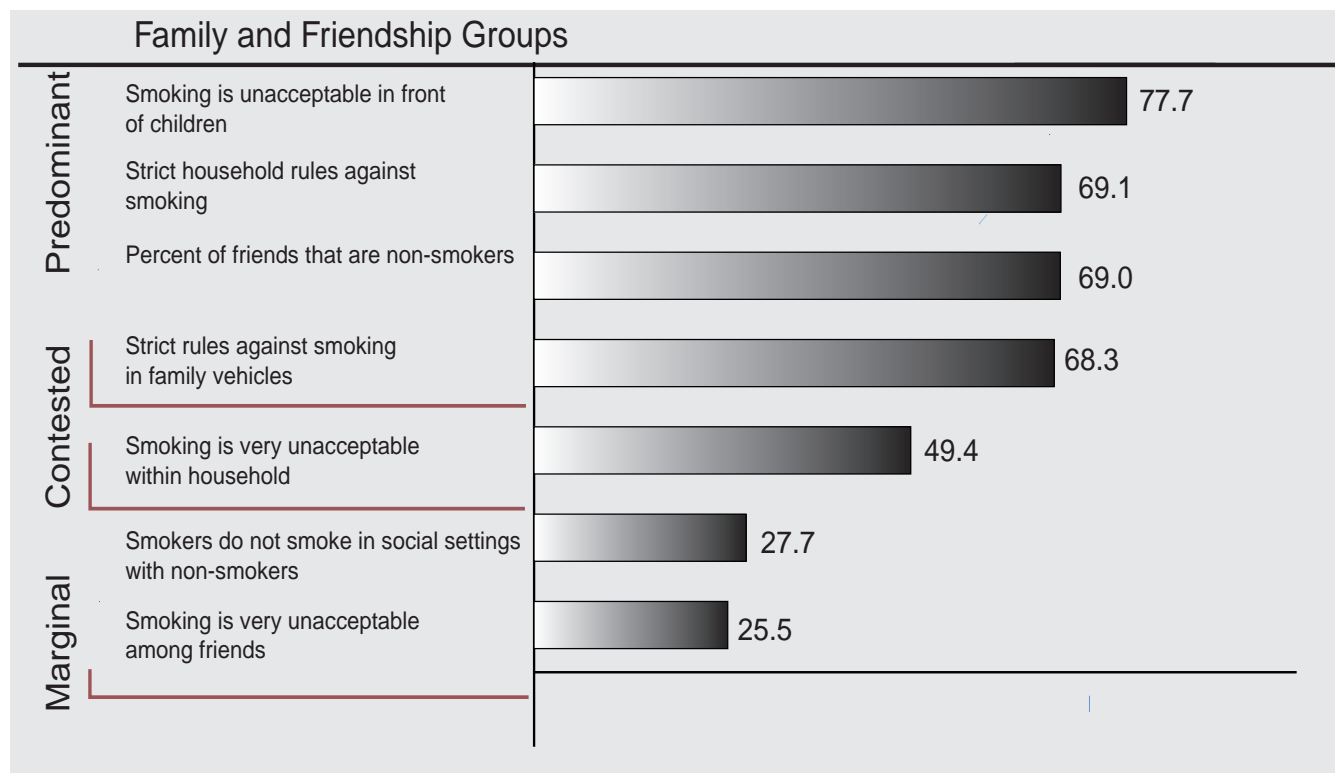


Percentage of Respondents Who Support Each Norm, Practice, or Belief

Tobacco control and restrictions among friendship groups appear to be less ingrained than within the household. On average, American adults report that 21 percent of their friends smoke cigarettes, while only 25.4 percent report that tobacco use is very unacceptable among their friends. Moreover, very few people report that their smoking friends refrain from exposing their nonsmoking friend to secondhand smoke.

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Percentage of respondents who support normative beliefs, recognize health risks, or report restrictions on tobacco use.

Detailed Tables

- With the exception of smokers, most Americans live in households which do not allow smoking in the home and family vehicles.
- American adults report that the majority of their close friends do not smoke – again, smokers are the one exception.
- Although most American adults believe that youth should be restricted from smoking and protected from second-hand smoke in the home, these beliefs are stronger in nonsmokers than smokers. Also, respondents with higher levels of education hold these beliefs more strongly than respondents with less education.
- Among friendship groups, tobacco control practices are the strongest among western respondents.

Household Rules About Smoking			
"Which of the following best describes your household's rules about smoking?"			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Smoking is allowed in all parts of the home	Smoking is allowed in some parts of the home	Smoking is not allowed in any part of the home
Total	18.5	12.4	69.1
Rural	19.7	11.9	68.4
Urban	17.9	12.6	69.4
Northeast	17.8	14.2	68.0
Midwest	25.1	11.2	63.7
South	18.8	13.7	67.5
West	12.1	10.1	77.8
Nonsmoker	7.4	10.5	82.1
Smoker	53.3	18.2	28.5
Male	17.7	13.2	69.1
Female	19.3	11.6	69.0
White	19.3	12.3	68.4
African American	21.3	15.2	63.5
18-24 years of age	14.4	16.0	69.6
25-44 years of age	18.3	12.6	69.1
45-64 years of age	20.9	11.2	67.9
65 years of age and older	16.9	11.8	71.3
Not a high school graduate	24.8	15.8	59.4
High school graduate	21.1	14.0	64.9
Some college	21.7	9.8	68.5
College Graduate	12.2	11.4	76.3
Note: 0.1 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.			

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The majority of households place at least some restrictions on smoking within the home - 81.5 percent. Smokers are the one exception; more than 50 percent of smokers place no restrictions on smoking in the home. Note, also, that there are regional differences. People in the western region are less likely to allow smoking in their homes than people in other regions of the United States.¹

¹ See Table 3 for maximum confidence intervals. Also, see the methods section for discussion of comparison analyses.

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Smoking In The Presence of Children			
“In your home, is smoking in the presence of children always allowed, sometimes allowed, or never allowed?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Always allowed	Sometimes allowed	Never allowed
Total	8.5	12.9	78.6
Rural	10.3	14.1	75.6
Urban	7.7	12.5	79.8
Northeast	4.8	14.1	81.0
Midwest	10.5	15.1	74.4
South	8.8	12.7	78.5
West	8.8	10.3	80.9
Nonsmoker	3.9	8.6	87.5
Smoker	23.1	26.8	50.1
Male	9.1	12.0	78.9
Female	7.9	13.9	78.3
White	9.4	13.5	77.1
African American	7.0	15.7	77.3
18-24 years of age	5.6	10.1	84.3
25-44 years of age	8.5	15.3	76.2
45-64 years of age	10.8	13.8	75.4
65 years of age and older	6.2	7.8	86.0
Not a high school graduate	10.0	15.4	74.6
High school graduate	13.0	16.4	70.5
Some college	7.3	13.3	79.4
College graduate	4.9	8.8	86.3

Note: 3.2 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

The majority of American households do not allow smoking in the presence of children -78.6 percent. Smokers are the one exception, only 50.1 percent of smokers never allow smoking in the presence of children. Note, also, that there are differences across age groups and education levels. Young adults and older adults are more likely to restrict smoking, as are individuals with higher levels of education.

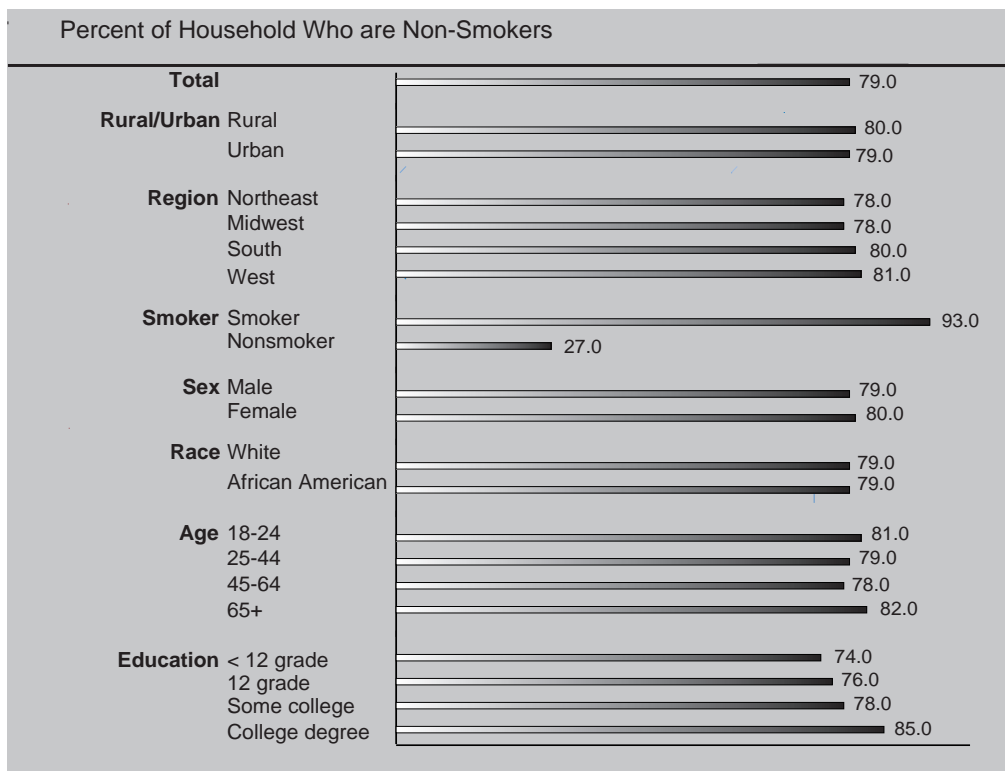
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Smoking In The Family Vehicle			
“Is smoking in the family vehicle always allowed, sometimes allowed, or never allowed?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Always allowed	Sometimes allowed	Never allowed
Total	14.9	16.8	68.3
Rural	17.1	14.2	68.7
Urban	14.1	17.9	68.0
Northeast	11.3	18.9	69.8
Midwest	21.1	16.0	62.9
South	15.7	16.8	67.5
West	10.7	15.9	73.5
Nonsmoker	5.5	12.5	82.0
Smoker	45.1	30.5	24.4
Male	16.0	16.5	67.5
Female	13.9	17.2	68.9
White	15.9	17.0	67.1
African American	15.0	20.8	64.2
18-24 years of age	9.6	23.6	66.9
25-44 years of age	16.5	16.4	67.1
45-64 years of age	17.2	16.8	66.0
65 years of age and older	10.4	12.9	76.7
Not a high school graduate	23.7	14.5	61.8
High school graduate	18.8	18.5	62.7
Some college	15.2	19.5	65.3
College graduate	9.3	14.8	75.9

Note: 0.8 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

A solid majority of American adults ban smoking in their family vehicles. More than 68 percent of respondents report that smoking is never allowed in their cars. This majority is stable across demographic categories, although there are regional, age, and educational variations, as well differences between smokers and non-smokers.

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Two questions were used to calculate the percent of household members who smoke. The number of smokers in the household was divided by the total number of household members, then multiplied by 100. Note that most people live in households with a high percentage of nonsmokers, and that this percentage increases with the education level of the respondent. Smokers represent an expected departure from this tendency.

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Acceptability of Tobacco Use in the Household				
"Within your household, would you say that tobacco use is very acceptable, somewhat acceptable, somewhat unacceptable, or very unacceptable?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Very acceptable	Somewhat acceptable	Somewhat unacceptable	Very unacceptable
Total	13.1	19.7	17.8	49.4
Rural	16.3	13.0	14.1	49.7
Urban	11.7	20.0	19.4	49.3
Northeast	9.7	20.1	21.6	48.6
Midwest	16.3	21.4	16.6	45.8
South	13.3	19.2	16.8	50.7
West	12.3	18.4	17.5	51.8
Nonsmoker	4.2	14.8	18.7	62.3
Smoker	40.9	35.3	14.8	9.0
Male	13.3	21.6	17.8	47.5
Female	13.0	18.0	18.0	51.1
White	14.0	20.5	18.4	47.2
African American	12.5	16.5	15.9	55.1
18-24 years of age	9.5	26.3	22.3	41.9
25-44 years of age	13.9	20.3	18.4	47.4
45-64 years of age	14.0	19.0	15.6	51.5
65 years of age and older	12.0	15.2	18.0	54.8
Not a high school graduate	16.0	19.1	13.0	51.9
High school graduate	13.8	24.4	17.0	44.8
Some college	17.1	16.5	19.7	46.7
College graduate	8.8	17.3	18.5	55.4

Note: 1.6 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

Although about two-thirds of American adults report that tobacco use is at least somewhat unacceptable in their household, and almost half report that it is very unacceptable, support for this norm against tobacco use does vary across demographic groups. African Americans are more likely than white respondents to view tobacco use as unacceptable in their household, and females are also more supportive of this norm than males. The likelihood that a person supports this norm also increases with age.

Only a very small minority of American adults think that smoking should be allowed in day care centers. Although only a trivial percentage of respondents agreed that smoking should be allowed in day care centers, there were differences in level of agreement between smokers and nonsmokers and across educational levels - people who had not attended college were more likely to agree than people who had attended at least some college

Smoking In Daycare Centers				
"Smoking should be allowed in daycare centers. Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	0.9	1.3	26.9	70.8
Rural	0.7	1.6	30.0	67.7
Urban	1.1	1.2	25.6	72.1
Northeast	0.7	1.1	28.7	69.5
Midwest	1.8	1.5	29.9	66.9
South	0.6	1.3	24.9	73.2
West	0.9	1.4	25.8	71.9
Nonsmoker	1.0	0.6	22.6	75.8
Smoker	0.8	3.6	40.6	54.9
Male	0.5	1.6	31.0	66.8
Female	1.5	1.2	22.8	74.6
White	0.8	1.7	26.3	71.3
African American	1.7	0.6	27.7	70.1
18-24 years of age	0.6	1.7	25.3	72.5
25-44 years of age	0.4	1.6	26.4	71.6
45-64 years of age	1.2	1.6	26.2	71.0
65 years of age and older	2.0	0.4	30.5	67.1
Not a high school graduate	1.5	2.2	34.3	61.9
High school graduate	2.0	1.6	32.7	63.7
Some college	0.8	0.8	25.1	73.3
College graduate	0.2	1.4	20.9	77.5

Note: 0.9 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

Most American adults believe that smoking should not be allowed in the presence of children, although support for this norm varied across several demographic groups. Nonsmokers support this norm more than smokers, females support the norm more than males, and support for this norm increases with education level.

Acceptability of Parents Smoking in Front of Children				
"It is acceptable for parents to smoke in front of children. Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	1.0	21.3	43.6	34.1
Rural	1.0	22.4	41.1	35.6
Urban	1.0	20.8	44.8	33.5
Northeast	1.5	16.7	47.3	34.5
Midwest	0.3	29.4	38.0	32.3
South	0.4	19.4	46.4	33.8
West	2.1	20.2	41.9	35.8
Nonsmoker	1.0	14.0	44.7	40.3
Smoker	0.9	44.7	40.3	14.1
Male	1.1	23.5	46.6	28.8
Female	0.8	19.1	40.8	39.2
White	0.8	24.0	41.7	33.5
African American	1.1	14.4	53.4	31.0
18-24 years of age	0.0	14.0	49.7	36.3
25-44 years of age	0.2	22.8	42.9	34.1
45-64 years of age	1.9	24.8	40.7	32.6
65 years of age and older	1.7	16.3	46.3	35.8
Not a high school graduate	0.8	21.0	50.8	27.4
High school graduate	1.6	23.1	45.8	29.4
Some college	0.6	21.6	43.5	34.3
College graduate	1.0	19.6	40.2	39.2

Note: 5.5 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

Very few American adults think that children under the age of 18 should be allowed to smoke. Smokers, however, support parental restriction less than non-smokers. Note also that people with higher levels of education support parental restrictions more than people with less education, and that middle-aged adults are less supportive than older and younger adults.

Should Parents Allow Children to Smoke Cigarettes				
"Parents should not allow children under the age of eighteen to smoke cigarettes. Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	41.6	49.5	6.7	2.2
Rural	39.2	49.9	9.1	1.8
Urban	42.6	49.4	5.6	2.4
Northeast	39.6	52.5	5.0	2.9
Midwest	41.6	47.9	7.5	3.0
South	42.0	50.8	5.4	1.9
West	42.9	46.8	9.1	1.2
Nonsmoker	44.9	47.0	6.0	2.1
Smoker	31.4	57.4	8.6	2.6
Male	38.9	51.9	7.3	1.9
Female	44.2	47.3	5.9	2.6
White	41.4	49.5	7.2	1.9
African American	41.6	51.1	3.9	3.4
18-24 years of age	41.0	44.9	11.2	2.8
25-44 years of age	47.2	45.7	4.4	2.7
45-64 years of age	41.1	51.2	5.4	2.2
65 years of age and older	30.8	57.6	10.8	0.8
Not a high school graduate	31.3	56.5	10.7	1.5
High school graduate	38.4	50.2	8.4	3.0
Some college	40.4	50.5	6.7	2.4
College graduate	48.5	46.3	4.0	1.2

Note: 2.1 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

Virtually all American adults recognize the health risks of parental smoking on children. There are, however, some knowledge differences across demographic groups. Females are more likely to recognize the health risks than males, as are individuals with higher levels of education. Finally, smokers are less likely than nonsmokers to recognize the risks.

Beliefs about Health Effects of Parent's Cigarette Smoke on Children				
"Inhaling smoke from a parent's cigarette harms the health of babies and children. Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	43.8	50.0	4.7	1.5
Rural	41.2	51.3	5.6	1.9
Urban	44.8	49.5	4.3	1.4
Northeast	43.4	50.7	3.3	2.6
Midwest	38.8	56.9	3.7	0.6
South	46.5	47.7	4.5	1.2
West	44.8	46.3	7.1	1.8
Nonsmoker	48.9	47.1	2.9	1.2
Smoker	26.6	60.0	10.7	2.7
Male	39.8	53.8	4.5	1.8
Female	47.4	46.5	4.9	1.2
White	44.8	49.2	4.4	1.6
African American	41.6	53.2	5.2	0.0
18-24 years of age	46.1	50.0	2.2	1.7
25-44 years of age	45.6	48.7	4.1	1.7
45-64 years of age	44.1	49.1	5.8	1.0
65 years of age and older	36.5	55.2	6.2	2.1
Not a high school graduate	30.2	63.6	3.9	2.3
High school graduate	35.3	58.0	5.3	1.4
Some college	44.8	48.3	4.1	2.8
College graduate	54.7	40.2	4.7	0.4

Note: 3.8 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

15

A substantial majority of adults believe that children of smokers are at risk of becoming smokers. However, there are demographic differences in agreement. White respondents perceive more risk than African American respondents. Smoking status and education level are also associated with risk perceptions.

Beliefs about Risk of Children Smoking if Parents are Smokers				
“Children are more likely to smoke if parents are smokers. Do you strongly agree, agree, disagree, or strongly disagree?”				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	25.6	52.5	19.4	2.4
Rural	21.7	57.4	18.6	2.4
Urban	27.3	50.4	19.9	2.4
Northeast	27.7	55.4	16.2	0.8
Midwest	22.5	53.3	21.9	2.3
South	27.0	49.4	20.3	3.3
West	24.7	54.4	18.4	2.5
Nonsmoker	29.7	53.5	14.9	1.9
Smoker	13.1	49.3	33.8	3.9
Male	25.5	53.5	18.2	2.7
Female	25.7	51.4	20.8	2.1
White	27.2	52.6	17.5	2.7
African American	14.3	52.4	31.5	1.8
18-24 years of age	23.1	50.3	23.1	3.6
25-44 years of age	28.3	49.7	19.5	2.5
45-64 years of age	26.5	52.9	18.1	2.5
65 years of age and older	20.0	59.6	19.6	0.9
Not a high school graduate	15.9	56.3	26.2	1.6
High school graduate	17.2	57.7	22.5	2.6
Some college	24.3	53.1	19.7	2.9
College graduate	36.7	47.3	14.6	1.5

Note: 7.2 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

16

The vast majority of American adults agree that it is important for parents who smoke to keep their cigarettes out of reach of their children. Agreement, however, is stronger for nonsmokers than smokers, females than males, and individuals with higher levels of education.

Importance of Keeping Cigarettes Out of Children's Reach				
“It is important for parents who smoke to keep their cigarettes out of reach of their children. Do you strongly agree, agree, disagree, or strongly disagree?”				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	45.3	51.6	2.6	0.6
Rural	45.7	50.2	3.8	0.2
Urban	45.0	52.1	2.1	0.8
Northeast	47.8	50.0	1.8	0.4
Midwest	44.3	52.7	2.4	0.6
South	44.9	51.3	3.2	0.6
West	44.6	52.2	2.3	0.9
Nonsmoker	48.8	48.9	1.9	0.4
Smoker	33.7	59.9	5.0	1.4
Male	41.7	53.5	4.1	0.7
Female	48.5	49.7	1.2	0.7
White	45.2	51.8	2.5	0.5
African American	47.5	45.8	5.6	1.1
18-24 years of age	40.2	55.3	3.9	0.6
25-44 years of age	49.8	47.3	2.2	0.7
45-64 years of age	43.8	52.6	2.8	0.8
65 years of age and older	41.7	56.0	2.0	0.4
Not a high school graduate	32.3	63.9	3.8	0.0
High school graduate	37.6	60.0	2.0	0.4
Some college	46.2	47.7	5.0	1.1
College graduate	55.2	43.6	0.8	0.4

Note: 1.0 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

17

Only slightly more than half of American adults report that tobacco use is at least somewhat unacceptable among their friends. However, the acceptability of tobacco use among friends is lower among respondents in the western region and among older respondents. Not surprisingly, tobacco use is the most acceptable among smokers.

Acceptability of Tobacco Use among Friends				
“Among your friends, would you say that tobacco use is very acceptable, somewhat acceptable, somewhat unacceptable, or very unacceptable?”				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Very acceptable	Somewhat acceptable	Somewhat unacceptable	Very unacceptable
Total	15.7	33.5	25.3	25.5
Rural	17.5	31.8	24.5	26.2
Urban	14.9	34.3	25.7	25.1
Northeast	12.2	35.4	32.8	19.6
Midwest	18.8	35.3	24.0	21.9
South	16.0	35.1	23.3	25.6
West	14.9	27.8	23.6	33.7
Nonsmoker	8.4	29.6	29.9	32.0
Smoker	38.0	45.9	11.0	5.1
Male	18.5	36.5	25.5	19.6
Female	12.9	30.7	25.1	31.3
White	15.9	34.1	26.6	23.4
African American	15.2	39.4	13.3	32.1
18-24 years of age	22.7	37.2	22.1	18.0
25-44 years of age	17.6	37.8	25.7	18.9
45-64 years of age	15.3	30.6	26.7	27.3
65 years of age and older	6.7	27.5	24.2	41.7
Not a high school graduate	20.2	31.8	14.7	33.3
High school graduate	21.2	36.5	18.1	24.2
Some college	16.8	35.5	24.7	23.0
College graduate	8.2	31.0	35.3	25.5

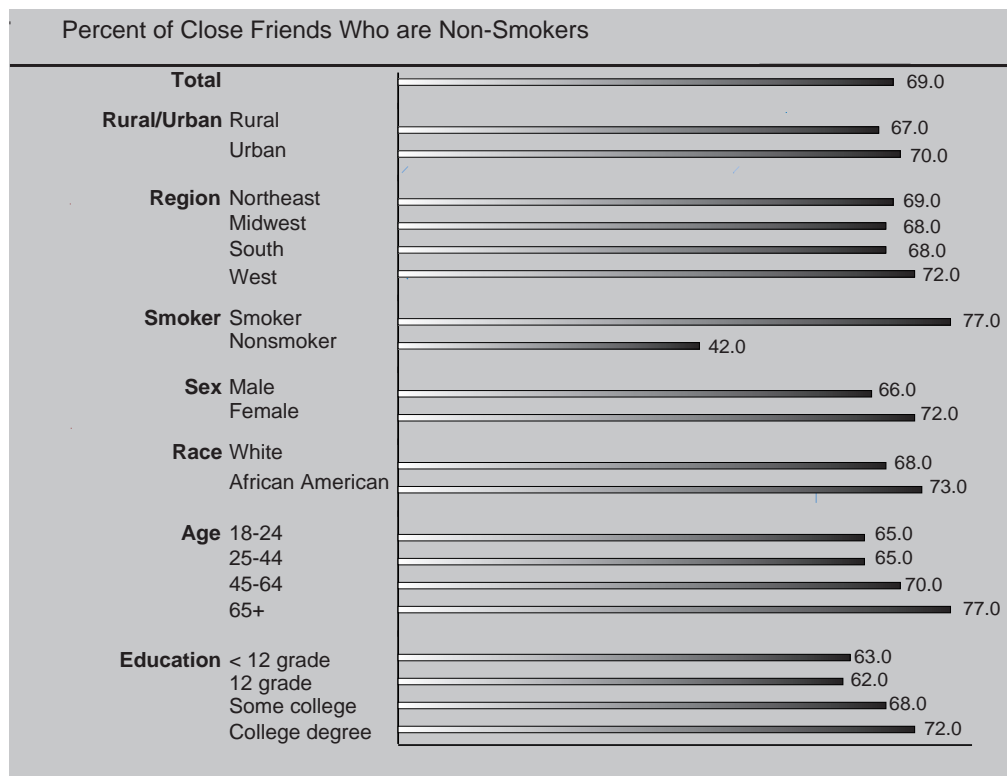
Note: 4.0 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

18

About 27 percent of American adults report that their smoking friends always refrain from smoking when socially interacting with nonsmoking friends. Again, western respondents are more likely to report that their friends support this practice, as are older respondents.

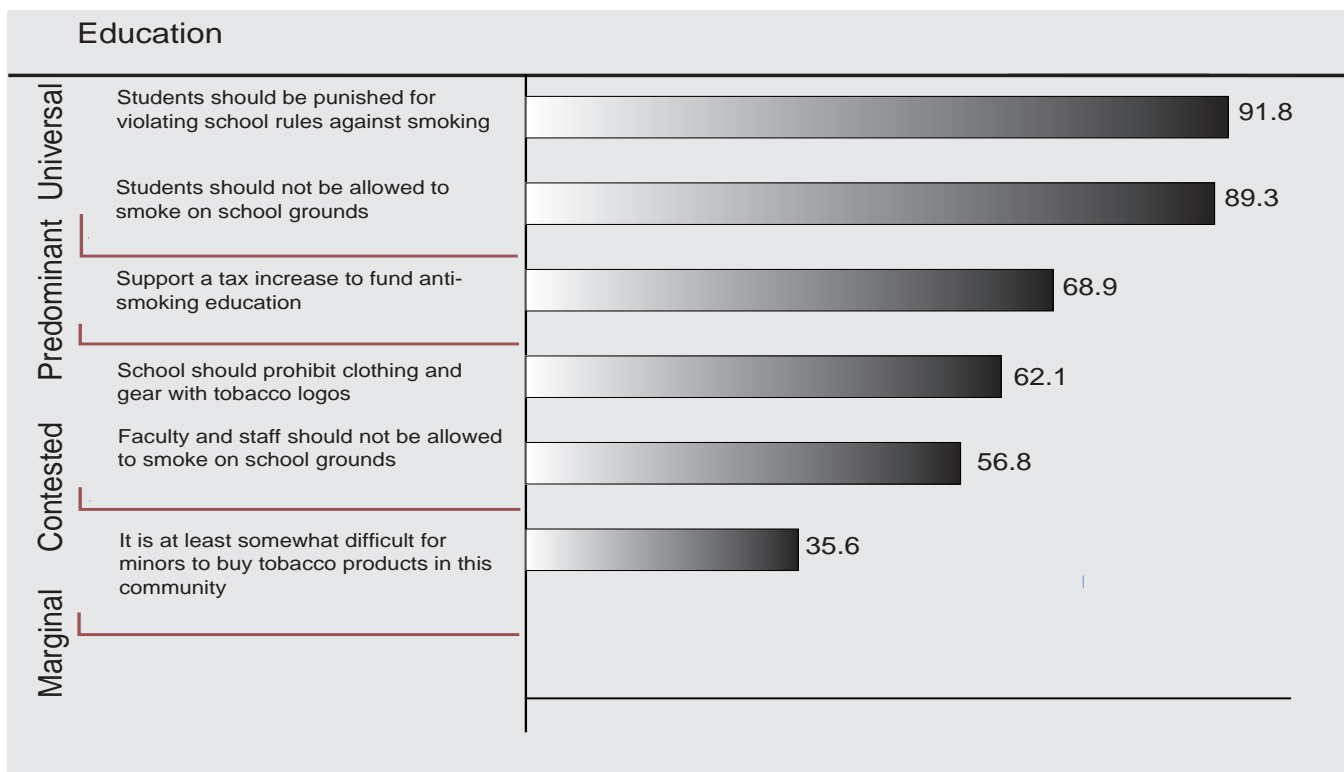
Do Friends who are Smokers Smoke in Social Settings with Non-Smokers			
“In social settings where there are smokers and nonsmokers, do your friends who are smokers always refrain from smoking, sometimes refrain from smoking, or never refrain from smoking?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Always refrain	Sometimes refrain	Never refrain
Total	27.7	54.6	17.7
Rural	27.3	54.4	18.2
Urban	28.0	54.6	17.4
Northeast	24.3	59.7	15.9
Midwest	26.2	53.8	19.9
South	26.2	54.1	19.7
West	34.7	51.9	13.4
Nonsmoker	31.4	52.8	15.8
Smoker	18.1	59.2	22.7
Male	25.3	56.3	18.4
Female	30.6	52.6	16.8
White	27.7	56.2	16.1
African American	25.8	46.9	27.3
18-24 years of age	21.1	56.4	22.4
25-44 years of age	21.7	57.6	20.6
45-64 years of age	31.1	55.1	13.8
65 years of age and older	41.2	44.4	14.4
Not a high school graduate	26.2	48.5	25.2
High school graduate	28.4	52.7	18.9
Some college	25.6	56.1	18.3
College graduate	29.2	56.8	14.0

Note: 19.2 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.



Two questions were used to calculate the percent of close friends who smoke. The number of close friends who smoke was divided by the total number of close friends, then multiplied by 100. It is not surprising that people who smoke report having almost twice as many close friends who smoke than nonsmoking respondents. There are also gender, race, and education differences.

Support for limiting tobacco access to youth is also found within the educational institution. Norms associated with banning tobacco use in schools and punishing youth for violating these rules are universally supported. Norms supporting tobacco taxes to fund prevention education and prohibiting tobacco logos in school are classified as predominant normative structures. However, respondents make an alarming distinction between the acceptability of tobacco use in schools by students and by adults, in that the second category is contested across society. By applying a separate pattern of norms and practices for youth and adults, adults imply a particularly seductive message to youth that tobacco use is an adult behavior.



Percentage of respondents who support normative beliefs, recognize health risks, or report restrictions on tobacco use.

Detailed Tables

- Almost all American adults believe that students should not be allowed to smoke on school grounds; however, only a slim majority believe that faculty and staff should not be allowed to smoke on school grounds.
- Most adults agree that schools should prohibit students from wearing and bringing gear with tobacco logos to school.
- In general, females are more supportive of many aspects of tobacco control in the educational institution than males, and nonsmokers are typically more supportive than smokers.

Student Smoking on School Grounds			
"In schools, do you think that students should be allowed to smoke?"			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	In all Areas	Some Designated Areas	Never Allowed
Total	0.1	9.8	89.3
Rural	0.2	10.1	89.7
Urban	0.1	9.8	90.1
Northeast	0.0	9.9	90.1
Midwest	0.3	7.4	92.3
South	0.2	9.1	90.7
West	0.0	13.4	86.6
Nonsmoker	0.1	8.1	91.8
Smoker	0.3	15.0	84.7
Male	0.3	12.4	87.4
Female	0.0	7.2	92.8
White	0.2	10.3	89.5
African American	0.0	10.7	89.3
18-24 years of age	1.1	14.8	84.1
25-44 years of age	0.0	12.4	87.6
45-64 years of age	0.0	7.7	92.3
65 years of age and older	0.0	5.1	94.9
Not a high school graduate	0.0	6.0	94.0
High school graduate	0.2	10.2	89.6
Some college	0.3	10.1	89.6
College graduate	0.0	10.3	89.7
Note: 0.8 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.			

21

Americans generally believe that students should never be allowed to smoke in schools. An overwhelming majority of respondents - almost 90 percent - answer that students should never be allowed to smoke in schools. There are, however, slight differences in support for this norm across certain social groups. Although all groups strongly support this norm, females are more supportive than males, nonsmokers are more supportive than smokers, and people 65 years of age and older are more supportive than younger adults.¹

¹ See Table 3 for maximum confidence intervals. Also, see the methods section for discussion of comparison analyses.

22

Americans are much less supportive of restricting cigarette smoking by adults on school grounds. Only 56.8 percent answer that faculty and staff should never be allowed to smoke in schools. Support for this norm tends to vary across social groups. Females are more supportive than males, nonsmokers are more supportive than smokers, people with a college education are more supportive than people who did not attend at least some college, and people 65 years of age and older are more supportive than younger adults.

Faculty and Staff Smoking on School Grounds			
“In schools, do you think that faculty and staff should be allowed to smoke?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	In all Areas	Some Designated Areas	Never Allowed
Total	0.4	42.8	56.8
Rural	0.7	40.8	58.5
Urban	0.3	43.6	56.1
Northeast	0.0	42.3	57.7
Midwest	0.6	40.0	59.4
South	0.8	44.1	55.2
West	0.0	44.0	56.0
Nonsmoker	0.3	35.7	64.0
Smoker	0.8	65.1	34.1
Male	0.4	49.2	50.4
Female	0.3	36.5	63.2
White	0.4	43.5	56.1
African American	0.0	49.4	50.6
18-24 years of age	1.7	38.5	59.8
25-44 years of age	0.2	48.0	51.8
45-64 years of age	0.2	45.3	54.5
65 years of age and older	0.4	29.5	70.1
Not a high school graduate	0.0	27.3	72.7
High school graduate	0.7	40.7	58.6
Some college	0.5	45.1	54.4
College graduate	0.0	47.5	52.5

Note: 0.5 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

23

The majority of respondents agree that schools should prohibit students from wearing clothing or bringing gear with tobacco logos to school...Do you strongly agree, agree, disagree, or strongly disagree?”

Students Wearing Clothing with Tobacco Logos				
“Schools should prohibit students from wearing clothing or bringing gear with tobacco logos to school...Do you strongly agree, agree, disagree, or strongly disagree?”				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	20.5	41.6	32.5	5.3
Rural	20.7	44.4	30.2	4.8
Urban	20.4	40.5	33.5	5.6
Northeast	16.0	37.7	38.4	7.8
Midwest	24.0	40.4	32.5	3.2
South	21.8	45.0	28.0	5.2
West	19.1	40.7	34.7	5.5
Nonsmoker	22.9	44.3	28.6	4.2
Smoker	13.5	33.4	44.4	8.6
Male	15.3	37.4	39.8	7.6
Female	25.8	46.0	25.1	3.1
White	19.9	42.0	33.0	5.0
African American	24.7	41.0	30.1	4.2
18-24 years of age	9.9	38.6	45.0	6.4
25-44 years of age	21.0	40.1	33.1	5.8
45-64 years of age	22.9	43.0	28.3	5.8
65 years of age and older	22.6	44.0	30.5	2.9
Not a high school graduate	19.0	43.7	31.0	6.3
High school graduate	20.4	41.1	35.2	3.3
Some college	20.6	40.3	32.9	6.3
College graduate	21.6	42.6	29.5	6.2

Note: 6.2 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

24

Increase Taxes to Fund Anti-Smoking Education				
"State tobacco taxes should be increased to fund education programs to prevent young people from starting to smoke."				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	21.1	47.8	24.4	6.8
Rural	20.0	48.7	25.2	6.1
Urban	21.5	47.3	24.1	7.1
Northeast	21.4	45.8	24.7	8.1
Midwest	18.3	46.4	30.7	4.6
South	21.7	52.6	18.2	7.4
West	22.8	43.3	27.3	6.5
Nonsmoker	25.1	52.4	18.1	4.4
Smoker	8.5	33.4	43.9	14.2
Male	17.3	45.0	29.1	8.7
Female	24.7	50.6	19.8	5.0
White	19.8	46.4	26.5	7.3
African American	23.4	55.0	15.2	6.4
18-24 years of age	18.6	57.6	20.3	3.5
25-44 years of age	21.8	49.4	21.6	7.2
45-64 years of age	20.2	43.5	27.4	8.9
65 years of age and older	23.2	45.5	27.5	3.9
Not a high school graduate	19.2	50.0	26.9	3.8
High school graduate	19.5	51.3	25.5	3.7
Some college	21.2	47.4	22.0	9.5
College graduate	23.5	44.1	24.7	7.7
Note: 4.0 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.				

Most respondents agree that tobacco taxes should be increased to fund education programs to prevent smoking; smokers are the one exception. Support for a tax increase to fund prevention programs was, however, weaker among males than females and white respondents as compared with African Americans.

25

Students Punished for Violating School Rules Against Smoking				
"Students should be punished for violating school rules against smoking."				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	22.2	69.6	7.6	0.6
Rural	19.8	71.3	8.7	0.2
Urban	23.3	68.9	7.1	0.7
Northeast	23.1	68.9	7.7	0.4
Midwest	19.4	72.1	7.9	0.6
South	25.6	67.1	6.8	0.6
West	19.2	71.3	8.6	0.9
Nonsmoker	24.1	68.8	6.7	0.4
Smoker	16.3	72.0	10.6	1.1
Male	20.0	70.5	8.8	0.7
Female	24.6	68.6	6.3	0.6
White	22.0	70.1	7.2	0.7
African American	20.5	72.5	7.0	0.0
18-24 years of age	24.7	65.5	8.6	1.1
25-44 years of age	23.0	68.8	8.0	0.2
45-64 years of age	21.5	71.1	6.7	0.8
65 years of age and older	20.3	71.0	7.9	0.8
Not a high school graduate	16.2	66.9	15.4	1.5
High school graduate	18.3	73.0	8.5	0.2
Some college	23.5	69.4	6.3	0.8
College graduate	26.3	67.7	5.6	0.4
Note: 3.0 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.				

The overwhelming majority -- 91.8 percent -- of American adults agree that students should be punished for violating school rules against smoking. Support for this norm tends to vary across social groups, however. Females are more supportive than males, non-smokers are more supportive than smokers, and people with a college education are more supportive than people who did not attend at least some college.

Most respondents believe that it is at least somewhat easy for minors to buy cigarettes and other tobacco products in their community. It is interesting to note that smokers, however, are less likely to share this opinion.

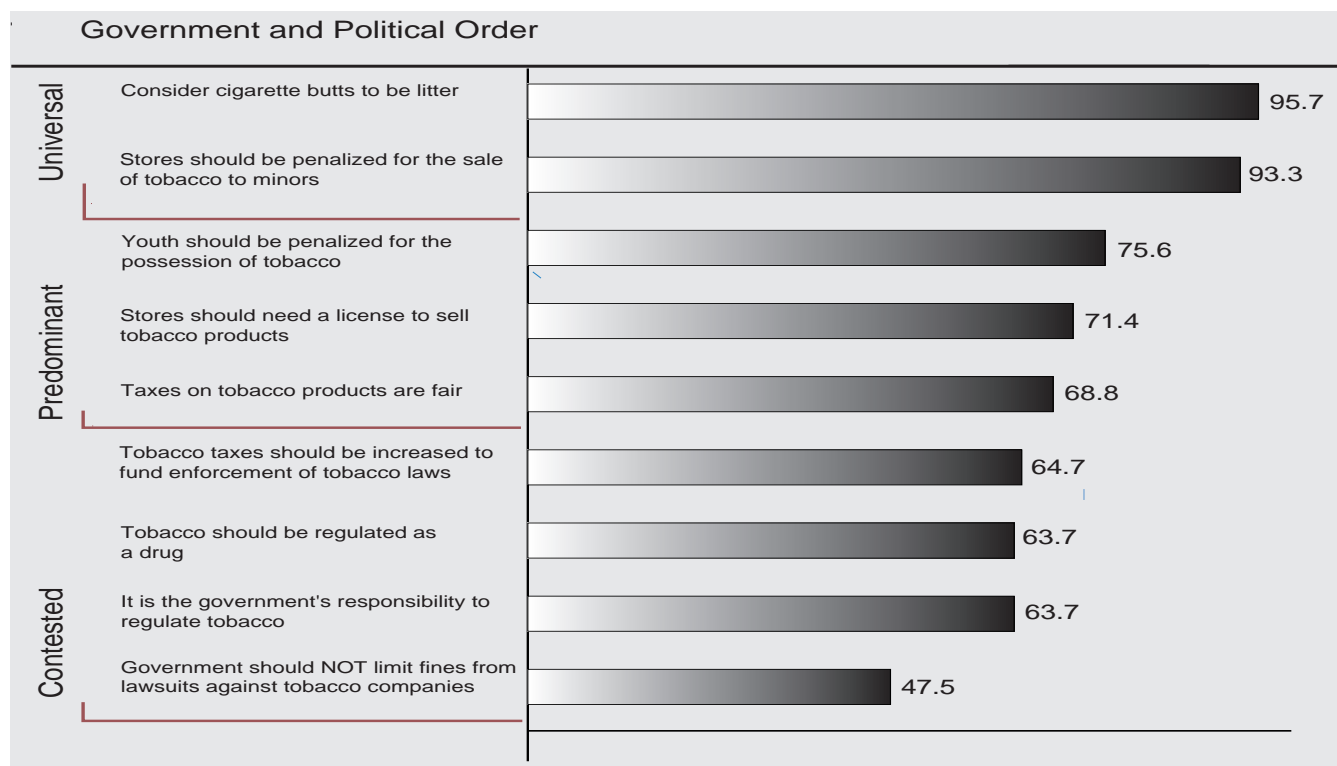
Ease of Minors Buying Cigarettes				
"In your opinion, how easy is it for minors to buy cigarettes and other tobacco products in your community? Would you say...?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Very Easy	Somewhat Easy	Somewhat Difficult	Very Difficult
Total	34.9	29.5	24.4	11.2
Rural	34.7	27.6	24.6	13.1
Urban	35.0	30.3	24.2	10.4
Northeast	31.3	30.5	27.2	11.1
Midwest	34.4	30.6	23.1	11.9
South	38.3	29.2	20.4	12.2
West	33.4	28.3	29.3	9.0
Nonsmoker	37.9	31.0	22.7	8.4
Smoker	26.3	25.1	29.3	19.2
Male	36.6	29.1	23.6	10.7
Female	33.3	29.9	25.0	11.8
White	34.7	30.5	24.3	10.4
African American	36.5	18.9	22.6	22.0
18-24 years of age	38.0	37.3	16.3	8.4
25-44 years of age	33.5	30.0	25.2	11.3
45-64 years of age	34.4	27.8	26.2	11.6
65 years of age and older	36.4	25.7	25.1	12.8
Not a high school graduate	42.5	20.4	20.4	16.8
High school graduate	30.2	27.6	27.1	15.1
Some college	34.4	34.1	22.7	8.8
College graduate	37.8	30.7	23.8	7.8
Note: 13.5 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.				

CHAPTER 4

GOVERNMENT AND POLITICAL ORDER

In the social institution of government and political order, we once again find that there are strong and consistent norms for controlling access and availability of tobacco products for the youth population. Norms for penalties for selling tobacco to minors are universally endorsed, while norms for penalties against youth possessing tobacco products and norms for requiring stores to have a license to sell tobacco are predominantly endorsed. However, there is a substantial gap between support for regulating the tobacco companies' access to youth and regulating other aspects of their operations. To illustrate, less than two-thirds of American adults believe that government should have role in the regulation of tobacco; while more than half believe that government should limit fines against tobacco companies.

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Percentage of respondents who support normative beliefs, recognize health risks, or report restrictions on tobacco use.

Detailed Tables

- A majority of American adults agree that tobacco products should be regulated as a drug – with the exception of smokers.
- In general, respondents support licensing requirements for stores to sell tobacco products.
- The majority of American adults also support increasing funds for enforcement of laws restricting the sale of tobacco to minors.
- There is general support for both penalizing stores that sell tobacco to minors and penalizing minors caught possessing tobacco products. However, there is more support for penalizing stores.
- Although most adults tend to support government regulation of tobacco, females are more supportive of regulation than males to endorse regulation, African Americans are more supportive than white respondents, and nonsmokers are more supportive than smokers.
- African Americans are more supportive of penalizing both stores that sell tobacco products to minors and minors that possess tobacco products than white respondents, and nonsmokers are more supportive than smokers.

Tobacco Should be Regulated as a Drug				
"Tobacco products should be regulated as a drug by a government agency such as the Food and Drug Administration. Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	17.0	46.7	27.3	9.0
Rural	17.4	40.2	31.5	10.9
Urban	16.9	49.4	25.2	8.2
Northeast	16.8	47.3	29.4	6.5
Midwest	17.3	42.8	29.7	10.2
South	17.2	47.9	25.8	9.1
West	16.5	48.0	25.7	9.8
Nonsmoker	19.9	50.9	23.2	6.0
Smoker	8.2	33.6	39.8	18.4
Male	15.0	44.8	29.0	11.3
Female	19.0	48.5	25.7	6.8
White	14.7	44.9	30.0	10.5
African American	30.2	48.5	17.8	3.6
18-24 years of age	16.9	55.2	23.3	4.7
25-44 years of age	16.9	48.8	25.4	8.9
45-64 years of age	16.4	41.3	30.6	11.7
65 years of age and older	19.1	46.5	27.4	7.0
Not a high school graduate	13.8	52.8	30.9	2.4
High school graduate	15.4	48.1	28.6	7.9
Some college	16.9	44.1	27.8	11.2
College graduate	19.8	45.5	24.6	10.1

Note: 7.2 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

28

Most respondents -- 63.7 percent -- agree that tobacco should be regulated as a drug. However, more than a third of Americans do not share this belief. Males, smokers, and white respondents, in particular, tend to be less supportive of regulation.¹

¹ See Table 3 for maximum confidence intervals. Also, see the methods section for discussion of comparison analyses.

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Slightly more than two-thirds of Americans agree that stores should need a license to sell tobacco products. More than a quarter of respondents, however, disagree. Males, smokers, and white respondents are once again the least supportive.

Tobacco Licensing				
"Store owners should need a licence to sell tobacco, just like they do to sell alcoholic beverages."				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	17.4	54.0	24.2	4.3
Rural	16.9	52.7	26.0	4.4
Urban	17.7	54.6	23.5	4.2
Northeast	16.7	52.7	29.1	1.5
Midwest	15.9	58.7	20.2	5.2
South	19.6	52.4	23.7	4.3
West	16.4	52.8	25.1	5.7
Nonsmoker	19.7	56.6	20.7	2.9
Smoker	10.3	46.1	34.9	8.7
Male	14.7	53.4	26.1	5.8
Female	20.1	54.7	22.3	2.9
White	16.7	52.4	26.0	4.9
African American	21.3	59.8	17.2	1.7
18-24 years of age	16.8	58.4	22.5	2.3
25-44 years of age	16.8	57.4	21.4	4.4
45-64 years of age	16.7	48.3	29.1	5.9
65 years of age and older	20.7	55.3	21.9	2.1
Not a high school graduate	18.6	61.2	17.8	2.3
High school graduate	18.0	55.5	22.8	3.7
Some college	15.3	54.2	26.8	3.6
College graduate	18.6	50.4	24.9	6.1

Note: 3.6 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

30

Most Americans -- 64.7 percent -- agree that state tobacco taxes should be increased to fund programs to enforce laws that prevent sales of cigarettes and other tobacco products. Support for a tax increase, however, varies substantially across social groups. Females are more supportive than males, nonsmokers are more supportive than smokers, southerners are more supportive than westerners, and African Americans are more supportive than white respondents.

Increased Taxes to Fund Tobacco Laws				
"State tobacco taxes should be increased to fund programs to enforce laws that prevent sales of cigarettes and other tobacco products."				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	15.8	48.9	27.5	7.8
Rural	13.8	49.4	31.0	5.7
Urban	16.7	48.7	26.0	8.7
Northeast	17.3	47.4	28.3	7.0
Midwest	13.0	46.7	33.0	7.3
South	17.2	52.4	24.0	6.4
West	15.4	46.9	26.7	11.0
Nonsmoker	18.7	54.9	21.6	4.8
Smoker	7.0	30.5	45.7	16.8
Male	13.6	42.5	33.4	10.5
Female	18.1	55.0	21.8	5.0
White	14.0	48.6	28.9	8.6
African American	20.0	50.6	25.9	3.5
18-24 years of age	16.1	56.3	21.8	5.7
25-44 years of age	14.7	54.5	22.7	8.1
45-64 years of age	16.2	41.3	33.1	9.4
65 years of age and older	17.4	46.8	31.1	4.7
Not a high school graduate	14.6	53.8	28.5	3.1
High school graduate	15.8	46.7	30.2	7.2
Some college	12.8	51.1	28.5	7.6
College graduate	18.8	48.0	23.8	9.5

Note: 3.3 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

31

More than 90 percent of American adults believe that stores should be punished for the sale of tobacco products to minors. Although there is substantial support for this norm across all social categories, smokers are less supportive than nonsmokers and white respondents are less supportive than African Americans.

Stores Should be Penalized for the Sale of Tobacco Products to Minors				
"Stores should be penalized for the sale of tobacco products to persons under the age of 18."				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	31.0	62.3	5.8	0.8
Rural	28.6	64.1	6.8	0.5
Urban	32.0	61.7	5.4	1.0
Northeast	32.0	60.1	7.6	0.4
Midwest	26.3	65.1	7.8	0.9
South	34.7	59.6	5.0	0.8
West	29.4	65.7	3.8	1.2
Nonsmoker	32.3	62.1	5.1	0.5
Smoker	27.0	63.5	7.9	1.7
Male	29.4	63.2	6.5	0.8
Female	32.5	61.6	5.1	0.8
White	29.7	62.6	6.8	0.9
African American	36.5	61.2	1.7	0.6
18-24 years of age	26.0	65.5	7.3	1.1
25-44 years of age	33.4	62.5	3.6	0.5
45-64 years of age	31.9	60.6	6.6	1.1
65 years of age and older	27.5	63.7	8.4	0.4
Not a high school graduate	27.1	66.9	5.3	0.8
High school graduate	27.6	64.8	7.2	0.4
Some college	32.2	61.4	5.6	0.8
College graduate	34.9	59.3	4.6	1.2
Note: 1.2 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.				

32

Although the majority of respondents -- 75.6 percent -- support penalizing minors for the possession of tobacco products, there is less support for penalizing youth than there is for penalizing stores that sell tobacco products to youth. Again, smokers are less supportive than nonsmokers and white respondents are less supportive than African Americans.

Possession of Tobacco by Minors				
"Persons under the age of 18 should be penalized for the possession and use of tobacco products."				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	14.6	61.0	21.9	2.5
Rural	13.7	59.6	25.2	1.4
Urban	15.0	61.7	20.5	2.8
Northeast	14.8	53.4	29.2	2.7
Midwest	12.2	69.4	16.6	1.9
South	16.7	59.1	21.4	2.8
West	13.5	61.7	22.4	2.5
Nonsmoker	16.0	63.8	18.7	1.5
Smoker	10.2	52.6	32.0	5.2
Male	12.5	62.4	22.2	3.0
Female	16.8	59.7	21.6	1.9
White	13.9	60.0	23.1	3.0
African American	16.4	65.5	17.0	1.2
18-24 years of age	14.5	58.1	25.7	1.7
25-44 years of age	15.4	63.1	18.7	2.8
45-64 years of age	14.9	59.8	22.8	2.6
65 years of age and older	12.7	61.1	24.9	1.4
Not a high school graduate	11.3	64.5	23.4	0.8
High school graduate	14.2	60.7	22.0	3.1
Some college	15.7	58.7	23.0	2.5
College graduate	15.5	62.0	20.2	2.3
Note: 6.6 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.				

33

Approximately 68.8 percent of respondents disagree that taxes on tobacco are unfair. As might be expected, smokers are much less likely to disagree than nonsmokers. Note, also, that males are less likely to disagree than females.

Are Taxes on Tobacco Fair				
"Taxes on tobacco are unfair."				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	8.7	22.5	54.7	14.1
Rural	8.8	28.2	49.5	13.5
Urban	8.6	20.2	56.9	14.3
Northeast	9.9	18.8	59.6	11.8
Midwest	7.3	25.9	56.6	10.1
South	8.3	22.1	52.5	17.0
West	9.6	23.1	51.8	15.6
Nonsmoker	3.8	17.1	62.0	17.2
Smoker	23.7	39.1	32.3	4.9
Male	9.6	25.8	53.4	11.3
Female	7.8	19.2	55.9	17.1
White	9.0	22.2	54.9	13.9
African American	10.9	22.4	56.4	10.3
18-24 years of age	4.8	23.6	16.6	10.9
25-44 years of age	8.3	22.7	55.5	13.5
45-64 years of age	11.7	23.0	49.9	15.4
65 years of age and older	5.7	20.5	59.0	14.8
Not a high school graduate	9.1	34.7	45.5	10.7
High school graduate	10.7	25.4	51.6	12.3
Some college	8.2	23.6	55.2	12.9
College graduate	7.2	15.2	60.1	17.5
Note: 5.9 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.				

34

Although the majority of respondents -- 63.7 percent -- agree that it is the responsibility of government to regulate tobacco, Americans are rather divided on this type of regulation. Smokers, in particular, are opposed to this issue. Also, males are more opposed than females to government regulation of tobacco.

Government Responsibility				
"It is the responsibility of the government to regulate tobacco."				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	8.8	54.9	29.1	7.1
Rural	6.5	53.7	32.3	7.5
Urban	9.7	55.4	27.8	7.1
Northeast	8.8	55.2	29.1	6.9
Midwest	6.7	52.7	33.3	7.3
South	10.0	55.8	26.6	7.6
West	8.9	55.4	28.9	6.8
Nonsmoker	9.8	59.3	25.8	5.1
Smoker	5.6	41.5	39.2	13.7
Male	7.7	55.9	28.3	8.0
Female	9.9	53.7	30.0	6.4
White	7.2	52.5	31.5	8.7
African American	13.9	61.4	22.2	2.5
18-24 years of age	6.1	62.4	27.9	3.6
25-44 years of age	9.6	59.5	25.5	5.4
45-64 years of age	8.8	48.0	32.6	10.5
65 years of age and older	8.7	53.3	31.0	7.0
Not a high school graduate	6.7	64.7	23.5	5.0
High school graduate	9.2	53.8	30.8	6.3
Some college	8.6	50.9	30.6	10.0
College graduate	9.1	56.6	27.8	6.4
Note: 7.5 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.				

35

Americans are basically divided on the issue of limits on fines from lawsuits against tobacco companies. Among the most opposed to limits are nonsmokers, males, and respondents with a college degree.

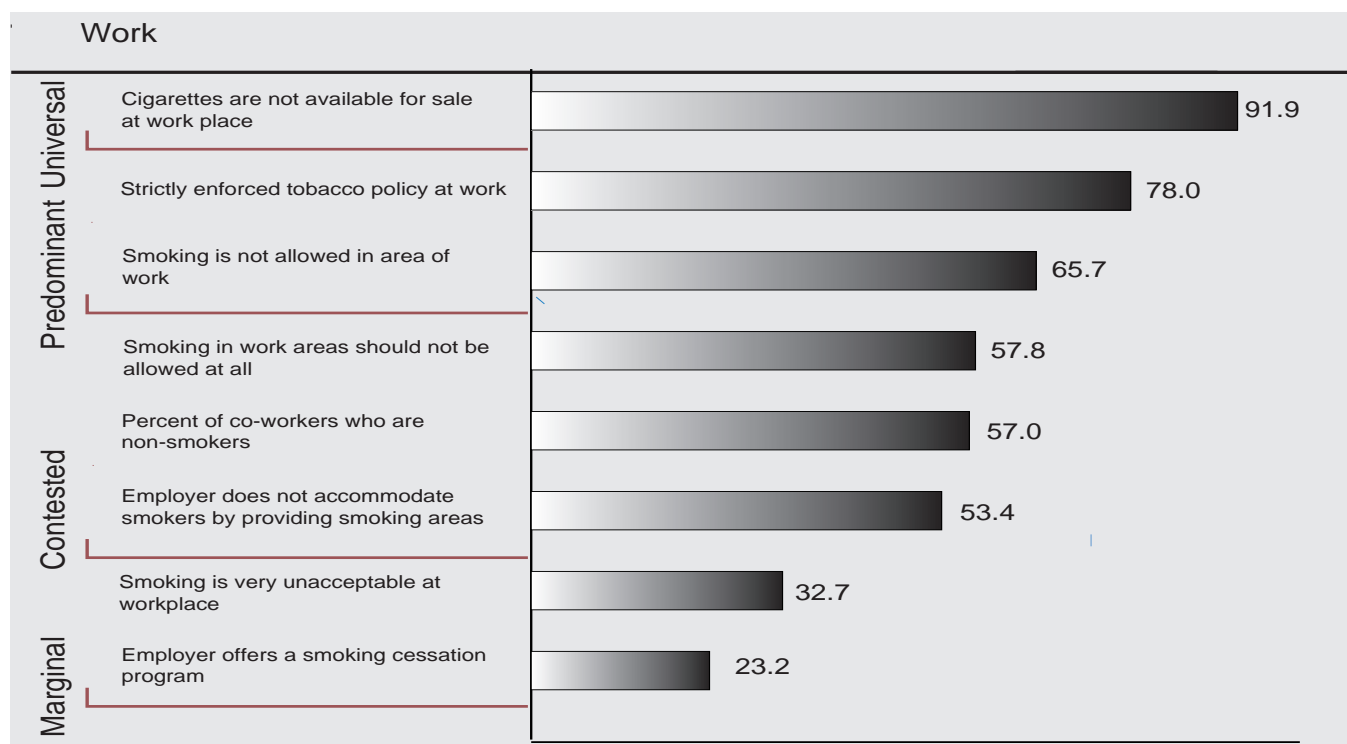
Lawsuit Limits Against Tobacco Companies				
"The Government should limit fines from lawsuits against the tobacco companies."				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	11.3	41.2	38.5	9.0
Rural	10.2	42.3	37.7	9.7
Urban	11.7	40.7	38.9	8.7
Northeast	12.5	45.5	36.2	5.8
Midwest	10.0	39.4	41.9	8.7
South	11.4	41.5	37.2	9.9
West	11.7	39.0	39.0	10.4
Nonsmoker	8.3	40.3	41.3	10.1
Smoker	20.7	43.7	29.9	5.7
Male	12.4	42.3	37.9	7.4
Female	10.1	40.0	39.1	10.7
White	10.7	41.7	38.1	9.5
African American	15.7	33.3	42.8	8.2
18-24 years of age	8.3	50.9	34.9	5.9
25-44 years of age	13.2	39.9	38.0	8.8
45-64 years of age	10.4	39.7	39.3	10.6
65 years of age and older	10.3	39.4	41.3	8.9
Not a high school graduate	14.0	47.7	33.9	5.0
High school graduate	9.2	45.5	36.3	9.0
Some college	14.1	40.3	38.0	7.5
College graduate	10.1	36.1	42.2	11.6
Note: 8.5 percent of respondents reported <i>Don't Know</i> or refused.				
Percentages may not add to 100 due to rounding.				

36

Almost all American adults agree that cigarette butts are litter, although more than 10 percent of smokers disagree.

Cigarette Butts as Litter				
"I consider cigarette butts to be litter."				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	44.9	50.8	3.9	0.4
Rural	41.1	54.2	4.5	0.2
Urban	46.6	49.3	3.6	0.5
Northeast	47.0	49.5	3.2	0.4
Midwest	40.9	53.1	5.6	0.3
South	47.2	48.9	3.8	0.2
West	43.6	52.6	2.9	0.9
Nonsmoker	49.8	47.9	1.9	0.4
Smoker	29.6	59.8	10.0	0.6
Male	40.9	54.1	4.6	0.4
Female	48.9	47.7	3.1	0.4
White	45.8	50.1	3.7	0.4
African American	48.0	48.6	3.4	0.0
18-24 years of age	32.6	60.1	6.7	0.6
25-44 years of age	45.4	49.7	4.7	0.2
45-64 years of age	48.1	48.5	3.0	0.4
65 years of age and older	46.6	51.4	1.6	0.4
Not a high school graduate	37.6	54.1	8.3	0.0
High school graduate	42.3	52.1	5.4	0.2
Some college	43.0	52.8	4.2	0.0
College graduate	52.1	46.1	1.2	0.6
Note: 0.8 percent of respondents reported <i>Don't Know</i> or refused.				
Percentages may not add to 100 due to rounding.				

One quarter of respondents report that smoking is allowed in at least some work areas and more than 8 percent report that their employer has no official smoking policy. Also, the acceptability of tobacco control within the workplace is contested across society. More than 40 percent of American adults believe that smoking should be allowed in at least some work areas. Moreover, American workers report that, on average, 43 percent of their co-workers are smokers and only about 30 percent report that smoking is very unacceptable at their workplace.



Percentage of respondents who support normative beliefs, recognize health risks, or report restrictions on tobacco use.

Detailed Tables

- The majority of American adults believe that smoking should be restricted in all indoor work areas. Practically everyone supports restrictions on smoking in at least some areas, although males and smokers are less supportive.
- American adults report that 43 percent of the co-workers with whom they interact with on a daily basis are smokers. Older respondents and respondents with higher levels of education report having fewer co-workers who smoke.
- Almost two-thirds of American adults report that their place of employment does not allow smoking in any area.
- Employer provided smoking cessation programs are more prevalent among urban respondents and respondents with higher levels of education.

Should Smoking be Allowed in Work Areas			
“In indoor work areas, do you think smoking should be allowed in all areas, some areas, or not allowed at all?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	In all Areas	In Some Areas	Not Allowed at All
Total	0.5	41.6	57.8
Rural	0.7	44.2	55.1
Urban	0.5	40.5	59.0
Northeast	0.4	42.3	57.3
Midwest	0.3	45.4	54.3
South	0.6	41.5	57.9
West	1.2	37.5	61.3
Nonsmoker	0.4	34.2	65.3
Smoker	0.8	64.8	34.4
Male	0.5	46.4	53.0
Female	0.5	36.9	62.6
White	0.5	42.6	56.9
African American	0.0	43.1	56.9
18-24 years of age	0.6	41.7	57.8
25-44 years of age	0.4	40.5	59.1
45-64 years of age	0.6	43.8	55.6
65 years of age and older	0.8	39.6	59.6
Not a high school graduate	0.8	40.9	58.3
High school graduate	1.1	50.8	48.1
Some college	0.3	40.6	59.1
College graduate	0.2	34.8	65.0
Note: 1.2 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.			

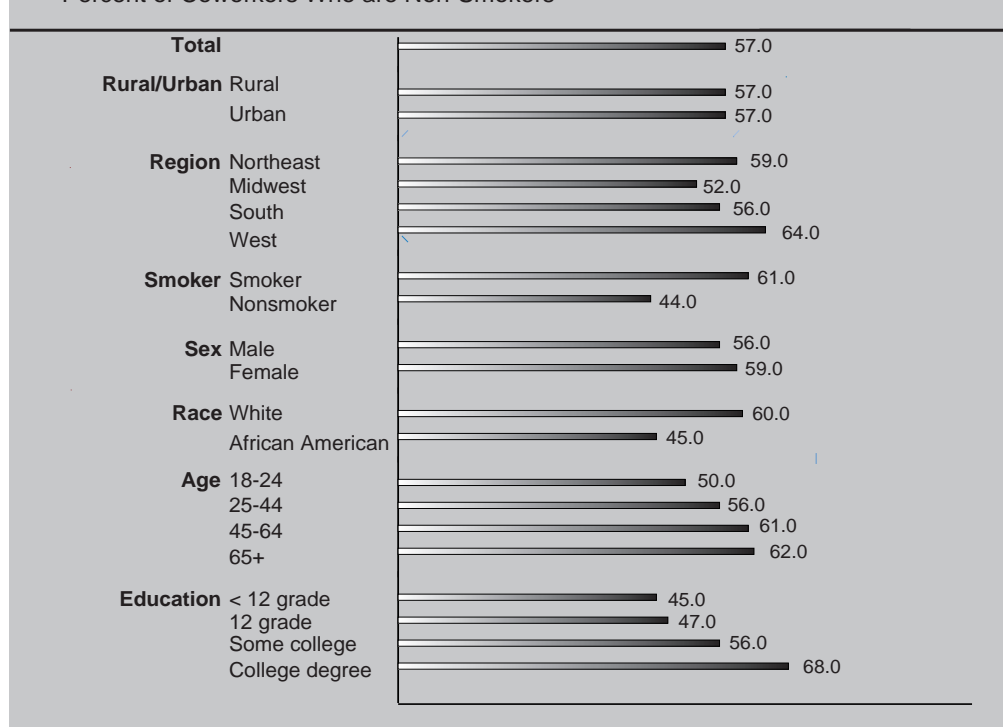
38

Almost all respondents support some restrictions on cigarette smoking in indoor work areas, and more than half state that it should not be allowed at all. Smokers, however, are much less supportive of a complete ban than nonsmokers and males are less supportive than females.¹

1 See Table 3 for maximum confidence intervals. Also, see the methods section for discussion of comparison analyses.

39

Percent of Coworkers Who are Non-Smokers



Two questions were used to calculate the percent of co-workers who smoke. The number of co-workers who smoke was divided by the total number of co-workers, then multiplied by 100. In general, respondents report that more than half of their co-workers are nonsmokers. White respondents report a higher percentage of nonsmoking co-workers than African Americans. Also, older respondents and more educated respondents report a higher percentage of nonsmoking co-workers.

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Acceptability of Tobacco Use among Coworkers

"Among your coworkers, would you say that tobacco use is very acceptable, somewhat acceptable, somewhat unacceptable, or very unacceptable?"

(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)

Sample Characteristic	Very acceptable	Somewhat acceptable	Somewhat unacceptable	Very unacceptable
Total	14.8	31.5	21.1	32.7
Rural	14.4	35.2	17.6	32.8
Urban	14.9	30.1	22.4	32.6
Northeast	10.4	32.4	24.2	33.0
Midwest	13.7	40.3	21.8	24.2
South	18.0	32.2	18.6	31.3
West	14.5	20.8	21.7	43.0
Nonsmoker	11.3	28.5	23.8	36.4
Smoker	25.9	41.2	12.5	20.4
Male	18.3	36.0	20.5	25.2
Female	10.4	26.2	22.0	41.4
White	13.1	32.4	22.8	31.7
African American	20.8	32.5	12.5	34.2
18-24 years of age	25.3	30.5	20.0	24.2
25-44 years of age	17.5	34.3	18.1	30.1
45-64 years of age	8.9	29.4	25.1	36.6
65 years of age and older	7.1	14.3	25.0	53.6
Not a high school graduate	21.6	21.6	13.7	43.1
High school graduate	19.5	36.4	15.8	28.3
Some college	16.2	34.2	21.4	28.2
College graduate	9.0	27.5	26.3	37.3

Note: 2.6 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

More than half of American adults report that tobacco use is at least somewhat unacceptable among their co-workers. Males, respondents in the western region, respondents without a college degree, and older respondents report that, among their co-workers, tobacco use is more acceptable. Not surprisingly, tobacco use is the most acceptable among smokers.

41

About two-thirds of American workers report that cigarette smoking is not allowed in any work area at their place of employment. There are, however, some workers more likely than others to work in smokefree environments. Females are more likely to report working in an environment that does not permit cigarette smoking than males, and western respondents are more likely to work in smokefree environments than respondents from the midwest.

Employer Smoking Policy				
"Which of the following best describes your place of work's official smoking policy for indoor work areas?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Smoking is not allowed in any areas	It is allowed in some areas	It is allowed in all areas	There is no official policy
Total	65.7	23.8	2.2	8.4
Rural	64.0	24.9	3.6	7.5
Urban	66.2	23.4	1.7	8.7
Northeast	74.9	19.0	1.7	4.5
Midwest	54.0	33.6	2.8	9.5
South	63.3	24.1	3.1	9.6
West	73.5	17.2	0.5	8.8
Nonsmoker	69.3	20.6	1.9	8.3
Smoker	54.4	34.1	3.2	8.3
Male	57.6	28.2	2.2	12.0
Female	75.1	18.6	2.1	4.2
White	65.6	23.3	2.4	8.7
African American	66.7	24.8	1.7	6.8
18-24 years of age	63.0	21.7	2.2	13.0
25-44 years of age	62.4	24.7	2.7	10.2
45-64 years of age	70.2	23.5	2.0	4.3
65 years of age and older	65.5	20.7	0.0	13.8
Not a high school graduate	56.0	26.0	8.0	10.0
High school graduate	53.9	31.4	3.7	11.1
Some college	67.7	23.7	0.9	7.8
College graduate	74.8	17.4	1.1	6.7

Note: 2.9 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

42

It appears that most employers who have them are serious about enforcing their smoking policies - 78.0 percent of workers report that the smoking policy is strictly enforced. There is, however, substantial variation in enforcement across social categories. On average, females report more stringent enforcement than males, western respondents more than respondents from other regions, and college graduates more than non-graduates.

Enforcement of Smoking Policy				
"Would you say that this smoking policy is not enforced at all, poorly enforced, somewhat enforced, or strictly enforced?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Not enforced at all	Poorly enforced	Somewhat enforced	Strictly enforced
Total	0.9	4.7	16.4	78.0
Rural	0.9	4.0	16.5	78.6
Urban	0.8	4.9	16.3	77.9
Northeast	0.6	6.5	16.6	76.3
Midwest	0.5	8.2	19.0	72.3
South	1.1	3.5	18.1	77.3
West	1.1	1.6	10.9	86.4
Nonsmoker	0.8	4.8	15.8	78.6
Smoker	1.0	4.2	18.2	76.6
Male	1.4	4.8	22.3	71.5
Female	0.5	4.8	10.1	84.6
White	0.8	5.1	16.1	78.0
African American	0.0	3.7	21.3	75.0
18-24 years of age	1.3	1.3	17.1	80.3
25-44 years of age	1.3	5.4	15.3	78.0
45-64 years of age	0.3	5.2	16.5	78.0
65 years of age and older	0.0	0.0	28.0	72.0
Not a high school graduate	2.5	5.0	37.5	55.0
High school graduate	2.2	7.0	17.0	73.9
Some college	0.5	4.2	11.8	83.5
College graduate	0.0	3.4	16.5	80.2

Note: 0.4 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

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Roughly half of American workers report that their employer does not accommodate smokers.

Employer Accommodation of Smokers		
“Does your employer accommodate smokers by doing things like providing a covered area outside or an indoor smoke room?”		
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)		
Sample Characteristic	Yes	No
Total	46.6	53.4
Rural	46.6	53.4
Urban	46.6	53.4
Northeast	47.5	52.5
Midwest	52.9	47.1
South	49.1	50.9
West	35.5	64.5
Nonsmoker	44.5	55.5
Smoker	53.2	46.8
Male	47.6	52.4
Female	45.5	54.5
White	46.3	53.7
African American	46.6	53.4
18-24 years of age	42.9	57.1
25-44 years of age	47.2	52.8
45-64 years of age	49.3	50.7
65 years of age and older	21.4	78.6
Not a high school graduate	44.2	55.8
High school graduate	48.5	51.5
Some college	50.7	49.3
College graduate	42.7	57.3
Note: 4.3 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.		

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While employers may provide areas for their employees where smoking is permitted, they typically do not allow the sale of cigarettes on the premises. Only 8.1 percent of respondents report that cigarettes are sold at their place of employment.

Availability of Cigarettes for Sale at Work		
“Are cigarettes for sale at your work place?”		
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)		
Sample Characteristic	Yes	No
Total	8.1	91.9
Rural	6.6	93.4
Urban	8.8	91.2
Northeast	9.8	90.2
Midwest	13.1	86.9
South	6.2	93.8
West	4.9	95.1
Nonsmoker	6.5	93.5
Smoker	13.1	86.9
Male	8.8	91.2
Female	7.1	92.9
White	7.7	92.3
African American	9.2	90.8
18-24 years of age	8.5	91.5
25-44 years of age	7.7	92.3
45-64 years of age	8.3	91.7
65 years of age and older	10.0	90.0
Not a high school graduate	5.6	94.4
High school graduate	11.4	88.6
Some college	8.1	91.9
College graduate	5.9	94.1
Note: 2.4 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.		

A minority of respondents report that their employers are offering programs to help employees quit smoking. Among respondents most likely to report that their employer provides a cessation program are residents of urban areas and people with higher levels of education.

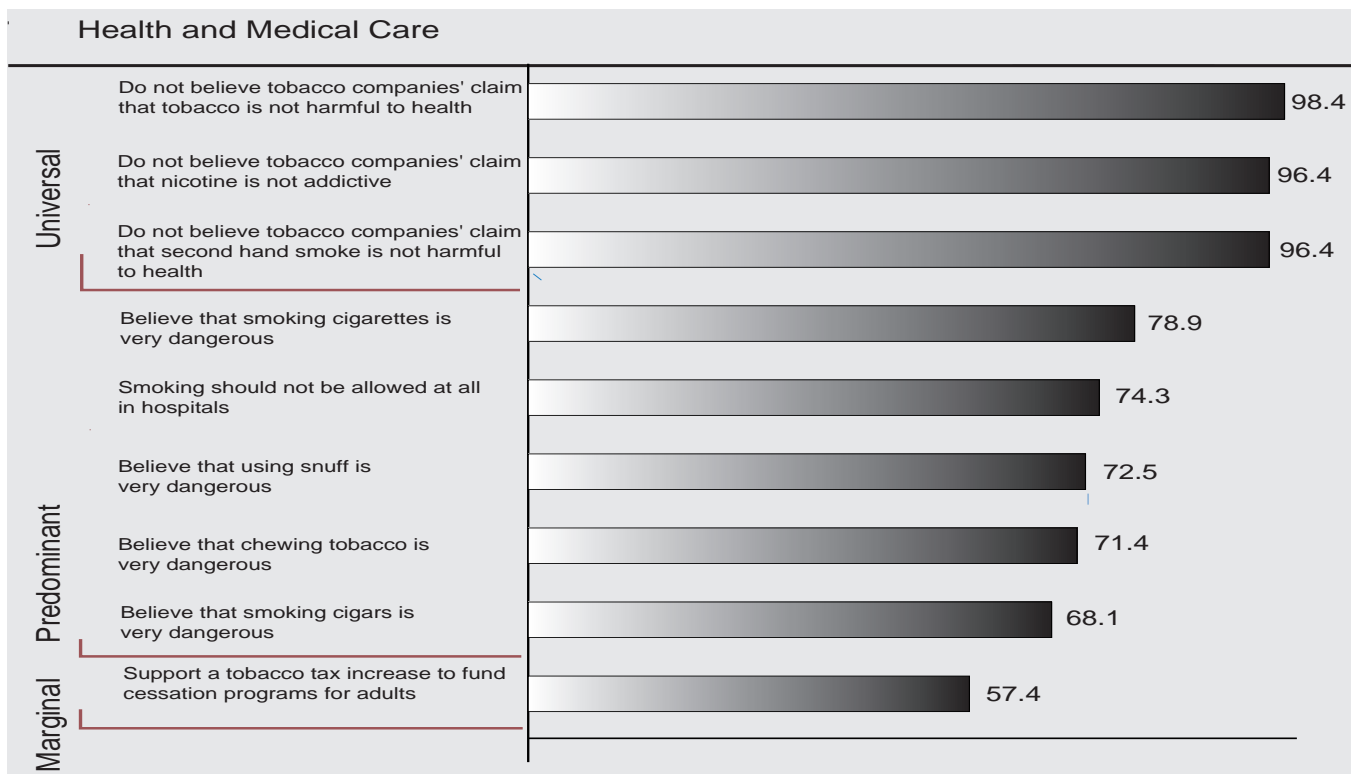
Employer Cessation Programs		
“Within the past 12 months, has your employer offered any stop smoking programs or any other help to employees who want to quit smoking?”		
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)		
Sample Characteristic	Yes	No
Total	23.2	76.8
Rural	17.1	82.9
Urban	25.4	74.6
Northeast	25.9	74.1
Midwest	26.0	74.0
South	20.5	79.5
West	22.2	77.8
Nonsmoker	24.3	75.7
Smoker	19.4	80.6
Male	20.6	79.4
Female	26.0	74.0
White	23.4	76.6
African American	23.0	77.0
18-24 years of age	23.1	76.9
25-44 years of age	20.6	79.4
45-64 years of age	27.3	72.7
65 years of age and older	15.4	84.6
Not a high school graduate	10.0	90.0
High school graduate	17.9	82.1
Some college	25.5	74.5
College graduate	27.8	72.2
Note: 8.5 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.		

CHAPTER 6

HEALTH AND MEDICAL CARE

Many aspects of tobacco control are at least predominantly ingrained in the health and medical care institution. It is predominantly recognized that both smoking cigarettes and chewing tobacco are very dangerous. This belief system is held even in the context of tobacco companies' claims to the contrary. There is universal distrust of tobacco companies' when they claim that tobacco is not harmful to health, that nicotine is not addictive, or that secondhand smoke is not harmful to health. Of note, U.S. adults in their health-belief systems make a significant, and probably, unfortunate distinction between the health dangers associated with smoking in contrast to chewing tobacco, cigars, and snuff. The belief, in the health danger of these latter two tobacco uses, is in the upper contested range.

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Percentage of respondents who support normative beliefs, recognize health risks, or report restrictions on tobacco use.

Detailed Tables

- Almost three-quarters of American adults think that smoking should not be allowed at all in hospitals. Practically everyone believes that there should be at least some areas where smoking is restricted. Smokers, however, are less supportive of smoking restrictions in hospitals than nonsmokers.
- Almost 60 percent of American adults support an increase in tobacco taxes to fund adult cessation programs. Females, however, are more likely to endorse such a tax increase than males, African Americans are more likely to do so than white respondents, and nonsmokers are more likely to do so than smokers.
- Practically no American adults believe the claims by tobacco companies that nicotine is not addictive and tobacco is not harmful to health. Over 95 percent of respondents do not believe the claim that second-hand smoke is not harmful.
- More than three-fourths of American adults view cigarettes as very dangerous; more than two-thirds view chewing tobacco, using snuff, and smoking cigars as very dangerous. Note that there is substantial variation across demographic groups in the recognition of the health risks of tobacco.

Should Smoking be Allowed in Hospitals			
"In hospitals, do you think that smoking should be allowed in all areas, in some areas, or not at all?"			
<i>(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)</i>			
Sample Characteristic	All Areas	Some Areas	Not at All
Total	0.1	25.6	74.3
Rural	0.0	31.0	69.0
Urban	0.1	23.2	76.7
Northeast	0.0	24.0	76.0
Midwest	0.0	25.5	74.5
South	0.0	27.7	72.3
West	0.3	23.7	76.0
Nonsmoker	0.0	18.9	81.1
Smoker	0.3	46.8	52.9
Male	0.1	26.9	73.0
Female	0.0	24.3	75.7
White	0.1	26.6	73.3
African American	0.0	26.0	74.0
18-24 years of age	0.0	20.1	79.9
25-44 years of age	0.0	26.4	73.6
45-64 years of age	0.2	28.4	71.4
65 years of age and older	0.0	22.0	78.0
Not a high school graduate	0.0	18.7	81.3
High school graduate	0.0	29.7	70.3
Some college	0.3	29.4	70.3
College graduate	0.0	21.3	78.7
Note: 0.5 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.			

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Most respondents -- 74.3 percent -- agree that smoking should not be allowed at all in hospitals. An additional 25.6 percent feel that smoking should be allowed in only some areas of hospitals. As might be anticipated, smokers are less willing to support the restriction of cigarette smoking in hospitals than nonsmokers.¹

¹ See Table 3 for maximum confidence intervals. Also, see the methods section for discussion of comparison analyses.

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A slim majority of American adults agree that tobacco taxes should be increased to fund cessation programs for adults. Once again, nonsmokers are more in favor of increasing tobacco taxes than smokers. Also, African Americans are more in favor of increasing tobacco taxes for cessation programs than white respondents, females are more supportive than males, and respondents younger than 65 are more supportive than older respondents.

Support for a Tax Increase to Fund Adult Cessation Programs				
"State tobacco taxes should be increased to fund programs to help adults quit smoking. Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	13.4	44.0	33.9	8.7
Rural	12.1	44.8	35.5	7.7
Urban	13.9	43.6	33.3	9.3
Northeast	10.3	45.8	35.9	8.1
Midwest	10.8	42.4	36.2	10.5
South	16.3	47.2	29.1	7.4
West	13.7	38.8	37.6	9.9
Nonsmoker	15.5	30.2	30.2	5.6
Smoker	6.7	45.4	45.4	18.2
Male	10.7	40.6	37.9	10.7
Female	15.9	47.4	30.1	6.7
White	12.0	42.2	36.3	9.5
African American	16.2	52.0	25.4	6.4
18-24 years of age	13.8	54.6	28.2	3.4
25-44 years of age	12.9	48.2	29.2	9.6
45-64 years of age	14.6	37.9	37.9	9.7
65 years of age and older	11.4	39.4	40.7	8.5
Not a high school graduate	13.2	42.6	39.5	4.7
High school graduate	11.3	46.1	34.6	8.1
Some college	14.4	43.6	31.5	10.5
College graduate	14.3	43.2	33.6	9.0

Note: 3.8 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

49

Almost no American adults accept the tobacco companies' claim that nicotine is not addictive. This tendency exists across each demographic category. However, smokers are less skeptical than nonsmokers and skepticism tends to increase with education.

Believe Tobacco Companies' Claim that Nicotine is not Addictive				
"Tobacco companies are being truthful when they say that nicotine is not addictive. Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly agree	Agree	Disagree	Strongly Disagree
Total	0.6	3.0	51.7	44.7
Rural	0.2	4.7	53.3	41.8
Urban	0.8	2.3	51.0	45.9
Northeast	0.4	2.2	55.5	41.9
Midwest	0.6	2.4	54.2	42.7
South	0.2	4.4	47.9	47.5
West	1.5	2.3	51.6	44.6
Nonsmoker	0.5	2.5	49.8	47.2
Smoker	0.9	4.9	57.4	36.9
Male	0.1	3.8	52.9	43.2
Female	1.1	2.2	50.6	46.1
White	0.4	2.7	51.4	45.6
African American	1.1	5.7	51.1	42.0
18-24 years of age	0.6	5.7	49.4	44.3
25-44 years of age	0.9	2.9	50.3	45.9
45-64 years of age	0.6	2.9	49.0	47.5
65 years of age and older	0.0	1.7	61.9	36.4
Not a high school graduate	0.0	3.1	57.3	39.7
High school graduate	0.9	3.5	59.1	36.4
Some college	1.4	2.7	51.8	44.1
College graduate	0.0	2.8	44.3	52.9

Note: 3.5 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

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Only a trivial number of respondents believe the claim that tobacco is not harmful to health.

Believe Tobacco Companies' Claim that Tobacco is not Harmful to Health				
"Tobacco companies are being truthful when they say tobacco is not harmful to health. Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	0.1	1.6	52.3	46.1
Rural	0.0	2.3	56.0	41.7
Urban	0.1	1.4	50.7	47.9
Northeast	0.0	1.8	56.7	41.5
Midwest	0.0	2.4	52.7	44.8
South	0.0	1.0	51.2	47.9
West	0.3	1.5	50.0	48.2
Nonsmoker	0.1	0.9	50.4	48.7
Smoker	0.0	4.0	58.4	37.6
Male	0.1	1.9	53.6	44.3
Female	0.0	1.2	51.0	47.7
White	0.1	1.1	50.7	45.1
African American	0.0	5.1	51.1	41.0
18-24 years of age	0.0	0.6	50.6	45.0
25-44 years of age	0.2	0.9	49.6	47.8
45-64 years of age	0.0	2.4	48.8	45.5
65 years of age and older	0.0	2.0	57.4	36.7
Not a high school graduate	0.0	3.7	57.5	37.3
High school graduate	0.0	2.2	56.1	38.8
Some college	0.0	1.6	51.1	43.9
College graduate	0.2	0.6	44.4	52.7
Note: 2.8 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.				

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Again, almost no American adults believe the tobacco companies' claim that second-hand smoke is not harmful to health.

Believe Tobacco Companies' Claim that Second-Hand Smoke is not Harmful to Health				
"Tobacco companies are being truthful when they say second-hand smoke is not harmful to health. Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	0.7	2.9	52.6	43.8
Rural	0.2	4.1	56.1	39.6
Urban	0.8	2.5	51.1	45.6
Northeast	0.4	3.7	55.0	41.0
Midwest	0.3	1.6	54.8	43.3
South	0.2	3.4	50.7	45.7
West	1.8	2.7	51.4	44.1
Nonsmoker	0.5	1.5	51.1	46.8
Smoker	1.2	7.6	57.4	33.8
Male	1.0	3.9	53.6	41.6
Female	0.3	2.1	51.7	46.0
White	0.6	3.3	52.0	44.1
African American	0.0	3.5	55.0	41.5
18-24 years of age	0.0	0.6	54.3	45.1
25-44 years of age	1.1	3.0	49.3	46.7
45-64 years of age	0.8	3.8	51.0	44.4
65 years of age and older	0.0	2.6	62.4	35.0
Not a high school graduate	0.0	2.3	63.3	34.4
High school graduate	0.7	2.6	58.5	38.3
Some college	0.6	4.5	51.3	43.7
College graduate	0.8	2.3	45.2	51.7
Note: 5.3 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.				

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Danger of Chewing Tobacco			
“Is chewing tobacco very dangerous, somewhat dangerous, or not very dangerous?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Very Dangerous	Somewhat Dangerous	Not Very Dangerous
Total	71.4	25.8	2.8
Rural	66.0	29.3	4.7
Urban	73.7	24.3	2.0
Northeast	74.5	23.2	2.2
Midwest	66.5	32.0	1.6
South	71.5	25.7	2.8
West	73.5	22.3	4.3
Nonsmoker	74.5	23.0	2.5
Smoker	60.9	35.1	4.0
Male	64.6	32.5	2.8
Female	78.4	18.9	2.7
White	70.7	26.5	2.8
African American	74.1	23.4	2.5
18-24 years of age	71.7	26.6	1.7
25-44 years of age	68.2	29.4	2.4
45-64 years of age	71.7	24.9	3.4
65 years of age and older	77.6	18.8	3.6
Not a high school graduate	70.5	26.2	3.3
High school graduate	70.8	23.9	5.3
Some college	70.8	27.2	2.0
College graduate	71.4	27.1	1.4
Note: 6.4 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.			

Overall, American adults recognize the danger of chewing tobacco. That is, about two-thirds of respondents rated chewing tobacco as very dangerous. Perceptions of danger do, however, vary across some demographic categories. Smokers tend to view chewing tobacco as less dangerous than nonsmokers, males perceive less danger than females, and rural respondents perceive less danger than urban respondents.

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Danger of Smoking Cigarettes			
“Is smoking cigarettes very dangerous, somewhat dangerous, or not very dangerous?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Very Dangerous	Somewhat Dangerous	Not Very Dangerous
Total	78.9	19.8	1.2
Rural	74.2	23.5	2.3
Urban	81.0	18.3	0.8
Northeast	79.0	19.9	1.1
Midwest	75.9	23.8	0.3
South	81.0	18.0	1.0
West	78.9	18.8	2.3
Nonsmoker	85.0	14.5	0.5
Smoker	59.7	36.7	3.6
Male	74.2	25.1	0.7
Female	83.7	14.5	1.7
White	78.0	20.6	1.4
African American	82.1	17.9	0.0
18-24 years of age	78.1	21.9	0.0
25-44 years of age	78.3	21.0	0.7
45-64 years of age	78.9	19.1	2.0
65 years of age and older	81.2	17.2	1.6
Not a high school graduate	71.6	26.1	2.2
High school graduate	75.9	21.8	2.3
Some college	79.8	19.4	0.8
College graduate	82.4	17.2	0.4
Note: 1.3 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.			

Most respondents -- 78.9 percent -- view smoking cigarettes as very dangerous. Perceptions of danger do, however, vary across some demographic categories. Smokers tend to view cigarettes as less dangerous than nonsmokers, males perceive less danger than females, and rural respondents perceive less danger than urban respondents.

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Danger of Using Snuff			
“Is using snuff very dangerous, somewhat dangerous, or not very dangerous?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Very Dangerous	Somewhat Dangerous	Not Very Dangerous
Total	72.5	24.8	2.7
Rural	69.6	26.9	3.5
Urban	73.8	23.8	2.4
Northeast	73.3	23.9	2.8
Midwest	66.6	31.4	2.0
South	75.1	22.4	2.5
West	73.8	22.6	3.6
Nonsmoker	75.9	22.0	2.1
Smoker	60.8	34.5	4.7
Male	65.2	32.1	2.7
Female	79.8	17.5	2.7
White	71.1	26.2	2.7
African American	78.1	17.4	4.5
18-24 years of age	70.7	28.0	1.2
25-44 years of age	71.6	26.6	1.8
45-64 years of age	71.9	23.7	4.4
65 years of age and older	77.3	20.5	2.3
Not a high school graduate	73.7	21.2	5.1
High school graduate	69.1	26.3	4.6
Some college	72.5	25.4	2.1
College graduate	74.4	24.4	1.1
Note: 11.8 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.			

American adults recognize the danger of snuff; however, there is a lack of agreement concerning the amount of danger in this behavior. More than half of respondents view the use of snuff as very dangerous, and almost a quarter view it as somewhat dangerous. Smokers tend to see snuff as less dangerous than nonsmokers, and males tend to see it as less dangerous than females.

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Danger of Smoking Cigars			
“Is smoking cigars very dangerous, somewhat dangerous, or not very dangerous?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Very Dangerous	Somewhat Dangerous	Not Very Dangerous
Total	68.1	27.7	4.1
Rural	65.0	29.7	5.3
Urban	69.4	27.0	3.6
Northeast	64.2	29.9	5.9
Midwest	63.6	33.6	2.8
South	71.9	23.7	4.4
West	70.1	26.3	3.6
Nonsmoker	72.5	24.7	2.8
Smoker	53.2	38.2	8.6
Male	61.4	33.0	5.6
Female	75.1	22.3	2.7
White	65.9	29.3	4.8
African American	78.6	19.6	1.8
18-24 years of age	63.6	31.2	5.2
25-44 years of age	68.5	28.3	3.2
45-64 years of age	66.7	28.7	4.5
65 years of age and older	73.8	21.5	4.7
Not a high school graduate	70.1	26.0	3.9
High school graduate	67.1	28.6	4.3
Some college	68.8	27.9	3.3
College graduate	68.0	27.3	4.7
Note: 4.8 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.			

American adults also recognize the danger of smoking cigars, however, there is a lack of agreement concerning the amount of danger in this behavior. More than half of respondents view smoking cigars as very dangerous, and more than a quarter view it as somewhat dangerous. Smokers tend to see snuff as less dangerous than nonsmokers, males tend to see it as less dangerous than females, and white respondents tend to see it as less dangerous than African Americans.

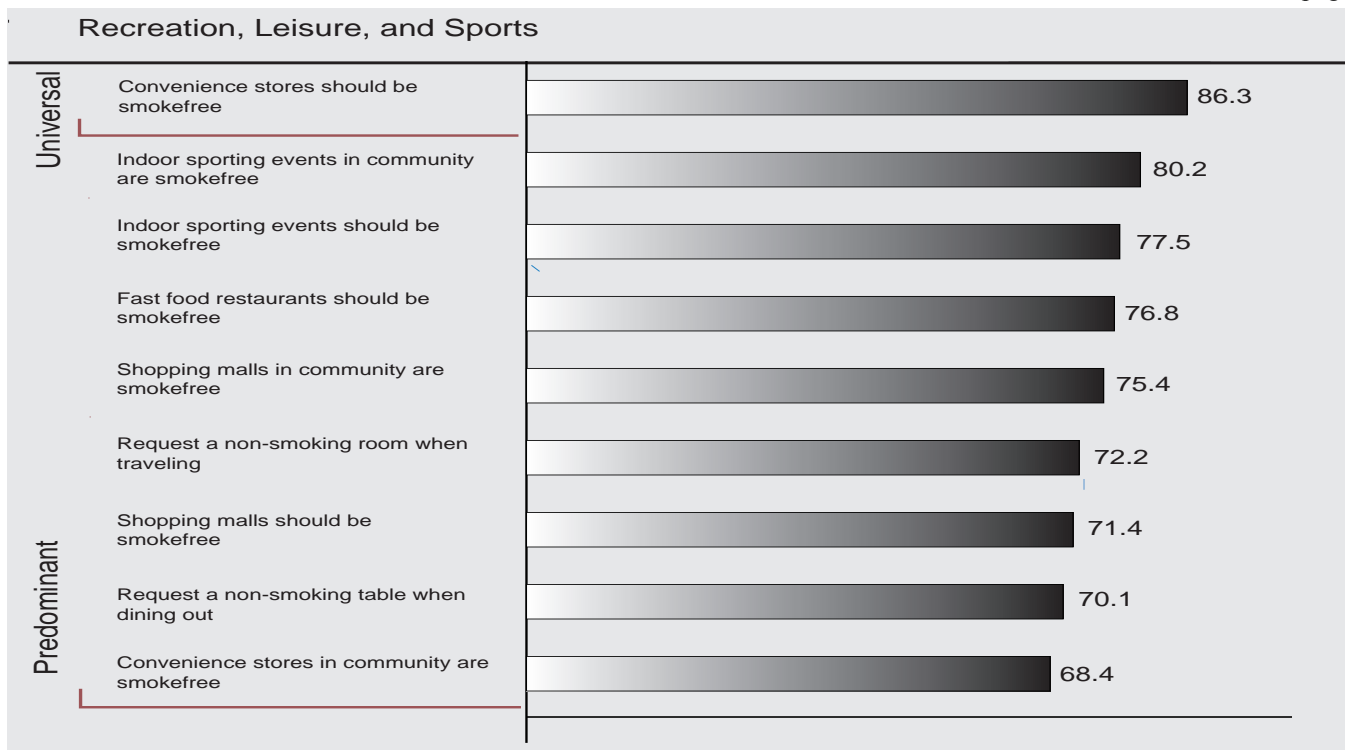
CHAPTER 7

RECREATION, LEISURE, AND SPORTS

The institutional arenas of recreation, leisure, and sport appear to be lagging in the evolution of strong tobacco control norms. Of the 17 survey items included in this institutional set, only one item is universally endorsed. Tobacco control norms and practices associated with dining out and traveling reflected a preference for limiting but not banning tobacco in these settings. In fact, a norm indicating a complete ban in restaurants appears to be contested. Even less support is found for bans in outdoor parks and bars where such norms were judged to be marginal. Note, however, the gaps between norms supporting tobacco bans in recreational settings, and actual practices in these settings.

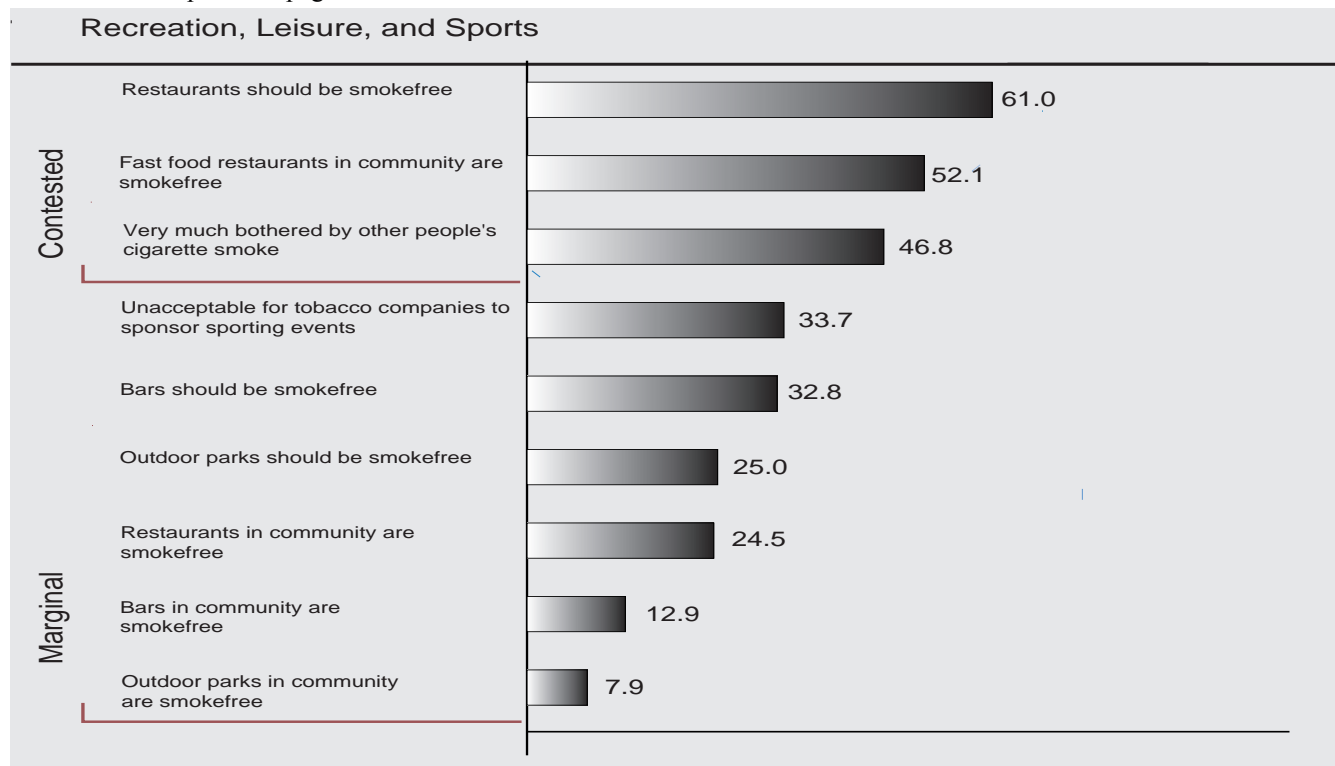
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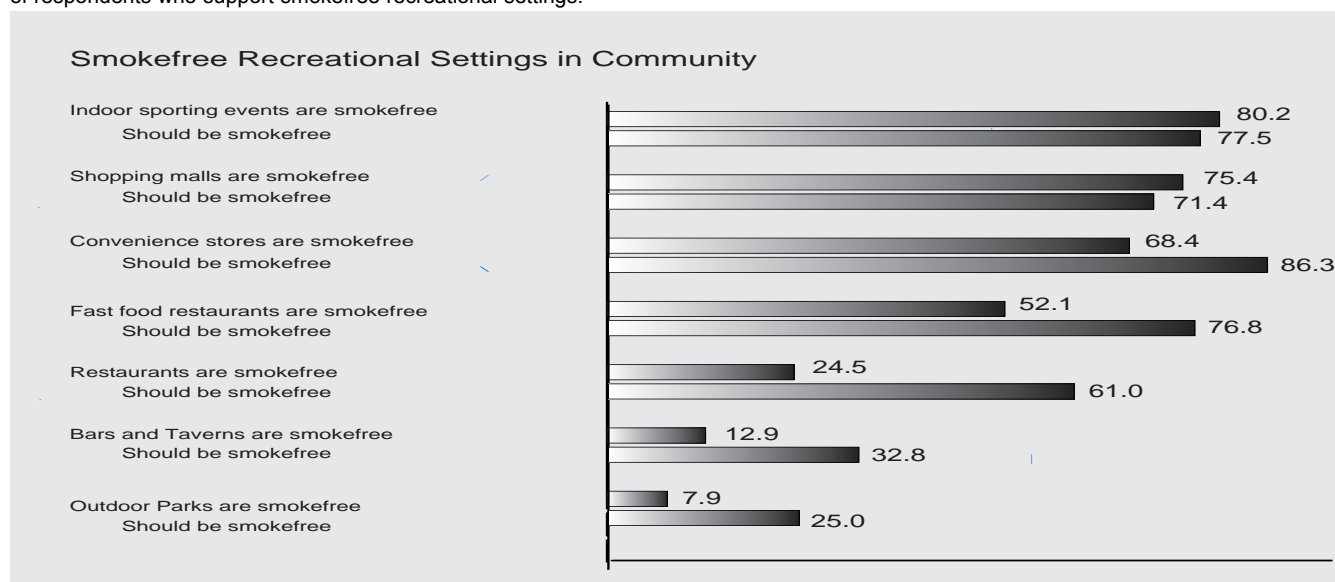
Percentage of respondents who support normative beliefs, recognize health risks, or report restrictions on tobacco use.

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Percentage of respondents who support normative beliefs, recognize health risks, or report restrictions on tobacco use.

Percentage of respondents who report that recreational settings in their community are smokefree and the percentage of respondents who support smokefree recreational settings.



Detailed Tables

- Almost half of American adults are very much bothered by second-hand smoke. However, females are more bothered by second-hand smoke than males, and nonsmokers are more bothered than smokers.
- When asked about smoking restrictions in their community, respondents from the western region were more likely to report that recreational settings had tighter restrictions.
- In general, females are more supportive of tobacco control in recreational settings than males, and nonsmokers are more supportive than smokers.
- It is interesting to note that, in general, smokers are more likely than nonsmokers to report that recreation settings in their community are smokefree.

Tolerance for Second-Hand Smoke				
“How much does it bother you when you are exposed to other people’s cigarette smoke? Would you say it bothers you not at all, a little, moderately, or very much?”				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Not at All	A Little	Moderately	Very Much
Total	17.3	15.6	20.3	46.8
Rural	18.1	15.4	22.4	44.1
Urban	16.9	15.7	19.5	48.0
Northeast	17.4	17.4	17.4	47.9
Midwest	20.2	17.3	21.1	41.4
South	17.3	13.6	20.5	48.6
West	14.1	15.8	21.6	48.6
Nonsmoker	6.5	12.4	21.6	59.5
Smoker	51.0	25.9	16.0	7.2
Male	18.9	19.2	21.9	40.1
Female	15.8	12.2	18.7	53.4
White	17.9	16.7	22.0	43.5
African American	21.3	12.9	15.2	50.6
18-24 years of age	17.8	17.2	20.6	44.4
25-44 years of age	16.6	18.4	21.6	43.3
45-64 years of age	18.9	12.8	21.7	46.7
65 years of age and older	15.4	14.2	14.6	55.9
Not a high school graduate	23.1	14.2	18.7	44.0
High school graduate	20.7	18.7	16.5	44.1
Some college	20.1	15.0	20.1	44.9
College graduate	10.2	14.2	24.8	50.8
Note: 0.1 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.				

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Slightly less than half of American adults - 46.8 percent - are very much bothered by second-hand smoke. However, males, on average, are less bothered by second-hand smoke than females and smokers are less bothered than nonsmokers.¹

¹ See Table 3 for maximum confidence intervals. Also, see the methods section for discussion of comparison analyses.

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Three-quarters of American adults - 75.4 percent - report that shopping malls in their community are completely smokefree. It is interesting to note that smokers report tighter restrictions than nonsmokers and white respondents report tighter restrictions than African Americans.

Smokefree Shopping Malls in Community			
"Indoor shopping malls in your community, are they completely smokefree, have designated smoking and non-smoking areas, or permit smoking anywhere?"			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Completely Smokefree	Designated Areas	Permit Smoking Anywhere
Total	75.4	20.4	4.1
Rural	69.5	25.9	4.5
Urban	77.8	18.2	4.0
Northeast	83.7	13.1	3.3
Midwest	75.9	19.8	4.3
South	68.5	26.0	5.6
West	78.9	18.8	2.3
Nonsmoker	73.5	21.6	5.0
Smoker	80.6	17.3	2.0
Male	75.2	20.0	4.7
Female	75.8	20.7	3.5
White	77.4	19.5	3.1
African American	69.6	20.9	9.5
18-24 years of age	75.0	21.2	3.8
25-44 years of age	73.6	22.1	4.2
45-64 years of age	78.6	17.9	3.5
65 years of age and older	73.5	21.1	5.4
Not a high school graduate	70.7	24.1	5.2
High school graduate	74.4	21.1	4.5
Some college	80.7	16.5	2.8
College graduate	73.9	21.4	4.7

Note: 15.5 percent of respondents reported *Don't Know, Does not Apply*, or refused.
Percentages may not add to 100 due to rounding.

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Slightly more than 70 percent of American adults believe that shopping malls should be smokefree. Note that females are more supportive of smoking restrictions in shopping malls than males and nonsmokers are more supportive than smokers.

Should Shopping Malls be Smokefree			
"In indoor shopping malls, do you think that smoking should be allowed in all areas, some areas, or not at all?"			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	All Areas	Some Areas	Not at All
Total	1.3	27.2	71.4
Rural	0.9	29.9	69.2
Urban	1.5	26.1	72.3
Northeast	0.7	27.8	71.5
Midwest	1.2	30.5	68.3
South	1.1	27.0	71.8
West	2.0	23.9	74.1
Nonsmoker	1.1	21.6	77.3
Smoker	2.2	44.6	53.2
Male	1.2	30.7	68.1
Female	1.3	23.9	74.8
White	1.1	29.1	69.7
African American	1.1	23.0	75.9
18-24 years of age	1.1	25.1	73.7
25-44 years of age	0.7	27.3	71.9
45-64 years of age	1.8	27.7	70.5
65 years of age and older	1.6	27.6	70.7
Not a high school graduate	3.0	26.5	70.5
High school graduate	1.8	28.6	69.6
Some college	0.8	28.0	71.2
College graduate	1.0	25.8	73.2

Note: 1.2 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

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Smokefree Convenience Stores in Community			
“Convenience stores in your community, are they completely smokefree, have designated smoking and non-smoking areas, or permit smoking anywhere?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Completely Smokefree	Designated Areas	Permit Smoking Anywhere
Total	68.4	7.2	24.4
Rural	61.3	8.9	29.7
Urban	71.5	6.4	22.0
Northeast	77.0	4.5	18.5
Midwest	64.6	8.6	26.8
South	53.5	9.4	37.1
West	87.6	4.3	8.0
Nonsmoker	67.0	6.6	26.4
Smoker	72.5	8.8	18.7
Male	67.1	8.1	24.8
Female	69.7	6.2	24.1
White	67.4	6.7	25.8
African American	65.2	8.7	26.1
18-24 years of age	70.7	7.3	22.0
25-44 years of age	69.6	8.7	21.7
45-64 years of age	66.9	5.6	27.5
65 years of age and older	66.7	7.0	26.3
Not a high school graduate	71.1	8.8	20.2
High school graduate	70.6	9.5	19.9
Some college	68.5	6.5	25.0
College graduate	66.3	5.3	28.3
Note: 15.5 percent of respondents reported <i>Don't Know</i> , <i>Does not Apply</i> , or refused. Percentages may not add to 100 due to rounding.			

Slightly more than two-thirds of American adults-- 68.4 percent -- report that convenience stores in their community are completely smokefree. There is, however, substantial intergroup variability. Respondents in the west report tighter restrictions on smoking than respondents in the northeast, midwest, and south. Also, respondents living in urban areas report tighter restrictions than those living in rural areas and smokers report tighter restriction than nonsmokers.

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Should Convenient Stores be Smokefree			
“In convenience stores, do you think that smoking should be allowed in all areas, some areas, or not at all?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	All Areas	Some Areas	Not at All
Total	3.8	9.9	86.3
Rural	4.1	12.6	83.3
Urban	3.6	8.7	87.7
Northeast	2.8	9.3	87.9
Midwest	3.3	11.5	85.2
South	5.0	9.5	85.5
West	2.9	9.6	87.5
Nonsmoker	2.4	7.6	90.0
Smoker	7.9	17.2	74.9
Male	5.4	10.5	84.2
Female	2.2	9.3	88.6
White	3.8	9.8	86.4
African American	2.3	9.2	88.5
18-24 years of age	4.5	11.2	84.3
25-44 years of age	2.7	9.3	88.0
45-64 years of age	4.0	10.2	85.8
65 years of age and older	4.9	10.2	84.9
Not a high school graduate	1.6	14.0	84.5
High school graduate	4.8	10.6	84.6
Some college	4.6	11.4	84.1
College graduate	2.8	6.7	90.5
Note: 2.0 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.			

More than 85 percent of American adults believe that convenience stores should be smokefree. Note also that females are more supportive of smoking restrictions in convenience stores than males and nonsmokers are more supportive than smokers.

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Slightly more than half of American adults - 52.1 percent - report that fast food restaurants in their community are completely smokefree. Once again, respondents in the west report tighter restrictions on smoking than respondents in the northeast, midwest, and south. Smokers also report tighter restrictions than non-smokers.

Smokefree Fast Food Establishments in Community			
"Are fast food restaurants in your community completely smokefree, have designated smoking and non-smoking areas, or permit smoking anywhere?"			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Completely Smokefree	Designated Areas	Permit Smoking Anywhere
Total	52.1	43.0	4.9
Rural	47.1	47.3	5.6
Urban	54.2	41.2	4.6
Northeast	57.3	38.1	4.6
Midwest	42.7	54.2	3.1
South	40.3	53.4	6.3
West	74.5	20.8	4.7
Nonsmoker	51.0	43.4	5.6
Smoker	55.4	42.0	2.6
Male	54.4	41.1	4.5
Female	49.9	44.9	5.3
White	53.6	42.2	4.2
African American	46.7	49.1	4.2
18-24 years of age	55.6	37.9	6.5
25-44 years of age	51.9	43.3	4.9
45-64 years of age	52.9	42.7	4.5
65 years of age and older	47.7	47.7	4.6
Not a high school graduate	42.4	54.2	3.4
High school graduate	50.7	44.9	4.3
Some college	51.9	43.3	4.9
College graduate	56.7	37.9	5.4
Note: 8.7 percent of respondents reported <i>Don't Know</i> , <i>Does not Apply</i> , or refused. Percentages may not add to 100 due to rounding.			

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Slightly more than three-quarters of American adults -- 76.8 percent -- believe that fast food restaurants should be smokefree. Note that nonsmokers are more supportive of smoking restrictions in fast food restaurants than smokers.

Should Fast Food Establishments be Smokefree			
"In fast food restaurants, do you think that smoking should be allowed in all areas, some areas, or not at all?"			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	All Areas	Some Areas	Not at All
Total	0.8	22.3	76.8
Rural	0.9	25.3	73.8
Urban	0.8	21.0	78.2
Northeast	0.7	20.2	79.1
Midwest	1.2	27.6	71.2
South	1.0	25.0	74.1
West	0.3	14.7	85.0
Nonsmoker	0.4	16.9	82.7
Smoker	2.3	39.5	58.2
Male	1.2	22.7	76.0
Female	0.4	21.9	77.7
White	1.0	22.0	77.0
African American	0.0	26.7	73.3
18-24 years of age	0.6	19.1	80.3
25-44 years of age	0.9	20.4	78.7
45-64 years of age	1.2	24.6	74.2
65 years of age and older	0.4	24.3	75.3
Not a high school graduate	0.0	29.8	70.2
High school graduate	1.4	25.4	73.2
Some college	1.3	24.5	74.1
College graduate	0.2	16.0	83.8
Note: 1.2 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.			

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Smokefree Restaurants in Community			
“Are restaurants in your community completely smokefree, have designated smoking and non-smoking areas, or permit smoking anywhere?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Completely Smokefree	Designated Areas	Permit Smoking Anywhere
Total	24.5	74.1	1.4
Rural	22.1	76.0	1.8
Urban	25.5	73.2	1.3
Northeast	27.7	71.2	1.1
Midwest	8.9	88.7	2.4
South	12.7	85.5	1.8
West	54.8	44.9	0.3
Nonsmoker	25.6	72.9	1.5
Smoker	21.1	78.1	0.9
Male	25.9	72.5	1.7
Female	22.9	75.9	1.2
White	24.0	74.4	1.6
African American	20.5	78.4	1.2
18-24 years of age	24.3	73.4	2.3
25-44 years of age	24.1	74.2	1.6
45-64 years of age	26.1	72.9	1.0
65 years of age and older	21.6	77.1	1.3
Not a high school graduate	22.3	76.9	0.8
High school graduate	23.2	75.4	1.4
Some college	19.9	79.0	1.1
College graduate	29.4	68.6	2.0

Note: 3.3 percent of respondents reported *Don't Know*, *Does not Apply*, or refused.
Percentages may not add to 100 due to rounding.

Less than one quarter of American adults - 24.5 percent - report that restaurants in their community are completely smokefree. Note that respondents in the west report stronger restrictions on smoking than respondents in the northeast, midwest, and south.

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Should Restaurants be Smokefree			
“In restaurants, do you think that smoking should be allowed in all areas, some areas, or not at all?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	All Areas	Some Areas	Not at All
Total	1.2	37.8	61.0
Rural	0.7	37.8	61.5
Urban	1.4	37.8	60.8
Northeast	1.4	37.9	60.6
Midwest	0.9	45.6	53.5
South	1.1	40.0	58.8
West	1.2	26.7	72.2
Nonsmoker	0.7	29.2	70.1
Smoker	2.5	64.7	32.8
Male	1.1	38.0	60.9
Female	1.2	37.6	61.2
White	1.1	39.5	59.5
African American	0.0	36.2	63.8
18-24 years of age	1.1	36.3	62.6
25-44 years of age	1.1	37.5	61.4
45-64 years of age	1.4	38.7	59.9
65 years of age and older	0.8	38.0	61.2
Not a high school graduate	0.0	35.1	64.9
High school graduate	2.5	39.1	58.4
Some college	1.3	39.2	59.5
College graduate	0.4	37.0	62.6

Note: 0.9 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

Slightly more than 60 percent of American adults believe that restaurants should be smokefree. Note that African Americans are more supportive of smoking restrictions in restaurants than white respondents and nonsmokers are more supportive than smokers.

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More than one quarter of respondents refused or were unable to respond to this item. However, among respondents who answered this item, only 12.9 percent reported that bars and taverns in their community are smokefree. It is also worth noting that respondents in the west report more stringent restrictions on smoking than respondents in the northeast, midwest, and south.

Smokefree Bars and Taverns in Community			
“Are bars and taverns in your community completely smokefree, have designated smoking and non-smoking areas, or permit smoking anywhere?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Completely Smokefree	Designated Areas	Permit Smoking Anywhere
Total	12.9	15.2	71.8
Rural	11.6	11.9	76.5
Urban	13.5	16.5	70.0
Northeast	6.3	17.2	76.5
Midwest	2.7	11.2	86.0
South	2.8	17.8	79.3
West	40.9	14.2	44.9
Nonsmoker	14.1	16.2	69.7
Smoker	9.7	12.9	77.4
Male	12.9	18.8	71.3
Female	13.1	14.7	72.3
White	12.7	15.5	71.7
African American	10.6	15.4	74.0
18-24 years of age	10.6	21.3	68.1
25-44 years of age	10.6	13.3	76.1
45-64 years of age	15.6	15.3	69.1
65 years of age and older	17.2	15.6	67.2
Not a high school graduate	15.7	8.4	75.9
High school graduate	12.0	16.3	71.8
Some college	12.4	13.1	74.5
College graduate	13.2	17.6	69.3
Note: 26.6 percent of respondents reported <i>Don't Know</i> , <i>Does not Apply</i> , or refused. Percentages may not add to 100 due to rounding.			

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Slightly less than one-third -- 32.8 percent -- of American adults believe that bars and taverns should be smokefree. There is, however, considerable variability in support for smoking restrictions in bars and taverns. Respondents from the western region of the United States are more supportive than respondents from the other regions, respondents from urban areas are more supportive than respondents from rural areas, females are more supportive than males, and nonsmokers are more supportive than smokers.

Should Bars and Taverns be Smokefree			
“In bars and taverns, do you think that smoking should be allowed in all areas, some areas, or not at all?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	All Areas	Some Areas	Not at All
Total	32.2	35.0	32.8
Rural	29.8	33.7	36.5
Urban	33.2	35.5	31.3
Northeast	30.0	44.0	26.1
Midwest	42.7	31.7	25.6
South	34.6	31.7	33.6
West	20.5	35.7	43.8
Nonsmoker	25.3	34.8	39.9
Smoker	52.9	35.7	11.4
Male	37.4	35.2	27.4
Female	26.9	34.7	38.4
White	32.3	36.3	31.4
African American	36.3	30.6	33.1
18-24 years of age	35.9	37.7	26.3
25-44 years of age	35.8	34.8	29.4
45-64 years of age	29.3	34.9	35.8
65 years of age and older	26.3	33.2	40.5
Not a high school graduate	29.3	26.7	44.0
High school graduate	35.7	30.7	33.7
Some college	34.8	36.2	29.1
College graduate	28.7	39.1	32.2
Note: 8.7 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.			

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Almost one-quarter of respondents refused or were unable to respond to this item. However, among respondents who did answer this item, 80.2 percent reported that indoor sporting events in their community are smokefree. Respondents in the west report greater restrictions on smoking than respondents in the northeast, midwest, and south. Also, males report tighter restrictions than females and smokers report stronger restrictions than nonsmokers.

Indoor Sporting Events in Community			
"Are indoor sporting events in your community completely smokefree, have designated smoking and non-smoking areas, or permit smoking anywhere?"			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Completely Smokefree	Designated Areas	Permit Smoking Anywhere
Total	80.2	14.6	5.2
Rural	84.6	10.2	5.1
Urban	78.3	16.5	5.2
Northeast	79.1	13.9	7.0
Midwest	80.3	15.9	3.8
South	75.6	17.7	6.7
West	86.9	9.7	3.5
Nonsmoker	78.2	15.6	6.2
Smoker	85.9	11.7	2.3
Male	79.1	15.1	5.8
Female	81.4	14.2	4.4
White	82.2	13.5	4.3
African American	71.3	21.7	7.0
18-24 years of age	76.4	18.6	5.0
25-44 years of age	77.9	16.1	6.0
45-64 years of age	83.0	11.3	5.7
65 years of age and older	82.2	15.8	2.0
Not a high school graduate	77.6	16.5	5.9
High school graduate	81.4	14.5	4.1
Some college	82.7	11.9	5.4
College graduate	78.1	16.3	5.5

Note: 23.9 percent of respondents reported *Don't Know*, *Does not Apply*, or refused. Percentages may not add to 100 due to rounding.

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Slightly more than three-quarters -- 77.5 percent -- of American adults believe that indoor sporting events should be smokefree. Note that African Americans are more supportive of smoking restrictions in restaurants than white respondents; and nonsmokers are more supportive than smokers.

Should Indoor Sporting Events be Smokefree			
"At indoor sporting events, do you think that smoking should be allowed in all areas, some areas, or not at all?"			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	All Areas	Some Areas	Not at All
Total	1.2	21.4	77.5
Rural	0.7	20.0	79.4
Urban	1.5	22.0	76.6
Northeast	0.7	22.4	76.9
Midwest	0.9	22.2	76.9
South	1.4	21.8	76.8
West	1.5	19.1	79.5
Nonsmoker	0.8	17.6	81.6
Smoker	2.3	33.2	64.5
Male	1.0	23.0	76.1
Female	1.4	19.8	78.8
White	1.2	23.0	75.9
African American	0.0	18.4	81.6
18-24 years of age	0.6	20.5	79.0
25-44 years of age	1.5	23.3	75.2
45-64 years of age	1.4	21.4	77.2
65 years of age and older	0.4	17.4	82.2
Not a high school graduate	1.6	23.8	74.6
High school graduate	1.6	19.9	78.5
Some college	1.1	22.4	76.5
College graduate	0.8	21.4	77.8

Note: 2.5 percent of respondents reported *Don't Know* or refused. Percentages may not add to 100 due to rounding.

Only 7.9 percent reported that outdoor parks in their community are smokefree.

Smokefree Outdoor Parks in Community			
“Are outdoor parks in your community completely smokefree, have designated smoking and non-smoking areas, or permit smoking anywhere?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Completely Smokefree	Designated Areas	Permit Smoking Anywhere
Total	7.9	7.2	84.9
Rural	7.4	7.4	85.1
Urban	8.1	7.1	84.8
Northeast	5.6	7.3	87.1
Midwest	5.7	5.0	89.3
South	6.4	9.1	84.5
West	13.9	6.6	79.5
Nonsmoker	8.6	7.4	84.0
Smoker	6.0	6.6	87.5
Male	6.7	7.3	85.9
Female	9.2	7.3	83.6
White	7.1	7.3	85.7
African American	8.8	6.3	85.0
18-24 years of age	6.3	13.1	80.6
25-44 years of age	7.2	5.3	87.5
45-64 years of age	8.2	7.7	84.1
65 years of age and older	10.4	6.8	82.8
Not a high school graduate	11.8	10.0	78.2
High school graduate	7.7	6.6	85.7
Some college	8.1	7.5	84.3
College graduate	7.4	6.5	86.0

Note: 13.3 percent of respondents reported *Don't Know*, *Does not Apply*, or refused.
Percentages may not add to 100 due to rounding.

Only one-quarter of American adults believe that outdoor parks should be smokefree. Note that African Americans are more supportive of smoking restrictions in outdoor parks than white respondents; females are more supportive than males, and nonsmokers are more supportive than smokers. Also, respondents who had attended college are more supportive than respondents who had not.

Should Outdoor Parks be Smokefree			
“In outdoor parks, do you think that smoking should be allowed in all areas, some areas, or not at all?”			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	All Areas	Some Areas	Not at All
Total	40.2	34.8	25.0
Rural	37.1	37.1	25.8
Urban	41.5	33.8	24.7
Northeast	40.2	36.3	23.5
Midwest	46.2	32.0	21.8
South	39.3	34.5	26.1
West	35.5	36.4	28.2
Nonsmoker	33.7	36.1	30.2
Smoker	60.3	30.8	8.9
Male	43.7	34.8	21.6
Female	36.8	34.6	28.6
White	43.2	34.2	22.6
African American	30.5	39.1	30.5
18-24 years of age	30.9	40.4	28.7
25-44 years of age	43.6	33.3	23.1
45-64 years of age	40.8	34.4	24.7
65 years of age and older	38.1	34.4	27.5
Not a high school graduate	35.4	29.9	34.6
High school graduate	39.3	33.6	27.0
Some college	43.7	35.9	20.4
College graduate	40.9	35.5	23.6

Note: 1.9 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

74

Slightly more than 70 percent of American adults report that they request a nonsmoking table when dining out. Note that females are more likely to request a nonsmoking table than males, nonsmokers are more likely to do so than smokers, and respondents who had attended college are more likely to do so than respondents who had not.

Dining Preferences			
"When dining out, do you request a table in the non-smoking section, smoking section, or the first available section?"			
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)			
Sample Characteristic	Non-Smoking Section	Smoking Section	First Available
Total	70.1	12.4	17.6
Rural	66.7	16.3	17.0
Urban	71.5	10.8	17.8
Northeast	72.2	10.8	17.0
Midwest	64.7	14.9	20.4
South	70.2	13.4	16.3
West	73.5	9.2	17.3
Nonsmoker	83.3	2.1	14.7
Smoker	27.2	45.8	27.0
Male	69.1	11.7	19.3
Female	71.0	13.1	15.9
White	67.8	13.6	18.6
African American	76.9	10.7	12.4
18-24 years of age	75.1	10.2	14.7
25-44 years of age	68.4	12.4	19.2
45-64 years of age	68.9	14.7	16.4
65 years of age and older	72.5	9.0	18.4
Not a high school graduate	63.2	23.2	13.6
High school graduate	65.8	19.0	15.1
Some college	68.6	11.8	19.6
College graduate	75.7	4.8	19.5
Note: 2.5 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.			

75

Slightly less than three-quarters -- 72.2 percent -- of American adults report that they request a nonsmoking room when traveling. As might be expected, nonsmokers are more likely to request a nonsmoking room than smokers.

Hotel Preferences		
"If you travel and stay in a hotel or motel, do you usually request a non-smoking room?"		
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)		
Sample Characteristic	Yes	No
Total	72.2	27.8
Rural	70.2	29.8
Urban	73.1	26.9
Northeast	73.5	26.5
Midwest	66.7	33.3
South	71.0	29.0
West	78.2	21.8
Nonsmoker	88.0	12.0
Smoker	23.0	77.0
Male	71.5	28.5
Female	72.9	27.1
White	71.4	28.6
African American	68.7	31.3
18-24 years of age	80.5	19.5
25-44 years of age	70.7	29.3
45-64 years of age	70.8	29.2
65 years of age and older	72.9	27.1
Not a high school graduate	55.1	44.9
High school graduate	65.3	34.7
Some college	73.2	26.8
College graduate	80.6	19.4
Note: 5.5 percent of respondents reported <i>Don't Know</i> , <i>Do not Travel</i> , or refused. Percentages may not add to 100 due to rounding.		

About one-third -- 33.7 percent -- of American adults believe that it is unacceptable for tobacco companies to sponsor sporting or cultural events. There is, however, considerable variability in this belief. Females believe that sponsorship is more unacceptable than males, nonsmokers believe it to be more unacceptable than smokers, and older respondents believe it to be more unacceptable than younger respondents.

Is it Acceptable for Tobacco Companies to Sponsor Sporting or Cultural Events				
"It is acceptable for tobacco companies to sponsor sporting or cultural events like the Winston Cup... Do you:"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	13.6	52.7	27.3	6.4
Rural	13.5	49.1	32.2	5.2
Urban	13.6	54.3	25.3	6.8
Northeast	13.5	56.4	25.1	5.0
Midwest	14.9	53.0	26.2	6.0
South	12.3	50.4	31.5	5.8
West	14.4	52.8	24.1	8.8
Nonsmoker	9.3	50.5	32.7	7.5
Smoker	26.9	59.5	10.7	3.0
Male	17.8	56.4	21.9	3.9
Female	9.1	48.9	33.1	8.9
White	14.6	53.3	25.4	6.7
African American	8.2	55.1	31.0	5.7
18-24 years of age	13.9	53.6	27.1	5.4
25-44 years of age	14.3	59.4	22.6	3.7
45-64 years of age	14.6	50.4	26.8	8.2
65 years of age and older	9.0	41.2	39.8	10.0
Not a high school graduate	8.2	50.0	31.8	10.0
High school graduate	12.3	51.6	30.6	5.4
Some college	15.3	50.9	27.7	6.1
College graduate	13.8	55.8	24.1	6.3

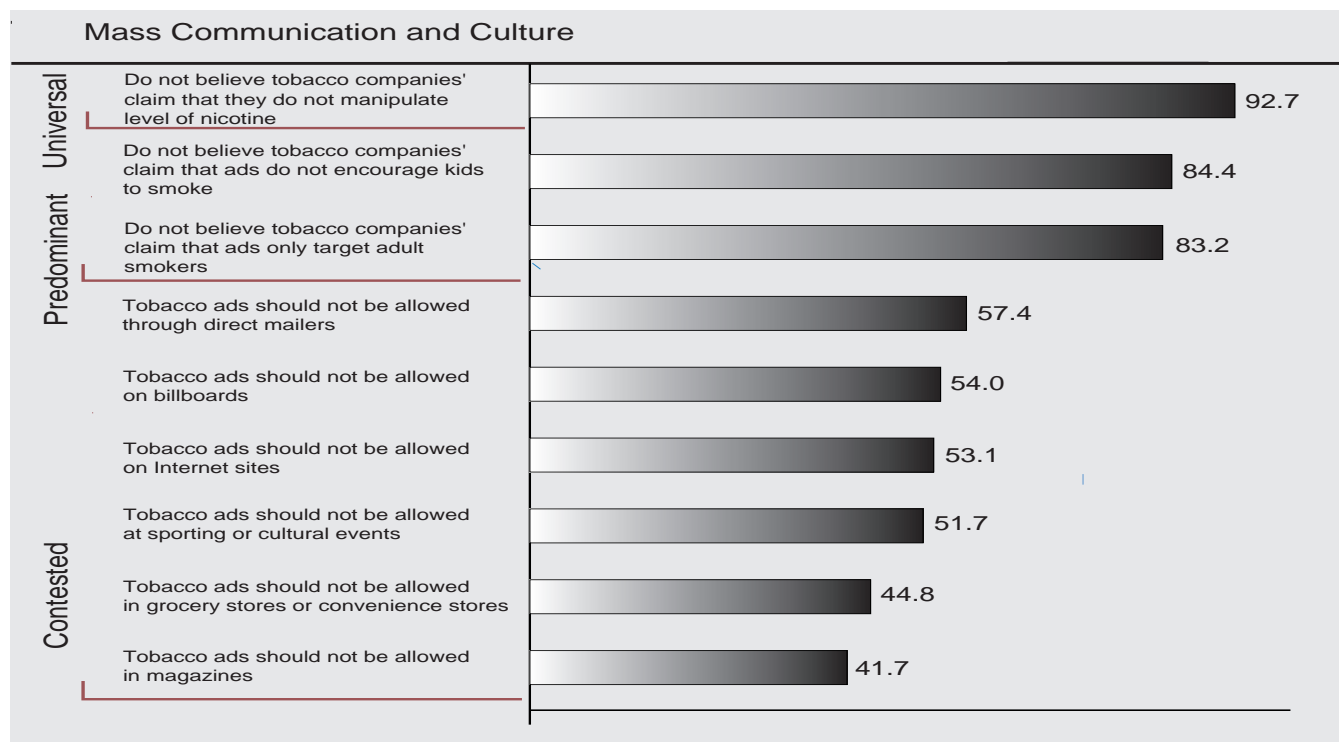
Note: 9.4 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

CHAPTER 8

MASS CULTURE AND COMMUNICATION

While only one of the mass culture and communication items is universally endorsed, there appears to be a predominant disbelief of tobacco companies' claims they only target adults, that their ads do not encourage kids to smoke, and that they do not manipulate nicotine levels. Many American adults, however, do not support restrictions on tobacco advertising. Only about half support a ban on tobacco advertising through Internet sites, direct mailers, and billboards, while less than half support bans on advertisements in convenience stores and magazines.

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Percentage of respondents who support normative beliefs, recognize health risks, or report restrictions on tobacco use.

Detailed Tables

- The vast majority of American adults reject the tobacco companies' claims that they do not target youth, that they only target adult smokers, and that they do not manipulate nicotine levels in cigarettes.
- American adults are rather split in their support of restrictions on tobacco advertising and there is considerable variation across demographic groups. Nonsmokers are more supportive of advertising restrictions than smokers, females are more supportive than males, and elderly respondents are more supportive than younger respondents.

Acceptability of Tobacco Advertisements in Grocery and Convenience Stores				
"Tobacco advertising is acceptable in grocery and convenience stores ... Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	6.6	48.5	37.5	7.3
Rural	6.1	44.0	73.1	6.8
Urban	6.8	50.5	35.1	7.6
Northeast	4.8	53.5	35.9	5.9
Midwest	6.7	51.1	35.3	7.0
South	5.6	48.5	38.7	7.2
West	9.4	42.2	39.2	9.1
Nonsmoker	5.4	43.6	42.3	8.7
Smoker	10.4	63.8	22.8	3.1
Male	9.7	51.5	32.7	6.1
Female	3.6	45.4	42.4	8.6
White	6.9	49.5	36.4	7.2
African American	2.9	50.0	40.0	7.1
18-24 years of age	8.0	50.0	37.4	4.6
25-44 years of age	6.9	54.6	34.1	4.4
45-64 years of age	7.0	49.9	33.4	9.7
65 years of age and older	3.7	30.7	53.9	11.6
Not a high school graduate	3.8	37.1	50.0	9.1
High school graduate	7.4	43.7	42.3	6.7
Some college	6.8	51.0	34.3	7.9
College graduate	6.0	53.6	33.3	7.0
Note: 2.9 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.				

78

Less than half -- 44.8 percent -- of American adults believe that it is unacceptable for tobacco companies to advertise in grocery and convenience stores. This normative belief, however, varies across groups. Females believe it is more unacceptable than males, nonsmokers believe it is more unacceptable than smokers, and adults over the age of 65 view it as more unacceptable than younger adults.¹

¹ See Table 3 for maximum confidence intervals. Also, see the methods section for discussion of comparison analyses.

Less than half -- 41.7 percent -- of American adults believe that it is unacceptable for tobacco companies to advertise in magazines. This normative belief, however, varies across groups. Females believe it is more unacceptable than males, nonsmokers believe it is more unacceptable than smokers, and adults over the age of 65 view it as more unacceptable than younger adults.

Acceptability of Tobacco Advertisements in Magazines				
"Tobacco advertising is acceptable in magazines ... Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	5.7	52.6	34.6	7.1
Rural	6.0	46.8	41.0	6.2
Urban	5.6	55.2	31.8	7.5
Northeast	5.6	57.8	31.5	5.2
Midwest	5.2	55.5	31.9	7.4
South	5.3	50.6	37.0	7.1
West	6.8	48.5	36.0	8.6
Nonsmoker	4.4	47.9	38.9	8.8
Smoker	9.6	67.1	21.2	2.0
Male	8.7	58.6	27.2	5.5
Female	2.6	46.6	42.0	8.7
White	6.3	53.5	33.2	7.1
African American	1.2	56.0	36.3	6.5
18-24 years of age	7.0	62.2	26.7	4.1
25-44 years of age	6.1	54.3	35.2	4.4
45-64 years of age	5.9	54.1	30.5	9.4
65 years of age and older	3.4	38.7	47.2	10.6
Not a high school graduate	3.9	38.0	49.6	8.5
High school graduate	5.1	51.9	37.1	5.8
Some college	6.4	52.7	33.3	7.6
College graduate	5.6	57.2	29.9	7.2

Note: 3.2 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

Slightly more than half -- 54.0 percent -- of American adults believe that it is unacceptable for tobacco companies to advertise on billboards. This normative belief, however, varies across groups. Females believe it is more unacceptable than males; African Americans believe it is more unacceptable than white respondents, nonsmokers believe it is more unacceptable than smokers, and adults over the age of 65 view it as more unacceptable than younger adults.

Acceptability of Tobacco Advertisements on Billboards				
"Tobacco advertising is acceptable on billboards ... Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	5.3	40.7	45.1	8.9
Rural	5.0	35.9	51.3	7.8
Urban	5.4	42.8	42.3	9.4
Northeast	5.1	44.8	43.7	6.5
Midwest	4.6	43.8	43.2	8.5
South	4.3	40.4	45.5	9.8
West	7.7	35.0	47.5	9.8
Nonsmoker	4.1	36.4	49.3	10.2
Smoker	8.7	54.3	32.2	4.8
Male	7.7	47.0	37.8	7.5
Female	2.9	34.4	52.3	10.4
White	5.8	42.2	43.6	8.3
African American	1.2	42.7	46.2	9.9
18-24 years of age	5.2	47.7	41.9	5.2
25-44 years of age	5.3	45.4	43.9	5.5
45-64 years of age	5.7	39.8	42.7	11.8
65 years of age and older	4.6	27.0	54.8	13.7
Not a high school graduate	3.9	31.0	54.3	10.9
High school graduate	4.8	39.5	47.7	8.0
Some college	5.5	41.3	43.7	9.6
College graduate	5.9	43.9	41.7	8.5

Note: 3.2 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

81

Almost 60 percent of American adults believe that it is unacceptable for tobacco companies to advertise through direct mailers. Note that females believe it is more unacceptable than males and nonsmokers believe it is more unacceptable than smokers.

Acceptability of Tobacco Advertisements in Direct Mailers				
"Tobacco advertising is acceptable in direct mailers ... Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	5.0	37.5	48.2	9.2
Rural	5.9	35.6	50.4	8.2
Urban	4.6	38.3	47.3	9.7
Northeast	5.8	34.1	52.2	8.0
Midwest	4.6	42.8	43.4	9.2
South	4.3	37.2	49.0	9.4
West	5.9	35.5	48.5	10.1
Nonsmoker	3.7	33.0	52.3	11.0
Smoker	9.3	51.3	35.5	3.9
Male	7.1	41.1	44.3	7.6
Female	3.0	33.9	52.1	10.9
White	5.3	39.4	46.5	8.8
African American	2.4	36.5	52.1	9.0
18-24 years of age	5.2	34.3	54.1	6.4
25-44 years of age	5.5	41.3	45.4	7.7
45-64 years of age	5.3	39.1	44.9	10.7
65 years of age and older	3.3	27.6	57.3	11.7
Not a high school graduate	3.8	29.2	55.4	11.5
High school graduate	4.6	36.2	51.3	7.9
Some college	5.2	41.0	44.1	9.6
College graduate	5.0	37.9	47.6	9.5

Note: 3.7 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

82

More than 50 percent of American adults believe that it is unacceptable for tobacco companies to advertise on Internet sites. Note that females believe it is more unacceptable than males, African American believe it is more unacceptable than white respondents, nonsmokers believe it is more unacceptable than smokers, and adults over the age of 65 view it as more unacceptable than younger adults.

Acceptability of Tobacco Advertisements on Internet Sites				
"Tobacco advertising is acceptable on Internet Sites ... Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	5.3	41.6	44.6	8.5
Rural	6.0	35.6	50.4	8.0
Urban	5.0	44.2	42.1	8.6
Northeast	5.5	43.9	43.9	6.7
Midwest	5.6	44.7	41.8	7.9
South	4.9	39.7	46.3	9.1
West	5.9	39.4	45.3	9.4
Nonsmoker	4.3	38.1	47.7	9.9
Smoker	8.7	52.9	34.4	4.0
Male	8.1	47.6	37.5	6.8
Female	2.5	35.6	51.6	10.3
White	6.0	43.4	42.6	8.0
African American	0.6	45.1	45.1	9.3
18-24 years of age	5.4	49.4	40.5	4.8
25-44 years of age	5.8	46.3	42.2	5.6
45-64 years of age	5.3	41.6	42.7	10.5
65 years of age and older	4.1	21.9	59.2	14.8
Not a high school graduate	3.9	29.1	57.3	9.7
High school graduate	5.0	38.0	49.8	7.3
Some college	5.6	44.1	40.0	10.3
College graduate	5.6	45.3	41.4	7.7

Note: 11.1 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

83

Slightly more than 50 percent of American adults believe that it is unacceptable for tobacco companies to advertise at sporting or cultural events. Note that females believe it is more unacceptable than males, African American believe it is more unacceptable than white respondents, nonsmokers believe it is more unacceptable than smokers, adults over the age of 65 believe it to be more unacceptable than younger adults, and respondents who have attended college believe it to be more unacceptable than respondents who have not.

Acceptability of Tobacco Advertisements at Sporting or Cultural Events				
"Tobacco advertising is acceptable at sporting or cultural events ... Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	5.6	42.8	42.8	8.9
Rural	5.5	39.7	47.9	6.9
Urban	5.6	44.2	40.5	9.7
Northeast	4.9	46.3	42.2	6.7
Midwest	4.6	47.7	39.5	8.2
South	5.3	40.6	44.7	9.4
West	7.4	38.8	43.5	10.4
Nonsmoker	4.2	38.7	46.6	10.5
Smoker	9.9	55.4	31.1	3.7
Male	8.3	50.2	33.9	7.5
Female	2.8	35.3	51.7	10.2
White	6.2	44.9	40.5	8.4
African American	0.6	43.2	47.3	8.9
18-24 years of age	5.8	45.9	43.6	4.7
25-44 years of age	5.9	46.9	41.0	6.2
45-64 years of age	5.7	44.2	39.3	10.8
65 years of age and older	4.2	28.6	53.4	13.9
Not a high school graduate	2.3	35.7	48.8	13.2
High school graduate	5.6	37.7	48.4	8.3
Some college	5.4	46.1	40.4	8.1
College graduate	6.4	46.1	38.9	8.6

Note: 3.9 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

84

More than 90 percent of American adults reject the tobacco companies' claim that they do not manipulate the level of nicotine in cigarettes.

Believe Tobacco Companies' Claim that They do not Manipulate Levels of Nicotine				
"Tobacco companies are being truthful when they say they do not manipulate the level of nicotine in cigarettes. Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	0.6	6.7	55.0	37.7
Rural	0.3	6.7	57.8	35.2
Urban	0.8	6.7	53.9	38.7
Northeast	0.4	6.8	58.7	34.0
Midwest	0.7	7.6	58.8	33.0
South	0.2	7.0	51.6	41.2
West	1.3	5.4	53.5	39.8
Nonsmoker	0.6	4.7	55.5	39.1
Smoker	0.7	13.2	53.2	32.9
Male	0.9	7.6	55.9	35.6
Female	0.3	5.6	54.3	39.7
White	0.6	7.1	54.9	37.4
African American	0.6	6.3	55.1	38.0
18-24 years of age	2.0	10.5	56.6	30.9
25-44 years of age	0.4	6.3	55.3	38.0
45-64 years of age	0.5	7.3	52.3	40.0
65 years of age and older	0.5	3.4	59.1	36.9
Not a high school graduate	0.9	5.3	56.6	37.2
High school graduate	0.8	8.8	55.8	34.5
Some college	0.6	7.5	55.2	36.7
College graduate	0.4	4.7	54.0	40.8

Note: 15.6 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

85

More than 84 percent of American adults reject the tobacco companies' claim that they do not target advertising to encourage kids to smoke.

Believe Tobacco Companies' Claim that They do not Target Advertising to Encourage Kids to Smoke				
"Tobacco companies are being truthful when they say they do not target advertising to encourage kids to smoke. Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly agree	Agree	Disagree	Strongly Disagree
Total	1.0	14.6	52.9	31.5
Rural	1.2	14.1	57.5	27.2
Urban	0.9	14.8	50.9	33.4
Northeast	1.9	13.3	55.1	29.7
Midwest	0.6	15.6	58.3	25.5
South	0.4	14.6	51.2	33.7
West	1.8	14.2	48.6	35.3
Nonsmoker	0.6	10.0	55.0	34.4
Smoker	2.4	29.0	46.6	22.1
Male	1.3	15.1	55.4	28.2
Female	0.9	14.1	50.4	34.7
White	1.0	14.7	53.2	31.1
African American	0.6	16.9	50.0	32.6
18-24 years of age	1.2	22.2	46.8	29.8
25-44 years of age	0.2	15.6	55.9	28.2
45-64 years of age	2.4	12.3	50.5	34.8
65 years of age and older	0.0	10.5	55.3	34.2
Not a high school graduate	0.8	14.9	53.7	30.6
High school graduate	1.0	16.2	56.5	26.4
Some college	2.3	15.8	50.7	31.3
College graduate	0.4	11.7	51.4	36.5
Note: 7.2 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.				

86

More than 83 percent of American adults reject the tobacco companies' claim that advertising is only aimed at getting adult smokers to change brands.

Believe Tobacco Companies' Claim that Advertising is only Aimed at Getting Adult Smokers to Change Brands				
"Tobacco companies are being truthful when they say advertising is only aimed at getting adult smokers to change brands. Do you strongly agree, agree, disagree, or strongly disagree?"				
(Percent responding by rural/urban, region, smoking status, gender, race, age, and education.)				
Sample Characteristic	Strongly Agree	Agree	Disagree	Strongly Disagree
Total	1.2	15.6	54.0	29.2
Rural	1.9	15.5	57.6	25.0
Urban	0.9	15.7	52.4	31.0
Northeast	2.3	14.8	55.7	27.3
Midwest	1.0	15.4	58.7	25.0
South	0.8	14.5	53.9	30.7
West	1.2	18.0	48.3	32.4
Nonsmoker	0.5	12.2	55.7	31.7
Smoker	3.9	26.5	48.2	21.4
Male	1.2	17.0	55.1	26.7
Female	1.3	14.3	52.8	31.6
White	1.1	15.4	55.2	28.3
African American	0.6	19.8	45.3	34.3
18-24 years of age	1.2	20.6	51.2	27.1
25-44 years of age	1.0	16.2	56.1	26.8
45-64 years of age	2.1	15.4	51.6	30.9
65 years of age and older	0.4	10.8	55.8	32.9
Not a high school graduate	1.6	19.5	46.3	32.5
High school graduate	1.0	17.1	56.4	25.5
Some college	2.6	16.7	51.6	29.1
College graduate	0.6	12.3	55.6	31.5
Note: 7.0 percent of respondents reported <i>Don't Know</i> or refused. Percentages may not add to 100 due to rounding.				

Families and Youth

The overarching finding of this survey is that the success of the tobacco control movement varies drastically among the institutional arenas of American society. The greatest success, for example, has been the incorporation of the strong intolerance of youth tobacco use into the fabric of society. Practically all American adults support norms restricting youth access to tobacco products and recognize the negative health effects of second-hand smoke on youth. Although the vast majority of Americans support restricting youth access to tobacco, there remains significant work to be done in tobacco control on youth issues. It is especially disturbing that ten percent of U.S. adults reject this particular aspect of tobacco control. This translates into roughly 18 million adults who believe that parents should allow their children to smoke cigarettes and fail to recognize the health risks to children of smoke from a parent's cigarette. Moreover, approximately 20 to 30 percent of households fail to restrict youth exposure to tobacco. More than 21 million households allow smoking in the presence of children, while more than 30 million households continue to allow cigarette smoking in the home and the family vehicle. Although the number of Americans who fail to support these aspects of tobacco control is diminishing, there remains a very large, high risk group of adults that continues to place youth at risk.

The Unfinished Business: American Families

- 18 million American adults (8.9 percent) do not believe that parents should keep their children from smoking
- 21.6 million households (21.4 percent) allow smoking in the presence of children
- 31 million households allow cigarette smoking in family homes (30.9 percent) and vehicles (31.8 percent)
- 12.8 million American adults (6.3 percent) do not believe second-hand smoke harms babies and children

Note that these numbers are based upon U.S. Census 1999 population estimates for residents 18 years of age and older. Numbers for households are based upon U.S. Census 1998 estimates of households.

Education

It is also alarming that people appear to make an unfortunate distinction between youth smoking behavior and youth exposure to tobacco. While typically 90 percent of Americans support issues related to restricting youth access, there is substantially less support for restricting youth exposure to adult smokers. Aside from the obvious health risks of environmental tobacco smoke, parents who smoke increase the likelihood that their children will also smoke cigarettes. This distinction between youth use and youth exposure to tobacco is also present in the educational institution. While 90 percent of adults believe that students should not be allowed to smoke on school grounds, less than half as many support restricting youth exposure to tobacco logos and adult cigarette smoking on school grounds.

The Unfinished Business: In Schools

- 87.5 million American adults (43.2 percent) believe that faculty and staff should be allowed to smoke on school grounds
- 78.8 million American adults (38.9 percent) believe that schools should allow students to wear tobacco logos on campus
- 20 million American adults (10 percent) believe that students should be allowed to smoke on school grounds

Role of Government

Youth access restrictions to tobacco products are also endorsed within the government and political institution. More than 93 percent of American adults agree that stores should be penalized for the sale of tobacco products to minors. However, fewer respondents – 75.6 percent – agree that minors should be penalized for the possession of tobacco products. Apparently, Americans are less willing to hold minors accountable for violating tobacco laws. Although most adults support government restrictions on youth access, there is substantially less support for government regulation of tobacco. Roughly 50 million American adults do not believe that the government should have a role in regulating tobacco. It is somewhat ironic, however, that 72.3 million American adults believe that government should protect tobacco companies from excessive lawsuit fines.

The Unfinished Business: The Government

- 50.0 million American adults (36.3 percent) do not believe that tobacco should be regulated as a drug
- 50.0 million American adults (36.3 percent) do not believe that it is the responsibility of government to regulate tobacco
- However, 72.3 million American adults (52.5 percent) do believe that the government should limit fines from lawsuits against tobacco companies

Work

Although the tobacco control movement has had success in the work site, more than one-third of American adults report that they do not work in a smokefree work site. That is, approximately 47 million adults are potentially exposed to second-hand smoke at their place of employment. Almost two-thirds of respondents report that tobacco use is acceptable among their co-workers. Moreover, American adults report that, on average, 43 percent of their co-workers are smokers; yet only 23.2 percent report that their employer offers a smoking cessation program.

The Unfinished Business: The Work Site

- 47.2 million American adults (34.3 percent) do not work in a smokefree environment
- 63.7 million American adults (46.3 percent) report that tobacco use is an acceptable or very acceptable practice among their co-workers
- 105.7 million American adults (76.8 percent) report that their employer does not provide a smoking cessation program

These numbers are based upon the Bureau of Labor Statistics 1998 estimates of the civilian labor force for people 16 years and older. Because these estimates include people 16 and 17 years of age these numbers may be slightly inflated.

Health & Medical Care

Tobacco use has been identified as the number one cause of death in the United States, accounting for as much as 20 percent of American deaths. Most Americans have apparently identified smoking as being dangerous to their health. Almost 98 percent reported that cigarette smoking was either very dangerous or somewhat dangerous. The softness in this otherwise encouraging finding is that about 20 percent qualified their response by indicating that Americans number one cause of death was “somewhat dangerous.” Also, there was tendency to view chewing tobacco, cigars, and snuff as having lower health risks. Interestingly, relatively few Americans tended to believe tobacco companies in their claims that tobacco is not harmful to health, that nicotine is not addictive, and that second-hand smoke is not harmful to health.

Unfinished Business: Health

- 42.7 million American adults (21.1 percent) believe that cigarette smoking is either only somewhat dangerous or not very dangerous
- 55.7 million American adults (27.5 percent) believe that using snuff is either only somewhat dangerous or not very dangerous
- 57.9 million American adults (28.6 percent) believe that chewing tobacco is either only somewhat dangerous or not very dangerous
- 64.6 million American adults (31.9 percent) believe that cigar smoking is either somewhat dangerous or not very dangerous

Recreation, Sports, & Leisure

Recreation, sports, and leisure areas have been less impacted by the tobacco control movement than other institutional areas. Although many American adults support norms for smokefree recreational settings, a substantial subset oppose this norm. In fact, very few settings of these types are actually smokefree. A majority of American adults support smoking restrictions in shopping malls, convenience stores, restaurants, and indoor sporting events. However, bars and taverns are clearly seen as culturally appropriate places to smoke, as is the case with outdoor sporting events.

The Unfinished Business: Recreation, Sports, and Leisure

- 136 million American adults (67.2 percent) believe smoking should be allowed in bars and taverns
- 79 million American adults (39.0 percent) believe smoking should be allowed in restaurants
- 45.6 million American adults (22.5 percent) believe smoking should be allowed at indoor sporting events
- 47 million American adults (23.2 percent) believe smoking should be allowed in fast food restaurants
- 57.9 million American adults (28.6 percent) believe smoking should be allowed in shopping malls
- 27.7 million American adults (13.7 percent) believe smoking should be allowed in convenience stores

Mass Communication

The tobacco industry has been successfully vilified in the eyes of most American adults. More than 80 percent of adults reject the tobacco companies' claims that they do not target youth with their ads. There is widespread disbelief of the claim that tobacco ads do not encourage kids to smoke and the claim that ads only target adult smokers. Most American adults – 92.7 percent – also reject the claim that tobacco companies do not manipulate the level of nicotine in cigarettes. However, despite this widespread distrust of tobacco companies and suspicion towards their marketing strategies, American adults are reluctant to support restrictions that would limit the ability of tobacco companies to advertise to the youth market. Only slightly more than half of respondents support a ban on tobacco advertisements through direct mailers, billboards, Internet sites, and at sporting and cultural events. Furthermore, less than half support a ban on tobacco advertisements in stores or in magazines.

The Unfinished Business: Mass Communication and Culture

- 34 million American adults (16.8 percent) believe the tobacco companies' claim that they only market to adult smokers
- 31.6 million American adults (15.6 percent) also believe the tobacco companies' claim that tobacco ads do not encourage kids to smoke
- 14.8 million American adults (7.3 percent) accept the claim that tobacco companies do not manipulate the level of nicotine in cigarettes
- Despite widespread suspicion of tobacco marketing strategies, more than 97.8 million American adults (48.3 percent) support tobacco advertisements at sporting and cultural events
- More than 118 million (58.3 percent) support tobacco advertisements in magazines
- More than 111.8 million (55.2 percent) support tobacco advertisements in convenience and grocery stores

Conclusion

In 1964, the U.S. Surgeon General formally announced the health risks of tobacco, thereby providing the impetus for one of the most intensive public health interventions in the history of the United States. Spanning several decades, the tobacco control movement has developed an increasingly effective series of social programs and policies designed to encourage nonsmoking and protect nonsmokers from environmental tobacco smoke. In the years following the initiation of the tobacco control movement, the percentage of current cigarette smokers in the American adult population has decreased dramatically from 42.2 percent in 1965 to 22.7 percent in 1999. This decrease translates into about 40 million fewer adult smokers in the United States today than had the rate remained at 42.2 percent. As the Office of Smoking and Health of the CDC notes, “This achievement has few parallels in the history of public health. It was accomplished despite the addictive nature of tobacco and the powerful economic forces promoting its use.”

In the 35 years following the release of the historic 1964 Surgeon General’s Report on Smoking and Health, the antismoking campaign has been a major success. In 1997, the state of Mississippi won an historical settlement against the tobacco industry, several other states followed this precedent. A coalition of 46 state Attorneys General reached a Master Settlement Agreement with the tobacco companies in 1998. These settlements have provided resources for the implementation of a national tobacco control program directed by the American Legacy Foundation, as well as the resources for several state-level comprehensive tobacco control programs.

To our knowledge, the present project is the most comprehensive survey of the extent to which tobacco control impacts the daily lives of Americans; it is also the first project to describe the social climate of tobacco control since most of these comprehensive programs were implemented. The 2000 National Social Climate Survey adds new knowledge about the public health movement by determining the degree to which tobacco control practices, beliefs, and norms have become ingrained in the societal fabric of America. The Social Climate Survey monitors tobacco control in the social institutions of everyday life - in such settings as the American family, the American school, the workplace, government, health care, recreation/leisure, and mass media.

There is substantial variability in the penetration of tobacco control across social institutions. Americans are very supportive of tobacco control measures within the family, education, and government institutions that restrict youth access to tobacco but fail to generalize this support for restrictions on youth exposure to environmental tobacco smoke, adult role models, tobacco advertisements, and tobacco logos. Some aspects of tobacco control had considerable impact upon the institutions of the workplace, health and medical care, and government and political order; yet there remains substantial work to be done. Also, tobacco control has met the most resistance in the institutions of recreation, sports, and, notably, leisure and mass communication and culture. Although important gains have been made by the tobacco control movement, the progress has not been universally realized across society. Because 46 million American adults continue to smoke cigarettes, it is clear there is substantial unfinished business for tobacco control.

CHAPTER 10

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FOR FURTHER INFORMATION CONTACT:

Arthur G. Cosby, Director
arthur.cosby@ssrc.msstate.edu

Robert McMillen, Research Fellow
robert.mcmillen@ssrc.msstate.edu

Social Science Research Center, www.ssrc.msstate.edu
Mississippi State University, www.msstate.edu

103 Research Park
Mississippi State, MS 39762

Phone: 662.325.7127

Fax: 662.325.7966

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