

# The National Social Climate of Tobacco Control, 2000 - 2002

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This survey 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 to monitor trends for 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 Behavior Risk Factor Surveillance System, the Current Population Survey - Tobacco Supplement, and the California Adult Tobacco Survey, and 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 from the Office of Smoking and Health of the Centers for Disease Control and Prevention (CDC).

The origins of this study can be traced to research associated with the tobacco settlement in Mississippi. We developed the social climate approach to help the Mississippi Tobacco Control Foundation - The Partnership for a Healthy Mississippi and the Mississippi State Department of Health - monitor the degree to which their efforts were impacting the social fabric of Mississippi. Ellen Jones and Sheila Keller, formerly of the Mississippi State Department of Health, and Vivien Carver and Bonnie Reinert, at the Partnership for a Healthy Mississippi, worked closely with us in the development of a social climate survey. In the Social Science Research Center, our colleagues Liesel Ritchie, Angela Robertson, and Linda Southward have made numerous, valuable contributions.

Finally, Jonathan Winickoff, Eric Moolchan, Lori Pbert, and Michael Weitzman of the AAP Center for Child Health Research made significant contributions to the assessment of physician advice concerning cigarette smoking and exposure to environmental tobacco smoke.

## **The National Social Climate Survey of Tobacco Control, 2000 - 2002**

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 42.4 percent in 1965 to 22.7 percent in 2001 (Centers for Disease Control and Prevention, 2002b). This decrease translates into about 40 million fewer adult smokers in the United States today than had the rate remained at 42.2 percent. 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 have become increasingly comprehensive through a shift from focusing primarily on individual tobacco use to more population-based interventions with broad objectives such as social, environmental, and political change (United States Department of Health and Human Services, 2000).

In somewhat simplified terms these national and statewide programs target changes in the social climate. This approach is an attempt to denormalize tobacco use through changes in beliefs and knowledge that are incorporated into an individual's view of appropriate and acceptable behavior, 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. (Stillman et al., 1999). Recent research validates this strategy to target intermediate social and political policies to impact the social climate, and ultimately reduce tobacco use. To illustrate, programs that have successfully reduced perceptions that tobacco use is a normative behavior and/or increased the prevalence of smoke-free policies in public and private settings have been linked to increased cessation attempts by smokers, lower consumption by smokers, and decreased initiation by adolescents (Borland, Chapman, Owen, & Hill, 1990; Farkas, Gilpin, Distefan, & Pierce, 1999; Farrelly, Evans, & Sfekas, 1999)

Although comprehensive tobacco control programs have moved toward logic models that incorporate political and social intermediate objectives, planning and evaluation in this area has been hampered by the lack of timely, comprehensive data about tobacco control attitudes and practices of US adults. We developed the Social Climate Survey of Tobacco Control (SCS-TC) as a methodology to objectively measure and ultimately monitor the fundamental position of tobacco control in society, and thereby provide a data collection system to monitor program impacts. The survey includes items to measure progress towards intermediate objectives such as policy changes, changes in social norms, reductions in exposure of individuals to environmental tobacco smoke, and rejection of pro-tobacco influences. The results presented in this report are based on annual cross-sectional assessments of the social climate of tobacco control within the United States from 2000, 2001, and 2002.

## **Survey Development**

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. Put broadly, we want to measure the social norms, practices, and beliefs surrounding a public health issue - in this case tobacco use. This technique is primarily one of a shift in focus and interpretation rather than basic survey methodology. 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.

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 knowledge concerning tobacco within each of these institutions.

## **Applications**

Until recently prevalence rates and per capita consumption measures have frequently been the yardsticks with which tobacco control programs were evaluated. While several states now have comprehensive data collection systems for planning and evaluation and there have been a substantial number of studies of attitudes toward the control of smoking in public settings (Ashley, Bull, & Pederson, 1995; Ashley & Cohen, 1998; Brooks & Mucci, 2001; Centers for Disease Control and Prevention, 2002c), no such descriptive studies published to date have been comprehensive or national in scope. To our knowledge, the present project is the most comprehensive survey of the extent to which tobacco control impacts the daily lives of Americans. The SCS-TC adds to existing national data sources by providing annual cross-sectional data on a comprehensive set of social and environmental indicators selected to monitor the fundamental position of tobacco control across a broad range of social settings. This emphasis on collecting data on the measurable characteristics of the social climate, as well as the brief time lag - 5 months - between data collection and data availability, increases the utility of the SCS-TC as a data collection system for planning specific interventions and evaluation of program impacts on the social climate. Researchers at the Social Science Research Center have partnered with State agencies in Mississippi and the AAP's Center for Child Health Research to apply findings from the survey to planning and evaluation. Several specific applications of the SCS-TC are described below.

- 1) A partnership with American Academy of Pediatric's Center for Child Health Research to increase pediatrician screening and counseling of parents who smoke in order to reduce youth exposure to ETS and the increase cessation.
- 2) Findings were applied by The Partnership for A Healthy Mississippi to support Mississippi's Smoke-Free Families Act (House Bill 1536) in 2002. This bill would have prohibited smoking in all enclosed public places in the State of Mississippi, with the exception of bars, casinos, and retail tobacco stores.
- 3) Findings were applied to supported House Bill 1673 in 2002. This bill would have raised the state tobacco tax on a pack of cigarettes by 25 cents.
- 4) Planning and evaluation by The Partnership for a Healthy Mississippi - the nonprofit agency responsible for the statewide comprehensive tobacco control programs in Mississippi.

### ***Methods***

Respondents. The Social Climate Survey of Tobacco Control (SCS-TC) was administered to representative samples of U.S. adults who were interviewed by telephone between July and September of either 2000, 2001, or 2002. Samples from both years represent the civilian, non-institutionalized adult population over age 18 in the United States, including Alaska and Hawaii. Households were selected using random digit dialing procedures to include households with unlisted numbers. Once a household was contacted, 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. Five attempts were made to contact those selected adults who were not home. The sample was weighted by race and gender within each census region, based on the most current U.S. Census estimates.

### ***Measures.***

The SCS-TC is an annual cross-sectional survey which contains items pertaining to normative beliefs, practices/policies, and knowledge regarding tobacco control across seven social institutions. These institutions include 1) family and friendship groups; 2) education; 3) workplace; 4) government and political order; 5) health and medical care; 6) recreation, leisure and sports; and 7) mass culture and communication. Although the SCS-TC includes items to measure smoking status and cessation, the survey emphasizes social and environmental indicators. These intermediate indicators were selected to provide a comprehensive assessment of the social climate in which people are exposed to and make decisions about tobacco control interventions. Survey items were developed and selected based on an extensive review of extant tobacco control surveys and then reviewed by an external panel of tobacco control researchers. The panel developed many of the items included in the survey, while others were selected from existing measurement instruments with established validity. Specifically, the SCS-TC included items from the Behavioral Risk Factor Surveillance System (BRFSS) (Centers for Disease Control and Prevention, 2002a) and the Tobacco Use Supplement- Current Population Survey (TUS-CPS) (Hartman, Willis, Lawrence, Marcus, & Gibson, 2002), as well as modified items from the California Adult Tobacco Surveys.

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<sup>1</sup> The survey instrument is presented in the Appendix

## Results

To facilitate the interpretation and application of the survey results, we have developed the following heuristic classification scheme for assessing the social penetration of tobacco control 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. To illustrate, it may not be 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.

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

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### **Heuristic Classification Scheme for Assessing the Social Penetration 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

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### **2000 Sample Characteristics**

Of the eligible respondents contacted, 1,503 respondents completed the survey (74.9%) 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  $\pm 2.5$  (95% confidence interval). Of the 1,503 respondents, 595 (39.6%) were male and 906 (60.3%) were female. The racial composition of the sample is as follows: white = 1,209 (80.4%), African American = 146 (9.7%), Asian or Pacific Islander = 25 (1.7%), American Indian or Alaskan Native = 15 (1.0%), other races = 3 (.2%), Hispanic (recoded from Other) = 69 (4.6%), and unknown (i.e., did not answer the question on race) = 36 (2.4%). 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 1.1. The results presented in this report are based on the weighted sample; the maximum sampling error for each subpopulation is presented in Table 1.2.

### **2001 Sample Characteristics**

Of the eligible respondents contacted, 3,002 respondents completed the survey (84.2%) and 564 (15.8%) refused to participate. The sampling error (binomial questions with 50/50 split) for the total data set is no larger than  $\pm 1.8$  (95% confidence interval). Of the 3,002 respondents, 1,188 (39.6%) were male and 1,807 (60.2%) were female. The racial composition of the sample is as follows: white = 2,473 (82.4%), African American = 282 (9.4%), Asian or Pacific Islander = 35 (1.2%), American Indian or Alaskan Native = 36 (1.2%), other races = 115 (3.8%), and unknown (i.e., did not answer the question on race) = 61 (2.0%). The sample was weighted by race and gender within each census region, based upon 1999 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 1.1. The results presented in this report are based on the weighted sample; the maximum sampling error for each subpopulation is presented in Table 1.2.

### **2002 Sample Characteristics**

Of the eligible respondents contacted, 3,009 respondents completed the survey (85.5%) and 511 (14.5%) refused to participate. The sampling error (binomial questions with 50/50 split) for the total data set is no larger than  $\pm 1.8$  (95% confidence interval). Of the 3,009 respondents, 1,149 (38.2%) were male and 1,844 (61.3%) were female. The racial composition of the sample is as follows: white = 2,377 (79.0%), African American = 313 (10.4%), Asian or Pacific Islander = 42 (1.4%), American Indian or Alaskan Native = 42 (1.4%), other races = 159 (5.3%), and unknown (i.e., did not answer the question on race) = 75 (2.5%). The sample was weighted by race and gender within each census region, based upon 2000 U.S. Census estimates to ensure that it is representative of the U.S. population.

Characteristics of the original samples are compared with the weighted samples in Table 1.1. The results presented in this report are based on the weighted sample; the maximum sampling error for each subpopulation is presented in Table 1.2.

**EXECUTIVE SUMMARY**  
**SAMPLE CHARACTERISTICS**

**Table 1.1 Comparison of Characteristics of the Original and Weighted Samples**

Sample Characteristic		2000		2001		2002	
		Original Sample	Weighted Sample	Original Sample	Weighted Sample	Original Sample	Weighted Sample
Rural/Urban	Rural	30.6	29.7	25.1	23.7	28.2	27.8
	Urban	69.4	70.3	74.9	76.3	71.8	72.2
Smoking Status	Non-Smoker	76.1	75.9	78.3	78.2	79.8	79.6
	Smoker	23.9	24.1	21.7	21.8	20.2	20.4
Gender	Male	39.6	49.5	39.6	48.3	38.2	47.7
	Female	60.3	50.4	60.2	51.5	61.3	51.8
Race	White	80.4	76.5	82.4	80.4	79.0	76.9
	African American	9.7	11.8	9.4	12.5	10.4	11.2
	Asian or Pacific Islander	1.7	2.7	1.2	0.8	1.4	2.0
	American Indian or Alaskan Native	1.0	1.8	1.2	0.6	1.4	1.8
	Other Race	0.2	0.2	3.8	3.7	5.3	5.4
Age	18-24 years of age	11.6	12.0	14.8	14.9	16.1	16.7
	25-44 years of age	36.4	37.2	38.0	38.8	34.9	35.1
	45-64 years of age	34.1	33.8	31.9	31.5	33.2	33.1
	65 years of age and older	17.9	17.0	15.3	14.8	15.7	15.0
Education	Not a high school graduate	9.4	9.1	6.7	6.5	8.4	8.3
	High school graduate	31.7	30.6	30.3	29.7	31.9	31.7
	Some college	25.2	25.7	27.3	27.3	26.5	26.3
	College graduate	33.7	34.6	35.7	36.5	33.2	33.7
Region	Northeast	18.4	9.1	17.6	19.0	19.1	19.6
	Midwest	24.4	30.6	26.9	23.1	24.5	23.3
	South	39.6	25.7	39.2	36.2	37.8	35.9
	West	17.6	34.6	16.3	21.8	18.6	21.3

**Table 1.2 Weighted Sample Size and Maximum Sampling Error**

Sample Characteristic		2000		2001		2002	
		Weighted Sample Size	Maximum Sampling Error	Weighted Sample Size	Maximum Sampling Error	Weighted Sample Size	Maximum Sampling Error
Rural/Urban	Rural	447	4.6	729	3.6	821	3.4
	Urban	1,055	3.0	2,344	2.0	2,129	2.1
Smoking Status	Non-Smoker	1,140	2.9	2,404	2.0	2,329	2.0
	Smoker	362	5.2	669	3.8	596	4.0
Gender	Male	743	3.6	1,484	2.5	1,407	2.6
	Female	757	3.6	1,582	2.5	1,529	2.5
Race	White	1,149	2.9	2,470	2.0	2,270	2.1
	African American	177	7.4	383	5.0	332	5.4
Age	18-24 years of age	181	7.3	458	4.6	493	4.4
	25-44 years of age	558	4.1	1,193	2.8	1,036	3.0
	45-64 years of age	508	4.3	967	3.2	978	3.1
	65 years of age and older	255	6.1	455	4.6	444	4.7
Education	Not a high school graduate	134	8.5	196	7.0	241	6.3
	High school graduate	449	4.6	899	3.3	920	3.2
	Some college	378	5.0	827	3.4	764	3.5
	College graduate	509	4.3	1,106	2.9	977	3.1
Region	Northeast	282	5.8	584	4.1	578	4.1
	Midwest	339	5.3	709	3.7	687	3.7
	South	532	4.2	1,111	2.9	1,058	3.0
	West	348	5.3	669	3.8	628	3.9



### **Universal Norms, Beliefs and Practices<sup>1</sup>**

- 202<sup>2</sup> million American adults (96.6 percent) never allow children under 18 years of age to smoke cigarettes.
- 198 million American adults (94.9 percent) believe that smoke from parents' cigarettes harms their children.
- 189 million American adults (90.2 percent) believe that parents should not allow children under the age of 18 to smoke cigarettes.
- 184 million American adults (87.8 percent) never allow smoking in the presence of children.

### **Significant Improvements<sup>3</sup>**

- The percentage of American households that banned smoking increased from 69.1 to 73.7 percent from 2000 to 2002.
- The percentage of American households that never allow smoking in the presence of children increased from 83.5 to 87.8 percent from 2000 to 2002.
- The percentage of American households in which tobacco use is unacceptable increased from 67.2 to 73.6 percent from 2000 to 2002.
- The percentage of American adults who believe that children are more likely to smoke if their parents are smokers increased from 78.1 to 82.3 percent from 2000 to 2002.
- The percentage of American adults who recognize that smoking in a car affects the health of children either a lot or to a great extent increased from 76.9 to 80.9 percent from 2001 to 2002.

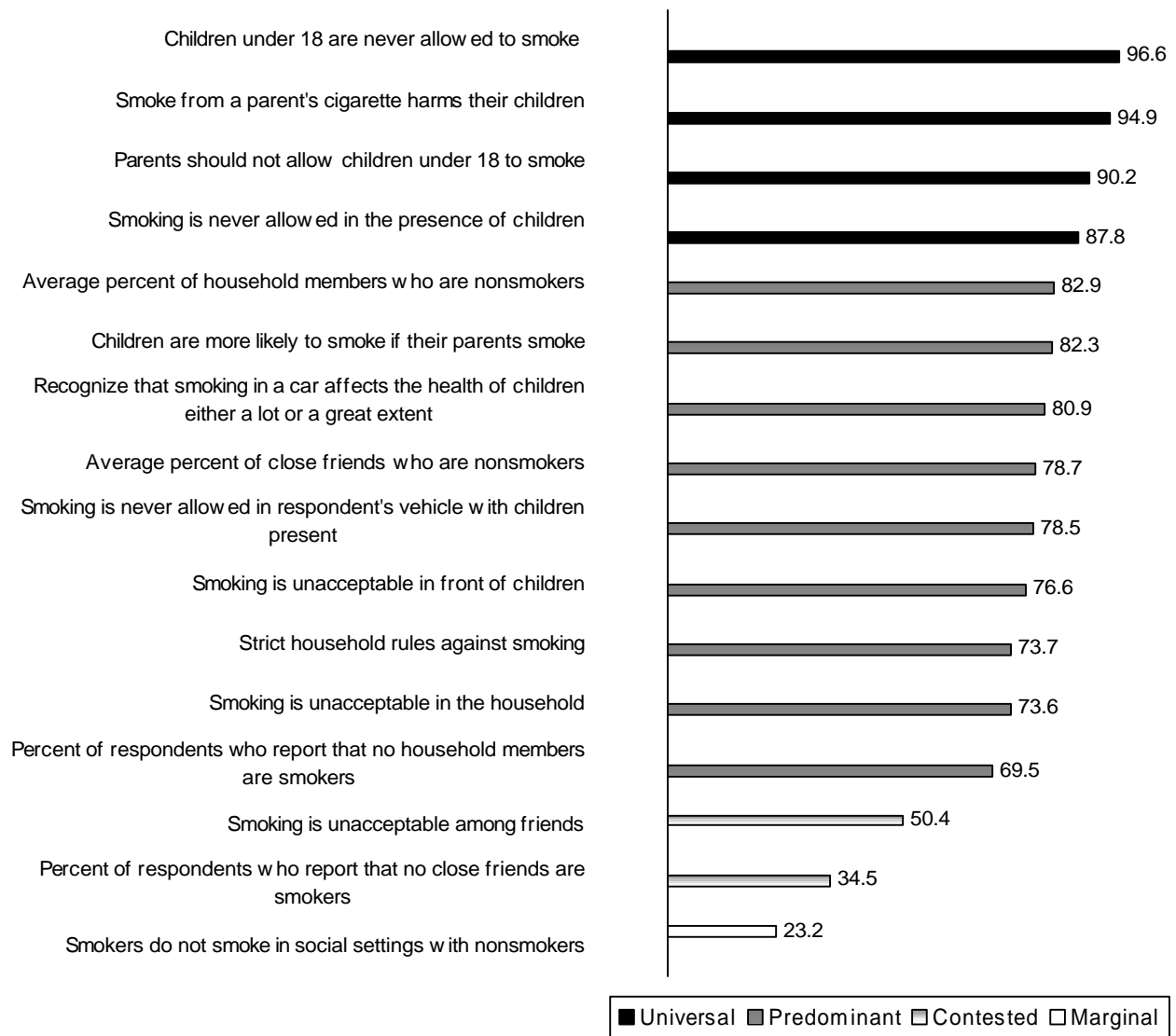
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<sup>1</sup> Indicators endorsed by at least 85% of American adults

<sup>2</sup> Note that these numbers are based upon U.S. Census 2000 population estimates for residents 18 years of age and older. Numbers for households are based upon U.S. Census 2000 estimates of households.

<sup>3</sup> All improvements are statistically significant,  $\alpha < .05$

**Percent of respondents who support normative beliefs, recognize health risks, or report tobacco control practices**



**EXECUTIVE SUMMARY**  
**FAMILY AND FRIENDSHIP GROUPS**

**Differences from 2000 to 2002: Differences in the percent of respondents who support normative beliefs, recognize health risks, or report tobacco control practices**

<b>Family and Friendship Groups</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>% Point Difference</b>	<b>% Change</b>
Strict household rules against smoking	69.1	74.1	73.7 *	4.6	6.7
Smoking is never allowed in the presence of children	83.5	87.9	87.8 *	4.3	5.1
Tobacco use is unacceptable within household	67.2	72.7	73.6 *	6.4	9.5
Smoking is never allowed in respondent's vehicle with children present	N/A	79.6	78.5	-1.1	-1.4
Recognize that smoking in a car affects the health of children either a lot or a great extent	N/A	76.9	80.9 **	4.0	5.2
Smoking is unacceptable in front of children	77.7	79.3	76.7 **	-1.0	-1.3
Children under 18 are never allowed to smoke	N/A	96.8	96.6	-0.2	-0.2
Parents should not allow children under the age of 18 to smoke cigarettes	91.2	90.5	90.2	-1.0	-1.1
Smoke from a parent's cigarette harms their children	93.7	95.2	94.9	1.2	1.3
Children are more likely to smoke if their parents smoke	78.1	83.3	82.3 *	4.2	5.4
Smokers do not smoke in social settings with nonsmokers	27.8	25.7	23.3 ***	-4.5	-16.2
Tobacco use is unacceptable among close friends	50.8	49.4	50.4	-0.4	-0.8

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\* Indicates significant change from 2000 to 2002

\*\* Indicates significant change from 2001 to 2002

\*\*\* Indicates significant change from 2000 to 2002 and from 2001 to 2002

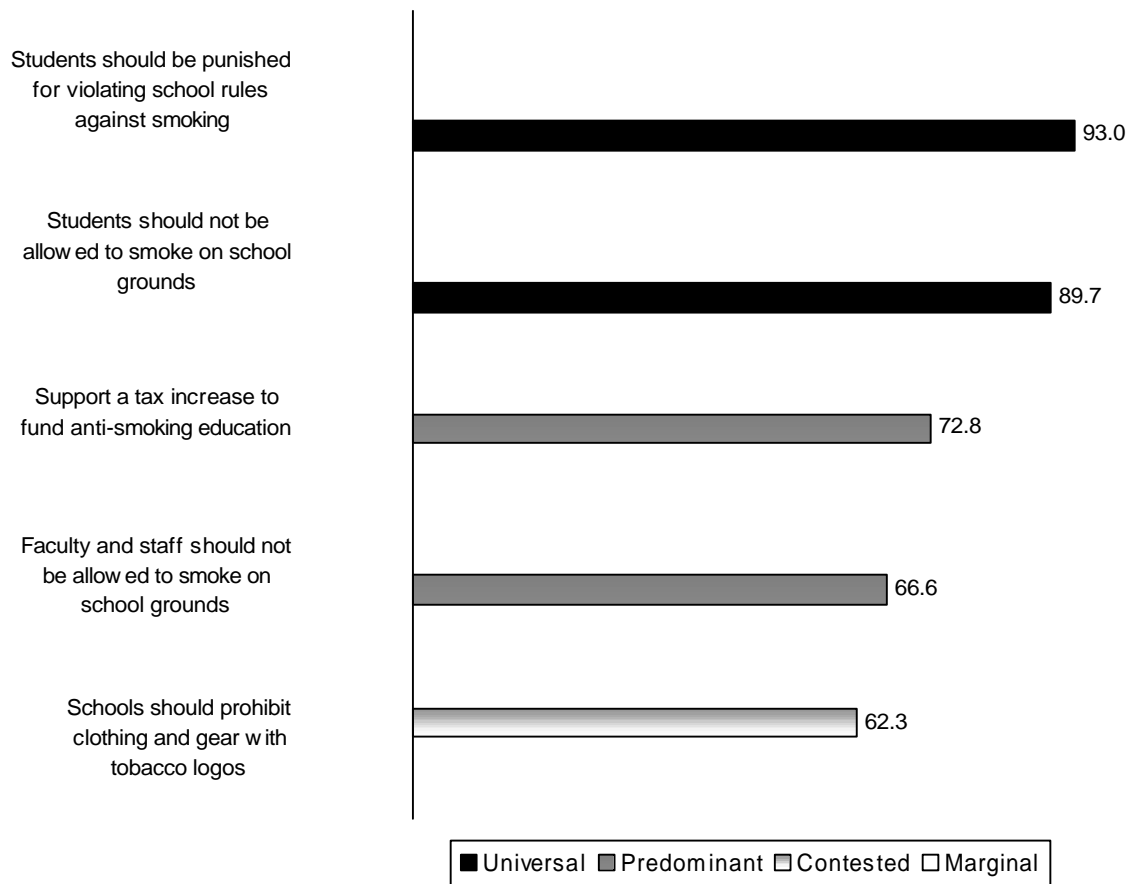
### **Universal Norms, Beliefs and Practices**

- 194 million American adults (93.0 percent) believe that students should be punished for violating school rules against smoking.
- 188 million American adults (89.7 percent) believe that students should not be allowed to smoke on school grounds.

### **Significant Improvements**

- The percentage of American adults who believe faculty and staff should not be allowed to smoke on school grounds increased from 56.8 to 66.6 percent from 2000 to 2002, and increased from 56.5 to 66.6 percent from 2001 to 2002.
- The percentage of American adults who support a tax increase to fund anti-smoking education increased from 68.9 to 72.8 percent from 2000 to 2002.

**Percent of respondents who support normative beliefs, recognize health risks, or report tobacco control practices**



**Differences from 2000 to 2002: Differences in the percent of respondents who support normative beliefs, recognize health risks, or report tobacco control practices**

<b>Education</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>% Point Difference</b>	<b>% Change</b>
Students should not be allowed to smoke on school grounds	90.0	89.6	89.7	-0.3	-0.3
Faculty and Staff should not be allowed to smoke on school grounds	56.8	56.5	66.6 ***	9.8	17.3
Schools should prohibit clothing or gear with tobacco logos	62.1	65.4	62.3 **	0.2	0.3
Support a tax increase to fund anti-smoking education	68.9	73.9	72.8 *	3.9	5.7
Students should be punished for violating school rules against smoking	91.8	93.8	93.0	1.2	1.3

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\* Indicates significant change from 2000 to 2002

\*\* Indicates significant change from 2001 to 2002

\*\*\* Indicates significant change from 2000 to 2002 and from 2001 to 2002

### **Universal Norms, Beliefs and Practices**

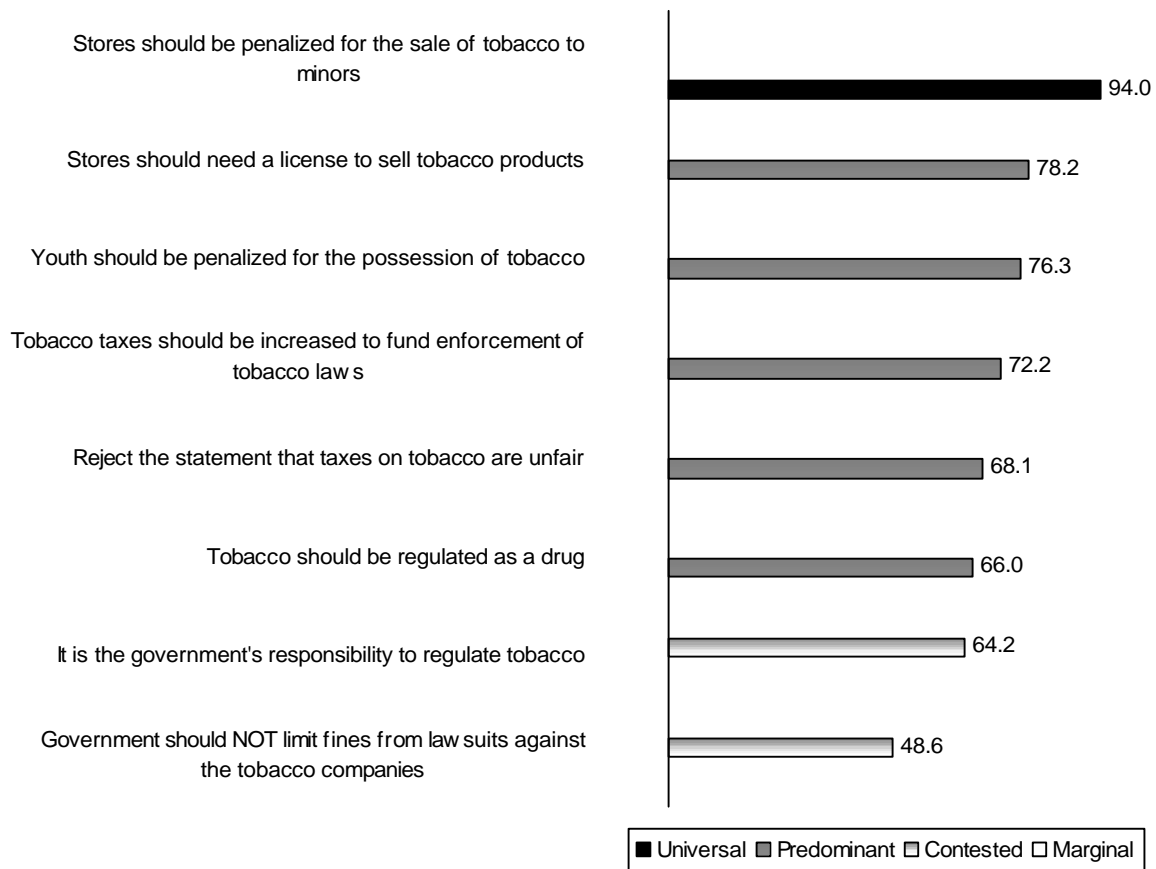
- 197 million American adults (94.0 percent) believe that stores should be penalized for the sale of tobacco to minors.

### **Significant Improvements**

- The percentage of American adults who believe that store owners should need a license to sell tobacco increased from 71.5 to 78.2 percent from 2000 to 2002, and increased from 74.6 to 78.2 percent from 2001 to 2002.
- The percentage of American adults who believe that state taxes should be increased to fund programs to enforce laws that prevent sales of tobacco products to minors increased from 64.7 to 72.2 percent from 2000 to 2002.

**EXECUTIVE SUMMARY**  
**GOVERNMENT AND POLITICAL ORDER**

**Percent of respondents who support normative beliefs, recognize health risks, or report tobacco control practices**





**EXECUTIVE SUMMARY**  
**GOVERNMENT AND POLITICAL ORDER**

**Differences from 2000 to 2002: Differences in the percent of respondents who support normative beliefs, recognize health risks, or report tobacco control practices**

<b>Government</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>% Point Difference</b>	<b>% Change</b>
Tobacco should be regulated as a drug	63.7	66.0	66.0	2.3	3.6
Stores should need a license to sell tobacco products	71.5	74.6	78.2 ***	6.7	9.4
Tobacco taxes should be increased to fund enforcement of tobacco laws	64.7	71.3	72.2 *	7.5	11.6
Stores should be penalized for the sale of tobacco to minors	93.4	94.0	94.0	0.6	0.6
Youth should be penalized for the possession of tobacco	75.6	76.0	76.3	0.7	0.9
Reject the statement that taxes on tobacco are unfair.	68.8	72.4	68.1 **	-0.7	-1.0
It is the responsibility of government to regulate tobacco	63.7	66.0	64.2	0.5	0.8
Government should NOT limit fines from lawsuits against the tobacco companies	47.6	50.0	48.6	1.0	2.1

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\* Indicates significant change from 2000 to 2002

\*\* Indicates significant change from 2001 to 2002

\*\*\* Indicates significant change from 2000 to 2002 and from 2001 to 2002

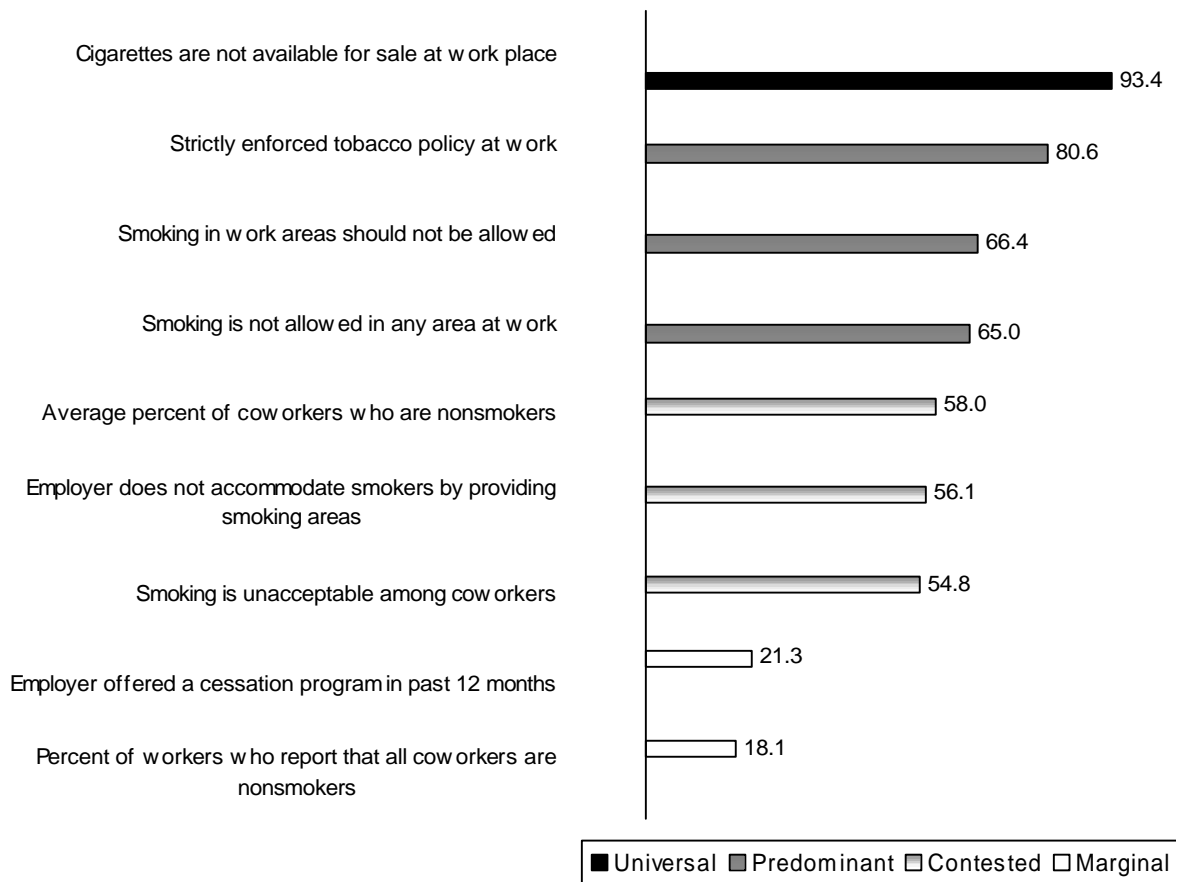
### **Universal Norms, Beliefs and Practices**

- 195 million American adults (93.4 percent) reported that cigarettes are not available for sale at the workplace.

### **Significant Improvements**

- The percentage of American adults who believe that smoking should not be allowed in indoor work areas increased from 57.8 to 66.4 percent from 2000 to 2002, and increased from 61.8 to 66.4 percent from 2001 to 2002.
- The percentage of American adults who reported that their employers do not accommodate smokers increased from 50.3 to 56.1 percent from 2001 to 2002.

**Percent of respondents who support normative beliefs, recognize health risks, or report tobacco control practices**



**Differences from 2000 to 2002: Differences in the percent of respondents who support normative beliefs, recognize health risks, or report tobacco control practices**

<b>Work</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>% Point Difference</b>	<b>% Change</b>
Smoking in work areas should not be allowed	57.8	61.8	66.4 ***	8.6	14.9
Tobacco use is unacceptable among co-workers	53.8	53.6	54.8	1.0	1.9
Smoking is not allowed in any area at work	65.7	68.5	65.0 **	-0.7	-1.1
Strictly enforced tobacco policy at work	78.0	79.5	80.7	2.7	3.5
Employer does not accommodate smokers	53.4	50.3	56.1 **	2.7	5.1
Cigarettes are not available for sale at work place	91.9	91.9	93.4	1.5	1.6
Employer offered cessation program in past 12 months	23.2	23.6	21.3	-1.9	-8.2

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\* Indicates significant change from 2000 to 2002

\*\* Indicates significant change from 2001 to 2002

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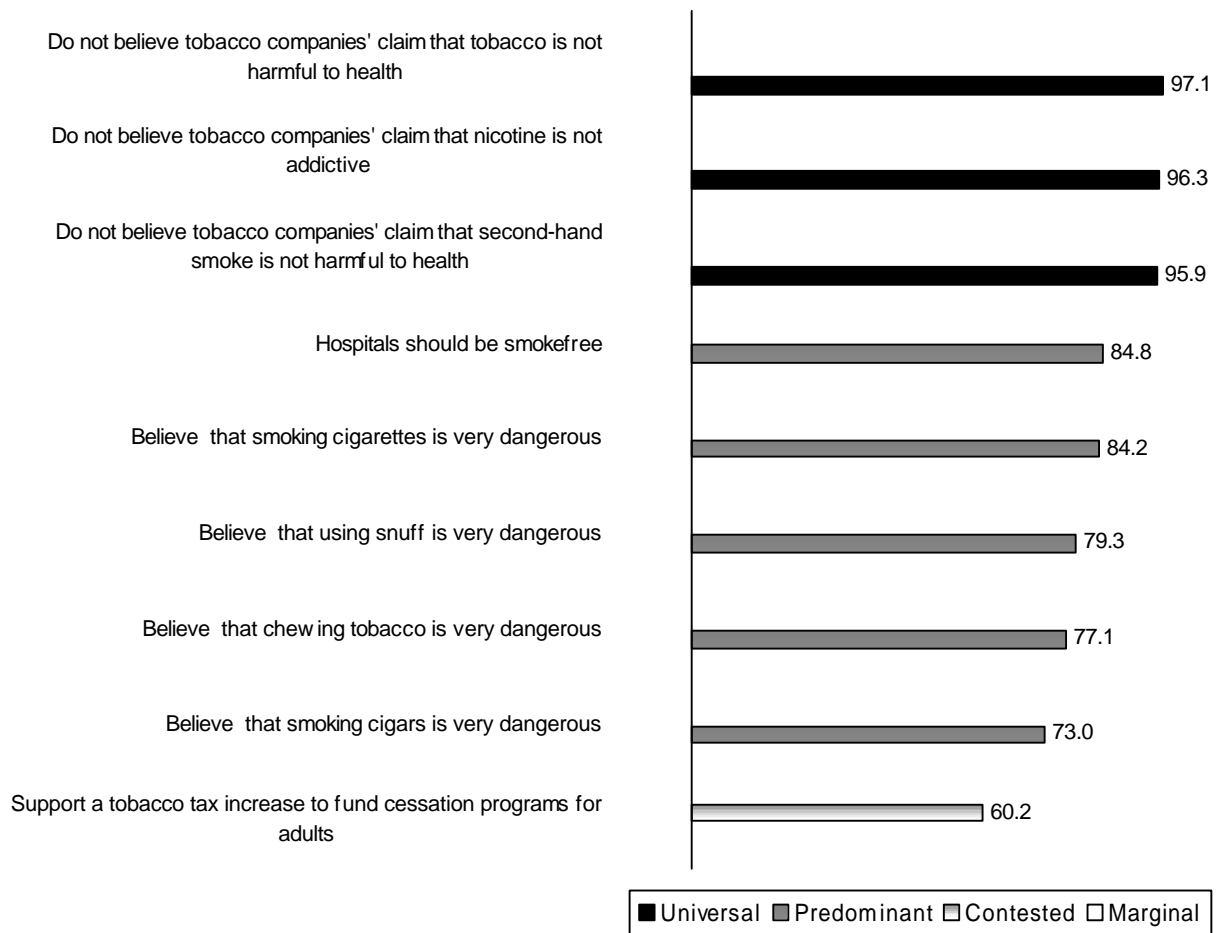
### **Universal Norms, Beliefs and Practices**

- 203 million American adults (97.1 percent) do not believe the tobacco companies' claim that tobacco is not harmful to health.
- 201 million American adults (96.3 percent) do not believe the tobacco companies' claim that nicotine is not addictive.
- 201 million American adults (95.9 percent) do not believe the tobacco companies' claim that second hand smoke is not harmful to health.

### **Significant Improvements**

- The percentage of American adults who believe that hospitals should be smokefree increased from 74.3 to 84.8 percent from 2000 to 2002.
- The percentage of American adults who believe that chewing tobacco is very dangerous increased from 71.4 to 77.1 percent from 2000 to 2002, and increased from 73.2 to 77.1 percent from 2001 to 2002.
- The percentage of American adults who believe smoking cigarettes is very dangerous increased from 78.9 to 84.2 percent from 2000 to 2002, and increased from 81.0 to 84.2 from 2001 to 2002.
- The percentage of American adults who believe that using snuff is very dangerous increased from 72.5 to 79.3 percent from 2000 to 2002, and increased from 75.0 to 79.3 from 2001 to 2002.
- The percentage of American adults who believe smoking cigars is very dangerous increased from 68.1 to 73.0 percent from 2000 to 2002, and increased from 65.2 to 73.0 from 2001 to 2002.

**Percent of respondents who support normative beliefs, recognize health risks, or report tobacco control practices**



**EXECUTIVE SUMMARY**  
**HEALTH AND MEDICAL CARE**

**Differences from 2000 to 2002: Differences in the percent of respondents who support normative beliefs, recognize health risks, or report tobacco control practices**

<b>Health and Medical Care</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>% Point Difference</b>	<b>% Change</b>
Hospitals should be smokefree	74.3	83.9	84.8 *	10.5	14.1
Support a tobacco tax increase to fund cessation programs for adults	57.3	58.7	60.2	2.9	5.1
Do not believe tobacco companies' claim that nicotine is not addictive	96.4	96.0	96.3	-0.1	-0.1
Do not believe tobacco companies' claim that tobacco is not harmful to health	98.3	97.6	97.1 *	-1.2	-1.2
Do not believe tobacco companies' claim that ETS is not harmful to health	96.4	95.7	95.9	-0.5	-0.5
Believe that chewing tobacco is very dangerous	71.4	73.2	77.1 ***	5.7	8.0
Believe that smoking cigarettes is very dangerous	78.9	81.0	84.2 ***	5.3	6.7
Believe that using snuff is very dangerous	72.5	75.0	79.3 ***	6.8	9.4
Believe that smoking cigars is very dangerous	68.1	65.2	73.0 ***	4.9	7.2

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\* Indicates significant change from 2000 to 2002

\*\* Indicates significant change from 2001 to 2002

\*\*\* Indicates significant change from 2000 to 2002 and from 2001 to 2002

### **Universal Norms, Beliefs and Practices**

- 183 million American adults (87.6 percent) believe that convenience stores should be smokefree.

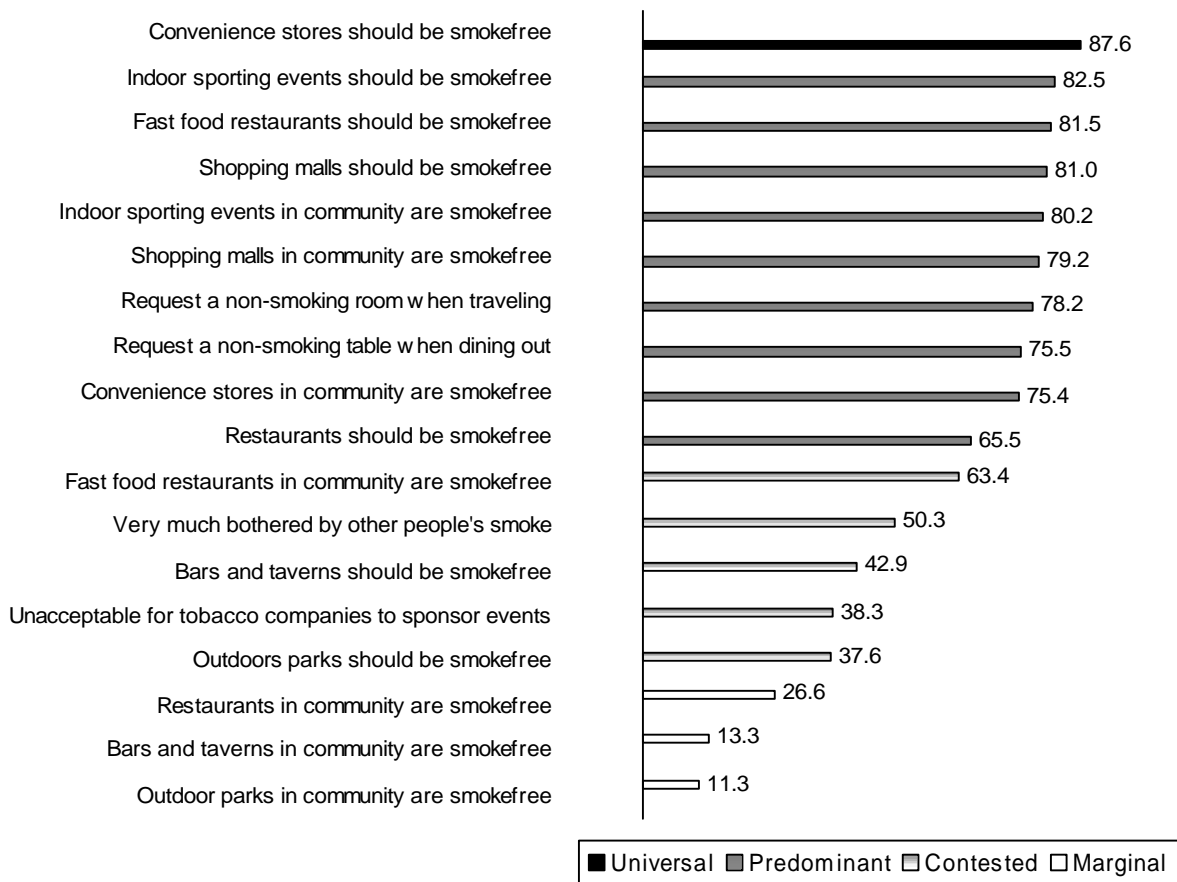
### **Significant Improvements**

- The percentage of American adults who reported that they are very much bothered by second hand smoke increased from 46.8 to 50.8 percent from 2000 to 2002.
- The percentage of American adults who reported that indoor shopping malls in their community are smokefree increased from 75.4 to 79.2 percent from 2000 to 2002, and increased from 77.0 to 79.2 percent from 2001 to 2002.
- The percentage of American adults who reported that convenience stores in their community are smokefree increased from 68.4 to 75.4 percent from 2000 to 2002.
- The percentage of American adults who reported that fast food restaurants in their community are smokefree increased from 52.1 to 63.5 percent from 2000 to 2002, and increased from 57.8 to 63.5 percent from 2001 to 2002.
- The percentage of American adults who reported that outdoor parks in their community are smokefree increased from 7.9 to 11.3 percent from 2000 to 2002, and increased from 7.9 to 11.3 percent from 2001 to 2002.
- The percentage of American adults who believe that indoor shopping malls should be smokefree increased from 71.4 to 81.0 percent from 2000 to 2002, and increased from 71.4 to 81.0 from 2001 to 2002.
- The percentage of American adults who believe that fast food restaurants should be smokefree increased from 76.8 to 81.5 percent from 2000 to 2002.
- The percentage of American adults who reported that restaurants should be smokefree increased from 61.0 to 65.5 percent from 2000 to 2002, and increased from 61.4 to 65.5 percent from 2001 to 2002.
- The percentage of American adults who believe that bars and taverns should be smokefree increased from 32.8 to 42.9 percent from 2000 to 2002, and increased from 33.2 to 42.9 percent from 2001 to 2002.
- The percentage of American adults who believe that indoor sporting events should be smokefree increased from 77.5 to 82.5 percent from 2000 to 2002, and increased from 80.4 to 82.5 percent from 2001 to 2002.
- The percentage of American adults who usually request a non-smoking table when dining out increased from 70.1 to 75.5 percent from 2000 to 2002, and increased from 72.8 to 75.5 percent from 2001 to 2002.
- The percentage of American adults who usually request a non-smoking room increased from 72.2 to 78.2 percent from 2000 to 2002, and increased from 75.1 to 78.2 percent from 2001 to 2002.
- The percentage of American adults who believe that it is NOT acceptable for tobacco companies to sponsor sporting or cultural events increased from 33.7 to 38.3 percent from 2000 to 2002.



**EXECUTIVE SUMMARY**  
**RECREATION, LEISURE, AND SPORTS**

**Percent of respondents who support normative beliefs, recognize health risks, or report tobacco control practices**



**EXECUTIVE SUMMARY**  
**RECREATION, LEISURE, AND SPORTS**

**Differences from 2000 to 2002: Differences in the percent of respondents who support normative beliefs, recognize health risks, or report tobacco control practices**

Recreation, Sports, and Leisure	2000	2001	2002	% Point Difference	% Change
Very much bothered by other people's smoke	46.8	48.1	50.3 *	3.5	7.5
Indoor shopping malls in community are smokefree	75.4	77.0	79.2 ***	3.8	5.0
Convenience stores in community are smokefree	68.4	73.7	75.4 *	7.0	10.2
Fast food restaurants in community are smokefree	52.1	57.8	63.5 ***	11.4	21.9
Restaurants in community are smokefree	24.5	28.1	26.5	2.0	8.2
Bars and taverns in community are smokefree	13.0	12.4	13.3	0.3	2.3
Indoor sporting events in community are smokefree	80.2	81.7	80.2	0.0	0.0
Outdoor parks in community are smokefree	7.9	7.9	11.3 ***	3.4	43.0
Indoor shopping malls should be smokefree	71.4	75.3	81.0 ***	9.6	13.4
Convenience stores should be smokefree	86.3	86.9	87.6	1.3	1.5
Fast food restaurants should be smokefree	76.8	80.0	81.5 *	4.7	6.1
Restaurants should be smokefree	61.0	61.4	65.5 ***	4.5	7.4
Bars and taverns should be smokefree	32.8	33.2	42.9 ***	10.1	30.8
Indoor sporting events should be smokefree	77.5	80.4	82.5 ***	5.0	6.5
Outdoor parks should be smokefree	25.0	25.2	37.6 ***	12.6	50.4
Request a non-smoking table when dining out	70.1	72.8	75.5 ***	5.4	7.7
Request a non-smoking room when traveling	72.2	75.1	78.2 ***	6.0	8.3
Unacceptable for tobacco companies to sponsor events	33.7	36.8	38.3 *	4.6	13.6

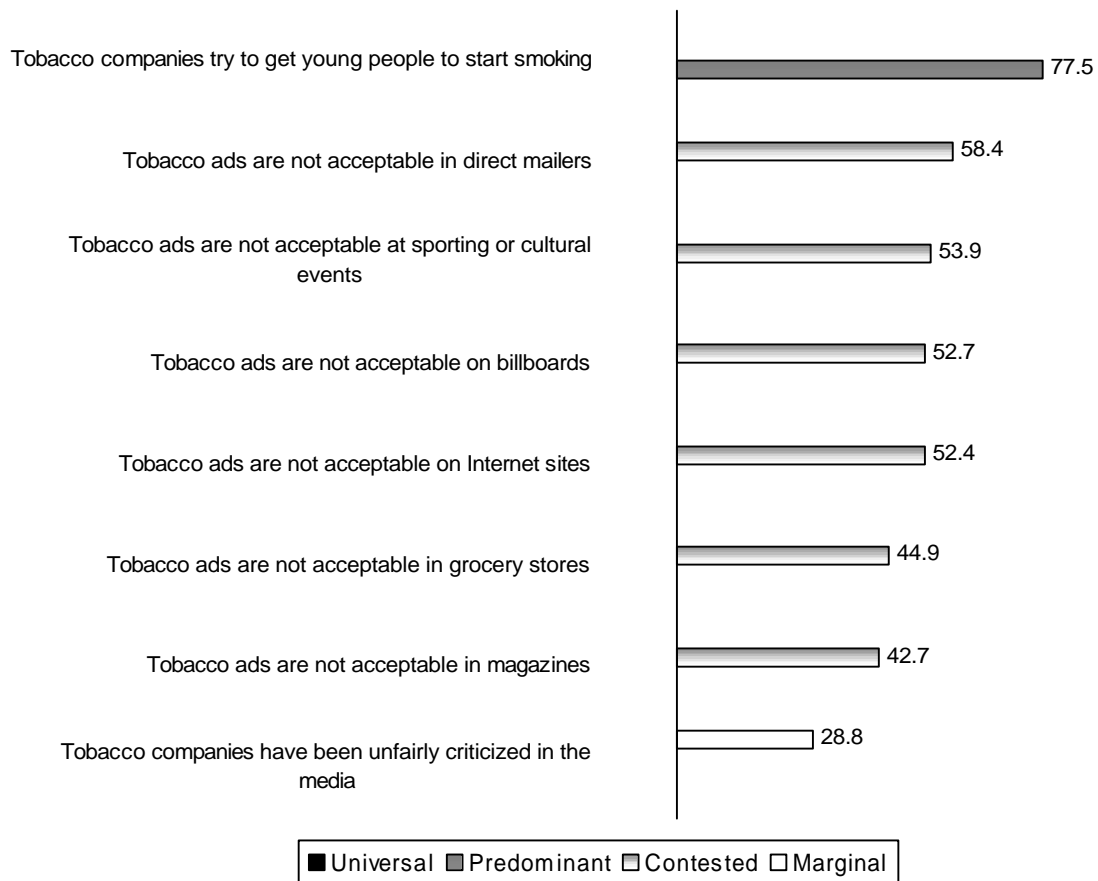
\* Indicates significant change from 2000 to 2002

\*\* Indicates significant change from 2001 to 2002

\*\*\* Indicates significant change from 2000 to 2002 and from 2001 to 2002

**There were no universal beliefs nor significant improvements from 2000 to 2002 nor 2001 to 2002.**

**Percent of respondents who support normative beliefs, recognize health risks, or report tobacco control practices**



**MASS CULTURE AND COMMUNICATION**

**Differences from 2000 to 2002: Differences in the percent of respondents who support normative beliefs, recognize health risks, or report tobacco control practices**

<b>Mass Communication and Culture</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>% Point Difference</b>	<b>% Change</b>
Tobacco ads are not acceptable in grocery stores	44.9	46.6	44.9	0.0	0.0
Tobacco ads are not acceptable in magazines	41.7	42.1	42.7	1.0	2.4
Tobacco ads are not acceptable on billboards	54.0	55.3	52.7	-1.3	-2.4
Tobacco ads are not acceptable in direct mailers	57.5	59.5	58.4	0.9	1.6
Tobacco ads are not acceptable on internet sites	53.1	53.5	52.4	-0.7	-1.3
Tobacco ads are not acceptable at sporting or cultural events	51.6	55.8	53.9	2.3	4.5
Tobacco companies have been unfairly criticized in the media	N/A	N/A	28.8	N/A	N/A
Tobacco companies try to get young people to start smoking	N/A	N/A	77.5	N/A	N/A