# The National Social Climate of Tobacco Control, 2008

Cigar Use

Mississippi State University

American Academy of Pediatrics
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SSRC
Social Science Research Center
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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 19.2 percent in 2007 (Centers for Disease Control and Prevention, 2007). 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 Mississippi 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.

Support for the National Social Climate Survey of Tobacco Control was provided by the American Academy of Pediatrics Julius B. Richmond Center through a Center of Excellence grant from the Flight Attendant Medical Research Institute, by Mississippi State University's Social Science Research Center, and by the American Legacy Foundation. The opinions expressed or implied here do not necessarily reflect those of the above organizations.

## Survey Development

The Social Climate Survey of Tobacco Control (SCS-TC) 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 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 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.

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. The SCS-TC provides 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 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.

## Methods

The Social Climate Survey of Tobacco Control (SCS-TC) was administered to a representative sample of U.S. adults who were interviewed by telephone between October and December 2008. The sample represents the civilian, non-institutionalized adult population over age 18 in the United States. 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, gender and age, based on the 2007 U.S. Census estimates.

## Measures

The SCS-TC is an annual cross-sectional survey that contains items pertaining to normative beliefs, practices/policies, and knowledge regarding tobacco control across seven social institutions. 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.

## 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 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 people's daily lives.

**2008 Sample Characteristics**

Of the eligible respondents contacted, 1532 respondents completed the survey. The sampling error (binomial questions with 50/50 split) for the total data set is no larger than ± 1.3 (95% confidence interval). Of the 1532 respondents, 499 (32.7%) were male and 1028 (67.3%) were female. The racial composition of the sample is as follows: white = 1291 (85.4%), African American = 153 (10.1%), Asian or Pacific Islander = 19 (1.3%), American Indian or Alaskan Native = 11 (0.7%), other or mixed race = 38 (2.5%) and unknown (i.e., did not answer the question on race) = 20 (1.3%). The sample was weighted by race, gender and age within each census region, based upon 2007 U.S. Census estimates to ensure that it is representative of the United States population.

**Table 1.1 Sample Characteristics**

| | | 2008 | | | |
|---|---|---|---|---|---|
| **Sample Characteristics** | | Original Sample | Weighted Sample | Weighted Sample Size | Maximum 95% Confidence Interval |
| Rural/Urban | Rural | 29.3 | 26.3 | 392 | 4.9 |
| | Urban | 70.7 | 73.7 | 1098 | 3.0 |
| Smoking Status | Nonsmoker | 83.9 | 80.6 | 1195 | 2.8 |
| | Smoker | 16.1 | 19.4 | 288 | 5.8 |
| Gender | Male | 32.7 | 48.3 | 717 | 3.7 |
| | Female | 67.3 | 51.7 | 768 | 3.5 |
| Race | White | 85.4 | 84.7 | 1245 | 2.8 |
| | African-American | 10.1 | 10.7 | 157 | 7.8 |
| | Asian/Pacific Islander | 1.3 | 1.2 | 17 | 23.8 |
| | American | 0.7 | 0.6 | 9 | 32.7 |
| | Other Race | 2.5 | 2.8 | 41 | 15.3 |
| Age | 18-24 years | 4.5 | 12.5 | 186 | 7.2 |
| | 25-44 years | 25.2 | 36.6 | 545 | 4.2 |
| | 45-64 years | 45.0 | 34.0 | 506 | 4.4 |
| | 65 + years | 25.3 | 16.9 | 252 | 6.2 |
| Education | Not HS Grad | 6.5 | 5.9 | 87 | 10.5 |
| | HS Grad | 25.5 | 25.4 | 376 | 5.1 |
| | Some College | 27.0 | 26.8 | 398 | 4.9 |
| | College Grad | 41.0 | 41.9 | 621 | 3.9 |
| Parental Status | Nonparent | 71.8 | 64.1 | 955 | 3.2 |
| | Parent | 28.2 | 35.9 | 535 | 4.2 |
| Region | Northeast | 15.3 | 17.8 | 265 | 6.0 |
| | Midwest | 24.0 | 21.8 | 325 | 5.4 |
| | South | 42.3 | 37.7 | 562 | 4.1 |
| | West | 18.3 | 22.7 | 338 | 5.3 |

**Table 1.1 Have you ever tried smoking cigars, cigarillos, or little cigars, even one or two puffs?**

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

| Sample Characteristic | Yes | No | *p* |
|---|---|---|---|
| Total | 33.8 | 66.2 | |
| Rural | 34.3 | 65.7 | NS |
| Urban | 33.6 | 66.4 | |
| Nonsmoker | 30.8 | 59.2 | <.001 |
| Smoker | 50.2 | 49.8 | |
| Male | 59.6 | 40.4 | <.001 |
| Female | 21.3 | 78.7 | |
| White | 34.7 | 65.3 | .015 |
| African American | 24.8 | 75.2 | |
| 18-24 years of age | 29.4 | 70.6 | <.001 |
| 25-44 years of age | 39.9 | 60.1 | |
| 45-64 years of age | 35.4 | 64.6 | |
| 65 years of age or older | 25.8 | 74.2 | |
| Not a high school graduate | 32.3 | 67.7 | NS |
| High school graduate | 31.0 | 69.0 | |
| Some College | 34.8 | 65.2 | |
| College graduate | 35.4 | 64.6 | |

Note: 0.1 percent of respondents reported *Don't Know* or refused.
Percentages may not add to 100 due to rounding.

- Approximately one-third of U.S. adults have ever tried smoking cigars, cigarillos, or little cigars.
- Cigarette smokers are much more likely than nonsmokers to have tried smoking cigars.
- Males are much more likely than females to have tried smoking cigars.
- White adults are more likely than black adults to have tried smoking cigars.
- Middle aged adults are more likely to have ever smoked cigars than older or younger adults.

**Table 1.2 Have you ever tried smoking "Black and Milds", "Swisher Sweets", "Dutch Masters", "Phillies", or other brands of little cigars?**
**(Of adults who have ever smoked cigars)**

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

| Sample Characteristic | Yes | No | *p* |
|---|---|---|---|
| Total | 55.8 | 44.2 | |
| Rural | 61.7 | 38.3 | NS |
| Urban | 53.3 | 46.7 | |
| Nonsmoker | 48.9 | 51.1 | <.001 |
| Smoker | 77.5 | 22.5 | |
| Male | 62.0 | 38.0 | .002 |
| Female | 47.8 | 52.2 | |
| White | 55.7 | 44.3 | NS |
| African American | 63.2 | 36.8 | |
| 18-24 years of age | 85.0 | 15.0 | .001 |
| 25-44 years of age | 51.4 | 48.6 | |
| 45-64 years of age | 61.1 | 38.9 | |
| 65 years of age or older | 43.8 | 56.2 | |
| Not a high school graduate | 71.0 | 29.0 | .003 |
| High school graduate | 66.4 | 33.6 | |
| Some College | 55.8 | 44.2 | |
| College graduate | 47.6 | 52.4 | |

Note: Percentages may not add to 100 due to rounding.
For this question, percentages are derived from the sample who reported ever having smoked cigars, *N* = 498.

- Of adults who have ever tried cigars, approximately half of them have tried these specific brands of little cigars.
- Cigarette smokers are much more likely than nonsmokers to have tried these brands.
- Males are much more likely than females to have tried these brands.
- African American adults are more likely than white adults to have tried these brands.
- Young adults are more likely to have tried these brands of cigars than older adults.

**Table 1.3 Have you smoked cigars, cigarillos, or little cigars, even one or two puffs in the past 30 days? (Of adults who have ever smoked cigars)**

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

| Sample Characteristic | Yes | No | *p* |
|---|---|---|---|
| Total | 7.9 | 92.1 | |
| Rural | 7.8 | 92.2 | NS |
| Urban | 8.0 | 92.0 | |
| Nonsmoker | 3.1 | 96.9 | <.001 |
| Smoker | 23.6 | 76.4 | |
| Male | 10.5 | 89.5 | .014 |
| Female | 4.6 | 95.4 | |
| White | 93.0 | 7.0 | .002 |
| African American | 78.9 | 21.1 | |
| 18-24 years of age | 45.0 | 55.0 | <.001 |
| 25-44 years of age | 7.1 | 92.9 | |
| 45-64 years of age | 7.8 | 92.2 | |
| 65 years of age or older | 2.0 | 98.0 | |
| Not a high school graduate | 21.9 | 78.1 | .001 |
| High school graduate | 10.7 | 89.3 | |
| Some College | 9.2 | 90.8 | |
| College graduate | 3.6 | 96.4 | |

Note: Percentages may not add to 100 due to rounding.
For this question, percentages are derived from the sample who reported ever having smoked cigars, *N* = 516.

- Of adults who have ever tried cigars, the majority report they have not smoked cigars in the past 30 days.
- Cigarette smokers are much more likely than nonsmokers to have smoked cigars in the past 30 days.
- Males are more likely than females to have smoked in the past 30 days.
- White adults are more likely to report smoking cigars in the past 30 days than black adults.
- Young adults are much more likely to have smoked cigars in the past 30 days than older adults.
- Of current cigar smokers (*N* = 39), most smoke less than three cigars per day (results not shown in table).

**About the American Academy of Pediatrics Julius B. Richmond Center**
(www.AAP.org/RichmondCenter)

The American Academy of Pediatrics (AAP) is an organization of 60,000 pediatricians dedicated to the health, safety, and well being of infants, children, adolescents, and young adults. The AAP Richmond Center is dedicated to the elimination of children¹s exposure to tobacco and secondhand smoke. Our vision is that all child healthcare clinicians will be active participants in the elimination of tobacco and secondhand smoke exposure of children, and that child health clinicians will be provided with the education, training, and tools needed to effectively intervene to protect children from the harmful effects of tobacco and secondhand smoke. Founded in 2006, the AAP Richmond Center is supported by a generous center of excellence grant from the Flight Attendant Medical Research Institute (FAMRI). The Richmond Center is named in honor of Julius B. Richmond, MD (1916-2008), founding Chair of the FAMRI Medical Advisory Board, and former Surgeon General of the United States. Dr. Richmond, a pediatrician and founding director of the Head Start Program, was a tireless advocate for tobacco control, and was also known for developing and implementing quantitative goals for public health, first published in 1970 as Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention.

**About the Social Science Research Center**
(socialclimate.org)

The Social Science Research Center at Mississippi State University was established in 1950 to promote, enhance, and facilitate social science research and related scholarly activities. The mission of the SSRC is to conduct rigorous, objective and unbiased research on social, economic, political, human resource, and social-environmental problems facing the state, nation, and world. The SSRC is a university-level, interdisciplinary research center whose annual research portfolio normally ranges between $10-15 million. With the exception of the southern loading dock, smoking is prohibited in all indoor and outdoor areas of the SSRC. The SSRC has a extensive experience with both surveillance and evaluation research, and directed the Overall Component of the evaluation of the Mississippi Tobacco Pilot Program.

**THIS REPORT IS AVAILABLE AT**
**www.socialclimate.org**

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