2005
Illinois Adult Tobacco Survey
Illinois Department of Public Health

Rod R. Blagojevich, Governor - Eric E. Whitaker, M.D., M.P.H., Director
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I. Introduction

Program Overview

The Illinois Department of Public Health (IDPH), Illinois Tobacco-Free Communities Program (ITFC) is proud to present the findings of the 2005 Illinois Adult Tobacco Survey (IATS). The ITFC is dedicated to tobacco control by assisting in the achievement of national Healthy People 2010 Objective 27-1: Reduction in Tobacco Use by Adults Aged 18 Years and Older. The following table illustrates the need for Illinois to continue its efforts to reduce adult cigarette use.

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* Age adjusted to the year 2000 standard population.

In order to accomplish this objective, the ITFC Program requires quality quantitative and qualitative data, such as contained in the 2005 IATS, to design interventions targeting those individuals at risk for smoking. The ITFC Program supports tobacco control efforts through grants to 94 local health departments and other community-based organizations that utilize policy-driven, evidence-based interventions to address the goals of the CDC’s Office on Smoking and Health. The four program goals are:

1. Prevent the initiation of tobacco use among young people
2. Eliminate exposure to secondhand smoke
3. Promote tobacco-use cessation among youth and adults
4. Identify and eliminate tobacco-related disparities among specific population groups

On June 25, 2006, Gov. Rod R. Blagojevich signed legislation amending the Illinois Clean Indoor Air Act to allow non-home rule municipalities and counties to prohibit smoking. Smoking bans in counties would affect all municipalities within their limits, as well as unincorporated areas. These smoking bans will increase the need for smoking cessation services. The ITFC funds the American Lung Association of Illinois to operate the Illinois Tobacco Quitline (866-QUIT-YES or 866-784-8937). This service is available to anyone in Illinois who desires to stop smoking and is free of charge.

To learn more about the ITFC, contact the program at 217-782-3300.
Executive Summary
This report summarizes results from the IDPH, 2005 IATS. The IATS obtained detailed data regarding the prevalence of tobacco use, tobacco-related knowledge, exposure to secondhand smoke, and opinions regarding smoke-free environments. The data serve as the measure by which the impact of tobacco prevention and control activities funded by ITFC and other tobacco initiatives will be assessed. Nationally, the Adult Tobacco Survey (ATS) methodology was designed by the CDC to assure standardization among states that conduct the survey. Therefore, the IATS core questions produce data comparable to ATS information collected in other states. Together, these data provide national-level information about the prevalence of tobacco use, opinions regarding health effects, and tobacco-related opinions on a variety of topics.

Through a competitive application process, the IDPH Tobacco-Free Communities Program contracted with ORC Macro of Vermont to conduct IATS data collection activities. Data collection for the 2005 IATS was implemented from April 2005 through June 2005. Data were collected via telephone surveys with randomly selected adults within Illinois households that were telephone-equipped and randomly dialed. The questionnaire contained 66 items and had an average interview length of 10.2 minutes. ORC Macro followed a standard ATS 15 call-attempt protocol throughout the data collection process. A detailed description of the methods can be found in the 2005 Illinois Adult Tobacco Survey Technical Report, and available from IDPH.

The following is a summary of the results of the 2005 IATS.

- Overall, more than half (51.3%) of current smokers stopped smoking for one day or longer because they were trying to quit.
- Nearly 28 percent of smokers and former smokers used medication to help them quit.
- Overall, 4.7 percent of smokers and former smokers used other assistance to help them quit smoking.
- Over three-fourths (78.3%) of smokers and former smokers were aware of cessation assistance.
- More than half (54.8%) of smokers were seriously considering stopping smoking within the next six months.
- Nearly two in five (39.8%) smokers were planning to stop smoking within the next 30 days.
- Nearly six in 10 (59.2%) smokers ever plan to quit smoking.
- Approximately one-third (33.5%) of smokers were advised by a dentist to quit smoking.
- Three in 10 (30.1%) adults who had a dental visit in the past year were asked by their dentist if they smoked in the past 12 months.
- Seven in 10 (70.8%) smokers were advised not to smoke by their doctor.
- Nearly six in 10 adults (59.3%) who visited a doctor or health professional within the past year were asked if they smoked.
- Of adults whose doctor advised them to quit smoking:
  - nearly one-third (30.9%) were prescribed or recommended a medication to help them quit.
  - nearly one-fourth (24.2%) were also told to set a specific date to stop smoking.
  - 16.6 percent were also advised to use a smoking cessation class, program, quit line or counseling.
  - 26.9 percent were also provided with booklets, videos or other materials to help them quit.
• Overall, regarding smoking behavior inside the home, nearly 80 percent of households did not have smoking inside in the past seven days. Only 5.4 percent of households had smoking inside during one to six days of the past seven days. Nearly 15 percent of households had smoking inside during all of the past seven days.

• Overall, regarding rules about smoking inside the home, 13.2 percent of adults allowed smoking anywhere inside their home, 13.8 percent allowed smoking in some places, and 73.0 percent did not allow smoking inside their home.

• More than one in 10 adults (14.2%) was exposed to cigarette smoke in their work area.

• More than three-fourths (78.4%) of adults are employed where smoking is not allowed at all in their workplace, while 13.8 percent are employed where it is allowed in some areas. Only 2.0 percent are in a workplace where smoking is allowed in any work area and 5.8 percent work where there is no official smoking policy.

• About eight in 10 (78.8%) adults are employed in a workplace that does not allow smoking in any public areas. More than one in 10 (12.9%) are employed where smoking is allowed in some public areas. Only 1.8 percent is employed where smoking is allowed in all public areas and 6.6 percent are in a workplace that has no official smoking policy.

• Nearly three-fourths of adults believe that smoking should not be allowed to be in work areas, while 23.9 percent believe it should be allowed in some areas. Only 1.9 percent believe smoking should be allowed in all areas.

• Overall, 27.7 percent of adults had been in a car with someone who was smoking in the past seven days.

• Overall, 56.8 percent of adults believe that smoking should not be allowed at all in the indoor dining area of restaurants.

• Nearly three-fourths of adults (72.8%) would support a law that would make restaurants smoke-free.

• Eight in 10 adults (80.1%) believe that if there were a total ban on smoking in restaurants it would not make a difference in how often they dine out. More than one in 10 (12.6%) would dine out more often if there were a total ban on smoking in restaurants, while 7.3 percent would dine out less often.

• Overall, 69.9 percent of adults believe that smoking should not be allowed at all in indoor shopping malls and 28.9 percent believe it should be allowed in some areas. Only 1.2 percent believes it should be allowed in all areas.

• Nearly half of adults (49.9%) believe that smoking should be allowed in some areas in bars and cocktail lounges. One in five (20.4%) adults believe it should be allowed in all areas, while 29.7 percent believe it should not be allowed at all.

• Nearly half (45.7%) of adults disagreed with the statement “If a person has smoked a pack of cigarettes a day for more than 20 years, there is little health benefit to quitting smoking,” while 29.0 percent strongly disagreed. Overall, 17.9 percent of adults agreed with the statement and 7.4 percent strongly agreed.

• More than half of adults (53.2%) think that breathing smoke from other people’s cigarettes is very harmful to one’s health. Nearly four in 10 adults (39.5%) think it is somewhat harmful. Only 5.1 percent think it is not very harmful and 2.1 percent think it is not at all harmful.

• Overall, 86.2 percent of adults believe that keeping stores from selling tobacco products to teenagers was very important while 9.9 percent believe it was somewhat important, 1.9 percent believe it was not very important and 1.9 percent believe it was not at all important.

• More than half (51.8%) of adults strongly agreed with the statement: “Storeowners should be required to have a license to sell tobacco products, similar to alcohol, so that teens can’t buy tobacco products.” One-third (33.9%) agreed with the statement.
Statistical Significance
A 95 percent confidence interval generated around analysis of sample data represents the range of values within which the population’s true value resides. When comparing two groups on the same measurement (e.g., if males and females differ on their beliefs about smoking regulations), the 95 percent confidence interval for each group is compared. If the range of values in the 95 percent confidence interval do not overlap between two groups, the difference between the groups is statistically significant.

In this report, when the 95 percent confidence intervals of compared groups do not overlap, the difference is described in the text as statistically significant.

If the 95 percent confidence intervals do overlap (i.e., if the confidence intervals share any of the same values), the survey did not detect a statistically significant difference. It is worth noting that when confidence intervals do overlap, it can mean that no difference exists between the groups, or it could mean that a difference does exist, but was not detected due to the sample size.

In this report, when the 95 percent confidence intervals do overlap, the difference between groups may be described in the text, but is not referred to as statistically significant.

Treatment of Small Numbers
Small numbers of responses to particular items in the questionnaire occurred when skip patterns limited the number of respondents who could answer the item. For example, respondents were only asked if they used medication to help them quit smoking if they were former smokers who quit smoking in the past five years or current smokers who made a quit attempt in the past year. There were even fewer responses when results were analyzed by demographic characteristics. Small numbers are an issue when analyzing data due to concerns about stability of the data.

In summary, it is important for the reader to be aware of small numbers when reviewing the data presented in this report.

For this report, if there were fewer than 10 responses, the item was not included in the report. For items where there were 11 to 29 responses, the response category is identified by “*”, with a warning about small numbers.
Treatment of “Don’t Know” and “Refused” responses

Responses of “don’t know” and “refused” were coded as “missing” for all analyses presented in this report.

Definitions

- “Adults” is used throughout this report since these data were weighted to represent the sex and racial distribution of Illinois’ adult population, and to adjust for differences in the probability of selection and non-response.
- Current everyday smoker (abbreviated as “Everyday”): Respondents who smoked at least 100 cigarettes during their lifetime and currently smoke everyday.
- Current some days smoker (abbreviated as “Some day”): Respondents who smoked at least 100 cigarettes during their lifetime and currently smoke on some days.
- Former smokers (abbreviated as “Former”): Respondents who smoked at least 100 cigarettes but do not currently smoke at all.
- Never smoker (abbreviated as “Never”): Respondents who smoked less than 100 cigarettes in their lifetime.
- Stages of Change: The stages that a person moves through as a process of behavioral change which include pre-contemplation, contemplation, preparation, action, maintenance, and relapse.
II. CESSATION

Cessation Attempts

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- Overall, more than half (51.3%) of current smokers stopped smoking for one day or longer because they were trying to quit.
- Males and females responded similarly, with 50.9 percent of males and 51.8 percent of females reporting that they tried to quit smoking in the past 12 months.
- There were similarities by race with 51.6 percent of white smokers, 51.9 percent of black smokers and 49.2 percent of smokers of other races reporting that they tried to quit.

Cessation Methods

FORMER SMOKERS: When you quit smoking…
CURRENT SMOKERS: The last time you tried to quit smoking…

…did you use the nicotine patch, nicotine gum or any other medication to help you quit?

- Nearly 28 percent of smokers and former smokers used medication to help them quit.
- There were similarities by sex with 28.8 percent of males and 26.1 percent of females using medication to help them quit.
- White and black smokers (29.2% and 28.7%, respectively) were more likely to use medication to help them quit compared to those of other races.
FORMER SMOKERS: When you quit smoking…
CURRENT SMOKERS: The last time you tried to quit smoking…
…did you use any other assistance such as classes or counseling?

- Overall, 4.7 percent of smokers and former smokers used other assistance to help them quit smoking.
- Males and females are similar in using other assistance (4.1% and 5.4%, respectively).

Are you aware of assistance that might be available to help you quit smoking, such as telephone quit lines, local health clinic services, one-on-one counseling, self-help material, acupuncture, or hypnosis?

- Over three-fourths (78.3%) of smokers and former smokers were aware of cessation assistance.
- There were similarities by sex with 78.9 percent of males and 77.6 percent of females reporting that they were aware of cessation assistance.
- White smokers were more likely to be aware of cessation assistance (83.0%) compared to black smokers (70.9%). White smokers were significantly more likely to be aware of assistance when compared to those of other races (52.0%). This difference is statistically significant. While not statistically significant, black smokers were more likely than other races to be aware of cessation assistance.
Cessation: Stages of Change

Are you seriously considering stopping smoking within the next six months?

- More than half (54.8%) of smokers were seriously considering stopping smoking within the next six months.
- Females (56.3%) were slightly more likely to consider quitting compared to males (53.4%).
- Black smokers (66.5%) were slightly more likely to consider quitting compared to white smokers (53.3%) and those of other races (56.2%).

Are you planning to stop smoking within the next 30 days?

- Among smokers, nearly two in five (39.8%) were planning to stop smoking within the next 30 days.
- Males (44.9%) were slightly more likely to plan to quit within the next 30 days compared to females (34.8%).
- White smokers (36.4%) were less likely to plan on quitting in the next 30 days compared to black smokers (43.2%). This difference is statistically significant. While not statistically significant, those of other races (61.8%) were more likely than both white and black smokers to plan on quitting in the next 30 days.

Percentage of smokers who are considering stopping smoking within the next six months

- 54.8% Overall
- 53.4% Male
- 56.3% Female
- 53.3% White
- 66.5% Black
- 56.2% Other race

Percentage of smokers who are planning to stop smoking within the next 30 days

- 39.8% Overall
- 44.9% Male
- 34.8% Female
- 36.4% White
- 43.2% Black
- 61.8% Other race

*Fewer than 30 respondents
Do you ever plan to quit smoking?

- Nearly six in 10 (59.2%) smokers ever plan to quit smoking.
- Females (64.1%) were more likely to ever plan to quit smoking compared to males (54.9%).

**Dentist Advice**

In the past 12 months, have you seen a dentist to get any kind of care for yourself?

- More than seven in 10 adults (72.3%) have seen a dentist in the past 12 months.
- Adults who smoked every day (66.5%) were less likely than some day smokers (71.9%), former smokers (73.5%) and never smokers (73.4%) to have seen a dentist in the past 12 months. This difference is statistically significant.
- Males (70.5%) were less likely to have seen a dentist in the past 12 months than females (74.0%)
- White adults (75.2%) were more likely to have seen a dentist in the past 12 months compared to black adults (62.1%) and those of other races (61.0%).
In the past 12 months, did a dentist advise you to quit smoking?

- Approximately one-third (33.5%) of smokers were advised by a dentist to quit smoking.
- Males (40.4%) were more likely than females (25.9%) to be advised by their dentist to quit smoking. This difference is statistically significant.
- Black smokers (46.8%) were more likely to be advised by their dentist to quit smoking compared to white smokers (31.4%) and those of other races (35.5%).

In the past 12 months, did a dentist ask if you smoked?

- Overall, 30.1 percent of adults were asked by their dentist if they smoked in the past 12 months.
- Everyday smokers (42.9%) were more likely than some day smokers (35.0%), former smokers (29.4%) and never smokers (28.1%) to be asked by their dentist if they smoked in the past 12 months. This difference is statistically significant.
- By sex, 30.9 percent of males and 29.4 percent of females were asked by their dentist if they smoked in the past 12 months.
- White adults (28.0%) were less likely than black adults (48.4%) to be asked by their dentist if they smoked in the past 12 months. This difference is statistically significant.
**Physician and Health Professional Advice**

**In the past 12 months, have you seen a doctor or other health professional to get any kind of care for yourself?**

- Overall, 83 percent of adults had seen a doctor in the past 12 months.
- Former smokers (88.1%) and never smokers (83.0%) were more likely to have seen a doctor in the past 12 months when compared to everyday (76.6%) and some day smokers (74.6%). This difference is statistically significant.
- Females (89.8%) were more likely than males (75.6%) to have seen a doctor in the past 12 months. This difference is statistically significant.
- White (84.0%) and black (83.4%) adults were more likely to have seen a doctor compared to those of other races (75.4%). This difference is statistically significant.

**During the past 12 months, did any doctor, nurse or other health professional advise you not to smoke?**

- Overall, 70.8 percent of smokers were advised not to smoke by their doctor.
- Males (73.0%) were more likely than females (68.9%) to be advised by their doctor not to smoke.
- Black smokers (76.2%) were the most likely to be advised by their doctor not to smoke, followed by white smokers (70.9%) and those of other races (61.3%).
During the past 12 months, did any doctor or other health professional ask if you smoke?

- Nearly one in six adults (59.3%) was asked by a doctor or other health professional if they smoked.
- Everyday smokers were most likely to be asked by a doctor if they smoked (66.6%) while some day smokers were least likely (54.2%).
- Females were more likely to be asked by a doctor if they smoked (61.0%) compared to males (57.1%)
- White adults (57.5%) were slightly less likely than black adults (65.7%) and those of other races (66.4%) to be asked by a doctor if they smoked.

In the past 12 months, when a doctor or other health professional advised you to quit smoking, did they also prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler or pills such as Zyban®?

- Of smokers whose doctor advised them to quit, nearly one-third (30.9%) were also prescribed or recommended a medication to help them quit.
- Males were more likely to be prescribed medication to help quit (34.6%) compared to females (27.5%).
- Black smokers were less likely to be prescribed medication to help them quit (24.4%) compared to white smokers (30.5%) and those of other races (44.6%).
In the past 12 months, when a doctor or other health professional advised you to quit smoking, did they also suggest that you set a specific date to stop smoking?

- Of smokers whose doctor advised them to quit smoking, nearly one-fourth (24.2%) were also told to set a specific date to stop smoking.
- Results by sex were similar, with 25.2 percent of males and 23.4 percent of females being told to set a specific date to stop smoking.
- Results by race were similar, with 23.9 percent of white smokers, 24.0 percent of black smokers, and 25.2 percent of those of other races being told to set a specific date to quit smoking.

In the past 12 months, when a doctor or other health professional advised you to quit smoking, did they also suggest that you use a smoking cessation class, program, quit line, or counseling?

- Of adults whose doctor advised them to quit smoking, 16.6 percent were also advised to use a smoking cessation class, program, quit line or counseling.
- Males (20.8%) were more likely than females (12.9%) to be advised to use a smoking cessation class, program, quit line or counseling.
In the past 12 months, when a doctor or other health professional advised you to quit smoking, did they also provide you with booklets, videos or other materials to help you quit smoking on your own?

- Of adults whose doctor advised them to quit smoking, 26.9 percent were also provided with booklets, videos or other materials to help them quit.
- Females (28.5%) were more likely than males (25.2%) to be provided with booklets, videos or other materials to help quit.
III. SECONDHAND SMOKE

Exposure at Home

During the past seven days, how many days did anyone smoke cigarettes, cigars or pipes anywhere inside your home?

- Overall, nearly 80 percent of households did not have any smoking inside in the past seven days. Only 5.4 percent of households had smoking inside from one to six days. Nearly 15 percent of households had smoking inside all seven days.

- Former and never smokers were most likely to have no smoking in their home in the past seven days. Some day smokers were most likely to have had smoking in their home from one to six days. Everyday smokers were most likely to have smoking in their home all seven days. All of these differences are statistically significant.

- White adults and those of other races were most likely to have no smoking in their home in the past seven days. Black adults were more likely than white adults to have smoking in their home for one to six days. These differences are statistically significant.
Policy at Home

Which statement best describes the rules about smoking inside your home? Do not include decks, garages or porches.

- Overall, 13.2 percent of adults allowed smoking anywhere inside their home, 13.8 percent allowed smoking in some places and 73.0 percent did not allow smoking inside their home.

- Everyday (28.5%) and some day smokers (31.0%) were more likely than former (11.3%) and never smokers (9.7%) to allow smoking in some places in their home. Everyday smokers (44.4%) were more likely to allow smoking anywhere, followed by some day smokers (14.4%), former smokers (10.6%) and never smokers (6.1%). These differences are statistically significant.

- White and black adults (14.2% and 13.8%, respectively) were more likely to allow smoking anywhere inside their home compared to those of other races (7.2%).

- Black adults and those of other races (22.7% and 17.1%, respectively) were more likely to allow smoking in some places compared to white adults (12.3%).

- White adults and those of other races (73.5% and 75.7%, respectively) were more likely to ban smoking in their home compared to black adults (63.5%).
Exposure at Work

As far as you know, in the past seven days, has anyone smoked in your work area?

- Slightly more than one in 10 adults (14.2%) was exposed to smoke in their work area in the past seven days.

Workplace Policy

Which of the following best describes your place of employment’s official smoking policy for work areas: not allowed in any work areas, allowed in some work areas, allowed in all work areas or no official policy?

- More than three-fourths (78.4%) of adults are employed where smoking was not allowed at all, while 13.8 percent work where smoking was allowed in some areas. Only 2.0 percent of adults work where smoking was allowed in any work area and 5.8 percent where there was no official policy.
Which of the following best describes your place of employment’s official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunchrooms: not allowed in any public areas, allowed in some public areas, allowed in all public areas or no official policy?

- About eight in 10 (78.8%) adults are employed in a workplace that does not allow smoking in any public areas. More than one in 10 (12.9%) is employed where smoking is allowed in some public areas of their workplace. Only 1.8 percent is employed where smoking is allowed in all public areas and 6.6 percent are in a workplace that has no official smoking policy.

**Workplace Policy Attitudes**

In indoor work areas, do you think smoking should be allowed in all areas, some areas or not at all?

- Nearly three-fourths of adults (74.2%) believe that smoking should not be allowed in work areas while 23.9 percent believe it should be allowed in some areas. Only 1.9 percent believes smoking should be allowed in all areas.
Exposure in a Car

In the past seven days, have you been in a car with someone who was smoking?

- Overall, 27.7 percent of adults had been in a car with someone who was smoking in the past seven days.
- Everyday smokers and some day smokers (78.8% and 62.4%, respectively) were more likely to have been in a car with someone who was smoking in the past seven days compared to former and non-smokers (15.7% and 17.0%, respectively). These differences are statistically significant.
- Black adults (32.6%) were more likely to have been in a car with someone who was smoking compared to white adults (26.9%) and those of other races (30.0%).
Restaurant Policy Attitudes

In the indoor dining area of restaurants, do you think that smoking should be allowed in all areas, some areas or not allowed at all?

- Over half of adults (56.8%) believe that smoking should not be allowed at all in the indoor dining area of restaurants.
- Females (60.5%) were more likely to believe that smoking should not be allowed at all in the indoor dining area of restaurants than males (52.8%). This difference is statistically significant.

Some cities and towns are considering laws that would make restaurants smoke-free; that is eliminating all tobacco smoke from restaurants. Would you support such a law in your community?

- Nearly three-fourths of adults (72.8%) would support a law to make restaurants smoke-free.
- Never smokers were most likely to support a law that would make restaurants smoke-free (83.5%), followed by former smokers (71.3%), some day smokers (55.3%), and everyday smokers (39.3%). These differences are statistically significant.
- Females (77.5%) were more likely to support a law that would make restaurants smoke-free than males (67.9%). This difference is statistically significant.
- Black adults (79.8%) were more likely than white adults (72.4%) to support a law making restaurants smoke-free. This difference is statistically significant.
If there were a total ban on smoking in restaurants, would you eat out more, less or would it make no difference?

- Eight in 10 adults (80.1%) believe that if there were a total ban on smoking in restaurants it would not make a difference in how often they eat out. More than one in 10 (12.6%) adults would eat out more often if there were a total ban on smoking in restaurants, while 7.3 percent would eat out less often.
- Females (14.2%) were more likely to believe they would eat out more often if there were a total ban on smoking in restaurants compared to males (10.9%). This difference is statistically significant.
- Black adults (18.0%) or those of other races (17.2%) were more likely to believe they would eat out more often if there were a total ban on smoking in restaurants compared to white adults (11.3%). This difference is statistically significant.

**Shopping Mall Policy Attitudes**

*In indoor shopping malls, do you think that smoking should be allowed in all areas, some areas or not allowed at all?*

- Overall, 69.9 percent of adults believe that smoking should not be allowed at all in indoor shopping malls and 28.9 percent believe it should be allowed in some areas. Only 1.2 percent believe it should be allowed in all areas.
- Males were more likely to believe that smoking should be allowed in all or some areas (2.0% and 31.4%, respectively) in indoor shopping malls than females (0.5% and 26.6%, respectively). These differences are statistically significant.
Bar Policy Attitudes

In bars and cocktail lounges, do you think smoking should be allowed in all areas, some areas or not at all?

- Nearly half of adults (49.9%) believe that smoking should be allowed in some areas in bars and cocktail lounges. Nearly three in 10 adults (29.7%) believe smoking should not be allowed at all. Fewer (20.4%) believe it should be allowed in all areas.

- Everyday and some day smokers (50.6% and 38.9%, respectively) were more likely to believe that smoking should be allowed in all areas in bars and cocktail lounges compared to former and never smokers (16.7% and 12.5%, respectively). Former smokers (53.6%) were more likely to believe it should be allowed in some areas than everyday and some day smokers (43.6% and 51.9%, respectively). Former and never smokers (29.7% and 37.9%, respectively) were more likely to believe smoking should not be allowed at all compared to everyday and some day smokers (5.7% and 9.2%, respectively). These differences are statistically significant.

- Males (24.9%) were more likely to believe that smoking should be allowed in all areas in bars and cocktail lounges compared to females (16.1%). Females (32.1%) were more likely to believe that smoking should not be allowed at all compared to males (27.2%). These differences are statistically significant.

- White adults (21.5%) were more likely to believe that smoking should be allowed in all areas in bars and cocktail lounges compared to black adults (15.4%) and those of other races (16.3%). This difference is statistically significant.

*Fewer than 30 respondents
IV. RISK PERCEPTION

Risk Perception: Cessation

If a person has smoked a pack of cigarettes a day for more than 20 years, there is little health benefit to quitting smoking.

- Nearly half (45.7%) of adults disagreed with the statement that there is little health benefit to quitting smoking, while 29.0 percent strongly disagreed. Overall, 17.9 percent of adults agreed with the statement and 7.4 percent strongly agreed.

- Former smokers (33.5%) were more likely to strongly disagree with the statement that there is little health benefit to quitting smoking than everyday (25.9%) and never smokers (27.6%). This difference is statistically significant.

- Males and females were similar in their beliefs regarding the statement that there is little health benefit to quitting smoking.

- White adults were more likely to disagree (47.4%) or strongly disagree (31.8%) with the statement that there is little health benefit to quitting smoking compared to black adults (39.3% and 19.7%, respectively) and those of other races (40.7% and 17.9%, respectively). These differences are statistically significant.

*Fewer than 30 respondents
Risk Perception: Exposure

Do you think that breathing smoke from other people’s cigarettes is: very harmful, somewhat harmful, not very harmful or not harmful at all to one’s health?

- More than half of adults (53.2%) think that breathing smoke from other people’s cigarettes is very harmful to one’s health. Nearly four in 10 adults (39.5%) think it is somewhat harmful. Only 5.1 percent think it is not very harmful and 2.1 percent think it is not at all harmful.

- Females (60.6%) were more likely to believe that breathing smoke from other people’s cigarettes is very harmful to one’s health compared to males (45.4%). This difference is statistically significant.

- White adults (51.0%) were less likely to state that breathing smoke from other people’s cigarettes is very harmful to one’s health compared to black adults (60.7%) and those of other races (61.4%). These differences are statistically significant.

| Percentage of adults who believe that breathing smoke from other people’s cigarettes is not at all harmful, not very harmful, somewhat harmful or very harmful |
|---|---|---|---|---|
| Not at all Harmful | Not Very Harmful | Somewhat Harmful | Very Harmful |
| Overall | Male | Female | White | Black | Other race* |
| 53.2 | 45.4 | 60.6 | 51.0 | 60.7 | 61.4 |
| 39.5 | 44.4 | 35.0 | 41.3 | 35.8 | 33.0 |
| 2.1 | 7.3 | 1.3 | 1.9 | 1.6 | 3.2 |

*Fewer than 30 respondents
Teen Purchase Prevention

How important is it that communities keep stores from selling tobacco products to teenagers? Would you say it is: very important, somewhat important, not very important or not at all important?

- Overall, 86.2 percent of adults believe that keeping stores from selling tobacco products to teenagers was very important while 9.9 percent believe it was somewhat important, 1.9 percent believe it was not very important and 1.9 percent believe it was not at all important.
- Females (90.7%) were more likely to believe that keeping stores from selling tobacco products to teenagers was very important compared to males (81.5%). This difference is statistically significant.

How strongly do you agree or disagree with the following statement: Storeowners should be required to have a license to sell tobacco products, similar to alcohol, so that teens can’t buy tobacco products.

- More than half (51.8%) of adults strongly agreed that storeowners should be required to have a license to sell tobacco. One-third (33.9%) agreed with the statement. Never smokers were more likely to strongly agree with the statement compared to all other respondents. Everyday smokers were more likely than never smokers to disagree or strongly disagree with the statement. These differences are statistically significant.
- Females were more likely to strongly agree (57.6%) with the statement and males were more likely to disagree (14.6%) or strongly disagree (4.9%). These differences are statistically significant.
- Black adults (61.6%) were more likely to strongly agree with the statement compared white adults (50.2%). This difference is statistically significant.