

ALABAMA TOBACCO USE & ATTITUDES SURVEY 2006

Debra Moehle McCallum
Michael B. Conaway

The Capstone Poll
Institute for Social Science Research
Box 870216
The University of Alabama
Tuscaloosa, Alabama 35487-0216
205-348-6233



PREPARED FOR THE ALABAMA DEPARTMENT OF PUBLIC HEALTH

The Capstone Poll of the University of Alabama was commissioned by the Alabama Department of Public Health to conduct a telephone survey with residents of Alabama to investigate behaviors and attitudes regarding tobacco use and regulation. The project was conducted during the summer of 2006 with a total of 641 interviews completed with adult respondents.

When based on the full sample of 641 respondents, reported percentages have a margin of error of plus or minus four percentage points with a 95% confidence level. In other words, this sample size yields 95% confidence that the sample characteristics differ by no more than 4.0 percentage points from the characteristics of the whole population from which the sample was drawn. Percentages based on subgroups of the sample will have a larger margin of error.

The respondents for this survey were contacted by calling a sample of random residential phone numbers throughout the state. For each successful household contact, a respondent was randomly selected from among all the adults in the household using an automated algorithm. If the selected respondent was available, an interview was attempted. If the selected person was not available, a call back was arranged. The interviews were conducted by experienced telephone interviewers employed by the Capstone Poll. The interviewers received additional training specific to the questionnaire used in this project. Calls were made between 12:00 noon and 9:00 p.m., Monday through Friday, and 10:00 a.m. to 4:00 p.m. on Saturday, and an experienced supervisor was present during the interviewing process.

For the smoking status analysis, smokers were defined as those who indicated that they currently smoke cigarettes some days or everyday (24.8% of the respondents). Non-smokers (75.2%) included those who had never smoked cigarettes and those who had smoked cigarettes at some time but said they currently do not smoke at all. Race categories other than white and black were collapsed into one group labeled “other” due to the small number of respondents in the remaining categories. All tables are based on data that have been weighted to adjust to census-based proportions for sex, race, and age within the state, as well as adjusting for number of telephone lines and number of adults within the household. (Due to this weighting and subsequent rounding of numbers in the tables, column totals are not expected to always match exactly the true sum of the column numbers.) For all cross-tabulation tables, the significance level of the Pearson Chi-square statistic is reported in the upper left corner. Significance levels can be characterized as not significant ($p > .10$), marginally significant ($.05 < p < .10$), or significant ($p < .05$). A statistically significant Chi-square test indicates that there is a reliable difference in the distribution of responses between the groups being compared. The marginally significant differences may show trends that are of interest; however, they are not considered to be as reliable as the significant differences reported and should be interpreted more cautiously. The overall frequencies and the significant cross-tabulations by smoker status, sex, and race for each question are described below. Unless otherwise indicated, the numbers in the tables represent percentages.

SMOKING EXPERIENCE

A series of 17 questions asked about past and current use of several tobacco products. Responses to a number of these questions are presented in Table 1 showing the prevalence of use of each product and the rough frequency of use for current users.

The first two questions about cigarette smoking were used to create a smoking status variable which filtered a number of succeeding questions on the survey and facilitated later data analysis. Those who had not smoked at least 100 cigarettes in their life were designated as “never smoked,” those who had smoked,



but currently did not smoke at all were designated as “former smokers,” and those who currently smoked every day or some days were designated as “smokers.” Those who never smoked and former smokers were combined into the non-smoker group for analysis. Results for smoking status are presented in Table 2. There were no differences by sex or by race in the

proportions of smokers and non-smokers; however, there were differences when smoking history was considered. Females compared to males were more likely to have never smoked than to be former smokers; similarly, blacks and others were more likely than whites to have never smoked, while whites were more likely to be former smokers.

TABLE 1. USE OF TOBACCO PRODUCTS

	Count	Percentage of Total Sample	Percentage of Users
CIGARETTES			
Have smoked at least 100	294	46.0	
Now smoke cigarettes			
Every day	115	17.9	38.9
Some days	45	6.9	15.1
Not at all	135	21.1	46.0
CIGARS			
Have ever smoked a cigar	271	42.3	
Have smoked at least 50 cigars	68	10.6	25.2
Now smoke cigars			
Every day	10	1.5	3.6
Some days	36	5.6	13.2
Not at all	224	34.9	82.4
Missing	2	.3	.7
PIPE TOBACCO			
Have ever smoked tobacco in a pipe	95	14.8	
Have smoked at least 50 pipe bowls	36	5.7	38.2
Now smoke pipe			
Every day	1	.2	1.3
Some days	2	.3	2.1
Not at all	88	13.7	92.7
Missing	4	.6	3.9
SMOKELESS TOBACCO			
Have ever used smokeless tobacco	134	21.0	
Have used smokeless tobacco 20 times	71	11.1	52.9
Now use smokeless tobacco			
Every day	26	4.0	19.2
Some days	14	2.2	10.5
Not at all	90	14.0	66.7
Missing	5	.7	3.6

TABLE 2. SMOKING STATUS BY SEX AND RACE

	Never smoked	Former smoker	Non-smoker (Never + Former)	Current smoker
SEX				
Male	46.9	25.4	72.2	27.8
Female	60.4	17.5	77.9	22.1
RACE				
White	48.7	26.2	74.9	25.1
Black	67.9	9.2	77.0	23.0
Other	68.9	0.0	68.9	31.1
TOTAL	54.1	21.1	75.2	24.8

More than four out of ten respondents (46.0%) reported they had smoked at least 100 cigarettes in their entire lifetimes, while 54% had never smoked cigarettes. Two out of ten (21.1%) had smoked at least 100 cigarettes but currently did not smoke cigarettes at all, and approximately one quarter (24.8%) currently smoked cigarettes some days or every day. Males were more likely than females to say they had smoked at least 100 cigarettes in their life (53.1% vs. 39.5%), but they were less likely to say they currently smoke everyday (33.0% vs. 46.1% of those who had smoked 100 cigarettes). White respondents were also more likely to have smoked at least 100 cigarettes in their life (51.3% vs. 32.1% and 31.1% for blacks and others, respectively), but they were significantly less likely than blacks or others to currently smoke every day (34.5% vs. 51.9% and 88.4% respectively of those who smoked 100 cigarettes).

Among cigarette smokers, the mean number of cigarettes smoked per day was 16.15, with a median of 15, and a mode of 20; there were no significant differences by sex or race in the number of cigarettes smoked. Males were far more likely than females to have smoked a cigar (67.6% vs. 19.5%); and among those who had smoked cigars, males were more likely to have smoked at least 50 cigars. A total of 38 males (12.5%) and 8 females (2.4%) were current smokers of cigars. Males were more likely than females to have smoked tobacco in a pipe (29.1% vs. 1.9%), but only 3 respondents were current pipe smokers. Males were also more likely to have used smokeless tobacco, with 39.1% having tried it, compared to 4.6% of females. Only one female respondent was a current user of smokeless tobacco, while 12.8% of males were current

users of chewing tobacco or snuff. Most of the former smokeless tobacco users either could not recall when they had last used this substance regularly or they said it had been over 10 years ago.

Among the current smokers, 77.8% said they had stopped smoking for a day or longer because they were trying to quit smoking; 46.2% said they had quit for a day or more during the past 12 months; and 37.8% said they were planning to stop smoking within the next 30 days. Current smokers who are white were significantly more likely to have tried to quit smoking in the past, but were not more likely than blacks or others to have tried to quit within the past 12 months. There was no difference by gender or by race in the rate of intentions to quit smoking within the next 30 days.

Nearly half of the former smokers (45.1%) had quit more than 10 years ago, and the remaining former smokers were distributed throughout the time frame from quitting as little as a month ago up to 10 years ago. Among former smokers, whites were more likely to have quit smoking over 10 years ago, while black former smokers were more likely to have quit within the past month.

CONTACT WITH HEALTH PROFESSIONALS

A large number of respondents (80.4%) said they had been to a doctor or other health professional to obtain care during the past 12 months, and 74.1% of those who had been to a health professional said they had been asked by that professional about smoking. Smokers were more likely than non-smokers (89.5%

vs. 69.7%) to remember being asked by their doctor or health care professional about smoking. Among smokers who had been to a health care professional, 76.9% had been advised not to smoke. Along with this advice, 36.3% of smokers received prescriptions for a patch, nicotine gum, pills or other medical aids; 14.4% received a suggestion that they set a specific date for quitting, 11.8% received suggestions about smoking cessation programs; and 25.6% received booklets and other materials related to quitting.

A majority of respondents (61.4%) had been to a dentist or dental hygienist in the past 12 months, but smokers were less likely to report they had seen a dental care professional (50.6%) than were non-smokers (65.0%). Among smokers who received dental care, 59.3% recalled being asked about smoking. Approximately a third of smokers visiting a dentist (32.2%) were advised to quit smoking.

Females were more likely than males to have visited a doctor, but there were no differences for males and females in being asked about smoking by their doctors or being advised to quit. Male smokers were marginally more likely to receive a prescription or suggestion for medical aids in quitting. There was no difference between males and females in visiting a dentist; however, male smokers who visited a dentist were more likely than female smokers to be asked about smoking (76.2% vs. 42.0%), and male smokers

were more likely to be advised to quit smoking (48.7% vs. 15.3%).

There were no race differences in rates of visiting a health care professional in the past 12 months, but white respondents were less likely than blacks and others to remember being asked by the professional about smoking. There were no differences by race in rates of advice against smoking or in the offers of various types of assistance with quitting. Whites were more likely than blacks or others to have seen a dentist in the past 12 months; but among smokers who had visited a dentist, there were no differences by race in being asked about smoking or being advised to quit smoking. Caution is advised in interpretation of the presence or absence of race differences in the response of health care and dental professionals, as the number of respondents in some subgroups is very small (e.g., smokers in “other” category who have seen a doctor = 3). These results are presented in Table 3.

SMOKE IN THE PERSONAL ENVIRONMENT

Approximately three-quarters of respondents (76.2%) live in a household with no other smokers, 19.2% live with one smoker, and 4.1% live with two smokers. A slightly larger percentage (82.3%), however, said that no one had smoked inside their home during the past week. Seventy-five percent of respondents said that smoking is not allowed inside

TABLE 3. HEALTH PROFESSIONALS’ RESPONSE BY SEX AND RACE OF RESPONDENT

Percentage responding “Yes” to each question						
QUESTION	TOTAL	SEX		RACE		
		MALES	FEMALES	WHITE	BLACK	OTHER
Saw a health care professional	80.4	75.3	85.1	81.1	79.5	78.4
Asked if you smoke	74.1	74.6	73.7	70.3	84.0	83.0
(If smoker) Advised you to quit	76.9	81.6	71.3	76.3	74.7	100.0
Offered medical aid	36.3	45.7	23.1	42.9	18.3	35.3
Suggested specific quit date	14.4	13.3	16.0	16.6	7.6	21.6
Suggested cessation program	11.8	9.3	15.2	14.0	7.7	0.0
Provided materials	25.6	22.2	30.3	25.1	28.1	35.3
Saw a dentist or hygienist	61.4	60.9	61.9	65.1	51.5	51.3
(If smoker) Asked if you smoke	59.3	76.2	42.0	58.7	63.9	50.0
(If smoker) Advised you to quit	32.2	48.7	15.3	36.3	12.7	0.0

their home, 9.6% said smoking is allowed in some places or at some times, and 14.9% said smoking is allowed anywhere inside their home. When it comes to riding in vehicles, three-quarters of respondents (74.6%) had not ridden in a car with someone smoking within the past week, while 8.9% had ridden every day of the past week with someone smoking. More than two-thirds (69.4%) of those respondents with a family vehicle said that smoking is not allowed in the vehicle, 11.3% said smoking is not allowed when children are present, and 11.9% said smoking is always allowed in the family vehicle.

Responses to these questions vary considerably based on smoking status. Smokers are much more likely to live with other smokers in the household than are non-smokers. While 84% of non-smokers said no one else in the household smokes, only 52.8% of smokers said no one else in the household smokes. Among non-smokers, 85.7% said smoking is not allowed inside their home, while 43.0% of smokers do not allow smoking inside their home. Fully half of smokers, however, said that no one had smoked inside their home within the past seven days. Smokers are also more likely to ride in vehicles with others who are smoking. Nearly 30% of smokers said they rode in a car with someone who was smoking all seven days of the past week, while only 2% of non-smokers were in cars with someone smoking every day during the past week. While most non-smokers (83.6%) said smoking is not allowed in their family vehicle, only 27.6% of smokers have this rule for their family vehicle.

There were no reliable differences across race or sex in number of smokers in the household or rules about smoking in the home. There were also no differences in rules about smoking in the family vehicle. Females and white respondents were less likely than other groups to have ridden in a car during the preceding week with someone who was smoking.

CIGARETTE TAX

A series of three items asked respondents their opinions about increasing the tax on cigarettes to fund tobacco prevention programs. Respondents first indicated if they would support an additional tax on a pack of cigarettes of less than \$1.00, \$1.00 or more, or would support no tax increase. If they supported a tax

increase for the first question, a follow-up question asked for a more specific amount. Nearly half of the respondents (47.8%) said they would favor some additional tax: 13.2% favored an increase of less than \$1.00 per pack; 34.6% favored an increase of more than \$1.00 per pack; 39.9% supported no tax increase; and 12.3% had no opinion or did not answer. Among those who favored an increase, the greatest support was for the largest increase mentioned, “\$3.00 a pack or more” (supported by 18.9%).

Results for these three items are presented in Table 4. In the table, rows in bold font indicate responses to the initial question about additional tax on a pack of cigarettes. Indented rows beneath these responses indicate answers to the follow-up questions. The sum of the indented answers below a row equals the percentage in the bold row.

Fewer smokers than non-smokers supported a tax increase, but a total of 42.7% of smokers did support an additional tax, compared with 49.3% of non-smokers. A larger percentage of non-smokers than smokers chose not to give an answer to the question. Among those supporting an additional tax, non-smokers supported larger taxes than smokers. Females were significantly more likely than males to give no answer to the question about additional taxes, but among those who supported a tax, males were more likely to support the highest level of tax, \$3.00 or more. Differences across racial groups showed that respondents in the “other” category were most likely to support the higher tax levels.

USE OF TOBACCO SETTLEMENT MONEY

Three items asked respondents for their opinions about the use of Alabama’s share of the nationwide tobacco settlement. They were asked about use of the funds in three areas: tobacco prevention programs, the state 1-800-Quit Now hotline, and prevention education programs for youth. As seen in Table 5 below, support was strong for using the funds for both types of prevention programs. Support was somewhat weaker for the 1-800-Quit Now line, as nearly 20% of respondents said they did not know how they felt about it. This large number of “don’t know” responses probably indicates a lack of familiarity with the Quit Now line and uncertainty about its effectiveness.

TABLE 4. CIGARETTE TAX SUPPORT BY SMOKING STATUS, SEX, AND RACE

	TOTAL		SMOKER	NON-SMOKER	MALE	FEMALE	WHITE	BLACK	OTHER
	COUNT	%	%	%	%	%	%	%	%
Less than \$1.00 a pack	84	13.2	18.7	11.3	15.7	10.9	15.0	9.0	5.9
25 cents	34	5.3	9.4	3.9	5.3	5.3	6.0	2.6	5.9
50 cents	36	5.5	8.8	4.6	7.6	3.9	5.8	5.3	.0
75 cents	12	1.9	.6	2.3	2.3	1.5	2.1	.7	.0
Don't know/no answer	3	.4	.0	.6	.7	.0	.6	.0	.0
\$1.00 or more a pack	222	34.6	24.0	38.1	35.7	33.6	34.2	32.6	60.5
\$1.50	72	11.2	15.7	9.8	11.5	11.0	12.1	10.6	.0
\$2.00	21	3.3	3.1	3.3	3.0	3.6	3.4	2.6	5.3
\$3.00 or more	121	18.9	4.4	23.7	21.1	16.9	17.9	18.5	42.1
Don't know/no answer	7	1.1	1.3	1.2	.0	2.1	.9	.0	15.8
No tax increase	256	39.9	52.3	35.8	41.0	38.9	37.8	46.5	33.6
Don't know/no answer	79	12.3	5.0	14.7	7.6	16.6	13.0	11.9	0.0

TABLE 5. SUPPORT FOR USE OF TOBACCO SETTLEMENT MONEY

	Yes	No	Don't Know
Tobacco Prevention Programs	82.0	12.1	5.9
Alabama's 1-800 Quit Now line	64.5	16.6	18.9
Youth Tobacco Prevention Education	87.8	8.3	3.9

TABLE 6. SUPPORT FOR SMOKING RESTRICTIONS

In the following settings, smoking should be allowed in...	All areas	Some areas	Not at all	Don't know
Bars	20.7	34.7	33.6	11.0
Restaurants	1.1	27.9	69.6	1.5
Indoor sporting events	4.3	36.0	57.8	1.9
Outdoor parks	19.9	43.0	35.4	1.7

There were no differences between smokers and non-smokers in their attitudes toward use of the tobacco settlement money for these programs. Gender differences occurred as men were somewhat more likely to say "no," and women were more likely to use the "don't know" response for funding tobacco prevention programs and the Quit Now line. A statistically significant race difference occurred in the youth tobacco prevention area as whites were somewhat more likely to say "don't know," and blacks were more likely to say "no" to this use of funds. In all groups, however, over 86% of respondents said "yes" to this item.

SMOKING AND TOBACCO REGULATIONS

A series of four items asked respondents the extent to which they think smoking should be restricted in certain businesses. These results are presented in Table 6. There was majority support for complete bans on smoking in restaurants (69.6%) and indoor sporting events (57.8%), and there were very few respondents advocating that smoking be allowed throughout restaurants (1.1%) and indoor sporting events (4.3%). There was less support for restrictions in bars and outdoor parks, with approximately one third of respondents supporting a complete ban on smoking in

these venues. Twenty percent of respondents preferred no restrictions on smoking in bars or outdoor parks.

Tables 7a, 7b, and 7c present the results for support of restrictions by smoking status, sex, and race. Smokers were no more likely than non-smokers to say smoking should be allowed in all areas of restaurants and indoor sporting events, but they were significantly more likely to support smoking in some areas and less likely to support a ban on smoking in all areas. In bars and outdoor parks, smokers were much more likely to think smoking should not be restricted at all. Compared to females, males were more likely to say smoking should be allowed in all areas of bars and outdoor parks and more likely to say smoking should be allowed in some areas in restaurants rather than completely banned. Race differences appeared for smoking in bars and outdoor parks. In bars, whites and others were more likely to say smoking should be

allowed in all areas, while blacks were more likely to favor smoking in only some areas. For outdoor parks, respondents in the “other” category were most likely to favor a complete ban on smoking; blacks were most likely to favor allowing smoking in some areas; and whites had the highest support for allowing smoking in all areas.

When asked about restaurant choices, most respondents indicated that the smoking policy of particular restaurants did not affect their dining decisions; however, approximately one in six respondents (16.5%) said they had decided not to go to a restaurant during the past year because smoking was permitted in the restaurant. In contrast, only 5.5% said they had decided not to go to a restaurant because smoking was not permitted there. Non-smokers reported eating out more often than smokers and were more likely to have avoided a restaurant

TABLE 7A. SUPPORT OF SMOKING RESTRICTIONS BY SMOKING STATUS

Smoking should be allowed in...	SMOKER				NON-SMOKER			
	All areas	Some areas	Not at all	Don't know	All areas	Some areas	Not at all	Don't know
Bars	41.0	39.8	9.4	9.9	14.0	33.0	41.6	11.4
Restaurants	1.8	53.2	44.3	.7	.8	19.5	77.9	1.7
Indoor sporting events	5.7	50.9	42.1	1.3	3.8	31.1	63.0	21
Outdoor parks	30.6	53.5	15.2	.7	16.4	39.6	42.0	2.0

TABLE 7B. SUPPORT OF SMOKING RESTRICTIONS BY SEX

Smoking should be allowed in...	MALE				FEMALE			
	All areas	Some areas	Not at all	Don't know	All areas	Some areas	Not at all	Don't know
Bars	30.9	34.5	27.5	7.2	11.5	34.8	39.1	14.5
Restaurants	.6	31.0	66.4	1.9	1.5	25.0	72.4	1.0
Indoor sporting events	6.3	44.6	47.8	1.3	2.5	28.2	66.9	2.4
Outdoor parks	26.1	44.2	28.0	1.7	14.3	42.0	42.0	1.7

TABLE 7C. SUPPORT OF SMOKING RESTRICTIONS BY RACE

Smoking should be allowed in...	WHITE				BLACK				OTHER			
	All areas	Some areas	Not at all	Don't know	All areas	Some areas	Not at all	Don't know	All areas	Some areas	Not at all	Don't know
Bars	22.4	31.9	33.3	12.5	12.8	45.2	35.5	6.4	39.3	20.3	23.5	16.9
Restaurants	1.0	29.2	67.9	1.9	.9	25.0	73.7	.4	.0	20.5	79.5	.0
Indoor sporting events	4.9	36.5	56.2	2.4	2.8	36.1	60.8	.2	3.6	20.5	72.3	3.6
Outdoor parks	24.3	41.2	32.5	2.0	7.9	51.4	40.7	.0	7.2	18.0	68.7	6.1

TABLE 8. RESTAURANT DECISIONS BY FREQUENCY OF DINING IN RESTAURANTS

How often do you eat out in a restaurant?	DID YOU NOT GO TO A RESTAURANT BECAUSE SMOKING WAS PERMITTED?			DID YOU NOT GO TO A RESTAURANT BECAUSE SMOKING WAS NOT PERMITTED?		
	Yes, did not go	No, makes no difference	Don't know/refused	Yes, did not go	No, makes no difference	Don't know/refused
More than once a week	25.9	74.1	0.0	6.7	93.3	0.0
About once a week	14.2	84.0	1.8	5.9	92.9	1.2
Once or twice a month	10.1	89.3	0.6	2.4	97.6	0.0
Less than once a month	9.8	90.2	0.0	4.9	90.2	4.9
Never	0.0	100.0	0.0	13.0	87.0	0.0

TABLE 9. SUPPORT FOR SOME-FREE ORDINANCES BY SMOKING STATUS, SEX, AND RACE

Would support local smoke-free ordinance for:	TOTAL		SMOKER	NON-SMOKER	MALE	FEMALE	WHITE	BLACK	Other
	Count	%	%	%	%	%	%	%	%
All indoor public places and workplaces	449	70.1	46.2	77.9	62.5	76.8	65.7	83.0	79.5
Restaurants	492	76.8	61.9	81.7	71.4	81.6	73.9	85.9	79.5

that permitted smoking (20.0%) than smokers were to have avoided a restaurant that did not permit smoking (13.0%). The frequency of these decisions, of course, would be affected by the local availability of restaurants with varying smoking policies. There were no differences between males and females in decisions about restaurants based on their smoking policies, and the only race difference in decisions showed that respondents in the “other” category were the most likely to have decided not to go to a restaurant because it did not allow smoking. The business impact of customers making restaurant choices based on smoking policies would be mediated, of course, by the frequency of dining out. To look at this relationship more closely, an analysis was conducted combining these variables. Results are presented in Table 8 below, where it is evident that the more frequently a respondent goes out to eat, the more likely it is that he or she has chosen not to go to a restaurant because smoking was permitted there. Avoiding restaurants where smoking is not permitted, on the other hand, was actually most common among individuals who said they never go out to eat.

There was a large majority support for local ordinances that would make all indoor public places and workplaces, including restaurants and bars, smoke free (70.1% in favor), and even more support for smoke-free ordinances applying only to restaurants

(76.8%). Cross-tabulations showed that non-smokers were significantly more supportive of these ordinances than smokers, females were more supportive than males, and blacks and others were more supportive than whites. These results appear in Table 9.

When asked how they would react to someone smoking in a designated non-smoking area, just under half of the respondents (47.1%) said they would ask the person to stop, and 30.9% said they would not ask the person to stop. Smokers were more likely to say they would not ask the person to stop, while non-smokers were more likely than smokers to say they did not know what they would do. Males and females did not differ in their responses, but blacks were more likely than whites and others to say they would ask the person to stop smoking (53.6% vs. 45.5% and 46.5%).



Two additional questions related to social regulation of smoking were asked at the end of the interview. The first asked about the perceived dangers of breathing smoke from other people’s cigarettes. Two-thirds of respondents (66.6%) said they think this is very harmful to one’s health, and a quarter (25.1%) said they think it is somewhat harmful. Thus, fewer than 10% said they think it is not very harmful, not at all harmful, or they didn’t know. Smokers, males, and white respondents were significantly more likely than non-smokers, females, and blacks and others to say breathing smoke from other people’s cigarettes is “somewhat harmful” rather than “very harmful.” Smokers also had a slightly greater tendency to say they did not know. The second question asked how important it is to keep stores from selling tobacco products to teenagers. Over 90% of respondents said it is “very important,” and there were no significant differences in this rating by smoking status or race. Males, however, were somewhat less likely than females to say it is very important (88.6% vs. 93.6%), with 8.2% rating it as somewhat important.



SMOKE IN THE WORK ENVIRONMENT

Among the survey respondents, 59.5% were employed or self-employed at the time of their participation. Smokers were somewhat more likely to be self-employed, while non-smokers were more likely to be retired compared to smokers. The employed or self-employed respondents were asked if they work indoors most of the time (81.3% said “yes,” but this was less likely for males and whites), and they were asked a series of five questions related to the smoking policies at their place of work. For all employed respondents, 19.4% said someone had smoked in their work area

in the past seven days, and this was more likely to be true for smokers, males, and whites. Those who did not work indoors were much more likely to encounter smoke in the work area than those who did work indoors. For the majority of workers, there was an official policy that did not allow smoking in any work areas; and for most of the remaining workers there was a policy allowing smoking only in some areas. This was especially true for those who worked indoors most of the time. For those who did not work indoors, more than one third said there was no official smoking policy for their work area. These results are presented in Table 10.

Nearly 80% of those who were employed said their place of work has an official policy that does not allow smoking in indoor public or common areas such as lobbies, restrooms, and lunchrooms. Close to 10%

TABLE 10. WORK AREA SMOKING POLICIES BY WORK LOCATION

	While working at your job, are you indoors most of the time?		
	TOTAL	YES	NO
Anyone smoked in your work area in past 7 days? – Yes	19.4	15.8	36.2
OFFICIAL SMOKING POLICY FOR WORK AREAS:			
Not allowed in any work areas	62.5	70.0	29.0
Allowed in some work areas	21.1	19.4	29.0
Allowed in all work areas	4.3	4.2	5.8
No official policy	10.9	5.2	36.2
Don’t know	1.2	1.3	0.0

TABLE 11. PREFERENCES FOR POLICY CHANGE BY TYPE OF POLICY AND ENFORCEMENT

	Prefer stronger policy	Prefer weaker policy	Prefer no change	Don't know/ no answer
SMOKING POLICY FOR WORK AREAS				
Not allowed in any	25.2	2.5	71.8	.4
Allowed in some	16.3	6.3	76.3	1.3
Allowed in all	52.9	.0	47.1	.0
No official policy	9.8	.0	61.0	29.3
SMOKING POLICY FOR COMMON AREAS				
Not allowed in any	24.2	3.0	71.9	1.0
Allowed in some	5.4	2.7	91.9	.0
Allowed in all	87.5	.0	12.5	.0
No official policy	14.8	.0	44.4	40.7
ENFORCEMENT OF POLICY				
Not enforced at all	42.9	.0	57.1	.0
Poorly enforced	50.0	7.1	42.9	.0
Somewhat enforced	44.0	4.0	50.0	2.0
Strictly enforced	16.9	2.5	80.2	.4

said there is a policy allowing smoking in some of these common areas, 2% said smoking is allowed in all common areas, and just over 7% said their workplace has no official policy. Over 73% of respondents said the smoking policy at their workplace is strictly enforced, and nearly 70% said they do not think any change is needed in the smoking policy at their place of work. Nearly a quarter (22.5%), however, said they would prefer a stronger smoking policy at work.

Comparing smokers to non-smokers, those who smoked were more likely to be working in places that allowed smoking in some work areas and some common areas or that had no official policy, and they were more likely to say they preferred no change in the workplace policy, while non-smokers were more likely to say they would prefer a stronger policy (27.8%). There were no differences by smoking status in perceptions of enforcement of the policies. Males were significantly more likely to be working in places that allowed smoking in some work areas and marginally more likely to be in settings that allowed smoking in some common areas or had no policies, but there were no gender differences in perceptions of policy enforcement or preferences for policy change. There were no statistically significant differences by race in

the smoking policies experienced in the workplace, but there was a marginally significant difference such that those in the “other” category perceived less strict enforcement of the policies compared to whites and blacks. Respondents in the “other” category were also significantly more likely to say they would prefer a stronger smoking policy at their place of work.

In Table 11, the relationship of policies and enforcement to preferences for change is considered. In this table, the rows sum to 100%; thus in the top row, it can be seen that where smoking is not allowed in any work areas, 25.2% of the workers would like an even stronger policy against smoking, 2.5% would prefer a weaker policy, and 71.8% see no need for a change.

GENERAL DEMOGRAPHICS

Over half of the respondents (61.3%) were currently married, and 51.7% had at least some education beyond the high school level. Smokers tended to be younger than non-smokers, were less likely to be married and more likely to be separated, had lower levels of education, and reported lower income levels. There were no significant differences between smokers and non-smokers in gender or ethnicity.

ADPH



Alabama Department of Public Health

Tobacco Prevention and Control Division
Bureau of Health Promotion and Chronic Disease

September 2007