

Arkansas

2008

Adult Tobacco Survey

A Statewide Report



STAMP OUT SMOKING
ARKANSAS DEPARTMENT OF HEALTH
1-800-QUIT-NOW



2008 Arkansas Adult Tobacco Survey (ATS)

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Arkansas Department of Health
December 2009

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EXECUTIVE SUMMARY

Tobacco use remains the leading cause of preventable death and disease in the United States. Each year, over 400,000 people nationwide die from tobacco-related illnesses. In Arkansas, tobacco use claims more than 4,900 lives annually.

Preventing initiation of smoking in youth and young adults as well as promoting cessation among all smokers is important. The Adult Tobacco Survey (ATS) is one tool used to monitor smoking prevalence and cessation.

Key Findings from the 2008 ATS

- Approximately 20.7% of Arkansas adults aged 18 and older are current smokers.
- Since 2002, there has been an 18% decrease in the prevalence of cigarette smoking.
- In general, smoking prevalence decreases with age.
- On average, current smokers who responded to the 2008 ATS smoked 15.4 cigarettes a day.
- Never smokers are more likely than current smokers and former smokers to report that they have excellent health, 52.0%, 30.8% and 39.4%, respectively.
- Conversely, current smokers and former smokers are more likely than never smokers to report poor health, 30.8%, 24.8%, and 14.6%, respectively.
- Approximately 19.1% of adults reported that they are limited in any way in any activities because of physical, mental, or emotional problems. A higher proportion of current smokers (26.7%) and former smokers (24.8%) reported limitations compared to never smokers (13.6%).
- Almost two-thirds of current smokers or 63.4% reported that they were seriously considering stopping smoking within the next 6 months.
- Overall, 63.7% of all adults who visited a physician in the 12 months preceding the survey were asked about their smoking status.
- Approximately 47.3% of adult current smokers have made one or more quit attempts in the past 12 months.
- Overall, 78.6% of adults reported that smoking was not allowed anywhere inside their homes.
- Among never smokers, 89.7% reported that smoking was not allowed anywhere inside their homes, compared to 41.8% of current smokers and 85.1% of former smokers. These differences are statistically significant.
- Overall, 82.8% of adults reported no exposure to secondhand smoke in the home in the past 7 days.

- Overall, 77.0% of adults reported that they were not in a car with someone who was smoking in the past 7 days.
- Approximately 13.8% of adult males reported current use of smokeless tobacco like chewing tobacco or snuff.
- Over half or 55.5% of adults reported seeing or hearing of a 1-800 number for quitting smoking in the past 30 days.
- A higher percentage of lower income respondents are current smokers, 32.6% of those with an income below \$15,000 and 34.2% of those with an income of \$15,000 - \$24,999 compared to 22.0% of those with an income of \$25,000 - \$49,999 and 12.9% of those with incomes over \$50,000.
- Of those with an income below \$15,000 a year, 60.3% of current smokers reported that they made one or more quit attempts in the past 12 months.

INTRODUCTION

The Adult Tobacco Survey (ATS) was developed by the Office on Smoking and Health (OSH) of the Centers for Disease Control and Prevention (CDC). The ATS measures state tobacco use, smoking cessation, secondhand smoke exposure, policy issues, and media exposure. It is used in several *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs* published by the CDC in 2005 as part of their *Best Practices for Comprehensive Tobacco Control Programs*.

Arkansas has administered the ATS four times: 2002, 2004, 2006, and 2008. It is a joint effort by the Arkansas Department of Health – Epidemiology Branch and the Tobacco Prevention and Cessation Program (TPCP) and the Office on Smoking and Health. The Arkansas Department of Health planned, coordinated, implemented, and analyzed the survey, whereas OSH assisted with data processing, quality control, and data management.

At the forefront of the fight to stop smoking in Arkansas is the Tobacco Prevention and Cessation Program (TPCP) at the Arkansas Department of Health. Launched in 2001, the TPCP follows the goals set forth by the CDC to reduce disease, disability, and death related to tobacco. The four goal areas include: 1) preventing the initiation of tobacco use among youth and young adults, 2) promoting quitting among adults and youth, 3) eliminating exposure to secondhand smoke, and 4) identifying and eliminating tobacco-related disparities among population groups. The ATS is one tool the TPCP uses to monitor and measure outcomes related to the use of cigarettes and other tobacco products among adults aged 18 years and older in Arkansas.

Comprehensive tobacco control programs used to rely on outcome indicators collected in the Behavioral Risk Factor Surveillance System (BRFSS) to measure their progress. BRFSS, the largest continuously conducted telephone survey, is a major source of prevalence of chronic disease and risk behaviors among adults in the United States. It was also developed by the CDC. Since it contains questions about many other topics besides tobacco it does not include enough tobacco-related questions to meet the needs of tobacco control programs. Therefore, the ATS was developed.

The Arkansas ATS is a telephone survey administered to a representative sample of adults aged 18 years and older in Arkansas. This report presents the findings of the 2008 Arkansas ATS and highlights areas of progress since 2002.

DEMOGRAPHICS

The table below shows the frequency, unweighted percent, and weighted percent distributions for demographic characteristics of 2008 Arkansas ATS participants.

Table 1. Demographic characteristics of respondents (n = 7,729) of the 2008 Arkansas Adult Tobacco Survey

	Frequency	Unweighted Percentage [□]	Weighted Percentage [□]
Age (years)			
18-24	212	2.7%	13.0%
25-44	1656	21.4%	35.7%
45-64	3059	39.6%	32.3%
≥ 65	2587	33.5%	19.1%
Missing	215	2.8%	—
Years of education			
< 12	1065	13.8%	12.0%
12	2460	31.8%	32.7%
13-15	1953	25.3%	27.8%
≥ 16	2045	26.5%	27.6%
Missing	206	2.7%	—
Income (\$)			
< 15,000	946	12.2%	10.4%
15,000-24,999	1346	17.4%	18.0%
25,000-49,999	1883	24.4%	29.8%
≥ 50,000	2221	28.7%	41.8%
Missing	1333	17.2%	—
Gender			
Male	2966	38.4%	48.4%
Female	4763	61.6%	51.6%
Race/ethnicity			
White non-Hispanic	5555	71.9%	77.5%
Black non-Hispanic	1405	18.2%	13.7%
Hispanic	306	4.0%	4.2%
American Indian or Alaska Native	120	1.6%	1.9%
Asian or Pacific Islander	45	0.6%	1.1%
Other	125	1.6%	1.6%
Missing	173	2.2%	—
[□] Percentage of study respondents [□] Percentage of Arkansas adult population (≥ 18 years) based on the CDC's National Center for Health Statistics bridged-race vintage 2008 postcensal population estimates			

CHAPTER 1: CIGARETTE USE

CIGARETTE SMOKING PREVALENCE

Current cigarette smoking among adults is defined as having smoked at least 100 cigarettes in entire lifetime and currently smoke cigarettes on everyday or some days.

Current cigarette smoking among adults in 2008 was 20.7% (± 1.7). This is a significant decrease of 18% since 2002. In 2002 the prevalence of current cigarette smoking was 25.1% (± 1.2) (Figure 1.1).

Figure 1.1. Percentage of adults who were current cigarette smokers, AR ATS 2002, 2004, 2006, & 2008

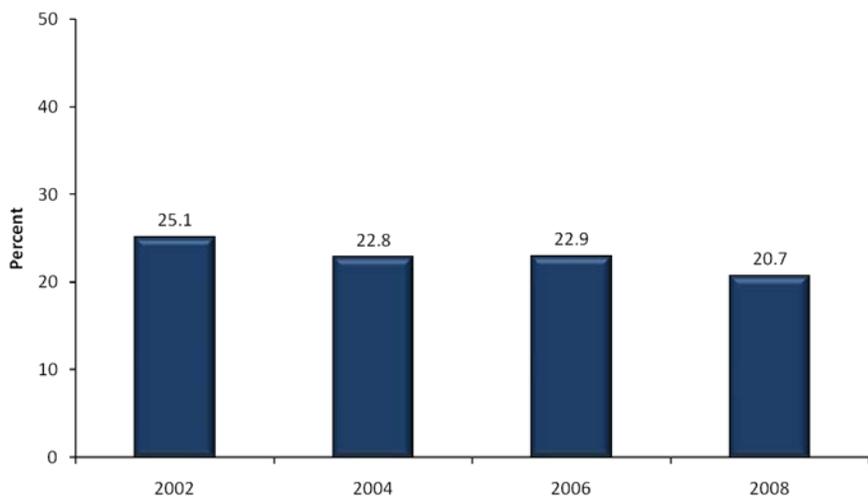
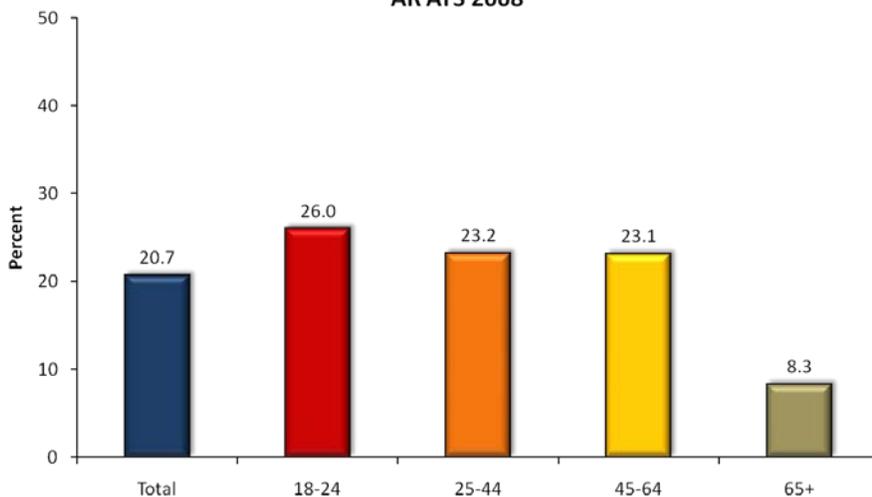


Figure 1.2. Percentage of adults who were current cigarette smokers, by age group, AR ATS 2008



Cigarette smoking generally decreased with age in the 2008 ATS. It was 26.0% (± 7.8) among 18-24 year olds, 23.2% (± 3.2) among 25-44 year olds, 23.1% (± 2.0) among 45-64 year olds, and it was 8.3% (± 1.4) among those 65 years or older (Figure 1.2).

Figure 1.3. Percentage of adults who were current cigarette smokers, by age group, AR ATS 2002, 2004, 2006, & 2008

Figure 1.3 shows current cigarette smoking prevalence by age according to the ATS for years 2002-2008. There was a significant decline among 25-44 year olds from 29.0% (± 2.1) in 2002 to 23.2% (± 3.2) in 2008.

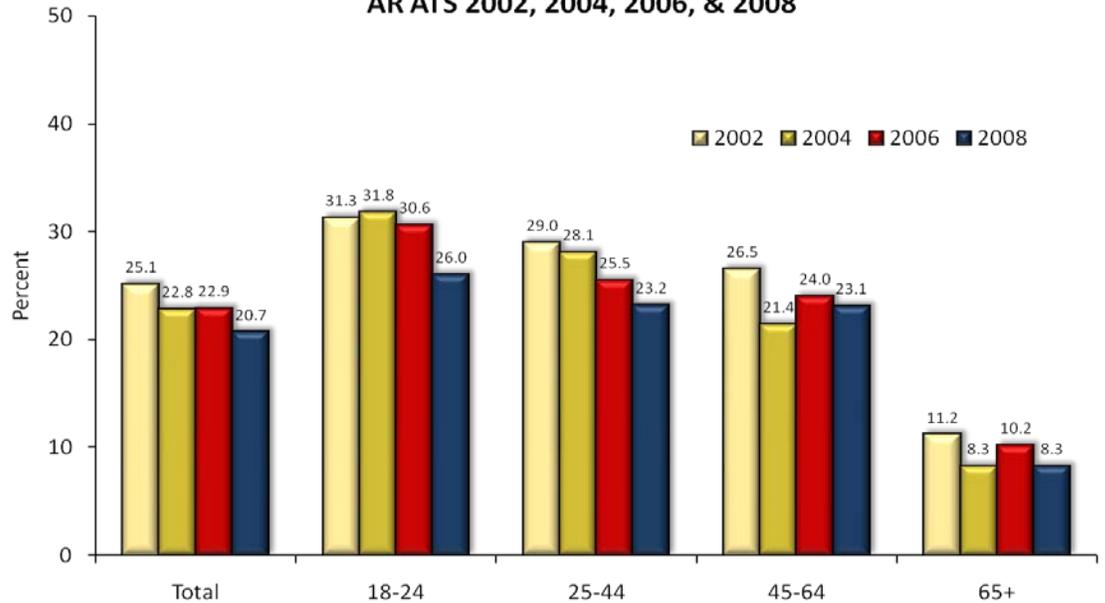
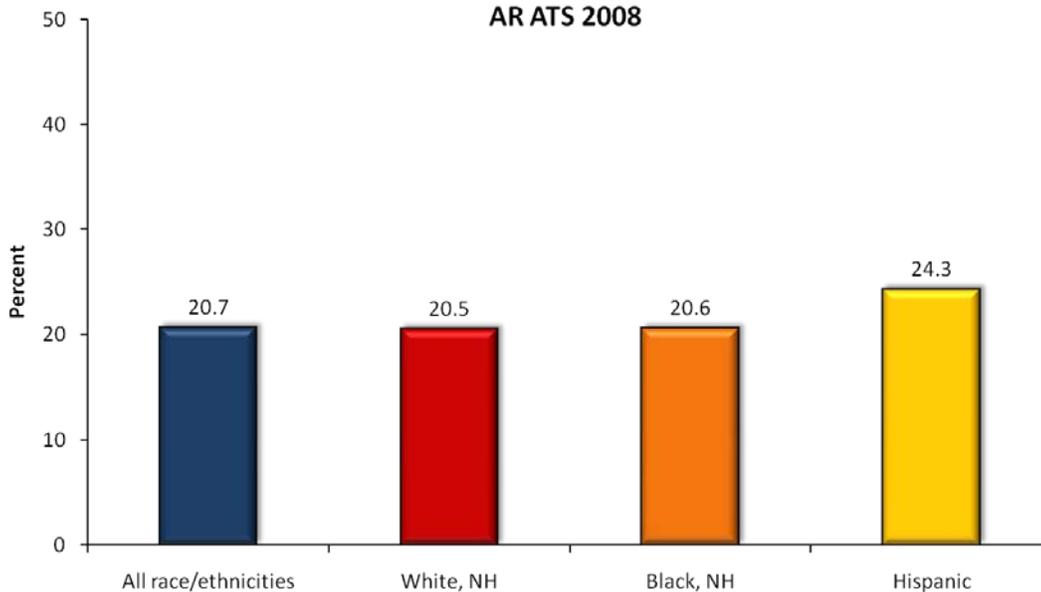


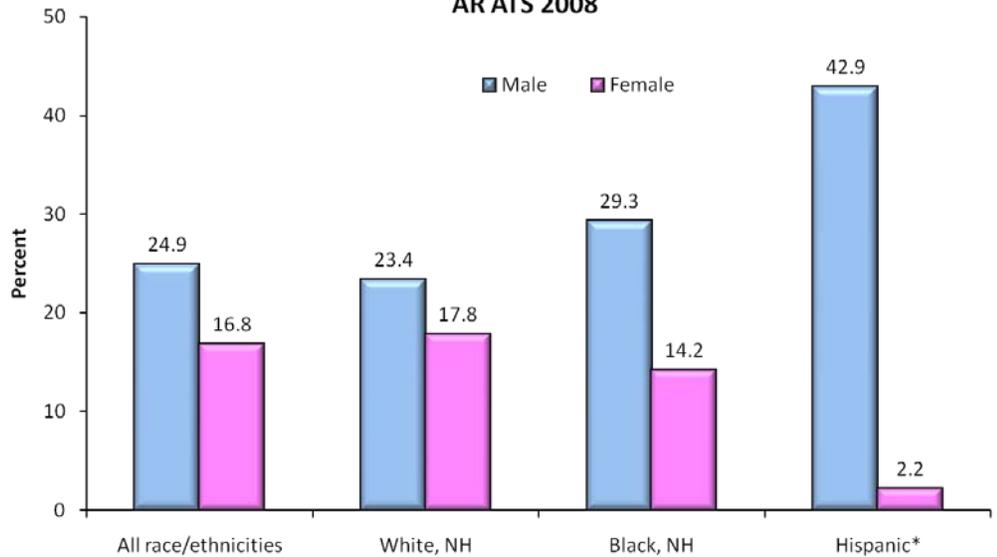
Figure 1.4. Percentage of adults who were current cigarette smokers, by race/ethnicity, AR ATS 2008



In 2008, the current cigarette smoking prevalence was 20.5% (± 1.9) among white adults, 20.6% (± 3.9) among black adults, and 24.3% (± 10.9) among Hispanic adults (Figure 1.4).

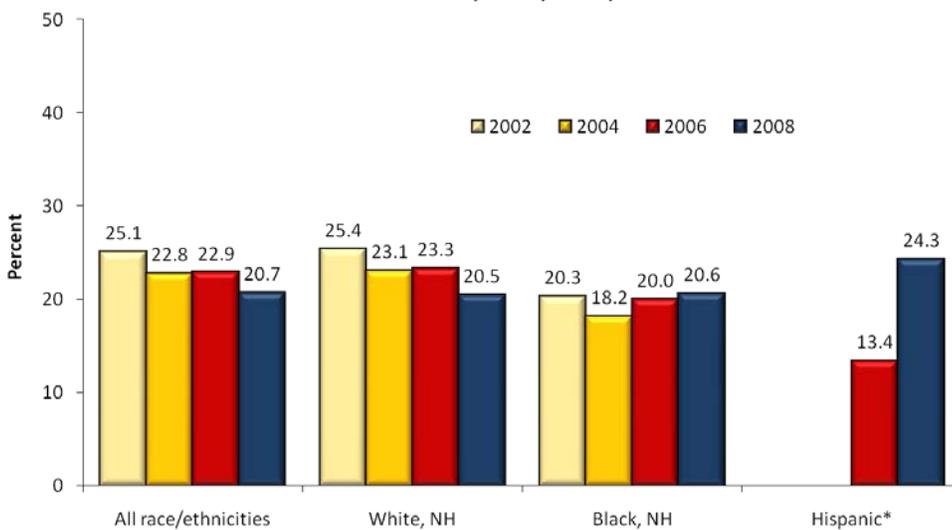
Males have a significantly higher smoking prevalence than females overall and among whites, blacks, and Hispanics. Overall the rates are 24.9% (± 2.8) for males and 16.8% (± 1.8) for females. Among whites, 23.4% (± 3.2) of males and 17.8% (± 2.1) of females were current smokers. Among blacks, 29.3% (± 7.3) of males and 14.2% (± 4.1) of females were current smokers. Among Hispanics 42.9% (± 15.7) of males and 2.2% (± 3.7) of females were current smokers. The differences between whites, blacks, and non-Hispanics were not statistically significant. (Figure 1.5).

Figure 1.5. Percentage of adults who were current cigarette smokers, by race/ethnicity and gender, AR ATS 2008



*The estimates for Hispanics were based on small numbers hence may be unstable. Use caution when interpreting.

Figure 1.6. Current cigarette smoking among adults, by race/ethnicity AR ATS 2002, 2004, 2006, & 2008

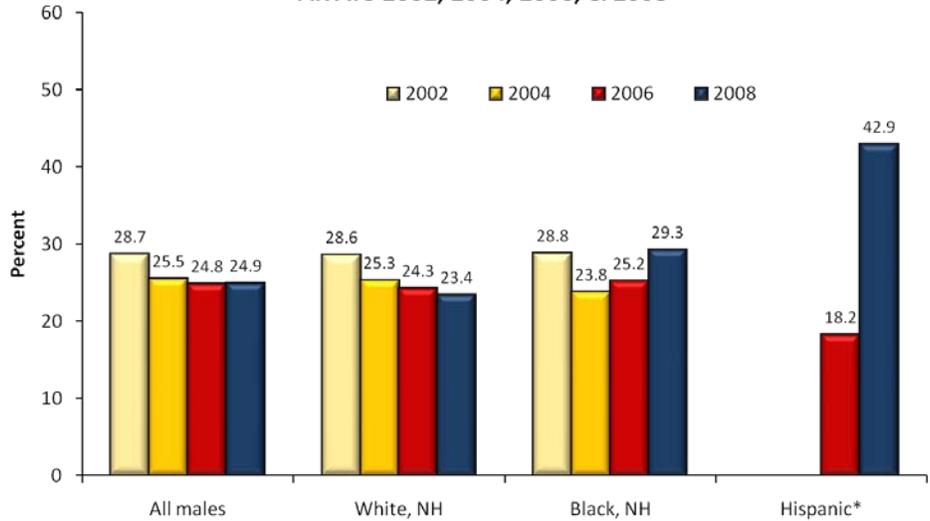


*Hispanic rates for 2002 and 2004 are not displayed due to small sample sizes.

Figure 1.6 shows current cigarette smoking among adults by race/ethnicity for the years 2002-2008. Among white non-Hispanic adults, there was a significant decrease from 25.4% (± 1.3) in 2002 to 20.5% (± 1.9) in 2008.

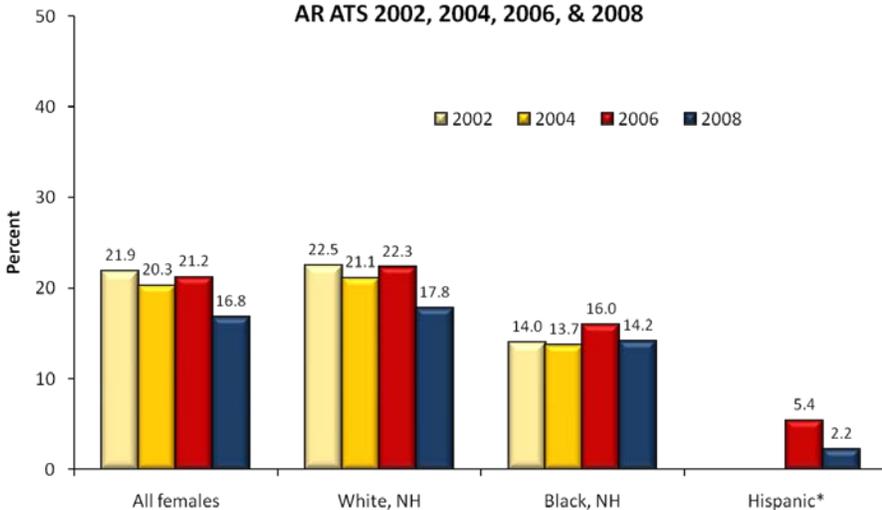
Figure 1.7 shows current cigarette smoking prevalence by race/ethnicity among adult *males* according to the ATS for years 2002-2008. Overall, males had a decrease of current cigarette smokers from 28.7% in 2002 to 24.9% in 2008.

Figure 1.7. Percentage of adult males who were current cigarette smokers, by race/ethnicity, AR ATS 2002, 2004, 2006, & 2008



*Hispanic rates for 2002 and 2004 are not displayed due to small sample sizes.

Figure 1.8. Percentage of adult females who were current cigarette smokers, by race/ethnicity, AR ATS 2002, 2004, 2006, & 2008

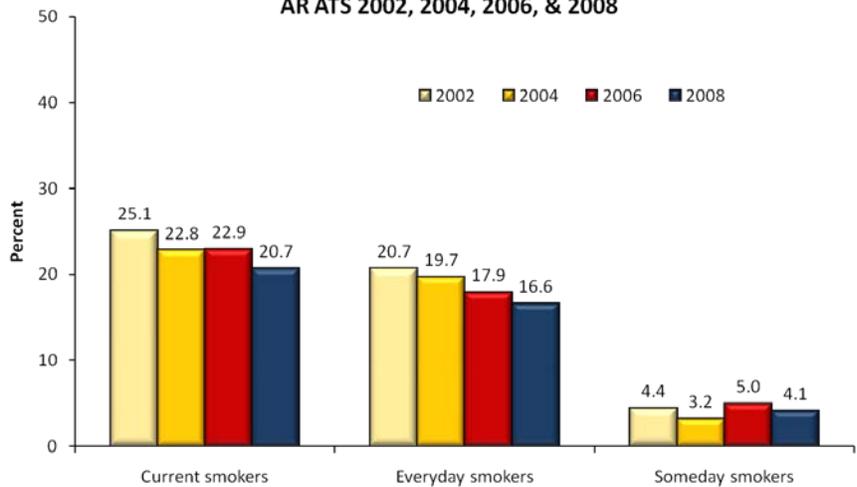


*Hispanic rates for 2002 and 2004 are not displayed due to small sample sizes.

Figure 1.8 shows current cigarette smoking prevalence by race/ethnicity among adult *females* according to the ATS for years 2002-2008. Overall there was a significant decrease from 21.9% (± 1.4) in 2002 to 16.8% (± 1.8) in 2008. Among white non-Hispanic females there was a significant decrease from 22.5% (± 1.6) in 2002 to 17.8% (± 2.1) in 2008.

Current smokers are asked to report if they are “everyday smokers” or “someday smokers”. Figure 1.9 shows the percentage of each for the years 2002-2008. As seen in the graph there has been a statistically significant decrease in the number of everyday smokers. In 2002, 20.7% (± 1.1) of adults reported everyday smoking compared to 16.6% (± 1.5) in 2008.

Figure 1.9. Percentage of adults who were current, everyday, and someday cigarette smokers, AR ATS 2002, 2004, 2006, & 2008



Figures 1.9a and 1.9b break figure 1.9 down by race for white and black non-Hispanics.

Overall, for white non-Hispanics the decrease from 21.2% (± 1.2) in 2002 to 17.1% (± 1.8) in 2008 in the number of everyday smokers was statistically significant.

Among black non-Hispanics, 14.8% (± 2.8) were everyday smokers in 2002 compared to 15.0% (± 3.5) in 2008. This difference is not statistically significant.

Figure 1.9a. Percentage of white non-Hispanic adults who were current, everyday, and someday cigarette smokers, AR ATS 2002, 2004, 2006, & 2008

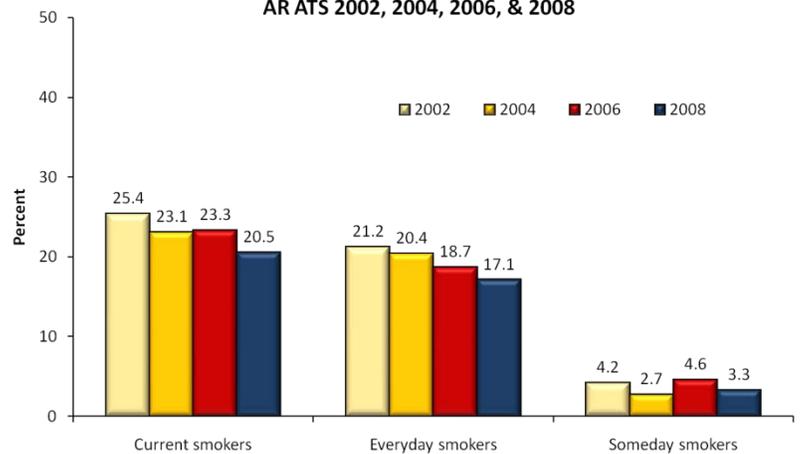
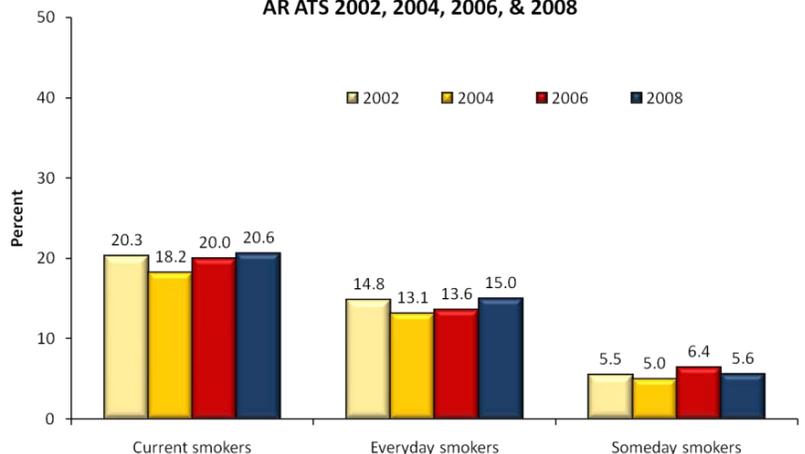


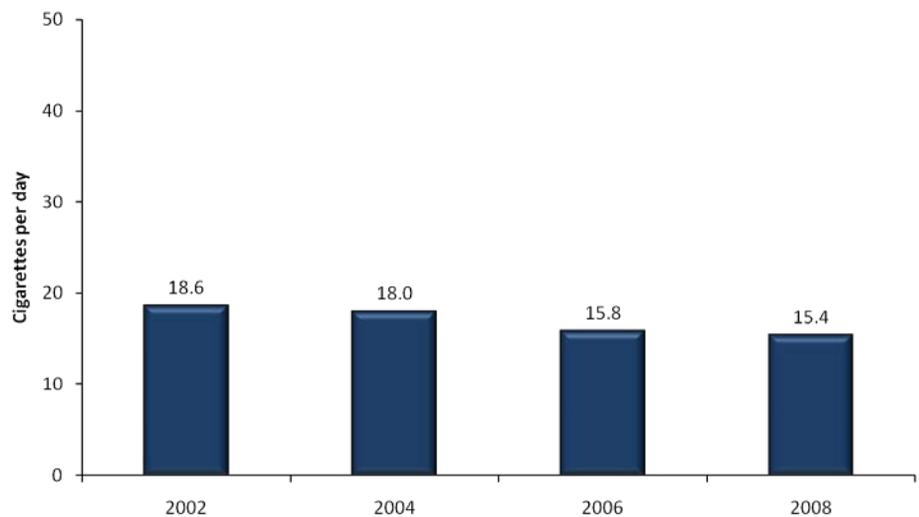
Figure 1.9b. Percentage of black non-Hispanic adults who were current, everyday, and someday cigarette smokers, AR ATS 2002, 2004, 2006, & 2008



CIGARETTE CONSUMPTION PER DAY

Prevalence estimates of cigarette smoking tell us how often people are smoking, but not how much they are smoking. To learn about how much people are smoking we looked at their cigarette consumption per day. This is calculated differently for everyday smokers and someday smokers. For everyday smokers, they are simply asked the average number of cigarettes they smoke per day. For someday smokers, average daily cigarette consumption is calculated by multiplying the number of days smoked during the past 30 days by the average number of cigarettes smoked on those days, then dividing that number by 30.

Figure 1.10. Average daily cigarette consumption among adult current smokers, AR ATS 2002, 2004, 2006, & 2008



According to the 2002 ATS, current smokers consumed on average 18.6 (± 0.6) cigarettes a day. This number has significantly decreased to 15.4 (± 1.0) cigarettes a day in 2008 (Figure 1.10).

Figure 1.11. Average daily cigarette consumption among adult current smokers, by age group, AR ATS 2008

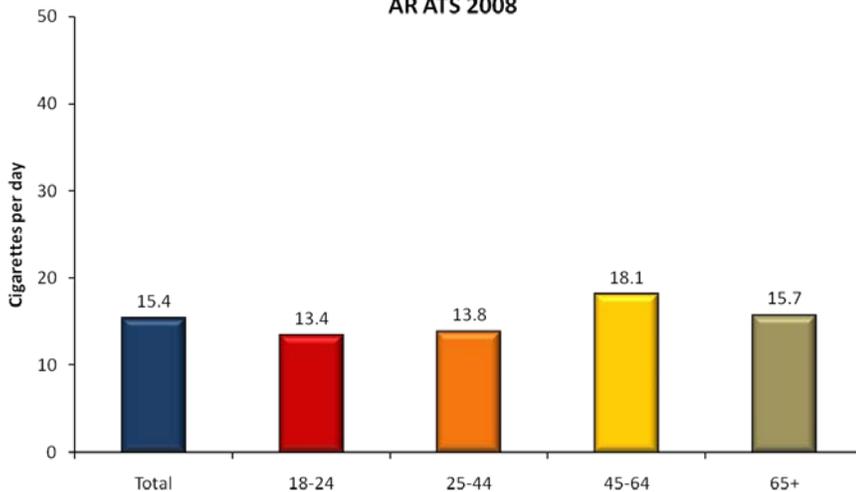


Figure 1.11 shows average daily cigarette consumption by age groups. The age group with the highest reported consumption per day was the 45-64 year olds, with 18.1 (± 1.4) cigarettes. The 18-24 year olds reported 13.4 (± 3.0) cigarettes, 25-44 year olds reported 13.8 (± 1.7) cigarettes, and the 65 and older age group reported smoking 15.7 (± 1.7) cigarettes per day for the 30 days preceding the 2008 survey.

In 2008, white non-Hispanic adults reported smoking 16.2 (± 1.1) cigarettes per day, which is significantly higher than black non-Hispanics who reported 11.9 (± 2.5) cigarettes a day (Figure 1.12).

Figure 1.12. Average daily cigarette consumption among adult current smokers, by race/ethnicity, AR ATS 2008

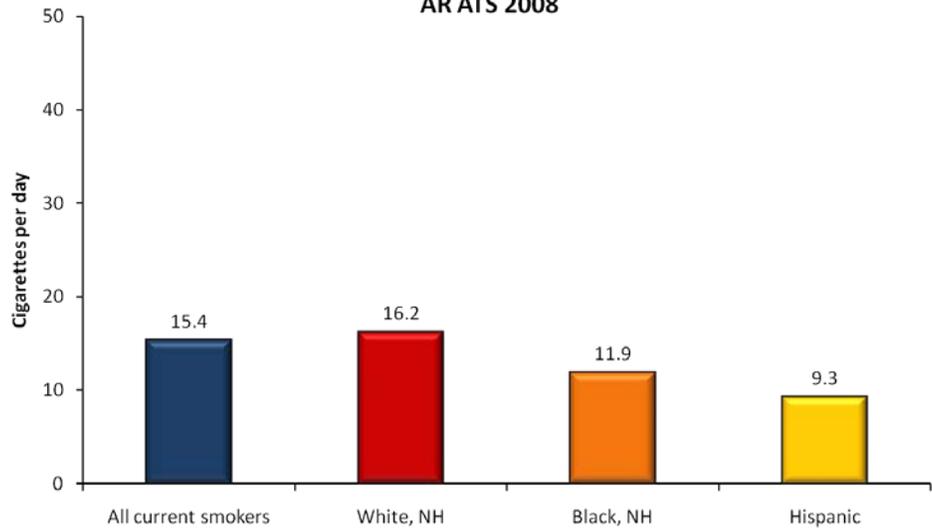
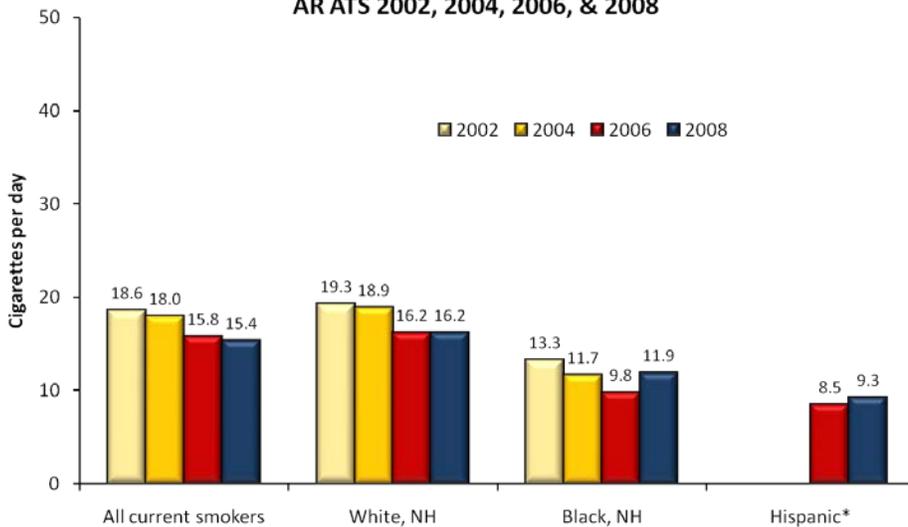


Figure 1.13. Average daily cigarette consumption among adult current smokers, by race/ethnicity, AR ATS 2002, 2004, 2006, & 2008

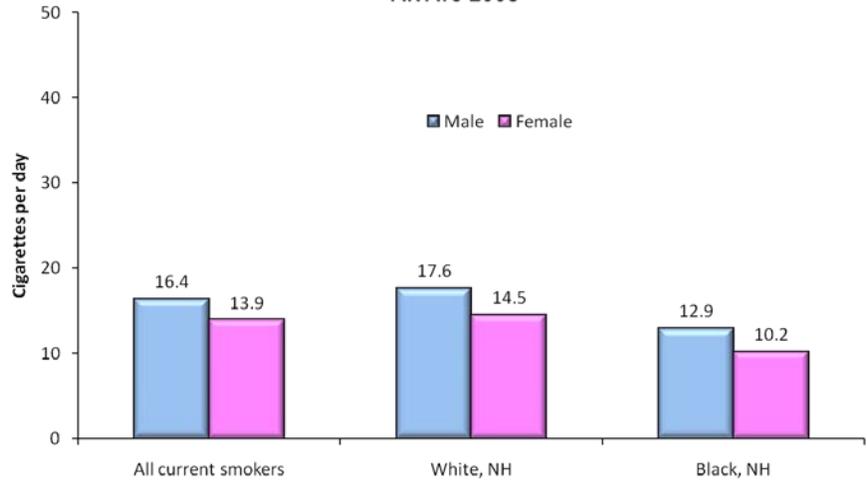


*Hispanic rates for 2002 and 2004 are not displayed due to small sample sizes.

Figure 1.13 shows the average daily cigarette consumption among adult current smokers by race/ethnicity for the years 2002-2008. There was a significant decrease among white non-Hispanic adults from 19.3 (± 0.7) cigarettes in 2002 to 16.2 (± 1.1) cigarettes in 2008.

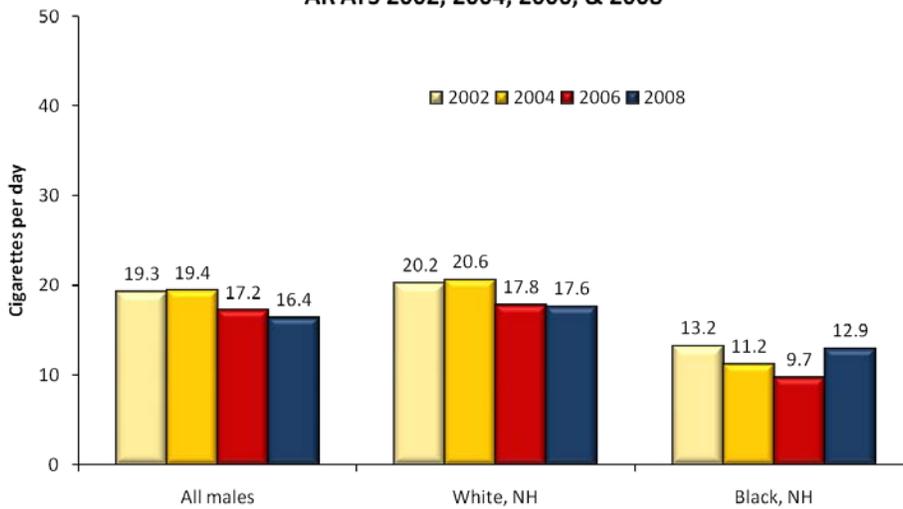
Overall, males reported smoking 16.4 (± 1.5) cigarettes per day and females reported 13.9 (± 1.1) cigarettes per day. Among whites, males reported smoking 17.6 (± 1.8) cigarettes a day and females 14.5 (± 1.2) cigarettes per day. Both of these differences were significant. The difference seen among black males and females was not statistically significant (Figure 1.14).

Figure 1.14. Average daily cigarette consumption among adult current smokers, by race/ethnicity and gender, AR ATS 2008



*Hispanic rates are not displayed due to small sample sizes.

Figure 1.15. Average daily cigarette consumption among adult male current smokers, by race/ethnicity*, AR ATS 2002, 2004, 2006, & 2008

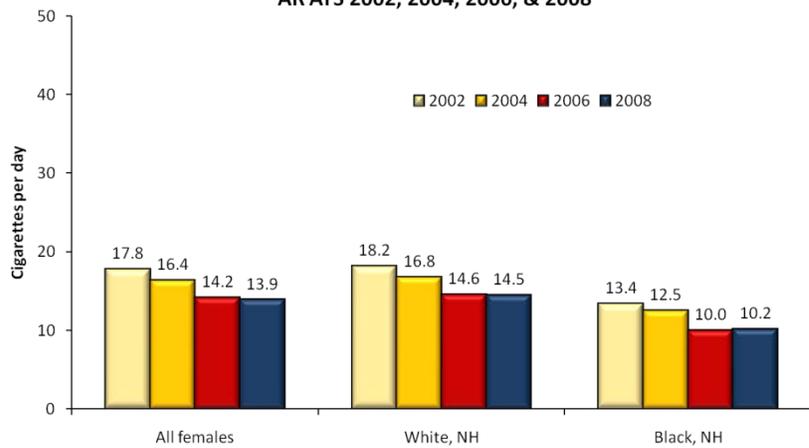


*Hispanic rates are not displayed due to small sample sizes.

Figure 1.15 shows the average daily cigarette consumption among adult *males* by race/ethnicity for the years 2002-2008. There was a significant decrease in average daily cigarette consumption among all males from 19.3 cigarettes in 2002 to 16.4 cigarettes in 2008.

Figure 1.16 shows the average daily cigarette consumption among adult females by race/ethnicity for the years 2002-2008. There was a significant decrease in average daily cigarette consumption among all females from 17.8 cigarettes in 2002 to 13.9 cigarettes in 2008.

Figure 1.16. Average daily cigarette consumption among adult female current smokers, by race/ethnicity*, AR ATS 2002, 2004, 2006, & 2008



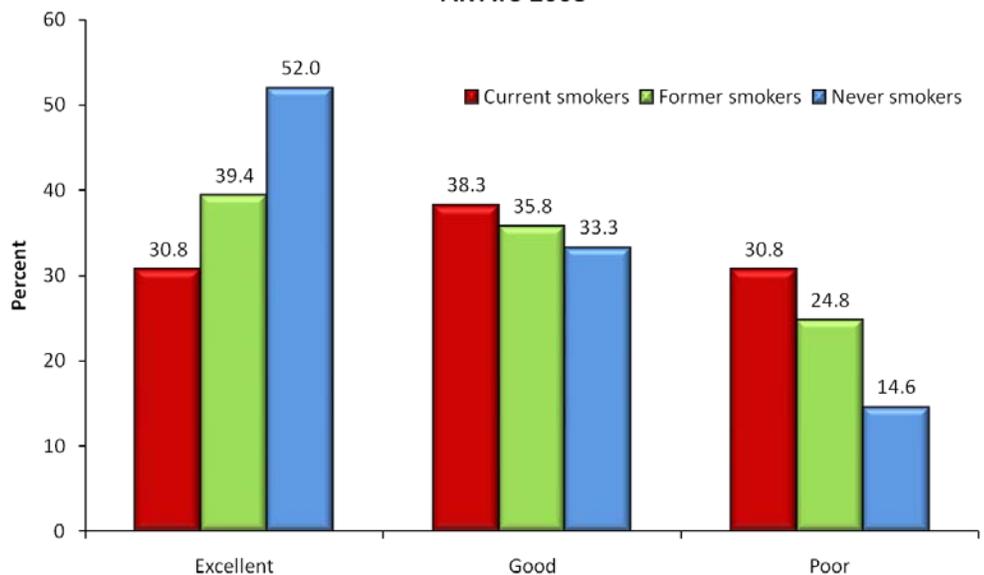
*Hispanic rates are not displayed due to small sample sizes.

HEALTH CONDITIONS

Respondents to the 2008 ATS were asked about their general health status. They rated their health as excellent (excellent or very good), good, or poor (fair or poor). The results by smoking status are shown in Figure 1.17.

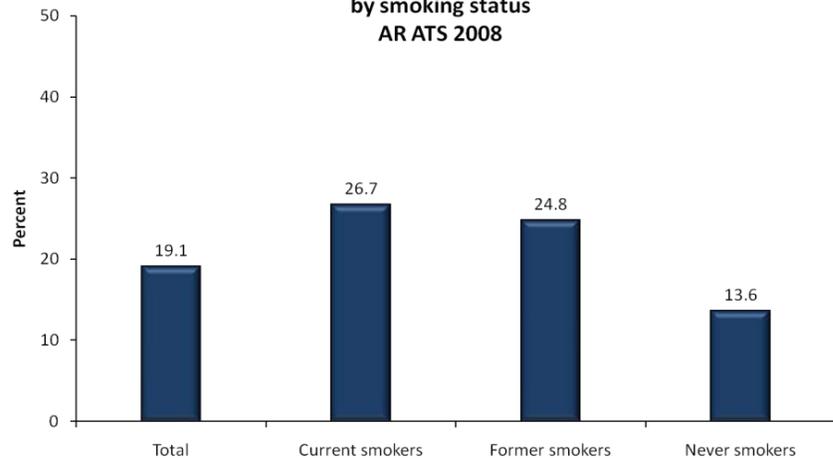
Never smokers were significantly more likely (52.0% ±2.6) than current smokers (30.8% ±4.2) and former smokers (39.4% ±3.1) to report excellent health. Conversely, current smokers (30.8% ±4.2) and former smokers (24.8% ±2.4) were significantly more likely than never smokers (14.6% ±1.6) to report poor health.

Figure 1.17. Self-reported general health status by smoking status, AR ATS 2008

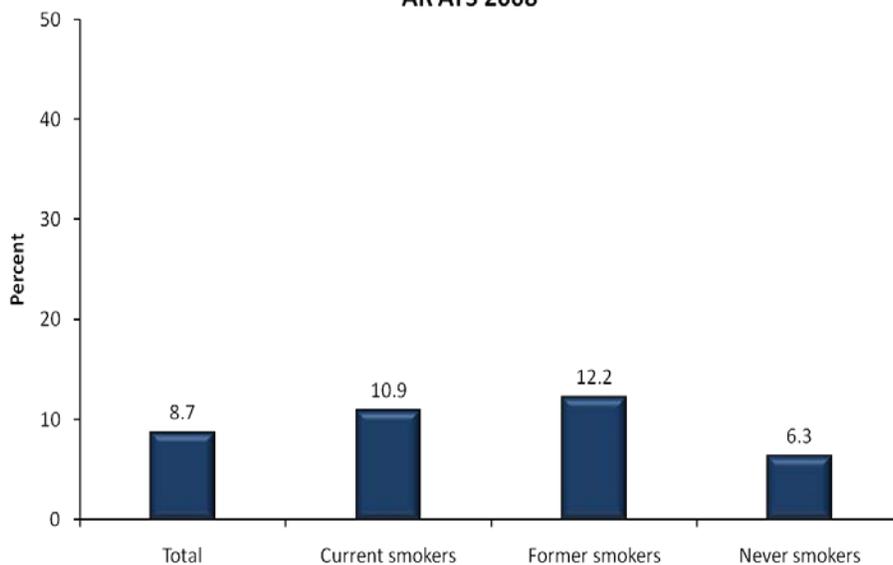


Approximately 19.1% (± 1.3) of adults reported that they are limited in any way in any activities because of physical, mental, or emotional problems. Current smokers (26.7% ± 3.8) and former smokers (24.8% ± 2.5) were significantly more likely than never smokers (13.6% ± 1.3) to report limitations (Figure 1.18).

**Figure 1.18. Percentage of adults who are limited in any way in any activities because of physical, mental, or emotional problems, by smoking status
AR ATS 2008**



**Figure 1.19. Percentage of adults who have any health problem that requires the use of special equipment, by smoking status
AR ATS 2008**

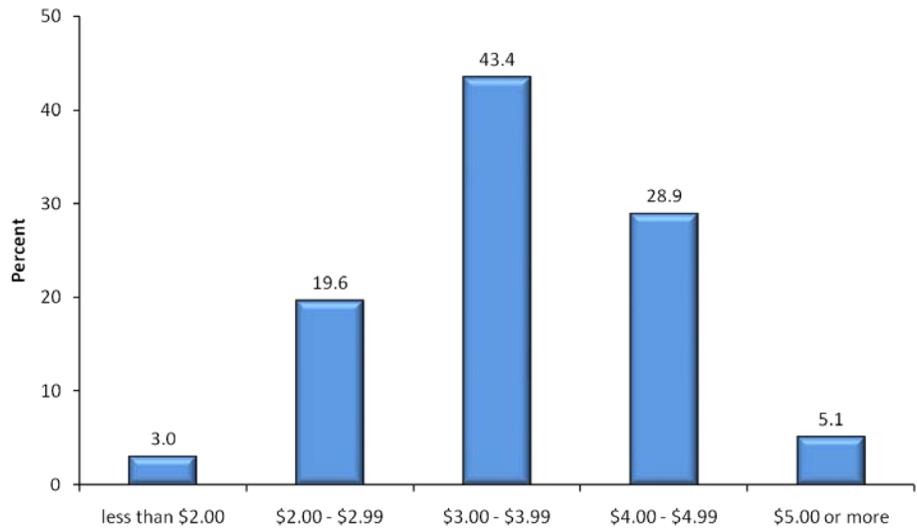


There was not a significant difference in the number of current smokers (10.9% ± 2.6) and former smokers (12.2% ± 2.6) who reported that they have any health problem that requires the use of special equipment. A significantly lower percentage of never smokers (6.3% ± 0.9) reported the use of special equipment than either current or former smokers. Overall, 8.7% (± 0.8) of adults reported the use of special equipment (Figure 1.19).

COST OF CIGARETTES

Figure 1.20 gives a breakdown of how much current smokers reported usually paying for a pack of cigarettes. A higher proportion of adult current smokers paid between \$3-\$3.99 for a pack of cigarettes.

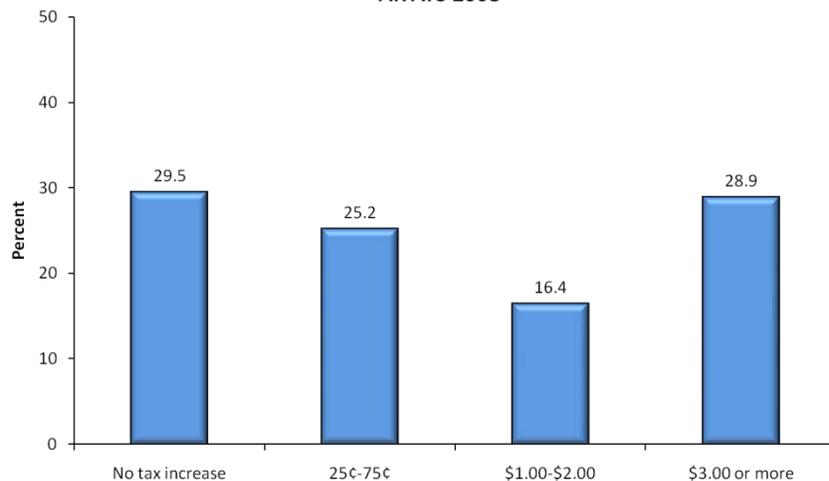
Figure 1.20. Price current adult smokers usually paid for a pack of cigarettes, AR ATS 2008



Taxes

When asked “how much additional tax on a pack of cigarettes would you be willing to support if all the money raised was used to fund programs aimed at preventing tobacco use and other health care programs in Arkansas”, 29.5% said no tax increase, 25.2% said 25 cents to 75 cents a pack, 16.4% said \$1.00-\$2.00 a pack, and 28.9% said \$3.00 or more a pack.

Figure 1.21. Amount of Additional Tax Adults are Willing to Support on a Pack of Cigarettes, AR ATS 2008



CHAPTER 2: SMOKING CESSATION

INTENTION AND PLANS TO QUIT

There has been a significant increase in the number of adult current smokers who are seriously considering stopping smoking within the next 6 months. In 2002, 34.9% (± 3.1) were seriously considering stopping and in 2008 that number rose to 63.4% (± 4.6) (Figure 2.1).

Figure 2.1. Percentage of adult current smokers who were seriously considering stopping smoking within the next 6 months, AR ATS 2002, 2004, 2006, & 2008

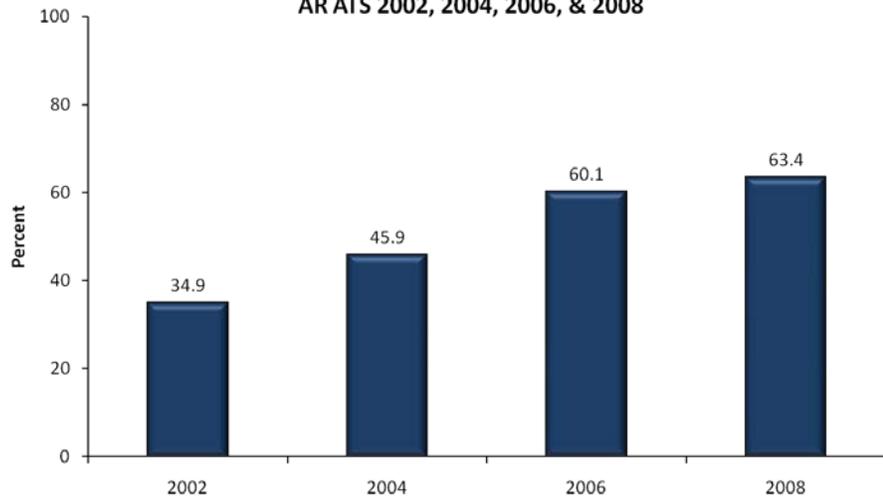
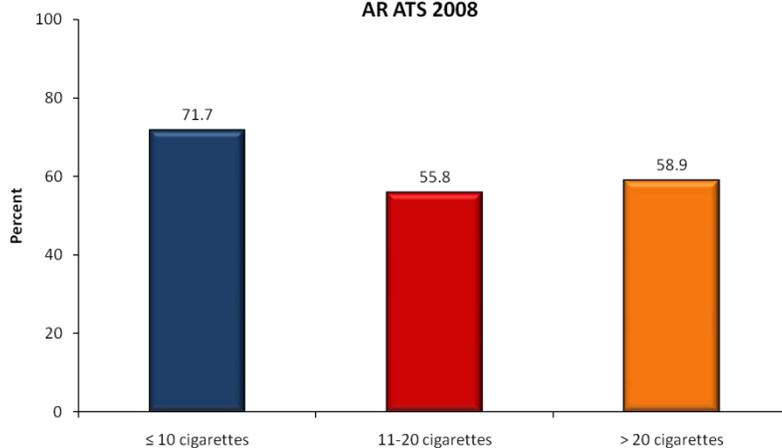


Figure 2.2. Percentage of adult current smokers who were seriously considering stopping smoking within the next 6 months by average daily cigarette consumption, AR ATS 2008



There was a significant difference between those who smoke 10 or fewer cigarettes a day (71.7% ± 6.7) and those who smoke between 11 and 20 cigarettes per day (55.8% ± 7.9) in whether or not they were seriously considering stopping smoking within the next 6 months. There was no difference, however, from those who smoke greater than 20 cigarettes per day and those who smoke 11-20 cigarettes a day or who smoke 10 or fewer cigarettes per day (58.9% ± 10.8) (Figure 2.2).

If a current smoker reported that they were seriously considering stopping smoking in the next 6 months they were also asked if they were planning to stop smoking within the next 30 days. In 2008, 53.6% (± 6.4) said yes compared to 35.1% (± 5.3) in 2002. This is a significant increase (Figure 2.3).

Figure 2.3. Percentage of adult current smokers seriously considering stopping in the next 6 months, who were planning to stop smoking within the next 30 days, AR ATS 2002, 2004, 2006, & 2008

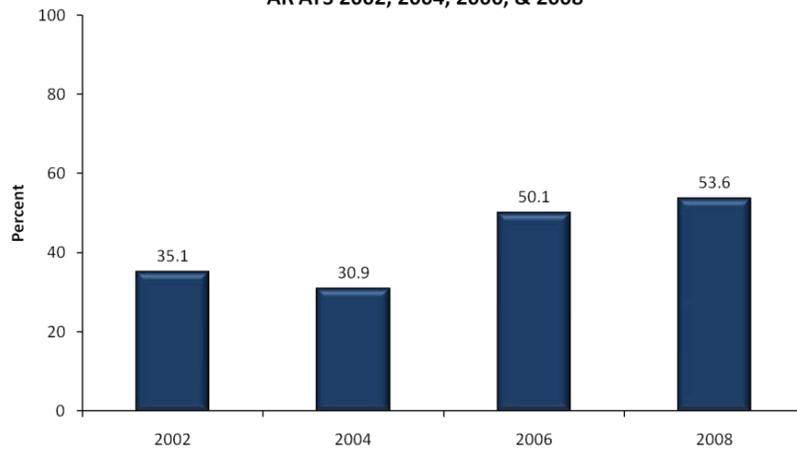
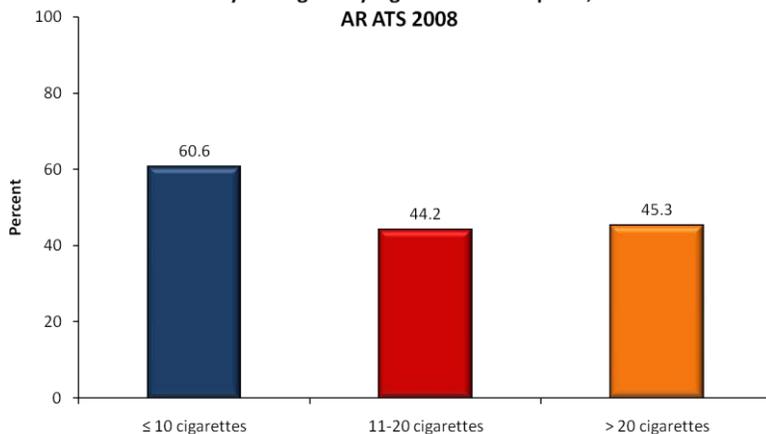


Figure 2.4. Percentage of adult current smokers seriously considering stopping within the next 6 months, who were planning to stop smoking within the next 30 days, by average daily cigarette consumption, AR ATS 2008



There was no statistical difference in plans to stop smoking within the next 30 days by the amount of cigarettes consumed per day (Figure 2.4). Approximately 45% of current smokers smoking 11 or more cigarettes per day indicated that they were considering quitting in the next 30 days. This was lower than the 60% of smokers smoking 10 or fewer cigarettes per day. However, this difference was not statistically significant.

CLINICIAN COUNSELING

According to the Public Health Service (PHS) *Clinical Practice Guideline Treating Tobacco Use and Dependence: 2008 Update*, the “5 A’s” of treating tobacco dependence (Ask, Advise, Assess, Assist, and Arrange follow-up) is a useful tool to manage tobacco dependence by physicians and other clinicians.¹ The ATS assesses at three of these: ask, advise, and assist.

In 2008, 63.7% (± 2.0) of all adults who visited a physician in the 12 months preceding the survey reported being asked about their smoking status. In 2002, 62.3% (± 2.4) reported being asked about their smoking status (Figure 2.5).

Figure 2.5. Percentage of all adults who visited a physician in the 12 months preceding the survey and were *asked* about their smoking status, AR ATS 2002, 2004, 2006, & 2008

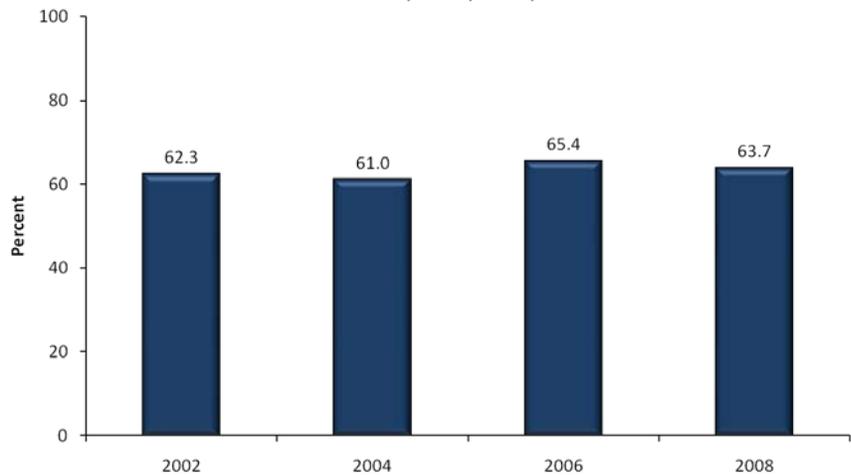
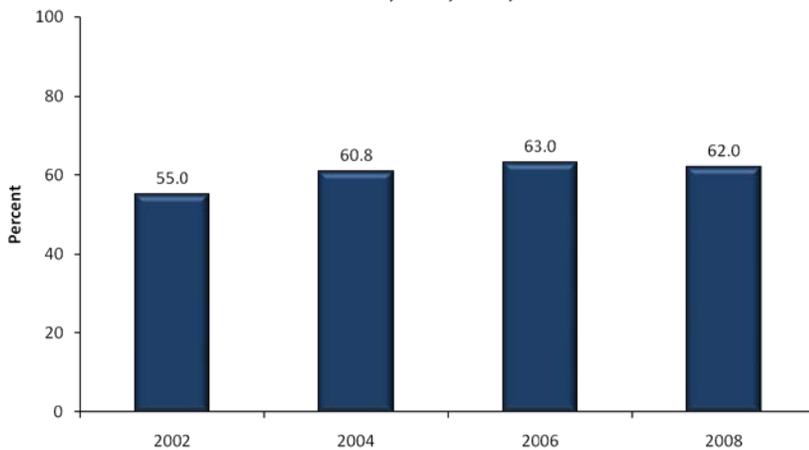


Figure 2.6. Percentage of adult current smokers who visited a physician in the 12 months preceding the survey and were *asked* about their smoking status, AR ATS 2002, 2004, 2006, & 2008



Among adult current smokers, 62.0% (± 8.8) of those who visited a physician in the 12 months preceding the survey reported being asked about their smoking status in 2008, compared to 55.0% (± 5.6) in 2002 (Figure 2.6).

In 2008, 66.9% (± 5.1) of adult current smokers who visited a physician in the 12 months preceding the survey were advised to quit smoking. This percent was 60.4% (± 3.2) in 2002 and stayed near the 60% level until 2008 when it increased. This increase was not statistically significant (Figure 2.7).

Figure 2.7. Percentage of adult current smokers who visited a physician in the 12 months preceding the survey and were *advised* to quit smoking, AR ATS 2002, 2004, 2006, & 2008

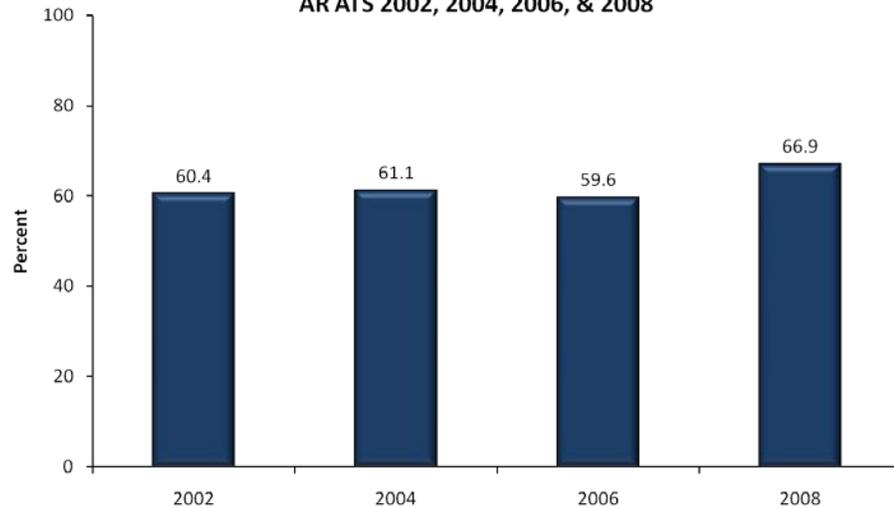
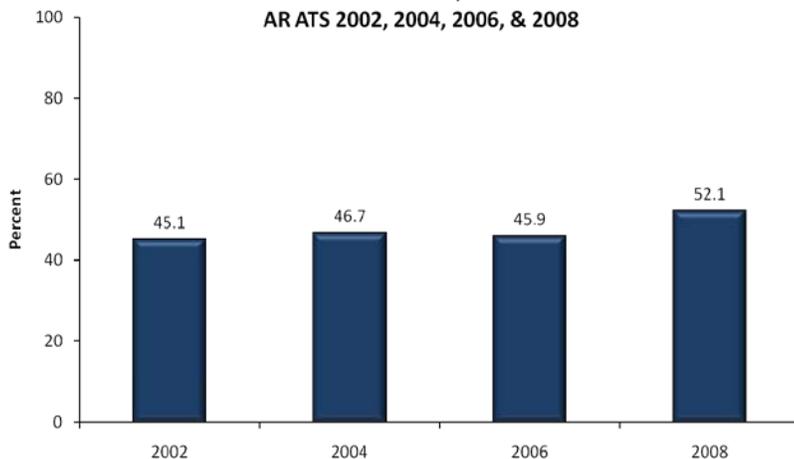
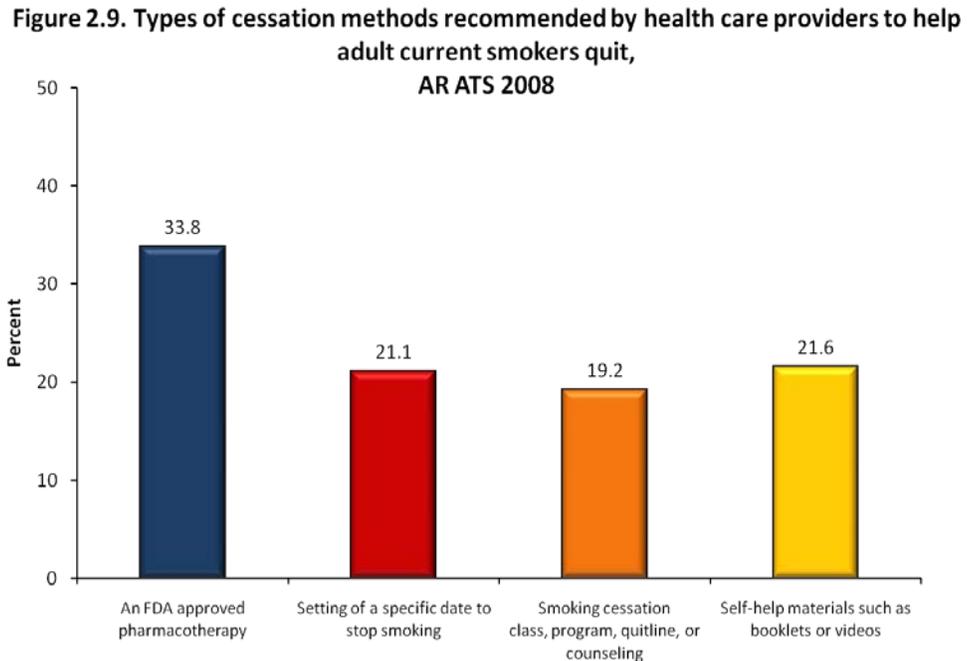


Figure 2.8. Percentage of adult current smokers who visited a physician in the 12 months preceding the survey and were *assisted* in quitting smoking using a proven cessation method, AR ATS 2002, 2004, 2006, & 2008



In 2008, 52.1% (± 6.8) of adult current smokers who visited a physician in the 12 months preceding the survey were assisted in quitting smoking. Methods used to assist in quitting smoking include things like prescribing or recommending a patch, nicotine gum, nasal spray, an inhaler, or pills, setting a specific date to quit, smoking cessation classes or counseling, and self-help materials. In 2002, 45.1% (± 4.0) were assisted in quitting smoking (Figure 2.8). The increase from 2002 to 2008 was not statistically significant.

Figure 2.9 shows a breakdown of the different types of cessation methods recommended by health care providers to help current smokers quit. The most common method was to prescribe or recommend an FDA approved pharmacotherapy (33.8% \pm 6.5). Setting a specific date to stop smoking (21.1% \pm 4.8), a smoking cessation class, program, quitline, or counseling (19.2% \pm 5.2), and using self-help materials such as booklets or videos (21.6% \pm 5.4) were also used.



HEALTH CARE COVERAGE

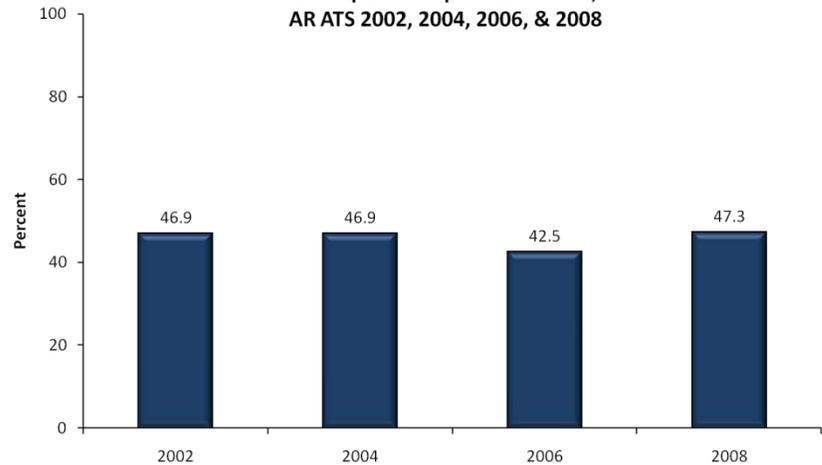
To gain a better understanding of what type of health care coverage smokers have, respondents to the 2008 ATS were asked how they receive their health care coverage. The responses from current smokers who report having health care coverage are below. Among current smokers, 63.5% report that they have health care coverage.

Do you receive health care coverage through:	
Your Employer	39.7% (\pm 5.0)
Someone else's employer (including spouse)	16.7% (\pm 4.4)
A plan that you or someone else buys on your own	7.2% (\pm 2.3)
Medicare	19.7% (\pm 3.5)
Medicaid	7.7% (\pm 2.7)
Arkansas TRI-CARE, CHAMPUS, the VA (CHAMPUS-VA), or another U.S. military health plan	6.5% (\pm 2.2)
Some other source	2.5% (\pm 1.7)

QUIT ATTEMPTS AND METHODS

There has not been a significant change in the number of current smokers who have made one or more quit attempts in the past 12 months since 2002. In 2008, 47.3% (± 4.7) of current smokers made one or more quit attempts in the previous year compared to 46.9% (± 2.5) in 2002 (Figure 2.10).

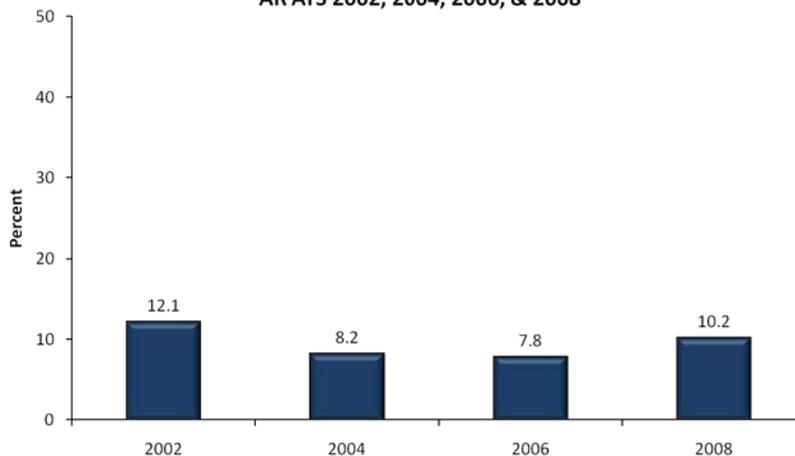
Figure 2.10. Percentage of adult current smokers who have made one or more quit attempts in the past 12 months, AR ATS 2002, 2004, 2006, & 2008



Sustained Abstinence

People who report smoking at least 100 cigarettes in their lifetime, report their current smoking status as “not at all”, and stopped smoking regularly within the past 12 months are referred to as recent quitters.²

Figure 2.11. Percentage of previous year adult smokers who stopped smoking within the past 12 months and were still not smoking at the time of the interview, AR ATS 2002, 2004, 2006, & 2008



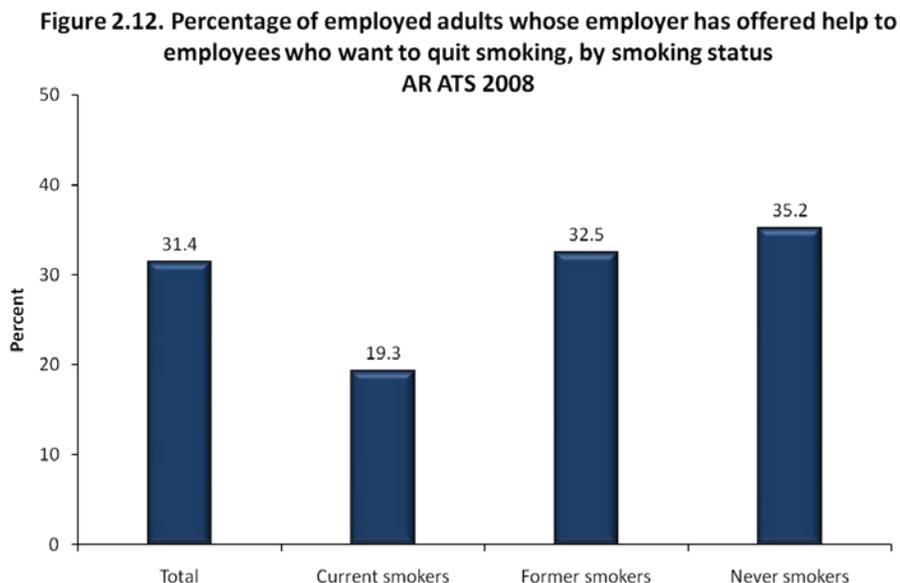
In 2008, 10.2% (± 2.6) of previous year smokers were not smoking at the time of the interview. In 2002, 12.1% (± 2.5) of previous year smokers were recent quitters (Figure 2.11).

Current smokers who made at least one quit attempt in the past year were asked about their methods of quitting the last time they tried to quit smoking. Former smokers who quit in the last five years were also asked about when they quit smoking. The results are listed below.

Question: Did you use...	Current Smokers with quit attempt in past year	Former smokers who quit in the past 5 years
Nicotine patch, nicotine gum, or any other nicotine replacement product	35.0% (± 12.3)	13.3% (± 4.3)
Bupropion, Wellbutrin [®] , or Zyban [®]	5.2% (± 4.2)	3.0% (± 1.8)
Varenicline or Chantix [®]	12.3% (± 5.9)	10.7% (± 3.7)
A stop smoking clinic or class	3.6% (± 2.8)	2.0% (± 1.4)
A telephone quit line	2.7% (± 2.0)	3.1% (± 2.2)
One-on-one counseling from a doctor, nurse, or other health professional	13.8% (± 6.8)	4.9% (± 2.5)
Self help material, books or videos	15.9% (± 7.2)	4.2% (± 2.6)

PROGRAMS AT WORK

Former smokers (32.5% ± 5.3) and never smokers (35.2% ± 3.6) are significantly more likely to report that their employer has offered any stop smoking program or any other help to employees who want to quit smoking in the past 12 months than current smokers (19.3% ± 4.9). Overall, 31.4% (± 2.6) of employed adults report that their employer offered help to employees who want to quit smoking (Figure 2.12).



CHAPTER 3: SECONDHAND SMOKE EXPOSURE

AT HOME

In 2008, 78.6% (± 1.6) of adults reported that smoking was not allowed anywhere inside their homes. This is a significant increase from 63.7% (± 1.5) in 2002 (Figure 3.1).

Figure 3.1. Percentage of adults who reported that smoking was not allowed anywhere inside their homes, AR ATS 2002, 2004, 2006, & 2008

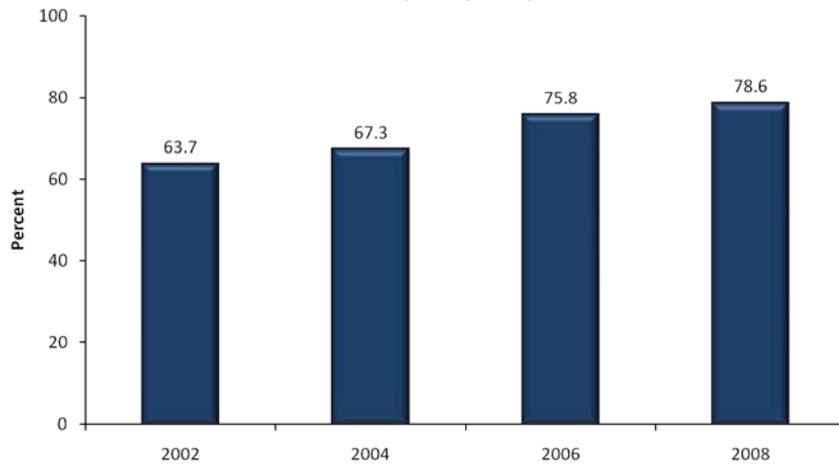
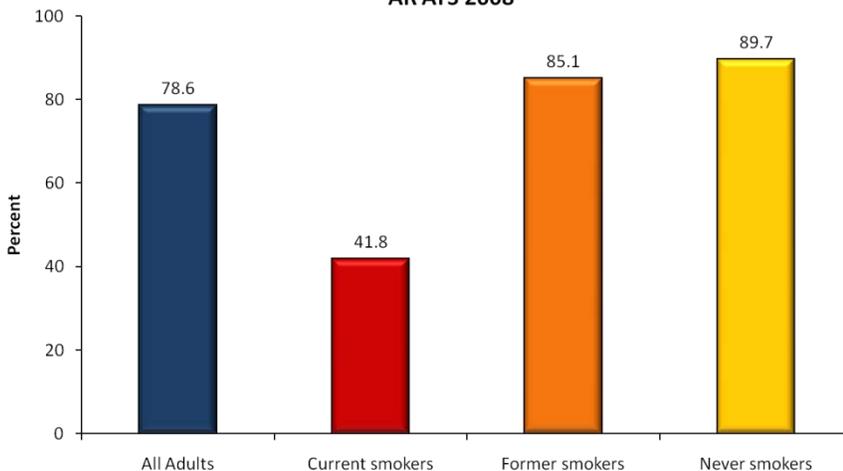


Figure 3.2. Percentage of adults who reported that smoking was not allowed anywhere inside their homes, by smoking status, AR ATS 2008



Never smokers (89.7% ± 1.8) are significantly more likely than former smokers (85.1% ± 2.1) and current smokers (41.8% ± 4.7) to report that smoking was not allowed anywhere inside their homes. Overall, 78.6% (± 1.6) of respondents reported that smoking was not allowed anywhere inside their homes (Figure 3.2).

The Clean Indoor Air Act took effect in July of 2006. In 2004, 67% of respondents to the ATS reported that smoking was not allowed anywhere inside their homes, compared to 76% in 2006 and 79% in 2008.

Respondents with at least one child in the household ($84.1\% \pm 2.7$) were significantly more likely than those with no children ($74.7\% \pm 2.0$) to indicate that smoking was not allowed anywhere inside their homes (Figure 3.3).

Figure 3.3. Percentage of adults who reported that smoking was not allowed anywhere inside their homes, by the presence or absence of children age 17 or under living in the household, AR ATS 2008

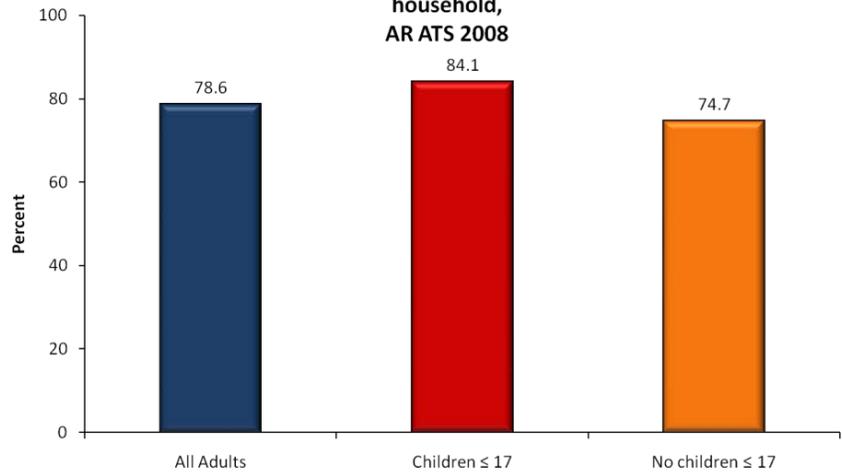
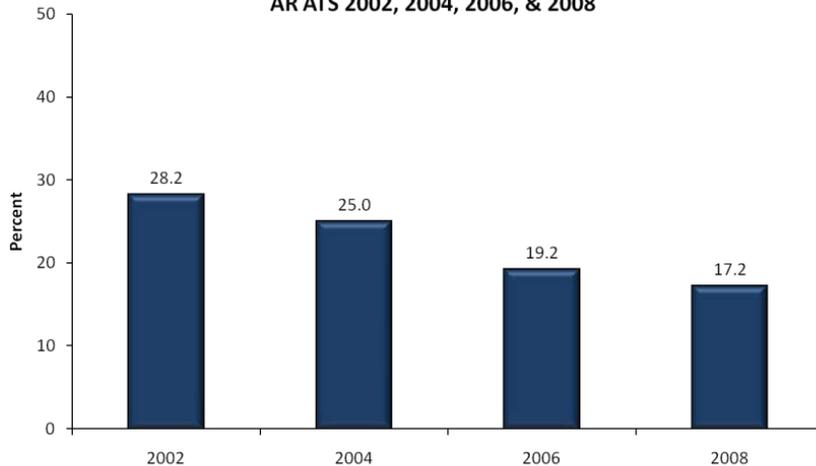


Figure 3.4. Percentage of adults who reported exposure to secondhand smoke in the home, AR ATS 2002, 2004, 2006, & 2008

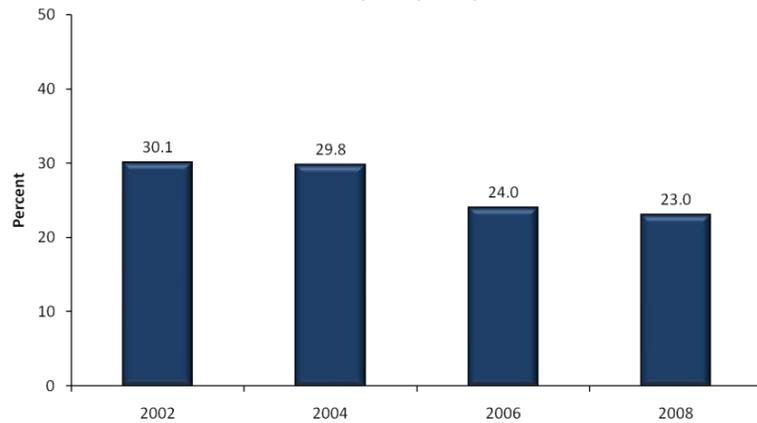


Respondents to the Arkansas ATS were asked if anyone smoked cigarettes, cigars, or pipes anywhere inside their homes during the past 7 days. In 2008, $17.2\% (\pm 1.5)$ of adults reported exposure to secondhand smoke in the home in the past 7 days. This is a significant decrease from $28.2\% (\pm 1.3)$ in 2002 (Figure 3.4).

IN VEHICLES

In 2008, 23.0% (± 1.5) of adults reported that in the past 7 days they were in a car with someone who was smoking. This is a significant decrease from 30.1% (± 1.4) in 2002 (Figure 3.5).

Figure 3.5. Percentage of adults who reported exposure to secondhand smoke in the vehicle, AR ATS 2002, 2004, 2006, & 2008



Arkansas Act 13 of 2006

Arkansas Act 13 of 2006 was passed to protect children who are under the age of 6 and weigh less than 60 pounds from secondhand smoke in motor vehicles. The 2008 ATS asked four questions concerning this law. First, respondents who are current smokers were asked if in the past 30 days they smoked inside a vehicle in the presence of a child 6 years or younger and weighing less than 60 pounds. Approximately 4.0% (± 2.4) replied “yes”. All respondents were then asked if they are aware of a law in Arkansas that makes it illegal to smoke inside a vehicle in the presence of a child age 6 years or younger and weighing less than 60 pounds, 61.2% (± 1.8) replied “yes”.

When asked how strongly they agree or disagree with Arkansas having the law the results were as follows:

Strongly Agree	64.6%
Agree	24.2%
Disagree	6.3%
Strongly Disagree	4.9%

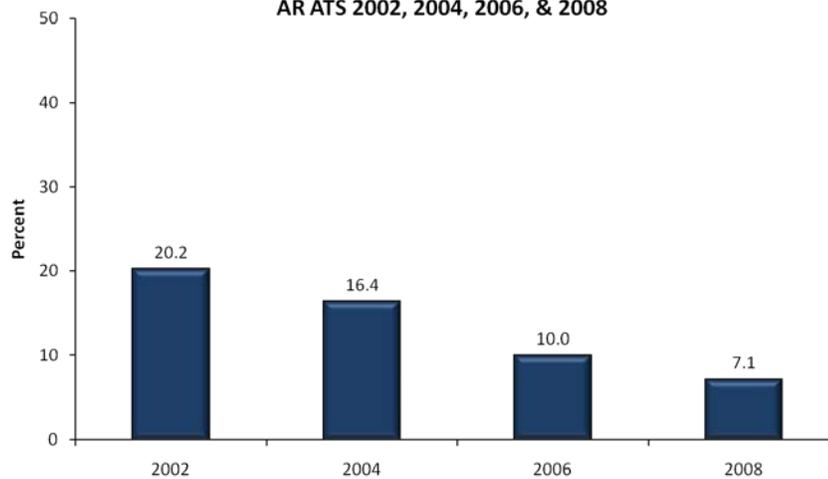
Respondents who said they *Agree* or *Strongly Agree* with Arkansas having such a law, were then asked if they would continue to support the law if the age of the child was raised to 17 years or younger. Of those, 82.5% said yes, they would continue to support the law.

Overall, 73% of adults in Arkansas support raising the age to 17.

AT WORK

In 2008, 7.1% (± 1.5) of employed adults reported that during the past 7 days someone smoked in their work area. This is a significant decrease from 20.2% (± 2.0) in 2002 (Figure 3.6).

Figure 3.6. Percentage of employed adults who reported exposure to secondhand smoke in indoor work areas, AR ATS 2002, 2004, 2006, & 2008



CHAPTER 4: SMOKELESS TOBACCO USE

Smokeless tobacco questions in the Adult Tobacco Survey are phrased with the words *chewing tobacco* or *snuff*.

In 2008, 7.1% (± 1.2) of all adults reported current use of smokeless tobacco. This is a statistically significant increase since 2002 when 5.1% (± 0.8) of all adults reported current use of smokeless tobacco (Figure 4.1).

The average age of initiation for smokeless tobacco use was 18.7 years.

Among current smokeless tobacco users, 51.4% said that they want to stop.

Figure 4.1. Percentage of adults who were current users of smokeless tobacco, AR ATS 2002, 2004, 2006, & 2008

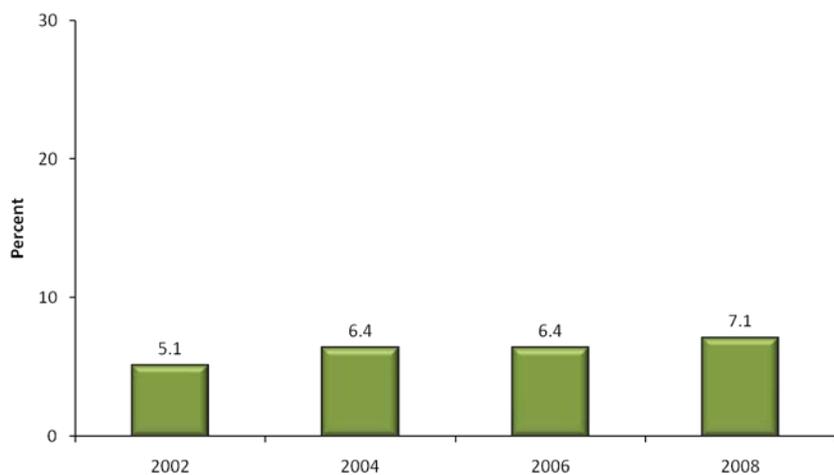
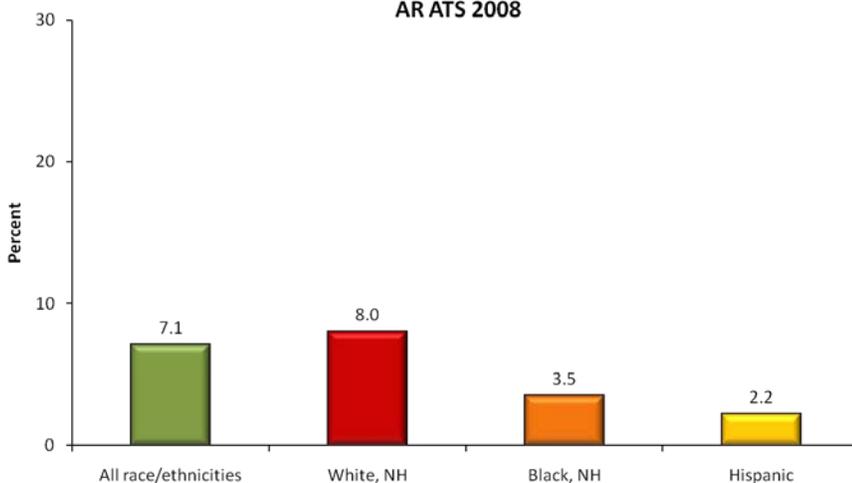


Figure 4.2. Percentage of adults who were current users of smokeless tobacco, by race/ethnicity, AR ATS 2008



White non-Hispanic (8.0% ± 1.5) adults were more likely than black non-Hispanic (3.5% ± 1.2), or Hispanic (2.2% ± 2.4) adults to be current users of smokeless tobacco (Figure 4.2).

Among white, non-Hispanic adults, males (16.2% ±2.9) are significantly more likely to use smokeless tobacco than females (0.3% ±0.4). Overall, 13.8% (±2.3) of males and 0.8% (±0.4) of females reported current use of smokeless tobacco (Figure 4.3).

Figure 4.3. Percentage of adults who were current users of smokeless tobacco, by race/ethnicity and gender, AR ATS 2008

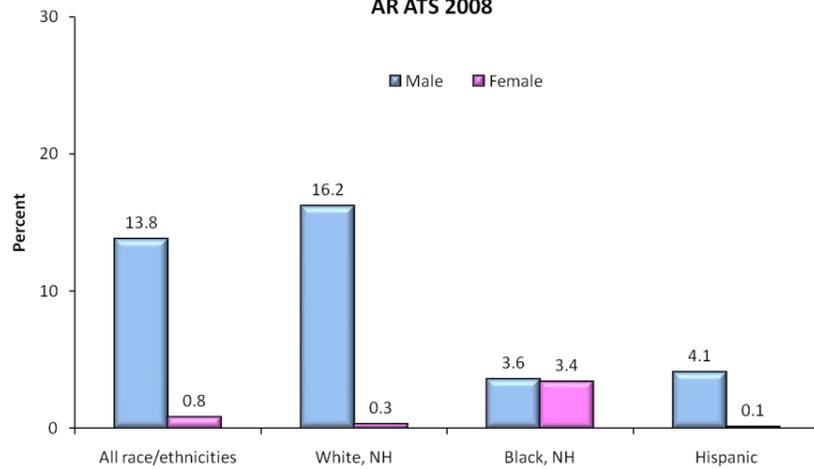
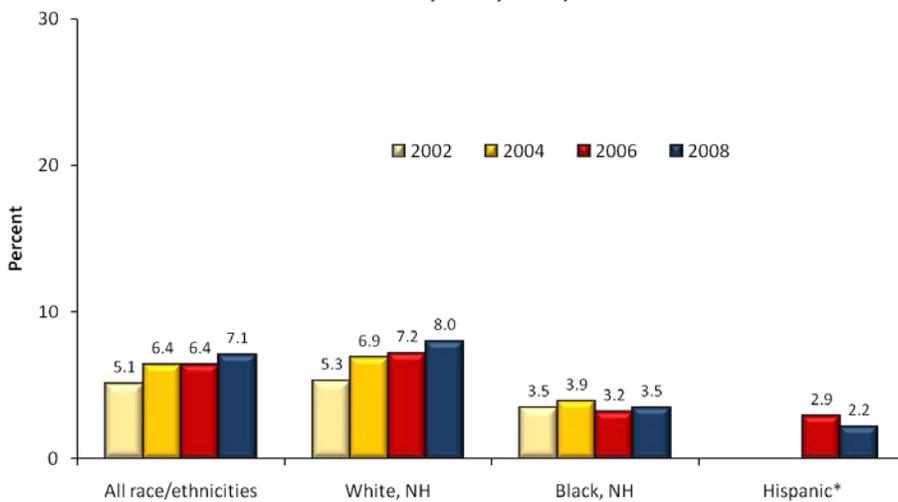


Figure 4.4. Percentage of adults who were current users of smokeless tobacco, by race/ethnicity, AR ATS 2002, 2004, 2006, & 2008

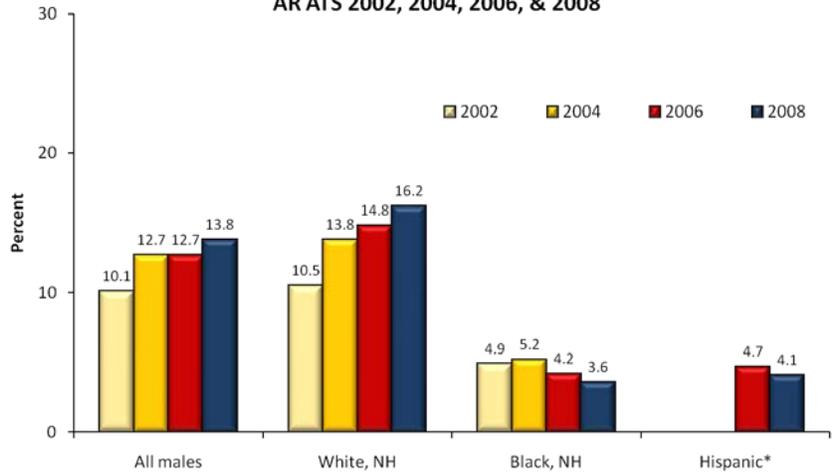


In 2008, 8.0% (±1.5) of white, non-Hispanic adults were current users of smokeless tobacco. This is a significant increase from 5.3% (±0.9) in 2002.

*Hispanic rates for 2002 and 2004 are not displayed due to small sample sizes.

In 2008, 13.8% (± 2.3) of males reported current use of smokeless tobacco compared to 10.1% (± 1.5) in 2002. There has been a significant increase in the percentage of white non-Hispanic males who report current use of smokeless tobacco from 10.5% (± 1.7) in 2002 to 16.2% (± 2.9) in 2008 (Figure 4.5).

Figure 4.5. Percentage of adult males who were current users of smokeless tobacco, by race/ethnicity, AR ATS 2002, 2004, 2006, & 2008



*Hispanic rates for 2002 and 2004 are not displayed due to small sample sizes.

Figure 4.6. Percentage of adult males who were current users of smokeless tobacco, by age group, AR ATS 2008

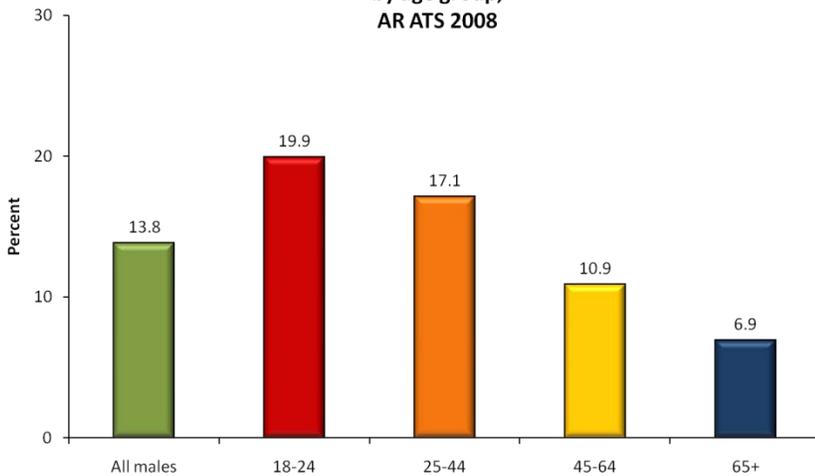
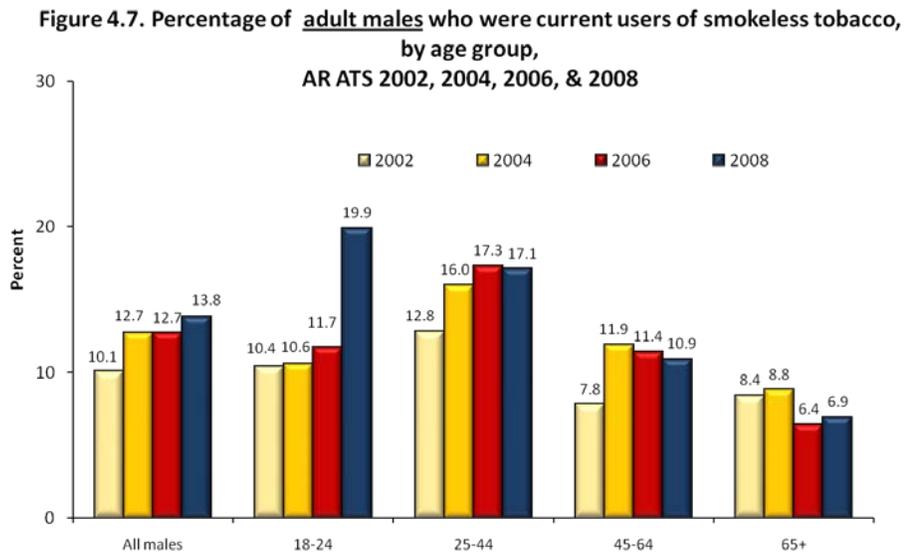


Figure 4.6 shows the breakdown of current smokeless tobacco use among adult males by age group. In the 18-24 age group, 19.9% (± 10.6) reported current use; in the 25-44 age group, 17.1% (± 4.3) reported current use; in the 45-64 age group, 10.9% (± 2.3) reported current use; and in the 65+ age group, 6.9% (± 2.1) reported current use of smokeless tobacco.

Figure 4.7 displays the number of adult males who were current users of smokeless tobacco by age group for each of the Arkansas ATS years 2002-2008. There are no significant differences within age group.



CHAPTER 5: MEDIA CAMPAIGN AWARENESS

STOP-SMOKING MESSAGES

Over half (52.4%) of Arkansas adults report that they have not seen a stop-smoking message on TV in the 7 days preceding the survey. However, 12.4% report having seen seven or more messages in the past 7 days (Figure 5.1).

Figure 5.1. Number of stop-smoking media messages seen by adults on TV in the 7 days preceding the interview, AR ATS 2008

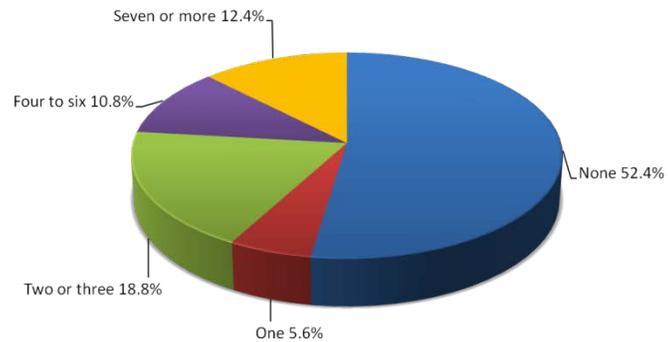


Figure 5.2. Percentage of adults who have seen at least one stop-smoking media message on TV in the 7 days preceding the interview, by public health region AR ATS 2008

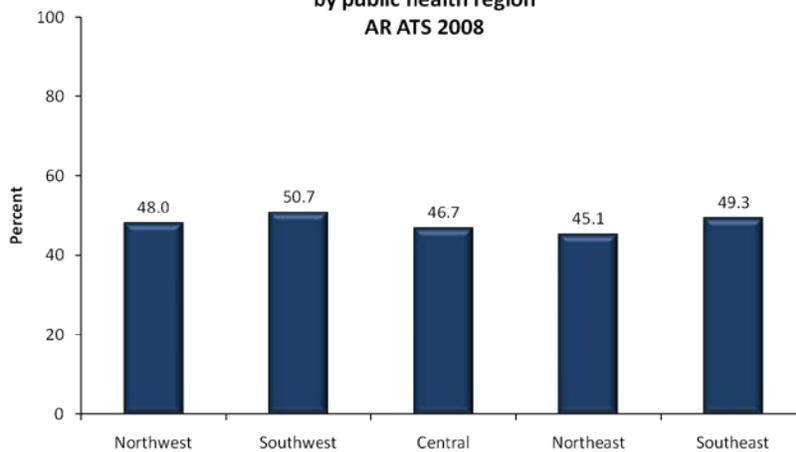
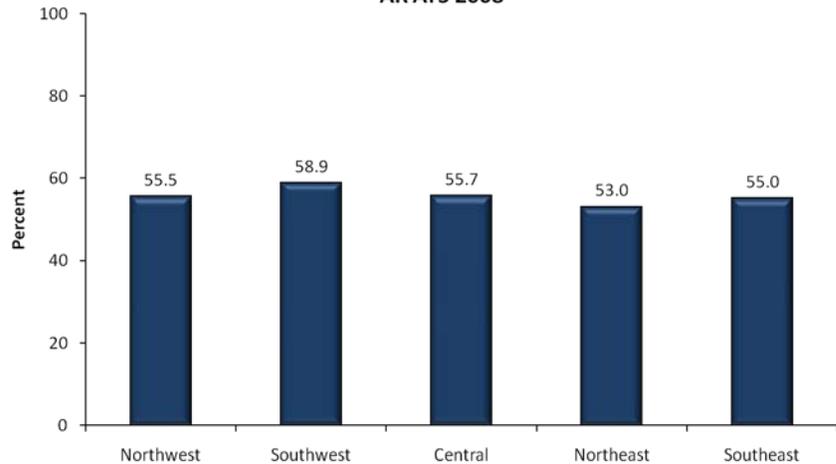


Figure 5.2 shows the percentage of people that have seen at least one stop-smoking media message on TV in the 7 days preceding the interview by Arkansas public health region. There were no differences by public health regions.

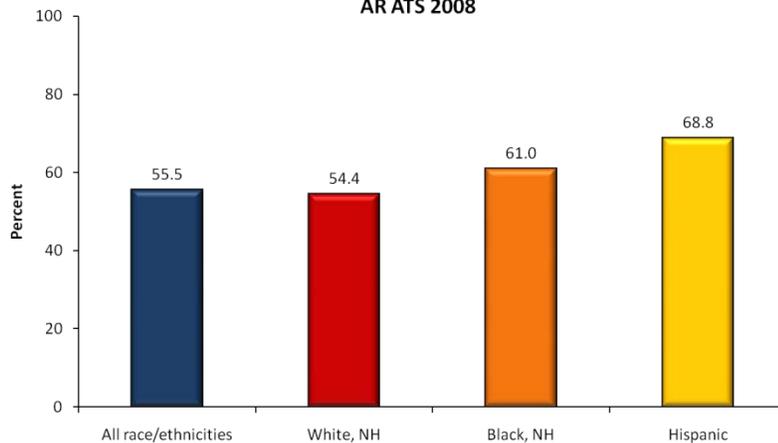
QUITLINE NUMBER

Over half (55.5% \pm 1.9) of Arkansas adults reported seeing or hearing of a 1-800 number for quitting smoking in the past 30 days. Figure 5.3 shows the breakdown by Arkansas public health region. None of the differences between regions were significant.

**Figure 5.3. Percentage of adults who recalled seeing a 1-800 quitline number, by public health region
AR ATS 2008**



**Figure 5.4. Percentage of adults who recalled seeing a 1-800 quitline number, by race/ethnicity
AR ATS 2008**



Hispanics (68.8% \pm 9.2) were more likely than whites (54.4% \pm 2.2) to report seeing a 1-800 quitline number in the past 30 days. Among blacks, 61.0% (\pm 5.1) reported seeing or hearing of a 1-800 quitline number (Figure 5.4). The difference between black non-Hispanics and white non-Hispanics and Hispanics was not statistically significant.

Adults in the 18-24 age group, (67.9% \pm 8.3), and the 25-44 age group, (60.9% \pm 3.4), were significantly more likely than adults in the 45-64 age group, (50.2% \pm 2.5), and the 65+ age group, (45.9% \pm 2.6), to recall seeing or hearing of a 1-800 quitline number in the past 30 days (Figure 5.5).

Figure 5.5. Percentage of adults who recalled seeing a 1-800 quitline number, by age group AR ATS 2008

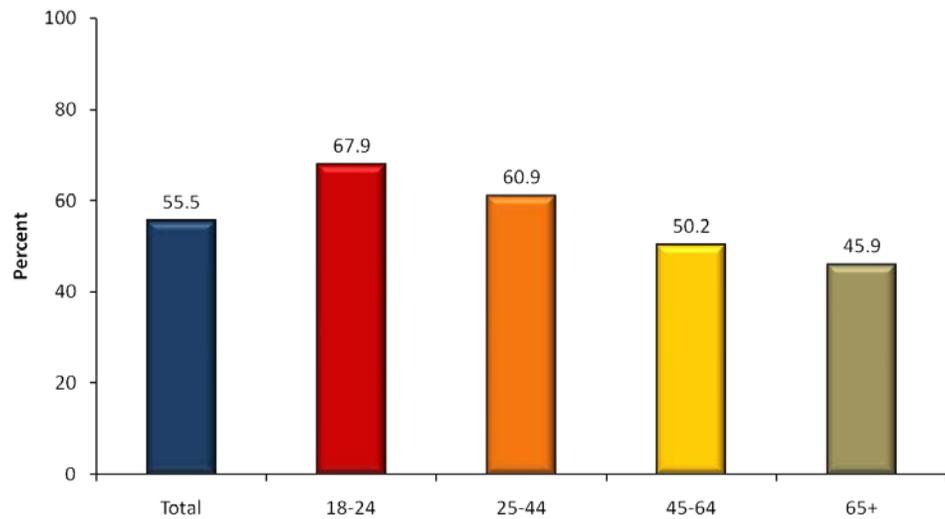
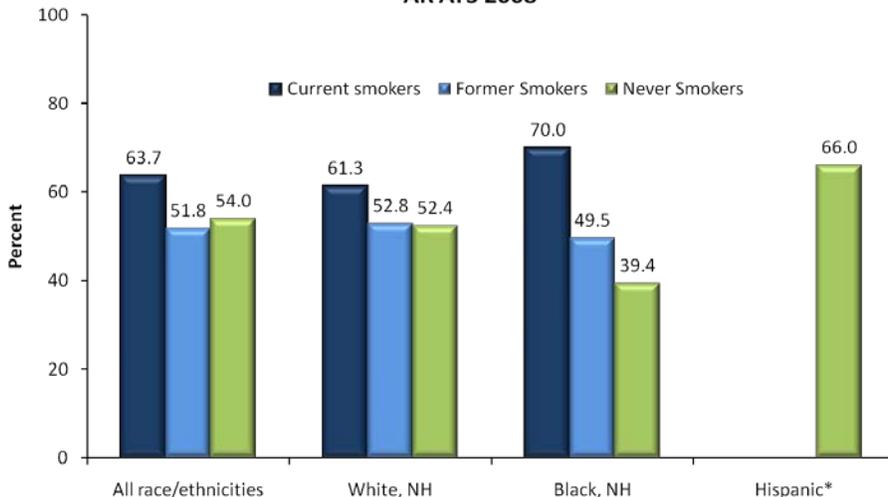


Figure 5.6 shows the percentage of adults who recalled seeing or hearing of a 1-800 quitline number by race/ethnicity and smoking status. Overall current smokers (63.7% \pm 4.5) were significantly more likely than former smokers (51.8% \pm 3.2) and never smokers (54.0% \pm 2.7) to report seeing or hearing of a 1-800 quitline number. The same held true for black non-Hispanics with 70.0% (\pm 9.3) of current smokers, 49.5% (\pm 9.5) of former smokers, and 39.4% (\pm 6.9) of never smokers reporting seeing or hearing of a 1-800 quitline number. The differences were not statistically significant for white non-Hispanics.

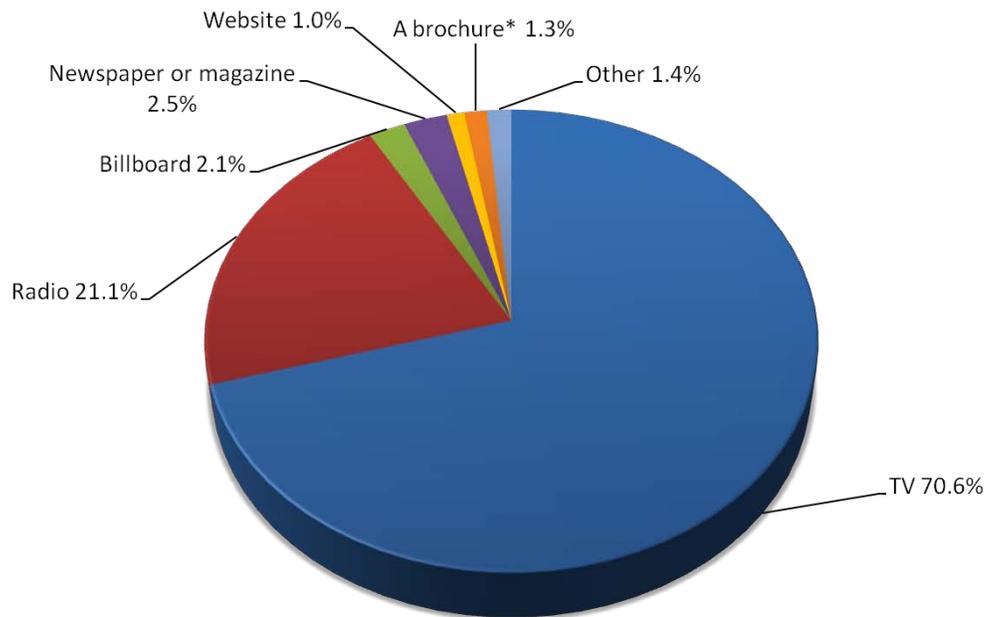
Figure 5.6. Percentage of adults who recalled seeing a 1-800 quitline number, by race/ethnicity and smoking status AR ATS 2008



*Hispanic Current and Former smokers not displayed due to small sample sizes.

Respondents who recalled seeing or hearing a 1-800 quitline number were also asked **where** they last saw or heard it. Figure 5.7 is a pie chart of the results. The highest percentage, 70.6%, recalled seeing or hearing a 1-800 quitline number on television, followed by 21.1% on the radio.

Figure 5.7. For those who recalled seeing or hearing a 1-800 quitline number – where they last saw or heard it, AR ATS 2008



*A brochure from the doctor's office

CONCLUSIONS

The Tobacco Prevention and Cessation Program (TPCP) at the Arkansas Department of Health was created by the Arkansas Tobacco Settlement Proceeds Act of 2000. As required by the Act, the TPCP includes the following components:

1. Community prevention programs that reduce youth tobacco use;
2. Local school programs for education and prevention in grades K-12 that should include school nurses, where appropriate;
3. Enforcement of youth tobacco control laws;
4. Statewide programs with youth involvement to increase local coalition activities;
5. Tobacco cessation programs;
6. Tobacco-related disease prevention programs;
7. A comprehensive public awareness and health promotion campaign; and
8. Grants and contracts funded pursuant to this chapter for monitoring and evaluation, as well as data gathering.

The importance of collecting and analyzing not only youth but adult tobacco data is evident in the above components of the TPCP. Also, the TPCP is an evidence-based program that follows the Centers for Disease Control and Prevention's (CDC) [Best Practices for Comprehensive Tobacco Control Programs](#), (2007). Many of the outcome indicators for this program rely on data from the Adult Tobacco Survey (ATS).

Progress toward Reducing Tobacco Use and Areas of Need

- Findings from the Arkansas ATS indicate that smoking rates continue to decline among adults. However, with 20.7% still being current cigarette smokers, there remains work to be done.
- While the use of cigarettes is declining, the use of smokeless tobacco is increasing. This is an area that needs new focus as tobacco companies continue to come out with new products each year.
- Over half, 51.4% of smokeless tobacco users say that they want to stop using it.
- Approximately 70% of Arkansas adults say that they would support an increase in additional tax on a pack of cigarettes if all the money raised was used to fund programs aimed at preventing tobacco use and other health care programs. Note: In March of 2009, Arkansas cigarette taxes increased by 56 cents, an increase to \$1.15 per pack.
- It is important to educate healthcare providers about treating tobacco dependence. Only 62.0% of smokers were asked about their smoking status when they visited a physician in the 12 months before the ATS.
- Over half of adults in Arkansas, 55.5%, recall seeing or hearing of a 1-800 number for quitting smoking, in the past 30 days. The quitline is an important cessation tool for Arkansans.

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2. National Cancer Institute. *Chapter 2: Cessation and Cessation Measures among Adult Daily Smokers: National and State-Specific Data*. Smoking and Tobacco Control Monograph No. 12. Bethesda, MD: US Department of Health and Human Services, national Institutes of health, National Cancer institute, NIH Publication No. 00-4892, November 2000.

APPENDIX 1: METHODOLOGY

Instrument:

The 2008 Arkansas Adult Tobacco Survey (ATS) consisted of 53 questions, including 32 core questions and 8 supplemental questions from the CDC, and 13 state-added questions. The survey covered key areas such as: demographics, tobacco use, cessation, secondhand smoke, taxes, smokeless tobacco use, and media.

Sampling:

The Arkansas ATS is an anonymous telephone survey of randomly selected adults aged 18 years and older in Arkansas. The sample consisted of 7,729 adults. In the past, the Arkansas ATS sample was stratified by geographic region. In 2008 we were able to use an oversampling method to reduce the overall sample size from over 12,000 respondents. The oversampling took place among Hispanics and Blacks. The results are representative of adults aged 18 years and older in Arkansas.

Data Collection:

Data collection took place from August 26, 2008 to March 19, 2009. The sample was selected using the Random Digit Dial (RDD) method. Interviews were conducted via telephone and supervised by trained telephone research interviewers at the University of Arkansas at Little Rock's Institute of Government – Survey Research Center.

Data Analysis:

Data collected for the 2008 Arkansas ATS were weighted to adjust for non-response and unequal probabilities of selection. SAS® statistical software version 9.1.3, which takes into account the complex sampling design, was used to analyze and summarize the data. Differences between estimates were considered statistically significant at the $p < 0.05$ level if the 95% confidence intervals did not overlap.

APPENDIX 2: SUMMARY TABLES

Table A1. Current cigarette smoking among adults by selected demographics, Arkansas Adult Tobacco Survey 2002, 2004, 2006, & 2008

Definition	2002		2004		2006		2008	
	%	95% CI						
Percentage of adults aged ≥ 18 years who report having smoked ≥ 100 cigarettes in their lifetime and were current smokers on every day or some days								
Overall	25.1%	±1.2%	22.8%	±1.1%	22.9%	±1.1%	20.7%	±1.7%
Age group (years)								
18-24 years	31.3%	±4.4%	31.8%	±4.6%	30.6%	±5.2%	26.0%	±7.8%
25-44 years	29.0%	±2.1%	28.1%	±2.1%	25.5%	±1.9%	23.2%	±3.2%
45-64 years	26.5%	±2.1%	21.4%	±1.6%	24.0%	±1.4%	23.1%	±2.0%
≥ 65 years	11.2%	±1.9%	8.3%	±1.2%	10.2%	±1.1%	8.3%	±1.4%
Gender								
Male	28.7%	±2.0%	25.5%	±1.9%	24.8%	±1.8%	24.9%	±2.8%
Female	21.9%	±1.4%	20.3%	±1.3%	21.2%	±1.3%	16.8%	±1.8%
Race/ethnicity								
White non-Hispanic	25.4%	±1.3%	23.1%	±1.2%	23.3%	±1.2%	20.5%	±1.9%
Black non-Hispanic	20.3%	±3.4%	18.2%	±2.6%	20.0%	±2.9%	20.6%	±3.9%
Hispanic	23.3%	±8.3%	31.4%	±10.0%	13.4%	±5.5%	24.3%	±10.9%
Income (\$)								
< 15,000	33.3%	±4.5%	32.6%	±4.0%	30.7%	±4.3%	32.6%	±5.9%
15,000-24,999	30.3%	±3.1%	28.8%	±2.8%	30.0%	±2.9%	34.2%	±5.0%
25,000-49,999	27.5%	±2.2%	25.3%	±2.1%	24.8%	±2.2%	22.0%	±3.3%
≥ 50,000	18.6%	±2.2%	15.1%	±1.7%	15.9%	±1.6%	12.9%	±2.2%

Table A2. Quit attempts among adult current smokers by selected demographics, Arkansas Adult Tobacco Survey 2002, 2004, 2006, & 2008

Definition	2002		2004		2006		2008	
	%	95% CI						
Percentage of adult current smokers who have made \geq one quit attempt for one day or longer in the past 12 months								
Overall	46.9%	$\pm 2.5\%$	46.9%	$\pm 2.5\%$	42.5%	$\pm 2.8\%$	47.3%	$\pm 4.7\%$
Age group (years)								
18-24 years	62.2%	$\pm 5.8\%$	57.8%	$\pm 7.7\%$	47.0%	$\pm 10.3\%$	46.4%	$\pm 17.2\%$
25-44 years	46.9%	$\pm 3.8\%$	46.5%	$\pm 3.7\%$	45.1%	$\pm 4.4\%$	51.3%	$\pm 8.0\%$
45-64 years	40.2%	$\pm 3.9\%$	41.8%	$\pm 3.5\%$	38.7%	$\pm 3.3\%$	46.8%	$\pm 5.1\%$
≥ 65 years	40.6%	$\pm 8.5\%$	42.3%	$\pm 6.9\%$	35.1%	$\pm 5.5\%$	32.6%	$\pm 7.8\%$
Gender								
Male	48.4%	$\pm 3.7\%$	47.4%	$\pm 3.7\%$	37.2%	$\pm 4.2\%$	46.5%	$\pm 6.9\%$
Female	45.1%	$\pm 3.2\%$	46.3%	$\pm 3.2\%$	48.3%	$\pm 3.5\%$	48.4%	$\pm 5.8\%$
Race/ethnicity								
White non-Hispanic	45.2%	$\pm 2.7\%$	45.0%	$\pm 2.7\%$	40.7%	$\pm 3.0\%$	43.5%	$\pm 5.4\%$
Black non-Hispanic	60.8%	$\pm 8.2\%$	57.8%	$\pm 7.3\%$	56.3%	$\pm 8.0\%$	57.4%	$\pm 10.7\%$
Hispanic	40.5%	$\pm 17.3\%$	42.9%	$\pm 15.9\%$	56.0%	$\pm 22.3\%$	70.3%	$\pm 22.8\%$
Income (\$)								
< 15,000	54.3%	$\pm 7.3\%$	45.6%	$\pm 7.0\%$	50.4%	$\pm 9.0\%$	60.3%	$\pm 10.6\%$
15,000-24,999	45.0%	$\pm 5.3\%$	48.8%	$\pm 5.1\%$	46.4%	$\pm 5.8\%$	52.6%	$\pm 9.9\%$
25,000-49,999	46.8%	$\pm 4.2\%$	46.1%	$\pm 4.3\%$	42.9%	$\pm 5.1\%$	37.8%	$\pm 7.9\%$
$\geq 50,000$	40.1%	$\pm 5.7\%$	43.8%	$\pm 5.3\%$	37.9%	$\pm 5.3\%$	40.4%	$\pm 9.1\%$

Table A3. Smokeless tobacco use among adult males by selected demographics, Arkansas Adult Tobacco Survey 2002, 2004, 2006, & 2008

Definition	2002		2004		2006		2008	
	%	95% CI						
Percentage of adult males aged ≥ 18 years who were current users of chewing tobacco or snuff on every day or some days								
Overall	10.1%	±1.5%	12.7%	±1.6%	12.7%	±1.3%	13.8%	±2.3%
Age group (years)								
18-24 years	10.4%	±4.3%	10.6%	±4.6%	11.7%	±5.0%	19.9%	±10.6%
25-44 years	12.8%	±2.5%	16.0%	±3.1%	17.3%	±2.5%	17.1%	±4.3%
45-64 years	7.8%	±2.7%	11.9%	±2.5%	11.4%	±1.6%	10.9%	±2.3%
≥ 65 years	8.4%	±3.8%	8.8%	±3.2%	6.4%	±1.5%	6.9%	±2.1%
Race/ethnicity								
White non-Hispanic	10.5%	±1.7%	13.8%	±1.9%	14.8%	±1.6%	16.2%	±2.9%
Black non-Hispanic	4.9%	±3.4%	5.2%	±2.8%	4.2%	±1.7%	3.6%	±2.2%
Hispanic	7.5%	±7.3%	10.1%	±10.1%	4.7%	±4.2%	4.1%	±4.1%
Income (\$)								
< 15,000	10.3%	±5.2%	11.8%	±5.7%	8.4%	±3.2%	15.6%	±9.1%
15,000-24,999	10.1%	±4.4%	15.2%	±4.6%	13.9%	±3.8%	12.1%	±5.8%
25,000-49,999	12.1%	±2.5%	14.1%	±3.0%	10.0%	±2.0%	13.3%	±4.1%
≥ 50,000	10.0%	±3.1%	10.8%	±2.7%	15.9%	±2.4%	13.5%	±3.2%

Table A4. Secondhand smoke exposure in the home among adults by selected demographics, Arkansas Adult Tobacco Survey 2002, 2004, 2006, & 2008

Definition	2002		2004		2006		2008	
	%	95% CI						
Percentage of adults aged ≥ 18 years who reported that someone, including him or herself, had smoked cigarettes, cigars, or pipes inside their homes at least once during the 7 days preceding the survey								
Overall	28.2%	±1.3%	25.0%	±1.2%	19.2%	±1.1%	17.2%	±1.5%
Age group (years)								
18-24 years	36.2%	±4.8%	35.6%	±5.0%	27.1%	±5.1%	23.2%	±7.7%
25-44 years	29.2%	±2.2%	26.3%	±2.1%	17.6%	±1.7%	15.8%	±2.7%
45-64 years	30.3%	±2.3%	25.6%	±1.8%	22.4%	±1.4%	20.5%	±1.9%
≥ 65 years	17.8%	±2.5%	14.4%	±2.0%	11.9%	±1.2%	10.3%	±1.6%
Gender								
Male	29.4%	±2.1%	27.0%	±2.1%	20.0%	±1.7%	19.1%	±2.6%
Female	27.2%	±1.6%	23.1%	±1.4%	18.6%	±1.2%	15.4%	±1.7%
Race/ethnicity								
White non-Hispanic	26.9%	±1.4%	24.3%	±1.3%	19.3%	±1.1%	16.1%	±1.7%
Black non-Hispanic	32.9%	±4.4%	28.4%	±3.5%	20.8%	±2.7%	24.3%	±4.5%
Hispanic	30.5%	±10.9%	22.7%	±8.9%	8.2%	±4.7%	9.5%	±6.0%
Income (\$)								
< 15,000	37.7%	±4.8%	37.4%	±4.3%	31.7%	±4.2%	34.2%	±6.1%
15,000-24,999	34.8%	±3.4%	30.1%	±3.0%	28.1%	±2.8%	29.0%	±4.7%
25,000-49,999	30.9%	±2.4%	28.6%	±2.4%	22.0%	±2.1%	18.0%	±3.0%
≥ 50,000	18.4%	±2.2%	15.2%	±1.9%	10.3%	±1.4%	8.4%	±1.6%

Arkansas 2008 Adult Tobacco Survey Questions

Cigarette Smoking

1. Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?
2. Have you smoked at least 100 cigarettes in your entire life?
3. Do you now smoke cigarettes everyday, some days, or not at all?
4. On the average, about how many cigarettes a day do you now smoke?
5. During the past 30 days, on how many days did you smoke cigarettes?
6. On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?
7. How much do you usually pay for a pack of cigarettes?
8. About how long has it been since you last smoked cigarettes regularly?

Cessation

9. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
10. When you quit smoking (former smokers) or the last time you tried to quit smoking (current smokers) did you use...
 - a. The nicotine patch, nicotine gum, or any other nicotine replacement product?
 - b. Bupropion, Wellbutrin®, or Zyban®?
 - c. Varenicline or Chantix®?
11. When you quit smoking (former smokers) or the last time you tried to quit smoking (current smokers) did you use...
 - a. A stop smoking clinic or class?
 - b. A telephone quit line?
 - c. One-on-one counseling from a doctor, nurse or other health professional?
 - d. Self help material, books, or videos?
12. Are you seriously considering stopping smoking within the next six months?
13. Are you planning to stop smoking within the next 30 days?
14. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?
15. During the past 12 months, did any doctor, nurse, or other health professional advise you not to smoke?
16. During the past 12 months, did any doctor, nurse, or other health professional ask if you smoke?

17. In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking, did they also do any of the following?
- Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban®?
 - Suggest that you set a specific date to stop smoking?
 - Suggest that you use a smoking cessation class, program, quit line, or counseling?
 - Provide you with booklets, videos, or other materials to help you quit smoking on your own?

Demographics

- What is your age?
- How many children aged 17 or younger live in your household?
- Are you Hispanic or Latino/a?
- Which one or more of the following would you say is your race?
- Which one of these groups would you say best represents your race?
- Are you: married, divorced, widowed, separated, never married, or a member of an unmarried couple?
- What is the highest level of school you completed or the highest degree you received?
- Are you currently: a student and employed for wages full-time or part-time, a student, employed for wages full-time or part-time, self-employed, out of work for more than 1 year, out of work for less than 1 year, a homemaker, retired, or unable to work?
- Are you limited in any way in any activities because of physical, mental, or emotional problems?
- Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?
- What is your annual household income from all sources?
- What is your gender?
- What county do you live in?
- Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- Do you receive health care coverage through: your employer; someone else's employer; a plan that you or someone else buys on your own; Medicare; Medicaid; Arkansas TRI-CARE, CHAMPUS, the VA or another U.S. military health plan; or some other source?
- Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
- How many of these are residential numbers?

Secondhand Smoke at Home

35. During the past 7 days, how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?
36. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches. Would you say...1) smoking is not allowed anywhere inside your home, 2) smoking is allowed in some places or at some times, 3) smoking is allowed anywhere inside the home.

Secondhand Smoke at Work

37. While working at your job, are you indoors most of the time?
38. As far as you know, in the past seven days, has anyone smoked in your work area?
39. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunchrooms? Would you say... 1) not allowed in any public areas, 2) allowed in some public areas, 3) allowed in all public areas, or 4) no official policy.
40. Within the past 12 months, has your employer offered any stop smoking program or any other help to employees who want to quit smoking?

Secondhand Smoke in the Car

41. In the past seven days, have you been in a car with someone who was smoking?
42. In the past 30 days, did you smoke inside a vehicle in the presence of a child 6 years or younger AND weighing less than 60 pounds?
43. Are you aware of a law in Arkansas that makes it illegal to smoke inside a vehicle in the presence of a child age 6 years or younger AND weighing less than 60 pounds?
44. How strongly do you agree or disagree with Arkansas having a law that makes it illegal for adults to smoke inside vehicles in the presence of a child 6 years or younger AND weighing less than 60 pounds?
45. Would you continue to support such a law if the age of the child was raised to 17 years or younger?

Taxes

46. How much additional tax on a pack of cigarettes would you be willing to support if all the money raised was used to fund programs aimed at preventing tobacco use and other health care programs in Arkansas? Please tell me the highest tax you are willing to support.

Smokeless Tobacco

47. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?
48. Do you currently use chewing tobacco or snuff every day, some days, or not at all?
49. How old were you when you started using chewing tobacco or snuff regularly?
50. Do you want to stop using chewing tobacco or snuff?

Media Messages

51. During the past seven days, how many commercials have you seen on TV about not smoking cigarettes?
52. During the past 30 days, have you seen or heard of a 1-800 number on TV, radio, or elsewhere that someone can call to get information about quitting smoking?
53. During the last 30 days, where was the last time you saw or heard of that 1-800 number?

1-800-QUIT-NOW

Arkansas Adult Tobacco Survey (ATS)

Arkansas Department of Health

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Published December 2009