

# Monitoring Changing Tobacco Use Behaviors 2000—2008

## Legislative Report

**Maryland Department of Health & Mental Hygiene**

**Cigarette Restitution Fund's  
Tobacco Use Prevention and Cessation Program**

**Fiscal Year 2009**

**Martin O'Malley**  
Governor  
State of Maryland

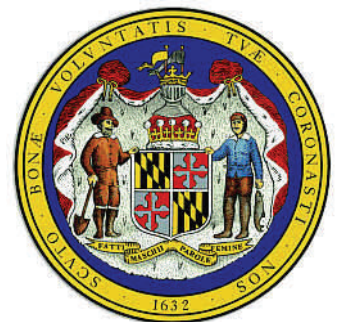
**Anthony G. Brown**  
Lieutenant Governor

**John M. Colmers**  
Secretary  
Department of Health & Mental Hygiene

**Frances B. Phillips, RN, MHA**  
Deputy Secretary, Public Health Services  
Department of Health & Mental Hygiene

**Carlessia A. Hussein, DrPH**  
Director, Cigarette Restitution Fund Programs  
Department of Health & Mental Hygiene

**Joan Stine, MS, MHS, CHES**  
Director, Center for Health Promotion & Education  
Family Health Administration, Department of Health & Mental Hygiene





# Table of Contents

	<u>Pages</u>
Highlights.....	1
Introduction.....	4
Health and Tobacco.....	5
Underage Youth.....	7
Adults.....	15
Secondhand Smoke.....	23
Appendices.....	26
Appendix A: Youth Prevalence, Initiation & Cessation	28
Appendix B: Adult Prevalence, Initiation & Cessation	80

## Sources

*Unless otherwise explicitly stated, the source for all data pertaining to youth comes from the Maryland Youth Tobacco Survey (2000, 2002, 2006, and 2008). With respect to adults, unless otherwise explicitly stated, the source for all data pertaining to adults comes from the Maryland Adult Tobacco Survey (2000, 2002, 2006, and 2008). All data for pregnant women comes from the Maryland Office of Vital Statistics.*

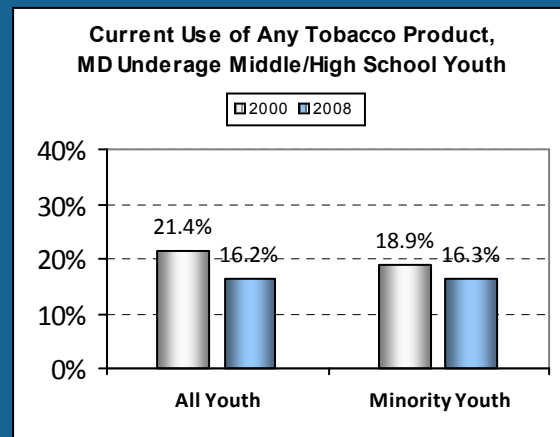
## Statutory Authority and Requirements

Maryland’s General—Health Article, Title 13, Subtitle 10, requires that the Maryland Department of Health and Mental Hygiene conduct a biennial tobacco study and to report specific findings to the Maryland General Assembly and the Governor. This Legislative Report presents a summary of the results from the fall 2008 tobacco study. The Appendices to this report provide the detailed data for indicators on which DHMH is required by Subtitle 10 to report as part of its biennial tobacco study. Indicators pertaining to youth and drawn from youth surveys are set forth in Appendix A. Indicators pertaining to adults and/or drawn from adult surveys are set forth in Appendix B.

Between 2000 and 2008 Maryland made substantial progress in reducing the use of tobacco products by underage youth, adults, and pregnant women.

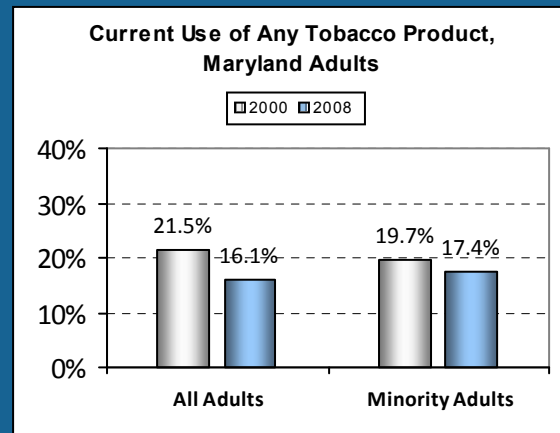
☞ 24.3% decrease in tobacco-use among all youth.

☞ 13.8% decrease in tobacco-use among minority youth.

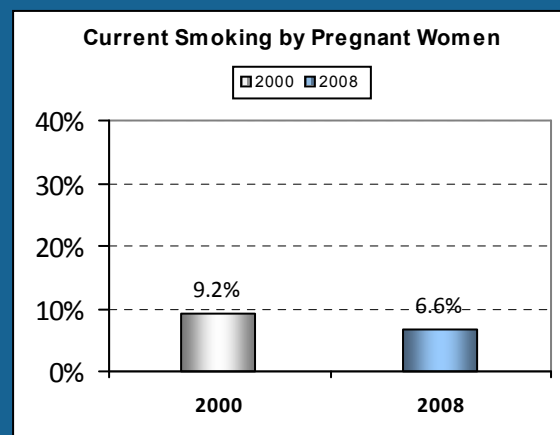


☞ 25.1% decrease in tobacco-use among all adults.

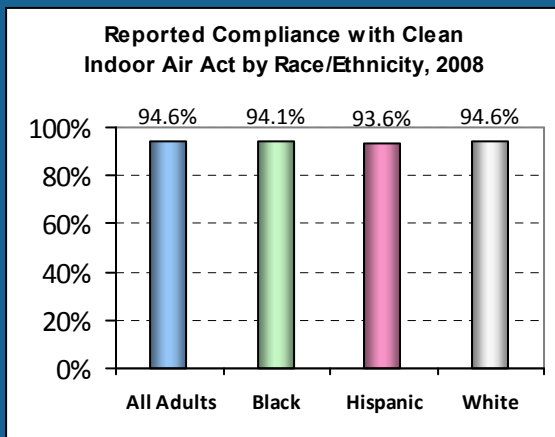
☞ 11.7% decrease in tobacco-use among minority adults.



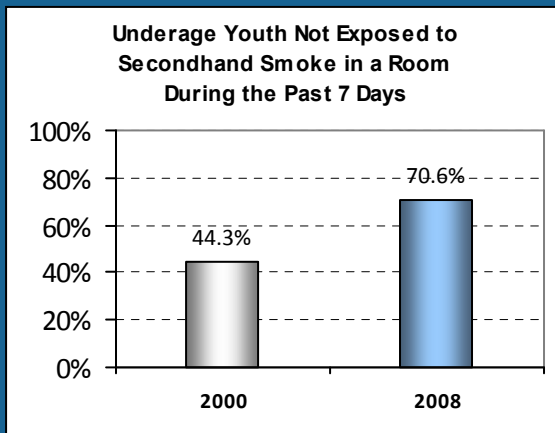
☞ 28.3% decrease in smoking among pregnant women.



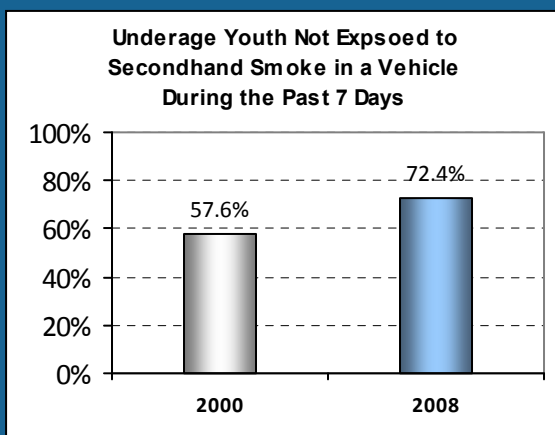
Maryland's Clean Indoor Air Act, prohibits smoking at work and in restaurants and bars and has a 94% compliance rate. Voluntary smoking bans at home and in cars are benefiting underage Maryland youth.



☞ In the fall of 2008, there was a 94% compliance rate with the Clean Indoor Air Act.



☞ 59.4% increase in underage youth not exposed to secondhand smoke Indoors.



☞ 25.7% increase in underage youth not exposed to secondhand smoke while riding in a vehicle.

- ☞ Between 2000 and 2008, adult cigarette smoking in Maryland decreased significantly. Maryland now has the fourth lowest rate of adult cigarette smoking in the nation.
- ☞ Because of differences in surveys used by states, it is not possible to rank states' underage youth cigarette smoking as can be done for adults. However, between 2000 and 2008, cigarette smoking decreased by 33.5% among underage Maryland high school youth and by 51.4% among underage Maryland middle school youth.

### Changes in Use of Selected Tobacco Products Maryland: 2000 to 2008

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**Cigarette Smoking:** ↓ 51.4% decrease among underage Middle School youth

↓ 33.5% decrease among underage High School youth

↓ 26.6% decrease among adults

**Cigar Smoking:** ↓ 8.7% decrease among underage Middle School youth

↓ 32.2% decrease among adults

#### Smokeless

**Tobacco Use:** ↓ 19.0% decrease among underage Middle School youth

In Fiscal Year 2001, using non-tax proceeds from participation in the national Master Settlement Agreement with the tobacco industry, Maryland implemented a comprehensive tobacco control program modeled on the best practice recommendations of the Centers for Disease Control and Prevention. In addition, Maryland recently increased its excise tax on cigarettes to \$2.00 per pack and implemented a comprehensive statutory smoking ban that will encompass 100% of worksites, restaurants, and bars by February 2011. Due to the combination of programmatic and policy initiatives undertaken since 1992, Maryland now has the fourth lowest adult prevalence of cigarette smoking in the nation.

This document constitutes the Legislative Report on the FY 2009 Tobacco Study mandated by Subtitle 10, of Title 13, Health—General Article to the Maryland General Assembly and the Governor of Maryland. A separate and more detailed Program Report containing additional information regarding the changes in tobacco-use behaviors occurring in Maryland is also available.

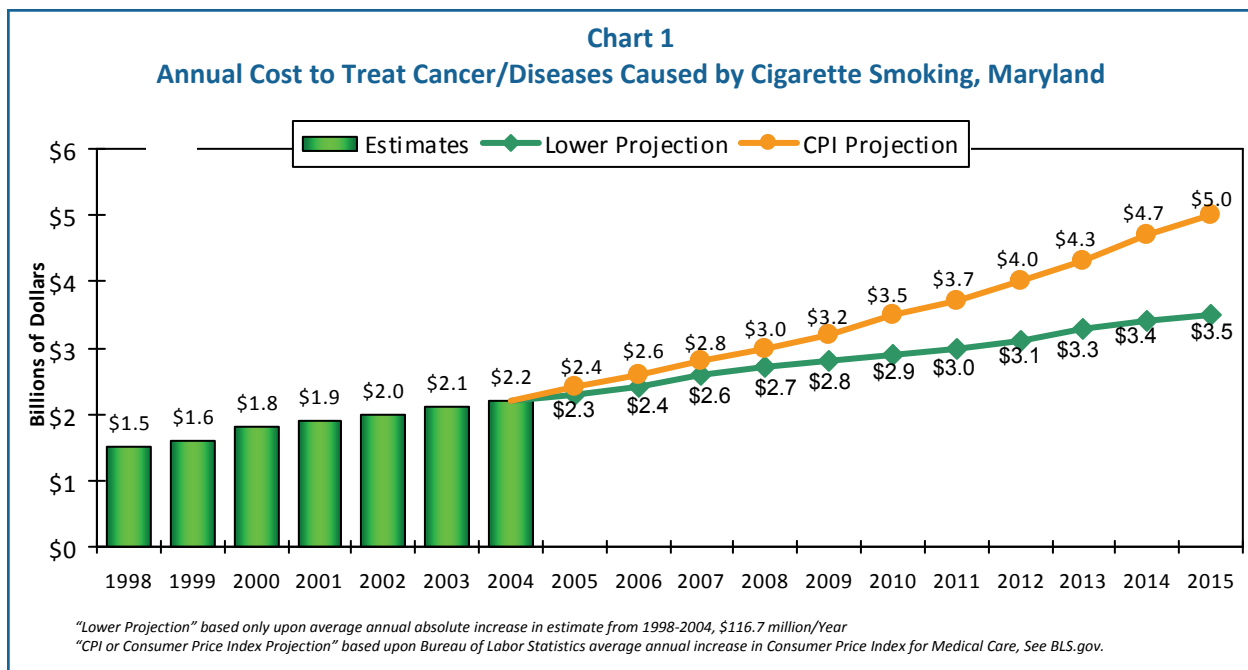
The Appendices to this document include statewide and county-specific data on changing tobacco-use behaviors, including those measures required of the FY 2009 Tobacco Study report to the Maryland General Assembly and the Governor of Maryland. Appendix A focuses on underage youth behaviors while Appendix B focuses on adult behaviors.

## Part 1 — Health and Tobacco

The current national debate on health care reform has included a vigorous dialogue about the role of ‘prevention’ in the health care system. It has become apparent that implementation of proven evidence-based prevention programs and policies can reduce tobacco-related cancers and disease, and will eliminate expenditures that would otherwise be made to treat those diseases.

In Maryland, cigarette smoking is the risk behavior that causes the greatest number of preventable deaths every year (6,800) with almost 150,000 additional adults suffering daily from one or more diseases caused by smoking. These numbers do not include those who become sick or die as a result of smoking cigars, using other tobacco products, or from exposure to secondhand smoke.

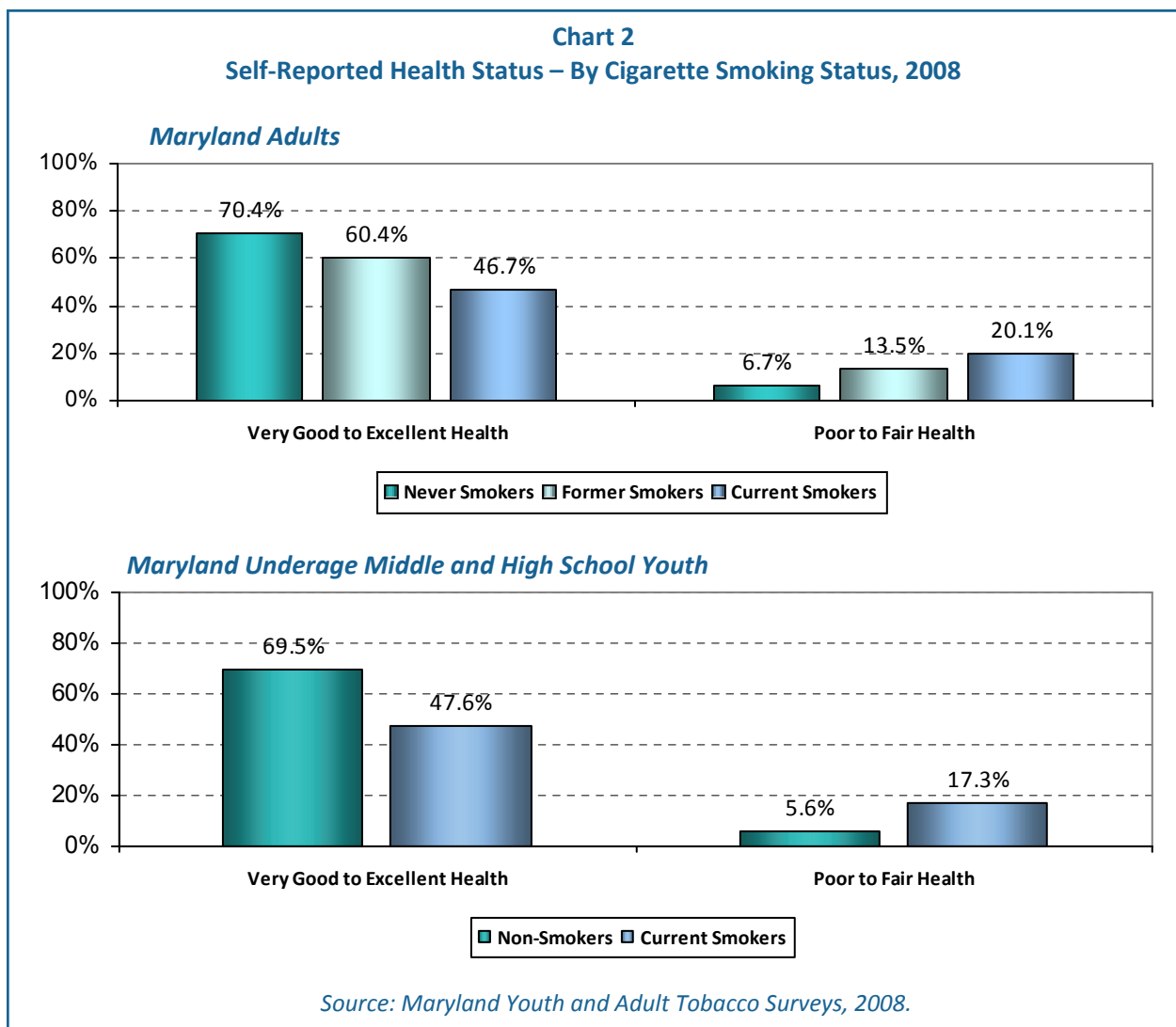
The annual cost of treating cancers and disease caused by cigarette smoking alone was estimated to be \$2.2 billion in 2004 and will likely increase to between \$3.5—\$5.0 billion annually by 2015. The human and economic toll that smoking and tobacco use exacts from Maryland residents, the Maryland economy, and the Maryland budget, can be reduced through a long-term sustained effort to reduce the use of tobacco products in this State. The cost of treating disease caused by cigarette smoking inflates the tax burden on the average Maryland household by an estimated \$622 every year.





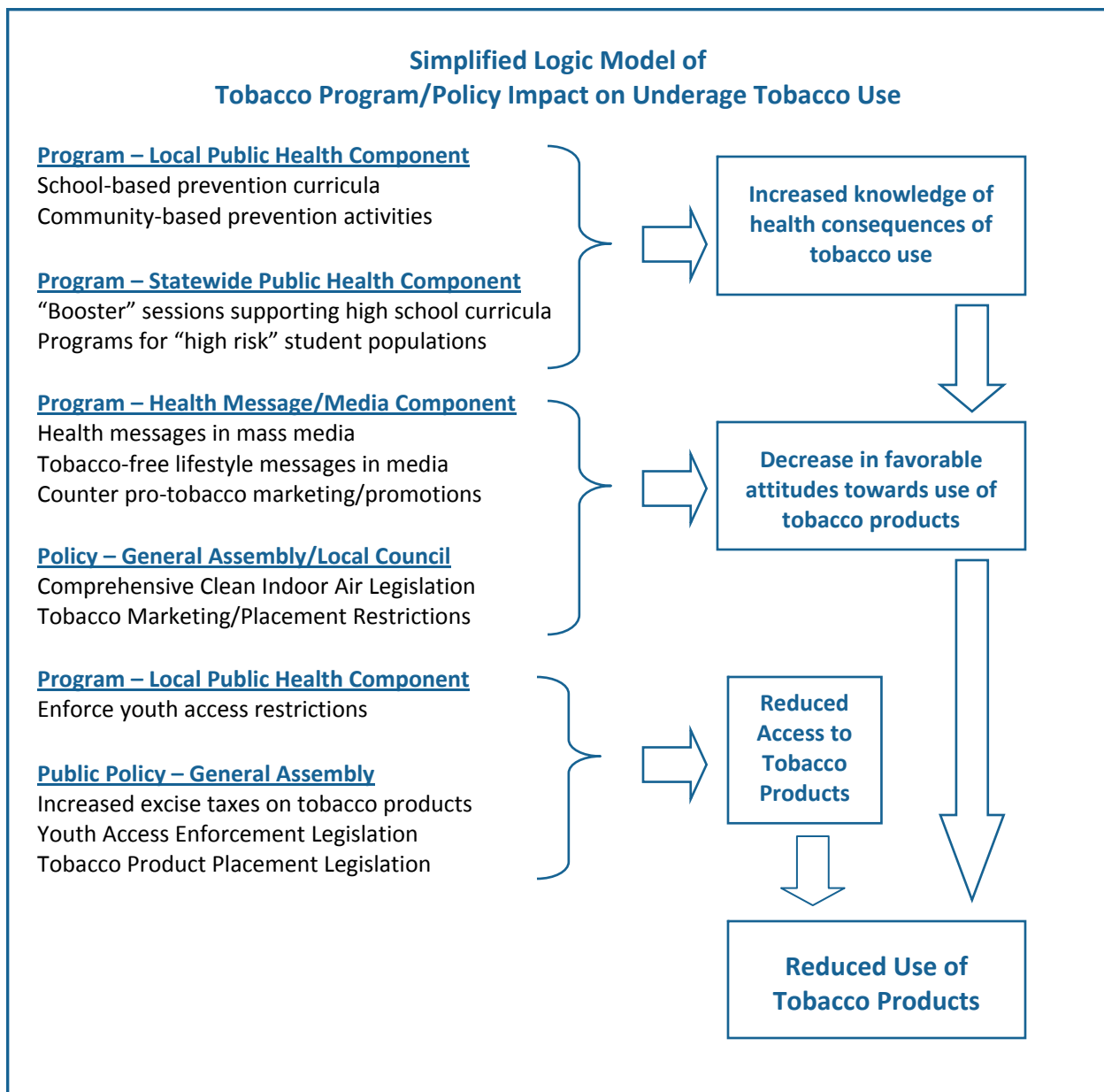
In Fiscal Year 2009 the cost to treat disease caused by cigarette smoking (using the most conservative projections of cost—\$2.8 billion), was the equivalent of \$13.79 per pack of cigarettes. In contrast, Maryland collected \$2.00 in excise tax revenue per pack of cigarettes sold, another \$0.89 per pack of non-tax revenue as a result of Maryland’s 1998 settlement of its lawsuit against the tobacco industry, and invested \$0.02 per pack in support of smoking cessation and prevention of underage youth smoking.

The impact of smoking and tobacco use on health is not limited to only those persons who have been diagnosed with a cancer or disease caused by smoking, it also affects the general health status of both adults and youth. Chart 2 below shows that for both youth and adults, a higher proportion of those who have never smoked consistently report better current health status as compared to current smokers based on the 2008 survey.



## Part 2 — Underage Youth

In 2008, the vast majority (88%) of Maryland residents that reported they had started to smoke or use another tobacco product during the past 12 months were less than eighteen (18) years old. For that reason Part 2 focuses on changes in tobacco use behaviors of under-age middle and high school youth. The figure below presents a simplified logic model of how tobacco control policies and Maryland’s comprehensive tobacco use prevention program work together to reduce the use of tobacco products among this high-risk population.

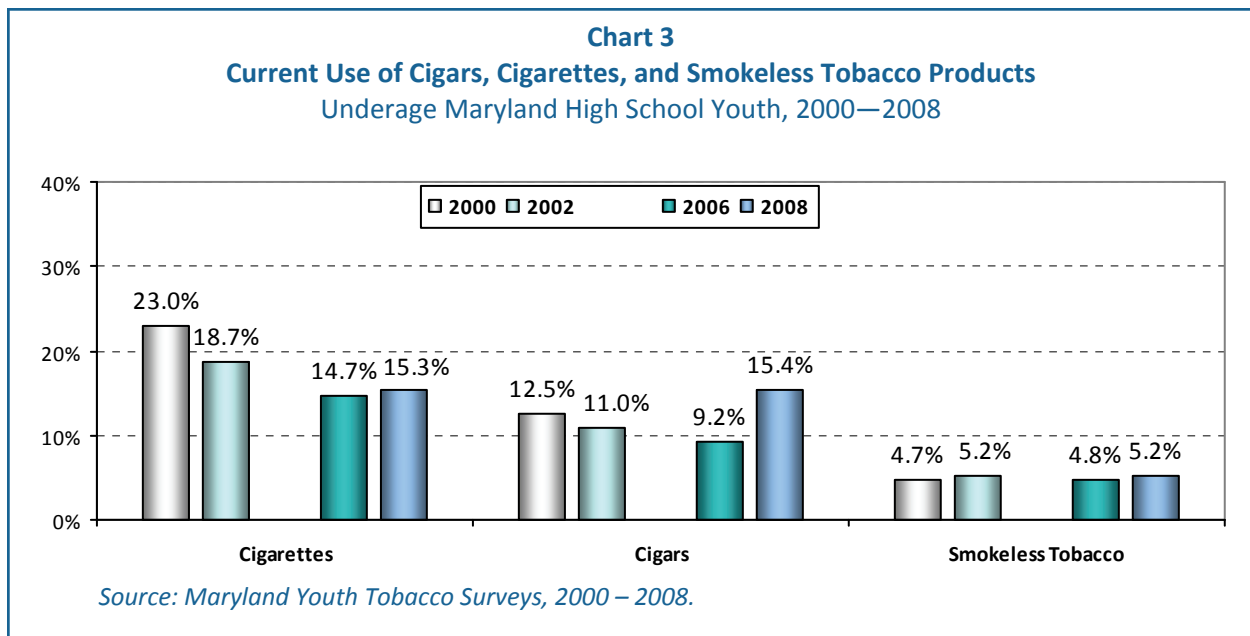


**Current Use of Tobacco Products**

Among underage youth in Maryland, the use of tobacco products is significantly higher among High School youth as compared to Middle School youth. In the Program Report, data is presented for both populations, but in this Legislative Report, data focuses primarily on underage High School youth because of (1) their greater use of tobacco products; and (2) the fact that they will soon become adult tobacco users. The Centers for Disease Control and Prevention (CDC) considers underage youth to be current users of a tobacco product if they report *any* use during the preceding 30 days.

In 2008, 16.2% of underage Maryland High School youth reported using one or more types of tobacco products during the previous 30 days (cigars 15.4%, cigarettes 15.3%, and smokeless tobacco 5.2%, note—many youth use multiple types of products concurrently). Between 2000 and 2006, current cigarette smoking among this population decreased an average of 6.0% per year. Between 2006 and 2008 there was no statistically significant change in smoking rates.

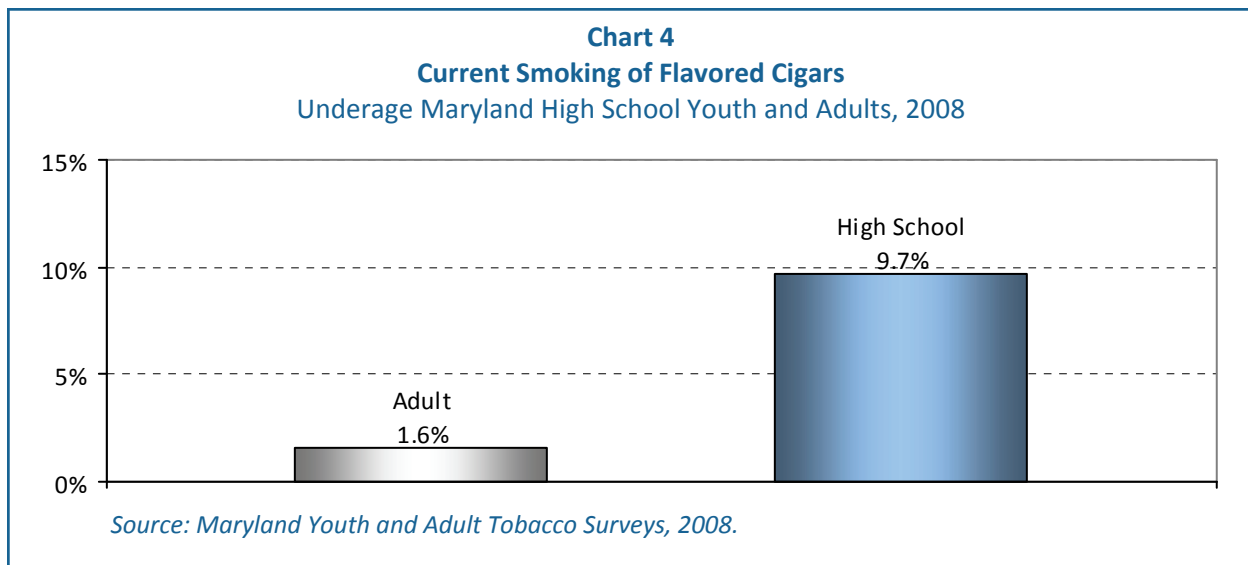
Recent experience (2006-08) for underage youth of either no decrease in use of tobacco products or an increase (See Chart 3) is similar to the experiences of many other states. Mass media health messaging campaigns (national and Maryland specific), focusing on youth prevention are being seen by fewer underage Marylanders. In 2000, 19.9% of these youth re-



ported that they had not seen any such messaging, by 2008 35.8% reported that they saw no such messaging.

### Current Use of Flavored Cigars

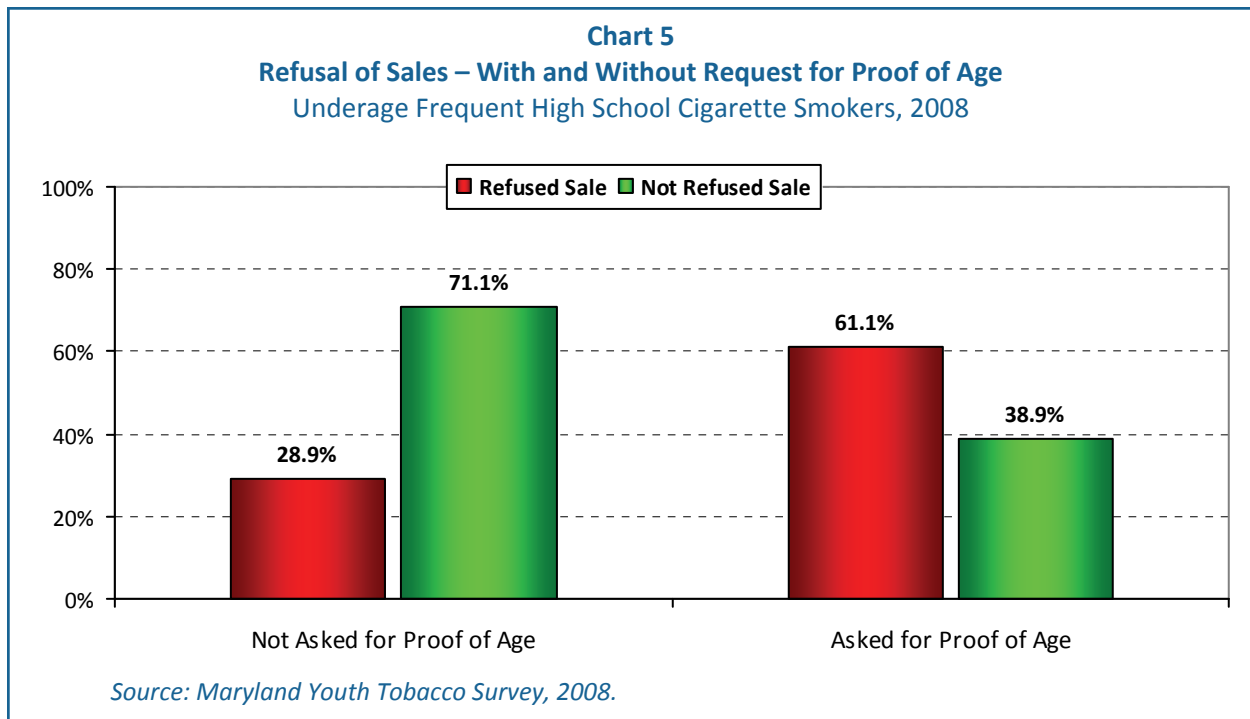
Underage Maryland High School youth are far more likely to use a tobacco product that is “flavored” (such as vanilla, orange, chocolate, cherry, wine, etc.) than are adults. In 2008, while only 1.6% of all Maryland adults reported having smoked a flavored cigar during the preceding 30 days, underage High School youth were six times more likely to smoke flavored cigars (9.7%). A substantial majority (63%) of those underage High School youth who reported that they had smoked a cigar during the preceding 30 days indicated that they had smoked flavored cigars as compared to a minority (41.3%) of adults.



### Underage Access to Tobacco Products

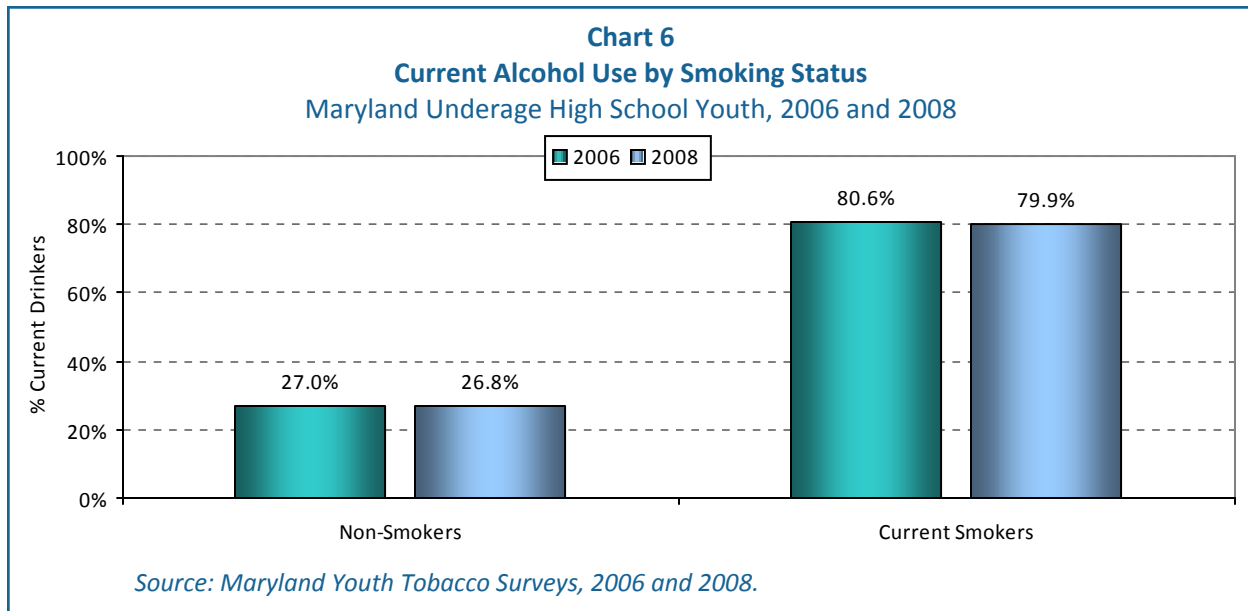
In Maryland as elsewhere in the nation, it is illegal to sell cigarettes or other tobacco products to youth less than eighteen years old. Frequent cigarette smokers (defined by the CDC as youth reporting that they smoked cigarettes on between 20 and 30 days during the past month) are the most likely to use retail cigarette outlets to acquire cigarettes.

In 2008, among underage frequent smokers who reported attempting to purchase cigarettes during the past 30 days, only 34.2% reported that they were asked for identification to prove that they were old enough to purchase cigarettes. Of those youth not asked for identification, less than 30% of these underage youth were refused by the retail outlet. This data shows that many clerks cannot accurately gauge the age of their younger customers, and establishes the value of mandatory photo ID checks when selling to young people.



**Underage Smoking and Alcohol Use**

Underage cigarette smoking is highly correlated with underage drinking. In both the 2006 and 2008 youth surveys, approximately 80% of High School youth less than 18 years old who reported that they had smoked a cigarette during the past 30 days also reported that they had consumed an alcoholic beverage in the past 30 days. In contrast, only 27% of underage High School youth non-smokers reported that they had consumed an alcoholic beverage during the past 30 days.

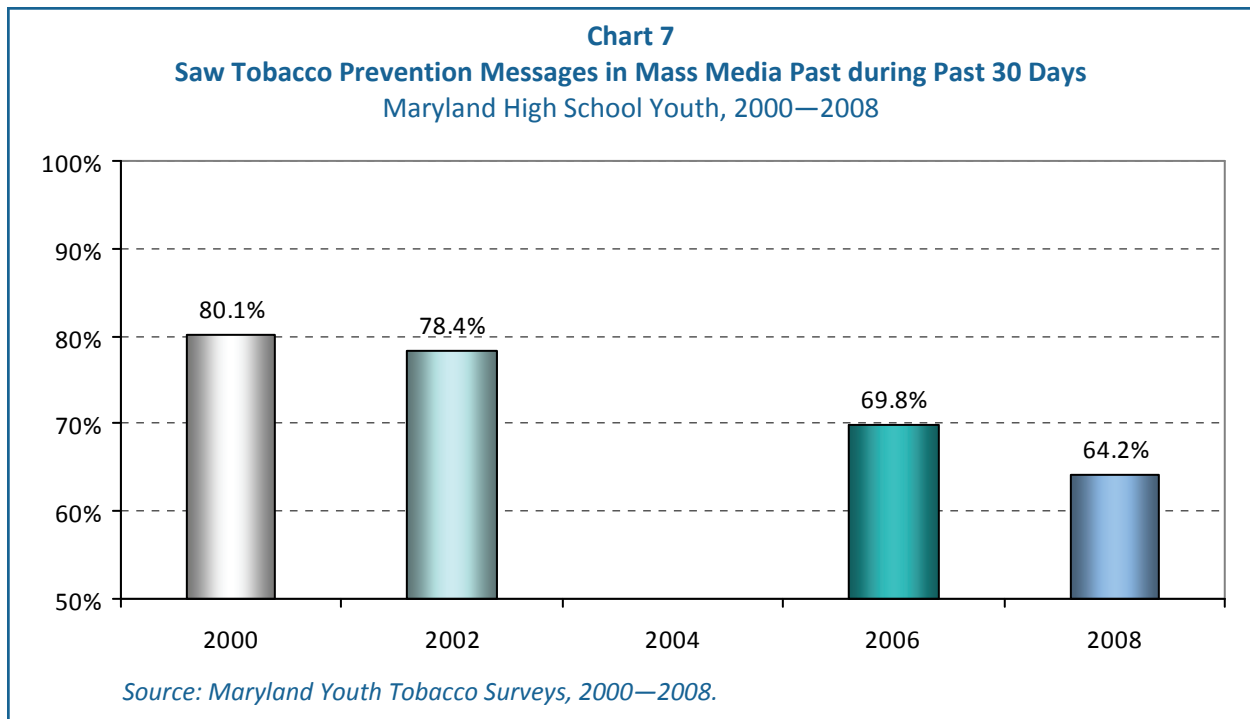


### Underage Youth Exposure To Tobacco-Use Prevention Messages in the Media

The tobacco industry reported spending \$12.5 billion nationally to advertise, market, and promote tobacco products in 2006, the latest year for which data is available. The non-profit 'Campaign for Tobacco-Free Kids' estimates that \$188 million of that amount was spent in Maryland. In passing the 2009 'Family Smoking Prevention and Tobacco Control Act' Congress found that tobacco industry marketing and promotion impacts youth choices regarding their use of tobacco, is more influential on youth than adults. Congressional findings made in connection with this legislation included:

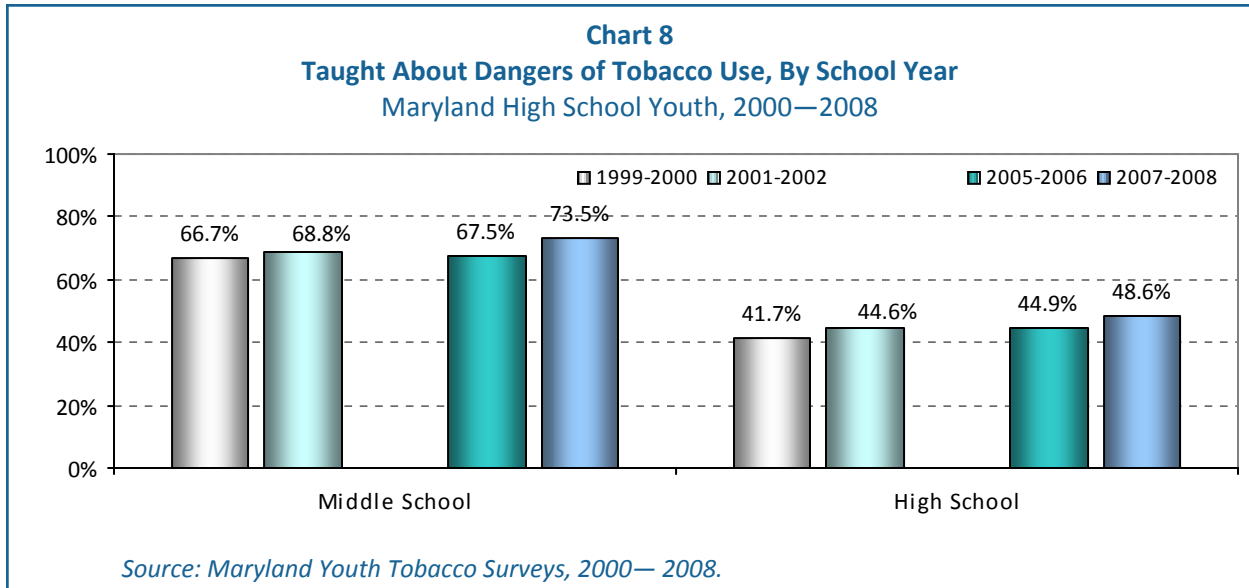
- ◆ Tobacco advertising is regularly seen by youth less than 18 years old;
- ◆ Children are exposed to substantial tobacco advertising, leading to positive beliefs about tobacco use, playing a role in leading them to overestimate the prevalence of tobacco use, and increasing the number who begin to use tobacco;
- ◆ The use of tobacco products in motion pictures and other mass media glamorizes its use for young people and encourages them to use tobacco products; and
- ◆ Children are more influenced by tobacco marketing than adults. More than 80% of youth smoke three heavily marketed brands, while only 54% of adults age 26 and older, smoke these brands.

The CDC maintains that an essential component of a state’s comprehensive tobacco control program is counter-marketing messages delivered to youth through the mass media to counter the influence of advertising, marketing, and promotional efforts of the tobacco industry. National, state, and local media-based youth prevention initiatives have continued to decrease. Consequently, fewer Maryland youth are exposed to tobacco-use prevention messages in the mass media.



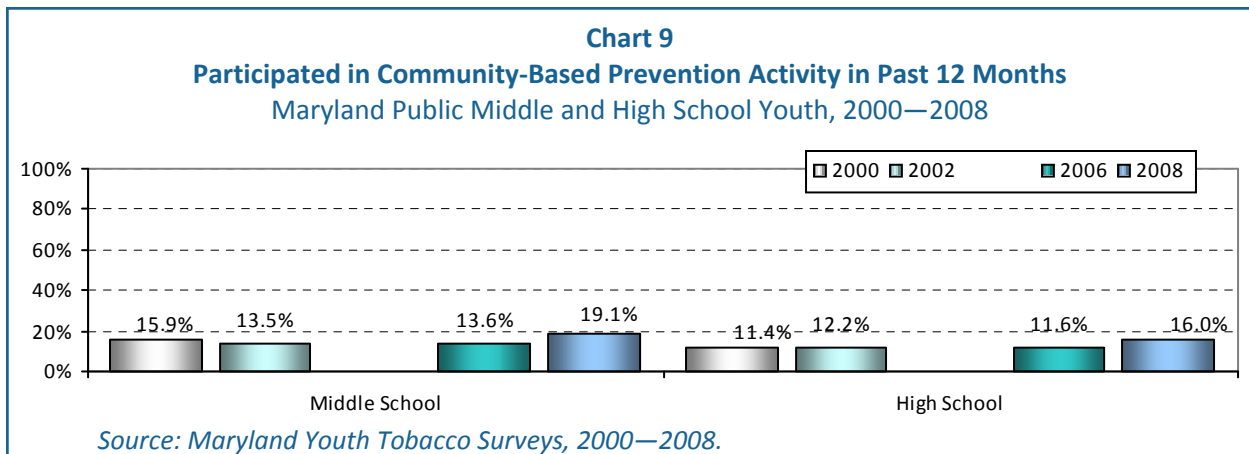
**School-Based Tobacco Use Prevention Curricula**

In 2008, 73.5% of underage Maryland public middle school youth reported that they had been taught about the dangers of tobacco use during the preceding school year (2007-08). In contrast, 48.6% of underage Maryland public high school youth reported having been taught about the dangers of tobacco use during the preceding school year.



**Community-Based Tobacco Use Prevention Activities**

In addition to school-based tobacco prevention curricula, it is recommended by the CDC that underage youth also be exposed to community-based programs and activities designed to discourage youth from using tobacco products. Between 2006 and 2008 youth participation in such activities increased. Community-based tobacco prevention activities can take many forms—from “health fairs” held at malls, churches, and civic centers, to concerts and events held in conjunction with professional sports teams. At the county level, participation in such activities by underage High School students in 2008 ranged from a low of 10.7% in Calvert County to a high of 22.0% in Talbot County.

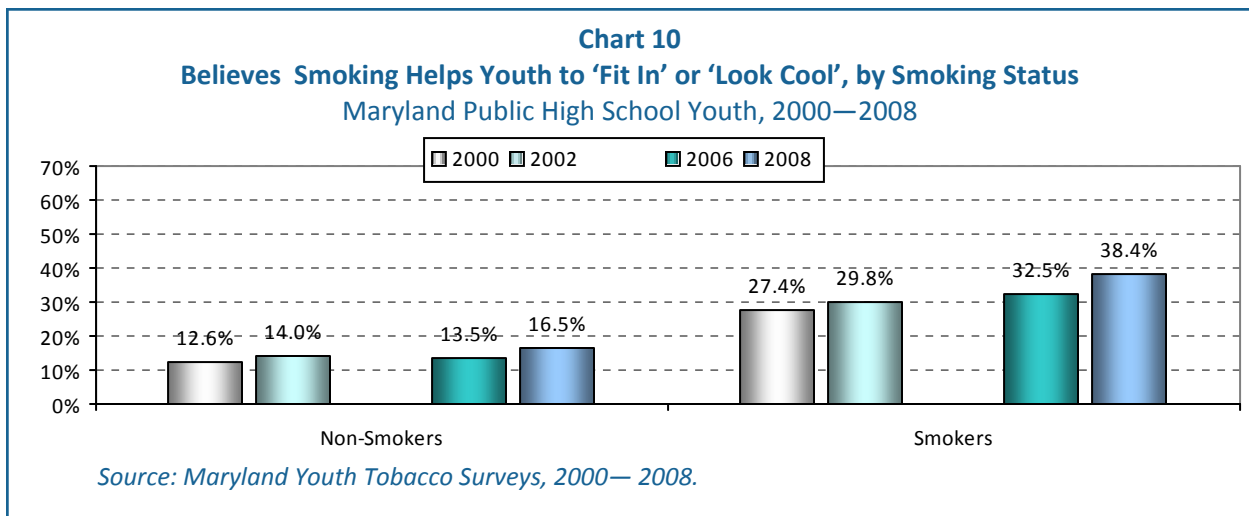




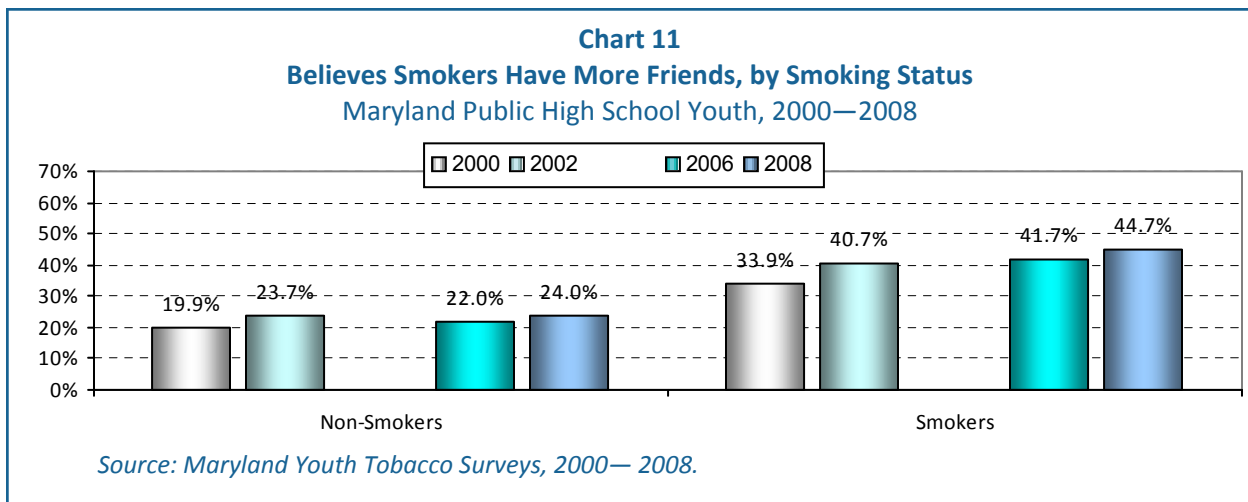
**Underage Youth Attitudes & Beliefs  
About Smoking and the Use of Tobacco**

School-based health prevention education, community-based prevention activities, restrictions on youth access to tobacco, statewide prevention campaigns, mass media prevention messages, and tobacco industry marketing, promotion, and advertising all influence the attitudes of under-age youth towards smoking and tobacco products. Data on how these attitudes and beliefs are changing is an important factor in future program design.

**Youth Who Believe That Smoking  
Helps Youth to “Fit In” and/or “Look Cool”**

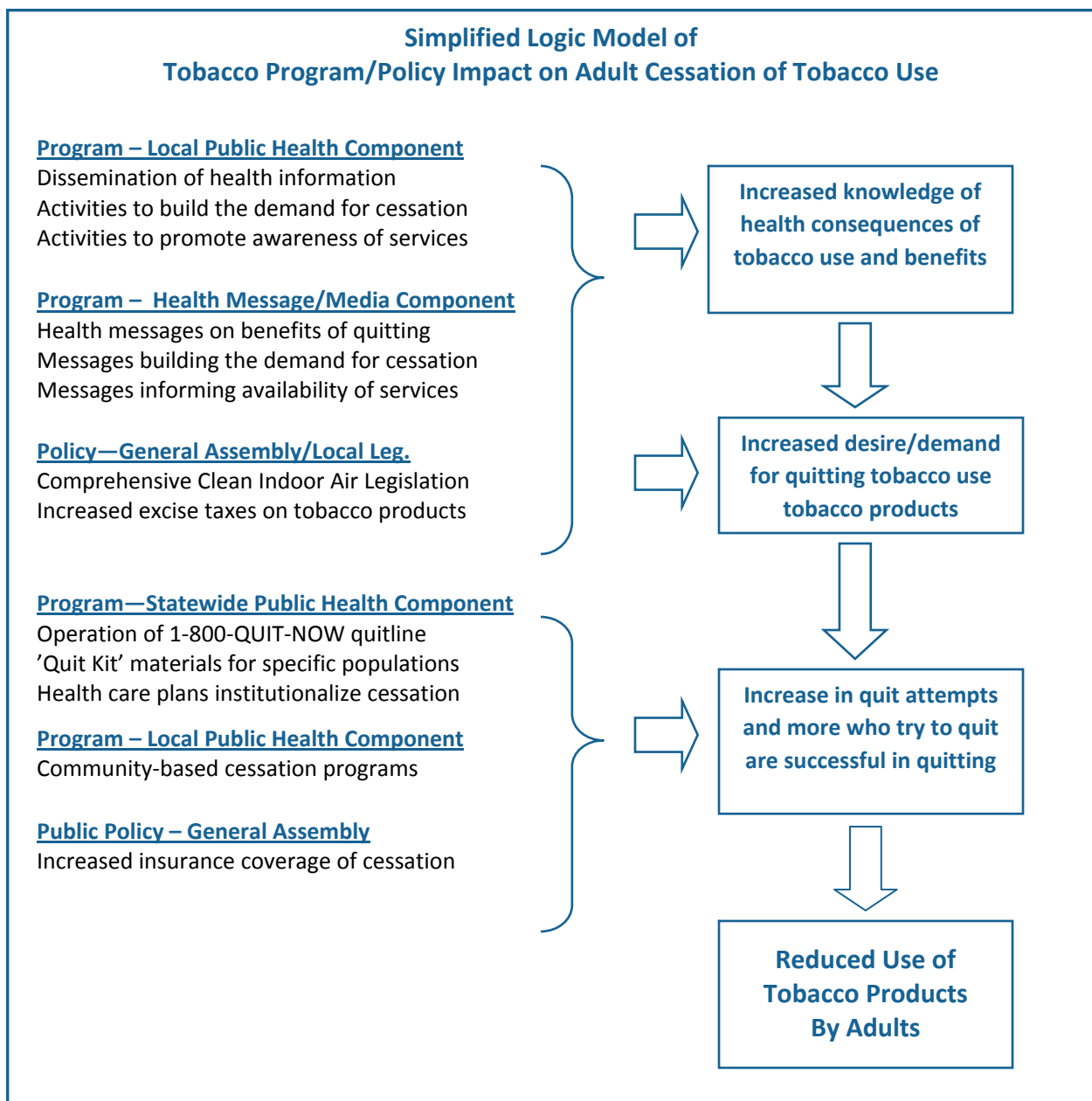


**Youth Who Believe That  
Smokers Have More Friends**



**Part 3 – Adult Tobacco Use**

One of the primary goals of Maryland’s comprehensive tobacco use prevention and cessation program is to reduce the use of tobacco products by Maryland adults by motivating tobacco-users to quit and to provide assistance to those who do try and quit to succeed. The figure below presents a simplified logic model of how tobacco control policies and Maryland’s comprehensive tobacco use prevention program work together to reduce the use of tobacco products through cessation.



**Current Use of Tobacco Products**

The Centers for Disease Control and Prevention (CDC) considers adults to be current users of a tobacco product other than cigarettes if they report *any* use during the preceding 30 days. For cigarettes, a current smoker is defined by the CDC as an adult who reports having smoked at least 100 cigarettes (5 packs) in their lifetime and also reports having smoked a cigarette during the past 30 days. Maryland has made very significant progress in reducing adult cigarette smoking.

**Changes in Primary Tobacco Use Behaviors from 2000 to 2008**

Tobacco Products: **↓ 32.2% Cigar Smoking**  
**↓ 26.6% Cigarette Smoking**

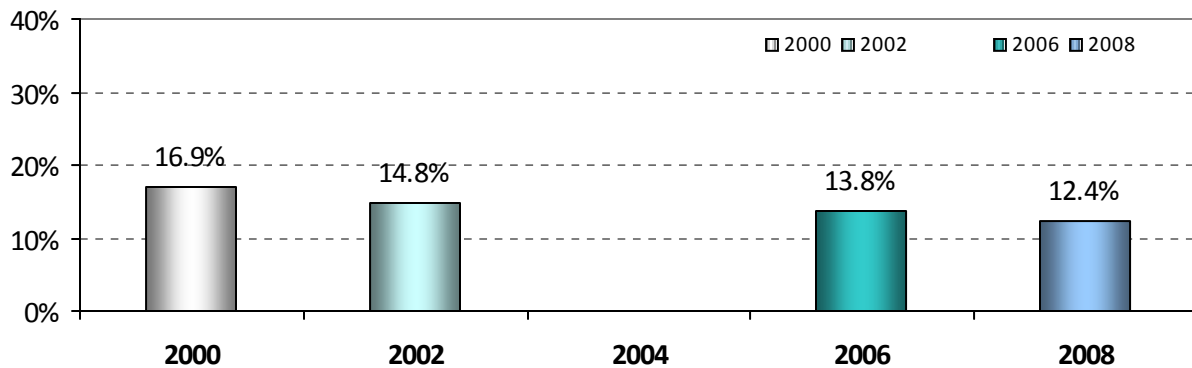
**Changes in Cigarette Smoking Within**

Adult Populations: **↓ 36.1% Among Hispanic adults**  
**↓ 30.1% Among Non-Hispanic White Adults**  
**↓ 26.3% Among Pregnant Women**  
**↓ 24.6% Among Non-Hispanic Black Adults**

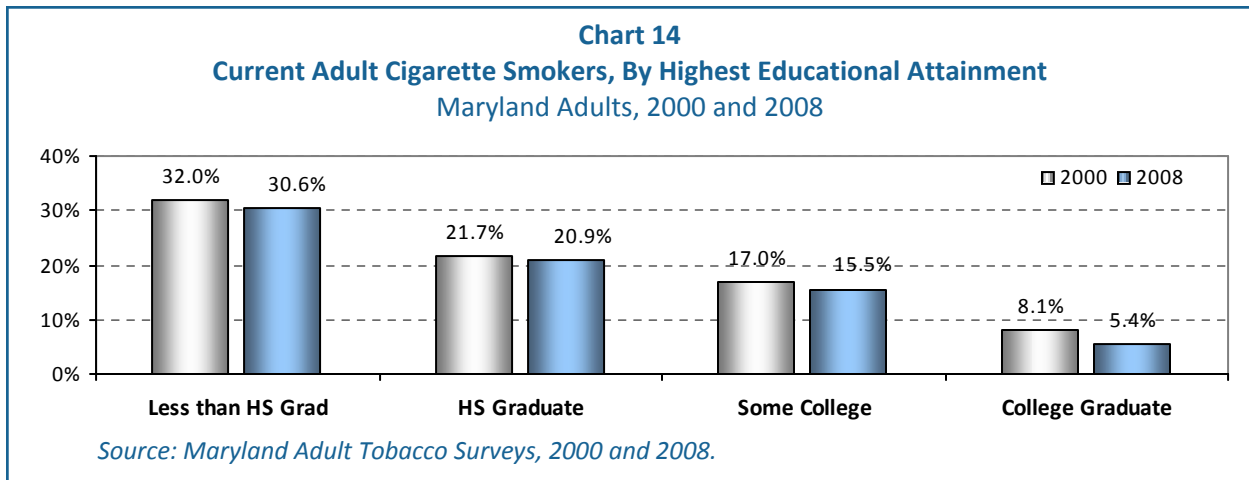
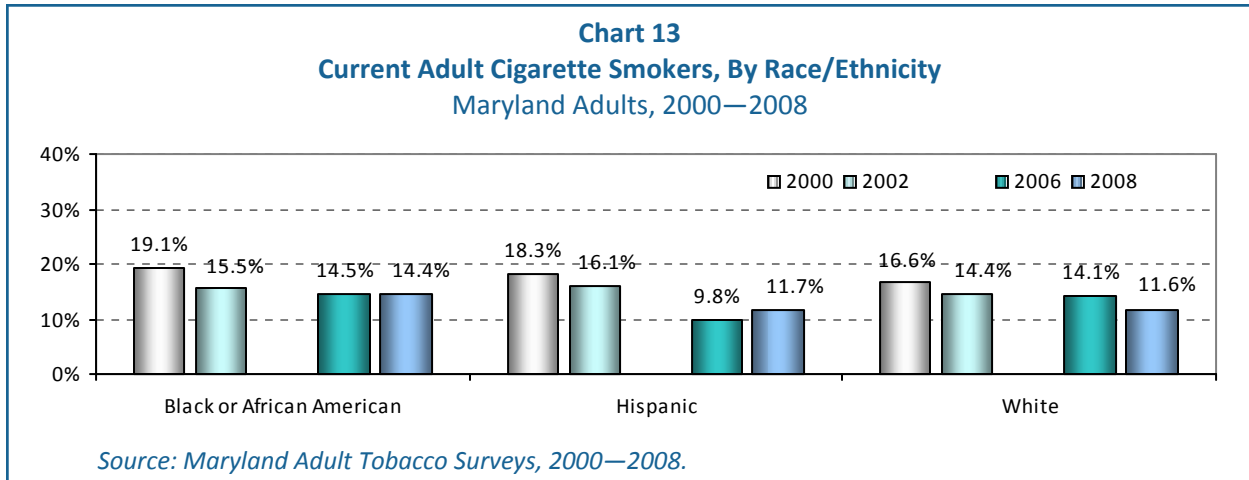
*Source: Maryland Adult Tobacco Surveys, 2000— 2008.*

**Current Cigarette Smoking**

**Chart 12**  
**Current Adult Cigarette Smokers**  
 Maryland Adults, 2000—2008

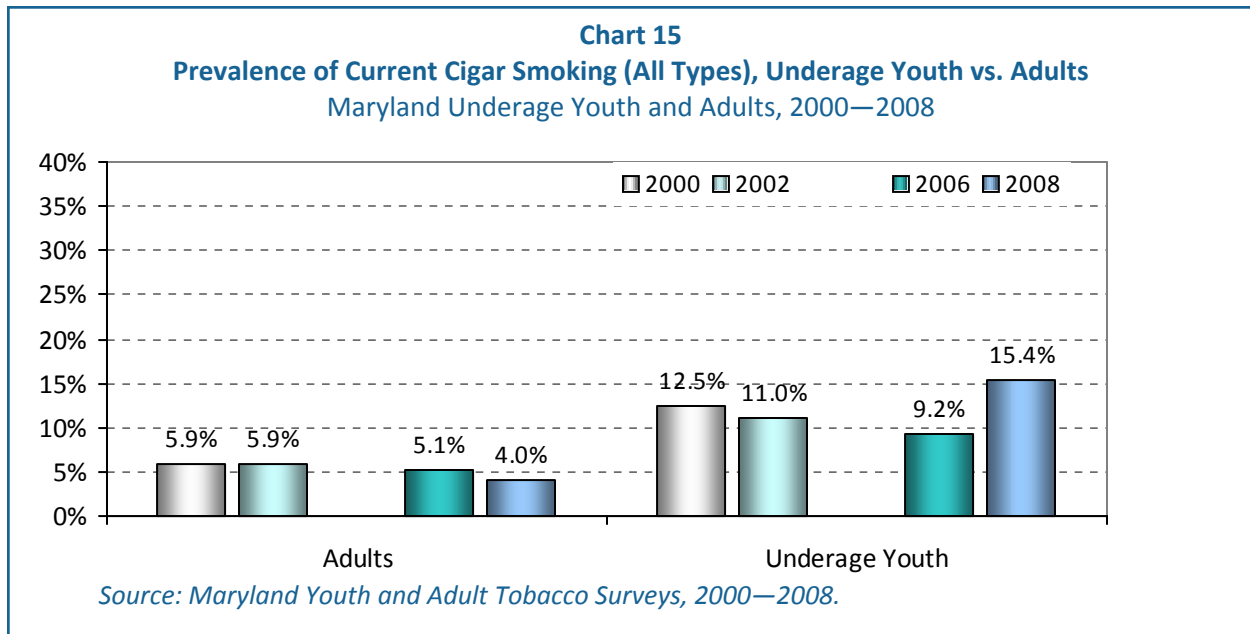


*Source: Maryland Adult Tobacco Surveys, 2000—2008.*



**Current Cigar Smoking**

4.0% of Maryland adults reported having smoked a cigar product during the previous 30 days as compared to 15.4% of underage Maryland High School youth. Although cigar smoking is commonly thought of as an overwhelmingly adult behavior, underage youth are increasingly reporting otherwise. This contrast extends to small cigars (also called brown cigarettes). In 2008 while only 1% of the adult population in Maryland reported smoking a small cigar during the previous 30 days, 9.6% of underage High School youth reported smoking them during this same period.



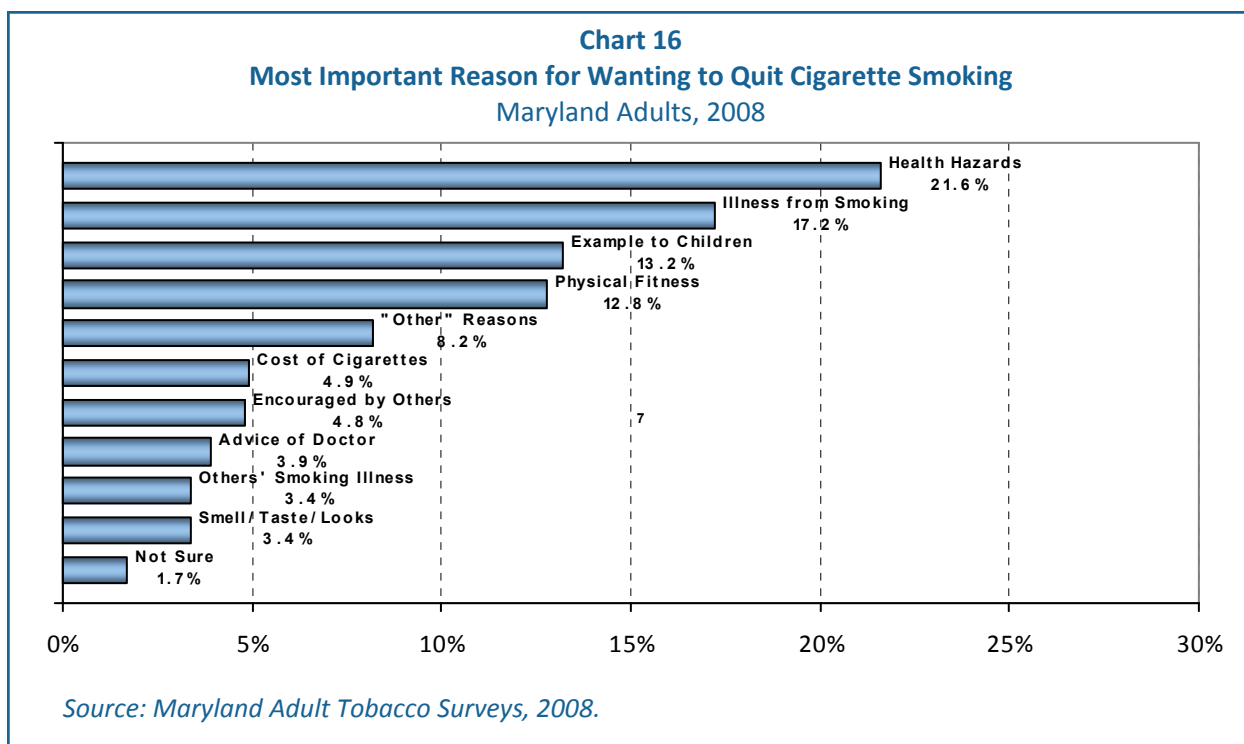
**Smoking Flavored Cigars**

Additionally underage Maryland High School youth are more likely to smoke “flavored” cigars (such as vanilla, orange, chocolate, cherry, wine, etc.) than are adults. In 2008, 1.6% of all Maryland adults reported having smoked a flavored cigar during the preceding 30 days. 9.6% of underage High School smoked a flavored cigar during this same period. A majority (63%) of those underage High School youth who reported that they had smoked a any kind of a cigar during the preceding 30 days indicated that they had smoked flavored cigars. This compares to 41.3% of adult cigar smokers reporting that they smoked a flavored cigar.

### Reasons for Wanting to Quit Smoking

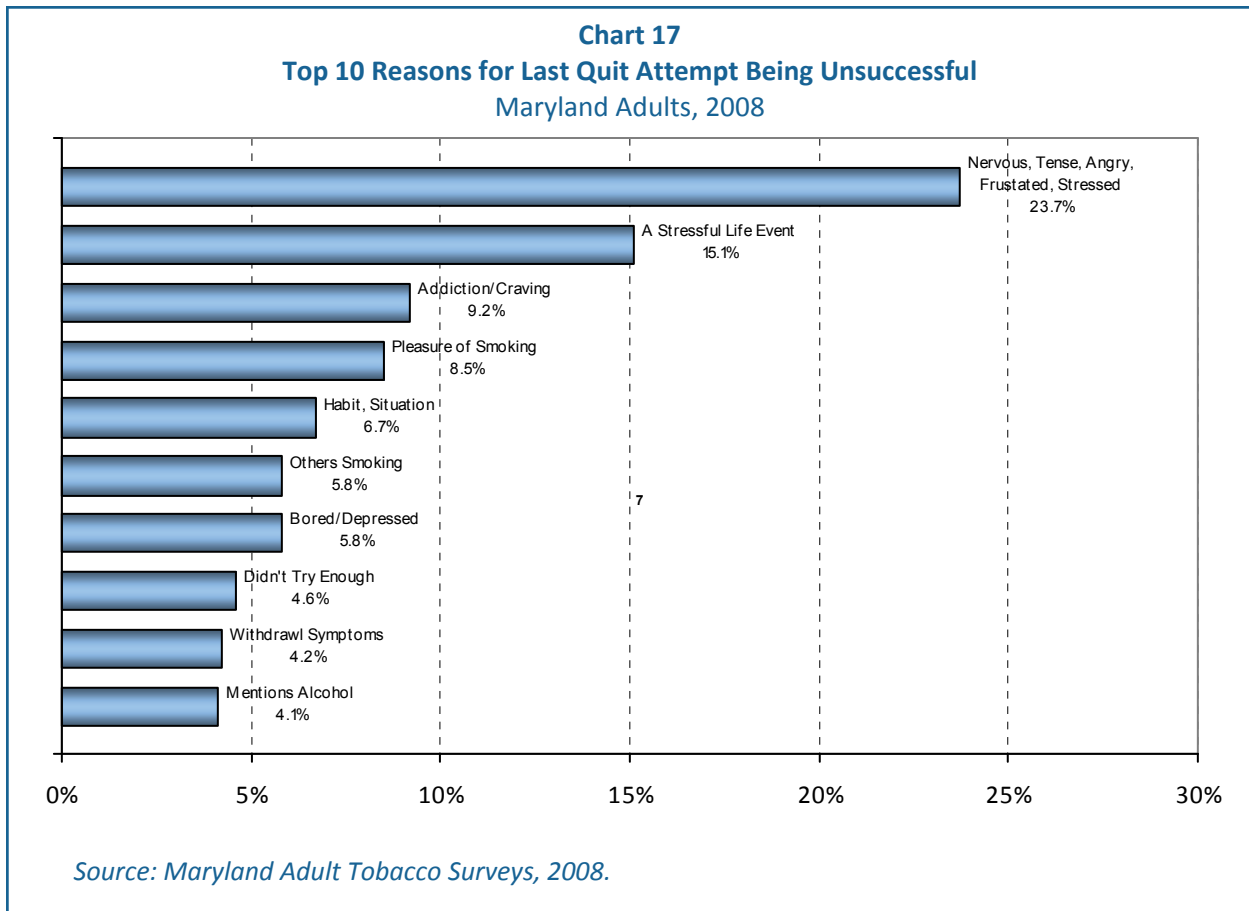
The reasons for trying to quit smoking are varied and have changed in their relative importance over time. In 2008 current and former smokers were asked to identify all the reasons they had for quitting (former smokers) or trying to quit (current smokers). Each respondent was allowed to identify one or more reasons for trying to quit. Next respondents were asked to select the single most important reason to them for wanting to try and quit cigarette smoking.

<u>Top 5 Most Cited Reasons for Quitting</u>	<u>2008</u>	<u>2000</u>	<u>% Change</u>
1. The cost of tobacco products	48.9%	31.0%	+58%
2. Physical fitness	48.2%	35.7%	+35%
3. Health hazards associated with smoking	46.9%	29.3%	+60%
4. Encouragement from a friend or relative	39.5%	23.4%	+69%
5. As an example for their children	35.7%	19.7%	+81%



**Why Unable to Quit Smoking**

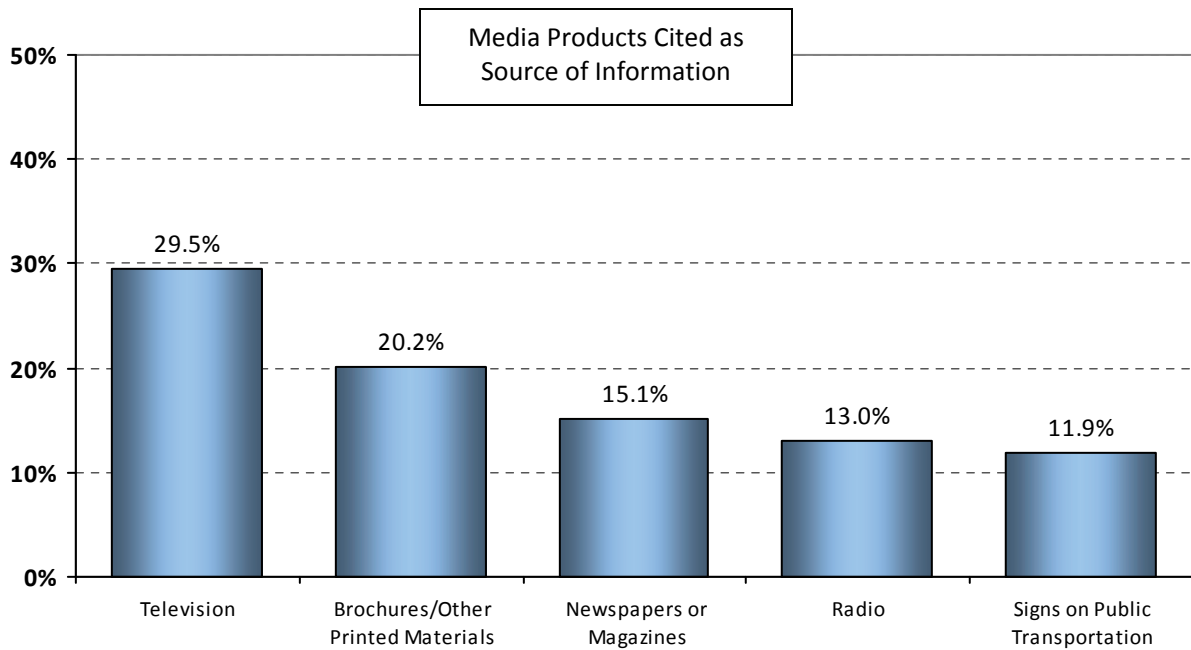
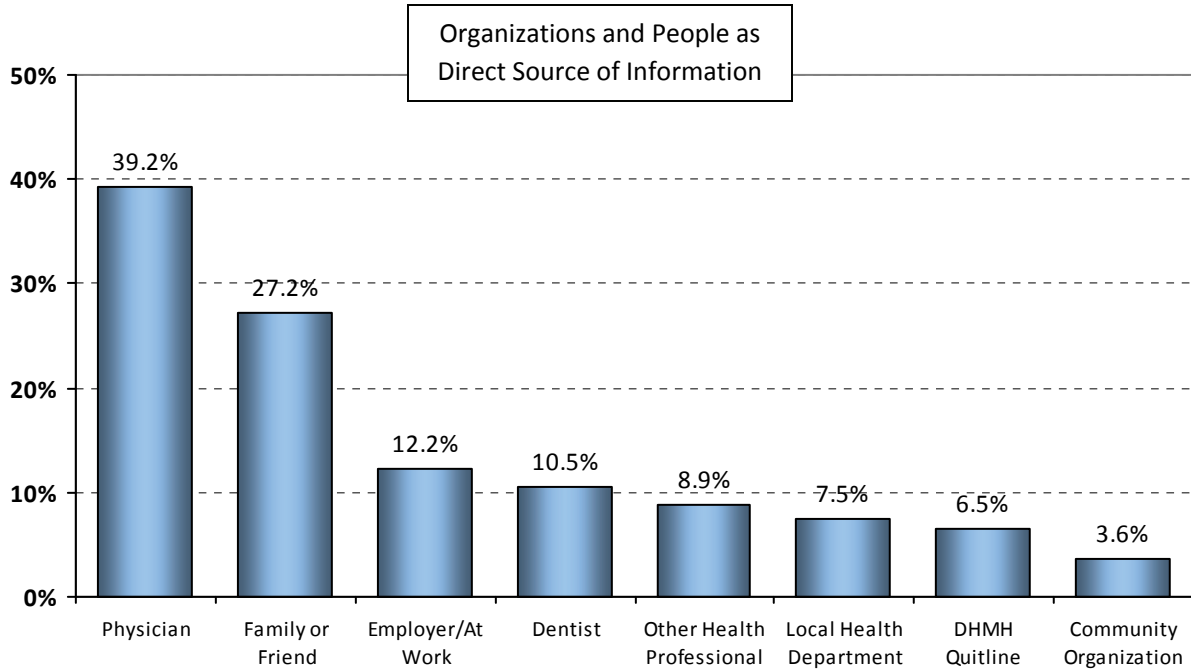
Smokers who had tried to quit but had not succeeded offered a variety of reasons as to why they were not successful during their most recent quit attempt. The most common reason cited was being nervous, tense, angry, frustrated, or stressed and that smoking helped address those issues. Chart 17 presents data on the top 10 reasons given in 2008 for being unsuccessful when trying to quit smoking.



**Where Information Was Obtained on Quitting**

Survey respondents who had attempted to quit smoking during the previous 12 months were asked to identify all sources of their information from a comprehensive list that was read to them. Over 80% of those who had tried to quit indicated that they had received or obtained information about smoking cessation. Chart -18 details both organizational and media sources for cessation information.

**Chart 18**  
**Smokers Who Tried to Quit During the Past 12 Months**  
**Where Did They Get Information About Quitting Cigarette Smoking**  
 Maryland Adults, All Races, Ethnicities, and Gender: 2008



Source: Maryland Adult Tobacco Surveys, 2008.



*Selected Attitudes and Opinions About Smoking*

Q. How addictive do you think cigarette smoking is?

<u>2008</u>	<u>Not at all Addictive</u>	<u>Moderately Addictive</u>	<u>Very Addictive</u>
Current Smoker	2.8%	15.1%	80.1%
Non-Smoker	2.5%	10.3%	84.1%

Q. Smoking light cigarettes is safer than smoking regular cigarettes?

<u>2008</u>	<u>Strongly Agree</u>	<u>Moderately Agree</u>	<u>Moderately Disagree</u>	<u>Strongly Disagree</u>
Current Smokers	5.6%	11.2%	14.9%	65.5%
Non-Smokers	4.0%	9.3%	13.4%	67.2%

Q. If a person smoked a pack of cigarettes every day for more than 20 years, there is LITTLE health benefit to quitting smoking?

<u>2008</u>	<u>Strongly Agree</u>	<u>Somewhat Agree</u>	<u>Somewhat Disagree</u>	<u>Strongly Disagree</u>
Current Smokers	18.3%	13.6%	17.1%	48.9%
Non-Smokers	13.7%	8.9%	13.6%	61.3%

Q. Do you agree or disagree with the following statement: "Smoke from other people's cigarettes is harmful to children." Would you say you...?

<u>2008</u>	<u>Strongly Disagree</u>	<u>Somewhat Disagree</u>	<u>Somewhat Agree</u>	<u>Strongly Agree</u>
Current Smokers	3.5%	4.5%	16.0%	75.0%
Non-Smokers	3.0%	1.2%	8.1%	86.9%

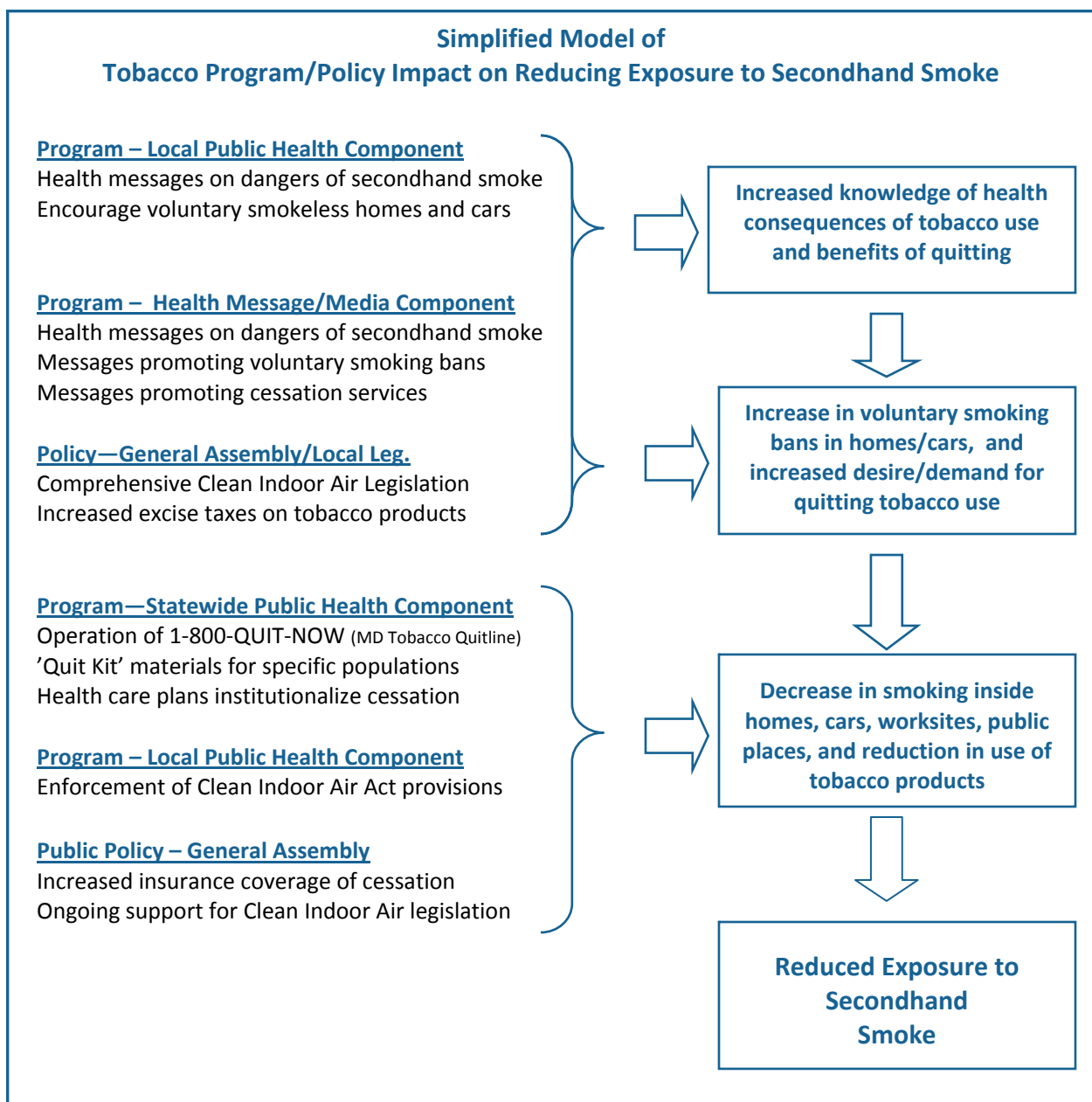
Q. How important is it to prevent sales of tobacco products to youth under 18?

<u>2008</u>	<u>Not Important</u>	<u>Somewhat Important</u>	<u>Very Important</u>
Current Smokers	4.3%	14.7%	80.2%

Source for all questions and responses: Maryland Adult Tobacco Survey, 2008.

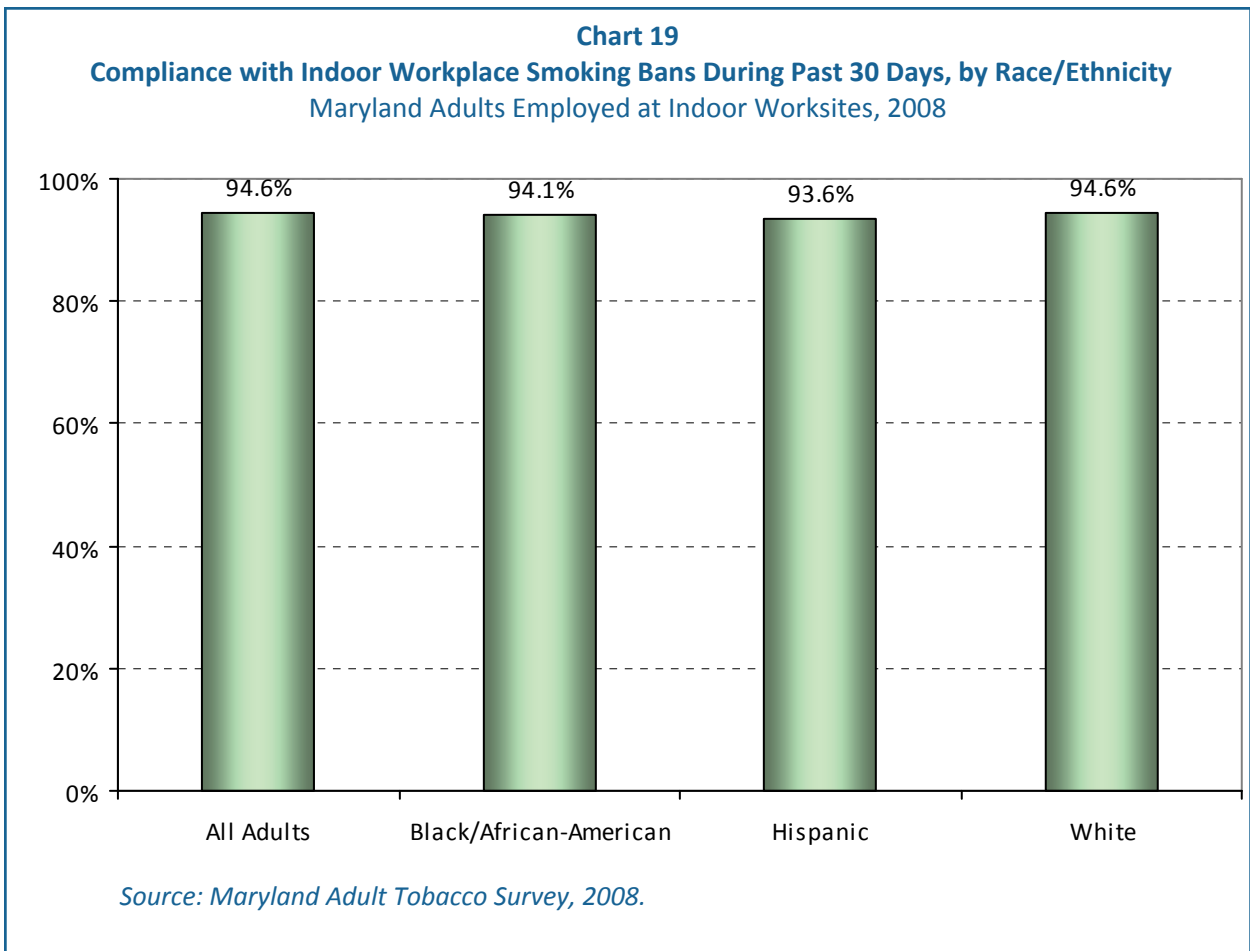
**Part 4 — Secondhand Smoke**

The critical program elements identified in the CDC Best Practice recommendations as essential to changing the behaviors of adults with regard to exposure to secondhand smoke include: dissemination of information about the dangers that smoke from tobacco products poses to those who breathe it secondhand, creation and enforcement of smoke-free policies, and changes in attitudes and beliefs about secondhand smoke. Acting together, these elements can create a new social norm where involuntary exposure to secondhand smoke is not an acceptable option.



In 1993 Maryland adopted regulations that banned smoking in places of employment and public spaces with the exception of bars and restaurants with licenses to sell alcoholic beverages. Under this regulatory scheme, an estimated 85% of Maryland employees were protected from secondhand smoke in the workplace. Effective February 1, 2008, Maryland’s comprehensive Clean Indoor Air Act became operative and banned smoking in all work-places (including bars and all restaurants) and public spaces. This legislation protects 100% of Maryland workers from being exposed to secondhand smoke in indoor work settings.

In the fall of 2008, 94.6% of adult respondents who were employed primarily in indoor work environments reported that they had not witnessed any violations within the previous 30 days. There is little variation by race or ethnicity in this measure: 94.1% among Black/African-Americans; 93.6% among Hispanics; and 94.6% among Whites.



**Underage Youth Exposure To Secondhand Smoke**

Underage youth exposure to secondhand smoke can occur at home, in other indoor locations, or in the car. The Clean Indoor Air legislation implemented in January 2008 prohibits smoking indoors in public places, including restaurants. In addition to this policy measure, local health department tobacco control programs have encouraged voluntary in-home and in-car prohibitions on smoking to further reduce this exposure.

