Changes from 2000 to 2001 in US Adult Attitudes and Practices Regarding Smoking Restrictions and Child Exposure to Environmental Tobacco Smoke (ETS)

Robert C. McMillen[1], Jonathan P. Winickoff[2]
Jonathan D. Klein[3], & Michael Weitzman[3]

1. Social Science Research Center, Mississippi State University
2. MGH Center for Child and Adolescent Health Policy, MassGeneral Hospital for Children & MGH Tobacco Research and Treatment Center
3. AAP Center for Child Health Research and Strong Children's Research Center, University of Rochester

Abstract

Background:
A substantial proportion of homes and automobiles serve as settings for ETS exposure, and many public settings that children frequent are still not smoke free.

Objective:
To monitor changes from 2000 to 2001 in adult knowledge, attitudes, and practices regarding smoking restrictions and child ETS exposure in multiple private and public settings.

Methods:
Data from random household telephone surveys that were conducted in the summers of 2000 and 2001 were analyzed for changes in knowledge, attitudes, and practices regarding tobacco. The samples were weighted by race and gender to be representative of the US population.

Results:
Response rates were 1501/1876 (75%) in 2000 and 3002/3566 (84%) in 2001. Several attitudes and practices improved from 2000 to 2001 ($p<.05$ for each): support for ETS restrictions in shopping malls (71% to 75%), fast food restaurants (77% to 80%), and indoor sporting events (78% to 80%); smoking prohibitions in homes (69% to 74%) and when children are present (84% to 88%). There were no significant changes in support for restrictions in convenience stores (87%), restaurant (61%), or outdoor parks (25%). Adult's knowledge of the harm caused by tobacco was unchanged, with the vast majority of adults recognizing the dangers of exposure to ETS from parental smoking (95%) and exposure to ETS in cars (77%). Multivariate logistic regression analyses indicate that the reported changes from 2000 to 2001 remain significant when controlling for region, gender, race, age, and education factors.

Detailed Methods:

Respondents
The Social Climate Survey of Tobacco Control (SCS-TC) was administered to a representative sample of U.S. adults on July-September of 2000 and 2001. For both years, households were selected using random digit dialing procedures. Once a household was reached, the adult to be interviewed was selected by asking to speak with the person in the household who is 18 years of age or older, and who will have the next birthday. The sample was weighted by race and gender within each census region, based on the most current US Census estimates.

Social Climate Survey of Tobacco Control
The SCS-TC is an annual cross-sectional survey designed to operationalize the concept of social climate into a comprehensive set of quantifiable social and environmental indicators across the social institutions that characterize society. These social institutions include 1) family and friendship groups; 2) education; 3) workplace; 4) government and political order; 5) health and medical care; 6) recreation, leisure and sports; and 7) mass culture and communication.

Measures
Two questions from the Behavior Risk Factor Surveillance System (BRFSS) and the National Health Interview Survey (NHIS) were used to assess the current smoking status of respondents. Respondents were asked, "Have you smoked at least 100 cigarettes in your entire life?" Respondents who reported that they had were then asked, "Do you now smoke cigarettes every day, some days, or not at all?" Respondents who reported that they now smoke every day or some days were categorized as current smokers. Three measures assessed knowledge about the dangers of smoking in the presence of children. Respondents indicated their level of agreement or disagreement on a four-point scale with the following statements: 1) Inhaling smoke from a parent's cigarette harms the health of babies and children, 2) Tobacco companies are being truthful when they say that second-hand smoke is not harmful to health, and 3) Children are more likely to smoke if their parents are smokers. Seven questions measured the prevalence of smoking bans in private and public places. Each respondent reported smoking restrictions in the home and provided an assessment of smoking restrictions in public places within the community of the respondent. Note that respondents' definition and accuracy of smoke free public places may vary,and the validity of self report of smoke free public settings is unknown. Nine questions assessed respondents' attitudes and beliefs about ETS.

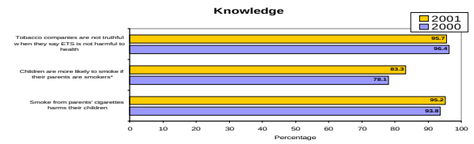
Analyses
Chi-square procedures were used to examine changes from 2000 to 2001. Associations were considered significant at the $p<.05$ level.

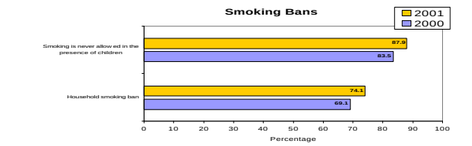
Results: Demographics

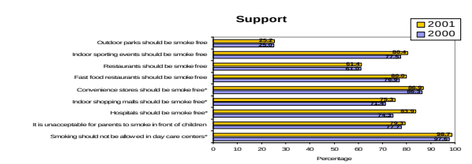
Table 1. Demographic Characteristics of Survey Sample

Variable	2000 Weighted Count	2000 Percent	2001 Weighted Count	2001 Percent
Region:				
Northeast	282	18.8	584	19.0
Midwest	339	22.6	709	23.1
South	532	35.4	1,111	36.2
West	348	23.2	669	21.8
Smoking Status:				
Nonsmoker	1,140	75.9	2,404	78.2
Smoker	362	24.1	669	21.8
Gender:				
Male	743	49.5	1,484	48.3
Female	757	50.4	1,582	51.5
Race:				
White	1,149	86.7	2,470	86.6
Black	177	13.3	383	13.4
Age:				
18 – 24	181	12.1	458	14.9
25 – 44	558	37.2	1,193	38.8
45 – 64	508	33.8	967	31.5
≥ 65	255	17.0	455	14.8
Education:				
< 12 years	134	9.1	196	6.5
HS grad	449	30.5	899	29.7
Some college	378	25.7	827	27.3
College grad	509	34.6	1,106	36.5

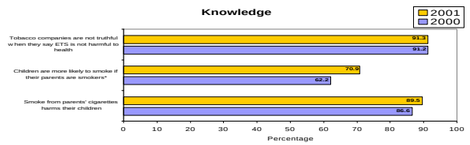
Results: Responses From All Surveyed

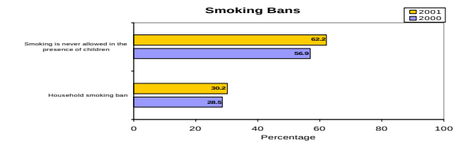


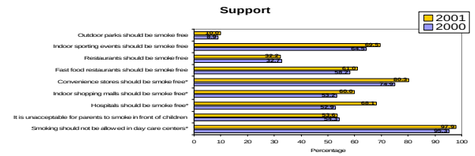




Results: Responses From Smokers Surveyed







Conclusions:

There have been small improvements in adult attitudes and practices regarding children's ETS exposure over the past year. However, there are large numbers of adults in the US who report ignorance of the harmful effects of child ETS exposure, and there was no improvement in reported knowledge in this one year period. In contrast, a growing majority of adults favor restrictions on smoking in public settings, suggesting that states and communities have public support for broad public smoking restriction policies. These findings suggest that pediatricians may have important roles to play both in clinical settings, where they might educate, counsel and refer smoking parents so as to reduce children's exposure and help parents stop smoking, and in community settings where they might advocate for greater smoking restrictions in public settings with the awareness that the majority of adults in the US favor such restrictions.

2002 Pediatric Academic Societies' Meeting, Baltimore, MD

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