Title

Tobacco Use in California 1990: A Preliminary Report Documenting the Decline of Tobacco Use

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Acknowledgements

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Summary

This report presents data on a partial sample of a survey of cigarette smoking behaviors and attitudes among Californians conducted during the summer of 1990. The prevalence of current smoking among adults in California is 21.2%, with males (23.8%) smoking more than females (18.8%). This represents a sharp decline in smoking following the increase in the tobacco excise tax and implementation of a comprehensive tobacco control program by the State of California, and is on track for reaching the goal of a 75% reduction in smoking prevalence by the year 1999.

Black Californians are more likely to be cigarette smokers than other racial or ethnic groups, and Hispanic and Asian/Pacific Islander women are less likely to be cigarette smokers. Smoking prevalence is also lower among those who have completed more years of formal education and among those who are over the age of 65 years.

Current smoking prevalence among adolescents aged 12-17 years is 10.4%; little difference in prevalence rates is found between boys and girls.

The prevalence of smoking prior to pregnancy among women who have been pregnant in the last 5 years was 15.7%, and 36% quit before the pregnancy reached term.

Among the counties and regions, there are only modest differences in the observed prevalence of smoking, but there is a somewhat greater observed difference in the fraction of those smokers who have quit in the last 5 years.

Approximately one-half of California's smokers made an attempt to quit in the 12 months before the survey, in contrast to one-third of smokers nationally. The rate of quit attempts was highest among black smokers of both sexes and among Hispanic males. However, California smokers were unable to translate their high rate of cessation attempts into successful cessation. Only 11.7% of those who were smokers one year ago are currently nonsmokers. This high rate of failed cessation attempts is most evident for black males where 72% of those who were smoking one year ago attempted to quit but only 3.6% are currently nonsmokers.

The hazard of smoking is widely acknowledged; 84% of California smokers agree that smoking harms their own health. This acknowledgement is, if anything, somewhat stronger among black and Hispanic smokers, suggesting that informational campaigns have been successful but have not translated into successful cessation, particularly for black male smokers.

There is widespread support for taxation of tobacco products: 49.5% of Californian adults support a further increase in the current tax and only 15.9% want to reduce the tax. The support for increasing the tax is lower among smokers, but black and Hispanic smokers are substantially more supportive of increasing the tax than are California smokers as a whole. Black and Hispanic smokers are also more strongly supportive of efforts to ban the advertising and promotion of tobacco products as well as to restrict the access of children to tobacco products. This picture is consistent with a substantial level of concern in the black and Hispanic communities about the targeting of their communities by tobacco advertisers.

Introduction and Description of the Survey

In November 1988, California voters approved an increase of 25 cents per pack in the excise tax on tobacco, a part of which was designated to support a comprehensive campaign to lower the prevalence of smoking among Californians of all ages. As one of the early components of this effort, a survey of smoking behavior and attitudes is being conducted by the State through contracts with University of California, San Diego and Westat Corporation. This report is an interim report on the first one-third of the survey sample and is intended for use by those individuals and groups who are designing and implementing tobacco-control programs. A separate report covers the survey in much more detail and is intended for those scientists and health planners with a more extensive background in survey methods.

The data presented in this report were collected during the summer of 1990 and represent the most current picture of smoking among Californians. However, since only the first third of the full survey sample is available for this report, the analyses are less detailed and precise than the final analyses will be; this limits the comparisons that can be made between some target populations and among the counties and regions of California. In many cases substantial differences are evident between population groups in this report, but the relatively small samples preclude drawing inferences at the usual level of statistical probability. Analyses based on the full survey sample will be needed to produce estimates with enough precision to define these estimates as statistically significant, and caution should be used in interpreting or extrapolating those differences based on small sample sizes. The data are presented as a discussion of smoking patterns for California, followed by an appendix containing tables that present the results of the survey by major demographic characteristics. Appendix Table 1 reports smoking prevalence from the screening questionnaire with the smoking status for all members of the household reported by the individual who answered the telephone. All other tables are restricted to data obtained from interviews of individuals who reported their own smoking behavior. Some tables are limited to the responses of smokers, ever smokers, adolescents, women who have been pregnant within the last 5 years, or other subgroups. The sample sizes are included in these tables. With the exception of the estimates for pregnant women, all estimates are weighted to be representative of the State of California, using current population survey data.

The survey was conducted by telephone, and data on smoking prevalence were collected for 18,664 adults. Detailed telephone interviews on smoking behavior and attitudes were completed by 6,660 adults and 1,393 adolescents. A detailed interview on smoking behavior in relation to pregnancy was conducted with 1,431 women who had been pregnant within the last 5 years. The interviews were conducted in either English or Spanish.

The sample was designed to be representative of the State as a whole, with subsamples representative of the ten largest counties and eight regions formed from the remaining counties based on geographic and demographic similarities. The data are presented for the State as a whole and for each of the 18 counties and regions if the sample sizes allow estimates of reasonable precision.

Counties Included in Each Region

Region 1	Los Angeles
Region 2	San Diego
Region 3	Orange
Region 4	Santa Clara
Region 5	San Bernardino
Region 6	Alameda
Region 7	Riverside
Region 8	Sacramento
Region 9	Contra Costa
Region 10	San Francisco
Region 11	San Mateo, Solano
Region 12	Marin, Napa, Sonoma
Region 13	Butte, Colusa, Del Norte, Glenn, Humbolt, Lake, Lassen, Mendocino, Modoc, Plumas, Shasta, Siskiyou, Tehama, Trinity, Yolo
Region 14	San Luis Obispo, Santa Barbara, Ventura
Region 15	Alpine, Amador, Calaveras, El Dorado, Mariposa, Nevada, Placer, San Joaquin, Sierra, Sutter, Tuolumne, Yuba
Region 16	Monterey, San Benito, Santa Cruz
Region 17	Fresno, Madera, Merced, Stanislaus

Table I

Table I lists the 18 regions for which separate samples were drawn, and, in Figure 1, the regions are superimposed on a map of all the counties of California.

California Tobacco Survey Regions

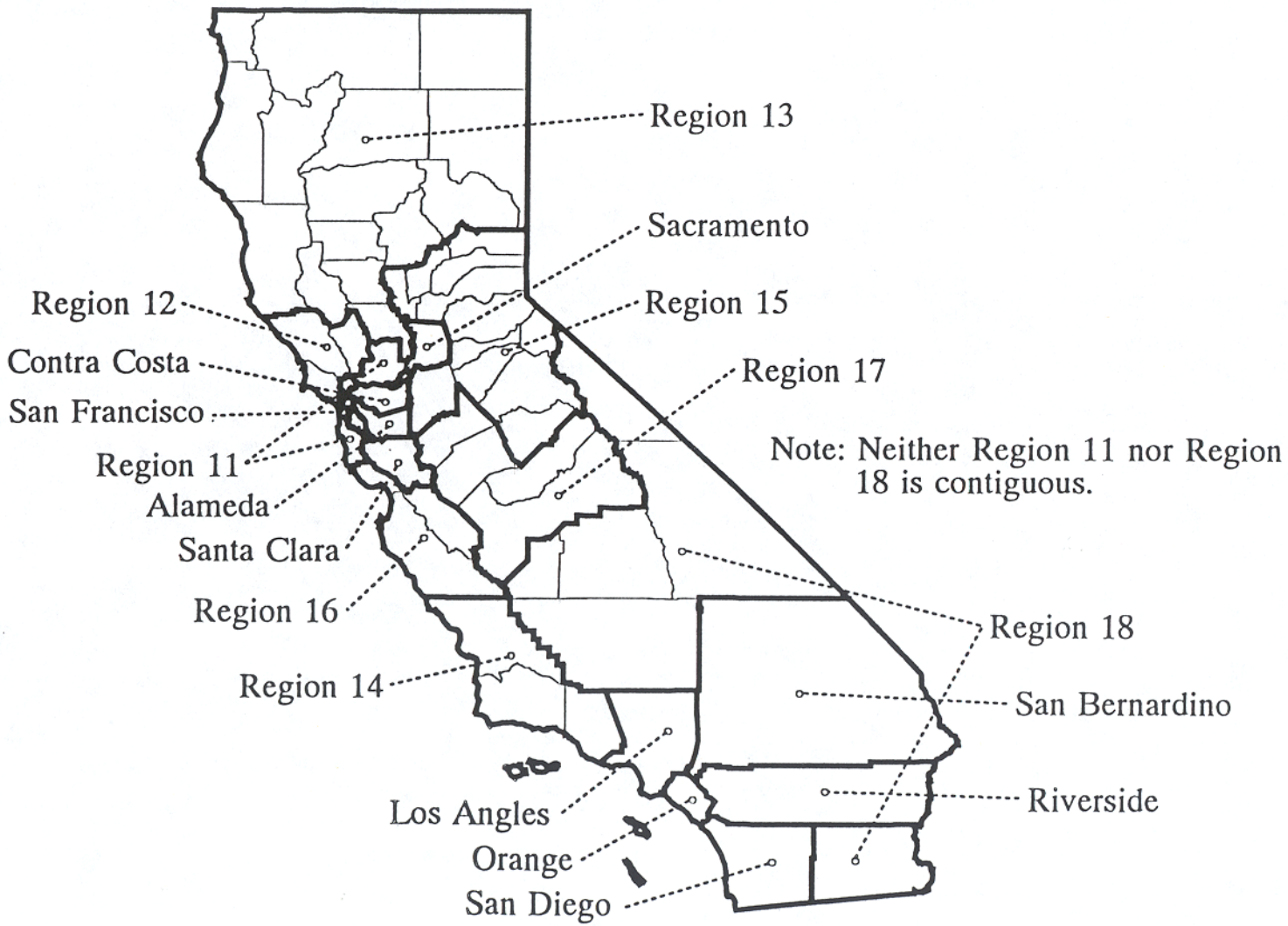


Figure 1

Current Smoking Prevalence in California

In 1990, only 21.2% of Californians age 18 and older are current cigarette smokers, in contrast to a predicted 27.3% of the total US population. This translates into 3.96 million adult Californians who smoke cigarettes.

Prevalence of Current Cigarette
Smoking Among Males and Females

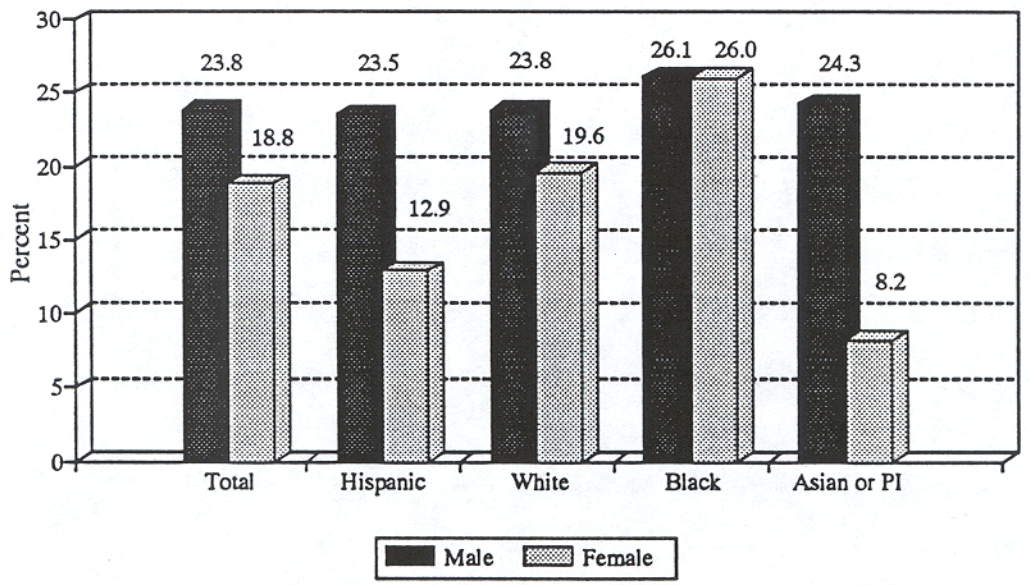


Figure 2

There are considerable differences in smoking prevalence among Californians of different ethnic and racial backgrounds (Fig 2). Black Californians are more likely to be current smokers than white or Asian groups. Observed smoking prevalence is higher among men than among women in each group; this difference is greatest among Hispanic and Asian/Pacific Islander (PI) Californians (See Appendix Table 1).

The relationship between smoking prevalence and chronological age is complex and is determined both by the increased likelihood that a smoker will quit smoking as he or she gets older and by the environmental influences promoting cigarette smoking that existed during an individual's adolescence and young adulthood.

Individuals born in the early part of this century, particularly white males born between 1910 and 1930, became cigarette smokers in large numbers (up to 80% in some groups). Individuals born more recently have been much less likely to ever have been cigarette smokers. Even in the face

Male and Female Current/Former
Smokers of Different Ages

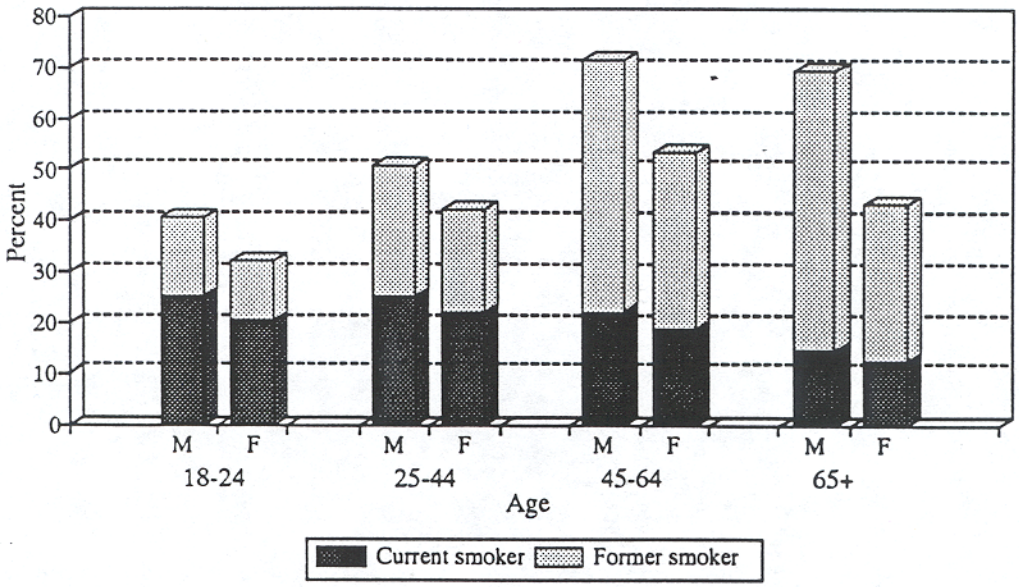


Figure 3

of this much higher rate of taking up smoking earlier in life, the current rate of smoking among those over the age of 65 is almost 50% lower than that for younger ages. This lower rate at older ages reflects the increasing rate of smoking cessation with age and the virtual absence of new initiation of smoking after the age of 20 as well as the excess mortality among cigarette smokers at these older ages. The percentages of men and women of different age groups who are current or former smokers are presented in Figure 3, and the drop in the rate of current smokers over the age of 65 is evident. However, it is equally evident that men over age 45 are much more likely to have been smokers at some point in their lives and that the lower rate of current smoking is the result of men over the age of 65 having quit. A similar pattern of increased cessation with age is present for women with a somewhat lower fraction of women who have ever been smokers (See Appendix Table 3).

One of the stronger predictors of current smoking status is the number of years of formal education completed (Fig 4). The prevalence of smoking falls from 26.3% in those with less than a high school education to 13.1% in those who have completed college. In contrast with age, however, the difference in prevalence of smoking with education is composed of both a lower rate of ever having been a smoker and a higher rate of cessation among those with greater educational attainment (See Appendix Table 3).

This decline in smoking with increased educational level must be due to phenomena that occur before the age of 20, since the initiation of regular smoking occurs only rarely after that age. This

Smoking Status of Those with Different Levels of Education

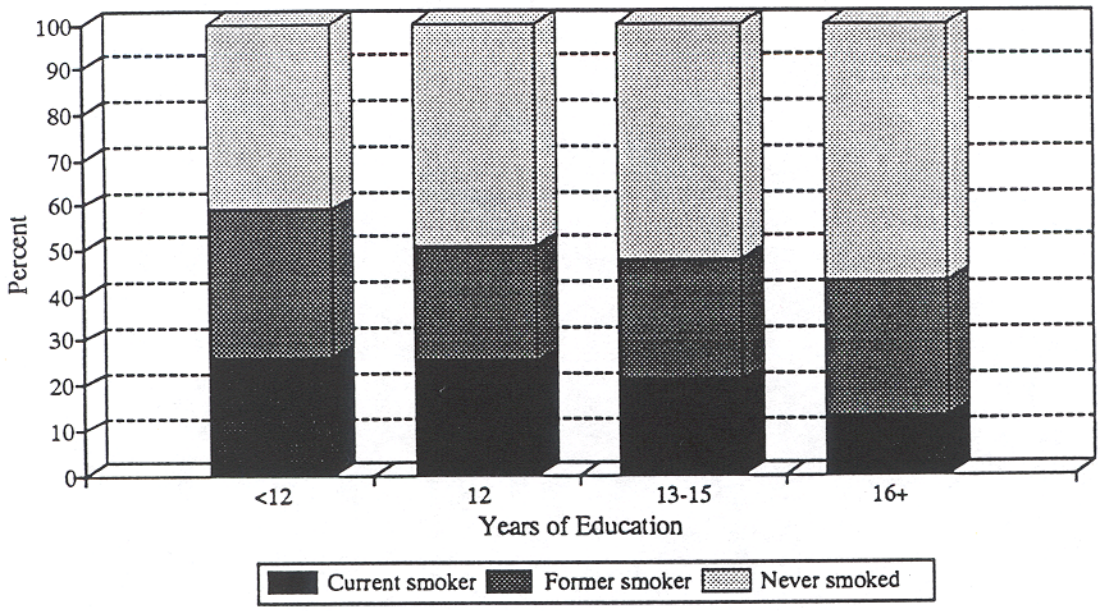


Figure 4

confirms that it is environmental influences, including primary and secondary education, present during adolescence that influence both the likelihood of becoming a smoker and the likelihood of achieving a higher educational level. It is likely that those adolescents who are successful educationally and athletically are more likely to go to college and less likely to smoke.

The prevalence of smoking was assessed for the ten largest counties in California and eight regions consisting of geographically and demographically similar groupings of the remaining counties. The prevalence of smoking was similar among the counties and regions ranging from 18.6% to 24.7% (Table II). The observed percentage of the population that has stopped smoking in the last 5 years and the quit ratio (the fraction of those who were smoking 5 years ago who have quit) varied among the counties and regions, with the more urban counties having higher quit ratios in general (Fig 5). However, the full survey sample will be needed to determine whether these variations are significant statistically.

Smoking Behavior by County and Region

Region	Current Smoker (%)	Quit Within Last 5 Years (%)	Quit Ratio Last 5 Years (%)
Los Angeles	20.4	10.9	34.9
San Diego	21.5	11.9	35.6
Orange	18.6	9.7	34.4
Santa Clara	19.1	10.1	34.6
San Bernardino	24.7	10.6	30.1
Alameda	22.7	9.5	29.5
Riverside	23.0	12.9	35.9
Sacramento	23.2	11.8	33.7
Contra Costa	22.7	11.9	34.5
San Francisco	19.7	12.6	39.0
Region 11	19.0	11.4	37.6
Region 12	22.7	13.6	37.5
Region 13	24.1	11.8	32.8
Region 14	23.0	9.3	28.7
Region 15	22.2	9.1	29.0
Region 16	20.6	11.4	35.6
Region 17	21.5	11.0	33.8
Region 18	24.7	9.4	27.5

Table II

Quit Ratio by Region

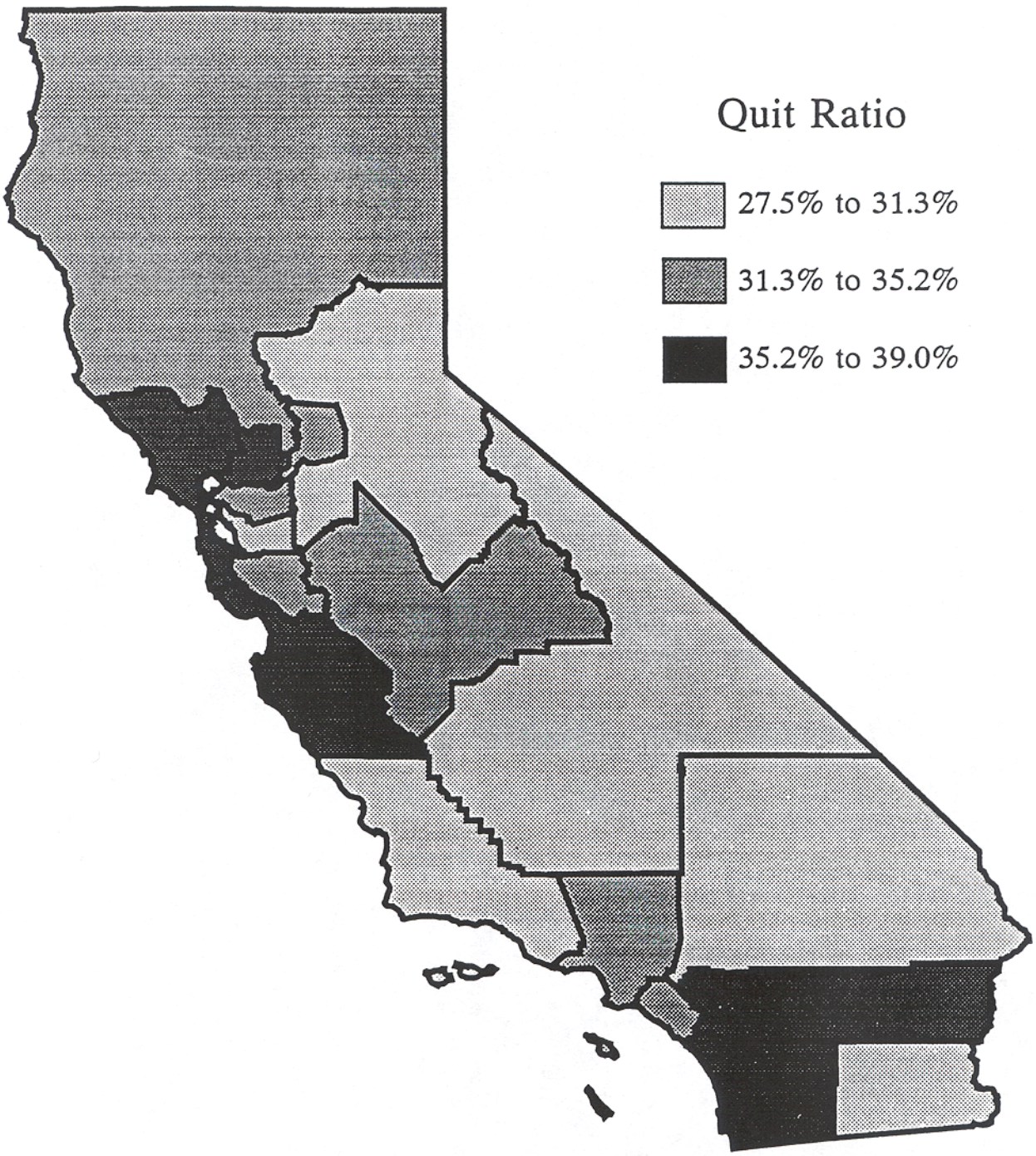
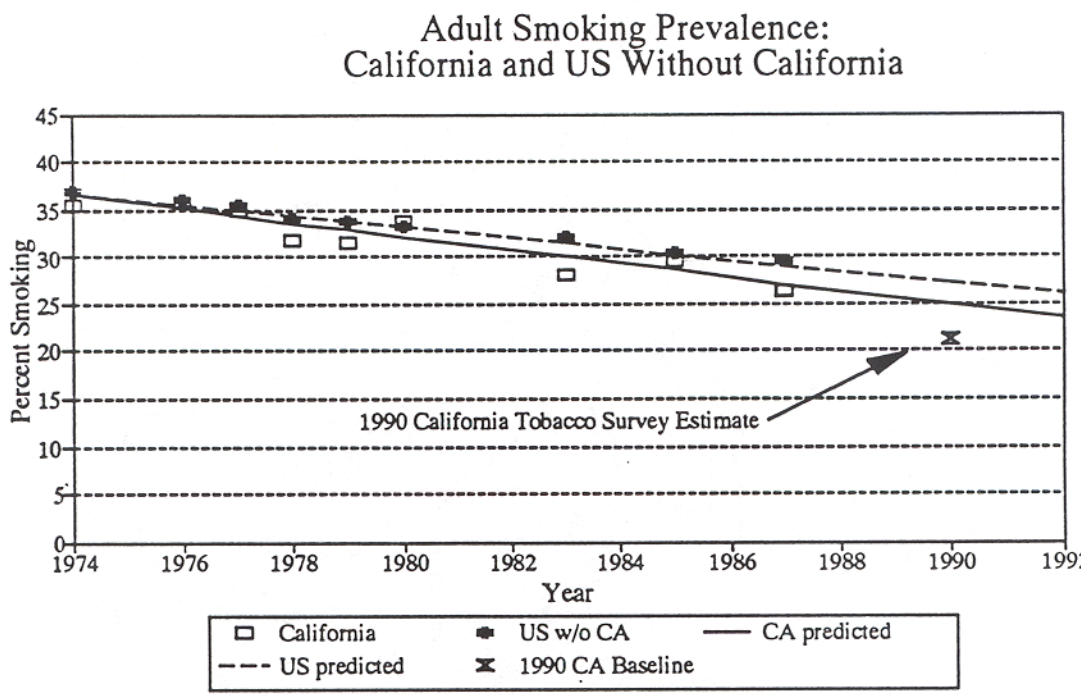


Figure 5

Trends in Tobacco Use Before and After Proposition 99

The prevalence of smoking found in the current survey can be compared with national estimates of smoking and with the change in smoking prevalence in California over the years preceding the 1989 increase in the tobacco excise tax. Figure 6 shows the prevalence of smoking in California from 1974 to the current survey using a series of smoking estimates derived from multiple National Health Interview Surveys (NHIS). The individual survey estimates for California and for the rest of the United States are plotted on the graph, and they are consistent with a linear decline in smoking prevalence. The average annual rate of decline in prevalence from 1974 to 1987 is greater for California (0.73% per year) than for the rest of the Nation (0.59% per year). The smoking prevalence in California after the increase in the excise tax is lower than would have been expected on the basis of the preexisting trends. The smoking prevalence for the year before the tax increase (1987) was 26.3% and the 1990 estimate



Source: NHIS 1974-1987
1990 California Tobacco Survey

Figure 6

for this survey is 21.2%, a 19.4% decline in the last 3 years. Thus, the difference between the current prevalence of smoking in California and that of the rest of the Nation is a combination of a more rapid decline in prevalence among Californians before the increase in the excise tax and a rapid acceleration in that decline that coincided with the increase in the excise tax and the implementation of the tobacco-control effort.

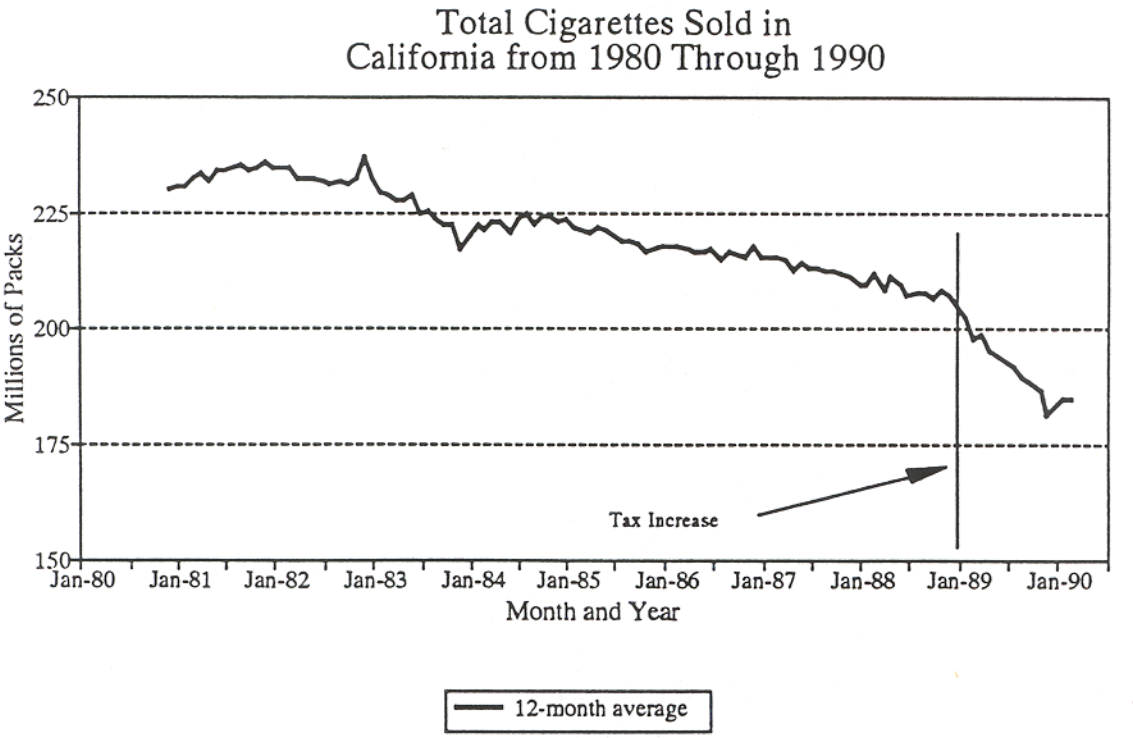


Figure 7

A similar picture is seen when the data on sales of cigarettes are examined. Figure 7 shows the total number of cigarettes sold in California from January 1980 to March 1990, with a 12-month running average of the data to eliminate seasonal variability. A sharp acceleration in the rate of decline in tobacco sales can be observed at the time that the tax was increased, once again pointing to the passage of Proposition 99 as the pivotal event in increasing the decline in prevalence of smoking in California. This change occurred at the time when the tax was increased and before the implementation of the tobacco control effort, suggesting that this initial acceleration in the decline in prevalence received a substantial boost from the one-time increase in the price of cigarette. To maintain the rate of decline that will meet the 1999 prevalence targets once this effect of the sudden increase in price has dissipated will require a substantial impact from the planned tobacco control program.

The change in cigarette consumption in California can be contrasted with that of the rest of the United States using per capita consumption data. Per capita consumption is the total number of cigarettes sold divided by the total population over the age of 18 years, and it adjusts for differences in population size. Figure 8 compares the per capita consumption of cigarettes in California with that of the rest of the United States. The line for California over the last decade demonstrates that the consumption of cigarettes has been both lower in actual consumption and declining more rapidly in California than in the rest of the United States. In addition, the acceleration in the rate of decline in consumption that occurred with the increase in the excise tax in California was not part of a national trend, but rather one specific to California.

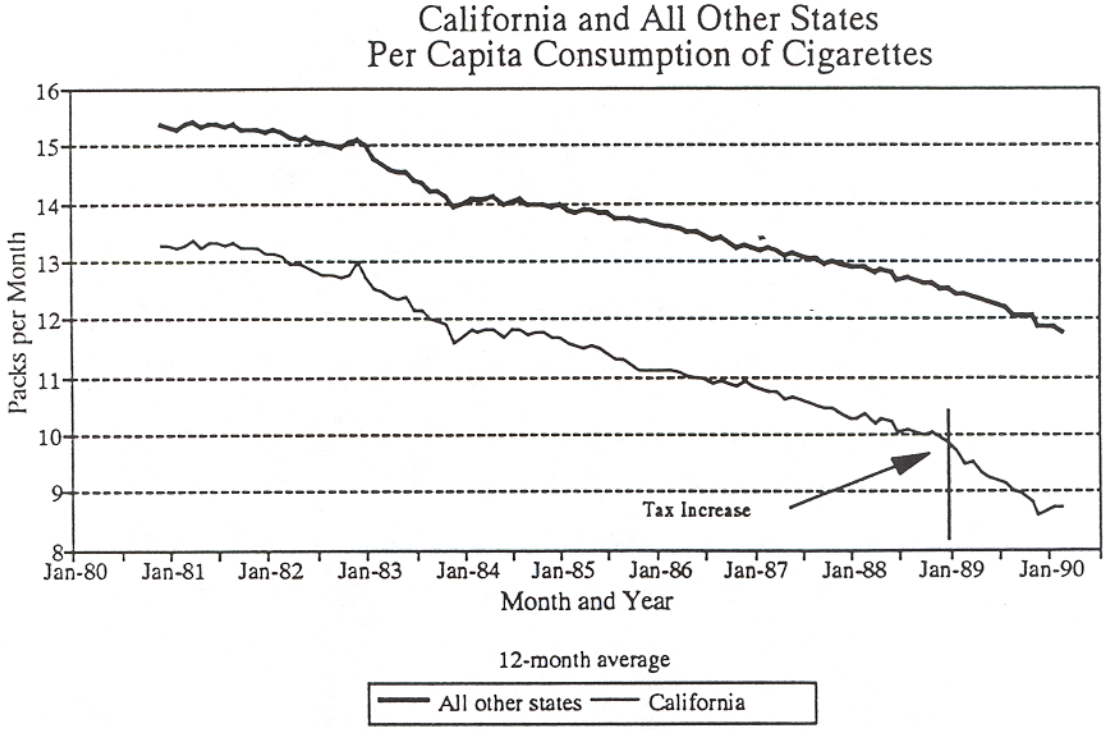


Figure 8

It seems clear both from the change in smoking prevalence and from the decline in sales of cigarettes that the increase in the tobacco excise tax in California and the programs supported by that tax revenue have resulted in a substantial decline in cigarette smoking among Californians.

The tobacco-consumption data suggest that the rate of decline may be slowing as the acute impact of the tax fades. A sustained effect from the tobacco-control programs funded by the tobacco-tax revenues will be needed to achieve the legislative goal of a 75% reduction in smoking prevalence by 1999.

Smoking Cessation in California

In order to achieve the goal of a 75% reduction in smoking prevalence by the year 1999, a large number of those who currently smoke will have to quit smoking. Quitting smoking is a dynamic process that includes developing interest in and motivation for quitting, actually making the attempt to quit, overcoming smoking withdrawal, achieving short-term success, and resisting relapse to achieve long-term success. Individual components of the current tobacco-control effort are designed to influence different points in the cyclic process of cessation, relapse, and new cessation attempts that mark the progress from smoking to becoming a nonsmoker.

Readiness to Quit

Current cigarette smokers can be classified according to their willingness to consider quitting in the future as being in one of three stages: precontemplation (not interested in quitting), contemplation (considering quitting in the next 6 months), and action (considering quitting in the next month). The distribution of smokers into these categories defines the interest in cessation of the target populations, and motion within this continuum over time defines the effect that the campaign is having on the willingness of smokers to attempt to quit smoking.

Figure 9 shows that the majority of California smokers are considering quitting smoking within the next 6 months (contemplation and action stages). It also defines the population of smokers (precontemplation) on which to focus efforts to motivate smokers to want to quit. The remaining smokers (contemplation and action) are already convinced that they should quit and are the appropriate targets for smoking-cessation assistance programs (See Appendix Table 9).

The readiness to quit smoking is different among different age groups in California. Figure 10 shows the percentage of the California population of different ages who smoke and divides them into the three stages of interest in quitting. Both the highest prevalence of smoking and the greatest interest in quitting occur among the 25- to 44-year-old age group. A much smaller fraction of those smokers over the age of 65 are in the contemplation stage, suggesting that the

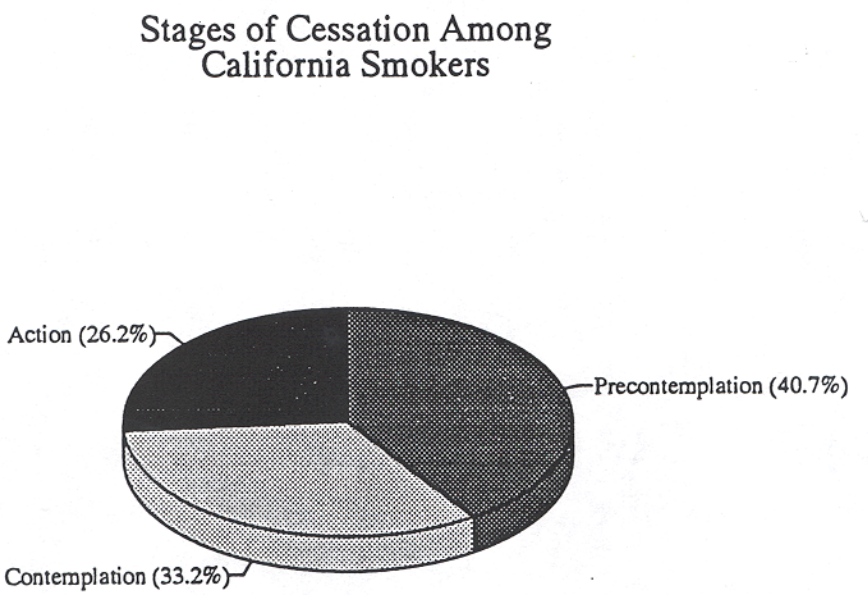


Figure 9

Readiness to Quit at Different Ages

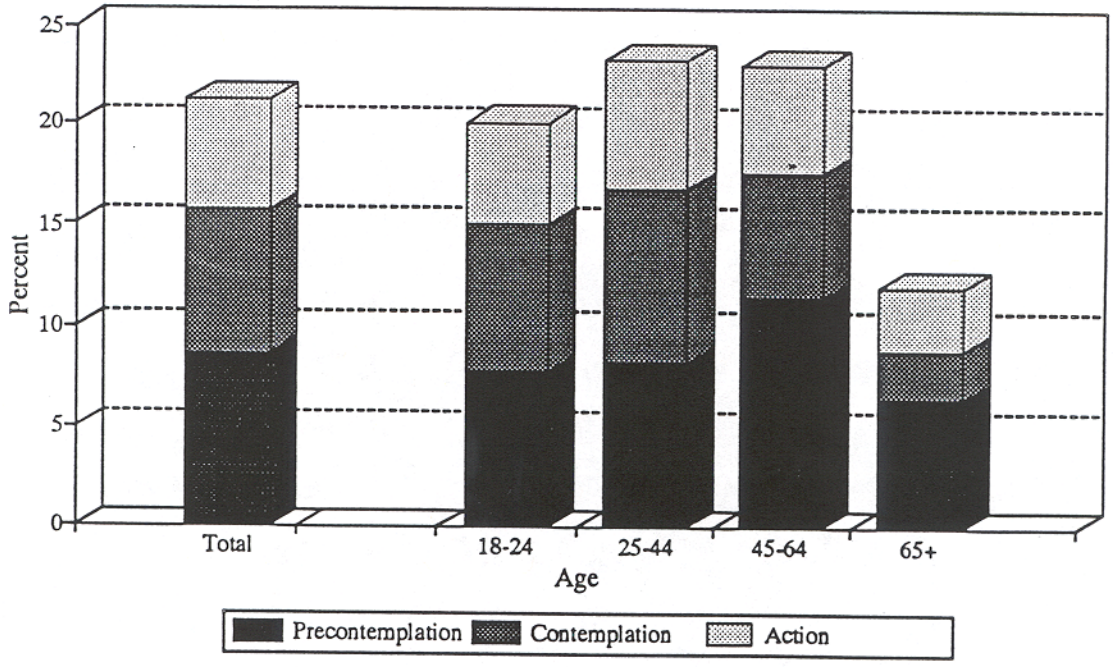


Figure 10

bulk of the decline in smoking prevalence observed in this oldest age group has occurred among those who were in the contemplation and action stages earlier in life. It also suggests that messages targeted at older smokers should include a strong emphasis on the importance and benefits of cessation for older individuals in order to stimulate these smokers to think about quitting.

The stage of cessation also varies with the number of years of education of the smoker. Figure 11 shows the prevalence of smoking among Californians with different levels of formal education and divides the smokers by their readiness to consider cessation within each group. The group with the highest proportion of smokers not considering cessation has a high school education or less, suggesting that this is the group to target for messages defining the importance and benefits of quitting. These messages should consider the educational level of this group of smokers. However, even in this group of smokers, more than half of the smokers are considering quitting.

The readiness to quit among the target populations for the tobacco-control effort is an important determinant of the types of programs that should be developed to aid these populations to quit. There appears to be an increased readiness to quit among Hispanic and black Californians. Figure 12 shows the percentages of the different ethnic and racial groups who are current smokers and divides them into readiness-to-quit categories. The lowest rates of precontemplation (not thinking about quitting in the next 6 months) are found for the Hispanic and black groups.

Readiness to Quit Among Those With Different Levels of Education

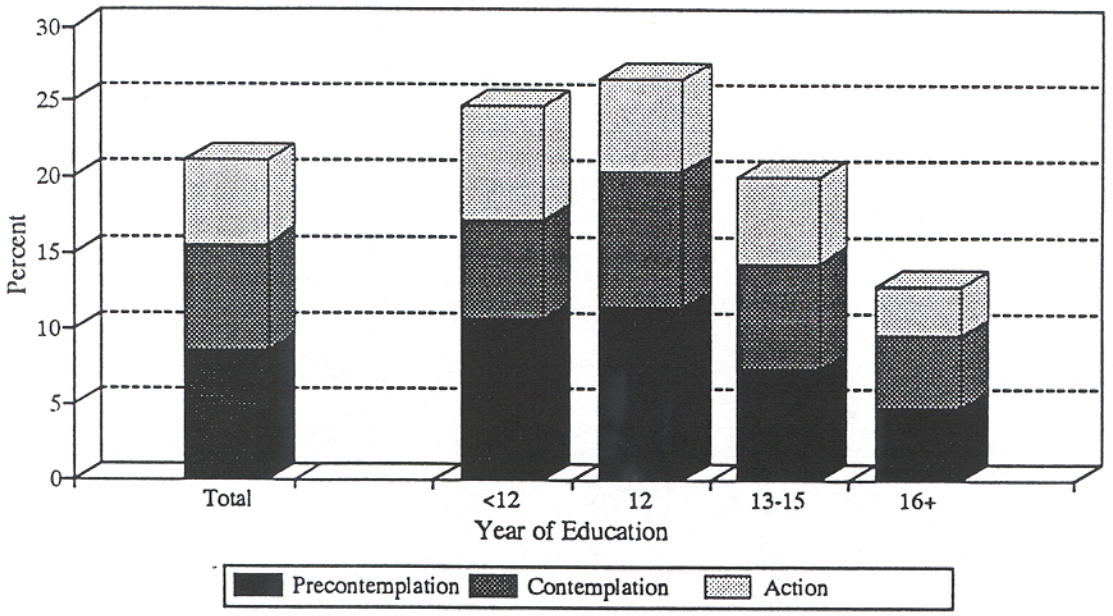


Figure 11

Readiness to Quit in Several Target Populations

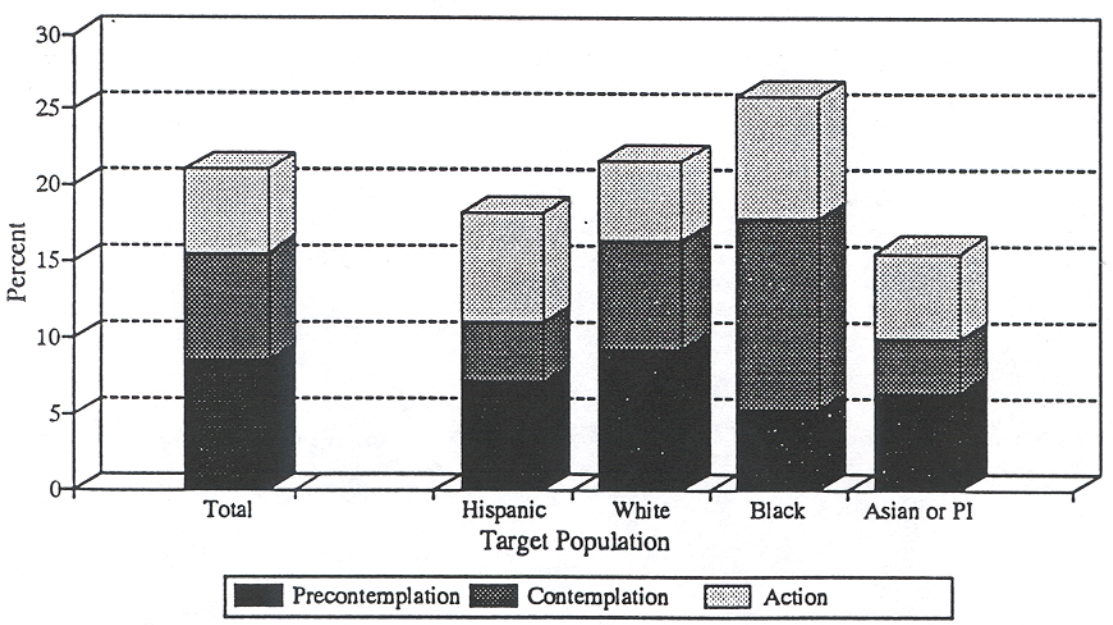


Figure 12

Percentage of Those Who Were Smokers 12 Months Ago Who Have Attempted to Quit

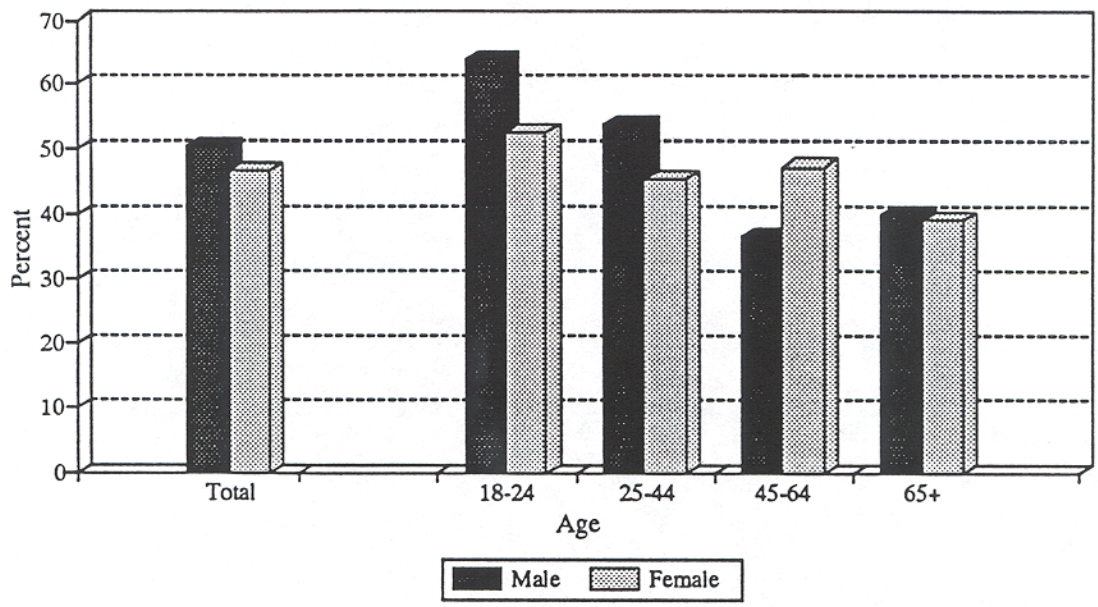


Figure 13

Even though black Californians have the highest rate of current smoking, they also have the greatest interest in quitting.

Cessation Behavior

The interest in quitting among smokers provides the substrate on which cessation occurs; however, the major impact of any tobacco-control program for adults must be measured by its effect on the actual number of individuals who attempt to quit and the actual frequency with which those who attempt to quit are successful. In 1990, almost half (48.6%) of California's smokers attempted to quit smoking. This contrasts with a rate of cessation attempts of only one-third of smokers nationally (1986 data). The rate of cessation attempts is highest among younger male smokers (Fig 13) and declines somewhat among older smokers (See Appendix Table 7).

When attempts to quit are examined among the racial and ethnic groupings, black and Hispanic males are more likely to have attempted to quit than are other Californians (Fig 14). Among women, blacks have the highest rate of cessation attempts.

A cessation attempt is a measure of the motivational impact of the tobacco-control campaign on the smoker, but to be effective, a campaign must also enable the smoker to achieve long-term success. Figure 15 shows the results of the quit attempts made by Californians of different ages.

Percentage of Those Who Were Smokers 12 Months Ago Who Have Attempted to Quit

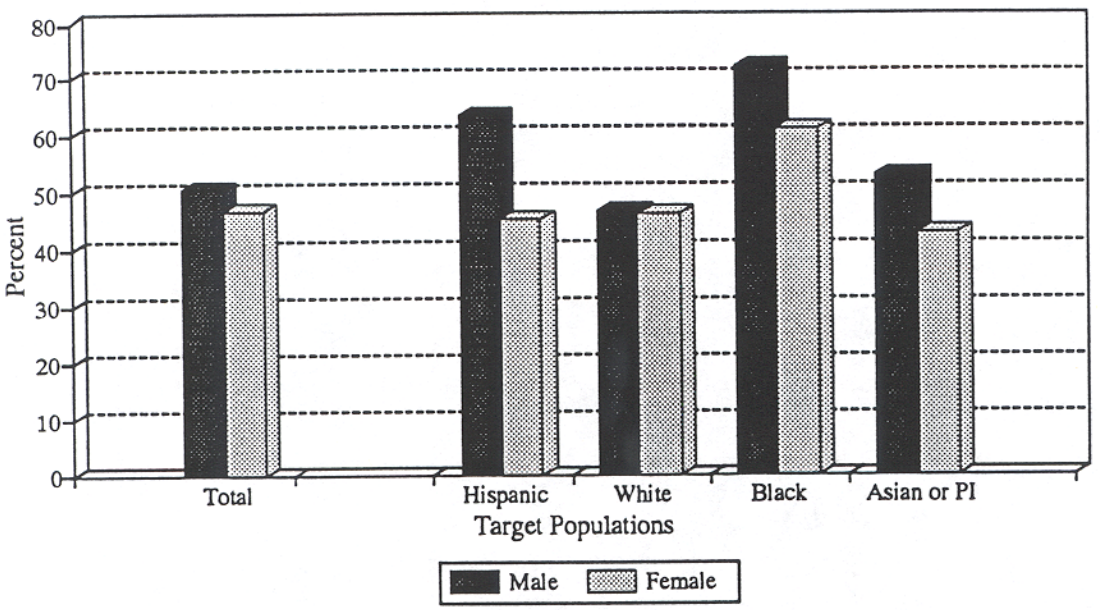


Figure 14

Smoking Status of Those Who Have Tried to Quit in the Last 12 Months

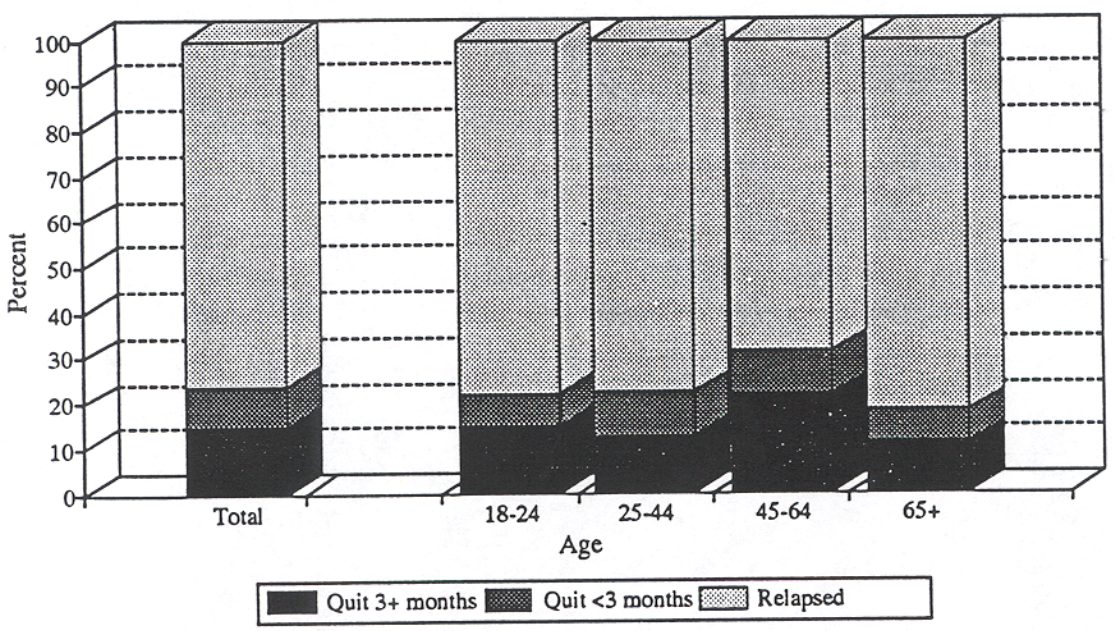


Figure 15

Relapse Rates by Gender and
Level of Education

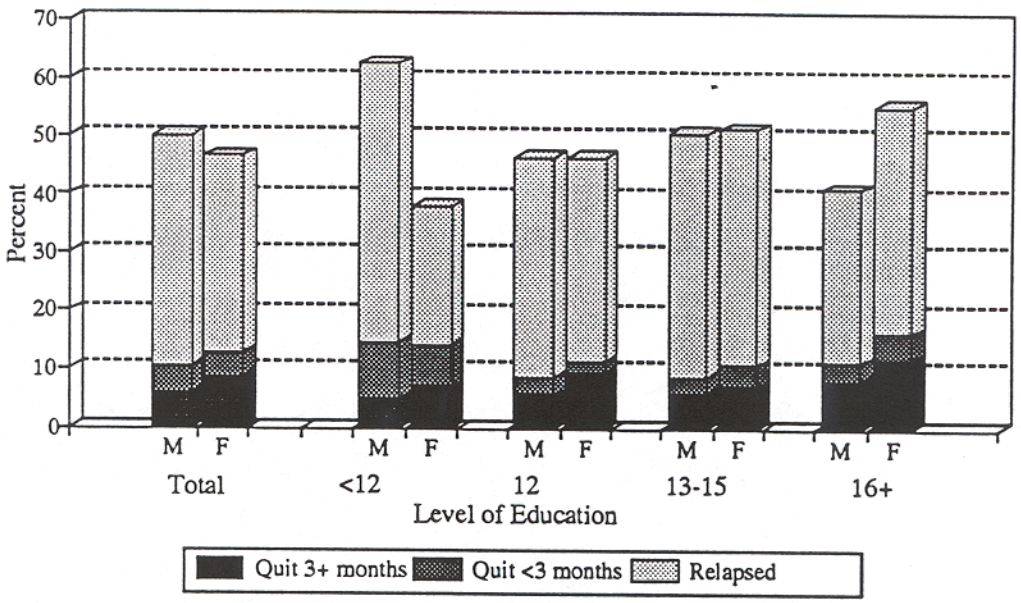


Figure 16

The results show that only 24.1% of those who have tried to quit in the last year are currently not smoking. Only 61.5% of those who currently are not smoking have been off cigarettes for over 3 months. Older smokers make fewer cessation attempts and they are slightly less successful when they do try to quit.

The pattern of cessation attempts and success is more complicated when examined across groups with different levels of education. Figure 16 presents the cessation behavior of male and female California smokers with different levels of education. The total height of the bar is the fraction of smokers who have attempted to quit, and each bar is then divided into those who relapsed and those who are currently off cigarettes for different lengths of time. Men who smoke and who have less than a high school education are much more likely to have made a cessation attempt than women smokers with the same level of education, but they are no more likely to currently be nonsmokers, which indicates a much higher rate of failed attempts. Education seems to be correlated more with the likelihood that the smoker will have successfully quit for 3 months or more, than with either quit attempts or with current nonsmoker status. This suggests that, at least for men, those with less education are more likely to try to quit but are less likely to achieve long-term success. This observation has important implications for cessation programs in that it suggests that efforts for less-educated populations need to emphasize the maintenance of cessation strategies in addition to motivating quit attempts.

Relapse Rates by Gender
and Target Populations

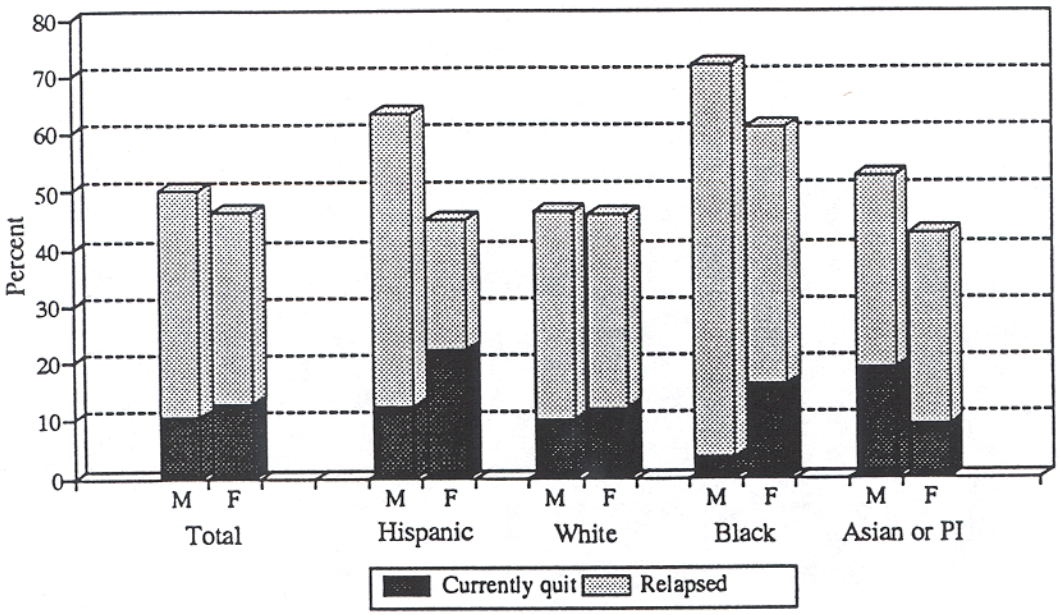


Figure 17

Even more dramatic differences are seen when the results of quit attempts are examined for different ethnic and racial groups in California. Figure 17 shows the percentages of smokers of different racial and ethnic backgrounds who tried to quit in the last 12 months and the current smoking status of those who tried to quit. The most remarkable observation is the marked disparity between the high frequency of quit attempts among black males and the very low likelihood of success. Almost 75% of black males have tried to quit in the last 12 months, the highest percentage of any of the racial or ethnic groupings, but only 3.6% of those who tried in the last 12 months were nonsmokers at the time of the survey. A similar pattern was not seen among black women, who had both a high rate of quit attempts and a high rate of success. Among Hispanic Californians, men had a very high quit attempt rate with a modest rate of success, whereas women had a lower rate of attempting to quit but a slightly higher rate of success. These racial, ethnic, and gender differences need to be taken into consideration in structuring tobacco-control efforts directed at these target populations.

Status of Tobacco-Control Interventions in California

The comprehensive tobacco-control effort currently funded by the increase in the excise tax on tobacco has a variety of approaches to alter smoking behavior. This survey has data to define the status of a number of these approaches.

Public Information

The effort to inform smokers of the health risks of tobacco use is a major component of a tobacco-control strategy because perception of the risks associated with tobacco use is often the first step toward changing smoking behavior. Transmission of information to the smoker about risks occurs at several levels: the smoker recognizes the risk to occur generally, the smoker accepts that his or her own smoking is harming his or her own health, and the true magnitude of the risk is perceived. National studies have demonstrated that 95% of smokers agree that heavy smoking is generally harmful and over 70% agree that any smoking is harmful. The percentage of smokers who agree that smoking is harming their own health is 90% nationally and in California, 84% of smokers agree that smoking is harming their own health. Agreement with this statement is somewhat lower among older smokers: only 61.4% of those over the age of 65 agree that smoking is harming their own health. Agreement is slightly lower among Asian and Pacific Islanders and tends to be slightly higher among black and Hispanic smokers (See Appendix Table 17).

The potential for this knowledge of the disease risks to lead to behavioral change depends on the perceived magnitude of the health threat and the relative value placed on future health compared to the current desire to smoke. This potential can be assessed by asking those smokers who agree that smoking is harming their health whether they prefer to smoke even if it means that they will not live as long. Of those smokers who agree that their smoking is harming their health, 45.9% prefer to smoke even if it means that they will not live as long. This percentage is similar across all age, education, and gender groups. However, black smokers are far less likely to prefer continued smoking over longer life, whereas Asian and Pacific Islanders are more likely to prefer smoking. This difference is consistent with the higher rates of cessation attempts among black smokers and suggests that the sense of personal vulnerability to the disease consequences of smoking may be a useful motivation for cessation attempts. The data also suggest that programs targeted to Asian populations should emphasize information on disease risks, but that programs directed toward black smokers can presume that much of this information has already been received and personalized by the black population.

A second set of health beliefs related to smoking deals with addiction (See Appendix Table 20). Over 65% of Californians believe that tobacco is as addictive as other drugs, and there is little difference among current, former, and never smokers in this belief. Older smokers are less likely to believe that smoking is addictive, as are Asian men and men with less than a high school education. Over 80% of current smokers believe that they are personally addicted to cigarettes with little difference across age and educational groups and with no difference between those who have and have not made a recent attempt to quit. Hispanic and Asian smokers are less likely to consider themselves addicted.

Tobacco Prevention Education in Schools

A substantial percentage of the funds for the California tobacco-control campaign have been allocated to the schools to provide educational programs to prevent adolescents from becoming

Support for Increased Anti-Tobacco Education in Schools

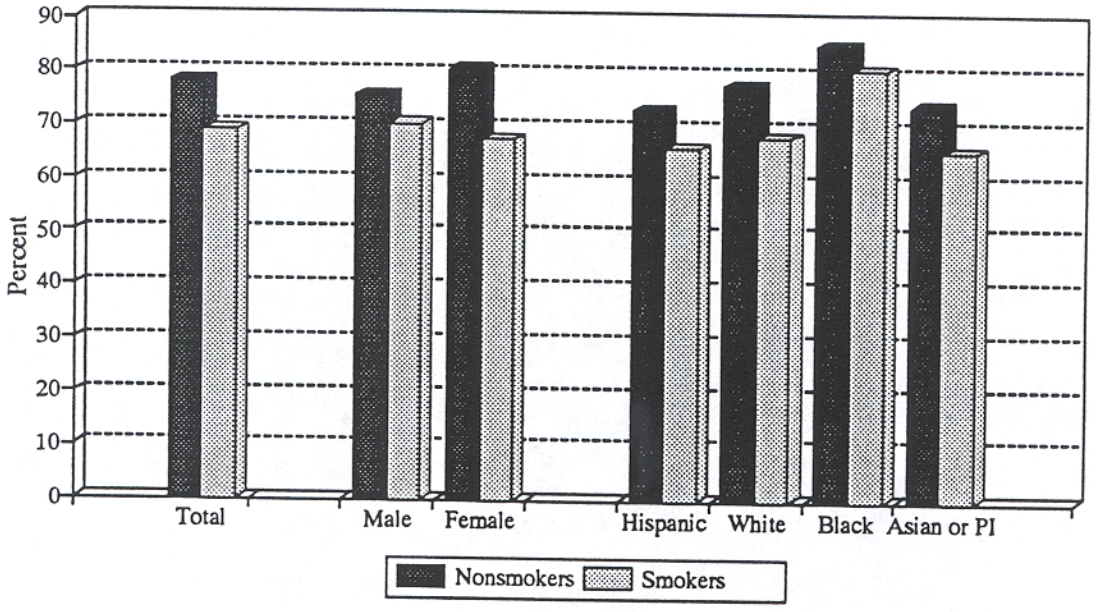


Figure 18

cigarette smokers. The support for this increase in anti-tobacco education in the schools was assessed in the survey and is extremely strong among all segments of California society. Figure 18 shows the percentage of various groups that agree that tobacco-prevention education in the schools should be increased. Over 75% of all Californians support increased education, and the support is almost as strong among smokers as it is among nonsmokers (See Appendix Table 26).

Restricting Exposure to Environmental Tobacco Smoke

Restricting the locations where smoking is allowed is an important part of a tobacco-control program because it limits exposure for the nonsmoker, creates an environment where smokers are encouraged to quit and, once they have quit, makes it more likely that they will be successful. Exposure to environmental tobacco smoke can occur either at home or in the workplace. This survey examines exposure in the workplace by asking those nonsmokers who work outside the home in an indoor work setting whether anyone had smoked in their immediate work environment within the last 2 weeks. Overall, 32.7% of those nonsmoking Californians who work indoors are exposed to environmental tobacco smoke with a higher percentage of men (40.7%) than women (23.5%) reporting exposure. Exposure is much higher among Hispanic nonsmokers of both sexes (male, 63.7%; female, 35.7%). Blacks tend to report less exposure (15.4%). The largest differences in reported exposures occur with age and level of education. Younger nonsmokers and those with less education are much more likely to be exposed to

tobacco smoke at work (Figs 19 and 20), possibly because they are also less likely to have control over their immediate work environment. It is these groups that are most likely to benefit from efforts to restrict smoking in the workplace. This increased exposure in those who are younger and have less education is more pronounced in males than in females (See Appendix Table 15).

Exposure to smoke at the worksite also varies substantially among the different counties and regions in this survey, from a low of 18.9% to a high of 44.8% of nonsmoking workers exposed (Fig 21). This marked variation among counties in the percentage of workers exposed to cigarette smoke at work suggests that there can be substantial progress achieved by disseminating the voluntary and regulatory approaches already enacted in those counties with the lowest rates of workplace exposure.

Percentage of Nonsmokers Exposed
to Tobacco Smoke at Work

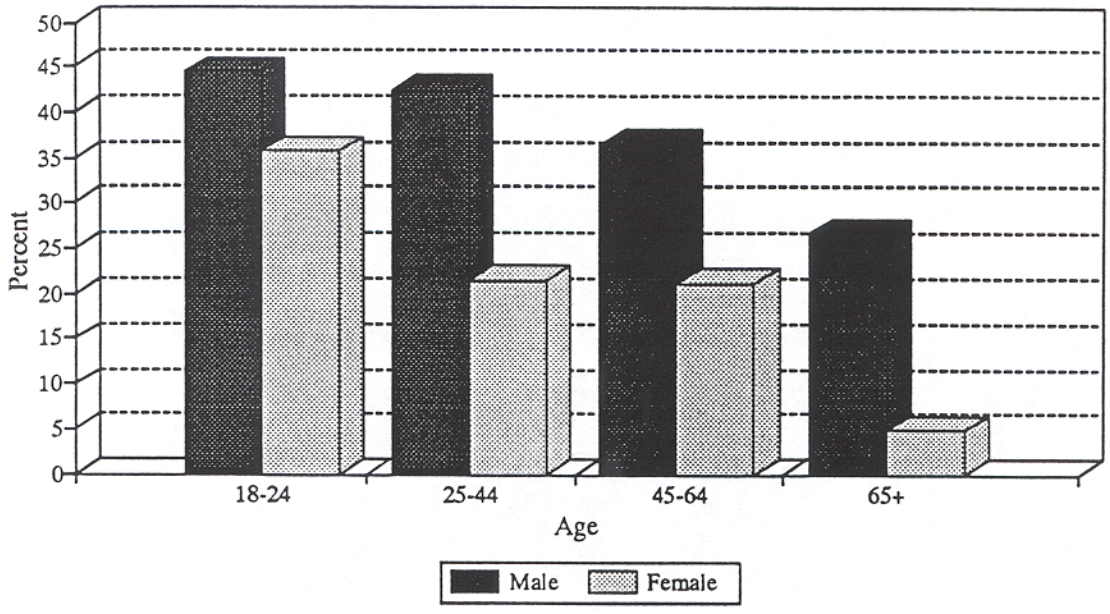


Figure 19

Percentage of Nonsmokers Exposed
to Tobacco Smoke at Work

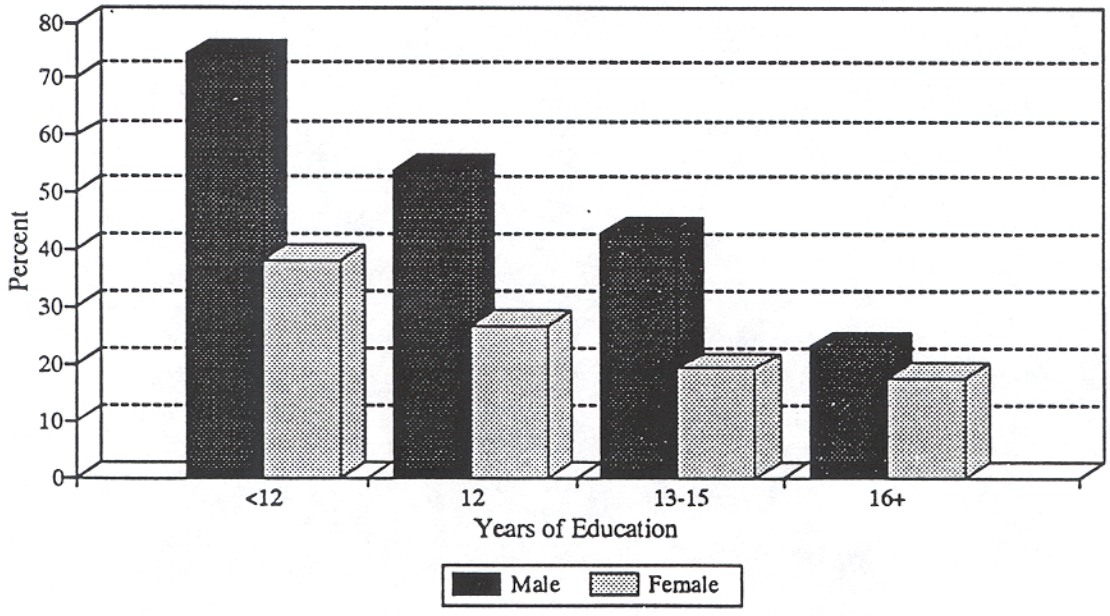


Figure 20

Nonsmoker Worksite Exposure to Tobacco Smoke

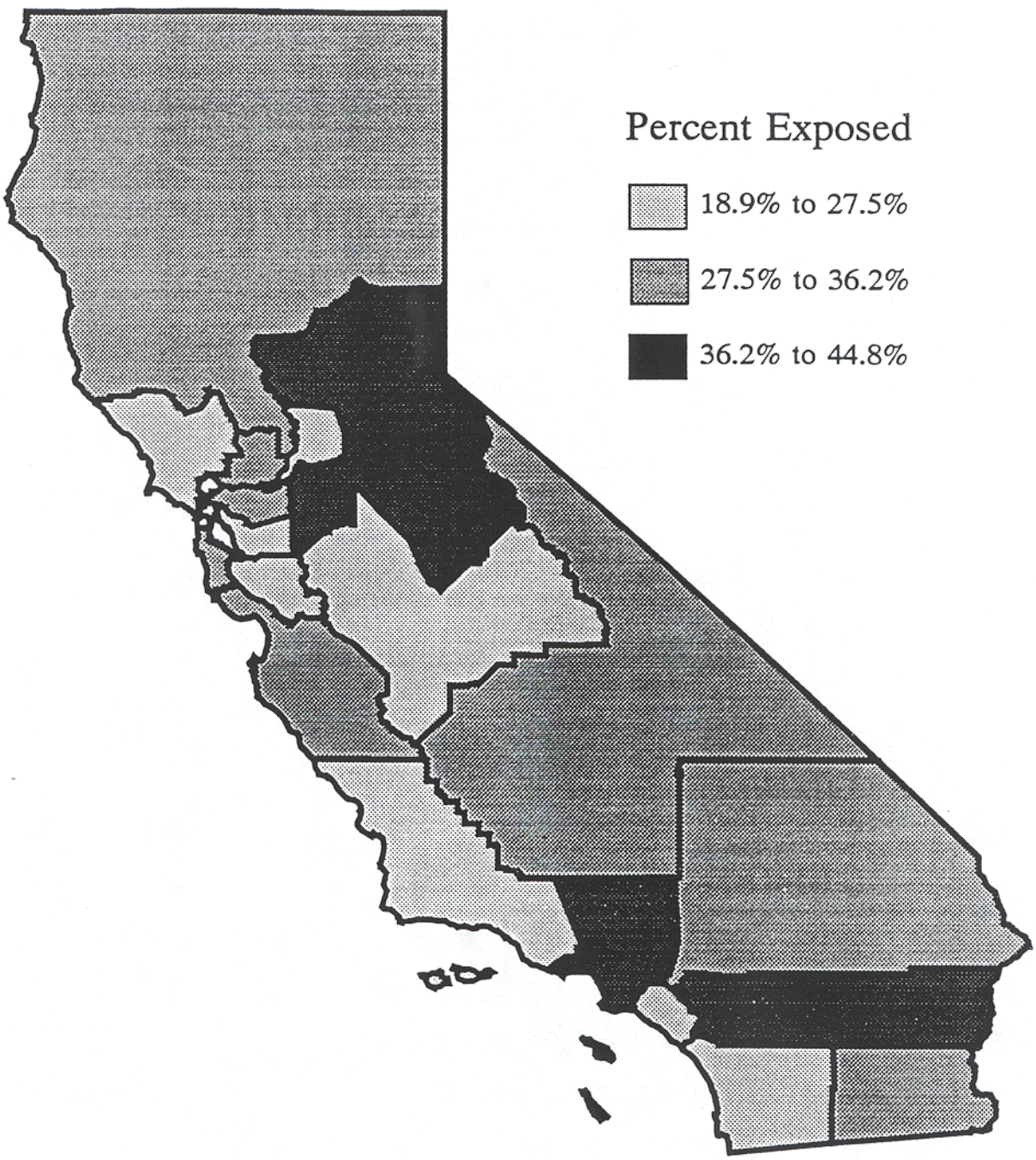


Figure 21

The increased workplace smoke exposure of younger and less educated nonsmokers, as well as of Hispanic nonsmokers, is not the result of a greater tolerance of smoke exposure by these groups. Among all nonsmokers, 87.4% would be willing to ask someone not to smoke and 57% have asked someone to stop smoking recently. This measure of nonsmoker activism is similar among men and women and is equally strong among individuals at different educational levels. Hispanic nonsmokers are even more likely than non-Hispanics to have recently asked someone to stop (63.7%), and younger nonsmokers are more likely to be willing to ask and to have recently asked than older nonsmokers (Fig 22). These data suggest that "common courtesy" and voluntary programs to restrict smoking at the worksite are not effective in preventing exposure of nonsmokers to cigarette smoke at work. The groups who most frequently report exposure are also the groups who are most active in asking smokers not to smoke, indicating that their activism has not been successful in protecting them from smoke exposure. This provides a strong argument for regulations to control smoking at the worksite rather than relying on voluntary programs in order to protect these groups of nonsmoking workers (See Appendix Table 23).

The social pressure not to smoke also has a strong influence on the smoker: 66.6% report that they rarely smoke when they are the only smoker in the group. This effect is stronger among female smokers and is equally evident in smokers of different racial and ethnic backgrounds as well as all age groups. Even smokers who report that they do not believe that cigarette smoke annoys the nonsmoker respond to this pressure by not smoking, suggesting that the motivation for not smoking is social pressure rather than simply a concern about annoying nonsmokers. The rapidly declining social acceptability of smoking is felt to be one of the major forces behind the

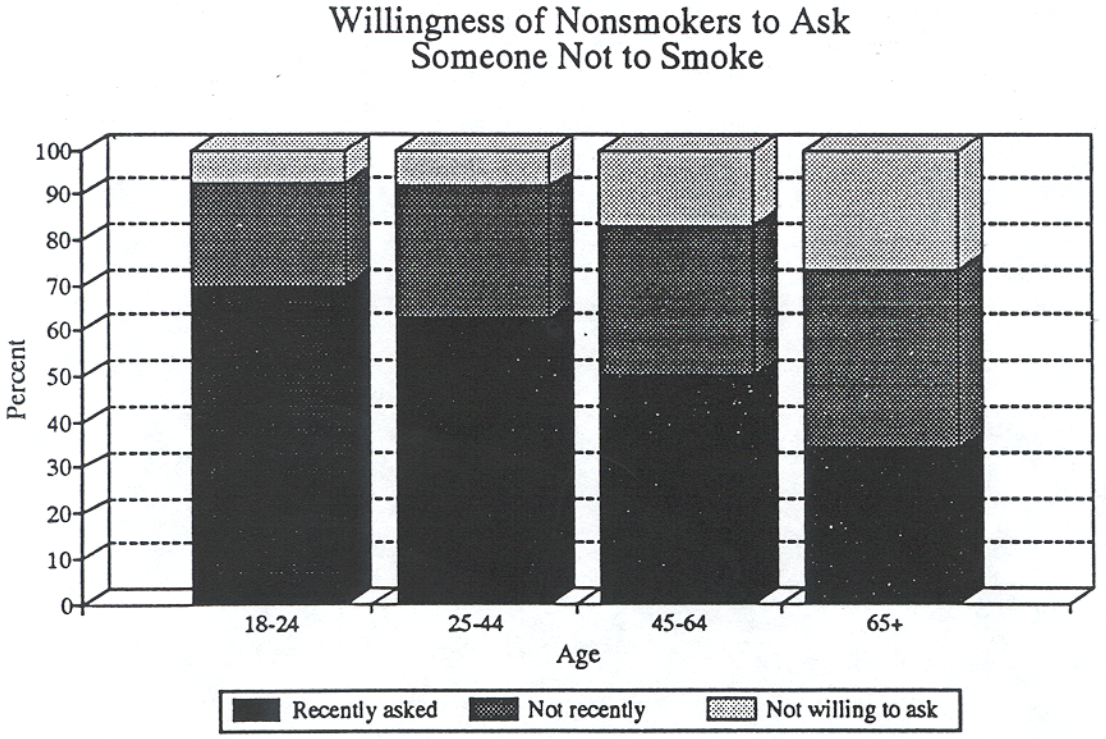


Figure 22

current decline in smoking behavior, and increasing the restrictions on where people can smoke is a leading component of a comprehensive tobacco-control program (See Appendix Table 22).

Physician's Advice to Quit Smoking

One of the most important components of a comprehensive smoking-cessation effort is to encourage physicians to intervene with their smoking patients. Physicians have been targeted by California in an effort to provide training and motivation to increase the frequency with which they counsel their patients to quit smoking. Of those current smokers who have seen a physician within the last year, 31.6% of the males and 28.8% of the females report never having been advised to stop smoking by their physician. Only 37.3% of smokers were advised to stop on the most recent visit (See Appendix Table 14).

The percentage of smokers who have seen a physician within the last year is much smaller for Hispanics than for non-Hispanics, and the frequency with which they have been advised to quit is also much lower. Of those Hispanic smokers who have seen a physician in the last year, 45.2% have never been advised to quit and only 26.1% were advised to quit on the last visit.

Physician advice occurs more often among the other racial groups: black and white smokers are equally likely to have received advice to quit on the last visit; Asian/Pacific Islanders tend to be more likely to receive advice to quit. There is also little difference among groups with different levels of education.

These data suggest that there is substantial need to improve physician interaction with their smoking patients to promote cessation, particularly among those physicians who care for Hispanic patients. Physicians appear to provide cessation advice to less educated and black populations with substantial frequency and, therefore, are one potential route for reaching these harder-to-reach target populations. These data also suggest that physicians interact with approximately two-thirds of California's smokers each year and therefore could influence a large percentage of the smokers to quit if physicians can be mobilized to provide cessation advice and assistance.

There are marked differences among the counties and regions in the provision of physician advice (Fig 23). The percentage of smokers never advised to quit varied from a low of 15.9% to a high of 40%, and the percentage who had received advice on the last visit ranged from 26.8% to 52.5%. In general, advice to quit was provided more often in the urban and wealthier counties of California than in the poorer and rural counties.

Percentage of Smokers Never Advised by a Physician to Stop Smoking

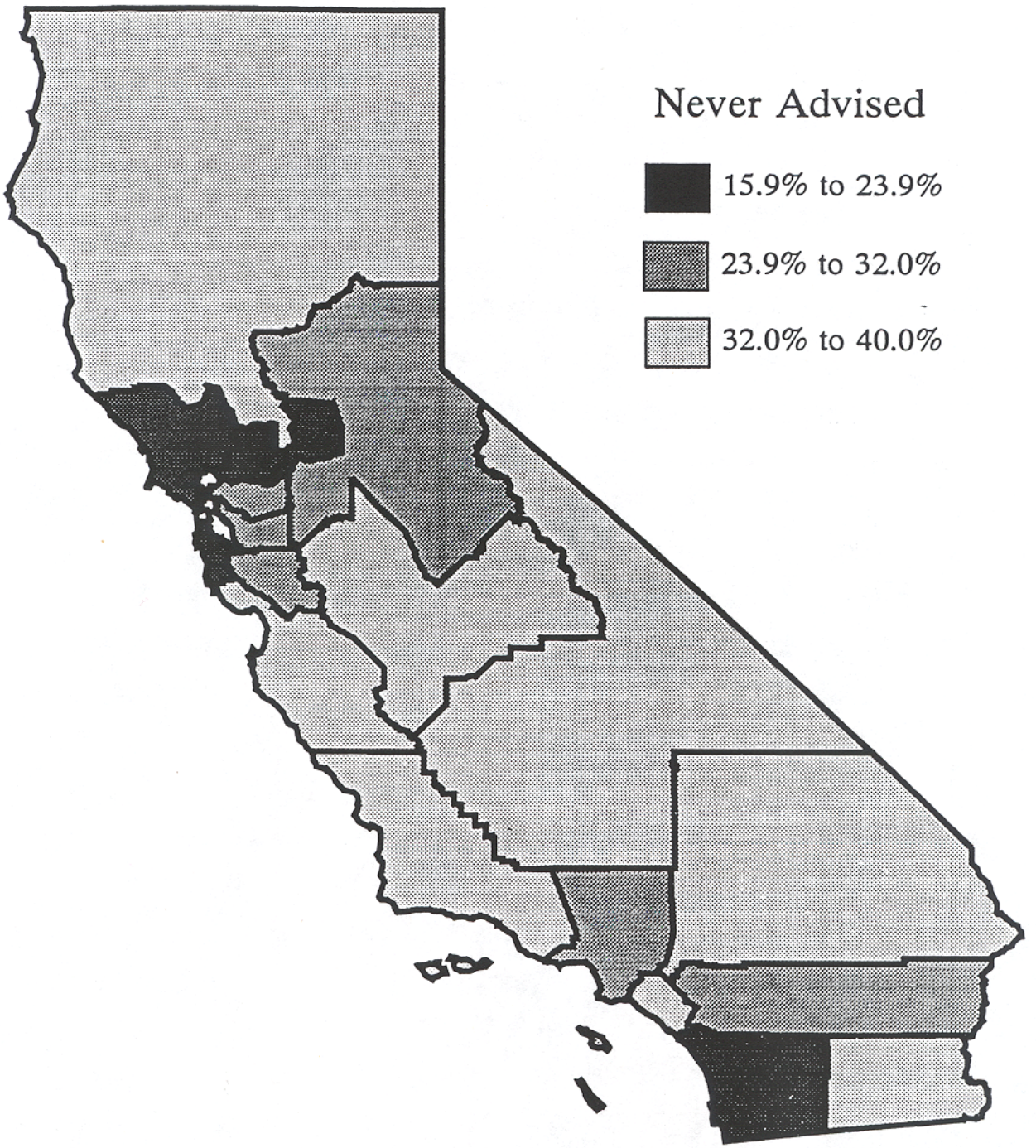


Figure 23

Target Populations

Hispanic Californians

The pattern of cigarette use among Hispanic Californians differs markedly with gender. Male Hispanics have rates of current smoking (23.5%) that are nearly identical with the rates for non-Hispanic males (23.9%), but the rates for women of Hispanic origin (12.9%) are substantially lower than those for non-Hispanic females (20.3%). Figure 24 shows the distribution of current, former, and never smokers among Hispanic and non-Hispanic Californians and shows that markedly fewer Hispanic women and slightly fewer Hispanic men have ever smoked cigarettes. The percentage of those who have ever smoked who have quit is similar for Hispanic men (56.2%) and women (58.5%) and for Hispanic (57.2%) and non-Hispanic (56.9%) smokers (See Appendix Tables 1 and 3).

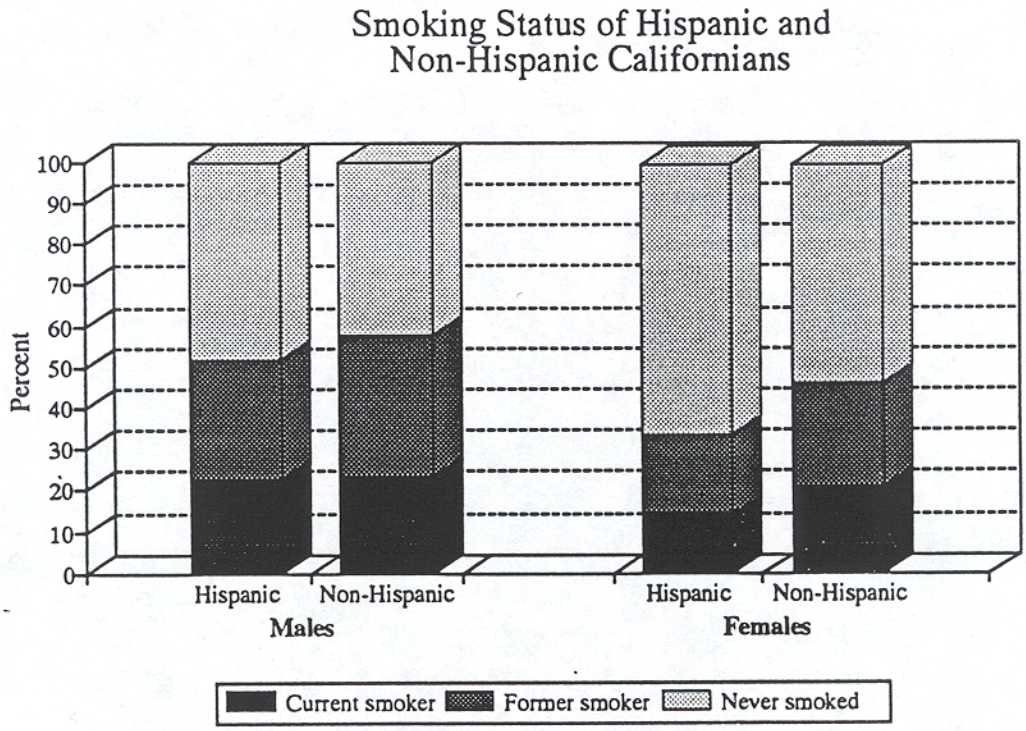


Figure 24

The similarity of the lifetime quit ratio for Hispanic and non-Hispanic populations is somewhat deceiving, however, because the recency of smoking cessation is quite different among Hispanics, with a larger fraction of Hispanics having quit in the last 12 months (See Appendix Table 5). Figure 25 shows the percentages of former smokers who have quit within the last 12 months and within the last 5 years. Hispanic male and Hispanic female former smokers are both more likely to be recent quitters than non-Hispanic former smokers. This demonstrates a recent impact on

Percentage of Former Smokers by the
Length of Time Since They Have Quit

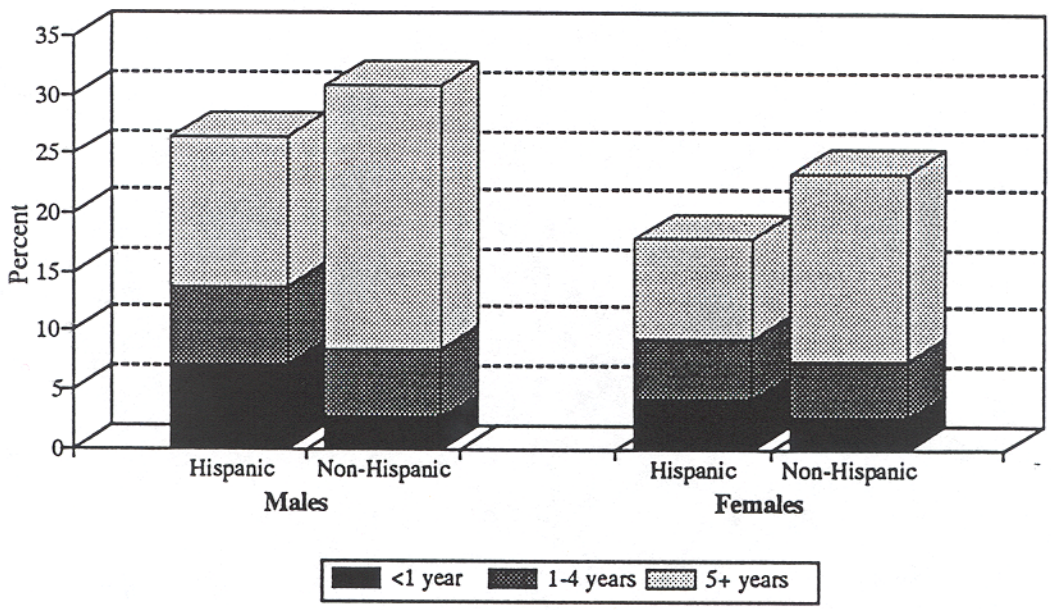


Figure 25

Hispanic smoking behavior. This higher rate of recent cessation is confirmed by the very high percentage of those Hispanic men who were smoking 12 months ago (63.6%) who have attempted to quit in the last 12 months in comparison to non-Hispanic men (47%) (See Appendix Table 8). Interestingly, the percentage of Hispanic women who have attempted to quit in the last 12 months (45.2%) is actually slightly smaller than that percentage for non-Hispanic women (46.9%), but the percentage who are still nonsmokers currently is higher, indicating a somewhat more successful short-term cessation rate may occur among Hispanic women compared to Hispanic men or non-Hispanic women. The number of Hispanic women in these categories is small and confirmation of this observation using the full sample will be necessary.

When readiness to quit is examined among Hispanic smokers, it appears that they are more likely to be in the action stage, suggesting that there is currently a high level of interest in quitting among Hispanic smokers. This interest in quitting is correlated with knowledge and beliefs about the risks of smoking. Hispanic smokers (89.6%) are more likely than non-Hispanic smokers (82.7%) to agree that smoking harms their health and are less likely to prefer to continue to smoke if it means that they will not live as long (Appendix Table 17). Clearly, efforts to inform Hispanic populations about the risks associated with smoking are successful as educational campaigns and are at least partly responsible for the increased cessation activity among Hispanic smokers.

These data suggest that tobacco-control efforts directed at the Hispanic smoker will benefit from the substantial level of cessation activity and good short-term success that exist among these smokers. However, relapse continues to remain a problem for several years after cessation. Programs aimed at facilitating the maintenance of nonsmoking status for the long term are likely to be even more useful among Hispanic populations than among other groups.

Black Californians

Black Californians of both sexes are more likely to be cigarette smokers than either the overall California population or the white California population. Overall, 26% of black Californians smoke cigarettes: 26.1% of black males and 26% of black females. Figure 26 compares the rates of current, former, and never smoking black Californians to those of the total California population and those of the white population. The percentage ratios of black males who have ever smoked who have quit is lower than for white males: only 51.5% of black male smokers have quit, in comparison with 59.7% of white male smokers. The difference between black and white women is much smaller: 52% of black female smokers have quit, compared with 55.9% of white female smokers (See Appendix Table 3).

The examination of current smoking status alone obscures important differences in recent smoking behavior among black Californians, particularly for black males. Figure 27 shows a more detailed presentation of the cessation status of all those who have ever smoked and compares black Californians with the total California population and with white Californians.

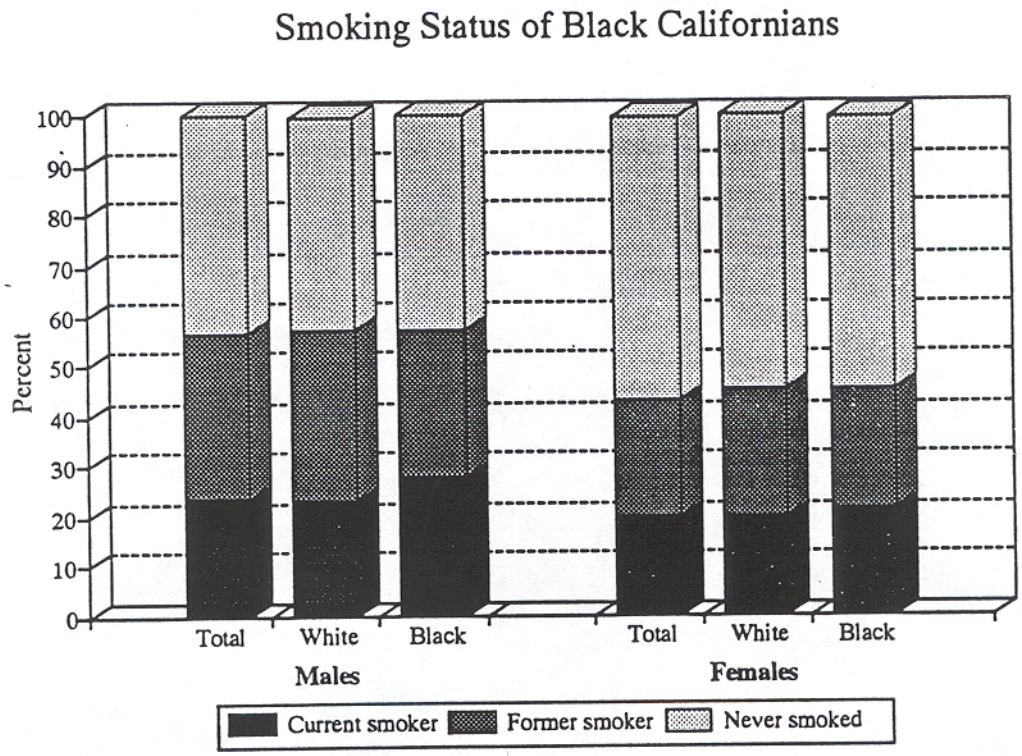


Figure 26

Smoking Status of Black Ever Smokers by Whether They Have Attempted to Quit in the Last Year and the Length of Time Since They Have Stopped Smoking

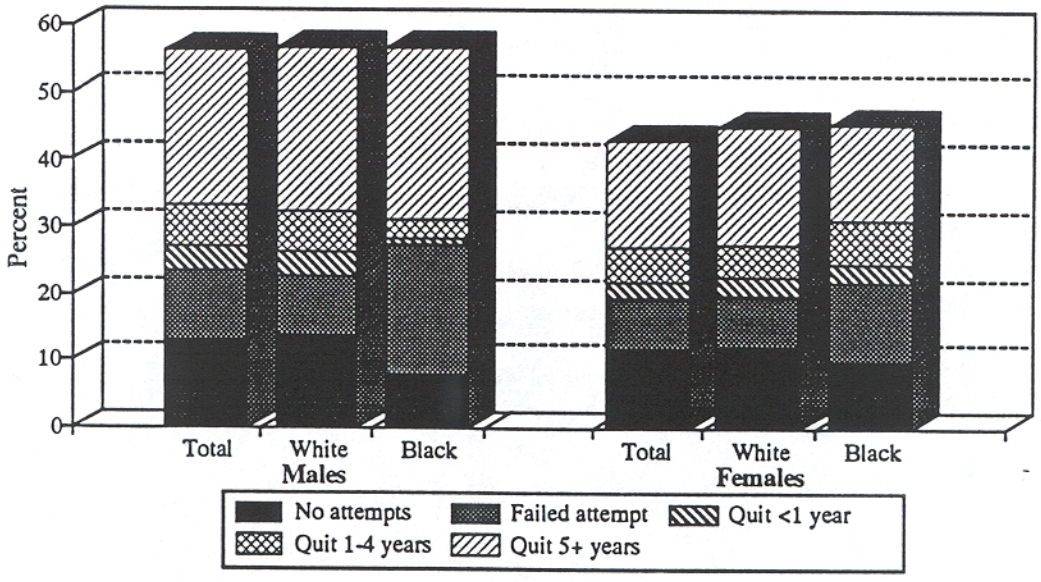


Figure 27

Current smokers are divided into those who have not tried to quit within in the last 12 months and those who have tried to quit in the last 12 months but failed (the bottom two blocks in each column). Former smokers are divided into three groups based on the length of time they have been off cigarettes (the top three blocks in each column). The total height of the column represents the percentage of the population that has ever smoked cigarettes.

Black men have a pattern of cessation attempts and success that is markedly different from that of other groups (Appendix Table 8). Black men are far more likely to have tried to quit in the last 12 months, but their rate of short-term success is extremely low. Only 3.6% of those who were smoking 12 months ago are currently not smoking despite 72.3% having made an attempt to quit. The pattern for black women is similar, but not as extreme. Of those black women who smoked 12 months ago, 61.1% have made an attempt to quit and 16.4% are currently not smoking.

As would be expected from their high level of cessation attempts, most black smokers are in the contemplation (48.3%) and action (30.9%) stages of readiness to quit and only 20.8% are in the precontemplation stage. As was found with Hispanic smokers, black smokers (92%) are more likely than white smokers (83.2%) to agree that their smoking was harming their own health and are less likely to prefer to continue smoking if it means that they will not live as long.

These data suggest that the efforts to educate and motivate black smokers to quit are currently very successful. The major problem faced by the black smoker, particularly the black male

smoker, is to convert the cessation attempt into an initial success. Programs directed toward motivating smokers to quit appear to be far less necessary for black smokers than efforts directed toward improving the success rate of those who are already trying to quit. Programs designed to prevent relapse following a cessation effort should be implemented very early following cessation attempts by black male smokers.

Asian and Pacific Islander Californians

The prevalence of smoking among Asian and Pacific Islander groups in California varies dramatically with gender. The rate in men (24.3%) is only marginally higher than the prevalence for men overall (23.8%) or for white males (23.8%). However, the rates for women are dramatically lower. Only 8.2% of Asian and Pacific Islander women smoke, in comparison with 18.8% of all California women and 19.6% of white women. Asian populations have all been grouped together for this report on the first third of the sample because of the limitations of the sample size available from this sample. This grouping almost certainly obscures important differences in the smoking behaviors of the different Asian and Pacific Islander groups. It will be possible to examine several of the larger Asian groups once the full survey sample is complete, and analyses will be provided at that time for these groups. However, examination of Figure 28 does reveal some differences in the pattern of cigarette smoking of this combined Asian and Pacific Islander group that are different from the overall California population.

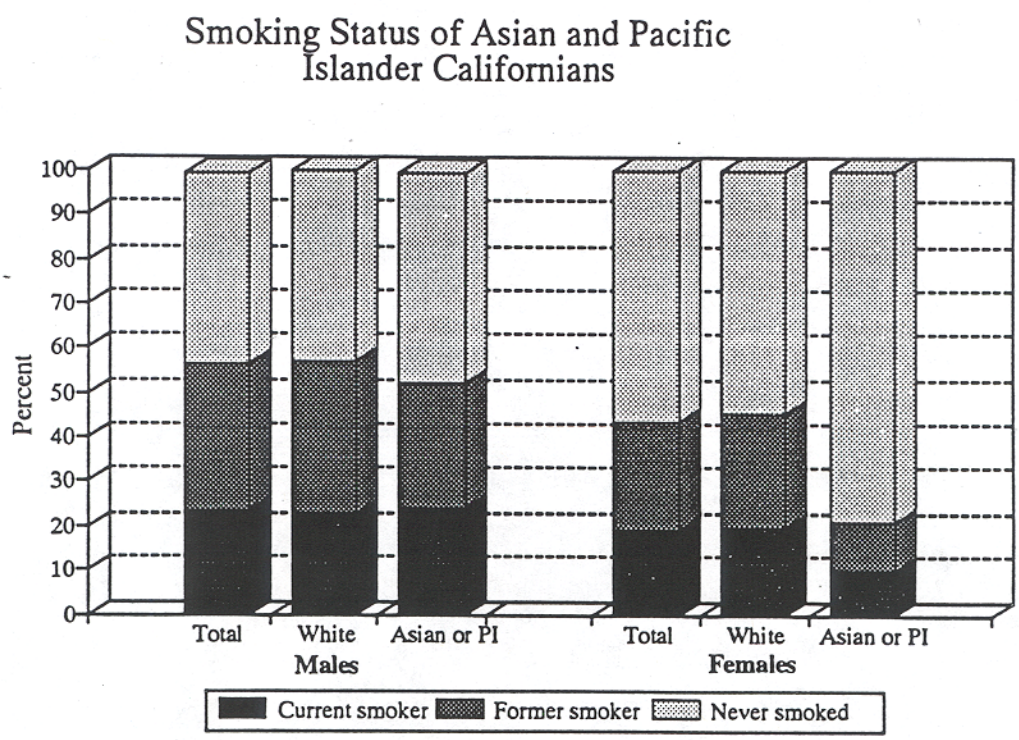


Figure 28

The pattern of cessation attempts and success is similar for Asian/Pacific Islander smokers, with 51.1% of those who were smoking 12 months ago having made an attempt to quit within the last 12 months and 16.3% currently being nonsmokers. Asian/Pacific Islander smokers (75%) are less likely to report that their own smoking is harming their health than all California smokers (84%). Interestingly, Asian/Pacific Islander smokers are somewhat more likely to be in the action stage of readiness to quit than are all California smokers. All these patterns need to be interpreted with caution because they represent combinations of Asian groups with markedly different culturalheritages as well as different periods of acculturation to US society. The larger sample size available from the complete sample will be needed to provide separate analyses of the different Asian populations.

Pregnant Women

Pregnant women are a target for the California tobacco-control effort because more than one life is affected by the mother's smoking behavior, because they already interact with the health care system and cessation assistance can be provided at a modest additional cost, and because smoking cessation at the ages when pregnancy is most common will eliminate much of the long-term disease risk for the mother. This survey interviewed all women who had delivered a live infant in the last 5 years in order to assess the smoking behaviors of California women during pregnancy. Over 1400 women were interviewed and 15.7% of these women smoked cigarettes before their last pregnancy. Of those who smoked before the pregnancy, only 36% quit after becoming pregnant and 55.3% of those who quit relapsed either during the pregnancy or more commonly in the first 6 months after delivery. Younger women were more likely to be cigarette smokers than older women: 21.9% of women under the age of 20 and 12.7% of women aged 30-39 were smoking prior to pregnancy. Hispanic (8.9%) and Asian/Pacific Islander (4.7%) women were much less likely to smoke before pregnancy; women with at least a college education were also less likely to smoke before pregnancy (See Appendix Table 11).

Knowledge of the risks of smoking during pregnancy is high among all California women: 78.4% agree that smoking during pregnancy will harm the health of the baby. A similar awareness (79.1%) was found among women who had been pregnant in the last 5 years. This knowledge is higher among Hispanic (89.3%) and black (86.5%) women than among non-Hispanic (76.9%) and white (75.6%) women; women with less than a high school education also have high rates of agreement (85.9%). This trend for some of the target populations of smoking education efforts (black, Hispanic, and the less educated) to have higher agreement with statements assessing knowledge of smoking risks also occurs when the statement involves the increased risks of smoking for women using birth control pills. Black, Hispanic, and less educated smokers answer this question at rates that equal and exceed those of the overall population. Clearly, efforts to inform these population groups about the health risks of smoking have been effective, at least for the risks associated with pregnancy and oral contraceptive use. This suggests that tobacco-control programs directed toward pregnant women should be focused on motivating cessation and promoting long-term maintenance rather than on just informing women of the risks. This approach appears to be particularly true for black, Hispanic, and less educated women with whom previous educational efforts seem to have been very successful. These groups seem to need cessation assistance rather than more information about risks (See Appendix Tables 18 and 19).

Adolescent Smokers

Approximately 90% of those who take up smoking currently do so prior to the age of 20. The mean age of initiation of regular smoking among Californian smokers has fallen steadily during this century, from 23.3 years for those born between 1900 and 1919 to 17 years for those born between 1960 and 1964. The most dramatic change has been among women for whom the mean age of initiation has fallen from 24.4 years in those born between 1900 and 1919 to 16.4 years in those born between 1960 and 1964, and, in the process, has gone from 6.9 years later than men to 0.8 years earlier. For this most recent birth cohort, 95.2% of the female and 91% of the male smokers had begun smoking before age 21, and 56.9% of the female and 47.9% of the male smokers had started by age 16 (See Appendix Table 12).

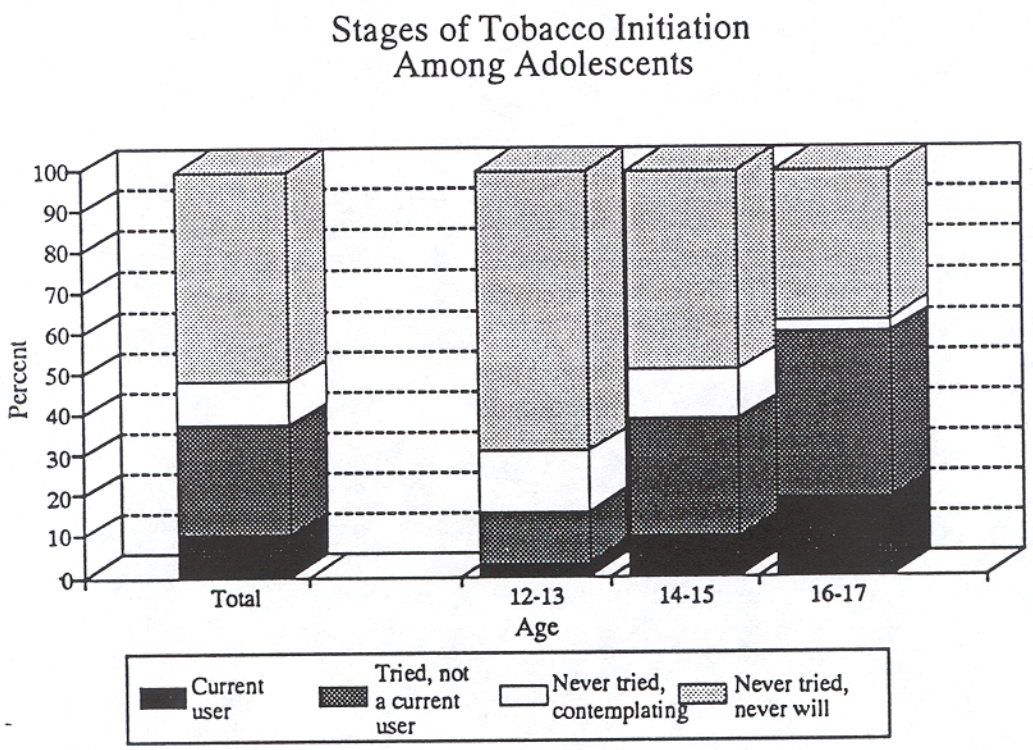


Figure 29

The initiation of cigarette smoking during adolescence is viewed as a continuum of uptake rather than a sudden transition. Younger adolescents contemplate trying cigarettes, experiment with cigarette use, and then become regular users. Therefore, the definition of tobacco use traditionally used for adolescent current smoking is any tobacco use in the last 30 days. Figure 29 shows the progression through these stages for California adolescents of different ages. As expected, the rate of current smoking increases from 3.3% of those aged 12-13 to 19.1% of those aged 16-17. There is a similar rise in those who have tried smoking but have not smoked in the last 30 days, with 59.9% of the 16- to 17-year-old group having tried smoking at some point. However, the fraction of adolescents who are contemplating trying smoking (presumably those at most immediate actual

risk of trying smoking) drops steadily as children age, suggesting that the vulnerability for initiation of smoking diminishes rapidly during adolescence. Clearly, some children convert from believing that they will never use tobacco to contemplating use and actually using cigarettes; however, it appears that the rate of movement along this continuum toward regular use has slowed markedly by age 16-17, and, therefore, programs that delay experimentation or regular use by only a few years may have substantial impact on the eventual adult prevalence (See Appendix Table 4).

Stages of Tobacco Initiation Among
Adolescents and School Performance

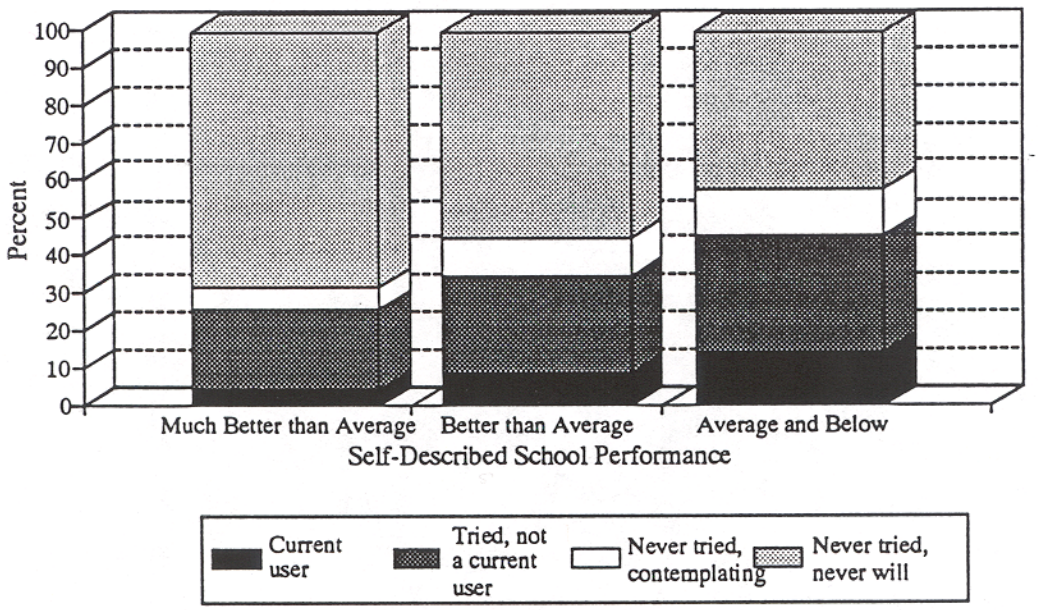


Figure 30

Currently, 10.4% of California adolescents aged 12-17 smoke cigarettes; the rate in girls (11.6%) is not significantly higher than that for boys (9.3%). The sample size of this first third of the survey is not large enough to distinguish between the rates for Hispanic (8.6%), black (8.1%), and white (10.7%) adolescents, but the rate for Asian/Pacific Islander teenagers (1.9%) appears to be much lower than the others. As with adults, a major predictor of whether an adolescent will smoke is educational performance. For adolescents, school performance (Fig 30) is measured by their self-described performance in school relative to that of their peers. Current use, experimentation, and contemplating use are all greatest in those teens who describe themselves as average or below average students, and all these percentages decline in those students who report better school performance (See Appendix Table 4).

Other Forms of Tobacco Use

The use of tobacco as pipes, cigars, chewing tobacco, or snuff is largely limited to males in California; less than 0.5% of female adults report any use. Pipes are used by 3.3% of males in California, and 5.3% use cigars. Chewing tobacco is used by 2.7% and snuff is used by 2% of California males, but this use is confined largely to those white males under the age of 30. Among 18- to 24-year-old males, 5.6% report using chewing tobacco and 3.9% report using snuff. Among adolescents (Fig 31), 16.3% of the males have tried smokeless tobacco and an additional 9.9% are contemplating trying it. Use increases with age among adolescents, but new use seems to come predominantly from those who were contemplating use at age 12-13; with increasing age less change is seen in the percentage who believe that they will never use smokeless tobacco. This contrasts with the pattern seen for cigarette uptake and suggests that the influences that determine smokeless tobacco use are instilled at a very early age and, therefore, programs to prevent use must also begin at a very early age (See Appendix Table 2 and 6).

Smokeless tobacco use is predominantly a white male adolescent behavior: 18.4% of white boys have tried smokeless tobacco, in contrast to 6.8% of Hispanic male teens and negligible rates of current ever use among black and Asian/Pacific Islander teens. However, there is a suggestion that the intention to use smokeless tobacco may be higher among Asian youth and this may indicate a future problem for this segment of the population.

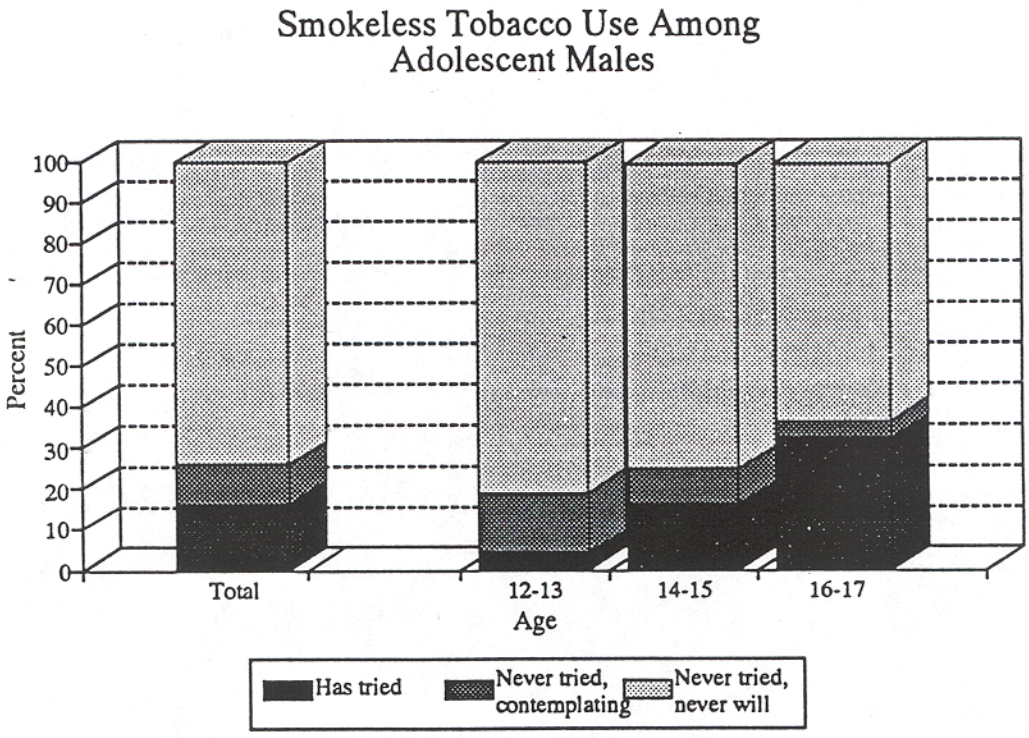


Figure 31

Rates of smokeless tobacco use are also quite variable among the counties and regions of California. Table III lists the rates of chewing tobacco and snuff for the different counties; the rates range from less than 1% to 13.6% for chewing tobacco and 9.1% for snuff.

Chewing Tobacco and Snuff Use

Region	Chewing Tobacco (%)	Snuff (%)
Los Angeles	0.6	0.1
San Diego	1.9	1.8
Orange	2.6	2.4
Santa Clara	2.1	2.0
San Bernardino	2.9	2.2
Alameda	1.2	1.9
Riverside	2.5	2.1
Sacramento	2.4	0.5
Contra Costa	3.1	1.2
San Francisco	0.0	1.3
Region 11	3.5	1.8
Region 12	8.8	6.0
Region 13	13.6	5.8
Region 14	1.8	1.6
Region 15	8.6	9.1
Region 16	3.3	3.3
Region 17	5.5	4.7
Region 18	4.2	3.3

Table III

Public Policy Issues Related to Tobacco

Much of the recent focus of tobacco-control strategies has been on the effect of environmental influences on the uptake and use of tobacco. This survey has examined the public support for several public policy changes related to tobacco, including a further increase in taxes, restrictions on advertising and promotional activities, and limiting access of minors to tobacco products.

Tobacco Excise Tax

In the current anti-tax environment, the support for taxing tobacco is remarkable. Approximately one-half of all Californians support an increase in the tax on tobacco only 18 months after the tax had been raised by 25 cents. The support is substantially less among smokers (Fig 32), but even among smokers 57.4% would like to see taxes either left the same or increased and only 37.5% of smokers support lowering the tax (See Appendix Table 25).

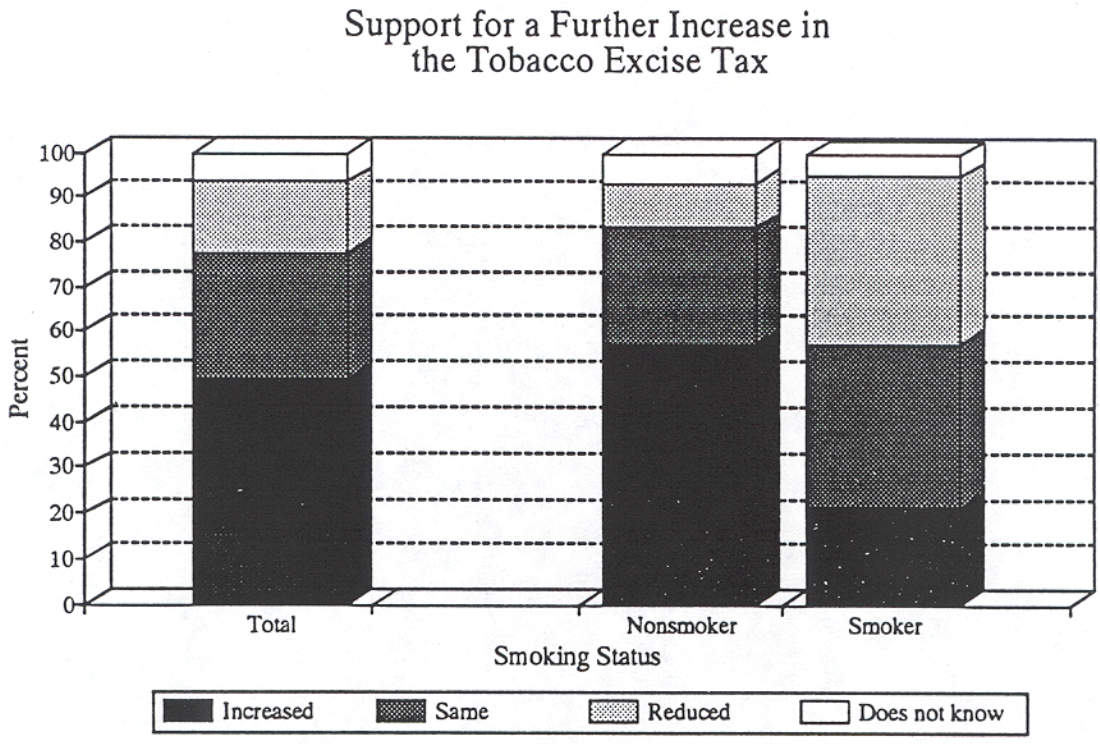


Figure 32

When the support for increased taxation among smokers of different racial and ethnic groups is examined (Fig 33), it is apparent that black and Hispanic smokers are even more likely to support increased taxation than white or Asian/Pacific Islander smokers. This counters the tobacco industry argument that these taxes are discriminatory and regressive by demonstrating that the

Support for Increased Taxes on
Tobacco Among Smokers

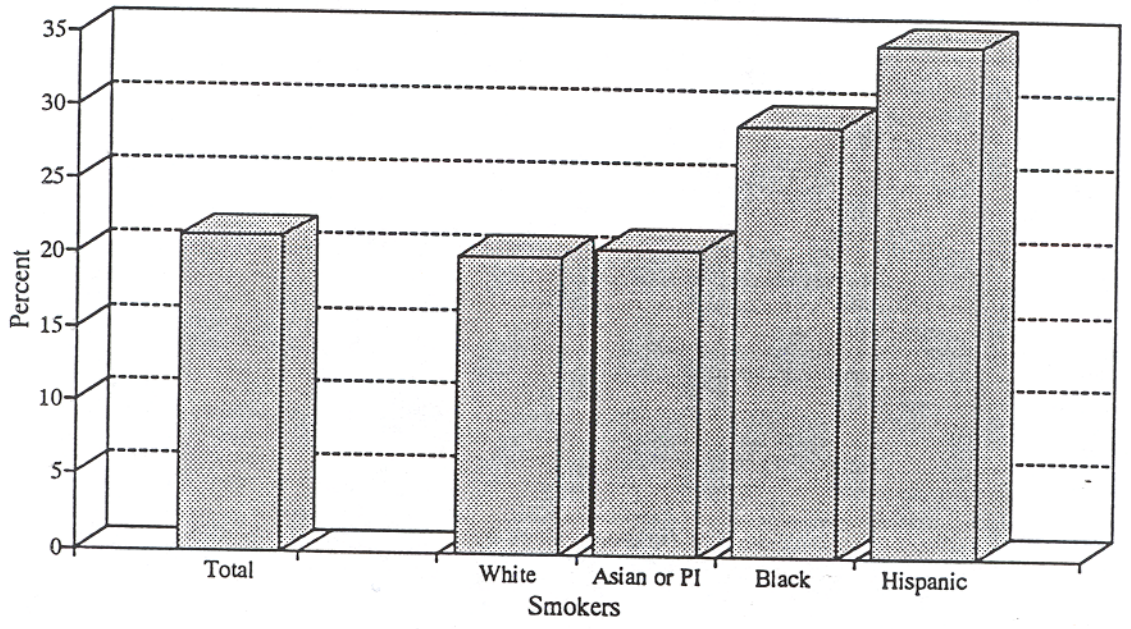


Figure 33

groups most effected, black and Hispanic Californians, are even more supportive of these taxes than the general population.

Support for the tax on tobacco also cuts across different income levels. Figure 34 shows that smokers of all income levels are equally likely to support a further increase in the tax and that over 50% of all income groups, excluding those smokers with annual incomes of less than $10,000, support having the same or increased taxes on cigarettes.

Restricting Advertising and Promotion of Tobacco Products

Tobacco advertising and promotion is designed both to make the product attractive and to create an image of the smoker as a confident, exciting, sophisticated and physically and sexually attractive adult in control of his or her environment. There is great concern that this image, because it is especially attractive to adolescents, will induce adolescents to begin using cigarettes. Adolescents frequently attempt to project exactly this image and may use smoking to superimpose the image from advertising upon their own inadequate self image. The resultant improvement in their internal self image makes them feel better and may promote their use of tobacco. This concern has led to efforts to ban or restrict tobacco advertising.

A second major concern about advertising has been the targeting of advertising to women and black or Hispanic populations. Tobacco use in each of these groups was much lower than that

Support for Increased Tobacco Tax Among
Smokers with Different Incomes

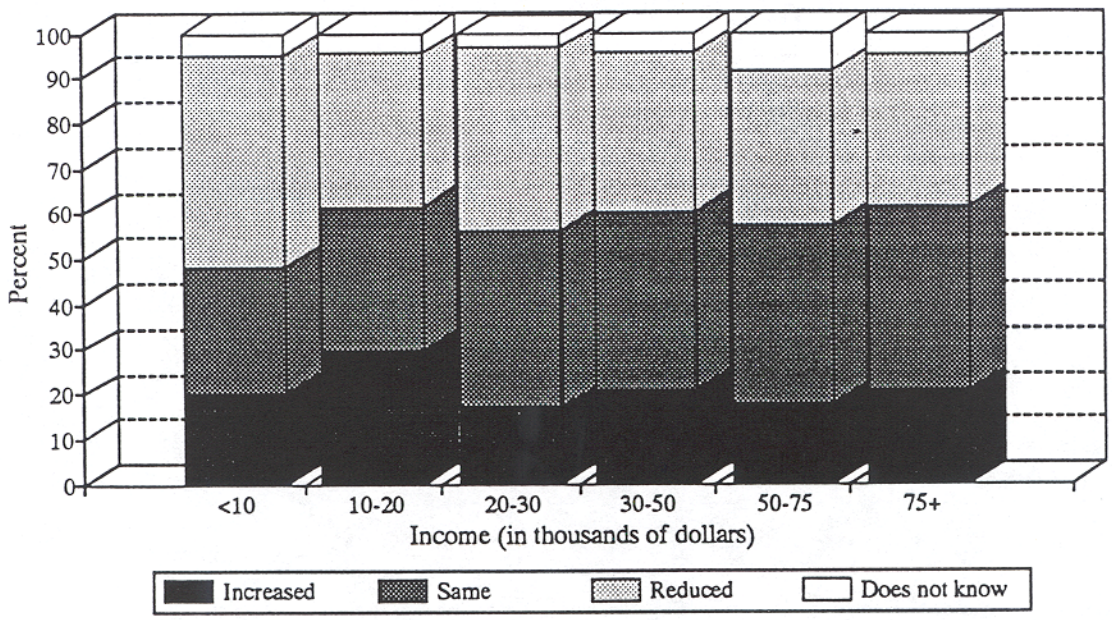


Figure 34

in white males during the first half of this century, and there is considerable concern that the disproportionate uptake of cigarette smoking by each of these groups during the latter half of this century may reflect the influence of this targeting by tobacco advertising.

Slightly more than half (52.5%) of all Californians support banning tobacco advertisements in newspapers and magazines, 57.8% support banning tobacco billboard advertisements, and 55.1% support banning tobacco-company sponsorship of events. This support is greater among nonsmokers than among smokers and generally higher among adult women than adult men (See Appendix Tables 29, 30 and 31).

The black and Hispanic populations targeted by tobacco companies are substantially more likely to support a ban on tobacco advertising than Californians overall, and the difference in support is most evident among smokers (Fig 35). The high rate of cessation attempts by black and Hispanic smokers, their support for increasing the tax on cigarettes, and their support for banning tobacco advertising suggest that there may be substantial resentment within the black and Hispanic communities toward the targeting of these communities by tobacco advertisers and that this resentment may be greatest among those who have responded to that advertising by becoming cigarette smokers and now find themselves unable to quit.

Support for Restricting Tobacco Advertising Among Black and Hispanic Smokers

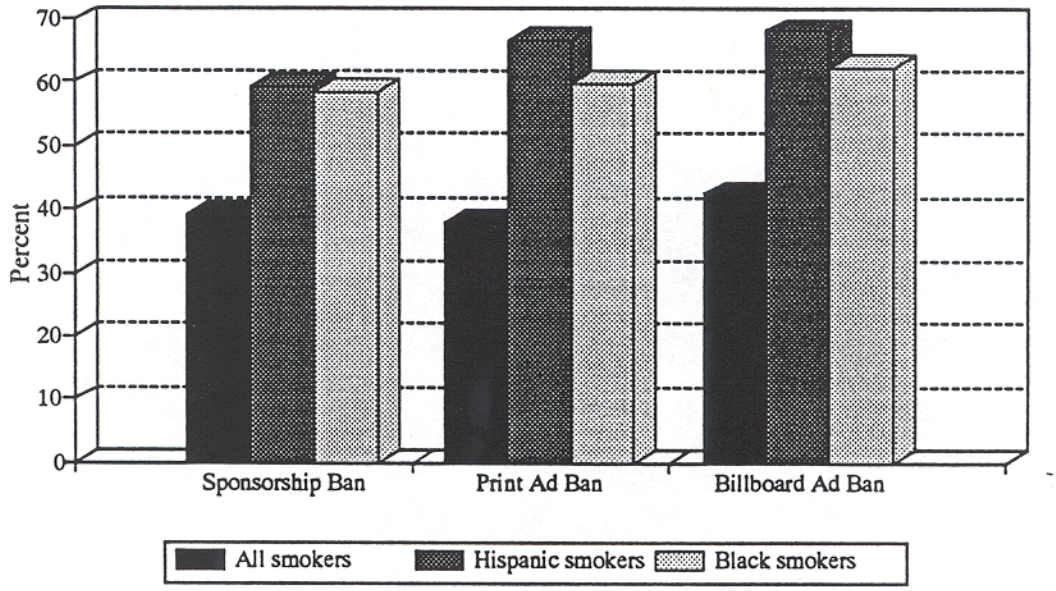


Figure 35

Restricting Access of Children to Tobacco Products

There is nearly universal agreement that children should not be encouraged to smoke cigarettes. Even among California smokers, 96.1% of adult smokers would not offer a cigarette to anyone under the age of 18. In spite of this attitude among adults, the vast majority of those who become smokers do so before the age when it is legal for them to purchase cigarettes. Therefore, easy access to cigarettes is an important societal condition that facilitates initiation and early development of smoking behavior. Cigarettes are readily available to children for purchase both through vending machines and through over-the-counter purchase in violation of existing law. Moreover, tobacco company promotional activities include free distribution of cigarettes at events and by mail with minimal safeguards to prevent adolescents from obtaining these free samples (See Appendix Tables 27, 28, 32 and 33).

The banning of vending machine access to minors is supported by 84% of all Californians, and 77.3% feel that enforcement of laws banning sales to minors is inadequate. There is also strong support for both of these issues among smokers (Fig 36).

The banning of free distribution of cigarettes on public property was supported by 79% of Californians, and 72.3% felt that free distribution through the mails should also be banned. Over half of the current cigarette smokers, who are the legal beneficiaries of these free give-away promotions, supported banning free distribution through the mail or on public property. As was

Support for Bans on Access of
Children to Tobacco Products

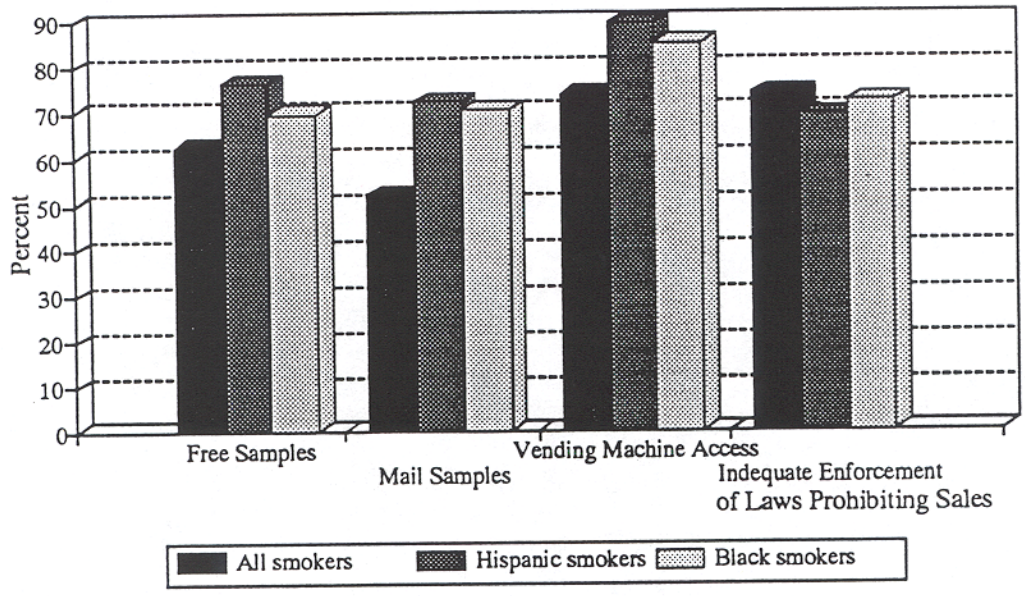
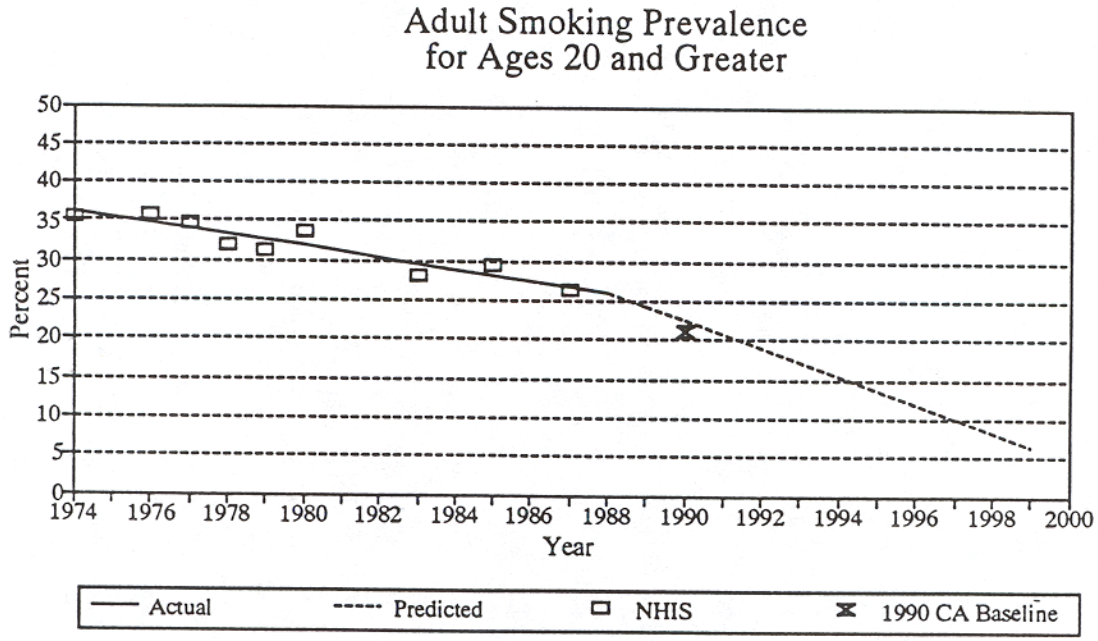


Figure 36

seen for other public policy issues, the support for banning these free give away promotions was even greater among black and Hispanic smokers.

Use of Survey Data in Tobacco-Control Efforts

Information from population surveys provide a detailed description of California smokers that is useful in designing interventions targeted at different aspects of tobacco use. However, survey information is also essential for monitoring the success of a tobacco-control program. The overall California tobacco-control effort will be evaluated by the future changes in rates of tobacco use for the state as a whole, but rates for each of the target groups also need to be monitored to identify those groups in which interventions have been less successful. This monitoring is best accomplished by tracking the change in prevalence for each of the target populations in relation to the goals established for the tobacco-control effort. Figure 37 shows how this can be done and uses the overall population smoking prevalence as an example. The rate of decline in prevalence before the increase in the excise tax is determined from the National Health Interview Survey for California. The 1999 goal is a 75% reduction in that prevalence. A straight line connecting the 1988 prevalence and the 1999 goal defines the rate of decline in prevalence that is needed to achieve that goal. By plotting the actual prevalence from this survey in relation to the line, it is possible to assess whether smoking prevalence is declining at a rate fast enough to achieve the goal. The point on the graph from this survey shows that the initial success of the campaign is ahead of the rate required to meet the 1999 goal. This type of plot can also be used to evaluate



Source: NHIS 1974-1987
1990 California Tobacco Survey

Figure 37

the success of the campaign for each of the target groups and for the different counties and regions surveyed. The 1988 prevalence estimates and the 1999 goals for each of the target populations are listed in Table IV.

Monitoring other aspects of smoking behavior, such as rates of cessation attempts and their success, may allow earlier identification of trends in smoking prevalence because changes in these behaviors precede changes in smoking prevalence.

The implementation of the program can also be monitored through collection of survey data to feed back to successful programs the information needed to fine tune the interventions. Information on changes in the readiness to quit that occur in the target populations help to identify that quit messages are being received. Changes in short-term and long-term cessation success can identify whether programs designed to reach target populations are actually reaching those targets effectivly.

1999 Cigarette Smoking Prevalence Goals for Target Populations

Target Group	Rate of Decline 1974-87	1988 Baseline Estimate (%)	1999 Target (%)	Needed Increase Required - Ratio to 1974-87 Trend
Overall Population	-0.73	26.0	6.5	x 2.4
Male	-0.95	27.7	6.9	x 2.0
Female	0.54	24.2	6.1	x 3.0
White	-0.75	25.6	6.4	x 2.3
Black	-1.06	30.1	7.5	x 1.9
Hispanic	--	22.2	5.5	--
Asian	--	22.9	5.7	--
No College	-0.58	36.6	9.1	x 4.3
Some College	-0.72	14.9	3.7	x 1.4
Women Contemplating Pregnancy	--	15.9	4.0	--

Table IV

Appendix Tables

Note to Appendix Tables:

These tables are numbered according to their citations in the Statistical Interim Report. Therefore, the appendix tables are not necessarily cited in order in the text and some table numbers will not be consecutive.

Table 1.1: Cigarette Smoking Prevalence and Recent Quitting of Household Members from the Screener Survey

		SMOKING STATUS						
		CURRENT SMOKER (%)	95% CONF. INTERVAL	FORMER SMOKER IN LAST 5 YEARS (%)	QUIT RATIO IN LAST 5 YEARS (%)	95% CONF. INTERVAL	POPULATION SIZE	SAMPLE SIZE
OVERALL		21.2	±0.8	10.9	33.9	±1.7	19,844,526	18,664
SEX	MALE	23.8	±1.2	12.1	33.6	±2.3	9,811,905	9,090
	FEMALE	18.8	±1.1	9.8	34.2	±2.5	10,032,621	9,574
AGE	18-24	20.2	±2.0	7.6	27.5	±4.3	3,305,173	3,058
	25-44	23.4	±1.3	10.8	31.6	±2.3	8,795,806	8,652
	45-64	23.0	±1.7	12.1	34.5	±3.2	4,964,504	4,638
	65+	12.0	±1.9	12.6	51.2	±6.0	2,779,043	2,315
HISPANIC ORIGIN	HISPANIC	18.2	±1.9	11.7	39.2	±4.5	4,703,153	3,104
	NON-HISPANIC	22.1	±0.9	10.7	32.6	±1.8	15,141,373	15,560
RACE	WHITE	21.7	±0.9	11.4	34.5	±1.9	16,681,309	14,657
	BLACK	26.0	±4.0	7.6	22.7	±6.7	1,942,779	920
	ASIAN/PACIFIC ISLANDER	15.7	±2.8	6.7	29.9	±7.1	1,051,760	1,350
	OTHER	18.7	±2.6	10.3	35.5	±5.8	168,678	1,737
EDUCATION	< 12 YEARS	24.7	±2.6	13.7	35.7	±4.6	4,420,598	2,182
	12 YEARS	26.5	±1.5	10.7	28.7	±2.5	6,285,192	6,581
	13-15 YEARS	20.0	±1.5	11.1	35.5	±3.2	4,480,106	5,349
	16+ YEARS	12.9	±1.4	8.9	40.9	±4.4	4,658,629	4,552
REGION	LOS ANGELES	20.4	±2.9	10.9	34.9	±6.3	6,069,327	2,143
	SAN DIEGO	21.5	±4.0	11.9	35.6	±8.3	1,632,704	1,080
	ORANGE	18.6	±4.2	9.7	34.4	±9.9	1,607,983	1,004
	SANTA CLARA	19.1	±4.2	10.1	34.6	±9.5	1,029,194	984
	SAN BERNARDINO	24.7	±4.1	10.6	30.1	±7.6	797,598	1,109
	ALAMEDA	22.7	±4.5	9.5	29.5	±8.8	912,206	924
	RIVERSIDE	23.0	±4.2	12.9	35.9	±8.4	630,036	1,047
	SACRAMENTO	23.2	±4.5	11.8	33.7	±8.7	672,396	881
	CONTRA COSTA	22.7	±4.4	11.9	34.5	±8.8	540,054	961
	SAN FRANCISCO	19.7	±4.6	12.6	39.0	±10.3	622,269	801
	SAN MATEO, SOLANO	19.0	±4.3	11.4	37.6	±9.5	680,916	916
	MARIN, NAPA, SONOMA	22.7	±4.8	13.6	37.5	±9.6	521,614	787
	BUTTE, COLUSA, DEL NORTE, GLENN, HUMBOLDT, LAKE, LASSEN, MENDOCINO, MODOC, PLUMAS, SHASTA, SISKIYOU, TEHAMA, TRINITY, YOLO	24.1	±4.1	11.8	32.8	±7.7	650,299	1,040
	SAN LUIS OBISPO, SANTA BARBARA, VENTURA	23.0	±4.3	9.3	28.7	±8.2	838,211	1,033
	AMADOR, ALPINE, CALAVERAS, EL DORADO, MARIPOSA, NEVADA, PLACER, SAN JOAQUIN, SIERRA, SUTTER, TUOLUMNE, YUBA	22.2	±4.2	9.1	29.0	±8.4	716,392	1,000
	MONTEREY, SAN BENITO, SANTA CRUZ	20.6	±4.1	11.4	35.6	±9.1	433,413	1,010
	FRESNO, MADERA, MERCED, STANISLAUS	21.5	±4.1	11.0	33.8	±8.6	802,005	989
	IMPERIAL, INYO, KERN, KINGS, MONO, TULARE	24.7	±4.6	9.4	27.5	±8.4	687,909	954

Table 1.2: Cigarette Smoking Prevalence and Recent Quitting of Household Members by Gender from the Screener Survey

			SMOKING STATUS						
			CURRENT SMOKER (%)	95% CONF. INTERVAL	FORMER SMOKER IN LAST 5 YEARS (%)	QUIT RATIO IN LAST 5 YEARS (%)	95% CONF. INTERVAL	POPULATION SIZE	SAMPLE SIZE
OVERALL			21.2	±0.8	10.9	33.9	±1.7	19,844,526	18,664
MALES	TOTAL		23.8	±1.2	12.1	33.6	±2.3	9,811,905	9,090
	AGE	18-24	21.8	±2.9	8.1	27.0	±5.9	1,634,206	1,527
		25-44	27.3	±1.9	11.3	29.3	±3.1	4,348,988	4,288
		45-64	24.6	±2.5	12.9	34.4	±4.4	2,454,644	2,291
		65+	11.5	±2.8	18.3	61.4	±8.5	1,374,067	984
	HISPANIC ORIGIN	HISPANIC	23.5	±3.0	14.0	37.3	±5.7	2,325,421	1,559
		NON-HISPANIC	23.9	±1.4	11.5	32.5	±2.5	7,486,484	7,531
	RACE	WHITE	23.8	±1.4	12.5	34.4	±2.6	8,247,888	7,112
		BLACK	26.1	±5.8	7.5	22.2	±9.6	960,585	436
		ASIAN/PACIFIC ISLANDER	24.3	±4.7	9.3	27.8	±8.5	520,031	634
		OTHER	22.5	±3.9	11.9	34.5	±7.3	83,401	908
	EDUCATION	< 12 YEARS	30.2	±3.9	17.2	36.3	±6.0	2,185,716	1,064
		12 YEARS	30.0	±2.3	11.3	27.4	±3.5	3,107,644	2,990
		13-15 YEARS	22.0	±2.3	12.0	35.3	±4.5	2,215,139	2,535
		16+ YEARS	14.6	±2.0	9.6	39.7	±5.6	2,303,407	2,501
FEMALES	TOTAL		18.8	±1.1	9.8	34.2	±2.5	10,032,621	9,574
	AGE	18-24	18.6	±2.8	7.3	28.0	±6.3	1,670,967	1,532
		25-44	19.6	±1.7	10.3	34.5	±3.6	4,446,818	4,364
		45-64	21.2	±2.3	11.3	34.7	±4.8	2,509,860	2,347
		65+	12.4	±2.5	8.2	39.8	±8.0	1,404,976	1,331
	HISPANIC ORIGIN	HISPANIC	12.9	±2.4	9.5	42.4	±7.4	2,377,731	1,545
		NON-HISPANIC	20.3	±1.2	9.8	32.6	±2.6	7,654,890	8,029
	RACE	WHITE	19.6	±1.3	10.4	34.6	±2.7	8,433,421	7,545
		BLACK	26.0	±5.5	7.8	23.1	±9.4	982,194	485
		ASIAN/PACIFIC ISLANDER	8.2	±2.9	4.4	34.7	±13.0	531,729	715
		OTHER	14.7	±3.4	8.7	37.1	±9.4	85,277	829
	EDUCATION	< 12 YEARS	19.6	±3.3	10.4	34.7	±7.0	2,234,882	1,117
		12 YEARS	23.5	±2.0	10.1	30.1	±3.6	3,177,549	3,591
		13-15 YEARS	18.2	±2.0	10.1	35.8	±4.6	2,264,967	2,815
		16+ YEARS	10.9	±1.9	8.1	42.8	±6.9	2,355,222	2,051

Table 2: Current Tobacco Use Status of Adults from the Extended Interview

			ANY TOBACCO PRODUCT USE (%)	CIGARETTES (%)	PIPES (%)	CIGARS (%)	CHEWING TOBACCO (%)	SNUFF (%)	SAMPLE SIZE
OVERALL			24.5	21.5	1.7	2.7	1.3	1.0	6,660
	SEX	MALE	29.7	23.5	3.3	5.3	2.7	2.0	3,109
		FEMALE	19.6	19.6	0.1	0.3	0.0	0.0	3,551
MALES	AGE	18-24	31.5	25.4	1.3	4.3	5.6	3.9	490
		25-44	31.4	25.4	2.3	5.5	2.8	2.3	1,577
		45-64	28.6	22.2	6.5	6.3	1.0	1.0	798
		65+	20.7	14.5	2.1	2.7	2.5	.	244
	HISPANIC ORIGIN	HISPANIC	26.5	22.9	1.9	4.7	0.5	0.5	491
		NON-HISPANIC	30.5	23.7	3.6	5.5	3.3	2.4	2,618
	RACE	WHITE	29.7	23.0	3.7	5.7	3.0	2.1	2,499
		BLACK	32.9	27.7	0.9	5.1	1.9	1.1	152
		ASIAN/PACIFIC ISLANDER	26.7	24.3	2.3	1.5	1.2	1.2	188
		OTHER	30.0	26.0	0.9	4.1	1.1	1.6	270
	EDUCATION	< 12 YEARS	37.5	31.1	5.3	6.7	3.1	1.3	392
		12 YEARS	34.1	29.1	1.5	4.4	3.9	3.0	930
		13-15 YEARS	28.6	22.5	2.4	5.8	2.7	2.6	984
		16+ YEARS	21.7	14.6	4.5	5.0	1.2	0.9	804
	REGION	LOS ANGELES	28.7	23.4	4.5	5.4	0.6	0.1	317
		SAN DIEGO	29.4	22.7	3.1	3.7	1.9	1.8	210
		ORANGE	28.3	24.4	2.6	2.2	2.6	2.4	157
		SANTA CLARA	18.5	17.5	1.0	0.6	2.1	2.0	149
		SAN BERNARDINO	32.3	27.4	2.8	10.8	2.9	2.2	190
		ALAMEDA	32.6	29.7	1.4	4.2	1.2	1.9	155
		RIVERSIDE	29.2	23.0	3.4	6.0	2.5	2.1	181
		SACRAMENTO	25.4	22.2	2.2	1.9	2.4	0.5	145
		CONTRA COSTA	30.9	22.2	2.4	8.0	3.1	1.2	147
		SAN FRANCISCO	22.7	18.8	1.3	3.3	.	1.3	139
		SAN MATEO, SOLANO	26.2	20.1	0.6	3.6	3.5	1.8	152
		MARIN, NAPA, SONOMA	38.4	20.9	6.6	8.1	8.8	6.0	128
		BUTTE, COLUSA, DEL NORTE, GLENN, HUMBOLDT, LAKE, LASSEN, MENDOCINO, MODOC, PLUMAS, SHASTA, SISKIYOU, TEHAMA, TRINITY, YOLO	42.8	27.3	1.1	7.8	13.6	5.8	185
		SAN LUIS OBISPO, SANTA BARBARA, VENTURA	33.8	27.1	6.4	8.8	1.8	1.6	175
		AMADOR, ALPINE, CALAVERAS, EL DORADO, MARIPOSA, NEVADA, PLACER, SAN JOAQUIN, SIERRA, SUTTER, TUOLUMNE, YUBA	39.3	23.1	4.8	11.6	8.6	9.1	186
		MONTEREY, SAN BENITO, SANTA CRUZ	30.1	22.2	2.5	7.1	3.3	3.3	173
		FRESNO, MADERA, MERCED, STANISLAUS	30.2	25.4	2.8	6.3	5.5	4.7	171
		IMPERIAL, INYO, KERN, KINGS, MONO, TULARE	31.2	25.3	2.4	4.5	4.2	3.3	150

Table 3.1: Current Cigarette Smoking Status of Adults from the Extended Interview

		SMOKING STATUS								
		CURRENT SMOKER (%)	95% CONF. INTERVAL	FORMER SMOKER IN LIFETIME (%)	NEVER SMOKER IN LIFETIME (%)	95% CONF. INTERVAL	LIFETIME QUIT RATIO (%)	95% CONF. INTERVAL	POPULATION SIZE	SAMPLE SIZE
OVERALL		21.5	±1.7	28.4	50.1	±2.1	56.9	±2.5	19,844,526	6,660
SEX	MALE	23.5	±2.6	33.2	43.3	±3.0	58.5	±3.5	9,811,905	3,109
	FEMALE	19.6	±2.3	23.9	56.5	±2.8	55.0	±3.5	10,032,621	3,551
AGE	18-24	22.7	±4.6	13.3	64.0	±5.2	36.9	±6.8	3,305,173	978
	25-44	23.7	±2.5	22.8	53.5	±3.0	49.0	±3.6	8,795,806	3,252
	45-64	20.5	±3.3	42.2	37.4	±4.0	67.3	±4.3	4,964,504	1,743
	65+	13.2	±4.4	40.3	46.5	±6.5	75.3	±6.8	2,779,043	688
HISPANIC ORIGIN	HISPANIC	18.3	±4.2	24.4	57.3	±5.4	57.2	±6.8	4,703,153	964
	NON-HISPANIC	22.3	±1.9	29.5	48.2	±2.3	56.9	±2.6	15,141,373	5,696
RACE	WHITE	21.5	±1.9	29.6	48.9	±2.3	58.0	±2.7	16,681,309	5,484
	BLACK	24.6	±8.1	26.4	49.0	±9.4	51.8	±11.6	1,942,779	331
	ASIAN/PACIFIC ISLANDER	17.2	±6.9	19.5	63.3	±8.9	53.1	±11.7	1,051,760	345
	OTHER	23.0	±6.4	21.4	55.6	±7.6	48.2	±9.4	168,678	501
EDUCATION	< 12 YEARS	26.3	±5.3	32.9	40.8	±5.9	55.6	±6.7	4,420,598	815
	12 YEARS	25.2	±3.1	25.6	49.2	±3.6	50.4	±4.2	6,285,192	2,285
	13-15 YEARS	21.1	±3.0	27.0	52.0	±3.7	56.1	±4.4	4,480,106	2,105
	16+ YEARS	13.1	±3.0	30.0	56.8	±4.4	69.6	±5.2	4,658,629	1,455
REGION	LOS ANGELES	20.7	±4.4	27.0	52.2	±5.4	56.6	±6.4	6,069,327	683
	SAN DIEGO	21.0	±5.5	30.0	49.0	±6.7	58.8	±7.9	1,632,704	414
	ORANGE	20.2	±6.2	27.7	52.1	±7.7	57.9	±9.5	1,607,983	326
	SANTA CLARA	18.7	±6.2	27.4	53.9	±7.9	59.4	±9.6	1,029,194	329
	SAN BERNARDINO	26.7	±6.2	30.6	42.7	±6.9	53.4	±8.1	797,598	391
	ALAMEDA	22.5	±6.1	21.1	56.4	±7.3	48.4	±9.0	912,206	335
	RIVERSIDE	24.3	±6.0	30.4	45.3	±6.9	55.5	±8.0	630,036	381
	SACRAMENTO	19.2	±6.3	36.3	44.5	±8.0	65.4	±8.9	672,396	338
	CONTRA COSTA	24.3	±6.5	33.3	42.4	±7.4	57.8	±8.6	540,054	344
	SAN FRANCISCO	18.9	±6.9	27.8	53.3	±8.7	59.5	±10.4	622,269	261
	SAN MATEO, SOLANO	18.7	±6.0	26.4	54.9	±7.6	58.6	±9.2	680,916	333
	MARIN, NAPA, SONOMA	21.7	±6.8	34.2	44.1	±8.2	61.2	±9.3	521,614	300
	BUTTE, COLUSA, DEL NORTE, GLENN, HUMBOLDT, LAKE, LASSEN, MENDOCINO, MODOC, PLUMAS, SHASTA, SISKIYOU, TEHAMA, TRINITY, YOLO	25.0	±5.9	25.9	49.1	±6.8	50.9	±8.1	650,299	416
	SAN LUIS OBISPO, SANTA BARBARA, VENTURA	24.9	±6.3	27.8	47.3	±7.3	52.7	±8.5	838,211	362
	AMADOR, ALPINE, CALAVERAS, EL DORADO, MARIPOSA, NEVADA, PLACER, SAN JOAQUIN, SIERRA, SUTTER, TUOLUMNE, YUBA	21.1	±5.5	35.4	43.5	±6.7	62.7	±7.7	716,392	391
	MONTEREY, SAN BENITO, SANTA CRUZ	22.8	±5.9	26.2	51.0	±7.1	53.4	±8.4	433,413	356
	FRESNO, MADERA, MERCED, STANISLAUS	21.5	±6.1	32.1	46.4	±7.5	59.9	±8.7	802,005	352
	IMPERIAL, INYO, KERN, KINGS, MONO, TULARE	24.6	±6.6	25.3	50.1	±7.7	50.7	±9.2	687,909	351

Table 3.2: Current Cigarette Smoking Status of Adults by Gender from the Extended Interview

			SMOKING STATUS								
			CURRENT SMOKER (%)	95% CONF. INTERVAL	FORMER SMOKER IN LIFETIME (%)	NEVER SMOKER IN LIFETIME (%)	95% CONF. INTERVAL	LIFETIME QUIT RATIO (%)	95% CONF. INTERVAL	POPULATION SIZE	SAMPLE SIZE
OVERALL			21.5	±1.7	28.4	50.1	±2.1	56.9	±2.5	19,844,526	6,660
MALES	TOTAL		23.5	±2.6	33.2	43.3	±3.0	58.5	±3.5	9,811,905	3,109
	AGE	18-24	25.4	±6.7	15.1	59.5	±7.6	37.2	±9.4	1,634,206	490
		25-44	25.4	±3.7	25.4	49.2	±4.3	50.0	±5.0	4,348,988	1,577
		45-64	22.2	±5.0	49.3	28.5	±5.5	68.9	±6.0	2,454,644	798
		65+	14.5	±7.7	55.1	30.5	±10.1	79.2	±9.8	1,374,067	244
	HISPANIC ORIGIN	HISPANIC	22.9	±6.5	29.3	47.8	±7.7	56.2	±9.2	2,325,421	491
		NON-HISPANIC	23.7	±2.8	34.1	42.2	±3.3	59.0	±3.8	7,486,484	2,618
	RACE	WHITE	23.0	±2.9	34.2	42.8	±3.4	59.7	±3.8	8,247,888	2,499
		BLACK	27.7	±12.4	29.4	42.9	±13.7	51.5	±16.7	960,585	152
		ASIAN/PACIFIC ISLANDER	24.3	±10.7	28.0	47.7	±12.4	53.5	±14.9	520,031	188
		OTHER	26.0	±9.1	27.4	46.6	±10.4	51.4	±12.1	83,401	270
	EDUCATION	< 12 YEARS	31.1	±8.0	40.0	28.8	±7.8	56.3	±9.2	2,185,716	392
		12 YEARS	29.1	±5.1	28.3	42.6	±5.5	49.4	±6.4	3,107,644	930
		13-15 YEARS	22.5	±4.5	33.0	44.5	±5.4	59.5	±6.1	2,215,139	984
		16+ YEARS	14.6	±4.2	33.8	51.6	±6.0	69.8	±6.8	2,303,407	804
FEMALES	TOTAL		19.6	±2.3	23.9	56.5	±2.8	55.0	±3.5	10,032,621	3,551
	AGE	18-24	20.4	±6.2	11.7	67.9	±7.2	36.5	±9.7	1,670,967	488
		25-44	22.0	±3.5	20.2	57.9	±4.1	47.9	±5.1	4,446,818	1,674
		45-64	18.6	±4.3	34.7	46.7	±5.5	65.0	±6.2	2,509,860	946
		65+	12.4	±5.3	31.0	56.5	±8.0	71.4	±9.4	1,404,976	444
	HISPANIC ORIGIN	HISPANIC	14.1	±5.5	19.9	66.0	±7.4	58.5	±10.1	2,377,731	473
		NON-HISPANIC	21.0	±2.5	25.0	54.0	±3.1	54.3	±3.7	7,654,890	3,079
	RACE	WHITE	20.0	±2.5	25.4	54.6	±3.1	55.9	±3.7	8,433,421	2,985
		BLACK	21.8	±10.5	23.7	54.4	±12.7	52.0	±16.0	982,194	179
		ASIAN/PACIFIC ISLANDER	10.2	±8.2	11.1	78.7	±11.1	52.1	±19.1	531,729	157
		OTHER	19.7	±8.9	14.7	65.6	±10.7	42.6	±14.6	85,277	231
	EDUCATION	< 12 YEARS	22.4	±6.9	27.3	50.3	±8.3	54.9	±9.8	2,234,882	423
		12 YEARS	22.4	±3.9	23.6	53.9	±4.6	51.3	±5.5	3,177,549	1,355
		13-15 YEARS	19.6	±4.0	20.8	59.6	±5.0	51.5	±6.2	2,264,967	1,121
		16+ YEARS	11.0	±4.2	24.5	64.5	±6.4	69.0	±8.3	2,355,222	652

Table 4: Current Smoking Status of Adolescents Aged 12 to 17 Years

		SMOKING STATUS				
		CURRENT SMOKER (%)	TRIED, NOT CURRENT SMOKER (%)	NEVER TRIED, CONTEM-PLATING (%)	NEVER TRIED, NEVER WILL (%)	SAMPLE SIZE
OVERALL		10.4	27.3	10.5	51.8	1,392
SEX	MALE	9.3	29.1	10.3	51.2	724
	FEMALE	11.6	25.1	10.7	52.6	669
AGE	12-13	3.3	12.9	15.2	68.6	483
	14-15	9.5	29.4	12.2	48.8	470
	16-17	19.1	40.8	3.3	36.7	440
HISPANIC ORIGIN	HISPANIC	8.6	23.8	15.8	51.7	365
	NON-HISPANIC	10.9	28.5	8.7	51.9	1,028
RACE	WHITE	10.7	29.9	8.4	51.0	1,019
	BLACK	8.1	16.4	12.7	62.8	71
	ASIAN/PACIFIC ISLANDER	1.9	17.8	10.2	70.1	101
	OTHER	11.5	16.0	24.9	47.6	202
EDUCATION	MUCH BETTER THAN AVERAGE	4.2	21.4	6.3	68.2	273
	BETTER THAN AVERAGE	8.4	25.8	10.7	55.2	509
	AVERAGE AND BELOW	14.6	31.1	12.1	42.1	611

Table 5.1: Detailed Smoking Status of Adults from the Extended Interview

		CURRENT		FORMER				NEVER		
		DAILY (%)	OCCA-SIONAL (%)	< 1 YEAR (%)	1-4 YEARS (%)	5+ YEARS (%)	UNKNOWN (%)	1-100 CIGARETTES (%)	0 CIGARETTES (%)	SAMPLE SIZE
OVERALL		17.6	3.9	3.2	5.6	17.3	2.3	23.2	26.9	6,660
SEX	MALE	18.9	4.6	3.6	6.2	20.3	3.1	24.0	19.3	3,109
	FEMALE	16.3	3.2	2.9	5.0	14.4	1.6	22.6	34.0	3,551
AGE	18-24	16.0	6.7	4.1	6.9	1.4	0.9	29.0	35.1	978
	25-44	19.5	4.2	3.9	4.9	11.4	2.6	27.3	26.2	3,252
	45-64	17.4	3.1	2.5	6.1	31.0	2.6	16.8	20.5	1,743
	65+	12.3	0.9	1.0	5.3	31.4	2.6	13.5	33.0	688
HISPANIC ORIGIN	HISPANIC	12.0	6.3	5.6	6.0	10.6	2.3	23.4	33.9	964
	NON-HISPANIC	19.1	3.3	2.6	5.4	19.0	2.4	23.2	25.0	5,696
RACE	WHITE	17.9	3.6	3.3	5.6	18.3	2.5	23.9	25.0	5,484
	BLACK	18.3	6.3	2.0	4.9	17.9	1.6	22.2	26.8	331
	ASIAN/PACIFIC ISLANDER	13.5	3.7	2.4	4.5	11.1	1.5	19.2	44.1	345
	OTHER	16.9	6.1	4.5	6.4	8.4	2.1	19.1	36.5	501
EDUCATION	< 12 YEARS	21.7	4.6	6.7	6.5	17.3	2.4	15.0	25.8	815
	12 YEARS	20.9	4.3	2.5	5.9	15.3	1.9	20.4	28.8	2,285
	13-15 YEARS	17.6	3.4	2.5	5.9	16.2	2.4	27.0	25.0	2,105
	16+ YEARS	9.9	3.2	2.1	4.1	20.9	2.9	30.0	26.9	1,455
REGION	LOS ANGELES	16.4	4.4	3.7	5.9	15.2	2.3	23.6	28.7	683
	SAN DIEGO	18.5	2.5	3.0	6.9	18.2	1.9	22.7	26.3	414
	ORANGE	13.6	6.6	3.5	5.2	16.2	2.9	24.8	27.3	326
	SANTA CLARA	16.0	2.7	2.7	3.6	17.8	3.2	27.3	26.7	329
	SAN BERNARDINO	22.3	4.5	3.5	5.7	20.3	1.1	18.3	24.4	391
	ALAMEDA	17.4	5.1	2.0	2.7	15.1	1.3	30.3	26.1	335
	RIVERSIDE	21.2	3.2	2.8	7.8	17.9	1.8	20.6	24.7	381
	SACRAMENTO	16.1	3.1	4.7	4.6	22.7	4.3	22.5	22.0	338
	CONTRA COSTA	20.7	3.6	3.3	8.0	20.8	1.2	21.2	21.2	344
	SAN FRANCISCO	14.8	4.1	3.1	6.7	16.6	1.5	31.3	22.0	261
	SAN MATEO, SOLANO	16.0	2.7	2.5	5.8	17.3	0.8	21.7	33.2	333
	MARIN, NAPA, SONOMA	19.2	2.6	2.9	5.4	21.5	4.4	23.6	20.4	300
	BUTTE, COLUSA, DEL NORTE, GLENN, HUMBOLDT, LAKE, LASSEN, MENDOCINO, MODOC, PLUMAS, SHASTA, SISKIYOU, TEHAMA, TRINITY, YOLO	21.9	3.0	4.2	6.3	12.3	3.2	24.4	24.7	416
	SAN LUIS OBISPO, SANTA BARBARA, VENTURA	21.1	3.8	4.2	4.2	15.8	3.6	22.6	24.6	362
	AMADOR, ALPINE, CALAVERAS, EL DORADO, MARIPOSA, NEVADA, PLACER, SAN JOAQUIN, SIERRA, SUTTER, TUOLUMNE, YUBA	17.1	4.0	1.6	4.0	25.7	4.1	19.0	24.5	391
	MONTEREY, SAN BENITO, SANTA CRUZ	19.3	3.5	3.8	5.3	15.7	1.4	18.3	32.7	356
	FRESNO, MADERA, MERCED, STANISLAUS	19.2	2.3	2.0	6.5	22.1	1.6	19.0	27.4	352
	IMPERIAL, INYO, KERN, KINGS, MONO, TULARE	21.5	3.1	2.0	4.6	16.9	1.8	18.3	31.8	351

Table 5.2: Detailed Smoking Status of Adults by Gender from the Extended Interview

			CURRENT		FORMER				NEVER		
			DAILY (%)	OCCA-SIONAL (%)	< 1 YEAR (%)	1-4 YEARS (%)	5+ YEARS (%)	UNKNOWN (%)	1-100 CIGARETTES (%)	0 CIGARETTES (%)	SAMPLE SIZE
OVERALL			17.6	3.9	3.2	5.6	17.3	2.3	23.2	26.9	6,660
MALES	TOTAL		18.9	4.6	3.6	6.2	20.3	3.1	24.0	19.3	3,109
	AGE	18-24	17.3	8.1	4.7	7.6	1.9	0.8	30.6	29.0	490
		25-44	20.6	4.7	4.5	5.0	12.3	3.5	28.9	20.3	1,577
		45-64	18.4	3.8	1.9	6.7	37.1	3.6	16.1	12.4	798
		65+	13.7	0.8	1.3	8.6	42.1	3.1	10.4	20.0	244
	HISPANIC ORIGIN	HISPANIC	14.9	8.0	7.1	6.8	12.8	2.6	25.8	22.0	491
		NON-HISPANIC	20.0	3.7	2.6	6.0	22.3	3.2	23.5	18.7	2,618
	RACE	WHITE	18.8	4.2	3.6	6.2	21.2	3.2	23.8	18.9	2,499
		BLACK	18.4	9.2	1.0	2.7	23.8	1.9	24.1	18.9	152
		ASIAN/PACIFIC ISLANDER	20.5	3.8	3.5	6.2	16.2	2.1	25.0	22.7	188
		OTHER	19.1	6.8	4.7	7.7	11.2	3.8	24.6	21.9	270
	EDUCATION	< 12 YEARS	24.5	6.6	9.1	7.6	19.8	3.5	15.2	13.7	392
		12 YEARS	24.0	5.0	2.5	7.1	17.0	1.7	20.3	22.3	930
		13-15 YEARS	18.6	3.9	2.7	6.4	20.6	3.3	26.6	18.0	984
		16+ YEARS	11.0	3.6	2.0	4.2	23.6	4.0	30.5	21.0	804
FEMALES	TOTAL		16.3	3.2	2.9	5.0	14.4	1.6	22.6	34.0	3,551
	AGE	18-24	14.8	5.6	3.5	6.2	1.0	0.9	27.5	40.4	488
		25-44	18.3	3.6	3.2	4.9	10.4	1.7	25.7	32.2	1,674
		45-64	16.4	2.2	3.2	5.5	24.5	1.5	17.6	29.1	946
		65+	11.4	1.0	0.7	3.2	24.8	2.3	15.5	41.1	444
	HISPANIC ORIGIN	HISPANIC	9.3	4.8	4.2	5.3	8.5	2.0	21.2	44.8	473
		NON-HISPANIC	18.2	2.8	2.6	4.9	16.0	1.5	22.9	31.0	3,079
	RACE	WHITE	17.0	3.0	2.9	5.0	15.6	1.8	23.9	30.7	2,985
		BLACK	18.1	3.8	2.8	6.9	12.7	1.3	20.5	33.9	179
		ASIAN/PACIFIC ISLANDER	6.6	3.6	1.3	2.9	6.0	0.9	13.6	65.1	157
		OTHER	14.5	5.3	4.3	5.0	5.2	0.2	12.8	52.8	231
	EDUCATION	< 12 YEARS	19.4	3.0	4.8	5.6	15.3	1.6	14.8	35.5	423
		12 YEARS	18.6	3.8	2.5	5.0	14.1	2.0	20.5	33.4	1,355
		13-15 YEARS	16.7	2.9	2.4	5.3	11.7	1.4	27.4	32.2	1,121
		16+ YEARS	8.3	2.7	2.3	3.8	17.0	1.3	29.2	35.3	652

Table 6: Experimentation with Smokeless Tobacco Use Among Adolescent Males Aged 12-17 Years Old

		TOBACCO USE STATUS			
		HAVE TRIED (%)	NEVER TRIED, CONTEM-PLATING (%)	NEVER TRIED, NEVER WILL (%)	SAMPLE SIZE
OVERALL		16.3	9.9	73.8	724
AGE	12-13	4.3	15.1	80.7	246
	14-15	16.1	8.9	75.0	253
	16-17	32.0	4.4	63.6	225
HISPANIC ORIGIN	HISPANIC	6.8	9.2	84.1	185
	NON-HISPANIC	19.3	10.1	70.5	539
RACE	WHITE	18.4	9.8	71.8	540
	BLACK		1.8	98.2	33
	ASIAN/PACIFIC ISLANDER	2.6	14.7	82.7	49
	OTHER	9.1	11.6	79.3	102
EDUCATION	MUCH BETTER THAN AVERAGE	9.6	11.1	79.3	141
	BETTER THAN AVERAGE	18.7	8.8	72.5	265
	AVERAGE AND BELOW	17.1	10.3	72.6	318

Table 7.1: Quitting Continuum Among Adults Who Smoked in the Previous 12 Months

		CURRENTLY QUIT		RELAPSED		NO ATTEMPTS	
		3+ MONTHS (%)	0-3 MONTHS (%)	7+ DAYS OFF (%)	1-6 DAYS OFF (%)	(%)	SAMPLE SIZE
OVERALL		7.2	4.5	21.7	15.2	51.4	2,955
SEX	MALE	6.0	4.8	23.2	16.4	49.6	1,426
	FEMALE	8.6	4.1	20.0	13.9	53.4	1,529
AGE	18-24	8.8	4.2	29.9	15.5	41.6	469
	25-44	6.2	5.0	22.1	16.8	50.0	1,495
	45-64	9.1	4.0	16.2	12.5	58.3	779
	65+	4.4	2.9	19.5	12.9	60.3	212
HISPANIC ORIGIN	HISPANIC	9.5	7.3	25.6	13.2	44.4	358
	NON-HISPANIC	6.7	3.8	20.8	15.7	53.1	2,597
RACE	WHITE	6.9	4.4	20.5	14.5	53.6	2,462
	BLACK	9.3	0.7	32.8	23.8	33.3	153
	ASIAN/PACIFIC ISLANDER	10.9	5.5	19.2	14.6	49.9	137
	OTHER	7.1	7.1	28.3	17.6	39.9	204
EDUCATION	< 12 YEARS	5.9	8.6	20.1	16.1	49.2	411
	12 YEARS	7.5	2.8	20.3	15.9	53.4	1,139
	13-15 YEARS	6.5	3.4	25.6	15.6	48.9	956
	16+ YEARS	9.6	3.5	21.6	11.5	53.7	449
REGION	LOS ANGELES	9.2	4.8	20.9	15.7	49.5	312
	SAN DIEGO	4.3	4.4	25.5	18.1	47.6	169
	ORANGE	5.5	6.8	29.5	8.0	50.2	129
	SANTA CLARA	8.4	4.5	15.7	15.1	56.3	144
	SAN BERNARDINO	6.4	2.5	17.6	14.6	59.0	187
	ALAMEDA	6.5	2.2	17.6	12.5	61.2	154
	RIVERSIDE	3.6	5.2	16.5	15.6	59.1	187
	SACRAMENTO	9.5	4.5	18.0	16.9	51.1	141
	CONTRA COSTA	5.6	4.7	21.6	16.6	51.5	155
	SAN FRANCISCO	10.0	1.8	29.5	9.5	49.1	100
	SAN MATEO, SOLANO	5.6	6.1	20.4	20.8	47.2	137
	MARIN, NAPA, SONOMA	11.1	0.1	19.3	17.6	51.8	129
	BUTTE, COLUSA, DEL NORTE, GLENN, HUMBOLDT, LAKE, LASSEN, MENDOCINO, MODOC, PLUMAS, SHASTA, SISKIYOU, TEHAMA, TRINITY, YOLO	10.7	3.4	20.5	18.1	47.4	204
	SAN LUIS OBISPO, SANTA BARBARA, VENTURA	5.2	9.7	23.3	12.2	49.6	177
	AMADOR, ALPINE, CALAVERAS, EL DORADO, MARIPOSA, NEVADA, PLACER, SAN JOAQUIN, SIERRA, SUTTER, TUOLUMNE, YUBA	3.8	2.6	24.3	18.1	51.2	161
	MONTEREY, SAN BENITO, SANTA CRUZ	9.7	2.8	23.5	16.7	47.3	155
	FRESNO, MADERA, MERCED, STANISLAUS	5.1	2.8	20.7	14.0	57.4	147
	IMPERIAL, INYO, KERN, KINGS, MONO, TULARE	3.4	3.7	23.1	18.5	51.3	169

Table 7.2: Quitting Continuum by Gender Among Adults Who Smoked in the Previous 12 Months

			CURRENTLY QUIT		RELAPSED		NO ATTEMPTS	
			3+ MONTHS (%)	0-3 MONTHS (%)	7+ DAYS OFF (%)	1-6 DAYS OFF (%)	(%)	SAMPLE SIZE
OVERALL			7.2	4.5	21.7	15.2	51.4	2,955
MALES	TOTAL		6.0	4.8	23.2	16.4	49.6	1,426
	AGE	18-24	9.2	2.8	33.3	18.4	36.3	242
		25-44	5.3	6.3	24.1	18.3	46.1	753
		45-64	6.1	2.8	16.1	11.7	63.2	360
		65+	3.3	5.2	17.9	13.9	59.8	72
	HISPANIC ORIGIN	HISPANIC	7.5	5.0	32.0	19.1	36.4	196
		NON-HISPANIC	5.6	4.7	20.9	15.7	53.0	1,230
	RACE	WHITE	5.7	4.6	21.2	15.1	53.4	1,147
		BLACK	3.6	.	38.7	30.0	27.7	72
		ASIAN/PACIFIC ISLANDER	11.8	7.2	19.7	14.2	47.1	90
		OTHER	5.8	7.5	36.7	23.1	26.9	117
	EDUCATION	< 12 YEARS	5.0	9.8	26.6	21.0	37.7	215
		12 YEARS	5.6	3.3	21.3	16.2	53.5	482
		13-15 YEARS	5.9	3.0	26.1	15.7	49.2	463
		16+ YEARS	8.2	3.1	18.4	11.5	58.7	267
FEMALES	TOTAL		8.6	4.1	20.0	13.9	53.4	1,529
	AGE	18-24	8.4	5.6	26.3	12.4	47.3	227
		25-44	7.2	3.5	19.7	15.0	54.6	743
		45-64	12.6	5.2	16.2	13.3	52.7	420
		65+	5.2	1.2	20.7	12.2	60.7	140
	HISPANIC ORIGIN	HISPANIC	12.2	10.4	17.2	5.5	54.8	162
		NON-HISPANIC	7.8	2.8	20.6	15.7	53.1	1,367
	RACE	WHITE	8.1	4.2	19.9	13.9	53.9	1,314
		BLACK	14.9	1.4	27.0	17.8	38.9	81
		ASIAN/PACIFIC ISLANDER	8.3	1.0	17.9	15.6	57.2	47
		OTHER	8.9	6.6	16.4	9.7	58.4	87
	EDUCATION	< 12 YEARS	7.1	7.3	12.9	10.8	62.0	196
		12 YEARS	9.3	2.3	19.4	15.6	53.4	658
		13-15 YEARS	7.1	3.8	25.1	15.5	48.6	494
		16+ YEARS	12.0	4.3	27.6	11.5	44.6	182

Table 8.1: Number of Quit Attempts Made in Last 12 Months by People Who Smoked 12 Months Ago

		ATTEMPTS					
		CURRENT, NO ATTEMPTS (%)	CURRENT, 1 ATTEMPT (%)	CURRENT, > 1 ATTEMPT (%)	FORMER, 1 ATTEMPT (%)	FORMER, > 1 ATTEMPT (%)	SAMPLE SIZE
OVERALL		51.4	23.6	13.3	8.6	3.1	2,955
SEX	MALE	49.6	24.7	14.9	7.9	2.9	1,426
	FEMALE	53.4	22.5	11.5	9.3	3.4	1,529
AGE	18-24	41.6	30.4	15.0	9.6	3.4	469
	25-44	50.0	24.3	14.6	7.5	3.6	1,495
	45-64	58.3	19.0	9.6	10.7	2.4	779
	65+	60.3	19.3	13.1	6.5	0.7	212
HISPANIC ORIGIN	HISPANIC	44.4	21.3	17.5	13.0	3.9	358
	NON-HISPANIC	53.1	24.2	12.3	7.5	2.9	2,597
RACE	WHITE	53.6	22.7	12.4	8.1	3.2	2,462
	BLACK	33.3	37.3	19.4	8.2	1.8	153
	ASIAN/PACIFIC ISLANDER	49.9	19.9	13.9	14.2	2.1	137
	OTHER	39.9	27.0	18.9	10.5	3.7	204
EDUCATION	< 12 YEARS	49.2	22.5	13.8	11.4	3.1	411
	12 YEARS	53.4	23.9	12.4	7.8	2.6	1,139
	13-15 YEARS	48.9	27.7	13.5	6.6	3.3	956
	16+ YEARS	53.7	18.8	14.3	9.0	4.1	449
REGION	LOS ANGELES	49.5	22.5	14.1	11.4	2.6	312
	SAN DIEGO	47.6	27.4	16.3	6.7	2.0	169
	ORANGE	50.2	23.6	14.0	9.6	2.7	129
	SANTA CLARA	56.3	17.4	13.4	7.9	5.0	144
	SAN BERNARDINO	59.0	19.6	12.6	6.8	2.1	187
	ALAMEDA	61.2	17.9	12.2	7.0	1.7	154
	RIVERSIDE	59.1	19.0	13.1	5.0	3.8	187
	SACRAMENTO	51.1	22.7	12.2	10.5	3.5	141
	CONTRA COSTA	51.5	26.2	12.0	7.4	2.9	155
	SAN FRANCISCO	49.1	26.9	12.2	5.0	6.8	100
	SAN MATEO, SOLANO	47.2	33.2	8.0	6.6	5.1	137
	MARIN, NAPA, SONOMA	51.8	23.2	13.8	6.1	5.2	129
	BUTTE, COLUSA, DEL NORTE, GLENN, HUMBOLDT, LAKE, LASSEN, MENDOCINO, MODOC, PLUMAS, SHASTA, SISKIYOU, TEHAMA, TRINITY, YOLO	47.4	27.6	11.0	9.6	4.4	204
	SAN LUIS OBISPO, SANTA BARBARA, VENTURA	49.6	23.2	12.3	9.7	5.2	177
	AMADOR, ALPINE, CALAVERAS, EL DORADO, MARIPOSA, NEVADA, PLACER, SAN JOAQUIN, SIERRA, SUTTER, TUOLUMNE, YUBA	51.2	27.8	14.6	4.6	1.8	161
	MONTEREY, SAN BENITO, SANTA CRUZ	47.3	27.5	12.7	6.9	5.6	155
	FRESNO, MADERA, MERCED, STANISLAUS	57.4	25.4	9.3	5.6	2.3	147
	IMPERIAL, INYO, KERN, KINGS, MONO, TULARE	51.3	27.7	13.9	6.1	0.9	169

Table 8.2: Number of Quit Attempts Made in Last 12 Months by Males and Females Who Smoked 12 Months Ago

			ATTEMPTS					
			CURRENT, NO ATTEMPTS (%)	CURRENT, 1 ATTEMPT (%)	CURRENT, > 1 ATTEMPT (%)	FORMER, 1 ATTEMPT (%)	FORMER, > 1 ATTEMPT (%)	SAMPLE SIZE
OVERALL			51.4	23.6	13.3	8.6	3.1	2,955
MALES	TOTAL		49.6	24.7	14.9	7.9	2.9	1,426
	AGE	18-24	36.3	34.5	17.2	9.7	2.2	242
		25-44	46.1	26.9	15.5	8.3	3.3	753
		45-64	63.2	16.9	11.0	5.9	3.0	360
		65+	59.8	11.1	20.7	8.5		72
	HISPANIC ORIGIN	HISPANIC	36.4	30.3	20.8	7.9	4.6	196
		NON-HISPANIC	53.0	23.3	13.4	7.9	2.4	1,230
	RACE	WHITE	53.4	22.8	13.4	7.2	3.2	1,147
		BLACK	27.7	45.1	23.6	3.6		72
		ASIAN/PACIFIC ISLANDER	47.1	18.4	15.5	17.2	1.8	90
		OTHER	26.9	35.6	24.1	10.9	2.4	117
	EDUCATION	< 12 YEARS	37.7	28.4	19.2	10.8	3.9	215
		12 YEARS	53.5	23.3	14.3	6.4	2.5	482
		13-15 YEARS	49.2	28.4	13.4	5.7	3.2	463
		16+ YEARS	58.7	17.8	12.2	9.6	1.7	267
FEMALES	TOTAL		53.4	22.5	11.5	9.3	3.4	1,529
	AGE	18-24	47.3	26.1	12.6	9.4	4.6	227
		25-44	54.6	21.3	13.4	6.6	4.1	743
		45-64	52.7	21.5	8.0	16.0	1.8	420
		65+	60.7	25.4	7.6	5.1	1.2	140
	HISPANIC ORIGIN	HISPANIC	54.8	9.6	13.1	19.7	2.9	162
		NON-HISPANIC	53.1	25.2	11.1	7.1	3.5	1,367
	RACE	WHITE	53.9	22.6	11.3	9.1	3.2	1,314
		BLACK	38.9	29.6	15.2	12.8	3.6	81
		ASIAN/PACIFIC ISLANDER	57.2	23.8	9.8	6.2	3.1	47
		OTHER	58.4	14.7	11.4	10.0	5.5	87
	EDUCATION	< 12 YEARS	62.0	15.9	7.7	12.1	2.2	196
		12 YEARS	53.4	24.4	10.6	9.0	2.6	658
		13-15 YEARS	48.6	26.9	13.7	7.5	3.3	494
		16+ YEARS	44.6	20.8	18.3	7.8	8.5	182

Table 11: Quitting During Last Pregnancy Among Women Who Have Delivered a Live Baby in the Last 5 Years

		SMOKING PRIOR TO PREGNANCY		QUITTING ASSOCIATED WITH PREGNANCY AMONG WOMEN WHO SMOKED PRIOR TO PREGANCY				
		SMOKED (%)	SAMPLE SIZE	QUIT (%)	DID NOT QUIT (%)	SAMPLE SIZE	TOTAL RELAPSED (%)	TOTAL NOT RELAPSED (%)
OVERALL		15.7	1,431	36.0	64.0	245	55.3	44.7
AGE AT LAST BIRTH	< 20	21.9	100	44.6	55.4	27	65.6	34.4
	20-29	17.1	808	35.0	65.0	146	54.6	45.4
	30-39	12.7	524	35.4	64.6	72	52.9	47.1
HISPANIC ORIGIN	HISPANIC	8.9	384	48.6	51.4	31	52.3	47.7
	NON-HISPANIC	19.0	1,048	33.2	66.8	214	56.3	43.7
RACE	WHITE	17.4	1,074	32.6	67.4	206	53.1	46.9
	BLACK	14.5	84	39.1	60.9	16	79.8	20.2
	ASIAN/PACIFIC ISLANDER	4.7	87	67.4	32.6	4	100.0	
	OTHER	12.3	187	53.7	46.3	19	45.7	54.3
EDUCATION	< 12 YEARS	19.1	248	24.9	75.1	50	52.5	47.5
	12 YEARS	19.8	484	37.1	62.9	106	71.0	29.0
	13-15 YEARS	14.3	428	38.0	62.0	71	49.0	51.0
	16+ YEARS	7.4	272	57.4	42.6	18	27.4	72.6

Table 12: Cumulative Percentage of Ever Smokers Who Initiated Smoking at Various Ages by Birth Cohort and Sex

		AGE						
		14 (%)	16 (%)	18 (%)	21 (%)	25 (%)	MEAN AGE OF INITIATION (YRS.)	SAMPLE SIZE
OVERALL	TOTAL	19.9	41.3	66.8	86.0	94.7	18.3	3841
	MALE	23.6	45.7	73.0	89.8	97.1	17.6	1886
	FEMALE	15.3	35.9	59.1	81.4	91.6	18.8	1955
1960-64 COHORT	TOTAL	25.2	52.8	76.2	93.2	98.9	17.0	554
	MALE	27.5	47.9	76.4	91.0	98.9	17.6	266
	FEMALE	23.3	56.9	76.0	95.2	98.9	16.4	288
1940-59 COHORT	TOTAL	21.5	42.9	69.7	88.1	96.5	17.8	2052
	MALE	23.9	45.2	71.3	88.2	96.6	17.6	1049
	FEMALE	18.1	39.8	67.6	88.0	96.3	17.9	1002
1920-39 COHORT	TOTAL	17.1	36.2	62.1	82.0	92.0	19.5	1017
	MALE	22.0	45.7	74.5	91.8	97.3	17.8	485
	FEMALE	10.6	23.7	45.7	69.1	85.0	20.5	533
1900-19 COHORT	TOTAL	11.5	32.4	50.1	76.4	86.4	22.3	218
	MALE	21.8	46.0	74.0	89.0	96.7	17.5	86
	FEMALE	2.8	20.9	29.9	65.7	77.6	24.4	132

Table 14.1: Reporting of Physician Advice to Quit Among Current Smokers Who Visitied a Physician in Previous 12 Months

		ADVISED			
		LAST VISIT (%)	PRIOR TO LAST VISIT (%)	NEVER -ADVISED (%)	SAMPLE SIZE
OVERALL		37.3	32.5	30.2	1,768
SEX	MALE	36.1	32.2	31.6	773
	FEMALE	38.4	32.8	28.8	995
AGE	18-24	34.0	31.5	34.5	264
	25-44	34.7	34.2	31.1	887
	45-64	42.7	29.6	27.7	478
	65+	43.0	32.2	24.8	139
HISPANIC ORIGIN	HISPANIC	26.1	28.7	45.2	167
	NON-HISPANIC	39.0	33.0	28.0	1,601
RACE	WHITE	37.4	33.4	29.3	1,499
	BLACK	38.9	23.0	38.1	104
	ASIAN/PACIFIC ISLANDER	47.6	32.3	20.1	65
	OTHER	28.0	28.6	43.5	100
EDUCATION	< 12 YEARS	34.9	34.5	30.6	208
	12 YEARS	36.0	31.2	32.8	693
	13-15 YEARS	41.2	33.2	25.6	600
	16+ YEARS	37.3	32.1	30.5	268
REGION	LOS ANGELES	31.6	37.9	30.5	184
	SAN DIEGO	46.1	31.5	22.4	97
	ORANGE	26.8	33.2	40.0	70
	SANTA CLARA	49.0	25.9	25.1	86
	SAN BERNARDINO	37.0	26.8	36.3	108
	ALAMEDA	41.9	27.4	30.8	96
	RIVERSIDE	39.6	30.4	30.0	106
	SACRAMENTO	52.5	31.6	15.9	87
	CONTRA COSTA	28.2	42.4	29.4	100
	SAN FRANCISCO	50.2	13.7	36.1	64
	SAN MATEO, SOLANO	47.0	30.7	22.3	87
	MARIN, NAPA, SONOMA	42.3	37.4	20.2	75
	BUTTE, COLUSA, DEL NORTE, GLENN, HUMBOLDT, LAKE, LASSEN, MENDOCINO, MODOC, PLUMAS, SHASTA, SISKIYOU, TEHAMA, TRINITY, YOLO	37.0	30.0	33.0	106
	SAN LUIS OBISPO, SANTA BARBARA, VENTURA	39.1	27.7	33.2	111
	AMADOR, ALPINE, CALAVERAS, EL DORADO, MARIPOSA, NEVADA, PLACER, SAN JOAQUIN, SIERRA, SUTTER, TUOLUMNE, YUBA	36.9	37.2	25.9	99
	MONTEREY, SAN BENITO, SANTA CRUZ	32.0	32.9	35.0	94
	FRESNO, MADERA, MERCED, STANISLAUS	34.4	27.3	38.2	89
	IMPERIAL, INYO, KERN, KINGS, MONO, TULARE	34.1	31.7	34.2	110

Table 14.2: Reporting of Physician Advice to Quit Among Male and Female Current Smokers Who Visitied a Physician in Previous 12 Months

			ADVISED			
			LAST VISIT (%)	PRIOR TO LAST VISIT (%)	NEVER ADVISED (%)	SAMPLE SIZE
OVERALL			37.3	32.5	30.2	1,768
MALES	TOTAL		36.1	32.2	31.6	773
	AGE	18-24	23.7	35.1	41.2	117
		25-44	32.1	33.3	34.6	413
		45-64	46.4	29.3	24.3	200
		65+	50.3	30.3	19.4	43
	HISPANIC ORIGIN	HISPANIC	19.0	38.3	42.7	80
		NON-HISPANIC	39.3	31.1	29.6	693
	RACE	WHITE	34.7	33.5	31.8	635
		BLACK	43.4	27.5	29.0	47
		ASIAN/PACIFIC ISLANDER	66.6	16.3	17.1	40
		OTHER	27.6	30.4	42.0	51
	EDUCATION	< 12 YEARS	30.8	36.4	32.8	96
		12 YEARS	28.7	35.3	36.0	271
		13-15 YEARS	45.3	26.7	28.0	257
		16+ YEARS	43.6	29.1	27.3	149
FEMALES	TOTAL		38.4	32.8	28.8	995
	AGE	18-24	40.8	29.2	30.0	147
		25-44	37.5	35.3	27.3	475
		45-64	38.9	29.9	31.2	278
		65+	38.1	33.6	28.4	96
	HISPANIC ORIGIN	HISPANIC	36.4	14.7	48.9	87
		NON-HISPANIC	38.7	34.8	26.5	908
	RACE	WHITE	39.8	33.2	26.9	864
		BLACK	34.1	18.0	47.9	57
		ASIAN/PACIFIC ISLANDER	17.5	57.7	24.8	25
		OTHER	28.4	26.2	45.4	49
	EDUCATION	< 12 YEARS	39.2	32.5	28.3	112
		12 YEARS	41.8	28.0	30.2	422
		13-15 YEARS	37.7	38.8	23.6	343
		16+ YEARS	26.9	37.1	36.0	119

Table 15.1: Exposure to Environmental Tobacco Smoke Among Nonsmokers

		NONSMOKING INDOOR WORKERS		ALL NONSMOKERS	
		INDOOR WORKERS EXPOSED AT WORK (%)	SAMPLE SIZE	TOTAL EXPOSED (%)	SAMPLE SIZE
OVERALL		32.7	2,259	31.9	3,906
SEX	MALE	40.7	1,108	37.5	1,776
	FEMALE	23.5	1,152	26.8	2,129
AGE	18-24	39.8	355	44.6	556
	25-44	32.8	1,278	36.1	1,857
	45-64	29.6	585	29.0	1,008
	65+	15.4	42	7.9	485
HISPANIC ORIGIN	HISPANIC	49.2	342	45.7	638
	NON-HISPANIC	28.7	1,917	28.1	3,268
RACE	WHITE	33.3	1,816	31.4	3,193
	BLACK	15.9	119	22.7	179
	ASIAN/PACIFIC ISLANDER	30.8	154	37.8	221
	OTHER	40.4	170	39.3	313
EDUCATION	< 12 YEARS	56.5	118	41.4	420
	12 YEARS	39.1	607	33.3	1,226
	13-15 YEARS	31.5	776	31.7	1,225
	16+ YEARS	21.0	759	24.2	1,036
REGION	LOS ANGELES	44.8	231	40.4	394
	SAN DIEGO	26.7	168	27.8	257
	ORANGE	21.9	107	21.8	201
	SANTA CLARA	26.2	134	34.3	199
	SAN BERNARDINO	31.4	119	31.4	214
	ALAMEDA	19.7	128	28.1	193
	RIVERSIDE	39.7	95	24.4	206
	SACRAMENTO	18.9	125	28.2	207
	CONTRA COSTA	31.3	115	32.1	203
	SAN FRANCISCO	20.8	117	31.3	170
	SAN MATEO, SOLANO	29.8	135	26.3	204
	MARIN, NAPA, SONOMA	21.3	108	22.4	182
	BUTTE, COLUSA, DEL NORTE, GLENN, HUMBOLDT, LAKE, LASSEN, MENDOCINO, MODOC, PLUMAS, SHASTA, SISKIYOU, TEHAMA, TRINITY, YOLO	35.0	110	33.3	231
	SAN LUIS OBISPO, SANTA BARBARA, VENTURA	27.4	114	29.0	197
	AMADOR, ALPINE, CALAVERAS, EL DORADO, MARIPOSA, NEVADA, PLACER, SAN JOAQUIN, SIERRA, SUTTER, TUOLUMNE, YUBA	37.9	126	32.2	232
	MONTEREY, SAN BENITO, SANTA CRUZ	28.0	119	22.6	208
	FRESNO, MADERA, MERCED, STANISLAUS	26.4	120	27.3	218
	IMPERIAL, INYO, KERN, KINGS, MONO, TULARE	35.9	89	24.4	191

Table 15.2: Exposure to Environmental Tobacco Smoke Among Nonsmokers by Gender

			NONSMOKING INDOOR WORKERS		ALL NONSMOKERS	
			INDOOR WORKERS EXPOSED AT WORK (%)	SAMPLE SIZE	TOTAL EXPOSED (%)	SAMPLE SIZE
OVERALL			32.7	2,259	31.9	3,906
MALES	TOTAL		40.7	1,108	37.5	1,776
	AGE	18-24	44.3	170	49.4	267
		25-44	42.3	627	41.7	876
		45-64	36.4	291	34.3	457
		65+	26.7	20	9.9	177
	HISPANIC ORIGIN	HISPANIC	63.7	175	51.7	313
		NON-HISPANIC	35.7	933	33.8	1,464
	RACE	WHITE	41.2	895	36.9	1,432
		BLACK	24.1	50	27.5	80
		ASIAN/PACIFIC ISLANDER	28.6	71	36.4	104
		OTHER	55.4	92	52.3	161
	EDUCATION	< 12 YEARS	74.3	60	47.7	188
		12 YEARS	53.9	260	45.6	480
		13-15 YEARS	43.0	350	38.3	553
		16+ YEARS	23.1	438	25.6	556
FEMALES	TOTAL		23.5	1,152	26.8	2,129
	AGE	18-24	35.6	185	40.7	289
		25-44	21.5	651	30.5	982
		45-64	21.2	294	23.6	551
		65+	4.9	22	6.8	308
	HISPANIC ORIGIN	HISPANIC	35.7	167	40.8	325
		NON-HISPANIC	20.2	985	22.7	1,804
	RACE	WHITE	23.8	922	26.5	1,761
		BLACK	9.4	69	18.6	99
		ASIAN/PACIFIC ISLANDER	32.5	83	38.9	117
		OTHER	20.5	78	26.0	152
	EDUCATION	< 12 YEARS	38.2	58	37.0	232
		12 YEARS	26.9	347	25.1	746
		13-15 YEARS	19.4	426	25.1	672
		16+ YEARS	17.6	321	22.1	480

Table 17: Health Beliefs About Smoking Among Adult Smokers

Responses to Statements: "MY SMOKING IS HARMING MY OWN HEALTH." and "I PREFER TO SMOKE EVEN IF IT MEANS I WON'T LIVE AS LONG."

		HARMS		DOESN'T HARM		
		I PREFER TO SMOKE EVEN IF IT MEANS I WON'T LIVE AS LONG		I PREFER TO SMOKE EVEN IF IT MEANS I WON'T LIVE AS LONG		
		PREFER (%)	DON'T PREFER (%)	PREFER (%)	DON'T PREFER (%)	SAMPLE SIZE
OVERALL		38.6	45.4	7.9	8.2	2,661
SEX	MALE	38.7	45.4	7.9	7.9	1,296
	FEMALE	38.3	45.3	7.8	8.5	1,365
AGE	18-24	40.3	49.0	3.1	7.7	415
	25-44	38.6	49.9	6.1	5.4	1,349
	45-64	40.3	37.0	11.1	11.6	703
	65+	28.7	32.7	20.5	18.2	195
HISPANIC ORIGIN	HISPANIC	39.7	49.9	5.3	5.2	309
	NON-HISPANIC	38.3	44.4	8.4	8.8	2,353
RACE	WHITE	39.0	44.2	8.3	8.5	2,220
	BLACK	28.2	63.8	4.2	3.8	144
	ASIAN/PACIFIC ISLANDER	46.7	28.3	9.7	15.3	120
	OTHER	36.1	55.6	4.5	3.7	178
EDUCATION	< 12 YEARS	42.5	45.8	5.8	5.9	377
	12 YEARS	35.8	45.3	9.9	9.0	1,038
	13-15 YEARS	36.5	49.1	7.0	7.3	850
	16+ YEARS	42.7	39.1	7.2	11.1	396

Table 18: Health Beliefs About Smoking Among Adults

Responses to Statement: "SMOKING IS MORE HARMFUL FOR A WOMAN ON BIRTH CONTROL PILLS."

		NONSMOKER		SMOKER	
		IS MORE HARMFUL (%)	SAMPLE SIZE	IS MORE HARMFUL (%)	SAMPLE SIZE
OVERALL		58.1	3,999	54.4	2,661
SEX	MALE	50.7	1,812	44.1	1,296
	FEMALE	64.8	2,186	66.1	1,365
AGE	18-24	66.2	563	61.5	415
	25-44	63.0	1,902	60.2	1,349
	45-64	51.4	1,041	43.2	703
	65+	45.0	493	34.7	195
HISPANIC ORIGIN	HISPANIC	69.3	655	63.2	309
	NON-HISPANIC	55.0	3,344	52.5	2,353
RACE	WHITE	56.0	3,264	52.7	2,220
	BLACK	62.1	187	59.1	144
	ASIAN/PACIFIC ISLANDER	73.1	225	69.3	120
	OTHER	70.1	323	61.9	178
EDUCATION	< 12 YEARS	64.7	438	57.8	377
	12 YEARS	55.9	1,247	53.5	1,038
	13-15 YEARS	57.4	1,254	54.7	850
	16+ YEARS	56.9	1,060	50.6	396

Table 19: Knowledge of the Effects of Smoking on Pregnancy Among Adult Women

Responses to Statement: "IF A WOMAN SMOKES WHEN PREGNANT, IT WILL HARM THE HEALTH OF THE BABY."

		NOT PREGNANT IN LAST 5 YEARS		PREGNANT IN LAST 5 YEARS	
		WILL HARM (%)	SAMPLE SIZE	WILL HARM (%)	SAMPLE SIZE
OVERALL		77.6	1,105	79.1	260
AGE	18-24	90.0	121	79.8	75
	25-44	83.5	483	78.7	182
	45-64	67.3	373	89.4	3
	65+	66.0	129		
HISPANIC ORIGIN	HISPANIC	90.1	98	92.5	41
	NON-HISPANIC	75.5	1,007	75.8	219
RACE	WHITE	75.6	962	76.1	214
	BLACK	85.3	60	100.0	15
	ASIAN/PACIFIC ISLANDER	91.5	32	100.0	7
	OTHER	95.5	51	90.4	24
EDUCATION	< 12 YEARS	83.7	122	80.0	58
	12 YEARS	72.0	475	82.3	118
	13-15 YEARS	81.6	365	68.2	70
	16+ YEARS	79.7	144	82.1	14

Table 20: Perceived Addictiveness of Tobacco Among Adults

Responses to Statement: "TOBACCO IS NOT AS ADDICTIVE AS OTHER DRUGS."

		NEVER		FORMER		CURRENT	
		AS ADDICTIVE (%)	SAMPLE SIZE	AS ADDICTIVE (%)	SAMPLE SIZE	AS ADDICTIVE (%)	SAMPLE SIZE
OVERALL		68.1	1,966	65.8	2,033	65.8	2,661
SEX	MALE	68.1	788	62.3	1,025	62.6	1,296
	FEMALE	68.1	1,178	70.3	1,008	69.5	1,365
AGE	18-24	70.3	389	71.2	174	71.2	415
	25-44	70.5	988	69.7	915	70.1	1,349
	45-64	65.0	371	66.9	670	60.3	703
	65+	58.8	218	51.2	275	40.7	195
HISPANIC ORIGIN	HISPANIC	51.8	355	59.5	300	53.9	309
	NON-HISPANIC	73.2	1,611	67.1	1,733	68.4	2,353
RACE	WHITE	68.7	1,544	64.8	1,720	66.5	2,220
	BLACK	71.3	115	83.0	72	73.9	144
	ASIAN/PACIFIC ISLANDER	67.8	136	67.6	89	53.3	120
	OTHER	59.8	171	65.3	152	59.3	178
EDUCATION	< 12 YEARS	45.0	176	60.6	262	61.4	377
	12 YEARS	67.3	613	62.2	634	66.3	1,038
	13-15 YEARS	75.4	613	69.4	642	67.8	850
	16+ YEARS	75.9	564	71.2	496	68.2	396

Table 21: Concerns About the Ability to Quit Smoking Among Adult Smokers by Readiness to Quit

Responses to Statement: "MANY SMOKERS ARE WORRIED ABOUT THE DIFFICULTIES OF QUITTING."

		READINESS TO QUIT			
		PRE-CONTEMPLATION		CONTEMPLATION	
		WORRIED (%)	SAMPLE SIZE	WORRIED (%)	SAMPLE SIZE
OVERALL		76.7	1,070	90.1	937
SEX	MALE	73.9	488	87.3	465
	FEMALE	79.5	583	93.6	473
AGE	18-24	76.2	155	90.4	161
	25-44	78.3	482	91.5	527
	45-64	76.2	325	86.5	212
	65+	71.7	109	88.0	38
HISPANIC ORIGIN	HISPANIC	81.3	108	93.0	85
	NON-HISPANIC	75.8	962	89.8	852
RACE	WHITE	75.4	930	89.9	796
	BLACK	92.3	35	86.0	60
	ASIAN/PACIFIC ISLANDER	93.7	41	96.5	28
	OTHER	76.0	64	96.0	54
EDUCATION	< 12 YEARS	78.1	151	88.9	114
	12 YEARS	76.3	444	92.2	372
	13-15 YEARS	74.7	321	92.1	311
	16+ YEARS	78.7	155	84.0	141

Table 22: Perception of Nonsmoker Annoyance with Exposure to Tobacco Smoke Among Adult Smokers

Responses to Statements: "MY SMOKING DOESN'T ANNOY PEOPLE AROUND ME." and "I RARELY SMOKE WHEN I'M THE ONLY SMOKER IN A GROUP."

		ANNOYS		DOESN'T ANNOY		
		I RARELY SMOKE (%)	I WILL SMOKE (%)	I RARELY SMOKE (%)	I WILL SMOKE (%)	SAMPLE SIZE
OVERALL		16.5	9.9	51.1	22.5	2,661
SEX	MALE	16.2	11.2	47.5	25.2	1,296
	FEMALE	16.8	8.5	55.3	19.4	1,365
AGE	18-24	15.0	10.7	44.1	30.2	415
	25-44	15.5	7.3	54.7	22.5	1,349
	45-64	17.7	14.4	46.9	21.0	703
	65+	22.9	11.3	55.8	9.9	195
HISPANIC ORIGIN	HISPANIC	21.9	8.2	46.0	24.0	309
	NON-HISPANIC	15.3	10.3	52.3	22.2	2,353
RACE	WHITE	15.8	9.0	51.7	23.5	2,220
	BLACK	19.5	20.8	47.7	12.0	144
	ASIAN/PACIFIC ISLANDER	21.3	14.9	44.2	19.7	120
	OTHER	19.4	9.2	51.5	19.9	178
EDUCATION	< 12 YEARS	21.1	11.7	42.0	25.2	377
	12 YEARS	15.0	10.7	52.4	21.9	1,038
	13-15 YEARS	15.1	8.4	52.9	23.7	850
	16+ YEARS	15.1	7.3	59.7	17.9	396

Table 23.1: Nonsmoking Activism Among Adults: Willingness to Ask a Person Not to Smoke

			DID NOT ASK RECENTLY		
		RECENTLY ASKED (%)	WILLING TO ASK (%)	NOT WILLING TO EVER ASK (%)	SAMPLE SIZE
OVERALL		57.0	30.4	12.7	3,966
SEX	MALE	57.1	30.7	12.2	1,801
	FEMALE	56.8	30.1	13.1	2,164
AGE	18-24	69.8	22.8	7.4	560
	25-44	62.8	29.0	8.2	1,895
	45-64	50.3	32.8	17.0	1,030
	65+	34.1	39.4	26.5	481
HISPANIC ORIGIN	HISPANIC	63.7	26.2	10.1	650
	NON-HISPANIC	55.1	31.5	13.4	3,316
RACE	WHITE	56.3	30.6	13.1	3,235
	BLACK	56.9	31.4	11.7	187
	ASIAN/PACIFIC ISLANDER	54.1	38.1	7.7	223
	OTHER	68.6	19.0	12.3	321
EDUCATION	< 12 YEARS	54.9	32.3	12.8	434
	12 YEARS	55.4	28.5	16.1	1,232
	13-15 YEARS	61.3	27.9	10.8	1,246
	16+ YEARS	56.4	33.3	10.3	1,054
REGION	LOS ANGELES	60.8	28.0	11.2	398
	SAN DIEGO	64.3	23.4	12.2	258
	ORANGE	51.0	36.6	12.4	208
	SANTA CLARA	57.7	31.6	10.7	201
	SAN BERNARDINO	52.0	31.4	16.6	221
	ALAMEDA	56.8	30.8	12.4	192
	RIVERSIDE	56.3	33.0	10.7	206
	SACRAMENTO	47.6	34.5	17.9	211
	CONTRA COSTA	57.1	30.6	12.3	203
	SAN FRANCISCO	63.1	22.6	14.3	172
	SAN MATEO, SOLANO	62.7	27.0	10.4	210
	MARIN, NAPA, SONOMA	48.8	41.9	9.2	183
	BUTTE, COLUSA, DEL NORTE, GLENN, HUMBOLDT, LAKE, LASSEN, MENDOCINO, MODOC, PLUMAS, SHASTA, SISKIYOU, TEHAMA, TRINITY, YOLO	50.8	32.7	16.6	238
	SAN LUIS OBISPO, SANTA BARBARA, VENTURA	52.2	36.1	11.6	203
	AMADOR, ALPINE, CALAVERAS, EL DORADO, MARIPOSA, NEVADA, PLACER, SAN JOAQUIN, SIERRA, SUTTER, TUOLUMNE, YUBA	52.5	33.5	14.0	237
	MONTEREY, SAN BENITO, SANTA CRUZ	59.8	30.3	9.9	214
	FRESNO, MADERA, MERCED, STANISLAUS	49.9	29.6	20.6	218
	IMPERIAL, INYO, KERN, KINGS, MONO, TULARE	47.1	36.3	16.6	194

Table 23.2: Nonsmoking Activism Among Adults by Gender: Willingness to Ask a Person Not to Smoke

				DID NOT ASK RECENTLY		
			RECENTLY ASKED (%)	WILLING TO ASK (%)	NOT WILLING TO EVER ASK (%)	SAMPLE SIZE
OVERALL			57.0	30.4	12.7	3,966
MALES	TOTAL		57.1	30.7	12.2	1,801
	AGE	18-24	71.1	23.3	5.6	271
		25-44	63.5	28.6	7.8	888
		45-64	49.7	32.1	18.2	469
		65+	27.1	47.0	25.9	174
	HISPANIC ORIGIN	HISPANIC	62.9	26.0	11.1	320
		NON-HISPANIC	55.6	31.9	12.5	1,482
	RACE	WHITE	56.9	30.6	12.6	1,447
		BLACK	62.6	34.7	2.7	83
		ASIAN/PACIFIC ISLANDER	48.3	44.2	7.6	106
		OTHER	64.1	19.1	16.8	166
	EDUCATION	< 12 YEARS	53.6	32.8	13.6	192
		12 YEARS	60.4	26.0	13.6	482
		13-15 YEARS	61.7	27.8	10.5	566
		16+ YEARS	52.8	35.5	11.7	562
FEMALES	TOTAL		56.8	30.1	13.1	2,164
	AGE	18-24	68.8	22.3	8.9	289
		25-44	62.1	29.3	8.6	1,008
		45-64	50.8	33.4	15.8	561
		65+	38.3	34.9	26.9	307
	HISPANIC ORIGIN	HISPANIC	64.4	26.3	9.3	330
		NON-HISPANIC	54.6	31.2	14.2	1,834
	RACE	WHITE	55.8	30.7	13.5	1,788
		BLACK	52.1	28.8	19.1	104
		ASIAN/PACIFIC ISLANDER	59.0	33.2	7.8	117
		OTHER	73.3	19.0	7.7	155
	EDUCATION	< 12 YEARS	55.8	32.0	12.3	242
		12 YEARS	52.0	30.2	17.8	750
		13-15 YEARS	60.9	27.9	11.2	681
		16+ YEARS	61.4	30.3	8.3	492

Table 25: Support for a Further Increase in the Excise Tax on Tobacco by Smoking Status

Responses to Question: "DO YOU THINK THAT THE GOVERNMENT TAX ON TOBACCO PRODUCTS SHOULD BE REDUCED, STAY THE SAME, OR BE INCREASED?"

		NONSMOKER			SMOKER		
		STAY THE SAME (%)	BE INCREASED (%)	SAMPLE SIZE	STAY THE SAME (%)	BE INCREASED (%)	SAMPLE SIZE
OVERALL		26.1	57.2	3,982	36.1	21.3	2,651
SEX	MALE	26.9	56.4	1,803	31.7	23.8	1,290
	FEMALE	25.3	58.0	2,178	41.1	18.6	1,361
AGE	18-24	27.3	57.4	562	41.9	18.0	415
	25-44	27.1	57.8	1,894	35.2	23.9	1,346
	45-64	28.2	54.0	1,034	37.2	19.3	699
	65+	16.5	61.5	492	25.5	17.2	192
HISPANIC ORIGIN	HISPANIC	18.9	54.1	651	24.8	34.5	309
	NON-HISPANIC	28.0	58.1	3,331	38.5	18.5	2,343
RACE	WHITE	27.3	56.6	3,254	36.7	20.0	2,210
	BLACK	20.1	60.9	185	31.2	29.1	144
	ASIAN/PACIFIC ISLANDER	15.0	65.5	223	36.2	20.6	120
	OTHER	24.0	55.5	320	32.5	32.4	178
EDUCATION	< 12 YEARS	19.1	52.0	435	23.2	26.9	375
	12 YEARS	28.0	52.6	1,243	37.8	16.9	1,036
	13-15 YEARS	29.0	58.6	1,250	44.4	22.6	846
	16+ YEARS	25.7	64.9	1,054	39.3	22.2	394
INCOME	< $10,000	23.9	45.6	286	28.1	20.2	271
	$10,000-$19,999	19.6	62.9	456	31.6	29.8	341
	$20,000-$29,999	26.3	53.4	602	39.2	17.1	432
	$30,000-$49,999	29.8	56.0	941	39.6	20.8	650
	$50,000-$74,999	32.1	59.5	640	39.7	17.8	395
	$75,000 +	27.6	62.8	527	40.7	21.0	248
	UNKNOWN	19.1	57.5	531	32.2	23.1	316

Table 26: Support for Anti-Tobacco Education in Schools by Smoking Status

Responses to Question: "DO YOU THINK THAT ANTI-TOBACCO EDUCATION IN SCHOOLS SHOULD BE REDUCED, STAY THE SAME, OR BE INCREASED?"

		NONSMOKER			SMOKER		
		STAY THE SAME (%)	BE INCREASED (%)	SAMPLE SIZE	STAY THE SAME (%)	BE INCREASED (%)	SAMPLE SIZE
OVERALL		11.8	77.9	3,992	18.6	69.0	2,659
SEX	MALE	14.9	75.3	1,809	18.4	70.2	1,295
	FEMALE	9.0	80.2	2,182	18.8	67.5	1,364
AGE	18-24	13.8	76.5	560	19.4	69.6	415
	25-44	11.3	78.5	1,900	17.5	72.2	1,349
	45-64	11.4	80.0	1,039	18.0	66.1	702
	65+	11.8	73.0	493	26.7	52.9	194
HISPANIC ORIGIN	HISPANIC	7.9	72.8	653	11.1	66.0	309
	NON-HISPANIC	12.9	79.3	3,339	20.2	69.6	2,351
RACE	WHITE	12.4	77.5	3,259	19.4	68.1	2,218
	BLACK	8.2	84.8	186	9.3	80.6	144
	ASIAN/PACIFIC ISLANDER	9.7	73.7	224	27.4	65.5	120
	OTHER	7.7	82.0	323	10.4	72.5	178
EDUCATION	< 12 YEARS	10.7	67.0	437	15.4	66.9	377
	12 YEARS	11.5	80.7	1,245	20.4	68.9	1,036
	13-15 YEARS	12.1	80.3	1,251	17.4	72.8	850
	16+ YEARS	12.5	79.7	1,059	20.9	66.4	396
INCOME	< $10,000	12.2	67.9	287	18.5	64.6	272
	$10,000-$19,999	11.7	74.8	455	15.0	71.3	342
	$20,000-$29,999	9.7	82.1	603	21.4	66.3	435
	$30,000-$49,999	12.4	80.5	941	18.9	71.9	649
	$50,000-$74,999	11.4	82.8	642	20.9	66.4	397
	$75,000 +	13.5	78.8	530	18.7	73.8	251
	UNKNOWN	11.9	71.5	535	15.8	68.3	315

Table 27: Support for Banning the Distribution of Free Samples of Tobacco Products in Public Places by Smoking Status

Responses to Question: "DO YOU THINK THAT DISTRIBUTION OF FREE CIGARETTE AND TOBACCO PRODUCTS ON PUBLIC PROPERTY SHOULD BE ALLOWED OR BANNED?"

		NONSMOKER		SMOKER	
		SHOULD BE BANNED (%)	SAMPLE SIZE	SHOULD BE BANNED (%)	SAMPLE SIZE
OVERALL		83.6	3,992	62.1	2,650
SEX	MALE	78.3	1,807	61.4	1,290
	FEMALE	88.4	2,184	62.9	1,360
AGE	18-24	82.2	562	58.0	415
	25-44	82.6	1,900	64.4	1,343
	45-64	82.9	1,037	62.9	700
	65+	90.0	493	50.8	193
HISPANIC ORIGIN	HISPANIC	88.5	655	76.2	309
	NON-HISPANIC	82.2	3,337	59.0	2,342
RACE	WHITE	83.9	3,261	60.6	2,210
	BLACK	82.1	186	69.4	143
	ASIAN/PACIFIC ISLANDER	78.4	222	65.8	120
	OTHER	85.1	323	71.9	178
EDUCATION	< 12 YEARS	87.9	438	68.5	376
	12 YEARS	85.4	1,246	58.2	1,035
	13-15 YEARS	83.6	1,250	65.7	846
	16+ YEARS	78.5	1,058	56.5	393
INCOME	< $10,000	81.6	288	68.9	271
	$10,000-$19,999	86.1	456	68.3	342
	$20,000-$29,999	86.9	602	63.0	431
	$30,000-$49,999	82.1	940	62.4	648
	$50,000-$74,999	80.7	644	54.6	397
	$75,000 +	82.6	527	54.3	250
	UNKNOWN	84.9	536	59.7	313

Table 28: Support for Banning the Distribution of Free Samples of Tobacco Products through the Mail by Smoking Status

Responses to Question: "DO YOU THINK THAT DISTRIBUTION OF FREE TOBACCO SAMPLES, OR COUPONS TO OBTAIN FREE SAMPLES, *BY MAIL*, SHOULD BE ALLOWED OR BANNED?"

		NONSMOKER		SMOKER	
		SHOULD BE BANNED (%)	SAMPLE SIZE	SHOULD BE BANNED (%)	SAMPLE SIZE
OVERALL		78.0	3,992	51.7	2,657
SEX	MALE	72.6	1,809	53.6	1,294
	FEMALE	82.9	2,182	49.5	1,363
AGE	18-24	76.7	561	47.3	415
	25-44	76.2	1,901	54.3	1,347
	45-64	76.5	1,037	50.2	702
	65+	89.3	493	47.2	194
HISPANIC ORIGIN	HISPANIC	81.1	653	72.2	309
	NON-HISPANIC	77.1	3,339	47.2	2,349
RACE	WHITE	77.2	3,259	48.1	2,216
	BLACK	81.7	186	70.3	144
	ASIAN/PACIFIC ISLANDER	82.7	224	66.4	120
	OTHER	81.5	323	71.5	178
EDUCATION	< 12 YEARS	79.5	437	62.6	377
	12 YEARS	81.8	1,246	48.9	1,036
	13-15 YEARS	76.4	1,251	48.9	848
	16+ YEARS	74.0	1,058	45.7	396
INCOME	< $10,000	82.6	288	60.2	272
	$10,000-$19,999	77.4	455	58.5	342
	$20,000-$29,999	80.7	603	50.8	434
	$30,000-$49,999	75.4	940	50.0	650
	$50,000-$74,999	72.1	644	46.5	396
	$75,000 +	78.5	528	46.4	251
	UNKNOWN	82.5	535	47.8	314

Table 29: Support for Banning Tobacco Company Sponsorship of Events by Smoking Status

Responses to Question: "DO YOU THINK SPONSORSHIP OF SPORTING OR CULTURAL EVENTS BY TOBACCO COMPANIES SHOULD BE ALLOWED OR BANNED?"

		NONSMOKER		SMOKER	
		BE BANNED (%)	SAMPLE SIZE	BE BANNED (%)	SAMPLE SIZE
OVERALL		60.6	3,991	39.3	2,658
SEX	MALE	53.2	1,808	40.1	1,294
	FEMALE	67.3	2,182	38.4	1,364
AGE	18-24	59.1	562	34.5	415
	25-44	59.6	1,900	42.0	1,347
	45-64	60.2	1,038	38.4	702
	65+	66.9	491	33.5	195
HISPANIC ORIGIN	HISPANIC	70.2	652	59.3	309
	NON-HISPANIC	58.0	3,339	35.0	2,350
RACE	WHITE	59.2	3,257	36.9	2,217
	BLACK	64.1	186	58.6	144
	ASIAN/PACIFIC ISLANDER	69.9	225	38.1	120
	OTHER	68.0	323	54.0	178
EDUCATION	< 12 YEARS	73.6	436	48.4	376
	12 YEARS	63.0	1,245	39.0	1,038
	13-15 YEARS	57.6	1,251	37.2	850
	16+ YEARS	51.9	1,059	29.0	394
INCOME	< $10,000	59.7	288	51.9	271
	$10,000-$19,999	65.3	454	48.3	342
	$20,000-$29,999	68.7	604	36.0	435
	$30,000-$49,999	58.6	940	35.0	648
	$50,000-$74,999	51.3	642	32.7	397
	$75,000 +	53.9	529	36.4	251
	UNKNOWN	67.0	535	36.2	316

Table 30: Support for Banning Tobacco Ads in Newspapers and Magazines by Smoking Status

Responses to Question: "DO YOU THINK ADVERISING OF TOBACCO PRODUCTS THROUGH NEWSPAPERS AND MAGAZINES SHOULD BE ALLOWED OR BANNED?"

		NONSMOKER		SMOKER	
		BE BANNED (%)	SAMPLE SIZE	BE BANNED (%)	SAMPLE SIZE
OVERALL		56.5	3,994	37.9	2,657
SEX	MALE	50.6	1,809	38.7	1,296
	FEMALE	61.8	2,184	36.9	1,361
AGE	18-24	53.0	563	27.5	415
	25-44	57.1	1,901	43.2	1,348
	45-64	54.7	1,038	35.0	701
	65+	62.0	492	31.6	194
HISPANIC ORIGIN	HISPANIC	72.9	654	66.7	309
	NON-HISPANIC	51.9	3,340	31.6	2,349
RACE	WHITE	56.2	3,261	34.6	2,216
	BLACK	58.0	186	59.8	144
	ASIAN/PACIFIC ISLANDER	57.2	224	50.8	120
	OTHER	58.3	323	52.8	178
EDUCATION	< 12 YEARS	78.9	437	53.9	376
	12 YEARS	57.4	1,245	32.6	1,035
	13-15 YEARS	49.9	1,253	35.9	850
	16+ YEARS	46.2	1,059	29.1	396
INCOME	< $10,000	63.9	288	54.6	270
	$10,000-$19,999	69.9	455	46.5	342
	$20,000-$29,999	61.0	604	35.2	434
	$30,000-$49,999	50.9	940	34.7	650
	$50,000-$74,999	47.0	644	27.4	397
	$75,000 +	47.6	529	30.8	251
	UNKNOWN	61.6	535	35.8	315

Table 31: Support for Banning Tobacco Billboard Ads by Smoking Status

Responses to Question: "DO YOU THINK ADVERTISING OF TOBACCO PRODUCTS ON OUTDOOR BILLBOARDS SHOULD BE ALLOWED OR BANNED?"

		NONSMOKER		SMOKER	
		BE BANNED (%)	SAMPLE SIZE	BE BANNED (%)	SAMPLE SIZE
OVERALL		62.1	3,994	42.4	2,658
SEX	MALE	55.3	1,809	43.6	1,296
	FEMALE	68.2	2,184	41.1	1,362
AGE	18-24	58.4	562	30.1	415
	25-44	62.1	1,901	47.7	1,348
	45-64	60.0	1,040	40.5	702
	65+	70.4	491	38.1	194
HISPANIC ORIGIN	HISPANIC	76.2	653	68.1	309
	NON-HISPANIC	58.2	3,341	36.9	2,350
RACE	WHITE	61.6	3,260	40.4	2,217
	BLACK	63.6	186	62.3	144
	ASIAN/PACIFIC ISLANDER	64.8	225	44.2	120
	OTHER	64.1	323	50.7	178
EDUCATION	< 12 YEARS	80.8	437	56.7	375
	12 YEARS	63.1	1,246	36.9	1,037
	13-15 YEARS	55.8	1,252	44.0	850
	16+ YEARS	53.7	1,059	31.8	396
INCOME	< $10,000	71.7	288	59.4	270
	$10,000-$19,999	76.2	454	53.5	342
	$20,000-$29,999	64.9	604	38.5	435
	$30,000-$49,999	55.3	940	38.8	650
	$50,000-$74,999	51.6	644	32.4	397
	$75,000 +	55.4	530	33.7	251
	UNKNOWN	68.0	535	40.1	315

Table 32: Support for Banning Tobacco Vending Machines Accessible to Minors by Smoking Status

Responses to Question: "DO YOU THINK CIGARETTE VENDING MACHINES WHICH ARE ACCESSIBLE TO MINORS SHOULD BE ALLOWED OR BANNED?"

		NONSMOKER		SMOKER	
		BE BANNED (%)	SAMPLE SIZE	BE BANNED (%)	SAMPLE SIZE
OVERALL		86.9	3,994	73.6	2,659
SEX	MALE	83.8	1,809	74.1	1,296
	FEMALE	89.6	2,184	73.1	1,363
AGE	18-24	86.9	563	72.5	415
	25-44	86.8	1,900	75.5	1,349
	45-64	85.0	1,039	70.9	702
	65+	91.2	492	71.6	194
HISPANIC ORIGIN	HISPANIC	93.5	653	89.1	309
	NON-HISPANIC	85.0	3,341	70.3	2,351
RACE	WHITE	86.7	3,260	71.9	2,218
	BLACK	84.4	186	85.0	144
	ASIAN/PACIFIC ISLANDER	88.6	225	80.0	120
	OTHER	89.5	323	81.1	178
EDUCATION	< 12 YEARS	92.5	436	84.0	376
	12 YEARS	86.8	1,246	75.0	1,038
	13-15 YEARS	86.1	1,252	72.6	849
	16+ YEARS	83.9	1,060	55.3	396
INCOME	< $10,000	88.6	288	83.6	271
	$10,000-$19,999	91.9	456	79.2	342
	$20,000-$29,999	89.9	604	71.2	435
	$30,000-$49,999	84.9	939	74.1	650
	$50,000-$74,999	79.7	644	64.2	396
	$75,000 +	87.6	529	64.3	251
	UNKNOWN	87.7	535	76.4	316

Table 33: Support for Tougher Enforcement of Laws Banning Tobacco Sales to Minors by Smoking Status

Responses to Question: "DO YOU THINK THE LAWS BANNING THE SALE OF TOBACCO PRODUCTS TO MINORS HAVE BEEN ADEQUATELY ENFORCED"

		NONSMOKER		SMOKER	
		ENFORCEMENT HAS *NOT* BEEN ADEQUATE (%)	SAMPLE SIZE	ENFORCEMENT HAS *NOT* BEEN ADEQUATE (%)	SAMPLE SIZE
OVERALL		78.3	3,996	73.7	2,661
SEX	MALE	80.0	1,811	76.3	1,296
	FEMALE	76.7	2,184	70.7	1,365
AGE	18-24	77.8	562	75.9	415
	25-44	79.8	1,901	74.7	1,349
	45-64	76.5	1,041	75.2	703
	65+	76.6	492	56.3	195
HISPANIC ORIGIN	HISPANIC	72.1	654	69.1	309
	NON-HISPANIC	80.0	3,342	74.7	2,353
RACE	WHITE	79.3	3,262	74.4	2,220
	BLACK	79.9	186	71.9	144
	ASIAN/PACIFIC ISLANDER	67.4	225	74.2	120
	OTHER	73.2	323	66.8	178
EDUCATION	< 12 YEARS	72.2	438	67.2	377
	12 YEARS	76.9	1,246	72.4	1,038
	13-15 YEARS	80.8	1,252	79.9	850
	16+ YEARS	81.8	1,060	77.8	396
INCOME	< $10,000	72.6	288	62.3	272
	$10,000-$19,999	74.8	455	70.3	342
	$20,000-$29,999	69.7	603	74.9	435
	$30,000-$49,999	83.6	941	82.2	650
	$50,000-$74,999	82.4	644	77.8	397
	$75,000 +	88.9	530	73.8	251
	UNKNOWN	71.9	536	68.3	316