

# **Report on the Findings of the 2006 Hawai'i Adult Tobacco Survey**

**Hawai'i State Department of Health  
September, 2007**

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**Appendix A. Questionnaire**

**Appendix B. Data Tables**

# EXECUTIVE SUMMARY

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The Hawai'i Adult Tobacco Survey (ATS) collects in-depth data on the knowledge and attitudes of Hawai'i adults regarding the use of tobacco products, cessation efforts among smokers, attitudes and exposure towards second-hand smoke (SHS), and overall attitudes regarding smoking and its effects upon smokers and non-smokers.

The ATS was conducted in 2001 and again 2006. The 2006 survey was conducted from September, 2006 through March, 2007 and gathered information from 3,965 telephone interviews with adults aged 18 and older.

This report summarizes the key findings of this study, which can be separated into the following topic areas: tobacco use, motivation and assistance to quit, involuntary exposure to SHS, and new cigarette products. The following are highlights of the full report.

## **Tobacco Use**

Hawai'i has a low prevalence of cigarette smoking, as only 13% of the adults surveyed said that they smoke cigarettes everyday or some days.<sup>1</sup> This rate is lower than that reported in the 2001 ATS (18%), and just above the U.S. Department of Health and Human Service's (DHHS) Healthy People 2010 target for cigarette smoking, which is 12%.

Since young adults are often acquiring the smoking habits, smoking status was estimated three ways for those between the ages of 18-29. According to the adult definition of smoking (having smoked at least 100 cigarettes and currently smokes) 16% of young adults are current smokers. As defined by the youth designation of smoking (having smoked one cigarette within the past 30 days), 15% of young adults are current smokers. When the requirements for a youth and adult smoker are combined, 19% of young adults are classified as current smokers.

Other findings about tobacco use include:

- Over half of smokers (53%) had their first whole cigarette before they turned 18 years of age and a further 32% started smoking between 18 and 21 years of age.
- Five percent of smokers began smoking or started smoking again within the past year—among current smokers and 18-29 year-olds who smoked a cigarette in the past 30 days.
- Adult prevalence of other forms of tobacco use remains low overall—3.2% smoke cigars, 2.2% use smokeless tobacco and 0.5; however, cigarette smokers are more likely to use other forms of tobacco than non-smokers. Cigar smoking among cigarette smokers has declined from 14% in 2001 to 9% in 2006.

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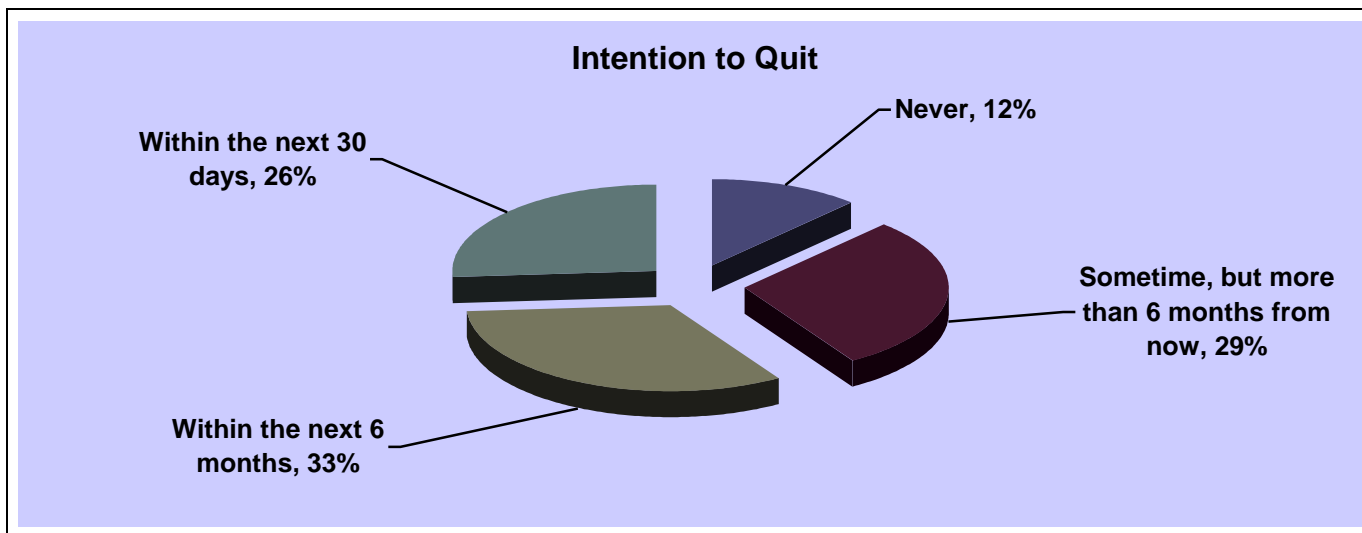
<sup>1</sup> Traditionally, the ATS yields lower estimates for smoking prevalence than the Center for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance Survey (BRFSS). Hawaii's BRFSS prevalence in 2006 was 17.6% (16.3% - 18.9%) CI. The ATS smoking rate is statistically lower than the BRFSS.

- The majority of current smokers smoked one pack of cigarettes or less a day (91%).
- Current smokers were most likely to smoke Kool (27%), Marlboro (20%), Benson & Hedges (11%), or some other brand of cigarettes (31%).
- Smokers primarily smoked menthols (60%), as well as light cigarettes (45%).

### Motivation and Assistance to Quit

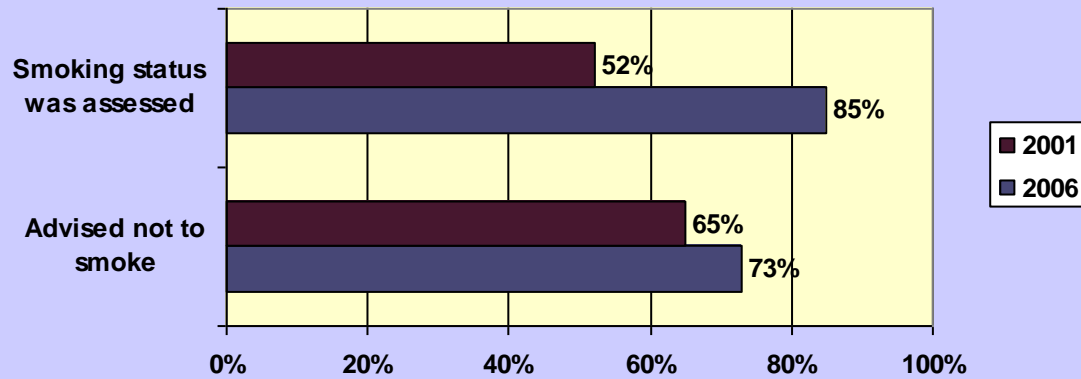
More people are quitting smoking than starting smoking—9% of former smokers quit smoking within the past year compared to 5% of current smokers who started in the past year. This yields a net reduction of 16,500 smokers in the past year.

From 2001 to 2006 the percentage of smokers who had tried to quit within the past 12 months declined from 62% to 44%. Those who are still smoking are less likely than before to have tried to quit in the past year.



Current smokers were asked about their desire to quit smoking. Eighty-eight percent of current smokers wanted to quit smoking at some point; 33% of smokers wanted to quit within the next six months, and 26% planned to quit within the next 30 days. Only 12% of smokers had no plans to ever quit. In 2001, 84% of smokers wanted to quit at some point, 61% wanted to quit within the next six months, and 25% planned to quit within the next 30 days.

### Smokers' Assessment and Advice From Health Professionals In the Past Year



Health care providers are an important line of defense in the fight against smoking. Eighty-five percent of smokers who visited a health provider within the past 12 months recall having their smoking status assessed—a considerable increase from 2001, in which only 52% of smokers stated that their smoking status was assessed. A large increase was also seen in health professions advising patient to quit; 73% of smokers in 2006 reported being advised to quit, compared to 65% in 2001.

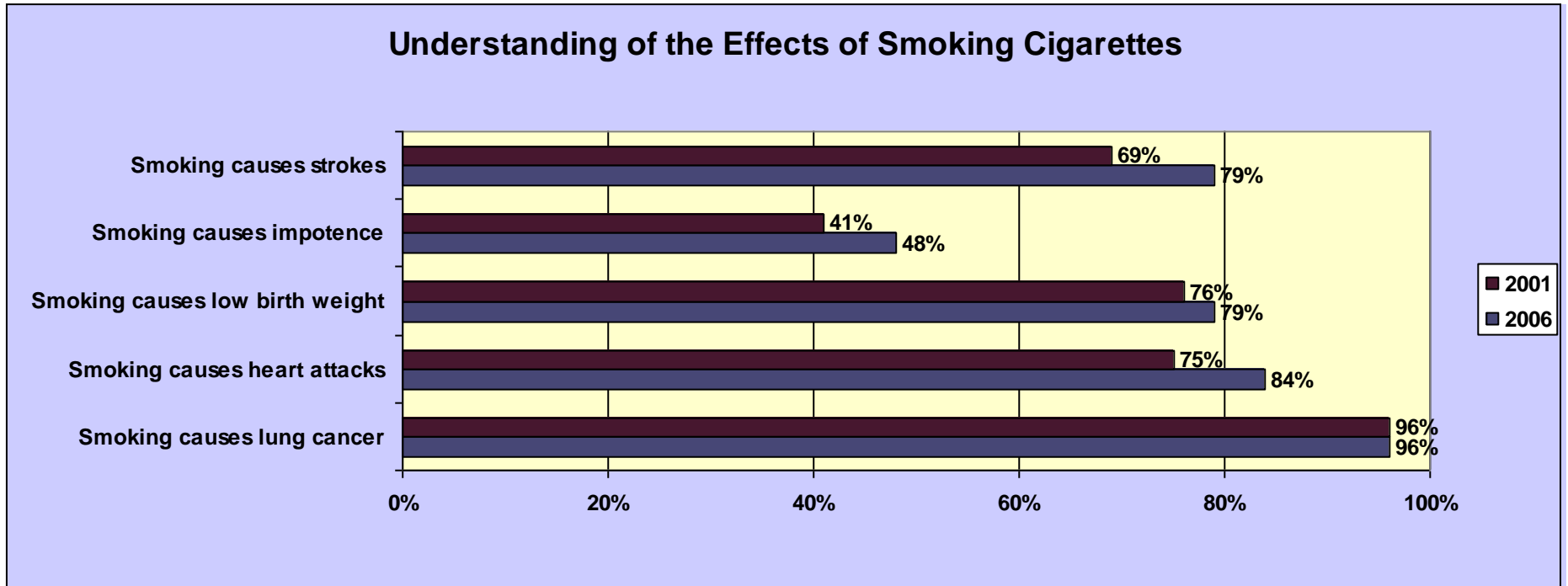
There were also increases in the assistance health professionals provided to smokers in 2006 compared to 2001.

- In 2001, 25% of smokers were prescribed, or given recommendations to use, medication to help them quit, compared to 34% in 2006. Despite the increase, medication was not widely used to assist smokers in their quit attempts; only 17% of current and former smokers has used some type of medication in their attempts to quit smoking.
- In 2001, only 16% of smokers were given the suggestion to set a specific date to stop smoking, compared to 30% in 2006.
- In 2001, 23% of smokers were referred to classes or counseling by their health provider, compared to 34% in 2006.
- In 2001, 23% of smokers were given materials to help them quit, compared to 29% in 2006.

In addition to receiving advice about quitting smoking from health professionals, 74% of smokers stated that within the past 12 months someone other than a health provider had advised them to quit smoking.

## Knowledge About Effects of Smoking

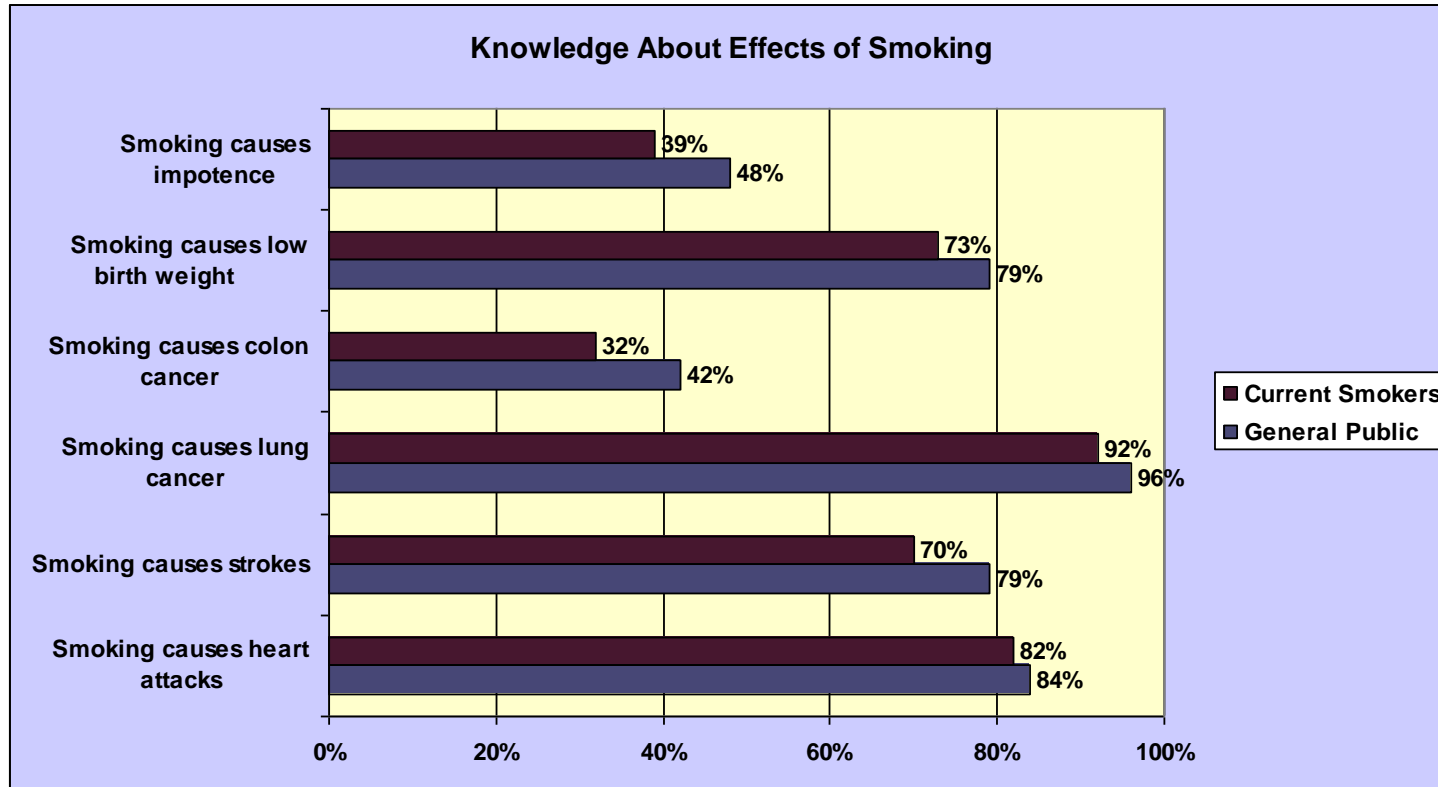
Comparison between general public and current smokers' understanding the health consequences of smoking cigarettes (2006 ATS)



Hawai'i residents increasingly understand the benefits to quitting, and were able to identify many of the medical conditions associated with cigarette smoking. Seventy-two percent thought that even long-term smokers could achieve better health by quitting. In 2001, only 60% felt there was a benefit to quitting even after long-term smoking. As to the specific health consequences of smoking cigarettes:

- There was an increase in awareness of smoking being a cause of serious medical conditions from 2001 to 2006, except for lung cancer which remained the same (96%).
- The awareness that smoking can cause heart attacks increased from 75% to 84%, strokes from 69% to 79%, low birth weight in babies from 76% to 79%.
- Though less than half believe that smoking is a cause of impotence, the awareness increased from 41% to 48%.

**Comparison between general public and current smokers' understanding the health consequences of smoking cigarettes (2006 ATS)**



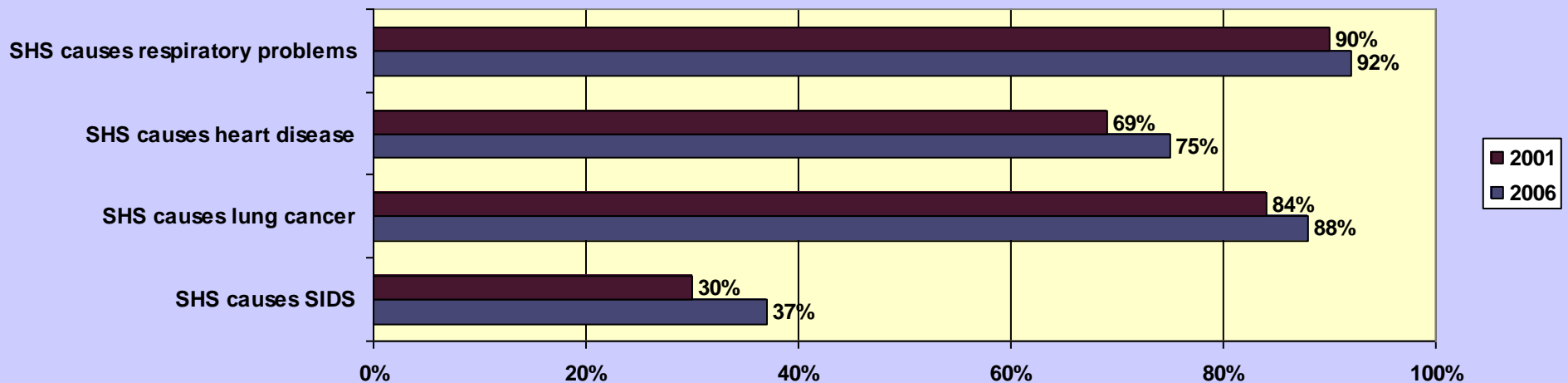
- Most Hawai'i residents are aware the smoking can cause lung cancer (96%), heart attacks (84%), strokes (79%), and low birth weight in babies (79%). However, less than half believe that smoking can be a cause of impotence (48%) and colon cancer (42%).
- Current smokers reported being less aware of the health consequences of smoking than the overall public in each of the medical conditions asked, particularly colon cancer (32% vs 42%), and impotence (39% vs 48%).

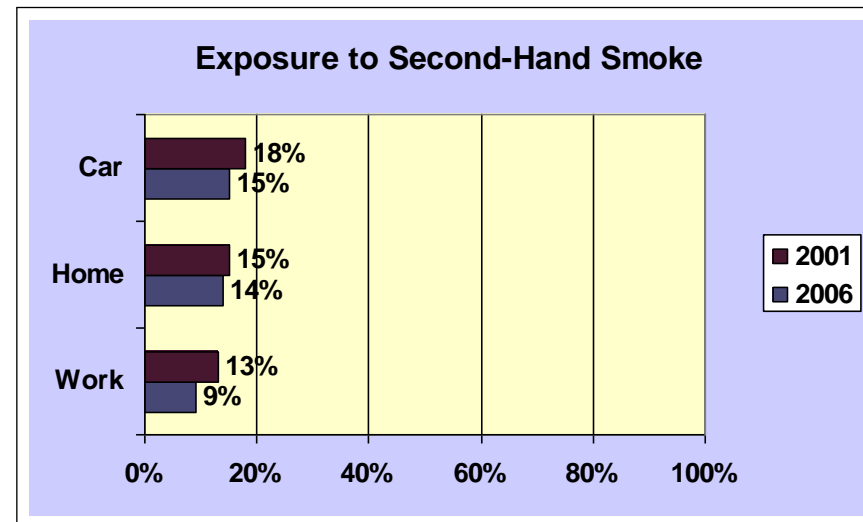
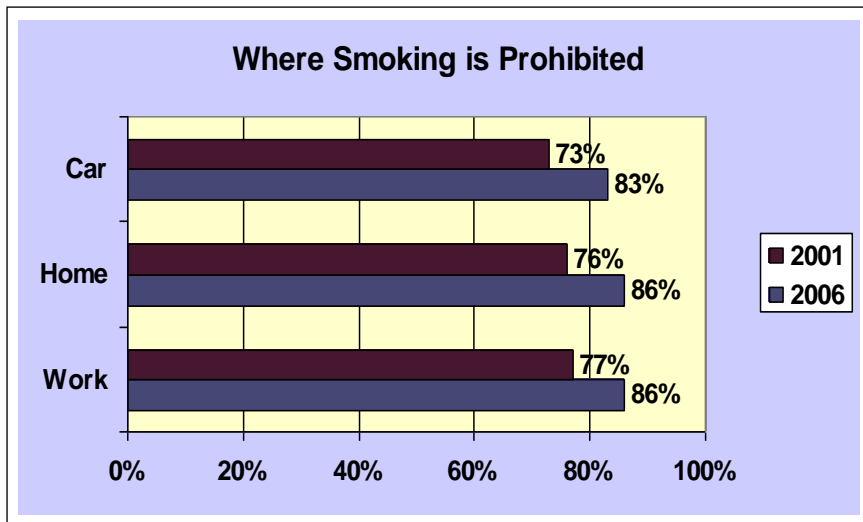


## Involuntary Exposure to Second-hand Smoke

Over 9 in 10 adults understand that SHS is harmful to one's health, as 68% stated it was "very harmful" and 25% stated it was "somewhat harmful." These percentages are similar to what was reported in 2001; 64% of adults stated that SHS was "very harmful" and 27% stated it was "somewhat harmful." When asked about the health effects of SHS, 92% of adults correctly stated that breathing SHS is a cause of respiratory problems in children, 75% understood that SHS is a cause of heart disease, and 88% knew that SHS causes lung cancer. While only 37% knew that SHS is a cause of sudden infant death syndrome (SIDS), this was still an increase from the 30% of adults who reported this knowledge in 2001. There has been a positive shift in the percent of adults who allow smoking in their homes and in their cars. In 2001, 76% of adults did not allow smoking in their homes and 73% did not allow smoking in their cars where in 2006, 86% had smoke free homes and 83% has smoke free cars.

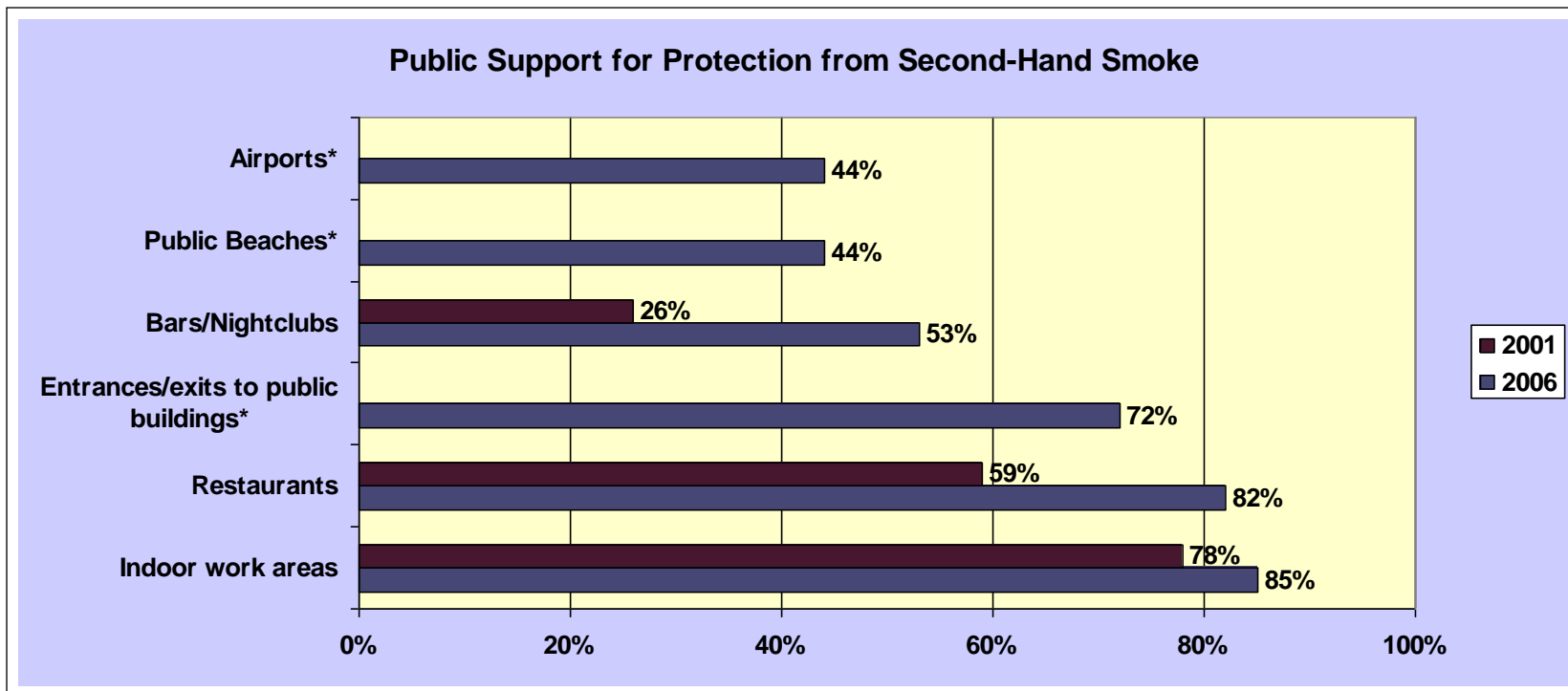
Understanding of the Effects of Second-Hand Smoke





Adults were asked about whether they allowed smoking in their cars and homes, and for adults who were employed, whether smoking was allowed at their workplace. A majority of adults did not allow smoking in their cars (83%) or homes (86%), and for adults who were employed, a majority worked in an office that prohibited smoking in all indoor work areas (86%). All of these percentages are an increase from 2001. Given these restrictions, it is not unexpected that relatively few adults were exposed to SHS within the past seven days in their car (15%), at home (14%), or at work (9%)—also a decrease from 2001.

Support for increasing protection against SHS in public places was high overall, and has increased since 2001. While 85% supported smoke-free workplaces, 82% wanted restaurants to become smoke-free, 72% wanted protection from SHS at entrances and exits to public buildings, just over half wanted smoking prohibited at bars and nightclubs (53%), and 44% wanted smoke-free public beaches and airports.



\*These questions were not asked, or were worded differently in 2001.

## New Cigarette Products

Hawai'i adults were asked about their familiarity with flavored cigarettes and potentially reduced-exposure products (PREPS). They were also asked their opinion and knowledge about how involved the U.S. Government is in testing the safety of these products. Adults were more familiar with flavored cigarettes (54%) than PREPS (20%); however, neither product had been tried much (1% of adults who had heard of the products had tried them). Interest in trying each product was the same; 4% would try flavored cigarettes or PREPS.

Adults were not likely to believe that the U.S. Government evaluated the safety of flavored cigarettes or PREPS, though a majority thought they should. Only 35% believed that these new products were evaluated for safety by the U.S. Government, but 88% thought they should be tested by the government.

# CHAPTER 1. INTRODUCTION

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The Hawai'i State Department of Health (DOH) with technical assistance from the Centers for Disease Control and Prevention (CDC) and in financial partnership with American Legacy Foundation and the Hawai'i Community Foundation, commissioned the Hawaii Adult Tobacco Survey (ATS) in 2006. This telephone survey of adults provides the DOH and its partners with comprehensive, detailed information about adult tobacco use prevalence, cessation behaviors, and attitudes about tobacco. The 2006 results are comparable to the 2001 ATS and to ATS data collected in other states. The ATS data provide information about tobacco issues to legislators, health policy makers, health professionals, non-profit programs, and the public. The data are used for planning by the DOH and its partners concerned with tobacco use and exposure, especially among special/minority populations

The ATS methodology was designed by the CDC to assure standardization among states that conduct the survey; therefore, the 2006 ATS core questions are comparable to ATS data collected in other states. Together, these data provide national-level information about the prevalence of tobacco use, opinions regarding health effects, and tobacco-related opinions on a variety of topics.

The 2006 ATS was conducted to:

- Determine the use of tobacco products and patterns of usage among Hawai'i residents;
- Explore cessation efforts among smokers, including usage of cessation alternatives and programs;
- Assess attitudes toward SHS and the presence of SHS in the home and the workplace; and
- Explore overall attitudes about smoking and its perceived effects upon smokers.

## **Acknowledgments**

Funding for this study was provided in part by the Centers for Disease Control and Prevention under a Cooperative Agreement U58/CCU922810-04, by the Hawai'i Tobacco Prevention and Control Trust Fund, and by the American Legacy Foundation. The Hawaii State Department of Health would like to acknowledge and thank ORC Macro International for their diligent work in the collection and analysis of data as well as the writing of this report, and to Tonya Lowery St. John for her consultation and oversight of the survey design, data analysis, and the editing of this report.

## CHAPTER 2. SURVEY METHODOLOGY

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The 2006 ATS is a telephone survey of non-institutionalized adults in telephone-equipped households across Hawai'i. The ATS methodology is standardized by the CDC, Office on Smoking and Health (OSH) in the *Guidelines for Conducting General Population State Adult Tobacco Telephone Surveys*. Macro International Inc. (Macro), an independent survey research company, collected survey data for the 2006 ATS following this methodology, summarized below.

### **Survey Questionnaire**

The questionnaire consisted of the following sections:

- *General Health*
- *Tobacco Use*
- *Cessation*
- *Second-Hand Smoke*
- *Risk Perception and Social Influences*
- *Demographics*
- *Second-Hand Smoke*
- *Health and Social Influences*

A copy of the survey questionnaire may be found in *Appendix A*.

The survey was programmed and administered using Computer-Assisted Telephone Interviewing (CATI) software designed specifically for telephone survey research. This software, called *Survent*, is by the Computers for Marketing Corporation (CfMC).

The survey consisted of a total of 158 questions. Not all respondents received all questions, as some questions were administered only to respondents with certain characteristics determined by responses to previous questions. The CATI software system controls this survey logic. The average survey length was 17 minutes.

### **Survey Sample**

ATS protocol utilizes a probability sample of all households with telephones within each participating state. In such a sample, each household with a telephone in the survey area has a known chance of being selected for the study.

This was accomplished for the 2006 ATS with a disproportionate stratified random digit dial (RDD) sample based on a list-assisted frame. This sample was generated for the 2006 ATS by Marketing Systems Group (MSG) using their proprietary Genesys sampling software.

The Genesys sample was drawn quarterly from all working banks of Hawai'i telephone numbers, and provided to Macro. The sample included both listed and unlisted land-based numbers (all cell-phone numbers were excluded from the sampling frame). The sample was pre-screened for non-working and business numbers and configured in replicates of 50 to be released for interviewing attempts.

## **Data Collection Protocol**

Experienced, supervised Macro telephone interviewers conducted the interviews. Advance notification letters were sent to all listed sample members in an effort to boost response rates; 25% of respondents remembered receiving the letter. Of those who remembered receiving the letter, 47% said they were not likely to have completed the survey had they not received the advanced letter, whereas 25% were very likely and 25% somewhat likely to have completed the survey without receiving the letter. The remaining 3% who received the letter and completed the survey, did not know the likelihood that they would have completed or declined to answer the questionnaire if they had not received the letter beforehand (Appendix B, Tables 76 and 77).

A total of 3,965 completed interviews were obtained beginning September 28, 2006 and ending March 7<sup>th</sup>, 2007.

Interviewers adhered to the following procedures when contacting households for interviews:

- *Random Respondent Selection.* For each household contacted, one adult was selected for an interview using a household roster and automated random selection process. If that adult was unavailable during the survey period, unable or unwilling to participate, or did not speak English well enough to be interviewed, no survey was conducted.
- *Contact Attempts.* Up to 15 attempts, over a minimum five-day period (typically 30 days), were made to reach each sampled telephone number. Once contact was made at a residence, as many calls as necessary were made to reach the randomly selected adult (within the permitted time schedule). Attempts were made on different days of the week and at different times of day, in a pattern chosen to maximize the likelihood of contact with the minimum number of calls.
- *Non-English Households.* The 2006 ATS was conducted in English only. No attempts were made to conduct an interview in a household where the randomly selected adult could not be interviewed in English. However, when a Spanish-speaking individual was contacted, a bilingual interviewer attempted to determine if the selected person was capable of completing the survey in English.
- *Converting Initial Refusals.* Households where interviews were initially refused were contacted again, at least three days later, by specially trained refusal conversion interviewers to persuade respondents to participate in the survey.

- **Quality Control Measures.** Ten percent of interviews were monitored by supervisors using a remote monitoring feature of the CATI software. During these sessions, the supervisor simultaneously monitored both the interviewer-respondent interaction on the telephone and the data being entered by the interviewer into the CATI system—scoring the interviewer on a variety of performance measures. Neither interviewers nor respondents were aware when calls were being monitored. Additionally, off-site monitoring of interview staff was conducted by the DOH to ensure cultural sensitivity and adherence to the survey protocol.

## **Response Rates**

Response rates for the 2006 ATS were calculated according to formulas developed by the Council of American Survey Research Organizations (CASRO), as specified by the CDC. Three response rates were calculated:

The **cooperation rate** measures how successful interviewers are at completing interviews once a respondent has been contacted and selected. The cooperation rate for the 2006 ATS was 62.5%.

The **CASRO response rate** is a measure of the percentage of completed interviews returned out of all eligible respondents. The CASRO response rate for the 2006 ATS was 37.5%.

The **AAPOR response rate 4** is a measure of sample frame efficiency. It shows the rate at which the total sample released produces completed interviews. The AAPOR response rate 4 for the 2006 ATS was 22.0%.<sup>2</sup>

## **Data Analysis**

Data for the 2006 ATS was delivered to the CDC; the data was then aggregated and the CDC weighted it after interviewing was complete. Data were weighted to adjust for differences in the probabilities of selection of each respondent. This weight accounted for the probability of selection of a telephone number, the number of adults in a household, and the number of telephones in a household.

An additional, poststratification adjustment was also made to ensure that the sample proportions of selected demographic characteristics (gender, age, and race) were equal to the population proportions, and to ensure the sum of the weights equals the adult population in Hawai'i. In this report, all data reported are weighted unless otherwise noted.

## **Limitations of the Data**

### **Confidence Limits**

As with any sample survey, sampling error — chance variations — can cause the results of the 2006 ATS to vary from those that would have been obtained with a census of all adults living in telephone-equipped households in Hawai'i. The results of this sample survey could differ from the "true" figures for the state because some households cannot be

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<sup>2</sup> While AAPOR's response rate 4 for the ATS has varied from 16% to 56%, different ATS studies have different introductions, different screening requirements, and different sample designs—all impacting response rates.

reached at all and others refuse to participate. These non-responding households may differ from respondents in terms of attributes relevant to the study.

The results presented in this report are point estimates of the population prevalence. For greater precision and meaningful comparison among subgroups, 95% confidence intervals have been generated and are displayed in the tables in Appendix A. The 95% confidence interval depicts the range in which 95 times out of 100, the population prevalence of a given variable will be contained within the interval.

### ***Small Numbers***

Small numbers of respondents also present a data analysis issue. This is due to concerns about the variability of the data; that is, a difference in the responses of only a few individuals can result in a pronounced difference in percentage of the total for that group.

Small numbers of respondents in a group generally occur in one of two ways: 1) there are very few respondents in the total sample who have a particular characteristic under analysis, or 2) the survey logic limits the number of respondents receiving a particular question, thereby reducing the number of respondents in each analytical unit for that item. Where counts are less than 50 respondents per subgroup, the data are suppressed.

### ***Survey Population***

The surveyed population excludes adults:

- In correctional, mental, or other institutions;
- Living in group quarters such as dormitories, barracks, convents, or boarding houses;
- Contacted at their second home during a stay of less than 30 days;
- Who do not speak English well enough to be interviewed; and
- Living in households without telephones.

### ***Smoking Status Definitions***

- *Current everyday smokers*: respondents who smoked at least 100 cigarettes during their lifetime and currently smoke everyday.
- *Current some days smoker*: respondents who smoked at least 100 cigarettes during their lifetime and currently smoke on some days.
- *Ever smokers*: respondents who smoked at least 100 cigarettes in their lifetime.
- *Former smokers*: respondents who smoked at least 100 cigarettes but do not currently smoke at all.
- *Never smoker*: respondents who smoked less than 100 cigarettes in their lifetime.



# CHAPTER 3. SURVEY POPULATION

Tables 1 and 2 present comparisons of the 2006 ATS unweighted and weighted data with the 2000 Census by demographics and county. The percentages of the unweighted 2006 ATS data reflect the study's sample design, in which there was a predetermined number of interviews that needed to be completed within each county. As a result, the unweighted data is skewed from the 2000 Census as would be if the sample design called for a simple random sample without quotas by county. The data were weighted to account for differences in the probabilities of selection of each respondent (as well as by gender, age, and race) so they would be equal to the proportions found in the population, and the final dataset representative of the adult population of Hawai'i.

Table 1 shows the distribution of respondents for the 2006 ATS by gender, age, ethnicity, level of education, and annual household income. The table compares the unweighted and weighted data to the 2000 Census profile of Hawai'i for adults age 18 and older. The Census figures show a total adult population of 915,770 for Hawai'i in 2000. The 2006 ATS data are based on a total of 3,965 completed interviews.

As Table 1 indicates, the weighted sample shows an underrepresentation of Filipinos and respondents of "other" ethnicities, adults with less than a high school degree, and adults with a household income less than \$15,000. There are overrepresentations of Caucasians, Native Hawaiians, adults with a college degree, and adults with a household income of \$75,000 or more.<sup>3,4</sup>

**Table 1. 2000 U.S. Census, 2006 ATS Demographic Data**

	2000 Census	Unweighted 2006 ATS	Weighted 2006 ATS
<b>Sex</b>			
Male	49.8%	41.3%	49.7%
Female	50.2%	58.7%	50.3%
<b>Age</b>			
18-24	12.5%	3.9%	13.0%
25-34	18.7%	10.0%	17.3%

<sup>3</sup> The differences by ethnicity are expected given that the Census does not ask a multi-racial adult which is their preferred ethnicity, and thus all multi-ethnic adults are classified as "other." The CDC classifies multi-ethnic adults as the ethnicity that they mention first (i.e., a respondent who states that they are "Chinese and Caucasian" will be classified as "Chinese" and a respondent who states that they are "Caucasian and Chinese" will be classified as "Caucasian.").

<sup>4</sup> The differences by education are expected given that the Census data is based on adults age 25 and over, as adults between the ages of 18-24 are sometimes still obtaining their education.

	2000 Census	Unweighted 2006 ATS	Weighted 2006 ATS
35-44	20.9%	16.7%	19.1%
45-54	18.7%	22.9%	17.5%
55-64	11.7%	22.9%	14.8%
65+	17.5%	23.6%	18.3%
<b>Ethnicity</b>			
Caucasian	25.4%	51.0%	37.1%
Native Hawaiian	5.8%	9.6%	12.4%
Chinese	5.3%	3.3%	5.7%
Filipino	16.2%	8.1%	11.1%
Japanese	19.2%	16.4%	19.4%
Latino	5.7%	7.2%	6.8%
Other	22.3%	4.4%	7.4%
<b>Education</b>			
Less Than High School Graduate	15.4%	3.8%	3.8%
High School Diploma or GED	28.5%	23.8%	27.7%
Some College or Tech. School	29.9%	28.3%	27.7%
College Graduate Plus	26.2%	44.2%	40.8%
<b>Income</b>			
< \$15,000	12.5%	6.0%	3.7%
\$15,000-\$24,999	10.5%	11.3%	9.0%
\$25,000-\$34,999	11.5%	11.0%	9.2%
\$35,000-\$49,999	15.7%	16.8%	17.4%
\$50,000-\$74,999	20.6%	22.0%	21.3%
\$75,000+	29.3%	33.0%	39.3%

Comparing the 2000 Census to the weighted 2006 ATS dataset, there is a minor underrepresentation of Honolulu and Hawai'i.

**Table 2. Percentage of the Population Residing in Each County**

<b>County</b>	<b>2000 Census</b>	<b>Unweighted 2006 ATS</b>	<b>Weighted 2006 ATS</b>
Honolulu	72.9%	22.3%	66.4%
Hawai'i	12.0%	28.0%	18.5%
Kaua'i	4.7%	23.1%	4.3%
Maui	10.4%	26.6%	10.8%

# CHAPTER 4. SURVEY RESULTS

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This chapter presents the results of the 2006 ATS by topic. Data presented in the tables and charts are stratified by smoking status (where applicable), gender, and county. Detailed tables for each question can be found in *Appendix B* of this report.

Topics discussed in this report include:

- Tobacco use
  - Lifetime cigarette use
  - Current cigarette use
  - Cigarette consumption
  - Cigarette preferences and places of purchase
  - Cigarette smoking initiation (when the respondent began smoking)
  - Cigarette smoking among young adults
  - Smokeless tobacco, cigar, and pipe use
- Motivation and assistance to quit
  - Intentions to quit smoking and expected success
  - Quit attempts among smokers
  - Tobacco treatment services used during last quit attempt
  - Quitting advice and assistance from healthcare professionals
  - Awareness of cessation services
  - Knowledge about health effects of smoking
- Involuntary exposure to SHS
  - Opinions and concerns about SHS
  - SHS in households
  - SHS in multi-unit dwellings
  - SHS in cars
  - SHS at the workplace
  - Attitudes about clean air laws
- New cigarette products
  - Flavored cigarettes
  - Potentially reduced exposure products (PREPS)

# Tobacco Use

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Adults were classified by smoking status into one of four groups: current everyday smoker, current some days smoker, former smoker, and never smoker. To be considered an ever smoker (current or former) a respondent had to have smoked at least 100 cigarettes in their lifetime (39% of all respondents). Current smokers (13%) smoked cigarettes everyday (10%) or some days (3%). The prevalence of current smokers is just above the DHHS Healthy People 2010 target of 12% for cigarette smoking.

Current smokers were asked a series of questions about their smoking, including information on the following topics:

- Cigarette consumption
- Cigarette preferences and places of purchase
- Cigarette smoking initiation (when they started smoking)
- Cigarette smoking among young adults

Some of the highlights from these sections include:

- The majority of current smokers smoked one pack of cigarettes or less a day (91%).
- Current smokers were most likely to smoke Kool (27%), Marlboro (20%), Benson & Hedges (11%), or some other brand of cigarettes (31%).
- Smokers primarily smoked menthols (60%), as well as light cigarettes (45%).
- Almost half of smokers bought their last pack of cigarettes at a convenience (22%) or grocery store (23%).
- Over half of smokers (53%) had their first whole cigarette before they turned 18 years of age.
- Five percent of current smokers were not smoking cigarettes at this time last year.
- Twenty-seven percent of young adults (aged 18-29) had smoked at least 100 cigarettes in their lifetime. According to the youth definition of a smoker (smoked one cigarette within the past 30 days), 15% of young adults are current smokers. According to the youth and adult definition (having smoked at least 100 cigarettes and currently smokes), 19% of young adults are current smokers. Young adults have a lower prevalence of lifetime cigarette use than any other age group.
- Eight percent of young adults, who had not smoked 100 cigarettes or were classified as a former smoker, thought they would smoke a cigarette within the next year.

All respondents were asked about their use of smokeless tobacco, smoke pipes, or cigars.

- No more than 3% of respondents stated that they had used any of these products.

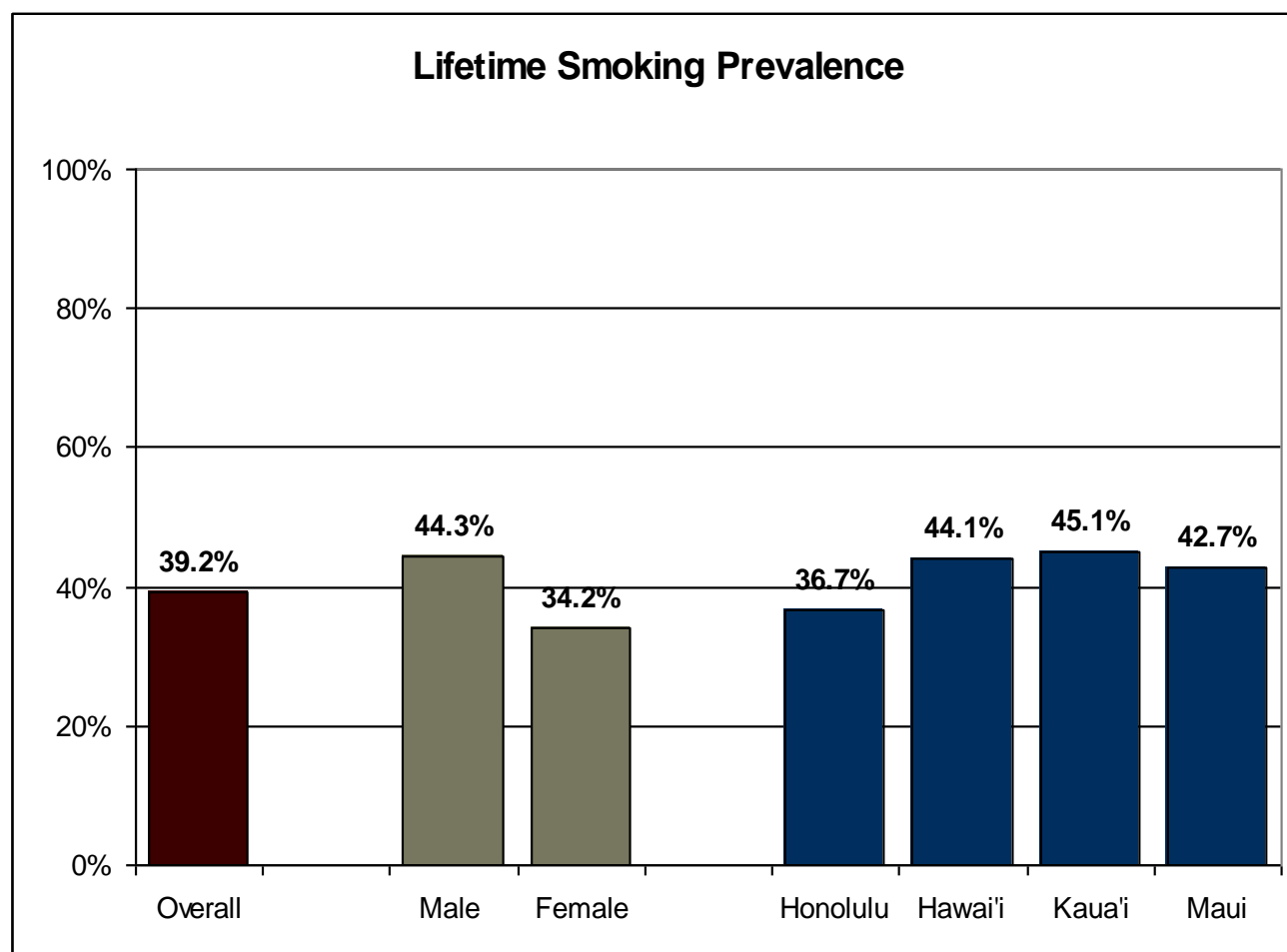
## Lifetime Cigarette Use

To distinguish between casual experimentation with cigarettes and more involved smoking behavior, respondents were asked if they had ever smoked 100 cigarettes during their lifetime. Those who had smoked over 100 cigarettes are considered to be ever smokers.

### Have you smoked at least 100 cigarettes in your entire life? (Appendix B, Table 1)

Only 39% of adults had smoked at least 100 cigarettes in their lifetime. These persons were then asked further questions to ascertain their smoking status as a current or former smoker.

- Twenty-three percent of 18-24 year-olds smoked at least 100 cigarettes, which is significantly less than the percent of adults aged 35 and older ( $p < 0.0001$ ).
- Men were significantly more likely than women to have smoked at least 100 cigarettes; 44% versus 34% ( $p = 0.0006$ ).
- Adults who were most likely to have smoked 100 cigarettes in their life included those who were unable to work (68%), retired (47%), uninsured or without health insurance (48%), older (aged 55 and above, at 46% or more), had household incomes of \$15,000-\$24,999 (47%), or were Caucasian (46%) or Latino (48%).



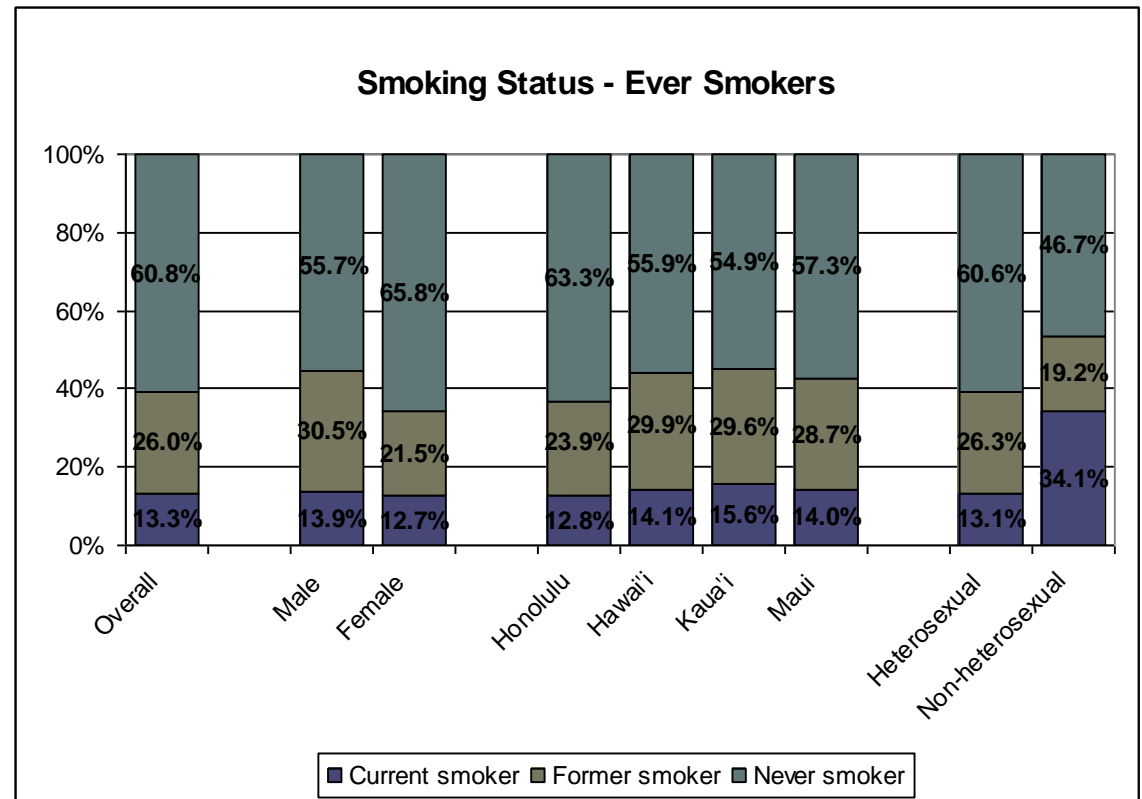
## Current Cigarette Use

Ever smokers (adults who had smoked at least 100 cigarettes) were asked about their smoking behavior. Based upon their response, they were classified as either a current or former smoker. This classification, along with the non-smokers, provides information as to the percent of the population that are current, former, and never smokers. The responses to this question were also used to classify smokers into one of two groups – everyday or some days.

### Smoking Status (Appendix B, Table 2)

Hawai'i has a low prevalence of cigarette smoking, at only 13%, which is a decline from the 18% that was reported in 2001. The DHHS Healthy People 2010 target for cigarette smoking is 12%, just below the 2006 rate in Hawai'i.

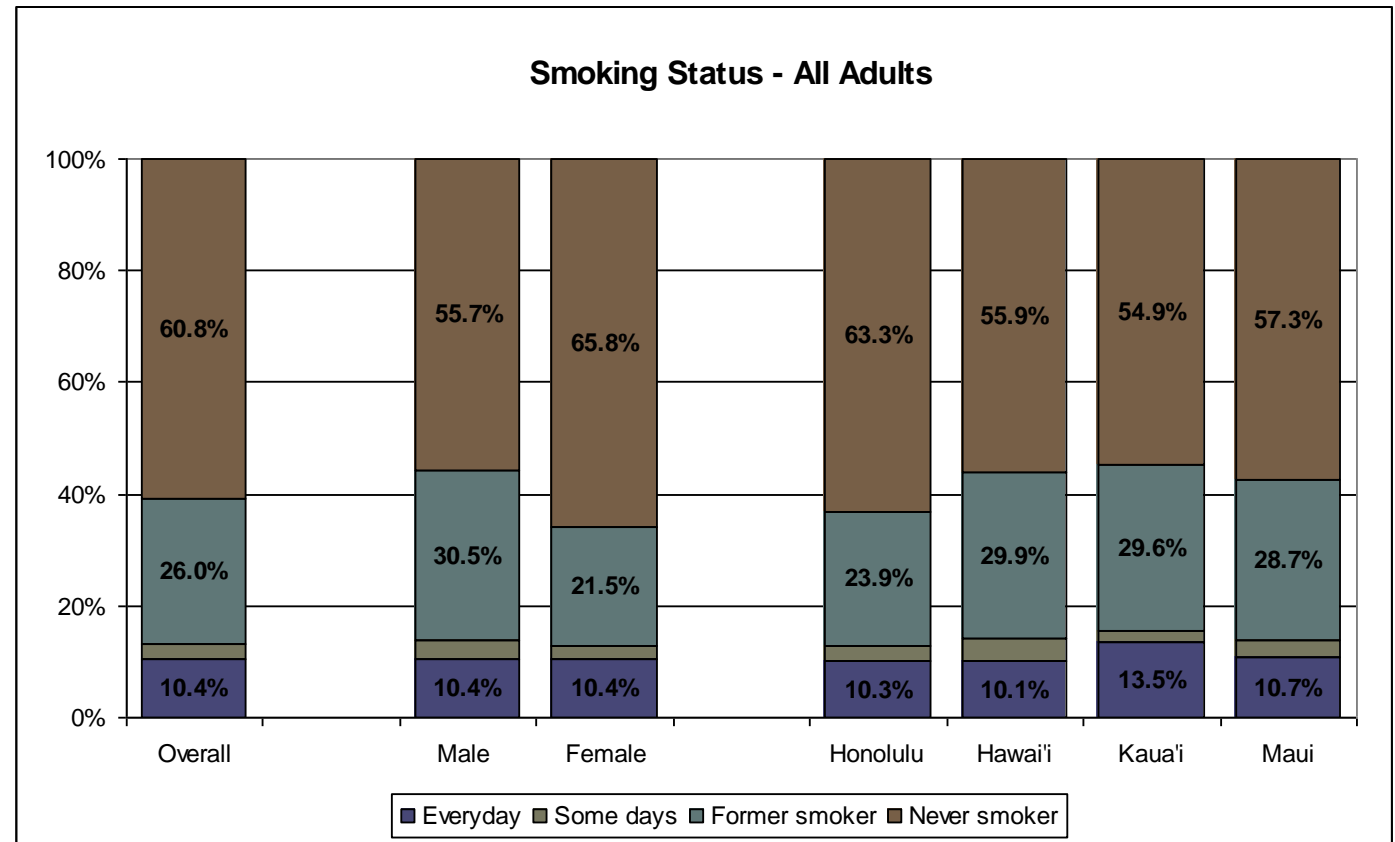
- Just over one-fourth of adults are former smokers, and 61% are never smokers.
- Heterosexual adults were significantly less likely to currently smoke compared to non-heterosexual adults (homosexual, bisexual, or something else); 13% of heterosexuals were current smokers compared to 34% of non-heterosexuals ( $p=0.0011$ ).
- Unmarried adults were significantly more likely to smoke cigarettes compared to adults who were married (19% versus 10%) ( $p<0.0001$ ).
- Smoking prevalence is markedly higher among some groups:
  - Those who are unable to work, 41%.
  - Unemployed, 27%
  - Less than a high school degree, 25%
  - Native Hawaiians, 24%
  - Household income of \$15K-\$24,999, 23%
  - Latinos, 22%



## Do you now smoke cigarettes everyday, some days, or not at all? (Appendix B, Table 3)

Of the 13% of adults who currently smoke cigarettes, 10% smoked cigarettes everyday, and 3% smoked some days. This separation between everyday and some days smokers was fairly consistent across demographic subgroups with a few exceptions.

- Adults who were significantly more likely to smoke everyday at the  $p \leq 0.001$  level were: aged 45-54 (15%), unmarried (15%), had a high school diploma or GED (15%), were unable to work (38%), or were unemployed (26%).
- Adults who were significantly more likely to smoke some days were aged 25-34 (7%,  $p < 0.0001$ , compared to all other age groups). Although not statistically significant, additional demographic subgroups with higher rates of some days smoking were adults with household incomes below \$15,000 (6%), and adults of "other" ethnicities (8%).
- There were certain subgroups of adults who were significantly more likely to have *never* smoked:
  - Women, 66%
  - Adults aged 18-24, 77%
  - College graduates, 67%
  - Students, 78%
  - Honolulu county residents, 63%





## Cigarette Consumption

Smokers (those who smoked everyday and some days) were asked how many cigarettes they smoked a day. A cigarette pack typically contains 20 cigarettes.

### On the average, about how many cigarettes a day do you now smoke? (Appendix B, Table 4)

The majority of current smokers smoked one pack of cigarettes or less a day (91%). Half of all current smokers smoke 1-10 cigarettes per day and roughly one-third (35%) smoke 11-20 cigarettes per day. When smoking status is separated into everyday and some days smokers, 86% of everyday smokers smoke between 1-20 cigarettes each day, whereas 94% of some days smokers consume between 0-10 cigarettes. Over one-fourth, 28%, of some days smokers, stated that on average, they did not smoke any cigarettes each day.

- Kaua'i smokers were most likely compared to all other demographic subgroups to smoke more than one pack per day (15% smoked between 21-30 cigarettes each day, and 6% smoked 40 or more cigarettes each day).

	Number of Cigarettes Smoked Each Day					
	0	1-10	11-20	21-30	31-40	40+
Total	5.8%	50.3%	34.5%	4.5%	4.1%	0.6%
<b>Smoking Status</b>						
Current Everyday Smoker	0%	46.0%	42.3%	5.7%	5.2%	0.8%
Current Some Days Smoker	27.7%	66.5%	5.5%	0%	0.3%	0%
<b>Gender</b>						
Male	6.9%	47.4%	36.5%	4.9%	4.4%	0%
Female	4.7%	53.8%	32.2%	4.0%	3.9%	1.4%
<b>County</b>						
Honolulu	6.8%	50.9%	33.3%	3.9%	4.8%	0.3%
Hawai'i	4.7%	55.5%	33.2%	3.1%	2.6%	0.9%
Kaua'i	4.4%	28.7%	42.8%	15.4%	2.9%	5.7%
Maui	3.8%	44.9%	42.8%	5.3%	3.3%	0%

## Cigarette Preferences and Places of Purchase

Current smokers were asked a variety of questions about the types of cigarettes that they smoke, as well as where they buy their cigarettes. Questions included which brand of cigarettes they smoked most often, preference for menthol or regular cigarettes, and preference for regular, light, or ultra light cigarettes. Current smokers were asked where they bought their cigarettes – both the location of the purchase of the most recent pack, and whether they had recently bought cigarettes at a military commissary or exchange.

### What brand of cigarettes do you smoke most often? (Appendix B, Table 5)

Current smokers were most likely to smoke Kool (27%), Marlboro (20%), Benson & Hedges (11%), or some “other” brand of cigarettes (31%).

- Honolulu smokers were more likely than smokers in other counties to smoke Benson & Hedges (15%), whereas Kaua'i smokers were more likely to smoke Winston cigarettes (13%), and Maui residents had higher rates of smoking Camel cigarettes (10%), compared to residents of the other counties.
- Forty-nine percent of young adults (18-29), 42% of Native Hawaiians, and 46% of the uninsured smoke Kool; 32% of college graduates and 29% of those 65 and older smoke Marlboro; and 21% of retirees smoke Benson & Hedges.

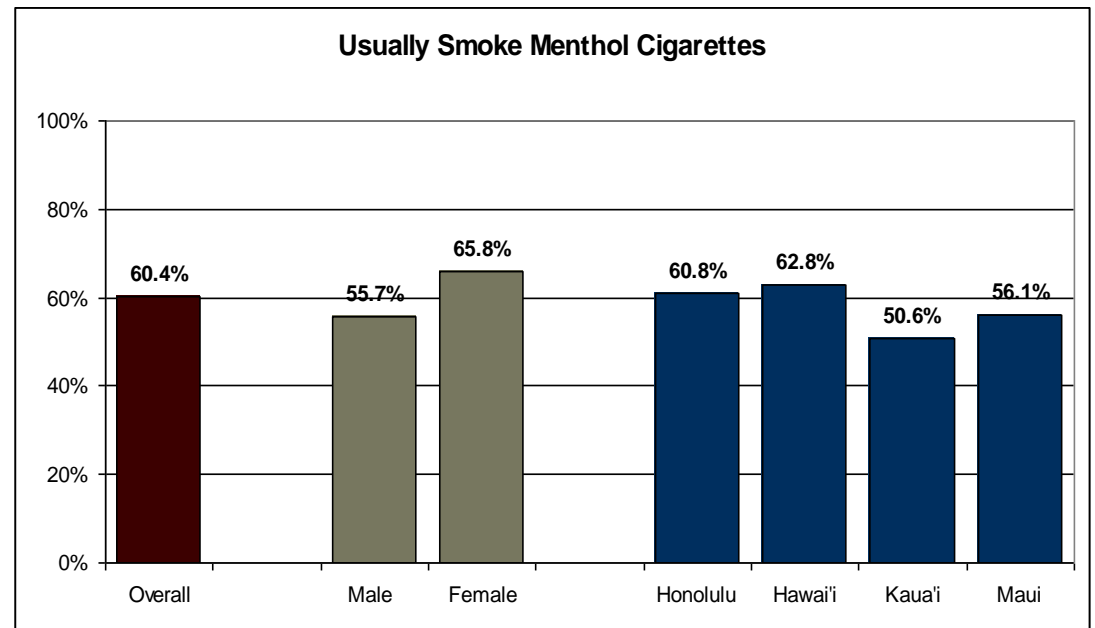
	Brand of Cigarettes Smoked Most Often									
	Benson & Hedges	Camel	Carlton, Kent, Merit, More, Pall Mall, Salem, Lucky Strike	Generic	Kool	Marlboro	Newport	Virginia Slims	Winston	Other
Total	11.4%	3.1%	1.0%	2.3%	26.6%	19.6%	1.7%	2.6%	1.0%	30.7%
<b>Gender</b>										
Male	12.9%	5.2%	0.4%	0.9%	27.3%	22.8%	0%	0.8%	0.6%	29.1%
Female	9.7%	0.8%	1.7%	3.9%	25.9%	16.0%	3.6%	4.7%	1.4%	32.4%
<b>County</b>										
Honolulu	14.9%	1.6%	0.3%	2.4%	27.4%	19.3%	2.5%	2.5%	0.5%	28.7%
Hawai'i	7.5%	3.3%	0.6%	2.4%	24.3%	20.8%	0%	2.4%	0%	38.7%
Kaua'i	3.0%	4.9%	1.1%	1.9%	14.9%	24.3%	0%	2.0%	12.8%	35.1%
Maui	2.7%	10.3%	1.2%	2.1%	31.5%	19.2%	0.7%	4.5%	0.4%	27.5%

## Do you usually smoke menthol cigarettes?

(Appendix B, Table 6)

Smokers (everyday and some days) were more likely to smoke menthol cigarettes than non-menthols, as 60% stated such.

- Honolulu and Hawai'i County smokers were more likely to prefer menthols than smokers in Kaua'i and Maui.
- Adults in the following subgroups were significantly more likely to smoke menthols:
  - Native Hawaiian (78%,  $p=0.0004$ , compared to Caucasians)
  - Those having a high school degree or GED (75%,  $p=0.0035$ , compared to adults with some college or a college degree).

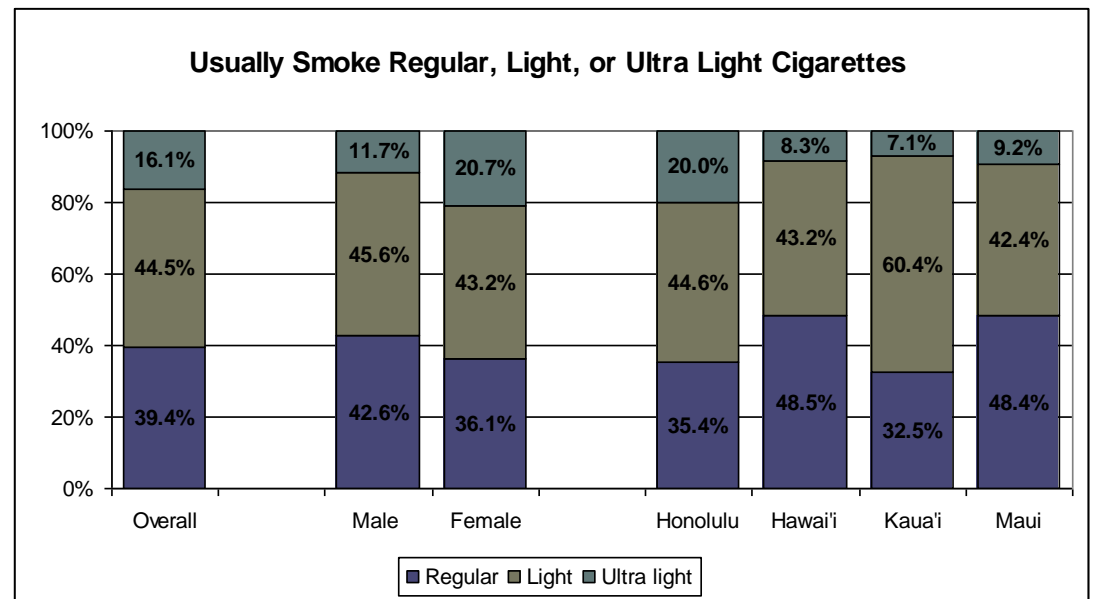


## Do you usually smoke regular, light, or ultra light cigarettes?

(Appendix B, Table 7)

Light cigarettes were most popular (45%), followed by regular cigarettes (39%), and ultra light cigarettes (16%).

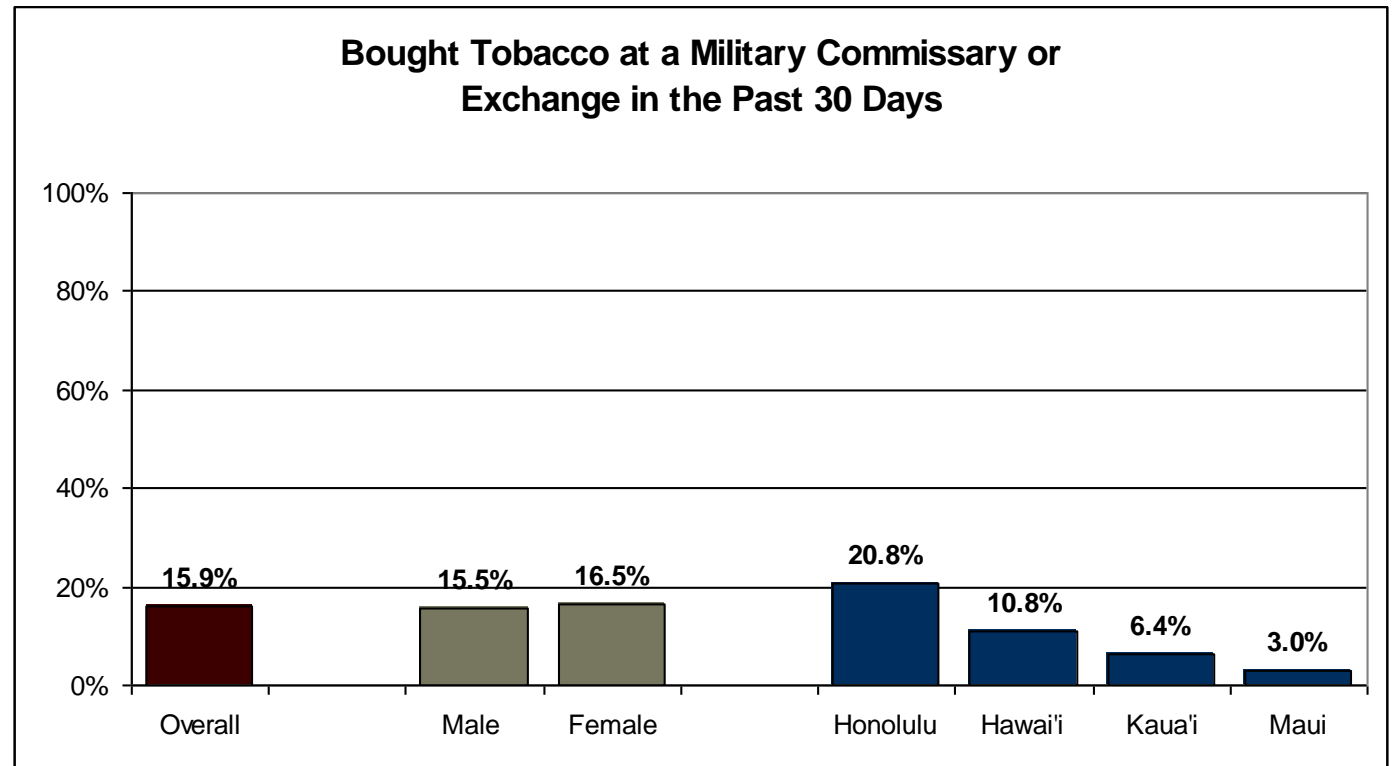
- Honolulu County smokers were significantly more likely to smoke ultra light cigarettes (20%) compared to Hawai'i and Kaua'i County smokers ( $p=0.0391$ ).
- Adult smokers who were significantly more likely to smoke regular cigarettes were:
  - Native Hawaiians, 57%
  - Smokers with a high school diploma or GED, 53%
  - Smokers with household incomes of \$15K-\$24,999, 54%



## During the past 30 days, did you buy tobacco at a military commissary or exchange? (Appendix B, Table 8)

Less than one-fifth of smokers (16%) bought tobacco at a military commissary or exchange in the past 30 days.

- Honolulu County smokers were significantly more likely than Maui smokers to buy cigarettes at a military commissary or exchange (21% versus 3%, respectively,  $p=0.0148$ ). Maui County smokers were also less likely, although not statistically, to buy cigarettes at a military commissary or exchange compared to smokers in Hawai'i (11%), and Kaua'i (6%) counties.
- Married smokers were over twice as likely to buy cigarettes at a military facility (25%) compared to their unmarried counterparts (10%); statistically significant at  $p=0.0412$ .
- Smokers with household incomes of \$75,000 or more (24%) and \$25,000-\$49,999 (20%) were significantly more likely to buy cigarettes at a military commissary or exchange than smokers with household incomes of \$24,999 or less (4%) ( $p=0.0262$ ).
- A large difference is also seen by ethnicity, where 21% of Caucasians bought cigarettes at a military facility, compared to 13% or less of Japanese and Native Hawaiian smokers.



**During the past 30 days, where did you buy the last pack of cigarettes you bought?** (Appendix B, Table 9)

Almost half of smokers bought their last pack of cigarettes at a convenience store (22%) or a grocery store (23%). The rest were purchased at a gas station (19%), military exchange or commissary (14%), some other place (15%), drugstore (2%), or over the Internet (0.5%). Three percent of smokers had not bought cigarettes in the past 30 days.

- Women smokers were most likely to buy their last pack of cigarettes at a grocery store (28%), whereas men were most likely to buy cigarettes at a convenience store (27%).
- Maui County smokers were most likely to buy their last pack at a gas station (35%), Kaua'i County smokers most likely to buy at a convenience store (43%), Hawai'i County smokers most likely to buy from a convenience store (27%) or a grocery store (28%), and most Honolulu County smokers bought their last pack at a grocery store (23%). Twenty percent of Honolulu smokers purchased their last pack at a military commissary or exchange, a much higher percentage than all other counties.

Place Where Purchased Last Pack of Cigarettes									
	GAS STATION	CONVENIENCE STORE	GROCERY STORE	DRUGSTORE	VENDING MACHINE	A MILITARY COMMISSARY OR EXCHANGE	OVER THE INTERNET	OTHER	DID NOT BUY CIGARETTES IN THE PAST 30 DAYS
Total	19.3%	22.1%	23.4%	2.3%	0%	14.3%	0.5%	15.1%	2.9%
<b>Gender</b>									
Male	21.4%	26.6%	19.6%	3.2%	0%	13.8%	0.7%	13.7%	1.0%
Female	16.9%	16.9%	27.7%	1.2%	0%	14.9%	0.4%	16.7%	5.2%
<b>County</b>									
Honolulu	15.6%	17.6%	22.8%	3.2%	0%	19.7%	0.5%	17.7%	2.9%
Hawai'i	23.8%	27.3%	27.9%	0.2%	0%	8.4%	0.2%	10.0%	2.1%
Kaua'i	16.5%	43.1%	24.2%	1.1%	0%	0%	0.9%	11.2%	3.0%
Maui	34.5%	26.9%	19.4%	0.9%	0%	1.5%	1.5%	10.5%	4.9%

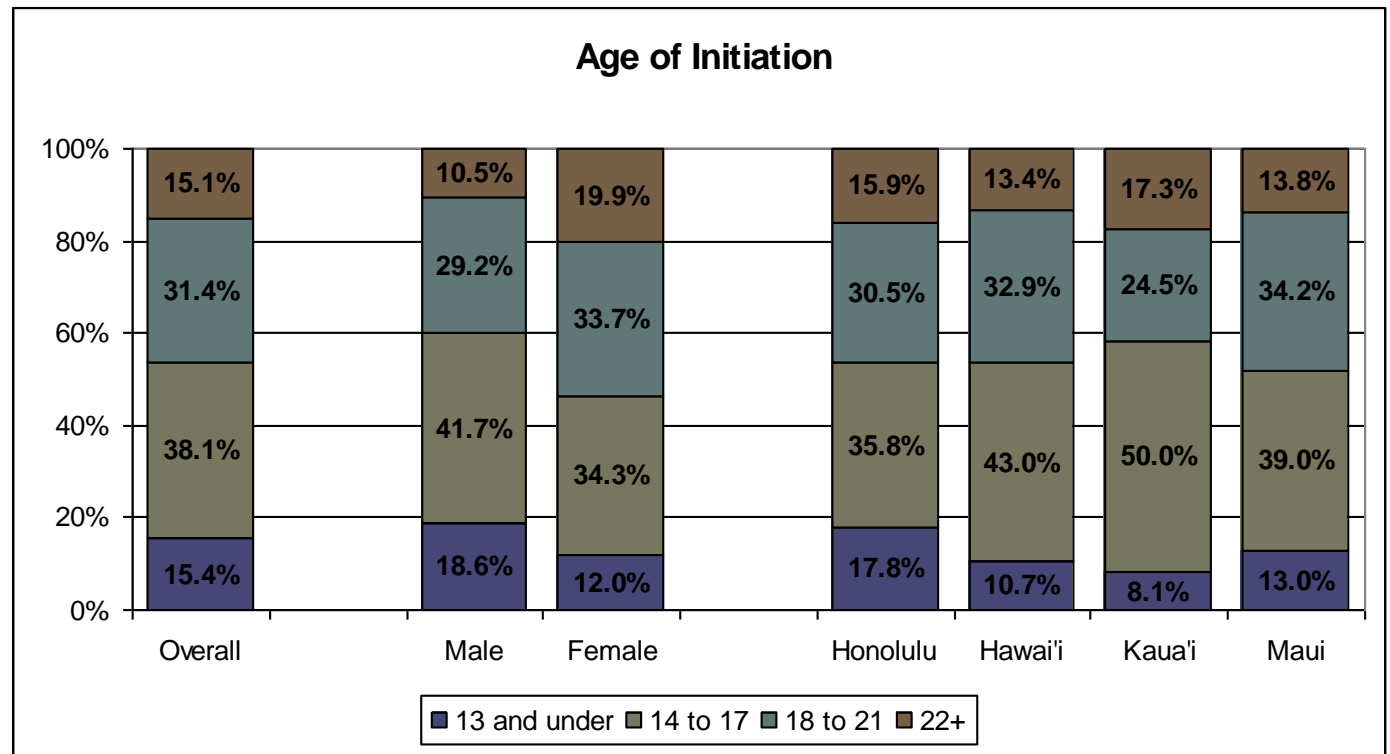
## Cigarette Smoking Initiation

To learn more about when Hawai'i smokers start smoking, current cigarette smokers were asked at what age they smoked their first whole cigarette and what their smoking status was at this time last year.

### How old were you when you smoked a whole cigarette for the first time? (Appendix B, Table 10)

Over half of smokers (53%) had their first whole cigarette before they turned 18 years of age. Over one-third, 38%, smoked their first whole cigarette between the ages of 14-17, and only 15% smoked their first whole cigarette before they turned 14. While 31% of adults smoked their first cigarette between the ages of 18-21, only 15% did so at age 21 or older.

- Sixty percent of men started smoking before the age of 18, compared to only 46% of women. Women were much more likely to start smoking later in life, as 34% smoked their first cigarette between the ages of 18-21, and 20% at age 21 or older.
- Honolulu residents were more likely to have smoked their first cigarette at an earlier age (13 and under) compared to residents of all other counties (18%).

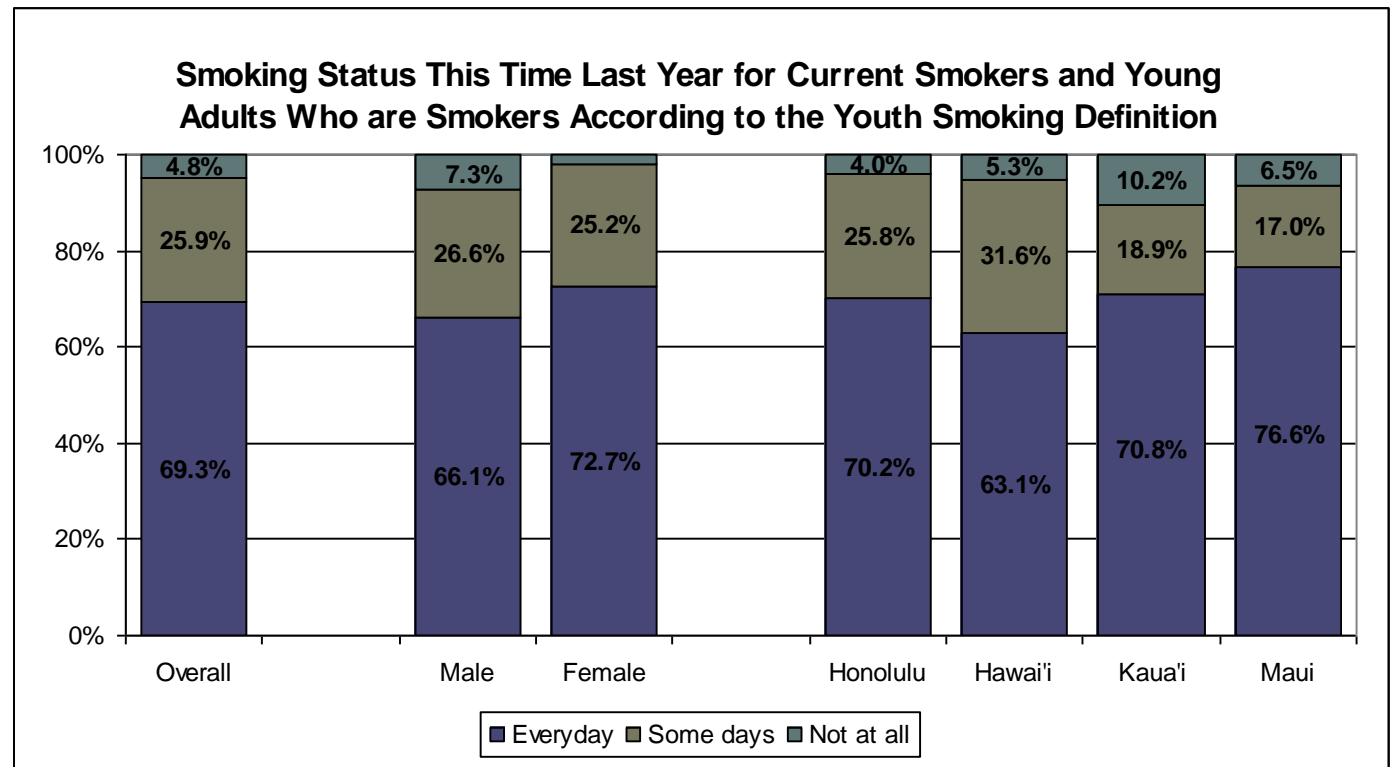


**Around this time last year, were you smoking cigarettes everyday, some days, or not at all?** (Appendix B, Table 11)

Current smokers, and 18-29 year-olds who were not current smokers but had smoked at least one cigarette in the past 30 days, were asked how much they smoked at this time last year.

Five percent of these smokers were not smoking cigarettes at this time last year.

- More men than women began smoking within the past year; 7% of men began smoking compared to only 2% of women.
- Other demographic subgroups of smokers with larger numbers of smoking initiation last year included those: aged 35-44 (10%); aged 55-64 (9%); aged 65 and older (14%); and residents of Kaua'i County (10%).
- In addition to women, additional demographic subgroups with a low percentage of new smokers included those: aged 25-34 (1%) and 45-54 (2%); Native Hawaiian (1%) and Japanese smokers (1%); and smokers with household incomes of \$25,000-\$49,999 (2%) and \$50,000-\$74,999 (1%).

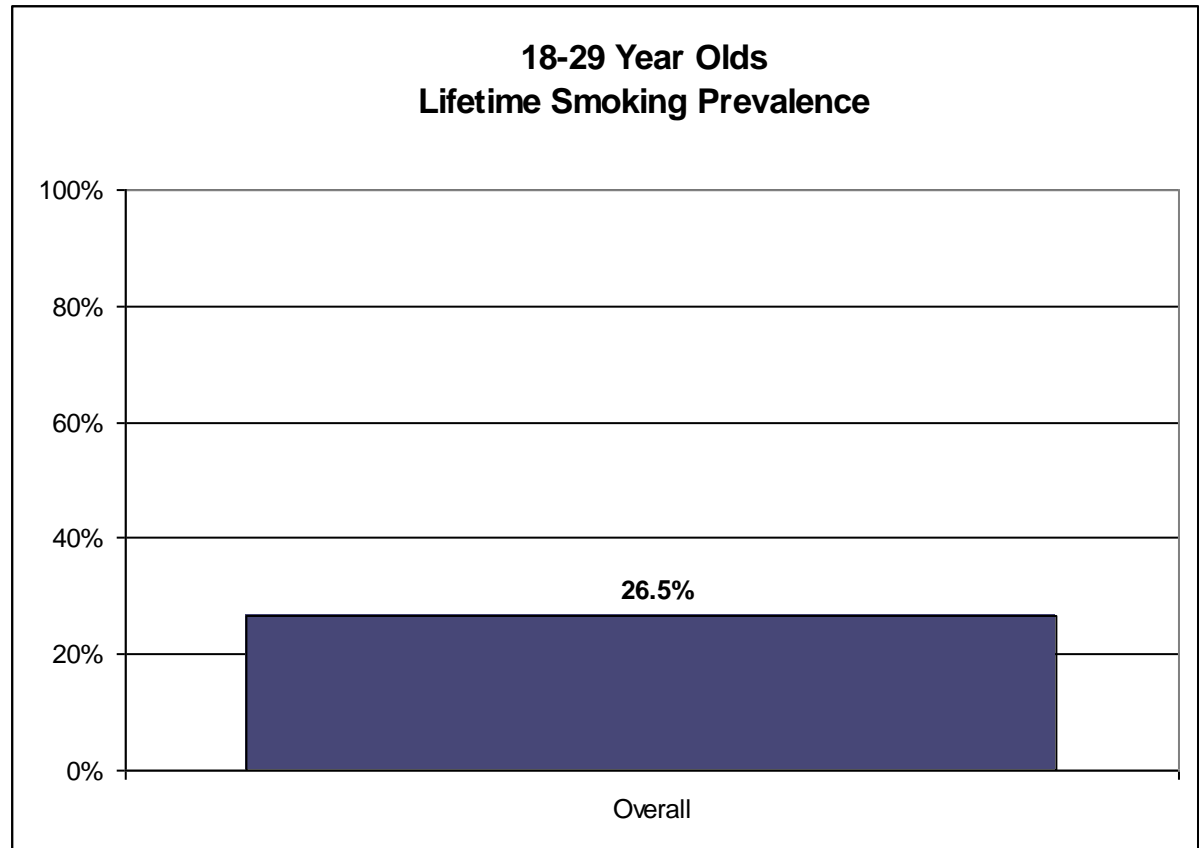


## Cigarette Smoking Among Young Adults

Special attention is often paid to the smoking patterns of young adults, those between the ages of 18-29. Young adults are in a transition period from adolescence to adulthood. Because of the way teens acquire the smoking habit, (from smoking occasionally, to some days, to most days, to everyday), current cigarette smoking in teens is defined as smoking on at least one of the past 30 days. To better understand smoking acquisition in young adults, those who had not smoked at least 100 cigarettes in their lifetime were asked if they had ever tried cigarettes and, if so, how often they smoked during the last 30 days. The results in this section focus on young adults who meet either the adult or youth definition of being current cigarette smokers.

### Have you smoked at least 100 cigarettes in your entire life? (Appendix B, Table 1)

Twenty-seven percent of young adults had smoked at least 100 cigarettes in their lifetime. This is much lower than the 39% rate for all adults surveyed.

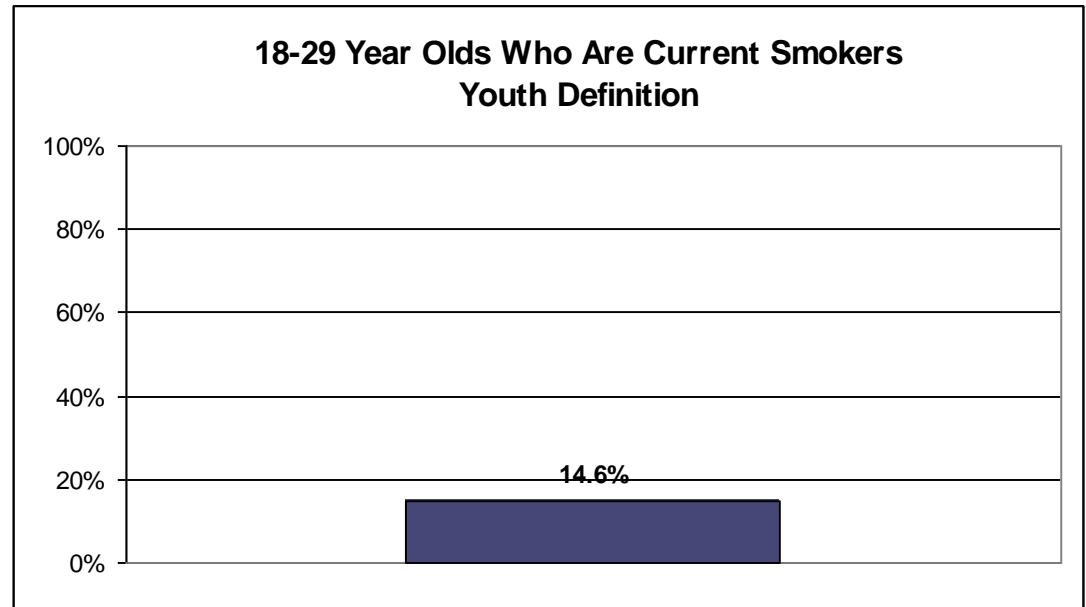




### Young adults, aged 18-29, who are a current smoker according to the youth definition

(Appendix B, Table 12)

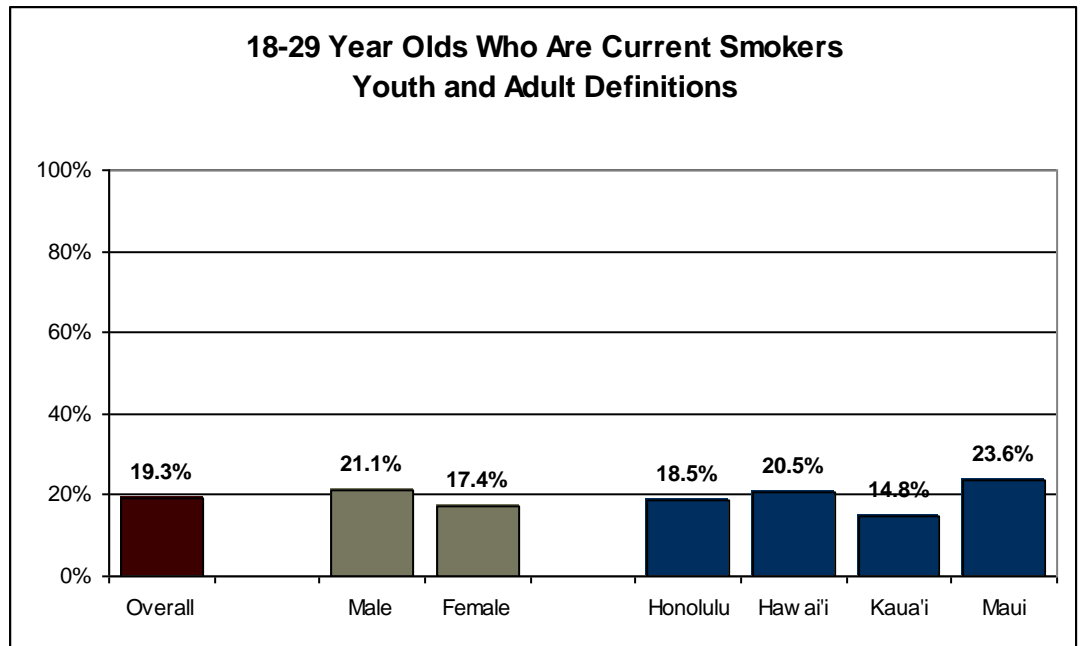
The youth definition of a smoker is one who has smoked one cigarette within the past 30 days, regardless if they have smoked 100 cigarettes in their lifetime. According to this definition, 15% of 18-29 year-olds are current smokers.



### Young adults, aged 18-29, who are a current smoker according to the youth and adult definitions

(Appendix B, Table 13)

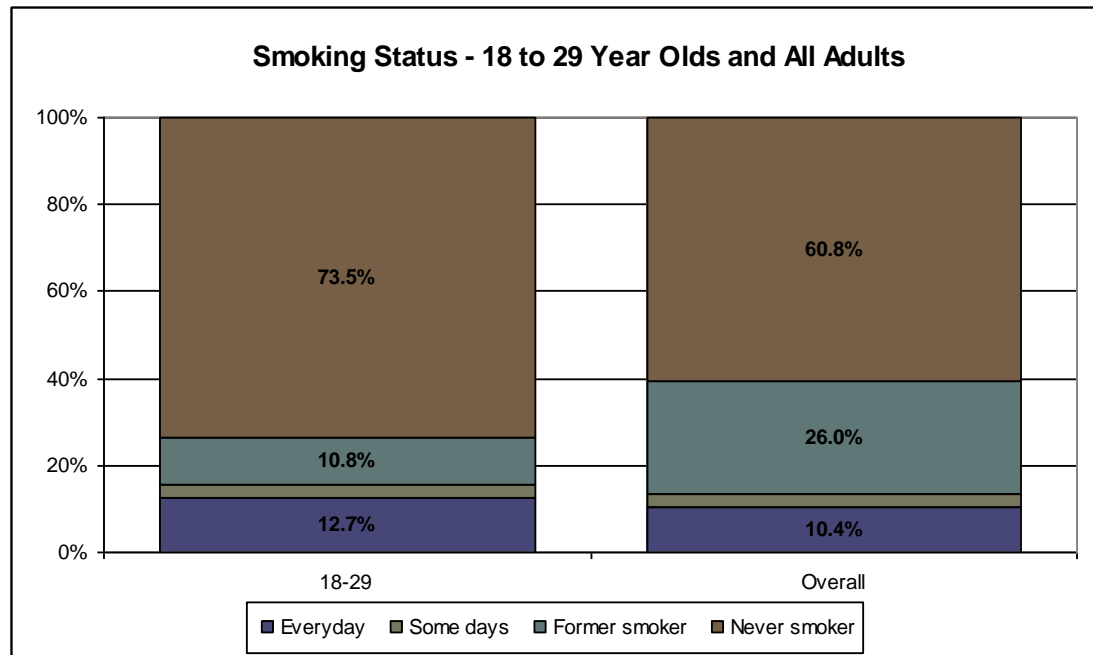
The adult definition of a smoker is anyone who has smoked 100 cigarettes in their lifetime, and smokes cigarettes everyday or some days. This definition, along with the youth definition (smoked one cigarette in the past 30 days, regardless of whether or not they have smoked 100 cigarettes in their lifetime) were used together to determine the percentage of young adults who currently smoked—19%.



**Do you now smoke cigarettes everyday, some days, or not at all?** (Appendix B, Table 3)

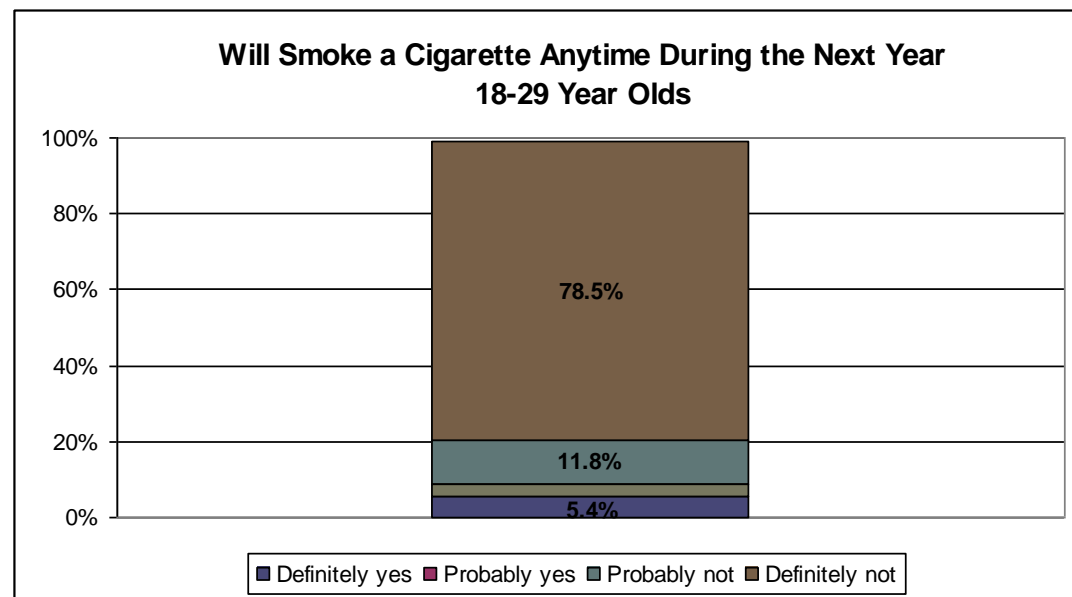
Young adults are far less likely than the general population to be ever smokers, but they are just as likely to be current smokers.

- Almost two-thirds of young adults, 74%, were never smokers—compared to 61% of the general population.
- In all, 15% of young adults currently smoke cigarettes, with 13% smoking everyday and 3% smoking on some days. This is compared to 13% of the general population who currently smoke, 10% of whom smoke everyday and 3% smoke some days.



**Do you think you will smoke a cigarette anytime during the next year?** (Appendix B, Table 14)

Young adults who had never smoked 100 cigarettes, or were classified as a former smoker, were asked if they thought they would smoke a cigarette within the next year. A majority of young adults said that they definitely would not smoke a cigarette within the next year—79%. Eight percent of 18-29 year-olds thought they would smoke within the next year; 5% said they definitely would; and 3% said they probably would.



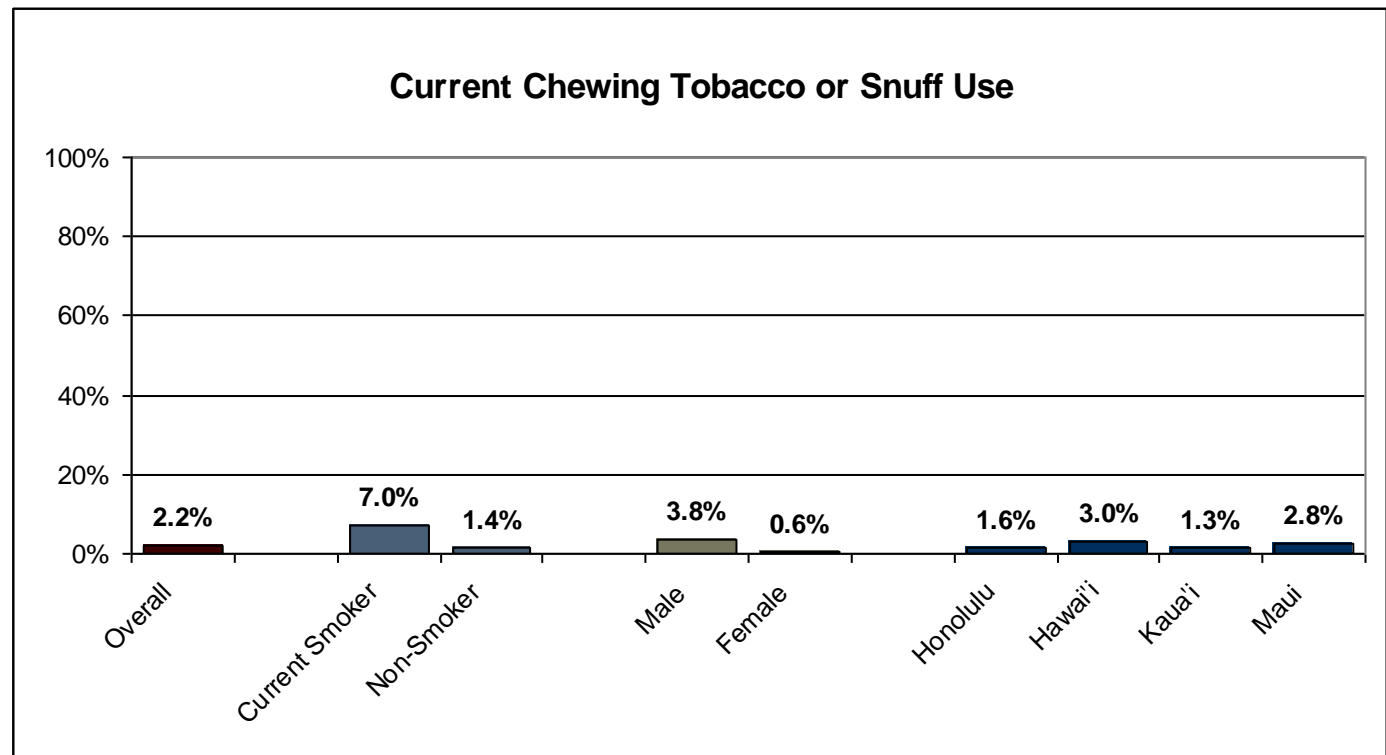
## Smokeless Tobacco, Cigar, and Pipe Use

While cigarettes have long been the most prevalent form of tobacco used in Hawai'i, tobacco comes in many forms. It is important to monitor prevalence of all forms of tobacco as part of a comprehensive tobacco use assessment. Therefore, all respondents were asked a variety of questions about their current use of smokeless tobacco products, cigars, and pipes. The data presented below includes responses to questions about how often adults used these products.

### Do you currently use chewing tobacco or snuff everyday, some days, or not at all? (Appendix B, Table 15)

The vast majority of adults, 98%, did not use chewing tobacco or snuff.

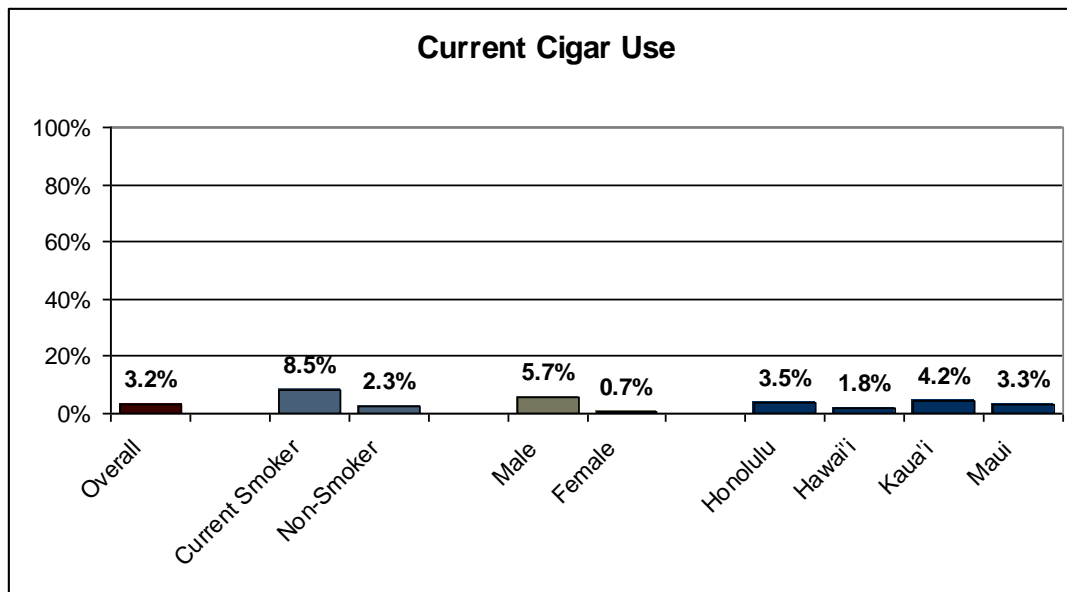
- Current cigarette smokers were significantly more likely to use chewing tobacco or snuff (7%) compared to non-smokers (1%),  $p < 0.0001$ . Six percent of smokers in 2001 reported using chewing tobacco or snuff.
- Men were significantly more likely to use smokeless tobacco products than women—4% compared to less than 1% of women ( $p < 0.0001$ ).
- Two additional demographic subgroups with higher rates of smokeless tobacco use (although still low) were adults age 35-44 (5%); adults of "other" ethnicities (7%); and adults with less than a high school degree (6%).



**Do you now smoke cigars everyday, some days, or not at all?** (Appendix B, Table 16)

Only 3% of adults surveyed smoked cigars everyday or some days.

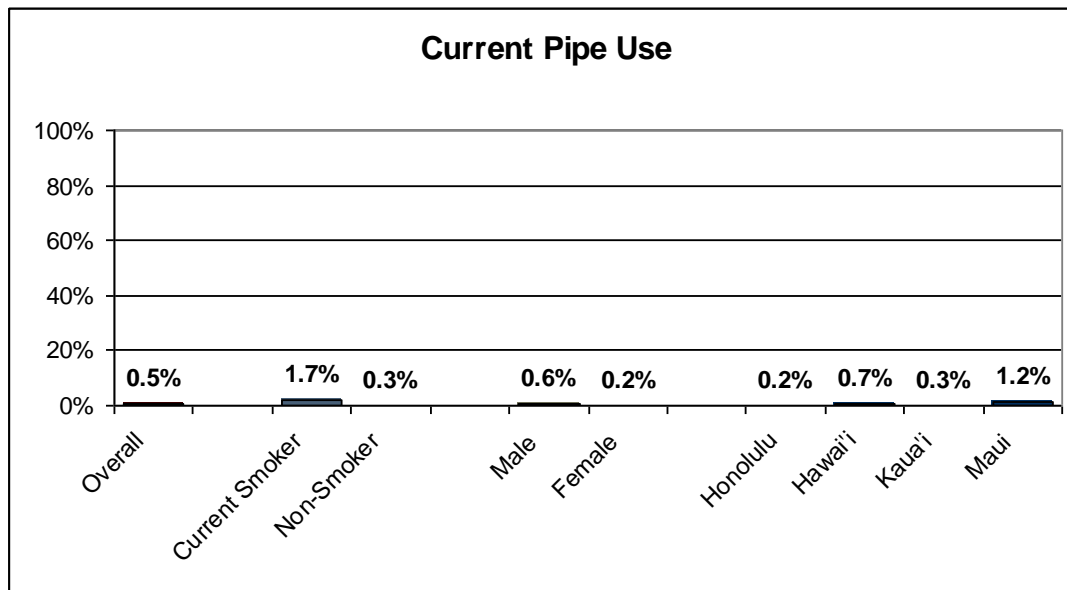
- Current smokers were over three times as likely to smoke cigars as non-smokers (9% versus 2%). However, this is a large decline from 2001, in which 14% of smokers reported smoking cigars.
- Additional demographic subgroups more likely to smoke cigars included men (6%); adults between the ages of 35-44 (5%); Chinese or Latino (8% for each subgroup) respondents; those unable to work (6%); and those not having health insurance (7%).



**Do you now smoke a pipe everyday, some days, or not at all?** (Appendix B, Table 17)

Adults were less likely to smoke a pipe as they were to use to smokeless tobacco and cigars; less than one percent of adults stated that they smoked a pipe everyday or some days.

- As the rates of pipe use were very low, differences between demographic subgroups were also very small.
- Current smokers were less likely to smoke pipes in 2006 than in 2001; 2% of smokers in 2006 reported smoking a pipe compared to 4% in 2001.



# Motivation and Assistance to Quit

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This section of the report focuses on cigarette smoking cessation. Topics include:

- Intentions to quit smoking and expected success
- Quit attempts among smokers
- Tobacco treatment services used during the last quit attempt (for former and current smokers)
- Quitting advice and assistance from healthcare professionals
- Awareness of cessation services
- Knowledge about the health effects of smoking

Nine percent of former smokers quit smoking within the past year. As 5% of current smokers started smoking within the past year, *there was a net reduction in overall smoking in Hawai'i within the past year—an estimated 16,000 adults.*

*Almost 9 in 10 smokers surveyed wanted to quit, and 7 in 10 thought they would be successful; 89% of smokers wanted to quit at some point, with 59% of those planning to quit within the next six months—70% of both groups thought they would be “very likely” or “somewhat likely” to succeed. Of the 44% percent of smokers who tried to quit within the past 12 months, 17% had used some type of medication and 3% had used classes or counseling.*

Health providers play an important role in encouraging people to quit smoking by providing cessation advice and assistance. *Almost two-thirds (63%) of adults who went to a health provider had their smoking status assessed, and 73% of smokers who had seen a health provider were advised to quit (smokers were just as likely to have been advised to quit from someone other than a health professional, 74%).* Smokers were asked about the advice they were provided from their healthcare provider, all of which increased from that which was reported to have been provided in 2001; 34% of smokers were prescribed, or given recommendations to use, medication to help them quit; 30% of smokers were given the suggestion to set a specific date to stop smoking; 34% of smokers were referred to classes or counseling by their health provider; and 29% of smokers were given materials to help them quit.

All respondents, regardless of smoking status, were asked a series of questions about the benefit of quitting. *Seventy-two percent, almost three-quarters of adults, thought that even long-term smokers could achieve better health by quitting.* As to the specific health consequences of smoking cigarettes, adults were most likely to correctly identify lung cancer (96%), heart attacks (84%), and low birth weight (79%) as consequences of smoking cigarettes.

## Intentions to Quit Smoking and Expected Success

Smokers were asked about their intentions to quit smoking and how likely they thought they would be to succeed.

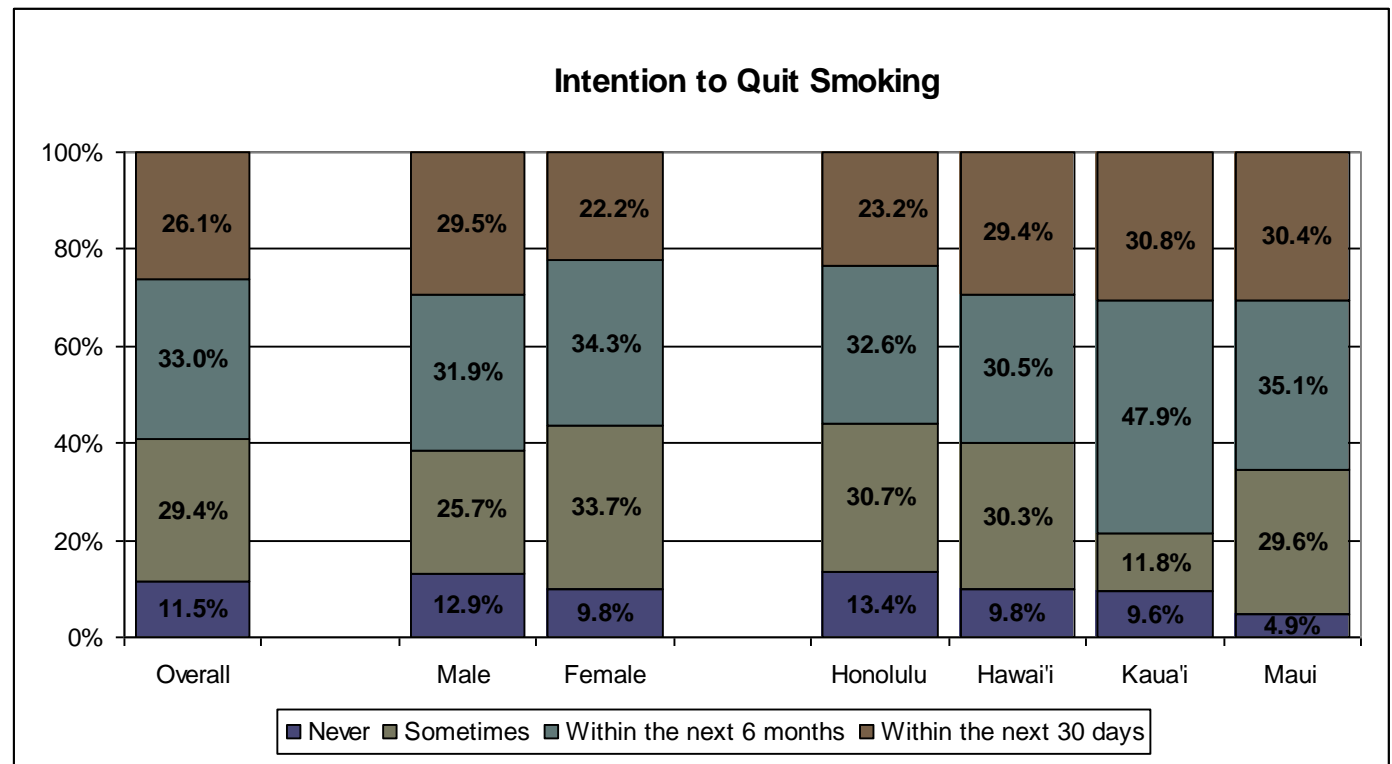
### Do you ever expect to quit smoking?

### Are you seriously considering stopping smoking within the next six months?

### Are you planning to stop smoking within the next 30 days? (Appendix B, Table 18)

A majority of smokers, 89%, wanted to quit at some point. Over half, 59%, of smokers wanted to quit within either the next six months (33%) or the next 30 days (26%). Only 12% of smokers had no plans to ever quit. In 2001, 84% of smokers wanted to quit at some time, 61% wanted to quit within the next six months, and 25% planned to quit within the next 30 days.

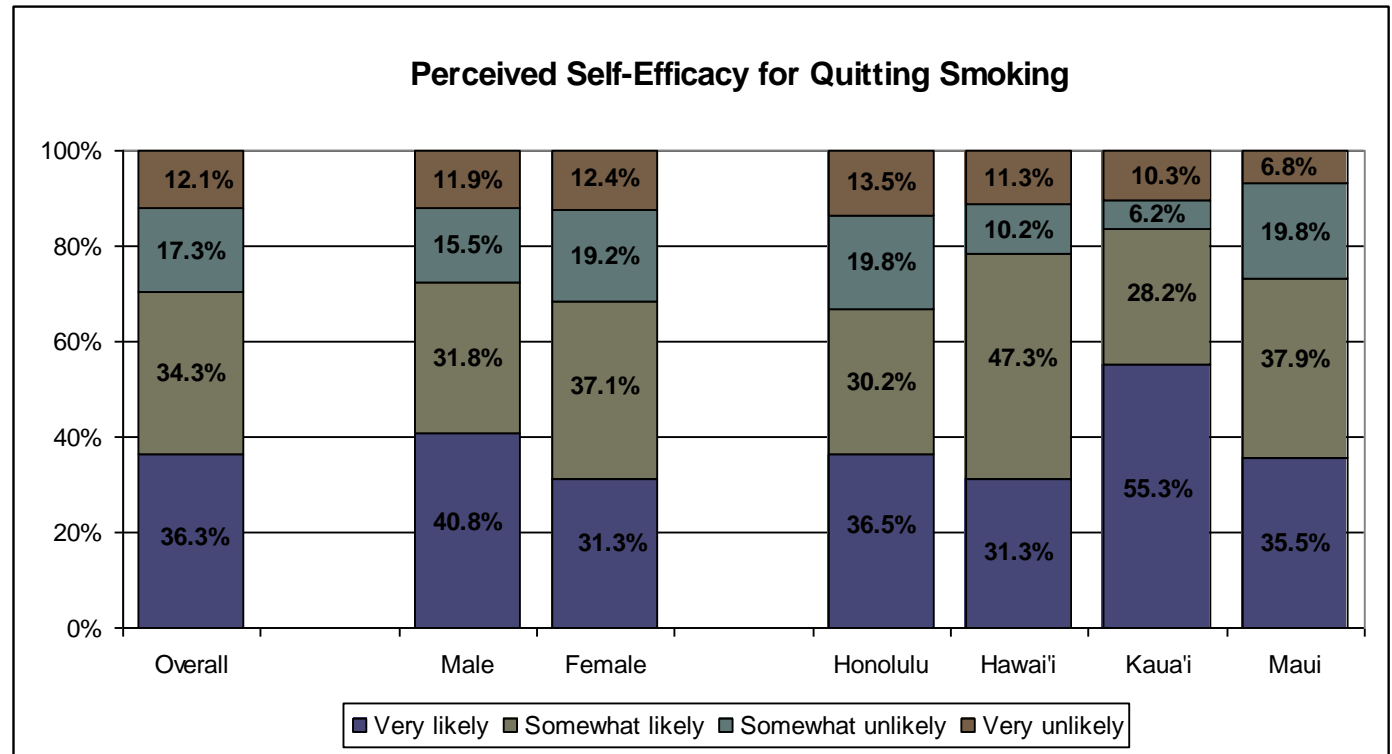
- Women smokers were slightly more likely than men to ever expect to quit (90% compared to 87% of men). Maui County smokers (95%) were more likely to want to quit compared to smokers residing in other counties. Kaua'i County smokers (48%) were most likely to plan to quit within the next six months, compared to smokers in all other counties.
- Married adults were the most ready to quit—42% planned to stop smoking within the next 30 days, compared to only 13% of unmarried adults (a difference that was statistically significant at  $p < 0.0001$ ).
- Smokers who were least likely to want to quit at any time included adults who were between the ages of 55-64 (70%), had a household income of \$25,000-\$49,999 (80%), or were retired (79%).



**If you decided to give up smoking altogether, how likely do you think you would be to succeed?** (Appendix B, Table 19)

Smokers were fairly confident about their ability to quit smoking when they were ready. Thirty-six percent of smokers thought they would be “very likely” to succeed if they gave up smoking entirely, and 34% thought they would be “somewhat likely.” These rates are slightly lower than what was reported in 2001, when 75% of smokers thought they would succeed at quitting.

- Demographic characteristics associated with the highest levels of perceived success at quitting smoking (those who said “very likely”) included: being male (41%); aged 65 or older (43%); Native Hawaiian (52%); holding a college degree (50%); having a household income of \$15,000-\$24,999 (49%) or \$75,000 or more (52%); being retired (42%); and living in Kaua'i (55%).
- Adults with household incomes of \$15,000-\$24,999, or \$75,000 or more, were significantly more likely to state that they were “very likely” to succeed compared to adults with household incomes of \$25,000-\$49,999 (p=0.0001).



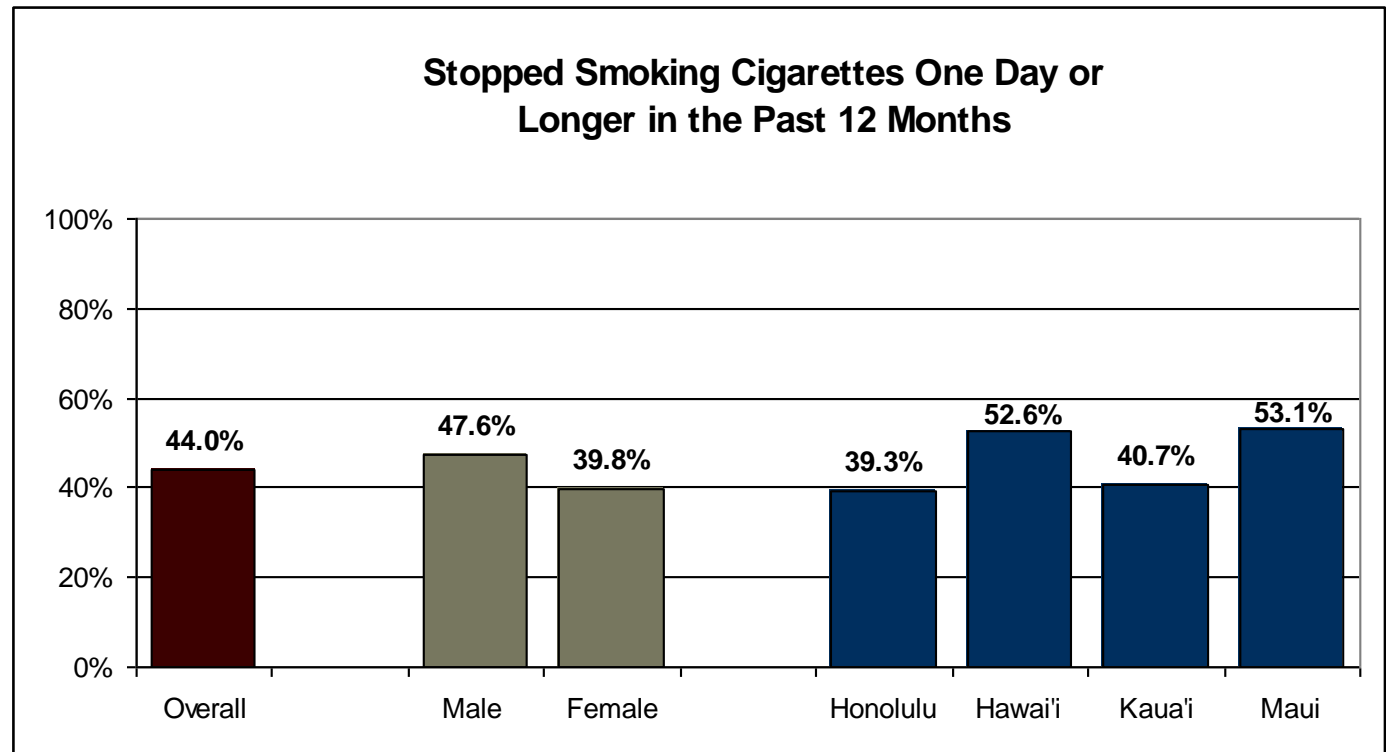
## Quit Attempts Among Smokers

Smokers were asked if they had tried to quit smoking within the past 12 months, and former smokers were asked about the last time they smoked regularly.

### During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (Appendix B, Table 20)

In the past 12 months, 44% of smokers stopped smoking for one day or longer because they were trying to quit. This percentage is much lower than what was reported in 2001, in which 62% of smokers had tried to quit smoking within the past 12 months.

- Men were more likely than women to have tried to quit (48% versus 40%), as were residents of Hawai'i (53%) and Maui (53%) compared to other counties.
- Smokers who were most likely to have tried to quit in the past year included: those between the ages of 25-34 (54%); smokers with a high school diploma or GED (52%); smokers with household incomes of \$15,000-\$24,999 (63%); the retired (53%); and residents of Hawai'i and Maui counties (53% for each).
- Smokers with a household income of \$15,000-\$24,999 (63%) were significantly more likely to have tried to quit ( $p=0.04$ ) compared to respondents with household incomes of \$75,000 or more.





## About how long has it been since you last smoked cigarettes regularly? (Appendix B, Table 21)

Nine percent of former smokers quit smoking within the past year. As noted earlier, 5% of current smokers started within the past year. Thus, there has been a net reduction in overall smoking in Hawai'i within the past year—of an estimated 16,000 adults.

- Women were slightly more likely to have stopped smoking within the past year compared to men (12% and 7%, respectively).
- Unmarried former smokers were much more likely than married former smokers to have recently quit smoking, within the past year. Seventeen percent of unmarried former smokers last smoked within the past year, compared to only 6% of married former smokers.

	How Long Since Last Smoked Cigarettes Regularly						
	Within the past month	More than 1 month but less than 3 months	More than 3 months but less than 6 months	More than 6 months but less than 1 year	More than 1 year but less than 5 years	More than 5 years but less than 10 years	Within the past 10 years
Total	0.6%	1.0%	4.6%	2.8%	14.2%	16.5%	60.1%
<b>Gender</b>							
Male	0.6%	0.6%	2.8%	3.0%	14.0%	15.3%	63.4%
Female	0.6%	1.4%	7.1%	2.4%	14.4%	18.1%	55.5%
<b>County</b>							
Honolulu	0.1%	0%	6.1%	1.9%	13.0%	18.2%	60.4%
Hawai'i	1.5%	3.9%	2.9%	4.7%	16.1%	13.5%	56.7%
Kaua'i	3.6%	0.7%	3.9%	4.0%	11.9%	15.3%	60.5%
Maui	0.4%	0.9%	0.5%	3.0%	19.5%	15.1%	60.4%

## Tobacco Treatment Services Used During Last Quit Attempt

Smokers, and former smokers who quit within the past five years, were asked about their most recent or last quit attempt. Specifically, they were asked about medication use and the use of classes or counseling to assist them in their last quit attempt.

**[Former Smokers] When you quit smoking ...**

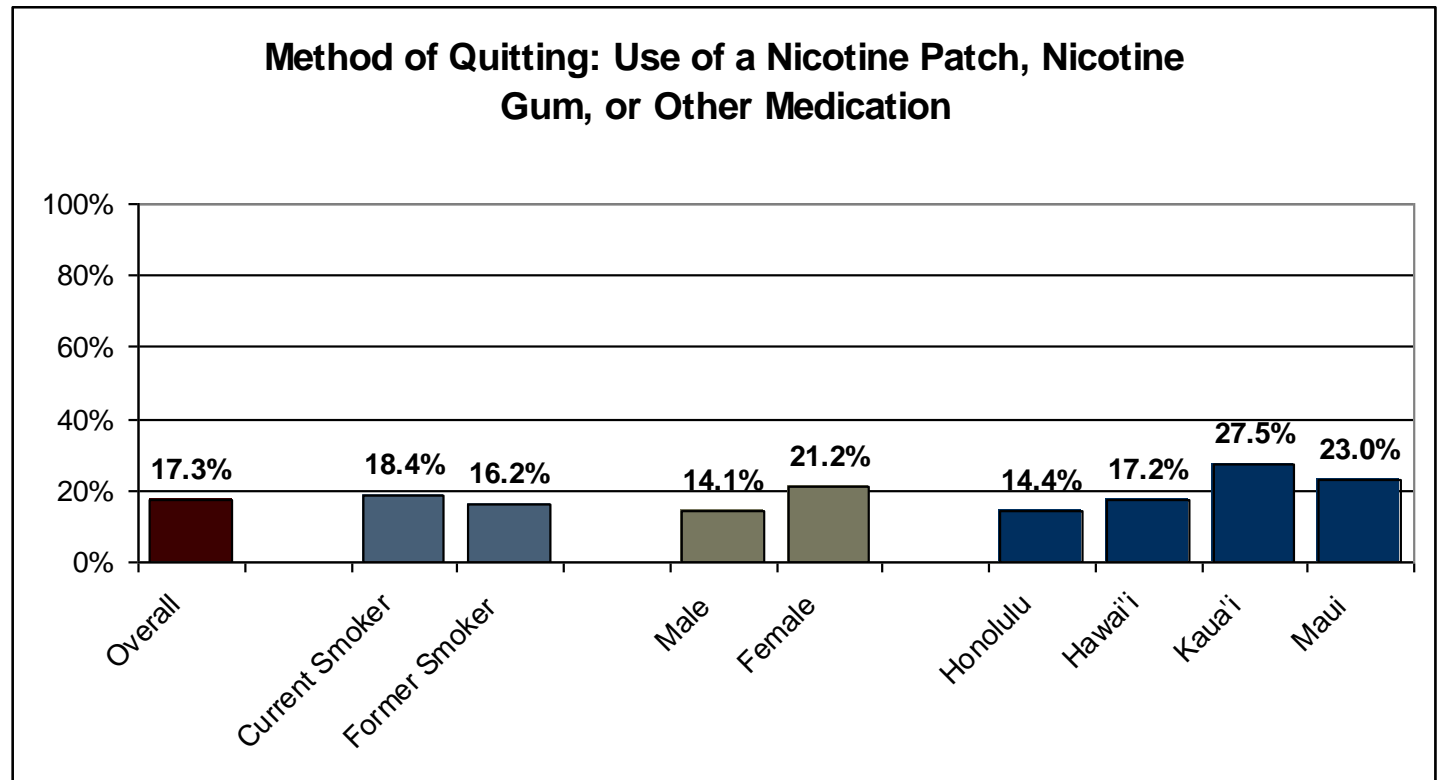
**[Current Smokers] The last time you tried to quit smoking...**

**did you use the nicotine patch, nicotine gum, or any other medication to help you quit?** (Appendix B, Table 22)

Medication was not widely used to assist smokers in their quit attempts; only 17% of current and former smokers had used some type of medication in their last quit attempt. This is a slight increase from 2001, when 15% of used medications to help them quit.

- Women were more likely than men to use medications (21% versus 14%), as were current and former smokers of Kaua'i (28%) and Maui (23%) counties.
- Current and former smokers most likely to use medications to quit smoking included: adults aged 45-54 (38%), retired persons (31%); and adults with a college degree (28%).

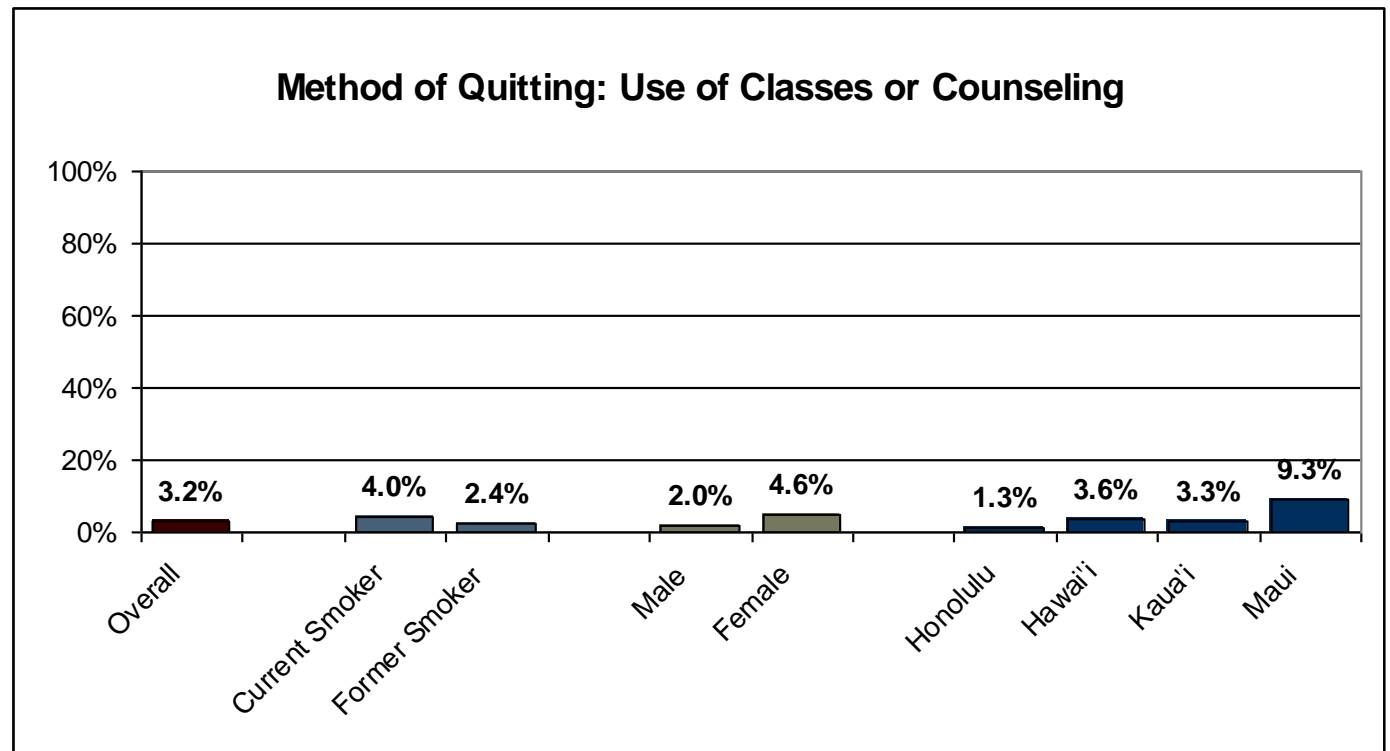
**Married current and former smokers were significantly more likely than their unmarried counterparts to use medications to help them quit—23% versus 12% respectively (p=0.0190).**  
**[Former Smokers] When you quit smoking ...**



**[Current Smokers] The last time you tried to quit smoking... did you use any other assistance such as classes or counseling?** (Appendix B, Table 23)

Very few current and former smokers, only 3%, used classes or counseling to quit, or try to quit, smoking. This is similar to what was reported in 2001.

- Current smokers were twice as likely as former smokers to have used classes or counseling to quit smoking (4% versus 2%).
- Women were also more than twice as likely as men to use classes or counseling (5% versus 2%).
- Maui County current and former smokers, and current and former smokers aged 45-54, were most likely to use classes or counseling—both at over 9%. Adults aged 45-54 were significantly more likely than adults aged 35-44 to use classes or counseling ( $p=0.0002$ ), and Maui County adults were significantly more likely than Honolulu County adults to use classes or counseling ( $p=0.0005$ ).



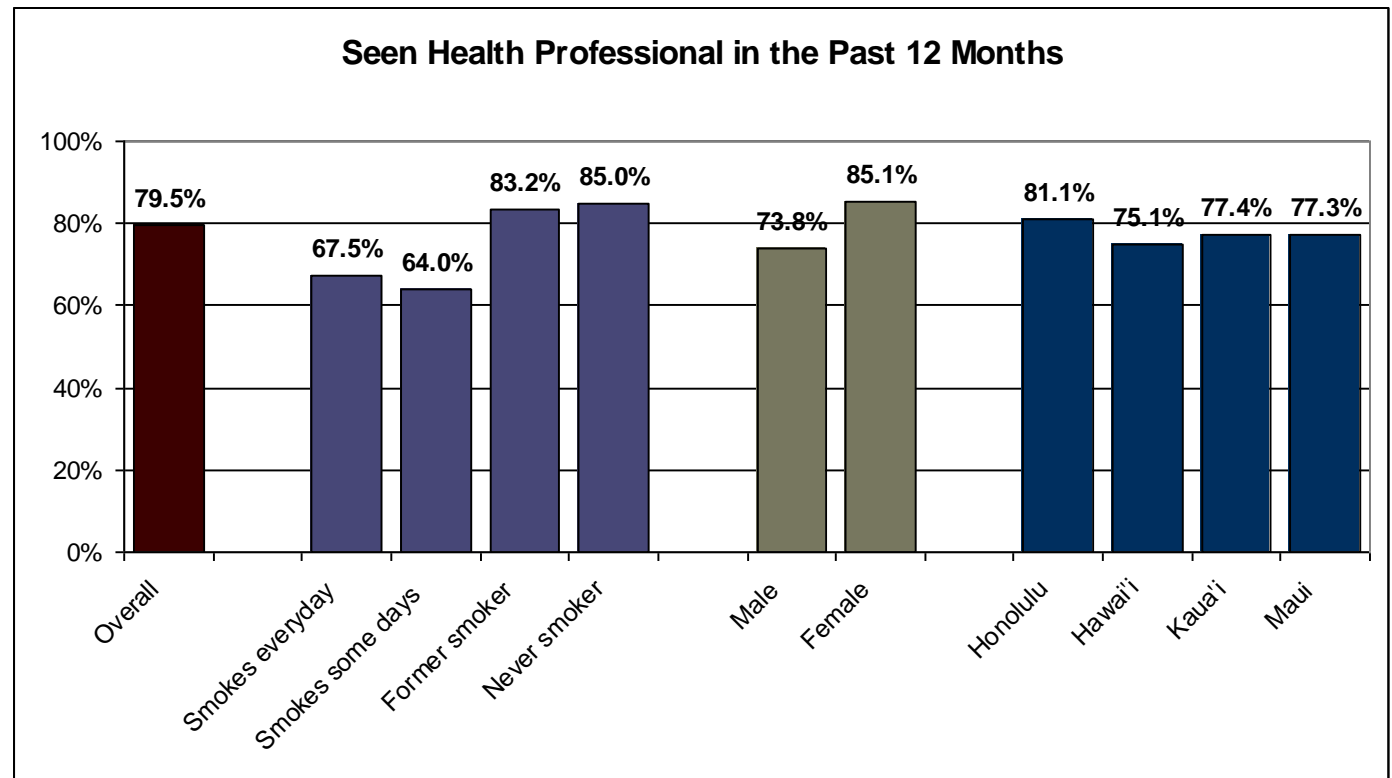
## Quitting Advice and Assistance From Healthcare Professionals

All adults were asked if they had visited a healthcare professional of any kind within the past year to get care for themselves. Those who visited a healthcare professional were asked if their smoking status was assessed. Current smokers were asked if their healthcare provider advised them to quit, and, if they had, what methods they had prescribed or recommended to them.

### In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself? (Appendix B, Table 24)

Eighty percent of all adults had been to a healthcare provider in the past year.

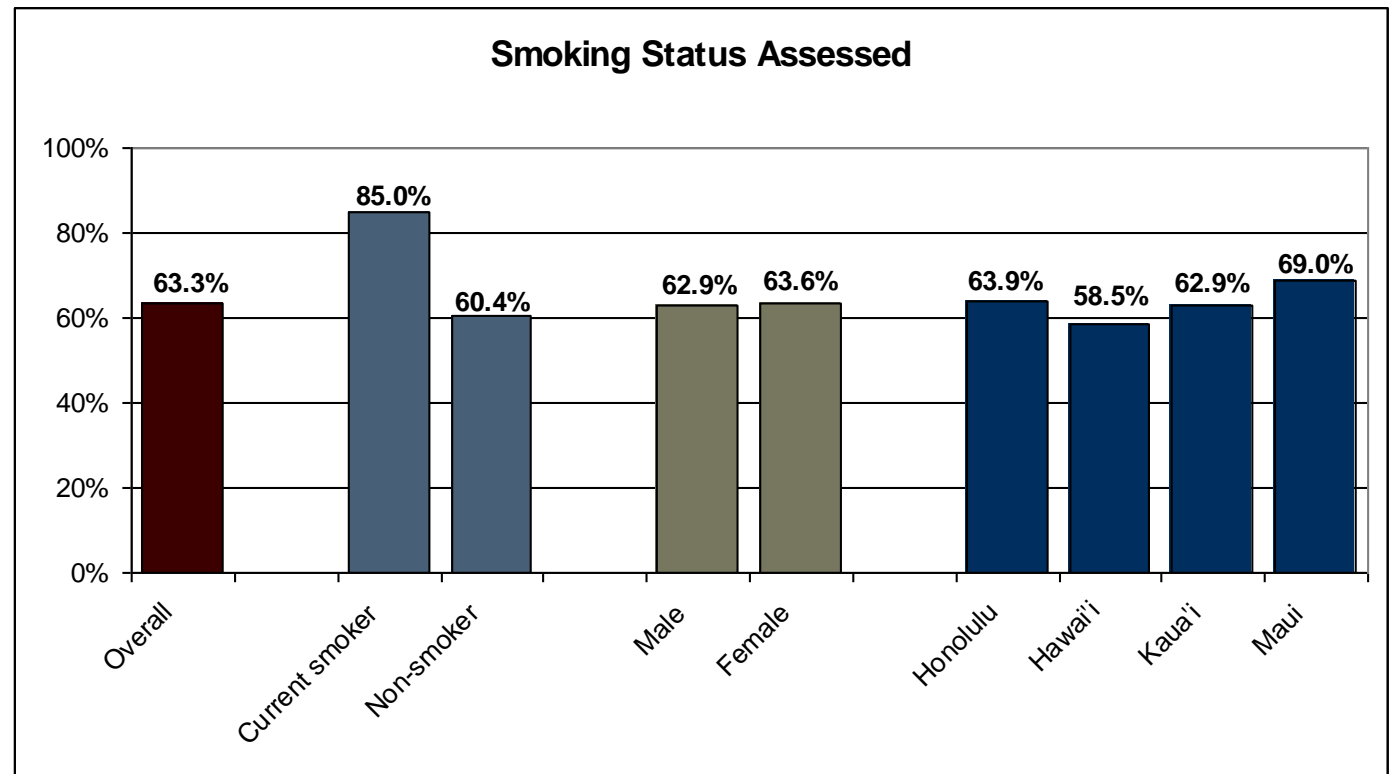
- Women were significantly more likely than men to have seen a healthcare provider (85% versus 74%,  $p < 0.0001$ ).
- Honolulu County adults were significantly more likely than Hawai'i County adults to have visited a health professional within the last year (81% versus 75%,  $p = 0.0220$ ), and more likely, although not significantly, than adults residing in Kaua'i and Maui counties (77% for each).
- Although the difference was not statistically significant, former and never smokers were much more likely to have visited a health professional within the past 12 months compared to current smokers. Eighty-five percent of never smokers, and 83% of former smokers, had been to a health professional—compared to 68% of everyday smokers and 64% of some days smokers.



**During the past 12 months, did any doctor, nurse, or other health professional ask you if you smoked?  
During the past 12 months, did any doctor, nurse, or other health professional advise you to not smoke?**  
(Appendix B, Table 25)

Sixty-three percent of adults who visited a health provider within the past year had their smoking status assessed.

- Smokers were significantly more likely to have been assessed for smoking by a health provider (85%) compared to non-smokers (60%) ( $p < 0.0001$ ). In 2001, only 52% of smokers had their smoking status assessed.
- Men and women were equally assessed for smoking.
- Hawai'i County adults were the least likely to have had their smoking status assessed by a health professional (59%), compared to residents of all other counties; Hawai'i County adults were also significantly less likely to have been assessed compared to residents of Maui (69%) ( $p = 0.0317$ ).
- Adults who were significantly less likely to have their smoking status assessed included: adults aged 65 and over (38%, compared to adults aged 64 and younger,  $p < 0.0001$ ); respondents who are Chinese (43%, compared to Caucasians, Native Hawaiians, Latinos, and "other" ethnicities,  $p < 0.0001$ ) and Japanese (44%, compared to Caucasians, Native Hawaiians, Filipinos, Latinos, and "other" ethnicities,  $p < 0.0001$ ); and retired persons (42%, compared to respondents of all other employment categories,  $p < 0.0001$ ).

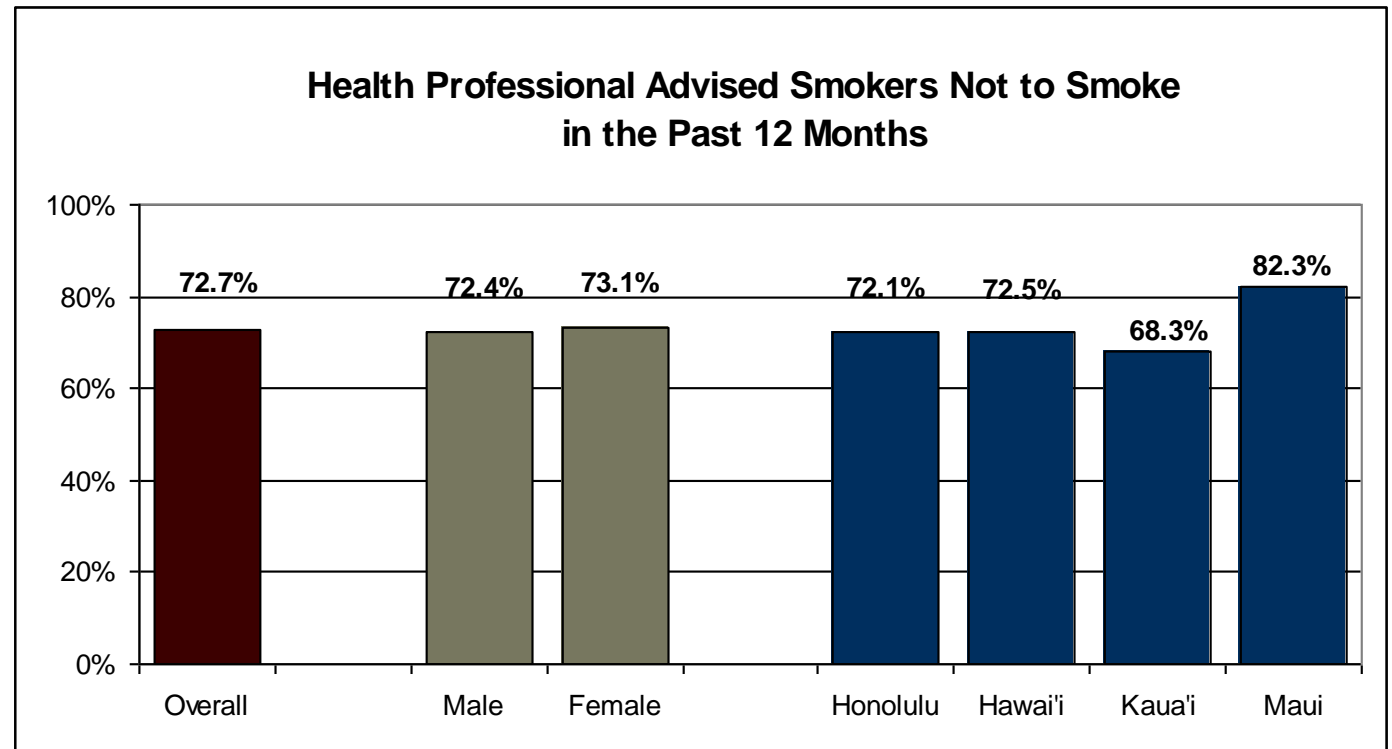


## During the past 12 months, did any doctor, nurse, or other health professional advise you to not smoke?

(Appendix B, Table 26)

Almost three-fourths, 73%, of smokers were advised by a health professional not to smoke, compared to 65% in 2001.

- Men and women smokers were equally as likely to be advised to quit smoking.
- Maui County smokers were much more likely to have been advised to quit (82%) compared to adult smokers living in other counties of Hawai'i; adult smokers of Kaua'i County were least likely to have been advised to quit (68%).
- Smokers who were least likely to have received this advice from health professionals included: Native Hawaiians (62%); and adults with household incomes of \$75,000 or more (66%). The only significant difference between demographic subgroups occurred by marital status, as unmarried smokers were significantly less likely than married smokers (61% versus 85%) to have been advised not to smoke ( $p=0.0020$ ).
- Smokers most likely to be advised to quit included adults who were: between the ages of 35-44 year (84%), married (85%), or had a household income of \$50,000-\$74,999 (86%).



**In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking, did they also prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban?** (Appendix B, Table 27)

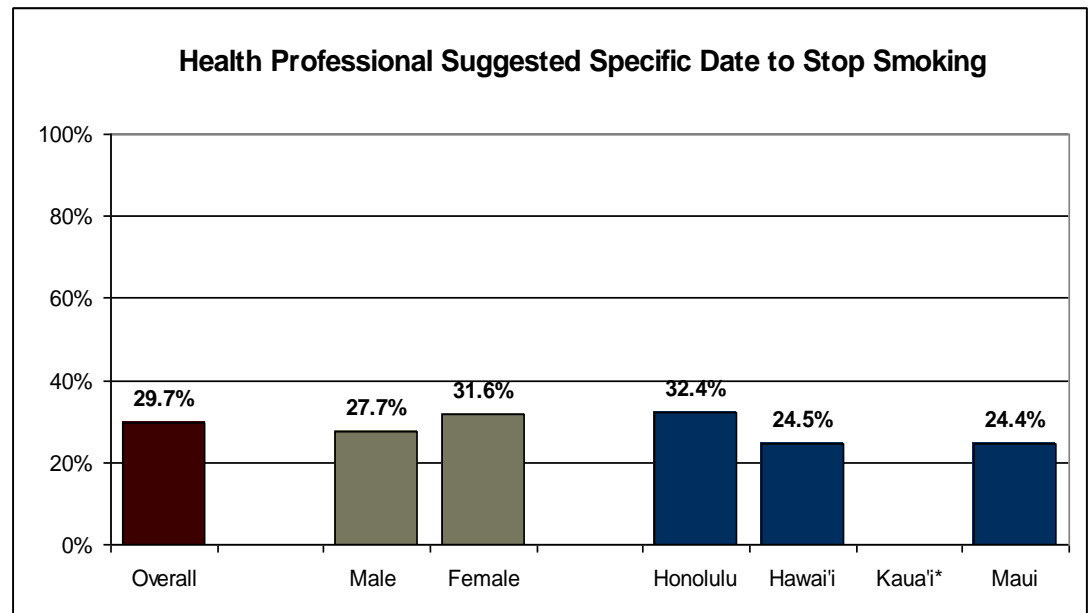
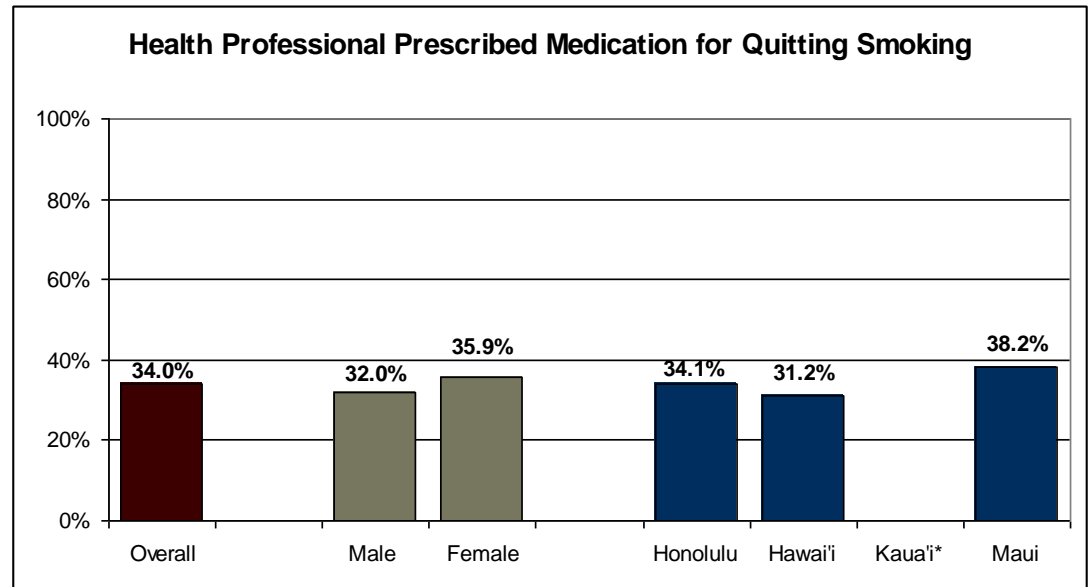
Over one-third, 34%, of smokers who were advised to quit were prescribed or given recommendations to use medication to help them quit smoking. This is an increase from 25% in 2001.

- Smokers most likely to be prescribed or recommended medications to help them quit were between the ages of 45-54 (40%); Caucasian (41%); had some college experience (47%); or had a household income of \$75,000 or more (49%).

**In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking, did they also suggest that you set a specific date to stop smoking?** (Appendix Table 28)

Almost one-third, 30%, of smokers who were advised to quit were given the suggestion that they set a specific date to stop smoking. This is compared 16% in 2001.

- Quit dates were most often mentioned to smokers aged 45-54 (34%), and college graduates (34%).
- Smokers who were least likely to be given this advice included: smokers aged 55-64 (19%); and Caucasians (19%).

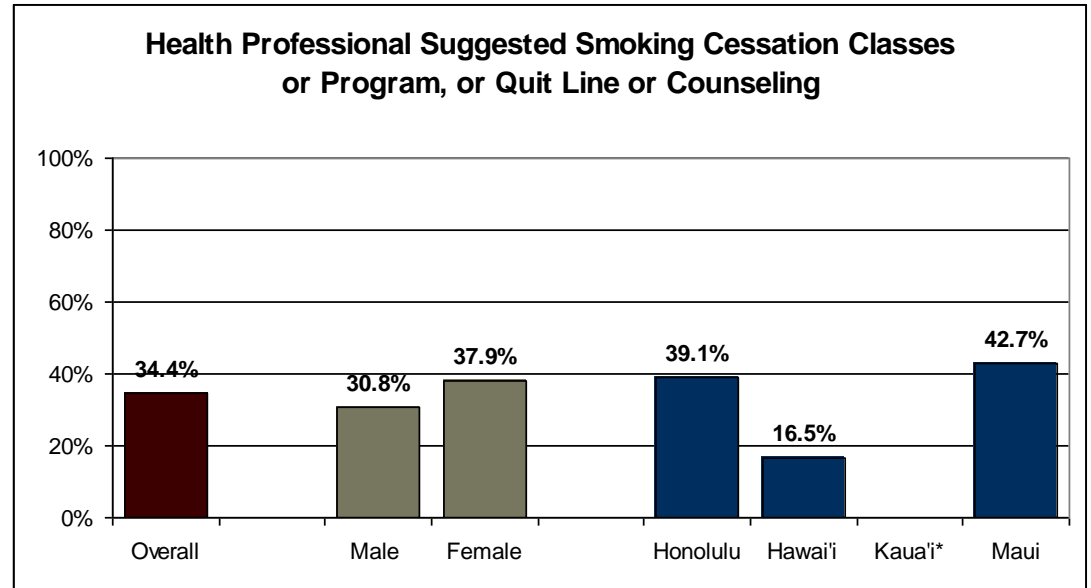


\*Data not presented since the unweighted cell size was < 50.

**In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking, did they also suggest that you use a smoking cessation class, program, quitline, or counseling?** (Appendix B, Table 29)

Over one-third, 34%, of smokers who were advised to quit were referred to classes or counseling from their health provider, compared to 23% in 2001.

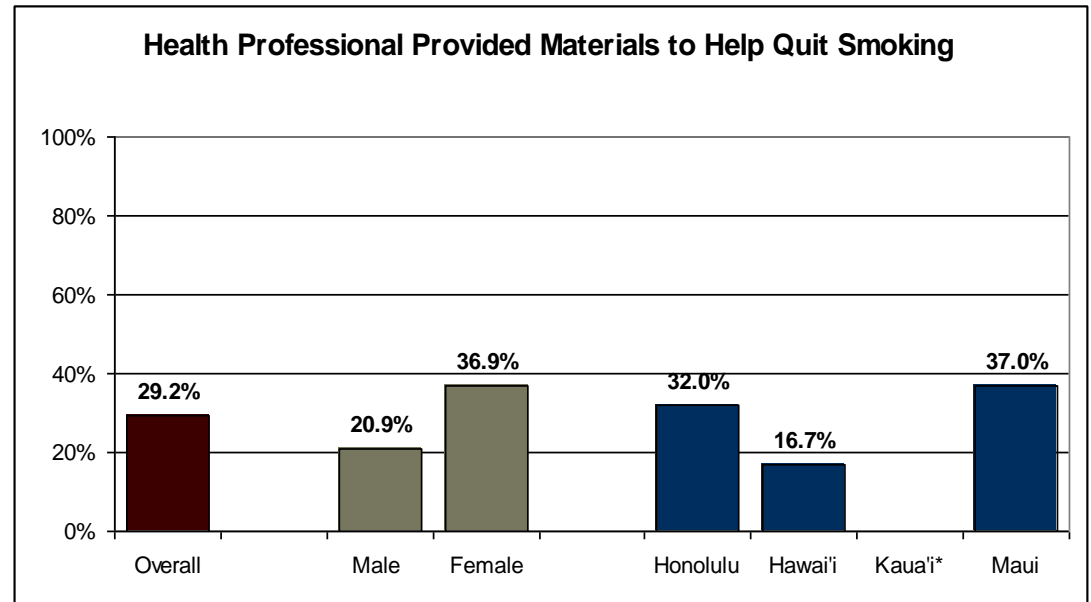
- Women were more likely than men to be referred (38% versus 31%).
- By County, smokers living in Maui were significantly more likely to be referred than smokers in Hawai'i (43% versus 17%,  $p=0.0491$ ).



**In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking, did they also provide you with booklets, videos, or other materials to help you quit smoking on your own?** (Appendix B, Table 30)

Twenty-nine percent of adults who were advised to quit were given self-help materials, compared to 23% in 2001.

- Women were much more likely than men to receive such materials (37% versus 21%).
- Smokers between the ages of 55-64 were most likely to have been given materials to help quit smoking from their health professional—47%.



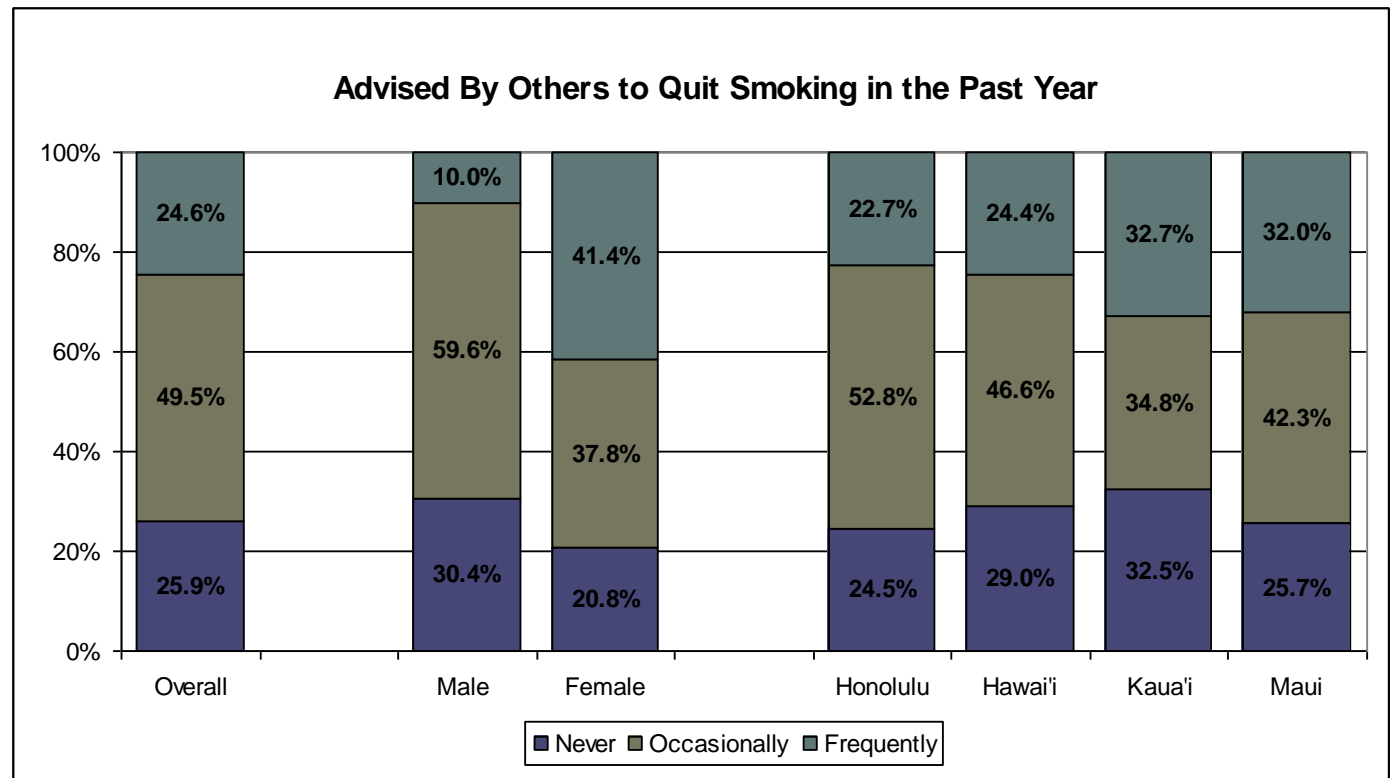
\*Data not presented since the unweighted cell size was < 50.



**In the past 12 months, how often has anyone other than a health professional advised you to quit smoking?**  
(Appendix B, Table 31)

Almost two-thirds (74%) of smokers were advised to quit by someone other than a health professional within the past year. Only 26% percent of smokers had never been advised to quit by someone other than a health professional.

- Women more likely than men to have been advised to quit (79% versus 70%), and they were significantly more likely to be advised frequently—41% of women compared to 10% of men ( $p < 0.0001$ ).
- Smokers who were most likely to have been advised to quit frequently were: female (41%), between the ages of 35-44 (35%), Native Hawaiian (36%), had a household income between \$50,000 - \$74,999 (38%), did not have health insurance (36%), or lived in Kaua'i County (33%).
- Smokers most likely to have not been advised to quit (those who answered "never") were those aged 65 years or older (55%) and those who were retired (43%).



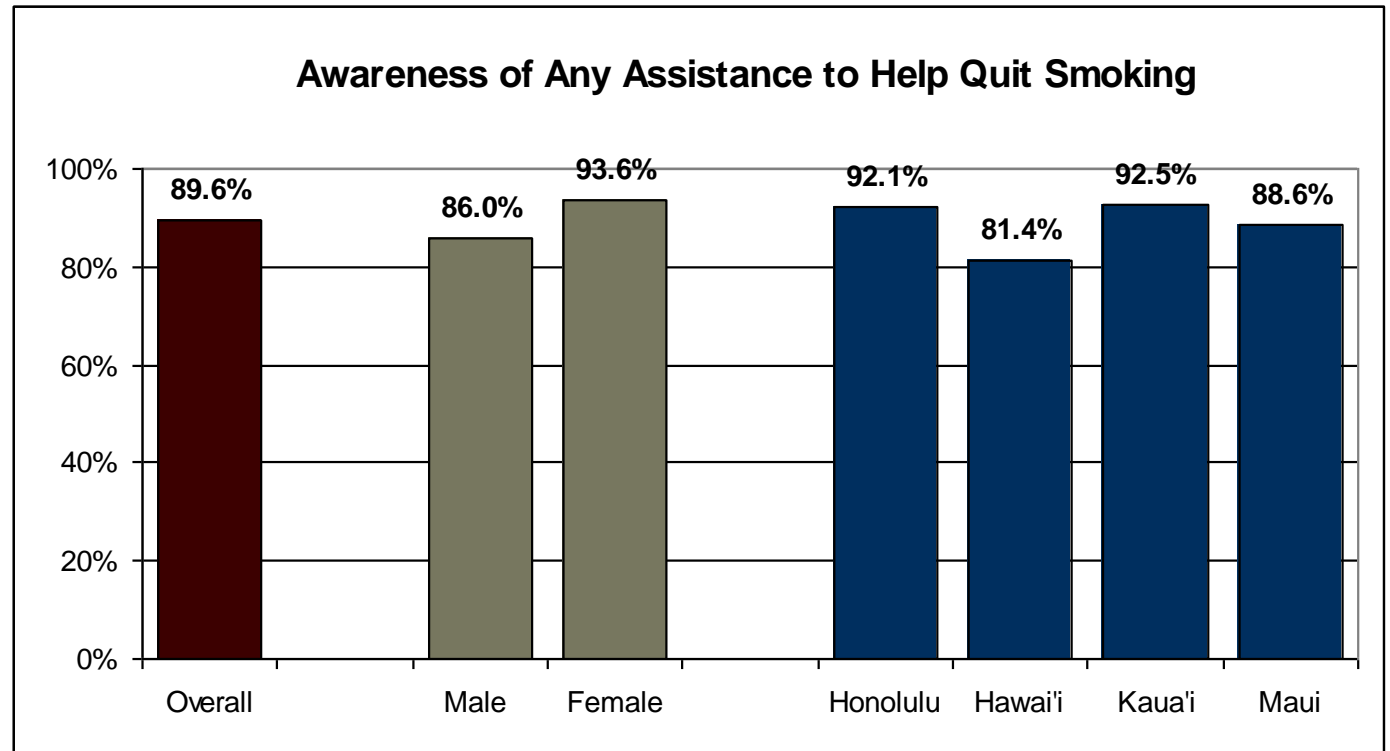
## Awareness of Cessation Services

Smokers were asked if they were aware of assistance available to them if they wanted help quitting smoking, as well as how likely they would be to call a quitline.

### Are you aware of assistance that might be available to help you quit smoking, such as telephone quitlines, local health clinic services, etc? (Appendix B, Table 32)

Almost all current smokers, 90%, knew of the cessation services available to them.

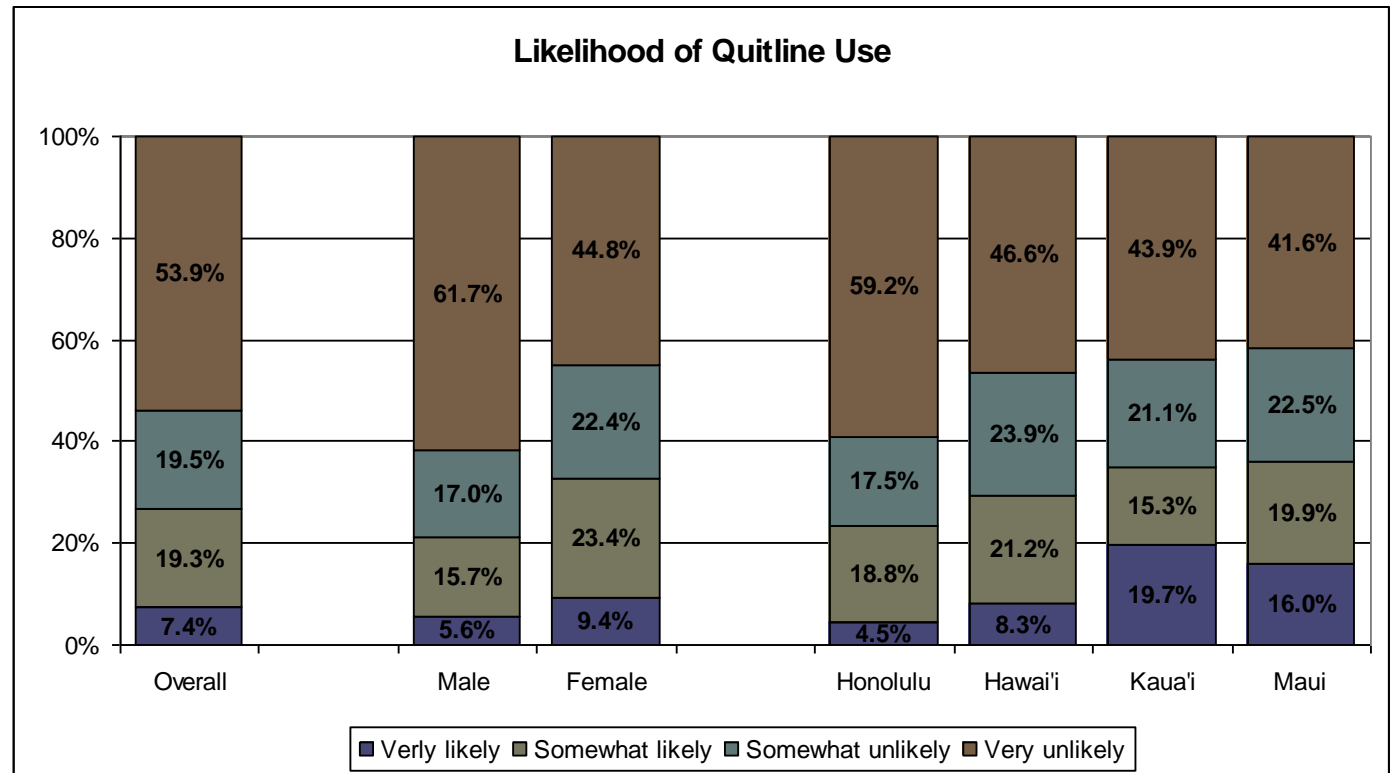
- Ninety-four percent of women were aware of available cessation services, compared to 86% of men.
- Hawai'i County smokers were least likely to know what assistance might be available (81%), compared to adults living in the other counties.
- Smokers with health insurance were more likely than those without to know about the cessation services available to them (91% versus 80%).



**A quitline is a free telephone information, referral and counseling service to help people quit using tobacco. How likely would you be to call a quitline?** (Appendix B, Table 33)

Over one-fourth of smokers, 27%, said they would be either “very likely” or “somewhat likely” to call a quitline. Fifty-four percent said they would be “very unlikely” to call.

- Women were more likely than men to say that they would call a quitline—33% of female smokers would be “very likely” or “somewhat likely” to call, compared to 21% of male smokers.
- Demographic subgroups of smokers who were most likely to call a quitline included: smokers aged 45-54 (38%); Native Hawaiians (41%); smokers with household incomes of \$15,000-\$24,999 (62%, which was significantly higher compared to adults with household incomes of \$75,000+,  $p < 0.0001$ ); and adults without health insurance (41%).



## Knowledge About the Health Effects of Smoking

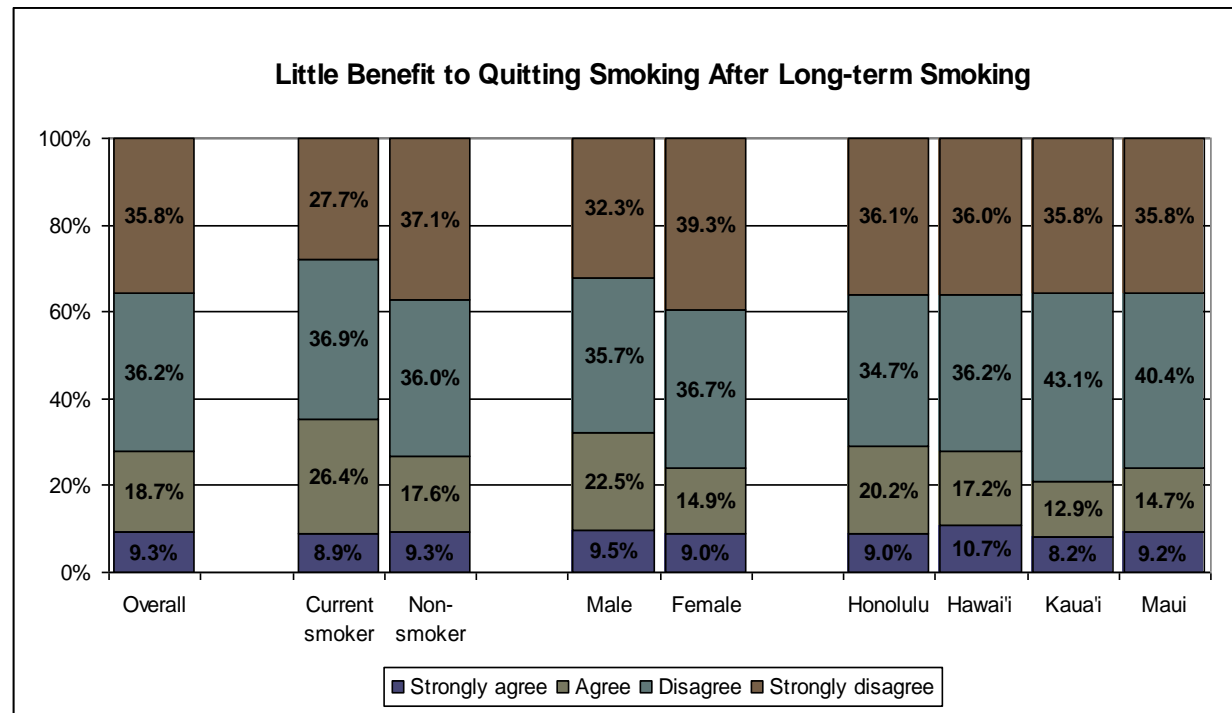
Respondents were asked a series of questions about their knowledge of the health effects of smoking. This included the benefits to quitting for a long-term smoker, as well as knowledge of specific diseases caused by smoking.

**If a person has smoked a pack of cigarettes a day for more than 20 years, there is little health benefit to quitting smoking. Do you strongly agree, agree, disagree, or strongly disagree with this statement.**

(Appendix B, Table 34)

Almost three-quarters of adults (72%) thought that even long-term smokers could achieve better health by quitting. In 2001, 60% felt there was a benefit to quitting even after long-term smoking.

- Non-smokers were much more likely than smokers to disagree that there would be little health benefit to quitting after long-term smoking (73% non-smokers compared to 69% of smokers).
- Women (39%) were significantly more likely than men (32%) to strongly disagree with this statement ( $p=0.0081$ ).
- Kaua'i County adults were most likely to disagree or strongly disagree with this statement compared to adults of all other counties, as 80% believed there would be a health benefit to quitting.
- Younger adults were significantly less likely to perceive a benefit to quitting compared to older adults; 60% of 18-24 year-olds stated such compared to 75% of adults aged 65 and older ( $p=0.0224$ ).
- By ethnicity, Native Hawaiians and Filipinos (15% for each) were significantly more likely than Caucasians (5%) to strongly agree that there would be little benefit ( $p<0.0001$ ).
- College graduates (46%) were significantly more likely to strongly disagree than those with some

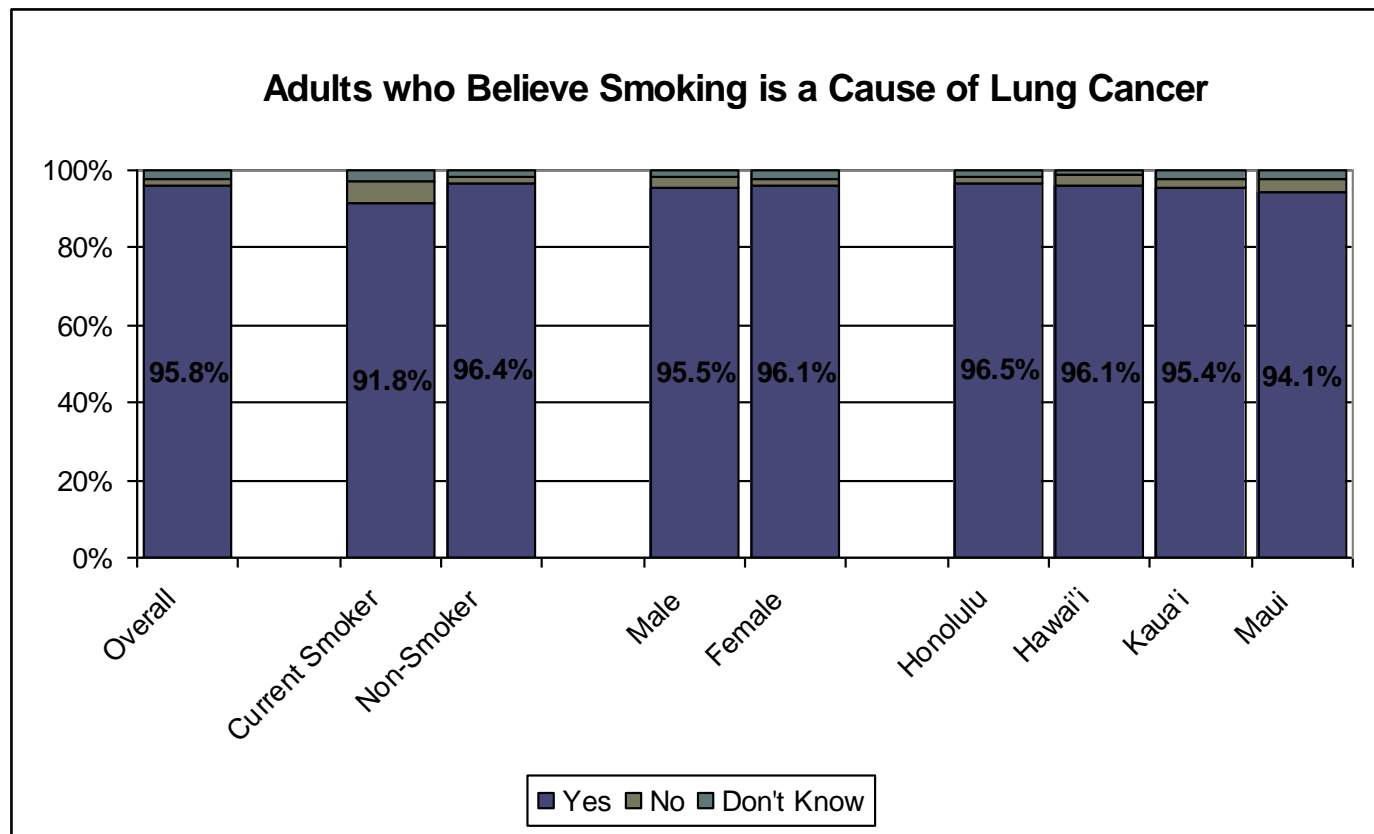


college (33%), high school graduates (25%), and adults with less than a high school degree (26%),  $p < 0.0001$ . A similar trend was seen by income with those in the lowest income brackets less likely to perceive a benefit than those in the highest bracket.

### Would you say that smoking cigarettes is a cause of lung cancer? (Appendix B, Table 35)

Ninety-six percent of adults believe that smoking cigarettes causes lung cancer. This percentage has not changed since 2001.

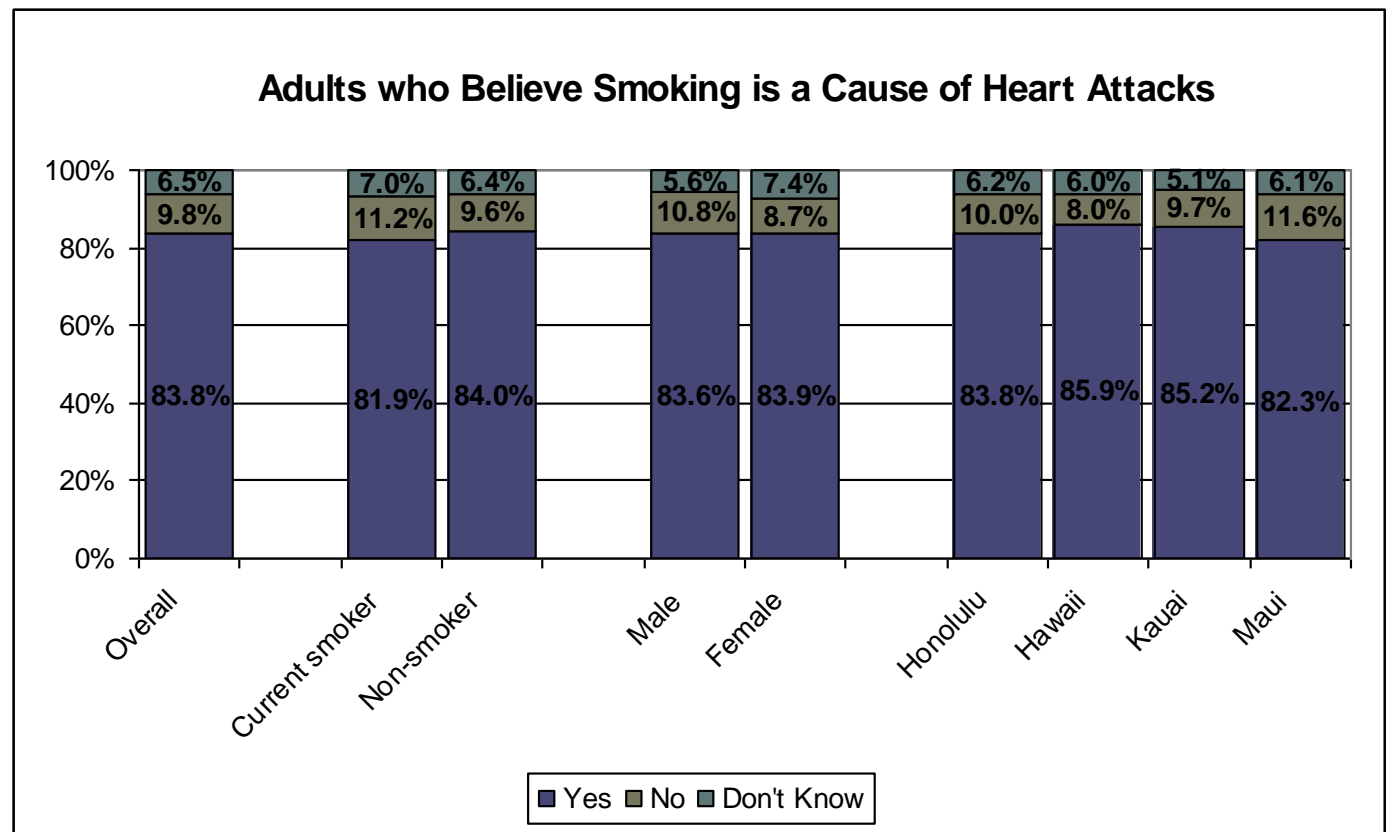
- Non-smokers were significantly more likely than smokers (96% versus 92%) to believe that smoking is a cause of lung cancer ( $p = 0.0007$ ).
- College graduates (97%) and those with household incomes of \$50,000 or more (98%) were more likely to believe smoking causes lung cancer than their counterparts.
- Adults aged 65 and older were significantly less likely to believe that smoking is a cause of lung cancer compared to all other age groups (90%,  $p < 0.0001$ ).
- The retired were significantly less likely than the employed, students, and the unemployed to believe that smoking is a cause of lung cancer (91%,  $p < 0.0001$ ).



## Would you say that smoking cigarettes is a cause of heart attacks? (Appendix B, Table 36)

Eighty-four percent of adults stated that smoking is a cause of heart attacks. This is an increase from 75% in 2001.

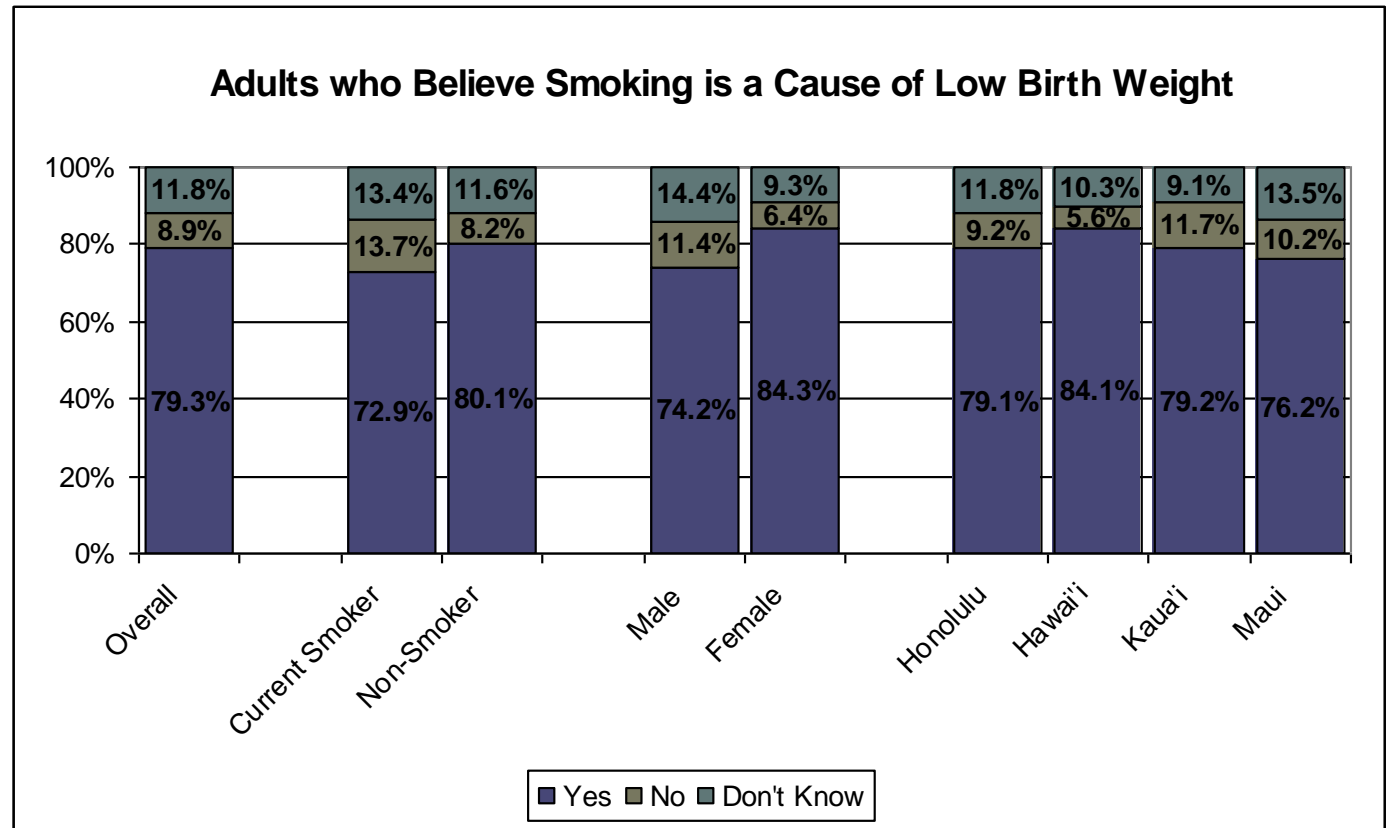
- Younger adults were significantly more aware of the relationship between smoking and heart attacks than older adults (91% of 18-24 year-olds compared to 79% of adults aged 55 and older,  $p=0.0002$ ).
- Japanese adults were significantly less likely to believe there is a relationship between smoking cigarettes and heart attacks, as only 76% stated such; a statistically significant difference from all other ethnicities except the Chinese ( $p=0.0024$ ).
- The retired, and adults who were unable to work, were less likely to believe smoking is a cause of heart attacks, compared to all other employment subgroups; 78% of adults in each group stated such.



**Would you say that smoking cigarettes is a cause of babies born of a low birth weight?** (Appendix B, Table 37)

Seventy-nine percent of adults stated that smoking cigarettes is a cause of low birth weight—a slight increase from 76% in 2001.

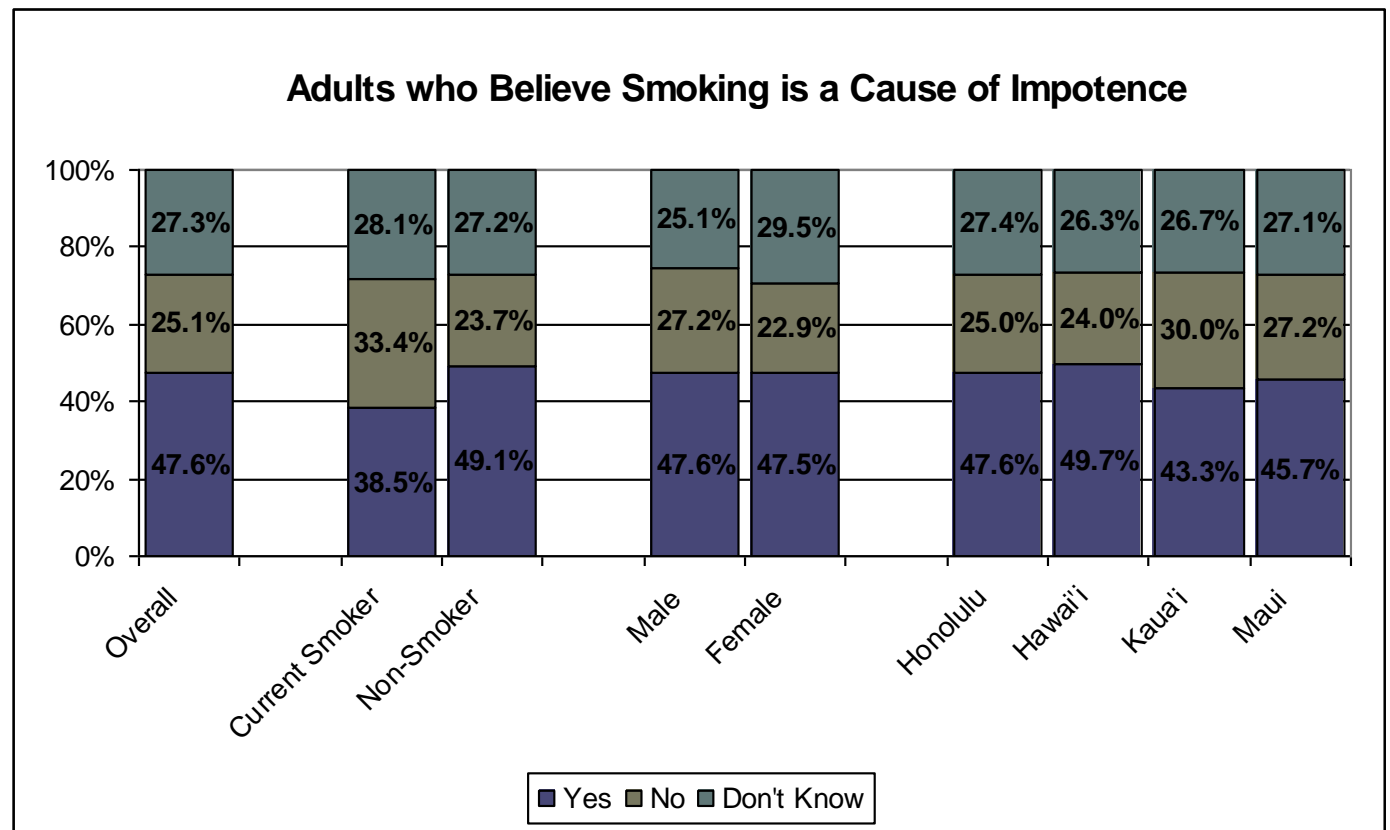
- Non-smokers were more likely than smokers (80% compared to 73%) to believe that smoking is a cause of low birth weight.
- Women were significantly more likely than men to believe this was a cause of smoking cigarettes (84% versus 74%,  $p=0.0001$ ).
- Adults in Hawai'i County were significantly more likely to agree with this statement compared to residents of Honolulu and Maui counties (84% in Hawai'i versus 79% in Honolulu and 76% in Maui,  $p=0.0244$ ).
- Younger adults were significantly more aware of the relationship than older adults (93% of 18-24 year-olds compared to 86% or less of adults aged 35 and older,  $p<0.0001$ ).
- Adults in higher education and higher incomes groups were more aware that smoking is a cause of low birth weight compared to adults in the lower education and income subgroups.



## Would you say that smoking cigarettes is a cause of impotence? (Appendix B, Table 38)

Although less than half of adults, 48%, correctly stated that smoking cigarettes causes impotence—this is only a slight increase from 41% in 2001.

- Non-smokers (49%) were significantly more likely than smokers (39%) to believe that smoking cigarettes is a cause of impotence ( $p=0.0272$ ).
- Men and women were equally likely to agree with this statement (48%).
- The knowledge that smoking is a cause of impotence decreased as age increased, whereas 67% of 18-24 year-olds correctly identified the relationship between smoking and impotence, only 36% of adults aged 65 and older did. The youngest adults, 18-34 years of age, were significantly more likely than adults aged 45 and over to believe that smoking is a cause of impotence ( $p<0.0001$ ).
- The retired and adults who were unable to work were the least likely of all the employment subgroups to correctly identify smoking's relationship to impotence, as only 34% of adults who were retired and 33% of adults who were unable to work stated that smoking is a cause of impotence.

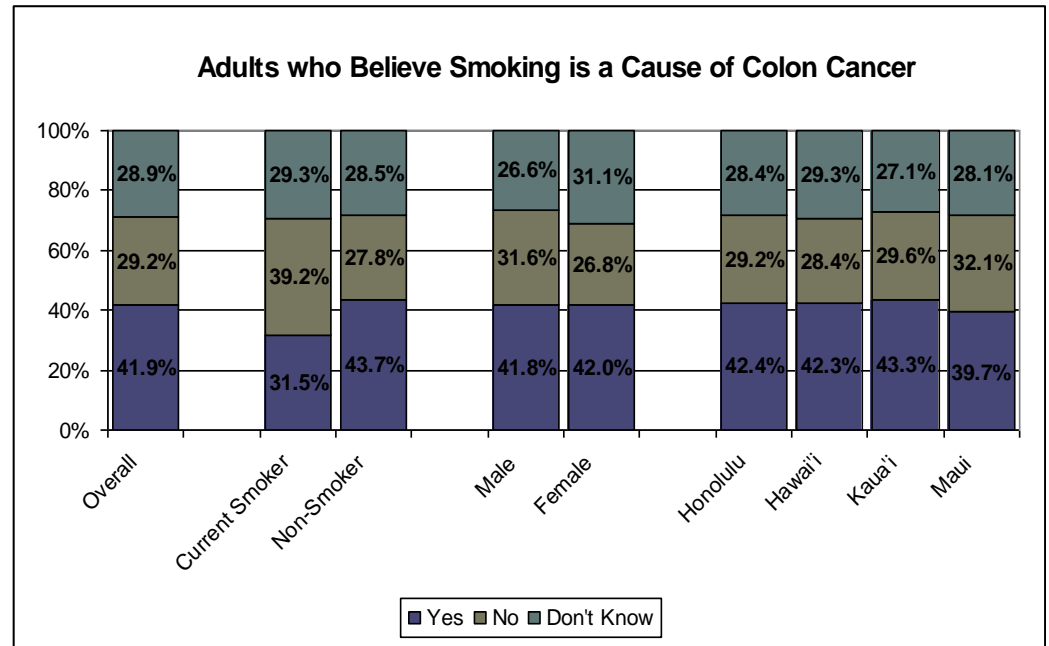




**Would you say that smoking cigarettes is a cause of colon cancer?** (Appendix B, Table 39)

Only 42% of adults incorrectly stated that smoking cigarettes is a cause of colon cancer. Even though there have been no studies proving that colon cancer is caused by smoking:

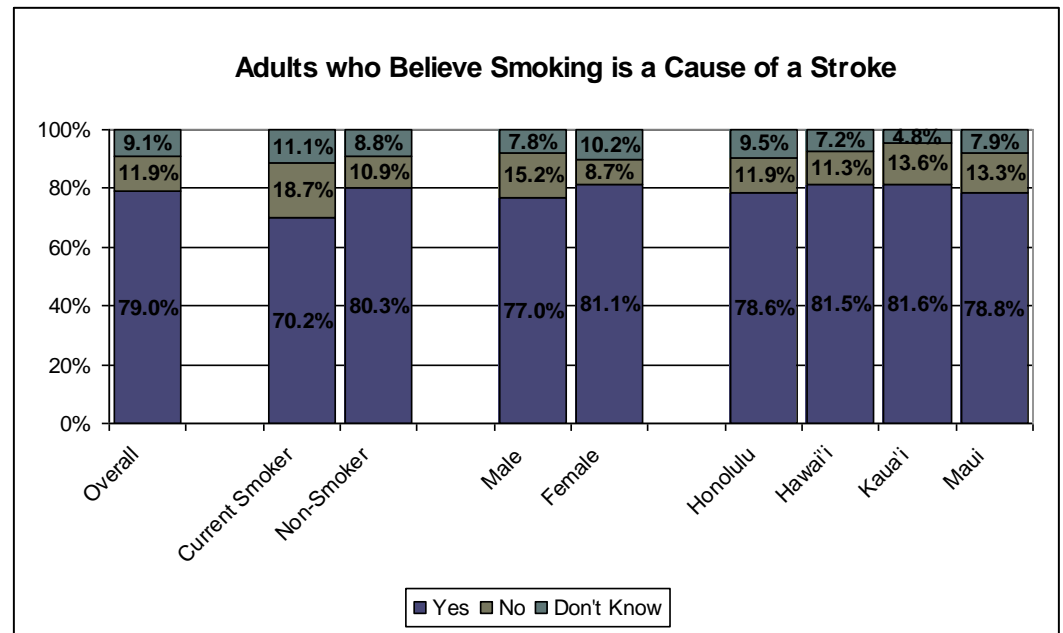
- Non-smokers were significantly more likely than smokers (44% compared to 32%) to believe that smoking is a cause of colon cancer ( $p=0.0098$ ).
- Adults aged 18-24 (57%) were significantly more likely to believe smoking is a cause of colon cancer compared to adults aged 45 and older ( $p<0.0001$ ).



**Would you say that smoking cigarettes is a cause of stroke?** (Appendix B, Table 40)

Seventy-nine percent of adults believed that smoking cigarettes is a cause of a stroke, an increase from 69% in 2001.

- Non-smokers were significantly more likely than smokers to believe that smoking is a cause of a stroke—80% versus 70% ( $p=0.0104$ ).
- Women were significantly more likely than men to believe that cigarette smoking is a cause of a stroke—81% versus 77% ( $p=0.0006$ ).
- Only 59% of adults with less than a high school degree correctly stated that smoking is a cause of a stroke, significantly lower than adults with a high school degree (79%) or a college degree (82%) ( $p=0.0002$ ).

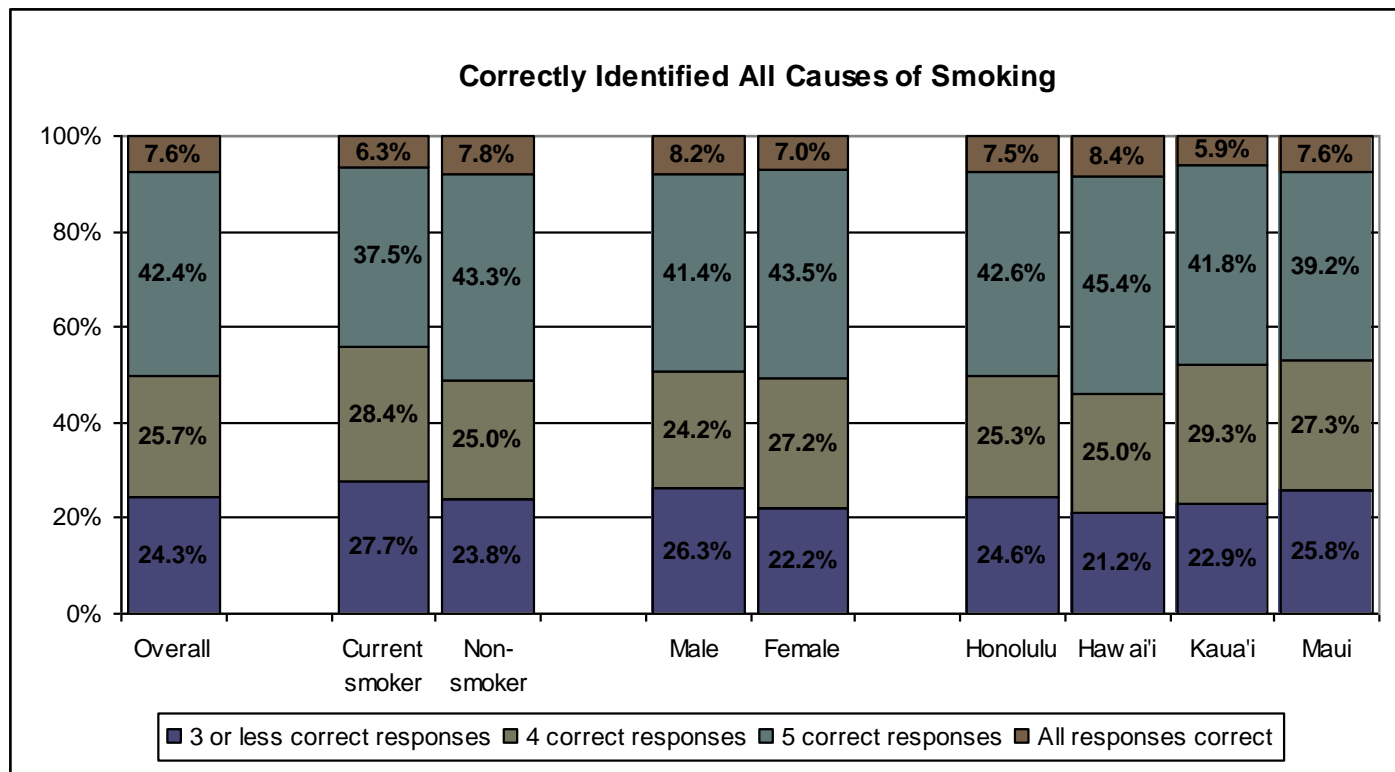


Analyzed separately, at least 8 in 10 adults were aware that smoking causes lung cancer and heart attacks, fewer were aware of the association between smoking and low birth weight, impotence, and stroke. Almost 60% correctly identified that smoking is not a cause of colon cancer.

**Causes of smoking cigarettes analyzed together** (Appendix B, Table 41)

The responses to each of these questions were combined by respondent to create a measure of overall knowledge about the health effects of cigarette smoking. Respondents who answered “yes” to smoking causes lung cancer, heart attacks, low birth weight babies, impotence and stroke, but answered “no” to smoking causes colon cancer were considered correct, all others were considered incorrect.

Half of all adults (50%) correctly identified at least 5 of the 6 medical conditions associated with cigarette smoking.



# Involuntary Exposure to Second-hand Smoke

SHS exposure can occur in many places, including at home, the workplace, in cars, as well as at restaurants and bars, beaches, airports, and other public places. Respondents were asked a series of questions about SHS, including:

- Opinions and concerns about SHS
- SHS in households
- SHS in multi-unit dwellings
- SHS in cars
- SHS at the workplace
- Attitudes about clean air laws

*A majority of adults knew that SHS was harmful to one's health (93% stated it was either "very harmful" or "somewhat harmful").*

*In the households surveyed, 29% contained at least one adult who smoked household. Nevertheless, 86% of households did not allow smoking anywhere inside their home. Family policies are not always sufficient 14% of respondents were exposed to SHS in their home within the past seven days. Moreover, for adults who lived in a multi-unit dwelling (25%), just over one-fourth (27%) were troubled by a neighbor's smoke at some point within the past 12 months.*

*As with adults' homes, a majority of adults do not allow smoking in their car (83%), and only 15% had ridden in a car with someone who was smoking within the past seven days.*

*There was overwhelming support for smoke-free indoor work areas with 85% agreeing that smoking should not be allowed at all. In all, 86% of adults who worked indoors stated that smoking was not allowed in any work area. Additionally, 80% stated that smoking was not allowed in any indoor public or common area at work. While 14% of the workforce knew of no official smoking policy at their work, only 9% of employed adults were exposed to SHS at their place of work in the past seven days.*

*Respondents were asked about the permissibility of smoking in a variety of public places. Support for 100% smoke-free policies was highest in restaurants (82%), followed by entrances and exits to public buildings (72%), bars and nightclubs (53%), and airports and public beaches (44% for each).*

## Opinions and Concerns About Second-hand Smoke

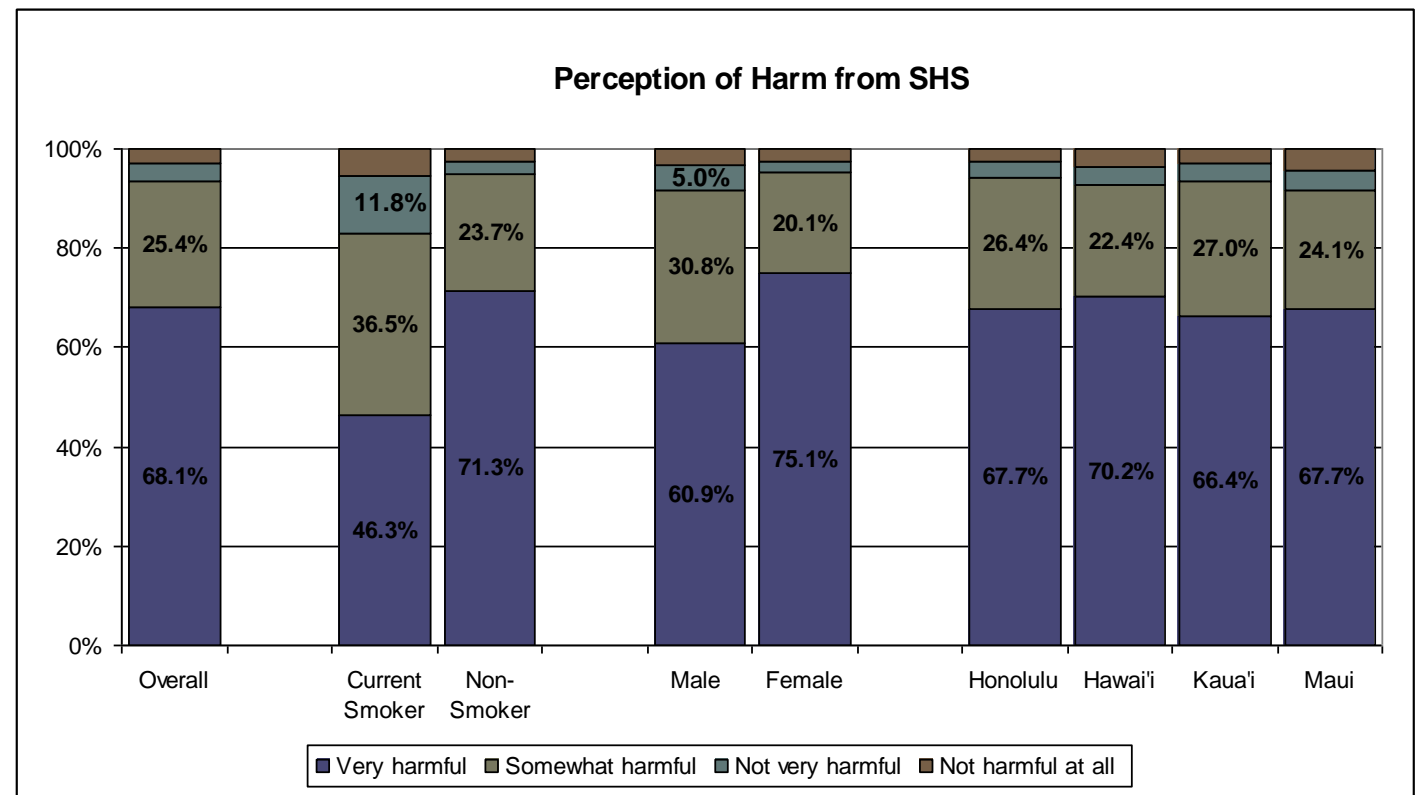
Respondents were asked a series of questions about their knowledge of the health effects of SHS. These included perceived harm of SHS, and knowledge of specific diseases caused by SHS. Respondents were also asked if they would ask someone smoking in a non-smoking section of a restaurant to stop and if they had ever asked a stranger not to smoke around them.

### Do you think that breathing smoke from other people's cigarettes is: very harmful to one's health; somewhat harmful to one's health; not very harmful to one's health; or not harmful at all to one's health?

(Appendix B, Table 42)

Over nine in 10 adults said SHS is harmful to one's health—68% felt it is "very harmful," and another 25% stated it was "somewhat harmful." In 2001, 64% thought it was "very harmful" and 27% "somewhat harmful."

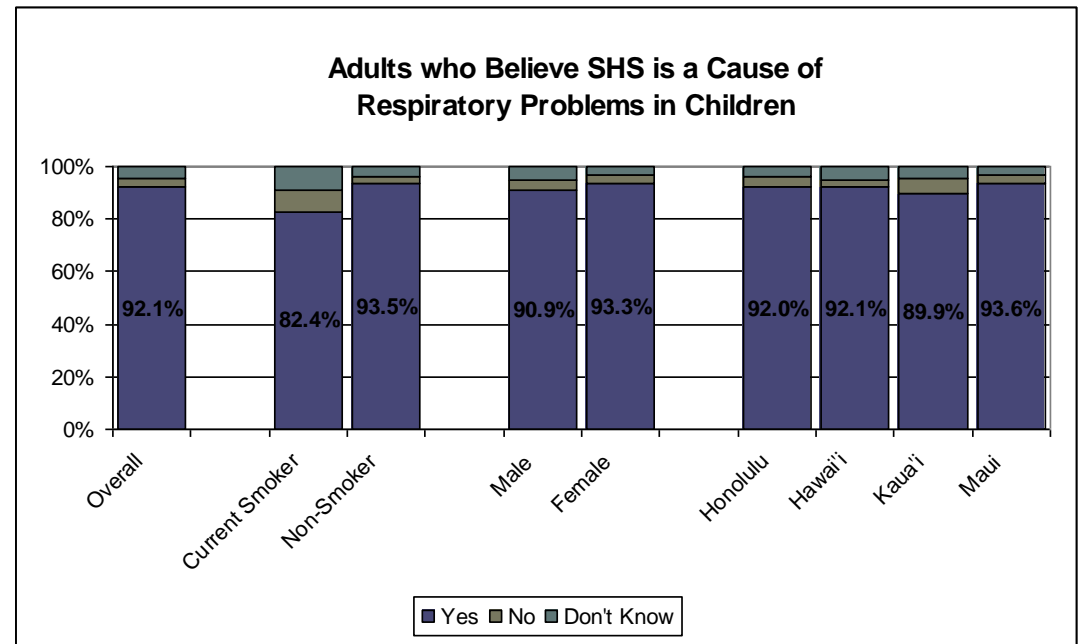
- Non-smokers were significantly more likely than smokers to believe that SHS was "very harmful" (71% versus 46%,  $p < 0.0001$ ).
- Women were significantly more likely than men to believe that SHS was "very harmful" to one's health compared to men (75% versus 61%,  $p < 0.0001$ ).
- Adults unable to work were much more likely than all other subgroups of adults to believe that SHS was either "not very harmful" or "not harmful" to one's health (18%).



**Would you say that breathing smoke from other people's cigarettes is a cause of respiratory problems in children?** (Appendix B, Table 43)

A majority of adults, 92%, correctly believed that breathing SHS is a cause of respiratory problems in children, compared to 90% in 2001.

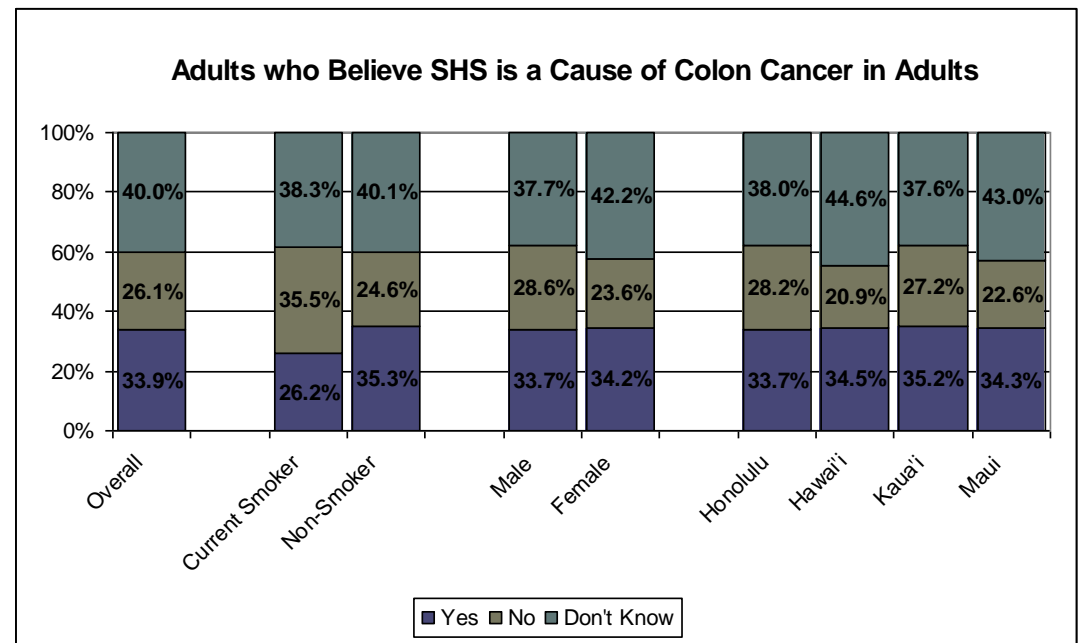
- Non-smokers were significantly more likely than smokers (94% compared to 83%) to believe that SHS is a cause of respiratory problems in children ( $p < 0.0001$ ).
- The unemployed (84%) and adults who were unable to work (78%) were the least likely subgroups of adults to agree that SHS is a cause of respiratory disease.



**Would you say that breathing smoke from other people's cigarettes is a cause of colon cancer in adults?** (Appendix B, Table 44)

Only 34% of adults incorrectly stated that breathing SHS is a cause of colon cancer in adults. Even though there have been no studies proving that colon cancer is caused by SHS:

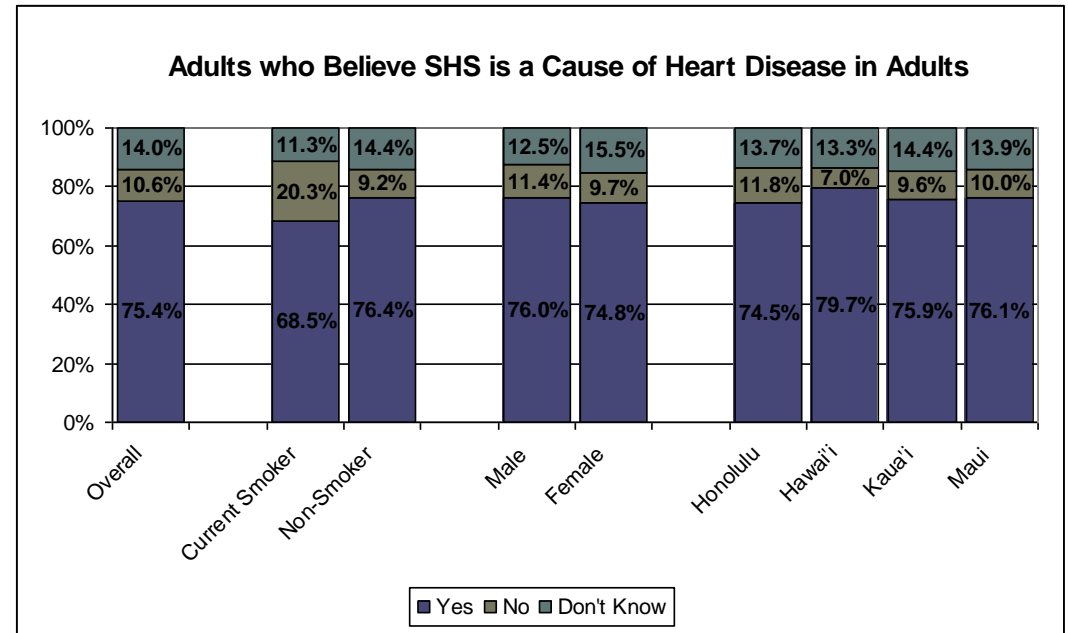
- Non-smokers were significantly more likely than smokers (36% compared to 26%) to believe that SHS is a cause of colon cancer in adults ( $p = 0.0157$ ).
- Eighteen to 44 year-olds were significantly more likely to incorrectly state that SHS is a cause of colon cancer compared to adults aged 45 and over ( $p < 0.0001$ ).



**Would you say that breathing smoke from other people's cigarettes is a cause of heart disease in adults?** (Appendix B, Table 45)

Three-fourths, 75%, of adults correctly stated that SHS is a cause of heart disease in adults, compared to 69% in 2001.

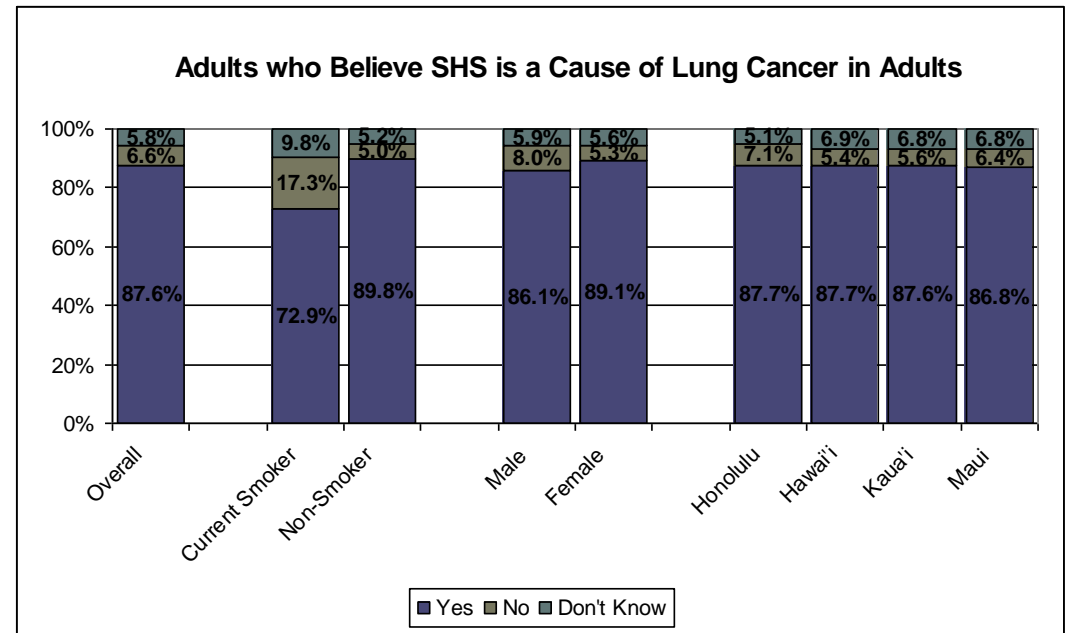
- Non-smokers were more likely than smokers (76% compared to 69%) to believe that SHS is a cause of heart disease in adults.
- Filipinos, Latinos, and adults of "other" ethnicities were significantly more likely than all ethnicities to correctly identify heart disease as a result of SHS (92%, 87%, and 88%, respectively,  $p < 0.0001$ ).
- The retired and adults who were unable to work were less likely than all other subgroups of adults to correctly state that SHS is a cause of heart disease (66% and 65% respectively).



**Would you say that breathing smoke from other people's cigarettes is a cause of lung cancer in adults?** (Appendix B, Table 46)

Eighty-eight percent of adults correctly stated that breathing SHS causes lung cancer in adults, compared to 84% in 2001.

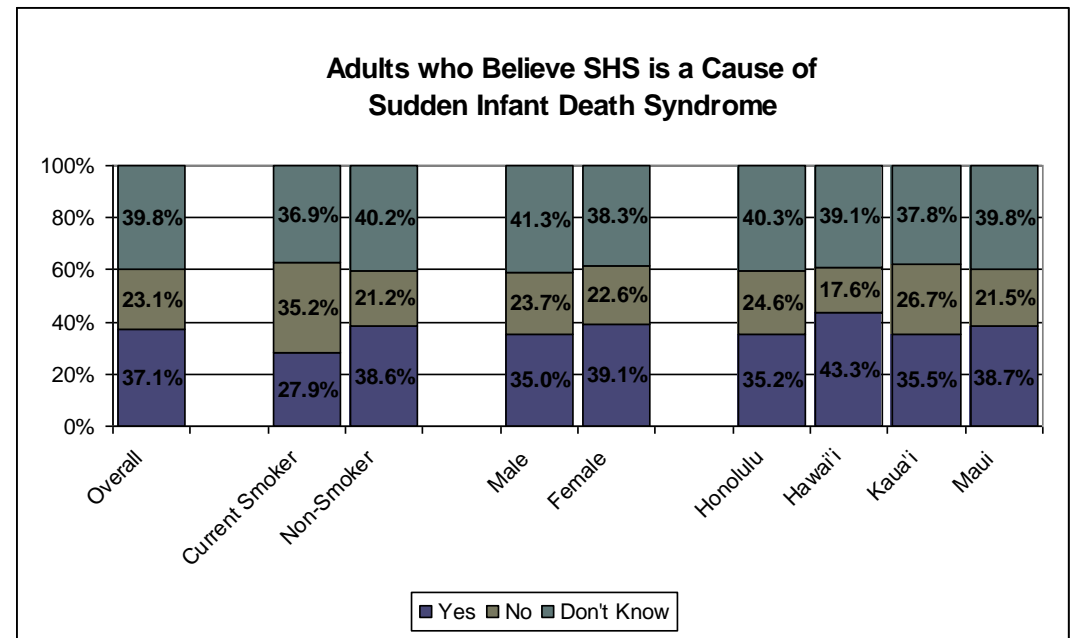
- Non-smokers were significantly more likely than smokers (90% compared to 73%) to believe that SHS causes lung cancer ( $p < 0.0001$ ).
- Adults aged 65 and over were significantly less likely than adults aged 18-44 to state that SHS is a cause of lung cancer (82%,  $p = 0.0494$ ).



**Would you say that breathing smoke from other people's cigarettes is a cause of sudden infant death syndrome (SIDS)?** (Appendix B, Table 47)

Just over one-third, 37%, of adults believed that breathing SHS is a cause of SIDS, an increase from 2001 in which 30% stated such.

- Non-smokers were significantly more likely than smokers (39% versus 28%) to believe that SHS is a cause of SIDS (p=0.0009).
- Adults aged 18-24 were significantly more likely than adults aged 35 and over to correctly state that SHS is a cause of SIDS (59%, p<0.0001).
- Unmarried adults were significantly more likely than married adults to correctly state that SHS is a cause of SIDS (42% versus 34%, p=0.0036).

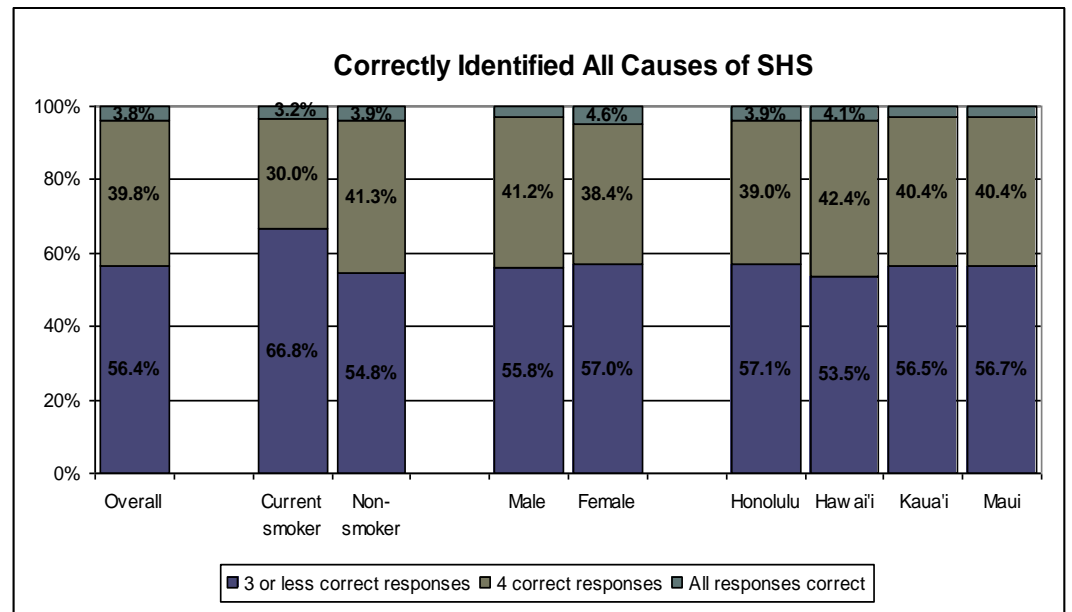


Analyzed separately at least seven in 10 adults are aware that SHS is a cause of respiratory problems in children, and lung cancer and heart disease in adults. Fewer were aware of the association between SHS and SIDS. Only 34% correctly identified that SHS is not a cause of colon cancer.

**Causes of second-hand smoke analyzed together** (Appendix B, Table 48)

Forty-four percent of adults correctly identified at least four of the five risks of breathing SHS.

- Adults most likely to correctly identify all health effects of SHS were homemakers (8%) or had a household income of \$15,000-\$24,999 (8%).

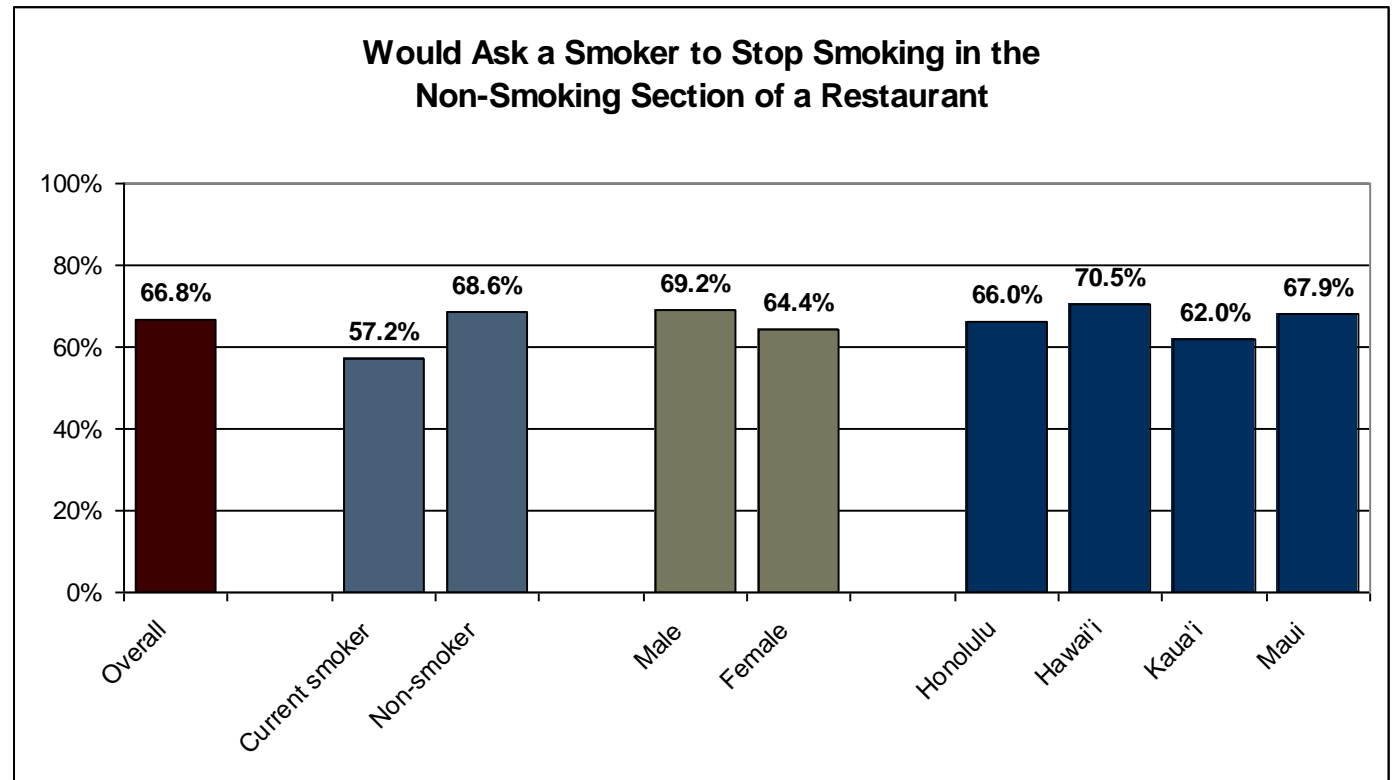


To assess how strongly participants felt about securing their personal, smoke-free environment, participants were asked if they *would* ask someone to stop smoking in a non-smoking area and if they *had* asked someone to stop smoking around them in the past 12 months.

**If someone was smoking near you in the non-smoking area of a restaurant, would you ask that person to stop?** (Appendix B, Table 49)

Over two-thirds of adults, 67%, said that they would ask someone smoking in a non-smoking section of a restaurant to stop.

- Non-smokers were significantly more likely than smokers to state that they would ask the person to stop smoking (69% versus 57%,  $p=0.0081$ )
- Men were more likely than women to say that they would ask a smoker to stop smoking (69% versus 64%).
- Hawai'i County adults had the highest percentage of "yes" responses to this statement by county (71%).
- Younger adults were significantly more likely than older adults to think they would ask someone to stop smoking; 77% of 18-24 year-olds compared to 54% or more for adults aged 45 and over ( $p<0.0001$ ).
- Chinese adults (49%) were significantly less likely than other ethnicities (all greater than 64%) to say they would ask a smoker to stop smoking ( $p=0.0333$ ).

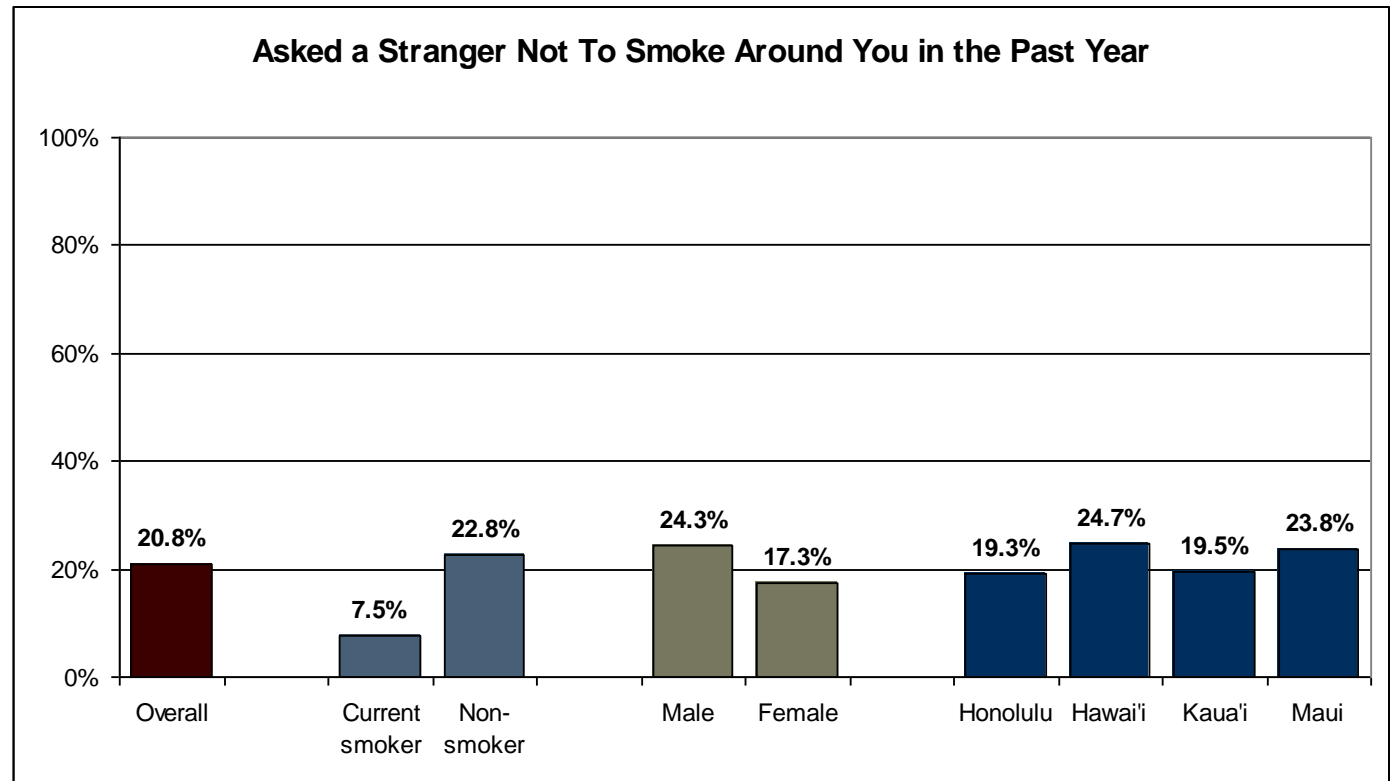




## In the past 12 months, have you ever asked a stranger not to smoke around you so you wouldn't have to breathe their smoke? (Appendix B, Table 50)

Twenty-one percent of adults have asked someone not to smoke around them in the past 12 months, which was equal to the 21% of adults in 2001.

- Non-smokers were significantly more likely than smokers (24% versus 8%) to have asked a stranger not to smoke around them ( $p < 0.0001$ ).
- Men were significantly more likely than women to have asked a stranger not to smoke near them (24% versus 17%) ( $p = 0.0082$ ).
- Adults most likely to have asked a stranger to not smoke included: students (35%), Filipinos (31%), 18-24 year-olds (38%), and 25-34 year-olds (30%).
- There is almost a linear relationship between age and asking a stranger not to smoke—from 38% for 18-14 year-olds to only 6% among adults aged 65 and over ( $p < 0.0001$ ).
- Chinese adults (4%) were significantly less likely than other ethnicities to say they have asked a smoker to stop smoking ( $p = 0.0002$ ).
- Hawai'i and Maui county adults (25% and 24%) were more likely than Honolulu and Kaua'i county adults (19% and 20%) to have asked a stranger not to smoke near them.



## Second-hand Smoke in Households

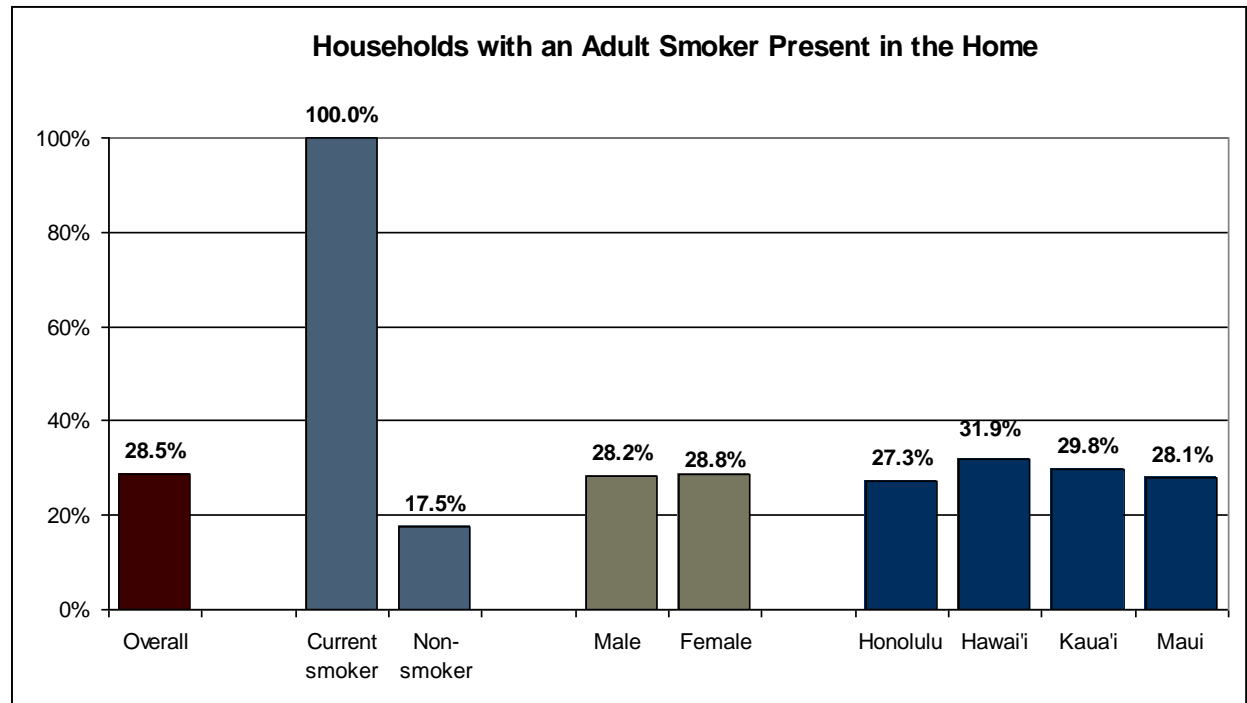
Respondents were asked if there were adults in their household who smoked any type of tobacco product. Respondents were also asked the rules about smoking in their home, and their exposure to SHS at home in the past seven days.

### Not including yourself, do any adults who live in your household smoke cigarettes, cigars or pipes?

(Appendix B, Table 51)

Only 29% of households had an adult smoker in the home. (Single-person homes are counted towards the smoking status of the single adult.)

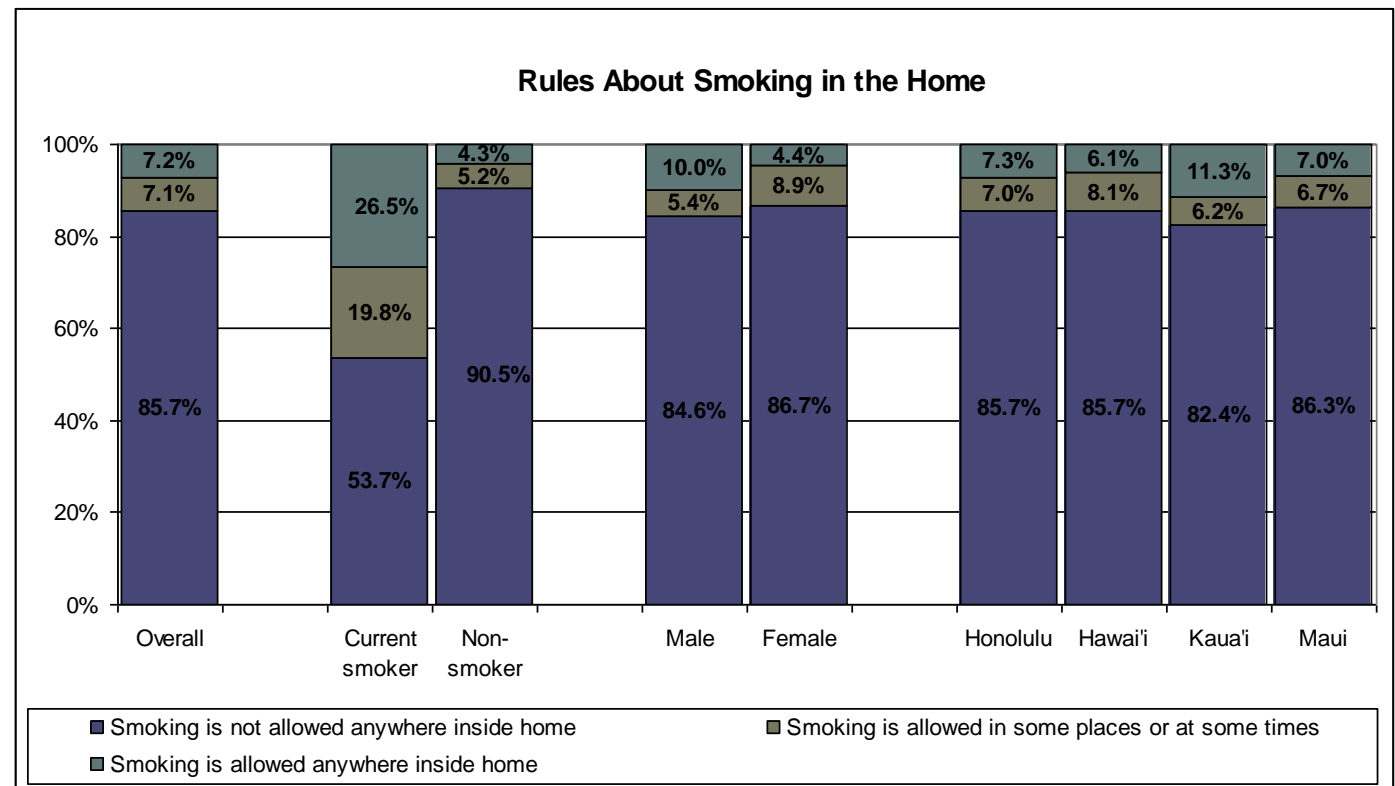
- Eighteen percent of non-smokers lived with another adult who smoked.
- Adults between the ages of 18-24 were significantly more likely to live with someone who smoked (44%) compared to adults aged 45 and over ( $p < 0.0001$ ). Adults aged 65 and over were significantly less likely than all over age groups to live in a home with an adult smoker (16%,  $p < 0.0001$ ).
- Unmarried adults were significantly more likely to have an adult smoker in the home compared to married adults (35% versus 24%,  $p = 0.0004$ ).
- Native Hawaiians (51%) were significantly more likely than adults of all other ethnicities to live in a household with an adult smoker ( $p < 0.0001$ ).
- The unemployed (53%) were significantly more likely to live in a household with an adult smoker compared to those who were employed, students, and retired adults ( $p < 0.0001$ ).
- The retired (14%) were least likely of all demographic subgroups to live in a household with an adult smoker ( $p < 0.0001$ ).



**Which statement best describes the rules about smoking inside your home? Do not include lanais, decks, garages, or porches: smoking is not allowed anywhere inside your home; smoking is allowed in some places or at some times; or smoking is allowed anywhere inside the home.** (Appendix B, Table 52)

A majority of adults, 86%, did not allow smoking anywhere inside their home (compared to 76% in 2001). Seven percent allowed smoking in some places or at certain times in their home, and only 7% allowed smoking anywhere inside their home—these are all less than the percentage of adult smokers (13%).

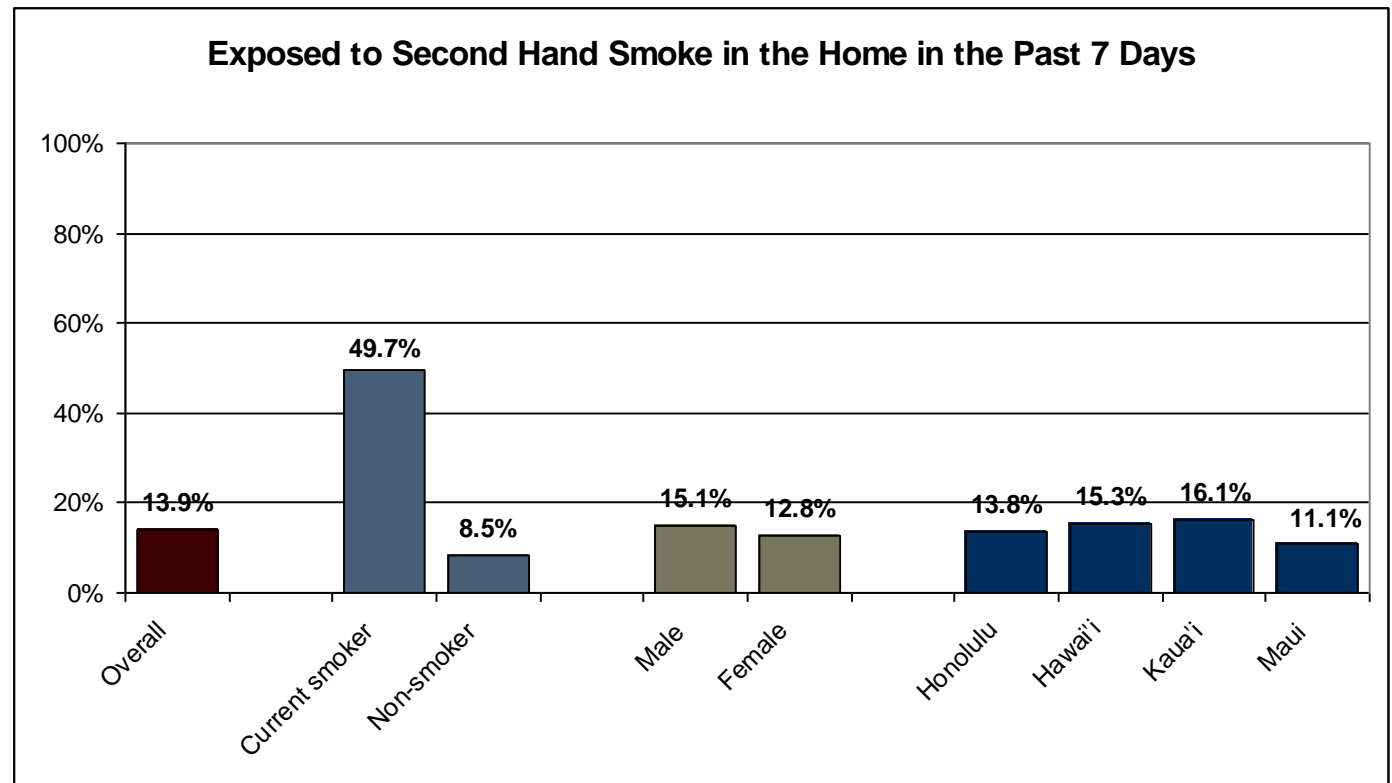
- Non-smokers were significantly more likely to not allow smoking inside the home (91%) compared to smokers (54%) ( $p < 0.0001$ ).
- Native Hawaiians were least likely to disallow smoking in the home (79%) compared to all other ethnicities.
- Married adults were significantly more likely to not allow smoking anywhere inside the home compared to unmarried adults (89% versus 81%,  $p < 0.0001$ ).
- Adults who were unable to work were least restrictive about smoking rules in their home compared to all other demographic subgroups, as only 66% banned smoking anywhere inside their home.
- Men were significantly more likely than women to allow smoking anywhere inside the home (10% versus 4%,  $p = 0.0001$ ).
- Households without children were significantly more likely to allow smoking anywhere inside the home compared to households with children (10% versus 4%,  $p = 0.0008$ ).



## During the past 7 days, on how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? (Appendix B, Table 53)

Only 14% of adults were exposed to SHS in their homes in the past seven days. In 2001, 15% of adults were exposed to SHS in their homes on a regular basis.

- Current smokers were significantly more likely to be exposed to SHS at home compared to non-smokers (50% versus 9%,  $p < 0.0001$ ).
- Adults between the ages of 18-24 were more likely than all other age groups to be exposed to SHS at home (21%). Greater exposure was also found for adults in the lowest educational and household income brackets; 21% of adults with less than a high school degree, and 18% of adults with household incomes below \$15,000, stated such.
- The subgroup most likely to be exposed at home to SHS were the unemployed (44%), which was significantly more than adults who were: employed (14%), students (13%), homemakers (9%), or retired (8%) ( $p < 0.0001$ ).
- Adults with children were slightly more likely to have been exposed to SHS at home compared to households without children (16% versus 13%). In homes with children under the age of five years, 19% were exposed.
- Unmarried adults were significantly more likely to be exposed to SHS in the home compared to married adults (18% versus 11%,  $p = 0.0022$ ).



## Second-hand Smoke in Multi-Unit Dwellings

Respondents who lived in a multi-unit dwelling were asked if they were bothered by SHS within the past 12 months.

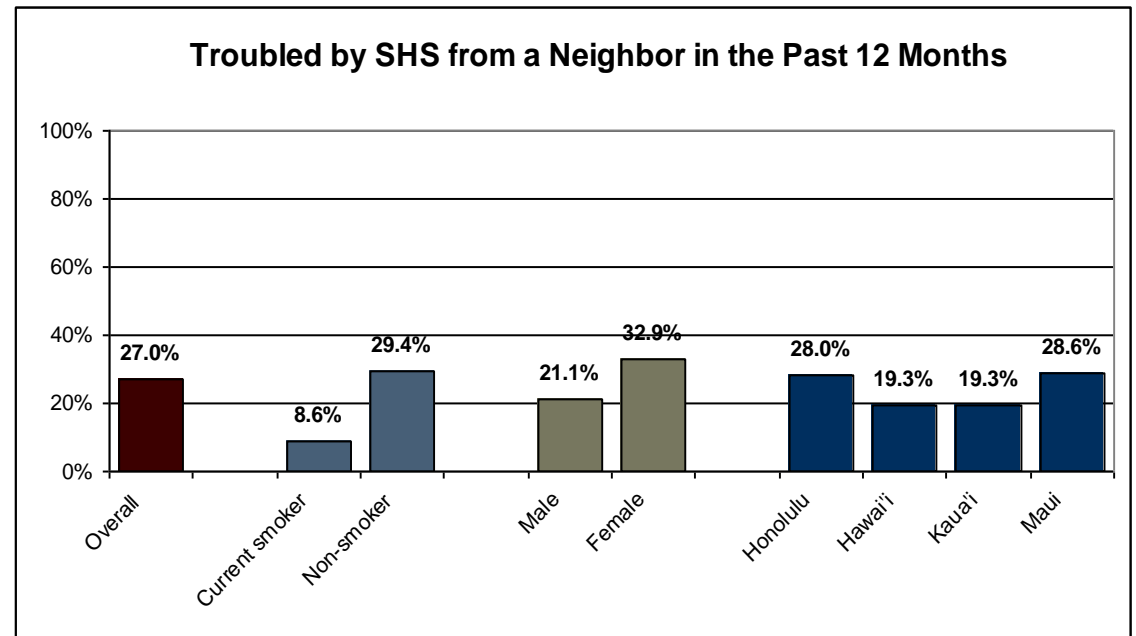
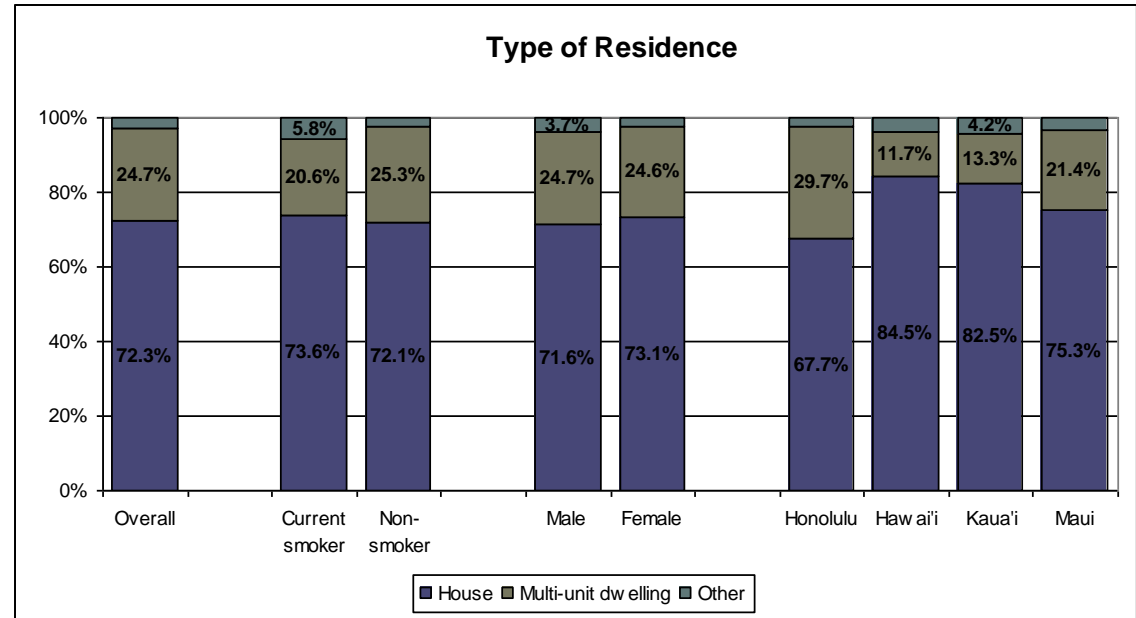
**Do you currently live in: a house; a multi-unit dwelling such as an apartment, condominium or townhome, or someplace else?** (Appendix B, Table 54)

One-fourth, 25%, of adults lived in a multi-unit dwelling. This varied significantly by county with Honolulu (30%) and Maui (21%) being the highest.

**In the past 12 months, have you ever been troubled by a neighbor smoking in their dwelling?** (Appendix B, Table 55)

Over one-fourth (27%) of adults who lived in a multi-unit dwelling were troubled by a neighbor smoking within the past 12 months, compared to 19% in 2001.

- Non-smokers were significantly more bothered by a neighbor's smoking than were smokers (29% versus 9%,  $p=0.0044$ ).
- Women had significantly more trouble than men with a neighbor's smoking (33% versus 21%,  $p=0.0163$ ).
- Residents of Honolulu and Maui counties were much more troubled by a neighbor's smoking (28% and 29% respectively) than residents of Hawai'i or Kaua'i counties (19% for each).



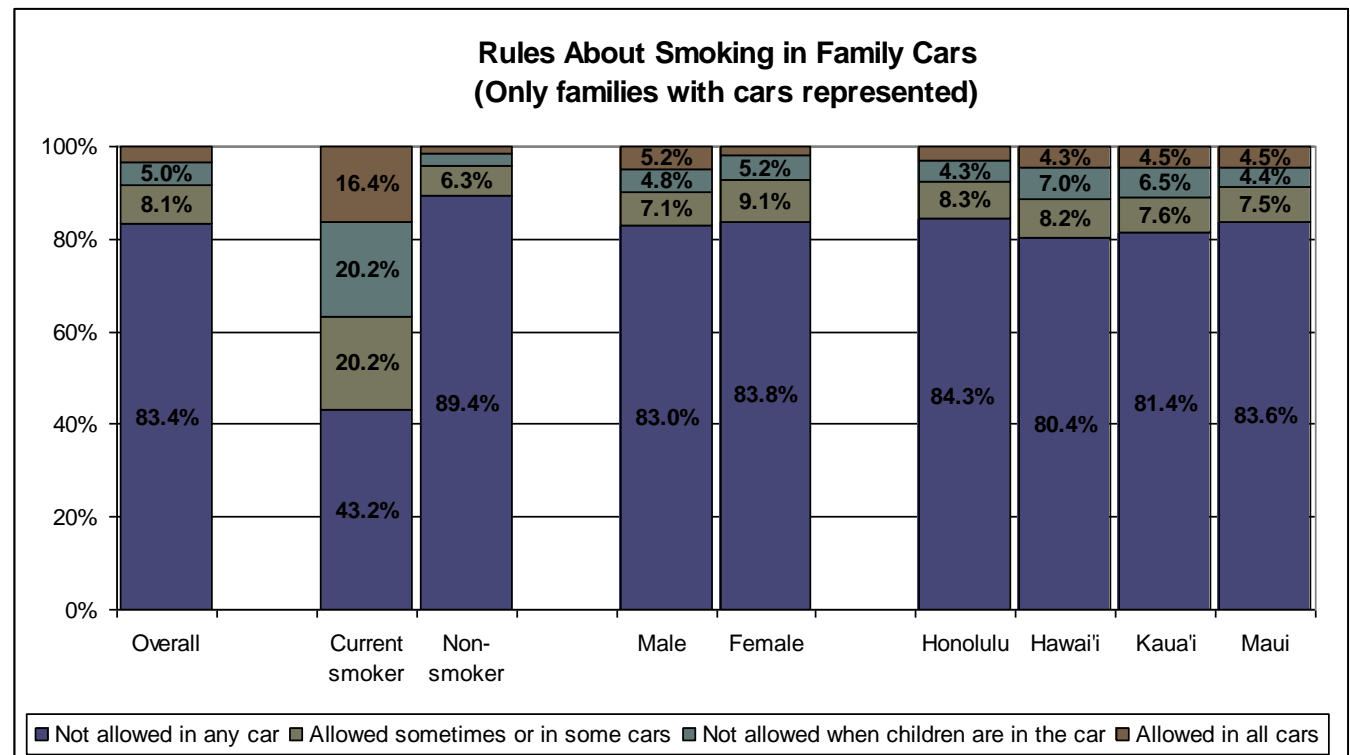
## Second-hand Smoke in Cars

Respondents were asked two questions about SHS in their car(s)—rules about smoking in their car(s), and if in the past seven days, they had been in a car with someone who was smoking.

**Which statement best describes the rules about smoking in your family car or cars: smoking is not allowed in any car; smoking is allowed sometimes or in some cars; smoking is not allowed when children are in the car; or smoking is allowed in all cars.** (Appendix B, Table 56)

Almost everyone surveyed (97%) had at least one family car. Of the adults with cars, a majority (83%) did not allow smoking at any time or in any car (compared to 73% in 2001). An additional 5% did not allow smoking when children were in the car. Only 4% of adults with cars allowed smoking in the car.

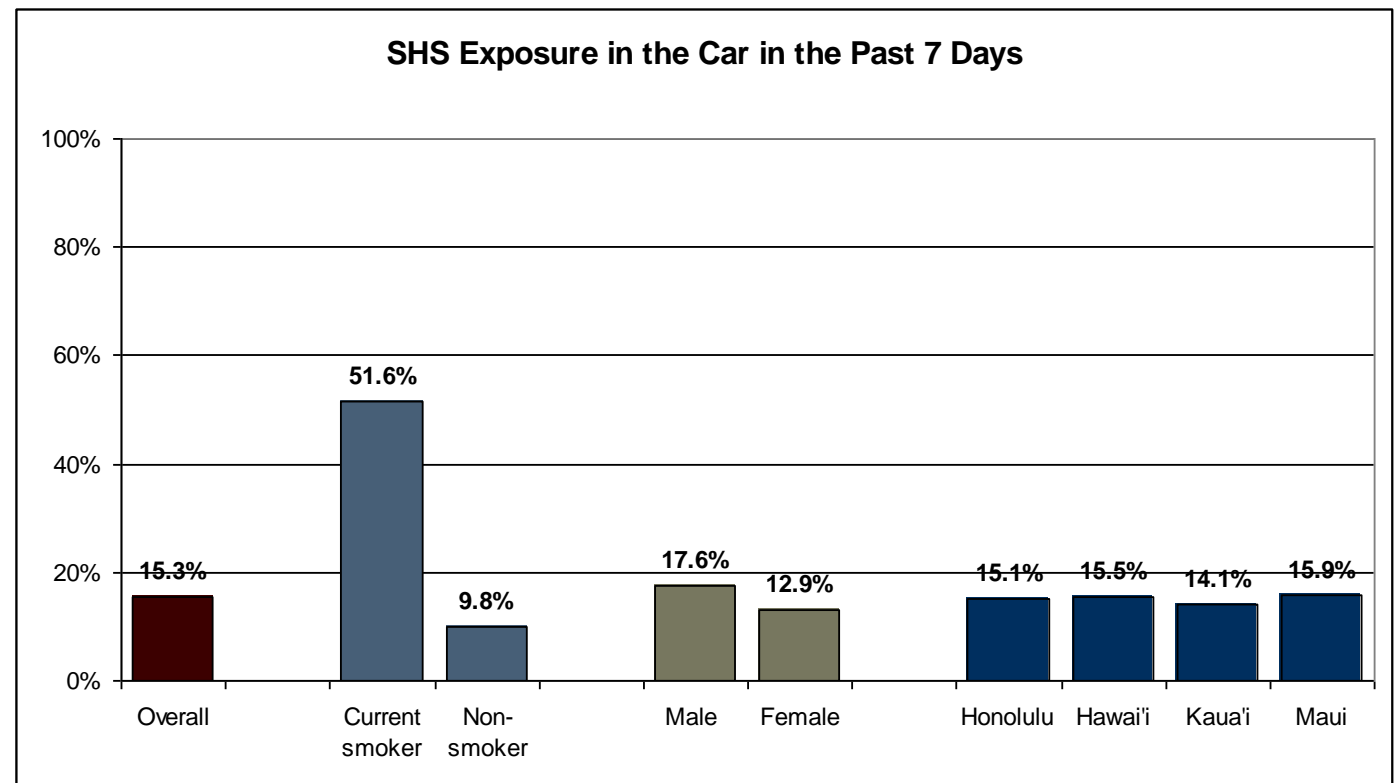
- Adult non-smokers were significantly more likely than smokers to not allow smoking in their car (89% versus 43%,  $p < 0.0001$ ).
- Adults aged 65 and older were significantly more likely to not allow smoking in their cars (93%) compared to adults 64 and younger ( $p = 0.0001$ ).
- Married adults were significantly more likely to prohibit smoking in their cars compared to unmarried adults (87% versus 77%,  $p = 0.0006$ ).
- College graduates (89%) were significantly more likely than adults with a high school degree or GED or adults with some college experience to prohibit smoking in the car (89%,  $p = 0.0001$ ).
- Only 57% of the unemployed prohibited smoking in the car.



## In the past seven days, have you been in a car with someone who was smoking? (Appendix B, Table 57)

One in seven adults (15%) had been in a car with someone who was smoking during the past seven days. This is a slight decline from 2001 when 18% had been exposed to SHS in a car in the past seven days.

- Smokers were significantly more likely than non-smokers (52% versus 10%) to have ridden in a car with someone who was smoking in the past seven days ( $p < 0.0001$ ).
- Men were more likely than women to have been in a car when someone was smoking (18% versus 13%).
- The likelihood that one had been in a car with someone smoking decreased significantly as age increased; 39% of 18-24 year-olds had been in a car with someone who was smoking, compared to only 3% of adults aged 65 and over ( $p < 0.0001$ ).
- Unmarried adults were significantly more likely to have ridden in a car with someone who was smoking compared to married adults (23% versus 11%,  $p < 0.0001$ ).
- Native Hawaiians (31%) were significantly more likely than Caucasian, Chinese, Filipinos and Japanese adults to have ridden in a car with someone smoking in the past seven days ( $p < 0.0001$ ).
- The unemployed (37%) were significantly more likely than the employed, homemakers, and the retired to have ridden in a car with someone smoking ( $p < 0.0001$ ).



## Second-hand Smoke at the Workplace

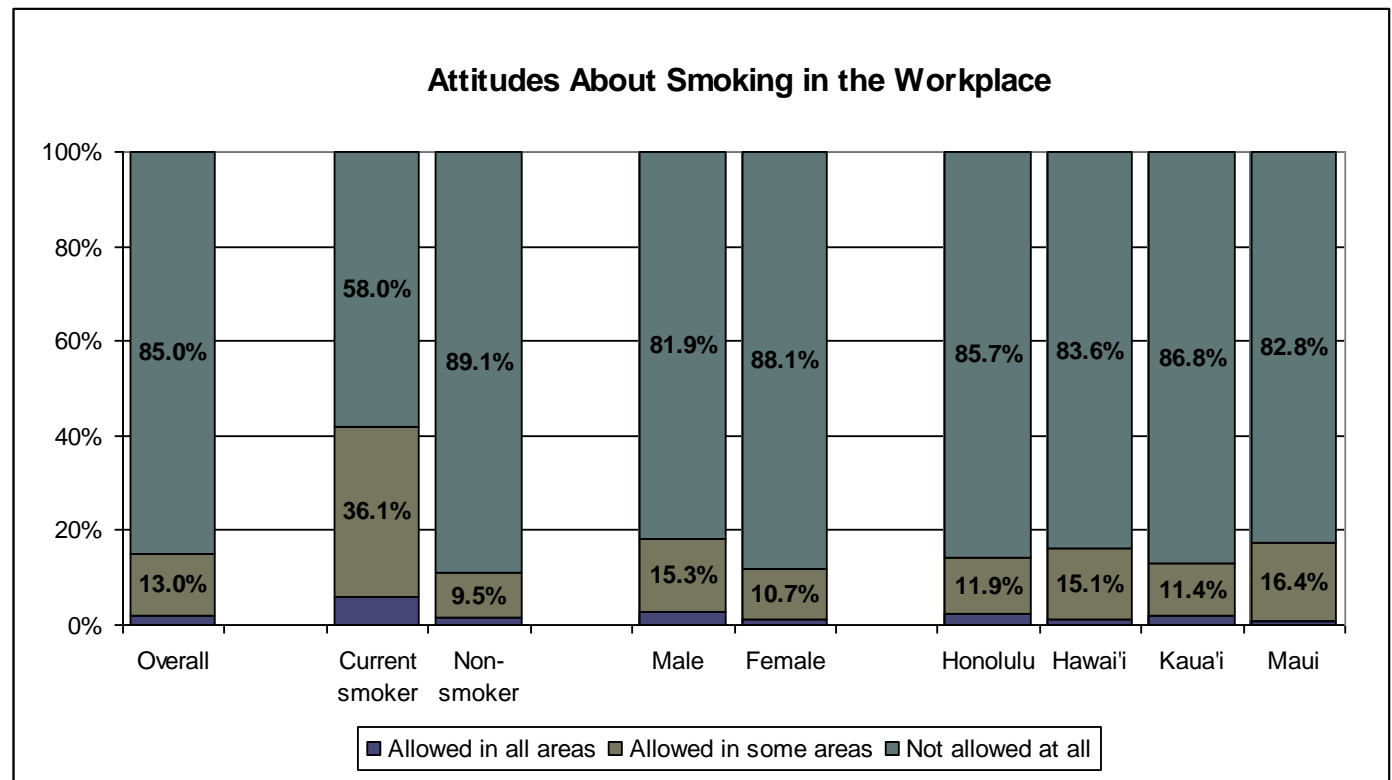
Respondents were asked a set of questions about SHS in the workplace. All participants were asked if they thought smoking should be allowed in indoor work areas. Participants who were employed and primarily worked indoors were also asked about their workplace's official policies regarding smoking and about their exposure to SHS at work in the past seven days.

### In indoor work areas, do you think smoking should be allowed in all areas, some areas or not at all?

(Appendix B, Table 58)

Most adults, 85%, believe that smoking should not be allowed in any indoor work area. Thirteen percent think it should be allowed in some indoor work areas, and only 2% in all areas. In 2001, 78% stated smoking should not be allowed at all, 19% allowed in some areas, and 2% allowed in all areas.

- A majority of adults in all demographic subgroups wanted protection from SHS in all indoor areas of the workplace, including 58% of smokers.
- Eighty-nine percent of adults who were employed think smoking should not be allowed in any indoor work area.
- Demographic subgroups of adults who were most likely to want protection from SHS at the workplace were aged 35-44 (90%), college graduates (90%), or had a household income of \$50,000 or more (89%).

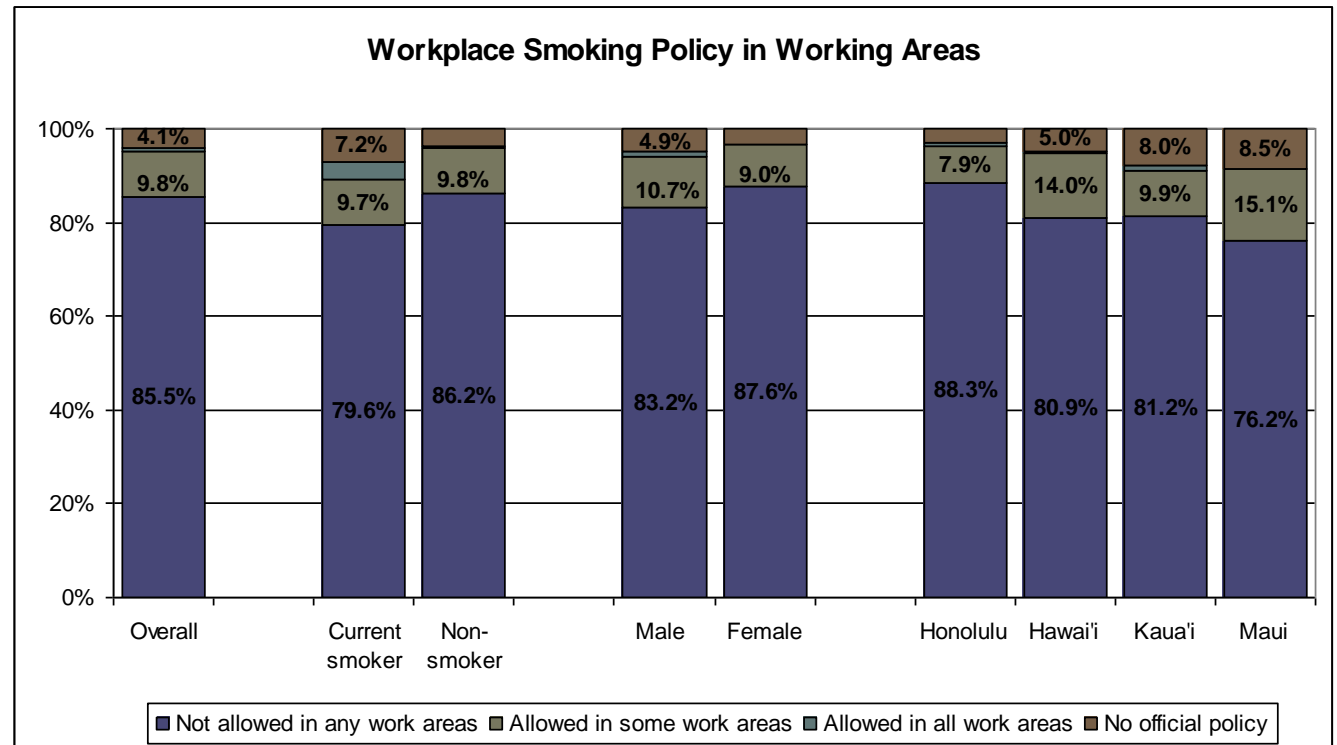




**Which of the following best describes your place of work's official smoking policy for work areas: smoking is not allowed in any work areas; smoking is allowed in some work areas; smoking is allowed in all work areas; or there is no official policy.** (Appendix B, Table 59)

Of employed adults who primarily worked inside, 86% stated that smoking was not allowed in any work area, and 10% stated it was allowed in some areas. Four percent of adults stated that there was not an official smoking policy at their place of work, and less than 1% of adults reported that smoking was allowed in work areas. In 2001, 77% stated smoking was not allowed at all, 16% allowed in some work areas, 1% allowed in all areas, and 6% said there was no official policy.

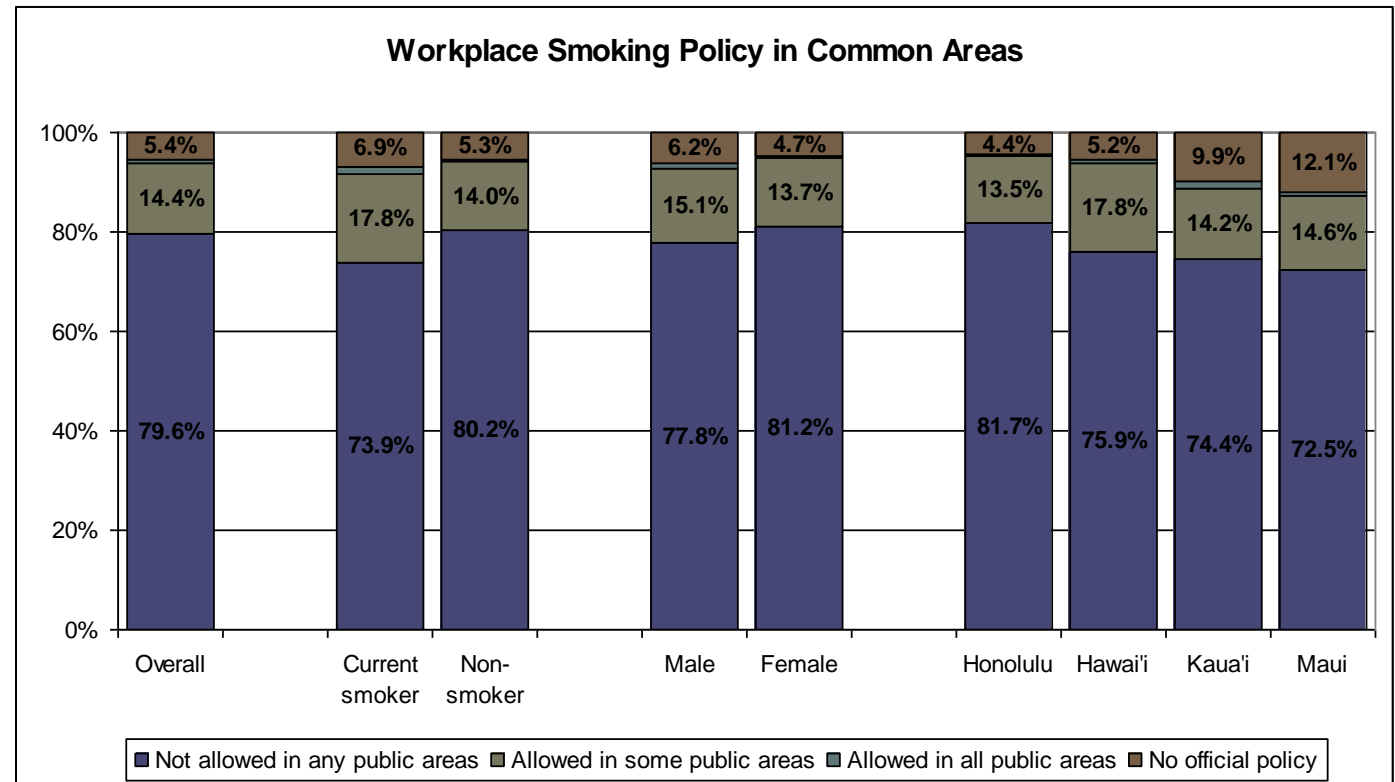
- Honolulu workers were significantly more likely than Hawai'i and Maui County workers to state that their place of work's official smoking policy was to not allow smoking in any work area (88% in Honolulu compared to 76% in Maui and 81% in Hawai'i,  $p=0.0003$ ).
- Employed adults aged 18-24 were less likely than employed adults in all other age groups to work where smoking was prohibited in all areas (78%, compared to 84% or more for all other age groups).
- The likelihood that an adult worked where smoking was prohibited in all areas increased as one's level of education increased; 75% of adults with a high school diploma or GED worked where smoking was banned in all work areas, compared to 91% of adults with a college degree.
- As adults' household income increased, so did the likelihood that they worked in a place where smoking was not allowed; 65% of adults with a household income of \$15,000-\$24,999 worked where smoking was prohibited in all areas, compared to 91% of adults with household incomes of \$75,000 or more.



**Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunchrooms: smoking is not allowed in any work areas; smoking is allowed in some work areas; smoking is allowed in all work areas; or no official policy.** (Appendix B, Table 60)

Of employed adults who primarily worked inside, 80% stated that smoking was not allowed in any indoor public or common area at work, 14% stated it was allowed in some areas, and 5% said there was no official policy. Less than 1% of adults reported that smoking was allowed in all workplace common areas.

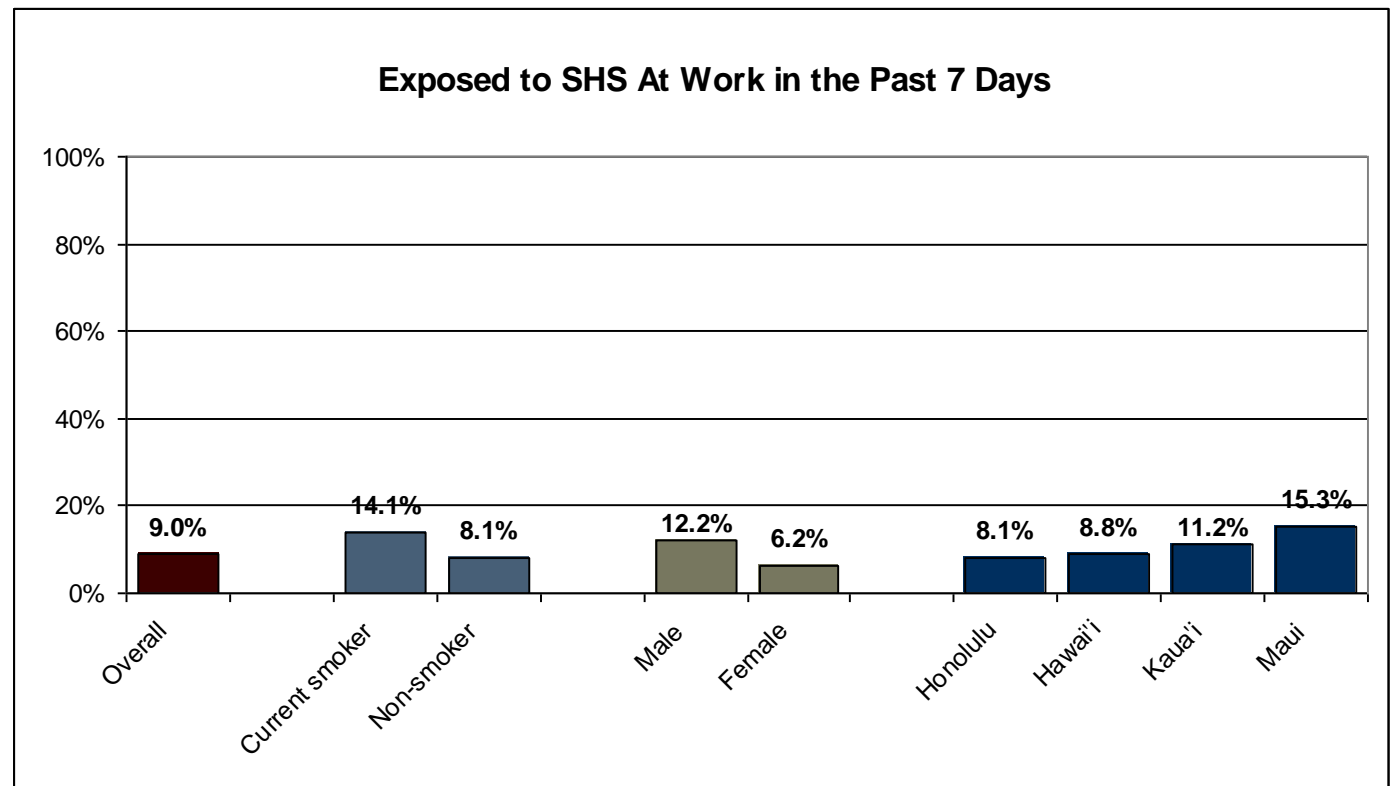
- Honolulu County workers were most likely to have policies to restrict smoking for all indoor public or common areas (82%), and this was significantly higher than Maui County workers ( $p=0.0026$ ).
- Two percent or less of adults in all demographic subgroups stated that smoking was allowed in all indoor public or common areas.
- The likelihood that smoking was prohibited in all indoor public or common areas increased as education increased; 72% of employed adults with a high school diploma or GED stated such, compared to 84% of employed adults with a college degree.



## As far as you know, in the past seven days, has anyone smoked in your work area? (Appendix B, Table 61)

Of employed adults who primarily worked inside, only 9% percent stated that someone had smoked in their work area in the past seven days. This is a decline from 13% in 2001.

- Fourteen percent of smokers were exposed to SHS in the past seven days, compared to only 8% of non-smokers. This exposure rate is much lower than what was reported in 2001, in which 26% smokers and 10% nonsmokers stated that they were exposed to SHS in the work place.
- Men were twice as likely to be exposed compared to women (12% versus 6%,  $p=0.0367$ ).
- Maui County working adults were much more likely to have had someone smoke in their work area (15%) compared to workers living in Kaua'i (11%), Honolulu (8%), or Hawai'i (9%) counties.
- As employed workers' education levels increased, their likelihood of being exposed to SHS at work decreased significantly; 20% of adults with a high school diploma or GED were exposed to SHS at work compared to only 4% of adults with a college degree. The same is true with household income; 19% of employed adults with household incomes of \$15,000-\$24,999 were exposed to SHS at work, compared to only 4% of adults with household incomes of \$75,000 or more ( $p<0.0001$ ).
- Latinos were significantly more likely to be exposed to SHS (22%) compared to Caucasians, Native Hawaiians, and Chinese (all about 5%,  $p=0.0035$ ).
- Although not statistically significant, the youngest workers were most likely to be exposed to SHS at work, as 18% of adults aged 18-24 reported being exposed.



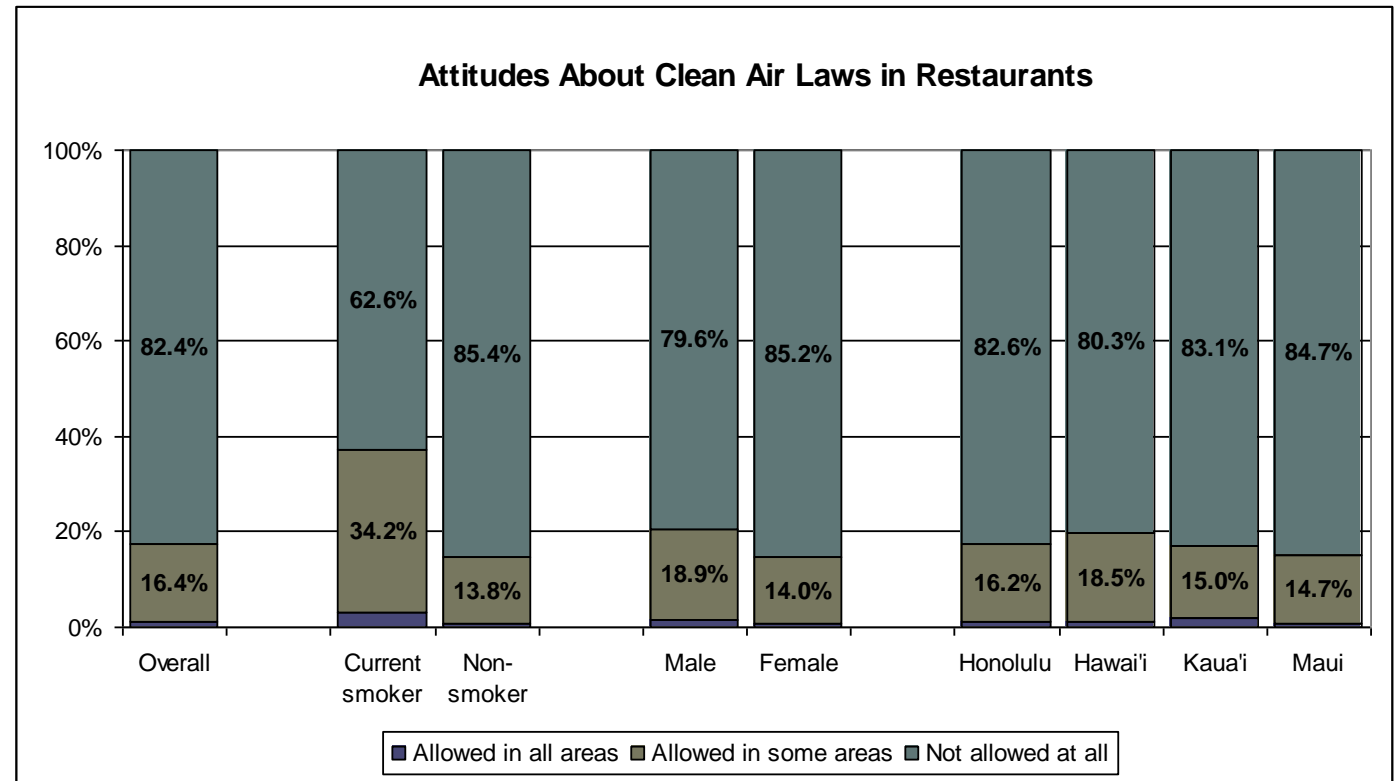
## Attitudes About Clean Air Laws

Respondents were asked their opinions about smoking policies in restaurants, bars and night clubs, at public beaches, in airports, and at entrances and exits to public buildings.

### In indoor dining areas of restaurants, do you think smoking should be allowed in all areas, some areas or not allowed at all? (Appendix B, Table 62)

Eight in 10 adults (82%) think smoking should not be allowed in restaurants. This is a large increase from 59% in 2001. Only 1% of adults in 2006 wanted smoking to be allowed in all areas of restaurants.

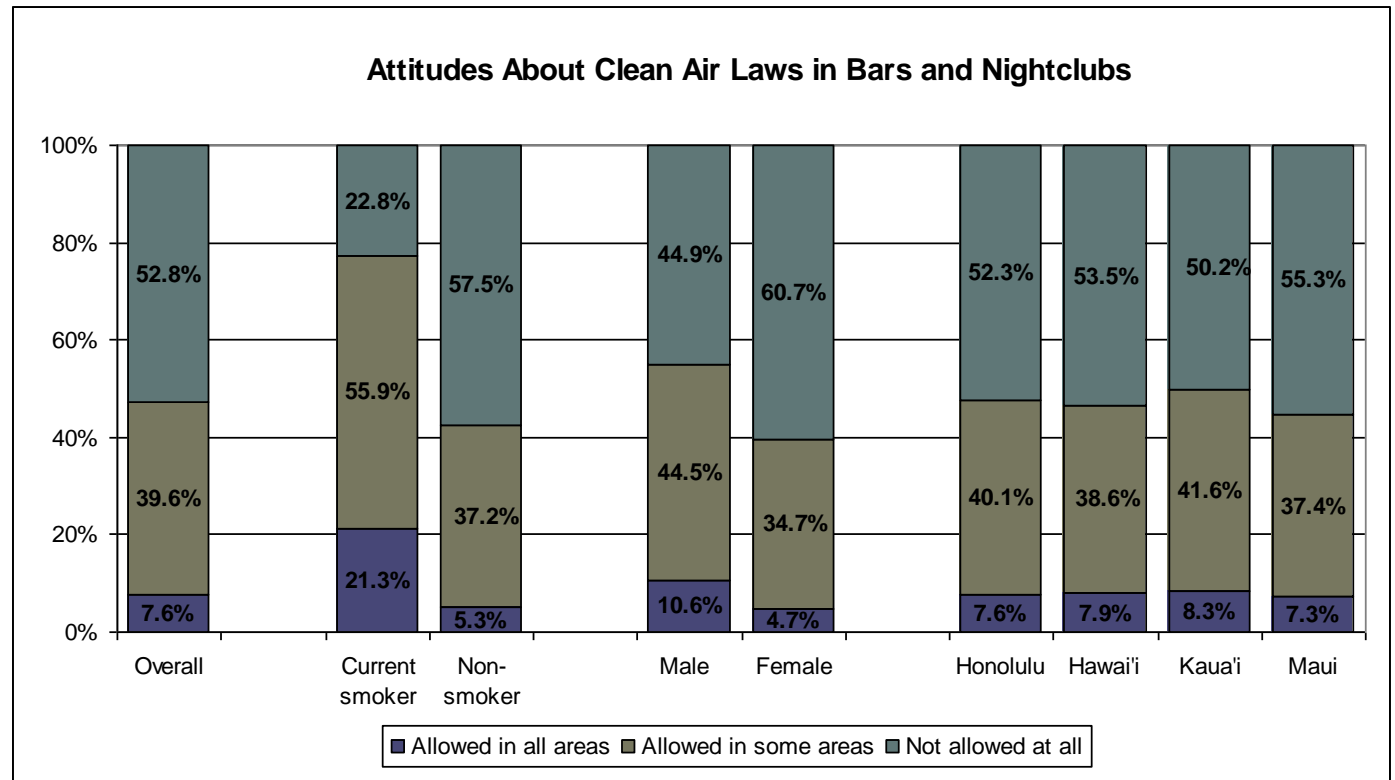
- With the exception of current smokers, at least 74% of adults in all demographic subgroups wanted smoke-free restaurants.
- Non-smokers were significantly more likely than smokers to want smoke-free restaurants (85% versus 63%,  $p < 0.0001$ ).
- Women were significantly more likely than men to want restaurants to be smoke-free—85% versus 80% ( $p = 0.0290$ ).
- Native Hawaiians, and adults of “other” ethnicities, were least likely to want smoke-free restaurants (77% and 75% respectively, compared to over 83% for all other ethnic subgroups).



**In bars and night clubs, do you think smoking should be allowed in all areas, some areas or not allowed at all?** (Appendix B, Table 63)

Just over half, 53%, of adults wanted protection from all SHS in bars and night clubs. This is twice as high as 2001 when 26% thought bars and night clubs should all be smoke-free. In 2006, only 8% of adults wanted smoking allowed in all areas of bars and night clubs, which is half of what was reported in 2001, in which 16% of adults wanted smoking allowed in all areas.

- Almost one-quarter (23%) of smokers wanted smoke-free bars and night clubs, compared to 58% of non-smokers (significantly different at  $p < 0.0001$ ). However, over half of smokers (56%) wanted smoking to be allowed in only some areas, and only 21% wanted smoking allowed in all areas.
- Adults most supportive of smoke-free bars and nightclubs were women (61%, significantly higher than men at  $p < 0.0001$ ), adults aged 65 and older (62%, significantly higher than adults aged 18-24 and 35-54 at  $p = 0.0231$ ), adults with less than a high school degree (71%, significantly higher than all other education groups,  $p = 0.0456$ ), and homemakers (62%, significantly higher than the unemployed and adults unable to work,  $p = 0.0222$ ).
- Although not statistically significant, there was large support for smoke-free bars and night clubs from Latinos (61%) and adults with household incomes of \$24,999 or less (61% or greater).

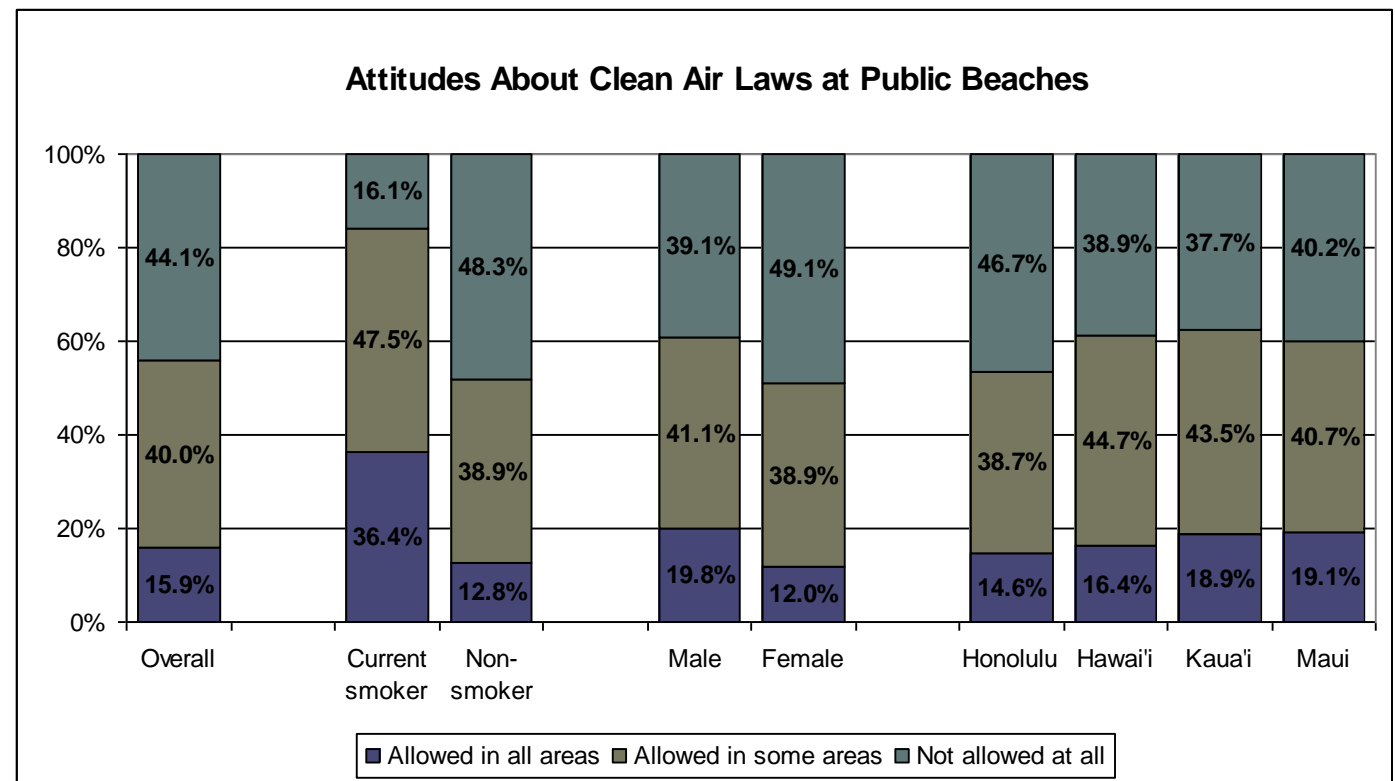


## At public beaches do you think smoking should be allowed in all areas, some areas or not allowed at all?

(Appendix B, Table 64)

A majority of adults wanted to reduce smoking at public beaches; 44% of adults wanted smoke-free public beaches, and 40% wanted smoking limited to only in some areas.

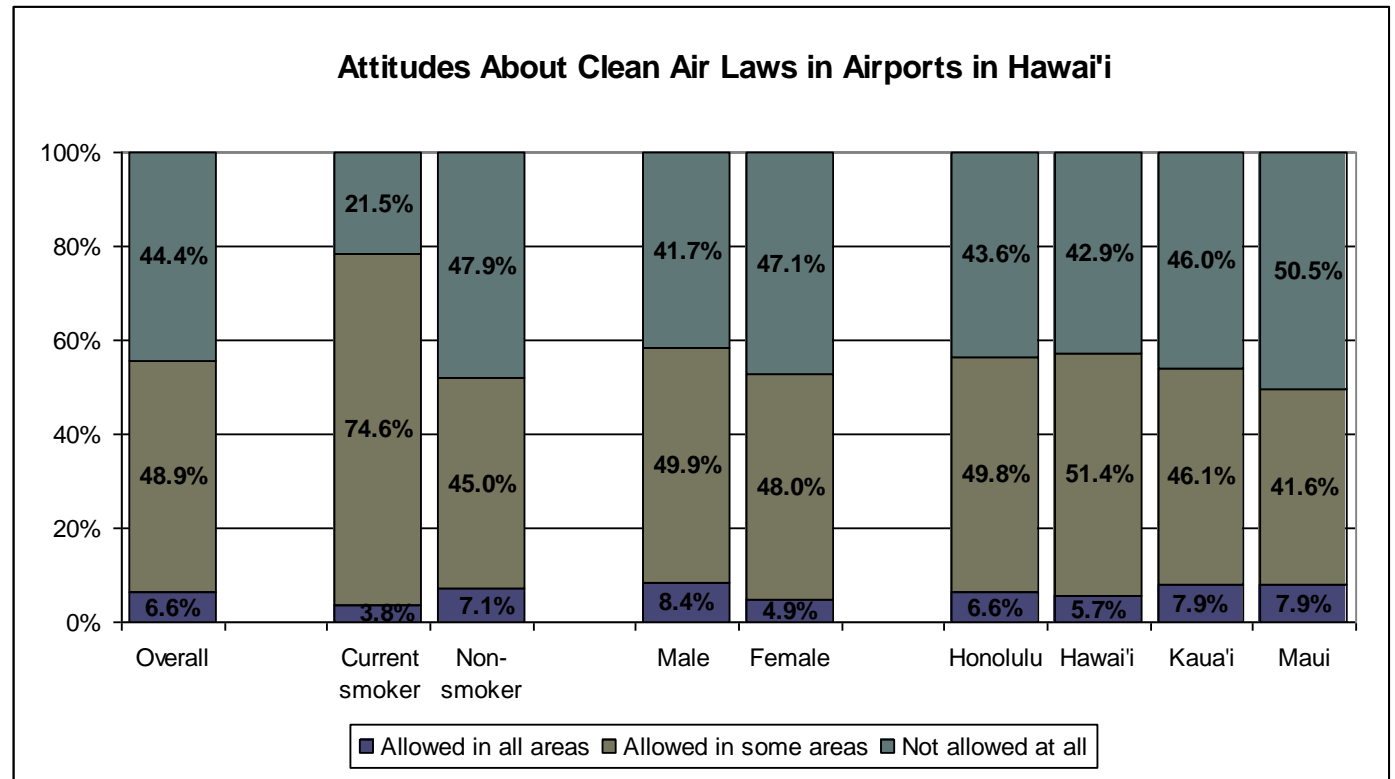
- Non-smokers were significantly more likely to want smoke-free public beaches than smokers (48% versus 16%,  $p < 0.0001$ ), as were women compared to men (49% versus 39%,  $p = 0.0001$ ). However, even with these differences, there was still quite a bit of support from smokers and men for smoking to only be allowed in some areas of public beaches (48% of smokers and 41% of men, respectively).
- Honolulu County adults were significantly more likely than adults residing in all other counties to want public beaches to be smoke-free (47%,  $p = 0.0065$ ). Even with this difference, less than 20% of adults from all counties wanted smoking allowed in all areas of public beaches.
- Native Hawaiians and Latinos (35% and 39% respectively) were less supportive of smoke-free public beaches compared to adults of all other ethnicities.
- As education increased, so did the likelihood of adults' wanting public beaches to be smoke-free; 52% of adults with a college degree wanted public beaches to be smoke-free, compared to 34% of adults with less than a high school degree ( $p = 0.0016$ ).



**In airports in Hawai'i, do you think that smoking should be allowed all areas, allowed in some areas or not allowed at all?** (Appendix B, Table 65)

Most adults want smoking to be limited in airports: 44% think it should not be allowed at all and 49% think it should only be allowed in some areas (49%). Only 7% of adults wanted smoking allowed in all areas of Hawai'i's airports.

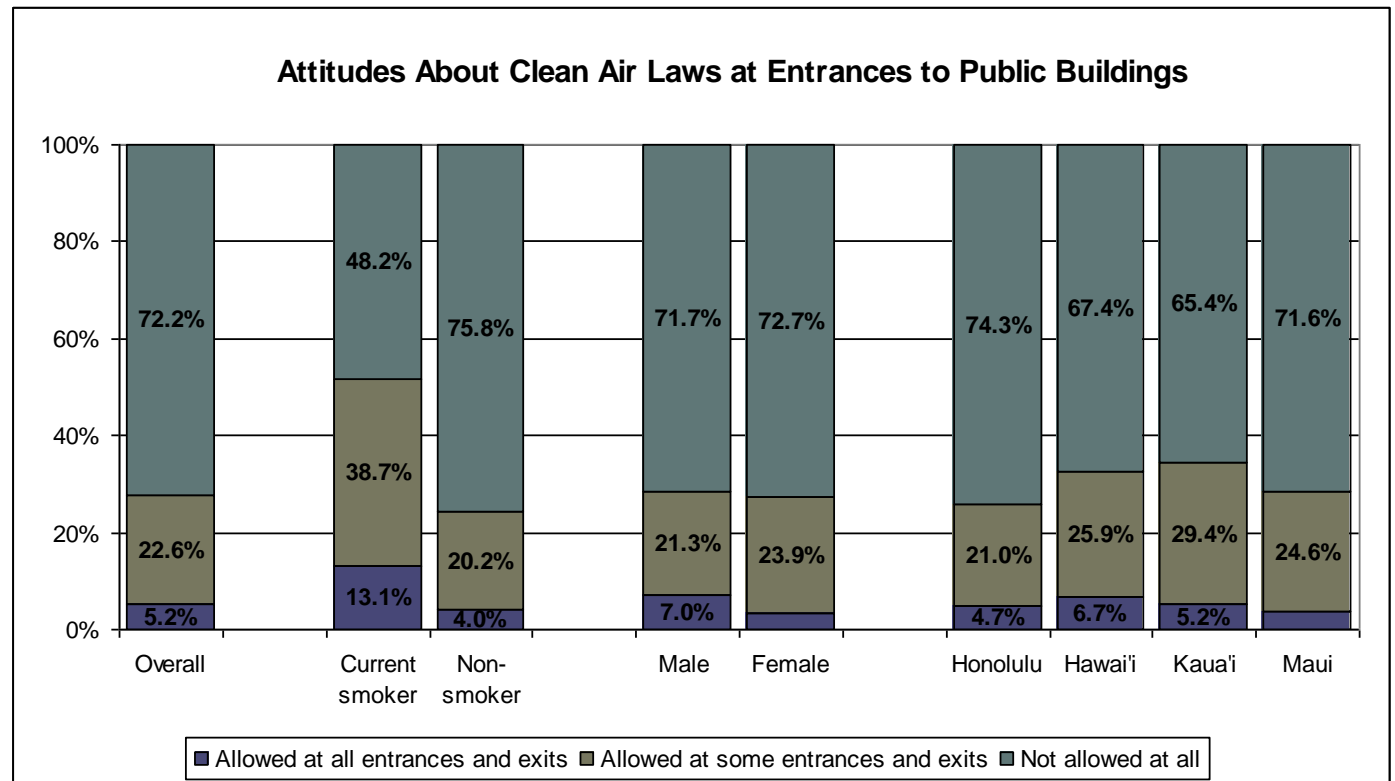
- Non-smokers were significantly more likely than smokers to want all areas of Hawai'i's airports to be smoke-free; 48% compared 22% respectively (p<0.0001). However, there was still only minimal support from smokers for Hawai'i's airports to allow smoking in all areas (4%).
- The likelihood of wanting smoking prohibited in all areas of the airport increased significantly with age; 36% of 18-24 year-olds wanted smoke-free airports, compared to 57% of adults aged 65 and over (p=0.0026).
- Maui residents were most likely to want all areas of an airport to be smoke-free (51%) compared to adults of all other counties.
- Demographic subgroups of adults who were most supportive of Hawai'i's airports to become smoke-free were adults who were: age 65 and over (57%), Filipino (57%), had less than a high school degree (59%), had a household income less than \$15,000 (59%), were either a homemaker (50%) or were retired (53%), or lived in Maui County (51%).



**At entrances and exits to public buildings do you think smoking should be allowed at all entrances and exits, allowed at some entrances and exits or not allowed at all?** (Appendix B, Table 66)

Most adults (95%) want protection from SHS at entrances and exits to public buildings; 72% want protection at all entrances and exits and 23% want protection at some entrances and exits.

- Non-smokers were significantly more likely to want total protection than smokers (76% versus 48%,  $p < 0.0001$ ). Still, only 13% of smokers wanted smoking allowed at all entrances and exits to public buildings.
- Residents of Honolulu and Maui counties were more likely to want protection at all entrances and exits (74% and 72%) compared to residents of Hawai'i and Kaua'i counties (67% and 65%).
- Overall, support for smoke-free entrances and exits of public buildings increased as age increased; 61% of adults aged 18-24 wanted this protection from SHS, compared to 78% of adults aged 65 and over ( $p = 0.0393$ ).
- Married adults were significantly more likely to want smoke-free entrances and exits to public buildings compared to unmarried adults; 77% of married adults compared to 66% of unmarried adults stated such ( $p = 0.0003$ ).
- Native Hawaiians were less likely to want smoke-free entrances and exits for public buildings compared to adults of all other ethnicities (62%).





# New Cigarette Products

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Cigarette companies are continually developing and marketing new types of cigarettes and other tobacco products. Many of these cigarettes contain flavorings such as fruit or candy in addition to, or other than, menthol flavorings. Other cigarette-like products are marketed as containing less cancer-causing chemicals in the smoke when compared to conventional light cigarettes. To find out more about the penetration of these products into Hawai'i, the 2006 ATS included a module on these products. All respondents were asked if they had ever heard of, tried, or were interested in trying flavored cigarettes or these new cigarette-like products known as potentially reduced exposure products (PREPS). Respondents were also asked about the government's role in the evaluation of the safety of these products.

Slightly over half (54%) of all adults had heard of flavored cigarettes. However, *only 1% of adults who had heard of flavored cigarettes (8% of smokers) had ever tried them*, and only 4% (14% of smokers and 2% nonsmokers) were interested in trying them. PREPS were less well known, as only 19% of adults had heard of them. *Only 1% of those who had heard of PREPS have ever tried them—about 0.2% of all adults*. Interest in PREPS was similar to flavored cigarettes with 4% of all adults (16% of smokers and 2% of nonsmokers) interested in trying them.<sup>5</sup>

Almost two-thirds of respondents (65%) did not think these products were evaluated for safety by the government, but 88% believed that the government should be.

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<sup>5</sup> Having ever tried flavored cigarettes is based on 1,128 responses and having ever tried PREPS is based on 660 responses. According to the survey instructions, only adults who have ever heard of the products or one of the prompted brands were asked whether they had tried the products. Therefore, the actual penetration of these products into Hawai'i is very low.

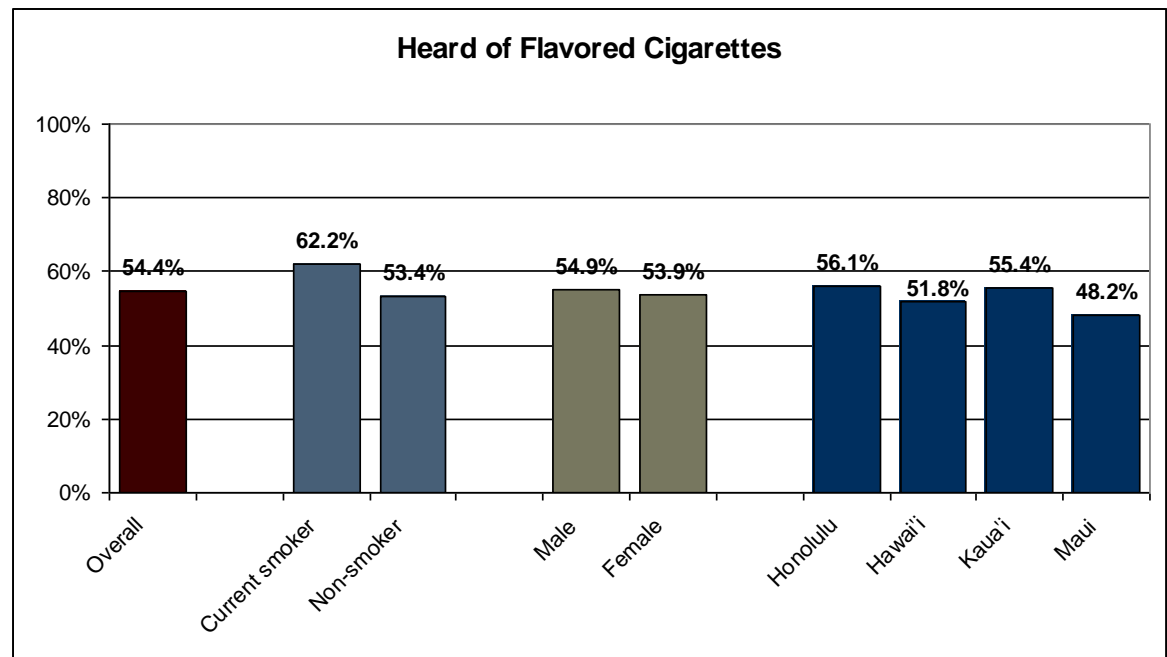
## Flavored Cigarettes

Respondents were asked if they had ever heard of flavored cigarettes, and if yes, had they ever tried them. All respondents were asked if they would be interested in trying flavored cigarettes.

**In the past few years, tobacco companies in the United States have introduced new cigarettes that are flavored with something other than, or in addition to their already marketed menthol flavored products. Have you ever heard of flavored cigarette products?** (Appendix B, Table 67)

Over half of all adults, 54%, had heard of flavored cigarettes.

- Smokers were more likely to have heard of these products compared to non-smokers—62% compared to 53% (p=0.05).
- Maui County residents were least likely to have heard of flavored cigarettes compared to residents of all other counties (48%), which was significantly lower than respondents in Honolulu and Hawai'i counties (p=0.0302).
- Demographic subgroups most likely to have heard of flavored cigarettes included: adults aged 18-24 (67%); Native Hawaiians (64%); Latinos (60%); adults with household incomes of \$50,000 or more (59% or more); students (72%); and adults unable to work (60%).



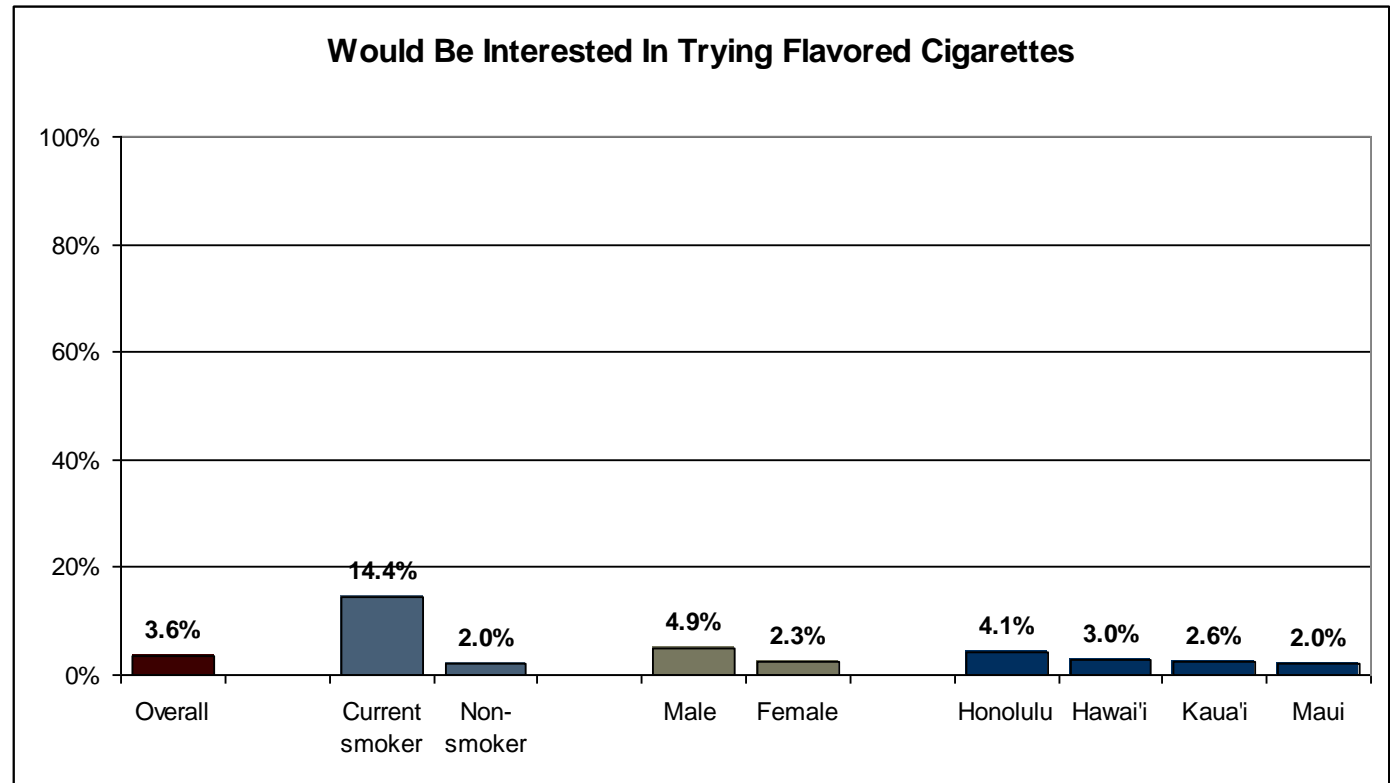
**Have you ever tried any of those products?** (Appendix B, Table 68)

Only 1% of adults who had heard of flavored cigarettes had ever tried them. This is about 0.5% of all adults.

## Would you be interested in trying one of these products? (Appendix B, Table 69)

Very few adults, only 4%, were interested in trying flavored cigarettes.

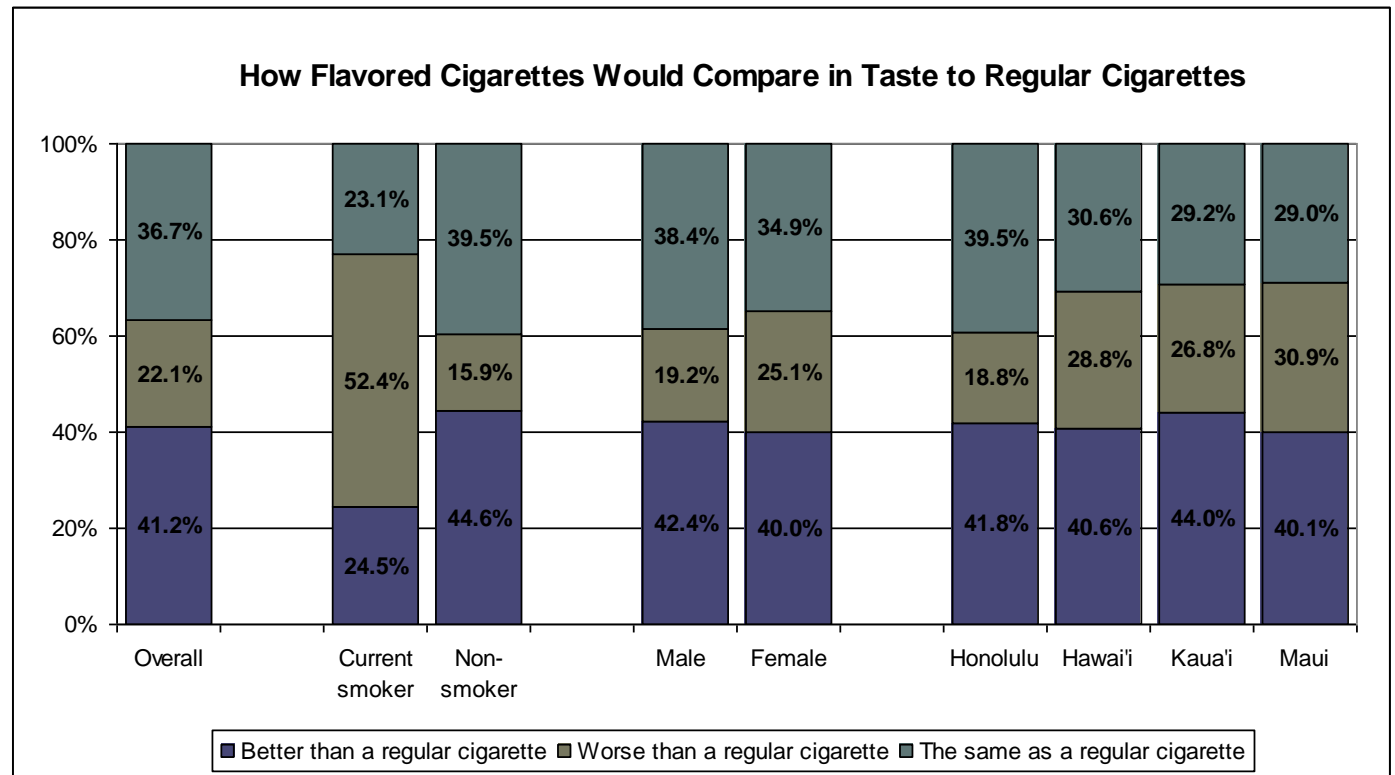
- Current smokers were significantly more likely than non-smokers to want to try these products (14% versus 2%,  $p < 0.0001$ ).
- Men were more than twice as likely as women to want to try flavored cigarettes (5% versus 2%).
- Eight percent of adults aged 18-24 were interested in trying flavored cigarettes, as well as 11% of adults with less than a high school degree, and 10% of students.



**How do you think a flavored cigarette would compare in taste to a regular cigarette? Would you say it would taste better than a regular cigarette; worse than a regular cigarette; or the same as a regular cigarette.** (Appendix B, Table 70)

Adults were mixed as to how they thought flavored cigarettes would taste compared to regular cigarettes. Forty-one percent of adults believed these flavored cigarettes would taste better, 37% said they would taste the same, and 22% said they would taste worse.

- Current smokers had much different opinions about how these cigarettes would taste than non-smokers. Among current smokers, 25% thought they would taste better, 52% thought they would taste worse, and 23% thought they would taste the same. Among non-smokers, the figures were 45%, 16% and 40%, respectively. These differences were statistically significant ( $p < 0.0001$ ).
- Honolulu County residents were significantly less likely than residents of Hawai'i, Kaua'i, and Maui counties to believe that flavored cigarettes would taste worse than regular cigarettes (19% in Honolulu, versus 27% or more in Hawai'i, Kaua'i, and Maui counties,  $p < 0.0001$ ).



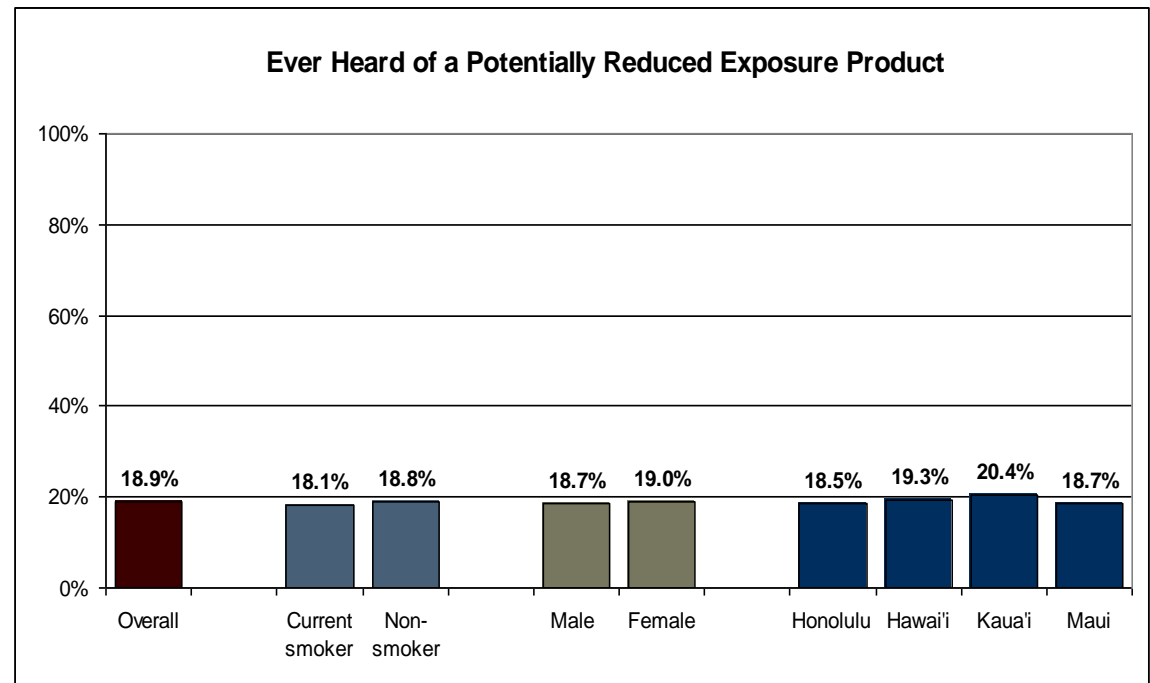
## Potentially Reduced Exposure Products (PREPS)

Respondents were asked if they had ever heard of any cigarette product that claimed to produce lower levels of cancer-causing chemicals. These are often called PREPS, or potentially reduced exposure products. If they had heard of PREPS, respondents were asked if they had ever tried them. All adults were asked if they would be interested in trying PREPS. Adults were also asked if they thought these products were evaluated by the government for their safety, and if they should be evaluated for safety.

**In past few years, tobacco companies in the United States have introduced new cigarette brands that claim to produce lower levels of cancer causing chemicals in the smoke when compared to conventional light cigarettes. Have you ever heard of these products?** (Appendix B, Table 71)

Just less than one-fifth, 19%, of adults had heard of PREPS.

- There was no difference between smokers and non-smokers as to whether or not they knew of these products, nor was there much of a difference between men and women and residents of the different counties.
- Adults most likely to have heard of PREPS include those who were: aged 45-54 (26%); Caucasian (29%); had a college degree (26%); or had a household income of \$75,000 or more (24%).



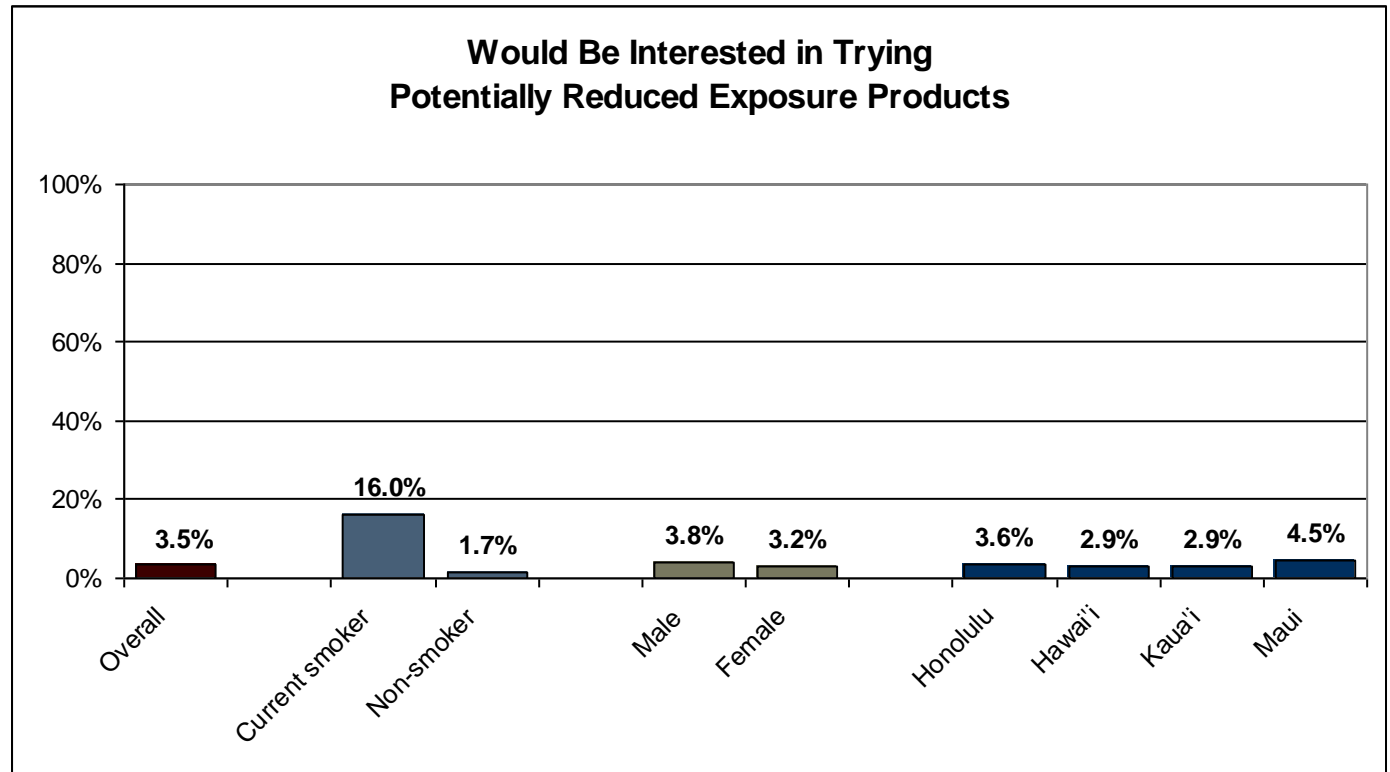
**Have you ever tried any of those products?** (Appendix B, Table 72)

Only 1% of adults who had heard of PREPS had ever tried them. This is about 0.2% of all adults.

## Would you be interested in trying one of these products? (Appendix B, Table 73)

Only 4% of adults were interested in trying these new products.

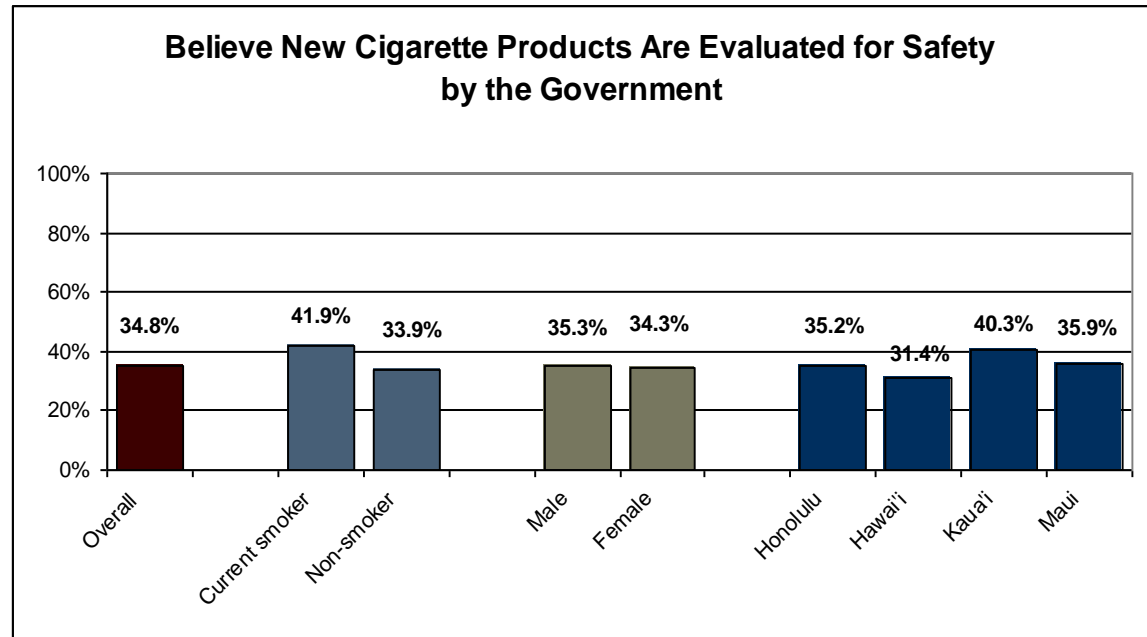
- Smokers were significantly more likely to want to try one of these products than non-smokers; 16% of smokers were interested in trying PREPS, compared to only 2% of non-smokers ( $p < 0.0001$ ).
- Adults of "other" ethnicities were most likely of any subgroup to want to try PREPS, at 13%.



**Do you think these products are evaluated for safety by the government before they can be sold to consumers?** (Appendix B, Table 74)

Only 35% of adults believed that these new products were evaluated for safety by the government.

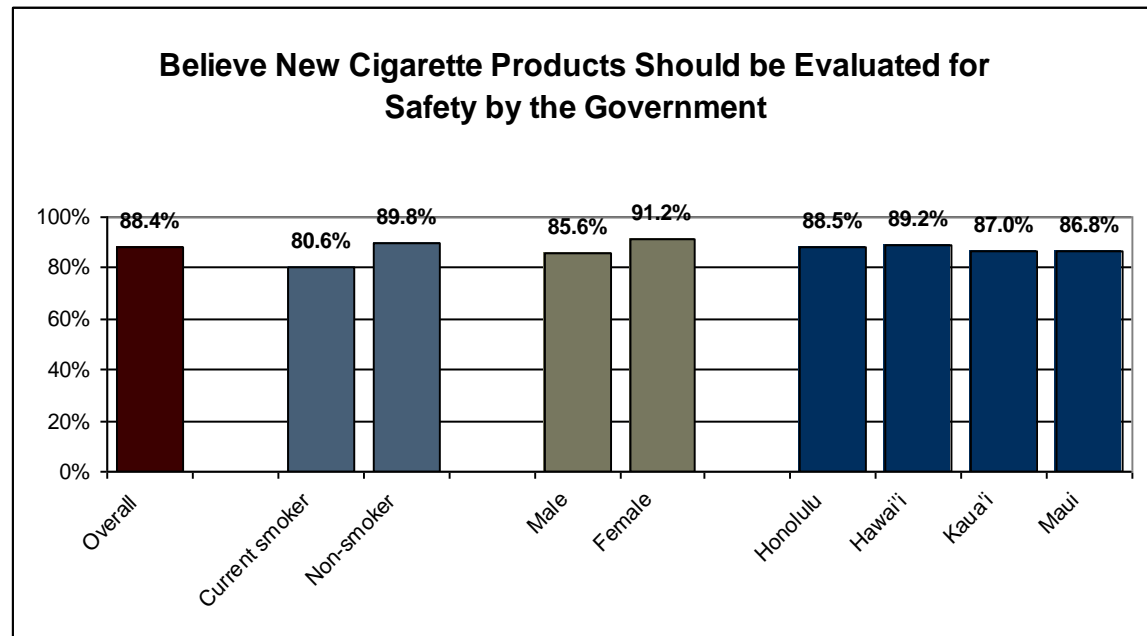
- Smokers were more likely than non-smokers to believe that they were tested (42% versus 34%).
- Adults most likely to believe that these new products were evaluated for their safety included: the unemployed (63%); adults with less than a high school degree (64% ); Filipinos (48%); and adults with household incomes below \$15,000 (47%).



**Do you believe that a governmental agency SHOULD be required to evaluate the safety of these products before they are sold to consumers?** (Appendix B, Table 75)

A majority of adults, 88%, wanted the government to test the safety of these new products.

- Non-smokers were significantly more likely than smokers to want them evaluated (90% versus 81%,  $p=0.0030$ ).
- Women were significantly more likely than men to want these products evaluated by the government (91% versus 86%,  $p=0.0056$ ).



# Demographic Characteristics

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The following section presents the demographic characteristics of the adults surveyed for this study. The demographic characteristics presented in this chapter include:

- Age
- Gender
- Sexual orientation
- Household income
- County of residence
- Years lived in Hawai'i
- Ever served in the armed forces
- Current service status
- Student status
- Children in the household
- Ethnicity
- Marital status
- Education
- Health insurance status

For each demographic, the data was analyzed for smokers and non-smokers, with the results of significance testing between the two groups ( $p < 0.05$ ). Statistically significant differences between smokers and non-smokers (at  $p < .05$ ) occurred by age, years lived in Hawai'i, ethnicity, marital status, and education. Overall, smokers were:

- Significantly less likely to be 65 years of age or older (9% of smokers versus 20% of non-smokers)
- More likely to be male (52% of smokers versus 49% of non-smokers)
- Significantly more likely to be non-heterosexual (9% of smokers versus 3% of non-smokers)
- More likely to have a household income of \$25,000 or less (20% of smokers versus 12% of non-smokers)
- Less likely to have served in the armed forces (18% of smokers versus 20% of non-smokers)
- Less likely to be a student (9% of smokers versus 14% of non-smokers)
- More likely to have children in the household (46% of smokers versus 42% of non-smokers)
- Significantly more likely to be Native Hawaiian (23%), and significantly less likely to be Chinese (1%), Filipino (3%), or Japanese (14%)
- Significantly less likely to be married (43% of smokers versus 62% of non-smokers)
- Significantly less likely to have a college degree (27% of smokers versus 43% of non-smokers)
- Less likely to have health insurance (88% versus 92%)



The data for each demographic (age, gender, sexual orientation, etc.) is presented in individual tables below, for all adults, and for smokers and non-smokers. The overall data is in the first row, followed by a comparison between current smokers and non-smokers. In addition to presenting the percentage of respondents in each response category, the 95% Confidence Interval (CI) for each percentage is included, along with the results for tests of statistical significance between current smokers and non-smokers.

Current smokers were younger than non-smokers; 37% of current smokers are aged 34 or younger, compared to 29% of non-smokers. The largest difference by age occurs for adults aged 65 and older—only 8% of current smokers are of this age, compared to 20% of non-smokers ( $p=0.0155$ ).

AGE		18-24		25-34		35-44		45-54		55-64		65+	
	N	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)
Total	(3870)	151	13.0% (10.1%-15.9%)	387	17.3% (14.8%-19.7%)	646	19.1% (16.9%-21.4%)	885	17.5% (15.5%-19.5%)	888	14.8% (13.1%-16.5%)	913	18.3% (16.2%-20.3%)
<b>Smoking Status</b>													
Current Smoker	(487)	21	13.8% (5.9%-21.6%)	60	23.2% (15.8%-30.7%)	87	19.3% (12.6%-26.0%)	164	22.5% (16.0%-28.9%)	103	12.7% (8.1%-17.4%)	52	8.5% (4.6%-12.4%)
Non-Smoker	(3369)	130	13.0% (9.8%-16.1%)	325	16.4% (13.8%-19.0%)	558	19.1% (16.7%-21.6%)	715	16.4% (14.4%-18.5%)	782	15.2% (13.4%-17.1%)	859	19.8% (17.6%-22.1%)

Current smokers were more likely to be male (52%), compared to non-smokers (49%).

GENDER		Male		Female	
	N	N	Percent C.I. (95%)	N	Percent C.I. (95%)
Total	(3965)	1638	49.7% (46.7%-52.7%)	2327	50.3% (47.3%-53.3%)
<b>Smoking Status</b>					
Current Smoker	(497)	221	52.0% (43.5%-60.5%)	276	48.0% (39.5%-56.5%)
Non-Smoker	(3453)	1413	49.4% (46.2%-52.6%)	2040	50.6% (47.4%-53.8%)

Non-smokers were more likely to be heterosexual compared to current smokers (97% versus 91%), and the difference was statistically significant ( $p = 0.0016$ ). The “other” response category refers to adults who classified themselves as homosexual or gay, bisexual, something else, or not sure; these responses were combined into one category due to small numbers.

SEXUAL ORIENTATION		Heterosexual		Other	
	N	N	Percent C.I. (95%)	N	Percent C.I. (95%)
Total	(3549)	3419	96.3% (95.1%-97.5%)	130	3.7% (2.5%-4.9%)
<b>Smoking Status</b>					
Current Smoker	(463)	434	90.9% (84.8%-96.9%)	29	9.1% (3.1%-15.2%)
Non-Smoker	(3073)	2972	97.2% (96.1%-98.2%)	101	2.8% (1.8%-3.9%)

Current smokers had lower household incomes than non-smokers. Twenty percent of current smokers earned less than \$25,000, compared to 12% of non-smokers. The largest gap was for households earning \$15,000-\$24,999, as 15% of current smokers resided in a household with this total income, compared to 8% of non-smokers (this difference was not statistically significant).

HOUSEHOLD INCOME	< \$15,000		\$15,000-\$24,999		\$25,000-\$49,999		\$50,000-\$74,999		\$75,000+		
	N	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)
Total	(3394)	205	3.7% (2.5%-5.0%)	383	9.0% (7.5%-10.6%)	942	26.7% (23.9%-29.4%)	745	21.3% (18.7%-23.9%)	1119	39.3% (36.2%-42.5%)
<b>Smoking Status</b>											
Current Smoker	(436)	48	4.8% (2.5%-7.0%)	68	14.8% (8.6%-21.0%)	134	25.2% (18.5%-32.0%)	73	22.2% (14.1%-30.3%)	113	33.0% (24.3%-41.7%)
Non-Smoker	(2948)	157	3.6% (2.2%-5.0%)	315	8.1% (6.6%-9.6%)	807	27.0% (23.9%-30.0%)	669	21.1% (18.4%-23.8%)	1000	40.2% (36.8%-43.6%)

Smokers and non-smokers were similarly distributed across the four counties, with over 60% of smokers and non-smokers residing in Honolulu, just less than 20% in Hawai'i, 5% or less in Kaua'i, and around 10% in Maui.

COUNTY OF RESIDENCE	Honolulu			Hawai'i		Kaua'i		Maui	
	N	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)
Total	(3925)	876	66.4% (64.9%-68.0%)	1100	18.5% (17.3%-19.6%)	905	4.3% (3.9%-4.7%)	964	9.9% (9.2%-10.6%)
<b>Smoking Status</b>									
Current Smoker	(491)	99	63.8% (57.2%-70.4%)	136	19.7% (15.1%-24.3%)	111	5.0% (2.9%-7.1%)	133	10.4% (7.7%-13.1%)
Non-Smoker	(3419)	773	66.8% (65.0%-68.6%)	961	18.3% (17.0%-19.6%)	791	4.2% (3.8%-4.5%)	827	9.8% (9.0%-10.6%)

Smokers and non-smokers were equally as likely to have lived in Hawai'i for the same number of years, except for adults who had lived in Hawai'i for 71 years or more—as there were more non-smokers in this category (7%) compared to smokers (3%). This difference may be a result of non-smokers living longer than smokers.

YEARS LIVED IN HAWAII	10 Years or Less			10 - 25 Years		26 - 40 Years		41 - 55 Years		56 - 70 Years		71+ Years	
	N	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)
Total	(3965)	920	23.0% (20.4%-25.5%)	893	22.7% (20.0%-25.5%)	879	23.3% (20.8%-25.8%)	596	14.6% (12.7%-16.5%)	373	9.6% (8.0%-11.3%)	304	6.7% (5.5%-8.0%)
<b>Smoking Status</b>													
Current Smoker	(497)	101	23.6% (15.9%-31.4%)	113	23.7% (16.2%-31.2%)	121	23.0% (16.0%-29.9%)	101	18.7% (12.3%-25.2%)	41	8.2% (4.6%-11.9%)	20	2.7% (0.9%-4.6%)
Non-Smoker	(3453)	815	22.9% (20.2%-25.6%)	778	22.7% (19.8%-25.6%)	753	23.2% (20.6%-25.9%)	492	13.8% (11.9%-15.8%)	331	9.9% (8.1%-11.7%)	284	7.4% (6.0%-8.8%)

Non-smokers were slightly more likely to have ever served in the armed forces compared to smokers (20% versus 18%).

<b>EVER SERVED IN THE ARMED FORCES</b>		<b>Yes</b>		<b>No</b>	
	<b>N</b>	<b>N</b>	<b>Percent C.I. (95%)</b>	<b>N</b>	<b>Percent C.I. (95%)</b>
Total	(3926)	645	19.9% (17.5%-22.3%)	3281	80.1% (77.7%-82.5%)
<b>Smoking Status</b>					
Current Smoker	(497)	77	18.4% (11.6%-25.1%)	414	81.6% (74.9%-88.4%)
Non-Smoker	(3453)	568	20.2% (17.6%-22.8%)	2852	79.8% (77.2%-82.4%)

Of adults who had served in the armed forces, current smokers were slightly more likely to be on active duty (21% versus 18% for non-smokers) or discharged from the military service (60% versus 51% for non-smokers), whereas non-smokers were more likely to be in the national guard or reserve unit (9% versus 3% for current smokers), or retired (20% versus 15% for current smokers).

<b>CURRENT SERVICE STATUS</b>		<b>Currently On Active Duty</b>		<b>Currently In A National Guard Or Reserve Unit</b>		<b>Retired From Military Service</b>		<b>Medically Discharged From Military Service</b>		<b>Discharged From Military Service</b>	
	<b>N</b>	<b>N</b>	<b>Percent C.I. (95%)</b>	<b>N</b>	<b>Percent C.I. (95%)</b>	<b>N</b>	<b>Percent C.I. (95%)</b>	<b>N</b>	<b>Percent C.I. (95%)</b>	<b>N</b>	<b>Percent C.I. (95%)</b>
Total	(637)	35	18.4% (11.9%-25.0%)	21	7.9% (3.5%-12.3%)	114	19.5% (14.4%-24.6%)	15	2.0% (0.3%-3.7%)	452	52.2% (45.2%-59.1%)
<b>Smoking Status</b>											
Current Smoker	(77)	5	21.3% (3.3%-39.4%)	1	2.8% (0.0%-8.3%)	13	15.3% (3.2%-27.4%)	3	0.5% (0.0%-1.3%)	54	60.0% (40.2%-79.8%)
Non-Smoker	(568)	30	18.0% (11.1%-25.0%)	20	8.6% (3.7%-13.5%)	101	20.1% (14.5%-25.7%)	12	2.2% (0.3%-4.1%)	398	51.1% (43.8%-58.4%)

Non-smokers were more likely to be a student than smokers; 14% of non-smokers were students compared to only 9% of smokers.

STUDENT STATUS		Yes		No	
	N	N	Percent C.I. (95%)	N	Percent C.I. (95%)
Total	(3965)	255	13.1% (10.6%-15.7%)	3710	86.9% (84.3%-89.4%)
<b>Smoking Status</b>					
Current Smoker	(497)	28	9.3% (4.0%-14.6%)	469	90.7% (85.4%-96.0%)
Non-Smoker	(3453)	227	13.8% (10.9%-16.7%)	3226	86.2% (83.3%-89.1%)

Smokers were slightly more likely to have children in their home than non-smokers; however, the difference was not statistically significant. Forty-six percent of smokers had a child in the home, compared to 42% of non-smokers.

Children in the Household		Yes		No	
	N	N	Percent C.I. (95%)	N	Percent C.I. (95%)
Total	(3965)	1319	42.3% (39.3%-45.3%)	2646	57.7% (54.7%-60.7%)
<b>Smoking Status</b>					
Current Smoker	(497)	182	45.9% (37.4%-54.5%)	315	54.1% (45.5%-62.6%)
Non-Smoker	(3453)	1130	41.8% (38.6%-45.0%)	2323	58.2% (55.0%-61.4%)

There were statistically significant differences for smoking status by ethnicity. There were significantly more current smokers who were Native Hawaiian (23%), and significantly fewer current smokers who were Chinese (1%), Filipino (3%), and Japanese (14%) ( $p < 0.0001$ ).

Ethnicity	Caucasian		Native Hawaiian		Chinese		Filipino		Japanese		Latino		Other		
	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)	
Total	(3839)	37.1% (34.3%-39.9%)	1956	12.4% (10.2%-14.7%)	370	5.7% (4.3%-7.0%)	128	11.1% (8.9%-13.4%)	310	19.4% (17.1%-21.7%)	629	6.8% (5.4%-8.2%)	278	7.4% (5.6%-9.3%)	
<b>Smoking Status</b>															
Current Smoker	(477)	35.6% (27.6%-43.5%)	242	22.9% (14.9%-30.9%)	75	1.0% (0.0%-2.2%)	5	3.1% (1.1%-5.0%)	24	13.8% (8.3%-19.4%)	57	11.4% (6.0%-16.9%)	43	12.2% (5.6%-18.8%)	
Non-Smoker	(3347)	37.3% (34.4%-40.3%)	1708	10.9% (8.6%-13.2%)	292	6.4% (4.8%-7.9%)	122	12.4% (9.9%-14.9%)	285	20.1% (17.6%-22.7%)	571	6.1% (4.8%-7.4%)	233	6.7% (4.8%-8.6%)	

Non-smokers were statistically significantly more likely to be married than current smokers; 62% of non-smokers were married, compared to only 43% of current smokers ( $p < 0.0001$ ).

Marital Status	Married			Unmarried	
	N	Percent C.I. (95%)	N	Percent C.I. (95%)	
Total	(3934)	59.8% (56.8%-62.8%)	2243	40.2% (37.2%-43.2%)	
<b>Smoking Status</b>					
Current Smoker	(495)	43.0% (34.8%-51.2%)	213	57.0% (48.8%-65.2%)	
Non-Smoker	(3425)	62.3% (59.0%-65.5%)	2020	37.7% (34.5%-41.0%)	

Non-smokers were statistically significantly more likely to have a higher education than current smokers (p=0.0002). Forty-three percent of non-smokers had a college degree, compared to only 27% of smokers. Forty percent of smokers had attained no more than a high school degree or GED, compared to 26% of non-smokers.

Education	Less Than High School Graduate			High School Diploma or GED		Some College or Tech. School		College Graduate Plus	
	N	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)	N	Percent C.I. (95%)
Total	(3943)	149	3.8% (2.5%-5.1%)	938	27.7% (24.9%-30.5%)	1114	27.7% (24.9%-30.5%)	1742	40.8% (38.0%-43.6%)
<b>Smoking Status</b>									
Current Smoker	(493)	32	7.0% (2.5%-11.5%)	160	39.8% (31.3%-48.3%)	154	26.2% (18.8%-33.5%)	147	27.0% (19.8%-34.3%)
Non-Smoker	(3435)	117	3.3% (2.0%-4.6%)	773	25.7% (22.7%-28.7%)	956	28.0% (25.0%-31.0%)	1589	43.0% (39.9%-46.1%)

Non-smokers were somewhat more likely to have health insurance than smokers (92% versus 88%).

Health Insurance Status	Yes			No	
	N	N	Percent C.I. (95%)	N	Percent C.I. (95%)
Total	(3918)	3571	91.2% (89.6%-92.9%)	347	8.8% (7.1%-10.4%)
<b>Smoking Status</b>					
Current Smoker	(489)	431	87.6% (81.7%-93.5%)	58	12.4% (6.5%-18.3%)
Non-Smoker	(3414)	3125	91.7% (90.1%-93.4%)	289	8.3% (6.6%-9.9%)