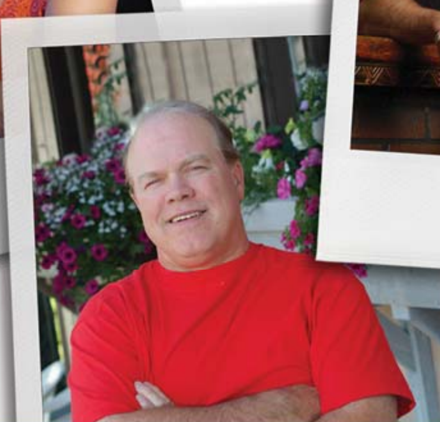
expect *a smokefree Montana*

Adult TOBACCO USE IN MONTANA

Results of the 2008 Montana Adult Tobacco Survey



Adult TOBACCO USE IN MONTANA

Results of the 2008 Montana Adult Tobacco Survey

MAY 2009

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REPORT HIGHLIGHTS

The Montana Adult Tobacco Survey (ATS) is a telephone survey conducted by the Montana Department of Public Health and Human Services in collaboration with the Centers for Disease Control and Prevention, Office of Smoking and Health. The ATS collects detailed information about tobacco use, beliefs, and attitudes and has been conducted annually in Montana since 2004. In 2008, 2,540 adult Montanans were contacted at random and participated in the telephone survey.

TOBACCO USE

- 16% of Montana adults were current smokers. The prevalence of current, former, and never smokers has not changed in Montana since 2004.
- The majority of smokeless tobacco use occurred among men (14%).

TOBACCO CESSATION

- Seven out of ten Montana smokers (70%) were either contemplating or preparing to quit smoking.
- Three quarters (75%) of smokeless tobacco users would like to quit.
- Montana smokers, in general, underutilized quitting aids available to them such as Nicotine Replacement Therapy (NRT), prescription medication, or telephone quit lines.
- Nearly two-thirds (61%) of smokers reported that their health care professional advised them to quit.

MONTANA CLEAN INDOOR AIR ACT (CIAA)

- Support for CIAA as it applies to restaurants significantly increased from 80% in 2005 to 88% in 2008.
- Support for CIAA as it applies to bars, taverns, and casinos also significantly grew from 62% in 2005 to 75% in 2008.
- The majority of Montanans believed that it is important for bar employees to have a smokefree workplace (87%).

TABLE OF CONTENTS

INTRODUCTION and METHODOLOGY	1-2
INTERPRETING RESULTS	3
RESULTS	4-16
• Section I- DEMOGRAPHICS	5
• Section II- CIGARETTE SMOKING	6-9
• Section III- SMOKELESS TOBACCO	10-11
• Section IV- SECONDHAND SMOKE	12-14
• Section V- PUBLIC POLICY	15-16
CONCLUSIONS and RECOMMENDATIONS	17
Appendix I– DATA TABLES	18-27
Appendix II– QUESTIONNAIRE	28-31

INTRODUCTION

The Montana Adult Tobacco Survey (ATS) is an annual telephone survey about tobacco use, beliefs, and attitudes that has been conducted in Montana since 2004. The ATS is conducted by the Montana Department of Public Health and Human Services in collaboration with the Centers for Disease Control and Prevention, Office of Smoking and Health (OSH). OSH coordinates the ATS, which is conducted by numerous states across the country each year. The ATS in Montana adheres to the methodology set forth by OSH and uses previously validated core and supplemental questions supplied by OSH.

Montana, along with other states, relies on telephone surveys such as the Behavioral Risk Factor Surveillance System (BRFSS) and the ATS to provide important data on chronic disease and health behaviors, including tobacco use and other tobacco issues. Population-based surveys, such as the BRFSS and ATS, are the only feasible way to obtain accurate and representative data about the residents of Montana. The BRFSS provides information on adult tobacco use in the state, but because it contains questions on numerous other topics, the survey is limited in collecting the detailed tobacco related data needed for comprehensive evaluation of the tobacco use prevention efforts taking place in Montana. The ATS provides rich data on the full range of tobacco control topics, and these data are extensively used to by the Montana Tobacco Use Prevention Program to measure the effectiveness of program efforts.

METHODS

The 2008 ATS collected data from 2,540 non-institutionalized adults (18 years and older) living in residences with landline telephones. The survey excluded adults who lived in group quarters, who were not usual residents of the location where they were contacted, who did not speak English, and who lived in residences without landline telephones.

The sample was selected by random-digit dialing (RDD) from lists of all working landline telephone numbers, a list that included new and unlisted numbers. The Montana sample was designed to include regions with high and low population densities (i.e., urban and rural/frontier) and a region with a relatively high proportion of American Indian residents. To achieve this, there were three geographic strata: counties with high general population density and a low proportion of American Indians; counties with low general population density but a high proportion of American Indians; and counties with both low general population density and a low proportion of American Indians. A strict selection protocol was used to ensure that the characteristics of the people interviewed represented those of the population of the state as closely as possible in terms of age, sex, and race.

The 2008 ATS was administered by the University of Wyoming's Wyoming Survey and Analysis Center (WYSAC) in Laramie, Wyoming. The survey was conducted from March 24 through August 22, 2008. The response rate for the 2008 ATS, calculated as the number of participants who completed the interview divided by the number of eligible households sampled, was 36%. This is a conservative response rate estimate and is consistent with the response rate of ATSs conducted in other states.

The majority of the questions included in the 2008 ATS were validated questions provided by OSH and were identical to ATS questions in other states. All questions that were not provided by OSH were previously validated questions that were used in other tobacco related surveys or modified in consultation with subject matter experts and questionnaire design experts. OSH and WYSAC staff provided considerable assistance throughout the development and execution of the survey.

ANALYSIS

Analysis was conducted using SAS-callable SUDAAN which accommodates for the weighting and stratification of the data.[1] Tobacco use and attitudes about tobacco vary by many factors, including sex, age, race, education, and income. Results based on cell sizes less than 20 participants is potentially unreliable and analysis based on one or more empty cells is generally considered inappropriate.[2] In addition to creating technical problems for statistical analysis, small cell sizes raise the possibility of loss of confidentiality. Therefore, cell sizes less than 20 were not reported in the figures and data tables.

[1] SAS release 9, SAS Institute Inc., Cary, NC; SUDAAN release 10, Research Triangle Institute, Research Triangle Park, NC

[2] Analytic and reporting guidelines: The Third National Health and Nutrition Examination Survey, NHANES III (1988-94) October, 1996 National Center for Health Statistics Centers for Disease Control and Prevention, Hyattsville, Maryland.

INTERPRETING RESULTS

WEIGHTED PERCENT

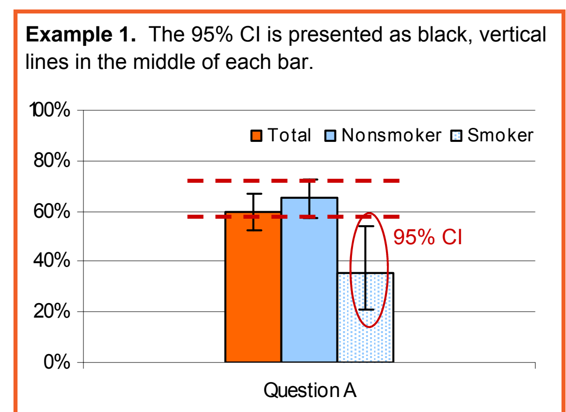
A weighted percent is an estimate which was calculated to reflect the adult population in Montana as a whole, derived from the answers from the participants of the survey. These weighted percentages were calculated based on the geographic location, age, gender, and race of each survey participant. Because of the use of weighted percentages, the estimated percentages to specific questions in the survey differ slightly from the actual numbers that would be calculated based only on the participants' unweighted answers. All results in this document were reported as weighted percentages and should be interpreted as estimates which are reflective of the Montana adult population as a whole.

95% CONFIDENCE INTERVAL (CI)

A 95% CI is an interval estimate of the true value in the population. For example, the 2008 ATS found that 16% of Montana adults were current smokers; this is the *best estimate* (also called *point estimate*) of the smoking prevalence in Montana. The associated 95% CI was 12% to 21%. This means that the survey is 95% confident that the *true* smoking prevalence in Montana was between 12% and 21%.

READING 95% CI in FIGURES The 95% CI are depicted on bar graphs in this report as black, vertical lines in the middle of each bar on the graph (Example 1). If the bars (95% CIs) between two categories overlap, then there is no statistical difference between the two categories. If the bars do not overlap, then there is a statistical difference between the two categories ($p \leq 0.05$). In Example 1, the two dashed lines extending the 95% CI around the Nonsmoker point estimate to Question A illustrate that there is a statistical difference between Nonsmokers and Smokers, but no statistical difference between Nonsmokers and Total.

Example 1. The 95% CI is presented as black, vertical lines in the middle of each bar.



READING 95% CI in TABLES In the tables of this report, the 95% CIs are presented as a range enclosed in parentheses following the *best estimate* (or *point estimate*). When there is a statistical difference between two categories, the 95% CIs of each category will NOT contain the other. However, when there is no statistical difference between two categories, the 95% CIs of each category will contain the other. In Example 2, the smoking prevalence *best estimate* among men was 19% while the prevalence among women was 13%. The 95% CI among men estimated that the *true* prevalence among men was between 13% and 28% while the true prevalence among women was between 9% and 18% (Example 2). Because these two ranges contain one another, there was not a statistical difference in the smoking prevalence between men and women.

Example 2. The 95% CI is presented as a range enclosed in parentheses.

	Current smoker % (95% CI)
Total	16.0 (12.1-20.8)
Gender	
Men	19.2 (12.8-27.8)
Women	12.9 (9.3-17.6)

RESULTS

Section I– DEMOGRAPHICS

A total of 2,540 Montana adults completed the 2008 Adult Tobacco Survey (ATS). The 2008 ATS was designed to be representative of the population of the state of Montana in terms of gender, age, and race distributions. Sample weights were assigned to achieve this representation. As a result, the gender, age, and race distribution (based on sample weights in the weighted percent column of Table 1) closely approximates that of the state population. The sample was not stratified or weighted by other sociodemographic characteristics, but comparing the sample to the state population in the U.S. Census Bureau's *2007 American Community Survey* shows a reasonable correspondence.

Respondents of the 2008 ATS were, on average, slightly older than the Montana general population. The average respondent was 47 years old, while the average age in Montana is 39 years old. With respect to race, the 2008 ATS captured approximately the same proportion of Whites as in the state's general population but captured fewer American Indians than the state's population (4% versus 8%, respectively) (Table 1).

The 2008 ATS participants had slightly more education and slightly greater income than residents of the state as a whole, as did participants in the 2006 ATS. Education and income were highly correlated in the ATS samples. However, more respondents were unemployed (6%) compared to the state's population (3%) (Table 1).

Forty percent of the participants in the 2008 ATS had children age 17 or younger living in their households, slightly higher than the 29% for state residents in the *2007 American Community Survey*.

Table 1. Demographic characteristics of the 2008 ATS respondents compared to the Montana general population

	2008 ATS			*Statewide* [a]
	n	Unweighted %	Weighted %	%
Gender				
Men	1053	41.5	49.6	50.0
Women	1487	58.5	50.4	50.0
Age (years)				
18-24	120	4.8	13.1	10.1
25-34	210	8.4	15.7	12.2
35-54	927	37.0	35.9	28.3
55-65	563	22.5	16.8	12.6
65+	683	27.3	18.5	13.7
Race				
White	2173	86.7	92.9	91.9
American Indian	238	9.5	4.2	7.8
Other	96	3.8	2.9	2.9
Education [b]				
High school or less	816	34.4	33.6	42.5
More than high school but not a college graduate	710	29.3	30.0	30.6
College graduate or more	847	35.7	36.4	26.9
Marital Status				
Married or couple	1558	61.6	68.5	52.7
Single	971	38.4	31.5	47.3
Children in home [c]				
Yes	787	31.1	39.9	29.2
No	1747	68.9	60.1	70.8
Employment				
Employed	1445	57.3	59.8	61.5
Retired	665	26.4	18.2	—
Student	102	4.1	9.2	—
Homemaker	135	5.4	6.5	—
Unemployed	174	6.9	6.4	3.4
Household income				
Below state median [d]	1204	47.4	41.8	50.0
Above state median [d]	1336	52.6	58.2	50.0

— Indicates fewer than 20 respondents
[a]2007 American Community Survey, Montana
[b]Among respondents 25 years and over
[c]Age 17 years or younger
[d]Montana median household income $43,531

SMOKING PREVALENCE

In 2008, 16% or 118,000 Montana adults were current smokers, while 30% were former smokers and 55% were never smokers (Figure 1). Since 2004, the prevalence of current, former, and never smokers has not significantly changed.

In 2008, smoking prevalence varied by demographic characteristics. Montanans between the age of 25 and 34 had the highest prevalence of cigarette smoking (36%) while adults aged 65 years and older had the lowest prevalence at 7%. This difference was statistically significant ($p < 0.05$). The prevalence of smoking among American Indians was greater than among White Montanans (55% versus 14%, respectively; $p < 0.05$). Twenty- four percent of Montanans with a high school education or less were current smokers, which was significantly greater than Montanans with a college education or more (7%; $p < 0.05$).

Population-based surveys, such as the ATS, may not be sensitive enough to detect small changes in smoking prevalence across the adult Montana population. Therefore, cigarette consumption among every day and some days smokers are also used as an indicator of smoking prevalence across a population. Changes in cigarette consumption are often detectable before changes in smoking prevalence.

In 2008, every day smokers smoked an average of 16 cigarettes per day (Figure 2). Meanwhile, some days smokers, on average, smoked significantly fewer cigarettes (4 cigarettes per day) on days they did smoke compared to every day smokers (Figure 2). There has been no statistically significant change in cigarette consumption among every day smokers or some days smokers since 2004.

Figure 1. Proportion of current, former and never smokers by year, ATS 2004-2008

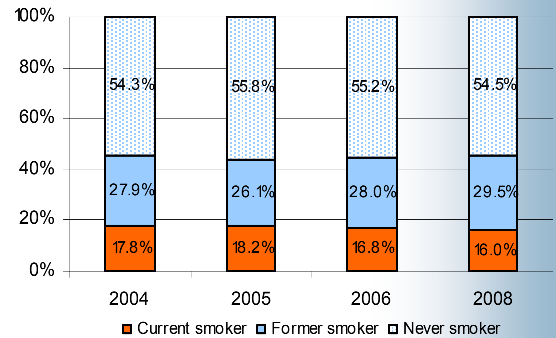
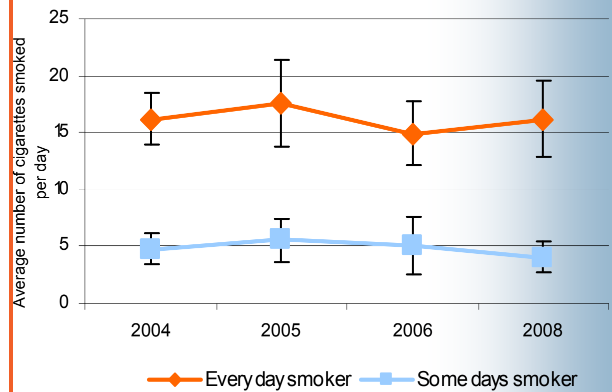


Figure 2. The average number of cigarettes smoked per day among every day smokers and some days smokers on days in which they smoked by year, ATS 2004- 2008



QUICK FACTS

- **16% of Montana adults were current smokers.**
- **The prevalence of smoking has not changed since 2004.**
- **Adults aged 25 to 34 had the highest smoking prevalence of any age group.**

SMOKING CESSATION

An insightful approach to examining smoking cessation is to categorize those who have ever smoked cigarettes (those who have smoked 100 or more cigarettes in their lifetime) by their readiness to quit. These categories are referred to as the *stages of change*. Ever smokers are assigned based on attempts to quit in the previous 12 months, serious consideration to quit in the next 6 months, plans to quit in the next 30 days, or the length of time in which they have remained smokefree.

The majority of Montanans who are ever smokers were in the maintenance stage of change, meaning they had been tobacco free for 6 months or more. Nearly two-thirds of those in the maintenance stage had been smokefree over 10 years (63%). In 2008, 4% of ever smokers (approximately 8,000 adults) were in the process of quitting, meaning they had last regularly smoked cigarettes within the last 6 months. (Figure 3)

In 2008, approximately 30% of current smokers were in precontemplation stage, meaning they had not attempted to quit in the previous 12 months nor were they seriously considering quitting in the next 6 months (Figure 4). Current smokers were defined as those who had smoked 100 cigarettes or more in their lifetime and currently smoked every day or some days. Seven out of ten Montana smokers (83,000 adults) were either contemplating or preparing to quit, with 43% and 27% in the contemplation and preparation stages of change, respectively (Figure 4).

***Stages of Change in Tobacco Cessation*[3]**

Precontemplation. Individual is not seriously considering quitting within the next 6 months

Contemplation. Individual is seriously considering quitting within the next 6 months BUT not within the next 30 days OR has not made an attempt to quit in the previous 12 months

Preparation. Individual is planning to quit within the next 30 days AND has made an attempt to quit in the previous 12 months

Action. Individual is the process of quitting (has quit within the past 6 months)

Maintenance. Individual has been smokefree for 6 months or more

Figure 3. Current stage of change among ever smokers (those who have smoked 100 or more cigarettes in their lifetime), ATS 2008

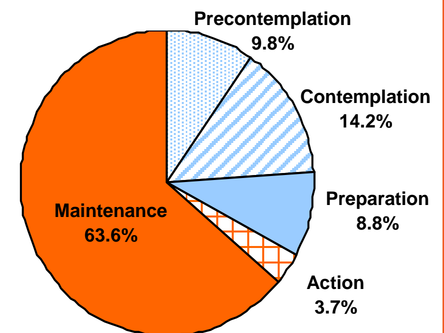
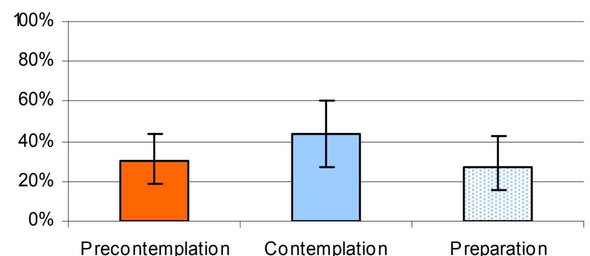


Figure 4. Stages of change in tobacco cessation among current smokers, ATS 2008

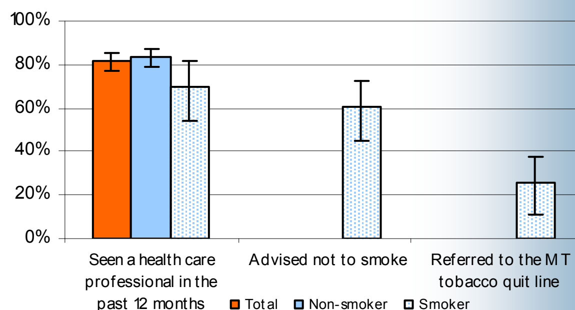


[3] DiClemente, et al. The process of smoking cessation: an analysis of precontemplation, contemplation, and preparation stages of change. J Consulting and Clinical Psychology. 1991; 39 (2): 295-304.

SMOKING CESSATION, continued

Relatively few smokers reported that they were likely to use any form of assistance in their next quit attempt. Approximately one-third (37%) reported that they were likely to use Nicotine Replacement Therapy (NRT), and 35% reported they were likely to use a prescription medication. However, 50% reported they were likely to use a telephone quit line. Across all of these forms of quit assistance, there was no difference by gender, age group, race, education, or income in the likelihood that a respondent reported they would likely use the aid.

Figure 5. Proportion of respondents who had seen a health care professional in the past 12 months and who were advised not to smoke or were referred to the MT Tobacco Quit Line, ATS 2008



All participants were asked if they had seen a health care professional to get any kind of care in the 12 months prior to the survey. In total, 82% had seen a health care professional (Figure 5). There was no statistical difference by smoking status, with 84% of non-smokers and 70% of smokers reporting that they had seen a health care professional in the past 12 months (Figure 5). Among smokers who had seen a health care professional, nearly two-thirds (61%) reported that their health care professional had advised them not to smoke (Figure 5). Only one-quarter (26%) of those smokers were referred to the Montana Tobacco Quit Line after their health care professional advised them not to smoke (Figure 5).

QUICK FACTS

- **Seven in ten smokers were either contemplating or preparing to quit.**
- **Two-thirds of Montana smokers who had seen a health care professional had been advised to quit.**
- **Most Montana smokers reported that they would not use any form of assistance in their next quit attempt.**

KNOWLEDGE OF HEALTH RISKS

The majority of Montanans were aware of the major adverse effects caused by smoking cigarettes. Nearly all respondents (97%) believed that smoking causes lung cancer (Figure 6). Significantly fewer were aware that smoking cigarettes also causes heart attack, stroke, and impotence (85%, 86%, and 60%, respectively); however, knowledge of these health risks has increased since 2006. Significantly more nonsmokers (65%) than smokers (36%) were aware that smoking cigarettes causes impotence ($p<0.05$) (Figure 6). There was no difference by smoking status for the other adverse health effects caused by smoking.

The survey asked respondents whether they believed smoking cigarettes causes colon cancer (in which no known association exists) as an indicator of the extent of the misunderstanding of health effects caused by smoking. Nearly half (45%) reported that they believed smoking causes colon cancer, which indicates that there remains some confusion among Montanans about the health effects of smoking.

Overall, 94% of respondents believed smoking during pregnancy can harm the baby and 92% believed that smoking causes low birth weight (Figure 7). However, significantly fewer smokers (84%) than nonsmokers (93%) believed that smoking causes low birth weight ($p<0.05$) (Figure 7). There was no difference by gender, race, education, or income.

Nearly all respondents (96%) believed that smoking is physically addictive (Figure 8). This did not vary by smoking status, gender, education, or income. Four out of five Montanans (80%) believed that it is beneficial for someone to quit smoking after smoking a pack a day for 20 years (Figure 8). This did not differ by smoking status, gender, or age group. However, this belief did vary significantly by

Figure 6. Proportion of respondents who believed smoking causes the following adverse health effects, ATS 2008

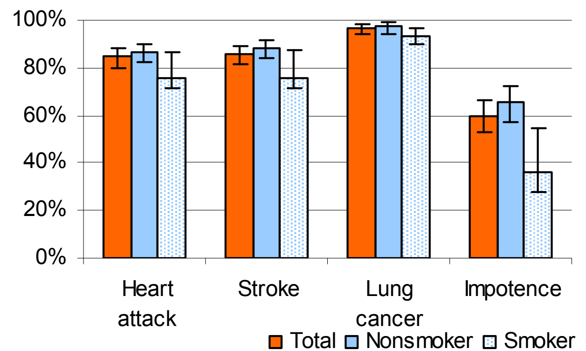


Figure 7. Proportion of respondents who believed smoking while pregnant may cause adverse health effects to the baby, ATS 2008

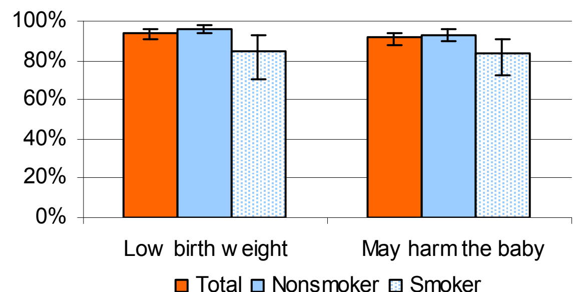
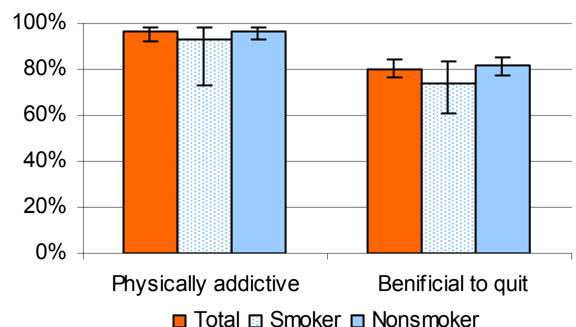


Figure 8. Proportion of respondents who believed smoking is physically addictive and that it is beneficial to quit, ATS 2008



QUICK FACTS

- **Nearly all Montana adults were aware that smoking causes lung cancer (97%). There remained some confusion among Montanans about the other adverse health effects caused by smoking.**
- **Fewer smokers were aware of the adverse health effects of smoking while pregnant compared to nonsmokers.**

SMOKELESS TOBACCO USE PREVALENCE

In 2008, 7% of Montana adults were current smokeless tobacco (SLT) users; this has not significantly changed since 2004 (Figure 9).

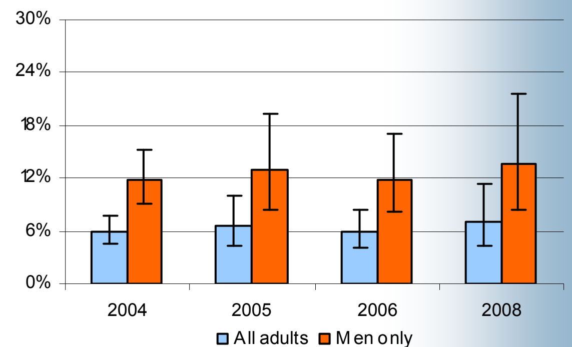
Reporting the overall prevalence of SLT use is misleading because the vast majority of SLT users are men and very few women use SLT. Therefore, to understand the patterns of SLT use in Montana it is best to examine use patterns among Montana men. In 2008, approximately 50,000 Montana men (14%) were current SLT users. There were too few men who reported SLT use to analyze use patterns by demographics for each year. Therefore, two years of data were combined in order to report SLT use by age, race, and education among Montana men.

Smokeless tobacco use among men has not changed significantly since 2004 (Figure 9). Men aged 18 to 34 years had the highest prevalence of smokeless tobacco use at 20% in 2006-2008 which was significantly higher compared to men aged 55 years or more (4%) (Table 2). There was no difference by race or education status.

Table 2. Smokeless tobacco use among Montana men by age, race, and education for years 2004-2005, 2005-2006, and 2006-2008

	2004- 2005 % (95% CI)	***2005- 2006 % (95% CI)***	***2006- 2008 % (95% CI)***
All Men	12.4 (9.1- 16.5)	12.3 (9.3-16.2)	12.8 (9.3-17.2)
Age (years)			
18-34	21.0 (12.9-32.4)	20.5 (12.8-31.1)	20.0 (11.4-32.8)
35-54	12.1 (8.0-18.1)	12.4 (8.4-18.0)	14.8 (10.2-20.9)
55 +	4.6 (2.5-8.1)	4.2 (2.4-7.4)	3.7 (2.1-6.5)
Race			
White	12.3 (8.9-16.8)	12.1 (8.9-16.3)	12.7 (9.0-17.5)
American Indian	11.8 (5.0-25.3)	12.0 (5.4-24.3)	13.0 (5.8-26.6)
Education			
High school or less	12.4 (9.1-16.5)	13.9 (9.9-19.0)	13.9 (9.6-19.6)
More than high school but not a college graduate	17.9 (11.6-26.6)	10.5 (5.3-19.6)	18.3 (9.0-33.6)
College graduate or more	10.8 (6.5-17.5)	7.2 (3.0-16.3)	3.8 (1.2-11.5)

Figure 9. Smokeless tobacco use among all Montana adults and men by year, ATS 2004– 2008



QUICK FACTS

- **Nearly all smokeless tobacco use occurred among men. Approximately 50,000 men in Montana (14%) were current SLT users.**
- **Men aged 18 to 34 years had the highest prevalence of SLT use (20%).**

SMOKELESS TOBACCO CESSATION

The following analysis of SLT cessation in Montana was conducted among men only.

Three-quarters (75%) of men who use smokeless tobacco reported that they would like to quit. Over one-third (37%) of Montana men who were current SLT users have attempted to quit in the previous 12 months. Most men who use SLT were aware that assistance is available through the Montana Tobacco Quit Line (86%). The 2008 ATS did not include the appropriate questions to assess the stages of change in cessation among SLT users as was assessed among cigarette smokers (see page 7).

There was no difference among men who had previously tried to quit by income (below median income versus above median income). There were too few SLT users to analyze the desire to quit or previous quit attempts by age, race, and education.

KNOWLEDGE OF HEALTH RISKS

The majority of Montanans were aware of the harmful health effects caused by the use of smokeless tobacco (SLT) or snuff. Most recognized that SLT causes gum disease (98%), tooth loss (97%), and oral cancer (98%). There was no difference in knowledge of these health risks by gender, age group, race, education, or income. There were too few smokeless tobacco users to conduct an analysis by SLT use status.

QUICK FACTS

- **Most male SLT users wanted to quit (75%) and were aware that assistance is available through the Montana Tobacco Quit Line (86%).**
- **Nearly all Montanans were aware of the adverse health risks caused by SLT use (>95%).**

ADULT EXPOSURE TO SECONDHAND SMOKE

One in five (20%) Montana adults lived with at least one other adult who smoked cigarettes, cigars, or pipes. More smokers (53%) than nonsmokers (14%) lived with other people who smoked (p=0.01) (Figure 10). After stratifying by smoking status, there was no difference by gender, race, or income.

Approximately 86% of Montanans did not permit smoking at any time or in any place in their homes (Figure 10). Nonsmokers were nearly 10 times more likely not to permit smoking in their home than smokers (OR 9.7, 95% CI 4.8-19.4). After stratifying by smoking status, there was no difference in household smoking rules by gender, education, race, or income.

According to the 2008 ATS, an estimated 27,000 adult nonsmokers were exposed to secondhand smoke in their homes and an estimated 44,000 adult nonsmokers were exposed in vehicles. That is, approximately 4% of adult nonsmokers had been exposed to tobacco smoke in their home in the 7 days prior to the survey and approximately 7% of adult nonsmokers were exposed to tobacco smoke in their vehicle during that time period (Figure 11). After stratifying by smoking status, there was no difference in home and vehicle exposure by gender, education, or income.

Figure 10. Proportion of respondents exposed to SHS at home by smoking status, ATS 2008

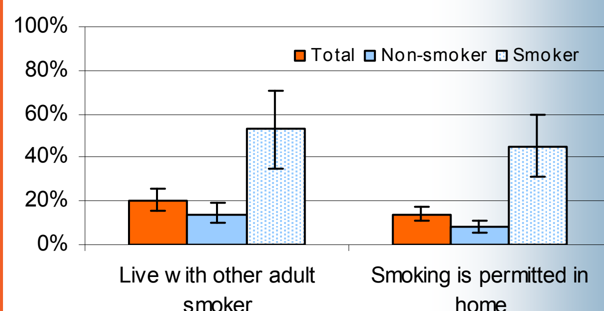
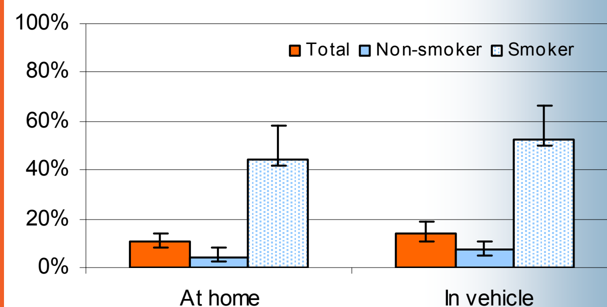


Figure 11. Proportion of respondents who were exposed to SHS in the previous 7 days by smoking status, ATS 2008



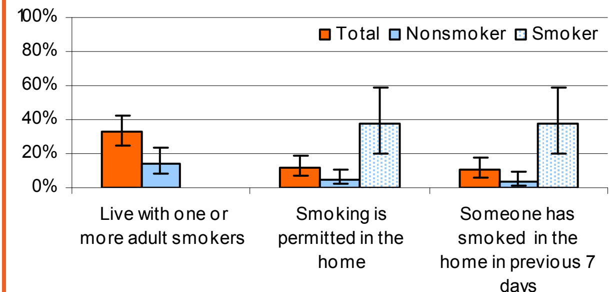
QUICK FACTS

- **15% of Montana households permitted smoking inside the home.**
- **27,000 adult nonsmokers (4%) were exposed to secondhand smoke in their homes.**
- **44,000 adult nonsmokers (7%) were exposed in vehicles.**

CHILDREN'S POTENTIAL EXPOSURE TO SECONDHAND SMOKE AT HOME

In 2008, 40% of respondents reported they had children age 17 or younger in their households. One-third of those children (33%) lived in households where one or more adults smoked cigarettes, pipes, or cigars. Nonetheless, only 12% of households with children permitted smoking at any time or in any place in the home, and 10% of participants with children reported that smoking had occurred in their home in the previous 7 days before the survey. Children who lived in homes in which smoking had occurred in the previous 7 days varied significantly by smoking status of the respondent (Figure12).

Figure 12. Proportion of respondents who reported they had children age 17 or younger in their households and those children's potential exposure to SHS, ATS 2008



KNOWLEDGE OF HEALTH RISKS

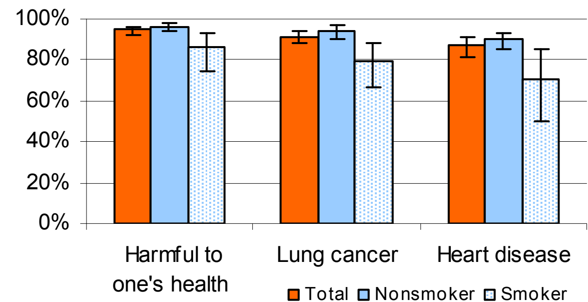
Most respondents believed that breathing smoke from other people's cigarettes is harmful to one's health (95%) (Figure 13). Overall, Montanan's knowledge of the adverse health effects of secondhand smoke (SHS) has remained high and has not significantly changed since 2004 (p>0.05).

In 2008, fewer smokers (86%) than nonsmokers (96%) were aware that SHS is harmful to one's health (p<0.05) (Figure 13).

Overall, the majority of participants were aware of specific adverse effects caused by exposure to SHS in adults. Specifically, 92% of respondents were aware that SHS exposure causes lung cancer in adults (Figure 13). More nonsmokers (94%) than smokers (79%) were aware that exposure to SHS causes lung cancer in adults (p<0.05) (Figure 13).

In total, 87% of respondents were aware that SHS exposure causes heart disease in adults (Figure 13). This was a significant increase from 2005 when only 75% of respondents were aware of this adverse health effect. In 2008, there was no difference by smoking status (p>0.05).

Figure 13. Proportion of respondents who believed that exposure to secondhand smoke (SHS) is harmful to one's health, and who are aware of specific adverse events caused by exposure to SHS, ATS 2008



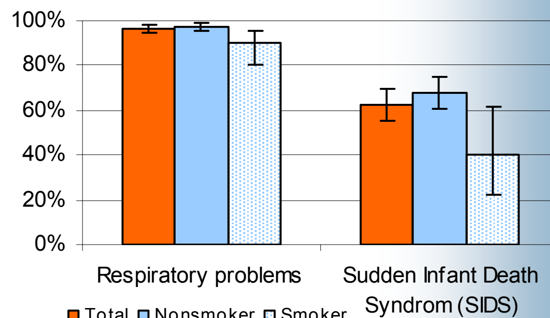
QUICK FACTS

- **12% of households with children permitted smoking inside the home.**
- **10% of participants with children reported smoking had occurred in the home in the previous 7 days before the survey.**

KNOWLEDGE OF HEALTH RISKS, continued

A large majority of respondents were aware that exposure to SHS causes respiratory problems in children (97%) (Figure 14). This was a significant increase from 2005, when 91% of respondents reported they were aware that SHS exposure causes respiratory problems in children. More nonsmokers (98%) than smokers (90%) were aware of this adverse health effect ($p=0.05$) (Figure 14).

Figure 14. Proportion of respondents who believed that exposure to SHS causes adverse health effects to children, ATS 2008



There were significantly fewer respondents aware that SHS exposure causes Sudden Infant Death Syndrome (SIDS) in children compared to awareness of all other adverse health effects asked in this survey (63%). However, this was a significant increase from 2005 where only 36% were aware that SHS exposure causes SIDS (Figure 14). More nonsmokers (68%) than smokers (41%) were aware of this adverse health effect ($p< 0.05$) (Figure 14). There was also a difference in awareness by gender; women were significantly more aware than men (73% versus 52%; $p<0.05$).

QUICK FACTS

- **87% of Montanans were aware that exposure to SHS causes heart disease.**
- **Awareness that exposure to SHS causes Sudden Infant Death Syndrome (SIDS) has increased since 2005, but it was still low (63%).**

MONTANA CLEAN INDOOR AIR ACT

Support for the Montana Clean Indoor Air Act as it applies to restaurants has increased from 80% in 2005 to 89% in 2008 (Figure 15). In 2008, support was similarly strong by gender and race (Table 3). However, support varied significantly by smoking status. Nonsmokers were nearly six times more likely to support this portion of the law than were smokers (OR 5.3, 95% CI 2.5-11.1).

Since 2005, support has also significantly grown for the law as it will apply to bars, taverns, and casinos; 75% of Montanans approved of this portion of the law in 2008 (Figure 15). This support was similar by gender and age (Table 4). However, support varied by smoking status and race: white nonsmokers were nine times more likely to approve than were white smokers (OR 10.1, 95% CI 4.2, 24.4) and American Indian nonsmokers were six times more likely to approve than were American Indian smokers (OR 6.4, 95% CI 1.2, 34.4).

The majority of respondents believed that it is important for bar employees to have a smokefree workplace (87%). More nonsmokers (88%) than smokers (62%) endorsed this idea ($p < 0.05$).

Figure 15. Proportion of respondents supporting the Montana Clean Indoor Air Act in restaurants and bars, taverns, and casinos, and believe it is important for bar employees to have a smokefree workplace by year, ATS 2005– 2008

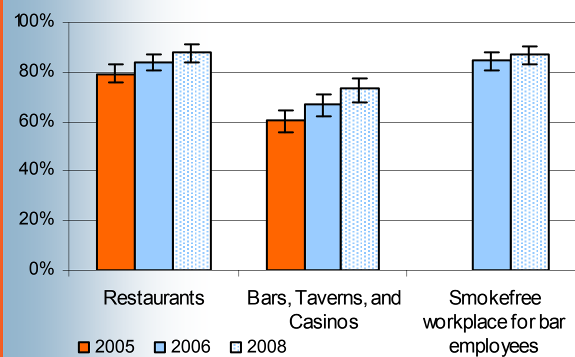


Table 3. Proportion of respondents supporting the Montana Clean Indoor Air Act in restaurants and bars, taverns, and casinos, ATS 2008

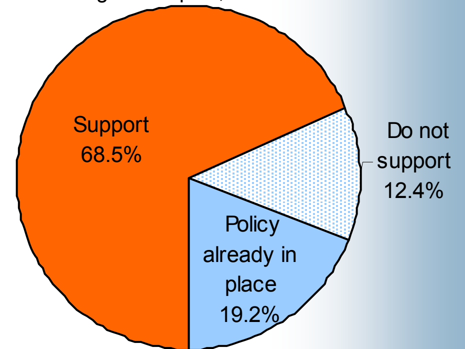
	Restaurants % (95% CI)	Bars, Taverns, and Casinos % (95% CI)
Total	88.6 (84.8– 91.5)	74.7 (69.8– 79.1)
Smoking status		
Current smoker	68.0 (52.8– 80.1)	33.3 (20.0– 50.1)
Former smoker	89.2 (82.7– 93.4)	74.4 (66.1– 81.2)
Never smoker	94.3 (90.1– 96.8)	87.1 (81.2– 91.4)
Gender		
Men	86.2 (79.6– 90.9)	69.9 (61.8– 80.0)
Women	91.0 (86.4– 94.1)	79.5 (73.6– 84.3)
Age (years)		
18-24	—	71.7 (51.3– 85.9)
25-34	82.6 (63.2– 92.9)	62.7 (44.5– 77.9)
35-54	89.6 (84.4– 93.2)	77.2 (70.5– 82.8)
55-65	88.8 (81.9– 93.3)	75.4 (66.6– 82.5)
65+	90.1 (83.8– 94.2)	81.9 (74.4– 87.5)
Race		
White	89.2 (85.1– 92.2)	—
American Indian	82.1 (60.2– 93.3)	—
Education		
High School or less	87.4 (80.4– 92.2)	70.2 (60.6– 78.3)
More than high school but less than college	87.4 (78.0– 93.1)	72.6 (62.7– 80.7)
College graduate or more	91.1 (85.9– 94.5)	81.7 (75.2– 86.8)

— Indicates fewer than 20 respondents

SMOKEFREE POLICY IN DUPLEX AND APARTMENT COMPLEXES

Exposure to secondhand smoke in multiunit housing complexes poses a public health problem because the smoke from one unit can enter other units. The only way to eliminate this exposure to secondhand smoke is to have a smokefree policy set by landlords in multiunit housing complexes.

Figure 16. Proportion of respondents who live in multiunit housing who would support or not support a smokefree policy in their building or complex, ATS 2008



According to the 2008 ATS, approximately 18% of Montanans rent their home. Among renters, an estimated 48,000 (36%) live in an apartment or duplex. Over one-third of respondents living in multiunit housing also had children 17 years or younger living with them (36%). Less than 20% of Montanans living in multiunit housing (approximately 9,000) are protected by a smokefree policy set by their landlord (19%) (Figure 16). Of Montana multiunit renters who do not have a smokefree policy in their building or complex, the majority (85%) were in favor of their landlords adopting a smokefree policy.

Quick Facts

- **89% of Montanans supported the Clean Indoor Air Act (CIAA) as it applies to restaurants.**
- **75% of Montanans supported the CIAA as it applies to bars, taverns, and casinos.**
- **87% of Montanans believed it is important for bar employees to have a smokefree workplace.**
- **Montana multiunit renters were highly supportive of a smokefree policy in their building or complex (85%).**

CONCLUSIONS and RECCOMENDATIONS

Montanans are ready for a smokefree state

- Support for the Montana Clean Indoor Air Act has grown since 2005. In 2008, 88% supported CIAA as it applies to restaurants and 75% supported the CIAA as it applies to bars, taverns, and casinos.

More education about the adverse health effects of secondhand smoke is needed

- The majority of Montanans recognized that exposure to secondhand smoke (SHS) is harmful to one's health. However, more Montanans need to be aware of the specific adverse health effects to adults and children that are caused by SHS exposure. Specifically, there was only modest knowledge that SHS exposure causes heart disease in adults and Sudden Infant Death Syndrome (SIDS) in children.
- Many Montanans were exposed to secondhand smoke at home and in vehicles.
  - Approximately 27,000 adult nonsmokers were exposed to SHS at home and an estimated 44,000 adult nonsmokers were exposed to SHS in vehicles.
  - Smoking inside the home occurred in one in ten households with children.

Tobacco cessation should target specific populations in Montana

- Montana populations with the greatest prevalence of tobacco use are:
  - Younger adults, aged 25 to 34 years, were seven and half times more likely to smoke compared to those aged 65 years and older.
  - American Indians were seven times more likely to smoke than Whites.
  - Montanans with low educational attainment, that is with a high school education or less, were four times more likely to smoke than those with a college education or more.
  - Male smokeless tobacco users greatly outnumbered female users.

Montana health care providers are strongly urged to advise all tobacco users to quit and to recommend proven cessation methods, such as the Montana Tobacco Quit Line

- Montana smokers are ready to quit, with seven in ten current smokers either contemplating or preparing to quit.
- Over one-third of current smokers reported that their health care provider did not advise them to quit.
- The Montana Tobacco Quit Line was recommended to only one in four smokers.

Appendix I– DATA TABLES

Appendix I– DATA TABLES

Table A1-1. Prevalence of cigarette smoking and smokeless tobacco

	Current cigarette smoker % (95% CI)	Current smokeless tobacco user, All Adults % (95% CI)	Current smokeless tobacco user, Men only % (95% CI)
Year			
2004	17.8 (14.3– 21.9)	6.0 (4.6-7.8)	11.8 (9.1– 15.2)
2005	18.2 (15.0– 21.8)	6.5 (4.2– 10.0)	12.9 (8.4– 19.4)
2006	16.8 (13.3– 21.1)	6.0 (4.2– 8.6)	11.7 (8.1– 16.9)
2008	16.0 (12.1– 20.8)	7.1 (4.4– 11.3)	13.7 (8.5- 21.5)
Gender			
Men	19.2 (12.8– 27.8)	—	—
Women	12.9 (9.3– 17.6)	—	—
Age Group (years)			
18-24	17.2 (7.5– 34.8)	—	—
25-34	36.3 (20.6– 55.6)	—	—
35-54	12.6 (8.8– 17.8)	—	
55-65	13.5 (8.4– 20.9)	—	—
65+	7.2 (4.1– 12.3)	—	—
Race			
White	14.3 (10.3– 19.5)	—	—
American Indian	54.5 (36.6– 71.3)	—	—
Education			
High school or less	23.6 (16.1– 33.3)	—	—
More than high school but not college graduate	16.5 (9.9– 26.2)	—	—
College graduate or more	7.1 (4.0-12.3)	—	—
Household Income			
Below state median	20.9 (14.8– 28.8)	—	—
Above state median	12.5 (8.0– 19.0)	—	—

Table A1-2. Smokeless tobacco (SLT) cessation

	Would like to quit using SLT % (95% CI)	Tried to quit SLT n the past 12 months % (95% CI)	Has heard of the Montana Tobacco Quit Line % (95% CI)
Men	74.6 (51.5-89.0)	36.5 (16.9– 61.7)	85.6 (62.6– 95.5)
Age Group (years)	Men only	Men only	Men only
18-24	—	—	—
25-34	—	—	—
35-54	—	—	—
55-65	—	—	—
65+	—	—	—
Race			
White	—	—	—
American Indian	—	—	—
Education			
High school or less	—	—	—
More than high school but not college graduate	—	—	—
College graduate or more	—	—	—
Household Income			
Below state median	—	43.5 (13.3– 79.4)	—
Above state median	—	32.9 (11.8– 64.3)	—

— Indicates fewer than 20 respondents

Table A1-3. Cigarette smoking cessation

	Tried to quit smoking in the past 12 months % (95% CI)	Seriously considering quitting in the next 6 months % (95% CI)	Planning to quit in the next 30 days % (95% CI)
Year			
2004	43.2 (32.1- 55.1)	55.2 (43.0- 66.9)	51.5 (35.4- 67.3)
2005	49.7 (39.5- 59.8)	61.1 (50.4- 70.9)	45.0 (32.3- 58.4)
2006	48.5 (35.9- 61.2)	59.2 (46.4- 70.9)	41.6 (26.4- 58.5)
2008	50.5 (35.7- 65.3)	71.8 (58.6- 82.1)	48.3 (28.3- 68.8)
Gender			
Men	53.0 (31.1- 73.8)	74.4 (55.1- 87.3)	50.0 (21.1- 79.0)
Women	46.9 (30.8- 63.8)	68.0 (50.9- 81.3)	45.8 (25.3- 67.9)
Age Group (years)			
18-24	—	—	—
25-34	48.6 (19.0- 79.2)	—	—
35-54	48.5 (30.7- 66.7)	65.2 (45.1- 80.9)	54.7 (31.0- 76.5)
55-65	46.7 (24.7- 70.1)	64.7 (39.4- 83.8)	54.0 (25.0- 80.5)
65+	25.4 (9.7- 51.9)	48.7 (23.5- 74.7)	—
Race			
White	48.9 (31.9- 66.1)	75.8 (61.5- 86.0)	46.7 (24.7- 70.0)
American Indian	63.3 (34.0- 85.3)	52.4 (25.2- 78.2)	—
Education			
High school or less	53.4 (32.5- 73.2)	77.8 (60.0- 89.1)	50.7 (23.2- 77.9)
More than high school but not college graduate	49.8 (24.9- 74.9)	72.9 (47.6- 88.8)	35.2 (12.9- 66.5)
College graduate or more	40.9 (16.8- 70.3)	50.0 (23.4- 76.6)	—
Household Income			
Below state median	51.4 (32.6- 69.8)	70.9 (53.3- 83.9)	54.7 (28.1- 78.8)
Above state median	49.5 (27.2- 72.0)	72.9 (51.8- 87.0)	41.2 (16.1- 71.8)

— Indicates fewer than 20 respondents

Table A1-4. Forms of assistance current smokers plan to use in their next cessation attempt

	Likely to use nicotine replacement therapy % (95% CI)	Likely to use medication % (95% CI)	Likely to call a telephone quit line % (95% CI)
Total	36.9 (20.9– 56.3)	35.0 (18.0– 57.0)	50.0 (30.5– 69.5)
Gender			
Men	35.3 (14.9– 63.0)	32.7 (11.0– 65.7)	49.3 (22.6– 76.5)
Women	39.4 (20.5– 62.1)	38.9 (20.0– 61.8)	51.0 (29.9– 71.8)
Age Group (years)			
18-24	—	—	—
25-34	—	—	—
35-54	53.1 (30.2– 74.7)	27.7 (8.8– 60.4)	52.4 (29.5– 74.3)
55-65	40.0 (16.2– 69.7)	—	42.1 (16.6– 72.6)
65+	—	—	—
Race			
White	34.9 (18.1– 56.7)	36.1 (17.2– 60.5)	50.2 (28.5– 71.9)
American Indian	—	—	54.5 (22.3– 83.3)
Education			
High school or less	29.4 (12.5– 55.0)	31.9 (10.5– 65.3)	57.2 (30.3– 80.5)
More than high school but not college graduate	42.4 (15.4– 74.9)	44.0 (16.4– 75.9)	37.1 (13.6– 68.7)
College graduate or more	59.2 (20.4– 89.2)	—	—
Household Income			
Below state median	37.2 (17.3-62.7)	23.2 (9.3– 46.9)	54.4 (28.6– 78.1)
Above state median	36.4 (14.7– 65.7)	48.0 (20.4– 76.9)	45.1 (18.1– 75.3)

Table A1-6. Knowledge of specific adverse health risks caused by smoking cigarettes

	Smoking causes heart attack % (95% CI)	Smoking causes stroke % (95% CI)	Smoking causes lung cancer % (95% CI)	Smoking causes impotence % (95% CI)
Year				
2006	76.6 (72.5– 80.3)	74.9 (70.7– 78.7)	94.9 (92.4– 96.7)	39.5 (35.0– 44.1)
2008	84.7 (80.3– 88.2)	85.9 (81.7– 89.3)	96.7 (94.0– 98.2)	59.9 (52.6– 66.8)
Smoking status				
Smoker	75.5 (60.1– 86.3)	75.9 (59.6-87.1)	93.1 (85.5– 96.9)	35.8 (20.7– 54.3)
Nonsmoker	86.6 (82.2– 90.0)	88.0 (83.9– 91.2)	97.4 (94.1– 98.9)	65.4 (57.4– 72.5)
Gender				
Men	84.2 (76.9– 89.5)	84.9 (78.0– 89.9)	96.5 (91.4– 98.7)	57.5 (46.6– 67.7)
Women	85.1 (79.8– 89.2)	86.9 (81.4– 91.0)	96.9 (93.4– 98.6)	62.5 (52.7– 71.4)
Age Group (years)				
18-24	86.4 (67.0– 95.2)	—	—	64.8 (39.7– 83.8)
25-34	78.0 (58.8– 89.8)	82.2 (62.4– 92.8)	—	49.2 (28.2– 70.5)
35-54	87.2 (81.2– 91.4)	88.9 (83.1– 92.9)	—	66.8 (57.1– 75.2)
55-65	86.5 (78.9– 91.7)	85.7 (77.1– 91.5)	96.6 (92.3– 98.5)	57.9 (44.6– 70.1)
65+	82.0 (74.0– 88.0)	79.2 (70.3– 85.9)	94.7 (88.5- 97.6)	52.2 (39.8– 64.3)
Race				
White	85.3 (80.7– 88.9)	86.1 (81.6– 89.7)	97.0 (94.1– 98.5)	60.7 (52.8– 68.1)
American Indian	80.9 (56.4– 93.3)	85.0 (69.8– 93.3)	—	50.6 (28.7– 72.2)
Education				
High school or less	83.6 (75.7– 89.3)	83.6 (75.5– 89.4)	94.6 (87.4– 97.8)	56.3 (42.7– 68.9)
More than high school but not college graduate	82.2 (72.3– 89.0)	85.6 (76.0– 91.8)	97.8 (94.6– 99.1)	59.5 (46.7– 71.1)
College graduate or more	88.1 (81.8– 92.4)	88.6 (82.5– 92.8)	—	64.7 (53.8– 74.3)
Household Income				
Below state median	81.2 (72.9– 87.3)	83.1 (75.2– 88.9)	94.5 (88.0- 97.6)	57.2 (46.1– 67.6)
Above state median	87.0 (82.0– 90.8)	87.7 (82.8– 91.4)	98.3 (96.3– 99.2)	61.9 (52.0– 70.9)

— Indicates fewer than 20 respondents

Table A1-7. Knowledge of the addictive nature of smoking and the associated benefits to quitting smoking

	Smoking is physically addictive % (95% CI)	It is beneficial to quit smoking % (95% CI)
Year		
2006	96.4 (93.3– 98.1)	81.2 (77.4– 84.4)
2008	96.2 (92.3– 98.1)	80.4 (76.1– 84.1)
Smoking status		
Smoker	92.8 (73.3– 98.4)	74.0 (61.2– 83.6)
Nonsmoker	96.8 (93.0– 98.6)	81.7 (77.0– 85.6)
Gender		
Men	95.0 (86.8– 98.2)	79.2 (72.0– 84.8)
Women	97.3 (94.4– 98.8)	81.6 (76.3– 85.9)
Age Group (years)		
18-24	—	69.5 (49.4– 84.2)
25-34	—	78.6 (62.2– 89.2)
35-54	97.9 (93.9– 99.3)	86.0 (80.3– 90.2)
55-65	—	84.2 (76.7– 89.7)
65+	97.0 (93.4– 98.7)	75.8 (68.2– 82.0)
Race		
White	96.0 (91.8– 98.1)	81.7 (77.2– 85.6)
American Indian	—	48.4 (31.0– 66.2)
Education		
High school or less	95.6 (87.9– 98.5)	69.5 (60.8– 77.1)
More than high school but not college graduate	94.5 (82.1– 98.5)	82.6 (74.1– 88.7)
College graduate or more	98.3 (95.4– 99.4)	90.6 (86.0– 93.9)
Household Income		
Below state median	95.1 (86.7– 98.3)	71.6 (64.1– 78.0)
Above state median	96.9 (92.2– 98.8)	86.7 (81.5– 90.6)

Table A1-8. Knowledge of the associated risk of smoking while pregnant

	Smoking while pregnant may harm the baby % (95% CI)	Smoking causes low birth weight % (95% CI)
Year		
2006	94.6 (92.3– 96.3)	82.1 (78.6– 85.2)
2008	94.3 (91.1– 96.4)	91.5 (88.2– 94.0)
Smoking status		
Smoker	85.1 (70.3– 93.2)	83.8 (72.6– 91.0)
Nonsmoker	96.1 (93.4– 97.7)	93.2 (89.5– 95.6)
Gender		
Men	93.7 (87.4– 96.9)	89.4 (83.1– 93.5)
Women	94.9 (91.7– 96.9)	93.4 (89.7– 95.8)
Age Group (years)		
18-24	—	—
25-34	—	—
35-54	96.8 (93.6– 98.4)	93.7 (88.7– 96.6)
55-65	93.8 (87.9– 96.9)	89.8 (82.4– 94.3)
65+	89.8 (83.3– 94.0)	84.1 (75.8– 89.9)
Race		
White	94.5 (91.1– 96.7)	92.2 (88.8– 94.6)
American Indian	—	84.1 (57.8– 95.3)
Education		
High school or less	93.0 (87.0– 96.3)	90.5 (83.8– 94.7)
More than high school but not college graduate	93.9 (84.8– 97.7)	91.1 (84.3– 95.1)
College graduate or more	96.3 (92.2– 98.2)	93.1 (87.3– 96.4)
Household Income		
Below state median	91.4 (84.4– 95.4)	90.3 (84.7– 94.0)
Above state median	96.3 (93.6– 97.9)	92.3 (87.8– 95.3)

— Indicates fewer than 20 respondents

Table A1-9. Knowledge of the adverse health effects to adults caused by exposure to secondhand smoke

	Secondhand smoke is harmful to one's health % (95% CI)	Secondhand smoke causes lung cancer % (95% CI)	Secondhand smoke causes heart disease % (95% CI)
Year			
2004	92.9 (89.9– 95.0)	91.7 (88.6– 94.0)	87.6 (83.7– 90.7)
2005	92.7 (90.1– 94.6)	85.4 (81.9– 88.3)	74.8 (70.5– 78.7)
2006	91.3 (88.2-93.7)	85.7 (82.4– 88.5)	76.2 (72.2– 79.8)
2008	94.8 (92.3– 96.5)	91.5 (88.1- 94.0)	86.9 (81.6– 90.9)
Smoking status			
Smoker	86.0 (74.2– 93.0)	79.3 (66.6– 88.1)	71.0 (50.5– 85.4)
Nonsmoker	96.4 (94.2– 97.8)	93.8 (90.2– 96.1)	90.0 (85.3– 93.4)
Gender			
Men	93.2 (88.8– 96.0)	90.6 (84.9– 94.3)	86.3 (77.2– 92.1)
Women	96.3 (93.4– 97.9)	92.4 (87.9– 95.3)	87.6 (80.6– 92.2)
Age Group (years)			
18-24	—	—	—
25-34	—	—	—
35-54	96.3 (92.9– 98.1)	93.9 (88.8– 96.8)	89.5 (83.6– 93.4)
55-65	94.0 (88.2- 97.1)	91.2 (84.0– 95.3)	89.0 (81.0– 93.9)
65+	91.6 (85.2– 95.4)	86.8 (79.0– 92.1)	81.6 (72.7– 88.1)
Race			
White	95.0 (92.4– 96.7)	91.6 (87.9– 94.3)	86.7 (80.9– 91.0)
American Indian	96.8 (89.1– 99.1)	—	88.4 (73.3– 95.5)
Education			
High school or less	94.2 (88.6- 97.2)	88.8 (80.8– 93.8)	84.1 (71.6– 91.7)
More than high school but not college graduate	95.3 (90.4– 97.8)	92.6 (87.7– 95.6)	86.0 (76.0– 92.3)
College graduate or more	95.0 (91.0– 97.2)	93.7 (88.3– 96.7)	91.1 (85.7– 94.6)
Household Income			
Below state median	94.7 (91.0– 96.9)	89.4 (82.7– 93.7)	86.1 (76.2– 92.3)
Above state median	94.8 (91.1– 97.1)	93.0 (89.0– 95.6)	87.5 (80.8– 92.1)

— Indicates fewer than 20 respondents

Table A1-10. Knowledge of the adverse health affects in children caused by exposure to secondhand smoke

	Secondhand smoke causes respiratory problems in children % (95% CI)	Secondhand smoke causes Sudden Infant Death Syndrome (SIDS) % (95% CI)
Year		
2004	95.6 (93.5– 97.1)	62.7 (56.0– 69.0)
2005	91.0 (88.0– 93.3)	36.0 (31.6– 40.6)
2006	90.8 (87.7– 93.2)	37.9 (33.4– 42.5)
2008	96.6 (94.4– 97.9)	62.8 (55.2– 69.9)
Smoking status		
Smoker	90.3 (80.4– 95.5)	40.5 (22.4– 61.5)
Nonsmoker	97.7 (95.5– 98.9)	67.8 (60.3– 74.6)
Gender		
Men	95.4 (91.1– 97.7)	51.6 (39.3– 63.6)
Women	97.7 (95.5– 98.8)	72.5 (64.2– 79.6)
Age Group (years)		
18-24	—	78.9 (53.4– 92.4)
25-34	—	61.8 (37.0– 81.7)
35-54	97.0 (93.5– 98.6)	62.2 (51.7– 71.7)
55-65	96.5 (90.5– 98.8)	62.5 (47.1– 75.7)
65+	95.0 (89.6– 97.6)	47.6 (34.9– 60.7)
Race		
White	97.1 (95.0– 98.3)	62.4 (54.1– 70.0)
American Indian	—	74.5 (55.5– 87.3)
Education		
High school or less	96.6 (92.9– 98.4)	62.3 (47.7– 74.9)
More than high school but not college graduate	95.0 (88.4– 97.9)	64.3 (50.3– 76.2)
College graduate or more	98.1 (95.2– 99.3)	62.3 (51.0– 72.4)
Household Income		
Below state median	96.3 (92.9– 98.1)	62.2 (50.7– 72.4)
Above state median	96.8 (93.4– 98.5)	63.4 (52.9– 72.7)

Table A1-11. Knowledge of the adverse health effects caused by use of smokeless tobacco (SLT)

	SLT causes gum disease % (95% CI)	SLT causes tooth loss % (95% CI)	SLT causes mouth cancer % (95% CI)
Total	97.9 (95.5– 99.0)	96.5 (94.3– 97.9)	98.3 (96.6– 99.2)
SLT status			
User	—	—	—
Nonuser	—	—	—
Gender			
Men	97.8 (93.8– 99.3)	95.9 (91.7– 98.0)	98.1 (95.0– 99.3)
Women	97.9 (94.1– 99.3)	97.2 (94.4– 98.6)	98.5 (95.8– 99.5)
Age Group (years)			
18-24	—	—	—
25-34	—	—	—
35-54	—	96.4 (91.7– 98.5)	—
55-65	—	96.3 (91.5– 98.4)	—
65+	96.7 (92.5– 98.6)	94.9 (89.9– 97.5)	—
Race			
White	98.0 (95.5– 99.2)	97.0 (94.6– 98.4)	98.5 (96.5– 99.4)
American Indian	—	—	—
Education			
High school or less	97.0 (90.3– 99.1)	95.0 (89.5– 97.7)	—
More than high school but not college graduate	—	96.0 (91.0– 98.3)	—
College graduate or more	—	98.5 (95.6– 99.5)	—
Household Income			
Below state median	97.3 (92.7– 99.0)	96.6 (93.4-98.3)	98.0 (95.2– 99.2)
Above state median	98.3 (94.8– 99.4)	96.5 (92.9– 98.3)	—

— Indicates fewer than 20 respondents

Table A1-12. Adult exposure to secondhand smoke (SHS) at home and in the vehicle in the 7 days before the survey

	Exposed to SHS in the home in past 7 days % (95% CI)			Exposed to SHS in a vehicle in past 7 days % (95% CI)		
	Total	Smoker	Nonsmoker	Total	Smoker	Nonsmoker
Total	10.7 (8.0– 14.3)	43.9 (30.2– 58.6)	4.4 (2.6– 7.4)	14.3 (10.8– 18.7)	52.1 (37.2– 66.6)	7.1 (4.7– 10.6)
Gender						
Men	12.0 (7.7– 18.2)	42.4 (23.3– 64.0)	4.8 (2.3– 10.0)	17.2 (11.5– 25.1)	54.4 (32.4– 74.7)	8.5 (4.8– 14.7)
Women	9.5 (6.4– 13.8)	46.1 (30.3– 62.7)	4.0 (1.9– 8.3)	11.3 (7.9– 16.0)	48.8 (32.5– 65.3)	5.9 (3.2– 10.5)
Age Group (years)						
18-24	13.9 (5.2– 32.3)	—	—	24.0 (11.7– 43.0)	—	—
25-34	12.9 (4.9– 29.8)	—	—	26.4 (13.3– 45.7)	—	—
35-54	11.1 (7.5– 16.2)	55.9 (37.2– 73.0)	4.7 (2.3– 9.2)	12.8 (8.9– 18.0)	52.5 (34.2– 70.2)	7.1 (4.1– 12.0)
55-65	10.2 (6.0– 17.0)	52.5 (29.4– 74.6)	3.6 (1.3– 10.0)	10.0 (5.5– 17.3)	42.0 (21.5– 65.3)	5.0 (1.8– 13.1)
65+	6.8 (3.6– 12.4)	56.4 (29.1- 980.3)	—	4.3 (2.0– 9.0)	—	2.5 (1.0– 6.1)
Race						
White	9.7 (6.9– 13.5)	42.8 (27.4– 59.8)	4.2 (2.3– 7.4)	12.7 (9.1– 17.5)	48.9 (32.0– 66.1)	6.7 (4.2– 10.5)
American Indian	31.7 (17.3– 50.6)	50.5 (24.4– 76.3)	—	44.8 (28.2– 62.8)	66.6 (34.6– 88.2)	19.6 (8.3– 39.4)
Education						
High school or less	17.8 (11.7– 26.1)	52.7 (31.4– 73.1)	7.0 (3.0– 15.3)	23.6 (16.1– 33.3)	60.0 (38.7– 78.1)	12.6 (6.9– 21.7)
More than high school but not college graduate	8.2 (4.8– 13.7)	30.6 (13.9– 54.7)	3.7 (1.6- 8.5)	13.7 (8.6– 21.0)	47.5 (23.4– 72.8)	6.9 (3.7– 12.7)
College graduate or more	5.2 (2.9– 9.1)	38.1 (16.9– 65.0)	2.7 (1.1– 6.6)	4.4 (2.4– 8.0)	31.6 (13.2– 58.5)	2.4 (0.9– 5.8)
Household Income						
Below state median	14.8 (9.9– 21.6)	49.7 (31.2– 68.3)	5.6 (2.7– 11.2)	19.2 (13.6– 26.2)	51.5 (32.7– 69.9)	10.7 (6.1– 18.0)
Above state median	7.8 (5.0– 12.0)	37.0 (19.7– 58.6)	3.7 (1.7– 7.8)	10.8 (6.6– 17.0)	52.8 (30.3– 74.2)	4.8 (2.6– 8.8)
Children						
Children 17 years or younger living in home	10.2 (5.9– 17.2)	37.1 (19.5– 58.9)	3.2 (1.0– 9.3)	NA	NA	NA

— Indicates fewer than 20 respondents

NA Indicates that analysis was not performed

Table A1-13. Adult exposure to secondhand smoke at home

	Adults who live with other adult who smoke % (95% CI)			Smoking is permitted in the home % (95% CI)		
	Total	Smoker	Nonsmoker	Total	Smoker	Nonsmoker
Total	20.0 (15.4– 25.6)	53.1 (34.4– 71.0)	14.2 (10.2– 19.4)	13.8 (10.8– 17.5)	45.1 (31.3– 59.8)	7.8 (5.6– 10.9)
Gender						
Men	22.0 (15.1- 31.0)	54.1 (27.6– 78.5)	14.6 (8.9– 23.1)	16.3 (11.4– 22.6)	44.0 (24.6– 65.4)	9.7 (6.0– 15.4)
Women	18.1 (12.7– 25.1)	51.6 (30.6– 72.0)	13.7 (8.7– 20.8)	11.5 (8.4– 15.6)	46.8 (30.8– 63.4)	6.1 (3.9– 9.4)
Age Group (years)						
18-24	32.5 (17.0– 53.2)	—	22.5 (9.0– 45.7)	12.9 (4.8– 30.6)	—	—
25-34	27.9 (13.9– 48.1)	—	16.7 (5.7– 40.1)	13.4 (5.5– 29.5)	—	—
35-54	17.9 (12.6– 24.9)	57.5 (33.8– 78.2)	13.3 (8.5– 20.2)	13.5 (9.5– 19.0)	56.5 (37.6– 73.6)	7.4 (4.3– 12.5)
55-65	12.9 (6.9– 22.6)	—	10.2 (4.8– 20.4)	14.0 (8.9– 21.3)	57.1 (32.9– 78.3)	7.2 (3.6– 14.2)
65+	11.6 (4.9– 25.0)	—	10.7 (4.2– 24.7)	15.9 (10.9– 22.7)	65.4 (36.7– 86.0)	11.7 (7.4– 18.2)
Race						
White	17.8 (13.2– 23.7)	47.7 (27.1– 69.2)	13.3 (9.2– 18.8)	13.0 (9.9– 16.8)	44.0 (28.3– 61.0)	7.8 (5.4– 11.0)
American Indian	61.4 (40.1– 79.1)	—	35.6 (15.7– 62.1)	33.5 (19.0– 51.9)	50.4 (24.8– 75.8)	13.3 (4.9– 31.2)
Education						
High school or less	27.9 (19.1– 38.8)	51.1 (26.6– 75.0)	20.5 (12.0– 32.9)	19.9 (13.9- 27.7)	52.5 (31.1– 72.9)	9.9 (5.6– 16.8)
More than high school but not college graduate	20.6 (12.7– 31.7)	59.2 (27.9– 84.4)	13.2 (7.5– 22.1)	11.5 (7.3– 17.8)	30.4 (13.8– 54.4)	7.7 (4.1– 13.9)
College graduate or more	10.6 (6.1– 17.8)	—	9.0 (5.0– 15.6)	9.3 (5.9– 14.3)	47.9 (22.4– 74.6)	6.1 (3.5– 10.6)
Household Income						
Below state median	30.0 (21.0– 40.8)	68.6 (42.1– 86.8)	19.5 (11.8– 30.6)	19.6 (14.3– 26.3)	52.9 (33.9– 71.1)	10.6 (6.9– 16.0)
Above state median	14.4 (9.9– 20.5)	37.2 (16.9– 63.4)	11.4 (7.3– 17.3)	9.8 (6.7– 14.0)	35.8 (19.0– 57.1)	6.0 (3.5– 10.2)
Children						
Children 17 years or younger living in home	33.1 (24.7– 42.8)	NA	14.0 (8.0– 23.4)	11.9 (7.3– 18.9)	37.1 (19.6– 58.8)	5.0 (2.2– 10.8)

— Indicates fewer than 20 respondents
NA Indicates that analysis was not performed

Table A1-14. Support for the Montana Clean Indoor Air Act as it applies to restaurants, and bars, taverns, and casinos, and support for smokefree workplaces for bar employees

	Restaurants % (95% CI)	Bars, taverns, and casinos % (95% CI)	Bar employees should have a smokefree work place % (95% CI)
Year			
2005	80.3 (76.3– 83.7)	61.9 (57.3– 66.4)	NA
2006	84.2 (80.3– 87.4)	66.6 (61.9– 70.9)	84.7 (80.7– 88.0)
2008	88.6 (84.8– 91.5)	74.7 (69.8– 79.1)	87.0 (82.9– 90.3)
Smoking status			
Smoker	68.0 (52.8– 80.1)	33.3 (20.0– 50.1)	66.8 (50.5– 79.9)
Nonsmoker	92.5 (89.2– 94.9)	82.6 (77.9– 86.5)	90.8 (87.0– 93.5)
Gender			
Men	86.2 (79.6– 90.9)	69.9 (61.8– 80.0)	82.4 (74.9– 88.1)
Women	91.0 (86.4– 94.1)	79.5 (73.6– 84.3)	91.5 (87.6– 94.3)
Age Group (years)			
18-24	—	71.7 (51.3– 85.9)	85.5 (66.7– 94.6)
25-34	82.6 (63.2– 92.9)	62.7 (44.5– 77.9)	83.4 (63.1– 93.7)
35-54	89.6 (84.4– 93.2)	77.2 (70.5– 82.8)	88.0 (82.2– 92.0)
55-65	88.8 (81.9– 93.3)	75.4 (66.6– 82.5)	87.9 (81.4– 92.4)
65+	90.1 (83.8– 94.2)	81.9 (74.4– 87.5)	88.6 (81.8– 93.1)
Race			
White	89.2 (85.1– 92.2)	—	87.6 (83.2– 91.0)
American Indian	82.1 (60.2– 93.3)	—	80.9 (65.3– 90.5)
Education			
High school or less	87.4 (80.4– 92.2)	70.2 (60.6– 78.3)	85.9 (77.7– 91.4)
More than high school but not college graduate	87.4 (78.0– 93.1)	72.6 (62.7– 80.7)	85.3 (75.7– 91.5)
College graduate or more	91.1 (85.9– 94.5)	81.7 (75.2– 86.8)	90.2 (84.8- 93.8)
Household Income			
Below state median	85.7 (78.9– 90.6)	69.6 (61.3– 76.8)	85.1 (77.9– 90.2)
Above state median	90.6 (85.7– 93.9)	78.3 (72.1– 83.5)	88.4 (82.9– 92.3)

— Indicates fewer than 20 respondents

NA Indicates that analysis was not performed or data was not available

Appendix II– QUESTIONNAIRE

Appendix II– QUESTIONNAIRE

1. Would you say that in general your health is:
   Excellent
   Very good
   Good
   Fair
   Poor

2. Have you smoked at least 100 cigarettes in your entire life?

3. Do you now smoke cigarettes every day, some days, or not at all?

4. On the average, about how many cigarettes a day do you now smoke?

5. During the past 30 days, on how many days did you smoke cigarettes?

6. On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

7. In the past seven days, that is since [DATEFILL], have you been in a car with someone who was smoking?

8. About how long has it been since you last smoked cigarettes regularly?

9. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?

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

11. Are you planning to stop smoking within the next 30 days?

12. In the past 12 months, have you seen a doctor, nurse, or health professional to get any kind of care for yourself?

13. Did he/she advise you not to smoke?

14. Did he/she also suggest that you call the Montana Toll Free Tobacco Quit Line?

15. Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars, or pipes?

16. During the past 7 days, that is since [DATEFILL], on how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

17. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

18. Are you currently…
   A student and employed for wages?
   A student?
   Employed for wages part-time or full-time?
   Self-employed?
   Out of work for more than 1 year?
   Out of work for less than 1 year?
   A homemaker?
   Retired?
   Unable to work?

19. If a person has smoked a pack of cigarettes a day for more than 20 years, there is little health benefit to quitting smoking.
   Strongly agree
   Agree
   Disagree
   Strongly disagree

20. 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
   Not harmful to one's health

21. Would you say that breathing smoke from other people's cigarettes causes:
   a. Lung cancer in adults:
   b. Heart disease in adults:
   c. Colon cancer in adults:
   d. Respiratory problems in children:
   e. Sudden Infant death syndrome:

22. What is your age?

23. How many children 17 or younger live in your household?

24. Are you Hispanic or Latino?

25. Which one or more of the following would you say is your race?
   White
   Black or African American
   Asian
   Native Hawaiian or other Paciffic Islander
   American Indian, Alaska Native
   Other (specify)

26. Which one of these groups would you say best represents your race?
   See question 25

27. Are you:
   Married
   Divorced
   Widowed
   Separated
   Never married
   A member of an unmarried couple

28. What is the highest level of school you completed or the highest degree you received?

29. Is your annual household income from all sources:
   Less than $25,000
   Less than $20,000
   Less than $15,000
   Less than $10,000
   Less than $35,000
   Less than $50,000
   Less than $75,000
   $75,000 or more

30. What county do you live in?

31. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

32. I'm going to read a list of medical conditions. After I read each one, I want you tell me whether you believe smoking cigarettes is a cause of this condition.

a. Heart attack
b. Colon cancer
c. Stroke
d. Low-birth weight
e. Lung cancer
f. Impotence

33. I am going to read a series of statements. After I finish, please tell me whether you *Strongly agree, Agree, Disagree, or Strongly disagree* with the statement.

a. Smoking is physically addictive
b. Smoking light cigarettes is safer than smoking regular cigarettes
c. Smoking by a pregnant woman may harm the baby

34. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

35. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

36. During the past 12 months, did you ever quit using chewing tobacco for a day or longer because you were trying to quit?

37. Would you like to quit using chewing tobacco?

38. Have you [SLT user] ever heard of the toll-free Montana Tobacco Quit Line?

39. Using smokeless tobacco causes gum disease

Strongly agree
Agree
Disagree
Strongly disagree

40. Using smokeless tobacco causes tooth loss

Strongly agree
Agree
Disagree
Strongly disagree

41. Using smokeless tobacco causes mouth cancer.

Strongly agree
Agree
Disagree
Strongly disagree

42. Since October 2005, the Montana Clean Indoor Air Act prohibits smoking in all public buildings and restaurants. Please tell me if you

Approve strongly
Approve somewhat
Disapprove somewhat
Disapprove strongly

of the Clean Indoor Air Act.

43. In October 2009, the Montana Clean Indoor Air Act will prohibit smoking in bars, taverns, and casinos. Please tell me if you

Approve strongly
Approve somewhat
Disapprove somewhat
Disapprove strongly

Of the Clean Indoor Air Act as it will apply to bars, taverns, and casinos in October 2009.

44. How important do you think it is for employees of bars, taverns, and casinos to have a smokefree workplace?

Very important
Somewhat important
Not very important
Not important at all

45. Do you own or rent your home?

46. Is it a single family home or is it a duplex or apartment?

47. Would you be

Strongly in favor
In favor
Not in favor
Strongly opposed

to your landlord adopting a smokefree policy for your building or complex?

48. Have you ever heard of the toll-free Montana Tobacco Quit Line?

49. [When you]/[The next time you] try to quit smoking, will you

Very likely
Somewhat likely
Not very likely
Not at all likely

Use the following aids to quit:

a. A Nicotine patch, nicotine gum, or any other form of nicotine replacement therapy?
b. A prescription medication such as Buproprion, Wellbutrin, Zyban, or Chantix?
c. A toll-free telephone Quit Line?

50. Would you like the toll-free number to the Quit Line in case you would like to call in the future?

That's my last question. Everyone's answers will be combined to give us information about tobacco in this state. Thank you very much for your time and cooperation.

Montana Tobacco Use Prevention Program

expect a smokefree Montana

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