

# Tobacco Surveillance Data Brief: *Eliminating Exposure to Secondhand Smoke*

A joint effort between the NJ Department of Health and Senior Services, Comprehensive Tobacco Control Program (CTCP) and the UMDNJ-School of Public Health, Tobacco Surveillance and Evaluation Research Program (TSERP)

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## Secondhand Smoke

Secondhand smoke is a mixture of the smoke given off by the burning end of a cigarette, pipe, or cigar, and the smoke exhaled by smokers. Secondhand smoke represents a significant public health threat to both smokers and nonsmokers. Youth are particularly vulnerable to the adverse health effects of secondhand smoke including an increased prevalence of pneumonia, bronchitis, coughing and wheezing, worsening of asthma, and middle ear disease (NCI, 1999; USEPA, 1992). Secondhand smoke also contributes to 3,000 lung cancer deaths annually in nonsmoking adults (USEPA, 1992). Policies that eliminate smoking in public places and workplaces have become more pervasive in recent years. The increased number of clean indoor air laws reflects the growing concern for reducing widespread exposure to secondhand smoke. Previous research indicates strong public support, even among smokers, for smoke-free policies in various settings (CDC, 2000).

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*The CTCP seeks to decrease involuntary exposure to secondhand smoke.*

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A primary goal of the CTCP is to decrease involuntary exposure to secondhand smoke. This brief report assesses progress toward this goal and summarizes attitudes toward indoor air policies, the prevalence of smoke-free policies at home, school, work, and other indoor environments in New Jersey as well as self-reported exposure among youth and adults.

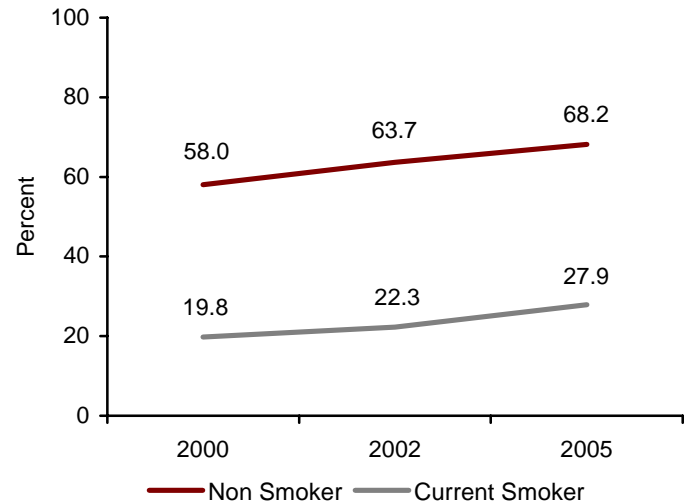
## Knowledge and Attitudes about Secondhand Smoke

An important first step to eliminating exposure to secondhand smoke is changing people's knowledge of the dangers of secondhand smoke and their attitudes about the acceptability of involuntary exposure to secondhand smoke. According to the 2005 New Jersey Adult Tobacco Survey (NJATS), the large majority of adults (93.4  $\pm$ 2.5%) believed that breathing smoke from other people's cigarettes was very or somewhat harmful to one's health. Not surprisingly, current smokers were less likely (85.2  $\pm$ 1.9%) than non-smokers (95.3  $\pm$ 1.9%) to perceive secondhand smoke as harmful. Females (97.9  $\pm$ 3.9%) were more likely than males (91.4  $\pm$ 3.9%) to believe in the harmful effects of secondhand smoke. Additionally, blacks (95.6  $\pm$ 3.7%) and Hispanics (98.5  $\pm$ 3.5%) were also more likely than whites (94.0  $\pm$ 4.1%) to report secondhand smoke as harmful.

## Support for Smoking Bans

Attitudes about banning smoking in restaurants are changing. In 2000, 50.4% ( $\pm 2.4$ ) of all New Jersey adults supported a total ban on smoking in restaurants. Support for a restaurant smoking ban rose to 56.3% ( $\pm 2.6$ ) of adults in 2002 and 61.3% ( $\pm 2.6$ ) in 2005, a 22% increase in support since 2001. As shown in Figure 1, even among current smokers, there has been growing support for restaurant smoking ban. In 2000, 19.8% ( $\pm 1.3$ ) of current smokers agreed that there should be no smoking allowed in restaurants whereas in 2005, 27.9% ( $\pm 1.7$ ) of smokers supported such a ban.

Figure 1: Percent of adults who support smoke-free restaurants - NJATS, 2000-2005



The percentage of adults who indicated that workplaces should totally ban smoking (i.e., not allowed at all) was much higher than that for restaurants, even among current smokers. Almost three-quarters (74.3  $\pm 2.7\%$ ) of New Jersey adults indicated support for smoke-free workplace, a 24% increase in support for smoke-free workplaces since 2000 when 57.5% ( $\pm 2.3$ ) of adults reported support for smoke-free workplace policies. In addition, the increase in support was even higher among smokers. Support for smoke-free workplaces increased from 37.6% ( $\pm 1.5$ ) in 2000 to more than half (52.9  $\pm 1.9\%$ ) of current smokers in 2005.

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*3 out of 4 New Jerseyans believe that smoking should **not** be allowed in workplaces*

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The 2005 NJATS inquired whether or not adults favored or opposed a New Jersey State law prohibiting smoking in all public and work places, **including bars and restaurants**. Opposition was low; fewer than one out of four New Jersey adults (24.9  $\pm 2.7\%$ ) indicated they were opposed to such a law. Opposition was highest among young adults (29.7  $\pm 2.6\%$ ) and males (31.4  $\pm 5.7\%$ ).

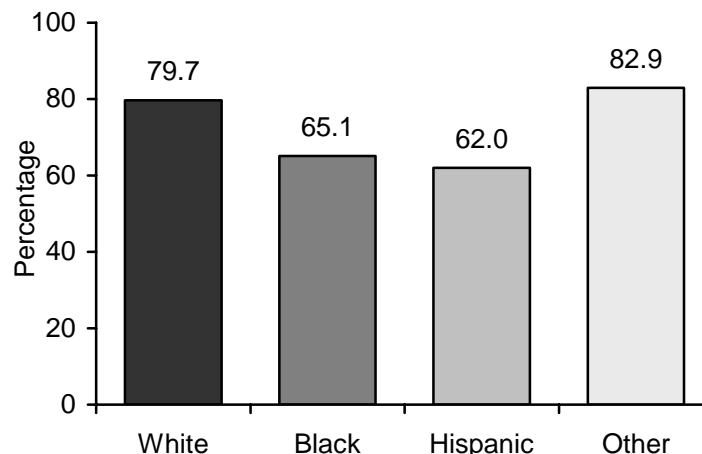
## Smoke-free Policies in the Workplace

Smoking bans or tobacco-free policies can be initiated by local and/or state governments, employers, and individuals (i.e., bans in homes), and such policies are an effective means to protect the public from secondhand smoke. As of November 2005, **10** states, including Connecticut and New York, have passed legislation to ensure that all workplaces are smoke-free, including restaurants and bars.

Based on the 2005 NJATS, roughly three-quarters of adults ( $76.7 \pm 3.7\%$ ) reported working under a 100% smoke-free workplace policy. Minor improvements are noted from the 2002 NJATS, when  $75.1\% (\pm 3.4)$  of adults reported working in a smoke-free environment. However, there are several consistent disparities in the provision of workplace smoking policies by gender, age, race, and work environment.

As shown in Figure 2, a disproportionate number of Hispanic and black adults reported working without a smoke-free workplace policy. Additionally, a smaller proportion of young adults ( $62.7 \pm 2.8\%$ ) reported working in 100% smoke-free environment relative to all other age groups. Consistent with previous research, males ( $72.5 \pm 4.4\%$ ) were less likely than females  $80.2\% (\pm 4.4)$  to report a smoke-free workplace policy. The demographic disparities may be partly attributed to workers' specific occupation or type of work environment. Adults working in a hospital ( $78.7 \pm 2.3\%$ ), classroom ( $95.0 \pm 2.9\%$ ), or office ( $82.0 \pm 4.6\%$ ) were more likely to report working in a smoke-free environment, followed by those working in a store/warehouse ( $64.5 \pm 2.7\%$ ). Fewer plant or factory workers ( $56.9 \pm 2.0\%$ ) and workers in restaurants and bars ( $44 \pm 2.9\%$ ) reported having a 100% smoke-free policy at work.

**Figure 2: Percent of adults working in smoke-free settings by race/ethnicity – NJATS, 2005**



Review of multiple years of NJATS revealed no significant change over time in the proportion of workers protected by a smoke-free workplace policy. A statewide workplace smoking ban would insure widespread and equitable access to a 100% smoke-free workplace.

Almost one out of four adults reported working in locations that did not protect them from tobacco smoke. Thus, the population exposed to secondhand smoke in the workplace is influenced by the absence of a protective policy, the prevalence of smoking at the worksite, and compliance with smoke-free policies. Based on the 2005 NJATS, 14.6% ( $\pm 2.9$ ) of adults who worked indoors reported that they were exposed to smoke in their work area during the seven days preceding the survey, decreasing from 16.4% ( $\pm 2.8$ ) in 2002. While this may be encouraging, significant disparities persist. Roughly half (48.6  $\pm 8.2\%$ ) of those who reported that they worked in a restaurant or bar indicated exposure to secondhand smoke in their work area. Additionally, high rates of workplace exposure were reported by Hispanics (20.9  $\pm 9.3\%$ ) and young adults (30.7  $\pm 10.1\%$ ).

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*Nearly one of 1 out of 4 New Jersey adults reported working in locations that did not protect them from tobacco smoke*

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### **More information:**

The data in this brief are from the New Jersey Adult Tobacco Survey (NJATS). The New Jersey Adult Tobacco Survey (NJATS) is a point-in-time telephone survey used to monitor tobacco use behavior, knowledge, and attitudes among New Jersey adults. The survey uses a random digit dialing (RDD) sampling approach and provides information that allows the CTCP to monitor progress over time and evaluate whether goals and objectives are being met, particularly those aimed at reducing the use of tobacco among New Jersey adults. The NJATS was administered in 2000, 2001, 2002, and 2005. The most recent NJATS was administered to 3197 adults between February and April 2005. The data are weighted to adjust for non-response and the varying probabilities of selection, including those resulting from the over sampling, providing results representative of the New Jersey adult population.

For more information on the NJATS or the data reported in this brief, contact the New Jersey Department of Health and Senior Services at 609-292-9194, or visit their website at <http://www.state.nj.us/health/as/ctcp/index.html>

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