

Monitoring Changing Tobacco-use Behaviors in Maryland

A Report on the 2000 - 2006 Maryland Tobacco Studies

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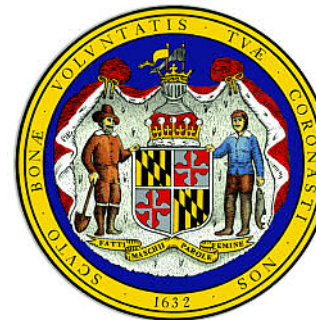
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November 2007

Maryland Department of Health and Mental Hygiene

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Maryland Tobacco Use Prevention and Cessation Program

A Cigarette Restitution Fund Program



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A Report on the Fiscal Year 2001, 2003, and 2006 Maryland Tobacco Surveys

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Letter from the Secretary

Dear Fellow Marylander:

This report is the latest in an on-going series of reports monitoring Maryland's progress in reducing the use of tobacco products. It includes data from the 2000 baseline tobacco surveys as well as from the two subsequent follow-up surveys (2002 and 2006).

I am pleased to be able to report that Maryland has in fact made very substantial progress in reducing smoking and tobacco use Statewide, regionally, and within local jurisdictions. Progress is also documented for minority youth and adult populations.

While certainly applauding successes, it also must be recognized that a great deal more work must be done to preserve the positive changes achieved to-date, and to build on those for even greater successes in the future. There is no question that Maryland must strive for even greater future success.

Smoking still causes disease and cancers in Maryland residents that result in an estimated \$2 billion in medical care annually (\$7.40 per pack sold). Government sponsored health care programs end up paying for at least 60% of these costs, adding \$590 to the tax bill of the average Maryland household each year. And finally, we cannot forget the almost 150,000 Maryland residents who currently live with one or more cancers or other diseases caused by their smoking, or the estimated 6,800 who die prematurely each year as a result of their smoking.

Smoking has declined significantly, yet more than 20% of high school seniors not yet 18 years old are current smokers. The Centers for Disease Control and Prevention (CDC) estimate that one-third of these youth ultimately will die prematurely as a result of their cigarette smoking.

Current adult smokers overwhelmingly state that they want to quit, but they too often delay quitting until the indefinite future. Quitting can greatly improve the odds of avoiding a smoking-attributable disease or cancer, and the sooner one quits, the better the odds. Quitting is often not easy, but with free smoking cessation counseling available through local health departments and the Statewide 1-800-QUIT-NOW telephone cessation counseling service, help is always nearby. Many of these programs can also assist with nicotine replacement therapy (i.e., nicotine patches and gum).

As always, if you want additional information about Maryland's efforts to reduce the use of tobacco, please feel free to call your local health department about activities in your community, or the Center for Health Promotion, Education and Tobacco Prevention (410-767-1362) for information on Statewide initiatives.

Sincerely,



John M. Colmers, Secretary
Maryland Department of Health & Mental Hygiene

ACKNOWLEDGEMENTS

The Maryland Department of Health and Mental Hygiene would like to thank the many thousands of Maryland middle and high school students for their voluntary participation in the 2006 Maryland Youth Tobacco Survey, as well as the principals, teachers, staff and parents who all supported this initiative, together with our principal partners. We would also like to extend our thanks to the many thousands of Maryland adults who gave their time to participate in the 2006 Maryland Adult Tobacco Survey. Finally, this initiative benefited greatly from the efforts of our partners in the survey initiative: The U.S. Centers for Disease Control and Prevention, Office on Smoking and Health; Macro International Inc.; and the University of Maryland at Baltimore County's Maryland Resource Center for Quitting and Use & Initiation of Tobacco (MDQuit.org).

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On the Internet at: <http://www.crf.state.md.us/html/stats.cfm>

EXECUTIVE SUMMARY

The Structural Costs of Smoking and Tobacco Use

The cost of treating cancers or other diseases caused by smoking and the use of other tobacco products represents a significant structural cost for both the public and private sectors of Maryland's economy. These are structural costs in the sense that they will be incurred so long as tobacco use continues and cannot be significantly reduced absent a reduction in smoking and tobacco use. These costs have two distinct, but directly related, dimensions: human and economic.

- **Annual Human Cost – 150,000 Sick, 6,800 Dead.**
Cigarette smoking remains the single-largest preventable cause of disease in Maryland. Cigarette smoking alone is estimated to be responsible for more than 6,800 premature deaths every year in Maryland, and the cause of disease and cancer in another 150,000 Marylanders.
- **Annual Economic Cost – \$2 Billion.**
Medical treatment of disease and cancers caused by cigarette smoking costs the Maryland economy more than \$2 billion annually (2004 estimate).
- **\$7.40 in Medical Costs Per Pack of Cigarettes Sold.**
Dividing the annual cost (2004) of treating disease and cancers caused by cigarette smoking by the number of packs of cigarettes sold in Maryland (FY 2007 sales) results in the cost of treatment per pack - \$7.40.

Smoking Imposes Significant Costs on Government

The majority of the cost of treating diseases and cancers caused by smoking is paid for by government sponsored health care programs such as Medicare and Medicaid. Because smoking-attributable diseases often occur later in life, employer sponsored or privately purchased health care plans often do not pay for these costs.

- **Government Pays for 60% of Medical Costs.**
Government sponsored health plans (federal, State, and local) pay for more than 60% of all the costs incurred by Maryland residents for diseases and cancers caused by smoking.
- **Costs Add \$590 to Tax Bill of Average Household.**
The cost of treating smoking-attributable diseases and cancers by government sponsored health plans adds an estimated \$590 to the tax bill of the average Maryland household every year.
- **Costs Paid by Both Nonsmokers and Smokers.**
The governmental costs of treating smoking-attributable diseases and cancers are paid by both smokers and nonsmokers through federal, State, and local taxes.

DHMH Priority:
Reducing the Prevalence of Smoking and Tobacco Use

The *only* way to reduce the human and economic costs of smoking and tobacco use on Marylanders and the economy is to reduce the use of tobacco. The Department of Health and Mental Hygiene (DHMH) CRF: Tobacco Use Prevention & Cessation Program is modeled on the “best practice” recommendations of the Centers for Disease Control and Prevention (CDC) and funded entirely from a portion of the proceeds resulting from Maryland’s participation in the national Master Settlement Agreement with the tobacco industry.

- **Goal #1 – Reduce Smoking and Tobacco Use.**
The Program goal is to reduce smoking and tobacco use in Maryland by *at least* 50% from what it was in the fall of 2000 and to sustain or increase that reduction over the long-term.
- **Goal #2 – Reduce Disparities in Tobacco Use.**
The Program goal is to reduce relatively higher tobacco use among certain youth and adult minority populations and adults of low socio-economic status.
- **Goal #3 – Reduce Exposure to Secondhand Smoke.**
The Program goal is to reduce adult exposure to secondhand smoke in the workplace as well as to reduce under-age youth exposure to secondhand smoke.
- **Goal #4 – Increase Smoking Cessation.**
The Program goal is to increase the number and proportion of adults who want to quit smoking, are trying to quit smoking, and who succeed in quitting smoking and use of other tobacco products.

DHMH Priority:
Monitoring Progress in Achieving These Goals

In the fall of every even calendar year, DHMH administers the Maryland Youth Tobacco Survey (MYTS) and the Maryland Adult Tobacco Survey (MATs) to collect comprehensive data on current tobacco-use behaviors, attitudes, knowledge, and beliefs of under-age Maryland youth in grades 6 through 12, and Maryland adults ages 18 years and older not living in an institutional setting.

Taken together, data from these surveys can provide outcome data that can be used to monitor progress towards achieving DHMH’s long-term goals in reducing smoking and tobacco use.

This report is intended to provide an overview of the changes in tobacco-use behaviors as they directly relate to the four goals of DHMH with respect to reducing smoking and the use of tobacco products. Additional reports will be published as data are analyzed, typically each focusing more specifically on a goal area, a population or sub-population or geographic area.

The current report includes data from the surveys conducted in the fall of 2000, 2002, and 2006. Data from 2004 are not available as neither of the tobacco surveys were conducted that year due to budget constraints. This report consists of two documents: (1) the main body of the report; and (2) the appendices.

Data from previous surveys have been re-analyzed and restated as necessary to conform to any definitional changes such as changes in variables, survey questions and corrections. All data presented are directly comparable across the survey years.

Goal #1
Reduce Smoking and Tobacco Use (2000 – 2006)

Under-age Youth (Ages ≤ 17)

- 27% decline in the current use of any tobacco product.
 - o 35% decline in the current use of any tobacco product by females.
 - o 20% decline in the current use of any tobacco product by males.
- 36% decline in current cigarette smoking.
 - o 43% decline in current cigarette smoking by females.
 - o 30% decline in current cigarette smoking by males.

Adults (Ages 18+)

- 18% decline in the current use of any tobacco product.
 - o 23% decline in the current use of any tobacco product by females.
 - o 14% decline in the current use of any tobacco product by males.
- 18% decline in current cigarette smoking.
 - o 22% decline in current cigarette smoking by females.
 - o 15% decline in current cigarette smoking by males.

Goal #2
Reduce Disparities in Tobacco Use (2000 – 2006)

Under-age Youth (Ages ≤ 17)

- African-American/Black youth – 36% decline in current cigarette smoking.
- American-Indian/Native-American youth – 33% decline in current cigarette smoking.
- Hispanic/Latino youth – 28% decline in current cigarette smoking.
- White youth – 36% decline in current cigarette smoking.

Adults (Ages 18+)

- African-American/Black adults – 24% decline in current cigarette smoking.
- American-Indian/Native-American adults – no statistically significant change in current cigarette smoking.
- Hispanic/Latino adults – 46% decline in current cigarette smoking.
- White adults – 15% decline in current cigarette smoking.

Goal #3
Reduce Exposure to Secondhand Smoke (2000 – 2006)

Under-age Youth (Ages ≤ 17)

- The vast majority of youth (70.9%) currently live in households with rules prohibiting smoking inside the house.
- 22% decline in exposure to secondhand smoke indoors.
- 17% decline in exposure to secondhand smoke while riding in a car.

Adult (Ages 18+) Exposure in the Workplace

- 20% decline in exposure to secondhand smoke in the workplace.
 - o 24% decline in female exposure to secondhand smoke in the workplace.
 - o No statistically significant change in male exposure to secondhand smoke in the workplace.
 - o 28% decline in minority exposure to secondhand smoke in the workplace.

Goal #4
Increase Smoking Cessation (2000 – 2006)
Trying to Quit Smoking

- 35% increase in the proportion of adults who ever smoked and who have successfully quit smoking.
- Nicotine patches/gums were reported as being used by the vast majority of smokers when they tried to quit.

Top 5 Reasons Given for Trying to Quit Smoking

- Physical fitness – 41.3%
- Personal tobacco-related health problems – 36.2%
- Set an example for children – 35.0%
- Cost of tobacco products – 33.0%
- Encouragement of friend/relative – 31.2%

Plans to Quit Smoking

- 65% increase in the proportion of current adult smokers who state that they plan to quit smoking sometime during the next three months.
- 22% decline in committed adult smokers, i.e., current smokers who state that they do not plan to quit smoking.

Challenges as Maryland Moves Forward

Notwithstanding some very positive news with respect to Maryland's progress towards achieving its goals for reducing tobacco use, significant challenges remain. These challenges include the following:

Sustaining Progress

Progress towards achieving the goal of reducing tobacco use has slowed substantially as Maryland's annual investment in tobacco use prevention and cessation has declined. A closer look at progress in reducing current cigarette smoking by under-age youth (-36.3%, 2000-2006) and adults (-18.3%, 2000-2006) can illustrate the challenge.

- During the two years between the baseline 2000 tobacco surveys and the first follow-up survey in 2002, current cigarette smoking by under-age youth declined 20.4%.
- During the subsequent four years (2002-2006), current cigarette smoking by under-age youth declined another 15.9%.
- Taken together (20.4%+15.9%) there has been a total decline of 36.3%. However, the average *annual* decline between 2000 and 2002 was twice that between 2002 and 2006 (10.2% as compared to 4.0%).
- A parallel observation can be made with respect to the decline in current smoking by adults. The average annual decline from 2000 to 2002 was four times greater than between 2002-2006 (6.2% as compared to 1.5%).

Under-age Youth Access to Tobacco Products

While significant progress has been made in reducing current smoking and tobacco use by under-age youth, their access to tobacco products remains unacceptably high. This is particularly true among the "frequent smokers," that is, youth who report that they smoked on at least 20 days during the previous month.

- The primary or usual source of cigarettes are various retail stores (60.6%), either by giving someone else the money for the purchase (31.5%) or to buy them themselves (29.1%).
 - o When asked to identify the usual source by type of store, gas stations (42.8%) and convenience stores (17.5%) were the largest sources specifically identified.
 - o Purchases of cigarettes over the Internet increased significantly by 167% (2.7% in 2000 to 7.2% in 2006).
 - o Youth also identified "Other" (19.0%) retail sources than those listed as part of the CDC response options, and additional research is necessary to add more response options to the questionnaire.
- Maryland law does *not* require tobacco retailers to ask for photo-identification when selling tobacco products.
 - o 63.7% of under-age youth who attempted to buy cigarettes report being refused the sale when they were asked for identification by the retail clerk.
 - o 27.3% of under-age youth who attempted to buy cigarettes were refused the sale when they were not asked for identification by the retail clerk.

Motivating Smokers to Try and Quit Sooner Rather than Later

Maryland has had considerable success in convincing current smokers that smoking is not good for them and that they should try to quit smoking. In 2006, 81.3% of current smokers reported that they had some time frame in mind for quitting smoking. Only 18.7% of current smokers have no plans to quit.

At the same time, the dynamic concerning that portion of current smokers who want to quit smoking during the next 30 days has changed substantially between the periods of 2000-2002 and 2002-2006.

Between 2000 and 2002, there was a 20% increase (32.0% to 38.4%) in the proportion of current smokers ready to quit smoking during the next 30 days. In contrast, between 2002 and 2006, there was a 51% decline (38.4% to 18.8%) in the proportion of current smokers ready to quit during the next 30 days. There is no definitive cause that can be identified for this undesirable change. However, each of the following may have contributed.

- Low hanging fruit – During the initial implementation of the tobacco program (2000-2002), those smokers most ready to quit made their quit attempts and succeeded. Those that remain are not yet convinced they need to try and quit now and are delaying plans to quit.
- Budget reductions – Although the tobacco program overall has seen budget reductions, the media component was very severely impacted, precluding DHMH from airing motivational messaging during much of the 2002-2006 period.

Youth Exposure to Secondhand Smoke

On February 1, 2008, Maryland's new Clean Indoor Air Law will go into effect, extending protections to secondhand smoke exposure to thousands more Marylanders. However, the data show that much more needs to be done to protect under-age youth from exposure outside the workplace environment.

- Almost 30% of under-age youth report that they live in a household that either does not prohibit smoking indoors, or has no rules about smoking.
- 44% of under-age youth report that they were exposed to secondhand smoke indoors.
- 35% of under-age youth report that they were exposed to secondhand smoke while riding in a car.
- Of those under-age youth who reported that they suffered from asthma, 53.8% report having been exposed to secondhand smoke either indoors or in a car.

Disparities in Tobacco-use Behaviors

Substantial progress has been made in reducing tobacco use among minority populations. This progress must continue, particularly with respect to those with lower educational attainment and income status. An adult with less than a high school education is more than four times more likely to be a smoker than a college graduate (26.0% vs. 6.1%). An adult earning less than \$50,000 annually is almost twice as likely to smoke as is an adult earning more than that amount (20.0% vs. 10.4%).

IMPORTANT NOTES ON THE USE OF THIS REPORT

Recycle Your Copies of Previous Reports

This report, like previous reports on Maryland's biennial tobacco studies, is intended to replace the report issued in September 2003. You are encouraged to recycle your copy of the earlier reports.

Appendices Are Separately Bound and Are Part of this Report

Due to the size of the appendices for this report, they are separately bound but are a part of this report. Please be sure that you have a copy of both the main body and the appendices. A great deal of data, particularly data specific to the counties and Baltimore City, can be found in the appendices.

2000 and 2002 Data Have Been Re-analyzed to Ensure Comparability with 2006 Data

In 2006, the CRF – Tobacco Use Prevention and Cessation Program (Tobacco Program) participated in both an independent evaluation of the Tobacco Program and the third wave of Maryland's biennial tobacco surveys (which resulted in this report). During the course of these two projects, definitions of certain variables were reviewed and updated to reflect current best practices, data from previous survey waves (2000 and 2002) were re-analyzed in light of these definitional updates, and any errors discovered in previous analyses were corrected. All changes that resulted from this process are reflected in this report to ensure that reported data can be compared over time.

95% Confidence Level Was Used for all Analysis

All estimates contained in this report were calculated at a 95% confidence level – meaning that if the fall 2006 surveys were repeated 100 times, 95 of those repeated surveys would produce estimates within the confidence interval (CI) range calculated for the estimates in this report. See Part 8 of the report for the statutory tables and Appendix A in the supplemental appendices.

Reporting of Confidence Intervals

CIs are stated as a percentage (%) plus or minus ($\pm$) from the relevant point estimate. For example, in Table 8a of Appendix A, the point estimate of current cigarette smoking for all under-age public middle and high school students in Maryland in 2006 was 10.0% with a CI of $\pm 0.5\%$. This means that if the 2006 Maryland Youth Tobacco Survey had been conducted 100 times (rather than once) in the fall of 2006, 95 of the 100 surveys would produce a point estimate for current cigarette smoking that was between 9.5% and 10.5%.

“Statistically Significant” Change

In this report, change is described as “significant” when the change has been determined to be “statistically significant.” This does not relate to the size of the change that has occurred. Rather it is determined that the change observed between years is more likely to represent real change (95%) than it is to represent chance (5%).

Measuring Significance

In this report, a conservative method of ascertaining statistical significance was used. Only when the CIs of the two estimates being compared do NOT overlap, is the change deemed statistically significant. Smaller confidence intervals increase the likelihood that a significant change may occur, whereas larger confidence intervals decrease that likelihood. Again, using the example of current cigarette smoking by under-age youth as reported in Table 5a, the estimate for 2002 was 12.5% ($\pm 1.1\%$) and for 2006 10.0% ($\pm 0.5\%$). The relative confidence intervals are: 2002 (11.4% - 13.6%) and 2006 (9.5% - 10.5%). These confidence intervals do not overlap, so the decline in current cigarette smoking between 2000 and 2006 is said to be significant at a 95% confidence level.

Focus on “Under-age” Youth in this Report

The Tobacco Program is required by statute to report on tobacco use and tobacco-use behaviors of youth younger than 18 years old to the Maryland General Assembly in this report. In contrast, published data from other states as well as national data are rarely restricted to under-age youth with that data reflecting all youth attending public middle and high schools. Therefore, caution should be taken in attempting to compare the data in this report to that reported for youth tobacco-use behaviors nationally or from other states.

Changes Made for this Report

The Tobacco Program is committed to ongoing efforts to enhance and improve the quality and reliability of the tobacco-related data it collects. With this in mind, the reader should take note of several changes made for 2006:

- **Definitional Change – Race and Ethnicity**

In 2000 and 2002, when a respondent reported multiple races and/or ethnicities, a complex algorithm employed by the CDC was used to assign that respondent to just one of the reported races or ethnicities. However, Maryland has always employed a second race/ethnicity question that allows respondents to identify for themselves the single race/ethnicity with which they most closely identify. This self-identification is important for program design and evaluation purposes. In 2006 the Tobacco Program is reporting race and ethnicity data for all years (2000, 2002, and 2006) relying on each respondent's own self-identification of the 'best' race or ethnic label that fits them rather than the race or ethnicity selected by an algorithm.

- **Definitional Change – Minority**

In 2000 and 2002, the variable “minority” was defined throughout this report as including all non-white survey respondents and all females. This definition was used to reflect the term ‘targeted minorities’ in the original program legislation. However, in 2006 this definition was changed to include only non-white survey respondents to be consistent with the common usage of that term. Data for females are stated separately in the report.

- **Definitional Change – Adult Current Smoker**

In 2000 and 2002, the definition of “current smoker” was the same for both under-age youth and adults, i.e., having smoked a cigarette during the preceding 30 days. This definition facilitated comparisons of adult and under-age youth smoking rates. However, in 2006 this definition has been changed for adults to those who: (1) have smoked at least 100 cigarettes in their lifetime; and (2) currently smoke every day or some days.

- **Definitional Change – New Initiators**

In 2000 and 2002, the definition of ‘new initiators’ included all survey respondents who had initiated cigarette smoking during the previous two years. This definition was adopted in light of the biennial nature of Maryland’s tobacco surveys. However, in 2006 this definition has been changed to include only those who had initiated tobacco use during the previous 12 months. This definitional change is consistent with CDC best practices and reporting and facilitates comparisons across survey intervals given the four-year gap between the 2002 and 2006 surveys.

- **Uniform Analysis of Data**

Previously reported analyses of the 2000 and 2002 youth survey data used a combination of SPSS and SUDAAN statistical software. Recognizing that different software can produce some differences in findings, especially in the calculation of confidence intervals, all previous youth data as well as the 2006 youth data were analyzed for this report using SUDAAN only. Likewise, to ensure consistent analyses for the adult data, all adult data for previous years as well as the 2006 adult data were analyzed using SAS. The impact of this change can be as small as a change in rounding to as important as a narrowing of reported confidence intervals.

- **Correction of Prior Analysis**

In the course of re-analyzing the 2002 data for this report and the Independent Evaluation, a systemic error was discovered with respect to estimates for under-age youth in 2002 as previously reported. The error did not impact estimates of the number of under-age tobacco users, and therefore did not impact the formula that allocates local tobacco grants between jurisdictions. In this report only the corrected 2002 data are reported. The error occurred when the percentage of respondents was used as the denominator rather than the valid percentage. This resulted in all respondents included in the denominator instead of only those individuals who responded to the question.

Example

In the 2002 data, the analysis correctly estimated the number of current under-age youth smokers in middle school Statewide as 10,110 (the numerator).

The analysis miscalculated the denominator using the percentage of respondents resulting in a prevalence rate of 5.0%.

The corrected rate, using only the valid percentage or those students who responded to the question, resulted in a prevalence rate of 5.2%.

The error was the result of using a ‘program script’ that had been saved for use in computing estimates for all youth (used to compare Maryland data with that of other states and the basis for the Program’s own analysis and subsequent reporting insofar as programmatic interventions are not restricted to under-age youth) – see earlier note ‘Focus on Under-age Youth in this Report.’ The under-age youth calculation is used only for this report as required by the original program legislation and therefore did not become apparent earlier.

SURVEY METHODOLOGY

Maryland Youth Tobacco Survey

The Maryland Youth Tobacco Survey (MYTS) uses core and optional questions developed by the U.S. Centers for Disease Control and Prevention (CDC) together with Maryland specific questions. The MYTS was administered using CDC protocols for administration of the Youth Tobacco Survey (YTS) by the states, and data were analyzed utilizing CDC procedures, edits, and controls. A copy of the 2006 MYTS questionnaire is reproduced in Appendix D.

The survey was administered in October through December of 2006. Using CDC developed edits and protocols, responses were analyzed for inconsistencies in responses (for example, to eliminate responses from students who randomly completed the answer sheets) and to ensure that the student responses represented a good-faith effort to respond to the questionnaire (for example, a minimum of 25% completion was required to include the responses of a student in the analysis).

DHMH is required by statute to utilize the MYTS to develop separate estimates of tobacco use by under-age youth for the State as a whole and for each of Maryland's 23 counties and Baltimore City. Because the MYTS is administered in the classroom, sample frames had to be separately developed for both public middle and high schools, resulting in 48 distinct sample frames (two sample frames for each jurisdiction, one middle school frame and one high school frame).

MYTS Design

The number of schools and students needed to participate was guided by the goal of ensuring that estimates for key variables for each of the 24 jurisdictions had confidence intervals no greater than $\pm 5\%$ for middle school estimates and $\pm 3\%$ for high school estimates, with a 95% confidence level. Schools and students were randomly selected using a two stage cluster design with a focus on developing estimates for a given jurisdiction.

Stage One – Random Selection of Schools

Each sampling frame consisted of all public schools that included the target grades. For middle school frames, the targeted grades were 6th, 7th, and 8th grades. For high school sampling frames, the targeted grades were 9th, 10th, 11th, and 12th grades. Schools that districts identified as alternative schools, as serving predominately adults, or as serving only special education students were excluded from the sampling frames. Schools then were randomly selected within each frame, with the odds of a school being selected being proportional to their declared enrollment as compared to the stated enrollment for all eligible schools for the jurisdiction in which the school is located. In 20 jurisdictions, all high schools within the sample frame were selected, and in 17 jurisdictions all middle schools were selected. By statute, all school districts and schools must participate in the MYTS if selected. Administration of the survey was scheduled on a date convenient to each individual school during the survey period.

Stage Two – Random Selection of Classrooms

Lists of all second period classrooms (or their equivalent) within selected schools were obtained and classes were randomly selected to participate in the survey. All classes had an equal chance of selection. All students were provided with a parental permission form to give them and their parents the opportunity to opt out of participating in the survey. All students with parental permission who voluntarily agreed to participate in the survey and were able to do so without individual assistance were considered eligible to participate.

Survey Administration

Student participation was wholly voluntary with opportunities having been provided in advance for parents to exclude their student from participating. Students also were afforded an opportunity to assent or not assent to survey participation. Even if a student agreed to participate, they were allowed to withdraw their assent at any time.

At the election of each school, the surveys were administered either in individual classrooms or in alternative locations (with classes sitting together, where two or more selected classes could be surveyed together). DHMH's survey contractor administered the survey while school personnel were present as directed by each individual school. The survey administrator followed a written script to ensure that survey conditions remained consistent. Students were reminded that the survey was confidential and that they were not to write their names or other identifying information on their answer sheets. Answer sheets were collected by classroom and maintained in that fashion for quality control purposes.

A total of 308 schools were selected for and participated in the 2006 MYTS (151 middle schools and 157 high schools). A total of 82,500 students from those schools submitted answer sheets that could be used for analysis (24,419 middle school students and 58,081 high school students).

Survey Processing and Analyses

All student answer sheets were individually reviewed to ensure that they had no stray marks or identifying information. Any stray marks or identifying information were erased. Damaged answer sheets were copied onto new answer sheets. Answer sheets were scanned in batches, by class and by school, using an NCS Opscan 10 scanner, supported by ScanTools Software. The software was programmed to ensure that only marks in valid response fields were read by the scanner.

After answer sheets were scanned and counts of scanned answer sheets were matched against the actual number of answer sheets, a consolidated data file was developed, and data were edited following CDC protocols. Data were analyzed following CDC protocols.

Results from the 2000, 2002, and 2006 MYTS can be compared to national prevalence rates developed from the National Youth Tobacco Survey (NYTS). The also can be compared to results of youth tobacco surveys of other states. However, caution should be applied in making a direct comparison using the data from this report. By statute, DHMH is required to report much of the data developed for this report for under-age youth only, that is, youth who are less than 18 years old. National data, and data from other states may not be limited to under-age youth, including for example, those high school students who are 18 years old at the time they take the survey. Nonetheless, DHMH does separately develop estimates for all youth, regardless of age, and those data can be used when making direct comparisons. These data are available upon written request.

Maryland Adult Tobacco Survey

The Maryland Adult Tobacco Survey (MATS) was developed by DHMH with assistance from the CDC. It was administered according to CDC's Adult Tobacco Survey (ATS) protocol, using Computer-Assisted Telephone Interviewing (CATI) technology. A copy of the 2006 MATS questionnaire is reproduced in Appendix E.

The MATS data collection began in September 2006 and concluded in January 2007.

DHMH is required by statute to utilize the MATS to develop separate estimates of tobacco use by adults for each of Maryland's 23 counties and Baltimore City, as well as for the State as a whole. Thus, the MATS survey employed a stratified sampling design. This design specifies 24 geographic strata, which represent the 24 political jurisdictions.

MATS Design

A sample of 290,700 telephone numbers were sampled from all non-institutionalized Maryland adults (ages 18 and older) residing in telephone-equipped dwellings with 21,750 interviews as the target for completion. To prevent bias and ensure that the household sample is representative, the telephone numbers in the MATS are selected at random. To ensure the respondents selected are as representative as possible of the entire Maryland adult population, the CATI system conducts a random sample of the eligible individuals in a household. The sample is based on demographic factors provided to the interviewer and include age, sex, race, parents of children, and adults without children.

Survey Administration

Adult participation was wholly voluntary; respondents could decline participation at any time during the survey administration. DHMH's survey contractor administered the survey. Experienced, supervised personnel conducted the MATS interviews. To maximize response rates, calls were concentrated between 5 p.m. and 9 p.m. Monday through Friday and between 10 a.m. and 9 p.m. on Saturday and Sunday, EST. A portion of calls was conducted between 9 a.m. and 5 p.m. Monday through Friday, EST, in order to complete interviews with respondents who were only at home during the day.

To ensure data quality prior to entering the field, the MATS CATI survey was tested rigorously by several experienced program managers. Testing included: developing scenarios to test all possible paths through the questionnaire; checking frequencies of randomly generated data; and verifying frequencies of the data after the first day of interviewing.

Quality control indicators were tracked by producing reports that read the survey data file, generating summary statistics on the following: interviewer efficiencies (completes per hour, both on an individual and project level); lower-bound and upper-bound response rates; demographics on completed interviews; all call dispositions; and sample status (number of attempts, percent complete, refusal rates).

As an additional layer of quality assurance, interviewer performance was monitored through supervisors and quality assurance (QA) assistants, as well as with formal and informal performance evaluations. At least 10 percent of all interviews were monitored by tapping into interviewers'

telephone lines and using the CATI system's monitoring module to follow the course of the interview on a computer screen. Interviewers were scored on several measures of interview performance designed to reinforce proper interviewer protocol and data quality.

Data were collected directly in electronic format to a secure server and upon completion of the fielding period were converted for delivery to DHMH.

A total of 21,799 interviews were completed during the 126-day fielding period. The average interview length was 17.1 minutes. The interview length differed by smoking status. Current smokers had an average interview length of 24.5 minutes; former smokers the average interview length was 18.2 minutes; and nonsmokers, 14.9 minutes.

Results from the 2000, 2002, and 2006 MATS can be compared to adult tobacco surveys of other states.

Part 1 - Tobacco and Health

TOBACCO AND HEALTH

Overview

- Smoking cigarettes causes at least 10 types of cancer, a variety of cardiovascular diseases, a number of respiratory diseases, and reproductive health effects. Active smoking causes an average of 6,841 premature deaths in Maryland annually.¹
- Smoking by pregnant women can also cause neonatal deaths. Problems caused by maternal smoking include potentially dangerous short-gestation/low birth weight, sudden infant death syndrome (SIDS), respiratory distress syndrome, and other respiratory conditions.²
- Exposure to secondhand smoke also has a significant and negative impact on health. In Maryland, it is estimated to be responsible for 1,600 premature deaths every year.³
- Smokeless tobacco contains 28 different carcinogens,⁴ is a known cause of human cancer,⁵ most particularly of the oral cavity.⁶ In addition to oral cancer, the use of smokeless tobacco also is associated with leukoplakia, a lesion of the soft tissue in the mouth (a white patch that cannot be scraped off) as well as recession of the gums.⁷
- In light of the known health hazards associated with smokeless tobacco products, they cannot be seen as a safe alternative to active smoking.

Figure 1
Annual Burden on Health

<u>Premature Deaths from Smoking</u>	
Smoking:	6,841
Secondhand Smoke:	<u>1,600</u>
	8,441

<u>Living with Disease Caused by Smoking</u>	
Adult Tobacco Disease	149,600
Caused by Smoking	149,600

Smoking

- An average of at least 6,841 Maryland adults are estimated to die prematurely every year due to their smoking of cigarettes according to the Centers for Disease Control and Prevention (CDC).⁸
- This makes tobacco use the single largest cause of preventable death in Maryland.

TOBACCO AND HEALTH

Smoking ('cont.)

- Smoking can cause serious illness. An estimated 149,600 Maryland adults are currently estimated to be living with one or more diseases or cancers that were caused by their smoking.⁹
- Aside from specific cancers and diseases caused by smoking, smoking is negatively associated with a person's self-reported health status.
- In the fall of 2006, a survey of Maryland adults found that 69.7% of adults who have never smoked describe their health as being in "very good" or "excellent" health as compared to a significantly lower 48.1% of current smokers.

Figure 2

Average Annual Mortality Attributable to Active-Smoking among Maryland Adults 35 Years of Age and Older (1997-2001)¹

Disease Category	Male	Female	Total
Cancers	1,891	1,082	2,973
Cardiovascular Diseases	1,315	959	2,274
Respiratory Diseases	765	829	1,594
Total	3,971	2,870	6,841

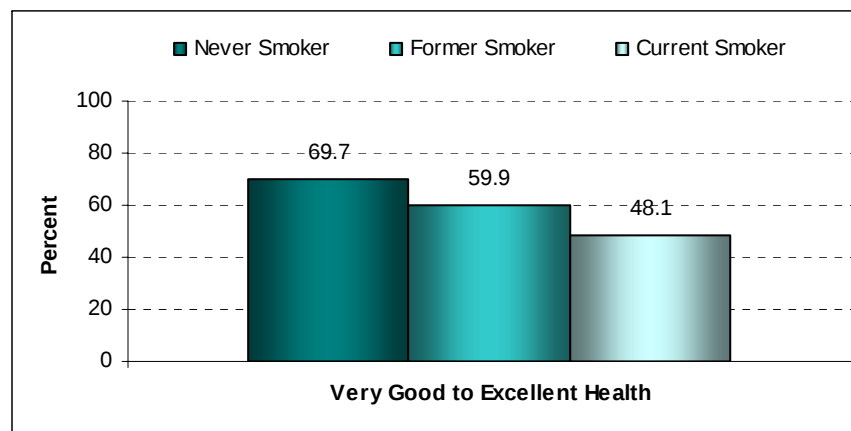
Source: Centers for Disease Control and Prevention, Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC)

On-line application, accessible at: <http://apps.nccd.cdc.gov/sammec/intro.asp>

Source: Maryland Adult Tobacco Survey, 2006

Figure 3

Self-Reported Very Good to Excellent Health, by Smoking Status Maryland Adults, Ages 18 and Older, Fall 2006



TOBACCO AND HEALTH

Passive-Smoking or Secondhand Smoke

- Secondhand smoke is composed of sidestream smoke (the smoke released from the burning end of a cigarette) and exhaled mainstream smoke (the smoke exhaled by the smoker).
- Sidestream smoke is generated at lower temperatures and under different conditions than mainstream smoke, it contains higher concentrations of many of the toxins found in inhaled cigarette smoke.¹⁰
- The National Toxicology Program estimates that at least 250 chemicals in secondhand smoke are known to be toxic or carcinogenic (cancer causing).¹¹
- Secondhand smoke has been designated as a known human carcinogen (cancer-causing agent) by the U.S. Environmental Protection Agency, National Toxicology Program and the International Agency for Research on Cancer (IARC). The National Institute for Occupational Safety and Health has concluded that secondhand smoke is an occupational carcinogen.¹²
- Secondhand smoke harms the health of adults and children by causing:¹³
 - Cancer
 - Heart Disease
 - Acute Respiratory Effects
 - Sudden Infant Death Syndrome
 - Ear Problems in Children
 - More Severe Asthma in Children
 - Slower Lung Growth in Children
- Passive-smoking is estimated by the Johns Hopkins Bloomberg School of Public Health to be responsible for another 1,600 deaths annually (exclusive of death due to fires resulting from careless smoking).¹⁴

TOBACCO AND HEALTH

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² Ibid

³ Waters, Hugh. *Report: The Economic Impact of Secondhand Smoke in Maryland*, Johns Hopkins Bloomberg School of Public Health, February 14, 2006, Prepared for the American Cancer Society

⁴ National Cancer Institute. *Smokeless Tobacco or Health: An International Perspective*. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 1992.

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⁶ Ibid

⁷ U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994.

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¹⁰ U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General—Executive Summary*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

¹¹ A Hyland, Q Li, J Bauer, GA Giovino, J Yang, KM Cummings. *Cigarette Smoking-Attributable Morbidity by State*. Department of Health Behaviors, Roswell Park Cancer Institute. Report Released by the Roswell Park Cancer Institute, September 5, 2003.

¹² Ibid

¹³ Ibid

¹⁴ Waters, Hugh. *Report: The Economic Impact of Secondhand Smoke in Maryland*, Johns Hopkins Bloomberg School of Public Health, February 14, 2006, Prepared for the American Cancer Society

Part 2 – Smoking-Attributable Medical Expenditures

SMOKING-ATTRIBUTABLE MEDICAL EXPENDITURES

Adult Medical Expenditures

- Smokers have higher medical expenses than do non-smokers. A significant percentage of adult personal health expenditures can be attributed directly to smoking.¹
- Annual smoking-attributable adult medical expenditures in Maryland were estimated to total \$1.53 billion in 1998,² and \$2.2 billion by 2004.³
- The average *annual* increase in smoking-attributable adult medical expenditures over this period was \$116.7 million. Unless this growth rate is reduced, smoking-attributable medical expenditures will reach nearly \$3 billion annually by 2010.
- Smoking-attributable adult medical expenditures can be expressed as smoking-attributable fractions (SAF's). An SAF is the fraction of all costs of a medical expenditure category that is attributable to smoking.³

<i>Ambulatory Care</i>	9.83%
<i>Hospital Care</i>	4.22%
<i>Prescription Drugs</i>	7.71%
<i>Nursing Home Care</i>	23.60%
<i>All Other</i>	6.65%

- Based upon these SAF's, the Maryland economy's annual smoking-attributable medical expenditure of \$2.2 billion is distributed as follows:³

Figure 4
Growth in Maryland's Smoking-Attributable Medical Expenditures

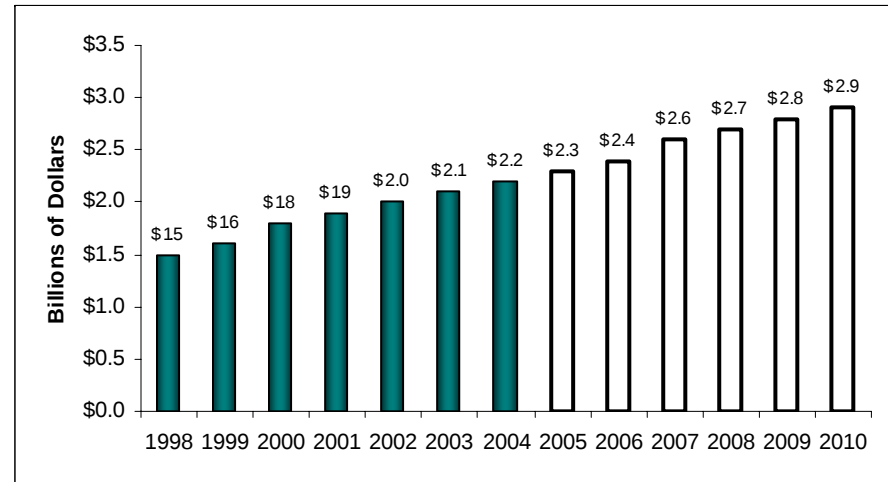
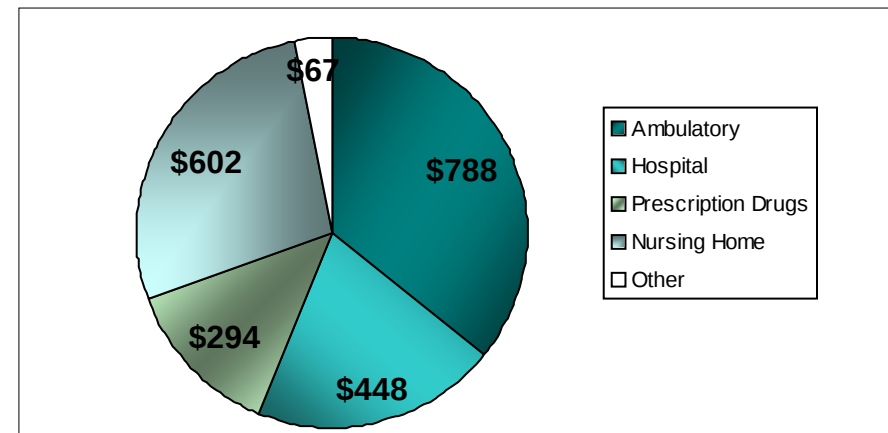


Figure 5
Allocation of Annual Smoking-Attributable Medical Expenditures
(In Millions of Dollars)



SMOKING-ATTRIBUTABLE MEDICAL EXPENDITURES

Prenatal Medical Expenditures

- Much of the smoking-attributable medical expenditures are incurred many years, if not decades, after an individual starts smoking. However, the medical costs of women smoking during pregnancy are apparent in the short-term.
- Based upon the latest available data (2004), the CDC calculates the smoking attributable fraction for neonatal medical expenditures as 1.33%. This translates into an annual cost for smoking by pregnant women in Maryland of over \$3,196,000.³
- These short-term annual smoking-attributable neonatal costs are distributed across a variety of health care payers. Government sponsored programs pay for over 45% of the cost of these costs, as shown in Figure 6.³

Controlling Smoking-attributable Medical Expenditures

- There are two primary strategies available for controlling smoking-attributable medical expenditures:
 - Prevention and Cessation: Preventing smoking-attributable disease through comprehensive tobacco-control programs that encourage smokers to quit and youth and young adults not to start smoking.
 - Medical Cost-Management: Post disease incidence management of medical expenditures in an attempt to reduce costs *after* a smoking-attributable disease is diagnosed.
- Achieving Maryland's goal of a sustained 50% reduction in smoking from 2000 levels can produce annual savings of \$968.2 million.³

Figure 6
Growth in Maryland's Smoking-Attributable Medical Expenditures

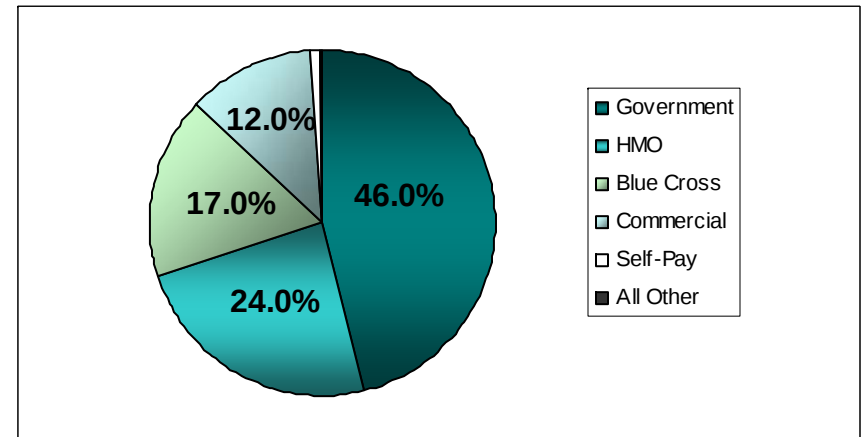
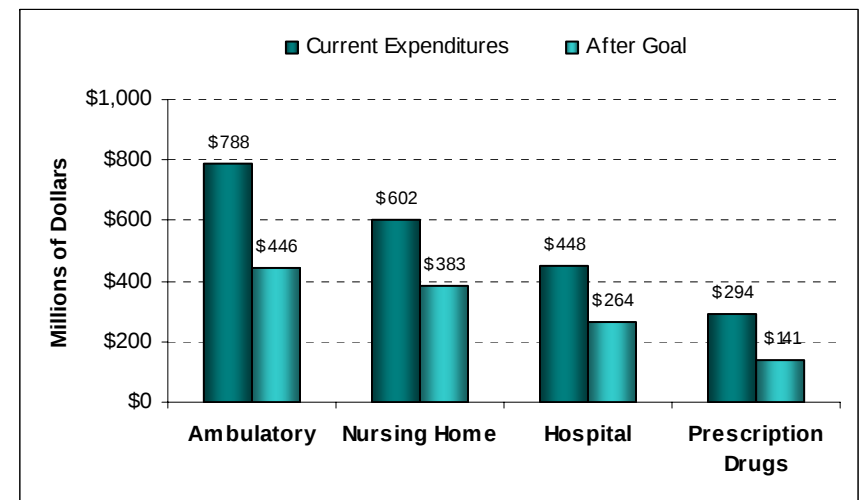


Figure 7
Impact on Medical Costs of Achieving Maryland's Tobacco-control Goals

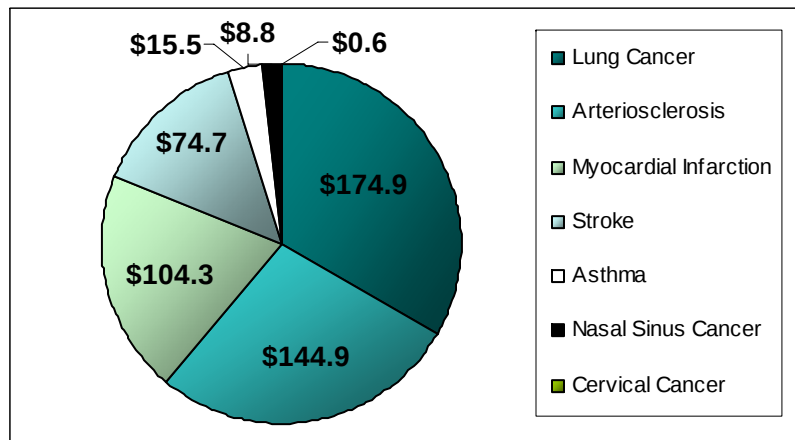


SMOKING-ATTRIBUTABLE MEDICAL EXPENDITURES

Exposure to Secondhand Smoke

- In addition to smoking, exposure to secondhand smoke (SHS) also results in otherwise preventable medical expenditures.
- The Johns Hopkins Bloomberg School of Public Health conducted a study of the costs associated with the exposure of Maryland youth and adults to SHS for calendar year 2005 at the request of the American Cancer Society.⁴
- In this study, adult exposure to SHS smoke in Maryland was estimated to result in \$523,710,000 in medical expenditures in 2005.⁴

Figure 8
Medical Expenditures Resulting from Adult Exposure to
Secondhand Smoke (Millions of Dollars), 2005



Aggregation of data categories from original data by DHMH

- Underage youth are also significantly impacted by exposure to SHS.⁴

Illnesses	Age Group	% SHS Attributable
Low Birth Weight	Births	18%
RSV Bronchiolitis-Hospitalizations	<3 years	25%
Acute Otitis Media-Office Visits	<15 years	14%
Otitis Media-tympanostomies	<18 years	14%
Asthma – ER Visits	<18 years	14%
Asthma – Office Visits	<18 years	14%
Asthma – Hospitalizations	<18 years	14%
Deaths		
Perinatal Deaths	<1 month	5%
Sudden Infant Death Syndrome	<1 year	36%
RSV Bronchiolitis	<3 years	25%
Asthma	<18 years	14%

- In 2005 the estimated medical expenditures to treat conditions resulting from youth exposure to SHS was almost \$72,000,000 (exclusive of the cost of treating burns from fires caused by smoking).⁴
- Altogether, exposure to secondhand smoke in Maryland results in \$595.7 million in medical expenditures that could be avoided if smokers did not expose persons around them to the smoke from their lit tobacco products.

SMOKING-ATTRIBUTABLE MEDICAL EXPENDITURES

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Part 3 - Reducing the Initiation of Tobacco-use Behaviors

STAGES OF INITIATION FOR MARYLAND UNDER-AGE MIDDLE SCHOOL YOUTH

Nonsmoking Under-age Middle School Youth (Precontemplation & Contemplation Stages)

- Between 2000 and 2006, there was a significant increase in the percentage of middle school under-age youth not considering starting smoking (i.e., Precontemplation) and a significant decline in under-age middle school youth considering beginning smoking (i.e., Contemplation) across the State.
- Among middle school youth Statewide, there was a 13% relative increase in youth in Precontemplation and a 34% relative decline in youth in Contemplation.

Under-age Middle School Youth Currently Smoking (Preparation, Action and Maintenance Stages)

- Between 2000 and 2006, there were significant declines among middle school under-age youth who were regular smokers (i.e., youth in Action and Maintenance) as well middle school under-age youth who were experimenting with smoking (i.e., youth in Preparation) across the State.
- There were substantial relative declines in Preparation (54%), Action (60%), and Maintenance (45%).

Note: Percentages of all five stages of initiation (Precontemplation, Contemplation, Preparation, Action, and Maintenance) should total 100% (allowing for rounding) for each year.

Figure 9
Stages of Initiation Among Nonsmoking Under-age Middle School Youth

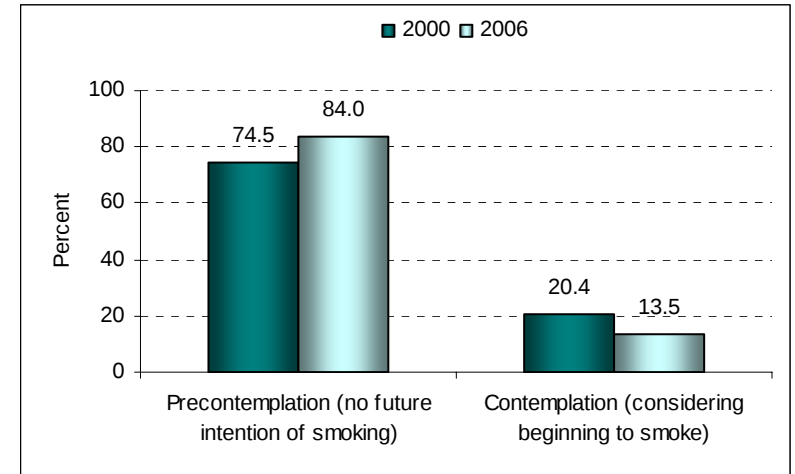
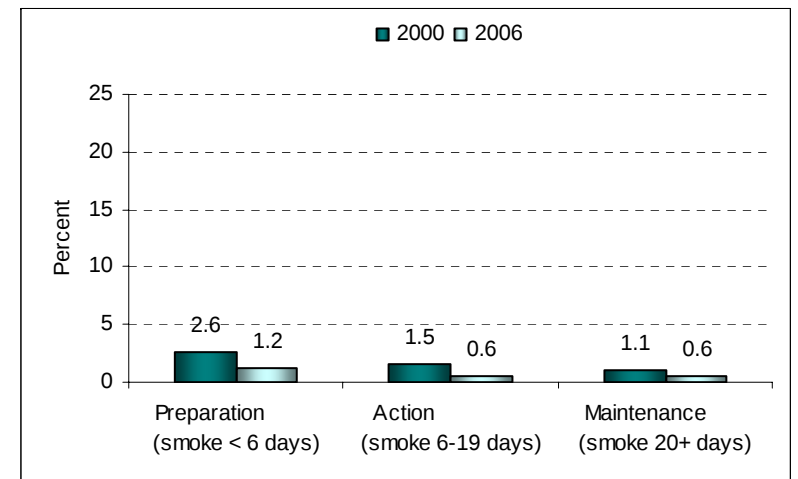


Figure 10
Stages of Initiation Among Under-age Middle School Youth Who Currently Smoke



STAGES OF INITIATION FOR MARYLAND UNDER-AGE MIDDLE SCHOOL YOUTH

Nonsmoking Under-age High School Youth (Precontemplation & Contemplation Stages)

- There was a significant increase in the percentage of high school under-age youth not considering starting smoking (i.e., Precontemplation) and a significant decline in under-age high school youth considering beginning smoking (i.e., Contemplation) across the State.
- Among high school youth Statewide, there was 24% relative increase in youth in Precontemplation and a 23% relative decline in youth in Contemplation.

Under-age High School Youth Currently Smoking (Preparation, Action and Maintenance Stages)

- Between 2000 and 2006, there were significant declines among high school under-age youth who were regular smokers (i.e., youth in Action and Maintenance) as well high school under-age youth who were experimenting with smoking (i.e., youth in Preparation) across the State.
- There were substantial relative declines in Preparation (31%), Action (34%) and Maintenance (45%).

Figure 11
Stages of Initiation Among Nonsmoking Under-age High School Youth

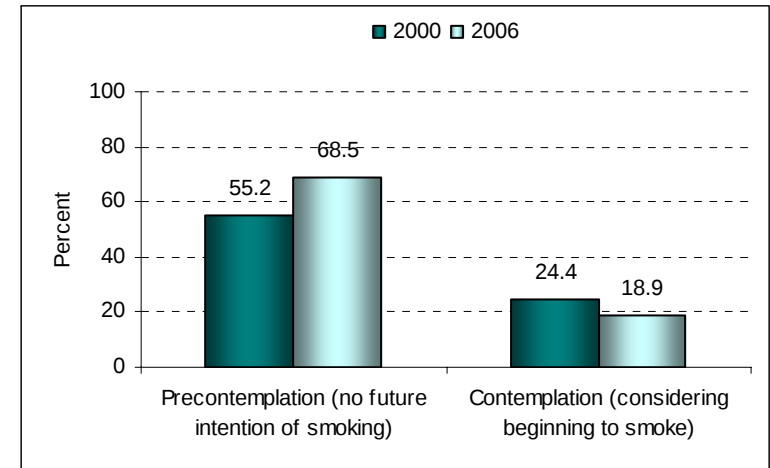
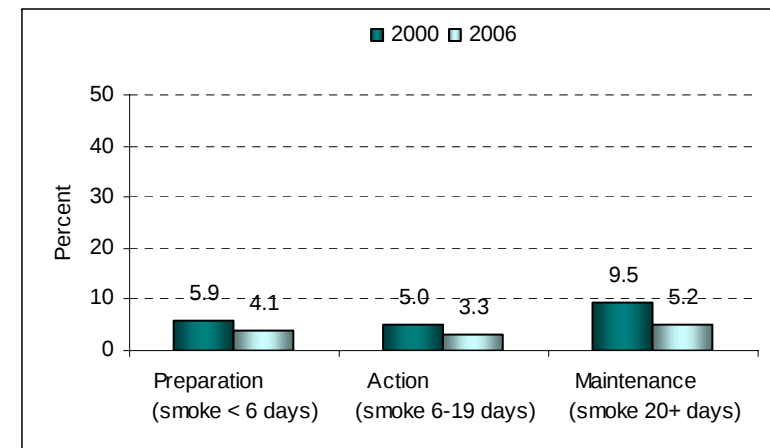


Figure 12
Stages of Initiation Among Under-age High School Youth Who Currently Smoke



INITIATION OF TOBACCO USE BY MARYLAND UNDER-AGE YOUTH

Percentage of Maryland under-age youth (<18) who initiated tobacco use in the past year

Under-age Youth Generally

- Between 2000 and 2006, there was a significant decline in the percentage of under-age youth who initiated tobacco use in the past 12 months (19.5% and 15.0%, respectively). This change represents a relative decline of 23% in the initiation of tobacco use among under-age youth.

Under-age Minority Youth

- Initiation of tobacco use in the past year declined significantly among minority under-age youth, from 16.7% in 2000 to 12.4% in 2006, representing a decline of 26%.

Under-age Youth by Gender

- Among male under-age youth, there was a significant decline in the initiation of tobacco use between 2000 and 2006 (20.1% and 15.8%, respectively). This change represents a 21% decline in the initiation of tobacco use among male under-age youth.
- Significant declines in the initiation of tobacco use also were observed among female under-age youth between 2000 and 2006 (18.8% and 14.2%, respectively). This change represents a 25% decline in the initiation of tobacco use among female under-age youth.

Figure 13
Under-age Youth Initiated Tobacco Use in the Past Year

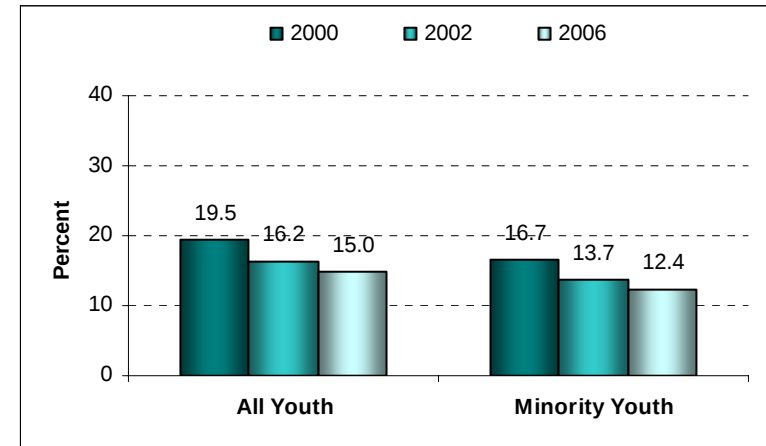
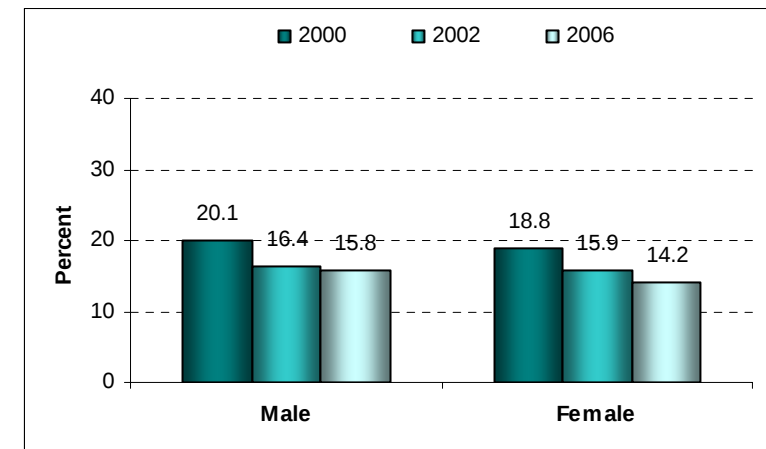


Figure 14
Under-age Youth Initiated Tobacco Use in the Past Year by Gender



INITIATION OF TOBACCO USE BY MARYLAND UNDER-AGE YOUTH

Percentage of Maryland under-age youth (<18) who initiated tobacco use in the past year

Under-age Youth by School Level

- Between 2000 and 2006, there was a significant decline in the initiation of tobacco use among middle school (13.3% and 7.4%, respectively) and high school under-age youth (24.8% and 20.7%, respectively).
- The initiation of tobacco use among under-age middle school students declined 44%, whereas the initiation of tobacco use among under-age high school students declined 17%.

Under-age Youth by Grade

- Between 2000 and 2006, there was no significant change in the initiation of tobacco use among 11th (21.8% and 20.7%, respectively) or 12th graders (30.8% and 28.0%, respectively).
- Between 2000 and 2006, there were significant declines in the initiation of tobacco use among:
 - 6th graders: from 6.8% in 2000 to 3.5% in 2006, representing a decline of 49%
 - 7th graders: from 13.0% in 2000 to 6.9% in 2006, representing a decline of 47%
 - 8th graders: from 20.4% in 2000 to 11.6% in 2006, representing a decline of 43%
 - 9th graders: from 20.8% in 2000 to 15.8% in 2006, representing a decline of 24%
 - 10th graders: from 28.1% in 2000 to 20.9% in 2006, representing a decline of 26%

Figure 15
Under-age Youth Initiated Tobacco Use in the Past Year by School Level

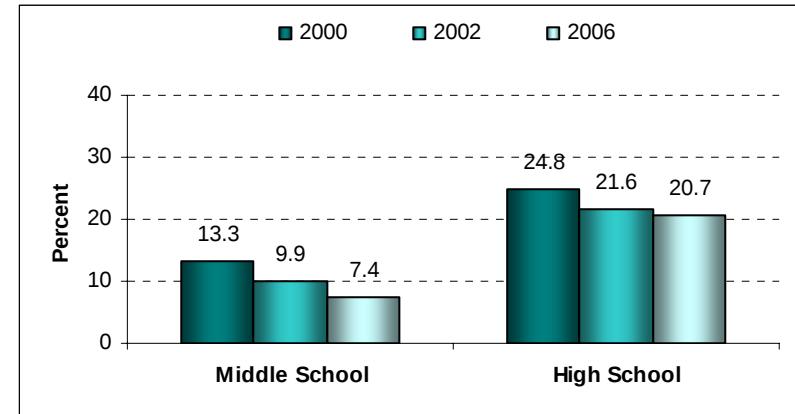
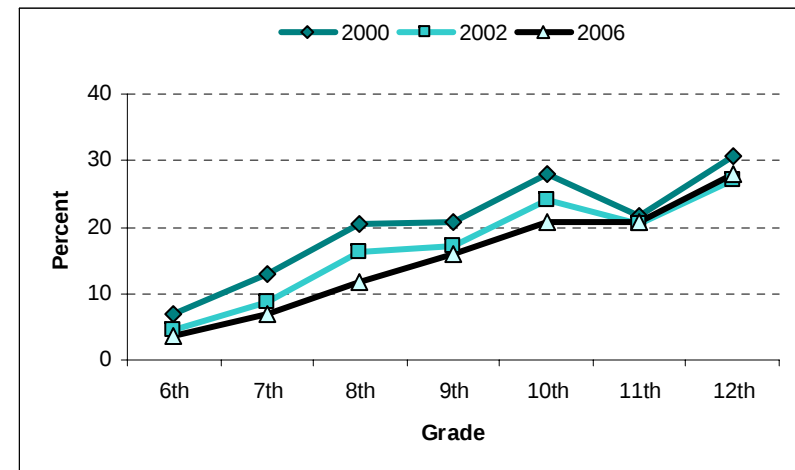


Figure 16
Under-age Youth Initiated Tobacco Use in the Past Year by Grade



INITIATION OF TOBACCO USE BY MARYLAND UNDER-AGE YOUTH

Percentage of Maryland under-age youth (<18) who initiated tobacco use in the past year

Suburban Washington

- The initiation of tobacco use among under-age youth in the Suburban Washington region declined significantly between 2000 and 2006 (16.2% and 12.6%, respectively), representing a decline of 22%.

Baltimore Region

- Initiation of tobacco use among under-age youth in the Baltimore region declined significantly between 2000 and 2006 (20.0% and 15.3%, respectively), representing a decline of 24%.

Southern Maryland

- Between 2000 and 2006, there was a significant decline in the initiation of tobacco use among under-age youth in the Southern Maryland region (22.3% and 15.7%, respectively). The Southern Maryland region experienced the most relative change in the initiation of tobacco use among under-age youth between 2000 and 2006, a decline of 30%.

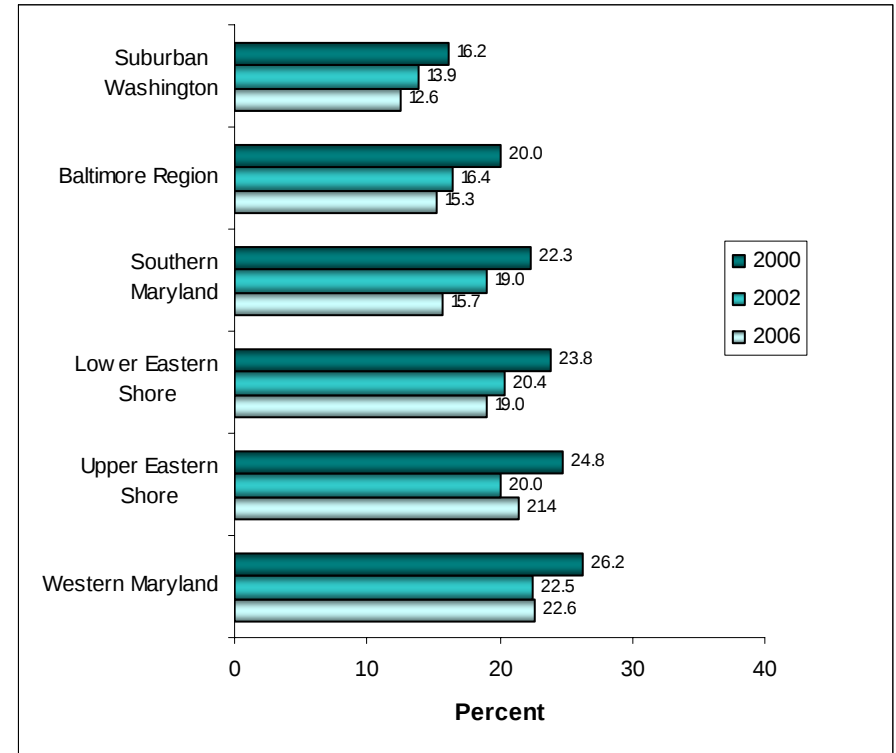
Lower Eastern Shore

- There was a significant decline in the initiation of tobacco use among under-age youth in the Lower Eastern Shore region between 2000 and 2006 (23.8% and 19.0%, respectively), representing a decline of 20%.

Upper Eastern Shore

- The initiation of tobacco use among under-age youth in the Upper Eastern Shore region declined significantly between 2000 and 2006 (24.8% and 21.4%, respectively), representing a decline of 14%.

Figure 17
Under-age Youth Initiated Tobacco Use in the Past Year by Region



Western Maryland

- Between 2000 and 2006, there was no significant change in the initiation of tobacco use among under-age youth in the Western Maryland region (26.2% and 22.6%, respectively).

INITIATION OF TOBACCO USE BY MARYLAND UNDER-AGE YOUTH

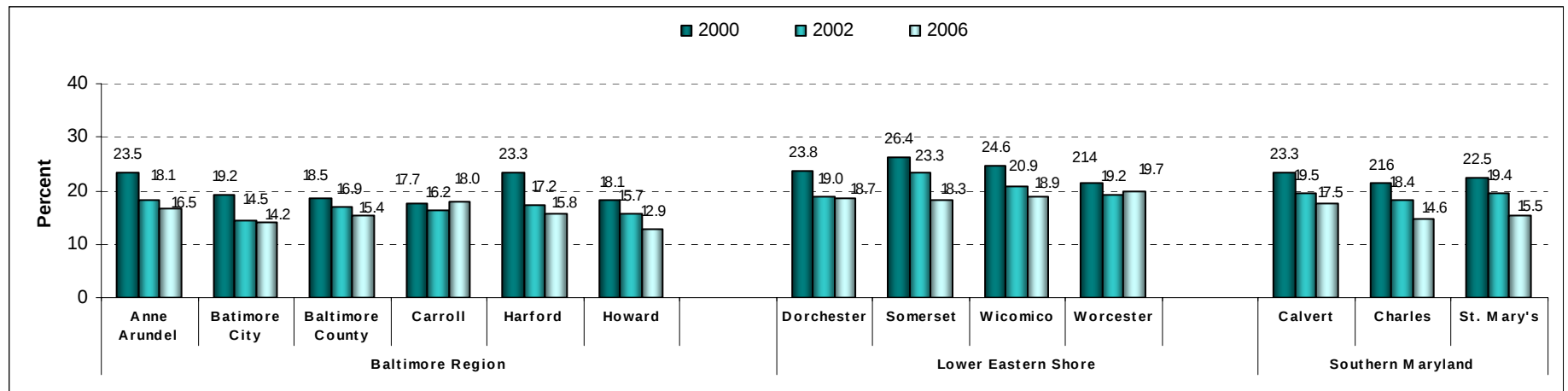
Percentage of Maryland under-age youth (<18) who initiated tobacco use in the past year

Under-age Youth by Jurisdiction

- Between 2000 and 2006, there have been significant declines in the percentage of under-age youth who initiated tobacco use in the past year in:
 - Anne Arundel County: from 23.5% in 2000 to 16.5% in 2006, representing a decline of 30%
 - Baltimore City: from 19.2% in 2000 to 14.2% in 2006, representing a decline of 26%
 - Harford County: from 23.3% in 2000 to 15.8% in 2006, representing a decline of 32%
 - Howard County: from 18.1% in 2000 to 12.9% in 2006, representing a decline of 29%
 - Dorchester County: from 23.8% in 2000 to 18.7% in 2006, representing a decline of 21%
 - Somerset County: from 26.4% in 2000 to 18.3% in 2006, representing a decline of 31%
 - Wicomico County: from 24.6% in 2000 to 18.9% in 2006, representing a decline of 23%
 - Calvert County: from 23.3% in 2000 to 17.5% in 2006, representing a decline of 25%
 - Charles County: from 21.6% in 2000 to 14.6% in 2006, representing a decline of 32%
 - St. Mary's County: from 22.5% in 2000 to 15.5% in 2006, representing a decline of 31%

Figure 18

Under-age Youth Initiated Tobacco Use in the Past Year by Jurisdiction



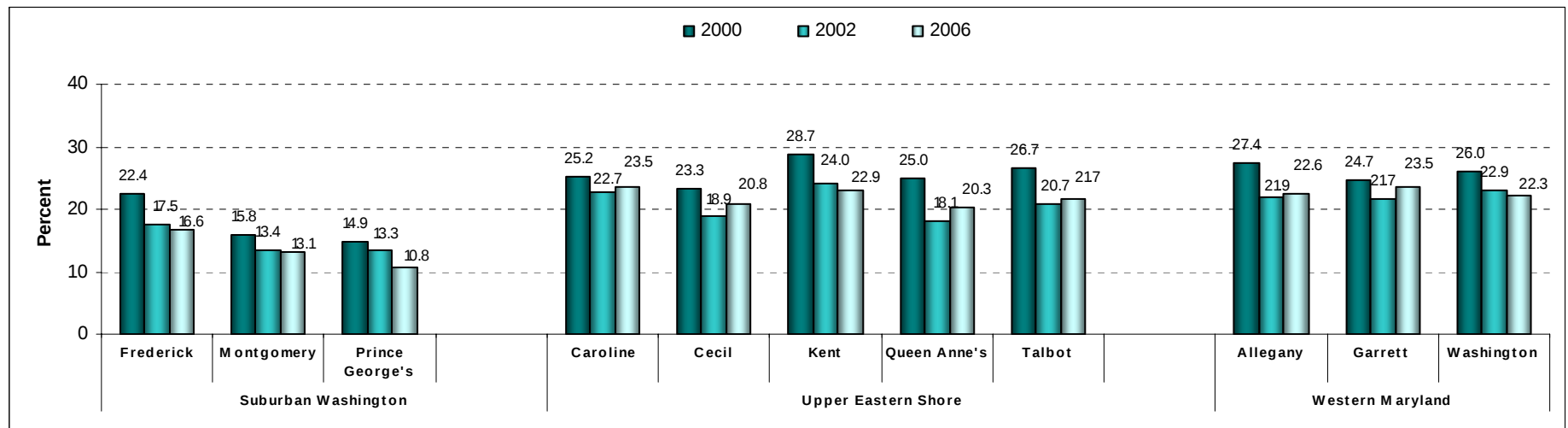
INITIATION OF TOBACCO USE BY MARYLAND UNDER-AGE YOUTH

Percentage of Maryland under-age youth (<18) who initiated tobacco use in the past year

Under-age Youth by Jurisdiction ('cont.)

- Between 2000 and 2006, there have been significant declines in the percentage of under-age youth who initiated tobacco use in the past year in:
 - Frederick County: from 22.4% in 2000 to 16.6% in 2006, representing a decline of 26%
 - Prince George's County: from 14.9% in 2000 to 10.8% in 2006, representing a decline of 28%

Figure 19
Under-age Youth Initiated Tobacco Use in the Past Year by Jurisdiction



Part 4 – Prevalence of Tobacco Use

TOBACCO USE BY MARYLAND UNDER-AGE YOUTH

Percentage of Maryland under-age youth (<18) who used one or more tobacco products in the past 30 days

Under-age Youth Generally

- Between 2000 and 2006, there was a significant decline in current tobacco use - the use of one or more tobacco products (i.e., bidis, cigarettes, cigars, kreteks, pipes, or smokeless tobacco) in the past 30 days - among all under-age youth (21.4% and 15.6%, respectively).
- This change represents a decline of 27% in tobacco use among under-age youth between 2000 and 2006.

Under-age Minority Youth

- Current tobacco use among minority under-age youth declined significantly between 2000 and 2006 (18.9% and 14.4%, respectively), representing a 24% decline.

Under-age Youth by Gender

- Among male under-age youth, there was a significant decline in current tobacco use between 2000 and 2006 (22.7% and 18.1%, respectively). This represents a 20% decline in tobacco use between 2000 and 2006.
- Significant declines in tobacco use were also observed among female under-age youth between 2000 and 2006 (19.9% and 12.9%, respectively), representing a decline of 35%.

Figure 20
Current Tobacco Use Among Under-age Youth

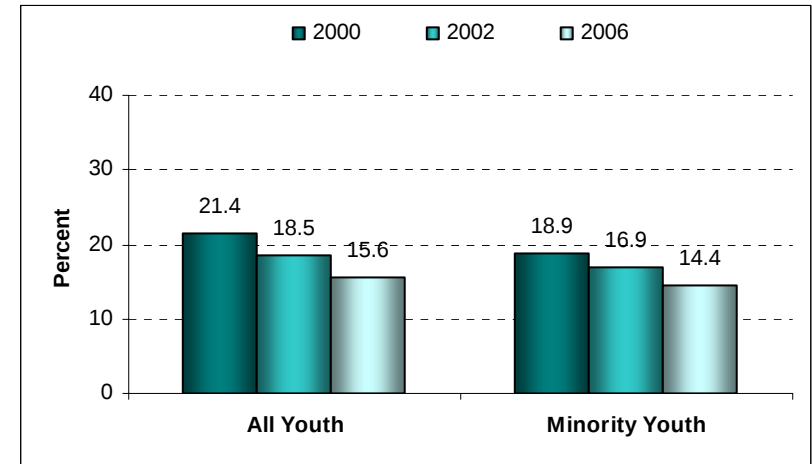


Figure 21
Current Tobacco Use Among Under-age Youth by Gender



TOBACCO USE BY MARYLAND UNDER-AGE YOUTH

Percentage of Maryland under-age youth (<18) who used one or more tobacco products in the past 30 days

Under-age Youth by School Level

- Between 2000 and 2006, there was a significant decline in current tobacco use among middle school (12.1% and 7.5%, respectively) and high school under-age youth (29.4% and 21.6%, respectively).
- Tobacco use among middle school under-age youth declined 38% from 2000 to 2006, whereas the prevalence of tobacco use among high school under-age youth declined by 27%.

Under-age Youth by Grade

- There was no significant change in tobacco use among 6th (6.1% and 5.1%, respectively) and 7th graders (10.7% and 7.6%, respectively) between 2000 and 2006.
- Between 2000 and 2006, there were significant declines in tobacco use among:
 - 8th graders: from 19.7% in 2000 to 11.6% in 2006, representing a decline of 41%
 - 9th graders: from 25.2% in 2000 to 16.1% in 2006, representing a decline of 36%
 - 10th graders: from 28.3% in 2000 to 19.8% in 2006, representing a decline of 30%
 - 11th graders: from 30.4% in 2000 to 22.3% in 2006, representing a decline of 27%
 - 12th graders: from 36.4% in 2000 to 28.1% in 2006, representing a decline of 23%

Figure 22

Current Tobacco Use Among Under-age Youth by School Level

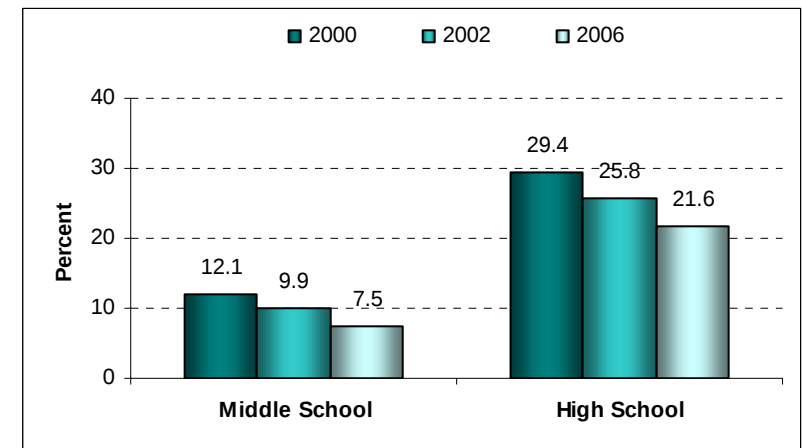
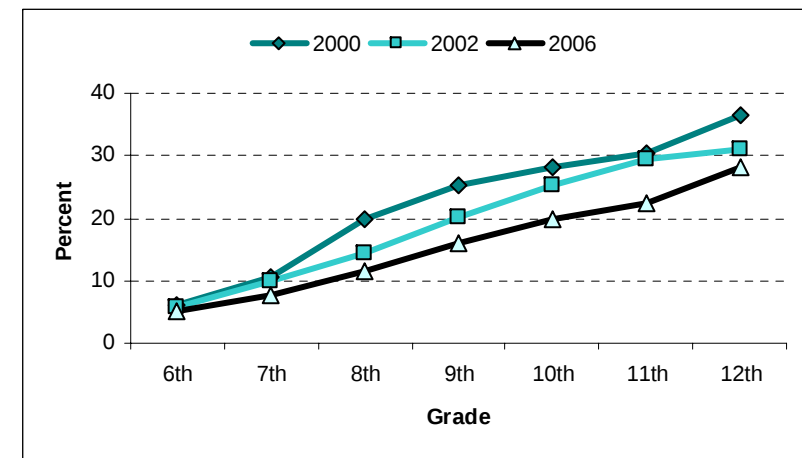


Figure 23

Current Tobacco Use Among Under-age Youth by Grade



TOBACCO USE BY MARYLAND UNDER-AGE YOUTH

Percentage of Maryland under-age youth (<18) who used one or more tobacco products in the past 30 days

Suburban Washington

- Tobacco use among under-age youth in the Suburban Washington region declined significantly between 2000 and 2006 (17.9% and 13.7%, respectively), representing a decline of 23%.

Baltimore Region

- Current tobacco use among under-age youth in the Baltimore region declined significantly between 2000 and 2006 (21.9% and 15.8%, respectively), representing a decline of 28%.

Southern Maryland

- Between 2000 and 2006, there was a significant decline in tobacco use among under-age youth in the Southern Maryland region (24.3% and 15.3%, respectively). The Southern Maryland region experienced the most relative change in tobacco use among under-age youth between 2000 and 2006, representing a decline of 37%.

Lower Eastern Shore

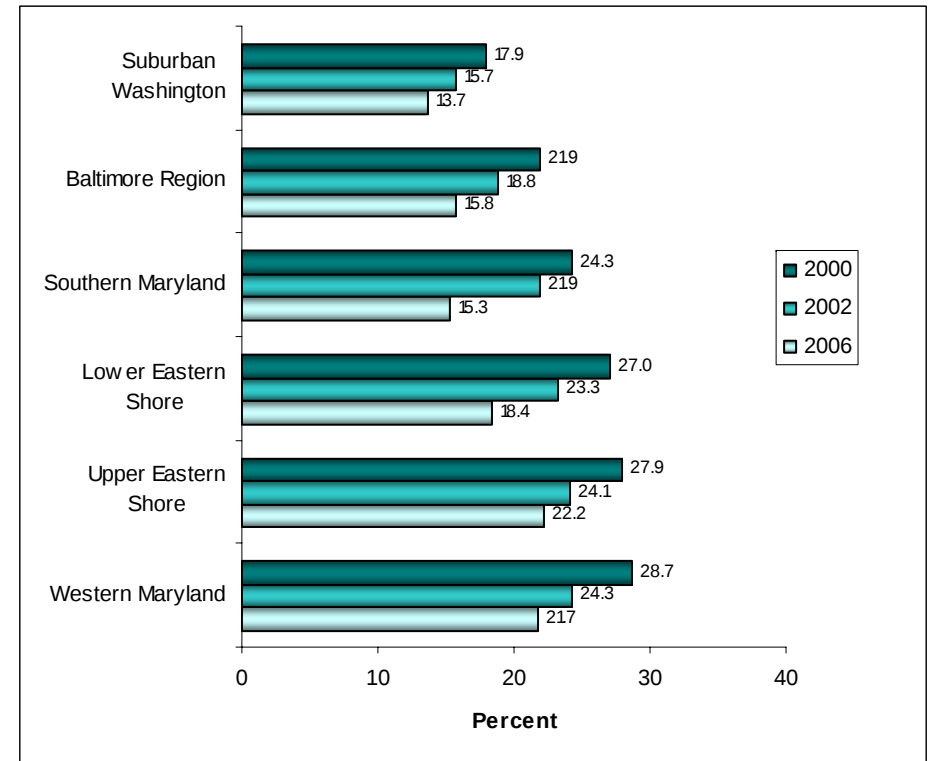
- There was a significant decline in tobacco use among under-age youth in the Lower Eastern Shore region between 2000 and 2006 (27.0% and 18.4%, respectively), representing a decline of 32%.

Upper Eastern Shore

- There was a significant decline in tobacco use among under-age youth in the Upper Eastern Shore region between 2000 and 2006 (27.9% and 22.2%, respectively). The Upper Eastern Shore region experienced the least relative change in tobacco use among under-age youth, representing a decline of 20%.

Figure 24

Current Tobacco Use Among Under-age Youth by Region



Western Maryland

- There was a significant decline in tobacco use among under-age youth in the Western Maryland region between 2000 and 2006 (28.7% and 21.7%, respectively), representing a decline of 24%.

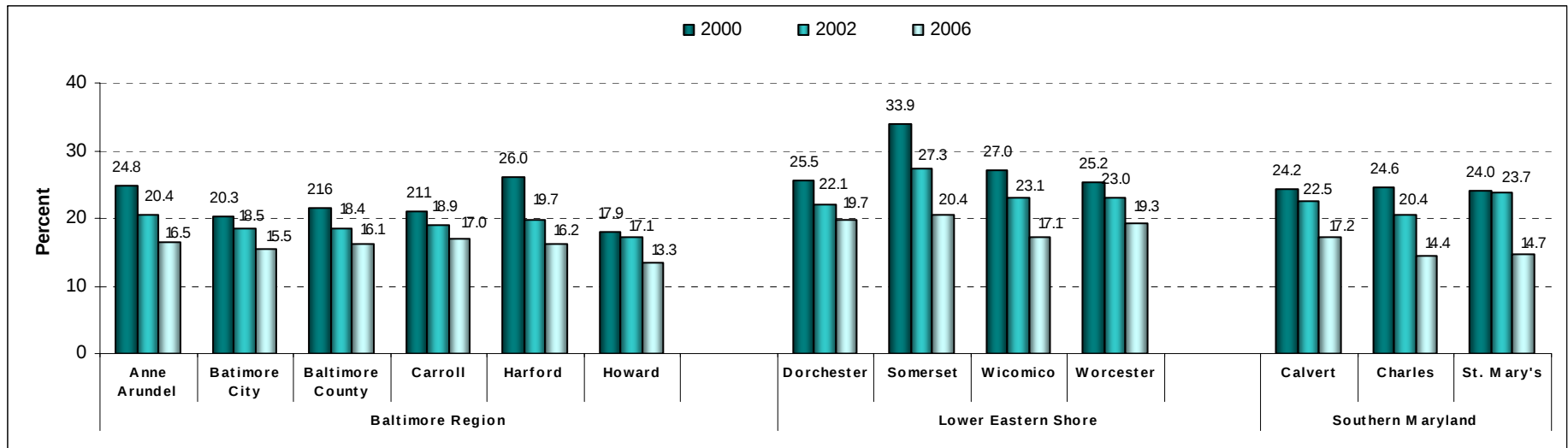
TOBACCO USE BY MARYLAND UNDER-AGE YOUTH

Percentage of Maryland under-age youth (<18) who used one or more tobacco products in the past 30 days

Under-age Youth by Jurisdiction

- Between 2000 and 2006, there have been significant declines in tobacco use among under-age youth in:
 - Anne Arundel County: from 24.8% in 2000 to 16.5% in 2006, representing a decline of 34%
 - Harford County: from 26.0% in 2000 to 16.2% in 2006, representing a decline of 38%
 - Somerset County: from 33.9% in 2000 to 20.4% in 2006, representing a decline of 40%
 - Wicomico County: from 27.0% in 2000 to 17.1% in 2006, representing a decline of 37%
 - Calvert County: from 24.2% in 2000 to 17.2% in 2006, representing a decline of 29%
 - Charles County: from 24.6% in 2000 to 14.4% in 2006, representing a decline of 42%
 - St. Mary's County: from 24.0% in 2000 to 14.7% in 2006, representing a decline of 39%

Figure 25
Current Tobacco Use Among Under-age Youth by Jurisdiction



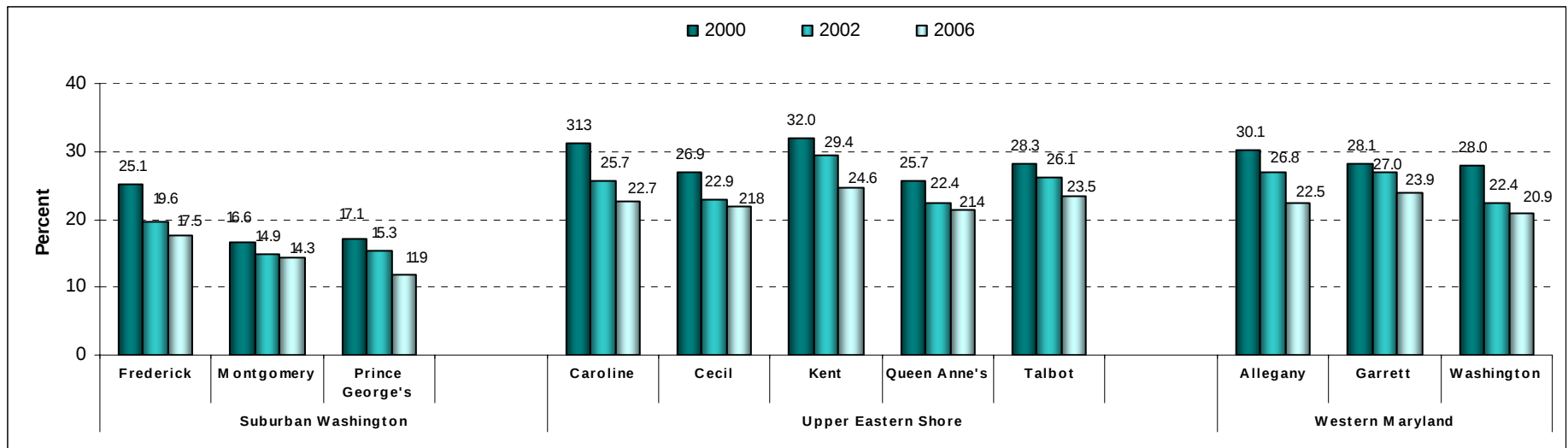
TOBACCO USE BY MARYLAND UNDER-AGE YOUTH

Percentage of Maryland under-age youth (<18) who used one or more tobacco products in the past 30 days

Under-age Youth by Jurisdiction ('contd.)

- Between 2000 and 2006, there have been significant declines in tobacco use among under-age youth in:
 - Frederick County: from 25.1% in 2000 to 17.5% in 2006, representing a decline of 30%
 - Prince George's County: from 17.1% in 2000 to 11.9% in 2006, representing a decline of 30%
 - Caroline County: from 31.3% in 2000 to 22.7% in 2006, representing a decline of 28%
 - Allegany County: from 30.1% in 2000 to 22.5% in 2006, representing a decline of 25%
 - Washington County: from 28.0% in 2000 to 20.9% in 2006, representing a decline of 25%

Figure 26
Current Tobacco Use Among Under-age Youth by Jurisdiction



TOBACCO USE BY MARYLAND ADULTS

Percentage of Maryland adults (18+) who used one or more tobacco products in the past 30 days

Adults Generally

- Between 2000 and 2006, there was a significant decline in current tobacco use - the use of one or more tobacco products (i.e., bidis, cigarettes, cigars, kreteks, pipes, or smokeless tobacco) in the past 30 days - among all adults (21.5% and 17.7%, respectively).
- This change represents a decline of 18% in tobacco use among adults between 2000 and 2006.

Minority Adults

- There was a significant decline in current tobacco use among minority adults between 2000 and 2006 (19.7% and 15.9%, respectively).
- This change represents a decline of 19% in tobacco use among minority adults between 2000 and 2006.

Adults by Gender

- Among male adults, there was a significant decline in current tobacco use between 2000 and 2006 (27.4% and 23.5%, respectively), representing a 14% decline in tobacco use.
- Between 2000 and 2006, there was also a significant decline in tobacco use among female adults (16.2% and 12.4%, respectively), representing a decline of 23%.

Figure 27
Current Tobacco Use Among Adults

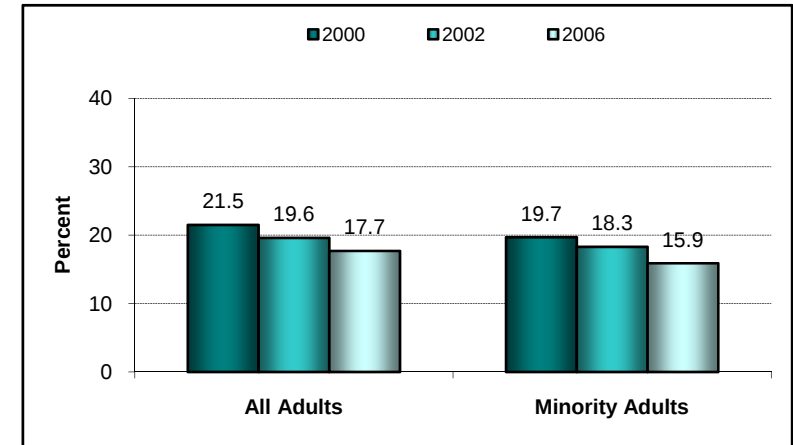
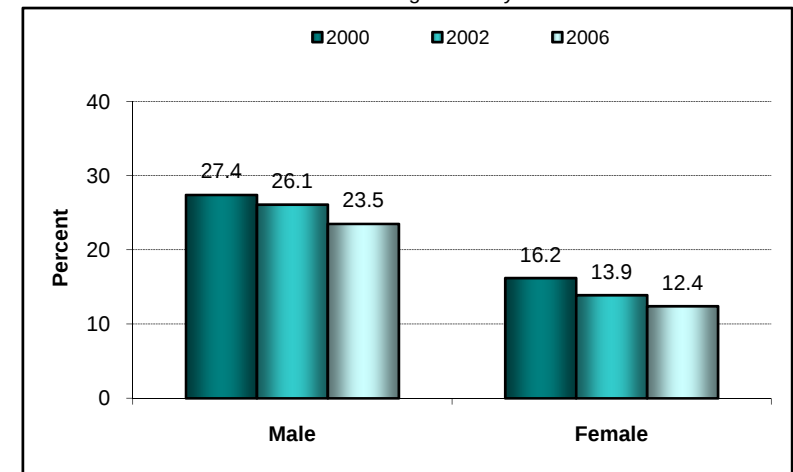


Figure 28
Current Tobacco Use Among Adults by Gender



TOBACCO USE BY MARYLAND ADULTS

Percentage of Maryland adults (18+) who used one or more tobacco products in the past 30 days

Adults by Age

- Between 2000 and 2006, there was a significant decline in the percentage of 30-39 year old (24.1% and 16.4%, respectively) and 40-49 year old adult tobacco users (22.9% and 18.4%, respectively). This represents a 32% decline for 30-39 year olds and a 20% decline for 40-49 year olds.
- In 2006, significantly more 18-24 year old (26.5%) and 25-29 year old adults (27.0%) used tobacco products compared to all other age groups.

Adults by Educational Attainment

- There was an overall decline in tobacco use for all education levels. College graduates showed a significant decline in tobacco use between 2000 and 2006 (13.6% and 10.8%, respectively), representing a 21% decline in tobacco use.
- Adults who are high school graduates (23.4%) or who have less than a high school education (29.2%) are significantly more likely to use tobacco products than adults with at least a college education (10.8%).

Figure 29
Current Tobacco Use Among Adults by Age

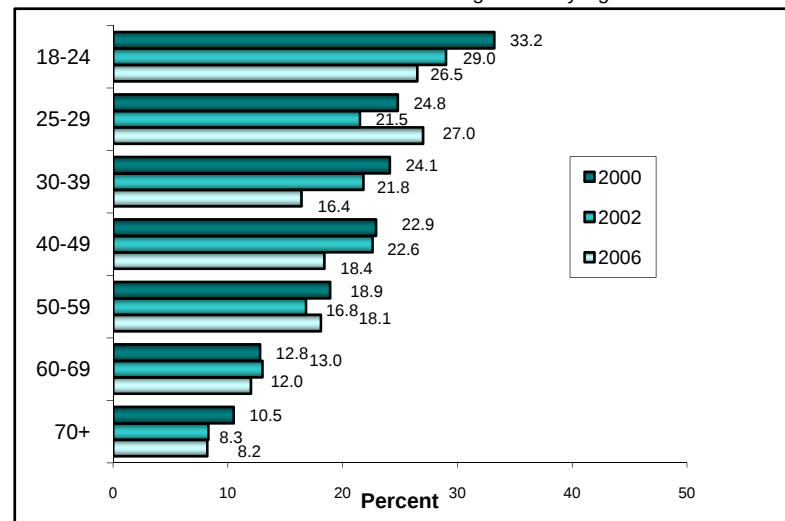
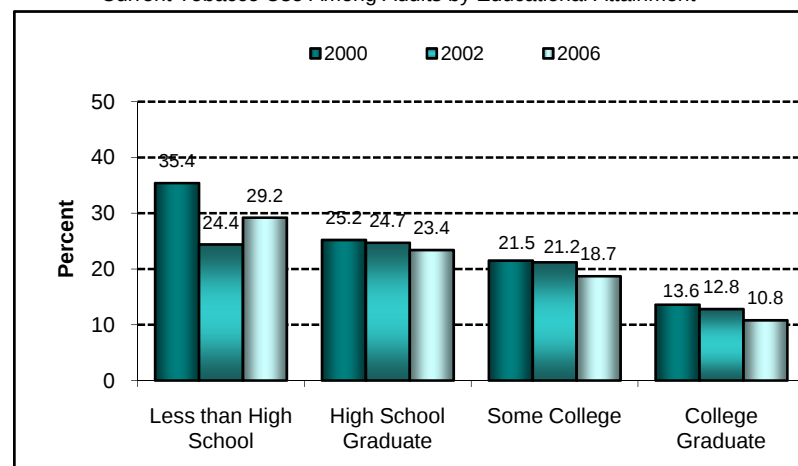


Figure 30
Current Tobacco Use Among Adults by Educational Attainment



TOBACCO USE BY MARYLAND ADULTS

Percentage of Maryland adults (18+) who used one or more tobacco products in the past 30 days

Suburban Washington

- There was no significant change in tobacco use among adults in the Suburban Washington region between 2000 and 2006 (15.9% and 12.9%, respectively).

Baltimore Region

- Current tobacco use among adults in the Baltimore region declined significantly between 2000 and 2006 (24.2% and 20.0%, respectively), representing a decline of 17%.

Upper Eastern Shore

- Between 2000 and 2006, there was no significant change in tobacco use among adults in the Upper Eastern Shore region (24.7% and 22.2%, respectively).

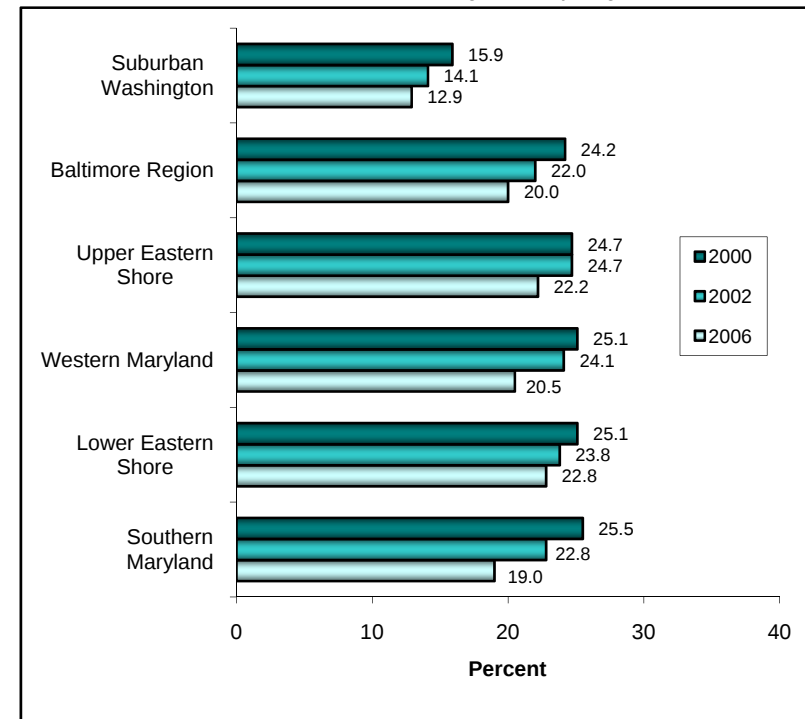
Western Maryland

- There was no significant change in tobacco use among adults in the Western Maryland region between 2000 and 2006 (25.1% and 20.5%, respectively).

Lower Eastern Shore

- There was no significant change in tobacco use among adults in the Lower Eastern Shore region between 2000 and 2006 (25.1% and 22.8%, respectively).

Figure 31
Current Tobacco Use Among Adults by Region



Southern Maryland

- Between 2000 and 2006, there was a significant decline in tobacco use among adults in the Southern Maryland region (25.5% and 19.0%, respectively), representing a decline of 26%.

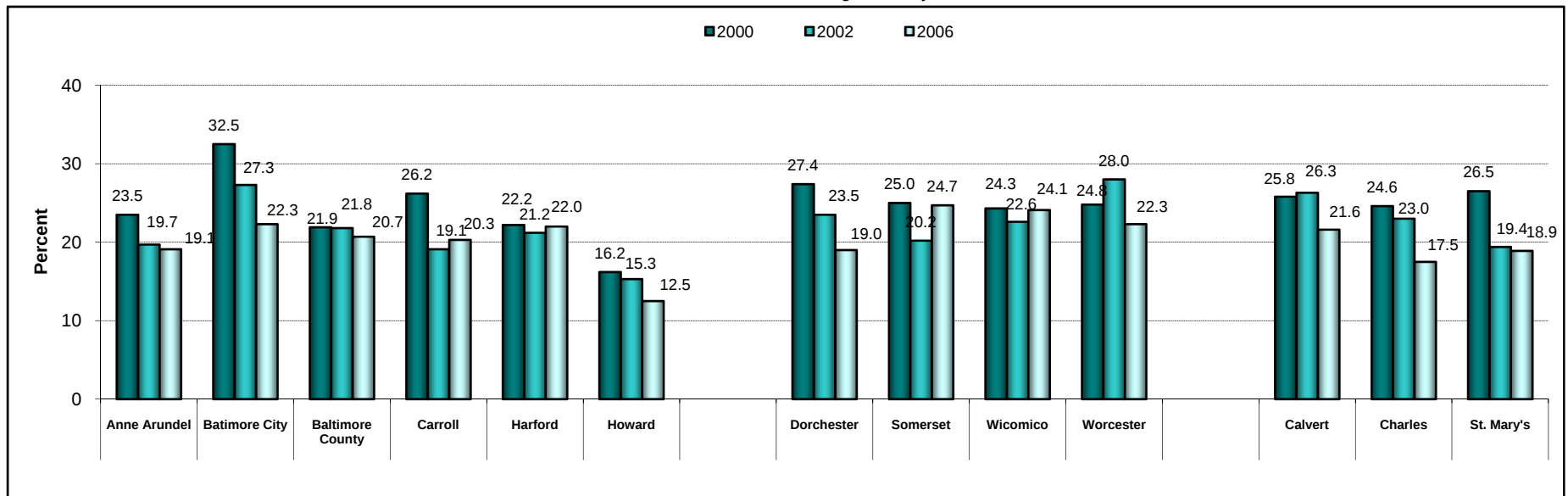
TOBACCO USE BY MARYLAND ADULTS

Percentage of Maryland adults (18+) who used one or more tobacco products in the past 30 days

Adults by Jurisdiction

- Between 2000 and 2006, there has been a significant decline in tobacco use among adults in:
 - Baltimore City: from 32.5% in 2000 to 22.3% in 2006, representing a decline of 31%

Figure 32
Current Tobacco Use Among Adults by Jurisdiction



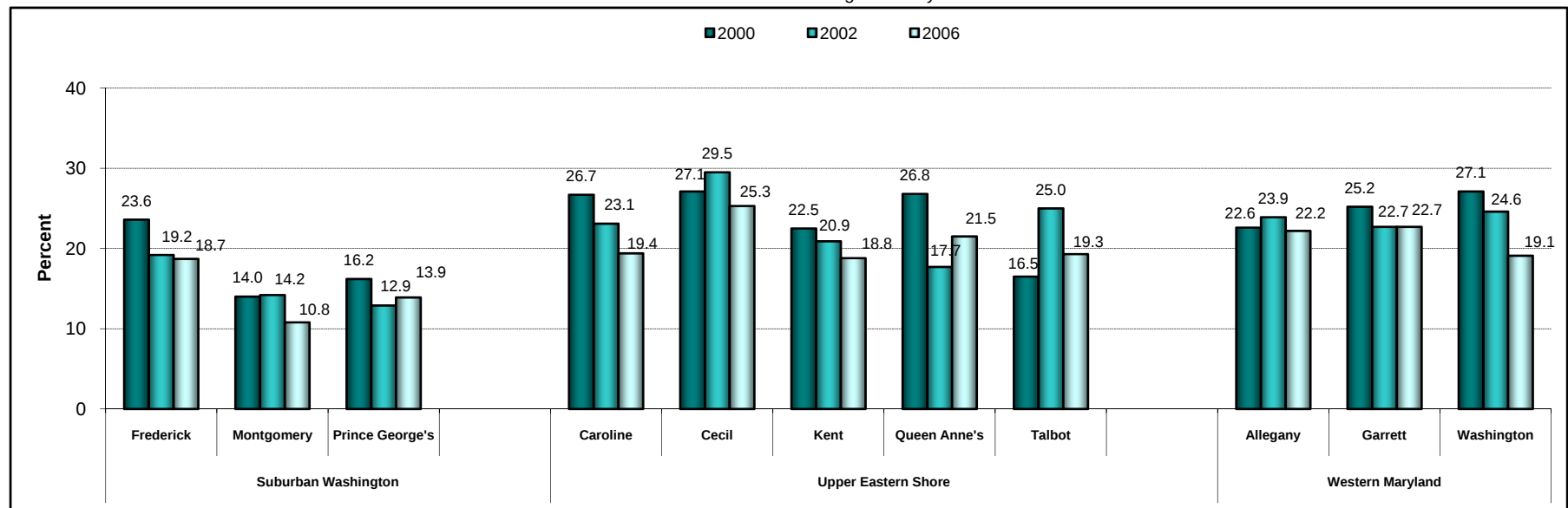
TOBACCO USE BY MARYLAND ADULTS

Percentage of Maryland adults (18+) who used one or more tobacco products in the past 30 days

Adults by Jurisdiction ('cont.)

- Between 2000 and 2006, there has been a significant decline in tobacco use among adults in:
 - Washington County: from 27.1% in 2000 to 19.1% in 2006, representing a decline of 30%

Figure 33
Current Tobacco Use Among Adults by Jurisdiction



CIGARETTE SMOKING AMONG MARYLAND UNDER-AGE YOUTH

Percentage of Maryland under-age youth (<18) who smoked cigarettes in the past 30 days

Under-age Youth Generally

- Between 2000 and 2006, there was a significant decline in the percentage of under-age youth who are current smokers (15.7% and 10.0%, respectively).
- This change represents a decline of 36% in the current use of cigarettes by under-age youth in Maryland.

Under-age Minority Youth

- Between 2000 and 2006, there was a significant decline in the percentage of minority under-age youth who are current smokers (11.5% and 7.9%, respectively), representing a 31% decline.

Under-age Youth by Gender

- Among male under-age youth, there was a significant decline in cigarette use between 2000 and 2006 (15.2% and 10.6%, respectively), representing a 30% decline.
- A significant decline in cigarette use was also observed among female under-age youth between 2000 and 2006 (16.0% and 9.3%, respectively), representing a 42% decline.

Figure 34
Current Cigarette Use Among Under-age Youth

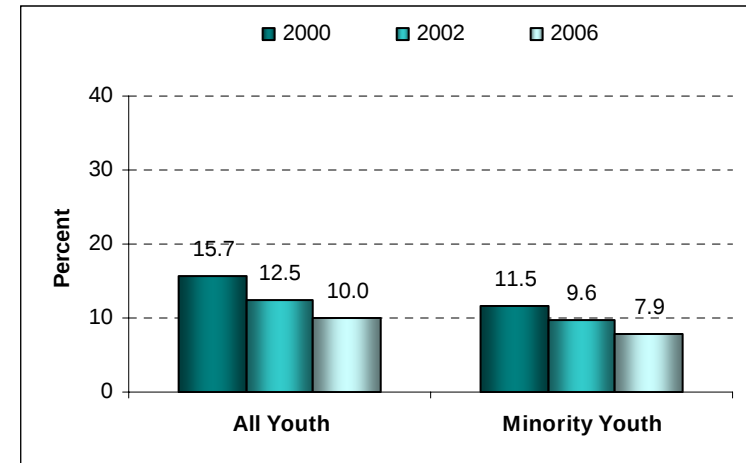
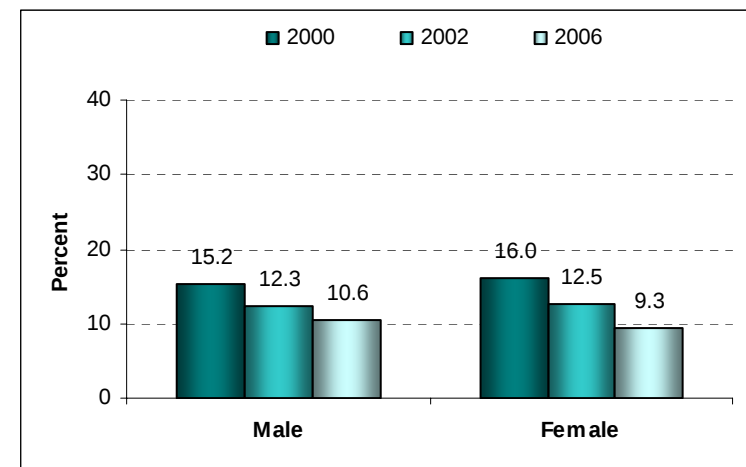


Figure 35
Current Cigarette Use Among Under-age Youth by Gender



CIGARETTE SMOKING AMONG MARYLAND UNDER-AGE YOUTH

Percentage of Maryland under-age youth (<18) who smoked cigarettes in the past 30 days

Under-age Youth by School Level

- Between 2000 and 2006, there was a significant decline in cigarette use among under-age middle school (7.2% and 3.7%, respectively) and high school youth (23.0% and 14.7%, respectively).
- Cigarette use among under-age middle school youth declined 48%, whereas cigarette use among under-age high school youth declined 36%.

Under-age Youth by Grade

- Between 2000 and 2006, there was no significant change in cigarette use among 6th graders (2.6% and 1.8%, respectively).
- Between 2000 and 2006, there were significant declines in the use of cigarettes among:
 - 7th graders: from 5.7% in 2000 to 3.1% in 2006, representing a decline of 46%
 - 8th graders: from 13.6% in 2000 to 6.2% in 2006, representing a decline of 54%
 - 9th graders: from 18.8% in 2000 to 10.7% in 2006, representing a decline of 43%
 - 10th graders: from 21.9% in 2000 to 13.6% in 2006, representing a decline of 38%
 - 11th graders: from 24.0% in 2000 to 16.1% in 2006, representing a decline of 33%
 - 12th graders: from 29.8% in 2000 to 20.6% in 2006, representing a decline of 31%

Figure 36
Current Cigarette Use Among Under-age Youth by School Level

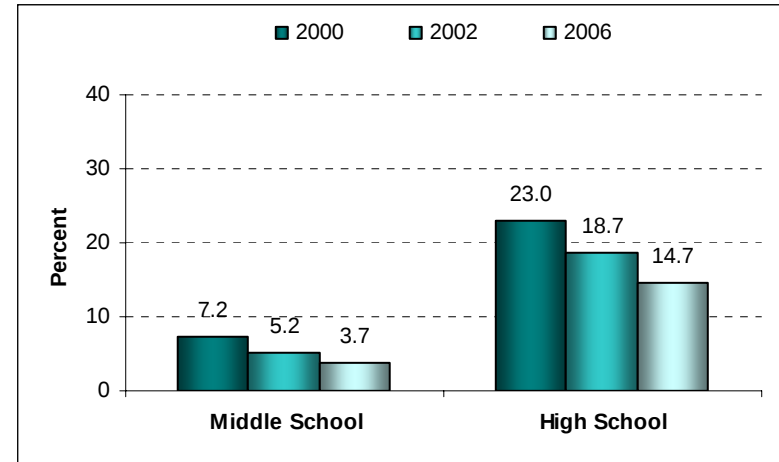
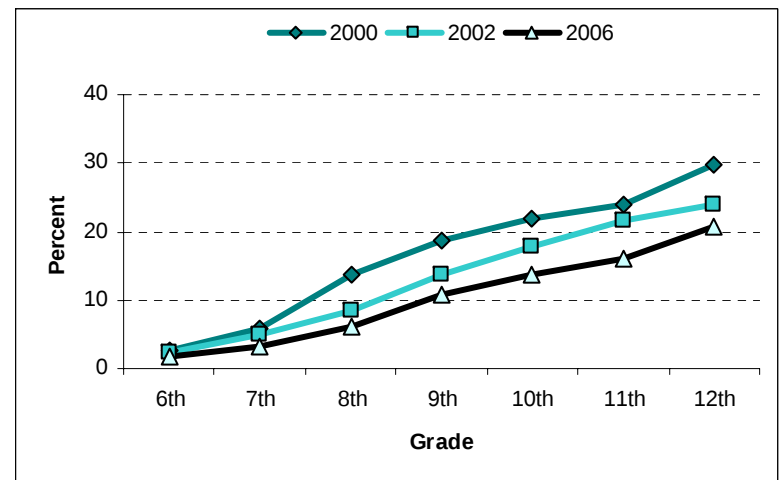


Figure 37
Current Cigarette Use Among Under-age Youth by Grade



CIGARETTE SMOKING AMONG MARYLAND UNDER-AGE YOUTH

Percentage of Maryland under-age youth (<18) who smoked cigarettes in the past 30 days

Suburban Washington

- Between 2000 and 2006, there was a significant decline in cigarette use among under-age youth in the Suburban Washington region (12.4% and 8.2%, respectively), representing a 34% decline.

Baltimore Region

- Cigarette use among under-age youth in the Baltimore region declined significantly between 2000 and 2006 (15.8% and 9.9%, respectively), representing a 38% decline.

Southern Maryland

- Between 2000 and 2006, there was a significant decline in the use of cigarettes among under-age youth in the Southern Maryland region (19.6% and 11.0%, respectively), representing a 44% decline.

Lower Eastern Shore

- Between 2000 and 2006, there was a significant decline in cigarette use among under-age youth in the Lower Eastern Shore region (22.0% and 12.9%, respectively), representing a 42% decline.

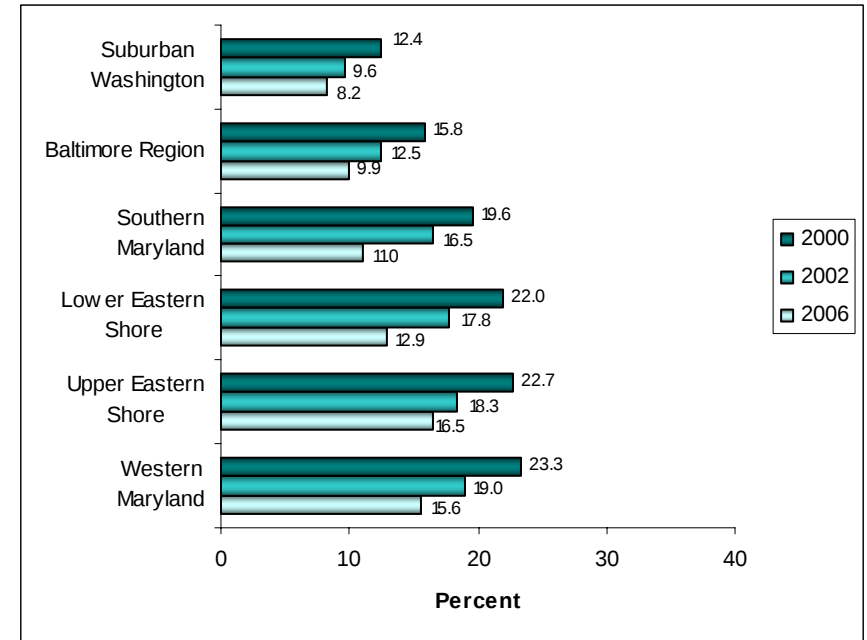
Upper Eastern Shore

- Cigarette use among under-age youth in the Upper Eastern Shore region declined significantly, from 22.7% in 2000 to 16.5% in 2006, representing a 27% decline.

Western Maryland

- Between 2000 and 2006, there was a significant decline in the use of cigarettes among under-age youth in the Western Maryland region (23.3% and 15.6%, respectively), representing a 33% decline.

Figure 38
Current Cigarette Use Among Under-age Youth by Region



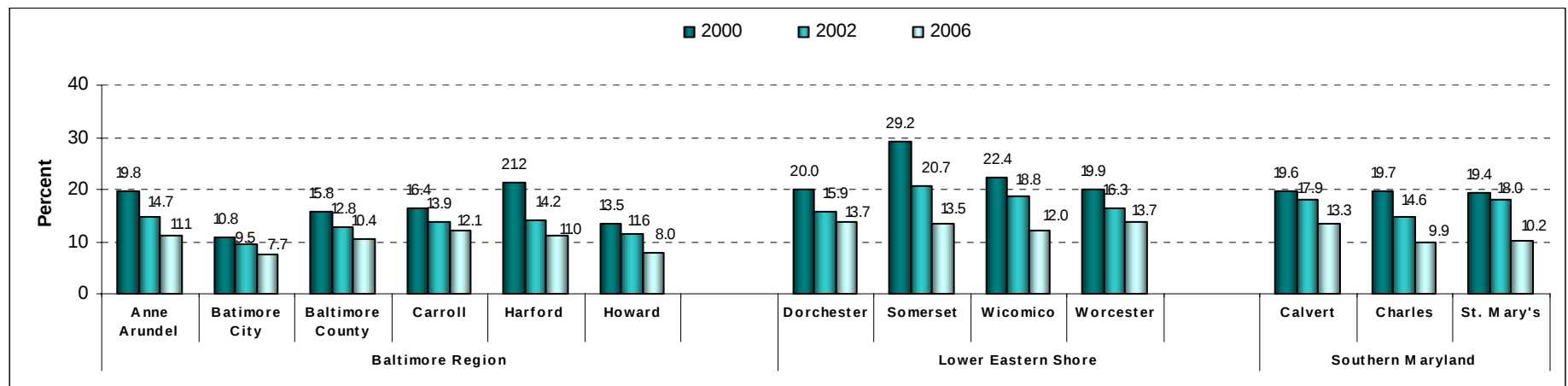
CIGARETTE SMOKING AMONG MARYLAND UNDER-AGE YOUTH

Percentage of Maryland under-age youth (<18) who smoked cigarettes in the past 30 days

Under-age Youth by Jurisdiction

- Between 2000 and 2006, there have been significant declines in cigarette use among under-age youth in:
 - Anne Arundel County: from 19.8% in 2000 to 11.1% in 2006, representing a decline of 44%
 - Baltimore County: from 15.8% in 2000 to 10.4% in 2006, representing a decline of 34%
 - Harford County: from 21.2% in 2000 to 11.0% in 2006, representing a decline of 48%
 - Howard County: from 13.5% in 2000 to 8.0% in 2006, representing a decline of 41%
 - Dorchester County: from 20.0% in 2000 to 13.7% in 2006, representing a decline of 32%
 - Somerset County: from 29.2% in 2000 to 13.5% in 2006, representing a decline of 54%
 - Wicomico County: from 22.4% in 2000 to 12.0% in 2006, representing a decline of 46%
 - Worcester County: from 19.9% in 2000 to 13.7% in 2006, representing a decline of 31%
 - Calvert County: from 19.6% in 2000 to 13.3% in 2006, representing a decline of 32%
 - Charles County: from 19.7% in 2000 to 9.9% in 2006, representing a decline of 50%
 - St. Mary's County: from 19.4% in 2000 to 10.2% in 2006, representing a decline of 47%

Figure 39
Current Cigarette Use Among Under-age Youth by Jurisdiction



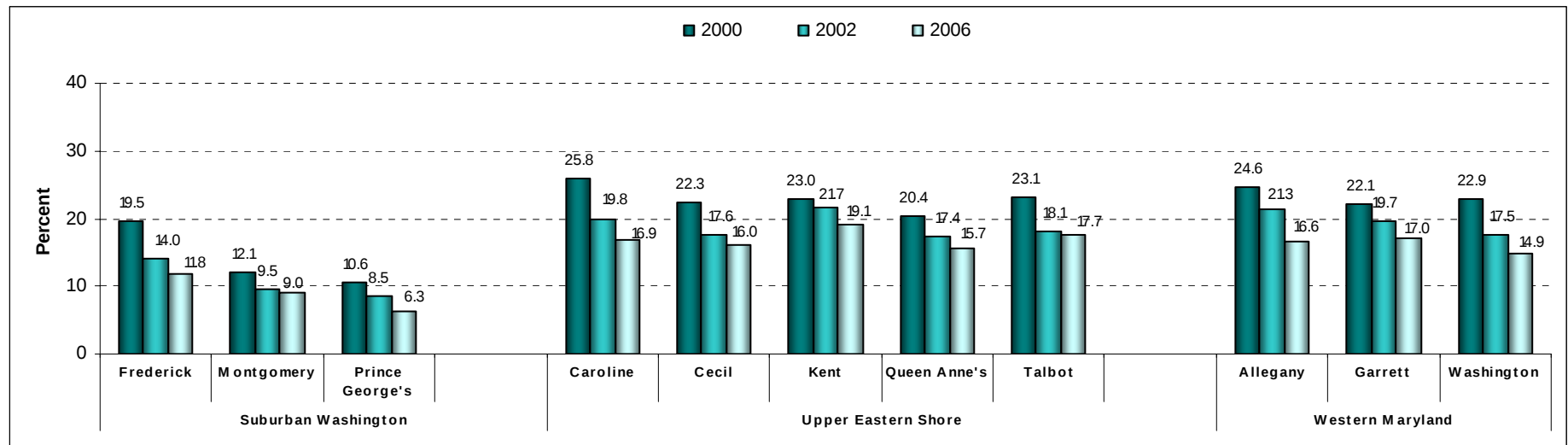
CIGARETTE SMOKING AMONG MARYLAND UNDER-AGE YOUTH

Percentage of Maryland under-age youth (<18) who smoked cigarettes in the past 30 days

Under-age Youth by Jurisdiction ('cont.)

- Between 2000 and 2006, there have been significant declines in cigarette use among under-age youth in:
 - Frederick County: from 19.5% in 2000 to 11.8% in 2006, representing a decline of 40%
 - Prince George's County: from 10.6% in 2000 to 6.3% in 2006, representing a decline of 41%
 - Caroline County: from 25.8% in 2000 to 16.9% in 2006, representing a decline of 35%
 - Cecil County: from 22.3% in 2000 to 16.0% in 2006, representing a decline of 28%
 - Allegany County: from 24.6% in 2000 to 16.6% in 2006, representing a decline of 33%
 - Washington County: from 22.9% in 2000 to 14.9% in 2006, representing a decline of 35%

Figure 40
Current Cigarette Use Among Under-age Youth by Jurisdiction



UNDER-AGE YOUTH WHO EVER SMOKED A WHOLE CIGARETTE

Percentage of Maryland under-age youth (<18) who ever smoked a whole cigarette

Under-age Youth Generally

- Between 2000 and 2006, there was a significant decline in the percentage of under-age youth who reported ever having smoked a whole cigarette (31.1% and 19.0%, respectively).
- This change represents a decline of 39% between 2000 and 2006 in the percentage of under-age youth who have ever smoked a whole cigarette.

Under-age Minority Youth

- The percentage of minority under-age youth who reported ever having smoked a whole cigarette declined significantly between 2000 and 2006 (28.1% and 17.1%, respectively).
- Between 2000 and 2006, this change represents a decline of 39% in the percentage of under-age minority youth who have ever smoked a whole cigarette.

Under-age Youth by School Level

- Between 2000 and 2006, there was a significant decline in the percentage of middle school (16.7% and 8.5%, respectively) and high school under-age youth (43.4% and 26.9%, respectively) who have ever smoked a whole cigarette.
- The percentage of middle school under-age youth who reported smoking a whole cigarette declined 49% from 2000 to 2006, whereas the percentage of under-age high school youth who reported smoking a whole cigarette declined by 38%.

Figure 41
Under-age Youth Who Ever Smoked a Whole Cigarette

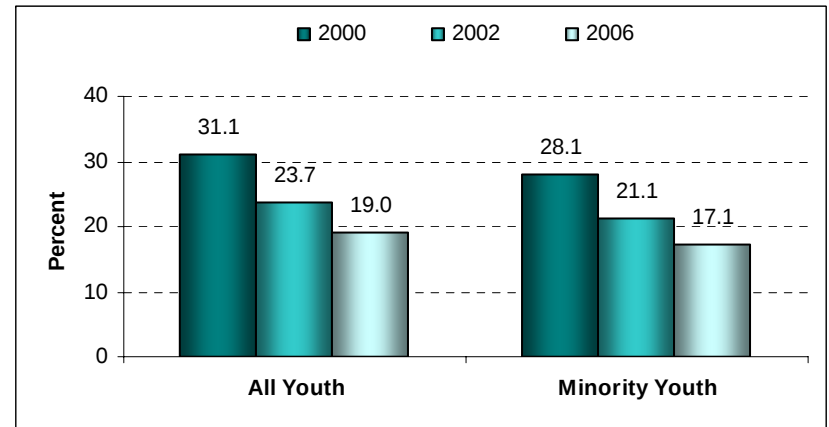
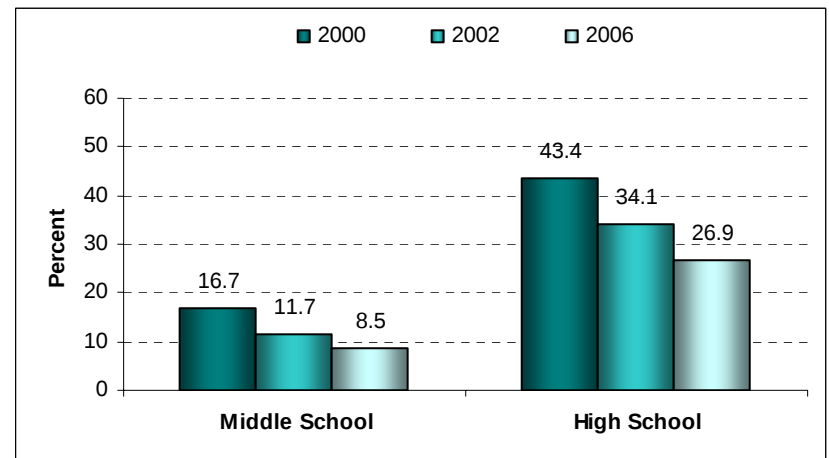


Figure 42
Under-age Youth Who Ever Smoked a Whole Cigarette by School Level



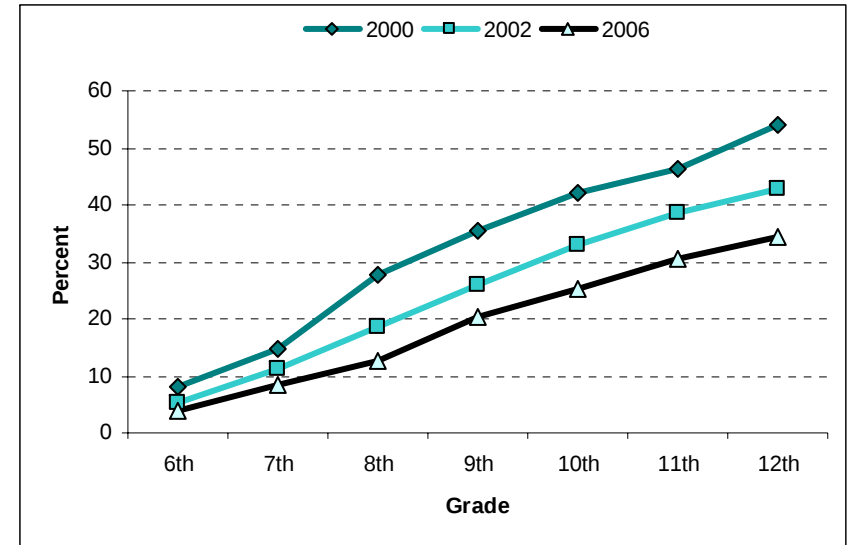
UNDER-AGE YOUTH WHO EVER SMOKED A WHOLE CIGARETTE

Percentage of Maryland under-age youth (<18) who ever smoked a whole cigarette

Under-age Youth by Grade

- Between 2000 and 2006, there were significant declines in the percentage of under-age youth who have ever smoked a whole cigarette among:
 - 6th graders: from 7.9% in 2000 to 4.0% in 2006, representing a decline of 49%
 - 7th graders: from 14.6% in 2000 to 8.4% in 2006, representing a decline of 43%
 - 8th graders: from 27.8% in 2000 to 12.8% in 2006, representing a decline of 54%
 - 9th graders: from 35.3% in 2000 to 20.4% in 2006, representing a decline of 42%
 - 10th graders: from 42.0% in 2000 to 25.4% in 2006, representing a decline of 40%
 - 11th graders: from 46.4% in 2000 to 30.5% in 2006, representing a decline of 34%
 - 12th graders: from 53.9% in 2000 to 34.5% in 2006, representing a decline of 36%
- In 2006, the average increase in "ever smokers" from one grade to the next was 47% as compared to 41% in 2000. In 2006, the largest increase in "ever smokers" from one grade to the next was between the 6th and 7th grades (+110%: from 4.0% to 8.4%). In 2000, the largest increase was between 7th grade and 8th grade (+90%: from 14.6% to 27.8%).

Figure 43
Under-age Youth Who Ever Smoked a Whole Cigarette by Grade



FREQUENCY OF CIGARETTE SMOKING BY UNDER-AGE YOUTH

Percentage of Maryland under-age youth (<18) who smoke frequently (20+ days in the past 30 days) and infrequently (<20 days in the past 30 days) and have smoked at least 5 packs of cigarettes (100+ cigarettes) in their lifetime

All Current Under-age Youth Cigarette Smokers

- Although current smoking declined 36% between 2000 and 2006 among all under-age youth, there was little change in the frequency of smoking among those under-age youth who do smoke.
- Approximately one-third of all under-age youth who currently smoke cigarettes, do so frequently (20+ of the past 30 days) and nearly two-thirds smoke infrequently (<20 of the past 30 days). Between 2000 and 2006, there was no significant change in the percentage of under-age current smokers who smoke frequently (39.7% and 37.7%, respectively) or infrequently (60.3% and 62.3%, respectively).

Current Under-age Youth Established Smokers

- Nearly three-quarters of under-age youth who have smoked 100+ cigarettes in their lifetime (established smokers) are frequent smokers; whereas approximately one-quarter of under-age established smokers smoke infrequently. Between 2000 and 2006, there was no significant change in the percentage of under-age established smokers who smoke frequently (72.0% and 72.3%, respectively) or infrequently (28.0% and 27.7%, respectively).

Figure 44
Frequent and Infrequent Smokers Among All Current Under-age Youth Smokers

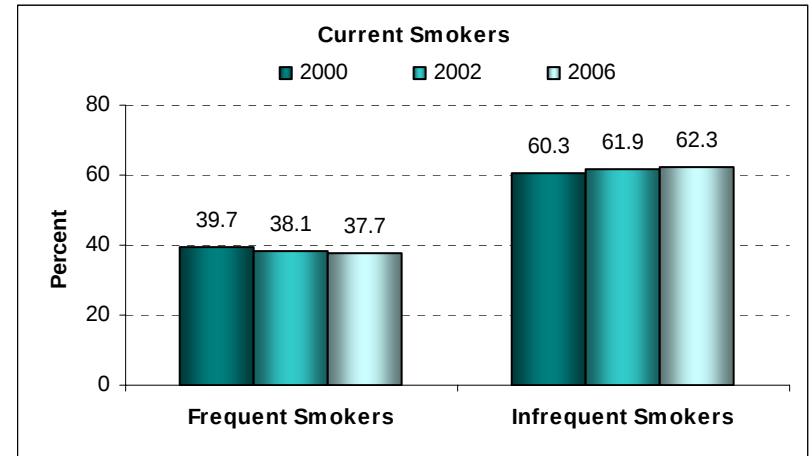
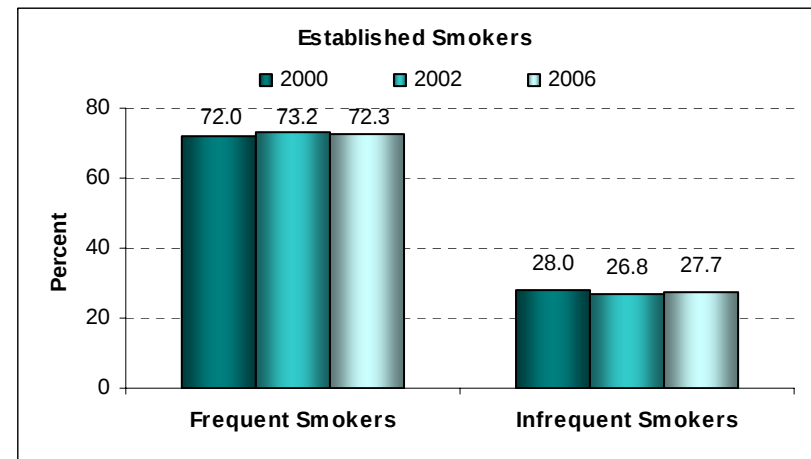


Figure 45
Established Smokers Among All Under-age Youth
Frequent and Infrequent Smokers



UNDER-AGE YOUTH WHO WERE EVER AN ESTABLISHED SMOKER

Percentage of Maryland under-age youth (<18) who smoked at least five packs of cigarettes (100+ cigarettes) in their lifetime

Under-age Youth Generally

- Between 2000 and 2006, there was a significant decline in the percentage of under-age youth who reported having smoked 100+ cigarettes in their lifetime (8.5% and 5.1%, respectively).
- This change represents a decline of 40% between 2000 and 2006 in the percentage of under-age youth who were ever established smokers.

Under-age Minority Youth

- The percentage of minority under-age youth who reported having smoked 100+ cigarettes in their lifetime declined significantly between 2000 and 2006 (4.5% and 3.3%, respectively).
- This change represents a decline of 27% between 2000 and 2006 in the percentage of under-age minority youth who were ever established smokers.

Under-age Youth by School Level

- Between 2000 and 2006, there was a significant decline in the percentage of middle school (2.0% and 1.1%, respectively) and high school under-age youth (14.2% and 8.1%, respectively) who have smoked 100+ cigarettes in their lifetime.
- The percentage of middle school under-age youth who reported smoking 100+ cigarettes in their lifetime declined 45% from 2000 to 2006. The percentage of under-age high school youth who reported smoking 100+ cigarettes in their lifetime declined 43% from 2000 to 2006.

Figure 46
Under-age Youth Who Ever Smoked 100+ Cigarettes in Lifetime

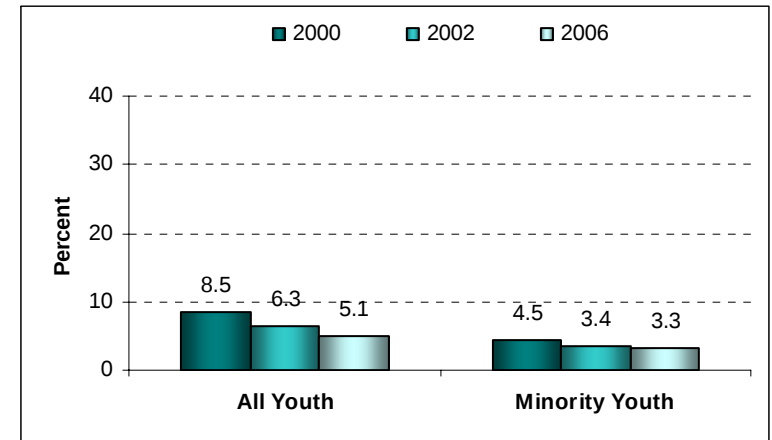
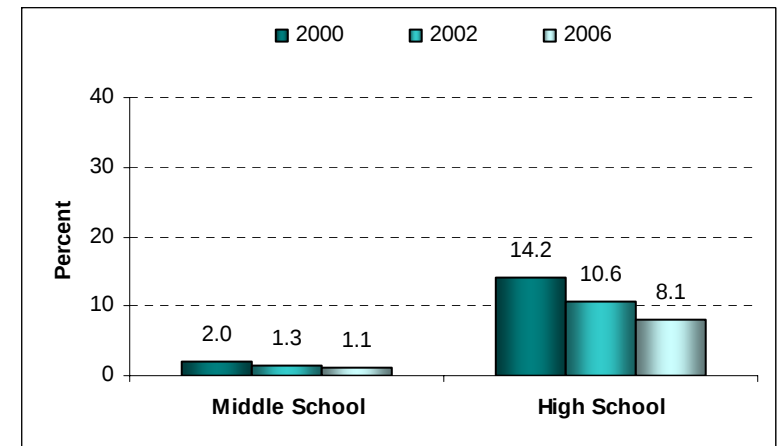


Figure 47
Under-age Youth Who Ever Smoked 100+ Cigarettes in Lifetime by School Level



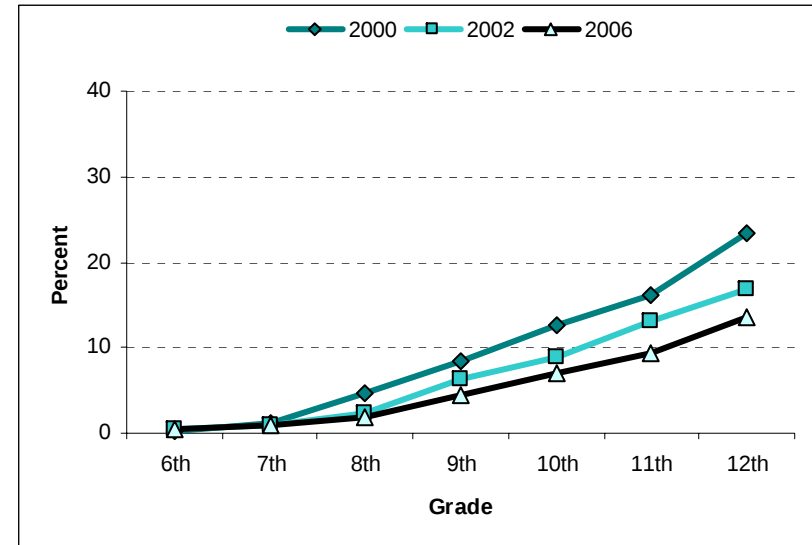
UNDER-AGE YOUTH WHO WERE EVER AN ESTABLISHED SMOKER

Percentage of Maryland under-age youth (<18) who smoked at least five packs of cigarettes (100+ cigarettes) in their lifetime

Under-age Youth by Grade

- There was no significant change in established smoking among 6th (0.3% and 0.5%, respectively) and 7th graders (1.2% and 0.9%, respectively) between 2000 and 2006.
- Between 2000 and 2006, there were significant declines in the percentage of under-age youth who have smoked 100+ cigarettes in their lifetime among:
 - 8th graders: from 4.7% in 2000 to 1.8% in 2006, representing a decline of 62%
 - 9th graders: from 8.4% in 2000 to 4.4% in 2006, representing a decline of 48%
 - 10th graders: from 12.7% in 2000 to 7.1% in 2006, representing a decline of 44%
 - 11th graders: from 16.2% in 2000 to 9.4% in 2006, representing a decline of 42%
 - 12th graders: from 23.4% in 2000 to 13.6% in 2006, representing a decline of 42%
- In 2006, the average increase in "established smoking" from one grade to the next was 77% as compared to 132% in 2000. In 2006, the largest increase in "established smoking" from one grade to the next was between the 8th and 9th grades (+144%: from 1.8% to 4.4%). In 2000, the largest increase was between 6th grade and 7th grade (+300%: from 0.3% to 1.2%).

Figure 48
Under-age Youth Who Ever Smoked 100+ Cigarettes in Lifetime by Grade



FLAVORED CIGARETTE USE BY MARYLAND SMOKERS

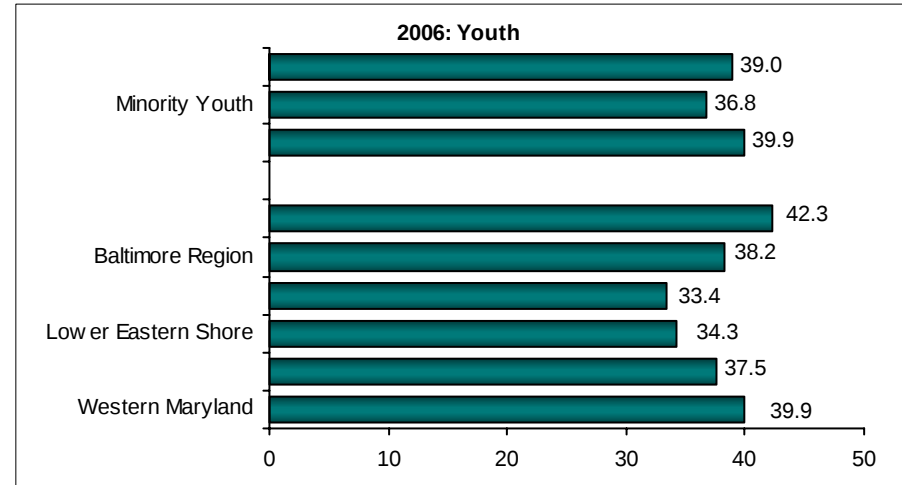
Percentage of Maryland under-age youth (<18) and adult (18+) smokers who have tried flavored cigarettes in the past 12 months

Under-age Youth

- New to the 2006 MYTS survey, middle school and high school students were asked about their use of flavored cigarettes in the 12 months preceding the survey.
- In 2006, 39% of under-age current smokers reported trying flavored cigarettes in the past 12 months.
- There was no significant difference between minority and non-minority under-age current smokers with respect to their use of flavored cigarettes (36.8% and 39.9%, respectively).
- Under-age current smokers in the Suburban Washington region reported the highest rate of flavored cigarette use (42.3%) while under-age current smokers in the Southern Maryland region reported a significantly lower rate of use (33.4%).

Figure 49

Under-age Current Smokers Who Used Flavored Cigarettes in the Past 12 Months

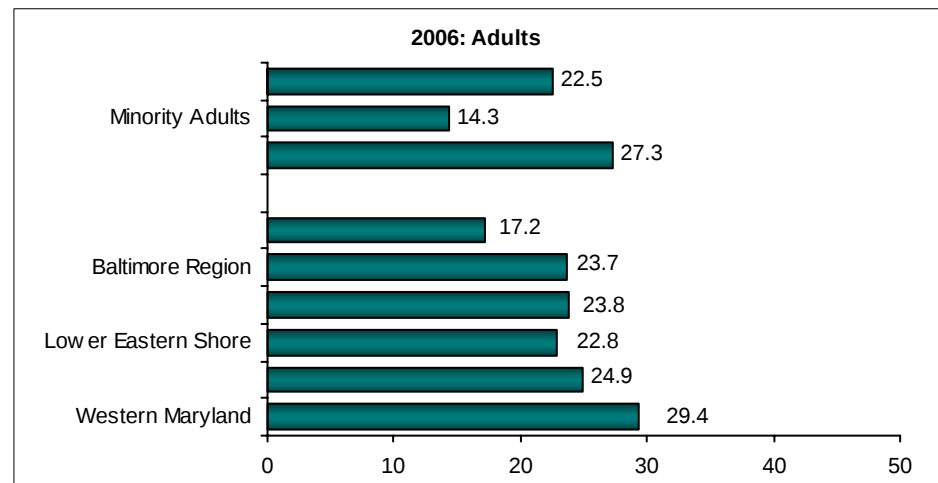


Adults

- For the first time, Maryland adults were asked about their use of flavored cigarettes in the 2006 survey.
- In 2006, almost one quarter of all adult current smokers reported ever using flavored cigarettes (22.5%).
- Significantly fewer minority adult current smokers reported ever using flavored cigarettes compared to non-minorities (14.3% and 27.3%, respectively).

Figure 50

Adult Current Smokers Who Have Ever Used Flavored Cigarettes



CIGARETTE SMOKING AMONG MARYLAND ADULTS

Percentage of Maryland adults (18+) who smoked cigarettes in the past 30 days

Adults Generally

- Between 2000 and 2006, there was a significant decline in the percentage of adults who are current smokers (16.9% and 13.8%, respectively). This change represents a decline of 18% in the current use of cigarettes by Maryland adults.

Minority Adults

- Current cigarette use declined significantly among minority adults, from 17.5% in 2000 to 13.2% in 2006, representing a decline of 25%.

Adults by Gender

- Among male adults, there was a significant decline in the use of cigarettes between 2000 and 2006 (18.8% and 15.9%, respectively). This change represents a 15% decline in cigarette use among male adults.
- A significant decline in the use of cigarettes was also observed among female adults between 2000 and 2006 (15.2% and 11.8%, respectively). This change represents a 22% decline in cigarette use among female adults.

Figure 51
Current Cigarette Use Among Adults

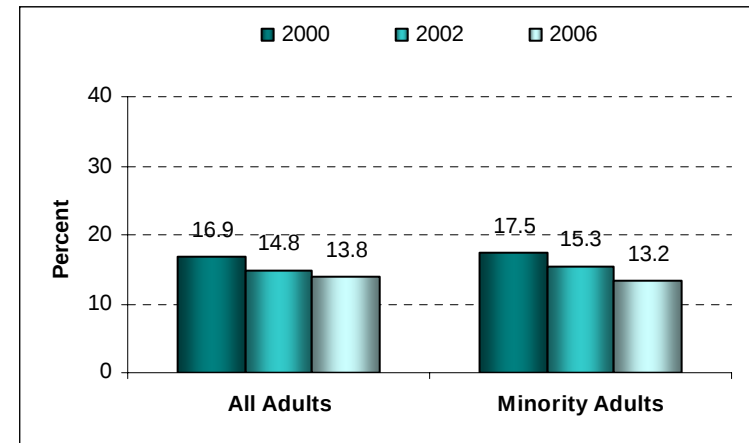
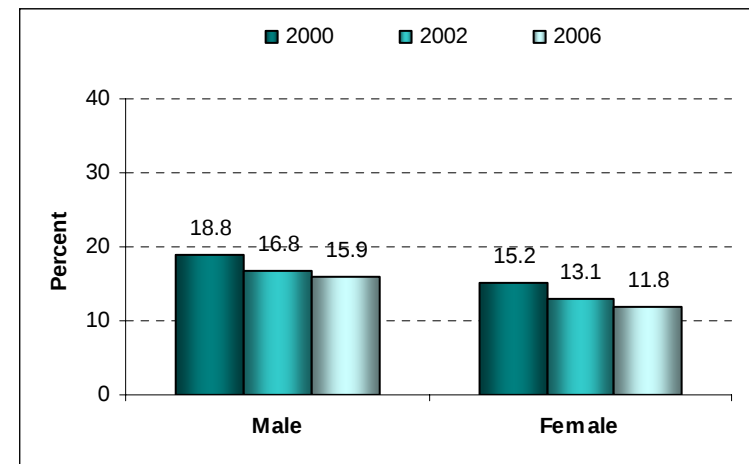


Figure 52
Current Cigarette Use Among Adults by Gender



CIGARETTE SMOKING AMONG MARYLAND ADULTS

Percentage of Maryland adults (18+) who smoked cigarettes in the past 30 days

Adults by Educational Attainment

- Between 2000 and 2006, there was a significant decline in cigarette use among adults with a college degree (8.1% and 6.1%, respectively). This represents a decline of 25%.
- There was no significant change in cigarette use among adults with less than a high school education, a high school education, or those who have attended some college.

Adults by Income

- Although there was no significant change in cigarette use among adults who earn less than \$50,000 per year, there was a significant decline in cigarette use among adults who earn \$50,000 or more per year, from 13.2% in 2000 to 10.4% in 2006, representing a 21% decline.

Figure 53
Current Cigarette Use Among Adults by Educational Attainment

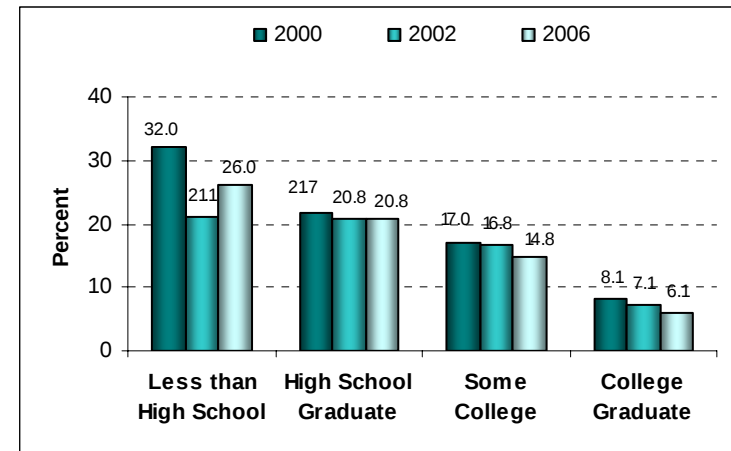
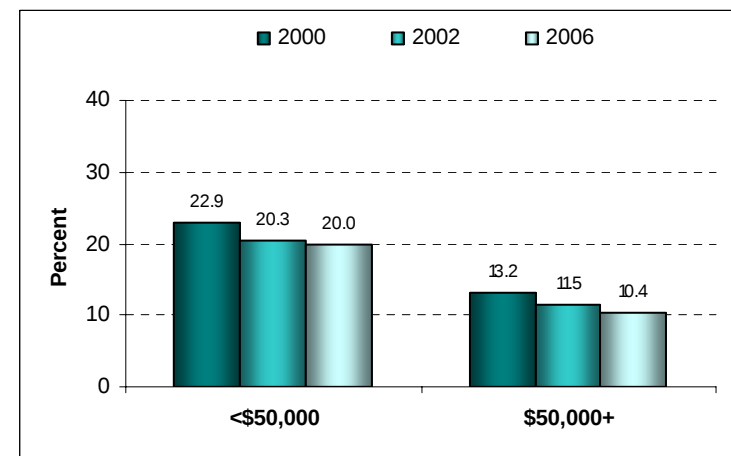


Figure 54
Current Cigarette Use Among Adults by Income



CIGARETTE SMOKING AMONG MARYLAND ADULTS

Percentage of Maryland adults (18+) who smoked cigarettes in the past 30 days

Suburban Washington

- Between 2000 and 2006, there was no significant change in cigarette use among adults in the Suburban Washington region (11.6% and 9.3%, respectively).

Baltimore Region

- Cigarette use among adults in the Baltimore region declined significantly by 17% between 2000 and 2006 (19.4% and 16.1%, respectively).

Southern Maryland

- Between 2000 and 2006, there was a significant decline in the use of cigarettes among adults in the Southern Maryland region (19.5% and 14.7%, respectively), representing a 25% decline.

Western Maryland

- Between 2000 and 2006, there was no significant change in cigarette use among adults in the Western Maryland region (20.4% and 16.6%, respectively).

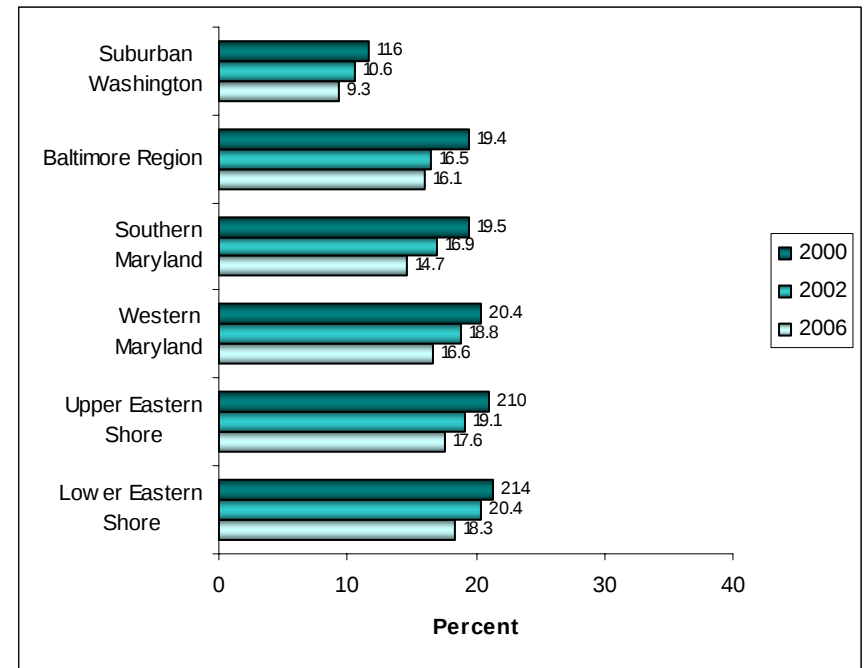
Upper Eastern Shore

- There was no significant change in cigarette use among adults in the Upper Eastern Shore region between 2000 and 2006 (21.0% and 17.6%, respectively).

Lower Eastern Shore

- Between 2000 and 2006, there was no significant change in cigarette use among adults in the Lower Eastern Shore region (21.4% and 18.3%, respectively).

Figure 55
Current Cigarette Use Among Adults by Region



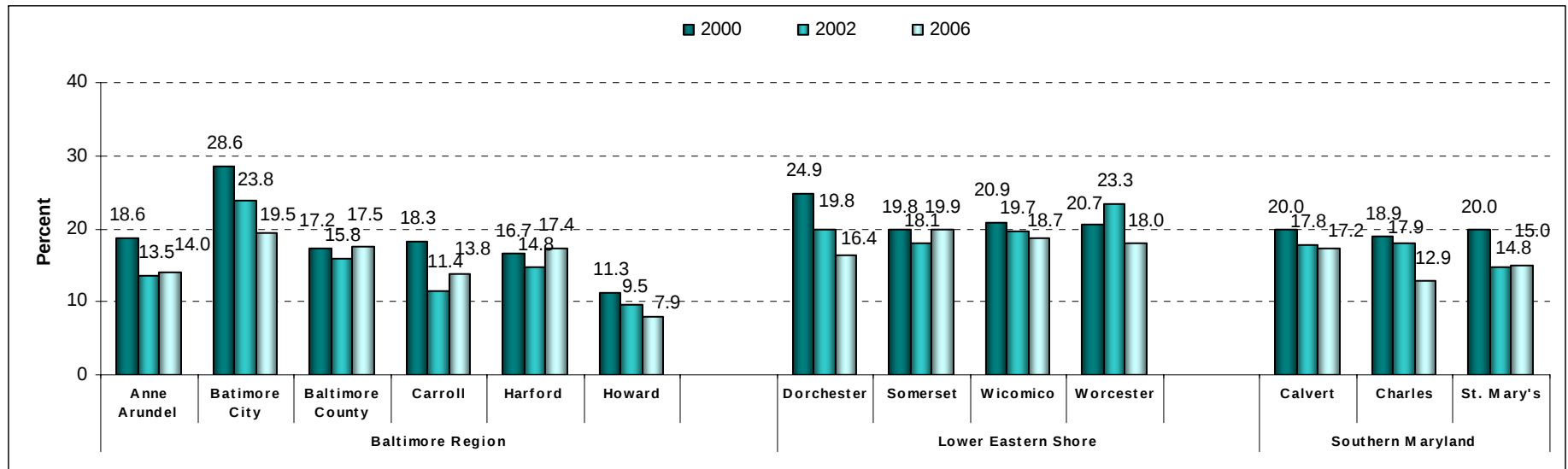
CIGARETTE SMOKING AMONG MARYLAND ADULTS

Percentage of Maryland adults (18+) who smoked cigarettes in the past 30 days

Adults by Jurisdiction

- Between 2000 and 2006, there has been a significant decline in cigarette use among adults in:
 - Baltimore City: from 28.6% in 2000 to 19.5% in 2006, representing a decline of 32%

Figure 56
Current Cigarette Use Among Adults by Jurisdiction



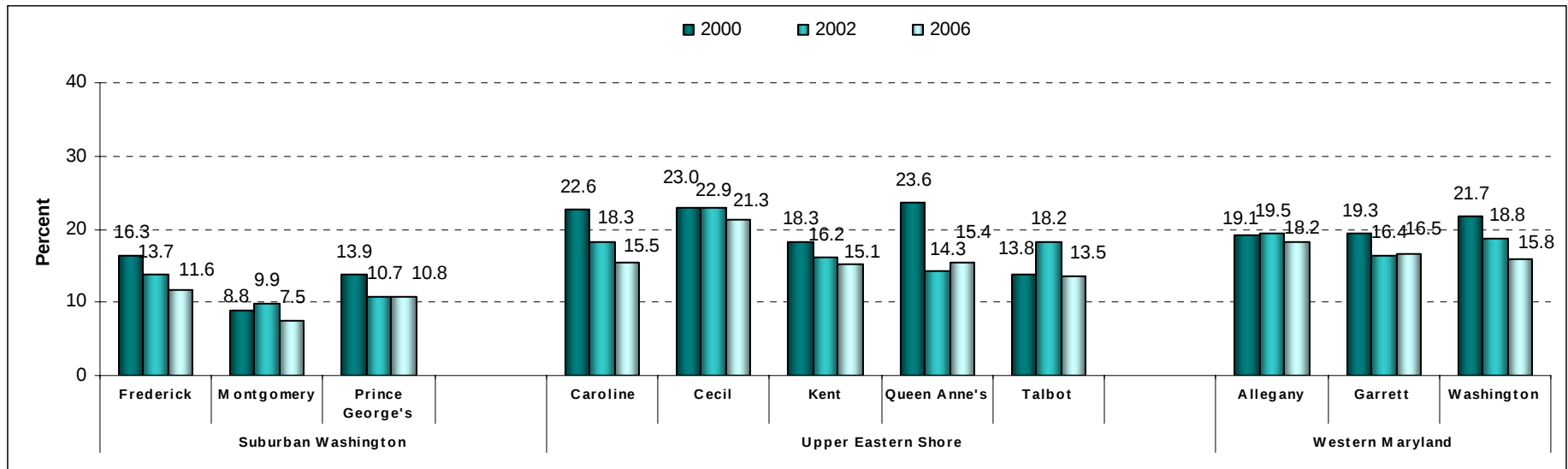
CIGARETTE SMOKING AMONG MARYLAND ADULTS

Percentage of Maryland adults (18+) who smoked cigarettes in the past 30 days

Adults by Jurisdiction ('cont.)

- Between 2000 and 2006, there has been no significant change in cigarette use among adults who reside in jurisdictions within the Suburban Washington, Upper Eastern Shore, and Western Maryland regions.

Figure 57
Current Cigarette Use Among Adults by Jurisdiction



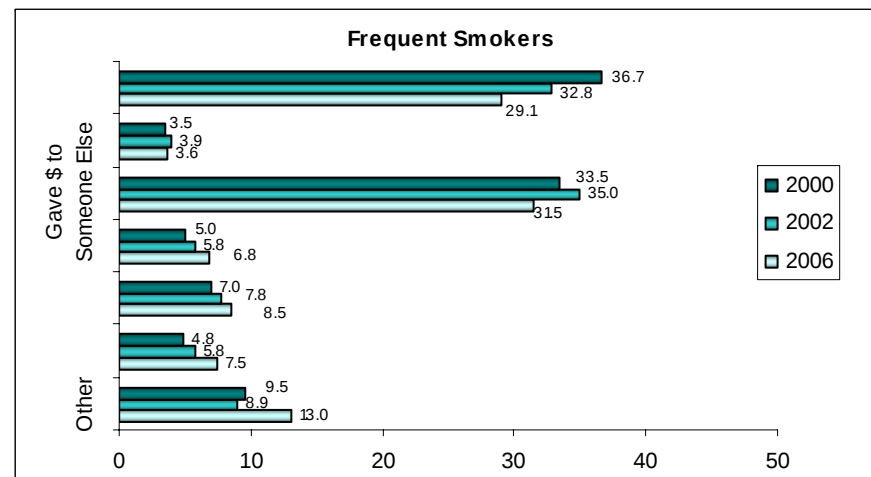
SOURCES OF CIGARETTES FOR THE UNDER-AGE FREQUENT AND INFREQUENT SMOKER

The usual sources for the acquisition of cigarettes for under-age (<18) frequent and infrequent smokers

Under-age Frequent Smokers

- The primary methods under-age frequent smokers employ to acquire cigarettes are to give someone money to purchase them (31.5%) or to purchase them at a store themselves (29.1%).
- There was a significant decline in the percentage of under-age frequent smokers who purchased cigarettes in a store (36.7% and 29.1%, respectively), representing a 21% decline from 2000 to 2006.
- Between 2000 and 2006, there was a significant increase of 56% in the percentage of under-age frequent smokers who took cigarettes from a store or family member (4.8% and 7.5%, respectively). Additionally, there was a significant increase in the percentage of under-age frequent smokers who acquired their cigarettes through some other means (9.5% and 13.0%), representing a 37% increase.

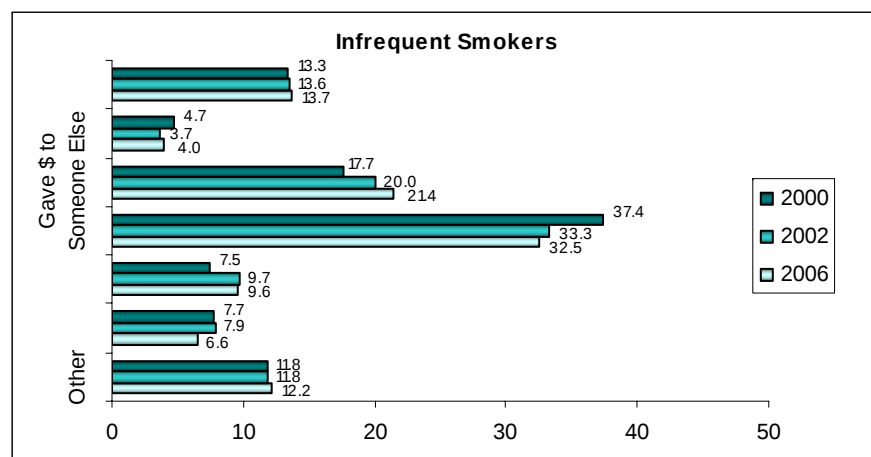
Figure 58
Usual Source of Cigarettes for Under-age Frequent Smokers



Under-age Infrequent Smokers

- Although under-age infrequent smokers most often acquire their cigarettes by borrowing them from others, there was a significant decline in this method of acquisition between 2000 and 2006 (37.4% and 32.5%, respectively). This represents a decline of 13%.
- Between 2000 and 2006, there was a significant increase in the percentage of under-age infrequent smokers who gave money to someone else to purchase cigarettes for them (17.7% and 21.4%, respectively), representing a 21% increase.

Figure 59
Usual Source of Cigarettes for Under-age Infrequent Smokers



ABILITY OF UNDER-AGE SMOKERS TO PURCHASE CIGARETTES

The percentage of under-age (<18) frequent smokers who purchased cigarettes and the percentage of under-age (<18) smokers refused sale of cigarettes

Retail Sources of Cigarettes for Under-age Frequent Smokers

- It continues to be illegal to sell tobacco products, including cigarettes, to youth under the age of 18 in Maryland.
- However, gas stations and convenience stores together supplied 60% of under-age frequent smokers with their most recent pack of cigarettes.
- Between 2000 and 2006, there was a significant decline in the percentage of under-age frequent smokers who report purchasing cigarettes from a convenience store (23.0% and 17.5%, respectively), representing a decline of 24%.
- There was a significant increase in the percentage of under-age frequent smokers who reported purchasing cigarettes over the Internet, from 2.7% in 2000 to 7.2% in 2006. This represents an increase of 167%.

Asking for Proof of Age and Refusing to Sell Cigarettes to Under-age Youth

- Although Maryland law prohibits the sale of cigarettes and other tobacco products to youth under the age of 18, it does not require that retailers ask for proof of age in connection with sales. Many retailers apparently rely on the appearance of the prospective purchaser in gauging whether they are old enough to legally purchase cigarettes.
- Under-age smokers are over two times more likely to be refused sale of cigarettes if they are asked for proof of age than if they are not asked to do so.

- Between 2000 and 2006, there was no significant change in the refusal of the sale of cigarettes to under-age smokers, regardless of whether proof of age is requested.

Figure 60
Retail Sources of Cigarettes for Under-age Frequent Smokers

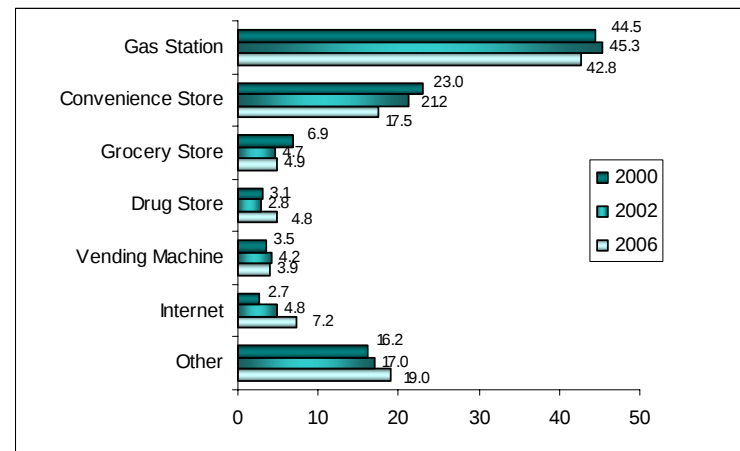
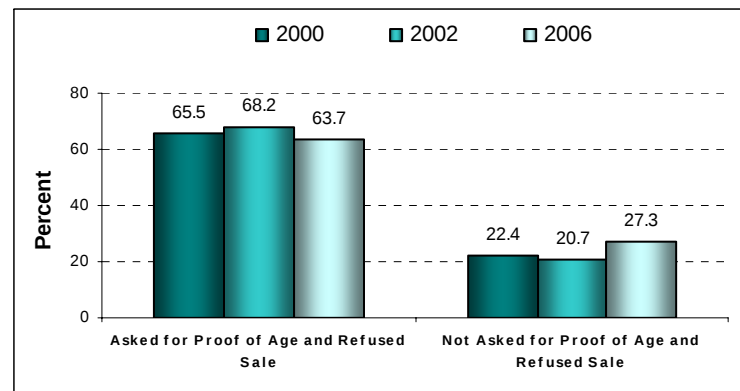


Figure 61
Under-age Youth Who Were Asked for Proof of Age and Refused Sale



Part 5 - Increasing Tobacco Cessation

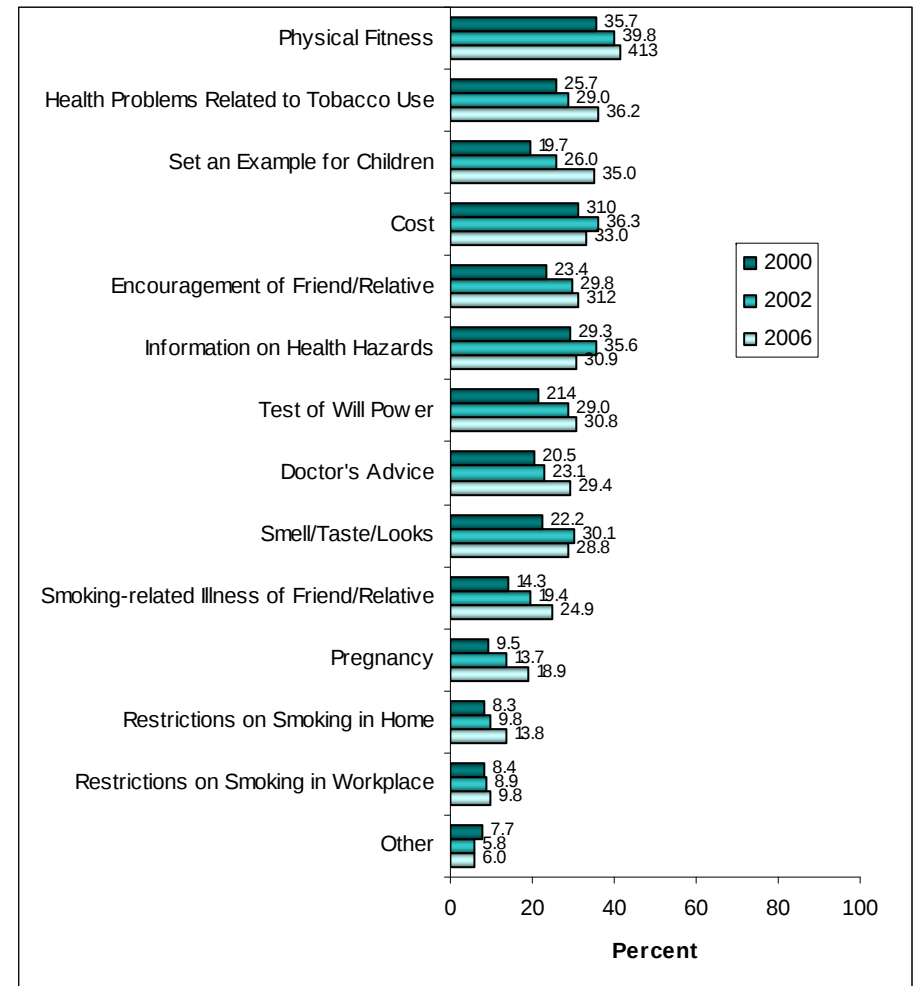
REASONS ADULTS WANT TO QUIT SMOKING

The reasons cited by adults (18+) for wanting to quit smoking

Reasons Adults Want to Quit Smoking

- Smokers were read a list of reasons that might motivate them to quit smoking. Respondents were asked to endorse as many of these reasons as they felt applied to their situation.
- Physical fitness remains the most popular reason cited by adult smokers as to why they want to quit smoking (35.7% in 2000 and 41.3% in 2006).
- Between 2000 and 2006, there were significant increases in the percentage of adult smokers who cited the following reasons for why they want to quit:
 - Health problems related to tobacco use: from 25.7% in 2000 to 36.2% in 2006, representing a 41% increase
 - Test of will power: from 21.4% in 2000 to 30.8% in 2006, representing a 44% increase
 - To set an example for children: from 19.7% in 2000 to 35.0% in 2006, representing a 78% increase
 - Smoking-related illness of a friend or relative: from 14.3% in 2000 to 24.9% in 2006, representing a 74% increase
 - Doctor's advice: from 20.5% in 2000 to 29.4% in 2006, representing a 43% increase
 - Encouragement of a friend or relative: from 23.4% in 2000 to 31.2% in 2006, representing a 33% increase
 - Restrictions on smoking in the home: from 8.3% in 2000 to 13.8% in 2006, representing a 66% increase
 - Smell, taste, or looks: from 22.2% in 2000 to 28.8% in 2006, representing a 30% increase
 - Pregnancy: from 9.5% in 2000 to 18.9% in 2006, representing a 99% increase

Figure 62
Reasons Adult Current Smokers Want to Quit Smoking



PRIMARY METHODS USED TO QUIT SMOKING AND SUCCESS IN QUITTING SMOKING AMONG ADULTS

The methods used by adults (18+) to quit smoking and the percentage of adults (18+) who tried to quit smoking but are still current smokers (i.e., have smoked a cigarette in the past 30 days)

Cessation Methods

- New to the 2006 MATS survey, adults were asked about methods or strategies they had used to quit smoking.
- By far, the most popular method employed by adults to assist them in their efforts to quit smoking was the use of nicotine gum or patches (78.1%), followed by the use of medications, such as Zyban (32.9%).
- Few adults utilized resources that might be available to them in their communities, such as cessation classes or groups (14.9%) or help lines (2.5%).

Success Rate of Adults Who Tried to Quit Smoking

- Adults were asked if they had attempted to quit smoking in the past year. Quit attempts were defined as being successful if adults indicated that they had attempted to quit in the past year and were not currently a smoker (i.e., they had not smoked a cigarette in the past 30 days). If adults had attempted to quit and they had smoked a cigarette in the past 30 days, the quit attempt was considered unsuccessful.
- Between 2000 and 2006, there was a significant increase in the percentage of adults who were successful in their attempts to quit smoking (23.4% and 31.7%, respectively). This represents an increase of 35%.

Figure 63
Methods Used by Adults to Quit Smoking

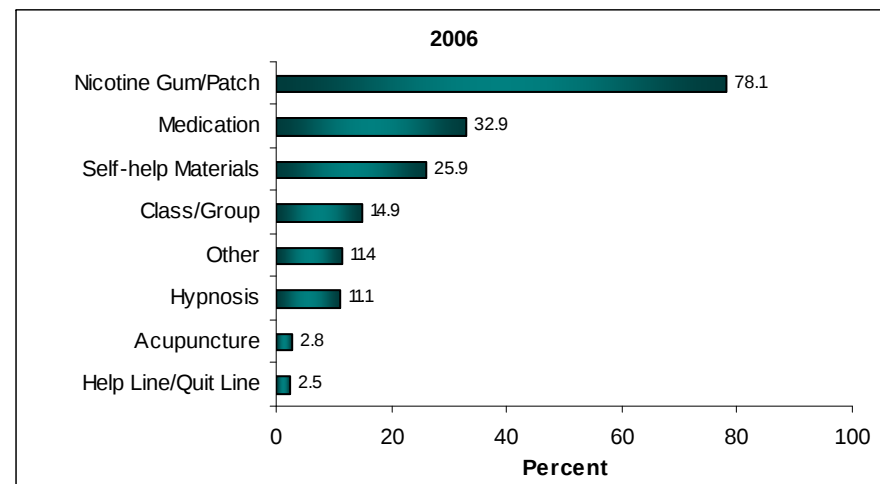
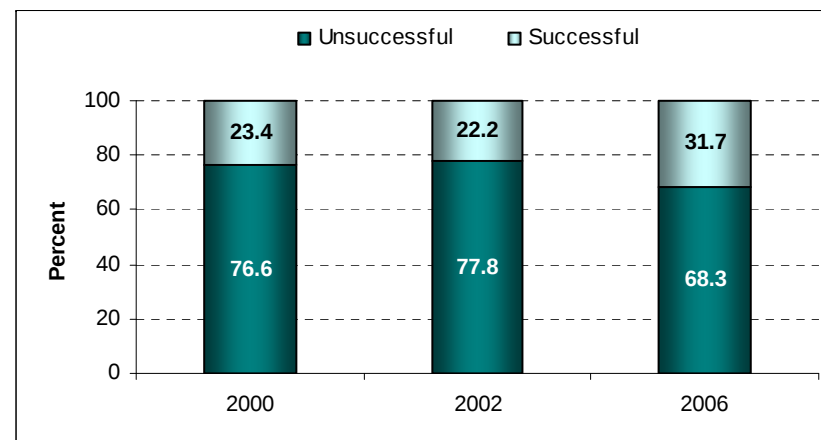


Figure 64
Success Rate of Adults Who Tried to Quit Smoking by Year



ATTEMPTS TO QUIT SMOKING BY CURRENT ADULT SMOKERS

The percentage of adults (18+) who tried to quit smoking in the past 12 months

Adults Generally

- Between 2000 and 2006, there was no significant change in the percentage of adult smokers who have made a serious attempt to quit smoking in the past 12 months (42.9% and 39.0%, respectively).

Minority Adults

- There was no significant change in the percentage of minority adult smokers who have made a serious attempt to quit smoking between 2000 and 2006 (44.7% and 44.8%, respectively).

Adults by Gender

- Between 2000 and 2006, there was no significant change in the percentage of adult smokers who made a serious quit attempt among males (40.9% and 36.4%, respectively) or females (45.0% and 42.0%, respectively).

Figure 65
Current Adult Smokers Who Have Made a Serious Attempt to Quit Smoking in the Past 12 Months

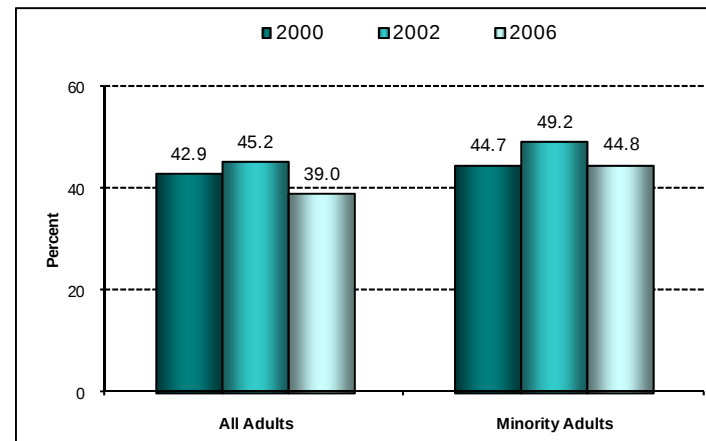
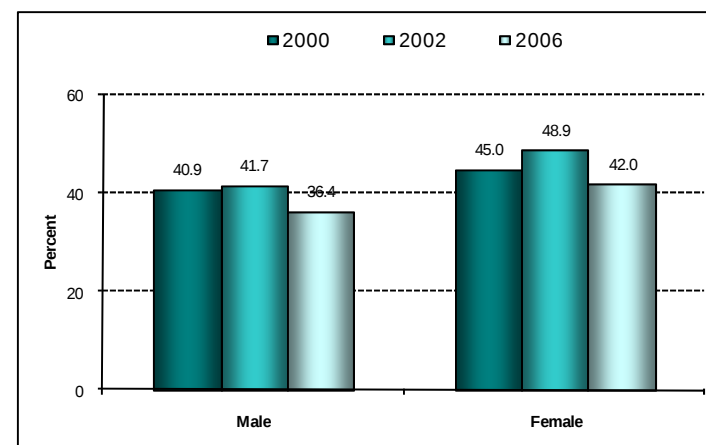


Figure 66
Current Adult Smokers Who Have Made a Serious Attempt to Quit Smoking in the Past 12 Months by Gender



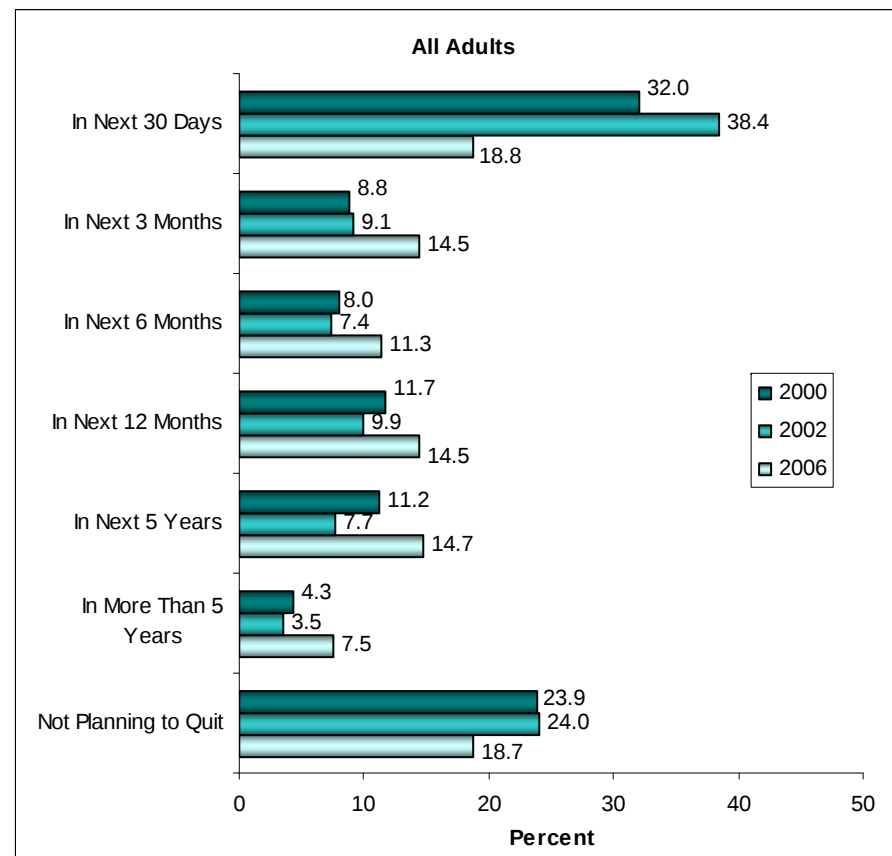
FUTURE PLANS TO QUIT SMOKING CIGARETTES BY ADULT SMOKERS

The percentage of current adult (18+) smokers who plan to quit smoking in the future

Adults Generally

- Between 2000 and 2006, there was a significant decline in the percentage of adult smokers who plan to quit in the next 30 days (32.0% and 18.8%, respectively), representing a 41% change.
- There was, however, a significant increase in the percentage of adult smokers who report plans to quit smoking in the next three months, from 8.8% in 2000 to 14.5% in 2006. This represents a 65% increase.
- Although there were no significant changes in the percentage of adult smokers who reported plans to quit smoking in any other time frame, there was a significant decline in the percentage who reported that they have no plans to quit, from 23.9% in 2000 to 18.7% in 2006.
- Across all survey years, adults who indicated that they had no plans to quit smoking smoked significantly more cigarettes per day than those who stated that they had plans to quit at some point in the future. In 2006, adults without plans to quit had also been smoking cigarettes significantly longer than those with some intention of quitting.

Figure 67
Current Adult Smokers Who Have a Plan to Quit in the Future



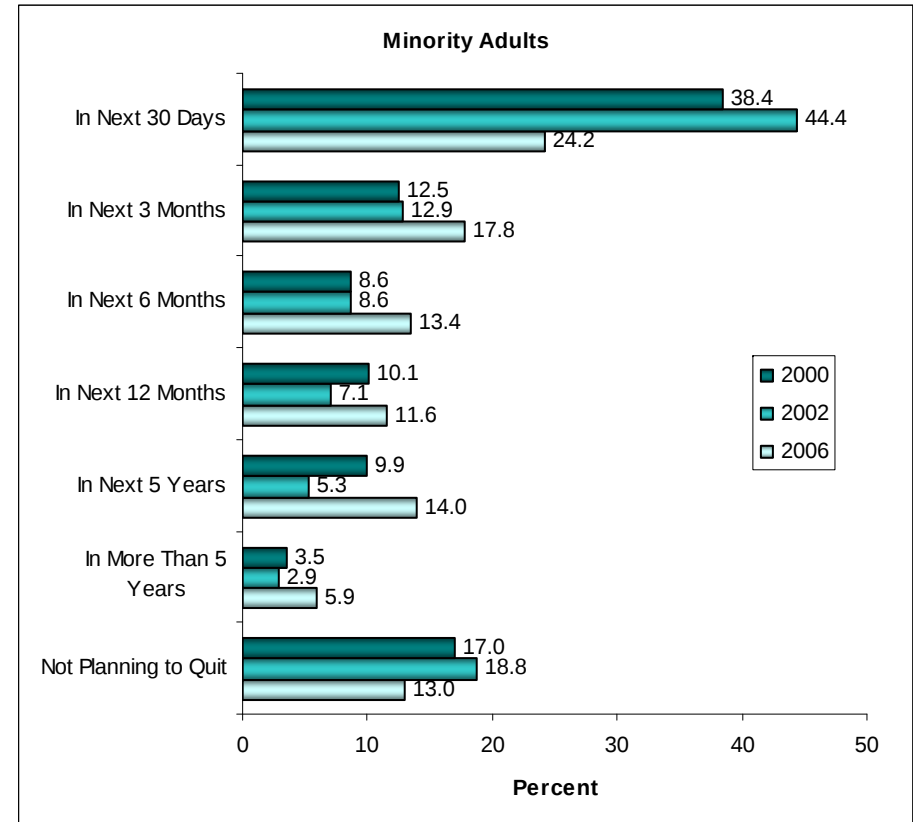
FUTURE PLANS TO QUIT SMOKING CIGARETTES BY MINORITY ADULT SMOKERS

The percentage of minority adult (18+) smokers who plan to quit smoking in the future

Minority Adults

- Between 2000 and 2006, there was a significant decline in the percentage of minority adult smokers who reported plans to quit in the next 30 days (38.4% and 24.2%, respectively), representing a 37% decline.
- There were no significant changes in the percentage of minority adult smokers who reported plans to quit smoking in any other time frame, nor was there any significant change in the percentage who reported that they do not have plans to quit smoking.
- Although there was a decline in the percentage of minority adult smokers in the preparation stage of cessation, the majority remain within the contemplation stage.

Figure 68
Current Minority Adult Smokers Who Have a Plan to Quit in the Future



Part 6 - Reducing Exposure to Secondhand Smoke

SMOKING HOUSEHOLDS WITH MINOR CHILDREN

The percentage of adult (18+) smokers who have minor children in the household

Adults Generally

- Between 2000 and 2006, there was no significant change in the percentage of adults who currently smoke and live with minor children (42.4% and 42.1%, respectively).

Minority Adults

- There was no significant change in the percentage of minority adult smokers who live with minor children from 2000 to 2006 (46.3% and 47.5%, respectively).

Adults by Educational Attainment

- Between 2000 and 2006, there was no significant change, within any educational attainment category, in the percentage of adults who currently smoke and live with minor children.

Adults by Educational Income

- There was no significant change in the percentage of adults who currently smoke and live with minor children within either income group.

Figure 69
Current Adults Smokers Living With Minor Children

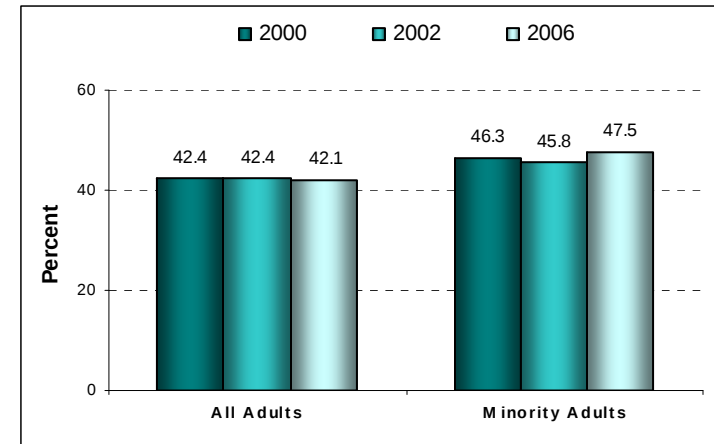
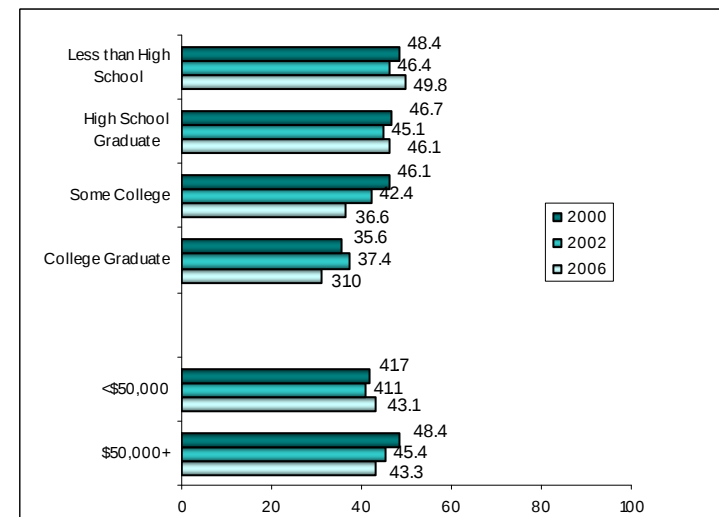


Figure 70
Current Adults Smokers Living With Minor Children by Educational Attainment and Income



RULES ABOUT SMOKING IN THE HOME AND UNDER-AGE YOUTH WITH ASTHMA WHO ARE EXPOSED TO SECONDHAND SMOKE

Percentage of Maryland under-age youth (<18) who report that smoking is allowed in the home and the percentage of under-age youth with asthma who are exposed to secondhand smoke

Under-age Youth Generally

- The vast majority of Maryland under-age youth (70.9%) live in households where smoking is not permitted.
- Under-age youth with asthma are significantly more likely than under-age youth overall to live in a household where smoking is permitted (21.1% and 17.1%, respectively). – data not shown on graph

Under-age Minority Youth

- As with under-age youth generally, the majority of minority under-age youth (69.9%) live in households where smoking is not permitted.
- There is no significant difference between minority under-age youth and under-age youth overall with respect to rules about smoking in the home.

Under-age Youth With Asthma Exposure to Secondhand Smoke

- 21.1% of Maryland under-age youth report having asthma and over one-half of these youths (53.8%) report some exposure to secondhand smoke.
- Under-age youth with asthma are significantly more likely to be exposed to secondhand smoke in a room (46.9%) than they are to be exposed in a car (38.1%).

Figure 71
Under-age Youth Who Say Smoking Is Allowed in the Home

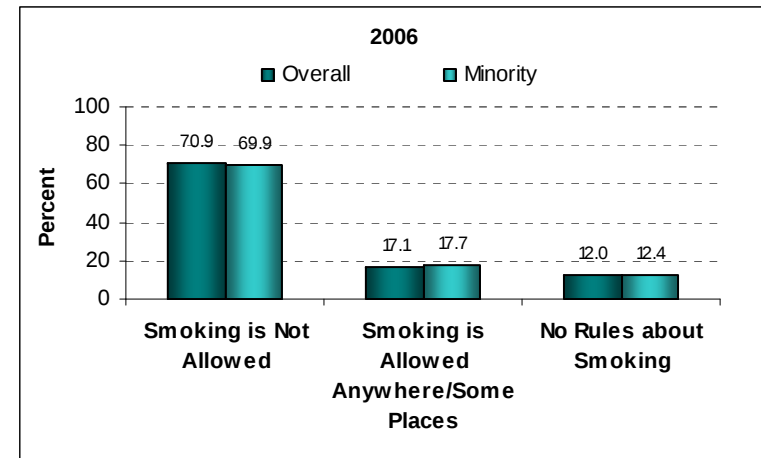
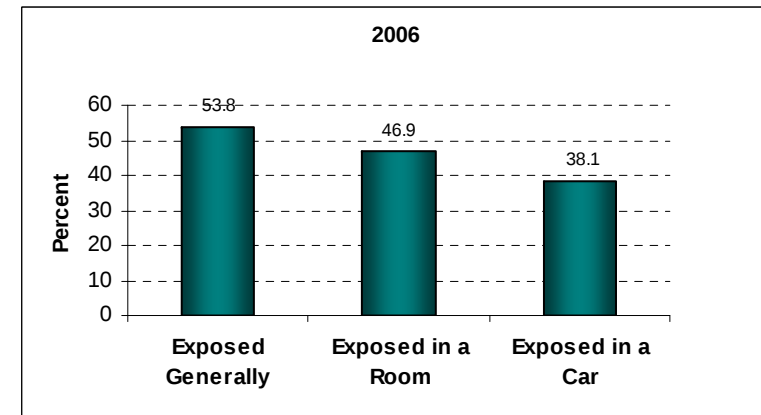


Figure 72
Under-age Youth With Asthma Who Were Exposed to Secondhand Smoke



UNDER-AGE YOUTH EXPOSED TO SECONDHAND SMOKE IN A CAR

Percentage of Maryland under-age youth (<18) who reported being exposed to secondhand smoke in a car in the past seven days

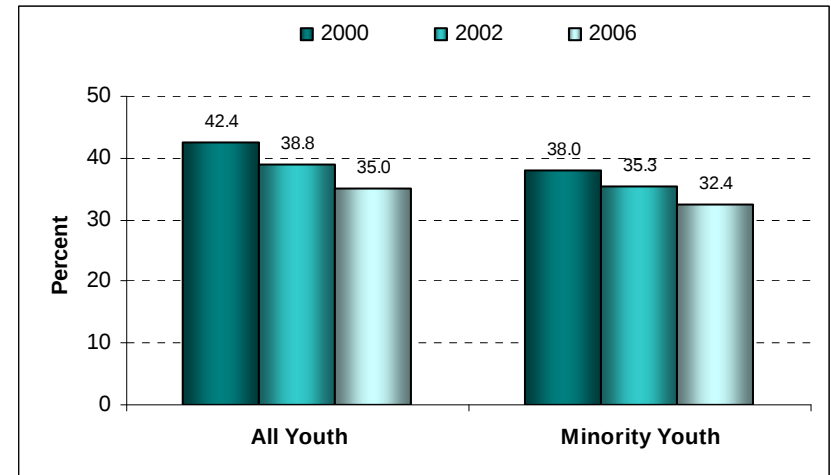
Under-age Youth Generally

- Between 2000 and 2006, there was a significant decline in the percentage of under-age youth who reported being exposed to secondhand smoke in a car (42.4% and 35.0%, respectively), representing a decline of 17%.

Under-age Minority Youth

- The percentage of minority under-age youth who were exposed to secondhand smoke in a car declined significantly, from 38.0% in 2000 to 32.4% in 2006, representing a decline of 15%.

Figure 73
Under-age Youth Exposed to Secondhand Smoke While Riding in a Car in the Past 7 Days



LIKELIHOOD OF UNDER-AGE YOUTH BECOMING A SMOKER WHEN LIVING WITH AN ADULT WHO SMOKES VS. NON-SMOKING HOUSEHOLD

Percentage of Maryland under-age youth (<18) who live with an adult smoker (18+) and are current smokers, versus the percentage of under-age youth who do not live with an adult smoker and are current smokers

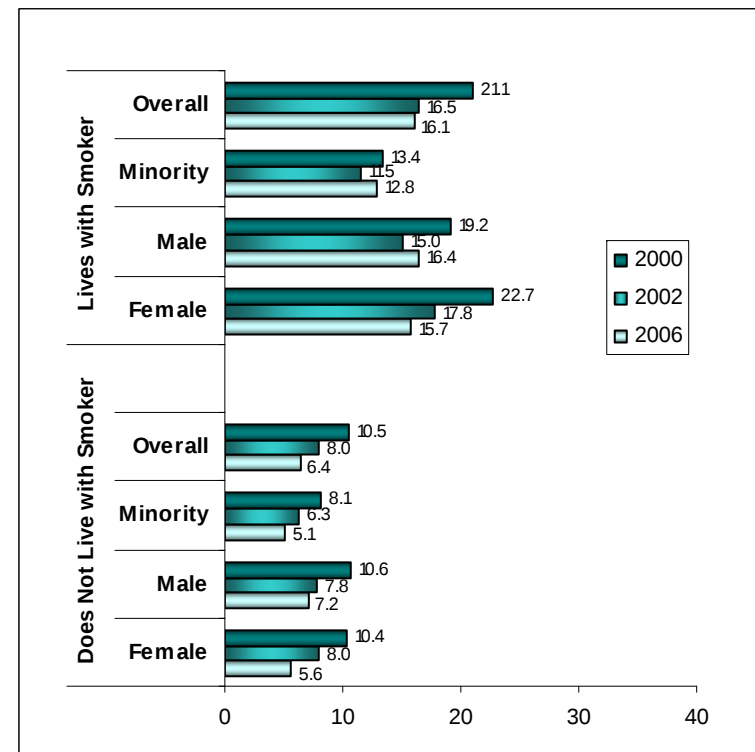
Under-age Current Smokers

- In 2006, of the under-age youth who live with an adult smoker, 16.1% are current smokers; whereas, just 6.4% of under-age youth who do not live with an adult smoker are current smokers. The odds of under-age youth living with an adult smoker becoming smokers themselves is nearly three times higher than under-age youth who do not live with an adult smoker.
- Of under-age youth who live with an adult smoker, there were significant declines in the percentage who currently smoke among:
 - Under-age youth overall: from 21.1% in 2000 to 16.1% in 2006, representing a 24% decline
 - Male under-age youth: from 19.2% in 2000 to 16.4% in 2006, representing a 15% decline
 - Female under-age youth: from 22.7% in 2000 to 15.7% in 2006, representing a 31% decline
- In addition, there were significant declines in the percentage of under-age youth who do not live with an adult smoker and are current smokers among:
 - Under-age youth overall: from 10.5% in 2000 to 6.4% in 2006, representing a 39% decline
 - Male under-age youth: from 10.6% in 2000 to 7.2% in 2006, representing a 32% decline
 - Female under-age youth: from 10.4% in 2000 to 5.6% in 2006, representing a 46% decline

Minority Under-age Current Smokers

- There was no significant change in the percentage of minority under-age youth who live with an adult smoker and are current smokers, but there was a significant decline in the percentage of minority under-age youth who do not live with an adult smoker and are current smokers (from 8.1% in 2000 to 5.1% in 2006).

Figure 74
Under-age Youth Who Live With an Adult Smoker and Are Current Smokers and Under-age Youth Who Do Not Live With an Adult Smoker and Are Current Smokers



EMPLOYED ADULTS' EXPOSURE TO SECONDHAND SMOKE

The percentage of adults (18+) who reported exposure to secondhand smoke in the workplace

Employed Adults Generally

- Between 2000 and 2006, there was a significant decline in the percentage of Maryland adults who report being exposed to secondhand smoke in the workplace (21.5% and 17.3%, respectively), representing a 20% decline.

Employed Minority Adults

- There was a significant decline in the percentage of minority adults who report exposure to secondhand smoke in the workplace, from 24.6% in 2000 to 17.8% in 2006, representing a 28% decline.

Employed Adults by Gender

- Between 2000 and 2006, there was a significant decline in the percentage of female adults who report workplace exposure to secondhand smoke (18.6% and 14.1%, respectively), representing a 24% decline. Among male adults, however, there was no significant change in workplace exposure to secondhand smoke.

Figure 75

Adults Reporting Exposure to Secondhand Smoke in the Workplace

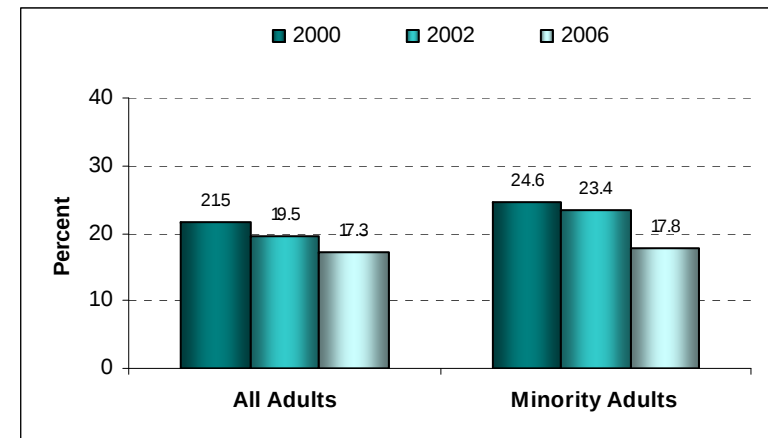
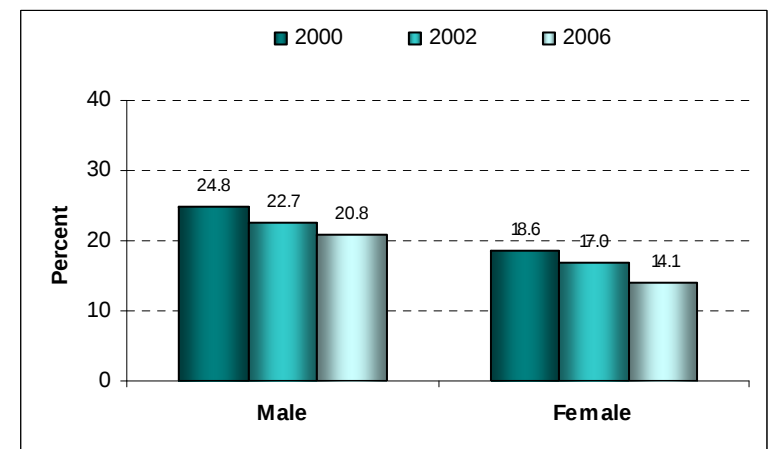


Figure 76

Adults Reporting Exposure to Secondhand Smoke in the Workplace by Gender



EMPLOYED ADULTS' EXPOSURE TO SECONDHAND SMOKE

The percentage of adults (18+) who reported exposure to secondhand smoke in the workplace

Employed Adults by Educational Attainment

- Between 2000 and 2006, there was a significant decline in the percentage of adults who have attended some college who report exposure to workplace secondhand smoke (24.2% and 16.5%, respectively), representing a 32% decline.
- Among adults with less than a high school education, a high school education, or a college education, there was no significant change in workplace secondhand smoke exposure.

Employed Adults by Income Level

- There was no significant change in the percentage of adults who report exposure to workplace secondhand smoke in any income level.
- Across all survey years, adults who earn less than \$50,000 per year are significantly more likely to report workplace exposure to secondhand smoke than those who earn \$50,000 or more.

Figure 77
Adults Reporting Exposure to Secondhand Smoke in the Workplace by Educational Attainment

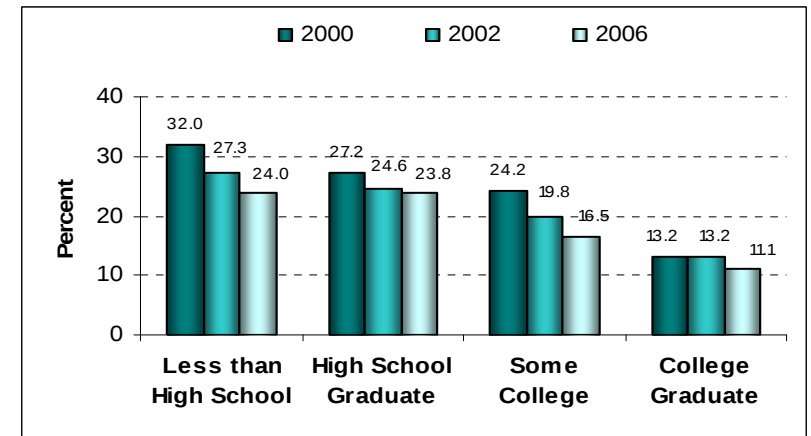
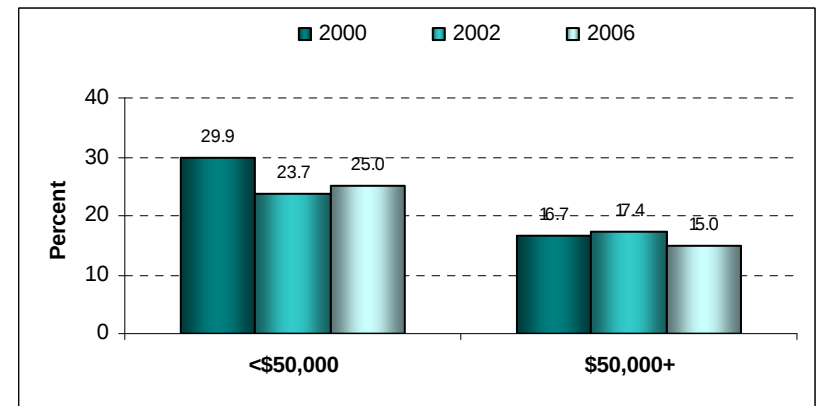


Figure 78
Adults Reporting Exposure to Secondhand Smoke in the Workplace by Income



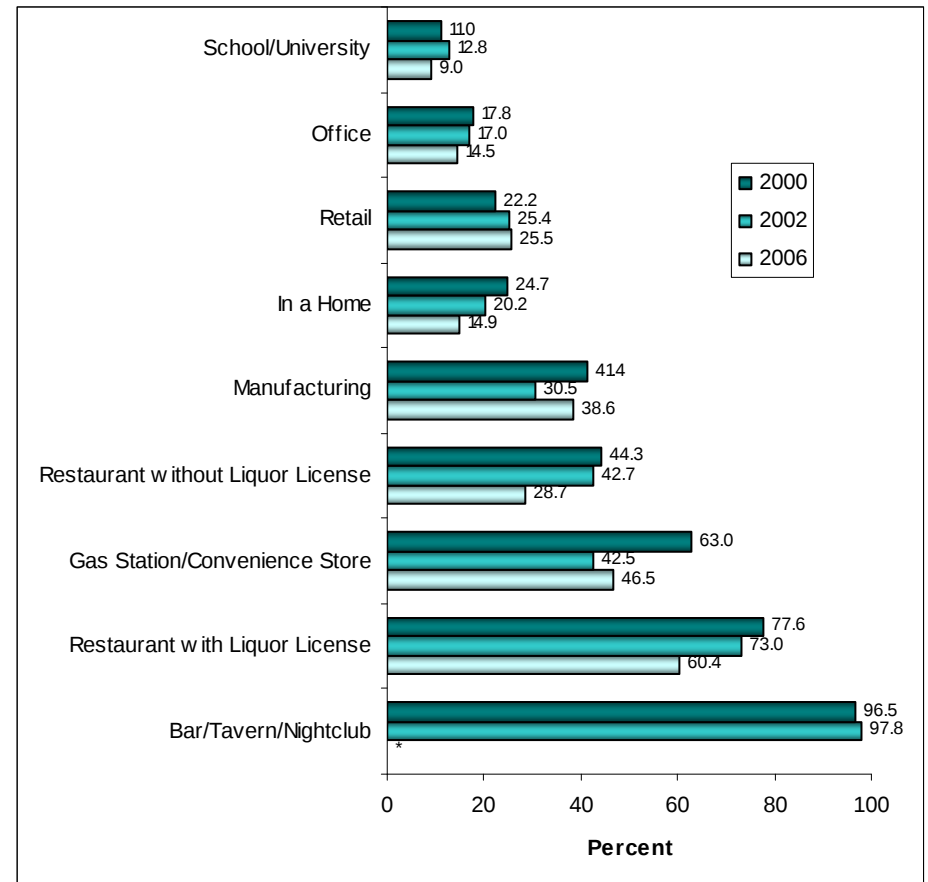
EMPLOYED ADULTS' EXPOSURE TO SECONDHAND SMOKE

The percentage of adults (18+) who reported exposure to secondhand smoke in the workplace

Employed Adults by Employment Setting

- Between 2000 and 2006, there was a significant decline in the percentage of adults who work in an office environment who reported exposure to secondhand smoke (17.8% and 14.5%, respectively), representing a 19% decline.
- Among adults working in other environments, there was no significant change in workplace exposure to secondhand smoke.
- As in previous survey years, in 2006 adults working in restaurants with a liquor license continue to report significantly higher levels of workplace exposure to secondhand smoke (60.4%) than those working in restaurants without a liquor license (28.7%).
- Although the declines in workplace exposure to secondhand smoke among adults employed in restaurants with and without a liquor license are not significant, the observed decline suggests that clean indoor air policies have had a positive impact.
- Consistent with 2000 data, adults working in an office environment or in a school or university setting continue to report the least exposure to secondhand smoke in the workplace.

Figure 79
Adults Reporting Exposure to Secondhand Smoke in the Workplace
by Employment Setting



* Data not presented, unweighted n < 30

DECLINING OPPOSITION TO SMOKE-FREE RESTAURANTS AND BARS

The percentage of adults (18+) who oppose smoke-free restaurants, bars, taverns, and nightclubs

Declining Adult Opposition to Smoke-free Restaurants

- Between 2000 and 2006, there was a significant decline in the percentage of Maryland adults who oppose smoke-free restaurants in their community (20.3% and 14.3%, respectively), representing a 30% decline.

Declining Adult Opposition to Smoke-free Bars, Taverns, and Nightclubs

- Between 2000 and 2006, there was a significant decline in the percentage of adults who oppose smoke-free bars, taverns, and nightclubs in their community (31.0% and 23.8%, respectively), representing a 23% decline.

Figure 80
Adult Opposition to Smoke-free Restaurants and Bars, Taverns, and Nightclubs



Part 7 - Tobacco Use Disparities

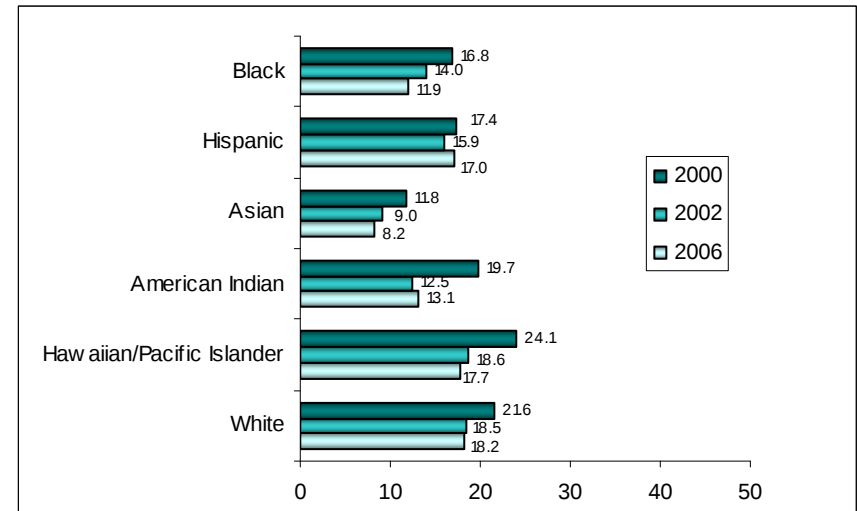
INITIATION OF TOBACCO USE BY UNDER-AGE YOUTH AND INITIATION OF CIGARETTE USE AMONG YOUNG ADULTS

Percentage of Maryland under-age youth (<18) who initiated tobacco use in the past year by race and the percentage of adults ages 18-29 years who initiated cigarette use in the past year by race and income

Under-age Youth Initiation of Tobacco Use by Race

- Between 2000 and 2006, there were significant declines in under-age youth initiation of tobacco use among:
 - Blacks or African-Americans: from 16.8% in 2000 to 11.9% in 2006, representing a decline of 29%
 - American Indians: from 19.7% in 2000 to 13.1% in 2006, representing a decline of 34%
 - Whites: from 21.6% in 2000 to 18.2% in 2006, representing a decline of 16%
- Between 2000 and 2006, there was no significant change in initiation of tobacco use among Hispanic or Latino, Asian, or Native Hawaiian or Other Pacific Islander under-age youth.

Figure 81
Under-age Youth Who Have Initiated Tobacco Use in the Past Year by Race



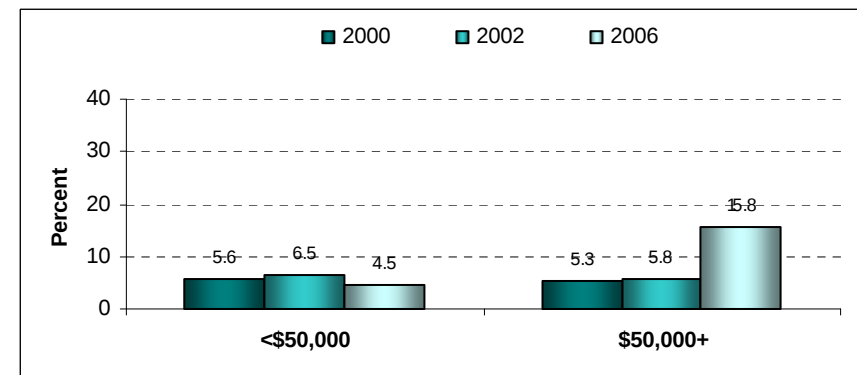
Adult Initiation of Cigarette Use by Race

- Between 2000 and 2006, there were no significant changes in the percentage of adults ages 18-29 years who initiated cigarette use in the past year by race (*data not shown on graph*).

Adult Initiation of Cigarette Use by Income

- Between 2000 and 2006, there were no significant changes in the percentage of adults ages 18-29 years who initiated cigarette use in the past year by income. Although there was an apparent increase among adults ages 18-29 years who earn \$50,000 or more, this change was not significant.

Figure 82
Adults <30 Who Initiated Cigarette Use in the Past Year by Income



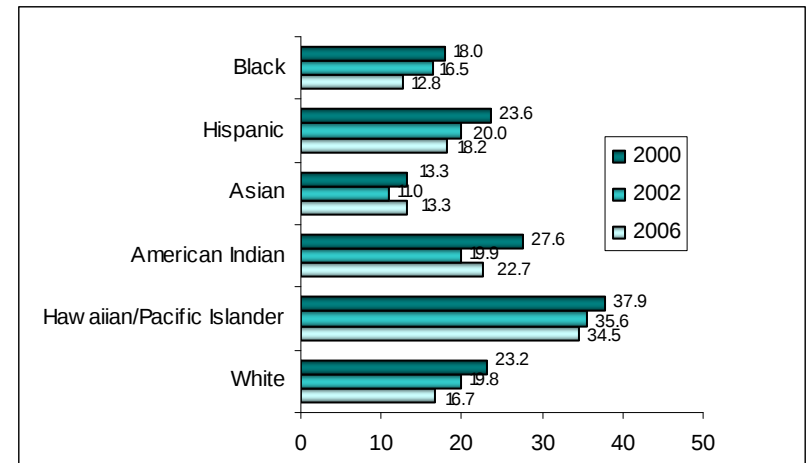
TOBACCO USE BY MARYLAND UNDER-AGE YOUTH AND ADULTS

Percentage of Maryland under-age youth (<18) and adults (18+) who used one or more tobacco products in the past 30 days by race

Under-age Youth by Race

- Between 2000 and 2006 there were significant declines in under-age current tobacco use among:
 - Blacks or African-Americans: from 18.0% in 2000 to 12.8% in 2006, representing a 29% decline
 - Hispanics or Latinos: from 23.6% in 2000 to 18.2% in 2006, representing a 23% decline
 - Whites: from 23.2% in 2000 to 16.7% in 2006, representing a 28% decline
- Between 2000 and 2006, there was no significant change in the percentage of Asian, American Indian, or Hawaiian or Other Pacific Islander under-age youth currently who currently use tobacco.

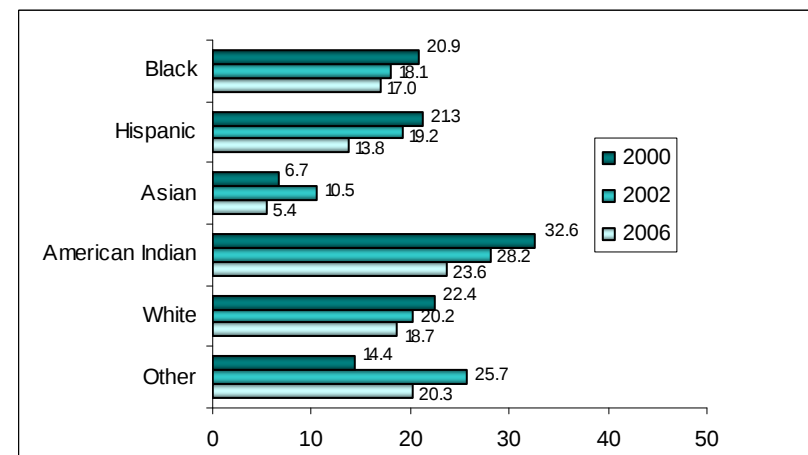
Figure 83
Tobacco Use Among Under-age Youth by Race



Adults by Race

- There was a significant decline in the percentage of White adult current tobacco users, from 22.4% in 2000 to 18.7% in 2006. This represents a 17% decline.
- Between 2000 and 2006, there was no significant change in the percentage of adult Black or African-American, Hispanic or Latino, Asian, American Indian, or other race who currently use tobacco.

Figure 84
Tobacco Use Among Adults by Race



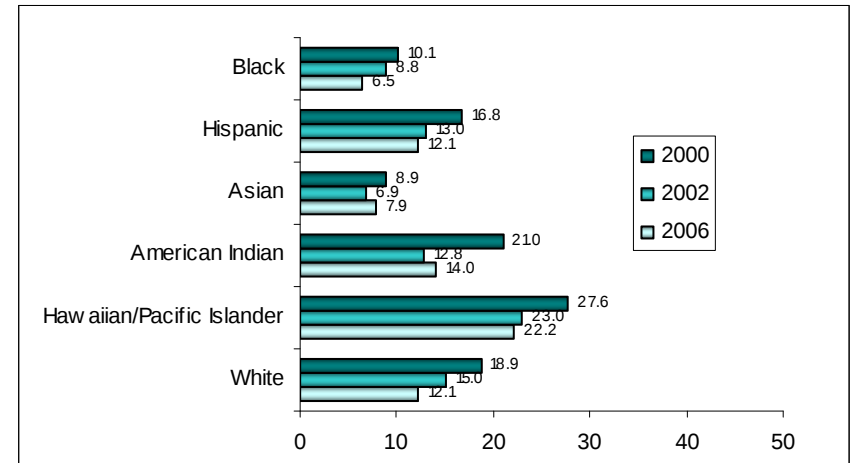
CURRENT SMOKING BY MARYLAND UNDER-AGE YOUTH AND ADULTS

Percentage of Maryland under-age youth (<18) and adults (18+) who currently smoke cigarettes by race

Under-age Youth by Race

- Between 2000 and 2006 there were significant declines in under-age current smokers among:
 - Blacks or African-Americans: from 10.1% in 2000 to 6.5% in 2006, representing a 36% decline
 - Hispanics or Latinos: from 16.8% in 2000 to 12.1% in 2006, representing a 28% decline
 - American Indians: from 21.0% in 2000 to 14.0% in 2006, representing a 33% decline
 - Whites: from 18.9% in 2000 to 12.1% in 2006, representing a 36% decline
- Between 2000 and 2006, there was no significant change in the percentage of Asian or Native Hawaiian or Other Pacific Islander under-age youth who currently smoke cigarettes.

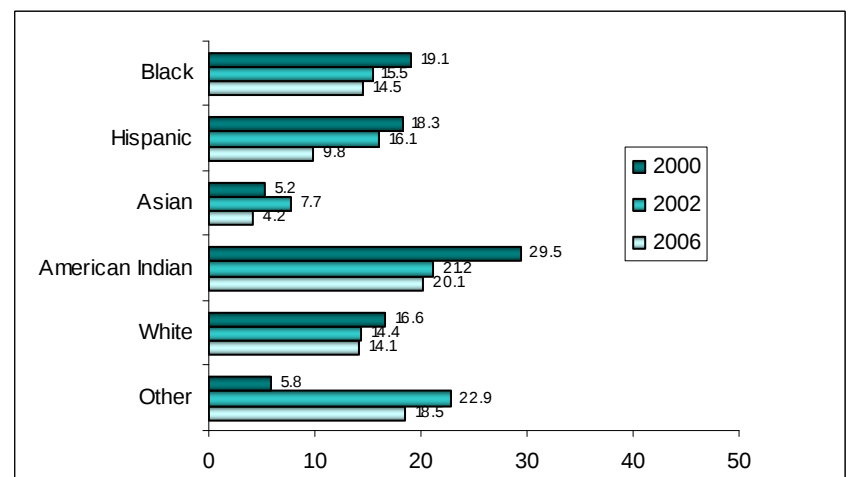
Figure 85
Cigarette Smoking Among Under-age Youth by Race



Adults by Race

- Between 2000 and 2006 there were significant declines in adult current smokers among:
 - Blacks or African-Americans: from 19.1% in 2000 to 14.5% in 2006, representing a 24% decline
 - Hispanics or Latinos: from 18.3% in 2000 to 9.8% in 2006, representing a 46% decline
 - Whites: from 16.6% in 2000 to 14.1% in 2006, representing a 15% decline
- Between 2000 and 2006, there was no significant change in the percentage of adult Asian, American Indian, or other race current smokers.

Figure 86
Cigarette Smoking Among Adults by Race



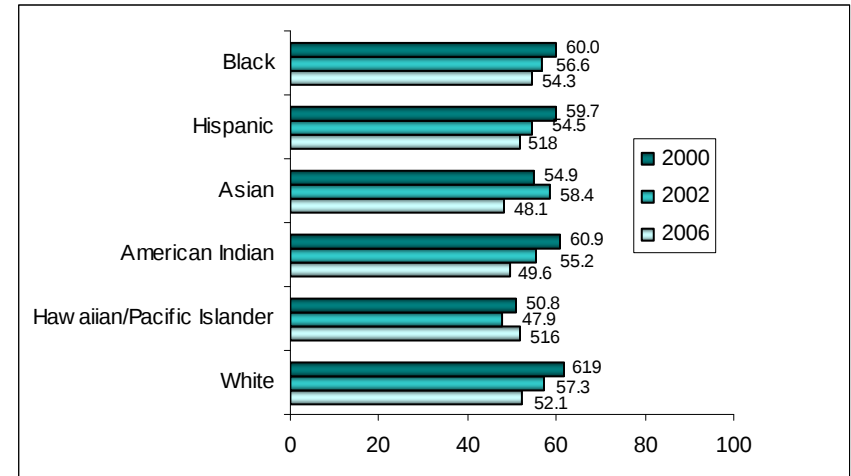
QUIT ATTEMPTS BY MARYLAND UNDER-AGE YOUTH AND ADULTS

Percentage of Maryland under-age youth (<18) who attempted to quit smoking in the past year by race and success rates of adults (18+) in their attempts to quit smoking in the past year by race

Under-age Youth by Race

- Between 2000 and 2006, there was a significant decline in the percentage of under-age White youth who tried to quit smoking in the 12 months preceding the survey (61.9% and 52.1%, respectively), representing a 16% decline.
- There were no significant changes in the percentage of under-age youth of any other racial/ethnic group who tried to quit smoking in the past year.

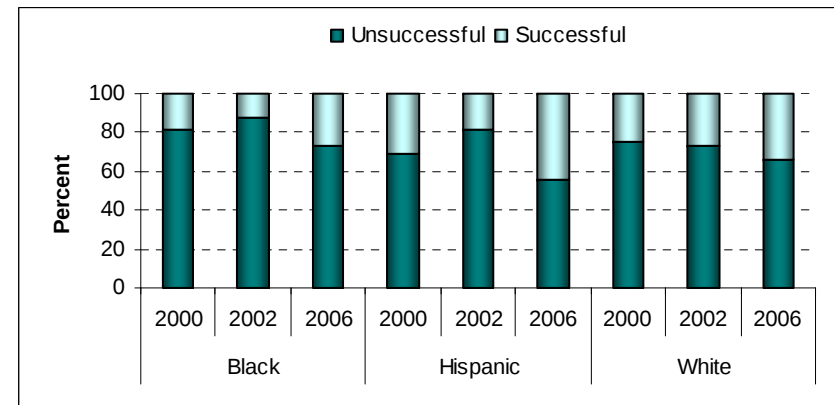
Figure 87
Under-age Youth Who Tried to Quit Smoking in the Past Year by Race



Adults by Race, Successful and Unsuccessful

- Between 2000 and 2006, there were no significant changes in the percentage of adults of any race/ethnic group who tried to quit smoking and succeeded.
- Between 2000 and 2006, there were no significant changes in the percentage of adults of any race/ethnic group who tried to quit smoking and failed.

Figure 88
Adults Who Tried to Quit Smoking in the Past Year by Race*



* Data not presented for American Indian, Asian, or Other race adults, unweighted n < 30

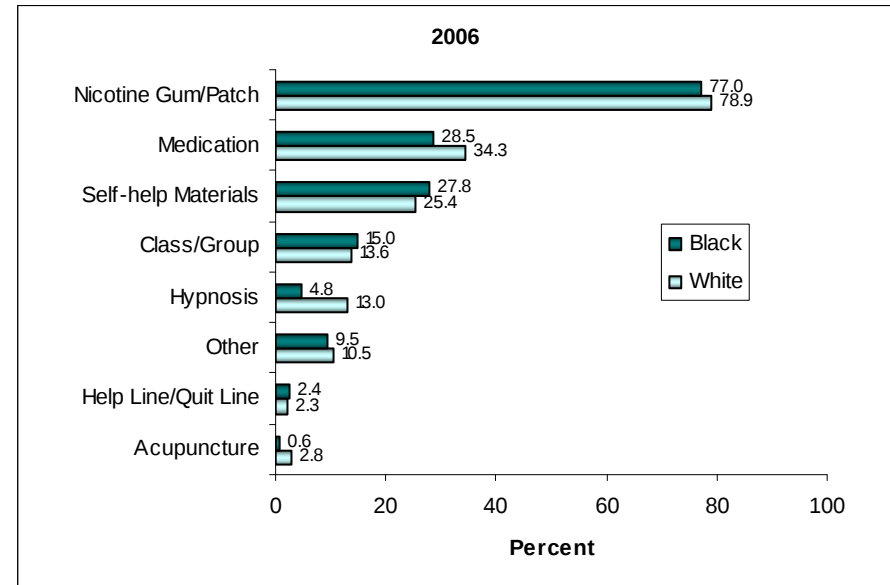
PRIMARY METHODS USED TO QUIT SMOKING

The methods used by adults (18+) to quit smoking by race

Adults by Race

- The highest utilized methods by both races to assist in cessation efforts were Nicotine Replacement Therapy (NRT), such as nicotine patches and nicotine gum, followed by medications and self-help materials.
- White adults are significantly more likely than Black or African-American adults to use acupuncture to assist them in their cessation efforts (2.8% and 0.6%, respectively).
- There were no other significant differences between Black or African-American and White adults with respect to the methods they employ to quit smoking.

Figure 89
Methods Used by Adults to Quit Smoking by Race*



* Data not presented for Hispanic or Latino, American Indian, Asian, or other race adults, unweighted $n < 30$

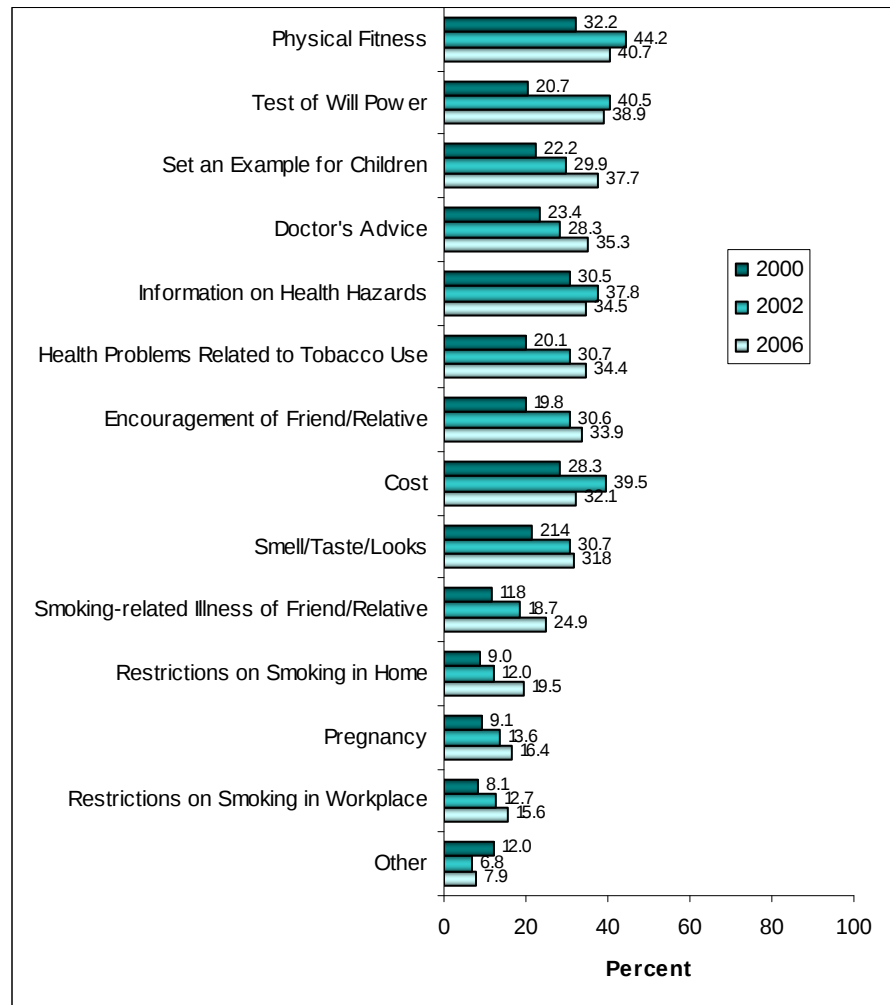
REASONS BLACK OR AFRICAN AMERICAN ADULTS WANT TO QUIT SMOKING

The reasons cited by Black or African American adults (18+) for wanting to quit smoking

Reasons Black or African-American Adults Want to Quit Smoking

- Physical fitness remains the most popular reason cited by Black or African-American adult smokers as to why they want to quit smoking (32.2% in 2000 and 40.7% in 2006).
- Between 2000 and 2006, there were significant increases in the percentage of Black or African-American adult smokers who cited the following reasons for why they want to quit:
 - Test of will power: from 20.7% in 2000 to 38.9% in 2006, representing an 88% increase
 - To set an example for children: from 22.2% in 2000 to 37.7% in 2006, representing a 70% increase
 - Doctor's advice: from 23.4% in 2000 to 35.3% in 2006, representing a 51% increase
 - Health problems related to tobacco use: from 20.1% in 2000 to 34.4% in 2006, representing a 71% increase
 - Encouragement of a friend or relative: from 19.8% in 2000 to 33.9% in 2006, representing a 71% increase
 - Smoking related illness of a friend or relative: from 11.8% in 2000 to 24.9% in 2006, representing a 111% increase
 - Restrictions on smoking in the home: from 9.0% in 2000 to 19.5% in 2006, representing a 117% increase

Figure 90
Reasons Black Adult Current Smokers Want to Quit Smoking



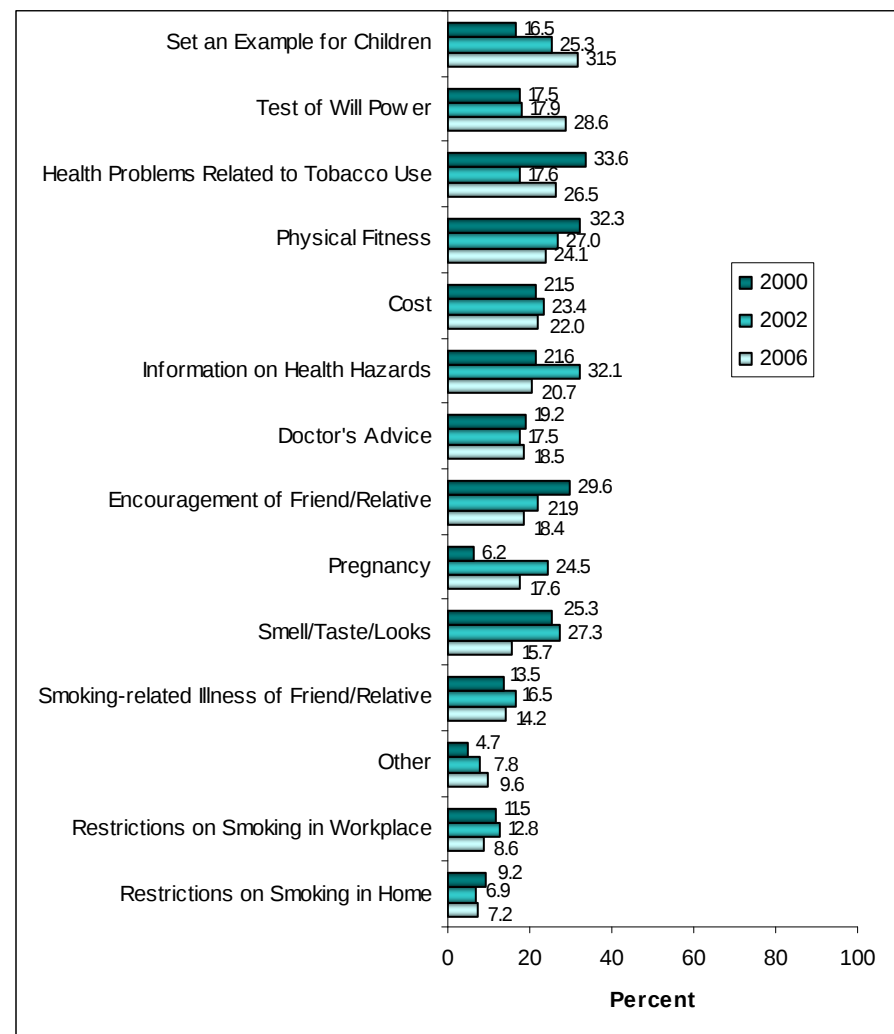
REASONS HISPANIC OR LATINO ADULTS WANT TO QUIT SMOKING

The reasons cited by Hispanic or Latino adults (18+) for wanting to quit smoking

Reasons Hispanic or Latino Adults Want to Quit Smoking

- In 2006, setting an example for children was the most popular reason cited by Hispanic or Latino adult smokers as to why they want to quit smoking (31.5%).
- Between 2000 and 2006, there were no significant changes in any of the reasons Hispanic or Latino adults want to quit smoking. While the difference between the 2000 and 2006 percentages of Hispanic or Latino adults who stated that they wanted to set an example for children is apparently large (16.5% and 31.5%, respectively), it was not statistically significant.

Figure 91
Reasons Hispanic Adult Current Smokers Want to Quit Smoking



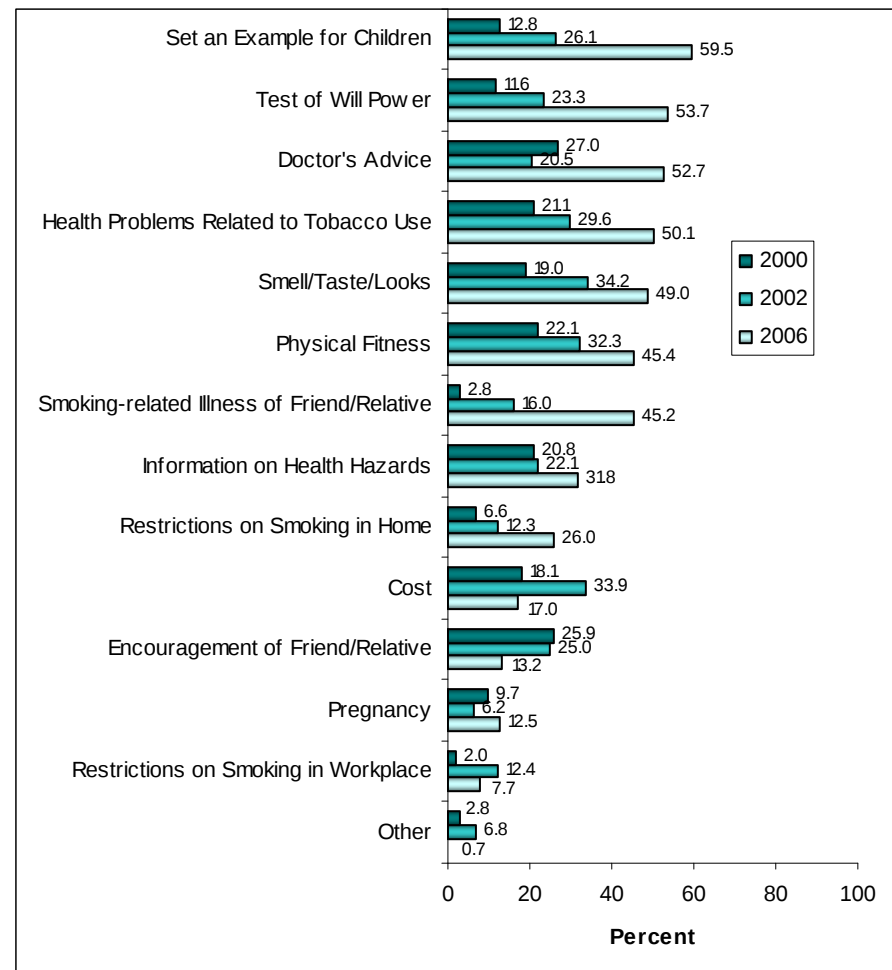
REASONS AMERICAN INDIAN ADULTS WANT TO QUIT SMOKING

The reasons cited by American Indian adults (18+) for wanting to quit smoking

Reasons American Indian Adults Want to Quit Smoking

- In 2006, setting an example for children was the most popular reason cited by American Indian adult smokers as to why they want to quit smoking (59.5%).
- Between 2000 and 2006, there were significant increases in the percentage of American Indian adult smokers who cited the following reasons for why they want to quit:
 - To set an example for children: from 12.8% in 2000 to 59.5% in 2006, representing a 365% increase
 - Test of will power: from 11.6% in 2000 to 53.7% in 2006, representing a 363% increase
 - Smoking related illness of a friend or relative: from 2.8% in 2000 to 45.2% in 2006, representing a 1,514% increase

Figure 92
Reasons American Indian Adult Current Smokers Want to Quit Smoking



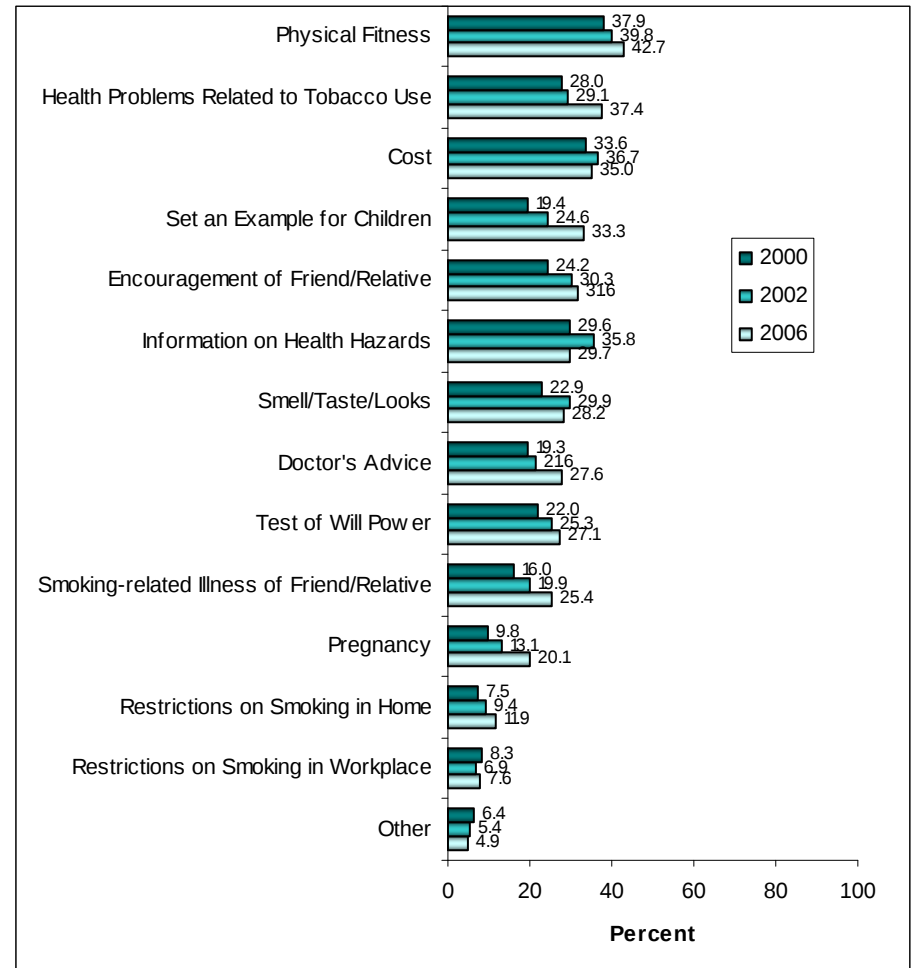
REASONS WHITE ADULTS WANT TO QUIT SMOKING

The reasons cited by White adults (18+) for wanting to quit smoking

Reasons White Adults Want to Quit Smoking

- Physical fitness remains the most popular reason cited by White adult smokers as to why they want to quit smoking (37.9% in 2000 and 42.7% in 2006).
- Between 2000 and 2006, there were significant increases in the percentage of White adult smokers who cited the following reasons for why they want to quit:
 - Health problems related to tobacco use: from 28.0% in 2000 to 37.4% in 2006, representing a 34% increase
 - To set an example for children: from 19.4% in 2000 to 33.3% in 2006, representing a 72% increase
 - Smoking related illness of a friend or relative: from 16.0% in 2000 to 25.4% in 2006, representing a 59% increase
 - Doctor's advice: from 19.3% in 2000 to 27.6% in 2006, representing a 43% increase
 - Encouragement of a friend or relative: from 24.2% in 2000 to 31.6% in 2006, representing a 31% increase
 - Restrictions on smoking in the home: from 7.5% in 2000 to 11.9% in 2006, representing a 59% increase
 - Pregnancy: from 9.8% in 2000 to 20.1% in 2006, representing a 105% increase

Figure 93
Reasons White Adult Current Smokers Want to Quit Smoking



EXPOSURE TO SECOND-HAND SMOKE BY UNDER-AGE YOUTH AND ADULTS

Percentage of Maryland under-age youth (<18) who have been exposed to second-hand smoke by race and adults (18+) who have been exposed to second-hand smoke in the workplace by race

Under-age Youth Exposure to Secondhand Smoke by Race

- Between 2000 and 2006 there were significant declines in youth exposure to second hand smoke among:
 - Blacks or African-Americans: from 57.3% in 2000 to 47.6% in 2006, representing a decline of 17%
 - Hispanics or Latinos: from 53.4% in 2000 to 44.7% in 2006, representing a decline of 16%
 - Asians: from 46.9% in 2000 to 38.3% in 2006, representing an 18% decline
 - American Indians: from 65.2% in 2000 to 50.0% to 2006, representing a decline of 23%
 - Hawaiians or Other Pacific Islanders: from 68.4% in 2000 to 57.0% in 2006, representing a decline of 17%
 - Whites: from 65.5% in 2000 to 53.6% in 2006, representing an 18% decline

Employed Adults Exposure to Secondhand Smoke in the Workplace by Race

- Between 2000 and 2006 there were significant declines in adults exposed to secondhand smoke at the workplace among Blacks or African-Americans (24.7% to 18.1%, respectively), representing a 27% decline; and Whites (19.8% and 16.7%, respectively), representing a 16% decline.
- Between 2000 and 2006, there was no significant change in the percentage of Hispanic or Latino, Asian, American Indian, or other race adults exposed to secondhand smoke in the workplace.

Figure 94

Under-age Youth Exposure to Secondhand Smoke by Race

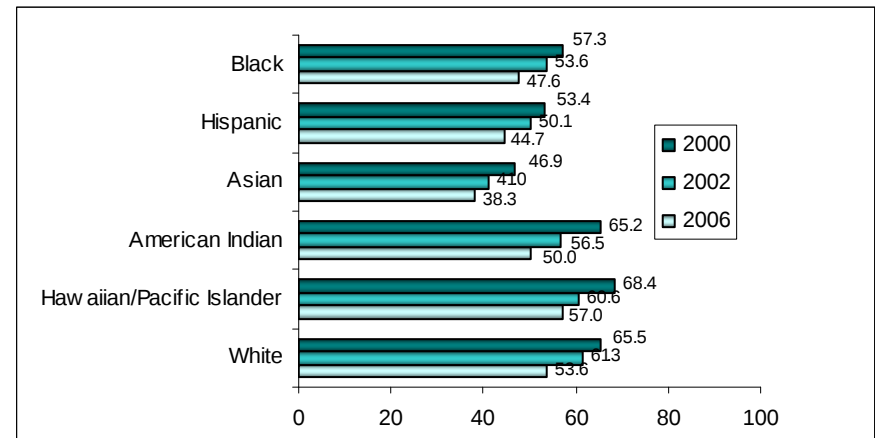
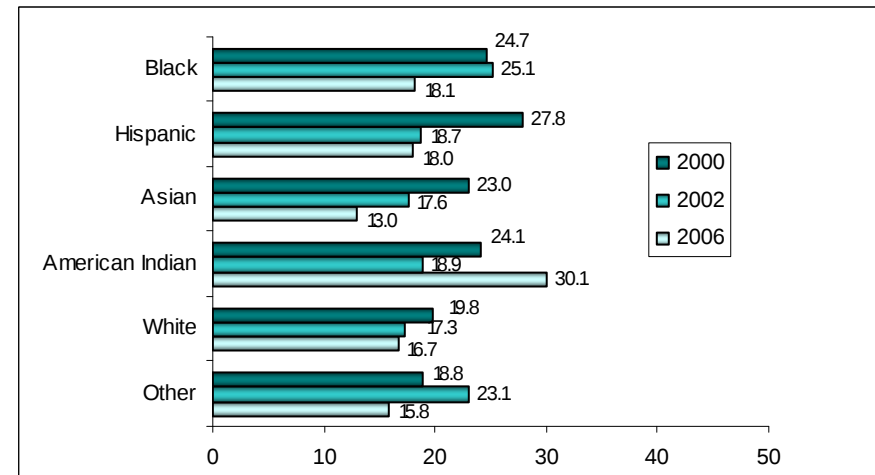


Figure 95

Adult Exposure to Secondhand Smoke in the Workplace by Race



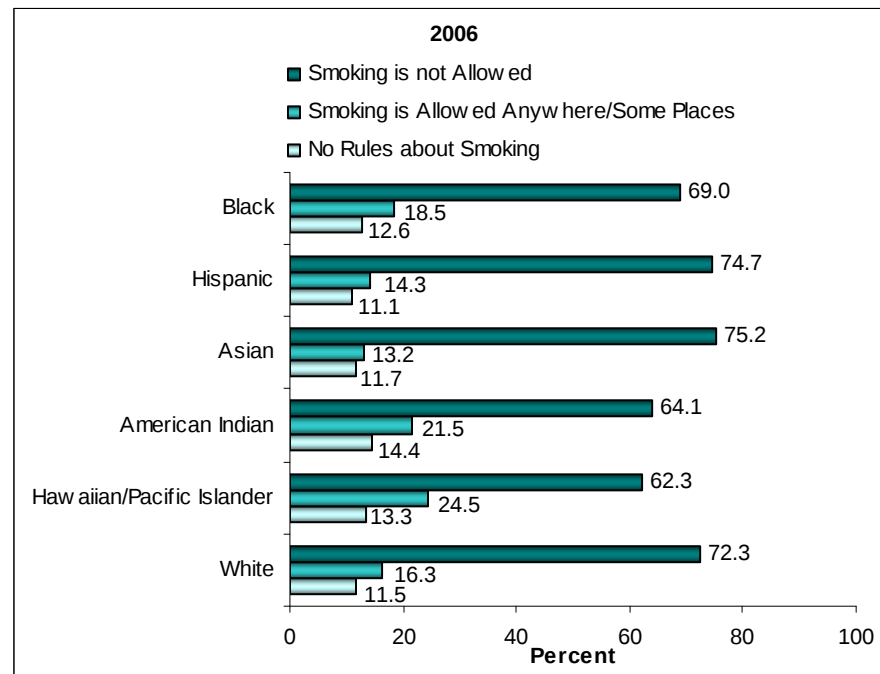
RULES ABOUT SMOKING IN THE HOME

Percentage of Maryland under-age youth (<18) who report that smoking is allowed in the home by race

Under-age Youth by Race

- The vast majority of Maryland under-age youth (70.9%) live in households where smoking is not permitted.
- Asian under-age youth (13.2%) are the least likely to live in a household where smoking is permitted and Hawaiian and Other Pacific Islander under-age youth (24.5%) are the most likely to live in such a household.
- Black or African-American under-age youth (18.5%) are significantly more likely than Asian (13.2%), Hispanic or Latino (14.3%), and White under-age youth (16.3%) to live in a household where smoking is permitted. They are, however, significantly less likely than Hawaiian or Other Pacific Islander under-age youth (24.5%) to live in a household where smoking is permitted.
- Hispanic or Latino under-age youth (14.3%) are significantly less likely than Black or African-American (18.5%), American Indian (21.5%), and Hawaiian or Other Pacific Islander under-age youth (24.5%) to live in a household where smoking is permitted.
- Asian under-age youth (13.2%) are significantly less likely than Black or African-American (18.5%), American Indian (21.5%), Hawaiian or Other Pacific Islander (24.5%), and White under-age youth (16.3%) to live in a household where smoking is permitted.
- American Indian under-age youth (21.5%) are significantly more likely than Hispanic or Latino (14.3%), Asian (13.2%), and White under-age youth (16.3%) to live in a household where smoking is permitted.
- Hawaiian or Other Pacific Islander under-age youth (24.5%) are significantly more likely than Black or African-American (18.5%), Hispanic or Latino (14.3%), Asian (13.2%), and White under-age youth (16.3%) to live in a household where smoking is permitted.

Figure 96
Under-age Youth Who Say Smoking Is Allowed in the Home by Race



- White under-age youth (16.3%) are significantly more likely than Asian under-age youth (13.2%) to live in a household where smoking is permitted, but significantly less likely to do so than Black or African-American (18.5%), American Indian (21.5%), and Hawaiian or Other Pacific Islander under-age youth (24.5%).

Part 8 – Statutory Tables

Table 1a: Initiation of Tobacco Use in the Past Year Among Under-age Youth, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	80,050	19.5	+1.0	70,879	16.2	+0.8	67,969	15.0	+0.6	-23.1%
Baltimore Region	38,221	20.0	+1.4	32,847	16.4	+1.1	30,714	15.3	+0.8	-23.5%
Anne Arundel	8,883	23.5	+3.2	7,116	18.1	+2.7	6,485	16.5	+1.9	-29.8%
Baltimore City	8,425	19.2	+2.9	6,532	14.5	+1.7	5,786	14.2	+1.8	-26.0%
Baltimore Co.	9,829	18.5	+3.4	9,431	16.9	+2.7	8,663	15.4	+1.6	-16.8%
Carroll	2,522	17.7	+2.3	2,433	16.2	+2.6	2,940	18.0	+2.3	1.7%
Harford	4,534	23.3	+2.6	3,549	17.2	+2.1	3,343	15.8	+2.0	-32.2%
Howard	4,028	18.1	+2.9	3,787	15.7	+2.9	3,497	12.9	+1.7	-28.7%
Lower Eastern Shore	3,436	23.8	+1.5	2,955	20.4	+1.7	2,820	19.0	+2.3	-20.2%
Dorchester	622	23.8	+2.5	504	19.0	+2.4	473	18.7	+2.4	-21.4%
Somerset	393	26.4	+3.1	334	23.3	+3.4	272	18.3	+2.5	-30.7%
Wicomico	1,656	24.6	+2.5	1,407	20.9	+3.2	1,332	18.9	+2.1	-23.2%
Worcester	765	21.4	+2.7	710	19.2	+2.5	743	19.7	+2.4	-7.9%
Southern Maryland	6,116	22.3	+1.4	5,559	19.0	+1.3	5,241	15.7	+1.3	-29.6%
Calvert	1,857	23.3	+2.1	1,717	19.5	+2.9	1,707	17.5	+2.1	-24.9%
Charles	2,597	21.6	+2.4	2,331	18.4	+1.8	2,187	14.6	+1.9	-32.4%
St. Mary's	1,662	22.5	+2.6	1,511	19.4	+2.0	1,346	15.5	+2.0	-31.1%
Suburban Washington	23,254	16.2	+1.8	21,746	13.9	+1.5	20,768	12.6	+1.1	-22.2%
Frederick	4,039	22.4	+2.4	3,441	17.5	+2.3	3,581	16.6	+2.1	-25.9%
Montgomery	10,100	15.8	+3.4	9,546	13.4	+2.8	9,640	13.1	+1.7	-17.1%
Prince George's	9,115	14.9	+2.0	8,759	13.3	+1.7	7,547	10.8	+1.3	-27.5%
Upper Eastern Shore	4,333	24.8	+1.5	3,681	20.0	+1.3	4,183	21.4	+1.9	-13.7%
Caroline	700	25.2	+3.0	661	22.7	+2.2	689	23.5	+2.5	-6.7%
Cecil	1,748	23.3	+2.9	1,518	18.9	+2.6	1,831	20.8	+2.5	-10.7%
Kent	414	28.7	+3.2	348	24.0	+3.1	288	22.9	+3.8	-20.2%
Queen Anne's	872	25.0	+3.4	675	18.1	+1.7	850	20.3	+2.5	-18.8%
Talbot	598	26.7	+3.2	480	20.7	+2.3	525	21.7	+3.2	-18.7%
Western Maryland	4,690	26.2	+1.9	4,091	22.5	+1.6	4,243	22.6	+2.0	-13.7%
Allegany	1,536	27.4	+2.8	1,204	21.9	+2.6	1,151	22.6	+2.8	-17.5%
Garrett	585	24.7	+3.2	513	21.7	+2.8	608	23.5	+3.0	-4.8%
Washington	2,569	26.0	+2.9	2,373	22.9	+2.5	2,484	22.3	+2.5	-14.2%

Italics (2002 data) means change from 2000 was statistically significant. *Italics* (2006 data) means change from 2002 was statistically significant.

Italics (Relative Change) means change from 2000 to 2006 was statistically significant.

Table 1b: Initiation of Tobacco Use in the Past Year Among Male Under-age Youth, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	41,820	20.1	+1.1	36,008	16.4	+0.9	36,036	15.8	+0.7	-21.4%
Baltimore Region	20,001	20.7	+1.6	16,438	16.5	+1.2	16,339	16.2	+1.1	-21.7%
Anne Arundel	4,658	24.0	+3.3	3,484	17.6	+2.8	3,556	18.1	+2.3	-24.6%
Baltimore City	4,082	18.8	+3.9	3,011	14.0	+2.5	2,976	14.8	+2.3	-21.3%
Baltimore Co.	5,230	19.6	+3.8	4,789	17.0	+2.9	4,418	15.6	+2.0	-20.4%
Carroll	1,456	19.8	+2.8	1,260	16.6	+3.2	1,616	19.4	+2.6	-2.0%
Harford	2,348	23.6	+3.1	1,826	17.5	+2.4	1,804	16.9	+2.5	-28.4%
Howard	2,228	19.6	+4.0	2,067	16.9	+3.3	1,969	14.1	+2.1	-28.1%
Lower Eastern Shore	1,803	24.4	+1.8	1,476	20.1	+1.8	1,486	20.0	+2.4	-18.0%
Dorchester	293	22.4	+3.0	250	19.0	+3.1	217	17.7	+3.1	-21.0%
Somerset	208	28.5	+4.7	174	25.4	+3.8	128	17.2	+3.2	-39.6%
Wicomico	863	24.8	+3.0	674	19.6	+3.3	753	21.2	+2.7	-14.5%
Worcester	439	23.3	+3.6	378	19.9	+2.8	388	20.2	+2.7	-13.3%
Southern Maryland	3,156	22.5	+1.7	2,760	18.9	+1.7	2,702	16.1	+1.4	-28.4%
Calvert	968	23.5	+2.7	883	19.8	+3.1	851	17.4	+2.4	-26.0%
Charles	1,306	21.3	+2.9	1,157	18.5	+2.6	1,159	15.4	+2.2	-27.7%
St. Mary's	882	23.4	+3.1	720	18.6	+3.1	692	15.9	+2.3	-32.1%
Suburban Washington	11,898	16.5	+2.0	11,173	14.2	+1.6	10,973	13.1	+1.2	-20.6%
Frederick	2,124	23.0	+2.8	1,639	16.6	+2.6	1,930	17.6	+2.6	-23.5%
Montgomery	5,224	16.1	+3.8	5,154	14.3	+2.9	5,022	13.4	+1.9	-16.8%
Prince George's	4,549	14.9	+2.4	4,380	13.4	+2.1	4,021	11.4	+1.5	-23.5%
Upper Eastern Shore	2,391	26.8	+1.9	1,920	20.5	+1.6	2,224	22.3	+2.1	-16.8%
Caroline	375	26.2	+3.7	344	23.1	+2.8	352	23.3	+3.0	-11.1%
Cecil	941	24.8	+3.7	794	19.7	+3.3	976	21.8	+3.0	-12.1%
Kent	229	33.0	+4.9	186	25.8	+3.7	166	25.4	+4.9	-23.0%
Queen Anne's	530	29.0	+3.8	351	18.2	+2.2	449	21.4	+2.7	-26.2%
Talbot	317	26.8	+3.5	245	20.3	+3.4	282	22.9	+3.7	-14.6%
Western Maryland	2,571	28.2	+2.3	2,241	24.3	+2.2	2,312	23.9	+2.1	-15.2%
Allegany	846	29.7	+3.6	624	22.4	+3.4	616	23.3	+3.4	-21.5%
Garrett	319	25.6	+4.1	311	25.3	+3.6	337	24.9	+3.8	-2.7%
Washington	1,406	27.9	+3.4	1,306	25.2	+3.3	1,359	23.9	+3.0	-14.3%

Italics (2002 data) means change from 2000 was statistically significant. *Italics* (2006 data) means change from 2002 was statistically significant.

Italics (Relative Change) means change from 2000 to 2006 was statistically significant.

Table 1c: Initiation of Tobacco Use in the Past Year Among Female Under-age Youth, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	37,835	18.8	+1.1	34,365	15.9	+0.9	31,801	14.2	+0.7	-24.5%
Baltimore Region	18,068	19.3	+1.6	16,233	16.4	+1.3	14,318	14.4	+1.0	-25.4%
Anne Arundel	4,178	22.9	+3.7	3,578	18.4	+3.2	2,913	15.0	+2.2	-34.5%
Baltimore City	4,320	19.6	+3.8	3,521	15.3	+2.5	2,783	13.4	+2.4	-31.6%
Baltimore Co.	4,557	17.5	+3.5	4,589	16.7	+3.0	4,245	15.3	+2.0	-12.6%
Carroll	1,037	15.2	+2.5	1,147	15.7	+3.0	1,315	16.6	+2.5	9.2%
Harford	2,181	23.0	+3.5	1,708	16.9	+2.4	1,538	14.7	+2.1	-36.1%
Howard	1,796	16.7	+2.9	1,690	14.4	+3.0	1,524	11.6	+1.9	-30.5%
Lower Eastern Shore	1,621	23.4	+1.9	1,449	20.4	+2.2	1,330	18.1	+2.6	-22.6%
Dorchester	319	25.1	+3.2	247	18.7	+3.1	256	19.7	+3.3	-21.5%
Somerset	184	24.5	+4.4	157	21.3	+5.2	142	19.2	+3.1	-21.6%
Wicomico	792	24.5	+3.4	717	22.0	+4.1	579	16.7	+2.5	-31.8%
Worcester	326	19.4	+3.1	328	18.4	+3.5	354	19.1	+3.2	-1.5%
Southern Maryland	2,924	22.0	+1.8	2,762	18.9	+1.8	2,539	15.2	+1.7	-30.9%
Calvert	881	23.0	+2.8	828	19.1	+3.7	856	17.6	+2.6	-23.5%
Charles	1,274	21.8	+3.1	1,143	17.9	+2.7	1,029	13.8	+2.1	-36.7%
St. Mary's	769	21.3	+3.3	791	20.3	+3.0	654	15.1	+2.3	-29.1%
Suburban Washington	11,178	15.9	+2.0	10,365	13.5	+1.7	9,729	12.0	+1.3	-24.5%
Frederick	1,880	21.5	+3.0	1,765	18.2	+2.8	1,651	15.6	+2.5	-27.4%
Montgomery	4,810	15.5	+3.6	4,319	12.5	+3.0	4,551	12.7	+2.0	-18.1%
Prince George's	4,488	14.7	+2.5	4,281	13.1	+2.1	3,526	10.2	+1.7	-30.6%
Upper Eastern Shore	1,932	22.9	+1.9	1,738	19.4	+1.6	1,955	20.4	+1.9	-10.9%
Caroline	323	24.4	+4.4	309	22.0	+2.9	337	23.8	+3.2	-2.5%
Cecil	803	21.9	+3.4	711	18.0	+3.0	854	19.9	+2.7	-9.1%
Kent	184	24.9	+4.7	163	22.5	+4.0	122	20.3	+4.7	-18.5%
Queen Anne's	341	20.7	+3.8	324	18.2	+2.4	399	19.1	+3.1	-7.7%
Talbot	280	26.7	+4.3	232	21.1	+2.9	243	20.6	+3.7	-22.8%
Western Maryland	2,111	24.2	+2.3	1,818	20.4	+1.8	1,931	21.3	+2.3	-12.0%
Allegany	687	25.1	+3.1	571	21.3	+3.1	535	21.8	+3.6	-13.1%
Garrett	265	23.6	+4.3	202	17.9	+3.5	271	22.0	+3.4	-6.8%
Washington	1,159	23.9	+3.6	1,045	20.5	+2.6	1,125	20.8	+2.8	-13.0%

Italics (2002 data) means change from 2000 was statistically significant. *Italics* (2006 data) means change from 2002 was statistically significant.

Italics (Relative Change) means change from 2000 to 2006 was statistically significant.

Table 1d: Initiation of Tobacco Use in the Past Year Among Minority Under-age Youth, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	29,886	16.7	+1.0	<i>28,873</i>	<i>13.7</i>	<i>+0.9</i>	29,729	12.4	+0.7	<i>-25.7%</i>
Baltimore Region	13,480	17.5	+1.4	<i>12,223</i>	<i>13.6</i>	<i>+1.2</i>	12,718	12.7	+1.1	<i>-27.4%</i>
Anne Arundel	1,963	21.8	+3.9	1,671	15.3	+3.2	1,989	14.9	+2.3	<i>-31.6%</i>
Baltimore City	6,597	17.4	+2.1	5,369	13.5	+1.8	5,312	13.9	+1.8	-20.1%
Baltimore Co.	2,775	15.2	+2.9	2,890	12.2	+2.8	3,207	11.1	+1.6	-27.0%
Carroll	293	22.3	+5.3	267	15.4	+5.4	298	15.7	+3.5	-29.6%
Harford	930	20.4	+3.7	918	17.5	+3.0	781	12.6	+2.1	<i>-38.2%</i>
Howard	923	15.4	+3.4	1,107	13.4	+2.9	1,132	9.9	+1.6	<i>-35.7%</i>
Lower Eastern Shore	1,138	22.6	+1.8	<i>1,030</i>	<i>17.9</i>	<i>+2.2</i>	1,040	15.8	+2.0	<i>-30.1%</i>
Dorchester	243	23.4	+3.5	192	17.3	+2.8	206	16.0	+2.8	<i>-31.6%</i>
Somerset	162	24.6	+3.5	155	22.1	+4.1	<i>97</i>	<i>12.8</i>	<i>+2.6</i>	<i>-48.0%</i>
Wicomico	552	23.8	+3.0	<i>471</i>	<i>16.8</i>	<i>+3.8</i>	526	15.8	+2.1	<i>-33.6%</i>
Worcester	181	17.6	+3.7	211	18.8	+4.3	212	17.3	+3.0	-1.7%
Southern Maryland	1,665	20.6	+2.1	1,649	16.8	+1.9	1,963	13.8	+1.7	<i>-33.0%</i>
Calvert	358	20.5	+3.4	373	19.4	+4.4	398	16.2	+2.6	-21.0%
Charles	815	19.5	+3.0	838	14.9	+2.4	1,175	12.8	+2.0	<i>-34.4%</i>
St. Mary's	492	23.1	+4.3	438	19.6	+4.2	390	14.8	+2.9	<i>-35.9%</i>
Suburban Washington	12,226	14.7	+1.6	12,687	12.8	+1.4	12,542	11.2	+1.2	<i>-23.8%</i>
Frederick	732	22.9	+3.9	754	20.6	+4.3	846	15.4	+2.5	<i>-32.8%</i>
Montgomery	4,232	14.9	+2.7	4,785	12.4	+2.5	4,906	11.8	+1.6	-20.8%
Prince George's	7,262	14.0	+2.1	7,149	12.6	+1.6	6,789	10.4	+1.3	<i>-25.7%</i>
Upper Eastern Shore	798	24.8	+2.5	733	20.5	+2.0	813	18.4	+1.8	<i>-25.8%</i>
Caroline	139	20.1	+5.1	172	22.8	+3.4	163	20.2	+3.3	0.5%
Cecil	248	26.4	+5.2	238	21.3	+5.1	313	17.7	+3.0	<i>-33.0%</i>
Kent	128	28.0	+4.6	94	19.7	+4.1	85	19.2	+3.2	<i>-31.4%</i>
Queen Anne's	141	26.7	+7.3	111	19.4	+3.9	135	20.6	+3.7	-22.8%
Talbot	142	23.5	+5.0	118	17.9	+3.3	116	15.5	+3.8	-34.0%
Western Maryland	577	26.9	+4.2	551	23.7	+3.8	652	20.1	+2.4	<i>-25.3%</i>
Allegany	122	24.5	+5.6	125	22.7	+6.4	107	17.8	+4.5	-27.3%
Garrett	38	27.9	+13.4	27	20.2	+8.7	50	23.3	+6.0	-16.5%
Washington	417	27.6	+5.5	398	24.3	+5.0	495	20.3	+3.5	-26.4%

Italics (2002 data) means change from 2000 was statistically significant. *Italics* (2006 data) means change from 2002 was statistically significant.

Italics (Relative Change) means change from 2000 to 2006 was statistically significant.

Table 2a: Initiation of Cigarette Use in the Past Year Among Adults, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	10,727	6.2	+2.9	11,350	7.6	+3.3	15,267	9.5	+4.5	53.2%
Baltimore Region	4,131	4.8	+3.2	3,249	4.6	+3.8	12,141	13.0	+7.4	170.8%
Anne Arundel	0	0.0	+0.0	0	0.0	+0.0	3,317	19.1	+16.4	N/A
Baltimore City	1,831	11.1	+10.5	1,639	7.1	+8.0	1,938	9.9	+11.7	-10.8%
Baltimore Co.	1,620	5.6	+6.2	§	§	§	3,942	11.1	+12.8	98.2
Harford	§	§	§	§	§	§	1,250	11.5	+13.6	N/A
Lower Eastern Shore	161	2.0	+2.4	1,171	16.3	+12.1	838	14.0	+13.1	600.0%
Wicomico	152	3.0	+3.8	§	§	§	§	§	§	N/A
Southern Maryland	372	3.5	+3.4	628	6.2	+6.5	473	5.2	+5.7	48.6%
Calvert	372	12.9	+12.6	§	§	§	§	§	§	N/A
Suburban Washington	5,193	11.3	+8.7	4,457	10.4	+8.4	764	2.2	+2.7	-80.5%
Prince George's	2,653	12.8	+13.5	§	§	§	§	§	§	N/A
Upper Eastern Shore	610	6.3	+5.3	450	6.5	+6.7	733	8.7	+8.7	38.1%
Western Maryland	259	2.1	+2.3	1,395	11.7	+12.2	318	3.5	+4.3	66.7%
Allegany	65	1.4	+2.1	§	§	§	§	§	§	N/A

Table 2b: Initiation of Cigarette Use in the Past Year Among Adult Males, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	4,969	5.3	+3.8	5,834	7.2	+3.9	11,326	12.1	+6.9	128.3%
Baltimore Region	1,401	3.3	+3.1	2,574	6.6	+6.3	9,291	17.1	+11.3	418.2%
Lower Eastern Shore	0	0.0	+0.0	756	15.2	+15.6	0	0.0	+0.0	N/A
Southern Maryland	168	2.3	+2.8	478	7.6	+8.7	§	§	§	N/A
Suburban Washington	2,962	11.0	+11.6	§	§	§	§	§	§	N/A
Upper Eastern Shore	291	6.2	+7.1	450	9.9	+10.3	§	§	§	N/A
Western Maryland	148	1.8	+2.1	382	5.5	+6.5	§	§	§	N/A

Italics (2002 data) means change from 2000 was statistically significant. *Italics* (Relative Change) means change from 2000 to 2006 was statistically significant. § indicates sample size less than 30.

Table 2c: Initiation of Cigarette Use in the Past Year Among Adult Females, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	5,758	7.4	+4.4	5,516	8.1	+5.4	3,942	5.9	+4.2	-20.3%
Baltimore Region	2,730	6.4	+5.7	675	2.2	+2.8	2,850	7.3	+6.8	14.1%
Lower Eastern Shore	161	4.2	+5.1	§	§	§	§	§	§	N/A
Southern Maryland	205	5.9	+6.9	§	§	§	§	§	§	N/A
Suburban Washington	2,232	11.7	+12.0	3,264	13.6	+13.3	§	§	§	N/A
Upper Eastern Shore	319	6.3	+6.7	0	0.0	+0.0	183	5.2	+6.6	-17.5%
Western Maryland	§	§	§	1,013	20.1	+23.1	58	1.2	+1.7	N/A

Table 2d: Initiation of Cigarette Use in the Past Year Among Adult Minorities, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	5,831	11.1	+7.5	5,316	9.8	+7.1	4,685	8.2	+7.6	-26.1%
Baltimore Region	1,532	7.2	+7.5	1,360	5.8	+7.1	3,707	12.4	+13.4	72.2%
Suburban Washington	4,020	16.5	+14.7	§	§	§	§	§	§	N/A

§ indicates sample size less than 30.

Table 3a: Prevalence of Tobacco Use Among Under-age Youth, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	87,963	21.4	+1.2	80,831	18.5	+1.0	70,611	15.6	+0.6	-27.1%
Baltimore Region	41,810	21.9	+1.7	37,656	18.8	+1.5	31,674	15.8	+1.0	-27.9%
Anne Arundel	9,349	24.8	+4.5	8,030	20.4	+3.4	6,465	16.5	+2.1	-33.5%
Baltimore City	8,961	20.3	+3.0	8,321	18.5	+2.6	6,350	15.5	+2.4	-23.6%
Baltimore Co.	11,445	21.6	+3.9	10,268	18.4	+4.0	9,059	16.1	+1.9	-25.5%
Carroll	3,014	21.1	+3.4	2,842	18.9	+3.4	2,764	17.0	+2.2	-19.4%
Harford	5,071	26.0	+3.3	4,056	19.7	+2.5	3,433	16.2	+2.1	-37.7%
Howard	3,970	17.9	+3.5	4,139	17.1	+3.5	3,603	13.3	+1.7	-25.7%
Lower Eastern Shore	3,886	27.0	+1.9	3,380	23.3	+1.9	2,728	18.4	+1.9	-31.8%
Dorchester	663	25.5	+3.2	587	22.1	+2.7	499	19.7	+2.6	-22.7%
Somerset	504	33.9	+4.1	390	27.3	+4.3	303	20.4	+3.4	-39.8%
Wicomico	1,817	27.0	+3.3	1,554	23.1	+3.5	1,196	17.1	+2.0	-36.7%
Worcester	901	25.2	+3.5	849	23.0	+3.1	729	19.3	+2.4	-23.4%
Southern Maryland	6,665	24.3	+1.8	6,392	21.9	+1.8	5,115	15.3	+1.5	-37.0%
Calvert	1,932	24.2	+2.7	1,979	22.5	+3.8	1,677	17.2	+2.4	-28.9%
Charles	2,957	24.6	+3.2	2,572	20.4	+2.6	2,156	14.4	+1.9	-41.5%
St. Mary's	1,776	24.0	+3.0	1,841	23.7	+3.2	1,282	14.7	+1.9	-38.8%
Suburban Washington	25,599	17.9	+2.4	24,523	15.7	+1.7	22,655	13.7	+1.1	-23.5%
Frederick	4,535	25.1	+3.2	3,866	19.6	+3.0	3,795	17.5	+2.3	-30.3%
Montgomery	10,604	16.6	+4.1	10,561	14.9	+2.7	10,519	14.3	+1.7	-13.9%
Prince George's	10,459	17.1	+3.2	10,097	15.3	+2.5	8,341	11.9	+1.5	-30.4%
Upper Eastern Shore	4,876	27.9	+1.9	4,450	24.1	+1.5	4,356	22.2	+2.2	-20.4%
Caroline	870	31.3	+3.9	747	25.7	+2.4	663	22.7	+2.7	-27.5%
Cecil	2,016	26.9	+3.7	1,840	22.9	+2.9	1,914	21.8	+2.7	-19.0%
Kent	463	32.0	+3.9	424	29.4	+4.0	310	24.6	+4.5	-23.1%
Queen Anne's	896	25.7	+3.7	833	22.4	+2.2	899	21.4	+2.8	-16.7%
Talbot	633	28.3	+3.2	606	26.1	+3.1	570	23.5	+3.5	-16.9%
Western Maryland	5,127	28.7	+2.3	4,429	24.3	+2.0	4,083	21.7	+1.9	-24.4%
Allegany	1,688	30.1	+3.7	1,468	26.8	+3.8	1,145	22.5	+3.0	-25.2%
Garrett	669	28.1	+3.8	639	27.0	+3.9	618	23.9	+3.4	-14.9%
Washington	2,770	28.0	+3.5	2,321	22.4	+2.7	2,319	20.9	+2.5	-25.4%

Italics (2002 data) means change from 2000 was statistically significant. *Italics* (2006 data) means change from 2002 was statistically significant.

Italics (Relative Change) means change from 2000 to 2006 was statistically significant.

Table 3b: Prevalence of Tobacco Use Among Minority Under-age Youth, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	33,913	18.9	+1.4	35,514	16.9	+1.2	34,560	14.4	+0.8	-23.8%
Baltimore Region	15,638	20.2	+1.9	15,493	17.3	+1.7	14,653	14.6	+1.4	-27.7%
Anne Arundel	2,254	24.9	+5.5	2,044	18.7	+4.7	2,256	16.9	+3.0	-32.1%
Baltimore City	7,450	19.5	+3.1	6,757	17.0	+2.5	5,744	15.0	+2.4	-23.1%
Baltimore Co.	3,388	18.6	+3.5	3,575	15.2	+3.7	3,819	13.2	+1.9	-29.0%
Carroll	463	34.8	+7.7	466	26.9	+6.1	436	23.0	+4.2	-33.9%
Harford	1,143	25.0	+4.5	1,184	22.5	+3.9	972	15.7	+3.1	-37.2%
Howard	940	15.7	+3.8	1,467	17.8	+3.5	1,426	12.4	+2.0	-21.0%
Lower Eastern Shore	1,375	27.3	+2.5	1,364	23.8	+2.5	1,161	17.7	+2.5	-35.2%
Dorchester	262	25.3	+4.1	236	21.3	+3.3	252	19.6	+3.4	-22.5%
Somerset	202	30.6	+4.4	190	27.3	+5.2	114	15.1	+3.5	-50.7%
Wicomico	673	29.1	+4.5	599	21.4	+4.0	555	16.8	+2.5	-42.3%
Worcester	238	23.1	+4.5	339	30.1	+6.0	240	19.7	+3.1	-14.7%
Southern Maryland	1,829	22.7	+2.2	2,065	21.1	+2.6	2,213	15.5	+2.1	-31.7%
Calvert	433	24.8	+4.4	527	27.4	+6.8	519	21.0	+3.4	-15.3%
Charles	913	21.9	+3.3	955	17.0	+3.0	1,264	13.8	+2.1	-37.0%
St. Mary's	483	22.6	+4.0	583	26.1	+5.3	430	16.3	+3.0	-27.9%
Suburban Washington	13,473	16.2	+2.3	14,946	15.1	+1.7	14,620	13.0	+1.2	-19.8%
Frederick	839	26.3	+4.2	955	26.1	+5.4	1,216	22.0	+3.4	-16.3%
Montgomery	4,507	15.9	+3.4	5,755	15.0	+2.4	6,058	14.5	+1.8	-8.8%
Prince George's	8,126	15.7	+3.2	8,236	14.5	+2.3	7,347	11.3	+1.4	-28.0%
Upper Eastern Shore	939	29.2	+2.7	946	26.3	+2.6	1,137	25.6	+2.5	-12.3%
Caroline	205	29.6	+5.7	184	24.5	+4.6	196	24.3	+4.0	-17.9%
Cecil	274	29.2	+6.5	287	25.4	+6.4	462	26.1	+4.1	-10.6%
Kent	145	31.6	+5.1	133	28.0	+5.2	101	22.6	+6.5	-28.5%
Queen Anne's	170	32.3	+6.2	172	30.1	+4.8	207	31.3	+4.9	-3.1%
Talbot	146	24.1	+4.3	170	25.6	+4.6	171	22.6	+5.2	-6.2%
Western Maryland	659	30.6	+5.1	700	30.1	+3.7	776	23.9	+2.9	-21.9%
Allegany	154	30.8	+7.3	186	33.7	+7.7	174	29.1	+6.3	-5.5%
Garrett	59	42.1	+13.1	49	35.9	+11.4	69	32.2	+7.8	-23.5%
Washington	446	29.5	+6.6	464	28.4	+4.5	532	21.8	+3.4	-26.1%

Italics (2006 data) means change from 2002 was statistically significant. *Italics* (Relative Change) means change from 2000 to 2006 was statistically significant.

Table 4a: Prevalence of Tobacco Use Among Adults, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	822,418	21.5	+0.9	760,986	19.6	+1.0	711,036	17.7	+0.8	-17.7%
Baltimore Region	442,206	24.2	+1.5	408,436	22.0	+1.5	376,218	20.0	+1.4	-17.4%
Anne Arundel	86,281	23.5	+2.9	71,322	19.7	+3.0	69,560	19.1	+2.5	-18.7%
Baltimore City	130,207	32.5	+3.8	131,971	27.3	+3.4	99,574	22.3	+2.9	-31.4%
Baltimore Co.	133,311	21.9	+2.7	124,628	21.8	+2.9	120,138	20.7	+3.1	-5.5%
Carroll	26,432	26.2	+4.5	20,761	19.1	+4.0	24,756	20.3	+3.6	-22.5%
Harford	34,284	22.2	+4.1	32,854	21.2	+4.1	38,323	22.0	+3.0	-0.9%
Howard	31,691	16.2	+3.0	26,901	15.3	+3.0	23,867	12.5	+2.4	-22.8%
Lower Eastern Shore	34,786	25.1	+2.9	33,904	23.8	+2.5	32,849	22.8	+3.0	-9.2%
Dorchester	6,728	27.4	+6.2	5,501	23.5	+4.7	4,482	19.0	+4.9	-30.7%
Somerset	5,207	25.0	+4.5	4,058	20.2	+4.4	4,260	24.7	+7.8	-1.2%
Wicomico	13,999	24.3	+5.1	14,055	22.6	+4.3	15,589	24.1	+5.2	-0.8%
Worcester	8,852	24.8	+5.9	10,290	28.0	+4.8	8,518	22.3	+5.1	-10.1%
Southern Maryland	49,660	25.5	+2.5	45,246	22.8	+2.5	43,778	19.0	+2.2	-25.5%
Calvert	13,091	25.8	+4.0	13,670	26.3	+4.4	13,747	21.6	+4.5	-16.3%
Charles	19,539	24.6	+4.4	19,712	23.0	+4.2	17,372	17.5	+3.3	-28.9%
St. Mary's	17,031	26.5	+4.2	11,865	19.4	+3.8	12,659	18.9	+3.9	-28.7%
Suburban Washington	208,205	15.9	+1.7	191,753	14.1	+1.7	184,370	12.9	+1.4	-18.9%
Frederick	34,152	23.6	+3.8	26,852	19.2	+4.0	28,967	18.7	+3.1	-20.8%
Montgomery	92,026	14.0	+2.4	90,464	14.2	+2.7	72,961	10.8	+2.1	-22.9%
Prince George's	82,026	16.2	+2.9	74,437	12.9	+2.4	82,441	13.9	+2.4	-14.2%
Upper Eastern Shore	39,132	24.7	+2.5	37,883	24.7	+2.5	37,922	22.2	+2.2	-10.1%
Caroline	5,883	26.7	+4.1	4,976	23.1	+4.6	4,530	19.4	+5.1	-27.3%
Cecil	16,792	27.1	+4.7	17,980	29.5	+4.7	17,990	25.3	+3.8	-6.6%
Kent	2,845	22.5	+5.5	3,122	20.9	+5.3	2,716	18.8	+5.8	-16.4%
Queen Anne's	8,897	26.8	+4.7	5,338	17.7	+3.8	7,387	21.5	+4.9	-19.8%
Talbot	4,716	16.5	+5.5	6,467	25.0	+6.7	5,298	19.3	+5.1	17.0%
Western Maryland	48,429	25.1	+3.0	43,764	24.1	+2.9	35,899	20.5	+2.3	-18.3%
Allegany	16,733	22.6	+4.6	14,097	23.9	+4.5	11,769	22.2	+4.6	-1.8%
Garrett	6,088	25.2	+5.0	5,065	22.7	+4.4	5,078	22.7	+4.3	-9.9%
Washington	25,607	27.1	+4.7	24,602	24.6	+4.5	19,053	19.1	+3.1	-29.5%

Italics (2002 data) means change from 2000 was statistically significant. *Italics* (Relative Change) means change from 2000 to 2006 was statistically significant.

Table 4b: Prevalence of Tobacco Use Among Minority Adults, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	256,851	19.7	±1.8	257,433	18.3	±1.8	239,905	15.8	±1.5	-19.8%
Baltimore Region	148,941	25.7	±3.0	145,611	24.3	±3.0	127,244	20.4	±2.4	-20.6%
Anne Arundel	15,028	23.4	±7.5	15,155	21.0	±8.0	11,867	16.8	±5.7	-28.2%
Baltimore City	86,508	33.9	±5.1	90,644	28.5	±4.5	71,855	24.1	±3.9	-28.9%
Baltimore Co.	32,985	17.9	±4.6	29,849	21.1	±6.2	30,361	18.4	±4.6	2.8%
Carroll	§	§	§	§	§	§	1,924	28.3	±15.6	§
Harford	4,927	22.4	±12.0	3,967	21.0	±11.9	5,379	21.5	±7.9	-4.0%
Howard	8,335	17.3	±7.0	5,584	13.0	±5.8	5,857	10.0	±4.8	-42.2%
Lower Eastern Shore	6,175	18.0	±5.0	8,205	20.8	±5.2	8,005	23.4	±7.1	30.0%
Dorchester	1,335	23.6	±8.5	923	13.7	±8.1	1,243	19.7	±12.2	-16.5%
Somerset	1,538	22.6	±7.9	1,776	19.7	±7.1	971	21.1	±15.8	-6.6%
Wicomico	2,541	18.1	±7.5	3,627	22.4	±9.7	3,818	22.3	±11.2	23.2%
Worcester	761	9.8	±9.2	1,880	25.3	±13.0	1,973	32.1	±16.9	227.6%
Southern Maryland	9,143	22.7	±5.5	7,354	14.9	±4.5	8,403	14.3	±4.2	-37.0%
Calvert	2,628	30.4	±10.8	1,520	15.5	±9.4	1,979	21.1	±11.5	-30.6%
Charles	4,087	17.8	±7.3	4,678	17.1	±6.7	5,208	13.4	±5.3	-24.7%
St. Mary's	2,428	27.7	±11.9	1,157	9.6	±7.0	1,216	11.7	±7.1	-57.8%
Suburban Washington	80,898	13.5	±2.6	82,724	12.3	±2.6	86,793	11.4	±2.1	-15.6%
Frederick	4,905	27.5	±13.3	2,520	14.2	±9.6	2,285	12.8	±7.6	-53.5%
Montgomery	27,151	11.6	±4.1	31,443	14.2	±5.6	26,067	9.4	±3.6	-19.0%
Prince George's	48,842	14.2	±3.4	48,760	11.2	±2.8	58,441	12.5	±2.7	-12.0%
Upper Eastern Shore	5,654	22.2	±8.6	7,398	31.8	±8.9	6,040	25.8	±8.2	16.2%
Caroline	807	24.2	±11.5	1,005	19.2	±10.3	1,333	28.5	±16.4	17.8%
Cecil	2,645	33.4	±18.6	2,746	47.5	±18.0	1,980	30.2	±17.5	-9.6%
Kent	405	20.7	±12.2	706	23.8	±17.7	777	29.8	±21.7	44.0%
Queen Anne's	1,027	22.2	±12.5	541	15.5	±13.7	1,354	21.5	±16.0	-3.2%
Talbot	769	10.1	±10.3	2,398	41.6	±21.4	595	18.0	±13.6	78.2%
Western Maryland	6,039	25.4	±11.2	6,141	31.1	±13.1	3,420	26.5	±10.9	4.3%
Allegany	2,053	16.6	±11.9	1,714	31.3	±19.0	2,106	39.3	±21.4	136.7%
Garrett	§	§	§	§	§	§	§	§	§	§
Washington	3,633	35.7	±18.7	4,099	31.1	±17.8	1,042	16.6	±9.1	-53.5%

§ Indicates unweighted N less than 30. *Italics* (Relative Change) means change from 2000 to 2006 was statistically significant.

Table 5a: Under-age Youth who have Stopped Smoking in the Past Year, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	16,304	35.1	+1.9	12,657	36.0	+1.7	11,518	40.2	+1.9	14.5%
Baltimore Region	7,888	35.5	+2.9	5,311	34.3	+2.9	4,736	38.4	+2.9	8.1%
Anne Arundel	1,684	31.0	+4.7	1,159	32.3	+5.6	1,144	40.3	+5.1	30.0%
Baltimore City	1,978	45.8	+7.3	1,185	44.8	+8.7	1,027	47.8	+9.4	4.4%
Baltimore Co.	2,014	34.2	+6.7	1,501	32.5	+5.6	1,243	33.5	+4.6	-2.0%
Carroll	558	34.2	+6.1	352	27.8	+8.2	385	36.0	+5.1	5.3%
Harford	839	30.0	+4.9	521	31.3	+5.4	435	32.1	+5.1	7.0%
Howard	815	38.5	+7.6	594	34.5	+5.9	502	41.2	+6.2	7.0%
Lower Eastern Shore	792	35.4	+3.5	589	36.1	+5.0	467	37.5	+4.4	5.9%
Dorchester	126	36.0	+6.4	84	32.5	+6.6	93	41.1	+6.9	14.2%
Somerset	121	38.7	+7.8	67	39.4	+8.4	36	28.1	+9.6	-27.4%
Wicomico	370	34.3	+5.7	284	35.0	+8.2	240	40.6	+5.9	18.4%
Worcester	175	35.3	+7.0	154	39.3	+10.5	98	32.7	+6.6	-7.4%
Southern Maryland	1,223	32.4	+3.2	881	28.4	+3.5	947	37.8	+4.8	16.7%
Calvert	367	31.2	+4.8	275	26.7	+5.6	311	36.1	+5.6	15.7%
Charles	534	33.1	+5.7	404	31.8	+6.6	389	38.4	+5.8	16.0%
St. Mary's	322	32.7	+6.0	202	25.2	+5.3	247	39.2	+6.4	19.9%
Suburban Washington	4,591	37.0	+4.3	4,386	42.4	+3.1	3,979	46.6	+4.2	25.9%
Frederick	797	33.1	+4.9	654	36.0	+6.1	562	38.1	+5.5	15.1%
Montgomery	1,955	36.9	+6.9	2,046	43.7	+3.5	1,577	45.0	+6.2	22.0%
Prince George's	1,839	39.1	+7.9	1,686	43.9	+6.4	1,840	51.6	+7.0	32.0%
Upper Eastern Shore	704	26.9	+2.8	680	31.1	+2.8	707	33.5	+3.5	24.5%
Caroline	124	26.0	+6.4	96	28.2	+5.1	117	35.1	+6.5	35.0%
Cecil	297	26.2	+5.0	333	32.5	+5.0	335	34.3	+5.5	30.9%
Kent	84	36.3	+9.3	68	32.0	+7.3	41	31.2	+10.5	-14.0%
Queen Anne's	115	24.8	+5.3	109	28.2	+5.4	114	29.5	+5.8	19.0%
Talbot	84	26.5	+6.0	74	33.6	+7.0	100	35.1	+6.3	32.5%
Western Maryland	1,106	34.9	+3.1	810	34.2	+4.0	681	35.0	+3.7	0.3%
Allegany	336	31.2	+4.7	205	26.2	+6.4	165	30.1	+5.5	-3.5%
Garrett	147	37.6	+7.7	88	29.6	+6.4	82	33.7	+6.5	-10.4%
Washington	622	36.6	+4.5	517	40.2	+5.9	434	37.6	+4.8	2.7%

Italics (2006 data) means change from 2002 was statistically significant. *Italics* (Relative Change) means change from 2000 to 2006 was statistically significant.

Table 5b: Male Under-age Youth who have Stopped Smoking in the Past Year, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	7,921	37.1	+2.9	5,960	38.4	+2.7	5,569	40.4	+2.8	8.9%
Baltimore Region	4,072	39.9	+4.3	2,481	37.6	+4.4	2,249	38.8	+4.4	-2.8%
Anne Arundel	896	36.2	+7.5	655	41.6	+8.8	495	41.7	+8.4	15.2%
Baltimore City	1,043	45.8	+11.5	543	48.9	+15.9	542	50.6	+12.5	10.5%
Baltimore Co.	982	40.0	+9.9	645	34.4	+7.9	596	34.8	+7.9	-13.0%
Carroll	311	41.4	+8.9	107	20.3	+12.9	206	39.9	+7.6	-3.6%
Harford	401	34.3	+8.1	212	30.4	+7.0	195	29.7	+7.4	-13.4%
Howard	440	40.9	+9.4	318	38.7	+8.7	216	33.0	+8.7	-19.3%
Lower Eastern Shore	383	35.8	+4.8	268	37.9	+7.4	230	39.2	+5.4	9.5%
Dorchester	57	40.6	+10.8	38	34.2	+10.3	36	38.6	+11.5	-4.9%
Somerset	70	41.8	+8.9	28	33.5	+12.9	16	25.1	+11.7	-40.0%
Wicomico	165	32.5	+8.0	134	39.6	+12.9	124	42.6	+9.4	31.1%
Worcester	92	35.7	+8.8	68	39.0	+13.9	54	38.9	+10.5	9.0%
Southern Maryland	589	33.2	+4.8	466	32.8	+6.4	459	38.8	+5.1	16.9%
Calvert	166	32.7	+7.3	138	28.1	+11.2	161	37.8	+7.3	15.6%
Charles	275	34.8	+8.3	230	40.5	+10.5	182	37.0	+8.5	6.3%
St. Mary's	148	31.1	+8.3	99	27.2	+9.7	115	43.8	+9.7	40.8%
Suburban Washington	1,964	35.1	+7.6	2,046	43.1	+5.2	1,930	44.7	+6.4	27.4%
Frederick	348	33.1	+7.5	307	40.2	+9.4	289	45.9	+8.7	38.7%
Montgomery	830	35.1	+11.2	958	42.2	+7.2	798	41.7	+8.3	18.8%
Prince George's	786	36.1	+14.8	781	45.6	+9.7	844	47.6	+9.9	31.9%
Upper Eastern Shore	387	30.4	+4.0	308	32.4	+4.6	361	34.4	+3.0	13.2%
Caroline	63	25.1	+6.5	47	28.1	+8.4	65	40.9	+8.3	62.9%
Cecil	178	33.6	+7.5	144	36.5	+9.2	154	34.1	+8.0	1.5%
Kent	44	45.4	+14.1	36	35.7	+11.3	24	31.6	+14.5	-30.4%
Queen Anne's	62	26.2	+7.9	41	22.6	+7.3	66	33.5	+8.1	27.9%
Talbot	40	25.5	+7.2	40	37.2	+9.5	52	31.5	+8.4	23.5%
Western Maryland	526	36.3	+4.7	390	36.4	+5.7	339	39.8	+6.1	9.6%
Allegany	168	33.9	+6.8	109	32.5	+11.7	77	31.3	+7.6	-7.7%
Garrett	79	39.2	+9.8	43	28.2	+9.2	39	35.1	+9.1	-10.5%
Washington	279	37.2	+7.4	238	40.9	+7.6	222	45.1	+7.1	21.2%

Italics (Relative Change) means change from 2000 to 2006 was statistically significant.

Table 5c: Female Under-age Youth who have Stopped Smoking in the Past Year, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	8,329	33.4	+2.4	6,633	34.2	+2.2	5,947	40.0	+2.6	19.8%
Baltimore Region	3,768	31.7	+3.7	2,792	31.9	+3.4	2,487	38.1	+4.0	20.2%
Anne Arundel	787	26.7	+5.6	485	24.5	+5.3	649	39.7	+7.1	48.7%
Baltimore City	936	45.7	+13.3	623	41.6	+10.5	485	45.0	+12.3	-1.5%
Baltimore Co.	1,005	29.7	+7.1	856	31.4	+6.9	648	32.5	+5.7	9.4%
Carroll	233	27.0	+7.2	245	34.4	+9.1	179	32.4	+6.8	20.0%
Harford	433	26.6	+6.3	308	32.0	+7.9	240	34.3	+7.2	28.9%
Howard	375	36.3	+10.1	276	31.1	+7.9	287	50.7	+8.6	39.7%
Lower Eastern Shore	408	35.3	+4.5	310	34.6	+5.6	237	36.1	+5.9	2.3%
Dorchester	69	33.9	+8.6	45	30.8	+9.7	57	42.8	+9.9	26.3%
Somerset	51	35.1	+11.3	39	45.7	+11.3	20	31.0	+14.0	-11.7%
Wicomico	205	36.0	+7.0	143	31.7	+8.8	116	38.8	+7.9	7.8%
Worcester	84	34.9	+9.7	84	38.9	+12.2	44	27.5	+8.3	-21.2%
Southern Maryland	634	31.9	+4.1	409	24.5	+4.7	486	36.9	+6.2	15.7%
Calvert	201	30.0	+5.7	132	24.7	+9.1	148	34.1	+7.9	13.7%
Charles	259	31.7	+7.5	175	24.9	+7.6	206	39.8	+8.3	25.6%
St. Mary's	174	34.8	+7.7	103	23.6	+7.1	132	36.0	+8.1	3.3%
Suburban Washington	2,620	38.6	+5.7	2,336	42.2	+4.8	2,048	48.5	+5.9	25.6%
Frederick	442	33.1	+6.5	344	33.2	+7.7	273	32.3	+6.8	-2.4%
Montgomery	1,125	38.6	+10.8	1,088	45.6	+6.5	779	49.1	+8.5	27.2%
Prince George's	1,053	41.6	+8.1	905	42.9	+9.2	996	55.6	+8.9	33.6%
Upper Eastern Shore	317	23.5	+3.7	366	29.9	+3.4	346	32.6	+5.7	38.7%
Caroline	62	27.1	+10.2	48	28.2	+6.4	52	29.8	+7.9	10.0%
Cecil	119	19.8	+6.2	183	29.3	+5.5	181	34.5	+7.4	74.2%
Kent	40	29.8	+9.8	32	29.1	+10.0	17	30.6	+15.9	2.7%
Queen Anne's	53	23.3	+5.9	68	33.1	+7.4	48	25.5	+6.9	9.4%
Talbot	44	27.5	+9.1	33	30.5	+9.3	48	40.4	+10.3	46.9%
Western Maryland	581	33.7	+3.8	420	32.5	+5.4	342	31.3	+4.0	-7.1%
Allegany	169	28.9	+5.8	96	21.5	+7.0	88	29.1	+7.0	0.7%
Garrett	69	35.9	+9.0	45	31.1	+8.0	42	32.5	+8.5	-9.5%
Washington	343	36.2	+5.5	279	39.9	+8.3	212	32.0	+5.9	-11.6%

Italics (2006 data) means change from 2002 was statistically significant. *Italics* (Relative Change) means change from 2000 to 2006 was statistically significant.

Table 5d: Minority Under-age Youth who have Stopped Smoking in the Past Year, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	6,629	44.5	+4.0	5,496	43.4	+3.1	5,960	47.7	+3.1	7.0%
Baltimore Region	3,054	45.4	+5.5	2,121	42.4	+5.7	2,242	46.6	+4.5	2.6%
Anne Arundel	410	37.7	+9.5	165	28.7	+10.8	408	44.8	+9.7	18.8%
Baltimore City	1,538	48.8	+9.8	985	48.5	+10.9	940	51.1	+10.5	4.7%
Baltimore Co.	667	54.1	+9.6	623	45.4	+10.9	584	47.1	+8.9	-12.9%
Carroll	49	26.0	+15.2	§	§	§	47	41.3	+17.0	58.8%
Harford	195	34.3	+10.2	132	36.6	+13.2	91	27.8	+10.0	-19.0%
Howard	194	39.3	+12.1	179	35.3	+10.7	172	45.1	+10.8	14.8%
Lower Eastern Shore	229	34.3	+5.6	180	36.0	+8.1	168	40.4	+9.5	17.8%
Dorchester	40	39.7	+13.9	32	38.2	+12.4	34	40.3	+11.9	1.5%
Somerset	30	32.8	+10.8	25	44.4	+18.1	§	§	§	§
Wicomico	116	31.0	+8.0	94	36.1	+13.6	91	41.7	+10.4	34.5%
Worcester	43	42.7	+14.3	28	28.9	+11.8	30	38.2	+13.0	-10.5%
Southern Maryland	321	38.2	+6.2	230	33.0	+8.2	388	42.5	+9.5	11.3%
Calvert	61	27.6	+9.4	62	29.7	+13.3	80	37.9	+11.8	37.3%
Charles	194	43.9	+9.7	143	43.6	+14.3	246	44.8	+8.4	2.1%
St. Mary's	66	37.2	+9.6	26	15.7	+10.3	62	40.4	+12.9	8.6%
Suburban Washington	2,743	47.1	+7.8	2,765	47.5	+4.2	2,882	50.8	+5.4	7.9%
Frederick	118	32.9	+12.6	117	34.3	+14.0	156	41.0	+11.2	24.6%
Montgomery	987	46.7	+12.1	1,218	49.4	+5.3	995	47.9	+7.9	2.6%
Prince George's	1,639	48.9	+11.2	1,431	47.5	+6.6	1,731	53.9	+7.5	10.2%
Upper Eastern Shore	136	29.2	+5.9	103	29.5	+6.8	159	38.1	+5.4	30.5%
Caroline	24	22.5	+11.2	26	41.4	+13.8	29	36.2	+12.0	60.9%
Cecil	39	27.3	+13.8	37	25.8	+12.6	69	39.1	+12.7	43.2%
Kent	28	36.0	+13.1	17	29.1	+15.0	§	§	§	§
Queen Anne's	19	26.5	+11.0	13	27.3	+12.2	16	25.9	+11.5	-2.3%
Talbot	27	38.2	+11.8	10	26.8	+14.7	28	44.6	+14.7	16.8%
Western Maryland	146	40.4	+11.8	98	33.2	+10.8	121	43.5	+9.7	7.7%
Allegany	23	26.5	+15.2	§	§	§	§	§	§	§
Washington	120	47.2	+14.9	74	36.4	+14.2	94	44.2	+12.1	-6.4%

§ Indicates unweighted N less than 30. *Italics* (2002 data) means change from 2000 was statistically significant. *Italics* (2006 data) means change from 2002 was statistically significant.

Table 6a: Adults who have Stopped Smoking in the Past Year, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	73,606	23.4	±3.4	67,716	22.2	±3.7	88,244	31.7	±4.1	35.5%
Baltimore Region	42,494	25.0	±4.7	31,330	19.4	±4.7	44,929	29.8	±5.7	19.2%
Anne Arundel	9,137	28.0	±10.2	4,810	18.1	±9.9	7,071	28.9	±11.6	3.2%
Baltimore City	7,074	14.3	±6.7	6,470	11.3	±5.9	13,286	25.8	±9.0	80.4%
Baltimore Co.	19,762	33.0	±9.8	12,102	23.2	±10.5	16,443	36.1	±13.7	9.4%
Carroll	2,092	24.7	±14.6	3,776	50.0	±21.1	2,438	29.6	±18.4	19.8%
Harford	2,249	22.2	±15.9	1,715	16.9	±15.2	3,649	25.2	±10.3	13.5%
Howard	2,181	22.5	±12.3	2,457	29.6	±15.6	2,042	30.6	±15.3	36.0%
Lower Eastern Shore	3,095	23.6	±7.7	2,725	19.7	±7.4	2,969	29.3	±10.1	24.2%
Dorchester	669	20.3	±13.6	271	12.8	±9.7	983	47.8	±22.0	135.5%
Somerset	566	28.5	±13.8	373	24.2	±14.1	586	33.2	±30.2	16.5%
Wicomico	1,520	28.2	±14.6	1,721	25.7	±14.0	241	7.7	±7.8	-72.7%
Worcester	339	13.9	±11.3	361	10.4	±8.6	1,158	36.4	±20.6	161.9%
Southern Maryland	3,366	18.0	±6.5	2,792	18.2	±8.3	7,007	37.6	±9.7	108.9%
Calvert	1,154	22.3	±11.6	442	10.4	±10.1	1,209	20.6	±13.9	-7.6%
Charles	901	12.3	±11.1	1,121	17.3	±13.5	2,854	38.8	±15.0	215.4%
St. Mary's	1,311	21.1	±11.3	1,230	26.6	±17.0	2,945	54.3	±17.2	157.3%
Suburban Washington	19,544	23.0	±7.9	23,206	28.0	±9.6	23,483	33.7	±9.7	46.5%
Frederick	2,326	19.2	±12.6	2,660	24.7	±15.5	1,908	25.7	±14.3	33.9%
Montgomery	8,174	25.2	±13.0	11,947	31.5	±17.3	10,928	35.2	±16.5	39.7%
Prince George's	9,045	22.3	±12.3	8,599	25.0	±11.7	10,646	34.0	±13.8	52.5%
Upper Eastern Shore	2,751	17.7	±5.9	4,337	28.7	±8.5	5,436	35.2	±10.7	98.9%
Caroline	461	24.5	±12.9	265	17.5	±12.2	§	§	§	§
Cecil	927	13.1	±10.5	2,524	35.8	±14.9	1,576	23.6	±10.3	80.2%
Kent	437	32.2	±20.1	356	23.4	±17.2	§	§	§	§
Queen Anne's	568	17.4	±10.4	803	34.7	±16.9	1,730	49.4	±28.9	183.9%
Talbot	358	17.6	±12.8	389	14.3	±11.8	1,086	45.4	±23.3	158.0%
Western Maryland	2,356	19.1	±12.5	3,326	21.5	±10.2	4,420	33.1	±12.3	73.3%
Allegany	1,872	34.1	±23.7	1,651	26.9	±16.5	2,065	37.8	±23.8	10.9%
Garrett	237	14.6	±12.1	408	24.6	±15.7	375	30.6	±21.6	109.6%
Washington	§	§	§	1,268	16.5	±15.2	1,980	29.7	±13.6	§

Italics (2006 data) means change from 2002 was statistically significant. *Italics* (Relative Change) means change from 2000 to 2006 was statistically significant.

Table 6b: Adult Males who have Stopped Smoking in the Past Year, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	39,937	25.1	+5.3	32,001	21.8	+4.8	46,273	32.8	+6.3	30.7%
Baltimore Region	22,185	27.0	+7.4	14,380	18.2	+6.3	22,565	30.5	+8.6	13.0%
Anne Arundel	6,263	34.8	+15.6	§	§	§	4,134	32.1	+16.6	-7.8%
Baltimore City	3,436	16.4	+11.4	2,838	11.8	+9.8	4,524	19.8	+13.9	20.7%
Baltimore Co.	11,070	36.4	+14.9	4,030	15.1	+11.5	8,910	38.0	+19.7	4.4%
Harford	§	§	§	§	§	§	2,418	32.0	+16.8	§
Lower Eastern Shore	2,027	26.1	+11.2	1,418	20.4	+11.8	1,444	37.4	+18.0	43.3%
Dorchester	345	14.7	+13.5	§	§	§	§	§	§	§
Southern Maryland	1,453	14.1	+8.6	1,548	17.3	+11.7	3,642	36.2	+14.4	156.7%
Calvert	571	19.1	+15.4	§	§	§	§	§	§	§
Suburban Washington	11,116	25.3	+12.3	10,347	29.3	+12.8	13,191	33.9	+14.6	34.0%
Montgomery	3,882	20.5	+16.3	§	§	§	§	§	§	§
Prince George's	6,443	31.6	+20.8	§	§	§	§	§	§	§
Upper Eastern Shore	1,437	19.0	+9.7	2,769	30.2	+12.3	2,886	40.4	+18.7	112.6%
Western Maryland	1,719	24.7	+20.1	1,539	20.9	+15.9	2,546	35.6	+19.6	44.1%

§ Indicates unweighted N less than 30.

Table 6c: Adult Females who have Stopped Smoking in the Past Year, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	33,669	21.6	+4.2	35,715	22.6	+5.7	41,970	30.6	+5.3	41.7%
Baltimore Region	20,309	23.1	+5.8	16,950	20.5	+7.0	22,365	29.1	+7.6	26.0%
Anne Arundel	2,874	19.6	+11.8	2,023	16.0	+11.9	2,937	25.4	+14.8	29.6%
Baltimore City	3,638	12.9	+8.0	3,632	10.9	+7.4	8,762	30.6	+11.7	137.2%
Baltimore Co.	8,692	29.5	+12.7	8,072	31.7	+16.7	7,534	34.1	+18.3	15.6%
Harford	§	§	§	§	§	§	1,231	17.8	+10.2	§
Howard	§	§	§	§	§	§	1,401	31.8	+18.3	§
Lower Eastern Shore	1,067	20.0	+9.8	1,307	19.1	+8.9	1,525	24.3	+11.5	21.5%
Somerset	208	18.0	+13.0	§	§	§	§	§	§	§
Wicomico	§	§	§	691	19.2	+14.6	§	§	§	§
Southern Maryland	1,913	22.8	+9.8	1,245	19.6	+10.9	3,365	39.2	+12.8	71.9%
Calvert	583	26.5	+17.5	§	§	§	§	§	§	§
Charles	433	12.2	+13.1	§	§	§	1,470	42.4	+20.0	247.5%
Suburban Washington	8,428	20.4	+9.5	12,859	27.0	+13.9	10,292	33.4	+12.9	63.7%
Frederick	1,535	20.4	+16.6	§	§	§	§	§	§	§
Montgomery	§	§	§	8,603	31.4	+21.9	§	§	§	§
Prince George's	2,602	12.9	+10.7	3,210	18.3	+12.7	5,228	38.9	+19.0	201.6%
Upper Eastern Shore	1,315	16.4	+7.2	1,568	26.3	+10.0	2,550	30.8	+10.8	87.8%
Caroline	250	23.7	+16.8	§	§	§	§	§	§	§
Cecil	404	11.3	+11.7	661	21.9	+15.8	815	21.5	+11.5	90.3%
Queen Anne's	323	20.8	+16.2	§	§	§	§	§	§	§
Western Maryland	637	11.9	+8.0	1,787	22.0	+13.0	1,873	30.1	+13.4	152.9%
Allegany	§	§	§	1,355	39.1	+23.0	§	§	§	§
Washington	§	§	§	§	§	§	1,110	34.7	+19.1	§

Italics (2006 data) means change from 2002 was statistically significant.

Table 6d: Adult Minorities who have Stopped Smoking in the Past Year, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	24,116	21.1	+6.3	19,205	15.5	+6.5	33,501	29.5	+7.1	39.8%
Baltimore Region	12,121	19.6	+7.6	7,723	11.1	+7.2	17,164	27.6	+8.5	40.8%
Baltimore City	4,261	13.0	+7.7	4,441	10.8	+7.1	8,567	21.7	+10.4	66.9%
Baltimore Co.	6,537	35.1	+19.1	§	§	§	7,292	46.5	+17.9	32.5%
Lower Eastern Shore	288	12.6	+9.3	716	16.0	+14.4	583	25.1	+17.2	99.2%
Southern Maryland	457	9.8	+8.9	§	§	§	§	§	§	§
Suburban Washington	10,199	24.9	+13.0	9,771	23.8	+14.9	13,128	32.4	+14.3	30.1%
Prince George's	6,700	23.9	+16.3	5,242	22.0	+14.0	8,422	32.8	+15.9	37.2%
Upper Eastern Shore	158	8.4	+8.9	279	9.0	+9.8	1,361	43.2	+34.2	414.3%

§ Indicates unweighted N less than 30. *Italics* (2006 data) means change from 2002 was statistically significant.

Table 7: Percent of Maryland Households with Minor Children in which Adults Smoke Cigarettes, Statewide and by Region and Jurisdiction, 2000, 2002, and 2006

Region/Jurisdiction	2000			2002			2006			Relative Change
	N	%	CI	N	%	CI	N	%	CI	
Statewide	1,221,028	31.8	+1.1	521,430	31.9	+1.8	493,787	29.3	+1.6	-7.9%
Baltimore Region	639,254	34.8	+1.6	278,998	36.3	+2.7	242,277	32.2	+2.5	-7.5%
Anne Arundel	127,004	34.6	+3.3	47,214	31.8	+5.4	42,400	27.8	+4.5	-19.7%
Baltimore City	171,375	42.5	+3.9	89,794	49.6	+6.5	72,072	43.7	+6.2	2.8%
Baltimore Co.	203,464	33.0	+3.1	79,680	35.1	+5.4	66,740	32.5	+6.2	-1.5%
Carroll	36,535	36.0	+4.8	16,823	32.7	+7.0	17,695	30.7	+6.1	-14.7%
Harford	52,936	34.1	+4.7	22,244	30.2	+6.8	24,769	31.9	+5.1	-6.5%
Howard	47,941	24.5	+3.4	23,244	27.1	+5.4	18,602	19.9	+4.4	-18.8%
Lower Eastern Shore	50,274	36.1	+3.3	18,261	37.6	+5.0	19,233	34.9	+5.6	-3.3%
Dorchester	10,388	41.8	+5.9	3,332	38.9	+10.0	2,967	32.2	+11.0	-23.0%
Somerset	7,333	35.3	+5.1	2,268	37.4	+9.8	3,055	46.6	+17.0	32.0%
Wicomico	20,497	35.6	+5.5	8,296	34.2	+8.1	8,238	31.5	+8.6	-11.5%
Worcester	12,055	33.6	+7.2	4,366	44.8	+10.0	4,974	37.5	+11.1	11.6%
Southern Maryland	72,035	36.8	+2.9	35,985	38.0	+4.3	32,911	30.7	+3.9	-16.6%
Calvert	19,865	38.9	+4.5	10,673	41.8	+7.2	8,805	30.5	+7.3	-21.6%
Charles	28,063	34.7	+5.2	14,684	35.6	+7.2	14,898	31.3	+6.1	-9.8%
St. Mary's	24,107	37.7	+4.6	10,628	38.2	+7.4	9,208	29.8	+7.1	-21.0%
Suburban Washington	339,437	25.8	+2.1	139,536	23.5	+3.4	152,223	24.1	+2.9	-6.6%
Frederick	47,054	32.6	+4.3	20,506	32.3	+7.1	21,057	29.2	+5.6	-10.4%
Montgomery	143,694	21.6	+2.9	52,278	19.4	+4.7	59,233	20.8	+4.5	-3.7%
Prince George's	148,689	29.5	+3.6	66,752	25.5	+5.7	71,933	26.2	+4.5	-11.2%
Upper Eastern Shore	55,909	35.9	+2.6	25,659	40.8	+4.3	24,728	35.2	+4.1	-1.9%
Caroline	9,049	40.7	+4.9	3,103	34.9	+8.9	3,109	31.9	+9.4	-21.6%
Cecil	22,777	36.8	+5.2	13,240	45.1	+7.6	12,514	39.7	+6.3	7.9%
Kent	3,884	30.8	+4.8	1,962	38.1	+9.9	2,233	38.9	+11.8	26.3%
Queen Anne's	12,736	38.3	+5.1	4,143	35.1	+7.5	3,766	28.1	+8.6	-26.6%
Talbot	7,463	29.2	+5.1	3,210	41.3	+10.7	3,107	31.8	+11.7	8.9%
Western Maryland	64,120	33.0	+3.4	22,991	34.4	+5.6	22,414	31.4	+4.6	-4.8%
Allegany	23,732	32.1	+5.7	7,434	40.3	+9.2	7,158	37.8	+9.4	17.8%
Garrett	7,287	29.9	+5.3	2,955	36.5	+8.6	2,709	30.8	+8.4	3.0%
Washington	33,100	34.4	+5.0	12,602	31.2	+7.9	12,548	28.7	+5.9	-16.6%