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The interpretations of data, conclusions and recommendations expressed in this report are those of the authors and may or may not represent the views of the Ohio Tobacco Prevention Foundation and those individuals and organizations who provided data.

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The purpose of the Ohio Tobacco Key Indicators Report is to provide a comprehensive document about the progress of tobacco control efforts in Ohio. Using the Centers for Disease Control and Prevention’s Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs as a guide, this report assesses comprehensive tobacco control efforts in the following three areas: preventing initiation of tobacco use by young people; eliminating nonsmokers’ exposure to secondhand smoke; and promoting quitting among adults and young people.

Important findings from the current report include:

**Preventing Initiation of Tobacco Use by Young People**
- **Ohio’s youth are hearing the anti-tobacco message.** Not only are a large proportion of Ohio’s youth aware of anti-tobacco media messages, but they are also hearing about the dangers of tobacco at school.
- **Ohioans support policies to limit youth access to tobacco.** This includes policies requiring retailer licensure to sell tobacco, limiting youth access to tobacco, and policies for tobacco-free schools.
- **Retailer compliance with policies limiting youth access to tobacco have been increasing.** In addition, there are declines in the number of Ohio youth who report buying cigarettes from a retailer.
- **Young tobacco users in Ohio continue to access tobacco from social sources.**
- **The proportion of youth who have never tried cigarettes continues to increase; however, a quarter of these youth are still susceptible to smoking in the future.**

**Eliminating Nonsmokers’ Exposure to Secondhand Smoke**
- **Ohio youth and adults recognize the harmful effects of secondhand smoke exposure.**
- **Ohioans strongly support policies that reduce secondhand smoke exposure.** This is evident in the passage and implementation of Ohio’s new smoke-free law, enacted in December 2006.
- **Despite these findings, many Ohio youth are exposed to secondhand smoke in their home and in cars, where they may have little control over their environment.**

**Promoting Quitting Among Adults and Young People**
- **Over half of Ohio youth and adults want to quit smoking cigarettes and have attempted to quit smoking at least once in the past year.**
- **Prevalence rates of cigarette smoking by youth and adults have been on the decline in Ohio.**
- **The decline in cigarette smoking is further supported by the per capita consumption data, showing a steep decrease in per capita consumption since 1983.** The sharpest decline occurred between 2005 and 2006 and may be related to the increase in the Ohio excise tax from 55 cents to $1.25 in January 2005.
Introduction

The purpose of the Ohio Tobacco Key Indicators Report is to provide an assessment of the current state of tobacco control in Ohio using standardized, evidenced-based indicators as put forth by the Centers for Disease Control and Prevention (CDC). It is our hope that the data presented here will guide public health and policy officials as they make critical decisions about how to best allocate the tobacco control resources in Ohio.

The first three sections of this report represent the primary strategies in the fight against tobacco: preventing initiation of tobacco use among young people; eliminating nonsmokers’ exposure to secondhand smoke; and promoting quitting among adults and young people. These sections mirror the structure of the CDC’s Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs.1 The Ohio Tobacco Key Indicators Report has a fourth section that provides additional data relevant to Ohio and tobacco control efforts that do not fit under the CDC key indicators framework.

The CDC publication compiles 120 indicators of progress towards tobacco control outcomes in each of the three goal areas. Each indicator was assessed by a panel of 16 experts in tobacco practice, evaluation, and research for the following criteria: strength of evaluation, evidence, utility, face validity to policy makers, conformity with accepted practice, uniqueness, overall quality, and how essential the indicator is for evaluating state tobacco control programs. A few indicators were added after the rating process was complete and therefore were not rated. This report provides data on 60 of the 120 CDC recommended indicators.

There are many strategies to reduce the burden of tobacco use, such as preventing youth access to tobacco products, preventing youth initiation, reducing exposure to secondhand smoke and helping addicted smokers quit. Each of these strategies requires differing approaches, partners, programs, and systems, but it is also important to note that progress in each area may become visible at different times. Though not explicitly stated in the text of the report, each indicator has been ranked by the CDC as either short-term (less than 12 months) intermediate (1 to 2.5 years) or long-term (2.5 to 5 years or longer), according to how long it may take for a comprehensive, evidence-based program to impact outcomes. It is important to keep the long-term view in mind as policy decisions are made.

While data sources were not available for all indicators, this report attempts to bring together all available data in a comprehensive look at Ohio’s progress toward the above mentioned goals. When available, Ohio’s data is compared to national estimates. Many indicators, particularly those that draw from the Ohio Youth Tobacco Survey, present longitudinal data, providing an even richer picture of the state of tobacco control.

Although the primary audience is public health officials, policy planners, and tobacco control partners, we hope this report is useful to anyone engaging in tobacco control efforts.

Updated: July 2007

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History of Tobacco Control in Ohio

Although tobacco use rates have been declining across the nation, tobacco related diseases remain the number one cause of preventable death in the U.S. Ohio continues to rank in the top 20 for adult prevalence of cigarette use. More than $1 billion of state and federal Medicaid funds are spent on smoking-related diseases annually. Beyond the evident need for continued efforts in tobacco control, there is evidence these efforts represent a good investment for the state of Ohio. The American Legacy Foundation and other organizations suggest that for every dollar spent on tobacco control activities, the state saves three dollars in direct and indirect costs. Moreover, there are indications that tobacco control efforts are producing the intended effects. For example, adult smoking rates in Ohio have dropped from 27.6% in 2001 to 22.4% in 2006, outpacing the national decline.

Several organizations have been key contributors to tobacco control efforts in Ohio. The Ohio Department of Health (ODH) supports a Tobacco Risk Reduction Program, funded by the CDC’s Office on Smoking and Health. The Ohio Tobacco Risk Reduction Program serves as a clearinghouse for information including model tobacco-free policies for schools, public places and worksites, and local, state and national rules, regulations and laws relating to tobacco use prevention and control. It also provides training on topics such as worksite policies, cessation methods and the Life Skills Training curriculum. Other activities include assisting the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and the Ohio Department of Public Safety in conducting tobacco vendor compliance checks by providing sampling protocol and analysis of data and conducting the statewide Ohio Youth Tobacco Survey.

The Tobacco Risk Reduction Program convened a strategic planning group to develop the Ohio Comprehensive Tobacco Use Prevention Strategic Plan, released in 2004, with an update to be released in 2007. The plan’s goals are to reduce disease, disability, and death related to tobacco use and exposure to secondhand smoke, and to reduce the economic costs related to tobacco use. The following organizations contributed to the development of the plan: American Cancer Society, American Heart Association, American Lung Association, Foundation for Healthy Communities, ODADAS, ODH, Ohio Department of Job and Family Services, Tobacco-Free Ohio, and the Ohio Tobacco Prevention Foundation.

The Ohio Tobacco Prevention Foundation (OTPF) was created in 2000 by the Ohio General Assembly as a response to the Master Settlement Agreement. OTPF has been funding tobacco prevention, cessation, and control programs across Ohio since 2002. The mission of OTPF is to reduce and prevent tobacco use by Ohioans. Its goals include: (1) providing motivation and assistance to current Ohio tobacco users to help them quit, (2) specifically serving certain prioritized populations which have been traditionally underserved, and (3) helping to prevent initiation of tobacco use, primarily among Ohio’s youth and young adults.
History of Tobacco Control in Ohio (continued)

OTPF bases its grant programs on the CDC’s Best Practices for Comprehensive Tobacco Control Programs. The components of a comprehensive tobacco control program include: community programs, chronic disease programs, school programs, enforcement of existing policies, statewide programs, counter-marketing, cessation programs, surveillance and evaluation, and administration and management. While OTPF has been fortunate to fund tobacco control programs at approximately $45 million a year (FY 2007), this falls short of the CDC-recommended funding range of $61.74 to $173.7 million.³

SmokeFree Ohio, previously Tobacco Free Ohio, was a campaign by the American Cancer Society in collaboration with the American Heart Association, American Lung Association, the Ohio Health Commissioners Association, the Ohio Hospital Association, the Ohio State Medical Association, the Campaign for Tobacco-Free Kids, and other supporting organizations, to create smoke-free public places and workplaces in the state of Ohio. SmokeFree Ohio worked with partners around the state to pass a statewide clean indoor air law through a process called an “initiated statute.” By collecting hundreds of thousands of signatures, the campaign qualified the issue for the November 2006 ballot.

In November 2006, 58.5% of Ohio voters supported a state-wide smoke-free workplace law, better known to voters as “Issue 5.” This important legislation provides for enclosed public places and places of employment to be smoke-free in all jurisdictions in Ohio. Where similar legislation has been passed in other states, a decrease in the smoking rate has followed. The successful Issue 5 campaign, the ongoing efforts of OTPF and its grantees, and the work of many other organizations including ODH, is encouraging in light of the work that remains to be done to reduce tobacco-related illness and mortality in Ohio.

Updated: July 2007
Navigating this Report

How to read the graphs in this report:

Each page of this report providing data is similarly structured and described below.

- **Goal area as defined by the CDC’s Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs**
- **Outcome Indicator**
- **Rationale for the indicator**
- **Interpretation of the data presented in the graph**
- **The exact wording of the survey question or indicator used to collect the data**
- **CDC indicator number used in CDC’s Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs for reference**
- **The source of the data provided in the graph**

Ways to view this report:

1. In its entirety, this report provides a comprehensive overview about the progress of tobacco control efforts in Ohio. The data pages can be used individually to provide information on a particular CDC key indicator.
2. To request additional copies of this report, please visit www.otrec.org.
3. To view and download a complete copy of this report and the single data pages, please visit www.otrec.org.

Notes:

The high school data for the 2004 Ohio Youth Tobacco Survey was not sufficient for weighting and therefore data is not presented for that year.

Updated: July 2007
CDC Goal Area:

Preventing Initiation of Tobacco Use Among Young People
Introduction to Preventing Initiation of Tobacco Use Among Young People

The first goal, “Preventing Initiation of Tobacco Use Among Young People”, is composed of indicators that measure progress on activities including counter-marketing, school-based youth prevention, decreased youth access to tobacco products, and improved tobacco-free school policies. Preventing tobacco use among young people is a process that begins with changes in attitudes and perceptions, and can be brought on by counter-marketing activities, exposure to evidenced-based curricula in school, or changes within the culture as a whole. Beyond tracking anti-tobacco attitudes and knowledge among youth, indicators also measure exposure to anti-tobacco marketing, tobacco prevention curricula in schools and improved school policies.

Preventing youth tobacco use requires a high level of involvement from adults in the community. The perceptions held by parents, such as the support of tobacco-free school policies, can promote or hinder policy changes. Community leaders, voters, and parents play a critical role in preventing youth tobacco use by shaping policies regarding youth access to tobacco products in retail locations, raising tobacco taxes, encouraging the provision of tobacco prevention curricula and activities in schools, supporting policy changes in schools and communities, and enforcing compliance with policies and laws. Finally, while not always within the control of public health officials, the activities of the tobacco industry, such as marketing, are important to track because of the influence on the relationship between youth perceptions of tobacco use and susceptibility to smoking initiation.

When community involvement and media strategies are employed, a community can expect to see a decrease in the prevalence of tobacco use as well as a reduction in susceptibility to smoking initiation, a higher proportion of youth never experimenting with smoking, and an increasingly older age of tobacco use initiation.

The following pages provide a look at a variety of indicators that help prevent initiation of tobacco use among young people.
Among youth in Ohio, proportion of students who have seen or heard anti-tobacco messages during the past 30 days:

<table>
<thead>
<tr>
<th>Year</th>
<th>Middle School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>79%</td>
<td>76%</td>
</tr>
<tr>
<td>2002</td>
<td>83%</td>
<td>90%</td>
</tr>
<tr>
<td>2004*</td>
<td>81%</td>
<td>73%</td>
</tr>
<tr>
<td>2006</td>
<td>82%</td>
<td></td>
</tr>
</tbody>
</table>

In 2002, the Ohio Tobacco Prevention Foundation supported the launch of a state-wide, integrated counter-marketing campaign branded **stand**. Counter-marketing campaigns are recommended by the CDC to be an important component of a comprehensive tobacco control program. The above graph shows the trends in reporting of exposure to anti-tobacco messages by middle and high school students in Ohio:

- A high proportion of both middle school and high school students reported having seen or heard commercials about the dangers of cigarette smoking during the past 30 days.
- Middle school and high school students appeared to have similar levels of exposure to anti-tobacco media messages.
- Exposure to anti-tobacco media messages appears to have been stable over the past six years.

Measure: Proportion of youth responding “yes” to “During the past 30 days, have you seen or heard commercials on TV, the Internet, or on the radio about the dangers of cigarettes smoking?”

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 1.6.1
Among youth in Ohio, proportion of students who would wear or use a product with a tobacco company name or picture:

- About a quarter of Ohio middle school students and a third of high school students reported wearing or using something labeled with a tobacco company name or picture.
- High school students were more likely than middle school students to report that they had worn or used something labeled with a tobacco company name or picture.
- The proportion of middle and high school students who reported wearing or using tobacco branded merchandise appears to have been stable over the past six years.

Measure: Proportion of youth responding “definitely yes” or “probably yes” to “Would you ever use or wear something that has a tobacco company name or picture on it, such as a lighter, t-shirt, hat, or sunglasses?”

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 1.6.3
One approach to preventing initiation of tobacco use in Ohio is to advocate for the adoption of various policies that limit youth access and exposure to tobacco products. Such policies may include restricting tobacco sales to minors, requiring a license to sell tobacco, or restricting adult tobacco use on school grounds. These policies can impact young people’s attitudes about the acceptability of smoking but require public support to be successfully enacted and enforced.\textsuperscript{5,6}

When asked about their opinions regarding these policies:

- The vast majority (87\%) of Ohio adults supported policies restricting or minimizing the likelihood of tobacco sales to youth.
- Adults were similarly supportive of a general policy requiring licensure to sell tobacco (85\%).
- An overwhelming majority of respondents (89\%) agreed that adults should not be permitted to use tobacco on school grounds or at any school events.

Measure: Proportion of adults responding “very Important” or “somewhat Important” to “How important is it that communities keep stores from selling tobacco products to teenagers?” or “strongly agree” or “agree” to “Storeowners should be required to have a license to sell tobacco products, similar to alcohol, so that teens can’t buy tobacco products,” and “How strongly do you agree or disagree with the following statement: Tobacco use by adults should not be allowed on school grounds or at any school events.”

Source: Ohio Adult Tobacco Survey: 2006

CDC Indicator: 1.6.4, 1.6.7

Updated: July 2007
The formation of young people’s attitudes towards smoking are influenced by the people they spend their time with while in school, namely their peers and educators. Tobacco-free school policies establish a social norm that tobacco use by anyone on school grounds is not acceptable.

- Only 38% of Ohio school districts have a 100% tobacco-free school policy which restricts tobacco use by students, staff and visitors at anytime on school grounds or at school events.
- Based on feedback from school administrators, implementing school policies restricting tobacco use on all outdoor school property and at school sponsored events is challenging, indicating that the main reason for the lack of such a policy is that it is difficult to control tobacco use and enforce the policy.
Encouraging young people in Ohio to participate in community-based tobacco use prevention activities can help to reduce the susceptibility of youth in the community to experiment with tobacco.9,10 When Ohio youth were asked about their participation in such activities:

- About one in ten middle school and high school students reported participating in tobacco use prevention activities in the past year, and the rate of participation has remained fairly consistent over the past six years.
- A slightly higher percentage of middle school students than high school students reported that they have participated in anti-tobacco use activities in 2000 and 2002.

Measure: Proportion of youth responding “yes” to “During the past 12 months, have you participated in any community activities to discourage people your age from using cigarettes, chewing tobacco, snuff, dip, or cigars?”

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 1.7.8
Tobacco prevention education in schools is a useful means of delivering a tobacco prevention message to youth. Tobacco use prevention curricula are enhanced by developing practical skills for avoiding tobacco use, such as skills for saying “no” to tobacco. When asked about practicing such skills:

- Ohio middle school students were far more likely than high school students to report practicing anti-tobacco role-playing activities (saying “no”), a likely indication of targeted programming of tobacco prevention curricula to middle schools.
- While caution should be used in interpreting a possible trend from the single, sizable drop in 2006, the proportion of Ohio middle school students reporting anti-tobacco role playing in 2006 was lower than all prior years, while the proportion among high school students remained consistently low.
School-based tobacco use prevention programs are recommended by the CDC to be an important component of a comprehensive tobacco control program. These programs and curricula help educate students on the dangers of tobacco and practice skills to avoid tobacco. When Ohio youth were asked about whether they were taught about the dangers of tobacco in their classes:

- Middle school youth were more likely than high school students to report being taught such information in the past school year (58-68% vs. 40-42%). However, the topic was clearly covered in many high school classrooms across Ohio.

- While caution should be used in interpreting a possible trend from the single, sizable drop in 2006, the proportion of middle school students reporting being taught about the dangers of tobacco in 2006 was lower than all prior years; while the proportion among high school students remained relatively stable.

Measure: Proportion of youth responding “yes” to “During this school year, were you taught in any of your classes about the dangers of tobacco use?”

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 1.7.9
For youth, a large portion of time is spent in school. Compliance with smoke-free policies is an indication of the status of anti-tobacco norms and exposure to secondhand smoke. When Ohio youth were asked about their smoking behavior during the past 30 days on school property:

- There was a very high rate of compliance reported by both middle and high school students.
- The proportion of middle and high school students complying with tobacco-free policies appears to be similar, with high school students reporting only slightly lower compliance.
- In 2000, 96% of middle school students and 88% of high school students report not smoking on school property. In 2006, the proportion of students reporting compliance with smoke-free policies increased slightly to 98% of middle school students and 93% of high school students.

Measure: Proportion of youth reporting not smoking cigarettes on school property during the past 30 days.

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 1.7.10

Updated: July 2007.
When unrestricted, tobacco vending machines have the potential to provide youth unlimited access to tobacco products. The graph above shows the distribution of states that restrict youth access to vending machines by limiting placement, requiring supervision and/or locks, or banning vending machines from areas that are accessible to minors.

- All of Ohio’s jurisdictions are covered by a law requiring that vending machines be located in an area such that the owner or employee can observe and monitor the vending machine. Ohio regulates vending machines except in the following locations: factory, business, office or other place not open to the general public and where children are generally not permitted access.

- Nationally, there has been an increase in the number of states either banning or restricting the placement of tobacco vending machines in locations accessible to minors since 1995.
**Goal Area:** Preventing Initiation of Tobacco Use Among Young People

**Indicator:** Number of compliance checks conducted by enforcement agencies in Ohio

Random, unannounced compliance checks help to enforce policies that limit illegal tobacco sales to minors and send a message to the public that law enforcement agencies are serious about compliance with tobacco policies. Ohio youth between the ages of 14 to 16 are recruited and trained to conduct the compliance checks in cooperation with the Ohio Department of Public Safety Investigative Unit or trained contractors. The data above is categorized by the federal fiscal year (FFY) report; for example, FFY 2007 represents data that was collected from July 1, 2005 to June 30, 2006.

- Since last peaking in 2002, there has been a decrease in the number of compliance checks conducted by law enforcement agencies in Ohio. In fiscal year 2007 (July 2005-June 2006), only 412 inspections were completed compared to nearly 1300 just two years before.
- The reduction in the number of compliance checks since 2005 is due to the consistent decline in cigarette outlets in Ohio over the past few years.

**Measure:** The number of random, unannounced, checks conducted by enforcement agencies (e.g. police, health department inspectors, or building inspectors) to assess the level of retailer compliance with laws, regulations, or ordinances related to the sale of tobacco to minors.

**Source:** Ohio Annual Synar Report 2007; Centers for Disease Control and Prevention; Ohio Department of Alcohol and Drug Addiction Services, Ohio Synar Informational Presentation. Available at [http://www.odadas.state.oh.us](http://www.odadas.state.oh.us).

**CDC Indicator:** 1.8.5

Updated: July 2007
Exposure to pro-tobacco messages in retail stores is the principal way in which tobacco companies target smokers and potential smokers. Marketing expenditures are tracked through data from the Federal Trade Commission. Precise data on tobacco industry marketing is not available to the public, therefore the graph above represents an estimate of expenditures.

- Since the Master Settlement Agreement in 1998, there has been a steady increase in the amount of money spent on tobacco advertising and promotion in and around retail stores in Ohio; the increase to $724 million in 2005 from $359 million in 1998 reflects a 102% increase.
- Nationally, tobacco company marketing expenditures increased over 94% between 1998 and 2005 (from $6.88 billion in 1998 to $13.36 billion in 2005; data not shown).
- In 2005, tobacco companies were spending almost $2 million per day in Ohio. In contrast, in fiscal year 2006, the state of Ohio spent just $123,000 per day on tobacco prevention efforts (data not shown).

Measure: The level and type of tobacco advertising and promotion in and around retail stores and the extent of indoor and outdoor advertisements including promotions, price reductions, and strategic product placement.

Source: Campaign for Tobacco Free Kids, State-Specific Tobacco Company Marketing Expenditures 1998 to 2005; Key State-Specific Tobacco–Related Data and Rankings

CDC Indicator: 1.9.1

Updated: July 2007
Pro-tobacco legislation has been linked to the amount of political contributions made to politicians by the tobacco industry.\textsuperscript{11,12,13} The figure above shows total contributions to the two federal Senators and 18 Representatives from Ohio.

- Senators and U.S. Representatives in Ohio have consistently received thousands of campaign dollars from the tobacco industry.
- While there was a decline in contributions between 1999 and 2004, there was an increase in the total amount of money contributed by the tobacco industry to federal politicians in Ohio in the 2005-2006 campaign year. Senators and U.S. Representatives were both campaigning for re-election in 2006.
- Among the 18 U.S. Representatives from Ohio, six have received no funds from the tobacco industry since 1997.
Proportion of youth in Ohio who think that smoking cigarettes makes young people look cool or fit in:

- Middle School
- High School

Research shows that adolescent smokers often believe that smokers are more socially adept than nonsmokers. When Ohio youth were asked about young people who smoke:

- A consistently low proportion of middle and high school students reported believing that smoking cigarettes makes young people look cool or fit in, with a little more than one in ten showing support for such beliefs.
- The perception that young people who smoke are cool has not changed over the past six years among Ohio middle or high school students.

Measure: Proportion of youth responding “definitely yes” or “probably yes” to “Do you think smoking cigarettes makes young people look cool or fit in?”

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 1.10.1
Youth who smoke cigarettes are often more likely to believe that those who smoke have more friends than those who do not smoke. Assessing the extent to which Ohio youth believe that young people who smoke have more friends can provide insight into the social norm regarding the social desirability of smoking. Ohio youth data reveals:

- Less than 20% of middle school and high school students touted a view that young people who smoke have more friends.
- The perception that young people who smoke have more friends has not changed over the past six years among Ohio middle or high school students.
Research indicates that young people whose parents do not discuss the dangers of smoking with them are more likely to become smokers. Therefore, it is important that parents are involved in helping to educate their children on the negative impact of smoking and why it is important to say no. When Ohio youth were asked about whether their parents discussed the dangers of tobacco with them:

- Roughly a third of Ohio middle school youth and well over half of high school students stated that their parents had never discussed the dangers of tobacco with them in the past year.

- Interestingly, based on this data, parents appear to see the middle school years as more important to convey the anti-tobacco message than the high school years. Only a third of high school students reported that their parents discussed tobacco with them at all in the past year as compared to nearly three quarters of middle school students.

Measure: Proportion of youth responding “never” to “In the past 12 months, how often have your parents discussed the dangers of tobacco use with you?”


* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.
Studies have shown that when young people make a firm decision not to smoke, they are less likely to try smoking than those who have not made a similar commitment. The figure above highlights the proportion of young people in Ohio who have never smoked, yet have not made a firm decision not to smoke, and thus are susceptible to smoking in the future. The lighter shaded bars show the proportion of youth who reported that they have never smoked, the darker shaded bars show the proportion of these youth considered to be susceptible to smoking in the future. In summary:

- The proportion of Ohio youth who have never tried smoking has been steadily rising since 2000, from 62% to 75% among middle school students and 32% to 56% among high school students.
- Despite this decrease in experimentation with smoking over time, approximately one quarter of Ohio middle school and high school youth who have never smoked cigarettes are still susceptible to smoking in the future.

Measure: Proportion of youth who have never tried a cigarette but have not made a firm decision not to smoke. A firm decision not to smoke is measured by the response of “definitely not” to the following questions: “Do you think that you will try a cigarette soon?”; “Do you think you will smoke a cigarette at any time during the next year?”; “If one of your best friends offered you a cigarette, would you smoke it?”

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.
In Ohio, laws are in place to prevent the sale of tobacco to minors. However, some retailers continue to sell tobacco to Ohio youth. By conducting compliance checks, law enforcement officials can identify noncompliant retailers and take corrective action, further decreasing the potential for Ohio youth to purchase tobacco. The data above is categorized by the federal fiscal year (FFY) report; for example, FFY 2007 represents data that was collected from July 1, 2005 to June 30, 2006.

- The proportion of successful attempts to purchase tobacco products by Ohio youth have consistently declined since 1995, from 44% to 12% in 2007.
- Data from FFY 2007 indicate that young females in Ohio were more successful in their attempts to buy tobacco from Ohio retailers as compared to males (20% vs. 7%; data not shown).

Measure: The proportion of retailers not in compliance with policies prohibiting the sale of tobacco products to minors.

Source: Ohio Annual Synar Report 2007; Ohio Department of Alcohol and Drug Addiction Services, Ohio Synar Informational Presentation. Available at http://www.odadas.state.oh.us.

CDC Indicator: 1.11.1

Updated: July 2007
Even with the regulation of the sale of tobacco products to minors, some retailers continue to sell to minors. Therefore, young smokers seek out these retailers in order to purchase tobacco products. The purpose of this indicator is to look at the degree of illegal tobacco sales to minors, as well as which products are being sold. As a person must be 18 years of age to legally purchase cigarettes in Ohio, the high school student data in the graph above are presented in two ways: all high school students and high school student under 18 years of age.

- Overall, a relatively low proportion of middle and high schools students under the age of 18 who currently smoke cigarettes reported having obtained their own cigarettes from a retail store, with the highest percentage consisting of high school students under the age of 18 reporting in 2000 (25%).
- Although the proportion of middle school students purchasing cigarettes from a retail store has been relatively stable, the proportion of high school students under the age of 18 has decreased from 25% in 2000 to 8% in 2006.

Measure: Among youth who have smoked cigarettes in the past 30 days, the proportion responding “I bought them in a store such as a convenience store, supermarket, discount store, or gas station” to “During the past 30 days, how did you usually get your own cigarettes?”.

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 1.11.2
**Indicator:** Proportion of youth in Ohio who use chewing tobacco who report buying chewing tobacco, snuff, or dip by a retailer

Even with the regulation of the sale of tobacco products to minors, some retailers will continue to sell to minors. Therefore, youth who use tobacco will seek out these retailers in order to purchase tobacco products. The purpose of this indicator is to look at the degree of illegal tobacco sales to minors, as well as which products are being sold. As a person must be 18 years of age to legally purchase tobacco in Ohio, the high school student data in the graph above are presented in two ways: all high school students and high school student under 18 years of age.

- Results show that a relatively low proportion of middle and high schools students under the age of 18 in Ohio who currently use chewing tobacco reported having purchased chewing tobacco, snuff or dip from a retailer with the highest proportion of middle and high school students under the age of 18 reporting purchasing these products in the year 2000 (middle school students, 15%; high school students, 33%).

**Measure:** Among youth who report using chewing tobacco, snuff, or dip in the past 30 days, the proportion responding "I bought them in a store such as a convenience store, supermarket, discount store, or gas station," to “During the past 30 days, how did you usually get your own chewing tobacco, snuff, or dip?".

  * Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

**CDC Indicator:** 1.11.2

**Updated:** July 2007
Even with the regulation of the sale of tobacco products to minors, some retailers will continue to sell to minors. Therefore, young smokers will seek out these retailers in order to purchase tobacco products. The purpose of this indicator is to look at the degree of illegal tobacco sales to minors, as well as which products are being sold. As a person must be 18 years of age to legally purchase tobacco in Ohio, the high school student data in the graph above are presented in two ways: all high school students and high school student under 18 years of age.

- Results show that a relatively stable proportion of current cigar using middle school students reported having obtained their own cigars, cigarillos, or little cigars from a retail store. Among high school students under the age of 18, a decreasing number reported purchasing from a store, down from 19% in 2000 to 11% in 2006.

Measure: Among youth who report using cigars, cigarillos, or little cigars in the past 30 days, the proportion reporting “I bought them in a store such as a convenience store, supermarket, discount store, or gas station,” to “During the past 30 days, how did you usually get your own cigars, cigarillos, or little cigars?”.

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.
Although policies restricting the sale of tobacco to minors are in place, many youth turn to social sources for access to tobacco. This could include borrowing cigarettes from others or asking adults to purchase tobacco for them. The above graph shows the proportion of Ohio youth who currently smoke cigarettes that report obtaining their cigarettes from social sources. As a person must be 18 years of age to legally purchase cigarettes in Ohio, the high school student data in the graph above are presented in two ways: all high school students and high school student under 18 years of age.

- Results show that a vast majority of middle school and high school students who smoke obtained their cigarettes through a social source.
- With the exception of the year 2000, a larger proportion of high school students under the age of 18 in Ohio received cigarettes from social sources as compared to middle school students who smoke cigarettes.

Measure: Among youth who have smoked cigarettes in the past 30 days, proportion responding responding “I gave someone else money to buy them for me,” “I borrowed them from someone else,” “A person 18 or older gave them to me,” to “During the past 30 days, how did you usually get your own cigarettes?”

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 1.11.4

Updated: July 2007
Although policies restricting the sale of tobacco to minors are in place, many youth turn to social sources for access to tobacco, including borrowing from others or asking adults to purchase tobacco for them. The above graph shows the proportion of Ohio youth who currently use chewing tobacco, snuff or dip that report obtaining their tobacco from social sources. As a person must be 18 years of age to legally purchase tobacco in Ohio, the high school student data in the graph above are presented in two ways: all high school students and high school student under 18 years of age.

- It appears that while middle school youth access to chewing tobacco via a social source has decreased from 2000 to 2004, access via a social source increased for high school youth under the age of 18 from 2000 to 2002, and only slightly decreased in 2006.

Note: Due to the low prevalence of youth who have used chewing tobacco in the past 30 days, the proportion who have received chewing tobacco from a social source may be unstable and should be interpreted with caution.

Measure: Among youth who report using chewing tobacco, snuff, or dip in the past 30 days, the proportion responding "I gave someone else money to busy them for me," "I borrowed them from someone else," or "A person 18 or older gave them to me," to "During the past 30 days, how did you usually get your own chewing tobacco, snuff or dip?".

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 1.11.4
Ohio Tobacco Key Indicators Report

Goal Area: Preventing Initiation of Tobacco Use Among Young People

Indicator: Proportion of young people in Ohio reporting that they have received tobacco products (cigars, cigarillos, little cigars) from a social source

Although policies restricting the sale of tobacco to minors are in place, many youth turn to social sources for access to tobacco, including borrowing from others or asking adults to purchase tobacco for them. The above graph shows the proportion of Ohio youth who currently use cigars, little cigars, or cigarillos that report obtaining their tobacco from social sources. As a person must be 18 years of age to legally purchase tobacco in Ohio, the high school student data in the graph above are presented in two ways: all high school students and high school student under 18 years of age.

- Results show that a majority of middle school and high school students who smoke obtained their cigars, little cigars and cigarillos through a social source.
- The proportion of middle and high school students who have smoked a cigar, cigarillo, or little cigar in the past 30 days who reported receiving cigars, cigarillos, or little cigars from a social source has remained fairly stable since 2000.

Measure: Among youth who report using cigars, cigarillos, or little cigars in the past 30 days, the proportion responding "I gave someone else money to busy them for me," "I borrowed them from someone else," or "A person 18 or older gave them to me," to “During the past 30 days, how did you usually get your own cigars, cigarillos, or little cigars?”.

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 1.11.4

Updated: July 2007
Indicator: Proportion of young people reporting that they purchased cigarettes from a vending machine in Ohio

Measure: Among youth who have smoked cigarettes in the past 30 days, the proportion responding “I bought them from a vending machine” to “During the past 30 days, how did you usually get your own cigarettes?”.

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 1.11.5

Although Ohio has a policy in place restricting youth access to tobacco vending machines, Ohio’s policy does not completely prohibit youth access to tobacco vending machines, allowing Ohio’s youth to potentially have access to tobacco products. As a person must be 18 years of age to legally purchase cigarettes in Ohio, the high school student data in the graph above are presented in two ways: all high school students and high school student under 18 years of age.

- When Ohio youth were asked about where they obtained their cigarettes, less than 4% of youth who have smoked cigarettes in the past month purchased cigarettes from a vending machine.
Increasing the price of cigarettes has been proven to decrease consumption.\textsuperscript{8,20} Prices are usually increased through excise taxes, either to increase revenue or maintain pace with inflation. The figure above shows the trends in Ohio state and federal tax, as well as the average price per pack from 1970 to 2005.

- The amount of Ohio state tax on cigarettes has consistently risen since 1970. More recently, Ohio’s tax on a pack of cigarettes has increased twice since 1994 from 24 cents per pack in 1994 to ultimately $1.25 per pack, effective July 1, 2005.
- Ohio has the 18\textsuperscript{th} highest excise tax in the nation.
- The federal excise tax of 39 cents has been consistent since 2003.
Increasing the price of cigarettes has been proven to decrease consumption.\textsuperscript{8,20} Prices are usually increased through excise taxes, either to increase revenue or maintain pace with inflation. The figure above shows the Ohio state and federal tax as a percentage of the overall retail price per pack of cigarettes. Declines in the graph generally indicate an increase in price per pack by the manufacturer, not a decline in tax.

- The percentage of federal and state tax of the retail price of cigarettes has varied since 1970. In 1972, the percentage of price that was attributed to tax was the highest, at more than half of the retail price.

- More recently, Ohio’s tax on a pack of cigarettes has been increased; in 2001, the tax on cigarette packs was less than 20\% of the retail price while in 2006, the tax jumped to more than 40\% of the retail price.

Measure: Proportion of the total price of a pack of cigarettes that is attributable to state and federal excise tax


CDC Indicator: 1.12.1, 3.12.1

Updated: July 2007
The figure above shows the annual gross tax revenue from cigarette sales in Ohio between 1970 and 2006.

- Sharp increases in gross tax revenue between 2002 and 2003 and 2005 and 2006 reflect the two significant increases in Ohio’s excise tax from 24 cents in 1994 to 55 cents in 2004 and to $1.25 effective July 1, 2005. The excise tax on cigarettes yielded over $1 billion in tax revenue to Ohio in 2006.
The long-term goal of prevention efforts is to increase the proportion of youth who have never tried smoking a cigarette, thus contributing to a reduction in future established smokers. The above graph shows the trends in the proportion of middle and high school students who report that they have never tried a cigarette. Results show:

- The proportion of Ohio youth who have never tried smoking a cigarette has been steadily rising since 2000, with the proportion of middle school never-smokers increasing from 62% in 2000 to 75% in 2006 and the proportion of high school never-smokers increasing from 31% in 2000 to 50% in 2006.
Proportion of youth in Ohio who began smoking cigarettes at 12 years or younger:

Long-term smoking habits have been found to be strongly related to the age at which a person first smokes a whole cigarette. The younger people are when they start smoking, the more likely they are to become tobacco users as adults. Among Ohio youth who report having smoked a whole cigarette:

- In 2000, approximately a fifth of the middle school and high school students began smoking at 12 years of age or younger.
- The proportion of these youth who began smoking at 12 years of age or younger has declined for both middle school and high school youth since 2000 with the rate decreasing from 21% to 11% among middle school students and from 24% to 15% among high school students.

Measure: Among youth who have smoked a whole cigarette, proportion responding 12 or younger to “How old were you when you smoked a whole cigarette for the first time?”

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 1.13.1

Updated: July 2007.
Proportion of youth in Ohio who have smoked a cigarette on at least one of the past 30 days:

Smoking prevalence is a commonly used measure to track tobacco prevention and cessation efforts. Individuals who use tobacco products as youth are more likely to continue to use as adults. The above graph shows the trends in the proportion of middle and high school students who report that they have smoked a cigarette at least once in the past 30 days. In summary:

- Middle school students consistently reported lower rates of cigarette smoking in the past 30 days as compared to high school students.
- The prevalence of current smoking (smoking in the past 30 days) has declined among Ohio middle and high school students over the past six years. The prevalence rate among middle schools students declined from 13.7% in 2000 to 7.2% in 2006. The rate among high school students declined from 33.4% in 2000 to 20.5% in 2006.

Measure: Proportion of youth responding 1 day or more to “During the past 30 days, on how many days did you smoke cigarettes?”

  * Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 1.14.1

Updated: July 2007
While it is important to examine prevalence of cigarette smoking among youth, other types of tobacco are also used by Ohio youth, including chewing tobacco, snuff and dip. As shown in the graph above:

- Ohio middle school students consistently reported lower rates of use of chewing tobacco, snuff, or dip in the past 30 days when compared to high school students.
- As with cigarette use, the prevalence of current use of chewing tobacco, snuff or dip has also declined among Ohio middle and high school students over the past six years. The prevalence rate among middle schools students declined from 5.1% in 2000 to 2.1% in 2006. The rate among high school students declined from 9.1% in 2000 to 7.5% in 2006.

Measure: Proportion of youth responding one day or more to “During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?”


* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 1.14.1
In addition to examining the prevalence of cigarette and smokeless tobacco use, youth in Ohio have also been found to use cigars, cigarillos, and little cigars.

- While on the decline, the prevalence of cigar, cigarillo or little cigar use among Ohio youth is significant, particularly among high school youth. In 2006, 14% of high school students reported recent cigar or little cigar smoking. This is striking when considering that 20% of high school students also reported recent cigarette smoking during the same time period.

- As with cigarette use, the prevalence of cigar and little cigar use is on the decline. Among Ohio middle school students, the rate of current use declined from 8.1% in 2000 to 5.5% in 2006; among high school students, the rate of cigar and little cigar use declined from 18.1% in 2000 to 14.4% in 2006.
Ohio Tobacco Key Indicators Report

**Goal Area:** Preventing Initiation of Tobacco Use Among Young People

**Indicator:** Proportion of established young smokers in Ohio

Young people who have smoked 100 cigarettes or more in their lifetime are at a greater risk for nicotine addiction and continued smoking in adulthood. The above graph shows the trends in the proportion of middle and high school students who report that they have smoked at least once in the past 30 days and have smoked at least 100 cigarettes in their lifetime and therefore are "established smokers". In summary:

- Middle school students consistently reported lower rates of established tobacco use as compared to high school students. In 2006 3% of middle school students and 15% of high school student reported smoking in the previous 30 days and smoking at least 100 cigarettes in their lifetime.
- For both middle and high school students, the proportion reporting that they are established smokers has declined since 2000.

**Measure:** Proportion of youth who responded one day or more to “During the past 30 days, on how many days did you smoke cigarettes?” and who responded 100 or more cigarettes to “About how many cigarettes have you smoked in your entire life?”

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 1.14.2

Updated: July 2007
CDC Goal Area:

**Eliminating Nonsmokers’ Exposure to Secondhand Smoke**
While cigarettes are harmful to the individuals who use the products, the smoke from cigarettes also affects those who live, work, or are in any way exposed to secondhand smoke. Secondhand smoke, also known as sidestream smoke or environmental tobacco smoke, contains the same carcinogens as the smoke inhaled by the user. As laid out in the 2006 Surgeon General’s Report, *The Health Consequences of Involuntary Tobacco Smoke*, the negative health consequences of secondhand smoke can occur in a short amount of time and include an increased risk of heart attacks, asthma attacks, and lung cancer. Secondhand smoke was recognized as a health risk later than primary tobacco smoke and public acceptance of the dangers of secondhand smoke has lagged behind.

This section of the report describes a variety of indicators of progress toward eliminating nonsmokers’ exposure to secondhand smoke, frequently through policy changes. Tobacco-free policies are an effective and frequently inexpensive way for reducing or even eliminating secondhand smoke exposure.

While often enacted specifically to reduce secondhand smoke exposure, public health officials often suggest that such policies have the added benefit of reducing tobacco consumed by smokers and encouraging addicted smokers to quit. Tobacco-free policies can be informal, such as rules parents set for the home and car, or formal policies that prohibit use of tobacco products at school, work, and other public places. One indication that a policy change is achievable is the public’s expression of attitudes and beliefs in support of that policy. Examples include the belief that secondhand smoke is harmful; support for prohibitions of secondhand smoke in public places, workplaces, and schools; and a decrease in the general acceptability of secondhand smoke. In addition to changing or strengthening secondhand smoke policies, a key issue in eliminating nonsmokers exposure to secondhand smoke is ensuring there is either voluntary compliance or a mechanism to enforce tobacco-free policies.

When these activities are successful, the expected outcome is a reduced exposure to secondhand smoke among smokers and nonsmokers’ alike. The following section provides a look at a variety of indicators of nonsmokers’ exposure to secondhand smoke and the current state of tobacco-free policies at home, school, workplaces, and public places.
Ohio Tobacco Key Indicators Report

**Goal Area:** Eliminating Nonsmokers’ Exposure to Secondhand Smoke

**Indicator:** Proportion of the population of Ohio willing to ask someone not to smoke in their presence

Success of tobacco-free policies and subsequent changes in smokers’ behavior in places where tobacco-free policies don’t exist can be aided by the willingness of others to ask those smoking around them to refrain from or stop smoking. Willingness to do so may be driven by an individual’s belief that secondhand smoke is harmful to those who are exposed.\(^{21,22}\) Ohio adults were asked about their beliefs about secondhand smoke and their willingness to ask a smoker to stop smoking. Their responses are shown in the graph above.

- Although the vast majority (93%) of adults in Ohio reported that secondhand smoke is either very harmful or somewhat harmful, only half of adults in Ohio stated that they would be willing to ask someone near them in the nonsmoking area of a restaurant to stop smoking.

Measure: Responded “yes” to “If someone were smoking near you in the nonsmoking area of a restaurant, would you ask them to stop?” and “very and somewhat harmful” to “Do you think that breathing smoke from other people’s cigarettes is …”

Source: Ohio Adult Tobacco Survey 2006

CDC Indicator: 2.3.4 and 2.3.5

Updated: July 2007
Changes in behaviors are often preceded by changes in attitudes and beliefs. For example, researchers have found that youth who think that secondhand smoke is harmful are more likely to avoid secondhand smoke, and if smokers, have higher quit rates.23,24,25 Ohio youth were asked about their beliefs regarding secondhand smoke exposure and the results revealed:

- The vast majority of high school and middle school students in Ohio believed that secondhand smoke is definitely harmful to them.
- While this proportion appears to be increasing among middle school students (73% in 2000 to 81% in 2006), it is relatively unchanged among high school students (75% in 2000 to 77% in 2006).

Measure: Proportion of youth responding “definitely yes” to “Do you think the smoke from other people’s cigarettes is harmful to you?”.

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 2.3.5
Researchers have found that an increase in knowledge about the harmful effects of secondhand smoke was associated with actions to reduce one’s exposure to secondhand smoke and higher quit rates in smokers.23,24,25 As pregnant women and children are at an increased risk from the ill effects of secondhand smoke, increasing awareness of these dangers can aid in reducing the exposure of children and pregnant women to secondhand smoke.26,27

- Among Ohio adults, there was wide recognition that secondhand smoke causes lung cancer (92%) and heart disease (87%).
- Among Ohio adults, 95% believed secondhand smoke causes respiratory problems in children. Fewer respondents believed that secondhand smoke contributes to Sudden Infant Death Syndrome (66%).

Measure: Proportion responding “yes” to “Would you say that breathing smoke from other people’s cigarettes causes: lung cancer, heart disease, respiratory problems in children and Sudden Infant Death Syndrome?”

Source: Ohio Adult Tobacco Survey 2006

CDC Indicator: 2.3.5, 2.3.6
Ohio recently adopted a statewide law that mandates all indoor work areas be smoke-free (including bars and cocktail lounges). The 2006 Ohio Adult Tobacco Survey was administered before the vote on this law took place. The above graph shows the level of support Ohio adults gave to tobacco-free policies in different environments, such as bars and lounges, public buildings, restaurants and indoor work areas. In summary:

- Ohio adults strongly supported tobacco-free policies when applied to work environments, but less so when considered as places of entertainment. Over 70% of adults supported tobacco-free policies in indoor work areas, but only 29% showed support for tobacco-free policies when applied to bar or cocktail lounges.

- Interestingly, both restaurants and indoor work areas were seen as places where at least some restriction on smoking should be made, with less than 5% of adults stating that smoking should be allowed in all areas.
Young people’s attitudes regarding tobacco use, specifically smoking around non-smokers, are influenced by those around them, particularly their peers and teachers at school. Strong tobacco-free school policies, which encompass not only the indoor facilities but also school grounds and outdoor facilities (e.g. stadiums), require support from the entire community.

- In 2006, nearly 90% of Ohio adults supported 100% tobacco free campus-wide policies (63% strongly agree; 26% agree), which restricted tobacco use not only in school buildings, but also on school grounds and at school events.

Measure: Responses to “How strongly do you agree or disagree with the following statement: Tobacco use by adults should not be allowed on school grounds or at any school events.”

Source: Ohio Adult Tobacco Survey 2006

CDC Indicator: 2.3.10
Ohio recently adopted a statewide law, commonly referred to as Issue 5, that mandates all indoor work areas be smoke-free. The 2006 Ohio Adult Tobacco Survey was administered before the vote on this issue took place in November, 2006, and provides valuable baseline data from which to judge the success of the law in the future. The data revealed:

- The majority of Ohio's working adults (77%) surveyed in 2006 reported their workplace had a voluntary policy prohibiting smoking in indoor public or common work areas and personal work areas. However, well over 20% of working adults were potentially exposed to tobacco in their work environment.
Smoking inside the home is a significant source of secondhand smoke exposure for adults and children. Smoke-free policies in the home can vary from prohibiting smoking in some rooms or at some times, to prohibiting smoking everywhere in the home.

- Among adults, 71% reported that smoking is not allowed anywhere inside the home. An additional 13% reported that smoking is allowed in some places or at some times.
Secondhand smoke exposure, particularly within closed-in areas, is a serious health risk. The major areas where secondhand smoke exposure can occur include home, work, and in vehicles. When Ohio adults were asked about the amount of secondhand smoke exposure in these environments:

- More than a fifth of adults in Ohio (22%) reported being exposed to secondhand smoke in their home in the past week.
- A slightly higher proportion, 26% of adults in Ohio, reported that someone smoked in their work area in the past week.

Measure: Among those with two or more adults in the home, responses to “During the past 7 days, that is since [DATE FILL], on how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?”; Among those who are employed indoors, those who responded “yes” to “As far as you know, in the past seven days, that is since [DATE FILL], has anyone smoked in your work area?"; and those who responded “yes” to “In the past seven days, that is since [DATE FILL], have you been in a car with someone who was smoking?”

Source: Ohio Adult Tobacco Survey 2006

CDC Indicator: 2.7.1, 2.7.3

Updated: July 2007
For youth, a large portion of time is spent in school. Compliance with smoke-free policies is an indication of the status of anti-tobacco norms and exposure to secondhand smoke. When Ohio youth were asked about their smoking behavior during the past 30 days on school property:

- There was a very high rate of compliance reported by both middle and high school students.
- The proportion of middle and high school students complying with tobacco-free policies appears to be similar, with high school students reporting only slightly lower compliance.
- In 2000, 96% of middle school students and 88% of high school students reported not smoking on school property. In 2006, the proportion of students reporting compliance with smoke-free policies increased slightly to 98% of middle school students and 93% of high

Measure: Proportion of youth responding zero days to “During the past 30 days, on how many days did you smoke cigarettes on school property?”.

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.
Exposure to secondhand smoke is a health hazard for adults and children alike. For youth, the major areas where secondhand smoke exposure can occur include home, school, and in vehicles. The figure above shows youth exposure to secondhand smoke in the home in the past week.

- Generally, more high school students than middle school students reported being in the same room at home with someone who was smoking in the past week.
- The proportion of students reporting exposure to secondhand smoke decreased for middle school students from 64% in 2000 to 49% in 2006, and for high school students from 79% in 2000 to 59% in 2006.

Measure: Proportion of youth responding 1 or more days to “During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?”.

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 2.7.5
Exposure to secondhand smoke is a health hazard for adults and children alike. For youth, the major areas where secondhand smoke exposure can occur include home, school, and in vehicles. Youth in high school may have some control over secondhand smoke exposure in the car when riding with their peers; however, most middle school youth may have limited control over exposure in the car.

- Generally, more high school students than middle school students reported being in a car with someone who was smoking in the past week.
- The proportion of students reporting exposure to secondhand smoke in a vehicle in the past week decreased for middle school students from 51% in 2000 to 40% in 2006, and for high school students from 61% in 2000 to 48% in 2006.

Measure: Proportion of youth responding 1 or more days to “During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?”.

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 2.7.5
An indicator of non-smoker’s exposure to secondhand smoke is to examine the amount of tobacco consumption by the general population. To do this, we look at the per capital consumption of tobacco in Ohio. The figure above shows the number of packs of cigarettes sold per capita since 1970 based on state tax data.

- After a slight incline between 1970 and 1980, there has been a slow but steady decline in the per capita consumption of packs of cigarettes in Ohio, from 134.1 packs per adult in 1982 to 70.5 packs per adult in 2006.

- Between 1970 and 2006, the largest one-year decline in per capita consumption occurred between 2005 and 2006, with a drop of 18.5 packs per Ohio adult. This could be attributed to the large increase in the state excise tax from 55 cents to $1.25 in January 2005.
Another indicator of non-smokers’ exposure to secondhand smoke is to look at the average number of cigarettes smoked by all current smokers and by daily smokers.

- Among current smokers (i.e. smoke some days or everyday) and daily smokers (i.e smoke everyday), the largest proportion reported smoking between 20 and 29 cigarettes, or one to one and a half packs, on the days that they smoked (37% of current smokers and 41% of daily smokers).

- Daily smokers appeared to smoke more cigarettes than those who smoked more sporadically.

Measure: Among adults who are current smokers (smoke some days or everyday), on the days that they smoked, responses to "On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?".

Source: Ohio Adult Tobacco Survey 2006

CDC Indicator: 2.8.2
Among middle school youth in Ohio who currently smoke, average number of cigarettes smoked per day:

- 2000: 19% > 10 per day, 37% 6-10 per day, 9% 2-5 per day, 9% 1 per day, 29% < 1 per day
- 2002: 21% > 10 per day, 34% 6-10 per day, 9% 2-5 per day, 9% 1 per day, 27% < 1 per day
- 2004*: 21% > 10 per day, 32% 6-10 per day, 12% 2-5 per day, 8% 1 per day, 28% < 1 per day
- 2006: 21% > 10 per day, 38% 6-10 per day, 7% 2-5 per day, 11% 1 per day, 23% < 1 per day

The figure above shows the average number of cigarettes smoked by middle school students who have smoked on at least one day in the past month.

- Although tobacco-free policies have been strengthened at home and school, the number of cigarettes smoked per day by youth smokers remained consistent from 2000 to 2006.
- Among middle school survey respondents who smoked at least one day of the last 30 days, most smoked less than six cigarettes per day on the days that they smoked.

Measure: Among middle school students, responses to “During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?”


CDC Indicator: 2.8.2

Updated: July 2007
A decrease in the number of cigarettes smoked per day by smokers may indicate movement towards cessation. The figure above shows the average number of cigarettes smoked by high school students who have smoked on at least one day in the past month.

- Among high school survey respondents who were current smokers, most smoked between two to five cigarettes per day. The majority of respondents smoked less than 10 cigarettes per day.
- The cigarette consumption patterns among high school smokers appear relatively unchanged over the six year period.

Measure: Among high school students, responses to “During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?”.

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.
Tobacco-related illnesses remain the number one preventable cause of death in the United States.\textsuperscript{28} The graph above shows the trend in cigarette smoking prevalence in Ohio and the nation between 1990 and 2006.

- Although smoking rates appear to be on the decline over the past decade, the rates of cigarette smoking in Ohio have remained relatively steady over the past 16 years, fluctuating between 22.3% and 28.4% since 1990. Moreover, approximately one in five adults in Ohio currently use cigarettes.
- With the exception of one year (1991), the prevalence of smoking in Ohio has consistently been above the national median, sometimes by as much as 5% higher.
- The gap between Ohio and US prevalence estimates has been closing in recent years, with rates more closely aligned with national estimates. In 1998, the year of the Master Settlement Agreement, the difference between the state and national estimate was 3.2%. In 2006, that difference shrunk to 2.4%.

Measure: Percentage of adults who are current cigarette smokers by year, Ohio and national median. Current smoker is defined by responding "yes" to "Have you smoked at least 100 cigarettes in your entire life?" and responding "every day" or "some days" to "Do you now smoke cigarettes every day, some days, or not at all?".


CDC Indicator: 2.8.3
The figure above presents the proportion of youth who are considered current smokers, defined as smoking on one or more days in the past 30 days.

- Middle school students consistently reported lower rates of cigarette smoking in the past 30 days as compared to high school students.
- The prevalence of current smoking among Ohio youth has consistently decreased in the past six years. Among middle school students, 13.7% of students reported current cigarette smoking in 2000, compared to 7.2% in 2006. Similarly, the prevalence of current cigarette smoking declined among high school students from 33.4% in 2000 to 20.5% in 2006.

Measure: Proportion of youth responding one or more days to “During the past 30 days, on how many days did you smoke cigarettes?”.

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 2.8.3

Updated: July 2007
CDC Goal Area:

Promoting Quitting Among Adults and Young People
Introduction to Promoting Quitting Among Adults and Young People

The third goal area, “Promoting Quitting Among Adults and Young People,” includes indicators of the current state of cessation services, use of evidence-based cessation methods, and health insurance coverage and other support for cessation services.

Quitting smoking is often a difficult undertaking for the addicted smoker, and the process may involve several quit attempts and the use of cessation aids such as nicotine replacement therapy. Some smokers prefer to quit on their own or with family support. Others prefer a more structured approach such as a telephone quit line or a cessation counseling program at work or in the community. Evidence suggests that individuals who use more structured approaches and pharmaceutical aids are more likely to be successful than those who quit on their own.

Ohio is fortunate to have a telephone quit line, available free of charge to all residents. The Ohio Tobacco Quit Line, launched in 2003, provides evidenced-based counseling and partners with select health insurance companies and employers to provide free nicotine replacement therapy to many participants. Along with this resource, a variety of community agencies, employers, and hospitals offer smoking cessation programs.

However, the availability of evidenced-based cessation resources alone is not enough; smokers also need to be aware of available services, be able to afford services, and most importantly, be interested in quitting. A variety of factors can encourage an individual to make a quit attempt, such as media campaigns encouraging cessation, advice from a health care provider, or an increase in the tax on tobacco products.

This section of the report examines indicators that are tied to promoting quitting among adults and youth, including awareness, availability, and insurance coverage of cessation resources, use of the Ohio Tobacco Quit Line, intentions to quit, and quit attempts.
Statewide quit line services are recommended by the CDC as part of an effective cessation strategy. Utilization of a telephone quit line service can improve chances of a successful quit attempt for smokers. The Ohio Tobacco Quit Line is a statewide toll-free telephone counseling service which provides individualized guidance from trained, experienced counselors.

- Since 2003, the number of calls to the Ohio Tobacco Quit Line has increased dramatically from 1,584 in 2003 to 30,232 in 2006. In 2005, the Ohio Tobacco Quit Line introduced its Nicotine Replacement Therapy (NRT) program which offers free or reduced cost NRT patches to many callers.

- In 2003, most calls were generated by radio ads. As television ads of the Ohio Tobacco Quit Line increased in 2004, the number of callers who reported hearing about the Ohio Tobacco Quit Line through television ads increased substantially.

- A majority of callers to the Ohio Tobacco Quit Line who were referred by sources other than a media campaign learned of the Ohio Tobacco Quit Line from a friend or family member.

Measure: The number of calls and referral type to the Ohio Tobacco Quit Line.

Source: Ohio Tobacco Quit Line

CDC Indicator: 3.7.1, 3.7.2, 3.7.3
Desire or intention to quit smoking is a predictor of future quit attempts. The figure above demonstrates that similar to adults, a majority of Ohio youth who currently smoke desire to quit.

- Since 2000, more than half of all current smokers in middle school and high school reported that they want to stop smoking cigarettes, with the greatest number of middle school (63%) and high school (66%) students reporting an intention to quit in 2002.

- The rate of youth smokers who desire to quit has fluctuated over the past six years.

Measure: Among youth who have smoked in the past thirty days, proportion of youth responding "yes" to "Do you want to stop smoking cigarettes?", excluding students indicating "I do not smoke now."

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 3.8.3
Desire or intention to quit smoking is a predictor of future quit attempts. Intention to quit is commonly measured using a Stages of Change model where individuals move through the following stages: precontemplation, contemplation (intend to quit in the next 6 months), preparation (intend to quit in the next 30 days), action, maintenance, and relapse prevention. As shown in the graph above:

- Among current Ohio adult smokers, 82% intended to quit at some point in the future, 57% intended to quit smoking in the next 6 months, and 24% intended to quit smoking in the next 30 days.
- Among the 57% of current smokers who intended to quit in the next 6 months, 42% planned to stop smoking in the next 30 days (data not shown).

Measure: Among adult smokers, proportion responding “yes” to Do you ever expect to quit smoking?”, “Are you seriously considering stopping smoking within the next six months?”, and “Are you seriously considering stopping smoking within the next 30 days”. 

Source: Ohio Adult Tobacco Survey 2006

CDC Indicator: 3.8.3
Individuals with insurance coverage for cessation services are more likely to have a successful cessation attempt. Awareness of available smoking cessation services may lead to a greater utilization of services and, in turn, a greater smoking cessation rate. Insurance coverage for cessation treatment can provide assistance for Nicotine Replacement Therapy (NRT) and other prescription services. Elimination of financial barriers for cessation services may lead to more successful cessation rates.

- 49% of those who are currently insured and knowledgeable about their coverage reported that they have coverage for cessation services. However, 60% thought their health insurance provider should cover cessation services and 66% thought cessation services should be part of basic coverage for all health insurance plans.

- Additionally, opinions differed by insurance status. A total of 80% of uninsured Ohioans believed that basic coverage should include cessation services and medication, compared to 66% of insured Ohioans (data not shown).

Measure: Proportion of insured adults responding “yes” to “Do you believe your health care coverage should pay for smoking cessation services” or “Do you believe that coverage for stop smoking services and medication should be part of the basic coverage of all health insurance plans?”; excludes those reporting “Don’t know”.

Source: Ohio Adult Tobacco Survey 2006

CDC Indicator: 3.8.7, 3.8.8

Updated: July 2007
Among adult smokers in Ohio, proportion who have been advised to quit smoking by:

- 69% of smokers reported that a healthcare professional had advised them not to smoke.
- 26% of smokers reported that a dentist had advised them not to smoke.
- Among nonsmokers who saw a healthcare professional within the past year, 70% reported that a healthcare professional asked if they smoked (data not shown).

Measure: Among current smokers who saw a healthcare worker in the past twelve months, proportion of adults responding “yes” to “During the past 12 months, did any doctor, nurse, or other health professional advise you to not smoke?,” “In the past 12 months, did a dentist advise you to quit smoking?,” and among non-smokers, proportion responding “yes” to “During the past 12 months, did any doctor, nurse, or other health professional ask if you smoke?”

Source: Ohio Adult Tobacco Survey: 2006

CDC Indicator: 3.9.2, 3.9.3
Among smokers in Ohio who have been assisted in quitting, type of quit assistance provided by healthcare professional:

- 30% prescribed or recommended nicotine replacement therapy or medications such as Zyban.
- 23% suggested setting a specific quit date.
- 18% referred to cessation services.
- 22% provided cessation materials.

Smokers who have been offered assistance for tobacco cessation by a health care professional are more likely to have a successful cessation attempt. Examples of assistance a health care professional can provide include prescriptions for nicotine replacement therapy or other pharmaceutical adjuncts, counseling or counseling referral, and educational materials. As shown in the graph above:

- Among Ohio smokers who had been advised by a health care professional to quit smoking, 30% had been prescribed or recommended nicotine replacement therapy or medications such as Zyban; 23% were advised to set a specific quit date; 18% had been referred to cessation services; and 22% had been provided with cessation materials.

Measure: Among current smokers who saw health care professionals and were advised to quit, the proportion of adults responding "yes" to "In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking, did they also do any of the following? Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban?" "Suggest that you set a specific date to stop smoking?" "Suggest that you use a smoking cessation class, program, quit line, or counseling?" or "Provide you with booklets, videos, or other materials to help you quit smoking on your own?"

Source: Ohio Adult Tobacco Survey: 2006

CDC Indicator: 3.9.5
Research demonstrates that a significant number of adult smokers who attempt to quit smoking do not succeed. Rather, quitting smoking may take several unsuccessful quit attempts before a smoker is successful. Data from 2003 through 2006 indicate:

- The proportion of adult smokers in Ohio who have made an attempt to quit smoking in the past 12 months increased between 2003 and 2006 from 44% to 51%.

Measure: Proportion of adults who answered “yes” to “During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?”.


CDC Indicator: 3.11.1
Research demonstrates that a significant number of adult smokers who attempt to quit smoking do not succeed. Rather, quitting smoking may take several unsuccessful quit attempts before a smoker is successful.  

- Among adults who reported smoking in the past 12 months, 57% stopped smoking on one or more days in the past year in an attempt to quit smoking.
- Eighteen percent of the smokers who made a quit attempt were not currently smoking, either quitting within the previous six months (5% of all smokers) or not smoking within the past 6 to 12 months (5% of all smokers).
- Among the 57% of adult smokers who attempted to quit in the past 12 months, 16.1% have not smoked in the past 30 days and 9.2% have not smoked in the past six months (data not shown).

Measure: Among adults who reported smoking in the past 12 months, proportion responding “yes” to “During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?”

Source: Ohio Adult Tobacco Survey: 2006

CDC Indicator: 3.11.1, 3.13.1, 3.13.2
Quitting smoking may take several unsuccessful quit attempts before a smoker is successful. A quit attempt in the past 12 months indicates an individual is contemplating cessation and may make another quit attempt in the future. The above graph shows the proportion of Ohio youth who currently smoke cigarettes who reported to have made at least one quit attempt in the past year. Results show:

- Among Ohio middle school students who currently smoke cigarettes, the proportion who made at least one quit attempt has remained relatively unchanged over the past six years, with approximately two-thirds making at least one attempt.
- Among Ohio high school students who currently smoke cigarettes, the rate of quit attempts has declined slightly over the past six years from 65% in 2000 to 57% in 2006.

Measure: Proportion of young smokers responding “yes” to “During the past 12 months, did you ever try to quit smoking cigarettes?”

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 3.11.2

Updated: July 2007
Enrollment in a group tobacco cessation program can improve chances of a successful quit attempt for smokers. When Ohio smokers who made at least one quit attempt in the past year were asked about what approach they took:

- Less than 5% reported that they quit with the help of a stop smoking class, telephone quit line (i.e. the Ohio Tobacco Quit Line), one-on-one counseling with a doctor or nurse, or self-help materials, such as books or videos.

- In comparison, 30% attempted to quit smoking using the nicotine replacement patch, gum, or other medication (data not shown).

Measure: Among current smokers who attempted to quit in the past 12 months, proportion of adults responding “yes” to “The last time you tried to quit smoking, did you use any other assistance such as classes and counseling?” and responding “yes” to “Did you use a stop smoking class”, “…a telephone quit line”, “…one-on-one counseling from a doctor or nurse”, “self help material, books or videos?”.

Source: Ohio Adult Tobacco Survey 2006

CDC Indicator: 3.7.4, 3.11.3
Proportion of young smokers in Ohio who have ever participated in a program to help them quit smoking:

<table>
<thead>
<tr>
<th>Year</th>
<th>Middle School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>2002</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>2004*</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>2006</td>
<td>17%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Smokers who have used assistance, such as individual or group counseling, for tobacco cessation are more likely to have a successful cessation attempt. It is less clear as to whether young smokers benefit in the same way. When Ohio youth smokers were asked about their past quit attempts:

- A small proportion of Ohio youth who reported smoking in the past month participated in a program to help them quit smoking.
- An increasing number of both middle and high school students who smoke reported participating in a quit smoking program. In 2000, 10% of middle school and 8% of high school students who smoked participated in a program. However, in 2006, 17% of middle school and 14% of high school student smokers reported participating in a program to help them quit smoking.

Measure: Proportion of young smokers (i.e. those who have smoked on at least one of the past 30 days) responding "yes" to "Have you ever participated in a program to help you quit using tobacco?"

*Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 3.11.3
The longer a person can abstain from smoking, the more likely that person is to continue not smoking.27 When Ohio youth smokers were asked about their smoking patterns, the six year results showed:

- The proportion of middle school and high school youth who have ever smoked but have abstained from tobacco use for at least six months has been relatively stable (between 37% and 41% for middle schools students and 26% and 30% for high school students). It should be noted that small sample size can yield large fluctuations in estimates over time.

- Across all years, the proportion of high school youth who have ever smoked but have abstained from tobacco use for at least six months has been lower than the proportion of middle school youth.

Measure: Among students who have ever smoked, the proportion who report not smoking in the past six months to the question, “When was the last time you smoked a cigarette, even one or two puffs?”

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 3.13.1
Recent successful quit attempts provide support and documentation of progress towards increased cessation. When Ohio youth smokers were asked about their quit attempts in the past, the results showed:

- Middle school youth appear to be slightly more inclined to have a successful quit attempt compared to high school youth.
- Among youth in Ohio, quit attempts by middle school and high school students have been fairly stable, however, it should be noted that small sample size can yield large fluctuations in estimates over time.

Measure: Proportion of young smokers who reported not smoking for one day or longer when asked, “When you last tried to quit, how long did you stay off cigarettes?” and answered “0 days” to “During the past 30 days, on how many days did you smoke cigarettes?”.

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 3.13.2
The figure above presents the proportion of youth who are considered current smokers, defined as smoking on one or more days in the past 30 days.

- Middle school students consistently report lower rates of cigarette smoking in the past 30 days as compared to high school students.
- The prevalence of current smoking among Ohio youth has consistently decreased in the past six years. Among middle school students, 13.7% of students reported recent cigarette smoking in 2000, compared to 7.2% in 2006. Similarly, the prevalence of current cigarette smoking declined among high school students from 33.4% in 2000 to 20.5% in 2006.

Measure: Proportion of youth responding one day or more to "In the past thirty days, on how many days did you smoke cigarettes?"

* Ohio Youth Tobacco Survey 2004 high school data was not sufficient for weighting.

CDC Indicator: 3.14.1
Ohio Tobacco Key Indicators Report

**Goal Area:** Promoting Quitting Among Adults and Young People

**Indicator:** Smoking prevalence in Ohio

Tobacco-related illnesses remain the number one preventable cause of death in the United States.[28] The graph above shows the trend in cigarette smoking prevalence in Ohio and the nation between 1990 and 2006.

- Although smoking rates appear to be on the decline during the past decade, the rates of cigarette smoking in Ohio have remained relatively steady over the past 16 years, fluctuating between 22.3% and 28.4% since 1990. Moreover, approximately one in five adults in Ohio currently uses tobacco products.
- With the exception of one year (1991), Ohio has consistently been above the national median, sometimes by as much as 5%.
- The gap between Ohio and US prevalence estimates has been closing in recent years, with rates more closely aligned with national estimates. In 1998, the year of Master Settlement Agreement, the difference between the state and national estimate was 3.2%. In 2006, that difference shrank to 2.4%.

**Measure:** Percentage of adults who are current cigarette smokers by year, Ohio and national median. Current smoker is defined by responding "yes" to "Have you smoked at least 100 cigarettes in your entire life?" and responding "every day" or "some days" to "Do you know smoke cigarettes every day, some days, or not at all?".


**CDC Indicator:** 3.14.1

Updated: July 2007
While cigarettes are the most commonly consumed tobacco product by Ohioans, a number of other tobacco products are used on a regular basis.

- Among Ohio adults, cigars are the most commonly used other tobacco products (8%), followed by chewing tobacco or snuff (4%), and pipes (2%).
- Almost 80% of all current tobacco users, including cigarette smokers, use only one tobacco product. However, 20% of Ohio tobacco users consume more than one tobacco product on a regular basis (data not shown).

Measure: Proportion of adults in Ohio who answered “every day” or “some days” to “Do you currently use chewing tobacco or snuff every day, some days, or not at all?”, “Do you now smoke cigars every day, some days, or not at all?”, and “Do you now smoke a pipe every day, some days, or not at all?”.

Source: Ohio Adult Tobacco Survey: 2006

CDC Indicator: Not a CDC Indicator
Smoking during pregnancy is associated with low birth weight, and other complications including ectopic pregnancy, premature membrane rupture, placental complications, preterm delivery, stillbirth, neonatal and prenatal mortality, and increased rates of hospital care. The graph above shows the proportion of pregnant women who reported smoking cigarettes before and during their pregnancy. The results show:

- Overall, women were more likely to report that they smoked during the three months prior to becoming pregnant than during the last three months of the pregnancy.
- Since 2000, smoking prevalence among women three months before and during the last three months of pregnancy has shown a small but consistent increase.
- Ohio women were more likely to smoke before and during pregnancy compared to national estimates. In 2002, national data revealed that 23% of women (compared to 27% in Ohio) reported smoking in the three months before pregnancy and 13% of women (compared to 18% in Ohio) reported smoking in the last three months of pregnancy (data not shown).

Measure: Proportion of women responding greater than “none” to “In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day?” and “In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day?”


CDC Indicator: 3.14.2
Pregnancy offers women who smoke a large incentive to quit; unfortunately, many women resume smoking within a year of delivery. This is a lost opportunity to ensure a successful cessation attempt and increases the risk of secondhand smoke exposure for the child. The graph above shows the proportion of previously pregnant women who reported smoking cigarettes after their pregnancy. The results show:

- Since 2000, the percentage of women who reported smoking following pregnancy has been relatively stable, with the greatest number of women reporting smoking in 2003 (28%).

- Ohio women are more likely to smoke after their pregnancies than women across the U.S. In 2002, national data revealed that 18% of women (compared to 23% in Ohio) reported smoking following pregnancy (data not shown).
An indicator of success of promoting quitting among Ohio adults is to examine the amount of tobacco consumption by the general population. To do this, we look at the per capita consumption of tobacco in Ohio. The figure above shows the number of packs of cigarettes sold per capita since 1970 based on state tax data.

- After a slight incline between 1970 and 1980, there has been a slow but steady decline in the per capita consumption of packs of cigarettes in Ohio, from 134.1 packs per adult in 1982 to 70.5 packs per adult in 2006.

- Between 1970 and 2006, the largest one-year decline in per capita consumption occurred between 2005 and 2006, with a drop of 18.5 packs per Ohio adult. This could be attributed to the large increase in the state excise tax from 55 cents to $1.25 in January 2005.

Measure: Per capita consumption of tobacco products


CDC Indicator: 2.8.1, 3.14.4
Other Tobacco Indicators for Ohio
The fourth section of this report presents indicators that are important to tobacco control efforts yet do not fall under the previous CDC identified goal areas. The following pages examine state level data for indicators such as smoking attributable morbidity and mortality, productivity costs, and health care expenditures. While many of these indicators are not directly tied to an area of tobacco control programming, it is reasonable to expect that as improvements are made, these indicators will be affected. In addition, this section includes a review of the recently enacted statewide smoke-free workplace law. As this law covers all public places and workplaces in every jurisdiction in Ohio, it works toward every tobacco control goal, from reducing secondhand smoke, encouraging smokers to quit, and preventing youth initiation.
On November 7, 2006, the majority of Ohio voters (58.3%) strongly supported “Issue 5”, Chapter 3794 of the Ohio Revised Code, which created a 100% smoke-free policy in all indoor public places and places of employment among all jurisdictions in Ohio. There are 15 other states that also have comprehensive smoke-free laws.

The 100% smoke-free policy went into effect on December 7, 2006; however, the law could not be enforced until the rules of enforcement were finalized by the Ohio Department of Health on May 3, 2007. Violations of the law by businesses will result in a warning letter for a first-time offense, and fines of $100 (second violation), $500 (third violation), $1,500 (fourth violation), and $2,500 (fifth and subsequent violations). Individuals who violate the law are subject to a warning letter for their first violation and a $100 fine for the second and all subsequent violations. Both businesses and individuals have the right to appeal any violations.

This stringent policy will restrict the number of places residents of Ohio will be able to smoke tobacco products and therefore also limit the exposure to secondhand smoke. Evidence suggests that policies enforcing smoke-free environments such as restaurants, bars and the workplace are also linked to reduced tobacco use by smokers and could also lower the smoking prevalence rate.6,36
Smoking-attributable mortality refers to the number of deaths caused by cigarette smoking for disease categories for which cigarette smoking is a primary risk factor among adults aged 35 years and older. The graph above shows the smoking-attributable mortality in Ohio in 2001 for respiratory diseases, cardiovascular diseases, malignant neoplasms (cancers), and across all diseases.

- In 2001, more than 18,000 Ohio deaths were attributed to smoking cigarettes. Smoking-attributable mortality is consistently higher among males when compared to females.

- Malignant neoplasms (cancers) contribute most to smoking-attributable deaths, followed by cardiovascular diseases and respiratory diseases.

Measure: Smoking attributable mortality refers to the number of deaths caused by cigarette smoking for disease categories for which cigarette smoking is a primary risk factor among adults aged 35 years and older; does not include burn or secondhand smoke deaths


CDC Indicator: Not a CDC Indicator

Updated: July 2007
Smoking attributable mortality refers to the number of deaths caused by cigarette smoking for disease categories for which cigarette smoking is a primary risk factor among adults aged 35 years and older. The data shown in the graph above is age-adjusted to compare risks of two or more populations of interest at one point in time in order to eliminate differences in observed rates that result from age differences in population composition.

- In Ohio, the age-adjusted smoking-attributable mortality rate among males in 2001 was much higher than both females and the national average, indicating a disproportionately high burden among males in Ohio.

Measure: Age-adjusted smoking-attributable mortality per 100,000 adults 35 and older; does not include burn or secondhand smoke deaths.


CDC Indicator: Not a CDC Indicator
The figure above illustrates the smoking-attributable years of potential life lost, which is the total number of years lost due to premature deaths attributable to cigarette smoking. The information presented above is based on 2001 data for all Ohio residents.

- As a state, more than 250,000 potential years of life were lost due to smoking in 2001.
- Ohio men alone lost more than 150,000 potential years of life.
- Ohio men also disproportionately contributed potential years of life lost to malignant neoplasms (cancers) and cardiovascular diseases. This is not surprising as the prevalence of smoking among men has been consistently higher than women for many years. However, despite the higher prevalence of smoking among men, men and women in Ohio lost a similar number of years due to respiratory diseases.

**Measure:** Smoking-attributable years of potential life lost due to premature death among adults 35 and older in Ohio; does not include burn or secondhand smoke deaths.


**CDC Indicator:** Not a CDC Indicator

**Updated:** July 2007
The figure above displays age-adjusted years of life lost or years of potential life lost due to premature deaths attributable to cigarette smoking in Ohio in 2001. The data is age-adjusted to compare risks of two or more populations of interest (e.g. Ohio males and Ohio females) at one point in time in order to eliminate differences in observed rates that result from age differences in population composition.

- In 2001, the total age-adjusted years of potential life lost was much higher for men compared to both Ohio women and the overall national average. This pattern held for malignant neoplasms (cancers), cardiovascular diseases, and respiratory diseases.

Measure: Age-adjusted years of potential life lost rate per 100,000 among adults 35 or older; does not include burn or secondhand smoke deaths.


CDC Indicator: Not a CDC Indicator
Smoking-attributable productivity losses refers to the present value of foregone future earnings from paid labor and of foregone imputed earnings from unpaid household work by persons projected to die prematurely because of smoking. In other words, it is the total amount of money lost due to premature deaths attributable to cigarette smoking. The information presented above is based on 2001 data for all Ohio residents.

- In 2001, Ohio lost an estimated **$4.5 billion** due to smoking. Due to the consistently higher prevalence of smoking among men in Ohio, the smoking-attributable productivity loss of men alone was over $3 billion. Losses due to malignant neoplasms (cancers) contributed most to Ohio’s losses in 2001, followed closely by cardiovascular diseases.
Smoking-attributable fractions of total healthcare expenditures refers to the proportion of healthcare costs or expenses attributed to smoking in Ohio (data collected in 2001).

- In 2001, the smoking-attributable fractions of total healthcare expenditures in Ohio was similar to national averages. Nursing home expenditures were the highest, with 22% of Ohio’s nursing home costs attributable to smoking.
Report
Summary
Preventing Initiation of Tobacco Use Among Young People

Ohio’s youth are hearing the anti-tobacco message

Every day, tobacco companies are investing millions of dollars to recruit new smokers. In 2005 alone, the Campaign for Tobacco Free Kids estimates that $724 million was spent on tobacco-related advertising in Ohio. Public health efforts operate on budgets significantly smaller than those of tobacco companies, but these efforts appear to be successful in contributing to the prevention of initiation of tobacco use among young people.

Ohio middle school and high school youth are hearing the anti-tobacco message clearly, consistently, and from a variety of sources. Over 80% of Ohio youth report hearing an anti-tobacco message in the media in the previous year. Youth are also hearing this message in school, where they report learning not only about the dangers of tobacco, but also practicing ways to resist and say “no” to tobacco. Additionally, approximately 10% of Ohio youth report participating in anti-tobacco community activities in the previous 12 months.

Despite these efforts, there are still areas where improvements could be made. Since 2000, there has been a relatively small change in the proportion of youth who would wear or use a product with a tobacco company name or picture; 22% of middle school youth and 34% of high school youth said they would wear or use such a product in 2006. Further, in 2006 a small but stable proportion of youth still believed that young smokers look cool (12% of middle school youth and 10% of high school youth) and have more friends (17% of middle school youth and 16% of high school youth).

Additionally, parents and schools are missing opportunities to strengthen the anti-tobacco message among Ohio youth. In 2006, 28% of middle school youth and 63% of high school youth reported that their parents had not discussed the dangers of tobacco with them in the past 12 months. Further, while 89% of Ohioans support restricting adult tobacco use on school grounds or at any school events, only 38% of Ohio public school districts have enacted 100% tobacco free policies.

Policies to prevent youth access to tobacco are supported and successful

According to results from the 2006 Ohio ATS Ohioans, strongly support policies which restrict stores from selling tobacco to youth (87%) and require retail licensure to sell tobacco (85%). The federal Synar Amendment prohibits the sale of tobacco to minors, and to aid in enforcement of this law, the Ohio Department of Alcohol and Drug Addiction Services has conducted compliance checks of tobacco retailers since 1994 (FFY 1995). Non-compliance rates have dropped substantially, from 44% in FFY 1995 to 12% in FFY 2007. The passage of additional restrictive policies could enhance the continued drop of tobacco retailer non-compliance.
Echoing the low non-compliance rates among tobacco retailers is the decline in youth reports of retail purchase of tobacco. This is most obvious among high school youth under the age of 18 years. In 2000, 25% of high school youth under 18 years of age reported buying cigarettes from a retail source; that number dropped to 8% in 2006. Retail purchase of smokeless tobacco and cigars, cigarillos and little cigars is slightly higher than retail purchase of cigarettes, but purchase of these products has also declined since 2000. Additionally, due to state restrictions, access to tobacco products through vending machines is low, with a small proportion of young smokers buying cigarettes from vending machines in 2006 (1.5% of middle school youth and 2.3% of high school youth under 18 years of age).

Perhaps due to the increasing restrictions on retail access to tobacco, many youth are turning to social sources to provide access to tobacco products. “Social sources” include approaches such as the youth asking someone else to purchase the tobacco product, borrowing tobacco products from others, or receiving the product from someone who is 18 or older. Among cigarette smoking youth in Ohio, the proportion of youth receiving cigarettes from a social source has been consistently high, with 60% of middle school youth smokers and 69% of high school youth smokers under 18 years of age receiving cigarettes from a social source in 2006. This trend is similar among Ohio youth who use smokeless tobacco as well as those who use cigars, cigarillos, and little cigars.

The proportion of youth who have never tried cigarettes continues to increase

Due to the prevention efforts in place across Ohio, there are indications that youth abstinence from tobacco is increasing. One indication of this is the age of initiation of cigarette use. Since 2000, there has been a large decline in the proportion of Ohio youth who smoked their first cigarette before the age of 13, among both middle school and high school students. Middle school and high school youth initiation of cigarette smoking prior to 13 years of age dropped from 21% and 24% respectively to 11% and 15% between 2000 and 2006.

Additionally, there has been a substantial increase in the proportion of Ohio youth who have never smoked a cigarette. Among middle school youth, the proportion of students who report never smoking cigarettes has increased by 13% from 62% in 2000 to 75% in 2006. Among high school youth, the proportion of youth who report never smoking cigarettes increased by 19%, from 31% in 2000 to 50% in 2006.

As evidenced by these two trends, there has been a steady decline in the prevalence of cigarette smoking among Ohio youth since 2000. While prevalence of cigarette smoking was 13.7% among middle school youth and 33.4% among high school youth in 2000, rates dropped to 7.2% and 20.5% respectively in 2006. Further, the proportion of “established” young smokers (i.e. those who have smoked at least 100 cigarettes in their lifetime) has also decreased from 5% to 3% among middle school youth and from 26% to 15% among high school youth.
Eliminating Nonsmokers' Exposure to Secondhand Smoke

Ohioans recognize the harmful effects of secondhand smoke exposure and support policies that reduce secondhand smoke exposure

A majority of Ohio’s adults (93%) and youth (81% of middle school youth and 77% of high school youth) believe that exposure to secondhand smoke is harmful. Further, Ohio adults recognize that exposure to secondhand smoke contributes to lung cancer (92%), heart disease (87%), and respiratory problems among children (95%).

Given the extent to which Ohioans recognize the dangerous impact of secondhand smoke exposure, the high levels of support for 100% tobacco-free schools and tobacco-free worksite policies and informal smoke-free home policies is not surprising. As reported in the 2006 Ohio ATS, 89% of Ohio adults supported 100% tobacco-free school policies which prohibit all individuals from using tobacco on school grounds or at any school events. Further, 77% of employed Ohioans reported that there was an official smoking policy at their worksite which prohibited smoking in public areas. Interest in smoke-free worksites was further indicated by the passing of “Issue 5” in November 2006. The majority of Ohio voters (58.5%) supported the law which restricts smoking in all public places and places of employment. Finally, many adults report that they have informal tobacco-free policies in their own homes, with 71% of Ohioans reporting that smoking is not allowed anywhere inside their home.

Despite support for smoke-free policies, Ohioans, especially Ohio’s youth, continue to be exposed to secondhand smoke. In 2006, while 22% of adults reported secondhand smoke exposure in the home, 49% of middle school youth and 59% of high school youth reported such exposure. Further, while 30% of adults reported secondhand smoke exposure in a car, 40% of middle school youth and 48% of high school youth reported such exposure. While youth exposure to secondhand smoke both in the home and in cars has declined since 2000, youth continue to be exposed to secondhand smoke at high rates in environments over which they have little control.

Promoting Quitting Among Adults and Young People

Ohio youth and adults want to quit smoking cigarettes

When Ohio smokers were asked about their intentions to quit in 2006, over half of youth smokers indicated that they wanted to quit smoking cigarettes and over 80% of adults reported that they expected to quit smoking cigarettes at some point, with 57% of Ohio adults reporting that they intended to quit in the next six months. Further, a majority of youth and adult smokers have attempted to quit smoking cigarettes at least once in the twelve months prior to the survey. Among Ohio youth, 66% of middle school students and 57% of high school students attempted to quit smoking in 2006; this is similar to the proportion of quit attempts among Ohio adults who smoked in the twelve months prior to the survey.
While the evidence indicates that Ohio youth and adult smokers both intend and attempt to quit, few Ohioans reported using proven cessation aids. In 2006, 30% of adults who attempted to quit smoking reported using nicotine replacement therapy or other medication to aid in their quitting. However, less than 2% of adults who attempted to quit smoking reported attending a smoking cessation class, using the Ohio Tobacco Quit Line, using one-one-one counseling, or using other self-help materials. Among Ohio youth, 17% of middle school youth and 14% of high school youth reported participating in a program to help them quit smoking; this proportion rose slightly between 2000 and 2006. It is unclear if the low rates of utilization of cessation aids are due to lack of access, lack of awareness, or personal choice.

Still, there is evidence of successful smoking cessation in Ohio. In 2006, among adults who smoked in the twelve months prior to the survey, 10% were not currently smoking at the time of the survey, and 5% had not smoked for six months or longer. Among Ohio youth who reported an attempt to quit smoking in the previous twelve months prior to the 2006 survey, 47% of middle school students and 31% of high school students had not smoked in the previous 30 days. Additionally, 40% of middle school youth and 27% of high school youth who had ever smoked cigarettes had not smoked in the past six months.

**Health insurance and health care providers play a role in quitting tobacco**

Insurance coverage for cessation services provides monetary assistance for nicotine replacement therapy and other medications that aid in smoking cessation, potentially eliminating financial barriers to cessation. Among insured adults in Ohio, 49% reported that their health coverage included cessation services. However, 60% of insured Ohioans felt that their health care coverage should pay for cessation services, and 66% feel that basic health care coverage for all health insurance plans should include cessation services and medications; 80% of Ohio’s uninsured believed that cessation services and medication should be covered.

Health care providers also play a direct role in encouraging and aiding cessation. In 2006, among Ohio smokers who had seen a health care professional in the previous 12 months, 69% were advised to quit smoking by their doctor, nurse or other health professional; 26% were advised to quit by their dentists. Of those who were advised to quit by a healthcare professional, the most popular assistance provided to the smoker was a recommendation or prescription for nicotine replacement or medication (30%).
Prevalence rates of tobacco use by youth and adults have been on the decline in Ohio

As evidenced by the successes in Ohio described above, a multi-faceted and comprehensive approach to tobacco control has contributed to the recent declines in tobacco use prevalence among Ohio youth and adults. Since last peaking in 1996 at 28.4%, adult prevalence of cigarette smoking in Ohio has dropped to 22.4% in 2006, although still higher than the national prevalence of 20.0%. As mentioned earlier, youth prevalence of cigarette smoking has dropped from 13.7% in middle school youth and 33.4% in high school youth in 2000 to 7.2% and 20.5% respectively in 2006.

The decline in cigarette smoking is further supported by the per capita consumption data which shows a steep decrease in per capita consumption since 1983, dropping from 134.1 packs per Ohio adult to 70.5 packs per Ohio adult in 2006. Between 2005 and 2006 alone, per capita consumption dropped by 18.5 packs per Ohio adult, likely a result of the increase in Ohio’s excise tax from 55 cents per pack to $1.25 per pack in January 2005.

The long term goals of tobacco control are not only to reduce prevalence but to ultimately decrease tobacco-related morbidity and mortality and associated costs. In 2004, the Centers for Disease Control and Prevention released smoking attributable mortality, morbidity, and economic costs (SAMMEC) data from 2001. In 2001 alone, cigarette smoking was responsible for taking the lives of over 18,000 Ohioans; productivity losses in 2001 were valued at approximately $4.5 billion. Should statewide efforts towards tobacco control and prevention progress and success continue to build, decreases in the overwhelming morbidity and mortality rates will be undoubtedly evidenced.
Behavioral Risk Factor Surveillance System (BRFSS) - a state-based system of health surveys, conducted over the telephone, collecting information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The core BRFSS survey is conducted in every state, however each state can choose to conduct the supplemental BRFSS survey that measures specific health behaviors. National BRFSS estimates include those residing in the 50 states and the District of Columbia and other territories like Puerto Rico, Guam and the U.S. Virgin Islands. National BRFSS estimates exclude the U.S. Armed Forces overseas and civilian U.S. citizens whose usual place of residence is outside the United States. Website: http://www.cdc.gov/brfss/

Campaign for Tobacco-Free Kids - a 501(c)(3) non-profit organization that aims to reduce tobacco use and its consequences in the United States and around the world by changing public attitudes and public policies on tobacco. The Campaign for Tobacco-free Kids provides fact sheets and special reports on state and national tobacco control indicators. Website: http://www.tobaccofreekids.org

Centers for Disease Control and Prevention (CDC) State Tobacco Activities Tracking and Evaluation (STATE) System - an electronic data source containing state-level data on tobacco use prevention and control. The STATE System integrates many data sources to provide a comprehensive summary of the data. The STATE System was developed by the Centers for Disease Control and Prevention in the Office on Smoking and Health (OSH), National Center for Chronic Disease Prevention and Health Promotion. Website: http://apps.nccd.cdc.gov/statesystem

National Pregnancy Risk Assessment Monitoring System (PRAMS) - a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments that collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. The PRAMS sample is chosen from all women who recently had a live birth. Website: http://www.cdc.gov/prams/

Ohio Adult Tobacco Survey (ATS) - The Ohio Adult Tobacco Survey is a telephone based survey that collects detailed data regarding tobacco use and cessation, tobacco-related knowledge, exposure to second-hand smoke, and opinions regarding smoke-free environments. The survey is supported by the Ohio Tobacco Prevention Foundation (OTPF) and the Ohio Department of Health (ODH) and has been conducted from 2003 to 2006. Website: http://www.odh.ohio.gov/

Ohio Annual Synar Report – Synar is a federal law that requires states to prohibit sales of tobacco products to minors, conduct random, unannounced compliance checks of retailers, and report results annually. The Ohio Department of Alcohol and Drug Addiction Services collects and reports the results, including number of compliance checks conducted and number of attempted and successful sales. Website: http://www.odadas.state.oh.us/

Ohio Pregnancy Risk Assessment Monitoring System (PRAMS) - a population-based survey that asks about maternal behaviors and experiences before, during and after a woman’s pregnancy and during the early infancy of her child. PRAMS was developed by the Centers for Disease Control and Prevention in 1987. Ohio has participated in PRAMS since April 1999. Findings are used to develop and assess public health programs and policies to reduce adverse pregnancy outcomes. PRAMS staff collect data through questionnaires mailed to approximately 200 new mothers each month. Website: http://www.odh.ohio.gov/odhPrograms/his/prams/prams1.aspx
Ohio Tobacco Key Indicators Report

Data Sources

Ohio Public School District Tobacco Use Policies Report - a report presenting results on the status of tobacco use in schools from a survey of superintendents from Ohio school districts in 2005-2006. The study was conducted by the Ohio Department of Health and the Ohio Tobacco Prevention Foundation.

Ohio Tobacco Quit Line - Ohio Tobacco Prevention Foundation's statewide toll-free telephone counseling service funded with monies secured from the national Master Settlement Agreement. It is available free of charge to all Ohio residents and healthcare providers and provides individualized tobacco-quitting guidance from trained, experienced counselors. The Ohio Tobacco Quit Line tracks calls received and the referral source. Website: http://www.ohioquits.com

Ohio Youth Tobacco Survey (OYTS) - conducted by the Ohio Department of Health, the Ohio Youth Tobacco Survey collects information about tobacco and youth in Ohio. The OYTS was initially executed in 2000 and has been implemented again in 2002, 2004, and 2006. The survey was administered to high school students under the age of 17. Middle school and high school data files are created separately. Website: http://www.odh.ohio.gov/odhPrograms/hprr/tob_risk/tob_risk1.aspx

Smoking–Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) - an online application housed under the Centers for Disease Control and Prevention that allows the user to estimate the health and health-related economic consequences of smoking to adults and infants. The adult SAMMEC reports information such as the annual smoking-attributable deaths, years of potential life lost, smoking-attributable expenditures, and productivity losses for adults in the United States, individual states, and user-defined populations. Website: http://apps.nccd.cdc.gov/sammec

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References


100% Tobacco-free: No tobacco use by anyone, anywhere, at any time.

Adult: Persons aged 18 years or older.

ATS: The Adult Tobacco Survey is a population-based survey designed to examine the tobacco behavior, knowledge, and attitudes of adults.

BRFSS: Behavioral Risk Factor Surveillance System is an ongoing nationwide surveillance system supported by the CDC and conducted in all 50 states.

Campaign for Tobacco Free Kids: A non-governmental initiative to protect children from tobacco addiction and exposure to secondhand smoke.

CDC: Centers for Disease Control and Prevention is an agency of the US Department of Health and Human Services.

Cessation Programs: Programs aimed at influencing young and adult smokers to stop using tobacco products. Activities can include promoting system changes recommended by the Agency for Health Care Policy Research, such as instituting coverage of treatment for tobacco use under both public and private insurance, providing population-based counseling and treatment programs, such as cessation help-lines and eliminating cost barriers to treatment for underserved populations, particularly the uninsured.

Cigarillos: A short, narrow cigar slightly smaller in size than a cigarette, wrapped in whole-leaf tobacco.

Excise Tax Revenue: State-appropriated funds resulting from an increase in the state’s excise tax on tobacco to support statewide tobacco use prevention and control programs. In some cases, states have dedicated a portion of this excise tax revenue to serve as a stable funding stream for state tobacco control programs.

Federal Synar Agreement: A federal law that requires states to restrict and reduce youth access to tobacco products or risk loss of block grant funding for alcohol and drug programs.

High School Youth: Composed of students who were in 9th, 10th, 11th or 12th grade at the time of the survey.
**Indicator:** Indicators describe what information can be collected and analyzed to assess the status of a program or process.

**Middle School Youth:** Students who were in 6th, 7th or 8th grade at the time of the survey.

**MSA:** The Master Settlement Agreement was a landmark legal settlement between 46 states and the tobacco industry intended to compensate the state for health costs attributed to tobacco use.

**Nicotine Replacement Therapy:** The use of various forms of nicotine delivery methods intended to replace nicotine obtained from smoking or other tobacco use.

**NYTS:** The National Youth Tobacco Survey is a nationally representative survey providing data on tobacco use among middle school and high school students coordinated by the Centers for Disease Control and Prevention.

**Ohio Tobacco Quit Line:** A toll-free telephone based service for Ohio smokers that offers one on one counseling (1-800-QUIT-NOW).

**Ohio ATS:** The Ohio Adult Tobacco Survey is a population-based survey designed to examine the tobacco behavior, knowledge, and attitudes of Ohio adults and is managed by the Ohio Tobacco Prevention Foundation and the Ohio Department of Health.

**Per Capita Consumption:** The average amount of product used per person.

**PRAMS:** The Pregnancy Risk Assessment Monitoring System is a survey designed to monitor maternal behaviors and feelings during and after their pregnancy. Topics addressed in the survey include smoking, pre-conception health, prenatal care, breastfeeding, and partner abuse.

**Secondhand smoke:** A mixture of the smoke given off by the burning end of a cigarette, pipe or cigar and the smoke exhaled from the lungs of smokers.

**Smoking prevalence:** Current estimate of smoking at any point in time, commonly used to track tobacco prevention and cessation efforts.
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