

Social Norms* Influencing Youth Tobacco Use in Maine

2010

40% Percent of youth grades 6-8 and 9-12 who were not taught at school about the dangers of tobacco use in the past year.

The State's tobacco control and prevention program works to prevent young people from starting to smoke, protects Maine's citizens from exposure to secondhand smoke, and helps those who want to quit.

What are the facts?

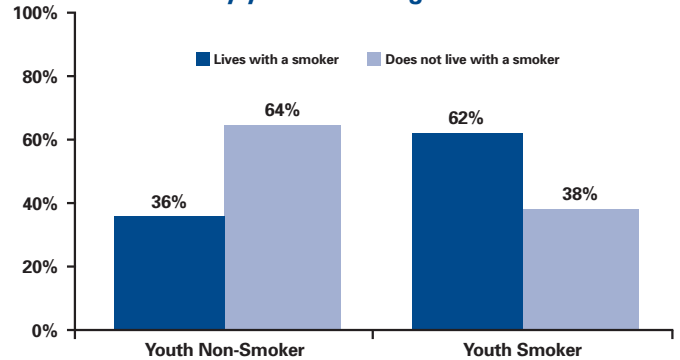
- Tobacco use by parents, siblings and friends plays an important role in influencing tobacco use initiation by youth.^{1,2}
- Home smoking bans can impact secondhand smoke exposure for non-smokers, as well as the susceptibility of youth in becoming smokers.³
- Home bans combined with parents who do not smoke, have the most influence in preventing youth tobacco use.³
- Strong parental disapproval of smoking reduces the influence of parental and peer smoking behaviors on youth.⁴

How are we doing?

- Youth who are current smokers were almost twice as likely (62%) to live in a household with other residents who were smokers, compared to youth who do not smoke (36%).⁵
- Middle school and high school youth who do not smoke were more likely to report receiving advice from their parents to not smoke, compared to middle school and high school youth who smoke.⁵
- In 2008, 88% of former or never adult smokers did not allow smoking anywhere inside their home; only 57% of current adult smokers prohibit smoking in their homes.⁶

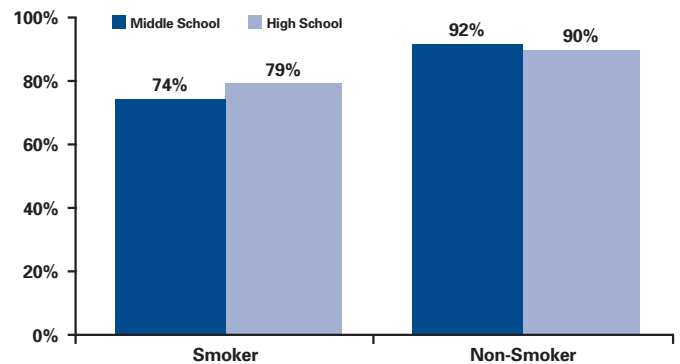
*Social norms are the rules that a group uses for appropriate and inappropriate values, beliefs, attitudes and behaviors. These rules may be explicit or implicit.

Proportion of Maine youth, grades 6-12, who live in a household with other residents who smoke, by youth smoking status



Source: 2008 MYDAUS/Maine Youth Tobacco Survey

Proportion of Maine youth, grades 6-8 and grades 9-12 who reported that their parents advised them not to smoke, by middle school/high school and smoking status



Source: 2008 MYDAUS/Maine Youth Tobacco Survey

Prepared by the Maine Center for Public Health on behalf of the Partnership for a Tobacco-Free Maine, Maine Center for Disease Control, Department of Health and Human Services through an evaluation contract from the Healthy Maine Partnerships Initiative.



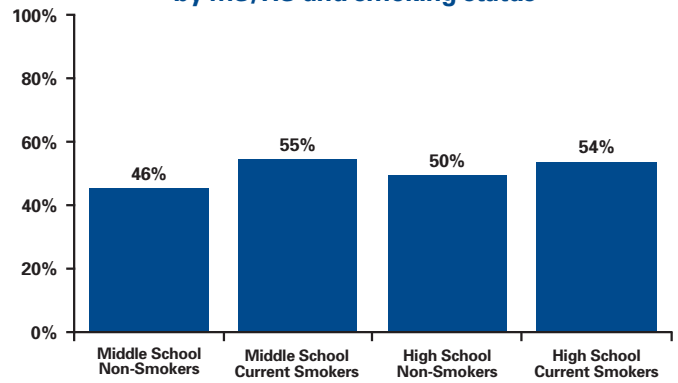
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65% Percent of youth, grades 6-8 and 9-12, who believe there is more than moderate risk in smoking one or more packs of cigarettes per day.

What are the facts?

- Media communications on tobacco such as brand-specific advertising, tobacco use in entertainment, as well as campaigns for tobacco control, such as counter-advertising, play a key role in shaping tobacco-related knowledge, opinions, attitudes, and behaviors among individuals and within communities.⁷
- Youth exposure to tobacco industry advertising is associated with smoking initiation or future intentions to smoke; in addition, price-based promotional offers are especially influential on youth becoming smokers.⁸
- Youth who believe it is easy to get cigarettes are at higher risk for smoking; this risk is increased if the youth also has friends who smoke.⁹
- Restricting youth access to tobacco products involves having retailers comply with tobacco sales laws and limiting the social sources that youth use to obtain cigarettes.¹⁰

Youth, grades 6-8 and grades 9-12, who see “a lot” of tobacco industry advertisements on signs or posterboards, by MS/HS and smoking status

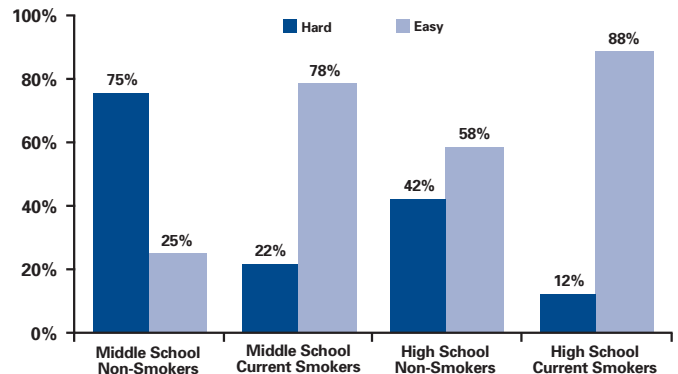


Source: 2008 MYDAUS/Maine Youth Tobacco Survey

How are we doing?

- Youth who do not smoke were more likely to report that all four of their best friends do not smoke, compared to youth who smoke; also, a significant proportion of youth who smoke reported that all four of their best friends smoke.⁵
- Youth who smoke were more likely to have seen “a lot” of tobacco industry advertisements, compared to youth who do not smoke.⁵
- Youth who smoke were more likely to say it would be “easy” to obtain cigarettes, compared to youth who do not smoke.⁵
- Middle school youth who smoke usually got their cigarettes by stealing or from a friend. High school youth who smoke typically gave money to someone to buy cigarettes or got cigarettes from a friend.⁵
- Maine consistently gets high scores when testing retail store compliance with current laws on selling tobacco products to youth. The state’s tobacco prevention and control program and the Attorney General’s Office implement the NO BUTS! Program in an effort to work with retailers to help them enforce age restrictions on the sale of tobacco products.

Perceptions of Maine youth, grades 6-8 and grades 9-12, on the difficulties of obtaining cigarettes, by MS/HS and smoking status



Source: 2008 MYDAUS/Maine Youth Tobacco Survey

¹Horn, Gao, Dino, & Kamal-Bahl. Determinants of youth tobacco use in West Virginia: A Comparison of smoking and smokeless tobacco use. *American Journal of Drug and Alcohol Abuse*. 2000; 26(1): 125-38.

²Eisenberg, ME & Forster, JL. Adolescent smoking behavior: Measures of social norms. *American Journal of Preventive Medicine*. 2005; 25(2): 122-28.

³Brownson, Eriksen, Davis, & Warner. Environmental tobacco smoke: Health effects and policies to reduce exposure. *Annual Review of Public Health*. 1997. 18: 163-185.

⁴Sargent, & Dalton. Does parental disapproval of smoking prevent adolescents from becoming established smokers? *Pediatrics*. 2001. 108 (6): 1256-1262.

⁵Maine Center for Disease Control and Prevention. 2008 MYDAUS/Maine Youth Tobacco Survey Results.

⁶Maine Center for Disease Control and Prevention. 2008 Maine Behavioral and Risk Factor Surveillance System Results.

⁷U.S. Department of Health and Human Services, National Institutes of Health. National Cancer Institute: Tobacco Control Monograph 19. <http://cancercontrol.cancer.gov/TCRB/monographs/19/index.html>

⁸Slater, SJ Chaloupka, FJ, Wakefield M, Johnston LD, & O'Malley, PM. The impact of retail cigarette marketing practices on youth smoking uptake. *Archives of Pediatric Adolescent Medicine*. 2007; 161: 440-5.

⁹Doubeni CA, Li W, Fouayzi H, and DiFranza JR. Perceived Accessibility as a Predictor of Youth Smoking. *Annals of Family Medicine*. 2008; 6 (4): 323-30.

¹⁰Dent, C & Biglan, A. Relation between access to tobacco and adolescent smoking. *Tobacco Control*. 2004; 13: 334-8.