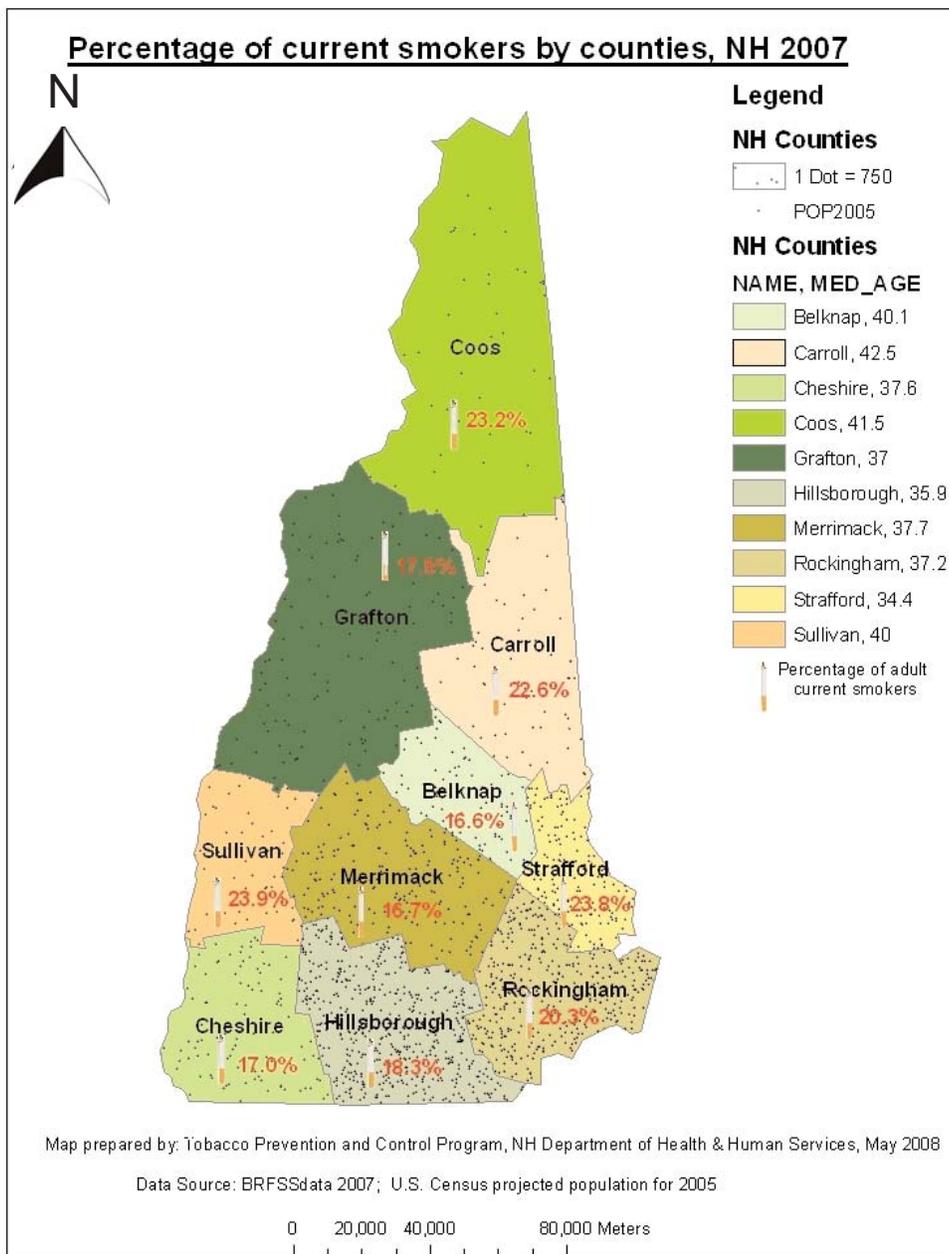


New Hampshire Tobacco Databook

2000 - 2007

Data Highlights



In a Behavioral Risk Factor Surveillance System administered by the New Hampshire Department of Health and Human Services, 19.3% of the NH adult population reported smoking cigarettes, (an estimated 198,300 people.) The numbers of smokers remain high in densely populated counties like Hillsborough, Rockingham and Merrimack even though the reported smoking prevalence is lower in these counties than in other counties with smaller populations. The smoking prevalence remains higher for younger adults and those with less education and income than those who are older, have more education and earn a higher income.

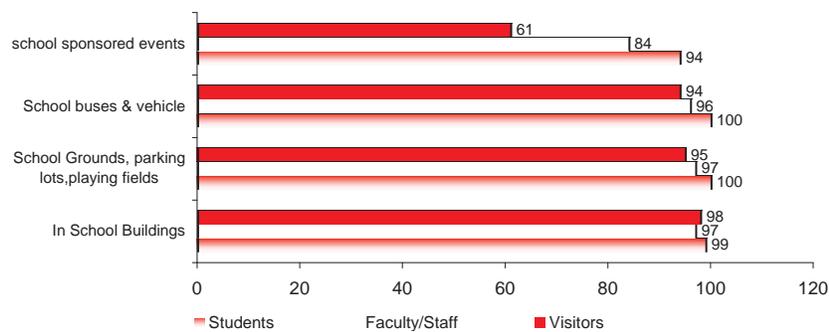
The Metropolitan Statistical Area (MSA) of Concord, NH is reporting a significantly lower smoking prevalence than other MSAs. A comparison between New England states shows that NH smoking prevalence among adults aged 18 years and over is the second highest after Maine, which is 20.2%. The lowest prevalence is in Connecticut 15.4%, followed by Massachusetts 16.4%, Rhode Island 17.0%, and Vermont 17.6%.

Tobacco Use Prevention in New Hampshire Schools

TABLE 25. POLICY PROHIBITING THE USE OF CIGARETTES BY NH SCHOOLS

NH schools that have a tobacco-free environment	52 %
NH schools that post signs marking a tobacco-free school zone	83 %
NH schools that provide referrals to tobacco cessation programs for faculty and staff	40 %
NH schools that prohibit all tobacco advertising	86 %
Among NH schools that require a health education course, % that taught 16 tobacco-use prevention topics	58 %
NH schools in which the lead health education teacher received staff development during the past 2 years on tobacco-use prevention	45 %

FIGURE 33. PERCENTAGE OF SCHOOLS PROHIBITING TOBACCO USE FOR STUDENTS, FACULTY, STAFF AND VISITORS BY LOCATION



New Hampshire State Law, RSA 126-K: 7, prohibits the use of tobacco products on public educational facility grounds.

"No person shall use any tobacco product in any public educational facility or on the grounds of any public educational facility."

Secondhand Smoke Exposure

TABLE 45. PERCENT OF ADULTS IN HOMES WITH RULES AGAINST SMOKING ANYWHERE INDOORS - NEW HAMPSHIRE, 1992-2006

	Aged 15 and older, CPS				Aged 18 and older, BRFSS			
	1992-1993	1995-1996	1998-1999	2001-2002	2003	2001	2003	2006
NH	38.4	---	56.5	---	74.6	66.6	73.1	79.6
U.S.	43.2	---	60.2%	67.2	74.2	---	---	---

TABLE 49. EXPOSURE TO SECONDHAND SMOKE AMONG HIGH SCHOOL STUDENTS - NH, 2004, 2007

	2004			2007	
	%	95% CI		%	CI
Exposed to secondhand smoke in previous week in					
Room	58.2	54.4 - 61.9	43.9	40.3-47.5	
Car	43.4	39.2 - 47.6	25.0	22.0-28.0	
Room or car	62.4	58.5 - 66.3	60.9	58.1-63.7	
Lived with someone who smokes	38.6	34.8 - 42.4	--	--	

The proportion of NH adults living in homes that had rules against smoking anywhere indoors increased significantly from 2001 to 2003 and from 2003 to 2006. Smoke-free homes protect children and non-smoking adults from chemicals and particulates that are released by burning cigarettes. Secondhand smoke is the smoke released by the smoker when exhaling, as well as from the burning end of the cigarette.

Rise in Use of Tobacco During Pregnancy

FIGURE 13. PERCENTAGE OF BIRTHS IN WHICH WOMEN REPORTED USING TOBACCO DURING PREGNANCY - NH AND US, 2000-2005 (UNREVISED AND REVISED)

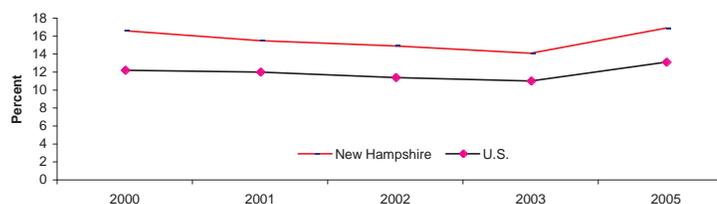


FIGURE 16. BIRTHS IN WHICH WOMEN REPORTED TOBACCO USE DURING PREGNANCY, BY COUNTY - NEW HAMPSHIRE, 2005

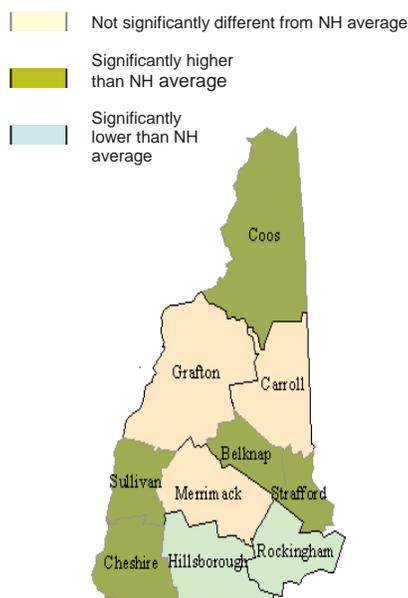
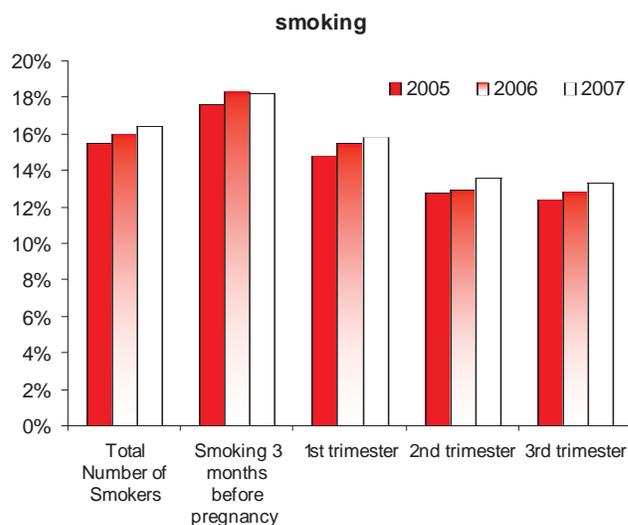


FIGURE 14. PERCENTAGE OF BIRTHS IN WHICH WOMEN REPORTED USING TOBACCO DURING PREGNANCY - NH 2005-2007 (REVISED BIRTH CERTIFICATE)

NH Births	2005	2006	2007
N = Total # of birth record	12,320	12,636	12,653
Smokers	15.8%	16.0%	16.4%
Non-Smoker	84.2%	84.0%	83.6%
Smoking by different intervals during pregnancy			
3 months before pregnancy	17.6%	18.3%	18.8%
1 st trimester	14.8%	15.5%	15.8%
2 nd trimester	12.7%	12.9%	13.6%
3 rd trimester	12.4%	12.8%	13.3%



In New Hampshire in 2007, 21.7% of women of childbearing age (18-44 years) reported smoking. Studies show that smoking increases the risk of pre-term delivery. Low birthweight and premature babies face an increased risk of serious health problems during the newborn period, chronic lifelong disabilities (such as cerebral palsy, mental retardation and learning problems) and even death. Smoking is a preventable risk factor for low-birth weights (less than 5-1/2 pounds) and preterm births (before 37 weeks of gestation).

In 2007, 16% of women who gave birth in NH reported smoking during pregnancy, which also includes the period of three months before pregnancy. If women indicated smoking any time during pregnancy and three months prior to pregnancy she was reported as a smoker. Average number of cigarettes for a smoker remained about 4 cigarettes per day in all three trimesters.

The following groups had significantly higher rates of maternal tobacco use: those who delivered a low birthweight (LBW) infant, were unmarried, had late or no prenatal care, had a High School education or less and had delivery or prenatal care paid by Medicaid.

Rise in Use of Smokeless Tobacco in NH Youth

FIGURE 24. HIGH SCHOOL STUDENTS WHO ARE FREQUENT SMOKERS, CURRENT SMOKERS, AND HAVE EVER TRIED CIGARETTE SMOKING, BY GRADE - NH, 2001, 2004, 2007

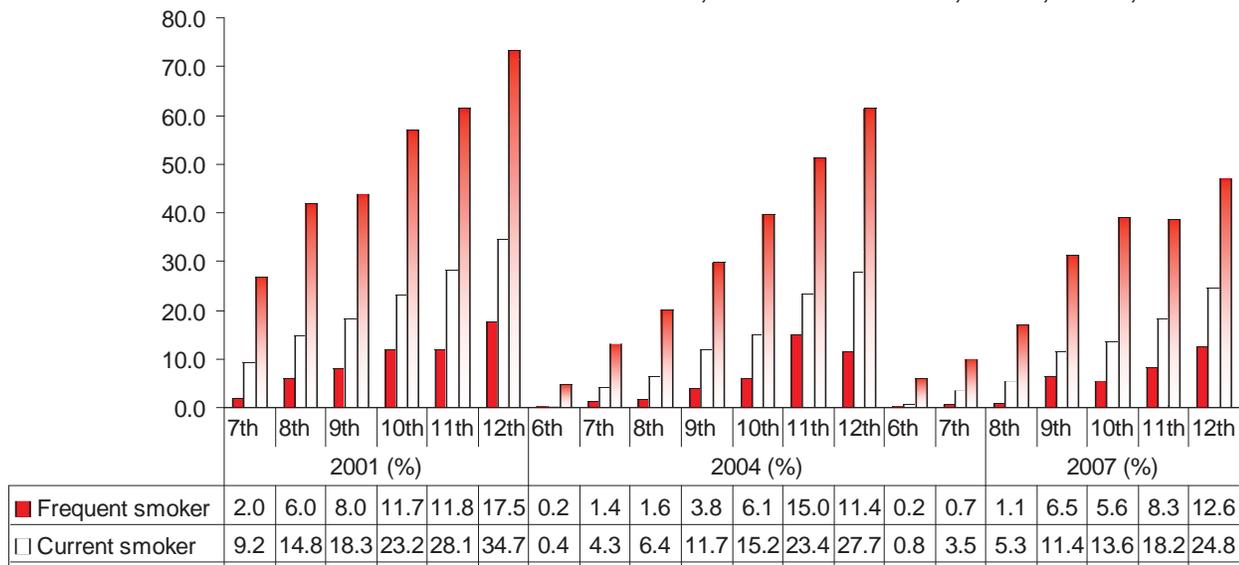
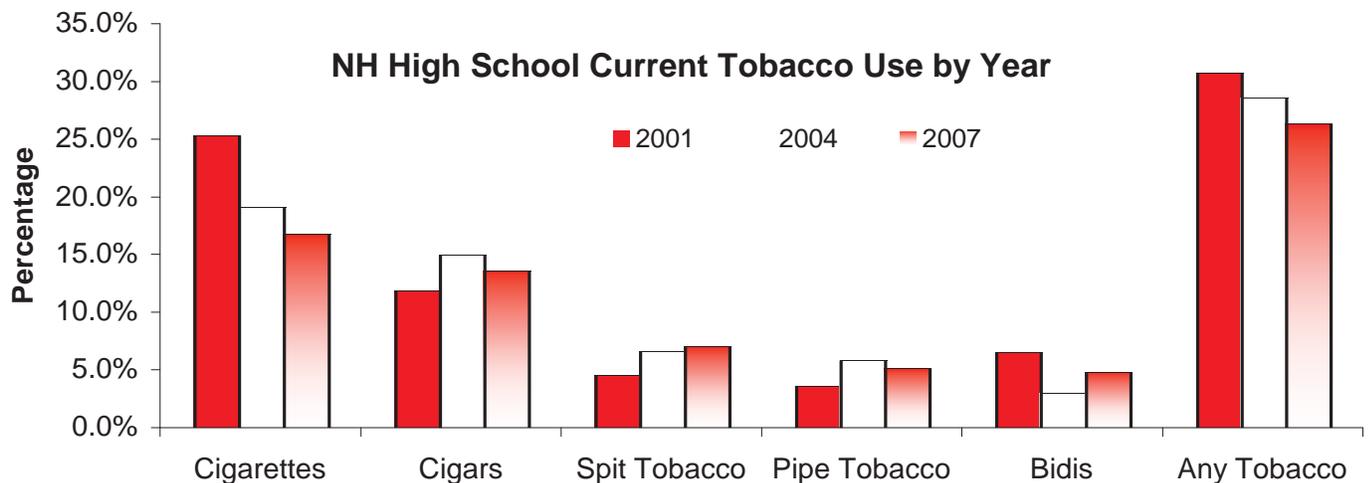


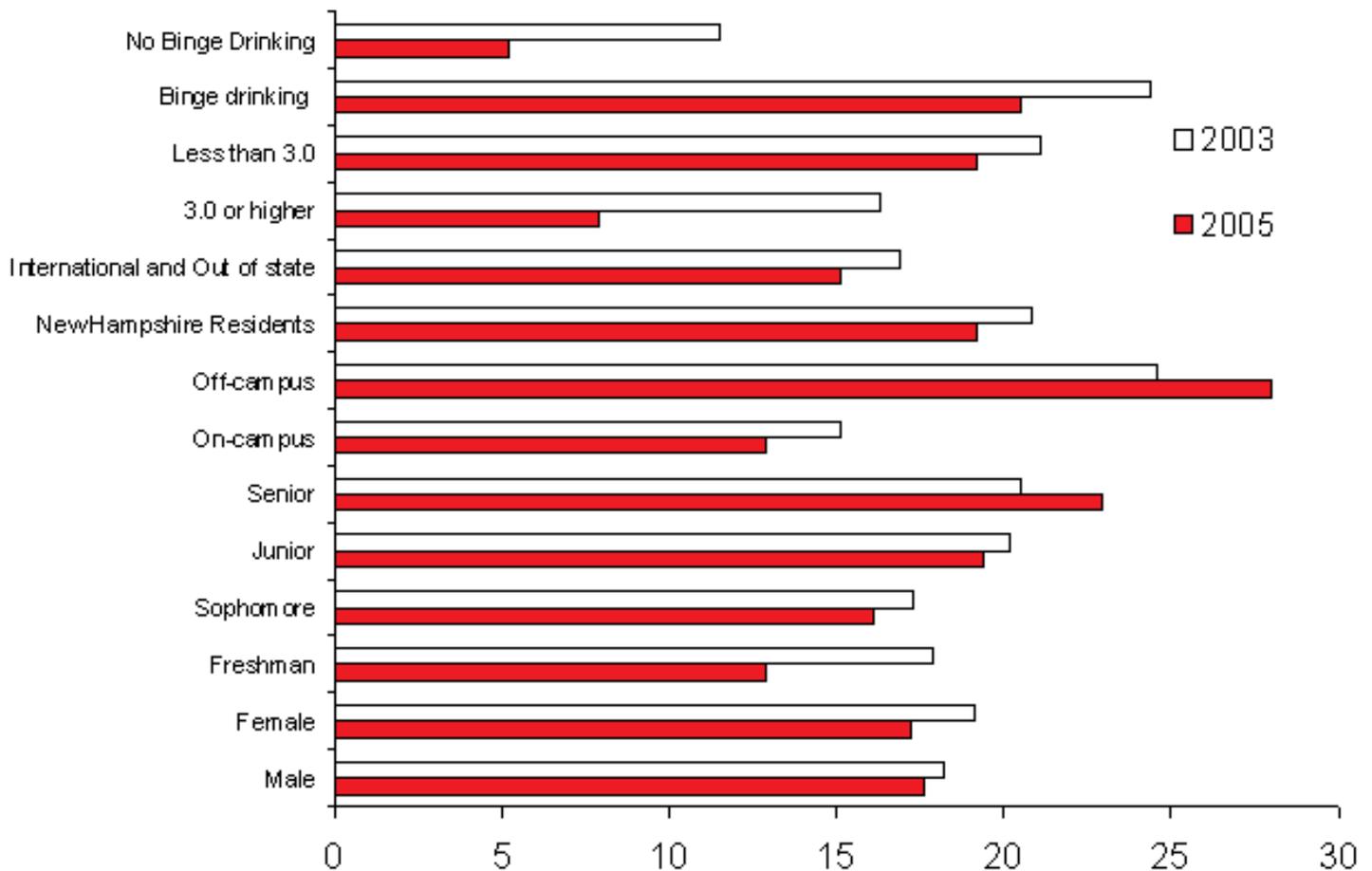
FIGURE 22. PREVALENCE OF CURRENT USE OF TOBACCO, BY TYPE, AMONG NH HIGH SCHOOL STUDENTS, 2001, 2004, 2007



There has been a decrease in the use of cigarettes and a rise in use of smokeless or spit tobacco in NH youth. Smoking prevalence among High School students in NH declined significantly between 2001 and 2007. This decline was attributed to tobacco awareness, education, media communications, enforcement and tobacco control policies. Similar trends have been reported nationally. Smoking causes significant health problems among adolescents, including cough, phlegm production, increased number and severity of respiratory illnesses, decreased physical fitness, and reduced lung function. Cigars are the most common alternative tobacco product used by High School students in NH. Use of novel tobacco products, such as bidis, is an emerging problem among youth, though the survey shows that it is declining in NH. The survey also indicates an increasing trend for spit tobacco use among High School students.

Increase in Tobacco Use on College Campuses

FIGURE 10. PREVALENCE OF CIGARETTE SMOKING AMONG COLLEGE STUDENTS BY SELECTED CHARACTERISTICS - NH, 2003, 2005



NH residents 18-24 years of age are a key age group for tobacco control efforts, as the tobacco industry targets this age group to be replacement smokers of those who have quit. Currently, there are limited data collection tools targeted towards college students. It is seen that in surveys of adults in non-institutional settings, individuals aged 18-24 years have smoking rates significantly higher than the state average (28.5% compared to an average of 18.7% in the adult population). The high rates of tobacco use when these students were in High School seem to be mirrored among young adults living on college campuses. Consistent measurement of tobacco use by young adults on college campuses will shed light on the extent of the problem and provide a baseline for possible tobacco prevention programs within this population.

Tobacco companies agreed to stop marketing tobacco products to minors as part of the 1998 Master Settlement Agreement. Marketing and promotion of tobacco products to young adults (i.e. persons 18-24 years of age) is widespread and is associated with increased smoking rates. Those who consumed 5 or more alcoholic beverages on occasions (binge drinking), those who scored less than 3.0 GPA, those who resided off-campus and seniors had a higher prevalence for smoking than those who did not binge drink, scored higher GPA and resided on campus and were in the non-senior class group. There is an increasing trend in smoking prevalence from freshman to senior years, from 12.2% in freshman to 22.9% in seniors.

New Hampshire's Tobacco Prevention and Control Program (TPCP) goals are to: prevent initiation of tobacco use among young people, eliminate non-smokers' exposure to secondhand smoke, promote smoking cessation among adults and young people and identify and eliminate tobacco-related disparities.

TPCP implements tobacco control strategies recommended by the Centers for Disease Control and Prevention (CDC) Best Practices. These strategies include state and community interventions, health communication interventions, cessation interventions, surveillance and evaluation and administrative and management infrastructure.

TPCP's program is solely funded by CDC/Office on Smoking and Health.

The New Hampshire Try-To-STOP TOBACCO Resource Center serves the general public, tobacco control professionals, educators, health care providers, physicians, and others who want to reduce tobacco's heavy toll on society.

The Resource Center is home to four interconnected services:

The New Hampshire Smokers' Helpline 1-800-Try-To-STOP (1-800-879-8678) is the gateway to tobacco cessation services offered to New Hampshire residents. The toll-free helpline offers telephone-based counseling, free print materials and referrals to local tobacco treatment programs. Services are available in English and Spanish, with translation for other languages. A TTY line is available (1-800-833-1477). Quit tips are available 24 hours a day (1-800-8GET-A-TIP).

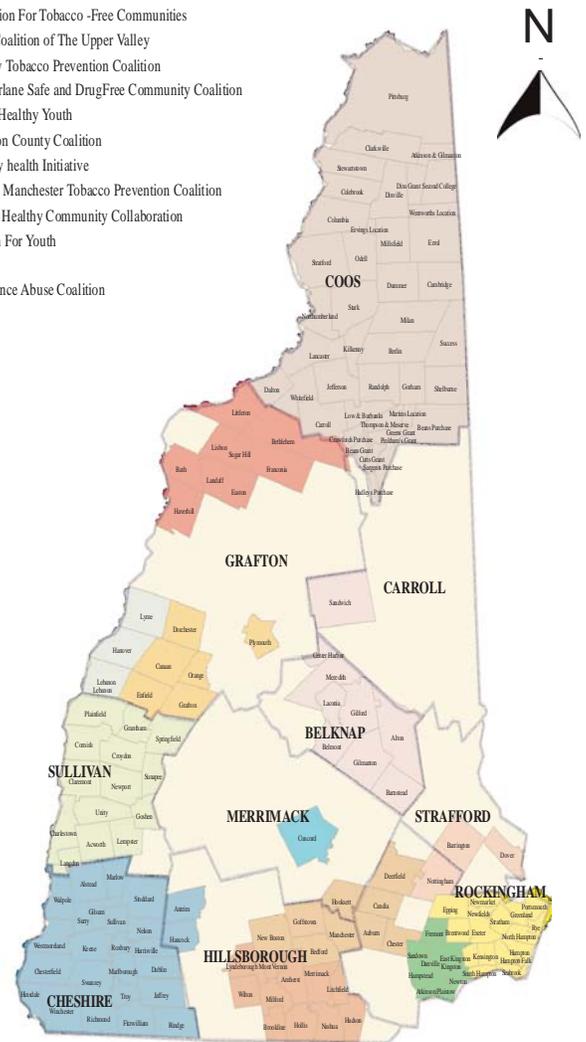
QuitWorks-NH offers health care providers the necessary tools to refer their patients to evidence-based telephonic counseling, and offers a full range of the State's tobacco treatment services. QuitWorks-NH is a collaborative effort based on the original QuitWorks program developed by the Massachusetts Department of Public Health, Massachusetts Health Plans and is recognized by the Centers for Disease Control and Prevention as a Best Practice. Visit www.QuitWorksNH.org for additional information and resources.

www.trytostoph.org, the Try-to-STOP TOBACCO Web Site. This site provides information about local tobacco treatment resources. NH residents can access this state-of-the-art, user-friendly tool for tobacco users who want to quit on their own. By filling out the Self-Referral form, online users can agree to receive a free and confidential support call from the NH Smokers' Helpline.

www.trytostoph.org

The Resource Center offers low-cost tobacco education materials (pamphlets, posters, etc.) to physicians and clinicians, and to organizations across the State. 603-573-3312

- ◆ Coos County Coalition
- ◆ Cheshire Coalition For Tobacco-Free Communities
- ◆ Tobacco-Free Coalition of The Upper Valley
- ◆ Sullivan County Tobacco Prevention Coalition
- ◆ Sanborn/Timberlane Safe and DrugFree Community Coalition
- ◆ Partnership for Healthy Youth
- ◆ Northern Grafton County Coalition
- ◆ Mascoma Valley health Initiative
- ◆ Kickin' Butts In Manchester Tobacco Prevention Coalition
- ◆ Greater Nashua Healthy Community Collaboration
- ◆ Dover Coalition For Youth
- ◆ CoRe Coalition
- ◆ Concord Substance Abuse Coalition



Map prepared by: Tobacco Prevention and Control Program, NH Department of Health and Human Services, September, 2008



All Figure and Table Numbers Correspond to Figure and Table Numbers in The New Hampshire Tobacco Databook, 2000 - 2007