

The Health Index



Support for 100% Smoke-Free Places

Issue 4, November 2002

Key Points

- Nearly 2/3 of adults in Middlesex-London prefer that a by-law be passed in the beginning of 2003, making all public-places smoke-free
- Public support remains high for smoke-free restaurants (87%)
- 88% of the public supports smoke-free workplaces, 75% are strongly supportive
- The majority of adults support smoke-free bowling alleys (76%), bingo's (68%) billiard halls (70%) and bars (63%).

Index

Background	1
Overview of Results	2
Enactment Date of By-Law	2
Workplaces.....	3
Restaurants	3
Bars	4
Bowling, Bingo, Billiards.....	4
Methods and Definitions	4
References	5
Contacts	5

Background

There is scientific consensus that tobacco use and exposure to environmental tobacco smoke (ETS) causes not only cancer but a wide variety of diseases and conditions¹. Health Canada maintains that there is no safe exposure level of ETS². Supportive environments that are smoke-free are one way to assist smokers to quit and prevent young people from starting. They are also the only way to ensure that patrons and workers are not harmed by ETS. The Mandatory Health Programs and Services Guidelines (1997), which all health units in Ontario are required to implement, set the following behavioral objective:

- increase the proportion of smoke-free public places and workplaces to 100 per cent by the year 2005.

Towards this end, the Middlesex-London Health Unit has strategically supported initiatives in the areas of tobacco use prevention and policy development that will lead to a 100% smoke-free public places in Middlesex County and the City of London.

Municipal and provincial legislation in the early 1990's made all municipal buildings, health care facilities, municipal arenas, theaters, movie houses and common areas of apartments 100% smoke-free public places. The City of London led municipalities by taking action to curb smoking in public places, passing the Smoking Control By-law, PH-8 in 1995. This by-law made restaurants in the City of London 100% smoke-free as of January 2002. That same month the London City Council resolved that a Technical Implementation Panel be requested to report back to the Community and Protective Services Committee no later than December 2002 on the results and recommendations of a public consultation process to complete a 100% smoke-free public places by-law. In Middlesex County, the Corporate Services Committee recently approved a move to ask eight Middlesex

municipalities for authority to make all public places and workplaces in the County smoke-free.

To monitor the public support for these by-laws developments a series of questions was designed for the Rapid Risk Factor Surveillance System (RRFSS). The RRFSS is an ongoing population health survey that collects approximately 100 telephone responses for the Middlesex-London Health Unit area in monthly increments (waves). This system is currently used for population health behaviour surveillance by 21 of the 37 health units in Ontario. Middlesex-London began collecting information in January 2001. Further information on the RRFSS is provided below in the "Methods and Definitions" section.

Overview of Results

Results indicate that nearly 2/3 of the public in the City of London and Middlesex County prefer a 100% smoke-free public places by-law be enacted at the beginning of 2003. The majority of those that reported that they do not want a by-law enacted at all, are current smokers.

Eighty-eight percent support smoke-free workplaces. Although support for 100% smoke-free workplaces is high – residents do not appear to make the link between their desire to have smoke-free workplaces and the understanding that many public places are also someone's workplace. This is evident in the results on public opinion for smoke-free bowling alleys, bingo halls, billiard halls and bars. The recent Crowe Case, where a restaurant worker diagnosed with lung cancer received compensation, may assist in making this link for the public between workplaces and smoke-free public places in the public's mind.

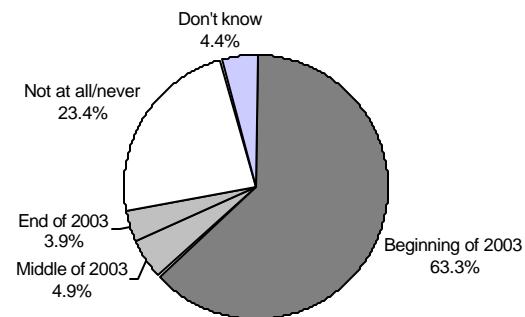
The City by-law PH-8 that made all restaurants 100% smoke-free in January 2002, is supported by 87% of the population. The majority of the population

supports the introduction of 100% smoke-free bowling alleys (76%), billiard halls (70%), bingo halls (68%) and bars (63%). All results are similar for residents of the County of Middlesex and the City of London. However, significant differences in support are found when personal use of tobacco is examined.

Enactment Date of By-law

The Technical Implementation Panel was charged with recommending a process to complete the 100% smoke-free public places by-law for the City of London. One outstanding question has been the enactment date for such a by-law. When asked, "if a smoking by-law making all public places 100% smoke-free was passed by the City of London, when do you think it should happen," 63.3% (± 4.8) of adults responded that they preferred that the by-law be enacted in the beginning of 2003.

Figure 1: Enactment Date of Smoke-Free Public Places By-Law
Middlesex-London Health Unit, 2002



Source: RRFSS 2002, Waves 17-20

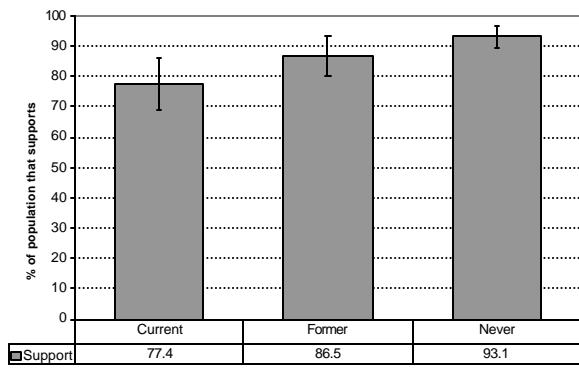
Despite the fact that support for a 100% smoke-free by-law covering identified places might be higher for some places (e.g. restaurants, workplaces) and lower for others (bars, bingos, billiard halls) only 23.4% (± 4.2) indicated that they preferred that a by-law should not be enacted at all.

There was no difference in the level of support for an enactment date at the beginning of 2003 between residents of the County of Middlesex ($62.7\%, \pm 10.4$) and the City of London ($63.5, \pm 5.4$). However, personal use of tobacco was a key factor related to support for the by-law. Results show that the majority of those that reported that they did not want a by-law enacted were current smokers. Yet one-third of smokers ($32.9\% \pm 10.2$) did indicated that they would like to see a 100% smoke-free public places by-law enacted at the beginning of 2003.

Workplaces

Many workplaces are already 100% smoke-free. Among those respondents that reported working, $77.6\% (\pm 3.3)$, indicated that they worked in a smoke-free workplace. However, ETS has been identified as a leading occupational health hazard and some workers continue to be regularly exposed to ETS in the hospitality sector including many restaurants, bars bingo halls, billiard halls and bowling alleys. Overall in Middlesex-

Figure 2: Support for 100% Smoke-Free Workplaces by Smoking Status
Middlesex-London Health Unit, 2002



London, $87.5\% (\pm 3.2)$ support smoke-free workplaces. This was similar for residents of the County ($85.1\%, \pm 7.5$) and the City ($88.5\%, \pm 3.5$). Of interest is the fact that

support for smoke-free workplaces was high even among current smokers (Figure 2).

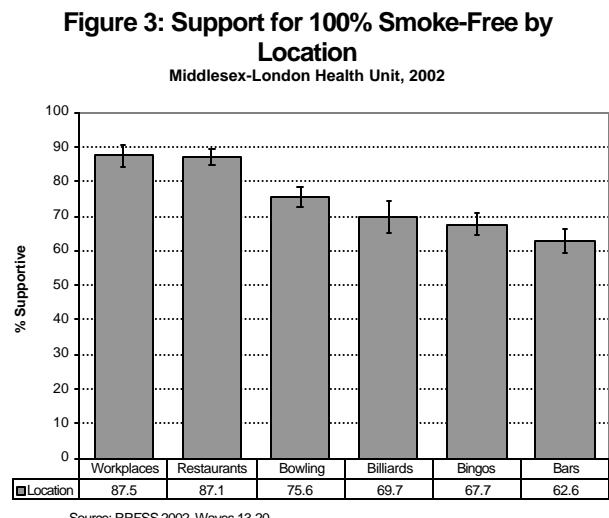
Although support for 100% smoke-free workplaces is high – residents do not appear to make the link between their desire to have smoke-free workplaces and the understanding that many public places are also someone's workplace. This is evident in the results on public opinion for smoke-free bowling alleys, bingo halls, billiard halls and bars. Recently, Heather Crowe, a 57 year old waitress of 40 years and a non-smoker her entire life, was diagnosed with inoperable lung cancer due to her exposure to environmental tobacco smoke in her workplace. Ontario's Workplace Safety and Insurance Board ruled in favour of Crowe's claim for compensation because her terminal illness was a result of workplace environmental tobacco smoke. Since then, she has become a spokesperson bringing to light the issue of exposure to ETS in the workplace.

Restaurants

Public support for the smoke-free restaurant by-law significantly grew following the enactment of the last phase of by-law PH-8 in 2002. A previous Health Index³ reported that for the eight months prior to January 2002, introduction of the last phase of the Smoking Control By-law making restaurants 100% smoke-free in the City of London, respondents were asked about their support for the by-law. At that time, over three-quarters of adults in the City of London and Middlesex County area were supportive of the by-law making restaurants smoke-free. The majority of residents were strongly supportive ($55.6, \pm 3.5$) and an additional $23.2\% (\pm 3.0)$ were supportive for a total of $78.8\% (\pm 2.3)$ (see Health Index Issue 2).

More recent data indicates that public support has remained high over the eight months following its introduction. Results from the first eight months of 2003 indicate that $87.1\% (\pm 2.3)$ of adults support the by-

law. (Figure 3) The percentage of the public that strongly supports smoke-free restaurants is 72.1 (± 3.1). These results were similar for the County and the City.

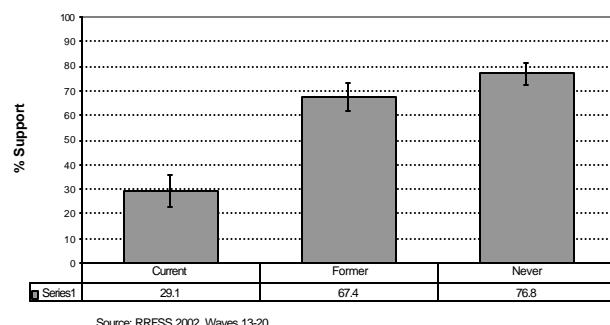


Personal use of tobacco continues to be a key factor influencing support for the by-law making restaurants 100% smoke-free. Results from the first eight months of data in 2002 show that the by-law is supported by 96.1% (± 1.9) of those residents that have never smoked. Similarly, 91% (± 3.7) of former smokers support the by-law. A clear majority of current smokers also support the by-law (64.1%, ± 7)

Bars

The majority of respondents (62.8% ± 3.4) supported 100% smoke-free bars (Figure 3). This was similar for the County (62.0% ± 6.9) and the City (62.9% ± 3.8). However, significant differences in the percentage support by smoking status was observed (Figure 4). Over $\frac{3}{4}$ of respondents that never smoked, supported smoke-free bars, while less than a third of current smokers supported smoke-free bar.

Figure 4: Support for Smoke-Free Bars by Smoking Status
Middlesex-London Health Unit, 2002



Bowling, Bingo, Billiards

Overall the majority of respondents supported 100% smoke-free bowling alleys, bingo and billiard halls (Figure 3). As with other public place locations, there was no difference between the County and the City for the percentage in support. However as with other locations, response differed by smoking status, with generally lower support among current smokers.

Methods and Definitions

All data are from the Rapid Risk Factor Surveillance System (RRFSS) and collected for the Middlesex-London Health Unit (MLHU) by the Institute of Social Research, York University. Data were collected in a series of waves of monthly telephone surveys. Households were selected randomly from all households with telephones in Middlesex-London and respondents aged 18 and older were systematically selected from within each household for the adult that had the next birthday. Once an individual was identified as the person with the next birthday, every effort was made to complete the interview with the appropriate respondent. Although on average five calls were made to a single household in order to complete the interview with the designated respondent, up to 12 attempts was standard practice.

The sample was weighted to account for each respondent's probability of being selected within household of different sizes. Available data from the first eight months of 2002 (waves 13-20) was used. The unweighted sample for the eight consisted of 799 respondents from London and Middlesex County surveyed between January 15 and September 10, 2002. All eight waves included questions related to support for smoke-free restaurants, bars, bingo parlours, and bowling alleys. Additional survey questions were added in wave 17 (starting May 11) including support for smoke-free workplaces and billiard halls, and suggested enactment date for a by-law making all public places 100% smoke-free. A total of 401 respondents answered these additional questions. A similar module related to support for the restaurant by-law was used in 2001 and reported in The Health Index, Issue 2, August 2002. Those that did not respond to any individual question were excluded prior to calculating proportions provided the non-response category represented less than 6% of the total respondents. It should be noted that

for all but one item, item non-response represented less than 1% of the respondents. For the question related to the date of by-law enactment, item non-response was 5.2% and hence was still excluded from the final analysis.

Difference in proportions were considered statistically significant at $p<0.05$. All weighted proportions were provided with 95% confidence intervals. Bar charts include error bars illustrating 95% confidence intervals.

The percentage that **support** a given location being smoke-free is derived from combining those that reported that they were "strongly supportive" or "somewhat supportive". The **never smoked** group consisted of those individuals that identified that they had not smoked at least 100 cigarettes in their lifetime. **Former** smokers were those individuals that had smoked at least 100 cigarettes in their lifetime but reported that at the time of the survey they did not smoke cigarettes at all.

References

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