

# The Health Index



## Tobacco Use and Smoke-Free Places

Issue 2, August 2002

### Key Points

- 1 in 4 adults in Middlesex-London are smokers
- 18-24 year olds have the highest smoking rate but also highest "never smoked" rate
- 70% of smokers want to quit
- Public support has grown to nearly 90% after the City of London's introduction of the bylaw making restaurants 100% smoke-free

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### Background

Since the release in 1996 of the Ontario Chief Medical Officer of Health Report, "Opportunities for Health: Tobacco-Sounding the Alarm", public health has strengthened its focus on smoking prevention activities. There is little room for debate on the impact of smoking on health. Instead, public health has focused on ensuring that everyone who makes decisions, both for themselves and others about the sale and use of tobacco are aware of the evidence about cigarette smoke and its negative impact on our population's health. Current public health strategies include:

- supporting smokers to quit,
- preventing youth from starting to smoke,

limiting minors' access to tobacco, reducing the harm to others caused through passive exposure to second-hand smoke, supporting the development of municipal smoke-free-public-places by-laws, and advocating for provincial legislation which will reduce everyone's exposure to smoke.

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 Middlesex-London Health Unit has taken leadership in the areas of tobacco use prevention and policy development leading to the current City of London Smoking Control Bylaw, PH-8 (1995), which most recently made restaurants 100% smoke-free as of January 2002.

The Mandatory Health Programs and Services Guidelines (1997), which all health units in Ontario are required to implement, set the following behavioral objectives:

- reduce the proportion of 12-to-19 year-olds who smoke daily to 10 per cent by the year 2005;

- reduce the proportion of adult women and men who smoke daily to 15 per cent by the year 2005;
- increase the proportion of smoke-free public places and workplaces to 100 per cent by the year 2005;
- reduce tobacco vendor non-compliance with “sale of tobacco to minors legislation” to 10 per cent by the year 2000.

To monitor the impact of by-law development and the use of tobacco, 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 in Methods and Definitions.

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## Overview of Results

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The use of tobacco and exposure to environmental tobacco smoke are key public health issues. In 2001, one out of every four adults in the City of London and County of Middlesex were current smokers. Twenty percent of adults responded that they smoked daily. Although the daily smoking rate appears to have declined slightly since 1996, this population level survey is not able to detect whether this small change is a significant trend. Males are more likely to smoke than females. Those residents in the youngest age groups are more likely to smoke than those in the older age groups. The likelihood of never having smoked is higher among those with post –secondary education.

Despite the fact that approximately 78,650 resident smoke in the London and Middlesex, the vast majority indicated that they would like to quit. Supportive environments that are smoke-free are one way to assist smokers to quit and prevent young people from starting. Nearly 90% of the public support the recent bylaw introduced in the City of London, which makes all restaurants 100% smoke-free. Similarly, nearly four out of every 5 adults think that stores that ignore the law and sell tobacco to minors should no longer be allowed to sell tobacco. The health unit plays the major role in enforcing the provincial legislation (The Tobacco Control Act) that prohibits retailers from selling tobacco products to minors under 19 years of age.

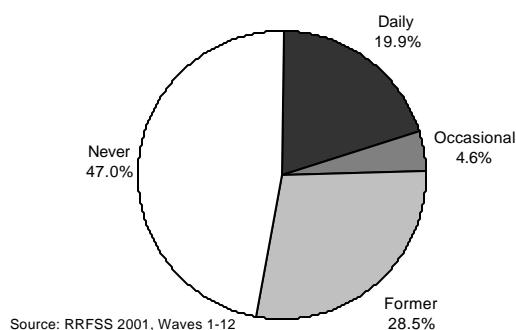
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## Profile of Smokers

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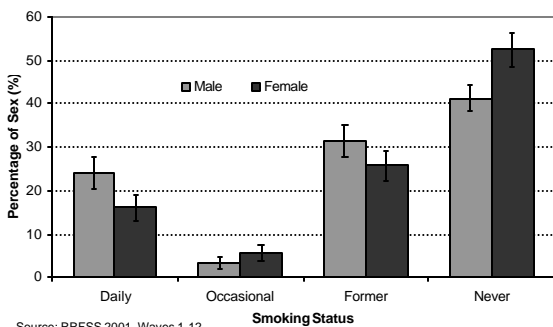
One out of every four residents of the City of London and Middlesex County aged 18 and older smoked in 2001. This means there are approximately 78,650 smokers in the London and Middlesex County area. An estimated 19.9% ( $\pm 2.3$ ) of adults smoked every day, and an additional 4.6% ( $\pm 1.2$ ) were occasional smokers (Figure 1). This represents no significant change in the proportion of adult daily smokers from the 1996/97 rate of 22.3 ( $\pm 2.3$ ).

**Figure 1: Adult Smoking Status, Middlesex-London Health Unit Area, 2001**



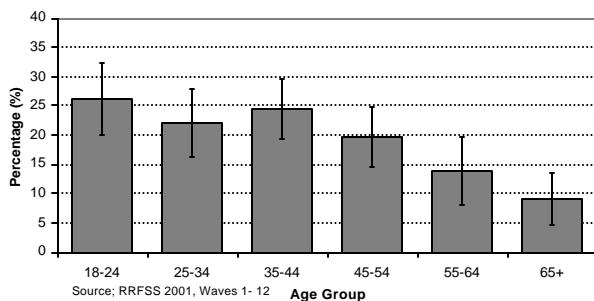
Males are more likely to smoke than females. Significantly more males (24%,  $\pm 3.5$ ) than females (16.1%,  $\pm 2.9$ ) were daily smokers. Over half of females (52.5%,  $\pm 3.9$ ) reported having never smoked. This was significantly higher than males (41.1%,  $\pm 4.0$ ) (Figure 2). There has been no significant change overtime from the proportion of males that were daily smokers in 1996/97 (26  $\pm 3.7$ ) nor in female daily smokers (18.8  $\pm 2.8$ ).

**Figure 2: Adult Smoking Status by Sex**  
Middlesex-London Health Unit Area, 2001



Smoking rates decreased with age. The rate for daily smokers was highest among the 18-24 year old group (26.2%,  $\pm 6.1$ ) and remained relatively constant in the younger age groups with a steady decline in the older age groups. (Figure 3).

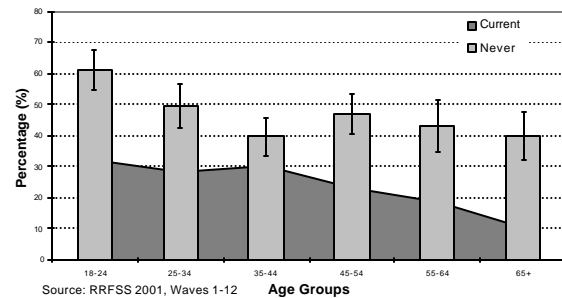
**Figure 3: Percentage of Daily Smokers by Age Group**  
Middlesex-London Health Unit Area, 2001



Although current smoking rates were highest in the youngest age groups, the youngest age group also reported the greatest proportion of adults that had never smoked (Figure 4). Since the smoking habit

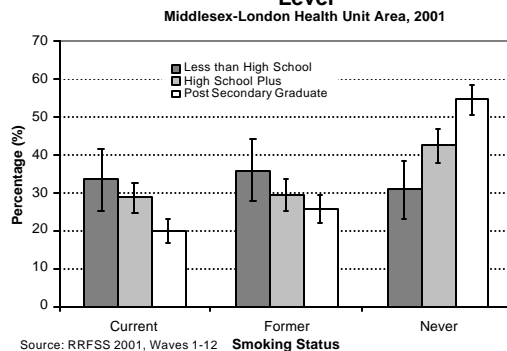
generally begins in the teenage years, those that have never smoked by the time they are 18 are less likely to become daily smokers in later years. This high proportion of “never smoked” may indicate a significant achievement for smoking prevention programs in the past ten years in Middlesex-London and signal a need to continue to support all initiatives which prevent youth from starting to smoke.

**Figure 4: Percentage of Never Smokers and Current Smokers by Age Group**  
Middlesex-London Health Unit Area, 2001



The observed differences in the age groups may be related to education levels in the different age groups that live in London and Middlesex County area. A strong relationship exists between education levels and smoking rates. Figure 5 shows that, post-secondary graduates are less likely to be current smokers and more likely to have never smoked.

**Figure 5: Adult Smoking Status by Education Level**  
Middlesex-London Health Unit Area, 2001

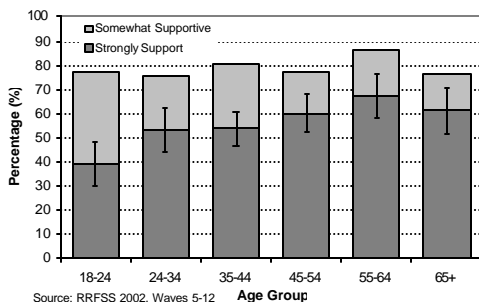


Current smoking rates also varied by income levels. Those with household incomes between \$50,000 to \$100,000 had the lowest current smoking rate (18.6%,  $\pm 4.4$ ) while those in the lowest income bracket had a significantly higher smoking rate (27.3%  $\pm 4.3$ ).

## Smoke-Free Restaurants

For the eight months prior to the January 2002 introduction of the 100% smoke-free restaurant bylaw in the City of London, respondents were asked about their support for the by-law. 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% ( $\pm 2.3$ ). Overall support was similar within all age groups, however the youngest age group was less strongly supportive of smoke-free restaurants (Figure 7).

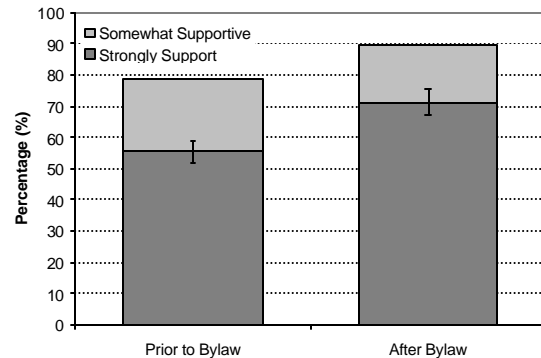
**Figure 7: Support for Smoke Free Restaurants By Age Group, Middlesex-London Health Unit, 2001**



Public support for the smoke-free restaurant by-law has significantly grown following the introduction of the by-law in 2002. Results from the first four months indicate that 89.6% ( $\pm 3.0$ ) of adults support the by-law. Moreover, the percentage of the public that strongly supports smoke-free restaurants has increased to 71.3% ( $\pm 4.4$ ), indicating a

shift of nearly 16 percentage points after the introduction of the by-law (Figure 8).

**Figure 8: Support for Smoke-Free Restaurants, Before and After Bylaw, Middlesex-London Health Unit Area, 2001/02**



Personal use of tobacco is a key factor influencing support for the bylaw making restaurants 100% smoke-free. Results from the first four months of data in 2002 show that the bylaw is supported by 96.6% ( $\pm 2.7$ ) of those residents that have never smoked, with 81% ( $\pm 5.7$ ) of this group indicating that they strongly support it. Similarly, 91.5% ( $\pm 4.8$ ) of former smokers support the bylaw, with 78.3% ( $\pm 7.1$ ) in strong support. A clear majority of current smokers also support the by-law (72.2%,  $\pm 9.3$ ) however only 41.1% ( $\pm 10.2$ ) strongly support it.

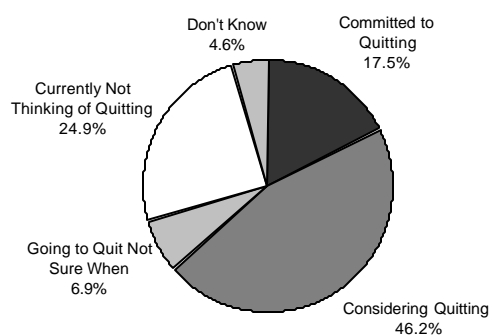
## Readiness to Quit Smoking

A great deal of people who smoke would like to quit. Readiness to quit or “contemplation” is one of the first steps in the stages of change model and key to successful cessation. This group also represents the potential target group for smoking cessation courses or cessation aids.

Over 70% of the current smokers in Middlesex-London reported that they plan to quit. A commitment to quitting was reported by 17.5% ( $\pm 4.3$ ) who reported that they

were committed to quit smoking within 30 days of the interview. An additional 46.2% ( $\pm 5.7$ ) reported that they considered quitting within 6 months and another 6.9% ( $\pm 2.9$ ) wanted to quit but were not sure when they would quit (Figure 6).

**Figure 6: Readiness to Quit Smoking Among Current Adult Smokers**  
Middlesex-London Health Unit Area, 2001



Source: RRFSS 2001, Waves

## Awareness of Minors' Access to Tobacco Laws

In Ontario a person has to be 19 years of age before he or she can legally be sold tobacco products in Ontario. Unfortunately, only 44.3% ( $\pm 2.8$ ) of residents answered correctly when asked what age a person has to be before he or she buys tobacco products in Ontario. Many (42.3,  $\pm 2.8$ ) thought that a person could be 18 or younger, an additional 6.5% did not know and some (6.9%,  $\pm 1.5$ ) thought that a person had to be older than 19 years of age.

Public Health Units play a major role in limiting access of minors to tobacco by raising awareness in the general population and ensuring that retailers are abiding by this law. Nearly four out of every 5 adults (79.5%,  $\pm 2.3$ ) think that stores that ignore

the law and sell tobacco to minors should no longer be allowed to sell tobacco. A greater percentage of residents who have never smoked (82.8%,  $\pm 3.2$ ) think that selling tobacco should be barred in stores that sell to minors than do current smokers. However, this same sentiment is also expressed by a majority of former smokers (79.5%,  $\pm 4.3$ ) and current smokers (73.5%,  $\pm 5.0$ ).

## 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. The unweighted sample for 2001 consisted of 1216 respondents from London and Middlesex County surveyed between January 3 and December 27, 2001. All twelve waves included questions related to smoking status for which 1210 respondents provided answers. An additional survey module, which included questions related to opinions on smoking by-laws, was incorporated into waves 5-12 in 2001. A total of 780 respondents answered these additional questions. A similar module

related to support for the restaurant bylaw was used in 2002. Available data from the first four months of 2002 (waves 13-16) was used. This included 398 respondents surveyed between January 15, 2002 and May 8, 2002. Those that did not respond to any individual question were excluded prior to calculating proportions provided the non-response category represented less than 5% of the total respondents. 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 **never smoked** group consisted of those individuals that identified that they had not smoked at least 100 cigarettes in their lifetime. **Daily smokers** were those individuals that identified that they smoked cigarettes every day. **Occasional** smokers

included those that said they smoked some days, occasionally or sometimes. **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.

**Total number of adult smokers** in London and Middlesex was estimated by applying the proportion of smokers identified in RRFSS to the most current population estimates for 2000, prepared by Statistics Canada. Approximately 314,600 adults aged 18 and over live in London and Middlesex County.

All historical data from 1996/97 are from the Ontario Health Survey 1996/97 (OHS 96/97) weighted to represent the population. This "share data file" is provided to health units through an agreement with the Ministry of Health & Long Term Care.

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## Contacts

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