

Smoking in the Capital Health Region

Survey Results
May 2000



Capital
Health

Regional Public Health
Population Health and Research

Executive Summary

Do people in the Capital Health region avoid certain places because they are too smoky? Do they think steps should be taken to protect children from secondhand smoke? Should there be restrictions on where people can smoke?

These questions and many others were the focus of a survey done for Capital Health by the Calgary-based *Health Systems Analysis Unit* in the fall of 1999. The survey was done with a random sample of 511 residents of the Capital Health region and the results are considered generally representative of the population in the region. The overall margin of error is within $\pm 4.4\%$ 19 times out of 20.

The purpose of the survey was to examine the opinions of people in the Capital Health Region about smoking, secondhand smoke, possible restrictions on smoking in certain places and their understanding of the effects of smoking. This report provides a summary of the results of the survey. Following are the key highlights.

Smoking status and exposure

★ **76% of respondents are not smokers.**

50% of the respondents had never been smokers, 26% were former smokers, and 24% were current smokers.

★ **38% of respondents are exposed to secondhand smoke every day.**

While many respondents reported their workplaces had smoking restrictions, and many take steps to prevent smoking in their homes, 38% reported exposure to secondhand smoke every day.

Awareness of smoking risks

★ **89% of respondents understand that exposure to secondhand smoke is a cause of lung cancer.**

Between 75% and 81% are aware that secondhand smoke is also a cause of other health problems like eye, nose and throat irritation, breathing problems in adults, and heart disease. Less than 20% are aware that secondhand smoke can cause ear problems in children and sudden infant death syndrome (SIDS).

★ **92% of respondents know that smoking in the workplace could adversely affect the health of workers.**

97% of non-smokers, 95% of former smokers and 79% of current smokers agreed that smoking in the workplace could harm the health of workers.

★ ***93% of respondents think everyone should have the right to breathe smoke-free air.***

97% of non-smokers and former smokers, and 79% of smokers agree that everyone should have the right to breathe clean, smoke-free air.

Avoiding smoky places

★ ***42% of respondents avoid restaurants or cafés that are too smoky.***

Between 39% and 41% also avoid places such as neighborhood pubs, bars or lounges, and clubs or nightspots that are too smoky.

★ ***About 33% would go more often while about 15% said they would go less often to particular places if they were to become 100% smoke-free.***

When people were asked how often they would go out to particular places if they were to become 100% smoke-free, about 50% of respondents said they *would not change* their patronage.

Support for smoke-free places

★ ***97% of respondents said that day care centres should be smoke-free and more than 80% also supported smoke-free hospitals, indoor recreation facilities, nursing homes, and school property.***

There was very strong support for places with children and sick people to be smoke-free. The least support was for smoke-free bars and lounges. There was also support for smoke-free common areas in residential or commercial buildings (78%), and entrances to public buildings, and workplaces (71%). 59% of respondents agreed that restaurants and cafés should be smoke-free.

★ ***90% of respondents believe there should be more restrictions to protect children from secondhand smoke.***

79% believe there should be a law prohibiting smoking in places where children go. 92% support Capital Health taking action to prevent young people from starting to smoke.

★ ***58% of smokers in the survey say smokers would accept restrictions on where smoking is allowed.***

Although many smokers disagreed with restricting smoking in certain locations, 58% said they thought smokers would go along with the restrictions.

Quitting smoking

★ ***84% of smokers in the survey said they are thinking about quitting.***

Of these smokers, 14% said they intend to quit in the next month and another 25% said they intend to quit in the next six months. 80% of all respondents understand the health benefits of quitting, even for people who have smoked for over 20 years.

Profile of respondents

The survey included a random sample of 511 people in the Capital Health Region. Respondents were contacted by telephone and the response rate was 68%. The sample is generally representative of the population in the region.

The following provides a profile of respondents in the survey:

- 45% of the respondents were men and 55% were women.
- Age group distribution
 - » 18 to 24 ⇨ 17%
 - » 25 to 34 ⇨ 28%
 - » 35 to 49 ⇨ 33%
 - » 50 to 64 ⇨ 15%
 - » over 65 ⇨ 7%
- 53% had completed college, university, or training at a technical institute. 36% of those who were current smokers had completed some form of post-secondary education.
- 38% had children living in their home. 41% of current smokers who participated in the survey had children living in their home.
- 59% were married, living common law or living with a partner.

Fact

A 1999 Canadian survey showed that 47% of **Albertans** had never smoked, 26% were former smokers, and 27% were current smokers.

Health Canada (1999). Canadian Tobacco Use Monitoring Survey.

Results from the survey follow with selected facts to provide context.

Smoking status and exposure

The survey results were used to group respondents into three categories: those who had never smoked, former smokers, and current smokers. Respondents were also asked about their exposure to tobacco smoke. Throughout the report, those who had never smoked are referred to as non-smokers.

Smoking status

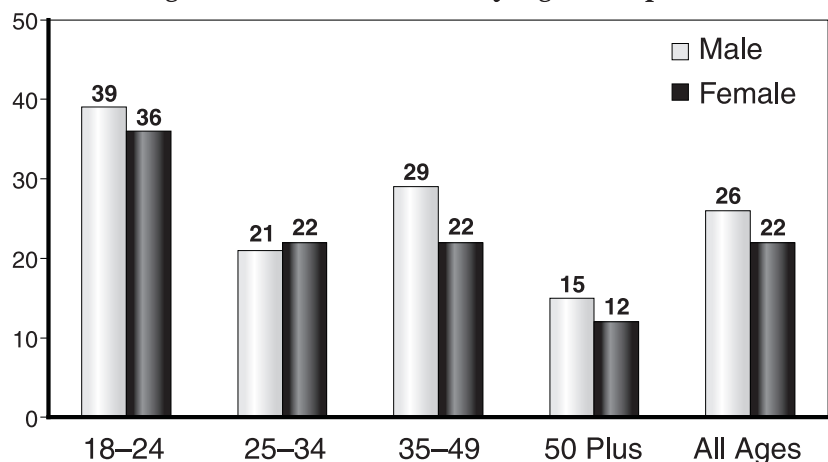
76% of the respondents were not smokers. 50% of the respondents had never been smokers (n=259), 26% were former smokers (n=131) and 24% were current smokers (n=121).

The graph shows the proportion of current smokers within each age group and gender. 22% of women were current smokers compared with 26% of men. The 18 to 24 year old age group had the highest proportion of smokers for both males (39%) and females (36%).

Of the current smokers, 53% said they smoke 11 – 25 cigarettes a day while 36% said they smoke less than that – 10 or less cigarettes a day.

Who is Smoking?

Percentage of Current Smokers by Age Group and Gender



Exposure to smoking

38% said they were exposed to secondhand smoke every day.

At home...

- 64% of respondents said that smoking was not allowed in their home and an additional 7% said they did not allow smoking in the home when children were present.
- 81% of non-smokers, 68% of former smokers, and 22% of smokers said that smoking was not allowed in their home. An additional 16% of smokers said they did not allow smoking when children were present.
- Of those who had never smoked, 20% said they had one or more people in the house who smoke. Of the respondents who were former smokers, 18% have one or more family members in the house who smoke.

In restaurants...

- When they go to restaurants, 71% of all respondents said they choose to sit in the non-smoking section. The percentages are higher for those who had never smoked (90%) and former smokers (87%), compared to only 14% of smokers.

At work...

- 47% said smoking was not allowed in their workplace, while 27% said smoking was allowed only in certain places at work.
- 63% said there were no restrictions on smoking outside on their workplace property. Only 6% said that smoking was not allowed at all outside their workplace.

Fact

In 1993, the U.S. Environmental Protection Agency stated that Environmental Tobacco Smoke (ETS) is a significant cause of lung cancer in non-smokers and classified it as a known human carcinogen. This conclusion was based on over 30 epidemiological studies comprising more than 3,000 lung cancer cases in eight different countries.

Alberta Cancer Board (2000). Cancer and Tobacco: The Picture in Alberta, p. 20.

Awareness of smoking risks

Impact of secondhand smoke

Secondhand smoke is known to be a cause of a number of different health problems. Respondents in the survey were asked whether they thought secondhand smoke was a cause of a series of health problems. Between 75% and 89% were aware that exposure to secondhand smoke is a cause of lung cancer, eye, nose and throat irritations, breathing problems and heart disease.

Fact

Environmental tobacco smoke (ETS) increases the risk of heart disease and significant lung conditions, especially asthma and bronchitis in children.

U.S. Department of Health and Human Services (2000). Healthy People 2010: Understanding and Improving Health, p. 31.

Respondents were asked the following question: "Is exposure to secondhand smoke a cause of these health problems?" and then a list was read to them.

Percentage who said secondhand smoke was a cause of...

	Never Smoked	Former Smokers	Current Smokers	All Respondents
Lung Cancer	91.9%	93.1%	78.5%	89.0%
Eye, Nose, and Throat Irritation	83.8%	83.2%	72.7%	81.0%
Breathing Problems for Adults (e.g. emphysema)	84.2%	84.0%	69.4%	80.6%
Heart Disease	76.4%	82.4%	62.0%	74.6%
Low Birth Weight Babies	71.4%	70.2%	50.4%	66.1%
Stroke	68.0%	74.8%	54.5%	66.5%
Asthma in Children	58.7%	51.1%	41.3%	52.6%
Chest Problems in Children (e.g. bronchitis)	57.1%	47.3%	41.3%	50.9%
Ear Problems in Children	17.4%	19.8%	9.9%	16.2%
Sudden Infant Death Syndrome (SIDS)	16.6%	19.1%	9.9%	15.7%

82% of respondents agreed that Capital Health should take strong action to protect people from secondhand smoke. 88% of non-smokers and former smokers and 60% of smokers agreed.

Other facts about smoking

Respondents were also asked about their awareness of other facts about smoking. We learned that:

- 96% knew that nicotine is highly addictive.
- 93% knew about the health risks of secondhand smoke. (97% of non-smokers, 93% of former smokers and 83% of current smokers knew of these risks.)
- 93% agreed that people should have the right to breathe clean air that is free of smoke. (97% of non-smokers and former smokers agreed compared to over 79% of current smokers.)
- 92% of respondents knew that smoking in the workplace could adversely affect the health of workers. (97% of non-smokers, 95% of former smokers and 79% of current smokers agreed.)

Fact

In Alberta, it is estimated that smoking kills 3,500 people every year and accounts for 30% of all cancer deaths. It is also a major contributor to heart and lung disease.

Cigarette smoking is the largest single preventable cause of cancer ... and premature death.

Alberta Cancer Board (2000). Cancer and Tobacco: The Picture in Alberta, p. 2, 27.

Avoiding smoky places

Respondents were asked whether they avoided certain places because they were too smoky. They also were asked if they would avoid places if smoking were not allowed and how often they might attend such places. Seven places were identified:

Fact

Tobacco costs Albertans \$728 million each year in health care costs, lost productivity and income, and property damage due to fires.

Alberta Tobacco Reduction Alliance (ATRA) (1999). Resolution for Action on Tobacco in Alberta.

- ✓ restaurants or cafés
- ✓ food fairs in shopping malls
- ✓ neighbourhood pubs that also serve meals
- ✓ bars or lounges
- ✓ clubs or nightspots
- ✓ bowling alleys, bingo halls, casinos or racetracks
- ✓ recreation facilities such as arenas

Between 35% and 47% of respondents said they avoided places that were too smoky depending on location.

- 34% of respondents said they would go more often to restaurants or cafés that did not allow smoking.
- 38% of respondents would go more often to smoke-free food fairs in shopping malls.
- 34% of respondents would go more often to smoke-free neighborhood pubs, bars or lounges, and clubs or nightspots.
- Of the 24% of respondents who were smokers, about 38% said they would avoid restaurants, cafés, or neighborhood pubs that did not allow smoking.

Do you avoid places where there is smoking?

- 42% said they avoid restaurants or cafés and food fairs at shopping malls that were too smoky. About the same proportion avoided smoky neighborhood pubs (41%), bars or lounges (40%), and clubs or nightspots (39%).
- About half of the non-smokers and former smokers said, yes, they do avoid places that are too smoky. Fewer of them avoid a recreation facility because of smoking.
- About 10% of the 24% of respondents who were current smokers also avoided places that were too smoky. 21% avoided places like bowling alleys, bingo halls, casinos or racetracks.

In addition to the seven places specified in the survey, respondents were also asked if there were any other places they avoided because they were too smoky. While most people did not respond, a few suggested they avoided private homes of family and friends and others said they avoided any place that was smoky.

What if smoking were not allowed?

- If smoking were not allowed, between 10% and 13% of all respondents said they would avoid restaurants or cafés, neighbourhood pubs, bars, lounges, clubs or nightspots. Between 37% and 43% of smokers said they would avoid these same places. 12% of smokers said they would avoid recreation facilities if smoking were not allowed.
- 29% of smokers said they would avoid bowling alleys, bingo halls, casinos, or race tracks if smoking were not allowed.

Would you go more often to places that are smoke-free?

The chart below suggests that if more places were smoke-free the percentage going more often is about twice the percentage who would go less often – roughly 33% versus 15%.

Non-smokers (n=259)

Between 45% and 52% of non-smokers said they would go more frequently to various places if they were completely smoke-free. The percentages were highest for bars or lounges and lowest for clubs or nightspots.

Former smokers (n=131)

For former smokers, between 32% and 44% said they would go more frequently to places that were smoke-free. The percentages were highest for food fairs in shopping malls and lowest for clubs or nightspots and bars or lounges.

Current smokers (n=121)

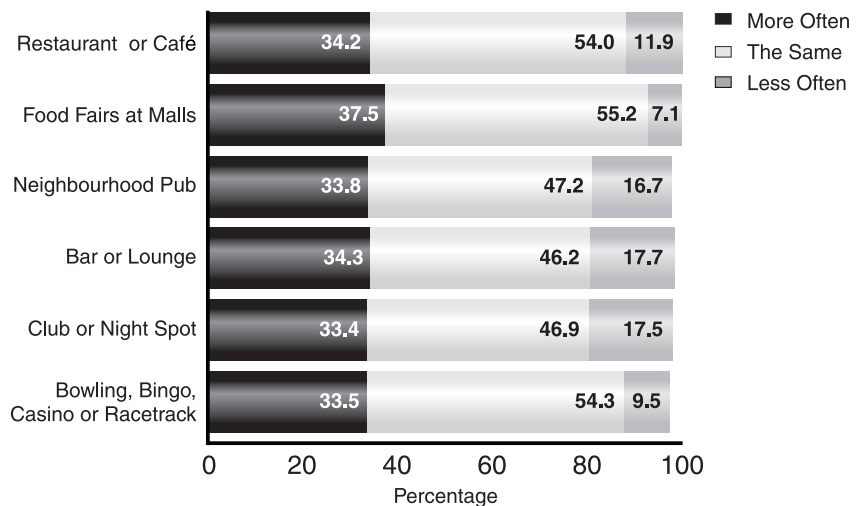
Smokers had a different view. Between 57% and 59% of current smokers said they would go less often to bars or lounges, neighbourhood pubs, or nightclubs that were smoke-free. About 38% said they would not change how often they went to these places. 44% said they would go to restaurants and cafés less often. Between 52% and 68% said they would continue to frequent restaurants or cafés, bowling alleys, bingo halls, casinos, and racetracks, and food fairs in shopping malls.

Fact

Restaurant and bar owners often resist smoking restrictions in public places out of concern for the potential loss of business. However, research that examined tax receipts to study the effect of the passage of smoke-free ordinances on restaurant business found consistent evidence that ordinances restricting smoking in restaurants have no effect on revenues.

Glantz SA. Smoke-free restaurant ordinances do not affect restaurant business. Journal of Public Health Management and Practice, 1999, and Centers for Disease Control and Prevention. Assessment of the Impact of a 100% Smoke-Free Ordinance on Restaurant Sales-West Lake Hills, Texas 1992-1994. MMWR 1995.

Would People Go More Often to Smoke-Free Places?



* Participants who indicated they do not frequent these places were excluded from the analyses. Those who did not give an answer are not shown on the graph.

Support for smoke-free places

Respondents were asked their opinions on whether certain places should be completely smoke-free. Not surprisingly, opinions varied depending on the location and whether or not the respondent smoked.

Fact

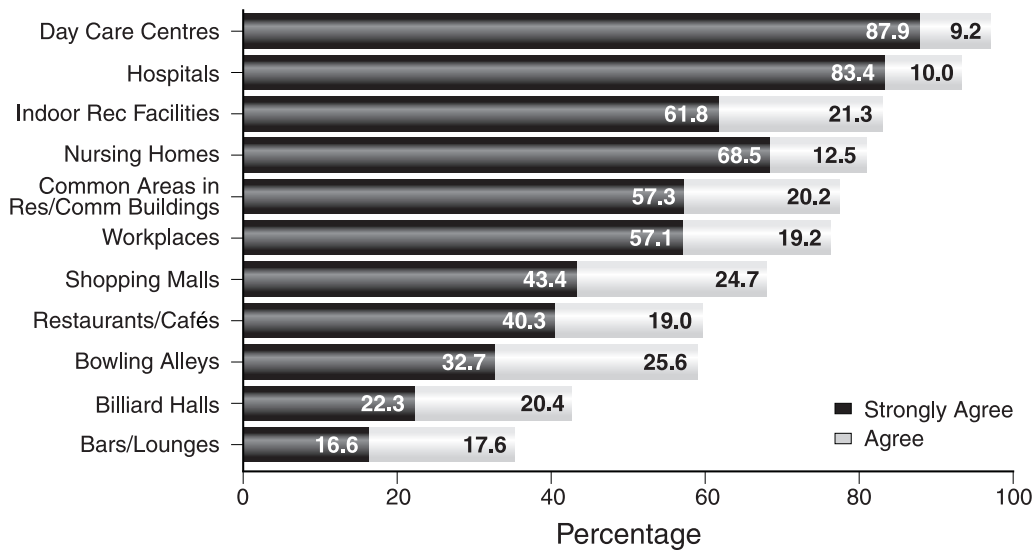
In a pioneering project, the Edmonton Public School System adopted a tobacco-free policy in September 1998, banning all forms of tobacco from their properties.

Alberta Cancer Board (2000). Cancer and Tobacco: The Picture in Alberta, p. 26.

Nearly everyone agreed that indoor areas such as day care centres (97%) and hospitals (93%) should be smoke-free. There was general agreement that indoor recreation facilities like arenas, common areas in residential or commercial buildings, nursing homes, workplaces and shopping malls should be smoke-free. The support for smoke-free areas was not as strong for restaurants, cafés, and leisure centres such as bowling alleys. Less than 50% of the respondents agreed there should be smoke-free billiard halls or bars and lounges.

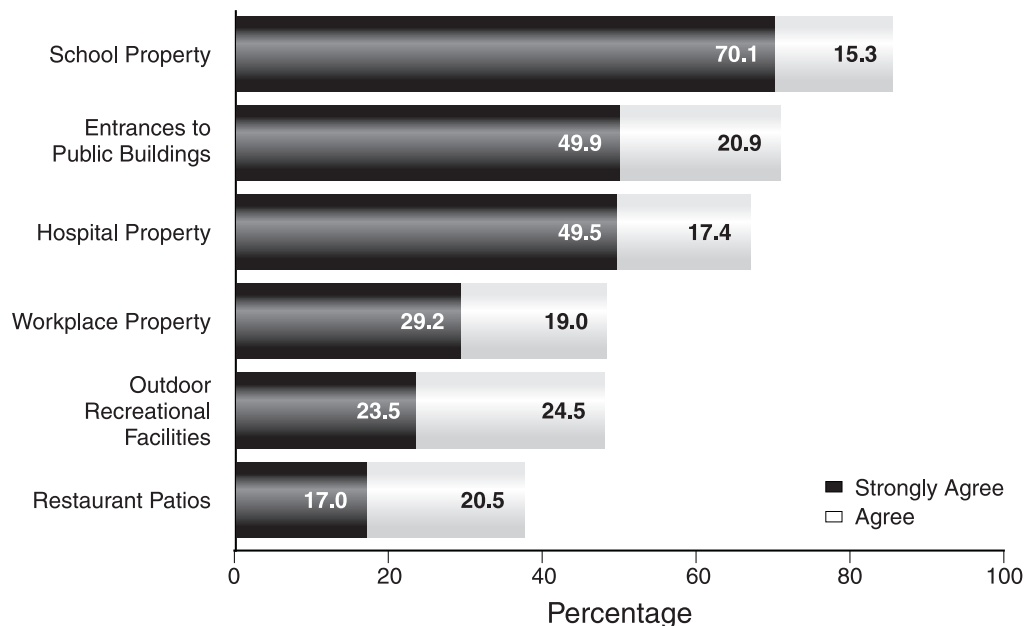
59% of all respondents (75% of the non-smokers and 66% of former smokers) agreed that restaurants and cafés should be smoke-free. Only 18% of current smokers agreed, while 55% disagreed. However, 21% of former smokers and 26% of smokers neither agreed nor disagreed with making restaurants and cafés completely smoke-free.

Percentage of Respondents Who Support Smoke-Free Indoor Areas



In terms of outdoor places, 85% of respondents said that school property should be smoke-free. About two-thirds supported smoke-free hospital property and entrances to public buildings. Less than half agreed that workplace property, outdoor recreational facilities or restaurant patios should be smoke-free.

Percentage of Respondents Who Support Smoke-Free Outdoor Areas



Protecting children from smoking

90% of respondents agreed that there should be restrictions in place to protect children from secondhand smoke. Over 90% of the non-smokers and former smokers supported these types of restrictions, as did 79% of current smokers. 98% of non-smokers and former smokers and 92% of current smokers said that health care providers should tell people not to smoke around children.

79% of respondents would also support laws to prohibit smoking in public places where children go. (88% of non-smokers, 81% of former smokers and 55% of current smokers would support such a law.)

92% support Capital Health taking action to prevent young people from starting to smoke. (94% of non-smokers and former smokers support these actions, as do 84% of smokers.)

Respondents were also asked about whether cigarettes should be sold in pharmacies. 72% said cigarettes should not be sold in pharmacies. 52% of current smokers agreed pharmacies should not sell cigarettes.

Fact

Among current smokers aged 15–17, more than a third (35%) report having had their first cigarette at age 12 or earlier. Almost 80% had tried smoking by age 14.

Health Canada (1999). Canadian Tobacco Use Monitoring Survey-5. Youth and Young Adults.

Fact

The likelihood of becoming a smoker is very low if tobacco use does not begin in adolescence.

U.S. Department of Health and Human Services, 1994.

Enforcing restrictions on smoking

Respondents were asked who should be involved in protecting people from secondhand smoke, who should enforce restrictions, and what would smokers do if there were more restrictions in place.

Who should be involved in protecting people from secondhand smoke?

A number of organizations and resources were identified in the survey. 87% of respondents expressed support for Capital Health and non-profit organizations such as the Canadian Cancer Society, the Heart and Stroke Foundation or Lung Association to be involved in protecting people from secondhand smoke. 77% said that government should be involved and 74% thought owners of businesses should also play a role. Citizen-involvement was identified by 61%. In all cases, non-smokers and former smokers had stronger views than smokers about who should be involved.

Who should enforce smoking restrictions?

Respondents were asked who should enforce smoking restrictions – the police, building owners and managers, Capital Health, bylaw enforcement officers, or citizens.

80% said that building owners and managers should be responsible for enforcing smoking restrictions. 79% of respondents said bylaw enforcement officers and 75% said Capital Health should be involved in enforcement. 54% said the police and 41% said individual citizens should play an important role.

The views of non-smokers, former smokers and current smokers were generally consistent, although smokers were less supportive of having any of these groups involved and 30% strongly disagreed with having individual citizens involved in enforcement.

How would smokers react to more restrictions?

58% of the current smokers said they thought smokers would go along with the restrictions. Non-smokers and former smokers were not as confident. 35% of them felt that smokers would go along with the restrictions.

If there were a big fine involved, 30% of non-smokers and former smokers felt that smokers would go along with the restrictions. Only 16% of smokers felt that a big fine would influence smokers' willingness to go along with restrictions.

18% of respondents (17% of current smokers) said that smokers would ignore the restrictions and 8% thought smokers would try to quit. Only 4% of current smokers thought that increased restrictions would encourage people to quit smoking.

Quitting smoking

84% of smokers in the survey said they were thinking about quitting smoking. Of these smokers, 14% said they intended to quit within the next month and another 25% said they intended to quit in the next six months. Most respondents – 80% – understand there are health benefits to quitting smoking, even for those who have smoked for more than 20 years.

If people do decide to quit smoking, who should help, where would people go for support, and who should provide the resources to help people trying to quit?

Current smokers said they would like ...

★ having doctors actively involved	90.9%
★ medication such as a patch, Nicorettes® or Zyban®	85.2%
★ a mutual help group	78.5%
★ a smoking clinic	78.5%
★ more information about the harmful effects of smoking	63.7%
★ programs on radio or TV about how to quit	58.6%
★ less advertising about smoking	49.6%
★ more restrictions on where people can smoke	48.8%
★ a dollar increase in the cost of cigarettes.	20.7%

90% of all respondents thought that Capital Health should take strong action to help people to quit smoking. 79% of current smokers also agreed.

Who should provide the resources?

Current smokers pointed to the role of health providers in helping people quit smoking. 84% said health professionals and 78% said Capital Health and non-profit organizations should provide resources. Pharmacies, nursing homes, insurance companies and workplaces were also identified as sources of support to help people quit smoking.

84% of the respondents provided additional suggestions to help smokers quit. 11% of smokers said they would rely on themselves to quit and use willpower or go “cold turkey.”

Fact

On average, people who quit smoking before age 50 cut their risk of premature death by half.

U.S. Department of Health and Human Services, 1990, In, Alberta Cancer Board (2000), p. 3.

Fact

“About 70% of the 50 million smokers in the U.S. have tried to quit – most are unsuccessful. Why? Evidence suggests that as many as 90% try to quit “cold turkey.” The bottom line is that only 7% of smokers who try to quit succeed. This is particularly tragic, because research unequivocally shows that simple smoking cessation interventions work.”

Eisenberg JM. Testimony on Smoking Cessation – Before the Senate Labor and Human Resources Committee, February 10, 1998.

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