



# **Indicators of Smoke-Free Ontario Progress**

Ontario Tobacco Research Unit

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## **Tobacco Use**

### **Overall Tobacco Use**

- In a recent survey conducted over the period 2007 and 2008 (henceforth 2007/08), twenty-three percent (23%) of Ontario respondents aged 12 years or over reported current use of tobacco in the previous 30 days (that is, currently smoked cigarettes, cigars, pipe; or used snuff or chewing tobacco). This represents 2.45 million tobacco users. (CCHS, 2007/08)
- In the previous 30 days, 20% smoked cigarettes,<sup>i</sup> 4% smoked cigars, 1% smoked a pipe, and 1% used chewing tobacco or snuff. (Note: These estimates include co-use so do not sum to total tobacco use, or 23%).

### **Cigarette Smoking**

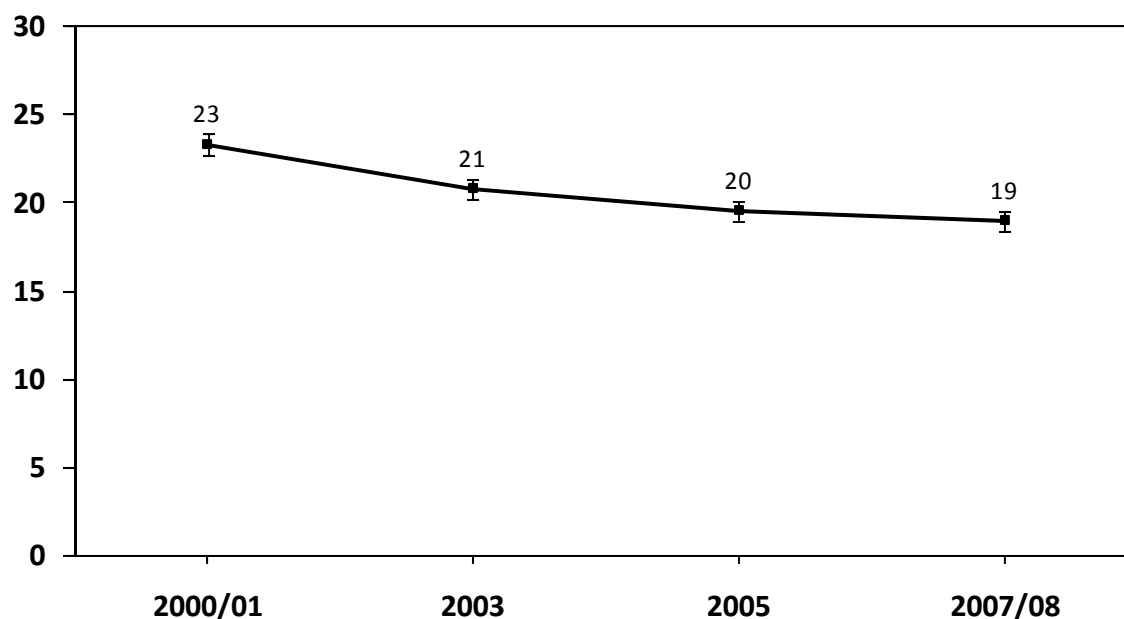
- In 2007/08, one in five Ontarians aged 12 years or over smoked in the past 30 days; since 2005, there has been no statistically significant change in smoking prevalence (20% in 2005 vs. 19% in 2007/08; Figure 1).
- Over the period 2000/01 to 2007/08, there was a significant decline in the prevalence of past 30-day current smoking from 23% to 19%.
- In 2007/08, 2.1 million Ontarians aged 12 years and over were current smokers (19%).
- The prevalence of past 30-day current smoking in Ontario was significantly lower from the national average (19% vs. 20%; Figure 2).

### ***Current Smoking by Sub-population***

- In Ontario, sub-populations with high prevalence of current smoking include moderate and problem gamblers (45%), aboriginals (40%), 25–29 year-old males (37%), individuals whose first language learned and understood was English and French (35%), and individuals who work in trades occupations (34%).
- Sub-populations having a large number of current smokers include individuals who spoke English at home (1.8 million), individuals who identified as white (1.6 million), individuals who were born in Canada (1.6 million), individuals who first learned to speak English (1.5 million), and those who ate fewer than 5 servings of fruit and vegetables a day (1.4 million).

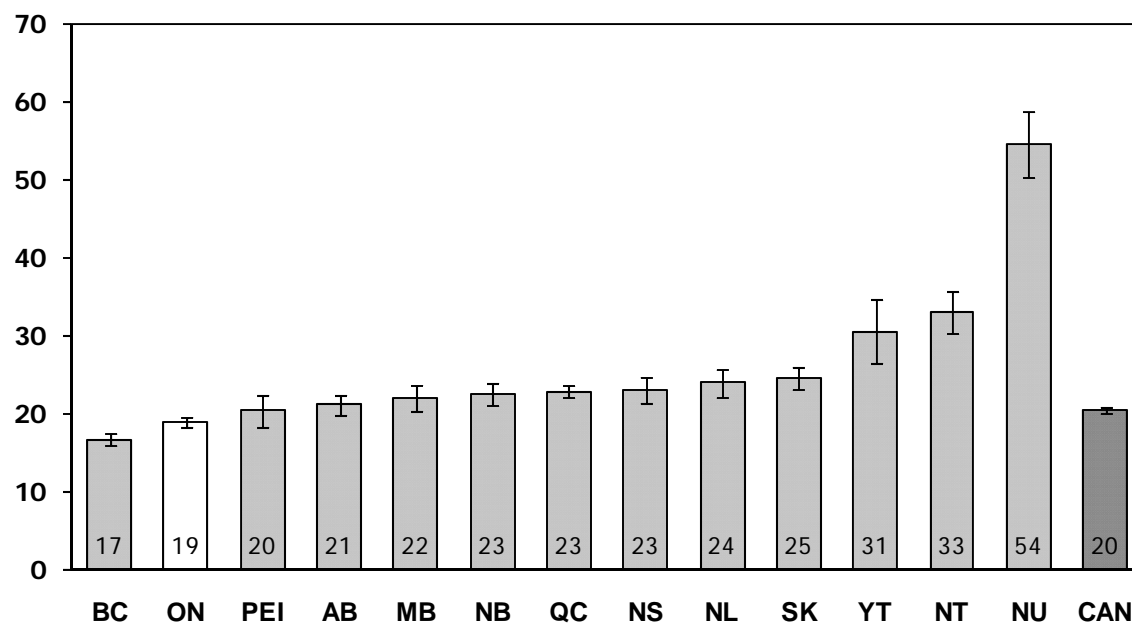
<sup>i</sup> In other sections of this report, the prevalence of cigarette smoking is reported as 19% (defined as past 30-day cigarette smoking and having smoked 100 cigarettes in lifetime). In this section, we report 20% to be consistent with the analyses of the other forms of tobacco reported.

**Figure 1: Current Smoking (Past 30 Days), Ages 12+, Ontario, 2000/01 to 2007/08, %**



*Note:* Vertical lines represent 95% confidence intervals. 2000/01 and 2007/08 data were collected over a two-year period.  
*Source:* CCHS 2000/01 to 2007/08.

**Figure 2: Current Smoking (Past 30 Days), by Province, Ages 12+, Canada, 2007/08, %**

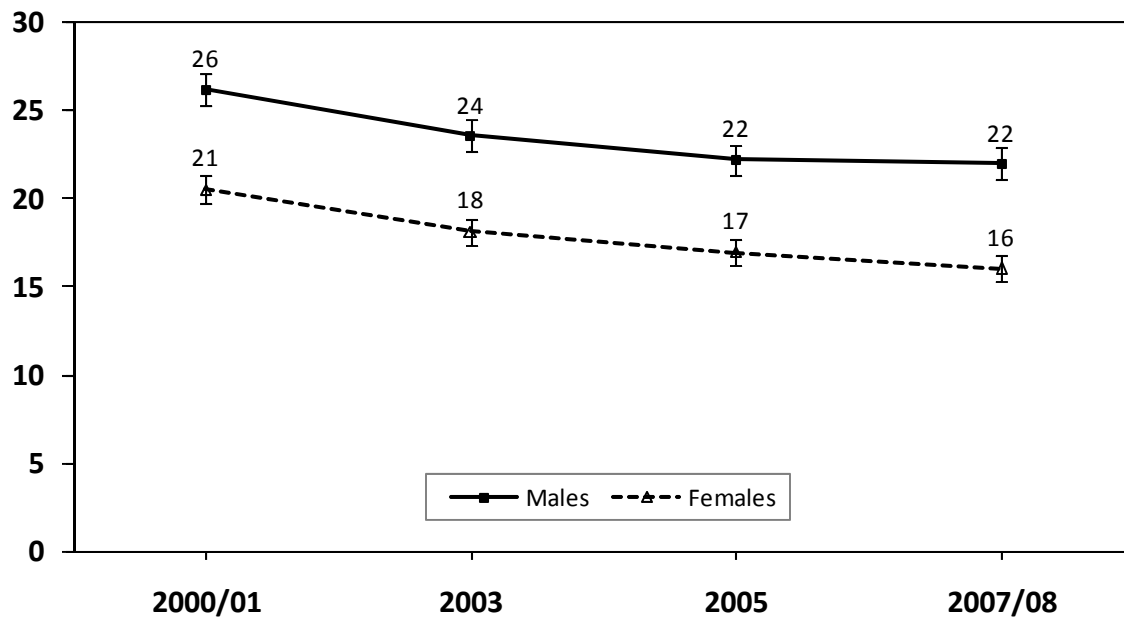


*Note:* Vertical lines represent 95% confidence intervals.  
*Source:* CCHS 2007/08.

### Sex and Age

- From 2005 to 2007/08, past-30 day smoking among males and females aged 12 years and over remained stable (Figure 3). However, over the period 2000/01 to 2007/08, current smoking has significantly declined for both groups.
- In 2007/08, females had a lower rate of smoking compared to males (16% vs. 22%), a finding consistent with previous years.
- In 2007/08, the prevalence of current smoking among Ontarians varied substantially by age and sex (Figure 4).
- The prevalence of current smoking was highest among males aged 25 to 29 years (37%).
- Males aged 25 to 49 years had a significantly higher smoking prevalence than their female counterparts.
- The greatest number of current smokers among males was in the 40 to 44 year age group, representing 173,300 of the 1.2 million male smokers aged 15 years or over in Ontario (15% of all smokers).
- The greatest number of current smokers among females was in the 25 to 29 year age group, representing 109,100 of the 892,300 female smokers aged 15 years and over in Ontario (12% of all smokers).

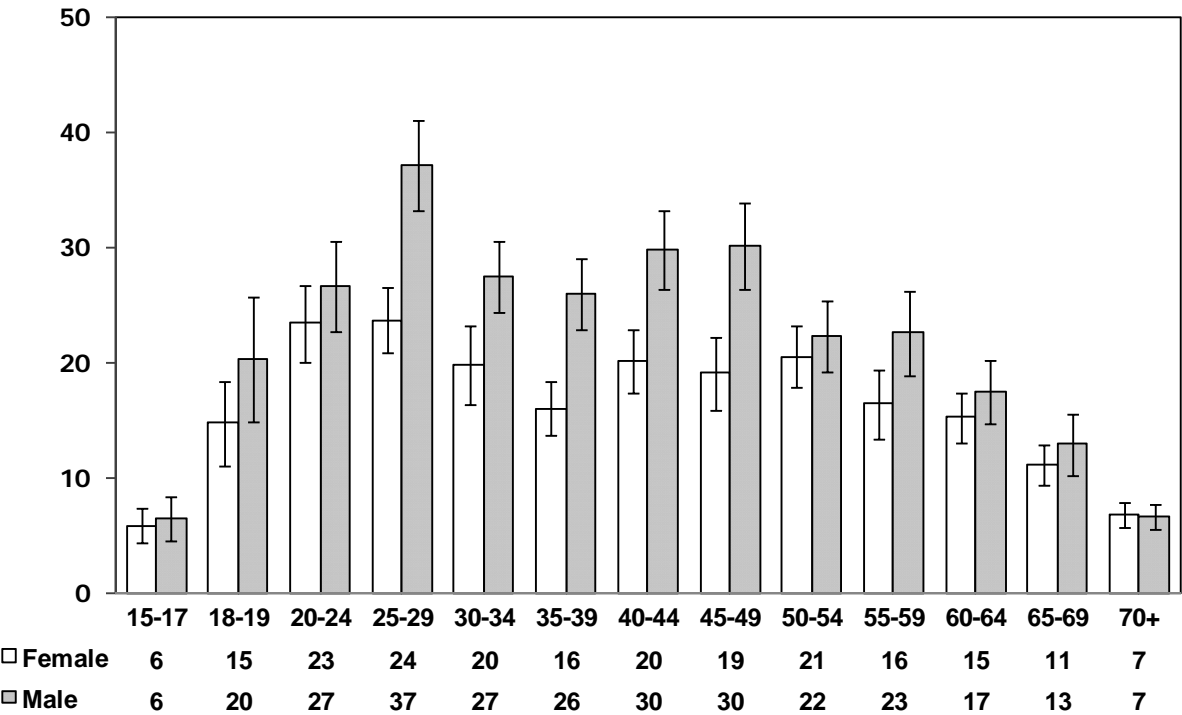
**Figure 3: Current Smoking (Past 30 Days), by Sex, Ages 12+, Ontario, 2000/01 to 2007/08, %**



Note: Vertical lines represent 95% confidence intervals. 2000/01 and 2007/08 data were collected over a two-year period.

Source: CCHS 2000/01 to 2007/08.

Figure 4: Current Smoking (Past 30 Days), by Age and Sex, Ontario, 2007/08, %



Note: Vertical lines represent 95% confidence intervals.  
Source: CCHS 2007/08.

Current Smoking by Location

Health Region

- In 2007/08, current smoking ranged from a low of 15% in York to a high of 29% in Porcupine and Oxford (Table 1).
- From 2005 to 2007/08, the prevalence of current smoking (defined as smoking daily or occasionally) declined significantly in Windsor-Essex County (24% to 19%) and Durham (25% to 21%; Table 1). The prevalence of smoking in all other health regions remained static over this period.
- Residents aged 12 years and over living in seven out of Ontario’s thirty-six health regions (Algoma, Brant, Durham, Peel, Timiskaming, Windsor-Essex County, York) reported a significantly lower prevalence of smoking in 2007/08 compared to 2000/01 (Table 1). There was no statistical change in smoking prevalence over this period in any other Ontario health region.
- The greatest number of current smokers was in Toronto, where 413,300 residents smoked, representing 19% of the 2.2 million smokers in Ontario.

**Table 1: Current Smoking, by Public Health Unit, Ages 12+, Ontario, 2000/01 to 2007/08**

Public Health Unit*	Current Smoking (%)			
	2000/01	2003	2005	2007/08
York Region	23	21	16	15
Peel	21	21.5	19	16.5
Perth District	24	23	20	17
Ottawa	21	20	19	18
Toronto	22	20	18	18
Halton Region	24	21	18.5	18.5
Windsor-Essex County	27	21.5	24	19
Middlesex-London	22	20	18	20
Durham Region	27.5	25	25	21
Region of Waterloo	27	23	19	22
Grey Bruce	24	19	21	22
Brant County	30	26	27	22
Huron County	21	22	24	22
Peterborough County-City	23	24	21	23
Algoma	30	27	24	23
City of Hamilton	27	23	23	23
Wellington-Dufferin-Guelph	24	21	21.5	23
Kingston, Frontenac and Lennox & Addington	24.5	26	23	24
Leeds, Grenville and Lanark District	30	27	25	24
Simcoe Muskoka District†	29	25	23	24
Haliburton, Kawartha, Pine Ridge District	26.5	22	22	24
Lambton	27	24	25	24
Timiskaming	35	29	26.5	24.5
Northwestern	30	27	22.5	25
Renfrew County and District	27	27.5	28	25
Haldimand-Norfolk	28	28.5	30	25.5
Sudbury and District	32	25	24	25.5
Niagara Region	25	24	23	26
Thunder Bay District	29	29	27	26
Elgin-St. Thomas	28	24	27	26
Chatham-Kent	27	26	24	27
Hastings and Prince Edward Counties	27	22	27	27
North Bay Parry Sound District†	27	24	27	27
Eastern Ontario	32	25	27	27.5
Oxford	26	24	24	29
Porcupine	29	31	30	29
ONTARIO	25	22	21	20

\*Ordered by 2007/08 current smoking (lowest to highest).

†Muskoka-Parry Sound Health Unit was dissolved April 1, 2005. Part of the region was merged with North Bay and District Health Unit and part with Simcoe County District Health Unit. Pre and post 2005 comparisons for these health units need to be made with caution.

Note: Current smoking defined as smoking daily or occasionally in this Table (definition not restricted to past 30-day use and 100 cigarettes in lifetime). Do not round numbers.

Source: CCHS 2000/01–2007/08 (from the Canadian Socio-economic Information Management System [CANSIM]).

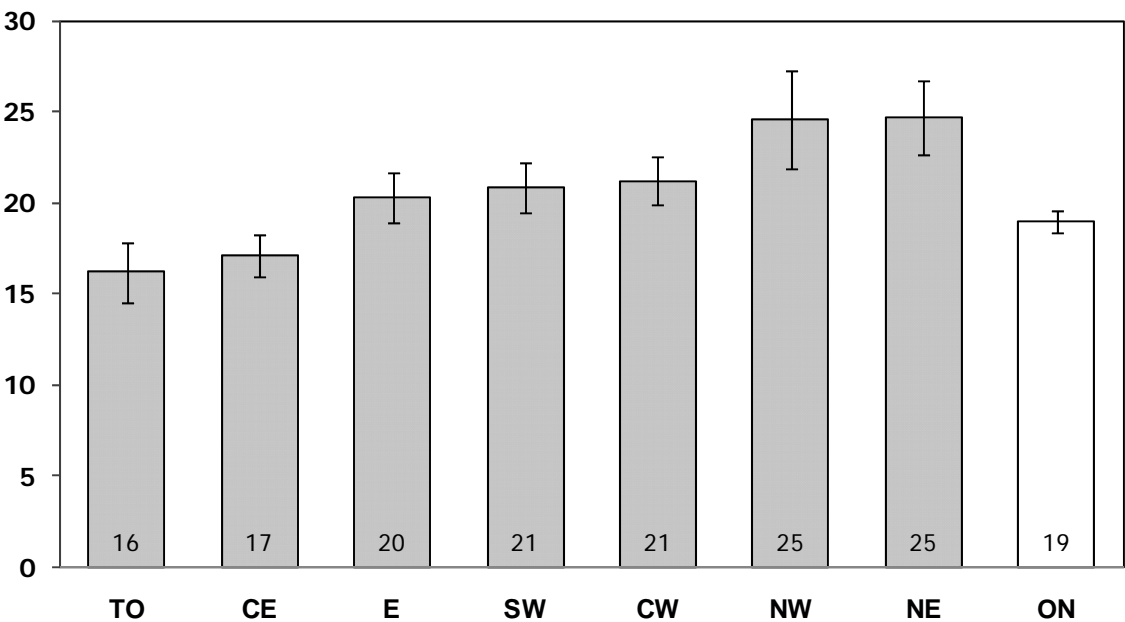
**Tobacco Control Area Network (TCAN)**

- The prevalence of current smoking was higher in the North East (25%), North West (25%) and Central West (21%) TCANs compared to the provincial average of 19%; Toronto<sup>ii</sup> and Central East had lower rates (16% and 17%, respectively) compared to the provincial average. (Figure 5)
- The greatest number of smokers was observed in the Central East TCAN, representing 538,000 of the 2.1 million smokers in Ontario (26% of all smokers; Figure 6).

**Rural-Urban**

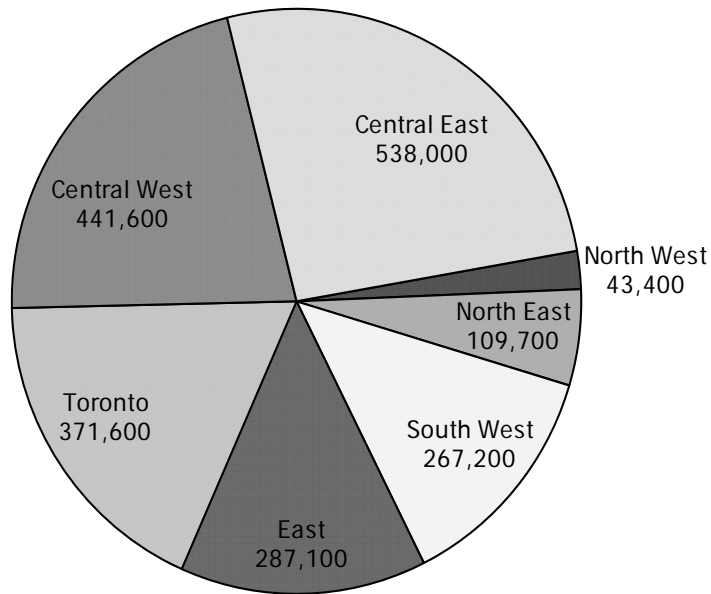
- Residents living in rural areas of the province had a slightly higher prevalence of current smoking compared to residents living in urban areas (21% vs. 19%, respectively).
- Urban areas in Ontario have greater numbers of current smokers (1,741,900) than do rural areas (333,700).

**Figure 5: Current Smoking (Past 30 Days), by Tobacco Control Area Network, Ages 12+, Ontario, 2007/08, %**



*Note:* Vertical lines represent 95% confidence intervals.  
*Source:* CCHS 2007/08.

<sup>ii</sup> The estimate for Toronto is 16% in Figure 4 and 18% in Table 1. Data for Table 1 was obtained from the Canadian Socio-economic Information Management System (CANSIM), which uses a broader definition of current smoking than that reported elsewhere in this report (current smoking is defined as smoking daily or occasionally in CANSIM, whereas elsewhere in this report, we define current smoking on CCHS as having smoked daily or occasionally in the past 30 days and having smoked 100 cigarettes in one’s lifetime).

**Figure 6: Number of Current Smokers (Past 30 Days), by Tobacco Control Area Network, Ages 12+, Ontario, 2007/08**

*Note:* Numbers presented in the pie chart represent the population estimate of past 30-day current smokers within each TCAN.  
*Source:* CCHS 2007/08.

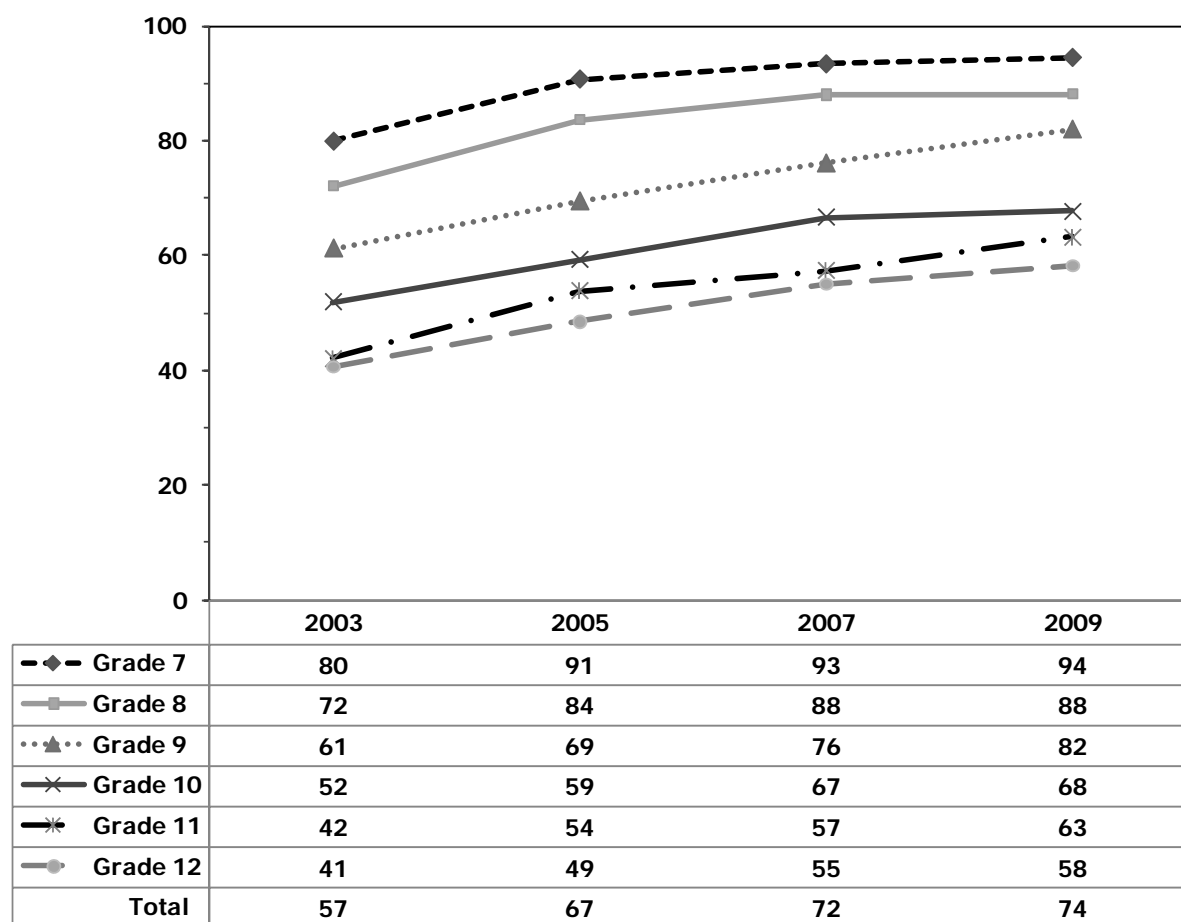
### ***Youth Smoking Behaviour***

Comprehensive tobacco control programs typically focus on reducing the initiation and prevalence of tobacco use among children, youth, and young adults. Indicators related to progression to smoking include lifetime abstinence, past-year initiation, past-year smoking, and past 30-day current smoking. Detailed information on these indicators is presented next.

### Lifetime Abstinence: Students in Grades 7 to 12

- Among students in grades 7 to 12, there was no statistical change in the prevalence of lifetime abstinence from cigarettes from 2007 to 2009 (Figure 7).
- Over the period 2003 to 2009, there has been a general increase in lifetime abstinence from smoking cigarettes.
- In 2009, students in lower grades were significantly more likely to be lifetime abstainers from cigarettes than were students in higher grades (94% in grade 7 vs. 58% in grade 12).

**Figure 7: Lifetime Abstinence, by Grades 7–12, Ontario, 2003 to 2009, %**



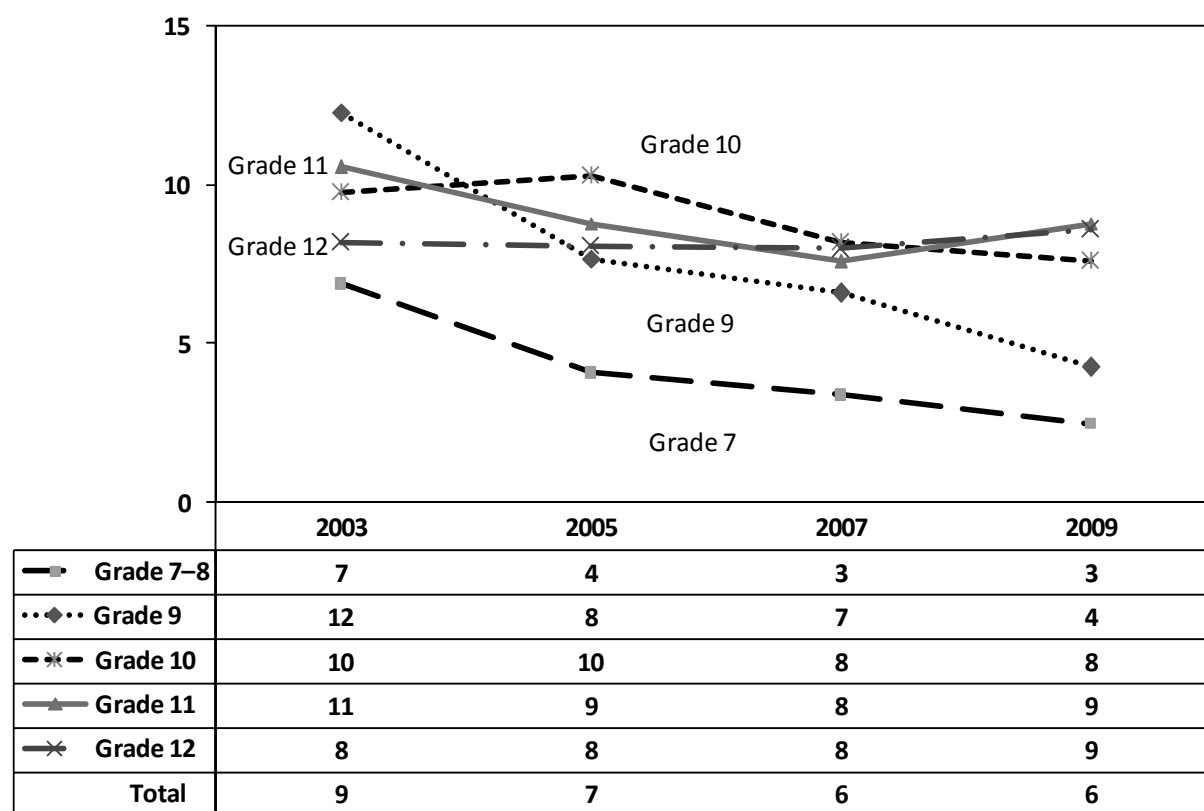
Source: OSDUHS 2003–2009 (Biennial).



### Past-Year Initiation: Students in Grades 7 to 12

- In 2009, first use of cigarettes at any time in the previous 12 months ranged from 3% of grade 7/8 students (combined) to 9% of grade 11 and 12 students (Figure 8).
- From 2007 to 2009, the prevalence of initiating smoking in the previous year remained static for all students (6%) and across grade (Figure 8).
- Over the period 2003 to 2009, past-year initiation among all students decreased from 9% to 6%.

**Figure 8: First Use of Cigarettes in the Past Year, by Grades 7–12, Ontario, 2003 to 2009, %**

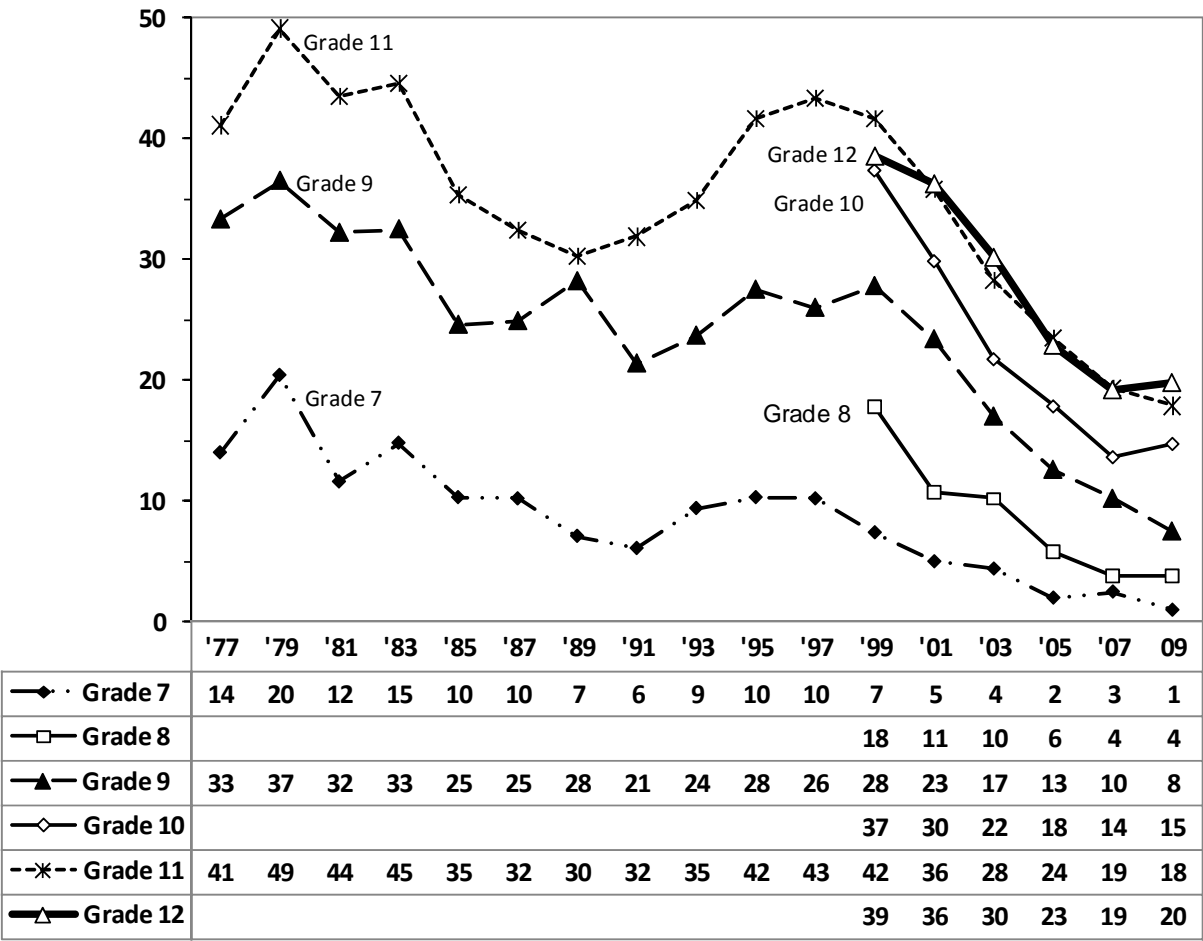


Source: OSDUHS 2003–2009 (Biennial).

Past-Year Smoking: Students in Grades 7 to 12

- Among students in grades 7 to 12, the overall prevalence of smoking more than one cigarette in the past year (1-year current smoking) was 12% in 2009, representing 119,600 Ontario students. (OSDUHS, data not shown)
- Rates of past-year smoking have declined over the past decade across grade; more recently, rates have remained relatively stable among all students (12% in 2007 and 2009) and across grade.
- In 2009, rates of past-year smoking among Ontario students continued to increase with grade, ranging from 1% for Grade 7 to 20% for Grade 12. (Figure 9).

Figure 9: Past-Year Smoking, by Grades 7–12, Ontario, 1977 to 2009, %

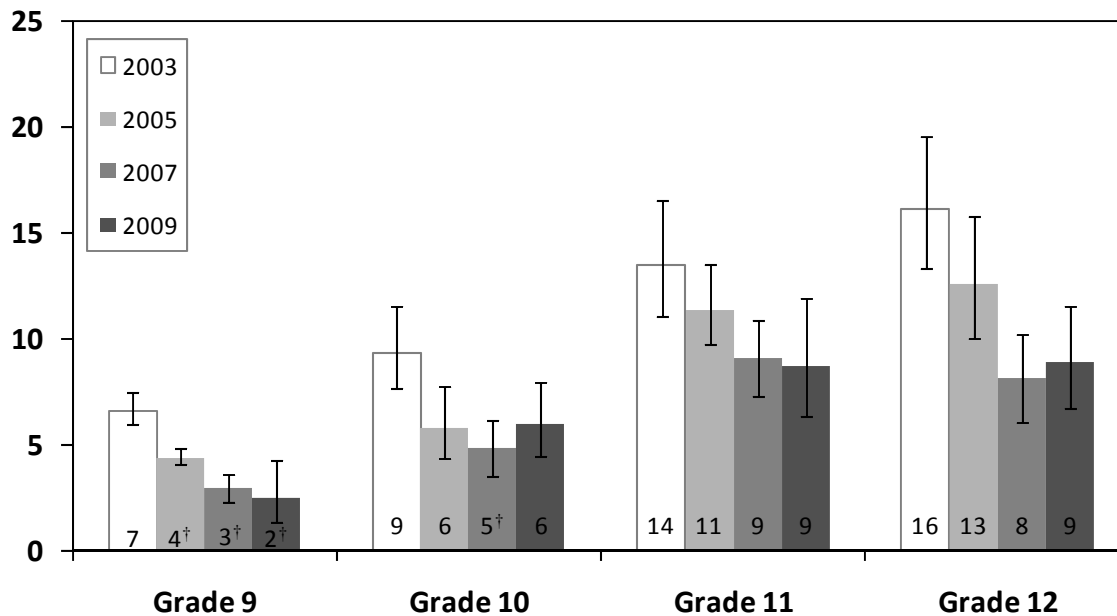


Note: Data collection for grades 8, 10, and 12 started in 1999.  
Source: OSDUHS 1977–2009 (Biennial).

### Current Smoking (Past 30 Days): Students in Grades 9 to 12

- From 2007 to 2009, the prevalence of past-30 day current smoking has remained static across all grades (Figure 10). (Data for grades 7 and 8 are not reportable due to high sampling variability.)
- From 2003 to 2009, students in grade 9 and grade 12 reported a significantly lower rate of past 30-day current smoking (Figure 10).
- In 2009, the prevalence of smoking in the past 30 days ranged from 2% in grade 9 to 9% in grades 11 and 12 (Figure 10).

**Figure 10: Current Smoking (Past 30 Days), by Grades 7–12, Ontario, 2003 to 2009, %**



† Interpret with caution, moderate levels of error associated with estimate—Coefficient of Variation (CV) between 16.6% and 33.3%.

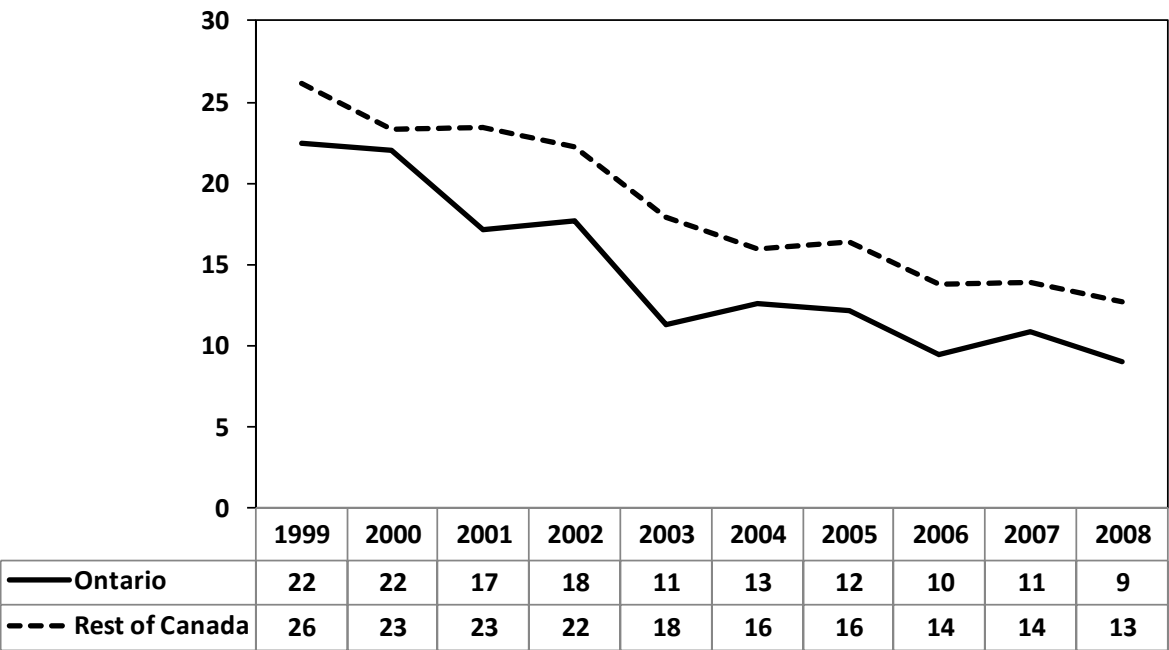
Note: Vertical lines represent 95% confidence intervals.

Source: OSDUHS 2003–2009 (Biennial).

**Current Smoking (Past 30 Days): Ages 15 to 19**

- Past 30-day smoking among Ontario youth aged 15–19 decreased from 22% to 9% between 1999 and 2008 (Figure 11), although there has been no significant change since 2002.
- In 2008, the rate of smoking in Ontario was significantly lower than in the rest of Canada (9% vs. 13%, respectively).

**Figure 11: Current Smoking (Past 30 Days), by Youth Aged 15–19, Ontario and the Rest of Canada, 1999 to 2008, %**



Source: CTUMS (Annual) 1999–2008.

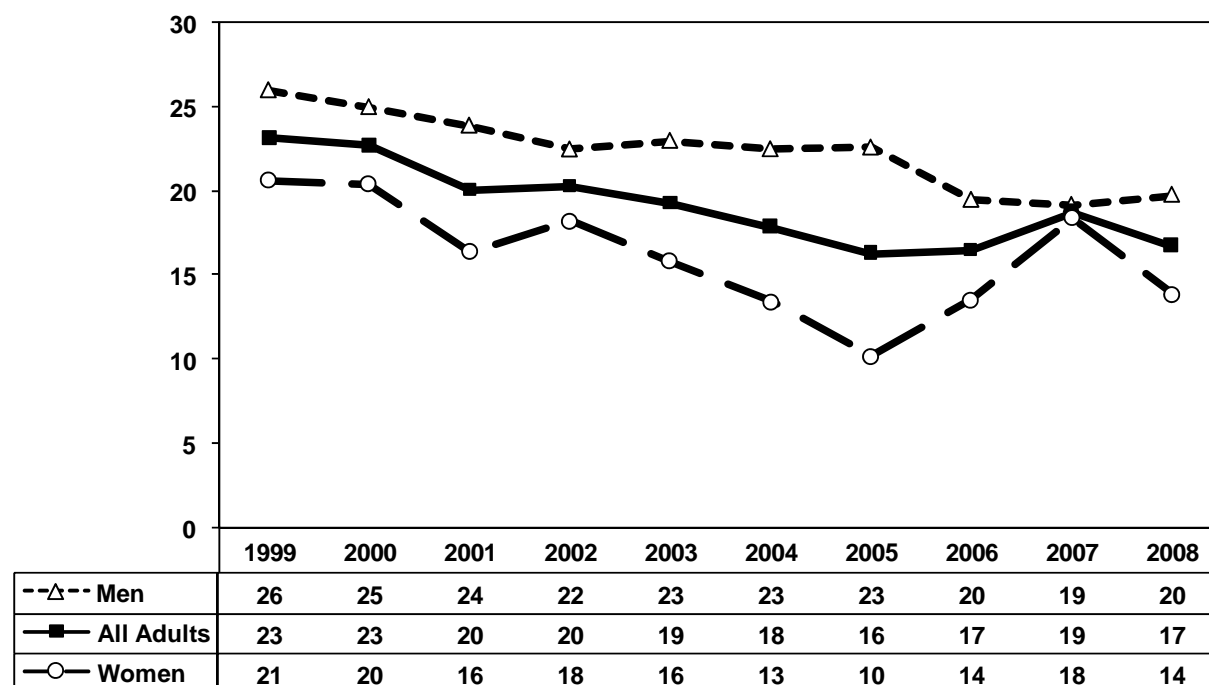
**Adult Smoking Behaviour**

Reducing the prevalence of smoking is a main objective of the Smoke-free Ontario Strategy. Indicators that underscore progress toward this goal are past 30-day current smoking (for example, by sex, age, education, and occupation), daily and occasional smoking, level of use (consumption), and dependence.

### Current Smoking (Past 30 Days)

- In 2008, 17% of Ontario adults aged 18 years and older were current smokers, which is significantly lower than the 23% reported in 1999 (Figure 12).
- Over the last several of years, the rate of current smoking among all adults has shown no clear trend (Figure 12).
- In recent years, rates of smoking among women have fluctuated considerably, with no clear pattern discernable. Between 1999 and 2008, there was a significant decline in smoking among women (21% vs. 14%).

**Figure 12: Current Smoking (Past 30 Days), by Sex, Ages 18+, Ontario, 1999 to 2008, %**

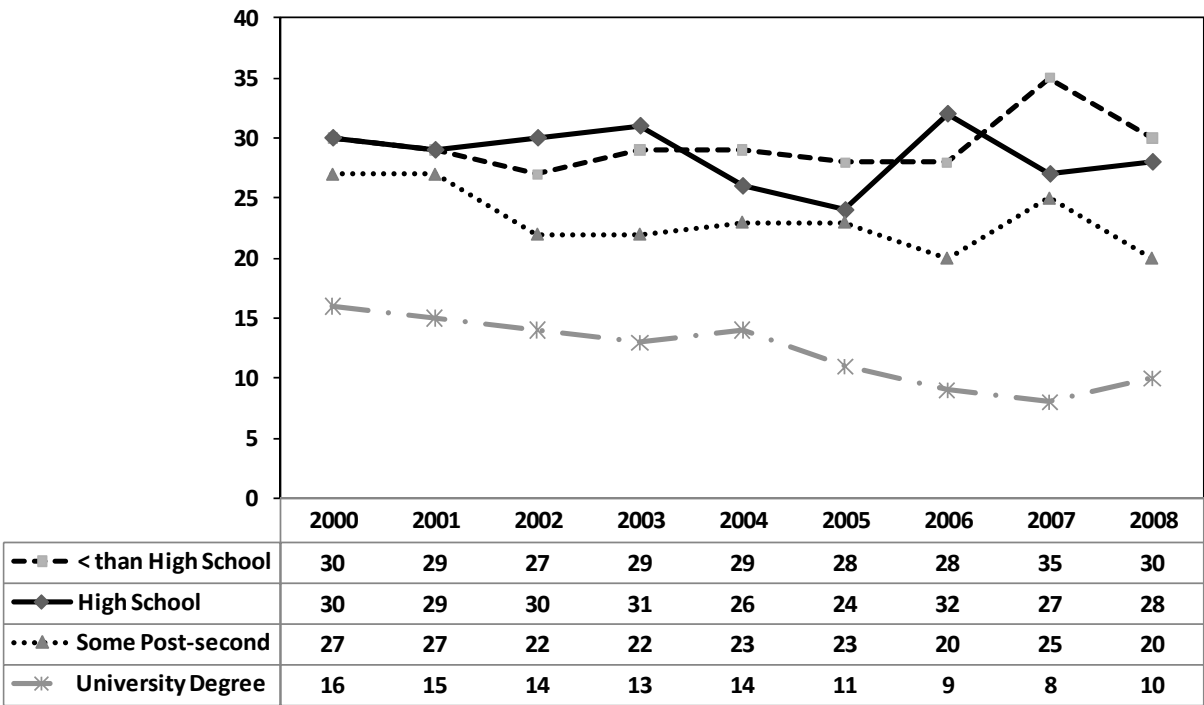


Source: CTUMS (Annual) 1999–2008.

Current Smoking (Past 30 Days) by Education

- In recent years, current smoking rates by educational level have fluctuated (albeit non significantly) making it difficult to discern a clear pattern (see Figure 13).
- The prevalence of smoking among Ontarians with lower levels of education (30% for those with less than high school education and 28% for those with high school education) has not decreased over the period 2000 to 2008 (Figure 13).
- Among Ontarians with some post-secondary education or a university degree, there appears to be a downward trend in the rate of smoking over the period 2000 to 2008, albeit differences are not statistically significant (Figure 13).
- In 2008, Ontarians aged 18 years or over who had less than a high school education or completed high school reported a higher prevalence of current smoking compared to those with higher levels of education (Figure 13). Those with a university were significantly less likely to be current smokers than all others (Figure 13).

Figure 13: Current Smoking (Past 30 Days), by Education, Ages 18+, Ontario, 2000 to 2008, %

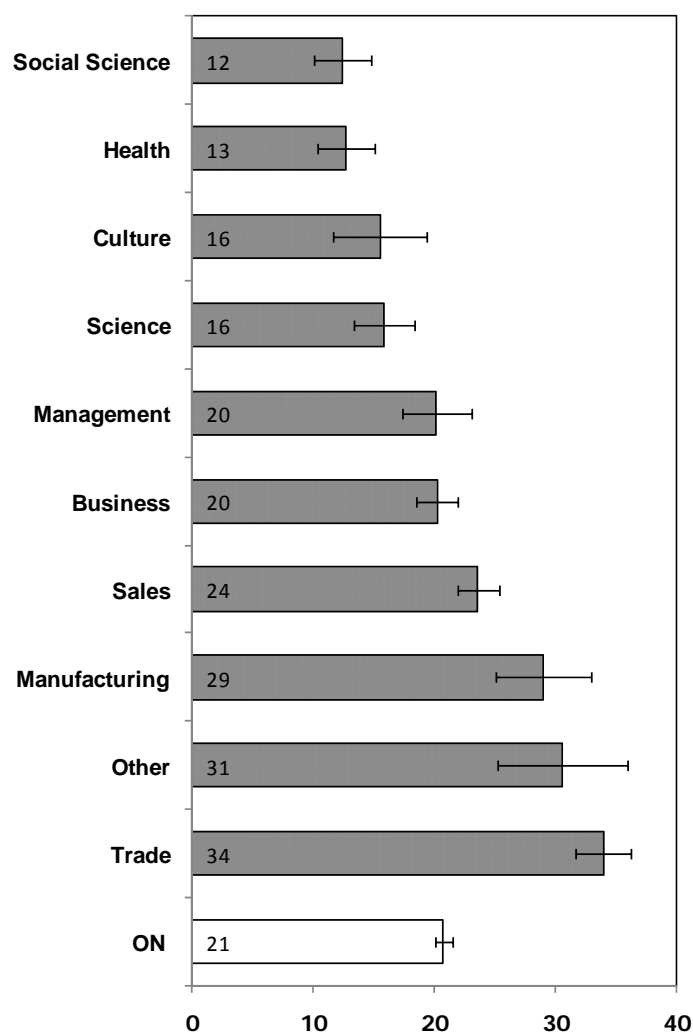


Source: CAMH Monitor 2000–2008.

### Current Smoking (Past 30 Days) by Occupation

- The prevalence of current smoking was highest among workers in manufacturing (29%) and trade (34%) occupations, representing a combined total of 418,700 of the 2.0 million smokers in Ontario aged 15 to 75 years (21% of all smokers; Figure 14).
- The occupational classification with the greatest number of current smokers was sales, representing 356,600 of the 2.0 million smokers in Ontario aged 15 to 75 years (17% of all smokers; Figure 14).
- Among unemployed Ontarians aged 15 to 75 years, the prevalence of current smoking was 26%, representing 104,400 of the 2.0 million smokers in Ontario aged 15 to 75 years (5% of all smokers). (Data not shown.)

**Figure 14: Current Smoking (Past 30 Days), by Occupation, Ages 15–75, Ontario, 2007/08, %**



Note: Horizontal lines represent 95% confidence intervals.

Source: CCHS 2007/08.

### Pregnancy and Smoking (Past 30 Days)

- In 2007/08, fifteen percent of pregnant women aged 15-49 years in Ontario were current smokers, representing 14,400 of the 608,600 female smokers aged 15-49 years in Ontario (or 2%; data not shown).

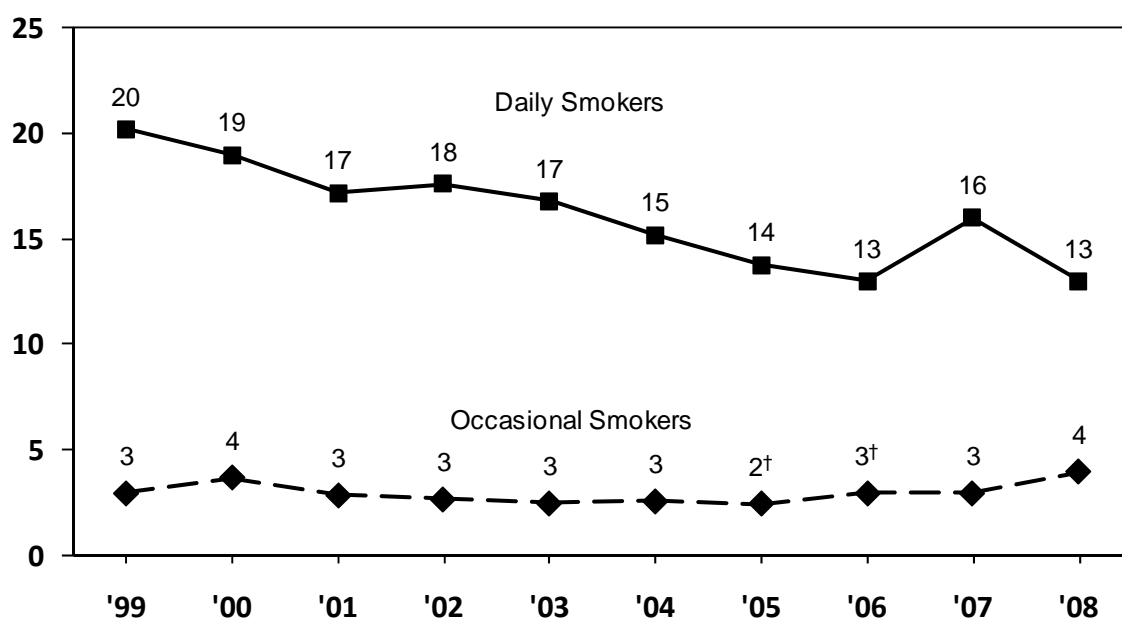
### Sexual Orientation and Smoking (Past 30 Days)

- One-third (33%) of Ontario residents aged 18-59 years who identified as being homosexual or bisexual were current smokers, representing 44,100 of the 1.8 million smokers aged 18-59 years in Ontario (or 2%; data not shown).

### Daily and Occasional Smoking (Past 30 Days)

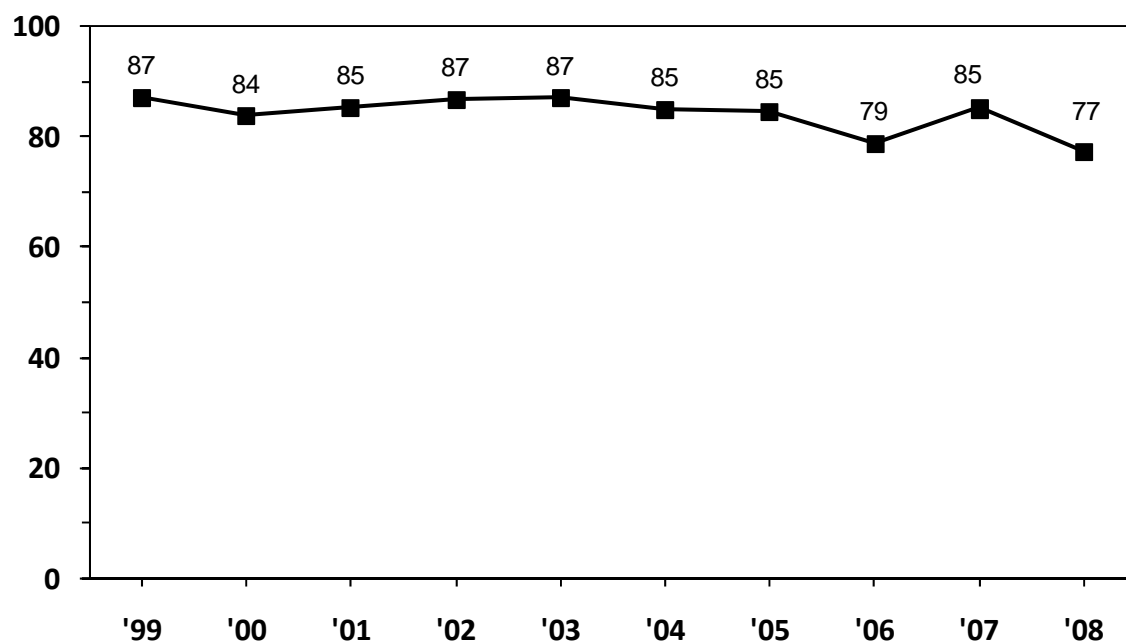
- In Ontario, the prevalence of current smoking among adults aged 18 or older in 2008 was 17% according to the Canadian Tobacco Use Monitoring Survey. Among current smokers, 13% were daily smokers and about 4% were occasional smokers (Figure 15).
- In recent years, there has been no clear pattern of change in rates of daily smoking (Figure 15).
- From 1999 to 2008, daily smoking among Ontario adults has decreased, from 20% in 1999 to 13% in 2008 (Figure 15).
- In 2008, men had a higher rate of smoking daily compared to women (16% vs. 10%; data not shown).
- Trend data indicate that the proportion of current smokers who smoke daily has declined over the years (Figure 16). In 1999, 87% of current smokers were daily smokers; this figure fell to 77% in 2008.

**Figure 15: Daily and Occasional Smoking (Past 30 Days), Ages 18+, Ontario, 1999 to 2008, %**



Source: CTUMS (Annual) 1999-2008.



**Figure 16: Daily Smoking as a Proportion of Current Smoking, Ages 18+, Ontario, 1999 to 2008, %**

Source: CTUMS (Annual) 1999–2008.

### Level of Use: Cigarettes per Day

In addition to reducing the prevalence of smoking, reducing the number of cigarettes smoked (consumption) among those who continue to smoke is an important aim of tobacco control.

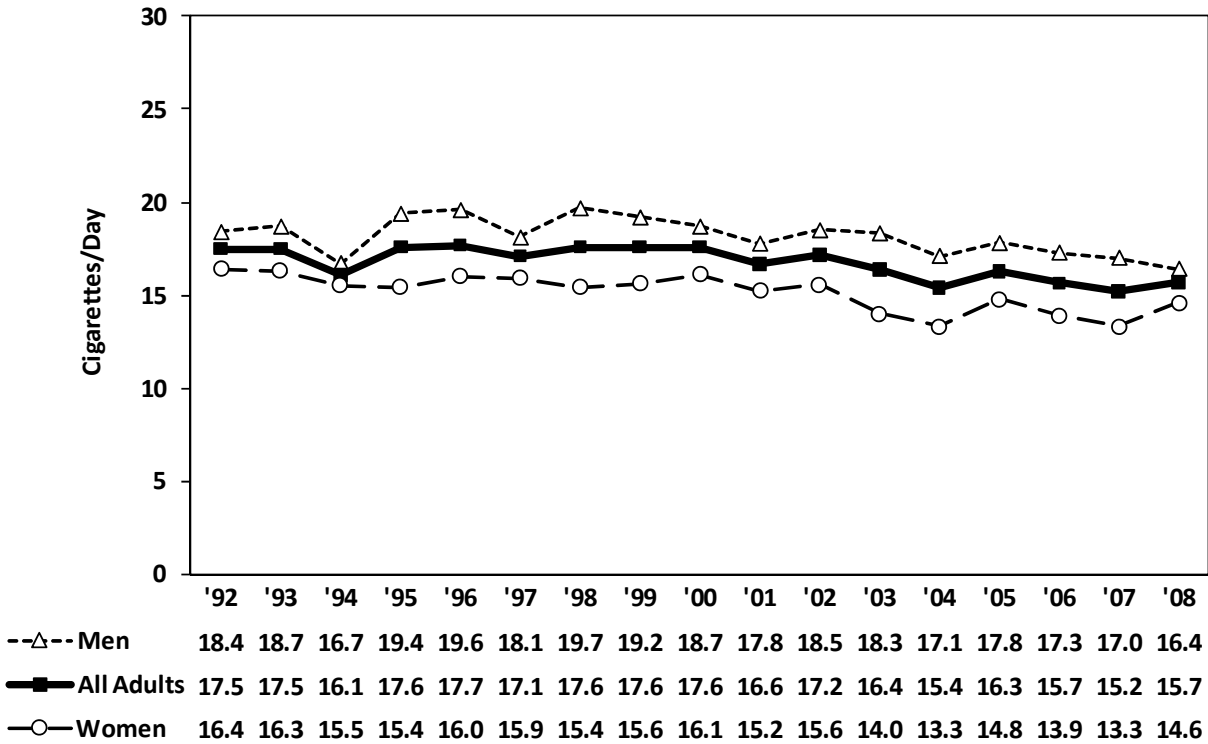
- In 2008, the mean number of cigarettes smoked per day by daily smokers in Ontario was 15.7 (Figure 17), a level which has remained unchanged in recent years.
- Over the period 1992 to 2008, men have consistently used slightly more cigarettes per day than women (Figure 17).

### Dependence

The Heaviness of Smoking Index combines the time to smoking the first cigarette each morning and the number of cigarettes smoked per day. A score of 0–2 indicates low dependence; 3–4, moderate dependence; and 5–6, high dependence.

- In 2008, about half (46%) of daily smokers had low dependence on cigarettes, 42% had moderate dependence, and 16% had high dependence, unchanged from the previous year (Ontario Tobacco Survey [OTS], 2008).
- Among daily smokers, there were significantly more females with low dependence than males (51% vs. 42%).

Figure 17: Mean Number of Cigarettes Smoked Daily, by Sex, Daily Smokers, Ages 18+, Ontario, 1992 to 2008



Source: CAMH Monitor 1992–2008.

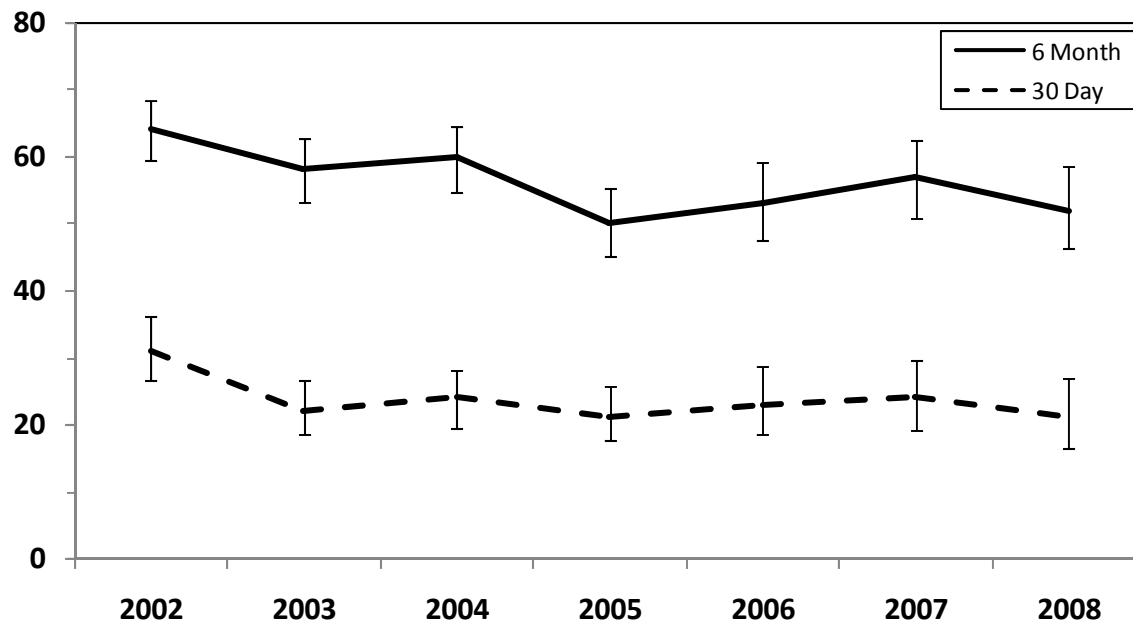
## Cessation

A main objective of tobacco control efforts is to increase smoking cessation among adults and youth. In working toward this goal, a desired outcome is to increase the proportion of smokers intending to quit and to increase the actual number of quit attempts. It is also desirable to have these quit attempts and successful quits occur earlier in a smoker's life.

### Intentions to Quit

- In recent years, there has been no significant change in the proportion of adult smokers who intend to quit smoking in the next six months.
- Six-month quit intentions in 2008 were lower in comparison to the rate in 2002 (52% vs. 64%; Figure 18).
- The prevalence of 30-day quit intentions in 2008 among Ontario smokers was 21%, a rate unchanged in recent years.

**Figure 18: Intentions to Quit Smoking within Next 30 Days and Next 6 Months, Current Smokers, Ages 18+, Ontario, 2002 to 2008, %**



Note: Vertical lines represent 95% confidence intervals.

Source: CAMH Monitor 2002–2008.

## Quit Attempts

- Half (49%) of all current smokers in Ontario made a quit attempt in the past year, representing 1 million of the 2.1 million smokers in Ontario (data not shown).
- Nineteen percent of current smokers in Ontario made a quit attempt in the past year and intended to quit in the next 30 days, representing 374,000 of the 2.1 million smokers in Ontario (CCHS, 2007/08, data not shown).
- About one-quarter (27%) of current smokers in Ontario had neither made a quit attempt in the past year, nor intended to quit in the next 6 months, representing 558,700 of the 2.1 million smokers in Ontario (CCHS, 2007/08, data not shown).
- In 2007/08, sub-populations of current smokers in Ontario with particularly high prevalence of past-year quit attempts were: pregnant women (75%), 15 to 19 year-old males (66%) and females (65%), individuals who identified as being black (63%), and individuals who immigrated to Canada within the past 5 years (61%). (CCHS, data not shown). [Note: In the near future, the Ontario Tobacco Research Unit will be releasing a Special Report on a segmentation analysis of Ontario smokers, which will include detailed information on quitting behaviour.]
- Sub-populations of current smokers in Ontario with the greatest number of individuals reporting past-year quit attempts were: individuals who spoke English at home (858,900), individuals who identified as being white (764,500), individuals who were born in Canada (759,000), individuals who first learned to speak English (737,400), and individuals who reported unhealthy eating (663,400). (CCHS, 2007/08, data not shown).

## Former Smokers

### Quit Duration

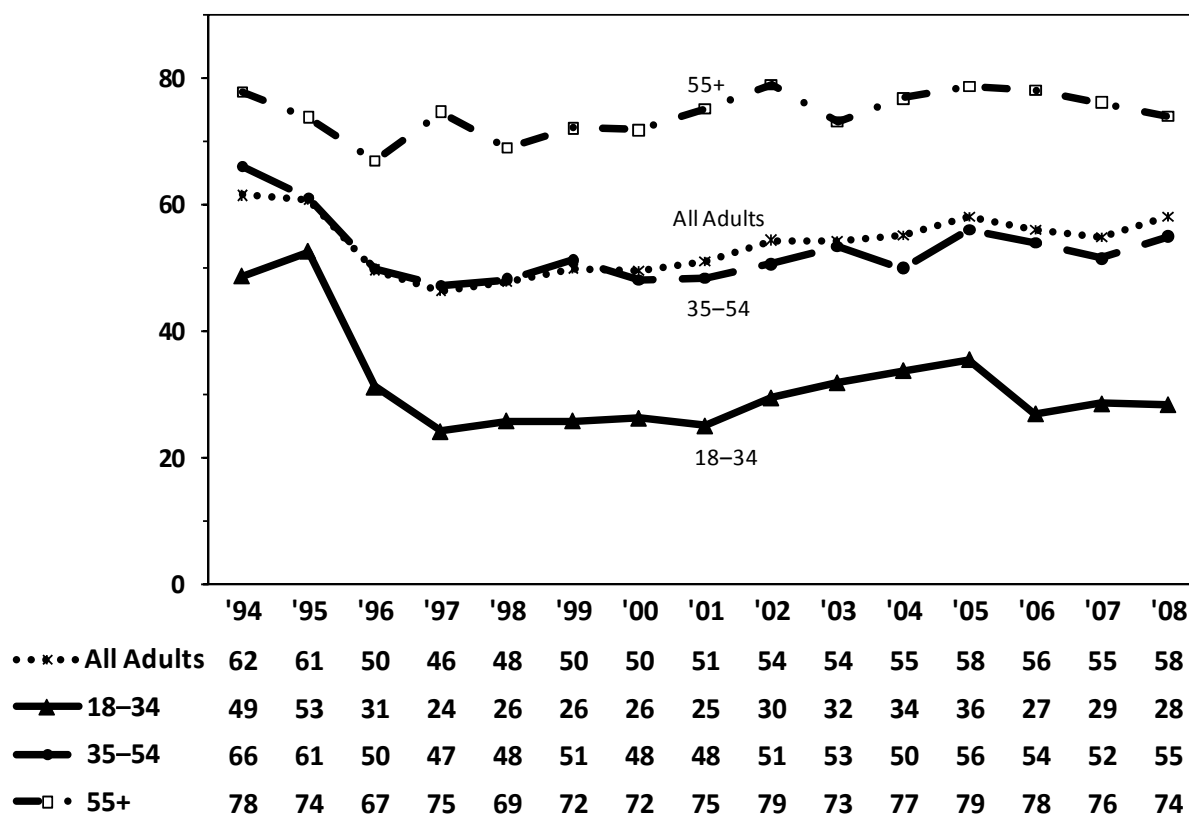
- Among ex-smokers, 5% (118,800 people) reported quitting from 1 to 6 months before they were surveyed, 2% (58,300 people) reported quitting from 7 to 11 months ago. Sixteen percent of ex-smokers quit between 1 and 5 years ago, and 77% quit smoking more than 5 years ago (CAMH Monitor 2008, data not shown).

## Quit Rate

The quit rate is the percentage of ever smokers (that is, former and current smokers) who have successfully quit smoking (with success defined as not smoking for at least one year) and is derived by dividing the number of former smokers by the number of ever smokers in a population.

- In 2008, 6 in 10 adults who had ever smoked had quit for at least one year (Figure 19). Adults aged 18 to 34 had the lowest rate of quitting (28%) among all ever smokers.
- In recent years, there has been some fluctuation in quit rates, albeit differences are not significant.
- Among adult ever smokers, there has been an increase in the quit rate over the last decade from 48% in 1998 to 58% in 2008.

**Figure 19: Quit Rate (Former Smokers as a Proportion of Ever Smokers), by Age, Ontario, 1994 to 2008, %**

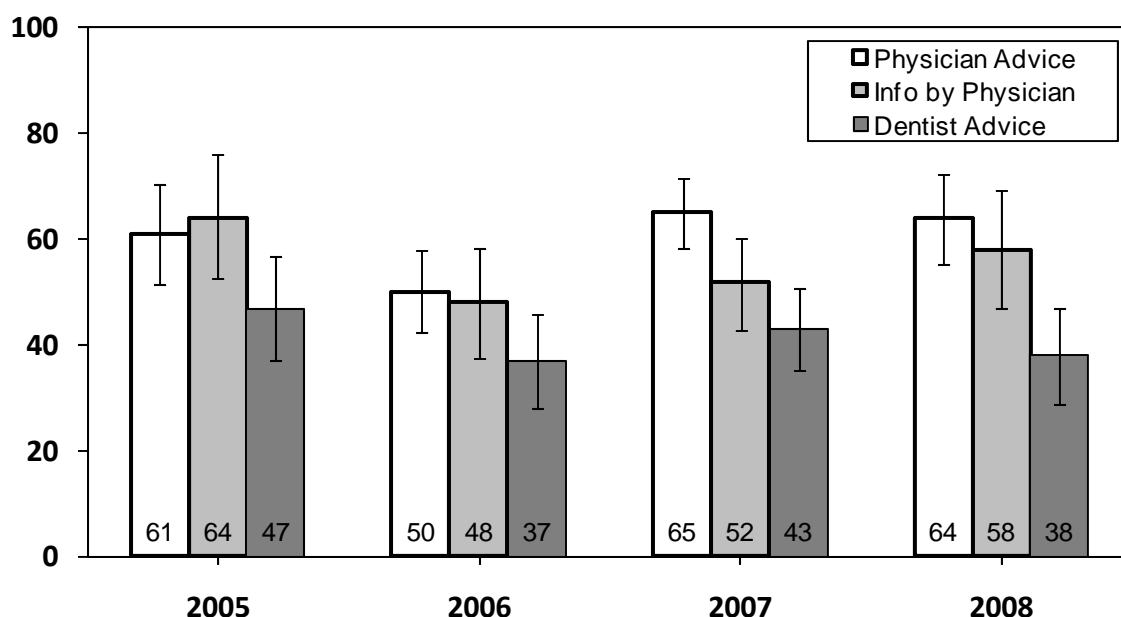


Source: CAMH Monitor 1994–2008.

## Health Professional Advice

- In 2008, two-thirds of all smokers aged 18 or older (64%) who had visited a physician in the past year had been advised to quit smoking (Figure 20).
- For the period 2005 to 2008, the prevalence of being advised by a physician to quit smoking has remained stable.
- The prevalence of physicians offering information about quitting has also remained stable over this period.
- Of current smokers in Ontario who had visited a dentist in the past year, 38% reported that their dentist had advised them to quit smoking.

**Figure 20: Health Professional Advice and Provision of Information, Ages 18+, Ontario, 2005 to 2008, %**



Source: CTUMS 2005–2008.

## Quit Aids

- In 2008, among Ontario smokers and recent (6-month) quitters who had attempted to quit smoking or reduce their smoking in the previous 6 months, 34% had used some sort of pharmaceutical or behavioural aid (OTS, 2008; data not shown).
- Three in ten (or 31%) used pharmaceutical aids (such as the nicotine patch, gum, or inhaler; Zyban or Wellbutrin)
- Fourteen percent used some sort of behavioural aid (such as self-help material, website, group counselling, specialized addiction counsellor, a smokers' telephone helpline, or a quit program).

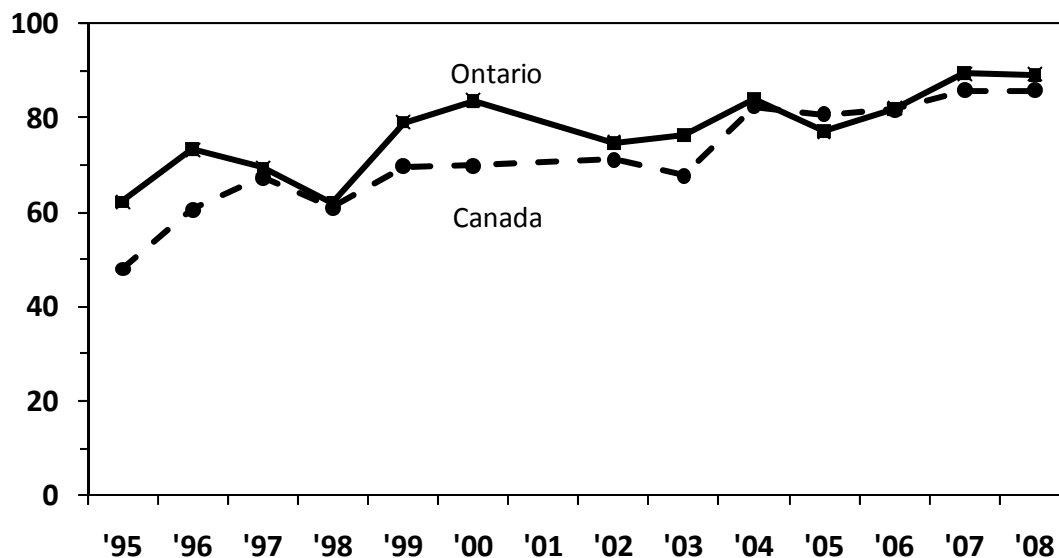
## Prevention

### Youth Access

#### Retailer Compliance

- In Ontario, retailer compliance with selling cigarettes to minors has steadily increased over the years (from 62% in 1995 to 89% in 2008; Figure 21). Over this same period, the national compliance rate changed from 48% to 86%.
- In 2008, compliance ranged from 75% in Manitoba to 95% in Saskatchewan, with Ontario falling in the high end at 89%.
- For two consecutive years in a row, Ontario's rate of compliance has approached the 90% threshold (89% in both 2007 and 2008).

**Figure 21: Retailer Compliance, Ontario and Canada, 1995 to 2008, %**



*Note:* Canada average includes Ontario. Data from 1995 to 2001 based upon 25 core cities; 2002 to 2008 data based upon 30 cities. Data not collected in 2001.

*Source:* Health Canada. Evaluation of Retailers' Behaviour towards Certain Youth Access-to-Tobacco Restrictions (2008)

#### Source of Cigarettes

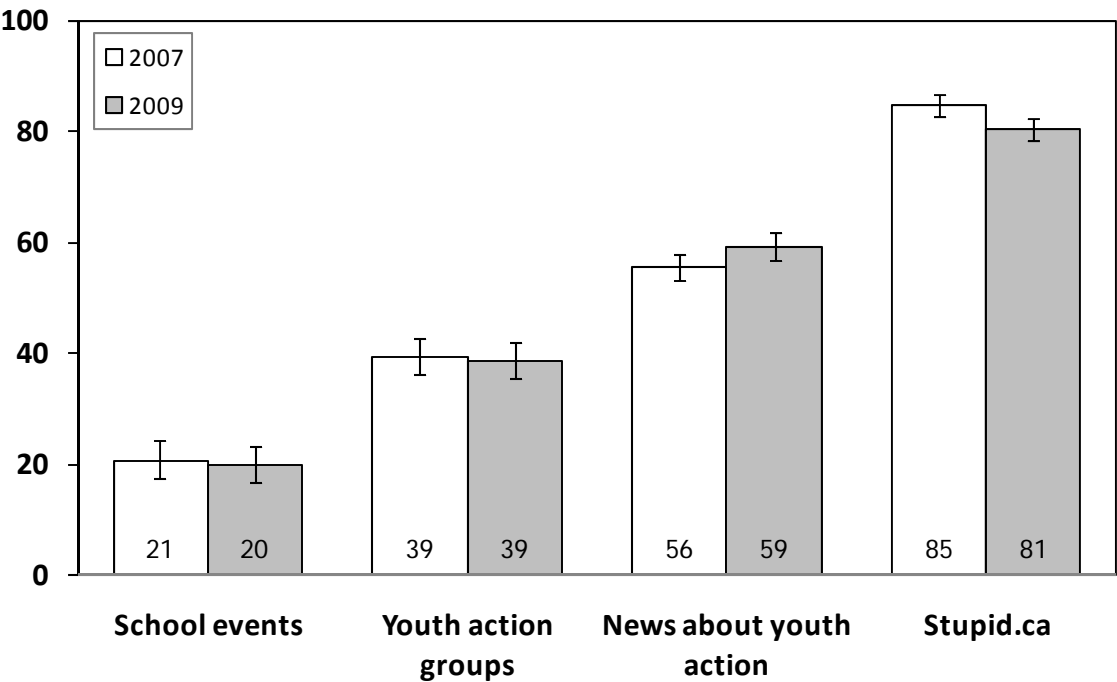
- Among students in Ontario who had smoked at least a whole cigarette in the past 12 months, 58% got their last cigarette from a friend or family member; 17% from a corner store, grocery store, supermarket, gas station or bar; 8% from someone else; and 3% got their last cigarette from a First Nations reserve (OSDUHS 2009, data not shown).
- In 2009, 53% of students in grade 7 to 12 believed it would be easy to obtain cigarettes if they wanted them, unchanged from 2005 (57%; OSDUHS 2009, data not shown). Half of all students who were nonsmokers believed it was easy to obtain cigarettes if they wanted them.

Among smokers, 95% considered it easy to obtain cigarettes (OSDUHS 2009, data not shown).

**Awareness of School and Community Prevention Initiatives**

- In 2009, 20% of students in Grades 7 to 12 were aware of activities or events at their school to stop students from smoking, unchanged from 2007 (21%; Figure 22).
- In 2009, 39% of all students were aware that there were groups of youth in their community who were working together to raise awareness about smoking and tobacco issues, unchanged from 2007.
- Six in ten students (59%) were aware of news stories about youth trying to raise awareness about cigarette smoking in 2009, which is not statistically different from the level of awareness reported in 2007 (56%).
- Between 2007 and 2009, student awareness of banners or advertisements (for example, on TV, in the theatre, or on a billboard) with the phrase “stupid.ca” slightly decreased from 85% to 81%.

**Figure 22: Student Awareness of School and Community Prevention Initiatives, Students (Grades 7 to 12), Ontario, 2007 and 2009, %**



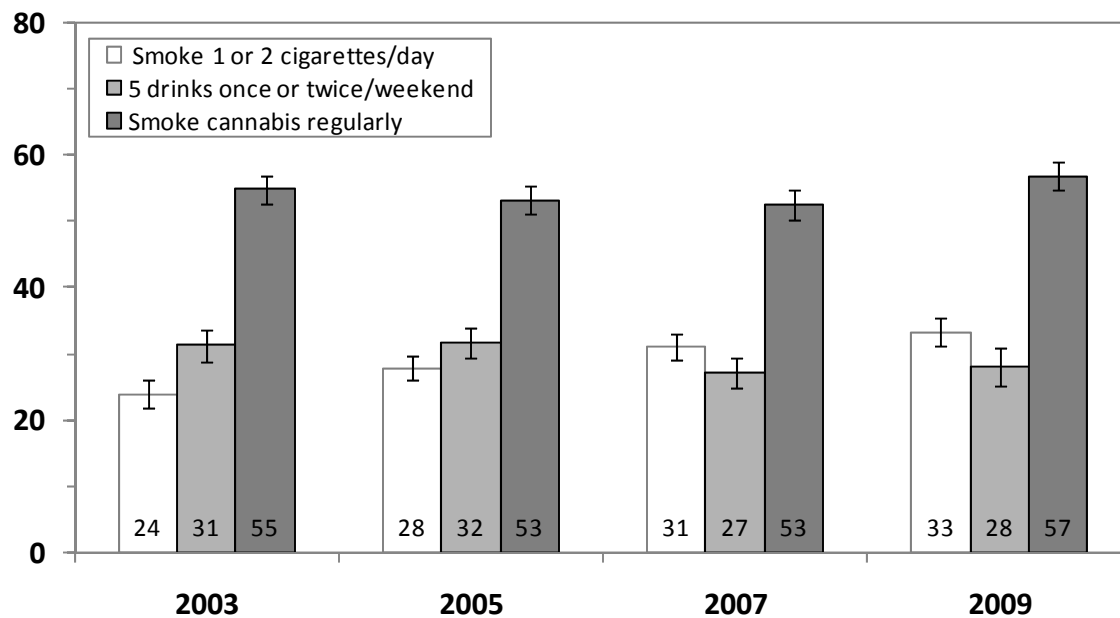
Source: OSDUHS 2007–2009 (Biennial).



## Perceptions of Risk/Harm

- Among students in grades 7 to 12, 33% believe that smoking 1 or 2 cigarettes a day puts them at great risk of harming themselves, a significant increase over the level reported in 2003 (24%) and 2005 (28%; Figure 23).
- Fewer students believe that smoking 1 or 2 cigarettes a day puts them at great risk (33% of students) compared to smoking cannabis regularly (57% of students).
- Nonsmokers were more likely to believe that smoking one or two cigarettes a day was a great risk compared to current smokers (35% vs. 8%; data not shown).

**Figure 23: Student Beliefs About How Much of a Risk there is to Themselves by Using Cigarettes, Alcohol, or Cannabis, Students (Grades 7 to 12), Ontario, 2003 to 2009, %**



Note: Vertical lines represent 95% confidence intervals.

Source: OSDUHS 2003–2009 (biennial).

## Public Attitudes Toward Youth-Oriented Policies

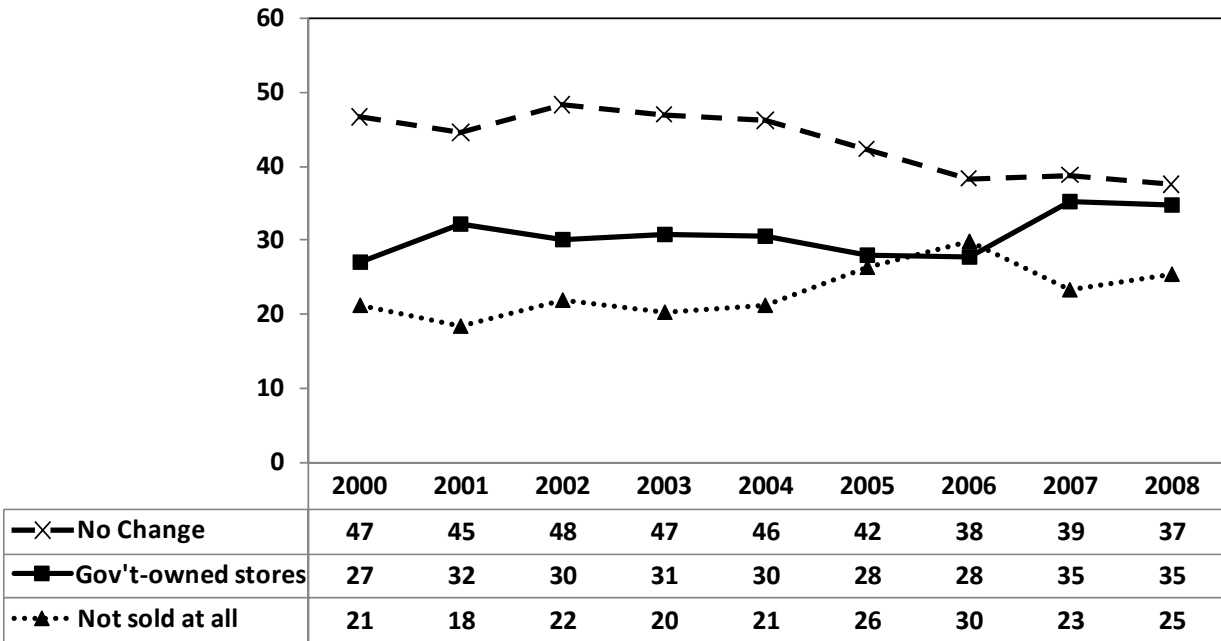
Increasing cigarette prices through higher taxation is regarded as one policy lever that prevents the uptake of smoking among youth and encourages quitting behaviour among established smokers.

- In 2006, 40% of Ontario adults believed taxes on cigarettes should be increased, whereas only 19% believed taxes should be decreased (CAMH Monitor, data not shown).

The availability of cigarettes to youth is of concern to many Ontarians who recognize the addictive nature of this product and the morbidity and mortality it causes.

- Over the period 2000 to 2008, public support for selling tobacco as it is sold now declined (47% vs. 37%, respectively; Figure 24). While there was moderate support in 2008 for selling tobacco in government owned stores, such as LCBO stores, or not selling it at all (37% and 25%, respectively), it is not clear from the reported data whether support for these initiatives is static or increasing.
- In 2009, half of all students (47%) believed tobacco should not be sold at all, a significant increase over that reported in 2005 (38%). In 2009, 23% of Ontario students believed tobacco should be sold only in government stores and 15% believed tobacco should be sold as it is now (OSDUHS, data not shown).
- Six in ten adults (63%) expressed agreement that the number of retail outlets selling cigarettes should be reduced (CAMH Monitor 2008, data not shown).

**Figure 24: Beliefs about How Tobacco should be Sold, Ages 18+, Ontario, 2000 to 2008, %**



Source: CAMH Monitor 2000–2008.

In recent years, several issues that have received growing attention are tobacco companies’ use of the cigarette package as advertisement and smoking in movies.

- Among Ontario adults, the level of support for selling cigarettes in plain white packages as a way to discourage youth from smoking has been consistently high in recent years, with 2008 levels reaching 68%. (CAMH Monitor, data not shown).
- In 2006, 66% of adults in Ontario reported agreement with the view that movies that show characters smoking should be rated at least a PG.

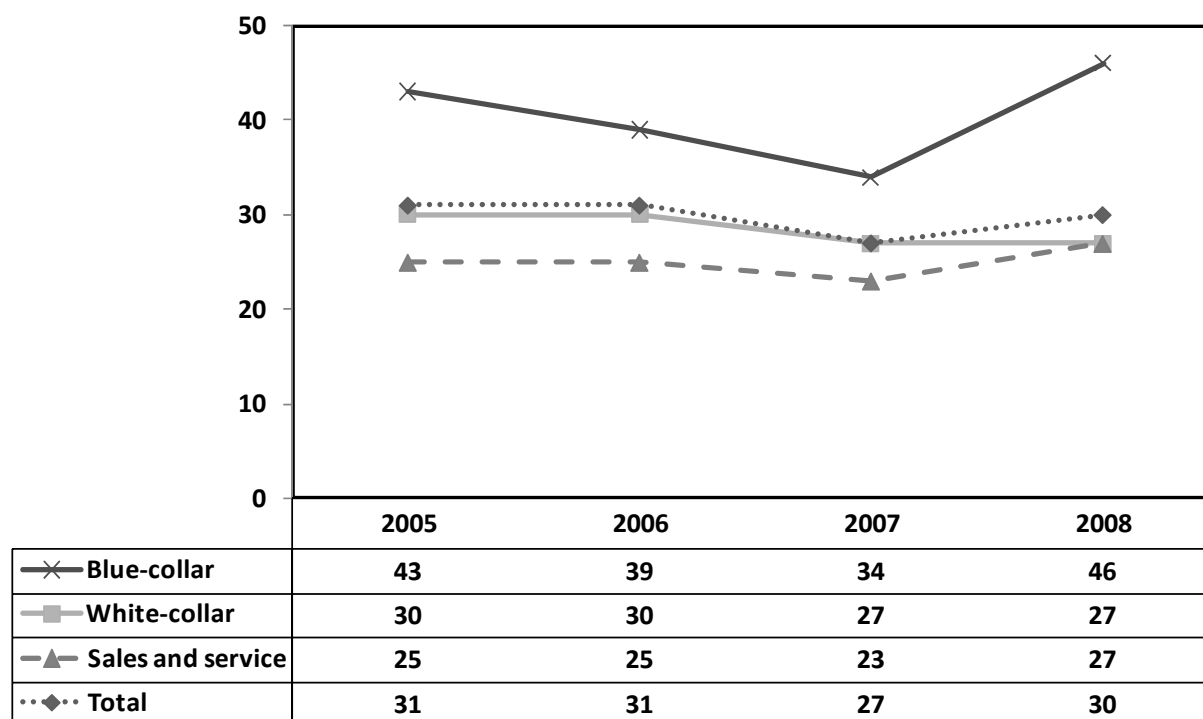
## Protection

### Secondhand Smoke in Enclosed Workplaces and Public Places

Reducing exposure to secondhand smoke in enclosed workplaces and indoor public places, including restaurant and bars, is an objective of the Smoke-Free Ontario Strategy. On May 31, 2006, the smoke-free provisions of the *Smoke-Free Ontario Act* came into force, which prohibited smoking in enclosed public places and workplaces including bars, casinos and common areas of multi-unit dwellings. Prior to the *SFOA* coming into force, 9 out of 10 Ontarians were covered by local smoke-free restaurant and bar bylaws (91% and 87%, respectively). However, more than half of these bylaws (54%) allowed for designated smoking rooms or DSRs.

#### **Workplace Exposure**

- Over the period 2005 to 2008, overall (indoor and outdoor) exposure to secondhand smoke among workers aged 15 years and older has not declined (31% in 2005 and 30% in 2008; Figure 25).
- Blue-collar workers had a significantly higher level of exposure to secondhand smoke while working compared to workers in other occupations (Figure 25).
- In 2008, 8% of adult workers in Ontario were exposed to secondhand smoke while indoors at work (CAMH Monitor, data not shown).
- The proportion of Ontario workers who reported their workplace was covered by a total indoor smoking ban increased from 64% in 1998 to 96% in the first half of 2007, the most current year for which data is available (CAMH Monitor, data not shown). (The *Smoke-Free Ontario Act*, which banned smoking in indoor worksites [as well as other sites], came into force May 31, 2006).

**Figure 25: Workplace Exposure, by Occupation, Ages 15+, 2005 to 2008, %**

Source: CTUMS 2005–2008.

## Public Places Exposure

### Restaurant and Bars

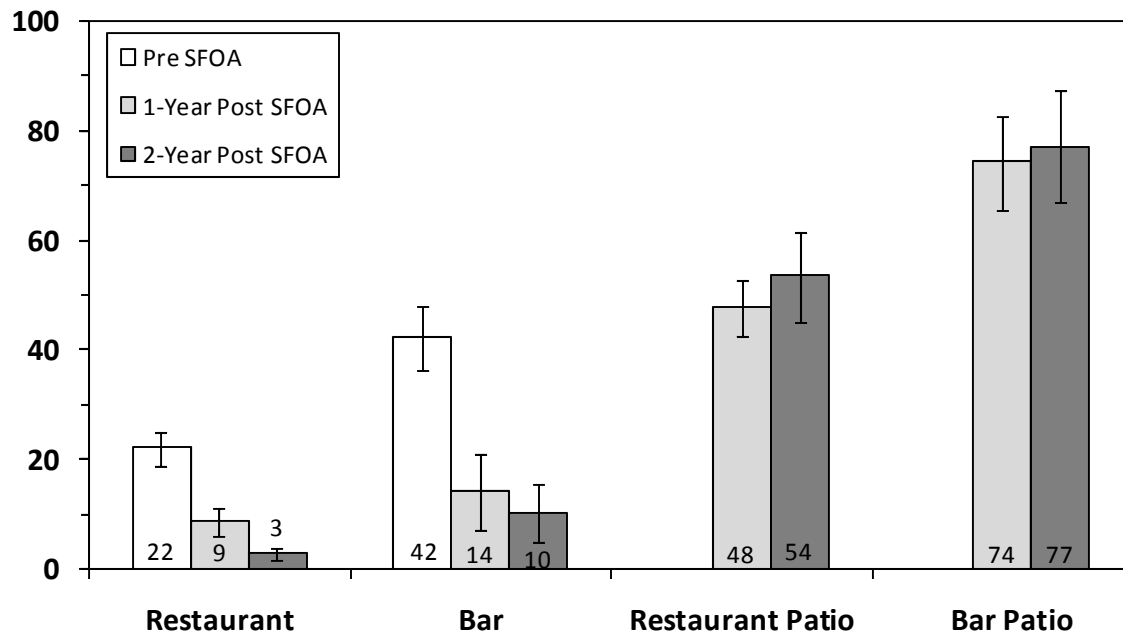
- In the one-year period before implementation of the *Smoke-Free Ontario Act*, which came into force May 31, 2006, 22% of Ontario adults who were inside a restaurant in the past month reported people smoking around them. Since that time, exposure has significantly decreased (to 9% in the year after implementation and to 3% in the second year after implementation; Figure 26).
- Secondhand smoke exposure in bars among the population of adults visiting these establishments in the past 30 days was 42% prior to the *Act*, 14% in the year following implementation, and 10% in the second year after implementation.
- In the one-year period following implementation of the *Act*, secondhand smoke exposure on patios among restaurant and bar patrons in the past 30 days was 48% and 74%, respectively. In the second year following implementation, similar rates of exposure were reported (54% and 77%, respectively).
- In the second year after implementation of the *SFOA*, the number of Ontario adults exposed to secondhand smoke on restaurant patios in the past 30 days totaled 2,083,256 and the number exposed on bar patios totaled 1,690,198.

- Over the first 6 months of 2008, 3 in 4 Ontario adults (75%) agreed that smoking should not be allowed on restaurant and bar patios, a significant increase over 2007 (61%) and a substantial increase from the level of support in 2005 (50%; CAMH Monitor, data not shown).

### Other Public Places

- In 2008, about half of all Ontarians reported being exposed to secondhand smoke at entrances to buildings in the previous month (53%), a level of exposure that has remained unchanged in recent years (CTUMS, data not shown).
- Exposure to secondhand smoke outdoors has also remained relatively stable in recent years (52% in 2006 and 56% in 2008; CTUMS, data not shown).
- In 2008, the level of support among Ontario adults for banning smoking on sidewalks was 47%. Similarly, half of all adults (50%) agreed that smoking should be banned in parks and on beaches (CAMH Monitor, data not shown).

**Figure 26: Past-Month Exposure to Secondhand Smoke at Restaurants or Bars, 1 Year before Passage of the Smoke-Free Ontario Act and 1 and 2 Years after Implementation, Ages 18+, Ontario, %**



Note: Vertical lines represent 95% confidence intervals. The Smoke-Free Ontario Act (SFOA) was implemented May 31, 2006.

Source: Ontario Tobacco Survey 2005–2008.

## **Secondhand Smoke in Homes and Vehicles**

Reduction of secondhand smoke exposure in homes and vehicles is one objective of comprehensive tobacco control programs, with particular emphasis on protecting children and youth from secondhand smoke.

### ***Household Exposure***

One common objective of tobacco control is to increase the adoption of voluntary policies to make homes smoke-free.

- In 2008, 6% of nonsmoking Ontarians aged 12 years and older were exposed to secondhand smoke in their home every day or almost every day (Figure 27). This level is a significant decrease from the level reported in 2005 (7%) and 2003 (9%).
- Among 12 to 19 year old nonsmokers living with a smoker, 13% were exposed to secondhand smoke in their home in 2008, which is a twice the exposure reported by all respondents (aged 12 and over, or 6%). Respondents aged 12 to 19 had a significantly lower rate of exposure in 2008 compared to levels reported in 2005 (18%) and 2003 (21%).

### **Public Opinion**

- In 2008, 83% of adults in Ontario believed that smoking should not be allowed inside multi-unit dwellings with shared ventilation including apartment buildings, rooming houses, and retirement homes. This is a 10% increase from 2006 (73%, CAMH Monitor, data not shown).
- In 2008, eight in ten respondents (78%) agreed that parents should not be allowed to smoke inside their home when children are present, which is significantly higher than the level of agreement reported in 2006 (70%).

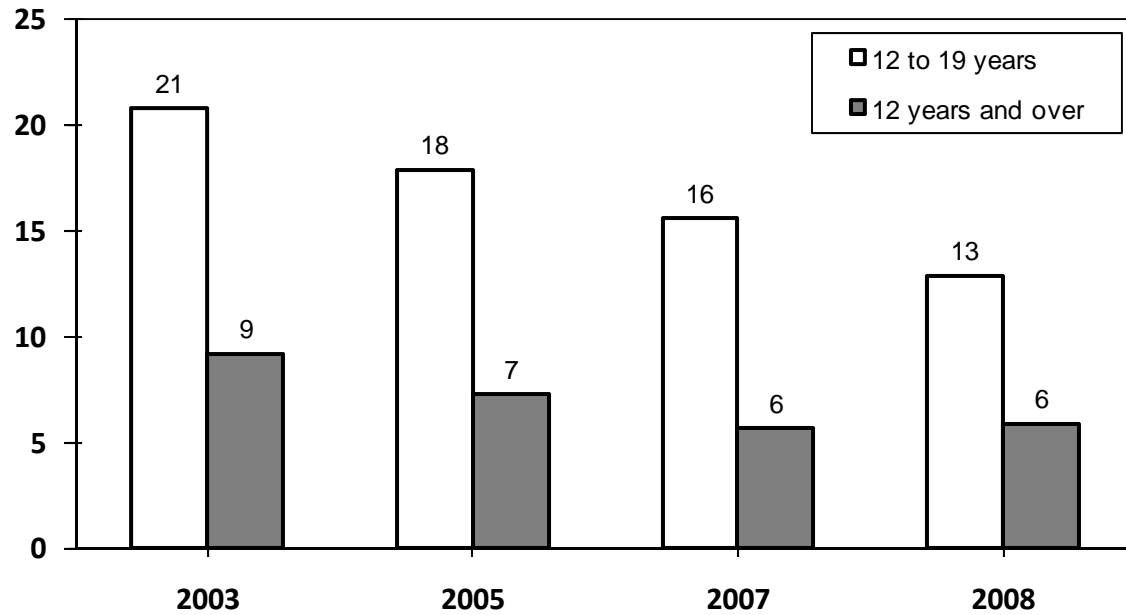
### ***Vehicular Exposure***

Effective January 21, 2009, Ontario banned smoking in vehicles with children under age 16, with a fine of up to \$250 for each offence.

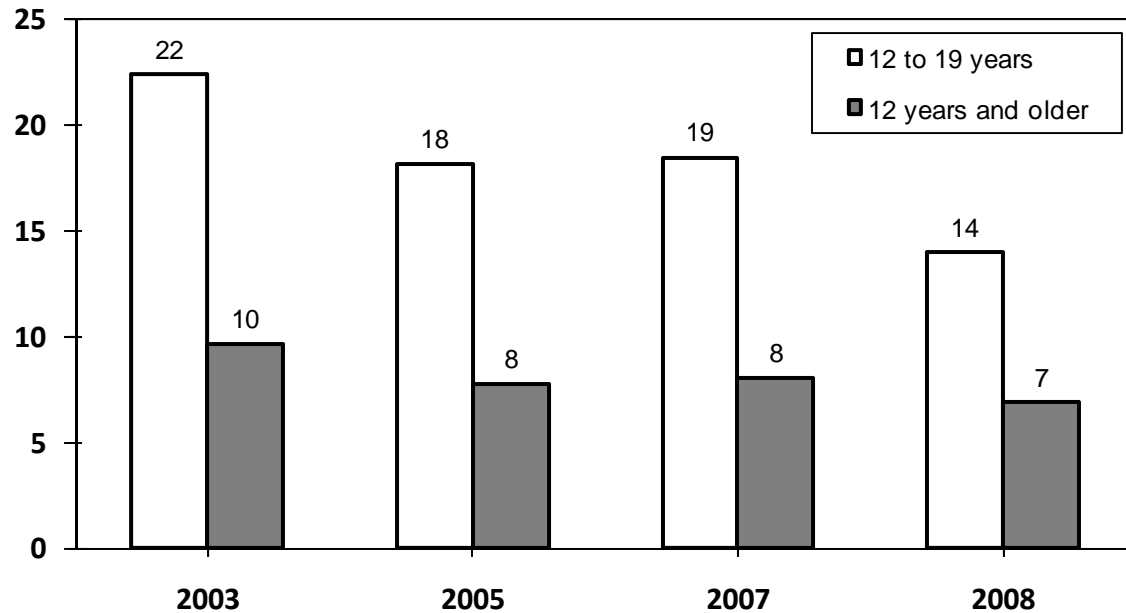
- Among nonsmoking Ontarians aged 12 years and over, exposure to secondhand smoke in vehicles was significantly lower in 2008 (7% ) compared to 2007 (8%) and 2003 (10%; Figure 28).
- Exposure to secondhand smoke in vehicles among nonsmokers aged 12 to 19 significantly decreased in 2008 compared to previous years (Figure 28).

### **Public Opinion**

- In the first half of 2008, 87% of Ontario adults agreed smoking should not be allowed in cars with children, significantly higher from the 78% support reported in 2006 (CAMH Monitor, data not shown).

**Figure 27: Nonsmoker's Exposure to Secondhand Smoke at Home (Every Day or Almost Every Day), by Age and Year,**

Source: Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups, occasional, CANSIM (database).

**Figure 28: Nonsmoker's Exposure to Secondhand Smoke in Vehicles (Every Day or Almost Every Day), by Age and Year, %**

Source: Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups, occasional, CANSIM (database).

## Special Populations: Young Male Smokers

Increasing the rate of smoking cessation among young adults is a key goal of tobacco control. Because of the very high prevalence of smoking in this group, achievement of this goal will have substantial public health benefit and societal impact at a population level. Quitting before the age of 35 can result in a life expectancy comparable to that of someone who has never smoked.

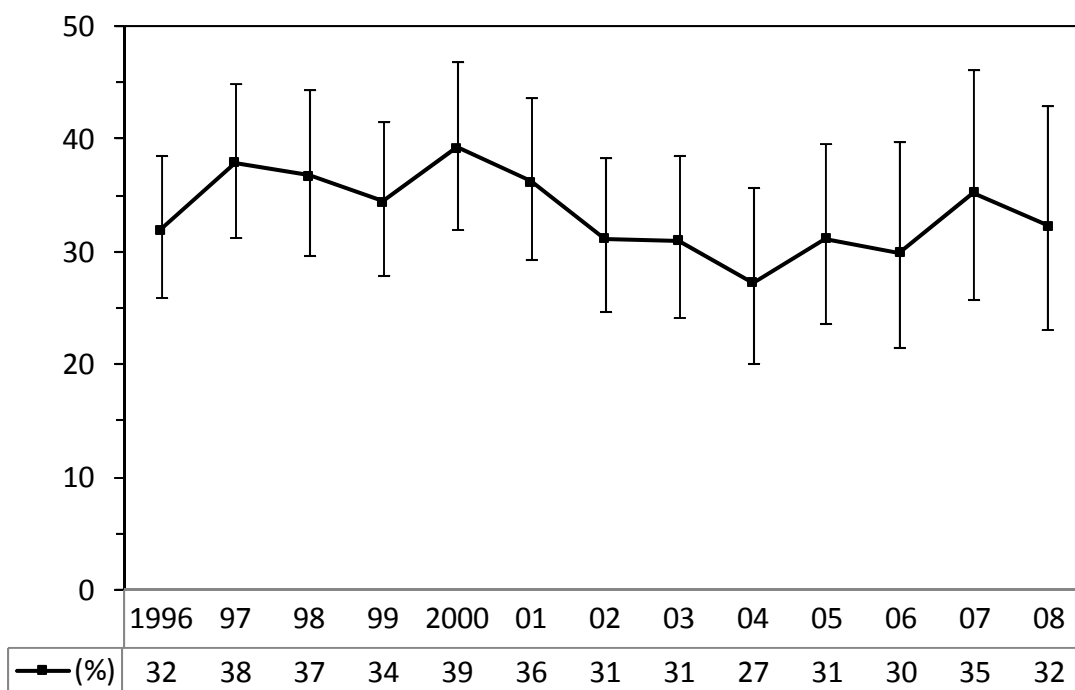
### Smoking Behaviour

- According to the Canadian Community Health Survey (2007/08), 27% of men from Ontario aged 20–24 and 37% of men aged 25–29 were current smokers. The rate of smoking among 25–29 year old men was significantly higher than that of women the same age (37% vs. 24%) and almost double that of Ontario's general smoking rate (37% vs. 19%; see Figure 4, Smoking Behaviour section).
- Since 1996, the rate of smoking among males aged 18–29 has remained relatively stable, with no discernable pattern in recent years (see Figure 29, Centre for Addiction and Mental Health Monitor).
- For the period 2003–2008, the prevalence of smoking amongst young adult males was significantly lower for students (23%) compared to those who were employed (33%) or whose status was classified as other (43%). This pattern has been consistent over time (see Figure 30).
- According to the Ontario Tobacco Survey (OTS), male smokers aged 19–29<sup>iii</sup> were significantly less likely to be daily smokers than male smokers aged 50 to 69 (79% vs. 92%;  $p < 0.05$ ) (Table 2).<sup>iv</sup>
- Young male smokers aged 19–29 smoked fewer cigarettes per day on average than older male smokers (13 for 19–29 year olds vs. 16 for 30–49 year olds, and 20 for 50–69 year olds,  $p < 0.001$  (OTS, data not shown)).

<sup>iii</sup> The age range for the analyses of the Ontario Tobacco Survey centres on 19 to 29 year old males. Analyses from the Centre for Addiction and Mental Health Monitor extend to 18 year old males (18 to 29 inclusive) in order to increase sample size to better meet release criteria.

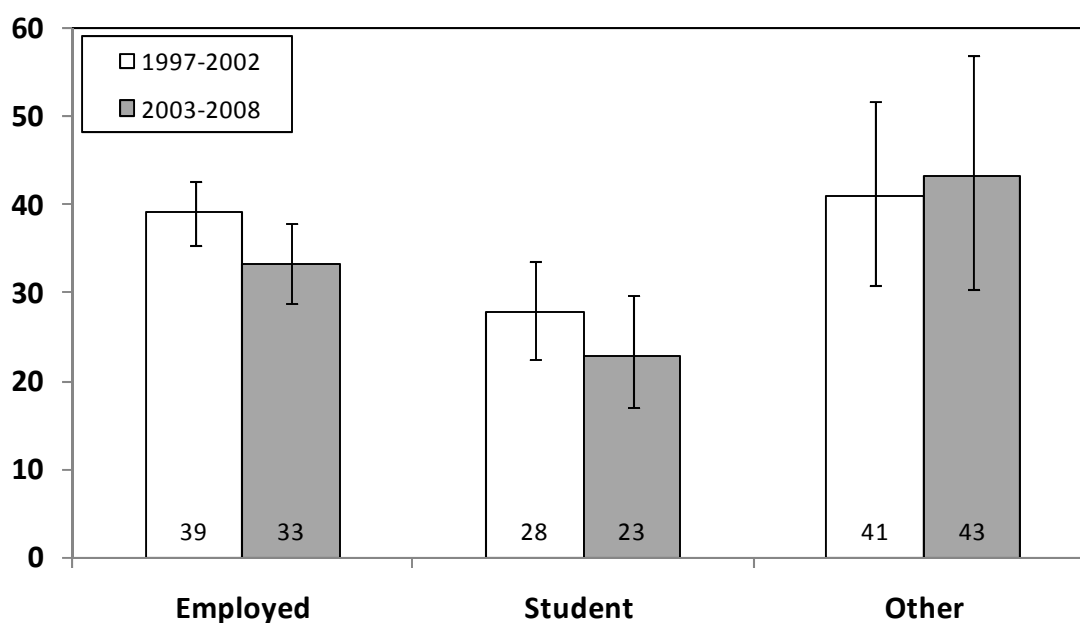
<sup>iv</sup> Comparisons between young and older male smokers draws from material presented in an OTRU Special Report *Impact of the Smoking Cessation System on Young Male Smokers*, authored by Nadia Minian, Robert Schwartz, Emily Di Sante, and Anne Philipneri.



**Figure 29: Current Smoking, Males Aged 18 to 29, Ontario, 1996 to 2008, %**

Note: Vertical lines represent 95% confidence intervals.

Source: CAMH Monitor 1996–2008.

**Figure 30: Current Smoking, by Employment Status, Males Aged 18 to 29, Ontario, 1997–2002 and 2003–2008, %**

Note: Vertical lines represent 95% confidence intervals.

Source: CAMH Monitor 1997–2008.

**Table 2: Smoking Characteristics, Ontario, July 2005 to December 2007**

Indicator	Males Aged 19–29 (%)	Males Aged 30–49 (%)	Males Aged 50–69 (%)	Females Aged 19–29 (%)
<b>Smoking Type</b>				
Daily	79	85	92*	80
Occasional	21	15	8*†	20
<b>Heaviness of Smoking<sup>1</sup></b>				
Low	51	42	28	69*
Medium	40	45	52*	29*
High	8†	13	20*	F

<sup>1</sup> Daily smokers.

\* Significantly different than young males ( $p < 0.05$ ).

† Interpret with caution: subject to moderate sampling variability.

F: Estimate is too unreliable to be published.

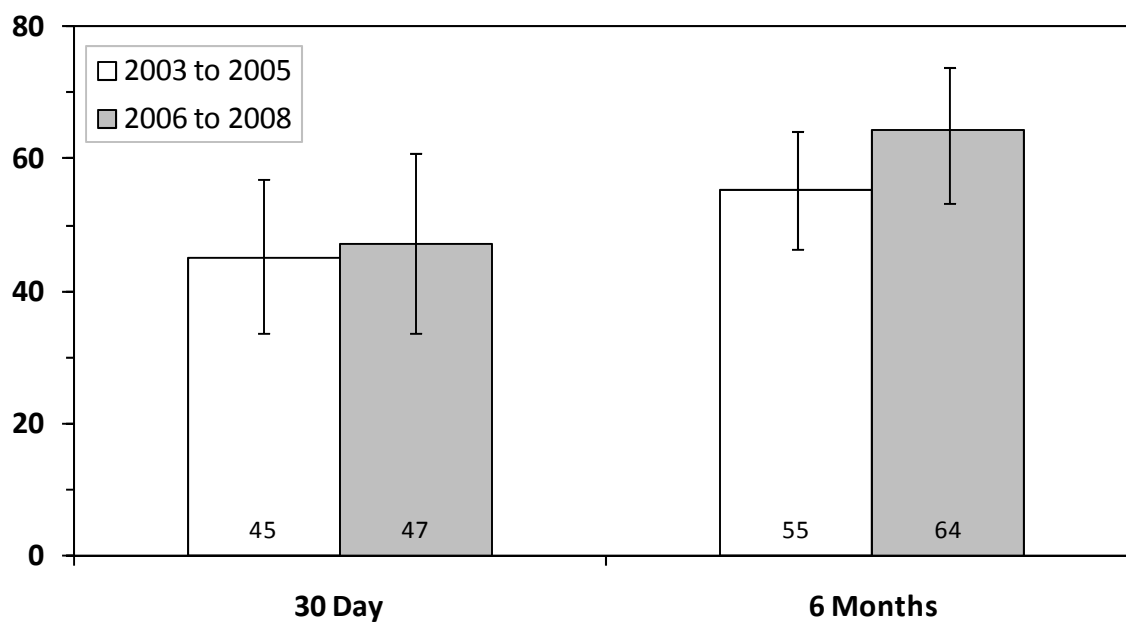
Source: Ontario Tobacco Survey (July 2005–December 2007).

### Quitting Behaviour

- Over the period 2003–2005 to 2006–2008, intentions to quit smoking among young male smokers remained unchanged (45% vs. 47%, respectively for 30-days quit intentions and 55% vs. 64%, respectively for six-month quit intentions, Figure 31).
- From 1997 to 2008, past-year quit attempts among males aged 18–29 remained relatively stable (Figure 32); during the period 2006–2008, 4 in 10 smokers (or 43%) made a past-year quit attempt.
- Among young males who were smokers at baseline, 13%<sup>v</sup> were non smokers one year later (that is, they had not smoked in the past 30 days). (OTS, data not shown)

<sup>v</sup> Interpret with caution: subject to moderate sampling variability.

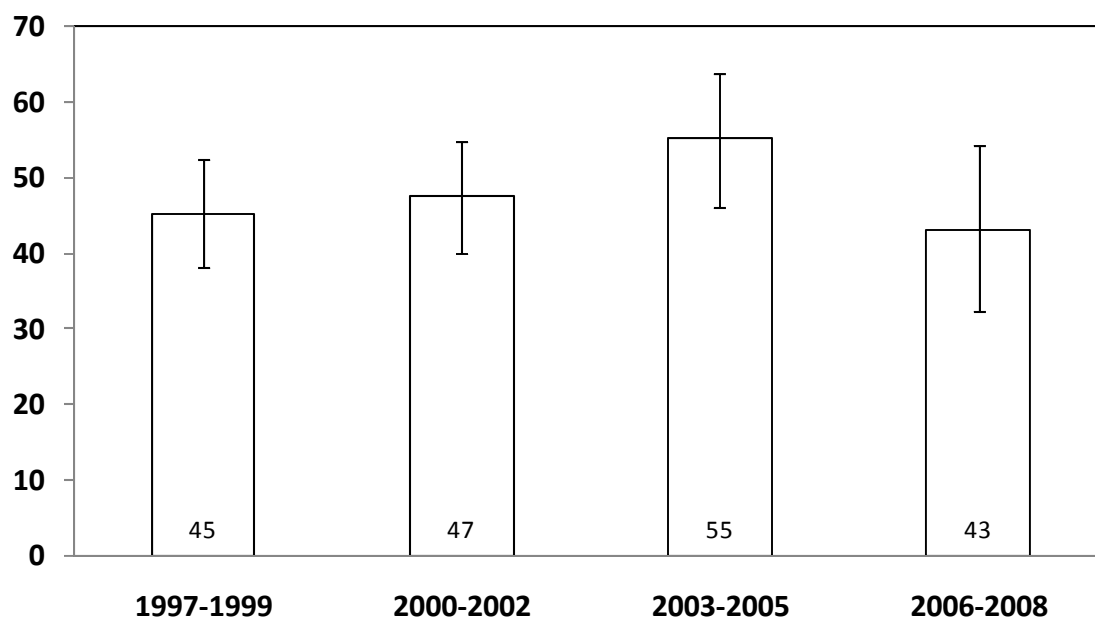
**Figure 31: Thirty-Day and Next 6-Month Quit Intentions, Male Smokers, Aged 18 to 29, Ontario, 2003–2005 and 2006–2008, %**



*Note:* Vertical lines represent 95% confidence intervals.

*Source:* CAMH Monitor 2003 to 2005 and 2006 to 2008.

**Figure 32: Past-Year Quit Attempts, Male Smokers, Aged 18 to 29, by Year, %**



*Note:* Vertical lines represent 95% confidence intervals.

*Source:* CAMH Monitor 1997–2008.

### Awareness of Quit Methods

Results of the Ontario Tobacco Survey show that young male smokers aged 19 to 29 have made an average of 3 quit attempts in their lifetime. Despite repeated attempts to quit, their awareness of the variety of quit methods available to help smokers quit was low (Table 3).

- Among smokers asked to recall five aids or resources that help people quit smoking, young males were able to recall an average of two quit aides, which is not significantly different than that reported by older males or female aged 19 to 29.
- Three in ten young male smokers (29%) were unable to recall any quit aid when asked, a significantly higher rate compared to young female smokers (21%).
- Young male smokers were more aware of pharmaceutical aids than behavioural treatments such as counselling or internet resources (see Table 3).
- Only 7% of young male smokers mentioned health professionals as a resource to help smokers quit.
- Compared to older males, young males were significantly more likely to identify family or friends' as a quit aid (OR=2.03, CI=1.13-3.64).

**Table 3: Awareness of services and supports, Smokers, Ontario, July 2005 to December 2007**

Quit Aid	Males Aged 19 to 29 (%)	Males Aged 30 to 49 (%)	Males Aged 50 to 69 (%)	Females Aged 19 to 29 (%)
Nicotine Patch	51	57	49	55
Nicotine Gum	50	51	48	50
Non NRT pharmacotherapy	13	28 <sup>§</sup>	23 <sup>§</sup>	22 <sup>§</sup>
Family and Friends	11*	6* <sup>§</sup>	5* <sup>§</sup>	6*
Counselling/Support groups	8*	4* <sup>§</sup>	5*	9*
Health professionals	7*	6*	F	4*
Resources off the internet	4*	3*	F	7*
Telephone helpline	F	3*	F	51
Unable to mention at least one quit aid	29	22	25	21 <sup>§</sup>
At least one evidence-based therapy <sup>†</sup>	61	67	65	65
At least one non-evidence-based therapy <sup>‡</sup>	17	25 <sup>§</sup>	28 <sup>§</sup>	21

\* Interpret with caution: subject to moderate sampling variability.

† Non-evidenced-based therapy includes laser therapy, hypnosis, acupuncture, foods, and herbal supplements.

‡ Evidenced-based therapy includes use of helpline, support group, counselling, patch, Nicorette gum, pharmacotherapy, lozenge/inhaler/puffer, hospitals, clinics, and detox centers.

§ Significantly different than young males (p<0.05).

F Estimate is too unreliable to be published.

Source: Ontario Tobacco Survey (July 2005-December 2007).

**Use of Smoking Cessation Services**

Although young male smokers had made an average of 3 quit attempts in their lifetime, very few had ever used smoking cessation services and products to help them quit (Table 4).

**Lifetime Use**

- Young male smokers were much more likely to use pharmacotherapy than behavioural aids (29% vs. 5%).
- Three in ten (31%) young male smokers had used evidenced-based quit-aids in their lifetime, a significantly lower rate compared to older males. Specifically, young male smokers were less likely to have ever used the patch, the gum, pharmacotherapy, self help materials compared to older male smokers.

**Past 6-Month Use**

- Young male smokers aged 19 to 29 were significantly less likely to have used an evidence-based quit method in the six months prior to their interview compared to older male smokers aged 30 to 49 and 50 to 69 (10% vs. 19% and 19%, respectively,  $p<0.05$ ).
- Fewer young males visited health professionals in the six months prior to their interview compared to older males (at 6-month follow-up interview: 63% vs. 71% for young and older males, respectively,  $p>0.05$ ; at 12-month interview: 66% vs. 78%, respectively,  $p<0.05$ ).
- Among young and older males who visited a health professional, there was no significant difference in receipt of advice to quit smoking (54% vs. 63%, respectively at a six-month follow-up interview; and 52% vs. 57%, respectively at the 12-month follow-up interview).

**Table 4: Ever use of Smoking Cessation Services and Supports, Smokers, Ontario, July 2005 to December 2007**

Indicator	Males Aged 19-29 (%)	Males Aged 30-49 (%)	Male Aged 50-69 (%)	Female Aged 19-29 (%)
Health professional advice	59	75	81	68
Nicotine patch	18	29 <sup>  </sup>	41 <sup>  </sup>	21
Nicotine gum	20	31 <sup>  </sup>	45 <sup>  </sup>	21
Ontario Smokers' Helpline	F	F	F	F
Smokers' Helpline Online	F	F	F	F
Counselling	F	4*	5* <sup>  </sup>	F
Zyban or Bupropion	7*	19 <sup>  </sup>	24 <sup>  </sup>	9 <sup>1</sup>
Self-help materials <sup>  </sup>	8*	10	14 <sup>  </sup>	13*
AGGREGATE INDICATORS				
NRT	29	44 <sup>  </sup>	57 <sup>  </sup>	28 <sup>  </sup>
Behavioural aids <sup>†</sup>	5*	8*	10* <sup>  </sup>	8*
Evidenced-based quit aids <sup>‡</sup>	31	48 <sup>  </sup>	59 <sup>  </sup>	34
Non-evidenced-based quit aids <sup>§</sup>	F	61	20 <sup>  </sup>	F

\* Interpret with caution: subject to moderate sampling variability.

† Group counselling, group support program, specialized addiction counsellor, Ontario Smokers' Helpline, or other quit programs.

‡ Evidenced-based quit aids include NRT and behavioural aids.

§ Non-evidenced-based quit aids include laser therapy, hypnosis, and acupuncture.

<sup>||</sup> Significantly different than young males (p<0.05).

F Estimate is unreliable to be published.

Source: Ontario Tobacco Survey (July 2005-December 2007).